Trauma-Informed Counties in Practice Application

From the North Carolina Association of County Commissioners

Local government applicant organization name *

Applicant primary contact *

First Name Last Name

Applicant primary contact email address *

example@example.com

Applicant county's opioid settlement strategy/strategies selected from the NC MOA:

Please check all that apply. *

- [ ] Exhibit A: Collaborative strategic planning
- [ ] Exhibit A: Evidence-based addiction treatment
- [ ] Exhibit A: Recovery support services
- [ ] Exhibit A: Recovery housing support
- [ ] Exhibit A: Employment-related services
- [ ] Exhibit A: Early intervention
- [ ] Exhibit A: Naloxone distribution
- [ ] Exhibit A: Post-overdose response team
- [ ] Exhibit A: Syringe Service Program
- [ ] Exhibit A: Criminal justice diversion programs
- [ ] Exhibit A: Addiction treatment for incarcerated persons
- [ ] Exhibit A: Reentry programs
- [ ] Exhibit B: Please specify

Please specify the specific strategy or strategies your county has selected from Exhibit B. *

Example: Support people in treatment and recovery - 5. Provide community support services, including social and legal services, to assist indeinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

Organizations involved in planning and implementing your opioid settlement strategy/strategies:

a. County/local government organizations *

b. External partners *

Workgroup members

For **EACH** member, please submit the following information:

a. Name
b. Organization
c. Position/title
d. Role (county/department leadership, program/service leadership, direct service provider, supervisor of direct service provider, Opioid Settlement Coordinator, etc.)
e. In 300 words or less, why are you invested in leading efforts to become a more trauma-informed county? How is this relevant to your professional role? What benefits are you hoping will come from this work?

Please submit responses for ALL workgroup members here. *

Please consider which of the following stages of change best describes where your county is right now. All answers are acceptable and encouraged to apply. See pages 2-7 of the Missouri Model for more information if you are not sure. (Multiple choice)

- **Newcomers**: A few of us are aware that trauma is an issue in our community. We are not sure how it applies to our work, and we may be only a handful of people in our organizations who have begun to think about how trauma might impact our staff or service seekers. We are interested in learning more.
- **Trauma-aware**: We are aware of how prevalent trauma is and have begun to consider that it might

impact our community and staff. Most of our staff know what the word trauma refers to and are aware that knowledge about the impacts of trauma can change the way they see and interact with others. Staff may reference the impact of trauma in informal conversations.

- **Trauma-sensitive**: We have begun to explore the principles of trauma-informed care within our environment and daily work. We have begun to build consensus in our organizations about the principles, consider the implications of adopting trauma-informed approaches, and are preparing for change. Trauma is identified in the mission statement or other policy documents. Most or all staff receive some training on trauma, including within new staff orientation. Basic information on trauma is available and visible to both clients and staff. Direct service providers are seeking out ways to enhance their trauma-related skills. Management recognizes and responds to vicarious trauma among staff.
- **Trauma-responsive**: We have begun to change their organizational culture to highlight the role of trauma. At all levels of the organization, staff is beginning to re-think the routines and infrastructure of the organization. Staff have begun applying new knowledge about trauma to their specific work. The organization has policies that support addressing staff's own trauma, including vicarious trauma. All clients are screened for trauma and/or all practitioners use a "universal precautions" approach. People with lived experiences of using drugs play meaningful roles throughout the agency (e.g., as employees, partners, decision-makers, etc.). Changes have been made to the physical environment where we work. Trauma-specific treatments and referrals are available for those who need them.
- **Trauma-informed**: We have made trauma-responsive practices the organizational norm. The trauma model has become so accepted and so thoroughly embedded that it no longer depends on a few leaders. The organization has begun to work with other partners to strengthen collaboration around being trauma informed. Leadership, including hiring of new leaders, demonstrates a commitment to trauma informed values. All staff are skilled in using trauma-informed practices, whether they work directly with clients or with other staff. All aspects of the organization have been reviewed and revised to reflect a trauma approach. Other organizations recognize our expertise in trauma-informed approaches and seek our support in this area.

Which of the following stages of change best describes where your county is right now? *

- ◯ Newcomers
- ◯ Trauma-aware
- ◯ Trauma-sensitive
- ◯ Trauma-responsive
- ◯ Trauma-informed

What specific challenges might be barriers to planning and implementing trauma-informed approaches in your county? As you're thinking about the challenges in your community, consider: leadership and staff buy-in and capacity, data and partnerships available, geographic barriers, etc. (500 words max) *

What specific assets or resources do you have that can help you move this work forward in your county? As you're thinking about the challenges in your community, consider: buy-in, partnerships, community champions, funding, resources, etc. (400 words max) *

Requirements and commitments

Please check all boxes to attest to your application's agreement to the eligibility requirements and required commitments.

Eligibility

* ☐ This application's workgroup consists of one or more North Carolina local government agencies within one county that are involved in opioid abatement strategies funded by opioid settlement funds in alignment with the NC Memorandum of Agreement. Please submit only one application per county, even if multiple agencies are involved.

* ☐ We have or agree to create a workgroup that will participate in Trauma Informed Counties in Practice and coordinate and champion efforts to become more trauma-informed.

The workgroup will include, at a minimum:

* ☐ At least two leadership-level staff members of local government organizations or departments who have the authority to make decisions about budgets, organizational policies, etc. (e.g., department heads, department leadership team members, governing board members, county or city managers). Leadership-level staff may come from one or more organizations that are involved in opioid abatement strategy work.

* ☐ A commitment to include direct service provider staff and managers/supervisors of direct service providers. These staff members do not need to be identified at the time of application, but must be involved in the regular operations of the workgroup once identified.

* ☐ Your local government's Opioid Settlement Coordinator or Administrator, if applicable.

The applicant team commits to:

* ☐ Seeking and incorporating input from people who use drugs (PWUD) to inform their work toward providing more trauma-informed services for community members. This may be through direct participation by PWUD in the workgroup, coordinating with advisory groups and/or private community organizations of PWUD, gathering feedback from PWUD who seek services from the local government, etc.

* ☐ Conducting regular workgroup meetings or coordination to work with NCACC to schedule the kickoff training, schedule focus groups/listening sessions with leadership and with staff, disseminate and send reminders for surveys for leadership and staff, and review and provide input on NCACC's analysis of assessment findings and recommendations. These activities will occur approximately from September 2024-January 2025.

The applicant team further commits to the following ongoing workgroup activities:

* ☐ Plan and coordinate implementation of recommendations generated from assessment activities;

* ☐ Identify additional technical assistance needs and participate in ongoing technical assistance from NCACC, up to 20 hours, as needed by the local government;

* ☐ Continually champion trauma-informed approaches; and

* ☐ If possible, expand upon successes of initial Trauma-Informed Counties in Practice work in additional programs, strategies, departments, partnerships, etc.

Please submit letters of support from relevant local government leaders who are not part of the workgroup, but whose support is necessary for successful implementation of organizational and/or local government-level change. Examples include county managers, heads of other county departments involved in opioid abatement activities, relevant program/service leadership, etc. Please upload ALL relevant letters of support as ONE combined PDF document. Please name this document with the name of your county. *

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