COMMUNITY BEHAVIORAL HEALTH, COUNSELING, & RECOVERY PROTOCOL

Organizational Readiness Assessment: Outpatient Mental Health

Institutional Self-Audit for Trauma-Informed Therapy & Care Coordination with Persons Impacted by Trafficking

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Outpatient Mental Health Scope: Community mental health centers, counseling practices, and outpatient SUD programs frequently serve youth and adults impacted by trafficking who present with complex PTSD, depression, dissociation, substance use, or relational distress without disclosing exploitation at intake. Readiness requires flexible attendance policies, telehealth privacy checks, evidence-based complex trauma modalities, and integrated concrete-needs navigation **(SAMHSA, 2014; ACF, 2019)**.

Outpatient Clinic / Behavioral Health Agency Name: _____	**Assessment Date / Review Cycle:** _____
Clinical Director / Behavioral Health Assessment Lead: _____	**Service Lines (Youth/Adult Therapy, SUD, Telehealth):** _____

Part 1: Outpatient Behavioral Health Self-Audit Standards

1. **Engage Clinical, Intake, & Administrative Teams:** Include licensed clinicians, intake coordinators, front-desk receptionists, peer support specialists, and billing/compliance staff.
2. **Eliminate Punitive Attendance & Discharge Policies:** Audit no-show fees and automatic discharge rules that penalize clients experiencing unstable housing, shift-work control, or trauma crises.
3. **Verify Both In-Person and Telehealth Safety:** Ensure remote therapy sessions confirm private physical surroundings before exploring trauma or exploitation.

Part 2: Outpatient Mental Health Readiness Indicators

Mark **Met** (consistent clinic-wide practice), **Dev** (developing / inconsistent across clinicians), **Gap** (priority institutional gap), or **N/A**.

Outpatient Mental Health Readiness Standard & Focus	Met	Dev	Gap	N/A
Domain 1: Low-Barrier Access, Flexible Scheduling, & Privacy				
1.1 Non-Punitive Attendance & Low-Barrier Intake: Clinic policies waive no-show penalties, avoid automatic case closure after missed appointments, and serve individuals lacking ID, insurance, or stable addresses. Accommodates unpredictable work schedules, transportation barriers, and safety crises without cutting off care.	☐	☐	☐	☐

Outpatient Mental Health Readiness Standard & Focus	Met	Dev	Gap	N/A
1.2 In-Person Companion Separation & Telehealth Safety Checks: Reception workflows separate clients from accompanying companions for private intake, and telehealth clinicians verify visual/audio privacy and safe-exit cues before every session. Prevents surveillance or coercion by an employer, partner, or caregiver during in-office or virtual sessions.	☐	☐	☐	☐
Domain 2: Clinical Competency, Record Confidentiality, & Language Access				
2.1 Phased Complex-Trauma & Co-Occurring Competency: Clinicians are trained in phased trauma treatment (stabilization/safety before trauma processing), co-occurring SUD/eating-disorder care, and avoiding premature narrative retelling. Prevents clinical destabilization and equips therapists to treat overlapping trauma and substance use.	☐	☐	☐	☐
2.2 Chart Confidentiality & Vetted Interpreter Access: Psychotherapy notes and trafficking disclosures are segregated from portal/billing visibility, and clinicians utilize vetted, trauma-trained independent interpreters rather than companions. Protects client safety in subpoena, insurance, or guardian-portal scenarios and ensures linguistic accuracy.	☐	☐	☐	☐
Domain 3: Concrete Needs Navigation & Clinician Sustainability				
3.1 Integrated Case Management & Legal/Housing Warm Handoffs: Clinicians have direct warm-referral partnerships with housing navigators, immigration/labor legal aid, victim compensation advocates, and primary medical clinics. Addresses basic survival and legal safety needs that directly impact therapeutic engagement.	☐	☐	☐	☐
3.2 Balanced Caseloads & Reflective Clinical Supervision: Supervisors monitor complex-trauma caseload distribution and provide dedicated reflective supervision and secondary-trauma prevention resources. Sustains clinical quality and reduces clinician burnout and turnover.	☐	☐	☐	☐

Part 3: Outpatient Mental Health Priority Action Matrix

Outpatient Readiness Domain	Readiness Tier (1–4)	Key Clinical / Operational Gap	Lead Owner & Target Date
1. Low-Barrier Attendance & Telehealth Privacy			
2. Complex-Trauma Care & Chart Confidentiality			
3. Legal/Housing Handoffs & Clinician Supervision			

Outpatient Mental Health Findings & 90-Day Action Plan

Practice Standards & References

1. Administration for Children and Families (ACF), Office on Trafficking in Persons. (2019). *Public Health Response to Human Trafficking: Organizational Readiness & Screening Guidance*. U.S. Department of Health and Human Services (Public Domain).
2. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* (HHS Publication No. SMA 14-4884). U.S. Department of Health and Human Services (Public Domain).
3. Trafficking Victims Protection Act of 2000 (TVPA), Pub. L. No. 106-386, 114 Stat. 1464 (2000) (codified as amended at 22 U.S.C. § 7102).

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