

2021

PROPOSAL FOR THE TRAUMA-INFORMED UTAH CENTER



TRAUMA-INFORMED
U T A H

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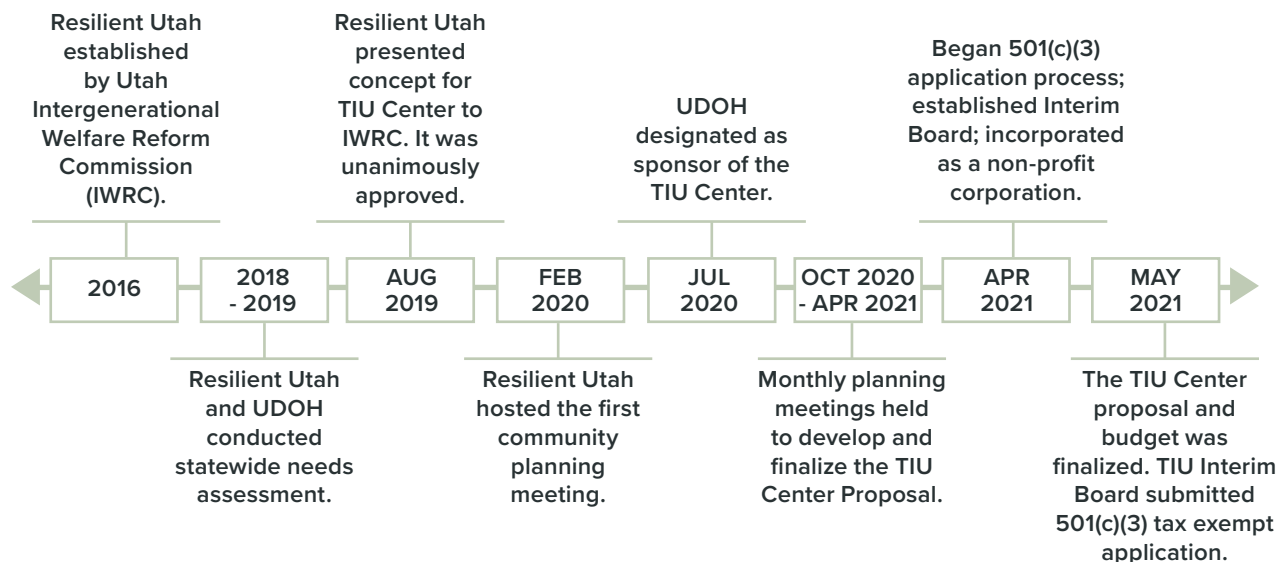
INTRODUCTION

Life is a mixture of struggle and strength, often showing up when least expected. Trauma-Informed Utah (TIU) helps organizations proactively prepare to recognize the impacts of adversity and build communal resilience for themselves and all they serve.

On August 13, 2019, the Intergenerational Welfare Reform Commission approved the concept of developing a center to support Utah in becoming a trauma-informed state. At this time, the Trauma-Informed Utah Initiative, in partnership with stakeholders from many different sectors, is pleased to present the following proposal for establishing the Trauma-Informed Utah (TIU) Center.

A trauma-informed Utah is a stronger Utah.

THE TRAUMA-INFORMED UTAH TIMELINE



A COMMUNITY IN ACTION: THANK YOU!

This proposal was shaped and vetted by over 80 community stakeholders. These stakeholders represent a variety of entities, including, but not limited to state agencies, businesses enterprises, non-profit organizations, educational institutions, healthcare entities, faith-based organizations and individuals who have experience interacting with non-trauma-informed systems and organizations. These stakeholders serve a diverse array of communities and populations across urban, suburban and rural Utah.

FRAMING THE ISSUE

PROBLEM STATEMENT

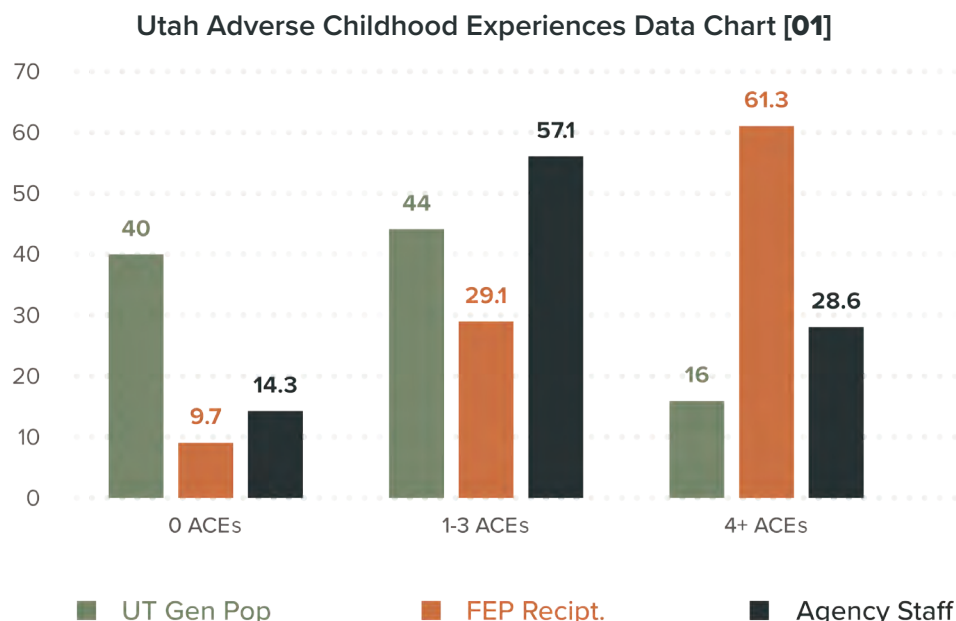
Utahns are a strong and resilient people, yet we have not escaped the public health crises associated with adversity, toxic stress, and trauma—all issues which have been illuminated in the time of COVID. The human and economic costs of childhood trauma are well understood, yet support for mitigating the effects of these experiences is often lacking and at times made worse when seeking help. Service providers from across Utah have repeatedly sought help in addressing these challenges. However, there are few resources available to guide agencies in addressing these needs.

We now understand a significant root cause of many problems within our community. It is time to support Utah in building a stronger, more hopeful future.

WHY THESE PROBLEMS MATTER

Utahns—children and adults—are hurting.

The general population of Utah reports Adverse Childhood Experiences (ACEs) at rates similar to the national average, social service agency staff at somewhat higher rates, and low income families at *much* higher rates.



ADULT DATA

Suicide

- As of 2019, Utah had the 6th highest adult suicide death rate in the country. [02]
- The odds of attempting suicide are 30x higher for adults with four or more ACEs. [03]

Mental Health

- In 2018, Utah ranked last in the nation for mental health rankings: “a low overall ranking indicates a higher prevalence of mental illness and lower rates of access to care.” [04]

Intimate Partner Violence

- In Utah, one in four adult homicides are related to domestic violence. [05]
- In Utah, one in three women and one in seven men will experience physical or sexual violence in their life time. This is higher than the national average of one in four women. [06]

CHILDHOOD DATA

Depression

- 62.2% of 6th, 8th, 10th and 12th graders who participated in the 2019 SHARP Survey reported experiencing moderate depressive symptoms. [07]
- 40% of youth ages 12-17 with depression did not receive treatment or counseling. [08]

Suicide

- Forty Utahns aged 10-17 died by suicide in 2019 at a rate of 9.42 per 100,000 [09], nearly double the national rate of 4.91 per 100,000 for 10-17 year olds. [10]
- In 2019, 22.3% of Utah high school students seriously considered suicide. [11]
- From 2015 - 2017, 14.9% of boys ages 15-17 and 28.5% of girls “seriously considered attempting suicide”. [12]

COVID-19

Impact on Emergency Response Personnel

- In an April 2020 study of 571 health care providers, 56% of the sample demonstrated cumulative risk for any of the five mental health outcomes (acute traumatic stress, depressive disorder, anxiety disorder, and alcohol use disorder; insufficient sleep). [13]

Mental Health of COVID-19 Survivors [14]

- 1 in 3 COVID-19 survivors were diagnosed with psychiatric or neurological disorder
- 17% met criteria for anxiety disorder
- 14% met criteria for mood disorder

Trauma has significant economic and human costs.

- Nationally, the total lifetime estimated financial cost associated with child maltreatment is \$124 billion. [15]
- Each death due to child maltreatment had a lifetime cost of about \$1.3 million and the lifetime cost for each victim of child maltreatment who lived was \$210,012, which is comparable to other costly health conditions such as stroke or type 2 diabetes. [16]
- Recent studies estimated annual costs as high as \$30-\$44 billion for depression and related absenteeism, reduced productivity, and medical expenses, and \$246 billion for chemical dependency in the workforce. [17]
- The average total charges per year for emergency department visits and hospitalizations for suicide attempts were \$34.8 million for Utahns. [18]

Utah service providers asked for the support the TIU Center brings.

The 2018 Resilient Utah statewide survey of public service agencies and community organizations found that:

- 82.4% agreed that implementing a trauma-informed approach is appropriate in their agency/organization.
- 76% reported strong to very strong interest in participating in future trauma-informed collaborations efforts.

The top four requests for trauma-informed support included:

- trauma-informed education and training
- identifying resources
- community connections
- financial support for completing these activities

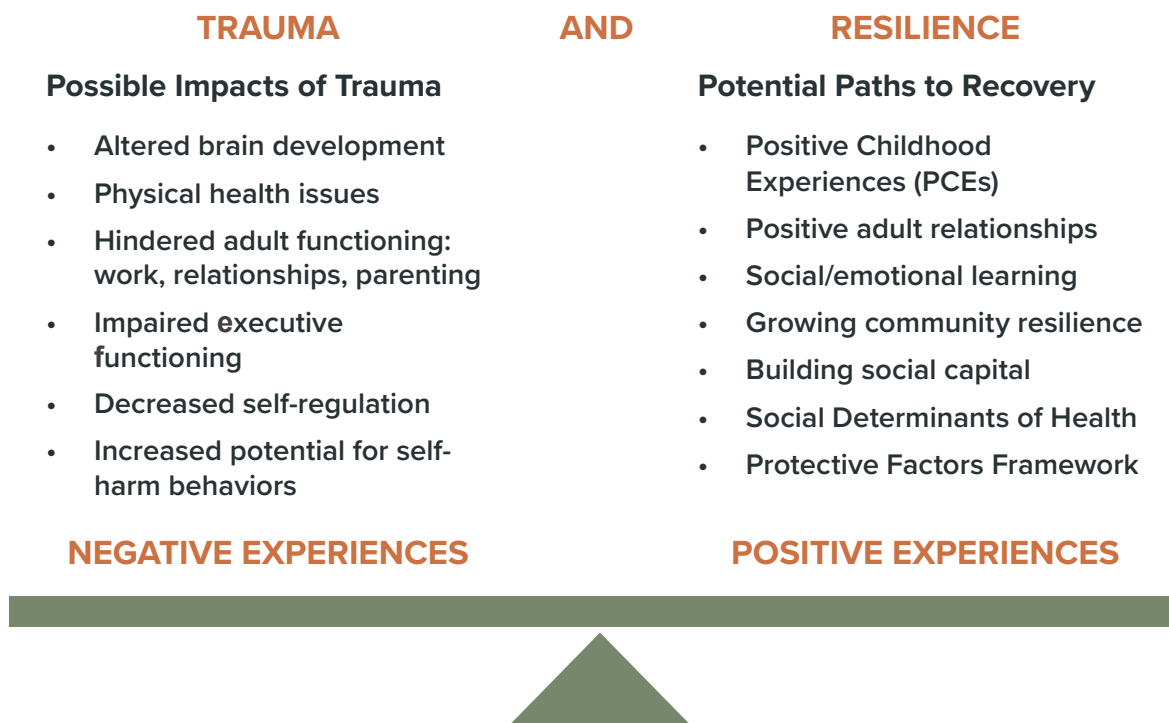
The experience of chronic toxic stress has long-term implications on the brain, which impacts how a person navigates their world—including interactions with systems and businesses that are trying to help them be successful.

RESPONSE TO THE PROBLEM: THE TRAUMA-INFORMED APPROACH

One solution to our problem is in implementation of the trauma-informed approach. SAMHSA defines the trauma-informed approach:

“An organization or system that is trauma-informed **REALIZES** the widespread impact of trauma **AND** understands potential paths for recovery; **RECOGNIZES** the signs and symptoms of trauma in clients, families, staff, and others involved with the system; **RESPONDS** by fully integrating knowledge about trauma into policies, procedures, and practices; and seeks to actively **RESIST RE-TRAUMATIZATION**.
- SAMSHA, 2014”

REALIZES the widespread impact of trauma **AND** understands potential paths for recovery:



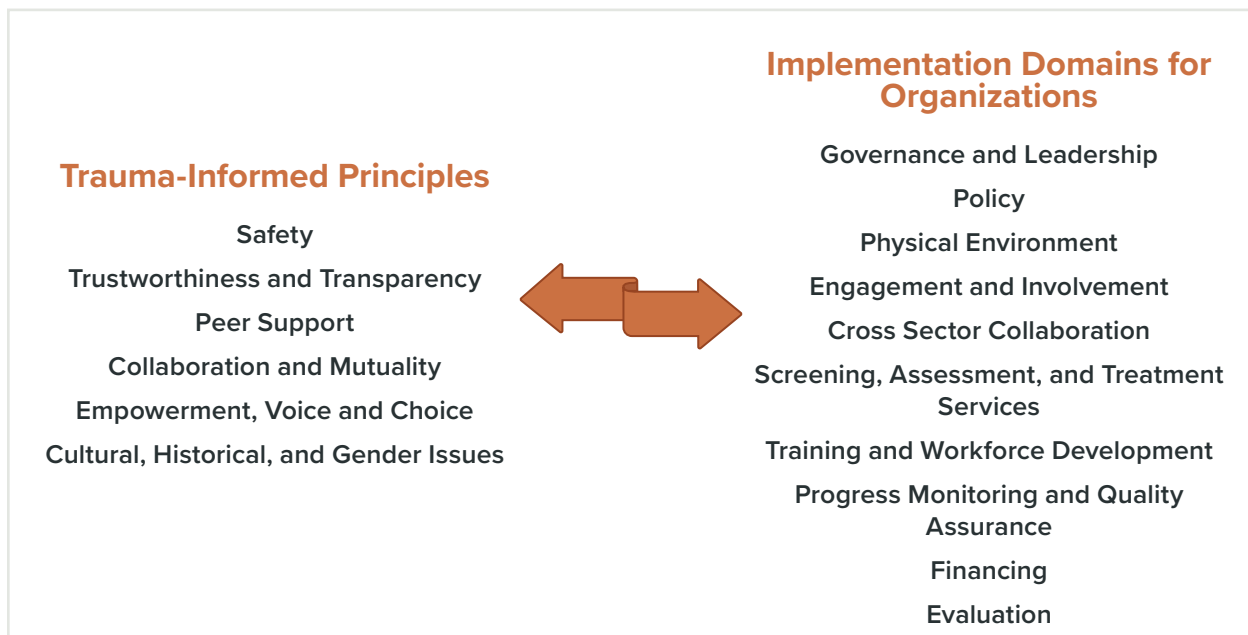
RECOGNIZES the signs and symptoms of trauma in clients, families, staff, and others involved with the system:

ASKS QUESTIONS VS. JUDGMENTS

- What might this person have experienced?
- What struggles is this family facing?
- Might this staff be experiencing secondary trauma?

RESPONDS by fully integrating knowledge about trauma into policies, procedures, and practices:

An organization will actively work to integrate key principles of the trauma-informed approach into all aspects of the organization.



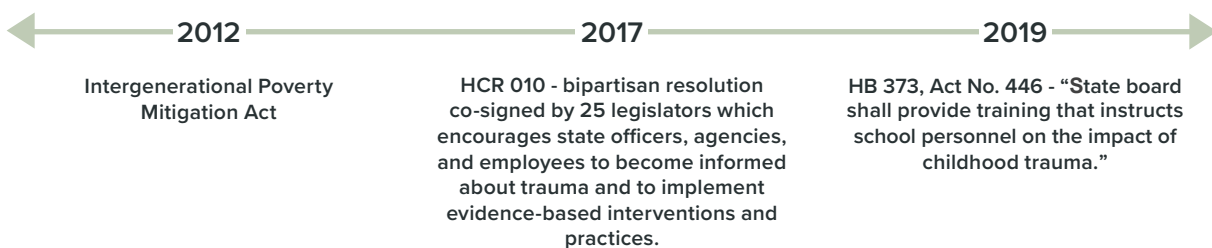
Seeks to actively RESIST RE-TRAUMATIZATION:

This is the commitment to CQI (continual quality improvement), ensuring the trauma-informed approach is sustainable and integrated into the organizational culture for all — clients, staff, and leadership.

INITIAL STEPS IN UTAH: EFFORTS TO DATE

Utah has already begun laying the foundation for the TIU Center.

The Utah State Legislature has been a leader in attempts to reduce intergenerational poverty and incorporate findings of the Adverse Childhood Experiences Study (ACES) across the state.



Current efforts of Governor & First Lady Cox are modeling trauma-informed efforts.

- Governor Cox has included a focus on addressing social determinants of health in the OneUtah Roadmap.
- First Lady Abby Cox is the leader of the Step Up! Initiative and a member of the Trauma-Informed First Spouse's effort.

Trauma-Informed Utah is Utah's innovative step in joining the national movement.

- Since 2018, 30 states have enacted legislation regarding Adverse Childhood Experiences, from studying screening protocols, to funding trauma-informed interventions, to establishing ACEs-focused governmental offices and councils. [19]
- February 2018, the U.S. House of Representatives approved HR 443, which promoted trauma-informed care within federal agencies. [20]
- Utah institutions of higher education regularly contribute to academic and applied research knowledge to inform best practices to address childhood adversity, trauma and implementing the trauma-informed approach to better serve families and communities.

Building on this foundation, Utah is ready and able to make this solution a reality. We are poised and ready to become a trauma-informed state!

THE NEXT STEP: TRAUMA-INFORMED UTAH CENTER

PURPOSE

The purpose of the Trauma-Informed Utah Center is to respond to the identified needs and desire to make Utah a trauma-informed state by:

- Providing education, resources, and technical assistance supporting the implementation and sustainability of the trauma-informed approach at the organizational level.
- Developing a statewide community network to support coordination of trauma-informed efforts across local communities.
- Reducing duplication of effort through maintaining a centralized repository of evidence-based practices, research, resources, and implementation tools for various community sectors and populations.
- Partnering with existing prevention efforts aimed at reducing adversity and increasing community resilience, enhancing the lives of children and adults.

The Trauma-Informed Utah Center is not designed to be a direct service provider, but as a support to the existing service delivery efforts and expertise around the state.

MISSION AND VISION

MISSION

The mission of the Trauma-Informed Utah (TIU) Center is to promote and support efforts to move Utah toward becoming a trauma-informed state.

VISION

That all Utahns can understand the potential impact of adversity in childhood and as adults; and work to implement a trauma-informed approach for building resiliency and reducing the impact of adversity across the lifespan.

VALUES AND GUIDING PRINCIPLES

Trauma-Informed Approach: The trauma-informed approach is applicable in all settings, including the TIU Center.

Diversity, equity and inclusion: Considering issues of diversity, equity and inclusion is important in TIU processes and products.

Accessibility: TIU Center serves the entire state in content and presence.

Sustainability: A stable funding base is necessary for supporting sustainability.

Evidence based: TIU supports and promotes programs, policies and practices that are built on the best available knowledge/evidence base.

Accountability: Establish outcome measures to evaluate quality and impact.

Community-driven: The TIU Center supports, but does not replace, the work of others and is responsive to evolving needs identified by the community.



PARTNERSHIP PHILOSOPHY

TIU responds to requests from those seeking to explore and integrate the trauma-informed approach into their current organization. **Implementing the trauma-informed approach does not focus on what is being done, but how it is done as viewed through a trauma-informed lens.**

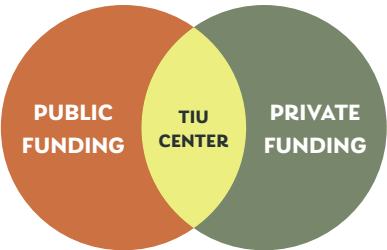
When organizations view their employees, clients, and others they serve through a trauma-informed lens they are better able to understand, work with, and take care of them. This leads to increased empathy, better outcomes, and an overall healthier population.

STRUCTURE AND FUNDING

The TIU Center should be established as a public-private collaborative to ensure cross-sector investment, involvement, and participation.

Public Partnership

- State dollars will serve as initial seed funding, decreasing over time to a 50 /50 funding public-private funding split (projected below).

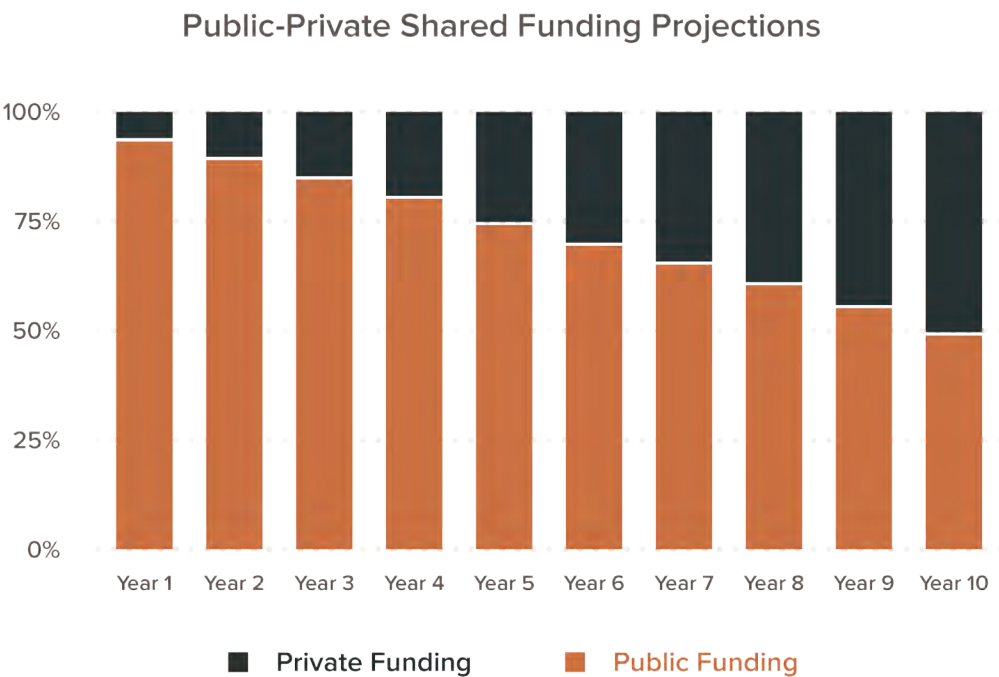


Private Partnership

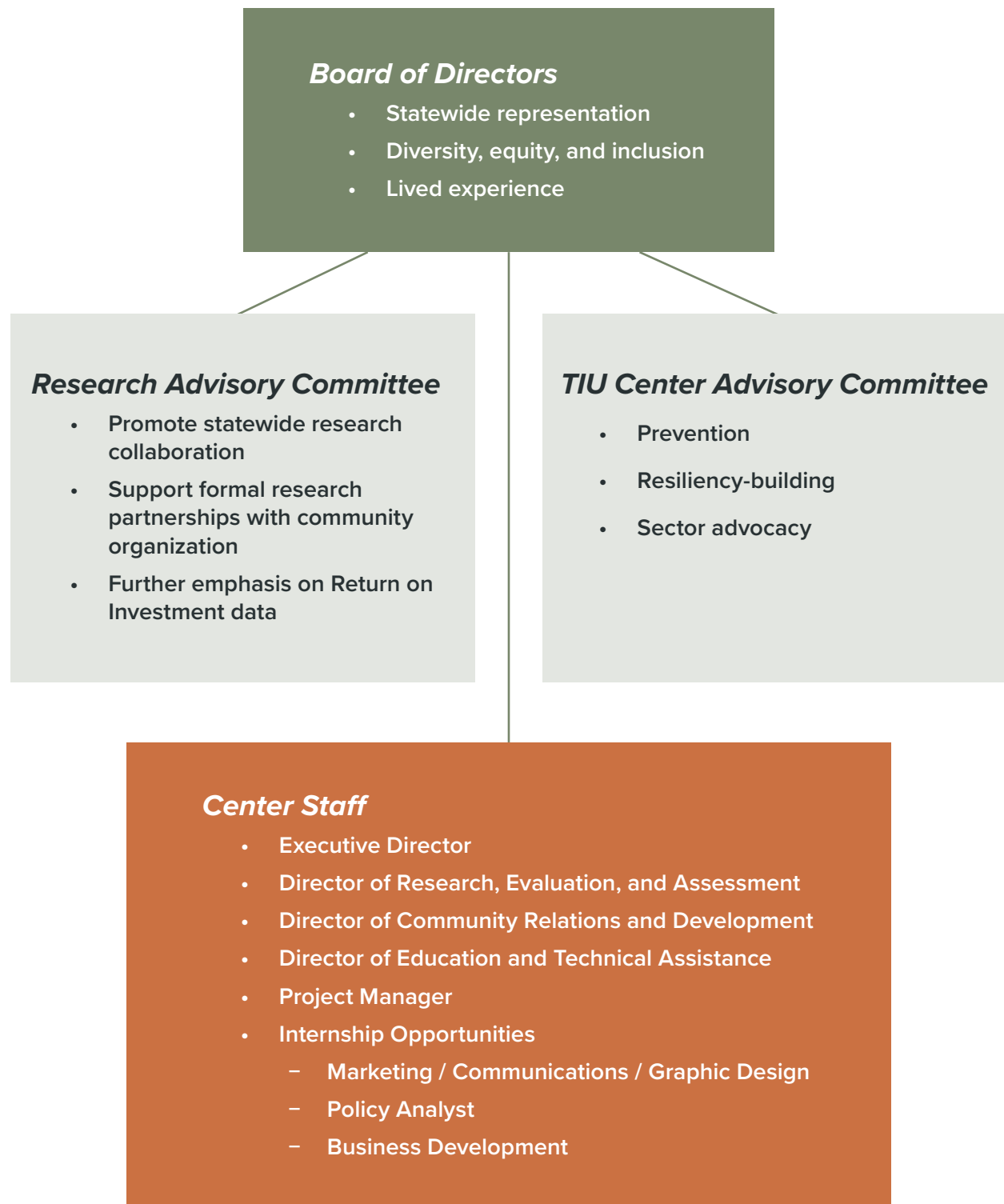
- The private entity of the TIU Center will be established as a 501(c)(3) not-for-profit organization.
- Private dollars will increase over time as community partnerships are developed.
- The independent 501(c)(3) structure will increase accessibility to diverse, private sector funding streams that will support organizational sustainability.

Integration of the efforts of the Public-Private Partnership

The public-private partnership would be supported through the establishment of an Accountability Board (consisting of both representatives from the 501(c)(3) Board of Directors and state agencies) to support the coordination and collaboration between public and private efforts.



LEADERSHIP AND STAFFING



SCOPE AND INDICATORS

NETWORKING AND COMMUNITY OUTREACH

Domain Scope	Focus for Year 1-3	Accountability Indicators
<ul style="list-style-type: none">• Support an online community networking platform to increase connection and collaboration for organizations engaged in trauma-informed activities• Support paid, designated, local trauma-informed community champions charged with supporting and strengthening local efforts for implementing the trauma-informed approach (TIA)• Facilitate in-person trauma-informed community networks to support new and/or existing trauma-informed efforts in local communities• Host events and create opportunities for local and statewide cross-sector networking	<ul style="list-style-type: none">• Host outreach events to learn more about community needs and increase community awareness of Trauma-Informed Utah/trauma-informed approach• Create database of existing trauma-informed partners, trainers, and activities across state• Develop community networking platform on TIU website• Formalize local trauma-informed community network chapters• Establish feedback processes to help local community needs inform TIU activities	<ul style="list-style-type: none">• Website Analytics:<ul style="list-style-type: none">- number of overall hits on website- number of email subscribers• Community Engagement<ul style="list-style-type: none">- number of participants in community chapters- number of geographical areas across Utah- types of community stakeholders- types of community sectors• Number of organizations involved in cross-sector collaboration efforts• Number of organizations and communities that have identified TIA champions

EDUCATION

Domain Scope	Focus for Year 1-3	Accountability Indicators
<ul style="list-style-type: none"> • Serve as a central repository for evidence-based, trauma-informed information and resources accessible to all (individuals, families, organizations, communities, and systems) with attention to diverse perspectives and culturally appropriate applications • Promote primary prevention and community resilience building as components within the trauma-informed approach (TIA) • Provide educational series to cohorts of community leaders for implementing the trauma-informed approach in organizations and communities • Provide continuing education to support Community Champions in implementing and growing trauma-informed approaches in their local areas 	<ul style="list-style-type: none"> • Develop database of trauma-informed information and resources, identifying by sector where appropriate • Develop curriculum and begin providing Trauma-Informed Champions Academy • Identify and build relationships with those currently engaged in primary prevention efforts • Establish routine, online Trauma-Informed Utah learning collaboratives • Develop online feedback process to capture input on usefulness/usability of info/resources • Conduct ongoing, annual inventory review of educational resources to ensure relevance and applicability • Develop cross sector framework for linking similar concepts such as TIA, social determinants of health, risk and protective factors, etc. 	<ul style="list-style-type: none"> • Number of PDF resource downloads from website • Number of feedback responses received on usefulness of educational materials • Degree of satisfaction with resources provided • Number of resources identified on website that are specific to what to do with trauma • Number of organization representatives in attendance at yearly conference and collaborative learning events • Number updates/changes to educational resources

RESEARCH

Domain Scope	Focus for Year 1-3	Accountability Indicators
<ul style="list-style-type: none"> • Serve as a clearinghouse for evidence-based resources focusing on assessment, implementation and evaluation of trauma-informed organizations and systems • Assist agencies in interpreting assessment and evaluation data to inform next steps for implementation • Support cross-sector data collection efforts and sharing agreements • Identify and track statewide community outcomes related to trauma-informed approach efforts • Develop and implement processes for evaluating return on investment related to implementation of trauma-informed approaches • Provide a venue for institutions of higher education to contribute to and participate in research related to organizational growth relative to the trauma-informed approach (TIA) 	<ul style="list-style-type: none"> • Conduct statewide community needs assessment regarding TIA • Set short, medium, and long term goals in regards to success of the Center • Formalize Research Advisory Committee • Identify/create appropriate assessment tools to support organizations in gathering trauma-informed baselines for individual agencies • Determine what data can be collected for implementing the TIA and methods of measurement • Identify proxy measures for evaluating results when immediate measures are not available • Regularly review updated research and distribute appropriately • Establish how research/evaluation will support efforts of the Center's other domains • Create common understandings of TIA that cross sectors/agencies that serve common populations • Research and develop processes and procedures to adapt general trauma-informed principles to specific sectors 	<ul style="list-style-type: none"> • Number of participants in statewide community needs survey • Feedback from people that have engaged - surveys from partners

TECHNICAL ASSISTANCE

Domain Scope	Focus for Year 1-3	Accountability Indicators
<ul style="list-style-type: none"> • Assist agencies and organizations in utilizing available resources for implementing the trauma-informed approach • Assist agencies and organizations in determining best options for navigating the implementation of the trauma-informed approach • Consult with agency and organizational leadership on readiness for implementation of the trauma-informed approach • Coordinate technical assistance activities with Community Champions to ensure alignment of overarching trauma-informed approaches and individual applications 	<ul style="list-style-type: none"> • Design process to assess organizational readiness for trauma-informed approach (TIA) implementation • Develop consultation model for assisting organizations in addressing needs/gaps in TIA implementation areas • Establish Technical Assistance work groups to encourage collaboration between organizations engaged in TIA implementation 	<ul style="list-style-type: none"> • Number of organizations reaching out to contact Center for consultation and/or technical assistance • Number of presentation requests to community contacts

FINANCIALS

TIU Center Budget Proposal

	YEAR 1	YEAR 2
Salaries & Personnel		
5 full time staff	\$574,000	\$591,220
Subtotal	\$574,000	\$591,220
Programs & Services		
Education	\$20,000	\$20,000
Community Networking Chapters	\$20,000	\$70,000
Evaluation & Assessment	\$23,300	\$23,300
Subtotal	\$63,300	\$113,300
Operating Costs		
Rent/Utilities	\$72,000	\$72,000
Accounting	\$17,700	\$17,700
Insurance and Liability	\$3,480	\$3,480
Professional Development	\$15,000	\$15,000
Professional Dues and Licensing	\$3,900	\$3,900
Business Licensing	\$130	\$130
Travel and Mileage	\$15,000	\$15,000
Consulting Fees	\$5,000	\$5,000
Subtotal	\$132,030	\$132,030
Technology & Supplies		
Internet/Web/Email	\$5,550	\$5,550
Technology Equipment	\$7,500	\$0
Office Supplies/Printing/Posting	\$15,000	\$15,000
Website Hosting	\$1,200	\$1,200
Subtotal	\$29,250	\$21,750
Total Budget	\$798,580	\$858,300

COMITTEES AND STAKEHOLDERS

Interim TIU Board of Directors

Jennifer Godfrey, M.Ed., LCMHC
Utah Community Action

Kara Patin, LCSW
University of Utah

Owen Ashton, CPA, CPSS
NAMI Utah

Executive Committee

Brent Platt
Utah Department of Human Services

Joey Thurgood
Utah Department of Health

Kara Patin, LCSW
University of Utah

Mary Beth Vogel Ferguson, PhD, CSW
University of Utah

Mike Scholl, LCSW
Casey Family Programs

Sarah Shea, CSW
Trauma-Informed Utah Initiative

TIU Task Force

Ashley S. Weitz
Trauma Survivor & Policy Advocate

Keri Newman Allred, MFHD
Rural Utah Child Development

Sonya Martinez-Ortiz, LCSW
Rape Recovery Center

Tallie Viteri, SSW, MPA
Utah Office for Victims of Crime

+ **Interim TIU Board of Directors**
+ **TIU Executive Committee**

Center Development Committee

Alisa Lee
Utah Department of Human Services

Anna Fondario, MPH
Utah Department of Health

Ashley S. Weitz
Trauma Survivor & Policy Advocate

Barbara Leavitt, MPA
United Way of Utah County

Bethany Foster
Canyons School District

Bill Cosgrove, MD
Retired Pediatrician & Policy Advocate

Caitlin Schneider, MPH
United Way of Salt Lake

Carolyn Reynolds, MS, APRN
Intermountain Healthcare

Cathy Johnson
Utah State Board of Education

Codie Thurgood, LCSW
Utah Department of Human Services

Dave Corwin, MD
University of Utah Pediatrics

Donna Kelly, JD
Salt Lake County District Attorney's Office

Dorothy Hall, LCSW
Department of Workforce Services

Esterlee Molyneux, MS
The Family Place

Gene Smith, MHA, MBA
Intermountain Healthcare

Heather Batchelor, PhD
Westminster College

Janelle Robinson, MBA, MHA, FACHE
Huntsman Mental Health Institute

Jennifer Godfrey, M.Ed., LCMHC
Utah Community Action

Kathy Franchek-Roa, MD
University of Utah Pediatrics

Keri Newman Allred, MFHD
Rural Utah Child Development

Lianna Etchberger, PhD
Utah State University, Moab

Liz Owens, MA
YWCA Utah

Ned Searle
Office of Domestic & Sexual Violence

Nelson Clayton, LCMHC
University of Utah Health

Nic Dunn, MPP
Utah Community Builders

Nycole Tylka
Department of Workforce Service

Owen Ashton, CPA, CPSS
DHS / NAMI Utah

Rabbi Avremi Zippel
Survivor and Child Safety Advocate

Rep. Sandra Hollins, LCSW
Utah State Legislature

Rob Wesemann, CMHC
NAMI Utah

Sonya Martinez-Ortiz, LCSW
Rape Recovery Center

Tallie Viteri, SSW, MPA
Utah Office for Victims of Crime

Tanya Albornoz, CSW
Utah State Board of Education

Teresa Brechlin
Utah Department of Health

Tiffany Taylor, CMHC
Church of Jesus Christ of Latter-Day Saints

Trevor Olsen
San Juan School District

Trisha Reynolds, LCSW
Division of Child and Family Services

Vonda Jump Norman, PhD
Utah State University, Logan

Center Research Committee

Ali Crandall, PhD
BYU

Benjamin Gibbs, PhD
BYU

Elizabeth Siantz, PhD
University of Utah

Heather Batchelor, PhD
Westminster College

Kara Byrne, PhD
University of Utah

Kristine Campbell, MD MSc
University of Utah

Nathan Malan, MPH
Utah Department of Health

Rick Little, MS, MHR
Utah Department of Human Services

Rod Hopkins, MS
University of Utah

Tasha Seneca Keyes, PhD
University of Utah

Vonda Jump Norman, PhD
Utah State University, Logan

Center Scope Committee

Carol Shifflett
The Sojourner Group

Claustina Mahon- Reynolds, EdD
Park City School District

Codie Thurgood
DSAMH

Cristie Frey, LCSW
University of Utah Health

Debbie Comstock
Davis County School District

Hildegard Koenig
Utah Office Victims of Crime

Jennifer Mitchell, PhD
The Children's Center

Lora Flanigan
DSAMH

Marcie Clark
Davis County Health Department

Olga Sanchez, CHMC
Utah Department of Juvenile Justice Services

Patty Norman
Utah State Board of Education

Rachelle Hill
Utah Office for Victims of Crime

Sandi Pershing, PhD
Friend of the Children, Utah

Seyha Ros, MSW
Utah Department of Health

Shannon Cox
Journey of Hope

Sue Ativalu, LCSW
Volunteers of America

Susi Feltch-Malohifo'ou
Pacific Island Knowledge 2 Action Resources

Tanya Albornoz, CSW
Utah State Board of Education

Tiffany Pew
Utah State Courts

GLOSSARY

TERM	MAIN DEFINITION
Adverse Childhood Experiences	<p>Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (birth – 18 years). Such events include family focused issues as identified in the original ACE Study but also adversity experienced in the local community as well as climate and natural disasters. Events related to generational and historical trauma can be experienced as ACEs in subsequent generations.</p> <p>Synonyms - ACEs</p>
Behavioral Risk Factor Surveillance System	<p>Health survey that collects data in all 50 states regarding health-related risk behaviors, chronic health conditions, and use of preventive services.</p> <p>Synonyms - BRFSS</p>
Cross-Sector Collaboration	<p>A process where various community organizations come together to collectively focus their expertise and resources on a complex issue of importance to a community they serve.</p>
Diversity	<p>The representation of different and unique identities, characteristics, experiences, and perspectives.</p>
Equity	<p>Ensuring programs offer individuals the resources they need to succeed by increasing access, providing appropriate services, and opportunities for all; especially for those who are underrepresented and have been historically underserved and marginalized</p> <p>(Adapted from University of Washington, Human Resources Department)</p>
Historical Trauma	<p>Cumulative emotional and psychological wounding over the lifespan and across generations.</p> <p>(Adapted from Yellow-Horse BraveHeart, 1995)</p>

Inclusion	<p>A welcoming culture in which differences are celebrated and everyone is valued, respected, and able to reach their full potential.</p> <p>(University of Washington, Human Resources Dept.)</p>
Individual Trauma	<p>May result from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. (Substance Abuse and Mental Health Service Administration, 2014)</p> <p>Synonyms - Three E's</p>
Intimate Partner Violence	Physical, sexual, stalking, and/or psychological harm by a current or former partner or spouse.
Lived Experience	<p>In the context of developing trauma-informed organizations, lived experience refers to individuals who can speak to experiences interacting with systems and organizations along the continuum of trauma-informed to non-trauma informed.</p> <p>(Trauma-Informed Utah Initiative, 2021)</p>
Positive Childhood Experiences	<p>Supportive factors experienced during childhood that serve as protective factors against the impacts of adverse childhood experiences. Examples of PCE include factors such as: parent-child attachment, positive parenting (eg, parental warmth, responsiveness, and support), family health, and positive relationships with adult mentors, friends, in school, and in the community.</p> <p>(Adapted from: Bethell C, Jones J, Gombojav N, Linkenbach J, Sege R. Positive Childhood Experiences and Adult Mental and Relational Health in a Statewide Sample: Associations Across Adverse Childhood Experiences Levels. JAMA Pediatr. 2019;173(11):e193007. doi:10.1001/jamapediatrics.2019.3007)</p> <p>Synonyms - PCE</p>
Prevention	<p>Primary Prevention focuses on efforts to prevent individuals and population groups from getting a disease or condition. Secondary Prevention is directed towards detecting a disease or condition early and preventing it from getting worse. Tertiary Prevention seeks to improve the quality of life and reduce the symptoms of a disease or condition among those who already have the condition.</p> <p>(Adapted from Centers for Disease Control and Prevention)</p>

Protective Factor Framework	<p>Protective factors are characteristics or strengths of individuals, families, communities or societies that act to mitigate risks and promote positive well-being and healthy development.</p> <p>(Center for the Study of Social Policy)</p>
Resilience	<p>Resilience is a combination of protective factors that enable people to adapt in the face of serious hardship, and is essential to ensuring that children who experience adversity can still become healthy, productive citizens.</p> <p>(Center on the Developing Child, Harvard University)</p>
Social Determinants of Health	<p>Conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The five categories of social determinants of health include: Economic Stability; Education Access and Quality; Health Care Access and Quality; Neighborhood and Built Environment; and Social and Community Context.</p> <p>(Adapted from Office of Disease Prevention and Health Promotion)</p>
Statewide	<p>An effort designed for and extending throughout Utah, including the Confederated Tribes of Goshute Indians, Navajo Nation, Northern Ute Tribe, Northwestern Band of Shoshone, Paiute Indian Tribe of Utah, San Juan Southern Paiute, Skull Valley Band of Goshute, and White Mesa Band of the Ute Mountain Ute, that can be customized to maintain the same impact when used in frontier, rural and urban communities, populations, and demographics.</p>
Toxic Stress	<p>Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems, and increase the risk for stress-related disease and cognitive impairment, well into the adult years.</p> <p>(Center for the Developing Child, Harvard University)</p>
Trauma-Informed Approach in Organizations	<p>A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.</p> <p>(SAMHSA, 2014)</p> <p>Synonyms - Four R's</p>

Trauma-Informed Care	Referred to variably as “trauma-informed care” or “trauma-informed (organization)” this difference in terms refers to the context and nature of service delivery.
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Trauma-Informed Organization	An organization that intentionally strives to consistently implement the trauma-informed approach based on the 10 implementation domains of the organization and the 6 key principles. (SAMHSA, 2014).
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10 Implementation Domains

1. Governance and Leadership
2. Policy
3. Physical Environment
4. Engagement and Involvement
5. Cross Sector Collaboration
6. Screening, Assessment, Treatment Services
7. Training and Workforce Development
8. Progress Monitoring and Quality Assurance
9. Financing
10. Evaluation

6 Key Principles

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

END NOTES

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CONTACT

Thank you for taking the time to read this proposal.

For more information please visit
www.traumainformedutah.org
or contact Sarah Shea and Mary Beth Vogel-Ferguson at
traumainformedutah@gmail.com

ASPENS ARE ALWAYS GROWING

Trauma-Informed Utah chose the aspen as our symbol to indicate the interconnectedness of our people and the communities in which we live. These trees are prolific throughout the state, growing in often harsh and inhospitable environments. Winter, fires, and other external factors don't stop these resilient and beautiful trees. They thrive in communities and grow better together—groves with shared root systems can outlive individual trees by thousands of years. Aspens mirror the positive impacts of community and external support for strengthening individual growth.



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