

# San Antonio's Trauma Informed System

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*Innovative Solutions for the Common Good*

# PEDIATRICS

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## COVID-19-Associated Orphanhood and Caregiver Death in the United States

Susan D. Hillis, PhD; Alexandra Blenkinsop, PhD; Andrés Villaveces, MD, PhD; Francis B. Annor, PhD; Leandris Liburd, PhD; Greta M. Massetti, PhD; Zewditu Demissie, PhD; James A. Mercy, PhD; Charles A. Nelson, III, PhD; Lucie Cluver, PhD; Seth Flaxman, PhD; Lorraine Sherr, PhD; Christl A. Donnelly, ScD; Oliver Ratmann, PhD; H. Juliette T. Unwin, PhD

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**Journal:** *Pediatrics*

**Article Type:** Regular Article

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# AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health

[Home](#) / [Advocacy](#) / [Child and Adolescent Healthy Mental Development](#) / AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health



Provide feedback

## A declaration from the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and Children's Hospital Association:

As health professionals dedicated to the care of children and adolescents, we have witnessed soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic. Children and families across our country have experienced enormous adversity and disruption. The inequities that result from structural racism have contributed to disproportionate impacts on children from communities of color.

This worsening crisis in child and adolescent mental health is inextricably tied to the stress brought on by COVID-19 and the ongoing struggle for racial justice and represents an acceleration of trends observed prior to 2020. Rates of childhood mental health concerns and suicide rose steadily between 2010 and 2020 and by 2018 suicide was the second leading cause of death for youth ages 10-24. The pandemic has intensified this crisis: across the country we have witnessed dramatic increases in Emergency Department visits for all mental health emergencies including suspected suicide attempts.

**“Promote and pay for trauma-informed care services that support relational health and family resilience.”**

# 7 of the top 10 leading causes of death are associated with ACEs

	Leading Cause of Death	Odds Ratio
1	Heart disease	1.8
2	Cancer	1.4

Without intervention, there can be a 20-year difference in life expectancy

7	Diabetes	1.4
8	Influenza and Pneumonia	
9	Kidney disease	
10	Suicide	12.2*

Odds Ratios associated with 4 ACEs (CDC 2017, Felitti 1998)

Data: MMWR; November 8, 2019; Vol.68; No. 44

\*<enter other reference here, 3 or more ACEs>, and Nadine Burke Harris/Center for Youth Wellness

# Power to Prevent

Preventing ACEs could reduce a large number of health conditions.



UP TO

**21 MILLION**

CASES OF  
DEPRESSION



UP TO

**1.9 MILLION**

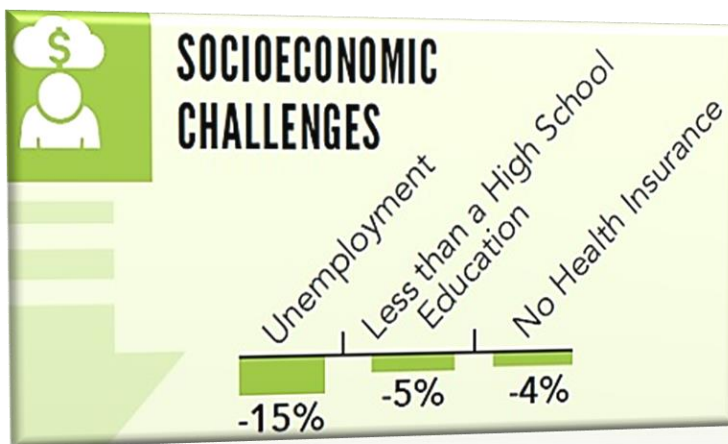
CASES OF  
HEART DISEASE



UP TO

**2.5 MILLION**

CASES OF  
OVERWEIGHT/OBESITY



SOURCE: National Estimates Based on 2017 BRFSS: Vial Signs, MMWR November 2019

# We can overcome high ACEs

- **Good news:** Trauma-induced changes (including epigenetic changes) are reversible
- The brain is plastic, and the body wants to heal

*Trauma-informed care shifts the focus from:  
‘What’s wrong with you?’ to  
‘What happened to you?’*

# Key Components of Trauma Informed Care

Incorporating the approach to every aspect of the organization, creating a genuine culture change

Demonstrating greater awareness of the impact of trauma on all individuals served by the program, organization, or system, including its own workforce

An acceptance that trauma influences the effectiveness of all human services (care coordination, medical care, criminal justice, etc.)

Solution-based service approach

Recognizing the pervasiveness of trauma

Changing the thinking from “What is wrong with this individual?” to “What happened to this individual?”

Staff at all levels change their behaviors, actions, and policies in keeping with a TIC approach

(Jennings, 2004)



# What is a Trauma Informed System?

## Safety



Ensuring physical and emotional safety

## Choice



Individual has choice and control

## Collaboration



Making decisions with the individual and sharing power

## Trustworthiness



Task clarity, consistency, and Interpersonal Boundaries

## Empowerment



Prioritizing empowerment and skill building

### Definitions

### Principles in Practice

Common areas are welcoming and privacy is respected

Individuals are provided a clear and appropriate message about their rights and responsibilities

Individuals are provided a significant role in planning and evaluating services

Respectful and professional boundaries are maintained

Providing an atmosphere that allows individuals to feel validated and affirmed with each and every contact at the agency

















# Retraumatization



## WHAT HURTS?

SYSTEM (POLICIES, PROCEDURES, "THE WAY THINGS ARE DONE")	RELATIONSHIP (POWER, CONTROL, SUBVERSIVENESS)
 <b>HAVING TO CONTINUALLY RETELL THEIR STORY</b>	 <b>NOT BEING SEEN / HEARD</b>
 <b>BEING TREATED AS A NUMBER</b>	 <b>VIOLATING TRUST</b>
 <b>PROCEDURES THAT REQUIRED DISROBING</b>	 <b>FAILURE TO ENSURE EMOTIONAL SAFETY</b>
 <b>BEING SEEN AS THEIR LABEL (I.E. ADDICT, SCHIZOPHRENIC)</b>	 <b>NONCOLLABORATIVE</b>
 <b>NO CHOICE IN SERVICE OR TREATMENT</b>	 <b>DOES THINGS FOR RATHER THAN WITH</b>
 <b>NO OPPORTUNITY TO GIVE FEEDBACK ABOUT THEIR EXPERIENCE WITH THE SERVICE DELIVERY</b>	 <b>USE OF PUNITIVE TREATMENT, COERCIVE PRACTICES AND OPPRESSIVE LANGUAGE</b>

Simpson, R. & Green, S.A. (2014). Adapted from: Falloot, R.D & Harris, M. (2001). Using trauma theory to design service systems: New directions for mental health services. Jossey-Bass: San Francisco, CA, Jennings, A. The Anna Institute, National Council for Community Behavioral Healthcare. Is your organization trauma-informed?



Initial Findings:

*Everyone is trauma-informed*

# San Antonio's Trauma Informed System Development

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## South Texas Trauma Informed Care Consortium

- 600+ members/12 Sectors
- Focus on **Why**

## Institute for Trauma Informed Care

- \$1.2 M partnership- San Antonio and University Health
- Focus on **What**

## Certifying Entity

- Ecumenical Center – Sets/assesses standards
- Focus on **Who**

# South Texas Trauma-Informed Care Consortium

The Consortium's Vision:  
*A Certified* Trauma Informed Care Bexar County

## Tri-Chairs

**Yvette Sanchez**  
The Children's Shelter



**Dr. Kathy Fletcher**  
Voices for Children

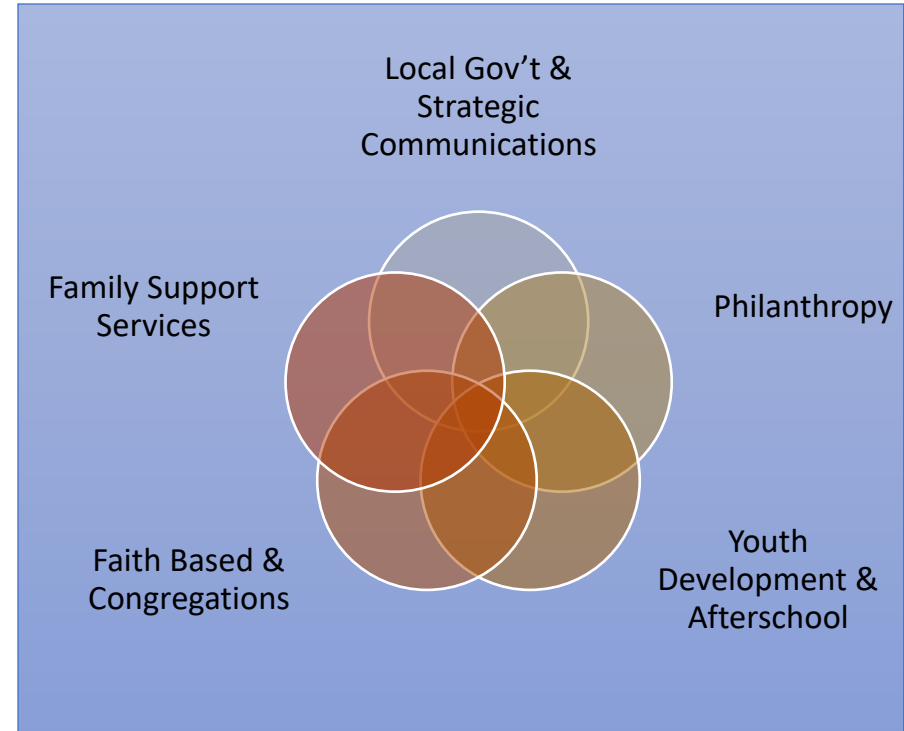
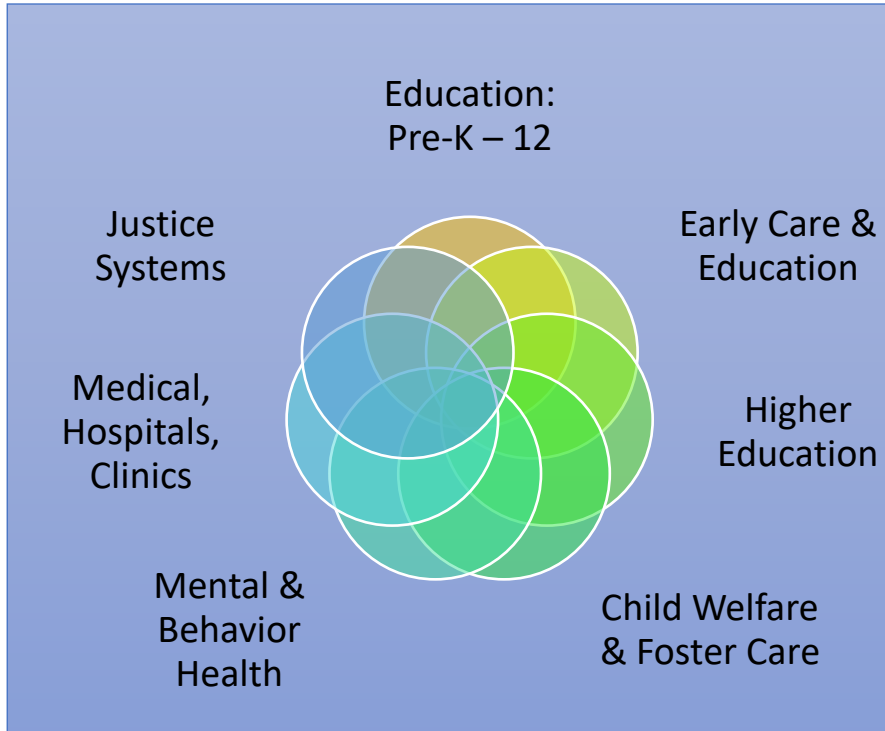


**Dr. Colleen Bridger**



# STTIC Sector Workgroups

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**Total Organizations = 300+**

# South Texas Trauma Informed Care Consortium

← → ↻ 🏠 🔍 https://stxtraumainformedcareconsortium.org

Join the Consortium

 Home Stay Connected About Contact 🔍 Search

**CLICK HERE FOR CRISIS ASSISTANCE**

**SOUTH TEXAS TRAUMA-INFORMED CARE CONSORTIUM**  
*Working to mitigate the effects of Adverse Childhood Experiences by creating a Certified Trauma-Informed Care Bexar County.*

The South Texas Trauma-Informed Care Consortium is a collaboration between The Children's Shelter, Voices for Children and City of San Antonio Metro Health Department ([The Partners](#)). The consortium brings together community participants who are committed to addressing the impact of trauma. The Consortium's goals are:

- To educate the community about trauma, about the damage of trauma and re-traumatization, and about how widespread trauma-related damage is
- To raise awareness of the importance of being trauma informed.
- To build a resilient community and mitigate the effects of trauma related damage

## What is Trauma Informed Care?

# San Antonio's Trauma Informed System Development

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# Institute for Trauma-Informed Care

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- \$1.2 million Partnership between the City of San Antonio and University Health System
- Provide training and technical assistance at no cost to organizations aspiring to become trauma-informed care certified
- <https://www.universityhealthsystem.com/health-wellness/institute-for-trauma-informed-care>



# Institute for Trauma Informed Care

## ACE Interface Training: Quarter 3



- 21 total training sessions
- 118 attendees
- Reached 70 unique organizations
- Sectors represented- average 10 of 12

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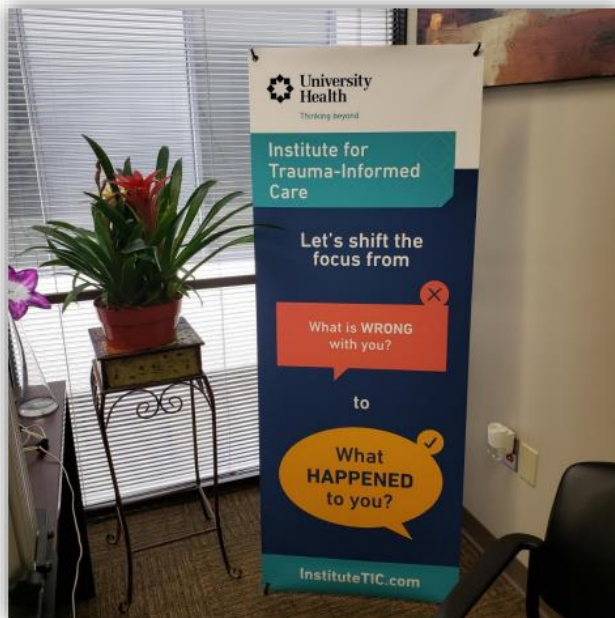
 <b>Institute for Trauma-Informed Care: ACS Interface Training Schedule</b> 	
<b>August 2021</b>	
Monday	Tuesday
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	

Institute for Trauma-Informed Care: ACE Interface Training Schedule				
September 2021				
Monday	Tuesday	Wednesday	Thursday	Friday
		<b>Open 10-11 AM</b> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a>		<b>Open 10-11 AM</b> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a>
<b>Midweek</b>			<b>Open 1-3 PM</b> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a>	
		<b>ACE &amp; Trauma-Informed Care</b> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a>	<b>Open 1-3 PM</b> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a>	<b>Open 10-11 AM</b> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a>
	<b>Open 8-9 PM</b> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a>	<b>Open 10-11 PM</b> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a>	<b>Training Orientation</b>	
<b>Open 8-9 PM</b> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a>		<b>Open 10-11 PM</b> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a> <a href="#">Micro-course: Integrating Trauma-Informed Care into Practice</a>		

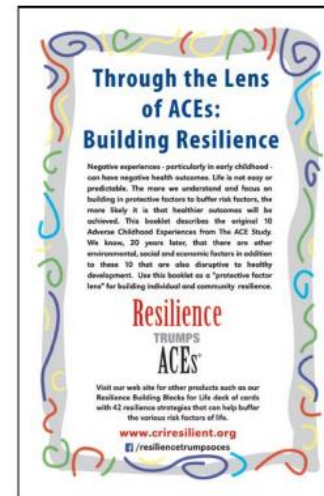


# Institute for Trauma Informed Care

## Marketing and Educational Materials



Institute banner for community events



CRI Educational materials

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# Certifying Entity – Ecumenical Center

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- Partnership with Methodist Healthcare Ministries and the Ecumenical Center
- The Ecumenical Center works with the Consortium and the Institute for Trauma-Informed Care to:
  - 1) Develop certification standards
  - 2) Assess and certify organization as trauma-informed



# TIC Levels of Certification

**Level- 1: CREATING  
SAFE ENVIRONMENTS  
AND PROMOTING  
HEALTHY workplaces**

**Level- 2: EARLY  
INTERVENTION /  
IDENTIFYING trauma –  
Self-actualization,  
Resilience**

**Level- 3: INTENSIVE  
SUPPORT – support  
system specific**

# How does Trauma Informed Certification Work?

The goal of Certification is to build a strong foundation and create shared language across community sectors

The Certification process is supportive, not punitive

There are no complicated point structures

There is no charge for certification

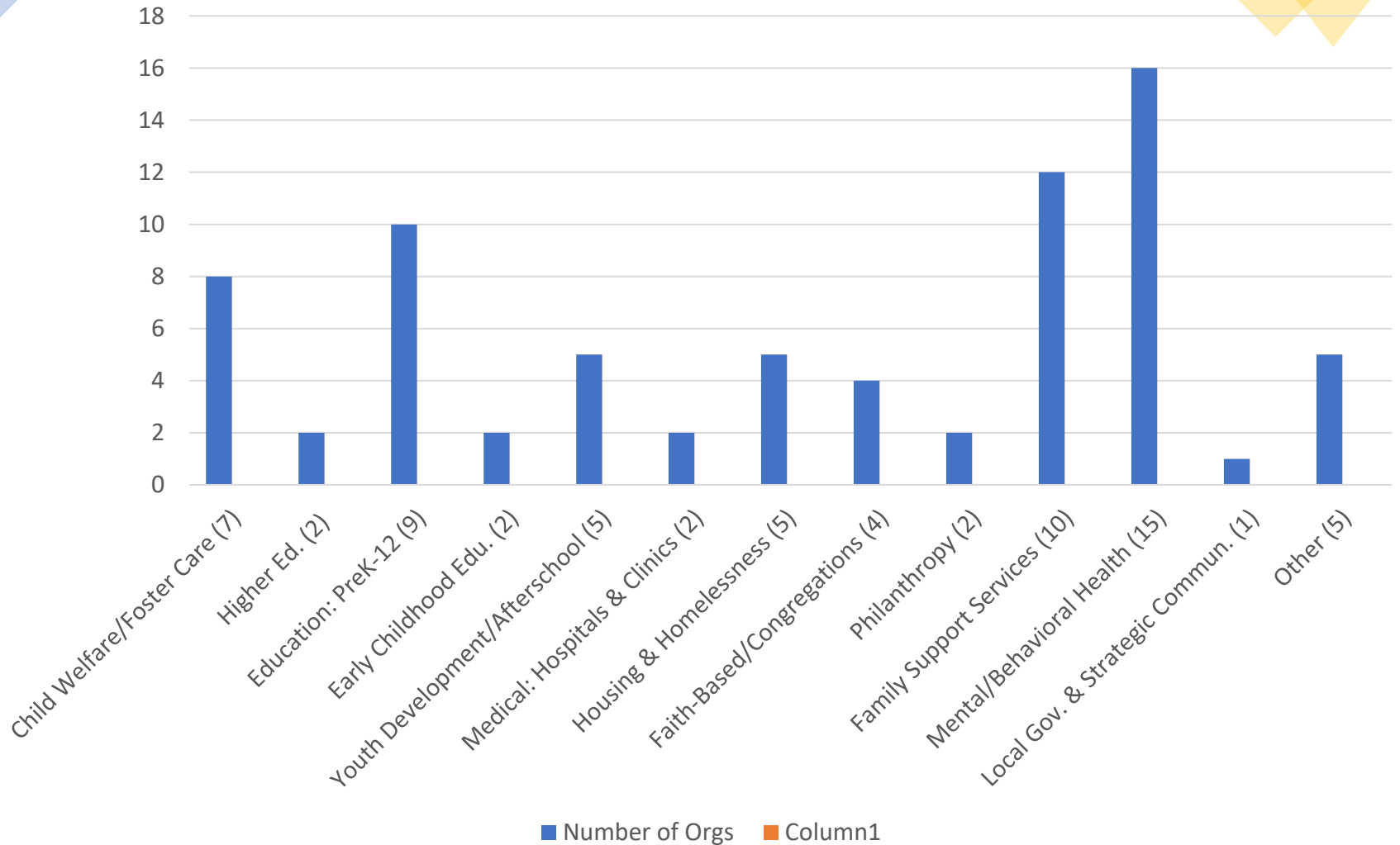
There is no singular model



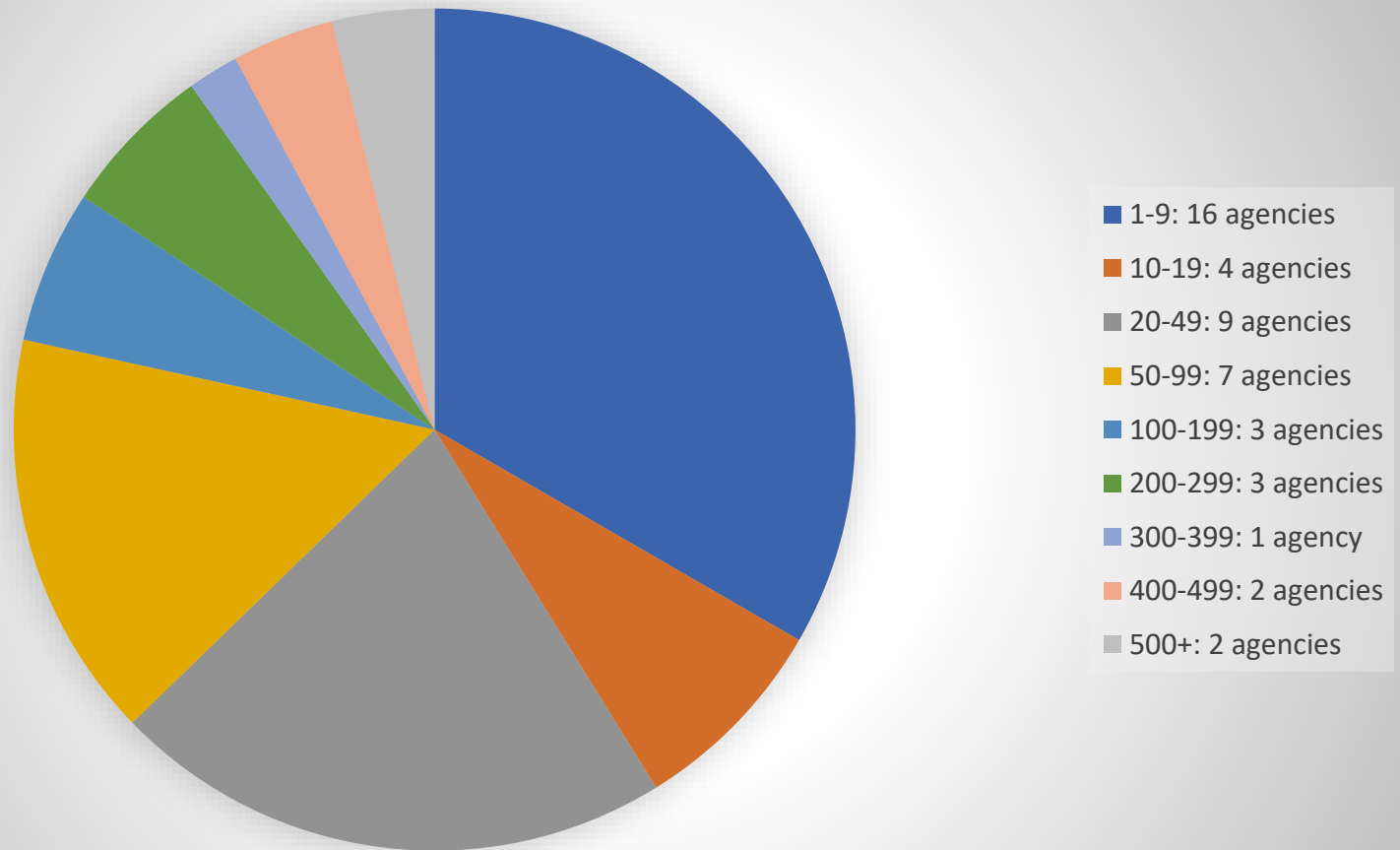
# Self Evaluation Tool



# Organization Count per Sector



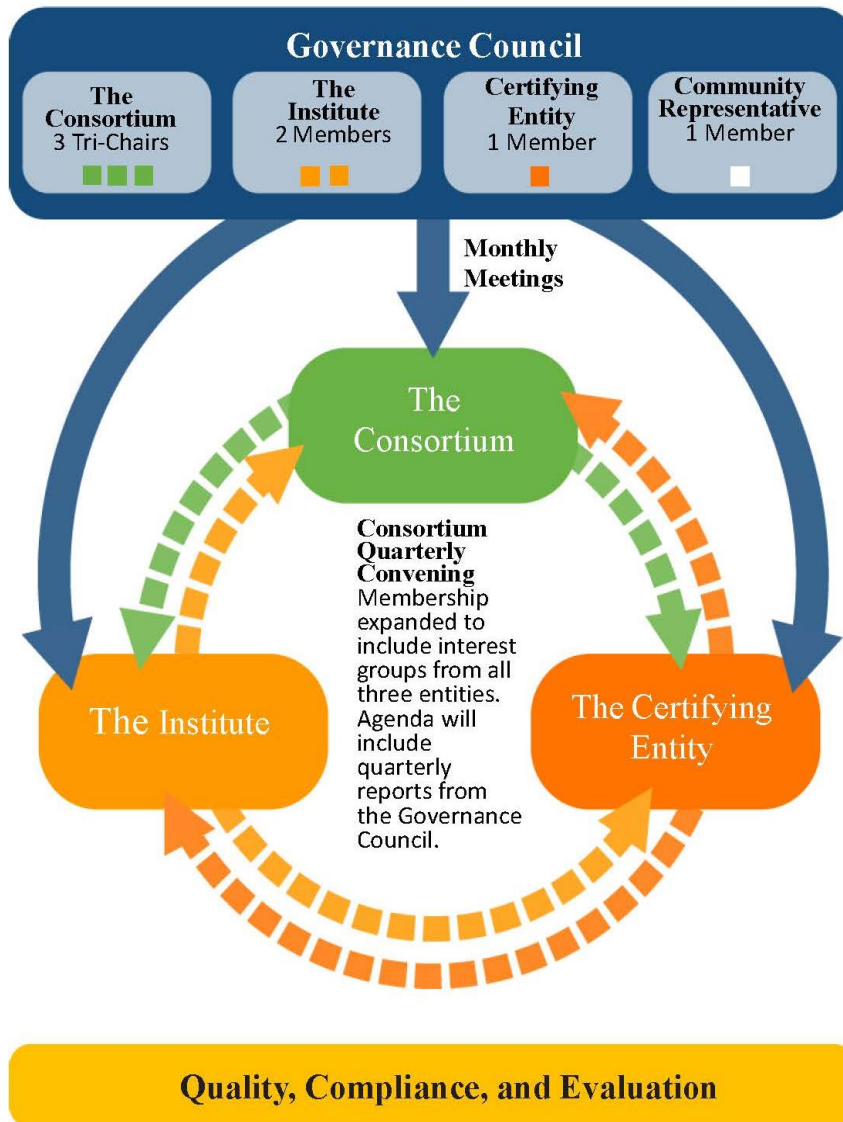
# TI Certification Interest Form – Agencies by size



# Trauma-Informed San Antonio Organizational Structure

This structure defines the relationship and core functions of the project partners with the goals of communication, coordination, and oversight.

*Trauma Informed Care Consortium Vision: A Certified Trauma Informed Bexar County*



## Governance Council

### Govern and oversee the project

The Council defines and communicates to the world the project's **"who."** It is responsible for a decision-making process that is fair, community-inclusive, and transparent and ensures the project's success. The Council oversees the partners' progress and holds them accountable for their core functions.

## The Consortium

### Educate the community on the importance of being trauma informed

The mission of the Consortium is to communicate the **"why."** It informs the development and implementation of the project. The Consortium acts as the project's ambassador, advisor, and community liaison.

## The Institute

### Describe what it means to be trauma informed

The Institute is responsible for the **"what"** of the project. It provides training and technical assistance anchored in best practices and informed by the community's culture and demographics. The Institute is the TIC expert and information

## The Certifying Entity

### Recognize the organizations that are trauma informed

The Certifying Entity determines **"who"** is trauma-informed. It recognizes the organizations that meet the community-adopted standards.

## Quality, Compliance, and Evaluation

### Evaluate effectiveness

Evaluate the core functions of the project to determine overall impact. Provide information for decision-making. This entity will be separate from the Governance Council.

# Lessons Learned

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**Think Systemically**

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**Create Common Definitions/Expectations**

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**Trust but Certify**

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**Staff Make the World Go Round**

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**It is Complicated...but not Impossible**

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