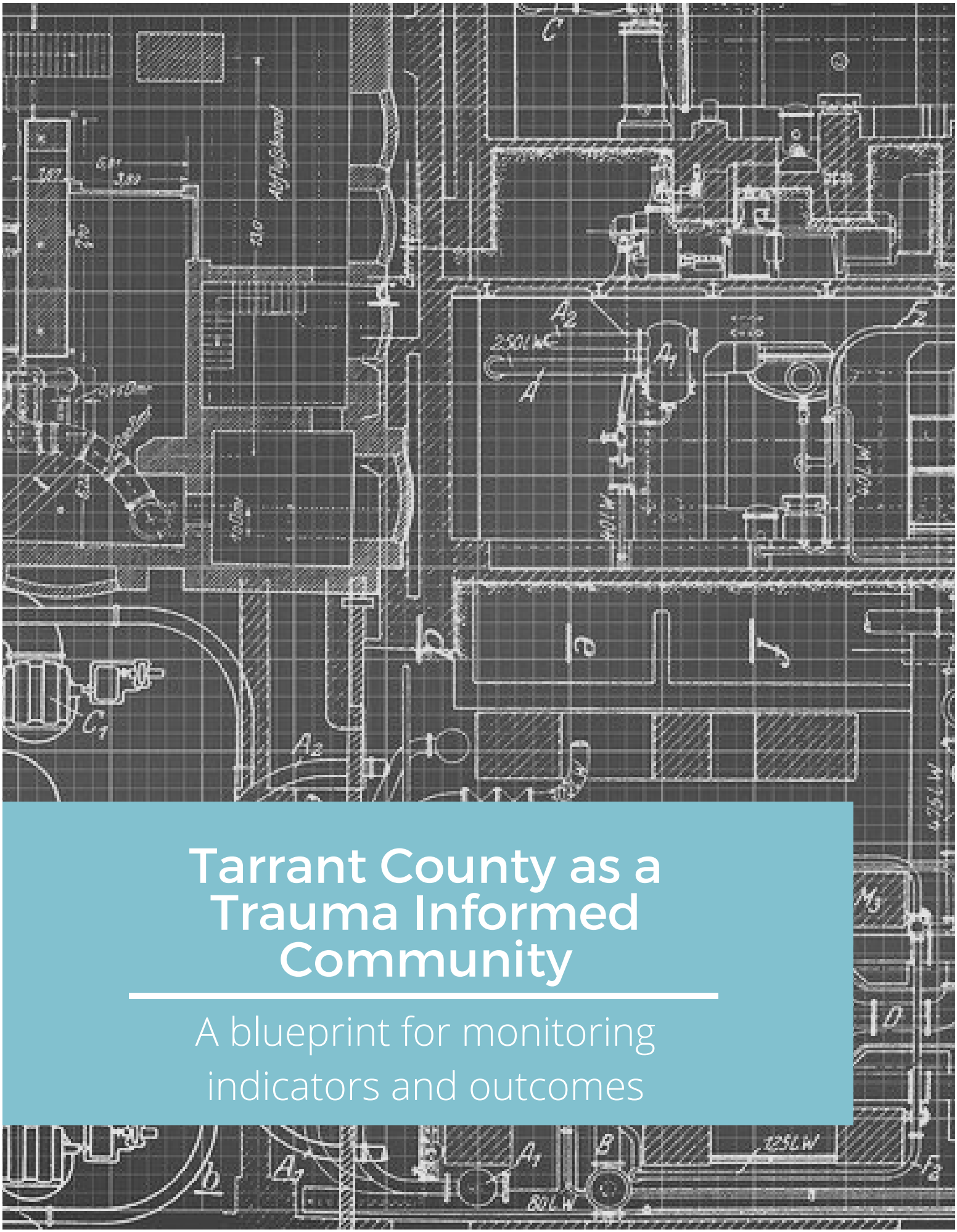

Tarrant County as a Trauma Informed Community

A blueprint for monitoring indicators and outcomes

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BACKGROUND

According to the Substance Abuse and Mental Health Services Administration[1], trauma is any event or series of events experienced or witnessed by an individual that has long-lasting social, physical, spiritual or psychological effects.

Trauma is pervasive, having no boundaries with regard to age, gender socioeconomic status, race, ethnicity, or sexual orientation.[2] People may experience a traumatic event at home, at school, at work, or in their neighborhood and not all trauma is preventable. Individuals with experiences of trauma often interact with multiple service sectors. For instance, individuals in juvenile and criminal justice systems report high rates of mental and substance use disorders linked to past experiences of trauma. Similarly children and families in the child welfare system experience mental health issues related to prior experiences of trauma, including Post-Traumatic Stress Disorder. Trauma interferes with school success and many patients in primary care settings report trauma histories which impacts their long term health. A large body of research has demonstrated the myriad ways in which trauma impacts the physical body and brain, particularly for those who have experienced chronic exposure to trauma such as military veterans and victims of intimate partner violence and child abuse.[3,4] Nearly 90% of Americans have been exposed to at least one traumatic event, and large proportions have experienced significant threats such as rape, intimate partner violence, and aggrated assault.[2] In addition to those who have directly experienced trauma, the negative repercussions often extend to their families, work settings, and social networks.[5] The harmful effects of trauma may also be observed intergenerationally, particularly for communities who have experienced trauma associated with racial injustice (e.g.[6,7,8]).

Tarrant County is not unique in the prevalence of trauma experienced by its populace. What will make Fort Worth and Tarrant County unique is strengthening initiatives that recognize trauma as a catalyst for secondary health issues, continued implementation of strategies and plans to mitigate negative outcomes, and monitoring this process through measurement of shared indicators of a trauma-informed community.

Trauma-informed communities offer multi-level services and approaches to practice, procedure, and policy that promote effective community engagement and recovery from traumatic experiences and Adverse Childhood Experiences. The CDC identifies six guiding principles of a trauma informed approach, including a focus on:

In trauma-informed communities, these principles are observed in leadership practices, organizational policy, system-level collaboration/planning, engagement of community groups, and direct responses to people interacting with all elements of our social system (e.g., faith organizations, business, healthcare, criminal justice, education, human services, etc.).

For more than a decade, organizations and stakeholder groups in Tarrant County have committed to becoming more trauma-informed, investing in training, education, and collaborative partnerships that have reshaped healthcare, education, criminal justice, and social service systems. Additionally, public awareness campaigns have been launched to increase awareness of the impact of trauma and adverse childhood experiences, highlight resilience and post-traumatic growth, and identify community-based resources for survivors of trauma.

Numerous inter-organizational initiatives have launched in the past 10-15 years to address trauma in Tarrant County, including large-scale training, awareness, and intervention approaches. These include, but are not limited to:

- Reaching Teens[9]
- Trust-Based Relational Intervention (TBRI)
- Recognize and Rise
- Children's ACES task force
- Trauma-Informed Organization Learning Collaborative
- Learning Communities on trauma assessment and workforce resilience
- Training of law enforcement officers on trauma informed responses to sexual assault victims

Additionally, several research and assessment studies have measured trauma prevalence, program evaluation, workforce resilience, and trauma-informed care.[10,11,12]

A key supporter of these recent efforts has been The Morris Foundation, a local philanthropic organization funding trauma-informed initiatives locally and advocating for trauma-informed service delivery systems. These efforts demonstrated the Foundation's intentional effort to move beyond project-based funding, instead supporting systems-level change by investing in initiatives that demonstrated positive outcomes, scaling the benefits to impact the broader Tarrant County community.

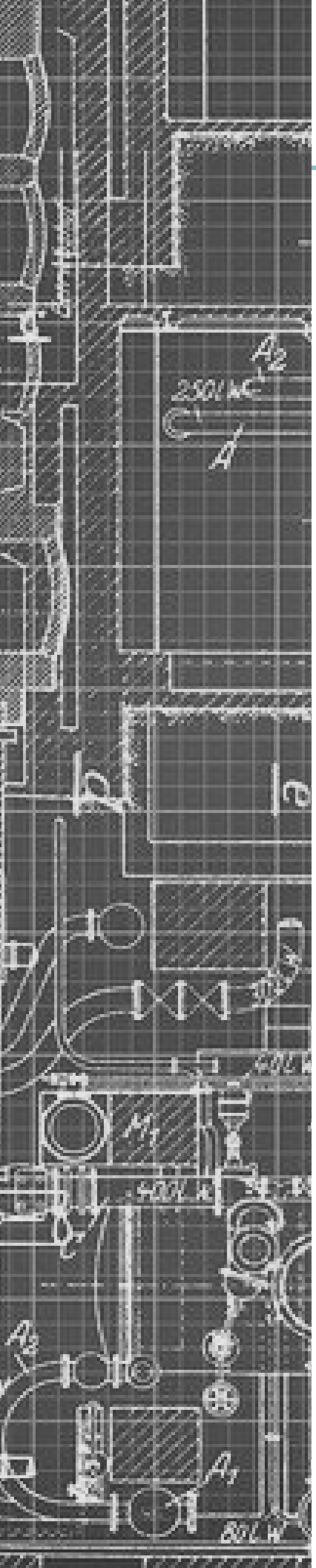
DEVELOPING A BLUEPRINT

Acknowledging the increasing community-level support for trauma-informed care, the Foundation proposed the development of a public-facing, web-based data dashboard that would demonstrate the value of investments being made in trauma-informed care and spur additional community investments. The dashboard would present key performance indicators of local efforts to become a trauma-informed community, providing the public and key stakeholders with information about how trauma-informed systems benefit the larger community, potentially improving patient engagement, treatment adherence, health outcomes, and provider and staff wellness.

Additionally, the dashboard could provide a perspective on how trauma-informed systems have the potential to reduce avoidable care and excess costs for health care, mental health care, and substance use treatment providers, social service organizations, and education, law enforcement, and criminal justice systems. Information presented by the dashboard would be consolidated and arranged so information could be monitored at a glance. The dashboard would also be customizable, visually tracking, analyzing and displaying key performance indicators, metrics, and key data in the form of tables, line charts, bar charts and gauges.

The University of North Texas Health Science Center (UNTHSC) School of Public Health, in collaboration with consultant Dr. James Petrovich, was selected to facilitate a process to explore the feasibility of developing a public-facing trauma-informed community dashboard. Two outcomes were identified for the project:

Outcome 1:
Assess the willingness of organizations and entities from the aforementioned systems to contribute data that would support the initial development and long-term sustainability of a community dashboard.



Outcome 2:
Build consensus among entities about data elements to be included on a dashboard and define collection processes that result in draft memoranda of understanding (MOU's).

The first phase of the project would lay the groundwork for the dashboard, establishing metrics that would serve as indicators of Tarrant County's progress towards becoming a trauma-informed community. To identify these indicators, a stakeholder steering committee was established to develop organizational buy-in for the project and to support the objectives of the study. The steering committee included representatives from a number of key community service systems, including healthcare, criminal justice, city and county administrators, and social services (see the acknowledgements at the beginning of the report for a complete list of steering committee members).

Members of the steering committee then identified individuals who could provide additional support for the development of the dashboard. These individuals were included on the project as a task force, offering expert opinion regarding metrics and indicators for the dashboard, as well as insight into the process required to obtain data from organizations supporting the dashboard (a complete list of task force members can be found in the acknowledgements at the beginning of the report).

The steering committee and task force in place, a process involving iterative cycles of dialogue was undertaken to identify indicators to measure various dimensions of a trauma-informed community. In addition to identifying indicators, the first phase of this process also involved examining the feasibility associated with potential querying of data, data management, tracking and monitoring, culminating in the development of a draft materials needed to establish a memorandum of understanding (MOU) among community stakeholder organizations to proceed with the next phase of dashboard implementation.

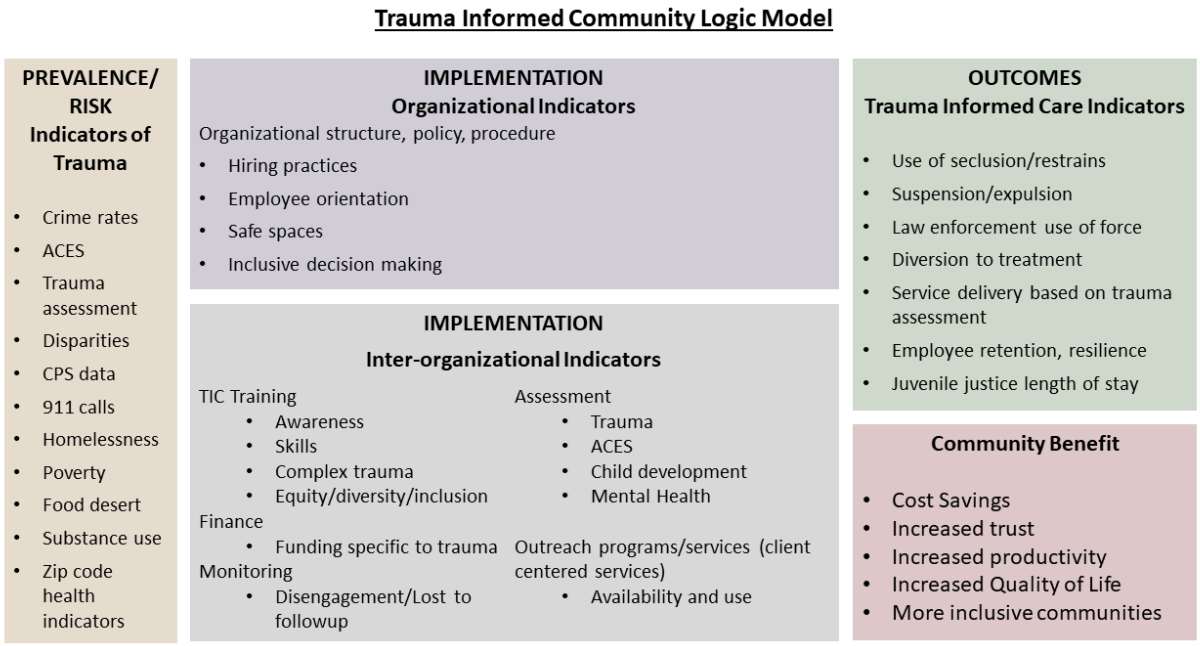
Between April and November 2021, seven planning meetings were held. The steering committee was invited to the initial meeting and three other joint meetings with task force members. Task force members were invited to six of the seven meetings. Initial meetings with the task force were spent brainstorming and prioritizing indicators and grouping these indicators into categories to ensure a wide variety of sectors were represented. Ultimately, these indicators were presented in a logic model format and the last meeting of the task force and steering committee was focused on developing the community benefit section of the logic model. Below is an overview of the meetings, topics covered, and group that participated.

To obtain more specific individualized feedback surveys were sent between meetings, three in total. One survey was for steering committee members to identify individuals who should be invited to be task force members, another was to ask both steering committee and task force members to prioritize the list of indicators that had been brainstormed in previous meetings, and the final survey was to gain insight as to the usefulness of particular indicators and which indicators should be updated with more regular frequency.

RESULTS

Results of this project indicate that an evaluation of community efforts to implement trauma-informed principles and practices, to include the development of a web-based data dashboard, would support and elevate efforts to make Tarrant County a trauma-informed community. Throughout our process, steering committee and task force members continued to verbalize their support for the effort, noting that it would help align efforts to create trauma-informed service delivery systems already underway, promote new efforts to implement trauma-informed care principles and practices, and provide the general public and other stakeholders with an assessment of community-level benefits related to trauma-informed care.

Through the project, steering committee and task force members identified indicators of the need for trauma-informed care in Tarrant County, as well as organizational and inter-organizational indicators of the implementation of trauma-informed care, and outcomes and community-level benefits of trauma-informed care. These indicators are presented in the dashboard logic model.



Logic Model Development

As part of the development process, steering and task force members generated an initial list of more than 90 indicators that have a relationship to trauma or trauma-informed care. Indicators crossed 12 sectors, including: health care, mental health, housing/homelessness, education/early childhood, social services, emergency services, economic stability, criminal justice/victimization/safety, faith-based, business, global (multi-sector), and racial equity. Below is a sample of indicators generated from the initial brainstorming sessions that informed those included in the final logic model.

Category (n=total number of indicators identified in brainstorming)	**Examples of Indicators**
Business (n=12)	Service quality Business turnover
Criminal Justice/ Safety/ Victimization (n=13)	Law enforcement use of force Violent crime data
Economic Stability (n=4)	Trauma informed training available to the public/community Poverty
Education/Early Childhood (n=12)	Secondary trauma support for employees Suspensions & Expulsions
Emergency Services (n=5)	Screening/assessments to identify trauma Injuries from violence
Faith Based (n=4)	Collaboration with mental health orgs/services Sense of purpose
Global/ Cross-sector (n=18)	Absenteeism Job satisfaction
Healthcare/Health Literacy (n=7)	Use of restraints Zip code level health indicators
Housing/Homelessness (n=4)	Housing retention Shelter utilization
Mental Health (n=6)	Substance abuse treatment use Demand for talk therapy
Racial Equity (n=4)	Hate crime statistics HR policies and practices promoting diverse recruitment, hiring, retention
Social Services (n=4)	Use of screenings/assessments to identify trauma Organizational policies & procedures

A survey and feedback process was then used to prioritize and further define these indicators, organizing them into a logic model framework to demonstrate how the prevalence and risks associated with trauma are addressed with trauma-informed care (TIC) implementation within and between organizations. This process highlighted the need for further discussion on the outcomes and impacts of TIC.

An additional meeting was used to elicit an elaboration of outcomes and community benefits at the individual, community, and systems level that were later incorporated as indicators in the final logic model.

Importance of Logic Model Components

Prevalence and risk indicators help our community monitor changes in the populations being impacted by trauma and establishes the need for trauma informed approaches. Organizational implementation indicators allow the community to determine to what extent consistency in implementation occurs in various service systems. This is important to ensure that at each system entry point, residents experiencing trauma will be met with staff and processes that are reflective of TIC principles and promote safety, security and recovery. Inter-organizational indicators are important because we want similar language, training, and understanding across all environments of care, regardless of discipline or staffing position. This helps avoid revictimization or retraumatization as residents navigate different service delivery sectors. Community outcomes and benefits help us demonstrate why TIC practices are important and how they extend beyond the recovery of individuals, to system-wide improvements, cost efficiencies, quality of life, and productivity. Effectively disseminating these larger benefits, it is possible to promote continued community buy-in and additional investment in the development of a trauma-informed community.

Feedback on the logic model was solicited through a survey of steering and task force members. Members reported that a TIC dashboard project with regular stakeholder review and strategic planning would benefit there organizations in multiple ways, including:

- Human Resources monitoring of hiring practices
- Identification of hotspots and trauma correlates
- Stronger understanding of community knowledge and practices

- Better formulation of program outcomes
- Promoting accountability to the community
- Increase employee awareness of trauma and TIC
- Make data-driven decisions
- Use in statistical reporting, proposals and other documents
- Help determine investment needs and staffing priorities
- Guide community outreach and stakeholder education

Gathering Indicators

Project participants generally indicated that data for these different elements are available and generally accessible. Data for some indicators would be obtained through a community survey developed and administered by the organization hosting the dashboard. Data for other indicators would be provided directly by individual organizations. For each organization providing information, data sharing agreements would be required as well as dedicated resources to support the extraction, cleaning, and transfer of dashboard-related data. Discussing the process necessary to obtain organizational data for the dashboard, project participants generally agreed that completing the community survey was not overly burdensome and organizational data could be provided as long as sharing agreements were in place and organizations had or were provided the resources needed to extract and transfer data to the dashboard host.

DATA RESOURCES NEEDED

To facilitate a sustainable process of data collection for the dashboard, we suggest the following approach:

- Administer the community survey to a broad cross-section of organizations and entities located in Tarrant County. A key component to ensuring adequate survey coverage will be to collaborate with local coalitions and key informants to identify participants. The steering committee and task force developed for this project would support this effort.

- Execute data sharing agreements and implement data sharing processes with select organizations from key community-level systems such as health care, mental health care, substance use, education, social service, etc. This incremental approach is warranted because, while broad support was expressed for the dashboard, it was also acknowledged that navigating the process required to share dashboard-related data would be complex and likely differ between organizations. Therefore, to promote a sustainable dashboard, we suggest partnering first with key community organizations such as JPS Health Network, MHMR of Tarrant County, the Tarrant County Homeless Coalition, Fort Worth Independent School District, and the Fort Worth Police Department and Tarrant County Sheriff's Department.

  Identifying these organizations, we acknowledge that other organizations and entities provide similar services / functions within the geographic area of Tarrant County. However, by selecting core organizations that represent larger providers / entities in the community, it will be possible to test and implement data sharing processes that will provide a robust assessment of trauma-informed care indicators and outcomes.

CONCLUSION

For nearly two decades, core stakeholders in Tarrant County have made serious efforts to develop trauma-informed organizations and service delivery systems. With trauma-informed care principles and practices becoming more common among providers, and organizations aligning around the goal of being trauma-informed, what equates to a true paradigm shift has occurred in the community. The logic model developed by the Steering Committee and Task Force aligns with the triple aim approach to monitoring population health, residence experiences with care from service sectors, and reducing the overall cost of care to address trauma.[13] To maintain momentum and encourage future investment, an assessment of community-level indicators and outcomes is needed, providing an important perspective on the benefits of the community's collective efforts to be trauma-informed. Disseminating the results of these analyses through a data dashboard would help generate support from the general public for the continued implementation of trauma-informed care principles by educating them about the prevalence of trauma and adverse childhood experience in Tarrant County, the implementation of principles and practices, and an assessment of community-level benefits.. Additionally, assessing the benefits of trauma-informed care would provide organizations and other stakeholders with data to support the need for additional strategic investment of resources.

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APPENDIX

STORYTELLING: How Outcomes Relate to Benefits

OUTCOMES	INDIVIDUAL & FAMILY BENEFITS	ORGANIZATIONAL & COMMUNITY BENEFITS
Reduction in use of seclusion & restraints	Reductions in re-traumatization and injury; increased engagement with organization staff	Reduction in staff injury, increased staff attendance, reduced potential for litigation, cost savings (staff admin time, seclusion staffing); alternatives to physical engagement, increased empathy among service providers
Suspension & expulsion	Improve academic outcomes and graduation, decrease discipline inequities, decrease involvement in criminal justice; increased productivity, decrease in childcare costs	Decrease in inequities, increase in social/emotional interventions; Decrease in dropouts, greater workforce productivity, reduce biases, increased empathy, decrease in inequities
Law enforcement use of force	Reduction in re-traumatization, reduction in injury & death	Alternatives to physical engagement, increased empathy, increased community trust & unity, increase likelihood to report future crime
Diversion to treatment	Increased opportunities (access to interventions and resources to address trauma and other needs, sense of hope), increased access to jobs, housing, etc., increased support for recovery/treatment, increased family engagement, decreased intergenerational trauma (incarceration), less ACES	Cost savings, increased productivity, increased workforce participation, decrease healthcare costs, reduction in substance use, safer communities

OUTCOMES	INDIVIDUAL & FAMILY BENEFITS	ORGANIZATIONAL & COMMUNITY BENEFITS
Service delivery based on trauma assessment	Increased resiliency, individualized service plans, decrease in service withdraw, Increase in positive parenting skills	Earlier identification of trauma/concerns, cost savings from early identification, increased program/service efficiency, Increased resiliency, increased engagement in MH services, decrease in MH crises (suicide included), address root causes
Employee retention, resilience	Improved quality of life	Increased morale, cost savings (insurance/absenteeism)
Juvenile justice length of stay	Maintain focus on school/family functioning, reduced recidivism	Increased program efficiency, decrease in MH crises

OUTCOMES – Trauma Informed Care Indicators

INDICATOR	OPERATIONALIZE	DATA SOURCE
Use of seclusion/restraints	# of instances of use of seclusion and/or restraints	MH providers – JPS, Millwood, Mesa Springs, Perimeter Behavioral, TX Health
Suspension/expulsion	In and out of school suspensions, and expulsions including those to JJAEP & DAEP	Texas Education Agency – Publicly available
Law enforcement use of force	# of instances when law enforcement causes the death or serious injury of a person or fires a weapon at or in the direction of someone	Police departments
Diversion to treatment	# of individuals diverted to treatment (IDT, RISE, FAIP, other similar)	District Attorney's office, MHMR
Service delivery based on trauma assessment	# of organizations that report utilizing trauma assessments in service delivery	Survey of organizations and programs in Tarrant Co.
Employee retention, resilience	Annual employee retention rate as reported by organizations stratified by org size, average resilience score from staff surveyed	Survey of organizations and staff
Juvenile justice length of stay	# of instances in detention by individual & # of days per instance	Tarrant County Juvenile Justice

PREVALENCE/RISK – Indicators of Trauma

INDICATOR	OPERATIONALIZE	DATA SOURCE
Crime rates	Rate of violent crime in Fort Worth by zip code or beat	Public information- Police departments
ACES	Average ACE score by age, race (geographically if available)	Cook Children's
Trauma assessment	% of clients meeting criteria for trauma symptomology	Survey of organizations and programs in Tarrant Co.
Disparities	ACES, access to Mental health care, criminal justice involvement disparities	My Sidewalk
CPS data	# of dispositions recorded as “Reason to believe”, and number of confirmed victims	TXDFPS- Publicly available
911 calls	# of 911 calls referred to law enforcement	Public information- Police departments
Homelessness	# of individuals experiencing homelessness (sheltered & unsheltered)	Tarrant County Homeless Coalition
Poverty	% of population below poverty income threshold	Census
Food desert	% of census tracts that are both Low income & low-access as defined by USDA https://bit.ly/3jFVHdv	USDA- Publicly available

INDICATOR	OPERATIONALIZE	DATA SOURCE
Substance use	Heavy alcohol use, Binge drinking, alcohol induced mortality, overdose deaths,	BRFSS & MHMR
Zip code health indicators	% of zip codes above/below set threshold	My Sidewalk

IMPLEMENTATION – Organizational Indicators

INDICATOR	OPERATIONALIZE	DATA SOURCE
Organizational Structure, Policy, Procedure		
Hiring Practices	% of orgs reporting to use trauma informed hiring practices	Survey of organizations and programs in Tarrant Co.
Employee orientation	% of orgs reporting to provide trauma informed employee orientation	Survey of organizations and programs in Tarrant Co.
Safe spaces	% of orgs reporting to provide trauma informed safe spaces	Survey of organizations and programs in Tarrant Co.
Inclusive decision making	% of orgs reporting to practice inclusive decision making	Survey of organizations and programs in Tarrant Co.

IMPLEMENTATION – Inter- organizational Indicators

INDICATOR	OPERATIONALIZE	DATA SOURCE
Trauma Informed Care Training		
Awareness	% of orgs reporting to provide trauma awareness training	Survey of organizations and programs in Tarrant Co.
Skills	% of orgs reporting to provide trauma informed skills training	Survey of organizations and programs in Tarrant Co.
Complex trauma	% of orgs reporting to provide training on understanding/addressing complex trauma	Survey of organizations and programs in Tarrant Co.
Equity/diversity/ inclusion	% of orgs reporting to provide training on equity/diversity/inclusion	Survey of organizations and programs in Tarrant Co.

INDICATOR	OPERATIONALIZE	DATA SOURCE
Assessment		
Trauma	% of agencies using trauma assessments with 75% or more of the people they serve	Survey of organizations and programs in Tarrant Co.
ACES	% of agencies using ACES with 75% or more of the ppl that they serve	Survey of organizations and programs in Tarrant Co.
Child development	% of agencies using a child development screening with 75% or more of people they serve	Survey of organizations and programs in Tarrant Co.
Mental health	% of agencies using mental health screening tools (e.g., depression, anxiety, or functioning) with 75% or more of the people they serve	Survey of organizations and programs in Tarrant Co.
Outreach programs/services (client centered services)		
Availability & use	%/# of agencies using client centered outreach programs/services (e.g., mobile, street outreach, home visiting, telehealth) to meet clients where they are	Survey of organizations and programs in Tarrant Co./ Program inventory