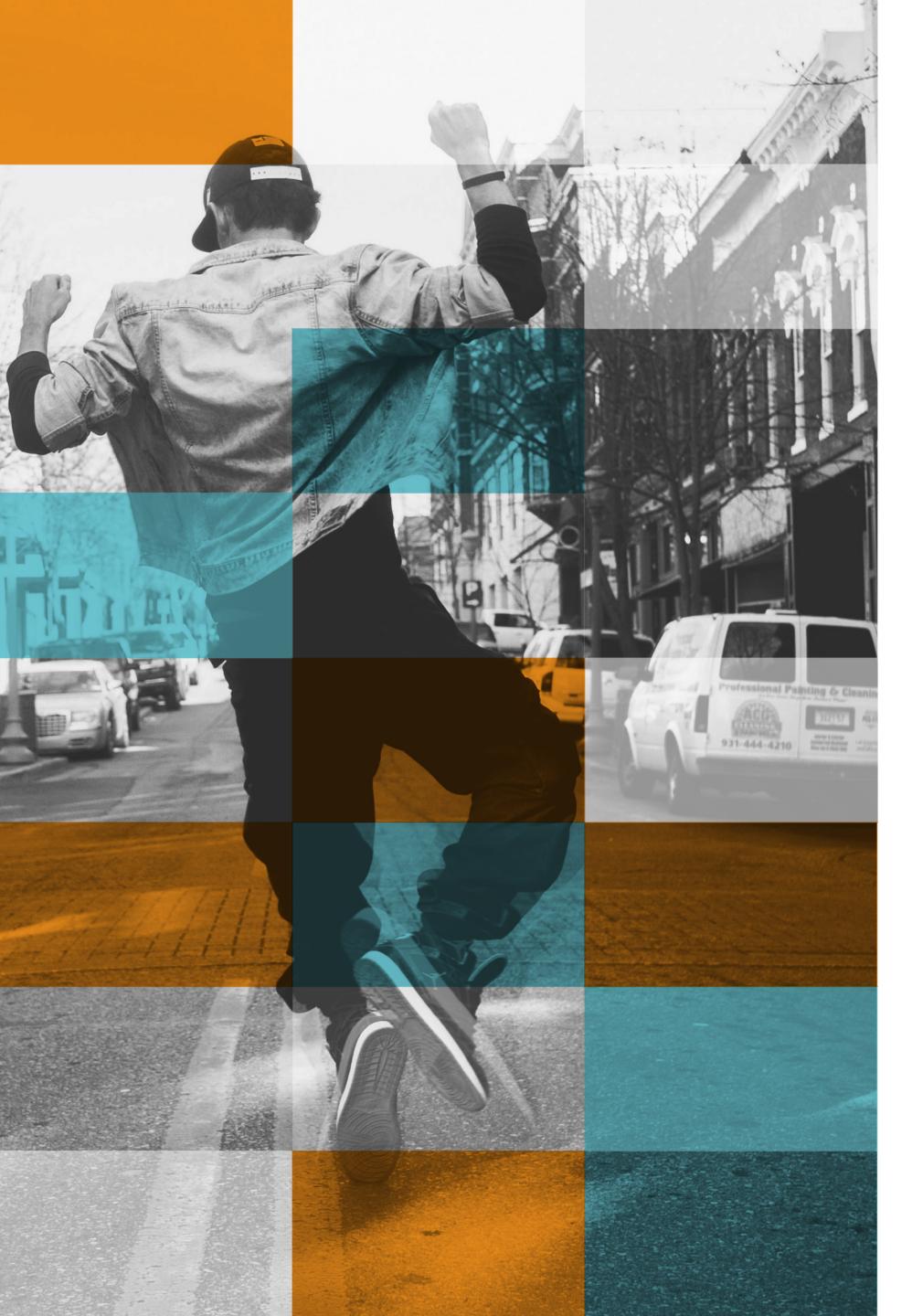




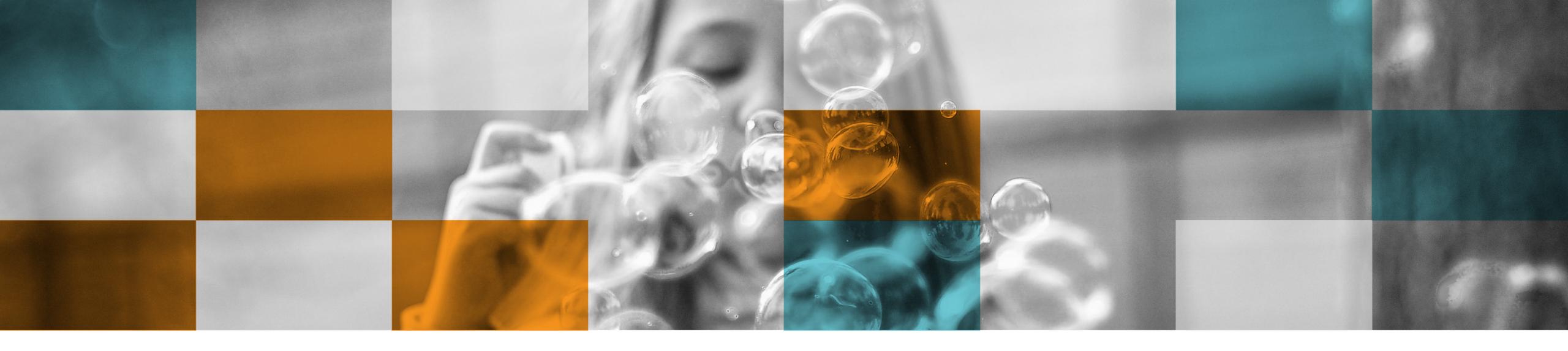
Supporting communities for a healthier, more just and resilient society



We see a world

- In which society supports and promotes resilience and healing, especially in communities that are disproportionately affected by trauma.
- Where prevention of trauma is a priority and programs that promote healing are readily available to everyone.
- Where more people are trauma-informed and understand the role systemic inequities play in perpetuating trauma.
- In which all communities have support systems to help people adapt to adversity and stress in healthy and productive ways.





At the forefront of health and wellbeing for all

CTIPP is the nation's leading organization advancing trauma-informed policy and programs in partnership with national, state, tribal and local experts.

Our goal is to unlock public support and investment so all communities have the resources they need to sustain trauma-informed, resilience-focused and healing-centered initiatives.





Our work is grounded in NEAR—a body of scientific research that includes Neuroscience, Epigenetics, Adverse Childhood Experiences (ACEs) and Resilience. It provides a complete picture of the impact of traumatic experiences and toxic stress over a lifetime and across generations. Consequently, it informs our path forward in preventing and mitigating the effects of trauma on society.

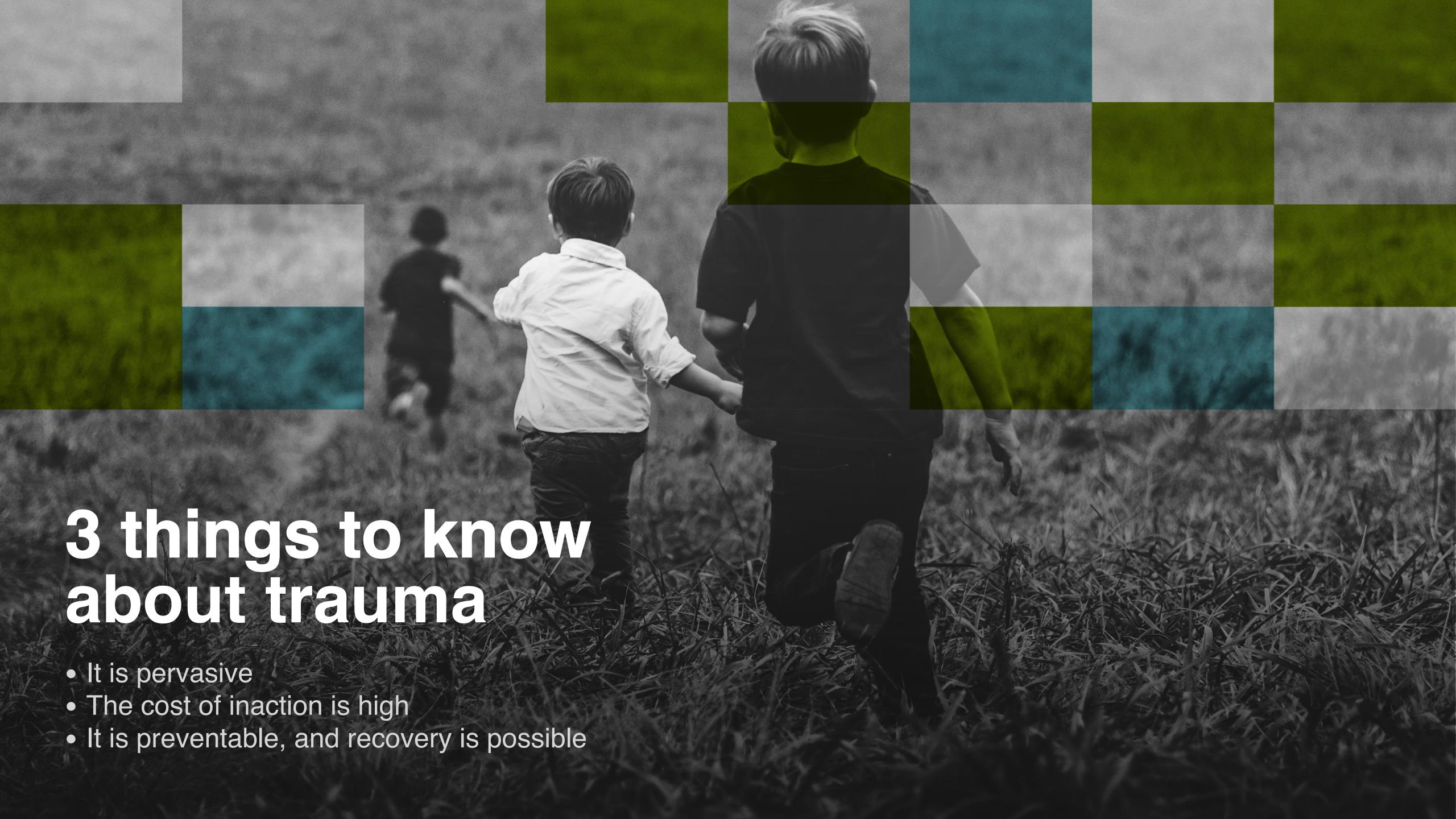




Why being trauma-informed matters

- A majority of our population suffers from trauma. Exposure to it, and the resulting toxic stress, can lead to profound and lifelong medical, psychological and societal issues if not addressed.
- The roots of trauma are many, and its impact is far-reaching.
- Trauma in the community often has a ripple effect.
- A trauma-informed approach provides our systems of care with a complete picture of a person's life situation—past and present—better equipping the system to provide effective services.
- This can help reduce the drain on resources and excess costs across society.





Trauma is pervasive

While the roots of specific traumas can vary, the harmful effects they have on a person's wellbeing—both immediate and far into the future—are shared by millions. This detrimental impact extends to our communities, all too often having a ripple effect.

Many of us experience it, in the U.S.:

- 70% of adults (223.4 million) have experienced at least one traumatic event
- 46% of children (34 million) have experienced at least one traumatic event by age 18 and more than 20% have experienced at least two
- As many as 43,000 children have lost a parent or caregiver to COVID-19 so far

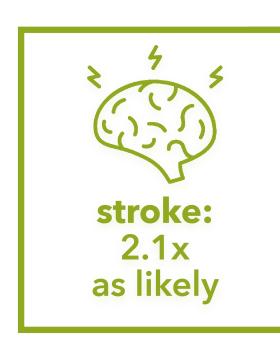
Some communities are disproportionately impacted

- Historical Trauma
- Racial Injustice
- Systemic Inequities
- Social Disadvantages
- Cascading Disasters



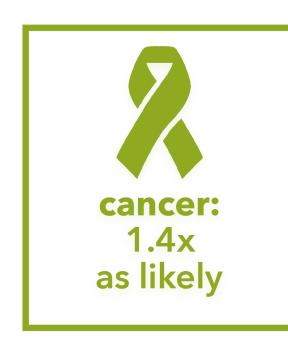
The impact of trauma: What ACEs statistics tell us

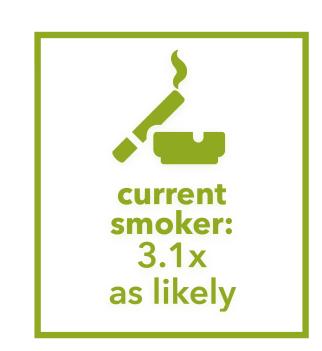
While sometimes the result of cataclysmic events, trauma is often the result of sustained periods of toxic stress over weeks, months, or even years. ACEs (Adverse Childhood Experiences) are traumatic events that occur during childhood and include all types of abuse and neglect.

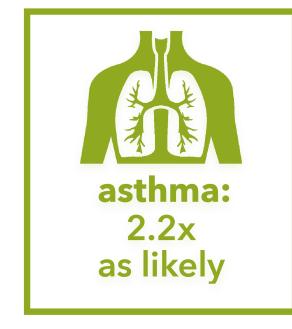




















The cost of inaction is high

We now know that trauma is a major underlying cause of substance abuse, suicide, gun violence, school dropouts and poor health outcomes. In fact, there is a direct correlation between trauma and some of **our nation's most prevalent and expensive health conditions** including diabetes, COPD, heart disease, cancer and high blood pressure.

REDUCING ACES BY 10% COULD EQUATE TO AN ANNUAL HEALTH SAVINGS OF \$56 BILLION

Furthermore, trauma impacts **every system within a community**, putting an extraordinary burden on our under-resourced services including education, social, legal and housing.

\$748
BILLION

THE ANNUAL COST OF ACEs IN LOST PRODUCTIVITY IN NORTH AMERICA



Trauma is preventable. Recovery is possible.

Research shows us that by enacting the right policies and programs to invest back into our communities, we can prevent trauma and provide supportive healing.

And preventing trauma is cost- and resource-effective:

56%REDUCED

EMERGENCY ROOM VISITS

The Nurse Family Partnership (NFP) reports reduction in abuse and neglect by 48% and reduced emergency room visits by 56%.

\$1 = \$35 S A V E D

INVESTED IN PREVENTION

The Self-Healing Communities report, highlighting successes in Washington State, shows for every \$1 invested in prevention, \$35 dollars were saved. 98% REDUCTION

IN SCHOOL SUSPENSION RATES

After one year of adopting trauma-informed practices at The Leadership Academy at John T. White Elementary School in Fort-Worth, Texas, there has been a dramatic decrease in suspensions and huge increase in teacher retention. The school also went from an F rating to a B rating in one school year.



What we're doing to drive positive change

CTIPP works to advance trauma-informed policies and programs through a grassroots strategy that includes:



Shaping policy: We craft and promote policy that increases and improves trauma-informed resources and support for local communities.



Empowering Advocates: We inform and mobilize advocates to connect with elected officials through our National Trauma Campaign.



Amplifying community voices: We partner across sectors and systems to bring community members to the forefront, enabling open information sharing between practitioners, policymakers and the people they serve.



Our approach

We focus on the underpinnings of many of our most pressing social and health problems. Through open engagement, we work to expand and continuously improve our collaborative work across sectors and systems.



Building relationships

We partner with state and local trauma-informed coalitions and build cross-sector networks.

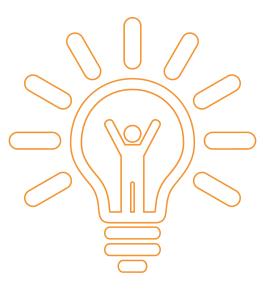
We ensure collaboration among those enacting policy and those served by it.



Fostering dialogue

We honor and amplify diverse community voices and those with lived experiences.

We teach advocates how to effectively communicate with legislators.



Seeking strategic opportunities

We share best practices to prevent the re-traumatization of communities.

We support the growth of evidence for trauma-informed practices and programs.



Driving racial & social justice

We strive to dismantle oppression, especially for those who have been marginalized, discriminated against, and excluded from the opportunities that promote health and wellbeing.



Our Impact

In our brief history, CTIPP has made huge strides in the trauma-informed movement. When we began in 2017, there were no mentions of trauma and ACEs in Congressional appropriation bills. Just five years later, there are over 30 programs funded to address trauma and ACEs.

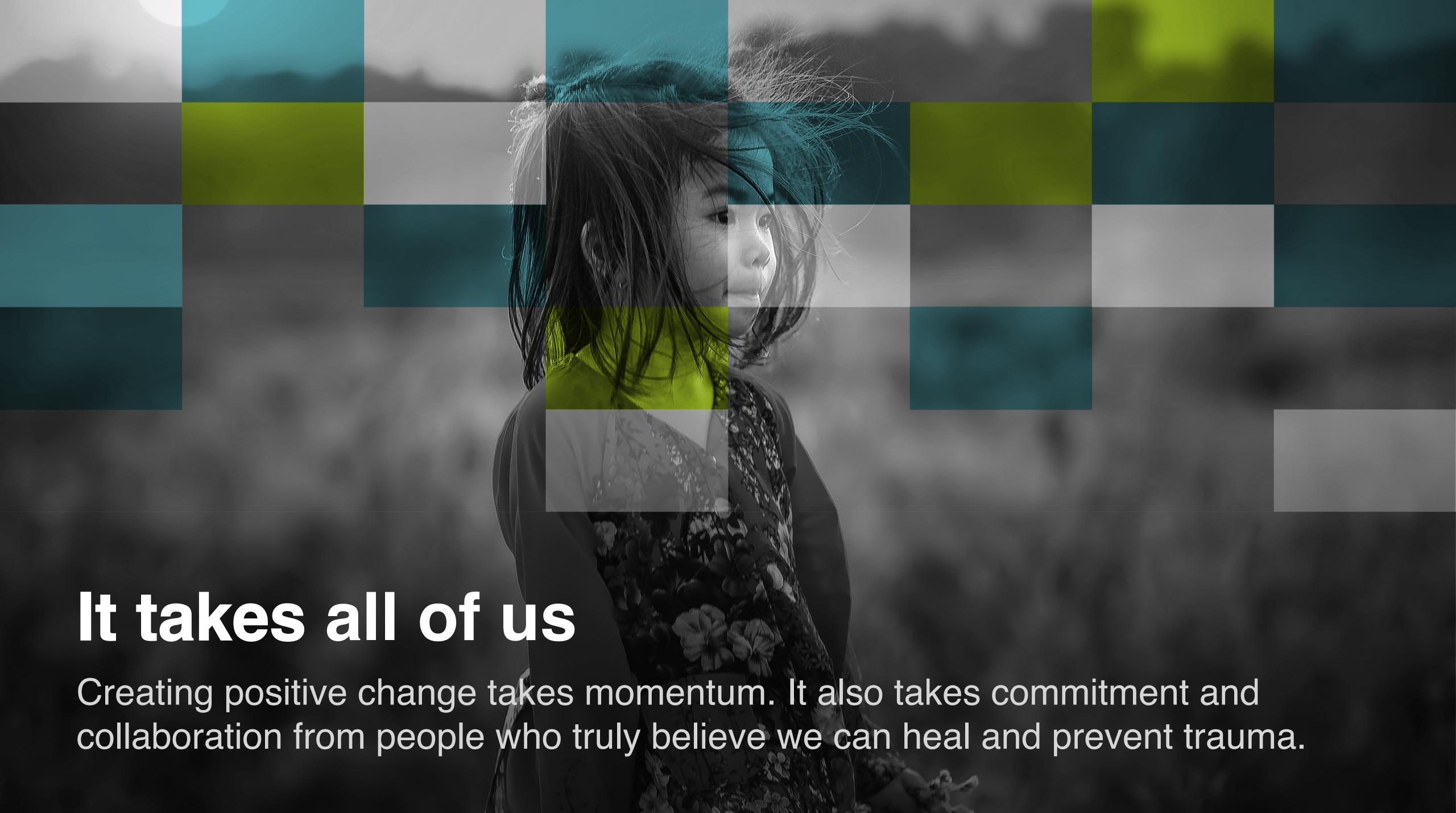
Other Notable Accomplishments

Our National Trauma Campaign has members in all 50 states, and this organic spread occurred with no dedicated funding.

Our Community Advocacy Network calls reach more than 100 practitioners each month to continue to spread new information about the trauma-informed movement.

CTIPP is a recipient of the Distinguished Service Award of the American Psychiatric Association, given for meritorious service to the field of psychiatry.







Together:

We partner with communities, coalitions and federal legislators We uplift and amplify community voices
We support communities' ability to heal and grow
We inform policies that create necessary funding
We build trauma-informed and healing-centered systems
We create sustainable, cost-saving impact
We reinvest in communities to foster further prevention
We prioritize good health and wellbeing for all







HOW YOU CAN HELP

We are at a pivotal moment in which windows of policy opportunity are opening. Funding will help us reach more communities, and with many community efforts already underway, we need public policies and programs to sustain them.

YOUR PHILANTHROPIC INVESTMENT WILL ALLOW US TO:

- Build Organizational Capacity
- Dedicate Staffing to Policy Analysis
- Grow our Campaign Network through Direct Outreach
- Expand Learning and Networking Opportunities
- Enhance Learning Around Trauma-Informed Care
- Support Local and State Coalitions





Our strategic partners and contributors

Van Ness Feldman, LLP
PACEs Connection
Child Trauma and ACEs Policy (CTAP) Working Group
International Transformational Resilience Coalition (ITRC)
Winer Family Foundation
The Burke Foundation

The National Prevention Science Coalition to Improve Lives
ANS Research
Police Training and Community Collaboration (PTACC)
Coalition for the Future of Education
Mental Health Liaison Group
Center for Community Resilience





APPENDIX

We at the Campaign for Trauma-Informed Policy and Practice would like to thank Unsplash and the following photographers for their wonderful photos.

Credit as follows:

Page 1: Zachary Nelson 98Elr-LlvD8

Page 2: Andre Hunter p-I9wV811qk

Page 3: Giu Vicente Ng2n54lAKcs

Page 4: Caroline Hernandez g5NjiLFgYy8

Page 6: Andrew James ehdsg7SHm6A

Page 7: Jordan Whitt b8rkmfxZjdU

Page 12: Nathan Anderson GM5Yn5XRVqA

Page 16: Mi Pham zQULEIIQS0

Page 17: Joel Muniz 0QulgOjLLXc

Page 18: Omar Lopez hiqLAaOJqW8

Page 19-21: Danny Nee wlutZH5oW_4

Page 22: Mi Pham xtd3zYWxEs4 Page 23: Jed Villejo pumko2FFxY0

REFERENCES

Bgca.org. 2021. Mental Health & COVID-19: What Parents and Caregivers Should Know. [online]
Available at: https://www.bgca.org/news-stories/2020/May/Mental-Health-COVID-19-What-Parents-and-Caregivers-Should-Know?
keepstage-keepstage-2020/May/Mental-Health-COVID-19-What-Parents-and-Caregivers-Should-Know?
keepstage-keepstage-2020/May/Mental-Health-COVID-19-What-Parents-and-Caregivers-Should-Know?
keepstage-2020/May/Mental-Health-COVID-19-What-Parents-and-Caregivers-Should-Know?
keepstage-2020/may/Mental-Health-COVID-19-What-Parents-and-Caregivers-Should-Know?
keepstage-2020/may/Mental-Health-COVID-19-What-Parents-and-Caregivers-Should-Know?
keepstage-2020/may/mental-Health-CovID-19-What-Parents-and-Caregivers-Should-Know?
keepstage-2020/may/mental-Health-CovID-19-What-Parents-and-Caregivers-Should-Know?
<a href="mailto:keepstage-2020/may/mental-Health-CovID-19-What-Parents-and-Caregivers-Nov-May/mental-Health-CovID-19-What-Parents-and-Caregivers-And-Caregivers-Nov-May/mental-Health-CovID-19-What-Parents-And-Caregivers-And-Caregivers-Nov-May/mental-Health-CovID-19-What-Parents-And-Caregivers-And-Caregivers-Nov-May/mental-Health-CovID-19-What-Parents-And-Caregivers-And-Caregivers-N

data.unicef.org. 2021. *COVID-19 and Children*. [online] Available at: https://data.unicef.org/covid-19-and-children/ [Accessed 22 September 2021].

afviHfpipjGQeLwn07T57uWIBTt2gkaAhZkEALw_wcB> [Accessed 22 September 2021].

Bellis MA, Hughes K, Ford K, Ramos Rodriguez G, Sethi D, Passmore J. Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. Lancet Public Health. 2019 Oct;4(10):e517-e528. doi: 10.1016/S2468-2667(19)30145-8. Epub 2019 Sep 3. PMID: 31492648; PMCID: PMC7098477.

Porter L, Martin K, & Anda R. (2017, October 18). *Self-Healing communities*. RWJF. Retrieved September 22, 2021, from https://www.rwjf.org/en/library/research/2016/06/self-healing-communities.html.

Olds DL, Henderson CR Jr., Chamberlin R, Tatelbaum R. Preventing child abuse and neglect: a randomized trial of nurse home visitation. Pediatrics 1986: 78(1):65-78.

TBRI Implementation at The Leadership Academy at John T. White Elementary School Report written by Becky Evans, MA, LPC

