The Missouri Model: A Developmental Framework for Trauma-Informed

The term '**trauma**' denotes adverse events or circumstances that overwhelm a person's internal and external capacities leading to long-term negative impact in the areas of affective, cognitive, social, and physiological functioning. The event, circumstances, and response must be conceptualized together; as a holistic approach to trauma is critical to effective intervention at all practice levels. Understanding the traumatic response means acknowledging the structural inequities[1] that exist in our society, which explicitly and implicitly oppress based on status.

The implementation of a **trauma-informed** approach is an ongoing and dramatic organizational change process. A "trauma-informed approach" is not a program model that can be implemented and then simply monitored by a fidelity checklist. Rather, it is a profound paradigm shift in knowledge, perspective, attitudes, and skills that continue to deepen and unfold over time.

The Substance Abuse Mental Health Services Administration defined being trauma informed as using four R's:

1. **Realizes** the widespread impact of trauma and understands potential paths for recovery;
2. **Recognizes** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. **Responds** by fully integrating knowledge about trauma into policies, procedures, and practices, and
4. Seeks to actively **Resist Re-traumatization**.

The Missouri Model: A Developmental Framework for Trauma Informed (MO Model) provides a map for organizations as they begin their journey toward trauma informed; presenting a developmental continuum beginning with trauma aware and ending with trauma informed. The MO Model is based on principles that were adapted from Fallot and Harris (2006) "Five Guiding Principles of Trauma Informed Care". The definitions of the principles were reviewed and revised in 2022 by the MO Trauma Roundtable to include an understanding based on structural inequities. Being a member of a marginalized community means diminished access to opportunities and resources. It also signifies a lived experience without power, privilege, and assured safety that is potentially traumatic.

Key Concepts:

1. **Safety:** Ensure physical and emotional safety, recognize and respond to racial, ethnic, religious, gender identity or sexual orientation may impact safety across the lifespan.
2. **Trustworthiness**: Foster genuine relationships and practices that build trust, make tasks clear, maintain appropriate boundaries, and create norms for interactions that promote reconciliation and healing. Understand and respond to ways in which explicit and implicit power can affect the development of trusting relationships. This includes acknowledging and mitigating internal biases and recognizing the historic power of majority populations.
3. **Choice:** Maximize choice, address how privilege, power, and historic relationships impact both perceptions about and ability to act upon choice.

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[1] The definition noted here extends beyond traditional and previous meanings of trauma by emphasizing the historical, and ongoing traumatic impact of racism, sexism, ageism, heterosexism, classism, xenophobia, religious prejudice, the educationally disadvantaged, size-ism, and the incarcerated.

4. **Collaboration:** Honor transparency and self-determination and seek to minimize the impact of the inherent power differential while maximizing collaboration and sharing responsibility for making meaningful decisions.
5. **Empowerment:** Encourage self-efficacy, identify strengths, and build skills which leads to individual pathways for healing while recognizing and responding to the impact of historical trauma and oppression.

Purpose: To ensure that agencies do no harm; to assess the implementation of basic principles of trauma-informed approaches in various organizational settings; to develop a common language and framework for discussion; and to help increase the effectiveness of services.

Application: To a very wide range of settings, including but not limited to behavioral health services.

Use:

1. To help anyone who is interested (clients, advocates, other agencies, etc.) determine whether a particular agency or setting is meeting basic criteria for integration of trauma principles.
2. To help agencies identify where they are on the continuum and where they want to be. Organizations can choose the appropriate place on the continuum based on their needs and setting.

Organizations that are not cognizant of the impact of trauma, may engage in relationships and promulgate policies that are based on an attitude of blaming and possibly shaming those they serve as well as their own staff. Such leaders and organizational cultures may reflect a more authoritarian approach and one that promotes the belief that all people have equal access to the supports needed, hence promoting an attitude of "pulling yourself up by your bootstraps". Policies tend to be more restrictive in response to the population served and tend to have a more "one size fits all" as opposed to understanding how trauma can change a person's view of the world, themselves, and others through altering of the brain structures and functioning. Additionally, organizations that do not understand or address trauma may not address the impact of biases and inequities and avoid conversations around these issues. If leadership of an organization is not fully committed to and supportive of the cultural shift, the organization cannot make the needed changes in policies and practices.

This document was developed by a group of Missouri organizations and trauma experts that have and continue to be active champions in addressing the impact of trauma and organizations becoming trauma informed. They represent a variety of organizations that serve children, youth, families and/or adults in a variety of settings including healthcare, inpatient psychiatric, substance use, and community based mental health services. A list of organizations on the Roundtable is found on the last page. Anyone is free to use this document, but would appreciate notification of such to marsha@resiliencebuild.org. The recommended citation is *Missouri Model: A Developmental Framework for Trauma Informed (revised 2022.)*

Trauma Aware		
Key Tasks	**Awareness and Attitudes**	
Definition	**Processes**	**Indicators**
Trauma Aware organizations have become aware of: ▪ The prevalence of trauma, ▪ The systemic nature of power[2] and privilege[3], and ▪ The impact of trauma, power, and privilege on clients and staff.	Leadership understands that knowledge about trauma and structural inequities will enhance their ability to fulfill their mission and begins to seek out additional information on the present inequities for the population served. Develop understanding of the relationship between trauma and structural inequities. Preliminary awareness training is offered (including up to date definitions, causes, prevalence, impact, values and terminology of trauma informed care.) Resources are made available for staff who want additional information. Staff and clients are given time and resources to expand their knowledge. The organization explores what this new information might mean for them and what next steps may need to be taken.	Most staff: ▪ Know what trauma is and how it affects individuals, groups, and communities. ▪ Know that the pervasive impact of trauma can change the way staff see (and interact with) others. ▪ Recognize that trauma is defined by the individual and acknowledge the variability of impact among trauma survivors. The impact of trauma is referenced in informal conversations among staff.

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[2] Power is the ability to influence and make decisions that impact others.

[3] Privilege is advantages and benefits those individuals receive because of social groups they are perceived to be a part of. Privilege is often a result of systematic targeting and/or marginalization of another social group

Resources
Documents
▪ SAMHSA's TIP 57: Trauma Informed Care in Behavioral Health Services– Chapter 2 Trauma Awareness. https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816.pdf   ▪ SAMHSA concept paper (trauma-aware)   https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4884.pdf   ▪ Anonymous. Dear Doctor. The Permanente Journal, 6(1), Winter 2002   https://www.ncbi.mlm.nih.gov/pmc/articles/PMC6220627/   ▪ Paul Tough. The Poverty Clinic. The New Yorker, March 21, 2011.   http://www.paultough.com/povertyclinic.pdf   ▪ Nadine Burke Harris, M.D., The Deepest Well, 2018.   ▪ The ACE Study   ▪ Resmaa Menakem, LICSW, My Grandmother's Hands, 2017.
Websites
▪ National Child Traumatic Stress Network (NCTSN) http://www.nctsn.org/   ▪ National Center on Domestic Violence, Trauma and Mental Health (trauma-aware) http://www.nationalcenterdvtraumamh.org/   ▪ The Anna Institute http://www.theannainstitute.org/   ▪ National Center for PTSD, U.S Department of Veterans Affairs http://www.ptsd.va.gov/   ▪ Foronda, Cynthia, Reinholdt, Maren, Ousman, Kevin, "Cultural Humility: A Concept Analysis," 2015.   ▪ https://www.racialequitytools.org/glossary   ▪ Center for Health Care Strategies, TIC Implementation Resource Center: https://www.traumainformedcare.chcs.org/   ▪ The Burke Foundation: https://burkefoundation.org/what-drives-us/adverse-childhood-experiences-aces/   ▪ Trauma Informed Oregon: https://traumainformedoregon.org/resources/trauma-informed-care-resource-library/   ▪ Key terms (also available in Spanish!) (Aware): https://traumainformedoregon.org/tic-resources/key-terms-related-to-realizing-the-widespread-impact-of-trauma/   ▪ Alberta Family Wellness Brain Story Toolkit: https://www.albertafamilywellness.org/brain-story-tookit/   ▪ Center on the Developing Child, Harvard University: https://developingchild.harvard.edu/science/key-concepts/   ▪ National Council for Mental Wellbeing, Fostering Resilience and Recovery: A Change Package: https://www.thenationalcouncil.org/resources/fostering-resilience-and-recovery/   ▪ National Council for Mental Wellbeing, Fostering Resilience and Recovery (Additional Resources): https://www.thenationalcouncil.org/resources/fostering-resilience-and-recovery/fostering-resilience-and-recovery-additional-resources/   ▪ The Institute on Trauma and Trauma-Informed Care, University at Buffalo, Buffalo Center for Social Research (resources for all stages): https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care.html

- Trauma-Informed Organizational Change Manual: https://socialwork.buffalo.edu/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/Trauma-Informed-Organizational-Change-Manual0.html
- Center for Trauma Informed Care, University Health Behavioral Health, Trauma Informed Care Orientation: https://drive.google.com/file/d/1HgAGSIrDVhqkzaG3fEmrzW573G_BidwI/view

Trauma Sensitive		
Key Tasks	**Knowledge, Application, and Skill Development**	
Definition	**Processes**	**Indicators**
Trauma Sensitive organizations have begun to: - Explore the principles of trauma-informed care (safety, choice, collaboration, trustworthiness, and empowerment) within their environment and daily work, - Explore issues that lead to structural inequities, - Build a process for change that incorporates trauma informed principles with an intention to change structural inequities, and - Consider the implications within the organization; and prepare for change.	Values of a trauma-informed approach are processed with staff. Through a self-assessment process, the organization identifies existing strengths, resources, and barriers to change as well as practices that are consistent or inconsistent with trauma informed care. Leadership supports a self-assessment process that identifies existing strengths and needs related to how policies, practices and environments reflects diversity and inclusion. This would include how policies and practices affect opportunities for marginalized populations[4]. Leadership prepares the organization for change and leads a process of reflection to determine readiness for change.	- The organization values and prioritizes the trauma lens; a shift in perspective happens. - Trauma and equity are identified in the mission statement and/ or other policy documents. - Trauma training for all staff is institutionalized, including within new staff orientation. Issues pertaining to the connection of trauma to structural inequities are included in orientation. - Basic information on trauma is available and visible to both clients and staff, through posters, flyers, handouts, websites, etc., and reflects the population served. - Direct care workers begin to seek out opportunities to learn new trauma skills.

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[4] Marginalized populations are defined as groups and communities that experience discrimination and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions.

The organization begins to identify internal trauma and equity champions[5] who advocate amongst their peers and programs to support and sustain the change.	▪ Staff seek to build awareness, knowledge and understanding of implicit bias[6] and build cultural humility.
The organization convenes a group that is responsible for identifying needs and developing steps to shift the organization to being trauma informed. This committee gives voice to diverse staff and consumers at all levels of the organization representing all perspectives through participation on the organization's trauma committee.	▪ Organization has a change process and structure in alignment with the trauma informed principles that includes the voice of those most impacted.
The organizational leadership recruits, hires and actively works to retain a diverse workforce that reflects in their attitudes and behavior alignment with the trauma informed principles including championing social justice.	▪ Management recognizes and responds to compassion fatigue and vicarious trauma in staff. ▪ How staff discuss and document the conceptualization of the individuals served reflects an understanding of the person's trauma and cultural experiences.
Process for change leads to the integration of trauma informed principles with the intent of eliminating structural inequalities.	▪ The organization develops and implements trauma informed supervision training.
The organization examines its commitment to consumer involvement and what next steps could be taken.	
The organization begins to review tools and processes for universal screening and/or precautions of trauma.	
The organization begins to identify potential resources for trauma specific treatment.	

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[5] A champion is a person who believes and acts in ways that support all regardless of their backgrounds.
[6] Implicit biases are attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.

| | Staff formulate issues of the population served through the individual's history and culture rather than what is wrong with them and begin to see the needs for different skills in responding and gathering resources.

The organization begins to shift the supervision process to focus on how to conceptualize the needs of both staff and consumers through a trauma informed lens. | |

Resources

Documents

- SAMHSA's TIP 57: Trauma Informed Care in Behavioral Health Services, 2014. Appendix F https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4816
- Organizational Assessment for Trauma Informed Care https://www.nctsn.org/trauma-informed-care/nctsn-trauma-informed-organizational-assessment
- Handbook on Sensitive Practice for Healthcare Practitioners https://cdho/org/docs/default-source/pdfs/reference/sensitivepractice.pdf?sfvrsn=6
- Ann Jennings and Ruth Ralph. In Their Own Words, 2007. www.theannainstitute.org/ITOW.pdf
- A Long Journey Home: A Guide for Creating Trauma–Informed Services for Mothers and Children Experiencing Homelessness https://safehousingpartnerships.org/sites/default/files/2017-01/Trauma-Informed-Services-Guide.pdf
- Trauma-sensitive schools http://traumasensitiveschools.org
- Children's Mercy Hospital, Kansas City, Mo., "Cultural Humility: A Journey Toward Health Equity and Trauma-Informed Healing," 2020.
- Perry, Bruce, MD and Winfrey, Oprah, What Happened to You? 2021.
- Van der Kolk, Bessel, MD, The Body Keeps the Score, 2014.
- Kendi, Ibram X. How to be Antiracist, 2019.

Websites

- NCTSN http://www.nctsn.org/
- Child Trauma Academy http://childtrauma.org/
- International Society for Traumatic Stress Studies

Toolkits and Videos

- Healing Neen (DVD) https://shop.toniercain.com/collections/frontpage/products/healing-neen-documentary

- Fallot and Harris Organization Self-Assessment Tool http://www.theannainstitute.org/TIPSASCORESHEET.pdf
- Institute for Health and Recovery http://healthrecovery.org/images/products/30_inside.pdf
- The Greater Good Science Center https://greatergood.berkeley.edu/
- Behaviors and Actions of Trauma Informed Leaders: https://traumainformedoregon.org/tic-resources/behaviors-and-actions-of-trauma-informed-leaders/
- Trauma Informed Care Workgroup Meeting Guidelines (Aware/Sensitive): https://traumainformedoregon.org/tic-resources/trauma-informed-care-workgroup-meeting-guidelines/
- Trauma Sensitive Schools: https://traumasensitiveschools.org/
- Mindful Schools: https://www.mindfulschools.org/
- Center of Excellence, LGBTQ+ Behavioral Health Equity: https://lgbtqequity.org/
- Center of Excellence, African American Behavioral Health: https://africanamericanbehavioralhealth.org/
- Trauma and Resiliency Informed Toolkit from the Downtown Women's Center: https://www.downtownwomenscenter.org/wp-content/uploads/2018/12/Trauma-and-Resiliency-Informed-Care-Toolkit-updated-12.10.18.pdf
- Resilient Wisconsin: Trauma-Informed Practices (all stages): https://www.dhs.wisconsin.gov/resilient/trauma-informed-practices.htm

Trauma Responsive		
Key Tasks	**Change and Integration**	
Definition	**Processes**	**Indicators**
Trauma Responsive organizations have begun to change their organizational culture to respond to the impact of trauma on clients, staff and stakeholders including addressing structural inequities. At all levels of the organization, staff begins re-thinking the routines and infrastructure of the organization and how this can impact client outcomes.	Based on results of organizational assessment, the organization develops a dynamic plan to address areas of need and opportunities. Leadership models the principles in all areas of the organization. Begin integration of principles into staff behaviors and practices.	- Staff applies new knowledge about trauma to their specific work. - Results from periodic surveys of staff and/or clients are used to measure impact of the trauma informed principles in practice. - Shared language is introduced throughout the organization that supports safety, choice, collaboration, trustworthiness, and empowerment.

| | The organization develops processes for using a "universal precaution"[7] approach and for identifying and responding to the impact of trauma on the people served.

The organization may develop a clear and intentional process for screening. This process recognizes the complexities of trauma responses and includes plans to ensure the safety and well-being of those being screened.

Begin integration of principles into staff supports:
- Addressing staff trauma
- Self-care
- Supervision models
- Staff development
- Staff performance evaluations
- Recognizing the need to individualize support based on lived experiences

Begin integration of principles into organizational structures:
- Environmental review
- Documentation
- Policies and procedures
- Data collection
- Staff support
- Peer support
- Organization's committees incorporate the principles in the work they do

Staff demonstrates an understanding of how social determinants of health impact outcomes for clients and staff. | - The organization has policies that support addressing staff's initial and secondary trauma including (but not limited to) staff needs following a stressful incident or circumstances.

- People with lived experience are engaged to play meaningful roles throughout the agency (employees, board members, volunteers, etc.)

- All voices, particularly those most impacted, are engaged and heard in examining organizational policies and practices.

- Leadership provides ongoing support for the processes and remains actively involved to ensure addressing trauma is a core identity of the organization.

- Data that measures organizational performance is disaggregated by race and other relevant demographics to establish baseline measures for closing gaps in outcomes.

- Organizational leadership begins participating in community and/or professional initiatives that address the social determinants of health.

- Changes to environments are made.

- Trauma-specific assessment and treatment models are available for those who need them.

- Organizational leadership begins participating in community and/or professional initiatives that address |

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[7] A "Universal precautions" approach recognizes the prevalence of trauma in society and applies the same trauma informed practices to everyone.

<table>
<tr><td></td><td></td><td>social determinants of health through the lenses of trauma and equity.</td></tr>
<tr><td></td><td></td><td>▪ Safety plans developed for a specific person/family reflect trauma informed principles including following the crisis to provide support and debriefing as needed.

▪ The organization's response to community or organizational crisis management reflects trauma informed values.</td></tr>
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Resources

Documents

- SAMHSA's TIP 57: Trauma Informed Care in Behavioral Health Services https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4817.pdf
- Healing the Hurt – Rich et al (men of color) https://unnaturalcauses.org/assets/uploads/file/HealingtheHurt-Trauma-Rich%20et20al.pdf
- Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others, van Dernoot, Lipsky & Burk, http://traumastewardship.com/
- Engaging Women in Trauma Informed Peer Support: A Guidebook https://www.nashmhpd.org/sites/default/files/PeerEngagementGuild_Color_Revised_10_2012.pdf
- Assaulted Staff Action Program https://pubmed.ncbi.nlm.nih.gov/10832158
- The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic, Lanius, Vermetten & Pain (Eds)
- Culturally Responsive Self-Care Practices for Early Childhood Educators, 2020. Nicholson, Julie, Driscoll, Priya Shimpi, Kurt, Julie, Marquez, Domenica, and Lawanda Wesley,
- Dana, Deb, Polyvagal Exercises for Safety and Connection, 2020.
- Nakazawa, Donna Jackson, Childhood Disrupted, 2015.
- Doppelt, Bob, Transformational Resilience, 2016.

Websites

- National Child Traumatic Stress Network (NCTSN) http://www.nctsn.org/
- The CLAS Standards: https://thinkculturalhealth.hhs.gov/clas
- Human Resource Practices: https://traumainformedoregon.org/tic-resources/human-resources-practices-support-tic/

- Racial Justice and TIC: https://traumainformedoregon.org/tic-resources/racial-justice-and-trauma-informed-care/
- Center for Healthcare Strategies Brief: Incorporating Racial Equity into Trauma Informed Care: https://www.chcs.org/resource/incorporating-racial-equity-into-trauma-informed-care/
- Continuum on Becoming an Antiracist Multicultural Institution: https://philanos.org/resources/Documents/Conference%202020/Pre-Read%20PDFs/Continuum_AntiRacist.pdf
- White Supremacy Culture: https://www.whitesupremacyculture.info/
- Psychological First Aid https://learn.nctsn.org/course/index.php?categoryid=11 http://www.ptsd.va.gov/professional/manuals/manual-pdf/pfa/PFA_2ndEditionwithappendices.pdf
- Guide to Reviewing Policies: https://traumainformedoregon.org/tic-resources/guide-reviewing-existing-policies/
- National Council for Mental Wellbeing, Fostering Resilience and Recovery: A Change Package (all stages): https://www.thenationalcouncil.org/resources/fostering-resilience-and-recovery/
- https://www.cambridge.org/core/books/impact-of-early-life-trauma-on-health-and-disease/1B24B2C4CD8A239D9BCA659DBA38E3A7

Best Practice Websites

- Veterans Administration https://www.ptsd.va.gov/
- NCTSN http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices
- California Evidenced Based Clearinghouse for Child Welfare http://www.cebc4cw.org/

Training

- Child Welfare Trauma Toolkit (NCTSN) http://nctsn.org/products/child-welfare-trauma-training-toolkit-2008
- Juvenile Detention Trauma Toolkit "Think Trauma" (NCTSN) https://www.nctsn.org/resources/think-trauma-training-working-justice-involved-youth-2nd-edition
- Educators' Toolkit –NCTSN http://www.nctsn.org/nctsn_assets/pdfs/Child_Trauma_Toolkit_Final.pdf
- Partnering with Youth and Families Toolkit (NCTSN) http://www.nctsn.org/nctsn_assets/pdfs/Pathways_ver_finished.pdf
- Pair of ACES https://publichealth.gwu.edu/sites/default/files/downloads/Redstone-Center/Resource%20Description_Pair%20of%20ACEs%Tree.pdf

Podcast

- Mid-America ATTC, Essential Conversations Podcast, Trauma Informed Caring Series: https://attcnetwork.org/centers/mid-america-attc/podcast

Trauma Informed		
Key Task	**Leadership**	
Definition	**Processes**	**Indicators**
Trauma informed organizations have made trauma responsive and inclusive practices the organizational norm. The trauma model has become so accepted and so thoroughly embedded that it no longer depends on a few leaders. The organization intentionally seeks out diverse partners to strengthen trauma informed collaboration, including marginalized populations and people with lived experiences.	The organization measures the impact of trauma informed practices on clients and staff. Revision of policies and procedures reflect trauma informed principles and practices that close the gaps of structural inequities. Implementation of the agency's model and values are measured for fidelity and appropriate corrective actions are taken. Staff trauma informed practices are measured. Program assessments include measuring the impact of trauma informed practices. Interventions to address the impact of secondary trauma on staff, volunteers and other stakeholders is monitored. There is a focus on reduction of stigma of trauma. A culture exists where discussion of diversity is accepted and promoted. Human resource policies support recruitment and hiring staff with knowledge and expertise in trauma.	▪ Leadership, including hiring of new leaders, demonstrates a commitment to trauma informed values (safety, choice, collaboration, trustworthiness and empowerment). ▪ All staff are skilled in using trauma-informed practices, wherever they work. ▪ All aspects of the organization have been reviewed and revised to reflect a trauma informed approach. ▪ People outside the agency (from the Board to the community) understand the organization to be responsive to those who have experienced trauma including trauma that results from structural inequities. ▪ People from other agencies and from the community routinely turn to the organization for expertise and leadership in trauma informed care. ▪ The organization uses disaggregated data, both quantitative and qualitative, to develop and evaluate policies and practices meant to be responsive to trauma. ▪ A variety of sustainable training is promoted and made accessible to staff, including at new staff orientation.

	Human Resource policies support recruitment and hiring within diverse communities and platforms. The organization and staff become advocates and champions of trauma informed cultures within their community. Advocacy occurs at a macro level with payors and policymakers for systemic changes that support trauma informed approaches.	▪ Ongoing coaching and consultation are available to staff on-site and in real time. ▪ The business model including fiscal structures is designed to promote the continuous process of addressing trauma and eliminating structural inequities. ▪ The organization's leadership actively speaks to the impact of public policies that perpetuate trauma and for policies that promote healing and well-being. ▪ Hiring protocols are available and include strategies for increasing diversity among staff. ▪ The organization's leadership actively speaks about impact of public policies that perpetuate trauma and speak out in support of policies that promote healing and well-being.

Resources

Websites

- Trauma informed community building manual http://bridgehousing.com/PDFs/TICB.Paper5.14.pdf
- Collective Impact http://www.ssireview.org/articles/entry/collective_impact
- Creating Culture: Promising Practices of Successful Movement Networks https://nonprofitquarterly.org/creating-culture-promising-practices-of-successful-movement-networks/
- Prevention Institute – Cross Sector Collaboration http://www.preventioninstitute.org/
- SAMHSA's disaster TA center https://www.samhsa.gov/dtac
- Public Health Emergency http://www.phe.gov/Preparedness/planning/abc/Pages/homeless-trauma-informed.aspx
- U.S. Department of Health and Human Services Office, Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach http://www.phe.gov/Preparedness/planning/abc/Documents/homeless-trauma-informed.pdf

Current State of Missouri Roundtable Representatives	
Alive and Well Communities	Missouri Coalition Against Domestic and Sexual Violence
Andrea Blanch, Ph.D., Consultant	Missouri Division of Youth Services
Center for Excellence in Child Well-Being	Phillip Dohogne, STL PRC
Compass Behavioral Health	Resilience Builders
Crittenton Children's Center/St. Luke's	Sparlin Mental Health
Fulton State Hospital	University of Missouri – Columbia, School of Social Work
Family Forward	University Health, formerly Truman Medical Center Behavioral Health
KVC Hospitals	Wren Counseling
Lafayette House	