**IMPORTANT REMINDER:**

Please reference the [Community Investments Overview](#) from the [Agency Resources webpage](#), which includes information about United Way’s population focus, Community Vision for Change, and types of investments. This resource contextualizes the Trauma-Informed Care RFP, considered a *Special Project* investment, within the overall framework of United Way.

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**Trauma-Informed Care Request for Proposals**

**Background**

Post-Traumatic Stress Disorder (PTSD) was first recognized by the American Psychological Association in 1980.\(^1\) For more than 40 years, practitioners have been responding to the ever-growing field of research on trauma symptoms, effects, and individual treatments. While treating an individual’s trauma symptoms will always be important, in recent years, the focus has evolved to one that is more holistic, prevention-based, and capable of transforming entire systems (e.g. education, criminal justice, child welfare, healthcare, etc.). This is largely due to emergent science that demonstrates trauma’s widespread prevalence and its long-term effects on how people experience and interact with the world around them.

As awareness of trauma and its effects continue to permeate our organizations and community, we recognize the need to invest in strengthening a system of care that is trauma-informed. United Way of South Hampton Road’s mission is to bring together people and resources to solve problems too big for any of us to solve alone. Our collective efforts to combat poverty, inequity, and other community challenges in ways that are effective and sustainable rest on our ability to address underlying trauma and build resilience. Therefore, responding to trauma effectively is one of those issues that cannot, and should not, be done alone.

**Trauma & Its Effects**

The Substance Abuse and Mental Health Services Administration’s [SAMHSA] definition of trauma is widely referenced and focuses on both the individual experience and the effect of trauma:

> Individual trauma results 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**

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on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.²

Events or circumstances (e.g. natural disasters, community violence, housing insecurity, food insecurity, assault or abuse, accidents) only become traumatic if the person experiencing them feels they are harmful, and if there are lasting impacts to the person’s well-being. This is important because no two people will experience an event or circumstance in the same way, so trauma cannot be assumed based on the type of event or circumstance alone.

Although trauma can be experienced at any point in an individual’s life, research has shown that when trauma is experienced during childhood, it can cause significant disruptions to healthy brain, body, and emotional development, having lasting impacts on individual’s health and future potential.³ Adverse Childhood Experiences (ACEs) are potentially traumatic adverse experiences that happen before the age of 18, such as abuse, neglect, caregiver mental health issues or substance abuse, domestic violence, or parental separation. While the original ACEs study included ten adverse experiences, additional types of experiences and circumstances have been recognized as childhood adversity as the research and understanding of trauma continues to grow. This broadening definition offers a more inclusive, equity-based understanding of childhood adversity that may include living in poverty or experiencing racism or other forms of discrimination and oppression.

Unfortunately, ACEs and trauma are prevalent in every community and every demographic group. A study of 23 states surveying over 200,000 adults found that 63% had at least one ACE, while almost 16% had four or more ACEs.⁴ Public health research has shown a serious compounding effect of having multiple ACEs, with each additional ACE increasing the chance of negative health outcomes. Those who reported four or more ACEs had significantly higher likelihoods of depression, substance abuse, heart disease, stroke, attempted suicide, and premature death. In Virginia, one in five children have experienced two or more Adverse Childhood Experiences (ACEs).⁵

Fortunately, there are ways that communities can advance prevention, treatment, and understanding to avoid or reduce the negative effects of trauma. For example, it has been proven that “providing stable, responsive, nurturing relationships in the earliest years of life can prevent or even reverse the damaging effects of early life stress, with lifelong benefits for learning,

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behavior, and health." This is one strategy for building resilience, yet there are other ways to promote resilience across the lifespan. Moreover, having a trauma-informed care mindset entails (theoretically) asking the question, “what happened to you?” rather than “what is wrong with you?” When human service professionals, doctors, judges, teachers, managers in workplaces, and others embrace this mindset, it enables us to respond to the need of a person instead of reacting to a behavior that may be perceived as negative or undesirable.

Community Context

The Hampton Roads Trauma Informed Care Network, or HRTICN, initially launched in July 2016 as part of the emergence of a broader statewide network of trauma-informed communities and with two years of funding from the Family and Children’s Trust Fund (FACT). Supported by The Up Center as the lead partner, HRTICN convened public and private providers to form a regional network focused on increasing awareness and adoption of trauma-informed care principles and practices. This two-year period culminated with the regional We’re All In summit in June 2018 that brought together 151 people who participated in workshops to build trauma-informed competencies.

Following the two-year FACT grant, six community members were nominated to serve on an interim steering committee tasked with planning and implementing HRTICN activities while simultaneously exploring ways to build capacity and sustainability for the network. The steering committee hosted a HRTICN Open House in August 2018 to assess community interest and next steps. Since then, HRTICN has primarily focused on building awareness by hosting screenings of Resilience and training twenty community members to facilitate introductory workshops. It recently established a new training sub-committee to coordinate the implementation of the introductory workshops.

As a collaborative, HRTICN is still in its early stages of development. This stage has involved learning about the needs and assets of our community and what has worked well for other regional networks, as well as initiating small action steps. The purpose of this United Way investment is to accelerate HRTICN’s progress to the next phase of development through a series of well-aligned activities that are supported by a sustainable infrastructure and that achieve measurable results. Like many of the more mature networks, HRTICN envisions that sub-committees will become a significant part of its infrastructure to carry out the work through targeted sets of goals and activities.

One of the first investments from this United Way funding was to support a backbone organization to strengthen the infrastructure of the collaborative. The Child Abuse Program at Children’ Hospital of The King’s Daughters (CHKD) was chosen as the backbone organization and will have dedicated staff to supporting this work. As Hampton Roads’ only comprehensive child advocacy center, the Child Abuse Program helps approximately 1,500 children suspected of maltreatment and their families each year. They demonstrate a strong commitment to building

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a collaborative, cross-sector network that will promote positive outcomes in the lives of children and adults across the lifespan.

**Trauma-Informed Care Investment Strategies**

This funding opportunity aims to invest in strategies that advance a trauma-informed system of care by:

1. Increasing awareness of the presence, prevalence, and impact of trauma (Awareness).
2. Facilitating the adoption of trauma-informed principles, policies, and practices among organizations across sectors (Adoption).

Since proposals will vary in focus, it is anticipated that some applicants will select a single strategy that best aligns with the proposal, while others could choose multiple. The number of strategies that a proposal aligns with is not a criterion for selection.

Those awarded funding for any of the investment strategies are expected to participate in HRTICN, a collaborative network, to advance the shared goal of creating a trauma-informed system of care. Applicants will be expected to develop or participate in a sub-committee of HRTICN based on the proposed project. See page 7 for a more detailed explanation of grantee expectations.

**Grant Conditions**

**Eligibility**

- Applicants must serve the population focus described in the [Community Investments Overview](#), including both geographic service area and income.
- This opportunity is open to all nonprofits; other organizations (e.g., universities, government agencies) may be included as partners within a collaborative proposal.
- While United Way certification is not required, non-certified agencies will be required to submit agency financials for review as part of the eligibility process.

**Grant Term**

Grants will be one-year awards with the start date based on when approval is given. United Way is interested in making a long-term investment in trauma-informed care. Each award will be evaluated for opportunity to renew for at least a second year.

**Grant Award Range**

The Community Investments Committee envisions awarding several small grants (anticipated range: $5,000-$25,000) to support multiple projects that fall under one or more of the three investment strategies. The level of investment in the Trauma-Informed Care RFP will be based on availability of funds and the number of high-quality submissions.
Budget requests are expected to vary depending on the proposed project or concept. Funding is intended to be flexible in order to best meet the needs of the proposal and the broader network, and may be used for materials/supplies, specific curriculum or training needs, staffing (including stipends to support the role of the sub-committee chair, especially in instances where the chair’s role is anticipated to be time-intensive), or other purposes.

**Sample Concepts / Projects**

This RFP is intended to invite creative proposals that align with and advance a system of trauma-informed care across our community. We recognize that this RFP may be unique from other funding opportunities you have pursued. Appendix A has several examples of projects from other trauma-informed care networks which may resonate with your needs, inspire new ideas, and/or clarify the diversity of activities, sectors, or target populations that may fit within this RFP. The examples in Appendix A are just examples – they are not intended to be prescriptive or all-encompassing.

**Application and Review Process**

**Blackbaud Grantmaking Application Portal**

All submissions must be submitted electronically through the online application portal. Please follow instructions for logging in and completing the application, which can be accessed from the [Agency Resources webpage](#).

**Application**

Applications for the Trauma-Informed Care RFP involve a two-stage process and are accepted on a rolling basis until funds are expended.

**Stage 1:**

Applicants must complete a Letter of Interest using United Way’s online application system. The Letter of Interest link is available on the [Agency Resources webpage](#). Letters of Interest must address the following points:

1. Organization Name
2. Project Name
3. Contact Information
4. Select the United Way Trauma-Informed Care RFP strategy or strategies that best align with your submission.
5. Request Amount
6. Letter of Interest Narrative (Limited to 500 words)
   a. Proposal description, including:
      i. Brief explanation of what is being proposed and why.
      ii. Description of your target or service population.
      iii. If the request involves more than one organization, list all partners
iv. How you envision participating in HRTICN
   b. Any other pertinent information
7. One upload of your choice (optional)

A panel of volunteers will review Letters of Interest as they are submitted.

**Stage 2 (by invitation only):**

After the panel review, full applications will be invited based on fit with the Trauma-Informed Care RFP purpose, needs of HRTICN, and availability of funds. Full applications will be an expansion of the proposal description submitted in the Letter of Interest and include a project budget, budget narrative, and any other specific questions as needed. It is strongly encouraged that you include a compelling statement of need explaining why the proposed project is necessary as well as specific goals, objectives, activities, and/or results.

The design of the application and submission process for this RFP is intended to support applicant flexibility in determining the scope of the proposed project(s) and the amount of the grant request. Applications that demonstrate collaboration between multiple organizations are strongly encouraged, yet one organization must be designated as the lead.

**Submission Deadline & Technical Assistance**

This RFP is accepting Letters of Interest on a rolling basis until funds are no longer available.

Technical assistance will be provided by United Way staff through email, phone, and by appointment, depending on the type and complexity of the assistance requested. We are available to support applicants with everything from navigating the online application portal to strategizing about a specific proposal idea. Since HRTICN is already in existence and due to the need to coordinate all selected projects in a way that builds on each other and efforts already in place, anyone considering submission of an application is strongly encouraged to request technical assistance before beginning. We cannot guarantee the availability of last-minute technical assistance (e.g., on the day of the submission deadline) so please plan accordingly. Please find contact information for technical assistance on the Agency Resources webpage.

**Review Process**

All submissions will be reviewed by a panel of volunteers comprised of members from the Community Investments Committee and those with knowledge or expertise in trauma-informed care, systems-change, and/or large-scale collaboratives. The review process may involve a phone conference or interview with applicants on a case-by-case basis, though this may not be required. The panel will make recommendations to United Way’s Community Investments Committee, which make final recommendations to the United Way Board of Directors for approval.

The review process is expected to involve selecting the best combination of proposals to accelerate the mission of HRTICN. A strong proposal (for the stage 2 full application) may include:

- Well-defined goals that are realistic/tangible and measurable.
• A low-cost design, such as utilizing or redirecting existing resources.
• An explanation for how activities can be sustained and/or scaled over time (if applicable).
• Existence of expertise (or access to the needed expertise) for the proposed project.
• Detailed steps for implementation of the project.
• Inclusion of cross-sector or inter-agency collaboration.
• Clear plan for collaborating with HRTICN and contributing to its leadership and strategic direction.

Reviewers will also consider what combination of proposals offer the most promise in terms of their collective ability to fulfill several goals related to HRTICN’s growth and progress. These goals include:

• Establishing projects and sub-committees that are **mutually reinforcing**, defined as activities that demonstrate opportunities for intersection and coordination in order to maximize results.\(^7\)
• Strengthening the **infrastructure** of the collaborative, such as administrative capacity, communications, documentation, fundraising, and shared measurement practices.
• Building **inclusive leadership and membership** within HRTICN that may span sectors and populations and embrace community members with lived experiences of trauma and resilience.
• Addressing trauma and trauma-informed care **across the lifespan** from prenatal through older adults/seniors.

**Grantee Expectations**

Grantees are expected to come together across projects and participate in HRTICN, a collaborative network, to advance the shared goal of creating a trauma-informed system of care. There are two overarching expectations for grantees:

1. Implement your proposed project, including:
   - Carrying out all associated activities of the project as described in your application.
   - Defining measures of success for your project and tracking and monitoring data to assess progress and results.
   - Incorporating HRTICN logo and other branding into project (as appropriate).

2. Participate in HRTICN to advance the network’s mission and goals, including:
   - Developing or participating in a sub-committee of HRTICN based on the proposed project. The sub-committee may lead the primary activities of the project (see

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example in Strategy 1, i and ii below) or it may serve in an advisory capacity to guide the activities of the project (see example in Strategy 2, i below).

- If relevant, appointing a chair of the sub-committee to serve on the HRTICN steering committee, attend steering committee meetings, and contribute to strategic planning for the network.
- Identifying opportunities to align activities of the funded project with the broader goals and projects of HRTICN (as appropriate). For example, if the funded project involves training, you might consider extending the training to organizations and stakeholders outside of your own agency.
- Establishing ways to build shared measures and coordinate data collection to assess and communicate the impact of HRTICN.
APPENDIX A. Sample Concepts / Projects

As stated above, this RFP is intended to invite creative proposals that align with and advance a system of trauma-informed care across our community. We recognize that the concepts described in this RFP may be unique from other funding opportunities you have pursued. Below are several examples of projects from other trauma-informed care networks which may resonate with your needs, inspire new ideas, and/or clarify the diversity of activities, sectors, or target populations that may fit within this RFP. The examples below are really just examples – they are not intended to be prescriptive or all-encompassing.

Strategy 1: Increasing awareness of the presence, prevalence, and impact of trauma (Awareness).

i. Developing a sub-committee focused on special events and/or engagement opportunities with the aim of building community awareness and public will. Activities of this sub-committee could include organizing events such as public film screenings or presentations to key stakeholders in positions of authority like judges in district courts, school boards, or hospital/healthcare administrators.

Strategy 2: Facilitating the adoption of trauma-informed principles, policies, and practices among organizations across sectors (Adoption).

i. Piloting the use of a trauma screening to assess exposure to trauma among children to improve relevant services, such as within foster care. A committee’s role for a project like this may be to serve in an advisory capacity to support training, implementation, monitoring, and data collection. [For more details, see North Carolina’s Project Broadcast; a committee within greater Richmond’s network is replicating the use of the same screening tool.]

ii. Facilitating training specifically designed for organizations that work with older adults who may have historical trauma to incorporate trauma-informed practices into their work.

iii. Focusing programmatic activities on schools and educators. Roanoke City Schools has been building critical support for trauma-informed care across its district with minimal resources. Greater Richmond’s network has two work groups that make up their Schools Committee – one that supports pre-K-12 training and technical assistance, and one that partners with universities to train pre-service teachers, school counselors, and other pre-K-12 personnel. Or another project with this focus might replicate an evidence-based prevention program in a specific school to build resilience of participating children. [See Miss Kendra’s programs for a more detailed example.]

Note: See a full listing of Greater Richmond TICN’s committees here: http://grscan.com/ticn-committees/