

Recommendations Roadmap for CA Prop 64 Expenditures

Advancing Healing-Centered and
Trauma-Informed Approaches to
Promote Individual, Family, and
Community Resilience

*Prepared by:
the Child and Adolescent Health Measurement Initiative,
in partnership with a stakeholder and expert Advisory Committee and
the California Campaign to Counter Childhood Adversity
with support from The California Endowment*

May 2019



WELCOME



I CAME TO THIS WORK BY WAY OF...



People

Obligations

Burdens

Places

Surprises

Opportunities

Benefits

Other...

Successes

Privileges



Specific Allocations

- ★ ● **\$10-50M** Governor's Office of Business and Economic Development
 - Community Grants to those affected by past drug policies
- **\$10M** Public University or Universities in California
 - Evaluate the measure
- **\$3M** Highway Patrol
 - Create methods to measure impaired driving
- **\$2M** UC San Diego Center for Medical Cannabis Research
 - Study risks and benefits of medical cannabis

Remaining Allocations

- **60%** Youth Education, Prevention, Early Intervention and Treatment Account a.k.a the Youth Fund (DHCS) ★
- **20%** Environmental Restoration and Protection (Fish and Wildlife and Parks and Rec)
 - Clean and prevent enviro damage
- **20%** State and Local Government Law Enforcement (CHP and BOSCC)
 - Reduce driving while impaired and combat public health and safety risks

PROP 64 DECISION MAKERS

CA Legislature

- » Addressing the negative health impacts of cannabis use is a low priority in the CA legislature
- » AB 1098 - Provides a framework for accountability and legislative oversight of funds allocated to the Youth Fund

Governor Newsom & State Agencies

- » Governor recently released a revised state budget proposal with determinants on Prop 64 expenditures
- » The Department of Health Care Services manages the Youth Fund along with Dept. of Public Health and Dept. of Education.
- » DHCS is overseen by the California Health and Human Services Agency, which is led by Dr. Mark Ghaly

ROADMAP OVERVIEW



ADVISORY COMMITTEE



ADVISORY COMMITTEE

Anna Bauer

Program Manager, Frist 5, Butte County

Christina Bethell

CAHMI, Johns Hopkins University

Ruben Cantu

Program Manager, Prevention Institute

Flojaune G. Cofer

Director of State Policy & Research, Public Health Advocates

Kanwarpal Dhaliwal

Co-Founder and Associate Director, RYSE Center

Joyce Dorado

Director and Co-Founder, UCSF HEARTS

Lisa Eisenberg

Policy Director, California School-Based Health Alliance

Kenneth Epstein

Professor of Psychiatry, UCSF
Trauma Informed Systems Specialist, Trauma Transformed

Juan Gomez

Director of Programs and Innovation, MILPA

Jim Keddy

Executive Director, Youth Forward

Gail Kennedy

Community Lead, ACEs Connection

Moira Kenney

Executive Director, First 5 Association of California

Debbie Lee

Senior Vice President, Health, Futures Without Violence

Edward Machtinger

Professor of Medicine, The Women's HIV Program, UCSF

Tia Martinez

Executive Director, Forward Change

Sammy A. Nunez

Executive Director, Fathers and Families of San Joaquin

Isaiah Pickens

Assistant Director, Service Systems Program, UCLA-Duke National
Center for Child Traumatic Stress
CEO, iOpening Enterprises

Robert Renteria

Program Manager, LA Trust for Children's Health

Toby Vanlandingham

Weitchpec District Representative, Yurok Tribal Council

Amanda McAllister-Wallner

Director, CA LGBTQ Health & Human Services Network, Health Access

Project Team

- Christina Bethell (Grant Principal Investigator) & Kate Powers, CAHMI/JHU
- Stephanie Guinosso & Kelly Whitaker, Education, Training, and Research (ETR)
- Maryann O'Sullivan, Independent Health Policy Consultant to the CAHMI

Our Journey

- » **2013 – 2016:** National cross-sector agenda setting collaborative
- » **2016 – 2017:** CA Prop 47 & national policy
- » **Mar 2018:** TCE grant award for Prop 64 and LA County Diversion

- » **Feb – Aug 2018:** Landscape policy scan and best practices review and applied synthesis
- » **Mar – Jun 2018:** Stakeholder interviews, establish Advisory Committee (AC)
- » **July – Aug 2018:** Starting point criteria, framework and approach
- » **Aug-Sept 2018:** Draft recommendations

- » **Sept – Dec 2018:** AC convenings, identify key issues for dialogue, recommendations revisions, secure communications help, secure funding for dissemination forums, prepare GoBiz outreach and related advocacy
- » **Jan – May 2019:** Formatting and finalizing Recommendations Roadmap, GoBiz “training” design & delivery, develop website (www.Prop64Roadmap.org)
- » **Jan – May 2019:** convene AC forums planning team; dissemination and advocacy planning



Recommendations Roadmap for California Prop 64 Expenditures

A project of the CAHMI supported by The California Endowment

Advancing Healing-Centered and Trauma-Informed Approaches to Foster Individual, Family, and Community Resilience

Welcome to the Prop 64 Recommendations Roadmap project. This roadmap provides for policy makers, advocates, and community leaders to advance a healing-centered and trauma-informed approach for state and local policy.

What is the Recommendations Roadmap?

The Child and Adolescent Health Measurement Initiative (CAHMI) staff and consultants developed the Prop 64 Recommendations Roadmap in collaboration with the California Campaign to Counter Childhood Adversity (CCCA) and a multidisciplinary Advisory Committee of state and national advocates, California community-based organizations, providers, and academics.

This Roadmap provides a set of recommendations for California state departments to support culturally responsive, racially just, healing-centered and trauma-informed approaches in the spending of certain Prop 64 monies tied to state funds. Although developed specifically in the context of California's Prop 64, these recommendations have broader applicability to policy and practice at other state levels.

PROP 64 RECOMMENDATIONS FULL REPORT

PROP 64 RECOMMENDATIONS EXECUTIVE SUMMARY



RECOMMENDATIONS ROADMAP FOR CALIFORNIA PROPOSITION 64 EXPENDITURES:

Advancing Healing-Centered and Trauma-Informed Approaches to Promote Individual, Family, and Community Resilience

Prepared by the Child and Adolescent Health Measurement Initiative, in partnership with a stakeholder and expert Advisory Committee and the California Campaign to Counter Childhood Adversity, with support from The California Endowment (April 2019)



ADVANCING
HEALING-CENTERED
APPROACHES
etr.



EXECUTIVE SUMMARY RECOMMENDATIONS ROADMAP FOR CALIFORNIA PROPOSITION 64 EXPENDITURES:

Advancing Healing-Centered and Trauma-Informed Approaches to Promote Individual, Family, and Community Resilience

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ADVANCING
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CALIFORNIA Prop 64

Recommendations for Healing-Centered and Trauma-Informed Approaches to Promote Individual, Family, and Community Resilience (April 2019)

Prepared by the Child and Adolescent Health Measurement Initiative, in partnership with a stakeholder and expert Advisory Committee and the California Campaign to Counter Childhood Adversity, with support from The California Endowment (April 2019)

Advancing healing-centered and trauma-informed approaches to promote individual, family, and community resilience requires a shift in the policy and practice of state and local governments. This Roadmap provides a set of recommendations for California state departments to support culturally responsive, racially just, healing-centered and trauma-informed approaches in the spending of certain Prop 64 monies tied to state funds. Although developed specifically in the context of California's Prop 64, these recommendations have broader applicability to policy and practice at other state levels.

If a practice or policy is not culturally responsive and racially just, it is not healing-centered and trauma-informed.

Advancing healing-centered and trauma-informed approaches to promote individual, family, and community resilience requires a shift in the policy and practice of state and local governments. This Roadmap provides a set of recommendations for California state departments to support culturally responsive, racially just, healing-centered and trauma-informed approaches in the spending of certain Prop 64 monies tied to state funds. Although developed specifically in the context of California's Prop 64, these recommendations have broader applicability to policy and practice at other state levels.

RELATIONSHIP AND ENGAGEMENT-CENTERED APPROACHES

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CALIFORNIA Prop 64

Recommendations for Healing-Centered and Trauma-Informed Approaches to Promote Individual, Family, and Community Resilience (April 2019)

Relationship and Engagement-Centered Approaches, Interventions, and Healing

- Provide training and ongoing support for community-based organizations to develop and implement healing-centered approaches.
- Support and fund the development and expansion of community-based, healing-centered and trauma-informed approaches.
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Training and Capacity Building

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Cross-Sector Collaboration

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Learning, Continued Innovation, Measurement and Evaluation

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www.Prop64Roadmap.org



Prioritizing Possibilities for Child and Family Health: An Agenda to Address Adverse Childhood Experiences and Foster the Social and Emotional Roots of Well-being in Pediatrics

Christina D. Bethell, PhD, MBA, MPH; Michele R. Soloway, PhD, MPA;
Stephanie Guinasso, PhD, MPH; Sandra Hassink, MD, FAAP; Aditi Srivastav, MPH;
David Ford, BA; Lisa A. Simonson, MB, BCH, MPH, FAAP

From the Child and Adolescent Health Measurement Initiative, Department of Population, Family and Reproductive Health (Drs Bethell and Solovay); Johns Hopkins Bloomberg School of Public Health, Baltimore, MD; Child and Adolescent Health Measurement Initiative, California Schoolwide Health Alliance (Dr Gutierrez); Berkeley, Calif; Center for Pharmacogenetics and Translational Research, Division of Pediatric Weight Management, Department of Pediatrics, Nemours/Alfred I. DuPont Hospital for Children (Dr Weinger); Wexford, Calif; Juvenile Health Services and Dr Simpson; Washington, DC; and Health Community Group (Mr Ford); Woodland, Wash. The authors have nothing to disclose.

Address correspondence to Christine D. Bethell, PhD, MBA, MPH, CMMJHS, Johns Hopkins Bloomberg School of Public Health, 615 N Wolfe St, Box 6150, Baltimore, MD 21205 (e-mail: cdbethell@hsph.edu).

ABSTRACT

Objective: A convergence of theoretical and empirical evidence across many scientific disciplines reveals unprecedented possibilities to advance much needed improvements in child and family well-being by addressing adverse childhood experiences (ACEs), promoting resilience, and fostering nurturance and the social and emotional roots of healthy child development and lifelong health. In this article we synthesize recommendations from a structured, multiscale field-building and research

nities to heal trauma, promote resilience, and prevent ACEs, and 4) had "launch and learn" research, innovation, and implementation efforts. Four research areas arose as central to advancing these priorities in the short term. These are related to 1) family-centered clinical protocols, 2) assessing effects on outcomes and costs, 3) capacity-building and accountability, and 4) role of provider self-care to quality of care. Finally, we identified 16 short-term actions to leverage existing policies, practices,

Findings from this agenda-setting process reflect the **palpable hope for prevention, mitigation and healing** of individual, intergenerational and community trauma associated with ACEs found in this work and **provide a road map** to do so.



A possibly useful acronym for an evidence-based approach to make a lasting impact

PIRMA



Population-Based



Integrated



Relationship-Centered



Multi-Systems



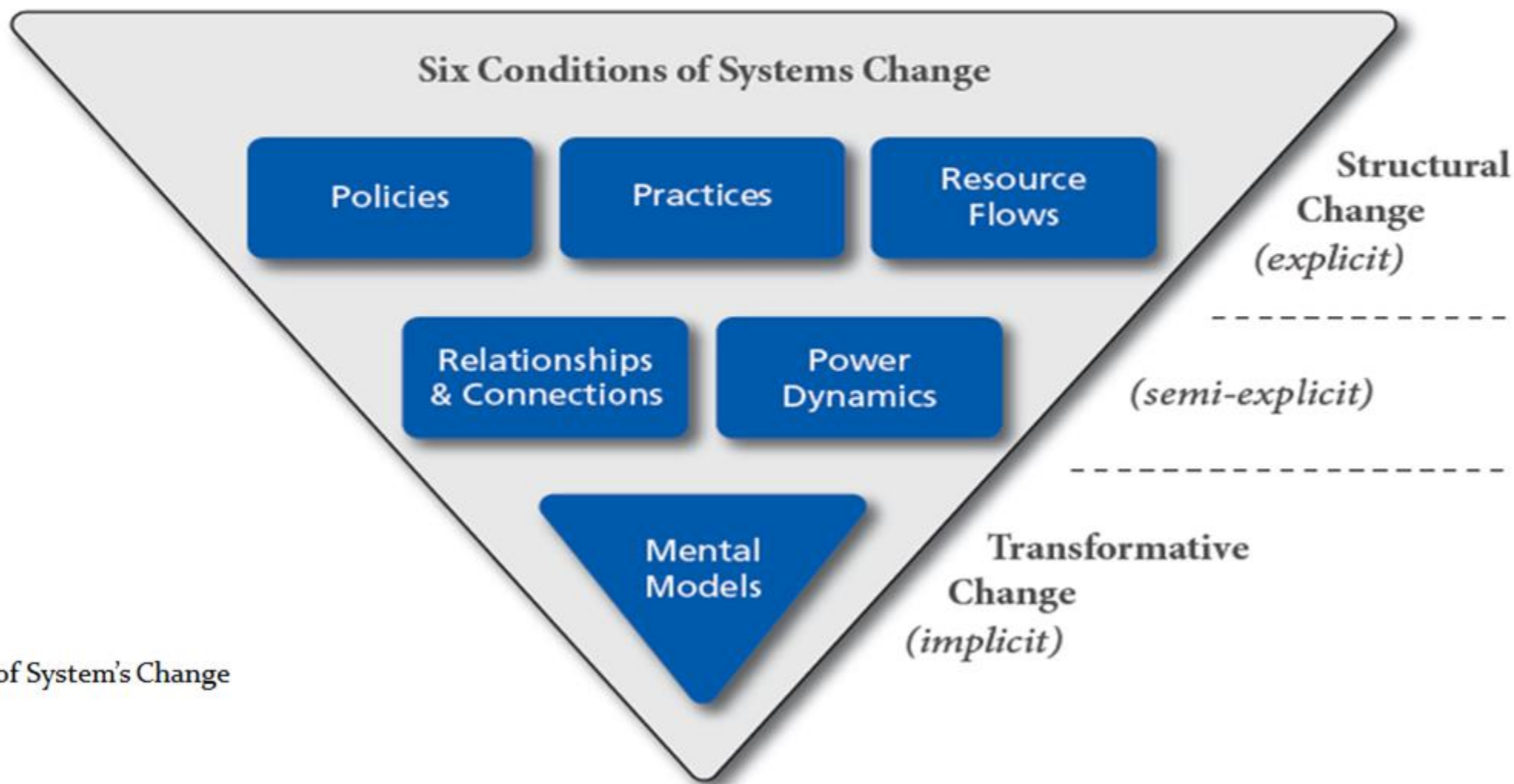
Advocacy oriented

Source: Bethell, C. We Are the Medicine: Human Development and Child Well-Being in an Era of Ordinary Magic. Center for the Advancement of Innovative Health Practices, Portland, Oregon. .April 2014

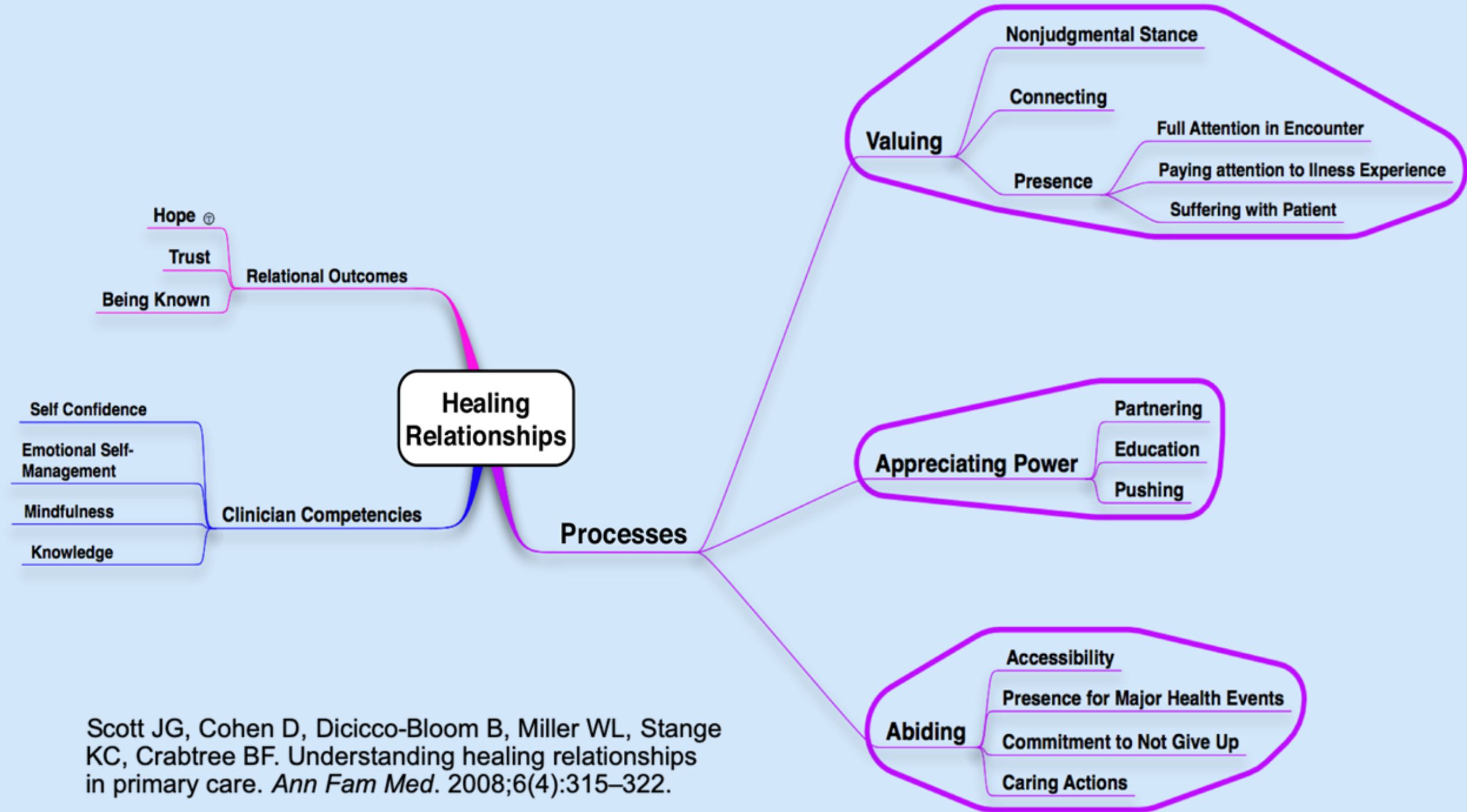


A fish is swimming along one day when another fish comes up and says “Hey, how’s the water?”
The first fish stares back blankly at the second fish and then says “What’s water?”

FIGURE 1. SHIFTING THE CONDITIONS THAT HOLD THE PROBLEM IN PLACE

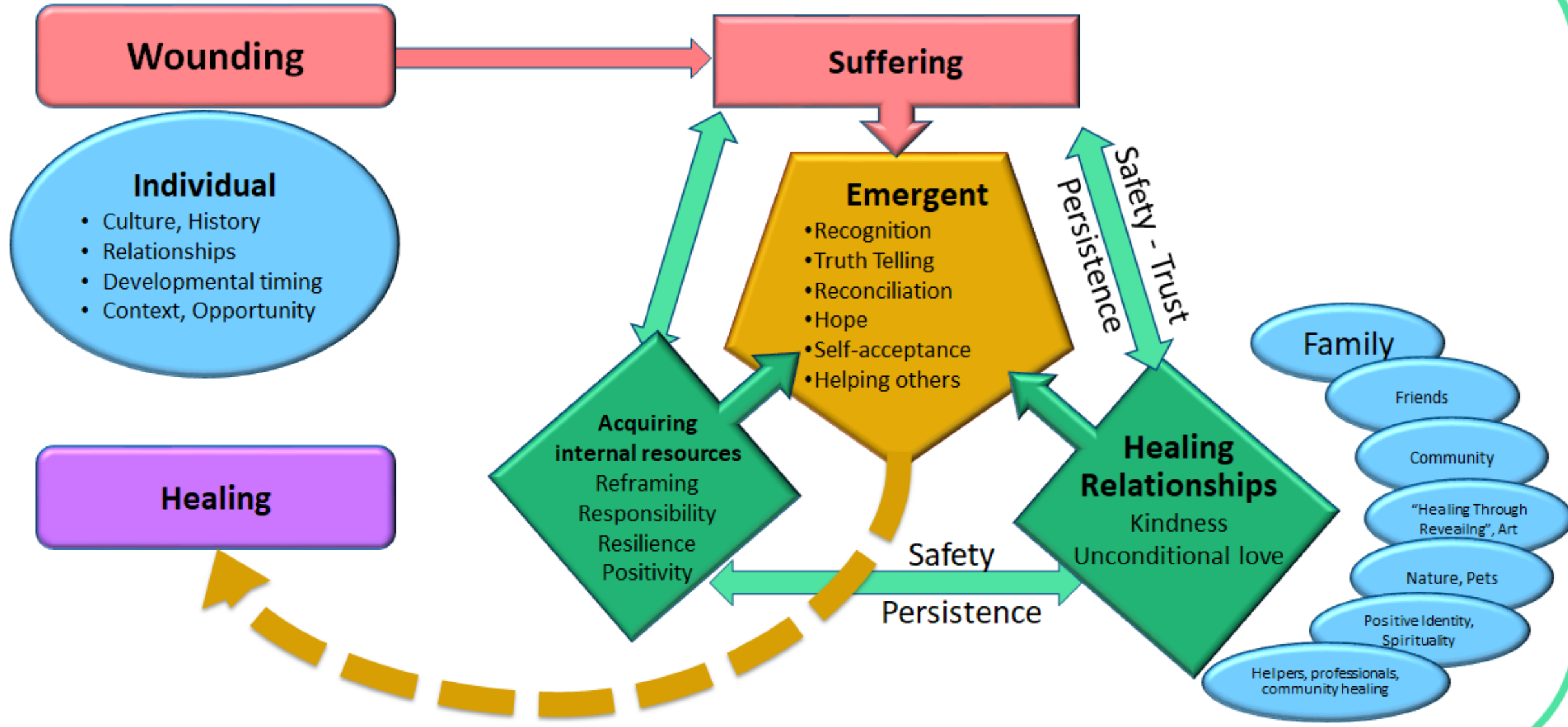


Source: Waters of System's Change



Scott JG, Cohen D, Dickey-Bloom B, Miller WL, Stange KC, Crabtree BF. Understanding healing relationships in primary care. *Ann Fam Med*. 2008;6(4):315–322.

The Healing Journey: Victim, Surviving, Thriving, Transcending



CLEAR CHANNEL

EVERYTHING YOU SAY AND DO CREATES AN IMPACT



*Because
of you*

ad
AMERICA

RELATEDNESS ENERGIZES

From Fixing to Connecting

- 40%: emotional exhaustion
- 22%: depersonalization
- 19% low sense of personal accomplishment
- (Maslack Burnout Inventory)

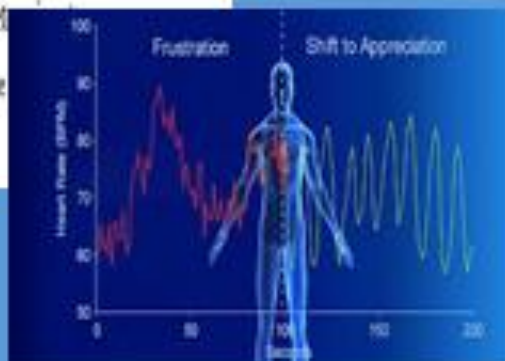
Review | meta-analysis

Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants

Karen O'Connor¹, Deirdre Muller Neff², Steve Pilman³

¹Department of Psychology, University College Cork, Ireland

²Section of Psychology, Royal College of Surgeons in Ireland, Ireland



O'Connor K, Muller Neff D, Pilman S. Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. Eur Psychiatry. 2018 Sep;53:74-99.

"We've always heard that burnout crushes compassion. It's probably more likely that those people with low compassion, those are the ones that are predisposed to burnout," Trzeciak said. "That human connection — and specifically a compassionate connection — can actually build resilience and resistance to burnout."

COMPASSIONOMICS

THE REVOLUTIONARY
SCIENTIFIC EVIDENCE
THAT CARING
MAKES A DIFFERENCE



STEPHEN TRZECIAK
ANTHONY MAZZARELLI

Foreword by SENATOR CORY BOOKER

Compassionomics (released May 6, 2019)

One study they cite shows that when patients received a message of empathy, kindness and support that lasted just 40 seconds their anxiety was measurably reduced.

The critical importance of population-wide approaches and not relying on “instincts”—which are also blurred by stigma generating unconscious bias and habits of discrimination

1

We make claims that ignore an uncomfortable empirical reality

TRUTH?

On the day a child is born, we can identify those children with the greatest likelihood of maltreatment



1

1. Myth: We can predict which children will be maltreated based on risk factors.

Risk factors associated with child maltreatment include extreme poverty, family unemployment, caregiver substance abuse, lack of understanding of child development, and neighborhood violence. However, each of these only weakly predicts the likelihood of maltreatment. For example, although maltreatment is more common among families living in poverty than among other families, the majority of parents with low incomes do not maltreat their children. When risk factors are present, protective factors can mitigate the likelihood of maltreatment. Such protective factors include parental social connections, knowledge of parenting and child development, concrete support in times of need, and children's social-emotional competence. Because maltreatment is so difficult to predict, prevention approaches that strengthen protective factors among at-risk families broadly—even if the risk is low—are likely to be most effective in reducing maltreatment.

Funding and Accountability Systems to Enable Community Driven Innovation, Learning and Improvement Are Essential!

3

We refuse to give our child protection systems the room to innovate

We don't like the system we have, yet we make it *so hard* for our child protection agencies to do anything other than “react” to child abuse

YOUR FEELINGS
ARE ALSO YOUR
SUPER POWERS

TUS SENTIMIENTOS
SON PURA
MAGIA

YOU'RE
DOING
GOOD,
BABY

REMINDER:
HEALING IS
NOT LINEAR

e.LA

#WhyWeRise



RECOMMENDATIONS REVIEW





“These recommendations seek to ensure that a culturally responsive, racially just, healing-centered and trauma-informed approach guides expenditure decision processes.”

6 CRITERIA

Do the policies...

- » Align with SAMHSA's concept and six principles for a trauma-informed approach?
- » Address one or more of the priorities set forth in the Prioritizing Possibilities national agenda?
- » Further culturally-responsive, healing-centered and trauma-informed approaches taking into account historical trauma and engaging the cultures and identities of those being served?
- » Further healing-centered and trauma-informed approaches tailored to vulnerable children and youth, and their families and caregivers?
- » Include measurable aspects of healing-centered and trauma-informed approaches, trauma, and individual, family, and community resilience?
- » Reflect a learning approach that engages evidence-based, promising, and community-driven practices?

4 Categories of Recommendations

- » Relationship- and engagement-centered assessment, interventions, and healing
- » Training and capacity building
- » Cross-sector collaboration
- » Learning-centered innovation, measurement and evaluation



“Compassionate, dependable, and trustworthy relationships that foster interpersonal and community connections re-establish healing and well-being as well as a sense of agency in addressing trauma.”

Relationship- and Engagement-Centered Assessment, Interventions and Healing

- » **1.1 Prioritize relationships and community engagement** as central to any effort;
- » **1.2 Recruit and retain well-trained staff** who reflect, and are known to, the communities they serve;
- » **1.3 Implement trauma screening and assessment practices** that are anchored in relationships and trust, assess resilience and well-being in addition to trauma history, are coordinated across agencies and providers, and used to develop a specific care plan; and
- » **1.4 Implement evidence-based, promising, and/or community driven practices** that help individuals and communities engage, cope with adversity, heal trauma, and thrive.



“A culturally responsive, racially just, healing-centered and trauma-informed approach also requires adequate and ongoing training and capacity for staff at all levels.”

Training and Capacity Building

- » **2.1 Provide training and ongoing coaching and/or consultation to state departmental employees** who work with trauma-impacted communities or organizations serving these communities;
- » **2.2 Require that funded entities receive training and ongoing coaching and/or consultation** to adopt and implement a healing-centered and trauma-informed approach;
- » **2.3 Support and fund the development and retention of a community-based, healing-centered and trauma-informed workforce** by providing job training opportunities, supporting diversity and inclusion in the workforce, and addressing barriers to workforce entry for populations disproportionately impacted by the war on drugs;
- » **2.4 Fund local, community-based and tribal entities in communities harmed by the war on drugs, and provide additional support for these entities**, where needed, to build and maintain the infrastructure needed to meet state requirements; and
- » **2.5 Establish a state-level clearinghouse** with resources and guidance on a healing-centered and trauma-informed approach.

“Cross-sector collaboration is necessary to facilitate a coordinated response dedicated to healing and ending harm and ensuring health and racial equity as well as continuity of care.”



Cross-Sector Collaboration

- » **3.1 Conduct an interdepartmental assessment** to review how healing-centered and trauma-informed approaches are currently being used for substance abuse services;
- » **3.2 Establish a plan** to increase use of these approaches across sectors going forward; and
- » **3.3 Require that funded entities collaborate with community members** on programs, services, and identification of redundant or missing resources.



“An enduring and purposeful infrastructure is needed to continuously foster meaningful reflection and learning, innovation, and support for scaling of innovations as they emerge.”

Section 4

Learning-Centered Innovation, Measurement and Evaluation

- » **4.1 Support data collection and monitoring** of county and local-level trauma, resilience, and well-being indicators;
- » **4.2 Fund communication platforms and materials** that make these data readily available to state and local stakeholders;
- » **4.3 Fund the development of an “inquiry and evaluation model”** that focuses on engaging vulnerable clients, centering their stories, and supporting communities to determine their own metrics for success;
- » **4.4. Support funded entities to assess, learn, and improve** on the implementation of a healing-centered and trauma-informed approach using the inquiry and evaluation model above; and
- » **4.5 Establish and fund learning cohorts** to develop, evaluate and share innovative healing approaches.

“These recommendations seek to ensure that a culturally responsive, racially just, healing-centered and trauma-informed approach guides expenditure decision processes.”

- » Place a dot next to 3-4 strategies feels most critical for **your work** with these recommendations in the next year
(any color dots EXCEPT green)
- » Place the green dots next to the 2-3 strategies feel most critical to leverage and advocate as a **collective.**

REFLECTION and RECKONING





**Trauma is structural,
historical, political,
intergenerational,
interpersonal, and
embodied.**

**So then must be our
healing.**

You cannot demand truth and reconciliation. You have to demand truth - people have to hear it, and they have to want to reconcile themselves to that truth.

- Bryan Stevenson, Equal Justice Initiative.

The road we travel is equal in importance to the destination we seek. There are no shortcuts. When it comes to truth and reconciliation, we are all forced to go the distance.

-Justice Murray Sinclair, Truth and Reconciliation Commission of Canada



Interacting Layers of Trauma and Healing



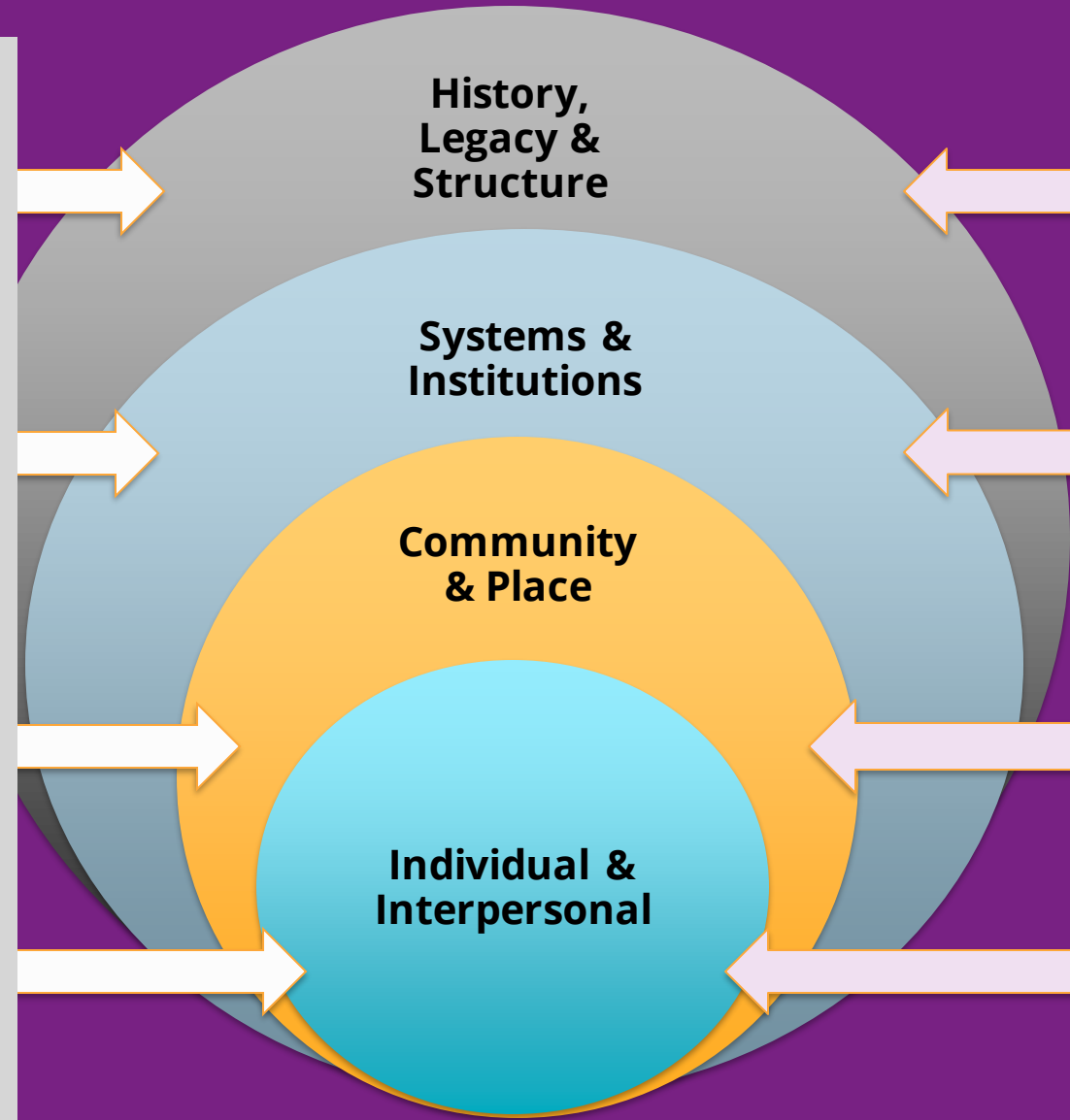
Dehumanization and Distress

Nation Building by Enslavement, Genocide, Colonization, Economic Exploitation, Resource Extraction, White Supremacy, Patriarchy...

Systemic Subjugation of BIPOC by Interacting Policies & Systems: (Capitalism): Broken Treaties, War on Drugs, Mass Incarceration, Criminalization of Poverty & Survival, Anti-Immigrant/Imperialist Policies, Redlining and Housing Policy, Climate Violence, Media Assaults...

Atmospheric Distress that includes Interpersonal, Family, Community Violence & Exposure; Sexual Exploitation/Gender Violence, Displacement, Lack of Safe Passage and Spaces; Lack of Green Spaces, Underinvestment, Oversurveillance...

Embodiment and Expression of Distress through Personal Traumatic Experiences; Bullying/Gender Violence, Family Systems Stressors, ACEs, Shame and Blame, Generational Transmission...



Liberation and Healing

Collective Liberation by Truth & Reconciliation, Reparations, Redistribution, Open Borders/No Borders, Multi-racial Solidarity, Gender Justice, Just Transitions...

Lead with Love and Justice by Healing-Centered & Restorative Practices, Listening Campaigns, Collective Care, Identity Affirming, Adaptive, Responsive, and Proximate, Land and Power-sharing (Nothing about us without us)...

Build Beloved Community by Radical Inquiry, Popular Education and Culture Building, Celebration and Affirmation; Healing Spaces, Land Acknowledgement, Arts & Expression, Base & Power-Building...

Honor Resilience and Fortitude by Listening & Validating, Processing/Integrating Personal Traumatic Experiences, Family Healing, Tailored Supports & Opportunities, Loving Connections To Each Other and The Land; Loving, Predictable Structure...

BRINGING ROADMAP & LAYERS TOGETHER

FUTURE



“The work of community, love, reconciliation, restoration is the work we cannot leave up to politicians. This is the work we are all called to do.”

-Shane Claiborne

“These recommendations seek to ensure that a culturally responsive, racially just, healing-centered and trauma-informed approach guides expenditure decision processes.”

» Place a dot next to 3-4 strategies feels most critical for **your work** in the next year.

a. What do you need to do start, continue, fortify these strategies?

b. How can this effort/group help you?

» Which 3 strategies do you think are most important for us to **collectively leverage and advocate?**

a. What are 2-3 things we need to do together?

b. Who else needs to be part of this?

c. What can we commit to?

Where We Want to Go

- » Hear from you!
- » Develop guidance materials for communities to reflect on and translate these recommendations to their local context
- » Use the recommendations to influence state and local policy, practice, and investments; solicit funding for further advocacy
- » Identify opportunities and funding to advance work on some of these recommendations:
 - measurement and evaluation model
 - toolkit to support community-driven efforts
 - financing structures
 - application for the education sector

CLOSING AND APPRECIATION

