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
I CAME TO THIS WORK BY WAY OF...

People

Obligations

Burdens

Places

Surprises

Opportunities

Benefits

Other...

Successes

Privileges

Other…
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

Source: Flojaune G. Cofer, PhD, MPH of Public Health Advocates
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
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- 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
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

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

Six Conditions of Systems Change
- Policies
- Practices
- Resource Flows
- Relationships & Connections
- Power Dynamics
- Mental Models

Source: Waters of System’s Change
The Healing Journey: Victim, Surviving, Thriving, Transcending

- **Wounding**
  - Individual
    - Culture, History
    - Relationships
    - Developmental timing
    - Context, Opportunity

- **Suffering**
  - Emergent
    - Recognition
    - Truth Telling
    - Reconciliation
    - Hope
    - Self-acceptance
    - Helping others

- **Healing**
  - Acquiring internal resources
    - Reframing
    - Responsibility
    - Resilience
    - Positivity
  - Healing Relationships
    - Kindness
    - Unconditional love

- Safety - Trust
- Persistence

EVERYTHING YOU SAY AND DO CREATES AN IMPACT
"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 (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.

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. 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.

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

Funding and Accountability Systems to Enable Community Driven Innovation, Learning and Improvement Are Essential!
YOUR FEELINGS ARE ALSO YOUR SUPER POWERS

TUS SENTIMIENTOS SON PURA MAGIA

YOU'RE DOING GOOD, BABY

#WhyWeRise
Vision for Change
“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.”
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.”
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.
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 Steverson, 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...

**Embodyment 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...

RYSE, 2019
BRINGING ROADMAP & LAYERS TOGETHER
“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

Healing, centered, trauma, community, families, state, local, resilience, care, funding, youth, health, family, system, data, tools, must, needed, well, build, creates, barriers, process, impact, first, early, require, create, early, first, impact, social, public, on, critical, people, across, serve, tribal, abuse, use, across, arrest, make, fund, can, heal, needed, health, criteria, federal, rural, experience, work, sectors, culturally, well, plan, stress, reflect, needs, dr., individual, require, create, ensure, families, also.