

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)



Child and Adolescent Health Measurement Initiative. (2019). *Recommendations Roadmap for California Proposition 64 Expenditures: Advancing Healing-Centered and Trauma-Informed Approaches to Promote Individual, Family, and Community Resilience*. In collaboration with a statewide advisory committee coordinated with the California Campaign to Counter Childhood Adversity (4CA). Johns Hopkins Bloomberg School of Public Health, Baltimore, MD.

Please visit www.Prop64Roadmap.org for additional resources.

Prop 64 Expenditures Recommendations Roadmap Advisory Committee

A multidisciplinary Advisory Committee consisting of state and national advocates, California community-based organizations, providers and academics with a high level of commitment and expertise regarding healing-centered and trauma-informed approaches was convened from September 2018 - November 2018 to provide guidance in the development of this set of recommendations regarding supporting healing-centered and trauma-informed approaches in the spending of certain Prop 64 marijuana tax initiatives funds. No individual member of the Advisory Committee should be considered as endorsing all of the recommendations.

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This project was supported with funding from **THE CALIFORNIA ENDOWMENT**.



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

executive summary

Introduction:

California's Proposition 64 marijuana tax revenues present a special opportunity to invest in community-based substance use education, prevention, early intervention, and treatment for children, youth, their families and caregivers, and communities. There is a critical need to focus these efforts on effective strategies that address the underlying causes and conditions of substance use, including adverse childhood experiences (ACEs), adverse community environments and experiences, toxic stress, and trauma.

This document sets forth a framework, core criteria, and recommendations to inform Prop 64 decision-making processes and expenditures. We hope to ensure that communities and programs funded through the Prop 64 Youth Education, Prevention, Early Intervention, and Treatment Account (Prop 64 Youth Account) have the benefit of healing-centered and trauma-informed approaches.

A healing-centered and trauma-informed approach:

- a) is a paradigm shift and pathway for organizational culture change necessary to reverse the repetition and recreation of trauma and to foster resilience and well-being;
- b) is a relational approach whereby a system, organization, or

collaborative is centered on the collective healing and resilience of its community, staff, clients, or participants; and

c) leverages the Substance Abuse and Mental Health Services Administration's (SAMHSA) concept and six principles for a trauma-informed approach and is aligned with best science on the need for and effective methods to prevent, address and heal from endemic levels of individual and community trauma.

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

These recommendations seek to ensure that a culturally responsive, racially just, healing-centered and trauma-informed approach guides expenditure decision processes. While the purpose of this document is to specifically advance recommendations for the expenditure of certain Prop 64 funds, these recommendations may also have broader applications.

Framework:

A framework and criteria were specified among partners and Advisory Committee members to guide the development of these recommendations. The framework used in this project identified four interrelated categories of recommendations that build on prior collaborative work coordinated by the Child and Adolescent Health Measurement Initiative (2014-2016) to define a national agenda to promote child, youth, family and community well-being by addressing adverse childhood experiences and associated social determinants of health. The interrelated categories of recommendations are:

- (1) Relationship- and Engagement-centered Assessment, Interventions, and Healing;**
- (2) Training and Capacity Building;**
- (3) Cross-Sector Collaboration;**
- (4) Learning-Centered Innovation, Measurement, and Evaluation**

Below is a high-level summary of recommendations in each of these areas:

Recommendations:

SECTION 1: RELATIONSHIP- AND ENGAGEMENT-CENTERED ASSESSMENT, INTERVENTIONS, AND HEALING

Safe, stable, and nurturing relationships are foundational to preventing and healing trauma. Addressing the negative impacts of trauma requires a

central focus on building and restoring healing relationships. 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. Such relationships are dependent on the proactive and positive engagement of individuals, families, and communities and are an integral component to any community effort, program, or service.

State departments should **require that organizations funded through Prop 64 integrate relationship- and engagement-centered assessment, interventions, and healing into organizational culture, programs, and services.** State departments should require that funded local entities:

- » **1.1 Prioritize relationship- and engagement-centered healing** as a central component to any community effort, program, or service.

“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.”

- » **1.2 Recruit and retain well-trained staff** who reflect the diversity and lived experience of the children and youth, their families and caregivers, and communities served and provide continuity of care between staff and those they serve whenever possible.
- » **1.3 Implement relationship- and engagement-centered 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.
- » **1.4 Implement evidence-based, promising, and/or community-driven practices that help individuals and communities engage, cope with adversity, heal trauma, and thrive.** Whenever funds are available and clients are eligible, the departments should ensure that eligible providers secure funding for covered services from Medi-Cal and other funding sources, so that Prop 64 funds not be used for already covered services.

Agencies, tribal entities¹, or communities developing and implementing promising practices and/or community-driven practices that have yet to collect comprehensive evidence of effectiveness must leverage established elements of effective practices.

SECTION 2: TRAINING AND CAPACITY BUILDING

Implementing an effective healing-centered and trauma-informed approach requires ongoing training and capacity building for staff within state departments as well as the local and tribal entities serving populations that are reached through Prop 64. This training and capacity building requires ongoing coaching, support, and built-in mechanisms for reflection and repair and to ensure ongoing accountability. The research on addressing and preventing adverse childhood experiences, adverse community environments and experiences, toxic stress, trauma and effective healing-centered and trauma-informed approaches must be translated and communicated across sectors from state leadership to front line staff. Training and capacity building may be especially critical in smaller, under-resourced organizations in both urban and rural areas.

State departments should **require and fund widespread state and local training and capacity building regarding a healing-centered and trauma-informed approach**. To do so, state departments should:

- » **2.1 Provide training, ongoing coaching, and/or consultation to state departmental employees** who work with populations and communities disproportionately impacted by trauma or with the organizations directly serving these populations, regarding an effective healing-centered and trauma-informed approach.
- » **2.2 Require that funded local entities, including county and tribal employees, and local community-based organizations, receive training and ongoing coaching/consultation** to adopt and implement a healing-centered and trauma-informed approach with the goal of creating organizational and cultural change. Training and consultation should acknowledge historical and current trauma embedded in the policies and practices of organizations and service delivery systems.
- » **2.3 Support and fund the development and retention of a community-based, healing-centered and trauma-informed workforce** for organizations working with children and youth, their families and caregivers, and communities impacted by trauma by providing job training opportunities, supporting diversity and inclusion in the workforce, and addressing barriers to workforce entry for populations

¹ Tribal entities refers to all tribal government entities including, but not limited to courts, social service departments, education departments and other tribal government entities serving tribal populations.

disproportionately impacted by the war on drugs.

- » **2.4 Require local government entities that receive state funds to contract with local community-based and tribal entities**, support rural and other underserved communities to establish community-based services, and prioritize communities that were disproportionately impacted by the war on drugs/state and federal drug policies and substance abuse. During the first several years, provide funding to these organizations so they may build their capacity to increase or improve their service to their communities.
- » **2.5 Establish a state-level clearinghouse** that curates and shares effective resources and provides tailored guidance to cultivate a healing-centered and trauma-informed approach.

SECTION 3: CROSS-SECTOR COLLABORATION

People with significant trauma histories often present with a complexity of needs requiring varying services across multiple service sectors. People living in trauma-impacted, under-resourced, and over-surveilled communities are faced with challenges of moving through fragmented and highly punitive and inequitable systems that often fail to address their underlying needs. These same communities are held culpable for how they cope with the neurobiological, social, and psychological impact of the trauma resulting from systems failures and harm. Cross-sector collaboration is necessary to facilitate a coordinated response dedicated to healing, ending harm, and ensuring health and racial equity as well as continuity of care. For success, cross-sector collaboration must be guided by local community stakeholders, particularly those impacted by the various systems of care.

State departments that are serving populations reached through Prop 64 should **require and support cross-sector collaboration at the state, local, and tribal levels to engage and elevate the voice and leadership of vulnerable youth, their families and caregivers, entities representing vulnerable children, and other community stakeholders** to streamline approaches for trauma-impacted populations and communities. These departments should:

- » **3.1 Conduct an interdepartmental assessment** to determine the extent to which state agencies, funded local entities, and tribal entities implement a coordinated healing-centered and trauma-informed approach for substance use education, prevention, early intervention, treatment, and recovery programs and services.
- » **3.2 Establish an interdepartmental plan** that builds on and integrates with existing efforts in California. The plan should advance a shared vision and priorities for state agencies to acknowledge harm caused to vulnerable children and youth, their families and caregivers as a result of

“...engage and elevate the voice and leadership of vulnerable youth, their families and caregivers, entities representing vulnerable children and other community stakeholders to streamline approaches for trauma-impacted populations and communities”

past federal and state drug policies. Additionally, the plan should address trauma as a root cause of substance abuse while specifically focusing on the prevention and healing of trauma through a healing-centered and trauma-informed approach.

- » **3.3 Require that funded local entities adhere to set criteria to improve local collaboration** across sectors, agencies, and departments to include collaboration with community members on programs, services, and identification of redundant or missing resources.

SECTION 4: LEARNING-CENTERED INNOVATION, MEASUREMENT AND EVALUATION

An enduring and purposeful infrastructure is needed to continuously foster meaningful reflection, learning, innovation, and support for scaling of innovations as they emerge. There is a pressing need to fund a technical assistance infrastructure that enables communities to engage and reflect on existing and emerging data, make meaning of this data, and then generate and improve upon innovative approaches.

State departments that are serving populations reached through Prop 64 should **require and fund the collection, monitoring and communication of county-/local-level trauma and resilience indicators, and a learning-centered innovation, measurement and evaluation framework and process** for healing-centered and trauma-informed approaches. To do so, state departments should:

- » **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** (e.g., webinar series, online video platforms, convenings, data dashboards, and briefs) that

make data on trauma and resilience readily available to state and local stakeholders.

- » **4.3 Fund the development of an “inquiry and evaluation model”** that itself can facilitate healing and focuses on engaging vulnerable clients, centering their stories, and supporting communities to determine their own metrics for success.
- » **4.4 Support funded local entities to assess, learn, and improve on their implementation** of healing-centered and trauma-informed approaches using the inquiry and evaluation model above.
- » **4.5 Establish and fund learning cohorts of local entities** to develop, evaluate, and share innovative healing-centered and trauma-informed approaches and relationship-centered engagement and healing practice.

California has an impressive history of far-reaching legislation, policies, programs, and innovations to address the issues mentioned in these recommendations. Yet, research and data continue to show urgent needs and opportunities for improvement that Prop 64 expenditures may be the primary catalyst and support to address. These recommendations have carefully considered and studied factors known to have contributed to or formed barriers to success. Adopting these recommendations would place California as the first in the nation to take a reparative, restorative and responsive approach to investing in substance abuse prevention, early intervention, and treatment.

“Prop 64 should require and fund the collection, monitoring and communication of county-/local-level trauma and resilience indicators as well as a learning-centered innovation, measurement and evaluation framework and process for healing-centered and trauma-informed approaches”

“There is a critical need to focus on effective strategies that address the underlying causes and conditions of substance use, including adverse childhood experiences, adverse community environments and experiences, toxic stress, and trauma”

introduction and purpose

California’s Prop 64 marijuana tax revenues present a special opportunity to, among other things, invest in community-based substance use education, prevention, early intervention, and treatment for children, youth, their families and caregivers, and communities. There is a critical need to focus these efforts on effective strategies that address the underlying causes and conditions of substance use, including adverse childhood experiences (ACEs),^{2,3} adverse community environments and experiences,⁴ toxic stress,⁵ and trauma.⁶ This

2 Please see Appendix C for definitions of key phrases in the document.

3 Adverse Childhood Experiences (ACEs) include a range of experiences that occur during childhood, often within the context of the family. ACEs include physical, sexual and emotional abuse; physical or emotional neglect; witnessing domestic violence; household substance misuse, illness, incarceration; parental death, separation/divorce or other child separation or threat of separation from the family; including family rejection because of a child’s sexual orientation or gender identity. In early childhood, the toxic stress and trauma that results from ACEs when these experiences are not buffered by safe, stable and nurturing caregiver relationships are documented to impair the structure and function of the developing brain leading to disruptions in attachment, emotional regulation, attention, and behavior. Structural imbalances of power at the community level increase the risk factors that make adverse childhood experiences more likely to occur and reduce resilience factors which are protective against the impact of adverse childhood experiences.

4 Adverse community environments and experiences include structural imbalances of power affecting: concentrated poverty, limited economic mobility, institutional and systemic racism and discrimination, threats of deportation, inadequate education opportunities, poor housing conditions, and community violence and substance use. Adverse community environments and experiences increase the risk factors that make adverse childhood experiences more likely to occur and reduce resilience factors which are protective against the impact of adverse childhood experiences. Adverse community environments and experiences also disrupt stress physiology. Stressors associated with institutional and systematic racism and discrimination have a profound and emotionally painful impact on one’s identity and value.

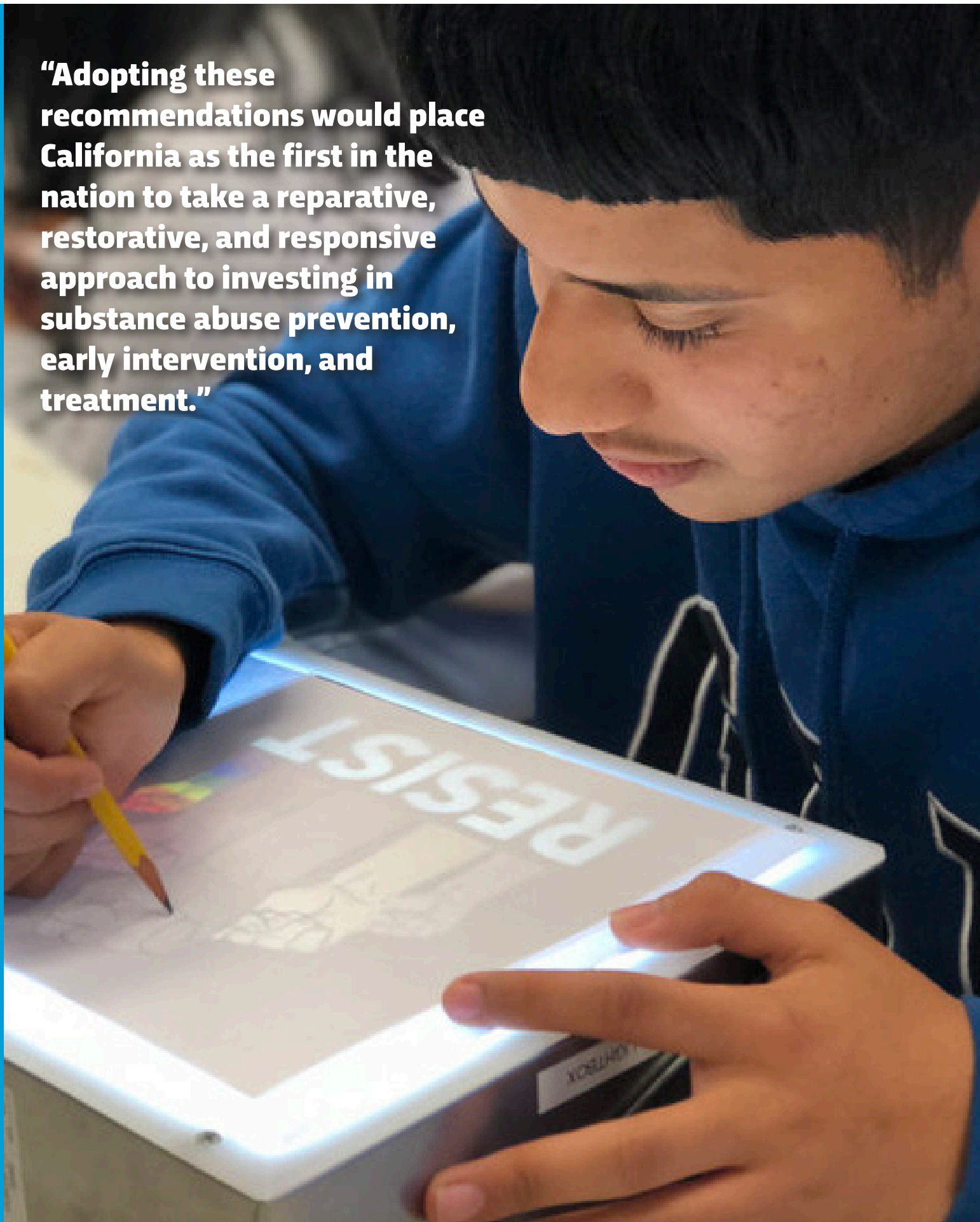
5 Toxic stress refers to persistent exposure to adversity without adequate family and other social supports. A toxic stress response can occur when an individual experiences strong, frequent, and/or prolonged adversity – such as adverse childhood experiences or adverse community environments and experiences. Prolonged activation of the stress response systems in children can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

6 Trauma occurs when an adversity or the accumulation of adversities is experienced as extremely harmful, leading to lasting and accumulating effects on individuals, families, communities, cultures, and systems.





“Adopting these recommendations would place California as the first in the nation to take a reparative, restorative, and responsive approach to investing in substance abuse prevention, early intervention, and treatment.”





document sets forth a framework, core criteria, and recommendations to inform specific opportunities to influence Prop 64 expenditures as they arise.

As such, this document is comprehensive in setting forth recommendations across the landscape of relevant issues to ensure that communities and programs funded through the Prop 64 Youth Education, Prevention, Early Intervention and Treatment Account (Prop 64 Youth Account)⁷ meaningfully reflect a culturally responsive,⁸ racially just,⁹ healing-centered and trauma-informed approach.¹⁰

This document was developed with guidance from an Advocacy Committee assembled through a collaboration between the Child and Adolescent Health Measurement Initiative (CAHMI) and the California Campaign to Counter Childhood Adversity (4 CA). The work of the CAHMI staff and consultants responsible for drafting the document was supported by The California Endowment (see Appendix B Methodology Undertaken to Develop these Recommendations). While the purpose of this document is to specifically

7 This set of recommendations specifically addresses the Prop 64 Youth Education, Prevention, Early Intervention and Treatment Account. However, we intend to adapt these recommendations for advocacy to encourage that Governor's Office of Business and Economic Development expends its Prop 64 funds in a manner that incentivizes culturally responsive, racially just, healing-centered and trauma-informed approaches. These recommendations may also prove valuable in encouraging the Board of State and Community Corrections to incentivize healing-centered and trauma-informed approaches in its Prop 64 grantmaking regarding local law enforcement/public health and safety efforts.

8 Culturally responsive means that staff and organizations proactively, respectfully, and with humility, seek to understand cultural differences, including beliefs and practices, experiences of and reactions to trauma, and involvement with service provision. It also involves acknowledging and working to undo structural imbalances of power. This understanding, which is an ongoing process, is integrated into policies, programs, and services to meet the unique needs of diverse cultures and identities. Being culturally responsive also includes meeting the language needs of non-English-speaking communities and considering the reading level for all materials. In addition, being culturally responsive includes acknowledging the fundamental societal imbalance between youth and adults and valuing the complementary contributions of each party.

9 Racially just refers to programs and organizations that consider the direct implications of their policies, practices, strategies, actions, beliefs, and language on individuals and communities of different races, and then work to ensure equitable and just opportunities and outcomes for all, particularly people and communities of color.

10 A healing-centered and trauma-informed approach is a paradigm shift and pathway for organizational culture change necessary to reverse the repetition and recreation of trauma and to foster resilience and well-being. It is a relational approach whereby a system, organization, or collaborative is centered on the collective healing and resilience of its community, staff, clients, or participants. A healing-centered and trauma-informed approach is also aligned with best science on the need for and effective methods to prevent, address and heal from endemic levels of individual and community trauma. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), an organization is trauma-informed when it "...realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures and practices; and seeks to actively resist re-traumatization. SAMHSA's trauma-informed approach reflects adherence to six key SAMHSA principles that address both the prevention and healing of trauma. These include: (1) creating a culture of physical and psychological safety for staff and the people they serve; (2) building and maintaining trustworthiness and transparency among staff, clients and others involved with the organization; (3) utilizing peer support to promote healing and recovery; (4) leveling the power differences between staff and clients and among staff to foster collaboration and mutuality; (5) cultivating a culture of empowerment, voice, and choice that recognizes individual strengths, resilience, and an ability to heal from past trauma; and (6) recognizing and responding to the cultural, historical, and gender roots of trauma. In considering this SAMHSA description, it is essential to take into account that if a trauma-informed practice or policy is not culturally responsive and racially just, it is not trauma-informed.

advance recommendations for the expenditure of certain Prop 64 funds, these recommendations may also have broader applications. The CAHMI and partners in preparing these recommendations may further develop, format, and advance this document as appropriate to serve as a foundation for a toolkit useful to state-level and local organizations as they consider and advocate for public policies related to advancing a culturally responsive, racially just, healing-centered and trauma-informed approach in the expenditure of public funding.

California has an impressive history of far-reaching legislation, policies, programs and innovations to address the issues mentioned in these recommendations. Yet, research and data continue to show urgent needs and opportunities for improvement that Prop 64 expenditures may be the primary catalyst and support to address. These recommendations have carefully considered and studied factors known to have contributed to or formed barriers to success. Adopting these recommendations would place California as the first in the nation to take a reparative, restorative, and responsive approach to investing in substance abuse prevention, early intervention, and treatment.

adverse childhood experiences, adverse community environments and experiences, toxic stress, and trauma

(see Appendix C for more comprehensive Glossary of Terms)

Adverse childhood experiences include a range of experiences that occur during childhood, often within the context of the family. ACEs include physical, sexual and emotional abuse; physical or emotional neglect; witnessing domestic violence; household substance abuse, untreated mental illness, incarceration; parental death, separation/divorce, or other child separation or threat of separation from the family; family rejection because of a child's sexual orientation or gender identity.

Research shows that ACEs can cause severe or persistent harm or distress, also known as toxic stress and trauma. In turn, this toxic stress and trauma disrupts brain development, a positive self-identity, and functioning across life, including an increased risk for substance use.

Adverse community environments and experiences increase the risk factors that make adverse childhood experiences more likely to occur and reduce resilience factors which are protective against the impact of adverse childhood experiences. The communities most burdened by the war on drugs were targeted by policies and practices (in housing, employment, criminal justice, and education) that ruptured and unraveled family systems and structures, and

created context and conditions giving rise to adverse community environments and experiences.

This includes structural imbalances of power affecting: concentrated poverty, limited economic mobility, institutional and systemic racism and discrimination, threats of deportation, inadequate education opportunities, poor housing conditions, and community violence and substance use. They can also include the absence of social connection and community cohesion and social and behavioral norms that diminish health and exacerbate and contribute to adverse childhood experiences. When adverse childhood experiences are paired with adverse community environment and experiences, the effects are compounded and often intergenerational, limiting opportunities to achieve health, mental health, safety, and equity. Impacts vary according to a wide range of protective factors, most importantly presence of safe relationships. Many of these experiences are inherently traumatic. Trauma is clinically defined in terms of the observable impact of such experiences.

Trauma occurs when an adversity or the accumulation of adversities is experienced as extremely harmful or frightening and is not resolved proximal to the experience, leading to lasting and accumulating neurobiological, psychological, social and spiritual effects on individuals, families, communities, cultures, and systems.

There are many types of trauma, including individual trauma,¹¹ developmental trauma,¹² community trauma,¹³ historical trauma,¹⁴ and secondary trauma.¹⁵ For brevity, these recommendations use the term trauma to broadly refer to all types of trauma unless otherwise stated.

11 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 on the individual's functioning and mental, physical, social, emotional, cultural and/or spiritual well-being.

12 Developmental trauma occurs during childhood, particularly within the family or other close relationships, and can disrupt many aspects of the child's development and the formation of a sense of self. Since the trauma often occurs with a caregiver, the child's ability to form a secure attachment can be disrupted. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability.

13 Community trauma refers to entire communities that are trauma-impacted. Community trauma is not just the aggregate of individuals in a neighborhood who have experienced trauma, but rather the manifestations of trauma at the community level often evidenced by such factors as adverse community environments and experiences.

14 Historical trauma refers to the cumulative harm done to an entire culture or community as a result of group traumatic experiences. Historical trauma is often transmitted across generations within families and communities. This type of trauma is associated with cultures who have suffered major intergenerational losses and assaults on their culture and well-being through institutional racism, oppression, colonization and genocide, homophobia and transphobia, and other discriminatory systems and policies, including the war on drugs.

15 Secondary trauma refers to exposure to the trauma responses of others which can cause exhaustion, burnout, hopelessness, psychological stress, anger, sadness, and shame. It is often found among those in "helping" occupations who work closely with individuals who have experienced trauma. Related to secondary traumatic stress is vicarious trauma or compassion fatigue, which reflects decreased ability or desire to care for others because of exposure to their responses to trauma.

trauma and outcomes relevant to prop 64

California's Prop 64 Youth Account, to be managed by the California Department of Health Care Services through interagency agreements with the California Department of Public Health and the California Department of Education, aims to educate about and to prevent substance use disorders and to prevent harm from substance use. Per the Prop 64 mandate, programs administered through these agreements shall emphasize accurate education, effective prevention, early intervention, school retention, and timely treatment services for youth, their families, and caregivers.

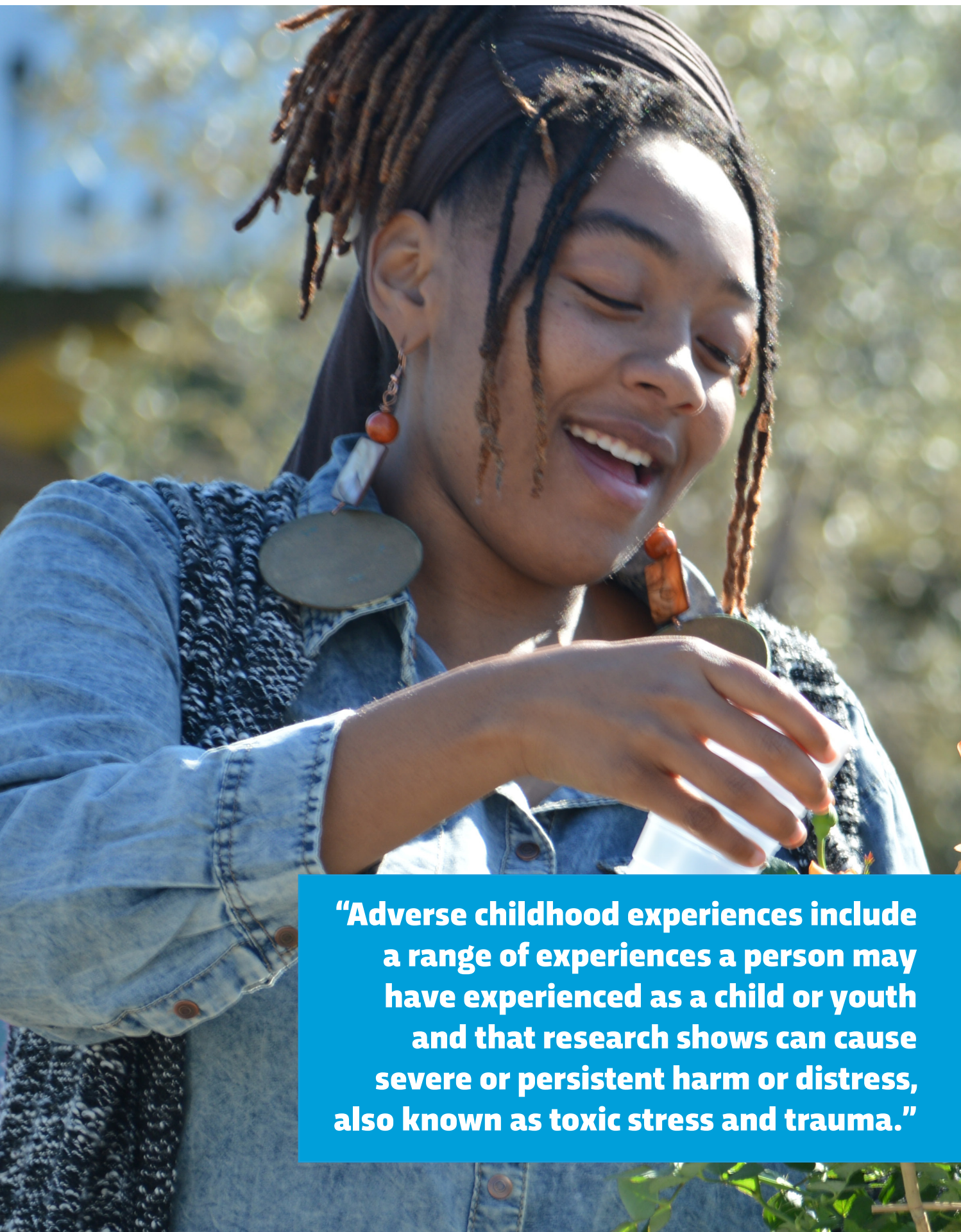
There is a strong connection between trauma and substance use that has implications for Prop 64 programming intended for children and youth and their families and caregivers. Substances can be used as a coping strategy to dull the painful physical and emotional effects of trauma, and problematic substance use can also increase one's future risk for experiencing trauma. Since Prop 64 seeks to reduce substance use among youth and their families and caregivers, it is important to address the underlying trauma associated with substance use to further prevention and facilitate treatment efforts for children and youth, and their families and caregivers.

The connection between trauma and substance use is also intergenerational and requires an intergenerational approach. Family/caregiver substance use, starting during the prenatal period, disrupts the safety, nurturance and stable relationships children need for healthy development and increases a child's risk for later health and mental health problems, including substance abuse, as well as exposure to other adverse childhood experiences and adverse community environments and experiences. To interrupt this intergenerational cycle, it is crucial to also address the trauma experienced by families/caregivers. Through the provision of safe, stable, and nurturing relationships, families/caregivers offer a vital source of protection for children.¹⁶ Health care, social services and many other services are ideal to promote healthy parenting and identify and address parental and child trauma and adversities. Such an intergenerational approach is essential.

Unaddressed trauma also has far-reaching effects into other aspects of child well-being that are critical for school retention and academic success. Trauma can negatively affect the developing brain in regions that are essential for thinking and learning. Trauma-impacted children and students are at increased risk for emotional dysregulation, disruptive behaviors, school absences, poorer

¹⁶ National Child Traumatic Stress Network (2008). Understanding the Links Between Adolescent Trauma and Substance Use: A Provider Toolkit. Available at: https://www.nctsn.org/sites/default/files/resources/understanding_the_links_between_adolescent_trauma_and_substance_abuse.pdf





“Adverse childhood experiences include a range of experiences a person may have experienced as a child or youth and that research shows can cause severe or persistent harm or distress, also known as toxic stress and trauma.”

health, and lower achievement. The manifestation of trauma as either aggressive behavior or withdrawing from engagement is particularly important for communities of color as these behaviors are often mischaracterized in racially-biased systems as problematic behaviors or acts of defiance, which increases the likelihood of exclusionary disciplinary practices and contact with the justice system and decreases opportunities for treatment to reduce symptoms.¹⁷

summary of a healing-centered and trauma-informed approach

Fortunately, we live in a time when the causes, neurobiological pathways leading to harm, symptoms, and social, psychological, and behavioral impacts of trauma are increasingly understood and recognized. Growing evidence continues to support a healing-centered and trauma-informed approach to prevent trauma and promote individual, family and community resilience and healing.

A healing-centered and trauma-informed approach is a paradigm shift and pathway for organizational culture change necessary to reverse the repetition and recreation of trauma and to foster resilience and well-being. It is a relational approach whereby a system, organization, or collaborative is centered on the collective healing and resilience of its community, staff, clients, or participants. A healing-centered and trauma-informed approach is also aligned with best science on the need for and effective methods to prevent, address and heal from endemic levels of individual and community trauma.

According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), an organization is trauma-informed when it

“...realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures and practices; and seeks to actively resist re-traumatization.”

SAMHSA's trauma-informed approach reflects adherence to six key principles that address both the prevention and healing of trauma. These include: (1) creating a culture of physical and psychological safety for staff and the people they serve; (2) building and maintaining trustworthiness and transparency among staff, clients and others involved with the organization; (3) utilizing peer support to promote healing and recovery; (4) leveling the power differences between staff and clients and among staff to foster collaboration and mutuality; (5) cultivating a culture of empowerment, voice and choice that recognizes individual strengths, resilience

¹⁷ National Child Traumatic Stress Network (2017). Creating, Supporting and Sustaining Trauma-Informed Schools: A Systems Framework. Available at: https://www.nctsn.org/sites/default/files/resources/creating_supporting_sustaining_trauma_informed_schools_a_systems_framework.pdf

and an ability to heal from past trauma; and (6) recognizing and responding to the cultural, historical, and gender roots of trauma.¹⁸ In considering this SAMHSA description, **it is essential to take into account that if a practice or policy is not culturally responsive and racially just, it is not trauma-informed.**

Embedded in the SAMHSA principles is an understanding of the process and requirements for preventing and healing trauma. The first step is the recognition of harm. This includes establishing trusting and safe relationships and spaces to speak about and develop an understanding of what happened (versus what the person did wrong), its impact and what is needed to stop the trauma and heal. Finally, ending the perpetuation of trauma and healing also involves the offering of amends and reparations when the trauma occurred due to the actions of systems or others; even if those systems and others were not aware of the impact of their actions.

Historical trauma is especially important to address using a purposeful and public truth and reconciliation process since in most cases the initial causes of the trauma (e.g., war on drugs) is distal to the specific individuals still impacted today and is still knowingly or unknowingly perpetuated through the ongoing support of the systems, policies, and cultural norms that led to the trauma and its intergenerational perpetuation in the first place. A truth and reconciliation process allows for amends and reparations and the safety to share what happened, its impacts, and requirements for healing even when those making amends and reparations were not the specific individuals setting in place the causes of the trauma. Such a process is tremendously healing in ways that can expedite individual level healing across a community.

Any healing process begins with recognizing and creating an understanding of the harm experienced—be it at the individual, family, community, or systems level. Therefore, all programs and efforts funded through Prop 64 should ensure the process and principles for healing are fully supported. Most pertinent to Prop 64 is a recognition that the communities most burdened by the war on drugs were targeted by policies and practices (in housing, employment, criminal justice, and education) that ruptured and unraveled family systems and structures, creating the trauma not only at the individual and family-levels, but also at the community-level. Many systems adjacent to the war on drugs (e.g., social services, child welfare, public health, public education) operate in ways that allow structural racism, violence, and other oppression to continuously introduce trauma, making healing from trauma associated with adverse childhood experiences and adverse community environments and experiences less possible. Many of these systems may receive funding from Prop 64 revenue.

Addressing community and historical trauma requires culpable systems and leadership to first understand the science of ACEs, adverse community

¹⁸ The Substance Abuse Mental Health Services Administration (SAMHSA), National Center for Trauma-informed Care, accessed July 21, 2016: <http://www.samhsa.gov/ntic/trauma-interventions>.

“Many systems adjacent to the war on drugs operate in ways that allow structural racism, violence, and other oppression to continuously introduce trauma”

environments and experiences, and trauma, and then recognize and acknowledge any structural harm caused to populations or communities before the healing journey can begin. It is critical to note that any community that has been systematically under-supported – including underserved rural and inner-city communities – in ways that create a lack of safety and sense of being supported by the culture will have within it tremendous trauma along with the behaviors and manifestations of that trauma, like substance abuse. Prop 64 funding could allow communities to determine whether there is the need to create and honor a truth and reconciliation process and must ensure trauma-impacted people are key collaborators in any healing efforts. The acknowledgment of historical oppression requires community-driven and defined practices that are important to prioritize in addition to documented evidence-based and promising practices. Imposing a pre-packaged healing process on communities because it is believed to be what those allocating resources believe is needed, without the community driving the definition of what is needed, will perpetuate rather than heal or prevent future trauma. All these issues are essential to addressing the very trauma Prop 64 seeks to heal.

framework and criteria

The recommendations set forth here aim to ensure cross-cutting factors that are foundational to making the systemic and deep changes required to advance a culturally responsive, racially just, healing-centered and trauma-informed approach to Prop 64 expenditures. To support this goal, a framework guided the formulation of the recommendations set forth here. The framework delineates essential categories for recommendations and drew on prior work by the Child and Adolescent Health Measurement Initiative through its coordination of an effort resulting in a national agenda ([“Prioritizing Possibilities”](#)) to address ACEs and promote whole-child, whole-family, and whole-community well-being. Many of the organizations and individuals participating in this Prop 64-focused effort were a part of the formulation of this agenda. The categories of recommendations in this document reflect those that emerged in the national agenda as essential to address and to ensure a comprehensive and meaningful shift to a culturally responsive, racially just, healing-centered and trauma-informed approach in all contexts. These four interrelated categories are: (1) Relationship- and Engagement-Centered Assessment, Interventions, and Healing;

(2) Training and Capacity Building; (3) Cross-Sector Collaboration; and (4) Learning Centered Innovation, Measurement, and Evaluation.

In addition, a set of criteria were set forth, reviewed, and refined by participants in the Advisory Committee on Prop 64. These criteria served as touchpoints in the formulation and specific application of emerging policy recommendations:

1. Do the policies align with SAMHSA's concept and six principles for a trauma-informed approach?
2. Do the policies address one or more of the priorities set forth in the Prioritizing Possibilities national agenda?
3. Do the policies further culturally-responsive, healing-centered and trauma-informed approaches taking into account historical trauma and engaging the cultures and identities¹⁹ of those being served?
4. Do the policies further healing-centered and trauma-informed approaches tailored to vulnerable children and youth, and their families and caregivers?²⁰
5. Do the policies include measurable aspects of healing-centered and trauma-informed approaches, trauma, and individual, family, and community resilience?²¹
6. Are the policies based on a learning approach that engages evidence-based,²² promising,²³ and community-driven practices?²⁴

19 Cultures and identities include, but are not limited to, groups and experiences, and their intersectionality, based on race, ethnicity, sex, sexual orientation, gender identity and expression, age, religion, socioeconomic status/social class, immigration status, language, nationality, disability, and rural/urban geography.

20 Vulnerable children and youth, and their families and caregivers includes children and youth (ages 0-26) and their families and caregivers who are: low-income; homeless; justice-system-impacted; Native Americans and other people of color; undocumented and other immigrants; LGBTQ people; people living in communities disproportionately affected by past federal and state drug policies; youth who are or were in foster care; youth who are out of school; children and youth of substance using or teenage parents, and youth who lack access to mental health and substance use services.

21 Individual resilience refers to the capability/capacity of individuals to cope, adapt, recover, and thrive in the face of adversity or trauma. Building individual resilience involves strengthening internal assets (e.g., social and emotional skills) and external supports (e.g., social connections, collective healing and engagement). Family resilience is the capability of families to adapt, recover, and thrive in the face of adversity and trauma. Family resilience is a dynamic process by which families cultivate and draw upon internal strengths and external supports to positively face challenges and adversity. Community resilience is the inherent capability of all communities to recover from and/or thrive despite the prevalence of adverse conditions. Supporting community resilience involves facilitating community resources and rituals that promote healing from past trauma and protect against future trauma. Strategies to create these conditions focus on building political power and improving the social-cultural environment, the physical built environment, and the economic environment.

22 Evidence-based practices are programs and strategies that have been found effective at improving positive or preventing negative health outcomes, using rigorous scientific research methods. Programs and strategies may be evidence-based across all populations, or only for particular cultures and identities.

23 Promising practices are programs and strategies that have shown some positive results and potential for improving desired health outcomes. They may have evidence from use in real-world settings, a strong theoretical framework, and/or expert opinion, but have not been fully replicated in scientific studies. Depending on the level of scientific evidence, these are sometimes referred to as "evidence-informed" or "emerging" practices.

24 Community-driven practices are programs and strategies that are derived from the traditional practices of a particular racial, ethnic, or cultural community and have been determined effective by the

recommendations

The recommendations set forth here are intended to ensure that communities and programs funded through the Prop 64 Youth Account meaningfully reflect a culturally responsive, racially just, healing-centered and trauma-informed approach to substance use education, prevention, early intervention, treatment and recovery for youth, their families and caregivers, and communities. This will require recognizing and addressing ACEs occurring in homes and families as well as the widespread community trauma and historical trauma that has arisen from many economic and social factors. Prominent among these are historical and current mindsets and structures that create institutional racism, sexism and oppression; the continued impact of historical colonization involving the purposeful subjugation of people of color in the United States; policies and norms in justice and other social systems that led to large numbers of deaths and severely harmful trauma associated with discrimination of lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ)²⁵ individuals; and other discriminatory systems and policies including incarceration.

Ultimately, these traumas contribute to the developmental trauma that manifests as ACEs in families and children and youth, and in trauma-organized, rather than trauma-responsive or healing-centered policies, programs, and systems. The recommendations here explicitly seek to shift these impacts and harms to align with the science of human development and values of creating a nurturing society that is culturally responsive, racially just, healing-centered and trauma-informed. The proposed recommendations emphasize the following four priority areas: (1) Relationship- and Engagement-Centered Assessment, Interventions and Healing; (2) Training and Capacity Building; (3) Cross-Sector Collaboration; and (4) Learning Centered Innovation, Measurement and Evaluation.

Due to the focus of Prop 64 and the disproportionate impact of trauma on certain population groups, these recommendations prioritize structurally vulnerable children and youth (ages 0-26) and their families and caregivers. This includes those who are: low-income; homeless; justice-system-impacted; Native Americans and other people of color; undocumented and other immigrants; LGBTQ people; people living in communities disproportionately affected by past

community, are based on the community's ideas of illness and healing, and that target members of that community. These practices may also be evidence-based or promising or have been adapted from such practices to be more applicable to the community. They may also be based on or include aspects of indigenous or traditional healing practices, rituals, ceremonies, and beliefs.

25 LGBTQ stands for lesbian, gay, bisexual, transgender, and queer or questioning. The term also includes those with other minority sexual orientations and gender identities, such as intersex, asexual, two-Spirit, pansexual, genderqueer, and gender non-conforming.



“Evidence continues to grow to support a healing-centered and trauma-informed approach to both prevent trauma and promote individual, family and community resilience and healing”

federal and state drug policies; youth who are or were in foster care; youth who are out of school; children and youth of substance using or teenage parents, and youth who lack access to mental health and substance abuse services. **These recommendations require a paradigm shift toward a society that is culturally responsive, racially just, healing-centered and trauma-informed.** In addition, these recommendations need to be adapted to address the needs and contexts of all vulnerable communities—both urban and rural. It will take time to reverse the harm that has been done, but investing in this paradigm shift will lead to meaningful changes for systems, communities, and individuals—perhaps long after our efforts begin, just as the trauma we seek to heal began far before we—as individuals—were here.

Section 1: Relationship- and Engagement-Centered Assessment, Interventions and Healing

Safe, stable, and nurturing relationships are foundational to preventing and healing trauma. Addressing the negative impacts of trauma requires a central focus on building and restoring healing relationships. 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. Such relationships are dependent on the proactive and positive engagement of individuals, families, and communities and are an integral component to any community effort, program, or service. Yet, often, such relationships are not experienced by many today.

The Department of Health Care Services, the Department of Public Health, the California Department of Education and other departments serving populations that are reached through Prop 64 should require that organizations funded through Prop 64 integrate relationship- and engagement-centered assessment, interventions, and healing into organizational culture, programs, and services. These departments should require that funded local entities:

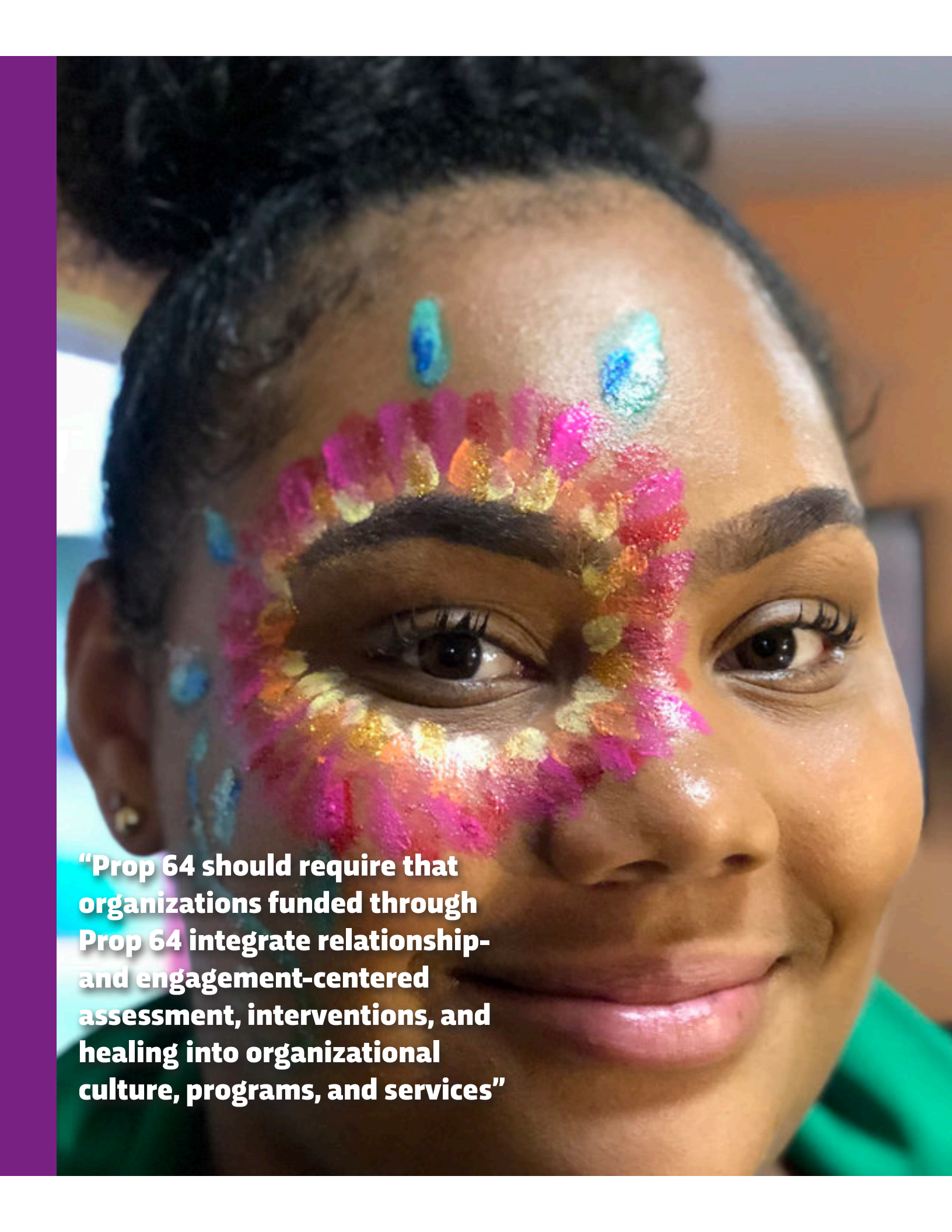
- 1.1 **Prioritize relationship- and engagement-centered healing** as a central component to any community effort, program, or service. Specifically, agencies should:
 - a) engage youth, families and caregivers (including those with young children in their care), and communities as partners in defining their own needs and by maximizing their autonomy, voice, and choice in planning, developing, implementing, and/or evaluating strategies for healing trauma;

- b) restore community relationships through systems and practices that truthfully acknowledge the impacts and origins of community and historic trauma caused by state and federal policies, including the war on drugs, and take corrective steps to repair the resulting harm and promote resilience and reconciliation, such as healing circles, vigils, restorative practices,²⁶ truth and reconciliation practices, engagement

²⁶ Restorative practices focus on reducing or repairing harm rather than on punishing an individual. The goal of restorative practices is to help all involved to understand what has happened, explain any logical repercussions, and heal as a community.



“The recommendations set forth here are intended to ensure that communities and programs funded through the Prop 64 Youth Fund meaningfully reflect a culturally responsive, racially just, healing-centered and trauma-informed approach”



“Prop 64 should require that organizations funded through Prop 64 integrate relationship- and engagement-centered assessment, interventions, and healing into organizational culture, programs, and services”

in the arts, community dialogues, and rites of passage initiations;

- c) practice positivity, empathy, and connection when working with children and youth, their families and caregivers, and communities by identifying and celebrating individual, family, community and cultural strengths, building trust, and embodying authenticity;
- d) create environments where all children and youth, their families and caregivers, and communities feel safe, connected, and supported, and the skills critical to building resilience are modeled and taught; and
- e) cultivate a sense of community among staff, children and youth, and their families and caregivers (e.g., welcoming people on arrival, acknowledging distress with compassion, community building circles, sharing meals, celebrating successes).

1.2 **Recruit and retain well-trained staff** who reflect the diversity and lived experience of the children and youth, their families and caregivers, and communities served and provide continuity of care between staff and those they serve whenever possible. Specifically:

- a) proactively find and hire people who reflect the lived experience of communities and ensure such persons hold decision-making positions;
- b) create supportive relationships between leadership and their staff that includes valuing the voice and experiences of staff in leadership decisions;
- c) develop and maintain organizational structures that support staff in their own healing and well-being so that they can attend to the emotional well-being of others;
- d) provide mentorship, professional development, and guidance to ensure staff are successful in their role;
- e) promote diversity and inclusion of people of color and other under-represented groups across all levels of the organization, including leadership; and
- f) ensure staff members are paid a competitive wage commensurate with their experience and offer benefits and appropriate costs-of-living in the promotional pay during service tenure.

1.3 **Implement relationship- and engagement-centered trauma screening and assessment²⁷ practices**, where trauma screening is designed to locate and identify the possibility of trauma, and trauma assessment is a more comprehensive, ongoing and collaborative process used by a mental health

²⁷ Trauma screening is designed to locate and identify the possibility of trauma. A trauma assessment is a more comprehensive, ongoing, and collaborative process used by a mental health professional to understand the nature, duration, and intensity of trauma.

professional to understand the nature, duration and intensity of trauma. Trauma screening and assessment practices must acknowledge that children are part of, and deeply affected by, their larger families. As such, assessments of both the individual child and their family context must be included in these practices and trauma screening and assessment of parents and caregivers should be performed or facilitated. Both trauma screening and assessment must:

- a) reflect a culturally responsive, healing-centered and trauma-informed approach so as not to pathologize people and communities;
- b) first establish connection and trust prior to implementing any trauma screening or assessment protocol;
- c) view trauma screening and assessment as a relationship-building and engagement tool, not just as a diagnostic tool;
- d) use valid, developmentally and culturally appropriate trauma screening and assessment tools;
- e) include questions about individual, family, community and cultural strengths, resources, supports, aspirations, goals, and well-being in addition to trauma history and related substance use or behavioral health symptoms;
- f) be anchored to individual's and/or family's expressed goals, needs, priorities, capacity, and context and incorporated into a family-centered plan;
- g) be coordinated across agencies and providers, conducted only to the extent it is necessary and beneficial to the individual/family, and used to identify a specific need to address and develop a specific treatment plan and resources to address that need; and
- h) in the case that a child is living in a family where other children and/or family members have experienced or are experiencing trauma, integrate, coordinate, possibly co-locate, and create collaborative care plans for services that involve the care of children and their adult family members.

1.4 Implement evidence-based, promising, and/or community-driven practices that help individuals and communities engage, cope with adversity, heal trauma, and thrive, to include:

- a) Whenever funds are available, the departments should ensure that eligible providers secure funding for covered services from Medi-Cal and other funding sources, where clients are eligible, so that Prop 64 funds not be used for services already covered by Medi-Cal and other funding sources.

- b) Agencies, tribal entities or communities developing and implementing promising practices and/or community-driven practices that have yet to collect comprehensive evidence of effectiveness, must leverage established elements of effective practices. These elements include:
 - i) exploring and developing a positive self-identity and self-compassion regarding the origins of trauma and its impact, including promoting and/or restoring a connection to and sense of cultural identity, which has been shown to have a positive impact on mental health outcomes;
 - ii) understanding the impact of community and historical trauma and using community engagement to further social action to address structural imbalances of power;
 - iii) emphasizing and building upon individual, family, and community strengths, resources, and supports;
 - iv) fostering supportive relationships among families, peers, elders, and community mentors, particularly with others that share cultures and identities;
 - v) utilizing behavior-change strategies that focus on healing from adaptive behaviors related to trauma (e.g., substance abuse, social isolation) and anchored to the goals and desires of the individual (e.g., motivational interviewing techniques and coaching, customized treatment planning, addressing individual- and community-level barriers to change);
 - vi) building the skills to understand trauma triggers and safely process the impact of trauma, including: relaxation and self-regulation strategies, cognitive coping strategies, facing up to situations in real life that are causing distress, cognitive restructuring strategies, planning on and participating in pleasurable activities, participating in traditional cultural practices, and effective problem-solving strategies;
 - vii) implementing culturally responsive, multi-generational approaches that address the trauma of families/caregivers and improve parenting skills in order to improve outcomes for vulnerable children and youth, including through linking to expanded trauma-informed primary and behavioral health care services for adults to be coordinated alongside care focused on children;
 - viii) taking into account that treatment for substance use disorder has been shown to be significantly more effective if co-occurring

trauma is addressed as part of the treatment;²⁸ and providing opportunities for fun, creativity, sports, spirituality; and

- ix) self-expression (e.g., art, music, theatre, mind-body, or dance/movement-based activities).
- c) agencies or communities implementing evidence-based and/or promising practices, must leverage existing databases, including:
 - i) National Child Traumatic Stress Network (NCTSN)'s Treatments That Work: Interventions;
 - ii) Substance Abuse and Mental Health Services Administration (SAMHSA)'s National Registry of Evidence-based Programs and Practices (NREPP); and
 - iii) California Evidence-Based Clearinghouse for Child Welfare (CEBC).

Section 2: Training and Capacity Building

Implementing an effective healing-centered and trauma-informed approach requires training and capacity building for staff within state departments, local entities, and tribal entities serving the children, families, and communities that are reached through Prop 64. This training and capacity building requires ongoing coaching, support, and built-in mechanisms for reflection and repair and to ensure ongoing accountability. The research on addressing and preventing adverse childhood experiences, adverse community environments and experiences, toxic stress, trauma and effective healing-centered and trauma-informed approaches must be translated and communicated across sectors from state leadership to front line staff. Training and capacity building may be especially critical in smaller, under-resourced organizations in both urban and rural areas.

The California Department of Health Care Services, the California Department of Public Health, the California Department of Education and other departments serving populations that are reached through Prop 64 funds should **require and fund widespread state and local training and capacity building regarding a healing-centered and trauma-informed approach**. They should:

2.1 Provide training and ongoing coaching and/or consultation²⁹ to state

28 Dass-Brailsford, P. M., Amie C. (2010). Psychological Trauma and Substance Abuse: The need for an integrated approach. *Trauma, Violence, & Abuse* 11(4): 202-213.

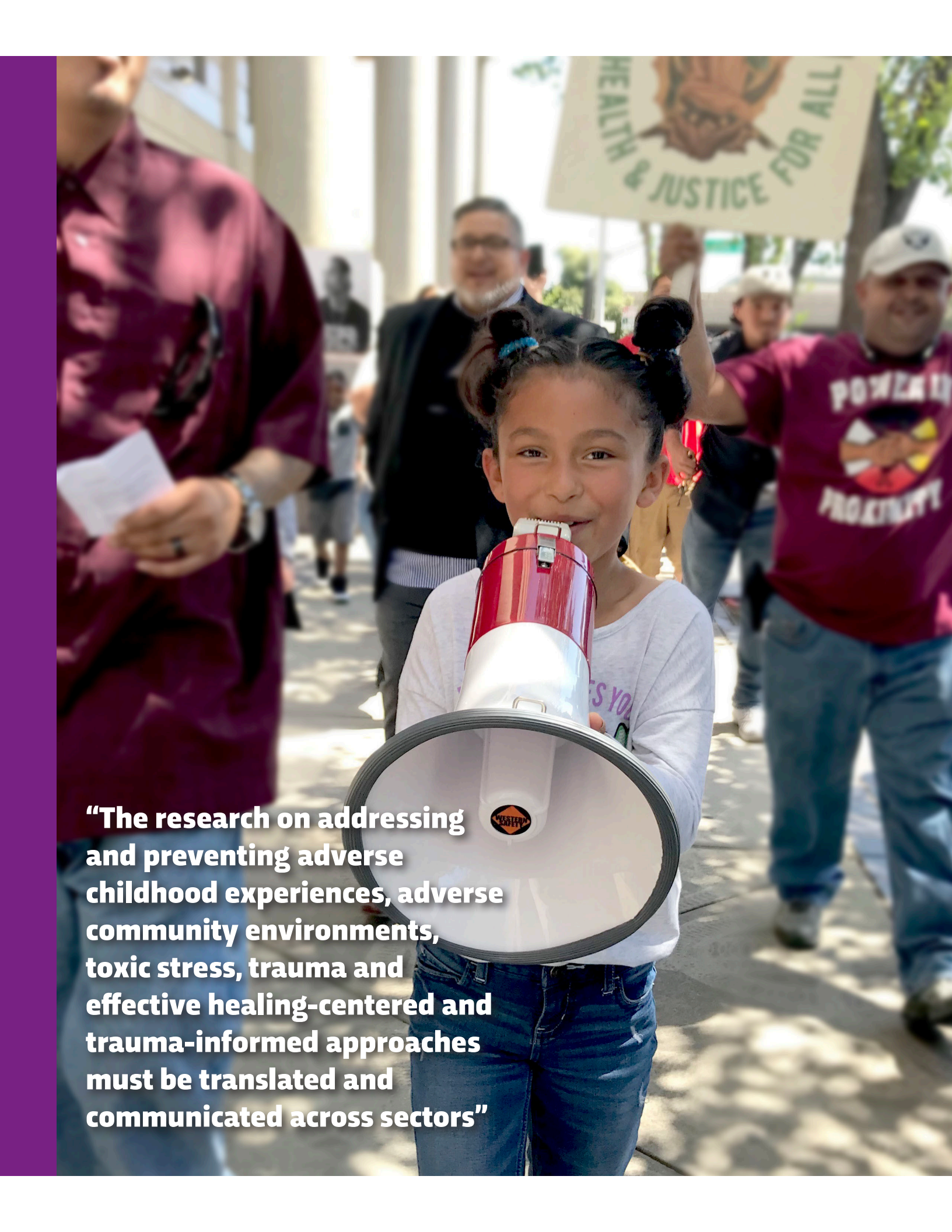
29 Training is the act of providing a standardized curriculum, adapted to different populations that covers the area and provides a common language and generalized skills. Capacity-building is ensuring that the workforce has the necessary ongoing support to provide services including reflective supervision, skill building, clinical support, and consultation. Coaching is an ongoing process of providing support and guidance relative to the implementation and sustainability of practices.

departmental employees who work with populations and communities disproportionately impacted by trauma or with the organizations directly serving these populations, regarding an effective healing-centered and trauma-informed approach. Training, coaching and capacity building activities should address the following content areas and competencies:

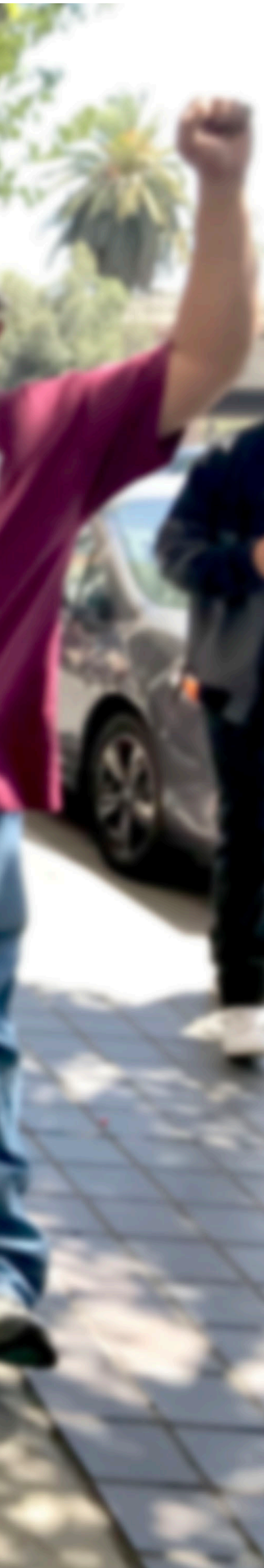
- a) key definitions and concepts, including adverse childhood experiences, adverse community environments and experiences, toxic



“Promote recruitment and retention of well-trained staff who reflect the diversity and lived experience of the children and youth, their families and caregivers, and communities served and provide continuity of care between staff and those they serve whenever possible”



“The research on addressing and preventing adverse childhood experiences, adverse community environments, toxic stress, trauma and effective healing-centered and trauma-informed approaches must be translated and communicated across sectors”



stress, trauma (i.e., individual, developmental, community, historical, and secondary trauma), and individual, family, and community resilience;

- b) the impact of trauma on the health and well-being of individuals, families and communities, including the neurobiology and epigenetics of trauma, particularly with respect to intergenerational, perinatal, and early childhood exposures, and the strong connection between trauma and substance abuse;
- c) the intergenerational relationship between trauma-impacted families/caregivers and their children/youth and the need and ability to implement multi-generational approaches that promote healing for both families/caregivers and their children/youth as well as prevent further trauma;
- d) that a healing-centered and trauma-informed approach can: protect against and promote recovery from the potential negative impacts of trauma; should reflect SAMHSA's concept for a trauma-informed approach and its six guiding principles; and must be reflected at the interpersonal, organizational, and systems levels, including grantmaking, contracting, and accountability processes;
- e) that for any system, policy, organization, agency, or community collaborative to be healing-centered and trauma-informed approach, it must be culturally responsive and racially just;
- f) the interpersonal skills needed to implement a healing-centered and trauma-informed approach, including creating safe physical, social, and emotional environments; cultivating compassionate and dependable relationships; fostering conditions for collaboration and empowerment; developing self-regulatory capacities of staff as well as of those served; honoring and building upon individual and community strengths and resiliencies, and practicing cultural responsiveness;
- g) that community-level strategies needed to address community trauma and promote community resilience, health and racial equity, include: acknowledging the impacts and origins of community and historical trauma caused by discriminatory state and federal policies; taking corrective steps to make amends and repair the resulting harm which is central to promote resilience and restore trust and achieve reconciliation; restoring a connection to and sense of cultural identity; remedying barriers to meet basic needs for food, clothing, shelter, and employment; providing access to drug and alcohol-free reentry housing and communities; improving educational and economic opportunities; connecting individuals to supportive relationships in the community that promote self-worth and safe, healthy behaviors; and improving the physical environment to create spaces for safe and positive interactions; and

- h) that the experience of and effective response to trauma is community-specific and most effective when developed, implemented, and evaluated in collaboration with fairly compensated and community members to build on their knowledge, expertise, and leadership, particularly where inequity and historical trauma are present.

2.2 Require that funded local entities, including county and tribal employees and local community-based organizations, receive training and ongoing coaching/consultation to adopt and implement a healing-centered and trauma-informed approach with the goal of creating organizational and cultural change. This should include funds to engage, build the capacity of, and compensate, trusted local professionals, particularly in rural or underserved communities, who are also representative of the community, to provide training and support proximate to where services are located so that local entities are able to:

- a) educate all organizational leadership and staff regarding the impact of trauma on the health and well-being of children, families/caregivers, staff, organizations, and communities (see Recommendation 2.1);
- b) ensure cultural responsiveness by hiring, training, and retaining a healing-centered and trauma-informed workforce, including staff who are representative and have shared lived experience of communities served;
- c) integrate a healing-centered and trauma-informed approach into the organizational culture, policies, and practices;
- d) work to restore community relationships, for communities directly impacted by community and historical trauma, through systems and practices that truthfully acknowledge the impacts and origins of this trauma caused by state and federal policies, including the war on drugs, and take corrective steps to repair the resulting harm and promote resilience and reconciliation;
- e) develop leadership learning communities focused on understanding and supporting organizational change and participatory practices that include formalized feedback loops from the community and line staff and processes to incorporate that feedback into ongoing and structural changes;
- f) train staff on relationship- and engagement-centered assessment, intervention, and healing practices (see Section 1);
- g) develop and adopt workplace policies and practices that build the capacity of staff to strengthen their own healing and well-being,

attend to the emotional and spiritual well-being of others, and integrate healing practices into the day-to-day engagement with children and youth, their families and caregivers, and communities; and

- h) monitor and evaluate the impact of a healing-centered and trauma-informed approach on community-level, organizational, and individual outcomes for staff and individuals served (see Section 4).

2.3 **Support and fund the development and retention of a community-based, healing-centered and trauma-informed workforce** for organizations working with children and youth, their families and caregivers, and communities impacted by trauma. Specifically, they should:

- a) fund training programs in communities that were disproportionately impacted by the war on drugs/state and federal drug policies, including urban communities ravaged by mass incarceration and rural communities where illegal drug manufacturing fueled intergenerational substance use and degraded the environment, to support community members to become paid peer counselors and paid community health workers³⁰ for children and youth, and their families and caregivers;
- b) support diversity and inclusion by providing funding to organizations in rural and underserved areas to support the hiring, training, coaching/mentorship, retention, and advancement into leadership of this workforce across all levels of an organization; and
- c) address barriers to entering the workforce to ensure that persons with lived experience and who are system-impacted, are prioritized, encouraged, and not excluded.

2.4 **Require local government entities that receive state funds to contract with local community-based and tribal entities, support rural and other underserved communities to establish community-based services, and prioritize communities that were disproportionately impacted by the war on drugs/state and federal drug policies and substance abuse.** During the first several years, provide funding to these organizations so they may build their capacity to increase or improve their service to their communities. This should include sufficient funds to build and maintain the underlying infrastructure needed for these organizations to achieve the standards identified in Recommendation 2.2 above, including:

30 Community health workers, including promotores, provide direct service within a local community. They may not have formal education in public health or health care services but are usually from and/or have a deep knowledge of the local community. Community health workers are adequately compensated and receive ongoing training and support to perform basic health services and screening, give guidance and counseling, and serve as a point of connection between community members and other health care providers.

- a) the board of the organization is representative of the community being served, and is trained and fully supported to provide reliable governance and fiduciary oversight for the organization;
- b) the organization has financial systems in place to comply with financial requirements and provide appropriate documentation when needed; and
- c) the organization has the capacity to gather, maintain, and analyze data to demonstrate the efficacy of its approaches, integrate evidence-based and/or other promising practices into its services as appropriate, and craft proposals for future funding.

2.5 **Establish a state-level clearinghouse** that curates and shares effective resources and provides tailored guidance to cultivate a healing-centered and trauma-informed approach. This clearinghouse should be established in collaboration with other leading initiatives and include:

- a) a listing of professional trainers that are representative of diverse communities across the state and a calendar of professional training events for healing-centered and trauma-informed approaches, healing-centered and trauma-informed leadership and sustaining systems/organizational change, and including approaches appropriate for very young children;
- b) organizational planning documents, example memorandum of understandings, budgets and contracts and strategic planning tools to support building and sustaining healing-centered and trauma-informed organizations/systems;
- c) access to databases on trauma screening and assessment tools and interventions, including evidence-based, promising, and community-driven practices to address trauma and support individual, family and community resilience and healing (See Section 1); and
- d) access to existing data to inform community efforts as well as qualitative and quantitative evaluation tools and methods to guide collection of data and create metrics and methods to assess trauma, and individual, family, and community resilience and evaluate the impact of healing-centered and trauma-informed approaches (See Section 4).

Section 3: Cross-Sector Collaboration

People with significant trauma histories often present with a complexity of needs requiring varying services across multiple service sectors. People living

in trauma-impacted, under-resourced, and over-surveilled communities are faced with challenges of moving through fragmented and highly punitive and inequitable systems that often fail to address their underlying needs. Simultaneously, these same communities are held culpable for how they cope with the neurobiological, social, and psychological impact of the trauma that results from systems failures and harm, which includes substance abuse. This victim-blaming stance is commonplace and studied as a consistent phenomenon in society whenever a subgroup is discriminated against and subjugated (people of color, women, people with disabilities, etc.). Cross-sector collaboration is necessary to facilitate a coordinated response dedicated to healing, ending harm, and ensuring health and racial equity³¹ as well as continuity of care. Such collaboration also reduces the risk of re-traumatization by preventing individuals from having to repeatedly retell their histories of trauma when they do not wish to or being unable to receive needed services due to barriers to securing needed referrals and services. For success, cross-sector collaboration must be guided by local community stakeholders, particularly those impacted by the various systems of care.

The California Department of Health Care Services, the California Department of Public Health, the California Department of Education and other departments serving the children, youth, families/caregivers that are reached through Prop 64 should **require and support cross-sector collaboration at the state, local, and tribal levels** to engage and elevate the voice and leadership of vulnerable youth, their families and caregivers, entities representing vulnerable children, and other community stakeholders to streamline approaches for trauma-impacted populations and communities. These agencies should:


- 3.1 **Conduct an interdepartmental assessment** to determine the extent to which state agencies, funded local entities, and tribal entities implement a coordinated healing-centered and trauma-informed approach for substance use education, prevention, early intervention, treatment, and recovery programs and services. This assessment should follow training for state departmental staff (described in more detail in Section 2.1) and:
 - a) prioritize community engagement,³² early and often, with key stakeholders, including: vulnerable children and youth, and their families and caregivers; those who use, provide, and have expertise

31 Health and racial equity includes efforts to ensure that people who have been subjugated or marginalized, and particularly due to race, have full and equal access to opportunities that enable them to lead healthy lives. Specifically, equal access involves ensuring that barriers to access are removed for all, which may mean providing more resources for individuals with greater barriers to access opportunities.

32 The process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests or similar situations to address issues affecting their well-being. Community engagement includes, but is not limited to: public meetings and forums for community stakeholders to influence program development, implementation, and evaluation; interactive program feedback/evaluation with impacted communities; identifying and working with community liaisons and cultural brokers who can bring stakeholders to the table; creating community advisory boards to provide guidance and oversight of funded programs.



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



in substance use education, prevention, early intervention, treatment, and recovery for youth and families; and those with expertise in healing-centered and trauma-informed approaches;

- b) recognize and acknowledge harm caused to vulnerable children and youth, and their families and caregivers as a result of past federal and state drug policies;
- c) identify, collect and compare data regarding county- and local-level indicators of trauma and resilience among children, youth, families, and communities (as described in Section 4.1);
- d) identify the strengths and limitations, as well as barriers and redundancies, to minimize the burden on individuals and families to receive trauma-informed and healing-centered services across state departments, local entities, and tribal entities;
- e) build on assessments conducted by organizations or groups represented by the community stakeholders above to reduce repetitive surveys and assessments;
- f) identify and assess critical decision-points in the coordination and provision of programs and services that are most vulnerable to individual and systemic bias, and establish criteria, in collaboration with key stakeholders, for addressing and minimizing this bias and promoting health and racial equity at these critical decision points; and
- g) identify opportunities for improved collaboration across state departments, local entities, and tribal entities to optimize policies, programs, and services.

3.2 **Establish an interdepartmental plan** that builds on and integrates with existing efforts in California. The plan should advance a shared vision and priorities for state agencies to recognize and acknowledge harm caused to vulnerable children and youth, and their families and caregivers as a result of past federal and state drug policies and to address trauma as a root cause of substance abuse with a specific focus on the prevention and healing of trauma through a healing-centered and trauma-informed approach. This plan should:

- a) prioritize community engagement of key stakeholders, including: vulnerable children and youth, and their families and caregivers; those who use, provide, and have expertise in substance use education, prevention, early intervention, treatment, and recovery for young children, youth and families; and those with expertise in healing-centered and trauma-informed approaches in all aspects of the interdepartmental planning process;
- b) include shared definitions of individual, developmental, community, historical and secondary trauma; individual, family and community

resilience; cultural responsiveness; healing-centered and trauma-informed approach, and other key concepts central to an effective healing-centered and trauma-informed approach (see Appendix C);

- c) reflect SAMHSA's concept and six guiding principles for a trauma-informed approach and an understanding of the process of ending and healing from trauma;
- d) prioritize investments in vulnerable children and youth (ages 0-26), their families and caregivers, and communities disproportionately impacted by trauma;
- e) require and fund the integration of relationship- and engagement-centered assessment, intervention, and healing into any community effort, program, or service (as described in Section 1);
- f) require and fund widespread state, local, and tribal training and capacity building, including consultation and/or coaching, regarding a healing-centered and trauma-informed approach that is led by trusted local professionals who are representative of the community (as described in Section 2);
- g) advance opportunities for improved collaboration across state departments, funded local entities, and tribal entities to optimize policies, programs, and services;
- h) require and fund learning-centered innovation, measurement, and evaluation of healing-centered and trauma-informed approaches (as described in Section 4) that address the whole child and their families; and
- i) be reviewed and updated annually by the departments and stakeholders that contributed to the plan.

3.3 Require that funded local entities adhere to the following criteria to improve local collaboration across sectors, agencies, and departments:

- a) engage and compensate youth, families (including those of very young children), caregivers, and communities who are directly impacted by the services provided and those who are most knowledgeable about the communities being served in all aspects of program planning, development, implementation, monitoring, and evaluation;
- b) create collaborative resource and system maps whereby representatives from multiple sectors, agencies, departments, and governments work together to identify local resources, determine how individuals move through systems, identify gaps, and redundancies in these systems, and establish "through-any-door systems of care";

- c) collaborate across sectors, agencies, departments, and governments through a multidisciplinary community coalition or team meetings, co-located services, cross-training opportunities, jointly-developed protocols for collaborative services, and technologies or tools that enable more effective communication between systems;
- d) establish partnerships and ensure collaboration between entities working with children/youth and with families/caregivers, including adult medical and behavioral health care providers, to address multi-generational trauma; and
- e) ensure that key decision-makers within systems and across sectors are directly involved in collaborative processes; and share common evaluation measures, tools and data across sectors, agencies, or departments.

Section 4: Learning-Centered Innovation, Measurement and Evaluation

At this formative stage of discovery and implementation of healing-centered and trauma-informed approaches, an enduring and purposeful infrastructure is needed to continuously foster meaningful reflection, learning, innovation, and support for scaling of innovations as they emerge. There is a pressing need to fund a technical assistance infrastructure that enables communities to engage and reflect on existing and emerging data, make meaning of this data, and then generate and improve upon innovative approaches. There is a specific need to generate evidence for community-driven practices that aim to address historical and community trauma, as well as approaches for creating healing-centered and trauma-informed organizations.

The California Department of Health Care Services, the California Department of Public Health, the California Department of Education and other departments serving children, youth, families/caregivers that are reached through Prop 64 should **require and fund the collection, monitoring and communication of county-/local-level trauma and resilience indicators**, and a learning-centered innovation, measurement and evaluation framework and process for healing-centered and trauma-informed approaches. This work should:

- 4.1 **Support data collection and monitoring of county-/local-level indicators and measures** on trauma, resilience, and well-being. Use existing measures where possible and create new measures where needed (see Appendix D for example county-/local-level indicators). Where possible, data should be disaggregated by socio-demographic variables such as gender identity, race

and ethnicity, tribal affiliation, sexual orientation, income, and geographic distribution.

- 4.2 **Fund communication platforms and materials** (e.g., webinar series, online video platforms, convenings, data dashboards and briefs) that make data on trauma and resilience readily available to state and local stakeholders. Where possible, data should be disaggregated by socio-demographic variables such as gender identity, race and ethnicity, tribal affiliation, sexual orientation, income, and geographic distribution.
- 4.3 **Fund the development of an inquiry and evaluation model** that itself can facilitate healing and support funded local entities in their work to:
 - a) prioritize the process of engaging vulnerable children and youth, and their families and caregivers to reflect and make meaning of their own lived experience of trauma, resilience, and healing-centered and trauma-informed approaches;
 - b) center the narratives of vulnerable children and youth, and their families and caregivers in the design, implementation, and evaluation of healing-centered and trauma-informed approaches;
 - c) select metrics and methods to assess the organizational/systemic impact of healing-centered and trauma-informed approaches; metrics and methods must be determined by the community (see Appendix E for some existing organizational assessment tools);
 - d) where individual outcomes are assessed, evaluate the impact of healing-centered and trauma-informed approaches on an individual's experience of the process, not just their behavior change. This includes, but is not limited to, whether an individual served by an agency: feels safe; feels empowered; feels valued, cared for and



loved; feels strengths are acknowledged; believes the organization is culturally responsive; trusts the organization, staff, and leadership; and

- e) where intergenerational trauma is being assessed and treated, include the following evaluation metrics: increased access and linkage to medical and behavioral health care for parents/caregivers of trauma-affected children; improved training for providers to address multigenerational trauma in working with both youth and their families/caregivers; increased use of collaborative care plans to align the coordination of services for youth and their families; increased use of evidence-based practices for addressing family healing from trauma (e.g., family conferencing, parent-child psychotherapy, trauma-informed substance use and mental health interventions for adults).

4.4 Support funded local entities to assess, learn, and improve on their implementation of healing-centered and trauma-informed approaches using the inquiry and evaluation model above.

- 4.5 Establish and fund learning cohorts of local entities to develop, evaluate, and share innovative healing-centered and trauma-informed approaches and relationship-centered engagement and healing practices.** Learning cohorts should be selected to launch and test innovative approaches with the support of technical assistance providers to guide the planning, implementation, evaluation, and sharing of lessons learned regarding innovative healing-centered and trauma-informed approaches and relationship- and engagement-centered assessment, intervention, and healing practices. Innovative approaches may include: a new strategy for community engagement, a cross-sector collaboration to streamline services, implementation of an organizational assessment of healing-centered and trauma-informed approaches for a unique population/organization, piloting a new culturally responsive screening tool, piloting a community-driven practice, evaluating participation in traditional cultural practices, and/or exploring the most effective way to provide effective multi-generational care, etc. Findings from these learning cohorts should be shared with communities to promote transparency of process and as ongoing invitations to collaborate.

APPENDICES

APPENDIX A: ADVISORY COMMITTEE MEMBERSHIP

Advisory Committee Membership

A multidisciplinary Advisory Committee, consisting of state and national advocates, California community-based organizations, providers and academics with a high level of commitment and expertise regarding healing-centered and trauma-informed approaches, was convened to provide guidance in the development of this set of recommendations regarding supporting healing-centered and trauma-informed approaches in the spending of certain Prop 64 marijuana tax initiatives funds. No individual member of the Advisory Committee should be considered as endorsing all the recommendations.

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“There is a specific need to generate evidence for community-driven practices that aim to address historical and community trauma, as well as approaches for creating healing-centered and trauma-informed organizations”







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APPENDIX B: METHODOLOGY UNDERTAKEN TO DEVELOP THESE RECOMMENDATIONS

These recommendations were developed by the Child and Adolescent Health Measurement Initiative (CAHMI) staff and consultants in collaboration with an Advisory Committee (see Appendix A) that was assembled and facilitated by the CAHMI in collaboration with the California Campaign to Counter Childhood Adversity (4 CA). These recommendations are tailored for purposes of influencing Prop 64 expenditures building on existing work in California and directly integrate and adopt a framework and recommendations included in a national agenda to address adverse childhood experiences and promote healing and prevention that was developed through a multi-year and cross-sector agenda-setting process carried out with the CAHMI leadership. Integrated into this work was an updated environmental scan and information on policy innovations and efforts reflective of the many taking place nationally and in other states and communities in the US. Established in 1996 to promote the early and lifelong health of children, youth and families, the CAHMI has been based at Johns Hopkins University since 2014 and has worked in the California policy arena since is beginning.

Further Background

From 2013–2017, the CAHMI initiated and led with Academy Health a multi-year process that engaged more than 500 people across multiple sectors in a rigorous process to establish a national agenda to address adverse childhood experiences and promote positive child health and well-being. The process began with the first-ever available national and state-level data on ACEs, resilience, and family functioning from the 2011–12 National Survey of Children's Health; which the CAHMI was integral in the development of. To develop the agenda, 72 distinct activities took place and included a series of in-person meetings and listening forums along with several rounds of online crowdsourcing to identify goals and priorities across 10 stakeholder groups. The National Agenda to Address ACEs was recently published in Academic Pediatrics and available online here: [https://www.academicpedsjnl.net/article/S1876-2859\(17\)30354-6/pdf](https://www.academicpedsjnl.net/article/S1876-2859(17)30354-6/pdf).

The final agenda developed through this CAHMI/Academy Health process elevated the four priority areas that are emphasized in these draft recommendations.

The CAHMI leadership has continued to participate in national and state policy meetings across the United States with the Robert Wood Johnson Foundation and the Campaign for Trauma-Informed Policy and Practice, among others, to further refine and operationalize these policy priorities as well as payment reforms in collaboration with Academy Health, the Children's Hospital Association, and this project supported by The California Endowment.

The specific policy recommendations that are presented in this document build upon these activities. The CAHMI staff and consultants conducted interviews with 20 key stakeholders in California to gather input on these priority areas in the process of developing an Advisory Committee. Additionally, the CAHMI staff and consultants conducted an environmental scan and synthesis of policies, reports, and academic articles for each priority area. The final recommendations will reflect additional future critical input from an Advisory Committee of 20 local, state, and national experts assembled for the purpose of making these Prop 64-related policy recommendations.

APPENDIX C: GLOSSARY OF TERMS

Please Note: The following definitions were adapted from multiple sources for purposes of this set of policy recommendations.

ADVERSE CHILDHOOD EXPERIENCES (ACES): Include a range of experiences that occur during childhood, often within the context of the family. ACEs include physical, sexual, and emotional abuse; physical or emotional neglect; witnessing domestic violence; household substance misuse, illness, incarceration; parental death, separation/divorce or other child separation or threat of separation from the family; including family rejection because of a child's sexual orientation or gender identity. In early childhood, the toxic stress and trauma that results from ACEs when these experiences are not buffered by safe, stable, and nurturing caregiver relationships are documented to impair the structure and function of the developing brain leading to disruptions in attachment, emotional regulation, attention, and behavior. Structural imbalances of power at the community level increase the risk factors that make adverse childhood experiences more likely to occur and reduce resilience factors which are protective against the impact of adverse childhood experiences.

ADVERSE COMMUNITY ENVIRONMENTS AND EXPERIENCES: Environments and experiences that include structural imbalances of power affecting: concentrated poverty, limited economic mobility, institutional and systemic racism and discrimination, threats of deportation, inadequate education opportunities, poor housing conditions, and community violence and substance use. Adverse community environments and experiences increase the risk factors that make adverse childhood experiences more likely to occur and reduce resilience factors which are protective against the impact of adverse childhood experiences. Adverse community environments and experiences also disrupt stress physiology. Stressors associated with institutional and systematic racism and discrimination have a profound and emotionally painful impact on one's identity and value.

COMMUNITY ENGAGEMENT: The process of working collaboratively with groups of people who are affiliated by geographic proximity, special interests, or

similar situations to address issues affecting their well-being. Community engagement includes, but is not limited to: public meetings and forums for community stakeholders to influence program development, implementation, and evaluation; interactive program feedback/evaluation with impacted communities; identifying and working with community liaisons and cultural brokers who can bring stakeholders to the table; creating community advisory boards to provide guidance and oversight of funded programs.

COMMUNITY HEALTH WORKERS: Direct service health workers within a local community, including promotores, who may not have formal education in public health or health care services but are usually from and/or have a deep knowledge of the local community. Community health workers are adequately compensated and receive ongoing training and support to perform basic health services and screening, give guidance and counseling, and serve as a point of connection between community members and other health care providers.

COMMUNITY RESILIENCE: The inherent capability of all communities to recover from and/or thrive despite the prevalence of adverse conditions. Supporting community resilience involves facilitating community resources and rituals that promote healing from past trauma and protect against future trauma. Strategies to create these conditions focus on building political power and improving the social-cultural environment, the physical built environment, and the economic environment.

COMMUNITY TRAUMA: The concept that entire communities are trauma-impacted. Community trauma is not just the aggregate of individuals in a neighborhood who have experienced trauma, but rather the manifestations of trauma at the community level often evidenced by such factors as adverse community environments and experiences.

COMMUNITY-DRIVEN PRACTICES: Programs and strategies that are derived from the traditional practices of a particular racial, ethnic, or cultural community and have been determined effective by the community, are based on the community's ideas of illness and healing, and that target members of that community. These practices may also be evidence-based or promising, or have been adapted

from such practices to be more applicable to the community. They may also be based on or include aspects of indigenous or traditional healing practices, rituals, ceremonies, and beliefs.

CULTURALLY RESPONSIVE: Staff and organizations proactively, respectfully, and with humility, seek to understand cultural differences, including beliefs and practices, experiences of and reactions to trauma, and involvement with service provision. It also involves acknowledging and working to undo structural imbalances of power. This understanding, which is an ongoing process, is integrated into policies, programs, and services to meet the unique needs of diverse cultures and identities. Being culturally responsive also includes meeting the language needs of non-English-speaking communities and considering the reading level for all materials. In addition, being culturally responsive includes acknowledging the fundamental societal imbalance between youth and adults and valuing the complementary contributions of each party.

CULTURES AND IDENTITIES: Includes, but is not limited to, groups and experiences, and their intersectionality, based on race, ethnicity, sex, sexual orientation, gender identity and expression, age, religion, socioeconomic status/social class, immigration status, language, nationality, disability, and rural/urban geography.

DEVELOPMENTAL TRAUMA: Trauma that occurs during childhood, particularly within the family or other close relationships, and can disrupt many aspects of the child's development and the formation of a sense of self. Since the trauma often occurs with a caregiver, the child's ability to form a secure attachment can be disrupted. Many aspects of a child's healthy physical and mental development rely on this primary source of safety and stability.

EVIDENCE-BASED PRACTICES: Programs and strategies that have been found effective at improving positive or preventing negative health outcomes, using rigorous scientific research methods. Programs and strategies may be evidence-based across all populations, or only for particular cultures and identities.

FAMILY RESILIENCE: The capability of families to adapt and thrive in the face of adversity and trauma.

Family resilience is a dynamic process by which families cultivate and draw upon internal strengths and external supports to positively face challenges and adversity.

HEALING-CENTERED AND TRAUMA-INFORMED APPROACH: A paradigm shift and pathway for organizational culture change necessary to reverse the repetition and recreation of trauma and to foster resilience and well-being. It is a relational approach whereby a system, organization, or collaborative is centered on the collective healing and resilience of its community, staff, clients, or participants. A healing-centered and trauma-informed approach is also aligned with best science on the need for and effective methods to prevent, address and heal from endemic levels of individual and community trauma. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), an organization is trauma-informed when it

“...realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures and practices; and seeks to actively resist re-traumatization.”

SAMHSA's trauma-informed approach reflects adherence to six key SAMHSA principles that address both the prevention and healing of trauma. These include: (1) creating a culture of physical and psychological safety for staff and the people they serve; (2) building and maintaining trustworthiness and transparency among staff, clients, and others involved with the organization; (3) utilizing peer support to promote healing and recovery; (4) leveling the power differences between staff and clients and among staff to foster collaboration and mutuality; (5) cultivating a culture of empowerment, voice, and choice that recognizes individual strengths, resilience and an ability to heal from past trauma; and (6) recognizing and responding to the cultural, historical, and gender roots of trauma. In considering this SAMHSA description, it is essential to take into account that, if a healing-centered and trauma-informed practice or policy is not culturally

responsive and racially just, it is not trauma-informed.

HEALTH AND RACIAL EQUITY: Efforts to ensure that people who have been subjugated or marginalized, and particularly due to race, have full and equal access to opportunities that enable them to lead healthy lives. Specifically, equal access involves ensuring that barriers to access are removed for all, which may mean providing more resources for individuals with greater barriers to access opportunities.

HISTORICAL TRAUMA: Refers to the cumulative harm done to an entire culture or community as a result of group traumatic experiences. Historical trauma is often transmitted across generations within families and communities. This type of trauma is associated with cultures who have suffered major intergenerational losses and assaults on their culture and well-being through institutional racism, oppression, colonization and genocide, homophobia and transphobia, and other discriminatory systems and policies, including the war on drugs.

INDIVIDUAL RESILIENCE: The capability of individuals to adapt and thrive in the face of adversity or trauma. Building individual resilience involves strengthening internal assets (e.g., social and emotional skills) and external supports (e.g., social connections, collective healing and engagement).

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 on the individual's functioning and mental, physical, social, emotional, cultural and/or spiritual well-being.

LGBTQ: LGBTQ stands for lesbian, gay, bisexual, transgender, and queer or questioning. The term also includes those with other minority sexual orientations and gender identities, such as intersex, asexual, two-Spirit, pansexual, genderqueer, and gender non-conforming.

PROMISING PRACTICES: Programs and strategies that have shown some positive results and potential for improving desired health outcomes. They may

have evidence from use in real-world settings, a strong theoretical framework, and/or expert opinion, but have not been fully replicated in scientific studies. Depending on the level of scientific evidence, these are sometimes referred to as “evidence-informed” or “emerging” practices.

RACIALLY JUST: Programs and organizations that consider the direct implications of their policies, practices, strategies, actions, beliefs, and language on individuals and communities of different races, and then work to ensure equitable and just opportunities and outcomes for all, particularly people and communities of color.

RESILIENCE: See *Individual resilience, Family resilience and Community resilience*

RESTORATIVE PRACTICES: Practices that focus on reducing or repairing harm rather than on punishing an individual. The goal of restorative practices is to help all involved to understand what has happened, explain any logical repercussions, and heal as a community.

SECONDARY TRAUMA: Exposure to the trauma responses of others which can cause exhaustion, burnout, hopelessness, psychological stress, anger, sadness, and shame. It is often found among those in “helping” occupations who work closely with individuals who have experienced trauma. Related to secondary traumatic stress is vicarious trauma or compassion fatigue, which reflects decreased ability or desire to care for others because of exposure to their responses to trauma.

TRAUMA: When an adversity or the accumulation of adversities is experienced as extremely harmful, leading to lasting and accumulating effects on individuals, families, communities, cultures, and systems. See *Individual trauma, Community trauma, Developmental trauma, Historical trauma, and Secondary trauma*.

TRAUMA SCREENING AND ASSESSMENT: Trauma screening is designed to locate and identify the possibility of trauma. A trauma assessment is a more comprehensive, ongoing and collaborative process used by a mental health professional to understand the nature, duration, and intensity of trauma.

TOXIC STRESS: Persistent exposure to adversity without adequate family and other social supports. A toxic stress response can occur when an individual's experiences strong, frequent, and/or prolonged adversity – such as adverse childhood experiences or adverse community environments and experiences. Prolonged activation of the stress response systems in children can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

VULNERABLE CHILDREN AND YOUTH, AND THEIR FAMILIES AND CAREGIVERS: Includes children and youth (ages 0-26) and their families and caregivers who are: low-income; homeless; justice-system-impacted; Native Americans and other people of color; undocumented and other immigrants; LGBTQ people; people living in communities disproportionately affected by past federal and state drug policies; youth who are or were in foster care; youth who are out of school; children and youth of substance using or teenage parents, and youth who lack access to mental health and substance use services.

APPENDIX D: EXAMPLE COUNTY-/LOCAL-LEVEL INDICATORS

The indicators below are a starting point for discussion. More work is needed to identify, define, and prioritize adversity, resilience, and well-being indicators.

Indicators	Population	Sources
Adverse Childhood Experiences (ACEs) <ul style="list-style-type: none"> Abuse and neglect <ul style="list-style-type: none"> Physical abuse Sexual abuse Emotional abuse Physical neglect Emotional neglect Living with someone mentally ill Living with someone abusing substances Parent or guardian served time in jail Parent or guardian separated or divorced Living in poverty Experienced discrimination Exposure to community violence Bullied by a peer or classmate 	0-17; 18+	NSCH; BRFSS; YRBS
Youth Social and Emotional Well-being <ul style="list-style-type: none"> Empathy Self-efficacy Self-awareness Persistence Emotional self-regulation Behavioral self-control Gratitude Zest Optimism 	0-5 Grades 3-12	NSCH; CHKS

Equitable Educational Opportunity/School Climate Preschool Enrollment Chronic Absenteeism Suspensions and Expulsions Graduation Rates AP Course Enrollment Safe, Supportive and Equitable School Climates Presence of Gay/Straight Alliances (GSAs)	Grades 6-12 County/City	CHKS
Socio-Cultural Environment Social Cohesion Trust Collective Efficacy Civic Engagement Voting and Voter Registration Rates Community Involvement Resident Stability	County/City	
Physical/Built Environment Perceived Neighborhood Safety Stable, Affordable Housing Community Gathering Spaces and Places Murals/Cultural and/or Artistic Expression Resources for Investment in the Arts	County/City	

Abbreviations: National Survey of Children's Health (NSCH); Behavioral Risk Factor Surveillance Survey (BRFSS); California Health Kids Survey (CHKS); Youth Risk Behavior Survey (YRBS); California Health Interview Survey (CHIS).

APPENDIX E: SAMPLE ORGANIZATIONAL ASSESSMENT TOOLS

Organizational Readiness and Capacity	<p><i>The Trauma System Readiness Tool, Hendricks, Conradi & Wilson (2011)</i></p> <p>The Trauma-Informed Child Welfare Practice Toolkit is designed to assist both individuals and greater systems in their efforts to create a more trauma-informed child welfare system. It includes a variety of tools and resources that are designed to provide guidance, support, and practical suggestions that can be utilized across service systems.</p>
Organizational Policies and Practices	<p><i>System of Care Trauma-informed Agency Assessment (TIAA), Thrive (2011)</i></p> <p>The Trauma-informed Agency Assessment is an in-depth, validated data-collection tool designed by dedicated family, youth, and agency staff to identify areas of strength and pinpoint areas for improving trauma-informed service. It is designed to meet agencies and communities where they are at, and to build on established successes.</p> <p><i>The TICOMETER, Bassuk, Unick, Paquette & Richard (2017)</i></p> <p>The TICOMETER, a brief assessment tool that can measure trauma-informed care (TIC) in health and human service organizations at a single point in time or repeatedly as well as determine training needs.</p> <p><i>The Trauma-informed Organizational Toolkit, National Center on Family Homelessness; Guarino, Soares, Konnath, Clervil & Bassuk (2009)</i></p> <p>The Self-Assessment is designed to help programs evaluate their practices and based on their findings, adapt their programming to support recovery, and healing among their clients.</p>
Organizational Staff and Client Attitudes	<p><i>Creating Cultures of Trauma-informed Care, Fallot & Harris (2014)</i></p> <p>16 items measure consequences of trauma-informed approaches.</p> <p><i>Developing Trauma-informed Organizations, Institute for Health Recovery (2014)</i></p> <p>20 items measure consequences of trauma-informed approaches.</p> <p><i>The Trauma-informed Climate Scale, Hales, Kusmaul, & Nochajski (2017)</i></p> <p>15 items measure consequences of trauma-informed approaches as it relates to staff experience.</p> <p><i>The Trauma-informed Practices Scale, Sullivan and Goodman (2015)</i></p> <p>22 items measure consequences of trauma-informed approaches as it relates to service user experience. 11 items measure the <i>what</i> and <i>how</i> of implementation.</p> <p><i>The Attitudes Related to Trauma-informed Care (ARTIC) Scale, Baker, Brown, Wilcox, Overstreet & Arora (2015)</i></p> <p>39 items measure beliefs of staff. 5 items measure consequences of trauma-informed approaches.</p> <p><i>Trauma-informed System Change Instrument, Richardson, Coryn, Henry, Black-Pond, Unrau (2012)</i></p> <p>3 items measure beliefs of staff.</p>

APPENDIX F: REFERENCES & RESOURCES REVIEWED (not exhaustive)

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