EXECUTIVE SUMMARY RECOMMENDATIONS ROADMAP FOR CALIFORNIA PROPOSITION 64 EXPENDITURES:

Advancing healing-centered and trauma-informed approaches to promote individual, family and community resilience

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









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 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

Project Team and Sponsor:

CHRISTINA BETHELL (Grant Principle Investigator) & Kate Powers, Child and Adolescent Health Measurement Initiative/Bloomberg School of Public Health, Johns Hopkins University STEPHANIE GUINOSSO & KELLY WHITAKER Education, Training, and Research (ETR) MARYANN O'SULLIVAN Independent Health Policy Consultant to the CAHMI

- ANNA BAUER Program Manager, First 5, Butte County
- CHRISTINA BETHELL Child and Adolescent Health Measurement Initiative/Bloomberg School of Public Health, Johns Hopkins University
- RUBEN CANTU Program Manager, Prevention Institute
- FLOJAUNE G. COFER Director of State Policy & Research, Public Health Advocates
- KANWARPAL DHALIWAL Co-Founder and Associate Director, RYSE Center
- JOYCE DORADO Director and Co-Founder, UCSF HEARTS (Healthy Environments and Response to Trauma in Schools)
- LISA EISENBERG Policy Director, California School-Based Health Alliance
- KENNETH EPSTEIN Professor of Psychiatry, University of California, San Francisco & Trauma Informed Systems Specialist, Trauma Transformed
- JUAN GOMEZ Director of Programs and Innovation, MILPA
- JIM KEDDY Executive Director, Youth Forward

- GAIL KENNEDY Community Lead, ACEs Connection
- MOIRA KENNEY Executive Director, First 5 Association of California
- DEBBIE LEE Senior Vice President, Health, Futures Without Violence
- EDWARD MACHTINGER Professor of Medicine, The Women's HIV Program, UCSF
- TIA MARTINEZ Executive Director, Forward Change
- SAMMY A. NUNEZ Executive Director, Fathers and Families of San Joaquin
- ISAIAH PICKENS, Assistant Director, Service Systems Program, UCLA-Duke National Center for Child Traumatic Stress & CEO, i Opening Enterprises
- ROBERT RENTERIA Program Manager, LA Trust for Children's Health
- TOBY VANLANDINGHAM Weitchpec District Representative, Yurok Tribal Council
- AMANDA MCALLISTER-WALLNER Director, CA LGBTQ Health & Human Services Network, Health Access

"These recommendations seek to ensure that a culturally responsive, racially just, healing-centered and traumainformed approach guides expenditure decision processes"

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 Campaign to Counter Childhood Adversity with support from The California Endowment (March 2019)

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 traumainformed 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 exeriences, toxic stress, trauma and effective healing-centered and traumainformed 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 healingcentered and trauma-informed approach with the goal of creating organizational and cultural change. Training and consultation should

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 communitybased, 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, and then hold these same communities 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 and ending harm and that ensures 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 recognize and acknowledge harm caused to vulnerable children and youth, and their families and

"...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"

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.

» 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 and learning, innovation, and support for scaling of innovations as they emerge. There is a pressing need for funding 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 addressed 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.

"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" Child and Adolescent Health Measurement Initiative. (2019). Recommendations roadmap for California's Proposition 64 expenditures: Advancing healing-centered and trauma-Informed, culturally responsive, engagement based approaches in policy and practice. 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. https://www.cahmi.org/

Please visit www.Prop64Roadmap.org for the full report and other resources.