

Proposition 64
Recommendations
Roadmap for
Expenditures



**RECOMMENDATIONS ROADMAP
FOR PROPOSITION 64 EXPENDITURES:**

Advancing healing-centered, trauma-informed,
culturally responsive, engagement based
approaches in policy and practice

Prepared to support advocacy for healing-centered
and trauma-informed approaches in the expenditure
of certain Prop 64 funds

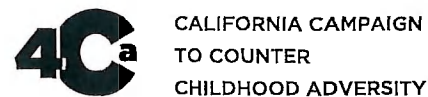
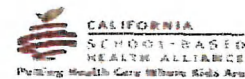
JANUARY 10 2019

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 (4 CA)
(March 2018-December 2018)



NCTSN

The National Child Traumatic Stress Network



This document was prepared by the Child and Adolescent Health Measurement with support from The California Endowment in collaboration with a stakeholder and expert Advisory Committee and the California Campaign to Counter Childhood Adversity (4 CA) (See Appendix A for full details of Advisory Committee members)

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, Frist 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 trauma-informed approach guides expenditure decision processes”



executive summary

Introduction:

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)*, *adverse community environments and experiences (ACEEs)*, *toxic stress*, and *trauma*. This 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) have the benefit of healing-centered and trauma-informed approaches. 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 recommendation. Criteria were set to ensure that a *healing-centered and trauma-informed approach* is meaningfully advanced in the decision-making process and expenditures under Prop 64. Criteria recognize this may require that people in systems, organizations, agencies, or in a community collaborative make changes in how they relate to each other and the processes and policies set to ensure that they are healing-centered and trauma-informed. 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* and form the basis of the criteria for these recommendations. 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* and healing-centered practice or policy is not *culturally responsive* and *racially just*, it is not *trauma-informed*.

The framework used in this project identified categories of recommendations that build on prior collaborative work 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; which was also

coordinated by the Child and Adolescent Health Measurement Initiative (2014-2016). Many of the organizations and individuals participating in this Prop 64-focused effort were also a part of this prior work. The interrelated categories of recommendations specified are:

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

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

“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.”

Recommendations:

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

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. 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.**

- 1.2 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.
- 1.3 Implement relationship and engagement-centered **trauma screening and assessment** 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 professional to understand the nature, duration, and intensity of *trauma*.
- 1.4 Implement **evidence-based, promising, and/or community-driven practices** designed to cope with adversity and heal *trauma*. 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. 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.

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 populations that are reached through Prop 64.

- 2.1 Provide training and 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 through the acknowledgement of 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-** centered workforce for

organizations working with children and youth, their families and caregivers, and communities impacted by *trauma*.

- **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

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 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 entities¹ 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 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*.
- **3.3 Require that funded local entities adhere to the following criteria to improve local collaboration** across sectors, agencies, and departments:

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.

“...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”

- 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 trainings, 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;
- 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

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 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 should include:

- **4.1 Support data collection and monitoring of county/local-level indicators and measures on *trauma* and *resilience***. Use existing measures where possible and create new measures where needed (see Appendix D for county/local-level 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 that supports funded local entities 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); and
 - 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

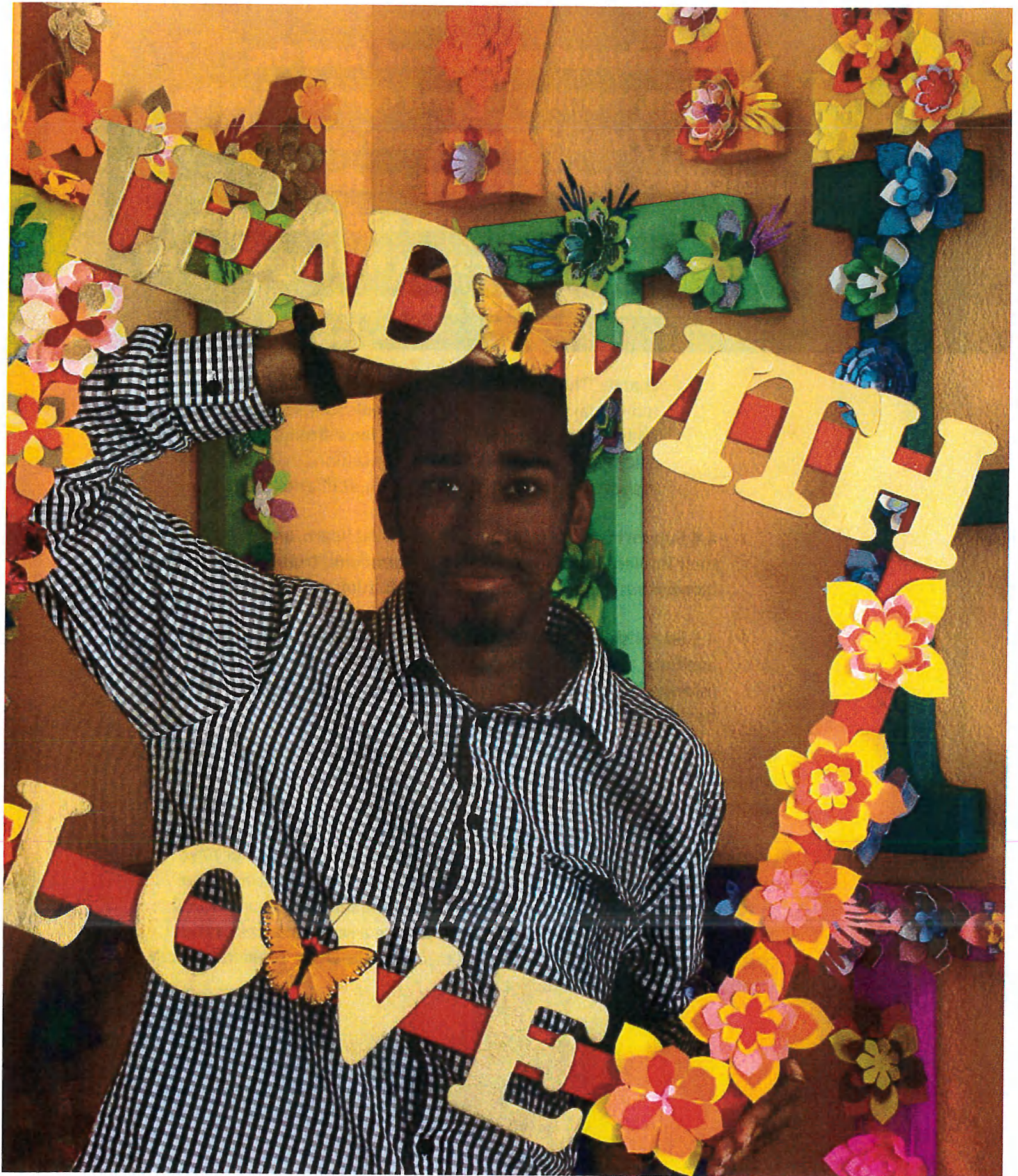
“Prop 64 should require and fund the collection, monitoring and communication of county/local-level trauma and resilience indicators, and a learning-centered innovation, measurement and evaluation framework and process for healing-centered and trauma-informed approaches.”

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.

- 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.”



