# CHANGING MINDS

## and Creating Trauma-Informed Communities

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# Changing Minds and Creating Trauma-Informed Communities

Communities across the country have been self-organizing to build resilience in the face of traumatic and often violent circumstances and events. Exposure to violence touches nearly two out of every three children in our nation in a given year, and these exposures have the potential to profoundly derail children's security, health, happiness, and ability to grow, learn, and thrive.[1] Many community efforts have focused on this public health crisis by prioritizing the safety and well-being of children, youth, and families using a wide variety of strategies that encompass where people live, work, learn, and play. At the same time, national and state efforts, inspired by these communities, have been working to highlight and help replicate successes.

In February, 2016, Futures Without Violence and the California Defending Childhood Initiative, led by Attorney General Kamala D. Harris, are co-hosting gatherings in southern and northern California to bring together people across the state who are involved in efforts to build healthy, resilient, and trauma-informed communities.



Almost **2 out of 3** children in the US are exposed to violence in a given year

## The goals of the convenings are threefold:

1. to create momentum and connection among local efforts to prevent violence and become trauma-informed;
2. share best practices across communities; and
3. strategize around policy barriers experienced at the local level and align state policy proposals to local needs.

This document is intended as a resource for individuals who seek to build and sustain resilient, trauma-informed communities in California. It is not meant to be a comprehensive guide to trauma-informed work, but rather a starting point for conversations and a source of possible strategies and resources. The document will serve as a background document for the California convenings, and based on learnings from the convenings, will be refined for an intended audience of individuals across the state who may be at any stage of these efforts. Community action must be community driven, and work that falls into this broad category of campaigns is taking place in communities that are diverse in their members, built environments, cultures, and other resources, and which focus on a variety of problems and goals. For these reasons, this document focuses on considerations and resources for developing a shared vision, and on identifying policy barriers and opportunities that are broadly applicable.

## Moving Toward a Shared Vision

Anyone seeking community-wide change faces an array of challenges, including but not limited to assessing community needs, assets, and capacity; engaging community members and building partnerships and coalitions; developing a shared vision and a strategic plan; providing implementation guides; and evaluating and improving efforts. Addressing these challenges across diverse communities facing different problems may necessarily employ divergent approaches and language to describe those approaches. However, the Substance Abuse and Mental Health Services Administration's (SAMHSA) provides a good starting point for framing trauma and trauma-informed approaches in a way that is generalizable across settings and systems. SAMHSA emphasizes that a trauma-informed approach reflects adherence to six key principles, rather than a prescribed set of practices or procedures: 1) safety; 2) trustworthiness and transparency; 3) peer support; 4) collaboration and mutuality, 5) empowerment, voice, and choice; and 6) cultural, historical, and gender issues. Links to recovery and resilience must also be promoted for individuals and families impacted by trauma.[2] Box 1 includes sample working definitions for *trauma, trauma-informed approach, recovery, resilience*, and some additional terms that are frequently used in trauma-informed community building work.

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*Box 1*

### Sample working definitions

**Adverse Childhood Experiences (ACEs)**

Single or multiple trauma exposures and/or events experienced during childhood.[3] The three types of ACEs included in the original ACE Study include *abuse* (physical, emotional, sexual), *neglect* (physical, emotional), and *household dysfunction* (mental illness, incarcerated relative, mother treated violently, substance abuse, divorce).[4]

**Child exposed to violence**

Any individual who is not yet an adult (threshold age varies across jurisdictions, typically birth to either 18 or 21 years old) who is directly or indirectly exposed to violence that poses a real threat or a perceived threat to the individual's or an affiliated person's life or bodily integrity.[5]

**Cultural humility**

A framework for understanding and developing a process-oriented approach to competency, conceptualized as the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the person. Cultural humility may be characterized by three features: 1) a lifelong commitment to self-evaluation and self-critique, 2) a desire to fix power imbalances where none ought to exist, and 3) aspiring to develop partnerships with people and groups who advocate for others.[6] Related to concepts of "cultural sensitivity" and "cultural competency."

**Equity**

Just and fair inclusion into a society in which all can participate, prosper, and reach their full potential.[7] Equity ("more for those who need it") is often contrasted or confused with *equality* ("leveling the playing field").[8]

**Historical trauma**

Collective, massive group trauma and compounding forms of multiple oppressions including discrimination based on race, economic status, gender, sexuality, and immigration status, as experienced over extended periods of time, within society and institutions (e.g., colonialism, genocide, slavery, poverty, internment).[9]

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### Recovery

A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.[10]

### Resilience

An individual's ability to cope with adversity and adapt to challenges or change. Resilience develops over time and gives an individual the capacity not only to cope with life's challenges but to also be better prepared for the next stressful situation.[11]

### Risk and protective factors

With respect to a particular outcome, such as victimization or perpetration of youth violence,[12] risk factors make some populations more vulnerable, while protective factors buffer the risk.

### Structural violence

A way of describing social arrangements, embedded in political and economic organizations, which put individuals and populations in harms' way (e.g., disparate access to resources, political power, education, health care and legal standing).[13] The concept is linked to direct violence, which we physically perceive (e.g., abuse, assault, rape), and *cultural violence*, which refers to those aspects of our culture (e.g., religion, ideology, art, science) that can be used to justify or legitimize direct or structural violence.[14]

### Trauma

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, or spiritual well-being.[15]

### Toxic stress

Toxic stress can occur when a child experiences *strong, frequent, and/or prolonged adversity* – such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship – *without adequate adult support*. This kind of prolonged activation of the stress response systems 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. Toxic stress refers to the stress response systems' effects on the body, not to the stressful event or experience itself.[16]

### Trauma-informed approach

A program, organization, or system that is trauma-informed: 1) *realizes* the widespread impact of trauma and understands potential paths to recovery; 2) *recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system, 3) *responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and 4) seeks to actively resist re-traumatization.[17] Related to the concept of a *trauma-responsive approach*.

While often employing different language, in practice there are many common denominators to most community change campaigns, including a vision statement that functions as a high-level, concise, and inspirational expression of what participants aim to achieve; a mission statement to define the group's purpose; a problem statement describing what aspect of the status quo participants seek to change; risk and protective factors to target; goals and objectives to define the desired results; and principles, values, and/or strategies to help guide decision-making. In order to

organize and focus collective actions, many campaigns draw on existing conceptual frameworks, such as the ACE Pyramid,[18] Collective Impact,[19] Mobilizing Action through Planning and Partnerships (MAPP),[20] the Spectrum of Prevention,[21] Strengthening Families,[22] and systems change.[23]

The movement to build trauma-informed communities – and the concept of a trauma-informed community – are rapidly developing, take a variety of forms, and merit in-depth discussion and exploration. Appendix 1 includes questions for those seeking to build trauma-informed communities to consider and resources that may be helpful for answering the questions. The questions are most applicable to nascent efforts, but many of them, such as who should be involved, are also relevant to more mature efforts. The sample answers have been largely drawn from recently developed local and statewide action plans in California (see Appendix 2). Community action guides,[24] toolkits[25,26,27,28] papers,[29] reports,[30] and websites that provide or compile resources on conducting self-assessments[31] or measuring and describing program impact[32] can provide helpful guidance for answering these and other questions.

## Policy Barriers and Opportunities

Today there is exciting momentum building in California to effectively address trauma and community violence. These efforts to drive community-wide change are constrained by public (federal, state, and local) and private policies and practices, and may in turn seek to influence them at one or more levels. Barriers and opportunities to achieving policy change, as well as barriers and opportunities caused by existing policies and system practices, can fall into at least four categories: community engagement, leadership, funding, and data. In the discussion below, opportunities that are particularly new, timely, relevant, or potentially impactful are indicated in bold.

### Community engagement

Intentional community change is unlikely to happen, or be welcomed, without adequate community engagement. Barriers to effective community engagement include:

- **Minimal participation and/or buy-in to the effort from community members.** Working for positive community change is unlikely to be successful if it is viewed by community members as something that is being imposed from the top down, as opposed to from the bottom up, or at least as a combination.

- **Key stakeholders missing.** Efforts may be unsuccessful if decision-makers, thought leaders, and other key parties are not involved in a community change effort.

- **Power dynamics.** Campaign organizers, leaders, and facilitators need to ensure all stakeholders, particularly those who are disadvantaged and/or are unfamiliar with the political process, are empowered to have a voice and participate in a meaningful way.

- **Lack of trust.** Whether due to power dynamics or other factors, lack of trust among participants in a community change effort – or the targets of an effort who have not been included – can hinder or doom a campaign.

- **Efforts run counter to prevailing frames and values.** Community change efforts typically emphasize collective action and equity, but these notions can run counter to powerful prevailing national views on poverty and frames of bootstrap individualism, free market solutions, equality, and structural discrimination being a thing of the past.

## Opportunities

Many strategies have been successfully employed to engage community members in work to secure resources and change policies to build trauma-informed communities. Every initiative will follow its own path based on where an effort begins, who belongs to the community, what problems the community is facing, what assets the community has, and so on – and strategies will be shaped by these factors. Regardless, exploring and engaging existing local campaigns, planning processes, collective impact efforts, and conversations in one's immediate (e.g., city, county) or broader (e.g., state) communities is always advisable.

Some potentially relevant local planning processes are largely sector-specific, focus on how resources should be allocated, and occur in most or all communities in California. For example:

- Under California's new state school finance system, the **Local Control Funding Formula (LCFF)**, school districts are required to collaborate with community members to develop three-year **Local Control and Accountability Plans (LCAPs)** that are updated annually and specify goals and actions geared toward achieving them. The LCAP thus provides an opportunity to focus on student outcomes as the driving factor for how districts and communities invest scarce resources.[33]

- Revenues collected from cigarette taxes that are earmarked for local child development programs and services are allocated according to **strategic plans developed by First 5 County Commissions**, which are required to hold public hearings and may employ a variety of methods to engage their communities.[34]

- All private, non-profit hospitals in California are required to conduct community needs assessments and develop community benefit plans in consultation with the community.[35]

- Local public health departments in California are voluntarily seeking accreditation through the national Public Health Accreditation Board, a process that includes a requirement to engage with the community to identify and address health problems.[36]

Other planning processes involve collaborations across multiple systems and agencies and are focused on addressing a specific problem, such as ending the Commercial Sexual Exploitation of Children (CSEC).[37]

## Emerging opportunity: legal actions to help address the need of students who have been exposed to trauma.

In a landmark, first-of-its kind case, students and teachers of the Compton Unified School District (USD) filed a class action complaint addressing the adverse impact of childhood trauma on learning. Exposure to trauma has been correlated with low literacy, high dropout rates, repeating grades, low achievement, and the school-to-prison pipeline. The lawsuit, filed in May 2015, demands that the Compton USD incorporate proven practices that address trauma, in the same way public schools have adapted and evolved in part decades to help students who experience physical or other barriers to learning. The suit claims that, rather than taking reasonable steps to address the needs of students affected by trauma, the Compton USD frequently punished and excluded these children in ways that have made it nearly impossible for them to succeed in school. The lawsuit seeks a remedy centered on the adoption of proven models that are being adopted by school districts across the country.[38]

Other relevant conversations are occurring at the state level. Box 2 describes a number of current statewide efforts relevant for building trauma-informed communities in California. These efforts can be helpful for identifying, learning about, and connecting with people and communities engaged in relevant activities, as well as for identifying helpful resources and opportunities.

Successful community engagement requires communication, typically intended to promote viewpoints or actions that may challenge the existing beliefs of community members. While research can help inform what approaches may or may not be successful for a particular campaign, it can also be extremely time-intensive and expensive. Existing media, materials, and communications research can be helpful for addressing these challenges. For example:

- The upcoming campaign, to be called **Changing Minds**, was created by Futures Without Violence and the U.S. Department of Justice, in collaboration with The Ad Council, to address children's exposure to violence and childhood trauma. The campaign will not only educate on the problem of childhood trauma but also on the solutions that exist; advance programs and practices that help make schools, homes, and communities safer for children and youth; and help grow leadership in various fields such as education, health, and justice.[39]

- **The Raising of America** is a five-part documentary series that is the first national, fully integrated media/public engagement project that aims to reframe how Americans look at early child health and development.[40] The project offers resources, including an Action Toolkit,[41] and opportunities to partner with the campaign.[42]

- The Berkeley Media Studies Group publishes original research on a variety of topics relevant for improving systems and structures that determine health, including violence prevention, trauma, health equity, and children's and family health.[43]

- The Frameworks Institute designs, conducts, and publishes communications research to build public will on a variety of social issues, including elder abuse, early childhood development, child mental health, child abuse and neglect, public safety/criminal justice, sexual violence, and community health.[44]

- The Center on the Developing Child at Harvard University is dedicated to generating, translating, and applying scientific knowledge to close the gap between what we know and what we do to improve the lives of children facing adversity, and communicates the translated science using a variety of medial forms and formats.[45]

*Box 2*

## Statewide efforts that can help build trauma-informed communities in California

### ACEs Connection Network

ACEs Connection is a social network that accelerates the global movement toward recognizing the impact of ACEs in shaping adult behavior and health, and reforming all communities and institutions – from schools to prisons to hospitals and churches – to help heal and develop resilience rather than continue to traumatize already traumatized people. The network achieves this by creating a safe place and a trusted source where members share information, explore resources, and access tools that help them work together to create resilient families, systems, and communities. A companion site, ACEsTooHigh.com,[46] provides news to the general public as part of the ACEs Connection Network.[47] In addition to communities that are organized by systems, populations, and topics  (e.g., Child Care, Criminal Justice, Education, Faith-Based Community, Foster Care, Juvenile Justice, Maternal Mental Health, Native Americans, Parents), ACEsConnection has an California ACEs Action group as well as groups representing Alameda County, Butte County, City Height (San Diego) Neighborhood, Los Angeles County, Northern California,

Sacramento County, San Bernardino County, San Diego County, Sonoma County, Southern California, and Yolo County.[48]

### Building Healthy Communities

The Building Healthy Communities (BHC) initiative, led by The California Endowment (TCE), has a simple strategy: work on a local scale to create broad, statewide impact. Parents want to raise their children in neighborhoods with safe parks and quality schools, but many Californians don't get to choose where they live. Because the differences between neighborhoods are linked to differences in health outcomes, TCE's BHC initiative includes a deep investment in place. BHC partners with 14 places in the state representing California's rich diversity across race, geographic location, and political orientation: Boyle Heights, Central Santa Ana, Central/Southeast/Southwest Fresno, City Heights, Del Notre County Adjacent Tribal Lands, Eastern Coachella Valley, East Oakland, East Salinas (Alisal), Long Beach, Richmond, Sacramento, South Los Angeles, South Kern, and Southwest Merced/East Merced County.[49]

### California Campaign to Address Childhood Adversity

The statewide campaign to address ACEs in California is led by the Center for Youth Wellness (CYW), a San Francisco-based health organization that screens children and youth for ACEs, pilots treatments for toxic stress, and raises awareness about ACEs and toxic stress. CYW convened a California ACEs Policy Working Group (PWG)[50] as a cross-sector public-private partnership to develop a common agenda to address the impacts of childhood adversity on children, families, and communities in California. Using a collective impact approach, the PWG met regularly in 2015 to develop a common policy agenda to guide sector-specific efforts over the next three years to address the impacts of ACEs. A Communications Advisory Group[51] has worked in parallel to develop an accompanying outreach and communications campaign.

### California Defending Childhood Initiative

The national Defending Childhood State Policy Initiative was created based on recommendations from the Report of the *Attorney General's National Task Force on Children Exposed to Violence* (2012),[52] which detailed the staggering human and economic costs of violence and abuse. The California Department of Justice was one of just three state agencies accepted by the U.S. DOJ to be part of the national initiative.[53] Through the initiative, California will work to improve outcomes for children exposed to trauma by ensuring that at-risk children are screened for exposure to violence at school, when they visit a pediatrician, or when they become involved with child welfare and juvenile justice systems.

### California Essentials for Childhood Initiative

The California Essentials for Childhood Initiative addresses child maltreatment as a public health crisis and aims to 1) raise awareness and commitment to promote safe, stable, nurturing relationships and environments; 2) create the context for healthy children and families through social norms change, programs, and policies; and 3) uses data to inform actions. The California Department of Public Health was awarded a five-year grant, beginning in September 2013, for its Safe and Active Communities Branch to collaborate with the California Department of Social Services, Office of Child Abuse Prevention, to support a collective impact approach to build upon, align, enhance, and collaborate with existing efforts to promote safe, stable, nurturing relationships and environments, prevent child maltreatment, and assure that children reach their full potential.[54]

### California Keeping Kids in School and Out of Court Initiative

The Keeping Kids in School and Out of Court Initiative, launched by California Chief Justice Tani Cantil-Sakauye, is a judicial branch led partnership with education, child welfare, probation, mental health, youth, and community based organizations, seeking improvements for all students in California.

The initiative is focused on improving school climate, attendance, and discipline policies, with a particular focus on improving educational outcomes for court-involved children and youth. Currently court led teams from 32 counties are participating in the initiative, basing their work on the particular needs of their own counties.[55]

### The Early Mental Health Initiative (EMHI)

For 20 years, EMHI helped schools provide evidence-based mental health supports to children, K-3, who experienced school adjustment difficulties, which are often manifestations of unhealed trauma, through the provision of matching grants. The grant program was defunded in 2012 despite ample evidence of its success,[56] but schools across California have continued to provide EMHI services using local education funds. Active legislation, AB 1644 (Bonta), co-sponsored by Children Now, the Department of Justice, and Time For Kids, would expand EMHI to create a pilot program to provide outreach, free regional training, and technical assistance for local education agencies in providing mental health services at schools. Receipt of support would be prioritized for communities that have experienced high levels of childhood adversity, such as ACEs and childhood trauma, and receipt of services would be prioritized for children who have been exposed to childhood trauma, including but not limited to foster youth and homeless children and youth.[57]

### Health in All Policies (HiAP)

Recognizing that health is largely shaped by the environments in which people live, work, learn, and play, the California Health in All Policies (HiAP) Task Force was created as a multi-agency effort to identify priority programs, policies, and strategies of State-level government agencies to improve health, equity, and sustainability in California across policy fields that fall outside of the traditional realms of public health and health care.[58] The Task Force is made up of 22 state agencies, departments, and offices and focuses on a range of topic areas including building violence-free and resilient communities.[59] The work of the Task Force includes promoting built environment related policies and practices that prevent violence, building capacity and increasing understanding among state employees of violence as a public health issue and the influence of trauma and ACEs on California's communities, and assessing and identifying opportunities for cross-sector action.

### Strengthening Families California

Across California, a broad range of communities and organizations are working together to prevent child abuse and neglect through implementation of Strengthening Families, a Protective Factors Framework. The approach helps child welfare systems, early education, and other programs work with parents to build the following five protective factors: 1) social and emotional competence of children, 2) parental resilience, 3) social connections, 4) concrete support in times of need, and 5) knowledge of parenting and child development. To support and promote these efforts, the California Department of Social Services, Office of Child Abuse Prevention (OCAP) works with Strategies to convene a cross-sector statewide leadership team known as the California Strengthening Families Roundtable.[60]

### The Children's Movement of California

Over the last few years Children Now has built a network of over 1,400 Pro-Kid groups called the Children's Movement of California. Through this network Children Now is increasing awareness of the impact of childhood trauma, ACEs research, and trauma-related policy efforts such as the new EMHI legislation. In addition, Children Now is working with local advocates in several regions of the state on local advocacy efforts, including mental health (www.childrennow.org/take-action).[61]

## Leadership

Community engagement is a mandatory ingredient to a community change initiative's success, but without the participation of particular members of the community – public and private sector leaders – policy change is unlikely to occur or be sustained. Barriers to effective engagement of leaders include:

*   **Absent or minimal leadership participation and/or buy-in.** Depending on the effort, leadership from particular offices (e.g., the Mayor's Office, the Police Department), systems (e.g., health, justice), or populations (e.g., youth, parents) may be critical.

*   **Difficulty with moving from awareness to action.** Community change efforts often struggle with moving from the phase of building awareness and consensus to the phase of enacting real systems change. Community groups can tire quickly of processes that spend long periods on frameworks and on defining the problems and do not get to action steps. To avoid this dynamic it can be helpful for change efforts to identify "early wins" and entry points that will generate early momentum. In addition, it can be important to define the problem/strategy in more bite size pieces with both short term and long term goals.

*   **Lack of commitment to sustained engagement.** Individuals working in the public and private sectors can suffer from the "flavor of the month" problem and fail to buy into a new initiative or policy when they fear that its implementation will be transient. In order to avoid this problem, organizational leaders must demonstrate through word and action that a change is intended to be sustained. Without intentional leadership to address this potential problem, an effort may suffer from inadequate buy-in, and policy changes may not translate into organizational cultural changes and other desired outcomes.

*   **Coordination.** Even with adequate engagement of community leaders, an effort may stall due to a lack of coordination. Clearly defined roles, structures, and processes can help guard against this problem, as can individuals or organizations dedicated to facilitation.

### Opportunities

As with Community Engagement, it makes sense when working on a community action campaign to recruit leaders in the community whose actions are already aligned with the campaign's goals or who are otherwise predisposed to participating in the effort. In addition to deciding on which organizations and systems should be represented at the leadership level (see Appendix 1), it is worth considering what kind of commitment is needed of leadership participating in a community action plan; to what degree the desired commitment involves time, funding, services, and/or materials; and how individuals can be supported so their engagement is sustainable and rewarding.

Leadership organizations can be engaged to help recruit, train, and support community leaders. For example:

*   **Youth leadership.** Youth ALIVE! is an Oakland-based organization dedicated to preventing violence and developing youth leaders, who are often absent from community-based efforts that seek to impact youth and would benefit from their involvement. Among other activities, the organization trains young people as leaders and peer educators who teach violence prevention workshops and promote policies that save lives.[62]

*   **Parent leadership.** Multiple parent leadership organizations operate in California: The National Parent Leadership Institute enables parents to become leading advocates for children,[63] Parent Voices is dedicated to making child care affordable and accessible to all families,[64] and Parents Anonymous Program is an evidence-based family strengthening program that utilizes mutual support, parent leadership, and shared leadership to achieve personal growth, improve family functioning, and achieve parental resilience.[65]

*   **Other resident leadership.** Leadership organizations and groups representing other segments of the population may also be available in your community. For example, The Resident Leadership Academy trains and empowers residents in San Diego County communities to make positive changes and increase their

capacity for leadership at the community level.[66] Marin Grassroots is a community-based organization in Marin County dedicated to advancing social equity and facilitating the development of grassroots leadership within low-income communities and communities of color.[67]

## Funding

In a world of limited resources, funding is often a limiting factor to driving policy change. Funding is often needed for both creating and implementing community action plans. Funding barriers include:

*   **Lack of funding.** Funding may be a limiting factor for participation in a community planning effort, especially if a backbone organization or facilitator is needed. In addition to personnel expenses, other costs that may need to be covered include convenings, travel, office supplies, and the creation and dissemination of materials.

*   **Competing priorities for funding.** Funding should be used to ensure that all vulnerable populations have what they need to survive and thrive; different populations should not be pitted against each other. However, decisions to allocate limited funds are often framed as choosing among competing priorities.

*   **Blending and braiding funding.** Blending funding involves commingling funds into one "pot" where case managers can draw down service dollars, personnel expenses can be paid, or other program needs can be met; when funding is used to pay for an expense, there is no way to determine which funding stream paid for exactly which expense. In contrast, braiding funding involves multiple funding streams used to pay for all of the services needed by a given population, with careful accounting of how every dollar from each stream is spent. Determining which approach should be used typically depends on understanding complex laws, regulations, and rules dictating the use of funds and reporting requirements.[68]

### Opportunities

Cities and private foundations often subsidize the creation of community action plans (e.g., see Long Beach and Oxnard in Appendix 2). For implementation activities, such as providing programs and services to community members, the creation of a new funding stream is sometimes necessary but typically much more difficult than leveraging existing funding streams. Some agencies and organizations publish guides and tools for identifying and understanding the dizzying landscape of funding options that may be available for a particular purpose. The National Academy of State Health Policy recently published a chart that describes funding sources that can be used to meet the health-related social needs of low-income people.[69] The National Child Traumatic Stress Network maintains links to both federal grant opportunities and philanthropy information.[70] The following funding sources represent a cross-sector sampling of those that can be used to promote trauma-informed communities:

*   **The Accountable Health Communities Model** is an innovation model supported by grants from the Centers for Medicare & Medicaid Services (CMS) that can be used to fund interventions to connect residents to community service providers to address interpersonal violence, housing instability and quality, food insecurity, and transportation and utility needs.[71]

*   **The Community Development Block Grants (CDBG) Program** provides communities with resources to address a wide range of unique community development needs, and is dedicated to ensuring decent affordable housing, providing services to the most vulnerable in our communities, and creating jobs through the expansion and retention of businesses.[72]

*   **The Community Services Block Grant (CSBG) Program** provides funds to alleviate the causes and conditions of poverty in communities, and supports projects that 1) lessen poverty, 2) address the needs of

low-income individuals, and 3) provide services and activities addressing employment, education, better use of available income, housing, nutrition, emergency services, and/or health.[73]

- **The Child Care Development Block Grant (CCDBG) Program** authorizes the **Child Care and Development Fund (CCDF)** to assist low-income families in obtaining child care so they can work or attend training/education. Funds are also used to improve the quality of child care and other additional services to parents, such as resource and referral counseling regarding the selection of child care providers.[74]

- **Board of State and Community Corrections (BSCC) grants** include a wide variety of programs (e.g., California Gang Reduction, Intervention and Prevention Program, Reducing Racial and Ethnic Disparities Grant) designed to improve the effectiveness of state and local government agencies, as well as the private sector and nonprofit service providers).[75]

- The **Safe Neighborhoods and Schools Act**, or **Proposition 47** of 2014, requires that state savings from reduced penalties for certain non-violent, nonserious drug and property crimes be allocated to a dedicated fund and divided into three parts: 65% for grants to public agencies aimed at supporting mental health treatment, substance abuse treatment, and diversion programs to reduce recidivism; 25% for grants to public agencies aimed at improving outcomes for K-12 public school students; and 10% to make grants to Trauma Recovery Centers (TRCs) to provide services to crime victims.[76]

- **Victim Support Services**, administered through the Victim Compensation and Government Claims Board (VCGCB) and the Governor's Office of Emergency Services (OES), can provide a range of supports to crime victims,[77] including the **California Victim Compensation Program (CalVCP)**, which can help pay bills and expenses that result from certain violent crimes, and TRC grants.[78]

- **Child Abuse and Treatment Act (CAPTA)** funds are granted from the federal government to the states in order to fund improvements in areas such as improving risk and safety assessments; assessing families' needs for services; and strengthening linkages between child welfare services, public health, mental health, and developmental disabilities agencies to screen children 0-5 years who have come to the attention of child protective services and are in need of early intervention services. Funds are also used to enhance the capacity of family resource centers and family support programs; and train professionals, foster parents, and adoptive parents.[79]

- **Early and Periodic Screening Diagnosis and Treatment (EPSDT)** is a benefit, under Medicaid, for low income children to receive comprehensive health benefits that are specifically designed to meet children's physical and mental health needs. The benefit provides an important source of reimbursement for physical and behavioral health services for children who have experienced violence and trauma.[80] Under a newly signed bill, eligibility for these services will be expanded to low-income undocumented immigrant children beginning May 2016.[81]

- The **Mental Health Service Act (MHSA)**, or **Proposition 63** of 2004, created a 1% tax on personal income in excess of $1 million to fund the provision by counties of mental health services to individuals severely affected by or at risk of serious mental illness.[82]

- **Substance Abuse and Mental Health Services Administration grants** are awarded through the Center for Substance Abuse Prevention, the Center for Substance Abuse Treatment, and the Center for Mental Health Services. Funds are awarded for programs, services, initiatives, planning grants and more, on a variety of subjects that includes behavioral health clinics, consumer network programs, the expansion of care coordination, and student training.[83]

- **First 5 funds**, derived from a 50-cent tax to each pack of cigarettes sold in California that was authorized by Proposition 10 of 1998, is dedicated to investments in the healthy development of California's children

from prenatal to age 5; 80% of this money is divided among California's 58 counties, based on the counties' birth rates, to be spent with local needs and priorities in mind.[84]

- **The Local Control Funding Formula (LCFF),** which determines how part of the California's property tax revenue is allocated to K-12 schools and community colleges, requires school districts to adopt a three-year Local Control and Accountability Plan (LCAP), updated annually, after soliciting suggestions from teachers, parents, and the community. The LCAP provides an opportunity to focus on student outcomes as the driving factor for how districts and communities invest resources.[85]

- **The National Institute for Justice's (NIJ) Comprehensive School Safety Initiative** is a national initiative to improve the safety of our nation's schools and students by providing grants focused on rigorous research that produces practical knowledge, accomplished through partnerships among educators, researchers, and stakeholders from other disciplines, such as law enforcement, behavioral and mental health professionals.[86]

- **The Juvenile Justice and Delinquency Prevention Act (JJDPA) programs** contribute to the reduction of youth crime and violence by supporting prevention and early intervention programs that are making a difference for young people and their communities.[87]

- **The Office of Safe and Healthy Students (OSHS)** in the U.S. Department of Education administers a number of programs related to 1) developing and maintaining safe, disciplined, and drug-free schools; 2) promoting violence prevention, alcohol abuse prevention, and the health and well-being of students and families; and 3) improving the ability of schools to prepare for and respond to crises and disasters (natural and man-made), including School Climate Transformation Grants, Elementary and Secondary School Counseling, and School Emergency Response to Violence (Project SERV).[88]

- The newly reauthorized **Every Student Succeeds Act (ESSA)** provides opportunities to support trauma-informed practices,[89] including 1) **Student Support and Academic Enrichment (SSAE)** grants that can support school-based mental health services and supports and staff development activities based on trauma-informed practices, and 2) **Community Support for School Success** grants, intended to significantly improve the academic and developmental outcomes of children living in the most distressed communities, and provide support for full-service community schools that improve the coordination and integration, accessibility, and effectiveness of services for children and families, particularly for children attending high-poverty schools, including high-poverty rural schools.[90]

## Data

While data are needed to support community change efforts, every data source has limitations that may impact its utility. Barriers to the effective use of data include:

- **Wrong or absent data.** Appropriate data may not exist to adequately asses a problem, determine community needs and capacities, or assess progress toward addressing a problem. When appropriate data does exist, it may not be available at the right level (e.g., neighborhood, school district, city, county, or state). Initiating new data collection efforts or changing focus to related goals and objectives may be considered in these cases.

- **Inaccessible data.** Data may exist, but be inaccessible to a community change campaign. For example, local agency data systems may not be able to disaggregate data by age, race or ethnicity, language spoken, location, or other demographic categories.

- **Restrictions on sharing data.** Another way data may be inaccessible is if laws, regulations, or other policies prevent types of data (e.g., education data,[91] health data[92]) from being shared.

- **Costly data.** Data may exist, but be privately held and costly to access.

### Opportunities

Given how costly, logistically challenging, and time-consuming new data collection efforts can be, it is advisable whenever possible to use existing relevant data sources. When evaluating whether and how to use a data source, it is important to consider not only how well a source addresses a determined need but also the efforts' analytic capacity to use the data to inform the process of community action, and what data sharing agreements may be needed.

Box 3 describes some data sources that may be helpful for efforts to build trauma-informed communities in California. These data sources can be used for many purposes and at many stages of work toward community change, including:

- **Determining common goals and problems to target.** Data are needed to document the problems that community members seek to remedy and to set benchmarks for success.

- **Determining risk and protective factors to target.** Communities often focus on using data to target risk and protective factors for a particular outcome (e.g., being a victim of violence) as an alternative or additional approach to targeting the actual outcome.

- **Assessing community needs and capacities.** Data (e.g., on resident needs and the number and capacity of service providers) can be used to assess and address the gap between the status quo and what is envisioned by a community change campaign.

- **Framing communications and providing context.** While individual stories are often critical for advocacy efforts, data are needed to paint a more complete picture of how a population is faring. The media, materials, and communications research described above can be tailored to specific community action needs when combined with appropriately localized data.

- **Monitoring and reporting on progress.** Whether in the context of a point-in-time evaluation or an ongoing effort to monitor progress, data are critical for knowing to what degree an effort is working.

- **Quality improvement.** Establishing a system that can be used to routinely review data and produce data reports is a way to systematize and partially automate quality improvement efforts.

In many cases, data reports that include context, analyses, and/or recommendations can be more useful than raw data sources. For example:

- **A Hidden Crisis: Findings on Adverse Childhood Experiences in California** provides a first look at the impact of ACEs in California through four years of data collected by the annual California Behavioral Risk Factor Surveillance System that includes county-level and demographic data on the prevalence and long-term impacts of ACEs, as well as recommendations to address the impacts.[93]

- **The Burns Institute for Juvenile Justice & Equity** makes available data concerning disparity gaps and detention, commitment, and incarceration rates, which can be broken down by county, and analyses of the data, to help better understand racial and ethnic disparities and how juvenile justice is being administered.[94]

- Children Now's **California Children's Report Card** provides a survey of kids' well-being and a roadmap to the future via a thorough assessment of the current status of California kids in 31 areas key to children's well-being, including health (e.g., mental and behavioral health, childhood trauma and resilience), K-12 education (e.g., school climate and discipline, chronic absence), and child welfare (e.g., child abuse and neglect prevention, juvenile justice).[95]

- Children Now's **California County Scorecard for Children's Well-Being** tracks 29 key education, health, and child welfare and economic well-being indicators in California, across 58 counties, over time, and by race and ethnicity, and is intended to encourage the discovery of best practices, foster collaboration, and support action by communities, policymakers, and advocates.[96]

*Box 3*

## Data sources to help build trauma-informed communities in California

**California Child Welfare Indicators Project**

Provides policymakers, child welfare workers, researchers, and the public with direct access to customizable information on California's entire child welfare system.[97]

**California Department of Justice's Criminal Justice Statistics Center (CJSC)**

Maintains several statewide data systems containing specific criminal justice data, including databases on Crimes, Domestic Violence Related Calls for Assistance, Hate Crimes, Juvenile Court and Probation, and Violent Crimes Committed Against Senior Citizens, and produces publications on criminal statistics.[98]

**California Health Interview Survey (CHIS)**

The nation's largest state health survey, conducted on a continuous basis using random-dial telephone survey methods, which covers dozens of health topics including mental health, health behaviors, public program eligibility, parental involvement, and demographic information.[99]

**California Health and Human Services (CHHS) Department's Open Data Portal**

Intended to increase public access to non-confidential health and human services data, with data and tools organized by diseases and conditions, facilities and services, healthcare, workforce, environmental impacts on health, demographics, and resources.[100]

**California Healthy Kids Survey (CHKS)**

A tool for use in grades 5-12 that can help schools and districts accurately identify and address areas of student and school strengths and weaknesses, which contains a broad array of key learning and health-related indicators on student attitudes, behaviors, and experiences such as school connectedness; safety, violence, and harassment; and mental health.[101]

**California Sentencing Institute**

Details using a wealth of statistics, including juvenile and adult arrest and incarceration rates that can be filtered by type of offense, the different levels at which California's 58 counties send their residents to correctional institutions.[102]

**Centers for Disease Control and Prevention (CDC)'s Division of Violence Prevention**

Provides data and statistics, risk and protective factors, and links to resources on the prevention of child abuse and neglect, elder abuse, global violence, intimate partner violence, sexual violence, suicide prevention, and youth violence.[103]

**Children's Data Network**

A data and research collaborative focused on the linkage and analysis of administrative records, the network seeks to generate knowledge and advance evidence-rich policies that will improve the health, safety, and well-being of our children.[104]

**Community service agencies and health providers**

A variety of community service organizations and providers collect and employ service use data that can often not be found from any other source.

**Kidsdata.org**

Promotes the health and well-being of children in California by providing high-quality, wide-ranging, local data and analysis on more than 500 measures, organized and sortable by topic, region, and demographic, including child and youth safety, children with special health care needs, emotional and behavioral health, and family economics. [105]

**National Center for Health Statistics (NCHS)**

As the country's principal health statistics agency, NCHS compiles statistics using data from birth and death records, medical records, interview surveys, and through direct physical exams and laboratory testing.[106]

**National Survey of Children's Health (NSCH) Data Resource Center**

Takes the results from the NSCH – which includes emotional and mental health status, and information on the child's family, neighborhood, and social context – and makes them easily accessible to parents, researchers, community health providers, and anyone interested in maternal and child health.[107]

**National Institute of Mental Health (NIMH)**

Supplies statistics on the prevalence, treatment, and costs of mental disorders in the United States, in addition to information about possible consequences of mental illnesses such as suicide and disability[108] and resources on coping with traumatic events.[109]

**Substance Abuse and Mental Health Services Administration (SAMHSA)**

Makes available five data collections – emergency department, substance abuse facilities, mental health facilities, client level, and population data – as well as quality metrics, behavioral health outcomes, and data resources such as the National Registry of Evidence-based Programs and Practices (NREPP).[110]

**U.S. Census Bureau**

Collects and makes available population statistics, based on censuses and surveys, on groups including children, veterans, and the foreign-born, and characteristics such as age, sex, race, Hispanic origin, migration, ancestry, and language use, as well as health, education, employment, income, and  poverty.[111]

**Civil Rights Data Collection (CRDC)**

A biennial survey required by the U.S. Department of Education's Office for Civil Right (OCR) that includes data on key education and civil rights issues in our nation's public schools that are useful for analyzing student equity and opportunity.[112]

## Next Steps

Everyone belongs to multiple communities: for example, individuals and families live in neighborhoods embedded in cities, counties, states, and countries. Not only is it important to work for change within your community, however defined, but it is also critical to share the work in order to inspire others to work for positive change, disseminate and replicate successful practices, and improve the quality of community change efforts. Ultimately, trauma-informed communities are building a larger movement to ensure that everyone has the opportunity to live healthy lives, recover from trauma exposures, and thrive.

## For more information:

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Children Now is the leading nonpartisan umbrella research, policy development and advocacy organization dedicated to promoting children's health, education and well-being in California. Children Now also leads The Children's Movement of California, a grassroots network of more than 1,400 business, education, parent, civil rights, faith, community-based and multiethnic organizations, as well as thousands of individuals, working together to make children a top priority in public policy. Learn more about us at www.childrennow.org.

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Futures Without Violence is a national nonprofit organization leading groundbreaking educational programs, policies, and campaigns that empower individuals and organizations working to end violence against women and children around the world. Providing leadership from offices in San Francisco, Washington, D.C., and Boston, FUTURES has trained thousands of professionals and advocates–such as educators, doctors, nurses, judges, athletic coaches, and other community influencers–on improving responses to violence, abuse and trauma. Learn more at www.futureswithoutviolence.org.

# Appendix 1: Questions and sample answers for building trauma-informed communities

Q: **What does a trauma-informed community look like?**

A:
- Employs a community-driven, multi-sector approach
- Inclusive, viewing all residents as assets
- Cares for the most vulnerable, such as foster youth
- Focused on prevention, early intervention, and healing
- Uses data and research to guide decisions
- Supports mental health destigmatization
- Breaks cycles of trauma and stops retraumatization
- Includes dialog about structural violence and oppression
- Has teachers, police, social workers, youth workers, and other members of the workforce trained in trauma-informed practices

Q: **What problem(s) are we seeking to address?**

A:
- Community violence, domestic violence, intimate partner violence
- Childhood trauma, childhood adversity, Adverse Childhood Experiences (ACEs)
- Poor educational and health outcomes that result from trauma
- Reduced economic opportunity
- Lack of community connectedness/cohesion

Q: **How do we conduct a self-assessment?**

A:
- Inventory what people, organizations, systems, and structures are in place
- Assess the capacity of local systems to respond to needs
- Determine what conversations are already happening
- Analyze what has and has not worked before, and why
- Identify potential entry points by considering what systems (e.g., schools, child welfare, juvenile justice) are most ready to start a change process, take on a more trauma-informed approach, create early momentum and early wins, and provide leadership
- Leverage existing methods/tools for community input (e.g., surveys, focus groups, social media) and analysis (e.g., root cause analysis, SWOT [Strengths, Weaknesses, Opportunities, Threats] analysis)

Q: **Who and what should we include in our vision statement?**

A: • Residents, youth, adults, families, schools, community

   • Safety, hope, healing, opportunity, caring, empowered, strong, thriving, connected, contributing, healing

Q: **What principles or values should guide our efforts?**
   **What working definitions do we need?**

A: • Community-driven, inclusive, collaborative, collective action, multidisciplinary

   • Prevention, early intervention

   • Effective, efficient, maximal impact, results-based

   • Sustainable, realistic, achievable, fundable, accessible, affordable

   • Diversity, equity, multicultural impact, cultural humility, cultural sensitivity

   • Flexibility, adaptability, maximize opportunities

   • Continuous learning, data-driven, evidence-based/informed, transparency, accountability, expand
   what works, address gaps, information sharing

   • Trustworthy, compassionate

   • Ensure hope, ensure positive sense of future

   • Intolerance to violence, trauma-informed/responsive, resilient, resilience-building

Q: **What types of risk and protective factors should we consider addressing?**

A: • Outcome-related (e.g., for victimization or perpetration of child maltreatment, elder abuse, intimate
   partner violence, sexual violence, youth violence)

   • Level: individual (e.g., coping style), family (e.g., parental employment), school (e.g., school climate),
   event-related (e.g., difficult transition), social (e.g., discrimination), community (e.g., concentrated
   neighborhood disadvantage)

Q: **What types of goals and objectives should we choose?**

A: • Prevention efforts, intervention efforts, or both

   • Increased awareness/knowledge

   • Increased social connections

   • Increase participation in programs, activities, school, workforce

   • Focus on assets (e.g., build resilience, workforce) and/or deficits (e.g., prevent/heal trauma)

   • Target youth, families, schools, neighborhoods, environment, sectors/systems, and/or entire city/county

Q: **What outcomes should we use to measure the problem and/or progress toward our goals?**

A: • Life expectancy, quality of life

• High school graduation, chronic absenteeism, employment rates

• Community knowledge, engagement, connectedness, disconnected youth rates

• School, community, neighborhood safety/perception of safety

• Number of well-trained/funded service providers, integration of delivery systems, access to violence prevention services

• Number of community members who receive trauma-informed services

• Violent crimes, community/family/domestic/intimate partner violence, elder abuse, homicides, shootings, robberies, rapes, child abuse/neglect

Q: **What individuals should be involved?**

A: • Community members, particularly those most impacted (e.g., by location, age, race or ethnicity) – not just paid professionals

• Youth – not just parents or paid professionals

• Decision-makers and thought leaders from the public sector (e.g., Mayors, Supervisors, agency directors, superintendents and principals) and private sector (e.g., businesses, faith-based organizations)

• Mental health leaders

• Dedicated facilitator(s)

Q: **What systems should be engaged?**

A: • Community (e.g., violence prevention organizations, faith-based organizations, youth/family/school/ community support organizations and organizing groups, housing organizations, employment organizations/workforce training centers, parks and recs departments)

• Early childhood (e.g., First 5s, child care centers)

• Health (e.g., public health departments, hospitals, health plans and provider groups, mental/behavioral health plans and provider groups, health navigators)

• Education (e.g., schools, colleges)

• Child welfare (e.g., county social service agencies, Court Appointed Special Advocates (CASAs), foster youth-led organizations, dependency attorneys)

• Justice (e.g., law enforcement agencies, courts)

• Business (e.g., Chamber of Commerce, media)

# Appendix 2. Sample work plans in California relating to building trauma-informed communities

| Community | Action Plan | Vision statement |
|---|---|---|
| California | California Essentials for Childhood Initiative Framework[113] | All California children, youth, and their families thrive in safe, stable, nurturing relationships and environments |
| Bay Area (Alameda, Contra Costa, Marin, Santa Clara, Santa Cruz, San Mateo, San Francisco Counties) | Trauma Transformed (T2)[114] | We seek to foster healthy, resilient, and safe communities through trustworthy, compassionate and coordinated public services |
| Long Beach | Safe Long Beach: Families, Schools, and Communities[115] | Long Beach residents live in safe families and communities, attend safe schools, and are contributing citizens connected to their community |
| Napa County | Taking Action for a Healthy Future[116] | In Napa County, community members will take responsibility for improving and sustaining health through shared leadership, strategic planning, meaningful community engagement, and coordinated action.[117] |
| Oxnard | Action Plan (for guiding implementation of the Oxnard Strategic Action Framework for Empowered & Thriving Youth (SAFETY) Blueprint and the Community Wisdom Narrative: Consejoes Report)[118] | A thriving Oxnard in which all people feel safe and all young people have hope and opportunity supported by caring adults, strong families, and empowered communities. |
| Salinas | Salinas Comprehensive Strategy for Community-Wide Violence Reduction 2013-2018[119] | To build "A Peaceful Community" |
| San Diego | Live Well San Diego[120] | A region that is Building Better Health, Living Safely and Thriving |
| San Jose | Trauma to Triumph[121] | Safe and healthy youth connected to their families, schools, communities, and their futures |
| Santa Rosa | Mayor's Gang Prevention Task Force Strategic Plan Update 2012-2016[122] | To reclaim our youth for their families, schools, communities, and futures |

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