

Envisioning a Trauma-Informed, Healing-Centered, and Resilient California: Supporting State Government in Efforts to Move toward Recovery

Date: December 13, 2021

Time: 1:00 PM - 3:00 PM

Zoom Link: <https://cdph-ca-gov.zoom.us/j/87178111126?pwd=VS9Yb0VFZGJCYnFGb1ZSWXFiWFZBUT09>

Meeting ID: 862 1330 9671

Passcode: 290293

Meeting Two Agenda

Please note times for discussion items are approximations.

Time	Topic	Presenter
1:00 PM	Welcome and Meeting Overview	Colin Gutierrez and Elena Costa
1:10 PM	Overview of Meeting #1 of the “Envisioning a Trauma-Informed, Healing-Centered, and Resilient California: Supporting State Government in Efforts to Move toward Recovery” series	Colin Gutierrez
1:20 PM	Draft Guiding Statements Discussion and Feedback	Elena Costa
1:30 PM	Short 5 Minute Break	
1:35 PM	4 R’s “Pruning the Future” Tree Activity (Breakouts)	Elena Costa and All
2:30 PM	Debrief and Leaf and Tree Branch Development	Elena Costa and Colin Gutierrez
2:55 PM	Next Steps	Colin Gutierrez and Elena Costa

MEETING MINUTES

Links to Health in All Policies: <https://sgc.ca.gov/programs/hiap/> AND EfC Initiative: <https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/Pages/EssentialsforChildhood.aspx>

Meeting Participants:

- Colin Gutierrez, Public Health Institute, Health in All Policies
- Phyllis Agran, MD American Academy of Pediatrics, CA
- Anna Flynn, California Department of Public Health (CDPH), Maternal Child Adolescent Health (MCAH) Epidemiology
- Hye Sun Kim, FreeFrom
- G. Vanine Guenzburger, MCAH Epidemiology
- Ruben Cantu, Prevention Institute
- Melissa Bernstein, Rady Children's Hospital, Chadwick Center
- Sara Mann, CDPH, Injury and Violence Prevention Branch
- Sabrina Hamm, FreeFrom
- Julia Caplan, Public Health Institute
- Renay Bradley, CDPH, Essentials for Childhood Initiative
- Matt Schueller, Office of the California Surgeon General
- Tracy Urban, California Department of Social Services (CDSS), Child Care and Development Division, Emergency Child Care Bridge Program for Foster Children
- Shaaneequa Owusu, ChangeLab Solutions
- Jeffery Rosenhall, CDPH, Injury and Violence Prevention
- Blanca Enriquez, CDSS, Office of Child Abuse Prevention (OCAP), Essentials for Childhood Initiative
- Julianne McCall, Governor's Office of Planning & Research
- Dalila Madison Almquist, Public Health Institute
- Victoria Custodio, CDPH, Injury and Violence Prevention Branch, Active Transportation Program
- Sharon Eghigian, Health Equity Liaison, Center for Infectious Diseases, CDPH
- Clark Marshall CDPH, School Based Health Center Program Coordinator
- Christine Fenlon, CDPH, Fusion Center
- Katey Rosenquist, CDPH, Fusion Center
- Anna Diaz, DHCS, Preschool Development Grant Renewal/EPST
- Elisa Nicholas, Pediatrician and CEO of TCC Family Health and FQHC system in Long Beach
- Karen Clemmer, PACEs Connection, Regional Community Facilitator
- Beth Saiki, CDPH, Environmental Health Investigations Branch

BACKGROUND AND OVERVIEW

- “California State Departmental Scan on ACEs and Trauma-Informed Approaches” Environmental Scan launched in 8/21/2020
- Individual follow-ups from October - January 2020
- A graduate research project gathered recommendations for collaborative action from January – May 2021
- On 9/15/2021, “Envisioning a Trauma-Informed, Healing-Centered, and Resilient California: Supporting State Government in Efforts to Move toward Recovery, pt. 1

MEETING GOALS

- Provide an overview of the meeting with state staff on meeting one of the “Envisioning a Trauma-Informed, Healing-Centered, and Resilient California: Supporting State Government in Efforts to Move toward Recovery” series
- Share draft guiding statements for what a more trauma-informed, healing centered, and resilient California could look like and receive feedback and suggested edits
- Facilitate an interactive discussion to receive feedback on how best to reach the non-binding guiding statement and achieve a more trauma-informed, healing centered, and resilient California.

OVERVIEW OF MEETING #1 OF THE “ENVISIONING A TRAUMA-INFORMED, HEALING-CENTERED, AND RESILIENT CALIFORNIA: SUPPORTING STATE GOVERNMENT IN EFFORTS TO MOVE TOWARD RECOVERY” SERIES

- Recap of Event One
 - Presented on how trauma-informed approaches can support resiliency and healing from Adverse Childhood Experiences (ACEs) and toxic stress within the work of state government,
 - Shared results from the 2020 “California State Departmental Scan on ACEs and Trauma-Informed Approaches”, and
 - Facilitated an interactive discussion that will support development of a non-binding guiding statement to support efforts to reach a more trauma-informed, healing centered, and resilient California.

DRAFT GUIDING STATEMENTS DISCUSSION AND FEEDBACK

- Guiding Statements

1. California communities are empowered through an interconnected network of community organizations and government agencies built on the foundational understanding of and commitment to trauma-informed and healing-centered decision making that builds trust and protective factors with the communities they serve.

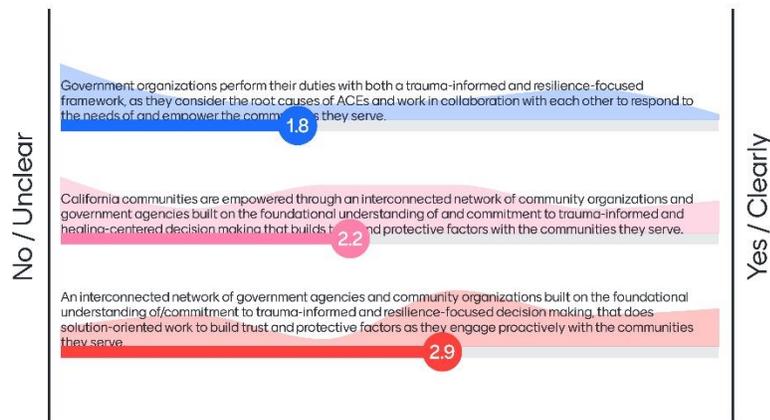
2. Government organizations perform their duties with both a trauma-informed and resilience-focused framework, as they consider the root causes of ACEs and work in collaboration with each other to respond to the needs of and empower the communities they serve.

3. An interconnected network of government agencies and community organizations built on the foundational understanding of/commitment to trauma-informed and resilience-focused decision making, that does solution-oriented work to build trust and protective factors as they engage proactively with the communities they serve.

- MentiMeter
 - Poll Results
 - Guiding statement 1 received average of 1.8 upvotes
 - Guiding statement 2 received average of 2.2 upvotes
 - Guiding statement 3 received average of 2.9 upvotes

Up Vote Your Favorite "Guiding Statement"

Mentimeter



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- What is missing from the top scoring guiding statement? What edits would you recommend?
 - The third statement is missing a focus on healing.
 - I like the message in the first statement about empowering communities. Ultimately if communities have what they need, there is less reliance on govt
 - "Focus on structural drivers. Maybe it's interdependent and not interconnected? Healing is key - as is community centered"
 - It could be powerful and clear to phrase this as an intended outcome - what do we hope to see. Further clarify - who do we hope will be guided by this

statement? It's good that it calls upon community and government together, versus one or the other.

- Recommend including structural and root causes.
 - I wonder to whom these statements are directed. They all seem very wordy and with complex words. So, what who is the intended audience?
 - Partnership and/or Collaboration between Gov and Comm Based Orgs. Mentioning SDOH, root causes, and ACEs... Is there a need to include an equity focus as well?
 - Would love language on helping communities heal and thrive; would love language on centering on communities and their lived experiences, as they know the issues best and the solutions best.
 - Root causes of ACEs were discussed as being an important add. It also could be helpful to outline the specific impacts of trauma and adversity on health and wellbeing.
 - Recommend identifying if this is intended to be a desired results statement (e.g., identify a condition of wellbeing that we're all working toward) or is it a value statement? Or a mission or a vision statement? etc.
 - Will local and regional government agencies be included in the intent of this statement? Or just state agencies?
 - Recommend using the word 'partnership' instead of 'network'.
 - Agree with the comment about mentioning equity!
 - Could a focus on racial equity be included?
 - Could something on targeted universalism with a goal of equity be included?
 - Is economic support more for the policy comm versus this one?
 - Maybe instead of squeezing everything in a single statement, it's a collection of guiding principles?
 - Add root causes.
 - "Operationalizing:
 - a. What data sets will be sourced to help us know if we're achieving outcomes related to the guiding statement(s)?
 - b. What tools will be used to help govt agencies assess for and implement strategies and track outcomes that align?"
- What does the group see as the best way to start normalizing, organizing, and operationalizing the guiding statement?
 - In terms of process: Clarify who the actor(s) are for this guiding statement, ask them to endorse it officially & publicly, and describe how their work would look different if this was applied.
 - Engage community-specific influencers in paid workshops and regularly hosted community meetings
 - Community members and groups need to drive the process.
 - Getting buy-in and community support, having concrete next steps for where various organizations and government entities etc. should start. Have each

organization/entity to buy-in to commit to one or two changes they will make/start with.

- Other Questions and Comments
 - Who is the intended audience?
 - good guiding statement but they're long and confusing-need clarity
 - Local and region state agencies? Further clarify on that.
 - Is this akin to a desired results statement?
 - Due to unequal distribution of power, is there reaching for something more than a network, word partnership comes to mind; appreciate "root cause" importance of structural systemic vs ACEs being individual- acknowledging structural impact.
 - Include glossaries and definitions to ensure we have a shared language/ understanding including practical examples of how to see it in action/do it would be helpful to operationalize.

4 R'S "PRUNING THE FUTURE" TREE ACTIVITY

- Access Group Jamboard at this link:

https://jamboard.google.com/d/1Dcq9wEnYxoUerVzkesf4Ls7j2E9LzT1kl9o8dm_byzk/edit?usp=sharing

- Groups utilized stickies to create "leaves" of the tree that:

 - Named specific needs (e.g., types of resources, specific partnerships, specific efforts and activities, etc.) that are necessary to reach the desired outcome (i.e., a trauma-informed and healing centered California).

- **Group 1 Notes:**
 - Government agencies should be clear on where each of their community activities lies within the Continuum of Community Engagement - and to be open and honest with communities about this. Over time, government agencies should work hard to move toward the right end of the continuum.
 - Over time, government agencies to work toward the right end of the continuum.
 - Top-down direction - from legislature, governor, etc. There are lots of do-gooders in government, but how do we get the institutions to make these moves?
 - Targeted universalism
 - Transparency
 - TI approach = focusing on desired outcomes, and not focusing on "equal treatment" but instead using targeted universalism to do what people/communities need, which will not be uniform.
 - Embed in organizational policies/infrastructure/work/messaging
 - Build this into measurement, have measures for how much and how well we are doing this, and is anyone better off? (RBA methodology)
 - Elevate best practices and examples that have worked. Mentor to facilitate journey to trauma informed care

- Train government leaders/agencies to recognize their role in trauma-informed services/communities/systems
- Shared language
- Build a trauma informed culture
- Promote flexibility and culture of learning
- **Group 2 Note:**
 - Need to support a pipeline of paraprofessionals and licensed professionals via training on healing centered modalities (e.g., TF-CBT, DBT, EMDR, SE, etc.)
 - Approach healing centered work as a community level intervention
 - Long term: adding systems (caused) trauma and historical trauma as an additional focus to intergenerational & Community trauma
 - Short term: There's a lot of education now; I think there is a need for training & support for a trauma informed culture shift. An investment of time and budget to do so,
 - Need to work with insurance companies who are in CA re: need to fully fund mental health providers in terms of reimbursing MH providers for providing care such as TF-CBT, DBT, EMDR, etc.
 - Include healing centered modalities that are community driven (and not Western culture centered)
 - Multi-pronged approaches: Upstream policies to change systems to prevent future trauma while also providing services to those who struggle with trauma
 - An awareness campaign to educate the public on what trauma-informed means and how they can participate in these efforts
 - Support the development/pipeline of paraprofessionals who may not be licensed MH providers but are considered wisdom keepers and/or healers in their respective communities (get wisdom keepers paid and don't over-formalize in a way that is a barrier for their participation)
 - Training/resources for general trauma-informed prevention work - not just in health care services.
 - Healing-center is about the approach to take, responsibility is on government to take on the approaches vs putting things on the individual, communities bear the brunt of government policies/etc., acknowledging the harm systems do both intentionally and unintentionally
 - Shift from resilience to healing-centered; beware of using resilience- question whether it can be stigmatizing
 - Group 2, Q re: missing elements from definition: Recommend a re-phrasing of the question, e.g., "What is needed to achieve a CA that acknowledges the importance of intergenerational and community trauma connected with government policies, practices, and procedures?"
- **Group 3 Notes:**
 - Guiding question 1: Integrate physicians' questioning about trauma so that it is included in patient records for future analysis and decision-making

- Guiding question 1: Trying to understand what forms of trauma look like, trying to collect information on that, and what possible solutions look like. Don't make assumptions and engage in conversations with community
- CA state government and local government, employ many people (who may also have experienced trauma). What do employee/workplace policies look like that can be supportive and address the trauma to ensure that employees themselves don't re-traumatize the people that they serve
- Guiding question 1: Making sure that there is a recognition that trauma is not just about ACES, it goes beyond ACEs to things related to the social determinants of health (housing, violence in the community, economic opportunities)
- Make alternatives to response to domestic violence, IPV possible/available. Calling the police can retraumatize, can add trauma especially for Black and LGBTQ+ communities
- Guiding question 1: Making sure that we have an equity and racial justice approach and that we are leading with race in terms of stating the problems and also leading with race in terms of stating the solutions
- Think about integration with State Health and Assessment Improvement Plan in addition to the local-level community health and assessment improvement plans
- An idea is to have a requirement that every state grant applicant must respond to a prompt about how their project or effort will reduce or prevent individual and community trauma (similar to greenhouse gas cap and trade program)
- Build examples into more grant opportunities (all funding opportunities)
- Where are we putting our funding and investments - is there a way to measure trauma (e.g., Healthy Places Index) to better inform where are funding is most needed
- Local and state government would do well to have concrete examples of what all of these examples look like. How have they been implemented in the real world (CDPH home visiting examples)?
- **Group 4 Notes:**
 - Remain mindful about how often communities are engaged. Often time fatigue sets in and can lend itself to re-traumatization as it begins to feel extractive even if you are being paid for your time. This is where deep coordination within and across agencies is key
 - Strengths-based framing, emphasize PCEs equally
 - Do not over-message about toxic stress - it is important to understand, but needs to be balanced out by educating on resilience. Negative health messaging causes most audiences to shut down/tune out
 - Recognize and validate the impact of "big T" AND "little t" trauma - both can cause negative mental and physical health outcomes. It's not the trauma Olympics and everyone's experiences are valid
 - Do not stigmatize those who have experienced trauma
 - Recognize the resiliency and strengths of those who have experienced intergenerational and historical trauma
 - Maybe a media campaign with a famous person or an influencer

- Prevention can and should be primary, secondary, and tertiary
- A caring connected community that practices universal precautions and assumes all have experienced trauma can be extremely powerful
- Many times those who have faced or are facing trauma will not admit to it or talk about it
- Collaborate with CA Marriage and Family Therapist Association to enhance mandatory training/education for MFT students, associates, and Licensed folks
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- While identifying new opportunities, also leverage what the State already has in process that seems promising or has done well
- Question 1: Train school teachers and school administrators on signs and symptoms of trauma...and provide resources
- CDPH needs to mandate (or strongly encourage) ALL staff to be educated about TIC and all programs and services need to integrate TIC into their mission statements
- While identifying new opportunities also leverage what the State already has in process that is promising and or has worked

ACTIVITY DEBRIEF AND DISCUSSION

Full Group Discussion

- Instead of focusing on individual attributes or characteristics (e.g., 'resilience'), focus on where systems have failed and what needs to be done (so that the responsibility is on the systems, not on the individuals who have borne the brunt of systemic oppressions)
- Q: Which system is in most need of TI? Could it be the CJ system?
- Missing elements from the Def: resiliency word is an issue. After intergenerational Trauma- add connected w/ government practices, policies, and procedures
- What's behind ACEs? Justice and policy issue
- State systems-> starting w/ looking at selves is critical. Language hurts, examine docs and data system collection carefully. Start at home
- Cultural responsiveness is critical
- Pandemic is traumatic. Perhaps this time is a good one to consider adopting and implementing TI approaches and practices?
- Time to care is now
- The need for culture shift so that TI education can be absorbed
- Include language that healing-centered approaches and services are available to all in California, regardless of documented status
- Folks doing the work have lived experience as well- consider this when communicating
- What do folks need right now? Help them

- Language- strength based- avoid deficit and risk language (funding, policies) helping because folks need help, avoiding predicting CW systems that may or may not be accurate
- The need for culture shift so that TI education can be absorbed
- Community led/community support-> what power the state has to get money to communities (e.g., vendors we use)- how to avoid the limitations? Shift would be helpful and think about support to culturally responsive to reach communities
- The pandemic is a long-term crisis... a crisis can be a set of circumstances that exceeds our ability to cope in a given context. Can we include language to address traumas that are different that result from both short- and long-term crises?
- Need to support different approach to TI (e.g., TI or mental wellness- labels such as "resilience" could be stigma- S. Ginwright terms)
- Labels-> advocate for approach to be community driven not western culture driven- expansive language (e.g., wisdom keepers, ancestral)- expansive services for TI care app
- Build TI culture and shared language, promoting flex and culture and learning to build trust w/ community and show greater transparency and accountability
- More support w/ leadership and buy-in to imbed TI into policies and procedures so that it happens (adoption)
- Ensuring equity and racial justice approach. Leading w/ race specifically when thinking about solutions
- Funding critical- where is the \$\$ going and how to measure T to determine where \$ is most needed
- How local and state gov- concrete ex- how have TI practices and approaches been adopted and implemented (e.g., home visiting)
- Avoiding stigma- thinking about language and working w/ communities. "we" and "them"- avoid. Playing fields even, equal participation
- Strength based approach is critical- avoid labeling and naming folks into groups
- Training and leveraging existing resources- training stakeholders groups (e.g., police, prison, MFTs, teachers, schools) to better support and deliver services and resources to communities

NEXT STEPS

- Summary notes will be posted on PACEs Connection
- Inclusion of the work within the EfC Initiative's trauma-informed resource that shares results of Key Informant Interviews, results of the 2020 "California State Departmental Scan on ACEs and Trauma-Informed Approaches", and the feedback gathered during this event series
- Feedback may support and guide violence prevention efforts undertaken by HiAP