



June 21, 2016 Breakout Session

INTRODUCTION: On June 21, 2016 the movie *Resilience* was premiered at Cherokee Elementary in partnership with Alliant University, Paving Great Futures, the San Diego Unified School District, and the County of San Diego. The purpose of the movie was to inform decision makers and residents, and begin to build meaningful and authentic relationships so that understanding, engagement, and wellness can develop and flourish through the San Diego Region. After the movie, there was a panel providing a call to action, followed by a breakout session asking one question – *What do you need as a people to make a big change in the area of 1) Policy, 2) Practice, 3) Place, 4) Language, and 5) Inclusion of Client Partners and Staff?*

The feedback from this breakout session can be found on the following pages. Comments are unedited. If you were unable to participate in the breakout session, please click on the link below to share your feedback by July 29, 2016.

WWW.SURVEYMONKEY.COM/R/RESILIENCESD

ABOUT THE FILM: *RESILIENCE: THE BIOLOGY OF STRESS AND THE SCIENCE OF HOPE* uses beautiful animation and compelling characters to explore the science and the solutions of stress and resilience. The film follows pioneering individuals who looked at the ACEs (or Acute Childhood Experiences) research and the emerging science of Toxic Stress and asked, *Why are we waiting?* Each took this new information and used it in new ways. The film chronicles the promising beginnings of a national movement to prevent childhood trauma, treat Toxic Stress, and greatly improve the health of future generations. For more information about the film go to www.kpjfilms.co

Table 1: Policy Lens

Are policies reviewed and created with a trauma informed lens so that policies are not harmful to employees or consumers and that staff and consumers are involved in the creation of policies?

- Medical screening for MD, PhD and PSYD (raising awareness):
 - Several of the individuals felt that the importance of trauma and the ACEs was not well understood by many medical doctors. They felt this information was important enough that it should be implemented in medical school curriculum.
- More information for rape victims re: processing of rape kits (ex. of a policy)
 - A couple of the participants work in a rape clinic. One was mentioning how the interaction between law enforcement/the D.A.'s office and the victims was poor when it came to processing rape kits. He said that often they are only processed when a decision has been made whether or not to prosecute, which many times is up to the victim. The main complaint was that often times the victim doesn't realize that there are time limits regarding the statute of limitations and (I believe he said) how long the actual kits can be held. In his experience, the rape kits were disposed of without the knowledge of the victim, which he felt was re-traumatizing.
- Shift in spending towards prevention [and] inclusion of stakeholders in policy writing and review.
 - While the group communicated that they were not sure how to pursue this change, they were struck by the statistic in the movie about the small percentage of funding that goes to prevention efforts.
- Importance of accountability for policies
 - One of the gentlemen from HHSA communicated that he felt meaningful policy changes required provisions for accountability, as in his experience often times without accountability, the benefit of well-meaning policy gets lost in the implementation.
 - The conversation turned to what that accountability might look like. The following were points from that conversation:
 - Licensing**
 - Attach accountability for trauma informed policies to agency licensing
 - Quality control**
 - Several had communicated that there were already existing quality control mechanisms in place at their agencies/programs
 - Audits**
 - Perhaps a formal process for audits?
 - Community outreach**
 - It seemed to be a consensus that community involvement was a crucial part in accountability. When I asked how that may look for families

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whose resources are already stretched thin, a woman from the rape clinic shared some success they had in engaging families in a community [where] they were doing sex education. She mentioned that it took them proactively reaching out to the families of the students with whom they were working to share what they were hoping to accomplish and invite participation.

- Collaboration across agencies
 - Several individuals brought up issues that span the traditional partitions between agencies. It seemed clear that a potential obstacle toward meaningful policy change is the ability to write policy that facilitates cross-agency/program collaboration.
- Need for culturally humble approach
 - One of the gentlemen participating works with refugee communities. He communicated the importance of ensuring that policy changes take cultural factors into account, as he has witnessed otherwise well-meaning policies fail due to cultural incompatibility.

Table 2: Practice Lens

Are the organization's practices conducted within a universal awareness of trauma and complex stress's potential impact to staff and client partners/customers and the willingness to appropriately address and respond?

- Focus on schools → reach the most people, easiest point of access, more accessible
- Quality of care from health providers → train all of the staff, non-judgmental environments
- Having a point of contact → partnering up with 211, having enough staff available to listen → Practitioners are Needed!!!
- People need to engage more in trauma informed training. Having people put the system to actual practice (Practitioners)
- Peer navigator → have better communication between staff & community members → be culturally sensitive → stay in touch with families. Being culturally familiar/Educated/Have compassion.
- Trauma-informed services will save money → spread the word about it → show people the stats & research of ACE studies
- Create mentors that empower the youth & community → how?
- Being more trauma informed with mentors → background checks can hinder mentors from mentoring.
- Schools partnering up with mental health services → who can make these connections?

Table 3: Place Lens

Does the physical environment promote a sense of well-being?

- Individualize safety for population which we work with
- Creating safe places for everyone
- Providing resources through partnerships in the community
- Bringing support into community
- Providing education to families so they have the opportunity to be families
- Find community strengths to build upon → hold community responsible
- Loving, caring adult role models for children

Table 4: Language Lens

Are the organization's verbal and written communication free of jargon, bias, and are easy to understand by staff and client partners/customers; and available in various communication modalities?

- Profession- clear/concise forms with alternative ways to communicate. Living in line with the organization's mission.
- Teach the basics of common language. Cultural competency communication
 - Some language is non-verbal.
- Explain the purpose/why forms are needed → to empower consumers to provide helpful feedback.
- Forms revised to restorative form
 - Reframe vs. blame
- Closed communication due to barriers between consumers/professionals (windows at clinic)
- Trauma informed definition/terms/awareness & education

Profession → Community- Bring professional language and bring this to the community (everyday practical language)

"It's the community that heals!"

Table 5: Engagement and Involvement of Client Partners/Customers and Staff

Does the organization include the voice of the customer (staff and client partners) in program development and decision-making?

- Define agency policy to recognize the client as a partner in her/[his] case management.
- Use ACEs questions in screening process for prospective Foster parents
- Engage awareness in discussions about change in law to recognize client
- Engage partners/family members when client is a minor
- TRUST!
- Open to independent organizations
- Client/partners in non-traditional/alternative settings
- Listening to the client, being open to other ideas/dissent
- Reach out to elected officials at all levels (City, County, State, Federal) in an effort to engage them as partners