

AGENDA

SPECIAL JOINT MEETING OF THE BOARD OF COMMISSIONERS AND THE BUDGET & FINANCE AND EXECUTIVE COMMITTEES

Budget & Finance Committee Chair: Robert Byrd

**Thursday, January 25, 2018
1:30 PM**

Meeting Location:
First 5 LA
750 N. Alameda Street
Los Angeles, CA 90012



ASPOSE

Your File Format APIs

1. **ACTION**
Call to Order / Roll Call
- **Marlene Zepeda, Committee Chair**

2. **INFORMATION** **3**
Review Program & Planning Committee Meeting Transcript –
October 26, 2017
- **Marlene Zepeda, Committee Chair**

3. **INFORMATION** **66**
Health Outcome: Update on Trauma Informed Care Strategy and Proposed
Strategic Partnership with the City of Long Beach, Department of Health
and Human Services (DHHS) to serve as the coordinating organization for
trauma and resiliency informed systems change in Long Beach
- **Tara Ficek, Director, Health Systems**
- **Pegah Faed, Senior Program Officer, Health Systems**
- **Jennifer Chheang, Senior Program Manager, The California**
Endowment

4. **INFORMATION**
First 5 LA's Financial Context
A. Budget Calendar **272**

COMMISSIONERS

Los Angeles County Supervisor	Judy Abdo	Summer McBride
Holly J. Mitchell	Robert Byrd, Psy.D	Maricela Ramirez
<i>Chair</i>	Astrid Heger, M.D.	Carol Sigala
Brandon Nichols	Yvette Martinez	
<i>Vice Chair</i>		

EX OFFICIO MEMBERS

Barbara Ferrer, Ph.D.,
M.P.H., M.Ed.
Jacquelyn McCroskey, DSW
Deanne Tilton

EXECUTIVE DIRECTOR

Karla Pleitéz Howell

EXECUTIVE VICE PRESIDENT

John A. Wagner

A PUBLIC ENTITY

- | | |
|---|------------|
| <p>B. Long Term Financial Projection</p> <ul style="list-style-type: none"> - Raoul Ortega, Finance Director - Daisy Lopez, Financial Planning & Analysis Analyst/Budget Manager | <p>273</p> |
| <p>5. Break</p> | |
| <p>6. INFORMATION</p> <p>Budget and Legislative Update</p> <ul style="list-style-type: none"> - Charna Martin, Senior Policy Strategist - Becca Patton, Senior Policy Strategist | <p>301</p> |
| <p>7. INFORMATION</p> <p>ECE Outcome: Update on ECE Competencies Leadership and Technical Assistance</p> <ul style="list-style-type: none"> - Debra Colman, Senior Program Officer, Early Care & Education - Gina Rodriguez, Program Officer, Early Care & Education | <p>313</p> |
| <p>8. INFORMATION</p> <p>(WRITTEN ONLY)</p> <p>Extension of Strategic Partnership with California Community Foundation (CCF), Fiscal Sponsor for the LA Partnership for Early Childhood Investment to Support the LA County Perinatal and Early Childhood Home Visiting Consortium</p> <ul style="list-style-type: none"> - Barbara DuBransky, Director, Family Supports | <p>326</p> |
| <p>9. INFORMATION</p> <p>Public Comment (For items not on the agenda)</p> | |
| <p>10. ACTION</p> <p>Adjournment</p> | |

1 MEETING OF FIRST 5 LOS
2 ANGELES PROGRAM AND PLANNING
3 THURSDAY, OCTOBER 26, 2017
4 750 NORTH ALAMEDA STREET,
5 FIRST FLOOR
6 LOS ANGELES, CALIFORNIA
7 90012
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1 REPORTED BY:
2 CLARENCE DIONISIO
3 CSR #13343
4 THURSDAY, OCTOBER 26,
5 2017; LOS ANGELES, CALIFORNIA
6 1:33 P.M.
7
8 COMMISSIONER ZEPEDA: OKAY
9 SO CAN EVERYONE TAKE THEIR
10 SEATS SO WE CAN START ON TIME.
11 GOOD AFTERNOON EVERYBODY.
12 WELCOME TO OUR PROGRAM AND
13 POLICY PLANNING COMMITTEE
14 MEETING TODAY.
15 SO, I'D LIKE TO CALL TO
16 ORDER AND JUST HAVE EVERYBODY
17 INTRODUCE THEMSELVES WHICH IS
18 OUR USUAL PROCEDURE.
19 SO, I'M GOING START WITH
20 KIM BECAUSE LAST TIME I FORGOT
21 ABOUT HER.
22 KIM BELSHE: DO I GET A
23 COOKIE? I GET A COOKIE TO
24 MAKE UP FOR IT.
25 KIM BELSHE, FIRST 5 LA.

2

1 COMMISSIONER MARTINEZ:
2 YVETTE MARTINEZ, FIRST 5 LA
3 COMMISSIONER.
4 COMMISSIONER TAYLOR:
5 ROMALIS TAYLOR, FIRST 5 LA
6 COMMISSIONER.
7 COMMISSIONER YBARRA:
8 JOSEPH YBARRA, COMMISSIONER.
9 JOHN WAGNER: JOHN WAGNER,
10 STAFF.
11 CHRISTINA ALTMAYER:
12 CHRISTINA ALTMAYER, STAFF.
13 TARA FICEK: TARA FICEK,
14 STAFF.
15 CRISTINA PENA: CHRISTINA
16 PENA STAFF.
17 YVETTE BAPTISTE: OF
18 COURSE, YVETTE BAPTISTE. I'M
19 WITH THE EASTERN LOS ANGELES
20 FAMILY RESOURCE CENTER.
21 CHARNA MARTIN: CHARNA
22 MARTIN, STAFF.
23 COMMISSIONER ABDO: JUDY
24 ABDO, COMMISSIONER.
25 COMMISSIONER BOECKMANN:

3

1 JANE BOECKMANN, COMMISSIONER.
2 COMMISSIONER ARAGON:
3 LINDA ARAGON, ALTERNATE
4 COMMISSIONER.
5 COMMISSIONER PLEITEZ
6 HOWELL: KARLA PLEITEZ HOWELL,
7 COMMISSIONER.
8 COMMISSIONER ZEPEDA:
9 LET'S GO TO OUR STAFF IN THE
10 BACK AND THEN GO AROUND.
11 COMMISSIONER ZEPEDA:
12 SPEAKER: LETICIA CHACON,
13 HSA COMMUNITY.
14 SPEAKER: CINDY
15 (INAUDIBLE), STAFF.
16 SPEAKER: JENNIFER
17 (INAUDIBLE) HART, STAFF.
18 SPEAKER: (INAUDIBLE)
19 SPEAKER: ARMANDO JIMENEZ,
20 STAFF.
21 ANTOINETTE ANDREWS BUSH:
22 ANTOINETTE ANDREWS BUSH,
23 STAFF.
24 KEVIN FREER: KEVIN FREER
25 STAITH STAFF.

4

1 SPEAKER: (INAUDIBLE)
2 FIRST 5 LA.
3 SPEAKER: MAE CARMEN FIRST
4 5 LA.
5 SPEAKER: ROXANN
6 (INAUDIBLE), FIRST 5 LA.
7 SPEAKER: (INAUDIBLE),
8 FIRST 5 LA L.A.
9 FIRST 5 LA.
10 SPEAKER: GABRIEL
11 (INAUDIBLE). GO DODGERS, FIRST
12 5 LA.
13 SPEAKER: KAYLA USC.
14 SPEAKER: (INAUDIBLE)FIRST
15 5 LA STAFF.
16 SPEAKER: (INAUDIBLE),
17 FIRST 5 LA.
18 SPEAKER: ALEXANDER.
19 SPEAKER: TINA (INAUDIBLE)
20 --
21 SPEAKER: (INAUDIBLE)
22 ORTIZ, STAFF.
23 SPEAKER: STEVE BALDWIN,
24 DEPARTMENT OF PUBLIC HEALTH.
25 SPEAKER: (INAUDIBLE)

5

1 SPEAKER: CHRISTINE -
2 SPEAKER: HEATHER.
3 SPEAKER: (INAUDIBLE) --
4 SPEAKER: RICHARD COHEN
5 ROVING CHILD DEVELOPMENT
6 PERSON.
7 SPEAKER: CARL GATES STAFF
8 AND FIRST 5 LA.
9 >KATIE (INAUDIBLE), FIRST
10 5 LA.
11 SPEAKER: CHRISTINA
12 ALVARADO, NOT FIRST 5 LA.
13 COMMISSIONER ZEPEDA:
14 OKAY, AND -- KIM BROWNSON
15 FIRST 5 LA.
16 DR. MONA PATEL: I'M DR.
17 MONA PATEL, DIRECTOR OF
18 OPERATIONS AT CHILDREN'S
19 HOSPITAL
20 COMMISSIONER ZEPEDA:
21 THANK YOU ALL FOR COMING.
22 OKAY SO MOVING ONTO ITEM 2
23 WHICH IS REVIEWING OUR
24 COMMITTEE MEETING NOTES,
25 COMMISSIONERS ARE THERE ANY

6

1 ADDITIONS, CORRECTIONS,
2 MODIFICATIONS?
3 HEARING NONE WE'LL GO
4 AHEAD AND ACCEPT THEM AS THEY
5 ARE.
6 THANK YOU.
7 ALL RIGHT.
8 SO, WE'RE GOING TO MOVE
9 ONTO ITEM 3, WE -- OKAY.
10 SO, OUR REP FROM THE
11 PROGRAM FOR THE DEPARTMENT OF
12 PUBLIC HEALTH HAS TO RECUSE
13 HERSELF-- NOR THIS DISCUSSION
14 WHICH IS ON HELP ME GROW THE
15 PLANNING AND DESIGN PROCESS
16 RECOMMENDATIONS.
17 SO, OUR PRESENTERS ARE
18 TARA, CHRISTINA, YVETTE AND I
19 GUESS DR. PATEL, RIGHT?
20 WILL BE PRESENTING SO
21 WELCOME.
22 TARA FICEK: THANK YOU
23 GOOD AFTERNOON EVERYONE GOOD
24 AFTERNOON COMMISSIONERS.
25 SO, THE FIRST 5 LA HEALTH

7

1 SYSTEMS DEPARTMENT IS VERY
2 EXCITED TO BE BRINGING IN A --
3 SEVERAL IMPORTANT UPDATES TO
4 EACH OF YOU TODAY RELATED TO
5 OUR WORK IN EARLY
6 IDENTIFICATION AND
7 INTERVENTION.
8 A LOT HAS BEEN HAPPENING
9 OVER THIS LAST YEAR AND LET'S
10 BE HONEST, IT HAS BEEN -- THIS
11 PRESENTATION HAS BEEN A YEAR
12 IN THE MAKING, SO WE HAVE
13 QUITE A BIT TO COVER.
14 BUT, I THINK WE'VE DONE IT
15 IN A WAY THAT WILL BE ENGAGING
16 AND EXCITING AND WILL BE --
17 YOU'LL BE READY TO THINK ABOUT
18 KIND OF NEXT STEPS AND WHERE
19 WE'RE HEADED.
20 SO, WE ARE GOING TO BE
21 PROVIDING AN OVERVIEW OF THE
22 HELP ME GROW LOS ANGELES EARLY
23 PLANNING AND DESIGN PROCESS.
24 WE ARE ALSO REQUESTING --
25 SUBMITTING THIS INFORMATION

8

1 TODAY AND REQUESTING THIS
2 ACTION AT OUR NOVEMBER BOARD
3 MEETING, TWO ITEMS: FIRST, ONE
4 TO ESTABLISH A STRATEGY
5 STRATEGIC PARTNERSHIP WITH THE
6 L.A. COUNTY DEPARTMENT OF
7 PUBLIC HEALTH; TO SERVE AS
8 THE ORGANIZING ENTITY FOR HELP
9 ME GROW-LA; AND WE'RE ALSO
10 GOING TO BE REQUESTING AN
11 EXTENSION OF OUR FIRST
12 CONNECTIONS INVESTMENT FOR AN
13 ADDITIONAL TWO YEARS, AND WITH
14 THE AMOUNT NOTED THERE NOT TO
15 EXCEED 1.9 MILLION KNOWING
16 THAT THE SUCCESS OF FIRST
17 CONNECTIONS IS REALLY AN
18 OPPORTUNITY FOR US TO BUILD
19 UPON TO GUIDE HELP ME GROW'S
20 EARLY IMPLEMENTATION.
21 SO, AS A REMINDER FOR OUR
22 COMMISSIONERS, OUR 2015, 2020
23 STRATEGIC PLAN DOES INCLUDE
24 THE KEY STRATEGIES, AREAS OF
25 FOCUS NOTED HERE IN THIS

9

1 SLIDE.
2 YOU'VE SEEN THIS BEFORE SO
3 HOPEFULLY IT'S FAMILIAR.
4 BUT TODAY'S PRESENTATION
5 IS REALLY GOING TO FOCUS
6 SOLELY ON OUR WORK WITHIN
7 HEALTH SYSTEMS, SPECIFICALLY
8 EARLY IDENTIFICATION AND
9 INTERVENTION, AND OUR EFFORTS
10 AS I MENTIONED OVER THIS LAST
11 YEAR IN BRINGING THE HELP ME
12 GROW FRAMEWORK HERE TO LOS
13 ANGELES.
14 AND AS YOU'RE GOING TO SEE
15 IN THE PRESENTATION ALTHOUGH
16 HELP ME GROW IS HOUSED WITHIN
17 OUR HEALTH SYSTEMS DEPARTMENT,
18 ENORMOUS OPPORTUNITIES EXIST
19 TO INTEGRATE THIS WORK ACROSS
20 ALL OF OUR OUTCOME AREAS.
21 SO, AS REMINDER, BACK IN
22 2015 STAFF DID IDENTIFY THE
23 HELP ME GROW FRAMEWORK AS A --
24 MODEL AS AN IDEAL APPROACH TO
25 BUILD AN INTEGRATED SYSTEM FOR

10

1 EARLY IDENTIFICATION AND
2 INTERVENTION FOR YOUNG
3 CHILDREN.
4 AND SINCE THEN FIRST 5 LA
5 -- IN PARTNERSHIP WITH KEY
6 LEADERS FROM MULTIPLE DIVERSE
7 SECTORS INCLUDING HEALTH,
8 EARLY CARE AND EDUCATION,
9 FAMILY SUPPORTS -- HAVE BEEN
10 WORKING TOGETHER TO COMPLETE
11 THE NECESSARY EARLY PLANNING
12 AND DESIGNING OF HELP ME GROW
13 HERE FOR L.A. COUNTY.
14 SO, WE HAVE PROVIDED A FEW
15 UPDATES TO THE BOARD, AT
16 CERTAIN POINTS THROUGHOUT THIS
17 LAST YEAR.
18 HOPEFULLY, MANY OF YOU
19 WILL RECALL A PRESENTATION IN
20 MAY THAT WAS ACTUALLY THE LAST
21 TIME WE CAME TO THE BOARD
22 WHERE THE FOUNDER OF HELP ME
23 GROW NATIONAL DR. PAUL DWORIN
24 WAS HERE TO TALK ABOUT --
25 PROVIDE AN OVERVIEW OF THE

11

1 FRAMEWORK AND ALSO TALK ABOUT
2 THE UNIQUE OPPORTUNITIES THAT
3 EXIST IN L.A. TO ADVANCE THIS
4 WORK.
5 SO, WITH THAT IN MIND
6 KNOWING IT'S BEEN A FEW MONTHS
7 SINCE WE CONNECTED JUST TO DO
8 A VERY BRIEF REFRESHER --
9 WE'RE NOT GOING TO GO INTO
10 THIS IN TOO MUCH DETAIL -- BUT
11 IN ORDER TO UNDERSTAND THE
12 REST OF THE PRESENTATION.
13 THE FRAMEWORK DOES INCLUDE
14 THE FOUR CORE COMPONENTS NOTED
15 IN THE VISUAL -- THE
16 CENTRALIZED ACCESS POINT; THE
17 COMMUNITY AND FAMILY
18 ENGAGEMENT; CHILD HEALTH CARE
19 PROVIDER OUTREACH; AND DATA
20 COLLECTION AND ANALYSIS, OF
21 COURSE.
22 AND WHILE THE FOUR CORE
23 COMPONENTS DO HAVE DISCRETE
24 FUNCTIONS THE COMPONENTS ARE
25 SEEN AS INTERCONNECTED GIVEN

12

1 THE GEAR VISUAL AND THE MODEL
2 ALSO HAS A STRUCTURAL
3 REQUIREMENTS WHICH ARE NOTED
4 AROUND THE YEARS THE
5 CONTINUOUS SYSTEMS
6 IMPROVEMENTS, ORGANIZING
7 ENTITY AND SCALE AND WE'LL BE
8 EXPLORING THOSE LATER IN THE
9 PRESENTATION.
10 SO, AT THIS POINT I'D LIKE
11 TO REMIND THAT HELP ME GROW IS
12 NOT A PROGRAM OR A SET OF
13 SERVICES, BUT RATHER A SYSTEMS
14 FRAMEWORK FOR IMPROVING ACCESS
15 BY LEVERAGING EXISTING
16 INFRASTRUCTURE TO NOT ONLY
17 IDENTIFY KIDS EARLY BUT ALSO
18 TO CONNECT THEM TO NEEDED
19 SERVICES.
20 AND BEFORE WE DIG INTO THE
21 DETAILS OF THE PLANNING
22 PROCESS AND ITS RESULTING
23 RECOMMENDATIONS WE DID WANT TO
24 SHARE A VIDEO TO OFFER A
25 CONCRETE EXAMPLE OF SYSTEMS

13

1 CHANGE THAT HAPPENED WITHIN
2 OUR FIRST CONNECTIONS WORK BUT
3 ALSO TO REMIND US THAT WHEN WE
4 TALK ABOUT SYSTEMS CHANGE AND
5 WE TALK ABOUT FRAMEWORKS, AND
6 IN STRENGTHENING AND IMPROVING
7 SYSTEMS RIGHT WE CAN EASILY
8 GLOSS OVER ONE OR AND MISS THE
9 FAMILY VOICE OR THE FAMILY
10 PERSPECTIVE.
11 AND WE SEE PARENT AND
12 FAMILY VOICE AS CRUCIAL TO THE
13 SUCCESS OF HELP ME GROW AND
14 THAT WAS CERTAINLY A SENTIMENT
15 THAT WAS VALIDATED THROUGHOUT
16 OUR PLANNING PROCESS.
17 AND SO AS -- WE HOPE
18 YOU'LL SEE IN THE VIDEO THAT
19 WAS ALSO A BIG PART OF OUR
20 WORK IN FIRST CONNECTIONS.
21 SO, WE ARE GOING TO NOW
22 WATCH THAT TOGETHER.
23 [VIDEO PLAYING]
24 TARA FICEK: ALL RIGHT,
25 WELL HOPEFULLY THAT GIVES YOU

14

1 A LITTLE BIT OF A BETTER
2 UNDERSTANDING ABOUT KIND OF
3 THE WORK THAT WE'RE TALKING
4 ABOUT, DOING WORK ON A SYSTEMS
5 LEVEL, THE IMPORTANCE OF THE
6 KIND OF PARENT EXPERIENCE, THE
7 PARENT VOICE TO THIS WORK, AND
8 ALSO KIND OF WHERE WE'RE
9 HEADING WITH KIND OF IN
10 PARTNERSHIP WITH KEY
11 STAKEHOLDERS ACROSS THE COUNTY
12 IN PLANNING AND DESIGNING HELP
13 ME GROW FOR L.A. COUNTY.
14 SO, LET'S DIG RIGHT INTO
15 IT.
16 SO, THE HELP ME GROW EARLY
17 DESIGN AND PLANNING PROCESS
18 WAS HIGHLY COLLABORATIVE AND
19 IT DID INCLUDE RECS FOR
20 MULTIPLE CENTERS; IT TOOK
21 PLACE OVER A ONE-YEAR
22 TIMELINE, AS I MENTIONED.
23 WE LAUNCHED IT LAST
24 DECEMBER, 2016 AND WE JUST
25 WRAPPED IT UP IN AUGUST JUST A

15

1 FEW MONTHS AGO AND IT REALLY
2 WAS FOCUSED ON CREATING A SET
3 OF RECOMMENDATIONS THAT WOULD
4 THEN BE USED TO GUIDE THE NEXT
5 PHASE OF EARLY IMPLEMENTATION
6 OF HELP ME GROW ACROSS THE
7 COUNTY.
8 WE DID CARRY IT OUT KIND
9 OF IN PARALLEL WITH TWO
10 PLANNING BODIES. THERE'S A
11 LEADERSHIP COUNCIL NOTED HERE
12 AND ALSO WORKGROUPS, FOUR
13 SEPARATE WORKGROUPS BASED ON
14 THE FOUR CORE COMPONENTS OF
15 THE HELP ME GROW MODEL.
16 AND WE REALLY WANTED TO BE
17 INTENTIONAL ABOUT BRINGING
18 TOGETHER DIVERSE SECTORS AND
19 SYSTEMS, INCLUDING AGENCY
20 LEADERS FROM HEALTH PROVIDER
21 PLATFORMS FROM EARLY CARE AND
22 EDUCATION, FROM DEVELOPMENTAL
23 DISABILITIES SERVICES, PUBLIC
24 AND PRIVATE AGENCIES AND
25 COMMUNITY-BASED ORGANIZATIONS

16

1 AS WELL.
2 IT DID INCLUDE 124
3 INDIVIDUALS FROM OVER 60
4 COUNTY DEPARTMENTS, AGENCIES,
5 AND ORGANIZATIONS
6 PARTICIPATED. WE MET MONTHLY
7 OR BIMONTHLY TO NOT ONLY
8 UNDERSTAND THE LANDSCAPE OF
9 EARLY IDENTIFICATION AND
10 INTERVENTION ACROSS L.A.
11 COUNTY BUT THEN TO COME TO
12 CONSENSUS ACROSS 124
13 INDIVIDUALS ON HOW TO
14 IMPLEMENT HELP ME GROW,
15 COUNTY-WIDE.
16 SO, JUST TO HAVE SOME FUN
17 VISUALS, OF ALL THAT CONSENSUS
18 BUILDING AT THE TOP IS ACROSS
19 BOTH OUR WORKGROUPS AND THE
20 LEADERSHIP COUNCIL COMING
21 TOGETHER IN THE SUMMER FOR A
22 CROSS-POLLINATION MEETING,
23 WHICH IS WHAT WE REFER TO IT
24 AS.
25 AND THE BOTTOM PHOTOS

17

1 REPRESENT THE WORKGROUPS
2 DIGGING INTO THE DETAILS AND
3 SHAPING THE RECOMMENDATIONS AS
4 WELL AS THE FUN PHOTO ON THE
5 BOTTOM LEFT OF OUR LEADERSHIP
6 COUNCIL.
7 YOU CAN IMAGINE THAT FUN
8 ACTIVITY THAT WE WENT THROUGH.
9 SO, MOVING THROUGH EARLY
10 ON WE CERTAINLY REALIZED AS WE
11 EMBARKED ON THIS PLANNING
12 PROCESS IT BECAME CLEAR WE
13 NEEDED A FRAMEWORK OR A SET OF
14 GUIDING QUESTIONS TO KIND OF
15 STRUCTURE AND MOVE THE
16 CONVERSATION BOTH AT THE
17 LEADERSHIP COUNCIL AND THE
18 WORKGROUPS AND REALLY
19 ULTIMATELY SUPPORT THIS
20 CONSENSUS BUILDING AMONG
21 EVERYONE.
22 SO, YOU CAN SEE ON THE FAR
23 LEFT WE REALLY UNDERSTOOD AT
24 THE BEGINNING WE NEEDED TO
25 COME TO AGREEMENT AROUND WHO

18

1 WAS GOING TO BE THE PRIORITY
2 POPULATION FOR HELP ME
3 GROW-LA.
4 WE ALSO WANTED TO THINK
5 THROUGH WHAT ARE THE NEEDS OF
6 THE CHILDREN THAT HELP ME
7 GROW-LA HOPES TO ADDRESS, HOW
8 DO WE BUILD UPON EXISTING
9 EFFORTS, AT THE KIND OF HEART
10 OF HELP ME GROW IS NOT TO
11 CREATE SOMETHING NEW, NOT AS I
12 SAID NOT A NEW INITIATIVE NOT
13 A NEW SET OF SERVICES BUT
14 REALLY TO BUILD UPON THE
15 INFRASTRUCTURE THAT'S ALREADY
16 IN PLACE AND THINKING ABOUT
17 THEN WHERE IS THIS
18 INFRASTRUCTURE AND RESOURCES
19 READY TO DO THAT BUILDING UPON
20 FOR OUR STARTUP?
21 SO, AS WE MOVED THROUGH
22 THE DETAILS OF THE PLANNING
23 PROCESS, AND COMING TO PREPARE
24 THE RESULTS RECOMMENDATIONS
25 I'M NOW GOING TO PASS IT OVER

19

1 TO CHRISTINA PENA MY TEAMMATE
2 WHO'S GOING TO BE PROVIDING
3 THAT OVERVIEW OF THIS LAST
4 YEAR.
5 CRISTINA PENA: THANK YOU
6 SO MUCH TARA AND GOOD
7 AFTERNOON EVERYONE.
8 THE FINAL RECOMMENDATION
9 REPORT ENTITLED PROMOTING
10 YOUNG CHILDREN OPTIMAL
11 DEVELOPMENT OFFERS A GUIDE TO
12 THE EARLY IMPLEMENTATION OF
13 HELP ME GROW-LA AND IT
14 INCLUDES A MISSION VISION
15 STATEMENT, ARTICULATES THE
16 TARGET POPULATION, OFFERS
17 SHARED VALUES ACROSS THE
18 LEADERSHIP COUNCIL AND
19 WORKGROUPS.
20 AND THEN ALSO PROVIDES A
21 SET OF RECOMMENDATIONS AND
22 GUIDELINES FOR ROLLING OUT
23 HELP ME GROW-LA
24 AS THE VISION AND MISSION
25 STATEMENT SHOWCASED HELP ME

20

1 GROW-LA EMPHASIZES PROMOTING
2 OPTIMAL DEVELOPMENT FOR ALL
3 YOUNG CHILDREN AGES ON TO
4 FIVE, FIVE YEARS OLD AND THEIR
5 FAMILIES IN L.A. COUNTY AND
6 SEVERAL OF THE MEETINGS WE'RE
7 REALLY DEDICATED TO DEVELOPING
8 AND CONSIDERING THE SET OF
9 MISSION STATEMENTS WITH A FAIR
10 AMOUNT OF TIME AND THOUGHT AND
11 ATTENTION OF EACH WORD FOR
12 BOTH VISION AND MISSION TO
13 REALLY INSURE THAT IT WAS
14 FAMILY-FRIENDLY AND IT WAS
15 REALLY GENUINE TO WHAT HELP ME
16 GROW-LA SHOULD AND COULD BE.
17 FAMILY MEMBERS ALSO AGREED
18 TO THE FOLLOWING TARGET
19 POPULATIONS FOR HELP ME
20 GROW-LA. WHILE THERE WAS
21 JOINT RECOGNITION ACROSS THE
22 PLANNING MEMBERS THAT HELP ME
23 GROW SHOULD BE FOR ALL
24 CHILDREN IN L.A. COUNTY, HELP
25 ME GROW BY DESIGN SHOULD ALSO

21

1 TARGET CHILDREN WHO ARE OFTEN
2 HARDEST TO REACH OR ARE LIKELY
3 TO FALL THROUGH THE CRACKS.
4 AND JUST AS A REMINDER IN
5 YOUR BOARD PACKET MATERIAL
6 YOU'LL FIND THE RECOMMENDATION
7 REPORT IN ITS ENTIRETY - IT'S
8 IN APPENDIX A.
9 SO, OVER THE COURSE OF THE
10 PLANNING PROCESS, AS THE
11 WORKGROUPS CONSIDERED THE
12 GOALS AND STRATEGIES, THERE
13 WERE ALSO A NUMBER OF VALUES
14 AND THEMES THAT EMERGED DURING
15 THIS PHASE OF PLANNING.
16 FOR EXAMPLE, DESIGNING A
17 LOCAL AND FLEXIBLE HELP ME
18 GROW SYSTEM FOR L.A. COUNTY,
19 AS WELL AS INSURING HELP ME
20 GROW-LA'S FAMILY CENTER AND,
21 OF COURSE, ACKNOWLEDGMENT OF
22 THE IMPORTANCE OF EVALUATING
23 AND BUILDING SYSTEMS CHANGE AT
24 THE LOCAL LEVEL.
25 AND YOU'LL SEE ALL OF THE

22

1 SHARED COMPONENTS - SHARED
2 VALUES, I'M SORRY, ARE UP ON
3 THE SLIDE; THEY ALL HAD EQUAL
4 VALUE.
5 AND THEY REALLY BECAME
6 VERY CLEAR THAT THEY SHOULD BE
7 ELEVATED AS SHARED VALUES
8 ACROSS THE LEADERSHIP COUNCIL
9 AND WORKGROUP AND, IN MANY
10 WAYS, THIS SETS THE TONE OF
11 THE CORE RECOMMENDATIONS THAT
12 WE'RE GOING TO TURN TO.
13 WE'RE GOING TO RETURN TO
14 THE SLIDE AGAIN JUST AS A
15 REMINDER THAT THE FOUR CORE
16 COMPONENTS ARE VERY MUCH
17 INTERCONNECTED AND COMPLEMENT
18 ONE ANOTHER AND, AS TARA
19 MENTIONED, THERE WERE A TOTAL
20 FOUR WORKGROUPS DURING THE
21 PLANNING PROCESS -- ONE
22 WORKGROUP DEDICATED FOR EACH
23 OF THE FOUR COMPONENTS.
24 AND THE WORKGROUPS
25 DEVELOPED A SET OF DISCRETE

23

1 RECOMMENDATIONS FOR EACH OF
2 THESE COMPONENTS.
3 RATHER THAN GOING OVER
4 EACH SET OF GOALS AND
5 RESPONSIBILITIES I'D LIKE TO
6 PROVIDE AN OVERVIEW OF THE
7 MAIN OBJECTIVES FOR EACH OF
8 THE CORE COMPONENTS, STARTING
9 WITH CENTRALIZED ACCESS POINT.
10 THE CENTRALIZED ACCESS
11 POINT IS SEEN AS A GO-TO PLACE
12 FOR FAMILIES, CHILD HEALTH
13 PROVIDERS AND OTHER
14 PROFESSIONALS SEEKING
15 INFORMATION.
16 SUPPORT AND REFERRALS FOR
17 YOUNG CHILDREN.
18 THE RECOMMENDATIONS IN THE
19 CENTRALIZED ACCESS POINT
20 INCLUDE (1) ESTABLISHING A
21 VIRTUAL COUNTYWIDE PLATFORM
22 FOR FAMILIES AND PROFESSIONALS
23 TO HELP FACILITATE ACCESS TO
24 BEST-FIT SERVICES AT THE LOCAL
25 COMMUNITY LEVEL.

24

1 AND WHEN WE THINK OF BEST
2 FIT SERVICES THIS COULD BE
3 EDUCATION, IT COULD BE
4 SCREENINGS, REFERRALS FOR --
5 THANK YOU.
6 OH, I'M SORRY I SHOULD
7 HAVE -- PICKED UP ON THAT.
8 MUCH BETTER.
9 THIS IS MUCH BETTER.
10 I DIDN'T WANT TO -- OKAY.
11 NONETHELESS, SO, JUST TO
12 REPEAT - I'M SORRY.
13 SO, THE RECOMMENDATIONS
14 FOR THE CENTRALIZED ACCESS
15 POINT ARE (1) ESTABLISHING A
16 VIRTUAL COUNTYWIDE PLATFORM
17 FOR FAMILIES AND PROFESSIONALS
18 TO HELP FACILITATE ACCESS TO
19 BEST-FIT SERVICES AT THE LOCAL
20 COMMUNITY LEVEL INCLUDING
21 EDUCATION, SCREENINGS, AND
22 REFERRALS TO INTERVENTION
23 SERVICES AMONG OTHER SUPPORTS.
24 SECOND, ASSESSMENTS VIA
25 THE CENTRALIZED ACCESS POINT

25

1 SHOULD BE BASED ON A CHILD'S
2 NEEDS - THE GEOGRAPHY OR
3 LOCATION THAT THEY RESIDE IN
4 L.A. COUNTY AND THEN ALSO
5 CONSIDER THE FAMILY'S
6 PRIORITIES AND REALLY, ASK
7 WHEN TRYING TO HELP FACILITATE
8 LINKAGE TO THE APPROPRIATE
9 REFERRALS AND SERVICES.
10 AND THIRD, THE CENTRALIZED
11 ACCESS POINT SHOULD ALSO
12 PROVIDE SUPPORT AND FOLLOW-UP
13 WITH FAMILY MEMBERS, PROVIDERS
14 AND SERVICE AGENCIES TO REALLY
15 INSURE THAT THE NEEDS ARE MET.
16 SO, THE SECOND CORE
17 COMPONENT IS THE COMMUNITY AND
18 FAMILY ENGAGEMENT PIECE AND
19 THE KEY RECOMMENDATIONS FOR
20 THIS COMPONENT INCLUDE
21 SUPPORTING AND EMPOWERING
22 FAMILIES AND COMMUNITY TO
23 REALLY NORMALIZE CHILD
24 DEVELOPMENTAL HEALTH AND
25 SCREENINGS - AND WHAT REALLY

26

1 IS, ULTIMATELY, REDUCE STIGMA
2 ACROSS THE COMMUNITY.
3 AND AN EXAMPLE OF THIS
4 WOULD BE FOR BOTH THE PARENT
5 AND PROVIDER TO REALLY SEE
6 SCREENINGS AND EDUCATION AS A
7 PART OF THE NORMAL CHILD VISIT
8 AND SOMETHING THAT'S REALLY
9 EXPECTED -- ALMOST SIMILAR TO
10 HEARING SCREENING OR EVEN JUST
11 CHECKING WEIGHT AND HEIGHT ON
12 A REGULAR BASIS FOR A CHILD SO
13 REALLY NORMALIZING THIS
14 PROCESS.
15 SECOND, THE WORKGROUP ALSO
16 PLACED QUITE A BIT OF EMPHASIS
17 ON STRENGTHENING STANDARDS AND
18 PRACTICES FOR EARLY
19 IDENTIFICATION AND
20 INTERVENTION ACROSS SYSTEMS
21 AND ACROSS PARTNERS AND
22 THROUGH A MIX OF ENGAGEMENT,
23 EDUCATION, AND THEN WORKING IN
24 CLOSE COLLABORATION WITH
25 FAMILIES.

27

1 MOVING ONTO THE THIRD
2 COMPONENT, THE CHILD HEALTH
3 PROVIDER OUTREACH PIECE, THE
4 RECOMMENDATIONS AROUND THIS
5 WORKGROUP INCLUDE PROMOTING
6 TARGETED TRAINING AND CAPACITY
7 SUPPORT TO INCREASE CHILD
8 HEALTH CARE PROVIDER KNOWLEDGE
9 AND PROMOTE PRACTICE CHANGE,
10 INCLUDING IMPLEMENTING
11 SCREENINGS USING A VALIDATED
12 SCREENING TOOL AND ALSO
13 ENGAGEMENT WITH THE CHILD AND
14 FAMILIES - TO HAVE REALLY
15 SUPPORTIVE CONVERSATIONS ABOUT
16 DEVELOPMENTAL HEALTH WITH
17 THEIR PEDIATRICIANS.
18 THE WORKGROUP ALSO
19 RECOMMENDED SUPPORTING
20 COUNTYWIDE AND STATEWIDE
21 INCENTIVES AS WELL AS POLICY
22 AND ADMINISTRATIVE
23 REQUIREMENTS TO PROMOTE
24 PRACTICE CHANGE AND INCREASE
25 KNOWLEDGE AMONG PROVIDERS.

28

1 AND THE LAST COMPONENT -
2 THE DATA COLLECTION AND
3 ANALYSIS PIECE.
4 THE RECOMMENDATIONS FOR
5 THIS COMPONENT INCLUDE
6 CAPTURING BASELINE DATA TO
7 BETTER UNDERSTAND WHAT
8 CURRENTLY EXISTS, WHAT'S
9 CURRENTLY BEING CAPTURED AT
10 THE COUNTY LEVEL, AND ALSO
11 UNDERSTAND HOW IT'S COLLECTED.
12 SECOND, TO ESTABLISH A
13 CENTRALIZED DATA PLATFORM TO
14 TRACK SCREENINGS AND REFERRALS
15 ACROSS L.A. COUNTY; AND
16 LASTLY, USING DATA FOR QUALITY
17 IMPROVEMENT AND EVALUATION OF
18 THE HELP ME GROW MODEL OVER
19 TIME - AND ALSO OUR IMPACT
20 ACROSS L.A. COUNTY.
21 JUST AS A REMINDER, IN
22 YOUR PACKET MATERIAL, APPENDIX
23 B YOU'LL FIND AN EXCERPT IT'S
24 THE CONDENSED VERSION OF ALL
25 OF THE GOALS AND STRATEGIES OF

29

1 EACH OF THE FOUR COMPONENTS
2 AND IT'S IN A TABLE FORMAT.
3 AND APOLOGIES IN ADVANCE
4 FOR THE SMALL FONT BUT THIS IS
5 A SNAPSHOT OF OUR TIMELINE OF
6 ALL THE MAJOR ACTIVITIES FROM
7 THE START OF THE LEADERSHIP
8 COUNCIL N FALL OF 2016 YOU'LL
9 SEE THAT IN RED ALL THE WAY TO
10 TODAY'S PRESENTATION AND
11 REALLY PRESENTING TO THE BOARD
12 THE SET OF RECOMMENDATIONS
13 THAT CAME OUT OF THIS PROCESS.
14 TODAY AND OF COURSE, IN
15 NOVEMBER.
16 AND IT ALSO HIGHLIGHTS THE
17 CONTINUED WORK MOVING FORWARD.
18 SO, IN HIGHLIGHTED IN
19 YELLOW, WE WILL CONTINUE WITH
20 OUR PARTNERS STAKEHOLDER
21 ENGAGEMENT AND ALSO TRANSITION
22 INTO THE NEXT PHASE OF
23 PLANNING WHICH WE'RE CALLING
24 THE EARLY IMPLEMENTATION
25 PLANNING STARTING DECEMBER

30

1 2017, ONWARD.
2 IN ADDITION TO SUPPORTING
3 THE EARLY PLANNING PROCESS OF
4 HELP ME GROW-LA, FIRST 5 LA
5 HAS ALSO PRIORITIZED OTHER
6 PLANNING ACTIVITIES TO REALLY
7 HELP SHAPE AND ACCELERATE THE
8 -- HELP ACCELERATE HELP ME
9 GROW IN TWO MAJOR WAYS.
10 FIRST THROUGH THE
11 IDENTIFICATION OF AN
12 ORGANIZING ENTITY, AND SECOND,
13 THROUGH OUR FIRST CONNECTIONS
14 INVESTMENT.
15 SO, LET'S GO AHEAD AND
16 STUDY THE ORGANIZING ENTITY.
17 AS TARA MENTIONED ONE OF THE
18 REQUIREMENTS OF THE HELP ME
19 GROW MODEL IS TO ESTABLISH A
20 ORGANIZING ENTITY THIS WAS
21 SEEN AND AN STRUCTURING
22 REQUIREMENT, IT WAS ON THE
23 OUTSIDE PIECE OF THE GEARS
24 VISUAL WE JUST SAW.
25 THE ORGANIZING ENTITY

31

1 PROVIDES ADMINISTRATIVE AND
2 FISCAL OVERSIGHT NECESSARY FOR
3 LONG-TERM SUSTAINABILITY.
4 THE ORGANIZING ENTITY ALSO
5 PROVIDES SUPPORT, OVERSIGHT
6 AND FACILITATION OF BROAD
7 SYSTEMS CHANGE ACTIVITIES.
8 AND ALSO BUILDS OUT THE
9 NECESSARY FOUNDATIONAL
10 INFRASTRUCTURE.
11 FIRST 5 LA IS REQUESTING
12 THE LOS ANGELES COUNTY
13 DEPARTMENT OF PUBLIC HEALTH
14 FOR THE ORGANIZING ENTITY FOR
15 HELP ME GROW-LA
16 THE LOS ANGELES COUNTY
17 DEPARTMENT OF PUBLIC HEALTH IS
18 UNIQUELY POSITIONED TO BE THE
19 ORGANIZING ENTITY,
20 PARTICULARLY BECAUSE OF THEIR
21 EXPERIENCE WORKING
22 CROSS-SECTOR COLLABORATIVE
23 PROJECTS AND COLLECTIVE IMPACT
24 EFFORTS; THEIR EXPERTISE IN
25 VARIOUS CONTENT AREAS

32

1 INCLUDING PEDIATRIC HEALTH;
2 AND ALSO THE OPPORTUNITY TO
3 LEVERAGE BOTH FEDERAL AND
4 STATE FUNDING TO REALLY HELP
5 SUSTAIN HELP ME GROW-LA; AND
6 EARLY ACTIVITY FOR THE LOS
7 ANGELES COUNTY DEPARTMENT OF
8 PUBLIC HEALTH THAT'S BEEN
9 IDENTIFIED AS REALLY THE
10 ESTABLISHMENT OF A LEADERSHIP
11 ADVISORY COMMITTEE AS WELL AS
12 A FAMILY ADVISORY COMMITTEE
13 WHICH IS THE RESULT OF THE
14 RECOMMENDATIONS IN THE REPORT
15 TO HELP CONTINUE TO GUIDE
16 PLANNING AND THE STRATEGY FOR
17 THE NEXT PHASE OF THE
18 IMPLEMENTATION PHASE OF THE
19 PLANS.
20 THE LOS ANGELES COUNTY
21 DEPARTMENT OF PUBLIC HEALTH
22 WILL ALSO CONTINUE TO MAINTAIN
23 ENGAGEMENT WITH KEY
24 STAKEHOLDERS MOVING FORWARD,
25 DOING THIS BOTH THROUGH THE

33

1 COMMITTEE BUT ALSO THROUGH
2 VARIOUS STAKEHOLDER ACTIVITIES
3 AS WE MOVE FORWARD WITH PHASE
4 TWO OF PLANNING.
5 AND THE SECOND MAJOR
6 ACTIVITY THAT WE - THAT HAS
7 HELPED INFORM HELP ME GROW-LA
8 IS OUR FIRST CONNECTIONS
9 INVESTMENT.
10 IN JANUARY 2014, FIRST 5
11 LA LAUNCHED THE EARLY
12 IDENTIFICATION AND
13 INTERVENTION OF AUTISM AND
14 DEVELOPMENTAL DELAYS
15 INITIATIVE -- WHICH IS KNOWN
16 AS FIRST CONNECTIONS -- FOR
17 THREE YEARS A FOR TOTAL
18 ALLOCATION OF 2.5 MILLION.
19 IN SPRING 2016 AS PART OF
20 THE EXPIRING INITIATIVE REVIEW
21 PROCESS THE BOARD APPROVED A
22 ONE-YEAR EXTENSION THROUGH
23 JUNE 2018 FOR AN ADDITIONAL
24 1.25 MILLION TO CONTINUE THIS
25 WORK AND BASED ON THE

34

1 POTENTIAL ALIGNMENT WITH OUR
2 STRATEGIC PLAN - SPECIFICALLY,
3 HELP ME GROW-LA.
4 THROUGHOUT THIS PERIOD THE
5 SIX FIRST CONNECTION GRANTEES
6 - WITH THE SUPPORT OF A
7 TECHNICAL ASSISTANCE PROVIDER
8 - HAVE DEVELOPED APPROACHES TO
9 STRENGTHEN, EMBED, AND EXPAND
10 EARLY IDENTIFICATION AND
11 INTERVENTION PRACTICES WITHIN
12 THEIR AGENCIES.
13 THE OPENING VIDEO THAT WE
14 JUST WATCHED TODAY HIGHLIGHTED
15 ONE OF THE FIRST CONNECTION
16 GRANTEE'S SUCCESS IN EMBEDDING
17 SCREENINGS AND REFERRALS INTO
18 PRACTICE.
19 AS HELP ME GROW-LA HAS NOW
20 BEEN FURTHER DEFINED THROUGH
21 THIS PAST YEAR'S PLANNING AND
22 DESIGN PROCESS, THE WORK OF
23 FIRST CONNECTION GRANTEES AND
24 THE TECHNICAL ASSISTANCE
25 PROVIDER CONTINUES TO ALIGN

35

1 AND SUPPORT THE FOCUS OF HELP
2 ME GROW-LA
3 FIRST 5 IS ASKING THE
4 BOARD TO APPROVE EXTENDING
5 FIRST CONNECTIONS FOR AN
6 ADDITIONAL TWO YEARS THROUGH
7 JUNE 30TH, 2020, FOR AN
8 ADDITIONAL AMOUNT NOT TO
9 EXCEED 1.9 MILLION.
10 STAFF SEES ENORMOUS
11 OPPORTUNITY TO GLEAN BEST
12 PRACTICES AND IMPORTANT
13 LEARNING FOR FIRST CONNECTION
14 TO FURTHER INFORM AND
15 STRENGTHEN EARLY
16 IDENTIFICATION AND
17 INTERVENTION PRACTICES ACROSS
18 THE COUNTY AND SERVE AS A
19 MODEL FOR OTHER AREAS RELATED
20 TO COMMUNITY EXPANSION.
21 THANK YOU I'M NOW GOING TO
22 TURN IT OVER TO TARA WHO'S
23 GOING SHARE MORE A LITTLE BIT,
24 MORE IN TERMS OF UPDATES
25 RELATED TO OUR RELATED

36

1 INVESTMENTS AND OF COURSE
2 DISCUSS NEXT STEPS.
3 THANK YOU.
4 TARA FICEK: SO, OKAY, SO
5 IN ADDITION TO PRESENTING ON
6 THE HELP ME GROW EARLY DESIGN
7 AND PLANNING PROCESS
8 RECOMMENDATIONS WE ALSO WANTED
9 TO PROVIDE THE BOARD AN UPDATE
10 ON OTHER INVESTMENTS RELATED
11 TO OUR WORK IN EARLY
12 IDENTIFICATION.
13 SO, STARTING WITH L.A.
14 CARE HEALTH PLAN, EARLIER THIS
15 YEAR STAFF PROVIDED THE BOARD
16 AN UPDATE ON THE STATUS OF OUR
17 PARTNERSHIP WITH L.A. CARE
18 NOTING OUR LONG HISTORY, OF
19 COURSE, OF WORKING TOGETHER TO
20 SUPPORT YOUNG CHILDREN AND
21 FAMILIES BUT WE ALSO NOTED THE
22 IMPORTANCE OF L.A. CARE AS A
23 PLATFORM TO REACH LARGE
24 NUMBERS OF YOUNG CHILDREN AND,
25 OF COURSE, THE PROVIDERS

37

1 SERVING THOSE YOUNG KIDS.
2 AS OUR PAST INVESTMENTS
3 WITH L.A. CARE HAVE BEEN -
4 WERE RAMPING DOWN, NOTABLY OUR
5 HEALTHY KIDS INSURANCE
6 PROGRAM, WE HAVE STAYED
7 CONNECTED TO EXPLORE
8 OPPORTUNITIES RELATED TO A
9 PILOT FOCUSED ON STRENGTHENING
10 EARLY IDENTIFICATION AND
11 INTERVENTION ACTIVITIES AMONG
12 HEALTH CARE PROVIDERS.
13 SO, FURTHER RESEARCH WAS
14 NEEDED TO INFORM THIS PILOT
15 WITH L.A. CARE. THEY HAVE
16 INITIATED THAT RESEARCH AND
17 ARE COVERING THE COST OF THIS
18 PRE-DISCOVERY PHASE TO
19 IDENTIFY THE BARRIERS AND
20 INCENTIVES FOR DEVELOPMENTAL
21 SCREENING, AS WELL AS TO
22 PROMOTE PRACTICE CHANGE THAT,
23 OF COURSE, CAN FIRST BE
24 PILOTED AND THEN SCALED ACROSS
25 L.A. CARE'S NETWORK.

38

1 SO, WE ANTICIPATE COMING
2 BACK TO THE BOARD WITH A
3 FUTURE L.A. CARE HELP ME
4 GROW-LA BOARD UPDATE NEXT
5 SUMMER WHICH WOULD INCLUDE, OF
6 COURSE, MORE INFORMATION
7 REGARDING THIS PILOT LAUNCH AS
8 WELL AS THE FINDINGS FROM THIS
9 PRE-DISCOVERY PHASE.
10 MORE IMMEDIATELY, THE
11 ADMINISTRATIVE AGREEMENT THAT
12 WE HELD WITH L.A. CARE THAT
13 WAS A RESULT FROM OUR FUNDING
14 THAT WAS ADVANCED L.A. CARE AS
15 A RESULT OF OUR HEALTHY KIDS
16 INVESTMENT, THAT AGREEMENT IS
17 COMING TO AN END THIS
18 DECEMBER.
19 SO, L.A. CARE WILL BE
20 RETURNING THE FUNDS TO FIRST 5
21 LA, WHICH IS A PART OF THE
22 REQUIREMENTS OF THE AGREEMENT
23 AND, OF COURSE, THOSE FUNDS
24 WHICH WOULD THEN THE AMOUNT IS
25 NOTED THERE, APPROXIMATELY 8

39

1 MILLION - THOSE WILL BE
2 RETURNING TO OUR GENERAL FUND
3 THEN.
4 SO, ALSO, PREVIOUSLY NOW
5 KIND OF MOVING ONTO 211 L.A.
6 COUNTY, IN MARCH OF 2016, AS
7 PART OF THE EXPIRING
8 INITIATIVES PROCESS, THE BOARD
9 AT THAT TIME APPROVED AN
10 18-MONTH EXTENSION TAKING OUR
11 CONTRACT WITH L.A. COUNTY
12 THROUGH DECEMBER OF THIS YEAR.
13 WE ALSO RECEIVED APPROVAL
14 FOR EXECUTIVE DIRECTOR
15 AUTHORITY TO EXTEND AN
16 ADDITIONAL SIX MONTHS THROUGH
17 JUNE OF 2018, AS A RESULT OF
18 HELP ME GROW IMPLEMENTATION
19 DELAYS. STAFF IS MOVING
20 FORWARD IN EXECUTING THAT
21 SIX-MONTH EXTENSION THROUGH
22 JUNE.
23 AND THE EXTENSION WILL
24 THEN PROVIDE US AN OPPORTUNITY
25 TO DO FURTHER ANALYSIS OF THE

40

1 POTENTIAL ALIGNMENT OF 211
2 WITH HELP ME GROW,
3 SPECIFICALLY RELATED TO THE
4 CENTRALIZED ACCESS POINT WHICH
5 WE TALKED ABOUT EARLIER.
6 AS HELP ME GROW EARLY
7 IMPLEMENTATION PLANNING BEGINS
8 WE ANTICIPATE GREATER CLARITY
9 AROUND THE ROLE AND THE
10 FUNCTION OF THE CENTRALIZED
11 ACCESS POINT.
12 AND, OF COURSE, ITS
13 APPLICATION OF THE TELEPHONIC
14 COMPONENT WILL BE SOLIDIFIED.
15 AT THAT POINT WE CERTAINLY
16 SEE 211 L.A. COUNTY AS BEING
17 ONE OF A NUMBER OF COMPETITIVE
18 PARTNERS THAT CAN HELP ADVANCE
19 THE WORK OF HELP ME GROW-LA.
20 SO, AS WE CLOSE OUT THE
21 EARLY PLANNING AND DESIGN
22 PROCESS CONSIDERING KIND OF
23 THE IMPORTANT GROUNDWORK AND
24 GUIDANCE OFFERED NOT ONLY BY
25 THE LEADERSHIP COUNCIL AND THE

41

1 WORKGROUP RECOMMENDATIONS
2 WE'RE NOW THINKING THROUGH
3 EARLY IMPLEMENTATION AND HAVE,
4 ESSENTIALLY, IDENTIFIED THESE
5 KIND OF THREE KEY AREAS OR
6 BUCKETS OF WORK.
7 SO, THEY INCLUDE CORE
8 INFRASTRUCTURE, COMMUNITY
9 FOCUSED, AND THEN POLICY AND
10 SYSTEMS CHANGE.
11 AT THE SAME TIME, WE ALSO
12 WANTED TO HIGHLIGHT FOR THE
13 BOARD THE ROLE OF OUR PARTNERS
14 RELATED TO THIS EARLY
15 IMPLEMENTATION AND, OF COURSE,
16 MOVING THIS WORK FORWARD AND
17 HAVE ATTEMPTED TO OFFER SOME
18 KIND OF COLOR CODING TO ASSERT
19 WHO IS LEADING - WHERE IT'S
20 DPH OR FIRST 5 LA OR WHERE WE
21 SEE THERE WILL BE CO-LEADING
22 HAPPENING.
23 SO, AS FOR CORE
24 INFRASTRUCTURE, WE DO SEE
25 DEPARTMENT OF PUBLIC HEALTH AS

42

1 TAKING LEAD ON THIS AS IT FITS
2 WITH THE ROLES AND
3 RESPONSIBILITIES OF THEM
4 SERVING AS THE ORGANIZING
5 ENTITY, AND IT ALSO ALIGNS
6 NICELY WITH THEIR EXPERTISE -
7 OF COURSE THEIR EXPERIENCE AND
8 THE INFRASTRUCTURE THEY HOLD
9 RELATED TO DATA AND
10 COORDINATED COUNTYWIDE ACCESS.
11 WE BOTH SEE FIRST 5 LA AND
12 DPH SHARING THE LEAD FOR
13 ADVANCING THE WORK RELATED TO
14 THE COUNTYWIDE PROVIDER
15 PLATFORMS - I KNOW IT'S HARD
16 TO READ BUT WITHIN CORE
17 INFRASTRUCTURE. AND WE'VE
18 ALREADY REFERENCED OUR
19 PARTNERSHIP WITH L.A. CARE
20 HEALTH PLAN AND WHERE THAT'S
21 AT, AND WE ALSO SEE THE
22 AMERICAN ACADEMY OF PEDIATRICS
23 BEING A KEY PARTNER.
24 WE HAVE A PARTNERSHIP WITH
25 THEM RIGHT NOW, TO BE HOLDING

43

1 TOWN HALLS THROUGHOUT L.A.
2 COUNTY, TO GROW PROVIDER
3 KNOWLEDGE AROUND DEVELOPMENTAL
4 SCREENING, BUT WE CERTAINLY
5 SEE THEM AS AN IMPORTANT
6 PARTNER AND PLATFORM TO INFORM
7 THE EARLY IMPLEMENTATION.
8 NEXT, WITHIN COMMUNITY
9 FOCUSED, WITHIN THIS AREA OF
10 WORK WE CERTAINLY SEE FIRST 5
11 LA FOCUSED ON INTEGRATING AND
12 EMBEDDING HELP ME GROW INTO
13 MANY OF OUR KEY INVESTMENTS.
14 THIS WAS KIND OF MY COMMENT AT
15 THE BEGINNING OF THE
16 CONVERSATION - THINKING ABOUT,
17 YES, HELP ME GROW IS HOUSED
18 WITHIN THE HEALTH SYSTEMS BUT
19 WE SEE IT BEING INTEGRATED
20 ACROSS MANY AREAS OF WORK
21 ACROSS ALL OF OUR OUTCOME
22 AREAS.
23 SO, FOR EXAMPLE RELATED TO
24 QRAS WE ARE WORKING CLOSELY
25 WITH OUR PARTNERS ON OUR ECE

44

1 TEAM AT FIRST 5 LA IN
2 EXPLORING KIND OF THE CURRENT
3 STATE OF DEVELOPMENTAL
4 SCREENING PRACTICES WITHIN
5 QRAS-RATED CHILD CARE SITES TO
6 REALLY INFORM THAT FUTURE
7 INTEGRATION OF HELP ME GROW-LA
8 WITHIN ECE SYSTEMS.

9 WE'RE LOOKING AT THE DATA
10 - WE'RE ALWAYS ENVIUS OF HOW
11 MUCH DATA THE ECE TEAM HAS SO
12 WE'RE USING THAT DATA FOR
13 OURSELVES AT THIS MOMENT
14 LOOKING AT WHICH SITES --
15 KNOWING THAT THEIR RATED, OF
16 COURSE, ON THE QRIS SYSTEM
17 BASED ON HOW THEY'RE DOING
18 DEVELOPMENTAL SCREENING, WHERE
19 ARE DEVELOPMENTAL SCREENINGS
20 HAPPENING WITHIN QRIS, WHAT'S
21 THAT GEOGRAPHIC LOCATION.

22 AND WHERE ARE THERE
23 OPPORTUNITIES THEN FOR HELP ME
24 GROW-LA TO EITHER PLAY A ROLE
25 IN STRENGTHENING DEVELOPMENTAL

45

1 SCREENINGS WITHIN ECE.
2 AND, OF COURSE, WE SEE
3 STRONG ALIGNMENT TO OUR
4 COMMUNITIES AND BEST START,
5 PARTICULARLY RELATED TO PARENT
6 ENGAGEMENT.

7 AND THEN FINALLY OUR WORK
8 IN FIRST CONNECTIONS IS HERE
9 AS PREVIOUSLY MENTIONED.

10 WE SEE IF AS PLAYING AN
11 IMPORTANT ROLE IN CONTINUING
12 TO GUIDE AND INFORM OUR WORK
13 AND SELECT DEMONSTRATION
14 COMMUNITIES GOING FORWARD AND
15 WE CERTAINLY WANT TO CONTINUE
16 THAT WORK SO THAT WE CAN
17 CONTINUE TO BUILD UPON THE
18 SUCCESS OF THAT WORK AND THE
19 INFRASTRUCTURE AND THE
20 PARTNERSHIPS ESTABLISHED
21 THROUGH THOSE SIX SITES.

22 AND THEN, FINALLY, THE
23 THIRD BUCKET OF WORK IS ALL
24 ABOUT POLICY AND SYSTEMS
25 CHANGE.

46

1 SO, IN THIS PARTICULAR
2 AREA, WE'RE WORKING CLOSELY
3 WITH OUR COLLEAGUES IN OUR
4 POLICY DEPARTMENT, CHARNA
5 MARTIN IS RIGHT HERE IN CASE
6 WE WANT TO DIG IN AND EXPLORE
7 THAT IN MORE DETAIL.

8 BUT WE SEE THIS WORK
9 SHARED BY BOTH DPH AND FIRST 5
10 LA AND INCLUDES IMPORTANT
11 PARTNERSHIPS WITH BOTH HELP ME
12 GROW CALIFORNIA AND HELP ME
13 GROW NATIONAL.

14 SPEAKING OF HELP ME GROW
15 CALIFORNIA, IN FRONT OF YOU IS
16 THEIR RECENT -- RECENTLY
17 RELEASED EARLY IDENTIFICATION
18 MATTERS ONE-PAGER WHICH IS
19 BEAUTIFULLY DONE WHICH KIND OF
20 HIGHLIGHTS A LOT OF KEY DATA
21 AROUND THIS ISSUE, AND ALSO
22 THINKING ABOUT KIND OF HOW
23 HELP ME GROW ADDRESSES THIS
24 ISSUE.

25 HELP ME GROW CALIFORNIA,

47

1 OBVIOUSLY, SERVES AS THE KIND
2 OF COORDINATOR OR ORGANIZER
3 ACROSS THE ENTIRE STATE FOR
4 ALL OF THE HELP ME GROW
5 COUNTIES THAT ARE EITHER
6 IMPLEMENTING HELP ME GROW OR
7 LOOKING TO KIND OF GET READY
8 TO PLAN AND PARTICIPATE IN THE
9 HELP ME GROW CALIFORNIA
10 SYSTEM.

11 SO, AN IMPORTANT KIND OF
12 HIGHLIGHT OR RECENT SUCCESS
13 THAT I WANTED TO NOTE THAT
14 HAPPENED WITHIN POLICY AND
15 SYSTEMS CHANGE, JUST THIS LAST
16 YEAR, WAS THE FINDINGS WERE
17 RELEASED FROM A RECENT
18 DEPARTMENT OF HEALTH CARE
19 SERVICES SURVEY THAT WENT OUT
20 TO MANAGED CARE PLANS AND ALSO
21 TO MEDI-CAL PROVIDERS THAT
22 REALLY LOOKED AT WHAT ARE THE
23 BARRIERS RELATED TO PROVIDERS
24 DOING DEVELOPMENTAL
25 SCREENINGS.

48

1 AND WE PLAYED A VERY
2 IMPORTANT ROLE IN KIND OF
3 COORDINATING AND ENCOURAGING
4 PROVIDER AND HEALTH PLANS'
5 RESPONSES TO THAT SURVEY, L.A.
6 CARE DID RESPOND - YAY, L.A.
7 CARE - AND WE WILL CONTINUE TO
8 WORK CLOSELY WITH DHCS ON KIND
9 OF FOLLOW-UP AND NEXT STEPS
10 THINKING ABOUT HOW WE CAN
11 BETTER INTEGRATE DEVELOPMENTAL
12 SCREENINGS INTO THE HEALTH
13 STUDY.
14 AND I KNOW WE'RE GOING TO
15 HEAR MORE ABOUT OUR POLICY
16 AGENDA, COMING UP I BELIEVE AT
17 THE NOVEMBER COMMISSION
18 MEETING.
19 THERE'S GOING TO BE A
20 WONDERFUL PRESENTATION ON
21 THAT, THINKING ABOUT THE
22 FRAMING OF THAT. BUT, FOR THE
23 TIME-BEING, REALLY THINKING
24 ABOUT OUR ADVOCACY STRATEGY AS
25 FOCUSED ON KIND OF LARGELY

49

1 ADDRESSING AND OPTIMIZING
2 ADMINISTRATIVE FIXES SINCE WE
3 KNOW WE HAVE POLICIES
4 SUPPORTING THE IMPLEMENTATION
5 OF DEVELOPMENTAL SCREENING AND
6 NOW WE NEED TO THINK OF,
7 ADMINISTRATIVELY, HOW CAN WE
8 RESPOND AND BETTER SUPPORT
9 THAT TO HAPPEN?
10 ALL RIGHT SO, MOVING ON,
11 AS WE KIND OF RAMP DOWN OR
12 CLOSE OUT THIS PRESENTATION,
13 THINKING THROUGH NEXT STEPS,
14 WE HAVE INCLUDED THE BOARD
15 ACTION AS I MENTIONED THAT WE
16 WILL BE BRINGING BACK AT THE
17 NOVEMBER MEETING - THOSE ARE
18 LISTED HERE.
19 SO, BOTH TAKING INTO
20 ACCOUNT IT IS THE APPROVAL OF
21 THE DEPARTMENT OF PUBLIC
22 HEALTH AS THE ORGANIZING
23 ENTITY, AGAIN, AND THE
24 EXTENSION OF OUR FIRST
25 CONNECTION INVESTMENT.

50

1 AND THEN, OF COURSE,
2 COMING BACK IN THE SPRING WITH
3 ADDITIONAL DETAILS RELATED TO
4 THE RESPONSIBILITIES, KIND OF
5 CLARIFYING ROLE
6 RESPONSIBILITIES AND KEY
7 ACTIVITIES FOR THE DEPARTMENT
8 OF PUBLIC HEALTH, SO THEIR -
9 ALL THE CONTRACTUAL
10 REQUIREMENTS, THEIR SCOPE OF
11 WORK, THEIR BUDGET WE WOULD BE
12 BRINGING THAT BACK TO THE
13 BOARD FOR APPROVAL IN THE
14 SPRING.
15 AND THEN, IN CLOSING WE
16 REALLY WANTED TO FINISH THIS
17 PRESENTATION IN A SIMILAR WAY
18 TO HOW WE STARTED WITH A VIDEO
19 TO KIND OF REMIND US, YOU
20 KNOW, CERTAINLY THE IMPORTANCE
21 OF KIND OF THE PARENT
22 PERSPECTIVE AND THE PARENT
23 VOICE AND YVETTE BAPTISTE IS
24 HERE TO SHARE HER WISDOM WITH
25 US.

51

1 SHE CO-CHAIRLED OUR FAMILY
2 AND COMMUNITY ENGAGEMENT
3 WORKGROUP AND THEN ALSO TO
4 SHARE SOME HIGHLIGHTS ON KIND
5 OF WORKING IN SYSTEMS AND HOW
6 TO BEST KIND OF BUILD UPON AND
7 LEVERAGE EXISTING
8 INFRASTRUCTURE IN SYSTEMS.
9 AND, AS YOU SAW IN THE
10 VIDEO, DR. MONA PATEL - WHO IS
11 ALSO VERY ENGAGED IN OUR
12 PLANNING PROCESS - HAS HAD A
13 LOT OF SUCCESS IN HER WORK AT
14 CHILDREN'S HOSPITAL.
15 SO, I WANTED TO OPEN IT UP
16 TO BOTH OF THEM TO MAKE A FEW
17 COMMENTS.
18 YVETTE BAPTISTE: I'LL GO
19 FIRST. I'LL TAKE PARENTS
20 PREROGATIVE.
21 SO, I DID NOT CO-CHAIR THE
22 COMMUNITY AND FAMILY
23 ENGAGEMENT COMMITTEE ON MY OWN
24 AND RICHARD COHN IS HERE - SAY
25 HI, RICHARD - WHO ALSO HELPED,

52

1 AND DAPHNE FROM -
2 ABDULLAH-QUICK FROM DMH, WHO I
3 DON'T THINK IS HERE, WAS ALSO
4 A CHAIR.
5 AND, AS MENTIONED I'M AN
6 EXECUTIVE DIRECTOR AT A FAMILY
7 RESOURCE CENTER IN EAST L.A.
8 BUT I ALSO WANT TO THANK THE
9 CENTER FOR NON-PROFIT
10 MANAGEMENT IN HELPING US BY
11 FACILITATING THE PROCESS
12 BECAUSE THEY WERE REALLY
13 WELL-ORGANIZED FOR SUCH - YOU
14 KNOW, TO GET 124 FOLKS TO
15 AGREE WAS REALLY HARD.
16 BUT I THINK MY -- I HAVE A
17 COUPLE CLAIMS -- I HAVE A
18 COUPLE CLAIMS TO FAME.
19 NEVER ASK A PARENT TO TAKE
20 THREE MINUTES TO DO ANYTHING.
21 SO, I AM -- AND I'M JUST
22 GOING IT PASS A FEW AROUND SO
23 YOU ALL CAN SEE.
24 I'M A SUPER FAN, OKAY, OF
25 THE HELP ME GROW MODEL.

53

1 I'M A SUPER FAN OF
2 ANYTHING THAT HELPS FAMILIES
3 TO BE ABLE TO PROVIDE THE BEST
4 CARE FOR THEIR CHILD.
5 AND I KNEW ABOUT HELP ME
6 GROW -- I'VE KNOWN ABOUT HELP
7 ME GROW PROBABLY FOR THE PAST
8 SEVEN YEARS, I THINK, OR AS
9 LONG AS IT'S BEEN IN
10 CALIFORNIA.
11 AND, WHY AM I A SUPER FAN?
12 BECAUSE I'VE WORKED FOR 30
13 YEARS WITH FAMILIES WITH
14 CHILDREN WITH DISABILITIES.
15 I HAVE THREE ADOPTED
16 CHILDREN, THROUGH L.A. COUNTY
17 - SHATIQUA, DARRELL AND ANDREW
18 - AND THEY HAD AND SOME STILL
19 HAVE DISABILITIES. AND I'M
20 GRANNY TO THAT NINE-MONTH-OLD
21 THAT YOU ALL ARE GETTING A
22 PEEK AT, ELWICK, WHO LIVES -
23 HE HIS MOTHER LIVE WITH ME AND
24 HE IS BEING SERVED BY EARLY
25 START.

54

1 AND, IN FACT, HE KIND OF
2 WENT THROUGH A PROCESS LIKE A
3 HELP ME GROW PROCESS TO GET TO
4 EARLY START SO HE WAS KIND OF
5 OUR TEST WHILE THIS WAS ALL
6 GOING ON.
7 BUT MOST IMPORTANTLY I
8 WANT YOU TO REMEMBER THE MOM
9 IN THE FILM, ADRIAN SHE
10 REFLECTS TO A TEE WHAT I SEE
11 AND WHAT MY STAFF SEE AT OUR
12 CENTER.
13 IT IF I HAD A NICKEL FOR
14 EVERY TIME WE HEARD WHAT SHE
15 SAID ABOUT HAVING A CONCERN
16 AND BEING TOLD, JUST WAIT AND
17 SEE, I COULD FUND HELP ME
18 GROW.
19 DEVELOPING INFANTS AND
20 TODDLERS ARE NOT MAKING
21 CONSCIOUS DECISIONS ABOUT
22 THEIR DEVELOPMENT.
23 SO, IT WAS SAD TO HEAR HER
24 SAY THAT SHE WAS -- SHE FELT
25 LIKE SHE WAS FAILING AS A

55

1 PARENT, AS A MOM, RIGHT? I
2 SEE -- SO IMAGINE HOW THIS IS
3 MAGNIFIED FOR PARENTS WHEN
4 THEIR CHILD GETS A DIAGNOSIS
5 AFTER THEY'VE FAILED TO
6 QUESTION OR PUSH BACK ON THE
7 AUTHORITY FIGURE.
8 LET'S TAKE THAT
9 INTERACTION OUT OF THE GAME.
10 RIGHT?
11 LET'S GIVE EVERYONE,
12 PARENTS AND PROFESSIONALS, THE
13 INFORMATION AND THE SUPPORT
14 THAT THEY NEED TO CONFIDENTIAL
15 INTERACT WITH EACH OTHER
16 AROUND THE DEVELOPING CHILD IN
17 A RESPECTFUL MANNER.
18 AND I THINK THAT'S WHAT
19 HELP ME GROW DOES.
20 FOR EXAMPLE, I HAVE MAJOR
21 RESPECT FOR THIS WOMAN HERE.
22 THEIR NUMBERS FOR
23 SCREENING ARE INCREDIBLE.
24 WE NEED TO SEE THIS HAPPEN
25 AND AS MANY CLINICS THAT ARE

56

1 SEEING BABIES AND TODDLERS IN
2 L.A. COUNTY AS POSSIBLE.
3 IF WE BUILD THIS SYSTEM,
4 THEY WILL COME.
5 THE PROFESSIONALS WILL
6 COME, THE PROVIDERS WILL COME,
7 THE PARENTS WILL COME.
8 HOWEVER, THIS IS A REALLY
9 COMPLICATED SYSTEM TO BUILD.
10 IN A CITY THAT HAS OVER 10
11 MILLION SOULS, RIGHT?
12 SO, AND PARTICULARLY IN
13 THESE ECONOMIC TIMES WE JUST
14 CAN'T CREATE AND FUND
15 SOMETHING LIKE THIS.
16 ESPECIALLY SOMETHING THAT
17 IS SO COMPLICATED -- WE CAN'T
18 JUST THROW MONEY AT IT AND
19 HAVE THE PERFECT THING. SO
20 INSTEAD, WE'RE CREATING THIS
21 SYSTEM, THROUGH SYSTEM CHANGE,
22 WHICH HELPS TO -- WHICH HELPS
23 TO KIND OF MAKE IT MORE SOLID,
24 MORE -- TO MAKE IT STICK A
25 LITTLE BIT BECAUSE IT'S ALSO

57

1 MAKING PRACTICES EFFICIENT AND
2 EFFECTIVE.
3 WHILE THAT DOESN'T MEAN
4 THAT WE DON'T NEED MONEY TO
5 FIGURE OUT HOW TO DO THAT, AND
6 TO FINISH THE DESIGN AND TEST
7 THE HYPOTHESIS.
8 WHAT WE DO KNOW IS THAT
9 YOU HAVE A LOT OF SUPER FANS
10 IN THIS ROOM, AND SOME OF THE
11 COMMISSIONERS ARE SUPER FANS
12 TOO.
13 WE'RE READY TO MAKE THIS A
14 REALITY.
15 SO, FAMILIES ARE READY TO
16 JOIN YOU.
17 IN THE HELP ME GROW
18 MISSION.
19 I LOVE THE MISSION
20 STATEMENT.
21 I'M A ... I'M A GEEK IN A
22 LOT OF WAYS BUT I'M ALSO A
23 GEEK AROUND LEGISLATION AND,
24 YOU KNOW, THINGS THAT SOUND
25 REAL LOFTY.

58

1 MY CHILDREN WOULD TELL YOU
2 THAT THAT IS TRUE THAT I TEND
3 TO GO THAT WAY.
4 AND SO, FAMILIES ARE READY
5 TO JOIN IN THIS MISSION OF
6 PROMOTING THEIR YOUNG CHILD'S
7 DEVELOPMENT AND LIFELONG
8 SUCCESS.
9 BECAUSE THAT'S WHAT FIRST
10 5'S ALL ABOUT, BY CONNECTING
11 THEM TO DEVELOPMENTAL SERVICES
12 AND THE FAMILIES TO SUPPORT,
13 RIGHT, HAT PROMOTE THEIR
14 CHILD'S WELL-BEING.
15 SO, THANK YOU.
16 COMMISSIONER ZEPEDA:
17 THANK YOU FOR THAT, DR. PATEL.
18 DR. MONA PATEL: SO, THANK
19 YOU SO MUCH FOR THE INVITATION
20 TO BE ABLE TO COME HERE TODAY.
21 SO, STARTING OFF THIS
22 FIRST CONNECTION GRANT HAS
23 BEEN SUCH A TREMENDOUS
24 OPPORTUNITY FOR OUR HEALTH
25 SYSTEM THAT WE HAVE HERE IN

59

1 CHILDREN'S HOSPITAL AND ALSO
2 MY CLINICS.
3 I CAN TELL YOU AS A
4 PRACTICING PEDIATRICIAN FOR
5 THE PAST TEN YEARS IN BOYLE
6 HEIGHTS AND AT CHILDREN'S
7 HOSPITAL.
8 2013 I HAD A
9 NINE-MONTH-OLD CHILD THAT I
10 SAW. I WALKED INTO THE ROOM
11 AND IT'S THIS EXACT STORY THAT
12 YOU SAID, YVETTE, WHERE THE
13 CHILD WAS -- MOM WAS HOLDING
14 THIS CHILD, HER HEAD WAS
15 LAGGED, WHICH IS SOMETHING
16 THAT SHOULD NOT BE SEEN AT
17 NINE MONTHS.
18 AND THE MOM KEPT SAYING WE
19 WENT TO ALL THESE DIFFERENT
20 CLINICAS AND EVERYONE SAID
21 YOUR BABY'S FINE; AND I WAS
22 UPSET THAT THE CHILD NEVER HAD
23 DEVELOPMENTAL SCREENING.
24 I KNEW FROM MY TRAINING AT
25 CHILDREN'S HOSPITAL THAT WE'RE

60

1 SUPPOSED TO BE DOING
2 DEVELOPMENTAL SCREENING.
3 I'M ALSO ON THE AP BOARD
4 AND I KNOW WE'RE SUPPOSED TO
5 BE DOING THIS SCREENING.
6 BUT MY REALITY AND MY
7 PRACTITIONER'S REALITY IS WE
8 SEE 25 TO 30 PATIENTS A DAY.
9 WE ARE IN AN FQHC AND
10 WE'RE SUPPOSED TO DO
11 IMMUNIZATIONS AND ALSO
12 DIFFERENT TYPES OF SCREENINGS
13 SO IT WAS THAT HOW DO WE GET
14 DONE IN A REAL WAY?
15 SO, CAME FIRST CONNECTION,
16 THIS AMAZING RFP OPPORTUNITY.
17 WHAT WE DID WAS WE APPLIED TO
18 HAVE THE FUNDING TO INTEGRATE
19 THE ASQ-3 AND THE M-CHAT-R
20 INTO OUR ELECTRONIC MEDICAL
21 RECORD AND I KNEW THAT THAT
22 WOULD BE SUSTAINABLE, THAT
23 WOULD BE TRAINABLE, I COULD
24 PULL DATA AND I COULD
25 SYSTEMIZE AND OPERATIONALIZE

61

1 THAT AND IT'S HIGHLY EFFICIENT
2 FOR THE PROVIDERS.
3 SO, WE LAUNCHED THAT IN
4 2015, AND I ACTUALLY PULLED
5 OUR DATA.
6 WE HAVE SCREENED OVER
7 8,000 CHILDREN SINCE 2015 IN
8 SIX OF OUR SITES.
9 WE INITIALLY STARTED AT
10 BOYLE HEIGHTS, WESTLAKE,
11 CHILDREN'S HOSPITAL, WE SPREAD
12 OUT TO EL MONTE, PICO RIVERA,
13 AND COMMERCE IN THE LAST YEAR.
14 OF THE 8,000 CHILDREN, AND
15 THIS IS 90 PERCENT MEDI-CAL
16 INSURED VERY UNDERSERVED
17 POPULATION IN THE COMMUNITIES
18 THAT WE ALL KNOW, WE HAVE MADE
19 OVER 13 PERCENT NEW REFERRALS
20 TO COMMUNITY BASED RESOURCES.
21 THAT'S 1,040 CHILDREN TO BE
22 EXACT.
23 WE HAVE MADE 16.9 PROVIDER
24 INTERVENTIONS SO THAT'S THAT
25 GROUP THAT DON'T MEET

62

1 MANDATORY REQUIREMENT BUT
2 THERE'S SOMETHING THAT NEEDS
3 TO BE WORKED ON.
4 WE'VE DONE THE
5 INTERVENTIONS.
6 WE'VE TAUGHT OUR PEDIATRIC
7 PROVIDERS TO SAY NINE MONTHS
8 WE FIND A LITTLE BIT OF A
9 DELAY LET'S DO THESE
10 INTERVENTION EXERCISES AND
11 FOLLOW UP IN ONE TO TWO
12 MONTHS.
13 WE HAVE NOW AT A POINT
14 WHERE WE'VE OVERWHELMED OUR
15 COMMUNITY RESOURCE PARTNERS
16 AND WE'VE BEEN COMING UP TO
17 DIFFERENT STRATEGIES OF HOW TO
18 PROVIDE THESE THERAPIES.
19 IN ADDITION TO - YOU KNOW,
20 I'M SO FORTUNATE IN THAT I
21 TRAINED AT A PLACE WHERE WE DO
22 LEARN ABOUT THIS DEVELOPMENT
23 SCREENING. NOT ALL OF MY
24 COLLEAGUES KNOW ABOUT
25 DEVELOPMENTAL SCREENING; THEY

63

1 THINK SURVEILLANCE IS THE SAME
2 AS SCREENING.
3 SO, WE'VE ACTUALLY
4 LAUNCHED TRAININGS THROUGHOUT
5 THIS GRANT OPPORTUNITY AS
6 WELL.
7 WE'VE HELD FOUR AAP TOWN
8 HALLS WE'VE TRAINED IN SUM
9 TOTAL 350 PEDIATRIC PROVIDERS
10 IN DOING THESE TRAININGS
11 THROUGH 2015 THROUGH 2017.
12 SO, YOU CAN SEE THIS HAS
13 BEEN AN INCREDIBLE WIN THAT
14 YOU GUYS HAVE ALL INVESTED IN.
15 THANK YOU SO MUCH FOR THAT AND
16 WE WOULD LOVE THE OPPORTUNITY
17 TO KEEP SPREADING.
18 I HAVE 15 MORE CLINICS IN
19 LOS ANGELES THAT I NEED TO GET
20 THROUGH.
21 AND, RIGHT NOW, WE'RE
22 STRATEGIZING HOW TO DO THAT.
23 WE'VE ALSO FUNDED TWO
24 PILOT PROJECTS ON HOMEGROWN
25 MOMMY & ME SUPPORT READING

64

1 PROGRAMS THAT WE'VE DONE THIS
2 YEAR AND HAVE TREMENDOUS
3 SUPPORT WITH THAT.
4 AND WE'RE NOW LAUNCHING
5 NOW CASE MANAGEMENT MODELS AND
6 REALLY BECAUSE I DO HAVE THE
7 OTHER HAT OF BEING AN
8 OPERATIONS DIRECTOR LOOKING AT
9 HOW I CAN CONTRACT THERAPISTS
10 IN THE COMMUNITY AND GET THESE
11 CHILDREN THE EARLY
12 INTERVENTION SERVICES THEY DO,
13 SO THANK YOU SO MUCH.
14 COMMISSIONER ZEPEDA:
15 THANK YOU VERY MUCH FOR YOUR
16 PRESENTATION, I REALLY
17 APPRECIATED THE DETAIL AND THE
18 EXPLANATION.
19 I DO HAVE SOME COMMENTS
20 BUT I'D LIKE TO OPEN IT UP TO
21 COMMISSIONERS FOR ANY
22 QUESTIONS THAT THEY MAY HAVE.
23 COMMISSIONER SMITH.
24 COMMISSIONER SMITH:
25 COMMENT AND A QUESTION.

65

1 THE COMMENT IS I THOUGHT
2 IT WAS NOT ONLY A TERRIFIC
3 PRESENTATION BUT THE REPORT
4 THAT WAS IN THE MATERIALS THAT
5 REALLY DESCRIBED IN DETAIL ALL
6 THE THINGS YOU WERE ONLY ABLE
7 TO KIND OF POINT TO, IT WAS
8 EXTREMELY HELPFUL.
9 THE QUESTION I HAVE IS
10 ABOUT THE ROLL-OUT AND THE
11 IDENTIFICATION OF
12 DEMONSTRATION COMMUNITIES.
13 CAN YOU SAY A LITTLE BIT
14 ABOUT WHERE THAT IS? WHO'S
15 WORKING ON THAT? WHAT THE
16 TIMELINE MIGHT LOOK LIKE?
17 TARA FICEK: BRING THAT
18 SLIDE BACK UP THAT HAS THAT
19 NOTED.
20 AS WE KIND OF WRAPPED UP
21 THE PLANNING PROCESS, WITH THE
22 LEADERSHIP COUNCIL THIS WAS AN
23 AREA WE KIND OF FOCUSED ON,
24 THINKING THROUGH, YOU KNOW,
25 WHAT ARE THE POPULATION LEVEL

66

1 DATA WE HAVE TO HELP GUIDE
2 THIS AREA, WHERE DO WE HAVE
3 INVESTMENTS ALREADY IN PLACE?
4 CERTAINLY, THAT'S WHY FIRST
5 CONNECTIONS IS NOTED HERE AS
6 WELL, WE'RE ALREADY DOING WORK
7 AND HAVE HAD A LOT OF SUCCESS.
8 SO, THINKING ABOUT AND, OF
9 COURSE, CONSIDERING WHERE IS
10 THE NEED, WE'RE NOTING OUR
11 PRIORITY POPULATION, WHERE ARE
12 OUR HIGHER RISK CHILDREN,
13 WHERE ARE THE KIDS THAT ARE
14 SLIPPING THROUGH THE CRACKS.
15 I MEAN THE DIFFICULTY AND
16 THIS IS IN SOME WAYS WHY I'VE
17 REFERENCED THE ENVY OF ALL THE
18 DATA ECE HAS IS WE OFTEN DON'T
19 HAVE A LOT OF DATA THAT CAN
20 HELP GUIDE US TO KIND OF
21 UNDERSTAND WHAT'S THAT
22 LANDSCAPE OF DEVELOPMENTAL
23 SCREENING OR EARLY
24 IDENTIFICATION HAPPENING IN
25 L.A. COUNTY.

67

1 SO, KNOWING HELP ME GROW
2 WITH ITS DATA COLLECTION
3 PROCESS IS GOING TO CONTRIBUTE
4 TO THAT.
5 BUT THAT'S REALLY WHERE
6 WE'RE AT WITH THE EARLY
7 CONVERSATIONS AND IT HAS BEEN
8 VERY EARLY AS I SAID IT KIND
9 OF CAME TOWARDS THE END OF OUR
10 LEADERSHIP -- THE EARLY
11 PLANNING PROCESS.
12 BUT NOW IS KIND OF HIGH
13 PRIORITY AS WE MOVE INTO EARLY
14 IMPLEMENTATION.
15 SO, DOING SOME OF THIS
16 MAPPING, THINKING THROUGH, OF
17 COURSE IN PARTNERSHIP WITH DPH
18 THIS IS AN AREA WHERE WE BOTH
19 SEE WORKING CLOSELY ON
20 TOGETHER.
21 AND FIGURING OUT THAT KIND
22 OF, YES, HOW CAN WE IDENTIFY
23 THESE AREAS WHERE WE WANT TO
24 CONCENTRATE. I DON'T KNOW IF
25 OTHERS WANT TO ADD TO THAT?

68

1 CRISTINA PENA: I'LL JUST
2 ADD QUICKLY THE LEADERSHIP
3 COUNCIL ALSO CONSIDERED OTHER
4 KIND OF QUALITATIVE
5 CONSIDERATIONS. SO, WHILE THE
6 SELECTED COMMUNITY WAS NOT
7 SOMETHING THAT WAS DECIDED
8 UPON DURING THIS PLANNING
9 PHASE, SOME GUIDING PRINCIPLES
10 - SO MAKING SURE THAT, OF
11 COURSE, IT WAS DATA DRIVEN,
12 THE SELECTION AS TARA POINTED
13 OUT MAKING SURE THAT WE LOOK
14 AT THE LANDSCAPE AND TRY TO
15 MAP OUT THE RESOURCES AND TRY
16 TO IDENTIFY PERHAPS CLUSTERS,
17 CLUSTER REGION OF RESOURCES.
18 AS SOMETHING THAT WAS USED
19 WAS AN IDEA OF -- THAT WAS
20 KIND OF SPOKE TO IN BOTH THE
21 LEADERSHIP COUNCIL AND WORKING
22 GROUPS WAS THIS IDEA OF
23 FERTILE GROUND; SO REALLY
24 TRYING TO FIND COMMUNITIES AND
25 LOCATIONS TO BEGIN EARLY

69

1 IMPLEMENTATION BASED ON
2 SETTINGS FOR THE GREATEST
3 POTENTIAL.
4 ALSO, CONSIDERING
5 LEVERAGING EXISTING PLACE-BASE
6 EFFORTS THAT ARE ALREADY
7 TAKING PLACE AND THEN TRYING
8 TO REALLY IDENTIFY THOSE EARLY
9 ADOPTERS THAT ARE READY, THAT
10 HAVE THE CAPACITY, ARE WILLING
11 AND ARE - SIMILAR TO FIRST
12 CONNECTIONS - ARE READY TO
13 STEP UP AND START THIS EARLY
14 IMPLEMENTATION IN A SMALLER
15 REGIONAL LOCATION.
16 AGAIN, TO THE POINT ON
17 WHICH LOCATIONS, WE'RE NOT
18 THERE YET BUT RECOGNIZING THIS
19 RESEARCH AND, AGAIN, THE
20 GUIDELINES FROM THIS PLANNING
21 PHASE WILL REALLY HELP US DO A
22 DEEPER DIVE AND EVALUATION TO
23 GET TO THE WHERE.
24 COMMISSIONER SMITH: SO
25 YOU MAY NOT KNOW THIS YET BUT

70

1 DO YOU HAVE AN IDEA OF WHEN
2 YOU THINK YOU MIGHT BE ABLE TO
3 MOVE ON, YOU KNOW, ACTUAL, THE
4 ROLLOUT OF -- IN SOME GIVEN
5 IDENTIFIED COMMUNITY?
6 TARA FICEK: I DON'T YET
7 HAVE AN EXACT TIMELINE.
8 I MEAN I WOULD SAY BECAUSE
9 THIS IS AN AREA OF WORK WE'RE
10 DOING WITH PARTNERSHIP WITH
11 DPH, I THINK IT WILL - AS, YOU
12 KNOW, NEEDING TO MOVE FORWARD
13 TO BRING THEM ON AS THE
14 ORGANIZING ENTITY AND THEN
15 THEY CAN APPROPRIATELY STAFF
16 AND SUPPORT THIS EFFORT, I
17 THINK WILL THEN HELP US FIGURE
18 OUT A MORE DETAILED TIMELINE.
19 ONE OTHER COMMENT THAT I
20 WAS GOING TO ADD, CHRISTINA
21 SAID SOMETHING THAT KIND OF
22 TRIGGERED AN IDEA FOR ME. WE
23 ALSO HAD A LOT OF
24 CONVERSATIONS TOWARDS THE END
25 OF THE PLANNING PROCESS AROUND

71

1 SPEAKING TO THIS WHERE THERE'S
2 FERTILE GROUND THINKING ABOUT
3 WANTING TO HAVE, YOU KNOW,
4 EARLY SUCCESS OR, YOU KNOW,
5 SUCCESS AT THE FRONT END AND
6 THINKING ABOUT COMMUNITIES OR
7 AREAS WHERE WE COULD POSSIBLY
8 WORK WITH ONE SCHOOL DISTRICT
9 AND ONE REGIONAL CENTER TO
10 KIND OF MINIMIZE THE
11 COMPLEXITY AND KIND OF HAVE
12 SUCCESS -- HOPE TO GAIN
13 SUCCESS EARLY ON.
14 SO THAT'S ANOTHER IDEA OR
15 SOMETHING THAT WAS SHARED WITH
16 ACROSS THE LEADERSHIP COUNCIL
17 TO REALLY THINK ABOUT AS WE DO
18 THIS WORK.
19 COMMISSIONER SMITH: THANK
20 YOU.
21 COMMISSIONER TAYLOR: I
22 HAVE A QUESTION THAT KIND
23 FOLLOWS ON WHAT WENDY HAD
24 SAID, AND THAT IS SERVICE
25 DESERTS IN OUR COMMUNITIES,

72

1 ESPECIALLY IN THE INNER-CITY
2 COMMUNITIES.
3 SOME COMMUNITIES, PEOPLE,
4 ADVOCATES SUCH AS RIVA MARTIN
5 HAS STEPPED UP AND ACTUALLY
6 TRIED TO DO SOMETHING BECAUSE
7 THE COMMUNITY DIDN'T HAVE
8 ANYTHING WITH SPECIAL NEEDS,
9 ESPECIALLY AROUND AUTISM.
10 AND SO, WE NEED TO LOOK AT
11 THAT, HOPEFULLY YOU'RE LOOKING
12 AT THAT AS YOU GO ALONG FOR
13 THAT DESERT ISSUE.
14 THE OTHER THING THAT I
15 WANTED TO BRING IS ON YOUR
16 PAGE 9 YOU TALK ABOUT DEEP AND
17 CULTURAL COMPETENCIES WITHIN
18 THE HELP ME GROW-LA AND AMONG
19 PARTNERS ORGANIZATION.
20 SOMETIMES THAT GETS
21 CONFLATED AS BEING WITHIN AN
22 ORGANIZATION.
23 BUT I'M -- I LIKE TO DIG
24 IT DEEPER AND GO BACK TO THE
25 PARENT IN THE COMMUNITY AND

73

1 MAKE SURE THAT THEY'RE
2 COMPETENT AND CULTURALLY
3 RELEVANT TO THE COMMUNITY
4 THEY'RE SERVING.
5 EACH OF THESE COMMUNITIES
6 HAVE DIFFERENT WAYS AND
7 DIFFERENT BARRIERS THEY THROW
8 UP TO SERVICES TO PROVIDERS
9 SUCH AS YOUR WONDERFUL SELF, I
10 LOVE WHAT YOU'RE DOING.
11 YOU KNOW, THEY DON'T
12 UNDERSTAND, THEY DON'T KNOW SO
13 WE HAVE TO GO AN EXTRA MILE TO
14 -- YOU KNOW, JUMP THAT
15 CULTURAL BARRIER IN ORDER FOR
16 THEM TO ENGAGE THE PROCESS
17 MORE EFFECTIVELY AND WORK WITH
18 THE PROVIDERS TO DO IT.
19 SO HOPEFULLY THAT TERM
20 MEANS MORE THAN AN
21 ORGANIZATIONAL CULTURAL
22 DEEPEN, BECAUSE IF IT DOESN'T
23 AND I'VE GOT A PROBLEM,
24 ALREADY.
25 BUT, THAT'S IMPORTANT, I

74

1 WANTED TO BRING THAT POINT OUT
2 AND SHARE THAT WITH YOU.
3 THE OTHER THING ON PAGE 18
4 YOU IDENTIFIED ALL OF THESE
5 COMMUNITY OR COMMUNITY-FOCUSED
6 ACTIVITIES THAT ARE GOING ON
7 AND YOU TALKED ABOUT THE QRS
8 AND YOU TALKED ABOUT WELCOME
9 BABY BUT I DIDN'T HEAR YOU ADD
10 HOME VISITATION.
11 YOU'RE SPENDING A LOT OF
12 MONEY ON THIS HOME VISITATION
13 PROGRAM WITH THE DEEP DIVE FOR
14 MORE SERIOUS ISSUES - THEY
15 NEED TO BE INTEGRATED INTO
16 THIS, AS WELL, BECAUSE THEY'RE
17 ACTUALLY WORKING WITH THE
18 PARENTS THAT ARE HAVING
19 PROBLEMS EVEN ENGAGING THE
20 SYSTEM.
21 SO, I'M HOPING YOU WILL
22 PUT THAT ON YOUR CHART AND
23 SHOW THAT THEY WILL BE ENGAGED
24 IN THIS PROCESS, AS WELL.
25 THE OTHER THIS IS IS THAT,

75

1 I THINK YOU MENTIONED IT TARA
2 AND YOU'RE ONTO SOMETHING - WE
3 NEED TO LOOK AT HOW THE PUBLIC
4 HEALTH, THE PARTNERS AND
5 EVERYONE CAN LOOK AT GRANTS TO
6 EXTEND THIS OUT.
7 EACH OF THE NETWORK PEOPLE
8 HAVE GRANT AGENCIES THAT DO
9 THINGS, HOW CAN WE GET THEM TO
10 BE SUPPORTIVE OF WHAT THEY'RE
11 DOING FOR BOTH THE PARENT AND
12 THE PROVIDER TO ENGAGE THIS
13 PROCESS?
14 AND, DATA COLLECTION,
15 WORKING WITH THE SCHOOLS -
16 USC, UCLA - ABOUT WHAT THEY
17 CAN GET AS GRANTS TO HELP US
18 TO CAPTURE THAT DATA THAT
19 YOU'RE TALKING ABOUT SO WE CAN
20 SHARE IT AND GO FORWARD IN
21 SOMETHING MORE CONNECTED.
22 AND, AT SOME POINT, WE
23 NEED TO TELL THE COUNTY AND
24 ALL OF THE PROVIDERS AND ALL
25 OF THE PARENTS WHAT WE'RE

76

1 DOING.
2 WE NEED TO HOLD A
3 CONFERENCE WITH EVERYONE TO
4 SAY THIS IS WHERE WE'RE GOING,
5 THIS IS WHAT WE'RE
6 IMPLEMENTING, AND WE WANT ALL
7 THE PARTNERS TO STEP UP; AND
8 INVITE EVERYONE AND TAKE NOTE
9 OF WHO STEPS UP AND WHO DON'T
10 - AND THEN LET US KNOW WHO WE
11 NEED TO TALK TO THAT'S NOT
12 STEPPING UP.
13 BECAUSE, THIS IS VERY
14 CRITICAL TO ALL OF OUR
15 COMMUNITIES, AND EVERYONE
16 SHOULD BE STEPPING UP FOR
17 THESE -- FAMILIES AND THESE
18 PROVIDERS TO ENGAGE THEM TO DO
19 A GREAT JOB.
20 AND WE NEED TO PRESENT ALL
21 OF THE WONDERFUL THINGS --
22 HOPEFULLY YOU'RE GOING TO
23 SPEAK TO THE PARENTS AND
24 YOU'RE GOING TO SPEAK TO THE
25 PROVIDERS AS TO WHAT WE'RE

77

1 TRYING TO DO BECAUSE THIS IS A
2 VERY, VERY IMPORTANT WORK FOR
3 THE FUTURE.
4 I SAW ON A PRESENTATION
5 WHERE THE MOTHER SAID I DIDN'T
6 KNOW WHAT TO DO, I DIDN'T KNOW
7 WHERE TO GO.
8 AND, IF IT WASN'T FOR THIS
9 ORGANIZATION, MY CHILD WOULD
10 HAVE BEEN DEVASTATED AND NOW
11 SHE'S SPEAKING.
12 NOW SHE'S DOING THINGS AND
13 SHE'S NOW 13 AND SHE'S A YOUNG
14 WOMAN AND THEY HAVE TO HELP
15 HER WITH THAT.
16 SO, IT'S THESE KINDS OF
17 THINGS AND SHE'S A SPECIAL
18 NEEDS CHILD; AND SHE HAS
19 AUTISM AND DELAYED DEVELOPMENT
20 BUT SHE'S GROWING AND
21 PROSPERING AS A HUMAN BEING.
22 SO, I THINK IT'S VERY
23 IMPORTANT THAT WE LOOK AT THAT
24 AND ... NO, I GOT IT.
25 OKAY.

78

1 THAT'S MAINLY THE THINGS
2 THAT I WANTED TO SAY BECAUSE I
3 HAD NO PROBLEM WITH THE
4 PRESENTATION.
5 BUT I THESE HAVE BECOME
6 SOME THINGS THAT WE CAN REALLY
7 STEP THIS UP TO THE NEXT
8 LEVEL, AND EVERYTHING, AND I
9 JUST WANT TO THANK YOU FOR ALL
10 THE WORK YOU'RE DOING ON
11 BEHALF OF CHILDREN AND
12 FAMILIES IN L.A. COUNTY.
13 ALL OF YOU -- STAFF,
14 TEAMS, PARENTS, EVERYONE.
15 THANK YOU.
16 COMMISSIONER ZEPEDA:
17 THANK YOU COMMISSIONER TAYLOR.
18 OTHER QUESTIONS?
19 OKAY, MY TURN.
20 YVETTE BAPTISTE: CAN I
21 MAKE A COMMENT JUST ABOUT ONE
22 OF THE THINGS YOU MENTIONED
23 COMMISSIONER.
24 BECAUSE IT CAME UP IN OUR
25 COMMITTEE, THE COMMITTEE, THE

79

1 FAMILY ENGAGEMENT COMMITTEE,
2 WE DEALT I THINK THE MOST WITH
3 THE CULTURAL COMPETENCY,
4 CULTURAL RELEVANCY QUESTION
5 AND WE DECIDED THAT THE BEST
6 RECOMMENDATION THAT WE COULD
7 MAKE IS TO INSURE THAT CULTURE
8 PLAYED A BIG ROLE IN THE -- IN
9 THE SERVICE MODEL, THE
10 PROVISIONS, THE CONNECTIONS,
11 IS TO KEEP THINGS VERY LOCAL.
12 AND, SO WE MADE THE
13 RECOMMENDATION THAT THE
14 CONNECTIONS, THE WAY THAT
15 FAMILIES WILL GET THE
16 INFORMATION THAT THEY NEED,
17 THE SUPPORT THAT THEY NEED, IT
18 NEEDS TO BE VERY CLOSE TO
19 THEM.
20 IT CAN'T BE IN DOWNTOWN IF
21 THEY LIVE IN PALMDALE.
22 IT CAN'T EVEN BE IN THE
23 SAN FERNANDO VALLEY IF THEY
24 LIVE IN PALMDALE, RIGHT?
25 SO -- AND THEN, THERE ARE

80

1 COMMUNITIES THAT ARE VERY
2 RICH, CULTURALLY, IN L.A. AND
3 VERY SPECIFIC WHERE THERE'S A
4 LOT OF SUPPORT, CULTURALLY,
5 BUT MAYBE NOT THE CAPACITY.
6 SO, WE HAVE TO THINK ABOUT
7 ALL OF THOSE THINGS, HOW TO
8 GET THAT IN ORDER TO GET
9 THINGS IN A WAY THAT'S
10 CULTURALLY COMPETENT,
11 CULTURALLY RELEVANT FOR FOLKS
12 IS TO KEEP IT AS CLOSE TO THEM
13 AS POSSIBLE - USE THE
14 RESOURCES THAT ARE IN THEIR
15 NEIGHBORHOODS, AND IN THE
16 AREAS THAT DO THAT KIND OF
17 WORK, DO THE WORK THAT WE WANT
18 AND MAKE THOSE PARTNERSHIPS.
19 I JUST WANTED TO ASSURE
20 YOU THAT WE THOUGHT ABOUT IT.
21 COMMISSIONER TAYLOR: I
22 APPRECIATE THAT.
23 BUT ONE THING I ALSO KNOW
24 IS THAT IF THE SYSTEMS AND THE
25 PROCESSES YOU PUT INTO PLACE

81

1 ARE NOT TRAINED TO LOOK AT
2 THAT, THEY WON'T.
3 IT WILL JUST REACT AS A
4 PROCESS AND A SYSTEM AND
5 IGNORE THE HUMAN FACTOR.
6 SO, IT'S IMPORTANT THAT IT
7 BE MADE A PRIORITY THAT THEY
8 LOOK AT THE CULTURAL RELEVANCE
9 OF WHAT THEY'RE DOING IN THE
10 COMMUNITY THEY'RE WORKING IN,
11 LIKE YOU SAID, BUT BE AWARE OF
12 THAT AND UNDERSTAND THE
13 COMMUNITY ENVIRONMENT THEY'RE
14 WORKING IN TO TRY TO CONVEY
15 THIS IMPORTANT INFORMATION TO
16 THE FAMILIES AND THEN FOR THE
17 BENEFIT OF THESE CHILDREN.
18 SO, I JUST -- GOOD POINT
19 THAT YOU MADE AND I TOTALLY
20 AGREED WITH IT.
21 COMMISSIONER ZEPEDA:
22 THANK YOU.
23 AGAIN, I JUST WANT TO
24 REITERATE WHAT OTHER
25 COMMISSIONERS HAVE SAID IN

82

1 TERMS OF THE PRESENTATION AND
2 THE WORK THAT YOU'RE DOING IS
3 REALLY EXEMPLARY.
4 AND, I WANT IT START OFF
5 BY SAYING THIS IS REALLY A
6 GOOD EXAMPLE OF THE STRATEGIC
7 SHIFT THAT FIRST 5 IS MAKING
8 FROM DIRECT SERVICES TO CEDING
9 SYSTEMS CHANGE.
10 AND I THINK TARA YOU
11 REALLY TRIED TO WALK US
12 THROUGH THAT.
13 AND, THAT'S TO REALLY SEE
14 WHERE THE LEVERS OF CHANGE
15 ARE.
16 THERE'S STILL THINGS THAT
17 NEED TO BE THOUGHT THROUGH AND
18 ALL THAT, GOING FORWARD.
19 BUT, THIS IS A VERY GOOD
20 EXAMPLE OF WHAT WE'RE TRYING
21 TO DO, I THINK, AS A
22 COMMISSION.
23 I DID HAVE A QUESTION
24 ABOUT THE CENTRALIZED ACCESS
25 POINT BECAUSE THAT -- THAT IS

83

1 SUCH A HUGE ISSUE FOR, AS
2 COMMISSIONER TAYLOR SAID, THE
3 SERVICE DESERTS.
4 BECAUSE MY EXPERIENCE HAS
5 BEEN IS YOU CAN SCREEN THE
6 CHILDREN, AND I EVEN THINK DR.
7 PATEL REFERRED TO THAT THAT
8 SOME OF HER COMMUNITIES ARE
9 OVERWHELMED BECAUSE THEY'RE
10 DOING SUCH A GOOD JOB AT
11 SCREENING.
12 BUT THE SERVICES AROUND
13 THERE ARE SATURATED.
14 SO THAT'S SORT OF THE YING
15 AND YANG OF IT, THAT ONE HAS
16 TO THINK ABOUT BECAUSE THERE
17 ARE PLACES WHERE THERE'S VERY
18 HIGH-RISK CHILDREN, VERY
19 VULNERABLE CHILDREN AND
20 THERE'S NO SERVICES FOR THOSE
21 CHILDREN.
22 COMMISSIONER TAYLOR:
23 THANK YOU.
24 COMMISSIONER ZEPEDA: AND
25 SO THAT, I'M SURE, CAME UP W

84

1 IN YOUR DISCUSSIONS.
2 AND THAT'S GOING TO
3 CONTINUE TO COME UP IN YOUR
4 DECISIONS AND IT HAS
5 IMPLICATIONS FOR THE
6 IDENTIFICATION OF THE PROJECTS
7 GOING FORWARD OR THE COMMUNITY
8 IN WHICH YOU'RE GOING TO WORK
9 BECAUSE YOU TALKED ABOUT
10 FERTILE GROUND.
11 AND I THINK THAT FROM THE
12 PERSPECTIVE OF WANTING THE
13 PROJECTS TO WORK, YOU DO WANT
14 FERTILE GROUND AND YOU HAVE
15 THE OTHER SIDE OF THE COIN
16 WHERE THERE IS NO FERTILE
17 GROUND IN CERTAIN COMMUNITIES
18 AND THAT'S WHERE WE HAVE A LOT
19 OF NEED.
20 SO, I THINK THAT THAT
21 NEEDS TO BE THOUGHT THROUGH.
22 AND THEN I DON'T KNOW IF
23 THIS PROJECT HAS ANY
24 IMPLICATIONS FOR THE KIND OF
25 PEDIATRIC TRAINING THAT GOES

85

1 ON IN MEDICAL SCHOOLS AND OUR
2 LOCAL COMMUNITIES.
3 HAVING WORKED WITH THE USC
4 INDIVIDUAL THAT TRAINS
5 PEDIATRICS, THEY GET VERY
6 LITTLE DEVELOPMENTAL TRAINING.
7 AND SO, I DON'T KNOW TO
8 WHAT DEGREE THERE COULD BE
9 SOME COMMUNICATION WITH IHES
10 WITHIN INSTITUTIONS OF HIGHER
11 EDUCATION THAT ARE TRAINING
12 DOCS IN THEIR PEDIATRIC
13 ROTATIONS.
14 SO THAT'S SOMETHING THAT
15 NEEDS TO BE THOUGHT THROUGH,
16 AS WELL.
17 BUT, AGAIN, JUST TO
18 REITERATE, I THINK THAT THIS
19 IS, AGAIN, A VERY GOOD EXAMPLE
20 OF WHERE THE COMMISSION IS
21 MOVING AND I LIKE THE FACT
22 THAT THERE IS A SENSE OF
23 CONNECTING THE DOTS BETWEEN
24 NOT ONLY THE HELP ME GROW BUT
25 THE HOME VISITING AND SOME OF

86

1 OUR OTHER PROGRAMS.
2 AND NOBODY SAID THAT, YOU
3 KNOW, I THINK ONE OF THE STORY
4 LINES HERE HAS TO BE THAT
5 EARLY INTERVENTION WILL SAVE
6 MONEY. I HATE TO GO DOWN
7 THERE BUT IT WILL SAVE MONEY
8 DOWN THE ROAD AND THAT THAT
9 SHOULD BE PART OF THE -- THE
10 MESSAGE, I THINK.
11 SO, THANK YOU AGAIN.
12 AND, IF THERE'S NO OTHER
13 QUESTIONS FROM COMMISSIONERS I
14 THINK IT'S TIME FOR OUR BREAK.
15 KIM BELSHE: SURE.
16 COMMISSIONER ZEPEDA:
17 SURE, SO TEN MINUTES AND THEN
18 I WILL CALL YOU BACK.
19 THANK YOU.
20
21 MEETING BREAKS AT 2:38
22 P.M.; MEETING RESUMES AT 2:59
23 P.M.
24
25 COMMISSIONER ZEPEDA:

87

1 WE'RE GOING TO START NOW.
2 LET ME FIND MY - WHERE'S
3 MY AGENDA?
4 OKAY, WE'RE MOVING ONTO
5 ITEM 5, COMMUNITIES -
6 COMMUNITIES' OUTCOME,
7 COMMUNITY IDENTIFIED PROJECTS,
8 BUILDING STRONGER FAMILIES,
9 ANTOINETTE AND ADAM ARE GOING
10 TO PRESENT TO US.
11 GOOD AFTERNOON; WELCOME.
12 ANTOINETTE ANDREWS BUSH:
13 GOOD AFTERNOON.
14 SO, I WANT TO START THIS
15 PRESENTATION BY REFLECTING ON
16 TWO THINGS THAT REALLY STOOD
17 OUT FOR ME DURING THE LAST
18 PRESENTATION.
19 ONE WAS WHEN YVETTE SAID
20 FAMILIES ARE READY TO JOIN
21 YOU.
22 FAMILIES ARE READY TO JOIN
23 US, FIRST 5 LA, IN BEING
24 CHAMPIONS FOR CHILDREN; UM, IN
25 DOING THE WORK OF POLICY AND

88

1 SYSTEMS CHANGE.
2 THAT REALLY RESONATED WITH
3 ME AND IT APPLIES TO HAVING A
4 CONVERSATION THAT WE WILL HAVE
5 IN JUST A MOMENT.
6 THE SECOND THING IS WHAT
7 COMMISSIONER ZEPEDA SAID
8 AROUND SEEDING SYSTEMS CHANGE.
9 WE OFTEN TALK ABOUT
10 SYSTEMS CHANGE AS IF IT'S A
11 THING THAT JUST HAPPENS, BUT
12 THERE HAS TO BE THE GROUND
13 WORK THAT'S LAID IN PLANTING
14 THAT SEED AND THEN WATERING
15 THAT SEED FOR THE POLICIES AND
16 SYSTEMS TO ACTUALLY CHANGE AND
17 IMPROVE FOR THE BENEFIT OF
18 CHILDREN AND FAMILIES.
19 SO, OUR CONVERSATION TODAY
20 IS ABOUT SEEDING - ABOUT WHAT
21 WE'VE BEEN SEEDING, WHAT THE
22 COMMUNITIES HAVE BEEN SEEDING,
23 AND THEIR READINESS TO MOVE
24 FORWARD TO DO BIGGER AND
25 GREATER THINGS TO PROMOTE

89

1 CHANGE WITHIN THEIR
2 COMMUNITIES.
3 SO, WHAT YOU'RE GOING TO
4 HEAR ABOUT TODAY IS WHAT WE
5 CALL COMMUNITY-IDENTIFIED
6 PROJECTS.
7 IT ALSO GOES, AT LEAST THE
8 FIRST ITERATION OF
9 COMMUNITY-IDENTIFIED PROJECTS,
10 ARE CALLED THE BUILDING
11 STRONGER FAMILIES GRANT, SO
12 YOU'LL HEAR THAT TERMINOLOGY
13 TODAY.
14 AND THIS PRESENTATION IN
15 THE WORK THAT WE'RE DOING WITH
16 THE COMMUNITY-IDENTIFIED
17 PROJECTS, FROM AN EVALUATION
18 PERSPECTIVE, IS GUIDED BY THE
19 BEST START LEARNING AGENDA OR,
20 AT LEAST THE CURRENT
21 CONCEPTUALIZATION OF THAT
22 LEARNING AGENDA, WHICH WE
23 PRESENTED - KIM HALL PRESENTED
24 TO THE BOARD - OR TO THE
25 PROGRAM AND PLANNING COMMITTEE

90

1 LAST MONTH.
2 BUT IT IS IMPORTANT TO
3 NOTE THAT WHAT WE'RE
4 PRESENTING IS THE RESULT OF
5 STAFF ANALYSIS OF GRANTEE
6 REPORTS - IT IS NOT THE RESULT
7 OF AN EXTERNAL EVALUATION
8 THAT'S TAKING PLACE.
9 AND AS YOU MAY RECALL, AND
10 NOW WE'LL GO INTO IT MORE
11 DEEPLY THAT WE'RE LOOKING AT
12 THESE COMMUNITY-IDENTIFIED
13 PROJECTS THROUGH THE LENS OF
14 PROGRAM MONITORING AT THIS
15 PARTICULAR MOMENT.
16 BUT WE SEE THIS AS AN
17 OPPORTUNITY TO SHARE WITH THE
18 BOARD THE CURRENT WORK THAT IS
19 GOING ON ACROSS ALL THE 14
20 COMMUNITIES THAT WE'RE VERY
21 PROUD OF, THERE'S A LOT OF
22 GREAT WORK HAPPENING. AND
23 THIS IS AN OPPORTUNITY TO
24 BRING SOMETHING THAT THE
25 COMMUNITIES HAVE BEEN WORKING

91

1 SO HARD ON OVER THE LAST --
2 ABOUT TWO YEARS OR SO.
3 SO, TODAY WHAT WE'RE GOING
4 TO TALK ABOUT IS THE BUILDING
5 STRONGER FAMILIES PROJECTS SO,
6 AGAIN, THIS IS THE FIRST
7 ITERATION OF THE
8 COMMUNITY-IDENTIFIED PROJECTS.
9 WE WANT TO DESCRIBE THE
10 EMERGING THEMES AND THE
11 LESSONS THAT WE HAVE LEARNED
12 THUS FAR.
13 AGAIN, THIS IS - THESE
14 PROJECTS UNDERWAY, THEY ARE
15 NOT ENDING.
16 AND, THEREFORE WE WANT TO
17 PREVIEW THAT THERE WILL
18 ACTUALLY BE NINE GRANTS, NOT
19 11 -- NINE GRANTS THAT WILL BE
20 ON THE NOVEMBER -- THE
21 NOVEMBER BOARD AND TWO THAT
22 WILL BE ON THE JANUARY BOARD
23 FOR CONSENT.
24 SO, NINE FOR NOVEMBER, TWO
25 FOR JANUARY, YES, TOTAL OF 11

92

1 BSF GRANTS.
2 SO, WITH THAT I WANT TO
3 TURN IT OVER TO ADAM WHO HAS
4 BEEN SPEARHEADING THIS
5 PROJECT, HAS SPENT A LOT OF
6 HOURS COMBING THROUGH GRANTEE
7 REPORTS ALONG WITH HIS
8 COLLEAGUES IN THE COMMUNITIES'
9 DEPARTMENT AS WELL AS
10 COLLEAGUES IN OUR LEARNING AND
11 INTEGRATION DIVISION.
12 ADAM.
13 ADAM FREER: THANK YOU
14 ANTOINETTE.
15 GOOD AFTERNOON. I
16 APOLOGIZE IF MY VOICE IS A
17 LITTLE RASPY, I'M KIND OF A
18 LITTLE BIT UNDER THE WEATHER.
19 BEFORE I GET STARTED, I
20 WANTED TO FIRST DRAW YOUR
21 ATTENTION TO THE PICTURES ON
22 THE SLIDE.
23 THERE'S -- THE PROJECTS
24 WE'RE TALKING ABOUT TODAY ARE
25 REALLY DIVERSE, REALLY DYNAMIC

93

1 AND WE DIDN'T THINK JUST
2 TRYING TO DESCRIBE THEM IN
3 WORDS WOULD DO THEM JUSTICE.
4 SO, WE'VE PEPPERED YOUR
5 PRESENTATION AND YOUR
6 MATERIALS WITH PICTURES FROM
7 THE COMMUNITIES AND FROM THE
8 PROJECTS AND IN A LITTLE BIT
9 I'LL ALSO SHOW YOU VIDEO.
10 AND I WON'T HAVE TIME TO
11 DESCRIBE ALL THE PICTURES BUT,
12 ON THIS SLIDE, YOU'LL SEE
13 PICTURES FROM CENTRAL LONG
14 BEACH, BROADWAY, MANCHESTER,
15 COMPTON EAST, COMPTON - BEST
16 START COMMUNITIES.
17 SO, AS THE NAME IMPLIES,
18 COMMUNITY-IDENTIFIED PROJECTS
19 ARE DEVELOPED BY THE BEST
20 START COMMUNITY PARTNERSHIPS.
21 THEY HAVE A DUAL PURPOSE
22 OF BOTH MAKING CHANGE IN THEIR
23 COMMUNITIES, AND IN BUILDING
24 THEIR CAPACITIES TO WORK
25 TOGETHER TO MAKE THAT CHANGE.

94

1 FOR THESE INITIAL
2 PROJECTS, THE COMMUNITY CHANGE
3 HAS INVOLVED STRENGTHENING THE
4 PROTECTIVE FACTORS.
5 WHAT MANY OF YOU ARE
6 ALREADY AWARE OF AND FAMILIAR
7 WITH THE PROTECTIVE FACTORS
8 WHICH WERE DETERMINED,
9 EMPIRICALLY, TO BE PRESENT IN
10 RESILIENT FAMILIES.
11 FOR THE SAKE OF
12 SIMPLICITY, WE COLLAPSED THE
13 FIVE PROTECTIVE FACTORS INTO
14 THE THREE FAMILY CORE RESULTS
15 THAT YOU SEE ON YOUR SCREEN.
16 PARTNERSHIPS WERE ASKED TO
17 SELECT ONE TO FOCUS ON FOR THE
18 FIRST ROUND OF PROJECTS.
19 COMMUNITIES THAT SELECTED EACH
20 CORE RESULT ARE LISTED.
21 THIS GRAPHIC DEPICTS WHERE
22 THE BSF PROJECTS FIT IN THE
23 BIGGER PICTURE OF THE
24 PARTNERSHIP'S CAPACITY
25 DEVELOPMENT.

95

1 IN THE INITIAL STAGES, THE
2 PARTNERSHIPS WERE MORE INWARD
3 FOCUSED AS THEY ESTABLISHED
4 STRONG COLLABORATIONS. THEY
5 WERE THEN PREPARED TO TURN
6 THEIR ATTENTION OUTWARD TO
7 TAKE MORE CONCERTED EFFORTS TO
8 IMPROVE THEIR COMMUNITIES.
9 THE BSF PROJECTS REPRESENT
10 THEIR FIRST ENTREE INTO
11 COLLECTIVE COMMUNITY CHANGE
12 WORK.
13 THESE EXPERIENCES WILL
14 GREATLY INFORM THE CONTINUED
15 COMMUNITY CHANGE EFFORTS UNDER
16 THE NEW STRUCTURE.
17 THE PROJECTS ARE WITHIN
18 COMMUNITY STRATEGY 1 OF THE
19 STRATEGIC PLAN WHICH INVOLVES
20 BUILDING COMMUNITY LEADERSHIP
21 AND COLLABORATION.
22 THE PROJECTS WERE
23 DEVELOPED BY EACH OF THE BEST
24 START COMMUNITY PARTNERSHIPS
25 THROUGH A FACILITATED PROCESS

96

1 THAT INVOLVED REVIEWING,
2 ANALYZING, AND APPLYING DATA
3 --
4 INCLUDING THEIR OWN LIVED
5 EXPERIENCES.
6 WITH THE PARTICIPATION OF
7 COMMUNITY RESIDENTS, WE
8 SELECTED GRANTEEES TO MANAGE
9 THE IMPLEMENTATION OF THE 14
10 PROJECTS STARTING IN EARLY
11 2015, AND THE LAST ONE CAME ON
12 BOARD IN JUNE 2016.
13 EACH OF THE PROJECTS HAS
14 MULTIPLE ACTIVITIES, EACH OF
15 WHICH IS A SEPARATE STREAM OF
16 WORK.
17 SO - AND ACROSS THE 14
18 PROJECTS THERE ARE A TOTAL OF
19 78 ACTIVITIES BEING
20 IMPLEMENTED.
21 YOUR MATERIALS CONTAIN A
22 DESCRIPTION OF EACH OF THE BSF
23 PROJECTS INCLUDING ALL OF THE
24 ACTIVITIES, THE GRANTEEES,
25 START DATES AND FUNDING

97

1 AMOUNTS.
2 THE NUMBER AND DIVERSITY
3 OF THE ACTIVITIES MADE IT
4 DIFFICULT FOR US TO PROVIDE AN
5 OVERVIEW OF THEM.
6 THIS CHART SHOWS SOME
7 ACTIVITIES THAT WERE COMMON
8 ACROSS MULTIPLE COMMUNITIES.
9 FOR EXAMPLE, IT'S EXCITING
10 TO NOTE THAT ALL 14
11 COMMUNITIES HAVE SOME FORM OF
12 LEADERSHIP TRAINING PROGRAM.
13 BECAUSE ACTIVITIES WERE
14 SELECTED BY THE COMMUNITY
15 MEMBERS, THIS INDICATES THAT
16 THEIR PRIORITIES ARE TO BUILD
17 CAPACITIES AND TO BE CHANGE
18 AGENTS AND LEADERS IN THEIR
19 COMMUNITIES - WHICH, AS I
20 STATED, IS A PRIMARY GOAL OF
21 COMMUNITY STRATEGY 1.
22 YOU'LL ALSO NOTE THAT
23 ALMOST HALF OF THEM CHOSE TO
24 DEVELOP OR ENHANCE COALITIONS
25 TO INCREASE COLLABORATION.

98

1 WE ANTICIPATE THAT MORE
2 COALITION DEVELOPMENT WILL
3 OCCUR AS COMMUNITIES DRIVE
4 THEIR AGENDAS FORWARD IN
5 SEEKING SYSTEMS CHANGE.
6 THE ANALYSIS OF THESE
7 PROJECTS PROVIDES AN EARLY
8 OPPORTUNITY TO APPLY THE BEST
9 START LEARNING AGENDA THAT
10 DANIELLE PINEDA AND KIM HALL
11 PRESENTED TO YOU LAST MONTH.
12 THIS IS THE SLIDE, THIS IS
13 THE BEST -- DRAFT BEST START
14 LEARNING AGENDA THAT THEY
15 PRESENTED WHICH HAS THREE
16 LEARNING AREAS; AND TODAY
17 WE'RE FOCUSING ON COMMUNITY
18 CHANGE LEARNING AREA AND
19 RESPONDING TO THE HIGHLIGHTED
20 QUESTION WHICH IS SPECIFIC TO
21 THE BSF PROJECTS AS A KEY
22 COMPONENT OF THE COMMUNITY
23 CHANGE WORK.
24 THIS QUESTION INVOLVES THE
25 ASSESSMENT OF THE THREE -- OF

99

1 THE PROJECTS IN THREE AREAS --
2 CAPACITY BUILDING, LEADERSHIP
3 DEVELOPMENT, AND LEVERAGING
4 RESOURCES.
5 OUR ANALYSIS USES THESE
6 THREE AREAS AS A FRAMEWORK,
7 AND FOR OUR PURPOSES TODAY
8 WE'RE CALLING THEM "THEMES."
9 SO NOW THAT WE'VE PROVIDED
10 SOME CONTEXT, WE'LL TURN OUR
11 ATTENTION TO WHAT HAS HAPPENED
12 IN THE COMMUNITIES AND WHAT
13 WE'RE LEARNING.
14 I'LL NOW SHARE WITH YOU A
15 BRIEF VIDEO OF ONE OF THE
16 ACTIVITIES IN WHICH THE
17 PARENTS FROM THE METRO L.A.
18 COMMUNITY PRESENT A MOBILE
19 MURAL THEY CREATED TO PROMOTE
20 THEIR "CULTURE OF RESPECT"
21 CAMPAIGN WHICH AIMS TO REDUCES
22 VIOLENCE IN THE COMMUNITY BY
23 CHANGING CULTURAL NORMS.
24 [VIDEO PLAYING]
25 ADAM FREER: SO IN

100

1 ADDITION TO THE EXTENSIVE
2 AMOUNT OF PASSION AND TIME AND
3 THOUGHT THEY INVESTED INTO THE
4 PROJECT WHAT'S EXCITING ABOUT
5 THIS VIDEO IS IT SHOWS THEIR
6 ABILITY TO USE THE MURAL AS A
7 TOOL TO PROMOTE THEIR VISION
8 FOR THE COMMUNITY.

9 AND I ENCOURAGE YOU TO
10 WATCH THE FULL VIDEO, AS WELL
11 AS ANOTHER ONE THAT DESCRIBES
12 ACTIVITIES ACROSS ALL 14
13 COMMUNITIES.

14 THE LINKS TO BOTH VIDEOS
15 ARE ON, ON THE LAST SLIDE OF
16 YOUR POWERPOINT.

17 AND I WANT TO ACKNOWLEDGE
18 THAT THE GREAT WORK OF METRO
19 COMMUNITY, IN WORKING ON THE
20 MURAL AND THE ORGANIZATIONS
21 THAT WORK WITH THEM TO SUPPORT
22 THE MURAL PROJECT -- PATHWAYS,
23 KOREATOWN YOUTH AND COMMUNITY
24 CENTER, PARA LOS NINOS.

25 I ALSO WANT TO THANK

101

1 KRISTY SANDOVAL, THE MURALIST
2 WHO GUIDED THEM THROUGH THE
3 PROCESS; FABIOLA MONTIEL, AND
4 LOLA GONZALEZ AND OUR
5 COMMUNICATIONS TEAM FOR
6 CREATING THE VIDEOS.

7 AND WHILE WE HAVE NOT
8 COMPLETED OUR DATA COLLECTION,
9 STAFF HAVE REVIEWED 97
10 PROGRESS AND EVALUATION
11 REPORTS FROM THE GRANTEES AND
12 WE'VE ALSO RECEIVED INPUT FROM
13 STAFF AND OTHER CONTRACTORS.
14 AND, BECAUSE OF THE IMPACTS OF
15 THE PROJECTS, WE'RE JUST AS
16 COMPLEX AS THE PROJECTS
17 THEMSELVES.

18 WE CHALLENGE OURSELVES TO
19 DEVELOP ONE STATEMENT THAT
20 CAPTURED THE BIG PICTURE OF
21 WHAT HAS HAPPENED AS A RESULT
22 OF THE BSF PROJECTS.

23 SO, THIS OVERARCHING
24 SUMMARY STATEMENT IS BASED ON
25 DATA REVIEWED TO DATE, AND IN

102

1 THE NEXT FEW SLIDES I WILL
2 HIGHLIGHT SOME OF THE DATA
3 THAT SUPPORTS THIS STATEMENT.

4 [1:37:38]

5 THE MAIN STORY HERE IS
6 THAT BY WORKING
7 COLLABORATIVELY THROUGH THE
8 PROJECTS, RESIDENTS AND
9 ORGANIZATIONS HAVE BEEN
10 SUCCESSFUL IN IMPROVING THE
11 LIVES OF INDIVIDUALS AND
12 FAMILIES - AND, IN SOME CASES
13 - THERE ARE SIGNS OF CHANGING
14 SOCIAL AND CULTURAL NORMS
15 WHICH FIRST 5 LA CONSIDERS
16 SYSTEMS CHANGE.

17 BUT WHAT IS INTERESTING
18 THAT THIS IS HAPPENING IN A
19 SLIGHTLY DIFFERENT WAY THAN WE
20 ANTICIPATED.

21 WHAT WE DIDN'T ANTICIPATE
22 WAS THE PROFOUND IMPACT THAT
23 THE LEADERSHIP DEVELOPMENT
24 PROCESS WOULD HAVE ON
25 RESIDENTS.

103

1 TYPICALLY, AT FIRST 5 WE
2 DRAW A DISTINCTION BETWEEN OUR
3 DIRECT SERVICE AND OUR SYSTEMS
4 CHANGE INVESTMENTS.

5 THESE PROJECTS AND BEST
6 START, IN GENERAL, BLUR THIS
7 LINE BY STRENGTHENING THE
8 PROTECTIVE FACTORS NOT ONLY OF
9 THE PEOPLE IN THE BROADER
10 COMMUNITY BUT ALSO THE
11 RESIDENTS THAT VOLUNTEER TO BE
12 CHANGE AGENTS.

13 BECAUSE THEY HAVE BEEN SO
14 DEEPLY IMPACTED, THEY'RE
15 BETTER ABLE TO HAVE A POWERFUL
16 IMPACT ON THEIR FAMILIES,
17 FRIENDS AND NEIGHBORS.

18 THEY ASPIRE AND GUIDE
19 OTHERS TO SEEK THE SAME
20 PROFOUND CHANGES THAT THEY'VE
21 HAD.

22 THIS CREATES A RIPPLE
23 EFFECT; AND THAT'S WHAT WE
24 HAVE SEEN REPLICATED IN MANY
25 WAYS ACROSS THE COMMUNITIES.

104

1 AND THIS IS THIS GRAPHIC
2 IS JUST FOR A VISUAL WAY TO
3 TRY TO DEMONSTRATE WHAT WE SEE
4 HAPPENING IN THE COMMUNITIES.
5 SO, THIS SHOWS A RIPPLE
6 EFFECT AS THE PROJECTS IMPACT
7 THE LIVES OF THE RESIDENT
8 LEADERS THAT THEN ALLOWS THEM
9 TO BE BETTER ABLE TO AFFECT
10 OTHERS, INCLUDING THEIR OWN
11 FAMILIES.
12 OVER TIME, COMMUNITIES
13 CHANGE.
14 THEY'RE LIFTED UP,
15 STRONGER, MORE COHESIVE AND
16 WITH IMPROVED SERVICES AND
17 SYSTEMS.
18 AS MENTIONED, THE ANALYSIS
19 WE PROVIDE TODAY IS FRAMED
20 ACCORDING TO THE THREE THEMES
21 IN THE LEARNING AGENDA
22 QUESTION: LEADERSHIP
23 DEVELOPMENT, CAPACITY
24 BUILDING, AND RESOURCE
25 MOBILIZATION.

105

1 AND IN THE AREA OF
2 LEADERSHIP DEVELOPMENT WE HAD
3 TWO MAIN TAKEAWAYS.
4 THE FIRST IS THAT
5 LEADERSHIP DEVELOPMENT
6 INVOLVES MUCH MORE THAN JUST
7 CAPACITY BUILDING.
8 WE'VE LEARNED THAT THROUGH
9 THE REPORTS THAT MANY PEOPLE
10 HAVE CHALLENGES AND BARRIERS
11 THAT MUST BE OVERCOME FOR THEM
12 TO BE IN A POSITION TO LEAD -
13 SUCH AS DIFFICULTY MEETING
14 THEIR OWN BASIC NEEDS, LOW
15 SELF-ESTEEM, OR LACK OF
16 CONFIDENCE.
17 WHILE THE PROJECTS WEREN'T
18 OFTEN INTENTIONALLY DESIGNED
19 TO ADDRESS INDIVIDUAL LEVEL
20 NEEDS THEY DID OFTEN HELP
21 PEOPLE OVERCOME THESE
22 BARRIERS. FOR INSTANCE, AS
23 PARENTS LEARNED ABOUT SERVICES
24 SO THAT THEY COULD INFORM
25 OTHERS, IN MANY CASES THEY

106

1 THEMSELVES WERE ABLE TO
2 BENEFIT FROM THEM.
3 THE SAME CAN BE SAID FOR
4 PARENTING SKILLS.
5 THE SECOND TAKEAWAY IS
6 THAT FOCUSING ON THE
7 INDIVIDUAL LEADERS IS OFTEN
8 NOT ENOUGH.
9 THERE ARE BARRIERS IN
10 COMMUNITIES THAT CAN PREVENT
11 THEM FROM BEING AUTHENTIC
12 LEADERS.
13 WE ARE LEARNING THAT IT
14 TAKES INTENTIONAL AND DEEP
15 REFLECTION TO IDENTIFY AND
16 OVERCOME UNDERLYING
17 ASSUMPTIONS AND BELIEFS THAT
18 CREATE AND SUPPORT THESE
19 BARRIERS.
20 WHILE WE OURSELVES ARE
21 CONTINUING TO GROW IN THIS
22 AREA, FIRST 5 LA HAS A ROLE TO
23 PLAY IN FACILITATING DIALOGUE
24 AND CHALLENGING OURSELVES,
25 OTHER ORGANIZATIONS, AND

107

1 COMMUNITY LEADERS TO REFLECT
2 ON OUR OWN ROLES IN SUPPORTING
3 RESIDENT LEADERSHIP.
4 CAPACITIES HAVE BEEN
5 DEVELOPED THROUGH THE PROJECTS
6 BY DIFFERENT PARTIES AND ON
7 DIFFERENT LEVELS - BY
8 INDIVIDUALS, ORGANIZATIONS AS
9 WELL AS THEIR COLLECTIVE
10 CAPACITIES TO WORK TOGETHER TO
11 DRIVE COMMUNITY CHANGE.
12 WE'VE RECOGNIZED THAT
13 THERE'S A GREAT DEAL OF
14 OVERLAP BETWEEN CAPACITY
15 BUILDING AND LEADERSHIP
16 DEVELOPMENT SINCE LEADERSHIP
17 DEVELOPMENT INVOLVES CAPACITY
18 BUILDING.
19 BUT THIS SLIDE IS ABOUT
20 CAPACITIES THAT WERE DEVELOPED
21 IN ADDITION TO LEADERSHIP.
22 THESE OFTEN FOCUS DIRECTLY
23 ON STRENGTH PROTECTIVE FACTORS
24 INCLUDING TOPICS SUCH AS
25 PARENTING SKILLS AND KNOWLEDGE

108

1 OF CHILD DEVELOPMENT IN
2 CONCRETE SUPPORTS.
3 IT ALSO INCLUDES
4 ORGANIZATIONAL CAPACITY
5 BUILDING ON TOPICS SUCH AS
6 CREATING A WELCOMING
7 ENVIRONMENT, CIVIC ENGAGEMENT
8 AND ADVOCACY.
9 A KEY TAKEAWAY HERE IS THE
10 IMPORTANCE OF WHAT YOU DO WITH
11 AND AFTER THE TRAININGS TO
12 REINFORCE THEM IN WAYS THAT
13 LEAD TO CHANGED BEHAVIOR.
14 THE PARENT GROUPS APPEAR
15 TO BE A GREAT WAY TO PROVIDE
16 PEER SUPPORT FOR PARENTS.
17 BECAUSE THE GROUPS MEET
18 REGULARLY, WHEN PARENTS LEARN
19 NEW PARENTING SKILLS, FOR
20 EXAMPLE, THEY CAN TRY THEM OUT
21 AT HOME AND THEN DISCUSS HOW
22 IT WENT AND ANY CHALLENGES
23 THEY HAD WHEN THEY RETURN TO
24 THE GROUP.
25 THEME THREE, RESOURCE

109

1 LEVERAGING.
2 IN KEEPING WITH THE
3 STRATEGIC PLAN, THE TERM
4 RESOURCE LEVERAGING INCLUDING
5 INCLUDES LEVERAGING EXISTING
6 COMMUNITY RESOURCES AND
7 ASSETS, SUCH AS SERVICES, IN
8 ADDITION TO FUNDING AND
9 IN-KIND DONATIONS.
10 WHILE THE COMMUNITIES VARY
11 GREATLY IN THE AMOUNT OF
12 SERVICES AND RESOURCES THEY
13 HAVE, THERE SEEM TO BE VERY
14 FAIRLY CONSISTENT CHALLENGES
15 IN ACCESSING WHAT ALREADY
16 EXISTS.
17 SEVERAL THE COMMUNITIES
18 RECOGNIZE THIS AND FOCUS THEIR
19 EFFORTS ON BRIDGING THIS GAP
20 IN DIFFERENT WAYS.
21 THE KEY TAKEAWAY FOR US IN
22 THIS AREA IS THE IMPORTANCE OF
23 FACILITATING DIALOGUE BETWEEN
24 ORGANIZATIONS AND RESIDENTS
25 THEY SEEK TO SERVE SO THEY CAN

110

1 PROVIDE INSIGHT INTO
2 CHALLENGES AND BARRIERS THEY
3 FACE ACCESSING THE SERVICES AS
4 WELL AS TO PROVIDE FEEDBACK ON
5 THE QUALITY OF THE SERVICES.
6 THE REPORTS WE REVIEWED IN
7 OUR ANALYSIS INCLUDE A GREAT
8 MANY STORIES ABOUT THE
9 POWERFUL IMPACTS THAT PROJECTS
10 WERE HAVING ON RESIDENTS.
11 THESE ARE A FEW QUOTES
12 CONVEYING THIS IMPACT THIS
13 TIME WORDS OF THE RESIDENTS
14 THEMSELVES.
15 I'LL NOW TURN IT BACK OVER
16 TO ANTOINETTE WHO WILL
17 DESCRIBE OUR NEXT STEPS.
18 ANTOINETTE ANDREWS BUSH:
19 THANK YOU ADAM AS I MENTIONED,
20 THE STAFF WILL BE BRINGING
21 NINE OF THE GRANTS TO THE
22 BOARD FOR AMENDMENTS TO
23 REQUEST AMENDMENTS; IT WILL BE
24 ON THE NOVEMBER CONSENT
25 CALENDAR.

111

1 THERE WILL BE NINE FOR A
2 TOTAL OF ABOUT 1 POINT - OR,
3 \$2 MILLION AND THEN WE WILL
4 BRING TWO ADDITIONAL GRANTS TO
5 THE BOARD TO REQUEST APPROVAL
6 OF AMENDMENTS IN JANUARY.
7 THESE PARTICULAR GRANTS
8 ARE, ARE SCHEDULED TO END
9 NOVEMBER 30TH AND SO THAT'S
10 WHY THEY'RE BEING BROUGHT TO
11 THE BOARD.
12 THE TWO IN JANUARY ARE
13 SCHEDULED TO -- TO END AT THAT
14 TIME AND SO WE WANT TO MAKE
15 SURE THAT THE WORK THAT IS
16 GOING ON AS ADAM DESCRIBED
17 THERE'S A LOT OF WORK THAT'S
18 HAPPENING BUT IT'S JUST NOW,
19 AGAIN, GOING BACK TO
20 COMMISSIONER ZEPEDA'S - WHAT
21 YOU SAID EARLIER, THERE'S A
22 LOT OF PLANTING AND SEEDING
23 THAT'S HAPPENING.
24 AND SO, IN ANTICIPATION OF
25 THE NEW STRUCTURE WHERE

112

1 COMMUNITY-IDENTIFIED PROJECTS
2 WILL CONTINUE TO FLOURISH, WE
3 WANT TO MAKE SURE THAT THERE'S
4 NO GAP IN THE GREAT WORK
5 THAT'S HAPPENING CURRENTLY.
6 AND, THEREFORE, WE WILL BE
7 REQUESTING THAT THESE GRANTS
8 BE AMENDED TO EXTEND THROUGH
9 JUNE 30TH OF 2018.
10 THE OTHER REALLY IMPORTANT
11 PART OF THIS IS WHAT WE'RE
12 BRINGING TO YOU TODAY IS NOT A
13 FINAL REPORT - THIS IS ABOUT
14 PROGRESS TO DATE.
15 THE WORK IS STILL
16 HAPPENING, AND WE DO INTEND TO
17 CONTINUE TO COLLECT
18 INFORMATION NOT JUST FROM
19 GRANTEES BUT FROM PARTNERSHIP
20 MEMBERS AND OTHERS WHO ARE A
21 PART OF THESE PROJECTS SO THAT
22 WE HAVE A FULLER PICTURE OF
23 WHAT IS ACTUALLY HAPPENING IN
24 TERMS OF IMPLEMENTATION AND
25 WHAT THE RESULTS ARE.

113

1 SO, WE WILL BE PREPARING A
2 FINAL REPORT THAT WE INTEND TO
3 BRING BACK TO THE BOARD IN
4 FALL, OF 2018.
5 AND THEN LAST, I JUST
6 WANTED TO REITERATE THAT THE
7 NEW STRUCTURE - YOU'VE BEEN
8 HEARING A LOT OF WORK, A LOT
9 OF PRESENTATIONS ABOUT THE NEW
10 STRUCTURE.
11 AND YOU'VE BEEN VERY KIND
12 TO LISTEN TO THEM ALL AND
13 REALLY -- TO REALLY GRASP THE
14 DIRECTION THAT WE'RE GOING IN
15 WITH BEST START.
16 AS ADAM MENTIONED, THESE
17 PROJECTS WERE COMMUNITY
18 MEMBERS SELECTING A PARTICULAR
19 CORE RESULT THAT THEY WANTED
20 TO ADDRESS AND IT WAS GROUNDED
21 IN THE PROTECTIVE FACTORS.
22 THAT WILL CONTINUE, BUT
23 THERE'S ALSO OTHER WORK THAT
24 THE PARTNERSHIPS ARE
25 INTERESTED IN DOING AROUND

114

1 THINGS LIKE THE BUILT
2 ENVIRONMENT, AROUND THINGS
3 LIKE SERVICE COORDINATION AND
4 REALLY BUILDING RELATIONSHIPS
5 BETWEEN PARENTS AND PROVIDERS.
6 AND THESE TYPES OF
7 PROJECTS WOULD ALSO FALL UNDER
8 THE UMBRELLA OF
9 COMMUNITY-IDENTIFIED PROJECTS.
10 SO, THERE'S SO MUCH MORE
11 TO COME, WE'RE VERY, VERY
12 EXCITED ABOUT EVERYTHING
13 THAT'S HAPPENING ACROSS THE 14
14 COMMUNITIES AND WE ARE EXCITED
15 TO HEAR YOUR THOUGHTS ABOUT
16 THIS.
17 SO, WE HAVE QUESTIONS FOR
18 YOU, SHOULD YOU CHOOSE TO
19 ANSWER THESE OR YOU MAY HAVE
20 QUESTIONS FOR US AND MAKE
21 OTHER COMMENTS.
22 BUT FIRST -- BEFORE WE GO
23 THERE I WANT TO POINT OUT
24 ADAM'S BEAUTIFUL DAUGHTERS ON
25 THIS PICTURE.

115

1 AND THEY ARE ASKING YOU,
2 IS ANYTHING UNCLEAR?
3 COMMISSIONER TAYLOR: OH,
4 NOW YOU'RE PUTTING US ON THE
5 SPOT. GO AHEAD, GO AHEAD.
6 ANTOINETTE ANDREWS BUSH:
7 WHAT WERE THE MAIN TAKEAWAYS
8 HERE FOR YOU?
9 AND IS THERE ANYTHING MORE
10 THAT YOU'RE INTERESTED IN
11 KNOWING MORE ABOUT AS WE
12 CONTINUE THE ANALYSIS AND
13 CONTINUE THE WORK OF
14 SUPPORTING
15 COMMUNITY-IDENTIFIED PROJECTS?
16 COMMISSIONER ZEPEDA:
17 OKAY, THANK YOU VERY MUCH FOR
18 THAT PRESENTATION.
19 YOUR LITTLE BABY LOOKS
20 REALLY INQUISITIVE THERE.
21 SO, THANK YOU FOR THAT.
22 COMMISSIONERS? QUESTIONS?
23 COMMISSIONER TAYLOR: I
24 HAVE SOME.
25 COMMISSIONER ZEPEDA:

116

1 OKAY, COMMISSIONER TAYLOR.
2 COMMISSIONER TAYLOR:
3 ANTOINETTE, I'M GLAD YOU KIND
4 OF MENTIONED THE BUILT
5 ENVIRONMENT, BUT I'M VERY
6 INTERESTED IN HOW THE BUILT
7 ENVIRONMENT, THE TRAUMA
8 INFORMED CONCEPT - AS IT
9 RELATES TO COMMUNITIES - AND
10 THE REGIONAL CONCEPT THAT
11 YOU'RE WORKING ON WILL BE
12 INTEGRATED INTO THIS EFFORT.
13 AND HOW IT'S GOING TO BE
14 CONVEYED IN SUCH A WAY THAT
15 THE COMMUNITY WILL UNDERSTAND
16 IT AND BE ABLE TO FACILITATE,
17 YOU KNOW, COMMUNICATING THAT
18 TO ITS PEERS.
19 DO YOU KNOW WHAT I'M
20 SAYING? SO THAT THEY BECOME
21 AN INSTRUMENT TO SHARE THAT
22 EFFECT ON THEM AND THEIR
23 FAMILIES AND THE COMMUNITY.
24 AND HOPEFULLY, WE HAVE
25 SOME OPTIONS OF WHAT THEY CAN

117

1 DO TO HELP -- MAYBE NOT
2 MITIGATE IS THE THING, BUT
3 MINIMIZE IT BECAUSE IN SOME
4 COMMUNITIES IT'S HARD WHEN
5 YOU'RE DEALING WITH DIRECT
6 POVERTY.
7 AND SO THERE HAS TO BE
8 SOME THINGS LIKE WE CAN COME
9 UP WITH THAT SAYS COMMUNITY
10 EVENT OR COMMUNITY ACTIVITIES
11 STRENGTHEN YOU TO DEAL WITH
12 THIS EFFORT OR IT ALLOWS YOU
13 TO SHARE YOUR PAIN AND SO THAT
14 OTHERS CAN HELP YOU DEAL WITH
15 IT AND ADDRESS IT; OR, THERE'S
16 AGENCIES, IF IT'S MORE SERIOUS
17 PAIN, THAT CAN HELP YOU
18 ADDRESS IT.
19 SO, I'M HOPING THAT WE
20 WILL HEAR AT SOME POINT ABOUT
21 HOW THIS EFFORT WILL GO.
22 MY OTHER THING IS, IS THAT
23 I LOVE WHAT YOU'RE DOING.
24 YOU'VE PUT TOGETHER
25 SUCCINCT UNDERSTANDING OF THIS

118

1 EFFORT, OUT IN THE COMMUNITY,
2 AND YOU KIND OF FIRST -- THIS
3 IS THE FIRST TIME I'VE HEARD
4 IT SHARED IN THAT WAY AND IT
5 MAKES SENSE BECAUSE I'VE BEEN
6 THERE AND DONE THAT.
7 I'LL LET MY FRIEND SAUL
8 TALK ABOUT THAT BUT THE MOST
9 IMPORTANT THING IS IS THAT THE
10 COMMUNITY STRENGTH IS VERY
11 POWERFUL, AND HOW WE DON'T
12 BUILD UP A FALSE EXPECTATION
13 FOR THEM TO DO MORE THAN THEY
14 CAN OR TO BELIEVE SOMETHING
15 THAT IS NOT REAL.
16 BECAUSE, THE FALSE
17 ASSUMPTION -- BECAUSE ONE
18 THING WE LEARNED EARLY IT WAS
19 TOLD TO ME AND MY COLLEAGUES
20 IS THAT WE ARE NOT GOING TO BE
21 PAID TO DO WHAT WE DO.
22 IT'S ABOUT COMMUNITY DOING
23 WHAT THEY NEED TO DO FOR
24 THEMSELVES.
25 AND GETTING TRAINING TO

119

1 EMPOWER THEM TO DO IT.
2 AND THAT WAS CONVEYED TO
3 US A LONG TIME AGO, LIKE FIVE
4 YEARS AGO, AND SO THE IDEA IS
5 THAT WE WANT TO MAKE SURE WE
6 DON'T BUILD WHAT I CALL FALSE
7 EXPECTATIONS FOR THE COMMUNITY
8 BECAUSE THEY REACT IN
9 DIFFERENT WAYS ABOUT THAT.
10 SO BE VERY CAREFUL, THAT
11 WE DON'T BUILD THESE FALSE
12 EXPECTATIONS FROM PEOPLE AND
13 THAT WE'RE VERY CLEAR ABOUT
14 WHAT WE'RE DOING AND WHAT
15 WE'RE NOT DOING AND WHAT THEY
16 ARE DOING AND HOW THEY'RE
17 GOING TO BE ENGAGED TO MOVE
18 THESE EFFORTS FORWARD FOR
19 THEMSELVES.
20 SO, I JUST WANTED TO THANK
21 YOU, AND IT SOUNDS GREAT.
22 COMMISSIONER ZEPEDA:
23 THANK YOU.
24 OTHER QUESTIONS? KARLA.
25 COMMISSIONER PLEITEZ

120

1 HOWELL: I AGREE WITH
2 COMMISSIONER TAYLOR IN TERMS
3 OF THE CLARITY AND THE THREE
4 DIFFERENT BUCKETS. WE WERE
5 JUST LOOKING AT SUCH A LONG
6 LIST BEFORE SO IT'S NICE TO
7 SEE IT SUMMARIZED.
8 THERE'S FOUR THINGS THAT
9 LOOKED UP FOR ME.
10 ONE IS SORT OF LEARNING
11 FROM WHERE WE'VE BEEN IN THE
12 PAST AND HOW WE WILL DEAL AND
13 DISCUSS SUSTAINABILITY ONCE
14 THESE GRANTS ARE GIVEN.
15 WHAT EXPECTATIONS DO WE
16 HAVE OF THE FOLKS THAT RECEIVE
17 THIS, AND THEN, REALLY CLEAR
18 COMMUNICATION OF WHAT IT'LL
19 LOOK LIKE WHEN THE GRANTS ARE
20 OVER, JUST TO SORT OF MANAGE
21 AND LEARN FROM THE PAST.
22 THE SECOND IS THAT THE
23 BUCKETS THAT YOU LAID OUT,
24 LEADERSHIP DEVELOPMENT IS
25 SOMETHING THAT A LOT OF THE

121

1 COMMUNITIES HAVE WORKED ON,
2 AND WE SEE THE SORT OF ASSETS
3 OF THE DIFFERENT COMMUNITIES
4 LIFTED UP, BUT WE'VE SPENT A
5 LOT OF TIME THERE, ALSO.
6 SO HOW DO WE BALANCE THE
7 BRINGING IN PEOPLE THAT AREN'T
8 JUST DOING TRAININGS BUT ARE
9 SORT OF PIVOTING US TO THE
10 ACTION OF WHAT THE COMMUNITIES
11 ARE ALSO WANTING AND
12 EXPECTING?
13 BUT IT'S EASY TO WRITE A
14 GRANT AND SAY I'M GOING TO DO
15 THESE FIVE TRAININGS, RIGHT,
16 BECAUSE IT'S SORT OF LIKE A
17 CHECK BOX. SO, HOW DO WE
18 BALANCE THE DEPTH OF PIVOTING
19 TO THESE HARDER REACH PLACES
20 AND STILL KEEPING SOME OF THE
21 THINGS THAT WE'VE ALREADY DONE
22 IN OUR COMMUNITIES ARE DOING
23 REALLY WELL, AND SORT OF
24 LOOKING AT THE FOLKS THAT DO
25 APPLY FOR THESE AND MAKING

122

1 SURE THAT WE'RE LIFTING THE
2 ONES THAT WILL TAKE US TO THAT
3 NEXT STEP?
4 IN PARTICULAR, I THINK
5 ABOUT CAPACITY BUILDING AND
6 THE REALLY TOUGH CONVERSATION
7 OF RESOURCES AND ALIGNMENT THE
8 ISSUES THAT YOU LIFTED UP.
9 SO JUST BALANCING OUT WHAT
10 THAT WILL LOOK LIKE, IS
11 IMPORTANT AND IT'S SORT OF THE
12 APPLICATION PROCESS OF IT.
13 AND THEN THE LAST PART IS
14 THE BALANCING OF, AS WE INVEST
15 IN THIS, ARE WE CONSIDERING
16 BRINGING MORE PEOPLE INTO THE
17 CIRCLE OF WHAT WE'RE CALLING
18 THE COMMUNITY? IS IT THE
19 FOLKS THAT ARE ALREADY THERE?
20 AND THEN HOW DO WE ACTUALLY
21 LOOK AT WHAT WILL BE DIFFERENT
22 THIS TIME AROUND?
23 SO, IT'S A CONSIDERATION
24 OF HOW MANY PEOPLE WILL GET
25 TOUCHED BY THIS OR HOW DEEP

123

1 WILL WE GO WITH THIS, AND
2 FIGURING OUT WHAT THAT LOOKS
3 LIKE AS WE LOOK AT DIFFERENT
4 APPLICATIONS.
5 COMMISSIONER ZEPEDA:
6 THANK YOU, COMMISSIONER
7 HOWELL.
8 ANY OTHER QUESTIONS FOR
9 THE PRESENTERS?
10 COMMISSIONER ABDO.
11 COMMISSIONER ABDO: WELL I
12 JUST WANT TO ADD MY WORDS TO
13 KARLA'S BECAUSE THOSE ARE THE
14 QUESTIONS THAT ARE KIND OF
15 NEEDING TO BE LOOKED AT.
16 BUT I'M ALSO WONDERING IF
17 THE COMMUNITIES ARE AWARE OF
18 WHAT THE OTHER COMMUNITIES ARE
19 DOING?
20 SO, IS THERE SOME KIND OF
21 CROSS-POLLINATION GOING ON
22 IF A GREAT IDEA'S HAPPENING
23 ONE PLACE THAT OTHERS COULD
24 HAVE THE OPTION OF PICKING UP
25 THAT IDEA AND GOING WITH IT

124

1 FOR THEIR COMMUNITIES?
2 ANTOINETTE ANDREWS BUSH:
3 SO THANK YOU FOR YOUR
4 QUESTIONS AND THEY'RE ALL
5 ACTUALLY VERY MUCH RELATED.
6 IN TERMS OF TRAUMA, BUILT
7 ENVIRONMENT, THE NEW
8 STRUCTURE, LEADERSHIP
9 DEVELOPMENT, SUSTAINABILITY,
10 WE'VE HAD A LOT OF
11 CONVERSATIONS AROUND THESE --
12 AROUND THESE IDEAS.
13 SO, THERE ARE A FEW THINGS
14 GOING ON.
15 ONE IS WHEN WE FIRST
16 ROLLED OUT COMMUNITY
17 IDENTIFIED PROJECTS, WE DID
18 MAKE IT A VERY NARROW -- AS
19 YOU RECALL - THAT IT WAS ABOUT
20 SELECTING A FAMILY CORE RESULT
21 AND THEN DEVELOPING PROJECTS
22 BASED ON THAT FAMILY CORE
23 RESULT AND THE DATA ASSOCIATED
24 WITH THAT.
25 BUT, THE BUILDING STRONGER

125

1 FAMILIES FRAMEWORK, THE
2 BROADER ... FAMILY AND
3 COMMUNITY CORE RESULTS, THE
4 COMMUNITY CORE RESULTS
5 INCLUDED THINGS LIKE THE BUILT
6 ENVIRONMENT, INCLUDED THINGS
7 RELATED TO COORDINATING
8 SERVICES AND INSURING THAT
9 FAMILIES HAVE ACCESS TO THOSE
10 SERVICES.
11 SO, AS WE THINK ABOUT THE
12 NEW STRUCTURE AND THE NEXT
13 ITERATION OF
14 COMMUNITY-IDENTIFIED PROJECTS
15 IT PROVIDES A BROADER FRAME
16 BUT STILL A FRAMEWORK FOR
17 WHICH COMMUNITIES CAN WORK IN
18 SO THAT WE'RE CLEAR,
19 ADDRESSING THE BUILT
20 ENVIRONMENT IN THE CONTEXT OF
21 STRENGTHENING FAMILIES IS AN
22 IMPORTANT THING AND
23 COMMUNITIES SHOULD CONSIDER
24 HOW THEY WANT TO DO THAT.
25 AND, IN FACT, I BELIEVE

126

1 IT'S IN EAST L.A. WHERE AS A
2 PART OF THEIR BUILDING
3 STRONGER FAMILIES GRANT,
4 THEY'RE ADDRESSING OPEN SPACE
5 AND HOW THE LACK OF OPEN SPACE
6 LEADS TO PARENTAL STRESS AND
7 THE FACT THAT, YOU KNOW, AS AN
8 OPPORTUNITY -- AND YVETTE AS A
9 MEMBER OF BEST START EAST L.A.
10 YOU MAY WANT TO SPEAK TO THIS
11 A LITTLE MORE.
12 SO, THERE IS - AS
13 COMMUNITIES ARE THINKING ABOUT
14 STRESS THEY'RE ALSO THINKING
15 ABOUT TRAUMA, THEY'RE THINKING
16 ABOUT THE BUILT ENVIRONMENT
17 AND THE IMPACT OF THAT.
18 SO, PIVOTING TO A NEW
19 STRUCTURE AND A NEW WAY OF
20 DOING WORK IS ACTUALLY
21 BROADENING WHAT THE
22 COMMUNITIES ARE ABLE TO DO,
23 BUT STILL WITHIN THE CONTEXT
24 OF THE FRAMEWORK THAT WE HAVE
25 SET BEFORE US.

127

1 IN TERMS OF SUSTAINABILITY
2 AND LEADERSHIP DEVELOPMENT AND
3 INSURING THAT WE DON'T HAVE
4 FALSE EXPECTATIONS FOR OUR
5 COMMUNITIES, WE HAVE TRIED TO
6 BE VERY CAREFUL AND, YOU KNOW,
7 AS WE KNOW THERE'S ONLY SO
8 MUCH YOU CAN DO IN TERMS OF -
9 YOU KNOW, WE PROVIDE A GRANT
10 AND GRANTS DO END.
11 BUT THE INTENT HERE IS
12 THAT - IS THE RIPPLING EFFECT
13 THAT ADAM TALKED ABOUT.
14 THAT THESE PROJECTS REALLY
15 ARE ABOUT SEEDING POLICY IN
16 SYSTEMS CHANGE SO THAT THE
17 TRAINING AND THE LEADERSHIP
18 DEVELOPMENT THAT HAPPENS
19 WITHIN SMALLER GROUPS OF
20 PEOPLE START TO EXPAND OUT.
21 AND WE'VE SEEN THAT IN
22 THESE GRANTS.
23 WE'VE SEEN WHERE WE MAY
24 START WITH A SMALL GROUP OF
25 LET'S SAY 20 PARENTS WHO ARE

128

1 NOW GOING OUT AND TALKING TO
2 OTHER PARENTS, WHO ARE THEN
3 NOW TALKING TO OTHER PARENTS.
4 AND IT IS A PATHWAY TOWARD
5 SUSTAINABILITY SO THAT ONCE --
6 WHETHER THAT GRANT IS THERE OR
7 NOT, THE SKILLS THAT HAVE BEEN
8 DEVELOPED AND THE
9 RELATIONSHIPS THAT HAVE BEEN
10 DEVELOPED, AND THE INFORMATION
11 THAT IS NOW SPREADING
12 THROUGHOUT COMMUNITIES, EXIST
13 BEYOND A PARTICULAR GRANT.
14 SO, WE'RE NOT NAIVE TO THE
15 FACT THAT, YOU KNOW, WE ARE
16 TALKING ABOUT RESOURCES IN AND
17 OUT OF COMMUNITIES AND WE HAVE
18 TO REALLY THINK ABOUT THE
19 IMPACT OF THAT ON COMMUNITIES.
20 BUT WE'RE TRYING TO DO
21 THIS IN SUCH A WAY THAT THE
22 WORK CONTINUES BEYOND A SINGLE
23 GRANT.
24 AND THEN IN TERMS OF --
25 ARE THE COMMUNITIES SHARING

129

1 INFORMATION ACROSS?
2 WE'VE HAD LEARNING
3 COMMUNITIES; WE'VE SORT OF PUT
4 THEM ON PAUSE FOR NOW JUST
5 BECAUSE WE HAVE SO MUCH WORK
6 GOING ON.
7 BUT IT IS AN OPPORTUNITY
8 FOR COMMUNITY MEMBERS TO SHARE
9 WHAT'S HAPPENING IN THEIR
10 VARIOUS COMMUNITIES.
11 I THINK WE CAN DO A BETTER
12 JOB OF MAKING IT MORE CONCRETE
13 AS WE'VE DONE TODAY WITH THE
14 BOARD.
15 WHERE WE HAVE STARTED,
16 HOWEVER, IS YOU KNOW I WAS
17 JUST - I'M LOOKING AT KATHY
18 AND CHRISTINA AND BRANDY AND I
19 WERE AT PANORAMA CITY LAST
20 WEEK. AND THEY SAID WE WANT
21 TO KNOW WHAT YOU'RE SAYING TO
22 YOUR BOARD ABOUT US.
23 AND SO, AS A STARTING
24 POINT, WE MAKE SURE THAT ALL
25 OF THE COMMUNITIES -- THAT THE

130

1 BOARD MATERIALS TODAY WERE
2 TRANSLATED IN SPANISH AND SENT
3 OUT TO THE COMMUNITIES AS WELL
4 AS THE LINKS TO THE MATERIALS
5 HERE.
6 AND THAT IS ONE WAY THAT
7 WE'RE NOT ONLY SHARING WITH
8 THEM WHAT WE'RE SAYING TO YOU
9 ABOUT THE WORK THAT'S
10 HAPPENING THERE, BUT IT'S ALSO
11 HIGHLIGHTING FOR THEM WHAT'S
12 HAPPENING IN OTHER COMMUNITIES
13 SO THAT THEY CAN BEGIN TO HAVE
14 THOSE CONVERSATIONS WITH OR
15 WITHOUT FIRST 5 LA
16 FACILITATING THOSE
17 CONVERSATIONS.
18 AND WE KNOW THAT THAT IS
19 ALSO HAPPENING.
20 AND, IN SOME CASES,
21 COMMUNITIES HAVE ACTUALLY COME
22 TOGETHER TO DO DIFFERENT
23 COMMUNITY EVENTS OR TO TALK
24 ABOUT, YOU KNOW, WHAT THEY'RE
25 DOING THAT CAN HELP IN OTHER

131

1 COMMUNITIES.
2 ONE QUICK EXAMPLE OF THAT
3 IS SEVERAL YEARS AGO PANORAMA
4 CITY DEVELOPED THE "READY FOR
5 KINDER" BOOK AND THAT SHARED
6 THAT WITH THE OTHER
7 COMMUNITIES, I BELIEVE IT WAS
8 PALMDALE - PALMDALE OR
9 LANCASTER - THAT RECENTLY HAVE
10 THEIR OWN "READY FOR KINDER"
11 BOOK.
12 SO, THE IDEA IS - THAT'S
13 WHY WHEN YOU SAID "SEEDING
14 SYSTEMS CHANGE" THAT REALLY
15 RESONATED WITH ME BECAUSE WE
16 SEE SO MUCH OF THAT HAPPENING
17 ACROSS THE COMMUNITIES.
18 COMMISSIONER ZEPEDA:
19 THANK YOU.
20 ANY OTHER QUESTIONS?
21 COMMISSIONER SMITH.
22 COMMISSIONER SMITH: I
23 JUST HAD ONE COMMENT. I WAS
24 VERY STRUCK -- I WAS VERY
25 STRUCK BY WHAT YOU'RE LEARNING

132

1 FROM THE LEADERSHIP
2 DEVELOPMENT AREA.
3 YOUR COMMENT ABOUT THE
4 IMPACT OF LEADERSHIP
5 DEVELOPMENT PROCESS IS SO
6 POWERFUL, MORE POWERFUL THAN
7 YOU ANTICIPATED FOR
8 INDIVIDUALS IN THE
9 COMMUNITIES.
10 I THINK THAT THERE'S A LOT
11 OF POWER IN THAT.
12 AND THAT IT'S WORTH
13 UNPACKING THAT IF THAT'S
14 POSSIBLE TO SEE HOW -- HOW
15 THAT POWERFUL EXPERIENCE CAN
16 BE LEVERAGED TO WORK ON --
17 WORK ON, YOU KNOW, LARGER
18 SYSTEMS CHANGE BECAUSE I DO
19 THINK LEARNING, IN ITSELF, IS
20 KIND OF RELATIONSHIP-BASED.
21 AND SO, I THINK THERE'S A
22 LOT OF POWER IN THAT STATEMENT
23 AND THAT IF WE COULD KNOW MORE
24 ABOUT HOW THAT HAS BEEN
25 POWERFUL FOR INDIVIDUALS AND

133

1 -- YOU KNOW, HOW THEY
2 UNDERSTAND IT AND WHAT IT
3 ENABLES THEM TO DO, THAT COULD
4 BE HARNESSSED FOR THE LARGER
5 WORK.
6 ADAM FREER: I HAD A
7 COUPLE OF COMMENTS RELATED TO
8 THAT AND OTHER QUESTIONS ABOUT
9 LEARNING AND SHARING THAT.
10 WE ARE - HAVE HAD FOR
11 QUITE SOME TIME LEARNING
12 COMMUNITIES WHERE
13 REPRESENTATIVES FROM THE
14 DIFFERENT COMMUNITIES COME
15 TOGETHER AND LEARN ABOUT
16 SPECIFIC TOPICS.
17 I ALSO WANT TO POINT OUT
18 THAT THAT'S A KEY PURPOSE OF
19 THIS PARTICULAR ANALYSIS - IS
20 REALLY TO IDENTIFY WHAT HAVE
21 WE LEARNED? AND LET'S REALLY,
22 YOU KNOW, DISSECT IT AND
23 FIGURE OUT WHAT WORKS, WHAT
24 DOESN'T WORK AND GET THAT
25 LEARNING OUT THERE AS QUICKLY

134

1 AS WE CAN SO THAT THEY CAN
2 APPLY IT IN REAL-TIME.
3 AND SO, YOU KNOW, ONE OF
4 THE THINGS WE WERE INTENDING
5 TO DO IS HAVE THIS KIND OF
6 INTERIM SHARING OF LESSONS
7 LEARNED - BEFORE WE'VE EVEN
8 DONE IT, WE DON'T WANT - IT'S
9 TOO LATE TO WAIT UNTIL FALL OF
10 2018.
11 YOU KNOW, THEY NEED THAT
12 INFORMATION NOW SO WE'RE
13 WORKING ON FIGURING OUT HOW
14 BEST TO COMPILE IT IN A WAY
15 THAT'S REALLY USEFUL, ALLOWS
16 THEM TO APPLY IT IN REAL-TIME.
17 TO YOUR POINT ABOUT
18 TRAUMA, I WAS REVIEWING THE
19 ARTICLE, GREG PINDERHUGHES'
20 ARTICLE ON COMMUNITY TRAUMA
21 AND ONE OF THE THINGS THAT IT
22 TALKS ABOUT IS BREAKING THE
23 CYCLES OF VIOLENCE.
24 YOU KNOW, I WANTED TO
25 POINT OUT A LOT OF THE

135

1 COMMUNITIES REALLY IDENTIFY
2 WITH THAT.
3 AND JUST I WORKED - I WAS
4 A PROGRAM OFFICER FOR METRO
5 FOR FIVE YEARS AND THAT IS THE
6 POINT, VERY MUCH THE POINT OF
7 THEIR WHOLE BSF PROJECT IS TO
8 CHANGE THE NORMS IN THEIR
9 CULTURE THAT SUPPORT THE
10 BELIEFS, THE ASSUMPTIONS, THE
11 GENDER ROLES, ET CETERA THAT
12 INFORM VIOLENCE, DOMESTIC
13 VIOLENCE, INSIDE THE HOME AND
14 OUTSIDE THE HOME.
15 AND, YOU KNOW, ACROSS
16 CULTURES AND IN ORDER TO
17 CREATE THIS CULTURE OF RESPECT
18 AND STOP THE CYCLES OF
19 VIOLENCE AND MAYBE THEN ALLOW
20 FOR SOME HEALING.
21 AND SO, THEY -- THEY'RE
22 ORGANICALLY MOVING TOWARDS -
23 YOU KNOW, THEY KNOW WHAT'S
24 GOING ON IN THE COMMUNITY.
25 THEY KNOW WHAT THE COMMUNITY

136

1 NEEDS AND ORGANICALLY ARE
2 LEADING IT IN THAT DIRECTION.
3 THE LAST LITTLE POINT THAT
4 I WANTED TO MAKE IS THE
5 CONCEPT OF, OF LEADERSHIP.
6 I KNOW WE JUST HAD A SHORT
7 TIME TO DO A PRESENTATION BUT
8 I DIDN'T WANT IT TO BE LOST
9 THAT IF YOU LOOK AT THEME 1
10 UNDER LEADERSHIP DEVELOPMENT,
11 THE -- THIS SECOND BULLET DOWN
12 HERE DESCRIBES WHAT THE
13 RESIDENT LEADERS ARE DOING
14 WITH THEIR TRAINING.
15 IT DOESN'T -- IT'S NOT
16 STOPPING AT TRAINING.
17 THEY'RE TAKING THAT AND
18 THEY'RE PUTTING IT IN -- IT'S
19 NOT TRAINING FOR THE SAKE OF
20 TRAINING, RIGHT. IT'S PART OF
21 A LARGER DESIGN THAT, YOU
22 KNOW, STARTED WITH TRAINING.
23 SO, A LOT OF THEM ARE
24 FAIRLY EARLY ON IN THE
25 PROJECTS; I THINK THE YOUNGEST

137

1 PROJECT IS JUST OVER A YEAR
2 OLD.
3 BUT THEY HAD TO START WITH
4 EQUIPPING THEMSELVES TO TRAIN
5 - YOU KNOW, PREPARING
6 THEMSELVES AND GETTING, YOU
7 KNOW, UNDERSTANDING THE
8 SYSTEMS THAT THEY WANT TO
9 CHANGE AND THEN SO THAT
10 THEY'RE THEN ABLE TO STEP OUT
11 AND DO THAT WORK.
12 AND SO, THIS -- WHAT WE
13 TRY TO REFLECT HERE IS WHAT
14 THEY'RE THEN DOING WITH THAT
15 KNOWLEDGE AND THE SKILLS.
16 SO, THEY'VE TRAINED,
17 THEY'VE CONDUCTED OVER 120
18 TRAININGS, THEY'RE CONDUCTED
19 BY RESIDENTS WHO HAVE BEEN,
20 YOU KNOW, EDUCATED AND HAD
21 THOSE SKILLS DEVELOPED.
22 CHRISTINA ALTMAYER: LET
23 ME JUST ADD ONE IN THE CONCEPT
24 OF LEARNING ACROSS
25 COMMUNITIES, THAT'S A

138

1 FUNDAMENTAL COMPONENT OF THE
2 BEST START ALIGNMENT BY
3 ORGANIZING THE COMMUNITIES
4 INTO THE REGIONS TO REALLY
5 INTENTIONALLY PROVIDE THOSE
6 OPPORTUNITIES FOR COMMUNITIES
7 TO HAVE PEER-TO-PEER LEARNING
8 AND, HOPEFULLY, FACILITATE
9 BOTH FORMAL AND INFORMAL
10 COLLABORATIONS ACROSS THOSE
11 COMMUNITIES.
12 COMMISSIONER TAYLOR: I
13 JUST WANT TO SAY SOMETHING,
14 WHEN YOU TALK ABOUT
15 PEER-TO-PEER, YOU HAVE TO LET
16 THE COMMUNITY KNOW THAT THAT
17 IS THE INTENT.
18 YOU HAVE TO SAY THAT IS
19 WHERE WE'RE TAKING YOU AND
20 THAT IS THE INTENT.
21 THE OTHER THING IS IS THAT
22 I LIKE THAT IN THE
23 PRESENTATIONS WHERE WE TIE
24 BACK WHAT WE'RE DOING TO OUR
25 STRATEGIC PLAN, OUR GOALS, AND

139

1 SHOWING AND TELLING EVERYONE
2 EVEN IN YOUR PRESENTATIONS HOW
3 WHAT YOU'RE DOING TIES BACK TO
4 SPECIFIC GOALS AND TARGETS SO
5 THAT WE KEEP PREACHING THAT
6 UNDERSTANDING SO THEY LINK
7 BACK TO WHAT WE'RE TRYING TO
8 DO.
9 AND THAT NEEDS TO BE
10 CONVEYED OUT INTO THE
11 COMMUNITY SO THEY UNDERSTAND
12 HOW IT TIES BACK TO WHAT WE'RE
13 TRYING TO DO IN THIS NEW
14 DIRECTION.
15 AND THEN THAT WAY THAT
16 THEY UNDERSTAND WHERE WE'RE
17 GOING AND WE'RE TRYING TO SEE
18 HOW IT LINKS TO WHAT THEY'RE
19 DOING.
20 SO, I WANT TO COMMEND
21 THOSE THAT ARE MAKING
22 PRESENTATIONS TO CONTINUE TO
23 TALK ABOUT THAT AND DO THAT AS
24 YOU GO ALONG.
25 THAT'S IMPORTANT FOR NOT

140

1 ONLY US BUT FOR THE COMMUNITY
2 THAT YOU'RE TALKING TO.
3 OH -- THE OTHER THING IS
4 THAT WHEN YOU END THIS, YOU
5 HAVE TO TEACH THE COMMUNITY
6 WHAT THEY CAN DO IF THEY
7 WANTED TO CONTINUE IT AND GO
8 ON, EMPOWER THEM AND GIVE THEM
9 STRATEGIES THAT THEY CAN
10 EMPLOY TO CONTINUE IT ON THEIR
11 OWN IN DIFFERENT VENUES
12 BECAUSE THERE ARE DIFFERENT
13 VENUES THAT YOU CAN GET
14 FUNDING OR SUPPORT OR SERVICES
15 TO CONTINUE TO DO WHAT THEY'RE
16 DOING WITHOUT HAVING TO
17 GENERATE MONEY TO DO IT.
18 SO, WE NEED TO TEACH THEM
19 THE DIFFERENT METHODS AND
20 APPROACHES THAT THEY CAN USE
21 TO CONTINUE TO WORK -- TO
22 CONTINUE THE WORK THEY'RE
23 DOING WITH OR WITHOUT US AND
24 THAT WAY WE'RE TEACHING THEM
25 THAT THIS IS NOT THE END BUT

141

1 THIS IS WHERE YOU CAN GO LEFT,
2 RIGHT OR DEAD CENTER, OKAY?
3 COMMISSIONER ZEPEDA:
4 THANK YOU COMMISSIONER TAYLOR,
5 OTHER QUESTIONS? I HAD A
6 QUESTION ADAM ABOUT, YOU
7 TALKED ABOUT 97 PROGRAM
8 REPORTS AND EVALUATIONS AND
9 THE FINAL REPORT WILL NOT COME
10 TO THE COMMISSION UNTIL FALL
11 2018.
12 SO, IS THIS AN ONGOING
13 COLLECTION OF INFORMATION?
14 ARE YOU STILL COLLECTING
15 INFORMATION? IT ALSO SOUNDS
16 LIKE IT'S KIND OF APPLES AND
17 ORANGES YOU'VE GOT DIFFERENT
18 KINDS OF INFORMATION COMING
19 IN, YOU SMILE SO --
20 ADAM FREER: YES, SO THE
21 GRANTEES ARE SUBMITTING
22 QUARTERLY REPORTS AND THE
23 PROJECT DON'T END UNTIL JUNE
24 OF 2018.
25 ANTOINETTE ANDREWS BUSH:

142

1 WITH THE BOARD'S APPROVAL OF
2 THE AMENDMENTS.
3 ADAM FREER: YES --
4 COMMISSIONER ZEPEDA: I
5 JUST THINK THAT -- IT'S NOT
6 ON.
7 I JUST THINK THAT GOING
8 BACK TO COMMISSIONER SMITH'S
9 POINT IN TERMS OF THE
10 LEADERSHIP ISSUE, YOU KNOW, I
11 ABSOLUTELY AGREE THAT THERE'S
12 THESE UNANTICIPATED
13 CONSEQUENCES THAT OFTEN WE
14 DON'T CAPTURE THAT ARE TO
15 POSITIVE THINGS THAT CAN
16 HAPPEN, LIKE YOU'RE CALLING IT
17 THE RIPPLE EFFECT.
18 AND HOW ARE YOU CAPTURING
19 THAT IN A MORE SYSTEMATIC WAY
20 SO THAT WE CAN BE ABLE TO TELL
21 THAT STORY ABOUT THE RIPPLE
22 EFFECT? AND I KNOW WE OFTEN
23 TALK ABOUT THAT BUT WE --
24 WHERE'S THE EVIDENCE TO PROVE
25 THAT?

143

1 COMMISSIONER TAYLOR: YES.
2 COMMISSIONER ZEPEDA: AND
3 OFTEN IT'S A DEVELOPMENTAL
4 PROCESS, THAT GOES ON OVER
5 TIME AND SOMETIMES IT HAPPENS
6 AFTER WE'VE LEFT THE SCENE.
7 WE CAN'T DO ANYTHING ABOUT
8 THAT.
9 BUT I THINK THAT IF, IN
10 FACT, THAT'S GOING TO BE PART
11 OF THE STORY THAT THERE IS A
12 RIPPLE EFFECT, THEN THAT
13 SHOULD BE -- THE EVALUATION OR
14 THE REPORT FOR THE ANALYSIS OF
15 WHAT INFORMATION'S COMING IN
16 SHOULD TRY TO BEGIN TO CAPTURE
17 THAT, AS WELL.
18 AND THEN, THIS IS KIND OF
19 A MORE MUNDANE ISSUE. WHEN
20 YOU PRESENT THIS TO THE FULL
21 BOARD, I THINK IT WOULD BE
22 HELPFUL TO PUT IT IN CONTEXT
23 WITH THE NEW REGIONAL STRATEGY
24 THAT HAS ALREADY BEEN
25 PRESENTED TO THE BOARD BECAUSE

144

1 I THINK WE'RE STILL ALL TRYING
2 TO STRUGGLE WITH THAT AND
3 TRYING TO FIGURE THAT OUT.
4 AND THEN HOW DOES THIS
5 PIECE FIT IN THERE AND, YOU
6 KNOW, CONNECT THE DOTS.
7 I THINK THAT WOULD BE VERY
8 HELPFUL.
9 ALL RIGHT, WELL THANK YOU
10 VERY MUCH FOR YOUR
11 PRESENTATION AND WE LOOK
12 FORWARD TO MORE, THANK YOU.
13 WE DO HAVE A PUBLIC
14 COMMENT ON THIS ITEM.
15 SAUL FIGUEROA.
16 SAUL FIGUEROA: HELLO.
17 GOOD AFTERNOON
18 COMMISSIONERS, FIRST 5 L.A.
19 STAFF, COMMUNITY MEMBERS.
20 MY NAME IS SAUL FIGUEROA
21 AND I'M THE PROGRAM MANAGER
22 FOR EL NIDO FAMILY CENTERS
23 BUILDING STRONGER FAMILIES AND
24 FIRST I WANT TO SAY I'VE BEEN
25 WITH EL NIDO FOR 19 YEARS.

145

1 I'VE BEEN WORKING IN
2 COMPTON FOR THE PAST 19 YEARS
3 AND I'VE BEEN LIVING IN THE
4 CITY OF COMPTON OR WORKING IN
5 THE CITY OF COMPTON FOR THE
6 LAST 25 YEARS.
7 I HAVE A CHILD THAT JUST
8 TURNED TWO YEARS OLD IN APRIL.
9 AND, SO I'M REALLY
10 FORTUNATE TO SAY THAT I LIVE
11 IN THE COMMUNITY I WORK.
12 I WROTE DOWN A COUPLE OF
13 NOTES BECAUSE IT'S ALWAYS
14 INTERESTING THE KNOWLEDGES WE
15 USE WHEN WE'RE TALKING ABOUT
16 SYSTEMS DELIVERY, PROGRAM
17 IMPLEMENTATION AND HOW WE LOOK
18 AT OUR COMMUNITIES.
19 AND I'VE HEARD THINGS LIKE
20 A SERVICE DESERT, YOU KNOW,
21 BUT THEY SAY THAT CALIFORNIA'S
22 A DESERT - AND LOOK HOW WE
23 THRIVE IN CALIFORNIA. SO,
24 COMMUNITIES THAT HAVE BEEN
25 CLASSIFIED AS "DESERTS,"

146

1 THEY'RE RICH IN RESOURCES AND
2 HUMAN CAPITAL.
3 THEY HAVE GREAT CAPACITIES
4 AND IF WE LOOK FROM A
5 STRENGTH-BASED APPROACH, I
6 THINK THEY HAVE A LOT OF
7 SKILLS, THEY HAVE A LOT OF
8 LEADERSHIP. SO WHEN WE BRING
9 THESE ADDITIONAL RESOURCES
10 INTO COMMUNITIES THAT ARE
11 CONSIDERED SERVICE DESERTS,
12 WE'RE REALLY BRINGING THESE
13 SERVICES TO PEOPLE THAT HAVE A
14 WIDE ARRAY OF INGENUITY AND
15 GENIUS AT THEIR DISPOSAL.
16 AND WE'VE TALKED ABOUT
17 FIRST 5 FOR BEING THE
18 CHAMPIONS FROM ZERO TO FIVE IN
19 THESE COMMUNITIES BUT THERE'S
20 NO MORE CHAMPION THAN THE
21 PARENT OF THAT ZERO TO FIVE.
22 ADAM, WE'VE SEEN THE
23 BEAUTIFUL PICTURES OF YOUR
24 CHILD KNOWING ANY PARENT, WHEN
25 THEY SHOW YOU THEIR PICTURES

147

1 OF THEIR CHILDREN, OF THEIR
2 INFANTS IS WITH PRIDE AND JOY,
3 AND WISHING THEM THE BEST
4 START AS WELL.
5 I THINK WHEN WE TALK ABOUT
6 THE LEADERSHIP DEVELOPMENT IN
7 OUR BUILDING STRONGER
8 FAMILIES, IT'S NOT ONLY DID WE
9 PROVIDE SKILLS, ADDITIONAL
10 SKILLS AND RESOURCES BUT WE'VE
11 GIVEN THEM THE OPPORTUNITIES
12 TO USE THOSE LEADERSHIP
13 SKILLS.
14 WE GIVE THEM THE
15 OPPORTUNITIES NOW TO USE THEM
16 BUT NOW THEY'RE INITIATING
17 WHERE THEY CAN USE THEM.
18 WE HAD A YOUNG PARENT THAT
19 JUST SPOKE AT ASSEMBLY MEMBER
20 MIKE GIBSON'S PRESS CONFERENCE
21 IN REGARDS TO AB811 REGARDING
22 THE TECHNOLOGY BILL FOR FOSTER
23 YOUTH AND INCARCERATED
24 JUVENILES.
25 AND SHE CAME OUT DIRECTLY

148

1 FROM OUR BUILDING STRONGER
2 FAMILIES PARENT LEADERSHIP
3 GROUP.
4 LEADERSHIP? WE HAVE 18, A
5 19 AND A 19-YEAR-OLD THAT ARE
6 NOW ON THE LEADERSHIP BODY OF
7 OUR PARTNERSHIP BECAUSE OF
8 BUILDING STRONGER FAMILIES.
9 WE HAVE OVER 42 LIFE SKILL
10 COACHES MENTORING YOUNG
11 PARENTS, ALL THE LIFE SKILLS
12 COACHES -- WHEN WE FIRST
13 TALKED ABOUT THIS IN OUR
14 COMMUNITY OF ROLLING OUT LIFE
15 SKILLS COACHES IN OUR
16 COMMUNITY, PEOPLE SAID YOU'LL
17 NEVER GET THEM IN COMPTON.
18 PEOPLE DON'T WANT TO
19 VOLUNTEER.
20 BUT WE HAD AN OVERWHELMING
21 RESPONSE - AGAIN, THE HUMAN
22 CAPITAL AND THE RESOURCES THAT
23 ARE IN OUR DESERT ARE
24 INCREDIBLE.
25 I THINK WHEN WE TALK ABOUT

149

1 - WHEN ANTOINETTE TALKS ABOUT
2 WE'RE SEEDING BUT YOU KNOW
3 WHAT? JUST TO GET TO THAT
4 SEEDING TOOK A LOT OF WAITING,
5 TOOK A LOT OF US DEALING WITH
6 THE TOXIC WASTE THAT HAS BEEN
7 DUMPED IN OUR COMMUNITIES FOR
8 MANY, MANY DECADES.
9 WE'RE TALKING ABOUT
10 ENVIRONMENTAL INJUSTICES THAT
11 HAVE HAPPENED WE'RE TALKING
12 ABOUT RACISM AND SEXISM IN OUR
13 COMMUNITIES.
14 WE HAVE - THE COMMUNITIES
15 THAT ARE THESE SERVICE
16 DESERTS, OUR COMMUNITIES WERE
17 PUSHED INTO THESE AREAS
18 BECAUSE THEY WERE THE LEAST
19 ATTRACTIVE, THE MOST
20 NEGLECTED, AND THE MOST
21 UNDERSERVED.
22 SO, WHEN WE COME OUT TO
23 THE PART WE'RE JUST GETTING TO
24 SEE, IT TOOK A LOT OF WORK
25 JUST TO CULTIVATE THAT SOIL,

150

1 JUST TO MAKE SURE THAT THOSE
2 TOXIC AREAS THEY WERE CLEANED
3 UP BEFORE WE COULD EVEN START
4 PLANNING.
5 AND THOSE TOXIC AREAS,
6 THAT WAS THE MULTIGENERATIONAL
7 TRAUMA THAT WE HAVE FACED FOR
8 DECADES.
9 SO, WHEN WE LOOK AT WHERE
10 WE'RE AT NOW, THE INVESTMENTS
11 WE'VE MADE IN THESE
12 COMMUNITIES, DON'T GIVE UP ON
13 THEM NOW.
14 THE SEEDS ARE BEGINNING TO
15 GERMINATE.
16 COMMISSIONER ZEPEDA:
17 THANK YOU VERY MUCH FOR YOUR
18 COMMENTS, I VERY MUCH
19 APPRECIATE THEM.
20 OKAY, MOVING ONTO ITEM 6
21 THE EDUCARE UPDATE AND WE DO
22 NOT HAVE A FORMAL POWERPOINT
23 PRESENTATION ON THIS, IT'S
24 GOING TO BE MORE OF A
25 CONVERSATION.

151

1 SO, I WOULD LIKE TO JUST
2 START.
3 COMMISSIONER HOWELL AND I
4 WERE PRIVILEGED TO VISIT THE
5 EDUCARE PROGRAM UP IN NORTHERN
6 CALIFORNIA.
7 AND WE ALSO HAVE BEEN PART
8 OF MEETINGS FOR THE EDUCARE
9 PROJECT HERE IN LONG BEACH
10 UNIFIED SCHOOL DISTRICT.
11 FOR THOSE OF YOU WHO DO
12 NOT KNOW WHAT EDUCARE IS,
13 EDUCARE WAS BEGAN BY - WAS
14 SPONSORED BY THE OUNCE OF
15 PREVENTION AND THE BUFFET
16 FAMILY FOUNDATION BEGAN THE
17 EDUCARE PROGRAM; AND IT WAS TO
18 REALLY DEVELOP PUBLIC/PRIVATE
19 PARTNERSHIPS FOR EARLY
20 CHILDHOOD EDUCATION FROM BIRTH
21 TO PRESCHOOL.
22 AND THEY'RE PROGRAMS THAT
23 ARE VERY HIGH QUALITY, THEY'RE
24 ALL OVER THE COUNTRY.
25 AND THEY FOCUS ON

152

1 HIGH-QUALITY TEACHING
2 PRACTICES, PROFESSIONAL
3 DEVELOPMENT, AND USING DATA
4 AND EVALUATION - AND VERY
5 INTENSIVE FAMILY ENGAGEMENT.
6 SO, THEY ARE OFTEN WHAT WE
7 CALL "DEMONSTRATION PROJECTS"
8 THAT WE CAN LOOK TO AS
9 LEARNING LABORATORIES FOR
10 EARLY CHILDHOOD.
11 SO, WE ARE BEGINNING ONE
12 HERE IN LONG BEACH, AND SO
13 WE'RE VERY EXCITED TO SEE WHAT
14 HAPPENS WITH IT.
15 DR. HOWELL -- COMMISSIONER
16 HOWELL, WELL SHE IS A JD.
17 WHAT - DID YOU WANT TO SAY
18 ANYTHING?
19 COMMISSIONER PLEITEZ
20 HOWELL: THANK YOU FOR THAT
21 OVERVIEW.
22 I'LL JUST ADD TWO POINTS
23 TO THIS. THERE ARE 22 EDUCARE
24 SITES THROUGHOUT THE NATION;
25 TO HAVE ONE IN SOUTHERN

153

1 CALIFORNIA HAS BEEN SOMETHING
2 THAT SEVERAL ADVOCATES HAVE
3 BEEN FIGHTING FOR AND WHY IS
4 THIS IMPORTANT?
5 THERE'S ONE IN NORTHERN
6 CALIFORNIA, SO THERE IS THE
7 WAY WE SEE SOME THINGS HAPPEN
8 IN NORTHERN CALIFORNIA AND
9 THERE IS A SOUTHERN CALIFORNIA
10 PERSPECTIVE AS WELL.
11 SO, WE WANT TO (1) ADD TO
12 THAT AND (2) TRY TO FIGURE OUT
13 WHAT DO WE LEARN THAT'S UNIQUE
14 TO THE COMMUNITIES THAT WE
15 SERVE HERE.
16 AND, AS WE LOOK AT THIS,
17 WHAT LONG BEACH IS CONSIDERING
18 IS HOW DO WE TAKE A MODEL LIKE
19 EDUCARE AND REALLY THINK ABOUT
20 REDUCING THE CYCLE OF VIOLENCE
21 WHICH - I'M SORRY, THE CYCLE
22 OF POVERTY WHICH IS A UNIQUE
23 PERSPECTIVE THAT OTHER EDUCARE
24 SITES ARE NOT LOOKING AT SO WE
25 ARE THRILLED TO BE CONSIDERING

154

1 THIS.
2 THANK YOU.
3 COMMISSIONER ZEPEDA: OKAY
4 SO, WE HAVE KIM AND CHRISTINA
5 WILL BE TALKING TO US ABOUT
6 EDUCARE.
7 CHRISTINA ALTMAYER:
8 GREAT.
9 GOOD AFTERNOON.
10 WELL, THANK YOU. YOU'VE
11 SET THE STAGE VERY WELL FOR
12 OUR COMMENTS, WE REALLY
13 APPRECIATE THAT, YOUR
14 REFLECTION ON THIS.
15 I JUST WANTED TO GIVE A
16 BRIEF UPDATE REGARDING OUR
17 CONVERSATIONS WITH LONG BEACH
18 UNIFIED TO SUPPORT THE EDUCARE
19 SITE AND A FEW COMMENTS
20 REGARDING BACKGROUND.
21 THANK YOU SO MUCH FOR
22 THOSE OPENING COMMENTS.
23 YOU MAY RECALL THAT IN THE
24 CURRENT YEAR BUDGET IN THE
25 '15-'16 - EXCUSE ME, THE

155

1 '17-'18 FISCAL YEAR BUDGET THE
2 BOARD APPROVED THIS YEAR WE
3 HAVE INCLUDED FUNDING FOR
4 EDUCARE. IT IS ANTICIPATED TO
5 BE - OR, IT WAS BUDGETED TO BE
6 THE FIRST OF A THREE-YEAR
7 GRANT TOTALING A MILLION
8 DOLLARS OVER THREE YEARS.
9 [2:17:29]
10 OUR FUNDING HAS BEEN
11 DIRECTED OR IS PLANNED AS
12 APPROVED IN THE BUDGET TO
13 SUPPORT OPERATING EXPENSES FOR
14 EDUCARE. AND, AS YOU
15 MENTIONED, THE EDUCARE SITE
16 WILL BE IN LONG BEACH.
17 IT'S BEEN FUNDED BY A
18 NUMBER OF DIFFERENT PUBLIC
19 FUNDERS AND SUPPORT FROM LONG
20 BEACH UNIFIED SCHOOL DISTRICT,
21 AND IT REFLECTS A PARTNERSHIP
22 OF MANY DIFFERENT
23 ORGANIZATIONS INCLUDING FIRST
24 5 CALIFORNIA THAT HAS ALREADY
25 TAKEN ACTION TO SUPPORT

156

1 EDUCARE.
2 SO, IT IS REALLY -- IT
3 WILL BE PART OF THE LARGER
4 NATIONAL EDUCARE LEARNING
5 NETWORK AND THERE HAVE BEEN
6 PRIVATE PHILANTHROPIC DONORS
7 AS WELL.
8 A KEY PARTNER FOR US IN
9 CONVENING THESE CONVERSATIONS
10 HAS BEEN THE CHAMBER, THE L.A.
11 CHAMBER WHO HAS BEEN A
12 LONG-TERM SUPPORTER OF
13 BRINGING AN EDUCARE SITE TO
14 SOUTHERN CALIFORNIA AND
15 THEY'VE HELPED US TO
16 FACILITATE THESE
17 CONVERSATIONS, SO WE WANT TO
18 RECOGNIZED THEM FOR THEIR
19 SUPPORT AND FOR THEIR
20 PARTNERSHIP IN WORKING WITH US
21 ON THAT.
22 THE EDUCARE SITE IN LONG
23 BEACH WILL BE AT THE CLARA
24 BARTON ELEMENTARY SCHOOL IN
25 LONG BEACH, IT WILL SERVE

157

1 AROUND 190 CHILDREN AND THEIR
2 PARENTS.
3 IT IS SCHEDULED TO OPEN
4 NEXT SUMMER AND COMMISSIONER
5 ZEPEDA ALREADY MENTIONED THE
6 MULTIPLE PARTNERS THAT HAVE
7 BEEN INVOLVED IN THIS EFFORT.
8 ONE OF THE THINGS I THINK
9 THAT WAS MOST STRIKING WHEN WE
10 DID THE SITE VISIT TO EDUCARE
11 IN SILICON VALLEY IS THAT
12 WHILE THERE ARE INTENSIVE
13 SERVICES TO PROVIDE A
14 HIGH-QUALITY MODEL INCLUDING A
15 COMMITMENT TO DATA, AS YOU
16 MENTIONED, AS WELL AS A
17 COMPREHENSIVE SET OF
18 PROFESSIONAL DEVELOPMENTS IT'S
19 ALSO LINKING PARENTS WITH THE
20 BROADER COMMUNITY SUPPORTS -
21 IS A KEY COMPONENT, AND
22 PROVIDING SUPPORT NOT JUST FOR
23 THE TEACHERS BUT ALSO
24 OUTREACHING TO THE BROADER
25 COMMUNITY.

158

1 SO THAT'S KIND OF A QUICK
2 STATUS; WE ARE HOPING AND
3 WORKING WITH LONG BEACH
4 UNIFIED WITH THE PLANNED
5 EXPECTATION OF BRINGING ACTION
6 FOR THE BOARD TO CONSIDER AT
7 THE JANUARY 2018 MEETING AND
8 WORKING CLOSELY, BEING LED BY
9 OUR TEAM IN ECE AND KATIE
10 FALLON AND HER TEAM.
11 SO, EXCITED TO MOVE THIS
12 FORWARD. I WANTED TO
13 INTRODUCE KIM TO MAKE SOME
14 COMMENTS ABOUT WHY WE DO THIS
15 AS SUCH A CRITICAL COMPONENT
16 TO SUPPORT OUR STATEWIDE AND
17 LOCAL ADVOCACY EFFORTS.
18 KIM PATILLO BROWNSON: SO
19 FIRST JUST THANKING
20 COMMISSIONER ZEPEDA I'M GOING
21 TO TOTALLY CALL YOU DR. HOWELL
22 FOR YOUR COMMENTS AND ALSO FOR
23 JOINING US ON THE LEARNING
24 JOURNEY UP TO SANTA CLARA TO
25 VISIT THE SITE. I THINK IT'S

159

1 ACTUALLY BOTH A MODEL FOR HOW
2 WE WANT TO LEARN WITH THE
3 COMMISSION AS WELL AS TO BRING
4 YOU BACK LEARNING ONCE WE'VE
5 CULTIVATED THEM, BUT INCLUDE
6 YOU IN THE LEARNING JOURNEY.
7 I ALSO WANT TO REFLECT ON
8 COMMISSIONER TAYLOR'S COMMENTS
9 EARLIER ABOUT CONNECTING
10 INVESTMENT AREAS TO THE
11 STRATEGIC PLAN, AND I WOULD
12 DEFINITELY SITUATE THIS IN THE
13 CATEGORY OF A POLICY AND
14 SYSTEMS CHANGE INVESTMENT.
15 THERE IS A DIRECT SERVICES
16 COMPONENT BUT THE PROMISE OF
17 EDUCARE IS GREAT FOR THE
18 CHILDREN, OBVIOUSLY, WHO ARE
19 WITHIN THE WALLS BUT THERE'S A
20 TERM OR PHRASE THEY USE WHICH
21 IS "EDUCARE BEYOND THE WALLS."
22 AND THE SUCCESS OF THEIR
23 PROGRAM IS MEASURED BY THE
24 RIPPLE EFFECTS THEY HAVE THAT
25 EMANATE OUT FROM THE EDUCARE

160

1 CENTERS.
2 THE MODEL IS -- I THINK
3 COMMISSIONER ZEPEDA DESCRIBED
4 IT AS SORT OF PROOF OF CONCEPT
5 IN TERMS OF MODEL, WHICH I
6 THINK IS CERTAINLY SOMETHING
7 THAT APPLIES TO THE WORLD OF
8 RESEARCH AND DATA IN TERMS OF
9 FIGURING OUT WHICH MODEL IS
10 SORT OF MOST APPROPRIATE FOR
11 VARIOUS POPULATIONS.

12 IT'S ALSO MODEL BUILDING
13 IN TERMS OF HOW YOU THINK
14 ABOUT SUSTAINING BROADER
15 INVESTMENTS IN HIGH QUALITY
16 EARLY CARE AND EDUCATION.

17 FROM OUR COUNTERPARTS IN
18 OTHER FIRST 5S - ESPECIALLY IN
19 SAN FRANCISCO AND IN THE BAY
20 AREA - THERE'S BEEN A LOT OF
21 WORK ON THE COST OF CARE AND
22 WHAT IT ACTUALLY COST TO
23 PROVIDE HIGH-QUALITY CARE, AND
24 I USE HIGH-QUALITY AS A SORT
25 OF STAND-IN FOR ECE THAT

161

1 WORKS, THAT ACTUALLY DELIVERS
2 THE RESULTS THAT WE NEED TO
3 SEE CHILDREN HITTING.

4 AND, WHAT IT HAS SHOWN A
5 LIGHT ON IN OTHER GEOGRAPHIES
6 IS THE DIFFERENCE BETWEEN WHAT
7 GOVERNMENT CURRENTLY PROVIDES
8 IN FUNDING AND WHAT IS
9 REQUIRED IN ORDER TO BRING OUR
10 CHILDREN WHERE WE NEED TO SEE
11 THEM.

12 AS - A COUPLE OF TRUE
13 POINTS THAT I'LL JUST SHARE
14 AND THEN WE'LL GO INTO THESE
15 LATER IN JANUARY WHEN WE BRING
16 FORWARD THE FULL ORDER OF
17 RECOMMENDATION, EDUCARE HAS
18 BEEN USED AS A SHOWROOM FOR
19 ELECTED OFFICIALS AND
20 PARTICULAR GOVERNOR'S OFFICES
21 AND IN STATES ACROSS THE
22 NATION. SO, THE FORMER
23 GOVERNOR OF ILLINOIS HAS
24 EXPLICITLY CREDITED THE
25 EDUCARE OF ILLINOIS AS THE

162

1 PLACE WHERE HE GOT RELIGION
2 AND ACTUALLY MADE AN ALMOST
3 \$300 MILLION INVESTMENT FAIRLY
4 SOON AFTER HIS FIRST VISIT TO
5 EDUCARE.

6 IT'S A PLACE WHERE YOU CAN
7 ACTUALLY SEE WHAT HIGH-QUALITY
8 MEANS AND OBSERVE IT IN A WAY
9 THAT MAKES IT MORE CONCRETE
10 AND TANGIBLE, BUT ALSO
11 ACTIONABLE.

12 THERE'S A SIMILAR
13 EXPERIENCE THAT WAS DESCRIBED
14 BY THE OKLAHOMA GOVERNOR WHERE
15 ADVOCACY EFFORTS WERE LAUNCHED
16 BOTH BY BROADER ADVOCATES BUT
17 ALSO WITH EDUCARE OF OKLAHOMA
18 THAT RESULTED IN A \$25 MILLION
19 INFANT TODDLER PILOT.

20 THE LAST THING I'LL JUST
21 SAY IS THAT LONG BEACH IS OUR
22 SECOND LARGEST CITY TO THE
23 SOUTH OF US IN THE CITY OF LOS
24 ANGELES HERE.

25 AND, LONG BEACH IS - IF IT

163

1 WERE A FREE-STANDING CITY IT
2 WOULD BE THE FIFTH OR SIXTH
3 LARGEST CITY IN AMERICA, IT IS
4 NO SMALL CITY.

5 THERE ARE ALSO A SCHOOL
6 DISTRICT THAT IS UNIQUELY
7 BETTER NETWORKED WITH THE
8 COMMUNITY COLLEGE SYSTEM, WITH
9 LONG BEACH - EXCUSE ME, CAL
10 STATE LONG BEACH, THROUGH THE
11 CSU SYSTEM WHERE THEY HAVE
12 WORKED OUT HOW SYSTEMS CAN
13 INTEGRATE TO CREATE, FOR
14 EXAMPLE, THE LONG BEACH
15 PROMISE WHICH PROVIDES FOR A
16 PATHWAY FOR PROFESSIONAL
17 DEVELOPMENT AND ONGOING CC AS
18 WELL AS CSU ATTAINMENT.

19 THEY'RE A PLACE THAT HAS
20 DEMONSTRATED PROOF OF CONCEPT
21 IN TERMS OF BEING ABLE TO MAKE
22 SYSTEMS TALK TO ONE ANOTHER
23 AND WORK FOR THEIR LOCAL
24 FOLKS.

25 THEY ALSO ENJOY THE

164

1 POLITICS OF HAVING WITHIN
2 THEIR DISTRICT THE SPEAKER OF
3 THE ASSEMBLY ANTHONY RENDON
4 HAVING PART OF THEIR DISTRICT
5 AND THE CHAIR OF THE ASSEMBLY
6 EDUCATION COMMITTEE, PATRICK
7 O'DONNELL. THEY'RE AN
8 IMPORTANT VOICE IN SACRAMENTO,
9 BUT WE ARE VERY EXCITED TO
10 HAVE THEM JOIN US IN
11 SACRAMENTO AS AN IMPORTANT
12 VOICE FOR LITTLE KIDS.
13 AND I THINK I'LL LEAVE IT
14 THERE.
15 COMMISSIONER ZEPEDA:
16 OKAY, ANY QUESTIONS FOR
17 CHRISTINA OR KIM ABOUT THE
18 EDUCARE PROGRAM? IT WILL BE
19 COMING BACK TO US, I'M
20 PARTICULARLY EXCITED ABOUT THE
21 INFANT TODDLER PIECE, WHICH IS
22 SOMETHING THAT WE HAVE NOT
23 PAID AS MUCH ATTENTION TO.
24 COMMISSIONER TAYLOR: I
25 JUST NEED TO KNOW WHERE THE

165

1 SCHOOL IS IN LONG BEACH, THE
2 ONE THAT WE'RE TARGETING FOR
3 THE EDUCARE.
4 KIM PATILLO BROWNSON:
5 IT'S NORTH LONG BEACH, IT'S
6 ACROSS THE STREET FROM A
7 HOUSING PROJECT - WHICH I
8 DIDN'T GET THE NAME OF, BUT -
9 IT'S RIGHT ACTUALLY ON THE
10 BORDER OF COMPTON AND THE CITY
11 OF LONG BEACH.
12 SO, IT'S -
13 COMMISSIONER TAYLOR: IF
14 WE PICK AN EASY TARGET, THEN
15 WE'RE NOT DOING ANYTHING.
16 BUT THAT'S WHY I WANTED TO
17 BE CLEAR WHERE ARE WE GOING
18 BECAUSE THE HEART OF THE
19 TARGET, AND THE MORE GOOD
20 RESULTS MEANS THAT WE CAN
21 REPLICATE THAT IN MANY PLACES
22 AND THEN ACTUALLY DICTATE IT.
23 I REALLY APPRECIATE THE
24 IDEA THAT WE'RE TARGETING A
25 COMMUNITY IN WHICH THE

166

1 REPRESENTATIVE, THE STATE
2 LEVEL, HAVE A BIG STAKE IN
3 THIS OUTCOME.
4 KIM PATILLO BROWNSON:
5 YES, THE SUCCESS OF THIS,
6 YEAH.
7 COMMISSIONER TAYLOR: AND
8 THEN THEY CAN CONVEY TO THEIR
9 CONSTITUENTS IN SACRAMENTO WHY
10 IT'S IMPORTANT TO DO THIS.
11 I WANT TO THANK YOU FOR
12 TAKING THE COMMISSIONERS THERE
13 WITH YOU BECAUSE THAT'S WHAT
14 I'D LIKE TO SEE MORE OF, IS
15 WE'VE GOT A LOT OF GOOD
16 COMMISSIONERS HERE WITH A LOT
17 OF TALENT THAT CAN SUPPORT ALL
18 OUR EFFORTS IN DOING IT.
19 AND THAT'S VERY POWERFUL,
20 ESPECIALLY TALKING TO
21 LEGISLATORS.
22 THEY UNDERSTAND THAT, AND
23 WHEN THEY SEE YOUR
24 COMMISSIONERS ARE BEHIND WHAT
25 YOU'RE TRYING TO DO THEY STEP

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1 UP A LITTLE BIT MORE BECAUSE
2 THEY UNDERSTAND THE
3 COMMISSIONERS ARE CONNECTED,
4 TOO.
5 SO, I JUST WANTED TO THANK
6 YOU FOR TAKING THEM AND
7 LETTING THEM GUIDE SOME OF
8 THIS EFFORT AS WELL.
9 COMMISSIONER ZEPEDA: ANY
10 OTHER COMMENTS?
11 COMMISSIONER ARAGON: I
12 JUST WANTED TO KNOW HOW THE
13 SCHOOL WAS CHOSEN AND IF IT'S
14 A PUBLIC SCHOOL, CHARTER
15 SCHOOL? AND JUST DEMOGRAPHIC
16 INFORMATION ABOUT IT, IF WE
17 HAVE IT - NOT NECESSARILY
18 TODAY BUT SOMETIME JUST TO GET
19 A BACKGROUND AND UNDERSTANDING
20 ABOUT THE SCHOOL.
21 KIM PATILLO BROWNSON: I
22 CAN SHARE THAT IT IS A
23 TRADITIONAL PUBLIC SCHOOL,
24 PART OF THE RATIONALE FOR HOW
25 THE SITE WAS CHOSEN WAS

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1 PARTIALLY A SCAN OF
2 DEMOGRAPHIC STUDENT DATA
3 BECAUSE PART OF THE EDUCARE
4 MODEL AROUND FUNDING
5 SUSTAINABILITY IS ABOUT
6 DRAWING DOWN MAXIMUM EXISTING
7 PUBLIC FUNDING SOURCES FROM
8 HEAD START - EARLY HEAD START
9 AND STATE PRESCHOOL AND
10 GENERAL CCTR, THE GENERAL
11 CHILD CARE FOR THE STATE.
12 WHAT THAT MEANS IS THAT
13 MOST OF THE CHILDREN WHO WILL
14 BE PARTICIPATING IN THE
15 PROGRAM MEET THE FEDERAL
16 POVERTY LINE REQUIREMENTS.
17 AND, THERE'S ALSO BECAUSE
18 OF THE INFLUENCE OF THE HEAD
19 START AND EARLY HEAD START
20 REQUIREMENTS, A MINIMUM
21 THRESHOLD OF CHILDREN WITH
22 SPECIAL NEEDS, CHILDREN FROM
23 FOSTER CARE SYSTEMS.
24 THERE WAS ALSO SITE
25 REQUIREMENTS AROUND HOW MUCH

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1 GREEN SPACE AND LAND WAS
2 AVAILABLE, THAT ACTUALLY FAR
3 EXCEED THE CALIFORNIA
4 REQUIREMENTS FOR STATE
5 PRESCHOOL OR AN INFANT TODDLER
6 CENTER.
7 SO, THERE WAS ALSO -
8 ACTUALLY, THAT WAS THE ONE OF
9 THE THINGS THAT WINNED THE
10 FIELD QUITE QUICKLY BECAUSE
11 THERE WEREN'T THAT MANY SITES
12 THAT ACTUALLY HAD ENOUGH SPACE
13 AVAILABLE.
14 COMMISSIONER ARAGON: I'M
15 SORRY WHAT WAS THE NAME OF IT?
16 CHRISTINA ALTMAYER: IT'S
17 ON THE CAMPUS OF THE CLARA
18 BARTON ELEMENTARY SCHOOL.
19 BUT, WE SHOULD CLARIFY THAT
20 THIS CONSTRUCTION FOR THE
21 EDUCARE IS A NEW BUILDING, SO
22 IT WILL BE A NEW BUILDING,
23 SHARED PARKING LOT, SHARED
24 WITHIN THE CAMPUS PARAMETERS,
25 SO TO SPEAK BUT IT IS A NEW

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1 FACILITY THAT'S BEING
2 CONSTRUCTED.
3 COMMISSIONER ZEPEDA: IF
4 THERE ARE NO OTHER QUESTIONS,
5 I THINK WE'RE ADJOURNED.
6 THANK YOU VERY MUCH AND I
7 WILL SEE YOU AT THE NEXT
8 MEETING.
9 COMMISSIONER ZEPEDA: --
10 ONE MORE PUBLIC COMMENT THAT
11 JUST CAME IN.
12 IF YOU COULD COME BACK AND
13 JUST SIT DOWN FOR A FEW
14 MINUTES I'D APPRECIATE IT.
15 COMMISSIONER TAYLOR:
16 THANK YOU, I DIDN'T KNOW THAT.
17 COMMISSIONER ZEPEDA: OKAY
18 I JUST GOT THIS ONE, FRANCISCO
19 ROMERO.
20 OKAY, FRANCISCO, SORRY
21 ABOUT THAT FRANCISCO I JUST
22 GOT THIS PAPER.
23 FRANCISCO ROMERO: NO,
24 SORRY, ON MY END BECAUSE I
25 DIDN'T UNDERSTAND HOW THE

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1 PROCESS WORKED.
2 COMMISSIONER ZEPEDA:
3 THAT'S OKAY.
4 FRANCISCO ROMERO: I'VE
5 GONE TO MEETINGS WHERE, HERE,
6 YOU JUST GO WALK UP.
7 BUT, SO, FIRST I'M HERE ON
8 BEHALF OF (INAUDIBLE) BUT ALSO
9 JUST AS A COMMUNITY MEMBER IN
10 EAST L.A. WHO'S BRINGING UP MY
11 BABY IN EAST L.A., 400 FEET
12 FROM THE 710 FREEWAY AND, YOU
13 KNOW, WE'RE TALKING ABOUT
14 HEALTH AND SO ALREADY SEEING
15 SOME OF THE SYMPTOMS, YOU
16 KNOW, RELATED TO THAT AND SO
17 IT'S KIND OF LIKE DO WE STAY
18 OR DO WE LEAVE?
19 SO, I WAS LUCKY ENOUGH TO
20 COME ACROSS FOR THE FIRST TIME
21 TO FOR FIRST 5 LA EVEN THOUGH
22 THERE WAS ONE IN OTHER
23 COMMUNITIES WHERE I USED TO
24 LIVE AT AND WAS A TEACHER.
25 AND SO, I JUST WANT TO SAY

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1 IT'S GREAT TO FINALLY HAVE
2 CROSSED PATHS WITH THIS SPACE,
3 AND ALSO THE GREAT WORK THAT
4 YOU'RE DOING.
5 I JUST WANT TO MENTION
6 BRIEFLY THAT IT IS RELATED TO
7 AN ITEM ON THE AGENDA - BUT, I
8 DIDN'T GET TO SUBMIT IT ON
9 TIME -- IS THE -- THERE WAS A
10 MENTION ABOUT THE PARK SPACE,
11 THAT'S THE PARTICULAR AREA
12 THAT I'M WORKING WITH IN THE
13 COMMUNITY, ON.
14 AND I JUST NOW CAME FROM A
15 TWO-DAY SUMMIT ABOUT PARK
16 SPACE AND HOUSING AND THE DATA
17 THAT IS RELATED AND THE
18 RESEARCH THAT IS RELATED TO
19 THE IMPORTANCE OF HOW HOUSING
20 AND ACCESS TO PARKS AND GREEN
21 SPACE IS ONE OF THE MAIN
22 FACTORS IN HAVING HEALTHY
23 FAMILIES.
24 SO, I THINK THE FACT THAT
25 YOU'VE INVESTED ALREADY, SO

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1 MUCH INTO THIS PROCESS AND
2 THESE SEEDS AS THE GENTLEMAN
3 WAS SAYING EARLIER, ARE BEING
4 PREPPED AND ARE BEING
5 CULTIVATED.
6 AND, YOU KNOW, THE SOIL IS
7 BEING CULTIVATED, I REALLY
8 LIKE THAT ANALOGY BECAUSE I
9 MOVED FROM A FARM WORKING
10 COMMUNITY AND I REALLY RELATE
11 TO IT.
12 AND SO, IT -- WE JUST
13 WANTED TO SAY THAT AND SAY
14 THAT FOR THE NEXT MEETING
15 WHILE WE'RE HOPING TO ACTUALLY
16 -- ONE OF OUR FAMILY MEMBERS
17 WAS ON HER WAY, BUT THEN THERE
18 WAS A FAMILY ISSUES WITH LIKE
19 A HALLOWEEN COSTUME AND SOME
20 TYPE OF PARADE GOING ON.
21 SO, IT DIDN'T WORK OUT SO
22 WE'RE GOING TO PLAN IT TO
23 WHERE, HOPEFULLY, YOU'LL HEAR
24 FROM A FEW OF THE FAMILIES
25 NEXT TIME.

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1 COMMISSIONER ZEPEDA: THAT
2 WOULD BE GREAT; THANK YOU SO
3 MUCH FOR YOUR COMMENTS.
4 OKAY, NOW I GUESS WE CAN
5 GO HOME.
6 FRANCISCO ROMERO: THANK
7 YOU, EVERYONE.
8
9
10 MEETING ADJOURNS AT 4:05
11 P.M.
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12 I, CLARENCE DIONISIO, A
13 CERTIFIED SHORTHAND REPORTER
14 FOR THE STATE OF CALIFORNIA,
15 LICENSE NUMBER 13343, DO
16 HEREBY ATTEST THAT:
17 THE PRECEDING IS A TRUE
18 AND ACCURATE TRANSCRIPTION OF
19 THE MEETING OF THE
20 ORGANIZATION NAMED HERIN;
21 THE MEETING WAS TAKEN DOWN
22 IN SHORTHAND AND TRANSCRIBED
23 INTO ENGLISH UNDER MY
24 SUPERVISION AND AUTHORITY;
25 I HAVE NO INTEREST,

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1 FINANCIAL OR OTHERWISE, IN ANY
2 OF THE PARTIES, ISSUES, OR
3 INDIVIDUALS WHO ARE INVOLVED
4 IN THIS ORGANIZATION.

5 ATTESTED TO ON THIS DAY
6 26TH DAY OF OCTOBER, 2017.

7 _____

8 _____
9 CERTIFIED SHORTHAND
10 REPORTER FOR THE STATE OF
11 CALIFORNIA

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FIRST 5 LA

SUBJECT:

Provide an update on the Trauma Informed Care Strategy. Request to establish a Strategic Partnership with the City of Long Beach, Department of Health and Human Services (DHHS) to serve as the coordinating organization for trauma and resiliency informed systems change in Long Beach in the amount of \$150,000 over 2 years.

RECOMMENDATION (PROVIDED AS INFORMATION):

This memo is provided as information for the Board's consideration at the January 25, 2018 Special Program and Planning Commission meeting. First 5 LA staff recommends that at the February 8, 2018 Board of Commissioners meeting, the Board approve the establishment of a Strategic Partnership with the City of Long Beach, Department of Health and Human Services (LB DHHS) in the Amount of \$150,000 over 2 years. The funds have been included in the First 5 LA 2017-2018 Programmatic Budget under the Trauma Informed Care Initiative.

BACKGROUND:

Trauma Informed Care Strategy Update:

On July 1, 2015, the Commission officially began implementation of the FY 2015-2020 Strategic Plan which prioritizes outcomes, strategies and investment areas involving families, early childhood education, communities, health, mental health and substance abuse systems improvement (health-related systems). Within the health-related systems outcome, the Commission has outlined two specific areas of priority focus, which include:

- 1) Trauma-informed care (TI-C) and
- 2) Early identification of developmental/behavioral delays, screening/assessment and connection to services (Help Me Grow Framework)

The Strategic Plan also clearly articulates our mission, which is that First 5 LA, in partnership with others, strengthens families, communities and systems of services and supports, so that all children in LA County enter kindergarten ready to succeed in school and life. First 5 LA's strategy around advancing trauma informed systems across Los Angeles County is grounded in partnership-building and policy and systems change. In order to reach our overall Health outcome – to improve the capacity of health related systems to meet the needs of children prenatal to age 5 and their families – we must establish strong partnerships with entities which share a vested interest in improving these same systems. True partnership is stronger and more sustainable when developed and cultivated at the front-end so that all partners are genuinely engaged and committed to the design, development and advancement of the work, with solutions and strategies jointly developed to benefit all parties.

To this end, in 2016, First 5 LA, California Community Foundation, The California Endowment, The Ralph M. Parsons Foundation, and the Conrad N. Hilton Foundation pooled funds together to support the Trauma Informed Systems Change Initiative, a multi-pronged, multi-systems public health approach countywide. This initiative launched in 2016 and brought together foundations, service delivery organizations and LA County departments around a shared priority to integrate trauma informed principles and practices into systems that serve children and families in Los Angeles County. Following a 10-month early design and planning process, the emerging lessons and potential strategies for Los Angeles County's Trauma and Resiliency Informed Systems Change effort put forward by the planning members are represented in Appendix A, "Trauma and Resiliency: A Systems Change Approach." The report offers a guide for advancing this movement across the county.

Strategic Partnership with City of Long Beach, Department of Health and Human Services:

In order to operationalize the cross-system, place based strategy in the Trauma and Resiliency-informed Systems Change Report, First 5 LA and The California Endowment are proposing to jointly funding a

position with the City of Long Beach, Department of Health and Human Services to build upon the existing trauma informed and other relevant initiatives across the city and strengthen a cross-systems, citywide trauma and resiliency informed approach to address the concerns within the community. This Strategic Partnership with LB DHHS is a culmination of that early work and represents a significant initial milestone for the TI-Care strategy.

The City of Long Beach, Department of Health and Human Services has been identified as the recipient of these funds. LB DHHS has served as a backbone entity for over a century, facilitating collective impact approaches to ensure the health and safety of all Long Beach residents. Currently, DHHS co-leads several efforts to address persistent trauma, including leading the Safe Families workgroup for the City's Violence Prevention Plan and launching the Office of Equity. Additionally, in 2016, funded by the Department of Justice, the LB DHHS provided three levels of trauma informed trainings to staff from 77 agencies. These monies will also be leveraging a foundation of work built by the Everychild Bright Beginnings Initiative (EBBI) led by The Children's Clinic and the Long Beach Trauma and Resiliency Informed Taskforce. EBBI is a program designed to address the effects of toxic stress and chronic exposure to violence in infants, toddlers, and pregnant mothers. EBBI is one of the first projects to embed toxic stress screenings into routine prenatal and pediatric medical check-ups. The Children's Clinic also trained its staff in a trauma informed approach.

The City of Long Beach, Department of Health and Human Services will serve as the coordinating organization for a trauma and resiliency informed agenda in Long Beach through three categories of work:

- **Facilitate Cross-System Transformation:** LB DHHS will establish and implement guiding systems principles, policies and practices that will facilitate a paradigm shift within at least two systems. This will include increasing staff and organizational capacity to deliver trauma and resiliency informed care through staff trainings, the development and adoption of policies and procedures that further advance a trauma and resiliency informed approach.
- **Collaboration with Community-level Initiatives:** There are a number of efforts underway across Long Beach that align with a trauma and resiliency informed approach, such as the Long Beach Trauma and Resiliency Informed Taskforce. LB DHHS will coordinate this taskforce and interface with other investments in the community including First 5 LA's Best Start Community Partnership.
- **Data Collection & Evaluation:** Given this investment is the first demonstration project, aligning with the strategy highlighted in the Trauma and Resiliency Informed Systems Change Report to advance cross-system, place-based work, a priority will be to collect data and key indicators, including documentation of implementation lessons learned to facilitate quality improvement, replication, and scaling of this strategy across the County.

This is a request to establish a Strategic Partnership with Long Beach Department of Health and Human Services without a competitive open solicitation in order for LB DHHS to serve as the coordinating organization for developing the trauma and resiliency informed systems change work. First 5 LA and The California Endowment have agreed to jointly fund this work in Long Beach to advance desired outcomes for both foundations.

Pursuant to the Procurement Policy, Strategic Partners of \$75,000 or more in a fiscal year must be presented to the Board for approval. Staff is requesting an establishment of a strategic partnership for an amount not to exceed \$150,000 to comply with this policy. Section IV.5 of the Procurement Policy also states that contracts of \$75,000 or more requires Board approval prior to execution. Staff anticipates returning to the Board to seek authority to execute a contract via consent calendar in Spring 2018.

GOVERNANCE GUIDELINES #5 AND #6 (SUSTAINABILITY AND LEVERAGING):

Sustainability:

- The vision of a trauma and resiliency informed LA County is to have service delivery systems delivering care that recognize the impact and signs of trauma and help clients access needed

services, supported by broad countywide cross-sector and systems partnerships across county agencies and across public and private sectors as part of long term sustainability.

- As part of the Scope of Work, LB DHHS will be responsible for developing a sustainability plan to identify ongoing sources of funding to support the Community Program Specialist position that will coordinate this effort beyond the 2 year period.
- LB DHHS will investigate leveraging of different funding streams, including state and federal programs to support continued cross-system work that aligns with community change initiatives to advance trauma and resiliency informed systems change in the region.
- LB DHHS will explore how existing funding streams and funded efforts and services can be leveraged to ensure the sustainability of cross-system work that aligns with community change initiatives to advance trauma and resiliency informed systems change in the region.

Leveraged Resources:

- The Strategic Partnership with LB DHHS will build upon the investments and resources the City of Long Beach has already dedicated to addressing trauma, as well as leveraging The California Endowment's contribution to support this initiative.
- LB DHHS will pursue other federal and state funding and programming including Early and Periodic Screening, Diagnostic and Treatment (EPSDT), Child Health and Disability Prevention Program (CHDP) and other opportunities through the leveraging of Commission dollars under this Strategic Partnership.
- The Strategic Partnership will provide necessary infrastructure and/or start-up funding to allow for leveraging and sustainability through external funding sources.
- LB DHHS will intentionally plan for sustainability of this effort beyond the 2 year project period with other funding streams.

JUSTIFICATION:

This Strategic Partnership meets the criteria below:

- The Strategic Partnership can provide specific resources needed by First 5 LA to implement an approved program or initiative in a manner or on a scale that makes the Strategic Partnership more cost effective than resources provided through a competitive solicitation; or
- The Strategic Partnership can implement an approved program or initiative more expeditiously than resources provided through a competitive solicitation; or
- The Strategic Partnership can provide a demonstrated level of ability or expertise that is only available in the community through the proposed Strategic Partnership; or
- The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service.

AND

- The proposed Strategic Partnership is aligned with the adopted Strategic Plan.

The Strategic Partnership can provide an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service.

- Upon First 5 LA Board Action, First 5 LA will be leveraging an investment from The California Endowment to support the advancement of trauma and resiliency informed systems change in the region.
- The Strategic Partnership with LB DHHS will build upon the investments and momentum already underway in Long Beach including, but not limited to, Long Beach Trauma and Resiliency

Informed Taskforce (LBTRIT), Safe Families workgroup for the City's Violence Prevention Plan, and the Office of Equity.

- This project strongly reflects First 5 LA's intent to invest through partnership. A Strategic Partnership with LB DHHS provides an opportunity to leverage First 5 LA funds to garner additional funding from philanthropic partners to support the advancement of trauma and resiliency informed systems change.

The proposed Strategic Partnership is aligned with the adopted Strategic Plan.

- The Strategic Partnership with LB DHHS is directly aligned with First 5 LA's Health Related Systems Outcome – Trauma Informed Care to improve how health related systems coordinate and deliver trauma informed care to young children and their families in LA County.
- The proposed Strategic Partnership is also aligned with several of First 5 LA's investment guidelines, which seek to focus on systems and policy change to engage partners at early stages in order to advance the Trauma and Resiliency Informed Systems Change Agenda.
- The Strategic Partnership is also aligned with First 5 LA values of integration to connect Health Related Systems work with Communities work in the region.

First 5 LA staff recommends that at the February 8, 2018 Board of Commissioners Meeting, the Board approve the establishment of a two-year Strategic Partnership with the City of Long Beach Department of Health and Human Services and authorize staff to execute a contract with LB DHHS starting late FY 17-18 through FY 19-20. The FY 17-18 contract and subsequent contracts for this Strategic Partnership, as well as, budget amounts will be brought to the Board via Consent Calendar. The funds to support this Strategic Partnership will come from First 5 LA Budget under Health Strategy 2: Trauma Informed Care. Staff anticipates returning to the Board to seek authority to execute a contract via consent calendar in Spring 2018.

The proposed work of the Strategic Partnership will serve to advance the demonstration and scaling of systems change efforts as it relates to Health Strategy 2: Trauma Informed Care.

Health Systems Update: Trauma & Resiliency Informed Systems Change

Tara Ficek
Pegah Faed

January 25, 2018



1ST  LA
first 5 la
Giving kids the best start

Presentation Objectives

- Review Strategies from Trauma and Resiliency Informed Systems Change Report
- Highlight examples of emerging projects for each strategy
- Review Info Item: Strategic Partnership

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Strategic Plan 2015-2020

Families Outcome Area



We will work with parents/caregivers so that they have the skills, knowledge and resources they need to support their child's development.

Communities Outcome Area



We will support a community's ability to foster safe, healthy and engaged neighborhoods that help children and their families thrive.

Early Care and Education Systems Outcome Area



We will increase access to affordable, quality early care and education.

Health-Related Systems Outcome Area



We will help improve how health-related systems coordinate and deliver care to young children and their families in L.A. County.

What is a “paradigm shift”?

- *Paradigm*: a set of assumptions or the vision of reality through which each of us perceives the world
- *Paradigm Shift*: a fundamental change in thinking, leading to a whole new way of behaving.

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A Story of Transformation – History of Child Helmet Use



Our Story of Transformation



Systems Change & Policy Change

“A group of interacting, interrelated, and interdependent components that form a complex and unified whole”*

- **System Change** - Change that encompasses a broad set of interrelated changes including the norms, resources, behaviors, learned habits, culture, authority/decision-making and patterns operating within the legal, regulatory, social and community environment.
- **Policy Change** - Changes to rules governing institutions, practices, and resource allocation. Policy can be set by both public institutions (e.g., government) and private institutions (e.g. hospitals or employers)

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Systems Change is Complex & Long Term

- Multi-dimensional - Systems are the work of multiple agendas constantly interacting
- Dynamic – Reflects works of multiple agents that are constantly changing
- Interdependent – No single entity has the technical capacity, jurisdiction to make the change to achieve targeted outcomes

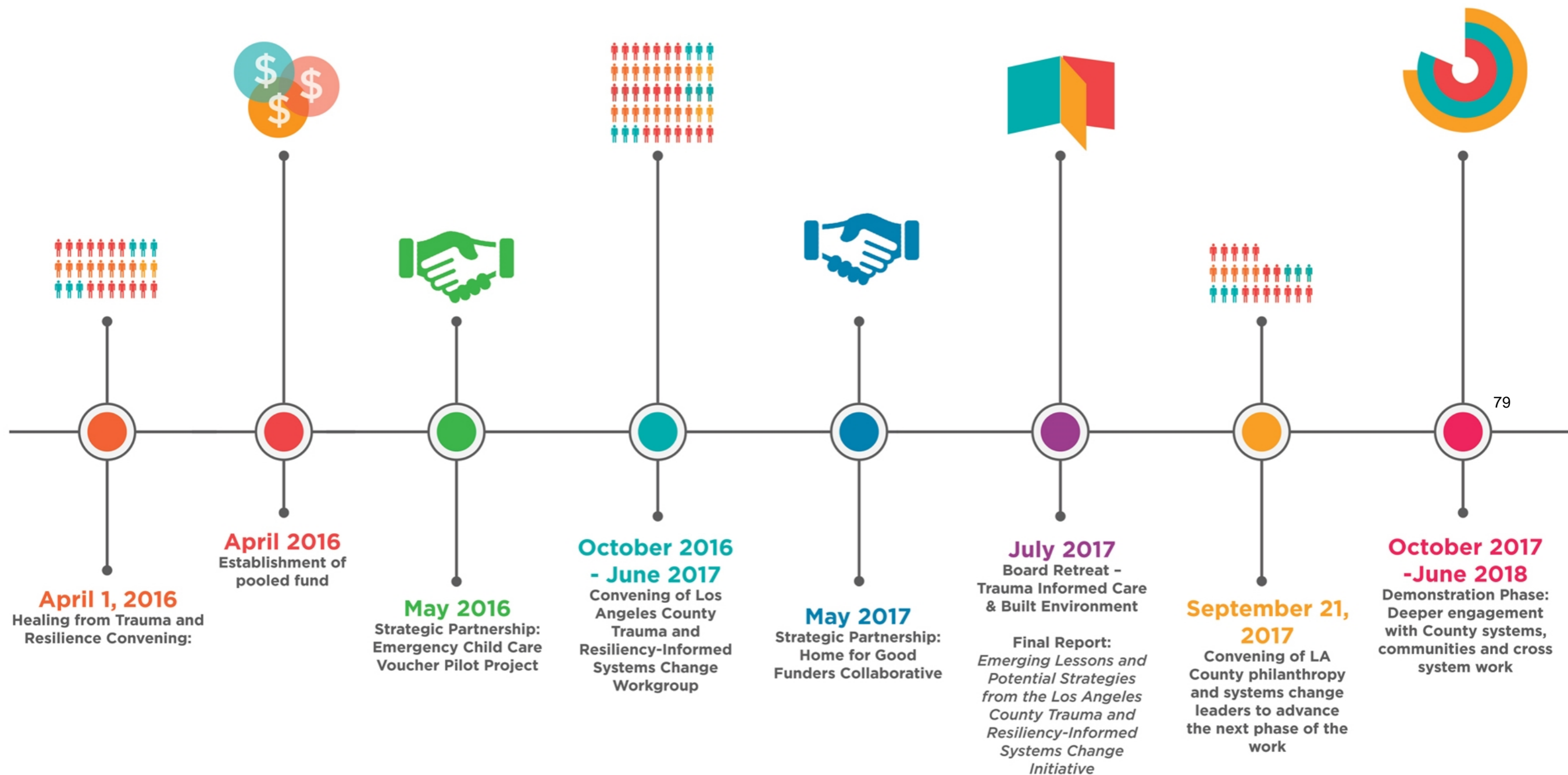
77

Lessons from 2017 Board Engagement

- Trauma & resiliency are foundational to our work.
- Need for language and framework to guide the work
- Government must be the agent of scale & sustainability for this transformation
- Link between individual/community level trauma & the impact of systems

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Progress-to-Date



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Definitions

Trauma: The **effects** of a single event, a series of events, and/or ongoing circumstances that are **experienced or perceived** as physically or emotionally harmful and/or life threatening.

Resiliency: **Capacity** of individuals, families, and communities **to heal** from trauma and **to strengthen** their **wellbeing and adaptability** in ways that can mitigate or prevent future trauma.

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Trauma & Resiliency Informed Systems Change

An **ongoing** process to **strengthen** an organization, department, or larger system's impact by **integrating** into its programs, structures, and culture a comprehensive **commitment to address trauma and promote resiliency.**

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Key Highlights & Lessons

- **An abiding *why* tied to results**
- A sustained focus on long-term culture change
- An ongoing *yes* to participatory engagement
- Cultivating a learning culture
- **The complexity of community**

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Developmental Framework



**Stage 1:
Recognizing**

Recognize the importance of addressing trauma and promoting resiliency to improve outcomes

**Stage 2:
Planning / Testing**

Planning for and testing practices within system

**Stage 3:
Committing**

Formal leadership commitment to ongoing transformation of system

**Stage 4:
Nurturing / Adapting**

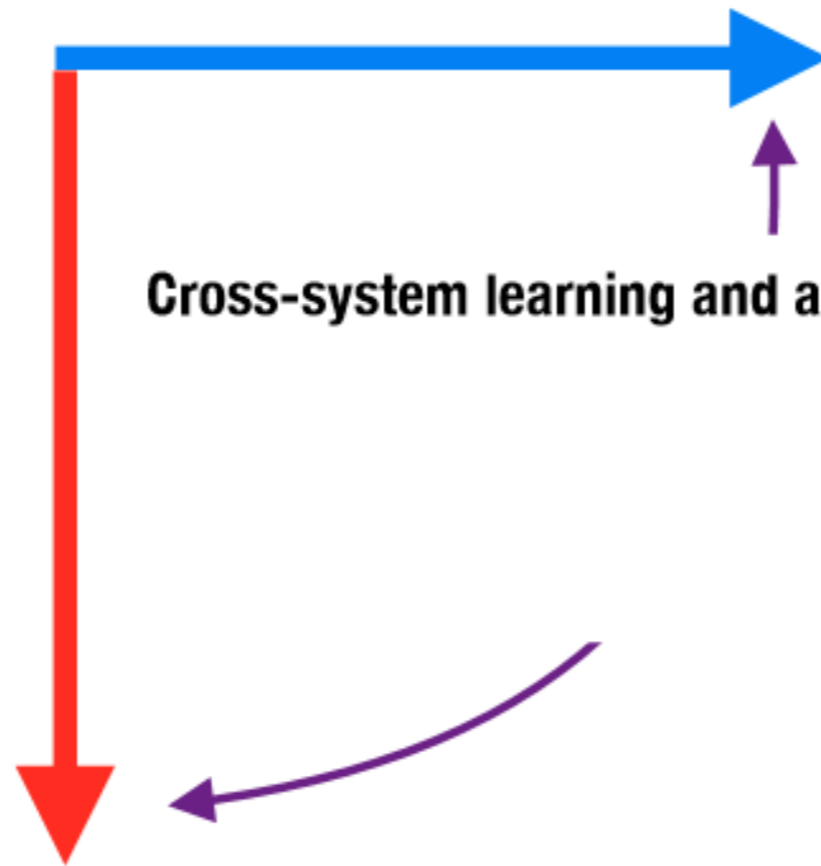
All system staff engage in and nurture a trauma and resiliency informed culture

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Trauma & Resiliency Informed Strategies - Overview

Depth: Support for living the framework *within particular systems* — e.g.,
▶ County departments

Breadth: Raising public awareness



Cross-system learning and action

“Holding the whole”
Stewardship and support infrastructure

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Strategy 1: Breadth- Public Awareness

To inform and inspire action from communities and populations who may not regularly engage with public service systems

- **Something we've done** – F5LA Communications & Marketing Efforts – Twitterstorm & Call to Action
- **Something we're exploring** – Partnering with others – Changing Minds Campaign

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Strategy 2: Intra-system Transformation

To deepen change within particular systems through support for adopting and living the development framework.

- **Something we've done** – Home for Good Funders Collaborative
- **Something we're exploring** – Alignment with Home visiting and DMH's priority on prevention and early intervention models

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Strategy 3: Cross-System Learning & Action

To focus on promoting interconnectedness among systems, and intentionally linking systems change and community change efforts focused on healing trauma and promoting resiliency

- **Something we're doing**– Alignment with Best Start
- **Something we're proposing** – Long Beach DHHS/TCE Strategic Partnership

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The Long Beach TI Task Force Evolution

- 2012 - Began as an advisory group for the EBBI project at the Children's Clinic
- January 2015 - Hosted the Healing Fields Conference for over 600 attendees
- 2015: Became the LB TI Task Force
- 2016: Began development of a LB TI action plan
- Fall 2017: Completed an action plan; LB DHHS identified as the backbone agency for the Task Force

Sponsored by The California Endowment, The Josephine S. Gumbiner Foundation and Congressman Alan Lowenthal

THE HEALING FIELDS

Symposium on Trauma, Healing, and Resiliency

Day I:
Descendants of the Khmer Empire, Cambodian Legacy of Resilience: "From The Killing Fields to The Healing Fields"

Featured Guest Speakers:
Dr. Richard F. Mollica, MD
Dr. Lucia Roncali, MD
Youk Chhng

JANUARY 27, 28, 29 2015

First Congregational Church
241 Cedar Avenue
Long Beach, CA 90802
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Space is limited. Register now at themayecenter.org

#thehealingfields

SPONSORS: The California Endowment, Josephine S. Gumbiner Foundation, ALAN LOWENTHAL

PARTNERS: LAC DMH, and various other community organizations.

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Info Item: Strategic Partnership

- **Partners:** The California Endowment & City of Long Beach Department of Health & Human Services
- **Objective:** To strengthen cross-system, citywide trauma and resiliency informed approach, leveraging existing relationships and momentum in Long Beach around this work.
- **How:** Funding a position within LB DHHS to support coordination and planning around advancing this approach cross system, citywide.
- **Aligns with Strategy 3 in report–** Cross system, place based initiative
- **Funding Amount:** \$150,000 for 2 years

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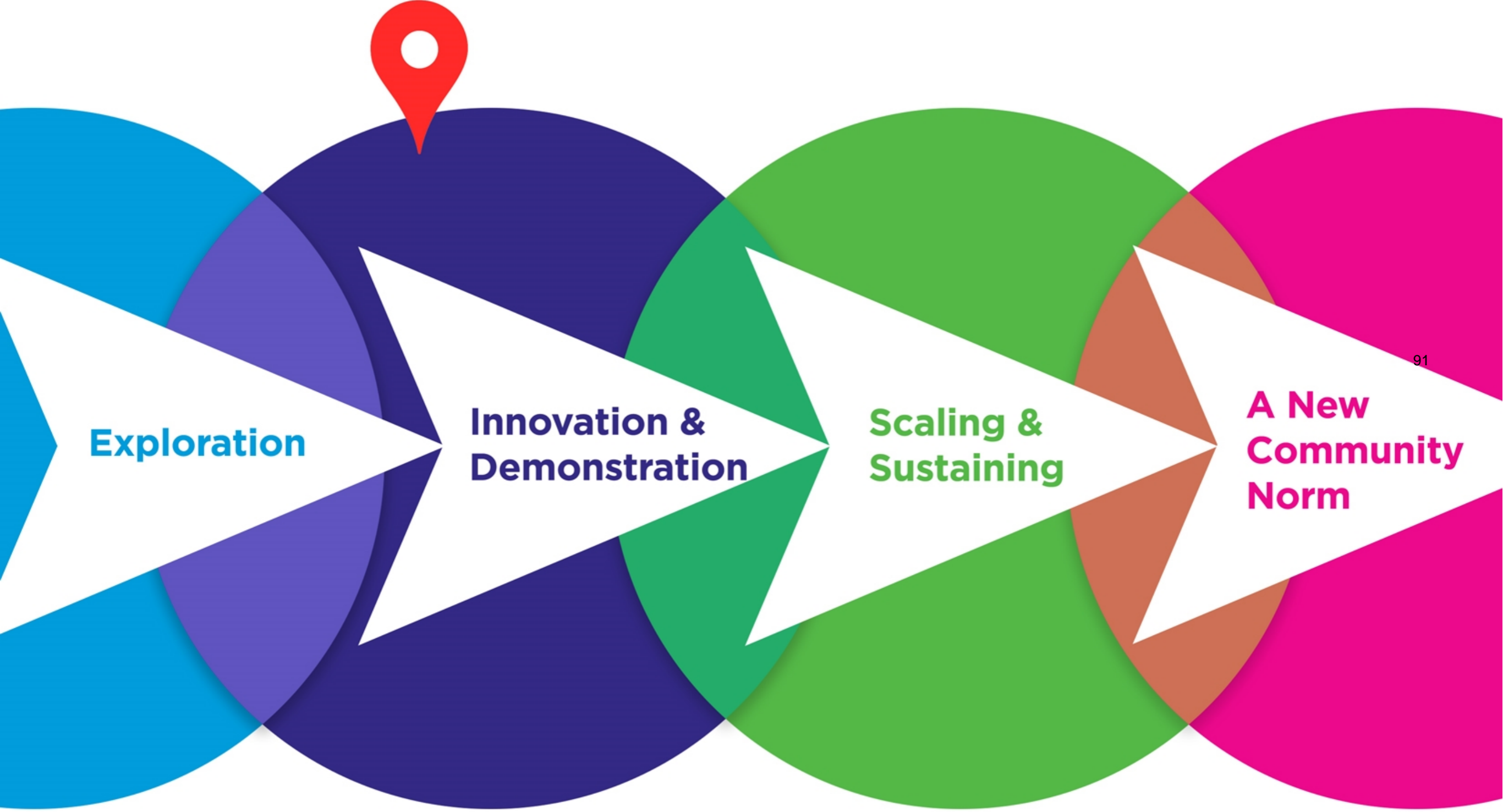
Strategy 4: “Holding the Whole”

To focus on holding the whole of the movement by building the stewardship and support infrastructure needed to tend to the ongoing evolution and adaptation of the other three strategies.

- **Something we’ve done** – Expansion of Steering Committee into Leadership Council
- **Something we’re exploring** – Determine opportunities to build infrastructure with partners

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Phases of Progress



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Next Steps

- **February Board Meeting: LB DHHS Strategic Partnership Action Item**
- **February PPC Meeting: Best Start Presentation**
- **Spring 2018: Contract approval for Strategic Partnership with LB DHHS**

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Questions?





TRAUMA AND RESILIENCY: A SYSTEMS CHANGE APPROACH

Emerging Lessons and
Potential Strategies from the Los Angeles County
Trauma and Resiliency-Informed
Systems Change Initiative

July 2017

Funded by
The California Community Foundation • The California Endowment • First 5 LA •
The Conrad N. Hilton Foundation • The Ralph M. Parsons Foundation

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EXECUTIVE SUMMARY

Over the past nine months, the Center for Collective Wisdom has worked with five funders and a broad group of stakeholders to explore the potential for nurturing and deepening systems change efforts in Los Angeles County focused on trauma and resiliency.

During this time, we have also researched relevant system change efforts from across the country, analyzed a wide range of resources related to trauma and resiliency, and engaged in conversations with senior leaders and others from systems across the county to gauge resonance and readiness for systems-level change to address trauma and promote resiliency.

This report summarizes the results of these dialogues and research, including lessons learned, a developmental framework to guide systems change efforts, and potential strategies for advancing this movement across the county.

WHY THIS MATTERS

Among the many historical influences that have given rise to a movement focused on trauma and resiliency, the 1998 Adverse Childhood Experiences (ACE) study¹ has been particularly significant in building a broader conversation about trauma and the need to more systematically address its negative effects. This study examined the impact on health and wellbeing across a person's life from childhood abuse, neglect and other adverse experiences, including: physical, sexual, or emotional abuse; physical or emotional neglect; a family member who is: depressed or diagnosed with other mental illness, addicted to alcohol or another substance, or in prison; witnessing a mother being abused; and losing a parent to separation, divorce, or other reason.

The import of this study was not simply the high prevalence of ACEs documented among the 17,000 predominantly white, older, college educated participants, all of whom had health insurance and had received physical exams.. The study unexpectedly revealed a significant correlation: the higher the number of ACEs, the higher the risk for a wide range of negative health outcomes.

A more recent report by the Center for Youth Wellness applied the ACEs framework to California residents,² and compared the negative health outcomes for people with 4 or more ACEs to people with zero ACEs. The report found that, compared to adults with zero ACEs, Californian adults with 4 or more ACEs are:

- ▶ 12.2 times as likely to attempt suicide;
- ▶ 10.3 times as likely to use injection drugs;
- ▶ 7.4 times as likely to be an alcoholic;
- ▶ 2.2 times as likely to have ischemic heart disease;

¹ Centers for Disease Control and Prevention. <<https://www.cdc.gov/violenceprevention/acestudy/>>.

² Center for Youth Wellness. *A Hidden Crisis: Findings on Adverse Childhood Experiences in California*. San Francisco, CA: 2014, p. 6. <<https://app.box.com/s/nf7lw36bjr5kdfx4ct9>>. Note: The data in this report on California residents was collected through the Behavioral Risk Factor Surveillance System, an annual, state-based, random-digit-dial telephone survey. The summary is a cumulative analysis of all four years of ACEs data (sample size = 27,745).

- ▶ 1.9 times as likely to have cancer;
- ▶ 1.96 times as likely to report one or more days of poor physical health in the past 30 days;
- ▶ Almost 2 times as likely to report poor mental health in the past month; and
- ▶ 2.1 times as likely to report that their poor health—physical or mental—had prevented them from participating in their usual activities.³

The report authors observe:

There is a hidden danger lurking in communities across California. Adverse Childhood Experiences, or ACEs, affect people from all backgrounds, regardless of race, income, education, or geography. Occurring in childhood, exposure to chronic adversity during the most formative years of a person’s development has the potential to reap a lifetime of challenges, including poor health and even early death.⁴

As compelling as the ACEs research is, however, it actually *understates* the impact of trauma on the health and wellbeing of individuals, families, and communities. The reason is straightforward: there are far more sources of trauma, for children and adults, than the original ten ACEs, including:

- ▶ Physical, psychological, and sexual abuse experienced after childhood;
- ▶ Community violence;
- ▶ Homelessness;
- ▶ Natural disasters;
- ▶ Refugee and war zone trauma;
- ▶ Terrorism;
- ▶ Oppression, including structural oppression; and
- ▶ Multi-generational or historical trauma.

DEFINING TRAUMA AND RESILIENCY

In our research we discovered numerous definitions of trauma. Building on the work of the Substance Abuse and Mental Health Services Administration (SAMHSA)⁵ and incorporating reflections and feedback from workgroup participants, we ultimately defined trauma as follows:

The term *trauma* refers to the effects of a single event, a series of events, and/or ongoing circumstances that are experienced or perceived as physically or emotionally harmful and/or life threatening.

Trauma can affect individuals, families, and communities immediately and over time, even generations. The adverse effects of trauma can be profound and long-lasting, resulting in diminished functioning and wellbeing, including mental, physical, social, emotional, and/or spiritual wellbeing.

³ Ibid., pp. 2, 11.

⁴ Ibid., p. 1.

⁵ Substance Abuse and Mental Health Services Administration. *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. <<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>>.

Regardless of the precise definition of trauma, however, the research and work on ACEs, complex trauma, toxic stress, and community trauma invite a profound shift in perspective and behavior in organizations and systems dedicated to promoting wellbeing among children, adults, families, and communities. This shift begins with a renewed commitment to curiosity and empathy for another person's life experiences. Instead of seeing a person's behavior as the root problem, we are invited instead to see behavior both as symptom and communication. Rather than asking 'What's *wrong* with you?' we ask 'What *happened* to you?'⁶

And yet, as impactful as this research has been, a potential unintended consequence is that it can reinforce a (mis)perception that nothing can be done once someone has experienced adverse childhood experiences or other experiences leading to severe trauma. This is why any conversation about trauma should be linked to a conversation about resiliency, which we defined as follows:

The term *resiliency* refers to the capacity of individuals, families, and communities to heal from trauma, and to strengthen their wellbeing and adaptability in ways that can mitigate or prevent future trauma.

As organizations and systems become more adept at assessing for, recognizing the symptoms of, and addressing trauma, they must become equally adept at helping individuals, families, and communities strengthen their resiliency. This call to promote resiliency is not merely rhetorical, nor is this work a substitute for the work to understand and address the root causes of trauma. Working to strengthen the capacity of individuals, families, and communities to heal and adapt in the face of profound adverse circumstances requires discipline and persistence, as does the equally challenging and essential work of reducing and, where possible, eradicating sources of trauma.

Our call, therefore, is for a commitment within organizations and systems to help individuals, families, and communities both heal from trauma and strengthen their resiliency, to become trauma *and* resiliency-informed.

LESSONS LEARNED

The commitment of funders and stakeholders in this process was to move beyond particular assessments, treatments, and practices related to trauma-informed care, exploring instead how to foster systems change efforts across Los Angeles County. The language we use to describe this level of change is *trauma and resiliency-informed systems change*, defined as follows:

The phrase *trauma and resiliency-informed systems change* refers to an ongoing process to strengthen an organization, department, or larger system's impact by integrating into its programs, structures, and culture a comprehensive commitment to address trauma and promote resiliency.

⁶ See, e.g., ACEs Connection. <<http://www.acesconnection.com/blog/the-origins-of-a-paradigm-shift-from-what-s-wrong-with-you-to-what-happened-to-you>>.

Such a process “is not a program model that can be implemented and then simply monitored by a fidelity checklist. Rather, it is a profound paradigm shift in knowledge, perspective, attitudes, and skills that continues to deepen and unfold over time.”⁷

Through this process, we distilled a number of lessons learned about how to create and sustain successful systems change efforts focused on trauma and resiliency. These lessons include:

- ▶ An abiding *why* tied to results;
- ▶ A sustained focus on long-term culture change;
- ▶ An ongoing *yes* to participatory engagement;
- ▶ Cultivating a learning culture; and
- ▶ The complexity of community.

A first lesson is about what will help organizations and systems commit to this work, and to dedicate the resources, time, and energy necessary for success. The most compelling reason is that staff and their partners recognize that addressing trauma and promoting resiliency are *essential* to achieving the results the system is committed to effect. This is why the ACEs, toxic stress, complex trauma, and other research is so impactful: it helps multiple systems begin to recognize unresolved trauma as a root cause of many of the issues that are impeding progress toward positive results.

A second lesson, closely related to the first, is reflected in our understanding of trauma and resiliency-informed systems change as an *ongoing* process. A commitment to this level of change is long-term. Any systems change effort will of course include myriad short-term actions and steps—e.g., trainings, testing different assessment protocols, and short-term experiments funded with one-time dollars. All of these time-limited interventions, however, should ultimately emerge in support of a long-term effort to address trauma and promote resiliency across all dimensions of an organization until this orientation permeates and helps define the organization’s culture.

The third lesson is about the ongoing need for participatory engagement. We have labeled this lesson an ongoing *yes* to make clear that such processes cannot be shallow, one-off experiences of token engagement, either for people served by the organization or for staff. For staff in particular, the level of energy and vulnerability required to embody a commitment to address trauma and promote resiliency, both with other staff and the people they serve, is substantial. Their *yes* must be routinely invited and regularly reinforced by senior leaders, including through their modeling of the same level of vulnerability and engagement asked of staff.

The need to cultivate a learning culture within systems committed to becoming trauma and resiliency-informed is the fourth lesson learned. In particular, organizations committed to successful long-term change efforts must cultivate their capacity to promote safety for staff, partners, and the people they serve, and strengthen their capacity to stay with complexity when it (inevitably) arises.

We have summarized the final lesson discovered through this process as the complexity of community. Any systems change effort focused on trauma and resiliency ultimately must address fundamental questions about community that begin to reveal some of the inherent complexity of trauma and resiliency-informed systems change efforts. These questions include:

⁷ *Missouri Model: A Developmental Framework for Trauma Informed*, Missouri Department of Mental Health and Partners (2014), p. 1. <<https://dmh.mo.gov/trauma/MO%20Model%20Working%20Document%20february%202015.pdf>>.

- ▶ What is our definition of community?
- ▶ What is the role of community in healing trauma and promoting resiliency?

Many efforts that focus on trauma and resiliency consider cities, counties, or states to be communities. From this understanding of *community*, becoming trauma-informed means implementing a wide range of strategies—e.g., broad public awareness campaigns; and multi-organization and cross-system efforts to improve collaboration related to trauma and resiliency among public system and community-based service providers.

For others, *community* is used to describe people who share a common dimension of personal identity, culture, and/or historical experience—e.g., the Native American community, the African American community, the Hispanic and/or Latino communities, and the LGBTQ community. The importance of the use of the term *community* in this context is that it can help focus attention on ways that different groups of people may be similarly vulnerable to experiences of trauma, both presently and historically, and may share access to common sources of strength and resiliency.

In our work helping education, health, and human services systems strengthen their strategies for community capacity-building,⁸ we introduce an additional definition of *community* that is equally vital for any discussion of trauma and resiliency: namely, groups of people who provide tangible support to each other and can act together.

Why is this additional understanding of community important? Because each of these different definitions of *community* suggest a different locus of action. Systems change efforts to improve the effectiveness of services are different from efforts to improve communities' capacity to address the individual or collective trauma of their members, or to strengthen their resiliency, *independent of services*. Both are needed. And from our perspective, the best systems change initiatives to address trauma and promote resiliency will also integrate community capacity-building efforts. Systems leaders and others, however, need to understand the differences and unique requirements of each.

This distinction becomes even more crucial when we remember that trauma can be experienced both individually *and* collectively. While much of the research to date has focused on the effects and potential responses to individual trauma, a growing body of work is beginning to map the terrain of community trauma.

Community change efforts to address historical trauma and/or to promote resiliency and other dimensions of community wellbeing require different forms of leadership, process designs, and engagement strategies than do systems efforts.

A DEVELOPMENTAL FRAMEWORK

A dominant theme from the research and our many conversations with workgroup participants and others was the wide variation in understanding about what it means to be a trauma and resiliency-informed system. Some organizations describe themselves as trauma-informed after offering a one-time training to staff. Other organizations interpret the phrase to mean the integration of evidence-

⁸ See, e.g., Ott, John, and Rose Pinard. *California Institute For Mental Health Community Capacity-Building Learning Collaborative: Final Report*. Manhattan Beach, CA: 2011. <<http://c4cw.org/wp-content/uploads/2017/06/CIMH-Community-Capacity-Building-Lessons-2011.pdf>>.

based treatments for trauma into particular programs, regardless of whether this work is embedded in a broader culture change effort.

For still others, becoming trauma and resiliency-informed implies a commitment to a comprehensive transformation that includes both increased access to effective treatment for unaddressed trauma and a broader culture change to prevent re-traumatization and better ensure that all supports, including for staff and community partners, are responsive and nurturing.

Given this wide variation in understanding, we constructed a developmental framework to serve at least three purposes: demonstrate the scope of the change we are inviting; help organizations become more systematic in their internal change efforts to address trauma and promote resiliency; and help facilitate cross-system learning and collaboration.

This framework builds upon several others, including the Missouri Model,⁹ the Philadelphia Framework,¹⁰ and SAMHSA's framework for a Trauma-Informed Approach.¹¹

Six principles are at the heart of the SAMHSA framework and have been widely embraced by change efforts across the country. Based on workgroup participants' feedback, we evolved the labels and definitions of these principles to be more relevant for efforts within Los Angeles County. These principles are: safety; trust and transparency; peer support; collaboration and mutuality; voice, choice, and self-agency; and culturally, historically, and gender-identity appropriate. These principles, when fully embodied, define the essence of a trauma and resiliency-informed system.

In addition to the six principles, SAMHSA has identified ten implementation domains that systems should address as they progress toward becoming trauma and resiliency-informed. As with the guiding principles, we refined the labels and descriptions of these domains to reflect lessons learned from our research and workgroup feedback. The ten implementation domains include: leadership and governance; training and workforce development; screening, assessment, and services; progress and results monitoring; engagement and involvement; physical environment; cross-system collaboration; media and marketing; policies and procedures; and financing.

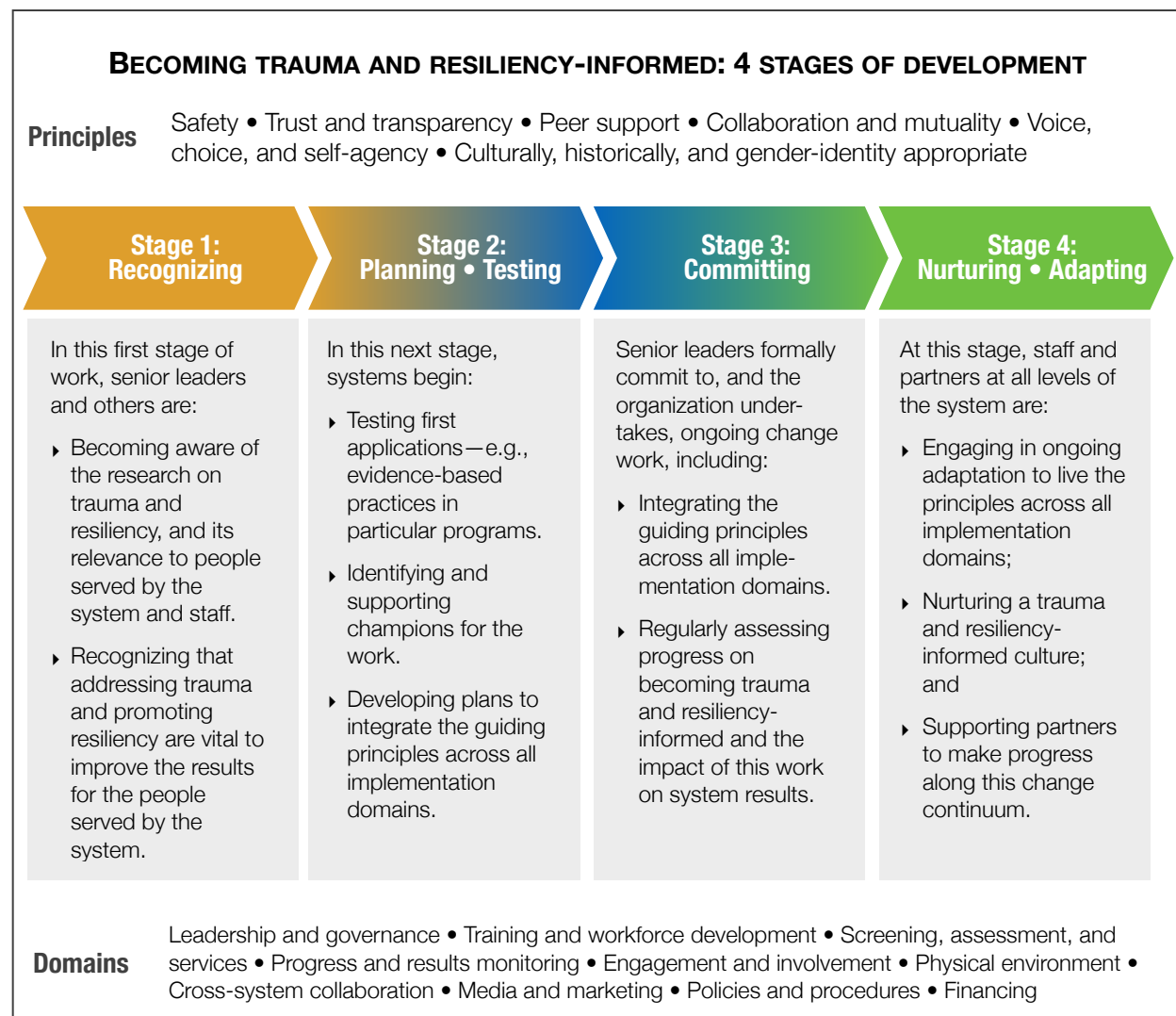
The developmental framework—summarized in the diagram below—is intended to help systems in their work to embody the guiding principles across all implementation domains.

The four developmental stages of the framework are: (1) recognizing, (2) planning and testing, (3) committing, and (4) nurturing and adapting. These stages are not intended to be rigidly prescriptive; instead, they are intended to be customized by each system to ensure alignment with its mission, current priorities and unique culture. Leaders, staff, and partners can use this framework to better discern where their organization or system currently is along this continuum, and to explore if and how they want to evolve to next stages of commitment and action.

⁹ Ibid.

¹⁰ The Philadelphia ACE Project. *Framework for Trauma-Informed*. Philadelphia, PA: 2015. <<https://drive.google.com/file/d/0B3KAAoiw6Tn0NU9odzYyM1Z2MVU/view>>.

¹¹ Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, *op. cit.*



POTENTIAL STRATEGIES

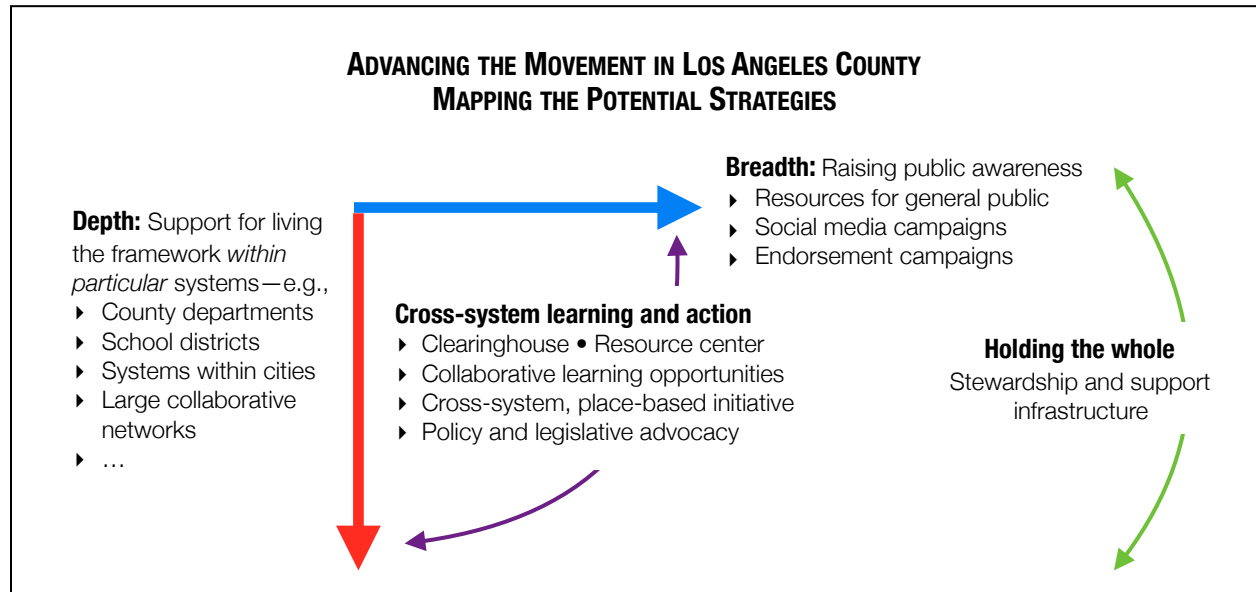
The developmental framework provides the foundation for our discussion of potential strategies to advance this movement across our county—a movement to create *a trauma and resiliency-informed Los Angeles County*.

Grounded in a systems development perspective, we propose four types of long-term strategies:

- ▶ A strategy to *deepen change within particular systems* through support for adopting and living the developmental framework. Further, as particular systems are helped to deepen their change efforts focused on trauma and resiliency, they will become stronger role models and ambassadors for other systems who want to undertake this work.
- ▶ Strategies to nurture *cross-system learning and action*. These proposed actions focus on promoting interconnectedness among systems, and intentionally linking systems-change and community-change efforts focused on healing trauma and promoting resiliency.

- ▶ Strategies to promote *broad community awareness* of trauma and resiliency to inform and inspire action from communities and populations who may not regularly engage with public service systems.
- ▶ A strategy focused on *holding the whole* of the movement by building the stewardship and support infrastructure needed to tend to the ongoing evolution and adaptation of the other three strategies.

The following diagram provides a visual representation of these recommendations.



A vision of a *trauma-informed Los Angeles County* may seem daunting, even overwhelming in a county of over 10 million residents, eighty-eight cities, eighty-one school districts, and myriad county, regional, and other systems.

At the same time, given what is already unfolding across the county, we are inspired by the invitation of systems theorist Myron Kellner-Rogers to “start anywhere, and follow where it leads.”¹² That is, through this process and report we have sought to distill lessons learned, create an overarching framework, and enumerate potential strategies that can support and help amplify systems change efforts wherever they may be emerging or beginning to cohere.

And ... even if no one adopts the framework, and none of the potential strategies are implemented—the movement will continue. The historical roots of this work are too deep, the ACEs and related research too compelling, the positive results already being documented too promising, and the

¹² As quoted in: Briskin, Alan, John Ott, Sheryl Erickson, et al. *Centered on the Edge*. Kalamazoo, MI: Fetzer Institute, 2001, p. 5. <<http://c4cw.org/wp-content/uploads/2016/04/Centered-on-the-Edge-2001.pdf>>.

numbers of people and systems who already have said *yes* too large—for the movement to wither in Los Angeles County anytime soon.

So the question is not whether the movement will continue. It will. The question is whether there is sufficient will and commitment—what we describe in our work as alignment of intention—to support a next level of organizing and action to advance the movement.

Ultimately, this question is not ours to answer: the answer will emerge through the deliberations and decisions of elected officials, systems leaders, funders, community leaders and others. Nevertheless, we hope the answer is *yes*.

Why? Because there is palpable momentum and excitement for this work right now, and because of the benefits that will likely only emerge from a next level investment of time, attention, and resources.

APPRECIATIONS

We first want to express our deep gratitude to all of the workgroup participants. Your consistent generosity, commitment to excellence, and heartfelt engagement informed and enriched every aspect of this report and the overall process. Thank you.

We want to thank the many leaders who explored with us how the framework and emerging lessons could support and enhance your work to strengthen the wellbeing of individuals, families, and communities across our county, and the many consultants, advocates, and others who offered counsel and guidance and hard questions. Thank you.

To our funding partners, and especially to Thomas Brewer, Tina Chinakarn, Pegah Faed, Mary Lou Fulton, Emily Skehan, and Rosemary Veniegas—thank you for your invitation, your support, and for your commitment to learning and collaboration. We are so grateful for our partnership with you.

To you all: We have been inspired—again and again—by the vision, joyfulness, and sheer doggedness of your work, and the work of so many others who have dedicated their lives to nurturing healing and resiliency across our county and country. We are honored to have joined you as allies and learning partners in this phase of our journey together.

—The Center for Collective Wisdom team
July 2017

INTRODUCTION

Five funders and a broad group of stakeholders have worked together for the past nine months to explore the potential for nurturing and deepening systems change efforts in Los Angeles County focused on trauma and resiliency.

The impetus for this exploration began in the spring of 2016 when four of the funders—the California Community Foundation, The California Endowment, First 5 LA, and the Ralph M. Parsons Foundation—sponsored a half-day convening to share research on trauma and highlight promising systems change efforts underway in San Francisco and San Diego.

Participants included nearly 60 leaders from county health and human services departments, foundations, and nonprofit organizations from across the county. Their response was overwhelmingly enthusiastic, inspiring the funders to support a next phase of collaborative work to test the potential for advancing trauma-informed systems change efforts in Los Angeles County. A fifth funder, the Conrad N. Hilton Foundation, joined the effort in the fall of 2016.

The Center for Collective Wisdom (C4CW) was also engaged at this time to design and facilitate dialogues among stakeholders who had expertise in addressing trauma, and a commitment to deepening this work through systems across the county. More than 80 people have participated in these dialogues through a series of workgroup meetings held between October 2016 and June 2017.

In support of these workgroup dialogues, C4CW also researched relevant system change efforts from across the country, analyzed a wide range of resources related to trauma and resiliency, and engaged in conversations with senior leaders and others from systems in the county to gauge resonance and readiness for large-scale change efforts focused on trauma and resiliency.

This report summarizes the results of these stakeholder dialogues and supporting research. In Section 1, we briefly review the history of the trauma-informed services movement, and some of the research documenting why addressing trauma and promoting resiliency are both urgent and compelling.

In Section 2, we outline lessons gleaned from the research, workgroup dialogues, and senior leader conversations about how to initiate and sustain systems change efforts focused on trauma and resiliency. Building on these lessons, Section 3 details a framework designed to help organizational leaders and staff become more strategic and developmental in their trauma and resiliency change efforts.

In Section 4, we offer beginning reflections about efforts already unfolding across Los Angeles County. We then outline potential strategies to grow this movement, including strategies to deepen change within particular systems, nurture cross-system learning and action, promote broad community awareness, and build needed infrastructure to support this next level of work.

The report also contains three attachments. Attachment A summarizes 15 initiatives from around the country focused on trauma and resiliency. Attachment B briefly describes and categorizes over 160 resources related to trauma, trauma-informed care, resiliency, and relevant system change efforts. Attachment C lists Steering Committee members, workgroup participants, and the organizations whose senior leaders engaged in conversations about their current or potential change efforts focused on trauma and resiliency.

A BEGINNING REFLECTION AND INVITATION

Participants have often remarked that our workgroup dialogues have instilled within them a sense of hopefulness, a much needed antidote to our larger culture's present tumult and divisiveness. We too have felt uplifted by our collective inquiries.

This reflection may seem paradoxical, given that the starting place for our dialogues was the widespread prevalence of trauma in our culture and the devastating consequences it can have when left unacknowledged and unhealed. How can such explorations lead to hopefulness?

The reality of trauma does not create hopefulness—our willingness to honestly and unflinchingly talk together about trauma does. Our willingness to open ourselves to the reality of the darkness that haunts us—as individuals and families and communities—and to seek out the support and engagement of others in healing from trauma, inspires hope.

Our willingness to actively engage with others to help them and ourselves heal, inspires hope.

Our discovery that there are many others who are committed to this work, who are already doing this work, inspires hope.

Our recognition of resiliency as an innate human capacity to heal from trauma and strengthen wellbeing, inspires hope.

And hope arises from imagining programs, organizations, systems, and whole communities doing this work in service of our collective healing, wellbeing, and cultural maturation.

With this reflection as background, we want to extend an invitation for ... you ... to ... slow ... down, and to let yourself fully engage with the content of this report.

We invite you to create a safe and reflective space to be fully present with the many layers of this report, and to let yourself be open to—and perhaps even surprised by—what arises within you, whether that be enthusiasm or skepticism, confusion or curiosity, or perhaps even hopefulness.

WHY THIS MATTERS

The initial focus of this nine-month exploration was on trauma-informed systems change. Any exploration of trauma and its adverse effects, however, ultimately raises questions of how to help people who have suffered from trauma heal, and what can be done to help individuals, families, and communities become less susceptible to the debilitating consequences of trauma. Such questions require a concomitant exploration of resiliency.

We have therefore evolved our nomenclature and focus to link trauma and resiliency. In this section, we briefly summarize some of the history of the trauma-informed services movement, paying particular attention to the work on Adverse Childhood Experiences and related research about the negative health impacts of trauma. We then offer beginning definitions of trauma and resiliency as a foundation for the lessons and recommendations that follow in Sections 3, 4, and 5.

WHY FOCUS ON TRAUMA

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a U.S. Department of Health and Human Services agency, the roots of the trauma-informed services movement extend back several decades.

Some of the streams of work contributing to this movement include: research on war trauma suffered by soldiers, which led to studies about Post-Traumatic Stress Disorder; the feminist movement and its advocacy against domestic violence; the civil rights and related change movements; campaigns to lessen the use of restraint and seclusion within mental health institutions; groundbreaking results of the Adverse Childhood Experiences (ACE) study; and innovative breakthroughs in neurological research. The table on the following page chronologically maps some of these streams of influence.

Among these many historical influences, the burgeoning research about ACEs has been particularly significant in building a broader conversation about the pervasiveness of trauma and the need to more systematically address its negative effects. In 1998, the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente published the ACE study,¹³ summarizing the findings of one of the largest investigations ever undertaken of the effects of childhood abuse, neglect, and other adverse experiences on health and wellbeing across a person's life. The study involved over 17,000 participants surveyed over two rounds of data collection between 1995 and 1997. Participants were predominantly white (74.8%), over 50 years of age (66.3%), and college educated (75.2%).¹⁴ All had health insurance and had received physical exams.

The purpose of the study was to document the prevalence of adverse childhood experiences, and to explore the connection between ACEs and poor health outcomes.

¹³ Centers for Disease Control and Prevention. <<https://www.cdc.gov/violenceprevention/acestudy/>>.

¹⁴ 35.9% of the participants reported having had some college experience and 39.3% of the participants reported having graduated from college.

The study defined ACEs to include ten types of experience:¹⁵

- 1-3: Physical, sexual, or emotional abuse
- 4-5: Physical or emotional neglect
- 6-8: A family member who is:
 - ▶ Depressed or diagnosed with other mental illness
 - ▶ Addicted to alcohol or another substance
 - ▶ In prison
- 9: Witnessing a mother being abused
- 10: Losing a parent to separation, divorce, or other reason.

The study documented a surprisingly high prevalence of ACEs. Almost two-thirds of the participants reported at least one ACE, and more than one in five stated that they had experienced three or more ACEs.

The import of the study was not simply the high prevalence of ACEs among participants. The study revealed a significant correlation: the higher the number of stressors or ACEs, the higher the risk for a wide range of negative outcomes in a person's life, including:

- ▶ chronic obstructive pulmonary disease;
- ▶ ischemic heart disease;
- ▶ liver disease;
- ▶ depression;
- ▶ fetal death;
- ▶ poor academic performance;
- ▶ poor work performance;
- ▶ financial stress;
- ▶ alcohol abuse;
- ▶ illicit drug abuse;
- ▶ smoking;
- ▶ early initiation of smoking;
- ▶ early initiation of sexual activity;
- ▶ intimate partner violence;
- ▶ sexual violence;
- ▶ sexually transmitted diseases;
- ▶ adolescent pregnancy; and
- ▶ suicide attempts.

Some of the Historical Roots of the Trauma-Informed Services Movement

- 1960s and 1970s**
 - ▶ Early research: survivors of captivity & war
 - ▶ Vietnam Vet "rap groups" on war trauma
 - ▶ Feminist & domestic violence movements
 - ▶ Civil rights & related movements
- 1980s**
 - ▶ Post-Traumatic Stress Disorder diagnosis & treatment pioneered, Veterans Affairs establishes national center
 - ▶ Mental health consumer/survivor/ex-patient movement gains momentum, calling for end to restraint and seclusion
 - ▶ Victims of Crime Act passed by Congress
 - ▶ International Society for the Study of Traumatic Stress Disorders founded
- 1990s**
 - ▶ First national trauma conference, Dare to Vision, highlights re-victimization & the voices of survivors
 - ▶ Women, Co-Occurring Disorders & Violence Study funded by SAMHSA
 - ▶ Multiple models for trauma services developed
 - ▶ Violence against Women Act passed by congress
 - ▶ ACEs study documents prevalence & impact of childhood trauma
- 2000s**
 - ▶ SAMHSA establishes centers on child trauma, disasters, seclusion & restraint and trauma-informed care
 - ▶ Neurological research documents pathways through which trauma impacts the brain
 - ▶ SAMHSA declares trauma & justice a priority
- 2010s**
 - ▶ Federal Partners Workgroup on trauma involves over 35 agencies and departments
 - ▶ National professional associations & media increase focus on trauma

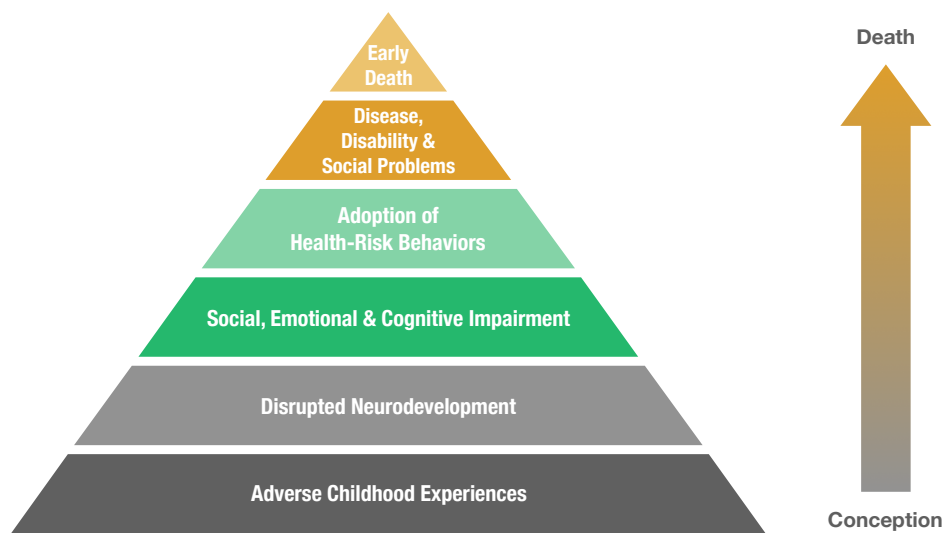
SOURCE: *Changing Communities, Changing Lives: SAMHSA's National Center for Trauma-Informed Care, September 2012 Report.*

¹⁵ There are, of course, many other sources of trauma in addition to these ten ACEs. See discussion later in this section.

The original ACE study, and many subsequent studies since, have documented the strong relationship between ACEs and the development of risk factors for negative health outcomes throughout a person's life. A 2009 study, for example, found that the life expectancy of a person with six or more ACEs is **20 years shorter** than a person with no ACEs.¹⁶

The following diagram,¹⁷ developed by the CDC, visualizes the *how* of this process, positing a progression from ACEs to disrupted neurodevelopment, which can then lead to social, emotional, and cognitive impairment and adoption of health risk behaviors. The consequences of this progression can then become social problems, along with disease and disability, all of which can lead to premature death.

The ACE Pyramid: How ACEs Influence Health and Wellbeing throughout the Lifespan



A more recent report by the Center for Youth Wellness applied the ACEs framework to California residents.¹⁸ In 2010, approximately 3 out of 5 California residents (61.7%) had experienced at least one ACE, and one in six (16.7%) had experienced four or more ACEs. In Los Angeles County, the numbers were 3 out of 5 residents (60.7%) with at least one ACE, and one in ten (13.5%) with four or more ACEs. The report authors observe:

¹⁶ Brown, David, Robert Anda, Henning Tiemeier, Vincent Felitti, Valerie Edwards, Janet Croft, and Wayne Giles. "Adverse Childhood Experiences and the Risk of Premature Mortality." *American Journal of Preventive Medicine*, 37.5 (2009): pp. 389-396.

¹⁷ Centers for Disease Control and Prevention. <https://www.cdc.gov/violenceprevention/acestudy/ACE_graphics.html>.

¹⁸ Center for Youth Wellness. *A Hidden Crisis: Findings on Adverse Childhood Experiences in California*. San Francisco, CA: 2014, p. 6. <<https://app.box.com/s/nf7lw36bjr5kdfx4ct9>>. Note: The data in this report on California residents was collected through the Behavioral Risk Factor Surveillance System, an annual, state-based, random-digit-dial telephone survey. The summary is a cumulative analysis of all four years of ACEs data (sample size = 27,745).

There is a hidden danger lurking in communities across California. Adverse Childhood Experiences, or ACEs, affect people from all backgrounds, regardless of race, income, education, or geography. Occurring in childhood, exposure to chronic adversity during the most formative years of a person's development has the potential to reap a lifetime of challenges, including poor health and even early death.¹⁹

The report then builds upon the dose-response relationship documented in the original ACE study—i.e., the higher the number of ACEs, the greater the risk of negative health outcomes—by summarizing some of the data about the negative health outcomes for people with 4 or more ACEs. For example, compared to adults with zero ACEs, Californian adults with 4 or more ACEs are:

- ▶ 12.2 times as likely to attempt suicide;
- ▶ 10.3 times as likely to use injection drugs;
- ▶ 7.4 times as likely to be an alcoholic;
- ▶ 2.2 times as likely to have ischemic heart disease;
- ▶ 2.4 times as likely to have a stroke;
- ▶ 1.9 times as likely to have cancer;
- ▶ 1.6 times as likely to have diabetes;
- ▶ 1.6 times as likely to report one or more days of poor physical health in the past 30 days;
- ▶ Almost 2 times as likely to report poor mental health in the past month; and
- ▶ 2.1 times as likely to report that their poor health—physical or mental—had prevented them from participating in their usual activities.²⁰

DEFINING TRAUMA AND RESILIENCY

As compelling as the ACEs research is, it actually *understates* the impact of trauma on the health and wellbeing of individuals, families, and communities. The reason is straightforward: there are far more sources of trauma, for children and adults, than the original ten ACEs. Research on complex trauma²¹ and toxic stress²² have broadened our understanding of trauma for children beyond ACEs. There is also a nascent body of work assessing the impact of adverse *community* experiences.²³ Beyond ACEs, some additional sources of trauma include:

- ▶ Physical, psychological, and sexual abuse experienced after childhood;
- ▶ Community violence;
- ▶ Homelessness;
- ▶ Natural disasters;
- ▶ Refugee and war zone trauma;
- ▶ Terrorism;
- ▶ Oppression, including structural oppression; and
- ▶ Multi-generational or historical trauma.

¹⁹ Ibid., p. 1.

²⁰ Ibid., pp. 2, 11.

²¹ See, e.g., The National Child Traumatic Stress Network. <<http://www.nctsn.org/trauma-types/complex-trauma>>.

²² See, e.g., Center on the Developing Child. <<http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>>.

²³ See, e.g., Pinderhughes, Howard, Rachel A. Davis, Myesha Williams. *Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma.* Oakland, CA: Prevention Institute, 2016. <<https://www.preventioninstitute.org/publications/adverse-community-experiences-and-resilience-framework-addressing-and-preventing>>.

When we began our research, we quickly discovered multiple definitions of trauma, developed for programs and research efforts in a variety of contexts. The different definitions were generally congruent, though they varied somewhat by system, population, and purpose. We ultimately settled on the following definition, building on the work of SAMHSA²⁴ and incorporating reflections and feedback from workgroup participants:

The term *trauma* refers to the effects of a single event, a series of events, and/or ongoing circumstances that are experienced or perceived as physically or emotionally harmful and/or life threatening.

Trauma can affect individuals, families, and communities immediately and over time, even generations. The adverse effects of trauma can be profound and long-lasting, resulting in diminished functioning and wellbeing, including mental, physical, social, emotional, and/or spiritual wellbeing.

The developing understanding of the adverse effects of trauma is emerging from ongoing research across numerous disciplines, including neuroscience, physiology, epigenetics, psychology, and educational development. A growing body of research—including research on resiliency, protective factors, and trauma-informed care—is also documenting how trauma can both be healed and prevented.

Regardless of the precise definition of trauma, however, the research and work on ACEs, complex trauma, toxic stress, and community trauma—as well as the antecedent work related to violence and violence prevention²⁵ and other research—invite a profound shift in perspective and behavior in organizations and systems dedicated to promoting wellbeing among children, adults, families, and communities.

This growing body of research underscores the need for curiosity and empathy about a person's life experiences. Instead of seeing a person's behavior as the root problem, we are invited instead to see behavior both as symptom and communication. Rather than asking 'What's *wrong* with you?' we ask 'What *happened* to you?'²⁶

A potential unintended consequence of this research, however, particularly of the ACEs research as condensed versions of its findings gain more recognition in the larger culture, is that it can reinforce a (mis)perception that there is nothing to be done once someone has experienced adverse childhood experiences or other experiences leading to trauma.

This is why any conversation about trauma should be linked to a conversation about resiliency, defined as follows:

²⁴ Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. <<http://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>>.

²⁵ See, e.g., Herman, Judith. *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror*. New York, NY: Basic Books, 1992.

²⁶ See, e.g., ACEs Connection. <<http://www.acesconnection.com/blog/the-origins-of-a-paradigm-shift-from-what-s-wrong-with-you-to-what-happened-to-you>>.

The term *resiliency* refers to the capacity of individuals, families, and communities to heal from trauma, and to strengthen their wellbeing and adaptability in ways that can mitigate or prevent future trauma.²⁷

As organizations and systems become more adept at assessing for, recognizing the symptoms of, and addressing trauma, they must become equally adept at helping individuals, families, and communities strengthen their resiliency. This work will often require support beyond what professionally delivered, publicly funded resources health and human services systems are typically equipped to provide, requiring more partnerships with communities and community-based organizations. We offer some beginning reflections about this issue in the sections on lessons learned and potential strategies.

This call to focus on resiliency in conjunction with trauma is not merely rhetorical: research is documenting the sources and dimensions of resilience, as well as its impact in mitigating the effects of trauma and other adverse experiences, for individuals²⁸ and communities.²⁹ Nor is this call to promote resiliency a substitute for the work to understand and address the root causes of trauma. Working to strengthen the capacity of individuals, families, and communities to heal and adapt in the face of profound adverse circumstances requires discipline and persistence. As important as this work is, however, it does not eliminate the need for the equally challenging work of reducing and, where possible, eradicating sources of trauma.³⁰

Our call, therefore, is for a commitment within organizations and systems to help individuals, families, and communities both heal from trauma and strengthen their resiliency, to become trauma *and* resiliency-informed.

²⁷ We have created this definition to reflect our focus on individuals, families, and communities in the context of trauma. For an excellent review of many of the definitions of resilience, see, e.g., Agaibi, Christine E. and John P. Wilson. "Trauma, PTSD, and Resilience: A Review of the Literature." *Trauma, Violence, and Abuse* 6.3 (2005): pp. 195-216.

²⁸ For some examples of research on resiliency in individuals, see, e.g., Wu, Gang, et al. "Understanding Resilience." *Frontiers in Behavioral Neuroscience* 7 (2013). <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3573269/>> Wrenn, Glenda L., et al. "The Effect of Resilience on Posttraumatic Stress Disorder in Trauma-Exposed Inner-City Primary Care Patients." *Journal of the National Medical Association* 103.7 (2011): pp. 560-586. <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3691279/>>; Bethell, Christina D., et al. "Adverse Childhood Experiences: Assessing the Impact on Health and School Engagement and the Mitigating Role of Resilience." *Health Affairs* 33.12 (2014): pp. 2106-2115. <<http://content.healthaffairs.org/content/33/12/2106.abstract>>.

²⁹ For some examples of research on resiliency in communities, see, e.g., Magis, Kristen. "Community Resilience: An Indicator of Social Sustainability." *Society and Natural Resources* 23.5 (2010): pp. 401-416. <<http://dx.doi.org/10.1080/08941920903305674>>; RAND Corporation. <<http://www.rand.org/topics/community-resilience.html>>; Ligenza, Linda. "Strengthening Personal and Community Resilience to Mitigate the Impact of Disaster Trauma." *National Council for Behavioral Health*, January 8, 2015. <<https://www.thenationalcouncil.org/BH365/2015/01/08/strengthening-personal-community-resilience-mitigate-impact-disaster-trauma/>>.

³⁰ Research demonstrating the neurological impacts of severe trauma on executive functioning and other aspects of children's development makes this point even clearer, since such impacts may make it harder for children to *develop* resiliency. See, e.g., Center on the Developing Child at Harvard University. *Building the Brain's 'Air Traffic Control' System: How Early Experiences Shape the Development of Executive Function: Working Paper No. 11*. Cambridge, MA: 2011. <<http://developingchild.harvard.edu/resources/building-the-brains-air-traffic-control-system-how-early-experiences-shape-the-development-of-executive-function/>>; and van der Kolk, Bessel A. "Disorders of Extreme Stress: The Empirical Foundation of a Complex Adaptation to Trauma." *Journal of Traumatic Stress* 18.5 (2005): pp. 389-399. <http://www.traumacenter.org/products/pdf_files/specialissuecomplextraumaoct2006jts3.pdf>.

LESSONS LEARNED

The commitment of funders and stakeholders in this process was to move beyond particular assessments, treatments, and practices related to trauma-informed care, exploring instead how to foster systems change efforts across Los Angeles County. The language we use to describe this level of change is trauma and resiliency-informed system change, defined as follows.³¹

The phrase *trauma and resiliency-informed systems change* refers to an ongoing process to strengthen an organization, department, or larger system's impact by integrating into its programs, structures and culture a comprehensive commitment to address trauma and promote resiliency.

Such a process “is not a program model that can be implemented and then simply monitored by a fidelity checklist. Rather, it is a profound paradigm shift in knowledge, perspective, attitudes, and skills that continues to deepen and unfold over time.”³²

In this section, we outline a number of lessons about nurturing and sustaining systems-level change focused on trauma and resiliency. These lessons emerge from our analyses of the multiple data sources described in the introduction, and from reflections on our decades of experience designing and facilitating large-scale change efforts across many different systems and communities.³³ These lessons can be summarized as follows:

- ▶ An abiding *why* tied to results;
- ▶ A sustained focus on long-term culture change;
- ▶ An ongoing *yes* to participatory engagement;
- ▶ Cultivating a learning culture; and
- ▶ The complexity of community.

AN ABIDING *WHY* TIED TO RESULTS

All of the initiatives we examined described the presence of committed leaders who are passionate champions for their respective systems to become trauma and resiliency-informed. A defining question for any system considering this work, however, is *why*? Why would our system undertake this work now, at this particular moment in its history and development?

³¹ While we believe that many aspects of this analysis are also applicable to *community*-change efforts, there are important differences between these two kinds of processes. We discuss these differences, and the need for connecting these potentially related but distinct kinds of efforts, later in this section.

³² *Missouri Model: A Developmental Framework for Trauma Informed*, Missouri Department of Mental Health and Partners (2014), p. 1. <<https://dmh.mo.gov/trauma/MO%20Model%20Working%20Document%20february%202015.pdf>>.

³³ Please see c4cw.org for details of our work.

‘Because there’s money to be had!’ is a reason, but not likely sufficient to inspire the depth and longevity of the work needed to move beyond simple trainings and ad hoc projects, to an ongoing process of culture change. *‘Because the Board told us to!’* is also a reason, but again, not likely sufficient to sustain the work for an ongoing system change process.³⁴

The most compelling reason for any organization or system to undertake this work, and to dedicate the resources, time, and energy necessary for success, is that staff and their partners recognize that addressing trauma and promoting resiliency are *essential* to achieving the results the system is committed to effect. This is why the ACEs, toxic stress, complex trauma, and other research is so impactful: it helps multiple systems begin to recognize unresolved trauma as a root cause of many of the issues that are impeding progress toward positive results.

For example, the data can help school systems begin to recognize that trauma is not an isolated disability affecting only a small number of students, to be addressed solely through specialized mental health services and Individualized Education Programs (IEPs).³⁵ In Los Angeles Unified School District (LAUSD) in 2015:

- ▶ 98% of children screened by LAUSD’s School Mental Health team have had at least one traumatic event. The average is between 6 and 8 events.
- ▶ For fifth grade students assessed using a modified Post-Traumatic Stress Disorder (PTSD) instrument, 73% scored within a clinical range of PTSD. Additional trauma screenings have identified over 50% of students reporting moderate to severe traumatic stress symptoms.
- ▶ For comparison: Rates of PTSD in the general population average 7% to 12%, and slightly higher for military personnel.³⁶

A 2010 study in Spokane, Washington underscored why this data matters. Researchers in that study found that students with at least 3 ACEs are:

- ▶ 3 times as likely to experience academic failure;
- ▶ 6 times as likely to have behavioral problems; and
- ▶ 5 times as likely to have attendance problems.³⁷

The prevalence of trauma indicated by this data suggests a need for a whole-school and whole-system approach, engaging instruction, operations, student services, and other divisions. For example, the resolution of the Peter P., et al. v. Compton Unified School District lawsuit calls on district leaders to move beyond targeted services for discrete numbers of students and adopt school and system-wide approaches to addressing trauma.³⁸

³⁴ This analysis does not imply that action from the Board of Supervisors or other governing boards cannot be helpful. Endorsement, policy action, and resources from such bodies can be high leverage interventions when timed correctly, accelerating and deepening emerging systems change efforts. The point here is that *compliance* with a Board *mandate* is not a sufficient rationale to inspire the depth and breadth of work needed for a system to become trauma and resiliency-informed.

³⁵ We recognize that such supports are vital for particular students.

³⁶ Loudenback, Jerry. “LAUSD’s Mental Health Director Describes Child Trauma as a Silent Epidemic.” *LA School Report* March 24, 2016. <<http://laschoolreport.com/child-trauma-as-a-silent-epidemic/>>.

³⁷ Stevens, Jane E. “Spokane, WA, Students’ Trauma Prompts Search for Solutions.” *ACES Too High* February 28, 2012. <<https://acestoohigh.com/2012/02/28/spokane-wa-students-child-trauma-prompts-search-for-prevention/>>.

³⁸ Trauma and Learning. <<http://www.traumaandlearning.org/lawsuit>>.

This shift in action emerges from a shift in perception, a recognition that addressing trauma and promoting resiliency are imperative for schools and the district to improve their graduation rates, third-grade performance goals, and other bottom-line student results.

Similarly, when mental health systems begin to recognize trauma as a pervasive experience for people struggling with mental health issues—both as cause and consequence of those issues—then departments begin to move beyond individual programs and discrete trainings to consider broader efforts. Again, a shift in action emerges from a shift in perception: in this case, that significantly improving the prospects of recovery for every person and family supported by the system requires a comprehensive approach to trauma and resiliency.

The sample initiatives (Attachment A) reveal this same pattern within child welfare systems, juvenile justice systems, public health and health services departments, cities, and others: leaders become willing to go all in once they recognize a fundamental connection between the results they want and trauma and resiliency. For example:

- ▶ Launched in 2009, the Alameda County School Based Behavioral Health Initiative focuses on creating a comprehensive yet flexible approach to creating trauma-sensitive schools. As a 2015 report on the initiative concluded: “Trauma is an issue that schools need to address head-on as there are profound effects on students, teachers, school climate, and academic success. However, the most important learning from trauma research is not the wide-reaching impacts of trauma exposure, but rather the fact that we can mitigate those impacts through relationships, consistency, and individuation. All sectors—behavioral and physical health, juvenile justice, youth development, and family support—must work together with school districts to create supportive, healthy places for students to learn and succeed.”³⁹
- ▶ Robin Saenger, the former vice-mayor of Tarpon Springs, Florida, began to notice an underlying pattern of violence in people’s lives affecting a wide range of wellbeing indicators. This observation eventually led her to learn about the ACEs study, when “the light bulb went off,” she recalled. “[If] we aren’t talking about trauma; we are just addressing symptoms.”⁴⁰
- ▶ The warden of the Women’s Community Correctional Center of Hawaii, a Native Hawaiian, recognized that most of the inmates at the facility were trauma survivors, and began to understand how routine prison procedures could be re-traumatizing for them:

When I started work at the Women’s Community Correctional Center in 2006, I came to a few realizations quickly. One third of the women were on medication for psychiatric disorders, 90% of their crimes were drug related, and of those who were addicts, 75% had a history of emotional, physical, or sexual trauma. Although most of the 270 women were incarcerated for minor infractions and classified as

³⁹ Center for Healthy Schools and Communities, Alameda County Health Care Services Agency. *Creating Trauma-Informed Schools in Alameda County*. San Leandro, CA: 2015, p. 13. <http://www.achealthyschools.org/schoolhealthworks/assets/121_creating_trauma-informed_schools_in_alameda_county.pdf>. For additional details, see Attachment A, p. A-14.

⁴⁰ The Health Federation of Philadelphia. *Mobilizing Action for Resilient Communities: Communities Creating a Just, Healthy, and Resilient World*. Philadelphia, PA: 2017, p. 25. <http://marc.healthfederation.org/sites/default/files/MARC%20Booklet%202017_for%20emailing_2017-02.pdf>. For additional details, see Attachment A, p. A-48.

minimum security, the entire inmate population was treated like the 80 inmates who required higher security measures. I thought, these women don't need punishment, they need a place to heal. Inspired by the ancient Hawaiian concept of pu'uhonua, a place of refuge, asylum, peace and safety, I set out to create such a place at WCCC.⁴¹

An inmate reported:

When I first came here, I cried all the time and isolated myself. I joined a creative writing class, and now I go out and share my writing in churches and schools. Now I have friends, go to programs. What changed for me is that I have learned about myself; I've matured and grown. The learning was all for growth. Life has more meaning for me now.⁴²

A SUSTAINED FOCUS ON LONG-TERM CULTURE CHANGE

A second lesson, closely related to the first, is reflected in our definition of trauma and resiliency-informed systems change as an *ongoing* process. A commitment to this level of change is long-term. Any systems change effort will of course include myriad short-term actions and steps—e.g., beginning trainings, testing different assessment protocols, and possible short-term experiments funded with one-time dollars. All of these time-limited interventions, however, should ultimately emerge in support of a long-term effort to address trauma and promote resiliency across all dimensions of an organization until this orientation permeates and helps define the organization's culture.

While we speak more directly to this lesson in the next section detailing the developmental framework, several observations from the sample initiatives and stakeholder conversations reinforce this lesson.

- ▶ Two of the sample statewide initiatives with significant achievements—the Child Health and Development Institute of Connecticut and the Trauma and Learning Policy Initiative in Massachusetts—both trace their efforts back to the 1990's.⁴³

⁴¹ Patterson, Mark K., Patrick Uchigakiuchi, and Toni Bissen. "Can Prison Be a Place of Healing? The Trauma-Informed Care Initiative at the Women's Community Correctional Center." *Hūlili: Multidisciplinary Research on Hawaiian Well-Being* 9 (2013): p. 315. <http://www.ksbe.edu/_assets/spi/hulili/hulili_vol_9/11_2013_Vol9_Patterson__Uchigakiuchi__Bissen.pdf>. For additional details, see Attachment A, p. A-11.

⁴² National Association of State Mental Health Program Directors and Advocates for Human Potential, Inc. *Creating a Place of Healing and Forgiveness: The Trauma-Informed Care Initiative at the Women's Community Correctional Center of Hawaii*. Rockville, MD: National Center for Trauma-Informed Care, 2013, p. 9. <[https://www.nasmhpd.org/sites/default/files/7014_hawaiian_trauma_brief_2013\(1\).pdf](https://www.nasmhpd.org/sites/default/files/7014_hawaiian_trauma_brief_2013(1).pdf)>.

⁴³ See Attachment A, pp. A-30, A-38.

- ▶ Teri Barila and Mark Brown, founders of the Children’s Resilience Initiative in Walla Walla, Washington, observed that they now understand their undertaking as a two to three-generation endeavor, not a two to three-year project preferred by many funders.⁴⁴
- ▶ A number of workgroup participants and others we interviewed have drawn a parallel between this work and the process begun in mental health systems decades ago to evolve from a medical model to a recovery paradigm. This shift within mental health systems, which continues to this day, is understood as a continuous and ongoing process of culture transformation.

A deeper analysis of this lesson requires an explanation of a concept that is foundational to any change effort designed and led by C4CW: the Four Dimensions of Change.⁴⁵ Any complex change effort involves at least four dimensions of change: the individual and group interior dimensions of change, and the individual and group exterior dimensions of change. The following image graphically represents these four dimensions:

THE FOUR DIMENSIONS OF CHANGE

	Interior	Exterior
Individual	Thoughts and feelings Sense of identity Motives Imagination and dreams ...	Behaviors Skills & competencies Public commitments ...
Group	Shared purpose Values and norms Feelings within a group—e.g., safety, fear Alignment of intention Organizational culture ...	Budgets Technology Systems Organizational structures Collaborative agreements ...

The upper left quadrant represents the individual interior dimension of change, including, for example, an individual’s thoughts and feelings, sense of identity and personal history, and all other aspects of interior life that cannot be known by someone else unless the individual chooses to reveal them.

The lower left quadrant is the group interior dimension of change. This quadrant refers to the interior dimensions of a group or community’s experience. For example, how would members define the group’s purpose? What are the values and norms that guide the group’s actions? What feelings are present within the group? Do people feel safe in the group to speak their truth, or do they feel afraid and anxious? What is the nature of the interaction between members’ individual

⁴⁴ See Attachment A, p. A-51.

⁴⁵ John Ott and Rose Pinard of the Center for Collective Wisdom developed this framework based on Ken Wilber’s work on the evolution of consciousness. See, e.g., Wilber, Ken. *A Brief History of Everything*. Boulder, CO: Shambhala, 1996.

intentions and the group's collective intentions? Are there old wounds or betrayals that continue to undermine trust among members?

The upper right quadrant is the individual exterior dimension of change. This realm involves behaviors, skills and competencies, and other aspects of an individual's life that can be observed by someone else.

The lower right quadrant is the group exterior dimension of change. This realm includes structures, systems, and other external manifestations of group life: budgets, technology systems, strategic plans, policies and procedures, collaborative agreements, organizational reporting structures, job descriptions, and so forth.

In our experience, many large-scale change efforts fail to achieve or sustain their desired effects because they focus primarily on the group exterior dimension of change, with little or no engagement of the other dimensions. Organizations typically spend enormous time creating budgets, new strategic plans, new organizational structures, new program designs, often without considering the other dimensions of change that need to be engaged to support and sustain the change process.

Any successful trauma and resiliency-informed systems change effort will require an active and ongoing engagement of all four dimensions of change. Several examples can help illustrate this assertion.

The first lesson—an abiding *why* tied to results—documents one of the first interior shifts required for success. Leaders, and over time all staff and partners, must not only understand trauma and resiliency; they must recognize and embrace the imperative of addressing trauma and promoting resiliency as essential for the achievement of the organization's results. Without this interior shift in perception, the change effort will likely not be sustained. Yet this shift in perception does not happen all at once within a system. It must be continually reinforced among staff and partners at all levels of the organization, just as a commitment to recovery is continuously reinforced within present-day mental health systems.

Efforts to nurture safe spaces for staff—for example, to increase their effectiveness by addressing vicarious trauma and strengthen their resiliency—are an essential dimension of any long-term trauma and resiliency-informed change initiative. Such efforts typically require new processes (group exterior), new skill sets (individual exterior), and a steadfast and courageous commitment to the work (group and individual interior), in order to support an experience of safety within and among staff members (group and individual interior).

In particular, the commitment to skill-building within these systems change initiatives must extend well beyond introductory sessions on trauma and resiliency. When organizations fully commit to a systems change effort, the shift in roles and responsibilities can be dramatic for staff members and contractors who may be steeped in more traditional service approaches. Some of the skills and competencies required for this work include:

- ▶ Listening skills;
- ▶ Relational skills—e.g., the ability to earn trust and inspire confidence among people of diverse cultures, backgrounds, roles, and authority;

- ▶ An ability to manage personal interior realities—e.g., the ability to avoid reacting from negative thoughts or emotions;
- ▶ An openness to hold and understand the interior realities of others;
- ▶ An ability to manage interpersonal and group conflict;
- ▶ An ability to assess and understand multiple perspectives;
- ▶ An ability to help individuals and groups discover their talents and passions; and
- ▶ Facilitation skills—e.g., the ability to discern and reflect divergence and convergence without bias.

Staff members and partners may have many of these skills, but often need support in developing and strengthening the entire array of competencies. Developing these and other skills to embody trauma and resiliency-informed practices will not be achieved through one-time or ad hoc training efforts; the commitment to skill building must be ongoing, and unfold in multiple forums, including all-staff trainings, small group work, one-on-one meetings, and others.

The purpose of these examples is to make clear: sustaining a focus on long-term culture change requires a systematic and disciplined engagement of all four dimensions of change from the commencement of the effort through all stages of development (see Section 3 below).

AN ONGOING YES TO PARTICIPATORY ENGAGEMENT

The guiding principles for the developmental framework, detailed in the next section, include: trust and transparency; mutuality and collaboration; and voice, choice, and self-agency. Each of these principles reflects a commitment to participatory engagement, both of people served by the organization and of staff and partners. Examples of this commitment in action include:

- ▶ As part of the Positive Youth Justice Initiative, Alameda County Probation Department increased family participation in team-based planning for its service delivery strategies. Similarly, San Joaquin County Probation Department increased engagement of community-based partners and youth leaders in their service planning and delivery.⁴⁶
- ▶ The Massachusetts Child Trauma Project, a statewide effort involving the child welfare system, identified its Trauma-Informed Leadership Teams (TILT) as a key success factor. TILTS were newly established in 29 area offices to focus on installing and supporting an emerging structure for trauma-informed care systems integration at the community level. Each TILT includes leadership from the Massachusetts Department of Children and Families, social work staff, family or community partners, and mental health representatives to drive a multi-year change strategy of developing trauma-informed innovations. They facilitate sharing of best practices across systems to increase awareness of the impact of trauma on children, create consistencies across service systems, address service gaps, and reduce obstacles to accessing evidence-based services.⁴⁷

⁴⁶ See Attachment A, pp. A-19, A-22.

⁴⁷ See Attachment A, p. A-34.

- ▶ The Center for Youth Wellness in San Francisco supports a Community Advisory Council to ensure that community voices are at the heart of their work.⁴⁸
- ▶ Inspired by a model of participatory leadership, the San Francisco Public Health Department engaged over 400 individuals, including staff, providers, non-providers, primary care, and various peer and advocacy groups in their initiative's design process.⁴⁹

We have labeled this lesson an ongoing *yes* to make clear that such processes cannot be shallow, one-off experiences of token engagement, either for people served by the organization or for staff. For staff in particular, the level of energy and vulnerability required to embody a commitment to address trauma and promote resiliency, both with other staff and the people they serve, is substantial. Their *yes* must be routinely invited and regularly reinforced by senior leaders, including through modeling the same level of vulnerability and engagement asked of staff.

Early on in the Alameda County Probation Department's efforts through the Positive Youth Justice Initiative, senior leaders opted to rely on an existing collaborative structure to plan for and roll out their implementation. Membership in this structure included only executive-level leaders from 12 county agencies. Line staff and mid-level managers were not involved until implementation was well underway. Surveys taken at the end of year two to assess progress revealed dissatisfaction by mid-level staff about the lack of inclusivity of the initial rollout and a desire for more direct communication about how the effort would impact their work. They also described feeling pressured to put on trainings, share information with line staff, and gain line staff buy-in without clear direction.⁵⁰ Such dissatisfaction is not irreversible, of course, particularly if senior leaders regularly solicit staff feedback and model responsiveness to feedback. This story nevertheless reinforces the point: senior leaders and staff across the organization must model an ongoing commitment to engagement, both of each other and of the people they serve.

CULTIVATING A LEARNING CULTURE

Processes of learning and adapting informed all of the sample systems change initiatives we reviewed, and we discuss this essential commitment throughout the next section on the developmental framework.

Our *learning* about learning and adapting, however, is about the need to cultivate a learning culture within organizations and systems committed to becoming trauma and resiliency-informed. Much has been written about learning organizations.⁵¹ Our focus here is on two characteristics: safety, and a commitment to stay with complexity.

SAFETY

The need for safety is not particular to change processes focused on trauma and resiliency. *Any* change process can elicit fear within participants. As a behavioral health coordinator for public schools in Reading, Massachusetts explained:

⁴⁸ See Attachment A, p. A-6.

⁴⁹ See Attachment A, p. A-9.

⁵⁰ See Attachment A, p. A-19.

⁵¹ See, e.g., Argyris, Chris, and Donald A. Schon. *Organizational Learning: A Theory of Action Perspective*. Reading, MA: Addison-Wesley Publishing Co., 1978.

Traditionally, schools are not structured to offer [trauma-informed supports and approaches]. You not only need to know what the kids are dealing with ... It means that you have to completely change your work, the way you see the field, your day-to-day job. And change is terrifying, especially when you don't have the confidence that everyone is going to change with you.⁵²

In this instance, her fear was not about trauma *per se*; rather, it was a fear of not knowing how to do her job, compounded by a fear that others may not join or support her in the change. Organizations whose cultures are defined by blame and mistrust often struggle to implement even straight-forward change efforts, let alone complex efforts related to trauma and resiliency.

And when a change process *is* related to trauma and resiliency, fear of change can be compounded by the risk of triggering. The prevalence rates revealed through the ACEs and related research suggest that participants in any training on trauma may experience insights that are powerfully affecting.

Moreover, when the focus of the engagement is explicitly on the trauma experienced by participants—e.g., the experience of secondary or vicarious trauma by staff—organization leaders must approach such processes developmentally, assessing for and working to deepen the experience of safety as an ongoing commitment. Only when staff can trust that safety and support are reliably available to them will they commit to the (very hard) work of naming and addressing such trauma.

STAYING WITH COMPLEXITY

Becoming a trauma and resiliency-informed system also introduces profound complexity. Creating safe spaces for staff to reflect on their wellbeing and address vicarious trauma may inadvertently sanction the naming of workplace stressors, general dissatisfactions, and personal issues in ways that can undermine morale and productivity. This *is* a risk, of course. There is inherent complexity in seeking to integrate healing processes in the context of day-to-day work.

Some organizations might respond to this complexity by choosing to ignore the experience of vicarious trauma altogether. A better response would be to anticipate and *stay with* the complexity when it arises, regularly reflecting on how well the organization is doing in honoring its imperatives for safety *and* learning *and* performance accountability.⁵³

A story from Walla Walla, Washington offers another way of understanding this impulse to stay with complexity. Officers in a nearby town began to understand how police actions can trigger certain behaviors in people who are traumatized, and started to explore different behaviors in these circumstances. One night officers encountered a person they suspected was on methamphetamine. Rather than employing a barrage of lights, talking in loud voices, and using other equally aggressive behaviors, they instead kept the room dark, used quiet voices, and talked calmly to the person.

⁵² Harvard Law Today. <<https://today.law.harvard.edu/feature/for-the-children-who-fell-through-the-cracks/>>. For additional details, see Attachment A, p. A-38.

⁵³ The Safe and Just Culture initiative within the Los Angeles County Health Services Agency is an example of a system striving to meet all three interests. See, e.g., <<https://www.uapd.com/2017/03/la-county-safe-just-culture-policy/>>; <http://file.lacounty.gov/SDSInter/dhs/214905_DHSEmployeePatientSafetyHandbook-2015.pdf>.

The result: “[the person] offered no resistance.”⁵⁴

One way to understand this story is as a compelling example of trauma-informed behavior, as indeed it is. But what if the result had been different? What if something had gone wrong, and instead of the person going quietly, something in the officers’ new behavior triggered the person and violence erupted? After the incident was resolved, would the officers have stayed with the complexity, reflecting on the experience to continue to refine their understanding and evolve their tactics? Or would they have abandoned this new practice, reflexively returning to the old behavior?

Organizations who commit to address trauma and promote resiliency will make mistakes, and sometimes those mistakes will have negative, perhaps even tragic consequences. Can we stay with our commitment and continue to learn and adapt then? Can we continue to nurture safe places for reflection and discernment? A commitment to become trauma and resiliency-informed requires a commitment to continuous learning, and a commitment to stay with complexity when it arises.

THE COMPLEXITY OF COMMUNITY

Any system change effort focused on trauma and resiliency ultimately must address fundamental questions about community. These include:

- ▶ What is our definition of community?
- ▶ What is the role of community in healing trauma and promoting resiliency?

DEFINING COMMUNITY AND RELATED CONCEPTS

Many efforts that focus on trauma and resiliency consider cities, counties, or states to be communities. For example, the Mobilizing Action for Resilient Communities (MARC) program lists its participating communities as: Alaska; Albany/Capital Region of New York; Boston, MA; Buncombe County, NC; Columbia River Gorge Region, OR; Greater Kansas City, MO; Illinois; Montana; Philadelphia, PA; San Diego County, CA; Sonoma County, CA; Tarpon Springs, FL; Washington; and Wisconsin.⁵⁵

From this understanding of *community*, becoming trauma-informed means implementing a wide range of strategies—e.g., broad public awareness campaigns; and multi-organization and cross-system efforts to improve collaboration related to trauma and resiliency among public system and community-based service providers.

For others, *community* is used to describe people who share a common dimension of personal identity, culture, and/or historical experience—e.g., the Native American community, the African American community, the Hispanic and/or Latino communities, and the LGBTQ community. The importance of the use of the term *community* in this context is that it can help focus attention on ways that different groups of people may be similarly vulnerable to experiences of trauma, both presently and historically, and may share access to common sources of strength and resiliency.

⁵⁴ Stevens, Jane E. “Children’s Resilience Initiative in Walla Walla, WA, Draws Spotlight to Trauma-sensitive School.” *ACES Too High* October 7, 2014. <<https://acestoohigh.com/2014/10/07/childrens-resilience-initiative-in-walla-walla-wa-draws-spotlight-to-trauma-sensitive-school/>>. For additional details, see Attachment A, p. A-51.

⁵⁵ Mobilizing Action for Resilient Communities. <<http://marc.healthfederation.org/communities>>.

In our work helping education, health, and human services systems strengthen their strategies for community capacity-building,⁵⁶ we introduce an additional definition of *community* that is equally vital for any discussion of trauma and resiliency: namely, groups of people who provide tangible support to each other and can act together.

Why is this additional understanding of community important?

To answer this question, we need to revisit a distinction and introduce another definition. First the distinction. Recall our definition of trauma from Section 1:

The term *trauma* refers to the effects of a single event, a series of events, and/or ongoing circumstances that are experienced or perceived as physically or emotionally harmful and/or life threatening.

Trauma can affect individuals, families, and communities immediately and over time, even generations. The adverse effects of trauma can be profound and long-lasting, resulting in diminished functioning and wellbeing, including mental, physical, social, emotional, and/or spiritual wellbeing.

Embedded within this definition is an understanding that trauma can be experienced both individually *and* collectively. While much of the research to date has focused on the effects and potential responses to individual trauma, a growing body of work is beginning to map the terrain of community trauma:

A second and equally important perspective on trauma and communities is the understanding that communities as a whole can also experience trauma. Just as with the trauma of an individual or family, a community may be subjected to a community-threatening event, have a shared experience of the event, and have an adverse, prolonged effect. Whether the result of a natural disaster (e.g., a flood, a hurricane or an earthquake) or an event or circumstances inflicted by one group on another (e.g., usurping homelands, forced relocation, servitude, or mass incarceration, ongoing exposure to violence in the community), the resulting trauma is often transmitted from one generation to the next in a pattern often referred to as historical, community, or intergenerational trauma.⁵⁷

Our definition of *resiliency* reflects a similar understanding—i.e., that resiliency is a capacity of individuals, families, *and communities* to heal from trauma, and to strengthen their wellbeing and adaptability in ways that can mitigate or prevent future trauma.

Now, the definition. We define *community capacity-building* as efforts to strengthen the ability of communities—groups of people who provide tangible support to each other and can act together—to act on their own behalf to promote the wellbeing of their members, *independent of services*. Capacity-building efforts, from this perspective, can include department staff helping to build and

⁵⁶ See, e.g., Ott, John, and Rose Pinard. *California Institute For Mental Health Community Capacity-Building Learning Collaborative: Final Report*. Manhattan Beach, CA: 2011. <<http://c4cw.org/wp-content/uploads/2017/06/CIMH-Community-Capacity-Building-Lessons-2011.pdf>>.

⁵⁷ Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, *op. cit.*, p. 17.

strengthen relationships among community members, helping to increase community members' skills, and helping community members access resources that enable them to take action together. What capacity-building efforts do *not* include in this context are strategies to improve or expand professionally delivered services—e.g., through collaboration, co-location, on-site delivery, or other similar efforts. As vital as these efforts can be, they are distinct from efforts that increase the ability of a community to act on its own behalf.

With these concepts and distinctions established, we can return to our exploration of the role of community in efforts to address trauma and promote resiliency.

ADDRESSING INDIVIDUAL TRAUMA • PROMOTING INDIVIDUAL RESILIENCY

Focusing first on individual trauma and resiliency, much of the work to develop effective responses to individual trauma reflects a medical model construct,⁵⁸ or more generally an orientation to professional services. The search for best practices typically revolves around screening, assessment, and treatment protocols, all to be conducted or overseen by professional service providers.

Improving professionally delivered, publicly funded services to address trauma and promote resiliency is vital work. This burgeoning movement toward trauma and resiliency-informed systems change developed in large part from the realization of the need for trauma-informed care to be provided by health and human services systems.

Still, there are at least two inherent limitations to this orientation to professionally delivered, publicly funded human services. First, regardless of how efficient and effective these services are, the potential demand for these services almost always exceeds the capacity of any system to provide those services. That is, if we limit our strategies to addressing trauma and promoting resiliency only to professional services, there will be many individuals who could qualify for services but will not receive them because of budget and staffing limitations.

The second limitation is more subtle but no less significant. Regardless of how caring and committed professional service providers are, for most individuals, their experience of healing and wellbeing will require engagement with a community of support beyond whatever caring relationships are developed through professional services.⁵⁹

Now it becomes clear why it matters how we define *community*. As helpful as the first two understandings of *community* are for learning and planning about effective strategies and change efforts, one of the challenges of these common usages of *community* is that they do not describe a lived relational reality. For example, while it is demonstrably true that most Americans of African descent share a common legacy of slavery in this country, it is not true that all 4 million African Americans who live in Los Angeles County know each other well enough to provide tangible support to each other and act together.

⁵⁸ Pinderhughes, Howard, et al., *op. cit.*, p. 10.

⁵⁹ See, e.g., Bassett, Deborah, Ursula Tsosie, and Sweetwater Nannauck. “‘Our Culture is Medicine’: Perspectives of Native Healers on Posttrauma Recovery Among American Indian and Alaska Native Patients.” *The Permanente Journal* 16.1 (2012): pp. 19–27. <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3327107/>>.

Similarly, our county is home to over 140,000 Native American and Alaskan Native people.⁶⁰ There are 19 federally recognized tribes in the greater Los Angeles area, 109 in California, and another 78 tribes in the state who are petitioning for recognition.⁶¹

Efforts by service providers to help an African American transition aged-youth or a Native American elder woman heal from the effects of trauma they have experienced will require an understanding of *community* beyond a planning category. It will require a nuanced understanding of, and a capacity to develop relationships with, communities with whom each person identifies and trusts. And given the extraordinary diversity of people and communities across Los Angeles County, efforts that focus only on systems change without also investing in *community capacity-building* will likely fall far short of effecting the levels of healing and resiliency we long for.

ADDRESSING COMMUNITY TRAUMA • PROMOTING COMMUNITY RESILIENCY

The need for these definitions and distinctions becomes even clearer when we shift our focus to *community* trauma and resiliency.

Despite the acknowledged importance of historical trauma, only a few of the sample initiatives we examined identified strategies to specifically address it, and none of them described activities that went beyond general descriptions of trainings to build awareness and increase access to treatment for the effects of individual trauma. Participants we interviewed also observed that, in their experience, systems change efforts often avoid the issue of historical trauma, and in some cases activities intended to promote healing on this topic inadvertently provoked more divisiveness instead.

Part of the challenge, from our perspective, is that education and human service systems are frequently not ideal structures to initiate or lead *community change* efforts to address community trauma and promote community healing. While systems leaders and staff can play a vital role in inviting and supporting such processes, unless such efforts are led by recognized community leaders, and there is sufficient safety and community support and engagement for this work, they are not likely to succeed.⁶²

⁶⁰ Ong, Paul M., and Jonathan D. Ong. *The Status of American Indians/Alaska Natives in Los Angeles: American Indian Population Change at the Dawn of the 21st Century*. Los Angeles, CA: UCLA American Indian Studies Center, 2012, p. 1. <https://www.aisc.ucla.edu/research/images/LAUIR_LAStatus.pdf>.

⁶¹ Los Angeles City/County Native American Indian Commission. <<http://www.lanaic.org/resources/tribal-governments/>>.

⁶² An example of a highly responsive communal healing process was shared by trauma researcher and psychiatrist, Bessel van der Kolk. He highlights ...

the force of communal rhythms in action when I watched Archbishop Desmond Tutu conduct public hearings for the Truth and Reconciliation Commission in South African in 1996. These events were framed by collective singing and dancing. Witnesses recounted the unspeakable atrocities that had been inflicted on them and their families. When they became overwhelmed, Tutu would interrupt their testimony and lead the entire audience in prayer, song, and dance until the witnesses could contain their sobbing and halt their physical collapse. This enabled participants to [continue] to describe what had happened to them. ...

While these particular rituals may not apply to settings within Los Angeles, the manner in which Archbishop Desmond Tutu designed and applied them so they could be responsive to community customs, cultural norms, and participants' capacities remain instructive and inspiring. van der Kolk, Bessel. *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*. New York, NY: Penguin Books, 2014, p. 335.

The highly polarized political climate makes the challenge of creating safe spaces within which to address historical trauma even more complex, especially in a county as ethnically diverse as Los Angeles County. Further, depending on the particular context, issues of historical trauma can be interrelated with other equally complex topics such as economic class, generational differences, and immigrants' political affiliation in their home countries.

And even when systems leaders are clear that they want to address the impact of historical trauma only within the context of their staff and individuals served by the system, they can often lack—or fear they lack—the process and related skills necessary to design and effectively lead such inquiries.

Given these challenges and complexities, perhaps it is not surprising that most system change efforts do not attempt to address community trauma and resiliency, and are reluctant even to engage the impact and implication of these issues with staff and the people served by the system.

IMPLICATIONS FOR SYSTEMS CHANGE EFFORTS

So what is the importance of this analysis for our commitment to amplify trauma and resiliency-informed systems change efforts?

First, systems change efforts to improve the effectiveness of services are different from efforts to improve communities' capacity to address the individual or collective trauma of their members independent of services. Both are needed. And from our perspective, the best systems change initiatives to address trauma and promote resiliency will include community capacity-building efforts. Systems leaders and others, however, need to understand the differences and unique requirements of each.

Second, community change efforts to address historical trauma and/or to promote resiliency and other dimensions of community wellbeing require different forms of leadership, process designs, and engagement strategies than do systems efforts focused on improving results. We believe there is a promising opportunity emerging within Los Angeles County to explore how to effectively link these two related but distinct kinds of efforts. We explore this issue more fully under Potential Strategies in Section 4.

Finally, systems leaders' commitment to address historical and other forms of collective trauma that affect their staff and the people they serve will likely require dedicated resources and support. Given the data we have seen, such explorations may not be undertaken on their own, even in the context of related systems change efforts, without a broader level of support for learning and guided action.

The five lessons explored in this section provided the foundation for the next two sections. In Section 3, we share a developmental framework to help guide system change efforts that may be planned, or already underway. Section 4 then proposes several potential strategies to increase both the depth and breadth of the movement for trauma and resiliency-informed systems change unfolding across the county.

A DEVELOPMENTAL FRAMEWORK

Many organizations and systems in Los Angeles County have long histories of supporting people struggling with the effects of trauma, and working to strengthen the resiliency of individuals, adults, families, and communities. The intention of this initiative is to help connect and deepen these existing efforts, and to inspire new organizations and systems to become trauma and resiliency-informed, in service of improved results.

This section outlines a developmental framework that we have constructed over the past nine months. Our hope is that this framework will help organizations become more systematic in their internal change efforts to become trauma and resiliency-informed, and help facilitate cross-system learning and collaboration.

The framework was informed both by our research, and by detailed feedback from workgroup participants. It also builds upon several other frameworks, including the Missouri Model,⁶³ the Philadelphia Framework,⁶⁴ and SAMHSA's framework for a Trauma-Informed Approach.⁶⁵

We began with the SAMHSA framework for several reasons. First, SAMHSA's focus was also on developing shared understanding across a wide array of public systems. Second, for the past two decades, SAMHSA has been a leader in recognizing the need to address trauma—e.g., funding the National Child Traumatic Stress Network and the National Center for Trauma Informed Care. Third, the framework's development integrated multiple perspectives, including academic research, practice-generated knowledge, and the perspectives of individuals who had experienced trauma firsthand and had been engaged by public systems.

In this section, we first review the framework's key definitions, most of which we have discussed in prior sections. We then explore the guiding principles that frame the essential commitments of the framework, and the implementation domains that successful systems change efforts will systematically engage over time.

With these cornerstones in place, we then detail the four developmental stages that organizations and systems can progress through to become trauma and resiliency-informed.

⁶³ Missouri Department of Mental Health and Partners, *op. cit.*

⁶⁴ The Philadelphia ACE Project. *Framework for Trauma-Informed*. Philadelphia, PA: 2015. <<https://drive.google.com/file/d/0B3KAAoiw6Tn0NU9odzYyM1Z2MVU/view>>.

⁶⁵ Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, *op. cit.*

DEFINITIONS

TRAUMA

The term *trauma* refers to the effects of a single event, a series of events, and/or ongoing circumstances that are experienced or perceived as physically or emotionally harmful and/or life threatening.

Trauma can affect individuals, families, and communities immediately and over time, even across generations. The adverse effects of trauma can be profound and long-lasting, resulting in diminished functioning and wellbeing, including mental, physical, social, emotional, and/or spiritual wellbeing.

The developing understanding of the adverse effects of trauma is emerging from ongoing research across numerous disciplines, including neuroscience, physiology, epigenetics, psychology, and educational development. A growing body of research—including research on resiliency, protective factors, and trauma-informed care—is also documenting how trauma can both be healed and prevented.

RESILIENCY

The term *resiliency* refers to the capacity of individuals, families, and communities to heal from trauma, and to strengthen their wellbeing and adaptability in ways that can mitigate or prevent future trauma.

TRAUMA-INFORMED CARE

Trauma-informed care begins with curiosity and empathy about a person's life experiences. Instead of seeing a person's behavior as the root problem, we are invited instead to see behavior both as symptom and communication. Rather than asking, "What's wrong with you?" we ask "What happened to you?"

The phrase *trauma-informed care* (or *trauma-specific interventions*) typically refers to evidence-based and best practice models proven to facilitate recovery from trauma, including assessments, treatments, and recovery supports. Trauma-specific interventions directly address the actual consequences of trauma and facilitate trauma recovery. They connect a person's behavior to their trauma response rather than isolating their actions to the current circumstances alone.

Given the myriad ways that the effects of trauma can vary by age, gender identity, culture, race, ethnicity, and prior history, workgroup participants recommended expanding this definition to include interventions supported by *practice-based evidence*—e.g., sources of healing that have demonstrated positive results in particular contexts and communities, without yet being verified by academic research. Ultimately, any successful intervention will reflect an abiding commitment to mutuality and compassion; or as one workgroup member described it: "love-informed care."

TRAUMA AND RESILIENCY-INFORMED SYSTEMS CHANGE

The phrase *trauma and resiliency-informed systems change* refers to an ongoing process to strengthen an organization, department, or larger system's impact by integrating into its programs, structures and culture a comprehensive commitment to address trauma and promote resiliency.

GUIDING PRINCIPLES

We have evolved the labels and definitions of SAMHSA’s original principles to incorporate insights gained from our research of other initiatives, and feedback from workgroup participants about how to make the principles more relevant for current and potential efforts in Los Angeles County. All of the changes are consistent with SAMHSA’s stated intentions.

While each system’s particular implementation activities will reflect its unique mission and culture, a broader culture of resonance can evolve over time across diverse systems through their shared devotion to nurturing a common set of guiding principles. These six principles, when fully embodied, define the essence of a trauma and resiliency-informed system.

1. **Safety:** Throughout the organization, staff and the people they serve feel physically and psychologically safe. Staff work to understand how the people they serve define safety for themselves, and help them feel physically and psychologically safe when engaging with the organization. Staff also work to promote a sense of safety with each other, recognizing that safety is a vital concern for staff just as it is for people receiving services.
2. **Trust and transparency:** Leaders and staff conduct operations and decisions with transparency, working to build and maintain trust among staff, with the individuals, families, and communities they serve, and with others engaged by the organization.
3. **Peer support:** Staff integrate peer support and mutual self-help as essential aspects of their work with people receiving services, their families and communities. Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, strengthening resiliency, and promoting recovery and healing from trauma.
4. **Collaboration and mutuality:** Staff understand that the experience of trauma may be a significant factor in the lives of those who run the organization, those who provide services and supports, and those who come to the organization for help. This understanding can inspire compassion and empathy, and helps motivate staff to level the power differences between themselves and the people they serve, fostering mutual relationships of *power with* instead of *power over*. Similarly, staff work to create collaborative relationships among people at all levels of an organization or system, demonstrating that healing happens through relationships and meaningful sharing of decision-making.
5. **Voice, choice, and self-agency:** Organizations and systems recognize the ways that people who receive services have historically experienced diminished voice and choice. As a result, services and operations are designed to help people who receive services realize their capacities for healing, resiliency, and *self-agency*.⁶⁶ In particular, whenever possible, people receiving services

⁶⁶ The term *self-agency* builds upon psychologist Albert Bandura’s definition of human agency: “People are self-organizing, pro-active, self-regulating, and self-reflecting. They are not simply onlookers of their behavior. They are contributors to their life circumstances, not just products of them.” See Albert Bandura (2006). *Toward a Psychology of Human Agency. Perspectives on Psychological Science*. Vol. 1, Number 2. p 164. While the term *empowerment* has a similar intention to self-agency, we are mindful of feedback from a number of workgroup members that *empowerment* can imply, however subtly, a power-over relationship in which someone is being empowered to act by someone else. We therefore substituted *self-agency* for the more familiar term *empowerment*.

are supported in cultivating self-advocacy skills, and engaged in shared decision-making, choice, and goal-setting to determine the plan of action they need to heal and move forward. Similarly, staff members are supported to realize their own capacities for healing, resiliency, and self-agency in service of positive impact for the people, families, and communities they engage.

6. **Culturally, historically, and gender-identity appropriate:** Organizations and systems actively work to transcend cultural stereotypes and biases—e.g., biases based on race, ethnicity, culture, sexual orientation, age, religion, gender-identity, and gender-expression. They also recognize the role of intersectionality, the complex overlapping of multiple forms of discrimination such as sexism, racism, class oppression, homophobia, and able-ism, especially in the experience of marginalized people or groups. Staff members develop strategies to address the consequences of historical trauma, and commit to learn how to appropriately leverage traditional cultural healing practices to address trauma and strengthen resiliency. Staff members also develop and implement policies, protocols, and processes at all levels of the organization or system that are gender responsive, and responsive to the racial, ethnic, and cultural needs of the people and communities they serve.

IMPLEMENTATION DOMAINS

SAMHSA has identified ten implementation domains that organizations or systems should address as they progress toward becoming trauma and resiliency-informed. The framework emerging for Los Angeles County embraced all of these domains. As with the guiding principles, however, we refined the labels and descriptions to reflect the lessons learned from our research and feedback from workgroup participants. For example, we added a new category called *media and marketing*, and combined two domains—*evaluation* and *progress monitoring and quality assurance*—into a single domain now labeled *progress and results monitoring*.

There is no prescribed order for addressing these domains. Ultimately, however, the intention is for a system-change process to embody the guiding principles across all aspects of the system. Moreover, certain domains need to be successfully engaged before others. For example, until a system's leadership is fully engaged and committed, significant investments and institutional support for training and workforce development will be unlikely. Similarly, the capacity to effectively integrate new treatment protocols will necessarily depend on the acquisition of needed skills and training.

The ten domains are: (1) leadership and governance, (2) training and workforce development, (3) screening, assessment, and services, (4) progress and results monitoring, (5) engagement and involvement, (6) physical environment, (7) cross-system collaboration, (8) media and marketing, (9) policies and procedures, and (10) financing. Each of these domains are described in greater detail below.

1. Leadership and governance

When a system adopts a commitment to address trauma and promote resiliency as a defining orientation of its culture, senior leaders demonstrate ongoing and visible support for the work, regularly making the case that allocating systems resources to address trauma and promote resiliency are essential for the system to effect its long-term results. These leaders actively help the organization integrate systems change priorities into the organization's overall strategic plan,

including short-term and long-term objectives. They also create safe spaces for authentic dialogue among staff and partners both to explore the *why* of this work, and to assess progress and adapt.

Senior leaders model behavior to help staff and partners feel safe to learn, grow, and adapt into a new paradigm, and actively seek out support for themselves so they too can be optimally nurtured into new ways of being and relating. Managers, line staff, partner agencies, community and peer-support partners are institutionally nurtured to develop skills and capacities for exercising leadership to support becoming a trauma and resiliency-informed system.

2. Training and workforce development

Every initiative we have examined has involved significant workforce training and development, including new staff orientations, and in some cases, revised standards for certification and recertification to include knowledge about trauma and resiliency. Typically these efforts are designed to help staff and others understand the concepts of trauma and resiliency, and the import of the ACE and related data for the work of the organization or system. Where applicable, these training efforts also include helping program staff master the skills needed for new assessments, screenings, and services designed to address trauma and promote resiliency, or to build new practices to mitigate the effects of vicarious or secondary trauma.

As essential as these training commitments are, organizations that are becoming trauma and resiliency-informed are also investing in ongoing training to help staff and partners develop the leadership skills needed to embody the six guiding principles in their day-to-day responsibilities. As discussed previously, these skills include:

- ▶ Listening skills;
- ▶ Relational skills—e.g., the ability to earn trust and inspire confidence among people of diverse cultures, backgrounds, positions, and authority;
- ▶ An ability to manage personal interior realities—e.g., the ability to avoid reacting from negative thoughts or emotions;
- ▶ An openness to hold and understand the interior realities of others;
- ▶ An ability to manage interpersonal and group conflict;
- ▶ An ability to assess and understand multiple perspectives;
- ▶ An ability to help individuals and groups discover their talents and passions; and
- ▶ Facilitation skills—e.g., the ability to discern and reflect divergence and convergence without bias.

Beyond training, other aspects of workforce development are equally vital. Recruitment of new staff members include an assessment of their commitment to embody the guiding principles, and staff orientations integrate explorations of trauma and resiliency. Ongoing processes related to performance—e.g., coaching for staff—continually assess and strengthen staff capacity to embody the principles. Surveys assessing staff wellbeing are routine, and results are regularly shared and engaged as part of ongoing efforts to strengthen staff capacity and morale.

3. Screening, assessment, and services

One of the principal purposes of training and workforce development efforts, of course, is to support staff in evolving the services offered by the system so that first, they do not re-traumatize the people they serve, and over time, they accurately assess for trauma and help people heal and

become more resilient to prevent future trauma. Where possible, staff are adopting evidence-based practices. And when such practices are not yet established or known, and even when they are, staff are regularly reflecting on practice-based evidence to adapt appropriately and improve the impact of their services.

4. Progress and results monitoring

Organizations that are becoming trauma and resiliency-informed are regularly reflecting on how their services are embodying the guiding principles. They are also using data to assess both how well they are implementing their services and supports, and whether their trauma and resiliency-informed efforts are improving results for the people they serve. These organizations have developed meaningful measures of both trauma and resiliency—for staff as well as the people they serve—and are regularly reporting and supporting learning conversations to engage with the data.

The learning processes developed by these organizations are sensitive to how people can become disquieted, even fearful around data, particularly when there has been a history of data being used to blame or demean staff. Organizations that are becoming trauma and resiliency-informed are regularly assessing their capacity to equally embody commitments to safety, learning, and accountability for results.

5. Engagement and involvement

Taken together, the guiding principles strengthen authentic engagement and meaningful involvement, both of staff at all levels of the organization and, in particular, people with lived experience, including people receiving services and their families, people in recovery and trauma survivors. This domain invites ongoing participatory engagement of staff, partners, and people served across all other domains as a vital strategy for promoting a culture that effectively addresses trauma and promotes resiliency.

This is not about an expert model of care or token representation. The work of engaging staff and people with lived experience begins with a recognition that transforming a culture to become trauma and resiliency-informed requires more than a one-off training or a simple implementation check-list. This work is a daily process of learning, reflecting, and adapting, and will proceed much more effectively when it engages and is guided by people who have lived experience and staff at all levels of the organization.

6. Physical environment

Physical spaces can promote safety, collaboration, beauty, and experiences of openness and welcome, or amplify a sense of physical risk and psychological dread, both for staff and the people they serve. An often overlooked way for organizations to improve engagement of staff and the people they serve is to assess and improve their physical environments.

7. Cross-system collaboration

In Los Angeles County, there is near-universal agreement about the need for cross-system collaboration, with many years of committed effort to promote such work. The reasons for such collaboration are compelling. People served by various health and human service systems rarely present with discrete needs that fit neatly within particular program boundaries, and achieving

positive results in one area of wellbeing often depends on progress in other areas. This is true for people struggling with homelessness, for foster youth, for families impacted by poverty, for elementary, middle, and high school students, for people struggling with mental health issues, and for countless other people and families served by systems across the county.

Even so, given the size and complexity of Los Angeles County and the myriad systems within it, cross-system collaboration is often difficult to initiate and even harder to sustain. Effective change efforts are challenging enough *within* any given system. Bridging the multiple funding, service eligibility, treatment, staffing, and other differences among potential collaborating systems requires extraordinary tenacity. Such work is simply too hard, requiring far too much staff time and resources to undertake without a compelling *why*.

Research on trauma helps establish a potentially compelling *why* for cross-system collaboration, documenting how many of the challenges confronted by multiple systems can be rooted in a common cause of unhealed trauma, including: poor physical health; mental illness; a propensity for violence or other self-destructive behavior; an inability to sustain focus and engagement, whether in school or at work; and others.

This is why, despite the challenges, we are recommending a number of cross-system strategies to promote trauma and resiliency-informed systems change, and why any system committed to becoming trauma and resiliency-informed must undertake such cross-system work. Helping systems partner with each other to develop and implement a common language and understanding of trauma, common training protocols, common assessment tools, and shared or at least mutually reinforcing strategies for addressing trauma and promoting resiliency will, we believe, pay long-term dividends within and across systems. Research suggests that such work can lead to significant improvement in measures of wellbeing for the individuals, families, and communities served by collaborating systems.⁶⁷ It can also make future cross-system collaborations easier to imagine and support.

8. Media and marketing

As an organization or system becomes more trauma and resiliency-informed, staff evolve their marketing, social media, and related materials to reflect their growing understanding and commitment to act. Telling the story of how the organization is evolving its work to address trauma and promote resiliency helps staff and the people it serves orient to this different way of working. This communication can also educate decision-makers and the larger community about trauma and resiliency, and make visible the larger movement.

9. Policies and procedures

Organizations periodically review and evolve their policies and procedures to reflect a commitment to address trauma and promote resiliency—e.g., policies related to referrals and sub-contracts, leave and vacation policies, and others. As more of the policies and procedures become trauma and resiliency-informed, the institutional infrastructure becomes better aligned and capable of sustaining the change work.

⁶⁷ See, e.g., KVC Health Systems. “First Ever Study of Trauma-Informed Foster Care Shows Stunning Results.” April 26, 2017. <<https://www.kvc.org/blog/first-ever-study-trauma-informed-foster-care-shows-stunning-results/>>.

10. Financing

Becoming trauma and resiliency-informed requires a commitment to long-term sustainability, including financial sustainability. Organizations becoming trauma and resiliency-informed are securing stable funding for all aspects of the change process, both by re-allocating existing resources and securing new resources where needed.

DEVELOPMENTAL STAGES: AN OVERVIEW

A dominant theme from the research and our many conversations with workgroup participants and others was the wide variation in understanding about what it means to be a trauma and resiliency-informed system. For example, some organizations describe themselves as trauma-informed after offering a one-time training to staff. Other organizations interpret the phrase to mean the integration of evidence-based treatments for trauma into particular programs, regardless of whether this work is embedded in a broader culture change effort.

For still others, becoming trauma and resiliency-informed implies a commitment to a comprehensive transformation that includes both increased access to effective treatment for unaddressed trauma, and a broader culture change to prevent re-traumatization and better ensure that all supports, including for staff and community partners, are responsive and nurturing.

We have several reflections about this phenomenon. First, rather than seeing these different perspectives as contradictory, we see them as descriptive of *stages* within a continuum of development to becoming trauma and resiliency-informed.

Second, any system, particularly large ones, will likely evolve through asynchronous processes, as different parts of the system progress through different stages at different times, depending on the particular needs and capacities of a department or program. Additionally, as new staff members join a system, the earlier stages of building awareness and recognition will need to be a part of ongoing processes of development.

And finally, given the dynamic nature of complex systems, we do not see any of these stages as ever being fully completed. Just as individuals must regularly tend to their wellbeing and resiliency, systems must routinely track and reinforce their capacity to be resilient, adaptable, and thriving.

To this end, we have mapped four developmental stages that organizations progress through as they evolve toward becoming more trauma and resiliency-informed. Our description of these stages was first inspired by SAMHSA's original definition of becoming *trauma-informed*:

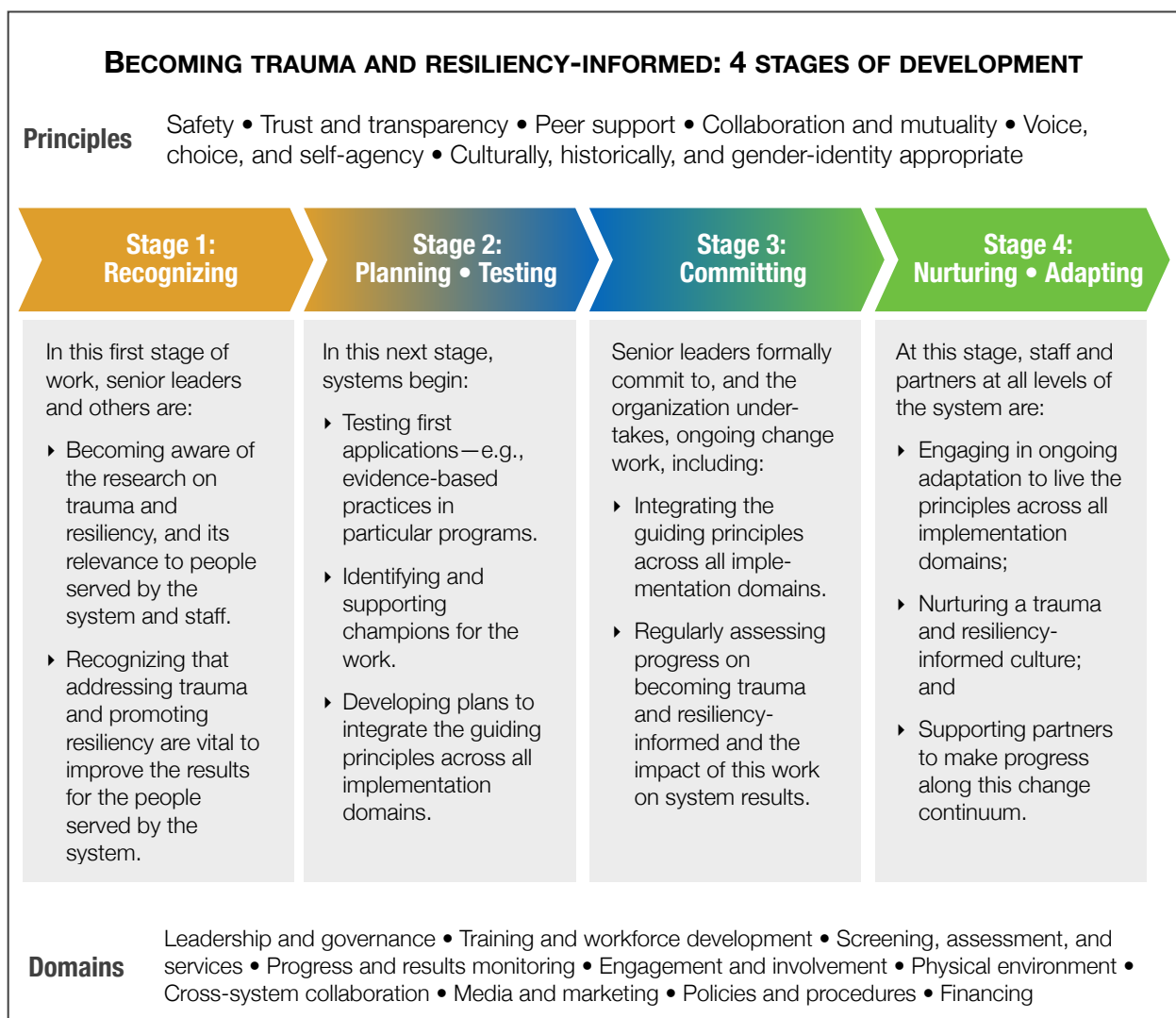
A program, organization, or system *realizing* the widespread impact of trauma and understanding potential paths for recovery; *recognizing* the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and *responding* by fully integrating knowledge about trauma into policies, procedures, and practices, and seeking to actively *resist re-traumatization*.⁶⁸

⁶⁸ Substance Abuse and Mental Health Services Administration. *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, *op. cit.*, p. 9.

Although SAMHSA did not translate these orientations into stages of development, initiatives in Missouri⁶⁹ and Philadelphia⁷⁰ did.

We have sought to build upon and extend this work, incorporating feedback from workgroup participants and insights gained from the conversations we have had with senior leaders across the county. The four developmental stages, as we now understand them, are: (1) recognizing, (2) planning and testing, (3) committing, and (4) nurturing and adapting.

These stages—summarized in the diagram below—are not intended to be rigidly prescriptive; instead, they are intended to be customized by each system to ensure alignment with its mission, current priorities and unique culture. Leaders, staff, and partners can use this framework to better discern where their organization or system currently is along this continuum, and to explore if and how they want to evolve to next stages of commitment and action.



⁶⁹ Missouri Department of Mental Health and Partners, *op. cit.*

⁷⁰ The Philadelphia ACE Project, *op. cit.*

What follows are more detailed definitions and descriptions of the developmental stages, including typical actions, beginning questions to assess progress, and beginning resources particularly appropriate for each level of work.

DEVELOPMENTAL STAGES: DEFINITIONS • DESCRIPTIONS • RESOURCES

STAGE 1: RECOGNIZING

1. *Defined:* A first stage of development for an organization becoming trauma and resiliency-informed systems is *recognizing* the prevalence of trauma, the impact of trauma on the people served by the system, and the vital role of resiliency in helping to heal and prevent trauma to improve results of wellbeing. In this stage, organizations are:
 - a. Becoming aware of the research on trauma and resiliency, and its relevance to people served by the system and staff; and
 - b. Developing shared understanding about why trauma and resiliency are vital to improve the positive impact of the organization or system's work with the individuals, families, and communities it serves.
2. Typical *actions* in this stage
 - a. Senior leaders and staff begin to seek out information on the prevalence of trauma for the population(s) they serve.
 - b. Senior leaders arrange for awareness training about trauma and resiliency for themselves and other staff and partners, including training on definitions, causes, prevalence, and impact.
 - c. Senior leaders and staff begin exploring what this new information might mean for their system and the results it is accountable for, and what next steps may need to be taken.
 - d. If not already in place, senior leaders begin defining the measures they will track to assess progress going forward.
3. Beginning *questions to assess progress* at this stage
 - a. Senior leadership
 - 1) Do senior leaders understand the concepts of *trauma* and *resiliency*? For example:
 - a) Have senior leaders taken and discussed a beginning trauma assessment for themselves (e.g., the ACEs assessment)?
 - b) Have they taken a beginning resiliency assessment for themselves?
 - 2) Do senior leaders understand the concepts of *trauma* and *resiliency* as essential for improving the results for which their organization is accountable?
 - 3) Do senior leaders understand the guiding principles of trauma and resiliency-informed systems change? Are they committed to developing plans for how to embody these principles across the organization or system?
 - 4) Have senior leaders identified resources to begin the exploration about *trauma* and *resiliency* with mid-level managers and line staff?
 - 5) Have senior leaders established structures and processes, including staff, to coordinate and steward trauma and resiliency-informed systems change activities? How will these processes be inclusive of diverse voices, including individuals with lived experience of trauma who have received services?
 - 6) Have they explored the complexities of engaging staff in these conversations, including how to appropriately acknowledge and address trauma experienced by staff—e.g., vicarious trauma and issues related to cultural, historical, and gender-identity appropriateness?

- 7) Have they developed baseline measures for assessing how well the organization is:
 - a) Embodying the guiding principles of trauma and resiliency informed system change?
 - b) Progressing along the developmental continuum to becoming trauma and resiliency-informed?

 - b. All staff
 - 1) Do mid-level managers and line staff understand the concepts of *trauma* and *resiliency*?
 - a) Have managers and staff taken a beginning trauma assessment for themselves (e.g., the ACEs assessment)?
 - b) Have they taken a beginning resiliency assessment for themselves?
 - c) Have they participated in facilitated conversations to discuss what they have learned through these assessments and the import of these learnings for their work?
 - 2) Do mid-level managers and line staff understand the concepts of *trauma* and *resiliency* as essential for improving the outcomes for which their organization is accountable?
 - 3) Have they been introduced to skills and supports to help them appropriately acknowledge and address trauma they have experienced, including vicarious trauma?
 - 4) Have they begun to access resources to learn about trauma and resiliency, and how to evolve their work in alignment with these concepts?
 - 5) Have they participated in conversations to develop and understand baseline measures for this effort?
4. *Sample resources* to support work at this stage

Resources for Stage 1: Recognizing		Websites
1	ACE Study	<ul style="list-style-type: none"> • www.cdc.gov/violenceprevention/acestudy/ • http://www.cestudy.org/index.html • http://acestoohigh.com/resources/ • http://www.acesconnection.com/
2	Anonymous. "Dear Doctor." <i>The Permanente Journal</i> 6.1 (2002)	https://www.thepermanentejournal.org/files/Winter2002/deardoc.pdf
3	Echo Parenting & Education	http://www.echoparenting.org/#
4	Healing Neen (DVD)	http://healingneen.com/
5	Institute for Family Professionals	http://ifpros.net
6	International Society for Traumatic Stress Studies	https://www.istss.org
7	National Center on Domestic Violence, Trauma, and Mental Health	http://www.nationalcenterdvtraumamh.org/
8	National Center on Trauma Informed Care (NCTIC)	https://www.samhsa.gov/nctic
9	Pottstown Area Health and Wellness Foundation • Resiliency: Nurturing the Health and Wellness of School-age Children (eBook)	http://www.pottstownfoundation.org/media/17599/ebook_resiliency.pdf

Resources for Stage 1: Recognizing		Websites
10	SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach	http://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf
11	SAMHSA’s TIP 57: Trauma Informed Care in Behavioral Health Services (Chapter 2)	http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf
12	Scenes from Boys and Men Healing (Film)	https://www.youtube.com/watch?v=Wx-JqBdwdAA
13	The Anna Institute	http://www.theannainstitute.org/
14	The National Child Traumatic Stress Network (NCTSN)	http://www.nctsn.org/
15	The Sanctuary Model	http://www.sanctuaryweb.com
16	Through Our Eyes: Children, Violence, and Trauma	https://www.youtube.com/watch?v=z8vZxDa2KPM
17	Tough, Paul. “The Poverty Clinic.” <i>The New Yorker</i> , March 21, 2011.	http://www.newyorker.com/magazine/2011/03/21/the-poverty-clinic
18	U.S. Department of Veterans Affairs • National Center for PTSD	http://www.ptsd.va.gov/

STAGE 2: PLANNING AND TESTING

1. *Defined.* Organizations at this stage of development are:
 - a. Moving from building shared understanding and awareness to planning for and testing first applications—e.g., evidence-based practices to address trauma and promote resiliency in particular programs within the department or system;
 - b. Integrating their commitment to trauma and resiliency into their current strategic plans; and
 - c. Developing plans to integrate the guiding principles of trauma and resiliency-informed systems change across all implementation domains.

2. Typical *actions* in this stage
 - a. The organization begins to identify and support internal champions from different parts of the system who help plan for and implement the work within this stage.
 - b. Trauma and resiliency assessments and training for staff are becoming more routine, including within orientations for new staff.
 - c. Leaders engage staff (and key partners as appropriate) in learning dialogues about the guiding principles and how they can be (further) integrated across the implementation domains.
 - d. Through a self-assessment process, the organization or system identifies existing strengths, resources and barriers to change, and maps practices that are consistent or inconsistent with trauma and resiliency-informed interventions and systems change.
 - e. Leaders and staff design and facilitate a process of reflection to determine readiness for large-scale change.

3. Beginning *questions to assess progress* at this stage
 - a. Are champions at multiple levels of the organization being identified and engaged to help plan and implement the work? Are their job descriptions being reviewed and adapted to formally reflect these new responsibilities?
 - b. Is information and training about trauma and resilience readily available to all staff?
 - c. Is the organization or system becoming more intentional about embodying the guiding principles? Are stories that illustrate this greater intentionality being captured and shared?
 - d. Are hiring and orientation processes reflecting a commitment to the guiding principles?
 - e. Has the organization conducted a readiness assessment for large-scale change?

4. *Sample resources* to support work at this stage

Resources for Stage 2: Planning & Testing		Websites
1	Jennings, Ann, and Ruth Ralph. <i>In Their Own Words</i> . 2007.	www.theannainstitute.org/ITOW.pdf
2	Echo Parenting & Education	http://www.echoparenting.org/#
3	Fallot and Harris • Trauma-Informed Program Self-Assessment Scale	http://www.theannainstitute.org/TIPSASCORESHEET.pdf
4	Health Federation of Philadelphia • Trauma Informed Training	http://www.healthfederation.org/2014/10/30/trauma-informed-training/
5	Helping Traumatized Children Learn	http://traumasensitiveschools.org/
6	Institute for Family Professionals	http://ifpros.net
7	Institute for Health and Recovery • Developing Trauma-Informed Organizations: A Tool Kit	http://healthrecovery.org/images/products/30_inside.pdf
8	International Society for Traumatic Stress Studies	https://www.istss.org
9	NCTIC	https://www.samhsa.gov/nctic
10	NCTSN	http://www.nctsn.org/
11	SAMHSA's TIP 57: Trauma Informed Care in Behavioral Health Services (Appendix F)	http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf
12	The Sanctuary Model	http://www.sanctuaryweb.com

STAGE 3: COMMITTING

1. *Defined*: Following a formal commitment from senior leaders, organizations at this stage have begun their change process across multiple implementation domains to strengthen their capacity to address trauma and promote resiliency.

2. Typical *actions* in this stage
 - a. An organization begins to integrate a commitment to address trauma and promote resiliency across multiple implementation domains.

Section 3: A Developmental Framework

- b. Planning and action unfolds through the implementation plan, with changes being made as feedback emerges from staff and people served by the organization or system. Some examples of starting places for comprehensive change efforts have included:
 - 1) Implementing practices to screen for and treat trauma within particular programs or contexts.
 - 2) Evolving staff training and supports to address staff trauma, vicarious trauma, and promote resiliency and self-care.
 - 3) Improving the organization or system’s physical environment(s) to promote safety and reduce the risk of re-traumatizing or re-triggering staff and the people who receive services.
 - 4) Incorporating processes to strengthen peer support and community capacity-building dimensions as part of the services and supports provided by the organization or system.
 - 5) Further revising the strategic plan, including organizational priorities and values.
 - 6) Integrating questions about trauma and resiliency into staff surveys and performance management systems, including job descriptions.
 - 7) Reviewing and refining policies and procedures.
 - c. Regardless of where organizations begin, they are regularly assessing and reflecting on their progress, both on implementing their change efforts and on the impact of these change efforts on their results.
3. Beginning *questions to assess progress* at this stage
- a. Are trauma-specific assessment and treatment models available for those who need them?
 - b. Do staff members apply knowledge of trauma and resilience to specific work?
 - c. Do policies support addressing vicarious trauma and promoting resiliency among staff?
 - d. Does the organization or system promote a culture of shared responsibility and decision-making in problem solving and conflict resolution?
 - e. Are people with lived experience encouraged to assume meaningful roles in the change process?
 - f. Has the organization or system developed measures and begun collecting data to assess the impact of trauma and resiliency-informed strategies for the people who are supported by the organization or system?
 - g. Has the organization or system developed measures and begun collecting data to assess the impact of staff-support strategies on staff morale and wellbeing?
 - h. Has the organization identified and secured the resources needed to sustain the process?
4. *Sample resources* to support work at this stage

Resources for Stage 3: Committing		Websites
1	Assaulted Staff Action Program	http://americanmentalhealthfoundation.org/2012/04/the-assaulted-staff-action-program-asap-psychological-counseling-for-victims-of-violence/
2	Behavioral Health Training and Education Network	https://www.bhten.com/courses
3	California Evidenced Based Clearinghouse for Child Welfare	http://www.cebc4cw.org/
4	Child Trauma Academy	http://childtrauma.org/

Resources for Stage 3: Committing		Websites
5	Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach	https://www.phe.gov/Preparedness/planning/abc/Documents/homeless-trauma-informed.pdf
6	Healing the Hurt: Trauma-Informed Approaches to the Health of Boys and Young Men of Color	http://www.dcf.state.fl.us/programs/samh/docs/Healing-the-Hurt.pdf
7	International Society for Traumatic Stress Studies	https://www.istss.org
8	NCTIC	https://www.samhsa.gov/nctic
9	NCTIC • Engaging Women In Trauma Informed Peer Support: A Guidebook	https://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_REVISED_10_2012.pdf
10	NCTSN	http://www.nctsn.org/
11	NCTSN • Child Trauma Toolkit for Educators	http://www.nctsn.org/nctsn_assets/pdfs/Child_Trauma_Toolkit_Final.pdf
12	NCTSN • Child Welfare Trauma Training Toolkit	http://nctsn.org/products/child-welfare-trauma-training-toolkit-2008
13	NCTSN • Empirically Supported Treatments and Promising Practices	http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices
14	NCTSN • Pathways to Partnerships with Youth and Families	http://www.nctsn.org/nctsn_assets/pdfs/Pathways_ver_finished.pdf
15	NCTSN • Think Trauma: A Training for Staff in Juvenile Justice Residential Settings	http://www.nctsn.net/products/think-trauma-training-staff-juvenile-justice-residential-settings
16	Psychological First Aid	http://www.ptsd.va.gov/professional/manuals/manual-pdf/pfa/PFA_2ndEditionwithappendices.pdf
17	RAND • How Schools Can Help Students Recover from Traumatic Experiences	http://www.rand.org/content/dam/rand/pubs/technical_reports/2006/RAND_TR413.pdf
18	SAMHSA's Disaster Technical Assistance Center	http://beta.samhsa.gov/dtac
19	SAMHSA's National Registry of Evidence-based Programs and Practices	http://www.nrepp.samhsa.gov/
20	SAMHSA's TIP 57: Trauma Informed Care in Behavioral Health Services	http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf

Resources for Stage 3: Committing		Websites
21	Sister Witness & The National Center on Family Homelessness • A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness	http://www.brighthorizonsfoundation.org/wp-content/uploads/Trauma-Informed-Services-Guide.pdf
22	The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic	http://www.cambridge.org/us/academic/subjects/medicine/mental-health-psychiatry-and-clinical-psychology/impact-early-life-trauma-health-and-disease-hidden-epidemic?format=HB
23	The Philadelphia Alliance for Child Trauma Services	http://www.philadelphiapacts.org/trauma/about-trauma/
24	The Sanctuary Model	http://www.sanctuaryweb.com
25	The Trauma Stewardship Institute • Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others	http://traumastewardship.com/inside-the-book/
26	Trauma Informed and Developmentally Sensitive Services for Children: Core Competencies for Effective Practice	http://stoneleighfoundation.org/content/trauma-informed-developmentally-sensitive-services-children-core-competencies-effective-pra
27	U.S. Department of Veterans Affairs • National Center for PTSD	http://www.ptsd.va.gov/

STAGE 4: NURTURING AND ADAPTING

1. *Defined:* At this stage, organizations have made significant progress in embedding the guiding principles across most if not all of the implementation domains. They are continuing the ongoing process of deepening the organization or system’s commitment to address trauma and promote resiliency. They are also engaging and supporting partner organizations and systems to make progress along this change continuum as well.
2. Typical *actions* in this stage
 - a. The organization continues its work to extend the change process into additional implementation domains (described in detail below).
 - b. The organization routinely collects and reports data to assess the progress of the change process, and the impact of the process for staff and the people served by the organization.
 - c. Leaders and managers are organizing routine learning dialogues about the impact data to guide adaptations to the change process.
 - d. The organization and staff become advocates and champions of trauma and resilience within the larger system and community, and regularly engage policy-makers and funders around broader changes that support trauma and resiliency-informed systems change.
3. Beginning *questions to assess progress* at this stage
 - a. Are staff at all levels of the organization skilled in using trauma and resiliency-informed practices?

Section 3: A Developmental Framework

- b. Does everyone involved in the organization feel that they are a part of the decision-making process?
- c. Do individuals outside of the organization or system understand that trauma and resilience are at the center of its mission?
- d. Is the organization or system viewed as a leader in trauma and resiliency-informed systems change?
- e. Is the organization supporting its partners to become more trauma and resiliency-informed?
- f. Does the organization use data and learning dialogues to support decisions at every level?

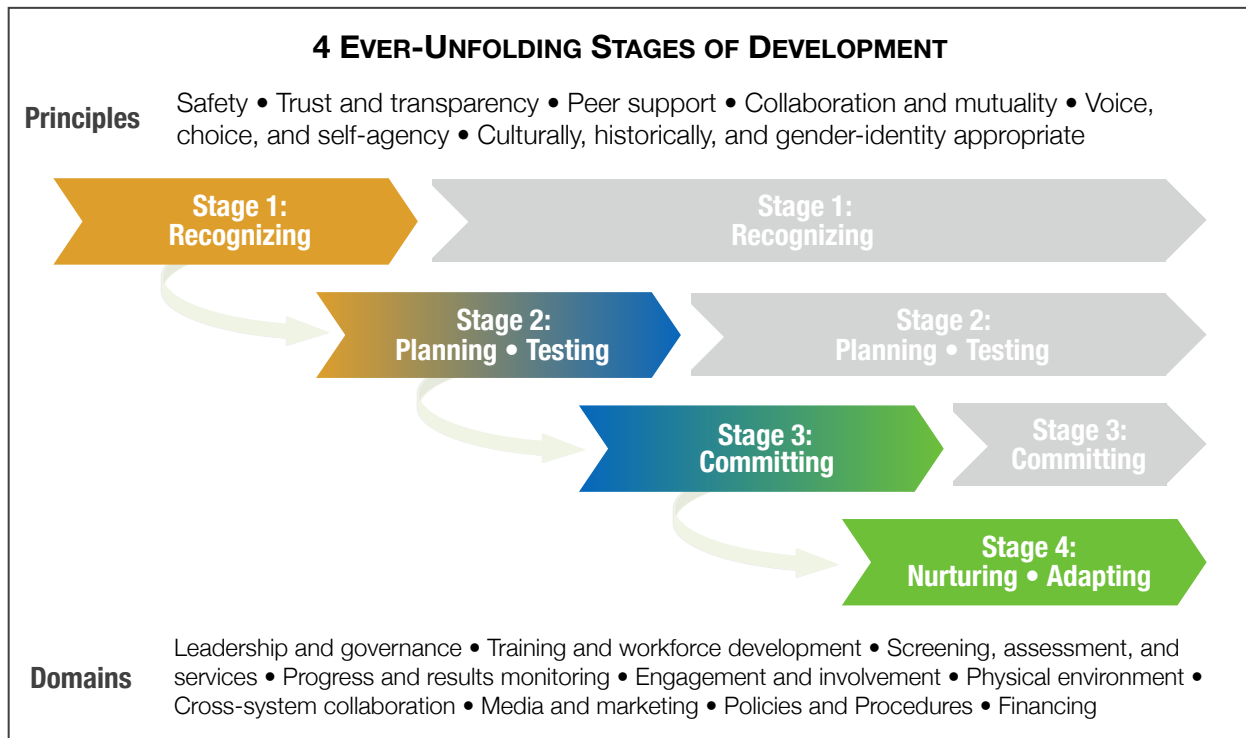
4. *Sample resources* to support work at this stage

Resources for Stage 4: Nurturing & Adapting		Websites
1	Bridge Housing & Health Equity Institute • Trauma Informed Community Building: A Model for Strengthening Community in Trauma Affected Neighborhoods	http://bridgehousing.com/PDFs/TICB.Paper5.14.pdf
2	City of Philadelphia Department of Behavioral Health and Intellectual disAbility Services • Philadelphia Behavioral Health Services Transformation: Practice Guidelines	http://dbhids.org/wp-content/uploads/2015/01/Practice-Guidelines-1.1.pdf
3	City of Philadelphia Department of Behavioral Health and Intellectual disAbility Services • Trauma Transformation Initiative	http://dbhids.org/trauma
4	Collective Impact	http://www.ssireview.org/articles/entry/collective_impact
5	Community Resilience Cookbook	http://communityresiliencecookbook.org/
6	Creating Culture: Promising Practices of Successful Movement Networks	https://nonprofitquarterly.org/2013/12/23/creating-culture-promising-practices-of-successful-movement-networks/
7	Health Care Toolbox	https://www.healthcaretoolbox.org/
8	Helping Traumatized Children Learn	http://traumasensitiveschools.org/
9	Institute for Health and Recovery • Developing Trauma-Informed Organizations: A Tool Kit	http://healthrecovery.org/images/products/30_inside.pdf
10	National Council for Behavioral Health	https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/
11	National Technical Assistance Center for Children’s Mental Health	http://gucchdtcenter.georgetown.edu/TraumaInformedCare/
12	NCTIC	https://www.samhsa.gov/nctic
13	NCTSN	http://www.nctsn.org/
14	Prevention Institute	http://www.preventioninstitute.org
15	Risking Connections	http://www.riskingconnection.com

Resources for Stage 4: Nurturing & Adapting		Websites
16	SAMHSA's TIP 57: Trauma Informed Care in Behavioral Health Services	http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf
17	The National Center on Family Homelessness • Trauma-Informed Organizational Toolkit for Homeless Services	http://www.air.org/resource/trauma-informed-organizational-toolkit
18	The Sanctuary Model	http://www.sanctuaryweb.com

A FINAL REFLECTION ON THE FRAMEWORK

Again, we share this framework not as a rigid prescription for how systems and organizations *should* develop, but rather as a starting place for leaders and others to assess where they are, and how they can most effectively evolve to a deeper level of commitment and action. No long-term change effort ever unfolds in such precise and distinct stages. As noted earlier, even the most effective processes will evolve through asynchronous cycles, and given the dynamic nature of complex systems, no stage is ever fully complete. As an ending reflection for this section, we offer a second visual representation of the framework to help system leaders better conceptualize how a change process focused on trauma and resiliency will likely proceed, with ever unfolding stages of development.



POTENTIAL STRATEGIES

The framework detailed in Section 3 provides the foundation for our discussion of potential strategies to advance this movement across our county—a movement to create *a trauma and resiliency-informed Los Angeles County*.

Given this animating vision, the strategy recommendations in this section reflect a commitment to support whole system and cross-system learning and action.

Most of the efforts we have documented, both across the country and within the county, remain focused on specific tasks or implementation domains without necessarily committing to an ongoing systems change agenda, or deepening cross-system engagement. For example, many initiatives have prioritized the integration of evidence-based treatments to address trauma within a specific population, without seeing these efforts as part of a long-term plan of systems development. As a result, other vital aspects within a system that are essential for the efforts to succeed over time—e.g., staff resiliency or capacity-building efforts to engage communities as partners—remain unchanged.

And worse, many aspects of the larger matrix of structural support within our public systems can unintentionally undermine interdependent development. For instance:

- ▶ Funding requirements, including data collection and reporting, can be highly segmented, even within a single system, making data-sharing across programs or systems challenging;
- ▶ Non-profit agencies that contract with and provide essential support to public systems can be encouraged to compete with one another for resources toward objectives that meet funders' requirements instead of addressing overarching gaps and resource-sharing to strengthen system-wide capacity to support wellbeing results; and
- ▶ Investments to support workforce training and development to strengthen *program* capacity are often prioritized by funders without also providing support to strengthen fundamental *organizational and systems* capacity—e.g., leadership and management skills. Without this additional support, program-specific investments may be systemically constrained over time in their capacity to achieve and sustain positive results.

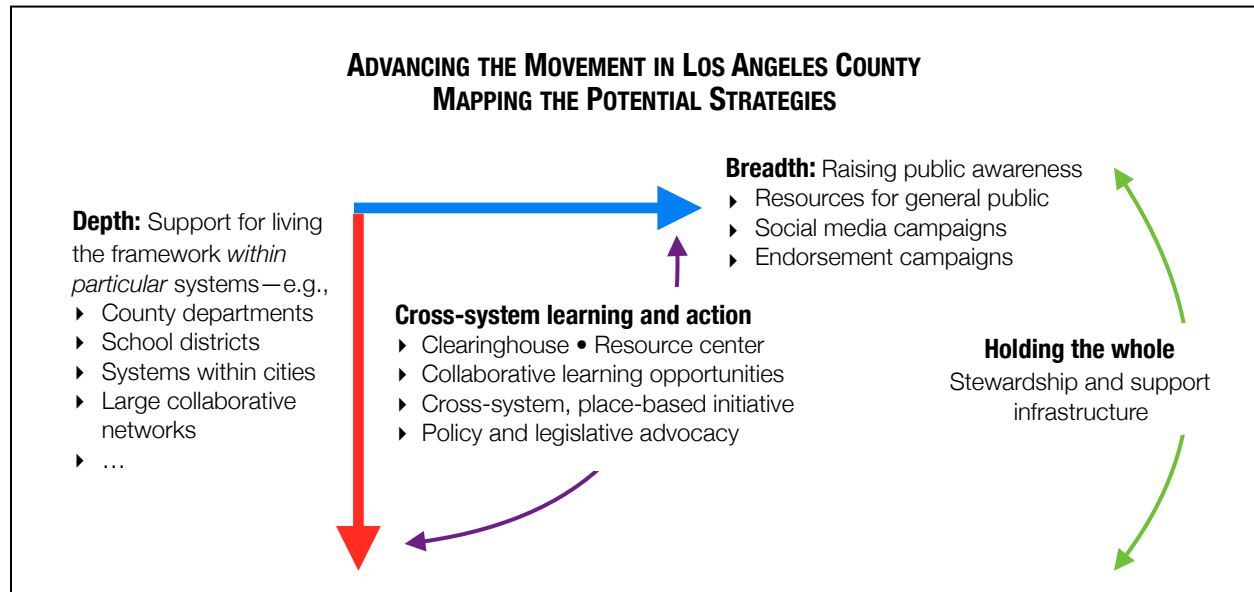
Grounded in a systems development perspective, we outline four types of long-term strategies:

- ▶ A strategy to *deepen change within particular systems* through support for adopting and living the developmental framework. Further, as particular systems are helped to deepen their change efforts focused on trauma and resiliency, they will become stronger role models and ambassadors for other systems who want to undertake this work.
- ▶ Strategies to nurture *cross-system learning and action*. These proposed actions focus on promoting interconnectedness among systems, and intentionally linking systems-change and community-change efforts focused on healing trauma and promoting resiliency.

Section 4: Potential Strategies

- ▶ Strategies to promote *broad community awareness* of trauma and resiliency to inform and inspire action from communities and populations who may not regularly engage with public service systems.
- ▶ A strategy focused on *holding the whole* of the movement to nurture a trauma and resiliency-informed Los Angeles County, including tending to the ongoing evolution and adaptation of the other three strategies.

The following diagram provides a visual representation of these recommendations.



We describe each of these potential strategies and related activities below.

DEPTH: SUPPORTING CHANGE WITHIN PARTICULAR SYSTEMS

Over the last several months, we have met with leaders and stakeholders across a number of systems in the county to learn about their current efforts related to trauma and resiliency, and to assess, with them, both their resonance with the emerging framework and their readiness to undertake a major systems change initiative at this time.

We discovered numerous efforts that are aligned with the impulse toward trauma and resiliency-informed systems change, including efforts within the following organizations and contexts:⁷¹

⁷¹ Fully and accurately describing the unfolding efforts within each of these contexts is beyond the scope of this report. Moreover, this is undoubtedly an incomplete list of systems and contexts that have committed to pursuing efforts related to trauma and resiliency. Given our timeframe, we could not meet with leaders from all county departments, much less from all school districts or cities within the county. If a particular system is missing from this list, the only conclusion that should be drawn is that we were not able to meet with leaders from that system, or document any of their current efforts within this phase of the initiative.

Section 4: Potential Strategies

- ▶ Los Angeles County Department of Child and Family Services;
- ▶ Los Angeles County Department of Mental Health;
- ▶ Los Angeles County Department of Parks and Recreation;
- ▶ Los Angeles County Department of Public Health;
- ▶ Los Angeles County Education Coordinating Council;
- ▶ Los Angeles County Office of Child Protection;
- ▶ Los Angeles County Probation Department;
- ▶ Los Angeles Unified School District;
- ▶ Partnership for Los Angeles Schools;
- ▶ Compton Unified School District; and
- ▶ City of Long Beach, including efforts engaging both city departments and the non-profit sector.

As promising as these many efforts are, none are currently designed and implemented as part of a system-wide culture change initiative at the scale suggested by the developmental framework. And even with their current scope and focus, each will inevitably encounter developmental challenges as staff and partners strive to adopt new behaviors, policies, and procedures.

Leaders from every system we engaged expressed resonance with the developmental framework. They also expressed that they and their staff and stakeholders would benefit from support to help them deepen their current efforts, and to grow these efforts into ongoing systems change work aligned with this framework. A potential strategy to accelerate and deepen these intra-system change efforts, therefore, would be to provide resources—e.g., funding, consultant support, and collaborative learning opportunities—to systems that demonstrate a commitment to do just that: to expand their current efforts related to trauma and resiliency into ongoing systems change work aligned with the developmental framework.

Ideally, this effort would:

- ▶ Be multi-year, given the complexity and scope of the ask;
- ▶ Engage several systems to demonstrate viability across contexts, and to foster cross-system learning opportunities; and
- ▶ Require substantial engagement from senior system leaders, and formal allocation of system resources beyond the resources provided through the initiative, to help ensure that each participating organization's commitment to an ongoing change process lives beyond the initiative.

STRATEGIES FOR CROSS-SYSTEM LEARNING AND ACTION

In addition to providing support for existing or nascent intra-system change efforts, we recommend the following cross-system strategies as potential high-leverage investments to advance the movement within Los Angeles County.

1. **Clearinghouse and resource center** to support current and potential systems change efforts

This clearinghouse could build upon the multi-county effort currently underway in the San Francisco Bay Area and the resources compiled in Appendix B of this report. Staff for the clearinghouse could regularly search for and make available promising resources to support trauma and resiliency-informed systems change at all levels of development—e.g., assessment tools; training resources; and evidence-based and promising practices for particular populations. Similar to the approach developed by Sonoma County, this strategy could also support a train-the-trainer model, providing staff and trainers with shared access to presentation resources.

2. **Collaborative learning opportunities** focused on cross-system issues

Regardless of whether a multi-year initiative emerges to support intra-system change efforts as recommended above, there is great need and opportunity for funders and others to support cross-system learning opportunities. Most of the efforts currently underway in the county are unfolding within individual systems, or involving a relatively small number of staff from a few systems who already have collaborative working relationships. Yet many of the learning edges and aspirations of these various efforts are similar, if not identical. Moreover, efforts related to violence prevention, safe communities, and restorative justice share much in common with trauma and resiliency-informed systems change initiatives, though there is often very little overlap or integration of these various efforts.

Identifying and supporting cross-system learning opportunities can help advance the movement toward trauma and resiliency-informed systems change, and help nurture the potential for greater system interconnectedness and collaboration as well. Creating such cross-system learning opportunities can build upon efforts like the National Child Traumatic Stress Network's Breakthrough Series Collaborative, evolved from practices developed by the Institute for Healthcare Improvement.

Such efforts should focus on creating safe and structured learning environments for participants to name, reflect on, and work through the inherently complex and messy processes of systems change related to trauma and resiliency. Potential examples of cross-system issues that could benefit from such structured learning opportunities include:

- ▶ Developing effective strategies to promote staff resiliency and address vicarious or secondary trauma;
- ▶ Assessing for “sufficient fidelity” to evidence-based models, and evolving such models effectively and appropriately when cost, context, or other considerations emerge to challenge the commitment to the model; and
- ▶ Learning how to assess for and appropriately engage communities as partners in addressing historical trauma.

In addition to the content of these explorations, participants can also be helped to master the process dimensions of such learning efforts in service of strengthening their respective change efforts.

3. **Cross-system, place-based initiative** focused on addressing both individual and community trauma and resiliency

As explored in Section 2, most current systems change efforts focus on individual or (less frequently) family trauma. There is related but distinct work beginning to systematically document adverse community experiences (as distinct from adverse *childhood* experiences) and parallel indicators of community resilience.⁷² We recommend developing an initiative to explore integrating systems change and community change efforts to address both individual and community trauma and resiliency.

Los Angeles County is already home to many place-based change efforts focused on various dimensions of community wellbeing—e.g., The California Endowment’s Health Happens in Neighborhoods campaign; First 5 LA’s Best Start Communities; the Los Angeles County Department of Mental Health’s Health Neighborhoods initiative; the Los Angeles County Department of Public Health’s Trauma Prevention Initiative; and many others. Additionally, Los Angeles Unified School District is exploring several initiatives to create and support trauma-informed schools, and the Los Angeles County Parks and Recreation Department is leading a Parks After Dark effort in communities across the county.

Given these place-based efforts already underway, and the burgeoning focus on systems change efforts related to trauma and resiliency, an opportunity exists to create an intentional, long-term exploration of how to connect systems change and community change efforts to improve individual, family, *and* community indicators of resiliency and wellbeing. Such an initiative could also build upon work related to restorative justice, family support and strengthening protective factors for families, violence prevention and safe communities, self-healing communities,⁷³ and similar efforts.

A major contribution of such an effort could be the refinement and application of emerging frameworks^{74,75,76} detailing how communities can be nurtured to become trauma and resiliency-informed, and the development of a framework to guide similar efforts to integrate systems and community change initiatives.

4. **Policy and legislative advocacy**

First 5 LA and many others are already tracking and advocating for policies at the local, state, and federal levels to promote trauma and resiliency-informed systems change. We recommend amplifying this capacity through county-wide coordination of such efforts. This work could also expand to engage university and college partners to advocate for changes in credentialing, certification, and recertification standards for various professional staff to include knowledge about trauma and resiliency.

⁷² Pinderhughes, Howard, *et al.*, *op. cit.*

⁷³ Porter, Laura, Kimberly Martin, and Robert Anda. *Self Healing Communities: A Transformational Process Model for Improving Intergenerational Health*. Princeton, NJ: Robert Wood Johnson Foundation, 2016.
<<http://www.rwjf.org/en/library/research/2016/06/self-healing-communities.html>>.

⁷⁴ Ibid.

⁷⁵ Pinderhughes Howard, et al., *op. cit.*

⁷⁶ RAND Corporation. <<http://www.rand.org/multi/resilience-in-action.html>>.

BREADTH: STRATEGIES TO BUILD PUBLIC AWARENESS

Building on efforts already underway across cities and regions through the Mobilizing Action for Resilient Communities (MARC) program and other initiatives, we could launch a broad-based community awareness and engagement campaign across the county. Aspects of the campaign could include:

- ▶ Increasing the availability of **resources for the general public** to become aware of the impacts of trauma and effective strategies for increasing resiliency and wellbeing. This work could include expanding the clearinghouse described above to include resources appropriate for the general public.
- ▶ Building **social media campaigns** and **engaging the arts and entertainment sector** to help promote trauma awareness and practices to build resiliency.
- ▶ Initiating a **formal endorsement campaign**. An inspiring example of such action is the Memorandum of Understanding that the trauma and resiliency-informed initiative in Tarpon Springs, Florida used to help launch its effort. This work in Los Angeles County could seek endorsements from the Board of Supervisors, city councils, school boards, and other governing bodies.

Done well, these strategies can help engage and build a commitment to act in communities and sectors well beyond our public service systems. Further, if implemented in concert with the cross-system, place-based strategy described above, this effort could help identify potential community leaders to initiate or deepen the community-change dimensions of this partner strategy.

BUILDING THE CAPACITY TO HOLD THE WHOLE

Throughout this report we have posited that the many efforts already underway within Los Angeles County are revealing a larger movement toward trauma and resiliency-informed systems change. To date, this movement has evolved organically across the county, nurtured by aligned—but mostly independent—impulses toward action and learning within various systems.

Any of the strategies outlined above could be embraced by one or more partners and funders, and progress on that strategy would clearly benefit the larger movement. The last strategy we recommend for consideration, however, is to **build the stewardship and support infrastructure needed to purposefully deepen and advance the overall movement**.

This recommendation builds upon our decades of experience designing and leading large-scale change efforts, and on the growing field of research and practice focused on collective impact.⁷⁷ Large-scale collective impact efforts typically evolve through several inter-related structures: a stewardship structure; multiple workgroup structures; and one or more backbone structures.

The functions of the stewardship group include:

⁷⁷ See, e.g., Collective Impact Forum. <<http://collectiveimpactforum.org>>.

Section 4: Potential Strategies

- ▶ Stewarding the overall effort, including ensuring ongoing engagement of stakeholders and community partners;
- ▶ Overseeing the development of the common agenda with active participation from stakeholders and community partners;
- ▶ Helping to create and overseeing the workgroup and backbone structures; and
- ▶ Ensuring accountability to stakeholders and community partners throughout the life of the effort.

Workgroup structures, on the other hand, take on a related but distinct set of responsibilities, including:

- ▶ Developing strategies to implement the common agenda, and performance measures to help track implementation progress;
- ▶ Engaging additional organizations, stakeholders and community partners to help implement the emerging strategies; and
- ▶ Reflecting regularly on the progress and impact of the emerging strategies, and recommending adaptations to the leadership group and others as appropriate.

The backbone structure(s) support the work of both the stewardship group and workgroups. Typical responsibilities include:

- ▶ Providing process support, including design, facilitation, and logistics support, for both the stewardship group and the workgroups;
- ▶ Helping to establish and implement shared measurement practices, both to assess implementation progress and results over time;
- ▶ Helping to develop and implement communication strategies to keep partners and stakeholders informed about progress, and to build interest and support for the larger effort;
- ▶ Developing and guiding efforts to effect policy changes as needed; and
- ▶ Helping to mobilize funding and other resources to ensure the sustainability of the effort.^{78,79}

The first phase of this work unfolded through rudimentary versions of these structures. Representatives from the five funders functioned as a steering committee; workgroup participants engaged in a series of conversations to evolve the developmental framework and strategy recommendations contained in this final report; and C4CW provided the backbone support.

While these structures worked well for the task of producing this report, much greater capacity across all three functions—stewardship, workgroup, and backbone—will be needed to intentionally support a long-term movement to create a trauma and resiliency-informed Los Angeles County. For example, the stewardship group will need to evolve to include senior representatives from participating systems, funders, and community stakeholders. We would likely need multiple workgroups to support the development of the recommended strategies, assuming the stewardship group and related stakeholders and partners commit to support the implementation of these strategies. And the level of backbone support needed would be far greater for such an effort, including far larger needs for process, data, communication, and resource development support.

⁷⁸ See, e.g., Collective Impact Forum. <<http://collectiveimpactforum.org/resources/steering-committee-and-working-group-roles>>.

⁷⁹ See, e.g., Collective Impact Forum. <<http://collectiveimpactforum.org/resources/value-backbone-organizations-collective-impact>>.

Section 4: Potential Strategies

To be clear: regardless of whether this larger stewardship and support infrastructure emerges, funders and partners could commit to implement any one or more of the other potential strategies, and the implementation of these strategies will help advance the larger movement in the county.

The question is: is it time to build the infrastructure needed to advance this movement with greater intentionality and purpose? We address this question in the concluding section.

CONCLUSION: WHY NOW?

The process that has produced this final report is the first effort we are aware of to intentionally cultivate a vision of a trauma and resiliency-informed Los Angeles County.

This vision may seem daunting, even overwhelming in a county of over 10 million residents, eighty-eight cities, eighty-one school districts, and myriad county, regional, and other systems. At the same time, given what is already unfolding across the county, we are inspired by the invitation of systems theorist Myron Kellner-Rogers to “start anywhere, and follow where it leads.”⁸⁰ That is, through this process and report we have sought to distill lessons learned, create an overarching framework, and enumerate potential strategies that can support and help amplify systems change efforts wherever they may be emerging or beginning to cohere.

And ... even if no one adopts the framework, and none of the potential strategies are implemented—the movement will continue. The historical roots of this work are too deep, the ACEs and related research too compelling, the positive results already being documented too promising, and the numbers of people and systems who already have said *yes* too large—for the movement to wither in Los Angeles County anytime soon.

So the question is not whether the movement will continue. It will. The question is whether there is sufficient will and commitment—what we describe in our work as alignment of intention⁸¹—to support a next level of organizing and action to advance the movement.

Ultimately, this question is not ours to answer: the answer will emerge through the deliberations and decisions of elected officials, systems leaders, funders, community leaders and others. Nevertheless, we hope the answer is *yes*.

Why? Because there is palpable momentum and excitement for this work right now, and because of the benefits that will likely only emerge from a next level investment of time, attention, and resources.

Workgroup participants and systems leaders steeped in the day-to-day details of current efforts across the county have expressed great support and hopefulness about how the potential strategies can strengthen and extend the reach of this work. They were equally candid about the potential limitations of their efforts without a greater level of support and engagement.

Moreover, given that many of the challenges and crises that befall the people served by our various systems likely have their roots in unhealed trauma, helping these systems develop common approaches for addressing trauma and promoting resiliency in partnership with communities just makes sense. As the report makes clear, however, this cross-system work will not likely happen without additional support beyond what is currently available, and certainly not the far more complex work of weaving together community change and system change efforts.

⁸⁰ As quoted in: Briskin, Alan, John Ott, Sheryl Erickson, et al. *Centered on the Edge*. Kalamazoo, MI: Fetzer Institute, 2001, p. 5. <<http://c4cw.org/wp-content/uploads/2016/04/Centered-on-the-Edge-2001.pdf>>.

⁸¹ Please see c4cw.org for details of our work.

The potential positive impact of community change efforts focused on trauma and resiliency seems particularly promising to us, both because of the pervasive toxicity and polarization of the larger political and cultural environment, and because of the inherent inability of education and social service systems, by themselves, to effect a culture of healing and wellbeing.

This summary analysis leads us to the proposition that investing in the potential strategies, and in particular, building the stewardship and support infrastructure needed to purposefully deepen and advance the overall movement, would be high leverage investments at this moment in our county and country's history.

As we stand in this in-between space, with one phase of this process coming to an end, and a next phase not yet emergent, we are filled with curiosity about what is wanting to unfold now, and with so much hope.

We know that any paradigm or cultural shift—and even the act of beginning to imagine such a shift—can create momentary chaos and emotional tumult as the familiar begins to give way to the unfamiliar and uncharted.

Our experience with large-scale change efforts over many years has taught us never to underestimate the power of conviction and hope. As Vaclav Havel, the Czech poet and first President of the Czech Republic observed:

Hope is a state of mind, not of the world ...

Either we have hope within us or we don't.... It is an orientation of the spirit, an orientation of the heart; it transcends the world that is immediately experienced, and is anchored somewhere beyond its horizons

Hope is ... not the conviction that something will turn out well, but the certainty that something makes sense, regardless of how it turns out.

ATTACHMENTS

We have created three attachments for this report.

- ▶ **Attachment A** reviews 15 initiatives from around the country focused on trauma and resiliency. Its purpose is to provide a general survey of different ways in which organizations, systems, and communities are working to become trauma and resiliency-informed.
- ▶ **Attachment B** briefly describes and categorizes over 160 resources related to trauma, trauma-informed care, resiliency, and relevant system change efforts. This is the larger set of resources from which we drew those highlighted in Section 3 detailing the developmental framework.
- ▶ **Attachment C** lists Steering Committee members, workgroup participants, and the organizations whose senior leaders engaged in conversations about their current or potential change efforts focused on trauma and resiliency.

Attachment A

**SUMMARIES OF SYSTEMS
CHANGE INITIATIVES**

SUMMARIES OF SYSTEMS CHANGE INITIATIVES: AN INTRODUCTION

This attachment contains an overview of sample trauma and resiliency-informed systems change initiatives from around the country. The purpose of this analysis is to provide a general survey of different ways in which systems, organizations, and communities are working to become trauma and resiliency-informed. This is not a comprehensive inventory of change efforts across the country, nor an evaluative assessment of the change efforts that are reviewed. Rather, the summaries are designed to inform, inspire, and deepen our understanding of how we can plan for and expand trauma and resiliency-informed systems change efforts within Los Angeles County. The great news is that a national movement for nurturing trauma and resiliency-informed systems is well underway, with many promising initiatives to learn from and build upon.

A total of 15 initiatives are summarized for this report, representing a diverse pool of organization-wide, regional and countywide, statewide, and community-wide initiatives. They range from a grass-roots campaign within a small city to a statewide, multi-systems effort, incorporating many strategies such as legislative advocacy, integration of evidence-based treatments, workforce training, and cross-system collaboration. More than half of the initiatives (8 out of 15) focused on supporting children, youth, and their families healing from trauma, and involved a wide array of public systems such as education, child welfare, juvenile justice, and physical health. These efforts typically involved close partnerships with mental and behavioral health systems to integrate evidence-based practices and treatments to screen for and address trauma, as needed.

Initiatives that did not focus on children and youth include:

- ▶ A regional, resources clearinghouse to support workforce training and evidence-based practices across seven behavioral health systems within San Francisco Bay Area counties,
- ▶ The San Francisco Department of Public Health's organizational culture-change initiative,
- ▶ The Women's Community Correctional Center of Hawaii's change initiative to transform its practices and foster a culture of healing, forgiveness, and transformation, inspired by the Hawaiian concept of Pu'uhonua, and
- ▶ Community-wide initiatives in Philadelphia, PA; Sonoma County, CA; Tarpon Springs, FL; and Walla Walla, WA that are now part of Mobilizing Action for Resilient Communities.

The sample initiatives were chosen from recommendations made by workgroup participants and steering committee members, and from our research inspired by their referrals. Our selection criteria was based on the availability of meaningful descriptions about the initiative, including information about the context and background, implementation strategies, accomplishments and outcomes, and how the initiative was funded. Finally, we also looked for initiatives that could inspire beginning lessons about how systems change initiatives in Los Angeles County could be designed and implemented.

This attachment contains two parts: (1) an overview table that summarizes the focus, population, and type of system for all of the initiatives in our sample, and (2) individual summaries that detail each of the fifteen initiatives.

The individual summaries provide the following types of information:

5. **System Focus** such as: education; justice and probation; child welfare; mental and behavioral health; public health; and community.
6. **Purpose** for the initiative including: transforming the culture of a system; improving access to treatment for trauma; developing a regional clearinghouse for trainings and resources related to trauma; and improving community awareness about ACEs and resiliency.
7. **Background • Context** to describe some of the unique circumstances that inspired it.
8. **Target Population • Size.** The smallest initiative was the Women’s Community Correctional Center of Hawaii with only 270 female inmates, not including staff and other participants. And the largest was the community initiative within the City of Philadelphia which has a population of 1.5 million residents.
9. **Definition of Trauma • Trauma-Informed Care** that the initiative used to guide its efforts. This information was not always available but we included it whenever it was possible to do so.
10. **Measures of Effectiveness and Impact.** In many cases, the initiatives described “how much” they accomplished (e.g., the number of trainings delivered) or “how well” tasks were carried out (e.g., feedback about the quality of trainings). But in many cases, the measures about how the initiative “improved lives” were not available. The relatively short duration of implementation for some of the initiatives and the limited availability of information about an initiative constrained our capacity to describe the most current impact that an initiative may have accomplished.
11. The degree to which it integrated the **Principles and Implementation Domains** outlined in the Substance Abuse and Mental Health Services Administration’s (SAMHSA) Framework for a Trauma-Informed Approach.⁸² This framework defines six principles to adopt to become a trauma-informed system: safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. It also describes ten implementation domains: governance and leadership; policy; physical environment; engagement and involvement of people in recovery, trauma survivors, people receiving services, and family members receiving services; cross-sector collaboration; screening, assessment, and treatment services; training and workforce development; progress monitoring and quality assurance; financing; and evaluation. The trauma and resiliency-informed systems change framework that is emerging for Los Angeles County builds upon SAMHSA’s principles and implementation domains. We therefore wanted to explore how other initiatives aligned with the SAMHSA framework.

Finally, workgroup participants and steering committee members reviewed all individual summaries and provided written feedback in addition to reflections shared during table and large group discussions. This feedback was an essential data source for the final report.

⁸² Substance Abuse and Mental Health Services Administration. *SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach*, *op. cit.*

OVERVIEW OF SAMPLE INITIATIVES

Initiative	Focus	Population	System	Pg #	
ORGANIZATION-WIDE INITIATIVES					
1	Center for Youth Wellness • San Francisco, CA	To change the standard of pediatric practice by creating a clinical model that recognizes the impact of adverse experiences on health, and that effectively treats toxic stress in children	Children screened & treated by CYW: 300+ (2015)	Public Health	p. 57
2	San Francisco Department of Public Health's Trauma-Informed Systems Initiative	To combat the effects of systemic trauma and promote a paradigm shift in the organizational culture with workforce training as a major component	9,000 employees (2014)	Public Health	p. 60
3	Women's Community Correctional Center of Hawaii's Trauma-Informed Care Initiative	To create a culture of healing, forgiveness, and transformation, inspired by the Hawaiian concept of Pu'uhonua (a place of refuge, asylum, peace, and safety)	270 female inmates (2006)	Justice and Probation	p. 62
REGIONAL & COUNTYWIDE INITIATIVES					
4	Alameda County School Based Behavioral Health Initiative	To create a comprehensive yet flexible approach to creating trauma-sensitive school environments as part of an overall effort to build school-based behavioral health systems	All members of the school community: students, caregivers, teachers, staff, administrators	Education	p. 65
5	Positive Youth Justice Initiative • Alameda County, CA (1 of 4 Phase 2 counties)	To transform juvenile justice practice and policy, integrating the Positive Youth Development framework, trauma-informed care, wraparound service delivery, and improved operational capacity	Crossover youth who have been involved in both juvenile justice & child welfare systems	Justice and Probation	p. 70
6	Positive Youth Justice Initiative • San Joaquin County, CA (1 of 4 Phase 2 counties)				p. 73
7	San Diego Unified School District (Cherokee Point Elementary School)	To become trauma-informed across the school district, building on the success of Cherokee Point Elementary School	Students in San Diego School District: 130,000+ students in pre-school through grade 12 (2013-14)	Education	p. 76
8	San Francisco Bay Area Trauma Informed Systems of Care	To create a trauma-informed regional infrastructure to implement, sustain, and improve services for children and youth affected by trauma	Children & youth affected by trauma living in SF Bay Area counties	Mental and Behavioral Health	p. 79

Initiative	Focus	Population	System	Pg #	
STATEWIDE INITIATIVES					
9	Child Health and Development Institute of Connecticut	To improve access to effective mental health services for children suffering from exposure to trauma	Children <18 in CT: approx. 783,000, with 156,000 who may have behavioral health symptoms (2014)	Child Welfare • Education • Justice/Probation • Mental and Behavioral Health • Physical Health	p. 81
10	Massachusetts Child Trauma Project	To improve placement stability and outcomes for children with complex trauma in the care of the Massachusetts Department of Children and Families (DCF)	DCF children 0-18 with complex trauma, resource parents, staff, service providers. DCF served 100,000 youth annually (2015)	Child Welfare	p. 85
11	Trauma and Learning Policy Initiative • MA	To promote a whole school approach to trauma-sensitive schools that help children feel safe to learn	954,773 MA students enrolled in 1,854 schools/404 school districts (2013)	Education	p. 89
COMMUNITY-WIDE INITIATIVES • Mobilizing Action for Resilient Communities (MARC) Program					
12	MARC • Philadelphia, PA (1 of 14 communities)	To develop research, policies, and practices that treat and prevent ACEs, thereby improving the health and wellbeing of children and families	Population of Philadelphia: 1.56 million (2014)	Community	p. 94
13	MARC • Sonoma County, CA (1 of 14 communities)	To inform the community about ACEs, promote evidence-based strategies/programs to reduce the impact of ACEs, build resilience, and change systems to more effectively serve people touched by trauma	Population of Sonoma County: 502,146 (2015)	Community	p. 97
14	MARC • Tarpon Springs, FL (1 of 14 communities)	To effect long-term community improvement by increasing awareness about issues facing community members who have been traumatized and promoting healing	Population of Tarpon Springs: 24,239 (2014)	Community	p. 99
15	MARC • Walla Walla, WA (1 of 14 communities)	To mobilize the community through dialogue to radically reduce the number of ACEs while building resilience and creating trauma-informed schools	Population of Walla Walla: 31,910 (2014)	Community • Education	p. 102

ORGANIZATION-WIDE INITIATIVES

Center for Youth Wellness (CYW) San Francisco, CA

System Focus

Public Health

Purpose

- Led by founder and CEO Dr. Nadine Burke Harris, CYW's goal is to change the standard of pediatric practice by creating a clinical model that recognizes the impact of adverse experiences on health and effectively treats toxic stress in children.
- Major funders in 2015 include: The Annie E. Casey Foundation, Battery Powered, CPMC/Sutter Health, Center for Health Care Strategies, Genentech, Google.org, The James Irvine Foundation, The JPB Foundation, Kaiser Permanente, Lisa and John Pritzker Family Fund, Los Angeles Partnership for Early Childhood Investment, Metta Fund, The Sarlo Foundation, and Tipping Point Community.
- CYW's focus areas:
 - **Clinical Programs:** Integrating primary health care, mental health and wellness, research, policy, education, and community and family support services. Clinical programs work in partnership with the Bayview Child Health Center to treat children, youth and caregivers referred by a pediatrician who exhibit symptoms of physical or emotional distress due to ACEs and toxic stress.
 - **Research:** Conducting and disseminating promising and evidence-based research and knowledge about ACEs and their consequences.
 - **Policy & Advocacy:** Advocating for local, state and national policy and systems change targeted at preventing, screening, and healing the impact of toxic stress in children and adolescents exposed to ACEs. CYW creates awareness about the serious and pervasive impact of ACEs in children and the need to shift resources toward effective intervention and treatment programs.
 - **Community Education:** Expanding the ability and capacity of youth-serving organizations to respond to the needs of children exposed to early adversity and make appropriate service plans and referrals.

Background • Context

Inspired by the profound implications of the ACE study, CYW was created to respond to this urgent health crisis. According to the ACE study, a person with 4 or more ACEs is:

- | | |
|--|---|
| • 2.2 times as likely to have ischemic heart disease | • 12.2 times as likely to attempt suicide |
| • 2.4 times as likely to have a stroke | • 10.3 times as likely to use injection drugs |
| • 1.9 times as likely to have cancer | • 7.4 times as likely to be an alcoholic |
| • 1.6 times as likely to have diabetes | |

Target Population • Size

- Total children screened and treated by CYW: 300+ (2015)
- 61% of CYW screened patients have an ACEs score of 4+

Definitions: Trauma • Trauma-Informed Care *(as specified)*

ACEs are traumatic experiences that can have a profound effect on a child's developing brain and body with lasting impacts on health. There are ten recognized ACEs which fall into three categories:

- **Abuse:** physical, emotional, sexual
- **Neglect:** physical, emotional
- **Household Dysfunction:** mental illness or suicide attempt, incarceration, mother treated violently, substance abuse, divorce or separation

**Center for Youth Wellness (CYW)
San Francisco, CA**

Measures of Effectiveness & Impact

In November 2014:

- Hosted the first California ACEs summit, “Children Can Thrive,” welcoming over 200 leaders from across the state to address ACEs as a public health crisis.
- Published, *A Hidden Crisis: Findings on Adverse Childhood Experiences in California*, a first-of-its-kind report examining the prevalence of ACEs using data from the California Behavioral Risk Factor Surveillance System.

In 2015:

- Screened and treated over 300 children from San Francisco’s Bayview/Hunter’s Point neighborhood for exposure to high levels of ACEs.
- Developed and released the CYW *Adverse Childhood Experiences Questionnaire (ACE-Q) and User Guide* as a screening tool and protocol for pediatric care providers.
- In partnership with UCSF and UCSF Benioff Children’s Hospital Oakland, launched the Bay Area Research Consortium to bolster research and scientific tools related to how childhood adversity affects children’s health.
- Convened leaders from early childhood, education, health, child welfare and juvenile justice from around California to develop a multi-sector collective impact approach to childhood adversity.
- The American Academy of Pediatrics hosted its first-ever, pre-conference session on ACEs and toxic stress, and featured Dr. Nadine Burke Harris as the keynote speaker.
- Released its policy report, *Children Can Thrive: A Vision for California’s Response to Adverse Childhood Experiences*.
- Launched its #ChildrenCanThrive public education campaign nationally to expand awareness of ACEs and toxic stress.

SAMHSA Principles

Descriptions of CYW suggest that it has been informed by all six principles. CYW also emphasizes:

- Resilience & Recovery
- Social Justice & Health Equity

SAMHSA Implementation Domains

CYW focuses on many implementation domains, with less of an emphasis on physical environment and financing. The following are sample implementation activities by domain:

- **Policy:** In collaboration with local, statewide, and national partners, CYW is giving voice to the experiences of children exposed to early adversity and working to change the policies and systems that stand as barriers to health, stability, and opportunity for children and families.
- **Engagement and Involvement:** Engaging a Community Advisory Council to ensure that the voices of the community are at the heart of the work. The Community Advisory Council prepares members to become ambassadors in the Bayview community.
- **Screening, Assessment, and Treatment:** Developing, employing, and researching treatments and promising practices that heal the brains and bodies of children.
 - ACE-Q
 - Research-based multidisciplinary intervention services include: care coordination, home visiting, mental health services, health education, social work, mindfulness and two-generation interventions
 - Screening every young person for ACEs and integrating treatment for toxic stress
- **Training:** Educating health care professionals on how to effectively screen for and treat ACEs and toxic stress.

In addition to these implementation activities, the following activities are noteworthy:

- **Communications and public awareness:** Providing trainings, workshops, community-based and school-based ACEs awareness and information programs, webinars, resources, and materials.

**Center for Youth Wellness (CYW)
San Francisco, CA**

Challenges • Recommendations (as specified)

Recommendations for a few collective first steps to build a statewide movement to respond to ACEs (from *Children Can Thrive*):

- Raise awareness about unaddressed exposure to ACEs and build a movement in the community
- Organize partnerships across diverse sectors to address systemic barriers to the prevention and treatment of toxic stress
- Identify, research, and advance best practices that establish the evidentiary basis for clinical and community interventions
- Support and expand efforts to foster trauma-informed practices across health care, education, child welfare, and juvenile justice systems

Quotes

- “The vision for California’s future ... is one centered on wellness, health, and opportunities for success for children, families, and communities across the state. ... no one individual, organization, agency or sector alone can address the impacts of Adverse Childhood Experiences. From policymakers to parents, from philanthropy to private organizations, we each have a role to play in advancing a movement that makes health and hope a priority for all children.”
— CYW. *Children Can Thrive*, p. 14.
- “ACEs and their impact on the health and welfare of Californians are a reality that cannot be ignored. Four years of BRFSS data illustrate, all too clearly, the lifelong consequences of unaddressed adverse experiences in childhood. California must seize this opportunity to promote the health and success of California’s children and families by addressing the impact of ACEs.”
— CYW. *A Hidden Crisis*, p. 14.

Sources

- <http://www.centerforyouthwellness.org>
- <https://drive.google.com/file/d/0B8DMHTMEN2iISGo5UWIUEtUZ1E/view>
- <https://app.box.com/s/fd9gnls5rswzo2biepbfiz8m23jy1uk>
- <https://app.box.com/s/nf7lw36bjr5kdfx4ct9>

ORGANIZATION-WIDE INITIATIVES

San Francisco Department of Public Health's (DPH) Trauma-Informed Systems Initiative

System Focus

Public Health

Purpose

- Created to combat the effects of systemic trauma and promote a paradigm shift in the organizational culture, most notably, the ways in which repeated exposure to trauma fragments and destroys relationships within the workforce.
- Workforce training is a major component of the initiative's theory of change, acknowledging that the implementation of long-term support and sustainable structures for knowledge transfer are key to organizational change.

Background • Context

- In 2012, DPH Director Barbara Garcia initiated an exploration of how DPH could become a Trauma-Informed System (TIS). Ultimately, Garcia commissioned a workgroup led by Ken Epstein, Director of Children, Youth, and Families, to oversee this effort.
- In addition to Epstein, the workgroup was supported by a full-time coordinator, a team of 4 interns, internal subject matter experts, and the Community Behavioral Health Services Training Department.
- Under a model of participatory leadership, over 400 people, including providers, non-providers, primary care and various peer and advocacy groups engaged in the process design.
- DPH as a lead agency was awarded a four-year SAMHSA to develop a trauma-informed region involving children, youth and family systems of care from seven Bay Area counties. (For details, see the summary for the San Francisco Bay Area Trauma Informed Systems of Care.)
- Nationally, TIS has established a consultation workgroup including other early innovators developing Trauma-Informed Systems of Care, including Philadelphia, Maine, Upstate New York and San Diego.

Target Population • Size

9,000 DPH employees (2014)

Definitions: Trauma • Trauma-Informed Care *(as specified)*

- Trauma is broadly experienced, pervasive, and can have long lasting effects. Also sometimes called “toxic stress.”
- Organizational trauma can be described as a “ripple effect,” transmitted between interactions with clients, families, communities, and staff, that then spreads to supervisors, support staff, administration, and ultimately across the organization and the broader service delivery system.
- Trauma-Informed Systems principles and practices support: (1) reflection in place of reaction, (2) curiosity in lieu of numbing, (3) self-care instead of self-sacrifice, and (4) collective impact rather than siloed structures.

Measures of Effectiveness & Impact

- Mandatory, foundational training to all 9,000 public health employees to create a shared language and understanding of trauma for the workforce.
- Development of an embedded Champions Learning Community to support, apply, and sustain the application of the TIS principles and practices into the entire DPH workforce.
- Train-the-Trainer program to embed and harness trauma expertise within the system and establish a permanency of the initiative.
- Intentional efforts to align TIS with all workforce and policy initiatives to ensure TIS implementation increases coherence, unifies the system, and improves outcomes.

**San Francisco Department of Public Health's (DPH)
Trauma-Informed Systems Initiative**

- Leadership engagement and outreach to support leaders to integrate TIS principles into day-to-day operations, as well as promote systems change at the program and policy level.
- Work toward establishing San Francisco as a trauma-informed city, ensuring that the entire workforce has a common language and principles.

SAMHSA Principles

Descriptions of TIS suggest that it has been informed by all six principles. The initiative also emphasizes:

- Compassion & Dependability
- Resilience & Recovery

SAMHSA Implementation Domains

The initiative began by focusing on Training and Workforce Development, as well as Leadership and Governance. Some noteworthy aspects of the work within these implementation domains include:

- Integrating TIS with Service Excellence and Relationship Centered Communication, a staff development model that emphasizes safety, respect, support, and nurturing to achieve seismic shifts in how staff relate to each other and to clients.
- Aligning TIS with the Black and African American Health Initiative, which addresses institutional disparities impacting African American staff, and health disparities in the African American community.
- Cultural Humility: Understanding the impact of racism on delivery systems and communities and the connection with trauma, and consulting with Dr. Melanie Tervalon.
- Integrating workforce satisfaction survey with TIS evaluation strategies.
- Train-the-Trainer: Creating embedded trauma-informed experts and leaders within the organizations who can lead the transfer of knowledge.
- Champions: Embedding champions at all levels of the organization; practicing Sandra Bloom's Community Meeting Structure, a framework for trauma-informed staff meetings.

As the initiative evolved, it began to address other implementation domains, including:

- Progress Monitoring and Quality Assurance: Meeting regularly with the Public Health Cabinet to report on progress and to receive directives and guidance on implementation and strategies.
- Evaluation: Measuring staff's individual experience of the foundational training, of readiness and support for change, and in implementing the trauma informed principles into their daily work life.
- Systems of Care Collaboration: Providing leadership to other agencies throughout the Bay Area, including expanding the training to partner agencies.

Challenges • Recommendations (as specified)

Not specified

Quote

“To date, over 20% of our workforce have been trained with an overwhelmingly positive response to the training, the call to change, and empowerment to apply the TIS principles at all levels. Breaking the echoing cycle of personal to organizational trauma in our system, across other City Agencies and throughout the San Francisco Bay Region is within reach.”

— San Francisco Department of Public Health. *Trauma Informed Systems Initiative: 2014 Year in Review*, p. 9.

Source

<http://www.leapsf.org/pdf/Trauma-Informed-Systems-Initiative-2014.pdf>

ORGANIZATION-WIDE INITIATIVES

Women's Community Correctional Center of Hawaii's (WCCC) Trauma-Informed Care Initiative (TICI)

System Focus

Justice and Probation

Purpose

- Starting in late 2008, Warden Mark Kawika Patterson and his colleagues began planning for the TICI at the only women's prison in Hawaii. Their vision was to create a culture of healing, forgiveness, and transformation, inspired by the Hawaiian concept of pu'uhonua (a place of refuge, asylum, peace, and safety).
- Their effort evolved in collaboration with: (1) the facility administration, staff, and inmates, (2) community-based non-profit organizations and foundations, (3) state and federal government agencies, (4) educators, evaluators, and researchers from the University of Hawaii, and (5) volunteers from churches, civic organizations, and the broader community.
- TICI:
 - Received consultation from the National Center for Trauma-Informed Care (NCTIC).
 - Was awarded grants and support from the Office of Hawaiian Affairs, the State's Mental Health Transformation State Incentive Grant, and the University of Hawaii's Mental Health Services Research, Evaluation, and Training program.
 - Focuses on a community building approach to culture change, including a wide range of trauma-specific interventions such as integrated models for trauma and substance abuse treatment, manualized group counseling models, Prolonged Exposure Therapy, body-based interventions, and Eye Movement Desensitization and Reprocessing.

Background • Context

- Most inmates at the women's prison are trauma survivors and common prison routines can be re-traumatizing for them.
- The impact of historical trauma is of particular concern. While Native Hawaiians make up only 10% of the state's general population, 40% of the inmate population at WCCC are of Native Hawaiian ancestry. The loss of traditional roles and cultural touchstones for Native Hawaiians, and the resulting discrimination and poverty, can inspire feelings of failure and hopelessness that are transmitted down through the generations. The trauma of cultural disruptions caused by the U.S. overthrow of the Hawaiian monarchy in 1893 is still evident.

Target Population • Size

- Population: 270 female inmates (2006)
- An inmate at WCCC is more likely than the general population of Hawaii:
 - To be of Hawaiian/part-Hawaiian ethnicity (40%),
 - To report childhood and sexual victimization (60%),
 - To be serving time for either a felony drug charge (35%) or property offense (36%),
 - To have experienced some type of violence in her life (80%),
 - To have a history of substance abuse (95%) and mental health issues (33%), and
 - To be the mother of at least one child (60%).

Definitions: Trauma • Trauma-Informed Care (as specified)

- Historical trauma is the “cumulative emotional and psychological wounding ... spanning generations, which emanates from a massive group trauma.”
- Rather than focusing on treating trauma symptoms, trauma-informed care is a philosophy for reorganizing service environments to meet the unique needs of survivors and to avoid inadvertent re-traumatization. Trauma-informed practices support resilience, self-care, and healing. In trauma-informed settings, everyone is educated about trauma and its consequences, and everyone is mindful of the need to make the environment more healing and less re-traumatizing for both program participants and staff.

**Women's Community Correctional Center of Hawaii's (WCCC)
Trauma-Informed Care Initiative (TICI)**

Measures of Effectiveness & Impact

Trauma screening and assessment

- Formation of an Assessment Task Group
- Development of an innovative approach to trauma screening and assessment through a 10-week orientation program for new inmates delivered by peer leaders and members of the assessment team

Awareness and sensitivity trainings

- 2.5-hour awareness training for WCCC inmates, male inmates at the Oahu Community Correctional Facility, partner agencies, first responders, and community members, including families of WCCC inmates
- Day-long training by NCTIC on Trauma, Addiction, Mental Health, and Recovery (TAMAR), a model of group treatment for trauma
- 3-days of intensive training by NCTIC for staff, contractors and non-profit agencies serving inmates, and community-based TICI participants
- Two-day meeting in Baltimore sponsored by SAMHSA's National Coordinating Center to Reduce and Eliminate the Use of Seclusion and Restraint attended by a team from TICI
- Nine-module training curriculum for corrections officers and other WCCC personnel
- Presentations by trauma survivors to WCCC inmates about the principles, values, and processes of peer support, survivor participation, and leadership
- Strategic planning: a SAMHSA consultant facilitated two days of strategic planning with the TICI team, Working Group, and other partners to develop mechanisms to maintain and expand the reach of the TICI.
- Trauma-Informed Practices to Reduce Seclusion and Restraint: Incorporation of model policies, including experimentation with comfort/sensory rooms
- Additional resources and program enhancements: (1) Programs that support: bonds between mothers and their children, substance abuse treatment, reentry/transition, community outreach, and community volunteers; (2) Beautification of the physical environment.

SAMHSA Principles

Descriptions of TICI suggest that it has been informed by all six principles. The initiative also emphasizes:

- Survivor participation and leadership
- Resilience and strengths-based approaches

SAMHSA Implementation Domains

Descriptions of TICI suggest that it focused on a wide range of implementation domains. The following are sample implementation activities by domain:

- Leadership: Warden Patterson's passion for transforming WCCC into a pu'uhonua within a trauma-informed framework, and his ability to communicate that vision to inspire others were a central factor in TICI's ongoing success.
- Physical Environment: Drab walls were replaced with bright colors, murals, and paintings by WCCC artists. Inmates landscaped near a stream to create an oasis of Native Hawaiian plants. A large open-air pavilion on a grassy lot was constructed by volunteers using donated materials. Inmate activities such as time with children now take place at the pavilion.
- Survivor Participation: Inmates received the same training as staff and were meaningfully involved in meetings and events. Parolees were also members of the Working Group.
- Screening, Assessment, and Treatment Services: Trauma screening for all WCCC inmates, assessment for women who screen positive for a history of trauma, and trauma-specific mental health treatment within WCCC
- Commitment to Becoming a Learning Organization: In addition to basic trauma awareness and sensitivity training for all WCCC employees offered through multiple events and over an extended period of time, there was strong TICI leadership commitment to multi-year processes of culture change nurtured through on-going supervision, Working Group meetings, and cross-fertilization among partner organizations.

**Women’s Community Correctional Center of Hawaii’s (WCCC)
Trauma-Informed Care Initiative (TICI)**

- Community Involvement: In most communities, what goes on behind prison walls remains a mystery, and there is often a lack of understanding and interest about incarcerated individuals. Warden Patterson has made a point of involving the WCCC women in outreach to the community, which puts a human face on the issue of trauma found within correctional facilities. By fostering understanding of the impact of trauma on the women’s lives and showing concretely that healing and growth are possible, this outreach benefitted both the community and WCCC by making community volunteers an integral part of the change effort.

Challenges • Recommendations (as specified)

- Create an Integrated System of Care including public and private entities to incorporate a Trauma-Informed System of Care as a shared core approach that encompasses the “twinkle to wrinkle” span of life, and provides prevention, intervention, and after-care support for infants, children, adolescents, adults, and families that is interconnected, inclusive, dynamic, and founded on shared values and common principles.
- Make every part of the community a pu’uhonua (place of healing), including state agencies, private providers, nonprofit organizations, churches, schools, community health centers.

Quotes

- “When I started work at the Women’s Community Correctional Center in 2006, I came to a few realizations quickly. One third of the women were on medication for psychiatric disorders, 90% of their crimes were drug related, and of those who were addicts, 75% had a history of emotional, physical, or sexual trauma. Although most of the 270 women were incarcerated for minor infractions and classified as minimum security, the entire inmate population was treated like the 80 inmates who required higher security measures. I thought, these women don’t need punishment, they need a place to heal. Inspired by the ancient Hawaiian concept of pu’uhonua, a place of refuge, asylum, peace and safety, I set out to create such a place at WCCC.”
— Warden Mark Patterson • “Can Prison Be a Place of Healing? The Trauma-Informed Care Initiative at the Women’s Community Correctional Center.”
Hūlilī: Multidisciplinary Research on Hawaiian Well-Being, p. 315.
- “When I first came here. I cried all the time and isolated myself. I joined a creative writing class, and now I go out and share my writing in churches and schools. Now I have friends, go to programs. What changed for me is that I have learned about myself; I’ve matured and grown. the learning was all for growth - life has more meaning for me now.”
— WCCC inmate • The National Association of State Mental Health Program Directors & Advocates for Human Potential, Inc. *Creating a Place of Healing and Forgiveness*, p. 9.

Sources

- <http://www.rsat-tta.com/Files/Hawaii-Program-Brief>
- http://www.ksbe.edu/_assets/spi/hulili/hulili_vol_9/11_2013_Vol9_Patterson_Uchigakiuchi_Bissen.pdf

REGIONAL & COUNTYWIDE INITIATIVES

Alameda County School Based Behavioral Health Initiative

System Focus

Education

Purpose

- Launched in 2009, the initiative brought together two divisions within the Alameda County Health Care Services Agency: Behavioral Health Care Services and the Center for Healthy Schools and Communities.
- Leverages the expertise of national and local organizations leading the effort toward trauma-informed schools including: the Massachusetts Advocates for Children; and the University of California, San Francisco’s Healthy Environments and Response to Trauma in Schools project.
- Focuses on creating a comprehensive yet flexible approach to creating trauma-sensitive school environments as part of an overall effort to build school-based behavioral health systems, with the following goals:
 - Supporting schools and districts in building capacity at multiple levels
 - Supporting the entire school community in responding to the effects of trauma
 - Fostering resilience and learning for all students
- Innovative model expands universal access to behavioral health supports and builds the capacity of schools and districts to promote socio-emotional development and learning. Trauma awareness is a key element of this model.

Background • Context

- High incidents of trauma in Alameda County. Exposure to trauma can interfere with cognitive processes, including “concentration, memory, and language abilities that children need to function well in school.” Trauma also frequently affects perception and emotion in ways that can make learning and social interaction extremely difficult.
- Educators and providers working in schools with students who experience trauma are indirectly exposed to these traumatic experiences, and can be affected themselves. Individuals who are affected by compassion fatigue may experience symptoms similar to Post-Traumatic Stress Disorder. Compassion fatigue can also result in decreased creativity and sense of self-efficacy, changes in memory and perception, and disruption in interpersonal relationships.
- Initiative was launched to create a shared model for building and financing school-based behavioral health systems across Alameda County.
- Incorporating trauma-informed practices into school culture strengthens all components of the school-based behavioral health system, and increases the capacity of everyone on campus to support student learning and wellness.

Target Population • Size

All members of the school community—students, caregivers, teachers, staff, and administrators—size unknown.

Definitions: Trauma • Trauma-Informed Care *(as specified)*

- The ACE study included 10 types of childhood trauma: physical abuse, sexual abuse, emotional abuse, physical neglect, emotional neglect, mother treated violently, household substance abuse, household mental illness, parental separation or divorce, and incarcerated household member.
- Secondary traumatic stress or compassion fatigue: The physical and emotional duress that results from hearing about the first-hand trauma experiences of another or from working with the behaviors that result from another’s traumatic experiences.

Alameda County School Based Behavioral Health Initiative

- Trauma-informed schools within school-based behavioral health systems: The infrastructure, programs, and relationships within a school and district that promote the healthy social-emotional development of all students and address behavioral health-related barriers to learning. Being a trauma-informed school means that the adults in the school community understand the impacts of trauma on learning and healthy development. They are intentional about creating an environment that is predictable and nurturing, has caring and consistent adults, and promotes healthy attachments with adults to learn attunement and build resiliency. The adults are able to recognize students' natural reactions to trauma, and provide support and alternatives instead of punishing them for being disruptive or non-attentive. Trauma-informed schools are also better able to support all members of the school community who are affected by traumatic events, whether directly or indirectly.

Measures of Effectiveness & Impact

- Investment of over \$25 million annually in behavioral health supports in over 170 schools in all 18 school districts, and district-level consultation in six of those districts.
- Placement of behavioral health professionals in schools and school districts throughout Alameda County, through its own staff of clinical case managers and through contracts with roughly 20 community-based provider organizations.
- As a result of monthly support and consultation group for all behavioral health providers on site to address the issue of vicarious trauma, providers felt more supported and connected to one another. They also felt more equipped to provide effective consultation to staff around how to support students who had experienced trauma, and more knowledgeable about tools and resources to support their clients.
- At a large Oakland high school, feedback from teachers about the clinical case manager, who coordinated and delivered monthly professional development sessions for teachers, indicated that the sessions were very useful in providing them with practical tools to support their students, and in helping them be more prepared to handle the challenges of their work.
- Engagement of two behavioral health consultants in New Haven Unified district helped the district to accomplish many things, including:
 - Developed and used Coordination of Services Teams to create shared responsibility and a system for managing student referrals and interventions.
 - Formed new partnerships with behavioral health providers that were interested in providing direct service and doing school-wide prevention work.
 - Strengthened the capacity of school staff to create a caring and consistent environment, and build relationships between students and staff and a sense of community within the schools.
 - Conducted workshops for families on everything from family communication, to self-care, to post-secondary options. Parents reported feeling more supported on campus and welcomed as part of the school community. Staff noticed a significant increase in parent involvement with classroom and school-wide activities.
- At an Oakland middle school, the clinical case manager provided individual consultation to teachers, formal trainings, and modeling of specific proactive techniques that teachers integrated into their classrooms to help to create classroom spaces that were safe and conducive to learning for all students.
- Hayward Unified School District adopted Positive Behavioral Intervention and Supports and Restorative Justice as strategies to support the social-emotional learning of students and create positive school culture.

SAMHSA Principles

Research documents suggest that the initiative was informed by all of the SAMHSA principles.

SAMHSA Implementation Domains

Research documents suggest that the initiative focused on many implementation domains, with less of a focus on physical environment. The following are sample implementation activities by domain:

- District and School Policies, Procedures, and Protocols: Many trauma-informed schools have moved away from a “zero-tolerance” policy in which students are automatically suspended or expelled for serious infractions to a more restorative approach. While students previously may have experienced their negative behaviors leading to a termination in a relationship, these schools try and maintain their connection with the student while supporting them in repairing the harm or damage they have caused.

Alameda County School Based Behavioral Health Initiative

- **Training:** Providing trainings for students, caregivers, and school and district staff to build awareness and skills related to the impacts of trauma and trauma-informed practices.
- **Interdisciplinary Partnership:** Creating and weaving together partnerships across different sectors—e.g., education, behavioral and physical health, and youth development—to create a holistic and comprehensive approach to supporting students’ well-being and success.

In addition to these implementation activities, the following activities are noteworthy:

- **Safe, Caring, and Consistent Schools:** Structures such as Coordination of Services Teams, Positive School Climate initiatives, and family engagement.
- **Differentiated Instruction:** Creating inclusive classrooms by drawing on teachers’ strengths and providing creative approaches for engaging students in learning, including specific academic and non-academic strategies for supporting children who have experienced trauma.
- **Push-In/Pull-Out:** A dual approach to direct service that includes going into the classroom or other group setting to provide support to children (push-in), and pulling students out of the classroom to provide direct, non-classroom based supports.
- **Coaching and Consultation:** Providing direct support to school and district staff, partners, and caregivers to build their role and capacity to support trauma-informed school communities. This is usually done one-on-one but could also be done with a group.
- **Infrastructure Building:** Strategies that focus on developing, strengthening, and sustaining the infrastructure needed to become trauma-informed school communities within a trauma-informed system.

Challenges • Recommendations (as specified)

No additional challenges or recommendations were explicitly discussed in the documents reviewed.

Quotes

- “Trauma is an issue that schools need to address head-on as there are profound effects on students, teachers, school climate, and academic success. However, the most important learning from trauma research is not the wide-reaching impacts of trauma exposure, but rather the fact that we can mitigate those impacts through relationships, consistency, and individualization. All sectors—behavioral and physical health, juvenile justice, youth development, and family support—must work together with school districts to create supportive, healthy places for students to learn and succeed.”
— Center for Healthy Schools and Communities, Alameda County Health Care Services Agency. *Creating Trauma-Informed Schools in Alameda County*, p. 13.
- “Students don’t care what you know, until they know that you care.”
— African American Male Achievement Initiative • Center for Healthy Schools and Communities, Alameda County Health Care Services Agency. *Creating Trauma-Informed Schools in Alameda County*, p. 13.

Sources

- <http://www.achealthyschools.org/schoolhealthworks/index.html>
- http://www.achealthyschools.org/schoolhealthworks/assets/121_creating_trauma-informed_schools_in_alameda_county.pdf

REGIONAL & COUNTYWIDE INITIATIVES

Positive Youth Justice Initiative (PYJI): An Introduction

System Focus

Justice and Probation

Purpose

- Launched in 2012, PYJI is helping counties transform juvenile justice practice and policy across California. The initiative is a Sierra Health Foundation initiative with additional funding from The California Endowment and The California Wellness Foundation. It is managed by The Center at the Sierra Health Foundation.
- Phase 1: Six counties received \$75,000 grants in 2012 for a 12-month planning phase.
- Phase 2: Four of these counties received \$400,000 implementation grants in January 2014: (1) Alameda County Probation Department, (2) San Diego County Probation Department, (3) San Joaquin County Probation Department, (4) Vallejo City Unified School District in Solano County.
 - In each county, public agencies, community-based organizations (CBOs), and community leaders worked together to change the way they work with crossover youth using an approach that invests in youth, treats trauma, and provides wraparound service delivery. It also seeks to change systems to strengthen local infrastructure and sustain the improvements.
 - Core components of this approach include: (1) Positive Youth Development (PYD) framework, (2) trauma-informed care (TIC), (3) wraparound service delivery, and (4) improving operational capacity.
- Phase 3: PYJI entered its third phase in 2017, with \$1.3 million awarded to support nonprofit community-based organizations in 11 counties to advance positive juvenile justice. Funded grassroots organizations will advance their work through community organizing to accelerate a statewide movement toward a more youth development-focused juvenile justice system. These organizations include:

<ol style="list-style-type: none"> 1. Communities United for Restorative Youth Justice (Alameda County) 2. Fathers and Families of San Joaquin 3. Fresno Barrios Unidos 4. Resilience Orange County 5. RYSE Youth Center (Contra Costa County) 	<ol style="list-style-type: none"> 6. Sacramento Area Congregations Together 7. San Diego Organizing Project 8. Sigma Beta Xi Inc. (Riverside County) 9. Silicon Valley De-Bug (Santa Clara County) 10. Young Women’s Freedom Center (San Francisco County) 11. Youth Justice Coalition (Los Angeles County)
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Background • Context

Began in response to research on poor outcomes for juvenile justice-involved youth, especially crossover youth—those who have been involved in both juvenile justice and child welfare systems—and evidence that applying positive youth development principles and other strategies can improve the likelihood of their success.

Definitions: Trauma • Trauma-Informed Care *(as specified)*

Trauma informed systems appropriately assess youth for trauma and provide services and treatments as needed. They also identify and address ways in which participation in the juvenile justice and child welfare systems can itself be traumatizing.

SAMHSA Principles

While PYJI does not explicitly cite SAMHSA’s trauma-informed change framework, its design—across all counties—appears to be consistent with SAMHSA’s principles.

Positive Youth Justice Initiative (PYJI): An Introduction

SAMHSA Implementation Domains

PYJI's evaluation reports suggest that the initiative engaged all of SAMHSA's implementation domains except making changes to the physical environment. Of particular note is PYJI's focus on strengthening the participating counties' operational capacity, including engagement of technical assistance providers to:

- Improve data collection and reporting
- Institutionalize the use of validated screening and assessment tools
- Promote culture change through staff engagement and training
- Integrate PYD and TIC in agency policies and practices
- Leverage additional funding sources

In addition to streamlining operational practices and improving overall efficiency, the focus on operational capacity also supported counties to address racial and ethnic disparities within the child welfare and juvenile justice systems.

Source

<http://www.shfcenter.org/positive-youth-justice-initiative>

REGIONAL & COUNTYWIDE INITIATIVES

Positive Youth Justice Initiative (PYJI) Alameda County Probation Department (ACPD)

System Focus

Justice and Probation

Purpose

- ACPD was the lead agency for Alameda County’s PYJI. The County’s PYJI implementation plan set out a path for broad-based system reform with goals of creating a more youth-centered, gender-responsive, data-driven, and culturally-sensitive system for crossover youth. As a result, the County’s PYJI encompassed countywide, multi-system activities with a focus on:
 - Providing training in TIC
 - Developing data systems and capacity
 - Expanding the use of wraparound services for crossover youth
 - Changing practices in ACPD to increase the use of informal probation and diversion programs for crossover youth
 - Instituting youth and family involvement for youth being screened for out-of-home placement
- Housed under the Juvenile Justice Partnership, a pre-existing collaborative comprised of executive leadership from 12 County agencies. The PYJI planning and implementation structure was led by two co-chairs, the Deputy Chief Probation Officer for Juvenile Services and the Social Services Administration-Child Welfare Services Director, and supported by a dedicated PYJI Project Manager within ACPD.

Background • Context

Built on several important strengths:

- Participation of key justice and child welfare system partners in previous collaborative efforts
- Elements of PYJI explored or implemented prior to the initiative, including:
 - An existing protocol that addresses services for girls in Juvenile Hall, a history of providing gender-responsive services, and an existing exploration around the development of a girls’ supervision unit.
 - A wraparound model in Alameda County which started in 1997 with children in the child welfare system and many County agencies’ experience with wraparound and team-based approaches.
 - A rich array of community-based providers that serve youth involved in the juvenile justice and child welfare systems.
 - The County’s capacity to leverage funds: The County’s advanced Medi-Cal reimbursement strategy to leverage Medi-Cal funds for behavioral health treatment services and, as a federal Title IV-E Child Welfare Waiver county, Alameda is able to use flexible funding to support the work of PYJI. County stakeholders also identified SB163 foster care funding as potentially useful for supporting wraparound service provision. ACPD also draws support from Mental Health Services Act funding, Juvenile Justice Crime Prevention Act, and Youth Offender Block Grant funding.

Target Population • Size

- Crossover youth: Youth with an active probation case, or contact with law enforcement through a Notice to Appear, who had an active child welfare case or a substantiated allegation of abuse or neglect within the last five years.
- Of the 2,162 youth on probation supervision (including informal supervision), 211 were identified as crossover youth. (2014)

Measures of Effectiveness & Impact

Sample measures from year 2

- Began piloting the New Detention Risk Assessment Instrument in Juvenile Field Services Division & Juvenile Facilities
- Revised Graduated Sanctions and Rewards Matrix and began development of Incentives Grid

**Positive Youth Justice Initiative (PYJI)
Alameda County Probation Department (ACPD)**

- Created a Crossover Youth Fact Sheet and GIS Mapping tool
- Developed a Train-the-Trainer Model for TIC training in summer 2015
- Expanded number of Wraparound slots from 47 to 57 to accommodate crossover youth
- Youth and caregivers survey (N=27 youth, 2 caregivers) and focus group (N=6 youth) data revealed several key findings:
 - Across youth serving systems, most youth indicated that adults want things to go well for them.
 - At the same time, youth indicated limited consistency in the extent to which these adults talk with them about how things they have been through in their life affect them, or about programs that might be helpful to them (questions designed to capture whether adults exemplified a TIC or PYD approach, respectively).
 - Overall, youth responses regarding their experiences with law enforcement officials and teachers were mixed, while their responses about experiences with caseworkers were more positive.

SAMHSA Principles

While PYJI does not explicitly cite SAMHSA's trauma-informed change framework, its design appears to be consistent with SAMHSA's principles.

SAMHSA Implementation Domains

- Evaluation reports suggest that the initiative engaged all of SAMHSA's implementation domains except making changes to the physical environment. The following are sample implementation activities from the year 2 evaluation report:
- Involving mid-level and line staff: Transitioning the leadership of the County's PYJI workgroups from Division Directors to 12 Probation Unit Supervisors to increase participation and buy in from mid-level and line staff.
 - Integrating TIC into culture and concrete practices: Conducting trainings that foster awareness about how to interact with crossover youth.
 - Communication and coordination with partner agencies: Including a wider network of youth-serving CBOs and parent voices in both the PYJI workgroups and PYJI activities.
 - Improving access to youth and family services: Making service delivery improvements for both youth and family, including referring crossover youth and their families to case management services and increasing the number of slots available for crossover youth to receive wraparound services.
 - Improving operational capacity
 - Data collection and use: Improving access and analysis of data on crossover youth, including updating the case management system and petition charging sheets to include a mechanism to indicate whether or not a youth is a crossover youth.
 - Case planning tools: Utilizing case planning tools and data to inform case planning more frequently than in the past.

Challenges • Recommendations (as specified)

- Challenges identified in the evaluation report at the end of year 2 included the following:
- Clarity and consistency in roles and responsibilities: Decreased involvement of executive level leadership from partner agencies, along with staff turnover at the leadership and line staff levels, led to some confusion about the roles and responsibilities of PYJI partner agencies.
 - Support and involvement of line staff: Mid-level staff expressed dissatisfaction with the inclusivity of the initial PYJI rollout and wanted more direct communication about how it would impact their work. Probation staff said they felt pressured to put on several trainings, share information with their line staff, and gain their buy-in with unclear direction.
 - Staff training and confidence in PYD: Some PYJI leadership reported that while TIC was the primary focus in Year 2, the integration of PYD was a secondary focus.
 - Barriers to operational capacity for service delivery
 - Personnel changes in ACPD led to confusion about the direction of PYJI. Staff turnover in ACPD was a particular challenge for youth who, as a result, had several different probation officers within a short period of time.
 - Data sharing is still an obstacle and there is work to be done toward creating a formal process for data sharing. CBOs also discussed the need for increased collaboration on streamlining case planning data tools across all PYJI partners and youth-serving organizations.

Positive Youth Justice Initiative (PYJI)
Alameda County Probation Department (ACPD)

Quotes

- “This is all new territory, we’re making some really huge shifts in terms of our practices and how we think and treat crossover youth; it’s a big deal.” — Probation Department stakeholder • *Positive Youth Justice Initiative Year 1 Evaluation - Summary of Implementation in Alameda County*, p. 3.
- “We all have the idea that we want youth and families to be successful, but we have come at it from different attitudes. Now we are more on the same page.” — Probation staff • *Positive Youth Justice Initiative Year 2 Evaluation - Summary of Implementation in Alameda County*, p. 3.

Source

<http://www.shfcenter.org/positive-youth-justice-initiative>

REGIONAL & COUNTYWIDE INITIATIVES

Positive Youth Justice Initiative (PYJI) San Joaquin County Probation Department

System Focus

Justice and Probation

Purpose

- San Joaquin County’s PYJI was led by the San Joaquin County Probation Department. The County’s PYJI centered on broad system-level change designed to build organizational capacity and strengthen service delivery, with a focus on the county’s medium and higher risk crossover youth.
- Key activities to enhance organizational capacity:
 - Standardizing tracking of crossover youth in County agency databases
 - Implementing multi-agency staff trainings on PYD and TIC
 - Developing new tools and protocols to support data-driven decision making
- Key activities to strengthen services for crossover youth:
 - Expanding wraparound services to include broader eligibility
 - Implementing the Girls Health Screen tool
 - Increasing engagement of community-based partners and crossover youth leaders in service planning and delivery
 - Initiating PYD Groups, supportive groups for crossover youth facilitated by the Probation Department’s contracted CBOs (a key component in year 2)
- San Joaquin County’s PYJI Executive Steering Committee was composed of leadership from Probation, Child Protective Services (CPS), Mental Health Services, Healthcare Services, Public Health, Correctional Health, County and City education stakeholders, as well as several CBOs. The implementation process was facilitated by an external consultant and supported by a Management Analyst within Probation.

Background • Context

Built on several important strengths:

- A history of strong collaboration and inter-departmental partnerships in the County
- CBOs were well-linked to the community
- Strengthened procedures for mental health screening, assessment, and referral of all children and youth served by CPS
- Strong data-gathering practices, along with an electronic case management system for youth, including prior training in motivational interviewing and family team decision making and family engagement
- Existing coordinated wraparound services and exploration of the expansion of wraparound eligibility for Probation youth
- Mental Health Services clinicians had been trained in trauma-informed and gender-responsive care, including trauma-informed cognitive behavioral therapy and the Seeking Safety program for girls
- The Probation Department was in the process of establishing a functional family therapy team with Mental Health Services

Target Population • Size

- Crossover youth: Youth who had experienced documented neglect, abuse, and/or trauma, had a history in the child welfare and/or foster care system, and who were currently engaged in the juvenile justice system.
- Of the 1,059 youth on probation supervision (including informal supervision), 677 were identified as crossover youth. (2014)

Positive Youth Justice Initiative (PYJI) San Joaquin County Probation Department

Measures of Effectiveness & Impact

Sample measures from year 2

- Initiated Youth Development Groups at 3 partnering CBOs.
- Created quarterly PYJI orientations for crossover youth and families that are referred to the Youth Development Groups
- Initiated monthly meetings between PYJI leadership from Probation and CBOs
- Updated Probation policies and procedures to include PYJI elements
- Conducted trainings on PYD and TIC for probation and partnering agencies
- Implemented the Girls Health Screen tool
- Created a PYJI Interagency agreement with 17 agencies serving crossover youth
- PYJI Learning Communities hosted by Probation Department
- Youth and caregivers survey (N=61 youth, 22 caregivers) and focus group (N=9 youth) data revealed several key findings:
 - Across youth serving systems, youth and caregivers generally reported that the adults with whom they interact want things to go well for youth.
 - At the same time, they also suggested that these adults do not consistently talk with youth about how things they have been through affect them, or about programs that might be helpful to them—questions designed to capture whether adults exemplified a TIC or PYD approach, respectively.
 - While youth and caregiver responses aligned in some respects, overall, caregivers identified more positive feelings about their experiences with adults across systems other than caseworkers, whom they felt ambivalence toward. Across all areas, youth survey responses and focus group responses were generally aligned.

SAMHSA Principles

While PYJI does not explicitly cite SAMHSA's trauma-informed change framework, its design appears to be consistent with SAMHSA's principles.

SAMHSA Implementation Domains

Evaluation reports suggest that the initiative engaged all of SAMHSA's implementation domains except making changes to the physical environment. The following are sample implementation activities from the year 2 evaluation report:

- Continued leadership support and collaboration
 - Consistent leadership throughout the initiative, coupled with longstanding consistency in leadership in Probation, CPS, and Wraparound Services.
 - Creating a PYJI interagency agreement, in which partners agree to be active members of the Executive Steering Committee, commit to including youth's voice in implementation activities, collect and share data related to PYJI services, and maintain confidentiality of information shared through PYJI.
- Increasing inclusion of and support from mid-level and line staff in decision-making meetings and activities for PYJI, so they become more invested in their work.
- Collaborative approach to achieve concrete changes in practice
 - Team-based decision-making
 - Youth-serving agencies meeting with family members and crossover youth to work on case planning for youth during and post custody.
 - Probation continuing to leverage their pre-existing partnership with Behavioral Health Services, through which on-site clinicians at the Probation Department are able to join in case planning meetings.
 - Probation leadership initiating a monthly CBO meeting for its contracted service providers, in which CBOs met with Probation's PYJI coordinator to discuss referral issues, share resources, and collaborate on activities.
 - Integrating TIC into practices
 - Opening up new discussions about vicarious trauma and engaging staff in self-care, in addition to offering TIC trainings.
 - Some partner agencies implementing new internal training practices after receiving PYJI-supported TIC training.
 - Incorporating PYD and youth development: Initiating PYJI Youth Development Groups, in which crossover youth attended weekly group sessions and received incentives for their attendance.
 - Continued partnership with wraparound services: Increasing the use of different levels of wraparound services, enhancing how youth are served and referring to services earlier on in their case flow.

Positive Youth Justice Initiative (PYJI)
San Joaquin County Probation Department

- Formalizing PYJI elements into policies and procedures:
 - Making a number of concrete changes to policies and procedures to include PYJI elements, including to: (1) reflect trauma informed assessment, screening, and programming; (2) incorporate a youth and family orientation into the referral process for Youth Development Groups; and (3) implement the Girls Health Screen tool and screening all girls in Juvenile Hall.
 - Ensuring sustainability by involving unit supervisors in reviewing and revising the policies and procedures, updating their job duties, and training line staff on the new policies and procedures.

Challenges • Recommendations (as specified)

Challenges identified in the evaluation report at the end of Year 2 included the following:

- Line staff buy-in and skills
 - Some hesitation remained to fully embracing PYJI. Some Probation leadership hypothesized that this was due to the later involvement of Probation line staff in PYJI implementation.
 - A gap in staff training on how to integrate TIC into practice, as evidenced by most staff reporting lacking confidence in their ability to implement these practices.
- Involvement of county partner agencies: While many partner agencies participated in the Executive Steering Committee meetings, several reported that the Steering Committee was their agency’s only involvement in PYJI.
- Communications and data sharing among partners
 - While leadership and line staff highlighted effective communication between many PYJI partners, particularly Probation and CBOs, line staff from Probation and CPS discussed continued challenges with communication.
 - Agencies reported differing degrees of data sharing. Some CBOs reported receiving only basic information on crossover youths’ histories because of privacy regulations, while other CBOs reported having complete access to crossover youths’ mental health records because of data sharing agreements with the youths’ providers.
- Sustainability and resources for expansion
 - Leadership and line staff voiced concern that a system-change initiative like PYJI would take ongoing resources, training, and time to achieve concrete and sustainable changes in practice.
 - Because PYJI elements are infused with a TIC and PYD lens, partnering agencies reported issues with staffing the initiative when interviewees demonstrated having a philosophy not in alignment with PYJI.
 - While Probation leadership reported allocating funding to sustain the initiative within the Probation Department, they stated their concern for sustaining PYJI outside of their budget, particularly around funding the partnering CBOs running the youth development groups. Some county partnering agencies were leveraging their own resources to support the initiative, but reported feeling that those arrangements might not be sustainable if their funding streams were to shift.

Quote

“The trauma informed care issue [is] not new to licensed social workers in the behavioral health area, but how profoundly it is used is new to them. Learning more about this has been really interesting—everyone has bought into this.”

— County leader • *Positive Youth Justice Initiative Year 1 Evaluation - Summary of Implementation in San Joaquin County*, p. 3.

Source

<http://www.shfcenter.org/positive-youth-justice-initiative>

REGIONAL & COUNTYWIDE INITIATIVES

San Diego Unified School District (Cherokee Point Elementary School)

System Focus

Education

Purpose

- In 2011, Cherokee Point Elementary School in City Heights, part of the San Diego Unified School District, began a systemic implementation of trauma-informed and restorative practices to transform its culture. Principal Godwin Higa described this change as creating a culture of compassion where everyone, including community members, feels welcomed, safe, and respected. This effort was supported by The California Endowment’s (TCE) Building Healthy Communities (BHC) Initiative.
- Building on the success of Cherokee Point Elementary School, the District began efforts to become more trauma-informed. It started with trauma trainings for staff members at other schools. School counselors, school nurses, and mental health resource center staff received specialized trauma-informed training and two district personnel served as trauma trainers. Additionally, the entire staff at two more schools received comprehensive trauma training to also become trauma-informed schools.
- The school district became more trauma-focused, inspired in part, by California’s Local Control Funding Formula signed into law by Governor Jerry Brown in 2013. This formula gave school districts more autonomy and allocated more money based on the number of vulnerable students served, including English language learners, low-income youth, and foster youth.

Background • Context

- This summary focuses on Cherokee Point Elementary School to highlight how a promising local effort can begin to influence the larger system. Cherokee Point Elementary School had already embraced the philosophy of teaching to the whole child through the passionate commitment of its principal. But TCE’s decision to select City Heights as one of its BHC sites deepened the school’s transition to becoming trauma-informed.
 - BHC is a 10 year, \$1 billion comprehensive community initiative launched in 2010 to advance statewide policy and transform 14 of California’s communities most devastated by health inequities. It seeks to transform these communities into places where all people have an opportunity to thrive. The BHC change model identifies five social factors that can drive change: (1) people power, (2) youth leadership development, (3) enhanced collaboration and policy innovation, (4) leveraging partnerships, and (5) changing the narrative.
 - A \$684,094 grant, as part of the BHC effort, was awarded to a team of professors at San Diego State University for a pilot project at the Cherokee Point Elementary School to employ restorative justice practices at the school. These practices included conflict resolution and talking circles, instead of suspensions and expulsions.
- Demographics of City Heights reflect the following:
 - Population of 95,000: 54% Latino, 19% Asian or Pacific Islander, 13% African-American, 12% White, and 2% Other
 - Average yearly income for a family of four is between \$19,393 and \$24,400, within the range of the federal poverty level of \$22,050.
 - Unemployment is 20.5%, roughly twice the San Diego County average of 11%.
 - 42.4% of City Heights residents are foreign born.

Target Population • Size

- During the 2013-14 school year, 590 students, pre-K through 5th grade, attended Cherokee Point Elementary School.
- San Diego Unified School District is the second largest district in California, serving more than 130,000 students in pre-school through grade 12.

San Diego Unified School District (Cherokee Point Elementary School)

Definitions: Trauma • Trauma-Informed Care (as specified)

- Trauma includes overwhelming personal, cultural, historical, social, and institutional events that result in a loss of physical and emotional safety.
- Trauma-informed schools create safe classrooms and school campuses where children, families, and staff are able to learn, support children, and create lasting connections.

Measures of Effectiveness & Impact

- Suspensions at Cherokee Point Elementary decreased from seven in 2008 to zero in 2014.
- With 590 students pre-K through 5th grade, the attendance rate at Cherokee Point for the 2013-14 school year was 96%.
- Over 3 years of implementing trauma informed restorative practices, the total number of referrals to the school office dropped from 174 to 20.
- In an anonymous school survey, after learning restorative classroom practices, teachers at Cherokee Point selected restorative over punitive solutions 97% of the time.
- Out of 25 certified teachers and support staff and 25 classified staff, only one teacher left the school in the same year. She wanted to find work closer to home.

SAMHSA Principles

The efforts at Cherokee Point Elementary School appears to be informed by all six principles.

SAMHSA Implementation Domains

The initiative at Cherokee Point Elementary School emphasized the following overlapping and integrated areas:

- School Climate: Promoting a culture of care, sense of belonging, and positive relationships
- In-School and In-Home Health: Providing services for parents, including education, domestic violence counseling, and restorative practices
- Youth Leadership
- Restorative Practices and Restorative Justice in the Community

Examples of the array of activities include the following:

- San Diego State University students majoring in Child and Family Development were engaged to support teachers in classes and work with parents and students to strengthen social-emotional development, restorative discipline, and peer mediation.
- Businesses donating tennis shoes
- San Diego Food Bank dropping off 4,000 pounds of fruits or vegetables every other week
- Every child receiving a free physical, including dental and vision checkup with free glasses
- Parents attending presentations and workshops, including ones featuring guest speakers such as police officers, and leading their own trauma workshops
- Youth leaders creating educational videos and workshops and presenting at community events—e.g., for policy makers
- Free breakfast for all children in their classrooms eaten with classmates every day
- Weekly offering of 100 backpacks (with parents' permission) filled with healthy snacks for students.

Challenges • Recommendations (as specified)

Budget constraints squeezed the already limited funding for counseling services and support staff at schools across the district, including Cherokee Point Elementary School.

San Diego Unified School District (Cherokee Point Elementary School)

Quotes

- “Effective school discipline requires a meaningful understanding of students’ home lives and community. In City Heights, many kids come from poor households, families broken by incarceration or deportation, and families fleeing civil war abroad. Sending them back to an empty or tense home could worsen their behavior.”
— Principal Godwin Higa • “City Heights School Sets Bar for School Discipline Reform.” *Speak City Heights*.
- “The story about Cherokee Point Elementary School isn’t really about a school that’s doing away with suspension and expulsions. It’s a story about people in this school and community who are creating an environment where suspensions and expulsions are. Just. Not. Necessary.” — Jane Stevens • “At Cherokee Point Elementary, Kids Don’t Conform to School; School Conforms to Kids.” *ACES Too High*.

Sources

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REGIONAL & COUNTYWIDE INITIATIVES

San Francisco Bay Area Trauma Informed Systems of Care (BATISC)

System Focus

Mental/Behavioral Health

Purpose

- Seven Bay Area counties—Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, and Santa Cruz—created the Bay Area Trauma Informed Systems of Care Initiative (BATISC) in response to a SAMHSA grant.
- In October 2014, SAMHSA awarded a grant for their proposal to respond to trauma on a systems level, by creating a shared and trauma informed regional infrastructure to implement, sustain, and improve services for children and youth affected by trauma.
- The 4-year, \$1,000,000 grant funds a regional clearinghouse and coordinating center focused on trauma-informed care. The project integrates existing knowledge, incorporates new ideas, addresses challenges to training and sustaining an effective and diverse trauma informed workforce, and develops mechanisms to support implementation and sustainability of best practices.

Background • Context

- Began through Regional Directors of County Behavioral Health systems coming together in 2012 to develop and share plans to take trauma-informed practices, knowledge, and approaches to a new level of regional coordination.
- The Bay Area has national trauma experts but the expertise had remained in silos within university settings, challenged by consistent need for “soft funding,” and other localities nationally and internationally demanding time from the experts.
- As a result, the opportunities to deliver and translate this local knowledge and expertise into practice for Bay Area community systems and programs had been few. To combat this disconnection and fragmentation, the San Francisco Foundation, in 2013, convened a conference to engage local trauma experts in a conversation about barriers to developing and sustaining a workforce competently trained in the pervasive impacts of trauma on children, families, communities, and institutions.
- The expert summit concluded that the Bay Area needed a centralized clearinghouse with a diverse advisory and oversight body to help integrate practices, develop common principles, and organize resources in ways that focus on knowledge transfer to the workforce, practice changes, and the sustainability of changed practice.

Target Population • Size

Children and youth ages 0-18 in the San Francisco Bay Area: 1,427,574 (U.S. Census Bureau, 2014)

Definitions: Trauma • Trauma-Informed Care *(as specified)*

A trauma-informed system is one that builds awareness and knowledge of trauma to shape policies and practices aimed at reducing the re-traumatization of youth and families and the professionals who serve them. The overarching goal of this initiative is to transform the regional, overlapping systems into a coordinated, trauma-informed, youth-guided and family driven, evidence-based system of care.

Measures of Effectiveness & Impact

- The group of Regional Directors of County Behavioral systems drafted strategic planning documents, shared local approaches to systems change, and identified key goals and strategies for regional collaboration.
- Early planning efforts have been vetted at the regional level with systems partners, parent partners, and consumer focus group participants.

San Francisco Bay Area Trauma Informed Systems of Care (BATISC)

- Several of the counties shared their modules and materials with the rest of the members of the Collaborative, and San Francisco, San Mateo, and Santa Clara made space available in their local in-person trainings for participation by staff from other counties.
- The response to the initiative resulted in awarding the East Bay Agency for Children in July 2015 the task of supporting the partnership of counties and communities. This collaboration of partner agencies: Youth in Mind, Center for Youth Wellness, UCSF Benioff Children's Hospital Oakland, and the East Bay Agency for Children along with the seven counties resulted in the creation of Trauma Transformed (T2), a Bay Area Regional Trauma Center.

SAMHSA Principles

Research documents suggest that this initiative is informed by all six principles with an emphasis on: (1) understanding trauma and stress, (2) compassion and dependability, and (3) resilience and recovery.

SAMHSA Implementation Domains

Documents suggest that this initiative focused on many of the implementation domains, with less explicit focus on the following domains: physical environment, progress monitoring and quality assurance, financing, and evaluation.

Challenges • Recommendations *(as specified)*

With a funded and lasting infrastructure and dedicated staff for this regional effort, this type of sharing will be consistent and coordinated.

Sources

- <http://www.t2bayarea.org>
- <http://www.leapsf.org/pdf/Trauma-Informed-Systems-Initiative-2014.pdf> (see appendix for Executive Summary)

STATEWIDE INITIATIVES

Child Health and Development Institute of Connecticut (CHDI) Various Trauma-Informed Initiatives

System Focus

Child Welfare • Education • Justice and Probation (Juvéniles) • Mental/Behavioral Health (Children) • Physical Health

Purpose

- Began in 1997 as a partnership between two universities with medical schools: University of Connecticut & Yale University.
- Seeks to improve outcomes of wellbeing for children by focusing on three areas: (1) pediatric and primary healthcare, (2) children’s mental health care, and (3) early childhood care and education.
- Has collaborated with state agencies, provider organizations, and families since 2007 to improve access to effective mental health services for children suffering from exposure to trauma
- Currently oversees seven trauma-informed systems initiatives as detailed in the Measures section below.

Background • Context

- Exposure to trauma is a significant public health concern. Most children are exposed to potentially traumatic events, including exposure to violence, physical abuse, sexual abuse, accidents, fires, and other life-threatening events. While many children are resilient, others suffer from significant ongoing health and behavioral health problems. Specifically:
 - The lifetime costs associated with child maltreatment alone have been estimated at hundreds of thousands to almost \$2 million per child due to associated health, behavioral health, educational impairments, increased involvement in criminal justice, child welfare, social welfare systems, and lost work productivity.
 - One study found that 9% of all Medicaid claims for children were associated with child maltreatment. There is emerging evidence, however, that investments in trauma-focused services and systems can be recouped through reduced health care costs in as little as one year.
 - Approximately 85% of children in the child welfare system have been exposed to trauma. Infusion of trauma-informed practice can help child welfare workers understand the potential connections between trauma and a child’s behavioral and emotional reactions.
 - Approximately 90% of youth in the juvenile justice system have been exposed to trauma, and these youth are at least twice as likely to have PTSD as youth without juvenile justice involvement.
 - It is estimated that 75-80% of children with behavioral health concerns do not receive treatment; yet many of these children are seen by pediatric providers.
 - The majority of children with emotional or behavioral health needs do not receive services; among those that do, approximately 75% receive services through their schools. Children exposed to violence exhibit lower reading achievement, higher rates of school absences, lower grade point averages, lower graduation rates, and are suspended from school more than twice as often as other students.
- Timeline of key contributors to the trauma movement in CT:
 - 1991: Child Development Community Policing begins in New Haven as a partnership between law enforcement, children’s behavioral health, and juvenile justice to support children affected by trauma
 - 1998: Consortium for Substance Abusing Women and their Children (now the Connecticut Women’s Consortium) expanded to statewide
 - 2005: Trauma Affect Regulation: Guide for Education & Therapy (TARGET) group treatment disseminated into juvenile justice detention centers and community-based programs, and Clifford Beers Clinic received SAMHSA award to promote trauma-informed care for children
 - 2007: Connecticut Trauma Summit: convened by Department of Children and Families (DCF) and CHDI
 - 2007-2012: Dissemination of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) through outpatient treatment for children; CONCEPT grant from Administration for Children and Families; and trainings for pediatricians

Child Health and Development Institute of Connecticut (CHDI) Various Trauma-Informed Initiatives

- 2013: In response to the Sandy Hook Elementary School shooting in December 2012 in Newton, CT, Sandy Hook Commission recommends trauma-informed systems. In 2013, legislators passed an act directing DCF to produce a comprehensive children's behavioral health plan for the state by October 2014. CHDI was hired to facilitate the development of this plan with funding and support from a public/private partnership including DCF, the Connecticut Health Foundation, Children's Fund of Connecticut, and the Grossman Family Foundation. One of the 4 key elements of the plan's theory of change for the behavioral health system is for it to become trauma-informed.

Target Population • Size

CHDI's behavioral health plan report (2014):

- Connecticut's under 18 population: 783,000 (23% of state's total population)
- Connecticut's under 18 population who may have behavioral health symptoms: 156,000. Many of these children are not able to access treatment.

Definitions: Trauma • Trauma-Informed Care *(as specified)*

- Potentially traumatic event: An event that typically involves experiencing or witnessing a serious or life-threatening situation, such as physical abuse, sexual abuse, domestic violence, community violence, accidents, or natural disasters
- Trauma exposure: When a child experiences or witnesses one or more potentially traumatic events
- Traumatic stress reactions: Short and long-term physical, emotional, cognitive, or behavioral responses following trauma exposure
- Childhood trauma: Refers to both trauma exposure and traumatic stress reactions
- Trauma-informed: When policies, practices, and interactions with families and colleagues are grounded in knowledge about childhood trauma
- Trauma-informed system: A system (e.g., child welfare or education) that demonstrates principles of trauma-informed care

Measures of Effectiveness & Impact

Since 2007: 8,600+ child-serving professionals across multiple sectors trained in trauma-informed care (4,228 in behavioral health; 1,960 in child welfare; 623 in law enforcement/juvenile justice; 1,707 in pediatric health; 95 in early care/education). The accomplishments for the seven trauma-informed initiatives overseen by CHDI include the following:

1. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - Trained over 800 clinicians and staff at more than 35 community health provider agencies serving over 79 sites; more than 5,500 children received TF-CBT, demonstrating excellent clinical outcomes.
 - In 2007, created TF-CBT Coordinating Center with funding from DCF and joint support by the DCF and CT Judicial Branch Court Support Services Division. Received SAMHSA grant for successful dissemination of TF-CBT.
2. CHDI partnered with DCF and Harvard University in July 2013 for a 5-year, \$5 million project to implement, replicate, and evaluate Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC).
3. CT Collaborative on Effective Practices for Trauma (CONCEPT): 5-year federal grant awarded in 2011 to DCF by the Administration for Children and Families to support the development of a trauma-informed child welfare system.
4. CHDI partnership with DCF and model developers at Yale University to disseminate Child and Family Traumatic Stress Intervention (CFTSI) to behavioral health providers in CT, as part of the CONCEPT grant. Seven agencies have been trained in CFTSI.
5. Cognitive Behavioral Intervention for Trauma in Schools (CBITS): Worked with DCF, CBITS trainers, and local provider agencies, school systems, and school-based health centers to disseminate CBITS across CT. Training began in 2015. By 2017, goal is for 60 school-based clinicians to be trained. Also partnered with Stamford Public Schools since early 2015 to enhance school-based behavioral health services, including trauma-informed care and implementation of CBITS.
6. CHDI partnered with DCF and Yale to develop a brief trauma screening measure for children called the Child Trauma Screen (CTS), formerly called the Connecticut Trauma Screen. The free CTS is being used by behavioral health providers, pediatricians, school staff, child welfare workers, and juvenile justice staff to identify children who may be suffering from trauma exposure and in need of a more comprehensive assessment or treatment.
7. Early Childhood Trauma Collaborative (ECTC): A 5-year, \$2 million grant awarded to CHDI in 2016 by SAMHSA. This grant will expand trauma-informed care and treatment options for children under seven years old.

**Child Health and Development Institute of Connecticut (CHDI)
Various Trauma-Informed Initiatives**

SAMHSA Principles

CHDI refers to SAMHSA's principles as having informed their selection of four key components for building trauma-informed systems:

1. Workforce Development
2. Trauma Screening
3. Practice Change and Use of Evidence-Based Practices
4. Inter-system Collaboration and Communication

SAMHSA Implementation Domains

CHDI has engaged the following domains:

- Policy: Trauma-informed policies, systems, and practices through funding from DCF and the federal Administration for Children and Families
- Engagement of family members in treatment
- Cross-Sector Collaboration: "We see our role as 'connecting the dots' between the various child-serving systems in Connecticut and the programs and services they oversee for children and families."
- Screening, Assessment, and Treatment Services, including practice change and use of evidence-based practices. CHDI uses the Learning Collaborative approach to disseminate evidence-based practices which encourages the use of real-world settings, active learning principles, ongoing coaching and supervision, and use of data to monitor and improve services. The following mental health evidence-based and promising practices are being used:
 1. TF-CBT
 2. MATCH-ADTC
 3. CBITS
 4. CFTSI
 5. Screening, Brief Intervention, and Referral to Treatment
 6. Emergency Mobile Psychiatric Services
 7. Care Coordination Performance Improvement Center to monitor and improve fidelity to wraparound practices
 8. Implementation Science and Quality Improvement
- Training and Workforce Development
- Progress Monitoring and Quality Assurance
- Evaluation

SAMHSA domains not explicitly mentioned include:

- Governance and Leadership
- Physical Environment
- Engagement and Involvement of People in Recovery, Trauma Survivors, People Receiving Services
- Financing

Challenges • Recommendations (as specified)

The TF-CBT Coordinating Center's 2013 annual report identified the following challenges in integrating TF-CBT for providers:

- Lack of resources: Additional time and cost for providing TF-CBT; contract or policy incentives to expand TF-CBT are not enough
- Lack of training: Lack of ability to train new staff internally, lack of supervisors trained in TF-CBT, limited training in use of standardized assessments, staff apprehension about their TF-CBT skill level
- High caseloads, staff turnover, vicarious trauma: Difficulty scheduling TF-CBT clients weekly as prescribed by model; average staff turnover of 60%, especially coordinators and senior leaders; an almost 10% increase over FY-2012
- Lack of credentialing statewide for TF-CBT
- Lack of TA and data support: As more agencies were engaged, stretched capacity for Coordinating Center's data and TA support, including to provide real-time data
- Inconsistent partner engagement: Already high demands on child welfare and provider to keep increasing referrals and systems collaboration, lack of TF-CBT in some rural areas, and in other settings (school-based, private practitioner, providers that accept commercial insurance)

**Child Health and Development Institute of Connecticut (CHDI)
Various Trauma-Informed Initiatives**

Quote

“Fifteen years ago, the lack of awareness and training about trauma and its impact in human services could only be described as system-wide dissociation. Today, the growing movement toward trauma-informed care represents a systemic willingness to KNOW about the pain and suffering caused by trauma and begin addressing it in a holistic way that is healing rather than re-traumatizing.”
— Steven Brown, Psy. D. Traumatic Stress Institute, Klingberg Family Centers •
CHDI. *Advancing Trauma-Informed Systems for Children*, p. 12.

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STATEWIDE INITIATIVES

Massachusetts Child Trauma Project (MCTP)

System Focus

Child Welfare

Purpose

- A 5-year statewide initiative funded by a grant in 2011 from the U.S. Department of Health and Human Services, Administration for Children and Families, Children’s Bureau.
- Seeks to improve placement stability and outcomes for children with complex trauma in the care of the Massachusetts Department of Children and Families (DCF) by creating a sustainable capacity for providing evidence-based trauma interventions within provider agencies, and trauma-informed practices within DCF. Specific goals include:
 1. Improving identification and assessment of children exposed to complex trauma
 2. Fostering trauma-sensitive and trauma-informed practices among child-serving agencies
 3. Increasing trauma training and sensitivity of caregivers (e.g., biological, kin, and foster)
 4. Improving linkages and referral rates to evidence-based trauma treatments (EBTs)
 5. Building service provider capacity for EBTs in Massachusetts
- DCF partnered on this project with LUK, Inc., Justice Resource Center’s The Trauma Center, Boston Medical Center’s Child Witness to Violence Project, and University of Massachusetts Medical School’s Department of Psychiatry

Background • Context

- In 2014, Massachusetts was ranked the number 1 state in America for overall child well-being by the Annie E. Casey Foundation. But despite this success, children involved with Child Protective Services experience high rates of chronic and cumulative interpersonal trauma and adversity, referred to as complex trauma, that can have a profoundly negative impact on wellbeing.
- In 2011, the DCF ranked 43rd out of 51 states in the Child and Family Services Review composite measure of placement stability, indicating a clear need for improved services for vulnerable children and youth.
- Timeline of key events contributing to the ambitious statewide initiative:
 - 2011: DCF designed and implemented a new casework practice model to transform its culture to reflect more progressive best practices in child welfare. This effort was grounded in nationally recognized Strengthening Families and Positive Youth Development frameworks. It also implemented a Differential Response model and the Signs of Safety framework.
 - A parallel effort had also been initiated to address secondary traumatic stress and organizational stress inherent in the child welfare system.
 - 2010 - 2012: To strengthen collaboration with mental health providers, DCF participated in the Breakthrough Series Collaborative method, involving teams from nine states, each comprising a partnership between a county or state-level public child welfare agency and an organization that provided evidence-based intervention for child trauma. Provider organizations were part of the National Child Traumatic Stress Network funded by SAMHSA. DCF attended with the Massachusetts Child Trauma Center. The priorities identified through this experience provided a foundation for the MCTP objectives.

Target Population • Size

- In 2015, DCF’s budget was \$827 million and it serves approximately 100,000 youth annually.
- Target populations include:
 - Children in DCF’s care ages 0-18 with complex trauma
 - Resource Parents
 - DCF system staff, caseworkers, and supervisors
 - Service Providers/Clinicians

Massachusetts Child Trauma Project (MCTP)

Definitions: Trauma • Trauma-Informed Care (as specified)

Child traumatic stress refers to the physical and emotional responses of a child who has experienced trauma. Such events overwhelm a child's ability to cope and bring about intense physical and emotional symptoms. Types of traumatic Stress:

- Acute Trauma: A single disturbing event that is limited in time—e.g., earthquake, dog bite, or motor vehicle accident.
- Chronic Trauma: When a child has experienced multiple disturbing events. Chronic trauma may refer to multiple and varied events, such as a child who is exposed to household violence, becomes a victim of community violence, or longstanding trauma such as physical abuse or war.
- Complex Trauma: Used by some experts to describe multiple disturbing events often caused by adults who are caregivers for the child. Children who have experienced complex trauma have endured multiple difficult events that include a caregiver (such as physical or sexual abuse, profound neglect, or community violence) from a very young age (typically younger than age 5).

Measures of Effectiveness & Impact

- Early results in 2012 from the needs assessment phase included the following:
 - Children with complex trauma experience multiple traumas and exhibit problems related to attachment, externalizing behavior problems, as well as PTSD, depression, and traumatic grief.
 - More clinicians trained in Evidence-based Practices (EBPs) are needed. 50% of mental health agencies surveyed had never adopted an EBP. There are currently long waiting lists for trauma services, and some claiming to offer EBPs have never been trained nor certified.
 - Agencies that have been trained and supported through efforts such as National Center for Trauma Network have greater informed practices and theory
 - There is a large percentage of children under the age of 6 so enough agencies need to be trained to serve the very young.
 - Providers expressed a need for trauma training, assessment, differential diagnosis, greater support for the family, and greater communication and collaboration with Child Welfare.
 - Child Welfare workers expressed a need for greater service availability and access, knowledge of who is formally trained to provide trauma services, and need for culturally and linguistically competent services as well as addressing transportation and insurance barriers.
- After 1 year of implementation, a system of trauma-informed care appears to have taken hold through MCTP with preliminary evidence of progress towards its four project goals. Gains were also made across a number of implementation domains.
 - The Trauma-Informed Leadership Teams located in the Child Welfare offices emerged as key structures for trauma-informed care systems integration.
 - The diverse composition of the teams inspired the development of a common language that fostered deeper shared understanding about child trauma.
 - Through word of mouth and training efforts, referrals for appropriate child trauma EBTs increased.
 - Creative responses to secondary traumatic stress experienced by staff and resource parents emerged, including wellness classes such as yoga and meditation, support groups, a self-care committee, a “wellness room,” and a survey to screen workers for secondary trauma.
 - After about 6 months of EBT, children had fewer post traumatic symptoms and behavior problems compared to baseline.
 - Young children who also received Attachment, Self-Regulation, and Competency (ARC), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), or Child Parent Psychotherapy (CPP) experienced significant reductions in functional impairment, and a strong trend for reduced arousal symptoms.
 - Saturation of trauma-informed care in both mental health and child welfare appeared to have improved cross-system collaboration, an essential element of a trauma-informed system.

SAMHSA Principles

While MCTP does not explicitly cite SAMHSA's trauma-informed change framework, its design appears to be consistent with SAMHSA's principles.

Massachusetts Child Trauma Project (MCTP)

SAMHSA: Implementation Domains

MCTP has engaged the following domains:

- **Governance and Leadership • Policy • Engagement and Involvement:** The Trauma-Informed Leadership Teams (TILTs) in 29 area offices focused on installing and supporting a structure for trauma-informed care systems integration at the community level. TILTs are comprised of DCF leadership, social work staff, family or community partners, and mental health representatives to drive a multi-year change strategy of developing trauma informed innovations towards a more trauma informed system. They facilitate sharing of best practices across systems to increase awareness of the impact of trauma on children, create consistencies across service systems, address service gaps, and reduce obstacles to accessing evidence-based services.
- **Cross Sector Collaboration**
- **Screening, Assessment and Treatment Services**
 - Through comprehensive training and consultation in the form of a Learning Collaborative (LC) model, MCTP will disseminate three EBTs for children with complex trauma. The LC model brings together mental health teams comprising of an administrator with authority to make policy and programmatic decisions (“senior leader”), clinical supervisors who monitor fidelity and provide support, clinicians who provide direct service, and a data manager. All teams commit to a 1-year learning period, anchored by face-to-face learning sessions and intensive EBT consultation. The EBTs are: CPP, TF-CBT, and ARC.
- **Training and Workforce Development:** The MCTP will utilize the following National Child Traumatic Stress Network products to trauma-inform the system:
 - **Child Welfare Toolkit:** Orients staff to the essential elements of a trauma informed child welfare system.
 - **Resource Parent Curriculum:** Provides caregivers essential information regarding the impact of trauma on a child’s development, feelings, behaviors, attachments, and how such effects impact the caregiving relationship.
 - **Psychological First Aid:** Provides child welfare and mental health agencies the basic tools of managing psychological crisis and/or natural disasters.
- **Progress Monitoring and Quality Assurance • Evaluation**
 - The Trauma System Readiness Tool and Evidence Based, Practice Attitude Scale, and Trauma Informed Systems Change Instrument were administered.
 - TILTs also integrated a Self Assessment.

SAMHSA domains not explicitly mentioned include:

- Physical Environment
- Financing

Challenges • Recommendations *(as specified)*

Challenges: After 1 year of implementation, the following challenges were identified.

- For the TILTs located in the child welfare offices:
 - Member recruitment and sustained engagement was a challenge during the first year, especially from alumni consumers such as youth, caregivers, and resource parents.
 - Capacity issues related to too few trained clinicians were also encountered to handle the increase in referrals.
 - Upheaval in the child welfare agency due to a highly publicized child death and the ensuing turnover, high caseloads, shifting policies, and heightened stress led to problems maintaining participation in the TILTS.
- Barriers to trauma-informed care included scarce resources for trauma-related work in the child welfare agency and few mental health providers offering EBTs to young children.
- At the community level, dissemination of evidence-based trauma focused mental health treatment is resource intensive, with recent research estimating costs as high as \$500,000 to implement an EBT statewide.

Massachusetts Child Trauma Project (MCTP)

Recommendations

- Overall, the results of the year 1 evaluation support the notion that a trauma-informed approach in child welfare necessitates coordination and changes at multiple levels of child and family serving services that align across implementation domains. Policies that support and sustain evidence-based and evidence-informed trauma-informed care approaches are essential. Further, there is a need for policies and practices that address significant barriers, including secondary stress, burnout, and turnover in both child welfare and mental health.
- The need to further explore “sufficient fidelity” is pressing. Clinician-level fidelity to EBT is often beyond an agency’s capacity to implement and/or to sustain due to productivity demands, vicissitudes of referrals, and frequently transient nature of children’s placements and families’ lives who are involved with the child welfare services. Closer collaboration among treatment developers, sites who are implementing EBTs, and child welfare systems are needed to further explore two pressing questions for the field:
 - What degree or level of model fidelity can feasibly be sustained in community-based agencies?
 - Whether this level of fidelity translates to positive treatment outcomes for children with complex trauma.

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STATEWIDE INITIATIVES

Trauma and Learning Policy Initiative (TLPI) Massachusetts

System Focus

Education

Purpose

- In 2004, Massachusetts Advocates for Children (MAC) entered into a formal partnership with Harvard Law School to form TLPI.
- Its mission has been to ensure that children who are traumatized by exposure to family violence and other adverse childhood experiences succeed in school. To accomplish this mission, TLPI engages a host of advocacy strategies including:
 1. Providing support to schools to become trauma sensitive environments
 2. Research and report writing
 3. Legislative and administrative advocacy for laws, regulations, and policies that support schools to develop trauma-sensitive environments
 4. Coalition building
 5. Outreach and education
 6. Limited individual case representation in special education where a child’s traumatic experiences are interfacing with his or her disabilities.

It also operates the Education Law Clinic which teaches Harvard law students advocacy and litigation skills on behalf of the population of vulnerable children.

Background • Context

Many events led to the TLPI’s development of trauma-sensitive schools.

- Early research on psychological trauma was conducted in Massachusetts by Bessel van der Kolk and the groundbreaking results published by the ACE Study.
- Timeline:
 - Mid-1990’s: attorneys began to notice a pattern of violence in the lives of many of the children who had been expelled or suspended from school. Working together with parents and experts from education, psychology, law, and neurobiology, MAC organized the Task Force on Children Affected by Domestic Violence, which produced five working papers on the impact of domestic violence on education, family law, and other matters.
 - These papers laid the foundation for later research and a growing recognition that traumatic experiences were impacting children at school in specific ways, including their ability to perform academically; manage their behavior, emotions and attention; and develop positive relationships with adults and peers. Building on the recognition generated by the Task Force’s work, MAC successfully advocated at the Massachusetts legislature for the creation of the Safe and Supportive Learning Environments grant program that gave small amounts of money to schools to experiment with trauma sensitive approaches.
 - 2000: MAC joined in partnership with Lesley University’s Center for Special Education to hold the first ever conference on the impact of trauma on learning.
 - 2005: MAC continued to work with an interdisciplinary group of psychologists, educators, and attorneys to draft the book, *Helping Traumatized Children Learn*. This publication introduced the Flexible Framework—an organizational tool for creating trauma sensitive schools—that MAC developed in collaboration with the schools that had received funding from the legislature. Over 95,000 copies of the book have been distributed.
 - 2014: Governor signed into law provisions for “safe and supportive schools” to improve education outcomes, giving momentum to the state’s trauma-informed schools movement. This bill emphasizes overall school operations rather than specific programs such as anti-bullying and truancy reduction.

Trauma and Learning Policy Initiative (TLPI) Massachusetts

Additional background

- Recent neurobiological, epigenetic, and psychological studies have shown that traumatic experiences in childhood can diminish concentration, memory, and the organizational and language abilities children need to succeed in school. For some children, this can lead to problems with academic performance, inappropriate behavior in the classroom, and difficulty forming relationships. Learning about the impacts of trauma can help keep educators from misunderstanding the reasons underlying some children’s difficulties with learning, behavior and relationships.
- Children need to feel safe and connected to adults and peers everywhere in the school—in the classroom, the cafeteria, the hallway, the special activities, the bus—not just in one program or with one teacher. Moreover, addressing trauma’s impact at school requires that adults share responsibility for all children. No one teacher can do it alone, and services, while very important, are most effective when they are coordinated to help students feel safe and supported throughout the school day. This requires the teamwork of everyone in the school. It is important to remember that we will never know all the children who have been affected by traumatic events. The best approach is to create a school-wide environment where all children, including those who have been traumatized, can be successful.

Target Population • Size

- In 2013, Massachusetts had 954,773 students enrolled in a total of 1,854 schools in 404 school districts.
- There were 70,636 teachers in the public schools, or roughly one teacher for every 14 students, compared to the national average of 1:16.
- There was roughly one administrator for every 207 students, compared to the national average of 1:295.
- On average, Massachusetts spent \$14,515 per pupil in 2013, which ranked eighth highest in the nation.
- The state’s graduation rate was 85% in 2013.

Definitions: Trauma • Trauma-Informed Care *(as specified)*

Trauma-informed schools are characterized by:

- A shared understanding among every school community member that adverse experiences in the lives of children are more common than many of us have ever imagined
- The support of all children to feel safe physically, socially, emotionally, and academically
- The school addresses students’ needs in holistic ways, taking into account their relationships, self-regulation, academic competence, and physical and emotional well-being.
- The school explicitly connects students to the school community and provides multiple opportunities to practice newly developing skills
- The school embraces teamwork and staff share responsibility for all students to help all school community members feel part of a strong and supportive professional community

Measures of Effectiveness & Impact

- More research is needed to access formal evaluation reports of this effort. For now, only site-specific stories demonstrating success were readily available.
- In 2012, within the Brockton school district:
 - After many of the district’s 23 schools instituted trauma-informed improvement plans, suspensions and expulsions plummeted. Arnone Elementary, for example, with 826 students from kindergarten through 5th grade, 86% of whom were minorities, saw a 40% drop in suspensions.
 - 300 of the district’s 1,400 teachers have taken a course about teaching traumatized children using TLPI’s framework.
 - Local police were engaged to alert school personnel of any arrest or visit to an address. Counselors then identified children who live at that address to proactively engage with the student as necessary.
- After receiving a state grant to focus on youth traumatized by violence, Ford Elementary School trained staff and established a “trauma committee,” that works to identify children whose behaviors may be impacted by trauma at home. These staff members then identify the strengths, interests, and talents of those students, and use this information to help engage students in school. For example, in one case, a teacher recognized a student’s passion for baseball and facilitated an arrangement where this student, who was struggling academically and experiencing domestic violence at home, was able to join the team provided he improved his grades. Recognizing and building on the student’s strengths led to improved behavior, grades, and self-esteem.

Trauma and Learning Policy Initiative (TLPI) Massachusetts

SAMHSA Principles

While the TLPI does not explicitly cite SAMHSA's trauma-informed change framework, the philosophy it promotes for trauma-sensitive schools, including the Flexible Framework, appears to be consistent with SAMHSA's principles.

SAMHSA Implementation Domains

- TLPI's descriptions of implementation activities are aligned with all of SAMHSA's implementation domains, although financing is not explicitly addressed.
- Schools are encouraged to adopt the Flexible Framework, which focuses on six domains:
 1. School Culture and Infrastructure: Strategic planning; assessing staff's training needs; confidential review and planning of individual cases; reviewing policies such as school discipline to ensure that they reflect an understanding of the role of trauma in students' behaviors; developing community partnerships; and evaluating efforts on an ongoing basis
 2. Staff Training: Strengthen relationships between staff, children who have experienced trauma, and their caregivers; identify and access outside supports; help traumatized children regulate their emotions to ensure academic and social success
 3. Links to Mental Health Professional
 - For staff, students, and families, including clinical support for staff, to participate in sessions with their peers and 1:1 confidentially to deepen reflection and practices about secondary trauma
 - For students and families to access appropriate mental health resources and strengthen trusting relationships among all members to ensure success
 4. Academic Instruction for Students who have Experienced Trauma: Specific strategies such as discovering and building on students' strengths, maintaining predictable routines, comprehensive school evaluations to identify supports needed
 5. Nonacademic Strategies: Support extracurricular activities
 6. School Policies, Procedures, and Protocols: Balance accountability with understanding of traumatic behavior, minimize disruptions to education with an emphasis on positive behavioral supports and intervention plans

Challenges • Recommendations (as specified)

- "Traditionally, schools are not structured to offer [trauma-sensitive supports and approaches]. You not only need to know what the kids are dealing with; you have to also have all these supports on top of other obligations. ... [Creating trauma-sensitive environments] means that you have to completely change your work, the way you see the field, your day-to-day job. And change is terrifying, especially when you don't have the confidence that everyone is going to change with you."
— Districtwide behavioral health coordinator for the public schools in Reading, MA •
"An HLS Team is Improving the Education of Children who have Experienced trauma." *Harvard Law Today*.
- To promote trauma-sensitive schools, TLPI explains that educators must be empowered to form dynamic, trauma-sensitive learning communities that will enable them to help all children feel safe and supported to learn throughout the school day. This requires a process in which leadership and staff identify priority needs for the students and families in their school and tailor trauma-sensitive solutions to fit their unique culture and infrastructure. Over time, school-wide trauma sensitivity can become fully integrated into the running of the school.

Quote

"The hot spots in education are Massachusetts and Washington State ... Educators understand that the behavior of children who act out is not willful or defiant, but is in fact a normal response to toxic stress. And the way to help children is to create an environment in which they feel safe and can build resilience."

— Jane Stevens, a health and science journalist who edits *ACES Too High* •
"Schools that Separate the Child from the Trauma." *The New York Times*.

**Trauma and Learning Policy Initiative (TLPI)
Massachusetts**

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COMMUNITY-WIDE INITIATIVES

Mobilizing Action for Resilient Communities (MARC) Program: An Introduction

System Focus

Community

Purpose

MARC brings together 14 communities actively engaged in building the movement for a just, healthy and resilient world. MARC program represents a mix of cities, counties, regions, and states, including:

- | | |
|------------------------------|--------------------------|
| 1. Albany/Capital Region NY | 8. Montana |
| 2. Alaska | 9. Philadelphia, PA |
| 3. Boston, MA | 10. San Diego County, CA |
| 4. Buncombe County, NC | 11. Sonoma County, CA |
| 5. Columbia Gorge Region, OR | 12. Tarpon Springs, FL |
| 6. Illinois | 13. Washington |
| 7. Kansas City, MO | 14. Wisconsin |

These communities are all building a culture of health by translating the science of ACEs into practices and policies that foster resilience.

- MARC communities have long been acting on a commitment to trauma-informed change, establishing strong networks that include educators, physicians, social service providers, researchers, elected officials, first responders, parents and youth. They have raised awareness with websites, social media, summits, and trainings about how early trauma, such as neglect, abuse and abandonment, can leave long-term tracks in the developing body and brain. More importantly, they have spread the word about how we can both prevent and heal those wounds.
- Now, through MARC, community representatives are participating in a virtual learning collaborative. They share notes, identify best practices, and develop ways to gauge the impact of their work. MARC communities also receive financial investment and technical assistance to further advance their local ACE-informed agendas through innovative next steps to strengthen their networks. The goal is for each of these communities to make progress towards system-wide changes—from early childhood education to aging services, from healthcare to juvenile justice—and to become models for others who wish to do the same.
- MARC is coordinated by The Health Federation of Philadelphia with support from the Robert Wood Johnson Foundation and The California Endowment.

Definitions: Trauma • Trauma-Informed Care *(as specified)*

ACEs are traumatic experiences that can have a profound effect on a child's developing brain and body with lasting impacts on a person's health. There are ten recognized ACEs which fall into three categories:

- Abuse: physical, emotional, sexual
- Neglect: physical, emotional
- Household Dysfunction: mental illness or suicide attempt, incarceration, mother treated violently, substance abuse, divorce or separation

COMMUNITY-WIDE INITIATIVES

Mobilizing Action for Resilient Communities (MARC) Program Philadelphia, PA

System Focus

Community

Purpose

- Backbone Organization: Scattergood Foundation
- Since April 2012, the Philadelphia ACE Project has been working to develop research, policies, and practices that treat and prevent ACEs, thereby improving the health and wellbeing of children and families.
- The Philadelphia ACE Task Force (PATF) is an increasingly diverse group of practitioners in pediatrics, primary care, juvenile justice, early childhood intervention and anti-violence work.
- PATF has identified four key priorities to bringing about systemic change throughout the city and region:
 - Educate the community about ACEs, trauma, and resilience
 - Understand the practical interventions presently utilized in Philadelphia to address childhood adversity and trauma
 - Prepare the workforce with the information and skills needed to incorporate trauma-informed practices into their work
 - Utilize the Philadelphia Expanded ACE Data to support policies and practices

Background • Context

- For years, directors of the Institute for Safe Families used theories of trauma and recovery to inform their efforts to prevent family violence.
- An invitation to Robert Anda, co-investigator of the 1998 ACE Study, to discuss his work with 400 practitioners in 2006, prompted a new sense of urgency.
- In 2012, the Institute for Safe Families brought together 24 individuals from health and human service organizations with the goal of integrating an ACE framework into pediatric care throughout the city. All major hospitals in the city and all five major academic institutions with medical schools and/or health related programs were in attendance. The small but committed group worked together to identify needs as they relate to ACEs, trauma, and resilience in the Philadelphia region. By December 2013, the Philadelphia ACE Project had conducted the Expanded ACE Study, held the National Summit on ACEs, and hosted the National Collaborative on Adversity and Resilience.
- In 2014, the Health Federation of Philadelphia became the new home for the Philadelphia ACE Project, and laid the groundwork for PATF's current structure.
- With additional staffing and support from the Thomas Scattergood Behavioral Health Foundation, the Philadelphia ACE Task Force now has over 100 members from diverse backgrounds. The Task Force has four distinct yet complimentary workgroups, each focused on one of the key priorities.
- The PATF group meets quarterly to compare notes, share challenges, and learn together.

Target Population • Size

- Population of City of Philadelphia: 1.5 million
- A place rife with disparities in class, education and health, with pockets of multi-generational poverty and trickle-down trauma
 - Philadelphia Expanded ACE Study
 - 33.2% of adults experienced emotional abuse and 35% experienced physical abuse during their childhood
 - Approximately 35% grew up in a household with a substance-abusing member
 - 24.1% lived in a household with someone who was mentally ill
 - 12.9% lived in a household with someone who served time or was sentenced to serve time in prison
 - 40.5% witnessed violence while growing up, which includes seeing or hearing someone being beaten, stabbed or shot
 - 34.5% reported experiencing discrimination based on their race or ethnicity, while 27.3% reported having felt unsafe in their neighborhoods or not trusting their neighbors during childhood
 - Over 37% reported four or more ACEs

Mobilizing Action for Resilient Communities (MARC) Program Philadelphia, PA

Measures of Effectiveness & Impact

- With funding from the Robert Wood Johnson Foundation: conducted the Philadelphia ACE Study in 2012 and 2013 with more than 1,700 participants.
- Philadelphia was the site of the first National Summit on ACEs in May 2013, attended by 160 physicians, academics, social workers and human services administrators.
- The Philadelphia ACEs Connection group, launched in February 2014, has grown to 175 members. Periodic in-person “meet-ups” have drawn young professionals to hear from speakers such as James Encinas, who traveled cross-country by bicycle to learn what brings resilience to those who have suffered trauma.
- Word is spreading: In early 2014, the U.S. Attorney in Philadelphia held a forum on the traumatic impact of violence. The city’s superintendent of schools noted the importance of social-behavioral learning and trauma-informed practice in his 2015 plan for the 140,000-student district. The city’s Department of Behavioral Health and Intellectual Disability Services has resolved to infuse mental health and substance abuse services with principles of recovery, resilience and self-determination.
- A network of 18 charter schools undertook a trauma-informed re-boot of its discipline practices. A family health clinic partnered with an urban farmers’ market to allow shoppers to complete mental health screenings on iPads. One of the PATF’s co-chairs is involved in an effort to bring the Sanctuary Model to an entire Philadelphia neighborhood.
- Local foundations have stepped in: two are funding the PATF’s community education group to develop effective ways of “messaging” the community about ACEs and resilience, while a different foundation grant paid for a survey of master’s-level health and human services programs in the area to learn whether they included trauma-focused course material.
- Responding to the overwhelming demand of funders in the Delaware Valley to better understand the impacts of trauma on our region and how they can apply trauma informed practices to their own work, Philanthropy Network Greater Philadelphia, the Thomas Scattergood Behavioral Health Foundation, and United Way of Greater Philadelphia and Southern New Jersey partnered to produce a Trauma-Informed Funders Guide.
- PATF launched its new website on August 15, 2016, providing information about current and past projects, events, and resources for families, community members, providers, and policy makers.

Other measures by workgroup include:

- Community education workgroup
 - ACEs Messaging Group: A unique group that brings together members of PATF with community partners to use what they learned in workshops with Dr. Sandra Bloom and marketing expert, Jonah Berger. In a project supported by the First Hospital Foundation, this group will work together to develop and refine compelling messages related to ACEs, trauma, and resilience. Through focus group and engagement with community stakeholders, the AMG will work to develop and disseminate messages to a variety of target audiences.
 - Developing Messages that “Catch On”: Through a grant funded by the Atlantic Health Foundation, the Community Education workgroup, composed of community members and task force members, consulted with market research psychologist, Jonah Berger—author of the book, *Contagious: Why Things Catch On*—to strategize.
- Workforce development workgroup
 - Trauma-Informed School System Practices: Staff and teachers from more than 200 schools in Philadelphia have participated in trainings related to trauma-informed practice. To investigate the impact of that training, and next steps to support school staff in adopting effective trauma-informed solutions, a subcommittee of the Workforce Development Workgroup will be conducting focus groups with faculty and staff of the Philadelphia School District to better understand facilitators and barriers to implementing trauma-informed practice in the classroom.
 - Trauma Informed Training Sources in Philadelphia Region: There are a myriad of highly regarded resources in the Philadelphia region that can provide training for staff who work with children, families, and communities. Developed a database of trainings related to ACEs, trauma, and resilience (in conjunction with the Youth Violence Prevention Collaborative).
 - Bringing ACE Information into Higher Education: Investigated which colleges and universities and which degree programs currently incorporate ACE information and trauma-awareness and what core concepts could be added when this content is missing; and developed a resource guide to help others.
 - Incorporating ACE information into Certification and Board Exams: Representatives were invited to meet with the National Medical Board of Examiners (NMBE) to provide an overview of ACEs, Trauma and the potential impact of its incorporation into the NMBE exams. The NMBE is in discussion about potential next steps.

Mobilizing Action for Resilient Communities (MARC) Program Philadelphia, PA

- Practical interventions workgroup
 - Developing the Philadelphia ACE Task Force Framework: Adapted from the Missouri Model: Framework for Trauma Informed MO Department of Mental Health and Partners, the Practical Interventions Workgroup developed a framework for the full PATF to define the spectrum of organizational trauma-informed practice.
 - Referral resource for those who have experienced trauma: Philadelphia has a wealth of resources for individuals who have experienced ACEs and trauma. Workgroup members are currently working to draw on the knowledge of Task Force members to develop a referral guide for Philadelphia-based resources that provide services for individuals with ACEs.
- ACE research committee: Now uses the Philadelphia Expanded ACE data and oversees requests for use and publication of data, including:
 - Publication, promotion, and dissemination of existing survey results and use of the Expanded ACE questions
 - Follow-up and longitudinal next steps
 - Review and permission for use of the Philadelphia Expanded ACE Survey Data

SAMHSA Principles

Descriptions of Philadelphia’s efforts appear to be aligned with SAMHSA’s principles.

SAMHSA Implementation Domains

SAMHSA’s recommended domain areas for systems-level and organization change efforts, will need to be evolved to have direct relevance for community-level change initiatives. Descriptions of Philadelphia’s efforts appear to integrate activities within most of SAMHSA’s domains, without explicit mention of the physical environment and financing domains.

Challenges • Recommendations (as specified)

Video recordings of interviews with 29 of Philadelphia’s intellectual leaders, public sector champions, and community partners discussing the journey to becoming a trauma-informed city, including challenges and opportunities, are available here: <http://drexel.edu/dornsife/practice/center-for-public-health-practice/toward-a-trauma-informed-city/>.

Quote

“We would love to be the first large trauma-informed city. ... We’ve had success in bringing all these individuals together and educating them about what their colleagues are doing and now we are working on getting everyone to collaborate. ... The Task Force is growing all the time. But we haven’t had a strategic growth plan for it.”

— Alyson Ferguson, Director of Grantmaking at the Scattergood Foundation & PATF staff member • “2015: Deep Roots, New Ripples of ACEs Activism.” *Mobilizing Action for Resilient Communities*.

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COMMUNITY-WIDE INITIATIVES

Mobilizing Action for Resilient Communities (MARC) Program Sonoma County, CA

System Focus

Community

Purpose

- Backbone organization: Sonoma County Department of Health Services (DHS)
- Inspired by ACEs research, Sonoma County ACEs Connection (SCAC) was formed. With 38 members representing 24 different organizations, the group's goals are to:
 - Inform the community about ACEs
 - Promote evidence-based strategies and programs to reduce the impact of ACEs
 - Build resilience
 - Change systems to more effectively serve people touched by trauma.
- ACEs & Resiliency Fellowship
 - Launched on October 18, 2016, the Fellowship is a 9-month intensive, interdisciplinary educational program for community members to learn about toxic stress, trauma, and ACEs or Adverse Childhood Experiences. The program consists of an initial 2-day training and monthly Community of Practice sessions to strengthen skills and more deeply explore topics.
 - Goals and objectives include:
 - Train one cohort of 25 Master Trainers using a train-the-trainer model in the science and biology behind ACEs and Resiliency. A team of Master Trainers will then train a second cohort of 35 Presenters.
 - Create a Speakers' Bureau linking Master Trainers with county staff and community partners to increase the awareness of ACEs and Resiliency models
 - Increase community awareness about the prevalence of ACEs and the public health impacts
 - Increase community awareness about resources and evidenced-based approaches for building resiliency
 - Conduct between 50-100 community trainings in 18 months engaging 1,000 participants
 - Overseen by a Coordinating Committee including the County of Sonoma Human and Health Services Departments, Child Parent Institute, Hanna Boys Center, First 5 Sonoma County, Upstream Investments Sonoma County, and the Sonoma County ACEs Connection.
 - Funded in part by The Health Federation of Philadelphia (with support from the Robert Wood Johnson Foundation and The California Endowment) through the MARC grant.

Background • Context

- SCAC: Early monthly conversations initiated by Karen Clemmer (DHS Coordinator of Maternal, Child and Adolescent Health), a colleague who worked in early childhood intervention, and Jane Stevens (creator of social networking sites ACEsConnection and ACEsTooHigh).
- ACEs & Resiliency Fellowship: Launched at a time when community members and service providers had been increasingly seeking out information about how to prevent and heal from ACEs.

Target Population • Size

- Population of Sonoma County, CA: 502,146 (US Census Bureau, 2015)
- Growing Latino, senior, and low-income populations
 - More than one-fifth of residents report having experienced four or more ACEs

Measures of Effectiveness & Impact

- SCAC
 - Built on partnerships already established by DHS and new collaborators—for example, the Hanna Boys Center, a residential treatment center for struggling young boys that has trained its staff on neurodevelopment and the impact of trauma.
 - Established a web presence through the Sonoma ACEsConnection group

Mobilizing Action for Resilient Communities (MARC) Program Sonoma County, CA

- Members conducted ACE trainings with school administrators, family practice residents and nursing students
- Developed with partners a multi-page insert about ACEs and the impact of early trauma that appeared in The Press Democrat, read by a quarter-million adults
- Members served as the steering committee for Roseland Pediatrics Healthy Tomorrows, a grant-funded project to begin ACEs screening for low-income families and children
- Recognition of vicarious trauma has led to each SCAC meeting beginning with a brief mindfulness or self-care practice initiated by different members of the group.
- Screened Paper Tigers (James Redford’s documentary about the trauma-informed transformation of a Washington alternative high school) for some of the county’s staff members
- ACEs & Resiliency Fellowship
 - 25 trainers were selected from a competitive application process that included a range of community sectors and experiences.
 - A two-day training session led by national experts, Dr. Robert Anda and Laura Porter, occurred on October 18-19, 2016.
 - Dr. Anda was the co-principal investigator of a groundbreaking research project titled “ACE Study” that was funded by the Centers for Disease Control and Prevention in the late 1990s.
 - Laura Porter is the co-founder of ACE Interface, LLC. With Dr. Anda, Porter develops and disseminates educational products and empowerment strategies on ACES and population health. Porter concurrently serves as the Senior Director of The Learning Institute at the Foundation for Healthy Generations.

SAMHSA Principles

Descriptions of Sonoma County’s efforts appear to be aligned with SAMHSA’s principles.

SAMHSA Implementation Domains

SAMHSA’s recommended domain areas for systems-level and organization change efforts, will need to be evolved to have direct relevance for community-level change initiatives. Descriptions of Sonoma County’s efforts suggest that this initiative focuses primarily on the leadership, engagement/involvement, cross sector collaboration, treatment, and training implementation domains, without explicit mention of the other domains.

Challenges • Recommendations (as specified)

Not specified

Quotes

“Sonoma County is leading the way on strengthening the resilience in our community. We must continue to focus on how Adverse Childhood Experiences (ACEs) are linked in all our cultures and homes. This fellowship will support peers, individuals and the community as we explore how we can change the way we think about community problems and solutions.”
 — Shirlee Zane, Sonoma County Supervisor & Board liaison to DHS •
 “Sonoma County ACEs & Resiliency Fellowship Begins.”
Sonoma County DHS.

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COMMUNITY-WIDE INITIATIVES

Mobilizing Action for Resilient Communities (MARC) Program Tarpon Springs, FL

System Focus

Community

Purpose

- To be a trauma-informed community where the needs of all are met, with a commitment to a democratic, inclusive process. Currently, about one-third of the network’s 90 plus partners are community members; others come from government agencies, faith-based groups, mental health and human service providers, the school system and the business sector.
- To provide:
 - Information to the community about the causes and consequences of trauma
 - Public and provider education
 - Resource assistance and advocacy for appropriate prevention and intervention services
- To effect long-term community improvement by increasing awareness about issues facing community members who have been traumatized to promote healing.

Background • Context

- A chance conversation between Robin Saenger, a former vice-mayor of Tarpon Springs, FL, and her friend, Dr. Andrea Blanch, a senior consultant at the National Center for Trauma-Informed Care inspired them both to take action towards helping Tarpon Springs become the first trauma-informed city in the U.S.
- Robin Saenger met with the police chief and city manager. Together they drafted a list of 30 people who might be interested in the Peace4Tarpon initiative. This group met and formed a steering committee.
- Dr. Andrea Blanch made a presentation to Mayor David Archie and the board of commissioners in July 2010 about the ACE Study and trauma-informed care.
- On February 5, 2011, the city held a community education day with a focus on trauma with funding from the Rotary club.
- Six days later, a memorandum of understanding was signed by the Tarpon Springs Community Trauma Informed Community Initiative and community partners to, among other things, “increase awareness of issues facing members of our community who have been traumatized to promote healing.”
- The Juvenile Welfare Board of Pinellas County, named Tarpon Springs as the site for their North County Children’s Initiative, and agreed to frame this effort through a trauma-informed lens.

Target Population • Size

Population of Tarpon Springs, FL: 23,500

- In 2013, almost a fifth of its families with children had incomes under the federal poverty level.
- Tarpon Springs is one of five at-risk zones in the county experiencing insufficient public transportation, limited access to food and health care, high unemployment and inadequate housing.

Definitions: Trauma • Trauma-Informed Care *(as specified)*

- Trauma is the negative impact of experiences or events that happen to children, adults and communities as a result of physical, economic, psychological or environmental assault. Trauma may include physical, emotional and/or sexual abuse and may be caused by domestic violence, community violence, war, loss, natural disaster, long-term exposure to maltreatment and other conditions. Developmental trauma may begin before birth and continue across the lifespan. Trauma may be predictable or unforeseen. Trauma includes:
 - Interpersonal violence – such as abuse, rape, domestic violence, and bullying;
 - Social violence — such as war, terrorism, and living under oppressive political regimes;
 - Natural disasters and accidents — such as hurricanes, floods, earthquakes, tornadoes, and auto crashes;

Mobilizing Action for Resilient Communities (MARC) Program Tarpon Springs, FL

- Chronic social stressors – such as racism, sexism, poverty, humiliation and cultural dislocation;
- Childhood trauma — such as the types of trauma measured by ACE Study
- Trauma informed community refers to an awareness and comprehension of the root causes of trauma in a community. It expresses a commitment to understand, educate and provide resources to foster a safe and healthy environment where children and families can grow and develop.
- Identifying a network of schools, social service agencies, businesses, clergy, health care providers, safety and governmental offices and others who are committed to assist in the healing of trauma is essential in the formation of a trauma informed community. Through these entities the education, intervention and treatment of the effects of trauma will be accomplished. Using a strengths-based approach, individuals and groups will be assisted in defining their own capacities to contribute to developing a healthy community.

Measures of Effectiveness & Impact

Activities

- Creation of the Peace4Tarpon website and Facebook page
- Social Marketing Committee develops a social messaging campaign to educate the public at large about the causes and consequences of trauma and how ordinary citizens can play a role in reducing trauma in their own families, neighborhoods, faith organizations, social groups, and workplaces.
- Provider Education Committee focuses on offering support, clarifying and identifying talent, assessing trainer qualifications, working with community agencies in articulating their training needs, coordinating training opportunities for both professionals and community members within Tarpon Springs.
- Resource Development Committee assesses the current state of available services and resources (both professional and informal) to treat and support victims of trauma as well as recommend strategies to address identified resource gaps.
- Community Action Committee supports any community initiatives that dovetail with the mission of this effort

Outcomes

- Relationships have developed among Peace4Tarpon members, including providers who were previously isolated from each other.
- Staff members at an elementary school are asking different questions about why students are having difficulty learning.
- The local housing authority is setting up a trauma-awareness training program for its staff called: “Why Are You Yelling at Me When I’m Only Trying to Help You?” By better understanding trauma, staff members can work with clients more effectively.
- A formerly vacant Housing Authority building now holds offices for mental health clinicians next door to an after-school program for kids. In two years, the mental health provider has doubled its clinical staff.
- A 68-year-old resident, who had severe childhood trauma, volunteered to attend the International Conference on Violence, Abuse and Trauma in San Diego in September 2011 and is emerging as a local trauma prevention champion.
- The Pinellas Ex-Offender Re-Entry Coalition used the CDC’s Adverse Childhood Experience questionnaire to discover that the overwhelming majority of people in its substance-abuse, batterers-intervention and sex-offender groups had suffered severe trauma. The coalition counselors changed their program, with the result of ex-offenders feeling more optimistic, and reporting that they have more tools to turn their lives around.

SAMHSA Principles

Descriptions of Peace4Tarpon’s efforts appear to be aligned with SAMHSA’s principles.

SAMHSA Implementation Domains

SAMHSA’s recommended domain areas for systems-level and organization change efforts, will need to be evolved to have direct relevance for community-level change initiatives. Descriptions of Peace4Tarpon’s efforts appear to emphasize policy, education, leadership, cross-sector collaboration (including treatment services), and engagement of people with lived experience of trauma. It is not clear, however, how these efforts are being systematically assessed, evaluated, and financed and if there is a focus on working with the physical environment.

**Mobilizing Action for Resilient Communities (MARC) Program
Tarpon Springs, FL**

Challenges • Recommendations (as specified)

After operating for nearly six years with a budget of less than \$5,000 and no paid staff, Peace4Tarpon is becoming a non-profit organization, which demands a more rigorous approach to structure and planning. “With this funding opportunity, our roles are going to be shifting. ... There are big question marks: How to keep that free spirit, that community-organizing base, and work within a system and maintain who we are?” — Robin Saenger, former vice-mayor of Tarpon Springs, FL

Quotes

“... all this is being done without a big grant. In fact, ... a large pot of money would have killed the initiative. So would have a top-down county-wide initiative. ‘You don’t throw too much fertilizer on a new plant, ... and you have to grow this from the ground up.’”
— Robin Saenger, former vice-mayor of Tarpon Springs, FL • “Tarpon Springs, FL, May be First Trauma-informed City in U.S.” *ACES Too High*.

Sources

- <http://www.peace4tarpon.org>
- <https://acestoohigh.com/2012/02/13/tarpon-springs-may-be-first-trauma-informed-city-in-u-s/>
- https://acestoohigh.files.wordpress.com/2012/02/2pgmemorandum_of_understanding.pdf
- <http://marc.healthfederation.org/communities/tarpon-springs-fl>

COMMUNITY-WIDE INITIATIVES

Mobilizing Action for Resilient Communities (MARC) Program Walla Walla, WA (Children’s Resilience Initiative)

System Focus

Community • Education

Purpose

- Walla Walla is one of two communities that make up a larger statewide entity participating in the MARC Program. Working with Washington’s ACEs Public-Private Initiative, the communities of Whatcom and Walla Walla are being used as dual pilot sites to bring their learning statewide.
- Children’s Resilience Initiative (CRI) in Walla Walla:
 - Aims to (1) raise awareness about Adverse Childhood Experiences (ACEs) and brain development, foster resilience, and embed the principles within the community; and (2) mobilize the community through dialogue to radically reduce the number of Adverse Childhood Experiences while building resilience and a more effective delivery system.
 - Includes efforts to create trauma-informed schools, such as at Lincoln High School, an “alternative” school, that was initiated by the school Principal Jim Sporleder after hearing Dr. John Medina’s presentation at the April 2010 “From Hope to Resilience” conference in Spokane.

Background • Context

- In October 2007, Teri Barila, a Walla Walla County Community Network coordinator, heard Dr. Robert Anda, a co-investigator of the Centers for Disease Control and Prevention’s ACE Study, speak at the Washington State Family Policy Council event. She became determined to educate the community about the dire and costly consequences of ACEs and the clear impact of stress on the developing brain of a child. As a result, she organized a community meeting in early 2008 and invited Dr. Anda to present a 2 1/2 seminar attended by 165 people.
- She then began to partner with Mark Brown, the new executive director of Friends of Children of Walla Walla, a local mentoring program. They compiled a list of key constituencies to engage, including people from the school district, city government, mental health, social service agencies, local offices of the state Department of Health and Human Services, law enforcement, juvenile justice, public health, local media, business leaders and parents. After more than 40 conversations, they held their first team meeting.
- In 2009, the Donald & Virginia Sherwood Trust (a local foundation) provided \$40,000 in start-up funds to their efforts. The Bill and Melinda Gates Foundation also offered a three-year, \$130,000 grant. This funding supported the work to bring in expert speakers, organize meetings, conduct a city-wide ACEs survey, and launch ResilienceTrumpsACEs.org.
- The Resilience Trumps ACEs Manual became the unofficial start of the Children’s Resilience Initiative (CRI), officially launched in February 2010 with a focus on building a trauma-informed, resilience-building community.

Target Population • Size

- Population of Walla Walla, WA: 32,000
- 25% of children live in poverty; 65% of residents have not attended college; Gangs and drugs are common

Definitions: Trauma • Trauma-Informed Care *(as specified)*

ACEs are traumatic experiences that can have a profound effect on a child’s developing brain and body with lasting impacts on a person’s health. There are ten recognized ACEs which fall into three categories:

- Abuse: physical, emotional, sexual
- Neglect: physical, emotional
- Household Dysfunction: mental illness or suicide attempt, incarceration, mother treated violently, substance abuse, divorce or separation

Resilience and protective factors enable us to counter the risk factors of trauma that endanger our health.

Mobilizing Action for Resilient Communities (MARC) Program Walla Walla, WA (Children’s Resilience Initiative)

Measures of Effectiveness & Impact

Education and Outreach

- Over 500 presentations, including in the valley, adjacent communities like Dayton, and out of state
- Development of a card game to explore ACEs and resilience, listing specific experiences and skills
- Trainings for staff at a state penitentiary and “just about every agency, service provider and entity that will have us in”
- Workshop for the business community attracting 130 people
- Workshops for Walla Walla Police Department and the sheriff’s department
- Daily classes in resilience, basic parenting, and child development for pregnant and parenting teens, including transportation and child care
- Increased number of requests to CRI team: from Head Start, community college, call-in program for gang-affected parents and kids to learn about alternatives to gang violence and sex trafficking
- In September 2013, the City Council issued a proclamation, in response to a memorandum of understanding developed by the CRI team, to make Walla Walla a trauma-informed community. The proclamation led to a declaration that October 2013 was Children’s Resilience Month in Walla Walla. At a community festival that month, with speakers, music and food, families played 10 resilience games developed by Lincoln High School students taking a course in ACEs, brain development and resilience. It was being repeated in October 2015.
- The 25 members of the CRI did a self-evaluation to measure changes in awareness, understanding and integration of resilience into daily practice.
- A survey revealed that, over two years, community awareness of the term ACEs increased five-fold

Trauma-informed Schools

- Lincoln High School reduced suspensions by 85% over a one year period
- As part of a small community grant from the Gates Foundation – the Lincoln High School ACEs and Resilience Program — a member of the Walla Walla community spoke to the health class at Lincoln High during the 2013-2014 school year to tell her or his own story of trauma and resilience.
- In February 2014, Lincoln High School deployed a resilience-focused survey that evaluated interventions according to academic data and ACE scores. The survey, published in July 2014, found that student resilience improved, and students with higher resilience scores earned higher grades, irrespective of their ACE scores, thus providing support that changes in school practices in which teachers and administrators were sensitive to students’ ACEs, made a positive difference.
- Expanded trauma-informed practices into Head Start and three elementary schools.

SAMHSA Principles

Descriptions of CRI’s efforts appear to be aligned with SAMHSA’s principles.

SAMHSA Implementation Domains

SAMHSA’s recommended domain areas for systems-level and organization change efforts, will need to be evolved to have direct relevance for community-level change initiatives. Descriptions of CRI’s efforts appear to integrate activities within most of SAMHSA’s domains, except physical environment.

Challenges • Recommendations (as specified)

- Challenge: CRI identifies the need for long-term funding. In June 2012, the Washington State legislature closed the Family Policy Council, which was providing basic funding for the state’s community networks, including the network in Walla Walla. The Gates grant also ended. Teri Barila and Mark Brown understand their work to be a two to three-generation endeavor, not a two to three-year project preferred by many funders.
- Recommendation: Establishing common measurements and standards across multiple sectors, including the education system, is a vital next step, so that CRI can learn whether its work is making a difference.

**Mobilizing Action for Resilient Communities (MARC) Program
Walla Walla, WA (Children’s Resilience Initiative)**

Quotes

“One story ... comes from a nearby sheriff who understood how police actions may trigger certain behaviors in people who are traumatized. Rather than arresting a person suspected of methamphetamine use with a barrage of lights, noise and agitation, certain to trigger a fight-or-flight response, officers kept the room dark, used quiet voices and talked calmly to the person, who offered no resistance.” — ACES Too High, “Children’s Resilience Initiative in Walla Walla, WA, Draws Spotlight to Trauma-Sensitive School.” *ACES Too High*.

Sources

- ResilienceTrumpsACEs.org
- <https://acestoohigh.com/2014/10/07/childrens-resilience-initiative-in-walla-walla-wa-draws-spotlight-to-trauma-sensitive-school/>
- <https://acestoohigh.files.wordpress.com/2014/10/crimonth.jpg>
- <http://marc.healthfederation.org/communities/washington>

Attachment B

**SAMPLE RESOURCES TO SUPPORT
SYSTEMS CHANGE INITIATIVES**

SAMPLE RESOURCES TO SUPPORT SYSTEMS CHANGE INITIATIVES: AN INTRODUCTION

This attachment is a beginning compilation of resources—over 160 to date—that may be useful for organizations and systems undertaking, or considering, change efforts focused on trauma and resiliency. Workgroup participants recommended a number of these resources, and we discovered others as we conducted our research.

While this list is a good start, it is by no means comprehensive. One of the strategies we are recommending for consideration to help nurture and grow this movement in Los Angeles County is the development of infrastructure that could continue to develop and refine a database of resources, among other responsibilities. Far more work would need to be done, for example, to compile an up-to-date list of evidence-based practices for addressing trauma for people of different ages, or from different cultures.

The sample resources that follow are organized into two tables.

- ▶ The first table—**Overview List of Resources and Intended Audiences**—identifies each resource by type (e.g., educational and research; networking and advocacy; change model; assessment and screening; treatment model; and training and other supports) and its intended audience (e.g., general public and community; frontline staff; program managers and administrators).
- ▶ The second table—**Summary Descriptions of Trauma and Resiliency-Informed Systems Change Resources**—which provides a brief synopsis of each resource, including its content; and information about how to access the data (e.g., web-based link, book). The vast majority of the resources are available online and free of charge.

OVERVIEW LIST OF RESOURCES AND INTENDED AUDIENCES

KEY

RESOURCE TYPE				INTENDED AUDIENCE		
E	Educational & Research	A	Assessment & Screening	G	General Public & Community	
N	Networking & Advocacy	Tm	Treatment Model	F	Frontline Staff	
C	Change Model	Tn	Training & Other Supports	P	Program Managers & Administrators	

Row #	Resource Name	Type						Audience		
		E	N	C	A	Tm	Tn	G	F	P
1	A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness	•		•						•
2	A Window Between Worlds	•	•	•		•	•		•	•
3	ACEs Connection Network	•	•					•	•	•
4	ACESTooHigh	•						•	•	•
5	Addiction & Trauma Recovery Integration Model					•	•		•	
6	Addiction Technology Transfer Center Network	•					•	•	•	•
7	Administration for Children & Families: Resource Guide to Trauma-Informed Human Services	•							•	•
8	Advanced Trauma Solutions • Trauma Affect Regulation: Guide for Education and Therapy	•				•	•		•	
9	Advancing a Safety Culture in DCS to Support a Trauma-Informed, Resilient Workforce Breakthrough Series Collaborative: A Collaborative Change Framework			•						•
10	Adverse Childhood Experiences International Questionnaire				•			•	•	
11	Adverse Childhood Experiences Questionnaire & User Guide				•			•	•	
12	Alameda County Trauma-Informed Care Project	•		•			•	•	•	•
13	Alberta Family Wellness Initiative • How Brains are Built: The Core Story of Brain Development	•					•	•		
14	American Psychological Association • The Effects of Trauma Do Not Have to Last a Lifetime	•								•
15	American Psychologist • Loss, Trauma, and Human Resilience	•						•		
16	Boston Public Health Commission • Trauma Informed Collaborations for Families with Young Children Organizational Self-Assessments				•					•

Row #	Resource Name	Type						Audience		
		E	N	C	A	Tm	Tn	G	F	P
17	BRIDGE Housing Corporation & Health Equity Institute • Trauma Informed Community Building: A Model for Strengthening Community in Trauma Affected Neighborhoods			•						•
18	California Campaign to Counter Childhood Adversity		•							•
19	California Center of Excellence for Trauma-Informed Care	•					•		•	
20	California Evidence-Based Clearinghouse for Child Welfare	•							•	•
21	California Social Work Education Center • Common Core 3.0 Trauma-informed Practice: Trainee Guide	•					•	•	•	•
22	Campaign for Trauma Informed Policy & Practice		•					•	•	•
23	Casey Family Programs • Balancing Adverse Childhood Experiences with HOPE	•								•
24	Center for Healthy Schools and Communities • Alameda County School-Based Behavioral Health Model			•						•
25	Center for Justice & Reconciliation • Tutorial: Introduction to Restorative Justice			•			•			•
26	Center for Pediatric Traumatic Stress • Health Care Toolbox	•			•	•	•		•	•
27	Center for Public Health Practice • Toward a Trauma-Informed City	•						•	•	•
28	Center for Social Innovation • TICHOMETER				•		•			•
29	Center for the Study of Social Policy • Strengthening Families: A Protective Factors Framework			•	•		•		•	•
30	Center for the Treatment and Study of Anxiety • Prolonged Exposure Therapy					•	•		•	
31	Center for Youth Wellness	•	•	•	•	•		•	•	•
32	Center for Youth Wellness • A Hidden Crisis: Findings on Adverse Childhood Experiences in California	•						•		
33	Center on the Developing Child • Applying the Science of Child Development in Child Welfare	•		•						•
34	Centers for Disease Control and Prevention & Kaiser Permanente • The ACE Study	•			•			•	•	
35	Centers for Disease Control and Prevention • Child Abuse and Neglect Cost the United States \$124 Billion	•						•		
36	Chadwick Trauma-Informed Systems Dissemination and Implementation Project	•		•	•				•	•
37	Child Health and Development Institute of Connecticut, Inc.	•	•						•	•
38	Child Parent Psychotherapy					•	•		•	
39	Child Trends • Adverse Childhood Experiences: National and State-Level Prevalence	•						•		

Row #	Resource Name	Type						Audience		
		E	N	C	A	Tm	Tn	G	F	P
40	Childhood Violent Trauma Center • Child and Family Traumatic Stress Intervention	•				•	•		•	
41	Children and Youth Services Review • KVC's Bridging the Way Home: An Innovative Approach to the Application of Trauma Systems Therapy in Child Welfare			•						•
42	Children and Youth Services Review • Trauma-Informed Child Welfare Systems and Children's Well-being: A Longitudinal Evaluation of KVC's Bridging the Way Home Initiative			•						•
43	Children Now	•	•					•	•	•
44	Children's Resilience Initiative	•						•		
45	Circle of Security International • Being-With and Shark Music	•						•		
46	Cognitive Behavioral Intervention for Trauma in Schools					•	•		•	
47	Community Resilience Cookbook	•						•		
48	Conscious Discipline Brain State Model	•		•			•	•	•	•
49	David Baldwin's Trauma Information Pages	•							•	•
50	Developmental Assets: A Synthesis of the Scientific Research on Adolescent Development	•						•	•	•
51	Echo Parenting & Education	•					•	•	•	•
52	EMDR Institute, Inc. • Eye Movement Desensitization & Reprocessing					•	•		•	
53	Emotional and Psychological Trauma: Causes, Symptoms, Effects and Treatments	•						•		
54	First 5 LA • Trauma-Informed Care Legislation	•								•
55	Fostering Resilience • The 7 Cs: The Essential Building Blocks of Resilience	•						•		
56	Futures Without Violence • Connected Parents, Connected Kids: Safety Card	•						•	•	
57	Futures Without Violence • Everyday Magic: 16 Ways Adults Can Support Children Exposed to Violence and Trauma	•						•		
58	Futures Without Violence • Funding Opportunities in the Every Student Succeeds Act	•								•
59	Futures Without Violence • Healthy Moms, Happy Babies: Home Visitation Safety Card	•						•	•	
60	Futures Without Violence • Intimate Partner Violence: The Role of the Pediatric Provider	•							•	•
61	Futures Without Violence • IPV Health	•							•	•

Row #	Resource Name	Type						Audience		
		E	N	C	A	Tm	Tn	G	F	P
62	Futures Without Violence • Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence	•							•	
63	Futures Without Violence • State Health Care Strategies to Address Children’s Trauma, Exposure to Violence, and ACEs	•								•
64	Futures Without Violence • The Amazing Brain and Discipline: Positive Parenting Builds Healthy Brains	•						•	•	
65	Futures Without Violence • The Facts on Children’s Exposure to Intimate Partner Violence	•						•		
66	Futures Without Violence • The Facts on Children’s Exposure to Violence	•						•		
67	Futures Without Violence, U.S. Department of Justice & Ad Council • Changing Minds	•	•					•	•	
68	Harvard Program for Refugee Trauma, National Center for Trauma Informed Care & National Empowerment Center • Important Souls	•	•					•		
69	Healing Neen	•						•		
70	Healthy Families: From ACEs to Trauma Informed Care to Resilience and Wellbeing	•								•
71	Institute for Health and Recovery	•					•			•
72	International Society for Traumatic Stress Studies	•	•		•	•	•		•	•
73	Kaiser Permanente & Prevention Institute • Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma	•		•				•		
74	KPJR Films • Paper Tigers	•						•		
75	Legal Resource Center on Violence Against Women		•				•	•	•	
76	Long Beach Development Services • Safe Long Beach						•	•	•	•
77	Long Beach Trauma Recovery Center	•	•				•	•	•	
78	Los Angeles Unified School District • Trauma Informed Schools	•						•	•	•
79	Maine Trauma Advisory Group • In Their Own Words	•								•
80	Massachusetts Advocates for Children • Helping Traumatized Children Learn	•		•				•	•	•
81	Massachusetts Advocates for Children • Trauma and Learning Policy Initiative	•	•	•					•	•
82	Massachusetts Child Trauma Project	•							•	•
83	Maternal Mental Health NOW	•	•				•	•	•	•

Row #	Resource Name	Type						Audience		
		E	N	C	A	Tm	Tn	G	F	P
84	Missouri Department of Mental Health and Partners • Missouri Model: A Developmental Framework for Trauma-Informed	•		•						•
85	Mobilizing Action for Resilient Communities	•	•					•	•	•
86	Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems					•			•	•
87	National Association of State Mental Health Program Directors • Trauma Addictions Mental Health and Recovery Treatment Manual & Modules	•				•			•	
88	National Center for PTSD • Published International Literature on Traumatic Stress Database	•			•	•	•		•	•
89	National Center for Trauma-Informed Care	•					•			•
90	National Center for Trauma-Informed Care • Engaging Women in Trauma-Informed Peer Support: A Guidebook	•				•		•		
91	National Center on Domestic Violence, Trauma & Mental Health	•	•				•		•	•
92	National Center on Family Homelessness • Trauma-Informed Organizational Toolkit for Homeless Services	•		•	•					•
93	National Collaborating Centre for Methods and Tools • Evidence-Based Practice Attitude Scale				•					•
94	National Council for Behavioral Health • Trauma-Informed Care Learning Communities	•	•				•			•
95	National Institute of Mental Health • Post-Traumatic Stress Disorder	•				•		•	•	
96	National Technical Assistance Center for Children’s Mental Health	•					•			•
97	NEAR@Home Toolkit	•			•				•	
98	Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities: Building a New Framework for Health Promotion and Disease Prevention	•						•		
99	Nonprofit Quarterly • Creating Culture: Promising Practices of Successful Movement Networks	•	•							•
100	Office for Victims of Crime • Through Our Eyes: Children, Violence, and Trauma	•						•		
101	Pacific Asian Counseling Services				•	•		•		
102	Parents’ Evaluation of Developmental Status	•			•		•		•	
103	Philadelphia ACE Taskforce • The Philadelphia ACE Project: Framework for Trauma-Informed	•		•						•
104	Pottstown Area Health & Wellness Foundation • Resiliency: Nurturing the Health and Wellness of School-age Children	•						•		

Row #	Resource Name	Type						Audience		
		E	N	C	A	Tm	Tn	G	F	P
105	Protective Factors and the Development of Resilience in the Context of Neighborhood Disadvantage	•						•		
106	RAND Corporation • How Schools Can Help Students Recover from Traumatic Experiences Toolkit.	•								•
107	Resilience in Development • The Oxford Handbook of Positive Psychology	•						•		•
108	Risking Connection Model	•				•	•	•	•	•
109	Safe Start Initiative		•							•
110	SAMHSA • A Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services	•		•					•	•
111	SAMHSA • Dealing with the Effects of Trauma—A Self-Help Guide	•						•		
112	SAMHSA • Essential Components of Trauma-informed Judicial Practice	•								•
113	SAMHSA • National Registry of Evidence-based Programs and Practices	•				•	•		•	•
114	SAMHSA • SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach	•		•						•
115	SAMHSA • Spotlight: Building Resilient and Trauma-Informed Communities	•						•		
116	SAMHSA • Trauma-Informed Approach and Trauma-Specific Interventions	•				•			•	
117	San Francisco Trauma-Informed Systems Initiative	•		•						•
118	Sanctuary Model	•		•			•			•
119	Scenes from Boys and Men Healing	•						•		
120	Stanford Social Innovation Review • Collective Impact	•		•						•
121	Support for Students Exposed to Trauma	•				•	•		•	
122	Technical Assistance Center • Positive Behavioral Interventions & Supports	•		•			•		•	•
123	The Children’s Clinic, “Serving Children & Their Families”	•	•				•	•	•	•
124	The Evaluation Center • Trauma Informed Systems Change Instrument				•					•
125	The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success	•	•					•	•	
126	The Huffington Post • An American Public Health Crisis — the “Pair of ACEs”	•		•				•		•
127	The Illinois ACEs Response Collaborative • Policy Briefs	•	•							•
128	The International Trauma-Healing Institute	•	•				•	•	•	•

Row #	Resource Name	Type						Audience		
		E	N	C	A	Tm	Tn	G	F	P
129	The National Child Traumatic Stress Network	•	•				•	•	•	•
130	The National Child Traumatic Stress Network & National Center for PTSD • Psychological First Aid	•				•			•	
131	The National Child Traumatic Stress Network • Breakthrough Series Collaborative Information Packet	•								•
132	The National Child Traumatic Stress Network • Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents	•					•		•	
133	The National Child Traumatic Stress Network • Child Trauma Toolkit for Educators	•						•	•	•
134	The National Child Traumatic Stress Network • Child Welfare Trauma Training Toolkit	•		•	•		•		•	
135	The National Child Traumatic Stress Network • Creating Trauma-Informed Systems	•								•
136	The National Child Traumatic Stress Network • Empirically Supported Treatments and Promising Practices	•				•			•	•
137	The National Child Traumatic Stress Network • Pathways to Partnerships with Youth and Families	•			•					•
138	The National Child Traumatic Stress Network • The 12 Core Concepts	•							•	•
139	The National Child Traumatic Stress Network • The Learning Center for Child and Adolescent Trauma	•					•	•	•	•
140	The National Child Traumatic Stress Network • Think Trauma: A Training for Staff in Juvenile Justice Residential Settings						•		•	
141	The National Child Traumatic Stress Network • Using Trauma-Informed Child Welfare Practice to Improve Placement Stability Breakthrough Series Collaborative	•		•						•
142	The New England Association of Child Welfare Commissioners and Directors & Casey Family Programs • Trauma-Informed Resilient Child Welfare Agencies: A New England Learning Community			•						•
143	The Permanente Journal • Dear Doctor: A Patient’s Personal Case Study of Adverse Childhood Experiences	•						•		
144	The Resilience Toolkit					•	•	•	•	
145	TLC	•					•		•	
146	Trauma Center • Attachment, Regulation, and Competency	•				•	•		•	•
147	Trauma Informed Oregon	•			•	•	•	•	•	•
148	Trauma Resource Institute • Trauma Resiliency Model & Community Resiliency Model	•		•		•	•	•		

Row #	Resource Name	Type						Audience		
		E	N	C	A	Tm	Tn	G	F	P
149	Trauma-Focused Cognitive Behavioral Therapy	•				•	•		•	
150	Trauma-Informed Philanthropy: A Funder’s Resource Guide for Supporting Trauma-Informed Practice in the Delaware Valley	•		•						•
151	Trauma-Informed Program Self-Assessment Scale				•					•
152	Trauma, PTSD, and Resilience: A Review of the Literature	•						•	•	
153	Treating the Traumatized Patient and Victims of Violence	•							•	
154	Treatment & Services Adaptation Center • Trauma-Informed Schools	•		•				•	•	•
155	U.S. Department of Health and Human Services’ Office of the Assistant Secretary for Preparedness and Response • Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach	•							•	•
156	UCLA TIES for Families	•		•			•	•	•	
157	University of Minnesota • What is Historical Trauma?	•						•		
158	Washington State Coalition Against Domestic Violence • Building Dignity: Design Strategies for Domestic Violence Shelter	•		•						•
159	Westat • Matrix of Trauma-informed Agency Assessment Tools by Nanmathi Manian				•					•
160	Western Michigan University • Children’s Trauma Assessment Center	•			•		•	•	•	•
161	Wisconsin Department of Public Instruction • Creating Trauma-Sensitive Schools to Improve Learning	•		•			•		•	•
162	Women’s Community Correctional Center of Hawaii • Trauma-Informed Care Initiative	•		•						•

SUMMARY DESCRIPTIONS OF TRAUMA AND RESILIENCY-INFORMED SYSTEMS CHANGE RESOURCES

Row #	Resource Name & Description
1	<p>A Long Journey Home: A Guide for Creating Trauma-Informed Services for Mothers and Children Experiencing Homelessness</p> <ul style="list-style-type: none"> ▶ Location: Guide available online ▶ Website: http://www.brighthorizonsfoundation.org/wp-content/uploads/Trauma-Informed-Services-Guide.pdf ▶ A Long Journey Home is intended to serve as a guide to agencies looking for practical ideas about how to create trauma-informed environments. This guide elaborates on ten principles for designing trauma-informed services, particularly for survivors who have alcohol and other drug or mental health problems.
2	<p>A Window Between Worlds (AWBW)</p> <ul style="list-style-type: none"> ▶ Location: Venice, CA ▶ Website: https://awbw.org ▶ AWWB is dedicated to cultivating and supporting a network of transformative arts programs that empower individuals and communities impacted by violence and trauma. AWWB has developed a uniquely collaborative model of leadership and curricular development to achieve the maximum community impact. Its model empowers the facilitators at each agency to seamlessly integrate art into their continuum of care and support participants to take concrete steps toward a healthy and resilient future. It prepares human service providers who work with victims of domestic violence and sexual assault, youth, military, and veterans to facilitate creative art workshops using a trauma-informed approach. <p>AWBW builds the capacity of partner sites through initial and ongoing training, one-on-one consultation, online curriculum, and art supply stipends. The training incorporates 25 years of best practices in arts programming developed in collaboration with a network of program partners serving communities impacted by trauma, violence, and abuse. As trained Windows Leaders facilitate the AWWB workshop curriculum, they share innovations and best practices throughout the national network of AWWB partners, resulting in a high quality, ever-evolving curriculum of over 500 workshops co-created by those working in the field.</p>
3	<p>ACEs Connection Network</p> <ul style="list-style-type: none"> ▶ Location: Web-based ▶ Website: acesconnection.com ▶ ACEs Connection is a social network that accelerates the global movement toward recognizing the impact of adverse childhood experiences in shaping adult behavior and health, and reforming all communities and institutions to help heal and develop resilience rather than to continue to traumatize already traumatized people. <p>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.</p>

Row #	Resource Name & Description
4	<p>ACESTooHigh</p> <ul style="list-style-type: none"> ▶ Location: Web-based ▶ Website: ACEsTooHigh.com ▶ ACESTooHigh is a news site that reports on research about adverse childhood experiences, including developments in epidemiology, neurobiology, and the biomedical and epigenetic consequences of toxic stress. It also covers how people, organizations, agencies, and communities are implementing practices based on the research. This includes developments in education, juvenile justice, criminal justice, public health, medicine, mental health, social services, and cities, counties, and states.
5	<p>Addiction & Trauma Recovery Integration Model (ATRIUM)</p> <ul style="list-style-type: none"> ▶ Location: Book • Blog ▶ Website: http://www.dustyjmiller.com/books/addictions-trauma-recovery/ ▶ ATRIUM is a 12-session recovery model designed for groups as well as for individuals and their therapists and counselors. The acronym, ATRIUM, is meant to suggest that the recovery groups are a starting point for healing and recovery. ATRIUM is a model intended to bring together peer support, psychosocial education, interpersonal skills training, meditation, creative expression, spirituality, and community action to support survivors in addressing and healing from trauma. This model has been used in local prisons, jail diversion projects, AIDS programs, and drop-in centers for survivors. <p>Dusty Miller, author and creator of ATRIUM, is available for training, consultation, workshops, and keynote presentations. She works with groups that address issues of self-sabotage, traumatic stress, trauma re-enactment, substance abuse, self-injury, eating disorders, anxiety, body-based distress, relational challenges, and spiritual struggles.</p>
6	<p>Addiction Technology Transfer Center (ATTC) Network</p> <ul style="list-style-type: none"> ▶ Location: Regional centers throughout the U.S. ▶ Website: http://attcnetwork.org/home/ ▶ The vision of the ATTC Network is to unify science, education, and service to transform lives through evidence-based and promising treatment and recovery practices in a recovery-oriented system of care. The ATTC Network continuously strives to improve the quality of addictions treatment and recovery services by facilitating alliances among front line counselors, treatment and recovery services agency administrators, faith-based organizations, policy makers, the health and mental health communities, consumers and other stakeholders. By connecting them to the latest research and information through activities such as skills training, academic education, online and distance education, conferences, workshops, and publications, the ATTC Network responds to the emerging needs of the field.
7	<p>Administration for Children & Families: Resource Guide to Trauma-Informed Human Services</p> <ul style="list-style-type: none"> ▶ Location: Washington, DC • Guide available online ▶ Website: https://www.acf.hhs.gov/trauma-toolkit ▶ This guide provides human services leaders at the local, State, Tribal, and Territorial levels with information and resources from a range of U.S. Department of Health & Human Services federal agencies and respected sources outside the government on recent advances in their understanding of trauma, toxic stress, and executive functioning. It especially highlights what these advances mean for program design and service delivery. The guide helps professionals learn about trauma-informed care and helps those currently engaged in trauma-informed work to improve their practice. <p>This website contains concept papers and other materials that are both a “front door” to the topic of trauma and a “road map” to relevant resources.</p>

Row #	Resource Name & Description
8	<p>Advanced Trauma Solutions • Trauma Affect Regulation: Guide for Education and Therapy (TARGET)</p> <ul style="list-style-type: none"> ▶ Location: Manual available online ▶ Websites <ul style="list-style-type: none"> • http://www.advancedtrauma.com/Services.html • http://www.ptsdfreedom.org/about_target.html ▶ TARGET is a strengths-based approach to education and therapy for trauma survivors who are looking for a safe and practical approach to recovery. TARGET's goal is to help trauma survivors understand how trauma changes the body and brain's normal stress response into an extreme survival-based alarm response. TARGET teaches a practical 7-step set of skills that can be used by trauma survivors to regulate extreme emotion states, to manage intrusive trauma memories, to promote self-efficacy, and to achieve lasting recovery from trauma. <p>TARGET can be used in education classes, group therapy, individual counseling or therapy, or outreach and case management. TARGET has been translated into Spanish, Hebrew, and Dutch, with adaptations to address people from a variety of national and cultural origins, as well as for deaf individuals.</p>
9	<p>Advancing a Safety Culture in DCS to Support a Trauma-Informed, Resilient Workforce Breakthrough Series Collaborative: A Collaborative Change Framework</p> <ul style="list-style-type: none"> ▶ Location: Document available online ▶ Website: https://www.dropbox.com/s/afvlq5rjffi9v7t/Collaborative%20Change%20Framework_072716.pdf?dl=0 ▶ The vision of Tennessee's Department of Children's Services (DCS) is for all children to be safe, healthy, and on track for success. To help realize this vision, DCS has five strategic priorities for 2014-2016: Safety, Health & Permanency; Learning Organization; Customer-Focused, High-Performing Workforce; Partnerships; and Communications. The Department has embarked upon various activities to address these priorities, including sponsoring a Breakthrough Series Collaborative to concentrate intentionally on two of these strategic priorities: 1) learning organization; and 2) customer-focused, high- performing workforce.
10	<p>Adverse Childhood Experiences International Questionnaire (ACE-IQ)</p> <ul style="list-style-type: none"> ▶ Location: Questionnaire available online ▶ Website: http://www.who.int/violence_injury_prevention/violence/activities/adverse_childhood_experiences/questionnaire.pdf?ua=1 ▶ ACE-IQ is intended to measure ACEs in all countries, and the association between them and risk behaviors in later life. ACE-IQ is designed for administration to people aged 18 years and older. Questions cover family dysfunction; physical, sexual, and emotional abuse and neglect by parents or caregivers; peer violence; witnessing community violence; and exposure to collective violence. ACE-IQ is currently being validated through trial implementation as part of broader health surveys.
11	<p>Adverse Childhood Experiences Questionnaire (ACE-Q) & User Guide</p> <ul style="list-style-type: none"> ▶ Location: San Francisco, CA • Questionnaire available online ▶ Website: http://www.centerforyouthwellness.org/healthcare-professionals/ ▶ There are 10 types of childhood trauma measured in the ACE Study. Five are personal: physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death, or abandonment. Each type of trauma counts as one. There are, of course, many other types of childhood trauma. The most important thing to remember is that the ACE score is meant as a guideline. If an individual experiences other types of toxic stress over months or years, then they would likely increase his/her risk of health consequences.

Row #	Resource Name & Description
12	<p>Alameda County Trauma-Informed Care Project</p> <ul style="list-style-type: none"> ▶ Location: Alameda County, CA • Resources available online ▶ Website: https://alamedacountytraumainformedcare.org ▶ This website offers a wide array of resources and tools made available through the Alameda County Trauma-Informed Care Project, ranging from research and self-help resources to webinars and trainings. This project was funded to increase awareness of what works to support healing for those who have experienced trauma and to increase the number and variety of trauma informed practices used by providers. Trauma informed care research and practices (found locally and nationwide) were reviewed and Behavioral Health Care Services providers, consumers, and family members worked collaboratively to: <ul style="list-style-type: none"> • Offer resources to consumers and family members that build self-care skills and are easy to access and use • Offer tools and strategies to providers that increase trauma informed care practices that are welcoming, minimize re-victimization, and validate the strengths of survivors, by encouraging skill-building, empowerment and self-determination • Establish a learning collaborative to sustain the effort of healing trauma
13	<p>Alberta Family Wellness Initiative (AFWI) • How Brains are Built: The Core Story of Brain Development</p> <ul style="list-style-type: none"> ▶ Location: Alberta, CA • Video available online ▶ Website: http://www.albertafamilywellness.org/resources/video/how-brains-are-built-core-story-of-brain-development ▶ This video presents the core story of brain development in an accessible and visually engaging format for public audiences. AFWI developed the video with considerable input from partners at the Harvard Center on the Developing Child and the FrameWorks Institute. Using metaphors developed by FrameWorks and tested with audiences both in the U.S. and in Alberta, “How Brains are Built” infuses core story concepts with energy, accessibility, and high fidelity to the science.
14	<p>American Psychological Association • The Effects of Trauma Do Not Have to Last a Lifetime</p> <ul style="list-style-type: none"> ▶ Location: Article available online ▶ Website: http://www.apa.org/research/action/ptsd.aspx ▶ This article provides research that has shown that psychological interventions can help prevent long-term, chronic psychological consequences. The lists a number of programs that have been created to bring appropriately trained mental health services to trauma victims.
15	<p>American Psychologist • Loss, Trauma, and Human Resilience</p> <ul style="list-style-type: none"> ▶ Location: Article available online ▶ Website: https://www.tc.columbia.edu/faculty/gab38/faculty-profile/files/americanPsychologist.pdf ▶ Many people are exposed to loss or potentially traumatic events at some point in their lives, and yet they continue to have positive emotional experiences and show only minor and transient disruptions in their ability to function. Unfortunately, because much of psychology’s knowledge about how adults cope with loss or trauma has come from individuals who sought treatment or exhibited great distress, loss and trauma theorists have often viewed this type of resilience as either rare or pathological. The author challenges these assumptions by reviewing evidence that resilience represents a distinct trajectory from the process of recovery, that resilience in the face of loss or potential trauma is more common than is often believed, and that there are multiple and sometimes unexpected pathways to resilience.

Row #	Resource Name & Description
16	<p>Boston Public Health Commission • Trauma Informed Collaborations for Families with Young Children (TICYC) Organizational Self-Assessments</p> <ul style="list-style-type: none"> ▶ Location: Assessments available online ▶ Website: https://www.dropbox.com/s/u3m3zcqqm27drsm/TICFYC%20Self%20Assessment%20for%20Distribution.pdf?dl=0 ▶ Three versions of an Organizational Self-Assessment were developed to guide the use of quality improvement efforts to build and/or maintain a trauma informed culture of care. They include: <ol style="list-style-type: none"> 1. Early Education and Care version: developed for use by center-based early education and care entities 2. Primary Care version: developed for use by primary care settings serving young children 3. Community Mental Health version: developed for use by agencies providing community-based mental health services for young children
17	<p>BRIDGE Housing Corporation & Health Equity Institute • Trauma Informed Community Building (TICB): A Model for Strengthening Community in Trauma Affected Neighborhoods</p> <ul style="list-style-type: none"> ▶ Location: Document available online ▶ Website: http://bridgehousing.com/PDFs/TICB.Paper5.14.pdf ▶ This document presents a model of TICB that addresses the challenges trauma poses to traditional community building strategies. The TICB strategies de-escalate chaos and stress, build social cohesion and foster community resiliency over time. The TICB model takes into account the real-life experiences of low-income and public housing residents. Its application ensures that community building promotes community healing as part of housing transformation efforts.
18	<p>California Campaign to Counter Childhood Adversity (4CA)</p> <ul style="list-style-type: none"> ▶ Location: California • Web-based ▶ Website: http://www.4cakids.org/#cccca ▶ Following the 2014 California ACEs Summit, in January 2015 the Center for Youth Wellness (CYW) convened a multi-sector group of leaders to form the California ACEs Policy Working Group (PWG), a public-private partnership of organizations committed to addressing the impacts of childhood adversity in California using a collective impact approach. Sectors represented in the PWG included child welfare, early childhood, education, health and youth justice. Over the course of 2015, the PWG met regularly to develop a common policy agenda that lays the foundation for the state-level multi-sector advocacy efforts to address childhood adversity over the next three years. <p>In 2016, Children Now joined the backbone team with CYW, and the PWG named its next phase of work to carry out the Action Plan, 4CA—which advocates for public policies that:</p> <ul style="list-style-type: none"> • Increase awareness about the impacts of childhood adversity and the opportunities that build protective factors and resilience • Promote a trauma-informed workforce with demonstrated knowledge and skills to work with children, youth, families, and communities • Build systems and practices that promote early identification coupled with evidence-based interventions and promising practices to mitigate and/or prevent the negative consequences of childhood adversity
19	<p>California Center of Excellence for Trauma-Informed Care</p> <ul style="list-style-type: none"> ▶ Location: Santa Cruz, CA • Resources available online ▶ Website: http://www.trauma-informed-california.org ▶ The California Center of Excellence for Trauma Informed Care offers training and consultation on a wide variety of topics relevant to the multi-faceted experiences of trauma-exposed populations. The Center provides training to clinical and non-clinical staff in order to develop a therapeutically beneficial milieu within which specific interventions and treatments can function more effectively. The Center staff are not clinicians themselves.

Row #	Resource Name & Description
20	<p>California Evidence-Based Clearinghouse for Child Welfare (CEBC)</p> <ul style="list-style-type: none"> ▶ Location: California • Web-based ▶ Website: http://www.cebc4cw.org ▶ The mission of CEBC is to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system. The following resources are available through its website: <ul style="list-style-type: none"> • Searchable database of child welfare related programs • Description and information on research evidence for specific programs • Guidance on how to make critical decisions regarding selecting and implementing programs • Tools and materials to provide support for choosing, implementing, and sustaining a program
21	<p>California Social Work Education Center • Common Core 3.0 Trauma-informed Practice: Trainee Guide</p> <ul style="list-style-type: none"> ▶ Location: Berkeley, CA • Guide available online ▶ Website: http://calswec.berkeley.edu/sites/default/files/uploads/trauma-informed_practice_trainee_guide_final_1.31.2017.pdf ▶ The training is designed to provide: <ul style="list-style-type: none"> • An overview of trauma-informed practices in child welfare • An opportunity to learn more about the basic terms, definitions, and concepts related to trauma-informed practice • An opportunity to learn skills to identify and address trauma responses in the children, youth, and adults involved in the child welfare system • Resources and tools to help manage secondary traumatic stress and compassion fatigue, with a focus on self-care
22	<p>Campaign for Trauma Informed Policy & Practice (CTIPP)</p> <ul style="list-style-type: none"> ▶ Location: Web-based ▶ Website: http://ctipp.org ▶ CTIPP's mission is to create a resilient, trauma-informed society where all individuals and families have the opportunity and the supports necessary to thrive. Their goal is to advocate for public policies and programs at the federal, state, local, and tribal levels that incorporate up-to-date scientific findings regarding the relationship between trauma across the lifespan and many social and health problems. Their aim is to build a broad and effective coalition across sectors and systems.
23	<p>Casey Family Programs • Balancing Adverse Childhood Experiences (ACEs) With HOPE</p> <ul style="list-style-type: none"> ▶ Location: Document available online ▶ Website: http://www.cssp.org/publications/documents/Balancing-ACEs-with-HOPE-FINAL.pdf ▶ This report presents evidence for HOPE (Health Outcomes of Positive Experiences) based on newly released, compelling data that reinforce the need to promote positive experiences for children and families in order to foster healthy childhood development despite the adversity common in so many families. This report contributes to a growing body of work – the Science of Thriving – that encourages us to better understand and support optimal child health and development.

Row #	Resource Name & Description
24	<p>Center for Healthy Schools and Communities • Alameda County School-Based Behavioral Health Model</p> <ul style="list-style-type: none"> ▶ Location: Alameda County, CA • Report available online ▶ Websites <ul style="list-style-type: none"> • http://achealthyschools.org/assets/116_alameda_county_school-based_behavioral_health_model.pdf • https://www.schoolhealthcenters.org/wp-content/uploads/2015/02/CHSC-SBBH-Assessment-Overview-021715.pdf ▶ Alameda County has developed an innovative county-district-provider partnership that has expanded universal access to behavioral health supports, and built the capacity of schools and districts to promote social-emotional development and learning. In 2009, the county launched a School-Based Behavioral Health (SBBH) Initiative to create a shared model for building and financing school-based behavioral health systems across the county. An SBBH “system” is defined as the infrastructure, programs, and relationships within a school and district that promote the healthy social-emotional development of all students and address barriers to learning.
25	<p>Center for Justice & Reconciliation • Tutorial: Introduction to Restorative Justice</p> <ul style="list-style-type: none"> ▶ Location: Resources available online ▶ Website: http://restorativejustice.org/restorative-justice/about-restorative-justice/tutorial-intro-to-restorative-justice/ ▶ Restorative justice is a theory of justice that emphasizes repairing the harm caused by criminal behavior. It is best accomplished through cooperative processes that include all stakeholders. This can lead to transformation of people, relationships and communities. It emphasizes accountability, making amends, and—if they are interested—facilitated meetings between victims, offenders, and other persons. The tutorial provides an overview of the movement and of the issues that it raises.
26	<p>Center for Pediatric Traumatic Stress (CPTS) • Health Care Toolbox</p> <ul style="list-style-type: none"> ▶ Location: Resource available online ▶ Website: https://www.healthcaretoolbox.org/about-us.html ▶ This website is intended for health care professionals and to help improve comprehensive care for children and their families. The team that developed this website includes physicians, nurses, psychologists, and other health and mental health professionals. The content of this website is grounded in the latest research evidence and best practice recommendations and clinical guidelines.
27	<p>Center for Public Health Practice • Toward a Trauma-Informed City</p> <ul style="list-style-type: none"> ▶ Location: Philadelphia, PA • Videos available online ▶ Website: http://drexel.edu/dornsife/practice/center-for-public-health-practice/toward-a-trauma-informed-city/ ▶ For over a decade, Philadelphia has been at the forefront of understanding trauma and its connection to health, education, and social and emotional well-being. As the fifth largest city in the country, Philadelphia has taken a public health approach to trauma and toxic stress that has drawn national recognition. <p>As a way of bringing some of that knowledge and history—and future—to a broader audience, the Dornsife School of Public Health (through the Health Resources and Services Administration-funded Mid-Atlantic Regional Public Health Training Center) interviewed 27 champions—experts in public health, behavioral health medicine, education, child care, and criminal justice—to learn more about the work Philadelphia has done to become trauma informed and the challenges that lie ahead.</p>

Row #	Resource Name & Description
28	<p>Center for Social Innovation • TICHOMETER</p> <ul style="list-style-type: none"> ▶ Location: Needham, MA ▶ Website: http://us.thinkt3.com/ticometer-new ▶ The TICHOMETER © evaluates an organization’s needs and progress in implementing trauma-informed care and ensuring its sustainability. It is the first trauma-informed care organizational assessment instrument with strong psychometric properties. <p>Consisting of 35 items across five domains, the TICHOMETER © measures the degree to which an organization is engaged in trauma-informed practices. The assessment takes approximately 15 minutes for staff members to complete online and scores are available to the organization immediately.</p>
29	<p>Center for the Study of Social Policy • Strengthening Families: A Protective Factors Framework</p> <ul style="list-style-type: none"> ▶ Location: Resources available online ▶ Website: http://www.cssp.org/reform/strengtheningfamilies/about ▶ Strengthening Families is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs, and communities in building five protective factors: (1) Parental Resilience; (2) Social Connections; (3) Knowledge of parenting and child development; (4) Concrete support in times of need; and (5) Social and emotional competence of children.
30	<p>Center for the Treatment and Study of Anxiety • Prolonged Exposure Therapy (PE)</p> <ul style="list-style-type: none"> ▶ Location: Philadelphia, PA ▶ Website: http://www.med.upenn.edu/ctsa/ ▶ PE is one specific type of cognitive behavioral therapy for PTSD. PE teaches affected individuals to gradually approach trauma-related memories, feelings, and situations that they have been avoiding since their trauma. PE usually takes 8-15 weekly sessions, so treatment lasts about 3 months. Sessions are 1.5 hours each.
31	<p>Center for Youth Wellness (CYW)</p> <ul style="list-style-type: none"> ▶ Location: San Francisco, CA • Resources available online ▶ Website: http://centerforyouthwellness.org ▶ CYW’s goal is to change the standard of pediatric practice by creating a clinical model that recognizes the impact of adverse experiences on health, and effectively treats toxic stress in children. CYW does this by using a multidisciplinary approach focused on preventing and undoing the chemical, physiological, and neurodevelopmental results of ACEs. <p>CYW’s model integrates primary health care, mental health and wellness, research, policy, education, and community and family support services to meet children and families where they are to support them in leading healthier lives. The core of CYW’s model involves screening children in the primary care setting for the kinds of adversity that put them at risk for developing toxic stress and significant health problems later in life.</p>
32	<p>Center for Youth Wellness (CYW) • A Hidden Crisis: Findings on Adverse Childhood Experiences in California</p> <ul style="list-style-type: none"> ▶ Location: San Francisco, CA • Report available online ▶ Website: https://app.box.com/s/nf7lw36bjr5kdfx4ct9 ▶ This report is 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 (BRFSS). The findings illustrate that ACEs are a public health crisis with far-reaching consequences on the health and wellbeing of Californians.

Row #	Resource Name & Description
33	<p>Center on the Developing Child • Applying the Science of Child Development in Child Welfare</p> <ul style="list-style-type: none"> ▶ Location: Cambridge, MA • Paper available online ▶ Website: http://developingchild.harvard.edu/resources/child-welfare-systems/ ▶ This paper shows how the science of child development can be leveraged to strengthen and improve the public child welfare system so that it can better support the children, families, and communities it serves. This paper is intended for leaders in public agencies responsible for child protection and related functions; in the private, non-profit agencies that provide many of the services in these systems; in the courts, which play a critical role in child welfare; in legislative committees that oversee child welfare and related services; and in the many other public systems, such as early childhood education, mental health, and juvenile justice, whose support is essential to success in child welfare.
34	<p>Centers for Disease Control and Prevention (CDC) & Kaiser Permanente • The ACE Study</p> <ul style="list-style-type: none"> ▶ Location: Resource available online ▶ Website: https://www.cdc.gov/violenceprevention/acestudy/index.html ▶ The CDC-Kaiser Permanente ACE Study is one of the largest investigations of childhood abuse and neglect and later-life health and well-being. The original ACE Study was conducted at Kaiser Permanente from 1995 to 1997 with two waves of data collection. Over 17,000 Health Maintenance Organization members from Southern California receiving physical exams completed confidential surveys regarding their childhood experiences and current health status and behaviors. The CDC continues ongoing surveillance of ACEs by assessing the medical status of the study participants via periodic updates of morbidity and mortality data.
35	<p>Centers for Disease Control and Prevention (CDC) • Child Abuse and Neglect Cost the United States \$124 Billion</p> <ul style="list-style-type: none"> ▶ Location: Article available online ▶ Website: https://www.cdc.gov/media/releases/2012/p0201_child_abuse.html ▶ Child maltreatment has been shown to have many negative effects on survivors, including poorer health, social and emotional difficulties, and decreased economic productivity. This CDC study found these negative effects over a survivor's lifetime generate many costs that impact the nation's health care, education, criminal justice, and welfare systems.

Row #	Resource Name & Description
36	<p>Chadwick Trauma-Informed Systems Dissemination and Implementation Project (CTISP-DI)</p> <ul style="list-style-type: none"> ▶ Location: Five communities throughout the U.S. ▶ Website: https://ctisp.org ▶ Building on the work completed through its predecessor, the Chadwick Trauma-Informed Systems Project (funded from 2010-2013), CTISP-DI staff is working strategically with five Super-communities across the country who will serve as communities of excellence and lead the transformation of public child welfare agencies into trauma-informed systems within their respective jurisdictions. The Super-communities are: (1) Custer County, OK; (2) Orange County, CA; (3) State of Rhode Island; (4) Southwestern Minnesota (including Dodge, Olmsted, Waseca and Winona Counties); and Volusia County, FL. <p>Several resources are available through the website, including CTISP-DI's Trauma-Informed Child Welfare Practice Toolkit, which is designed to assist both individuals and greater systems in their efforts to create a more trauma-informed child welfare system. It includes a variety of tools and resources that are designed to provide guidance, support, and practical suggestions that can be utilized across service systems. The toolkit consists of five documents:</p> <ol style="list-style-type: none"> 1. Creating Trauma-Informed Child Welfare Systems: A Guide for Administrators 2. Desk Guide on Trauma-Informed Child Welfare for Child Mental Health Professionals 3. Desk Guide on Trauma-Informed Mental Health for Child Welfare 4. Guidelines for Applying a Trauma Lens to a Child Welfare Practice Model 5. Trauma System Readiness Tool
37	<p>Child Health and Development Institute of Connecticut, Inc. (CHDI)</p> <ul style="list-style-type: none"> ▶ Location: Farmington, CT • Resources available online ▶ Website: http://www.chdi.org ▶ CHDI's goal is to build stronger and more effective health and mental health systems that result in better outcomes for all children in Connecticut, especially the underserved. CHDI: <ul style="list-style-type: none"> • Reforms policy by analyzing and advocating for policy that reflects the best of what science and experience teach us • Strengthens systems by collaborating to identify and support best practice improvements in Connecticut's health, mental health, and early childhood systems • Improves practices by advancing and informing improvements in primary and preventive pediatric health and mental health care practices in Connecticut
38	<p>Child Parent Psychotherapy (CPP)</p> <ul style="list-style-type: none"> ▶ Location: n/a ▶ Website: http://www.cebc4cw.org/program/child-parent-psychotherapy/detailed ▶ CPP is a treatment for trauma-exposed children aged 0-5. Typically, the child is seen with his or her primary caregiver, and the dyad is the unit of treatment. CPP examines how the trauma and the caregivers' relational history affect the caregiver-child relationship and the child's developmental trajectory. A central goal is to support and strengthen the caregiver-child relationship as a vehicle for restoring and protecting the child's mental health. Treatment also focuses on contextual factors that may affect the caregiver-child relationship (e.g., culture and socioeconomic and immigration related stressors). Over the course of treatment, the caregiver and child are guided to create a joint narrative of the psychological traumatic event and identify and address traumatic triggers that generate dysregulated behaviors and affect.

Row #	Resource Name & Description
39	<p>Child Trends • Adverse Childhood Experiences: National and State-Level Prevalence</p> <ul style="list-style-type: none"> ▶ Location: Brief available online ▶ Website: https://www.childtrends.org/wp-content/uploads/2014/07/Brief-adverse-childhood-experiences_FINAL.pdf ▶ This brief describes the prevalence of one or more ACEs among children ages birth through 17, as reported by their parents, using nationally representative data from the 2011-12 National Survey of Children’s Health. The researchers also provide an estimate of the prevalence of eight specific ACEs for the U.S., contrasting the prevalence of specific ACEs among the states and between children of different age groups.
40	<p>Childhood Violent Trauma Center • Child and Family Traumatic Stress Intervention (CFTSI)</p> <ul style="list-style-type: none"> ▶ Location: New Haven, CT • Resources available online ▶ Website: https://medicine.yale.edu/childstudycenter/cvtc/programs/cftsi/ ▶ CFTSI is a brief (5–8 sessions), evidence-based early intervention for children 7 to 18 years old that reduces traumatic stress reactions and the onset of PTSD by increasing communication and family support. CFTSI is implemented within 30-45 days following a traumatic event or the disclosure of physical or sexual abuse. <p>CFTSI fills the gap between standardized acute interventions and evidence-based, longer-term treatments required to deal with enduring post-traumatic reactions. CFTSI is used successfully with children with extensive trauma histories. In addition, CFTSI can act as a seamless introduction to longer-term treatment and other mental health interventions when necessary.</p>
41	<p>Children and Youth Services Review • KVC’s Bridging the Way Home: An Innovative Approach to the Application of Trauma Systems Therapy in Child Welfare</p> <ul style="list-style-type: none"> ▶ Location: Article available online ▶ Website: http://www.sciencedirect.com/science/article/pii/S0190740917301445 ▶ This article presents implementation study findings from a large-scale evaluation of an intervention model for children in foster care, aimed to improve care within the services system. This Bridging the Way Home Initiative, funded by the Anne E. Casey Foundation, and conducted under the auspices of KVC Kansas (KVC) in Kansas created processes by which a defined trauma-informed intervention model (Trauma Systems Therapy-TST) could inform the work of all those involved in the care of a foster child (i.e., clinical and non-clinical providers, and foster parents). This study focuses on how effectively TST was integrated into the full continuum of care at KVC, an organization that provides out-of-home care to children served by the Kansas Department for Children and Families in the Kansas City Metropolitan and East Kansas regions.

Row #	Resource Name & Description
42	<p>Children and Youth Services Review • Trauma-Informed Child Welfare Systems and Children’s Well-being: A Longitudinal Evaluation of KVC’s Bridging the Way Home Initiative</p> <ul style="list-style-type: none"> ▶ Location: Article available online ▶ Website: http://www.sciencedirect.com/science/article/pii/S0190740917301342 ▶ This study evaluated the effectiveness of a system-wide reform effort to implement trauma-informed care (Trauma Systems Therapy [TST]) across a large, private child welfare system. The longitudinal associations among implementation of TST and four measures of children’s well-being (functioning, emotional regulation, and behavioral regulation) and placement stability were examined. <p>Results indicate that, as children’s care teams implement TST, children demonstrate greater improvements in functioning, emotional regulation, and behavioral regulation and they experience increased placement stability. Moreover, results demonstrate that positive effects of implementation of TST are produced by both those who work closely with the child (caregivers, case managers, and therapists) and those who work more distally with the child (case manager supervisors and family service coordinators), suggesting that no one staff member or caregiver is central to providing trauma-informed care; rather it may be the confluence of the TST skills of the child’s entire care team that produces better outcomes.</p>
43	<p>Children Now</p> <ul style="list-style-type: none"> ▶ Location: Northern and Southern California ▶ Website: https://www.childrennow.org/issue-areas/health/toxic-stress/ ▶ Children Now serves as the hub for all of the key children’s issues, supporting and connecting thousands of groups in California to create an unprecedented power base for kids. To accomplish this, Children Now employs the top three strategies that all of the country’s strongest interest groups have in common and, for the first time, applies those to kids: (1) umbrella coverage, (2) deep inside expertise, and (3) outside pressure. Under the issue area of childhood trauma, work is underway on several fronts to reduce kids’ exposure to trauma and increase individual, family, and community resilience, including work being done through the California Campaign to Counter Childhood Adversity (4CA). <p>Under the issue area of childhood trauma, work is underway on several fronts to reduce kids’ exposure to trauma and increase individual, family, and community resilience. Several initiatives, including the ACEs Policy Working Group, the California Essentials for Childhood Initiative, and the Defending Childhood Initiative are working on statewide policy solutions across early childhood, health, education, child welfare, juvenile justice and other systems serving California kids and families.</p>
44	<p>Children’s Resilience Initiative</p> <ul style="list-style-type: none"> ▶ Location: Walla Walla, WA • Resources available online ▶ Website: http://www.resiliencetrumpsaces.org ▶ The Children’s Resilience Initiative is a community response to ACEs that officially launched in February 2010. Its members developed a plan that helped identify the goals, vision, and responsibilities of the 25-member team and its facilitators. <ul style="list-style-type: none"> • Goals: To raise awareness of ACEs and brain development, foster resilience, and embed the principles in the community. • Vision: All young people thrive and parents raise their children with consistency and nurturance to develop lasting resilience in the community as a whole. • Mission: Mobilizing the community through dialogue to radically reduce the number of adverse childhood experience while building residence and a more effective service delivery system.

Row #	Resource Name & Description
45	<p>Circle of Security International • Being-With and Shark Music</p> <ul style="list-style-type: none"> ▶ Location: Video available online ▶ Website: https://www.circleofsecurityinternational.com/animations ▶ The Circle of Security Parenting program is based on decades of research about how secure parent-child relationships can be supported and strengthened. Using the COS-P model developed by the Circle of Security originators, trained Facilitators work with parents and care-givers to help them to: <ul style="list-style-type: none"> • Understand their child’s emotional world by learning to read emotional needs • Support their child’s ability to successfully manage emotions • Enhance the development of their child's self esteem • Honor the innate wisdom and desire for their child to be secure
46	<p>Cognitive Behavioral Intervention for Trauma in Schools (CBITS)</p> <ul style="list-style-type: none"> ▶ Location: Resources available online ▶ Website: https://cbitsprogram.org ▶ CBITS is a school-based, group and individual intervention. It is designed to reduce symptoms of PTSD depression, and behavioral problems, and to improve functioning, grades and attendance, peer and parent support, and coping skills. <p>CBITS has been used with students from 5th grade through 12th grade who have witnessed or experienced traumatic life events such as community and school violence, accidents and injuries, physical abuse and domestic violence, and natural and man-made disasters. CBITS uses cognitive-behavioral techniques (e.g., psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure).</p>
47	<p>Community Resilience Cookbook</p> <ul style="list-style-type: none"> ▶ Location: Web-based ▶ Website: http://communityresiliencecookbook.org ▶ This cookbook focuses on resilience. Resilience has been shown to buffer the impact of suffering and stress. Resilience isn’t just a gift of nature or an exercise of will; resilience grows through positive experiences, supportive environments, and the caring intervention of others. This cookbook offers context, definitions, and questions to help individuals think about building resilience where they live. It will describe how communities in the United States and Canada are putting the theories of ACEs and resilience into practice.
48	<p>Conscious Discipline Brain State Model</p> <ul style="list-style-type: none"> ▶ Location: Resources available online ▶ Website: http://consciousdiscipline.com/about/brain_state_model.asp ▶ Conscious Discipline uses a multidisciplinary approach to address behavior. It surpasses behavioral approaches that teach specific behaviors, and offers a neurodevelopmental model of the brain. The Model becomes a frame to understand the internal brain-body states that are most likely to produce certain behaviors in children and in ourselves. With this awareness, we learn to consciously manage our own thoughts and emotions so we can help children learn to do the same. The goal of this model is not to turn into neuroscientists, but to provide a simplified brain model as a means for increasing our self-awareness so we can respond consciously to the needs of the moment.

Row #	Resource Name & Description
49	<p>David Baldwin's Trauma Information Pages</p> <ul style="list-style-type: none"> ▶ Location: Web-based ▶ Website: http://www.trauma-pages.com/resources.php#Database ▶ The Trauma Information Pages focus primarily on emotional trauma and traumatic stress, including PTSD and dissociation, whether following individual traumatic experience(s) or a large-scale disaster. The purpose of this award winning site is to provide information for clinicians and researchers in the traumatic-stress field. For example, the site contains information on: <ol style="list-style-type: none"> 1. What goes on biologically in the brain during traumatic experience and its resolution? 2. Which psychotherapeutic procedures are most effective with traumatic symptoms, for which patients and why? 3. How can we best measure clinical efficacy and treatment outcomes for trauma survivor populations? 4. Supportive resources that supplement the more academic or research information of interest to clinicians, researchers, and students.
50	<p>Developmental Assets: A Synthesis of the Scientific Research on Adolescent Development</p> <ul style="list-style-type: none"> ▶ Location: Book available for purchase online ▶ Website: https://www.amazon.com/Developmental-Assets-Scientific-Adolescent-Development/dp/1574823388 ▶ This volume examines more than 800 scientific articles and reports on adolescent development that are tied to each of the 40 developmental assets identified by Search Institute. A reference for people who seek to build assets for youth through their programs and communities, it not only shows the strong scientific foundation that undergirds the asset framework, but also shows what is known about how assets are built and their impact on different populations of youth.
51	<p>Echo Parenting & Education</p> <ul style="list-style-type: none"> ▶ Location: Los Angeles, CA • Web-based ▶ Website: http://www.echoparenting.org ▶ Echo provides professional development training for all types of professionals, especially educators, mental health professionals, and those working with families and children who have experienced trauma. Our Whole School Initiative targets school staff and parents at a school location. We also provide low-no cost parenting education at our Echo Park location.
52	<p>EMDR Institute, Inc. • Eye Movement Desensitization & Reprocessing (EMDR)</p> <ul style="list-style-type: none"> ▶ Location: Watsonville, CA • Resources available online ▶ Website: https://www.emdr.com ▶ EMDR is a psychotherapy treatment that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences. Repeated studies show that by using EMDR therapy people can experience the benefits of psychotherapy that once took years to make a difference. EMDR therapy shows that the mind can in fact heal from psychological trauma much as the body recovers from physical trauma. Using the detailed protocols and procedures learned in EMDR therapy training sessions, clinicians help clients activate their natural healing processes.
53	<p>Emotional and Psychological Trauma: Causes, Symptoms, Effects and Treatments</p> <ul style="list-style-type: none"> ▶ Location: Guide available online ▶ Website: http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0004/38434/Trauma.pdf ▶ This guide addresses emotional and psychological trauma and highlights the causes and three common elements of trauma, the symptoms and effects of trauma, and how it can be treated.

Row #	Resource Name & Description
54	<p>First 5 LA • Trauma-Informed Care Legislation</p> <ul style="list-style-type: none"> ▶ Location: Resource available online ▶ Website: https://www.dropbox.com/s/46wqabe20b0iqgx/First%205%20LA%20TIC%20Legislation.pdf?dl=0 ▶ This document begins to outline and describe existing state and federal bills related to trauma-informed care efforts. This list was compiled by First 5 LA's Public Policy & Governmental Affairs Department for the LA County Trauma-Informed Systems Change Workgroup.
55	<p>Fostering Resilience • The 7 Cs: The Essential Building Blocks of Resilience</p> <ul style="list-style-type: none"> ▶ Location: Resources available online ▶ Website: http://www.fosteringresilience.com/7cs_parents.php ▶ The 7 Cs operate under two bottom lines: (1) Young people live up or down to expectations set for them. They need adults who believe in them unconditionally and hold them to the high expectations of being compassionate, generous, and creative; (2) What is done to model healthy resilience strategies for children is more important than anything that can be said about them. The 7 Cs include: competence, confidence, connection, character, contribution, coping, and control.
56	<p>Futures Without Violence • Connected Parents, Connected Kids: Safety Card</p> <ul style="list-style-type: none"> ▶ Location: Card & video available online ▶ Website: <ul style="list-style-type: none"> • https://www.futureswithoutviolence.org/connected-parents-connected-kids/ • https://www.youtube.com/watch?v=J0mj5VYyF0&list=PLaS4Etq3IFrWgqgcKstcBwNiP_j8ZoBYK&index=19 ▶ Connected Parents, Connected Kids is a safety card designed for parents that health care providers can distribute as part of universal education. In addition to providing safety resources for women, this tool also functions as a prompt for health care providers to discuss ACEs and the impact on parenting. The safety card offers supportive messages and strategies for positive parenting to prevent intergenerational transmission of ACEs. This 4-panel double sided tool folds up to the size of a business card (3.5" x 2).
57	<p>Futures Without Violence • Everyday Magic: 16 Ways Adults Can Support Children Exposed to Violence and Trauma</p> <ul style="list-style-type: none"> ▶ Location: Paper available online ▶ Website: https://www.futureswithoutviolence.org/everyday-magic-16-ways-adults-can-support-children-exposed-to-violence-and-trauma/ ▶ This policy paper offers sixteen ways that adults can support children exposed to violence and trauma to heal and grow. These recommendations are for advocates, educators, and health care providers to help improve their response to children who have experienced violence or trauma.
58	<p>Futures Without Violence • Funding Opportunities in the Every Student Succeeds Act (ESSA)</p> <ul style="list-style-type: none"> ▶ Location: Guide available online ▶ Website: https://www.futureswithoutviolence.org/every-student-succeeds-act-funding-opportunities/ ▶ The purpose of this guide is to provide states and school districts with an inventory of how they can use the new law, ESSA, and the funding it provides to support positive school climates, and in particular prevent and respond to the needs of children suffering from exposure to violence and the effects of trauma. This guide describes resources, programmatic requirements, and allowable uses of funds in each of the ESSA Titles.

Row #	Resource Name & Description
59	<p>Futures Without Violence • Healthy Moms, Happy Babies: Home Visitation Safety Card</p> <ul style="list-style-type: none"> ▶ Location: Card available online ▶ Website: https://secure3.convio.net/fvvpf/site/Ecommerce/329481545?VIEW_PRODUCT=true&product_id=2005&store_id=1241 ▶ This safety card was developed for home visitors to distribute to women who are parenting, expecting or are caregivers. This newly updated card provides hotline information and safety planning resources for women, and prompts home visitors to frame a supportive conversation with women about the impact of intimate partner violence on their health, parenting and children. The card folds up to the size of a business card (3.5" x 2") for discretion, and may be used as a part of regular visits in conjunction with Universal Education.
60	<p>Futures Without Violence • Intimate Partner Violence: The Role of the Pediatric Provider</p> <ul style="list-style-type: none"> ▶ Location: Resources available online ▶ Website: https://www.futureswithoutviolence.org/peds-e-learning-module/ ▶ Resources and tools referenced in the free online course, Intimate Partner Violence: The Role of the Pediatric Provider, are available here.
61	<p>Futures Without Violence • IPV Health</p> <ul style="list-style-type: none"> ▶ Location: Resources available online ▶ Website: http://ipvhealth.org/resources/ ▶ Available through this website: updated research-informed curriculum for home visitors, including PowerPoint presentations with speaker’s notes, discussion questions, video clips, role-plays, and other exercises, and a supporting bibliography.
62	<p>Futures Without Violence • Promising Futures: Best Practices for Serving Children, Youth, and Parents Experiencing Domestic Violence</p> <ul style="list-style-type: none"> ▶ Location: Web-based ▶ Website: https://www.futureswithoutviolence.org/children-youth-teens/promisingfutures/ ▶ Promising Futures is designed to help advocates and organizations support children and parents facing domestic violence. Funded by the Department of Health and Human Services, it’s a robust database of resources – including best practices, evaluation tools, research-informed strategies, and more – to mitigate the negative effects of domestic abuse on a child and help break the cycle of violence.
63	<p>Futures Without Violence • State Health Care Strategies to Address Children’s Trauma, Exposure to Violence, and ACEs</p> <ul style="list-style-type: none"> ▶ Location: Paper available online ▶ Website: https://www.futureswithoutviolence.org/health-care-policy-and-payment-strategies-to-improve-childrens-trauma-services/ ▶ This paper highlights health care responses and payment strategies at the state level that promote or cover promising approaches for addressing immediate health issues associated with trauma and ACEs. It builds on a larger report produced by Futures Without Violence in 2015 called Safe, Healthy and Ready to Learn, which looked at multi-system interventions to prevent and address childhood trauma, violence, and other ACEs.

Row #	Resource Name & Description
64	<p>Futures Without Violence • The Amazing Brain and Discipline: Positive Parenting Builds Healthy Brains</p> <ul style="list-style-type: none"> ▶ Location: Booklets available online ▶ Website: <ul style="list-style-type: none"> • https://www.futureswithoutviolence.org/the-amazing-brain-and-discipline-positive-parenting-builds-healthy-brains/ • https://www.futureswithoutviolence.org/amazing-brain-trauama-and-the-potential-for-healing/ ▶ The Amazing Brain series of booklets is designed to educate parents and caregivers about early brain development, the effects of trauma on the brain, and the potential for the brain to heal and grow in order to prevent the physical, mental, behavioral, and cognitive effects of early trauma. The Institute of Safe Families has created four “Amazing Brain” booklets, written at a fifth grade level, to educate parents about brain development. Pediatricians can use these resources with Anticipatory Guidance. Child-serving organizations can also use them with their constituents. These booklets are being used throughout the U.S. and Canada.
65	<p>Futures Without Violence • The Facts on Children’s Exposure to Intimate Partner Violence</p> <ul style="list-style-type: none"> ▶ Location: Fact sheet available online ▶ Website: https://www.futureswithoutviolence.org/the-facts-on-childrens-exposure-to-intimate-partner-violence/ ▶ This fact sheet provides information about the prevalence and impact of children’s exposure to violence, including prevention and early intervention solutions to prevent adverse consequences later in life.
66	<p>Futures Without Violence • The Facts on Children’s Exposure to Violence</p> <ul style="list-style-type: none"> ▶ Location: Fact sheet available online ▶ Website: http://www.futureswithoutviolence.org/the-facts-on-childrens-exposure-to-violence/ ▶ This fact sheet provides information and statistics on the various impacts of children’s exposure to violence and recommendations on how to promote children’s healthy growth and resilience building.
67	<p>Futures Without Violence, U.S. Department of Justice & Ad Council • Changing Minds</p> <ul style="list-style-type: none"> ▶ Location: Web-based • Resources available online ▶ Website: https://changingmindsnow.org ▶ Changing Minds is a national campaign to raise awareness, teach skills, and inspire public action to address a hidden epidemic in America - children’s exposure to violence and childhood trauma. The goals of this campaign are to: <ol style="list-style-type: none"> 1. Educate about the problem of childhood trauma but most importantly on the solutions that exist; 2. Advance programs and practices that help to make schools, homes, and communities safer for children and youth; and 3. Help grow leadership in various fields (e.g., education, health, community, and justice).
68	<p>Harvard Program for Refugee Trauma, National Center for Trauma Informed Care & National Empowerment Center • Important Souls</p> <ul style="list-style-type: none"> ▶ Location: Video available online ▶ Website: https://www.youtube.com/watch?v=egshJuN39pc ▶ This video focuses on the story of Anna Jennings, who was a prolific artist and trauma survivor and whose history went ignored by the traditional mental health system. Out of her tragic death, and the deaths and abuses of many other trauma survivors, rose a movement to transform all social service systems to be “trauma-informed.” That is, to recognize trauma as central to the experience of the vast majority of people receiving services. Over the last 20 years, this movement has made great strides in providing support and assistance to entire systems to become more trauma-informed and to promote healing and resilience for all.

Row #	Resource Name & Description
69	<p>Healing Neen</p> <ul style="list-style-type: none"> ▶ Location: Video available online ▶ Websites: <ul style="list-style-type: none"> • http://healingneen.com • https://vimeo.com/15851924 ▶ This feature-length documentary film tells the transcendent story of Tonier “Neen” Cain’s emergence from drug addiction, multiple incarcerations, and two decades of homelessness to become a tireless advocate and educator on the devastating impact of childhood abuse—and the need to rethink how we treat the shattered adults that were severely traumatized as children.
70	<p>Healthy Families: From ACEs to Trauma Informed Care to Resilience and Wellbeing</p> <ul style="list-style-type: none"> ▶ Location: Report available online ▶ Website: http://www.acesconnection.com/fileSendAction/fcType/0/fcOid/466025472670340340/filePointer/466025472670340360/fodoid/466025472670340356/PETERS%202017%20IIMHL%20Report%20on%20ACEs%20and%20TIC.pdf ▶ This report documents the strides that have been made in trauma-informed research, policy, and practice across multiple International Initiative for Mental Health Leadership (IIMHL) and International Initiative for Disability Leadership (IIDL) countries. It builds upon years of work in many areas, including: <ul style="list-style-type: none"> • Biology of ACEs and toxic stress, and the effects on brain development and child development • Public health-type approaches to interventions • Organizational trauma informed approaches and workforce development • Public awareness • Economic benefits of addressing ACEs and trauma • Desired outcomes of interventions
71	<p>Institute for Health and Recovery (IHR)</p> <ul style="list-style-type: none"> ▶ Location: Cambridge, MA ▶ Website: http://www.healthrecovery.org ▶ IHR is a statewide service, research, policy, and program development agency. IHR strives to incorporate an understanding of the significant impact of violence and trauma, especially on substance use and recovery, in the design and delivery of human services. IHR’s Trauma Integration Specialists provide training and technical assistance to service providers on how to integrate knowledge of trauma, domestic violence, and sexual assault into the provision of local and national services.
72	<p>International Society for Traumatic Stress Studies (ISTSS)</p> <ul style="list-style-type: none"> ▶ Location: Oakbrook Terrace, IL • Web-based ▶ Website: https://www.istss.org ▶ This website is dedicated to sharing information about the effects of trauma and the discovery and dissemination of knowledge about policy, program, and service initiatives that seek to reduce traumatic stressors and their immediate and long-term consequences. ISTSS provides a forum for the sharing of research, clinical strategies, public policy concerns, and theoretical formulations on trauma around the world.

Row #	Resource Name & Description
73	<p>Kaiser Permanente & Prevention Institute • Adverse Community Experiences and Resilience: A Framework for Addressing and Preventing Community Trauma</p> <ul style="list-style-type: none"> ▶ Location: Paper available online ▶ Website: http://www.cdph.ca.gov/programs/Documents/PreventionInstituteReport_AdverseCommunityExperiences.pdf ▶ This paper explores trauma at the population level and how it impacts efforts to prevent violence and improve other aspects of community health. It also presents a framework for addressing and preventing trauma at the community level. It was developed and based on a literature review, interviews with practitioners in high-violence communities in Northern California, and interviews and ongoing communication with members of Unity City Network.
74	<p>KPJR Films • Paper Tigers</p> <ul style="list-style-type: none"> ▶ Location: Walla Walla, WA ▶ Website: http://kjrfilms.co/paper-tigers/ ▶ It is at the crossroads of at-risk teens and trauma-informed care that <i>Paper Tigers</i> takes root. Set within and around the campus of Lincoln Alternative High School in the rural community of Walla Walla, Washington, the documentary highlights the following questions: What does it mean to be a trauma-informed school? And how do you educate teens whose childhood experiences have left them with a brain and body ill-suited to learn? <p>The teens of <i>Paper Tigers</i> offer raw but valuable insight into the hearts and minds of teens pushing back against the specter of a hard childhood.</p>
75	<p>Legal Resource Center on Violence Against Women (LRC)</p> <ul style="list-style-type: none"> ▶ Location: Resource available online ▶ Website: http://www.lrcvaw.org ▶ LRC’s mission is to improve legal representation for domestic violence survivors. Specifically, the LRC works to obtain legal representation for domestic violence survivors in interstate custody cases and to provide technical assistance to domestic violence victim advocates and attorneys in such cases.
76	<p>Long Beach Development Services • Safe Long Beach</p> <ul style="list-style-type: none"> ▶ Location: Long Beach, CA • Fact sheet available online ▶ Website: http://www.lbds.info/civica/filebank/blobdload.asp?BlobID=6109 ▶ In May 2014, the Long Beach City Council adopted the Safe Long Beach Violence Prevention Plan, to address a broad safety agenda aimed at reducing all forms of violence, including domestic abuse, child abuse, elder abuse, hate crimes, bullying, gang violence, and violent crime. Safe Long Beach forges relationships across organizations and disciplines to implement a comprehensive strategic action plan to reduce and prevent violence in families, schools, and neighborhoods. <p>In fall 2015, the U.S. Department of Justice Office of Juvenile Justice and Delinquency Prevention awarded a Youth Violence Prevention Expansion Grant (Safe Families Grant) to the City of Long Beach. The Safe Families initiative is designed to deconstruct the intergenerational cycle of violence and enhance protective factors through the use of evidence based programs and data driven results. Three trauma-informed trainings are offered through the Safe Families Grant:</p> <ol style="list-style-type: none"> 1. Trauma-Informed 101 Training 2. Trauma-Informed Screening and Assessment Training 3. Trauma-Informed Agency Training

Row #	Resource Name & Description
77	<p>Long Beach Trauma Recovery Center (LBTRC)</p> <ul style="list-style-type: none"> ▶ Location: Long Beach, CA ▶ Website: https://www.ced.csulb.edu/lbtrc ▶ LBTRC is a partnership between California State University, Long Beach and Dignity Health St. Mary Medical Center. The primary goal of LBTRC is to create a comprehensive model of trauma and mental health care for victims of crime and their families, while removing barriers to care for underserved victims of crime. Services include: <ul style="list-style-type: none"> • Providing evidence-based mental health services to victims of crime and their families; • Social services and medical patient navigation to victims of crime; • Assertive community-based outreach utilizing the expertise of established community-based organizations; • Comprehensive clinical case management; • Assistance with crime victim compensation documentation; • Coordination of care between professionals serving victims of crime; • Facilitating client cooperation with prosecutors; and • Training to law enforcement and community-based agencies on the identification and effects of crime. <p>All services are provided at no cost. Direct services are provided to any child or adult victim of crime, family members of crime victims, and others. Crimes may include: shooting, stabbing, physical assault, sexual assault, domestic violence, human trafficking, and car accidents. Family and couple services are also provided. In addition, LBTRC also trains interns, the next generation of mental health care providers, to provide evidence-based mental health care to diverse victims of violent crime.</p>
78	<p>Los Angeles Unified School District (LAUSD) • Trauma Informed Schools</p> <ul style="list-style-type: none"> ▶ Location: Los Angeles, CA ▶ Website: http://achieve.lausd.net/Page/2170 ▶ School Mental Health (SMH) professionals support all LAUSD school communities to be trauma-informed. Throughout the District, SMH professionals provide advocacy and education to school communities regarding what a trauma-informed approach is and how it can be utilized to promote safe and healthy schools, increase attendance, and decrease the necessity of student discipline and suspensions.
79	<p>Maine Trauma Advisory Group • In Their Own Words</p> <ul style="list-style-type: none"> ▶ Location: Report available online ▶ Website: http://www.theannainstitute.org/ITOW.pdf ▶ The purpose of this report is to capture and publish information from an exhaustive needs assessment process conducted over a period of nine months by the Department of Mental Health Mental Retardation and Substance Abuse Services' Office of Trauma Services. The study involved nearly 250 participants, including 127 trauma survivors who were past or present public mental health service recipients, and 122 professionals who were recommended by survivors.
80	<p>Massachusetts Advocates for Children • Helping Traumatized Children Learn</p> <ul style="list-style-type: none"> ▶ Location: Boston, MA • Report available online ▶ Website: https://traumasensitiveschools.org/tlpi-publications/download-a-free-copy-of-helping-traumatized-children-learn/ ▶ Published in 2005, Trauma and Learning Policy Initiative's report summarizes research from psychology and neurobiology that documents the impact trauma from exposure to violence can have on children's learning, behavior, and relationships in school. The report also introduces the Flexible Framework, a tool organized according to six core operational functions of schools that can help educators maintain a whole-school perspective as they create trauma-sensitive learning environments for all children.

Row #	Resource Name & Description
81	<p>Massachusetts Advocates for Children • Trauma and Learning Policy Initiative (TLPI)</p> <ul style="list-style-type: none"> ▶ Location: Boston, MA • Resources available online ▶ Website: https://traumasensitiveschools.org ▶ TLPI’s mission is to ensure that children traumatized by exposure to family violence and other adverse childhood experiences succeed in school. To accomplish this mission, TLPI engages in a host of advocacy strategies including: providing support to schools to become trauma sensitive environments; research and report writing; legislative and administrative advocacy for laws, regulations and policies that support schools to develop trauma-sensitive environments; coalition building; outreach and education; and limited individual case representation in special education where a child’s traumatic experiences are interfacing with his or her disabilities.
82	<p>Massachusetts Child Trauma Project (MCTP)</p> <ul style="list-style-type: none"> ▶ Location: Massachusetts ▶ Website: http://www.machildtraumaproject.org ▶ MCTP seeks to improve placement stability and outcomes for children with complex trauma in Department of Children and Families (DCF) care by creating a sustainable capacity for providing evidenced-based trauma interventions within provider agencies, and trauma-informed practices within DCF. To better serve children with complex trauma, MCTP focuses on: <ul style="list-style-type: none"> • Developing sustainable capacity within the child welfare system • Providing training and on-going consultation in evidence-based trauma treatments • Providing training and on-going consultation in trauma-informed service using the Child Welfare Tool Kit, the Resource Parent Curriculum, and Psychological First Aid • Using Trauma Informed Leadership Teams in each Area Office, to support and coach local implementation teams as they implement practice changes that are trauma-informed
83	<p>Maternal Mental Health NOW</p> <ul style="list-style-type: none"> ▶ Location: Los Angeles, CA ▶ Website: www.maternalmentalhealthnow.org ▶ Maternal Mental Health Now offers training and technical assistance in maternal mental health that is intergenerational and trauma-informed to organizations in each sector: medical, mental health staff, early childhood, child welfare, etc.
84	<p>Missouri Department of Mental Health and Partners • Missouri Model: A Developmental Framework for Trauma-Informed</p> <ul style="list-style-type: none"> ▶ Location: Missouri • Resource available online ▶ Website: https://dmh.mo.gov/trauma/MO%20Model%20Working%20Document%20february%202015.pdf ▶ This model describes a trauma-informed approach as being an ongoing organizational change process. It states that a “trauma-informed approach” is not a program model that can be implemented and then simply monitored by a fidelity checklist. The continuum begins with becoming trauma-aware and moves to trauma-sensitive, then to trauma-responsive, and to becoming fully trauma-informed. Uses of this model include: helping anyone who is interested (clients, advocates, other agencies, etc.) determine whether a particular agency or setting is meeting basic criteria for integration of trauma principles; and helping agencies identify where they are on the continuum and where they want to be.

Row #	Resource Name & Description
85	<p>Mobilizing Action for Resilient Communities (MARC)</p> <ul style="list-style-type: none"> ▶ Location: 14 communities across the U.S. • Resources available online ▶ Website: http://marc.healthfederation.org/about ▶ The MARC program brings together 14 sites actively engaged in building the movement for a just, healthy, and resilient world. A mix of cities, counties, regions, and states, these communities are all building a culture of health by translating the science of ACEs into practices and policies that foster resilience. <p>MARC communities have long been acting on a commitment to trauma-informed change, establishing strong networks that include educators, physicians, social service providers, researchers, elected officials, first responders, parents, and youth. Through MARC, community representatives are participating in a virtual learning collaborative. They share notes, identify best practices, and develop ways to gauge the impact of their work. MARC communities also receive financial investment and technical assistance to further advance their local ACE-informed agendas through innovative next steps to strengthen their networks. The goal is for each of these communities to make progress towards system-wide changes—from early childhood education to aging services, from healthcare to juvenile justice—and to become models for others who wish to do the same.</p>
86	<p>Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC)</p> <ul style="list-style-type: none"> ▶ Location: Book • Web-based ▶ Website: http://www.practicewise.com/portals/0/MATCH_public/index.html ▶ MATCH-ADTC is an innovative system that serves as the ultimate practitioner’s toolbox: a wealth of well-organized resources that can be deftly adapted for a diverse array of children and problems. It has been extensively tested in community mental health settings as part of the Child STEP’s clinical trials. The program combines 33 procedures—drawn from the most successful evidence-based treatments—into a single, flexible system. Comprehensive flowcharts guide the process of care, streamlining treatment to fit the child’s needs while fostering individualization to address comorbidity or therapeutic roadblocks. The system provides step-by-step instructions, activities, example scripts, time-saving tips, monitoring forms, and explanatory handouts and worksheets for children and their caregivers.
87	<p>National Association of State Mental Health Program Directors • Trauma Addictions Mental Health and Recovery Treatment (TAMAR) Manual & Modules</p> <ul style="list-style-type: none"> ▶ Location: Alexandria, VA • Manual available online ▶ Website: http://www.nasmhpd.org/content/trauma-addictions-mental-health-and-recovery-tamar-treatment-manual-and-modules ▶ Developed as part of the first phase of the SAMHSA Women, Co-Occurring Disorders and Violence Study, the TAMAR Education Project is a structured, manualized 10-week intervention combining psycho-educational approaches with expressive therapies. It is designed for women and men with histories of trauma in residential systems. Groups are run inside detention centers, state psychiatric hospitals, and in the community. <p>The TAMAR Education Project provides basic insights on trauma, its developmental effects on symptoms and current functioning, symptom appraisal and management, the impact of early chaotic relationships on healthcare needs, the development of coping skills, preventive education concerning pregnancy and sexually transmitted diseases, sexuality, and help in dealing with role loss and parenting issues.</p>

Row #	Resource Name & Description
88	<p>National Center for PTSD • Published International Literature on Traumatic Stress (PILOTS) Database</p> <ul style="list-style-type: none"> ▶ Location: Database available online ▶ Website: http://www.ptsd.va.gov/professional/pilots-database/index.asp ▶ The PILOTS Database is an electronic index to the worldwide literature on PTSD and other mental health consequences of exposure to traumatic events. The PILOTS Database does not restrict its coverage to articles appearing in selected journals. It attempts to include all publications relevant to PTSD and other forms of traumatic stress, whatever their origin without disciplinary, linguistic, or geographic limitations. Subject coverage includes: traumatic stress and mental health sequelae, assessment, preventions, treatment, mental health services, professional ethics, and public policy.
89	<p>National Center for Trauma-Informed Care (NCTIC)</p> <ul style="list-style-type: none"> ▶ Location: Alexandria, VA • Resources available online ▶ Website: https://www.samhsa.gov/nctic ▶ NCTIC works to eliminate the use of seclusion, restraints, and other coercive practices and to develop the knowledge base on trauma-informed care. NCTIC offers consultation and technical assistance, education and outreach, and resources to support a broad range of service systems, including systems providing mental health and substance abuse services, housing and homelessness services, HIV services, peer and family organizations, child welfare, criminal justice, and education. <p>NCTIC offers technical assistance in person, and through virtual learning networks, technical assistance materials, and links to federally supported resources.</p>
90	<p>National Center for Trauma-Informed Care (NCTIC) • Engaging Women in Trauma-Informed Peer Support: A Guidebook</p> <ul style="list-style-type: none"> ▶ Location: Alexandria, VA • Guide available online ▶ Website: http://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_REVISED_10_2012.pdf ▶ This guide was created to help make trauma-informed peer support available to women who are trauma survivors and who receive or have received mental health and/or substance abuse services. It is designed as a resource for peer supporters in these or other settings who want to learn how to integrate trauma-informed principles into their relationships with the women they support or into the peer support groups they are members of. The goal is to provide peer supporters—both male and female—with the understanding, tools, and resources needed to engage in culturally responsive, trauma-informed peer support relationships with women trauma survivors.
91	<p>National Center on Domestic Violence, Trauma & Mental Health</p> <ul style="list-style-type: none"> ▶ Location: Chicago, IL • Resources available online ▶ Website: http://www.nationalcenterdvtraumamh.org ▶ The National Center on Domestic Violence, Trauma, and Mental Health offers training, consultation, and resources on: <ul style="list-style-type: none"> • Raising public awareness about the intersection of domestic violence, trauma, substance abuse, and mental health (e.g., through updates on research, policy, and practice) • Building the capacities of systems and agencies to address the traumatic effects of abuse and to facilitate healing, recovery, justice, and safety (e.g., through trainings, Webinars, and resources created for domestic violence advocates, mental health and substance abuse providers, and legal professionals) • Developing and promoting policies that improve collaboration and system responses to survivors and their children experiencing the impact of domestic violence and other lifetime trauma (e.g., through the development of model agency policies, providing analysis of current policies and legislation) • Analyzing and promoting research that advances knowledge and builds the evidence base for responding to trauma in the lives of domestic violence survivors and their children

Row #	Resource Name & Description
92	<p>National Center on Family Homelessness • Trauma-Informed Organizational Toolkit for Homeless Services</p> <ul style="list-style-type: none"> ▶ Location: Washington, D.C. • Toolkit available online ▶ Website: http://www.air.org/sites/default/files/downloads/report/Trauma-Informed_Organizational_Toolkit_0.pdf ▶ The Toolkit offers homeless service providers with concrete guidelines for how to modify their practices and policies to ensure that they are responding appropriately to the needs of families who have experienced traumatic stress. The Toolkit includes: <ol style="list-style-type: none"> 1. The Trauma-Informed Organizational Self Assessment which is designed to help programs evaluate their practices and adapt their programming to support recovery and healing among their clients 2. A User's Guide which is designed to assist programs in implementing the self-assessment tool and what it means to provide trauma-informed care 3. How to Manual for Creating Organizational Change, which identifies concrete steps that organizations can take if they are interested in becoming trauma-informed. These steps include the use of the Self-Assessment and User's Guide to begin the process.
93	<p>National Collaborating Centre for Methods and Tools • Evidence-Based Practice Attitude Scale</p> <ul style="list-style-type: none"> ▶ Location: Assessment available online ▶ Website: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1564126/#APP1 ▶ The Evidence-Based Practice Attitude Scale examines attitudes toward evidence-based practice among social service providers who specialize in child and adolescent mental health. The tool includes 15 questions regarding clinician and case manager willingness to adopt evidence-based practices given the appeal of evidence-based practice, system, organization, or supervisor requirements for evidence-based practices; the clinician or case manager's degree of openness to innovation; and the perceived importance of using research-based interventions as part of practice. While this tool was not created for public health, it can be used without adaptation in any public health setting or discipline.
94	<p>National Council for Behavioral Health • Trauma-Informed Care Learning Communities</p> <ul style="list-style-type: none"> ▶ Location: Washington, DC • Resources available online ▶ Website: https://www.thenationalcouncil.org/consulting-best-practices/areas-of-expertise/trauma-informed-care-learning-community/ ▶ The National Council wants to ensure that all organizations, systems, and communities across the country have the necessary tools and skills to assess and address the impact of trauma on the people they support. As such, it announced two national learning communities: (1) 2017 Trauma-Sensitive School Learning Community for schools and districts, and (2) 2017 National Trauma-Informed Care Learning Community for behavioral health, social service, community and large system organizations. <p>These initiatives are intended to support transformational change in organizations and help organizations connect with trauma experts and other organizations—through a series of coaching calls and webinars, two in-person summits, and access to tools and resources—to help them learn:</p> <ul style="list-style-type: none"> • How to create safe environments in which people can heal and learn • Build community partnerships that support those you they serve • Implement trauma-informed best practices suited to the organizational environment • Increase community awareness of trauma impact and trauma-informed care • Address secondary traumatic stress/compassion fatigue among staff
95	<p>National Institute of Mental Health • Post-Traumatic Stress Disorder (PTSD)</p> <ul style="list-style-type: none"> ▶ Location: Resources available online ▶ Website: https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml ▶ This website offers educational resources through defining PTSD, identifying signs and symptoms, risk factors, along with available treatments and therapies.

Row #	Resource Name & Description
96	<p>National Technical Assistance Center for Children’s Mental Health</p> <ul style="list-style-type: none"> ▶ Location: Washington, DC • Resources available online ▶ Website: https://gucchdtacenter.georgetown.edu ▶ The TA Center is dedicated to increasing the capacity of Communities, States, Tribes, and Territories, to improve, sustain, and expand Systems of Care and the services and supports provided within them to improve the lives of children, youth, and young adults with or at risk for mental health challenges and their families. The TA Center assists a range of audiences in planning for and understanding their role in change processes as well as in designing effective service systems and implementing effective practices for children, youth, and young adults.
97	<p>NEAR@Home Toolkit</p> <ul style="list-style-type: none"> ▶ Location: Toolkit available online ▶ Website: https://thrivewa.org/nearhome-toolkit-guided-process-talk-trauma-resilience-home-visiting/ ▶ This toolkit provides a guided process to talk about trauma and resilience in home visiting. Home visitors knowledgeable about ACEs research are interested in bringing this information to families but worry about causing harm. The NEAR@Home toolkit addresses these concerns and provides strategies for engaging parents in discussing and using the ACEs questionnaire in a safe, respectful, and effective way for both home visitors and the family.
98	<p>Neuroscience, Molecular Biology, and the Childhood Roots of Health Disparities: Building a New Framework for Health Promotion and Disease Prevention</p> <ul style="list-style-type: none"> ▶ Location: Article available online ▶ Website: https://pdfs.semanticscholar.org/4363/dcc61945a3dfc71488edd1a0548ef0ed216f.pdf ▶ Abstract: Scientific consensus is emerging that the origins of adult disease are often found among developmental and biological disruptions occurring during the early years of life. These early experiences can affect adult health in 2 ways—either by cumulative damage over time or by the biological embedding of adversities during sensitive developmental periods. In both cases, there can be a lag of many years, even decades, before early adverse experiences are expressed in the form of disease. From both basic research and policy perspectives, confronting the origins of disparities in physical and mental health early in life may produce greater effects than attempting to modify health-related behaviors or improve access to health care in adulthood.
99	<p>Nonprofit Quarterly • Creating Culture: Promising Practices of Successful Movement Networks</p> <ul style="list-style-type: none"> ▶ Location: Article available online ▶ Website: https://nonprofitquarterly.org/2013/12/23/creating-culture-promising-practices-of-successful-movement-networks/ ▶ This article shares some of the insights gleaned from the Management Assistance Group’s inquiry into movement networks. They describe the tensions and challenges that networks confront, and offer some observations on how effective network leaders cope with them, along with showing how those leaders foster a culture and mindset that are conducive to success.
100	<p>Office for Victims of Crime • Through Our Eyes: Children, Violence, and Trauma</p> <ul style="list-style-type: none"> ▶ Location: Video available online ▶ Website: https://www.youtube.com/watch?v=z8vZxDa2KPM ▶ This video discusses how violence and trauma affect children, including the serious and long-lasting consequences for their physical and mental health; signs that a child may be exposed to violence or trauma; and the staggering cost of child maltreatment to families, communities, and the Nation. Victims lend their voices to this video to provide first-hand accounts of how their exposure to violence as children affected them.

Row #	Resource Name & Description
101	<p>Pacific Asian Counseling Services (PACS)</p> <ul style="list-style-type: none"> ▶ Location: Los Angeles, Long Beach, Van Nuys, CA ▶ Website: pacsla.org ▶ PACS's mission is to enrich the lives of children and families through counseling and caring. They provide culturally sensitive and language specific services with expertise in the immigrant and refugee Asian Pacific Islander populations. Services PAC provides include: <ol style="list-style-type: none"> 1. Assessment, diagnosis and treatment for adults with chronic and severe mental health issues such as post-traumatic stress disorder, bipolar and major depressive disorders or schizophrenia. 2. Intervention and treatment for children who are at-risk for abuse and/or neglect or have been abused. 3. Treatment to children with severe emotional or behavioral disorders such as conduct disorders, violent classroom behavior, suicidality, or self mutilation.
102	<p>Parents' Evaluation of Developmental Status (PEDS)</p> <ul style="list-style-type: none"> ▶ Location: Materials available for purchase ▶ Website: http://www.pedstest.com/AboutOurTools/LearnAboutPEDS/IntroductiontoPEDS.aspx ▶ PEDS is the only evidence-based screen that elicits and addresses parents' concerns about children's language, motor, self-help, early academic skills, behavior, and social-emotional/mental health. PEDS tells you when parents' concerns suggest problems requiring referral and which concerns are best responded to with advice or reassurance. PEDS also reduces "oh by the way" concerns, focuses visits, ensures a "teachable moment," and is known to improve attendance at well-visits.
103	<p>Philadelphia ACE Taskforce • The Philadelphia ACE Project: Framework for Trauma-Informed</p> <ul style="list-style-type: none"> ▶ Location: Philadelphia, PA • Resource available online ▶ Website: https://drive.google.com/file/d/0B3KAAoiw6Tn0NU9odzYyM1Z2MVU/view ▶ Adapted from the Missouri Model, the purpose of this framework includes: <ul style="list-style-type: none"> • To develop a common language and framework for discussion among the Philadelphia ACE Taskforce • To assess the implementation of basic principles of trauma-informed approaches in various organizational settings • To create an online resource, and enhance the collaboration, of organizations from across the Greater Philadelphia Area, which are utilizing basic principles of trauma-informed approaches
104	<p>Pottstown Area Health & Wellness Foundation • Resiliency: Nurturing the Health and Wellness of School-age Children</p> <ul style="list-style-type: none"> ▶ Location: eBook available online ▶ Website: http://www.pottstownfoundation.org/media/17599/ebook_resiliency.pdf ▶ This eBook was established with the intention to help nurture the health and wellness of school-age children by helping parents to understand: (1) why resilience matters; (2) the evolution of bullying; (3) how to help children become more resilient; and (4) how to help themselves become resilient.
105	<p>Protective Factors and the Development of Resilience in the Context of Neighborhood Disadvantage</p> <ul style="list-style-type: none"> ▶ Location: Article available online ▶ Website: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2683035/ ▶ The purpose of this study was to examine relations among multiple child and family protective factors, neighborhood disadvantage, and positive social adjustment in a sample of 226 urban, low socioeconomic status boys followed from infancy to early adolescence.

Row #	Resource Name & Description
106	<p>RAND Corporation • How Schools Can Help Students Recover from Traumatic Experiences Toolkit</p> <ul style="list-style-type: none"> ▶ Location: Santa Monica, CA • Toolkit available online ▶ Website: http://www.rand.org/content/dam/rand/pubs/technical_reports/2006/RAND_TR413.pdf ▶ This toolkit was designed for schools that want to help students recover from traumatic experiences such as natural disasters, exposure to violence, abuse or assault, terrorist incidents, and war and refugee experiences. It focuses on long-term recovery, as opposed to immediate disaster response. It provides a menu of programs that can be implemented to help children recover from trauma, categorized by type of trauma. Recommendations for securing program funding are also provided.
107	<p>Resilience in Development • The Oxford Handbook of Positive Psychology</p> <ul style="list-style-type: none"> ▶ Location: Handbook available online through subscription or purchase ▶ Website: http://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780195187243.001.0001/oxfordhb-9780195187243-e-012 ▶ A brief history and glossary on the central concepts of resilience research in developmental science are provided, and the fundamental models and strategies guiding the research are described. Major findings of the first four decades of research are summarized in terms of protective and promotive factors consistently associated with resilience in diverse situations and populations of young people. Implications of these findings for theory and practice are discussed, highlighting three strategies of fostering resilience focused on reducing risk, building strengths or assets, and mobilizing adaptive systems that protect and restore positive human development.
108	<p>Risking Connection Model</p> <ul style="list-style-type: none"> ▶ Location: Brooklandville, MD • Resources available online ▶ Website: http://www.riskingconnection.com/ ▶ Risking Connection is Sidran Institute’s flagship for helping organizations move towards trauma-responsive care and relationships. It teaches a relational framework and skills for working with survivors of traumatic experiences. The focus is on relationship as healing, and on self-care for service providers. Their mission is to help people recover from traumatic experiences through RICH relationships—those hallmarked by Respect, Information Sharing, Connection, and Hope—and in so doing to reduce the time, trauma, and costs of healing for all involved.
109	<p>Safe Start Initiative</p> <ul style="list-style-type: none"> ▶ Location: Washington, DC ▶ Website: https://www.ncjrs.gov/pdffiles1/ojdp/fs200113.pdf ▶ The goal of the Safe Start demonstration project is to expand existing partnerships among service providers in key areas such as early childhood education/development, health, mental health, child welfare, family support, substance abuse prevention/intervention, domestic violence/crisis intervention, law enforcement, courts, and legal services. The project seeks to create a comprehensive service delivery system that will meet the needs of children and their families at any point of entry into the system. This comprehensive system should improve the accessibility, delivery, and quality of services for young children who have been exposed to violence or are at high risk of exposure.

Row #	Resource Name & Description
110	<p>SAMHSA • A Treatment Improvement Protocol: Trauma-Informed Care in Behavioral Health Services (TIP 57)</p> <ul style="list-style-type: none"> ▶ Location: Protocol available online ▶ Website: http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf ▶ The TIP series sets out to fulfill SAMHSA's mission to improve prevention and treatment of substance use and mental disorders by providing best practices guidance to clinicians, program administrators, and payers. TIPs are the result of careful consideration of all relevant clinical and health services research findings, demonstration experience, and implementation requirements. This particular TIP is divided into three parts: (1) A Practical Guide for the Provision of Behavioral Health Services; (2) An Implementation Guide for Behavioral Health Program Administrators; and (3) A Review of the Literature.
111	<p>SAMHSA • Dealing with the Effects of Trauma—A Self-Help Guide</p> <ul style="list-style-type: none"> ▶ Location: Rockville, MD • Guide available online ▶ Website: https://store.samhsa.gov/shin/content/SMA-3717/SMA-3717.pdf ▶ This booklet is an introduction to the effects of trauma that can help affected individuals know if traumatic experiences may be the cause of difficult symptoms that they are experiencing and provide some guidance on how to relieve those symptoms.
112	<p>SAMHSA • Essential Components of Trauma-informed Judicial Practice</p> <ul style="list-style-type: none"> ▶ Location: Rockville, MD • Guide available online ▶ Website: http://www.nasmhpd.org/sites/default/files/JudgesEssential_5%201%202013finaldraft.pdf ▶ The stress of the courtroom environment may affect the ability of trauma survivors to communicate effectively with a judge and court personnel. Many judges have come to recognize that acknowledging and understanding the impact of trauma on court participants may lead to more successful interactions and outcomes. Trauma awareness is an opportunity to make small adjustments that improve judicial outcomes while minimizing avoidable challenges and conflict during and after hearings. <p>This issue brief provides information, specific strategies, and resources that many treatment court judges have found beneficial.</p>
113	<p>SAMHSA • National Registry of Evidence-based Programs and Practices (NREPP)</p> <ul style="list-style-type: none"> ▶ Location: Resources available online ▶ Website: http://www.nrepp.samhsa.gov/about.aspx ▶ NREPP is an evidence-based repository and review system designed to provide the public with reliable information on mental health and substance use interventions. The purpose of NREPP is to help people learn more about available evidence-based programs and practices, and determine which of these may best meet their needs. NREPP is one way SAMHSA is working to improve access to information on evaluated interventions and reduce the lag time between creation of scientific knowledge and its practical application in the field.
114	<p>SAMHSA • SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach</p> <ul style="list-style-type: none"> ▶ Location: Document available online ▶ Website: http://store.samhsa.gov/shin/content//SMA14-4884/SMA14-4884.pdf ▶ The purpose of this document is to develop a working concept of trauma and a trauma-informed approach and to develop shared understanding of these concepts that would be acceptable and appropriate across an array of service systems and stakeholder groups. SAMHSA put forth this framework for the behavioral health specialty sectors, that can be adapted to other sectors such as child welfare, education, criminal and juvenile justice, primary health care, the military, and other settings that have the potential to ease or exacerbate an individual's capacity to cope with traumatic experiences.

Row #	Resource Name & Description
115	<p>SAMHSA • Spotlight: Building Resilient and Trauma-Informed Communities</p> <ul style="list-style-type: none"> ▶ Location: Series available online ▶ Website: http://store.samhsa.gov/product/SMA17-5014 ▶ The SAMHSA Spotlight Series highlights different approaches to building trauma-informed, resilient communities; explores strategies for developing trauma-informed communities; and discusses the consequences of trauma and adversity for clients. The goal of this series is to highlight strategies and create a dialogue among communities.
116	<p>SAMHSA • Trauma-Informed Approach and Trauma-Specific Interventions</p> <ul style="list-style-type: none"> ▶ Location: Resources available online ▶ Website: https://www.samhsa.gov/nctic/trauma-interventions ▶ SAMHSA's six key principles of a trauma-informed approach and trauma-specific interventions address trauma's consequences and facilitate healing. This site lists well-known trauma-specific interventions based on psychosocial educational empowerment principles that have been used extensively in public settings.
117	<p>San Francisco Trauma-Informed Systems (TIS) Initiative</p> <ul style="list-style-type: none"> ▶ Location: San Francisco, CA ▶ Website: http://www.leapsf.org/pdf/Trauma-Informed-Systems-Initiative-2014.pdf ▶ TIS Initiative is a six-pronged approach to developing and sustaining change in organizational and workforce functioning. In addition to training for the entire workforce, TIS is utilizing the principles of implementation science to insure that knowledge transfer is associated with structures that support commitment to change, embedded champions, alignment and collaboration within and across systems, leadership participation, and continuous evaluation.
118	<p>Sanctuary Model</p> <ul style="list-style-type: none"> ▶ Location: Philadelphia, PA • Resources available online ▶ Website: http://www.sanctuaryweb.com ▶ The Sanctuary Model® represents a theory-based, trauma-informed, trauma-responsive, evidence-supported, whole culture approach that has a clear and structured methodology for creating or changing an organizational culture. The objective of such a change is to more effectively provide a cohesive, innovative and creative context within which healing from psychological and social traumatic experience and adversity can be addressed. <p>As an organizational culture intervention, it is designed to facilitate the development of structures, processes, and behaviors on the part of staff, clients, and the community-as-a-whole that can counteract the biological, emotional, cognitive, social, and moral wounds suffered by the victims of traumatic experience and extended exposure to adversity.</p>
119	<p>Scenes from Boys and Men Healing</p> <ul style="list-style-type: none"> ▶ Location: Video available online ▶ Website: https://www.youtube.com/watch?v=Wx-JqBdwdAA ▶ This documentary is about the impact the sexual abuse of boys has on both the individual and society, and the importance of healing and speaking out for male survivors to end the devastating effects. The film portrays stories of three courageous non-offending men whose arduous healing helped them reclaim their lives, while giving them a powerful voice to speak out, and take bold action toward prevention for other boys. The film includes a support group of men and is a testimony to the importance of men finding safe places to support one another and share their stories together.

Row #	Resource Name & Description
120	<p>Stanford Social Innovation Review (SSIR) • Collective Impact</p> <ul style="list-style-type: none"> ▶ Location: Article available online ▶ Website: https://ssir.org/articles/entry/collective_impact ▶ This authors of this article discuss the concept of collective impact in the U.S. public education system, and an effort involving more than 300 leaders of local organizations, including the heads of influential private and corporate foundations, city government officials, school district representatives, the presidents of eight universities and community colleges, and the executive directors of hundreds of education-related nonprofit and advocacy groups.
121	<p>Support for Students Exposed to Trauma (SSET)</p> <ul style="list-style-type: none"> ▶ Location: Book • Resources available online ▶ Website: https://ssetprogram.org ▶ SSET is a school-based group intervention for students who have been exposed to traumatic events and are suffering from symptoms of PTSD. Designed specifically for use by teachers and school counselors, SSET is a non-clinical adaptation of the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) Program. <p>SSET is a series of ten lessons whose structured approach aims to reduce distress resulting from exposure to trauma. Designed to be implemented in groups of 8–10 middle school students, the program includes a wide variety of skill-building techniques geared toward changing maladaptive thoughts and promoting positive behaviors. It is also intended to increase levels of peer and parent support for affected students.</p>
122	<p>Technical Assistance Center • Positive Behavioral Interventions & Supports (PBIS)</p> <ul style="list-style-type: none"> ▶ Location: Resources available online ▶ Website: https://www.pbis.org ▶ The Technical Assistance Center on PBIS is established by the U.S. Department of Education’s Office of Special Education Programs (OSEP) to define, develop, implement, and evaluate a multi-tiered approach to Technical Assistance that improves the capacity of states, districts, and schools to establish, scale-up and sustain the PBIS framework. Emphasis is given to the impact of implementing PBIS on the social, emotional, and academic outcomes for students with disabilities. <p>Schoolwide PBIS are systems of support that include proactive strategies for defining, teaching, and supporting appropriate student behaviors to create positive school environments. Attention is focused on creating and sustaining multi-tiered systems of support that improve lifestyle results (personal, health, social, family, work, recreation) for all children and youth by making targeted behaviors less effective, efficient, and relevant, and desired behavior more functional. The school-wide PBIS process emphasizes the creation of systems that support the adoption and durable implementation of evidence-based practices and procedures, and fit within on-going school reform efforts.</p>

Row #	Resource Name & Description
123	<p>The Children’s Clinic, “Serving Children & Their Families” (TCC)</p> <ul style="list-style-type: none"> ▶ Location: Greater Long Beach, CA ▶ Website: http://www.thechildrensclinic.org ▶ TCC’s master trainers conduct trauma-informed trainings and workshops locally, regionally, and nationally. They have successfully trained thousands of individuals and agencies, and are available to evaluate, consult, and train both in one-hour trainings and 4-hour agency trainings. They have trained health and mental health providers and staff, public health providers, legal aid providers, city prosecutors, city parks and recreation staff, to name a few. Trainings focus on not only recognition of the signs and symptoms of adversity and trauma in children and families, but also on developing strategies to build resiliency and protective factors in families and communities, and those who serve them as well. <p>In addition, TCC’s master trainers are actively engaged in sharing lessons learned with other organizations and leaders in the community who serve children and families. They facilitate transformation of entire systems and communities to become trauma-informed and empathetic, thus supporting resiliency and protective factors in individual children, families, and the community as a whole. TCC trainers are introducing a Trauma-Informed Approach to service delivery. TCC’s trainings are based on frameworks developed by the National Council for Behavioral Health, SAMHSA, Futures without Violence, and the Center for the Developing Child at Harvard, among others.</p>
124	<p>The Evaluation Center • Trauma Informed Systems Change Instrument</p> <ul style="list-style-type: none"> ▶ Location: Kalamazoo, Michigan • Assessment available online ▶ Websites <ul style="list-style-type: none"> • http://traumainformedoregon.org/wp-content/uploads/2014/10/Trauma-Informed-System-Change-Instrument-Scoring-Guide-and-Psychometrics.pdf • http://www.wmich.edu/sites/default/files/attachments/u248/2013/2012%20Factorial%20Validity%20of%20TISCI_0.pdf ▶ This instrument was designed to measure the extent to which a complex community system has changed as a result of developing local trauma-informed child welfare systems in specific communities in Michigan. It is intended to bring a trauma-informed perspective to professionals working with children in child welfare. It was developed with the input of experts in trauma-informed system change. <p>The assessment contains 6 questions on policies and 13 on practice at the organizational level. It contains an additional 6 questions geared towards an individual’s integration of trauma-informed practice and their openness towards using trauma-informed practices.</p>
125	<p>The Heart of Learning and Teaching: Compassion, Resiliency, and Academic Success</p> <ul style="list-style-type: none"> ▶ Location: Washington State • Book available online ▶ Website: http://www.k12.wa.us/compassionateschools/pubdocs/TheHeartofLearningandTeaching.pdf ▶ Using the “compassionate teaching approach,” this nuanced and clearly written book represents an unprecedented collaboration among public school, university, and Washington State Office of the Superintendent of Public Instruction educational professionals. With an analysis of teaching approaches, it argues for supporting—not blaming—educators who work daily to help children become competent learners despite the enormous barriers posed by traumatic experiences. This work marks a milestone for Washington State and contributes significantly to bringing trauma-sensitive schools movement to the next level.

Row #	Resource Name & Description
126	<p>The Huffington Post • An American Public Health Crisis — the “Pair of ACEs”</p> <ul style="list-style-type: none"> ▶ Location: Article available online ▶ Website: http://www.huffingtonpost.com/entry/addressing-an-american-public-health-crisis-the-pair_us_58aca9f6e4b0acc17645d844 ▶ This articles tells a short story of three children who experience adversity within their families and live in a community that faces adversity. The Building Community Initiative has developed the Pair of ACEs tree that depicts the interconnectedness of Adverse Childhood Experiences (ACEs), the soil in which these children’s lives are rooted; and the Adverse Community Environments (ACEs) of their family environment, the branches on which children bud and grow. BCR aims to create more fertile soil and a more vibrant tree to address, prevent, and reduce the effects of these two ACEs.
127	<p>The Illinois ACEs Response Collaborative • Policy Briefs</p> <ul style="list-style-type: none"> ▶ Location: Chicago, IL • Briefs available online ▶ Website: http://www.hmprg.org/Programs/ACEsPolicyBriefs ▶ Three policy briefs on the impact of ACEs in the health, justice, and education systems, including promising practices and recommended actions for change were developed by members of the Illinois ACEs Response Collaborative—system leaders in Illinois who are working from an ACEs-informed lens to improve systems to prevent and mitigate trauma across generations. Rooted in social justice, these briefs are a call to action to move upstream, build resiliency, and recognize how addressing inequity and trauma can improve systems while also building resiliency.
128	<p>The International Trauma-Healing Institute (ITI)</p> <ul style="list-style-type: none"> ▶ Location: Los Angeles, CA • Resources available online ▶ Website: http://www.traumainstitute.org ▶ The mission of ITI is to promote peace at the community, national, and international level by bringing awareness to trauma as a root cause of suffering, conflict and violence, and to the resources available for trauma’s resolution and healing. ITI’s objective is to create programs and activities to: <ul style="list-style-type: none"> • Promote global awareness of the nature of trauma, its costs and impact, and its link to violence • Promote awareness of existing resources and techniques for coping with and healing trauma, and facilitate their availability to the global community • Develop new models, programs, and delivery systems for healing trauma at the community, national, and international level
129	<p>The National Child Traumatic Stress Network (NCTSN)</p> <ul style="list-style-type: none"> ▶ Location: Coordinated by UCLA & Duke University • Resources available online ▶ Website: http://nctsn.org/resources/audiences ▶ NCTSN was established to improve access to care, treatment, and services for traumatized children and adolescents exposed to traumatic events. The website provides Network resources on child traumatic stress arranged by the following audiences: <ul style="list-style-type: none"> • Resources for Parents and Caregivers: Guidance on when and how to seek treatment for a child who has been exposed to trauma, facts on child traumatic stress, and other information of interest to parents and caregivers. • Resources for School Personnel: Information for school faculty, staff, and administrators on crisis response and recovery, working with children who are survivors of trauma, and self-care. • For the Media: Information for the media, including tip sheets and a Network press kit. • Policy Makers • For Professionals: Information on Network training opportunities, job listings, and resources for exploring the literature on traumatic stress for mental health and medical professionals.

Row #	Resource Name & Description
130	<p>The National Child Traumatic Stress Network (NCTSN) & National Center for PTSD • Psychological First Aid (PFA)</p> <ul style="list-style-type: none"> ▶ Location: Washington, DC • Manual available online ▶ Website: http://www.nctsn.org/sites/default/files/pfa/english/1-psyfirstaid_final_complete_manual.pdf ▶ PFA is an evidence-informed modular approach to help children, adolescents, adults, and families in the immediate aftermath of disaster and terrorism. It is designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. Principles and techniques of PFA meet four basic standards: (1) consistent with research evidence on risk and reliance following trauma; (2) applicable and practical in field settings; (3) appropriate for developmental levels across the lifespan; (4) culturally informed and delivered in a flexible manner. <p>PFA is designed for delivery by mental health and other disaster response workers who provide early assistance to affected children, families, and adults as part of an organized disaster response effort.</p>
131	<p>The National Child Traumatic Stress Network (NCTSN) • Breakthrough Series Collaborative Information Packet</p> <ul style="list-style-type: none"> ▶ Location: Packet available online ▶ Website: http://www.nctsn.org/sites/default/files/assets/pdfs/edu_materials/BreakthroughSeriesCollaborativeInformationPacket2-28-.pdf ▶ The Breakthrough Series Collaborative (BSC), also referred to as the Learning Collaborative Approach, is an adoption and improvement model that is focused on spreading and adapting best practices across multiple settings and creating changes within organizations that promote the delivery of effective clinical practices.
132	<p>The National Child Traumatic Stress Network (NCTSN) • Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents</p> <ul style="list-style-type: none"> ▶ Location: Resource available online ▶ Website: http://www.trauma-informed-california.org/wp-content/uploads/2012/02/caring_for_children_who_experienced_trauma.pdf ▶ In this document, expert trainers from diverse centers in the NCTSN offer their advice on how to use the Resource Parent Curriculum. They base their answers on their experience piloting and teaching the curriculum in varied settings over the past several years.
133	<p>The National Child Traumatic Stress Network (NCTSN) • Child Trauma Toolkit for Educators</p> <ul style="list-style-type: none"> ▶ Location: Toolkit available online ▶ Website: http://nctsn.org/resources/audiences/school-personnel/trauma-toolkit ▶ NCTSN's Child Trauma Toolkit for Educators was developed to provide school administrators, teachers, staff, and concerned parents with basic information about working with traumatized children in the school system. Information about responding to a school crisis, school safety, the effects of trauma, disaster response, and service interventions, and a list of web resources are available.
134	<p>The National Child Traumatic Stress Network (NCTSN) • Child Welfare Trauma Training Toolkit</p> <ul style="list-style-type: none"> ▶ Location: Guide is available online ▶ Website: http://www.nctsn.org/nctsn_assets/pdfs/CWT3_CompGuide.pdf ▶ This toolkit is designed to teach basic knowledge, skills, and values about working with children who are in the child welfare system and who have experienced traumatic events. The toolkit teaches strategies to enhance the safety, permanency, and well-being of children and families who are involved in the child welfare system.

Row #	Resource Name & Description
135	<p>The National Child Traumatic Stress Network (NCTSN) • Creating Trauma-Informed Systems</p> <ul style="list-style-type: none"> ▶ Location: Resource available online ▶ Website: http://www.nctsn.org/resources/topics/creating-trauma-informed-systems ▶ Creating trauma-informed service systems is a vital part of the work done by Network members, and is essential for NCTSN’s mission of raising the standard of care and improving access to services for children, families, and communities impacted by trauma. Members of the NCTSN Trauma-Informed Service Systems working group have collaborated on developing a definition of a trauma-informed child- and family-service system. The group believes that this definition accurately reflects the complexity and multifaceted nature of a trauma-informed child- and family-service system. By sharing this definition the group hopes to strengthen the dialogue about the creation of trauma-informed systems, and anticipates that the definition will evolve, together with the work of Network members and affiliates.
136	<p>The National Child Traumatic Stress Network (NCTSN) • Empirically Supported Treatments and Promising Practices</p> <ul style="list-style-type: none"> ▶ Location: Resources available online ▶ Website: http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices ▶ This website offers descriptive summaries of some of the clinical treatments, mental health interventions, and other trauma-informed service approaches that the NCTSN and its various centers have developed and/or implemented as a means of promoting the Network’s mission of raising the standard of care for traumatized youth and families.
137	<p>The National Child Traumatic Stress Network (NCTSN) • Pathways to Partnerships with Youth and Families</p> <ul style="list-style-type: none"> ▶ Location: Resources available online ▶ Website: http://www.nctsn.org/nctsn_assets/pdfs/Pathways_ver_finished.pdf ▶ Pathways to Partnerships with Youth and Families provides members of NCTSN and other trauma-treating entities with a method for considering the role of youth and families in their organizations. This document contains two self-assessment questionnaires: one for clinical services, based on guidelines for family-focused assessment and treatment of trauma, and the other adapted from program and policies. This document also offers strategies for increasing youth and family involvement in all aspects of service delivery and useful examples.
138	<p>The National Child Traumatic Stress Network (NCTSN) • The 12 Core Concepts</p> <ul style="list-style-type: none"> ▶ Location: Resource available online ▶ Website: http://www.nctsn.org/resources/audiences/parents-caregivers/what-is-cts/12-core-concepts ▶ The 12 Core Concepts, developed by the NCTSN Core Curriculum Task Force during an expert consensus meeting in 2007, serve as the conceptual foundation of the Core Curriculum on Childhood Trauma and provide a rationale for trauma-informed assessment and intervention. The Concepts cover a broad range of points that practitioners and agencies should consider as they strive to assess, understand, and assist trauma-exposed children, families, and communities in trauma-informed ways.
139	<p>The National Child Traumatic Stress Network (NCTSN) • The Learning Center for Child and Adolescent Trauma</p> <ul style="list-style-type: none"> ▶ Location: Web-based ▶ Website: http://learn.nctsn.org ▶ As part of NCTSN, the Learning Center for Child and Adolescent Trauma offers free online education with: 300+ free Continuing Education certificates, 50+ speakers, 200+ online webinars, and 90,000+ members.

Row #	Resource Name & Description
140	<p>The National Child Traumatic Stress Network (NCTSN) • Think Trauma: A Training for Staff in Juvenile Justice Residential Settings</p> <ul style="list-style-type: none"> ▶ Location: Curriculum available online ▶ Website: http://www.nctsn.org/print/1097 ▶ This training provides an overview for juvenile justice staff of how to work towards creating a trauma-informed juvenile justice residential setting. Think Trauma is a PowerPoint-based training curriculum including four modules that can be implemented back-to-back in a single all-day training or in four consecutive training sessions over the course of several weeks or even months.
141	<p>The National Child Traumatic Stress Network (NCTSN) • Using Trauma-Informed Child Welfare Practice to Improve Placement Stability Breakthrough Series Collaborative</p> <ul style="list-style-type: none"> ▶ Location: Report available online ▶ Website: http://www.nctsn.org/sites/default/files/assets/pdfs/using_ticw_bsc_final.pdf ▶ This report highlights the promising practices and lessons learned that emerged from the Breakthrough Series Collaborative (BSC). BSC focused on developing and implementing trauma-informed child welfare practices (decisions, actions, policies, procedures, staffing, and supports for children and caregivers) that increase the probability that children who need out-of-home placement remain in a single, appropriate, and stable home whenever possible.
142	<p>The New England Association of Child Welfare Commissioners and Directors & Casey Family Programs • Trauma-Informed Resilient Child Welfare Agencies: A New England Learning Community</p> <ul style="list-style-type: none"> ▶ Location: Document available online ▶ Website: http://jbcc.harvard.edu/sites/default/files/ne_tircw_convenings.report.4.7.17_final.pdf ▶ The public child welfare agencies of the six New England states, Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont have come together to share their successes and lessons learned as they each strive to become a “trauma-informed resilient child welfare agency.” Through the long-standing support of the New England Association of Child Welfare Commissioners and Directors and Casey Family Programs, the learning community formed by the six states focused on answering the question, ‘what is needed at an organizational level to support the workforce in delivering high-quality, trauma-informed practice?’ Roughly ten staff from each state came together for three in-person meetings from 2014-2016 to address topics related to organizational health, recognizing that the organizations themselves were often traumatized, similar to the children and families being served.
143	<p>The Permanente Journal • Dear Doctor: A Patient’s Personal Case Study of Adverse Childhood Experiences</p> <ul style="list-style-type: none"> ▶ Location: Letter available online ▶ Website: https://www.thepermanentejournal.org/files/Winter2002/deardoc.pdf ▶ This letter is meant to be read as an individual patient report. The anonymous writer of this letter describes in detail her life and medical history including the many traumatic experiences she has endured.
144	<p>The Resilience Toolkit</p> <ul style="list-style-type: none"> ▶ Location: Los Angeles, CA • Web-based services available ▶ Website: www.theresiliencetoolkit.co ▶ The Resilience Toolkit utilizes carefully selected evidence-based and promising mindfulness and movement practices to promote embodied self-awareness, nervous system and emotional regulation, and interpersonal connection, all of which are prerequisites to health and wellness. The Toolkit empowers each participant with a framework to identify their own stress physiology and confidently implement appropriate regulation skills that effectively build resilience over time. Appropriate as a stand alone practice and as a pre-requisite for more focused trauma recovery modalities.

Row #	Resource Name & Description
145	<p>TLC</p> <ul style="list-style-type: none"> ▶ Location: Albion, MI • Resources available online ▶ Website: https://www.starr.org/training/tlc ▶ TLC was founded to show that childhood trauma is the root cause of many behavior issues that were beyond the reach of traditional cognitive therapies, and to try and help. TLC's mission is to bring out the best in every traumatized child by training professionals to create environments where children can flourish. TLC provides training courses, materials, and conferences to therapists and other professionals in the United States and around the world. They train and equip professionals and caregivers with the right tools to help guide children, adults, families and communities through the devastating effects of trauma. <p>TLC is one of three programs in the Starr Global Learning Network (SGLN), which draw on the Circle of Courage® model of positive youth development based on the universal principle that to be emotionally healthy, all youth need to experience Belonging, Mastery, Independence, and Generosity.</p>
146	<p>Trauma Center • Attachment, Regulation, and Competency (ARC)</p> <ul style="list-style-type: none"> ▶ Location: Brookline, MA • Resources available online ▶ Website: http://www.traumacenter.org/research/ascot.php ▶ ARC is a framework for intervention with youth and families who have experienced multiple and/or prolonged traumatic stress. It identifies three core domains that are frequently impacted among traumatized youth, and which are relevant to future resiliency. ARC is designed for youth from early childhood to adolescence and their caregivers or caregiving systems, and designed to be applied flexibly across child and family-serving systems. <p>ARC is currently in use in more than 300 agencies and/or child-serving systems in the U.S. and abroad, and has been adapted to the range of agencies which provide services to this population. A growing research base suggests that ARC leads to reduction in child post traumatic stress symptoms and general mental health symptoms, as well as increased adaptive and social skills. Caregivers report reduced distress and view their children's behaviors as less dysfunctional. Systems-level outcomes include reduced use of restraints in programs, and improved permanency rates in foster care.</p>
147	<p>Trauma Informed Oregon</p> <ul style="list-style-type: none"> ▶ Location: Web-based ▶ Website: https://traumainformedoregon.org/resources/ ▶ Trauma Informed Oregon is a collaboration of university, public and private partners, individuals with lived experience, youth and family members that are committed to creating and sustaining a trauma informed system of care in Oregon. <p>This website contains resources for clinical practice, organizations, training and education, and individuals and families.</p>

Row #	Resource Name & Description
148	<p>Trauma Resource Institute • Trauma Resiliency Model (TRM) & Community Resiliency Model (CRM)</p> <ul style="list-style-type: none"> ▶ Location: Claremont, CA • Resources available online ▶ Website: http://traumaresourceinstitute.com/community-resiliency-model-crm/ ▶ The Trauma Resource Institute, a nonprofit corporation, globally cultivates trauma informed and resiliency focused individuals and communities. TRM is designed to teach skills to clinicians working with children and adults with traumatic stress reactions. It is a mind-body approach and focuses on the biological basis of trauma and the automatic, defensive ways that the human body responds when faced with perceived threats to self and others, including the responses of “tend and befriend,” and fight, flight, and freeze. <p>CRM trains community members to not only help themselves but to help others within their wider social network. The primary focus of this skills-based, stabilization program is to reset the natural balance of the nervous system. CRM skills help individuals understand their nervous system and learn to read sensations connected to their own well-being, which CRM calls the “Resilient Zone.”</p>
149	<p>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</p> <ul style="list-style-type: none"> ▶ Location: Resources available online ▶ Website: https://tfcbt.org ▶ TF-CBT is a structured, short-term evidence-based treatment model that effectively improves a range of trauma-related outcomes in 8-25 sessions with the child/adolescent and caregiver. It has been evaluated and refined during the past 25 years to help children and adolescents recover after trauma. All fourteen randomized controlled trial studies have documented that TF-CBT was superior for improving children’s trauma symptoms and responses. <p>Although TF-CBT is highly effective at improving youth PTSD symptoms and diagnosis, a PTSD diagnosis is not required in order to receive this treatment. TF-CBT also effectively addresses many other trauma impacts, including affective (e.g., depressive, anxiety), cognitive and behavioral problems, as well as improving the participating parents’ or caregivers’ personal distress about the child’s traumatic experience, effective parenting skills, and supportive interactions with the child.</p>
150	<p>Trauma-Informed Philanthropy: A Funder’s Resource Guide for Supporting Trauma-Informed Practice in the Delaware Valley</p> <ul style="list-style-type: none"> ▶ Location: Guide available online ▶ Website: http://www.scattergoodfoundation.org/sites/default/files/FINAL_TraumaGUIDE-single.pdf ▶ The goal of this guide is to invite grantmakers to better understand the ways in which trauma is a root cause of poor health and social outcomes. By applying a trauma-informed lens to their work, funders can enhance their grantmaking to improve the lives of individuals, families, and communities in need. Specifically, this guide will help funders to: (1) Understand the science behind trauma, ACEs, and resilience; (2) Apply trauma-informed principles and practices to their grantmaking; and (3) Learn about existing local efforts to implement trauma-informed practice.
151	<p>Trauma-Informed Program Self-Assessment Scale</p> <ul style="list-style-type: none"> ▶ Location: Assessment available online ▶ Website: http://www.theannainstitute.org/TIPSASSCORESHEET.pdf ▶ This assessment assesses 6 domains of trauma-informed care: (1) Program Procedures and Settings; (2) Formal Services Policies; (3) Trauma Screening, Assessment, and Service Planning; (4) Administrative Support for Program-Wide Trauma-Informed Services; (5) Staff Trauma Training and Education; and (6) Human Resources Practices.

Row #	Resource Name & Description
152	<p>Trauma, PTSD, and Resilience: A Review of the Literature</p> <ul style="list-style-type: none"> ▶ Location: Resource available online through subscription ▶ Website: https://www.ncbi.nlm.nih.gov/pubmed/16237155 ▶ Based on the available literature, this review article investigates the issue of resilience in relation to trauma and post-traumatic stress disorder. Resilient coping to extreme stress and trauma is a multifaceted phenomena characterized as a complex repertoire of behavioral tendencies. An integrative Person x Situation model is developed based on the literature that specifies the nature of interactions among five classes of variables: (a) personality, (b) affect regulation, (c) coping, (d) ego defenses, and (e) the utilization and mobilization of protective factors and resources to aid coping.
153	<p>Treating the Traumatized Patient and Victims of Violence</p> <ul style="list-style-type: none"> ▶ Location: Article available online ▶ Website: http://www.sanctuaryweb.com/Portals/0/Bloom%20Pubs/Related%20Authors/2000%20Kluft%20Bloom%20Kinzie%20Treating%20the%20Victims%20of%20Trauma.pdf ▶ This article presents a thorough exposition of treating traumatized patients and victims of violence, addressing many aspects of trauma and victimization critical to a vast proportion of the work that mental health professionals find themselves doing.
154	<p>Treatment and Services Adaptation Center • Trauma-Informed Schools</p> <ul style="list-style-type: none"> ▶ Location: Web-based • Resources available online ▶ Website: http://traumaawareschools.org ▶ In a trauma-informed school, the adults in the school community are prepared to recognize and respond to those who have been impacted by traumatic stress. Those adults include administrators, teachers, staff, parents, and law enforcement. In addition, students are provided with clear expectations and communication strategies to guide them through stressful situations. The goal is to not only provide tools to cope with extreme situations but to create an underlying culture of respect and support. There are many ways to weave trauma-informed approaches into the fabric of schools, including strategic planning by administrators, staff training, and direct intervention with traumatized students.
155	<p>U.S. Department of Health and Human Services' Office of the Assistant Secretary for Preparedness and Response • Disaster Response for Homeless Individuals and Families: A Trauma-Informed Approach</p> <ul style="list-style-type: none"> ▶ Location: Resource available online ▶ Website: https://www.phe.gov/Preparedness/planning/abc/Documents/homeless-trauma-informed.pdf ▶ This resource provides trauma-informed practices that can help disaster responders effectively serve homeless individuals and families.

Row #	Resource Name & Description
156	<p>UCLA TIES (Training, Intervention, Education, and Services) for Families</p> <ul style="list-style-type: none"> ▶ Location: Los Angeles, CA ▶ Website: tiesforfamilies.ucla.edu ▶ UCLA TIES for Families is an interdisciplinary program dedicated to optimizing the growth and development of foster/adoptive children from birth to age 21, and their families. UCLA TIES' trauma-informed, child welfare-competent approach reduces barriers to permanency by providing a comprehensive array of interdisciplinary services, which includes individual and family therapy, support groups, in-home therapeutic behavioral support, youth and parent mentoring, child psychiatry, pediatric, educational, and speech and language, and occupational therapy consultation. TIES has a specialized Infant Mental Health program for infants from age 0 to 3 and Loss and Intervention for Families in Transition (LIFT) group for families who are grieving the loss or potential loss of the child they hoped to adopt. In addition to services, TIES provides training of its innovative model and trauma-informed and adoption-specific training to prospective adoptive parents, social workers, and professionals in child welfare.
157	<p>University of Minnesota • What is Historical Trauma?</p> <ul style="list-style-type: none"> ▶ Location: Minnesota • Video available online ▶ Website: https://www.youtube.com/watch?v=AWmK314NVrs ▶ The speakers in this short video share examples of historical trauma.
158	<p>Washington State Coalition Against Domestic Violence • Building Dignity: Design Strategies for Domestic Violence Shelter</p> <ul style="list-style-type: none"> ▶ Location: Seattle, WA ▶ Website: http://buildingdignity.wscadv.org ▶ Building Dignity explores design strategies for domestic violence emergency housing. Thoughtful designs dignify survivors by meeting their needs for self-determination, security, and connection. The ideas here reflect a commitment to creating welcoming, accessible environments that help to empower survivors and their children. Five aspirations inform domestic violence advocacy and shelter: foster empowerment, support parenting, facilitate (re)connecting, create harmony, and ensure security.
159	<p>Westat • Matrix of Trauma-informed Agency Assessment Tools by Nanmathi Manian</p> <ul style="list-style-type: none"> ▶ Location: Matrix available online ▶ Website: http://www.acesconnection.com/fileSendAction/fcType/0/fcOid/462505740937381460/filePointer/462646478646387259/fodoid/462646478646387255/Org%20Measures%20for%20TIPPs%20from%20Westat.xlsx ▶ This Excel document contains a matrix detailing Trauma Informed Care Program and Agency assessment tools.

Row #	Resource Name & Description
160	<p>Western Michigan University • Children’s Trauma Assessment Center (CTAC)</p> <ul style="list-style-type: none"> ▶ Location: Kalamazoo, MI • Resources available online ▶ Website: https://wmich.edu/traumacenter ▶ CTAC was established to provide assessments for children who have experienced trauma and adverse childhood experiences. The CTAC team also provides professional training and coordinates projects in order to create trauma-informed systems and services. CTAC has provided comprehensive neuro-developmental trauma assessments for more than 3,300 children. CTAC serves children ages three months to 17 years old. Over 90% of the children who have received assessment services are in or have been in foster care. <p>CTAC offers individual and group trainings and group presentations on childhood trauma and trauma-informed interventions. CTAC staff has trained over 85,000 professionals and community members on trauma related topics. This also includes coaching and consulting teams within the state of Michigan and nationally in developing their own trauma assessment centers.</p>
161	<p>Wisconsin Department of Public Instruction • Creating Trauma-Sensitive Schools to Improve Learning</p> <ul style="list-style-type: none"> ▶ Location: Wisconsin • Resources available online ▶ Website: http://dpi.wi.gov/sspw/mental-health/trauma ▶ The Department of Public Instruction is creating a new professional development initiative to help schools incorporate trauma-sensitive practices in collaboration with SaintA and Trauma Sensitive Education, LLC. Content will be delivered primarily through modules that each consist of online learning, associated readings, and implementation tools. These modules will be created over a three-year period. <p>A variety of resources to help schools support students affected by trauma are available through this website. These resources can serve as a starting point in understanding the intersection of trauma and education.</p>
162	<p>Women’s Community Correctional Center of Hawaii • Trauma-Informed Care Initiative (TICI)</p> <ul style="list-style-type: none"> ▶ Location: Kailua, HI ▶ Website: https://www.nasmhpd.org/sites/default/files/7014_hawaiian_trauma_brief_2013(1).pdf ▶ Recognizing that most inmates are trauma survivors and many common prison routines can re-traumatize women, the Women’s Community Correctional Center of Hawaii, under the leadership of Warden Mark Kawika Patterson, works to create “a place of healing and forgiveness” through TICI. TICI is a unique collaboration among the facility administration, staff, and inmates; community non-profits; state and federal agencies; educators and researchers; and volunteers from churches and civic groups. With a focus on educating staff, inmates, community partners, and the public about the value of trauma-informed environments and practices in healing, TICI creates opportunities for women to “live a forgiven life.”

Attachment C

PARTICIPANTS ENGAGED IN THE PROCESS TO DATE

PARTICIPANTS ENGAGED IN THE PROCESS TO DATE

STEERING COMMITTEE MEMBERS FROM THE FIVE FUNDERS

	First	Last	Title	Organization
1	Rosemary	Veniegas	Senior Program Officer	California Community Foundation
2	Emily	Skehan	Program Officer, Special Programs	Conrad N. Hilton Foundation
3	Tina	Chinakarn	Program Officer • Health Systems	First 5 Los Angeles
4	Pegah	Faed	Senior Program Officer	First 5 Los Angeles
5	Thomas	Brewer	Senior Program Officer	Ralph M Parsons Foundation
6	Mary Lou	Fulton	Program Director	The California Endowment

WORKGROUP PARTICIPANTS

We held seven half-day sessions between October 2016 and June 2017. The following is a list of participants who attended one or more workgroup meetings.

	First	Last	Title	Organization
1	Kate	Anderson	Director	Center for Strategic Public-Private Partnerships
2	David	Bond	Vice President of Programs	The Trevor Project
3	Thomas	Brewer	Senior Program Officer	Ralph M. Parsons Foundation
4	Dana	Brown	Regional Community Facilitator	ACEs Connection • Trauma-Informed Task Force of Greater LA
5	Robert	Byrd	District Chief, Mental Health	Los Angeles County Department of Mental Health
6	Vivian	Castaneda	Supervising Deputy Probation Officer	Los Angeles County Probation Department
7	Shearly	Chambless	Licensed Behavioral Health Specialist	LA Care Health Plan
8	Jennifer	Chheang	Senior Program Manager	The California Endowment
9	Tina	Chinakarn	Program Officer • Health Systems	First 5 Los Angeles
10	Sharyn	Church	Los Angeles Director	Children NOW
11	Keianna	Crenshaw	Mental Health Services Coordinator	Los Angeles County Department of Mental Health

Attachment C: Participants Engaged in the Process to Date

	First	Last	Title	Organization
12	Valerie	Curtis	Training Coordinator, MHSA Implementation & Outcomes	Los Angeles County Department of Mental Health
13	Angel Roberson	Daniels	Vice President	The Angell Foundation
14	Joseph	Delfin	Supervising Deputy	Los Angeles County Probation Department
15	Marianne	Diaz	Director of Outreach Services	Southern California Counseling Center
16	Paul	Duncan	Associate Director of Systems Integration	Los Angeles Homeless Services Authority
17	Lauren Susan	Dy	MSW Intern	UCLA-Duke National Center for Child Traumatic Stress
18	Lidia	Escobar	Administrator	Inter-agency Council on Child Abuse and Neglect
19	Pia	Escudero	Director, School Mental Health	Los Angeles Unified School District
20	Barbara	Facher	Social Worker, Healthcare Program	Kids-Alliance
21	Pegah	Faed	Senior Program Officer	First 5 Los Angeles
22	Andi	Fetzner	Community Manager	Los Angeles Aces Connection
			Community Co-Manager	Arizona Aces Connection
			CEO & Founder	Origins Training and Consulting
23	Tara	Ficek	Director of Health	First 5 Los Angeles
24	Tanya	Franklin	Director of School Culture and Restorative Communities	Partnership for Los Angeles Schools
25	Bitia	Ghafoori	Director	Long Beach Trauma Recovery Center
26	Patti	Giggans	Executive Director	Peace Over Violence
27	Kalene	Gilbert	Mental Health Clinical Program Manager III	Los Angeles County Department of Mental Health
28	Stefanie	Gluckman	Director, Education Coordinating Council	Los Angeles Board of Supervisors Office of Child Protection
29	Louise	Godbold	Executive Director	Echo Parenting & Education
30	Jane	Halladay Goldman	Director, Service Systems Program	UCLA-Duke National Center for Child Traumatic Stress
31	Anna	Henderson	Executive Director	Westside-Infant Family Network
32	Patricia	Herrera	Director of Policy	Maternal Mental Health Now
33	Debbie	Innes-Gomberg	Deputy Director, Adult System of Care & MHSA	Los Angeles County Department of Mental Health

Attachment C: Participants Engaged in the Process to Date

	First	Last	Title	Organization
34	Brie	Jeanette Loskota	Executive Director, Center for Religion and Civic Culture	University of Southern California
35	Joshua	Kaufman	School Mental Health Specialist (Administrator)	Los Angeles Unified School District
			Psychiatric Social Worker, School Mental Health	Los Angeles Unified School District
			Program Manager	Treatment and Services Adaptation Center for Resiliency, Hope, and Wellness in Schools
36	Gabrielle	Kaufman	Training Director	Maternal Mental Health Now
37	Allegra	Klacsman	Clinical Psychologist II	Los Angeles County Department of Mental Health
38	Audra	Langley	Executive Director	UCLA TIES for Families
39	Greg	Lecklitner	District Chief	Los Angeles County Department of Mental Health
40	Thomas	Lee	Opportunity Youth Director	Kids-Alliance
41	Mallory	Leitner	Outreach Program Coordinator	Southern California Counseling Center
42	Alfred (A.J.)	McCloud	Regional Program Coordinator; Mayor's Office of Public Safety	Office of Los Angeles Mayor Eric Garcetti
43	Bryan	Mershon	Deputy Director, Children's System of Care	Los Angeles County Department of Mental Health
44	Carrie	Miller	Assistant Executive Director	Los Angeles County Office of Child Protection
45	Kezia	Miller	School Mental Health Coordinator	Los Angeles Unified School District
46	Anne	Miskey	CEO	Downtown Women's Center
47	Jackie	Mizell-Burt	Program Director	Los Angeles County Department of Public Social Services
48	Fatima	Morales	Policy and Outreach Senior Associate	Children NOW
49	Lin	Morel	Board Chair	A Window Between Worlds
50	Nkem	Ndefo	Member	Trauma Informed Task Force of Greater LA
51	Elisa	Nicholas	CEO • Pediatrician	The Children's Clinic
52	Christina	Nigrelli	Senior Director of Programs	Zero to Three
53	Ruel	Nolledo	Policy Analyst	First 5 Los Angeles

Attachment C: Participants Engaged in the Process to Date

	First	Last	Title	Organization
54	Kimani	Norrington-Sands	Organization Facilitator, School of Mental Health	Los Angeles Unified School District
55	Jose	Osuna	Director of External Affairs	Homeboy Industries
56	Vanessa	Peña	MSW Intern	Trauma Informed Task Force of Greater LA • Hillsides
57	Olivia	Piacenza	Co-Founder & Steering Committee Co-Chair	Trauma Informed Task Force of Greater LA
58	Caron	Post	Executive Director	Maternal Mental Health Now
59	Maryjane	Puffer	Executive Director	LA Trust for Children's Health
60	Annabelle	Rosborough	Senior Program Manager	Southern California Grantmakers
61	Stacey	Roth	Chief Program Officer	Hillsides
62	Cindy	Rubin	Training Coordinator, MHSA Implementation & Outcomes	Los Angeles County Department of Mental Health
63	G. Kaliah	Salas	Mental Health Clinical Program Head	Los Angeles County Department of Mental Health
64	Audrey	Salzburg	CEO	A Window Between Worlds
65	Dominiqua	Sanchez	Program Manager	Echo Parenting & Education
66	Mercy	Santoro	Deputy Director	Los Angeles County Department of Parks and Recreation
67	Devika	Shankar	Steering Committee Co-Chair	Trauma Informed Task Force of Greater LA
68	Eddie	Shulman	Assistant Director	Inter-agency Council on Child Abuse and Neglect
69	Emily	Skehan	Program Officer, Special Programs	Conrad N. Hilton Foundation
70	Lamar	Smith	Director of Behavioral Health Clinical Services	LA Care Health Plan
71	Kiki	Spathopoulos	Mental Health Clinical Supervisor	Los Angeles County Department of Mental Health
72	Phyllis	Tate	Health Program Analyst I	Los Angeles County Department of Mental Health
73	Denise	Tom	Program Officer	California Community Foundation
74	Michelle	Vega	Deputy	Los Angeles County Supervisor Michael D. Antonovich, 5th District
75	Angela	Vegenas-Murillo	Pediatrician	UCLA National Clinician Scholars Program
76	Rosemary	Veniegas	Senior Program Officer	California Community Foundation
77	Andrea	Welsing	Director, Injury and Violence Prevention	Los Angeles County Department of Public Health

SYSTEMS AND HOTSPOTS WE ENGAGED

We met with leaders and leadership teams from the systems and organizations listed below, as well as a number of consultants and others who regularly support them.

- ▶ Los Angeles County Department of Children and Family Services
- ▶ Los Angeles County Department of Mental Health
- ▶ Los Angeles County Department of Parks and Recreation
- ▶ Los Angeles County Department of Public Health
- ▶ Los Angeles County Education Coordinating Council
- ▶ Los Angeles County Office of Child Protection
- ▶ Los Angeles Unified School District
- ▶ Partnership for Los Angeles Schools
- ▶ City of Long Beach

In addition to meeting with leaders from these systems and organizations, we also:

- ▶ Met twice with the Family and Social Services cluster of deputies from the five Board of Supervisors offices;
- ▶ Met with funders and consultants who partner with the Los Angeles County Probation Department; and
- ▶ Conducted research on the emerging change initiative within the Compton Unified School District.

FY 2018-19 BUDGET CALENDAR

DATE	ACTIVITY	VENUE
January 2018	Brief Budget and Finance Committee/Program and Planning Committee on recommended FY 2018 budget calendar Provide annual Long Term Financial Plan (LTFP) update to the joint Budget & Finance/Program and Planning Committee	Budget & Finance Committee/Program and Planning Committee Meeting
February 2018	Brief Commission on recommended budget calendar Provide annual LTFP update to the Commission	Commission Meeting
February 2018	Provide training to First 5 LA staff on budget process and development	Internal Staff Training
February 2018	Commission review of the recommended budget calendar	Commission Meeting
February - April 2018	Complete budget development	Internal Staff Process
April 2018	Present FY 2018-19 Proposed Budget to the joint Budget and Finance/Executive Committees	Budget & Finance/Executive Committee Meeting
May 2018	Present FY 2018-19 Proposed Budget to the Commission (Informational)	Commission Meeting
May 2018	Revise FY 2018-19 Proposed Budget as necessary	Internal Staff Process
May 2018	Present revised FY 2018-19 Proposed Budget to the Program and Planning Committee	Program and Planning Committee Meeting
June 2018	Request Commission adoption of the FY 2018-19 Proposed Budget	Commission Meeting

First 5 LA

Long Term Financial Projection

FY 2018 – 2022

(July 1, 2017 – June 30, 2022)

I. Introduction: Purpose of the Long Term Financial Projection

This FY 2018-2022 Long Term Financial Projection (LTFP) is intended to support the financial stewardship role of the Los Angeles County Children and Families First Proposition 10 Commission (“Commission”) by projecting the long-term implications of fiscal actions taken by the Board. It includes a multi-year outlook of anticipated expenditures, as well as annual operating and program demands against forecasted revenue.

Each year the LTFP is presented to the Commission in advance of the annual budget process in order to provide context in which budget funding decisions will be made. The July 1, 2017 through June 30, 2022 period covered by this update includes the remaining three years of the current 2015-2020 Strategic Plan and the first two years of the next Strategic Plan period.

Specifically, the updated LTFP utilizes the following overarching approach:

- Uses the most recent (July 1, 2017) audited fund balance as a starting point;
- Includes updated revenue forecasts based on the most current available data;
- Includes spending estimates in support of the Strategic Plan work;
- Projects expenditures for all initiatives approved by the Commission, including those that have received a multi-year allocation and legacy investments that have received a multi-year award; and
- Forecasts ending fund balance for each fiscal year through June 30, 2022.

It is important to note that the LTFP does not formally commit any funds and is not a spending plan. Outside of the LTFP process, funds must be committed as part of the annual budget process approved by the Board or through a Resolution that specifically allocates funds for an initiative or program in a manner consistent with the Governance Guidelines.

In sum, the LTFP serves as an important planning tool for the Commission to help inform the future direction of the organization by providing an updated 5-year forecast of revenues and expenses (both program and operating). In addition, the LTFP forecasts the resulting fund balance for each fiscal year with the LTFP.

II. Methodology/Approach

Staff used the current FY 2017-18 Budget and two years of actual expenditures as a baseline to forecast programmatic expenditures through FY 2021-22.

The LTFP was developed using the following approach and methods:

- The baseline year for this LTFP is the approved FY 2017-18 Budget. Where sufficient information was available to adjust anticipated expenditures from the amounts initially budgeted for FY 2017-18, these figures were updated appropriately. The overall net effect of these adjustments was a decrease of approximately \$63,000 to the anticipated spending for FY 2017-18. A separate mid-year budget adjustment process will soon be underway and figures may change from what was utilized in this LTFP as updated information becomes available. Staff will return to the Board in March 2018, to present the detail of all mid-year adjustments to the FY 2017-18 budget.
- As part of the action taken to approve the FY 2017-18 Budget in June 2017, the Commission reauthorized multi-year commitments and allocations. This schedule of commitments and

allocations, known as the GASB 54 schedule, was approved by formal Resolution and designates funds for those specific purposes as directed by the Commission. Final year-end balances for these commitments are available in First 5 LA's annual official audit, the Comprehensive Annual Financial Report (CAFR), for the fiscal year ending June 30, 2017.

- The Commission's annual budgeting process authorizes Commission expenditures in two areas: Program and Operating. The LTFP includes forecasts for both types of expenditures as follows:
 - Program Budget – Program expenditures include ongoing multi-year allocations, as well as annually developed and approved program funding in support of, and aligned to, the current 2015-2020 Strategic Plan.
 - Operating Expenses – Projections include operating cost estimates for the Commission, including staffing. The operating projections are based on the organization's new operating structure. As the strategic plan programmatic activities directly influence the operating needs, staff will continue to monitor and adjust operating estimates as appropriate. The administrative portion of the Operating Budget, sometimes referred to as the "administrative cap," is anticipated to increase by 1.93% from 8.99% in FY 2017-18 to 10.92% in FY 2021-22. Changes to the administrative cap will be presented to the Commission on an annual basis, as needed, in conjunction with the budget, and will adhere to the terms currently defined by Commission policy.

III. Assumptions

Compared with the long-term projections prepared and approved in previous fiscal years, this updated LTFP incorporates a few modifications of note to the overall assumptions, each of which is discussed in more detail below:

1. While the source of the projected Proposition 10 Tobacco Tax revenue remains the same, the updated data reflects a one-time sharp 16% decline in FY 2017-18, largely the effect of the first year of implementing Proposition 56, consistent with earlier projections. A State backfill is projected for FY 2018-19, increasing the revenue by 16% followed by a fairly level 3.8% rate of decline for the subsequent years based on decreasing birth rates, sales of tobacco products, and administrative fees assessed by the State Board of Equalization for the collection of tobacco taxes.
2. After two years of the 2015-2020 Strategic Plan, First 5 LA has actual experience and expenditure data to inform updated projections. As a result, resource estimates for the Plan activities within each of the four primary outcome areas were updated to reflect additional information gained over the last year. While the LTFP has relied in previous years on the high-end estimates endorsed as part of the Plan's approval in November 2014, the figures in the current LTFP represent lower amounts in some areas, informed by actual experience and expenditures. In addition, ramp up of new work has shifted some costs to the latter years of the current Strategic Plan. The result is a decrease and shift in Strategic Plan Outcome Area activity spending, when compared to the FY 2016-17 five-year projection and originally proposed estimates.
3. Consistent with prior years, additional resources are included for activities that do not have committed multi-year allocations—those budgeted on an annual basis, such as policy/advocacy, marketing/communications activities, and strategic partnerships. General resources are included in the LTFP, which assumes that these resources will be approved each year as part of the annual budget. Actual resources will be determined by the Board through the annual budget process.

4. The current LTFP extends two years beyond the 2015-2020 Strategic Plan. For projection purposes, the LTFP assumes that spending levels for FY 2020-21 and FY 2021-22 will remain relatively consistent with those projected for the final three years of the current 2015-2020 Strategic Plan, consistent with the approach used in the prior year LTFP. Actual out year expenditures will be the product of Board discussion and decisions associated with First 5 LA's Strategic Plan for 2020-2025.
5. Historically, the LTFP methodology assumes that operating costs will increase slightly each year due to standard salary increases (estimated at 2% each year), benefit increases (estimated at 5% each year), as well as inflation of the cost of goods and services (estimated at 1% each year). Operating requirements will change as the Strategic Plan activities continue, priorities are identified, and the appropriate level of staffing is determined. These changes will be reflected in subsequent LTFPs, as more information becomes known through the annual budget process and other decision making vehicles.

A. Beginning Fund Balance

The FY 2017-18 beginning fund balance utilized in the LTFP reflects the most recent audited ending fund balance per the CAFR for the fiscal year ending June 30, 2017. Beginning fund balance in future years is calculated based on projected revenue and expenditures for the prior year.

B. Revenue

The Commission is primarily funded through the Proposition 10 Tobacco Tax, 80% of which is distributed to the County Commissions based on their proportion of statewide births. Los Angeles County receives the greatest share, representing approximately 25-26% of the total County allocations. Although Proposition 10 tobacco tax revenue has been steadily decreasing since FY 2004-05, recent changes in legislation have resulted in a sudden one-time sharp decline in tobacco tax revenue for FY 2017-18, predicted to be roughly \$70.1 million based on the most recent May 2017 estimate from the State Department of Finance (DOF). This nearly 16.2% decrease in revenue from FY 2016-17 is primarily the effect of the first year implementation of Proposition 56, and is consistent with earlier estimates. Also consistent with the updated DOF projections is the continued decline of revenue in future years, which forecasts an average annual decline of approximately 3.8% in tobacco tax revenue after FY 2018-19. This continued decline is primarily due to declining sales of tobacco products, the decline in birth rates for Los Angeles County, and administrative fees assessed by the State Board of Equalization for the collection of tobacco taxes. In addition, staff will continue to monitor and assess the impacts of ongoing changes to the political landscape.

Interest earnings are projected based off of the average rate of return on anticipated cash balances for the first quarter of FY 2017-18 of 1.4%, with assumptions made for ongoing improving market conditions across the years reflected in the LTFP with a maximum rate of return of 1.75%. Interest earnings for FY 2017-18 are projected at approximately \$5.4 million. Lease revenue of approximately \$138,000 is also expected for FY 2017-18 grounded on the negotiated lease agreement for the preschool occupying space on the first floor of the Commission building. Based on the terms of the agreement, lease revenue is assumed to increase by a maximum of 2% per year across the timeframe covered by the LTFP. In addition, the Other Revenue category also includes IMPACT funding being received by First 5 LA from First 5 California, the bulk of which will be received in FY 2018-19 and FY 2019-20.

C. Program Expenditure Assumptions – 2015-2020 Strategic Plan Activities

Consistent with the approved 2015-2020 Strategic Plan, the baseline for current long-term projections is based on the assumption that the Commission will take a leadership role in robustly implementing the Plan's strategies to achieve the greatest impact. Refinement of the necessary

resource estimates will occur as implementation of the Plan's strategies and activities continues to move forward. There were a number of areas where the resource projections for 2015-2020 Strategic Plan activities were refined and decreased from the initial proposed estimates. These adjustments were based on year-to-date actual expenditure data and additional known information to support changes to resource requirements for those strategies and activities that are in the implementation phase and far along in the development phase. In addition, some resources not initially considered in the development of 2015-2020 Strategic Plan cost projections—such as funding received from First 5 California, as well as remaining unspent balances from legacy investments redirected to the fund balance—such as Childhood Obesity—were incorporated as part of this analysis. As implementation continues and further information becomes available, refined estimates will be incorporated into future updates of the LTFP. Although the LTFP is not the vehicle for updating the budget, additional staff analysis and recommendations will be brought to the Board for their action during the mid-year and annual budget processes.

The updated information that supported revisions to the expected trajectory of spending for the priority outcome areas resulted in fairly consistent levels of spending through FY 2020, with peak spending occurring in the final year of the Plan. These expenditure projections also reflect a greater overall decrease in spending for the Strategic Plan period than previously projected. For example, previous projections anticipated that spending in the Early Care & Education Systems (ECE) outcome area would be the highest in FY 2018-19 and FY 2019-20, while current projections shifted a little more spending in this area to FY 2019-20 with the other fiscal years remaining relatively consistent. For the Communities outcome area, current projections include shifting to a new support structure of the Best Start Community Partnerships beginning in the last quarter of FY 2017-18, as well as revised assumptions around costs related to community-specific resident engagement and continuation of the capacity-building community grants through the duration of the 2015-2020 Strategic Plan and into FY 2020-21 and FY 2021-22. Due to unknown variables pertaining to the next Strategic Plan, the assumptions for FY 2020-21 and FY 2021-22 are relatively consistent with projections for FY 2019-20.

Similarly, previous long-term projections showed anticipated peak Families outcome area spending occurring in the final two years of the LTFP. Current projections reflect the stabilization in expenditures over the course of the five-year LTFP, with the outcome area-specific costs continuing into FY 2021-22. Home Visiting is anticipating an increase in the number of clients served, and related cost, through FY 2019-20 when most sites are expected to reach enrollment capacity based on their staffing structure. Expenditures are projected to level out after FY 2019-20 and remain consistent through FY 2021-22.

Current Board policy is to provide home visiting services to both Best Start and non-Best Start families served by hospitals participating in the Welcome Baby (WB) program. As such, current projections assume that funding for the Universal Assessment of Newborn's (UAN) initiative, which supports non-Best Start families served by Welcome Baby hospitals, will continue beyond FY 2018-19, when the original allocation of resources is projected to be exhausted. Staff will come to the Board at a later date to discuss the updated projections for First 5 LA's home visiting investments, including a discussion of the sustainability strategies that are currently being evaluated.

D. Program Expenditure Assumptions – Legacy Investments

The expenditure projections contained in the LTFP were developed based on the following overarching assumptions:

- Fidelity to existing Commission-approved allocations and other funding decisions made by the Commission, with the exception of the Universal Assessment of Newborns (UAN). The current UAN allocation is enough to fund the program through FY 2018-19, at which point the allocation balance will be exhausted. As this program is integrated with the Strategic Plan – Families outcome area and reflects Board policy, projections for this legacy investment were built through FY 2021-22. This item will return to the Board during the annual budget process for Board consideration and action.
- Consistent with the Governance Guidelines, all initiatives and programs are assumed to end according to the Board-directed timeframe, with the exception of UAN, as noted above. For example, expenditure projections only include funding for the Children’s Dental Care initiative through June 2018, when the five-year initiative is scheduled to end. Should circumstances change, the annually updated LTFP will reflect the changes in accordance with revised board action.
- Ongoing funding for Legacy Investments that do not have an approved multi-year allocation is assumed to adhere to one of the following approaches:
 1. Funding is assumed for those legacy projects for which an amount was awarded to grantees or contractors via a multi-year award letter or strategic partnership agreement;
 2. All other funding is assumed to be in support of activities that align to and support the strategies and approaches detailed in the 2015-2020 Strategic Plan.

E. Program Expenditure Assumptions – Cross-Cutting and Support Investments

Similar to previous LTFPs, funding is assumed for a number of cross-cutting or “support” investments—such as Communications, Policy & Strategy, and Integration & Learning—that do not have committed multi-year allocations and support both legacy work and the new work of the organization. These investments represent strategic enabling activities to advance the priority outcome areas established in the 2015-2020 Strategic Plan, and reflect the Commission’s commitment to continuously learn and improve upon the efforts that the organization participates in and supports. Consistent with past Commission practice, the LTFP assumes that roughly 5% of estimated programmatic spending will be spent on integration and learning activities, while costs for communications/marketing and policy activities are projected based on either existing approved funding levels or specific activities planned for future fiscal years. Actual resource needs will be brought before the Board for approval through the annual Budget process.

F. Operating Expenditure Assumptions

The approved FY 2017-18 Operating Budget of \$21.6 million included assumptions related to staffing, salary and benefit costs, and other operating costs. The LTFP methodology assumes that operating costs will increase slightly each year due to standard salary increases (estimated at 2% each year), benefit increases (estimated at 5% each year), as well as inflation of the cost of goods and services (estimated at 1% each year).

Consistent to the prior year LTFP, this LTFP assumes an increase to the Commission’s annual administrative limit, which for FY 2017-18 is 8.99% of proposed spending. Based on current projections, the “administrative cap” is expected to increase by 1.93% to 10.92% in FY 2021-22. Although these limits represent an increase from prior years, First 5 LA still maintains one of the lowest administrative limit percentages among the First 5 county Commissions. Per adopted policy, administrative expenses are assumed to include all costs incurred in support of the general management and administration of the Commission for a common or joint purpose that benefits

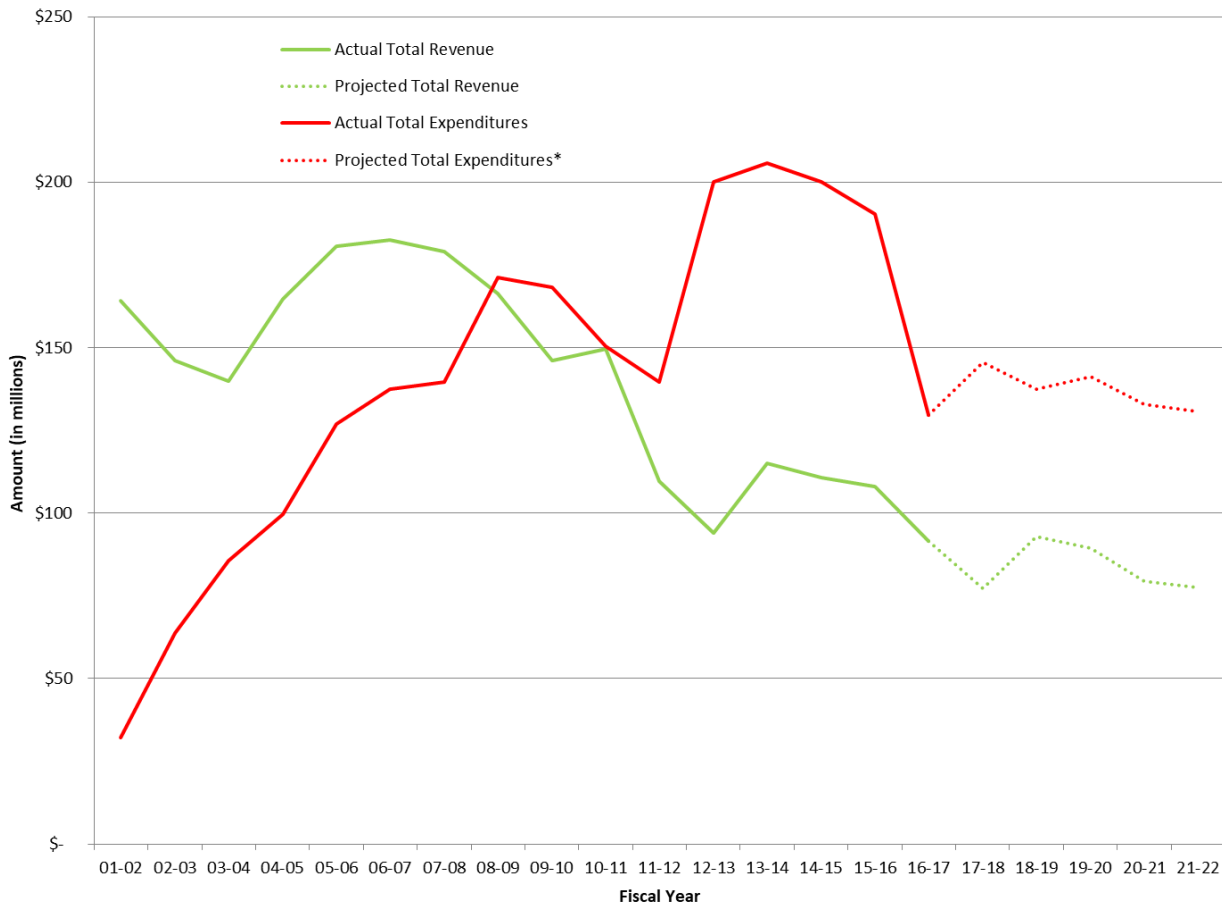
more than one cost objective (other than evaluation activities), and/or those costs not readily assignable to a specifically benefited cost objective. The LTFP assumes that the annual administrative limit will be approved each year by the Board through the annual budget process, in alignment to existing Board-approved policy.

IV. Analysis: The Multi-year Outlook

Consistent with previous years, the LTFP continues to show a picture of declining resources, including both incoming revenue and existing fund balance. As previous projections have demonstrated, this is primarily driven by the fact that spending continues to outpace revenue (as illustrated in *Chart 1* below), requiring the Commission to depend on existing fund balance to cover the difference.

The Commission’s primary source of revenue, Proposition 10 tobacco tax revenue, has been steadily decreasing since FY 2004-05, and is projected to decline an additional 9.06% by FY 2021-22, from the \$83.6 million received in FY 2016-17 to an estimated \$74.2 million for FY 2021-22. At the same time, expenditures had been steadily increasing through FY 2013-14, exceeding incoming revenue for the first time in FY 2008-09. More recently, as First 5 LA garners additional experience and continues to move in a direction toward sustainability and systems change, expenditures continue on a path toward alignment with revenues. This is made evident by the decline in expenditures in recent years. Commission expenses in FY 2016-17 totaled \$129.6 million, a 32% decrease from FY 2015-16 when expenses totaled \$190.3 million.

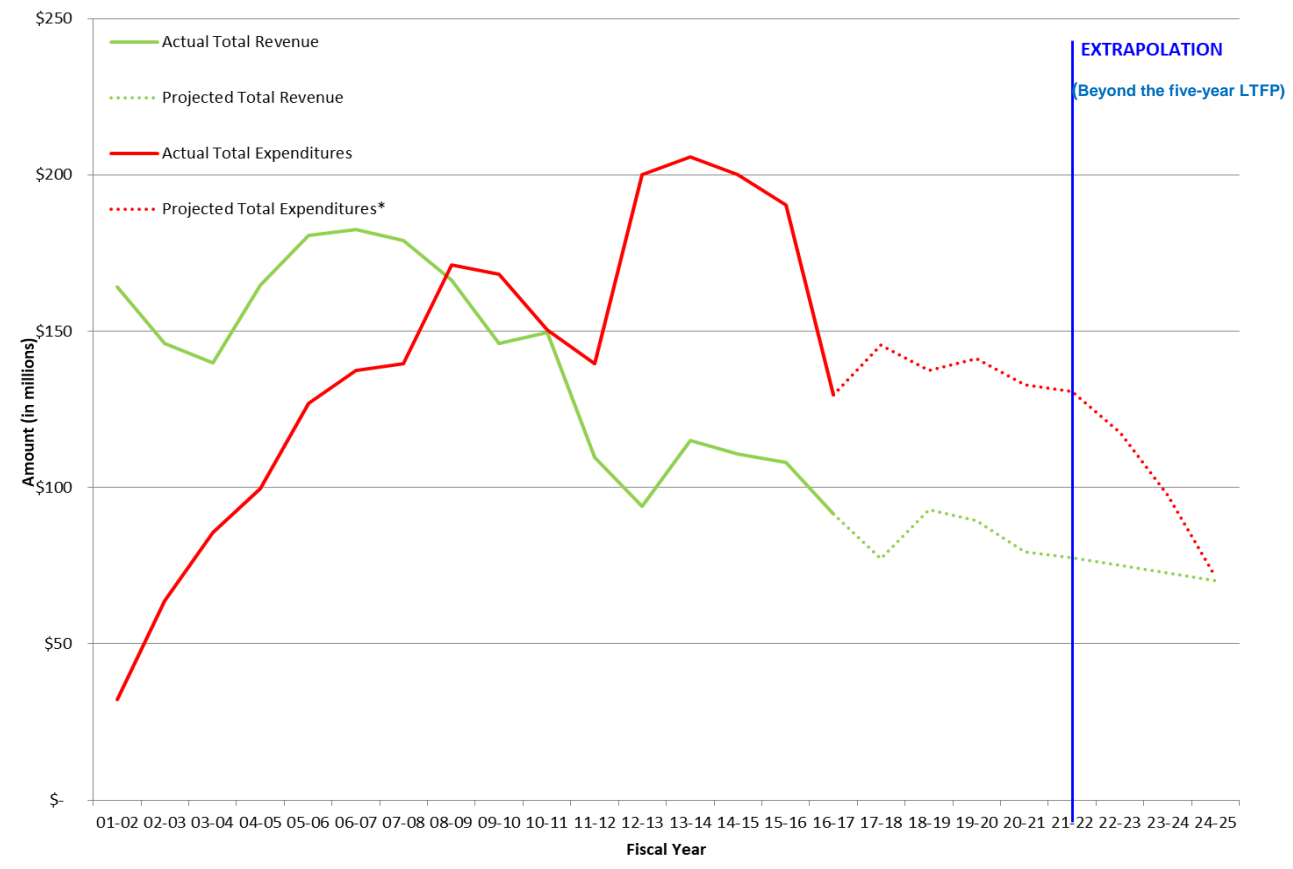
Chart 1: Revenue vs. Expenditures through FY 2021-22



As projected in the budget for FY 2017-18, spending is estimated to total more than \$145.6 million, or 108% above the estimated incoming tobacco tax revenue, an excess level of spending which results in a commensurate decline in fund balance. As previously indicated, and anticipated with the passage of Proposition 56, FY 2017-18 will reflect a sharp decline in revenue, however, this one-time decrease will be reversed in FY 2018-19 when revenue is increased in proportion to the FY 2017-18 decrease and resumes the standard level of decline, between 3 - 4% annually. The variance between projected revenue and expenditures results in a 64% decrease in fund balance from the July 1, 2017 beginning fund balance of \$422.1 million to \$150.5 million by June 30, 2022. Of this \$150.5 million, amounts would need to be set aside for subsequent fiscal year operating costs and the fund balance reserve, which is currently calculated as 25% of the projected annual fiscal year budget per Board-approved policy.

The necessary alignment of revenue and expenditures is not anticipated to occur until after FY 2024-25 (as illustrated in *Chart 2* below). This is driven by a combination of factors: 1) further decline in tobacco tax revenue, 2) continued spending in excess of revenue, utilizing existing fund balance to cover the difference; and 3) the approved policy governing the fund balance reserve, which requires the Commission to hold a portion of its fund balance each year in reserve, equivalent to 25% of planned annual spending. The current projection trends allow the organization the opportunity to gradually transition to a more sustainable spending portfolio, with the goal of steadily aligning annual spending with revenue.

Chart 2: Revenue vs. Expenditures through FY 2024-25



Even as the Commission moves farther into a Strategic Plan that places a greater emphasis on policy and systems change, it is important to note that just over half of incoming Proposition 10 tobacco tax revenue (\$197.9 million out of total estimated tax revenue of \$379.2 million) is projected to be spent through FY 2021-22 on the Commission's direct service investment in home visitation through the Welcome Baby and Select Home Visitation programs, including Universal Assessment of Newborns. Specifically, the LTFP projects that over the course of the next five years, these programs combined are forecasted to range from a high of 57% to a low of 47% of incoming tobacco tax revenue on an annual basis.

An additional year of strategic plan activities, actual data, and updated revenue and expenditure estimates resulted in changes in the current LTFP relative to previous long-term projections, as we continue to refine our anticipated expenditures. In particular, the current LTFP reflects slightly higher revenues overall, and lower expenditures than previous projections, resulting in a moderately higher estimated fund balance than previously forecasted. Staff will continue to monitor the changing environment and political landscape—both at the State and Federal level—and will evaluate the potential fiscal impacts to the organization triggered by items such as revenue-driven propositions at the State level or legislative decisions at the Federal level (e.g., changes to the Affordable Care Act).

Overall, the LTFP continues to demonstrate that the Commission cannot maintain the current rate of spending in the long run, and that the organization must continue to explore ways to transition to a more sustainable spending approach. Although the LTFP shows that resources are adequate in the short-term to cover existing obligations and projected spending, these declining resources must be considered carefully in the long-term. Based on the extrapolated data shown in Chart 2, the Commission is expected to continue spending in excess of incoming revenue based on current trends. First 5 LA's efforts to identify alternative revenue sources and to develop sustainability strategies for its investments – particularly home visiting – will be essential to our efforts to align incoming revenue with annual expenditures.

The LTFP indicates that existing and estimated future resources are sufficient to provide a transition period over the coming years for the Commission to gradually move toward a “live within our means” budgeting approach that places more reliance on incoming resources rather than fund balance to cover annual spending.

V. Summary

The LTFP is a tool for informing future strategic decisions that determine the future direction of the Commission, based on projected available resources. The LTFP highlights that spending continues to exceed revenue, placing demands on a diminishing fund balance. At the same time, the LTFP demonstrates the overall slower rate of decline in revenue and decrease in projected expenditures which result in a higher estimated fund balance than previously projected.

This analysis demonstrates that there is sufficient fund balance in the short-term to devise and support a transition to a more sustainable spending portfolio - one that places less reliance on existing fund balance and begins the process of aligning annual spending with annual revenue - over the course of the 2015-2020 Strategic Plan and in the years to follow. The steady cost projections reflected over the five-year period in this year's LTFP convey an experience and a deeper understanding of the fiscal requirements needed to successfully execute the Strategic Plan activities. First 5 LA's engagement in alternative revenue efforts and development of sustainability strategies for our major investment in home visitation reinforce the organization's commitment to responsible fiscal stewardship.

Staff will continue to monitor and assess the impacts of ongoing changes to the political landscape, such as state-level legislation or federal legislative changes, which can impact incoming revenue, as well as prospective sustainability strategies.

By balancing future investments with declining resources, the Commission has an opportunity to bring sharper focus to the directed areas of investment by aligning them in a manner that ensures sustainability. Coupled with the approved Governance Guidelines, this fiscal outlook should help to inform and provide parameters for any Commission decisions with a fiscal impact, ensuring that both existing and new funding commitments are sustainable and aligned with the 2015-2020 Strategic Plan.

DRAFT

First 5 LA
Long Term Financial Projection - Multi-Year Forecast Detail

Beginning Fund Balance as of July 1				\$ 422,139,017	\$ 353,737,860	\$ 308,991,428	\$ 257,130,821	\$ 203,846,901
Projected Revenue (by Fiscal Year)		FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
Proposition 10 Tax Allocations ¹				\$ 70,068,119	\$ 81,403,298	\$ 78,160,730	\$ 75,380,241	\$ 74,213,436
Other Revenue ²				1,758,608	6,180,773	6,183,577	145,925	148,843
Interest Earnings ³				5,393,384	5,194,525	4,910,602	3,998,568	3,073,609
Total Projected Revenue				\$ 77,220,111	\$ 92,778,596	\$ 89,254,909	\$ 79,524,733	\$ 77,435,888
Annual Program Demands	Commitment (June 30, 2017)⁴	ACTUAL FY 2015-16	ACTUAL FY 2016-17	Estimated Program Demands (by Fiscal Year)				
				FY 2017-18⁵	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22
2015-2020 STRATEGIC PLAN: FOCUSING FOR THE FUTURE (By Outcome Area)								
Families - Welcome Baby/Home Visitation	\$ -	\$ 27,429,035	\$ 24,917,893	\$ 29,526,000	\$ 28,012,109	\$ 28,984,524	\$ 28,984,524	\$ 28,984,524
Communities - Best Start Communities/New Activities	-	11,111,173	14,771,273	18,602,000	20,058,000	19,870,500	19,870,500	19,870,500
Early Care & Education Systems ⁶	27,057,248	234,207	17,296,089	22,046,471	20,822,400	28,413,841	24,302,205	22,200,000
Health-Related Systems	-	27,199	420,878	4,118,000	4,223,310	6,509,109	6,362,596	6,850,926
TOTAL 2015-2020 STRATEGIC PLAN (By Outcome Area)	\$ 27,057,248	\$ 38,801,614	\$ 57,406,133	\$ 74,292,471	\$ 73,115,819	\$ 83,777,974	\$ 79,519,825	\$ 77,905,950
LEGACY INVESTMENTS								
At-Risk Fathers Investment ⁷	\$ 530,033			\$ 314,000	\$ 155,501	\$ 60,532	\$ -	\$ -
Baby Friendly Hospitals ⁸	23,544,961			457,000	250,000	-	-	-
Black Infant Health	4,835,690			2,572,936	2,262,754	-	-	-
Children's Dental Care	12,158,040			7,217,000	-	-	-	-
Children's Vision Care	195,952			195,952	-	-	-	-
Data Partnership with Funders	1,508,121			850,000	658,121	-	-	-
Early Identification and Intervention of Autism	1,312,665			884,000	-	-	-	-
Healthy Food Access	776,605			-	-	-	-	-
Healthy Kids - Advance to LA Care ⁹	7,983,209			-	-	-	-	-
Information Resource & Referral ¹⁰	1,240,000			1,240,000	1,240,000	-	-	-
Little by Little/One Step Ahead	18,901,074			3,979,000	3,500,000	3,500,000	3,100,000	3,100,000
Oral Health & Nutrition - Dental Home - Advance to UCLA	704,300			-	-	-	-	-
Parent-Child Interaction Therapy	9,472,812			3,943,000	1,323,768	1,692,799	1,017,799	-
Policy Advocacy Fund	-			310,000	-	-	-	-
Reducing Childhood Obesity	455,545			-	-	-	-	-
Workforce Development	-			542,000	-	-	-	-
Universal Assessment of Newborns ¹¹	23,344,830			10,680,000	10,532,234	10,720,812	10,720,812	10,720,812
TOTAL LEGACY INVESTMENTS	\$ 106,963,837			\$ 33,184,888	\$ 19,922,378	\$ 15,974,143	\$ 14,838,611	\$ 13,820,812
CROSS-CUTTING AND SUPPORT INVESTMENTS¹²								
Communications & Marketing	\$ -			\$ 6,044,000	\$ 6,044,000	\$ 6,044,000	\$ 6,044,000	\$ 6,044,000
Communications - Conference Funding	-			300,000	300,000	300,000	300,000	300,000
Policy Agenda/Advocacy	-			2,820,000	2,820,000	3,020,000	2,920,000	2,920,000
Strategic Partnership - Cross-Cutting Funder Partnership	-			660,000	660,000	660,000	538,000	538,000
Strategic Partnership - Grantmaking Memberships	-			42,000	42,000	42,000	47,000	47,000
Strategic Partnership - Organizational Capacity	-			200,000	-	-	-	-
Strategic Partnership - Partnership Development	-			250,000	250,000	250,000	250,000	250,000
Community Relations	-			174,000	498,260	498,260	498,260	498,260
County Partnerships	-			50,000	-	-	-	-
Policy & Strategy Emerging Opps	-			75,000	-	-	-	-
Integration & Learning	-			5,614,805	4,756,779	4,256,650	2,687,200	2,747,200
TOTAL CROSS-CUTTING AND SUPPORT INVESTMENTS	\$ -		\$ -	\$ 16,229,805	\$ 15,371,039	\$ 15,070,910	\$ 13,284,460	\$ 13,344,460
EMERGING OPPORTUNITIES¹³								
					2,000,000	2,000,000	2,000,000	2,000,000
TOTAL ESTIMATED PROGRAM DEMANDS		\$ 172,857,648	\$ 110,928,103	\$ 123,707,164	\$ 110,409,236	\$ 116,823,027	\$ 109,642,896	\$ 107,071,222
Estimated Operating Expenditures ¹⁴		\$ 17,134,003	\$ 18,627,620	\$ 21,614,104	\$ 22,115,792	\$ 22,632,813	\$ 23,165,757	\$ 23,715,240
Capital Improvement Fund Expenditures ¹⁵	\$ 6,959,676			\$ 300,000	\$ 5,000,000	\$ 1,659,676		
TOTAL ESTIMATED SPENDING		\$ 189,991,651	\$ 129,555,723	\$ 145,621,268	\$ 137,525,028	\$ 141,115,516	\$ 132,808,653	\$ 130,786,462
TOTAL ESTIMATED SPENDING IN EXCESS OF REVENUES		\$ 189,991,651	\$ 129,555,723	\$ 68,401,157	\$ 44,746,432	\$ 51,860,607	\$ 53,283,920	\$ 53,350,574
PROJECTED ENDING FUND BALANCE				\$ 353,737,860	\$ 308,991,428	\$ 257,130,821	\$ 203,846,901	\$ 150,496,327
Total Estimated Commitments Remaining (as of June 30)	\$ 125,333,576			\$ 80,398,688	\$ 48,216,310	\$ 18,742,167	\$ 1,587,351	\$ (12,233,461)
Total Estimated Advances Remaining (as of June 30)	\$ 8,687,509			\$ 8,687,509	\$ 8,687,509	\$ 8,687,509	\$ 8,687,509	\$ 8,687,509
Fund Balance Reserve¹⁶				\$ 36,405,317	\$ 34,381,257	\$ 35,278,879	\$ 33,202,163	\$ 32,696,616

Footnotes to the Long Term Financial Projection – Multi-Year Forecast Detail:

1. Proposition 10 tax revenue projections were updated based on the most recent forecast provided by the California Department of Finance (DOF): "First 5 California County Tax Revenue Projections for FY 2016-17 through 2021-22" (Updated 7/28/17 Utilizing DOF May Revise 2017 Tobacco Tax Projections and DOF Birth Projections for California State and Counties 1970-2023).
2. Other Revenue includes lease revenue based on the negotiated lease agreement for the preschool occupying space on the first floor of the Commission building. Based on the terms of the agreement, lease revenue is assumed to increase by a maximum of 2% per year across the timeframe covered by the LTFP. This revenue category also includes IMPACT funding being received by First 5 LA from First 5 California, the bulk of which will be received in FY 2018-19 and FY 2019-20.
3. Estimated interest rates were based off of the average rate for the first quarter of FY 2017-18 of 1.4%. Due to improving market conditions, an estimated rate of 1.4% was utilized for FY 2017-18 to project interest earnings on available cash balances, with the rate increasing by 0.18% in FY 2018-19 and 0.17% in FY 2019-20 for a maximum of 1.75% through FY 2021-22.
4. Allocation and advance balances were updated based on the Comprehensive Annual Financial Report (CAFR) for the fiscal year ending June 30, 2017. Any exceptions are specifically noted below.
5. FY 2017-18 expenditure projections are based on the FY 2017-18 Budget approved June 8, 2017, except where updated information was available to adequately support a change. Any changes will be incorporated formally during the mid-year adjustment to the FY 2017-18 Budget presented to the Board for approval in the spring of 2018.
6. The resource estimates included for the Early Care & Education Systems outcome area include the spending down of remaining balances previously allocated for both Los Angeles Universal Preschool (LAUP) and the ECE Workforce Consortium, as approved by the Board.
7. It is anticipated that the At-Risk Fathers Investment will require additional resources that exceed the current (allocation) and extend beyond the life of project allocation scheduled to end in FY 2019-20. These additional resources will be represented in the next LTFP, as more information becomes available.
8. The Baby Friendly Hospitals initiative draws down from an allocation previously referred to as "Best Start LA". All other programs funded through this allocation have ended. Costs for Baby Friendly Hospitals beyond FY 2018-19 represent the completion of existing obligations to current grantees and contractors.
9. As of June 30, 2017, LA Care has a remaining balance of approximately \$8.0 million of the original advanced in FY 2012-13. LA Care will be returning the funds to First 5 LA as soon as the reconciliation process has been completed.
10. Information Resource & Referral costs represent the approved extension of the existing relationship with the Information and Referral Federation of Los Angeles County, Inc. ("211 LA County") through June 30, 2018. Costs are also included for FY 2018-19 as staff anticipate a one-year extension based on recent developments and information. Any changes to the existing contract will be presented to the Board for approval.

11. Universal Assessment of Newborns is fundamentally linked to the Welcome Baby program, with both programs currently funded through single contracts with provider hospitals. However, the Universal Assessment of Newborns initiative was initially approved as a 5-year initiative with a discrete multi-year allocation. The remaining allocation balance, just over \$23 million, is enough to support costs through FY 2018-19, at which point the allocation balance will be exhausted. The spending estimate for FY 2019-20 is only enough to cover roughly two months of costs for this initiative. As the Strategic Plan – Families Welcome Baby program is projected to continue through the current LTFP period, resources required to support this legacy program, in alignment with the Families Welcome Baby program, were built in to the projections.
12. Funding is assumed for a number of cross-cutting or “support” investments that do not have committed multi-year allocations. These costs may support both legacy work (as we continue to learn from past investments) and the 2015-2020 Strategic Plan activities. Although multi-year funding commitments have not been explicitly made by the Commission, estimated costs were included because these investments represent key approaches for the Commission to advance the priority outcome areas established in the Strategic Plan. In addition, these resources also reflect the Commission’s commitment to continuously learn and improve upon the efforts that the organization participates in and supports.
13. Resources needed to respond to emerging needs or unanticipated opportunities when identified to align with the organizational direction and strategic plan were budgeted within the projects in FY 2017-18. FY 2017-18 Emerging Opportunities totaled \$2,068,000. An even \$2 million per fiscal year is included as part of the cost projections for the remainder of the five-year period under review.
14. The methodology for operating costs assumes that costs will increase slightly each year due to standard salary (estimated at 2% each year), benefit (estimated at 5% each year), as well as inflation of the cost of goods and services (estimated at 1% each year). Staff recognizes that operating requirements will change as the Strategic Plan activities continue, priorities are identified, and the appropriate level of staffing is determined. This will allow the organization to shift to a revised operating structure that best supports the work of the Commission moving forward.
15. Expenditures against the Capital Project Fund allocation approved for creation on June 8, 2017, are anticipated to commence in FY 2017-18, with the bulk of costs projected to be incurred in FY 2018-19. At this time, it is projected that the fund in the amount of \$6,959,676 will be exhausted by June 30, 2020. The Capital Project Fund expenditure plan will be presented to the Board for approval in FY 2017-18.
16. The fund balance reserve is calculated as 25% of estimated spending for the fiscal year, consistent with Board-approved policy.

Long Term Financial Projection

FY 2018-2022

Special Commission/Program
& Planning Committee
Meeting
January 25, 2018



Agenda

- Overview and Purpose
- Assumptions
- Highlights
- Key Takeaways
- Summary
- Next Steps

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LTFP: Overview

- Goal of the LTFP: To aid in the Commission's financial stewardship role by providing a framework that shows the long-term implications of funding decisions.
- LTFP is a multi-year forecast—not a spending plan—that includes: revenue, fund balance, program commitments and expenditure projections, and operating expenses.
- The LTFP is presented to the Board to provide fiscal context for the organization, not as a vehicle to make policy decisions.
- Forecast period of FY 2018 – 2022, two years beyond the 2015-2020 Strategic Plan.

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Assumptions

- Projections assume fidelity to allocations and other funding decisions made by the Commission.
 - Any unspent funding from multi-year allocations will remain committed, pending Board action.
- Current projections assume that funding for the Universal Assessment of Newborn's (UAN) initiative will continue beyond FY 2018-19, when the original allocation of resources is projected to be exhausted.
- Strategic Plan cost estimates were revised where additional information was available.
- Spending levels for FY 2020-21 and FY 2021-22 are assumed to remain relatively consistent with FY 2019-20.
- Operating expenses increase slightly based on standard salary/benefit increases and inflation.

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Highlights: Revenue & Expenditures

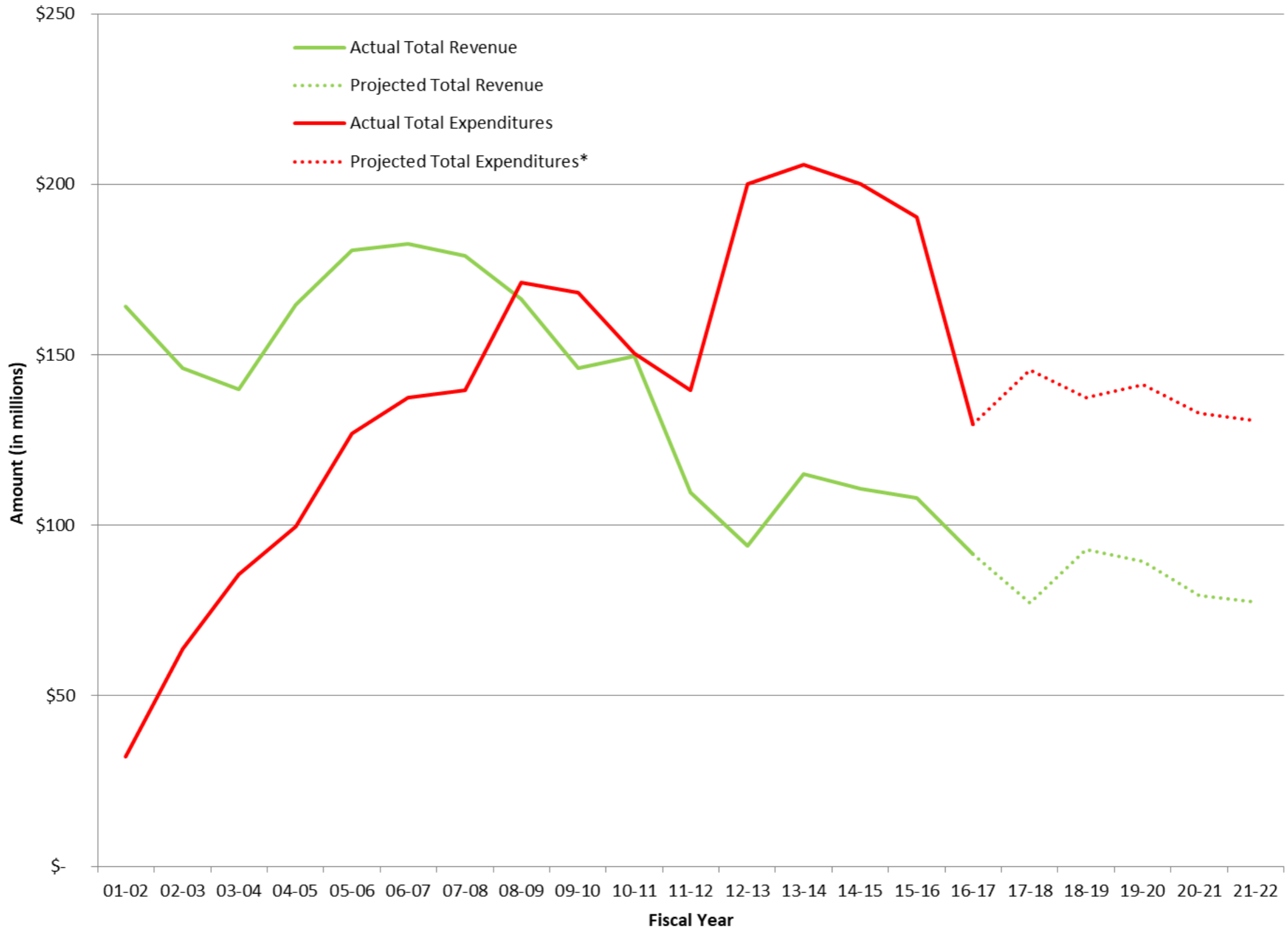
Revenue: Proposition 10 tax revenue is projected to decline by 9.06% by FY 2021-22, from \$83.6 million (FY 2016-17) to \$74.2 million (FY 2020-21).

Expenditures:

- Annual spending began to exceed revenue in FY 2008-09.
- In FY 2016-17, expenditures of \$129.6 million represented a 31.74% decrease from \$190.3 million in FY 2015-16.
- In FY 2017-18, spending is estimated to be \$145.6 million and remain above \$130.0 million through FY 2021-22, further reducing fund balance.
- Over the course of the 5 years covered by the LTFP, more than half of incoming tobacco tax revenue is projected to be spent on the Commission's direct service investments in home visiting.

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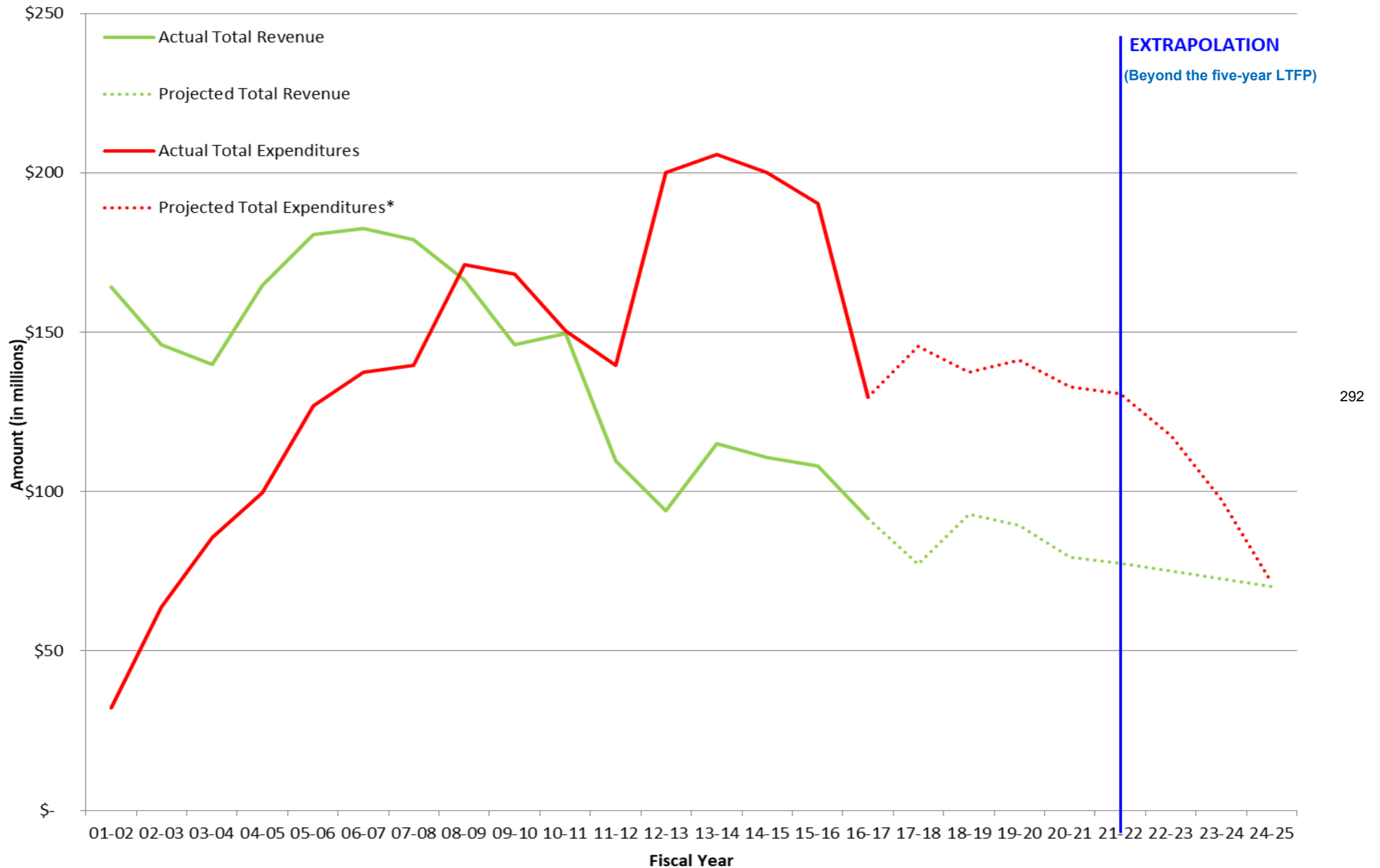
Revenue & Expenditure Projections



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* Expenditure projections assume that the Commission does not spend the reserve each year.

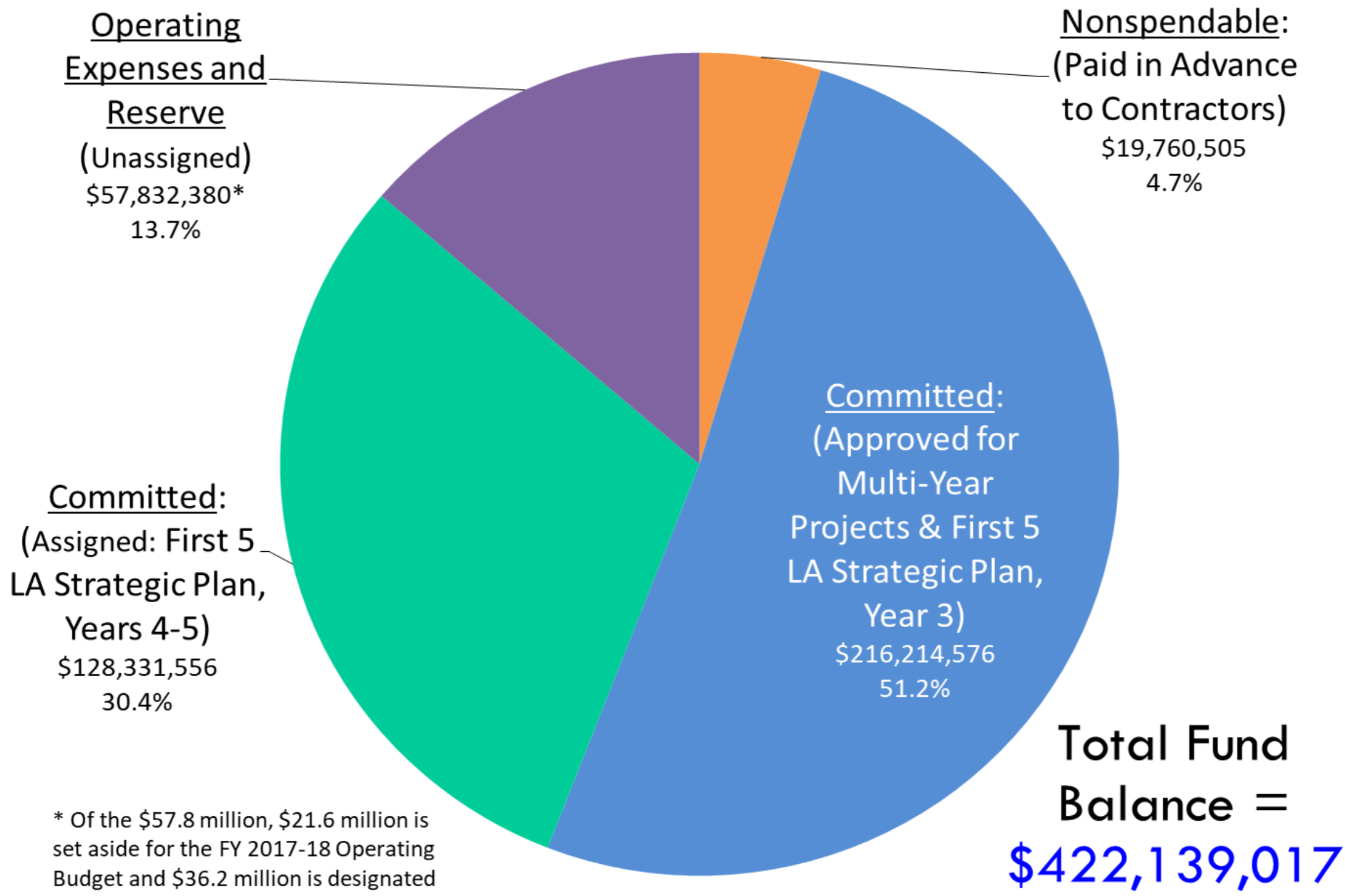
Revenue & Expenditure Projections (Extrapolated)



292

* Expenditure projections assume that the Commission does not spend the reserve each year.

Fund Balance (6/30/2017): 100% Board Dedicated



* Of the \$57.8 million, \$21.6 million is set aside for the FY 2017-18 Operating Budget and \$36.2 million is designated for the Reserve (25% of fiscal year budget).

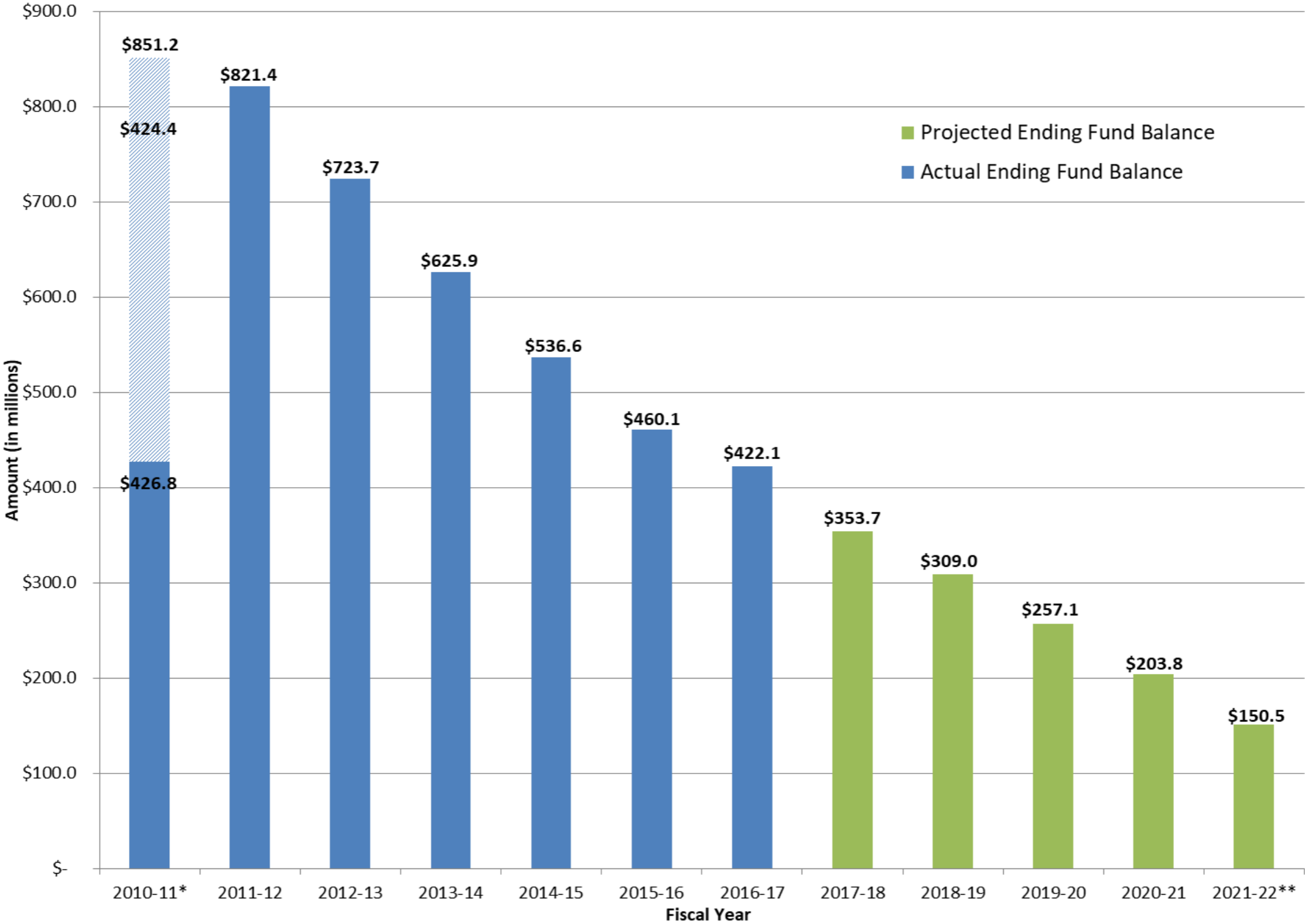
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Highlights: Fund Balance

- July 2017 beginning fund balance was \$422.1 million, of which \$216.2 million, or 51.2%, was committed to approved multi-year allocations, advances to contractors/grantees, and FY 2017-18 appropriations.
- Total fund balance is projected to decrease by 64% by June 2022, from \$422.1 million in July 2017 to \$150.5 million by June 2022.
- The \$150.5 million would need to account for FY 2022-23 operating costs, the fund balance reserve, and unspent multi-year committed allocations.

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Fund Balance: Future Outlook



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* The FY 2010-11 fund balance was lower due to an AB 99 liability of \$424.39 million, which was returned to net assets in FY 2011-12.
 ** Funds must be available from this balance to support operating costs and maintain a fund balance reserve for FY 2021-22.

Key Takeaways

- Lower than anticipated spending in FY 2016-17 resulted in a higher FY 2017-18 beginning fund balance than previously expected.
- Compared to previous projections, the current LTFP shows higher revenues, lower anticipated expenditures, and an overall higher fund balance.
- An additional year of actual spending data and implementation produced revised projections for the four Outcome Areas that exhibit lower than anticipated levels of spending by June 30, 2020
 - Staff will provide additional detail in the FY 2018-19 Budget and will continue to revise resource estimates and update the Board as program implementation continues and more is known

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Conclusion

- LTFP shows spending continuing to exceed revenue, placing demands on the diminishing fund balance.
- Resources are adequate to cover existing obligations and projected spending through the course of the 2015-2020 Strategic Plan, providing the Commission with the opportunity to gradually transition to a more sustainable spending portfolio with the goal of aligning annual spending with revenue.
- In the short-term, the Commission must adhere to the Governance Guidelines relative to expiring initiatives and the efficiency & cost effectiveness of the 2015-2020 Strategic Plan strategies to reflect First 5 LA's fiscal reality.

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Conclusion

- Staff will continue to monitor the changing political landscape—both at the State and Federal levels—which will likely have implications for incoming revenue, as well as feasible sustainability strategies.
- First 5 LA is actively engaged in alternative revenue generation efforts and sustainability strategy development for its major investments, given declining revenue forecast. The work has focused on programs that are significantly reliant on First 5 funding and on new initiatives. Strategies include:
 - 1) Diversifying funding - Engaging county partners to support common priorities
 - 2) Leveraging Federal funds - Maximizing opportunities to drawdown Federal funds (MAA/TCM) and entitlement benefits
 - 3) Continued advocacy work at the State level - e.g., first time Home Visiting is included in the Governor's budget

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Next Steps

- LTFP will be presented to the Commission on February 8th as an informational item and will return to the Commission for action on March 8th as an item on Consent
- Staff will finalize mid-year budget adjustments to the FY 2017-18 Budget, to be shared with B&F before it is presented to the Commission on March 8th as an informational item
- Staff will return to the Commission in the near future to present revised long-term projections for the Home Visiting investments, with a focus on program and sustainability strategies

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Any
Questions?



Policy Updates

Becca Patton and Charna
Martin

January 25, 2018



First5LA.org

Discussion Goals

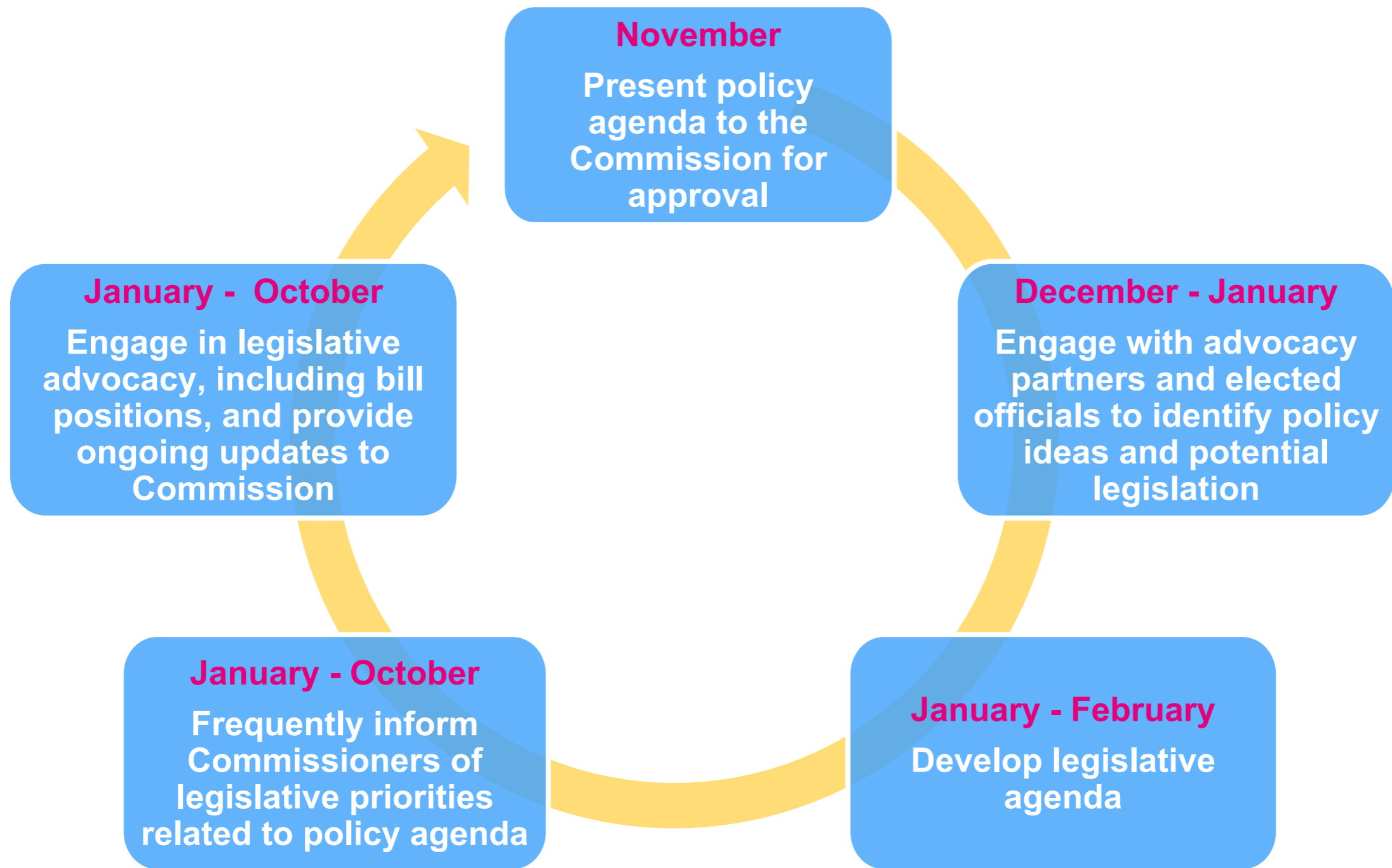
- Highlight strategic plan alignment and collaboration
- Share emerging information
- Solicit feedback to guide future policy direction

Policy Agenda

- Strengthen systems and services that promote the well-being of families.
- Promote parents and communities as critical voices in policy and systems change.
- Expand access to affordable, quality early care and education for all children in LA County.
- Improve systems to support the optimal development of all children through the earliest screenings, interventions, and connections to family-centered services.

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Legislative Engagement Process



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Early Care and Education

Federal

- Child Care for Working Families Act

State

- Governor's budget
- State ECE Coalition: Infant and Toddler access
- AB 605
- Preschool bills to influence:
- AB 1754 – universal preschool for low-income 4 year old's
- SB 837 – universal Transitional Kindergarten for all 4 year old's

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Assembly Bill 605 (Support)

- Creates an Integrated Child Care Center License for child care centers serving children from birth through Kindergarten entrance
- January 9, 2018 – Assembly Human Services
- January 18, 2018 – Assembly Appropriations

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Health-Related Systems and Family Strengthening

Federal

- Children's Health Insurance Program
- Maternal Infant Early Childhood Home Visiting Program

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State

- Department of Health Care Services Focus Study
- Budget proposal: CalWORKS Home Visiting Initiative
- Assembly Bill 11
- Assembly Bill 992

Assembly Bill 11 - Support

- Requires EPSDT screenings to:
- Include a validated developmental screening tool
- Follow the periodicity schedule established by the American Academy of Pediatrics (AAP)
- Codifying existing guidelines
- January 9, 2018 - Assembly Health
- January 18, 2018 – Assembly Appropriations

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Additional Activities

- Advocacy Days
- First 5 Legislative Agenda
- Policymaker relationships
- Board of Equalization / Tobacco Tax revenue

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2018 Priorities

- Advance coordinated First 5 Policy Agenda
- Building stronger alliances with early childhood partners and California influencers
- Advancing family support priorities
- Protecting First 5 revenues and identifying opportunities to increase funding for early childhood services

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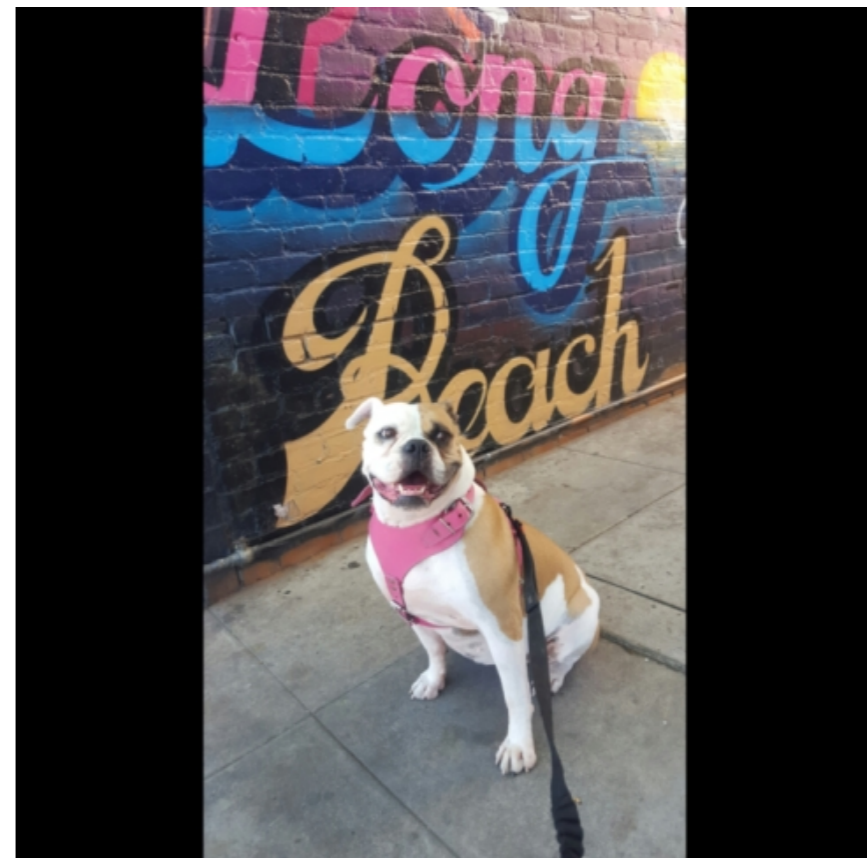
Next Steps

- Legislative advocacy
- Advocacy Day follow-up meetings
- Coalition meetings and coordinated advocacy efforts 311
- Policy monitoring, briefings, and reports
- Policy development

Policy Department Family



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First 5 LA

SUBJECT:

Overview of the Early Childhood Educator Competencies Initiative.

BACKGROUND:

The quality of early learning programs for children is intrinsically connected to the early care and education (ECE) workforce. Numerous studies have cited how members of the ECE workforce who are more educated and have specialized training not only provide children with better quality care, but the children in their care have been found to make greater child development gains than their counterparts. A key to enhancing the quality of the early care and education system lies in supporting the preparation and professional development of the workforce and The California Early Childhood Education Competencies provide a set of common standards to guide professional development. Developed collaboratively by the California Department of Education and First 5 California, the California Early Childhood Educator Competencies (Competencies) describe the knowledge, skills, and dispositions that early childhood educators need to provide high-quality care and education to young children and their families. The Competencies provide a framework to enhance the early learning experiences of young children by strengthening the skill set of the early education workforce and professionalizing the field. Although the Competencies were established in 2011, the Competencies have yet to be embedded in the field as an everyday practice.

Before launching a strategy to address this issue, First 5 LA staff conducted extensive research, interviews and a stakeholder meeting to better understand the landscape around the Competencies. Since several other states have similar competencies, staff began their analysis by investigating how other states integrated their competencies into their local ECE professional development system. Also, staff conducted a number of interviews with Los Angeles County ECE professional development leaders, early education center directors, family child care center administrators and classroom teachers. In addition, staff convened ECE leaders from Resource and Referral agencies, professional development organizations, institutions of higher education and advocacy agencies to share their perspectives on the challenges and opportunities associated with embedding the Competencies in training programs. Key findings that emerged from this landscape analysis include the following:

- 1) There are various levels of understanding of the Competencies among professional development leaders.
- 2) There are limited professional development opportunities that link to the Competencies.
- 3) Training outside of the higher education system is usually delivered through Resource and Referral agencies or community-based organizations.
- 4) New training programs that incorporate the Competencies need to take into account the differences between center-based and family child care providers.
- 5) Existing training programs can be built upon to provide professional development that centers on the Competencies.
- 6) Competencies training should connect with broader efforts around ECE quality.

The findings of the landscape analysis laid a foundation for First 5 LA staff to design a Competencies-based ECE professional development initiative that is responsive to the needs of the ECE field.

First 5 LA's 2015-2020 strategic plan identifies improving access to and the quality of early care and education systems as one of its four priority outcome areas. One way that First 5 LA's ECE Outcome Area increases access to affordable, quality early care and education is by strengthening the professional development system for early care and education providers. Based on the landscape analysis that staff conducted on the Competencies, First 5 LA developed a plan to enhance the ECE workforce and professional development system through a project called the Early Childhood Educator Competencies Initiative. The goal of the Early Childhood Educator Competencies (Competencies) Initiative is to strengthen

the early learning professional development system by integrating the Competencies into Los Angeles County ECE training programs. The initiative will be rolled out in two phases:

- **Phase One - ECE Competencies Training and Technical Assistance Provider:**
The training and technical assistance provider will support participating ECE professional development organizations to enhance and align training efforts provided outside the higher education system. The provider will be selected through a competitive solicitation.
- **Phase Two - ECE Competencies Professional Development Grantees:**
Grantees will be selected through a competitive solicitation and will receive training and technical assistance to support embedding the Competencies in the ECE professional development system. In addition, the grantees will develop training programs that incorporate the Competencies and they will test their models with local early educators.

DISCUSSION:

A first step to incorporating the Competencies in the daily practices of early educators is to build a common understanding of the Competencies and their intersection with the ECE professional development system. To begin the work, First 5 LA released the Early Childhood Educator Competencies Training and Technical Assistance Request for Proposal in October 2017. Based on this open and competitive process, Child Care Alliance of Los Angeles was selected as the contractor in December 2017. The Child Care Alliance will develop and lead various training and technical assistance activities with ECE professional development leaders including a multiday training institute, coaching and a peer learning community. The Child Care Alliance will also develop an expansion plan to support the replication of the training and technical assistance efforts to additional ECE professional development leaders based on project successes and lessons learned. The overall initiative will be co-constructed by the Child Care Alliance of Los Angeles, the professional development grantees and First 5 LA. Training and Technical assistance will be intentional, taking into account the specific circumstances and unique needs of family child care providers and centers which are mainly served by the Resource and Referral agencies or other community-based organizations.

In spring 2018, First 5 LA will release a solicitation for the ECE Competencies professional development grants to support ECE leaders to take part in the project's training, technical assistance and peer learning community. First 5 LA anticipates selecting up to ten ECE professional development organizations whose lead staff from grantee agencies will participate in the project. The initiative will support a cadre of Los Angeles County ECE professional development leaders to strengthen their organization's training programs, identify opportunities to collaborate, connect and leverage resources in the current ECE professional development system around the Competencies. Lead staff will participate in a multiday training provided by the Child Care Alliance of Los Angeles. Once the training is completed, participants will receive ongoing support and technical assistance through June 2020, including the facilitation of a peer learning community. As an outcome of the project, participating ECE professional development organizations will incorporate the Early Childhood Educator Competencies into their existing training models and launch their refined training programs with Los Angeles County early educators.

NEXT STEPS:

As a next step, the contract with Child Care Alliance of Los Angeles to serve as the Early Childhood Educator Competencies Training and Technical Assistance provider is scheduled to be presented to the Board for consideration as part of the Contracts Consent Calendar at the First 5 LA Commission Meeting on March 8, 2018. If approved, the Child Care Alliance of Los Angeles will develop the training and technical assistance model for the Early Childhood Competencies Initiative. In spring 2018, First 5 LA staff plans to release a solicitation to select Los Angeles County ECE professional development organizations to participate in the project.

EARLY CHILDHOOD EDUCATOR COMPETENCIES INITIATIVE

Program and Planning Committee
January 25, 2018

Presented by
Gina Rodríguez and Debra Colman



Goals for Today

- Learn about the Early Childhood Educator Competencies Initiative and how it supports First 5 LA's strategic plan
- Explore how the Early Childhood Educator Competencies can strengthen the early care and education workforce

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Quality and the ECE Workforce

- Quality of early learning is intrinsically connected to the early care and education (ECE) workforce.
- Numerous studies have cited how members of the ECE workforce who are **more educated and have specialized training** provide children with **better quality care and children in their care make greater child development gains than their counterparts.**

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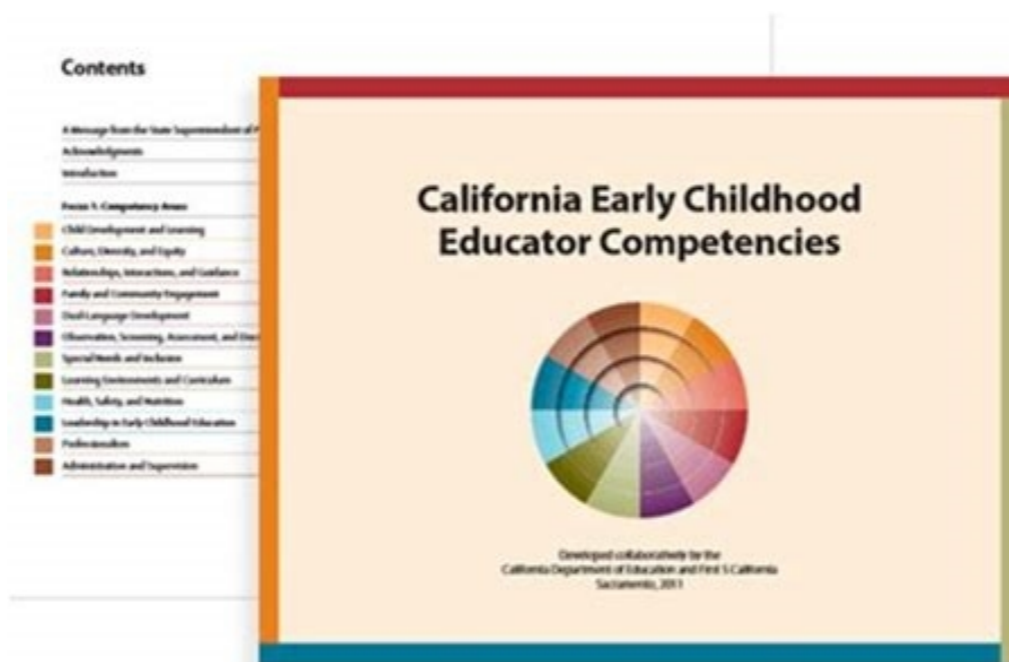


The California Early Childhood Educator Competencies

What are the Early Childhood Education Competencies (Competencies)?

- Knowledge, skills and dispositions that early educators need to provide high quality early care and education
- Developed collaboratively in 2011 by the California Department of Education and First 5 California
- Provide coherent structure and content for ECE professional development in California

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ECE Competencies Landscape

Landscape Analysis:

- Staff conducted extensive research on other states, held expert interviews and convened a stakeholder's meeting

Key Findings:

- Various levels of understanding of the Ca. Competencies
- Limited professional development linked to Competencies
- Training is often delivered through Resource and Referral agencies, as well as community-based organizations
- Need trainings geared for both centers and family child care
- Professional development on Competencies should build on existing trainings
- Competencies-based training should connect with broader efforts around ECE quality.

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Early Childhood Educator Initiative

Project Overview

First 5 LA's 2015-2020 Strategic Plan

- **ECE Systems Goal:**
 - Increase access to affordable, quality ECE
- **Strategy:**
 - Strengthen professional development system for ECE workforce
- **Project:**
 - Early Childhood Educator Competencies Initiative
 - **Project Goal:** Strengthen the early learning professional development system by integrating the Competencies into L.A. County ECE training programs
 - **Timeline:** March 2018 – June 2020

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Phases of the Initiative

Phase 1: Training and Technical Assistance Provider

- Selected through an open and competitive solicitation
- Provides training, coaching and learning community to participating ECE professional development agencies

Phase 2: ECE Competencies Professional Development Grantees

- Grantees will be selected through a competitive solicitation
- Up to 10 ECE professional development agencies to participate in the training and technical assistance
- Grantees will also embed the Competencies in their training programs and test their models with early educators.

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Systems Change Project Activities

Learn

Multiday Training Institute for ECE professional development agencies led by TA provider

Reflect

TA provider coaches ECE professional development agencies

Convene ECE professional development agencies in Peer Learning Community

Test

Organizations develop and pilot Competency - based training with early educators

Coaching and peer learning with ECE professional development agencies

Embed

Agencies refine trainings , conduct additional trainings and embed Competencies in ECE Professional Development System

Expansion plan created to bring program to additional ECE professional development agencies

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Timeline

- **October 2017** – Released Early Childhood Educator Competencies Training and Technical Assistance Request for Proposal
- **December 2017** - Child Care Alliance of Los Angeles selected as contractor
- **January 2018** – Presentation to First 5 LA Commission
- **March 2018** – Approval of contract with Child Care Alliance³²³ of Los Angeles
- **Spring 2018** – Release competitive solicitation for ECE professional development organizations to participate
- **Summer 2018** – ECE professional development organizations selected as grantees and activities begin
- **June 2020** – Project concludes

Next Steps

Spring 2018:

- Request for approval of the Child Care Alliance of Los Angeles Contract at the March First 5 LA Commission Meeting
- Develop the training and technical assistance model for the project.
- Release competitive solicitation to select ECE professional development organizations to participate in the project.

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Questions and Discussion



FIRST 5 LA

SUBJECT:

Request to Extend a Strategic Partnership with California Community Foundation (CCF), fiscal sponsor for the LA Partnership for Early Childhood Investment (LA PECHI) in the Amount of \$65,000 for a total project cost of \$125,000.

RECOMMENDATION (PROVIDED AS INFORMATION):

This memo is provided as information for the Board's consideration at the January 25, 2018 Special Commission/Program and Planning Committee Meeting. First 5 LA staff recommends that at the February 8, 2018 Commission meeting, the Board approve the extension of a Strategic Partnership with California Community Foundation (CCF), fiscal sponsor for the LA Partnership for Early Childhood Investment (LA PECHI) in the amount of \$65,000 for a total project cost of \$125,000. The funds have been included in the First 5 LA Fiscal Year 17-18 Programmatic Budget under the Families Strategy 1 – Home Visiting.

BACKGROUND:

On July 1, 2015, the Commission officially began implementation of the FY 2015-2020 Strategic Plan which prioritizes outcomes, strategies and investment areas involving families, early childhood education, communities, and health systems improvements. Within the Families Outcome area, the Commission has outlined two specific areas of priority focus, which include strengthening families by increasing protective factors and improving capacity of health and early care and education providers to engage parents/caregivers in supporting their child's development. The Strategic Plan also instills the importance of partnership with others. For this reason, First 5 LA is engaging in a variety of partnership-building activities with County agencies, philanthropic funders and other invested local and community leaders.

To this end, First 5 LA has supported the Los Angeles County Perinatal and Early Childhood Home Visitation Consortium (the Consortium) since 2015 to convene home visiting providers, leaders, and advocates to improve coordination, quality and advocacy efforts. The leadership of the Consortium includes LA Best Babies Network, the LA County Department of Public Health/Maternal, Child and Adolescent Health Division, First 5 LA and The LA Partnership for Early Childhood Investment (the Partnership). The Partnership and First 5 LA have been co-funders of the Consortium's efforts during this time. Key goals of the Consortium are to: 1) build working referral pathways among the multiple and varied home visiting programs across the County; 2) promote a well-trained and supported workforce; 3) collect and report data to understand, support and demonstrate collective impact; and, 4) elevate, promote and advocate for quality home visiting.

In 2014, the Consortium, in efforts to improve organizational structure, efficiency and define its strategic function, realized a need to secure a Facilitator to serve as "neutral convener" and to provide technical assistance to build the capacity of the Consortium to self-govern and maintain the level of efficacy required to implement its strategic plan. In 2015, the leadership team of the Consortium, through a Request for Proposals (RFP) process, contracted a Facilitator, who was tasked with initiating the strategic planning process. By 2016, the this strategic planning process was complete and several needs were identified for implementation in 2017, such as 1) building the capacity of the Consortium to successfully implement the adopted strategic plan, 2) strengthening the agency's leadership, and 3) providing critical expertise related to assessing the home visiting landscape (research, analysis and systems change support). In 2017, First 5 LA funded this project for \$60,000 from February-December 2017, along with the Partnership contribution of \$50,000. The contractor completed all stated deliverables in a successful manner.

In December 2016, a significant event occurred which changed the landscape of home visiting efforts in LA County. The County Board of Supervisors passed a motion which directed LA County Department of

Public Health as the lead, along with First 5 LA, the Consortium, the Office of Child Protection, Children's Data Network and several County agency partners to develop a plan to coordinate, enhance and expand home visiting countywide. Following this motion, the various partners mentioned above have been meeting as a working group on a bi-weekly basis in 2017 to develop the requested plan. It has been a highly involved and intensive process for all participants.

Due to the strong infrastructure developed and maintained by the Consortium, the agency is well positioned to participate on the working group and provide meaningful and unique contributions to the planning process. Their participation in the working group has also resulted in further strengthening of their partnership with the LA County Department of Public Health (DPH). As a key example of their contributions and strong relationship to DPH, to date the Consortium has successfully hosted two community sessions (on March 17, 2017 and January 16, 2018); each session bringing together nearly 100 home visiting providers, community based organizations and other key stakeholders with the primary aim of collecting community input on the home visiting motion planning efforts. The Consortium coalition structure and significant relationships with the home visiting provider network makes them a trusted entity and uniquely positioned to bring this community together. The Consortium leadership has also brought critical information into the planning process based on their strong relationship to the provider network and understanding of provider experiences, strengths and needs.

While the Board of Supervisors home visiting motion requested a plan by mid-2017, as planning efforts commenced, it became clear this process would likely extend into 2018. Therefore the extension of the strategic partnership and additional funding will provide support to the Consortium so that they can continue to participate fully on the Board motion planning group through the submission of the plan to the Board of Supervisors and continue to evolve as an entity in response to the changes in the landscape catalyzed by the board motion. While the agency adopted a strategic plan in 2016, implementation is an ongoing and evolving effort. In assessing the Consortium's needs in 2017, staff has identified that some continued support, at a reduced level will be beneficial. This support may extend to June, 2020.

Therefore, this is a request to extend a Strategic Partnership with California Community Foundation without a competitive solicitation in order to support the facilitation of the LA County Home Visiting Consortium for up to an additional 28 months through June 2020. This request will extend funding for this strategic partnership by \$65,000. In the first year, First 5 LA will contribute \$26,000 toward the \$52,000 total contract for the neutral convener/facilitator for March 1, 2018 - February 28, 2019. This represents an over 50% reduction in funding from the prior year. The Partnership will contribute the remaining \$26,000 to this contract. From March 1, 2019 - June 30, 2020, First 5 LA may contribute up to an additional \$39,000 to support the Consortium's work. The Year 1 amount was included in the Families Strategy 1-Home Visiting budget, approved by the Board in June, 2017. The additional amount for the subsequent time period will be included in the FY18-19 Families Strategy 1 - Home Visiting budget.

Pursuant to the Procurement Policy, Strategic Partners of \$75,000 or more in a fiscal year must be presented to the Board for approval. Staff is requesting an extension of a strategic partnership for an amount not to exceed \$65,000, for a total project cost of \$125,000, to comply with this policy. Section IV.5 of the Procurement Policy also states that contracts of \$75,000 or more requires Board approval prior to execution. Staff is seeking approval to execute a contract for the period of March 1, 2018 to February 28, 2019 for \$26,000.

GOVERNANCE GUIDELINES #5 AND #6 (SUSTAINABILITY AND LEVERAGING):

The Strategic Partnership with California Community Foundation will leverage funds from the LA Partnership for Early Childhood Investment during the first year of the contract. From March 1, 2018- February 28, 2019, First 5 LA will contribute \$26,000 toward the \$52,000 total contract for the Facilitator, with the Partnership contributing the remaining \$26,000.

In regards to sustainability, as mentioned above, the LA County Board of Supervisors passed a Home Visiting motion in December 2016 which significantly elevated the profile of home visiting as a holistic intervention to improve outcomes for families with young children countywide. The motion identified

several key priorities, one of which is to “identify a framework to maximize resources by leveraging available funding and where possible identify new and existing but not maximized revenue streams.” In short, the motion directs partners to identify a plan for sustainability of expanded home visiting efforts countywide.

The motion recognizes several partners, including First 5 LA and the Consortium, as essential partners in the home visiting field. The proposed Strategic Partnership, which focuses on capacity building and strengthening of the Consortium’s infrastructure, will allow the agency to maintain active participation on the motion working group, increase their visibility at the countywide level, strengthen their partnership with DPH and other County agencies, and further establish their role in the home visiting field. This in turn will strengthen their ability to cultivate partnerships and funding to sustain future efforts.

JUSTIFICATION:

This Strategic Partnership meets the criteria below:

- The Strategic Partnership can provide specific resources needed by First 5 LA to implement an approved program or initiative in a manner or on a scale that makes the Strategic Partnership more cost effective than resources provided through a competitive solicitation; or
- The Strategic Partnership can implement an approved program or initiative more expeditiously than resources provided through a competitive solicitation; or
- The Strategic Partnership can provide a demonstrated level of ability or expertise that is only available in the community through the proposed Strategic Partnership; or
- The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service.

AND

- The proposed Strategic Partnership is aligned with the adopted Strategic Plan.

The Strategic Partnership provides an opportunity to leverage First 5 LA funds to produce additional funding for the program or initiative or service. The Strategic Partnership allows First 5 LA to leverage funds from the Partnership to produce the additional support that will strengthen the Consortium. Through this action, the Partnership has positioned itself as a fellow stakeholder in the success of the Consortium, as home visiting is an established service modality with a staple of evidence based models available for replication and provision to families of young children. The Partnership shares First 5 LA’s vision of a system of early childhood development with home visiting as a foundational component.

In addition, establishing a Strategic Partnership is in the best interest of the Commission because supporting the LA County Home Visiting Consortium is an important opportunity for First 5 LA to continue to play a leadership role in developing the county’s home visiting system and programs, as well as ensure the collection of data about programs and enhance the ability to effectively advocate for the needs of LA County mothers, babies and families, in the context of home visiting and early childhood development.

The proposed Strategic Partnership is aligned with the adopted 2015-2020 Strategic Plan in the following ways:

- Supports First 5 LA’s goal of Families, particularly the strategy to lead testing, modification and scaling up of evidence based practices and programs that work directly with parents/caregivers

to increase family protective factors, with a primary focus on Welcome Baby and targeted home visiting models.

- The anchor activity of “advocate for public and private investments in Welcome Baby and evidence based home visiting is also supported by this project by strengthening LA County’s ability to collect quality data on home visiting programs implemented in the County, including First 5 LA supported home visiting programs such as Welcome Baby and intensive programs. Further, this year, the Consortium will continue to play a critical role as a key thought leader and member of the Los Angeles County Board of Supervisors motion working group. The motion working group was established in response to a 2016 Board motion directing key partners to coordinate, expand and advocate for high quality home visiting programs to serve more expectant and parenting families so that children are healthy, safe and ready to learn.
- The project also aligns to the Strategic Plan’s investment areas of research and development, public policy and advocacy, service delivery system improvement and community capacity building.

RECOMMENDATION:

This recommendation is to approve an extension of the Strategic Partnership with The California Community Foundation for an additional \$65,000 for a total project cost of \$125,000 for up to 28 months. Near the end of this period, the ongoing needs of the Consortium will be clearer and First 5 LA and/or the Partnership may choose to continue to support the Consortium’s development and coordination. The funds will be paid from Families Strategy 1 – Home Visiting budget. Due to the shared investment of the Los Angeles Partnership for Early Childhood Investment, this request qualifies as a Strategic Partnership for the reasons provided above.