California Proposition 64 marijuana tax revenues should invest in communities and programs that address individual and community trauma, which are root causes of substance use, through a culturally responsive, racially just, healing-centered and trauma-informed approach.

A healing-centered and trauma-informed approach:
» is a paradigm shift and pathway for organizational culture change necessary to reverse the repetition and recreation of trauma and to foster resilience and well-being.
» is a relational approach whereby a system, organization, or collaborative is centered on the collective healing and resilience of its community, staff, clients, or participants.
» leverages the Substance Abuse and Mental Health Services Administration’s (SAMHSA) concept and six principles for a trauma-informed approach and is aligned with best science on the need for and effective methods to prevent, address and heal from endemic levels of individual and community trauma.

If a practice or policy is not culturally responsive, and racially just, it is not healing-centered and trauma-informed.

To help ensure that the state of California responsibly and effectively funds substance abuse prevention, early intervention, and treatment with Proposition 64 revenue, there are four key categories that state government departments should require of both themselves and funded entities:

1. Relationship- and engagement-centered assessment, interventions, and healing
2. Training and capacity building
3. Cross-sector collaboration
4. Learning-centered innovation, measurement, and evaluation

1. RELATIONSHIP- AND ENGAGEMENT-CENTERED ASSESSMENT, INTERVENTIONS, AND HEALING

Compassionate, dependable, and trustworthy relationships that foster interpersonal and community connections re-establish healing and well-being as well as a sense of agency in addressing trauma. State departments should require that funded entities:
» 1.1 Prioritize relationships and community engagement as central to any effort;
» 1.2 Recruit and retain staff who reflect, and are known to, the communities they serve;
» 1.3 Implement trauma screening and assessment practices that are anchored in relationships and trust, assess resilience and well-being in addition to trauma history, are coordinated across agencies and providers, and used to develop a specific care plan; and
1.4 Implement evidence-based, promising, and/or community driven practices that help individuals and communities engage, cope with adversity, heal trauma, and thrive.

2. TRAINING AND CAPACITY BUILDING

A culturally responsive, racially just, healing-centered and trauma-informed approach also requires adequate and ongoing training and capacity for staff at all levels. State departments should:

- 2.1 Provide training and ongoing coaching and/or consultation on healing-centered and trauma-informed approaches to state departmental employees who work with trauma-impacted communities or organizations serving these communities;
- 2.2 Require that funded entities receive training and ongoing coaching and/or consultation to adopt and implement a healing-centered and trauma-informed approach;
- 2.3 Support and fund the development and retention of a community-based, healing-centered and trauma-informed workforce by providing job training opportunities, supporting diversity and inclusion in the workforce, and addressing barriers to workforce entry for populations disproportionately impacted by the war on drugs;
- 2.4 Fund local, community-based and tribal entities in communities harmed by the war on drugs, and provide additional support for these entities, where needed, to build and maintain the infrastructure needed to meet state requirements; and
- 2.5 Establish a state-level clearinghouse with resources and guidance on a healing-centered and trauma-informed approach.

3. CROSS-SECTOR COLLABORATION

Cross-sector collaboration is necessary to facilitate a coordinated response dedicated to healing and ending harm and ensuring health and racial equity as well as continuity of care. Cross-sector collaboration must be guided by local community stakeholders. State departments should:

- 3.1 Conduct an interdepartmental assessment to review how healing-centered and trauma-informed approaches are currently being used for substance abuse services;
- 3.2 Establish a plan to increase use of these approaches across sectors going forward; and
- 3.3 Require that funded entities collaborate with community members on programs, services, and identification of redundant or missing resources.

4. LEARNING-CENTERED INNOVATION, MEASUREMENT AND EVALUATION

In order to know what is working and where it is working, state departments should:

- 4.1 Support data collection and monitoring of county and local-level trauma, resilience, and well-being indicators;
- 4.2 Fund communication platforms and materials that make these data readily available to state and local stakeholders;
- 4.3 Fund the development of an “inquiry and evaluation model” that focuses on engaging vulnerable clients, centering their stories, and supporting communities to determine their own metrics for success;
- 4.4. Support funded entities to access, learn, and improve on the implementation of a healing-centered and trauma-informed approach using the inquiry and evaluation model above; and
- 4.5 Establish and fund learning cohorts to develop, evaluate and share innovative healing approaches.