TRAUMA AND RESILIENCY: A SYSTEMS CHANGE APPROACH

Year 2 Lessons and Potential Next Steps for the Los Angeles County Trauma and Resiliency-Informed Systems Change Initiative

August 2018
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APPRECIATIONS

Over the past year, we have engaged public system leaders and their partners to explore how to advance the movement for trauma and resiliency-informed systems change across Los Angeles County. We have learned so much from these conversations, and are grateful to all of the internal and external champions who have kept these conversations alive in the midst of myriad and at times overwhelming priorities.

Workgroup members have continued to provide essential guidance and direction for our work as they have shared their wisdom, passion, and hopes with us. Thank you for all you do every day.

To our funding partners—and especially Thomas Brewer, Jennifer Chheang, Tina Chinakarn, Pegah Faed, and Rosemary Veniegas—thank you for your continued partnership and enthusiasm for this exploration. We so look forward to our next steps together.

To all of you whom we have not yet met, who are already engaged or curious about how to engage in this movement: we hope this report and the work across Los Angeles County will bolster your own efforts to deepen this work across our county and beyond.

We are grateful to be on this journey with all of you.

—The Center for Collective Wisdom team
August 2018
INTRODUCTION

This report presents lessons learned and potential next steps from year two of the Center for Collective Wisdom's (C4CW) work to promote trauma and resiliency-informed systems change in Los Angeles County.

Made possible through generous funding from the California Community Foundation, First 5 LA, The California Endowment, and The Ralph M. Parsons Foundation, this year’s work builds upon a year-long environmental scan and stakeholder process we designed and conducted between October 2016 and June 2017. This first year of work—supported also by the Conrad N. Hilton Foundation—culminated in a final report, published in July 2017, that analyzed trauma and resiliency-informed systems change initiatives across the country, outlined potential strategies, and proposed a developmental framework for advancing the movement in Los Angeles County.1 We briefly review the year 1 lessons and recommendations in Section 1 of this report.

Over the past year, C4CW engaged leaders and partners from a wide array of public systems in Los Angeles County, exploring their commitment and capacity to pursue systems change efforts grounded in an orientation to trauma and resiliency.2 Section 2 describes the current reality we discovered through these conversations, and the animating questions that repeatedly arose when we asked how stakeholders could build upon their current work related to trauma and resiliency.

In Section 3, we share new lessons that emerged from our exploration this year. These lessons describe some of the challenges related to trauma and resiliency-informed systems change that became clearer over the course of the year, and explore a hypothesis about core competencies needed to successfully initiate and sustain such change. Section 4 outlines our recommendations for how to continue advancing this work across Los Angeles County in the coming year and beyond.

Finally, Attachment A lists the individuals who have participated in workgroup and related meetings over both years of the effort to date.

A BEGINNING REFLECTION AND INVITATION

Even as trauma-informed care gains traction and gathers adherents,3 a respectful critique of this orientation is also emerging. Dr. Shawn Ginright, Associate Professor of Education and African American Studies at San Francisco State University, gives voice to some aspects of this critique in an article reflecting on his experiences working with young people:

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While trauma informed care offers an important lens to support young people who have been harmed and emotionally injured, it also has its limitations. I first became aware of the limitations of the term “trauma informed care” during a healing circle I was leading with a group of African American young men. All of them had experienced some form of trauma ranging from sexual abuse, violence, homelessness, abandonment or all of the above. During one of our sessions, I explained the impact of stress and trauma on brain development and how trauma can influence emotional health. As I was explaining, one of the young men in the group named Marcus abruptly stopped me and said, “I am more than what happened to me, I’m not just my trauma.”

The term “trauma informed care” didn’t encompass the totality of his experience and focused only on his harm, injury and trauma. For Marcus, the term “trauma informed care” was akin to saying, you are the worst thing that ever happened to you. For me, I realized the term slipped into the murky water of deficit based, rather than asset driven strategies to support young people who have been harmed. Without careful consideration of the terms we use, we can create blind spots in our efforts to support young people.4

Dr. Ginright goes on to explain:

While the term trauma informed care is important, it is incomplete. First, trauma informed care correctly highlights the specific needs for individual young people who have exposure to trauma. However, current formulations of trauma informed care presume that the trauma is an individual experience, rather than a collective one. To illustrate this point, researchers have shown that children in high violence neighborhoods all display behavioral and psychological elements of trauma.

Second, trauma informed care requires that we treat trauma in people but provides very little insight into how we might address the root causes of trauma in neighborhoods, families, and schools. If trauma is collectively experienced, this means that we also have to consider the environmental context that caused the harm in the first place. By only treating the individual we only address half of the equation leaving the toxic systems, policies and practices neatly intact.

Third, the term trauma informed care runs the risk of focusing on the treatment of pathology (trauma), rather than fostering the possibility (well-being). … Just like the absence of disease doesn’t constitute health, nor the absence of violence constitute peace, the reduction of pathology (anxiety, anger, fear, sadness, distrust, triggers) doesn’t constitute well-being (hope, happiness, imagination, aspirations, trust).5

Similar observations helped evolve the focus of this effort in Los Angeles County to include both trauma and resiliency, and to explore how to support and amplify systems change rather than particular


5 Ibid.
trauma-informed care practices, as important as such practices can be. These reflections also underline the importance of the distinctions we draw between systems change and community change.⁶

As we have engaged in conversations and reflective inquiries with so many passionate individuals over the past year, in addition to focusing on what we are learning about trauma and resiliency-informed systems change, we have found ourselves asking more urgently, “What is being asked of all of us now to discover different ways to promote optimal health and wellbeing for all?”

That is, rather than seeing trauma and resiliency-informed systems change as the sole point, we understand this initiative as part of a broader inquiry about how all of us—together—are being called to effect a culture of health and wellbeing. This larger question feels of particular import given the increasing toxicity and polarization of the political and cultural environment across our country and beyond.

As you read this report, we invite you to hold this larger question in your awareness, and to be curious about what the data and reflections on these pages may inspire within you about your own work and calling in the world.

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1: Year 1 Review

During year 1 of the Los Angeles County Trauma and Resiliency-Informed Systems Change (LAC TRISC) initiative, C4CW distilled lessons from relevant system change efforts across the country, and outlined both a developmental framework and potential strategies to advance this work in Los Angeles County. This section briefly recounts the lessons and recommendations from the first year.

Why This Matters

A number of influential studies have supported and helped build the movement focused on healing trauma and strengthening resiliency within individuals, families, and communities. The 1998 Adverse Childhood Experiences (ACEs) study examined the impact of childhood abuse, neglect and other adverse experiences on health and wellbeing across a person’s life, revealing a significant correlation: the higher the number of ACEs an individual has, the higher the risk for a wide range of negative health outcomes.

The original ACEs 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.

A more recent report by the Center for Youth Wellness applied the ACEs framework to California residents. 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;
- Almost two times as likely to have cancer; and

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8 The study involved 17,000 predominantly white, older, college educated participants, all of whom had health insurance and had received physical exams.


10 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/n7hw36bjr3kf5x4ct9> 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).
Approximately 2 times as likely to report poor physical or mental health in the past 30 days, and that their poor health had prevented them from participating in their usual activities.\textsuperscript{11}

As compelling as the ACEs research is, it nevertheless 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 ten ACEs explored in these original studies. Some of these 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.

**DEFINING TRAUMA AND RESILIENCY**

Building on the work of the Substance Abuse and Mental Health Services Administration (SAMHSA)\textsuperscript{12} and incorporating reflections and feedback from workgroup participants, we 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.

And we developed the following definition for 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.

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. Our call, therefore, has been 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.

\textsuperscript{Ibid.}, pp. 2, 11.

**YEAR 1 LESSONS LEARNED**

The commitment of funders and stakeholders in this process has been 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.

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.”\(^\text{13}\)

Through the year 1 Environmental Scan, workgroup dialogues, and interviews with systems leaders, we distilled a number of lessons about how to create and sustain successful systems change efforts focused on trauma and resiliency. These lessons included:

- 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. 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 so that 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 being 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 summarized the final lesson discovered through the first year of this work 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 such efforts. These questions include:

- 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 among public systems 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, 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 suggests 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. 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, an emerging body of work is beginning to map the terrain of community trauma. Community change efforts to address historical trauma and/or to promote

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resiliency and other dimensions of community wellbeing require different forms of leadership, process designs, and engagement strategies than do systems efforts.

**A DEVELOPMENTAL FRAMEWORK**

Given a wide variation in understanding about what it means to be a trauma and resiliency-informed system, 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.

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. This framework builds upon several others—including the Missouri Model, the Philadelphia Framework, and SAMHSA’s framework for a Trauma-Informed Approach—and incorporated labels and definitions that, based on workgroup participants’ feedback, we evolved to be more relevant for efforts within Los Angeles County.

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**BECOMING TRAUMA AND RESILIENCY-INFORMED: 4 STAGES OF SYSTEMS’ DEVELOPMENT**

<table>
<thead>
<tr>
<th>Principles</th>
<th>Domains</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety • Trust and transparency • Peer support • Collaboration and mutuality • Voice, choice, and self-agency • Culturally, historically, and gender-identity appropriate</td>
<td>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 • Financing</td>
</tr>
</tbody>
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15 Missouri Model: A Developmental Framework for Trauma Informed, op. cit.
17 Substance Abuse and Mental Health Services Administration. SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, op. cit.
The framework is founded on six overarching principles, and unfolds through four ever-repeating stages as staff and stakeholders seek to embody the principles across ten implementation domains (domains in the diagram) within the organization or system.

Leaders, staff, and partners can use a more detailed version of the framework below 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.

### Becoming Trauma and Resiliency-Informed: 4 Stages of Systems’ Development

**Principles**
- Safety
- Trust and transparency
- Peer support
- Collaboration and mutuality
- Voice, choice, and self-agency
- Culturally, historically, and gender-identity appropriate

**Stage 1: Recognizing**
In this first stage of work, senior leaders and others are:
- Becoming aware of the research on trauma and resiliency, and its relevance to people served by the system and staff.
- Recognizing that addressing trauma and promoting resiliency are vital to improve the results for the people served by the system.

**Stage 2: Planning • Testing**
In this next stage, systems begin:
- Testing first applications—e.g., evidence-based practices in particular programs.
- Identifying and supporting champions for the work.
- Developing plans to integrate the guiding principles across all implementation domains.

**Stage 3: Committing**
Senior leaders formally commit to, and the organization undertakes, ongoing change work, including:
- Integrating the guiding principles across all implementation domains.
- Regularly assessing progress on becoming trauma and resiliency-informed and the impact of this work on system results.

**Stage 4: Nurturing • Adapting**
At this stage, staff and partners at all levels of the system are:
- Engaging in ongoing adaptation to live the principles across all implementation domains;
- Nurturing a trauma and resiliency-informed culture; and
- Supporting partners to make progress along this change continuum.

**Domains**
- 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
- Financing

### Potential Strategies

Grounded in a systems development perspective, we proposed four types of long-term strategies for consideration at the end of year 1:

- 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 that may also want to undertake this work.

- Strategies to nurture *cross-system learning and action*. These proposed actions promote interconnectedness among systems, and intentionally link systems and community change efforts focused on healing trauma and promoting resiliency.

- Strategies to promote *broad public 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.

As the funders of this exploration reflected on the lessons and recommended strategies from year 1, they invited C4CW to continue the exploration into a second year. The focus for this work was to engage leaders and partners from various county systems, both to promote understanding of the lessons and recommendations from the first year, and to explore their interest in undertaking a systems change initiative grounded in the developmental framework.

In Section 2, we describe aspects of the current reality we discovered during the second year of this initiative before turning to additional lessons learned and recommendations in Sections 3 and 4.
2: **CURRENT REALITY • ANIMATING QUESTIONS**

Over the course of this past year, the organizations and systems we engaged across Los Angeles County included:

- Center for Strategic Public Private Partnerships;
- Children and Families Commission;
- Downtown Women’s Center;
- Dr. Hershel Swinger Partnership Conference for Children and Families in Los Angeles County (keynote presentation);
- Empowerment Congress;
- First 5 LA Board of Commissioners;
- First 5 LA Communities Department and Best Start Communities;
- Home for Good Funders Collaborative;
- Inter-Agency Council on Child Abuse and Neglect (keynote presentation);
- Los Angeles County Board of Supervisors, Second District;
- Los Angeles County Board of Supervisors, Fourth District;
- Los Angeles County Department of Children and Families Services (LAC DCFS);
- Los Angeles County Department of Health Services Medical Hubs;
- Los Angeles County Department of Mental Health (LAC DMH);
- Los Angeles County Department of Parks and Recreation (LAC DPR);
- Los Angeles County Department of Public Health (LAC DPH);
- Los Angeles County Office of Child Protection;
- Los Angeles County Office of Education;
- Los Angeles Homeless Services Authority (LAHSA);
- Los Angeles Unified School District (LAUSD);
- Trauma Informed Long Beach; and
- UCLA Nathanson Family Resilience Center.

We also engaged several national efforts and organizations, including:

- ACEs Connection;
- Campaign for Grade-Level Reading;
- National Child Traumatic Stress Network; and
- The Robert Wood Johnson Foundation.

These conversations uncovered burgeoning interest across numerous systems in the exploration of trauma and resiliency. Many departments and systems are supporting conversations, presentations, and trainings for staff, partner agencies, and others to increase awareness and understanding of trauma and resiliency. Some are investing in building internal capacity to train their own staff and others in the fundamentals of trauma-informed care.

Despite this growing buzz and potential philanthropic support, no senior leadership team has yet committed to evolve a large-scale systems change initiative focused on trauma and resiliency. This reality does not, however, appear to suggest a lack of interest in deepening the work. While as yet unwilling to commit to large-scale systems change efforts, leaders and other stakeholders articulated two distinct questions when asked how they could build upon what they are already doing:
How do we move beyond trainings to a next level of commitment to heal trauma and build resiliency?

How do we connect systems and related community change efforts to improve our priority results?

As detailed below, these two questions reveal several nuances about the current reality, and point to potential opportunities for advancing trauma and resiliency-informed systems change in Los Angeles County.

MOVING BEYOND TRAINING

While no leadership team has yet embraced the developmental framework to guide their efforts on trauma and resiliency, many systems are nonetheless undertaking work outlined in Stage 1: Recognizing. Consistent with the developmental framework, senior leaders and others are clearly recognizing the importance of the research on trauma and resiliency and its relevance for their staff and for people served by the system. What is less clear, however, is whether senior leadership teams agree that addressing trauma and promoting resiliency are vital to improving results for the people served by their systems or organizations, an essential aspect of Stage 1 work.

The question ‘How do we effectively move beyond trainings?’ intimates a movement toward Stage 2 of the framework: Planning • Testing. Stage 2 is characterized by identifying and supporting champions for the work, developing plans to integrate the guiding principles across all implementation domains, and testing first applications—e.g., adopting evidence-based practices into particular programs.

Several systems are already engaged in work related to Stage 2. For example, LAC DMH clinics and contractors have adopted a number of trauma-informed practices. LAC DPH has initiated a Trauma Prevention Initiative in partnership with several communities. LAUSD is pursuing several efforts to create trauma-informed schools. What appears to be missing from these Stage 2 actions, however, is a conscious commitment by senior leadership teams to pursue these efforts strategically, to test out these approaches in support of a broader commitment to culture change within their systems.

That many senior leadership teams are reluctant, undecided, or puzzled about what to do beyond training could reflect a lack of commitment to this change agenda. Our assessment, however, is different: we believe that this reality reveals and reflects several shortcomings in the current articulation of the developmental framework.

We crafted the framework to help guide change efforts across multiple systems. While the four stages, and the multiple steps within each stage, may seem straightforward to an outside observer, how to make these steps and stages come alive within a given system is anything but.

Every system we engaged is already deeply enmeshed in one or more large-scale change efforts mandated by legislation, lawsuits, and/or Board of Supervisor directives. Moreover, a number of systems are experiencing both significant changes in senior leadership, profound external pressures, or both. Two brief examples are illustrative.

- LAUSD has just hired a new Superintendent. Beyond the uncertainty that such a change always creates, staff members described extraordinary levels of fear experienced by students.
and their families due to federal immigration policies, and the multiple school shootings across
the country.

- LAHSA and its contractors are navigating a tsunami of changes, struggling to immediately
expand their capacity to deliver hundreds of millions of dollars in new services amid constant
media coverage and high public expectations following the passage of Proposition HHH and
Measure H.\(^{18}\)

Given these and the many other complex—and system-distinct—realities we encountered, we now
hypothesize that implementing the developmental framework requires a more refined approach
tailored to each system. We further develop this insight in Sections 3 and 4 through our descriptions
of lessons learned and recommended next steps.

**CONNECTING SYSTEMS AND COMMUNITY CHANGE EFFORTS**

While leaders and stakeholders from almost every system asked the question ‘How do we move
beyond trainings?’, the second question—‘How do we connect systems and related community
change efforts to improve our priority results?’—arose from only a few contexts, including LAUSD,
the City of Long Beach, First 5 LA’s Best Start Communities, LAC DPH, and LAC DPR.

Improving professionally delivered, publicly funded services to address trauma and promote
resiliency is vital work, but there are at least two inherent limitations. First, regardless of how
efficient and effective these services are, the potential demand for these services almost always
exceeds the capacity to provide those services. That is, if we restrict our strategies only to delivering
professional services, there will be many individuals who will not be reached because budget and
staffing constraints will limit access.

Second, regardless of how caring and committed professional service providers are, for most
individuals, their healing and wellbeing require engagement with a community of support beyond
the caring relationships developed through professional services.\(^{19}\) Moreover, the effects of various
forms of collective trauma experienced within communities are beyond the capacity of most
professional services to address and heal, given that such services usually focus on individuals and
sometimes their families. Processes and rituals to engage and heal community-level trauma and
promote community resiliency must be collective, not just individual, and led by recognized
community leaders, not systems leaders or staff members.

Although systems leaders and staff cannot typically lead such community change efforts, they can
nonetheless play a vital role in supporting such processes, through funding, convening dialogues

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\(^{18}\) Proposition HHH, passed by city voters in November 2016, allocates over $1 billion to fund the construction of
thousands of permanent supportive housing units over the next 10 years. Measure H, passed by county voters in
March 2017, authorizes a quarter-cent sales tax increase to fund outreach, supportive, and prevention services for
people who are homeless. The measure is projected to raise over $3.5 billion over the next 10 years. <https://hilton-

\(^{19}\) 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*
with and among community leaders, and aligning their services to support and help amplify such community-led efforts as they emerge.

**IMPLICATIONS FOR FUTURE EFFORTS**

As we have noted, when leaders and stakeholders have not made a connection between trauma and resiliency-informed systems change and results they are committed to achieving, there is little impetus toward adopting the developmental framework. There may be substantial Recognizing activity within a system, but without an explicit connection to the system’s particular priority results, leaders and staff members may not have enough institutional justification to do more.

One implication of this discovery, explored in more detail in Section 4, is the need to refine the developmental framework to make it more practically relevant to each system that wants to deepen its trauma and resiliency work, beginning with creating a more explicit link to that system’s priority results.

Interestingly, however, when leaders and stakeholders we engaged during the year were wrestling with how to make progress toward priority results, they were not only interested in how to advance trauma and resiliency-informed systems change, but also in how to connect their systems change work to related community change efforts. That is, their response to the question of how to move beyond training included connecting community and systems change efforts in support of effecting priority results.

This discovery suggests a promising future inquiry about the relationship between these two questions. We more fully explore this possible inquiry in Section 4: Potential Next Steps.
3: YEAR 2 LESSONS LEARNED

A principal focus of our work over this past year was to discern the readiness and will of leaders and stakeholders to undertake trauma and resiliency-informed systems change. In the prior section, we described aspects of the current reality we discovered. In this section, we discuss a number of lessons and hypotheses that emerged from this exploration, including:

- The challenge of scaling up from clinical theories and practices into broader commitments for the workplace;
- The risk of this work becoming a fad;
- The importance of systems leaders explicitly committing to engaging interior dimensions of change; and
- The need for four core competencies within systems that want to undertake a trauma and resiliency-informed change effort.

THE CHALLENGE OF SCALING UP FROM CLINICAL THEORIES AND PRACTICES

Efforts to expand an organization’s focus on trauma and resiliency that we have researched often begin by adapting clinical theories and practices designed for people receiving services into workplace contexts. As important and well intentioned as such efforts are, they have the potential to create complexity and confusion among staff members.

For example, the reflexive adaptation of clinical language to assess staff members’ experiences in the workplace can suggest the need for individual treatment and self-care resources. If, on the other hand, the experiences of staff are understood as a collective response to workplace culture and policies, individual treatment and other resources may be insufficient, or even irrelevant for addressing the underlying causes of the distress. The adoption of such language can also subtly invite a practice of staff diagnosing other staff members, a problematic development even when staff members’ intentions are well meaning.

The debilitating symptoms variously assessed as vicarious trauma, secondary trauma, secondary traumatic stress, compassion fatigue, and burnout are real conditions suffered by staff members in education, health, mental health, and other human services organizations. The intention of this analysis is not to dismiss the seriousness of these conditions, but to highlight the complexity that can arise when adapting such clinical language within organizational contexts.

And, the challenges of addressing trauma and promoting resiliency within systems and organizations extend well beyond the potential maladaptive use of clinical language. The capacity for any system to sustain a complex change initiative depends on a range of organizational proficiencies: strategic


21 There is divergence about the precision and import of these distinctions. See, e.g., “Vicarious trauma, secondary traumatic stress or simply burnout?” <https://www.tandfonline.com/doi/abs/10.1080/00048670902721079>.
planning, organizational learning, financial management, change management, supporting staff wellbeing, and others. As one study observed: “…[W]hile the provision of a defined trauma-specific service is generally understood, defining how trauma principles are integrated into organizational culture is not.” Scaling up from a single practice or program to trauma and resiliency-informed systems change must be grounded in best practices of organizational development, helping systems to evolve a new way of working while also ensuring effective management of day-to-day imperatives.

Organizations must also plan for human resources and other potential challenges that may go well beyond those encountered when implementing a new clinical program or approach. For example, even the simple step of providing trauma and resiliency 101 training for all staff can generate deeply vulnerable responses among participants. These responses may then increase the risk for higher numbers of requests for vacation or sick leave, and confidential therapy sessions through employee assistance programs. They can also raise staff members’ expectations that managers will take greater responsibility for alleviating trauma and non-trauma related sources of stress within the workplace. Meeting these expectations will likely require a deeper commitment of time, focus, and resources from and for supervisors and senior leaders, and a willingness to develop the personal and organizational capacity to effectively engage such issues, beyond what might be expected from implementing a new treatment or program.

As a workgroup member noted: “Everyone is starting to talk about trauma and resiliency but systems changes that move beyond new language are asking a lot of everyone. Many agencies and systems are fragile. So there’s hope but also trepidation.”

**RISK OF BEING SEEN AS A FAD**

Staff members and stakeholders who have spent any time within a system will likely have experienced multiple change efforts and numerous new practices and processes, only to see them replaced by new efforts or practices only a short time later. Particularly in systems that have experienced frequent changes in leadership, with each administration bringing yet another set of priorities and high leverage action areas, many staff members and stakeholders can understandably become jaded over time. Introducing any new invitation for change in such contexts, however promising to people outside of the system, can be met with deep skepticism, even cynicism by people inside the system.

In our experience, several behavioral patterns heighten the risk of trauma and resiliency-informed systems change being seen as just another fad.

First, when systems leaders invoke the language of trauma and resiliency-informed systems change but fail to commit the time, attention, and resources such change requires, staff and stakeholders are more likely to see these conversations as just the latest rhetorical exhortation from the top that will change little of substance.

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23 As documented in C4CW’s process notes from the March 29, 2018 workgroup meeting.
Second, a lack of agreement about what trauma and resiliency-informed systems change means, and how to assess progress, further amplifies this risk. As noted in Section 1, we define such change as:

... 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.

Confidential interviews with members of the Home for Good Funders Collaborative, however, revealed multiple definitions for a system becoming trauma and resiliency-informed, including:

- Integration of specific screening tools and treatments into services;
- Improved public awareness about trauma with freely available and accessible resources;
- Change in societal norms reflecting greater empathy for people who are in need or suffering;
- Large-scale prevention efforts for improving public health outcomes; and
- Organizational culture change to increase awareness of trauma and resiliency, prevent re-traumatization, address compassion fatigue among staff members, and transform all work processes, policies, and structures to align with trauma and resiliency-informed principles.24

This last definition is clearly closest to what we have proposed. Our point here, however, is not about the definition per se. Rather, our observation is that without shared understanding of what we mean by trauma and resiliency-informed systems change, and equally clear agreements about how to assess progress toward it, divergent expectations among staff and stakeholders can dilute or even sabotage promising efforts within systems, and deepen the perception that the work is a mere fad.

Third, when system leaders have not made and communicated the connection between results and becoming trauma and resiliency-informed, the risk becomes greater still that staff and stakeholders will see this work as inconsequential.

This connection between results and trauma and resiliency-informed systems change, and the need for clearer definitions about what is meant by this work, are learning edges for the movement, both within Los Angeles County and across the country.25 For example, a recent study observes that “the distinctions between trauma informed care and good practice are not always clear.”26 Moreover, “little is known about whether the various initiatives described as trauma informed care actually result in improved outcomes for children and families or reduced costs.”27

In addition, systematically exploring the connection between results and trauma and resiliency-informed systems change will require expanded and more nuanced evaluation processes than those typically undertaken to assess fidelity to evidence-based models. Ideally, such processes must be able

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24 We conducted confidential interviews on behalf of United Way of Greater Los Angeles' Home for Good Funders Collaborative as part of a beginning exploration of how to deepen a commitment to trauma and resiliency-informed systems change within the movement to end homelessness in Los Angeles County. We interviewed nineteen individuals, including representatives from 4 funding organizations, 6 grantees, and 9 partner entities, including public sector and university partners. What was particularly striking, for this discussion, was how many different definitions arose from this relatively small group. Although this group was clearly not a representative sample of stakeholders who are engaged in trauma and resiliency work in Los Angeles County, we have heard variations of these different definitions across many of the contexts we engaged over this past year.


26 Hanson, Rochelle F. and Jason Lang, op. cit., p. 96.

27 Ibid.
to sufficiently account for the complexity, emergent design, localized customization, and multi-variable feedback loops that are inherent in these types of systems change efforts.  

Finally, most systems we have engaged are already incorporating other frameworks—e.g., restorative justice, social and emotional learning; violence prevention—that are compatible with, but not always explicitly focused on, trauma and resiliency. Helping staff and stakeholders see how the work they are already doing is compatible with trauma and resiliency-informed systems change may also encourage them to see these efforts as more than just a passing fad.

**DEEPENING INTERIOR ENGAGEMENT**

In our year 1 final report, we detailed a foundational concept called the Four Dimensions of Change™.  

We posit that 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, summarized in the following diagram:

<table>
<thead>
<tr>
<th>Interior</th>
<th>Exterior</th>
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</thead>
<tbody>
<tr>
<td>Thoughts and feelings</td>
<td>Behaviors</td>
</tr>
<tr>
<td>Sense of identity</td>
<td>Skills &amp; competencies</td>
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<tr>
<td>Motives</td>
<td>Public commitments</td>
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<tr>
<td>Imagination and dreams</td>
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<td>Individual</td>
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<td>Shared purpose</td>
<td>Budgets</td>
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<tr>
<td>Values and norms</td>
<td>Technology</td>
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<tr>
<td>Feelings within a group—e.g.,</td>
<td>Systems</td>
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<td>safety, fear</td>
<td>Organizational structures</td>
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<td>Alignment of intention</td>
<td>Collaborative agreements</td>
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Trauma and resiliency-informed systems change requires substantial work within the interior dimensions of change to foster the necessary trust and safety for participants to identify and heal from experiences of trauma, strengthen their resiliency, and promote a culture of empathy, learning, and adaptation.

As noted in Section 2, however, every system we encountered over this past year is already engaged in one or several large-scale change efforts. Many are also experiencing transitions in senior leadership and extraordinary external pressures. A common and often necessary response to such circumstances is to intensify work in the group exterior dimensions of change—e.g., rapid


expansion or contraction of programs; hiring and onboarding of new staff or layoffs and reorganization efforts; and implementing new budget or technology systems. Such work privileges urgency and speed, and can often absorb most or all of staff members and stakeholders’ energy and focus.

Trauma and resiliency-informed systems change, however, requires effective engagement of interior dimensions of change—e.g., individual and collective beliefs; physiological responses; emotional reactions; implicit biases; and cultural norms of exclusion and oppression. These explorations are intended to help staff evolve and adapt, individually and collectively, informed by increasing levels of trust, respect, and maturity, in service of improving their effectiveness and impact.

Such work requires a very different pace, depth, and quality of engagement than the frantic pace of crisis-driven group exterior work. Given this depth of work, senior leaders must both champion and model a commitment to engage the interior dimensions of change for staff to trust that such interior work is welcomed, appropriate, and seen as vital.

We acknowledge that this way of working can be rare within organizations and our larger culture. We also acknowledge the level of intentionality and skill required to effectively and appropriately engage the interior dimensions of change in the workplace. The core competencies detailed in the next sub-section can help nurture this capacity.

**FOUR CORE COMPETENCIES**

Grounded in our experiences over the past year, and informed by decades of learning from our work designing and facilitating large-scale systems and community change initiatives, we now hold a hypothesis about the competencies that systems must develop if they want to undertake a trauma and resiliency-informed change effort. These four core competencies focus on results, systems thinking, community, and leadership.

**RESULTS**

The first core competency is about results. This competency arises from senior leaders, staff, and stakeholders committing to hold themselves accountable for achieving results for people served by the system. To embody this interior commitment, leaders, staff and stakeholders need to:

- Identify priority results and program performance measures that align with these results;
- Develop data sources for the priority results and program performance measures, and regularly collect reliable data for these results and measures;
- Share the data internally and externally in easily understandable reports designed both to track progress and invite learning; and
- Convene regular learning processes among staff and stakeholders to reflect on the data, assess the effectiveness of current strategies and programs, and develop adaptive responses as needed.

This competency is essential for systems to assess the need for trauma and resiliency-informed systems change. If a system is already achieving levels of success that satisfy staff, stakeholders, and the people served, why undertake something as complex as a culture change initiative? On the other hand, being able to clearly document that a system’s current results are not ideal can help staff and stakeholders commit to more transformational work.
A commitment to results is important even if systems begin their trauma and resiliency-informed systems change effort by focusing on secondary trauma, vicarious trauma, and related experiences of staff. Systems would then need to collect and report on data related to staff wellbeing and morale, and regularly convene learning processes to reflect on progress toward these measures.

This competency is also essential to sustain a change effort. As staff and stakeholders continue to deepen their work around trauma and resiliency, they can meet periodically to reflect on changes in results and performance measures and assess, among other factors, the impact of their trauma and resiliency efforts as revealed by the data.

**SYSTEMS THINKING**

To understand the second core competency requires some beginning definitions. A *system* is an “interconnected set of elements—people, cells, molecules, whatever—that is coherently organized in a way that achieves something.” As Fritjof Capra and Pier Luigi Luisi write:

> [T]he material world, ultimately, is a network of inseparable patterns of relationships. The planet as a whole is a living, self-regulating system. This new concept of life involves a new kind of thinking—in terms of relationships, patterns, and context. In science, this way of thinking is known as ‘systems thinking’.

Health, human service, and education systems are not mechanistic factories with linear cause and effect processes and structures. They are complex living systems that evolve over time through webs of interconnected and interdependent relationships and processes. They have histories and life cycles; they learn and adapt. As living systems, they can also become traumatized, exhibiting many of the same symptoms and coping behaviors as individuals who suffer from trauma.

The size and complexity of most systems within Los Angeles County, and Los Angeles County itself, can overwhelm leaders, staff, and stakeholders. A frequent response to this complexity is an impulse to just *do something* and hope for good results. This impulse toward action, however, can over time become an additional cause for complexity as initiatives are piled on and staff members struggle to make sense of the numerous and sometimes conflicting edicts and demands.

An orientation to systems thinking enables leaders, staff, and stakeholders to navigate complexity and interconnectedness by reflecting on the system as a whole and acting developmentally. That is, we do not attempt to change the system all at once, nor do we act simply to act. We develop strategies to help the system evolve over time toward its new culture, and convene reflective spaces to help us assess the impact of initial changes and discern next steps.

This orientation builds upon the core competency of results. The data and learning processes at the heart of a commitment to results can help us understand and begin to map existing feedback loops within the system, and create new ones. What actions and efforts appear to be moving us closer to

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our results and desired performance measures, and what may be moving us further away? Such inquiries can begin to reveal viable leverage points for helping a system evolve a trauma and resiliency-informed culture.

The question we heard repeatedly over the past year—‘How do we move beyond training?’—is one indicator, to us, of the need to strengthen competency in systems thinking. This question suggests that systems have begun staff trainings without a plan for how to build upon these experiences to advance the larger movement.

We describe the Trauma and Resiliency-Informed Systems Change framework as a developmental framework because it requires a capacity to understand and navigate living systems. The framework is not a linear how-to map, but rather a guide to help leaders and partners think developmentally about how to support their system becoming trauma and resiliency-informed over time. In this context, some beginning questions that may help evolve a systems thinking perspective include:

- How would we assess the health of our system? Will the new story and actions we are proposing strengthen or weaken our system? How?
- What are our highest aspirations for our system? How will a trauma and resiliency-informed systems change agenda help or hinder our capacity to effect these aspirations?
- Where could we introduce this way of working to pilot and learn how we can strengthen our culture and improve results? Where are key leverage points at this moment in our system’s development?
- How could a trauma and resiliency-informed focus enable our system, including our staff, partners, providers, and people served, to more fully exude positivity and wellbeing in support of our highest aspirations?
- Who are potential champions for this way of working with the credibility to engage and enlist our system’s various constituencies and stakeholder groups?

Such questions, and a broader commitment to reflection and learning that is at the heart of systems thinking, can help staff and stakeholders develop a more holistic process for introducing trauma and resiliency-informed change into their system, and more adaptive responses to the challenges that inexorably will arise as such change unfolds.

**COMMUNITY**

In our year 1 final report, we shared the following definition of community, developed through decades of designing and leading large-scale systems and community change efforts: a group of people who provide tangible support to each other and can act together. Building on this definition, the third core competency is the capacity to support and enliven communities in ways that contribute to both improved results for the people served by the system, and improved wellbeing among staff and stakeholders.

In Section 2 we summarized our year 1 analysis about why communities are vital in helping people who have experienced trauma to heal, including people who receive professional services. We have

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also explored why this work is such a complex undertaking.\textsuperscript{34} A commitment to help build communities of support among staff members is equally so. When focused on trauma and resiliency, this work of enlivening communities of support can deepen a more typical orientation to team building and collaboration, inviting staff members to strengthen their capacities for appropriately engaging the interior dimensions of change without undermining performance.

Central to understanding community in these contexts is a commitment to mutuality. One of the fundamental principles of the developmental framework for trauma and resiliency-informed systems change is a commitment to collaboration and mutuality. We previously described this principle as follows:

\textit{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 \textit{with} instead of power \textit{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.\textsuperscript{35}

This understanding is a good beginning, but to embody a core competency of community within a system or organization requires understanding the difference between collaboration and mutuality, and committing to both. Collaboration focuses on accomplishing tasks together; mutuality is about individuals choosing to evolve together.

Developing the core competency of community invites individuals within organizations and systems to deepen their capacity for mutuality. For example, while staff members assume different levels of formal authority and a wide array of responsibilities, they do not have to form relationships based on hierarchy or instrumental transactions. That is, our workplace interactions can be transformed to help us evolve towards greater maturity and consciousness together.

The relational model of consciousness developed by Jean Baker Miller and other feminist psychologists further attests to the power and potential of mutuality, and the process of mutual maturation.\textsuperscript{36}

In the ideal pattern of development, we move towards participation in relational growth rather than towards simple attainment of personal gratification. … In fact, self, other, and the relationship are no longer clearly separate entities in this perspective but are seen as mutually forming processes.\textsuperscript{37}

\textsuperscript{34} Ott, John, and Rose Pinard. Community Capacity-Building Learning Collaborative: Final Report, op. cit.
\textsuperscript{35} Ott, John, Rose Pinard, et al. Trauma and Resiliency: A Systems Change Approach, op. cit., p. 25.
Such mutual relationships allow individuals to begin to “represent themselves more fully and then bring more of themselves into other relationships in their lives and in the world.”38 This commitment to “[m]utuality does not mean sameness, nor does it mean equality; rather, it means a way of relating or participating as fully as possible.”39

Mutuality involves interior dimensions of change such as self-awareness, self-regulation, mindfulness, and reflection in action. In our experience, as mutuality enlivens authentic community, a system’s capacity to achieve and sustain positive results can increase profoundly over time.

**LEADERSHIP**

The capacities for self-awareness, self-regulation, mindfulness, and reflection in action are also essential aspects for the core competency of leadership. Indeed, to develop the core competencies of results, systems thinking, and community, systems also must develop the core competency of leadership. We spoke to this need in the year 1 final report’s discussion of the implementation domain of 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.40

Note that this competency is not simply about the behavior of senior leaders within a system, but speaks to the capacity of all staff and stakeholders to exercise leadership. Reduced to its essence, **leadership** is the capacity to enable effective action among a group of people. From this perspective, any person, in any context, has the capacity to exercise leadership, to act in ways that support a group of people becoming more capable of effective action.

Within hierarchical organizations, staff members can sometimes confuse **leadership** with **authority**. Authority is the formally delegated responsibility for making decisions and exercising control within a specified jurisdiction. Authority alone, however, cannot ensure effective action. How often have we heard of a beautifully crafted strategic plan that results in nothing of consequence changing? A group of people can have the authority to develop a plan, but lack the capacity to transform that plan into meaningful action.

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39 Ibid., p. 43.
Authority is an aspect of the group exterior dimension of change. For a group to achieve and sustain effective action, however, particularly within the context of trauma and resiliency-informed systems change, requires engagement of all four dimensions of change. For example, individual group members must have the will and intention to act (individual interior) and the necessary skills to support their action (individual exterior). Group members together must have aligned intentions and group norms to support the effort (group interior), and group structures and processes that enable their success (group exterior).

No one person, even someone with formal authority, can dictate that a system meaningfully engage all four dimensions of change, particularly the interior dimensions. As we discussed in our year 1 report, such work requires an ongoing yes by staff members and partners across the system. In this context, then, the core competency of leadership is about creating a leader-ful organization, an organization in which each person is invited and encouraged to exercise leadership in service of increasing the organization’s effectiveness through trauma and resiliency-informed systems change.

This is why the core competency of leadership is perhaps the most important of the four. This competency is about encouraging and supporting each person to exercise leadership on behalf of the transformation. Embracing the commitments to results, systems thinking, and community can help us better navigate the challenges that confront us, but only if our staff and partners are willing and able to fully engage their knowledge and talents to act on these commitments.

When each person in a group begins to accept both the opportunity and responsibility for leadership, the group as a whole becomes more able to adapt and innovate, and more able to realize its potential for collective wisdom. In our forthcoming book, we write:

> When human beings gather in groups, a depth of awareness and insight, a transcendent knowing, becomes available to us that, if accessed, can lead to profound action. We call this transcendent knowing collective wisdom.

Management theorist Margaret Wheatley explains our capacity for collective wisdom this way:

> [There is a] wisdom we possess [in groups] that is unavailable to us as individuals. The wisdom emerges as we get more and more connected to each other, as we move from conversation to conversation, carrying the ideas from one conversation to another, looking for patterns, suddenly surprised by an insight we all share.

There’s a good scientific explanation for this because this is how all life works. As separate ideas or entities become connected to each other, life surprises us with emergence—the sudden appearance of a new capacity and intelligence. All living systems work in this way. We humans got confused and lost sight of this remarkable process by which individual actions, when connected, lead to much greater capacity.

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42 Ott, John and Rose Pinard, manuscript of forthcoming book titled Living Collective Wisdom. Cited with permission of the authors.

All living systems demonstrate an emergent capacity for adaptation and innovation, whether a beehive, a rain forest, or a county department. The difference for human systems is that we can consciously cultivate our capacity for collective wisdom.

Why is this important? Because the more we cultivate our capacity for collective wisdom, the more likely we will be able to adapt successfully to the challenges that confront us. The core competency of leadership, then, is a commitment to deepen our capacity for collective wisdom—in our teams, our programs, and our partnerships—so we can more effectively realize and sustain the transformation.

The challenges we have identified over the course of this past year—scaling up from clinical practices, the risk of becoming a fad, and the need for deeper interior engagement—and our hypothesis about the core competencies needed to initiate and sustain trauma and resiliency-informed systems change, are not discouraging or disheartening to us. The scale of change intimated by the phrase trauma and resiliency-informed systems change is audacious, and of course such change will encounter—and create—challenges and require competencies beyond what may be currently commonplace. Such is the consequence of any profound paradigm shift and large-scale change.

Having said that, there are several specific next steps we believe can help advance this unfolding movement within Los Angeles County. We turn to these potential next steps now.
4: POTENTIAL NEXT STEPS

Given the progress and lessons learned to date, we see several potential next steps that can help accelerate and deepen this movement. These actions, which are not mutually exclusive, include:

- Organizing one or more summits or other high-profile events to continue building awareness of and commitment to the movement within particular systems;
- Organizing and supporting stakeholder workgroups for any system in which senior leaders are committed to embracing the developmental framework;
- Advocating for action by the Board of Supervisors and other local and county leadership structures to heighten awareness of efforts already underway within the county; and
- Initiating one or more pilot efforts to connect systems and community change efforts focused on trauma and resiliency to explore the potential of such integration improving results.

SUMMITS • CONTEXT-SPECIFIC WORKGROUPS • BOARD ACTION

A first potential next step is to convene one or more summits or other high profile events to continue amplifying the visibility of the movement. Ideally, these events would focus on systems that share responsibility for a set of priority results, highlighting the link between improved results and trauma and resiliency-informed systems change.

For example, one event could focus on improving results for children ages 0-8, and invite systems representatives and community partners who are committed to improving results for this population. Another event could bring together public departments and agencies engaged in the emerging Coordinated Entry System for people who are experiencing homelessness. Each event would explore the connection between improved results and trauma and resiliency-informed systems change. They could also highlight current systems and community change efforts focused on trauma and resiliency within these contexts, and explore how connecting such efforts could accelerate progress toward shared results.

These events can both assess and seek to nurture the commitment to trauma and resiliency-informed systems change among systems leaders and their partners. In contexts where there appears to be energy for deeper action, a second potential next step can be to organize and support a multi-stakeholder workgroup, convened by systems leaders, to map current efforts related to trauma and resiliency within a particular context, and evolve the framework to become a more relevant guide for that particular system.

These first two recommendations focus on engaging systems and partners committed to common results. A third potential next step is to enlist the County Board of Supervisors and other local and county-wide leadership structures to activate a next level of formal commitment to trauma and resiliency-informed systems change.
During year 1, we counseled against formal action by the Board of Supervisors. Our rationale was that the movement was nascent, and we had much to discover about both what was already in place, and what would be most helpful to deepen the commitment beyond the need to comply with a Board mandate.

A year later, we now have a better understanding of how action by the Board of Supervisors, City Councils, and other elected bodies can help. One recommendation is for the Board of Supervisors to request that County Departments report on a quarterly or semi-annual basis about trauma and resiliency-related efforts unfolding within each system. This simple step, if implemented in ways that did not create burdensome process requirements, could help highlight for the Board and County Department staff opportunities to build cross-system connections and share learnings. A related next step would be for the Board to convene County Department senior leaders in one or several sessions to explore the potential of the developmental framework to deepen efforts already underway within the County. City Councils in Los Angeles, Long Beach, Pasadena, and other cities where departments have already begun work around trauma and resiliency could take similar steps.

Examples of additional kinds of action taken by elected bodies abound. The National Conference of State Legislatures, for example, during a legislative scan performed in March 2017, discovered almost 40 bills across 18 states that included language about adverse childhood experiences. These bills and statutes promoted many types of action, including: trainings for staff and providers, screenings for Adverse Childhood Experiences, and creating safe and supportive environments for people who receive services and staff.

Two recently passed state policies may be of particular interest to elected bodies in Los Angeles County. The first is the California Assembly’s Concurrent Resolution 235 designating May 22, 2018 as Trauma-Informed Awareness Day in California. While such action requires minimal commitment from systems, it nonetheless can help build awareness of the issues and emerging movement.

The second example, passed in 2017, is Oregon’s House Concurrent Resolution 33, that directs staff of major departments and agencies to:

... become informed regarding well-documented short-term, long-term and generational impacts of adverse childhood experiences, toxic stress and structural violence on children, adults and communities, and to become aware of evidence-based and evidence-informed trauma-informed care practices, tools and interventions that promote healing and resiliency in children, adults and communities so that people, systems and communities can function at their full capacity and potential in school, in the workplace and in community, family and interpersonal relationships ...

We do not know what preparation was completed prior to the passage of the Oregon resolution. If this type of resolution is considered in Los Angeles County, however, we suggest that a workgroup be formed to explore how trainings and resources can more systematically support referrals, access,

45 This resolution references the work within Los Angeles County as one of many examples illustrating how trauma-informed care is being promoted and established in nearly one-half of our state’s 58 counties.
46 See <https://olis.leg.state.or.us/liz/2017R1/Downloads/MeasureDocument/HCR33/Enrolled>.
and leveraging of current investments. Currently, each system or provider must independently search for information about local trainings and resources.

**A POTENTIAL PILOT PROJECT**

A fourth potential next step is to create one or more pilot projects in partnership with systems that are primed to integrate a focus on both systems and community change.

A beginning focus for such a pilot would be to respond to the question that arose in multiple contexts over the past year—‘How do we connect systems and related community change efforts to improve our priority results?’ Its purpose would be to address several lessons and hypotheses that have emerged over the past two years, to learn about what works in these efforts, and then to scale the work within and across systems as appropriate.

Some of the questions that could be tested through the pilot include:

- How do we move beyond training to develop a deeper orientation to trauma and resiliency within a system (or parts of a system)?

- How do we build upon efforts already underway within a system to strengthen an orientation to trauma and resiliency across the system?

- How do we assess for and strengthen the four core competencies within participating systems and communities? Does strengthening these core competencies make a positive difference in the results achieved by the pilot?

- Can we demonstrate an improvement in staff wellbeing and morale among staff who participate in the pilot?

- Can we demonstrate an improvement in results among people who are served by the part of the system participating in the pilot?

- What structures, processes, and supports help communities to address trauma and strengthen resiliency among their members?

- What is right relationship between efforts undertaken by communities to address trauma and strengthen resiliency and efforts undertaken by system staff?

- What other ancillary effects (positive or negative) emerge from this pilot within participating communities and within the sponsoring system(s)?

For this pilot to succeed, the senior leadership team from the sponsoring system would need to fully endorse the pilot and dedicate staff time and resources to support the effort. So too would community leaders who have constituencies within the participating communities—e.g., neighborhood leaders, leaders of community organizing efforts, and faith leaders. And the pilot would also likely require philanthropic support to create flexible funding for the design and learning phases of the effort, and perhaps for some of the implementation as well.
A number of systems are candidates for such a pilot, including Los Angeles Unified School District, City of Long Beach Department of Health and Human Services, Los Angeles County Department of Parks and Recreation, Los Angeles County Department of Public Health, Los Angeles County Department of Mental Health, and Los Angeles County Department of Children and Family Services. All of these systems have initiated activities consistent with the Recognizing and Planning • Testing phases of the developmental framework, and all have a presence in communities that have both experienced substantial trauma and demonstrated extraordinary resilience.

We have begun conversations with representatives from several of these systems to assess interest in and the plausibility for a pilot project. One of the most promising of these contexts is LAUSD. We designed and facilitated a series of meetings during the spring and early summer of 2018 that brought together leaders within LAUSD and representatives from a number of County Departments and other partners.

Participants in these meetings included senior leaders and representatives from: LAUSD's Chief Academic Officer’s Office, LAUSD's Division of Instruction, LAUSD's Early Childhood Education Division, LAUSD's School Mental Health/Crisis Counseling and Intervention Services, LAUSD's Student Health and Human Services, Los Angeles County Department of Mental Health, Los Angeles County Department of Public Health, Los Angeles County Department of Parks and Recreation, UCLA Nathanson Family Resilience Center, UCLA TIES for Families, Campaign for Grade-Level Reading, and First 5 LA.

Through these conversations we discovered a number of LAUSD efforts focused on or compatible with trauma and resiliency work, and a number of community-based efforts sponsored by other County Departments and funders, that could provide a starting place for a very promising pilot.

Over the coming year, we will continue conversations with LAUSD and other potential sponsoring systems in the hopes of securing one or more contexts for a pilot to begin in FY 2019-20. Some of the first steps in this process, beyond identifying a sponsoring system and potential funding partners, would include:

- Assembling a leadership group of system leaders, community leaders, and partner representatives to develop shared agreement about the intended results of this effort;

- Developing a design for the pilot in partnership with this leadership group, including plans for assessing and strengthening the core competencies within the participating systems and communities; and

- Developing a plan for the assessment and learning processes to help participants and sponsors reflect on data, document progress and setbacks, and adapt in real time as needed.
CONCLUSION

At the end of last year’s report, we wrote:

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.” 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 intention—to support a next level of organizing and action to advance the movement.

One year later, the movement is continuing, and our experiences and the data from this past year convince us it will continue to grow and evolve. Indeed, the questions that arose this year—‘How do we move beyond trainings?’ and ‘How do we connect systems and related community change efforts to improve our priority results?’—suggest a deepening intentionality, and a shift in focus from should we undertake this change to how can we make this work?

And … these questions and the lessons we have gleaned also reveal the complexity of bringing coherence to all that is unfolding within the county. Confronted with such dizzying complexity, a natural impulse can be to seek to radically simplify the task: just do this training or adopt this practice or implement this program.


48 Please see c4cw.org for details of our work.
Conclusion

Our impulse and invitation have been different. We have encouraged ourselves and our learning partners to embrace more complexity, not less: to focus on trauma and resiliency; to focus on systems change, not simply a particular assessment tool or treatment modality; and systems change not just for one system, but for multiple systems. Oh yes, and not just systems change, but community change as well.

Why make this work harder and even more complicated?

Because, as we shared in the Introduction, our immersion in this exploration, and our decades of work in communities and systems, lead us to hypothesize that the impulse toward trauma and resiliency-informed systems change is not the point, but rather is pointing to something larger: an urgent call for all of us to engage together to evolve a larger culture of healing, loving support, and wellbeing.

This is why the potential next steps we offer are about how to deepen the exploration within networks of system partners, and among systems and communities, that are committed to common results. It is also why we sense the need for deepening core competencies within systems to effect large-scale change. As we have shared repeatedly, a commitment to trauma and resiliency-informed systems change will more likely take hold when it is in support of a deeper collective longing, and a deeper willingness to hold ourselves truly accountable for profound results. Without this passion, and the core competencies needed to translate this passion into effective action, the strength and persistence needed to heal the pain we may otherwise want to deny or ignore may fail to arise, or atrophy over time.

Reduced to its essence, we see the movement toward trauma and resiliency-informed systems change, and the larger impulse toward a culture of health and wellbeing, as an invitation for individual and collective spiritual work. While this connection to spirituality may seem unusual for organizational and community change efforts, it is far from unique. Peter Senge has been one of the theorists at the forefront of efforts to invite a spiritual perspective into organizational change work, as made evident by his reflections on the theory and practice of learning organizations:

> The learning organization embodies new capabilities grounded in a culture based on transcendent values of love, wonder, humility, and compassion; a set of practices for generative conversation and coordinated action; and a capacity to see and work with the flow of life as a system … [Such work can create] a field of alignment that produces tremendous power to invent new realities in conversation and to bring about these new realities in action.49

Rather than being overwhelmed by this insight, we are energized by it. We hope you are too … and look forward to discovering together what is wanting to unfold now.

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A: PARTICIPANTS TO DATE

Over the past two years we have met with hundreds of systems and community leaders, and spoken with several thousand people through keynote addresses, meeting presentations, and other engagements. We are deeply grateful to everyone who has invited us to engage with them in this exploration to date.

Of particular note are the leaders, advocates, and stakeholders who have participated in the workgroup and related meetings. During year 1 (Y1), we held seven half-day workgroup meetings between October 2016 and June 2017. During the second year (Y2), we held one funders and systems leaders meeting, one workgroup meeting, and several Connecting the Dots meetings bringing together representatives from Los Angeles Unified School District (LAUSD) and some of its partners. Across both years we also held multiple meetings with sponsoring funders.

The following is a list of participants who attended one or more of these meetings during each year. Thank you to all of you!

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## Attachment A: Participants to Date

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