

*What does a trauma-informed approach look like for county behavioral health? This is the first in a series of case studies showcasing California counties that adopted a trauma-informed approach in their policy and practice.<sup>1</sup> Although these examples are most applicable to county agencies, they can be useful for a range of organizations and coalitions that work with communities.*

## Strategic Prevention Planning in Merced County

Christopher Jensen describes the paradigm shift that took place when Merced County centered their prevention planning on communities that had previously been marginalized.

### MOVING AWAY FROM BUSINESS-AS-USUAL

In the past, Merced County used a traditional approach to substance use disorder (SUD) prevention planning: their Strategic Prevention Plans (SPPs) were developed by prevention staff, and the plans focused on specific substances and individual behaviors. However, when the Merced team examined their county data in the late 2010s, they realized that they needed to shift from focusing just on substance use rates through traditional approaches to addressing health disparities with a trauma-informed approach. They began by gathering research about disparities and trauma, listening to community voices, relearning their own department’s history, and identifying funding for this work.

### THE NEW WAY: TRAUMA-INFORMED PREVENTION PLANNING

In 2020, Merced transformed their SPP process using a trauma-informed approach. The SPP was put together by community groups or members of the community with some consultation from prevention staff. They wanted to “give people the power that is theirs,” and empower the community by offering support instead of expertise. Although the department still engaged in traditional prevention activities, their 2020-2025 plan was built around strategies to address social determinants of health. “Many of these were never traditional prevention approaches for the department,” Christopher said.

### SETTING THE STAGE: BUILDING CAPACITY & REVIEWING POLICY

The Merced team looked internally at staff capacity: What qualifications would an applicant need in order to be

employed in this department? How likely are community members with high adverse childhood experiences (ACEs) to become employed by the department? The Merced team also worked with their administration to formalize training for prevention staff on topics such as ACEs, implicit bias, LGBTQ2-SIA needs<sup>2</sup>, and racism. In addition to training current staff, the team reflected on what would happen if they brought in all new staff: were there policies and practices in place to sustain a trauma-informed approach? “You can’t be trauma-informed just because you attended a training. This has to be backed up by policy and practice. How do you actualize it? How is it supported?” The Merced Team joined forces with Public Health, Education, Non Profit, and Health sector counterparts and formed the All in for Health Coalition. This coalition meets monthly to discuss, diagnose, and plan interventions for local equity issues identified by community partners. This strategy serves as a means of addressing inequitable policies and practices as well as a training platform for new staff that may join the Prevention team over time.



Members of the All in for Health Coalition completing Restorative Justice training

<sup>1</sup> Case studies are adapted from 2020 Community Prevention Initiative (CPI) Regional Training presentations. Christopher Jensen developed this presentation and shared updates with CPI in 2021.

<sup>2</sup> Lesbian, Gay, Bisexual, Transgender, Queer, Two Spirit, Intersex, Asexual

## SPP: TRAUMA-INFORMED ASSESSMENT

The Merced team adopted several strategies to support community participation and avoid re-traumatization. For example, they reframed their Key Informants as Wisdom Holders. Even this one small difference created “remarkable” changes in “body language, presentation, and variety of information that was shared with us.” The Wisdom Holders held focus groups in the community, at times and locations that were comfortable for community members. Staff trained the Wisdom Holders on how to facilitate the focus groups, and the Wisdom Holders hosted the sessions in the primary languages of the community members, with interpreters on-site to translate for staff.



Claudia Corchado, Wisdom Holder for the Community of Planada, hosting focus group in Spanish with residents

The Merced team also surveyed 150 participants in treatment populations throughout Merced County, including outpatient, inpatient, and narcotic treatment programs (NTP). They found ACEs clusters, which helped them conceive an SPP that was place based: they focused on providing interventions over a five-year period in four specific communities that were impacted by health disparities.

## SPP: PLANNING WITH, NOT PLANNING FOR

When the Merced team asked the community about “the drivers of their trauma,” people did not discuss the kinds of topics that are often part of prevention. They pointed to “the community conditions that incubate ACEs” in Merced County: poverty, social isolation, and neighborhood blight. The core strategies of the 2020 SPP were designed around addressing these social determinants of health:

- Family Support: parent peer support groups
- Social Isolation/Culture: community celebrations, mentoring programs focused on culture
- Community Design: improving neighborhoods (walkability, lighting, green spaces, etc.)
- Economic Development: increasing meaningful employment opportunities for young adults



Prevention Team members and participants of the Los Banos, CA, focus group

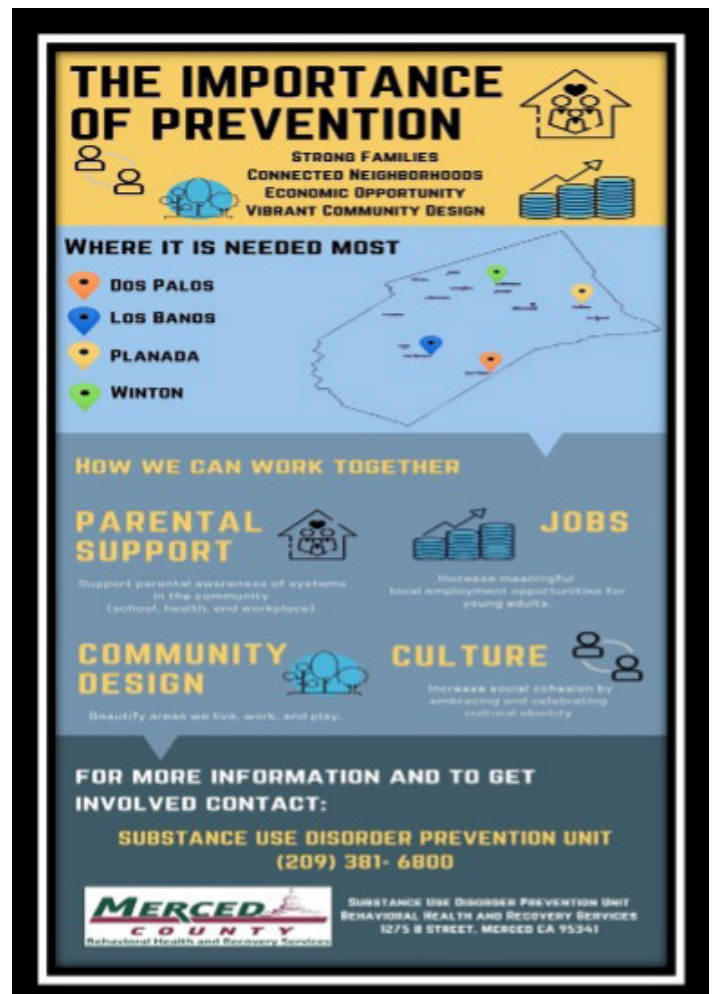
## IMPLEMENTING THE PLAN

Trauma can be perceived as a clinical topic, and there can be hesitancy on the provider side to address this issue, especially because many prevention staff are not counselors. But the Merced team found that simple strategies, such as the following, can be powerful without necessarily being clinical:

**Screening for ACEs:** Merced implemented ACEs screening in their Youth 2 Youth Mentoring Program to prioritize youth who really needed services, instead of serving all youth who were willing to participate.

**Forming Coalitions:** Areas such as economic development and community design are not siloed—many different types of providers can form coalitions and work on these issues together.

**Adopting Processes that Acknowledge and Allow for Healing from Trauma,** such as storytelling. For example, they held a Trauma Recognition Walk and healing circles at their Youth 2 Youth Conference. “The natural process of sharing your story, becoming aware you’re not alone, and being allowed to help another with their struggle is often underappreciated.”



Strategic Prevention Plan in community-friendly infographic form. This version was strategically created to reduce barriers to participation from traditionally marginalized members of the communities identified.

## LESSONS LEARNED

Christopher shared key insights gleaned from Merced's efforts in 2017 and 2020:

**Relearn your history:** Do the work to learn about your own system's and department's history, including which groups your department has excluded or included in the past.

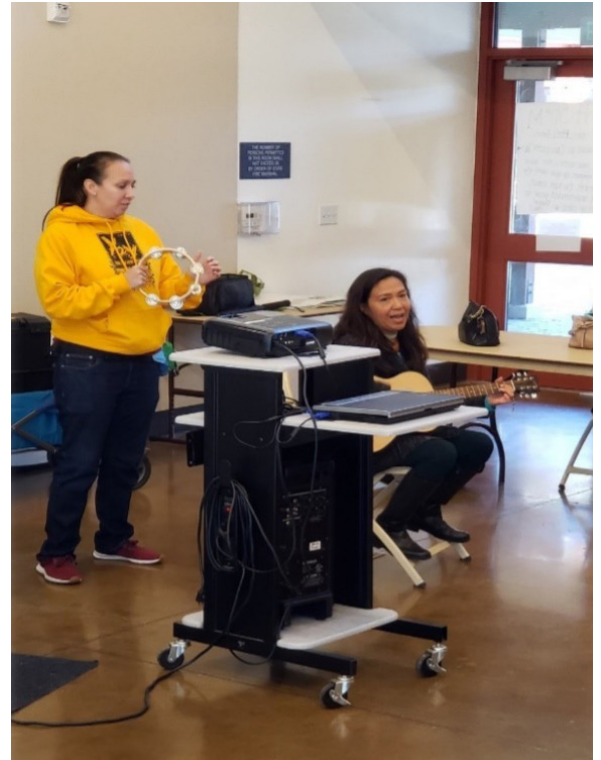
**Be context-aware:** Learn and respond to current and historical context. For example, because of fears around immigration enforcement, staff did not drive white county vans or wear their county badges when conducting community outreach.

**Commit:** Attend community functions regularly, and not just when you need something.

**Broaden your understanding:** In addition to learning about individual trauma, we must also learn about and address community trauma, historical trauma, and intergenerational trauma.

**Become a learner, not an expert:** Rich data comes from listening to people's stories. "We may be experts in the field, but we're not necessarily experts of each community in our county."

**Do not sell yourself short!** Staff do not have to be trained clinicians or licensed counselors to make a difference when it comes to the impacts that trauma has had on communities. "We all have the human capacity to heal and to empathize with other people," Christopher noted.



## FURTHER RESOURCES

Watch Christopher's full presentation: [CPI 2020 Regional Training – Trauma-informed Care: Research to Practice, Panel Discussion](#).

Learn more about trauma, ACEs, and prevention: [The Role of Prevention in a Trauma-Informed Approach to Wellness](#). (2019). Community Prevention Initiative (CPI).

Find screening tools and learn about how to screen for ACEs sensitively: [Screening for Adverse Childhood Experiences and Trauma](#). (February 2019). Center for Health Care Strategies.

To assess your organization's willingness, readiness, and ability to become trauma informed: [Trauma-Informed Training and Train-the-Trainer Considerations](#). (June 2018). Now Is The Time TA Center.