

# INNOVATION PLAN COUNTY OF FRESNO

## HANDLE WITH CARE PLUS+



THE COUNTY OF FRESNO  
Department of  
Behavioral Health

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## Fresno County

Innovation Plan – **Handle With Care Plus+**

Total Amount Requested: **\$1,527,000**

Duration of Project: **Three Years**

## Introduction

In Fresno County, many children, teens, and communities have been exposed to some sort of trauma or significant stressful life event(s). The Substance Abuse and Mental Health Services Administration (SAMHSA) explains, *“Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”* (SAMHSA-HRSA, 2013). Per SAMHSA, *“In the United States, 61 percent of men and 51 percent of women report exposure to at least one lifetime traumatic event”* (SAMHSA-HRSA, 2013). These traumatic events can include but are not limited to: violence in the home or community; loss of loved ones through divorce, death, incarceration and other separations; and any major life changes from natural disasters, accidents, and other life altering incidents. If trauma is not addressed, it can have many effects on a person’s behavior, body, emotions, and way of thinking.

The American Psychological Association says, *“Children and adolescents vary in the nature of their responses to traumatic experiences. The reactions of individual youths may be influenced by their developmental level, ethnicity/cultural factors, previous trauma exposure, available resources, and preexisting child and family problems. Many of the reactions displayed by children and adolescents who have been exposed to traumatic events are similar or identical to behaviors that mental health professionals see on a daily basis in their practice,”* (American Psychological Association, 2008). If these children do not develop resilience post-trauma, they may experience health problems, including serious mental health illness and mental health crises.

Fresno County Department of Behavioral Health has a law enforcement Crisis Intervention Team, but this team is not equipped to respond to or prevent trauma. What if this innovation project could immediately address trauma experienced by families in our local communities? What if we can create trauma-informed families by teaching parents to understand the trauma to which their child was exposed? Through collaboration with community partners, we have an opportunity to create a resilient, trauma-informed community, while also reducing mental health stigma. By



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building on the natural resilience of children, it may be possible to prevent post-traumatic effects and lower the risks associated with toxic stress. California Surgeon General, Dr. Nadine Burke-Harris, explains that exposure to toxic stress, “dramatically increased the risk for seven out of ten of the leading causes of death in the United States. In high doses, it [toxic stress] effects

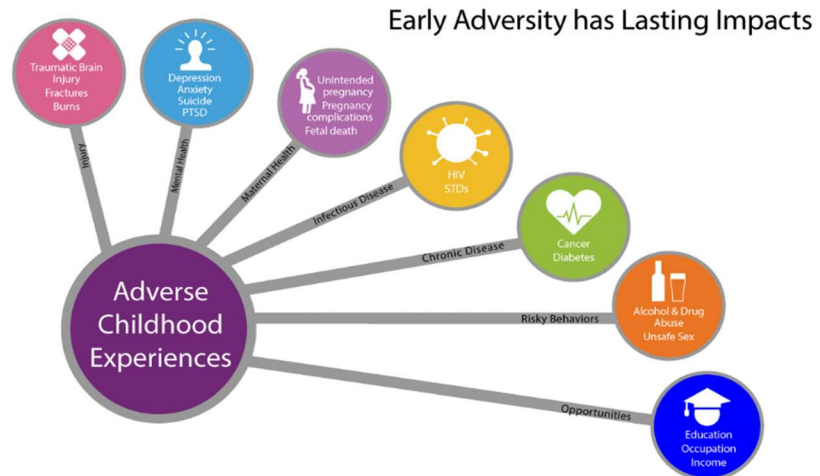


Figure 1: CDC: About Adverse Childhood Experiences

<https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy>

brain development, the immune system, hormonal system, and even the way our DNA is read and transcribed. Folks who are exposed in very high doses have triple the lifetime risk of heart disease and lung cancer, and a 20-year difference in life expectancy.” (TEDMED, 2015). When a child experiences several traumatic events, specifically four or more Adverse Childhood Experiences (ACEs), the Center for Youth Wellness study shows that they are 5.13 times more likely to suffer from depression, 7.4 times more likely to become an alcoholic, 10.3 times more likely to use illegal IV drugs, and 12.2 times more likely to attempt suicide” (Center for Youth Wellness, 2013). Children that have these ACEs could be more likely to make some poor choices, such as running away from home, joining a gang, developing addictions, becoming homeless, becoming victims of human trafficking or entering the criminal justice system. The Center for Disease Control states, “The presence of ACEs does not mean that a child will experience poor outcomes. However, children’s positive experiences or protective factors can prevent children from experiencing adversity and can protect against many of the negative health and life outcomes even after adversity has occurred. It is important to address the conditions that put children and families at risk of ACEs so that we can prevent ACEs before they happen” (CDC, 2019).

Per the California Department of Justice’s 2017 crime report for Fresno County, there were 574.5 violent crimes per 100,000 people. In a county of roughly one million people, that equates to 5,745 violent crimes per year. The Fresno Police Department reports an average of 2,700 calls every day, approximately 1,200 of which are 911 calls. Of these 36,000 monthly calls, roughly 500 to 800 cases involve children exposed to trauma. That is roughly 9,600 cases of children experiencing trauma per year, and these are just the cases that get reported.



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Every Neighborhood Partnership, a local non-profit, with assistance from Fresno Unified School District, has helped identify some neighborhoods that may be most impacted by trauma. This data was then used to identify four schools that have the highest need for mental health services and trauma response: Lowell Elementary (Downtown Fresno), Heaton Elementary (Downtown Fresno), Del Mar Elementary (Central Fresno), and Pyle Elementary (Central Fresno). Three of the four schools are located in neighborhoods with an overall crime rate up to 55% higher than the national average, and an average 95% of the students in these schools are low income.

Through this Innovation project, the County of Fresno intends to measure the outcomes of a trauma response team and determine if a psychoeducational parent café component can assist in reducing effects of trauma. If this project is successful, it provides a viable and replicable model to be applied in other parts of the county and the state for proactive response to mental health rather than reacting in the future to impact of trauma.

## Innovation Regulation Categories

The proposed innovation project will support the following innovation categories:

- ❖ Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

## Primary Purpose

The primary purpose of this innovation research project is to evaluate the following innovation objectives:

- ❖ Increase the quality of mental health services, including measured outcomes
- ❖ Increase access to mental health services for underserved groups
- ❖ Promotes interagency and community collaboration related to mental health services, support and outcomes

## Primary Problem

Across the mental health field, evidence is building to support the idea that trauma and toxic stress have significant effects on children. Before Adverse Childhood Experiences (ACEs) research was published, a child's behavior or health problems might be attributed to "personality". It was not until after Kaiser Permanente conducted the ACE Study in 1995 that mental health professionals began to link trauma to behavioral and other health issues such as disrupted neurodevelopment; social, emotional and cognitive impairment; health-risk behaviors; disease, disability and social problems; and even early death.



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Roughly 61 percent of men and 51 percent of women report exposure to at least one traumatic event in their lifetime. These traumatic events can include but are not limited to: violence in the home or community; loss of loved ones through divorce, death, incarceration and other separations; and any major life changes from natural disasters, accidents, and other life altering incidents. If trauma is not addressed, it can have many effects on a person's behavior, body, emotions, and way of thinking.

As noted, in the California Department of Justice's 2017 crime report for Fresno County, there were 574.5 violent crimes per 100,000 people, which equates to roughly 5,745 violent crimes per year. The Fresno Police Department reports an average of 2,700 calls every day, approximately 1,200 of which are 911 calls. Of these 36,000 monthly calls, roughly 500 to 800 cases involve children exposed to trauma. The 9,600 cases of children experiencing trauma per year through 911 calls only accounts for data for the City of Fresno, and does not account for trauma impacting children across the county

Per the American Psychological Association, many children and adolescents manifest resilience after exposure to a traumatic experience. Despite experiencing this type of short-term distress, most children and adolescents return to their previous levels of functioning after a short time. Youths who have been exposed to multiple traumas may not be able to easily recover from the traumatic event without special care.

Recovery can be impeded by individual and family factors, the severity of ongoing life stressors, community stress, prior trauma exposure, psychiatric comorbidities, and ongoing safety concerns. Caretakers are affected by children's exposure to trauma, and their responses affect children's reactions to trauma. On a positive note, individual, family, cultural, and community strengths can facilitate recovery and promote resilience. (American Psychological Association, 2008). Harvard University's Center on the Developing Child says, "the single most common factor for children who develop resilience is at least one stable and committed relationship with a supportive parent, caregiver, or other adult" (Center on the Developing Child, 2015).

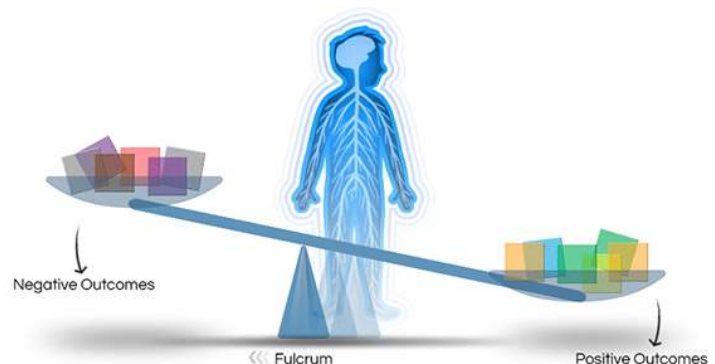


Figure 2: Negative vs Positive Outcomes  
<https://developingchild.harvard.edu/science/key-concepts/resilience/>



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Many factors may affect a parent/caregiver's ability to support a child after a traumatic experience; the parent/caregiver may be coping with the same trauma or may not understand the behaviors of the child that has experienced this trauma or life impacting event. This is when this innovation plan steps in to inform the parent/caregiver about the Parent Café and provide education on trauma, empowerment, resiliency, and social determinants of health through the Parent Café.

## What Has Been Done Elsewhere to Address Your Primary Problem?

Through research and inquiries with other counties in California, there are no specific programs such as the one being proposed in this innovation plan.

- Locally – Elements of this innovation project exist in some areas of Fresno County, but the Department of Behavioral Health's focus is to facilitate the integration of services across a variety of sectors for intentional coordination. The collaboration between participating organizations is a key component of this program's potential success and replicability.
  - Resiliency Center – The Fresno Police Chaplaincy established the Resiliency Center in 2018. The center is a community center that provides an array of community services, from children's activities to family services. The vision of the Resiliency Center is to provide prevention and support services for children and youth. The Chaplaincy searches 9-1-1 call logs daily for events involving children who are exposed to trauma in the City of Fresno and attempts to respond within 72 hours of a crisis. A member of the Chaplaincy engages with the children and their families to assess needs, offer counseling, and provide information for community resources. This effort however is not coordinated with schools, involves no notification, or a structured trauma information component for families. The Resiliency Center is a neighborhood resource for parts of Fresno.
  - All 4 Youth – This program is a MHSa funded partnership program between Fresno County DBH and Fresno County Superintendent of Schools (FCSS) for children and adolescents ages 0-22 years old experiencing emotional or mental health difficulties that affect them at school and at home. All 4 Youth is designed to enable youth and their families to access behavioral health services at school, in the community, or in the home. The goal for the program is to remove barriers and increase access to clinical and early intervention services in which to live and learn. Children and adolescents can be referred by school staff, family members, community partners, healthcare providers, County of Fresno DBH, and other partners. Services through All 4 Youth include assessment of youth and family needs; individual, group, and family counseling; care coordination, linkage to





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needed support services; and support for primary caregivers. All 4 Youth is another effective MHSA resource that will support the timely response effort. The Handle With Care Plus+ project, while being provided in part by FCSS, is not part of the All 4 Youth program.

- Parent/Family Café – Currently, there are a few locations in Fresno County that already hold Parent/Family cafes. These existing cafes successfully encourage parents, guardians, and caregivers to come together as people with shared experiences and create a peer to peer supportive environment for individuals navigating family relationships. In this innovation plan, this successful Parent/Family Café model will be used to support families affected by trauma or life impacting events, building off the existing model.
- Local Outreach to Suicide Survivors (LOSS Team) –the LOSS Team is a suicide prevention and postvention program and serves as a successful model of a postvention-as-prevention program. The Fresno County LOSS Team began operations in July of 2019 and has been instrumental in connecting suicide loss survivors with mental health care and support groups. The LOSS Team responds to families in the immediate aftermath of a suicide death to offer support, therapy, or simply a peer connection from someone with a shared grief experience. The LOSS Team is a demonstration of the success that rapid response teams can achieve in connecting individuals to services and will serve as a model for the rapid response team in this innovation project. While not a formal project partner, the LOSS team can and will be deployed in incidents related to suicide or suicide attempts.
- Marjaree Mason Center – The Marjaree Mason Center strives to prevent and end the cycle of abuse by providing therapy, support and education for victims of domestic violence. The center has a 12-week education course that covers topics defining domestic violence, understanding healthy relationships, and effects of domestic violence on children. Marjaree Mason also has individual and group therapy sessions and support groups. The Marjaree Mason Center is a wonderful resource to victims and youth who have been exposed to domestic violence, but our innovation plan is seeking to reach all traumatic or life-impacting events, not just domestic violence. Those experiencing domestic violence will be linked to such services.
- Handle with Care – The Handle with Care (HWC) program was piloted in West Virginia in 2013. This program started in an area plagued by drug and violent crimes. Ninety-three percent of the students at this elementary school came from low-incomes families. The goal of the program is to prevent children’s exposure to trauma and violence, mitigate negative affects experienced by children’s exposure to trauma, and to increase knowledge and awareness of these issues. The HWC program is a collaboration between law





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enforcement and schools. Law enforcement provides the school with a “heads up” about a child that has experienced a traumatic event. The school is educated on trauma and the impacts of trauma on learning. The teacher, counselors, and school staff watch for behavioral or emotional problems in the affected student. If problems arise, the counselor or principal will refer the parent to a counseling agency that can provide trauma-focused therapy. Since 2013, the HWC program has been implemented in many states. Fresno County is modifying elements of the HWC model by increasing community collaboration and adding a Parent Café component to the model as part of this Innovation plan. The Parent Café component of the plan will assist the parent’s understanding of the trauma or life impacting event that effected them and their child, increase their understanding about the protective factors of their family and build a sense of community within the Parent Café where Mental Health stigma can be discussed, addressed, and reduced.

- Focusing On Children Under Stress (FOCUS) – California’s Stanislaus County modeled their FOCUS program after West Virginia’s Handle With Care program but modified it to fit the County’s needs. Like HWC, the notification of trauma exposure comes from first responders. FOCUS not only receives notifications from law enforcement, but also from fire fighters, emergency medical responders, etc. The FOCUS notification is sent to the Stanislaus Drug Enforcement Agency (SDEA) via the FOCUS smart device application, then SDEA informs the school district. The school is alerted of the child experiencing a traumatic incident without any details that would violate confidentiality laws. If the child begins to exhibit emotional, behavioral or academic problems, the teacher will refer the child to the school counselor, who will then assess the child’s needs. If the school counselor determines that the student needs further counseling or services, they will make recommendation to the parent/guardian. Fresno County originally intended to duplicate this plan and create a trauma-informed triage team under Senate Bill 82 grant, but the grant application that was submitted in April 2018 was denied.
- Placer County-Placer County also has a Handle With Care program, that seeks to provide follow up services to a student in a school following some life changing event. The Placer County project is a partnership between local law enforcement, schools and the Juvenile Assessment Center. As with most HWC programs, the project looks to communicate events that can have an impact on the student outside of school. This program refers the student out for a family assessment. The program however is not providing the services on campus as this program proposed. The Juvenile Assessment Center facilitates some collateral sessions with parents/caregiver but does not have a specific component to help increase parental understanding or build parental skills to support in the recovery from a life



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changing event or events. This Innovation Program is adapting an existing model with additional non-existent components.

- Parent Cafés
  - United Parents – United Parents, a grantee of the MHSOAC, uses a Parent Café program to provide information to parents and caregivers of their programs. It provides an opportunity for parents to make peer connections and share concerns, struggles, successes, and community resources. Various topics may be discussed, such as parenting skills, self-care, drug and alcohol use, education, school issues, child behavior, and other relative topics of interest or need.
  - Strengthening Families – The Strengthening Families curriculum was designed as a resource for those training or conducting professional development with child welfare workers but has since been adapted by many other programs to create content that is relevant for their target audience. This research-informed approach was designed to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. It is based on engaging families, programs and communities in building five (5) key Protective Factors: parental resilience, social resilience, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. For our innovation plan, the Parent Cafés will use these Protective Factors while modifying the curriculum for families and children exposed to trauma.
  - First 5 Butte County Parent Café – Butte County’s First 5 Parent Café (as well as many other First 5 county programs) are based on the Strengthening Families framework and the five Protective Factors. The Parent Café is a low pressure, fun way to meet other parents and have great conversations focused on families and children. Although the program is not a parenting class, the Parent Café staff have guided small group conversations that focus on what is strong within our families and not on what is wrong or what needs to be changed. These types of Parent Cafés are likely beneficial as is, but this innovation plan seeks to add the psychoeducation on trauma, ACES, and resilience to the program, and thus differentiating it from existing Parent Cafés.
  - East Durham Children’s Initiative – In Durham, North Carolina, the East Durham Children’s Initiative hosted a four-week Parent Café series on trauma, Adverse Childhood Experiences (ACES), and the effects on child development. The program focused on prevention tips and strategies and was a great effort to raise awareness of ACEs. The topics that this Parent Café focuses on are half of the topics that we want this innovation plan’s Parent Café program to focus on. The Parent Café that



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is being proposed will be an eight-week course covering these topics plus social determinants to health, peer roles and empowerment, using this model with the additional enhancements and making it a part of a trauma response model proposes a new option for whole family resilience.

## Proposed Project

The intent of this project is to collaborate with DBH's community partners, such as Fresno County Superintendent of Schools (FCSS) and Fresno Police Chaplaincy's Resiliency Center, to create a program that will respond to children and families immediately after a trauma or stressful life event occurs. The Resiliency Center will receive information regarding the life impacting or trauma and quickly notify FCSS of the event. FCSS will notify the child's school of the event that has occurred (without violating any HIPAA laws), screen and assess the child, and connect the family to support—such as a targeted Parent Café—to help the child and family recover from the life impacting or traumatic event. The focus of this project is to provide early support, screen and assess children for early indicators of mental health symptoms, empower the family with the tools they need to cope and recover, and connect children and families to any additional necessary resources. This focus on parent education and empowerment distinguishes this innovation program from similar Handle With Care programs provided in California.

Fresno County Department of Behavioral Health (DBH) will collaborate with the Fresno Police Chaplaincy's Resiliency Center, Fresno County Superintendent of Schools (FCSS), and a neighborhood-based location (which is the Resiliency Center for this specific innovation plan) to create this rapid response to trauma team that can support the whole family.

Based on the targeted schools and communities, the program will seek to support resilience in families who have experienced a life impacting event or trauma who have a student/child who attends one of the four identified schools. These will be children between ages 4-11 years of age. These students will vary in age, gender and ethnicity, however, based on the location of the schools many of the students will be Latino. The students in general will be from lower social-economic backgrounds, and who have traditionally been underserved by the behavioral health system. A small portion of the students will be English learners, and thus the need for bilingual response team. Most recently, the Fresno Police Chaplaincy had on average 60 calls per month from neighborhoods for these schools. The average of 60 calls per month, multiplied by two school sites in the first year over 12 months is 1,440 possible calls for services. In years two and three of the project, where there will be two additional schools (four total), with the same formula we estimate the project to serve 5,760 families/students who may benefit from services. The project



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estimates to contact up to a total 7,200 students. This projected number cannot factor in those who will decline services, those who will only participate partially, homes/students who may already be engaged in services, and/or those who may be duplicated. The team was unable to effectively determine the number of parents/caregivers who would be served by the Parent' Café, due to some of the same variables noted above. Also, the number of parents/caregivers in each household is unknown and difficult to project. However, over the course of this project, 25 (8-week) Parent Cafés will be conducted. If a third of parent/caregivers participate in one of the 25 Parent Cafés over the three years, 2,400 parent/care givers could be served through this project.

While the term "Trauma" can be defined clinically, we subscribe to the belief that trauma is in the "eye of the beholder". Meaning the individual who has experienced the event is the judge of if it was traumatic or life impacting for them or not. However, for this project we are focusing on events that generally could be considered traumatic to some, or at minimum, events that can have an impact on the life of a child and as such can impact their wellbeing. Calls that involve life impacting or traumatic events will be screened by the Fresno Chaplaincy for referral for this program for the targeted neighborhoods.

The eight listed possible life impacting or traumatic events are not limited to just these instances. This list was

developed based on the type of calls that the local first responders may respond to, and which can be identifiable. An ACEs list was not used due to the challenges to being able to ascertain that information from a 9-1-1 call or a first responder response. These types of calls are more local-centric.

When the Fresno Police Department respond to calls, they enter the call data into a secure smart device application developed and operated by the Fresno Police Chaplaincy. The app allows real-time, accessible data that can allow for timely response and notification. The Fresno Police Chaplaincy's Resiliency Center will access and review this data each morning to screen for all calls

Table 1 *Possible Life Impacting or Traumatic Events Targeted in this project are listed below.*

*Note: This list is not inclusive, but examples.*

- Loss/death of a loved one (natural, suicide, etc.)
- House or Apartment Fire
- Displacement due to a disaster (natural or manmade flood, fire, etc.)
- Domestic/Family Violence
- Child Removal (by Child Welfare)
- Community Violence (Homicide, robbery, burglary, home invasion, assault, bullying.
- Serious Car Accident
- Arrest in the home (by law enforcement, probation, immigration, etc.).



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that consist of a traumatic or life impacting event in which children are involved. Upon implementation of this innovation project, the Resiliency Center will further filter call data to identify children affected by a life impacting or traumatic event living within the boundaries of the four target schools. If the child is in one of these targeted schools, then the child's information will immediately be sent to FCSS's triage/response team who will initially notify the targeted school staff that the student experienced a life impacting or traumatic event and may need to be handled with care. If the child is not in one of the targeted schools, the Fresno Police Chaplaincy will respond in their normal 72-hour process and the triage/response team will not be involved.

When FCSS triage/response team receives the notification from the Resiliency Center, they will identify the school that the child attends and immediately send the school a Handle with Care notice. This notice has no confidential or clinical information, only the child's name and grade, so that the school can notify relevant parties—such as school administration, teachers, counselors, and other approved services—that the child has experienced a potentially traumatic event and may experience difficulties performing their daily activities.

Step 1: Upon the Triage/Response team sending Handle with Care notice to the targeted school, the student and their family will be assigned to the Trauma Response Team consisting of a FCSS clinician and parent peer.

Step 2: The responding team will search DBH's electronic health record system (Avatar) to determine whether the individual has a history in the behavioral health system (if they are currently receiving services so to avoid any duplication), etc. If the individual has an open record in Avatar, FCSS will reach out to the parent/guardian to request approval to inform their child's provider of the life impacting or traumatic event.

Then the family will be provided with information on the Parent Café program that could support and educate family on being resilient after being exposed to trauma.

If the family declines authorization for notification of existing provider and/or Parent Cafe, then close the referral by FCSS, and refer the case back to the Fresno Police Chaplaincy for their normal follow up.

If the individual has no history in Avatar or does not have an active case, the FCSS response team will:

Step 1: contact the family to offer support services. If the parent/guardian declines services, FCSS will ask if they can mail the family information on services, the Parent Café program, and other educational opportunities in case the family would like to access



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information at a later time. The case will then be closed for the FCSS response team and will be referred back to the Fresno Police Chaplaincy for their normal follow up.

Step 2: If the parent/guardian accepts the services for their child, FCSS triage/response team clinician will screen for the impact of trauma on the child and provide mental health services or resources based on the results. If at that time the child does not show any symptoms the parents will still be provided with Parent Café information. The school will be notified of the results of the screening and ask to re-refer the child if symptoms manifest in the future. Although, our clinicians will have the child as their primary focus, this program can assist parents with access and linkage for them or other family members as well.

Step 3: If based on the screening, the child may need additional services or treatment, the FCSS Triage/Response clinician will conduct a clinical assessment to determine the need. If the intervention will take beyond six sessions, a warm handoff will be provided to link them into the services they are needing (either school based or with another provider). If the symptoms can be addressed in short intervention, then the FCSS triage/clinical team will provide up to six session. This is to ensure the child is not without services while awaiting to access clinical services.

Through this project FCSS will also notify other schools (not in this project, for siblings or other household members who reside with the student but attend a different school, to ensure that the school is aware of the handling with care, and can refer those students not in the four participating elementary schools (a brother or cousin who is in middle school for example) to the school based services available there for screening and/or assessment with caregivers' consent. Some screening tools explored for this project are Pediatric ACES and Related Life-event Screener (PEARLS), the Pediatric Symptom Checklist (PSC-35), along with other screeners in The National Child Traumatic Stress Network database. Upon approval of this plan, the collaborators will determine the right screening tool for this program based on the personnel's experience, compatibility with the population and setting, and culturally responsiveness.





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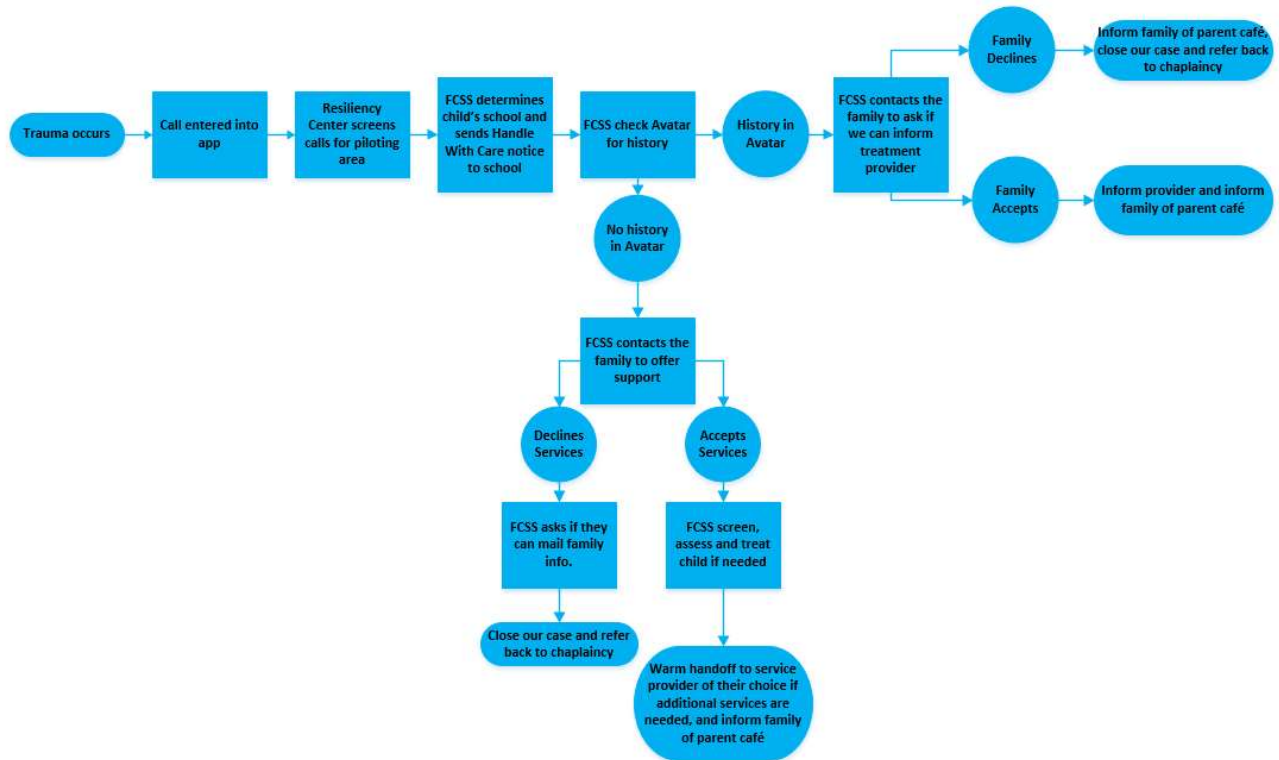


Figure 3: Handle With Care Plus+ Flow

While not part of the project that is looking specifically at four elementary schools, households will be provided with support and resources to support resilience. Those cases will not be tracked as part of this project.

The innovative element of this multi-agency program is the addition of support for the whole family through Parent Café programs in neighborhood-based locations. These Parent Cafés will provide support for the child and the family so they can recover and normalize together. The Parent Café will be run by a clinician and a parent peer. The role of a parent peer is to create meaningful relationships and engaging conversation while demonstrating respect, trustworthiness, empathy and collaboration. The parent peer will support the Parent Cafés' strength-based framework that emphasizes physical, psychological, and emotional safety and help support resiliency in the community. The parent peer facilitates a majority of the topics in the Parent Café. The clinician will attend the Parent Café to ensure fidelity and provide answers to any clinical questions that are asked from the participants.





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The Parent Café model was developed by parent leaders as part of Strengthening Families-Illinois in 2007, and is now housed with Be Strong Families. Parent Cafés have provided safe, non-judgmental opportunity for parents and caregivers to build their protective factors while engaging in conversations about what it means to keep their children safe and families strong, while also building parent leadership. Parent Cafés are normally structured around questions related to each of the five Strengthening Families protective factors. (Center for the Study of Social Policy, 2013). This model has been in use for over ten years across the country.

Per the Center for the Study of Social Policy's Strengthening Families, evaluation data has been collected from over 4,000 Illinois Parent Café participants, with an evaluation report to be published soon. Parent Café are using a fidelity framework, "Parent Café in a Box" for those who would like to implement Parent Cafés, which will be used as a foundation model for the curriculum, with some specialized modification or additions to target responding to trauma, better understanding trauma, and to support their child's resilience.

At this time the Parent Cafés are not evidence-based practices, but research informed efforts focused on protective factors. Be Strong Families initiated a national Parent Café evaluation system, but data has not yet been assessed. Santa Clara County's Family and Child Services Department is working with BeStrongFamilies.org on a study and may be a source to assist in the development of the trauma specific efforts of this project using the Parent Café model. The East Durham Children's Initiative will also be a model that may provide some options for incorporating trauma informed component to a planned curriculum.

DBH would create a Parent Café using existing Parent Café models (including the Parent Café In A Box) but merge those into the curriculum to focus on protective factors including parent and family resilience, positive social connections, support in a time of need, knowledge of parent and child development, trauma education, social determinants of health (shown on right), empowerment, and social and emotional competence. For this innovation plan, an eight-week course will be designed, with a new topic introduced each week. As the project does not want this program to be an overwhelming commitment, the individuals will only need to show up



Figure 4: Five Key Areas of Social Determinants of Health  
[www.cdc.gov](http://www.cdc.gov)



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once a week for the eight weeks. This curriculum will be designed such that an individual may attend their first session at any time. Upon completion of all eight sessions, the individual will have graduated from the course. These workshops are strength-based, family-centered, and trauma-informed which will help the family cope with their exposure to trauma. When a parent/guardian learns about trauma, resilience, and how to communicate with their child, they can be an effective support system. One caring adult willing to listen and be there for a child can make a huge difference in that child's life and mitigate impacts of ACEs.

For this pilot, the Parent Cafés will be hosted at the Resiliency Centers, which are located within the program's pilot neighborhoods of Downtown Fresno and Central Fresno. There will be a center for the two schools in the downtown area, and one center for the two schools located in Central Fresno, ensuring proximity to the center for participating families. The Lowell and Heaton schools are less than 1.5 miles from the downtown Resiliency Center. The Pyle and Del Mar schools are under 1.1 miles of the new central Resiliency Center, making these easily accessible.

The Resiliency Centers currently provide education services, mentorship programs, counseling and linkage services; these existing programs will provide complementary services to Parent Café participants. The Resiliency Center will be providing space to host the Parent Cafés. The center will also be providing activities for the children, such as yoga, sports, a game room, free play time and would like to incorporate educational learning. Children could participate in these activities while their parents or caregivers are participating in the Parent Café. Parent Café participants will earn incentives and prizes as a way encourage continued engagement. The Parent Café will provide resources, including information on services available through other providers in the system of care, and not limit those to ones provided by the Resiliency Center. The Parent Peer will work to coordinate and provide warm-handoffs to parents seeking other services, both at the center as well as in the community.

The Handle With Care Plus+ is an open program to any residents who reside in the project target areas, and is not limited to those who are Medi-Cal eligible, or those with primary coverage. The notification, the screening, the linkage and parent café are open to all project target area residents. Medi-Cal eligibility shall not be a condition for participant.

Note the team and project are not referred to as Trauma or trauma response, or other terms that may either be labeling those who are engaged, or that could be stagnating, but rather the focus is on terms that are strength-based that focus on things like resilience, community, wellness, resolve, etc. The name of the project, team and terms are intentional.



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The response team for this project is dedicated full-time for the three years to this project and are not being leveraged across any other programs, allowing for timely and meaningful interventions.

## Research on Innovation Component

This innovation plan seeks to strengthen existing programs (Resiliency Center, Parent Cafes, All 4 Youth) and service models (Handle with Care) through the use of multi-sector collaboration with the community partners, FCSS, and parent peers. This collaboration will produce a rapid trauma response team that can address life impacting or trauma in both children and their families. This postvention-as-prevention model is based on successful programs such as the Local Outreach to Survivors of Suicide Team model, but the collaborative, multi-agency effort would be new in Fresno County. Fresno County Department of Behavioral Health is hopeful that this project will provide insight on how multi-sector partnerships can help mitigate toxic stress for our children and families, socially, emotionally and physically, while creating a model that can be replicated in other communities by leveraging our school-based services and community partnerships.

## Learning Component

- Will multi-sector rapid response Trauma Response Team lead to decreased behavioral health problems in children affected by life changing or traumatic events?
- Will children whose parents attended a Parent Café focused around resilience following life changing or traumatic event experience fewer behavioral health problems and increased resilience than children whose parents did not attend a Parent Café?
- Will a participation in the Parent Café increase the likelihood that a parent/guardian will participate in clinical services for their child, other children or themselves?

## Evaluation/Learning Plan

Fresno County Department of Behavioral Health and the project partners, Resiliency Center and Fresno County Superintendent of Schools, seek to collaborate to increase understanding of how communication, early screening, early intervention, and family psychoeducation via a parent café can reduce the effects of trauma on children and families.

This Innovation Plan seeks to answer the following questions:



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- ❖ Will rapid intervention by a multi-sector Trauma Response Team lead to decreased behavioral health problems in children who have experienced a life impacting or traumatic events?
  - Identify participating students, prior and any behavioral or academic issues pre-intervention and measure any changed post intervention.
  - Measure behavioral health issues in school and student outcomes.
    - For students within our targeted neighborhoods/schools, this program will track the identified students' grades, attendance, and behaviors over the three-year innovation project. These will then be compared with students/schools with similar demographics that do not have a trauma rapid response.
- ❖ Will children whose parents participate in the Parent Café component of this project experience fewer behavioral health problems and increased resilience than children whose parents did not attend a Parent Café?
  - Measure the number of parents offered the Parent Café resources and then how many actually participate, and of those how many complete the full eight-week program.
  - Measure parent/guardian's understanding of impacts of trauma and resiliency as a result of participation in the Parent Café.
    - Develop a survey for individuals that are participating in the Parent Café to be administered at the start and end of the eight-week program to measure their understanding of the impacts of trauma and resiliency.
  - Monitor behavioral health issues in school and student outcomes for those students whose parents participated in the Café versus those who opted not to participate.
    - For students within our targeted neighborhoods/schools, this program will track students whose parents participated in the Parent Café's academic grades, attendance, and behaviors over the three-year innovation project to measure the impact of Parent Café component in assisting a child's resilience versus those who had engagement but no Parent Café participation.
- ❖ Will participation in the Parent Café increase the likelihood that a parent/guardian will engage in clinical services for their child, other children in their home/care or for themselves?
  - Measure number of individuals who decline services at initial contact.



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- Track outcomes of individuals, whether they accepted the screening and assessment only, if they were linked to care, if they accepted Parent Café invitation, if they or other family engage in other care, or denied all services.
- Measure the number of individuals who engage child and/or family into clinical services or linked to care after receiving education from the Parent Café.
  - Develop a survey for individuals that are participating in the Parent Café to be administered at weeks one, four, and eight of the eight-week program to measure likelihood of seeking additional care.
  - Use survey tools to measure changes in mental health knowledge, attitudes, and beliefs of Parent Café participants at weeks one, four, and eight of the eight-week program.

## Contracting

Fresno County DBH will be collaborating with Fresno County Superintendents of School and Fresno Police Chaplaincy's Resiliency Center for this rapid response team. DBH has received approval from Fresno County Purchasing Department for a Suspension of Competition (SOC) to collaborate with FCSS, which ensures that they will be a partner in this project. They are classified as a government agency, and the approved SOC eliminates the Request for Proposal (RFP) process, thus expediting the contracting process once the plan is approved. This also allows the ability to leverage existing resources in our system of care.

DBH has also received approval from the Purchasing Department to move forward with the Suspension of Competition process with Fresno Police Chaplaincy's Resiliency Center. DBH has requested that the Resiliency Center be used for this innovation program because of the chaplaincy's existing technological ability to receive real time data from Fresno Police Department, timely access to incidents that can support a rapid response, as well as experience in filtering call report data. The Resiliency Center is the only agency that currently possesses the technological necessary for this project in Fresno and has geographic infrastructure to support this innovation project (centers in the neighborhoods targeted in this project).

Upon approval of this innovation plan, DBH will work with the County's Purchasing Department to secure an independent third-party evaluator through approved county procurement process. Utilizing a third-party evaluator ensures that the program is evaluated by those with evaluation expertise, and that the process is objective. Fresno County also has an option to secure an evaluator through its existing agreement with California Mental Health Services Authority (CalMHSA) which also allows for a more rapid option.



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The Handle With Care Plus+ project will allocate up to a total of \$150,00 for project evaluation. The specific yearly budget may vary based on the work and work plan to be developed in the contracting process upon completion of the procurement process. These funds are to support the efforts for both quantitative and qualitative evaluation, creation of rubrics, surveys, data collection and evaluating the raw data for the research and evaluation. Data can be gathered for research from the FCSS (Educational Records) shared EHR, program specific data and call data from the Resiliency Center making the evaluation aspect more complete. This allocation for evaluation of this program is competitive for the Fresno area and will address the evaluation need for this project.

The collaborating agencies and pilot project evaluator will partner to review the evaluation tools and criteria, and present findings generated by these tools at regular intervals. Outcomes reports will be provided on a regular basis to the local stakeholders including Fresno Unified School District Board, the Fresno County Board of Education, and the Fresno County Board of Supervisors.

The contracted evaluator will provide annual updates to stakeholders as part of the County's annual updates and community planning process. Additionally, the evaluator will use available data to assess the program and explore challenges. Lastly, the contracted evaluator will present annually to stakeholders its evaluation to date and at the conclusion its final report. The evaluation report will cover the three-year term.

## Community Planning

During the Fresno County DBH community planning process for development of the MHSA Three-Year Plan (years 2017 – 2020), which included four stakeholder meetings and 40 focus groups (15 MHSA community planning groups and stakeholder input through other 25 existing meetings that were leveraged for input), DBH heard that trauma resources were needed. Over half of the individuals (51.09%) said that trauma resources were needed for individuals, families and communities. Fresno County DBH tried to partially address this unmet need by applying for the Mental Health Wellness Act of 2013 Round 2 Triage Grant under Senate Bill 82, but were denied the funds to create this triage team consisting of FCSS, Fresno Police Department and five additional collaborators. While this grant would have provided trauma services for children, this innovation plan will allow DBH to build a strong, trauma-informed community by serving children and their families alike.

Under the efforts to advance this innovation project, the following community planning continued to ensure stakeholders were involved in the development of the final plan:





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- Stakeholders Meeting – On June 5, 2019, DBH gathered community stakeholders to discuss the idea of a trauma response team. DBH invited Rodney Lowry, Executive Director from the Fresno Police Chaplaincy; Artie Padilla, Executive Director from Every Neighborhood Partnership; and Gleyra Castro, a clinical supervisor of the County Children’s System of Care; to discuss the areas of need and to gain an understanding of the trauma needs present in our county. The Fresno Police Chaplaincy informed the group that the Fresno Police Department received 500-700 calls a month that involve children being exposed to trauma. The Fresno Police Chaplaincy reaches out to these households within 72 hours and tries to bring them into the Resiliency Center, but the Resiliency Center’s current capacity is 30-40 children per week. Because the call volume for trauma calls is so large, the innovation plan will pilot within four Fresno Unified neighborhood schools that have some of the highest police call volumes. Every Neighborhood Partnership provided profiles on each of the school neighborhoods, including demographics, income demographics, community health and wellness, safety and security, cradle to career education, and neighborhood health and fitness.
- Fresno County Superintendents of School Meeting – On August 9, 2019, DBH met with Trish Small, Director of Pupil Personnel, Trina Frazier, Chief Student Services Officer, and Patricia Orozco, Supervising Clinician, to explore FCSS’ ability to assist in the implementation of a rapid trauma response effort using the Handle With Care model. The F.O.C.U.S. grant application was discussed to identify aspects of the grant and current resources for the collaboration between FCSS, the Resiliency Center, and DBH. FCSS was in agreement with the four schools that Every Neighborhood had helped identify based on data.
- Collaboration Meeting August 20, 2019 – The agencies that are collaborating on this innovation plan came together to examine the structure and personnel necessary to implement a rapid response team.
- Program Development – On December 4, 2019, DBH staff met with all Department Division Managers or their representative to gather input and recommendations for the program from across the spectrum. There was focus on non-duplication of services, timely response, and care coordination.
- Workflow Meeting – On December 6, 2019, a meeting took place to clarify the workflow and roles and responsible for each stage of the project.





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- Youth Listening Session – On January 30, 2020, Fresno County Staff attended the Youth Listening Session hosted by Mental Health California and Kaiser Permanente in Fresno. This was a listening session spotlighting youth in the foster care and juvenile justice system. During the Ideation Session of the agenda, youth spoke of the need for greater trauma-informed care, but also the need for parents and foster parents to also receive information on trauma. Increasing provider, family and community awareness of trauma was a point that was brought up several times by different youth. The Parent Café component of this project focuses on informing families about trauma speaks to the request and interest of some of the youth in our community.
- The 30-day public comment period started on March 2, 2020 and was completed on April 2, 2020.
- A virtual public hearing was held on April 3, 2020 using the YouTube live platform. This allowed for virtual interaction with the public, allowed the session to be documented, and ensured access to a medium which does not require interested persons to have a social media account.
- The Fresno County Behavioral Health Board held a special session on April 9, 2020 via open public teleconferencing and approved the proposed plan.

## MHSA Standards/Values

### Community Collaboration

This innovation project is mainly focused on the community collaboration to tackle one of Fresno County's unmet needs. This program idea was initially the result of Fresno County's community stakeholder process and MHSA Three-Year Plan Development. In the 2016-17 MHSA Three Year Plan, 51.09% of people said that an unmet need in Fresno County was trauma response and resources for individuals, families and communities. This led DBH to apply for the Mental Health Wellness Act of 2013 Round 2 Triage Grant under Senate Bill 82 to create a collaboration between FCSS, Fresno Police Department and a few others to create a Handle With Care type model. After this application was denied, DBH was determined to create a collaboration with community agencies to meet the need for trauma response and resources in our community. A trauma response team was then added to the plan through community stakeholder input and approval in the 2017/18 MHSA Annual Update as an Innovation Plan. A specific project was created by our community partners to modify some existing program models, leverage existing resources, and add a trauma-informed Parent Café to create a rapid response team for Fresno County. Through this collaboration, consisting of Every Neighborhood and their Trauma and Resilience Workgroup, FCSS, Fresno Police Chaplaincy's Resiliency Center and Department of Behavioral Health, our goal is to provide a postvention and prevention approach to reducing trauma in our community.



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## Cultural Competency

This project, as with all other Fresno County DBH efforts, seeks to acknowledge and include each individual’s culture into the services we provide. The Department understands the diversity of its community in Fresno County, and is developing a program in such a manner that will be inclusive of those the system of care serves, including the lived experience, language needs, cultural considerations, gender identity and generational differences.

For the 930,450 residents who live in Fresno County, 16.8% are Transitional Age Youth (TAY) ages 15-24; 44.2% are adults ages 25-59; and 14.3% are older adults ages 60 years and older. Nearly half our total community members are persons who identify as Latino (50.3%). Persons who are Caucasian represent 32.7% of the population, Asian/Pacific Islander represent 9.3% of the population, African American/Black represent 4.8% of the population, Alaskan Native/Native American represent 0.7% of the population, and other/unknown represent 2.2% of the population. There are an equal proportion of females (50.0%) and males (50.0%) in the county (the data available did not provide information on those who identify as gender non-binary, etc.).

In the four pilot neighborhood schools targeted by this innovation project, the neighborhood profiles indicate that many of the potential individuals served are Latino. As such, the Rapid Trauma Response Team will require that team members are bilingual in Spanish. Parent Cafes will offer education to be held in Fresno County’s three threshold language – English, Spanish and Hmong (for Hmong, interpreters can be used, or community partners from the Holistic Wellness Center can assist). The table below has a breakdown of data provided by FCSS by race for each pilot school neighborhood included in this innovation project.

*Table 2 Target School Demographics*

Race	Latino	White	Black	Asian	American Indian	Two+ Races
Del Mar	71%	8%	9%	8%	1%	3%
Pyle	62%	8%	15%	12%	1%	2%
Heaton	76%	6%	9%	6%	0%	3%
Lowell	79%	6%	9%	3%	0%	3%

These schools are in communities that are underserved, or inappropriately served, who have high poverty rates, and for whom access to services and care is often a barrier. These schools were in part chosen as way to increase access for culturally underserved or inappropriately served populations. The project’s clinicians and parent peers that will be hired for this program will be required to complete the training to ensure their cultural responsiveness in order to follow the



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CLAS principal standard of providing effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. Additionally, the clinicians and parent-peers will be required to be bilingual in Spanish based on the current data.

The age distribution of the four pilot neighborhoods is shown below.




<b>Age Distribution</b>	 <b>Under 18</b>	 <b>18 - 64</b>	 <b>65+</b>
Pyle	32%	56%	12%
Del Mar	28%	59%	13%
Lowell	31%	58%	11%
Heaton	26%	64%	10%
City of Fresno	28%	61%	11%

Figure 5: Target Schools Neighborhood Age Demographics

As the response team will be only one clinician and one parent peer, the likelihood that both team members will be bilingual in both of the County’s threshold languages (Spanish and Hmong) are unlikely, there will be a focus to ensure the team is at minimum bilingual in Spanish. Based on the demographics of the target schools, the majority of non-English speakers would likely be Spanish. However, if there is a need to provide services to a Hmong speaking family, FCSS can leverage clinicians from its other school sites and programs to facilitate the services.

## Client and Family-Driven

In this innovation plan, the primary focus is on the child and their family, and in long-term, the overall community. Some of these children that receive a rapid response may or may not already be engaged in services. For children that are not already engaged in services, this team will facilitate screening and service linkage. The Parent Café program being offered to the family will allow for parents/guardians to learn how to help and support their child and family recover from the life changing event or trauma exposure while simultaneously building resilience within the family. As more families complete the Parent Café program, more of our community will be trauma-informed, which will facilitate a reduction in mental health stigma. This program will include a Parent Peer as part of the response team, so to ensure that both family and those who have experienced mental health challenges perspective is imbedded in the engagement and services.



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### Focus on Wellness, Recovery, and Resilience

The trauma response team is solely focused on the wellness, recovery and resiliency of the individuals in our community. The project will have FCSS submitting the Handle With Care notice to the school so that they can focus on the child's wellness. Then the FCSS clinician and Parent Peer will engage the family to promote recovery through screening, assessing and providing care or linkage for the child. Finally, the family will be invited to participate the Parent Café program to focus on the resilience for the child and family.

### Integrated Service Experience for Clients and Families

The first innovative part of this plan is the cross-agency collaboration between Fresno County Superintendent of Schools, the Resiliency Center and Department of Behavioral Health. The cross-agency collaboration allows us to reach more children in our community at a faster pace because our collaborators all have specialized operations to contribute to this trauma response team. The Resiliency Center has access to the Fresno Police Department's call reporting data, which helps us identify the children that could potentially need a trauma response service. FCSS has already created an integrated system of care that ensures that all children in Fresno County have access to behavioral health services to support their social, emotional and behavioral needs, as well as promote health, well-being, and resiliency. FCSS will employ bilingual/bicultural clinicians to screen and assess the child in the school and can promote the Parent Café program for parents/guardians so to ensure families are also receiving resources and can support their child/family's recovery.

The Parent Café is the other innovated part of this plan. This collaboration is unique in that the rapid response team will provide services for the family. The Parent Café program will be used to promote wellness, recovery and resilience for the whole family by providing psychoeducation on trauma and impacts, strengthening families' protective factors, and teaching empowerment. The Parent Café will be hosted at a neighborhood-based location (in this plan at the Resiliency Center) that will be in the neighborhoods where the family lives and near the child's school, assuming that the child does not get bussed in from an outside neighborhood. Having these programs at neighborhood-based locations will hopefully allow for convenience and accessibility for individuals attending the cafés.

### Cultural Competence and Stakeholder Involvement in Evaluation

Fresno County now requires all contracted providers to establish and share with the Department their cultural competency plans, and in lieu of a plan, a completed CLAS Assessment Tool.



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As with all DBH programs, the evaluation process must be inclusive of all participants, and as such, materials must be developed and provided to participants in their preferred language, and/or have evaluation work and evaluation interviews using a certified interpreter or evaluation personnel who are bilingual. This is to ensure each participant is able to fully participate in the evaluation process.

Fresno County shall seek to have individuals within this program to assist the evaluators by participating in the evaluation design process. Families, employees of the four target schools, and Resiliency Center staff may also serve on advisory committees/workgroups in order to provide their insight and perspective to assist the evaluation process that can be responsive to the participants and also anticipate challenges and have contingencies in place for follow ups, incentives, etc.

The curriculum for the Parent Café will be developed to address the cultural and linguistic needs of the communities they serve. The project will also be soliciting input from those parent participants on aspects of the curriculum that work, areas that were not as effective, or can be improved and how to better meet the needs of those participants, so the curriculum can be enhanced to meet the specific local community's population need.

Fresno County staff shall assist the evaluators with coordination of any necessary community groups and other program/service providers to ensure the evaluation is inclusive. Additionally, Fresno County will coordinate efforts with the evaluator for updates of the program and progress to the community through community town halls, on-line information dissemination (including social media), school workgroups, and BHB meetings.

## Innovation Project Sustainability and Continuity of Care

Should the innovation project be deemed successful based on engagement, community participation and evaluation data, the model for this program could be replicated in other parts of our county and by outside counties. Our project is testing four schools, in two different areas of Metro Fresno, but FCSS covers all of Fresno County. FCSS program, All 4 Youth, is expanding to provide clinicians in schools all throughout Fresno County. If this rapid response team is successful, the collaboration could possibly leverage some clinicians from the All 4 Youth program to implement the Handle With Care screening and follow up clinical support. The county can work with local community providers to then identify hosting and implementation of Parent Cafes' that use the trauma informed curriculum, with local parent peers.

The call data notification portion of this project can take more time to develop in other communities, because not all police departments are using the smart device application to enter



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call data, and not all chaplaincies have staff available to filter through this data to find the children exposed to trauma. Although this is something that would need to be recreated from other cities outside of the City of Fresno, it is not impossible or too costly to recreate the model. The Handle With Care and parent engagement could still happen with the real time call data (it would just be a bit delayed). If the program is successful, funding could be set aside to work in conjunction with other jurisdictions for real-time call data notification.

If the program proves to be ineffective, it can be discontinued. However, since the agencies in this collaboration are already running some of these programs on their own or in a different manner, they would go back to running each program in the manner that was utilized before this innovation plan. The Fresno Police Chaplaincy would still respond to trauma calls in their standard 72-hour timeframe and without sending the coordinating information to FCSS. FCSS would continue employing clinicians in Fresno County schools, but they will not be informed of traumatic or life changing events that their students have experienced in the last 24 hours. So, there would need to be other options for a Handle With Care notification.

Table 3: *Five Phrases Summarizing Handle with Care Plus+*

1. Trauma Response
2. Adverse Childhood Experiences (ACEs)
3. Multi-Sector Collaboration
4. School based behavioral health services
5. Strengthen Resilience Factors in Communities

The Parent Café program is the part of the plan that is being developed from partial ideas of other programs or cafes. If these Parent Cafes are ineffective, they can be discontinued. If some of the strategies or topics used in café are deemed successful, they can be modified with community input and incorporated into other Parent Café curriculums. If the Parent Café is successful, the curriculum and model can then be shared with other counties who are operating a Handle With Care program to add this component and curriculum to help enhance those efforts.

If this project is successful, the community could potentially experience improved student outcomes and lower rates of suicide, incarceration, depression, and other serious health conditions. If deemed successful, this innovation project will then be transitioned into its own program, expanded, and sustained under Prevention and Early Intervention components and other potential educational funding opportunities.

## Communication and Dissemination Plan





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Fresno County is fortunate that it is in its own media market and has access to several local press and media outlets through which the County can explore opportunities to share in outcomes of this program.

Fresno County intends to disseminate information about the project and its outcomes through use of its MHSA Annual Updates, as well as program annual reports and final reports. These reports will be shared through annual report to the County Board of Supervisors, The Fresno County School Board, local school boards, stakeholders (including the Fresno Trauma and Resiliency Network), as well as the California Department of Education's Student Mental Health Policy Workgroup (where the Department has a voting member representing county behavioral health). These plans and reports will be available on the Department's website as well as promotion of the plan on our site through links on our various social media pages.

DBH would be able to share the success of such a program with several local press outlets (Fresno Bee, GV Wire, news radio (local PBS-NPR)), Spanish language media and Hmong radio, as well local television news stations.

The plan will be shared with the MHSOAC for public access, but Fresno County can share the plan and reports with other counties through the monthly MHSA Coordinators calls. If the plan is successful or creates a learning opportunity, Fresno County DBH can submit the project as a possible presentation in future MHSA Bootcamps.

FCSS will be able to share the report/findings within their networks, to their 31 school districts and local school boards, California County Superintendents Educational Services Association, Association of California School Administrators and other organizations. Additionally, FCSS may seek possible presentations in conferences and other related forums.

Should any of submissions for presentations to conferences, etc. be accepted Fresno County would ensure that peers from the program are involved in the actual presentation to share their role and/or impact on the program and the program's impact on them.

## Timeline

The timeline for this Innovation project will be implemented in four phases. The phases will be a pre-planning phase, Phase 1 (operation), Phase 2 (for inclusion of the third and fourth schools), and Phase 3 (transition and sustainability).

**Pre-Planning Phase-** The first phase will be a pre-planning phase that will occur from the approval of the plan by the MHSOAC to August 1, 2020. This period will be an estimated 90-120 days.





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- In this initial pre-planning phase, Fresno County will establish contract agreements with both FCSS and the Fresno Police Chaplaincy (using the Purchasing Department's pre-approved suspension of competition).
- The Department will work with its purchasing Department to identify and contract with a provider for evaluation services.
- As FSCC already has clinicians in place, they will only have to hire a Parent Peer (using a peer support job description).
- The Fresno Police Chaplaincy will begin recruitment for a Triage Liaison, and team to facilitate Parent Café (part-time clinician, and a Parent Peer).
- In conjunction with project partners, the Department will develop the trauma-informed resilience curriculum for the Parent Café.

## **Phase 1-** August 1, 2020 to June 30, 2021.

The initial phase will be where the program actually begins to operationalize and will begin drawing down funds for the services, from screening calls, making referrals, notification of schools, screening of students, parent engagement, and facilitation of the Parent Café.

- This phase will include the direct services which will begin with the start of the school year.
- Lowell Elementary and Heaton Elementary to begin participation
- Services and program data will be collected.
- Work will begin with the evaluator to assist in meeting and evaluation coordination.

## **Phase 2.** July 1, 2021 to June 30, 2023.

The second phase will begin that the start of the 2021/22 fiscal year and continue for an additional fiscal year. In year two, the second set of schools (school 3 and 4) in Central Fresno will be active in the program and will be participating.

- Continue with services and support to the initial two schools and Parent Cafés at the downtown Resiliency center.
- Add two new school sites which will continue for the next two years.
  - Del Mar Elementary and Pyle Elementary to begin participation.
- Addition of second Parent Café site in the community around the two new schools to increase accessibility of support services.
- Initial year evaluation/update report completed and submitted.
- Evaluation will begin to include the additional two schools.
- DBH will work with partners to assess the Parent Café for possible improvement and enhancement.

## **Phase 3.** April 2023-June 2023.

In the final three months, the project will be developing a transition plan for the project, as well as working with evaluator in developing a final report.

- Work with partners on sustainably and/or transition to other MHSA support.
- Explore with other partners the structure for expansion of project if successful.



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- Begin working with rural communities on strategies for development of similar models of care in those areas.
- Based on data to date begin to share the Parent Café curriculum and component with other Handle With Care and school-based trauma response efforts.
- Complete the three-year evaluation and project and submit to the MHSOAC.

## Positions

### DBH Positions

- Staff Analyst-DBH- Under this project, the Department of Behavioral is seeking to fund 0.50 FTE of a Staff Analyst (I-III) to support this project and other innovation projects. The Staff Analyst will oversee the evaluation agreement, but also work with the overall project to provide oversight, coordinate annual reporting and updates and support the project. A Staff Analyst in Fresno County under general supervision, performs a variety of assignments involving research, analysis, planning, evaluation, and administrative duties; may act in a lead capacity over lower level professional and support staff; and performs related work as required.

### FCSS Positions:

- Bilingual Behavioral Health Clinician  
This project will only fund two positions. One will be the Behavioral Health Clinician (a licensed position). Under the direction of the assigned supervisor, coordinate and provide behavioral health services to students and families within Fresno County; provide assessment and assistance with the goal of facilitating and promoting appropriate behavioral health and personal growth; provide clinical supervision of assigned interns/associates and student interns/trainees to ensure the delivery of a clinically sound comprehensive program; identify the behavioral health needs of students and develop therapy goals and objectives for implementation through an individual therapy plan; provide supervision, consultation, and technical assistance to pre-licensed Behavioral Health Counselors . This position can provide both direct services and lead the project. The clinician will be able to leverage from FCSS existing school-based clinicians at these school sites for any additional clinical support (assessment, evaluation) and/or treatment.

Bilingual Parent Peer Support- FCSS will hire a Bilingual Parent Peer Support, who will possess lived experience who under general supervision, delivers peer to peer support services to behavioral health clients and their family members/caregivers; responsible for providing peer to peer support services including: monitoring, informing, supporting, assisting and empowering clients and their family members/caregivers who directly or



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indirectly receive behavioral health services; developing and coordinating activities, programs and resources which directly support clients and family members/caregivers in achieving wellness and recovery oriented goals; facilitating peer to peer assistance as a part of a team setting; conducting outreach to clients, family members/caregivers and the community; and acting in a liaison role between clients, family members/caregivers and community service providers.

Fresno Police Chaplaincy:

Under this project the Fresno Chaplaincy will be allotted a total of three positions.

- Triage Liaison - This will be a position that will support the Fresno Chaplaincy in their overall efforts to screen and process calls for both this program and for overall efforts for family engagement. The focus for this position will be to prioritize efforts to screen all calls and to identify calls which meet the project criteria and narrow them to the four participating schools and neighborhoods. This position will then share the relevant calls with the trauma response school team. This position ensures the project has dedicated staff to assist with screenings and ensure the real-time/timely acquisition of data to generate referrals and response. When not reviewing data and call information for the project, the Triage Liaison will screen other calls to support the Chaplaincy's internal efforts to dispatch chaplains to homes within 72-hours of an event. For cases where families decline services from the trauma response team, those cases will be submitted to the Triage Liaison, who will then forward those cases on to the Chaplains.
- Parent Peer - (Use same description as above). The Parent Peer will be focused on facilitation of Parent Cafés at both sites in phase 2. Additionally, they will work with families to provide peer support for other needs, as well as having a peer presence at the center during times when classes are not provided, follow up with families who may have declined services, support engagement of the chaplains on calls that involve students from other schools not in the project. Under general supervision, delivers peer to peer support services to behavioral health clients and their family members/caregivers; responsible for providing peer to peer support services including: monitoring, informing, supporting, assisting and empowering clients and their family members/caregivers who directly or indirectly receive behavioral health services; developing and coordinating activities, programs and resources which directly support clients and family members/caregivers in achieving wellness and recovery oriented goals; facilitating peer to peer assistance as a part of a team setting; conducting outreach to clients, family members/caregivers and the community; and acting in a liaison role between clients, family members/caregivers and community service providers.



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- Part-Time Clinician - This project will fund half or part-time bilingual mental health clinician who will provide the didactical presentations to the parents as well as any support for the participants, to ensure accurate information is presented, and to be able to properly interview and mitigate any possible crisis.

## Budget

### Budget Narrative

This project is part of the County's AB 114 plan, and the funds proposed in this project are subject to reversion if not approved on June 30, 2020.

**Evaluation-**Of the total budget, **\$150,000** over the course of three years has been allocated to support the evaluation of this project. The evaluation budget allows for a maximum of \$150,000 to do the evaluation which will be a comparative effort using both quantitative and qualitative

**Administration-DBH** is allocating \$20,000 of the total budget for its administrative cost and to support the administration of this three-year project. The \$20,000 will include funding for services such as travel, supplies, telecommunications, and training for the project, etc. Close to half the funding will also be used for Parent Café activities including food, materials, etc.

**Parent Café – DBH** is allocating \$58,782 of the total budget to the Parent Café for the three years of this project. Year 1 has an allocation of \$25,000 to include development of a curriculum for the café. The other two years, we are allocating \$16,891 per year. The total cost of this line item will cover curriculum development, training, participant incentives, supplies, and any additional costs of the café.

**DBH Staffing-** Under this project, DBH is funding 0.50 FTE of a Staff Analyst for this project. This personnel cost will allow for part of a Staff Analyst time to be dedicated to this project to assist with both coordination of the project, overseeing the work as well as evaluation, and support the innovation requirements of annual updates, and project support. The cost of the .50 FTE of a Staff Analyst I-III would be \$57,163.20 for the first year (salary \$37,956 Indirect \$16,207.20 and Direct \$3,000). Years two and three have accounted for a two percent increase in salary due to inflation. The total cost for this position for three years is \$116,160. When we include the indirect and direct cost associate with this position, total personnel cost goes up to **\$174,942.00**



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**FCSS** The budget for FCSS services under this project will be **\$622,682.19** which includes the cost for a clinician and a parent peer.

**Chaplaincy** costs will be \$120,504 annually based on the cost of a part-time clinician, a parent peer, and a triage liaison. These three positions are necessary to both provide the logistical support for the response, and also a team to facilitate the Parent Café component of the project. The total budgeted for the Chaplaincy will be **\$361,512** for the project term.

This project is able to keep cost to a minimum, as it leverages many existing other positions, resources, programs and services.

## BUDGET

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*					
EXPENDITURES					
PERSONNEL COSTS (salaries, wages, benefits)		FY 20/21	FY 21/22	FY 22/23	TOTAL
1	Salaries	\$ 37,956	\$ 38,715	\$ 39,489	\$ 116,160
2	Direct Costs	3,000	3,060	3,121	9,181
3	Indirect Costs	16,207	16,531	16,862	49,600
4	<b>Total Personnel Costs</b>	<b>\$ 57,163</b>	<b>\$ 58,306</b>	<b>\$ 59,472</b>	<b>\$ 174,941</b>
OPERATING COSTS		FY 20/21	FY 21/22	FY 22/23	TOTAL
5	Direct Costs	\$ 6,700	\$ 6,700	\$ 6,600	\$ 20,000
6	Indirect Costs				
7	<b>Total Operating Costs</b>	<b>\$ 6,700</b>	<b>\$ 6,700</b>	<b>\$ 6,600</b>	<b>\$ 20,000</b>
NON RECURRING COSTS (equipment, technology)		FY 20/21	FY 21/22	FY 22/23	TOTAL
8					
9					
10	<b>Total Non-recurring costs</b>				



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CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		FY 20/21	FY 21/22	FY 22/23	TOTAL
11	Direct Costs	\$ 50,000	\$ 50,000	\$ 50,000	\$ 150,000
12	Indirect Costs				
13	Total Consultant Costs	\$ 50,000	\$ 50,000	\$ 50,000	\$ 150,000
OTHER EXPENDITURES (please explain in budget narrative)		FY 20/21	FY 21/22	FY 22/23	TOTAL
14	Vendor	\$ 363,277	\$ 380,000	\$ 380,000	\$ 1,123,277
15	Parent Café	25,000	16,891	16,891	58,782
16	Total Other Expenditures	\$ 388,277	\$ 396,891	\$ 396,891	\$ 1,182,059
BUDGET TOTALS					
Personnel (line 1)		\$ 37,956	\$ 38,715	\$ 39,489	\$ 116,160
Direct Costs (add lines 2, 5 and 11 from above)		59,700	59,760	59,721	179,181
Indirect Costs (add lines 3, 6 and 12 from above)		16,207	16,531	16,862	49,600
Non-recurring costs (line 10)					
Other Expenditures (line 16)		388,277	396,891	396,891	1,182,059
<b>TOTAL INNOVATION BUDGET</b>		<b>\$ 502,140</b>	<b>\$ 511,897</b>	<b>\$ 512,963</b>	<b>\$ 1,527,000</b>

\*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)					
ADMINISTRATION:					
A.	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the	FY 20/21	FY 21/22	FY 22/23	TOTAL



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	following funding sources:				
1	Innovative MHSAs Funds	\$495,440.21	\$505,197.26	\$506,362.54	\$1,507,000
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	<b>Total Proposed Administration</b>				
<b>EVALUATION:</b>					
B.	Estimated total mental health expenditures for <u>EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:	FY 20/21	FY 21/22	FY 22/23	TOTAL
1	Innovative MHSAs Funds	\$6,700	\$6,700	\$6,600	\$20,000
2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	<b>Total Proposed Evaluation</b>				
<b>TOTAL:</b>					
C.	Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:	FY 20/21	FY 21/22	FY 22/23	TOTAL
1	Innovative MHSAs Funds	\$502,140	\$511,897	\$512,963	\$1,527,000





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2	Federal Financial Participation				
3	1991 Realignment				
4	Behavioral Health Subaccount				
5	Other funding*				
6	<b>Total Proposed Expenditures</b>	<b>\$502,140</b>	<b>\$511,897</b>	<b>\$512,963</b>	<b>\$1,527,000</b>

\*If "Other funding" is included, please explain.



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## Appendix

- Exhibit A- Table from Fresno Police Chaplaincy
- Exhibit B- School Maps from Every Neighborhood Partnership.
- Exhibit C- Neighborhood Profiles from Every Neighborhood Partnership
- Exhibit D- Peer Support Specialist Scope of Work-Fresno County Department of Behavioral Health
- Exhibit E- Public Hearings & Public Comment
- Exhibit F-Citations
- Exhibit G- Letters of Support

Cont'd



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## Exhibit A: Table from Fresno Police Chaplaincy

Please note: These were the 4 schools that first came up in the stakeholders' discussion. Two of the four schools (Lowell and Heaton) are the ones chosen for this pilot. This table gave us the idea of what kind of data the Fresno Policy Chaplaincy will be sifting through by the neighborhood of the school.

Description	Closing Class	Muir	Heaton	Anthony	Lowell	Totals
Alcohol (adults)	1A1	0	1	0	2	3
Animal Complaint	1B3	0	0	0	1	1
Natural Death	1D0	1	1	0	0	2
Disturbance - weapons	1E1	1	0	0	0	1
Disturbance - Physical	1E2	1	1	0	3	5
Disturbance - non-physical	1E3	1	3	1	1	6
Disturbance (other)	1E5	2	6	2	3	13
DV	1E7	1	5	1	4	11
Missing person - at risk	1J0	1	0	0	2	3
Missing person - adult	1J1	0	0	0	7	7
Missing Person - juvenile	1J2	0	0	0	2	2
Missing person - runaway juvenile	1J3	2	2	0	5	9
missing person - found	1J4	0	0	0	1	1
Suicide/Attempt	1M1	0	1	0	2	3
5150 committed	1M2	7	8	5	20	40
Welfare Check	1M3	1	2	2	6	11
Suspicious person	1N1	0	3	1	7	11
Suspicious vehicle	1N2	1	2	0	0	3
Suspicious cirmcumstances	1N4	0	1	1	0	2
Assist citizen	2A1	1	0	0	1	2
Assist other agency	2A2	0	2	0	1	3
Warrant service	2R0	13	16	8	11	48
Building Inspection	2Z3	1	0	0	0	1
DUI injury or fatal	3A1	0	0	2	0	2
Hit & Run with injury or fatal	3A2	0	0	1	0	1
All other TC with injury or fatal	3A3	2	1	2	3	8
TC non injury	3B1	2	0	0	0	2
Hit & Run non injury	3B2	3	8	2	4	17
TC (other)	3B3	1	4	1	3	9
Traffic stop Hazardous	3C1	4	5	9	3	21
Traffic stop Hazardous Cite & Tow	3C1T	2	5	5	1	13
Traffic Stop Non Hazardous	3C2	1	1	1	3	6
Traffic stop Non Hazardous Cite & Tow	3C2T	1	4	7	5	17
Traffic Stop DUI	3C3	1	13	3	2	19
Abandoned Vehicle	3D3	0	1	0	0	1
Traffic Complaint (other)	3D5	0	1	0	0	1
Traffic - vehicle towed	3D6	1	2	1	0	4
Traffic - parking control	3D7	3	2	1	2	8
Stranded Motorist	3E0	0	0	1	0	1
Robbery - Armed	4B1	0	1	1	1	3
Robbery - Strong Armed	4B2	1	2	1	0	4



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Description	Closing Class	Muir	Heaton	Anthony	Lowell	Totals
Forcible Rape	4C1	0	2	0	3	5
Sodomy	4C3	0	0	0	1	1
Sexual Battery/Molestation	4C5	0	0	0	1	1
Agravated Assault	4D1	2	2	1	1	6
Simple Battery	4D2	2	4	0	0	6
DV - Aggravated Assault	4D3	2	2	0	0	4
DV - Simple Assault	4D4	1	4	3	3	11
Burglary in progress	4E1	0	1	1	0	2
Burglary alarm	4E4	1	0	0	1	2
Burlary prior residence	4E5	1	1	1	3	6
Burglary prior com	4E6	0	2	2	7	11
Theft Vehicle Burglary	4F1	0	3	5	13	21
Theft from Person	4F2	1	0	0	1	2
Theft from store	4F3	1	1	0	0	2
Theft from vehicle	4F4	1	0	0	1	2
Theft of bicycle	4F6	0	1	0	0	1
Theft from building	4F7	0	1	0	2	3
Theft - other	4F9	3	2	0	6	11
Vehicle stolen	4G1	3	4	1	4	12
Vehicle recovered	4G4	0	0	0	3	3
Vehicle theft lost or stolen plates	4G6	3	1	0	1	5
Arson (dumpster or fields)	4H3	0	1	0	0	1
Child Abuse	4K0	0	1	0	1	2
Child Abuse with prior	4K1	0	0	1	0	1
Restraining Order (child custody)	4O1	0	1	0	0	1
restraining Order (DV related)	4O2	0	0	1	4	5
restraining Order (other)	4O3	1	2	0	0	3
Fraud/forgery	4P0	1	2	0	1	4
Narcotics - possession	4S1	1	1	0	2	4
Narcotics - sales	4S2	0	0	0	1	1
Narcotics - possession for sale	4S3	0	1	0	0	1
Narcotics - paraphenalia	4S5	0	1	1	0	2
Vice Crimes - pornography	4U4	0	1	0	0	1
Telephone threat	4V1	0	0	0	1	1
Telephone other	4V2	0	0	0	1	1
	4V3	0	5	0	0	5
Vandalism Auto	4W2	0	2	2	2	6
Vandalism Structure (not graffiti)	4W3	3	4	4	2	13
Weapons - shots at structure	4X1	0	0	2	0	2
Weapons - other	4X3	0	1	0	1	2
Unclassified Felony	4Z1	0	1	0	0	1
Unclassified Misdemeanor	4Z2	10	5	1	1	17
	(blank)	0	0	0	0	0
	Grand Total	95	168	89	180	532
		<b>Muir</b>	<b>Heaton</b>	<b>Anthony</b>	<b>Lowell</b>	





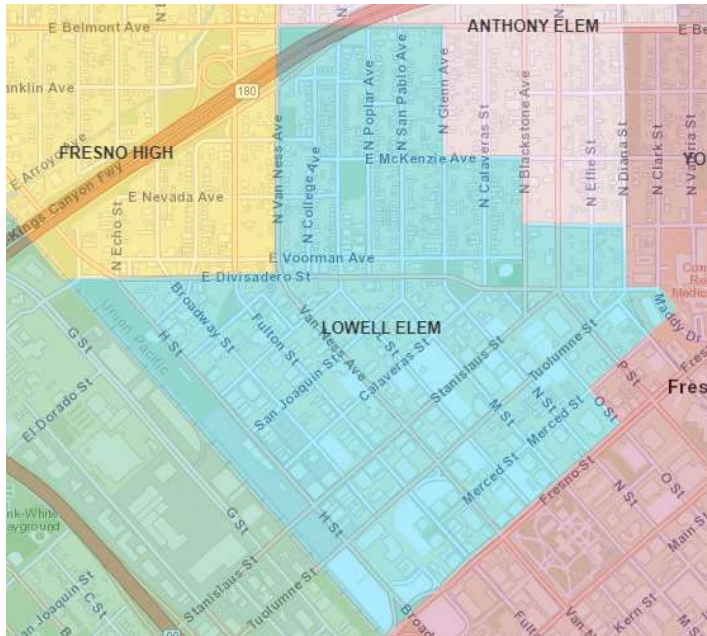
# County of Fresno

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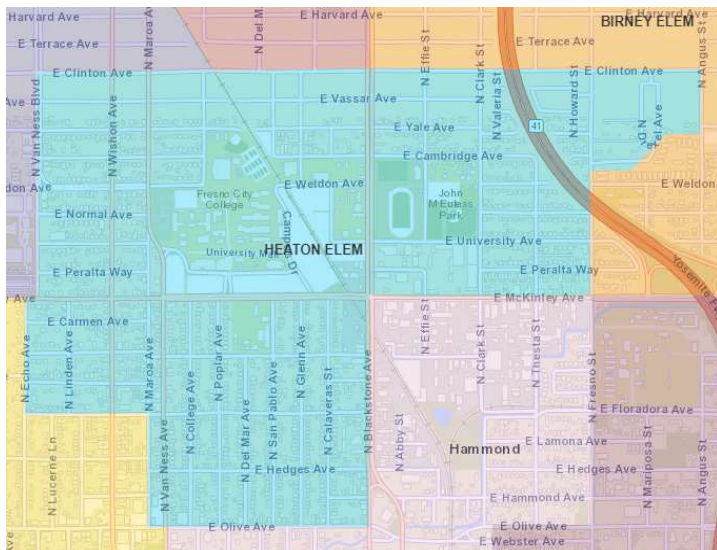
## Exhibit B: School Maps from Every Neighborhood Partnership

Phase One Schools:

Lowell Elementary

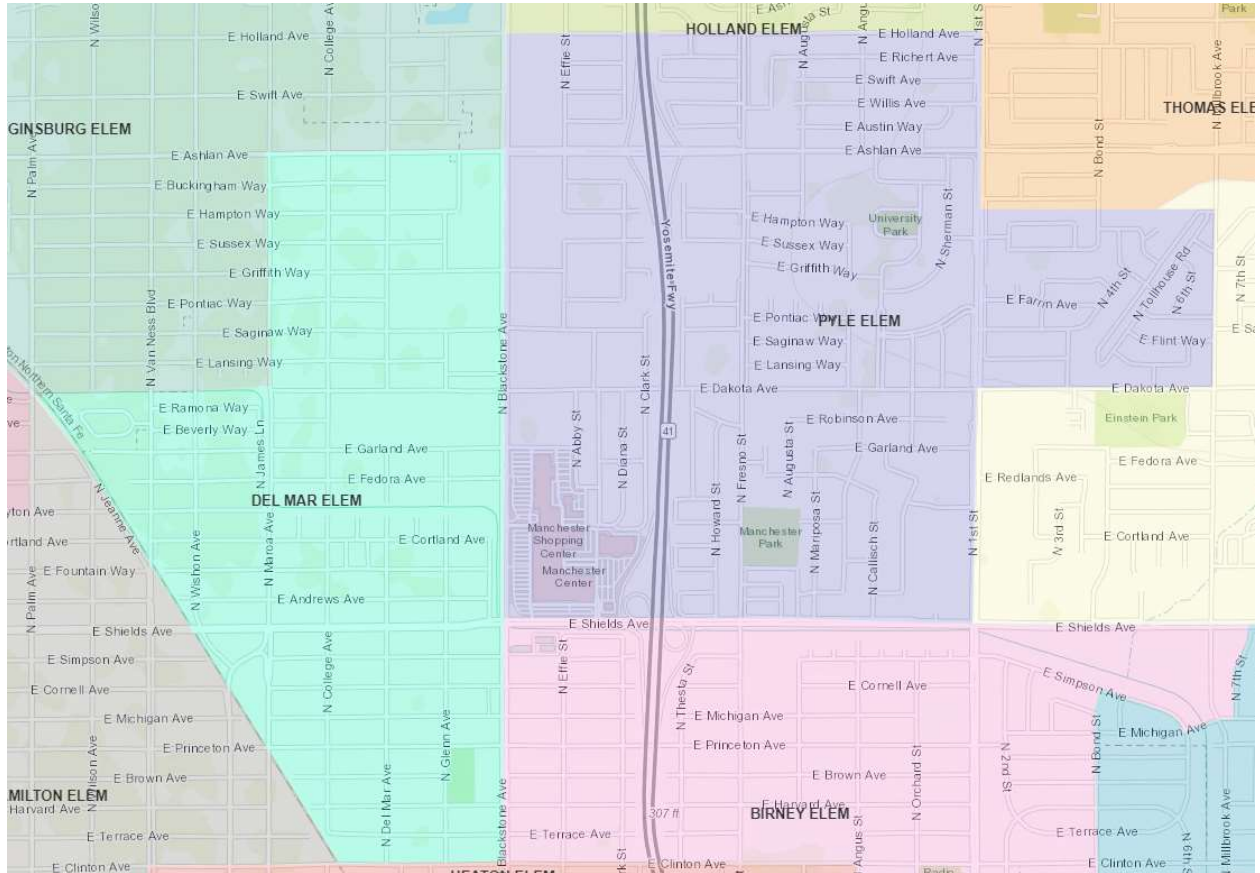


Heaton Elementary





Phase Two Schools:  
Del Mar Elementary and Pyle Elementary







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Exhibit C: Neighborhood Profiles from Every Neighborhood Partnership

Cont'd

Handle with Care Plus+ 41



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## Neighborhood Profile HEATON ELEMENTARY

### DEMOGRAPHICS

Total Population

**3,294**



Age Distribution



Under 18



18 - 64



65+

English Only  
 Language in Home

**58%**

Heaton

26%

64%

10%

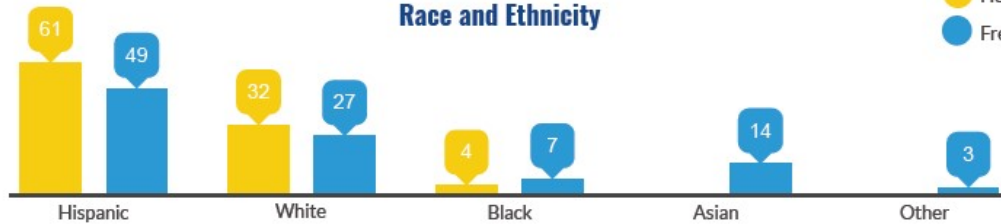
City of Fresno

28%

61%

11%

Race and Ethnicity



Heaton | City of Fresno

**\$776 | \$901**

Median Gross Rent



**\$33,173 | \$44,905**

Median Household Income



**39.1% | 28.1%**

Population in Poverty

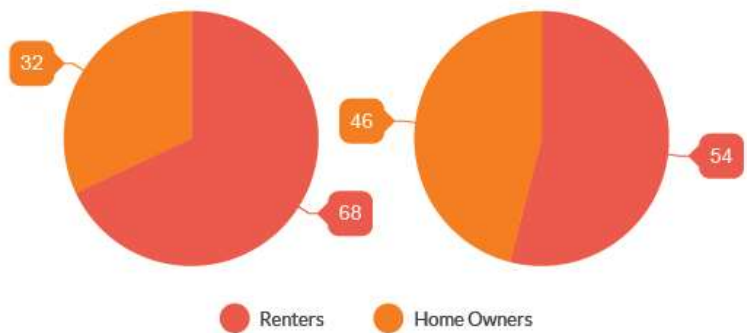


**62% | 41%**

Children (Under 18)  
 in Poverty

Heaton

City of Fresno



● Renters ● Home Owners



Heaton | City of Fresno

**13.4% | 7.8%**

Unemployed Population

[bit.ly/enpdatasheet](https://bit.ly/enpdatasheet)





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## Neighborhood Profile HEATON ELEMENTARY

### Community Health & Wellness



**6.5%**  
 Population Without Insurance



**57.3%**  
 Cash Aid to Families with Children in Home

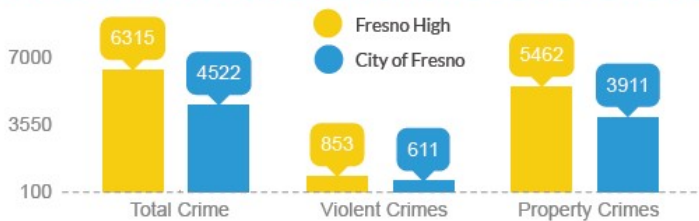


**8.6%**  
 Children Born Prematurely



**3.9%**  
 Children Born to Teens

### Safety & Security



The overall crime rate in Fresno High is 123% higher than the national avg.

Fresno High is safer than 25% of the cities in the California.

The number of total year over year crimes in Fresno has decreased by 4%.

### Cradle to Career Education



Heaton | California  
**16% | 49%**  
 3rd Graders Reading at Grade Level



Heaton | California  
**13% | 38%**  
 3rd Graders Proficient in Math



**11%**  
 Population with a Bachelor's Degree or Higher

### Neighborhood Health & Fitness



**71** Walk Score

Very Walkable  
 Most errands can be accomplished on foot.



**47** Transit Score

Some Transit  
 A few nearby public transportation options.



**76** Bike Score

Very Bikeable  
 Flat as a pancake, good bike lanes.



Heaton | Fresno County  
**11% | 27.5%**

5th Graders Meeting Fitness Standards





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## Neighborhood Profile LOWELL ELEMENTARY

### DEMOGRAPHICS

Total Population

**5,361**



Age Distribution

Lowell

City of Fresno



Under 18

31%

28%



18 - 64

58%

61%



65+

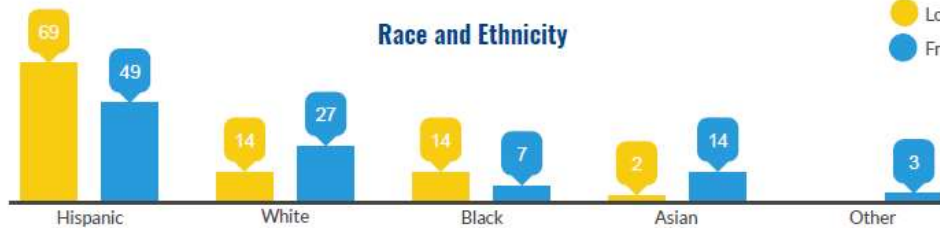
11%

11%

English Only  
 Language in Home

**55%**

Race and Ethnicity



### INCOME DEMOGRAPHICS



Lowell | City of Fresno  
**\$651 | \$901**

Median Gross Rent



**\$16,802 | \$44,905**

Median Household Income



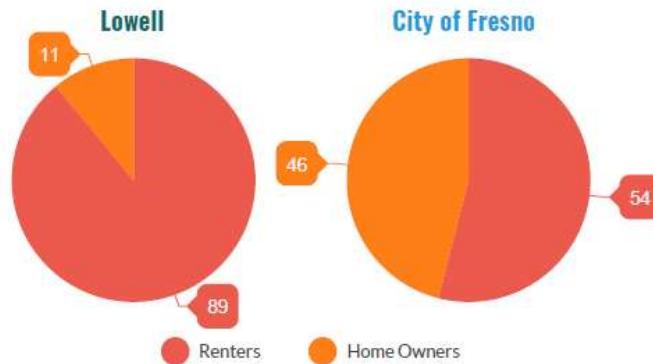
**62.4% | 28.1%**

Population in Poverty



**78% | 41%**

Children (Under 18)  
 in Poverty



Lowell | City of Fresno  
**7.5% | 7.8%**

Unemployed Population







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## Neighborhood Profile LOWELL ELEMENTARY

### Community Health & Wellness



### Safety & Security



### Cradle to Career Education



### Neighborhood Health & Fitness





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## Neighborhood Profile PYLE ELEMENTARY

### DEMOGRAPHICS

Total Population

**6,276**



Age Distribution

Pyle

City of Fresno



Under 18

32%

28%



18 - 64

56%

61%



65+

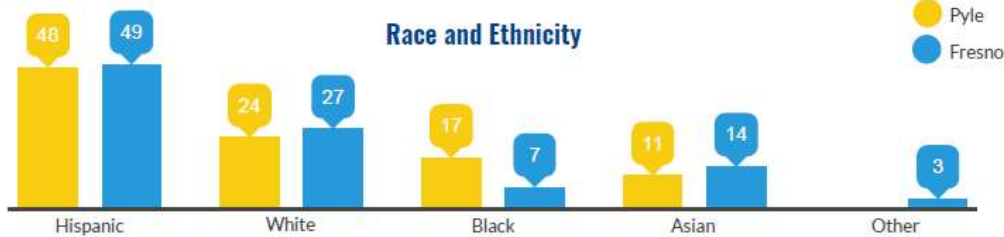
12%

11%

English Only  
 Language in Home

**64%**

### Race and Ethnicity



### INCOME DEMOGRAPHICS



Pyle | City of Fresno  
**\$796 | \$901**  
 Median Gross Rent



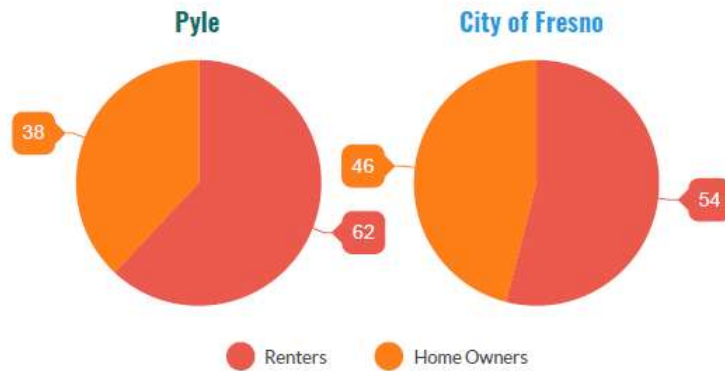
**\$27,969 | \$44,905**  
 Median Household Income



**42.3% | 28.1%**  
 Population in Poverty



**52% | 41%**  
 Children (Under 18)  
 in Poverty



Pyle | City of Fresno  
**7.8% | 7.8%**  
 Unemployed Population

[bit.ly/enpdatasheet](https://bit.ly/enpdatasheet)







# County of Fresno

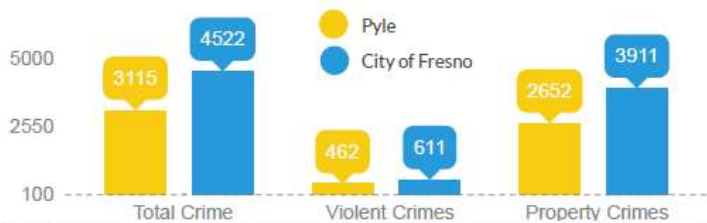
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## Neighborhood Profile PYLE ELEMENTARY

### Community Health & Wellness



### Safety & Security



The overall crime rate in Pyle is 10% higher than the national average.

Pyle is safer than 24% of the cities in the United States.

The number of total year over year crimes in Fresno has decreased by 4%.

### Cradle to Career Education



### Neighborhood Health & Fitness





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 DAWAN UTECHT  
 DIRECTOR

## Neighborhood Profile DEL MAR ELEMENTARY

### DEMOGRAPHICS

Total Population

**3,602**



Age Distribution

Del Mar

City of Fresno



Under 18

28%

28%



18 - 64

59%

61%



65+

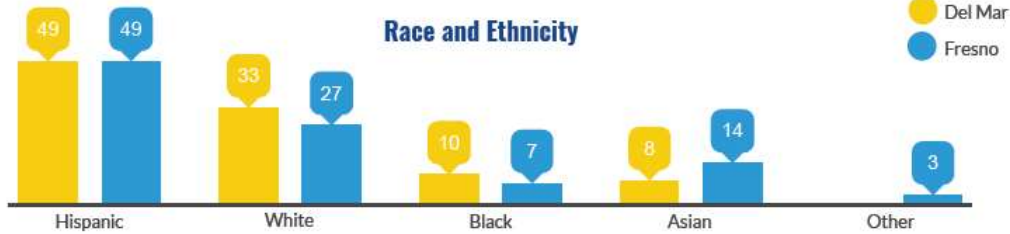
13%

11%

English Only  
 Language in Home

**74%**

Race and Ethnicity



### INCOME DEMOGRAPHICS



Del Mar | City of Fresno

**\$910 | \$901**

Median Gross Rent



**\$32,197 | \$44,905**

Median Household Income



**32.8% | 28.1%**

Population in Poverty



**56% | 41%**

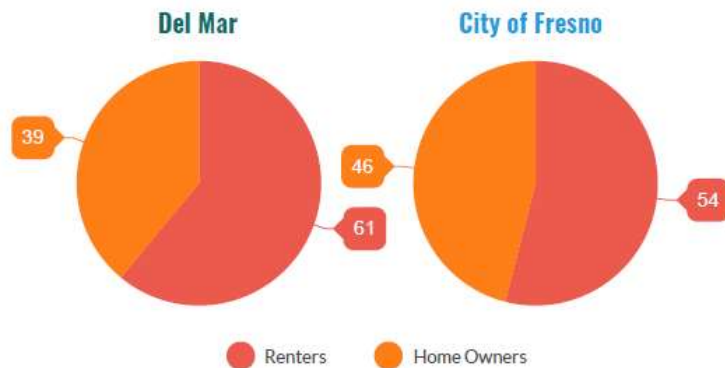
Children (Under 18)  
 in Poverty



Del Mar | City of Fresno

**2.9% | 7.8%**

Unemployed Population



[bit.ly/enpdatasheet](https://bit.ly/enpdatasheet)





# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
DIRECTOR

## Neighborhood Profile DEL MAR ELEMENTARY

### Community Health & Wellness



**11.7%**  
Population Without Insurance



**52.6%**  
Cash Aid to Families with Children in Home

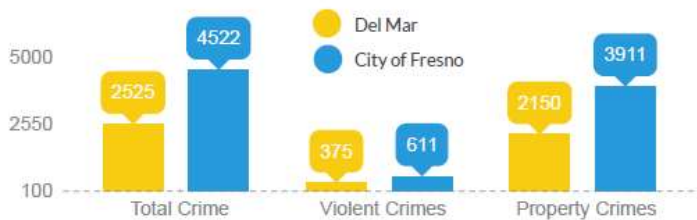


**9.3%**  
Children Born Prematurely



**3.9%**  
Children Born to Teens

### Safety & Security



The overall crime rate in Del Mar is 11% lower than the national average.

Del Mar is safer than 38% of the cities in the United States.

The number of total year over year crimes in Fresno has decreased by 4%.

### Cradle to Career Education



Del Mar | California  
**33%** | **49%**  
3rd Graders Reading at Grade Level



Del Mar | California  
**24%** | **38%**  
3rd Graders Proficient in Math



**18%**  
Population with a Bachelor's Degree or Higher

### Neighborhood Health & Fitness

**66** Walk Score

Somewhat Walkable  
Some errands can be accomplished on foot.



**43** Transit Score

Some Transit  
A few nearby public transportation options.

**54** Bike Score



Bikeable  
Flat as a pancake, minimal bike lanes.



Del Mar | Fresno County  
**14%** | **27.5%**

5th Graders Meeting Fitness Standards







# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
DIRECTOR

## Exhibit D: Peer Support Specialist Scope of Work

The information provided for Peer Support Specialist I/II positions is derived from the Fresno County Peer Support Specialist job specifications. The Department will develop a scope of work for Peer Support Specialists during the project ramp-up period.

### Peer Support Specialist I:

Peer Support Specialist I is the entry level classification in this series and is responsible for providing peer to peer support services including: monitoring, informing, supporting, assisting and empowering clients and their family members/caregivers who directly or indirectly receive behavioral health services; developing and coordinating activities, programs and resources which directly support clients and family members/caregivers in achieving wellness and recovery oriented goals; facilitating peer to peer assistance as a part of a team setting; conducting outreach to clients, family members/caregivers and the community; and acting in a liaison role between clients, family members/caregivers and community service providers.

The information listed below is meant to serve as samples of the job duties and responsibilities for positions in this classification. This list is neither inclusive nor exclusive, but indicative of several types of duties performed. Consequently, this information does not reflect Essential Functions for any given position in this classification.

- Provides peer support and self-help services to behavioral health clients and their family members/caregivers in individual or group settings on site in county programs as well as in the community.
- Under direction of clinical/supervisory staff, assists in coordinating clinical services, provides linkage to other services and resources, monitors, supports, assists and empowers clients and family members/caregivers who directly or indirectly receive behavioral health services.
- Assists the Department in gathering client and family member/caregiver perspectives and ensuring it is considered in policy and program development.
- Assists in the development and coordination of activities, programs, and resources which support clients and family members/caregivers in achieving wellness and recovery goals such as self-help and peer-led groups.
- Provides skill training to clients and family members/caregivers on tasks related to recovery-focused independent living such as self-empowerment, self-responsibility, public transportation, housing applications, interviews, shopping, etc. Serves as a role model for recovery.
- Assists and advocates for clients and family members/caregivers as they navigate through the system of care including: assisting with referral follow through; transition to different



# County of Fresno

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levels of care; providing information on support resources; facilitating and encouraging family member/caregiver involvement as appropriate.

- Prepares and supports clients and family members/caregivers in a variety of client and family centered activities such as case consultation/staff meetings, hearings, interviews, completion of satisfaction surveys, focus groups, and stakeholder input opportunities.
- Documents activities in accordance with Department and program requirements.
- Supports client's vocational choices and assists them in stress management and other symptoms related to all facets of employment.
- Works as part of the treatment team including: participating in meetings; encouraging and supporting clients and family members/caregivers in understanding, adhering to, and progressing in the treatment plan; evaluating their responses; outreaching; and empowering them to communicate openly and directly with treatment providers.
- Greets and welcomes clients and family members/caregivers upon arrival to programs/offices.

## Knowledge of:

- Basic recovery and wellness concepts and behavioral health services;
- Public and private agency services and resources available for clients and family members/caregivers, such as schools, social services, and community resources;
- Barriers to wellness and recovery, obstacles related to accessing services and strategies to navigate and overcome barriers and obstacles;
- Basic office procedures and practices to include computer usage;
- Correct grammar, spelling and punctuation;
- Basic record keeping practices.

## Skills/Abilities to:

- Operate a computer in the completion of assignments;
- Understand and follow oral and written instructions;
- Effectively educate and assist clients and family members/caregivers in understanding and navigating the behavioral health system and accessing community resources;
- Write basic reports and maintain records;
- Effectively represent and advocate for clients and family members/caregivers within the behavioral health system and community;
- Communicate effectively orally and in writing with people of various educational, socio-economic and cultural backgrounds;
- Work effectively in stressful, emotional and confrontational situations and as part of a multidisciplinary team;



# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
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DIRECTOR

- Establish and maintain effective working relationships at all organizational levels as well as other agencies and the public;
- Maintain confidentiality of all information;
- Display and maintain a high degree of maturity, integrity and good judgment.

## Peer Support Specialist II

The Peer Support Specialist II is the experienced level classification in this series and is responsible for providing peer to peer support services including: monitoring, informing, supporting, assisting and empowering clients and their family members/caregivers who directly or indirectly receive behavioral health services; developing and coordinating activities, programs and resources which directly support clients and family members/caregivers in achieving wellness and recovery oriented goals; facilitating peer to peer assistance as a part of a team setting; conducting outreach to clients, family members/caregivers and the community; and acting in a liaison role between clients, family members/caregivers and community service providers.

The information listed below is meant to serve as samples of the job duties and responsibilities for positions in this classification. This list is neither inclusive nor exclusive, but indicative of several types of duties performed. Consequently, this information does not reflect Essential Functions for any given position in this classification.

- Provides peer support and self-help services to behavioral health clients and their family members/caregivers in individual or group settings on site in county programs as well as in the community.
- Under direction of clinical/supervisory staff, assists in coordinating clinical services, provides linkage to other services and resources, monitors, supports, assists and empowers clients and family members/caregivers who directly or indirectly receive behavioral health services.
- Assists the Department in gathering client and family member/caregiver perspectives and ensuring it is considered in policy and program development.
- Assists in the development and coordination of activities, programs, and resources which support clients and family members/caregivers in achieving wellness and recovery goals.
- Provides skill training to clients and family members/caregivers on tasks related to recovery focused independent living such as self-empowerment, self-responsibility, public transportation, housing applications, interviews, shopping, employment, etc. Serves as a role model for recovery.
- Assists and advocates for clients and family members/caregivers as they navigate through the system of care including: assisting with referral follow through; transition to different





# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
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levels of care; providing information on support resources; facilitating and encouraging family member/caregiver involvement as appropriate.

- Prepares and supports clients and family members/caregivers in a variety of client and family centered activities such as case consultation/staffing meetings, hearings, interviews, completion of satisfaction surveys, focus groups, and stakeholder input opportunities.
- Documents activities in accordance with Department and program requirements.
- Supports client's vocational choices and assists them in stress management and other symptoms related to all facets of employment.
- Works as part of the treatment team including: participating in meetings; encouraging and supporting clients and family members/caregivers in understanding, adhering to, and progressing in the treatment plan; evaluating their responses; outreaching; and empowering them to communicate openly and directly with treatment providers.
- Greets and welcomes clients and family members/caregivers upon arrival to programs/offices.

## Knowledge of:

- Recovery and wellness concepts and behavioral health services;
- Public and private agency services and resources available for clients and family members/caregivers, such as schools, social services, and community resources;
- Barriers to wellness and recovery, obstacles related to accessing services and strategies to navigate and overcome barriers and obstacles;
- Office procedures and practices to include computer usage;
- Correct grammar, spelling and punctuation;
- Record keeping practices.

## Skills/Abilities to:

- Operate a computer in the completion of assignments;
- Understand and follow oral and written instructions;
- Effectively educate and assist clients and family members/caregivers in understanding and navigating the behavioral health system and accessing community resources;
- Write reports and maintain records;
- Effectively represent and advocate for clients and family members/caregivers within the behavioral health system and community;
- Communicate effectively orally and in writing with people of various educational, socio-economic and cultural backgrounds;
- Work effectively in stressful, emotional and confrontational situations and as part of a multidisciplinary team;



# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
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- Establish and maintain effective working relationships at all organizational levels as well as other agencies and the public;
- Maintain confidentiality of all information;
- Display and maintain a high degree of maturity, integrity and good judgment.

Cont'd



# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
DIRECTOR

## Exhibit E: Public Hearings & Public Comment

PLEASE JOIN THE DEPARTMENT OF BEHAVIORAL HEALTH FOR

### INNOVATION PLAN PUBLIC HEARING

Handle with Care Plus+  
The Lodge  
RideWell

**VIRTUAL HEARING**  
FRIDAY, APRIL 3, 2020  
12:00 - 1:30PM

To stream on DBH Facebook and YouTube page  
Links to follow shortly.

For more information and to review the plans, go to [www.FresnoMHSA.com](http://www.FresnoMHSA.com)

Department of Behavioral Health

**The Three INN Plans**

The plans were part of the 2017-2020 MHSA Three Year Plan. These plans are part of the County's AB 114 plan and subject to Reversion. These plans have been developed with community and stakeholder input.

Public Comment Started- March 2, 2020.  
Public Comment End- April 1, 2020.  
Public Hearing-Today (virtual)  
Public Comment Cards available on [www.FresnoMHSA.com](http://www.FresnoMHSA.com)  
Send them to [mhsa@fresnocountyca.gov](mailto:mhsa@fresnocountyca.gov)

Department of Behavioral Health

Innovation Public Plan Hearing  
100 views • Streamed live on Apr 3, 2020

Fresno County Department of Behavioral Health  
125 subscribers

The County of Fresno Department of Behavioral Health

you sleep a lot better  
Like · Reply · 2d · Edited

**The County of Fresno Department of Behavioral Health**  
April 4 at 8:59 AM · 🌐

Yesterday, we hosted a LiveStream for our Public Hearing for the Innovation Public Plan. You can view the hearing on our YouTube channel now.  
<https://youtu.be/kMZe833AIDk>

YOUTUBE.COM  
**Innovation Public Plan Hearing**



# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
DIRECTOR



Fresno County Department of Behavioral Health  
Mental Health Services Act (MHSA)  
Innovations Plan: Handle with Care Plus  
30 Day Public Comment: March 2, 2020 to April 1, 2020  
Public Hearing: Friday, April 3, 2020 12:00pm to 1:30pm  
Hearing Conducted by Public Behavioral Health

My Role in the Behavioral Health System

Individual Receiving Service    Family Member/Caregiver    BH Provider    Education

Healthcare    Community-based Org.    Community Member

Policy Maker    Law Enforcement    Other Consultant

Handle with Care Plus+ received one public comment card (shown on left) and one email with inquires and comments (shown below).

What do you see as the strengths of this plan?

The real-time data available from Police Chaplaincy is great. There has been a lot of community interest in having this Handle with Care program documented in other meetings. Schools will be very supportive and hope you can add new ones quickly. Washington Unified is especially interested (West Fresno Elementary and Middle).

If you have any concerns about the plan, please explain:

It is not clear if DBH intends to contract with CBOs who already have experience with the parent cafe model that incorporates the design suggested to a certain degree. I'm concerned not enough research on their lessons learned is incorporated. Combining a parent cafe model with a "graduation" type curriculum somewhat defeats the parent empowerment aspect of the parent/cafe model. This sounds more like training than parent cafes.

I support this Innovation plan    I do not support this Innovation plan

Comments may be emailed to: [MHSA@fresnocountyca.gov](mailto:MHSA@fresnocountyca.gov)  
or  
Mailed to: MHSA Coordinator – Department of Behavioral Health 1925 E. Dakota Ave.  
Fresno CA 93726

## INN Plans Questions & Comments

From: [REDACTED]  
Sent: Tuesday, March 10, 2020 11:48 AM  
To: MHSA <MHSA@fresnocountyca.gov>  
Subject: INN Plans Questions & Comments

**Handle With Care Plus+:** What methods will be used to engage parents? Many of the parents who would benefit from this program have suffered trauma themselves; they struggle to support their families, both financially and emotionally, on a daily basis. An 8-week program may seem like an overwhelming commitment.

**Project RideWell:** A much needed and requested services for clients! It is convenient that Rural Mental Health providers may request rides on behalf of their clients. Would it be feasible to have a ride coordinator for the Metro area? Clients could call a "dispatcher" who could arrange their rides. Otherwise, Metro clients will be required to have smartphones; the proposal is unclear as to whether the "free" government phones would be adequate for the RideWell APP. Additionally, the clients who frequently miss appointments may be more likely to changes phones often. It is great that family members may accompany clients using this program.



# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
DIRECTOR

## Exhibit F: Citations

American Psychological Associations. (2008). *Children and Trauma: Update for Mental Health Professionals*. <https://www.apa.org/pi/families/resources/children-trauma-update>.

Center for Disease Control. (15 Apr. 2019). *About Adverse Childhood Experiences* <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>

Center on the Developing Child. (2015). *Resilience*. <https://developingchild.harvard.edu/science/key-concepts/resilience/>

Center for the Study of Social Policy's. (2015). *Strengthening Families: Using Cafes to Build Protective Factors and Parent Leadership*. <https://cssp.org/wp-content/uploads/2018/08/CAFE-OVERVIEW-2015.pdf>

Center for Youth Wellness (2013, June). *A Hidden Crisis: Findings on Adverse Childhood Experiences in California*. <https://centerforyouthwellness.org/wp-content/themes/cyw/build/img/building-a-movement/hidden-crisis.pdf>

SAMHSA-HRSA (2013). *Trauma*. <https://www.integration.samhsa.gov/clinical-practice/trauma>

TEDMED Talks. (2015, February). *Nadine Burke Harris: How childhood trauma affects health across a lifetime*. [video]. YouTube <https://www.youtube.com/watch?v=95ovIJ3dsNk&feature=youtu.be>

Thompson, Dennis. (9 July 2019). *U.S. News Parent Who Listens Can Help Kids Thrive Despite Trauma*. <https://www.usnews.com/news/health-news/articles/2019-07-09/parent-who-listens-can-help-kids-thrive-despite-trauma>.



# County of Fresno

DEPARTMENT OF BEHAVIORAL HEALTH  
DAWAN UTECHT  
DIRECTOR

Exhibit G: Letters of Support

Cont'd





# Fresno Police Chaplaincy

PROJECT R.I.S.E. | STEALTH  
DOMESTIC VIOLENCE PREVENTION | PATROL CHAPLAINS

**Connecting the at-risk with those willing to risk**

April 6, 2020

Mental Health Services Oversight and Accountability Commission

1325 J Street, Suite 1700

Sacramento, CA 95814

Dear Commissioners,

The Fresno Police Chaplaincy is providing this letter of support for Fresno County's Innovation Plan, Handle With Care Plus+. We will partner in this pilot project, with resources to allow for near real-time data related to service calls that include children and trauma and can assist with timely response (in using a Handle With Care model).

The Chaplaincy also operates community resource and clinical counseling centers called the Resiliency Centers, where we have had success with engaging the public and members of the local communities by offering clinical counseling services, programs, referrals and will leverage those relationships with creation of Parent Cafés.

The Chaplaincy has been involved in addressing trauma as a member of the Fresno Trauma and Resiliency Network (where we have provided vital data), linkage, and clinical counseling. We have working relationships with law enforcement and Fresno Unified School District, and have been working on developing this project with the Fresno County Superintendent of Schools and Fresno County Department of Behavioral Health. This revised approach to the Handle With Care, will bring the families into the process which will be innovative, and it will also help us better address things like Adverse Childhood Experiences, or the Dr. Nadine Burke-Harris' goal of toxic stress by addressing trauma.

Sincerely Yours,

Rodney Lowery, M.Div

Executive Director

Fresno Police Chaplaincy



April 6<sup>th</sup>, 2020

Mental Health Services Oversight and Accountability Commission  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Dear Commissioners,

Every Neighborhood Partnership (ENP) is providing a letter of support for Fresno County's Innovation Plan, Handle With Care Plus+. Our organization has been involved in work to help make Fresno County a trauma informed community. We have collected data and analytical information to help better understand and support local resilience efforts.

This program builds on the effective model of the Handle With Care, to help provide rapid response, screening and intervention for children who have experienced either traumatic or life changing events outside of school. The adaption of trauma focused parent cafés may prove to be an effective means to improve the trauma response not only for the children but for our families and communities.

This project builds on existing community partnerships and this program pilot is targeting our often underserved, or inappropriately served, communities and populations.

This innovative project also aligns with many community efforts in Fresno and also efforts being driven by the State Surgeon General's office.

If you have any questions, and/or if we may be of further assistance please feel free to contact us me at 559-250-6860 or [artie@everyneighborhood.org](mailto:artie@everyneighborhood.org)

Sincerely,

A handwritten signature in black ink, appearing to be "Artie Padilla".

Artie Padilla  
Executive Director



# fresno county superintendent of schools

---

**Jim A. Yovino**  
Superintendent

April 6, 2020

Mental Health Services Oversight and Accountability Commission  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Dear Commissioners,

The Fresno County Superintendent of Schools (FCSS) is an active partner with Fresno County Department of Behavioral Health on serving the behavioral health needs of our students, families and communities. We will also be partners, in an innovative venture, the Handle With Care Plus+, when your board approves this project.

This project seeks to expand upon some existing efforts to bring much needed trauma support, early intervention and resiliency building in our communities. The Handle With Care Plus+ innovation project will allow Fresno County to test and develop a model for which rapid response can be conducted to reduce the impact of trauma on the lives our students and thus create healthier communities. The adaptation of a parent café to support the families who have experience the trauma may allow for families to truly become allies in their child's wellness and recovery.

We have been involved with the development of this project, and will be able to leverage our existing resources, including data, information, and other tools to assist in an effective evaluation of this program. This program supports local and statewide efforts to address student mental health, supports the State's Surgeon General's goals to reduce adverse childhood experiences through early screening, intervention, reduce toxic stress and continue to build on community partnerships and existing working relationships.

We are proud to present this letter of support for Fresno County's Handle With Care Plus+ Innovation Plan. Should you have any questions, or if we can be of additional help, please feel free to contact us at 559-265-3000.

Sincerely Yours,

Jim Yovino  
Superintendent of Schools  
Fresno County Superintendent of Schools