# INNOVATION PLAN COUNTY of FRESNO

# Participatory Action Research with Justice-Involved Youth Using an Adverse Childhood Experience (ACEs) Framework





# Table of Contents

Primary Problem	1
Innovation Regulation Category	2
Primary Purpose	3
Proposed Project	7
Research on INN Components	12
What Has Been Done Elsewhere to Address Your Primary Problem?	12
Learning Component	14
Evaluation/Learning Plan	14
Contracting	15
Community Program Planning	15
MHSA Standards/Values	19
Cultural Competency and Stakeholder Involvement in Evaluation	22
INN Project Sustainability and Continuity of Care	22
Communication and Dissemination Plan	23
Timeline	23
INN Project Budget	25
Budget Narrative	29
Appendix	31



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

#### Fresno County

Submitted: February 1, 2023.

Innovation Plan: Participatory Action Research with Justice-involved Youth using an Adverse Childhood Experience (ACEs) framework.

Examination of Adverse Childhood Experiences (ACEs) and Justice-involved Youth Research Project

Total Amount Requested: \$3,000,000

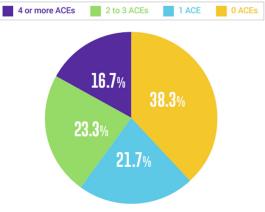
Duration of Project: Five Years

#### **Primary Problem**

Adverse Childhood Experiences (ACEs) and their effects on our youth are being studied throughout the state. ACEs are "potentially traumatic events that can have negative lasting effects on health and well-being." (Boullier, 2018, p. 132). "In California, 61.7% of adults have

experienced at least one ACE and one in six, or 16.7%, have experienced four or more ACES."

(Center for Youth Wellness, 2014). Of the 563 individuals sampled from Fresno County by the Center for Youth Wellness, 60.4% of the individuals experienced one or more ACEs. These ACES can include but are not limited to violence in the home or community; loss of loved ones



Prevalence of number of ACEs among California adults

through divorce, death, incarceration, and other separations; household dysfunction (i.e., mental illness in the family, incarcerated relative, substance abuse, etc.); neglect and abuse. If trauma is



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

not addressed, it can have many effects on a person's mental, social, emotional, and physical health. ACEs have been tied to an increase in risky behaviors such as gang involvement, substance use, homelessness, school dropouts, or entering the criminal justice system. Studies have found "a statistically significant positive association between the ACE score and the justice system outcome. Generally, the findings showed that a one-point increase in the ACE score was associated with a greater odds of justice contact." (Graf, et. al., 2021, p.9).

This type of trauma exposure increases the risk of entering the justice system in many ways. "Youth experienced a range of 0 to 20 traumatic events, with the overwhelming majority (97%) endorsing at least one traumatic event. In addition, 76% endorsed exposure to four or more distinct traumatic events." (Mendez, et. al., 2020. P. 462). One study also "found that adolescents who had experienced childhood physical and sexual abuse were four times more likely to join gangs than were youth with similar demographic characteristics and other ecological risk factors." (Mendez, et. al., 2020. P. 458). "Trauma exposure among gang-involved youth began early (on average at age 6) and was pervasive, with participants in their study reporting an average of 10 traumatic events." (Mendez, et. al., 2020. P. 458).

One method to understand this issue locally and to possibly identify more effective ways to address the issues is to go directly to the source. In the efforts of trying to prevent youth from entering the justice system, it may be beneficial to ask them about their experiences and what they think would be or have been an effective form of prevention or intervention in their lives.

#### Innovation Regulation Category

- ❖ Introduces a new practice or approach to mental health systems, including, but not limited to, prevention and early intervention.
- Makes a change to existing practices in the field of mental health, including but not limited to, application to a different population.



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

The proposed Innovation Project would address the two innovation regulation categories above by working collaboratively across sectors to understand, based on ACEs, what the intervention needs of justice-involved youth are to prevent future youth from becoming involved in the justice system.

The second way this project addresses the stated innovation regulation categories is to improve and increase accurate information by not only using experts to assist in the facilitation of this engagement process but working with target population (justice-involved youth) to facilitate the dialog and engagement with a population who may not be as responsive to those outside their peer and age groups. Fresno County hopes to gain real and honest insights to the research through the use of peers to facilitate the trainings and groups.

#### **Primary Purpose**

The Primary Purpose identified is the following:

Promotes interagency and community collaboration related to mental health services or supports or outcomes.

This project seeks to improve future program planning and services within Fresno County for

prevention of justice involvement among youth; to develop strategies for engaging with justice-involved youth; and to research strategies to reduce future involvement in the justice system. This research would contribute to statewide learning on topics such as identifying best practices for the prevention of justice involvement of youth through the active inclusion of justice-involved youth in the research; and strategies to reduce youth justice involvement in the future that is driven by firsthand input from local youth. This project would use the gathered data to improve future program development, design, and services to address specific population needs for justice-involved youth. The research will assist justice, behavioral health, educational and other youth partners and allies to reduce the justice involvement of future youth, driven by local research and insights gained from ACEs data.



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

Fresno County will obtain insights from justice-involved youth including their lived experience. This project aims to bring together local colleges and university criminology departments; the local school of Public Health; statisticians; epidemiologists; local researchers; community behavioral health providers; justice partners, such as the Probation Department; local Trauma and Resiliency Network/ACEs Connection; and current and formerly incarcerated or justice-involved youth. Project participants will work to gain understanding of ACEs, to help identify what type of interventions would have had a positive impact or elicited responses from youth, thus possibly reducing their involvement in the juvenile justice system. Fresno County has asked its stakeholders to decide whether this project should focus on age/stage of intervention or what type of intervention is deemed helpful for this target population. Stakeholders requested that the project focuses on specific types of interventions that would have best helped youth avoid the justice system.

In addition to improving future program planning and services within Fresno County, this research will contribute to statewide learning on topics such as best practices for the prevention of justice involvement of youth; for the active inclusion of justice-involved youth in research; and strategies to reduce youth justice involvement in the future. Fresno County's unique composition of youth from rural and metropolitan areas (as the State's fifth largest city), as well as the diversity of the county, could be used as a model for other counties with large urban centers and isolated rural communities, such as Riverside, San Bernardino, Ventura, Kern, and San Joaquin Counties.

Oftentimes, research used to inform program planning and strategies with justice-involved youth does not include the local youth perspective, local youth data, or their input. Often prevention and/or diversion programs and services for justice-involved youth do not seek input from the populations which are intended to be served by those programs. This practice may contribute to a lack of programs that are culturally responsive to the population or which factor in other local variables relevant to the population (rural vs metro, etc.).



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

Having a local model (for Fresno or similar counties) and understanding characteristics of the target population can be the foundation for developing effective and responsive services for youth justice populations, which would include the youth justice-involved persons themselves as active stakeholders.

Services for justice-involved populations were identified as a community need in Fresno County's 2017-2020 Mental Health Services Act (MHSA) Three-Year Plan and are included in the current Fresno County 2020-2023 MHSA Three-Year Plan. The inclusion of services specifically for justice-involved persons in these MHSA plans was driven by input not only from justice partners (as is often the case), but from the input of individuals receiving services and justice-involved or previously justice-involved individuals. The key theme of all stakeholder discussion regarding justice-involved populations was the fact that services have been created to serve justice-involved individuals but were designed with limited input from those with lived experience or have not factored in the different needs of populations based on variables such as age, culture, socioeconomic status, and service setting.

The Mental Health Services Oversight and Accountability Commission's (MHSOAC) <u>Together We</u> <u>Can</u> report produced several recommendations on possible ways to improve behavioral health services for justice-involved individuals. The first recommendation was to <u>use partnerships to develop plans that could reduce incarceration of mental health consumers</u>. This was a narrow focus, as it was focused on reducing incarceration solely for individuals with mental health challenges. Addressing the need in Fresno County requires a broader approach that also seeks to look at contributing factors, which can then inform collaboration around data-driven knowledge rather than past practices or information not aligned with local populations. Gaining better understanding of the needs from an informed target population can help ensure more effective and responsive interventions that may help prevent justice involvement.

The MHSOAC's Together We Can report's fourth recommendation was *for justice and behavioral* health agencies and providers to work collaboratively to support local prevention and diversion



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

of mental health consumers from the system. To work toward achieving this goal, counties should assess and understand the needs of justice populations so efforts can be responsive to the needs of those populations or driven by information and research from the intended target audience for the interventions.

The report's fifth recommendation noted *issues related to data and information used to address service gaps and encouraged efforts to improve outcomes and reduce the number of persons using the justice system for behavioral health needs*. Criminal Justice systems are not intended, nor ideal, for addressing a broad range of behavioral health issues, especially those which are best addressed in the community. It remains to be seen when or what type of interventions can have the most effective impact.

The MHSOAC's Together We Can report suggested that counties should "unite to align programs and objectives, integrate services, leverage funding, and use data and other technologies to improve decisions and assess performance. Holistic, lasting change will require a sustained effort to develop the capacity and culture for continuous improvement. Just as importantly, moving forward will require candid confrontation of preconceived notions and honest assessments of whether our allocation of resources is producing the best possible results."

This recommendation for collaboration is a driver in this project. Fresno County views those who are currently or formerly involved in the justice system as important justice partners. Fresno County also believes there is a great need for research and data to understand the various factors that impact youth justice involvement. Fresno County's various sectors (behavioral health, justice, and education) and similar counties will benefit from understanding ACEs based intervention strategies for justice-involved youth, by the justice-involved youth and may then apply that understanding to create more responsive population- and community-focused prevention, early intervention, and diversion efforts for justice-involved youth.



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

#### **Proposed Project**

As currently envisioned, this Participatory Action Research project focuses on justice-involved youth and would fund local subject matter experts, including youth with lived experience, criminologists, epidemiologists, public health professionals, researchers, evaluator(s), and statisticians from local academic institutions (i.e., Fresno City College, California State University Fresno, Fresno Pacific University, and UC Merced). The project will also utilize evaluators, justice-involved youth, community partners and the behavioral health department to conduct robust and in-depth research for the three-years of a five-year project. The local academic institutions yield both necessary local connections which can assist in their effective collaboration with local resources and assets, as well as experienced researchers and subject matter experts. The research will contribute to statewide learning by gaining insights for interventions from the target population.

This project will focus on a population of individuals ages 15-17 years who are currently involved in the juvenile justice system in Fresno County. This will include those residing in the county's Juvenile Justice Center (JJC). The project will train participants on Adverse Childhood Experiences (ACEs) in order to help frame the impacts of adverse childhood experiences. The goal is for youth to understand ACEs in general, and not to conduct an ACEs screening. The curriculum will be developed and presented with a specific focus to ensure that ACEs and explanation of ACE scores are not internalized as an individual's identity. Instead, participants will gain an understanding of the impact of ACES and focus on resilience and how to succeed despite one's ACE score. A local non-profit organization, CASA of Fresno-Madera Counties, has a six-session ACEs training designed specifically for youth. They have the capacity to develop a shortened version of the training to be used for the purpose of this project, with the focus on education and how to use ACEs in the context of resilience. This provides some examples of existing resources.

Youth who become trainers will educate other youth program participants to increase understanding of ACES. Youth participants will then use their understanding of ACEs to help



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

identify which types of services or engagement could have served as an effective intervention to possibly reduce their justice involvement. The research project will train a group of youth-peers currently incarcerated in the JJC, as well as those on supervision in the community, to become trainers and focus group co-facilitators. These youth will be paid to support the research as trainers and collaborators on informational sessions. This will provide a new way to include the expertise of those with lived experience into the research and data. The peer co-facilitator will not be involved in data evaluation or synthesis.

In a community planning forum with community-based organizations (CBOs) who provide services to the target population, DBH inquired about the use of ACEs in program operations. Most of the organizations reported that they use the Child and Adolescent Needs and Strengths (CANS) tool. Per the John Praed Foundation, "CANS is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services".

One community-based organization stated they do have some discussions with youth on ACEs but focus on assisting the youth in understanding their score and on reducing the negative impacts associated with ACEs. Overall, most CBOs do not administer an ACEs screening.

The Fresno Community Health Improvement Partnership (FCHIP) has several initiatives such as the Trauma and Resilience Network, which has focused on increasing local awareness around ACEs and addressing related issues. FCHIP is providing community support via the ACEs Aware Grant through an evidence-based buffering resources that help prevent, treat, and heal the harmful consequences of toxic stress. This includes opportunities for ACEs screening, education and supports. FCHIP has also established a Fresno HOPE HUB which uses community health workers and a partnership of seven different organizations to provide an array of supports including ACEs work.



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

The Fresno County Probation Department does not currently conduct an ACEs screening on youth who would be the target of this research, nor do they administer an ACEs screening to youth who may enter the JJC. Probation noted that although some youth may have had previous ACE screenings administered to them and some may be aware of their ACE score, these screenings and assessments are not part of their current intake protocols.

Before implementation of the research project, a data analysis and literature review will be completed to identify the current local ACEs information. This will help inform the research design, including a potential need for bilingual/bi-cultural peers, community organizers, and research support staff. This portion of the project shall be conducted by the selected researchers to ensure the project is framed in the proper context and is a localized as possible.

Fresno County is a part of the national Positive & Adverse Childhood Experiences (PACEs) Connection Network which allows access to local ACEs related data, efforts, and learning. As one of the funders for PACEs Connection, the Department does have access to the network and available data, in which DBH can leverage some of the local information.

As the Department does not have the expertise to conduct this type of research and analysis, it will be seeking to contract most parts of this research project, evaluation, and peer coordination services. Fresno County would like to work through its Joint Power Authority (JPA) with the California Mental Health Services Authority (CalMHSA) to contract out all or parts of the project. The use of the JPA allows for a more timely and effective procurement process for this project. Fresno County has met with stakeholders and will continue to seek to engage related stakeholders including, but not limited to, formerly incarcerated youth, justice-involved youth, justice reform advocates, and justice partners. Engagement will occur primarily through focus groups, community forums, and surveys conducted by the Department and the researchers. The Department's stakeholder process has identified a need to work with trusted local CBOs to host trainings and focus groups. As such, the project will seek to partner with these organizations

to assist with the youth engagement. Additionally, the Department will also work with programs



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

for formerly incarcerated persons at Fresno City College and Fresno State University which would be able to host and help guide efforts. As noted earlier the Probation Department will actively assist with project promotion and provide technical assistance and expertise on engagement. The Probation Department will also assist with access to the JJC for training, engagement and focus groups. The project will support CBOs involvement by funding the recruitment efforts, providing food and incentives for program participants, and funding general costs to host program events.

The Department will work with CBOs to provide the participants with their incentives or stipends, as some participants from the JJC may not be able to immediately access the incentives while in custody. This will ensure there is a coordinated effort to ensure compensation through incentives for all participating youth when being discharged from custody.

The project will seek to engage youth who are 15-17 years of age and are currently in custody or under community supervision of the Fresno County Probation Department. It is estimated that there are 276 youth that meet these eligibility criteria at this point in time. The project will seek

Average Population Cer	nsus
On Supervision	166
Detention	66
Commitment	44
<b>Current Census Total</b>	276

to engage at least 70% of the eligible research population, for a total of 193 participants in the first year. Youth will participate in this project as either Youth Facilitators or discussion participants.

The Juvenile Justice Campus has an average population census of 110 youth at any given time and an estimated population of less than 200 unduplicated juveniles per year. Of this population, roughly 84 individuals would be 15-17 years of age during any project year. In addition, the Probation Department reports it currently has 166 youth between the ages 15-17 under supervision.



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

Over the duration of this research project, it is estimated the project could engage and include 400 plus justice involved youth ages 15-17.

Youth in both in the JJC and in the community may receive training to be ACEs trainers and cofacilitators of the forums. Youth Facilitators will be recruited to be trainers throughout the project's term and incentivized by earning a stipend for each group they facilitate. The project seeks to compensate each trainer \$100 per session. The forums will consist of two separate sessions. Those interested in being Youth Facilitators will also earn a stipend or incentive as they attend the train-the-trainer sessions.

Youth discussion participants will be invited to participate in trainings and discussion groups, and will be compensated \$50 per session. Participation in an ACES training session will be a mandatory pre-requisite to attending a discussion group. In order to promote safety and encourage open dialog, groups will be separated by gender. Youth who identify as gender non-binary or transgender may choose to participate in specific groups to create an affirming space for them to openly participate. It is vital that all participants feel safe and valued when participating in the project; facilitators and project staff will strive to reduce any unnecessary stressors that may occur in mixed settings.

Session One: In these sessions the youth trainers/facilitators will provide a one-to-two-hour training on ACEs to other youth ages 15-17. The youth facilitator will lead the training but will have a member of the research team on hand for support and rapport-building.

Session Two: The researcher will work with the youth co-facilitator to provide an ACEs refresher and then begin the research inquiry. Discussion topics may include participants' understanding of ACEs, how they think ACEs impacted them, at what age do they think they had been impacted, and types of interventions participants think could have helped them or someone in that same circumstance.



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT

DIRECTOR / PUBLIC GUARDIAN

A poll of recent justice-involved youth in the JJC identified high interest in participation in the project, in sharing their insights, in becoming a trainer and in participating in the focus groups. The Probation Department would be a key partner to recruit and refer participants, identify youth

trainers, and coordinate ongoing trainings.

Non-trainer program participants would attend a two-session series, including an ACES training and a discussion session. Participants must attend the ACEs training before the discussion session and will be compensated \$50 per session.

Research on INN Components

At this time there have been no INN projects which have focused solely on the research aspect of justice-involved youth. All projects to date have been pilots, programmatic and service focused. This project seeks to focus on research rather than services.

While this is not the first to use peers with lived experience in the project or as trainers, it is one of the first to seek to specifically work with justice-involved youth as the subject matter experts and it's one-of a few that is seeking to compensate the peers and participants. Also, there is a dearth of localized research or local data that can currently inform local partners or stakeholders in developing or addressing the diversion and prevention needs of local youth.

What Has Been Done Elsewhere to Address Your Primary Problem?

• Kings County conducted an MHSA-Innovation PAR with youth some years back called *Be The Change*. That project researched the mental health needs of TAY in their county through a PAR where the participants were integral parts of the research. However, that project looked at a broad group in a rural community. It was not focused on justice-involved youth, nor on seeking to identify prevention efforts that could help keep youth out of the justice system.



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

- The Lodge, a current active INN project of Fresno County, seeks to maximize the use of peers in exploring a model for effective engagement for persons with serious mental illness, who are not in care, are unhoused or at-risk for homelessness and who are in the pre-contemplation of stage of change. This program is looking at a specific adult population and how peers in a specific setting may be able to more effectively engage a population. The Lodge was put forth as an opportunity to examine some potential models for engagement. It is not youth-focused, prevention orientated, or justice-focused.
- Orange County recently received approval for an Innovation program focused on
  justice-involved youth. The Orange County Innovation project which has a
  research component as a Randomized Controlled Trial, is providing direct
  services and care to justice involved youth, and seeking to examine if early
  intervention services are implemented as part of a youth court will improve
  outcomes for young men. The population, ages, focus, and learning are
  considerable different than what is being proposed in this plan.
- Allcove, which is a direct service rather than research, is providing needed services. It is not exploring possible prevention or interventions to prevent justice involvement by the youth. While this proposed project focuses on engaging youth, it differs from Allcove due to its target population (justiceinvolved youth ages 15-17) and focus on participatory action and human centered research.

The Department reviewed the <u>Fresno County Juvenile Justice Realignment Plan</u>, which focused on programs and services for justice-involved youth. This document includes plans for examination of best practices and evidence-based models of care and services for the target population. The traditional approach does not focus on using the input and experience of local population in informing the planning or identification services. The focus is on treatment, care,



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

housing, and other supports for justice-involved youth, but it does not examine possible prevention or diversion services as it is more focused on those already involved in the justice

system.

Fresno County has identified research on collaboration of justice involvement and health among youth, such as the Rethink Health paper *Understanding the Impact of Incarceration on Health*. There is research on ACEs and justice involvement, but we did not find evidence of anything that is looking for a local population of justice-involved youth to drive or guide prevention efforts.

Learning Component

Best practices for prevention of justice involvement among youth from youth for youth.

**Strategies for engaging with justice-involved youth generally and in research.** 

**Strategies** to reduce future involvement in the justice system.

#### Evaluation/Learning Plan

The Fresno County Department of Behavioral Health would like to receive input from as many youths with justice involvement and lived experience within an identified age group. As this is not a program or service, the more participation the project receives during the term the stronger the research and findings will be. These findings will be evaluated and what the Department learns will strengthen the Department's as well as other sector partners (Probation, Education, etc.) current and future programs that can better serve this population



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

#### Contracting

Fresno County anticipates that there will be a number of different vendors and researchers needed for this project. Thus, the Department's plan is to contract with its Joint Powers Authority (JPA) with the California Mental Health Services Authority (CalMHSA). CalMHSA will then conduct the procurement process, including exploring options for vendors to submit bids on specific components or entire sections of the project. In the project, there will be many different components such as training, stipend/incentive management, and hosting and facilitating of focus groups. There will also be the research component, which could include additional support from different sectors.

While there are local independent researchers in the Fresno County area, the county also has several institutions of higher learning which may also seek to explore a project such as this.

#### Community Program Planning

The project has morphed over the past few years as the Department received feedback from the MHSOAC and internal stakeholders. As such, the Department began its community planning based on its concept paper (submitted March 2021) and initial considerations that needed additional community input. While the scope of the project has been refined, the overall project focus on research with justice-involved youth, through inclusion of justice-involved youth has not changed. The project has been included in the County's past two MHSA Three Year and Annual Updates.

The Department met with several organizations initially, those included Fresno County Health Improvement Project (FCHIP), the Department of Social Services' Child Welfare Services division, and the County Department of Public Health (DPH), who all have varying initiatives on children's wellness, health, and prevention activities. FCHIP is working across sectors to address health outcomes and inequities in Fresno County with involvement from 150 entities. DPH, which directly or indirectly works with the populations, also seek to prevent justice involvement by the



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

population by addressing broader topics such as prevention, addressing social determinants of health, toxic stress, etc. The discussion with those stakeholders was about ensuring that the research would be inclusive for the youth and that the findings would be used to yield services in the future.

In the Summer of 2022, the project was shared with Fresno County's Trauma and Resiliency Network. At that community gathering, the California Court Appointed Special Advocate (CASA) of Fresno and Madera Counties had shared that they had developed an ACEs curriculum that they had been using with both foster youth and some justice-involved youth, and it was tailored to assist the youth in understanding ACEs. CASA also shared that if requested they would be able to adapt such a curriculum into a shorter one or two session overviews, and to add a train-the-trainer component to their curriculum.

Department staff also met with the leadership of the Probation department to explore the viability of such a project. The meeting focused on the populations within the youth justice system, how to engage the youth, what services are currently being provided, and how access to the youth in the JJC. Probation and DBH also discussed barriers that could possibly affect community participation, how the research would inform future opportunities, and what information would be needed. Probation staff were excited about the opportunities for youth to become trainers and earn some compensation for their work. They believed it would both improve their understanding of services and efforts and increase their connections to the community. Probation's recommendation was to expand participation beyond the JJC and to include the youth in the community. Probation provided information on the CBOs whom they work with to serve justice-involved youth.

On November 3, 2022, a focus group was held by the Department to obtain input from local CBOs who provide services to justice-involved youth and a separate forum for individuals aged 13-24, who presently or in the past had justice involvement. Eight different CBOs attended and shared their experience in working with youth and what their capacity was to support research that was

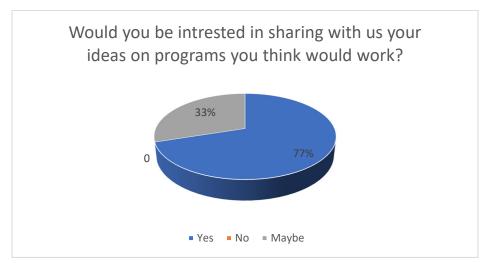


DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

being proposed. They did address the need for support for youth, ensuring the ACEs training was focused on learning and not conducting ACEs screenings, and strategies for effective engagement of the target population, including youth in rural areas. A strong recommendation was made by the stakeholders to focus on what type of interventions are possible as the learning question rather than the others such as at what age should an intervention occurred or other learning questions. This stakeholder feedback informed the Department's decision to limit this project to one learning question.

The forum for youth did not have any in-person participation. The feedback from the CBOs who worked with youth noted that barriers to participation included transportation limitations, unfamiliarity with the agency/location, and the need to meet the youth where they are.

Thus, the department developed a poll to elicit input from some justice-involved youth and leveraged local CBOs to distribute the survey. One CBO, which provides services in the JJC, assisted with facilitation of the survey with some of the youth. The survey is available in the appendix. Another CBO which provides transition and community-based services assisted with the poll as well.





DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN





The project was recently noted in two specific MHSA Three-Year Planning community forums where a robust discussion occurred. The proposed Innovation plan, its involvement of youth with lived experience and long-term goal of the project was discussed in those sessions. The project was initially mentioned during a community planning forum on November 9, 2022, as an example



DEPARTMENT OF BEHAVIORAL HEALTH SUSAN L. HOLT

DIRECTOR / PUBLIC GUARDIAN

of Innovation efforts. This evolved into a discussion about the benefits of having youth involved,

ensuring researcher capacity and how the findings may be shared for future planning.

In another instance, during a community planning session on November 28, 2022, at Fresno State

the conversation was initiated by questions about efforts to support justice involve youth. That

resulted in a discussion about the proposed plan, the focus on youth involvement, and using

efforts from this Innovation Plan to inform future planning. In both instances, stakeholders found

great value in seeking insights from the local youth to help plan for or develop future prevention

efforts.

MHSA Standards/Values

Community Collaboration

DBH will be working across sectors with agencies and organization who support justice-involved

youth and who share the goal of preventing youth from entering the justice system. The county

will partner with agencies such as the Probation Department, County Superintendent of Schools,

the research and evaluation vendors, and organizations focused on child advocacy, foster care,

justice reform, training, case management, supportive services, vocational services, and

prevention.

The procurement process will be open and will draw from various academic disciplines, such as

statistics, criminology, public health, public policy and community advocacy.

The plan seeks to work with community CBOs who are service providers and trusted sources for

justice involved youth to engage and refer participants for the research. Schools and other

institutions may assist in engaging justice-involved youth as trainers, and to provide

opportunities for community input.

ACEs & Justice-involved Youth Research Project 19



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

The project may include focus groups toward the end of the project with CBOs who provide services to youth (schools, vocational, behavioral health, health, supports) to gather their input for possible recommendation for next steps.

#### Cultural Competency

Fresno County's work around wellness and recovery, reducing or preventing justice involvement, and improvement of quality of life cannot be effective without examining and assessing the impact of factors such as ACEs, personal history, systemic racism, and health disparities. Programs and services cannot be developed and be effective without ensuring variables such as health equity are addressed and part of the design.

There is a need for culturally responsive services for our Black Indigenous People of Color (BIPOC) and other inappropriately served groups. The lack of resources and culturally responsive services contributes, in part, to populations of BIPOC with behavioral health challenges not receiving the services they need or having access to effective services. This lack of services increases an individual's risk for interactions with the justice system. The need for culturally responsive trauma informed care is critical, and to achieve that input and those insights from the targeted populations (in this case justice-involved youth, and BIPOC justice-involved youth) are critical. Having access to more information and understanding of how contributing factors such as ACEs

can help in ensuring effective, gender affirming and equitable care for justice-involved youth and can then be used to develop services which can address this imbalance in the current system of care.

Fresno County is home to the State's fifth largest city, and parts of Fresno County's rural communities have a poverty rate of over 25% and another over 20%, ranking them the highest and second highest in all of California according to Food Research & Action Center. There is a correlation between poverty, lack of resources and justice involvement. Lack of services limits effective response or access for youth at risk of justice involvement. Understanding the impact from ACEs on youth from a youth's perspective may then inform effective, equitable and



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

The plan Fresno County is proposing seeks to create transformational change in the behavioral health system by engaging in research and learning in the true spirit of Innovation. This project seeks to learn with and from those whom the services are intended to serve. It is local, built on local community partnerships, and will provide valuable findings to help develop effective and responsive prevention services.

Fresno County's efforts to address behavioral health disparities are evidenced from trainings it invests in funding of culturally specific program Full-Service Partnerships, the California Reducing Disparities Projects, to its community collaboration for robust community planning efforts.

#### Client and Family-Driven

The main portion of this Innovation plan seeks to have youth with the lived experience provide the input that will be most valuable to our researchers and evaluators. The justice-involved youth are the main participants that are driving this project. The project seeks to use the person-centered approach to meet these individuals where they are, whether that be in the JJC or in community-based programs. After gathering information directly from the youth, it would be beneficial to gather information from the family as well. As the justice-involved youth are not always the only ones being affected by their time in the justice system, including families in focus groups, surveys, or interviews would only strengthen this research. The County will work with the researchers on viability to include any other input/data. The compensation via the stipend is an example of valuing the time and experience of the individuals with lived experience.

#### Wellness, Recovery, and Resilience-Focused

The Examination of ACEs and Justice-involved Youth Research Project focuses on the wellness, recovery, and resiliency of our youth. A curriculum will be developed for this plan, that will teach the youth in the justice system about ACEs and focus on resiliency, not their ACE score. The plan will also look at prevention and intervention efforts that will hopefully keep local youth out of the justice system and/or decrease recidivism rates. The findings from this research project can be used to increase the wellness of this diverse and often inappropriately served population.



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

Integrated Service Experience for Clients and Families

This project seeks to gather valuable information from local youth on what prevention efforts they believe would have helped keep them from justice system involvement. The research project will not provide any direct services or programming, but the finding will allow Behavioral Health and partners to create better prevention services, resources, and supports for youth and

their families in the future.

Cultural Competency and Stakeholder Involvement in Evaluation

The proposed Innovation plan lays out the cultural consideration that have gone into development of this project. The Department's Diversity, Equity and Inclusion (DEI) work is tied to MHSA funded efforts, and both are housed within the same team (Division) in the Department,

ensuring congruence in the work.

Some of the considerations as related to stakeholder involvement will include information and facilitation are provided in various languages, having focus groups in metro and rural areas, and with CBOs who are based in different communities and have ties to both justice involved and cultural populations. As noted earlier the project factors in the needs of LGBTQ youth and

ensuring inclusion for all.

Stakeholders (community partners, organizations and the youth with the lived experience) are involved with almost every facet of this program. Community stakeholders will be involved as partner agencies providing training, assisting with youth engagement, hosting events, providing support, etc. Stakeholders (justice involved youth) who are the focus of the research will be involved in the training, in the research, as well as the presentation of findings and reporting.

INN Project Sustainability and Continuity of Care

As this is a research project and not a pilot or direct service program, there is no need for sustaining the research upon its completion. The goal for this research project is to find valuable



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

insights that could then inform and provide data for future prevention efforts and services which could possibly help reduce youth justice involvement in our community.

#### Communication and Dissemination Plan

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 outcomes of this program. Fresno County intends to disseminate information about the project and its outcomes through use of its MHSA Annual Updates and Innovation Plan Updates, as well as program annual reports and final reports. These reports will be shared through an annual report to the County Board of Supervisors, Fresno County departments, project partners, and other various stakeholders. The plan will be posted for public viewing on our MHSA website (www.FresnoMHSA.com) and promotion of the plan will also be posted to our various social media pages.

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. As plan may create a learning opportunity for other sectors and counties, Fresno County DBH can submit the project as a possible presentation in future MHSA Bootcamps or Justice-related conferences or articles. Should any of submissions for presentations to conferences be accepted, Fresno County would ensure that project partners, such as researchers, evaluators, probation department, etc. are involved in the actual presentation to share their role and/or findings on the project. If possible, presentations about the project will include the youth served from the research project.

#### Timeline

The table below provides the timeline for the project in full. There will be a pre-planning stage that will occur from the approval of the project by the MHSOAC to the project's official initiation (with any program expenditures). It is the intention that Fresno County will start the project at the start of the 2023-2024 Fiscal Year (FY), dedicating that first year to contracting, planning,



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

engagement, and coordination. Years two through four will be dedicated to the actual research and collection of the data and input. The goal is to have the work done at the start of the fifth and final year so a final report can be completed before the fifth year is done. The findings can then be presented, and the research and those involved would still be available to field questions, assist with other discussions, etc.

Year	Goal	Activities
1 (FY 2023/2024)	On-Boarding	<ul> <li>✓ Developing Contracts</li> <li>✓ Completing RFPs</li> <li>✓ Funding the curriculum development/Trainer Model</li> <li>✓ Completion of initial data collection</li> <li>✓ With researcher/ evaluator develop the details of research design</li> <li>✓ Engagement with Youth to be trainers and hosts</li> <li>✓ Identify community partners in metro and rural to host sessions and focus groups</li> </ul>
2 (FY 2024/2025)	Implementation	<ul> <li>✓ Train Trainers</li> <li>✓ Facilitate the groups</li> <li>✓ Collect input</li> <li>✓ Ensure payment of peers/youth</li> </ul>



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

3 (FY 2025/2026)	Implementation	<ul> <li>✓ Continue to train new trainers</li> <li>✓ Conduct trainings/facilitate the groups.</li> <li>✓ Collect data</li> </ul>
4 (FY 2026/2027)	Implementation	<ul> <li>✓ Train new trainers as needed</li> <li>✓ Continue to train and facilitate groups</li> <li>✓ Collect data and complete the data collection</li> <li>✓ Analyze data to date</li> </ul>
5 (FY 2027/2028)	Completion	<ul> <li>✓ Process and synthesize the data</li> <li>✓ Develop a report by January 2028</li> <li>✓ Share the findings widely from         January 2028 to June 2028</li> <li>✓ Bring program to end at end of the         5<sup>th</sup> year</li> </ul>

# INN Project Budget

EXP	ENDITURES							
PER	SONNEL COSTS (salaries,	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTA	L
wag	ges, benefits)							
1	Salaries						\$	-
2	Total Personnel Costs							-
3	Indirect Costs							-
4	Total Personnel Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$	_



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

OPFE	RATING COSTS	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
OI LI	ATING COSTS	11 23/24	11 24/23	1123/20	1120/27	11 27/20	IOIAL
5	Direct Costs						\$ -
6	Indirect Costs	83,000	83,000	83,000	83,000	83,000	\$415,000
7	Total Operating Costs	\$83,000	\$83,000	\$83,000	\$83,000	\$83,000	\$415,000
NON	RECURRING COSTS	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
(equi	pment, technology)						
8							\$ -
9							\$ -
10	Total Non-recurring costs	\$ -	\$ -	\$ -			\$ -
CON	SULTANT COSTS /	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
CON.	TRACTS (clinical, training,						
facili	tator, evaluation)						
11	Direct Costs - Curriculum &	18,000	15,000	8,500	8,500		\$50,000
	training						
12	Indirect Costs - CalMHSA	\$60,000	\$60,000	\$60,000	\$60,000	\$60,000	\$300,000
	Admin Fee						
13	Total Consultant Costs	\$78,000	\$75,000	\$68,500	\$68,500	\$60,000	\$350,000
ОТНІ	ER EXPENDITURES (please	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
expla	ain in budget narrative)						
14	Vendor		\$645,000	\$670,000	\$670,000	\$250,000	\$2,235,000
15							-
16	Total Other Expenditures	\$ -	\$645,000	\$670,000	\$670,000	\$250,000	\$2,235,000
				1			İ



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

Perso	onnel (line 1)						\$ -
Direc	ct Costs (add lines 2, 5 and 11	18,000	15,000	8,500	8,500	-	50,000
from	above)						
Indir	ect Costs (add lines 3, 6 and						
12 fr	om above)	143,000	1 43,000	143,000	143,000	143,000	715,000
Non-	recurring costs (line 10)	-	-	-			-
Othe	r Expenditures (line 16)	-	645,000	670,000	670,000	250,000	2,235,000
TOTA	AL INNOVATION BUDGET	\$161,000	\$803,000	\$821,500	\$821,500	\$393,000	\$3,000,000
	a complete definition of direct This notice aligns with the fed		-		ation Notice 14-		
	OFT CONTENT EVERNELTHE	DV FLINDING	SOURCE AND	FISCAL YEAR (F	Y)	-1	
	GET CONTEXT - EXPENDITURES	BY FUNDING	SOURCE AND				
		FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
ADM	IINISTRATION:				FY 26/27	FY 27/28	TOTAL
ADM	IINISTRATION:  Estimated total mental				FY 26/27	FY 27/28	TOTAL
ADM	IINISTRATION:  Estimated total mental health expenditures for				FY 26/27	FY 27/28	TOTAL
ADM	Estimated total mental health expenditures for ADMINISTRATION for the				FY 26/27	FY 27/28	TOTAL
ADM	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN				FY 26/27	FY 27/28	TOTAL
ADM	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the				FY 26/27 \$143,000	FY 27/28	\$715,000
ADM	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:	FY 23/24	FY 24/25	FY 25/26			
<b>ADM A.</b> 1	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:  Innovative MHSA Funds	FY 23/24	FY 24/25	FY 25/26			
<b>ADM A.</b> 1	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:  Innovative MHSA Funds Federal Financial	FY 23/24	FY 24/25	FY 25/26			
ADM A. 1 2	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:  Innovative MHSA Funds  Federal Financial  Participation	FY 23/24	FY 24/25	FY 25/26			
ADM/A. 1 2 3	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources: Innovative MHSA Funds Federal Financial Participation 1991 Realignment	FY 23/24	FY 24/25	FY 25/26			
ADM/A. 1 2 3	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:  Innovative MHSA Funds Federal Financial Participation  1991 Realignment Behavioral Health	FY 23/24	FY 24/25	FY 25/26			
ADM/A.  1 2	Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources: Innovative MHSA Funds Federal Financial Participation 1991 Realignment Behavioral Health Subaccount	FY 23/24	FY 24/25	FY 25/26			



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

B.	Estimated total mental	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/28	TOTAL
	health expenditures for						
	EVALUATION for the entire						
	duration of this INN Project						
	by FY & the following						
	funding sources:						
1	Innovative MHSA Funds						
2	Federal Financial						
	Participation						
3	1991 Realignment						
4	Behavioral Health						
	Subaccount						
5	Other funding*						
6	Total Proposed Evaluation						
TOTA	AL:						
C.	Estimated TOTAL mental	FY 23/24	FY 24/25	FY 25/26	FY 26/27	FY 27/26	TOTAL
	health expenditures (this						
	sum to total funding						
	requested) for the entire						
	duration of this INN Project						
	by FY & the following						
	funding sources:						
1	Innovative MHSA Funds	\$161,000	\$803,000	\$821,500	\$821,500	\$393,000	\$3,000,000
2	Federal Financial						
	Participation						
3	1991 Realignment						
4	Behavioral Health						
	Subaccount						
5	Other funding*						



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

6	Total Proposed	\$161,000	\$803,000	\$821,500	\$821,500	\$393,000	\$3,000,000
	Expenditures						
*If "C	Other funding" is included, pleas	se explain.		•			

#### **Budget Narrative**

The initial projected budget for this project is \$3,000,000 over five years.

- Research/\$1,689,000. The Department anticipates expending up to 1,689,000 (\$563,000 a year for three years for the research). According to the National Institutes of Health (NIH) Databook, in 2020 NIH averaged \$566,744 per research grant, therefore making this project competitive with many others.
- Final Year Research/\$250,000. For the final year of research funding will be allocated for
  project's research component and completion. A large budget allocation for this project
  is needed as the project seeks to be robust, thorough, and completed by an array of
  community partners with different areas of expertise.

The total research budget allocation would be divided between researchers/institutions, evaluators, peers, statisticians, and partners.

- **DBH Operational Costs/\$415,000.** DBH will allocate \$415,000 for internal use, which would allow approximately \$83,000 annually for five years to support the Department's personnel needs for such a project including fiscal support, oversight of compliance with INN requirements, completion of annual reports and other functions.
- Project Management-Administration \$300,000. Approximately \$300,000 will be allocated for project management, implementation of procurement, contracting, and ongoing project support provided by CalMHSA. DBH is a member of the California Mental Health Services Authority (CalMHSA), a joint powers authority. DBH intends to utilize CalMHSA to complete the procurement process, coordinating the project, monitor



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

contracts, facilitate payments, and other supports. The cost is based on CalMHSA's 11% fee based on total project budget.

- **Stipend-Participant Compensation/\$200,000**. The project is allocating \$200,000 for stipends (\$100.00 per participant for sessions and for presenters). This would be provided in years two through four of the projects with over 660 individuals with a stiped a year.
- Community Participation/\$60,000. This plan is dedicating up to \$60,000 use for engagement and hosting by local CBOs. The funds would be used to cover costs for stipend management, food, event promotion, space rental, etc. related to hosting youth training and forums in years two through four.
- Transportation Assistance/\$15,000. Per-input from stakeholders a contingency is being allocated to provide if needed support or assistance with transportation for participants and their families, which may include stipends, gas cards, chartering of transportation services, etc. This allocation of \$15,000 for years two, three, four and possibly year five. This would allow at least 35 different individuals/families to receive transportation supports of up to \$100 if needed during the span of the project.
- Training and Curriculum Contingencies/\$50,000. An allocation of \$50,000 is being
  identified to support development of purchase of an ACEs training, any cost to train the
  Peer-Trainers/Peer Co-facilitators, or other costs outside the research to implement the
  project.
- Participant Childcare/\$21,000. Additional funding will be designated to provide for childcare needs for participants who may need it, or for whom childcare would prevent them from participating the two sessions.

All but the \$415,000 of the total \$3,000,000 will be kept and used by the Department. The rest of the funds will be designated to CalMHSA to use in the administration of the project, including research, stipends, community participation, etc.



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

## **Appendix**

- A Flyer
- B-Public Comment
- C-Youth Survey



DEPARTMENT OF BEHAVIORAL HEALTH SUSAN L. HOLT DIRECTOR / PUBLIC GUARDIAN

#### Appendix A





DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

#### Appendix C

#### Summary of Comments-Stakeholders

Public comments will be noted below as received. The public comment period was from February 1, through March 3, 2023. All comments received during this period are noted below.

Comments	Response/Action If Applicable
Some schools involved with Community Schools may have good sources for past/current youth. For instance, Parlier Unified has had such a high number of youths in JJC, that they contracted with Focus Forward to provide mentoring on-site at the campus to 40 youth (will increase next year) that could be utilized. Making sure Community School districts/schools are aware of this could be useful. There is a list of 14 in either planning or implementation phases and it will be funded over the four years.	This is really helpful, especially the info regarding that community. The youth we are going to target that are 15-17 will be any who are still under any type of justice involvement, those pending cases, those on probation or those who may be on informal probation. It is a good reminder to make sure the project does not forget about the community schools. We will make sure to include them in our efforts to reach the focus population.
Also, how will you handle if a youth begins to face the ACE in a way not previously done; what support will be available in the event someone is triggered? Is that ment6ioned or did I miss it?	If the example used happens the JJC they will be able to have access to direct support, there. A few of our CBOs shared they do ACEs screening and support so those would be options to support those youth in those setting. We will have a contingency plan to ensure there is support and the persons can be connected to supports if needed. Part of our discussion around ACEs is to have them



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

understand it as a factor, but not to pathologize them with their ACEs score, and really to focus on resilience. Your question was along same the OAC raised in our concept paper. We will not be doing an ACEs screening, however as you noted it can raise some issues for some participants. So, the plan will be to ensure some support on site for each of these sessions so there is real time support, and then linkages for those you may not yet be connected to supports and care.

As these youth come up with ideas, they may become more interested in participating in existing programs. How will they be supported to do so once the research two-sessions are over? For those that become trainers and show leadership ability, how will they be plugged into other opportunities? My concern is that once they are engaged and show a bit of hope, they need immediate reinforcement. How will this occur? I think it needs to be addressed.

The plan is to have peer trainers in the JJC be paid for that work and possibly when out of custody to be a part of the pool of trainers for the project. Those who are in the community will be able to continue as an on-going pool of trainers which will last for 3-4 years. The hope is those who are interested can be steered to the various programs that FCSS, FCC and FSU have for formerly incarcerated youth and help them explore opportunities with their lived experience.

We also can refer those who will become 18/adults to opportunities for peer certification, peer work etc. The focus for the plan is narrow. It's on the research. So, we can make some linkages and referrals, but the program doesn't provide for more of the case management/navigation that be needed to may support pathways. There can be some



DEPARTMENT OF BEHAVIORAL HEALTH
SUSAN L. HOLT
DIRECTOR / PUBLIC GUARDIAN

inclusion in the work, and pathways guidance, there are community partners whom we can connect them to as well in that area of interest. But as this will be contracted out to researchers and their focus is more on getting the info, there may be limited capacity to provide more robust mentorships to some and so we will have to leverage resources that are already in existence outside this project. Finally, there is such a shortage of So, this program is not providing any same-racial/ethnicity traumadirect services. There will be some providers, how will this be handled? supports, and always an opportunity refer those who are open/interested in care services. We will partner with some of those organizations to host meetings/sessions, we can provide linkages, but the project is to have youth help identify ideas for how to best provide prevention services with future youth. It has no component for the treatment, but rather to learn the needs and to be able to develop more responsive services to prevent the justice involvement, including more racially/ethnic and culturally appropriate trauma providers.

# **Justice-involved Youth Survey**

The Fresno County Department of Behavioral Health is seeking to learn from justice-involved youth which prevention activities could be done that youth think would have worked for them and possibly kept them out of the justice system. We would like to learn directly from youth about what we need to do to help future youth stay out of the justice system. We are seeking some early input to help us develop the actual project.

1. Would you be interested in sharing with us your ideas on programs that you think would work?
○ No
2. Would you be interested in being trained to help with research?
○ Yes
○ No

3. Would you attend a workshop/session if you were paid \$50? Or \$100 for two sessions/workshops?
○ Yes
○ No
4. If we provided gift cards for payment, which kind would you most want?
O gas cards
O fast food/restaurants
○ Walmart/Target
○ Amazon
O Footlocker/Dick's
5. Is transportation a challenge that would prevent you from participating in workshops/sessions in the community?
○ No
O Maybe



Privacy & Cookie Notice