

INNOVATION PLAN COUNTY OF FRESNO

HANDLE WITH CARE PLUS+



THE COUNTY OF FRESNO
Department of
Behavioral Health

Introduction

The Fresno County Department of Behavioral Health (DBH) recently concluded the Mental Health Services Act (MHSA) Innovation (INN) program, Handle With Care Plus+. Fresno County's INN project had some challenges starting up as the project was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in May of 2020 during the start of the Covid-19 pandemic.

Fresno County DBH experienced several obstacles over the duration of the project but learned quite a bit from Handle With Care Plus+. However, the project terminated on November 30, 2023, seven months earlier than it's intended end date.

In July 2024, Fresno County received the final report from the third-party evaluators, UC Davis, for this INN project, emphasizing key findings and recommendation for future projects such as this.

Background

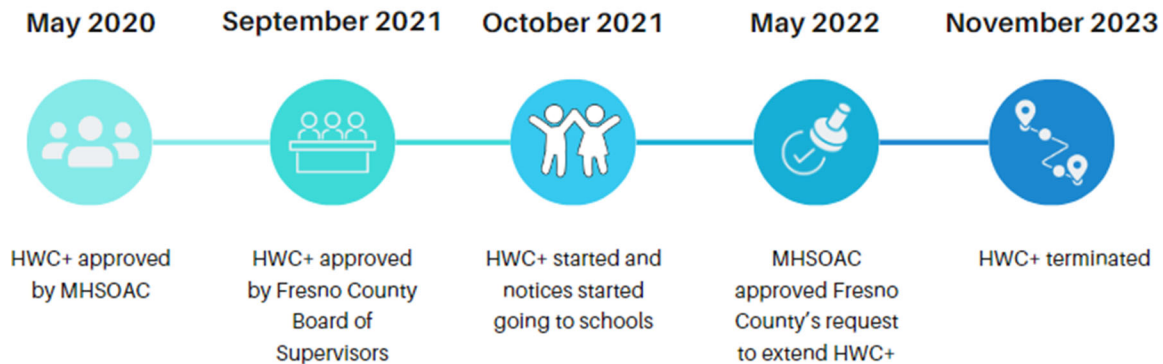
Handle With Care Plus (HWCP+) was a MHSA funded Innovation plan. HWC+ was based on West Virginia's Handle With Care model that has been shown to mitigate negative affects experienced by children's exposure to trauma, and to increase knowledge and awareness of this issue. The innovative part of Fresno County DBH's model was the addition of a Parent Café component to support the families (and caretakers) of the children who had experienced a life changing experience. DBH had hopes that the Parent Café would engage the family and provide psychoeducation tools to assist in the recovery process.

The project used multi-agency cross sector collaboration between Fresno County Superintendent of Schools (FCSS) and the Resiliency Center. The program sought to understand three (3) things:

- 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 on 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?

The INN project was approved by the California Mental Health Services Oversight and Accountability Commission in May of 2020, but due to uncertainty of the Covid-19

pandemic and a return to in-person school plan, the agreement did not go to the County's Board of Supervisors until September 2021. The project started sending HWC notices in October of 2021. In May of 2022, a request was made to extend HWCP+ program with the new end date of June 2024. However, the program was terminated on November 30, 2023, seven months earlier than it's intended end date.



Final Learning

The final report (Appendix A) developed by UC Davis provides the details of the work and recommendations for future Handle With Care Plus+ type projects.

Although there was insufficient quantitative data to answer the learning questions, these are the key findings gathered through the evaluation:

- Trauma-informed, healing-centered spaces are necessary in the school system.
- Multi-agency cross sector collaboration created opportunities to better serve the youth but there were also a lot of moving parts which created challenges in the program and service coordination.
- Clinicians within the schools wanted more information (such as severity of the trauma) versus just a Handle With Care notice, to better serve the student.
- Contacting parents/caregivers immediately after a traumatic/life changing event was not the effective time for outreach as they are making sure their basic needs (i.e. housing, food, safety) were being taken care of.
- There were challenges receiving 911 call information and eventually this data transmission ceased putting the program at a standstill.

The final evaluation report offered recommendations to maximize the impact of a HWCP+ program:

- Resources and support at school for a trauma-informed and healing-centered environment.
- Simplify the communication pathway to ensure that schools receive notices in a timely manner - first responders communicate directly with the school site or

districts if possible

- Community planning for future program design should include key partners such as additional school staff, parents, local officials and first responders representatives.

The last recommendation was to implement a more robust monitoring and evaluation to track the program throughout implementation and make effective adjustments as needed. This was a challenge for the Department because in the first year and half DBH was working on an agreement with UC Davis. Initially, DBH was to contract with UC Davis' Center for Reducing Health Disparities (CRHD), but due to the pandemic and high workloads and staff turnover at the college, CRHD ended up informing us several years into the project they did not have the capacity for the project and recommended Dr. Nuno at the Department of Public Health Sciences to support the evaluation.

Fresno County does see the benefits in retaining parts of HWC+ due to its potential benefits to the community but with the introduction of the new Behavioral Health Services Act (BHSA), the allocation of funding and specifics of the program implementation remain unclear. In order to execute a project, based on the recommendations provided in the final report, Fresno County DBH would suggest the program partners collaborate with other existing school programs to ensure effective implementation and funding.

Appendix

A – Final Evaluation Report



The County of Fresno
Department of
Behavioral Health

Handle with Care Plus+

Program Evaluation



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Preface

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years). These experiences can disrupt a child's sense of safety, stability, and bonding, often leading to numerous health and social problems throughout their life. ACEs are generally categorized into three broad groups: abuse, neglect, and household dysfunction. In California, 22.4% of children aged 0-5 have experienced one or more ACEs at some point in their lives. Multiple factors contribute to ACEs and addressing them with thoughtful and supportive approaches can help reduce their occurrence and mitigate their effects, leading to healthier and stronger individuals and communities.

In Fresno County, with a crime rate of 44 per 1,000 residents, individuals face a 1 in 114 chance of becoming a victim of violent crime. This rate is significantly higher than the statewide average for California, where the likelihood of experiencing a violent crime is 1 in 200. The Fresno Police Department receives an average of 2,700 calls daily, with around 1,200 of them being 911 calls. Out of these 36,000 monthly calls, approximately 500 to 800 cases involve children exposed to trauma. This suggests 9,600 children in Fresno experience trauma requiring police intervention each year, and it's important to note that these are only the reported cases. Given these statistics, prioritizing programs that promote trauma-informed care is essential.

The Handle with Care Plus+ (HWCP+) program in Fresno County was developed as a multi-agency initiative aimed at providing trauma-informed care for local students and families impacted by traumatic events. By integrating immediate response, ongoing support, and community collaboration, the program aims to create a nurturing environment that promotes healing, resilience, and long-term well-being. This report presents the findings of a comprehensive process and outcome evaluation conducted over the first two years of the innovation program.

The study findings presented here were collected and analyzed by Dr. Miriam Nuño, José Cricelio Montesino-Lopez, and Maria Luisa Daza-Torres from UC Davis Public Health Sciences and Dr. Ahna Ballonoff Suleiman, Katherine Menendez, and Selena Regalado from the UC Davis Center for Regional Change. This report is relevant to a wide range of stakeholders, including Fresno's Department of Public Behavioral Health, the Resiliency Center, Fresno County's Board of Supervisors and Behavioral Health Board, and the broader community.

Questions or comments about this report should be sent to project leader, Dr. Miriam Nuño (mnuno@ucdavis.edu). For more information about UC Davis Department of Public Health Sciences or Center for Regional Change, please follow these links: <https://health.ucdavis.edu/phs/> and <https://regionalchange.ucdavis.edu/>.

Summary

In 2020, after extensive planning and community engagement, Fresno County's Department of Behavioral Health approved the launch of the HWCP+ program. This three-year innovation project was funded with a \$1,527,000 budget. This program was designed to provide immediate, coordinated mental health services and school-based support to children (aged 4 to 11 years) and their families from four pilot schools who have experienced trauma and called 911 for help.

On September 21, 2021, the HWCP+ program contract agreement was approved. On May 28, 2020, the program was approved by the MHSOAC. The original partners included the Fresno Police Chaplaincy's Resiliency Program (later renamed the Resiliency Center), the Fresno County Superintendent of Schools (FCSS), and four pilot elementary schools from Fresno Unified School District: Heaton, Pyle, Lowell, and Del Mar.

The three-year pilot project, funded under the Mental Health Services Act's (MHSA) innovation component by the Department of Behavioral Health, had three aims:

1) increase the quality of mental health services, including measures outcomes, 2) increase access to mental health services for underserved groups, and 3) promote interagency and community collaboration related to mental health services, support, and outcomes. The innovation project unfolded in three phases: Phase 1, a pre-planning phase focused on operations; Phase 2, ensure inclusion across all four participating schools; and Phase 3, emphasize project transition and sustainability.

The pilot project was implemented in four elementary schools located in underserved communities characterized by high poverty rates and limited access to essential services. Del Mar, Pyle, Heaton, and Lowell elementary schools were selected to enhance inclusivity and broaden access to essential social and educational services for students and parents within their communities. The innovation project aimed to answer three research questions: 1) Will multi-sector rapid response Trauma Response Team reduce behavioral health problems in children affected by traumatic events? 2) Will children whose parents attend a resilience-focused Parent Café experience fewer behavioral health problems and greater resilience than those whose parents do not attend? 3) Will participation in the Parent Café increase the likelihood that parents will seek clinical services for their children, other children, or themselves? In addition to implementing the pilot program, MHSA mandated an evaluation to determine its effectiveness. The evaluation aims to achieve the following objectives: 1) Analyze and report all program data, 2) Present quantitative and qualitative findings from focus groups to gain deeper insights into the program's barriers and facilitators, 3) Develop, implement, and analyze surveys and focus groups, 4) Produce an executive report summarizing these findings.

Methods

To accomplish these evaluation goals, Dr. Nuño was contracted to conduct a mixed-method evaluation, assessing the program's impact on children and families. The analysis of the quantitative data revealed that due to certain programmatic challenges, only a small number of children and families engaged with the program. Consequently, there was insufficient data to adequately address the three research questions of the innovation project. At this point, Dr. Nuño collaborated with Dr. Suleiman and her team, shifting the focus to a qualitative learning and documentation agenda. The primary objective was to document and understand the events and lessons learned during the two-year implementation period of the program.

To identify barriers and facilitators to the program's implementation, we reviewed documentation detailing the project's design and conducted semi-structured interviews with staff involved in the pilot program after its completion. The original design included conducting focus groups and surveys with the school staff. Due to difficulties in coordinating schedules, we conducted 45–60-minute individual interviews via Zoom with all participating staff. We conducted an informal thematic analysis of the interviews and documents, extracting the actual project timeline and activities, thematic insights and lessons learned, as well as identifying opportunities for future programs.

To evaluate the program's outcomes, we received data that, although it did not include the originally intended outcomes, did allow us to analyze engagement levels with the program and the extent of program implementation achieved. The specific outcomes that we will report on include the completion of key process indicators: 1) Delivery of HWC notices, 2) Contact with family to offer support, 3) Delivery of support, including screening and assessment of student or parent needs, and 4) Delivery of information about the Parents Café. We report on these key process indicators for both the entire group of schools and for each individual school that participated in the pilot program.



Description of the Innovation Program and Implementation

This HWCP+ program was adapted from West Virginia's HWC program, specifically tailored to address the unique needs of Fresno County. In partnership with the Fresno County Department of Behavioral Health (DBH), the Fresno County Superintendent of Schools (FCSS), and the Fresno Police Chaplaincy's Resiliency Center (RC), the program was designed to offer immediate support to children ages 4-11 and their families from four schools in Fresno County, assisting their recovery from life-impacting or traumatic events. The program also incorporated Parent Cafés to offer support to both children and their families.

The Parent Cafés were designed as an eight-week course, with a weekly changing curriculum covering the following topics: 1) Parent and Family Resilience, 2) Relationships, 3) Trauma-Informed education, 4) Social Determinants of Health, 5) Parenting and Child Development, 6) Support in Times of Need, 7) Communication, and 8) Empowerment. During the Fresno County DBH community planning process for implementing this program, several key activities were conducted to better inform the pilot program. Some of these activities included stakeholder meetings, collaborative sessions, program development workshops, youth listening sessions, a virtual hearing meeting. These were held between June 5, 2019, and the end of the Pre-Planning Phase on August 1, 2020.

Program Outcomes



Student and School Program Outcomes

In total, data were collected on 139 pilot youth and 31 comparison students who participated in the program. The majority of students engaged in the program were between 8-12 years old (47.5%), female (53.2%), Black or African American (25.9%), and English speakers (97.1%). Most participants were engaged in 2022 (68.4%). Of the 139 students identified to receive Handle with Care notices, 63 children (45.3%) were confirmed to be attending the pilot school to which the notices were sent. Out of the 63 children, contact attempts were made for 28 cases, and successful communication was established with 21 families. Among these children, all parents received information about the Parent Café. Screenings were scheduled for 8 children, and 4 children were successfully screened. Among the 21 families who were contacted, 10 children received support services from the All for Youth program, 6 children required additional support, and the remaining families declined further assistance. All parents or guardians successfully contacted by phone received information about the Parent Café. However, all parents declined participation in the Parent Café.



Staff Program Outcomes

We interviewed 10 staff members across 4 agencies who had participated in this project (Resiliency Center n=3; Fresno County Superintendent of Schools n=2; Fresno Unified School District school sites n=3; Department of Behavioral Health n=2). These staff members were involved in managing the contract, designing, and administering the program, and executing the project. The key themes that emerged from the interviews include:

1. **There is a clear need for this program in the community.** Everyone agreed that sharing information about students' trauma promotes more trauma-informed, healing-centered school climates.

Students need this support

Participants highlighted the need for the Handle with Care program.

HWCP+ helped identify and support children who had experienced trauma. Identifying students in need felt helpful and important to project partners.

When information is shared, it works

While the number of students served was small, school staff recognized the program's potential for great success. When teachers and administrators received timely information and could reach out to students, the results were promising. Information sharing benefits administrators, educators, and students by fostering a better understanding of student behavior in the classroom.

HWCP+ complements existing school level services

Participants described existing effective efforts to address student trauma in their schools and felt that HWCP+ augmented existing trauma- and healing-informed strategies.

2. HWCP+ brought together new partners to support students. These partnerships created opportunities to better serve students. The diverse partnerships within HWCP+ presented various opportunities. Some participants noted that these collaborations, particularly with the police department, provided access to previously unavailable resources and facilitated new connections with partners they had not previously worked with.

3. There were significant challenges in program design and implementation. While all partners recognized the need for coordinated efforts to best support children, there were concerns that the design of HWCP+ presented challenges that limited its effectiveness.

Too many moving parts

While the multiple partners in the project each brought critical knowledge, expertise, and access to information, students, and families, the multiple layers also made it difficult to execute and troubleshoot challenges in the program. In addition, not all partners understood the parent and student level components of the program.

Clinicians at schools wanted more information

Partners at the school level, particularly those who had clinical training and licenses, shared that slightly more information, such as a label indicating the severity of the event, would have helped them better provide services to children at the school site.

Challenges with timely delivery of HWCP+ notices to teachers

During the period when Police Department (PD) was sharing information from 911 calls, the process of getting information about children and families to the schools was complicated and involved multiple handoffs. Due to the imprecise process, even if a child attended a pilot school, teachers were often notified very late in the day or after school hours.

Timing of outreach did not work for parents

Staff repeatedly reported that reaching out to parents about the Parent Cafés, immediately following involvement in a 911 call, was not effective. Parents were often scrambling to address their basic needs (e.g. housing, food, security), making it difficult to consider participating in the Cafés.

Allocation of resources did not align with program activities

As outlined in the HWCP+ plan, the bulk of the funding supported two staff positions at the FCSS county level - a Bilingual Behavioral Health Clinician and a Bilingual Parent Peer Support position, and three staff positions within the Fresno Police Chaplaincy (later allocated to the Resiliency Center) – a Triage Liaison, a Parent Peer Support Position, and part time Clinician. Given the lack of participation in the Parent Cafés, the two Parent Support positions were unable to carry out the activities proposed in the program. Significant resources were allocated to support activities that ultimately were not realized.

Challenges with privacy and information sharing

The partners continually worked to share enough information to make the program possible while protecting the privacy of families and children. In Fall 2022, the police department made the decision to stop sharing 911 call information with external partners, and the information transmission ceased abruptly. The dissolution of the information sharing agreement between the police department and the Resiliency Center resulted in the end of the project. There was limited communication about the reason for the disruption between program partners and confusion about the future of the project.



Conclusions

The HWC program has achieved significant success in West Virginia and in other communities that have adapted various aspects of the program. The program has effectively supported children who have experienced trauma by providing timely intervention and fostering trauma-informed environments within schools. The success is largely attributed to the program's comprehensive approach, which involves close collaboration between law enforcement, schools, and mental health services. Additionally, its focus on providing immediate and sustained support for affected children has been a key factor for its effectiveness. In Fresno County, the HWCP+ program faced several challenges that hindered its overall effectiveness. The challenges included implementation issues such as communication problems and inconsistent procedures, lack of stakeholder and parental engagement, and inadequate monitoring and process evaluation mechanisms to identify and address concerns that arose during implementation.

Despite the critical need for the HWCP+ in Fresno County, limited data is available to demonstrate the program's effectiveness in supporting children and their families. It is crucial to glean insights from the data collected from staff, children, and families who were engaged in the program, even if the data is limited. These insights can guide future improvements, ensuring that if the program is implemented again, it will more effectively meet the needs of the Fresno County community. To maximize its impact, it is essential to address the existing challenges and refine the program's implementation strategies. By enhancing communication, engaging stakeholders, and parents, and implementing thorough monitoring and evaluation processes, the program can effectively support children and their families. We offer the following recommendations to the HWCP+ program:

1) Focus on supporting students. Everyone agreed that providing more support to students at school following a traumatic event is critically important. It is less clear that providing services to parents at that same time is effective. Based on the findings of this evaluation, we recommend prioritizing immediate support for students, to ensure that they receive the necessary resources and assistance at school.

2) Simplify the communication pathway. To ensure that schools and teachers receive HWC notices promptly, streamlining the communication pathway would be highly beneficial. Streamlining the communication path way would alleviate complications related to information sharing and minimize delays in delivering HWC notices to the appropriate schools and teachers. Based on the results of this evaluation, we recommend reducing the number of partners in the project and facilitating direct communication between first responders, police officers, the district, and school sites.

3) Engage key partners, including school staff, parents, city officials, and police representatives, in co-designing the intervention. Although many partners were aware of the community engagement process that occurred prior to the project's launch, very few were involved in the actual conceptualization or design of the program. The challenges related to information sharing and communication underscore a disconnect between the program's design and its practical implementation. As a result, involving key partners in the co-design of future interventions offers a greater potential for success.

4) Monitoring and evaluation. Implement a robust monitoring and evaluation framework to track the program's effectiveness and make evidence-based adjustments. Accurate data collection is critical for a comprehensive evaluation of the program's impact. Incorporate feedback mechanisms to ensure regular communication with stakeholders, allowing for the identification and resolution of implementation and data challenges. Establishing continuous feedback loops supports ongoing improvement and ensures the program effectively meets its objectives.

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Abbreviation

ACES	Adverse Childhood Experiences
All4Youth	Partnership Program between DBH and FCSS
DBH	Department of Behavioral Health
FCSS	Fresno County Superintended of Schools
FUSD	Fresno Unified School District
HWC	Handle with Care
HWCP+	Handle with Care Plus+
LOSS	Local Outreach to Suicide Survivors
MHSA	Mental Health Services Act
MHSOAC	Mental Health Services Oversight & Accountability Commission
PD	Police Department
RC	Resiliency Center
SAMHSA	Substance Abuse and Mental Health Services Administration
SSI	Semi-Structured Interview



CHAPTER ONE INTRODUCTION

Introduction

Background

Adverse childhood experiences (ACEs) are potentially traumatic events that occur before the age of 18. Nearly half of the youth in the U.S. report exposure to at least one ACE before the age of 18, and 10% have experienced three or more [1]. Research shows that experiencing multiple ACEs over time significantly increases the likelihood of mental health issues and substance use among young people. ACEs can also lead to difficulties in learning, emotional regulation, and physical development, affecting school performance, social interactions, and behavior [2, 3, 4]. Prevalence studies of ACEs across various population groups indicate that Non-Hispanic Black, Hispanic, and Non-Hispanic Native American youth are more likely to experience multiple ACEs compared to their Non-Hispanic White and Non-Hispanic Asian counterparts [5]. This disproportionality reflects systemic inequities and socioeconomic disparities that place individuals in certain communities at higher risk for experiencing adversity. In California, the prevalence of ACEs is a significant public health concern, with far-reaching implications for the well-being of both individuals and communities. According to the 2022 California Health Interview Survey [6], 1 in 5 adults reported experiencing four or more ACEs. This pattern is also evident among youth adults, with a significant proportion reporting four or more ACEs [7]. Among adults with four or more ACEs, 28.5% experienced serious psychological distress (SPD) in the past year. One in three adults with 1-3 ACEs reported an unmet need for mental health services, while nearly 2 in 5 adults with 4 or more ACEs had unmet mental health needs. Factors such as poverty, discrimination, and lack of access to healthcare and social services contribute to increased vulnerability among underrepresented and underserved communities. The historical and ongoing experiences of racism and oppression further intensify the trauma experienced by these communities. Additionally, cultural factors and family dynamics can also influence the prevalence of ACEs within specific racial and ethnic groups.

Fresno County has one of the highest crime rates in the U.S., with 44 incidents per 1,000 residents. In Fresno County, the likelihood of becoming a victim of a violent crime is 1 in 114, significantly higher than the statewide average of 1 in 200 for California [8]. Poverty rates in Fresno County are significantly higher than the state average, with 18.7% of residents living in poverty compared to 12.2% across California. Educational attainment is lower in Fresno is notably lower than the state average, with only 24.2% of residents holding a bachelor's degree or higher, compared to 37.0% statewide. The Fresno Police Department receives an average of 2,700 calls daily, with around 1,200 being 911 calls. Out of 36,000 monthly calls, approximately 500 to 800 cases per month involve children exposed to trauma, amounting to about 9,600 cases annually. These figures represent only reported cases. The Fresno County Department of Behavioral Health is actively engaged in various efforts to support the mental health needs of children and youth, especially addressing trauma.

However, there remains a significant opportunity to improve support for children aged 4 to 11, especially through real-time interventions for those who have experienced traumatic events. Programs like HWCP+, which aim to provide immediate support to these children, represent a valuable opportunity to make a significant and lasting impact on their lives. By offering timely and targeted assistance, this program can help mitigate the long-term effects of trauma, foster resilience, and improve overall mental health outcomes for young children. Expanding and enhancing this program initiative can ensure that vulnerable children receive the critical support they need during their most formative years.

Understanding the unique needs and health disparities of Fresno County is crucial for developing tailored interventions and support systems that effectively address the unique needs of the community. By addressing the socioeconomic and systemic inequities that contribute to higher ACEs among Fresno County children can foster resilience and improve the overall well-being of children, families, and communities at large. In response to these challenges, innovative programs like the HWCP+ have been implemented to address specific needs of children and families affected in Fresno County. This program offers comprehensive, trauma-informed care and support, focusing on the unique circumstances of Fresno County's diverse population.

Prior to the implementation of the HWCP+ program, Fresno County had several notable initiatives aimed at addressing trauma and supporting affected children and families. These efforts and existing collaborations served as critical foundations for the comprehensive support offered by the HWCP+ program. The Resiliency Center (RC) offers a wide range of community services, including children's activities and family support. Its mission is to provide prevention and support services for children and youth. However, this effort is uncoordinated with schools and lacks a structured trauma-informed component for families. The All 4 Youth program, a partnership program between Fresno County Department of Behavioral Health (DBH) and Fresno County Superintendent of Schools (FCSS), funded by the Mental Health Services Act (MHSA), is designed to support children and adolescents aged 0-22 years who are experiencing emotional or mental health difficulties impacting them at school and at home. The goal of this program is to remove barriers and increase access to clinical and early intervention services, providing a supportive environment where children can thrive both at school and home. HWCP+ program is supported by FCSS but it is not part of the All 4 Youth program. The Parent Family Café, already established in Fresno County, successfully brings parents, guardians, and caregivers together to share their experiences and support each other. This initiative fosters a peer-to-peer supportive environment for individuals navigating family relationships. The Local Outreach to Suicide Survivors (LOSS) Team is a suicide prevention and postvention program that has been instrumental in connecting suicide loss survivors with mental health care and support groups since July 2019. The LOSS Team responds to families in the immediate aftermath of a suicide death to offer support, therapy, and peer connection from someone with a shared grief experience.

Lastly, the Marjaree Mason Center in Fresno County is dedicated to preventing and ending the cycle of abuse by providing therapy, support, and education to victims of domestic violence.

HWCP+ Program

The West Virginia Defending Childhood Initiative, often known as “Handle with Care”, was initially designed to meet the unique needs and challenges encountered by children following exposure to trauma in West Virginia [9]. This initiative brings together a collaborative of stakeholders and partners united by the goal of preventing children's exposure to trauma and violence, mitigating the negative effects experienced by children who have been exposed to trauma, and raising awareness about this critical public health challenge. The original effort was piloted in 2013 at a school situated in an urban area of West Virginia plagued by drug-related and violent crime. The school, with approximately 500 students, served a population where 90% of children came from low-income families. The program involved collaboration among law enforcement, schools, and counseling services. Law enforcement personnel identified children exposed to trauma at the scene, determined the school they attended, and sent a confidential email or fax to the school/agency containing a HWC notice to provide support for the children exposed to trauma. School teachers received training on the impacts of trauma and the key aspects of the program to ensure they were well-equipped to support students who received HWC notices. Once students were identified in the school setting, they were monitored for behavioral or emotional problems in the classroom. If issues arose, counselors or principals referred the parents to a counseling agency that offered trauma-focused therapy. Several components of this original program have been utilized to adapt it to different communities across the US, ensuring that it meets the diverse needs of these communities. One key aspect of this adaptation process is the flexibility to modify program components while retaining its core principles. For example, while the fundamental concept of providing support to children exposed to trauma remains consistent, the specific methods of identification, notification, and support delivery have varied based on local contexts and resources. Customizing the HWC program to match the unique contexts and requirements of diverse communities enables the program to achieve its maximum impact and relevance. Ultimately, this approach fosters resilience and enhances the well-being of children across the nation.

In response to the challenges facing Fresno County, the Department of Behavioral Health launched the HWCP+ three-year pilot program, funded through the Innovation Component of the Mental Health Services Act (MHSA).

The pilot program aimed to provide immediate support to children and their families following a traumatic or stressful life event. This program aims to provide early support, screenings, and assessments for children exhibiting initial signs of mental health symptoms resulting from trauma. The goal is to empower families with coping tools, facilitate recovery, and connect them and their children to additional resources they may need. The Fresno County Department of Behavioral Health collaborated with the Fresno County Superintendent of Schools (FCSS), the Resiliency Center (RC), Fresno Unified School District, the University

of California Davis' Center for Reducing Health Disparities, and Brain Wise Solutions to develop and implement the HWCP+ program.

The HWCP+ program incorporated some modifications from the original HWC program established in West Virginia to better align with the specific needs of Fresno County's community. The program's expansion in Fresno County included clinical support and a family engagement component, facilitated through a Parent Café model, to provide educational resources and support to families.

Handle with Care Plus+ Program Participating Schools

The four schools selected for the program were strategically chosen to represent underserved communities in Fresno County (**Figure 1**). These schools are located in high-poverty areas, ensuring that the program effectively addresses the needs of the most disadvantaged students. Focusing on vulnerable schools is important as these children often face many challenges beyond academics.

Many children face life-changing traumas such as family instability, violence, or severe hardship. These traumas can harm their emotional and mental health, making it difficult for them to benefit from education. Students in high poverty communities often lack basic needs like nutritious food, stable housing, and healthcare. These factors compound the effects of trauma, creating a hard-to-break cycle disadvantage. By directing resources to vulnerable schools, the program seeks to ease these burdens and provide a more stable, and supportive environment for learning and mental well-being.

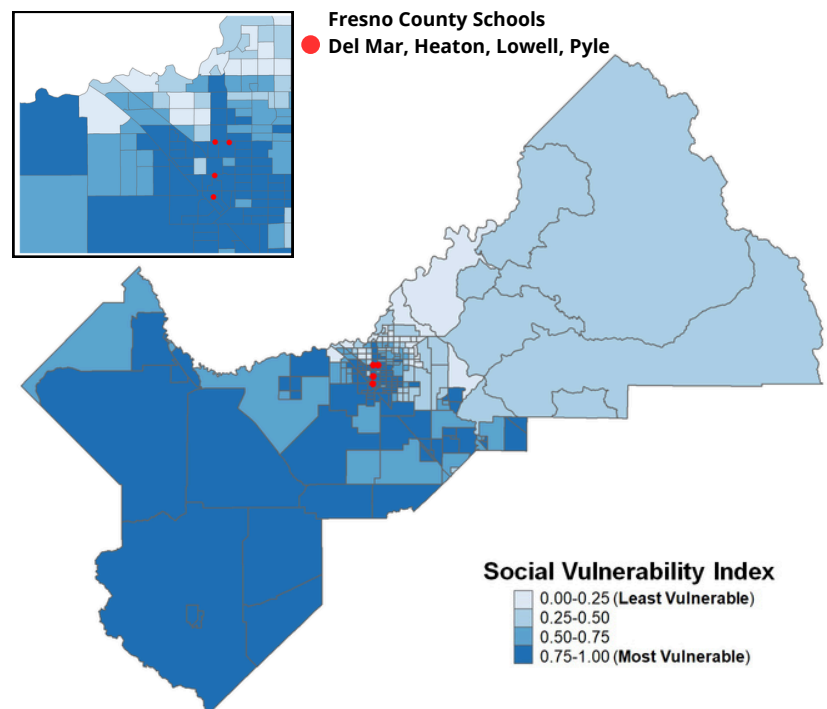



Figure 1. Social Vulnerability Index Map for Fresno County.

Figure 1 of Fresno County shows the four schools in HWCP+ program. The Social Vulnerability Index (SVI), developed by the Centers for Disease Control and Prevention (CDC) [10] map shows areas higher poverty, lack of access to transportation, helping identify areas where to allocate resources and intervention efforts. The communities with greater vulnerability are indicated in dark blue, which are also the regions in Fresno County where the program's schools are located.

We provide a detailed description of the communities served by the HWCP+ pilot schools in **Table 1**. These communities have a large percentage of people under 18 years old, ranging from 26.0% to 32.0%, which is higher than the average in California (21.5%) and the U.S. (22.0%). The Hispanic/Latino population is also higher, ranging from 48.0% to 69.0%, compared to about 40.0% in California and 20.0% in the U.S. The poverty rates in these areas are also very high, from 52.0% at Pyle school to 78.0% at Lowell school, compared to 31.1% in California and 11.5% in the U.S. Moreover, these communities have higher rates of uninsured individuals and lower educational attainment than both state and national averages.

Table 1. Demographic Characteristics of Pilot Schools and Their Neighborhoods.

	Under 18 years (%)	Race/Ethnicity (%)	Poverty (%)*	Population Uninsured (%)	Educational Attainment (%)**
Del Mar	28.0	Hispanic (49.0) White (33.0) Black (10.0) Asian (8.0)	56.0	11.7	18.0
Heaton	26.0	Hispanic (61.0) White (32.0) Black (4.0)	62.0	6.5	11.0
Lowell	31.0	Hispanic (69.0) White (14.0) Black (14.0) Asian (2.0)	78.0	8.2	10.0
Pyle	32.0	Hispanic (48.0) White (24.0) Black (17.0) Asian (11.0)	52.0	15.9	9.0

*Children under the age of 18 year living in poverty.

** Population with a Bachelor's degree or higher.

Describing the demographics of the communities and schools selected for the pilot program highlights key points. The pilot communities face significant challenges that are compounded by high crime rates and trauma. With a large youth population, a high percentage of Hispanic/Latino residents, high poverty rates, high rates of uninsured individuals, and low educational attainment levels, there is an urgent need for education support and mental health services. Culturally sensitive programs are essential to support families dealing with trauma and crime. By addressing these challenges with targeted interventions and community-focused strategies, programs like the HWCP+ program can greatly improve the lives and futures of children and families in these communities.

Partners and Roles in the Handle with Care Plus+ Program

Figure 2 outlines the collaborative partners and the sequential implementation steps of the HWCP+ program. First, the Resiliency Center at the Fresno Police Chaplaincy reviewed daily data to identify calls pertaining to traumatic or life-altering events impacting children

within the four schools of interest. If it was determined that a 911 call involved a child who attended one of the designated schools, their information was forwarded to FCSS's triage/response team. This team informed the relevant school staff member who sent a Handle With Care notice to the appropriate teacher to signal the student may require special attention. Following the delivery of the HWC Note, several parallel steps were initiated, including the planning and monitoring of children's behavior in the school setting. If the child attended a school outside the designated list, the Fresno Police Chaplaincy followed their standard 72-hour procedure, and the triage/response team was not activated.

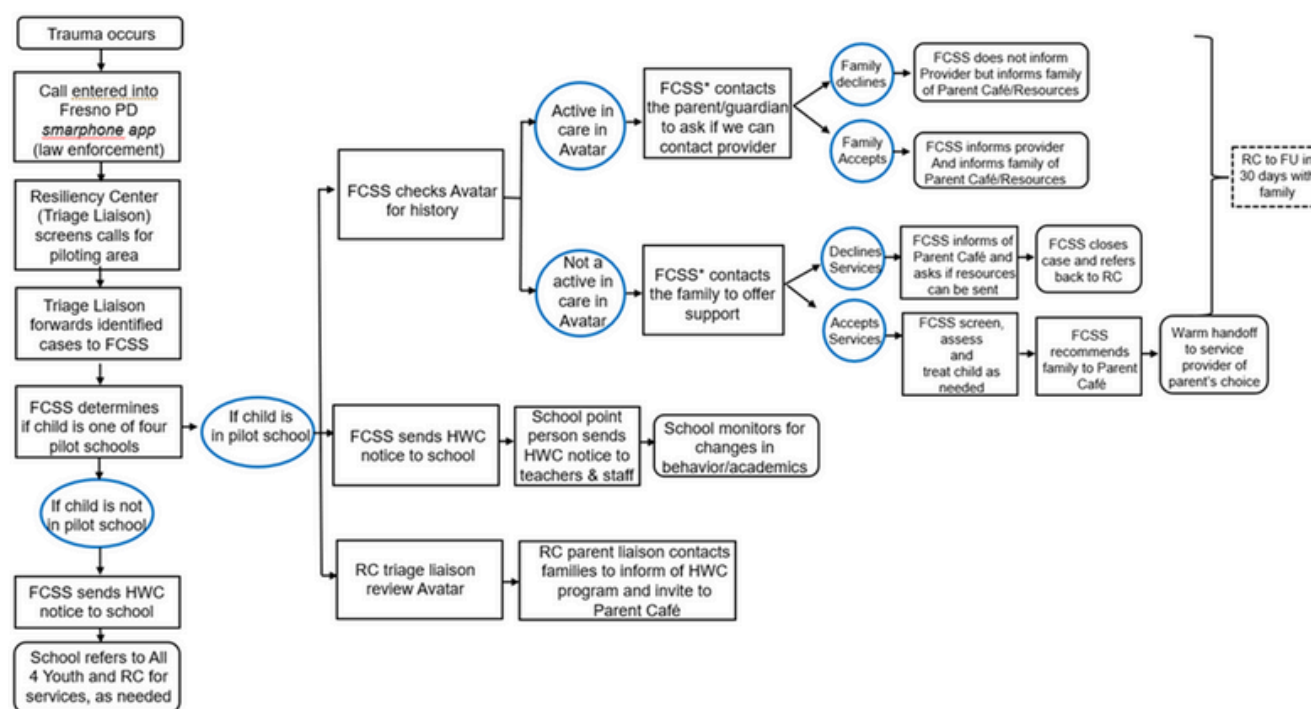


Figure 2. Flow Diagram of the HWCP+ Program Implementation.

When a child was identified, FCSS and RC triage partners conducted a review of DBH's electronic health record system (Avatar) to ascertain whether the child had a history in the behavioral health system. This information informed further actions, including contacting parents. When parents were contacted, they were provided with information about the Parent Café and additional supportive services. To ascertain the impact of the program, partners tracked outcomes such as warm handoff to service providers, follow-up visits, participation in Parent Café sessions, and monitoring of children's behavior in school.

Project Phases and Activities

HWCP+ program began operations in October 2021, initiating its "ramp-up" phase. During this period, the project focused on laying the groundwork, which included finalizing partnership agreements, drafting Memorandums of Understanding (MOUs), creating outreach materials, and developing curriculum content. **Figure 3** illustrates the program's

process across four phases, each with specific activities and goals. It is important to note that school closures in Fresno County occurred between March 2020 and August 2021. Schools closures due to the pandemic delayed the start of the project for over a year and a half. This period corresponds with the program's planning phase. Although the exact impact of this delay on operations is unclear, it is essential to consider this context when assessing the program's overall effectiveness.

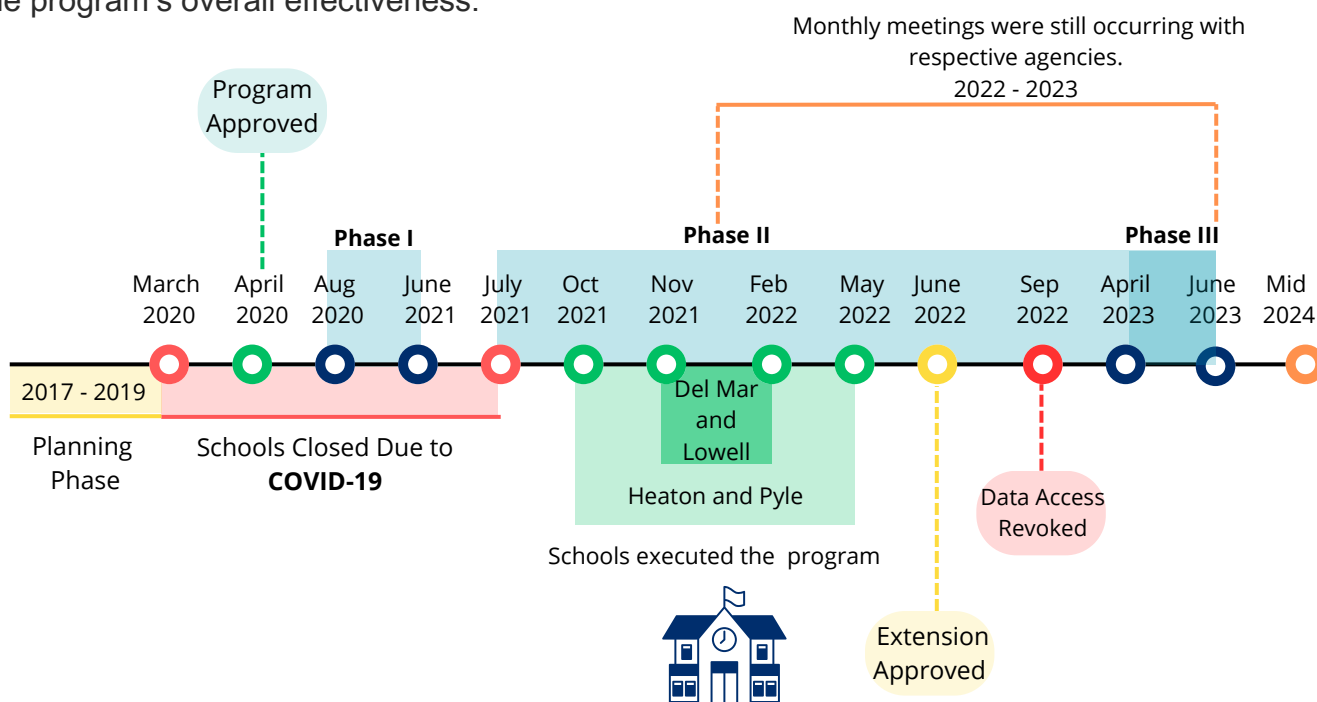


Figure 3. Phases of HWCP+ Program Implementation.

Pre-Planning Phase (MHSOAC Approval to August 1, 2020):

- Fresno County established contract agreements with FCSS and the Fresno Police Chaplaincy to formalize their partnership.
- The Fresno Police Chaplaincy initiated the recruitment process for a Triage Liaison and team to facilitate Parent Café sessions.
- Project partners collaborated to develop a comprehensive trauma-informed resilience curriculum tailored for implementation within the Parent Café.
- Program implementation was delayed due to the pandemic.

Phase 1 (August 2020 to June 2021):

The initial phase marked the program's operational kickoff, where activities begin, and funds are utilized for various services. These activities included calls, making referrals, notifying schools, screening students, engaging with parents, and facilitating the Parent Café sessions. Here are some specific activities within these areas:

- Direct services commenced at the start of the school year.
- Participation commenced at Lowell Elementary and Heaton Elementary
- Collection of program data and services initiated.
- Collaboration with evaluation to facilitate meeting coordination and evaluation processes.

Phase 2 (July 2021 to June 2023):

The program's expansion extended to include two additional schools.

- Maintain support for the initial schools and ongoing Parent Café sessions.
- Integrate Del Mar and Pyle Elementary into the program for participation.
- Evaluate the Parent Café for potential improvements.

Phase 3 (April 2023 to June 2023):

Develop a comprehensive transition plan for the project, collaborating closely with the evaluator to craft a thorough final report.

- Collaborate with partners to establish sustainable transition plans or seek alternative MHSA support opportunities.
- Engage with potential partners to discuss project expansion structures.
- Initiate partnerships with rural communities to develop strategies for implementing similar care models in those areas.
- Utilize current data to disseminate the Parent Café curriculum and its components to other HWC initiatives and school-based trauma response efforts.
- Complete the three-year evaluation and project and submit to the MHSAOAC.

Given the challenges introduced by the COVID-19 pandemic response upon returning to schools, the HWCP+ program was granted an extension in June 2022 to continue its efforts. Schools dealt with significant learning gaps, increased mental health issues, behavioral challenges, and the need to implement more stringent health and safety protocols. Schools also faced several specific administrative challenges, including implementing health protocols, managing hybrid learning models, addressing learning loss, supporting mental health for students and families, and addressing staffing issues, among others.

These administrative challenges required focused effort and creative solutions to ensure a smooth transition back to in-person learning while keeping student and staff safe and healthy. It's important to consider that the HWCP+ program began operations during a very challenging time, which likely impacted the program in ways that may be difficult to quantify or observe directly but may be significant, nevertheless.

Actual Project Timeline

Through the literature review and the interviews, we were able to compile an actual timeline of the events for the planning and implementation of the HWCP+ program. Participants had slightly varying memories about the timing of some events, so the timeline below represents an approximate sequence of activities.

- **2015-2020:** Idea generation, stakeholder engagement, needs assessment, community feedback, and planning. The Police Chaplaincy and the Fresno Department of Behavioral Health (DBH) were leading these efforts. Activities included 4 stakeholder meetings with key partners (e.g. Police Chaplaincy, Fresno County Superintendent of Schools, DBH) 40 focus groups, and 15 MHSA community planning groups.

- **May 2019:** DBH staff created an INN program proposal to take to the MHSOAC.
 - **December 2019:** Planning meeting with all partners to clarify roles and responsibilities.
 - **January 2020:** Youth Listening Session hosted by Mental Health California and Kaiser Permanente Hospital (at Fresno County). Spotlighting youth in the foster care and juvenile justice system who proposed the idea of including the Parent Café component of the project.
 - **March 2020:** Public comment period. COVID-19 response efforts significantly disrupt schools and public health service delivery and delays project launch.
 - **April 2020:** Fresno County Behavioral Health Board held an open public teleconferencing meeting and approved the proposed plan.
 - **May 2020:** The innovation plan was approved by the MHSOAC.
 - **Fall 2020:** Planned launch of HWCP+ program in 2 pilot schools. Launch delayed due to school closures.
- **Fall 2021: HWCP+ program** launched in 2 pilot schools. Due to the low number of 911 calls involving children in pilot schools, HWCP+ program expanded to all 4 pilot schools. Resiliency Center moves out of the Police Chaplaincy within the Fresno Police Department and becomes an independent nonprofit organization.
 - **January 2022:** Paco Balderrama initiated as the new Chief of Police for Fresno Police Department. HWCP+ press conference and press release highlighting partnership between the Fresno County Superintendent of Schools, Resiliency Center, and Fresno County Police Department.
 - **September 2022:** Sharing of data between Fresno PD and Resiliency Center ceases. Partnership meetings continue but schools do not receive any new HWCP+ program referrals and parent outreach stops. No children or families are served after this time.
 - **Fall 2022-Spring 2024:** Resiliency Center undertakes project to develop an app to allow first responders to make HWCP+ program referrals directly to Resiliency Center staff. The RC notified DBH about issues accessing data; however, other collaboration partners were not informed about these activities during this time.
 - **June 2024:** Planned project end date for HWCP+ program.

Evaluation Proposal

In addition to launching the pilot program, the Fresno County Department of Behavioral Health, in collaboration with project partners Resiliency Center and Fresno County Superintendent of Schools, established specific goals that will be evaluated through a formal process. Upon approval of the program, a third-party evaluator was engaged to ensure comprehensive and unbiased assessment of its implementation and outcomes. The goals of the evaluation included answering the following questions:

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 student's grades, attendance, and behaviors over the three-year innovation project. These will then be compared with student/schools with similar demographics that do not have a trauma rapid response.

Will children who 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 participate, and of those how many complete the full eight-week program.
- Measure parent/guardian's understanding of impacts of trauma and resiliency because of participation in the Parent Café.
 - Develop a survey of 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, 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.
 - 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 children and/or family into clinical services or linked to care after receiving education from the Parent Café.
 - Develop a survey for individuals that participated in the Parent Café to be administered at week 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 believes of Parent Café participants at weeks one, four, and eight of eight-week program.

CHAPTER TWO METHODS



Methods

The evaluation centers on the two-year implementation of the program, endorsed by the Fresno County Board of Supervisors on September 21, 2021. It will primarily showcase quantitative data collected during 2021 and 2022, supplemented by qualitative data from interviews conducted in 2024. Initially the evaluation team planned to use surveys and focus group discussions for the evaluation of the implementation of this program. However, given the small number of staff members and their distinct roles within the program, this approach was revised. It was determined that one-on-one interviews could be more effective, allowing for a deeper understanding of each staff member's unique experiences and perspectives. This method allowed for the collection of more detailed and nuanced feedback, which was essential for accurately assessing the program's impact and identifying barriers and facilitators to the implementation of this pilot program.

Procedures and Analysis

Qualitative Interviews and Document Review

Prior to beginning the interviews, we reviewed the documentation we received about the HWCP+ program. This included review of the HWCP+ Innovation Plan, the January 27, 2022 press release and press conference recording, and the program timeline. We used this information to extract the planned project structure and timeline as originally intended.

To understand barriers and facilitators to the program implementation, we conducted semi-structured interviews with staff involved in the pilot program after the completion of the program. The original design included conducting focus groups with the staff at the four pilot schools. Due to difficulties in coordinating schedules, we conducted individual interviews with all participants, including school staff. Using the list provided by the HWCP+ team, we reached out via email to all staff involved in the project to schedule 45–60-minute virtual interviews.

We originally planned to interview the 17 staff members across 4 agencies engaged in the HWCP+ program (Resiliency Center (RC) n=3; Fresno County Superintendent of Schools (FCSS) n=2; Fresno Unified School District (FUSD) school sites n=7 and administrators n=2; Department of Behavioral Health (DBH) n=3). Three staff members had left their agencies (FUSD school sites n=1 and administrators n=1, DBH n=1) and four staff members did not respond to our request for an interview. In the end, we interviewed 10 staff members across 4 agencies (RC n=3; FCSS n=2; FUSD school sites n=3; DBH n=2). This included staff managing the contract, administering the program, and executing the project.

Dr. Suleiman conducted all the interviews on Zoom. An additional team member took detailed notes. The notetaker then reviewed the Zoom generated transcript and the audio recording to generate a modified transcript of each interview – portions of the interview that did not align with key themes were not transcribed. During the reflective data collection process, the interviewer and note takers kept personal notes on the interview themes and discussed emerging themes. As the interviews progressed, Dr. Suleiman solicited feedback from the interviewees on the emerging themes (respondent validation), actively sought out discrepant evidence and negative cases, and compared emerging themes with the findings from the document review and prior interviews [12].

Once the interviews were completed, Dr. Suleiman and the note takers conducted an informal thematic analysis across the interviews, extracting the actual project timeline and activities, thematic insights and learning, and opportunities for future programs, from the interview notes. As key themes emerged, we compared the findings from the interviews with the original documentation from the program to identify points of convergence and divergence.

School and Participant Data

Data were submitted to the evaluation team for students that participated in the program across the four schools. Additionally, data collected from a comparison group of students who received the HWC notice in schools that were not part of the four schools in the program. This data was also made available for evaluation. Information on children who participated in the program included their age, gender, race and ethnicity, primary language, the date the HWC notice was delivered, and documentation of the level of engagement from parents and/or caregivers. Detailed notes from conversations with the parents and/or caregivers of children in the program were documented and summarized for the successful connections that took place. Data were collected according to the plan steps, starting with the initial trauma event in children aged 4 to 11 years, followed by RC identifying cases for FCSS (**Figure 2**).

While there was interest in collecting data on monitoring students' behavior to capture changes in behavior or academics at the participating schools, this data was not collected. Additionally, data on parent or guardian participation in the Parent Café was unavailable, as none of the parents of children in the program participated in this part of the program. Furthermore, data on warm handoffs to service providers or follow-up with families was not available for analysis due to the lack of engagement from both parents and providers in the program.

To analyze the data, we first cleaned and harmonized it to accurately report on the specific program implementation procedures and outcomes to be reported according to the program goals. We first computed descriptive statistics for the children who participated in the pilot program, as well as the comparison group that received the HWC notice. For the overall group and for each individual school, we described the children's age, sex, race and ethnicity, and their level of participation in the program.

Due to the challenges encountered during the program's implementation, no outcome data is available for evaluation.

Staff Data

We additionally received data regarding the staff that was involved in all aspects of the program (**Figure 2**). This data included the specific names of the staff, the collaborating organizations that they represent, and the roles that they played in the program.

Initially, the Fresno Police Department shared data from all 911 calls involving children with the Resiliency Center. The Resiliency Center's Triage Liaison then screened these calls to identify those that involved children in the FCSS catchment area and if sufficient information was included in the call to contact the parents and/or identify the student. The Triage Liaison forwarded relevant cases to the FCSS Behavioral Health Clinician who attempted to determine if a student was enrolled in one of the four pilot schools. Designated administrators or clinicians at each school received the HWC notices and did a secondary review to determine if the students were enrolled at their school. If the student was, the school administrator delivered the HWC notice to the relevant teacher(s). There were often students who were referred to schools that were not enrolled at that site. School administrators reported back to FCSS about HWC referrals for students who did not attend their schools but were not informed if those students were located. Parent Peer Support Positions at the FCCSS and RC were responsible for conducting outreach to the parents.

Parent Phone Discussions and Quantitative Data

FCSS and RC staff provided details about phone calls made to connect with parents or guardians and check care in Avatar for children intended to receive HWC referrals, as described in **Figure 2**. These steps were important for ensuring that the children who needed support were identified and that their caregivers were involved and supported. The staff carefully recorded each attempt to reach out and noted whether parents needed support. Numerous attempts to connect with parents were made. This data is summarized and presented in this evaluation.

CHAPTER THREE

EVALUATION RESULTS



Evaluation Results

We present the program results by first detailing the findings from the one-on-one interviews conducted with staff and administrators involved in its implementation. These interviews provide valuable insights into the challenges and successes experienced during the rollout of the program. By gathering insights from those directly involved, we can better understand what affected the program, pinpoint areas of improvement, and highlight effective strategies. This qualitative data is essential for a comprehensive evaluation of the program, especially since there is limited quantitative data available.

Qualitative Findings

Below we summarize the key themes and subthemes from the interviews with the HWCP+ program partners. We provide exemplar quotes for each theme in **Table 2**.

There is a clear need for the Handle with Care Plus+ program in the community.

Everyone agreed that sharing information about the trauma students experience facilitates more trauma-informed, healing-centered school climates. Most participants see a need for the HWCP+ program. They repeatedly emphasized that children would greatly benefit from having trauma-responsive learning environments. Participants widely agreed that having information about traumatic events that students experience is crucial facilitating a proactive school response and fostering more trauma-informed, healing-centered, nurturing school climates.

- **Students need this support.** Participants highlighted the need for the HWCP+ program. Children attending the pilot schools frequently experience and/or witness traumatic events in their neighborhoods. Schools often have limited information about which children are experiencing trauma and find that increased information sharing allows them to better respond to student needs. HWCP+ program helped to identify and respond to children who had experienced trauma. Identifying students in need felt helpful and important to project partners.
- **When information is shared, it works.** While the number of students served was small, school staff saw the potential for great success. When teachers and administrators did receive information in a timely fashion and could reach out to students, the results showed promise. Information sharing benefits administrators, educators, and students, fostering increased understanding of student behavior in the classroom.
- **Handle with Care Plus+ complements existing school level services.** Participants described existing effective efforts to address student trauma in their schools and felt that HWCP+ program augmented existing trauma- and healing-informed strategies.

Handle with Care Plus+ brought together new partners to serve students. These partnerships created opportunities to better serve students. The diverse partnerships within the HWCP+ program presented various opportunities. Some participants noted that these collaborations, particularly with the police department, provided access to previously unavailable resources and facilitated new connections with partners they had not previously worked with. These collaborations provided valuable insights into students' experiences and opened new opportunities to better serve students. Participants felt by collaborating, educators and participating organizations could provide more comprehensive support tailored to students' needs.

There were significant challenges in program design and implementation. While all partners see the need for coordinated efforts to best support children, there were concerns that the design of HWCP+ program presented some challenges in realizing the benefits.

- **Too many moving parts.** HWCP+ program was scheduled to launch in Fall 2020 and due to school closures associated with the COVID-19 pandemic response, the program could not be implemented as designed. No HWCP+ services were provided until Spring 2021 when schools reopened. While the multiple partners in the project each brought critical knowledge, expertise, and access to information, students, and families, the multiple layers also made it difficult to execute and troubleshoot challenges in the program. In addition, not all partners understood the parent and student level components of the program. For a short period of time, the information sharing occurred as designed, schools received information and distributed some HWC notices. RC conducted outreach to parents but often had incomplete information and none of the parents they were able to contact elected to participate in the Parent Cafés. Early on, partners were not surprised that the number of students and families being identified and served was low. They expected that there may be some challenges getting the project launched but were surprised to see that the challenges persisted and even increased as the project progressed. Later, policies limiting information sharing between the police department and the schools crippled the design of this program.
- **Clinicians at schools wanted more information.** Partners at the schools, particularly those who had clinical training and licenses, shared that slightly more information, such as a label indicating the severity of the event, would have helped them better provide services to children at the school site.
- **Challenges with timely delivery of Handle with Care notices to teachers.** During the period of time that the PD was sharing information from the 911 calls, the process to get information about children and families to the schools was complicated and included a number of handoffs - from the police to the RC; the RC to the FCSS; from the FCSS to the individual school administrators; from the school administrators to the teachers. The volume of calls that the RC received initially was high and the information was often incomplete, making it difficult to identify students in the target

schools. Furthermore, while the calls usually included partial identifying information (e.g. first names; home addresses, phone numbers) the information was usually incomplete and almost never included school registration information which meant that FCSS and school level administrations spent significant time trying to identify whether or not the call was relevant for a student in their schools. Because this process was imprecise, even if a child did attend a target school, it was often very late in the day or after school before the teacher was notified.

- **Allocation of resources did not align with program activities.** As outlined in the HWCP+ plan, the bulk of the funding in this grant supported two staff positions at the FCSS county level - a Bilingual Behavioral Health Clinician and a Bilingual Parent Peer Support position, and three staff positions within the Fresno Police Chaplaincy (later allocated to the Resiliency Center) – a Triage Liaison, a Parent Peer Support Position, and part time Clinician. Given the lack of participation in the Parent Cafés, the two Parent Support positions were unable to complete the activities proposed in the program. While the Triage Liaison initially was overwhelmed by the volume of 911 calls and worked hard to establish a process to distribute information efficiently and effectively to the correct schools, once the information sharing stopped, this role was no longer relevant. As a result, significant resources were allocated to support activities that were never realized. While we could not find documentation of this in the project documentation, we learned through some of the interviews, that when information sharing stopped, resources were reallocated to pilot an existing app and develop a new mobile app first responders could use to submit HWCP+ cases. Unfortunately, the app did not generate any referrals during course of the project. In contrast, school level administrators, school-based mental health providers, and teachers were still working with children who had experienced traumatic events. Teachers at the pilot school sites did not receive any uniform training on how to respond to HWC notices. While the students were not identified by the HWCP+ program, traumatic events related to 911 events continued to occur in the community and in the lives of students.
- **Challenges with privacy and information sharing.** This project involved sharing of information that is protected in multiple domains. In this project, information protected by civil rights, HIPAA, and FERPA was needed in order for successful implementation. The partners continually worked to share enough information to make the program possible while protecting the privacy of families and children. At times, the information collected during the 911 calls was often incomplete or incorrect. As a result, it was very difficult to deliver the HWC notices to the teachers of children in schools and to contact the parents to invite them to the Parent Cafés. In addition, school staff felt that having a bit more information would improve their ability to offer comprehensive services.

In Fall 2022, the police department made the decision to stop sharing 911 call information with external partners and information transmission stopped abruptly. The dissolution of the information sharing agreement between the police department and the Resiliency Center resulted in the end of the project. At this point, the Resiliency Center pivoted to developing an app to facilitate information sharing but most partners were not aware of or engaged in this programmatic shift. The staff hired to work on the project no longer had any program related responsibilities, and they shifted their work to focus on other projects. There was limited communication about the reason for the disruption between program partners and confusion about the future of the project.

Timing of outreach did not work for parents. Staff repeatedly reported that reaching out to families about the Parent Cafés, immediately following involvement in a 911 call, was not effective. Parents were often scrambling to address their basic needs (e.g. housing, food, security) and were not in a position to consider participating in the Cafés. The HWCP+ Innovation plan indicates that the Parent Cafés emerged from conversations with justice involved and foster youth, not from conversations with parents. It would be helpful to engage parents who have participated in the program or been involved in 911 calls to inform the design of future parent components.

Table 2. Emergent Themes from Interviews with HWCP+ Partners.

Theme	Subthemes	Exemplar Quotes
There is a clear need for the Handle With Care Plus+ program in the community.	Students need this support	<p>"There's a lot of trauma in the neighborhoods here. And so we, you know, we'll take any help we can get."</p> <p>"I think the idea, the concept is phenomenal. I feel like it's needed...Kids are coming and walking into our classrooms each and every day, with backpacks full of traumas and educators have no clue."</p> <p>"...you always hear about those troublemaker kids, the ones that are acting out in class...and the teachers, you know, complain about them, but we don't understand what goes on at home...So really kind of bridging that connection between it. So the teachers understand more."</p> <p>"I think we're all guilty of making judgments sometimes about our kids...They still have to show up to school with the expectation that they're gonna learn, yet, they're dealing with all this stuff...I think that bringing some light and being able to be just kind of like aware of that I think would bring so much more peace to these kids."</p>
	When information is shared, it works.	<p>"There was one situation where I did have one of the students open up...There was an incident the night before between her parents...That's when I realized the benefits of the actual program...here I have this student that's sharing with me what she encountered this...and that she was actually the one that called the police."</p> <p>"...I think at the very least knowing that there's people that know the student had to encounter something, there's a greater likelihood that student is probably gonna feel more comfortable and safe."</p>
	Handle with Care Plus+ complements existing school level services.	<p>"We have a good support system on campus. Family foundation and All 4 youth."</p> <p>"...I generally go straight to my school psychologist to, you know, maybe pull the kiddo, and just do a check in with them, and check on their wellbeing - that kind of thing...At that point she would...align...with one of our other, you know, counselors."</p>
Handle with Care Plus+ brought together new partners to serve students.		<p>"Collaboration on the project went well...the community organization was great."</p> <p>"I think netting the partnership of mental health, law enforcement, and education and getting them to share data on a limited opportunity is the start of something really good. It's never been done before. It's been taboo. And...I think this program opened those conversations up."</p> <p>"We don't have a close bond with them [Fresno PD], but it tends to be with the same guys and generally very supportive when they come in and sometimes they'll give more information behind closed doors...That's why I found... the Handle with Care Plus+ program valuable. Because we didn't have that information before."</p>

Theme	Subthemes	Exemplar Quotes
There were significant challenges in program design and implementation	Too many moving parts.	<p>"I think there was too many components. I think there was a lot of moving parts...It becomes a domino effect, right? So when one domino goes down...there's like a halt you know, it isn't able to function... I think there was way...too many different parts and some missing pieces in that domino effect, so it prevented it from working."</p> <p>"If they mentioned it [the parent engagement part of Handle with Care Plus+], I don't remember it, and it obviously wasn't followed up on...I'm pretty sure I would remember that piece, because I'm always looking for ways we can engage parents more into this...academic, social, emotional...yeah, I'm pretty sure I would remember that piece."</p> <p>"The early stages of implementation where you're anticipating there to be hurdles...but then I was kind of surprised when it was still ongoing...at the beginning it didn't seem to be abnormal...we're having issues with the data systems, we're working on that...early step of a little bit of rocky implementation...[and later] hey guys, it's like 4 or 5 months in and we're still having issues with the data system"</p>
	Clinicians at schools wanted more information.	<p>"I'm not interested in those details, but the best way to help this kid and find the support strategies, and resources - I need a little more information. If we were to find more information, it would be an investigation and we shouldn't do that because it's not our place. "</p> <p>"...for somebody like myself, as a social worker...it would be better to know what happened, right, as opposed to second guessing...maybe even...level it from like a tier 1, 2, or 3 to have a better idea about what we are dealing with. "</p>
	Challenges with timely delivery of Handle with Care Plus+ notices to teachers.	<p>"The number of PD calls that I would have to go through compared to the ones that were within our respective zones...it was just kind of a lot of clutter...and so it took extra time...it wasn't as streamlined originally as we would have liked. "</p> <p>"Initially it was frustrating... I was getting notices for students that weren't even at our school site. So there was some confusion there. "</p> <p>"The big issue is the timing...by the time we would get the information in the google doc and by the time we would get the Handle with Care Plus+ notice, it was noon and it wouldn't get out until a day later."</p> <p>"Even when we did get the information...[it] was already midday to the end of the school day. Defeated the whole purpose of having a teacher informed and handle that student with care and provide services."</p>
	Allocation of resources did not align with program activities.	<p>"It would be good for us to know, like how we can support...it would be really good for me to have best practices, like what works...that would be very helpful...that way it doesn't get a little kind of willy nilly and those kids are getting support right away."</p> <p>"We [school staff] were doing this work [Handle With Care Plus+] without any additional financial resources, or time, or anything."</p>
	Challenges with privacy and information sharing.	<p>"...there was really no information that was shared or anything cause I think that everybody was trying to figure out what was going on. There was really no discussion about where we were at in the process or what was happening [with the Handle with Care Plus+ project]"</p> <p>"...I still don't even know what happened, especially when we were ...not gonna go forward with this [Handle with Care Plus+] there was never really clarity like - this is going to stop here."</p> <p>"...I don't know if they [Handle with Care Plus+ notices] just kind of stopped coming....I don't think the incidents have stopped happening, because you, know, I hear things from kiddos."</p> <p>"...shortly after that [the new police chief] installment, the city was briefed on what we were doing and it caused them to pause because we were no longer with the Fresno police chaplaincy and they didn't like the idea that we had access to the police department's network so that was terminated and all the work with the Handle with Care Plus+ program hinged on having access to that data."</p>
	Timing of outreach did not work for parents.	<p>"The times that I did speak with families, I think they were really overwhelmed. It's like I just need a restraining order. I just need to feel safe, I just need to have basic needs met right now. I can't even think..about tomorrow, and the day after, and trying to participate in something "</p> <p>"...it was either, you know, parents not calling us back, and us not being able to get a hold of them, or there was limited information on the reports, you know, wrong phone numbers, no phone numbers, things like that."</p>

Quantitative Findings

School and Students Outcomes

In this section, we summarize the data collected on students who participated in the pilot program. **Figure 4** shows a simple timeline of the program, highlighting key dates for data collection after the HWC referrals started. The program started at Heaton and Pyle Elementary Schools in October 2021, then expanded to Lowell and Del Mar Elementary Schools in November 2021. A total of 175 HWC notices were issued: 35 to Heaton, 43 to Pyle, 46 to Del Mar, 20 to Lowell, and 31 to other schools outside of the pilot program.

Of the 144 HWC notices sent to the four pilot schools, 139 included data confirming whether the child attended the listed school.

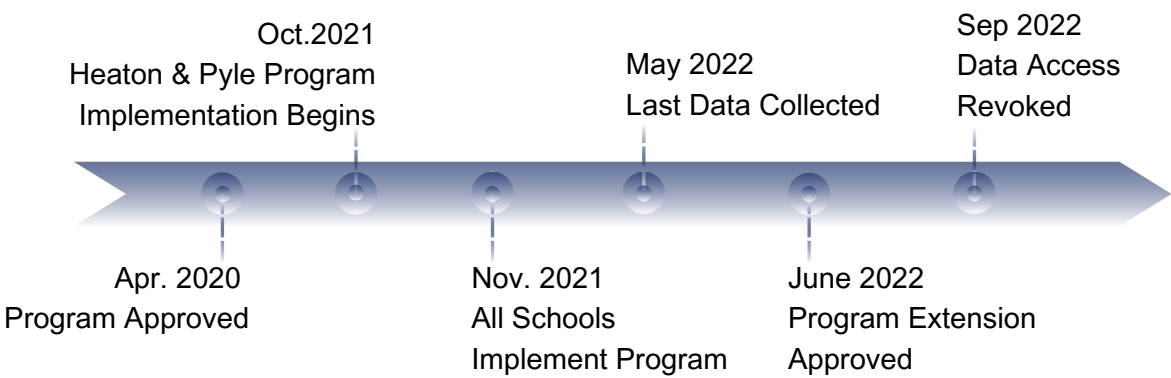


Figure 4. Simplified Timeline and Key Milestones for Program Evaluation.

Referral of HWC Notices to Pilot Schools

Table 3 describes the characteristics of the 139 children identified for HWC notices, both overall and by each school. Overall, certain groups of children were more commonly involved in the program. For instance, children aged 8-12 (47.5%), females (53.2%), Black/African American children (25.9%), and those with English as their primary language (97.1%) were overrepresented in the program. Additionally, more children were involved at Del Mar (N=44, 31.7%) and Pyle (N=43, 30.9%) compared to Heaton (N=34, 24.5%) and Lowell (N=18, 13.0%), even though Del Mar joined the program a month later.

In all schools, children aged 8-12 were the largest age group. Differences were seen in the sex of children across the schools: significantly more females participated in the program at Lowell, while more males were involved at Pyle Elementary. Despite many children being categorized as "Other" for race and ethnicity, more Hispanic students participated in the program at Lowell School than other groups. This is not surprising since Lowell has a higher number of Hispanic residents in their community.

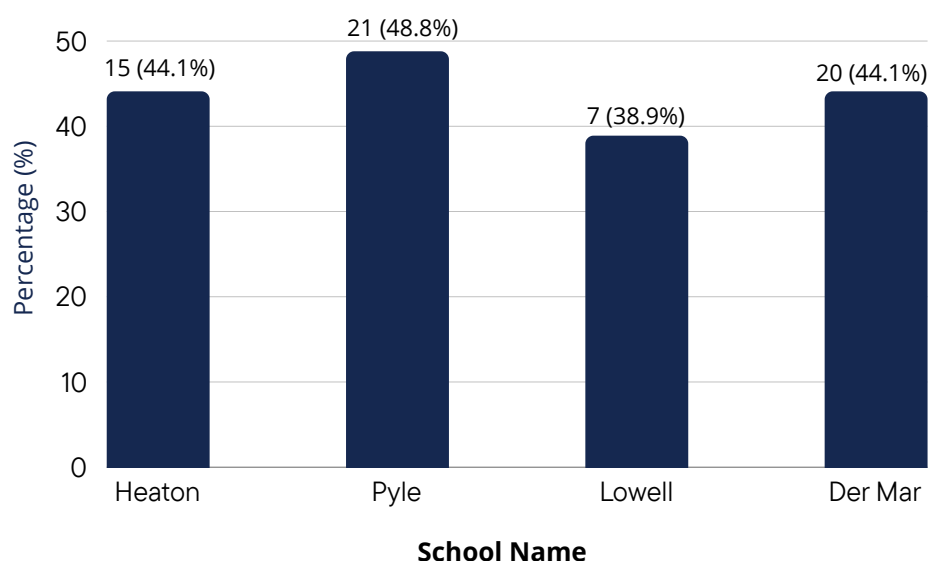
Table 3. Pilot School Participants in with HWC Referrals.

Variable	School Name				
	All (N=139)	Heaton (N=34)	Pyle (N=43)	Lowell (N=18)	Del Mar (N=44)
Age in years, N (%)					
0-5	21 (15.1)	7 (20.6)	6 (14.0)	1 (5.6)	7 (15.9)
5-8	46 (33.1)	12 (35.3)	14 (32.6)	7 (38.9)	13 (29.6)
8-12	66 (47.5)	13 (38.2)	23 (53.5)	9 (50.0)	21 (47.7)
12-18	1 (0.7)	0 (0)	0 (0)	0 (0)	1 (2.3)
missing	5 (3.6)	2 (5.9)	0 (0)	1 (5.6)	2 (4.6)
Sex, N (%)					
male	62 (44.6)	16 (47.1)	24 (55.8)	5 (27.9)	17 (38.6)
female	74 (53.2)	17 (50.0)	19 (44.2)	13 (72.2)	25 (56.8)
missing	3 (2.2)	1 (2.9)	0 (0)	0 (0)	2 (4.6)
Race/Ethnicity, N (%)					
White	7 (5.0)	2 (5.9)	0 (0)	4 (22.2)	1 (2.3)
Black/African American	36 (25.9)	8 (28.5)	18 (41.9)	4 (22.2)	6 (13.6)
Hispanic	23 (16.6)	9 (26.5)	6 (14.0)	6 (33.3)	2 (4.6)
Asian	4 (2.9)	0 (0)	0 (0)	0 (0)	4 (9.1)
Other	34 (24.5)	0 (0)	7 (16.3)	4 (22.2)	17 (38.6)
Unknown	28 (20.1)	6 (17.7)	12 (27.9)	0 (0)	9 (20.5)
missing	7 (5.0)	7 (20.6)	0 (0)	0 (0)	5 (11.4)
Primary language, N (%)					
English					
missing	135 (97.1)	32 (94.1)	43 (100.0)	18 (100.0)	42 (95.5)
	4 (2.9)	2 (5.9)	0 (0)	0 (0)	2 (4.5)
Year, N (%)					
2021	44 (31.7)	21 (61.8)	8 (18.6)	6 (33.3)	9 (20.5)
2022	95 (68.4)	13 (38.2)	35 (81.4)	12 (66.7)	35 (79.5)

Referral and Confirmation of HWC Notices at Participating Schools

This section presents data on the completed HWC referrals where staff confirmed that the students intended to be supported by the HWCP+ program attended the pilot schools. Of the 139 cases HWC referrals, 63 children (45.3%) were confirmed to attend the pilot schools (**Figure 5**). Confirmation rates were similar across the schools, with Lowell Elementary having the lowest rate of 38.9% and Pyle Elementary having the highest rate at 48.8%. This variation could suggest that some schools were more effective at communicating and/or maintaining accurate student records.

Figure 5. Percent of Students Matched with Schools and Receiving HWC Referrals.



For the HWC referrals where students attended the intended schools, we found that most children were aged 8-12 (68.3%), female (55.0%), Black or African American (28.8%), Hispanic (18.6%), and spoke English (98.4%).

Table 4. Pilot School Participants in with HWC Referrals and Confirmed School Attendance.

Variable	School Name				
	All (N=63)	Heaton (N=15)	Pyle (N=21)	Lowell (N=7)	Del Mar (N=20)
Age in years, N (%)					
0-5	3 (4.8)	2 (13.3)	0 (0)	0 (0)	1 (5.0)
5-8	16 (25.4)	4 (26.7)	4 (19.0)	4 (57.1)	4 (20.0)
8-12	41 (65.1)	9 (60.0)	17 (81.0)	2 (28.6)	13 (65.0)
12-18	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
missing	3 (4.8)	0 (0)	0 (0)	1 (14.3)	2 (10.0)
Sex, N (%)					
male	27 (42.9)	7 (46.7)	11 (52.4)	0 (0)	9 (45.0)
female	33 (53.4)	7 (46.7)	10 (47.6)	6 (85.7)	10 (50.0)
missing	3 (4.8)	1 (6.6)	0 (0)	1 (14.3)	1 (5.0)
Race/Ethnicity, N (%)					
White	2 (3.2)	1 (6.7)	0 (0)	1 (14.3)	0 (0)
Black/African American	17 (27.0)	3 (20.0)	13 (61.9)	0 (0)	1 (5.0)
Hispanic	11 (17.5)	6 (40.0)	2 (9.5)	1 (14.3)	2 (10.0)
Asian	4 (6.4)	0 (0)	0 (0)	0 (0)	4 (20.0)
Other	19 (30.2)	4 (26.7)	3 (14.3)	5 (71.4)	7 (35.0)
Unknown	6 (9.5)	1 (6.7)	3 (14.3)	0 (0)	2 (10.0)
missing	4 (6.4)	0 (0)	0 (0)	0 (0)	4 (20.0)
Primary language, N (%)					
English	60 (95.2)	15 (100.0)	21 (100.0)	6 (85.7)	18 (90.0)
Spanish	1 (1.6)	0 (0)	0 (0)	1 (14.3)	0 (0)
missing	2 (4.2)	0 (0)	0 (0)	0 (0)	2 (10.0)
Year, N (%)					
2021	21 (33.3)	9 (60.0)	5 (23.8)	2 (28.6)	5 (25.0)
2022	42 (66.7)	6 (40.0)	16 (76.2)	5 (71.4)	15 (75.0)

Data on Efforts to Engage with Parents and Guardians

After children experienced trauma or a stressful life event, FCSS informed the schools and connected with the families to offer support through the Parent Café. The 8-week Parent Café curriculum aimed to empower families with the tools they needed to cope and recover, while also connecting them to additional essential resources. This aspect of the HWCP+ program sets it apart from similar HWC programs offered in California and Virginia. Since no parents agreed to participate in the Parent Café, this section details the conversations FCSS staff had when inviting them. Understanding these conversations is important because it highlights the challenges faced in engaging parents and provides insights that can help improve future outreach and participation efforts.

Of the 139 HWC referrals received for the four pilot schools, 45 families were successfully contacted. Staff left messages for 26 cases, 15 parents had no mailbox available, 2 cases were unreachable, 1 had the wrong number, and 55 cases had missing documentation regarding whether the family was contacted.

Out of the 63 cases with HWC referrals, where students were confirmed to attend the intended pilot schools, staff attempted to contact parents in 28 cases, and successful communication was established with 21 families. In the remaining cases, calls went unanswered, messages were left, or voicemails couldn't be left due to full or unavailable mailboxes.

Of the 21 successfully contacted cases:

Screening appointments were scheduled for 8 cases

- 4 attended the screening, of whom 2 were referred to All 4 Youth. In the other 2 cases, family members reported no immediate need for mental health services but were provided with contact information for All 4 Youth if needed in the future. Subsequently, 3 out of the 4 cases were closed.
- 4 did not attend. Only 1 individual who missed the scheduled screening could be recontacted, and they expressed interest in counseling services. The program effectively delivered the necessary services during the screenings.

Among the 13 cases where a screening was not scheduled, information was provided about the Parent Cafés, counseling services, and additional support. Individuals requiring additional support sought assistance with various needs, including financial resources for housing, and adult counseling services. All 13 individuals were subsequently contacted and provided with information about programs that could assist them with their specific needs and current situation. Appendix A of this document provides detailed information about the contact attempts made with families and engagement outcomes reported for each pilot school.

CHAPTER FOUR CONCLUSIONS



Conclusions

This report was compiled nearly two years after the completion of the HWCP+ program. This section summarizes the findings, discusses how the pilot program integrates within the broader scope of trauma-informed support for children and the families in Fresno County, and provides recommendations for future improvements.

Summary of Findings

Qualitative Outcomes from Staff Interviews

The staff unanimously agreed about the need to better support children and families in Fresno County. The HWCP+ program offered promise about ways to address vital community needs by delivering essential resources and support within schools and providing additional resources to families. By fostering collaboration and leveraging existing assets, the HWCP+ program has the potential to enhance the overall support system for children and families, thus creating a strong, and more resilient community network. While the potential of the HWCP+ program was great, its benefits were not realized through this pilot.

Staff encountered several challenges during the implementation of this program. The lack of information sharing between the police department and other project partners crippled the impact of the project. Furthermore, difficulties in communication, coordination, and resource allocation, limited the team's ability to identify students and generate HWC referrals in a timely manner. The limited quality, reliability, completeness, and timeliness of information made it difficult to provide timely support to students and families. Despite these challenges, staff felt that information sharing between program partners remains essential to best support children and families in the community.

Some of the challenges stemmed from the initial program planning and design. For example, the multiple handoffs required to transmit information from the 911 call report logs (when information sharing occurred) to the schools resulted in significant delays in the delivery of HWC notices at the schools. When referrals were made to schools, they often did not match the students at the intended site. In fact, fewer than half of the students targeted by these referrals were enrolled at the correct schools. In addition, despite regular collaborative meetings between partners, authentic partnership in decision making was lacking and as a result, the services were often disconnected and fragmented and people were unaware about what was happening at various levels of the project. This became particularly salient when the information sharing between the police department and the RC ceased. After this point, the remaining partners did not receive any additional information about the program.

While the original program design included making calls to parents to offer screening and referrals to parents, during the interviews, school staff reported that they did not reach out to parent when HWC notices were delivered at schools. Schools did effectively leverage existing

mental health and support services on campus and make those available to all parents but did not conduct any program specific outreach to schools. The absence of these calls suggests that parents and families may not have received some critical supports and services.

Additionally, staff members reported that the allocation of resources did not align with the program activities. Significant resources were dedicated to supporting activities that were never realized, resulting in inefficiencies and unmet program goals. The mismatch led to some inefficiencies, which slowed down the program's progress and responsiveness. Staff felt discouraged seeing resources go to waste, which likely affected their morale and motivation. Most importantly, the children and families who were meant to benefit from the program missed out on important support and services, potentially impacting their well-being and future opportunities.

In this pilot, a critical deviation from the evidence-based HWC intervention that has been proven in other localities was the addition of the Parent Cafés. While Parent Cafés have been proven effective in some contexts, coupling them with the delivery of HWC notices at schools did not prove effective. Staff repeatedly reported that reaching to parents about the Parent Café immediately involving a 911 call, was not effective. Many parents were often overwhelmed by the trauma their children and they had experienced, and were preoccupied with addressing urgent needs such as housing, financial instability, and safety. To make the program more effective and truly support parents and their children, it's crucial to consider parents' immediate needs and availability. Making outreach efforts more flexible and accessible, and addressing urgent basic needs first, would help families become more engaged with the program.

Quantitative Outcomes from Children and Schools

We were unable to analyze outcome data for students who received the HWC notice because no such data was collected. However, we did make some observations based on the limited data we had access to. A total of 139 HWC referrals were distributed to the four pilot schools, while 31 referrals were sent to non-pilot schools. The HWC notes were confirmed for 63 children, with most of the referrals taking place in 2022. Most of these cases involved children aged 8-12, many female and African American, with English as their primary language. While the number of successful referrals from schools is limited, it appears that certain schools encountered more difficulties in confirming students' attendance at the designated schools. This trend could indicate several problems such as communication gaps, resource issues, administrative procedures, and different levels of support at the school level.

HWCP+ Program in Fresno County

The effort to adapt the HWC program to meet the specific needs of children and families in Fresno County, had mixed results. Components of the HWCP+ program, such as service coordination and information sharing between schools and law enforcement, hold promise in providing an effective approach for fostering a more resilient community.

The HWCP+ program, as designed, fell short of benefiting schools, students, parents, families, and the broader community. As a result, increased community and partner engagement in designing future projects would be prudent. By promoting collaboration among stakeholders and maximizing the use of existing resources, HWCP+ offered an opportunity to create positive change and build a thriving community for all. Unfortunately, in the attempt to tailor a program to fit Fresno County's needs, it became overly complicated to execute. This complexity made it difficult to coordinate efforts, communicate effectively, and ensure support services were delivered on time. As a result, the program faced difficulties in achieving its goals and encountered setbacks in effectively addressing the needs of children and families.

Limitations

It is important to consider the limitations of this evaluation when interpreting the results. First, numerous challenges arose during the program's implementation, including communication issues, resource constraints, and administrative hurdles. This suggests that the program's impact may not have been fully realized due to these implementation challenges [13, 14, 15]. This may also suggest that the evaluation results might not fully reflect the program's true potential and effectiveness, as we were unable to capture data on student's behavior and outcomes and the potential benefit of the Parent Café, given that no parents were able to join this curriculum.

Second, our insights into the program's implementation were based on interviews with nine stakeholders and partners, including some from school staff and other from FCSS and RC. This limited sample size may not fully capture the diverse perspectives and experiences of all involved in the program implementation. These interviews also failed to capture the experiences of teachers, students, and parents who may have had different experiences with the program.

Third, it is also important to consider the potential for recall bias [16, 17, 19]. Since the interviews relied on participant's memories of past events and experiences, there is a possibility that their recollections may not accurately represent the reality of the situations and program implementation. The staff and partners we interviewed had been involved in the program almost two years prior to the interviews conducted. This is important because when individuals are asked about details and events that occurred a significant time ago, their recollection may not precisely align with the actual sequence of events. Memories can fade or undergo alterations over time, potentially leading to inaccuracies in their recollections of the program. This could affect the information they provide during the interviews and might lead to misunderstandings or incomplete data. In this evaluation, we tried to minimize the impact of recall bias by gathering information from different sources and cross-checking it whenever we could. We compared what people told us with documents and reports about this program, as well as the detailed notes available from the calls with families that were successfully reached. This approach helped us gain a more comprehensive understanding of the program's implementation while reducing the potential influence of recall bias in our findings.

Fourth, the insufficiency of data and documentation undermines the integrity of the evaluation process, impeding the ability to make thorough informed decisions regarding the program's effectiveness and future implementation. Several important details about the program were missing. In the second year of the program, data sharing between Fresno PD and RCC ceased, eliminating the opportunity send out HWC referrals to the schools. As a result, no children or families received support after this time.

Furthermore, while we could not find documentation of this in the project documentation, interviews revealed that when information sharing on the HWC referrals stopped, resources were redirected to pilot an existing app and develop a new mobile app for first responders to submit HWCP+ cases. Unfortunately, the app did not generate any referrals during course of the project. Lastly, there's some uncertainty about why the HWCP+ program continued until June 2023, even though HWC referral data stopped in September of 2022.

Recommendations

Based on the evaluation findings, we present the following recommendations to Fresno County. These suggestions stem from qualitative interviews with staff, the limited outcome data available, documentation provided about the program, and insights gleaned from existing trauma-informed interventions. Considering the significant importance of this program in Fresno County, it is essential to thoroughly understand how improvements can be made to ensure its success. We offer the following recommendations:

1. **Focus on supporting students.** Staff agreed that providing increased support to students at school following a traumatic event is critically important. It is less clear that providing services to parents at that same time is effective. Focusing on parents at the same time as children might not be helpful because parents and kids have different needs and reactions to a traumatic event. Program staff reported that parents were preoccupied with immediate concerns such ensuring housing and economic stability, which made it difficult to fully engage in support services for themselves. Strong support can be provided to children in schools before turning attention to supporting parents directly, especially since schools are often the first point of contact for children after a traumatic event, and they can offer immediate support by leveraging existing resources. Once children's immediate needs are addressed, parents may feel more capable of engaging in support services for themselves. This sequential approach allows for a more effective allocation of resources and ensures that support services are delivered in a timely and accessible manner.

Based on the findings of this evaluation, we recommend prioritizing immediate support for students, to ensure that they receive the necessary resources and assistance at school. For parents, we suggest a more phased approach. Initially, efforts should concentrate on stabilizing and supporting the children. Once the students' immediate needs are addressed, we can consider extending the support services to parents.

2. Adopt a Practical and Immediate Needs-Focus Approach to Parent Outreach. To improve the program's effectiveness, it is essential to adopt a more relevant and flexible approach to parent outreach [13, 19, 20].

Learning from parents who have experienced traumatic events would enhance the success of future efforts. Their insights can help tailor the program to ensure it meets their needs and fits within their schedules. This approach will enable the development of an optimal design for the Parent Café that is both feasible and beneficial for the families it aims to support [15, 16, 26-29]. By incorporating feedback from parents, the program can better address their unique challenges and enhance their engagement and overall well-being.

Staff reported that Parent Cafés did not address the immediate, practical needs of parents. While the intention behind the Parent Cafés is positive, staff suggested that delaying the timing of engaging parents for participation may increase participation. Postponing engagement would allow them to address their immediate concerns first, making them more likely to benefit from and participate in the Cafés.

To be more effective, initial outreach to parents could include resources and practical advice that parents can use right away and include screening to determine when parents may be more receptive to participating in a Parent Café. This screening would ensure that their basic needs, such as housing, food, and financial stability, are met, allowing them to fully engage and benefit from the Parent Café curriculum and experience.

Some additional considerations to keep in mind for the implementation of parent outreach efforts may include: 1) cultural sensitivity matched to the cultural diversity of Fresno County; 2) accessibility for parents whose children have been exposed to trauma – including transportation, childcare, and timing; 3) flexibility to allow parents to engage in the way that best serves them and their children; 4) engagement of parents in the design and evaluation of the project to ensure the program remains relevant and responsive to their needs.

3. Simplify the communication pathway. To ensure that schools and teachers receive HWC notices promptly, it would be beneficial to streamline the communication pathway. Streamlining the communication pathway would address complications related to information sharing and reduce delays in delivering HWC notices to the appropriate teachers. Based on the results of this evaluation, we recommend streamlining the project by reducing the number of partners involved.

It is crucial to ensure that partners directly involved in providing support and care for children are central to this project. Their involvement should be prioritized to enhance the effectiveness of the program and ensure that the children's needs are met promptly and efficiently. Additionally, aligning resources for individuals at schools who directly support these children is paramount [13, 14, 20, 26, 27]. As we learned from this program, even when HWC referrals stopped and limited update communications were provided, school staff continued to support children exposed to trauma.

They did so despite the lack of communication, demonstrating their commitment and dedication to the well-being of these students. This resilience underscores the importance of ensuring that resources are properly aligned and available for individuals at schools who directly support these children. Given that schools are often understaffed and underfunded, adding more responsibilities to their already heavy workload can be challenging, especially when providing care and assistance to trauma-affected children.

We provide some suggestions for improving communication, recognizing that schools are central to this pipeline: 1) Establish direct communication channels, 2) Implement a centralized notification system, 3) Provide training and protocol development to ensure clear step-by-step protocols for both first responders and school staff to ensure consistency and reliability in the communication process and back up strategies when challenges arise, 4) Hold regular coordinating meetings to discuss any updates, issues, review processes, and make improvements as needed, 5) Track performance and continuous improvement to the system to ensure that it remains efficient and effective, 6) Build in feedback mechanisms where schools staff and other can share their experiences and suggest improvements as needed, 6) Ensure that all communication channels and platforms comply with privacy and security regulations to protect sensitive information about the children and their families, and 7) Prioritize resource allocation to ensure that schools are adequately resourced to handle additional responsibilities.

4. Engage key partners, including school staff, parents, city officials, and police representatives, in co-designing the intervention. Although many partners were aware of the community engagement process that took place before the project's launch, very few were involved in conceptualizing or designing the project. This limited involvement led to disconnect between the project's initial vision and implementation. Involving key partners from the beginning and all throughout the planning of this program would have allowed for the identification and addressing of potential challenges early on. For instance, issues such as difficulties in reaching parents, locating students in assigned schools, and the inability to regularly view data to track the program's progress might have been mitigated with broader input and collaboration. Early engagement of partners could have facilitated the development of more effective communication strategies, data manage systems, and adaptive measures to address these challenges are they arose. By incorporating diverse perspectives, the program could have achieved more comprehensive planning and effective problem-solving. This collaborative approach would have helped anticipate and address potential challenges more thoroughly, leading to better outcomes for everyone involved.

5. Monitoring and evaluation. Implement a robust monitoring and evaluation system to track the program's real-time success and make informed adjustments [13, 15, 27, 28]. Collecting accurate data is essential for a thorough evaluation of the program's impact. Incorporate feedback mechanisms to ensure regular communications from stakeholders, allowing for the identification and resolution of implementation and data challenges. Creating continuous feedback loops helps improve the program and ensures it meets its goals effectively. By regularly collecting and analyzing feedback from stakeholders, including parents, teachers, and program staff, we can identify areas needing improvement and making timely adjustments.

This process promoted ongoing learning and adaptation, ensuring the program remains responsive to the needs of the community and achieves its objectives. Additionally, these feedback loops help build trust and collaboration among all parties involved, fostering a sense of shared responsibility and commitment to the program's success. It is important to note that DBS made several attempts over two years to finalize an agreement with UC Davis for program evaluation. Although UC Davis staff were accessible and actively engaged in discussions regarding the evaluation plan, there were significant delays in both planning and execution. This context is critical for understanding the challenges faced in the evaluation process.

APPENDIX A



Supplemental Student and School Results

Summary of Attempts to Contact Families

Figure A1 described the 28 contact attempts made for each case and their corresponding schools. Each reported cases received an average of 2.42 phone contact attempts.

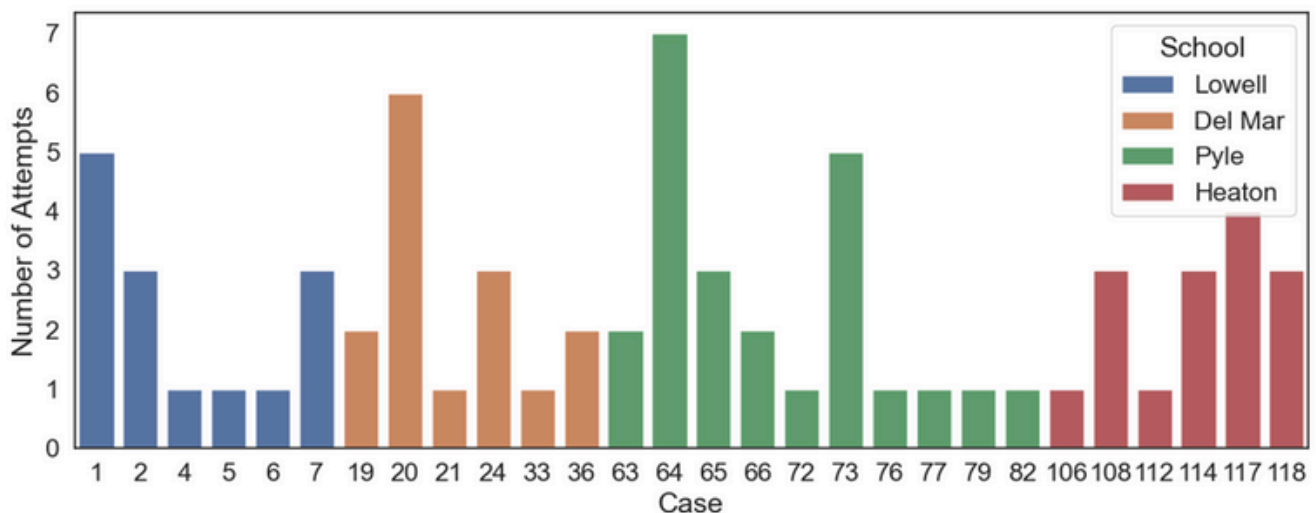


Figure A1: Number of Contact Attempts per Reported Case by School.

HWC Referrals for confirmed cases and Successful Contacts

Figure A2 describes the distribution of the 28 cases with call attempts across each school in the program, along with the number of successful contacts made.

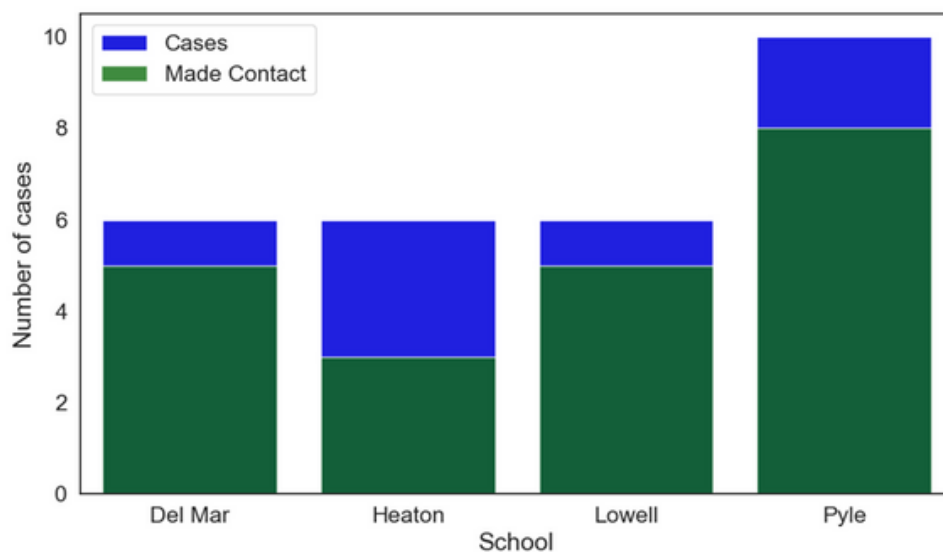


Figure A2. Number of Cases Reported by Schools and Successful Contacts.

A summary of actions and outcomes is provided in Table A1. It can be observed that Pyle Elementary was able to make more connections with families than other schools.

Table A1. Summary of Actions Taken and Outcomes by Each School.

School	Pyle	Del Mar	Heaton	Lowell
Case Count	10	6	6	6
Made contact	8	5	3	5
All 4 Y Referred	1	2	0	0
All 4 Y Engaged	0	2	0	0
All 4 Y Contact Provided	2	0	0	3
No MH Services Needed	2	0	0	0
Receiving CS	0	0	0	2
Not Interested in CS	1	0	1	0
Interested in CS	1	0	1	0
Needs Additional Support	3	0	0	1
Not interested in AS	1	0	0	2
Screening Scheduled	4	2	1	1
Screening Rescheduled	0	1	0	0
Screening Attended	3	1	0	0
Did Not Attend Screening	1	1	1	1
Case closed	3	2	1	1

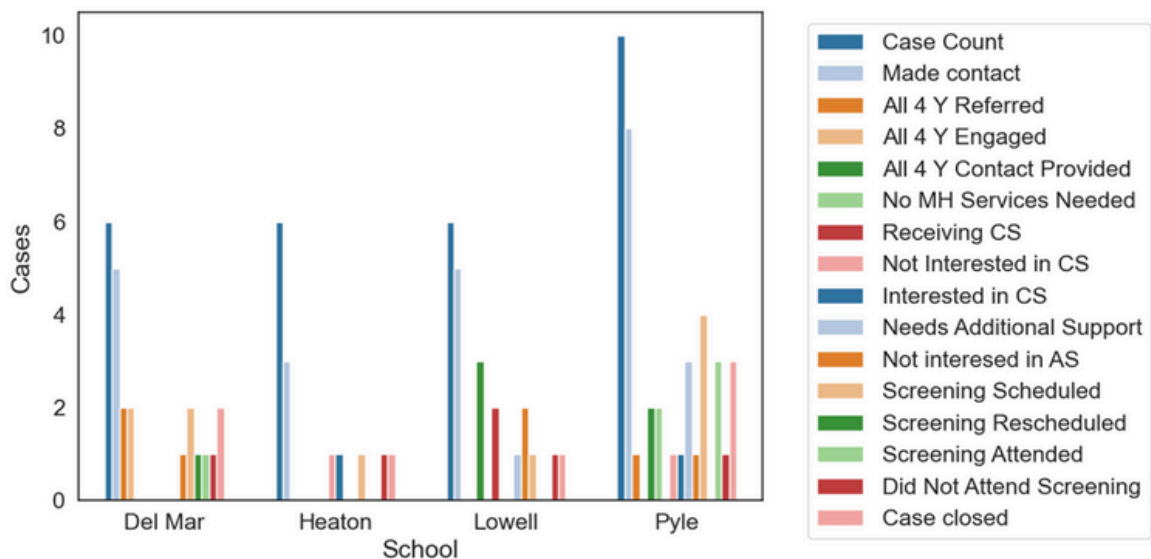


Figure A3. Summary of Actions and Outcomes Achieved by School.

APPENDIX B



Semi-Structured Interview Protocol

Handle with Care Plus+ Program

Staff Semi-structured Interview Guide

In alignment with the principles of grounded theory, not all of these questions will be asked of every participant and additional questions may be asked as the interviews progress and themes begin to emerge.

Research Questions:

1. How were partners engaged in the design and implementation of the Handle with Care pilot project?
2. How effective was the Handle with Care Plus+ pilot in equipping service providers and teachers in meeting the needs of students and families?

Introduction

Thank you for making time to speak with me today. Today, we want to hear about your experiences working on the Handle with Care pilot project. We will spend 45-60 minutes talking about your role and experience with the project. If it is ok with you, we will be recording this interview and taking notes today and then summarizing all we learn across the different interviews. Are you ok with us recording today's session?

While we may extract some quotes, nothing you say will be attributed to you or reported back to any other partners at your school site or in the program. There are no right answers. We want to hear honestly from you.

If, at any time, you do not feel comfortable answering a question, please let us know and we can move on. If you have any questions for us during the interview, you are welcome to ask them.

Do you have any questions before we get started?

Once the participant says they are ready to start, PLEASE START RECORDING.

Background

1. Where do you work and what is your position there?
2. How was your organization selected to participate in the Handle With care pilot?

3. What was your understanding about what the pilot was aiming to address?
4. When you learned about your involvement in this project, what excited you? What did you hope this project would achieve?

Project Design

5. What role did you have in designing the Handle With Care pilot?
If they were involved in the project design:
6. What was most important to you when you were conceptualizing this project?
7. How were local or state policies and regulations were you considering as you designed and implemented this project?
8. What parts of the pilot were prescribed by someone else? What parts of the project did you have influence over in the design?

Project Implementation

9. What role did you have in implementing the pilot?
10. What type of training, information, and supports did you and your organization receive before implementing this program? How well did these supports and resources prepare you to meet the needs of the children and their families? What additional supports and services would have been helpful? How did families respond to the services provided through the Handle with Care project?
11. In your own words, please describe what the referral and care process was supposed to look like. What was different between how the process was supposed to work and how it actually worked?
12. What obstacles and challenges did you face in implementing this project? How did you overcome them?

Project Outcomes

13. What successes did you have in the pilot? What were the challenges?
14. What were the strategies and metrics you were using to measure the success of this program?
15. What were the benefits of this program to youth and families? What were the benefits of this program to you and your colleagues?
16. What about this program met your expectations? What surprised you?
17. What changes or adjustments would you make to improve or strengthen the Handle With Care program if it were to be implemented in your community again?

Looking Ahead

18. What programs exist at your school that are similar to Handle with Care Plus+? What about them is successful? What is challenging? What additional services are needed?

19. If you were to design a system to address the needs of children experiencing trauma, what would you include? Who would be involved? What would it look like?

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