



The CARE *Quarterly*

Spring
2022



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WELCOME.

Thank you for your continued work to support people experiencing behavioral health crises and your ongoing engagement with the CARE TA Center. While Spring can signal a time of growth and renewal, this emerging season may feel complex for many of us impacted by the ongoing COVID-19 pandemic, recession, heightened distress among children, youth, and family systems, and increasing rates of suicidal crisis, overdose, and mass shootings. Now more than ever, the work you do is of utmost importance and the CARE TA Center is here to acknowledge, honor, and support your role on the frontlines of caring for communities across California. Thank you for staying the course to help our families, neighbors, and community members recover from crisis in the community. We recognize that you are doing this difficult work while also surviving the many stressors of 2022 yourself and we hope that our offerings will be a source of support for and affirmation of your own work.

We are pleased to present several upcoming Learning Collaborative sessions focused on advancing systems-level change in crisis care continuum and justice diversion programs, supporting youth with foster care experiences, and cultivating collaborative partnerships with faith communities. Please check our website in May for updates of recorded webinars and other learning events held throughout 2021 and 2022. Additionally, we hope you will join us for the upcoming CARE Conference happening June 29, 2022 - Registration opens soon! We look forward to providing more information about our exciting presentations, panels, and speakers throughout the coming weeks, and we encourage you to share with your networks.

In recognition of Child Abuse Prevention Month, the CARE TA Center acknowledges the far-reaching impacts of Adverse Childhood Experiences (ACEs) on behavioral health crises across the lifespan and asserts the importance of a trauma-informed and healing-centered crisis care continuum in creating opportunities for recovery through culturally responsive interventions. This issue of the CARE Quarterly highlights how crisis care providers and justice systems can promote protective factors and support youth, families, and communities in building resiliencies that lead to recovery and wellness. We are pleased to feature four articles that provide educational resources for parents and caregivers, programs for awareness and prevention of abuse, and strategies for youth and family empowerment in crisis response. This issue also includes a brief overview of ACEs and trauma research with implications for promising practices within and outside of criminal justice systems. For additional resources and support on these topics, we welcome you to visit our Resource Library or submit a request for individualized technical assistance with experienced CARE TA Center partner agencies and subject matter experts

With gratitude,
The CARE TA Center



Virtual Conference 2022

Keepin' it in the Community: The Power and Role of Collective Hope and Action for Crisis Recovery

SAVE THE DATE: June 29, 2022

9:00 a.m. - 5:00 p.m.

Join the CARE TA Center as we engage in collective learning and action to promote person-centered crisis care within the community context and outside of 911, ERs, and justice systems.

TOPICS WILL ALL BE FRAMED WITH A HEALTH EQUITY AND ANTIRACISM LENS:

- Mobile crisis units
- Family Urgent Response System (FURS)
- Crisis response - Alternatives to 911
- Culturally responsive suicide prevention safety planning
- Justice diversion
- Mental Health First Aid
- Children, youth, and young adult crisis care
- Behavioral health equity and emergency response: COVID-19, natural disasters, and crisis care in 2022
- Centering lived experience as a best practice
- Systemic and organizational approaches to integrate and support the peer workforce
- Continuity of care: Prevention before, response during, and follow-up after crisis
- Trauma-informed and resilience-oriented care

AUDIENCE:

County behavioral health department staff (e.g., Ethnic Services Managers, MHSA Coordinators); community-based organizations; peer workforce; justice system and law enforcement; faith leaders; school and college mental health providers; safety net system providers (e.g., natural disaster first responders, housing services and food access agencies); foster care system providers; policy staff; data analysts; administrators; grant professionals and financial managers; grantmakers; students and early career professionals (e.g., social work, public health, psychology, psychiatric nursing, criminal justice); immigrant rapid response networks; and other crisis care system partners, advocates, and stakeholders

COMPLETE THE CONFERENCE INTEREST FORM ►



Resources to Support Parents and Caregivers

from C4 Innovations

“When parents do well, children do well.”

.....

“Help the mom, help the baby.”

These old adages are supported by decades of developmental science (Zeanah, 2018). Children take their cues from their caregivers, depending on them to meet basic needs, cope with stress, manage disruptions, and deal with emotions (Vivrette, 2021). Over the course of the last two years, the pandemic has left many families struggling—changing public health guidance, childcare and school closures, disruptions to daily life, financial uncertainty and strain, social isolation, healthcare challenges, and more have had a deep effect on the mental health of caregivers (Annie E. Casey Foundation, 2020; Brown et al., 2020; Chatterjee, 2020; Czeisler et al., 2021; Glynn, 2021; Horowitz et al., 2021; Igielnik, 2021; Vivrette, 2021). Families that experience historical and systemic marginalization or are low-income have felt these stressors all the more acutely (Benton et al., 2021; Brown et al., 2020; Duff-Brown, 2021; Vivrette, 2021; Wamsley, 2021). Foster and kinship parents also face unique challenges (Hayslip et al., 2019; Tompkins & Linden, 2020; Wu et al., 2020).

Parents and caregivers have been experiencing sustained stress and anxiety, and this affects the children and youth they care for. In a study of 900 pregnant and postpartum women, 15 percent reported depression prior to the pandemic; once the pandemic began, the percentage rose to 40 percent. Rates of anxiety went from 29 percent to 72 percent (Davenport et al., 2020). This is just one example of the profound effects of the pandemic on the mental health of parents and caregivers.

Help is available for parents and caregivers—and it is critical to connect families under stress with available resources. Support may take place via hotlines or textlines, online or in-person parenting support groups, or connections to community resources. Caregivers may need different types of support at different times, whether from a trained counselor or a fellow parent who has “been there” (Vivrette, 2021). When parents are supported, they can better support their children through stressful times.

The following services, supports, and resources can help support parents, caregivers, and other family members:

Hotlines/Textlines:

- [NAMI HelpLine](#): This resource offers support and information about mental health.
- [California Parent & Youth Helpline](#): This helpline offers self-calming techniques and resources from trained counselors.
- [Safe & Sound TALK LINE](#): This resource, available 24/7, provides support for parents and caregivers in the Bay Area who have children under the age of 18.
- [Family Paths Parenting Stress Helpline](#): This helpline offers counseling, information, and referrals for parents and caregivers in Alameda County. (It also has a textline available at certain times.)
- [California Kinship Navigator](#): This resource offers 24/7 support and resources from trained staff members.

Parent Support Groups:

- [Stanford Sierra Youth & Families Parent Support Groups](#): This resource provides monthly support groups for parents and caregivers; groups are available for families of youth on probation, people who speak Spanish, families of youth with mental health diagnoses, families of LGBTQ+ youth, single parents, grandparents, male caregivers, and adoptive families.
- [Parents Anonymous® Online Support Groups](#): Parents Anonymous® offers weekly support groups, which are online and led by parents and trained group facilitators.
- [Postpartum Support International—California](#): This organization provides support for families and connection to resources.

Crisis Services:

- [NAMI California Crisis Text Line](#): This 24/7 text line is staffed by trained crisis counselors.
- [Family Urgent Response System \(FURS\)](#): This resource offers 24/7 support to current and former foster youth and caregivers by trained counselors and peers.



Resources and Toolkits:

- [Helping Support Someone With a Mental Health Condition: Guide for Families and Friends](#): This resource for caregivers from NAMI California includes guidance for learning more about a loved one's condition, taking care of oneself, taking an active interest in a loved one's treatment plan, supporting the family member, creating cooperation among the family, listening, maintaining routines, finding support, keeping the family safe, and preparing for a crisis.
- [Orange County Perinatal Mental Health Toolkit](#): This toolkit contains information for providers on perinatal mood and anxiety disorders, including risk factors, prevention, programs, screening, referrals, trainings, treatment and decision-making support, billing information, and Medi-Cal.
- [Supporting Parents and Caregivers with Trauma Histories during COVID-19](#): This resource from Child Trends contains information on parenting during the pandemic, parents and caregivers with trauma histories, resiliency factors, and recommendations for providers to best support parents and caregivers with trauma histories during the pandemic.
- [Listening to Mothers in California: Maternal Mental Health](#): This resource contains information on the prevalence of anxiety and depression, as well as racial and ethnic disparities.
- [California Parent Guide](#): This guide offers guidance and resources about emotional well-being for parents.
- [Moms' Mental Health Matters](#): This webpage on the Eunice Kennedy Shriver National Institute of Child Health and Human Development website offers information and treatment options for new mothers who may be experiencing depression or anxiety.
- [California Alliance of Caregivers](#): This resource offers toolkits and caregiver support.

For more information on programs in California, visit the [CARE TA Center's California County Crisis Continuum Asset Map](#).

For more resources, visit the [CARE TA Center's resource library](#).

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ACEs: Prevention, Education, and Program Supports

from NAMI CA

Definition

What are ACEs? ACEs are events of abuse, neglect, or household dysfunction that occur during formative childhood and teenage years. ACEs are associated with adverse health impacts in adulthood, including depression, alcoholism, and heart disease. The [National Survey of Children's Health](#) estimates that 45% of children have experienced at least one ACE. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. However, ACEs can be prevented by creating and advancing evidenced based strategies and approaches in prevention and education.



Prevention

In order to prevent ACEs, the CDC recommends cultivating protective factors in the following ways:

1. Strengthen economic supports to families
2. Promote social norms that protect against violence and adversity
3. Ensure a strong start for children, such as family-centered preschool programs
4. Teach skills related to social-emotional learning, romantic relationships, and parenting
5. Connect youth to caring adults through mentoring or after-school programs
6. Intervene to lessen immediate and long-term harms

The full CDC resource titled Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence, is available online. Creating and sustaining safe, stable, nurturing relationships and environments for all children and families can prevent ACEs and help all children reach their full potential.

NAMI CA Education

NAMI California recognizes ACEs as a public health crisis. Cumulative research shows that consistent adversity during an early stage of life can impact cognitive and behavioral function into adulthood, causing other crises such as suicide, substance use, and mental illness. Focusing on protective factors by, for example, enhancing the child's interpersonal bonds and family systems or offering parent support through peer groups and school affiliations can prevent toxic stress and promote healthy child development.

NAMI CA engages in such prevention efforts by providing classes and resources for families who have experienced ACEs and for providers in crisis care settings. Families benefit from having programs that provide education on identifying and preventing ACEs. Education on ACEs helps families build awareness and destigmatizes asking for help for their youth. Similarly, training for our support specialists and peers discusses ACEs in relation to our procedures for providing trauma-informed care. By recognizing the causes and effects of ACEs, we can help to prevent them. Conditions where ACEs are common can give insight into the needs of children and parents experiencing them.

By educating providers and counselors, NAMI CA helps them provide family-centered, trauma-informed care and guidance. For example, NAMI Sonoma County has an article on the [Six Ways to Teach Children to Recognize Abuse](#):

1. Teach children that their feelings matter, and that they deserve respect.
2. Emphasize that children's bodies belong to them.
3. Make sure children understand the difference between secrets and surprises.
4. Share your own stories, including as many feelings or sensations as you can.
5. Ask for permission before touching a child.
6. Empower children to say "no," and to talk openly.



NAMI Programs

Various NAMI programs build on an understanding of ACEs to provide trauma-informed services that cultivate resilience in families and communities. An example of community resilience is the [NAMI On Campus: High School](#) (NCHS) program, which provides a space for youth to destigmatize mental health conditions and work with youth coordinators who have had training in the ACEs model.



Other NAMI programs also utilize an awareness of ACEs. These programs were highlighted when, in September of 2020, NAMI CA held a [Town Hall meeting with the California Alliance of Child Family Services](#) to present their work supporting children, youth, and families. The presentation included their efforts on school-based mental health, suicide prevention, and foster youth with mental health needs; their Catalyst Center and ACES aware grants; and their partnership with the State Department of Social Services for a provider helpline to help with COVID-19-related issues.

The NAMI HelpLine and Crisis Text Line has trained crisis counselors in ACEs and crisis intervention to provide peer-support services such as offering information, resources referrals and support of individuals and families living with mental health conditions.

- The NAMI HelpLine can be reached at 1-800-950-NAMI (6264) or info@nami.org Monday through Friday, 10 am – 6 pm ET.
- The NAMI Crisis Text Line can be reached 24/7 via text message by texting NAMI to 741-741.



ACEs in Criminal Justice Research and Implications for Healing Centered Interventions

from Impact Justice

Adverse Childhood Experiences (ACEs) are receiving an increasing amount of attention as more research contributes to our understanding of their impacts. Similarly, as public health practitioners, mental and behavioral health providers, social services workers, and those in our educational and justice systems begin to grapple with trauma-informed approaches, ACEs are an important tool for talking about and understanding trauma.

ACEs give us a shorthand proxy for a potentially traumatic experience. Trauma is not a “given” result of an ACE; whether an experience is traumatic depends on how that experience impacts an individual. Experiences that may be deeply traumatic for one person may not have the same impact on another. Thus, a truly trauma-informed approach will go beyond counting ACEs and also try to determine what impacts—psychological, emotional, physical, etc.—such experiences have had on an individual. That said, however, ACEs have given us a powerful tool to frame conversations about potential trauma on a larger scale.

Criminal and juvenile justice-related research has also begun utilizing ACEs to try and understand impacts on justice-involved folks. This research is telling—those who commit serious and violent harms are often found to have experienced higher than average ACEs. One study found that young people who’ve committed repeated serious and violent offenses have ACEs scores more than double those who only had one felony conviction¹. Other research has suggested that many of these ACEs have gone unaddressed and, in some cases, unacknowledged^{2,3}. There is little doubt that the vast majority of young people and adults who encounter the justice systems have experienced a significant number of ACEs. This fact speaks to a notable dilemma: how do we best serve those who’ve been impacted by ACEs and other forms of trauma within systems that are by nature coercive and often carceral? It also speaks to the need to find ways to address trauma and provide opportunities for healing in environments that can be traumatic in and of themselves.

The most straightforward solution is also perhaps the most challenging: to prevent ACEs altogether; or at least to identify ACEs as they occur; then address any resulting trauma in ways that are developmentally appropriate and culturally sensitive (ideally,

culturally rooted). However, the methods for effectively and broadly identifying ACEs during childhood are not clear. Additionally, the gendered ways in which society perceives trauma add additional layers of complexity and concern. Growing evidence notes that recognizing and addressing trauma among boys and men is particularly challenging. This is especially true for men and boys of color, who also have a greater likelihood of interacting with the justice systems. Boys and young men of color who have experienced victimization or other ACEs can find themselves caught between all-too-common constructions of masculinity which often deny the harmful impacts of victimization, and racist societal ideologies which deny both their humanity and capability of being harmed. While work with women and girls is far from complete, we have significant ground to cover with men and boys as well.

Where does this leave us? Fortunately, there is a fast-growing body of research demonstrating that healing from unaddressed trauma is achievable, and that exploring and addressing trauma can happen even within the context of the justice system and even within a prison setting⁴. Promising results such as these should compel those of us researching and working within our justice systems to look for opportunities to replicate and expand upon efforts to address serious trauma among those who are system-involved. This serves both individual and public safety interests. Of course, this work should be tempered by the robust body of research demonstrating that trauma is best addressed in the least restrictive environment possible, knowing that feelings of safety are essential for the central nervous system to relax and for healing to occur⁵. Thus, our assumption must be that even greater degrees of success would be expected in non-carceral settings.

There is an obvious need for more work and research to identify and address trauma. Utilizing ACEs can be a good start. This body of work serves as a useful tool to identify and discuss potential sources of childhood trauma, especially at larger scales. It is important, however, to recognize that our understanding of ACEs and of trauma is often shaped by gendered and racialized assumptions about trauma and harm. But there is also hope and a growing body of promising practices for addressing trauma; these are essential for developing effective interventions within our criminal justice systems.

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⁴Messina, N. P., & Schepps, M. (2021). Opening the proverbial ‘can of worms’ on trauma-specific treatment in prison: The association of adverse childhood experiences to treatment outcomes. *Clinical psychology & psychotherapy*, 10.1002/cpp.2568. Advance online publication. <https://doi.org/10.1002/cpp.2568>

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Family & Youth Partnership as an Effective Strategy in the Crisis Continuum of Care

“Nothing about us without us”

from Stanford Sierra Youth & Families

Stanford Sierra Youth & Families (SSYAF) provides a comprehensive continuum of care for youth and families who need specialized services that address mental health, substance use, juvenile justice, foster care and adoptions, post permanency, family support services, and crisis response. SSYAF’s mission is to transform lives by nurturing permanent connections and empowering families to solve challenges together, so every child can thrive. Family-centered practice is embedded in every aspect of SSYAF’s service delivery.

Key to SSYAF’s family-centered practice and successful family engagement is the organization’s **Family & Youth Partnership (FYP)** model. SSYAF’s FYP serves to ensure strong advocacy for caregivers and youth and considers the whole family in system planning. Family and youth advocates with lived experience serve on the executive team and are critical in decision making and program design. Family Partners and Youth Advocates offer their own personal experiences and advocacy skills as a valuable layer of support to the youth and families in all SSYAF’s programs. Having similar experiences in their past, these important partners empower young people and their families to lead their own care teams to get their needs met. Family Partners are staff members who have personal experience in the child welfare, mental health or juvenile justice systems as a consumer and/or as a parent/caregiver. Youth Advocates are young adults also employed by SSYAF who have personal experience within the child welfare, mental health or juvenile justice systems. *The goal is to empower youth and ensure families have voice and choice in service delivery.*

Family Partners and Youth Advocates help treatment teams provide services through a lens that is strength-based, outcome-driven, team-based, persistent, individualized, culturally competent, collaborative, community-based, inclusive of natural supports, and upholds family voice and choice. Their primary role is to ensure that all decisions are in the best interest of the youth and families served. There are four key functions of advocates:

1. ensure families (parents, caregivers, and youth) are equal partners—if not leaders—in the development and implementation of their plans;
2. represent the needs and perspectives of youth/families to internal and external stakeholders;
3. ensure that youth/families have access to a comprehensive array of prevention and support services; and
4. ensure that services are family-centered, easily accessible, respectful of cultural, ethnic, and other community characteristics, and stigma free.

SSYAF further ensures youth/family’s voice, choices, and preferences are acknowledged throughout treatment by acknowledging the perspectives of the youth and family throughout the family and child teaming process, and through the development of the youth/families’ service plan. No matter the service delivered, the youth and their family are at the center of the work. Child Family Teams (CFT) are the forum for decision making, treatment planning, and accountability. To ensure that the clinical team does not make decisions without the youth and family in the center, each youth and family is paired with peer advocates. **Partnering with youth and their families increases the likelihood that the interventions and treatment plan will align with youth/families’ specific needs, strengths, and resources.** This strengths-based, family centered approach is a key strategy in improving outcomes for youth and families served.



To support the employment and retention of Family and Youth Advocates across the Northern California region, SSYAF offers an **“Empowerment Training Center”** (ETC) – a peer-to-peer workforce development program. The ETC provides workforce development, training, and mentoring/coaching opportunities for staff at all levels. The trainings emphasize the values and strategies essential to family and youth engagement and partnership. This comprehensive training of the peer advocates, residential staff, and leadership in family centered practices is key to success.

SSYAF” top six recommendations for improving family engagement:

1. Hire Family Partners and Youth Advocates who will build partnership and trust and ensure that those who supervise the advocates also have lived experience.
2. Ensure Child and Family team meetings occur frequently and prior to any significant change in intervention.
3. When developing new programming or submitting a program proposal for funding, write into the budget family and youth partnership practices, including advocates.
4. Build an organizational culture that is reflective of staff honoring and respecting the family as experts of their own family to create a sense of partnership and shared responsibility.
5. Ensure practices and interventions are culturally responsive, as well as trauma-informed.
6. Use data to inform practice improvement; be outcome focused.





ABOUT US.

The Crisis and Recovery Enhancement (CARE) Technical Assistance (TA) Center is a cross-agency team from the fields of mental health; training and technical assistance; crisis response and recovery; criminal justice diversion; and wraparound supports for youth and adults at greater risk of mental health crisis, including people experiencing homelessness.

The CARE TA Center is led by the Center for Applied Research Solutions (CARS) in partnership with RI International, NAMI California, C4 Innovations, Impact Justice, and Stanford Sierra Youth & Families. This project is funded by Proposition 63, the Mental Health Services Act (MHSA), and administered by the Department of Health Care Services (DHCS), Community Services Division.



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