

## Planning & Development Committee

Butte 2-1-1

Butte College, Child Development Department

Butte Thrives: County ACEs Coalition

Child Abuse Prevention Council

County Department of Behavioral Health

County Department  
of Employment & Social Services

County Department of Public Health

County First 5 Commission

County Office of Education, Child Development

County Office of Education, Special Education

California State University Chico,  
Child Development Department

California State University Chico,  
Education Department  
Rural School Collaborative  
Civic Engagement

California State University Chico,  
Social Work Department

Far Northern Regional Center

Head Start/Early Head Start

Northern Valley Catholic Social Service (501c3)

State Preschools

Student Consumers

Trauma Consultants

Workforce Development

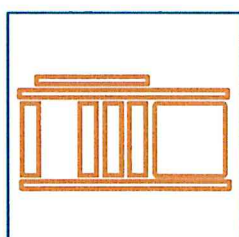
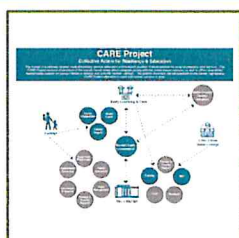
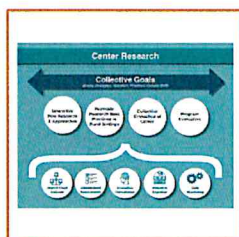
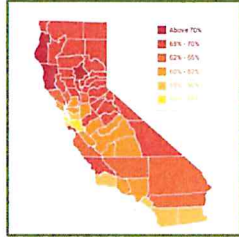
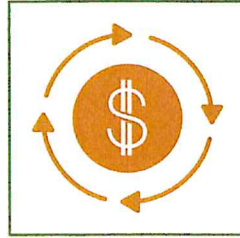
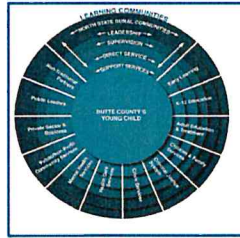
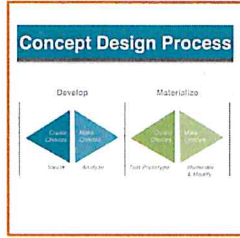
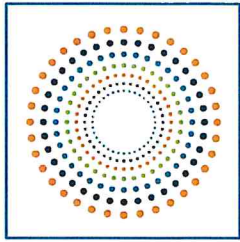
Youth For Change (501c3)

*It is with utmost gratitude that we acknowledge the brilliant minds, compassionate hearts, and determined souls of The Center Planning & Development Committee.*





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# Executive Summary

*“It’s time,” someone said, the words catching in her throat. The change in the room was evident in the pause that followed, as dozens of community members sat a little straighter in their seats, realizing she was right.*

The genesis of The Center planning acknowledges the challenging circumstances of the community which woefully inhibits cohesive services, systems and resources, and impacts the life trajectory of young, developing children. It also offers context for the strengths and opportunities which have united to initiate a decisive shift for the community: 1) Butte County’s Adverse Childhood Experiences (ACEs) score proved what many stakeholders already knew, that the intergenerational trauma in the county is profound – the highest in the state; 2) research on the importance of supporting brain development in the first five years of life is widespread and undeniable; 3) even mainstream media is broadcasting the importance of a trauma-responsive approach to healing individuals, families and community; 4) Butte County Office of Education has access to a building for innovative solutions; and 5) the stakeholder group for The Center is smart, seasoned, compassionate, multi-disciplined, and devoted, and while this group is weary from working in inefficient, detached systems ... they are “all in” on The Center.

After ten months of planning for the creation of The Center, Butte County suddenly was faced with further trauma and grief. In early November 2018, approximately 50,000 residents from the towns of

Paradise, Magalia, Concow and Butte Creek Canyon had to run for their lives through a vortex of fire that would decimate the community infrastructure and displace people throughout the county and North State. Residents lost homes, jobs, schools, services, parks, friends, support systems, sentimental treasures, daily comforts, and a core sense of safety. The Camp Fire was the most destructive fire in California history, for which the unprecedented recovery needs now top the list of burdens the county faces. The need for The Center has changed from vital to dire.

**The Center for Learning & Resilience (The Center)** is a trauma-responsive, innovative, community-based, research-driven approach to services and learning. Young, developing children and the adults who impact their lives are at the heart of The Center. The work of The Center – the services, programs, and systems – will reflect back to the research, approaches, and relationships that will lead to crucial change for young children.

Healing occurs at individual, family and community levels. Therefore, system capacity for the county must evolve to support our individuals, families, and the community in a trauma-responsive approach. That support will be in the form of services, education, and professional development, and be both centralized, as well as remote, reaching more geographically isolated people and communities in the North State. Multiple agencies and expertise will come together on-site and as a matter of practice in order to bring forward multidisciplinary and comprehensive, far-reaching solutions. The Center will establish this



recovery infrastructure to not only appropriately respond to acute trauma now but to also invest in necessary long-term systems.

The Center building itself is a place for children, families and community to feel like they belong and that they will receive the support they need to heal and thrive. Simultaneously, The Center will incorporate research practices that establish the county as the rural leader in trauma-recovery principles and practices. It will serve as a beacon in the North State for personal, professional and community capacity development.

The framework for The Center includes five tiers: Community Development, Research, Organizational & Systems Capacity, Integrated Education, and Direct and Coordinated Services.

### Community Development

There will be a community-wide transformation from trauma to wellness through experienced, diverse and distributed leadership. The Center will be established as a model of trauma-informed practices; services and education; research and evaluation; and resource acquisition and sustainability. As an established leader, learning and support will systematically be radiated to county partnerships and sectors, then to the rural and isolated North State, and finally, impact policy and legislative decisions for rural children and communities.

### Research

The Center will feature robust, collaborative research. There will be collective goals and evaluation, as well as individual program

evaluation. The Center will conduct innovative new research and replicate best practices in rural settings. This will be accomplished with the oversight of an evaluation consultant, in partnership with California State University Chico (CSU Chico) and Butte College faculty, and by using shared client software, standardized assessments, and effective data monitoring.

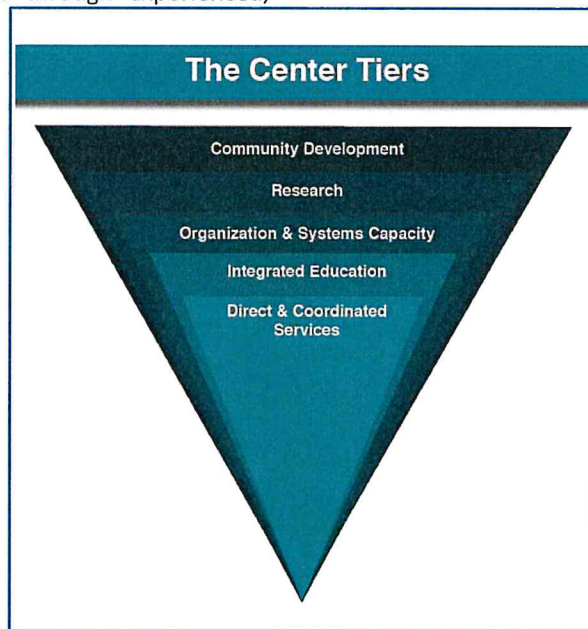
### Organizational & Systems Capacity

In order to ensure children receive the support they need, adults who touch the lives of children must also be informed and supported. Organizations and systems will adapt and refocus through consultation, training and support in integrating trauma-informed, culturally-humble approaches and practices. There will be particular concentration on supporting recovery from secondary trauma as the community's service providers experience compassion fatigue due to the magnitude of the county recovery.

### Integrated Education

Children best develop life-long skills in relationships. Learning systems will be supported through in-person, on-location, mental health expertise. Children will receive individualized support, while caregivers and family members are exposed to new, effective interventions for challenging behaviors that often result from exposure to trauma and adverse experiences.

Additionally, adult caregivers and family members will benefit from on-going secondary trauma support. These professional development methods will be broadcast, through the state-of-the-art training rooms of The Center, to educators in early learning and care, K-12 systems, and higher education fields.



### **Direct and Coordinated Services**

Case management, counseling, and family support will be services located on-site at The Center, as well as remote throughout the county. Case management will be offered on a walk-in and on-going basis. It will be supported by a multi-disciplinary team who will contribute to screenings and assessments; resource and referral; and case planning, management and evaluation. Counseling will be available for all young children, their families, and the adults who impact their lives. This will necessitate building capacity of local therapist in specialized treatment modalities. Family support will include family education and engagement, a variety of informal and therapeutic playgroups, and child supervision. These services will be within a research and educational structure so that adult learners gain and share new, more effective skills.

### **The Center Facility**

The state-of-the-art technology in conference and meeting rooms will offer professional development opportunities on site, remotely broadcast, and recorded and archived, to make learning accessible across the North State. There will be case management and counseling rooms for sensitive service provision. The Family Room will feature adaptive use of family playgroups and gatherings, as well as professional respite for trauma recovery. There will also be shared office space to encourage collaboration among the multi-disciplinary professionals occupying The Center to do their work. The outside of The Center will highlight the park-like setting with whimsical and artistic architectural design.

### **Return On Investment**

Continuing to under-source services and learning for young children in the community comes at a great financial and human cost. The county can no longer bear this way of doing business. *It is time.* It is time to invest in the community: in the recovery from the immediate crisis of the Camp Fire, in long-term healing of intergenerational trauma, and in effective services, learning, and support of young, developing children who are the future of the

community. The Center is the investment that will establish a new, thriving generation.





# Community Transformation

*It is the dawn of recovery and transformation for Butte County and the rural North State. While intergenerational trauma in the county is well-documented, and the survivor aftermath of the 2018 Camp Fire is apparent in every part of residents' lives, there are new, innovative and profound opportunities on the horizon.*

Transformation begins in the current condition with hope for what comes next. Butte County has extraordinary levels of acute and long-term individual, familial, and community trauma. Young children have been woefully underserved and historically under-resourced, especially with mental health and behavior support. There are not enough professionals, services, and resources to address this dynamic, and there is a significant short-fall for what is needed to recover. Change begins by understanding the needs and strengths of the community in order to take the first transformational steps.

## **2018 Camp Fire**

In early November 2018, the Butte County communities of Paradise, Magalia, Concow, and Butte Creek Canyon were decimated by the Camp Fire, the largest and most destructive wild fire in California history. The fire displaced nearly 50,000 residents, including thousands of children, into surrounding towns. The fire swept through the community in a matter of a few hours. Families had to literally run for their lives from the blaze, which led to the confirmed deaths of 85 people who were unable to escape. The short-term impact is reflected by families being divided and displaced

throughout the North State, living in hotels, doubled up with friends and extended family, and newly made homeless, living in shelters, trailers, and tents. The trauma of this incident has extended into the full county as the human, financial, environmental, employment, child care, housing, and wellness impact is shared in recovery. It is yet known the true long-term impact of a fire with such unprecedented devastation, but research indicates that there is a predicted significant spike in mental health issues two to five years after a disaster. Trauma recovery for residents, and in particular young children who are embedding the framework of emotional resilience in their brain development, will be exponentially challenged in the coming years (American Academy of Pediatrics, 2018).

## **ACEs Scores and Toxic Stress**

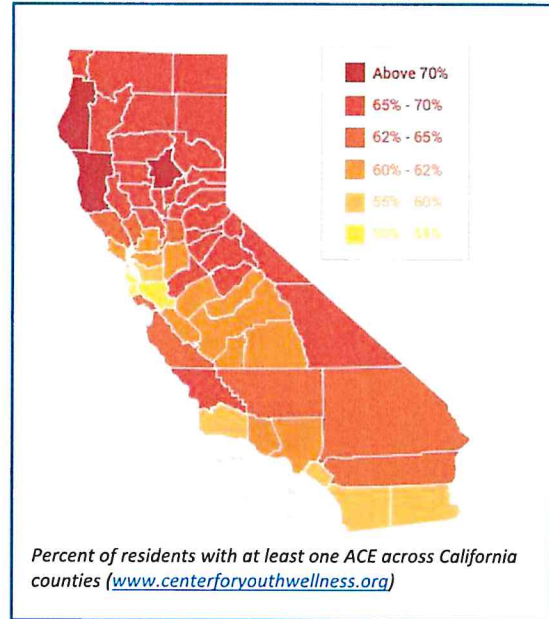
Healthy development can be derailed by excessive or prolonged activation of stress response systems in the body and brain. Toxic stress has damaging effects on learning, behavior, and health in early development and across the lifespan. Butte County is intensely impacted by widespread trauma. Adverse Child Experiences (ACEs) are reliable indicators of physical health, emotional well-being, and cognitive functioning in adulthood. The identification of ACEs can also be used as a tool to provide early intervention for youth who have experienced significant trauma, to then begin the process of healing and recovery (Center for Youth Wellness, 2014).

As of 2013, Butte County had the highest prevalence of residents living with one or more ACEs in California at 76.5 percent of residents. Further, 30.3 percent had experienced four or more ACEs. These high rates of trauma contribute to many of the observed physical, mental, and social issues multiple systems struggle to address. The community needs expanded access to trauma-informed and multi-generational treatment modalities to interrupt the cycle of trauma, maladaptive coping strategies, and psychological distress that pervades family structures.

Young children struggling with coping, trauma recovery, and the development of social and emotional skills demonstrate this through challenging behaviors in multiple settings. The byproduct is that often adults (parents, caregivers, and preschool staff) experience secondary trauma, compassion fatigue, and the development or exacerbation of other mental health conditions. There is a generational cycle of trauma, maladaptive coping strategies, and psychological distress that pervades family, educational, and social structures and dynamics (Yehuda, 2016).

### Community-wide Challenges

Butte County is a low-income and under-resourced county, faced with many socio-economic burdens. Approximately 20 percent of persons in the County meet or fall below the federal poverty line, compared to 14.3 percent in California and 12.7 percent nationally (California Budget and Policy Center, 2014). The lower socio-economic status is often generational. Our families also struggle with higher rates of unemployment, incarceration, financial instability, food insecurity, maternal mental health disorders, and substance abuse and dependence (Feeding America, California Sentencing Institute, U.S. Center for Disease Control and Prevention, Kidsdata.org). Approximately 28 percent of residents are enrolled in Medi-Cal, compared to roughly 18 percent of Californians (DHCS 2018; US Census 2017). The foster care rates in the county are nearly twice that



of the state with 338 children, infant to age 10, in placement as of January 1, 2018 (CCWIP 2018a).

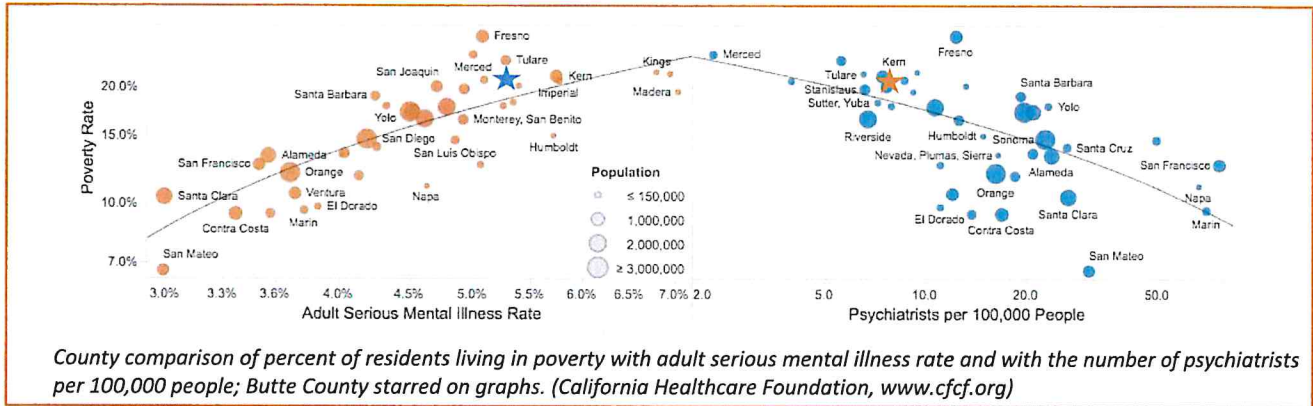
### Mental Illness

California's poorest areas often have the highest rates of mental illness with the fewest mental health professionals to provide treatment. This is certainly the case in Butte County. Over five percent of the county population had a serious mental illness in 2009 (defined adults 18 years and older with a mental illness that impairs their ability to carry out major life activities). Yet, the number of psychiatrists in 2012 was only 8.6 per 100,000 Butte County residents. The graph below stars Butte County on the California counties chart, illustrating Butte County's comparatively high poverty rate, high percent of people living with a serious mental illness, and the low number of psychiatrists (California Department of Finance, California Department of Health Care Services, California Office of Statewide Health Planning and Development, Public Policy Institute of California, and California Health Care Foundation, 2019).

### Rural Barriers to Mental Health Treatment

Moreover, rural, remote and frontier communities such as Butte County face distinct challenges in connecting services to children and families. This is





because of the availability, accessibility, affordability and acceptability of behavioral health services. Barriers include the distance, time, and difficult terrain between localities; lack of an efficient, effective, or far-reaching public transit system; families living in geographically-isolated micro-communities; social stigma attached to seeking services; difficulty in finding services for people experiencing mild to moderate symptoms; and a limited number of qualified specialists available to cover the vast majority of the county territory. Consequently, rural residents enter care later in the course of their disease, with more serious, persistent, and disabling symptoms; thus, requiring a more expensive and intensive treatment response. (National Rural Health Association Policy Brief, 2015).

### Relational Adults and Children

The mental health needs of young, developing children are unique. They are inextricably tied to the mental health and relational capacity of caregivers and other adults in a child's life. In order to support the development of young children, the county must have a system that understands and responds to childhood exposure to trauma in a supportive, authentic and healing manner.

Early experiences of toxic stress can affect the development of the brain architecture, weakening the foundation for future learning, behavior, and health. However, the physiological effects of trauma occurring in a child's stress response system can be buffered if they are in an

environment with supportive adult relationships (Center for Development Child, Harvard University, [www.developingchild.harvard.edu](http://www.developingchild.harvard.edu)).

### Expulsion Rate

Children who have been exposed to acute or on-going trauma and toxic stress often exhibit challenging behaviors or delayed social emotional development. Traditionally, child care providers, even those who have advanced degrees, are not trained in approaches and strategies to support young children's development through the necessary healing and transition from trauma. As a result, with the rise of these challenges, there has been a rise in professional burnout and compassion fatigue, as well as preschool suspension and expulsion rates.

Nationwide, as many as 17,000 preschoolers were expelled from private and public preschools, and 50,000 young children suspended at least once last year (Center for American Progress, 2018). What's more, over a decade ago, it was identified that preschool expulsion rates were triple that of K-12 students (Child Development and Social Policy, 2005). Local statistics on preschool expulsion are not readily available due to the fact that there is no industry monitoring system to collect the data. Nevertheless, anecdotal data through the Butte County Local Child Care Planning Council supports the claim that there has been a sizable increase in expulsions for young children because care providers are at a loss on how to intervene and often are unaware how to support recovery from

the emotional, social and physical toll it takes on caregivers and the other children in their care.

Expulsion, in and of itself, can damage children's self-esteem, affect their learner-identity, set them back academically, and increase the likelihood that similar discipline outcomes will occur again. Further, it intensifies the challenges faced by families, including but not limited to, the impact on caregiver employability.

In fact, the rising number of preschool expulsions led to a new California law (Assembly Bill 752) restricting expulsions unless certain intervention strategies are put in place. The purpose of the law is to curtail pushing out preschoolers for disciplinary and behavioral reasons. Yet, the bill did not allocate resources for educators or specialists to implement intervention strategies to support children in developing better self-regulating behaviors (Ed Source, 2016).

#### **Lack of Mental Health Expertise and Resources**

There is a need for more innovative and specialized mental health and therapeutic services for young children, as well as a trauma-informed system of support for those caring for young children in Butte County. To address this, there must be an expansion of access to specialized, trauma-responsive, multi-generational, and cross-sector treatment modalities offering community level education and system collaboration. Treatment and support must be offered in multiple modalities and environmental settings in order to connect services to young children and families.

Butte County suffers from a significant lack of mental health professionals and services for young children. Few professionals have the specialized training to provide mental health support for young children. A local analysis showed only six therapists who have completed specialized clinical training. Therefore, even in clinical settings, many children are not receiving the type of treatment appropriate for their developmental needs.

Early childhood mental health is unique, and while one-on-one in-room therapy may be beneficial to some young children, mental health consultation in infant and Early Learning and Care settings is an evidence-based approach that promotes positive mental health outcomes, allows for prevention and management of early childhood trauma, and utilizes intervention strategies that are effective in supporting young children. Yet, this model is wholly untested in rural settings.

Caregivers and educators with little training in mental health or trauma recovery strategies are faced with the need to support young children as they navigate their social emotional development, alongside the intense early and multigenerational trauma that is so remarkable for Butte County. As a result, trauma manifests itself in children's challenging, reactive behaviors.

#### **Preparing for Transformation**

Butte County communities are struggling, and stakeholders are seeing that play out through the lives and outcomes of young children. There needs to be a cultural shift in systems design, where relational capacity is prioritized, social-emotional development is encouraged, and social determinants of trauma are addressed and healed.

Nevertheless, as will be clearly identified in the following sections of this report, the Butte County community has exceptional resilience and vision for transformation. The Center for Learning and Resilience will rely on these assets:

- Extraordinary individual and collective expertise across many sectors
- An old building needing a new purpose
- Passion for supporting young, developing children to learn and thrive
- Desire to change the trajectory for our community
- Belief that we can make a cultural shift that allows us to become more than victims of trauma, but instead a model of recovery, learning and resilience for the North State



# Collaborative Design Process

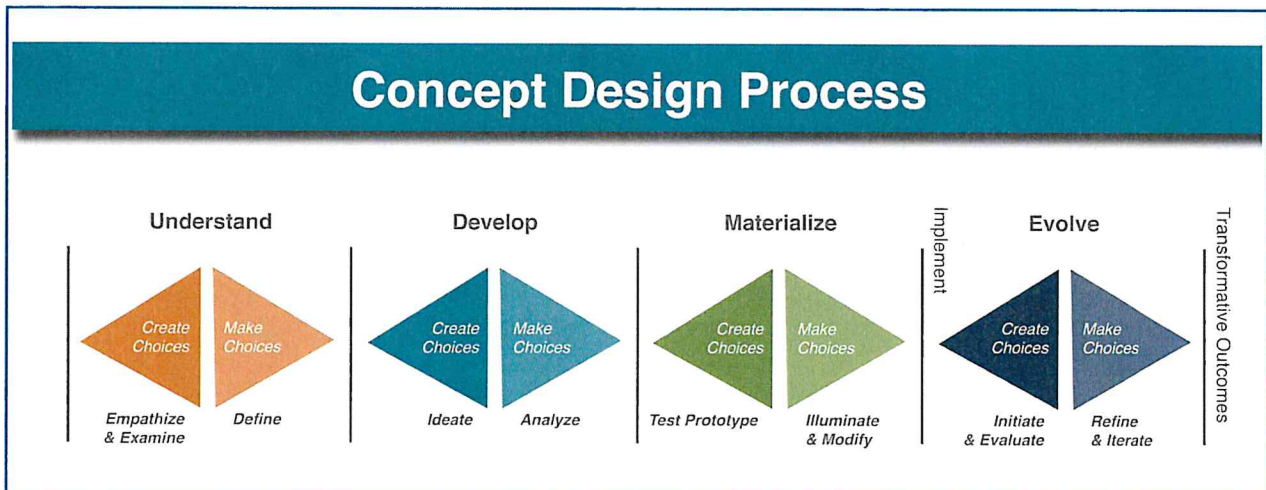
*There is a collective impact when there is a commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem. (Stanford Social Innovation)*

Addressing generational and acute trauma in Butte County began with intentional assembling of representatives from the community. Approximately 25 cross-sector champions brought forward their perspective, expertise, commitment, and resources in an innovative and extensive planning process. Collectively, it was agreed that the process of designing The Center must be different if, in fact, the results would change the trajectory of children’s lives within the community.

The champions formed The Center Planning and Development Committee and from the very first meeting, the members agreed to think and act differently. They would integrate trauma-informed

principles and practices in all interactions and decisions. They would embrace unfamiliar, creative and abstract thinking. What they had been doing wasn’t working – at least at the pace or depth that would be transformative – so they agreed to recall their creative sides and balance that with profound analysis of facts. They decided not to form The Center based on their respective programs and agencies but truly breakdown silos to design something for the community. After that was decided, they built the infrastructure with collective resources invested in seeing it to fruition.

A Concept Design Thinking Process was developed to guide the development of the system, services, and approaches. The process was divided into four phases, each involving the collection of ideas or choices, and then analysis of those choices to gain focus toward the desired outcomes.



The **first phase**, the **Understanding** phase, accessed nationwide research and local data to gain understanding and define the needs and resources of the community. The committee gathered qualitative and quantitative data:

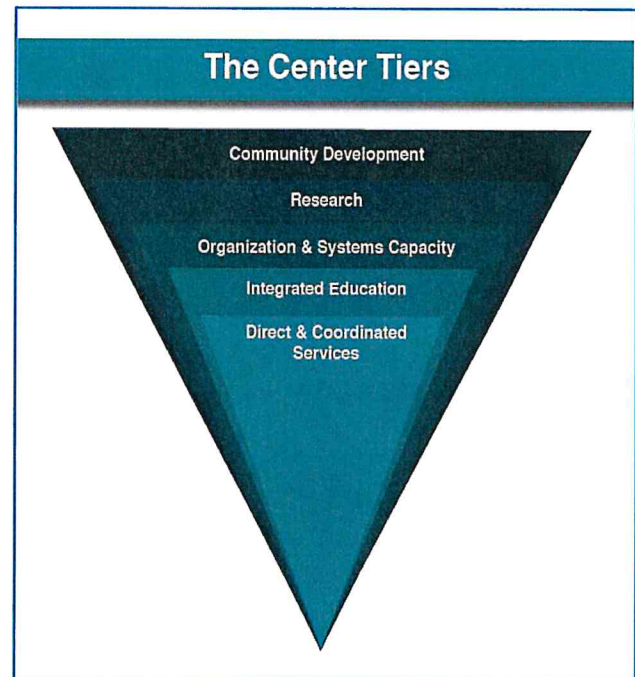
- to select research-based programs and approaches, particularly those pertinent and adaptive to rural communities;
- to identify the unique needs and challenges of the community, as well as the specific developmental and mental health needs of young children;
- to recognize existing community resources that would align with quality services; and
- to isolate what services, systems, and approaches were missing in the county that could be incorporated at The Center.

#### Community Consultation

African American Family Cultural Center  
 Butte College, Child Development Department  
 Butte College, Foster/Kinship Care Program  
 County Board of Supervisors  
 County Court  
 County Local Child Care Planning Council  
 County Victim/Witness Program  
 CSU Chico, Art Department  
 CSU Chico, Center for Economic Development  
 CSU Chico, Civic Engagement  
 CSU Chico, Environmental Psychology  
 CSU Chico, Interior Architecture  
 CSU Chico, Psychology – Graduate Therapy Program  
 CSU Chico, Social Work – Graduate Therapy Program  
 FourWinds school  
 Hmong Cultural Center  
 Inclusive Child Care Workgroup  
 North Valley Community Foundation  
 North Valley Indian Health  
 Parent Consumers  
 Private Practice Therapists  
 Remi Vista, Youth and Family Services (501c3)  
 Steps to Quality Consortium  
 Stonewall Alliance  
 Student Consumers

Beyond the data collection and insights gathered from the Planning & Development Committee representatives, we consulted with a variety of community members who hold insight into the needs and resources of the county.

What resulted from the Understanding phase was the development of a five-tiered framework. These tiers became the foundation to months of planning, crossing over the subsequent Development and Materialize phases.



The **second phase** was **Development** and involved ideation of services, approaches and systems based on the understanding of the diverse committee. Then through a series of facilitated exercises, the theorized best ideas were selected, prioritized, and placed on a timeline for implementation over five years. The extensive planning was developed within a five Tier framework. These ideas led to the design of programs, strategies and approaches, which are described herein.

The **third phase**, the **Materialize** Phase will hone the decisions into a prototype which is in the process of being tested. A service prototype is a



collection of ideas about how to help a human or community condition. The Center prototype will be tested to gauge the acceptance of the planning ideas prior to the introduction of the services. This will help reshape and refine ideas so they have greater potential for stakeholder adoption, and to ensure they compassionately and effectively meet community needs, while saving time, money, and protect credibility.

1. Professional county-wide leadership
2. Social service professionals
3. Mental health therapists
4. Education professionals
5. College professors and faculty
6. Field study / workforce coordinators
7. Student consumers
8. Family consumers

The prototype test will involve eight stakeholder groups. Each group has an audience-specific strategy to acquire information; assessment strategies might include interviews, focus groups, or surveys.

This phase is particularly important to acquire more in-depth insight and feedback from family consumers who were not consistently involved in the first two planning phases. Family consumer efforts will involve surveys, interviews, and focus groups held at preschools and child care settings, parent support groups, library story hours, family community centers, and in-home visitation

with particular awareness to underserved populations. In Butte County, those underserved populations may be culturally, ethnically, and

racially diverse, but also include families that are isolated in remote rural communities with few services or support systems.

Additional consumer interviews or focus groups will take place with cultural and interest groups as an entrée into long-term, honored relationships. Newly discovered strategies and approaches will be integrated into The Center implementation.

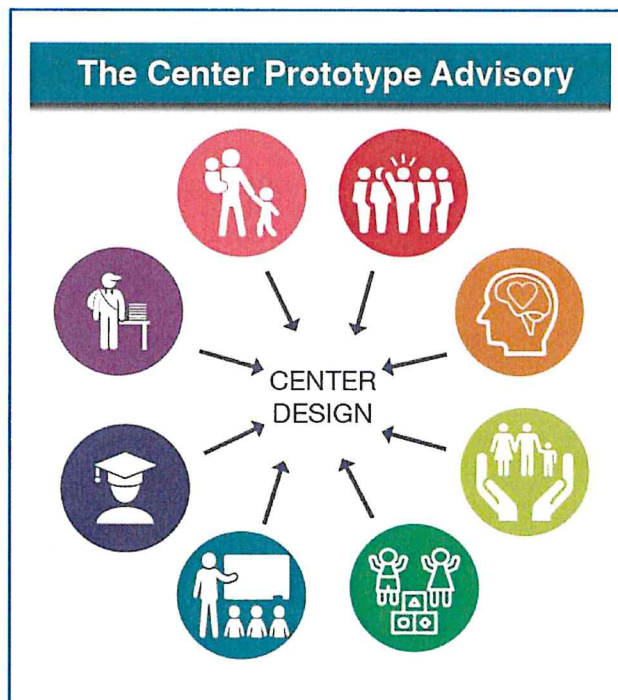
By the end of April 2019, the research strategies will have been implemented and data collected for all eight stakeholder groups. The results will be evaluated by the research subcommittee and recommendations formed regarding additional testing. The Planning and Development Committee will modify the program design prior to the implementation process. Once implemented, a sophisticated evaluation plan will lead to an on-going analysis and evolution of The Center.

**Implementation** of select components may occur immediately. Committee members recognize their community is in crisis and these trauma-responsive

approaches and services are needed now. Therefore, while The Center facility will not be fully re-purposed until December 2019, many of the services may begin through collaborative partnerships, which were advanced through The Center planning process.

The **fourth phase** is to **Evolve**. The vision is to fully integrate research and evaluation into the work of The Center so that there is a continuous opportunity to learn and

refine the education and services provided to children, families, and the community.





# Collective Vision

*“Young children are surrounded by a community of skilled and compassionate people” is the vision of The Center for Learning and Resilience.*

As many great projects do, the efforts of The Center Planning and Development Committee began with articulating a vision. This established a solid focus on the developmental needs for young children and acknowledged the inherent necessity of young children to develop in relation to adults. Also, that adults – family members, educators, social service providers, leaders, and decision makers – can best support young children when they have specific skills and personal wellness.

Research clearly indicates that relationships are integral to the developmental success of young children. Responsive relationships and positive experiences build strong brain architecture. Reciprocal, regulated, dynamic caring interactions provide what nothing else in the world can offer young children – experiences that are individualized and built on children’s capabilities and interests – to help shape self-awareness and stimulate growth and development. Relationships with adults offer powerful stress-protection that can literally block excessive activation of stress hormones and can counterbalance the lifelong consequences of adversity. Therefore, building relationships in, and the capacity of, adults who are important to young children changes the trajectory of development, healing, and the ability to learn.

The mission also focused on personal and community capacity and relationships as a means to supporting young children: **We nurture individual, relational, and community capacity so that all children have the opportunity to learn and thrive.**

From there, The Center Planning and Development Committee established guiding trauma-responsive principles that describe how services will be provided, how relationships will be formed and sustained, how decisions will be made, and what professional values are collectively ascribed to.

The Center is a comprehensive approach to services, organizations, and systems capacity development to address trauma and support learners of all ages.





## **PRINCIPLES of The Center for Learning & Resilience**

### **Collaboration**

We understand without true collaboration the mission of this Center will not be successful. We believe that when people come together in relational partnerships, with a deep commitment to the common good, the resulting synergy will result in creative, results-driven outcomes that can especially benefit our rural communities. We understand that true collaboration is more than just “cooperating” with one another; it demands an intentional willingness from each individual and organization to share power and implement an accountable governance.

### **Community**

We know that the well-being of all people – and in particular children – reflect the values of the community. Social, organizational, and political systems change, and their capacity developed, when we draw from the strengths and diversity of community members and groups. We see the communities in the North State as having capacities unique to their size and place. We seek to respond to the challenges of service delivery in rural, small communities. We are partners in strengthening rural communities.

### **Cultural Humility and Responsiveness**

We are aware of our own identities and privilege. We are knowledgeable about how different social and cultural groups experience the world. We seek information so that we can be culturally responsive in our work.

### **Empowerment & Resilience**

We believe that people overcome challenges through empowerment and resilience, and that we can support others by honoring equity, choice, personal strengths, connection, hope, and valuing ourselves and others.

### **Innovation**

We will transform the care, education and supports offered to young children and achieve breakthrough impacts for our community. We will accomplish this by being relentless in our practices, grounded in research, nimble in our design, and timely in our evolution. The collective will inspire the community to adopt trauma-responsive principles and practices into their programs and systems, changing the trajectory of outcomes for our future.

### **Relationships & Compassion**

Humans live and grow in the context of relationships. We believe that relationships hold the key to healthy growth, learning, and thriving. We prioritize building relational capacity directly and indirectly to influence those we work with and serve in a genuine, compassionate and empathetic way.

### **Safety and Stability**

The Center recognizes that increasing safety and stability in our daily lives leads to less stress and increases well-being. Everyone deserves both physical and emotional safety. The Center endeavors to provide safe environments and processes by embracing and promoting reliable, consistent, trustworthy, and predictable practices and relationships with the community.

### **Transparency**

We believe that transparency is a critical component of each of the principles listed above, and that none of these principles can be fully practiced if a commitment to transparency does not exist. We actively practice honesty, open communication, and accountability in all of our relationships, both at the individual and organizational level. We commit to being willing to share and receive feedback and information, even when it may be uncomfortable to do so.





# Community Development

*Long-term sustained healing happens in community.*

The Center will invest in community development to address the widespread adverse childhood experiences and trauma. This will be done by ensuring the following:

- The immediate and long-term trauma recovery of the community to wellness is the priority of work;
- Center leadership will be experienced, diverse, and distributed across expertise and interest;

- Trauma-responsive and culturally-humble approaches are foundational to the individual and collective work;
- Research and evaluation is the guide to evolved, responsive services; and
- Resources are acquired, sustained, and prioritized according to the vision of The Center.

Once this trauma-informed approach is mastered at The Center, it will have a profound ripple effect to strengthen other community partners, transform Butte County systems, build capacity in

## The Center Community Development



Policy and Legislative Advocacy and Change



Rural and Isolated North State Community Capacity Building



System Transformation Across Sectors and Communities within Butte County



Intersegmental Partnership Revolution



**THE CENTER**  
MODEL OF TRAUMA RESPONSIVE INNOVATION

- Community-wide transformation from crisis and trauma to wellness
- Leadership: experienced, diverse, distributed
- Trauma informed approach
- Services and education
- Research and evaluation
- Resource acquisition and sustainability
- Community-based and responsive



the rural North State, and ensure a voice at State policy and legislative levels.

Butte County's Adverse Childhood Experiences (ACEs) score has brought new attention to the high-level, widespread trauma in the county. Trauma is pervasive. In addition to the impact of trauma on the individual, there are negative impacts from trauma on relationships, organizations, and the community. Communities can experience collective trauma, but just as individuals can heal from trauma, so can communities.

Despite the increase in national recognition and the predominant focus for addressing trauma, much of trauma intervention remains at the individual level. The Planning and Development Committee realizes as service providers and educators, they do not typically focus on broad community change and they will learn to shift focus from not just healing individuals but healing the community.

Healing happens through personal, relational, and community capacity development. Systems, networks, neighborhoods, localities, and communities which comprise our county, will access and modify our approaches, practices and decision making to focus on community healing. Like individuals, communities heal by building on assets, connecting people, investing in relationships, and creating spaces for positive interactions. Through that process, individuals and the community become stronger and more resilient -- in fact, reducing the need for services.

The Center is demonstrating **investment** in community development by prioritizing effort and resources to hire a Center Director that will oversee this work. The Center Director will advocate, educate, and facilitate community development and community building efforts throughout Butte County and the North State. It is anticipated that the community-based efforts will quickly gain credibility, that The Center will serve

as an innovative model for other counties, and that Butte County will become a leader in healing-focused rural community development.

Our community is enduring an unprecedented time as a result of the Camp Fire. There is a need for immediate extraordinary measures invested into the recovery of our community and each of the individuals and families that have been impacted, directly or indirectly. The strength of the community will lead to substantial recovery, yet it is clear that a **long-term commitment** from within and outside the county will be essential.

Community will be the solution. There will be a collection of diverse stakeholders, especially diverse families, representing cultures, income levels, abilities, and neighborhoods as part of The Center to develop a new way of leveraging **strengths**.

The Center Director will lead the collective partners across sectors in conducting **research** with shared measurement goals which meet the needs of the community. Outcomes and information that matter to the community will be readily shared. Research and evidence-based outcomes will inform the community, drive decision making, and improve outcomes for children, families, educators, and other people who impact the lives of children.

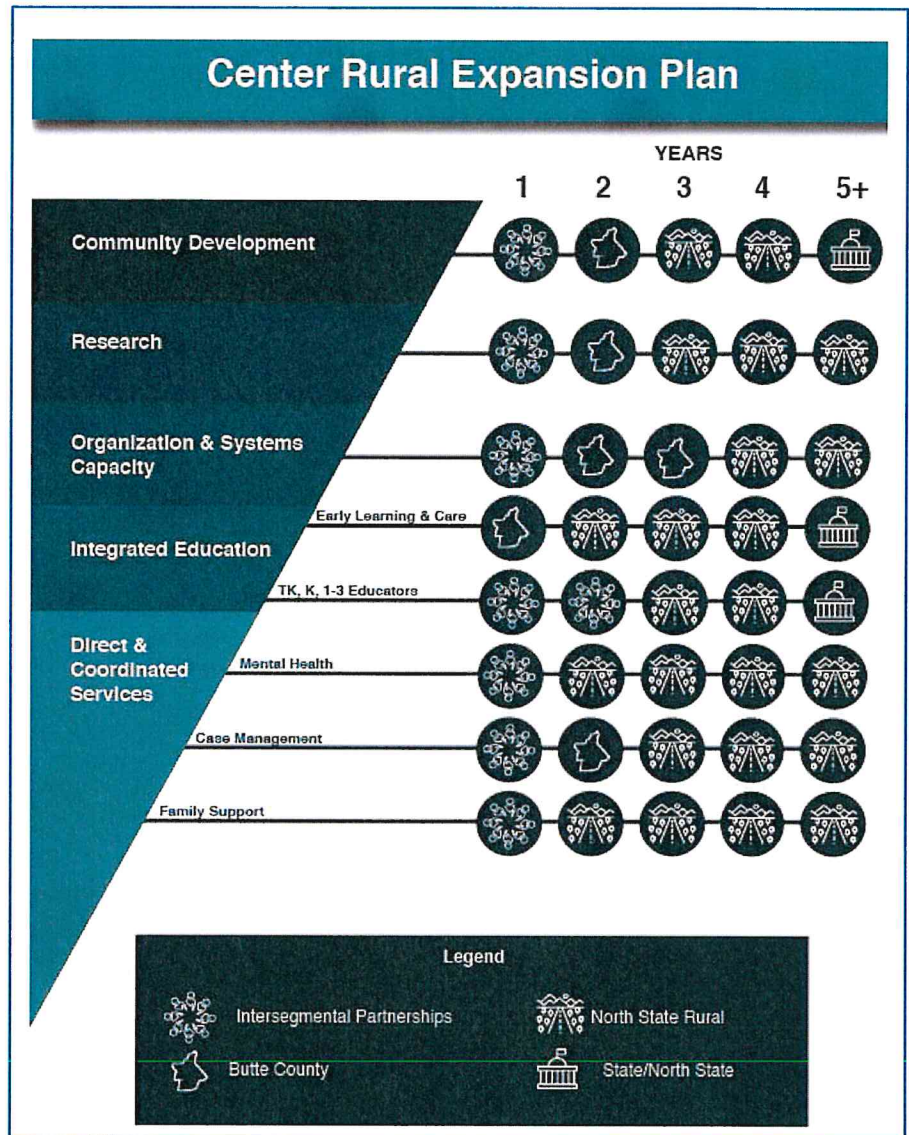
The Center is choosing to focus on early childhood trauma because of its prevalence and unique impact on the developing brain. Early childhood trauma affects children, parents and families, early learning and care programs, and society. Therefore, there will be relentless **advocacy** for improving the quality, quantity, and complexity of care and resources invested in the healing infrastructures for young children. Further, awareness campaigns, media, and targeted messages will keep young children in the forefront of community priorities.

The Center will be a **model** of how a trauma-informed approach is embedded into a professional culture. The intersegmental partnership will actualize decisions about who they are, and how they do what they do, then share the value of that cultural shift with the community. Outcomes will be recorded and communicated in such a way that the community will identify with the work, and it will then become integrated into the expectations of the community.

Distributed **leadership** will be formed with a shared vision, and leaders will align agendas, networks, systems, and resources to support a shared goal. They will use science to drive new ideas, encourage intentional risk taking for the purpose of learning, find constructive dissatisfaction with current best practices, and share knowledge and resources based on new outcomes.

Social change occurs when **systems** are transformed, not just improved. Trauma responsive practices will be integrated through a network of public and non-profit service providers so that change is embedded in community-wide, interrelated systems. There will be a collective movement of forward-looking investment and change.

Administrative **expertise** will be offered to modify logistics, policies and practices that will assist organizations and systems to integrate trauma-informed principles into hiring, training, reflective supervision, relationships, documentation, data collection, services, and reporting. Weaving these principles into policies and practices will invest in long-term sustainable growth.



In order for community-wide healing to occur, there will be changes in **policies, legislation, and funding priorities** set by elected local, state and national leadership. The Center will earn decision maker commitments and persuade a new breed of investors. Securing and sustaining funding will be a priority. There is a financial and human return on investment for making a social shift, and a cost benefit analysis will be created to illustrate that for philanthropic and public leaders.





***A system cannot be truly trauma informed unless the system can create and sustain a process of understanding itself. (Dr. Sandra L. Bloom)***

Research, evaluation, and innovation are inextricably connected at The Center. As industry-wide research and local data were considered in the development of The Center planning, they will also be integrated into its on-going work. Collective goals will be developed to align the work of all programs and organizations at The Center, as well as to evaluate success. There will also be program-specific evaluation. In this way, The Center will be an institution of both new and rural replicated best- and emerging-practice research.

All of this will be accomplished through the use of shared client software, standardized assessments, evaluation consultation, access to CSU Chico and Butte College research expertise, and robust data monitoring protocols.

Research and innovation are crucial to The Center mission. There will be an element of curiosity and exploration that will be honored in the collective and innovative work that is done:

*What about this works?*

*What are the key ingredients of how it works?*

*What are the underlying mechanisms?*

*For whom does it work and for whom doesn't it work?*

*In what context does it work or not work?*

Research will be considered in a team of researchers, practitioners, community members, and families who are ready to co-create science-based theories of change, address underlying causes, resolve unmet challenges, and rapidly adapt to learning.

Research and evaluation planning includes 1) testing prototype ideas to modify innovative strategies for implementation, 2) documenting the design process for qualitative analysis, 3) evaluating The Center approach and practices, 4) replicating best practice research, 5) developing new innovative research opportunities, and 6) supporting individual program evaluation efforts.

### **1) Testing The Center Prototype**

The third phase of The Center's Concept Design Process will test the prototype. For profit businesses bring their products to life in the development stage by testing a prototype in its market. A prototype of The Center will be formed to acquire feedback from consumers: families, child care providers, students, educators, and professionals. The resulting insight will illuminate the next phase of development decisions.

### **2) Concept Design Process**

The innovation of The Center is supported by a concept design thinking process, and consideration of Theory of Change and Collective Impact models. Documenting the process and outcomes may serve as a model for other community development ventures.

Documenting the Committee learning (concrete versus visionary planning), wishes (time and money), and community impact (locality, community, remote, rural), and outcomes (children, families, professionals, community) will serve as a foundation for funding acquisition, and will inform other communities as they strive to make change.

### 3) Research and Evaluation of The Center Approach and Practices

Evaluation is built into the development of The Center. At initial implementation, hypotheses will be developed, and baseline data gathered so that the concepts and services may be evaluated and, consequently, modified for improvement. This evaluation will require a cooperative effort from all intersegmental partners to gather, record, and manage the data to net cumulative knowledge and growth. In addition, the innovation of The Center will be evaluated on a macro level involving stakeholders and leaders in order to inform future investment decisions about transformative outcomes.

### 4) Best Practice Research

Trauma informed approaches to support the social emotional development, mental health and healing of young children has been researched largely in urban communities. Some of this best practice research will be replicated in rural communities through The Center based on the Committee members extensive review of research literature. The research team will bolster efforts to scale promising programs and

accelerate the adoption of science-based innovation.

### 5) New Research Opportunities

The innovative nature of The Center creates opportunities to conduct new research and pilot new programs. New research might involve specific strategies or the collective approach to trauma-informed practices. Strategic, purposeful assessments will be selected. The research team will foster an environment of discovery to spark new testable claims and will promote flexible ideation and innovation.

### 6) Program Evaluation

Each program will manage its evaluation based on the interests and requirements of its grants and initiatives. Evaluation will include children, families, professionals, and service outcomes for program improvement. Collective learning will be shared and integrated into practices across programs at The Center as beneficial.







# Organization & Systems Capacity Development

***Like people, organizations are susceptible to trauma in ways that contribute to fragmentation, numbing, reactivity and depersonalization.***

*(Trauma Transformed)*

The Center will build organizational and systems capacity in the community through leadership, modeling, training, and consultation. The bedrock of this effort will be The Center itself, established as a model for trauma-informed policies and practices that are organized across and within systems based on a common purpose. The learning of The Center will be analyzed, refined, customized and shared with organizations to support systems change and manifest growth throughout the county.

### **Model Trauma Responsive System**

The Center will be founded as a trauma-informed ecosystem, or an interacting, interconnected community within its environment. It will have the luxury of forming itself instead of reforming itself from an organization muddled in outdated, ineffective, or unhealthy systems. The collection of The Center partners will be comprised from multiple agencies and sectors and will learn from each other to achieve rapid and significant progress toward widespread change. This will be manifest through operational approaches within the building, direct and coordinated services, integrated education, research, and community development.

The Center will serve as a hub of trauma-aware, trauma-informed and healing-focused expertise

and practice. This expertise will be shared with the community to assist organizations shift focus, approach, policies, and practices. Through this effort, a common vision and shared learning will form within and between organizations and systems in the community, and a foundational understanding of trauma will instigate early and deep adoption of promising strategies.

A collective of local subject-matter experts with a shared commitment to common principles will unite to shape and inform organizations ready to embrace and embed trauma-aware principles into their work. In that way, experts from diverse sectors will shepherd an evolving infrastructure of a growing movement. There will be specific expertise in trauma-informed approaches, best practices, research, and curriculum that will serve as a shared resource. Representatives from the collective will be selected - based on their expertise - as leaders to consult with specific projects, organizations, and systems. In some cases, the team will pursue funding that will bring new training and expertise to organizations and systems in the community.

To acknowledge and value our community, regular cultural competence and humility training will be held to consider the gifts and needs of different cultural and ethnic groups. There will be 1) mindful awareness of personal identity development; 2) a change in the words we choose in our communication; 3) in-depth analysis of policies, procedures, practices, and pedagogies that enhance equity-based decision making; 4)

implementation of culturally conscious approaches to support all people and all families of all ages, gender identity, and sexual orientation; 5) integration of culture-specific services such as family healing circles for indigenous community members; and 6) creation of a structure of evaluation and accountability to ensure culturally-humble standards are a priority.

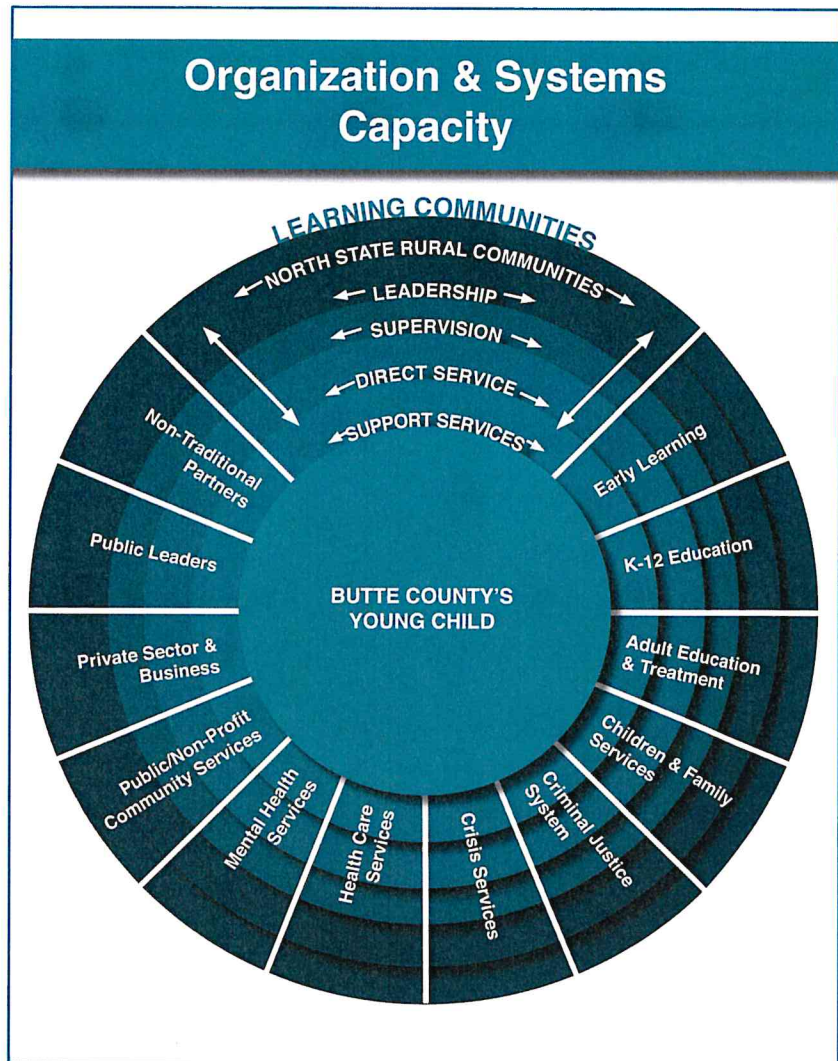
### Early Learning and Care

Early childhood trauma is unique, and it uniquely impacts the early care education workforce as well. There is elevated preschool student suspension and expulsion rates, and increased workforce stress, burnout and turnover. Therefore, there is a need to strengthen the early learning and care workforce by increasing professional leadership capacity:

- offer trauma-informed care;
- provide children with high-quality, stable early learning and care; and
- ensure strong learning, family, and community supports.

The strategies for mental health support and improving trauma responsiveness in early learning and care systems involves leadership capacity building, professional development, and sustained, collaborative learning communities:

- Collaborate with administrative leadership to assess needs, interests, and capacity; and identify what training and support would be beneficial
- Establish Learning Communities of Practice within and across child care centers, family child care homes, and alternative settings and delivery systems (e.g. home visitors)



- Professional development and support subject areas:
  - Trauma informed approach
  - Brain development research, trauma-informed principles, social emotional skills, families support
  - Governance, policies and practices
  - Reflective supervision strategies
  - Curriculum and praxis

### Sector Learning Communities

The goal is to build a trauma-responsive and culturally-humble approach into all organizations and systems that impact young children. Key sectors will include – Early Learning and Care, Education, Mental Health Services, and Children’s



Services – to pilot the first year. Capacity building support efforts will then expand to more sectors.

The strategy will be to develop and lead a cadre of diverse, cross-sector experts to become adept specialists in trauma. As organizations and sectors become interested in doing work differently, a representative from the multi-disciplinary team will consult with that organization with the intensive support of the group. This consultation will likely include professional development, secondary trauma education and support, and leadership evaluation of policies and practices.

The professional support will occur in Learning Communities. These communities will be developed based on the interest and vision of leadership within organizations and systems. Examples of Learning Communities include the following:

- **Role specific within an organization**, such as social workers in a non-profit agency or teachers at a school
- **Role specific across organizations**, such as social workers at both public and non-profit

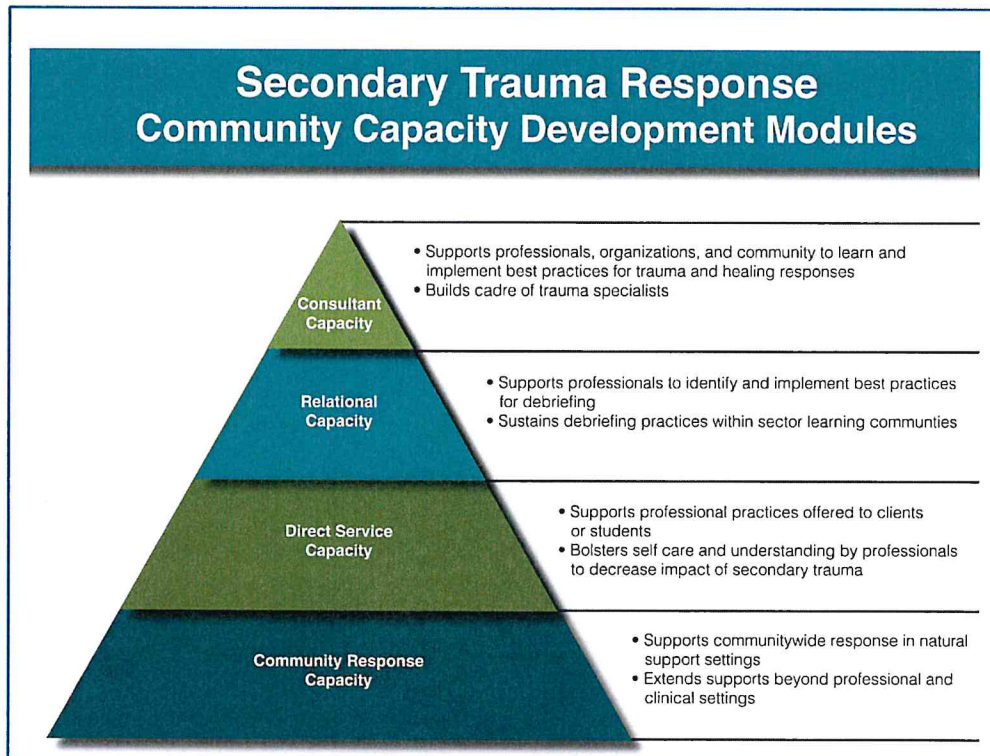
organizations that work with children, or school administrators from different schools

- **Similar roles across sectors**, such as case managers for children’s services, public health, or probation
- **Different roles within an organization**, such as school administrators, teachers, nurses and counselors, secretaries, and custodians

Regardless of the make-up of the learning community, the participants will learn information, standards, and approaches to shift the way work is done that will ultimately impact overall community wellness. In addition, it will strengthen relational capacity essential to trauma-responsive work and which is developed through shared time and effort around a common goal.

#### Trauma Responsive Capacity Development

The 2018 Camp Fire displaced 50,000 people and generated a county-wide need that far exceeds the original plan to build professional trauma-responsive capacity. It exponentially increased the need to help children, families, and professionals in acute trauma, as well as support professionals with



their secondary trauma. Consequently, while plans to train, support, and consult in learning communities remains vitally important, there is an immediate need to increase the number of community members who know how to respond compassionately and effectively to one another in order to rebuild a sense of safety, structure, hope, joy, and belonging. Likewise, we need more trained professionals to meet the community and professional demand, while attending to their own secondary trauma and compassion fatigue. A four-module training program is being envisioned to build that capacity.

#### **Module 1: Community Response Capacity**

##### ***Supports Community Wellness***

Training offered to the community to increase the capacity of not only those professionals that traditionally support trauma recovery, but also those professionals that offer non-traditional support to the community; for example, hair stylists, grocery clerks, bar tenders, babysitters, neighbors.

#### **Module 2: Direct Service Capacity**

##### ***Supports Professional Practices***

Small group (approximately 24) training on primary and secondary trauma to build awareness and introduce tools for how to address trauma in daily practices with clients or students. It will inform participants how to debrief and manage secondary trauma, as well as offer guidelines for establishing a secondary trauma support system. The module will consist of two four-hour trainings.

#### **Module 3: Relational Capacity**

##### ***Support Sector Sustainability***

Participation in the Direct Service Capacity module plus break out groups of eight professionals who engage in monthly facilitated debriefings for four to six months. The outcome of the training and debriefings are to develop the self-sustained debriefing capacity of the small group.

#### **Module 4: Consultant Capacity**

##### ***Supports Organizations and System Practices***

Completion of Direct Service Capacity and Relational Capacity Modules, plus certification for Critical Incident Stress Debriefing (CISD) and Critical Incident Stress Management (CISM). Cohorts of no more than eight will be formed. Upon completion of this module, professionals will be prepared to serve in a leadership position to facilitate debriefings of people in learning communities, as well as support organizations in establishing working environments that support and sustain helping professionals.





# Integrated Education

***Building more advanced cognitive, social and emotional skills on a weak foundation is far more difficult and less effective than getting things right from the beginning.*** (Harvard, *The Developing Child*)

The Integrated Education Tier includes strategies associated with the Early Learning and Care, Transitional Kindergarten through 12<sup>th</sup> Grade Education, and Higher Education. The graphic on the following page illustrates several of the components in the Integrated Education Tier, and how the three educational timeframes are integrated across three years.

Program components are introduced to those educational settings according to the vision of the educational leaders and needs of learners:

- Leadership and capacity building
- Professional development at The Center and at remote learning sites
- Modeling and observation at The Center and at remote learning sites
- Secondary trauma support
- Multidisciplinary training and collaboration
- Mental Health Consultation model
- Therapeutic child care
- Transition to Kindergarten support

## **Leadership and Capacity Building**

Educational leadership will set the pace, scope, and depth of integrating trauma-informed principles and social emotional development education into their learning sites. The Center will stand as a resource for providing an array of services and

supports as requested by educational leaders. Furthermore, rural schools and districts will benefit from The Center, as a hub of high-quality professional development and collaborative facilitator of peers who share ideas, cultures, data, and common issues in a coordinated network.

## **Professional Development**

State-of-the-art technology will be incorporated into the design of The Center so that it may serve as a professional development headquarters for the North State. In addition to an innovative conference room and training facility—remote, web-based, and virtual training will be made available. To expand their impact, these services will be offered at remote sites: preschools, family child care homes, schools, and libraries.

## **Modeling and Observation**

Teacher Child Interaction Training (TCIT) is a professional development, train-the-trainer model, designed to strengthen teacher-child relationship skills and increase teachers' confidence in their ability to manage challenging behaviors in their classrooms. TCIT may be used as a model and observation strategy at sites. Additionally, The Center is introducing a one-way mirror opportunity for training purposes, allowing observation in designated counseling rooms or in a large family playroom. CSU Chico and Butte College Child Development faculty are active partners in the development and implementation of this component.

# Integrated Education Tier

Specialized professional capacity building and remote consultation integrated into multiple educational systems as a response to educational leadership.

	Year 1	Year 2	Year 3 +
Leadership & Capacity Building	 Early Learning & Care Professionals		 TK, K, 1-3 Educators
Professional Development at the Center	 Early Learning & Care Professionals	 College Students & Faculty Leadership	 TK, K, 1-3 Educators
Professional Development at Remote Learning Sites	 Early Learning & Care Professionals		 TK, K, 1-3 Educators
Modeling & Observation at the Center & Remote Learning Sites (TCIT)	 Early Learning & Care Professionals	 College Students & Faculty Leadership	 TK, K, 1-3 Educators
Secondary Trauma Support	 Early Learning & Care Professionals	 College Faculty (Year 1)	 TK, K, 1-3 Educators  Students (Year 2)
Multidisciplinary Cross Training & Collaboration	 Early Learning & Care Professionals	 College Faculty (Year 1)	 Students (Year 2)
CARE Project Mental Health Consultation	 Early Learning & Care Professionals		 TK, K, 1-3 Educators



### Secondary Trauma Support

Access to support for those who teach and care for children who have experienced trauma is vital to workforce vitality, job satisfaction, and personal emotional stability. Individualized support for educators will be offered in the field and therapeutic opportunities will be provided at The Center. Multidisciplinary professionals hosted at The Center will pilot creative and integrated strategies of support in order to embrace The Center principles and to find effective ways to better support educators and other professionals outside The Center.

### Multidisciplinary Collaboration

Instrumental to complex and comprehensive support is multidisciplinary expertise. The Center will be occupied by a collection of professionals from multiple agencies with advanced and diverse expertise. This diverse group of professionals will join together to accomplish the following:

- Organization and systems change consultation
- Secondary trauma support for each other at The Center and in their respective fields
- Expertise cross-training, filtration of complex strategies across sectors
- Child assessment and screening
- Family case planning, management and evaluation
- Resource and referral
- Program, systems, and The Center evaluation

### Mental Health Consultation Model

The CARE (Collective Action for Resilience and Education) Project is a multi-faceted, comprehensive, intensive-intervention, and research-based project. It builds mental health professional capacity and service access at target locations that are most accessible to children, families, and professionals in need. The result is that critical intervention services will positively influence the trajectory of mental wellness and learning readiness for young children.



The CARE Project links all five Center tiers, as well as each of the components under the Integrated Education Tier and the Direct and Coordinated Services Tiers. (See the model diagram following.)

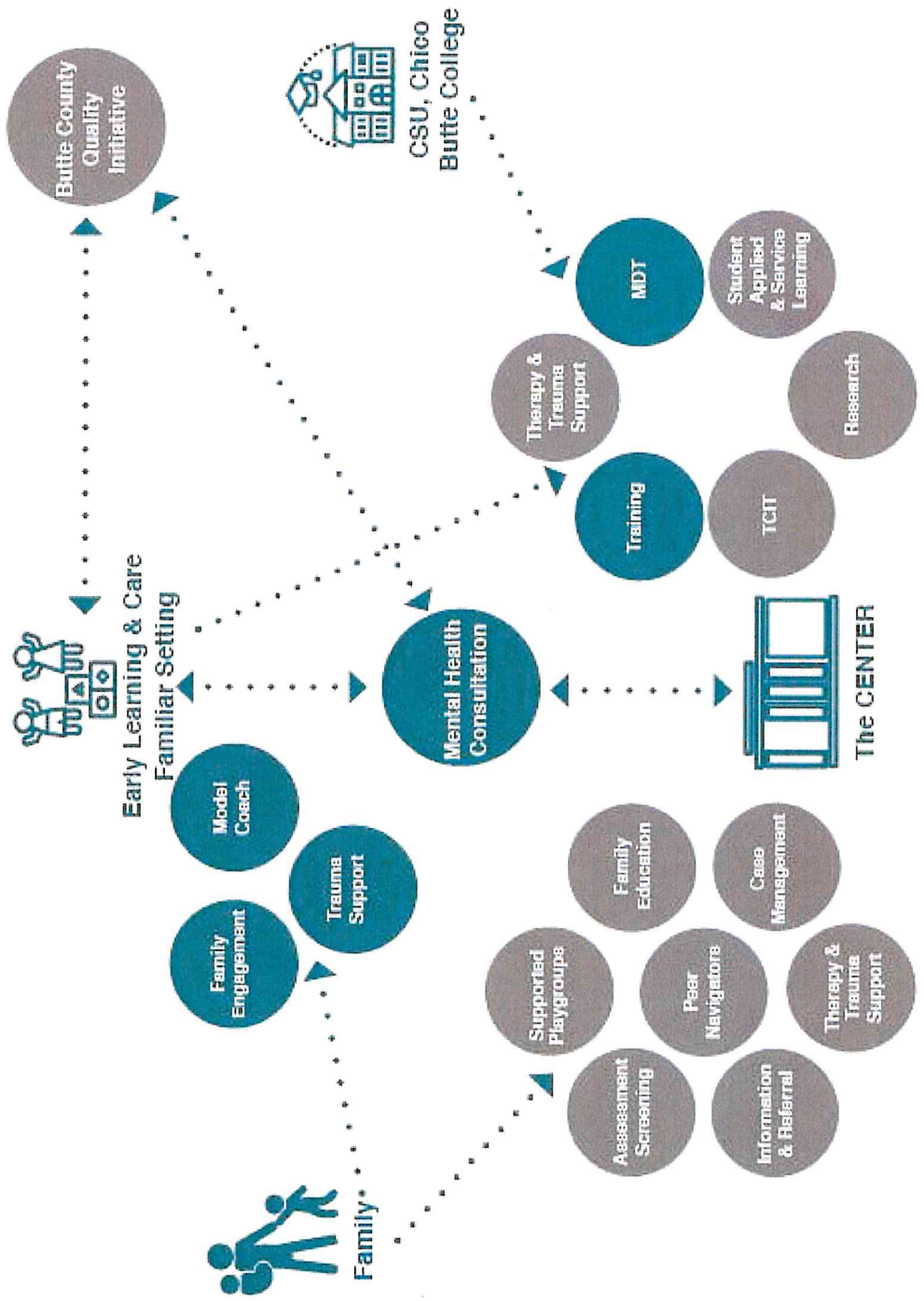
This enhances collaboration on behalf of the children's well-being, and values and employs reflective practice. It also recognizes the critical role and power of positive relationships in supporting the development of young children. It builds on the multidisciplinary collaboration and offers capacity building within the context of family, diversity, culture, and community.

The Mental Health Consultant will be referred to Early Learning and Care sites to support identified young children who have either experienced early trauma or exhibit behavior challenges in the child care, preschool, or family child care home settings. Vetting criteria (based on need, equity and other variables) will be developed to determine how early care and learning programs might be selected.

# CARE Project

## Collective Action for Resilience & Education

The Center is a centrally located, multi-disciplinary service, education and research location. It encompasses an array of programs and services. The CARE Project consists of elements of the overall Center vision which integrate closely with the center-based services, as well as offers specialized mental health support for young children in familiar, and typically remote, settings. This graphic illustrates the full spectrum of the Center, highlighting CARE Project elements in aqua and partner services in gray.





Rural, remote, and frontier communities often have particular challenges with isolation from opportunities, limited on-site resources, and few specialized staff. Often schools become community gathering places with a limited number of staff striving to coordinate complex education, emotional support, family challenges, and community needs. The Center will partner with this smaller community to assess and incorporate the unique gifts and needs of each community into the planning and implementation of programs so that all children and professionals may benefit from the integration of education and mental health support for young children.

At child care centers and family child care homes, early learning Mental Health Consultants will train, model, coach, and support early learning educators. Promoting social competence, coping skills, and addressing challenging behavior will involve establishing nurturing and responsive caregiving relationships, designing high quality supportive environments, developing targeted social emotional supports, and leading intensive interventions.

This strategy brings services and support to convenient, familiar, and sustained locations. The Consultant will be integrated into the child's natural setting to support the child's healthy development, emphasize social emotional skills in a community setting, and nurture responsive relationships. The Consultant will also model and coach the Early Learning and Care professionals in trauma-informed approaches and practices, and social and emotional development instruction, as well as support the staff through their own secondary trauma.

Families will be supported at the learning site through family engagement events and interactions as a learning community. This all supports the child on multiple levels by directly working with the child, the child's family, Early

Learning and Care professionals, programs, systems, and communities.

At The Center, professional development will be provided in the form of formal training, observed interactions with children and families, one-to-one coaching and support for secondary trauma. It trains a cadre of early learning professional based on national best practices, research, and local program pilots through formal training, modeling, coaching, and support. Early education, social emotional development support, child care provider professional development, and parent support are amalgamated into one intervention approach.

Focus areas will include theoretical, practical, and curricular education to build the capacity of early care professionals who support children who have been exposed to trauma and other adversities, and who guide them through social emotional development. Observation and hands-on learning will be facilitated by coaches during formal and informal play sessions, in order to mentor adult learners as they rehearse trauma-informed practices in their interactions with young children and family caregivers.

The Workforce will be sustained through partnering with established professional development programs, particularly those who offer incentives and other supports. Students of higher education and workforce training will have the opportunity to access comprehensive educational opportunities and unique training and observation rooms at The Center.

### **Therapeutic Child Care**

Therapeutic child care centers may be developed as a response to the challenging behaviors that contribute to rising expulsion and suspension rates for young children.

This specialized child care program would be a demonstration site, offering comprehensive and child care with intensive services and quality learning opportunities. The program would include high-quality standards of early learning and care practices, as well as intensive mental health services and psychosocial developmental support, using the acclaimed Head Start Trauma Smart model. As expected, families would be an integral partner to support children and bolster all environments that impact wellbeing. And finally, the program would also be an opportunity for the workforce and university students to observe and train to better intervene and support children.

#### **Transition to Kindergarten Support**

The Center will become proficient in the Mental Health Consultation Model and Intensive Intervention Model in early learning settings and then augment it into elementary schools and districts, with a focus on kindergarten to third grade. Further, as Transitional Kindergarten for All is currently being scrutinized for implementation, The Center Integrated Education strategies may be adapted to meet the inevitable need of schools and districts to provide developmentally-appropriate and research-based instruction for young children.





# Direct and Coordinated Services

*Children need early positive relationships, particularly with their families, to increase their resilience and coping abilities in life.*

One of the primary purposes of The Center is a location for child-appropriate, culturally-humble, multi-disciplinary, evidence-based, and family-supportive direct services to be available to the community. The Direct and Coordinated Services Tier provides services primarily to children (pre-birth to age eight) and their family members, both at The Center and throughout the county. Community-wide analysis has decisively selected the type, structure and system of services to be provided. Yet, it is imperative that consideration is given to the need for these family services for the entire county. Therefore, options for remote and coordinated services have also been ideated.

Direct and Coordinated Services have been developed into three main categories:

- Case Management
- Counseling Services
- Family Support

## **Case Management**

Case Management services will be integrated throughout the intersegmental partnerships at The Center. Navigators will be funded to greet and support families who enter The Center. And while agencies and programs will have specialties, roles will be merged and blended so that there is always someone available to support the diverse needs

and strengths of families. Peer support navigators will be incorporated in order to draw from their expertise of life experience and empathy.

Families and young children will have access to walk-in and follow-up case management services provided by a Navigator who will guide families through the complexities of trauma, child development, parenting, and the associated service systems.

The case managers will have access to a multidisciplinary team of professionals that collaborate on case planning, management and evaluation; multidisciplinary screening and assessment administration; cross-consultation; trauma-recovery case management partnerships; and relevant resource and referrals.

In the broader community, and in remote areas, families will receive support through virtual case management in partnership with schools and the medical communities; resource and referral through Butte 2-1-1's 24-hour call center; and a mobile family support unit.

## **Counseling Services**

Counseling will be available to children up to the age of eight as well as their family members. In addition, professionals serving young children will have access to counseling support services. This will be done by increasing the number of available therapists who have specialized training and prioritizing clinical intervention over logistic

barriers. An ad hoc committee has been formed to facilitate these system changes.

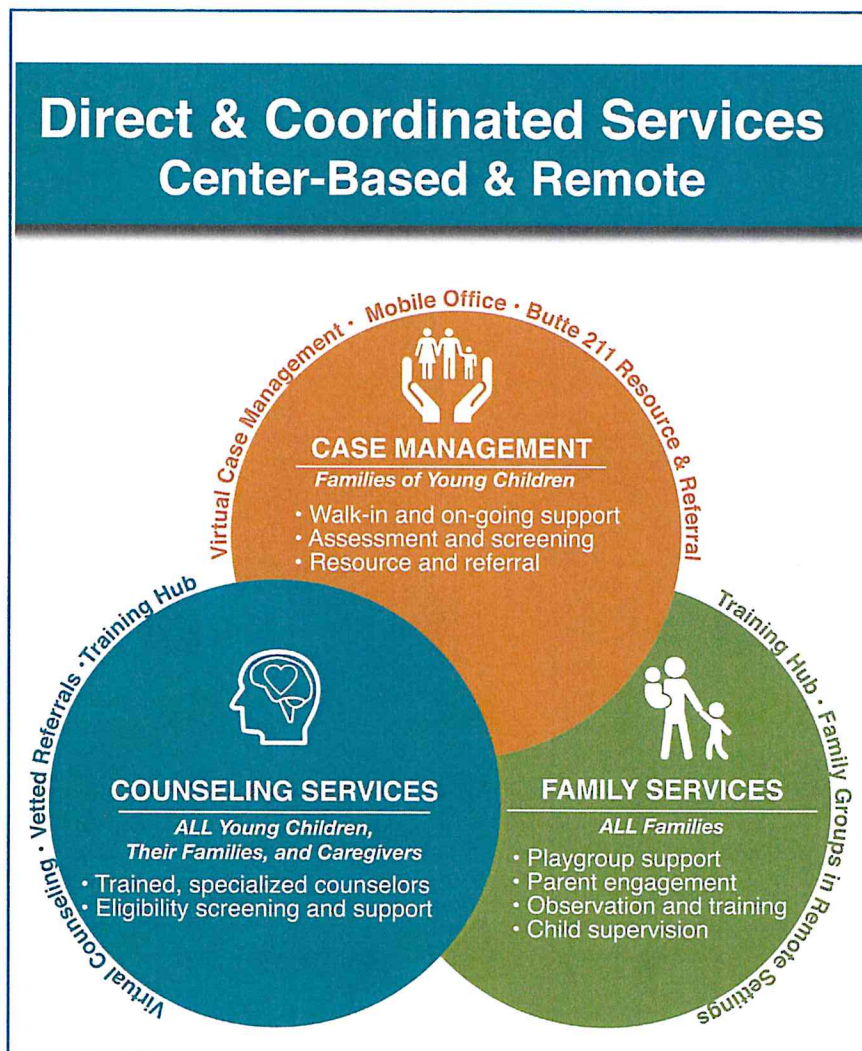
Butte County has few therapists who are specialized in therapeutic services for young children. Therefore, it is a priority to bring professional development to licensed and new mental health professionals in order to increase the number and capacity who can appropriately serve young children. A specialty training module will be brought to The Center to provide needed, appropriate and convenient professional development for local therapists. This will further build learning communities for on-going support and clinical supervision, for those who complete the training.

New partnerships will be formed with CSU Chico to bring instructional and applied education to Psychology and Social Work graduate students working toward a counseling career. Beyond formal training, observation rooms may be utilized to model and debrief interventions in order to hone new specialized skills.

An incentive and sustainability campaign will be formed in order to attract seasoned and newly trained therapists to work at The Center. The campaign will attempt to remove logistical barriers for therapists, such as time spent screening potential clients for insurance eligibility or billing insurance, in order to encourage professionals to focus on treating young children and their families.

Therapeutic Services will strive to transform clinical access by offering counseling to ALL young children and their families who need it, regardless of the payment source; MediCal, private insurance, Victim/Witness, sliding scale, grant funded, etc. This will require a collaborative network of practitioners, funding sources, facility requirements, and eligibility screening support.

The Center will be equipped to accommodate a variety of therapeutic approaches, including Parent Child Interactive Therapy (PCIT). There will be individual child and adult therapy rooms, as well as a family room. Teletherapy will be made





available in one of the rooms, particularly for psychiatric support, which is not readily available in the county.

Mental health support will also be offered to professionals. Therapy for secondary trauma will be available to professionals. In addition, peer support environments will be created at The Center, such as supportive routines and rituals, social interactions, visionary reflection areas, opportunities for self-care in the form of yoga, meditation, and play, and peer modeling and support.

Beyond The Center facility, virtual therapy will be provided through telemedicine, a mobile unit, and a vetted referral system.

### **Family Support Services**

Family Support will be offered at The Center through family education, support and coaching, playgroup socialization, and quality child supervision. Integral to the family support component is an environment that is safe-- and a place adults and children want to be. The Family Support component will rely on the design of a family room that is unique, comforting, joyful, and encourages exploration and interaction.

The Family Support will partner with agencies and programs throughout the county who will have access to the space and who can give and receive referrals for participating families. What's more, CSU Chico will partner in family support through student observation and praxis, and through faculty instruction and research.

Family education will be offered in a featured family playroom and state-of-the-art training rooms. There will be new opportunities to explore family strengthening practices that best meet the needs of families with very young children.

A variety of playgroups will be encouraged, from community-organized "get togethers" to family mentor playgroups, to therapeutic playgroups. The family room will feature a one-way mirror to train students and professionals to better engage with parents and facilitate interventions. CSU Chico and Butte College students might participate in the implementation of these playgroups in a number of ways. They might help with promoting and organizing the gatherings, participate in a direct support capacity, or demonstrate skills where faculty can observe and provide feedback.

Child supervision will also be available in the family room as adult family members receive services or pause for respite. College students will use this as a chance to apply child development and family engagement skills, as well as participate in service learning or internship opportunities.

The family room may be a safe and welcome place for supervised visitation with non-custodial family members.

Remote family support will be offered by establishing The Center as a training hub where skills can be connected to families through multiple media sources, following the preferred trends of young parents. Family groups at learning and play settings will also be encouraged and supported.



## Center Facility

***I belong here. My children belong here. This is a safe place to learn, grow and connect.***

As a result of months of planning and development, the abandoned North County courthouse is ready for a greater purpose. The Center will be a new service, education, and research facility centrally located in Chico, California, within the densest populated city in the county. It is also the location with the highest number of people displaced from the Camp Fire.

The building has a unique mid-century architecture and is conveniently located near schools; CSU Chico, particularly the Child Development and Psychology Departments; downtown Chico, restaurants, and retail establishments; near parks; off the Esplanade, the city's trademark corridor street; and on a public transit line.

The Center building will be a hallmark for family support and mental health services, as well as a beacon for North State professional education and research. The Center will be a technical assistance center and learning collaborative, occupied by a collection of professionals from multiple agencies.

Comprehensive services, such as case management, child screenings, therapeutic services, and family strengthening activities will be provided at The Center through a multi-agency collaborative approach. This will allow multi-disciplinary expertise to effectively address trauma in the community.

The Center will provide spaces for compassionate and efficient client services, specialized therapy and observation rooms, a community family play room, cutting edge training rooms, inspiring meeting rooms, and collaborative work spaces.

The cultural shift will play out at The Center as professionals across multiple agencies unite around daily practices such as morning group check-ins to address challenges, governance, and success; on-site secondary trauma support; self-and-community care opportunities; and regular multidisciplinary cross training, planning, and consultation.

### **Center Feel and Function**

It is crucial that The Center is designed in consideration of the way the people feel in the building in order to reach programmatic goals. The purpose of The Center is to support people through trauma; therefore, the goal of the design should be to welcome and comfort. The consumers include young children, parents, and professionals, requiring that the design accommodate a variety of physical and emotional needs and interests. For example, the same entry space will be used for all consumers, so consideration for the size, maintenance, and purpose of the furniture must accommodate both adults and children.



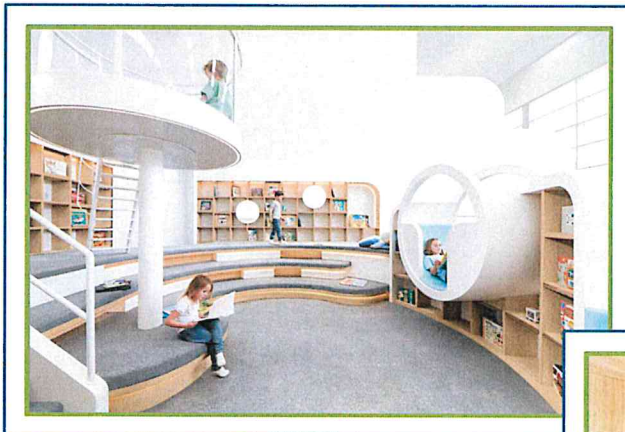
Environmental psychology concepts that have meaning for The Center:

- *Reflection and refuge* (safety and healing, non-threatening, accepting, belonging)
- *Culturally humble and inclusive* (designed to bring comfort and a sense of acceptance to all people, may particularly highlight the unique concepts, cultures, and people that makes Butte County special)
- *Collaborative collision* (opportunities to naturally “run into each other” in order to share information, ideas, and emotional support)
- *Innovative* (cutting edge technology, not conventional, risk assured)
- *Artistic and curious* (quality art, sparking joy and creativity, appealing to a variety of interests)
- *Steward for the environment* (energy efficient, conservation-minded)
- *Public service* (balance innovation with prudent use of public funds)
- *Community reflective* (represent the style and purpose of neighborhood)



The rooms in The Center include the following:

- Shared Entry Area
- Case Management Rooms
- Counseling Rooms
- Counseling Waiting Room
- Training Observation Room
- Family Room
- Comfort Room
- Conference Room
- Meeting Rooms
- Kitchen
- Shared and Private Office Spaces
- Work Rooms
- Bathrooms

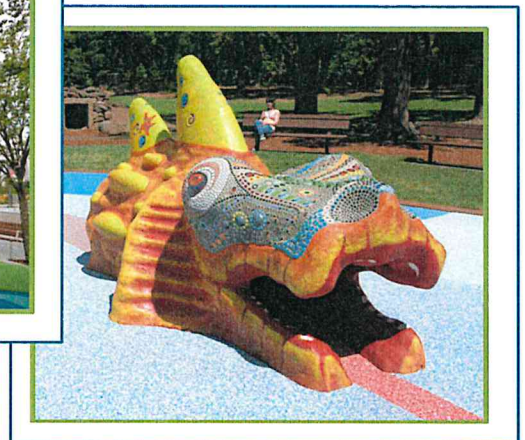
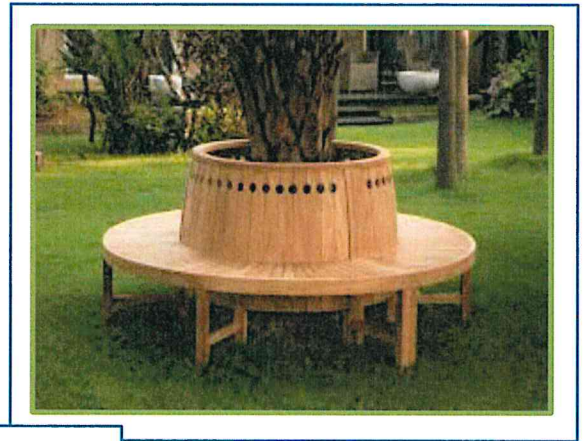




The inherent park-like setting will be maximized in the landscape architecture. Beyond the glorious trees, is a relatively blank slate ready to be created. Rather than building playground equipment, the setting will be playful, curious, and comforting by drawing on nature, architecture and art.

The committee envisions many elements of curiosity that spark the imagination and joy of young children. Hidden treasures might be found among the trees. Favorite surprises might be re-discovery at each visit to The Center so that it becomes a place that children look forward to going. From a stylized perspective, the design will have an air of sophisticated but family-friendly and delightful design.

The design will incorporate art in partnership with CSU Chico and local artists. By developing a plan with the landscape architect to incorporate art, all of the elements will cohesively work together.







# Return on Investment

*Existing research on the effectiveness of early childhood programs largely focuses on short-term academic gains. Yet the more relevant measure of value is the long-term health, social and economic benefits produced. We have powerful evidence that high-quality early childhood education is a cost-effective strategy for supporting life-long health outcomes, promoting economic growth, and reducing social costs.*

Research analysis finds that comprehensive, high-quality, birth-to-five early education offers a 13 percent return on investment. Choosing to fund programs that impact the early development of children shows long-term positive outcomes in health, crime, income, school success, and family income after returning to work.

Butte County is overwhelmed with a projected \$16B loss in gross domestic product in addition to multi-generational trauma as a consequence of the Camp Fire. The impacts of trauma on learning and cognition are profound and lasting. A key strategy to mitigating the financial impact and dire consequences, is an investment made in early childhood education and resilience interventions for young children birth through age five. The impact of high-quality early childhood programming serves as the foundation for learning. Trauma care and resilience interventions for young children will promote effective and lasting outcomes. Providing the support needed for healthy cognitive, emotional, and social development, can generate accelerated healing and repair of normal human developmental function. An investment made in the young

children is a social and moral imperative. The development and operations of The Center is a long-term investment in young children, families, and for the community.

Facility design and development is estimated to cost approximately \$2.2 million dollars. The annual operational budget is estimated at \$800,000.

## + Invest

Invest in educational and developmental resources for disadvantaged families to provide equal access to successful early learning development.

## + Develop

Nurture early development of cognitive and social skills in children from birth to age five.

## + Sustain

Sustain early development with effective education through adulthood.

## = Gain

Gain more capable, productive, and valuable workforce that pays dividends to America for generations to come.

Funds will be acquired through a variety of sources in order to sustain The Center:

- Private foundations
- Capital campaigns
- Grants and other public funds
- Partnership contributions
- Philanthropy and fundraising

