

3. PEI Project Description:

Parent Education and Support Projects/Programs specifically target mothers and fathers, as well as grandparents and others who have responsibility for caring for at-risk children and youth. These projects/programs foster effective parenting skills and family communication, child growth and development, and self-esteem. Parenting support, education, and skills training for parents or other adults who suffer from a mental illness and who are raising children would also be considered. Services may also include assisting parents in reducing the incidence of child abuse, substance abuse, juvenile delinquency, gang violence, learning disorders, behavior problems, and emotional disturbances.

The Parent Education and Support Project Programs are designed to serve families from many different backgrounds. The primary focus of each of these programs is to reach and support those families whose stressors may make the children more vulnerable to mental health problems. For all people involved in these programs, outcome measures specific to resiliency and the alleviation of family stress will be collected in addition to other measures of system effectiveness.

The Parent Education and Support Project will develop and implement programs based on the following two main approaches/activities:

(a) Training Services:

Natural community resources are those organizations, congregations, and groups that interact with families on a regular basis, such as non-profit organizations, schools, childcare providers, primary care settings, Social Services Agencies, Probation Department staff, law enforcement agencies and others. Often, these providers come in contact with families that present with multiple stressors or risk factors, but do not know how to best assist them. The goal of the community training services is to bridge that gap by building and expanding upon the individual and organizational readiness and capabilities at meeting the families' needs through acquisition of valuable information, knowledge, skills, and practices from a multitude of training opportunities procured by the Orange County Health Care Agency. For example, training the community mental health programs on how to implement Triple P, which is a system of care approach to early intervention for children and their families experiencing behavioral challenges, will increase the capacity of these organizations and will produce better program and individual outcomes.

Implementation of training services may be accomplished by an Administrative Services Organization (ASO) model. The training services will be available to all organizations in Orange County that are regularly in contact with parents of children and transitional age youth in targeted populations.

Such organizations/agencies include schools, primary health clinics, health care providers, probation offices, family resource centers, social service offices, foster family agencies, etc. Depending on the organizations' individual needs and resources, the ASO can either have a trained staff member visit the site on a regular basis to provide training and technical assistance or use a train the trainer model. Types of training include: methods for outcome evaluation, techniques to address administrative issues and coordination of services.

The ASO will have the responsibility for implementing all of the activities, including but not limited to supplying trained staff, technical assistance, outcome evaluation, administration, and coordination of all of these services.

(b) Parent Education, Skills Building, and Support Services:

In addition to enhancing the community and parental response to prevent and intervene early in support of children and youth's wellness, a variety of programs will also be developed and implemented to bring direct services to parents, caretakers, and interested adults. The services provided would include, but are not limited to the following: education about children and youth development; healthy choices, family/cultural values, peer pressure, and self-esteem; identification and application of practical intervention strategies for commonly diagnosed mental health and substance use disorders among children and youth; community resources, access to services, advocacy; peer-to-peer or parent-to-parent support, community support, and volunteerism.

Below are some examples of parent education and support services:

(b. 1) The Community Parent Education (COPE) model may be used to provide parenting education aimed at improving child rearing skills and healthy choices for families. The service delivery model places a primary emphasis on parent education, early intervention and prevention, and outcomes monitoring. This approach will be used to address the needs of the family unit, especially high-risk families with children ages 0-12 under extreme stressors such as risk of academic failure, mental health concerns, and/or socioeconomic concerns.

The COPE model is delivered in large groups of parents (15-25 families) in a 10-week parenting strategy class in the primary language of the parents. Strategies covered throughout the ten weeks include: Praise and Positive Attention, When/Then Strategy, Effective Use of Transitions etc.

For families that require additional services beyond COPE, the strategies and skills acquired through the class provide a foundation of behavioral techniques that will supplement and support more intensive treatments. The ability to offer a concurrent social skills intervention program for the children is necessary to facilitate attendance and promote gains by exposing children to the concepts being taught in the COPE program.

In addition to direct intervention targeting fundamental social skills, these child groups also provide high-quality child care, which is a necessary component for limiting critical barriers to parent participation. This model is cost-effective and reduces access barriers as the classes are provided in community settings that already exist (schools, Family Resource Centers, etc.).

(b.2) Promotora Model-Community Health Educators: The Promotora (or Health Promoter in English) Model uses a community health educator approach to educate and provide parenting resources to communities. The Promotora model of community outreach is based on a Latin-American program type that reaches underserved populations through peer education. This means Promotoras are members of the communities with which they liaise. This model can also be used as a tool during outreach and engagement activities.

Promotoras take the community health worker model one step further because they speak the same language, come from the same neighborhood, and (commonly) share some life experiences with the community members they serve. In this forum, Promotoras provide parents/caregivers (including other family members such as grandparents) with parenting education and resources to assist at-risk children and adolescents. This model uses trusted community members, who are already entrenched in specific communities (Latino, API, Older Adult, etc).

Promotoras use a variety of methods to make contact with the community. From intimate group gatherings in individuals' homes to large community meetings, they make direct contact with target audiences, conveying crucial information to provide community support. Typical venues for meetings include: community centers, family resource centers or recreation rooms of apartment complexes, churches/mosques/temples, community members' homes, motel rooms, or other preferred locations. Promotoras are often successful because they speak in the language/s of their community, respecting and drawing upon the strengths of the culture of the parent and family. The Promotora model ensures that the many social and cultural characteristics of unserved, underserved people can be drawn upon to improve the appropriate utilization of preventative services.

(b.3) Family to Family Support : Family to Family Support offers advocacy, technical assistance, and ongoing support to families by building a network of contacts and mutual support modeled on the successful Regional Center program. Family to Family Support can be offered through existing agencies in Orange County. The goal of this program will be to establish a unified family support system for families and caretakers of those who have mental health problems and other stressed families in the targeted populations noted in the survey results. The goal of the program is to prevent the development of mental health problems in other members of the family.

In the Family to Family Support model, staff members recruit volunteers from diverse families or caretakers of those who are entering the mental health system and match them with new families who have requested contact with other families in a similar situation. The volunteers contact the requesting family, provide support and share the knowledge they have gained through their experience navigating the system. Staff will also provide resource materials to requesting families and train new volunteers.

4. Programs

Program Title	Proposed number of individuals, families and/or other service providers through PEI expansion to be served by type		Number of months in operation July1, 2011 through June 30, 2014
	Prevention	Intervention	
Training Services	2,133 individuals 1,066 families		32*
Parent Education, Skill Building and Support Services	3,733 individuals 2,667 families	1,707 individuals 1,280 families	32*
Unduplicated Count of Individuals to be served	5,866 individuals 3,733 families	1,707 individuals 1,280 families	32*

*The number of months is an average estimate of how long the programs will be in operation from FY 11-12 to FY 13-14. Some programs will start after July 1, 2011.

5. Linkages to County Mental Health and Providers of Other Needed Services

Training Service providers will be expected to become familiar with the services provided by other PEI and MHSA components, the Social Services Agency, the Health Care Agency, the Probation Department, the Children and Families Commission (Prop 10), the Department of Education, the Regional Center and many other non-profit agencies and organizations. Providers will develop referral mechanisms to serve participants that need more extensive treatment.

Providers will be shown how to use existing tools, such as the local 211 referral service, to be connected to services in their geographic area.

Providers of Parent Education Services and Training services will be required to meet with Health Care Agency representatives on a monthly basis to share their experience in accessing County Mental Health and other needed services. The meeting will include updated information and resource education. This process will expand the providers' skill set and inform the Orange County Health Care Agency of areas of unmet needs.

6. Collaboration and System Enhancements

The Orange County Children's Partnership (OCCP), established in 1982, is a 22-member advisory body, made up of public agencies and representative community agencies. The Partnership collectively focuses their efforts to achieve common goals related to improving the conditions of Orange County children. The responsibilities of the OCCP include sharing information on services for wards, dependents, and seriously emotionally and/or behaviorally disturbed children and their families; identifying gaps in the service system for high-risk children and their families; and recommending collaborative programs to better serve this population. In addition to the networking among Training and Parent Education providers mentioned above, the Health Care Agency will serve as a conduit for communication and information to and from the providers and the OCCP. Both Training Services and Parent Education Services will enhance and encourage linkage, collaboration, and discovery of additional resources for parents.

7. Intended Outcomes

Individual Outcomes for Trainees:

The following outcomes will be examined:

- Increased knowledge of professionals who come in contact with families, as measured by standardized questionnaires
- Increased knowledge of social, emotional and behavioral issues for children and teens as measured by standardized questionnaires appropriate to the target population
- Increased availability of parent education and support services as measured by the establishment of new services by trainees and the project number of families to be served
- Increased knowledge of linkages/referrals
- Satisfaction with the training experience

Individual Outcomes for Consumers of Parent Education and Support Services

The following outcomes will be examined:

- Increased knowledge of social, emotional and behavioral issues for children and teens as measured by standardized questionnaires appropriate to the age group served
- Increased knowledge of effective parenting skills as measured by standardized questionnaires appropriate to the age group served
- Satisfaction with Parent Education and Support Services

Program and System Outcomes

The programmatic and system outcomes to be measured will be:

- Enhanced capacity of organizations and natural community resources to provide parent education and support services
- Increased number of parent education and support services
- Increased number of individuals and families who receive parent education and support services

Specific measures for the above outcomes will be established when contracted PEI providers have been identified and related funding/resource levels are finalized.

8. Coordination with Other MHSA Components

Coordination with Community Services and Support (CSS) Programs:

The Training Services and Parent Education Services providers will be fully briefed on the MHSA CSS programs in Orange County. Examples of such programs include four

Full Service Partnerships (FSPs), two crisis residential programs, and a crisis in-home stabilization program. Referrals will be “two-way” – families who need more extensive services may be referred to an FSP or other program or, program staff may refer parents to a Training or Parent Education program. In the case of the Family to Family program, the program is designed to work in conjunction with extant Children and Youth Service programs, as well as Alcohol and Drug Services or Adult Mental Health Services.

Coordination with the Workforce Education and Training (WET) programs:

The WET plan includes stipends for staff training, a consumer training program, and funding for supervision that will be available to the PEI projects and staff.

9. Additional Comments (optional)

None.