



Meeting Notes

March 9, 2021

8:30 a.m. - 10:00 a.m.

Via ZOOM Virtual Platform

Attendees:

Juan Alderete
Tracy Almanzan
Shelia Anthony
Sonia Avila
Stacy Barnett
Sharon Butterworth
Laura Felix
Cathy Gaytan
Gilda Gil
Santiago Gonzalez
Dr. Sarah Martin
Alex Martinez
Georgina Martinez
Roger Martinez
Enrique Mata
Dr. Carmen Olivas-Graham
Kathy Revtyak
Lourdes Rivera
Beth Senger
Nicole Schiff
Ivonne Tapia
Isidro Torres
Alejandra Valdez
Kathie Valencia
Claudia Woods

Representing:

Region 19 ESC
65th District Court
Family Advisory Council WBAMC Network
Texas Department of Family and Protective Service
Amerigroup
Mental Health Advocate
Strong Families
El Paso Child Guidance Center
Paso del Norte Children's Development Center
El Paso Human Services
Texas Tech Health Sciences Center of El Paso
Amerigroup
Texas Department of Family and Protective Service
County of El Paso Juvenile Probation Department
Paso del Norte Health Foundation
Socorro ISD/ El Paso Comm. College Board
El Paso Child Guidance Center
El Paso Independent School District
El Paso Center for Children
El Paso Center for Hope
Aliviane
NAMI El Paso
NAMI El Paso
El Paso Center for Children
Emergence Health Network

Welcome and Introductions.

Ms. Tapia convened the virtual meeting with introductions from all attendees.

Update on MMHPI Report and Consortium Structure

Enrique Mata presented a review of the El Paso Behavioral Health Consortium structure and spoke on the recommendations from the 2021 El Paso Behavioral Health System Assessment. He proposed a

structure for the Consortium and its Leadership Councils showing how the Family Leadership Council has grown in both number of members and number of work groups. The group discussed an updated structure for the Family Leadership Council, but maintained the importance of the general meeting. Slides are provided with these notes.

Strong Families- Community Change Initiative

Ms. Kathie Valencia presented an overview of the Strong Families Initiative and educated the group on the five protective factors. The presentation included resilience strategies. Slides are included with these meeting notes.

Work Group Progress:

Strong Families- Families in Communities

Ms. Kathy Valencia introduced the Co-Chairs:
Stacy Barnett, Alex Martinez, Lourdes Rivera, and Sheila Anthony

So far, they have had 22 Cafes this will exceed the goal of 24 by the end of the quarter. The parent cafes are on Eventbrite they are focused on some specific zip codes. In January they had a host training.

Ms. Beth Senger commented on the resilience needed and the challenges faced by those moving from Mexico to El Paso. Ms. Cathy Gaytan commented on the importance of a trauma informed system of care. To create cultures as an entire system to serve children and families.

Ms. Barnett and Ms. Valencia provided Power Point presentations (provided in with these notes). With an update on the Family Advisory Committee. They have broken through area by zip codes to better discuss the needs in each area.

Help Me Grow

Ms. Gilda Gil provided an update on the Help Me Grow project. The North Texas HMG will be presenting their central access service on March 24th. They have established a centralized access point. Point of access is where anyone can find referrals to available services. The El Paso Team will learn about the successes and investigate ways to replicate or develop a similar model in El Paso.

Community Collaboration Committee

Kathy Revtyak highlighted the presentations and updates provided during the last Community Collaboration Committee Meeting including; a presentation provided by Ms. Chrystal Tucker from the Fresh Start Program, and Enrique Mata provided an update on the progress with the MMHPI study. The next meeting is scheduled for Thursday April 8th at 8:30am.

The committee is improving the coordination of agencies. For example, one of the collaborations developing around Trauma Informed Care will include Anti Stigma bias modules at an organizational and individual level. Meeting notes from this and past meetings are available.

Ms. Tapia reinforced the importance of the positive affects of collaboration. When we work to provide the consisten messaging and develop strong partnerships, together we are able to offer the best services possible.

Foster Care Work Group

Ms. Gina Martinez commented that things have stalled a bit. Still working with the providers but the state is in the middle of a class action lawsuit and they are implementing changes and working with

action plans based on the remedial orders provided by the court. They are gathering needs assessment data that will be presented to the Child Placing Agencies.

The pandemic has put a huge strain on foster parent recruitment. They are working through that. With Winter Storm 2021 El Paso being the only county not on the Texas grid their office took on significant burden during that time while other sites Christin Johnson is now overseeing regions 9 and 10 and working through all the changes. Placement is strained from GROs to foster homes. A record number of children in offices across the state some have been in offices for over a month.

Ms. Martinez thanked the frontline staff in their continued work to provide the needed services that have never stalled throughout the pandemic and storm. Kudos also to all the providers. While the outcomes though the pandemic have had some impact that pushed some items back. The outcomes still continue to run steady in El Paso County.

CPAN/TCHAT Work Group

Dr. Sarah Martin provided an update on the Texas Tech projects. She shared a slide with details on the progress made in all the areas that are more in depth than just CPAN/TCHAT (the slide is included within these notes).

report with the group. She mentioned that El Paso is keeping up with the rest of the state and in many areas are ahead in many areas. The state of Texas provides a quarterly status report. All 4 of the El Paso projects are rated 1st, 2nd or 3rd in all the state of Texas. It has been difficult for the schools to spend the funds due to COVID.

Other Business

Chief Roger Martinez commented that there are serious concerns and call for care for families that are forced to bring over drugs. The dealers are becoming violent. They now provide only \$50.00 as a going standard for youth and families to pass drugs over the bridge.

Mr. Santiago Gonzalez with El Paso Human Service commented that he was part of a panel where El Paso's efforts were recognized Commissioner Erin Dimerson showcased El Paso Human Services programs and services.

Ms. Tapia adjourned the meeting at 10:14 am.

Structure 2021- 2025



A Collective Impact Informed Approach was used for the Consortium



Common Agenda

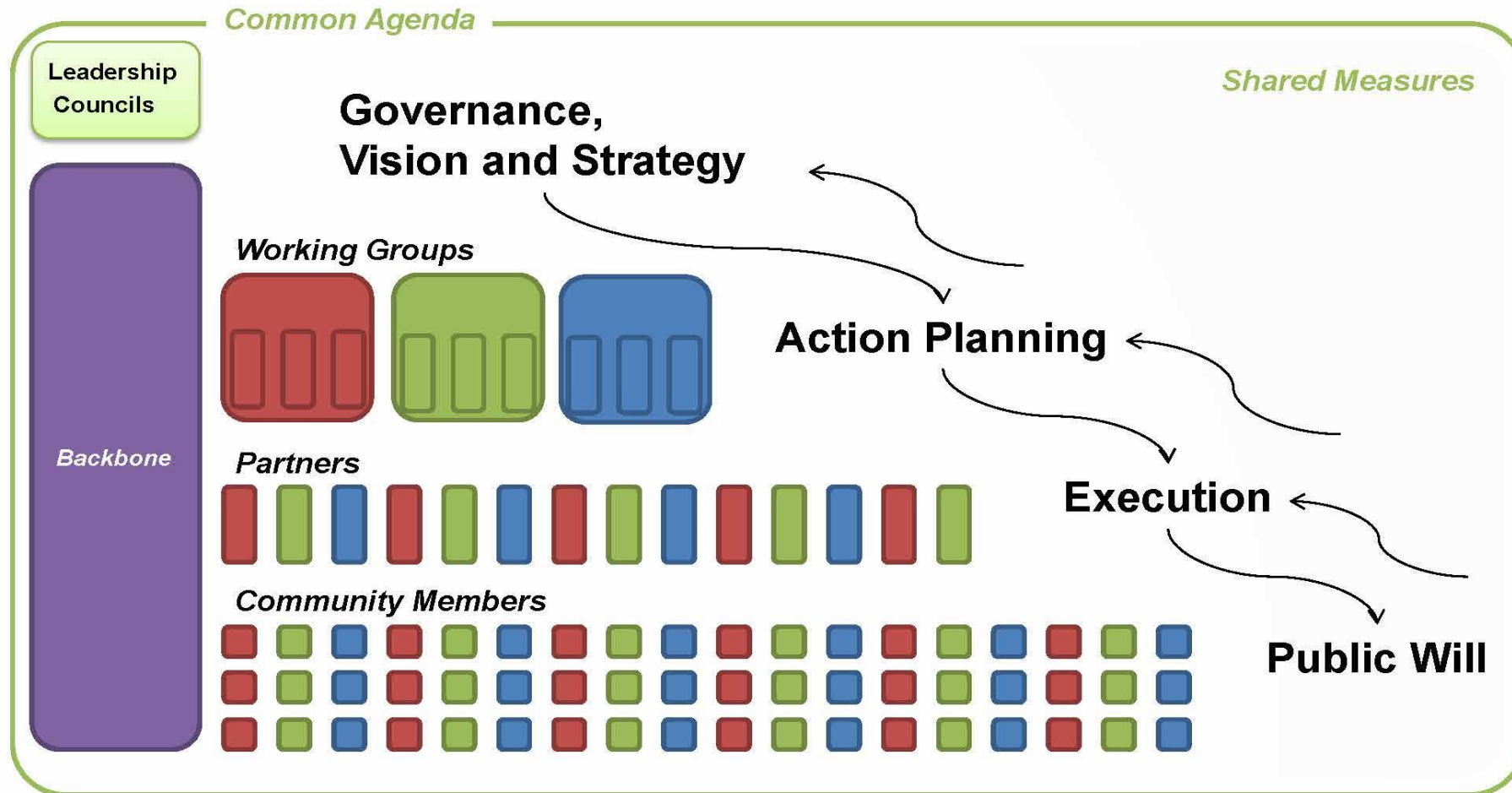
Shared Measurement

Mutually Reinforcing Activities

Continuous Communication

Backbone Organization/PdNHF

El Paso Behavioral Health Consortium Structure 2015-2020



Source: The Big Picture Approach. www.FSG.ORG

Common Agenda approved by Consortium Executive Committee

Shared Measures and Progress Indicators
Identified through the Behavioral Health System Assessment
and approved by Consortium Leadership Councils

Backbone
Technical
And
Advocacy
Support

Leadership Councils – Keep Existing and Form New as Needed (e.g., Veterans, Homelessness, etc.)



Work Groups – Projects greater than 12 months to complete
& Task Forces – Projects less than 12 months to complete



Community Partners



Community Members



Governance,
Vision and
Strategy



Action planning
and
implementation



Execution
(Community Partners)



Public Will

Proposed Structure Executive Committee

2021 - 2025

1. Keep the Consortium Executive Committee Meeting

** Should this Committee be renamed ? (e.g., the Committee on Committees)

a. Roles of the committee:

- i. To provide guidance and support on priority goals and strategies
- ii. To recognize Leadership Council progress and governance (e.g., LC Chair changes)
- iii. To organize and support advocacy efforts
(e.g., confirm a common agenda or a state legislative agenda)

b. Meetings scheduled 2-3 times per year as needed for no more than 2 hours per meeting.

c. Members help promote progress successes and are invited to participate in Leadership Council meetings

Proposed Structure Leadership Councils

2021 - 2025

2. Keep Existing Leadership Councils

and explore the need for new Councils or modification of Council names

a. Roles of the Leadership Councils:

- i. To provide executive leadership and governance for work groups and task forces
- ii. Approve common agenda related to Leadership Council Priority Area
- iii. Approve strategies, shared measures and progress indicators and communicate these to work groups and task forces.
- iv. To develop or assign organization staffing support for work groups and task forces (e.g., Strong Families, Help Me Grow, CPAN, Workforce)
- i. To identify areas in need of policy or practice improvement or advocacy efforts (e.g., organizational policy changes or state level policy change needs)

b. Meetings scheduled once every other month for no more than 2 hours.

c. Members participate in and help promote the progress successes

Proposed Structure Work Groups & Task Forces

2021 - 2025

3. Develop Work Groups for Longer Term projects

Develop Task Forces for short term (less than 12 months) projects

a. Roles of Work Groups and Task Forces:

- i. To implement programs and projects that are consistent with identified behavioral health priorities.
- ii. To engage or coordinate with existing community groups or organizations for positive synergy in addressing a behavioral health area of concern (e.g., EPaDOG, Region 19, and School Mental Health Work Group)
- iii. To communicate and coordinate with funders and technical and advocacy support advisors. (e.g., provide documentation for grant report requirements, identify technical support needs, task timelines, etc.)

b. Meetings scheduled based on Work Group needs.

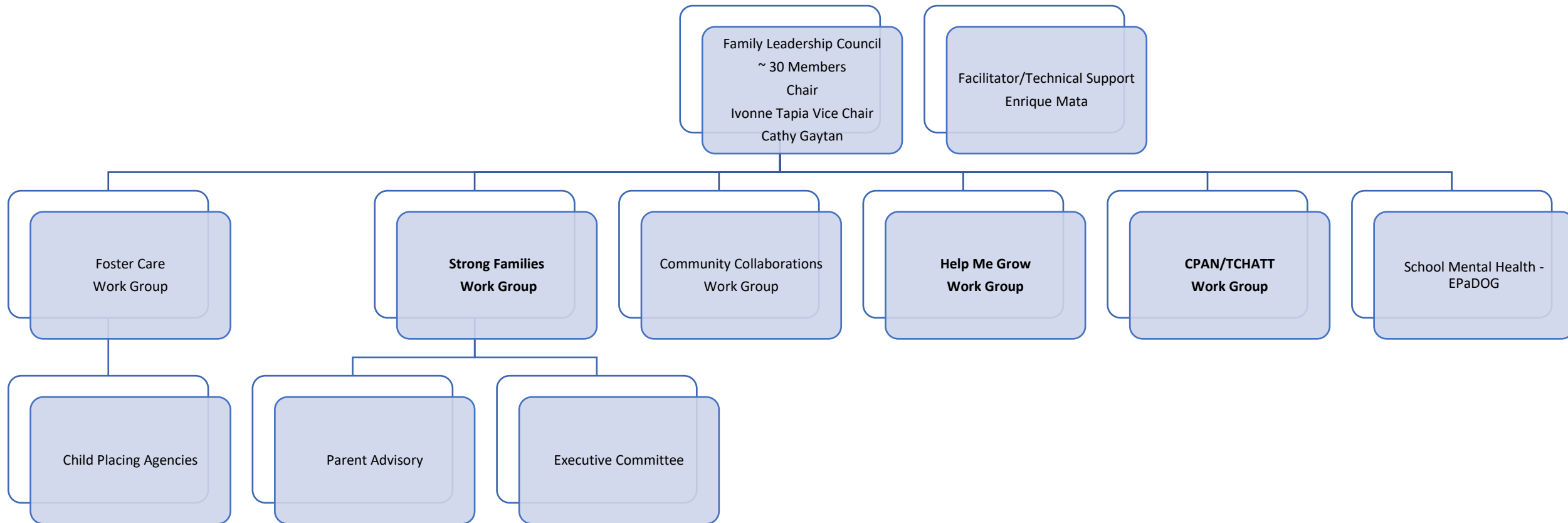
c. Members are designated to present progress updates and support requests to the Consortium Leadership Councils and the Consortium Executive Committee



Meets the second Tuesday of every other month

Work Groups meet on an agreed time and date. Primarily scheduled in months that the FLC General Meeting is not held.

Work Groups in **bold** have associated grants with evaluation frames and milestones to accomplish.



Community Representation

Government

- 65th District Court
- City of El Paso
- Congresswoman Veronica Escobar's Office
- County of El Paso
- El Paso County Commissioner Precinct #2
- El Paso County Juvenile Justice Center
- El Paso Psychiatric Center
- Emergence Health Network
- JP5 Juvenile Case Manager
- Representative Joe Moody's Office
- Senator Jose Rodriguez's Office
- Texas Department of Family & Protective Services
- William Beaumont Army Medical Center

For Profit and Advocates

- Atlantis Health
- Dr. Betty Richeson
- Sharon Butterworth
- Mike Wendt

Nonprofit

- Aliviane Inc
- Court Appointed Special Advocates
- El Paso Center for Children
- El Paso Child Guidance Center
- El Paso – Home Safe
- El Paso Human Services
- El Paso Psychological Association
- Endeavors/Cohen Veterans Network
- Family Service of El Paso
- Junior League of El Paso
- NAMI El Paso
- Operation: Loving Care
- Paso del Norte Children's Development Center
- Paso del Norte Health Foundation
- Paso del Norte Health Information Exchange (PHIX)
- YMCA of Greater El Paso
- YWCA El Paso del Norte Region

Education

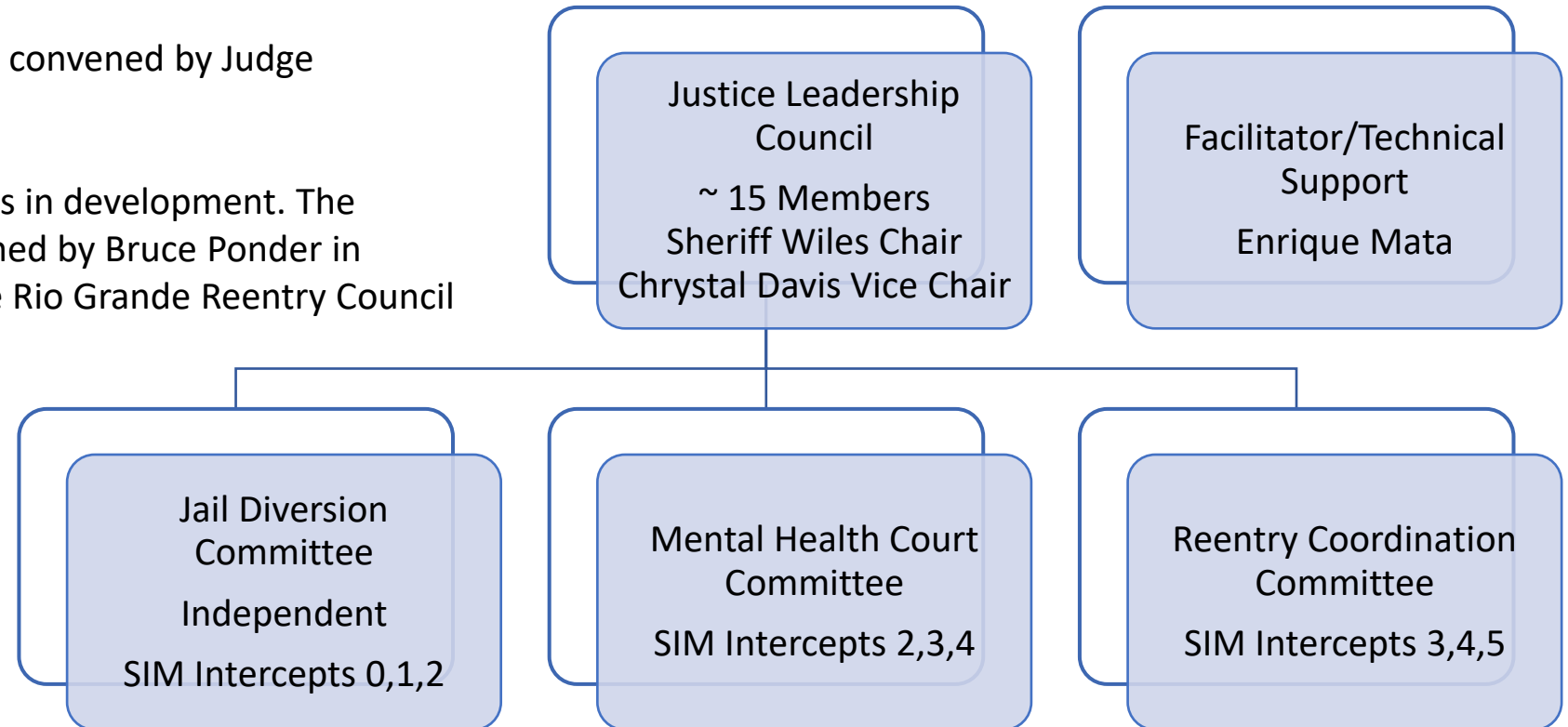
- Canutillo Independent School District
- Clint Independent School District
- El Paso Community College
- El Paso Independent School District
- Region 19 ESC
- Socorro Independent School District
- Texas Tech Health Sciences Center El Paso
- Ysleta Independent School District

Meets the second Wednesday of every other month

Jail Diversion Committee predates the Consortium. Its focus is diversion and discussion items are based primarily on Sequential Intercept Map Intercepts 0,1,2

The Mental Health Court Committee is convened by Judge Francisco Dominguez

The Reentry Coordination Committee is in development. The Reentry El Paso committee was convened by Bruce Ponder in collaboration with Albert Jaquez of the Rio Grande Reentry Council



Community Representation

Government

- El Paso Police Department
- El Paso County Attorney
- Emergence Health Network
- West Texas CSCD (Adult Probation)
- Public Defender's Office
- 205th District Court
- District Attorney 34th Judicial District
- El Paso County Re-entry Division
- El Paso County Commissioner Pct. 3
- El Paso County Sheriff
- City Representative District 7 (Henry Rivera)
- Judge 120th District Court
- CCR#1/Chair Judges Council
- El Paso Psychiatric Center

For Profit and Advocates

- Sharon Butterworth
- Peak Behavioral Health

Nonprofit

- NAMI El Paso
- Paso del Norte Health Foundation
- Paso del Norte Health Information Exchange (PHIX)

Education

- UT El Paso (UTEP)



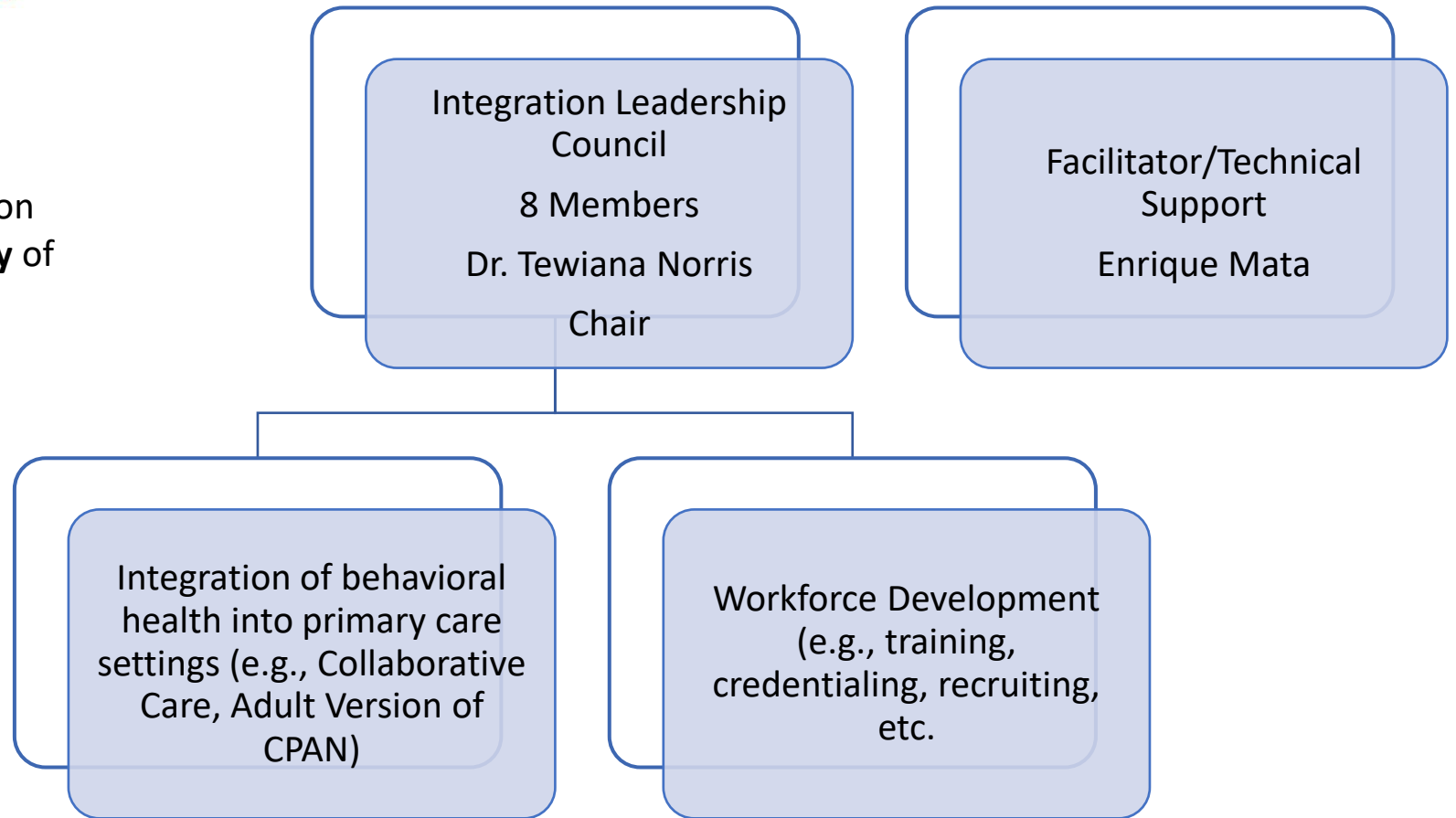
The Leadership Council Convenes as needed
Primarily for advocacy support of work group efforts.

Work groups:

The integration of behavioral health into primary care settings work group focus is on **affordability, availability and acceptability** of mental health and addiction services.

The group is informed by existing groups, (e.g., ER Directors, FQHCs, Hospital CEOs, ROSC, EP Psychological Association, EHN, etc.)

The Workforce Development Work Group focus is on improving workforce **capacity (e.g., knowledge, skill, and career enjoyment)**.



Community Representation

Government

- City of El Paso Department of Public Health
- Emergence Health Network
- El Paso Psychiatric Center
- University Medical Center El Paso
- Borderplex Workforce Development Board

For Profit and Advocates

- Sharon Butterworth
- Peak Behavioral Health
- Rio Vista Behavioral Health Hospital
- El Paso Behavioral Health System
- The Hospitals of Providence
- Las Palmas Del Sol Healthcare
- El Paso Medical Society
- Private Primary Care Physician practices
- Urgent Care Centers
- Insurance Corporations
- Large Employer representative

Nonprofit

- NAMI El Paso
- Paso del Norte Health Foundation
- Paso del Norte Health Information Exchange (PHIX)
- Project Vida Health Center
- Centro San Vicente
- Centro de Salud Familiar La Fe
- Aliviane
- Recovery Alliance
- Trinity Recovery Center

Education

- UT El Paso (UTEP)
- Texas Tech HSC El Paso
- El Paso Community College

Common Agenda approved by Consortium Executive Committee

Shared Measures and Progress Indicators
Identified through the Behavioral Health System Assessment
and approved by Consortium Leadership Councils

Backbone
Technical
And
Advocacy
Support

Leadership Councils – Keep Existing and Form New as Needed (e.g., Veterans, Homelessness, etc.)



Work Groups – Projects greater than 12 months to complete
& Task Forces – Projects less than 12 months to complete



Community Partners



Community Members



Governance,
Vision and
Strategy



Action planning
and
implementation



Execution
(Community Partners)



Public Will

Steps for Developing a System of Care Collaborative













Step 1. Major system funders and leaders decide to organize into a System of Care Collaborative.

Step 2. The System of Care Collaborative develops a common vision of where they are going (potentially based on the findings of the community assessment) and use that vision to design their component subsystems and the programs and services within them.

Step 3. Develop a data driven quality improvement approach for system improvement, as described above.

Step 4. Get organized into priority implementation areas (subcommittees or similar structures) and identify strategic next steps for each with achievable, measurable improvement steps. Within the collaborative, identify up to five priority subsystem areas, but prioritize and begin with two or three (we recommend the first three below). Potential priorities include:

- **Priority 1:** Developing an organized integrated MH/SA crisis continuum 
- **Priority 2:** Children's system of care 
- **Priority 3:** Criminal justice collaborative (based on a sequential intercept model) 
- **Priority 4:** Integrated recovery oriented adult delivery system (infusing recovery-oriented practices, integrated services for MH/SA into all aspects of the delivery system)
- **Priority 5:** Primary health / behavioral health integration 
- **Priority 6:** Cultural competency and tri-border area collaborative 
- **Priority 7:** Housing collaborative (*Under development in El Paso and Dona Ana Counties*)
- **Priority 8:** Prevention and early intervention. 

- The 2014 System Assessment included steps and prioritized system components for a system of care collaborative to develop in El Paso County and eventually for the PdN region
- These identified steps and priorities were integral in decision making for healthy growth and development of the Consortium
- In these 6 years since the report was released, the groups are now in need of redesign and a point of reference to structure groups for next step actions priorities. For example, the Criminal Justice Collaborative not only has an up-to-date sequential intercept map, but also has programs underway to address the identified gaps within intercepts. What are priority areas that MMHPI sees for the community to address? Having these identified the community can then agree or disagree and develop an optimal convening structure to carry out priority related actions.
- Groups or champion organizations may already have existing projects underway and merely need to be recognized and efforts supported.

Adult System Continuum Gaps 2014 vs. 2016

Blue Font = Gap / **Bold Red = Recommended Priority**/Yellow = Improvement in Gap

- **MH Unit in a Jail- Make Green**
- State Hospital Services
- Inpatient Psychiatric Hospital Services
- **Detox (med. manage/monitor, ambulatory)**
- Residential - MH / SUD / COD
- Crisis Residential Treatment
- **Crisis Stabilization Unit-make green**
- **Extended Observation Unit (in development)-Mke Green**
- Crisis Respite (in development)
- Local Emergency Rooms (General)
- **Psychiatric ER Services**
- **Crisis triage / system-wide forensic drop-off (P)**
 - (i.e. Extended Observation Unit (EOU) established)
- EHN Crisis Team
- **Crisis Follow-Up/Relapse Prevention-make green F/U**
- **OP Competency Restoration (P)**
- **Jail Diversion and Reentry-Make GREEN**
- Law Enforcement Contact
- **MH/SA Homeless Services (P)**
- Day Treatment / Partial Hospital
- Agency-Based MHSA Adult OP
 - **Respite (community)-Make Red**
 - **Assertive Comm. Treatment (P)**
 - **Supported Housing (P)**
 - **Supported Employment-Make Green**
 - Case Management
 - **Psychiatric Diagnostic Interview-??CLARIFY BETWEEN PSYCHOLOGIST AND PSYCHIATRIST**
 - **Pharmacological Management (P)**
 - **Medication Training/Support (P)**
 - **Skills Training and Development-Make Green**
 - **Individual/Group Therapy-Make Green**
 - **Peer Support - MH/SUD/COD (P)**
- EHN Intake
- Non-DSHS Clinic-Make Green
- **Primary care in BH setting for SMI**
- HCO Program with OP / FQHC / health clinic based BH services-MAKE GREEN
- Advocacy Education / Prevention

Think.Change Program Expansion – (NAMI, MHFA, DMAM)

Child/Family System Gaps in Continuum 2014 vs. 2016

BLUE = Gap / RED = Recommended Priority / YELLOW = Improvement in Gap

- Juvenile Justice Facility (commitment)
 - State Hospital Services
 - Inpatient Psychiatric Hospital Services-MAKE GREEN
 - Residential Treatment Center (RTC) – DFPS-MAKE RED
 - Residential Treatment Center – MHSA-MAKE RED
 - Treatment Foster Care (TFC)
 - **Out-of-home Crisis Continuum**
 - **Respite (crisis)**
 - Local Emergency Rooms (General)
 - Psychiatric ER Services-MAKE RED
 - EHN Crisis Team
 - **Crisis Follow-Up/Relapse Prevention-make green F/U**
 - **Juvenile Justice Diversion and Reentry - MST Now Available**
 - **Wraparound Planning / Coordination - MST Now Available**
 - Day Treatment / Partial Hospital
 - Law Enforcement Contact
 - Agency-Based MHSA Child OP
 - Respite (community)-NOT IN AN MH SETTING
 - Intensive in-home services / MST / FFT-
MST ADDED to Make Green, YES WAIVER
 - Intensive Case Management-MAKE GREEN
 - Case Management
 - **Psychiatric Diagnostic Interview**
 - **Pharmacological Management-CLARIFY BETWEEN
PSYCHOLOGIST AND PSYCHIATRIST**
 - **Medication Training/Support-MAKE GREEN**
 - Skills Training and Development
 - **Individual / Group Therapy-MAKE GREEN**
 - **Family Therapy (P)**
 - **Parent / Family Support Groups**
 - **Family / Youth Partners (Peer Support) (P)**
 - EHN Intake
 - Non-DSHS Clinic
 - **MHSA Services in Public Schools**
 - HCO Program with OP / FQHC / health clinic based BH services
 - **Advocacy Education / Prevention**
- Think.Change Program Expansion – (NAMI, MHFA, DMAM)



Questions/Comments

STRONG FAMILIES

A COMMUNITY CHANGE INITIATIVE

Prevention and Strengthening Families

January 2021

Prevention of Child Abuse Coalition Strong Families Workgroup

Co-Chair

Stacy Barnett - Amerigroup

Alex Martinez – Amerigroup

Reports to the Family Leadership
Council every other month on
workgroup activities.

Family Advisory Council Co-Chair

Lourdes Rivera – EPISD Parent Liaison

Shelia Anthony (Ret. Army) – Veterans One
Stop Military Peer Network

Meetings held once a month on the 3rd
Saturday of each month.


A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, located in the lower right quadrant of the slide.

Strong Families Grant Update

October 1, 2020 – September 30, 2021

- Parent Café Workshop –15 Cafés/ 98 participants
- Parent Café Workshops are on Eventbrite
- Military Expansion - building relationships to provide Parent Cafés
- Parent/Community Opportunity – Parent Café Host Training January 26th, 27th, and 28th. Please contact us if you would like any of your staff trained. Free training

Five Protective Factors for Strengthening Families

- Parental Resilience
 - Social Connections
 - Concrete Support in Times of Need
 - Knowledge of Parenting and Child Development
 - Social and Emotional Competence of Children
- 
- A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.




What we know: Families gain what they need to be successful when key protective factors are robust in their lives and communities.

Strengthening Families

PARENTAL RESILIENCE

The ability to manage your reactions to stress and to function well when faced with challenges, adversity, and trauma.

A decorative graphic consisting of several parallel white lines of varying lengths, slanted upwards from left to right, located in the bottom right corner of the slide.


Living the Protective Factors- Individual

Parental Resilience – What that looks like:

- Hope, optimism, self confidence
- Problem solving
- Self care and willingness to ask for help
- Ability to manage negative emotions
- Not allowing stress to interfere with nurturing family.

Living the Protective Factors – Organization

Parental Resilience- What that looks like:

- Demonstrate that parents are valued
 - Honor each family's race, language, culture, history and approach to parenting
 - Encourage parents to manage stress effectively
 - Support parents as decision-makers and help build decision-making and leadership skills
 - Help parents understand how to buffer their child during stressful times.
- 

Four ways researchers conceive resilience:

1. Resilience is a process and an outcome; it is not a personality trait
2. Resilience is contextual with respect to setting, point in time, culture, and social factors
3. Resilience reflects a person's pattern of positive adaptive behavior in response to current or past risk factors or adversity
4. Resilience results in personal growth and positive change.

Resilience Is Much More Than “Bouncing Back” from Challenges and Adversity

It is intentional and sometimes intensive interventions are needed to help people learn to demonstrate resilience; that is to:

- A) Successfully adapt despite current or past trauma and
 - B) Achieve personal growth and positive change.
- 

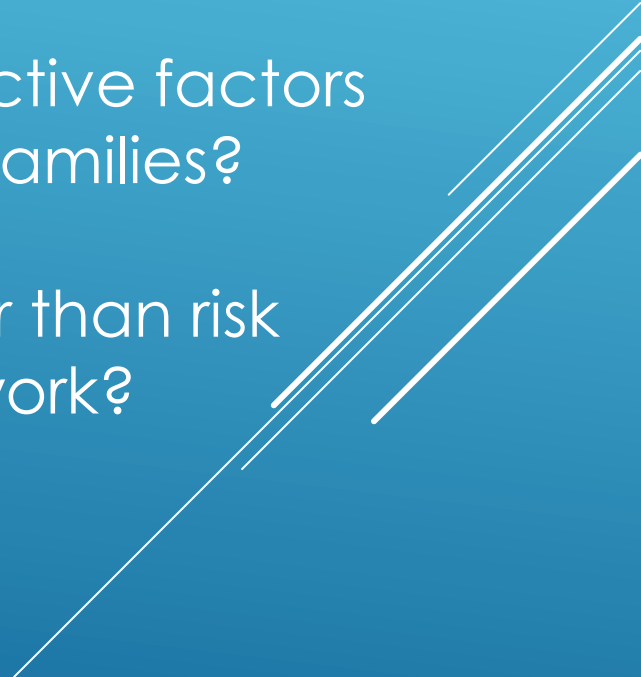
Parental Resilience (Organization Level: Action Sheet)

Center for the Study of Social Policy

Protective and Promotive Factors – Action Sheets (handouts)

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against a blue background.

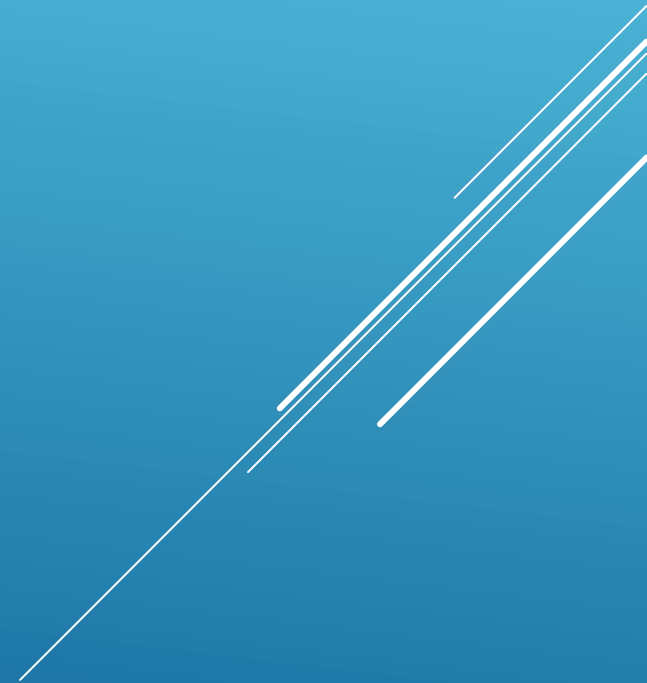
Reflection

1. In what ways has this training prompted you to think about your work, both what you are already doing and what you might try?
 2. How does the idea of focusing more heavily on protective factors seem relevant to you and “workable” in your work with families?
 3. How has focusing on building protective factors rather than risk factors impacted your own enthusiasm and energy at work?
- 

Next Steps

Taking a Deeper Dive

Strong Families – Community
Change Initiative - Grant
El Paso Center for Children
Kathie Valencia
kvalencia@epccinc.org
915-307-8043




Reminder

Strong Families – Community Change Initiative Evaluation Requirements

- Federal Grant/ Research Project
- Two Yearly Evaluations:
 - Helix Solutions – Local Evaluation Team
 - ABTs – Federal Evaluation Team

THANK YOU

A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, set against the blue background.



Coalition for the Prevention of Child Abuse/Strong Families Workgroup

Q1 2021 Overview

Family Leadership Council

March 9, 2021

Coalition/Workgroup Meeting

Thursday, January 21., 2021

1:00 PM – 2:30 PM

AGENDA

- Welcome and Introductions
Sonia Avila, DFPS
- Strong Families Community Change Initiative Update with a “Focus on Parental Resilience”
Jennifer Phelps, El Paso Center for Children
- Human Trafficking 101
Audrey Tepe, Analyst, DPS Intelligence and Counter Terrorism Division
- Community Announcements, including Keeping our children safe and protected during the COVID-19 Pandemic.
- 45 Attendees

Coalition/Workgroup Meeting

Thursday, February 18, 2021

1:00 PM – 2:30 PM

AGENDA

- Welcome and Introductions
Sonia Avila, DFPS
- “Strong Families Community Change Initiative Update with a Focus on “Parental Resilience”
Jennifer Phelps, El Paso Center for Children
 - Review of the evidence based 5 Protective Factors
 - How can we engage each other?
 - How do we as Providers support ‘Parental Resiliency’?”?
- Help Me Grow El Paso Project
Gilda Gil, COO, Paso Del Norte Children's Development Center

Coalition/Workgroup Meeting

Thursday, February 18, 2021

1:00 PM – 2:30 PM

AGENDA

- Sexual Assault and Domestic Violence & CASFV Services
 - Elizabeth Gonzalez, CASFV
 - Transitional Living Center
 - Family Resource Center
 - Youth Outreach Services
 - Emergency Shelter
 - Support Meetings
- Community Announcements & Keeping our children safe and protected during the COVID-19 Pandemic and inclement weather
- 46 Attendees

Coalition/Workgroup Meeting Attendees

- Aliviane, Padres Program
- CASA
- Por Mi Familia –
UTEP/Aliviane Partnership
- Texas A&M Agrilife
- Emergence Health
Network
- ELP Center for Hope
- CPS/UTEP Interns
- ELP Children's Hospital,
Cares Clinic
- Maximus
- ELP Center for Hope
- YMCA
- Paso del Norte Children's
Development
- Texas Health Steps/HHSC

Coalition/Workgroup Meeting Attendees

- NAMI
- Dentaquest
- ELP Child Crisis Center
- ELP Center for Children
- UTEP/Liberal Arts Dept.
- MCH Family Outreach
- Rio Vista Behavioral Health
- Project Vida
- Amerigroup
- Center Against Sexual and Family Violence
- UHC Texas Dental
- DEA
- Region 19 Head Start

Community Needs

Discussed zip code 79905

- Area where most poor people live (the needs of the Latino people are multiple)
- Lack of good job where you earn enough not to depend on community or government aid
- But for this you need GED or to know English
- Lack of publicity- people that need to that take ESL./GED classes cannot obtain because they have no legal status
- -another reason they are in the lowest paid jobs
- When it comes to school programs, children must stay after school and socialize while their parents are at work often times leaving them to be influenced with "bad company".
- Children/young adults are on the streets without adult supervision and easy prey to be offered drugs



Texas Child Mental Health Care Consortium

- Community Psychiatry Rotations
 - 4 rotations with 30 residents and fellows
 - 484 patients attended 796 appointments
- 17 Educational sessions for primary care providers
 - 749 attendees
- MOUs with 6 school districts (84 schools)
- 32 Educational sessions for schools
 - 582 attendees
- School services: 68 students
- New Hires: 16
- Child psychiatry fellow expansion: 2 fellows

PARENTAL RESILIENCE

PROTECTIVE & PROMOTIVE FACTORS

Being a parent can be a very rewarding and joyful experience. But being a parent can also have its share of stress. Parenting stress is caused by the pressures (stressors) that are placed on parents personally and in relation to their child:

- *typical events and life changes* (e.g., moving to a new city or not being able to soothe a crying baby)
- *unexpected events* (e.g., losing a job or discovering your child has a medical problem)
- *individual factors* (e.g., substance abuse or traumatic experiences)
- *social factors* (e.g., relationship problems or feelings of loneliness and isolation)
- *community, societal or environmental conditions* (e.g., persistent poverty, racism or a natural disaster)

Numerous researchers have concluded that how parents respond to stressors is much more important than the stressor itself in determining the outcomes for themselves and their children. **Parents are more likely to achieve healthy, favorable outcomes if they are resilient. Resilience is the process of managing stress and functioning well even when faced with challenges, adversity and trauma.**

Some stressors parents face can be managed easily so that problems get resolved; for example, calling a relative or friend to pick-up a child from school when a parent is delayed. But some stressors cannot be easily resolved. For example, parents cannot “fix” their child’s developmental disability, erase the abuse they suffered as a child or be able to move out of a crime-plagued neighborhood. **Rather, parents are resilient when they are able to call forth their inner strength to proactively meet personal challenges and those in relation to their child, manage adversities, heal the effects of trauma and thrive given the unique characteristics and circumstances of their family.**

Demonstrating resilience increases parents’ self-efficacy because they are able to see

evidence of both their ability to face challenges competently and to make wise choices about addressing challenges. Furthermore, parental resilience has a positive effect on the parent, the child and the parent-child relationship. By managing stressors, parents feel better and can provide more nurturing attention to their child, which enables their child to form a secure emotional attachment. Receiving nurturing attention and developing a secure emotional attachment with parents, in turn, fosters the development of resilience in children when they experience stress.

Sometimes the pressures parents face are so overwhelming that their ability to manage stress is severely compromised. This is the case with parents who grew up in environments that create **toxic stress**. That is, as children, they experienced strong, frequent and prolonged adversity without the buffering protection of nurturing adult support. As a result, these parents may display symptoms of depression, anxiety, or other clinical disorders that inhibit their ability to respond consistently, warmly and sensitively to their child’s needs. For example, depressive symptoms in either mothers or fathers are found to disrupt healthy parenting practices so that the child of a depressed parent is at increased risk of poor attachments, maltreatment and poor physical, neurological, social-emotional, behavioral and cognitive outcomes. However, numerous research studies show parents can be helped to manage clinical symptoms and reactions to their own histories of poor attachments and trauma, to protect children from adversity and trauma as best they can and to provide more nurturing care that promotes secure emotional attachment and healthy development in their children.

All parents experience stress from time-to-time. Thus, parental resilience is a process that all parents need in order effectively manage stressful situations and help ensure they and their families are on a trajectory of healthy, positive outcomes.

PARENTAL RESILIENCE: ACTION SHEET

Your role

Your daily interactions with parents can help them to build their resilience and their belief in themselves as parents and capable decision-makers. You can:

- Projecting a positive and strengths-based approach to all families
- Support parents as key decision-makers for their families and provide opportunities for decision-making that affects the program or community
- Encourage parents to take care of themselves, particularly during stressful times
- Normalize the fact that parenting is stressful and help the parent plan proactively about how to respond to stressful parenting situations
- Validate and support good decisions

Questions to ask

- Where do you draw your strength?
- How does this help you in parenting?
- What are your dreams for yourself and family?
- What kind of worries and frustrations do you deal with during the day? How do you solve them?
- How are you able to meet your children's needs when you are stressed?
- How does your spouse, partner, or closest friend support you? When you are under stress, what is most helpful?
- What do you do to take care of yourself when you are stressed?

What to look for

- Problem solving skills
- Ability to cope with stress
- Self-care strategies
- Help-seeking behavior
- Receiving mental health or substance abuse services if needed
- Not allowing stress to impact parenting

Activities to do with parents

- Ask the parent to write down their self-care strategies and ensure that they are taking time for self-care each day.
- Ask the parent to identify situations they find stressful and make a plan in advance for how they will keep themselves calm and centered in these circumstances.

SOCIAL CONNECTIONS

PROTECTIVE & PROMOTIVE FACTORS

People need people. Parents need people who care about them and their children, who can be good listeners, who they can turn to for well-informed advice and who they can call on for help in solving problems. Thus, the availability and quality of social connections are important considerations in the lives of parents. **Parents' constructive and supportive social connections—that is, relationships with family members, friends, neighbors, co-workers, community members and service providers—**are valuable resources who provide:

- *emotional support* (e.g., affirming parenting skills or being empathic and non-judgmental)
- *informational support* (e.g., providing parenting guidance or recommending a pediatric dentist)
- *instrumental support* (e.g., providing transportation, financial assistance or links to jobs)
- *spiritual support* (e.g., providing hope and encouragement)

When parents have a sense of connectedness they believe they have people who care about them as individuals and as parents; they feel secure and confident that they have others with whom they can share the joy, pain and uncertainties that come with the parenting role; they seek timely assistance from people they have learned to count on when faced with challenges; and they feel empowered to “give back” through satisfying, mutually beneficial relationships. **Several research studies have demonstrated that—for both mothers and fathers—high levels of emotional, informational, instrumental or spiritual support is associated with positive parental mood; positive perceptions of and responsiveness to one's children; parental satisfaction, well-being and sense of competence; and lower levels of anger, anxiety and depression.**

Conversely, inadequate, conflicting or dissatisfying social connections can be the source of parental stress, rather than a buffer. For example, maternal and paternal grandparents may be very willing sources of informational and instrumental support to new parents, but their advice and manner of caregiving may be at odds

with the new parents' beliefs and preferences. At the extreme end of the continuum of poor social connections are social isolation (i.e., the lack of available and quality relationships) and loneliness (i.e., feelings of disconnectedness from others). Social isolation is a risk factor consistently associated with disengaged parenting, maternal depression and increased likelihood of child maltreatment. Similarly, loneliness may be a major stressor that inhibits parents' ability to provide consistent, nurturing, responsive care to their children.

It may seem that increasing the number of people who could provide constructive social support to parents would be the “cure” for social isolation and loneliness. Providing opportunities for parents to create and strengthen sustainable, positive social connections is necessary but alone is not sufficient. Parents can feel lonely and isolated even when surrounded by others if relationships lack emotional depth and genuine acceptance. Thus, parents need opportunities to forge positive social connections with at least one other person that engender emotional, informational, instrumental or spiritual support so that meaningful interactions may occur in a context of mutual trust and respect.

Constructive and supportive social connections help buffer parents from stressors and support nurturing parenting behaviors that promote secure attachments in young children. Therefore, parents' high quality social connections are beneficial to both the adults and the children.

SOCIAL CONNECTIONS: ACTION SHEET

Your role

You can help parents to think critically about their social network and how they could utilize it more effectively, as well as the skills and tools they need to expand it. The following strategies may assist you in engaging families in developing social connections:

- Model good relational behavior and use your interactions with families as an opportunity to help parents develop stronger relational skills
- When engaging the family's broader network in teaming or other supports, be sensitive to the quality of existing relationships and help the family identify supporters in their network who will contribute positively
- Invite parents to events where they can get to know each other – with or without their kids – and reach out especially to those parents that may be socially isolated
- If there are specific issues that serve as barriers for the family in developing healthy social connections such as anxiety or depression, encourage the family to address them

Questions to ask

- Do you have friends or family members that help you out once in a while?
- Are you a member of any groups or organizations?
- Who can you call for advice or just to talk? How often do you see them?
- What kind of social support do you need?
- Do you find it easy or challenging to make friends? If it is challenging, what specific things represent a barrier for you?
- What helps you feel connected?

What to look for

- Does the parent have supportive relationships with one or more persons (friends, family, neighbors, community, faith-based organizations, etc.)?
- Can the parent turn to their social network for help in times of need (for instance, when they need help with transportation, childcare or other resources)?
- Is the parent willing and able to accept assistance from others?
- Does the parent have positive relationships with other parents of same-age kids?
- Does the parent have skills for establishing and maintaining social relationships?
- Does the parent provide reciprocal social support to peers?

Activities to do with parents

- Work with the parent to develop an EcoMap showing the people and institutions that are sources of support and/or stress in his or her life.
- Role play with the parent to help them practice skills in approaching another parent to develop a friendship. Have the parent choose a realistic scenario such as starting a conversation at a school event, on the playground or at a place of worship.

KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT

PROTECTIVE & PROMOTIVE FACTORS

No parent knows everything about children or is a “perfect parent.” An understanding of parenting strategies and child development helps parents understand what to expect and how to provide what children need during each developmental phase. All parents, and those who work with children, can benefit from increasing their knowledge and understanding of child development, including:

- physical, cognitive, language, social and emotional development
- signs indicating a child may have a developmental delay and needs special help
- cultural factors that influence parenting practices and the perception of children
- factors that promote or inhibit healthy child outcomes
- discipline and how to positively impact child behavior

Gaining more knowledge about child development and developing greater skills in parenting are particularly important given the recent advances in the fields of neuroscience, pediatrics and developmental psychology. Scientists in these fields have provided much evidence of the critical importance of early childhood as the period in which the foundation for intellectual, social, emotional and moral development is established. Furthermore, numerous research studies show this foundation is determined by the nature of the young child’s environments and experiences that shape early brain development.

Developing brains need proper nutrition, regularly scheduled periods of sleep, physical activity and a variety of stimulating experiences. Developing brains also need attuned, emotionally available parents and other primary caregivers who recognize and consistently respond to the needs of young children, and interact with them in an affectionate, sensitive and nurturing manner. Such care gives rise to the development of a secure attachment between the child and the adult. Young children with secure attachments develop a sense of trust, feel safe, gain self-confidence and are able to explore their environments because they feel they have a secure base.

Numerous longitudinal studies have demonstrated that parental behaviors that lead to early secure attachments—and which remain warm and sensitive as children grow older—lay the foundation for social-emotional, cognitive and moral competencies across developmental periods. For example, when a young child solicits interaction through babbling or facial expressions and a parent responds in a similar manner, this type of parent-child interaction helps to create neural connections that build later social-emotional and cognitive skills. In addition, advances in brain research have shown that parental behaviors that forge secure emotional attachments help young children learn to manage stress. Secure attachments can offset some of the damage experienced by highly stressed young children as a result of trauma (e.g., maltreatment or exposure to violence.)

In contrast, parental care that is inconsistent, unresponsive, detached, hostile or rejecting gives rise to insecure attachments. Young children who experience insecure attachments display fear, distrust, anxiety or distress and are at risk for long-term adverse effects on brain development including developmental delays, cognitive impairments, conduct problems, psychopathology and relationship challenges. For example, young children who have limited adult language stimulation and opportunities to explore may not fully develop the neural pathways that support learning.

What parents do and how they treat children is often a reflection of the way they were parented. Acquiring new knowledge about parenting and child development enables parents to critically evaluate the impact of their experiences on their own development and their current parenting practices, and to consider that there may be more effective ways of guiding and responding to their children. Furthermore, understanding the mounting evidence about the nature and importance of early brain development enables both parents and those who work with children to know what young children need most in order to thrive: nurturing, responsive, reliable and trusting relationships; regular, predictable and consistent routines; interactive language experiences; a physically and emotionally safe environment; and opportunities to explore and to learn by doing.

KNOWLEDGE OF PARENTING AND CHILD DEVELOPMENT: ACTION SHEET

Your role

Each contact you have with the family provides an important opportunity to link them to parenting resources, provide child development information and model and validate effective caregiving. You can:

- Connect parents to parenting education classes or home visiting as appropriate for their situation
- Model appropriate expectations for the child
- Engage parents in dialogue when their expectations are not in line with the child's developmental phase
- Underline the importance of nurturing care to help the parent in valuing the importance of their own role
- Provide "just in time" parenting education: crucial information a parent needs at the time when parenting issues arise
- Help the parent identify a series of trusted informants that they can turn to when they need parenting information

Questions to ask

- What does your child do best and what do you like about your child?
- What do you like about parenting? What do you find challenging about parenting?
- How have you learned about parenting skills?
- How do you continue to learn about your child's development?
- What has helped you learn about yourself as a parent?
- Are there things that worry you about your child's development or behavior?
- Have other people expressed concern about your child?

What to look for

- Does the parent understand and encourage healthy development?
- Is the parent able to respond and manage their child's behavior?
- Does the parent understand and demonstrate age-appropriate parenting skills in their expectations, discipline, communication, protection and supervision of their child?
- Does the child respond positively to the caregivers' approaches?
- Does the parent understand and value their parenting role?
- Does the parent have a reliable source for parenting information when issues come up?
- Does the parent know how to encourage social-emotional development and apply a range of age-appropriate disciplinary strategies?
- Is the parent involved in their child's school, preschool or other activities?
- Does the parent understand the child's specific needs (especially if the child has special developmental or behavioral needs)?

Activities to do with parents

- Ask the parent what their hopes and dreams are for their child(ren). Discuss any worries the parent has about ensuring those hopes and dreams are met. Then discuss what the parent is doing today (or wants to do) to help achieve those hopes and dreams.

CONCRETE SUPPORT IN TIMES OF NEED

PROTECTIVE & PROMOTIVE FACTORS

All parents need help sometimes—help with the day-to-day care of children, help in figuring out how to soothe a colicky baby, help getting to the emergency room when a bad accident happens, help in managing one's own temper when fatigued or upset. When parents are faced with very trying conditions such as losing a job, home foreclosure, substance abuse, not being able to feed their family or trauma, they need access to concrete support and services that address their needs and help to minimize the stress caused by very difficult challenges and adversity. **Assisting parents to identify, find and receive concrete support in times of need helps to ensure they and their family receive the basic necessities everyone deserves in order to grow (e.g., healthy food, a safe environment), as well as specialized medical, mental health, social, educational or legal services.**

When parents are faced with overwhelmingly stressful conditions they need to seek help, but for some parents asking for help is not an easy thing to do. It may be embarrassing for some parents because it feels like an admission of incompetence; that they don't know how to solve their own problems or take care of their family. Other parents may not seek help because they don't know where to go for help, or the services needed have a stigma associated with them such as mental health clinics and domestic violence or homeless shelters. **Thus, parents need experiences that enable them to understand their rights in accessing services, gain knowledge of relevant services and learn how to navigate through service systems.** Family and child-serving programs must clearly communicate to parents that seeking help is not an indicator of weakness or failure as a parent. **On the contrary, seeking help is a step toward improving one's circumstances and learning to better manage stress and function well—even when faced with challenges, adversity, and trauma. When parents ask for help, it is a step toward building resilience.**

When parents seek help, it should be provided in a manner that does not increase stress. Services should be coordinated, respectful, caring and strengths-based. Strengths-based practice is grounded in the beliefs that:

- It is essential to forge a trusting relationship between parents and service providers and among service providers working with the same families
- Regardless of the number or level of adverse conditions parents are experiencing, they have assets within and around them, their family and their community that can be called upon to help mitigate the impact of stressful conditions and to create needed change
- Parents have unrealized resources and competencies that must be identified, mobilized and appreciated
- Parents must be active participants in the change process and not passive recipients of services
- Parents must first be guided through, and subsequently learn how to navigate, the complex web of health care and social service systems
- In addition to addressing each parent's individual difficulties, strengths-based practitioners must understand—and work to change—the structural inequities and conditions that contribute to these difficulties

A strengths-based approach helps parents feel valued because they are acknowledged as knowledgeable and competent. They develop a sense of self-confidence and self-efficacy because they have opportunities to build their skills, experience success and provide help to others. Thus, access to concrete support in times of need must be accompanied by a quality of service coordination and delivery that is designed to preserve parents' dignity and to promote their and their family's healthy development, resilience and ability to advocate for and receive needed services and resources.

CONCRETE SUPPORT IN TIMES OF NEED: ACTION SHEET

Your role

As a professional working with families, your role is not just to provide referrals to needed services, but to identify any barriers the families may have in accessing those services. Helping families overcome those barriers is crucial to ensuring that their concrete needs are met. Such help may entail:

- Encouraging help seeking behavior
- Working with the family to understand their past experience with service systems and any stigma they attach to certain services
- Helping the family to navigate complex systems by explaining eligibility requirements, filling out forms or making a warm handoff to an individual who can help them negotiate getting access to the services they need
- Helping the parent understand their role as an advocate for themselves and their child
- Giving parents opportunities to help meet concrete needs of other families in the program or the community, to encourage reciprocity

Questions to ask when a family is in need

- What do you need to _____ (stay in your house, keep your job, pay your heating bill etc.)?
- What have you done to handle the problem? Has this worked?
- Are there community groups or local services that you have worked with in the past? What has been your experience accessing their services?
- Are there specific barriers that have made it difficult for you to access services in the past?
- How does dealing with these issues impact the way you parent?

What to look for

- Is the parent open to accessing and utilizing services?
- Has the parent had positive experiences with services in the past?
- Does the parent have specific barriers (literacy, lack of transportation, etc.) that will make it difficult to access services?
- Are there personal behavioral traits (e.g., punctuality, willingness to share personal information, etc.) that the parent could address to more effectively utilize services?
- Does the parent try to buffer the child from the stress caused by the family's concrete needs?

Activities to do with parents

- Ask the parent to identify one concrete need that, if met, would lighten his or her burden. Come up with a list of at least three possible avenues to get that need met (e.g., agencies to approach, people to ask for help, cutting back on other expenses).
- Talk to the parent about what their family's socioeconomic status was in their childhood and what effect that had on them. Discuss things their parents did or did not do to buffer them from the stress of poverty, to teach them the value of money or to make sure their needs were met.

SOCIAL-EMOTIONAL COMPETENCE OF CHILDREN

PROTECTIVE & PROMOTIVE FACTORS

Early childhood is a period of both great opportunity and vulnerability. Early childhood experiences set the stage for later health, well-being and learning. In the past, most of the focus was on building young children's academic skills in an effort to ensure they were prepared for school. However, in recent years a growing body of research has demonstrated the strong link between young children's social-emotional competence and their cognitive development, language skills, mental health and school success. The dimensions of social-emotional competence in early childhood include:

- **self-esteem** - good feelings about oneself
- **self-confidence** - being open to new challenges and willing to explore new environments
- **self-efficacy** - believing that one is capable of performing an action
- **self-regulation/self-control** - following rules, controlling impulses, acting appropriately based on the context
- **personal agency** - planning and carrying out purposeful actions
- **executive functioning** - staying focused on a task and avoiding distractions
- **patience** - learning to wait
- **persistence** - willingness to try again when first attempts are not successful
- **conflict resolution** - resolving disagreements in a peaceful way
- **communication skills** - understanding and expressing a range of positive and negative emotions
- **empathy** - understanding and responding to the emotions and rights of others
- **social skills** - making friends and getting along with others
- **morality** - learning a sense of right and wrong

These dimensions of social-emotional competence do not evolve naturally. The course of social-emotional development—whether healthy or unhealthy—depends on the quality of nurturing attachment and stimulation that a child experiences. Numerous research studies show that a relationship with a consistent, caring and attuned adult who actively promotes the

development of these dimensions is essential for healthy social-emotional outcomes in young children. Actively promoting social-emotional competence includes activities such as:

- Creating an environment in which children feel safe to express their emotions
- Being emotionally responsive to children and modeling empathy
- Setting clear expectations and limits (e.g., "People in our family don't hurt each other.")
- Separating emotions from actions (e.g., "It's okay to be angry, but we don't hit someone when we are angry.")
- Encouraging and reinforcing social skills such as greeting others and taking turns
- Creating opportunities for children to solve problems (e.g., "What do you think you should do if another child calls you a bad name?")

Children who have experiences such as these are able to recognize their and others' emotions, take the perspective of others and use their emerging cognitive skills to think about appropriate and inappropriate ways of acting. Conversely, research shows children who do not have adults in their lives who actively promote social-emotional competence may not be able to feel remorse or show empathy and may lack secure attachments, have limited language and cognitive skills and have a difficult time interacting effectively with their peers. Evidence shows, however, that early and appropriate interventions that focus on social-emotional development can help to mitigate the effects of negative experiences in ways that lead to improved cognitive and social-emotional outcomes.

SOCIAL AND EMOTIONAL COMPETENCE OF CHILDREN: ACTION SHEET

Your role

It is important to increase parents' awareness of the importance of early relationships and of their role in nurturing their child's social-emotional development by:

- Providing concrete tips and resources to parents to help them build their skills
- Modeling developmentally appropriate interactions with children that help them to recognize and manage their emotions and build other social and emotional skills
- Connecting families to resources that can help support their children's social-emotional development—these might be simple (such as classes like Second Step, or books and games that help children to name or recognize their emotions) or more intensive (such as mental health counseling)
- Staying attuned to trauma and how it impacts the child's behaviors and relationships, including taking time to explain and discuss children's behavior with parents when they are "acting out" due to trauma

Questions to ask

- How is the emotional relationship between you and your child?
- How do you express love and affection to your child?
- How do you help your child express his or her emotions?
- In what situations are your child's emotions hard for you to deal with?

What to look for

- Does the child feel safe to express emotions in the relationship with the parent?
- Is the parent emotionally responsive to the child?
- Does the parent model empathy?
- Does the parent set clear expectations and limits (e.g., "People in our family don't hurt each other")?
- Does the parent separate emotions from actions (e.g., "It's okay to be angry, but we don't hit someone when we are angry")?
- Does the parent encourage and reinforce social skills such as greeting others and taking turns?
- Does the parent create opportunities for children to solve problems? (e.g., "What do you think you should do if another child calls you a bad name?")?

Activities to do with parents

- Have the parent sketch out (or write out) an interaction with their child. Begin with an experience that typically makes the child happy, sad, frustrated or angry. Then have the parent illustrate or describe what the child does when he or she feels those emotions, how the parent responds and how the child responds. Identify and talk through positive or negative patterns in the interaction.
- Ask the parent to think of an adult who they loved as a child. What was it about the relationship with that adult that made it so important? Ask them what elements of that relationship they can replicate in their relationship with their child(ren).

CSSP'S PROTECTIVE AND PROMOTIVE FACTORS

The Center for the Study of Social Policy (CSSP) works to create new ideas and promote public policies that produce equal opportunities and better futures for all children and families, especially those most often left behind. The foundation of all of CSSP's work is a child, family and community well-being framework that includes a focus on protective and promotive factors. Using an ecological perspective:

- **protective factors** are conditions or attributes of individuals, families, communities or the larger society that **mitigate or eliminate risk**
- **promotive factors** are conditions or attributes of individuals, families, communities or the larger society that **actively enhance well-being**

Taken together, protective and promotive factors increase the probability of positive, adaptive and healthy outcomes, even in the face of risk and adversity.

The **Strengthening Families™** and **Youth Thrive™** frameworks exemplify CSSP's commitment to identify, communicate and apply research-informed ideas that contribute to the healthy development and well-being of children, youth and families. As numerous studies affirm the importance of early childhood experiences in influencing adolescent and adult behavior, these frameworks provide a view of two interrelated phases of the lifespan developmental continuum: Strengthening Families focuses on families of young children (0-5 years old) and Youth Thrive on youth ages 11-26.

The Strengthening Families Protective Factors	The Youth Thrive Protective and Promotive Factors
<ul style="list-style-type: none"> • Parental Resilience • Social Connections • Knowledge of Parenting and Child Development • Concrete Support in Times of Need • Social-Emotional Competence of Children 	<ul style="list-style-type: none"> • Youth Resilience • Social Connections • Knowledge of Adolescent Development • Concrete Support in Times of Need • Cognitive and Social-Emotional Competence in Youth

Parents, system administrators, program developers, service providers and policymakers can each benefit from learning about and using the Strengthening Families and Youth Thrive frameworks in their efforts to ensure that children, youth and families are on a path that leads to healthy development and well-being.