

## Texas LAUNCH Expansion Plan

### *Part I: Overview of Expansion Grant Leadership*

#### **1. Description of the Core Expansion Team.**

The Department of State Health Services (DSHS) is the state public health agency housing Title V Maternal and Child Health and Mental Health and Substance Abuse divisions. Title V houses the Project Director, who provides overall leadership of Texas LAUNCH, including serving as the fiscal agent for the grant, overseeing all contracts, and maintaining responsibility for grant oversight and federal reporting. Title V coordinates the Texas Expansion Oversight Committee (TEOC), including identifying key state stakeholders, hosting quarterly meetings and developing state strategies to enhance the wellness of young children and their families. Title V is supported by the Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas at Austin. TIEMH houses the State Lead and Evaluation Lead and is responsible for supporting Title V in implementation of the expansion plan, supporting policy and infrastructure improvement activities, coordinating training and technical assistance and conducting the evaluation of the initiative. TIEMH will assist communities in developing local implementation plans for the core strategies, with guidance from Aliviane. Aliviane, Inc. supports the El Paso Project LAUNCH (EPPL) initiative and the Local Lead. Aliviane is responsible for providing technical assistance to expansion communities to develop Young Child Wellness Councils, training on the use of developmental and social-emotional screening tools, as well as technical assistance on the development of parenting enhancement and mental health consultation programs. Project leads from the three organizations will meet through teleconference or web-based conference bi-weekly to coordinate efforts, identify barriers, and problem solve solutions and next steps. These three organizations have experience with cooperative projects and each bring unique strengths and experiences to the collaboration.

#### **2. Description of the Expansion Oversight Council.**

The Texas Expansion Oversight Committee includes representatives from the DSHS Title V Maternal and Child Health and the Children with Special Health Care Needs Division; Department of Family and Protective Services (DFPS), Prevention and Early Intervention (PEI) and Home Visiting; Health and Human Services Commission (HHSC), Office of Medicaid; DSHS Mental Health and Substance Abuse (MHSA) Division; Department of Assistive and Rehabilitative Services (DARS), Early Childhood Intervention program; and Texas Head Start Pre-K, among many other partners (see Appendix A). In addition, our local leads from

each expansion community, Ysleta del Sur, Fort Worth, and San Antonio (community partners still to be selected through RFP process) will have representatives on the TEOC. The TEOC is also currently recruiting parent/caregivers of young children (0 to 8), to ensure at least 10% representation by parents. To increase the inclusion of parents and other caregivers within the initiative, project leadership is consulting with the Texas Family Voice Network, the Children’s Policy Council and Texas Parent to Parent. These three family-run organizations or groups provide state-level family leadership within their areas of focus, including behavioral health, disabilities, and special health care needs. Parent representatives to the TEOC will be sought through an application process after community lead agencies have been identified, increasing the likelihood of having local parent representatives. The TEOC is also working closely with several other key stakeholder groups, including the Texas Early Learning Council and the Texas System of Care Consortium. The role of TEOC is to build on the work of the original Project LAUNCH grant by garnering state resources and infrastructure to support the expansion of successful elements of the EPPL initiative within three additional communities, with the ultimate goal of additional expansion. To date, TEOC has established a platform for convening, the mission statement of *Promoting the success and wellness of young children and their families in Texas through evidence-based prevention programs and coordinated early childhood systems*, and a foundation to align Project LAUNCH strategies with existing state initiatives. Long-term goals of the TEOC are to (a) develop and oversee the Project LAUNCH expansion plan; (b) identify opportunities to embed Project LAUNCH activities within state and local programs, including policies, training, financing and data systems; and (c) develop and implement a social marketing plan to document the benefits of early childhood interventions and engage additional communities in similar activities. TEOC will meet quarterly to discuss program progress and address long-term goals. Once Texas expansion communities are identified and their Young Child Wellness Councils are convened, a community representative will be responsible for participating in the TEOC quarterly meetings to discuss implementation updates, barriers, and progress on health disparities reflected in the Disparities Impact Statement.

### **3. Description of Oversight of the Disparity Impact Strategy.**

The Texas Expansion Oversight Committee will garner state resources and infrastructure to support the expansion of successful elements of the EPPL initiative as outlined above. A special subcommittee from this group will include data analysis specialists and expansion community representatives who will focus specifically on the oversight of the Disparity Impact Strategy and bring information back to TEOC on a quarterly basis. The Center for the Elimination of Disproportionalities and Disparities (CEDD), in the Office of Minority Health and Health Equity in HHSC, is tasked with providing technical assistance and support to community agencies, including mental health organizations, to address community disparities and will participate on this subcommittee. This subcommittee will be led by the Project Evaluation Lead.

#### **4. Description of how the expansion communities will engage with each other.**

Expansion communities will have several opportunities to learn and engage with each other through ongoing meetings, conference calls, technical support, and resource sharing. A representative from each community will attend the TEOC meetings quarterly to address: sustainability, community infrastructure, resource sharing, policy review, data sharing, training, finances, barriers, health disparities, program updates, success stories, and implementation strategies. Communities will have an opportunity to learn and network with each other during these meetings. Community providers will also engage with each other as they train and receive support on implementing these practices. For example, providers will attend training in Incredible Years together and participate on group coaching phone calls with treatment developers. TIEMH will also host web-based meetings to facilitate the provision of implementation support to the communities and will provide an online forum (e.g. Box file) for the sharing of resources developed (e.g., educational materials). In addition to state-wide support, each community will be provided with onsite assistance from the State Project Coordinator (SPC), Evaluator (E) and El Paso Project Lead (EPPL) in order to share/discuss/strategize regarding program implementation that can be shared across communities. This can include the SPC, E, EPPL attending local community coalition meetings and inviting other community representatives to attend as well. Technical support will be provided on an ongoing basis through conference calls where community leads can request to discuss items together or individually. Community representatives will be highly encouraged to informally call/engage/discuss with other community leads at any time.

### *Part II: Core Strategy/System Element Expansion Plan*

#### **Strategy/System Element: Developmental and Social Emotional Screening**

##### **1. Description of how the Developmental and Social Emotional Screening strategy/element was implemented in the original LAUNCH grant.**

The El Paso Project LAUNCH worked to increase the use of validated screening instruments (with a particular emphasis on social and emotional functioning) to ensure that developmental issues or concerns in children ages 0 to 8 are identified and addressed early. To do this, the program promoted and coordinated trainings on various tools for community-based organizations/agencies such as early child care providers, primary care providers, medical office staff and students, early intervention staff, substance abuse treatment staff, and various other organizations that come into contact with young children. EPPL promoted and helped

coordinate the use of the identified screenings in various early childcare programs, providing presentations and materials to parents regarding the importance of screening and how to access services, and screening families using the program's identified tools. The program's identified tools include the:

1. Ages and Stages Questionnaire (ASQ) for children ages 1 to 5.5
2. Ages and Stages Questionnaire-Social Emotional (ASQ-SE) for children ages 1 to 5.5
3. Parent Evaluation of Developmental Status (PEDS) for children ages 1 to 8
4. Modified Checklist for Autism in Toddlers (MCHAT)
5. The Edinburg Postnatal Depression Screening (EPDS)
6. The CAGE-AID which is a parental substance abuse screening.

EPPL worked closely with the local/regional State Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, Texas Health Steps. In 2011, Texas Health Steps adopted a statewide screening policy that included reimbursement for developmental screenings as part of child wellness visits at specific ages. To build on this policy change, EPPL coordinated an ASQ & ASQ-SE Training for Trainers to help build the community's capacity to implement the policy. EPPL worked closely with Texas Tech 2<sup>nd</sup> and 3<sup>rd</sup> year pediatric medical residents on the importance of screenings and on the utilizing behavioral health resources in the community.

**Screenings were used by the EPPL team:**

- Incredible Years facilitators
- Mental Health consultants
- Home Visitation program
- Community Liaison

EPPL, along with The Child Wellness Council and 211, enhanced the existing resource guide/directory and developed a downloadable mobile "app" for parents and the community on available resources.

**2. Plan for expanding this strategy/element to the three expansion communities.**

The three communities will receive training and technical assistance from the EPPL team in the use of the tools and strategies to engage community staff across multiple settings in the use of the screening tools. Project staff in each community will be trained and become skilled at training others to effectively use the tools and provide technical assistance to implement screening

programs. A train-the-trainer workshop in the ASQ tools will be conducted as needed to increase the number of community trainers. Each community will receive an Ages and Stages Toolkit for use in their region. Additional materials will be created to communicate the importance of screening to families, medical providers, and other child-serving settings. Each community will identify or develop tools to support appropriate referrals following positive screens. Communities will be asked to follow-up with families who received referrals or a positive screen within a given period of time and report on the findings. If families have encountered barriers in accessing services, the community provider will assist with additional referrals or navigation. When systematic challenges are documented, these barriers will be addressed within the Early Childhood Wellness Council through policy clarification or other means. This process will support the development of community-level follow-up systems. San Antonio and Fort Worth both support the Network of Care online community resource databases, and local staff will review and update information for services to families with young children. Focus for implementation will primarily be upon child care providers, Head Start staff, primary care, and Home Visiting staff. This will allow for the ability to reach a wide range of young children and therefore have the broadest impact with a universal approach. All communities are initially targeting early childcare settings, Early Head Start, and Head Start for screening and referral activities. After establishment of these programs, expansion will shift to health providers and other educational settings.

### **Strategy/System Element: Family Strengthening**

#### **1. Description of how the Family Strengthening strategy/element was implemented in the original LAUNCH grant.**

The Incredible Years Parent Training provided by EPPL is conducted by the Paso Del Norte Children’s Development Center, a partner agency. Overall, the goal under this strategy is to provide parents with access to evidence-based family strengthening and parent education activities that will help them provide healthy, safe, nurturing, and secure family environments. EPPL trained a cohort of trainers and developed an Incredible Years parenting training program for families with children ages 0-8. The Incredible Years Parent training program was the first to offer parenting classes to a fragmented system. These classes were open to parents with children 0-8 that were not at risk, involved with CPS or the Juvenile Justice System. Any parents interested with children age zero to eight were eligible to enroll.

EPPL collaborated with different agencies and was able to make various locations accessible to parents where classes were offered. This was able to meet the needs of the families. Locations included but were not limited to: public elementary and middle schools, charter schools, transitional living centers, housing developments, community libraries, community recreations centers, day cares, early care and education centers.

## **2. Plan for expanding this strategy/element to the three expansion communities.**

The family strengthening strategy will focus on implementation of Incredible Years in all three communities. In the initial year of the Texas LAUNCH initiative, implementation will focus on the Preschool Basic Program, targeting children between 3 and 6 (other ages will be targeted in subsequent years). Two group leaders will be identified within each community, ensuring that they meet program requirements and have full support from their agency to conduct Incredible Years parenting groups. We will strive for at least one group leader to be able to provide parenting groups to Spanish-speaking participants. Each community will receive a training kit for Incredible Years (3-6), which includes 9 videos and a group leader's manual. Group leaders will receive training by the Incredible Years training program in Seattle, Washington. Group leaders will receive monthly group consultation by a trainer for twelve months to ensure effective implementation and fidelity. The State Lead at TIEMH will also provide support to guide implementation, including building support from agency leadership, identifying referral resources, addressing implementation barriers, and monitoring data. The Local Lead at Aliviane will provide technical assistance on establishing Incredible Years groups, based on her experience gained during EPPL. Group leaders will be encouraged to seek certification as an Incredible Years leader, through submission and review of a DVD of group sessions and other paperwork.

Communities who express interest in hosting Parent Cafés after implementing Incredible Years will receive support to develop capacity for this model. The Parent Cafés is an approach for promoting effective parenting strategies and providing information that would promote additional access to the Incredible Years program. By adding Parent Cafés as a part of this grant, each community will be able to extend the impact of programming to a larger population. Community leaders, in consultation with the Local Lead, will adapt the Parent Café model to be culturally engaging for the participants within their community. Each community will be supported to not only train providers to facilitate the model but recruit fellow parents to co-lead and to start their own group within their church or community center.

### **Strategy/System Element: Mental Health Consultation**

#### **1. Description of how the Mental Health Consultation strategy/element was implemented in the original LAUNCH grant.**

The EPPL is implementing both programmatic and child/family-centered consultation to early childhood programs, schools, and families living within zip code 79901, known as Segundo Barrio and Chihuahuita. Although both programmatic and child/family centered services are conducted, a focus is on programmatic consultation in an effort to build community capacity to foster social

emotional health and conduct early identification and prevention efforts. The program is targeting Head Start/Early Head Start programs, the area elementary school's kindergarten classes and El Paso Independent School District (EPISD) Early Childhood classes. The program utilized the Georgetown University Center, Child and Human Development model for mental health consultations and various materials/training resources provided by the Center for the Social and Emotional Foundations for Early Learning. Overall, the LAUNCH early childhood mental health consultation program continues to focus on building the capacity of staff, families, programs and systems to prevent, identify, treat, and reduce the impact of mental health problems among children from birth to age 8 and their families.

Mental Health Consultation is built on the consultant's ability to develop relationships with both child care providers and parents. The mental health consultation program within LAUNCH was conducted by a partner agency, the El Paso County Department of Mental Health Support Services, due to their experience in mental health and the philosophy of "wrap-around" services that are built into their programs.

EPPL received in-depth Technical Assistance from SAMSHA in how to build mental health consultation into their program, and as a result EPPL was able to develop the only early childhood mental health consultation program of its kind in El Paso. The consultants' primary focus was on building programmatic consultation and workforce development for Early Childhood Educators. As the program developed, child/family centered consultation was offered to those families needing additional support and help with behavior management.

## **2. Describe the general plan for expanding this strategy/element to the three expansion communities.**

The project team will look for opportunities to support the implementation of Mental Health Consultation in one or more expansion communities, based on local needs, interest, readiness, and funding. The project team will utilize the Texas LAUNCH initiative to examine policy and financing opportunities to support expansion of this model, using the Georgetown University Child and Human Development model. In Year 4 of the initiative, interested communities will receive training and coaching from Georgetown University or the new Center for Early Childhood Mental Health Consultation. Communities will be supported in their implementation through technical assistance by the EPPL Local Lead. By delaying implementation to the final year, communities will have an opportunity to establish or strengthen relationships with early childhood education and child care settings. The State Lead will assist communities in the development of outreach tools to describe the opportunity and local providers will have access to national toolkits and resources to enhance their skills.

## **Strategy/System Element: Early Childhood Workforce Development**

### **1. Description of how the Early Childhood Workforce Development strategy was implemented in the original LAUNCH grant.**

EPPL accomplished the following workforce development goals:

1. Identified the needs of the community through the Child Wellness Council
2. Training of trainers ASQ-3 & ASQ-SE
3. Two-day training seminar on the ASQ-3 & ASQ-SE
4. EPPL hosted a training of trainers in the Incredible Years Baby/Toddler & Preschool BASIC curricula
5. EPPL hosted various workforce development opportunities for providers across the community through formal and informal trainings/presentations at local conferences (medical providers, child care centers and those working with children and families)
6. The Child Wellness Council and its members requested trainings for staff or the community at Conferences/Symposiums
7. EPPL in collaboration with its Young Child Wellness Council hosted two provider conferences:
  - May 2013 – 3-day Growing Great Kids Conference
  - September 2015 – 2-day Keep Growing Great Kids Conference

Each conference hosted diverse audiences of early childhood providers, childcare workers and administrators, social workers, early childhood intervention staff, substance abuse prevention staff, Head Start administrators and staff, behavioral health providers, managed care organization staff, various child serving agencies, school district personnel, local foundation personnel, and primary care residents. The initial Growing Great Kids Conference focused on adult and child resiliency and had an audience of approximately 230 people over the three days, and the Keep Growing Great Kids Conference focused on adverse childhood experiences, infant mental health, and systems approaches and hosted approximately 100 providers and 100 parents.

### **2. Describe the general plan for expanding this strategy/element to the three expansion communities.**

The Texas LAUNCH project will work to expand the competency of the workforce serving infants, toddlers and young children. The initiative will work to advance the promotion and prevention strategies through training on a) mental health promotion and child development; b) trauma-informed care; c) developmental and social-emotional screenings; d) the Incredible Years parent

training program; and e) mental health consultation. Training will focus on the three expansion communities, with the aim of reaching additional members of the workforce as the project matures. Existing training opportunities within each community will be enhanced by addressing gaps in training content or segments of the workforce. Local community partners will be supported by the EPPL Local Lead to develop the capacity to train on a variety of early childhood topics through a “train-the-trainer” model. TIEMH staff will provide additional training support as needed in early childhood topics. Additional workforce competency will be built through trainings and phone consultation provided by national model developers, primarily in the Incredible Years and Mental Health Consultation models. Existing training opportunities, such as online trainings offered through Texas Health Steps and First 3 Years, will be promoted through brochures, websites, and social media strategies.

Texas LAUNCH will begin to build sustainability for the workforce training efforts through a partnership with the First 3 Years, a Texas infant mental health association. To aid planning for expansion beyond the three communities, project staff will survey existing training opportunities, inclusive of state agency trainings (e.g. child welfare staff, ECI staff), community and junior colleges, and 4-year university programs. Staff within First 3 Years will conduct interviews and surveys of existing membership to identify challenges and barriers to certification, as well as preferred avenues for training. First 3 Years will conduct a needs assessment and develop a report with recommendations on strategies to enhance the state workforce. Additional activities will be planned based on these planning activities and may include coordinating web-based or workshop trainings, creating specialty tracks within existing state conferences, supporting attendance at existing conferences, and providing outreach and support to encourage professionals to seek endorsement.

### *Part III: Overview of the Expansion Communities and Activities*

#### **Expansion Community: Ysleta del Sur Pueblo**

##### **1. Brief description of the expansion community.**

The Ysleta del Sur Pueblo, home to the Tigua tribal nation, is situated in close proximity to the City of El Paso and the City of Socorro, Texas, just north of Mexico along the Rio Grande. The land configuration is referred to as "checkerboard" or pieced together with non-contiguous boundaries. The primary reservation community is one mile northeast of the Zaragoza International border between the United States and Mexico (Ysleta del Sur Pueblo, 2016). The Tigua Indians are a U.S. federally recognized Native American tribe, residing in the sovereign nation of Ysleta del Sur. Established in 1682, tribal enrollment is now 1,600 citizens and 1,500 descendants (Ysleta del Sur Pueblo, 2015). The population of Ysleta del Sur is currently 3,910 members. The

Pueblo is divided into two districts in which members reside. The median age of District One is 32.5 years old and the median age of District Two is 18.4 years old (Tribal Records Department, 2015).

The Tigua tribal nation operates its own governmental system, social and health system, and Tribal enterprises. The current Tribal administration is overseen by the Tribal governor's office comprised of a Governor and a Lt. Governor who act as Tribal administrators and oversee governmental and the Tribal enterprise system. The Tribal Council is comprised of nine (9) members, who hold all governmental power, fiscal authority, and sovereign power. Presently, Ysleta del Sur Pueblo's government operations are comprised of a Health and Human Services, Social Services, Economic Development, Wellness and Recreational Center, Tribal Police, Tribal Court System, Environmental, Elder's Center, Early Learning Center, Tribal Empowerment, and Emergency Management.

Tribal demographics indicate that economic and educational distress on the reservation is far greater than for the City of El Paso and the U.S. A socioeconomic profile of the Ysleta del Sur Pueblo (2013) revealed that 33% of households are at or below the federal poverty level, compared to 22.8% in El Paso and 12% nationally. According to the Tribal Empowerment Department, there are limited practitioners within the tribal community to provide services to children and families, which can result in oversized caseloads, provider strain, and difficulty maintaining program integrity.

## **2. Brief description of the expansion community's readiness and capacity to implement the LAUNCH strategies/elements being replicated.**

As noted above, Ysleta del Sur Pueblo has a well-defined governance and infrastructure already in place. Ysleta del Sur's Health and Human Services within the Pueblo operates a multidisciplinary clinic that incorporates health services, health education, outreach, and social services. Social Services provides child care to young children, with 51 children served in 2013 (Ysleta del Sur Pueblo, 2014). Social Services also offers Cultural Camp to children to increase knowledge of tribal customs and traditions. The Pueblo also hosts the Tuy Pathu Pre-K program, which supports the social, physical, emotional and cognitive skills of 3 and 4-year olds, while incorporating Tigua culture, language, agriculture, and social knowledge. The Pre-K program served 58 children in 2013 (Ysleta del Sur Pueblo, 2014). The Tribal Empowerment Department addresses employment, training, and education programs through the use of multi-method approaches and guidance. The approaches include: tutoring, reading classes, basic computer classes, social services referrals and support, technical training, financial aid, literacy, and youth programs for children 5-13. In addition, the Tigua Tribal Council, that governs and oversees all government and enterprise systems, has a

memorandum of understanding with the Department of State Health Services and Aliviane to support collaboration around behavioral health issues.

Ysleta del Sur Pueblo provides a variety of priority programming to address children; however, several departments are interested in Project LAUNCH's ability to improve continuity of care around screening all children that are enrolled in early childhood programs. More consistent screenings would enhance the current referral processes for positively screened children by allowing for a more informed, expedited referral process for needed services. Texas LAUNCH will be housed in the hub of early childhood education and development center, which would also support opportunities for improving direct communication between programs. The Director of the Tribal Empowerment Department also highlighted the following information regarding population needs and current priorities: developing a parenting education model with fidelity would increase effective practices and create a common thread of education, utilizing the resources already in place at the development center will enhance practices and implementation ease for the project, workforce development would guide staff in accessing advanced learning opportunities, and having a previous Parents as Teachers model highlighted the priority need for early assessment and screening to further define the needs of families.

EPPL provided some outreach and engagement of Ysleta del Sur in their previous grant; consequently, Ysleta del Sur has greater community readiness to implement the strategies and a better understanding of some potential challenges for implementation. Previous family strengthening efforts were challenged by the timing of parenting workgroups, which did not accommodate parents' work schedules. The community also struggled with workforce retention, with individuals trained in the evidenced-based models leaving the agencies before the program was fully established. Another important lesson was that the family strengthening efforts needed to incorporate the tribe's unique historical trauma. It is well-documented that only a few generations back, Tigua children were forced into a boarding school in Albuquerque, NM (400 miles away), where they were subjected to abuse, forced labor, and improper nutrition. Today, Tigua children are presented with ongoing challenges, having to deal with racism and bullying from non-Indian peers and service delivery systems that are fragmented, forcing the child and parents to acquire effective system navigation skills or risk falling through the cracks (Tribal Empowerment Department 2016). Texas LAUNCH will strive to address these barriers through preferred scheduling for IY classes, enhanced parent engagement strategies, cultural adaptations, and changes to policies.

**3. Brief description of the racial/ethnic populations or subpopulations of focus identified in the Disparity Impact Statement for this expansion community.**

Significant disparities are found in the Native American population in general. According to the Indian Health Services, Native American and Alaskan Native tribes have long experienced lower health outcomes than other Americans, dying on average 4.2 years earlier (Indian Health Services, 2015). Rates of chronic liver disease and cirrhosis are 4.9 times higher in the Native American population and suicide rates are 1.6 times higher. A survey of two tribes mirroring the National Comorbidity Survey demonstrated that the Native American population was at increased risk for PTSD and alcohol dependence compared to the general population (Beals, Novins, Whitesell, et al., 2005). Joseph Gone (2004) reviews the behavioral health service systems targeting Native American populations and concludes that systems are significantly underfunded and inadequate to meet current needs.

Specific to the members of the Ysleta del Sur Pueblo, tribal demographics indicate that economic distress on the reservation is far greater than for the city of El Paso (which surrounds the Pueblo) and the U.S. as a whole. A socioeconomic profile of the Ysleta del Sur Pueblo (2013) revealed that 33% of households are at or below the federal poverty level, compared to 22.8% in El Paso and 12% nationally. Furthermore, the unemployment rate of tribal members is greater than three times the national rate, at 16%. Low educational attainment, which likely contributes to rates of poverty and unemployment, is also of concern in the Pueblo. Specifically, 18% of tribal members do not have a high school diploma (compared to 15% nationally), and only 7% have a bachelor's degree or higher (compared to 28% nationally) (Ysleta Del Sur Pueblo Socioeconomic Profile, 2014). The lack of educational attainment and high poverty and unemployment levels of adults in Ysleta del Sur Pueblo significantly impacts tribal children. Indeed, 41% of children on the reservation are living in poverty, which is almost twice the national level (22%).

**4. Brief description of who will carry out the work in the expansion community.**

Anna Silvas is the Director for The Tribal Empowerment Department. She is responsible for the employment, training and education programs aimed at preparing tribal community members for employment through achieving their education goals. As the Director, she oversees the day-to-day operations for the integrated service delivery department to include program development, program implementation and evaluation. Employed for 15 years by the Pueblo, Anna first started her career in libraries and Pre-K systems within the tribal community. Anna Silvas will serve as the supervisor to the community's local lead, providing on-going oversight and support for the grant, and is a member of the tribal community. MarySue Femath is the

Director’s Assistant for The Tribal Empowerment Department. She is responsible for supporting the Director in day to day operations work. MarySue is also from the tribal community.

Linda Wiley is the Early Learning Development Specialist for The Tribal Empowerment Department (TED). She is responsible for the local oversight and day-to-day operations of Texas LAUNCH. Linda will be working with the Early Learning Center, the Pre-K program housed within the TED, the Bright Start daycare program, and the Parents as Teachers home visiting program. Linda provided mental health consultation to early childcare providers on the original Project LAUNCH site in El Paso.

Once a contract has been solidified between the Department of State Health Services and TED, TED will be responsible for providing support to the El Paso Early Childhood Wellness Council, which Aliviane, developed in the original LAUNCH site. At present, the Tribal Council provides oversight to many early childhood efforts.

**5. Outline the goals, outcomes, and activities for each strategy/element.**

Below is a table outlining how each Project LAUNCH Texas Expansion core strategy will be addressed to meet the needs of the Ysleta del Sur Pueblo.

## Ysleta Del Sur Pueblo Expansion Plan

### Strategy/Element: Developmental and Social Emotional Screening and Assessment

| Goals   | Key activities   | Stakeholders responsible  | Benchmarks of progress   | Total number of children, families, or providers engaged   | Number of children, families, or providers from population or subpopulation of focus engaged          |
|---|--|---------------------------|--|--|---|
| Increase the number of children who receive developmental and social-emotional screenings to identify potential delays and refer families to community providers. | Identify priority locations for enhanced screening.  | EPPL Team, YDS CL         | Two screening sites identified by May 2016                               | Year 1:<br><ul style="list-style-type: none"><li>• 10 children screened</li></ul>                                  | Year 1:<br><ul style="list-style-type: none"><li>• 10 children screened are Native American</li></ul> |
|   | Develop strategies for outreach and relationship building in order to engage community staff in the use of developmental and emotional screening tools | TX LET, EPPL Team, YDS CL | Two outreach and engagement attempts at each potential site by June 2016 | <ul style="list-style-type: none"><li>• 1 provider trained</li></ul>   | <ul style="list-style-type: none"><li>• 1 provider serving a population of tribal children</li></ul>  |
|   | Provide an overview training on social-emotional screening tools, as well as technical assistance  | EPPL Team, TX LET         | 1 provider trained in overview of tools                                  | Year 2:<br><ul style="list-style-type: none"><li>• 15 children screened</li><li>• 1 new provider trained</li></ul> | Year 2:<br><ul style="list-style-type: none"><li>• 15 children screened are Native American</li></ul> |
|   | Coordinate and hold train the trainer model to become skilled in screening tools for use by community stakeholders                                     | EPPL Team, TX LET         | 1 provider trained by EPPL Lead by July 2016                             | Year 3-4:<br><ul style="list-style-type: none"><li>• 20 children screened (40 total)</li></ul>                     | <ul style="list-style-type: none"><li>• 1 provider serving a</li></ul>                                |

|  |   |                           |  |  |  |
|--|---|---------------------------|--|--|--|
|  | Provide the Ages and Stages toolkit for use by Ysleta del Sur (YDS) early childhood stakeholders                                | TX LET                    | Toolkit purchased and distributed by June 2016   | <ul style="list-style-type: none"> <li>• 1 new provider trained (2 total)</li> </ul> | <p>population of tribal children</p> <p>Year 3-4:</p> <ul style="list-style-type: none"> <li>• 20 children screened are Native American</li> <li>• 1 provider serving a population of tribal children</li> </ul> |
|  | Create and provide supplemental materials to support education and increase awareness of early childhood screening for families | YDS CL, EPPL Team, TX LET | Initial materials developed by July 2016, on-going development as needed   |  |  |
|  | Develop referral process for positive screens within tribal community   | YDS CL                    | Referral processes documented in visual flow chart by July 2016; amended as needed   |  |  |
|  | Support community settings in ongoing screening and referral  | YDS CL                    | <p>Track number and demographics of children screened using the Ages and Stages Questionnaire (ASQ)</p> <p>Track number of children referred for further assessment or intervention.</p> <p>Track number of children attending a follow-up appointment within 60 days following a referral</p> |  |  |
|  | Provide on-going training and support on developmental screenings to selected sites   | EPPL Lead, YDS CL         | 1 additional provider trained each year  |  |  |

|  | Examine alternative or other screening opportunities (i.e. maternal health, EPSDT)              | YDS CL, EPPL Team, TX LET                        | Reviewed October each year of grant                                    |   |  |
|--|---|--|--|---|--|
| <b>Strategy/Element: Family Strengthening</b>  |   |  |  |   |  |
| <b>Goals</b>   | <b>Key activities</b>   | <b>Stakeholders responsible</b>                  | <b>Benchmarks of progress</b>  | <b>Total number of children, families, or providers engaged</b>   | <b>Number of children, families, or providers from population or subpopulation of focus engaged</b>  |
| Increase effective parenting practices through the implementation of Incredible Years (IY) parenting classes and Parent Cafes (PC) | Identify priority locations for the Incredible Years Curriculum (IYC) (ages 3-6).               | EPPL Team, YDS CL                                | Identification of 1 to 2 settings for IY groups by July 2016           | Year 1:<br><ul style="list-style-type: none"> <li>• 2 group leaders identified and trained in IY (3-6) curriculum</li> </ul> Year 2:<br><ul style="list-style-type: none"> <li>• 8 parents trained using the IY curriculum</li> <li>• 2 group leaders identified and trained in another IY age specific curriculum</li> </ul> | Year 1:<br><ul style="list-style-type: none"> <li>• 2 group leaders serve Native American children</li> </ul> Year 2:<br><ul style="list-style-type: none"> <li>• 8 parents trained are Native American</li> <li>• 2 Group leaders serve Native American children</li> </ul> Year 3 - 4: |
|  | Provide the IYC (ages 3-6) Kit (consider tribal adaptation kit)                                 | TX LET   | Curriculum Kit purchased and distributed to IYC providers by July 2016 |   |  |
|  | Identify two group leaders, who have support from their agency, to conduct IYC parenting groups | YDS CL   | 2 group leaders identified by June 2016                                |   |  |
|  | Provide IYC training to identified group leaders  | Washington IYC Leaders, Identified Group Leaders | 2 providers complete initial IY training by October 2016               |   |  |
|  | Provide monthly group consultation for 12 months  | Washington IYC Leaders,                          | Monthly calls with attendance records                                  |   |  |

|  |   |                           |   |  |   |
|--|---|---------------------------|---|--|---|
|  | to ensure effective implementation and fidelity   | Identified Group Leaders  |   | <p>Year 3 - 4:</p> <ul style="list-style-type: none"> <li>• 10 Parents trained using the IY curriculum (20 total)</li> </ul> | <ul style="list-style-type: none"> <li>• 10 parents trained are Native American (20 total)</li> </ul> |
|  | Provide technical support to guide implementation   | EPPL Team, TX LET, YDS CL | Minimum of monthly calls starting in October 2016   |  |   |
|  | Identify outreach strategies and educational materials to engage families in IYC classes and reduce barriers to access                                      | Group Leaders, YDS CL     | Materials completed by October 2016, adapted as needed  |  |   |
|  | Submit for IY certification   | Group Leaders, YDS CL     | Between October 2017 and end of grant   |  |   |
|  | Conduct IY classes for parents  | YDS CL, Group Leaders     | <p>First group begins by November 2017 and on-going</p> <p>Track number of parents/caregivers participating in parenting group</p> <p>Track retention in at least three quarters of sessions within parenting group</p> |  |   |
|  | Gauge interest in Parent Cafés (PC) Model (**communities may choose not to use this model – therefore activities/benchmarks may differ between communities) | YDS CL                    | Decision considered in October of each grant year, beginning October 2017   |  |   |

|  |  |                          |  |  |  |
|--|--|--------------------------|--|--|--|
|  | Identify priority locations for Parent Cafés.  | EPPL Team,<br>YDS CL     | 1-2 priority locations identified  |  |  |
|  | Develop strategies, including outreach and advertisement, to engage families in parent cafes | YDS CL                   |  |  |  |
|  | Provide training to interested hosts   | YDS CL,<br>Group Leaders |  |  |  |
|  | Host a Parent Café event   | Group Leaders            | <p>Track number of parents attending parent cafés through sign in sheets</p> <p>Track number of parents who return for more than one event</p> <p>Track number of parents attending PC who later engage in an Incredible Years group</p> |  |  |

| <b>Strategy/Element: Mental Health Consultation</b>  |  |                                 |   |  |   |
|--|--|---------------------------------|---|--|---|
| <b>Goals</b>   | <b>Key activities</b>  | <b>Stakeholders responsible</b> | <b>Benchmarks of progress</b>                   | <b>Total number of children, families, or providers engaged</b>  | <b>Number of children, families, or providers from population or subpopulation of focus engaged</b>   |
| <p>***Community decisions about doing this strategy in year 2 will differ therefore, strategies/benchmarks may change based on community's decision.</p> <p>Increase the number of early child care, early education, and home visitation providers able to support children's social and emotional development and to address</p> | Identify potential sites for Mental Health Consultation (MHC).                           | EPPL Team, YDS CL               | Outreach to 2 early childhood sites by May 2017 | Year 3 <ul style="list-style-type: none"> <li>1 teacher engaged in MH consultation</li> <li>5 children receive mental health consultation</li> </ul> | Year 3 <ul style="list-style-type: none"> <li>1 teacher in early childcare or education setting for Native American children</li> <li>5 children are Native American</li> </ul> |
|  | Develop educational materials for early child care and education in the benefits of MHC  | TX LET, EPPL Team, YDS CL       | Brochures for sites developed by June 2017      |  |   |
|  | Organize training by Georgetown University (GU)  | TX LET                          | Contract established                            | Year 4 <ul style="list-style-type: none"> <li>2 teachers engaged in MH consultation</li> </ul>   | Year 4  |
|  | Provide training in the Georgetown University Child and Human Development Model (GUCHDM) | GU Trainers                     | 1 provider trained by December 2017             |  | <ul style="list-style-type: none"> <li>5 children receive mental health consultation</li> </ul>   |
|  | Provide follow-up consultation through GU  | GU Trainers                     | Track attendance on consultation calls          |  |   |

|   |  |                           |  |  |  |
|---|--|---------------------------|--|--|--|
| challenging behaviors within care settings. | Support the implementation of MHC based on local need, interest, readiness, and funding. | TX LET, EPPL Team, YDS CL | Minimum of monthly support meetings  |  | <ul style="list-style-type: none"> <li>5 children are Native American</li> </ul> |
|   | Provide MHC to selected sites  | YDS CL                    | <p>At least 1 site engaged in MH Consultation services</p> <p>Track number of teachers administrators receiving information and support</p> <p>Track number of children/families impacted by MH consultation</p> |  |  |

**Strategy/Element: Early Childhood Workforce Development**

| <b>Goals</b>   | <b>Key activities</b>   | <b>Stakeholders responsible</b> | <b>Benchmarks of progress</b>                     | <b>Total number of children, families, or providers engaged</b>   | <b>Number of children, families, or providers from population or subpopulation of focus engaged</b>                         |
|--|---|---------------------------------|---|---|---|
| Strengthen the infrastructure supporting the development of the early childhood workforce, including the | Create a local Young Child Wellness Council (YCWC) composed of community early childhood stakeholders | TX LET, EPPL Team, YDS CL       | Minimum of 4 stakeholders engaged by August 2016  | <p>Year 1:</p> <ul style="list-style-type: none"> <li>10 early childhood professionals trained</li> </ul> | <p>Year 1:</p> <ul style="list-style-type: none"> <li>5 early childhood professionals trained are serving Native</li> </ul> |
|  | Conduct a local workforce needs assessment and identify training gaps                                 | YCWC                            | Needs assessment report completed by October 2016 |   |   |

|   |   |  |   |  |   |
|---|---|--|---|--|---|
| <p>infrastructure supporting training in infant and young child mental health, trauma-informed practices, and the dissemination of evidence-based and promising practices targeting young children.</p> <p>*Local Young Child Wellness Councils are not required in each community and therefore, activities and benchmarks may differ depending on communities' decisions.</p> | <p>Share training opportunities and gaps with early childhood stakeholders</p>                      | <p>TX LET, EPPL Team, YDS CL, YCWC</p> | <p>Training information shared with early childhood providers</p> | <p>Year 2:</p> <ul style="list-style-type: none"> <li>• 20 early childhood professionals trained</li> </ul> <p>Year 3-4:</p> <ul style="list-style-type: none"> <li>• 30 early childhood professionals trained (60 total)</li> </ul> | <p>American children</p> <p>Year 2:</p> <ul style="list-style-type: none"> <li>• 10 early childhood professionals trained are serving Native American children</li> </ul> <p>Year 3-4:</p> <ul style="list-style-type: none"> <li>• 15 early childhood professionals trained are serving Native American children (30 total)</li> </ul> |
|   | <p>Survey Young Child Wellness Council for collaboration opportunities and training needs</p>       | <p>TX LET</p>                          | <p>Annually</p>   |  |   |
|   | <p>Provide train-the-trainer support for key child development topics to prepare local trainers</p> | <p>EPPL Team, TX LET</p>               | <p>As needed</p>  |  |   |
|   | <p>Host or conduct local training, depending on identified needs at least twice a year</p>          | <p>YDS CL, identified trainers</p>     | <p>Initial training occurring prior to October 2016</p>           |  |   |

## **Expansion Community: San Antonio, Texas**

### **1. Brief description of the expansion community.**

San Antonio is the 7th largest city in the U.S. and home to over 1.4 million residents. The city is predominantly Hispanic 63.2%, with 26.6% identifying as White, non-Hispanic, and 6.9% as Black. Spanish speaking families are common, with 45.4% of residents speaking a language other than English in the home (U.S. Census Bureau, 2015). One challenge in San Antonio is the high proportion of children living in poverty (27%; Kids Count Data Center, 2015). This rate is even larger for children under 5 years (31%; Kids Count Data Center, 2015). This finding is likely due to the 35% of children in San Antonio who have parents who lack secure employment (Annie E. Casey, 2015). Access to health care can also be a challenge, with 8% percent of births in San Antonio occurring to mothers who received late or no prenatal care (Annie E. Casey, 2015). Taking a closer look at a county within San Antonio, another challenge would include the elevated rate of infantile death and injury. In Bexar County, there has been a 50% increase in sudden unexplained deaths in infancy due to unsafe sleeping conditions in the past two years (ReadyKidsSA, 2016). Children ages 5 to 9 show an increase in early childhood injuries as well (ReadyKidsSA, 2016).

San Antonio has developed local infrastructure that will be helpful to the expansion of Project LAUNCH strategies. San Antonio has a successful Home Visiting program, housed within the United Way of Bexar County. This program serves families using the Nurse Family Partnership, and Parents as Teachers models. San Antonio is a current recipient of a SAMHSA System of Care cooperative agreement, focusing on early childhood mental health. With Project LAUNCH activities focused on promotion and prevention, the System of Care efforts would help ensure a strong continuum of care. San Antonio has several collaborative bodies dedicated to coordinating services for infants, young children and their families, and each of these can provide support to a local Young Child Wellness Council. The Bexar CARES governance board provides oversight to the system of care effort. San Antonio is home to the ReadyKidsSA coalition; a group of organizations across Bexar County that is building on successful child and family programs. ReadyKidsSA hosts a data dashboard that allows providers and families to have access to current community data on this population. San Antonio also is host to the Alamo Alliance for Nurturing Young Children, a local chapter of First3Years of Texas (formally known as TAIMH). The community is large, diverse, and economically disadvantaged, resulting in a strong need for additional prevention services. However, San Antonio has built public support for supporting young child health and wellness and has established strong infrastructure for collaboration and partnership.

### **2. Brief description of the expansion community's readiness and capacity to implement the LAUNCH strategies/elements being replicated.**

San Antonio has some experience with each LAUNCH strategy, supporting their readiness for additional expansion. The leadership team has conducted an initial survey of community stakeholders to identify existing providers and settings in which each strategy is occurring, and more information will be gathered in the future. Respondents indicated child care settings and child welfare were the highest priority for screening that Nurturing Parenting and Strengthening Families were the most used family strengthening programs, and that mental health consultation was primarily occurring in just Head Start and Early Head Start programs. Several respondents emphasized the desire to have more resources for children without mental health diagnoses, prior to being identified with severe issues. Through the Request for Proposal to select a community lead agency, additional information will be gathered to assess readiness and capacity. ReadyKidsSA has a community-wide Strengthening Families framework, which is a research-informed approach to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect. Furthermore, ReadyKidsSA's network of care includes initiatives on early childhood screening, professional development, and data-sharing/collecting capacities to drive their community work. The community has a successful Home Visiting program and at least one local provider is actively providing mental health consultation. San Antonio has recently begun a SAMHSA-funded system of care initiative, Bexar CARES, focused on serving young children with serious emotional disturbances and their families. San Antonio is also home to a Promise Neighborhood (east side) and a Promise Zone (west side), which are part of a U.S. Department of Education program that provides funding for organizations aimed at improving educational outcomes for children in distressed neighborhoods (U.S. Department of Education).

Despite the existing infrastructure and support for early childhood initiatives, there remains several communities in San Antonio with higher levels of disparities, according to a recent survey of San Antonio early childhood stakeholders. Specific communities of need include the following zip codes: 78201, 78237, 78207, 78228, and 78210. Specific priorities noted by the respondents include screening in child care and child welfare, family strengthening targeting children without diagnoses, and mental health consultation within child care and elementary school classrooms. Respondents also identified children who have experienced trauma, young families, refugee families, and formerly incarcerated families as populations of interest. Given the limited presence of accessible early childhood services, those stakeholders who responded to the survey reported an increased need for providers of early childhood screenings and more opportunities to receive training in early childhood topics with respect to workforce development. Additionally, several themes emerged from the survey responses, including a desire for expanded access to evidence-based parent education interventions, home visiting initiatives, and mental health consultation services.

**3. Brief description of the racial/ethnic populations or subpopulations of focus identified in the Disparity Impact Statement for this expansion community.**

As a whole, the city of San Antonio has a variety of disparities that impact children, relative to the state of Texas. Indeed, it has higher rates of children whose parents lack secure employment (33% compared to 29% in Texas), children ages 0-5 living in poverty (33% compared to 26% in Texas), children from single-parent families (45% compared to 36% in Texas), and infant mortality (6.5/1000 births compared to 5.8/1000 births in Texas) (Kids Count Data Center, 2014). Within the city of San Antonio, there are certain communities which represent even higher levels of health disparities. Specifically, the communities of South Central and South San Antonio, when compared to the city of San Antonio as a whole, have higher rates of people who identify as Hispanic, as well as several concerning birth trends. For example, many of these communities represent the highest percentages of births in general, births to single mothers, births with late or no prenatal care, and Medicaid births (San Antonio Metropolitan Health District Health Profiles, 2013).

The school districts in these communities also indicate an increased need for early childhood behavioral health promotion, as they have the rates of Hispanic students and higher percentages of students identified as economically disadvantaged (i.e., receiving free or reduced lunches) (TEA School Report Cards, 2016). Specifically, school districts with the highest rates of Hispanic students and economically-disadvantaged students include Edgewood ISD (97.9% Hispanic, 92.2% economically disadvantaged), Harlandale ISD (97.7% Hispanic, 86.3% economically disadvantaged), South San Antonio ISD (97% Hispanic, 90.9% economically disadvantaged), San Antonio ISD (90.8% Hispanic, 92.2% economically disadvantaged), and Southside ISD (90.1% Hispanic, 80.9% economically disadvantaged) (TEA School Report Card, 2016). Each of these school districts have at least two schools identified as "improvement required" by the Texas Education Agency (TEA Comprehensive Biennial Report on Texas Public Schools, 2014). An "improvement required" tag indicates that a school did not meet benchmarks on at least one of four indices: student achievement, student progress, closing performance gaps, or postsecondary readiness. Furthermore, of the above listed districts, only one school in one of the districts (Gallardo Elementary in Southside ISD) has a pre-kindergarten and Head Start program.

**4. Brief description of who will carry out the work in the expansion community.**

The key staff members and organization(s) carrying out the work within the community will be decided through a competitive RFP application process led by DSHS. DSHS will select the most qualified organization with the best proposal for providing oversight to the Texas LAUNCH activities in San Antonio. The selected organization will be responsible for establishing an Early Childhood Wellness Council. At present, the Ready Kids San Antonio collaborative, coordinated by the United Way of San Antonio, provides oversight to many early childhood efforts. This community collaborative is likely to provide support in the establishment of the Early Childhood Wellness Council for the San Antonio expansion of Texas LAUNCH.

**5. Outline of the goals, outcomes, and activities for each strategy/element.**

Below is a table outlining how each Project LAUNCH Texas Expansion core strategy will be addressed to meet the needs of the San Antonio community.

| <b>San Antonio Expansion Plan</b>   |  |                                 |  |   |   |  |
|---|--|---------------------------------|--|---|---|--|
| <b>Strategy/Element: Developmental and Social Emotional Screening and Assessment</b>  |  |                                 |  |   |   |  |
| <b>Goals</b>  | <b>Key activities</b>  | <b>Stakeholders responsible</b> | <b>Benchmarks of progress</b>  | <b>Total number of children, families, or providers engaged</b>   | <b>Number of children, families, or providers from population or subpopulation of focus engaged</b>             |  |
| Increase the number of children who receive developmental and social-emotional screenings to identify potential delays and refer families to community providers. | Identify priority locations for enhanced screening   | EPPL Team, SA CL                | Two screening sites to be identified by May 2016                         | Year 1:   | Years 1:  |  |
|   | Develop strategies for outreach and relationship building in order to engage community staff in the use of developmental and emotional screening tools | TX LET, EPPL Team, SA CL        | Two outreach and engagement attempts at each potential site by June 2016 | <ul style="list-style-type: none"> <li>• 25 children screened</li> <li>• 2 providers trained</li> </ul> | <ul style="list-style-type: none"> <li>• 18 children screened are an underserved minority population</li> </ul> |  |
|   | Provide an overview training on social emotional screenings tools, as well as technical assistance   | EPPL Team, TX LET               | 2 providers trained in overview of tools                                 | Year 2:   | <ul style="list-style-type: none"> <li>• 75 children screened</li> <li>• 2 new providers trained</li> </ul>     | <ul style="list-style-type: none"> <li>• 1 provider serves an underserved minority population</li> </ul> |
|   | Coordinate and hold train the trainer model to become skilled in screening tools for use by community stakeholders                                     | EPPL Team, TX LET               | 2 providers trained by EPPL Lead by August 2016                          |   |   | <ul style="list-style-type: none"> <li>• 1 provider serves a Spanish-speaking population</li> </ul>      |

|  |   |                          |   |   |   |
|--|---|--------------------------|---|---|---|
|  | Provide the Ages and Stages toolkit for use by San Antonio early childhood stakeholders   | TX LET                   | Toolkit purchased and distributed by June 2016  | <p>Year 3-4:</p> <ul style="list-style-type: none"> <li>• 100 children screened (200 total)</li> <li>• 2 new providers trained (4 total)</li> </ul> | <p>Year 2:</p> <ul style="list-style-type: none"> <li>• 50 children screened are an underserved minority population</li> <li>• 1 provider serves an underserved minority population</li> <li>• 1 provider serves a Spanish-speaking population</li> </ul> <p>Years 3-4:</p> <ul style="list-style-type: none"> <li>• 75 children screened are an underserved minority population</li> <li>• 1 provider serves an underserved minority population</li> </ul> |
|  | Create and provide supplemental materials to support education and increase awareness of early childhood screening for families | SA CL, EPPL Team, TX LET | Initial materials developed by July 2016, on-going development as needed  |   |   |
|  | Develop referral process for positive screenings within SA community  | SA CL                    | Referral processes documented in visual flow chart by July 2016; amended as needed  |   |   |
|  | Support community settings in ongoing screening and referral  | SA CL                    | <p>Track number and demographics of children who are screened using the Ages &amp; Stages Questionnaire (ASQ)</p> <p>Track number of children referred for further assessment or intervention</p> <p>Track number of children attending follow up appointment within 60 days following a referral</p> |   |   |

|   |   |                                 |  |   |  |
|---|---|---------------------------------|--|---|--|
|   | Provide on-going training and support on developmental screenings as selected sites             | EPPL Lead, SA CL                | 2 additional providers trained each year                               |   | <ul style="list-style-type: none"> <li>1 provider serves a Spanish-speaking population</li> </ul>  |
|   | Examine alternative or other screening opportunities (i.e. maternal health EPDS)                | TX LET, SA CL, EPPL Team        | Reviewed October each year of grant                                    |   |  |
| <b>Strategy/Element: Family Strengthening</b>   |   |                                 |  |   |  |
| <b>Goals</b>  | <b>Key activities</b>   | <b>Stakeholders responsible</b> | <b>Benchmarks of progress</b>  | <b>Total number of children, families, or providers engaged</b>   | <b>Number of children, families, or providers from population or subpopulation of focus engaged</b>  |
| Increase effective parenting practices through the implementation of Incredible Years parenting classes and Parent Cafes. | Identify priority locations for the Incredible Years Curriculum (IYC) (ages 3-6).               | EPPL Team, SA CL                | Identification of 2 settings for IY groups by July 2016                | Year 1: <ul style="list-style-type: none"> <li>10 parents trained using the IY curriculum</li> <li>2 group leaders identified and trained in IY (3-6) curriculum</li> </ul> | Years 1: <ul style="list-style-type: none"> <li>8 parents trained are from an underserved minority population</li> <li>1 group leader trained serves an underserved minority population</li> </ul> |
|   | Provide the IYC (ages 3-6) Kit  | TX LET                          | Curriculum Kit purchased and distributed to IYC providers by July 2016 |   |  |
|   | Identify two group leaders, who have support from their agency, to conduct IYC parenting groups | SA CL                           | 2 group leaders identified by July 2016                                |   |  |

|  |  |  |  |  |   |
|--|--|--|--|--|---|
|  | Provide IYC training to identified group leaders   | Washington IYC Leaders, Identified Group Leaders | 4 providers complete initial IY training by November 2016  | <p>Year 2:</p> <ul style="list-style-type: none"> <li>• 40 parents trained using the IY curriculum</li> <li>• 2 group leaders identified and trained in another IY age specific curriculum</li> </ul> <p>Year 3-4</p> <ul style="list-style-type: none"> <li>• 50 parents trained using the IY curriculum (100 total)</li> </ul> | <ul style="list-style-type: none"> <li>• 1 group leaders trained serve a Spanish-speaking population</li> </ul> <p>Year 2:</p> <ul style="list-style-type: none"> <li>• 30 parents trained are from an underserved minority population</li> <li>• 1 group leader trained serves an underserved minority population</li> <li>• 1 group leaders trained serve a Spanish-speaking population</li> </ul> <p>Years 3-4</p> <ul style="list-style-type: none"> <li>• 35 parents trained are from an underserved minority</li> </ul> |
|  | Provide monthly group consultation for 12 months to ensure effective implementation and fidelity                       | Washington IYC Leaders, Identified Group Leaders | Monthly calls with attendance records  |  |   |
|  | Provide technical support to guide implementation  | EPPL Team, TX LET, SA CL                         | Minimum of monthly calls starting in November 2016   |  |   |
|  | Identify outreach strategies and educational materials to engage families in IYC classes and reduce barriers to access | Group Leaders, SA CL                             | Materials completed by November 2016, adapted as needed  |  |   |
|  | Submit for IY certification  | Group Leaders, SA CL                             | Between October 2017 and end of grant  |  |   |
|  | Conduct IY classes for parents   | SA CL, Group Leaders                             | <p>First group begins by November 2017 and on-going</p> <p>Track number of parents/caregivers participating in parenting group</p> |  |   |

|  |   |                      |   |  |                       |
|--|---|----------------------|---|--|-----------------------|
|  |   |                      | Track retention in at least three quarters of sessions within parenting group   |  | population (70 total) |
|  | Gauge interest in Parent Cafés (PC) Model (**communities may choose not to use this model – therefore activities/benchmarks may differ between communities) | SA CL                | Decision considered in October of each grant year, beginning October 2017   |  |                       |
|  | Identify priority locations for Parent Cafés.   | EPPL Team, SA CL     | 1-2 priority locations identified   |  |                       |
|  | Develop strategies, including outreach and advertisement, to engage organizational staff in the use the PC Model  | TX LET, SA CL        |   |  |                       |
|  | Provide training to interested hosts  | SA CL, Group Leaders |   |  |                       |
|  | Host a Parent Café event  | Group Leaders        | Track number of parents attending parent cafés through sign-in sheets<br><br>Track number of parents who return for more than one event |  |                       |

|   |  |                                 | Track number of parents attending PC who later engage in an Incredible Years group |   |   |
|---|--|---------------------------------|--|---|---|
| <b>Strategy/Element: Mental Health Consultation</b>   |  |                                 |  |   |   |
| <b>Goals</b>  | <b>Key activities</b>  | <b>Stakeholders responsible</b> | <b>Benchmarks of progress</b>  | <b>Total number of children, families, or providers engaged</b>   | <b>Number of children, families, or providers from population or subpopulation of focus engaged</b>   |
| <p>***Community decisions about doing this strategy in year 2 will differ therefore strategies/benchmarks may change based on community's decision.</p> <p>Increase the number of early child care, early education and home visitation providers able to support children's social and emotional</p> | Identify potential sites for Mental Health Consultation (MHC).                           | EPPL Team, SA CL                | Outreach to 2 early childhood sites by May 2017                                    | <p>Year 3:</p> <ul style="list-style-type: none"> <li>• 5 teachers engaged in MH consultation</li> <li>• 25 children receive mental health consultation</li> </ul> <p>Year 4:</p> <ul style="list-style-type: none"> <li>• 5 teachers engaged in MH consultation</li> <li>• 25 children receive mental</li> </ul> | <p>Year 3:</p> <ul style="list-style-type: none"> <li>• 2 teachers in early childcare or education setting for an underserved minority population</li> <li>• 15 children are from an underserved minority population</li> </ul> <p>Year 4:</p> <ul style="list-style-type: none"> <li>• 3 teachers in early childcare or education setting</li> </ul> |
|   | Develop education materials for early child care and education in the benefits of MHC    | TX LET, EPPL Team, SA CL        | Brochures for sites developed by June 2017   |   |   |
|   | Organize training by Georgetown University (GU)  | TX LET                          | Contract established   |   |   |
|   | Provide training in the Georgetown University Child and Human Development Model (GUCHDM) | GU Trainers                     | 5 providers trained by December 2017   |   |   |
|   | Provide follow-up consultation through GU  | GU Trainers                     | Track attendance on consultation calls   |   |   |

|   |   |                                 |  |   |   |
|---|---|---------------------------------|--|---|---|
| development and address challenging behaviors within care settings              | Support the implementation of MHC based on local need, interest, readiness, and funding.              | TX LET, EPPL Team, SA CL        | Minimum of monthly support meetings  | health consultation   | for an underserved minority population<br><br>• 15 children are from an underserved minority population |
|   | Provide MHC to selected sites   | SA CL                           | At least 2 sites engaged in MH Consultation services<br><br>Track number of teachers/administrators receiving information and support<br><br>Track number of children/families impacted by MH Consultation |   |   |
| <b>Strategy/Element: Early Childhood Workforce Development</b>                  |   |                                 |  |   |   |
| <b>Goals</b>  | <b>Key activities</b>   | <b>Stakeholders responsible</b> | <b>Benchmarks of progress</b>  | <b>Total number of children, families, or providers engaged</b> | <b>Number of children, families, or providers from population or subpopulation of focus engaged</b>     |
| Strengthen the infrastructure supporting the development of the early childhood | Create a local Young Child Wellness Council (YCWC) composed of community early childhood stakeholders | TX LET, EPPL Team, SA CL        | Minimum of 4 stakeholders engaged by August 2016   | Year 1:<br><br>• 25 early childhood professionals trained       | Year 1:<br><br>• 10 early childhood professionals trained are serving an underserved                    |

|  |  |                                |  |   |   |
|--|--|--------------------------------|--|---|---|
| <p>workforce, including the infrastructure supporting training in infant and young child mental health, trauma-informed practices, and the dissemination of evidence-based and promising practices targeting young children.</p> <p><b>*Local Young Child Wellness Councils are not required in each community and, therefore, activities and benchmarks may differ depending on communities' decisions.</b></p> | Conduct a local workforce needs assessment and identify training gaps                        | YCWC                           | Needs assessment report completed by October 2016          | <p>Year 2:</p> <ul style="list-style-type: none"> <li>• 50 early childhood professionals trained</li> </ul> <p>Year 3-4</p> <ul style="list-style-type: none"> <li>• 100 early childhood professionals trained (200 total)</li> </ul> | <p>minority population</p> <ul style="list-style-type: none"> <li>• 5 of the professionals trained serves a Spanish-speaking population</li> </ul> <p>Year 2:</p> <ul style="list-style-type: none"> <li>• 15 early childhood professionals trained are serving an underserved minority population</li> <li>• 7 of professionals trained serves a Spanish-speaking population</li> </ul> <p>Years 3-4:</p> <ul style="list-style-type: none"> <li>• 25 early childhood professionals trained are serving an underserved minority population (50 total)</li> </ul> |
|  | Share training opportunities and gaps with early childhood stakeholders                      | TX LET, EPPL Team, SA CL, YCWC | Training information shared with early childhood providers |   |   |
|  | Survey Young Child Wellness Council for collaboration opportunities and training needs       | TX LET                         | Annually   |   |   |
|  | Provide train-the-trainer support for key child development topics to prepare local trainers | EPPL Team, TX LET              | As needed  |   |   |
|  | Host or conduct local training, depending on identified needs at least twice a year          | YDS CL, identified trainers    | Initial training occurring by October 2016                 |   |   |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  | <ul style="list-style-type: none"><li>• 12 of professionals trained serves a Spanish-speaking population (2 total)</li></ul> |
|--|--|--|--|--|--|

## **Expansion Community: Fort Worth, Texas**

### **1. Brief description of the expansion community.**

The city of Ft. Worth is the 17<sup>th</sup> largest U.S. city with a population of 792,727. The U.S. Census found Fort Worth to be the fastest growing large city between 2000 and 2010, increasing 38.6% during this period. The city is ethnically diverse, with 34.1% Hispanic, 18.9% Black, and 41.7% White, non-Hispanic. One-third of families speak a language other than English at home. The city also has more young children under 5 (9.0%) than the state average (7.7%; U.S. Census Bureau, 2015). Many of these children face challenges, such as living in poverty (27%) or lack of health insurance (10%). Fifteen percent of births in 2012 were to mothers who received late or no prenatal care (Annie E. Casey, 2015).

The Fort Worth region has infrastructure to support Project LAUNCH activities, including Home Visiting programs using Nurse Family Partnership, ECI, and Parents as Teachers models. The city of Fort Worth, within Tarrant County, has a unique collaboration of organizations and individuals committed to improving the mental health of children and families in the county. Mental Health Connection is a collaboratively-funded entity made up of child-serving agencies, non-profits, and individual providers in the area; it supports local planning and activities to strengthen the mental health system. Fort Worth has recently had a SAMHSA System of Care cooperative agreement, called Hand-in-Hand, focused on children 0 to 6. This initiative allowed Fort Worth and the surrounding region to strengthen their understanding of the needs of young children and enhance the voice of parents of young children in the community system. The initiative also helped forge relationships between mental health providers and child care centers.

### **2. Brief description of the expansion community's readiness and capacity to implement the LAUNCH strategies/elements being replicated.**

The Fort Worth area has demonstrated an ability for community collaboration and connection through Mental Health Connection. The community also hosts the Early Learning Alliance, a collaborative focused on enhancing the early child workforce through coordinated training activities and networking. Other infrastructure activities described under question one further support the ability for Fort Worth to implement Project LAUNCH core strategies, including Nurse Family Partnership, and Parents as Teachers models. In addition to existing infrastructure, the Fort Worth community will conduct its own community assessment of interested sites and entities who will support the efforts of Project LAUNCH. In response to a recent survey, Fort Worth's early childhood stakeholders indicated that most of their community's children are served by large organizations such as Tarrant County

MHMR, Child Care Associates, and Cook Children’s Healthcare Systems. They further reported that early childhood developmental screenings are being provided in a variety of settings, including Head Start and primary care. Despite this, the community of Fort Worth is lacking a universal process for screening and referral, and survey responses indicated a need for developmental screenings in childcare and daycare settings, as well as professional development for childcare providers.

Although Fort Worth has a strong early childhood infrastructure as well as large child-serving agencies, the community poses unique challenges to addressing disparities. Specifically, Fort Worth is home to a large, diverse population of children, including refugees and children from marginalized ethnic groups. As such, cultural and linguistic diversity presents a barrier that will need to be addressed, especially as it relates to screenings, parent engagement, and workforce development.

### **3. Brief description of the racial/ethnic populations or subpopulations of focus identified in the Disparity Impact Statement for this expansion community.**

The city of Ft. Worth is ethnically diverse, with 34.1% Hispanic and 18.9% African American, and contains a population of children 28.2% that is proportionately larger than the national rate 24.7%. The percentage of children 0-3 years old increased by 8.3% from 2010 to 2014, and many health disparities impacting this age group remain higher than the state and national rates. For example, infant mortality rates in Fort Worth (8.6 per 1000 live births) continue to be higher than the national rate (5.8 per 1000 live births) (Kids Count Data, 2016). In parts of central, southeast, and southwest Fort Worth, the rate climbs to as high as 12 infant deaths per 1000 live births, and up to over 15 infant deaths in African American populations. In addition to high rates of infant mortality, Fort Worth also experiences higher-than-average rates of childhood poverty. Indeed, 27% of children are living in poverty compared to 21% in the United States (Kids Count Data, 2015), and Tarrant County, which houses Fort Worth, ranks 10<sup>th</sup> in the nation in number of food-insecure individuals (United Way of Tarrant County Community Assessment, 2015). Specifically, 25.5% of children living in Tarrant County experience food insecurity, compared to 21.4% of the child population of the U.S. Single mothers are Fort Worth's largest population in poverty, representing 54% of households living in poverty, and increasing the risk of behavioral health concerns for their children (Economic Issues for Women in Texas: Fort Worth Metro Area, 2013). Income disparities become even more pronounced when accounting for race and ethnicity, as African American and Hispanic children in Tarrant County are more than twice as likely to be poor as are Caucasian children (23.3%, 24.1%, and 11.5%, respectively) (U.S. Census Bureau, 2015).

In addition to the high rates of income and health disparities in Fort Worth, access, availability, and quality of child care remains low. For example, in Tarrant County, 75,461 low income families are eligible for assistance with child care costs, but existing

funding supports just 5,846 families annually. In addition, between 2010 and 2014, licensed childcare facilities decreased, and of the remaining facilities, only 10% participate in the Texas Rising Star system for rating quality (Tarrant County Community Assessment, Supplemental Report: City of Fort Worth, 2015). Finally, one in ten children in Fort Worth continue to live in a household without health insurance (United Way of Tarrant County Community Assessment, 2015).

While the disparities mentioned impact the city as a whole, they are more pronounced in certain racial/ethnic groups and socio-economic groups. In 2014, 33% of both Hispanic and African American children lived in poverty, in contrast to the rates of Asian (20%) and White (18%) children. The school districts of Fort Worth (62.8% Hispanic, 22.7% African American, 77.2% economically disadvantaged), Lake Worth (58% Hispanic, 77% economically disadvantaged), and Castleberry (76.6% Hispanic, 86.9% economically disadvantaged) represent areas of the city with higher rates of minority and disadvantaged populations (TEA School District Profiles, 2014). Of particular concern, Fort Worth ISD, which serves the greatest number of students in Fort Worth, had 24 schools, nine of which were elementary schools, tagged as "Improvement Required" by TEA in 2014 (TEA Comprehensive Biennial Report on Texas Public Schools, 2014). Each of these schools have a rate of economically disadvantaged students significantly higher than the state average 58.8%, ranging from 79.4% (Atwood McDonald Elementary) to 96.6% (Terrell Elementary). Furthermore, seven of these schools have larger proportions of African American students than the city rate, ranging from 64.3% (White Elementary) to 87.2% (Terrell Elementary), and the other two have larger proportions of Hispanic students (50.5% at Beal Elementary and 71.4% at Dillow Elementary) (TEA School Report Cards, 2015). Of the nine elementary schools requiring improvement, eight are located in the southeastern and eastern regions of Fort Worth, indicating that these are communities requiring attention related to children's behavioral health.

#### **4. Brief description of who will carry out the work in the expansion community.**

The selected Fort Worth organization will be responsible for coordinating implementation of the strategies and establishing an Early Childhood Wellness Council. At present, there are two known early childhood coalitions; the Early Learning Alliance of Fort Worth (ELA) and the Mental Health Connection (MHC). The ELA coalition, which is championed by North Texas Community Foundation, uses the theory of collective impact and addresses children's initiatives for ages 0-8. ELA has three main properties; family engagement, professional development, and data assessment. ELA also has over 50 recognized organizational partners. Mental Health Connection has been established for fifteen years with a mission of planning and advocating for access to quality mental health care services for children. The MHC is a hub for several childhood initiatives including Systems of Care and a trauma-informed care community initiative. MHC members are working on their third strategic plan, which will include priorities of cultural competence, resilience building in the workforce, teen programming, hosting a Trauma conference, and

sharing tangible outcomes with community partners. MHC has over 40 recognized organizational partners. Likely one of these existing collaborations will support the establishment of the Fort Worth Early Childhood Wellness Council for Texas LAUNCH.

**5. Outline the goals, outcomes, and activities for each strategy/element.**

Below is a table outlining how each Project LAUNCH Texas Expansion core strategy will be addressed to meet the needs of the selected Fort Worth community.

## Fort Worth Expansion Plan

### Strategy/Element: Developmental and Social Emotional Screening and Assessment

| Goals   | Key activities   | Stakeholders responsible | Benchmarks of progress   | Total number of children, families, or providers engaged   | Number of children, families, or providers from population or subpopulation of focus engaged                              |
|---|--|--------------------------|--|--|---|
| Increase the number of children who receive developmental and social-emotional screenings to identify potential delays and refer families to community providers. | Identify priority locations for enhanced screening   | EPPL Team, FW CL         | Two screening sites identified by May 2016                               | Year 1:<br><ul style="list-style-type: none"> <li>20 children screened</li> <li>2 providers trained</li> </ul>     | Years 1:<br><ul style="list-style-type: none"> <li>10 children screened are an underserved minority population</li> </ul> |
|   | Develop strategies for outreach and relationship building in order to engage community staff in the use of developmental and emotional screening tools | TX LET, EPPL Team, FW CL | Two outreach and engagement attempts at each potential site by June 2016 | Year 2:<br><ul style="list-style-type: none"> <li>60 children screened</li> <li>2 new providers trained</li> </ul> | <ul style="list-style-type: none"> <li>1 provider serves an underserved minority population</li> </ul>                    |
|   | Provide an overview training on social emotional screenings tools, as well as technical assistance   | EPPL Team, TX LET        | 2 providers trained in overview of tools                                 | Year 3-4:<br><ul style="list-style-type: none"> <li>80 children screened (160 total)</li> </ul>                    | <ul style="list-style-type: none"> <li>1 provider serves a Spanish-speaking population</li> </ul>                         |
|   | Coordinate and hold train the trainer model to become skilled in screening tools for use by community stakeholders                                     | EPPL Team, TX LET        | 2 providers trained by EPPL Lead by July 2016                            |  | Years 2:<br><ul style="list-style-type: none"> <li>30 children screened are an underserved minority population</li> </ul> |

|  |   |                   |   |   |  |
|--|---|-------------------|---|---|--|
|  | Provide the Ages and Stages toolkit for use by Fort Worth (FW) early childhood stakeholders   | TX LET            | Toolkit purchased and distributed by June 2016  | <ul style="list-style-type: none"> <li>• 2 new providers trained (4 total)</li> </ul> | <ul style="list-style-type: none"> <li>• 1 provider serves an underserved minority population</li> <li>• 1 provider serves a Spanish-speaking population</li> </ul> <p>Years 3-4:</p> <ul style="list-style-type: none"> <li>• 40 children screened are an underserved minority population</li> <li>• 1 provider serves an underserved minority population</li> <li>• 1 provider serves a Spanish-speaking population</li> </ul> |
|  | Create and provide supplemental materials to support education and increase awareness of early childhood screening for families       | EPPL Team, TX LET | Initial materials developed by July 2016, on-going development as needed  |   |  |
|  | Develop referral process for positive screenings within FW community<br>Support community settings in on-going screening and referral | FW CL             | <p>Referral processes documented in visual flow chart by July 2016; amended as needed</p> <p>Track number and demographics of children who are screened using the Ages and Stages Questionnaire (ASQ)</p> <p>Track number of children referred for further assessment or intervention</p> <p>Track number of children attending a follow-up appointment within 60 days following a referral</p> |   |  |

|   | Provide on-going training and support on developmental screenings at selected sites | TX LET, FW CL                   | 2 additional providers trained each year                                     |   |  |
|---|---|---------------------------------|--|---|--|
|   | Examine alternative or other screening opportunities (i.e. maternal health, EPSDT)  | TX LET, FW CL                   | Reviewed October each year of the grant                                      |   |  |
| <b>Strategy/Element: Family Strengthening</b>   |   |                                 |  |   |  |
| <b>Goals</b>  | <b>Key activities</b>   | <b>Stakeholders responsible</b> | <b>Benchmarks of progress</b>  | <b>Total number of children, families, or providers engaged</b>   | <b>Number of children, families, or providers from population or subpopulation of focus engaged</b>  |
| Increase effective parenting practices through the implementation of Incredible Years parenting classes and Parent Cafés. | Identify priority locations for the Incredible Years Curriculum (IYC) (ages 3-6).   | EPPL Team, FW CL                | Identification of 2 settings for IY groups by July 2016                      | Year 1: <ul style="list-style-type: none"> <li>• 10 parents trained using the IY curriculum</li> <li>• 2 group leaders identified and trained in IY curriculum (3-6)</li> </ul> Year 2: | Years 1: <ul style="list-style-type: none"> <li>• 5 parents trained are from an underserved minority population</li> <li>• 1 group leader trained serve an underserved minority population</li> <li>• 1 group leaders trained serve a</li> </ul> |
|   | Develop strategies to engage organizational staff in the use of IYC.                | TX LET, EPPL Team, FW CL        | Engage 2 organizations to offer IYC<br><br>Track number of outreach attempts |   |  |
|   | Provide the IYC (ages 3-6) Kit  | TX LET                          | Curriculum Kit purchased and distributed to IYC providers by July 2016       |   |  |

|  |  |  |   |  |   |
|--|--|--|---|--|---|
|  | Identify two group leaders, who have support from their agency, to conduct IYC parenting groups                        | SA CL  | 2 group leaders identified by July 2016                   | <ul style="list-style-type: none"> <li>• 32 parents trained using the IY curriculum</li> <li>• 2 additional leaders identified and trained in IY curriculum</li> <li>• 2 group leaders identified and trained in another IY age specific curriculum</li> </ul> <p>Year 3-4:</p> <ul style="list-style-type: none"> <li>• 40 parents trained using the IY curriculum</li> </ul> | <p>Spanish-speaking population</p> <p>Years 2:</p> <ul style="list-style-type: none"> <li>• 16 parents trained are from an underserved minority population</li> <li>• 1 group leader trained serves an underserved minority population</li> <li>• 1 group leader trained serves a Spanish-speaking population</li> </ul> <p>Years 3-4</p> <ul style="list-style-type: none"> <li>• 20 parents trained are from an underserved minority population (40 total)</li> </ul> |
|  | Provide training to identified group leaders   | Washington IYC Leaders, Identified Group Leaders | 2 providers complete initial IY training by November 2016 |  |   |
|  | Provide monthly group consultation for 12 months to ensure effective implementation and fidelity                       | Washington IYC Leaders, Identified Group Leaders | Monthly calls with attendance records                     |  |   |
|  | Provide technical support to guide implementation  | EPPL Team, TX LET, FW CL                         | Minimum of monthly calls starting in November 2016        |  |   |
|  | Identify outreach strategies and educational materials to engage families in IYC classes and reduce barriers to access | Group Leaders, FW CL                             | Materials completed by November 2016, adapted as needed   |  |   |
|  | Submit for IY certification  | Group Leaders, FW CL                             | Between October 2017 and end of grant                     |  |   |
|  | Conduct IY classes for parents   | FW CL, Group Leaders                             | First group begins by November 2017 and on-going          |  |   |

|  |   |                      |   |  |  |
|--|---|----------------------|---|--|--|
|  |   |                      | Track number of parents/caregivers participating in parenting group           |  |  |
|  |   |                      | Track retention in at least three quarters of sessions within parenting group |  |  |
|  | Gauge interest in Parent Cafés (PC) Model (**communities may choose not to use this model – therefore activities/benchmarks may differ between communities) | SA CL                | Decision considered in October of each grant year, beginning October 2017     |  |  |
|  | Identify priority locations for Parent Cafés.   | EPPL Team, FW CL     | 1-2 priority locations identified   |  |  |
|  | Develop strategies, including outreach and advertisement, to engage organizational staff in the use the PC Model  | TX LET, FW CL        |   |  |  |
|  | Provide training to interested sites  | FW CL, Group Leaders |   |  |  |

|  |   |                                 |   |   |  |
|--|---|---------------------------------|---|---|--|
|  | Host a Parent Café event  | Group Leaders                   | Track number of parents attending PC through sign-in sheets<br><br>Track number of parents who return for more than one event<br><br>Track number of parents attending PC who later engage in an Incredible Years group |   |  |
| <b>Strategy/Element: Mental Health Consultation</b>  |   |                                 |   |   |  |
| <b>Goals</b>   | <b>Key activities</b>   | <b>Stakeholders responsible</b> | <b>Benchmarks of progress</b>   | <b>Total number of children, families, or providers engaged</b>   | <b>Number of children, families, or providers from population or subpopulation of focus engaged</b>  |
| ***Community decisions about doing this strategy in year 2 will differ therefore strategies/benchmarks may change based on community's decision. | Identify potential sites for Mental Health Consultation (MHC).                                  | EPPL Team, FW CL                | Outreach to 2 early childhood sites by May 2017   | Year 3:<br><ul style="list-style-type: none"><li>• 5 teachers engaged in MH consultation</li><li>• 25 children receive mental health consultation</li></ul> | Year 3:<br><ul style="list-style-type: none"><li>• 3 teachers in early childcare or education setting for an underserved minority population</li><li>• 12 children are from an</li></ul> |
|  | Develop outreach strategies and education materials to engage community staff in the use of MHC | TX LET, EPPL Team, FW CL        | Brochures for sites developed by June 2017  |   |  |

|  |   |                                 |  |  |  |
|--|---|---------------------------------|--|--|--|
| <p>Increase the number of early child care, early education and home visitation providers able to support children's social and emotional development and address challenging behaviors within care settings</p> | <p>Organize training by Georgetown University (GU)</p>  | <p>TX LET</p>                   | <p>Training event completed via sign-in sheet/agenda</p>   | <p>Year 4:</p> <ul style="list-style-type: none"> <li>• 5 teachers engaged in MH consultation</li> <li>• 25 children receive mental health consultation</li> </ul> | <p>underserved minority population</p> <p>Year 4:</p> <ul style="list-style-type: none"> <li>• 3 teachers in early childcare or education setting for an underserved minority population</li> <li>• 12 children are from an underserved minority population</li> </ul> |
|  | <p>Provide training in the Georgetown University Child and Human Development Model (GUCHDM)</p> | <p>GU Trainers</p>              | <p>5 providers trained by December 2017</p>  |  |  |
|  | <p>Provide follow-up consultation through GU</p>  | <p>GU Trainers</p>              | <p>Track attendance on consultation calls</p>  |  |  |
|  | <p>Support the implementation of MHC based on local need, interest, readiness, and funding.</p> | <p>TX LET, EPPL Team, FW CL</p> | <p>Minimum of monthly support meetings</p>   |  |  |
|  | <p>MHC provided to selected sites</p>   | <p>FW CL</p>                    | <p>Track number of programs, centers, or schools engaged in MHC activities</p> <p>Track number of teachers or home visitation specialists receiving information and support to enhance their activities to support child development</p> |  |  |

|   |   |                                 | Track number of professionals trained in providing mental health consultation |   |  |
|---|---|---------------------------------|---|---|--|
| <b>Strategy/Element: Early Childhood Workforce Development</b>  |   |                                 |   |   |  |
| <b>Goals</b>  | <b>Key activities</b>   | <b>Stakeholders responsible</b> | <b>Benchmarks of progress</b>   | <b>Total number of children, families, or providers engaged</b>                                     | <b>Number of children, families, or providers from population or subpopulation of focus engaged</b>  |
| Strengthen the infrastructure supporting the development of the early childhood workforce, including the infrastructure supporting training in infant and young child mental health, trauma-informed practices, and the dissemination of evidence-based and promising practices targeting young children. | Create a local Young Child Wellness Council (YCWC) composed of community early childhood stakeholders | TX LET, EPPL Team, FW CL        | Minimum of 4 stakeholders engaged by August 2016                              | Year 1:<br><ul style="list-style-type: none"><li>25 early childhood professionals trained</li></ul> | Year 1:<br><ul style="list-style-type: none"><li>12 early childhood professionals trained are serving an underserved minority population</li></ul> |
|   | Conduct a local workforce needs assessment and identify training gaps                                 | YCWC                            | Needs assessment report completed by October 2016                             | Year 2:<br><ul style="list-style-type: none"><li>50 early childhood professionals trained</li></ul> | <ul style="list-style-type: none"><li>3 of the professionals trained serve a Spanish-speaking population</li></ul>                                 |
|   | Share training opportunities and gaps with early childhood stakeholders                               | TX LET, EPPL Team, FW CL, YCWC  | Training information shared with early childhood providers                    | Year 3-4  | Year 2:<br><ul style="list-style-type: none"><li>25 early childhood professionals trained are serving</li></ul>                                    |
|   | Survey Young Child Wellness Council for collaboration opportunities and training needs                | TX LET                          | Annually  | <ul style="list-style-type: none"><li>100 early childhood professionals</li></ul>                   |  |

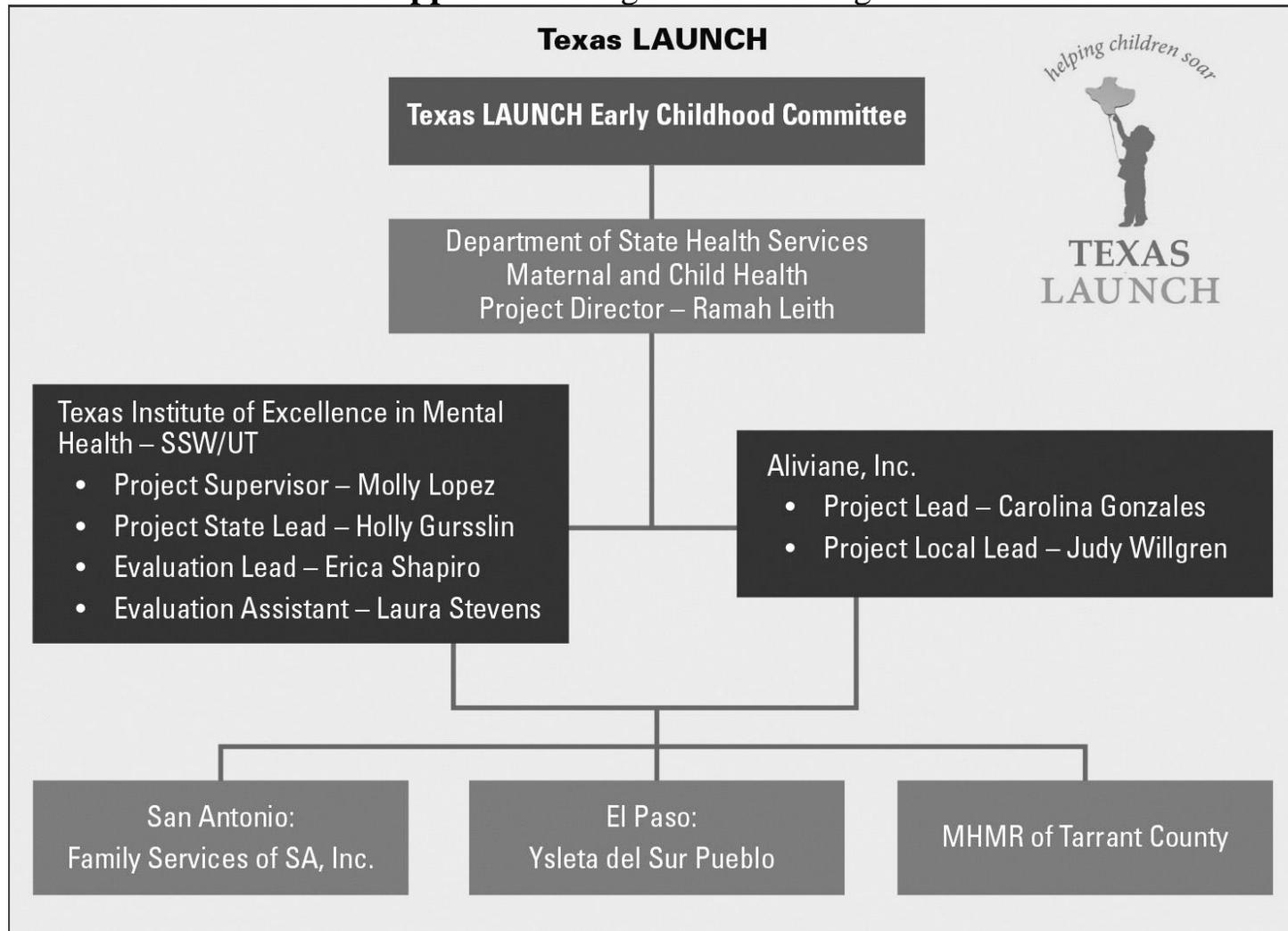
|   |  |                             |  |                     |  |
|---|--|-----------------------------|--|---------------------|--|
| *Local Young Child Wellness Councils are not required in each community and, therefore, activities and benchmarks may differ depending on communities' decisions. | Provide train-the-trainer support for key child development topics to prepare local trainers | EPPL Team, TX LET           | As needed                                  | trained (200 total) | <p>an underserved minority population</p> <ul style="list-style-type: none"> <li>• 5 of the professionals trained serve a Spanish-speaking population</li> </ul> <p>Years 3-4:</p> <ul style="list-style-type: none"> <li>• 50 early childhood professionals trained are serving an underserved minority population (100 total)</li> <li>• 10 of professionals trained serve a Spanish-speaking population (20 total)</li> </ul> |
|   | Host or conduct local training, depending on identified needs at least twice a year          | YDS CL, identified trainers | Initial training occurring by October 2016 |                     |  |

## Appendix A: Texas Expansion Oversight Committee Membership

| Required Category   | Organization   | Division  | Representative                   |
|---|--|---|----------------------------------|
| Health  | Department of State Health Services (DSHS)                       | Maternal and Child Health   | Ramah Leith & Jeremy Triplett    |
|   |  | Maternal and Child Health - Children with Special Health Care Needs (CSHCN) | Rachel Jew                       |
| Child Welfare   | Texas Department of Family and Protective Services (DFPS)        | Prevention and Early Intervention (PEI)                                     | Heather Thorp, Donna Wood        |
|   |  | Home Visiting   | Sophia Strother                  |
|   |  | Child Care Licensing  | Jeannie Young                    |
| Children's Mental Health Initiative Grant (TX System of Care) | Texas Health and Human Services Commission (HHSC)                | Office of Mental Health Coordination  | Lillian Stengart                 |
| Medicaid  |  | Medicaid/CHIP   | Tamela Griffin & Elewechi Ndukwe |
| Behavioral Health   |  | Child and Adolescent Mental Health Services                                 | Christianna Hale                 |
|   |  | Substance Use Disorder Services – Specialized Women's Services              | Julie Steed                      |
| Early Childhood Education                                     | Texas Department of Assistive and Rehabilitative Services (DARS) | Early Childhood Intervention (ECI)  | Jean Origer & Dana McGrath       |
|   | Texas Head Start Association                                     | Non-profit  | Alferma Giles                    |
|   | Texas Association for the Education of Young Children (TAEYC)    | Non-profit  | Kim Kofron                       |

|                            |                                   |  |   |
|----------------------------|-----------------------------------|--|---|
| Child Care and Development | Texas Workforce Commission        | State Agency   | Patricia Martinez   |
| Higher Education           | University of Texas at Austin     | Texas Institute for Excellence in Mental Health (UT-TIEMH) | Holly Gurslin, Erica Shapiro, Molly Lopez & Laura Stevens                     |
| Parent Members             | Parent Representatives            |  | Siri Lindholm, Catherine Carlton, Veronica Martinez, Tanea Bailey, Nancy Hisa |
| State Children's Policy    | Texans Care for Children          | Non-profit   | Diane Ewing   |
| State Children's Policy    | Act Early Texas                   | Non-profit   | Pauline Filipek & Prisca Franklin   |
| Original Project LAUNCH    | Aliviane, Inc.                    | Original Project LAUNCH recipient                          | Carolina Gonzalez & Judy Willgren   |
| Expansion Communities      | Ysleta Del Sur Pueblo             | YDS Tribal Community Lead                                  | Anna Silva & Linda Wiley  |
|                            | Family Services of San Antonio    | San Antonio Community Lead                                 | Fred Cardenas   |
|                            | Tarrant County MHMR Fort Worth    | Fort Worth Community Lead                                  | Laura Kender  |
| Pediatric Hospital         | Texas Children's Hospital-Houston |  | Christopher Greeley & Nancy Correa  |

## Appendix B: Organizational Diagram



| <b>KEY</b>  |  |   |
|-------------|--|---|
| EPPL Team   | El Paso Project LAUNCH                     | Judy Willgren<br>Carolina Gonzalez  |
| TX LET      | Texas LAUNCH Expansion Team                | Ramah Leith<br>Molly Lopez<br>Holly Gurslin<br>Erica Shapiro<br>Laura Stevens |
| YDSP CL     | Ysleta del Sur Pueblo Community Grant Lead | Linda Wiley<br>Anna Silvas  |
| SA CL       | San Antonio Community Grant Lead           | Fred Cardenas   |
| FW CL       | Fort Worth Community Grant Lead            | Laura Kender  |
| GU Trainers | Georgetown University Trainers             | Neal Horen  |

## Appendix C: Literature References

Abidin, R.R. (1990). *Parenting Stress Index, Third Edition*. Odessa, FL: Psychological Assessment Resources.

Annie E. Casey (2014). Kids Count 2014 Data Book: State Trends in Child Well-Being. Retrieved March 1, 2016. <http://www.aecf.org/m/resourcedoc/aecf-2014kidscountdatabook-2014.pdf>

Annie E. Casey (2016). Kids Count Data Center 2016 [Data file]. Retrieved from <http://datacenter.kidscount.org/>.

Beals, J., Novins, D. K., Whitesell, N. R., Spicer, P., Mitchell, C. M., et al. (2005). Prevalence of mental disorders and utilization of mental health services in two American Indian reservation populations: Mental health disparities in a national context. *American Journal of Psychiatry*, 162, 1723-1732.

Be Strong Families (n.d.). Parent Café Result / Impact. <http://www.beststrongfamilies.net/build-protective-factors/parent-cafes/parent-cafe-results-impact/>

Centers for Disease Control and Prevention (CDC). *1991-2013 High School Youth Risk Behavior Survey Data*. [Data file]. Retrieved March 10, 2016 from <http://nccd.cdc.gov/youthonline/>

Center for Public Policy Priorities (2012). State of Texas Children 2012: Texas: KIDS COUNT. *Annual Data Book*. Retrieved March 30, 2016 from [http://www.cppp.org/sotc/pdf/TKC2012\\_Final\\_1-page\\_view.pdf](http://www.cppp.org/sotc/pdf/TKC2012_Final_1-page_view.pdf)

Center for Public Policy Priorities (2013). State of Texas Children 2013: Texas: KIDS COUNT. *Annual Data Book*. Retrieved March 3, 2016 from [http://www.cppp.org/sotc/pdf/TKC2013\\_Final\\_1-page\\_view.pdf](http://www.cppp.org/sotc/pdf/TKC2013_Final_1-page_view.pdf)

Center for Public Policy Priorities (2013). Economic Issues for Women in Texas: Fort Worth Metro Area. Retrieved March 3, 2016 from [https://www.dallaswomensfdn.org/file/texas-womens-foundation/Fort-worth-report\\_FINAL.pdf.pdf](https://www.dallaswomensfdn.org/file/texas-womens-foundation/Fort-worth-report_FINAL.pdf.pdf).

Center for Public Policy Priorities (2015). State of Texas Children 2015: Texas: KIDS COUNT. *Annual Data Book*. Retrieved March 5, 2016. [http://www.cppp.org/sotc/pdf/TKC2015\\_Final\\_1-page\\_view.pdf](http://www.cppp.org/sotc/pdf/TKC2015_Final_1-page_view.pdf)

- City of Fort Worth (2015). Tarrant County Community Supplemental Report. Retrieved March, 2016. <http://unitedwaytarrant.org/wp-content/uploads/2015/11/Fort-Worth-Supplemental-Report.pdf>
- City of Fort Worth (2010). Fort Worth Community Assessment of the Economically Disadvantaged. Retrieved March, 2016. [http://www.cfntx.org/assets/1402/fort\\_worth\\_community\\_assessment\\_-\\_abridged\\_version.pdf](http://www.cfntx.org/assets/1402/fort_worth_community_assessment_-_abridged_version.pdf)
- City of San Antonio (2016). Eastside Promise Zone Initiative. Retrieved March, 2016. <https://www.sanantonio.gov/Eastpoint/PromiseZone>
- City of San Antonio (2016). San Antonio & Bexar County Health & Demographic Statistics. Retrieved March, 2016. <https://www.sanantonio.gov/health/news/healthdata.aspx>
- City of San Antonio (2013). San Antonio Metropolitan Health District Health Profiles, 2013. Retrieved March, 2016. <https://www.sanantonio.gov/Portals/0/Files/health/News/HP2013.pdf>
- Department of Defense, Office of the Deputy Under Secretary of Defense (2014). 2013 Demographics: Profile of the Military Community. Retrieved March 3, 2016 from <http://www.militaryonesource.mil/12038/MOS/Reports/2013-Demographics-Report.pdf>
- Department of Defense (n.d.). Military Installations: Fort Bliss Texas Fast Facts. [http://www.militaryinstallations.dod.mil/pls/psgprod/f?p=132:CONTENT:0::NO::P4\\_INST\\_ID,P4\\_INST\\_TYPE:4375,INSTALLATION](http://www.militaryinstallations.dod.mil/pls/psgprod/f?p=132:CONTENT:0::NO::P4_INST_ID,P4_INST_TYPE:4375,INSTALLATION)
- Eyberg, S. M., & Pincus, D. (1999). *Eyberg Child Behavior Inventory and Sutter-Eyberg Student Behavior Inventory-Revised: Professional manual*. Psychological Assessment Resources.
- Gilliam, W.S. (2005). *Pre-kindergarteners left behind: Expulsion rates in state pre-*

*kindergarten systems*. New Haven, CT: Yale University Child Study Center.

Gone, J.P. (2004). Mental health services for Native Americans in the 21<sup>st</sup> century United States. *Professional Psychology: Research and Practice*, 35, 10-18.

Green, B.L, Malsch, A.M., Kothari, B.H., Busse, J., & Brennan, E. (2012). An intervention to increase early childhood staff capacity for promoting children's social-emotional development in preschool settings. *Early Childhood Education Journal*, 40, 123-132.

Greenbaum, P., & Dedrich, P. (2000). *Interagency Collaboration Activities Scale*. Research and Training Center, Florida Mental Health Institute.

Indian Health Services (2015, January). Indian Health Disparities. Retrieved on March 10, 2016 at [http://www.ihs.gov/newsroom/includes/themes/newihstheme/display\\_objects/documents/factsheets/Disparities.pdf](http://www.ihs.gov/newsroom/includes/themes/newihstheme/display_objects/documents/factsheets/Disparities.pdf)

Kaiser Family Foundation. State Health Facts: State Mental Health Authority, Per Capita Mental Health Services Expenditures. Retrieved on March 5, 2016 at <http://www.statehealthfacts.org/comparemactable.jsp?cat=5&ind=278>

Lester, P., Peterson, K., Reeves, J., Knauss, L., Glover, D., Mogil, C., Duan, N., Saltzman, W., Pynoos, R., Wilt, K., & Beardslee, W. (2010). The long war and parental combat deployment: Effects on military children and at-home spouses. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49, 310-320.

Orthner, D. K., & Rose, R. (2005). *Adjustment among Army children to deployment separations*. Washington, DC: Army Research Institute for the Behavioral and Social Sciences.

ReadyKidSA (2016). ReadyKidSA website. Retrieved March 2016. <http://readykidsa.com/>

- San Antonio Metropolitan Health District Health Profiles, 2013. Retrieved March, 2016. <https://www.sanantonio.gov/Portals/0/Files/health/News/HP2013.pdf>
- Schexnayder, D., Juniper, C. Schroeder, D., Murdock, S. H., Cline, M., et al. (2012, November). Texas Early Childhood Education Needs Assessment. Retrieved March 10, 2016 from [http://earlylearningtexas.org/media/16030/tx\\_ece\\_needs\\_assessment\\_full\\_pdf.pdf](http://earlylearningtexas.org/media/16030/tx_ece_needs_assessment_full_pdf.pdf)
- Sogomonyan, F., & Cooper, J.L. (2010). Trauma faced by children of military families: What every policymaker should know. National Center for Children in Poverty. Retrieved March 10, 2016. [http://academiccommons.columbia.edu/download/fedora\\_content/download/ac:126195/CONTENT/text\\_938.pdf](http://academiccommons.columbia.edu/download/fedora_content/download/ac:126195/CONTENT/text_938.pdf)
- Texas Association for Infant Mental Health (2014). Texas Association for Infant Mental Health 2014 Endorsed Registry. Retrieved March 5, 2016 from <http://taimh.org/endorsement/endorsed-registry>
- Texas Council on Children and Families (2012). 2012 Report: Strong Families, Health Communities. Retrieved March 4, 2016 from [http://www.hhsc.state.tx.us/about\\_hhsc/AdvisoryCommittees/ccf/CCF-Leg-Report-2012.pdf](http://www.hhsc.state.tx.us/about_hhsc/AdvisoryCommittees/ccf/CCF-Leg-Report-2012.pdf)
- Texas Education Agency (2016). Comprehensive Biennial Report on Texas Public Schools. Retrieved March, 2016. [http://tea.texas.gov/Reports\\_and\\_Data/School\\_Performance/Accountability\\_Research/Comprehensive\\_Report\\_on\\_Texas\\_Public\\_Schools/](http://tea.texas.gov/Reports_and_Data/School_Performance/Accountability_Research/Comprehensive_Report_on_Texas_Public_Schools/)
- Texas Education Agency (2014). TEA School District Profiles (2014). Retrieved March, 2016. <https://rptsvr1.tea.texas.gov/perfreport/snapshot/2014/district.srch.html>
- Texas Education Agency (2015). TEA School Report Cards (2015). Retrieved March, 2016. <https://rptsvr1.tea.texas.gov/perfreport/src/2015/campus.srch.htm>
- United Way of Tarrant County (2015). United Way of Tarrant County Community Assessment. Retrieved March 2016. <http://unitedwaytarrant.org/wp-content/uploads/2015/12/2015-COMMUNITY-ASSESSMENT.pdf>

- U.S. Census Bureau (2015, February). State and County QuickFacts. Data derived from Population Estimates, American Community Survey, Census of Population and Housing, State and County Housing Unit Estimates, County Business Patterns, Nonemployer Statistics, Economic Census, Survey of Business Owners, Building Permits. Retrieved March 8, 2016.
- Webster-Stratton, C., Reid, M. J., & Hammond, M. (2008). LIFT Parenting Practices Interview information. *Unpublished manuscript*. Retrieved March 10, 2016.
- Ysleta del Sur Pueblo (2016). Ysleta del Sur Pueblo Tribal Records Department. Retrieved March, 2016.  
<http://www.ysletadelsurpueblo.org>
- Ysleta del Sur Pueblo (2016). Ysleta del Sur Pueblo Tribal Empowerment (2016). Retrieved March, 2016.  
[http://www.ysletadelsurpueblo.org/html\\_pages.sstg?id=79](http://www.ysletadelsurpueblo.org/html_pages.sstg?id=79)
- Ysleta del Sur Pueblo (2014). 2013 Year End Report Ysleta del Sur Pueblo: Community, Culture & Tradition. Retrieved March 3, 2016.  
[http://www.ysletadelsurpueblo.org/shared\\_document.sstg?id=359](http://www.ysletadelsurpueblo.org/shared_document.sstg?id=359)
- Ysleta del Sur Pueblo (2013). Socioeconomic Profiles of Ysleta del Sur Pueblo. Retrieved March 2016.