

Texas LAUNCH Early Childhood Committee
Meeting Minutes
May 17, 2018



In Attendance:

Department of State Health Services (DSHS) Title V-Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN)		
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Texas Department of Family and Protective Services		
Prevention and Early Intervention Services (PEI) and Home Visiting		
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Non Profit Organizations		
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Judy Willgren	Local Lead, Texas LAUNCH	jwillgren@aliviane.org
Texas LAUNCH Community Contractors		
Ysleta del Sur Pueblo (YSDP)		
Linda Wiley	Project LAUNCH Community Lead- Developmental Specialist for YSDP	lwiley@ydsp-nsn.gov
MHMR of Tarrant County		
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Other Partner Attendees		
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- I. **Welcome and Introductions** Ramah Leith opened the meeting at 1:05pm. Participants introduced themselves and identified the community or agency they represent.
- II. **TLECC Binder Presentation:** Members were provided new red binders that will encompass an overview presentation of Texas LAUNCH, a summary of the projects evaluation goals, workgroup goals and members, community updates and agendas from all previous meetings. The purpose of the binders is to increase time for discussion during quarterly meetings.
- III. **“The Wisdom Within Us” Activity:** Molly Lopez led the group in a new activity garnered to create large visionary ideas on how to sustain LAUNCH strategies. Members were asked to write down their largest, boldest idea assuming no limits or boundaries. Members then mingled, exchanged cards and rated those cards from “okay” ideas to “best ideas”. Groups then separated and addressed the highest scored ideas.
- IV. **Workgroup Breakout Time**
The three workgroups continued their activities to advance workgroup goals using the previously gathered big ideas.
- V. **Workgroup Presentations**
Each workgroup leader shared a summary of their work over the last quarter.
 - a. **Family Strengthening:** Judy Willgren reported that the group held two calls over the last quarter in which the strategic plan was reviewed. Additionally the workgroup supported marketing efforts for the IY training held in April. A Community of Learners call was held to support all Parent Educators implementing IY. The group is working on creating materials that normalize parenting education, as well as creating materials to support recruitment using parent testimonials.

- Next steps identified for the group surround marketing – collecting family testimonials, identifying a message, identifying an audience, and drafting materials to pilot within existing communities.

b. **Developmental Screening:** Ramah Leith reported that the group met twice within the last quarter. The group: submitted comments on the TWC CCDBG Plan, worked with PEI on and Early Childhood Brain Development Video for Help and Hope, provided a webinar on developmental screenings to regional mental health consultation staff, submitted a WIC e-newsletter article on LAUNCH and ASQ benefits, discussed ASQ billing within Texas Health Steps (THS), continued planning on Healthy Child Care Texas (HCCT) SED grant, attended a child care quality workgroup, promoted THS OPD DS module cards at conferences, applied to provide ASQ training at TAEYC conference, supporting an upcoming ASQ Train the Trainer (TOT), and promoted Parents Guide to THS and Home Visiting.

- Next steps identified for the group include:
 - Continued training and planning for HCCT SED grant;
 - Educate on the needs for developmental screening requirements for Texas Rising Star facilities;
 - Continue promoting THSteps OPD DS module cards and presenting on DS's at conferences;
 - Train more early childhood providers on the ASQ;
 - Attempt to order additional ASQ kits;
 - Promote ASQ TOT and Parent Guide.

c. **Mental Health Consultation Workgroup:** Holly Gurslin reported that the workgroup met twice in the last quarter: once through webinar and once through survey. The workgroup discussed findings from the survey around: working toward a shared definition of mental health consultation, core requirements of a consultant, knowledge and skills a consultant should have, whether a core training program would be required of MHC's and planning a future face to face meeting. Additionally one group member, Tarah Glover, compiled a document comparing the SAMHSA MHC Criteria and the Texas Infant Mental Health Endorsement criteria. Diane Ewing is putting together a survey of MHC programs across the nation.

- Next steps identified for the group include:
 - Continued work on shared definition, core competencies, knowledge and skills, and financial mapping;
 - Reviewing comparison documents;
 - Continue collecting resources offered by group;
 - Schedule a summer face to face meeting.

VI. **Expansion Community Program Updates:** Texas LAUNCH expansion communities present their accomplishments, challenges, work toward behavioral health disparities, and activities to come.

a. **Ysleta del Sur Pueblo:**

- Accomplishments: Linda Wiley reported the:
 - Graduation of the 4th IY class which included two fathers;

- The beginning of the 5th cohort in June which will include a Basics and Babies course running simultaneously – collaborating with the Department of Behavioral Health to increase recruitment through a pre-natal class leading into the Babies class, and families involved with the CPS system joining the Basics class;
- Planning for a second Parent Café in the summer;
- Hosting for a Continuity of Care Training for child care staff;
- Presentation from local lead to Tribal Council on the sustainability of LAUNCH through other grant funding to create a Parent Engagement role within the Empowerment Department
- Challenges – Linda reported the following challenges:
 - Resource shortage for children with identified delays or behavioral needs.
- Behavioral Health Disparities: Linda reported a continued collaboration with the Department of Health and Behavioral Health creating a continuum of care by starting with pre and post screening for women on postpartum depression and linking parents to services including parenting education.
- Activities: Linda reported the following next steps:
 - Continued work toward a continuum of care;
 - Continued MHC at Early Learning Center
 - Continued incorporation of cultural aspects in PC and IY
 - Continued support toward F3Y training/TBRI training and child development training.

b. Bexar County Family Services Association

- Accomplishments: Judy Willgren reported on the following accomplishments within the last quarter, speaking on behalf of the SA expansion community:
 - A successful new partnership with Miller Child Development Center;
 - Continued attempts to host IY and PCs;
 - Provided MHC to 15 children;
 - Continued use of Parent Child Interactive Therapy (PCIT);
 - Trained over 300 teachers in collaboration with AVANCE.
- Challenges – Judy Willgren reported the following challenges:
 - Parent recruitment for parent-strengthening programs – albeit participant feedback has been positive;
 - Policy barrier where accessing developmentally appropriate treatment and special education services can be challenging.
- Behavioral Health Disparities – Judy Willgren reported that focused work continues in the 78202 zip code area, discussions continue in the Local Child Wellness Council, and a strategic plan is almost finalized.
- Activities: Judy Willgren reported the following next steps:
 - The Local Child Wellness Council will meet May 24th;
 - PCs and the Local Child Wellness Council will now be offered at Neighborhood Place;
 - A workforce development opportunity will be held on Childhood Trauma.

c. **Tarrant County MHMR**

- Accomplishments: – Stephanie Norton reported on the following accomplishments over the last quarter:
 - The second LAUNCH academy was completed with 43 child care Directors;
 - 16 agencies have signed up to utilize the ASQ enterprise system via MOU's;
 - The program Healthy Steps will be piloted in Tarrant County for the first time in Texas – the program allows for expanding ASQs in the pediatric setting;
 - A successful Parent Café demo was held May 9th.
- Challenges – Stephanie Norton reported on the following challenges:
 - Continued funding for food being offered at Parent Café events;
 - Keeping up with community demand.
- BH Disparities – Stephanie Norton reported on the successful creation of a Mobile Social Service bus that will provide services to the Las Vegas Trail area. Pictures of the bus were included in the presentation, and LAUNCH staff were able to offer screenings and other services through the bus.
- Activities: Stephanie Norton reported on the following next steps:
 - Implementation of the Health Steps project;
 - Upcoming workforce development events: ASQ TOT, PC TOT, Healthy Steps Training and Nurturing Parenting Training.

VII. **Community Support Activities:** Judy Willgren reported the following activities for the last quarter:

- Completion of site visits to YDSP and SA;
- Providing a Continuity of Care training in YDSP;
- Providing an Introduction to ASQ training in the MHMRTC LAUNCH Academy;
- Working with expansion communities on behavioral health disparity strategic plans;
- Hosting an All Community Meeting where expansion communities created posters outlining their successes, heard from LAUNCH TA provider on national LAUNCH indicators, met with state staff from ECI/THS/Medicaid and heard a presentation on the first annual Parent Leadership Summit by Parent Representative Siri Lindholm from SA.

VIII. **State Activities Update**

- Judy Willgren reported on the Suspension Expulsions Workgroup, which is now receiving TA from ACF and working through the *Building a Comprehensive State Policy Strategy to Prevent Expulsion from Early Learning Settings* toolkit, and is working to finalize a paper on the national and state efforts made toward Suspension and Expulsion;
- Judy Willgren reported on the Momentum 2018: Texas City Early Learning Summit where Laura Kender from MHMRTC reached out and invited the other LAUNCH expansion local leads to present on LAUNCH efforts;
- Judy Willgren reported on the successful completion of the First3Years Regional Conference that focused on MHC with a keynote speaker from Tulane University talking about the MHC systems in Louisiana. Additionally state representatives from CCL, TEA, and TWC discussed the work toward suspension and expulsion;

- Holly Gurslin reported that they 14th edition of the LAUNCH newsletter was released within the last quarter and added a link to the presentation slides;
- Holly Gurslin reported on the IY training provided in April that included 23 attendees and how purchasing of curriculums for participants is being explored through Title V. Additionally within the IY training a state lunch and learn was held for state leaders to learn about the program and how to embed it within the system.
- Ramah Leith reported on the SAMHSA Grantee Meeting where topics of sustainability and family engagement were the focus of the meeting. SAMHSA informed the state team there will likely be another grantee meeting in the next fiscal year.
- Holly Gurslin reported on the Family Leadership Summit – with permission from Siri Lindholm – explaining the purpose, goals, and outcomes. The purpose of the meeting was to support and equip family leaders to create and sustain a national early childhood family network. The concept came from a parent leader who identified that there was not a national parent group focused on early childhood. The goals of the group are to:
 - Discover leaders from those who participated;
 - Learn the history of organized family voice;
 - Know of the roles families play in systems change effort;
 - Gain knowledge of individual leadership styles and strengths;
 - Understand the collaborative leadership model;
 - Develop a vision for the network;
 - Explore structures for organizing the work;
 - Begin to develop the network framework.
- Outcomes from the meeting include continued internal/external communication, meeting facilitation and coordination, and creating a vision/mission. Siri Lindholm, parent representative from SA, will continue to be a part of the group moving forward. slindholm@healymurphy.org.
- Holly Gurslin spoke to pending trainings which include CSEFEL Trainings Part 1 & 2, MHC Training/Meeting, and ASQ TOT training. All trainings are pending carry-forward funding.
- Evaluation Updates: Molly Lopez reported progress toward goals to date, then provided a story using data on developmental screening and its impact from the project. Presentation included statistics on screening in Texas currently, how the workforce has been impacted, how many children were screened, what were the findings of those screenings and what happens to those children post referral.

IX. **Continuous Quality Improvement:** Judy Willgren led the group in a continuous quality improvement activity asking for feedback on what is working well with the meeting format and content and what could be improved. Members reported that they appreciated the candy provided, having the workgroups at the beginning of the meeting, utilizing new activities to engage the group in broader thinking, and the music was appreciated. Additionally, spelling out acronyms would be helpful for newcomers.

X. **Closing:** Ramah closed the meeting and announced the next meeting for August 16th 2018 from 1pm-5pm.

Appendix: Compilation of “The Wisdom Within Us” Activity

Family Strengthening:

- Parent Cafés available in hospitals, pediatric practices, childcare, schools, churches – led by parents supported by agencies;
- Provide a layered system starting prenatally to educate families, then lays in other supports at different Touchpoints via childcare/pediatricians/Head Start/Pre-K, etc;
- Money to childcare providers to support families in programs with Parent Cafés and additional mental health services;
- Have programs available at churches, schools, and in the workforce;
- Provide programs at times that are convenient for families;
- Provide meals and childcare for families participating;
- Media campaign across the state that focuses on normalizing parent education programs;
- Many programs currently exists and are not fully utilized by families;
- Robust funding for home visiting programs to be available to all families, including outreach/referrals to home visiting from pediatricians and early childhood education;
- Family strengthening program became part of the education system for students – new parents/grandparents in hospitals and new employees for child services agencies;
- All family strengthening programs to be available at community centers which will have available resources and respite, childcare, children’s activities, food, etc. The center would allow families to work with others/peers in their communities;
- Persuade the legislature to invest in programs that widen scope and reach of existing programs, perhaps with a robust pilot program in key regions;
- Required family strengthening programs to all pregnant women/family members prior to birth;
- Family strengthening program info hotline – start with 211 & 311;
- At birth and discharge from hospital, provide information on family strengthening programs to families. Have churches, pediatrician offices, daycares and schools share this information as well so parents can continue to receive information about participation while their children are 0-8 years old. Parents will then have opportunities to participate;
- Make it a part of all school curriculums. Have these programs be a normal part of school. Provide incentives for parents/caregivers that participate;
- Statewide media campaign with one point of contact for families;
- Make them a part of every community at places where parents go such as schools, rec centers, childcare centers, shelters and churches;
- Partner with trusted community groups to provide training and small group conversations – examples being churches, temples, other faith based organizations or places that kids love;
- Require a parenting program pre-discharge from the hospital. Could do 1-2 classes inpatient and the rest outpatient;
- All schools and hospitals provided parenting classes for free for all parents and all families would see the benefits of the class;
- Create an office of Family Strengthening at the Governor’s office;
- Have a single point of entry into the early childhood system for support.

Developmental Screening

- Make it a policy for licensing;
- At time of birth conduct a developmental screening and continue through school-age. Have coordinator childcare and pediatric settings who make referrals to behavioral health providers when necessary;
- Engage all daycare/childcare center across Texas;
- All childcare directors are trained in mental health consultation to identify needs and must complete screening – all involved have access to a hotline for resources;
- Pediatric offices screen at child well checks and provide warm referrals;
- Developmental screeners required at all doctor visits (yearly) from birth to age 8;
- Have all children screened at child care facilities and or child wellness check-ups;
- Have trained screeners at pediatric offices to have staff trained at childcare facilities;
- A universally used screening tool-utilized by all child serving programs;
- Healthy Steps integrated into healthcare – specialists available in pediatric clinics to assure screening routinely when child goes to doctor.
- Have developmental screenings be a mandatory part of pediatricians well child check-ups. Also make the developmental screening mandatory for going to school and have the screenings to children who did not go to the pediatrician;
- Clinicians in pediatric offices mandated screening on 2nd visit and have electronic screenings done with parents;
- For school-aged kids, set screenings ages in schools by nurses, counselors, and volunteers. Like mandatory vision and hearing screenings;
- Create an office of early childhood: provide developmental screening materials and training for all childcare providers across the state;
- Require campus behavioral coordinators put in place through campus policies and implement a larger screening process for campus students;
- Make all 3 types of screenings mandatory for school, like physicians are now. For home schooled-kids, make it required to receive the curriculums. Provide incentives to providers;
- Legislatively mandated developmental (ASQ) and Autism (MCHAT) screening for all children at pediatrician checkups and at the recommended intervals for children enrolled in schools. For the influx in diagnosis this would bring about a statewide telehealth network in rural/underserved counties with a focus on parental training and treatment/therapy for children;
- All children were able to have a medical appointment and were screened as recommended by APA;
- Coordinate between childcare, pediatrician, and head start/etc., to provide the screeners and require reporting;
- Adapt a developmental screening that is required by TEA and CCL in their standards and create an online platform for pediatricians to use (for easy accessibility and sharing).

Mental Health Consultation

- Create an office of Early Childhood responsible for the oversight of all early childhood comprehensive services;
- IECMHC State Certification;
- Partner with a university to develop a certification program;

- Educate childcare providers on the benefits and make access easy and well-known to them;
- Fund the services through public and private insurance;
- Expand provider partnerships with school districts to make consultation accessible to families;
- Continue to fund MHC trainings in different parts of Texas;
- A guided app or web quiz that helps the “average” person do the consultation – professionals could easily share links (teachers/health providers, etc.);
- Research states that are doing this well to get ideas;
- Make mental health consultation a requirement to enter kindergarten;
- A statewide telehealth network in which mental health consultations from qualified professionals can be conducted and individuals can access from the comfort of their home;
- A comprehensive resource guide for services available will also be prepared for local referrals;
- It’s about educating the childcare providers and then making the tool available through mental health consultants. If state funded MHC’s to be available to childcare centers and staff they would use the services and tools more often;
- Provide a certification program via a university;
- Require an on-staff MHC for childcare centers to run;
- Required MHC training for all clinicians who are working with children birth to 8;
- Funding for all early childhood education providers to hire a childcare consultant who is trained in mental health consultation techniques;
- When a child has been identified as having behavioral health issues, educators and family caregivers will be notified and family will be assigned a team of staff (PCP, behavioral health specialist, case manager, etc.) and other community resources that will outline plan of care that will improve family/child outcomes;
- Provide quality mental health consultation and training for consultant;
- Provide MHC for childcare and schools;
- Provide incentives for providers to go to all cities/areas for Texas to train existing providers in rural areas to provide this service;
- Requires MHC training of all teachers/caregivers;
- Train childcare licensing staff in MHC so they can be a resource to providers;
- Build the capacity of mental health professionals in existing systems such as ECI, Schools, Childcare with evidenced-based coaching approaches – then allow those to cross other curriculums like TBRI;
- All schools and childcare centers have access to MHC as a standard practice;
- Make mental health consultation available in all daycares, preschools and school settings. Provide funding for all of these places to have MHC’s;
- All childcare facilities have requirement that a MHC observe at least once a quarter and be available at any time.