

Texas LAUNCH State Workgroup Meeting
 Meeting Minutes
 November 17, 2016



In Attendance:

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Ron Gernsbacher	HHSC	Ron.Gernsbacher@hhsc.state.tx.us

Start Time: 1:00PM

- I. Welcome and Introductions (Ramah Leith)
- II. Naming the Group (Ramah Leith)
 - a. Options: Texas LAUNCH Workgroup, Texas LAUNCH Oversight Committee, Texas LAUNCH Guidance Committee, Texas LAUNCH Early Childhood Committee, Texas LAUNCH Early Childhood Guidance Committee
 - b. Decision: Texas LAUNCH Early Childhood Committee
- III. Texas Expansion LAUNCH Update (Holly Gurrslin and Erica Shapiro)
 - a. Held site visits in San Antonio and Fort Worth
 - i. Team attended site visits and provided training on early childhood screenings, technical assistance, discussed evaluation and reporting (using REDCap for data collection), discussed setting up young childhood wellness councils (YCWC)
 - b. Incredible Years (IY) Training
 - i. Held a 3-day implementation training; 23 trained
 - ii. All communities had representation at the training
 - iii. Provided starter kits for IY and ASQ to all communities
 - c. Parent Café Training
 - i. Held 2.5 day training in Fort Worth; 29 trained
 - ii. All communities moving forward with Parent Cafes
 - iii. Trainers stayed after training to help Fort Worth with strategic planning
 - d. Ages and Stages Questionnaire Trainings
 - i. Provided to each community in-person as well as a webinar
 - ii. 40 trained
 - e. Evaluation Plan
 - i. Submitted to Evaluation Plan to SAMHSA
 - ii. Waiting on feedback
 - iii. Common Indicators
 1. Review of all common indicators
- IV. Ysleta Del Sur Pueblo Community Update (Linda Wiley)
 - a. Screening
 - i. Attended train-the-trainer training on ASQ: 3 and ASQ: SE-2
 - ii. Trained staff at the Early Learning Center and Department of Behavioral Health
 - iii. Currently screening children and Early Learning Center and Pre-Kindergarten
 1. Met with Bright Stars direct regarding screening
 - b. Family Strengthening
 - i. Received training on IY curriculum
 - ii. Started IY parent training in October
 1. Experiencing challenges around attendance
 - iii. Received training on Parent Cafes
 1. Planning a Parent Café for December
 - c. Mental Health Consultation
 - i. Provided mental health consultation at the Early Learning Center
 - ii. Met with Bright Stars Director regarding mental health consultation-working on MOU
 - d. Tribal Young Child Wellness Workgroup
 - i. First meeting on July 28, 2016
- V. Fort Worth Community Update (Laura Kender)

- a. Early Childhood Wellness Council
 - i. Expanded Early Childhood Advisory Committee
 - ii. Will create a subcommittee to be more of a workgroup
 - iii. Linked to Mental Health Connection and Early Learning Alliance
 - iv. Demonstrated Parent Café to the ECWC
 - v. Currently accepting membership applications
- b. Site Visit from Texas LAUNCH Team
 - i. Training on a variety of screening and evaluation tools
 - ii. Toured local partners
 - iii. Met with CEOs from all partner agencies
- c. Parent Café
 - i. Held in-person training in September
 - ii. Implementation groups have planned for initial parent cafes (NICU- TBD, Polytechnic- December 6, Las Vegas Trail- January 13, Homeless Shelter- January 17)
 - iii. Provided demonstration to NICU staff
- d. Incredible Years
 - i. 4 staff attended baby IY training in Seattle
 - ii. 6 staff attended IY training in Austin
 - iii. Implemented baby IY at Child Care Associates beginning in October
 - 1. Serving 8 parents at 2 locations
- e. Screenings
 - i. Will hold LAUNCH Academy in which staff will be trained in ASQs
 - ii. Held meeting with Child Care Associates about incorporating into practice
- f. Mental Health Consultation
 - i. Will provide training at LAUNCH Academy
 - ii. Collaboration with Child Care Associates
- VI. San Antonio Community Update (Fred Cardenas and Tarah Newsham)
 - a. Hired Parent Educator
 - b. Policies and procedures created, including forms and flyers
 - c. Identified three community partners
 - d. Integrated wellness council into existing parent advisory committee (1st full meeting in December)
 - e. Mental Health Consultation
 - i. Currently seeing 6 children; 3 new referrals
 - f. Incredible Years
 - i. Working with local homeless shelter
 - ii. Using as a pilot group- not counting towards evaluation
 - g. Parent Cafes
 - i. To begin in Spring
 - h. Workforce Development
 - i. Participating in monthly trainings
 - ii. Providing mental health consultation training and follow-up
 - iii. Part of Systems of Care Grant
 - i. Screenings
 - i. Already happening at early head start and head start
 - ii. Working on bringing screenings into other sites
- VII. Workgroup Priority Focus Introduction (Ramah Leith)
 - a. Four Groups: Developmental Screening, Family Strengthening, Data and Outcomes, Early Childhood Workforce Development

- b. Group members met to conduct a SWOT (strengths, weaknesses, opportunities, threats) analysis, as well as to identify goals and action steps for each of the four focus groups.
 - c. See Appendix A for notes from the Developmental Screening workgroup.
 - d. See Appendix B for notes from the Family Strengthening workgroup.
 - e. See Appendix C for notes from the Data and Outcomes workgroup.
 - f. See Appendix D for notes from the Workforce Development workgroup.
- VIII. Set next meeting & Adjourn (Ramah Leith)
- a. Moving forward, meetings will be held on the third Thursday of the month every quarter
 - b. Next meeting: February 16th, 2017, 1pm-5pm

Appendix A

Project LAUNCH Core Strategy: Developmental Screening	
Objective: Expanding access to quality early childhood developmental and social- emotional screenings in varied settings.	
Workgroup Members: Prisca Franklin: Prisca.Franklin@uth.tmc.edu Fred Cardenas: fcardenas@Family-Service.org Holly Gursslin: Holly.Gursslin@austin.utexas.edu Siri Lindholm: slindholm@healymurphy.org Debbie Lindsey: Debra.Lindsey@mhmrtc.org Sofia Santillana: sofia.santillana@dfps.state.tx.us (no longer involved)	
SWOT Analysis Framework	
<p style="text-align: center;">Strengths</p> <p><i>Head Start/EHS requirements TX Health Steps Medicaid requirements – billing opportunities for Pediatricians ECI – evaluation element Screening availability – “they are out there” Large pool of preliminary screeners</i></p>	<p style="text-align: center;">Weaknesses</p> <p><i>Access to obtaining screening Lack of knowledge of what developmental/social-emotional screenings are Lack of resources post positive screen and referral Quality of interpreted results with parents – data could be skewed School districts need more support to provide screenings Shortage in data collection and sharing Mistrust between provider/parent/social service entity Amount of time screenings take for providers Perception of a “Parent Reporting Tool” Institutional Availability vs. Community Availability</i></p>
<p style="text-align: center;">Opportunities</p> <p><i>Training: providers, parents, promotorus, CMH workers, physicians, etc. Parent Café topic area Change child care settings policy to screen all children – universal Act Early TX – universal screening Access to technology – ex. Tele-medicine Psychiatric residential rotations – partnering with medical school Marketing opportunities Systemic change – build in infrastructure Parent-lead initiatives TX Rising Star – change regulations to include screenings All childcare accrediting bodies – change regulations to include screening</i></p>	<p style="text-align: center;">Threats</p> <p><i>Lack of funding \$\$\$\$ - sustainable funding Insufficient policy advocacy Silo programming across community and state agencies Over-identify/diagnose mental health issues in children developing normally Parental Fear Labeling Stigma CPS involvement Provider Burden</i></p>
Short-Term Goal:	
<ul style="list-style-type: none"> Partner with Workforce Development group to identify training opportunities and population gaps Ensure 3 PL expansion communities disseminate/promote developmental screenings (new and known settings) Ensure 3 PL expansion communities are utilizing their council partners to enhance opportunity for screening Create an educational tool for parents and providers explaining early childhood screenings Collect data from regional offices, websites, non-profits on early childhood screening 	
Long-Term Goal:	
<ul style="list-style-type: none"> Use collected data to influence state policy and resources Partner with advocacy entities (Texans Care for Children, CPPP) Partner and Enhance Act Early Texas's Data collection capacity Increase # of screenings in varied setting with varied populations – keeping health disparities in mind 	
How will we know we met our goals/objective?	

How do our goals/objective address our health disparities?				
Who else do we need to collaborate with on this strategy?		<ul style="list-style-type: none"> ✚ CPPP ✚ 3 PL expansion communities ✚ Parent Representatives 		
<ul style="list-style-type: none"> ✚ Act Early Texas ✚ Workforce Development State Strategy ✚ Texans Care for Children 				
How will we remain committed (accountable)?				
<ul style="list-style-type: none"> ✚ Group leader identified, Prisca Franklin, at state meeting 11.18.16 ✚ Make an effort to attend every quarterly meeting – listen to community reporting and request information on this topic 				
General Strategy	Activities/Tasks (agreed upon steps)	Person(s) Responsible	Materials/Resources Needed	Timeline
Educational Screening Tool for Parents	Start email correspondence to draft tool	Holly	Marketing/Communications person to review	Created by Feb. 16
Collect preliminary data	Access EHS/HS screening data Access AET website data Access community level data	Debbie Prisca Fred		February 16, 2016
Outcome(s):				

Appendix B

Project LAUNCH Core Strategy: Family Strengthening	
Objective: increasing the opportunity for parents to participate in effective family strengthening programs.	
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SWOT Analysis Framework	
<p style="text-align: center;">Strengths</p> <p><i>Strengthening families in San Antonio previously</i> <i>Nurturing parenting in MH services</i> <i>Focus on foster care and CPS legislation</i> <i>Family partners provide support, education, etc.</i> <i>Talking more about MH generally</i> <i>PEI funds some family strengthening</i> <i>ECl support family strengthening services</i> <i>PCIT for young children is available</i> <i>Faith-based initiatives, school-based initiatives</i> <i>Social media provides new outlet for support and education</i> <i>PEI has done a lot of communication/outreach</i> <i>HHSC has parenting toolkits through prevention – looking at using texting and social-media to reach parents</i> <i>Padres program</i></p>	<p style="text-align: center;">Weaknesses</p> <p><i>Reaching parents and engaging them</i> <i>Not enough resources for young parents</i> <i>Lack of supports to enable parents to participate: transportation, childcare, immediate case management, basic needs, housing, etc.</i> <i>Poor follow-through on referrals, challenging to stay with them until connected</i> <i>Lack of parent-friendly, easy to navigate information</i> <i>Lack of resources broadly-funding, workforce</i> <i>Regions with very little offered</i> <i>Cultural responsive engagement of parents-unique to each area</i> <i>Recognition of the importance of family voice</i> <i>Stigma, parent feeling guilty, blamed</i> <i>Broader training for workforce – substance use, domestic violence</i> <i>Healthcare funding shortage: no insurance, providers don't accept, limited coverage</i> <i>Schools not identifying kids, disparities</i> <i>Curricula not competent to all family structures</i></p>
<p style="text-align: center;">Opportunities</p> <p><i>Training around implicit bias for practitioners</i> <i>Public has increased awareness of need to address social-emotional health in schools – is this due to pressure?</i> <i>Ways to integrate into pediatric settings: screenings/linkages</i> <i>New Medical school – opportunity to train medical staff</i> <i>Opportunities to create system linkages to benefit full family: using referral opp.</i> <i>Grpwing interest + awareness of TIC and how to implement</i> <i>Starting engagement + education during pregnancy</i> <i>Targeting parents screen for maternal depression</i> <i>Making programs fit community – inviting parents to help create it</i> <i>Training around engaging families more effectively</i> <i>Doing additional screening when there are opportunities such as primary care, substance use, etc.</i> <i>Using social-media to normalize + reduce stigma</i> <i>Creating opportunities for family support – social connections</i> <i>Co-parenting curricula – engaging families with appropriate shared responsibility (Dad's parent café)</i> <i>Programs targeting grandparents</i> <i>Targeting parents of multiples, close in age</i> <i>Targeting military families</i> <i>CARE portal – track in faith-based</i></p>	<p style="text-align: center;">Threats</p> <p><i>Limited funding</i> <i>Workforce shortage</i> <i>Buy-in at partner organizations, schools, pediatricians, etc.</i> <i>Stigma</i> <i>Difficulty finding as prevention</i> <i>Long ramp up time to embed programs – judged quickly</i> <i>Sustainability becomes challenging</i> <i>Contracting difficulties slow it down</i> <i>Political environment</i> <i>Competing priorities</i> <i>No coordinating leadership for early childhood</i> <i>Funding limitations – need funding for food, travel, etc., to make it successful</i></p>

Short-Term Goal:

- ✚ Increasing public awareness of importance of early childhood social-emotional wellness

Long-Term Goal:

- ✚ Education of state leaders about importance of family strengthening: ROI, and need for flexible funding
- ✚ Family strengthening programs are adapted to be culturally sensitive or targeted to community populations
 - Use our communication resources and social media – shared messaging
 - Share opportunities for training in family strengthening
 - Opportunity to build topics into community coalition meetings/conferences
 - Shared training around cultural competence and barriers for families – equity and disparities
 - State agency partners help connect community programs to places where families likely to be identified (contractors for example)

How will we know we met our goals/objective?

- ✚ Reach, measures of engagement
- ✚ EI's targeting family strengthening to establish sustainability
- ✚ Greater diversity over time in family strengthening programs, better retention, better satisfaction

How do our goals/objective address our health disparities?**Who else do we need to collaborate with on this strategy?**

- ✚ Agency communication departments
- ✚ Advocacy groups inviting/hosting leader event
- ✚ Agencies could use some training infrastructures to facilitate training

How will we remain committed (accountable)?

- ✚ Keep our jobs

General Strategy	Activities/Tasks (agreed upon steps)	Person(s) Responsible	Materials/Resources Needed	Timeline

Outcome(s):

Appendix C

Project LAUNCH Core Strategy: Data and Outcomes

Objective: enhance the state infrastructure to be able to make data-driven decisions. Thinking point; access, quality, outcomes, disparities.

Workgroup Members:

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SWOT Analysis Framework

Strengths

State level workgroup looking at outcomes through DFPS & PEI
Title V: Implementation yearly surveys to parents & providers (complete control of content) – CSHCN
A lot of data being collected
Using state-level data to identify localized efforts

Weaknesses

Communication and data sharing
Lacking common location for housing info
Silos
Data isn't results-based or accountable
Lack of state level data
Lack of utility of current data
Size of Texas (tons of data)
Technology issues with collection
Need real-time data
Limitations in seeing changes over time
Duplication of surveys

Opportunities

Data dashboard (state-level/local-level)
Childhealthdata.org (national-state)
Tracking functional outcomes across systems (early childhood outcomes center): school and ECI data
Training on data feedback loop and reporting out (CSHCN/Title V)
Provide feedback to federal level: start small and scale up: TX has impact
Collaborative approach
Impact/write policy
Gathering culturally and linguistically appropriate data
Using targeted needs assessments to drive services
We know where disparities exist
Have resources for data collection
Connecting local people with resources to others without
Spending resources on regionalizing information flow and services
Lessen burden on communities and providers
Develop "good" measures

Threats


Data burden
Varying grant/funding requirements
Pressure to provide "positive looking data"
Performance-based reimbursement
Ability to manipulate data (especially w/outcome data)
Prohibitive policies
Cost (time/\$)
Competition for resources
Political implications

Short-Term Goal:

- ✚ "Home" for data collection tools and findings
 - Less duplication
 - Provide community-level data that is high quality
 - Increase in use of data
 - Increase in data driven decisions making at a community level
 - Need state partners/collaboration/open communication
- ✚ Gathering info about what varying systems collection and processes about individual child/family goal-settings and tracking
 - Need local and community partners
 - Increase efficiencies, decrease duplications, increase inter-agency communication
 - Paint a collaborative picture
 - Increase the power of data
 - Identify gaps
- ✚ Analyze existing data by race/ethnicity/ESL/gender/SES

Identify where disparities exist
 Learn from whom programs are effective
 Able to have more targeted interventions/programming "precision public health"
 Collaboration with local partners

Long-Term Goal:

 Collaboration data-collection that is consistent across systems and at an individual level

How will we know we met our goals/objective?

How do our goals/objective address our health disparities?

Who else do we need to collaborate with on this strategy?

How will we remain committed (accountable)?

General Strategy	Activities/Tasks (agreed upon steps)	Person(s) Responsible	Materials/Resources Needed	Timeline

Outcome(s):

Appendix D

Project LAUNCH Core Strategy: Workforce Development	
Objective: building an adequate supply of early childhood providers	
Workgroup Members:	
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SWOT Analysis Framework	
<p style="text-align: center;">Strengths</p> <p><i>TX trainer registry (description, zip code, trainer)</i> <i>ECl – trainings for Staff, 0-3, social-emotional</i> <i>Transition of services</i> <i>Pockets of funding streams – ex. TWC – scholarships</i> <i>TEACH</i> <i>There is a need</i> <i>Buzz about early childhood – need for quality</i> <i>Movement forward</i></p>	<p style="text-align: center;">Weaknesses</p> <p><i>Proactive vs. Reactive</i> <i>Change in the mentality of the director -> professional growth</i> <i>Resources</i> <i>How to talk to a parent</i> <i>Age – population – coordination and collaboration</i> <i>Fragmented workforce in childcare, requirements are not consistent</i> <i>Funding</i> <i>Screenings – suspensions, expulsions, what is this looking like?</i> <i>Director support of childcares to implement trainings</i> <i>Market “how to maintain enrollment”</i> <i>Parent center – not available</i></p>
<p style="text-align: center;">Opportunities</p> <p><i>Agna-lite (?) – training/free/online/minimal cost: social needs, working w/parents, developmental, inclusive environment to all parents/children in care, TA to providers, TA to all.</i> <i>TX Rising Star Standards – raising the bar – opportunity list, requirements for screening, new federal engagement act.</i> <i>Building Staff – professional development (not to fall as employees leave)</i> <i>Buzz on early childhood initiatives</i> <i>Training teachers – bottom to top approach</i> <i>Pre-standards of training</i> <i>Every student succeeds – professional goals, parent engagement</i> <i>TEACH</i> <i>Licensing, regulations, professional development</i> <i>TEA/ISD: ECl transitions</i> <i>TRS Mentors for hearing/vision/developmental screenings</i> <i>Advocate – funding – increase standards</i> <i>Tie funding to outcomes mandated</i> <i>Communication on trainings with areas/communities (information) being free/low cost</i> <i>Keeping the conversation going on all issues</i> <i>PAT/NFP – getting families early</i> <i>Staff dedicating time to have discussions about parents</i></p>	<p style="text-align: center;">Threats</p> <p><i>Funding</i> <i>Specialized training</i> <i>Assessment tools, being available to all childcare providers</i> <i>Helping providers have discussions with parents</i> <i>Approaching teachers – training</i> <i>Silo</i> <i>Funding comes and goes lack of mandate</i> <i>Territories between agencies</i> <i>Coordination</i> <i>Turn over</i> <i>Compensation for staff</i> <i>State fragmented systems/divisions</i> <i>Legislative time for each session</i></p>
<p>Short-Term Goal:</p> <ul style="list-style-type: none"> Develop technical assistance document links to screening List of resources (training resources) Funders (tying it to funding cycles) 	
<p>Long-Term Goal:</p> <ul style="list-style-type: none"> Resources 	

- ✚ Updated resources – keeping it updated over time
- ✚ How to make things mandated – advocacy groups – having voice heard

How will we know we met our goals/objective?

- ✚ Funding tied to funders – RPF process to provide training on screening/budget

How do our goals/objective address our health disparities?

- ✚ Communication/education
- ✚ Advocating the “Why”
- ✚ Building Awareness

Who else do we need to collaborate with on this strategy?

- ✚ Child Care Directors
- ✚ Early Head Start/Head Start
- ✚ TEA
- ✚ TRS
- ✚ TWC

How will we remain committed (accountable)?

- ✚ Show up
- ✚ Get data to show results/outcomes
- ✚ Show funding streams
- ✚ H2O

General Strategy	Activities/Tasks (agreed upon steps)	Person(s) Responsible	Materials/Resources Needed	Timeline

Outcome(s):