Texas LAUNCH Early Childhood Committee
Meeting Minutes
August 22, 2019

In Attendance:

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<thead>
<tr>
<th>Department of State Health Services (DSHS) Title V-Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN)</th>
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<tr>
<td>Audrey Young</td>
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<td>Erin Thompson</td>
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<td>Claire Niday</td>
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<th>Texas Health and Human Services Commission</th>
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<td>Kisha Ledlow</td>
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<th>Child Care Licensing</th>
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<td>Jeannie Young</td>
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<th>Office of Disability Prevention for Children</th>
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<td>Jay Smith</td>
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<td>Kim Kofron</td>
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<td>Cheryl Carey</td>
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<th>Texas Association for the Education of Young Children (TAEYC)</th>
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<td>Texas Workforce Commission (TWC)</td>
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<td>Interagency Collaborative (TEA, TWC, DFPS, HHSC)</td>
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<td>Karen Killian</td>
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<td>Lauren Zbyszinski</td>
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<th>Texas Education Agency (TEA)</th>
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<td>Tamala Olsby</td>
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<td>Terrie Breeden</td>
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<th>Texas Project LAUNCH Staff Support</th>
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<td>Molly Lopez</td>
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<td>Holly Gursslin</td>
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<td>Arnold Amador</td>
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<td>Zatara Lumen</td>
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<td>Diane Ewing</td>
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<th>Texas LAUNCH Community Contractors</th>
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<td>Linda Wiley</td>
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<td>Anna Silvas</td>
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<th>MHMR of Tarrant County</th>
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<td>Laura Kender</td>
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<th>Family Service Association of San Antonio, Inc.</th>
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<td>Fred B. Cardenas</td>
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<td>Jose Lopez</td>
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<td>Julie Alvidrez</td>
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I. **Welcome & Introductions** Audrey Young opened the meeting at 1:09pm with introductions and a brief welcome. Audrey also introduced Claire Niday as the new Child Health Coordinator with DSHS Title V Maternal Child Health.

II. **Business:** Holly Gursslin informed everyone that Project LAUNCH published a new [Newsletter Edition 18](#) which is now available on the website. Additionally on the [website](#) you will find a current membership roster, workgroup updates, expansion site updates, local/state TA updates, and minutes from past TLECC meetings.

III. **Data Outcomes/Wilder:** Molly Lopez, TIEMH Director, started off by stating that the team would be providing an overview of data from the grant, and shared that it is not finalized data as the grant formally ends 9/30/19 – thus there is still a quarter’s worth of work and data that is being wrapped up and finalized. Molly also requested those in attendance to please fill out the Wilder assessment questionnaire that was included in the materials for the meeting. The Wilder assessment is part of the Texas LAUNCH evaluation project that looks at over state impact.

Molly Lopez and Arnold Amador, Texas LAUNCH Local Lead, provided an overview of culminating data in comparison to overall grant goals.

- **Overall Grant Goal number discussion:** Texas LAUNCH met and exceeded the goals that were initially set in the areas of Workforce Development, Screening, Parent Cafés, Incredible Years, and MH Consultations.
  - The Workforce Development goal was doubled. This can be contributed to the team having more time during the summers to access providers and provide trainings. Additionally, teams focused carry-forward funds on workforce development.
  - The Screenings goal was met and exceeded primarily due to the expansion of developmental screening in the FW/Tarrant County area.
  - The goal for Parent Cafés was met and exceeded almost three-times the amount, primarily due to their adaptability in communities and the community’s response to this program.
  - While the Incredible Years and MH Consultation goals can look skewed, the goals were exceeded. The Incredible Years and MH Consultations were the most extensive and intensive thus they took more time to completed but demonstrated deeper impact.

- **Early Childhood Workforce Training Topics** were presented along with numbers trained (impact) over the grant period:
  - Ages and Stages - 571 participants
  - Ages and Stages TOT - 79 participants
  - Incredible Years (Babies & Child) - 100 participants
  - Parent Café - 230 participants
  - Parent Café TOT - 15 participants
  - Mental Health Consultation - 81 participants
  - Healthy Steps - 44 participants
  - Trust-based Relational Intervention - 347 participants
  - Pyramid Model - 138 participants
  - Lessons that were learned in Workforce Development included:
    - Childcare professionals are eager for information on social, emotional, and behavioral health.
- Community collaborative approaches to workforce development strengthen the impact.
- Developing local trainers or master clinicians increases spread and sustainability.
  - Collaboration was one of the biggest takeaways in regard to Workforce Development: 97 formal partnerships were developed through Texas LAUNCH since the inception. The types of State and Community Partners were:
    - Mental Health/IDD, Healthcare, Education, Community
- Outcomes of the Wilder Collaborative Factors Inventory from last screening were presented as follows:
  - Weaknesses
    - Sufficient funds, staff, and materials
  - Borderline
    - History of cooperation
    - Seen as legitimate leader
    - Appropriate cross-section of members
    - Ability to compromise
    - Multiple layers of participation
    - Clear roles and policies
    - Appropriate pace of work
    - Open and frequent communication
    - Informal relationships
    - Concrete, obtainable objectives
  - Strengths
    - Favorable social and political climate
    - Mutual respect, understanding and trust
    - Members see collaboration in their self-interest
    - Members have stake in process and outcomes
    - Flexibility
    - Unique purpose
    - Skilled leadership
- Development Screening was presented in a more in depth way with a graph showing general growth over four years with a spike in year 3. This was explained by stating screenings started out steady and slow, but with a jump/growth in collaborations also completing screenings, the numbers jumped.
  - Expansion sites took varied approaches to screening: one site took a population approach and was able to do more “volume” with a web-based platform.
  - 34% of the 3,193 children screened were referred in the following ways:
    - 18.2% referred to school system
    - 11.2% referred to counseling
    - 4.3% referred to speech or physical therapy
  - Some areas of concern were identified from the screener’s outcomes include 14.7% had 3 or more areas of concern.
    - Gross motor
    - Fine motor
    - Problem solving
    - Communication
    - Social
    - Social Emotional
It was noted that although LAUNCH outreach is diverse, there is a noted lower likelihood of referrals for children of color with elevated ASQ scores.

- Tamala Olsby, TEA, commented that the information on the slide of Reducing Disparities doesn’t give enough data to know what to think. “What did the screener do with the information?” – Other echoed this statement but were interested in knowing the “why?”.

Lessons that were learned regarding Developmental Screening included:

- Screening should be a part of a broader developmental monitoring system that includes education and support for parents.
- Organizations struggle to implement screening without staff support for community referrals, community resources, and follow-up
- Wide-scale impact is supported by easy access to screeners, scoring, and referral support.

In regard to “Family Strengthening“

- Parent Cafés (PC’s) was a bonus strategy that the team was interested in doing
  - Two instruments were used over the course of the study.
  - It was found that PC’s are a great way to empower families by implementing a short-term, relationship-based intervention in the communities where families live.

Incredible Years is an intensive parent education program and is a long-term evidence-based and group format for families:

- There was a diverse sample with 58% Hispanic/Latino, 7% Native American, and 23% Black
- Data collection was challenging; data was available on less than 50% of sample due to data collection burden, question deemed culturally inappropriate by populations, and low provider buy-in.

Lessons learned in Family Strengthening included:

- Parents are engaged in the normalizing experience of a PC’s
- Parents report behavior change after participation, but more research is needed for longer term outcomes in PC data
- PC’s engage families as facilitators, empowering caregivers within the community
- Sites struggled to ensure large groups for PC’s
- Food and child care were critical for parent participation in family strengthening.
- Parents were satisfied with Incredible Years (IY) and reported reductions in harsh discipline practices.
- Parents who engaged in IY were not describing significant child behavior problems or parental distress and minimal improvement was reported
- IY may be more appropriate for targeted populations

Mental Health Consultation was another bonus strategy and thus data was collected at a later and smaller rate:

- Most Common Reasons for Referral:
  - Aggression
  - Attentional problems
  - Tantrums and crying

- 114 Children Served to Date - Most Common Actions:
  - Psychoeducation with parents
  - Skills training with teachers
  - Referrals
Lessons learned from Mental Health Consultation included:
- Limited public awareness of MHC
- Varying perspectives about what MHC is and who should be allowed to serve in this role
- Requires buy-in from childcare directors and staff
- Requires significant relationship development within childcare setting
- Potentially very impactful in addressing challenging behaviors

The goal in Texas LAUNCH per SAMHA for MHC was to learn about expansion.
- Public health community-wide approach
- Collective impact approach
- Strong interagency partnership
- Tiered approach to services and supports
- Core strategies with selected models
- Formal structural changes (e.g., agency policies, MOUs)
- Accountability and data-based decision-making
- Braided funding with some flexible funding sources

IV. Sustainability Activity:
Diane Ewing, Texas LAUNCH Local Lead, led the group through a sustainability activity. Please refer to handout that Diane sent out to everyone with the recap of this activity.
- Before starting the activity, Holly Gursslin introduced the concept of Group Processing
  - Yalom’s Theory of Universality - allows groups members to realize they are not alone in their impulses, needs, and other issues.
- Different Stages of Groups
  - Forming: “we are all on our best behavior”
  - Norming: creating guidelines and rule setting
  - Storming: work through the “Why” we came – the uncomfortable
  - Performing: leads to pushing through, developing skills, structures, etc.
  - Mourning: The goodbye.

V. Community Stories/Sustainability:
- Linda Wiley, Texas LAUNCH Local Lead for Ysleta del Sur Pueblo, provided an overview:
  - Starting of an IY class with additional recruitment efforts that led to success with attendance. Having a group of 6 or more can allowed a group leader to move on toward certification should their organization support that effort.
  - Continued collaboration with the Dept. Of Behavioral Health to offer PC and IY to families involved with CPS.
  - Proposal for an additional division within the Dept. of Tribal Empowerment to continue LAUNCH services beyond the grant period has been approved by the Tribal Council. Local Lead will work within the Family education and screening piece.
  - Policy changes at the TUY Pathu Early Learning Center made a large impact on family engagement and participation. Example – all children enrolled at the learning center will be screened. This opened the door to normalize screening and provide early intervention as needed. Additionally parents who have children enrolled in the learning center must take a parent education course (provided many models) which provides wrap around support to children as they grow and develop.
Fred Cardenas, Texas LAUNCH Manager Early Childhood Wellbeing for San Antonio, provided an overview of grant activities:
  o Sustainability - United Way has provided funding for more MHC’s on staff to serve in childcare settings. SAMHSA has granted FSSA another round of LAUNCH expansion that includes integrated health care. Community partnerships have allowed for work to begin around early childhood community efforts and proving training to other communities and sites. FSSA support higher education interns to learn the skills necessary to work in a mobile, community and home-based center.
  o Impact - medication/diagnosis and young children, partnerships with other non-profits, wholistic model, diverse venues (medical, specialty courts, shelters, childcare, schools).
  o Fred reported having challenges receiving parental consent for developmental screenings in certain childcare settings. He hopes ot learn new strategies to alleviate this in the near future as the next LAUNCH grant kicks off and includes DS.
  o Miller CDC very much needed the support of the MHC staff at FSSA. Although the relationship was tough the impact made and they are reaching back out requesting services for a child with challenging behaviors.

Laura Kender, Texas LAUNCH Chief of Early Childhood Services, provided an overview of grant activities.
  o Continuous messaging and marketing updates to meet audience needs
  o Aligning with state initiatives and national initiatives
  o Timeline of events since LAUNCH initiated
  o Challenge of introducing Parent Café, including Las Vegas Trail in areas that need multi-level support. The model didn’t fit the need of the community at that time and the providers needed to stop and regroup on efforts around basic need and parent education.

VI. What is Next: Holly Gursslin provided an overview of our current workgroups and the direction where they’re headed.
  • The Developmental Screening workgroup is being transitioned to DSHS Title V Maternal Child Health to be led by Claire Niday as it directly aligns with their early childhood outcome measures.
  • LAUNCH staff are in talked with state agencies regarding both the MHC and Suspension/Expulsion workgroup to gain interest/investment and find the right fit.
  • The TLECC has several options and the group provided feedback over all:
    o The group could be a subcommittee of CYBHS. Molly Lopez will meet with that group in October of 2019 and ask them about their thoughts.
    o The group could be a stand alone volunteer-based group that focuses solely on early childhood mental health as there is not one currently in the state.
    o The group could transition to a state agency but may look different and would need newly identified champions.

Consensus was clear that members wanted the group/work to continue even if in a slightly different capacity. Members valued:
VII. **Closing**: Holly shared the agenda for the All Community Meeting that would happen the next day to share what the expansion sites would be addressing in their final months. Holly closed the TLECC meeting at 3:53 pm and thanking everyone for their hard work and support. This will be the last TLECC meeting until further notice.