

LAUNCH Young Child Wellness Council (YCWC)

September 10, 2014

MEETING NOTES

YCWC Attendees: Rob Abrams, Meg McElroy, Elizabeth Carroll, Barbara Ferre, Jeanne Lemieux, Beth Gebstadt, Maxine Fookson, Sherri Alderman, Katherin Flower, Bruce Spilde, Amy Chandler, Helen Bellanca, Julie Schweigert (for Nancy Anderson)

Working Group (staff & contractors): Callie Lambarth, Beth Green, Bill Baney (PSU), Emily Berndt (211info), Peg King (OPS), Elana Emlen (LAUNCH) and Jamie Colvard (Zero to Three, LAUNCH resource assistance)

LAUNCH Stakeholder Interviews report

Beth Green distributed the Multnomah Project LAUNCH Stakeholder Interviews Year 4 Report (sent out with these minutes.) She briefly walked the YCWC through the report.

Overview of Strategic Plan Update

Elana shared the good news that Jamie Colvard, our LAUNCH Resource Specialist, was going to facilitate the Strategic Plan discussion. Our Strategic Plan was created in June 2011, and we have had some new developments that merit inclusion. The updated version for consideration is close to the original, but with some consolidation and addition of new directions. In this discussion document, Beth and Callie have included some Evaluation data to inform our conversation. For each objective, we will look at the data, the strategy, activities, and sustainability. The *Discussion Draft Strategic Plan Update* is being sent with these minutes.

Goal 3, Objective 3, was the subject of the August YCWC meeting and a small group is working on refining it, so it is not part of the September meeting agenda.

Goal 1, Objective 1 *The YCWC includes multiple organizational and cultural perspectives to implement the Multnomah Project LAUNCH mission, vision, and values at the policy, program, and practice levels.*

- Beth reviewed data on page 4.
- The group discussed the ACES “rag tag” group that grew from the YCWC. They agreed to add this group in the “Activities.”
- There was discussion about adding more members, but then there was agreement that it didn’t make sense to bring in new people for the last year of the YCWC. Instead, better to get our members to be part of other groups that will continue beyond this grant. Share knowledge.
- When there are opportunities to apply for State councils, do it.

Goal 1, Objective 2 *Build Communities of Practice within ELM that support young child wellness.*

- Molly Day is proposing that ELM put Communities of Practice (CoPs) “front and center” in ELM’s staffing priorities. This will allow for ELM to support CoPs after LAUNCH ends. She said that if her proposal is approved, the Community Accountability Council will meet quarterly and that there might be one issue that all CoPs share as an objective.

- Elana will send the YCWC the email that Molly sent to establish the Early Childhood Mental Health CoP, and that will let everyone know more about CoPs and ELM.

Goal 2, Objective 1 *Promote concept that it is OK to ask for information and support, and that families can access resources for young child wellness through 211info.*

- This is our LAUNCH goal for *promoting* young child wellness.
- The data on Page 9 refers to calls, not callers.
- We are seeing that African Americans are using 211info Family and that Hispanic families are using it less than expected (per population.)

Goal 2, Objective 2 *Connect families and child –and-family-serving professionals with resources by improving the 211info database and call center capacity/expertise.*

- The data on page 11 is based on information gathered after START trainings and also through surveys with the child care sites and the home visiting team who are part of LAUNCH mental health consultation.
- There was a question about any measures for ease of access. The answer is No, but there are concerns about wait time for 211info (not 211info Family).
- Suggestion to fold sustainability into the October agenda. If the Early Learning Division is pursuing a campaign (Vroom) for parents about early learning, this might be an opportunity to connect. Race to the Top has funds for marketing, in addition to Vroom. Maybe we could be a pilot for Vroom.
- The Maternal Child Health line is at 211info and serves the state.

Goal 3, Objective 1 *Increase the number of pediatric primary care providers who conduct screenings and make referrals.*

- The data on page 13 shows that we see a dip in Year 4 because we had decided to offer fewer START basic trainings that year, since Multnomah County providers had received them. Still exceeding goals.
- Data captures if the ASQ was done. It's going up.
- Half of the physicians in START Basic training are pediatricians, and half are in family practice.
- CCO goals? The State tracks screening by provider, and the ASQ is identified as the tool. It's difficult to show cause and effect, but you do see an uptick after START began.
- Peg said that clinics want a START Basic "tune-up". They will scale it down to one hour and provide tips, information on Medicaid billing, etc.
- Molly said that she was at a Health Share meeting of mental health providers and that they said sometimes Circle of Security slots go empty. Maybe Primary Care and Early Childhood Mental Health can connect on that. Peg added that OPS offered training to Health Share, Family Care and Providence.
- Helen said that medical practitioners, including Developmental Pediatricians, also work with positively screened children. The CCOs are working with Providence, Kerr, and OHSU to develop a collaborative care model. Could we develop a capacity building model that is accessible for kids? We need a forum to talk about if a child has a developmental concern, how do *Health* and *Education* manage this child's issue? Maybe this is something for Objective 3.3? [The small group meeting on this objective will focus on referral and closure data, and the YCWC as a whole can do into this piece more.]

Goal 3, Objective 2 *Expand pediatric screening to include a new module on Integrating Behavioral Health into Primary Care*

- The online training should include a way to ask questions, because that is what's missing from the live training.

Goal 3, Objective 4 *Enhance mental health consultation and positive behavior support models by expanding service to Healthy Families home visiting and child care.*

- The chart on page 20 shows *new* children each year, so the total is cumulative.
- The LAUNCH Evaluation team is writing a policy brief about Mental Health Consultation in Home Visiting.
- There was discussion about the age of service. The Healthy Families is infant-3. Bruce added that ECPBIS and Incredible Years are developmentally appropriate for that younger population.

Goal 3, Objective 5 *Expand the number and type of settings that use Early Childhood Positive Behavior Interventions & Supports (ECPBIS), and support ECPBIS coaching*

There were no suggested edits or comments on this objective.

Next steps

The small group will meet September 16 to work on Objective 3.3, related to ASQ screening, referral for evaluation, closure (not making it through the steps from screening to service), evaluation, and service. This will come back to YCWC.

The revised Strategic Plan will be emailed to the YCWC and to SAMHSA.