

LAUNCH Young Child Wellness Council

May 17, 2011

MEETING NOTES

YCWC Attendees: Kristina Juneau (Immigrant & Refugee Community Organization -IRCO parent), Jeanne Lemieux (Child Care Resource & Referral -CCRR), Danita Huynh (IRCO), Angela Frome (NW Down Syndrome Assoc – NWDSA), Abby Bush (Oregon Community Foundation - OCF), Jean Rystrom (Kaiser Permanente), Meg McElroy (Portland Children's Levy - PCL), Beth Gebstadt (State LAUNCH), Bruce Spilde (Mult. County Mental Health), Mary Renville (Native American Youth Association - NAYA), Crystal Marion (Black Parent Initiative – BPI), Monique Hall (BPI), Barbara Ferre (pediatrician), Julie Goodrich (Mult. Co. Health), Rob Abrams (MESD & Chair of Early Childhood Council), Ellyn Arwood (U of P)

Working Group (staff & contractors): Nancy Anderson, Naomi Bledsoe, Elana Emlen (MESD), Callie Lambarth, Bill Baney, Beth Green (PSU), Roberto Rivera and Matt Kinshella (211info), Kathryn Falkenstern (Morrison), Nancy Martin (Mult Co), Anne Stone (OR Pediatric Society). **Facilitator:** Kamala Bremer

LAUNCH Welcome and Overview

Nancy Anderson, director of the Multnomah Early Childhood Program at MESD, welcomed everyone, and members introduced themselves and shared their role in the community.

- **Purpose of Project LAUNCH**
 - Long-term goal: To foster the healthy development and wellness of all young children birth through age 8 – preparing them to thrive in school and beyond.
 - Funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA)
 - 5-year grant that was awarded October 1, 2010
 - We are in 3rd cohort, one of 24 grantees around the country, including a grant made to the State of Oregon with Deschutes County, awarded September 2009.
- **Why and how we applied for this grant**
 - We had planned on applying for over a year because there were several initiatives locally that fit the LAUNCH criteria. Rob Abrams cast a wide net and convened a large group to develop the grant during a 3-week period last Spring.
 - Nancy reviewed the National LAUNCH goals, as shown on Briefing Sheet (distributed, and available by copying this into your browser: http://projectlaunch.promoteprevent.org/webfm_send/1468)
- **LAUNCH funded strategies:**
 - Mental health consultation, Positive Behavior Supports and Incredible Years provided to the Healthy Start program at Insights Teen Parents and two child care centers. Morrison Child and Family Services is providing the Mental Health Consultation, and MESD hired a Positive Behavior Support Specialist.
 - Improve primary care with improved screening and referrals through START (Screening Tools And Referral Training) offered by the Oregon Pediatric Society.
 - Improve early childhood information and referral through 211info and the Parent Helpline (which is based in Eugene at Birth To Three/Parenting Now!) LAUNCH is contracting with these two organizations to improve the 211info database and early childhood capacity in the call center, as well as to provide more in depth parenting information through the Parent HelpLine.

- Workforce development to improve quality of care for young children
- A community outreach and public information campaign to promote the components of young child wellness and also 211info as a gateway to resources. LAUNCH is tapping into the expertise of Naomi Bledsoe, who has been working at MESD on the social marketing for Wraparound Oregon.

Role of the Young Child Wellness Council (YCWC)

Elana Emlen, the LAUNCH Young Child Wellness Coordinator, described the role of the YCWC and LAUNCH deliverables:

- Bring together stakeholders, including parents, across the child-serving system to create a shared vision of young child wellness.
- Bring together providers, parents, and others to plan and oversee local implementation of the grant.
- Our YCWC is part of the Multnomah County Early Childhood Council – filling role of Health & Wellness committee.
- The first deliverable to SAMHSA (April 1) was the Environmental Scan, a snapshot of early childhood issues, services, and gaps (distributed). It included an inventory of services. A modified version of that is available at http://web.multco.us/sites/default/files/ccfc/documents/final_invecsrvs.pdf
- Strategic Planning process. ECC drafted Mission, Vision, and Values for us. Kamala will help us develop components of the Strategic Plan today. Elana will submit it to SAMHSA June 1, but the YCWC will be able to refine it and build from it at our next meeting, and will update the Strategic Plan every year.

Mission, Vision, Values

Kamala explained that the ECC created a draft of the Mission, Vision, and Values for the YCWC to use as a start in the Strategic Plan. She explained definitions as follows:

- *Mission is what you do and who you will do it for.*
- *Vision is the reason you've undertaken this project. It should inspire people – it's why you're doing the work.*
- *Value statements define how you will act, for example, how you will treat each other.*

The proposed mission statement from ECC was: Expand and connect community resources to benefit families and professionals, and improve young child wellness. The YCWC discussed the definition of “wellness”, and modified it to read:

Mission: To improve young child wellness by expanding and connecting community resources to benefit families and professionals.

The proposed vision statement was: Young children and their families thrive in a community that embraces and supports wellness. After discussion, it was modified to

Vision: Young children and their families thrive in an inclusive community that embraces and supports wellness.

The YCWC added that it should be a social marketing goal to help the community understand that wellness encompasses physical, social/emotional, behavioral, and cognitive health, as well as education and language development.

The proposed values statement read: We Value

- Wellness for all young children in our community
- 1. Efficiency, and building on existing programs and efforts
- 2. An engaged and aware community

3. A well trained workforce
4. Cultural competency in all our efforts
5. Measurable results

The YCWC suggested several additions/changes, including:

- Sustainability – enhancing/expanding capacity that will continue.
- Centering work on families; family voice helps drive programs
- Synergy and alignment of disconnected parts
- Education for kids, families, and informed workforce
- Continual learning based on shared measured results

The YCWC agreed that Danita, Rob, Jeanne, and Mary would work with Elana to craft a new set of values to share with the YCWC before June 1.

Goals and Objectives

Everyone received a document that described the goals and objectives as written in the grant application, as well as updates on how this work has been contracted. Everyone had the chance to go to two groups to provide input on the goals and objectives. The groups were: Coordination, Collaboration and Awareness; 211info/Parent HelpLine; Pediatric Screening; Mental Health Consultation; Evidence-based Workforce. Participants were asked to state things that they like about the goals and objectives from the application and changes they recommend. There were also “comment cards” available for people to write in additional suggestions. The descriptions of the goals and objectives, along with the YCWC comments follow these minutes.

When the small group work ended, group facilitators reported out their groups’ comments.

Next steps will be to sort the recommendations by what needs to be in the Strategic Plan, and what recommendations belong in an implementation plan. Elana will develop the draft Strategic Plan, and Nancy Anderson, Rob Abrams, and Beth Gebstadt will review it. Crystal Marion will review the Final Draft for understandability to the general reader. The Plan will be sent to the (SAMHSA) by the June 1 deadline. The YCWC will discuss and refine the Plan at the June 7 meeting, and the revisions will go to SAMHSA.

Evaluation of Meeting

Participants felt that the meeting process worked well for them, and appreciated the facilitation.

Announcements

- Rob invited everyone to a celebration for Wraparound Oregon celebration - on May 26 from 4-6 at the Urban Grind Coffee House on 2214 NE Oregon Street. RSVP to [Wilma Duff@mesd.k12.or.us](mailto:WilmaDuff@mesd.k12.or.us).
- Mary invited everyone to join the Early Childhood Council on June 2, 10:30-12:00 in room 315 at the Multnomah Building to meet with the Oregon Community Foundation consultant group that is developing a plan for how parenting education hubs can work in urban areas in Oregon. RSVP to mary.geelan@multco.us

Next YCWC Meeting

Young Child Wellness Council
Tuesday, June 7, 2011, 12:00-3:00
NE Precinct, 449 NE Emerson

INPUT TO THE STRATEGIC PLAN – May 17, 2011

The first part of each goal area is a summary of goals and proposed work, taken from the LAUNCH grant application and used by the YCWC at the May 17 Strategic Planning meeting. Group input follows each goal description.

I. Coordination, Collaboration & Awareness

Goal 1. SYSTEM LEVEL Promote child and family wellness by **building a comprehensive community planning and implementation network** that will coordinate and sustain child-serving systems and integrate behavioral, physical health, and other services for families and children ages 0-8 **for Coordination and Collaboration**

1. Hire Young Child Wellness Coordinator
2. Expand Early Childhood Council to include providers & Communities of Color in order to serve as the Young Child Wellness Council
3. Complete and Environmental Scan and Strategic Plan
4. Increase community awareness of early childhood mental health, health promotion, and prevention

Original plan to accomplish this:

The existing Multnomah County Early Childhood Council was to serve as the Young Child Wellness Council (YCWC). Funds were allocated in the application budget to stipend participation by four culturally specific organizations.

Modifications to date:

The Young Child Wellness Council will be a separate group, but *part of* the Early Childhood Council. MESD hired Elana Emlen in late December to serve as coordinator. The Environmental Scan was completed April 1, and the Strategic Plan is in progress.

MESD is drawing on the expertise and experience of Naomi Bledsoe to develop a social marketing and community awareness plan. This plan needs to be developed and approved by the YCWC, possibly with a subcommittee. The Oregon Community Foundation is developing a similar plan to promote parenting education in 4 counties, including Multnomah. There is opportunity to collaborate.

Sustainability: The Early Childhood Council will continue and serve as a convener. Public awareness of early childhood wellness and promotion of 211info will change norms and create new habits (calling 211).

Young Child Wellness Council input:

Note: The Strategic Plan looks forward from June 1, so the first three points above should not be included in the Plan.

- + The Environmental Scan was good.
- Add “alignment” into the goal language.
- Add in substance abuse prevention? Maybe connect early childhood services with substance abuse treatment (connect with parents in treatment).
- Separate public awareness objective from the planning goal and **make public awareness its own goal**, with measurable objectives.
- Add more clarity to “build network”, and include language from the Values.
- Increasing awareness does *not* equal changing social norms.
- There are system pieces that are embedded in other goals and objectives. Be upfront in this section about systems development embedded in service components.
- What do we mean by “raising awareness”? Is this like *Born Learning*? What is the expected outcome?
- Have a way to measure alignment pieces.
- Important to connect at the practice and policy levels – a multilevel approach that leads to sustainability
- Define the formal infrastructure for the YCWC with subcommittees, and a structure that gets it to a multi-level approach.
- Be explicit about the connection with State policies, Oregon/Deschutes LAUNCH, and

other efforts like Help Me Grow

II. 211info and Parent HelpLine

Goal 2: SERVICE LEVEL Expand and coordinate current systems for conducting evidence-based developmental and social- emotional screenings and for providing evidence-based services in primary care, home visitation, and child care settings.

“Provide support to building an up-to-date and state-of-the-art Parent HelpLine system for providing community resources and information to parents, physicians, home visitors, early childhood educators, child care staff, child welfare staff and other child serving providers, and tracking referrals/assuring accountability to ensure successful service linkages.”

Original plan to accomplish this:

A. 211info – Enhance 211info with more early childhood resources and capacity to provide information to Multnomah County residents. Hire a .5 FTE *Early Childhood Community Liaison* (bi-cultural and bilingual) at MESD to connect with community resources, identify resources to be included in the 211info database and conduct outreach to providers and train them to use 211info and the Parent HelpLine, and follow up on referrals to assure that callers received appropriate help.

Additionally, increase the capacity of 211info by hiring a .5 FTE *Call Center Specialist* to develop expertise in early childhood services and answer calls.

B. Parent HelpLine- The Parent HelpLine provides even more specialized services, to help callers meet their needs on the phone when possible, and to provide high quality referrals. The Parent HelpLine will be staffed by trained Parent Educators, Sunday through Friday, 9am-4pm, who will provide immediate voice-to-voice parenting support, information and referrals; use the Parenting KnowledgeBase, a collection of the latest parenting and early childhood development research, as a reference for handling incoming calls; provide services in English and Spanish, with an option for services in additional languages; collect and report data to document outcomes and identify gaps in service in the community.

Modifications to date:

The part time position at MESD was combined with the part time position at 211info so that one person is doing the outreach/database improvement and also boosting capacity in the call center. MESD contracted with Birth To Three/Parenting Now! to provide Parent HelpLine services for calls transferred from 211info.

Sustainability: 211info updates its data annually, so the early childhood services listed will always be current. Birth To Three/Parenting Now! is expanding service to more locations throughout Oregon.

Young Child Wellness Council input:

- Outreach and marketing
- Updated at minimum annually, often more, and providers can update
- 211info section emphasis is on providers – expand outreach to include Parent HelpLine and parents
- Latest “best practice/evidence based” research
- Marketing plan? Will it be coordinated with the OCF marketing of 211info?
- Teach parents about development and milestones (Parent HelpLine)
- How is Parent HelpLine hours set?
- How many are parents of color? – influence outreach
- Connecting 211 and HelpLine – using existing services
- Targeting younger parents with marketing (first time moms)
- Target outreach, i.e. schools
- How will outreach differ or be the same as marketing campaign? - different – connecting parents of young children to 211info, subset of marketing?
- Languages – process – Need fact sheet of languages they have available (language bank) that could be on web or a provider link
- Healthy Start/Well Baby checks should include info about 211info (2 weeks and 6 weeks)
- Calls to new parents (like what PHL does in Eugene) – sustainability? How does this HelpLine continue after the grant – look at ASAP
- Parent HelpLine billing for OHP?

- Hours? Example, demand at Receiving Center is highest in evenings and on weekends.
Need emergency/triage agencies that are already available
- + Ability to share database for 211info and Parent HelpLine.
- + Designated person (liaison) with providers (Roberto)
- + Cultural component good here

III. Primary Care Provider Screening

Goal 2: SERVICE LEVEL Expand and coordinate current systems for conducting evidence-based developmental and social- emotional screenings and for providing evidence-based services in primary care, home visitation, and child care settings.

“Increase the number of pediatric primary care providers (PPCP) who regularly conduct ASQ, ASQ-SE, PEDS, and M-CHAT screenings for children and families.”

“Improve coordination and communication between PPCPs and other child- serving systems (home visitation, early childhood education, child care) to reduce duplication of screening efforts and to ensure cross-systems communication in regards to screening results and family referral/resource needs.”

Original plan to accomplish this: Screening Tools and Referral Training (START) – The Oregon Pediatric Society will expand their existing START initiative to increase screening and assessments used by primary care practitioners, and to help them make referrals.

1. Increase Universal Developmental Screening. Increase the number of providers trained; Increase a two way learning process across culturally specific community providers and health care to enhance the ability of primary care providers to provide culturally sensitive services. Create strong linkages with the child welfare system to improve continuity of service and screening once a child has been removed from their home. Build connections to the Oregon Health Authority’s emerging Health Record Bank for tracking children’s developmental status.

2. Increase integration of behavioral health in Primary Care. START will develop expansion modules around specific topics to increase the core competencies of primary care practitioners to deliver behavioral/mental health screens, diagnosis, and treatment. One module will be for Early Childhood Mental Health tools, and one for Family Risk (family violence, drug and alcohol, etc.) and foster care. This will include teaching physicians how to use the screening tools, create community linkages to the organizations they will need to know about to make appropriate referrals, and increase the likelihood of a coordinated medical home for these high risk children.

Modifications to date: No modifications have been made to the proposed plan for START.

Sustainability: The trained providers will continue screening and referral. The two new modules will continue to be offered as START trainings.

Young Child Wellness Council input:

- START integrated. Looking at claims data and how to capture – possible chart review
- Insurance coverage information – most billing
- LAUNCH/ABCD – did the increased level of referral lead to service – feedback loop
- Identify by practice level or by child to get to outcome?
- ABCD III – primary care provider/clinic have link to system
- Define population for mental health/social-emotional to front door for referral
- Building in “learning” options when kids don’t qualify. “Lag” vs. “concern” Where do they go?
- What about inaccurate reporting on ASQ screenings?
- Confidentiality - parents that don’t want information to go any further
- Walk away group – the referral comes in but the family closes
- Family advocate/resource if parent/caregiver gets information at failed screening
- What process will be used around new modules? What’s the door they go through, i.e. DV, D/A
- Increased training – required on referral sources for the Now What... for At Risk Huge Billiwickett... (???? Ask Nancy)
- Data gathering for new module populations tricky – new agreements would be required
- Inform parent through PCP office beforehand what will happen with info
- ASQ overload by multiple systems doing them with the same children

IV. Mental Health Consultation

Goal 2: SERVICE LEVEL Expand and coordinate current systems for conducting evidence-based developmental and social- emotional screenings and for providing evidence-based services in primary care, home visitation, and child care settings.

“Expand local capacity to provide mental health consultation and positive behavior supports to home visitation and child care programs serving high risk children in Multnomah County and deliver evidence-based programs to strengthen families and promote child wellness.”

Original plan to accomplish this:

A mental health consultant from Morrison Child and Family Services, and a Positive Behavior Support Specialist from the Multnomah Education Service District, will work in tandem to promote child wellness work in one Healthy Start home visiting program and two child care centers. They will implement the Pyramid Model for promoting the social emotional competence of infants and young children developed by the Center on the Social Emotional Foundation for Early Learning (CSEFEL) and the Technical Assistance Center on Social Emotional Intervention (TACSEI). The Pyramid Model provides a tiered approach for the delivery of evidence-based services.

The *Multnomah LAUNCH* project will increase services available by providing new (not currently available) Mental Health Consultation (MHC) and Positive Behavior Intervention Supports (PBIS) to Healthy Start home visitors and two large childcare centers. It will adapt MHC to home visiting, and PBIS to very early childhood. This will expand and improve the amount of services available, expand local capacity to provide mental health consultation, and provide evidence-based programs to strengthen families and promote child wellness. The team will deliver Incredible Years training to parents at the participating sites.

Modifications to date: The consultants at Morrison and MESD have been hired. The Healthy Start program at Insights is preparing for services. The “PBIS Work Group” is developing an RFP to identify the two child care centers.

Sustainability: The PBIS and Mental Health consultation will result in long term improvement in workforce capacity.

Young Child Wellness Council input:

- + Program will help expand programming within Healthy Start, PBIS, Incredible years
- Expand to more than two child care centers – not to quickly
- + Expansion of programming, especially in shrinking resources environment
- + Moving into homes
- + Can compare with Parents As Teachers
- Select child care serving 0-3
- Framing conversation about mental health within cultural communities
- Additional tools to use
- Train YCWC on aspects of program
- + Expand awareness of resources

V. Evidence-based Workforce & Training

Goal 2: SERVICE LEVEL Expand and coordinate current systems for conducting evidence-based developmental and social- emotional screenings and for providing evidence-based services in primary care, home visitation, and child care settings.

“Provide sustainable improvements to the capacity of child-serving systems and providers in Multnomah County to support the needs of high risk families by implementing evidenced-based workforce development and training activities.”

Original plan to accomplish this:

Portland State University’s Center for the Improvement of Child and Family Services will provide training and workforce development to support Multnomah County’s efforts to implement an integrated service delivery model for children (0-8 years of age) and their families. This work will foster a sustainable infrastructure conducive to the integration of behavioral and physical health services. Elements will include orientation, ongoing training, coaching, learning circles, and professional education.

PSU will also coordinate and share information on existing community trainings throughout the region, allowing providers to attend one another’s trainings as appropriate and as space allows. PSU will directly train providers in the use of evidence based tools and practices. PSU’s Cross-Systems Training Academy will reinforce integration of culturally and linguistically specific services and supports.

Modifications to date:

The scope of work has been slightly modified to reflect the final budget submitted with the application. PSU will track and coordinate training sessions delivered by Multnomah LAUNCH partners. It will also design and deliver training sessions tailored to support Multnomah LAUNCH initiatives. PSU may analyze capacity and demand for trainings for early childhood professions and develop a plan for meeting needs in Multnomah County.

Sustainability: Workforce development will result in increased organizational capacity beyond the grant period.

Young Child Wellness Council input:

- + Cross-training with real workers doing the work
- + Create “platform” skills – Train the Trainer
- + Coordination/collaboration across system/disciplines
- + Linking resources with partnering agencies
- + One-on-one consultation/cross systems/training/on-line/e-learning- self directed
- +Some training no cost/some cost, depending on the training
- Sustainability
- Make barriers a non-issue (child care and transportation)
- Make parents a priority for training – input/training opportunities
- High turnover work force. Who will be targeted?
- Regularly scheduled ongoing trainings available – flexibility in the times/dates
- Supervisors to be involved in the training – Admin needs to understand. Buy-in from top down at all times. Valued system.
- New employee orientation go through training
- Parents understand that this is necessary
- Community understands the importance of training
- Community alignment
- Cross training of 211/PHL – parents know it exists
- Understanding of what the program is and provides
- Set aside coaching/one-on-one training to be available
- Internal and external communication about trainings – make sure everyone gets the info to their parties. Email group includes all parties