

LAUNCH Young Child Wellness Council

September 12, 2012

MEETING NOTES

YCWC Attendees: Kris Beck (MESD), Ellyn Arwood (UofP), Danita Huynh (IRCO), Molly Roman (OCF), Tawna Sanchez (NAYA), Elizabeth Carroll (Mult Health), Jeanne Lemieux (CCRR), Bruce Spilde (Mult MH)

Working Group (staff & contractors): Callie Lambarth (PSU), Roberto Rivera (211info), Bill Baney (PSU), Nancy Martin (Mult MH), Peg King (OPS), Elana Emlen (MESD)

Update on parent group

Elana shared plans to have a parent group meet quarterly to discuss issues related to young child wellness, and LAUNCH, and enable the YCWC to incorporate their perspective. We will also collaborate and use information from the culturally specific and non-English speaking focus groups of the Ready For Kindergarten Collaborative.

System Change 12-month Survey Results

Beth Green gave an update on the System Change Survey results as part of our lead-up to looking at the Strategic Plan and its associated outcomes and evaluation in October. *Note: The PowerPoint is being sent out with these minutes. The minutes cover the comments and discussion.*

How is Multnomah Project LAUNCH doing? The strengths are setting good priorities, promoting evidence based practices, and bringing together organizations to achieve goals that would be difficult for any single organization to achieve. Areas for improvement include involving parents, strengthening cultural responsiveness (the overall early childhood system needs to be aware), and strengthening screening and referral systems (This is a place where people feel like there is a need to complete the loop to be sure families got what they needed.) Also, there is a need to clarify the roles and responsibilities of YCWC members.

Member comment: We're not getting to the people who are needing the services. Part of the reason is that they're not accessing systems and they're struggling with economics, and just trying to keep their heads above water. How do we make our own classes more accessible, etc?

Young Child Wellness Council. How is YCWC linking to other collaborative groups? How can LAUNCH leverage existing collaborations? Only 50% believe that no other organization is doing what we are.

Comments:

- If roles and responsibilities are clear, it will be easier to know how our work relates to others'.
- Cradle to Career/Ready For Kindergarten is not sure what they're doing, and the Early Childhood Council is in a similar situation. This group not much different than others because of State changes.
- LAUNCH contractors are doing a lot in terms of system change, but YCWC not tied in with that. What is the relationship between the YCWC and the work of the contractors?
- Regular updates, and using YCWC as an advisory board will help. So would a website.

Cross-sector collaboration Primary Care. Comment/example is the struggle to get primary care to get immunization records to Head Start providers. Also, there may be more barriers than there were a year ago, possibly due to fewer culturally specific physicians, and it's harder to get on the bus to get there. Comment: It could be that people's expectations of it aren't happening as fast as they should. People are paying attention more to the barriers.

Mental Health. Overall, you see consistent pattern that this collaboration is stronger. Comment: the previous slide shows that mental health feels not much connection with primary care, but primary care feels like the relationship with mental health is improving. Could this be awareness of mental health resources coming out of LAUNCH? Comment: there have been past efforts around mental health, and maybe this is residual. Question: Has there been effort to quantify what's happening in LAUNCH in these areas through contractors – like in the last 12 months, workforce development, Summit – how number of things and intensity line up with this data?

Early care and education. Again, trends upward. Others went down, not sure how to interpret that.

Family support – improving perceptions of connection in mental health and primary care. Comment: This is the first slide that doesn't have the "same to the same" (family support connected to family support) at 100%.

The survey shows increases in collaborations with mental health and early childhood education. Areas for improvement are primary care and that early education saw decline in collaboration with family support.

Quality of services for families. What is the current quality, accessibility and timeliness of information, services and referrals? How good is the information that they have access to? The 'poor-to-fair' rating reduced quite a bit. This is not statistically significant, but is notable. A lot of this is due to the LAUNCH 211info work. And if you take 'good' and 'above' together, it really looks like an important change. How *accessible* is information? You see a similar trend. There are perceptions of improvement in these areas. How good are the screenings for social emotional? For timely referral, and for referrals for other needs, we do not see a lot of change. In terms of quality of services, we do not see statistically significant changes, but the trend is toward fewer 'poor/fair'. Accessibility of information and timely referrals are areas where the system isn't strong. Member comment: These are perceptions of this group, not families.

Cross-system activities. This refers to the extent to which people share program level information, make referrals to other organizations, share joint workforce development... In terms of strengths, people say that yes they go to inter-agency meetings and exchange information about their services. 61% say they provide culturally and linguistically responsive services, providing joint trainings and coordinating training opportunities. Member comment: The bigger system is influencing what's happening with LAUNCH, other movement toward cultural and linguistically responsive services. "Actively doing" might mean working hard to improve in this area.

These areas showed statistically significant improvement. Referring between organizations, more sharing of professional development opportunities, more co-location of services and more joint service delivery (though the total is still low, even though increased.) Examples? There is mental health consultation in a variety of sites. Also, MESD is locating staff in sites. Member comment: DHS allowed several ISRIS staff to be in branches.

In terms of referring between organizations, joint service delivery showed the biggest overall improvement, increasing from 2/3 to 3/4.

Overall, this is good news.

What are the most important things that LAUNCH needs to do?

- Increased collaboration with State and County initiatives.
- And primary care.
- More workforce development and training, marketing and PR.

The group was interested in getting perspective from others beyond the YCWC and ECC. Beth said that this information is consistent with the information gathered from Young Child Wellness Summit participants. The evaluation team might be able to send out a quick survey, and/or possibly survey participants at the Ready for Kindergarten collaborative.

Next YCWC Meeting

The YCWC meets the second Wednesday of each month, 9:30-11:30

Next meeting: **October 10, 9:30-11:00 at IKEA**, in the meeting room adjacent to the restaurant.