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“OH GOLLY, I DON’T WANT TO GIVE UP...”

Putting The “Why”  
Into Early Childhood System Building



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Laura Kender  
Chief of Child and Family Services  
My Health My Resources of Tarrant County  
IDEA Fiscal Forum - May 9, 2023



**“Oh golly, I don’t want to give up...  
I learn every time I see a new baby and  
every time I talk to a parent.”**

**- T. Berry Brazelton, MD (age 95)**



# Creating Opportunities

## Opening Doors



**Who** is your Mentor?

**Who** do you Mentor?

**Why** are you Here?

**What** is your Why?

*Simon Sinek*

**What** is your Story?

*“Data is a story without the tears.”*

# My Mentor: T. Berry Brazelton, MD

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Opened doors for parents and empowered them to be active participants in their child's care



Opened doors (windows) into infant attachment ► leading efforts that contributed to 3-month maternity leave



Opened doors for families of children with disabilities ► offering support through Public Law 99-457



Helped all of us to understand the plight of children living in poverty and systemic impact

*Beginning*



*Middle*

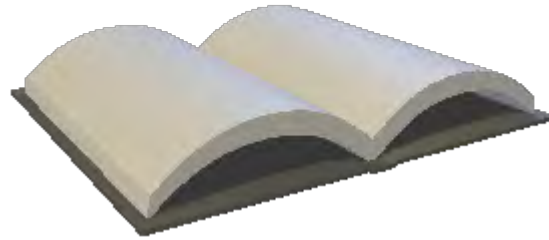
**What is my Story?**  
**What is my Why?**

“Oh golly, I don’t want to give up...  
I learn every time I see a new baby and  
every time I talk to a parent.”

- T. Berry Brazelton, MD (age 95)

# Storytelling ~ The Beginning

**S**NCE  
upon a time...



# Storytelling ~ The Middle



**A Tale of Two Programs**



# Data Without The Tears

What do parents tell us?

“NOTHING ABOUT US  
WITHOUT US”



International Disability Alliance

What have we learned?



# What Parents Know

Quality of parenting has long-term impacts  
**Beginning at birth**

**57%**

of parents said this begins at  
**3 months or older**

**50%**

of parents said this begins at  
**6 months or older**



# What Parents Know



The brain develops most rapidly during the  
**first 3 years**

**over 34%**  
of parents said this happens  
**in the 3 to 5 year age range**

**Source:**

Tuning In: Parents of Young Children Tell Us What They Think, Know and Need is a comprehensive research undertaking by ZERO TO THREE and the Bezos Family Foundation, 2016.

# What Parents Know

Talking to children develops language skills

**Starting at birth**

**34%**

of parents believe that benefits of talking begin at

**a year old or later**



**Source:**

Tuning In: Parents of Young Children Tell Us What They Think, Know and Need is a comprehensive research undertaking by ZERO TO THREE and the Bezos Family Foundation, 2016.

# What Parents Know



Reading to children benefits language development  
**from 6 months of age**

**45%**  
of parents say the benefits start at  
**2 years or older**

# What Parents Know

Parents with greater knowledge of child development

provide more stimulating and supportive home environments for their children



Children of parents with greater knowledge of child development have...

**higher IQ test scores by age 3**

**fewer behavioral problems by age 3**

# What Parents Know

Children develop the ability to share and take turns  
**Between ages 3 and 4**

**43%**  
of parents think children  
can do this  
**before age 2**

**71%**  
of parents believe children  
have this ability  
**before age 3**



# What Parents Know



Children begin to develop the ability to control the urge to do something forbidden

**Between ages 3 and 4**

**36%**

of parents think that children  
**younger than 2**  
can resist these impulses

**56%**

of parents said this happens  
**before age 3**

# What Parents Know

Children can feel sadness and fear beginning around  
**3-5 months of age**

**42%**  
of parents say  
**1 year or older**

**59%**  
believe this begins at  
**6 months or older**



**Source:**

Tuning In: Parents of Young Children Tell Us What They Think, Know and Need is a comprehensive research undertaking by ZERO TO THREE and the Bezos Family Foundation, 2016.



# What Parents Know



Brain development can be affected by violence or shouting in the home from

**6 months of age**

**47%**

of parents said this happens at

**1 year or older**

**Source:**

Tuning In: Parents of Young Children Tell Us What They Think, Know and Need is a comprehensive research undertaking by ZERO TO THREE and the Bezos Family Foundation, 2016.

# Parenting in Poverty

Parents in poverty face  
**significant stress**

**85%** of parents above the poverty line  
**provide responsive care**  
compared to only  
**74%** of low-income parents

Poverty-related stress can affect the quality of  
**parenting and home environments**

Source:  
Weissman, J.; Pratt, L.A.; Miller, E.A.; Parker, J.D. Serious Psychological Distress Among Adults: United States, 2009-2013. US Department of Health and Human Services, CDC, National Center for Health Statistics. NCHS Data brief No. 2013 May 2015

**~9%** of people below the poverty line experience  
**serious psychological distress**

only **1%** of people  
**at or above 400% of  
the poverty line**  
suffered the same



# The Father Factor

**Children without a father at home face serious risks**

- 4 times greater risk of **poverty**
- 7 times greater risk of **teen pregnancy**
- 2 times greater risk of **infant mortality**
- 2 times as likely to **drop out of high school**



# The Father Factor

## Greater Father involvement

improves children's academic outcomes

Children with involved fathers are **more motivated to try hard in school**

Children with involved fathers have **more positive attitudes and participate in school more**

Father involvement improves children's **behavioral and emotional** outcomes

Children with involved fathers have **fewer conduct problems**

Children with involved fathers have **less anxiety**



### Sources:

Alfaro, E. C., Umaña-Taylor, A. J., & Bámaca, M. Y. (2006). The influence of academic support on Latino adolescents' academic motivation. *Family Relations*, 55(3), 279-291.

Flouri, E. (2005). Father's involvement and psychological adjustment in Indian and White British secondary school age children. *Child and Adolescent Mental Health*, 10(1), 32-39.

Formoso, D., Gonzales, N. A., Barrera Jr, M., & Dumka, L. E. (2007). Interparental relations, maternal employment, and fathering in Mexican American families. *Journal of Marriage and Family*, 69(1), 26-39.

# The Father Factor

The number of children with a father in prison  
**has grown by 79%**  
**since 1991**

Youths in father-absent households  
**have significantly higher**  
**odds of incarceration**

Fathers are returning to their families  
**without the skills they need**  
**to be involved, responsible,**  
**and committed fathers**



# The Father Factor



**Between 5 and 15%**  
of new fathers  
**experience depression**  
before or after the baby is born

Depressed fathers are less likely to **read to their young children**

Depressed fathers are more likely to **spank their children**

Children with a depressed father have **lower vocabulary and other language scores**

Depressed fathers are less likely to **engage in responsive parenting behaviors**

#### Sources:

Paulson JF, Bazemore SD. Prenatal and postpartum depression in fathers and its association with maternal depression: a meta-analysis. *JAMA*. 2010;303(19):1961-1969.

Paulson JF, Keefe HA, Leiferman JA. Early parental depression and child language development. *J Child Psychol Psychiatry*. 2009;50(3):254-262.

Davis RN, Davis MM, Freed GL, Clark SJ. Fathers' depression related to positive and negative parenting behaviors with 1-year-old children. *Pediatrics*. 2011;127(4):612-618

# The Childcare Conundrum

Families rely on  
**informal referrals**  
for child care

Almost **half** of those who use  
in-home care  
**use a friend or neighbor**

**Friends and neighbors**  
are usually the source of referral for  
**center-based care**



Working mothers  
**struggle to afford**  
the child care they need

Average child care expenditures  
**increased by 26 percent**  
**from 2005 to 2011**

Employed, poor mothers spent  
**more than one-third of their income**  
**on child care**

Source:

[https://www.acf.hhs.gov/sites/default/files/opre/patterns\\_cc\\_execsum.pdf](https://www.acf.hhs.gov/sites/default/files/opre/patterns_cc_execsum.pdf)  
<https://scholars.unh.edu/cgi/viewcontent.cgi?article=1194&context=carsey>

# The Childcare Conundrum

Low income parents want to work, but

**lack child care**

**15 to 40 %**

of parents formerly on welfare have left a job because of  
**child care problems**

**Most working mothers  
have irregular  
schedules or  
non-standard hours**

**39%**

work different hours from one day to another

**40%**

work different hours from one week to another

**56%**

work evenings, nights, or weekends



Source:

[https://www.acf.hhs.gov/sites/default/files/opre/patterns\\_cc\\_execsum.pdf](https://www.acf.hhs.gov/sites/default/files/opre/patterns_cc_execsum.pdf)



# The Pediatric Setting

Many doctors use scientifically questionable methods to identify developmental delays

**38%**

say they can identify delays without using a **formal screening instrument**

**Only about 50%**

say they use a

**validated screening instrument**

as part of their routine practice with children younger than age 3



Many doctors do not feel competent to **treat or refer** for developmental delays

**Only 60%**

feel confident they can **manage developmental delays**

**Only 59% believe there are resources in the community to help**

**Source:**

Sices, L., Feudtner, C., McLaughlin, J., Drotar, D., & Williams, M. (2003). How do primary care physicians identify young children with developmental delays? A national survey. *Journal of Developmental & Behavioral Pediatrics, 24*(6), 409-417.

# The Pediatric Setting

Most children do not receive necessary  
**developmental screening  
and surveillance**

**Only 30% of parents**  
say that they have completed a  
**screening for concerns and  
milestones**

**Only 37% of parents**  
say a health care professional asked them about  
**their concerns about their child's  
development**



The children most at-risk for delays are least likely to  
**receive needed screening**

**Only 16% of parents  
with a high school education**  
received a screening compared to  
**38% with a college degree**

**Only 23% of parents in poverty**  
received screening compared to  
**37% of wealthier parents**

**Source:**

Hirai, A. H., Kogan, M. D., Kandasamy, V., Reuland, C., & Bethell, C. (2018). Prevalence and variation of developmental screening and surveillance in early childhood. *JAMA pediatrics*, 172(9), 857-866

# What did we learn?



Knowledge of child development and parenting



Social connections ► relationships



Parental resilience ► bouncing back



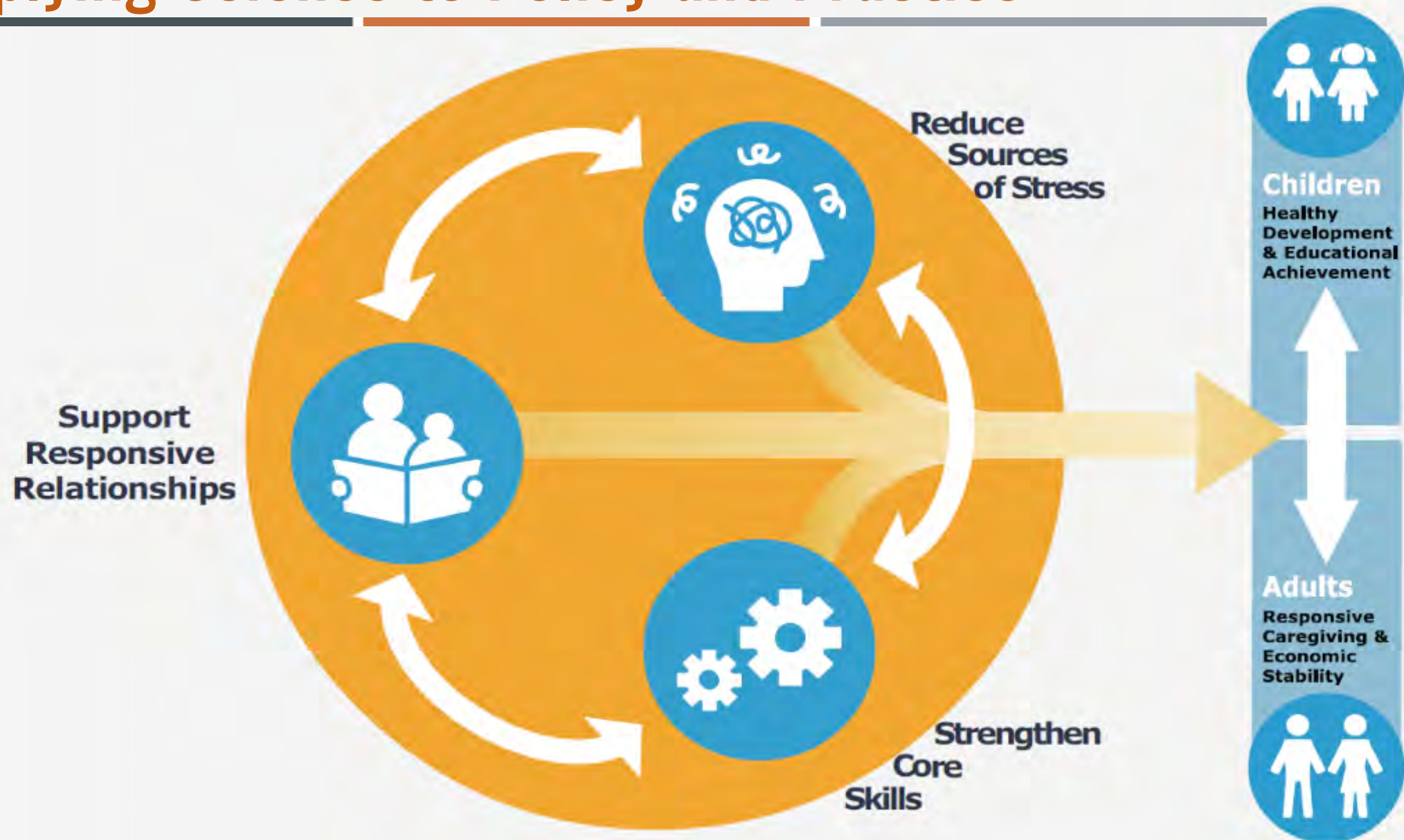
Support ► concrete support in times of need (childcare; healthcare)



Communication ► social and emotional competence of children

## Be Strong Families / Strengthening Families

# Applying Science to Policy and Practice



# Building a Strong Foundation

Protective factors (such as having consistent, caring relationships) and access to coordinated health care can provide a buffer to offset the negative consequences of toxic stress, leading children to reach "healthy" trajectories.

- Dworkin. Addressing Health Disparities Early in Life, Advancing Kids Blog (2016)



# Service Implications - Child Development Concepts

- Treatment programs and services must be **comprehensive, multidisciplinary**, and address the **multiple factors** that facilitate and hinder children's optimal development.
  - Benefits of strengthening **protective factors**
- Services should address the needs of **all children** (e.g., entire population), recognizing that those in greatest need will likely derive the greatest benefits
  - Expand target to vulnerable children & families
  - Perils of exclusive focus on children with complex medical conditions



# Shared Assumptions

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- Children with developmental / behavioral problems are **eluding early detection**
- Many **initiatives exist** to provide services to young children and their families
- A **gap exists** between child health and child development / early childhood education programs
- Children and their families would benefit from a **coordinated, region-wide system** of early detection, intervention for children at developmental risk



# An Opportunity to Maximize Young Children's Potential

The early years present incredible opportunity to build a strong foundation as the brain rapidly develops during the first 5 years of life. All children benefit from an organized system of community resources to help them thrive, such as:

- healthcare,
- quality early learning experiences,
- healthy nutrition, and
- parent support.

However, when the system is not well organized, it can be challenging for families to access the resources their children need, which can have long-lasting consequences on health and well-being.





# What would an Early Childhood System look like?



# How does IDEA Part C lead the way?



ECI of North Central Texas

## Community of Practice

*Mission & Key Principles  
for Providing Early Intervention Services  
in Natural Environments*

### MISSION

Part C early intervention builds upon and provides supports and resources to assist family members and caregivers to enhance children's learning and development through everyday learning opportunities.

### KEY PRINCIPLES

1. Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.
2. **All families**, with the necessary **supports** and **resources**, can enhance their children's learning and development.
3. The primary role of a service provider in early intervention is to work with and support family members and caregivers in children's lives
4. The early intervention process, from initial contacts through transition, must be dynamic and **individualized** to reflect the child's and family member's preferences, learning styles, and cultural beliefs.
5. IFSP outcomes must be **functional** and based on children's and families' **needs** and family-identified priorities.
6. The family's priorities, needs, and interests are addressed most appropriately by a **primary provider** who represents and receives team and community support.
7. Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.

# Comprehensive System Building

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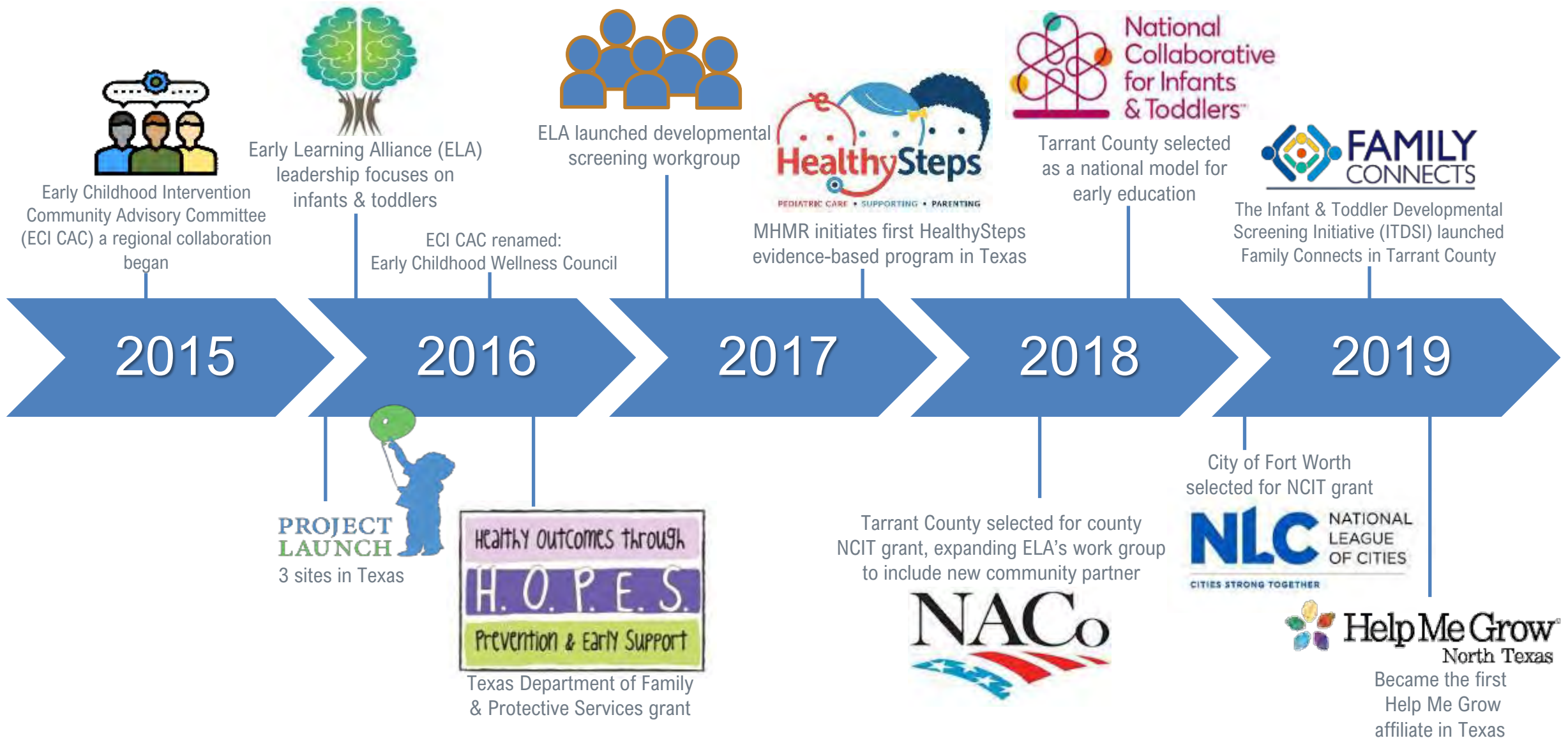
“The most effective long-term strategy appears to be the development of a comprehensive, coordinated, community-wide approach focused on **preventing low- and medium-risk families from becoming high-risk**, as well as providing intensive services to those who already have reached a high-risk status.”

- Chamberlin RW. Preventing low birth weight, child abuse, and school failure: the need for comprehensive, community-wide approaches. [Pediatrics in Review](#) 1992;13(2):64-71

“What if our goal for child health services is not ‘merely’ to treat or even prevent childhood diseases and disorders, but is also to promote children’s optimal healthy development?”



# Let's Take A Journey...



# Journey (continued)



Help Me Grow National Center approached Texas

2019



Help Me Grow Texas launched

2020



Help Me Grow Regional Family Advisory Council established

2021



Help Me Thrive was founded with Mental Health Connection of Tarrant County as the organizing entity (serving children ages 6 up to 18)

2022



Texas Department of State Health Services became an affiliate



MHMR's Early Childhood Services and the Behavioral Health Youth Services merged to form the Child & Family Services division (serving prenatal up to age 18)



grant continued



MHMR awarded a 4-year grant to expand Help Me Grow / Help Me Thrive. MHMR was one of 6 awardees in the U.S.



MHMR awarded a 4-year grant to implement Pediatric Mental Health Care Access program

# Early Childhood Intervention

ECI is a statewide program for families with children birth through 3, with developmental delays, disabilities or medical diagnoses that may affect development.

- Behavioral Intervention
- Speech & Language Therapy
- Physical & Occupation Therapy
- Family Coaching / Education
- Case Management
- Social Work
- Specialized Skills Training
- Nutrition & Feeding
- Assistive Technology
- Counseling
- Health Services
- Audiology / Hearing
- Nursing
- Translation / Interpretation
- Transition to services at age 3



**TEXAS**  
Health and Human  
Services

*Early Childhood  
Intervention*



ECI Session

## Funding:

- Texas Health & Human Services (HHS) contract - State General Revenue - Federal IDEA Part C - Temporary Assistance for Needy Families (TANF)
- Program's locally collected funds (Medicaid, private insurance & Family Cost Share)

# Project LAUNCH

(Linking **A**ctions for **U**nmet **N**eeds in **C**hildren's **H**ealthcare)

- Birth up to 8 years
- Developmental Screenings
- Family Strengthening
- Social-Emotional
- Mental Health Consultations
- Workforce Development



## Funding:

- Texas Department of State Health Services grant - Substance Abuse and Mental Health Services Administration (SAMHSA) and Texas Institute for Excellence in Mental Health (TIEMH)

# HOPES (Healthy Outcomes through Prevention & Early Support)



## Early Childhood Wellness Council (ECWC)

- The ECWC links to existing coalitions supporting HOPES & LAUNCH
- Members of partner agencies & supporting coalitions are added to the Early Childhood Services Community Advisory Committee (ECS CAC)
- Current membership is maintained, including various representatives
- The ECWC subcommittee meets more frequently to provide guidance and direction to HOPES & LAUNCH

### Funding:

- Texas Department of Family and Protective Services grant - State General Revenue

## Awareness & Prevention

- Birth up to age 6
- Central Referral Line
- HOPES Website
- SEEK (Safe Environment for Every Kid)
- Ages & Stages Questionnaires (ASQ)
- Professional Development & Endorsement
- Primary Messaging
- Support & Training



## Direct Support & Intervention

### Team 1

- Family has 2 or more risk factors; child is 0-6
- Needs assistance with child development skills

### Team 2

- Family has 2 or more risk factors; child is 0-6
- Expressing stress due to child's illness or delay, does not qualify for ECI

### Team 3

- Family has 2 or more risk factors; child is 0-6
- Resides in specified geographic area; living in homelessness; or member of refugee community



# Parent Cafés

## Using Parent Cafés to Empower Families

- Interact & share challenges with other parents
- Get ideas & learn new resources and skills
- Build protective factors
- Develop friendships & support from other parents
- Realize the essential role they play as a parent
- Time for reflection
- Opportunity for a little break

### Funding:

- Texas Department of State Health Services - Linking Actions for Unmet Needs in Children's Health (LAUNCH) - Substance Abuse & Mental Health Services Administration (SAMHSA)
- Texas Department of Family & Protective Services - State General Revenue



 **BE  
STRONG  
FAMILIES**

Be Strong Families / Parent Cafés



# Infant & Early Childhood Mental Health Consultation

## Accessible Mental Health

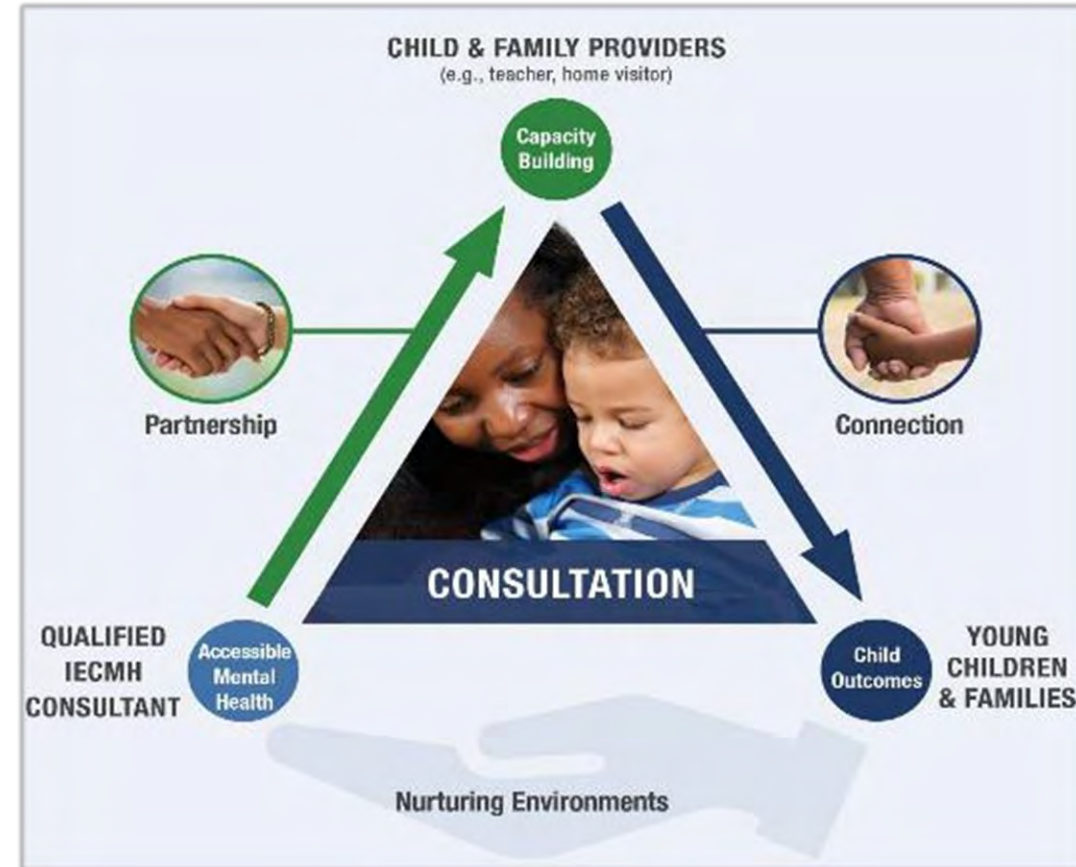
Brings Mental Health supports into natural settings where young children are

## Capacity Building

Builds the capacity of child and family providers to create nurturing environments where your children thrive

## Child Outcomes

Young children succeed in learning and relationships



## Funding:

- Texas Department of State Health Services - Linking Actions for Unmet Needs in Children's Health (LAUNCH) - Substance Abuse & Mental Health Services Administration (SAMHSA)
- Texas Health & Human Services - SAMHSA - Center for Mental Health Services
- Texas Department of Family & Protective Services - Healthy Outcomes through Prevention & Early Support (HOPES)
- Local Funds and Foundations

# HealthySteps



HealthySteps

**HealthySteps** is an evidence-based, interdisciplinary pediatric primary care program to promote positive parenting and healthy development for babies & toddlers.

## Funding:

- Texas Department of State Health Services
- Texas Department of Family & Protective Services
- Pritzker Children's Foundation
- Local Funds and Foundations
- County Funds



PEDIATRIC CARE • SUPPORTING • PARENTING  
A Program of ZERO TO THREE

# Family Connects



## Funding:

- Texas Department of State Health Services (DSHS)
- Texas Department of Family & Protective Services (DFPS)
- Pritzker Children's Foundation
- Local Funds and Foundations
- County Funds



## FOR ALL

Helping all families regardless of income or background



## THREE WEEKS

Visits are scheduled around 3 weeks after a baby's birth



## NO COST TO RECIPIENTS

Eligible recipients will not be charged



## REGISTERED NURSES

All visits are made by highly trained nurses



## ASSESS & CONNECT

Assess mother and baby's physical health status & social determinants of health;  
Connect to applicable community resources

# Still... Something was missing

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## Typical Referrals

- Trauma
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Challenging behaviors
- Developmental delays past age 3
- Autism past age 3

Intense Intervention ▶ Team 2 & 3

Very Little ▶ Team 1

- Universal
- Prevention



# State Partners

children  
atRisk



- All Texas children are born healthy and have equitable access to health and early learning supports in their homes and their communities
- Early childhood systems are aligned, coordinated, and well-funded to ensure young children and their families are healthy and thriving

## Funding:

- Pritzker Children's Foundation
- Local Funds and Foundations

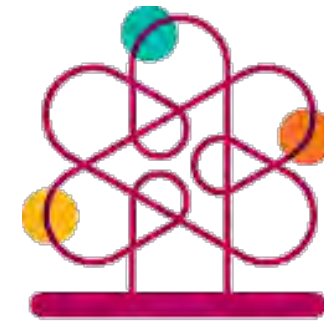


Photo by Laura Garcia on Pexels

# National Collaborative for Infants & Toddlers

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- Committed to **advancing policies and programs** that ensure every child from birth to age three has the support they need for a strong start in life
- With **support** from national organizations, states and communities are creating and strengthening effective **policies and programs** - and sharing what works - to support the healthy development of **infants and toddlers**



National  
Collaborative  
for Infants  
& Toddlers™

Powered by the Pritzker Children's Initiative



## Funding:

- Pritzker Children's Initiative

# Why Screen?

- Developmental Monitoring
- Developmental Surveillance
- Developmental Screening
- Early Identification
- Celebrate Milestones
- Engage Families
- Improve Outcomes
- Adverse Childhood Experiences (ACEs) often manifest with developmental concerns
- Intervention services to address ACEs



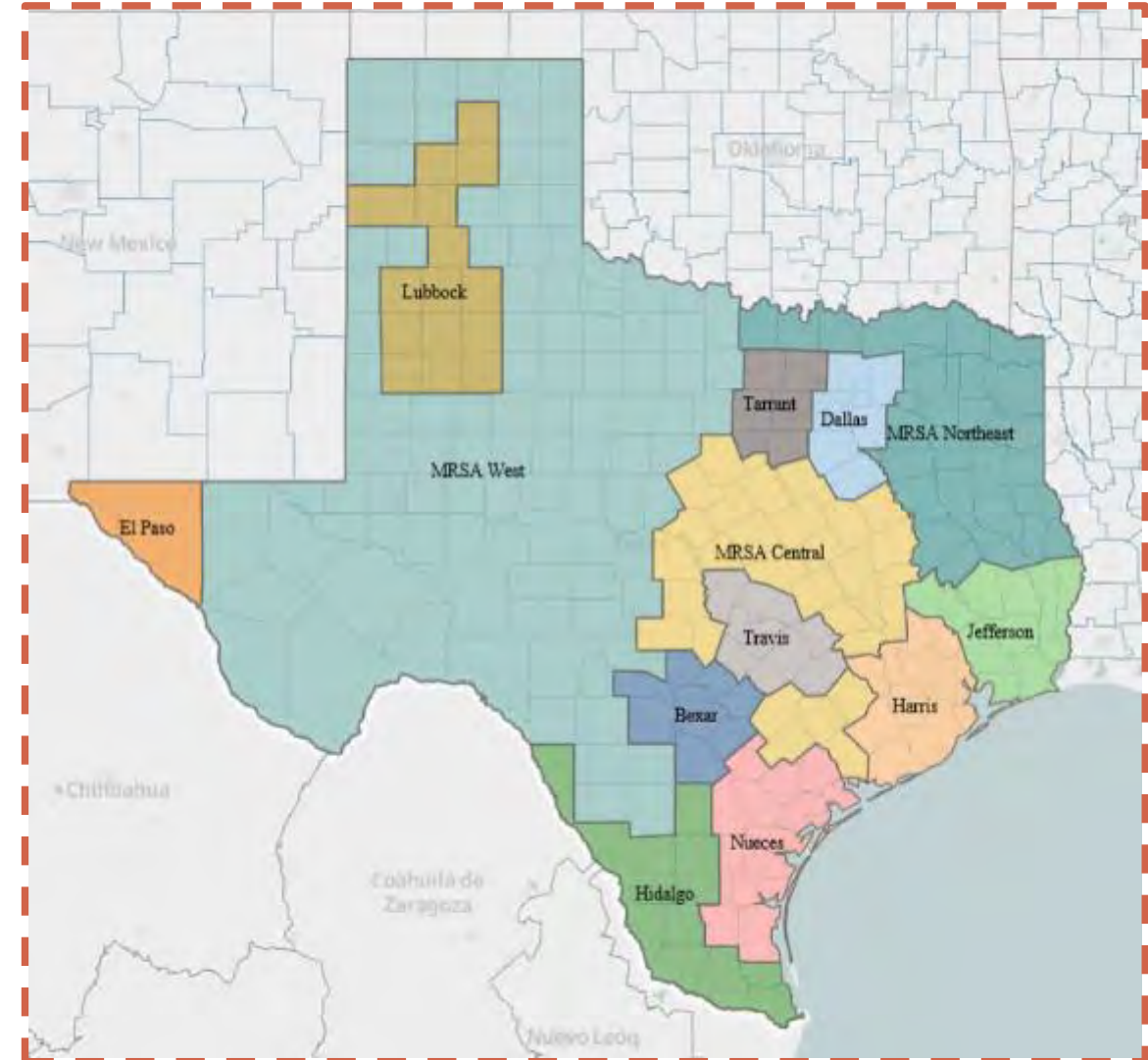


# Tarrant County, Texas

## Check-ups & Developmental Screenings for Young Texas

Managed Care Region: [Tarrant](#)  
Children Enrolled in STAR Medicaid

- 52%** Children under age 3 who were screened for developmental, social, and behavioral delays in the 12 months before their 1<sup>st</sup>, 2<sup>nd</sup>, or 3<sup>rd</sup> birthday  
48% = statewide average 2017
- 96%** Children ages 12-24 months who had a primary care visit in the last year  
96% = statewide average 2017
- 96%** Children ages 25 months-6 years who had a primary care visit in the last year  
94% = statewide average 2017



# CDC's "Learn the Signs. Act Early." Program

- Encourages parents & providers to learn the signs of healthy development
- Monitors every child's early development
- Take actions when there is a concern



Free materials for families & providers



# Learn the Signs. Act Early. (LTSAE)

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## Ambassadors partner with:

- Childcare centers
- Home visiting programs
- Early Childhood Intervention (ECI) programs
- Title V - Maternal and Child Health
- Help Me Grow (HMG)
- Early Head Start / Head Start
- School districts
- Medical / Pediatric offices or hospitals
- Women, Infants, and Children (WIC) clinics

## Funding:

- Association of University Centers on Disabilities (AUCD)
- Centers for Disease Control and Prevention (CDC)
- Texas Department of State Health Services - Title V Maternal and Child Health
- Texas Department of Family & Protective Services
- Texas Health & Human Services - Early Childhood Intervention (ECI)
- Pritzker Children's Foundation
- County Funds



# Deputy Ambassadors

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- 12 different agencies developed the Deputy Ambassador program to expand the reach of LTSAE across Texas
- Recruited and trained Deputy Ambassadors from both state organizations and local direct services programs
- Technical assistance was provided to develop and implement their workplans
- Deputy Ambassadors have successfully:
  - Shared materials at community events, resource fairs, conferences, and coalitions
  - Partnered with other agencies to distribute materials and post to their websites
  - Incorporated materials within family education activities
  - The Texas Department of Family and Protective Services - Prevention and Early Intervention (DFPS PEI) is incorporating materials within their grantees' projects and has offered to fund future work
  - HMG North Texas integrated materials within all Early Childhood Intervention (ECI) teams across North Texas



## Funding:

- Texas Department of State Health Services - Title V Maternal and Child Health
- Pritzker Children's Foundation
- County Funds



Help Me Grow  
National Center

Continuous  
System  
Improvement



Organizing  
Entity




The System Model



Scale and  
Spread



# Building a **Help Me Grow** System

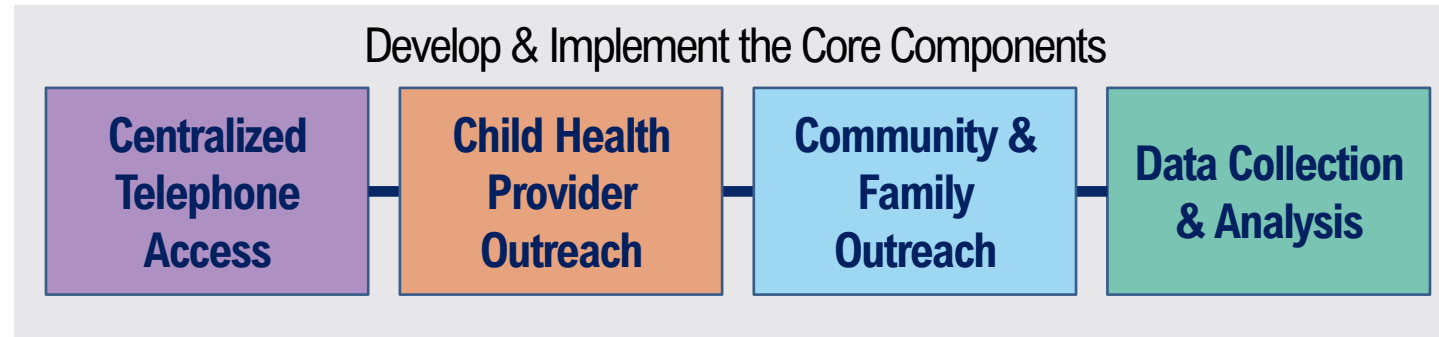
-  Building the Infrastructure
-  Building the System
-  Sustaining the System

# Building a 'Help Me Grow' System

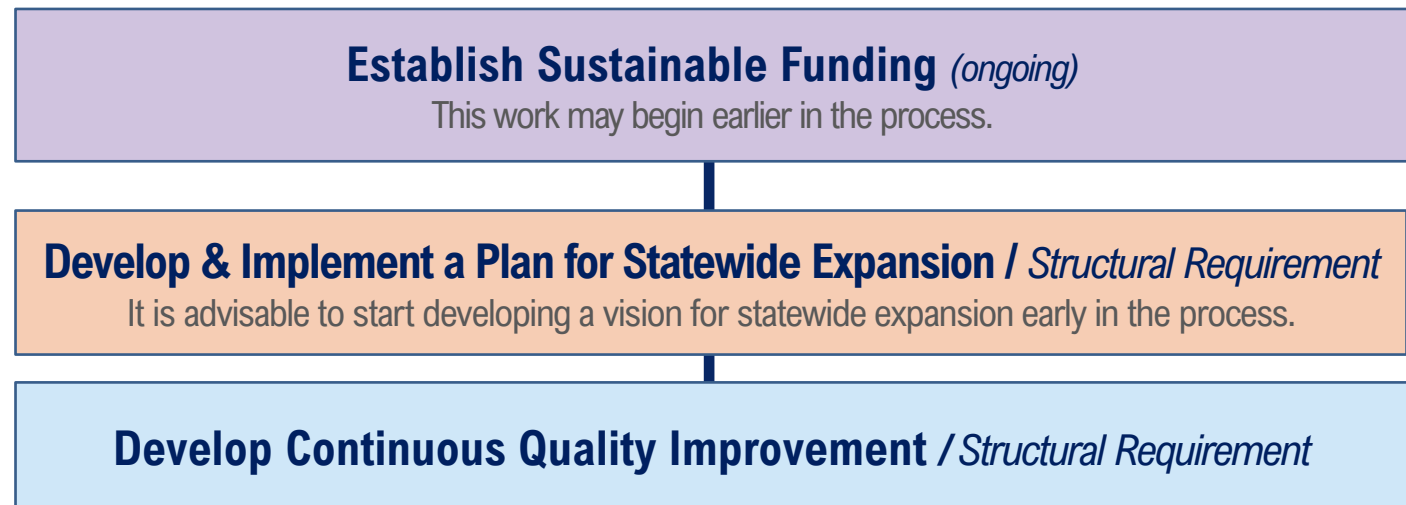
## Building the Infrastructure



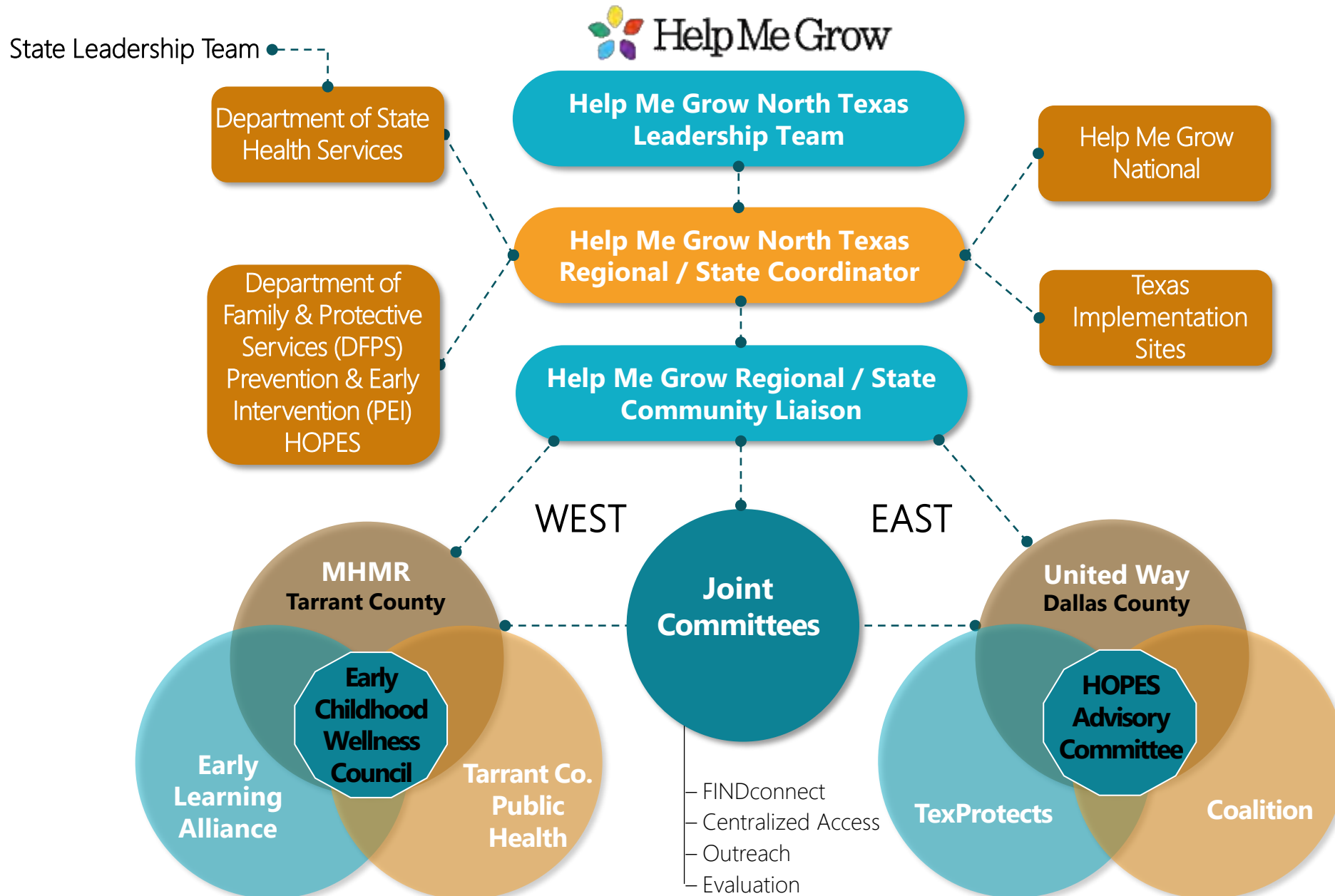
## Building the System



## Sustaining the System



# State / Regional Leadership Structure







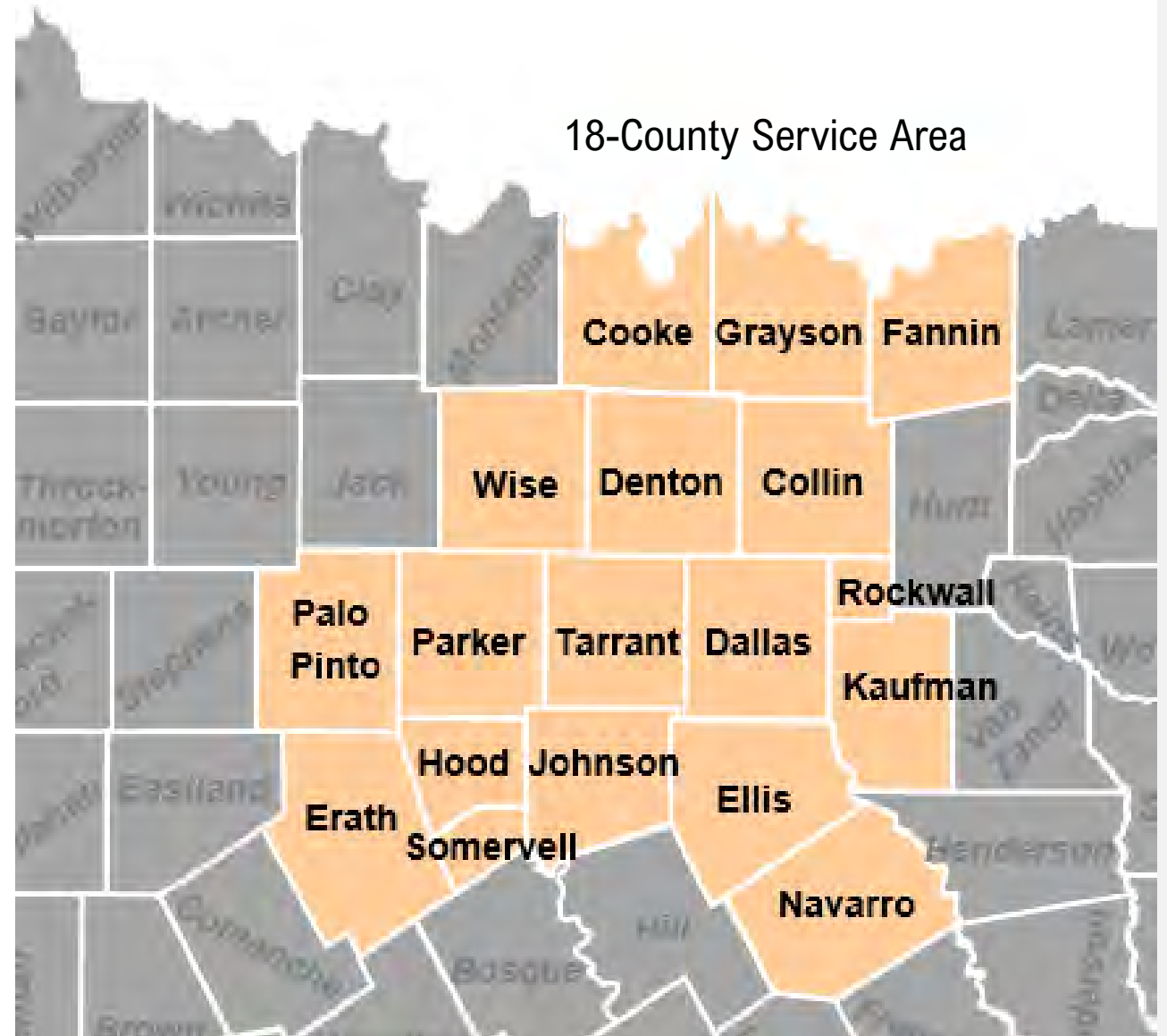
# Help Me Grow

North Texas

Navigators are experienced child development and community support specialists



For families with children up to age 6

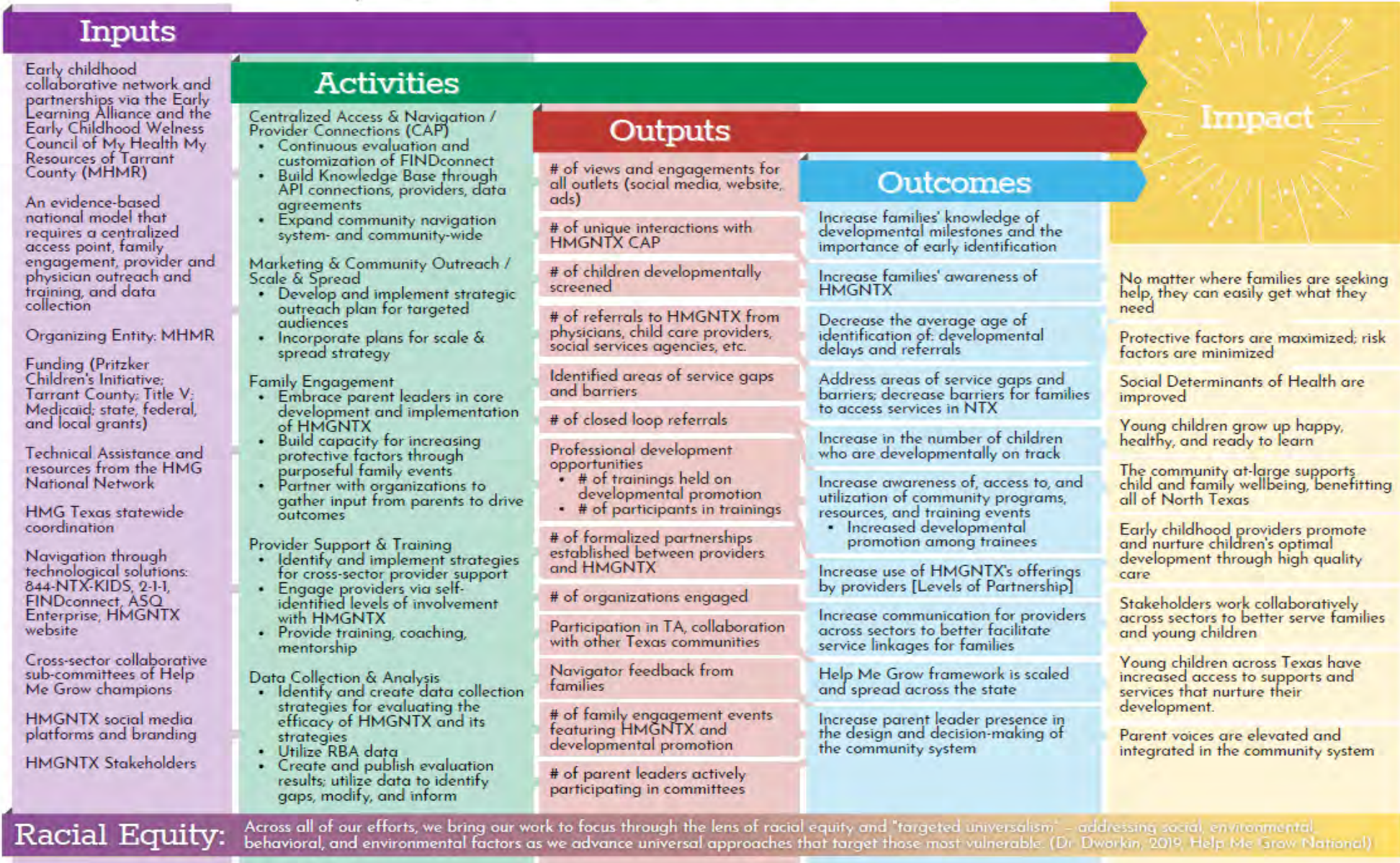


# Logic Model

V.8 08/13/2020



**Summary and Mission Statement:** Help Me Grow North Texas (HMGNTX) is a support network of community resources for pregnant individuals and families with children ages 0 to 6. To support optimal child development, HMGNTX links families to child development information and community programs that meet the presented needs of the family as a whole. HMGNTX promotes a healthier and more prosperous community by providing families with equitable access to the resources they need when they need them.



# WEBSITE

[www.HelpMeGrowNorthTexas.org](http://www.HelpMeGrowNorthTexas.org)

Families

Providers

Connect with a Navigator

Developmental Screening

Social-Emotional Screening

Refer a Family

Visit FINDconnect



# Help Me Grow<sup>®</sup>

North Texas



[www.HelpMeGrowNorthTexas.org](http://www.HelpMeGrowNorthTexas.org)



# Implementation Model

5 Subcommittees:



Centralized Access Point



Marketing & Outreach



Family Engagement



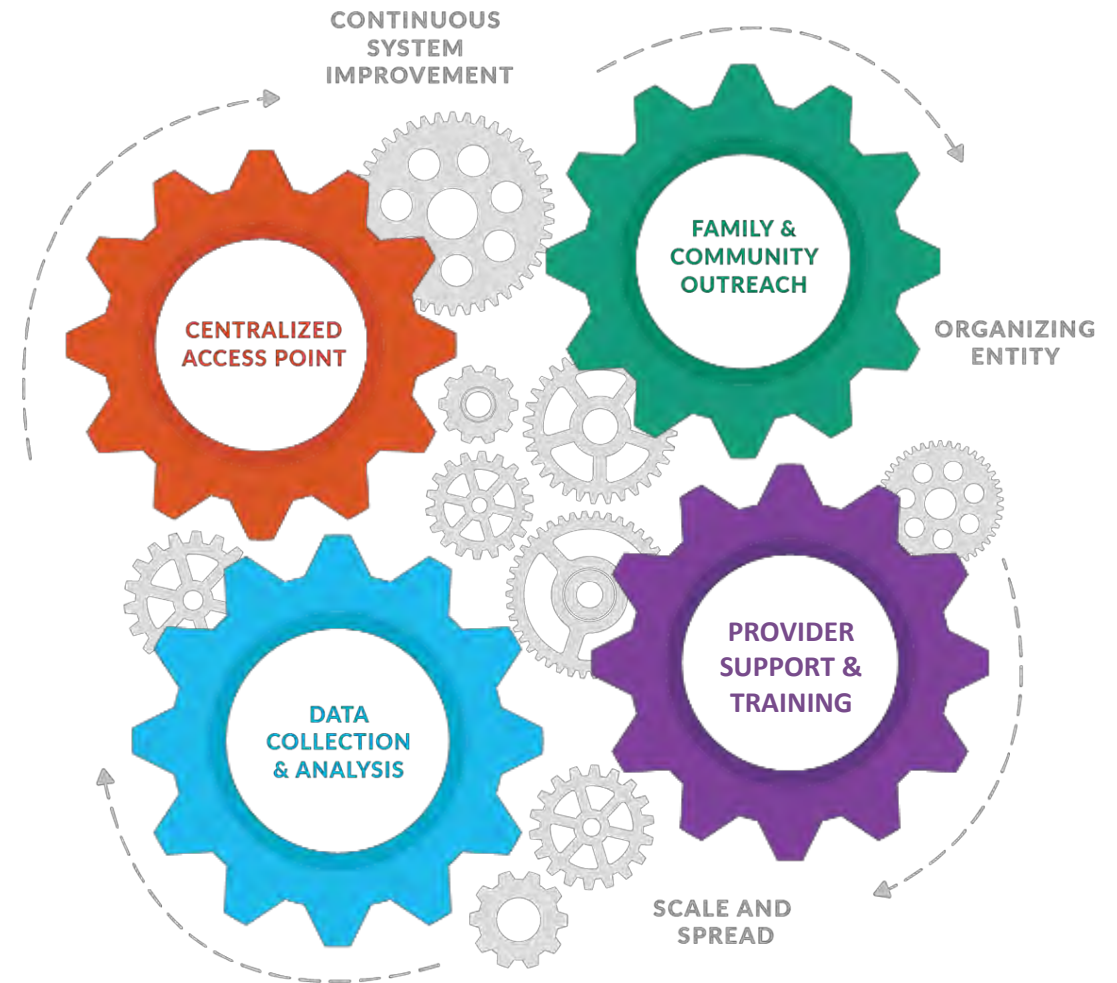
Provider Support & Training



Data Collection & Analysis

Cross-sector co-chairs from healthcare, childcare, and child-serving providers

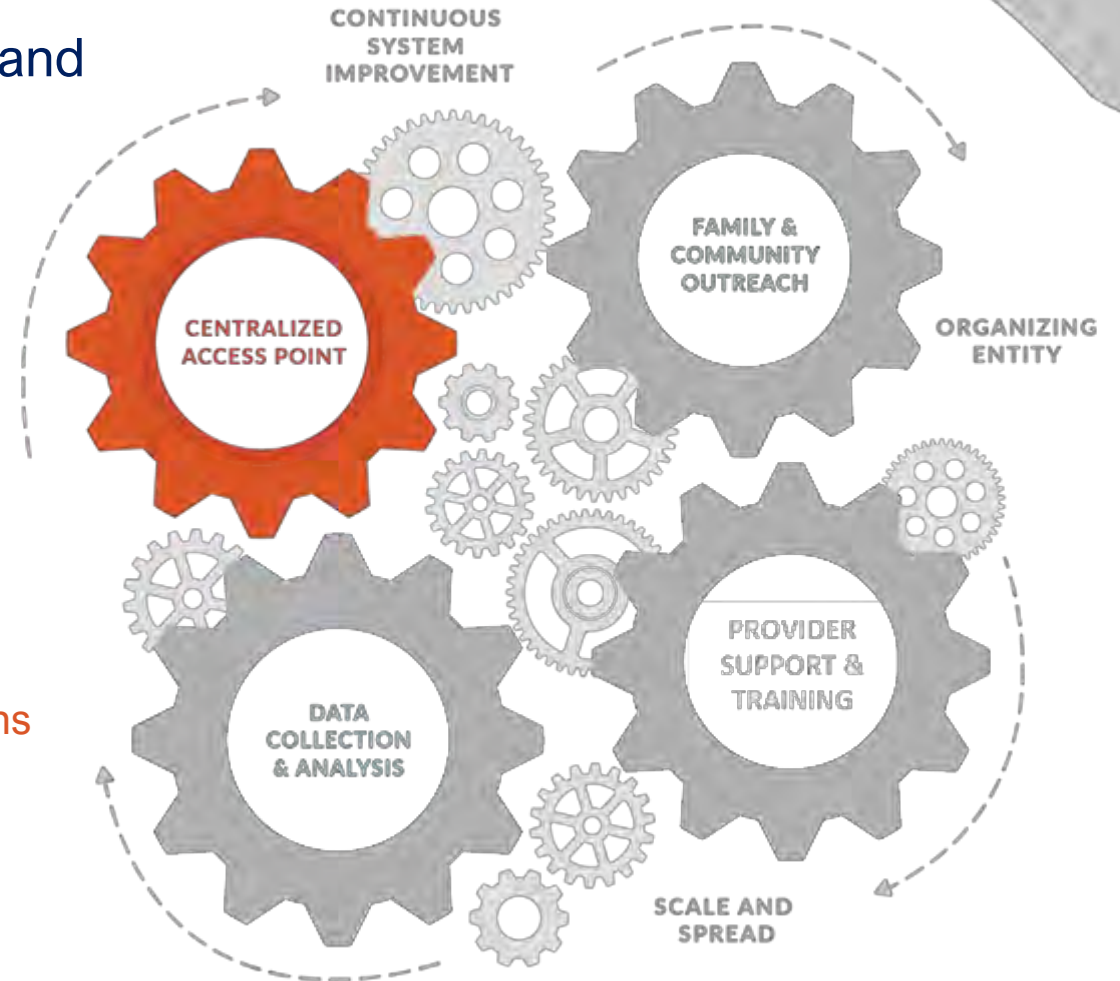
Leadership meets monthly;  
Larger stakeholder group meets quarterly



# Centralized Access Point

Human relationship is the active ingredient - trauma-informed

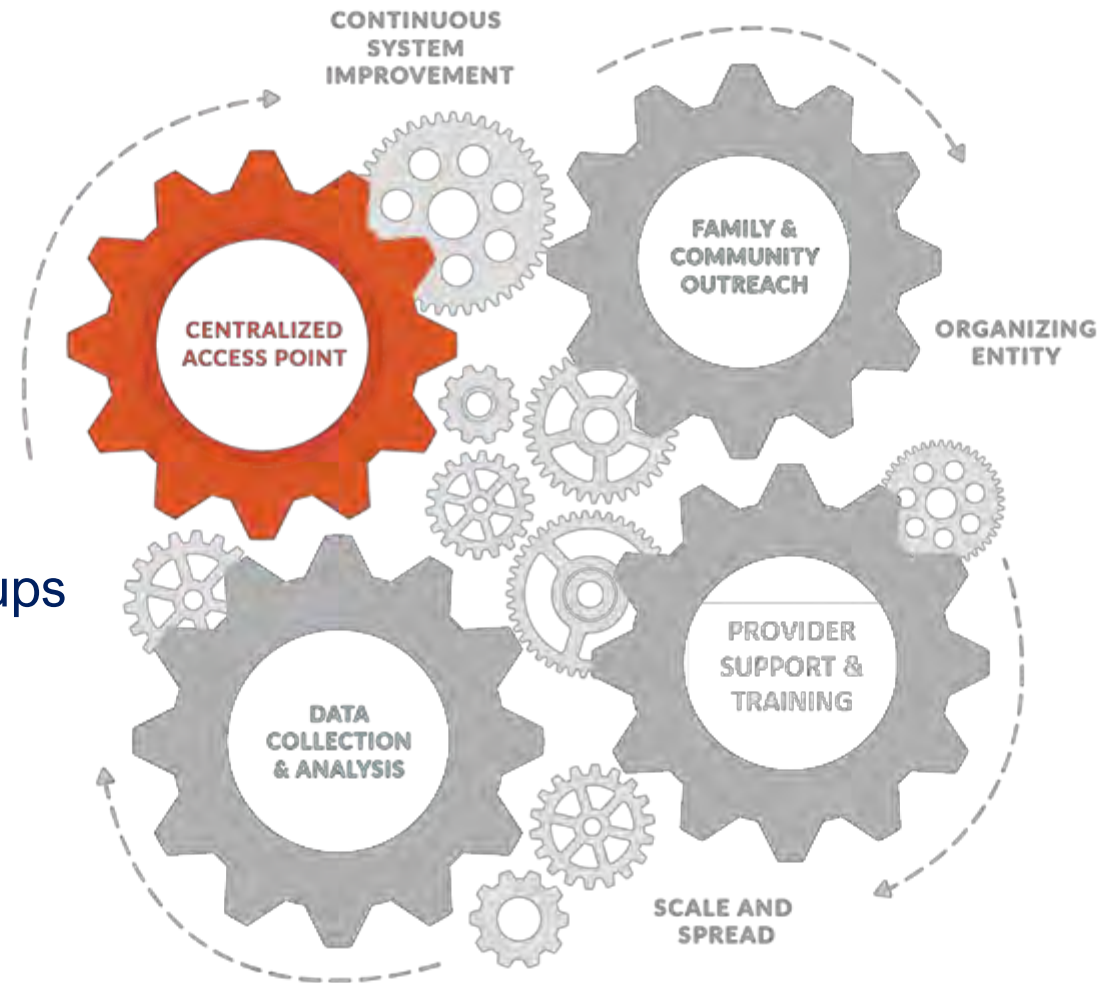
- 18 North Texas counties
- MHMR Tarrant, United Way of Metropolitan Dallas, and Child Care Group
- 844-NTX-KIDS
- Launched March 2020
- 2-1-1 & community connections
- 21 Family Navigators (experienced child development and community support specialists):
  - Conduct ASQ-3 and ASQ:SE
  - Answer pregnancy, parenting & child development questions
  - Connect families to community resources & supports
  - Make community referrals
  - Initiate ECI referrals (pilot)



# Centralized Access Point (continued)

## Data Points (April 2020 - February 2023)

- 450 average calls received per month
- 22,000+ referrals made
- 11,000+ family enrollments
- 1,200 average open cases per month for follow-ups made at 2, 4, and 8 months
- 81% of calls complete both ASQ-3 & ASQ:SE

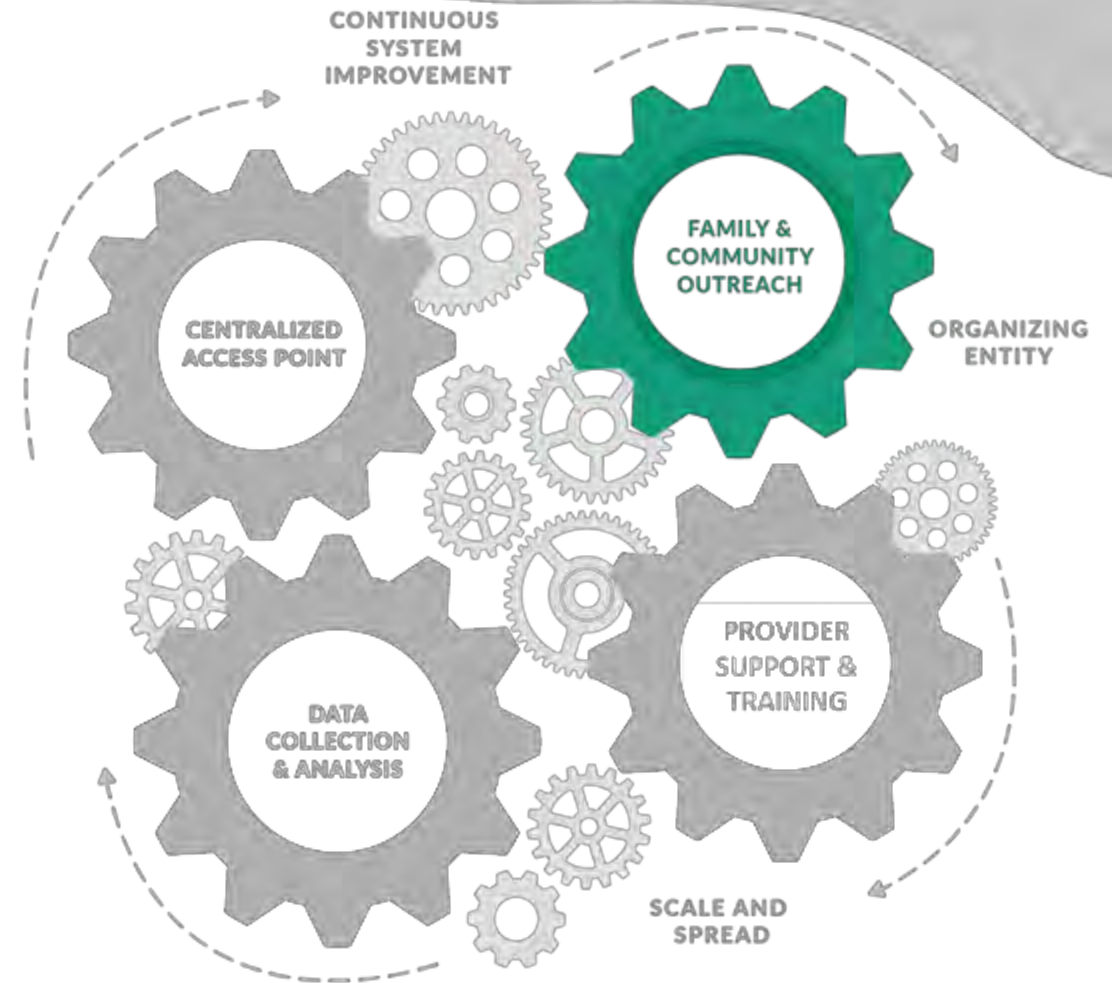


# Family & Community Outreach

Promote on-going developmental activities and developmental monitoring - celebrate milestones and engage families through community outreach

## Family Engagement Subcommittee

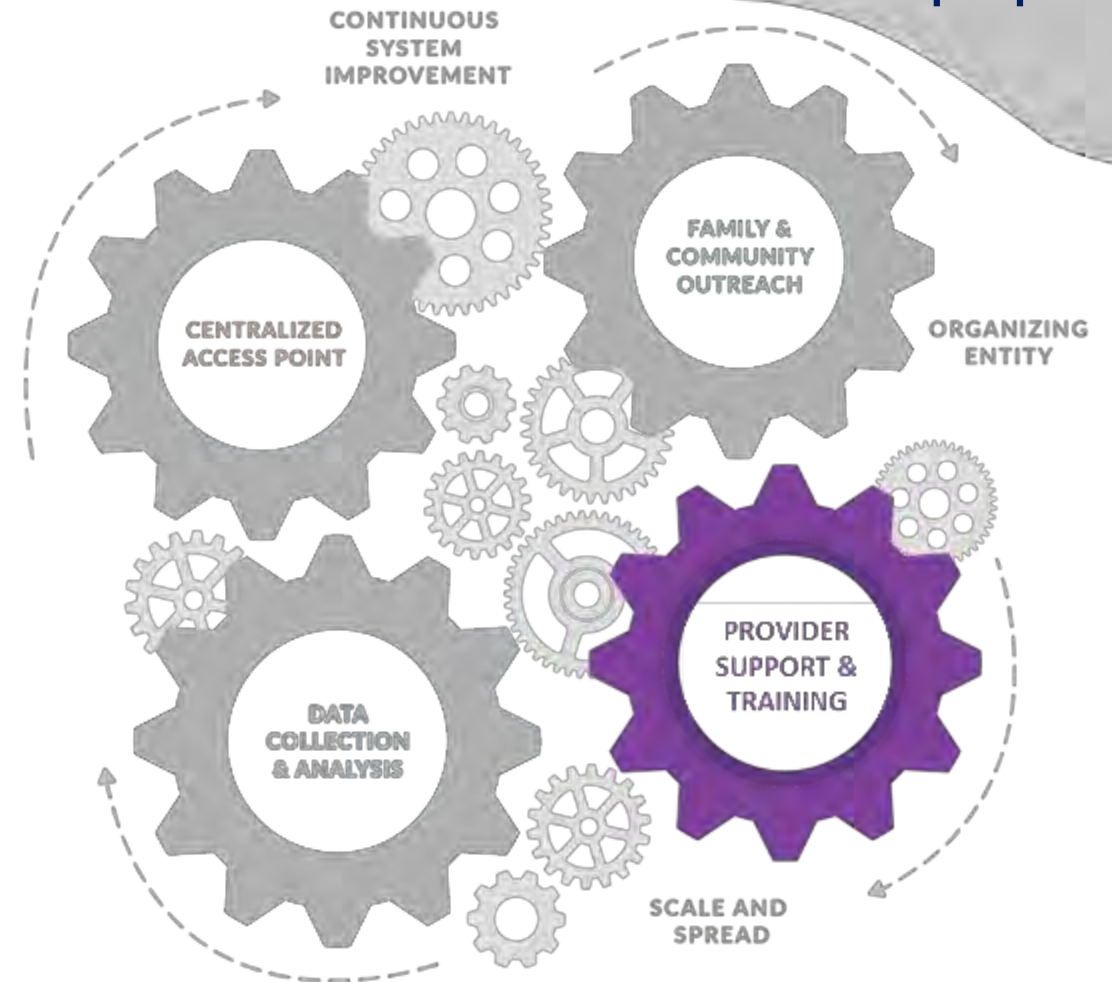
- Added 7 Family Partners for voice & leadership
- Pritzker grant to fund new strategies
- Subcontract with National Center for Family Learning for compensation, training, technical assistance, translation & interpretation
- Developing a regional Family Advisory Council
- Coordinating with other state and local family-run organizations



# Provider Support & Training

Promote on-going developmental surveillance, assess determinants of health, and parental depression - support families prenatal and postpartum

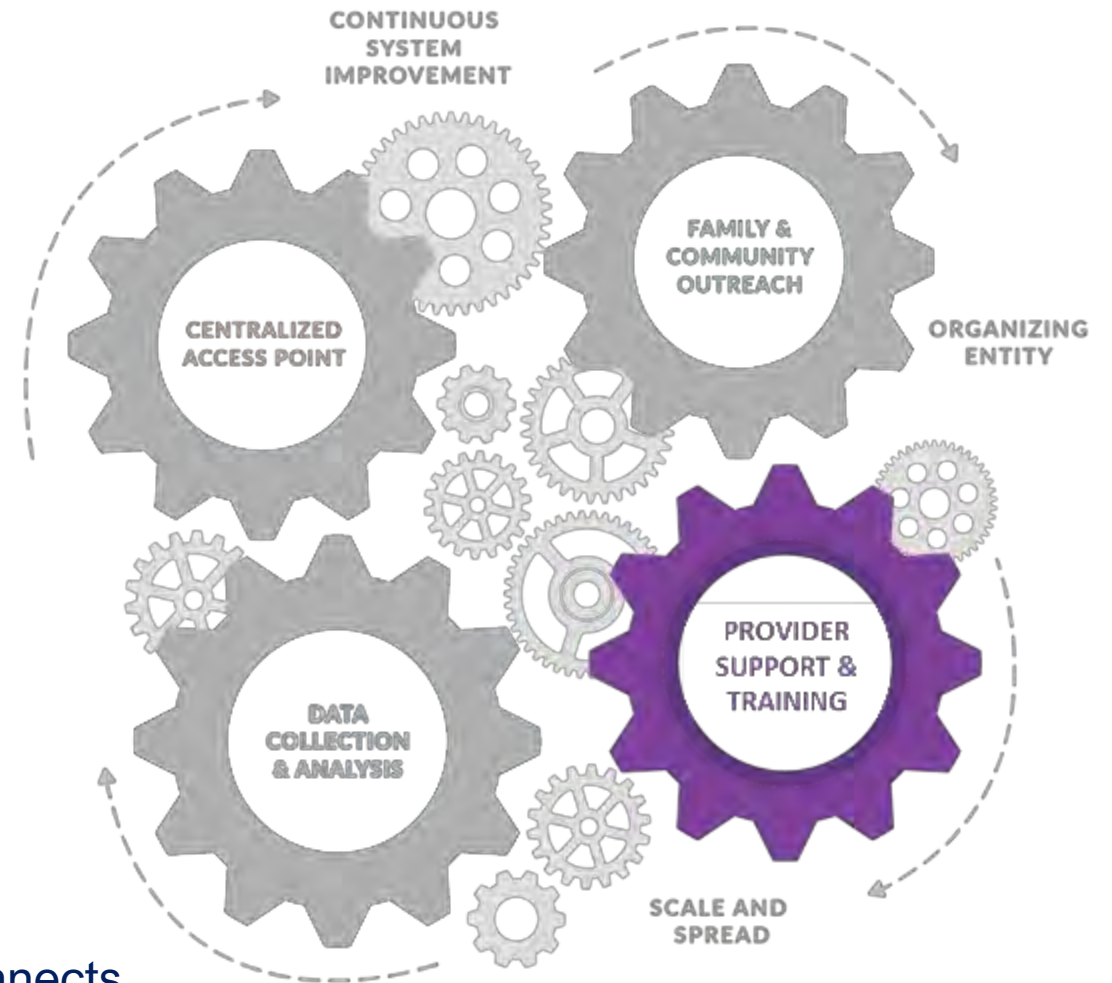
- HealthySteps Specialists working in pediatric & family practice clinics
- Family Connects Nurses operating in 6 hospitals
- ASQ workgroup expanding regional developmental monitoring & screenings
- “Learn The Signs. Act Early.” print materials distributed to clinics, childcares, and cross-sector providers
- “Mom to Mom” support group for post-partum depression
- Physician Panel: OB/GYN, developmental pediatrics, child/adolescent psychiatrist and expanding to include nurses and other medical providers
- Early Care and Education Committee: incorporates monitoring & screening into quality expectations in partnership with the Early Learning Alliance





# Provider Support & Training (continued)

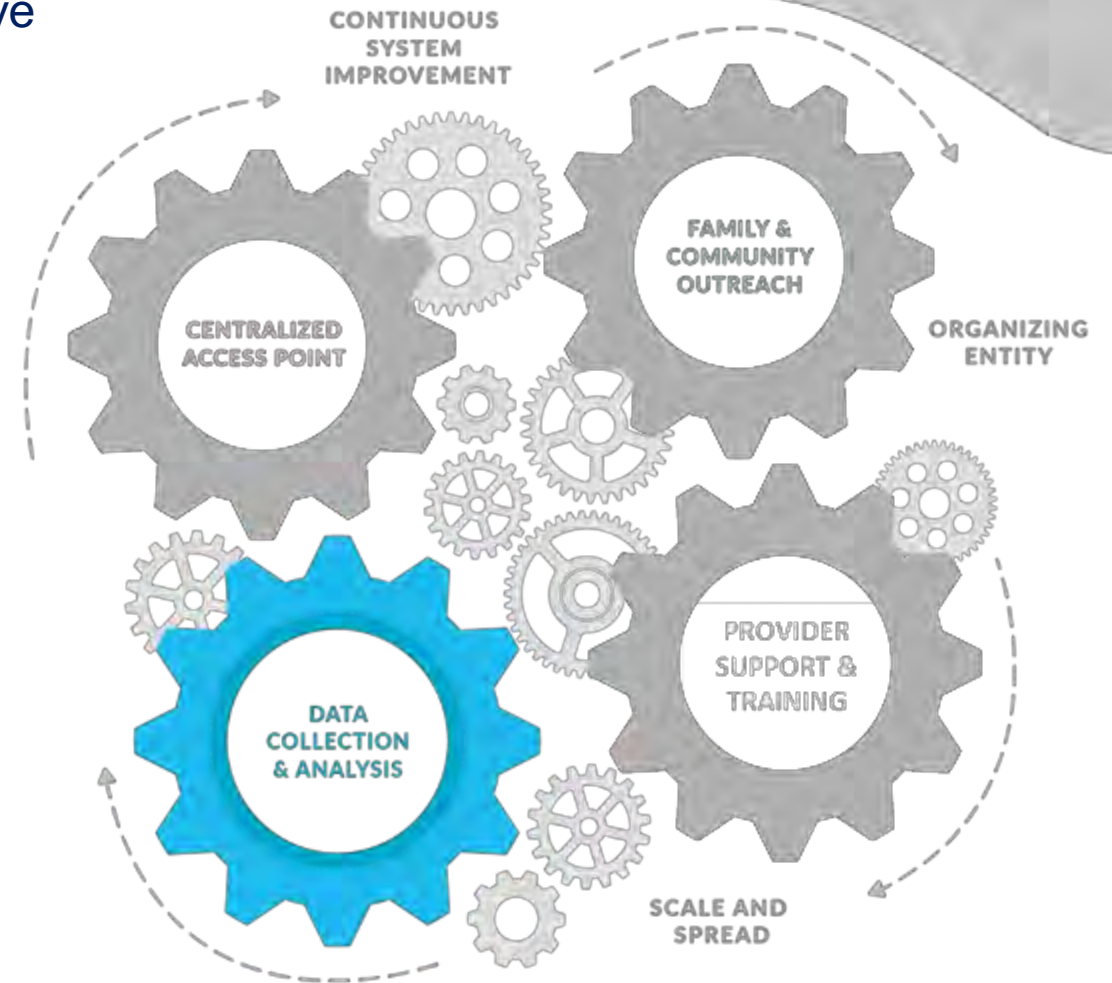
- Infant & Early Childhood Mental Health Consultation: supporting childcare and home-visiting providers
- “Act Early: Supporting Families through Developmental Screening and Referral Processes”: a learning series in partnership between Help Me Grow North Texas, First3Years, and Brazelton Touchpoints Center
- Teachable: free online professional development workshops for parents and providers
- Family Connects outreach for OB/GYN offices & clinics
- Strategize with school districts on engaging Education Service Centers and other educational agencies
- Assess depression and Social Determinants of Health in Centering Pregnancy
- Abide Clinic: partnership with United Way for Family Connects to serve women of color for pre- and post-natal care



# Data Collection & Analysis

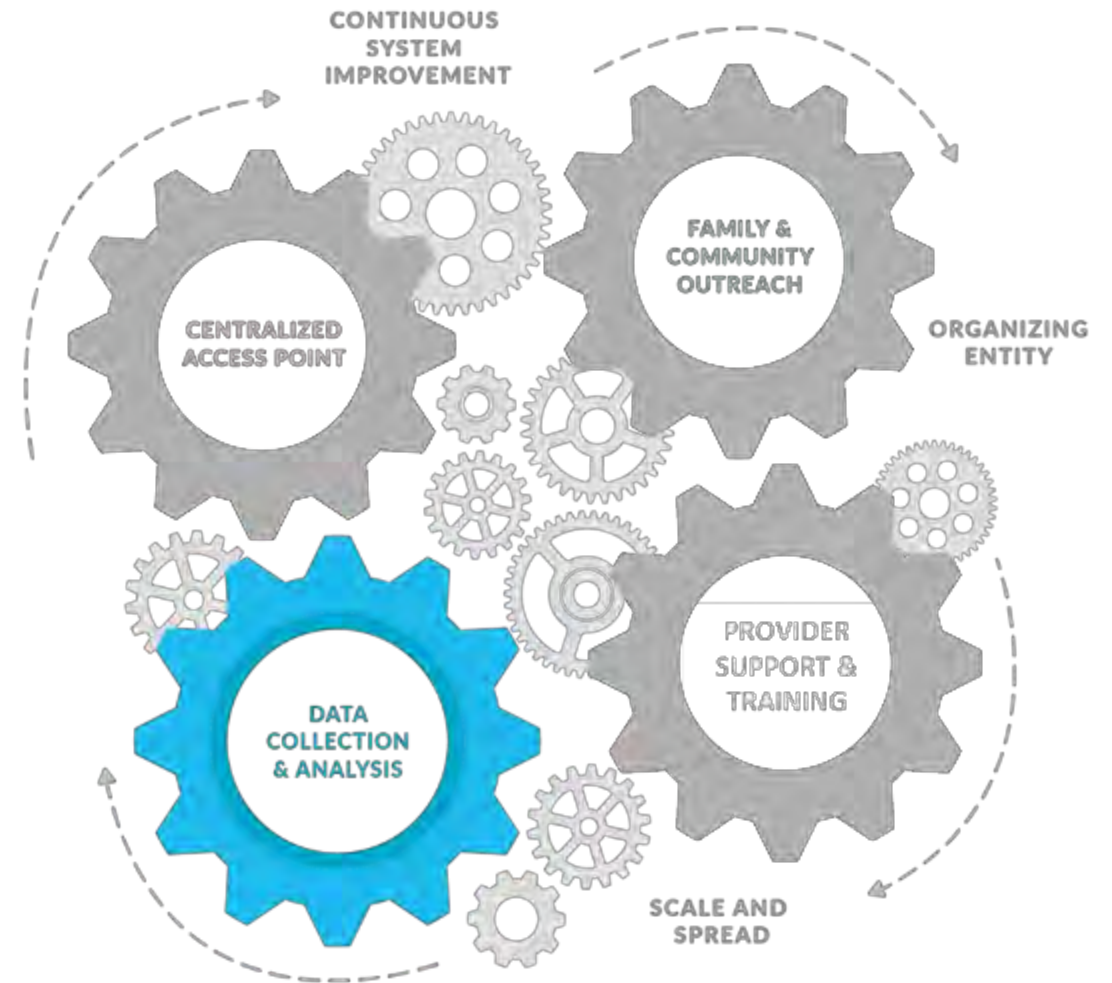
Evaluate the effectiveness of all programs working together and aligning to promote overall family strengthening and children reaching their fullest potential

- Results-Based Accountability process and Turn the Curve sessions taking place in all core model components to assess gaps in services
- Evaluation data and metrics maintained on individual evidence-based programs
- Analysis of each program and its metrics/evaluation components to align and reflect on outcomes
- Work with national partners on alignment of outcome measures/data requirements
- Utilize screening, referral, and follow-up data to identify gaps in services for addressing parental depression, substance use; make recommendations for tiered levels of support



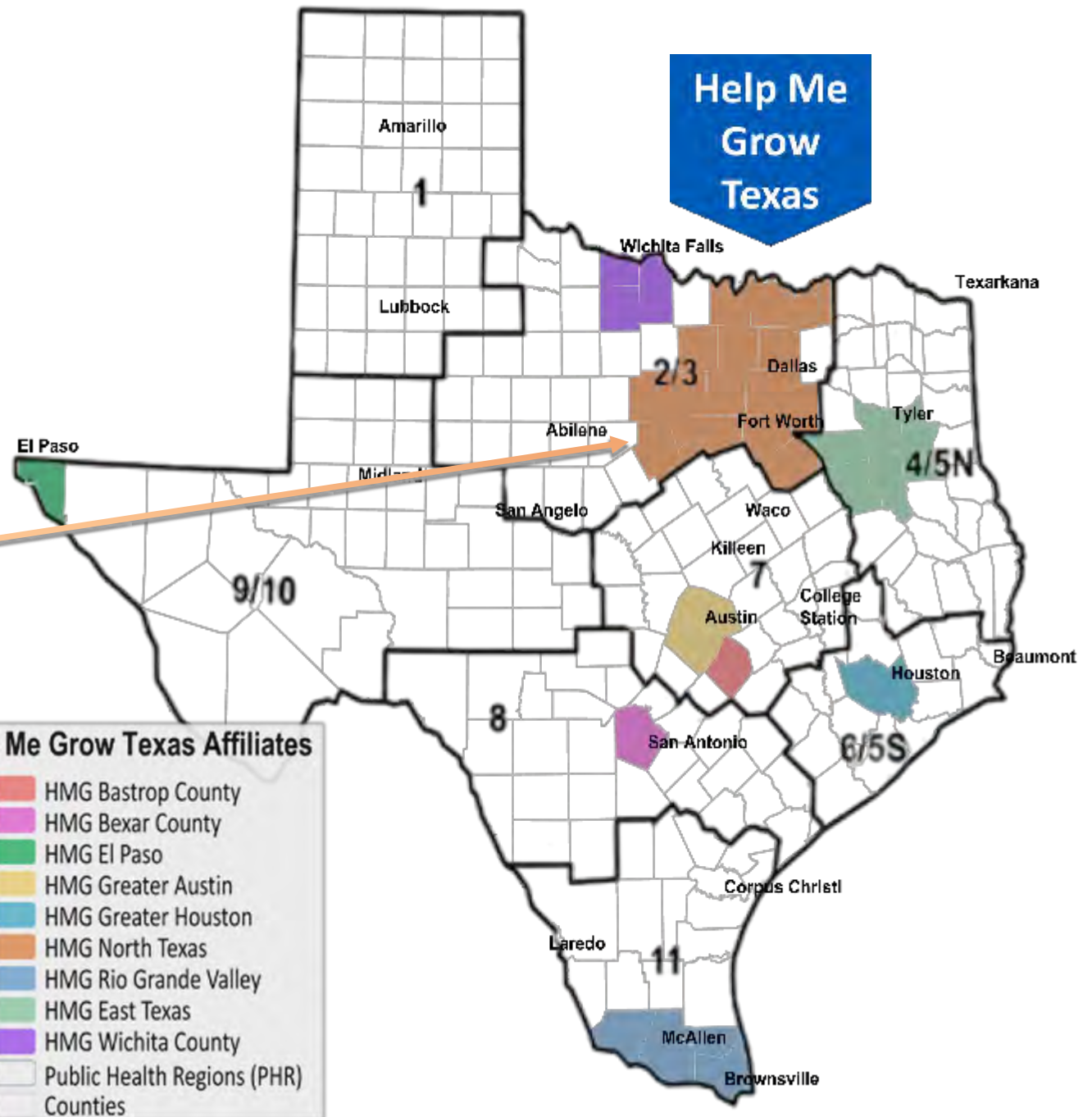
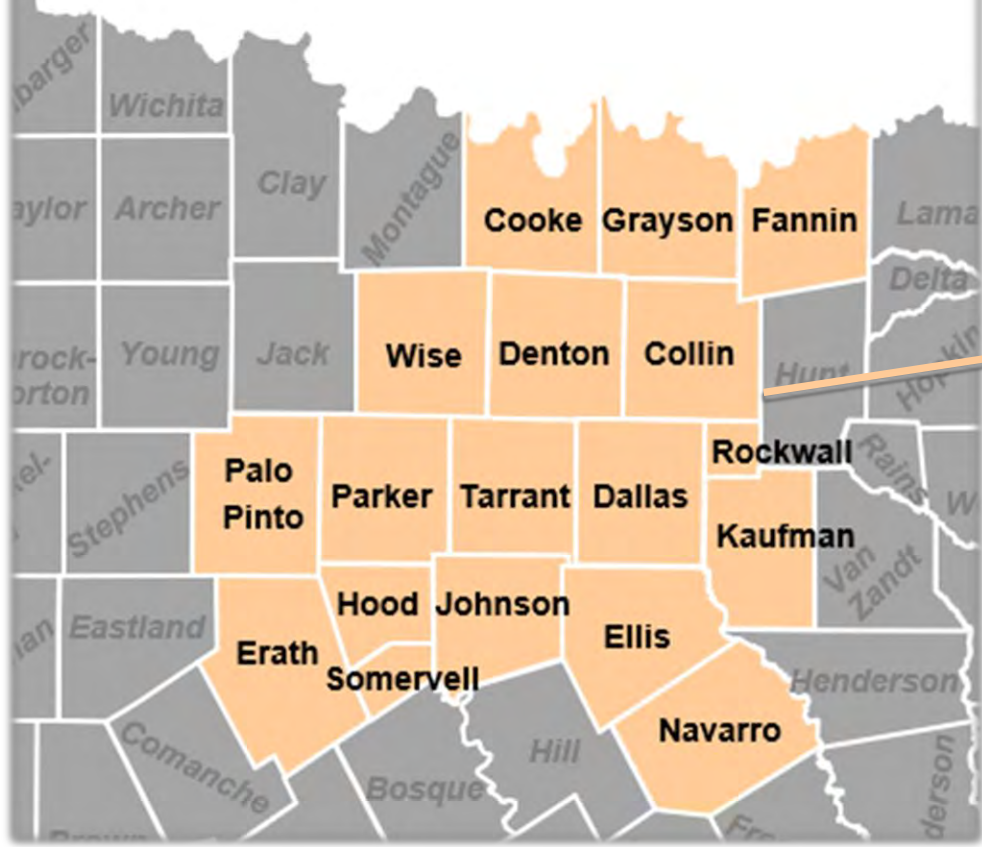
# Data Collection & Analysis (continued)

- Monitor referrals for early care and education with anticipated family engagement and education, resulting in higher demands for high-quality childcare
- Analyze current home-visiting programs and match to needs identified through screening data
- Determine through Child Find data if the utilization of universal screenings is a value to Part B and Part C programs through enhancement of higher-quality referrals
- Conducting Family Impact Surveys for families calling Help Me Grow to assess level of satisfaction and support to the family



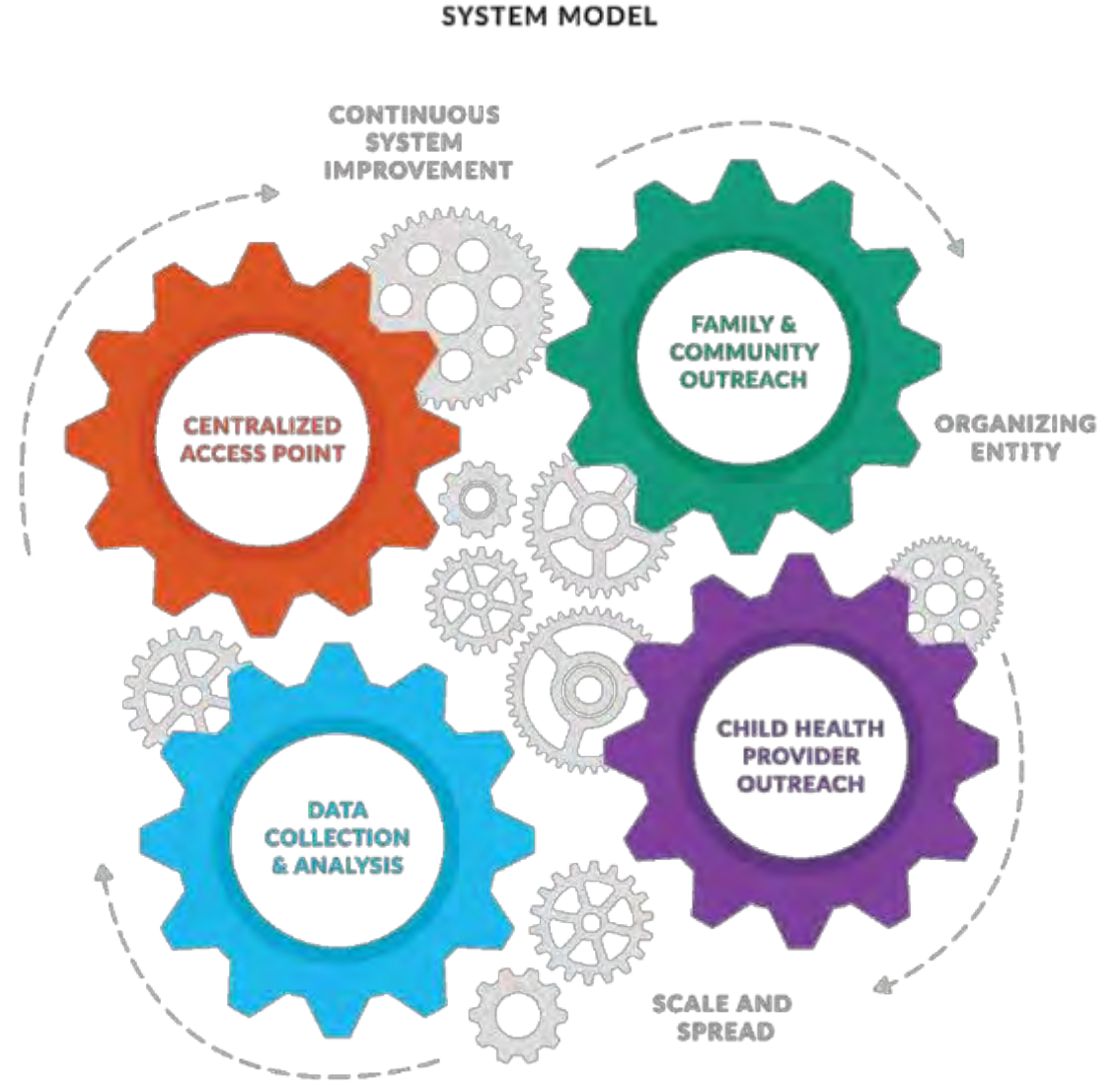
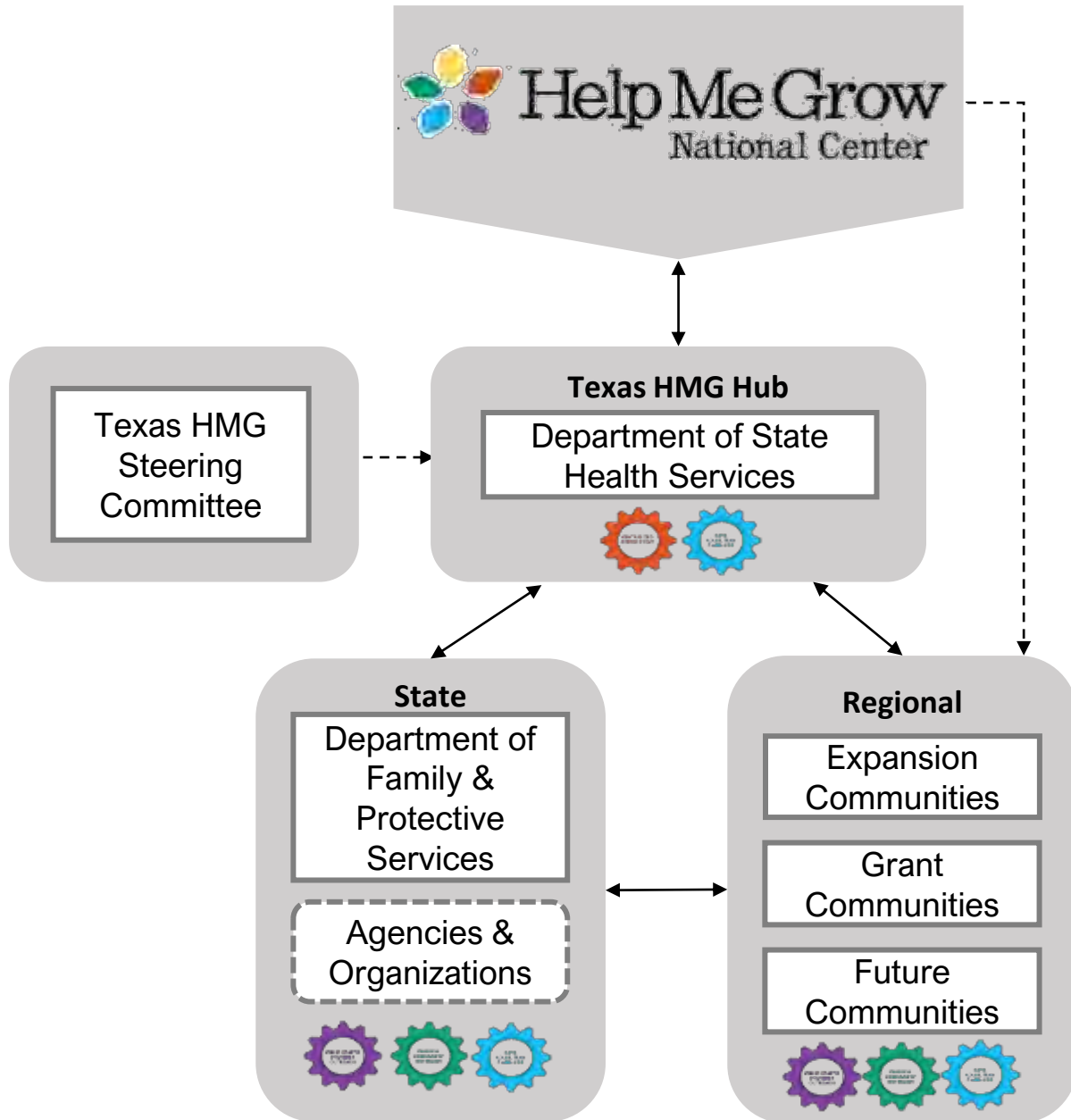


# Help Me Grow North Texas



- Help Me Grow Texas Affiliates**
- HMG Bastrop County
  - HMG Bexar County
  - HMG El Paso
  - HMG Greater Austin
  - HMG Greater Houston
  - HMG North Texas
  - HMG Rio Grande Valley
  - HMG East Texas
  - HMG Wichita County
  - Public Health Regions (PHR)
  - Counties

# Texas Framework





Prenatal up to age 6  
1-844-NTX-KIDS

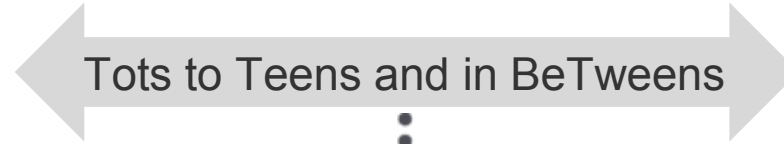


Ages 6 up to 18  
1-844-NTX-TEEN





Prenatal up to age 6  
1-844-NTX-KIDS



Ages 6 up to 18  
1-844-NTX-TEEN

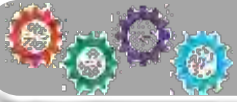
## Funding:

- Texas Department of Family & Protective Services
- Texas Health & Human Services - Early Childhood Intervention (ECI)
- Texas Department of State Health Services - Title V Maternal and Child Health
- Pritzker Children's Foundation

## Funding:

- Health Resources & Services Administration (HRSA)
- Substance Abuse & Mental Health Services Administration (SAMHSA)
- County - American Rescue Plan Act (ARPA)
- Local Funds and Foundations

# Systems of Care: Early Childhood Wellness Council -and- Mental Health Connection



## System Frameworks: Help Me Grow -and- Help Me Thrive

### Continuum of Services

Universal Navigation

Intensive Navigation

#### Promotion

Universal Healthcare Integration
HealthySteps / Family Connects
Universal Screening / Physical / Mental Well-Being
School / Child Care Center Enrichment
Navigation - SDOH Screening - Developmental Screening
Family Voice / Youth Voice
Provider Support / Workforce Development
Trauma-Informed System
Outreach / Marketing

#### Prevention

MHC Consultation Classroom
Targeted Home Visiting
Targeted Integrated Care
Groups - Integrated
Assessment and Referral
Trauma-Informed Practices
Mental Health Consultation - Targeted Population
Targeted Outreach

#### Intervention

Individual Counseling / Dyadic Approaches
Outpatient Services
Specialized Therapy / Training / Rehab
Comprehensive Individual / Family Plans
Early Childhood Intervention - ECI

#### Crisis

YES Waiver / Intensive Wrap Around Services
Crisis Assess Center
Adolescent Crisis Respite
Residential Treatment Center
Secure Crisis Respite
Out of Home Placement

### Data & Evaluation



# STRATEGIC PLAN 2022-2023

**Mission:** Empower and strengthen families

**Values:** We CARE • Connect • Access • Resources • Empower

**Vision:** Through connections and trusting relationships, we support families and children in reaching their hopes and dreams

**Guiding Principles:**

- Trust-Based Relational Intervention (TBRI®)
- National Family Support Network (NFSN)

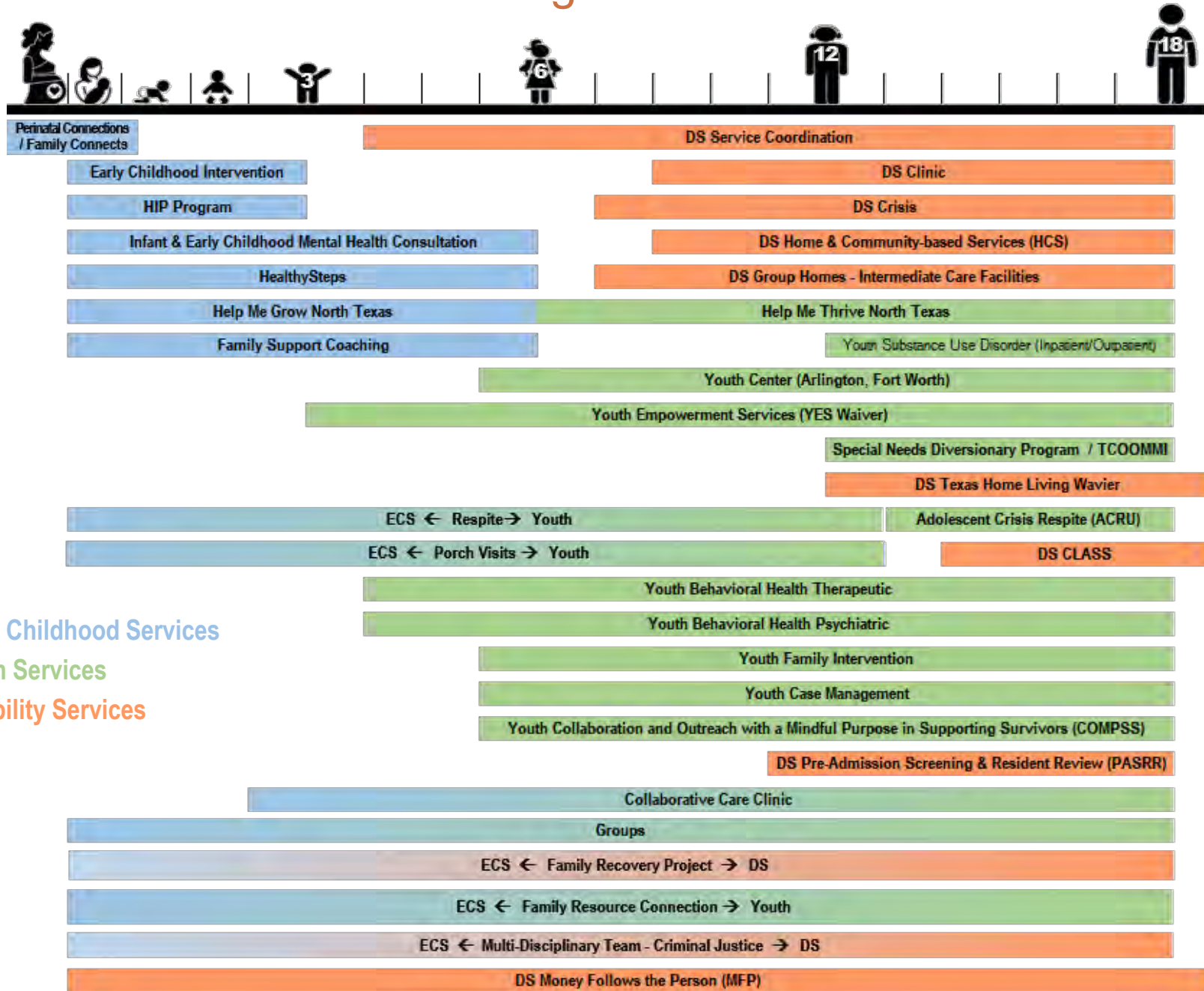
## System Framework: Help Me Grow (HMG) / Help Me Thrive (HMT)

Centralized Access & Navigation	Family & Youth Engagement	Provider Support & Training	Data Evaluation & Outcomes	Organizing Entity	Scale & Spread	Continuous Quality Improvement
Link HMT navigation and HMG	Family and youth voice guide team	All staff trained on NFSN and TBRI	Reports available to staff	Create HMT with Mental Health Connection	Collaborative programs with partner agencies	Ensure fidelity with evidence-based practices
Specialized assessment teams and navigation in community	Groups for all ages	Staff support through teaming/supervision	Use data to identify gaps in services	Enhance timely business practices	Align marketing with HMG and HMT	Systemwide TBRI®
Assist families with accessing benefits	Family leadership council expanded for all ages	Create internship recruitment and supervision	Ensure all available revenue is billed and secured	Address gaps in services with innovation	Encourage partner participation in HMT/HMG	NFSN guiding principles operate as foundation
Timely scheduling and entry into services	Youth Advisory Council	Mental Health Consultation for all LPHAs (MH)	Enhance focus on meeting outcomes	Family friendly facilities	Community alignment includes inter/intra agency	Embrace CARF, CCBHC, NCQA best practices
Crisis Response Team for schools	Review plans with families regularly	Cross-train within division	Utilize audit results to improve practices	Fiscal mapping and braiding of funds	Participate in local, state, national partnerships	Honor commitments with funders
Continuous feedback loop/updating resources	Utilize motivational interviewing and coaching	HealthySteps Learning Collaborative	Electronic Health Record (EHR) enhancements	Create HMG/HMT alignment	Regional Family Connects	Efficacy; Effectiveness; Efficiency

## Continuum of Services: Comprehensive Services for all Families, Children and Youth

<p>Integrate full continuum of services (promotion, prevention, intervention, crisis support) into community settings</p>	<p>Create Complex Treatment and Diagnostic Team (Arena Assessment, Mentoring, ABA)</p>	<p>Healthy Outcomes through Prevention &amp; Early Support (<b>HOPES</b>) program eligibility enhanced to include intensive intervention</p>	<p>Create additional partner opportunities for protecting youth in trafficking program</p>
<p>Create opportunities that strengthen the family through providing services in naturally occurring routines and environments</p>	<p>Expand crisis respite opportunities in partnership with community (varied levels of acuity needs)</p>	<p>Expand perinatal and postpartum depression supports and services</p>	<p>Clinical integration of behavioral healthcare support with community primary medical providers/school nurses</p>
<p>Education strategies are individualized and in partnership with schools (AVID, least restrictive, teaming)</p>	<p>Utilize primary service approach to teaming with coaching/consultation</p>	<p>Strengthen case management focusing on Social Determinants of Health (<b>SDOH</b>)</p>	<p>Create Family Connects North Texas regional sub-system in partnership with community</p>

# MHMR Child & Youth Programs



= Early Childhood Services

= Youth Services

= Disability Services



## Child & Family Connections



Prenatal  
up to  
6 years

## Early Childhood Intervention



Birth  
up to  
3 years

## Specialized Services



Birth  
through  
17 years

## Youth



6  
through  
17 years

*Back to its Roots...*

# The System of Care Approach



The **Philosophy** is an approach based upon a set of core values and principles that in turn offer the foundation for service systems and the services provided

**Infrastructure** includes governance structure and processes; financing for a wide range of services and supports; formal and informal partnerships among child-serving agencies, providers, families, and youth; provider networks; and the system's capacity for planning, evaluation, workforce development, and quality improvement

**Services & Supports** include the specific interventions with children, youth, and families at the service delivery level that are consistent with the system of care values and principles

# Core Values

System of Care  
Values are...

Family-driven & Youth-guided

Community-based

Culturally & Linguistically Competent

# 10 GUIDING PRINCIPLES

1. Access to array of services - cross-sector
2. Individual service plan
3. Least restrictive, natural environment
4. Full participation of families / caregivers
5. Integrated and coordinated services
6. Case management and navigation
7. Early identification and intervention
8. Smooth transitions
9. Rights protected / advocacy
10. Equitable services / responsive to cultural differences



# SAMHSA System of Care Grant

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**Purpose:** Help Me Grow (HMG) / Help Me Thrive (HMT) System of Care is to establish an expanded system of comprehensive, coordinated, and community-based services that are family-centered, trauma-informed, and evidence-based.

## **Evidence-Based Practices:**

- Trust-Based Relationship Intervention (TBRI®)
- Nurturing Parenting Program
- Parent Cafés and Youth Cafés

**Services:** Navigation and parenting groups

**Development:** Family Resource Center (Ellis County)





# Health Resources & Services Administration (HRSA) Grant

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Pediatric Mental Health Care Access










New Area Expansion / Expansion +

9/30/2022 to 6/30/2026

# Crossover Services

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- Help Me Grow / Help Me Thrive  SAMHSA System of Care
- Perinatal Connections
- Family Support Coaching
- Infant & Early Childhood Mental Health Consultation (IECMHC)  Texas Department of Family & Protective Services - Healthy Outcomes through Prevention & Early Support (HOPES)
- Help Me Grow / Help Me Thrive  American Rescue Plan Act (ARPA)
- Help Me Grow / Help Me Thrive
- Perinatal Connections  Philanthropic Funding
- Help Me Grow  Texas Department of State Health Services - Title V; Pritzker
- Infant & Early Childhood Mental Health Consultation (IECMHC)  SAMHSA
- Fort Worth ISD / Help Me Thrive Navigation  ARPA / Elementary & Secondary School Emergency Relief (ESSER)

# The Power of Union is Strength

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**Crabs**



**Ants**



**Penguins**



# Cross-System Approach

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*Thank you for being on this journey with me!*

We still have much...

- To Learn
- To Do
- To Hope For



ANY  
QUESTIONS?



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My Health My Resources of Tarrant County

Fort Worth, Texas

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thank  
you