



Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)

End of Year Progress Report

**Reporting Period:
March 1 – September 30, 2015**

Mental Health Promotion Branch
Division of Prevention, Traumatic Stress and Special Programs
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
Department of Health and Human Services

Section 1. PROJECT IDENTIFICATION AND KEY CONTACTS

Project Identification Information

- A. Please note the year that your grant was awarded.
September 2012
- B. Grant Number: 5H79SM061297-03
Project Name: Florida Project LAUNCH
Grantee Organization: Florida Department of Children and Families

Grantee Staff Contact Information

- A. Project Director (Cohort I, II, & IV: State or Tribal; Cohort III: Local)
Name/Title: William Hardin, Manager, SAMH Operations Unit
Email: William.Hardin@myflfamilies.com
- B. Persons completing this form (if different from or in addition to the Project Director)
Name/Title: Lily Wells
Role: Young Child Wellness Expert
- Name/Title: Ji'Lynda Walls
Role: Young Child Wellness Partner
- Name/Title: Suzanne S. McAree
Role: Young Child Wellness Coordinator

Section 2, PART I: PROGRAM ACTIVITIES

Table 1. Screening and Assessment in a Range of Child-serving Settings

Briefly describe your approach to this strategy and list screening and assessment measures being used:

To ensure that screenings and assessments are completed in a range of child-serving settings, all contracted Project LAUNCH (LAUNCH) providers conduct the following:

1. Healthy Start (Parenting Education Provider): Parents as Teachers Plus (PAT+) Program provides home-based screening and assessment for children, utilizing the:
 - a. Ages and Stages Questionnaires, Third Edition (ASQ-3);
 - b. Ages and Stages Questionnaires: Social and Emotional(ASQ:SE);
 - c. Parents as Teachers (PAT) Developmental Milestones Chart;
 - d. PAT Health Record;
 - e. Infant Toddler-Home Observation for Measurement of the Environment (IT-HOME);
 - f. Home Safety Checklist;
 - g. Relationship Assessment Tool (RAT);
 - h. Edinburgh Depression Screening;
 - i. Perceived Stress Scale;
 - j. PAT+ Family Assessment;
 - k. Life Skills Progression; and
 - l. Fresh Start Smoking Cessation Tool.

2. Early Learning Coalition (ELC, Education Provider): Looking Beyond Behavior program provides screening and assessment in early childhood education centers, utilizing the:
 - a. ASQ-3;
 - b. ASQ:SE; and
 - c. Teaching Pyramid Observation Tool (TPOT).
3. Suncoast Center, Inc (Suncoast) provides screening and assessment on-site at the Community Health Centers of Pinellas (CHCP, Federally Qualified Health Center) utilizing the:
 - a. ASQ:SE;
 - b. ASQ-3;
 - c. Modified Checklist for Autism in Toddlers (M-CHAT);
 - d. Intake and Program Orientation
 - e. Bio Psychosocial In –Depth Assessment
 - f. Treatment Plan-Goals
 - g. Adverse Childhood Experiences (ACES) which measures the number of adverse experiences for adults over 18 years of age that may correlate with medical conditions and behavioral health issues.
 - h. Sensory Checklist- used to determine if a referral for occupational therapy is warranted.
 - i. CD-RISC-10- which is the Connor-Davidson Resilience Scale 10, which assesses resiliency integrating a depression screening, perinatal depression screening, domestic violence screening and substance abuse screening.
 - j. Patient Health Questionnaire (PHQ-9);
 - k. Vanderbilt Assessment Scale;
 - l. Institute for Health and Recovery’s Integrated Peers, Parents, Partner, Past, Present (IHR 5P);
 - m. Behavioral Health Assessment; and
 - n. Case Management Assessment.
4. Operation PAR: Nurturing Parenting Program assessments to parents at support group meetings held at CHCP, utilizing the:
 - a. Parent Stress Survey; and
 - b. Protective Factors Survey.

A. Major Activities and Accomplishments

For the reporting period, LAUNCH exceeded all targets for screening and referral outcome indicators in Federal Fiscal year (FFY) 2014-2015.

Table 1. Transformation Accountability (TRAC) Infrastructure Development Indicators

Transformation Accountability (TRAC) Infrastructure Development Indicators		
Indicator	FFY 2014-2015	
	Goal	Actual
The number of individuals screened for mental health or related interventions.	60	556
The number of individuals referred to mental health or related services.	30	151

B. Challenges/Barriers

Providers report a few current challenges to the provision of services. The main challenge is participant access to transportation, which has been a persistent problem facing the target community. In response, some providers have been able to expand in-home services, improving access to referred treatment services. Participation in community based parenting programs, follow-up on referrals, and compliance with appearing for medical services, continues to be a struggle for many families. Providers report high demand for late afternoon and evening in-home appointments, therefore these times fill quickly. Parents who are employed report difficulty balancing parental responsibilities in

the evenings when some provider activities are offered.

C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)

Brookes Publishing released the Ages and Stages Questionnaire: Social Emotional, Second Edition (ASQ:SE2) in 2015. LAUNCH will be recommending the new edition of the tool, and will be using outreach about the tool as an opportunity to promote universal social emotional screening.

D. Lessons Learned

Providers and the Local Council have also been unable to establish a data sharing protocol to facilitate follow up on assessments and reduce duplication of screenings. However, they have been able to develop some efficient referral processes through fax and telephonic communication. Success has been possible primarily due the networking and development of professional relationships between the project providers. With provider participation in the Local Council meetings, face-to-face communication and knowledge sharing has improved completion and follow up on referrals.

E. Activities Planned for the Next 6 Months

Suncoast, 211 Tampa Bay Cares, and other local providers are developing a plan to create a data bridge for providers using a common electronic health record platform. While not all area providers use this platform, this plan could serve as a model for further data system integration.

The Councils will be working with LAUNCH staff and other partners to promote universal screening using the ASQ:SE2. Some LAUNCH providers report using this tool to confirm suspected developmental challenges. Screening is effective at identifying those children experiencing challenges who might not be readily identified otherwise. LAUNCH will be partnering with providers to expand universal application of the tool and promoting this practice to providers adopting the tool.

LAUNCH will develop a requested content page for medical providers on screening for perinatal/caregiver depression to be used by 211 Tampa Bay Cares.

Table 2. Integration of behavioral health into primary care settings

Briefly describe your approach to this strategy and identify any program models or EBPs being implemented. Include ages of children being served:

From March through June, CHCP subcontracted with Suncoast to provide behavioral health integration services on-site at the CHCP Pinellas Park location. The contract for behavioral health integration services was transitioned directly to Suncoast beginning July 1, 2015. Integration services continue to be provided on-site at CHCP, and consumer experience is consistent with prior services. Suncoast provides and has trained CHCP medical staff to provide developmental, social emotional screening and assessment for children ages 0-8; screening for domestic violence, trauma, depression and anxiety, substance abuse, and other challenges for their parents; and brief intervention, as well as referrals for material needs and deeper-end treatments and services. Additionally, the Suncoast LCSWs provide training and daily consultation to primary care staff. Suncoast performs outreach to elementary schools and child care centers in the area, participates in neighborhood back to school events, and collaborates in community and hospital screening days. In addition to on-site services, Suncoast has been able to offer families behavioral services in-home, both through LAUNCH and other funding sources, reducing barriers for families who need brief intervention or further treatment.

Additionally, the Suncoast LCSWs provide co-facilitation for the Nurturing Parenting Support Groups described in Table 5. The relationships that the Suncoast LCSWs have built with Lealman families enable them to refer families to these and other parent skills and support programs, as well as recruiting families to serve in mentoring and

advocacy roles, including engagement with the Local Council.

A. Major Activities and Accomplishments

- Suncoast has maintained two LCSWs for the Pinellas Park location, pursuant to contract.
- Suncoast has maintained a behavioral health case manager at the Pinellas Park location, pursuant to contract.
- Suncoast serves a case load of 26 LAUNCH-funded children and 28 primary caregivers. In addition to clinical services, these professionals offer technical assistance to the primary care providers to improve their screenings skills and knowledge of local resources for behavioral health referrals.
- Suncoast staff have participated in 3 training opportunities relevant to behavioral health integration.

B. Challenges/Barriers

The transition in providers has changed the way Suncoast and CHCP communicate on consumer cases. The Suncoast LCSWs previously used the same electronic health record as the medical staff, which is no longer possible due to contracting changes. The staff report they are consulting on cases and that in-practice communication is still robust. However, the screening and referral numbers reflect consumers served on Suncoast case loads plus screening events rather than all Lealman families screened at CHCP.

C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)

The above contracting change occurred due to provider willingness to accept required DCF contract terms.

D. Lessons Learned

The relationships that have been developed between the CHCP providers, the Suncoast Center behavioral staff, and the Early Learning Coalition have demonstrated that collaboration and the building of supportive relationships results in an increase in the number of referrals to early intervention programs for consumers.

E. Activities Planned for the Next 6 Months

Suncoast will be working to expand behavioral health integration activities to include collaboration with the Pinellas County Health Department and other local healthcare providers.

Suncoast in planning to expand community events to increase screening and referrals for LAUNCH-funded and other area services.

Suncoast will continue to work with other area providers to develop a data bridge for their common electronic health record system.

Table 3. Enhanced home visiting through increased focus on social and emotional well-being

Briefly describe your approach to this strategy and identify any program models or EBPs being implemented. Include ages of children being served:

Healthy Start Coalition of Pinellas is contracted to provide home-based services to LAUNCH families. Parents as Teachers Plus (PAT+) is a home visiting model serving expectant families and families with children birth to age three. The model is included in the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP). It was developed in 1981 through a grant initiative by the Missouri Department of Education and Secondary Education and is applicable to children ages birth to age five of diverse ethnicities in rural and suburban settings such as Pinellas County.

Parent educators travel to a family’s home to provide health information, child development information, and parent skills training. The program focuses not only on the physical development of the child but also social and emotional development. The parent-child bond and a nurturing environment are emphasized, so that the child’s exposure to trauma is minimized. PAT+ encourages access to a pro-social environment for parents through Group Connections, which are family education and networking groups. Staff also provides biweekly Seeking Safety support groups to parents with a history of trauma and substance abuse. Seeking Safety is a present-focused coping skills model for individuals with co-occurring disorders. Seeking Safety is listed in NREPP and is effective for men and women, adolescent through elder age groups, and from diverse ethnic and geographic backgrounds. PAT+ provides referrals to promote safe and healthy social supports, such as neighborhood centers, community activities, and organizations.

A. Major Activities and Accomplishments

The PAT+ program continues to employ a full-time Licensed Mental Health Counselor. This clinician provides in-home clinical services to families, especially related to trauma, relationship issues, depression, and anxiety, at no additional cost to LAUNCH.

B. Challenges/Barriers

The main barrier PAT+ consumers face is transportation to additional referred services such as behavioral health treatment, medical care, and educational or employment services. This is not a challenge to PAT+ services, as those are delivered in-home, but it prevents some consumers from receiving additional care. PAT+ is able to offer bus passes to their participants.

C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)

None to report.

D. Lessons Learned

Participants are benefiting from the in-home clinical services that address trauma, relationship issues, depression and anxiety. In-home services eliminate the obstacles that many participants encounter when they are in need of these services and have limited resources and young children in their care.

E. Activities Planned for the Next 6 Months

PAT+ will continue to collaborate with CHCP to provide access to affordable medical care and address transportation issues families experience in attending medical appointments.

PAT+ will facilitate LAUNCH-funded Seeking Safety training for area providers, increasing capacity to aid coping for consumers with co-occurring disorders and trauma histories.

PAT+ will continue to encourage families to engage in Local Council and other advocacy opportunities.

Table 4. Mental health consultation in early care and education

Briefly describe your approach to this strategy, including any program models being implemented.

Identify settings in which services are being delivered and ages of children being served:

LAUNCH has developed a model for ECMHC that cements a partnership between the ELC coaching staff and the Suncoast LCSWs. The primary population to be served is the child care centers served through ELC. ECMHC services will be provided along with the ELC coaching and training in a package of services to those child care

sites. The LCSWs join the Coaches in initial informational meetings to describe the service component, and descriptions would be included in all flyers, mailings, and advertising for services to early childhood programs through LAUNCH. The LCSWs visit the child care sites as needed, and independently, to provide consultative services to teachers. Additionally, regular provider meetings include cross referencing services to early childhood sites in the area, as well as seeking opportunities to maximize the services among other providers.

ECMHC services are offered to other sites in the Lealman area through referral from the Inclusion Specialist at ELC and community outreach as identified above. Suncoast LCSWs will also be reaching out to centers that have expressed interest in ELC coaching but have hesitated to participate. The LCSWs will be able to address challenges in the centers, and introduce practices that are consistent with the ELC model. As the centers implement those practices, they may be encouraged to utilize the intensive classroom coaching offered by ELC to support the deeper work of ECMHC.

The partnership between Suncoast and ELC has led to smooth referral processes and shared problem solving in addressing the lack of understanding of this service in the pilot community.

A. Major Activities and Accomplishments

The Suncoast LCSWs have attended ELC training sessions to engage with child care center directors and instructors. They have also performed outreach to area centers and elementary schools to increase interest in ECMHC services.

Suncoast has received 3 referrals for ECMHC services from area child care centers.

B. Challenges/Barriers

ECMHC is fairly unknown and misunderstood by providers in Pinellas County. In Lealman, service delivery requires substantial education to child care centers on the potential impacts of the model as well as differentiating it from the Pyramid model that can support but not replace ECMHC. LAUNCH will be working with partners at the state and local levels to increase awareness of this model and subsequently utilization of it.

C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)

None to report.

D. Lessons Learned

The low number of requests for ECMHC services indicates a need to perform more intensive outreach to area child care facilities regarding the service model and the impact it can have on classroom success and long-term outcomes for children.

The State Council Goal 2 workgroup has developed a plan for a Learning Collaborative to support capacity building in ECMHC and reflective supervision. This training and ongoing supervision process will occur alongside the initiation of a core infrastructure team that will access technical assistance to steer further efforts to solidify LAUNCH efforts to provide sustainability for the expansion of ECMHC practice in Florida. The plan was developed in response to analysis of the multiple challenges facing the practice in Florida, and the importance of having clinical professionals and supportive infrastructure developed concurrently for a successful implementation.

Partners at the Department of Health (DOH) and Florida Association of Healthy Start Coalitions are investigating options for using ECMHC models to incorporate infant mental health principles into Florida home visiting services. LAUNCH has invited these and other partners to participate on the multi-agency core infrastructure team for the Learning Collaborative. Adding the consultation to home visiting model to the Learning Collaborative will give expanded practice opportunities to potential clinical applicants.

E. Activities Planned for the Next 6 Months

Suncoast will perform outreach to additional child care centers and elementary schools to develop requests for services.

ELC will refer centers hesitant to enroll in Pyramid to Suncoast for outreach on ECMHC.

LAUNCH will implement the ECMHC Learning Collaborative, offering intensive clinical training and supervised peer reflective sessions along with technical assistance for the core infrastructure team.

By the end of the training and ensuing reflective phase, clinical participants will be able to:

- Recognize their individual areas of strength and growth related to competency in infant/early childhood mental health consultation;
- Differentiate between a consultative approach and other mental health interventions;
- Identify next steps for integrating this approach in their work; and
- Develop a peer-to-peer network of support.

The goals of the core infrastructure team may include:

- Complete and disseminate DCF Office of Substance Abuse and Mental Health (SAMH) ECMHC Guidance Document to provide comprehensive information on the practice;
- Establish statewide infant mental health endorsement program in collaboration with the Florida Association for Infant Mental Health (FAIMH);
- Revise DCF SAMH Financial Rule to clarify ECMHC service provision for Managing Entity reimbursement;
- Develop clear protocol around Medicaid substitution codes or waiver in collaboration with the Agency for Healthcare Administration and the Medicaid Manage Care Organizations;
- Develop strategy for capacity building in infant mental health clinical practices in collaboration with FAIMH, higher education, and the Managing Entity provider network;
- Explore alternative funding structures to guarantee programmatic delivery and alternatives to fee-for-service; and
- Develop and implement and outreach campaign to improve public, provider, and clinician understanding of ECMHC.

Table 5. Family Strengthening and parent skills training

Briefly describe your approach to this strategy including any program models or EBPs being implemented. Include ages of children being served:

LAUNCH continues to prioritize the engagement with families on the Local Council, and in initiating the Nurturing Parenting skills training. LAUNCH continues a partnership with the Juvenile Welfare Board of Pinellas (JWB) to strengthen the Family Oriented Concept Unified to Serve (FOCUS) community partnership with faith-based and advocacy organizations to promote family and community resilience by increasing access to services in the Lealman Corridor, Largo, Seminole, and Pinellas Park communities. The Adopt-a-Block initiative has grown and FOCUS volunteers canvas Lealman Corridor neighborhoods offering practical assistance to residents (e.g., home maintenance) and providing information about local services, including LAUNCH-funded services. This sustained effort is designed to build trust among the residents in the long-term commitment of these community partners and encourage community solutions to resident challenges. Adopt-a-Block is expanding to new communities, and will replicate the success achieved in Lealman.

The Nurturing Parenting Support Group is offered through an integrated partnership between Operation PAR, Suncoast, and CHCP serving residents of the Lealman Corridor. The support group model utilizing the Nurturing

Parenting curriculum is designed to meet the complex needs of parents in the Lealman Corridor. Each cycle consists of eleven weekly sessions for parents of children in the target population. Groups will be held to a maximum of ten families with a minimum of three. This is a closed group, with entry restricted to weeks one to three. The timing and structure for the groups are set to maximize success for families. A concurrent group for participants' children is held while the parents meet, which utilizes components of Incredible Years programs to increase children's social and emotional competencies. Incredible Years is a training intervention for parents, children, and teachers supporting parent child interactions for children 0-12 and is listed in NREPP. The Children's group is led by one of the LAUNCH-funded on-site LCSWs and the LAUNCH-funded Case Manager. The LAUNCH Nurturing Parenting Support Group is co-facilitated by the other LAUNCH-funded LCSW and the Operation PAR, Inc. Prevention Specialist, a Nurturing Parenting certified facilitator. Co-facilitation permits family crises to be identified and addressed immediately, ensuring access to needed additional services.

A. Major Activities and Accomplishments

The local YCWC has benefited from the attendance of two parents who have been participating in the monthly council meetings. One of the parent members has started a Mom's Coffee Monday parent support meeting that is scheduled on a bi-weekly basis and is held conveniently at the Lealman and Asian Neighborhood Family Center. The director of the LANFC has been very supportive and accommodating. The Local Council and local coordinator provides LAUNCH fliers and any needed support, but the group and outreach are under the control of the parent leaders. Parents who attend the group are welcome to have their children attend with them. At this time, the group is for women only, because the parent who started the group had experienced domestic violence and has elected to provide a safe space for mothers. The local coordinator is working to identify a parent who is interested in starting a similar group for fathers, or for mixed parents.

LAUNCH has contracted with Federation of Families of Florida to implement a parent mentorship training: Parents on a Mission. Ten parents have been recruited for the training which includes an initial session and supervision hours to support parent mentors as they develop their skills. These mentors will become an important asset to the Lealman Corridor and the network of parent advocacy that LAUNCH is fostering.

Operation PAR received additional funding to expand the Nurturing Parenting Support Group service. LAUNCH funded a facilitator train-the-trainer in August 2015 to support further use of this curriculum to support parent skills.

B. Challenges/Barriers

Parent engagement in the Local Council meetings remains a challenge despite offering child care and other incentives. The most frequently cited reasons that parent attendance is irregular is due to issues with childcare or conflicts with activities that their children are involved in. Parent engagement will be a primary theme at the annual Abuse, Neglect and Dependency Committee (AND) conference in April 2016. LAUNCH is planning to partner with the AND Committee to sponsor a speaker and training to expand the development of innovative engagement activities.

C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)

None to report.

D. Lessons Learned

The families in the Lealman Corridor face such complex needs that even the incentives offered and access to child care are insufficient to attract them to the Local Council meetings and other engagement opportunities. Partner organizations cite high stress due to lack of resources, transportation, and basic needs as the key challenge for families. When child care is available, parents are motivated to use the opportunity to de-stress rather than utilize services. As LAUNCH continues to implement services, the Local Council will be seeking opportunities to build connections with local partners to assist families in meeting their basic needs and improving the community. As

these needs are met, parents will be better equipped to access services.

Operation PAR utilizes mini focus groups at all community events to assess interest in parenting services and convenient locations and times. As a result, Operation PAR is now delivering the Nurturing Parenting support group during morning hours.

E. Activities Planned for the Next 6 Months

LAUNCH staff will provide support to the Local Council and parent representatives in their process of developing a parent support group. The parents initiating the support group have received services from Suncoast, and have a relationship with the behavioral staff from the program. Suncoast staff support the parents as they address barriers to the success of this group. The lessons and leadership skills from this support group will help parent representatives implement a local parent advisory council.

The LAUNCH-funded parent mentor training program will continue and the Local Council will support the mentors as they develop their skills and support other Lealman parents.

LAUNCH will partner with the 2016 Pinellas Abuse, Neglect, and Dependency Conference to bring a state expert in parent engagement to offer a robust workshop for local providers and parents.

The Florida Baby Court Team project has expanded to Pinellas County, and LAUNCH will collaborate to connect the existing network of services to this new initiative.

Table 6. Teaching Pyramid with Positive Behavior Supports

Briefly describe your approach to this strategy including any program models or EBPs being implemented. Include ages of children being served:

LAUNCH provides ongoing support for child care centers through contract with ELC. The instructor coaches provide instruction, materials, and guidance to incorporate principles of the Pyramid model and Positive Behavior Supports into classrooms to promote social emotional development of all children, better enable instructors to respond to problematic behavior, and identify and refer children who need exceptional assistance. The model used through the last center cohort was the Program for Inclusive Early Care and Education model, described in previous reports, which had been implemented on a 6-month cycle. The feedback from center directors and instructors, as well as the reports from the coaches, indicate that the 6-month cycle was not long enough for centers to reap the full benefits of the program.

Additionally, through the relationship with LAUNCH, ELC determined more focus on trauma and working with trauma-based behaviors was needed. As they return to a year-long model, the coaches will be aligning PIECE with a new initiative Looking Beyond Behavior (LBB). LBB enhances service delivery with more intentional trauma informed care practices using the Conscious Discipline curriculum. Conscious Discipline is a social emotional learning program designed to create to a classroom environment of safety, connection, and problem solving instead of relying on external punishment and rewards to control behavior. Conscious Discipline is listed in NREPP and is effective preschool through high school classrooms. The LBB trainers are fully funded by ELC's School Readiness budget, and is provided as an overlay to LAUNCH services.

Another new component to the program is the infusion of family engagement practices. ELC has also included stipends to participating centers in the new program design. Each center receives a quarterly stipend for the following: family engagement, materials, leadership team attendance at trainings, and implementation of school wide practices. Per the grant guidelines, these stipends are in the form of gift cards that are distributed to the

program participants when they attend training and/or during coaching visits.

A. Major Activities and Accomplishments

Six child care centers and 20 instructors participated in the PIECE cohort ending May 2015. Nine centers and 28 instructors are participating in the cohort beginning July 2015

Center instructors report that they now feel more comfortable with their skills in managing challenging behavior in the classroom setting. Staff knowledge resulting from their training has facilitated referrals to therapeutic services.

Coaches participated in 4 trainings relevant to behavioral health topics. Both coaches also became certified through the University of Florida Lastinger Certified Instructional Coach program.

B. Challenges/Barriers

The number of children being identified through the Early Learning Coalition that fall within the top tier of the Pyramid model is currently limited. Further examination of this may lead to the identification of possible inconsistencies between child caring centers, and their staff, in their level of identifying these children at the earliest stages of behavioral challenges.

ELC provides the ASQ:SE to children at the child care centers, but in response to indication of concern. LAUNCH will be working with ELC to expand screening delivery to all children.

C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)

Intentional inclusion of trauma informed care principles described above.

D. Lessons Learned

Lealman Corridor child care centers experience a great deal of staff turnover. The ELC decision to provide coaching to whole centers, especially directors, has been well received. Future data will demonstrate whether this strategy is effective for implementing Pyramid in multiple center classrooms and ensuring that the skills achieved through coaching are preserved and used to train new staff at these centers.

E. Activities Planned for the Next 6 Months

ELC will be working closely with Suncoast to refine strategies for delivering ECMHC and PIECE with LBB to area centers. The relationship between these partners is key to increasing understanding of the need for ECMHC as well as increasing referrals to deeper-end services for families.

ELC will be increasing their focus on parent engagement, seeking to identify and support a parent representative to the Local Council, but also working with child care instructors to better communicate with families about strategies for responding to child behavior and connections to local resources.

Section 2, PART II: SCOPE & BREADTH OF SERVICES

Question 1. If you have not yet implemented any one or more of the 5 required Project LAUNCH strategies (above), please explain what your challenges have been and what your plans are for overcoming those challenges and implementing these strategies in the future (including time frame).

All strategies have been implemented. Referrals for ECMHC services have been low, and ELC and Suncoast are working with LAUNCH staff to increase understanding of the service and referrals.

Question 2. Have your activities addressed the needs of young children across the entire age range of birth to 8 years? If not, what ages have not been covered, why, and what plans do you have for addressing the needs of children in this age range in the future (including time frame)?

LAUNCH activities are reaching children aged birth to 8 years.

Section 2, PART III: INFRASTRUCTURE & SYSTEMS CHANGE ACTIVITIES

1. Briefly describe highlights of your workforce development activities during the past six months:

LAUNCH has co-sponsored the following conference professional development opportunities:

- 2015 Child Abuse Prevention Conference by Abuse, Neglect and Dependency Committee of Pinellas;
- 2015 National Faith Symposium; and
- 2015 Florida First 1000 Days Summit.

Local workforce development provided by LAUNCH have included:

- Nurturing Parenting Program Train the Trainer,
- Responding to Trauma-Based Behaviors Training for Mental Health Professionals,
- Responding to Trauma-Based Behaviors: For Educators Working with Young Children,
- Trauma-Informed Care – Helping Children Overcome: For Parents of Young Children,
- Motivational Interviewing Basic and Advanced,
- Parents on a Mission Peer Mentor program, and
- Healing HeARTS Parent Training.

The evaluations for these development activities revealed concepts participants were most excited to share with others (selected responses):

- Science of the brain and child development, effect of trauma/adverse childhood experiences on brain development;
- Importance of empathy, understanding, and relationship building in child development and positive discipline;
- Bothering behavior does not equal misbehavior;
- Importance of co-parenting and a broadened concept of co-parenting to include all family, moms or dads in jail, foster parents, home visitors, pre-school teachers etc.;
- Understanding trauma and triggers in behavior – children and parents;
- Self-reflection on provider behavior, moods, stress and home happenings and having these conversations with staff;
- Providers are facilitators, not enforcers, of client change;
- Sharing time and attention with each child; and
- Importance of listening to children.

Participants also shared the topics participants requested additional training on (selected responses):

- Applying trauma-informed strategies, hands-on techniques;
- Successfully implement a training group for parents of young children and teens;
- Nurturing Parenting for parents of children with special needs and significant behavior problems;
- Outreach to families, schools, neighborhoods;
- Communicating with parents, teachers, and administration to increase understanding and implement trauma-informed care philosophies in the classroom;
- Co-parenting, roles of fathers, and helping children through challenging experiences; and
- Motivational Interviewing coach, consultant, or mentor program to help implementation.

LAUNCH will be working with local and state partners to leverage resources to meet these training requests in sustainable ways.

In addition, contracted providers have participated in different trainings or workshops on topics that included the following:

- Working with Families with Severe Mental Health Disorders;
- 2015 Drug Summit: Impacts of Prescription Drugs;
- University of Florida Lastinger Certified Instructional Coach program;
- Autism Training;
- Pediatric Grand Rounds at All Children's Hospital on the topic of Early Childhood Mental Health; and
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training.

2. Briefly describe highlights of your public education/social marketing activities over the last six months:

- LAUNCH co-sponsored the National Faith Symposium, delivering an introduction that featured information about early childhood services and policies in Florida, funding a keynote focusing on faith-based services for families experiencing substance abuse, and providing multiple workshops relevant to LAUNCH principles, particularly a session featuring the Adopt-a-Block program offered with LAUNCH support in the Lealman Corridor with partners JWB, FOCUS, and the Florida Dream Center.
- LAUNCH co-sponsored the Florida First 1000 Days Summit, delivering several days of workshops, research presentations, and panel discussions providing intensive information about early childhood initiatives, evidence-based practices, and public policy issues to inform home visitors, clinicians, medical staff, and other early childhood professionals and expand work on family engagement, citizen advocacy, and unite professionals around a policy platform that will support sustainable services and improve child wellbeing in Florida.
- A quarterly LAUNCH email update has been developed to keep local and state stakeholders informed about current LAUNCH activities and community trainings which are beneficial to the local area and state community as a whole. The email also includes a section for parent resources and information about local providers and what services they are providing.
- LAUNCH has partnered with Adopt-a-Block to provide information about local services to Lealman residents as well as participating in community block parties, back to school events, and community screening days where information about services and child wellbeing are shared.

3. Briefly describe your efforts to collaborate with substance abuse prevention and substance abuse treatment providers or experts in your community if any have been undertaken in the last six months:

Operation PAR, a substance abuse treatment provider, has been instrumental in the development of the parent skills training component for LAUNCH. Their willingness to undertake integrated activities has created the Nurturing Parenting Support Groups, which has continued to be a vital piece of the Lealman Corridor system of care. Operation PAR has also expanded this service in the pilot community by securing non-LAUNCH funding to offer additional group sessions.

At the state level, LAUNCH has partnered with the Substance Abuse Block Grant Pregnant and Parenting Women (PPW) workgroup to analyze and improve the data Florida collects on substance abuse services for PPW consumers. LAUNCH has also been contributed to PPW workgroup efforts to improve outreach in order to promote substance-free pregnancies, increase the number of women seeking treatment during and immediately following pregnancy, and increase the number of women receiving services within the first trimester of pregnancy.

4. Briefly describe your 2-3 greatest accomplishments in creating improvements to the early childhood system in your state/territory/tribe/community in the last six months:

1. Partnership with the DOH School Health program and the Department of Education has provided regional

workshops tailored to school health personnel and the school community leaders. The presentations were intended to shape modifications of School Health Advisory Committees and Wellness Committees strategies based on resources and knowledge building topics including: children's mental health including trauma-informed care and improved coordination of services through Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET) and Youth Mental Health First Aid Overview through Project Aware. . Ongoing technical assistance will be provided throughout next year to aid committees in implementation of updated plans. This training is provided through leveraging state resources at no additional cost to LAUNCH.

2. Parent engagement at the local and state levels have continued to advance as more parents participate in Council activities. One local parent has initiated a mother's support group with LAUNCH support, advancing parent-led activities in the pilot community. Some providers have successfully incorporated incentives for participants who attend after-hours trainings into their budgets.
3. Integrated projects with the Florida First 1000 Days Coalition, including the 2015 summit and follow-up social marketing planning, are targeting public awareness and policy action on early childhood issues. This initiative and the ECMHC Learning Collaborative plan depend on the success LAUNCH has had in building agency will to blend funding and activities to accomplish shared goals.

5. Briefly describe your 2-3 greatest challenges in creating improvements to the early childhood system in your state/territory/tribe/community in the last six months and what you have done or will do to overcome these challenges:

1. Florida continues to face challenges in the development of shared data systems to reduce duplication of screenings and smooth referrals. LAUNCH has been collaborating with Florida Help Me Grow, 211, and Suncoast at the state and local levels to identify and implement solutions.
2. Staff turnover presented more challenges in the last six months, but efforts taken to speed transitions and identify candidates already engaged with the pilot community and providers were effective in reducing the impact of staff changes.

6. Briefly describe any ways in which successful LAUNCH strategies or practices are being replicated, expanded or implemented in other communities in your state/territory/tribe, or elsewhere (please specify) as a result of this grant:

In the last year activities have included training coordination with SEDNET, School Health, Project Aware and the Department of Education to provide trainings to school health personnel and the school community on the importance of children's mental health through the development of strong school health advisory committees. LAUNCH was integral to the development and planning of the regional workshops and topics presented. Regional Workshops were delivered over Fall 2015 on Youth Mental Health First Aid, Trauma-Informed Care and resources to improve coordination of series for children at-risk for emotional/behavioral disabilities.

Within the coming year LAUNCH and SEDNET will develop web-based training for school staff. These trainings will be available on-demand throughout the year. LAUNCH will also be working with SEDNET to develop in-person training for the Summer Academy (June 22-23, 2016) put on by Department of Education. This profession development opportunity is centered on integrated health education benchmarks including mental and emotional health. LAUNCH efforts will be focused on incorporating Positive Behavior Supports and Responding to Trauma Based Behaviors for Teachers. These activities expand on the successful local professional development efforts for teachers and early care and education instructors.

7. Please identify any areas for which you would like to request technical assistance at this time, either program or evaluation-related.

- Improving parent engagement at the Local Council level; and
- Return on investment analysis of program activities for use to enhance program adoption by other state agencies and departments.

Section 3: BRIEF VIGNETTES

VIGNETTE #1:

A physician at CHCP consulted with the Suncoast LCSW regarding services for an identified family. The case manager was able to enroll the family immediately into LAUNCH services. The mother Sylvia reported she does not have transportation and a friend drove her family to their appointment today. The LCSW informed Sylvia in addition to office based services she is able to provide in home counseling services and would be available during evening hours when the entire family was home. The case manager connected Sylvia to a self-sufficiency program and eventually she was able to purchase a car and move into more affordable housing.

The LCSW completed all appropriate assessments with Sylvia and her children Julio and Maria. A treatment plan was established with identified goals. During individual brief intervention the LCSW worked with Sylvia, who presented with symptoms of moderate depression, providing her with tools to improve her level of functioning and well-being. Daughter Maria is now enrolled in child care and Julio is working with the LCSW in managing his anger and practicing self-control strategies. During services, Sylvia joined the Nurturing Parenting Support Group to increase her parenting skills and has been attending Young Child Wellness Council meetings. Sylvia started a mother's support group at the Lealman Asian Neighborhood Family Center.

VIGNETTE #2:

PAT+ has served a mother, father and infant in the Lealman area for approximately 1 year. The mother has left the home, unable to manage her addiction. However, the father has worked diligently with the program to learn how to care properly for his child and help the child meet his developmental milestones. The child was born premature and has recently met all developmental milestones. The father has severe mental health issues including PTSD and is on Methadone as well as psychiatric medication. He has been slowly reducing his dependence on Methadone. The child has been placed in day care funded through collaboration with JWB.

Section 4: STRATEGIC PLAN

Project LAUNCH grantees should revisit and update Strategic Plans annually, with the exception of the first year of the grant.

A. See attached state and local plans.

B. State Strategic Plan Revisions:

State stakeholders developed revisions to refine the focus of the state plan, developing an achievable scope of activities and reflecting accomplishments made through partner initiatives. Specific revisions include refining the focus of Goal 3 to emphasize implementation of the ECMHC Learning Collaborative. As collaboration has increased, some activities have been identified as duplicative. Goal 1 has been revised to reflect stakeholders' identification of caregiver depression screening and referral to treatment as a gap in the focus of statewide initiatives. Other revisions demonstrate the overlap of planned activities with other LAUNCH workgroups. Further refinements will be made in 2016 to reflect successful collaborative strategies and specialization of LAUNCH to complement and not replicate other initiatives. Remarks reflect progress on activities and workgroup comments for future revisions.

Local Strategic Plan Revisions:

The most significant changes to the Local Strategic Plan in the past six months were required following a change in contracted providers. Specifically, this occurred when CHCP did not renew their contract and services were contracted through Suncoast Center, Inc. in July, 2015. Revisions to language in parent-related goals better reflect principles of protective factors and strengths of parents.