



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

**End of Year Progress Report
Florida**

**Reporting Period:
January 1 – September 30, 2013**

State of Florida Department of Children and Families
Substance Abuse and Mental Health

Linking Actions for Unmet Needs in Children’s Health (Project LAUNCH) End of Year Progress Report

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: 1H79SM061297-01
Project Name: Florida Project LAUNCH
Grantee Organization: Florida Department of Children and Families

Grantee Staff Contact Information

- A. Project Director
- Name/Title: Laurie Blades, Principle Investigator
Email: laurie_blades@dcf.state.fl.us
- B. Persons completing this form (if different from or in addition to the Project Director)
- Name/Title: Phyllis Stolc, Young Child Wellness Expert
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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 assessment tools 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) : Teaching Pyramid with Positive Behavior Supports (PBS) Program provides screening and assessment in early childhood education centers, utilizing the:
 - a. ASQ-3; and
 - b. ASQ:SE.
 3. Community Health Centers of Pinellas (CHCP, Federally Qualified Health Center): screen and assess in the primary health care setting, utilizing the:
 - a. ASQ:SE;
 - b. ASQ-3;
 - c. Modified Checklist for Autism in Toddlers (M-CHAT);
 - d. Vanderbilt Assessment Scale;
 - e. Behavioral Health Assessment; and
 - f. Case Management Assessment.

A. Major Activities and Accomplishments

For the reporting period, LAUNCH exceeded all targets for screening and referral outcome indicators in Federal Fiscal year (FFY) 2012-2013.

Table 1. Transformation Accountability (TRAC) Infrastructure Development Indicators

Transformation Accountability (TRAC) Infrastructure Development Indicators		
Indicator	FFY 2012-2013	
	Goal	Actual
The number of individuals screened for mental health or related interventions.	50	195
The number of individuals referred to mental health or related services.	10	177

B. Challenges/Barriers

A challenge LAUNCH has encountering is sharing screening or assessment results among the various providers. This is complicated both logistically by the lack of a common information technology infrastructure, and also by privacy and confidentiality requirements pursuant to the Healthcare Insurance Portability and Privacy Act (HIPPA), Family Education Rights and Privacy Act (FERPA) and the confidentiality requirements of the Code of Federal Regulations (CFR) and Florida Law.

Two existing Projects—the Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grant in Florida and the Florida Help Me Grow screening initiative—are developing multi-agency databases as a component of their respective grant requirements. These databases can be accessed with the completion of appropriate consumer releases of information, and are being explored as options for LAUNCH to use.

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

The target population for LAUNCH is a family experiencing parental substance use disorders. In the

grant application, the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model is identified as the programmatic component for implementing wider scale screening, using the Institute for Health and Recovery's Integrated Peers, Parents, Partner, Past, Present (IHR 5P) screening tool. This is to be coordinated through the primary care provider, CHCP, by on-site Licensed Clinical Social Workers (LCSW) employed by Suncoast Center, a community mental health center. SBIRT, in its most basic form is the delivery of a validated screening tool appropriate for the population, to determine the need for additional information. This is not a rigorous clinical protocol and does not substitute the clinical judgment of either the physician or a behavioral health clinician. The Department chose this model as the theoretical construct for ensuring that medical staff at CHCP use their individual clinical expertise with the best available behavioral health screening tool.

The development of clinical skills and decision making that includes behavioral health concerns as a consideration in the primary health care setting is the goal. The Department will support this development through training and technical assistance.

D. Lessons Learned

Currently, many of the screening tools used by the providers in the pilot area only target the early development of young children. The Local Council will identify and implement additional screening tools that focus on school age children by the end of FFY 2013-2014 (September 30, 2014).

E. Activities Planned for the Next 6 Months

Over the next six months, planned activities include:

- The Local Council and providers will work with Florida Help Me Grow and MIECHV to implement multi-agency data sharing in the pilot area and develop appropriate releases for LAUNCH families.
- LAUNCH staff will facilitate training and technical assistance to support CHCP in substance use screening.
- LAUNCH staff and the Local Council will identify screenings that are appropriate for school-age children.

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:

CHCP and Suncoast Center are partnering to implement behavioral health services at CHCP's Pinellas Park location targeting children 0-8 years old. Services that have been added at this location include developmental, social/emotional screening and assessment, and individual and family therapy.

A. Major Activities and Accomplishments

- CHCP and Suncoast have hired two LCSWs for the Pinellas Park location, pursuant to contract.
- CHCP added a behavioral health case manager at the Pinellas Park location, pursuant to contract.
- The LCSWs have a case load of 35 LAUNCH-funded children and the case manager has a case load of 23 LAUNCH-funded children. 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.

B. Challenges/Barriers

The addition of behavioral health staff for consumers who are LAUNCH-eligible occurred following contracting in May 2013. It is too early to note either successes or challenges related specifically to the deployment of LAUNCH-funded clinicians to CHCP.

However, as a Federally Qualified Health Center, it is assumed CHCP has had behavioral health staff on-site prior to LAUNCH collaboration. As with many services, challenges relate to consumer access through a variety of external barriers such as transportation and child care.

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

None

D. Lessons Learned

CHCP is learning that engaging with families earlier facilitates better implementation of integrated care. This is specifically relevant in the contexts of prenatal care and pediatric care when earlier engagement can prevent negative outcomes.

E. Activities Planned for the Next 6 Months

CHCP will continue providing integrated medical and behavioral health services. LAUNCH staff will deliver public presentations to reduce stigma surrounding mental health services.

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 3. 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 0-5 of diverse ethnicities in rural and suburban settings such as Pinellas County.

Parent educators travel to the family's home to provide health information, child development information, and parent skill 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. The program also provides referrals to promote safe and healthy social supports, such as neighborhood centers, community activities, and organizations.

A. Major Activities and Accomplishments

- Two parent educators have been hired by Healthy Start and trained in the PAT+ parenting education model to serve families through LAUNCH.
- In FFY 2012-2013, PAT+ served:
 - 30 young children age 0-3
 - 52 caregivers

B. Challenges/Barriers

- PAT+ has limited access to child care slots with local childcare providers. Additional child care is needed for participating families to achieve their goals.
- The Group Connections events, which are part of the PAT+ model, are not well attended.

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

The PAT+ program is now using the Life Skills Progression tool as part of the family assessment and the Relationship Assessment Tool (RAT) due to the requirements of the Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program. The PAT+ program Family Assessment has subsequently been revised to reduce duplicative information gathering.

D. Lessons Learned

PAT+ parent educators are identifying trauma exposure in many of the caregivers served. In response, the program is including Seeking Safety, a trauma-focused approach to substance use disorders, in their service delivery. Other providers in the pilot area have subsequently requested training in the Seeking Safety model to increase their capacity for trauma-informed care.

E. Activities Planned for the Next 6 Months

- The Local Council will partner with area child care providers and funders to provide additional child care slots for use by LAUNCH families.
- The Local Council will work with PAT+ staff to increase attendance in their Group Connections events through social marketing.
- LAUNCH is partnering with the MIECHV grant staff to fund Seeking Safety training for area providers by the end of the second grant year (September 30, 2014).

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 will implement mental health consultation (MHC) beginning in July 2014. The Local Council will identify the provider who will hire a clinician as the consultant. LAUNCH staff will be guiding the planning process in partnership with the Local Council to ensure sustainability after the grant has ended. To accomplish this, planning for the position will include consideration of transitioning from grant funding to community-based funding. During FFY 2012-2013, LAUNCH surveyed Florida communities that have implemented MHC to for technical assistance, especially for leveraging for community-based funding. This will inform the Local Council's implementation of MHC.

A. Major Activities and Accomplishments

- LAUNCH contracted with Florida State University's Center for Prevention and Early Intervention Policy (CPEIP) to complete a statewide survey on the delivery of MHC throughout Florida.
- CPEIP delivered a professional summit discussing survey results and provide additional MHC trainings.
- The survey identified:
 - Communities where MHC services are available;
 - Funding sources for MHC;
 - Populations being served;
 - Qualifications of consultants;
 - Opportunities for billing Medicaid or insurance; and
 - Barriers to services.

B. Challenges/Barriers

MHC is anticipated to be on schedule; however, implementation remains a challenge for the community.

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

As the Local Council implements the grant, MHC may need to be adjusted for the needs of the community.

D. Lessons Learned

LAUNCH staff will facilitate technical assistance for the Local Council from other providers in Florida who have implemented MHC.

E. Activities Planned for the Next 6 Months

During the next six months, LAUNCH staff will work with the Local Council to design a MHC model. The Local Council will:

- Identify the appropriate provider for this service;
- Establish relationships necessary to implement MHC in the selected child-serving settings; and
- Develop a permanent funding plan for the position.

The MHC consultant will be hired in July 2014, after the start of the State Fiscal year (SFY). However, planning for the MHC consultant and its role in the system of care will be completed prior to this date.

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 contracted with the Juvenile Welfare Board of Pinellas County (JWB) to coordinate family strengthening and parent skills training. JWB partnered with Operation PAR, a substance abuse provider, to provide the Nurturing Parenting Program. Nurturing Parenting is a training curriculum that provides families at risk of abuse and neglect with parenting practices that promote positive child development and offer a practical alternative to neglectful or abusive practices. Nurturing Parenting was developed by the Family Nurturing Center of Asheville, North Carolina and is listed in SAMHSA's NREPP. It is indicated for use with adults ages 26-55 of diverse ethnic backgrounds and living in urban, suburban, and rural settings. The program features self-nurturing, home practice exercises, family nurturing time, and activities to promote positive brain development in children.

The Nurturing Parenting training will be offered at a community center in the pilot area. This program is marketed for parent empowerment and skill building, rather than focusing on deficits. Operation PAR is targeting families with children birth to age 8 to fulfill LAUNCH requirements. The provider may also implement additional trainings from the Nurturing Parenting series, such as Nurturing Fathers, according to community interest.

A. Major Activities and Accomplishments

Operation PAR has attended meetings in the community to introduce their services, establish a relationship with a community center within the pilot area where the trainings can be provided, and meet with families to begin recruitment.

B. Challenges/Barriers

Operation PAR has had difficulty recruiting families for the program. They have requested additional funding to pay for recruiting costs. Local Council will determine if this is the most effective way to accomplish family participation in Nurturing Parenting.

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

In the grant application, LAUNCH planned two training cycles of Nurturing Parenting during each grant year. JWB intended to contract with Operation PAR to provide two training cycles to community parents by June 30, 2013. Operation PAR determined it was not possible to complete the required trainings during the time period. The contract with JWB was extended through December 2013 to allow more time to complete the training. JWB reduced their involvement in the LAUNCH grant once their other deliverables were complete, reporting that the amount of the contract did not cover their administrative costs and level of effort. JWB was not reimbursed for incomplete deliverables. Due to the challenges in recruiting parents for the training and the delays in implementation, training was not delivered during FFY 2012-2013.

Because of their prominence in the community and experience funding early childhood services, LAUNCH is negotiating a new agreement with JWB to increase their involvement with the project. The delivery of two Nurturing Parenting training cycles per year remains a high priority for LAUNCH. The

Department is exploring options for ensuring training delivery.
<p>D. Lessons Learned</p> <p>LAUNCH will be careful to ensure that deliverables can be completed within the timeline set forth by the contract.</p>
<p>E. Activities Planned for the Next 6 Months</p> <p>LAUNCH staff will work with Operation PAR to ensure that the training is offered without further delay and that two cycles are completed by the end of the second grant year (September 30, 2014). In collaboration with the provider, the Local Council will increase family participation.</p> <p>Once Nurturing Parenting services begin, Operation PAR will utilize the following screening and assessment tools in community centers.</p> <ol style="list-style-type: none"> a. ASQ-3; b. ASQ:SE; c. Strengths and Difficulties Questionnaire (pre and post-intervention assessment); and d. Global Appraisal of Individual Need (GAIN).

Table 6. Teaching Pyramid and Positive Behavior Supports in early care
<p>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:</p> <p>The Early Learning Coalition (ELC) has used the Teaching Pyramid with Positive Behavioral Supports (PBS) in Pinellas County child care centers prior to LAUNCH. Teaching Pyramid was developed by the Vanderbilt University Center on the Social and Emotional Foundations for Early Learning and incorporates the PBS approach to promoting pro-social behavior. ELC serves children ages birth through 5. LAUNCH funding has enabled this program to serve twelve child care centers in the pilot area. During coaching, at least one educator and the director from each center are instructed on principles of the PBS model. The original program design prescribes six to nine months of coaching for educators. ELC is extending program delivery to one year, allowing the specialists to coach educators through a gradual incorporation of PBS and provide assistance for educators and students with the most serious needs.</p>
<p>A. Major Activities and Accomplishments</p> <ul style="list-style-type: none"> • ELC has hired two specialists to work with area early learning educators. • The specialists recruited twelve child care centers to participate and have been training and coaching educators in the model. • Specialists are screening children using the ASQ-3 and ASQ:SE, and referring children for further behavioral health evaluations or services as needed.
<p>B. Challenges/Barriers</p> <p>Because the program requires a one-year commitment from centers, some centers are unable to participate. Staff turnover has been reported as a reason that centers have declined to participate.</p>

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

LAUNCH has contracted with ELC to fund two specialist positions. The grant application anticipated changing one of those positions into the MHC position, but the Local Council may elect to maintain both specialists and add the mental health consultant through alternate funding.

D. Lessons Learned

ELC is developing a methodology for following up on all referrals made by their staff.

E. Activities Planned for the Next 6 Months

During the next six months, ELC will complete PBS coaching with the twelve centers. Following this, coaching will be expanded to additional educators in the current centers. The Louis de la Parte Florida Mental Health Institute (FMHI) will assess the effectiveness of the one-year PBS model.

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).

LAUNCH will implement FFY 2013-2014 activities on schedule. The challenges and plans for the implementation of two strategies have been described previously.

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)?

To date, LAUNCH activities have primarily addressed the needs of young children and families ages birth to five. The State and Local Councils recognize the importance of addressing the needs of children ages 6-8. The Local Council and LAUNCH staff are currently building relationships with area schools and local organizations that serve school-aged children.

Section 2, PART III: INFRASTRUCTURE & SYSTEMS CHANGE ACTIVITIES

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

All LAUNCH-funded professionals have been trained to conduct screenings and assessments. Additionally, trainings have been offered to professionals in the surrounding area, including the LAUNCH-funded Strengthening Families group leader training. A Professor of Psychology and Director of the University of South Florida St. Petersburg Family Study Center delivered a webinar on infant mental health that was available for statewide participation. Forty-seven people participated. In partnership with CPEIP, LAUNCH hosted a summit on early child mental health consultation. Seventy-four early childhood professionals attended. LAUNCH funding trained 161 people in mental health related practices in FFY 2012-2013, which exceeded the goal of 110.

In partnership with the Florida Association for Infant Mental Health, Florida Help Me Grow, the Florida Early Childhood Comprehensive Systems grant, the MIECHV grant, and other organizations, LAUNCH State and Local Councils are helping to develop core competencies for early childhood professionals and training opportunities for the child-serving system.

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

A web-page describing LAUNCH is accessible through the Department’s website. The infant mental health webinar that LAUNCH funded was promoted for public participation through the Florida Alcohol and Drug Abuse Association (FADAA).

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 provider, delivers a variety of substance abuse prevention and treatment services and is an active member on the Local Council.
- Healthy Start PAT+ serves pregnant women and mothers experiencing substance use disorders, supporting them in achieving recovery.
- Local LAUNCH partners in child welfare work directly with substance abuse providers to fast-track treatment for families in the child welfare system.
- Representatives from FADAA, a membership association representing community-based substance abuse and co-occurring treatment and prevention agencies, and DISC Village, a substance abuse provider, serve on the State Council.
- LAUNCH staff are exploring additional partners such as the Area Health Education Center at the Florida State University College of Medicine who could share expertise on addressing substance use in primary care and leverage partnerships for training delivery.

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

The following represents the Department’s interpretation of greatest accomplishments. For future reports, the Local Council will be invited to note their greatest accomplishments as well.

Exceeding FFY 2012-2013 goals, the following outcomes have been accomplished:

Table 2. Transformation Accountability (TRAC) Infrastructure Development Indicators

Transformation Accountability (TRAC) Infrastructure Development Indicators		
Indicator	FFY 2012-2013	
	Goal	Actual
The number of people receiving evidence-based mental health-related services as a result of the grant.	50	372
The number of people in the mental health and related workforce trained in mental health-related practices/activities that are consistent with the goals of the grant	50	161
The number of (new) organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.	10	57

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

The following represents the Department's interpretation of greatest challenges. For future reports, the Local Council will be invited to note their greatest challenges as well.

The divergence in Federal Fiscal planning and Florida's budgeting process the beginning of services. This included delays in hiring LAUNCH staff and executing contracts with providers. This also affected the relationship between regional Department and the community in their attempt to build a strong Local Council.

The State and Local Councils have been challenged by the need to engage families and caregivers. State Council members representing the Office of Early Learning and Healthy Families Florida are working to develop a Parent Ambassador training which will pair an agency employee with a parent or caregiver and train them. This training will be available from January 2014 and participants are being identified.

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

Due to the challenge noted previously, Launch is not yet in a position to identify best practices or innovative strategies for replication.

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

State and Local Council members, providers, and staff have identified the following:

- Engaging with families as agents of change;
- Creating true integration of services out of collaboration and referral; and
- Coalition building.

Section 3: BRIEF VIGNETTES

These vignettes represent fictionalized composites and do not represent any individuals receiving services funded through the Florida Department of Children and Families.

VIGNETTE #1:

Consumer "L" is a mother who was referred to the PAT+ program through a prenatal screening at the Pinellas County Health Department. She has a history of bipolar disorder and opiate use. PAT+ began working with her in May and she delivered her baby in September 2013. She received prenatal care and then primary care for her and the baby through the community health center. The coordinated care received at the health center assisted in her high risk pregnancy and continued methadone maintenance afterward. The center is within walking distance of her home, which reduces barriers to care.

L feels the staff members at CHCP are helpful. She has not relapsed, and though she is still on methadone, she has reduced her dosage. She is afraid to quit completely as she is afraid she might relapse if she does. L is eager to see if she can restart her bipolar medication. She has been referred to the LCSW and psychiatrist through the LAUNCH collaboration. L has found that the partnership between agencies has provided the support she needs to stay on the road to recovery and provide a healthier home for her baby.

VIGNETTE #2:

A 4 year old girl named “J” was seen by a pediatric provider at CHCP. J has Autism and has been receiving developmental services for two years. Her mother brought her in for an annual wellness appointment and voiced concerns about verbal and physical aggression.

During the appointment, the pediatric provider brought the case manager in to discuss the concerns that had been identified. The case manager recommended a full behavioral health assessment, and using an integrated electronic health record, scheduled an appointment for further assessment with the LCSW. The case manager consulted with the LCSW the next day regarding the concerns J’s mother expressed.

After the assessment, the LCSW recommended weekly appointments for family and individual therapy for up to six months. The LCSW reviewed the case with the pediatric provider to discuss the possible need to refer for psychiatric services if the aggression does not subside within the next few weeks. The LCSW and case manager have been instrumental in enabling the pediatric provider to support J’s mother. Being able to access behavioral health services in the familiar setting of the community health center has helped this family as they cope with her complex needs.

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. Please attach a copy of your updated or revised Strategic Plan(s).

See Attachment D for revised local strategic plan.

- B. In narrative form, please briefly describe significant changes that were made to your Strategic Plan this year (e.g. goals accomplished, new priorities set, revised goals based on program successes or challenges, etc.)

The state strategic plan was developed with the collaboration of a variety of stakeholders through both formal and informal meetings, review of existing state plans, and the findings from the environmental scan. The state plan was approved in FFY 2012-2013. There are no revisions at this time.

The local strategic plan was submitted to SAMSHA, but needed significant revisions in order to align project goals to the five core strategies of the grant. The revision was approved October 30, 2013.

Attachment A: FEDERAL FINANCIAL REPORT

FEDERAL FINANCIAL REPORT (Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DHHS/SAMHSA/CMHS		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 12SM61297A				Page of 1 pages	
3. Recipient Organization (Name and complete address including Zip code) Department of Children and Families Office of Revenue Management 1317 Winewood Boulevard, Building 2, Suite 404 Tallahassee, Florida 32399-0700							
4a. DUNS Number 604604350		4b. EIN 59-3458463	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) GLA01		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Project/Grant Period (Month, Day, Year) From: 09/30/2012 To: 09/29/2017				9. Reporting Period End Date (Month, Day, Year) 12/27/2013			
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>						Cumulative	
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts						258,945	
b. Cash Disbursements						258,945	
c. Cash on Hand (line a minus b)						0	
<i>(Use lines d-o for single grant reporting)</i>							
Federal Expenditures and Unobligated Balance:							
d. Total Federal funds authorized						766,865	
e. Federal share of expenditures						258,945	
f. Federal share of unliquidated obligations						0	
g. Total Federal share (sum of lines e and f)						258,945	
h. Unobligated balance of Federal funds (line d minus g)						507,920	
Recipient Share:							
i. Total recipient share required						0	
j. Recipient share of expenditures						0	
k. Remaining recipient share to be provided (line i minus j)						0	
Program Income:							
l. Total Federal program income earned						0	
m. Program income expended in accordance with the deduction alternative						0	
n. Program income expended in accordance with the addition alternative						0	
o. Unexpended program income (line l minus line m or line n)						0	
11.							
	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Indirect Expense		various	09/30/2012	09/29/2013	17,333	268	268
g. Totals:					17,333	268	268
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official Hayden Mathieson, Director Substance Abuse and Mental Health Services					c. Telephone (Area code, number, and extension) (850) 921-8461		
b. Signature of Authorized Certifying Official 					d. Email Address Hayden_Mathieson@dcf.state.fl.us		
					e. Date Report Submitted (Month, Day, Year) 12/31/2013		
14. Agency use only							

Standard Form 425 - Revised 6/28/2010
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

Attachment B: DETAILED BUDGET YEAR 2

A. Personnel:

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Young Child Wellness Expert (YCWE)	Phyllis Stolc	\$55,000	100%	\$55,000
Young Child Wellness Partner (YCWP)	Cindy Hutchens-Gueth	\$55,000	50%	\$27,500
Young Child Wellness Coordinator (YCWC)	Robert Williams	\$45,000	100%	\$45,000
			TOTAL	\$127,500

JUSTIFICATION: Describe the role and responsibilities of each position.

The YCWE is the key staff member of the Florida Department of Children and Families responsible for the project. This position is responsible for leading the implementation of the strategic plan to improve outcomes for young children through improved collaboration, integration, and infrastructure development, including oversight of local level activities. The YCWP is the key staff member of the Florida Department of Health responsible for co-leading the implementation of the strategic plan. The YCWC is a local staff member of the Florida Department of Children and Families in the SunCoast Region. This position is responsible for oversight of all local system of care activities to improve outcomes for young children through improved collaboration, integration, and infrastructure development.

FEDERAL REQUEST(enter in Section B column 1 line 6a of form SF424A) **\$127,500**

B. Fringe Benefits:

FEDERAL REQUEST

Component	Rate	Wage	Cost
FICA	1.45%	\$127,500	\$1,849
		TOTAL	\$1,849

JUSTIFICATION: Fringe Benefits include 1.45% FICA for OPS staff.

FEDERAL REQUEST(enter in Section B column 1 line 6b of form SF424A) **\$1,849**

C. Travel:

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Grantee Conference	Washington, DC	Airfare TLH to BWI	\$450/flight x 3 persons	\$1,350
		Airfare TPA to BWI	\$350/flight x 1 person	\$350
		Hotel	\$180/night x 4 persons x 2 nights	\$1,440
		Per Diem (meals and incidentals at state rate)	\$80/day x 4 persons x 2 days	\$640
Quarterly Site Visit	Tallahassee to Tampa	Hotel 1 night per trip	\$100 x 2 persons x 4 trips	\$800

Purpose of Travel	Location	Item	Rate	Cost
		Shared Rental Car	\$30 x 1 car x 8 days	\$240
		Per Diem (meals, gas, and incidentals at state rate)	\$145 x 2 people x 4 days	\$1,160
Local travel	Tampa	Mileage	\$0.445 / mile x 2,600 miles x 1 person	\$1,157
			TOTAL	\$7,137

JUSTIFICATION: Describe the purpose of travel and how costs were determined.

Grantee Conference: 4 Project staff will travel to the annual Project Launch Grantee Conference. Travelers will include 3 travelers from Tallahassee (YCWE, YCWP and PI) plus the YCWC from Tampa. Costs are based on web-based travel rates from Tallahassee and Tampa, respectively, to Washington DC. Quarterly site visit travel: 2 Project Staff (YCWE and YCWP) will travel from Tallahassee to Tampa quarterly to conduct on site-monitoring and planning activity. Local travel: Vicinity mileage for YCWC to attend Project meetings and coordinate with stakeholders as needed in Tampa. Mileage is estimated at 50 miles per week at the state standard of \$0.445/mile.

FEDERAL REQUEST(enter in Section B column 1 line 6c of form SF424A) **\$7,137**

D. Equipment:

FEDERAL REQUEST – (enter in Section B column 1 line 6d of form SF424A) **\$ 0**

E. Supplies: materials costing less than \$5,000 per unit and often having one-time use

FEDERAL REQUEST

Item(s)	Rate	Cost
Postage, per FTE	\$132 x 2.5 FTE	\$330
Printing and Reproduction, per FTE	\$121 x 2.5 FTE	\$303
Office Supplies, per FTE	\$385 x 2.5 FTE	\$962
	TOTAL	\$1,595

JUSTIFICATION: Office supplies, printing, and postage are needed for general operation of the project and are calculated at a state rate.

FEDERAL REQUEST – (enter in Section B column 1 line 6e of form SF424A) **\$ 1,595**

F. Contract:

FEDERAL REQUEST

Entity	Product/Service	Cost
Community Health Centers of Pinellas, Inc (CHCP) - see provider detail	Behavioral health integration services	\$237,577
Healthy Start Coalition of Pinellas County (HSCPC)	Parent Educator Home visiting Services	\$102,929
Juvenile Welfare Board / Children's Services Council of	Coordinated Services at the Neighborhood Center	\$39,272

Entity	Product/Service	Cost
Pinellas (JWB)		
University of South Florida / Florida Mental Health Institute (FMHI)	Program Evaluations	\$127,647
Early Learning Coalition of Pinellas County (ELC)	Early Child Mental Health Consultation Services	\$143,619
	TOTAL	\$651,043

JUSTIFICATION: CHCP is the Federally Qualified Health Center in Pinellas County. CHCP will provide the behavioral health integration services described in this application.

HSCPC is the Pinellas County Healthy Start Program provider. HSCPC will be providing Parent Educator services described in this grant application.

JWB will provide coordinated services at the neighborhood center as described in this grant application.

FMHI will provide the program evaluations required by this application.

ELC manages child care services in Pinellas County.

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) **\$ 651,043**
(Combine the total of consultant and contact)

G. Construction: NOT ALLOWED – Leave Section B columns 1&2 line 6g on SF424A blank.

H. Other:

FEDERAL REQUEST

Item	Rate	Cost
Human Resource Services: Annual	\$115 x 3 positions	\$345
Building Rental, per FTE	\$3,866 X 2.5 FTE	\$9,665
Data Communications, per FTE	\$682 X 2.5 FTE	\$1,705
Telephone line, use, per FTE	\$758 X 2.5 FTE	\$1,895
Repair and Maintenance, per FTE	\$121 x 2.5 FTE	\$303
Software and Training, per FTE	\$490 x 2.5 FTE	\$1,225
	TOTAL	\$15,138

JUSTIFICATION:

Human Resource Services are calculated at the Departmental standard for OPS personnel. This expense supports the agency contribution to the State of Florida HR People First system per FTE applicable to all state agencies as required by the Florida Department of Management Services. Other recurrent costs are needed for personnel management and general operation of the project and are calculated at a state rate.

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) **\$ 15,138**

Indirect cost rate:

FEDERAL REQUEST (enter in Section B column 1 line 6j of form SF424A)

13.4% of personnel and fringe (.134 x \$129,349)

*Not updated to reflect current Indirect Costs Agreement submitted 11/1/13

\$17,333

BUDGET SUMMARY: (identical to SF-424A)

Category	Federal Request
Personnel	\$127,500
Fringe	\$1,849
Travel	\$7,137
Equipment	0
Supplies	\$1,595
Contractual	\$651,043
Other	\$15,138
Total Direct Costs*	\$804,262
Indirect Costs	\$17,333
Total Project Costs	\$821,595

*** TOTAL DIRECT COSTS:**

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) **\$804,262**

TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$821,595**

Attachment C: GRANTEE-SPECIFIC EVALUATION REPORT

Attachment D: REVISED LOCAL STRATEGIC PLAN
Local Young Child Wellness Council Strategic Plan
Infrastructure Goals

Goal 1: Increase coordination and collaboration among agencies serving young children and their families throughout Florida including the Lealman Corridor

Rationale

- Although there are many programs and initiatives that address young child wellness, there is currently no governing structure in place with bylaws to guide the local YCWC in efforts to align services, identify needs, and create long-term “systems” improvements.

Objective 1.1: To establish and sustain an effective YCWC to coordinate promotion, prevention and intervention activities, identify needs and barriers to accessing activities and create a long-term system approach

Targeted Outcome

- Improved coordination, communication, and information access across all systems to improve outcomes and reduce duplication in the early childhood system.

Major Indicators

- Formalize governance structure for decision making to include a full range of partners that are crucial to the well-being of young children and their families
- Diagram to guide formalized governance structure
- Proportion of council members reporting increased, coordination, communication, and information access across the service system
- Proportion of council members reporting satisfaction with the YCWC activities and level of effectiveness

Strategies	Activities/Tasks	Stakeholders Responsible	Specific Time Frame
<ul style="list-style-type: none"> Engage a broad spectrum of families, policy makers, service providers and community stakeholders in the YCWC to share 	<ul style="list-style-type: none"> Complete Council Development self-assessment (Council structure, diversity of participants, operations, and work of the council) Analyze results to identify opportunities for improvement and develop strategies to address them 	Jenny Hughes, Early Learning Coalition Carla Washinko, Gulf Coast Jewish Family and Community Services	By 2nd quarter – 2nd year By end of 3rd quarter – 2nd year

<p>information, identify needs and strengths, and create solutions for improved coordination of promotion, prevention and intervention activities</p>			
<p>Policy Implications</p> <ul style="list-style-type: none"> • A wide-range of agencies serving young children and their families will align policies, procedures and efforts to create a seamless system of promotion, prevention, and intervention activities. 			
<p>Workforce Implications</p> <ul style="list-style-type: none"> • YCWC members will make connections that improve their work and increase knowledge and effectiveness of working with young children and their families. 			
<p>Coordination and Collaboration with Other Stakeholders</p> <ul style="list-style-type: none"> • The YCWC has connections with many additional stakeholders in the identified community and will incorporate broad stakeholder participation in the Project LAUNCH effort. 			
<p>Sustainability Strategies</p> <ul style="list-style-type: none"> • The YCWC will seek opportunities to partner with other groups and early childhood advocates and is expected to continue as a committee focused on health and wellness past duration of the grant. 			

<p>Goal 1: Increase coordination and collaboration among agencies serving young children and their families throughout Florida including the Lealman Corridor</p>
<p>Rationale</p> <ul style="list-style-type: none"> • Partnerships and collaborative efforts between key community partners are needed to implement and sustain the goals of the Launch grant.
<p>Objective 1.2: Ensure the council represents a full range of stakeholders crucial to the well-being of young children and their</p>

families and who can leverage resources to improve coordination of promotion, prevention, and intervention activities

Targeted Outcome

- YCWC incorporates multiple perspectives, organizations, cultural backgrounds and families in the community as participants on a consistent and ongoing basis.

Major Indicators

- Meeting participation/minutes
- Surveys and perceived inclusiveness of LAUNCH
- % Of YCWC that represent a multidisciplinary council from diverse backgrounds and organizations
- At least 10% of YCMC members represent families

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Time Frame
<ul style="list-style-type: none"> • Targeted outreach and engagement of key stakeholders to ensure full participation of council 	<ul style="list-style-type: none"> • Use launch grant guidelines found in the membership chart to identify additional participants • Targeted recruitment of key stakeholders (child welfare, law enforcement, families, faith-based organizations, community leaders, local cultural organizations). • Develop communication materials for targeted outreach to families and community stakeholders that is culturally and linguistically tailored. • YCMC to review membership of the council a standing agenda item at YCWC meetings • Revise membership list as needed 	<p>Jenny Hughes, Early Learning Coalition Carla Washinko, Gulf Coast Jewish Family and Community Services</p>	<p>Year 1 and ongoing thereafter</p> <p>Year 2</p> <p>Year 2</p> <p>Ongoing</p> <p>12/1/13 and updated as needed</p>

Policy Implications

- Increases likelihood that decisions are informed by a broad spectrum of perspectives within a formal framework (bylaws)

Workforce Implications

- YCWC members will be able to identify strengths, needs, and actions required within an agreed-upon governance structure that incorporates feedback from families served.

Coordination and Collaboration with Other Stakeholders

- The YCWC has connections with many additional stakeholders in the identified community, and will incorporate broad stakeholder participation in the Project LAUNCH effort. This will include active participation by community stakeholders not

traditionally involved in systems planning.

Sustainability Strategies

- The YCWC will seek opportunities to partner with other groups and early childhood advocates and is expected to continue as a committee focused on health and wellness past duration of the grant.

Goal 1: Increase coordination and collaboration among agencies serving young children and their families throughout Florida including the Lealman Corridor

Rationale

- The governance structure will be reviewed annually to ensure it is inclusive of families and key stakeholders and functioning at the highest collaborative level over time

Objective 1.3: Ensure the bylaws are relevant and collaboration is effective

Targeted Outcome

- The YCWC is governed in a collaborative manner that encourages the active participation of key stakeholders to produce quality outcomes

Major Indicators

- Changes or adaptations are made to the bylaws based on feedback from YCWC and community stakeholders
- YCWC will produce quality products that are a result of strong collaboration
- YCWC members report participation in project planning and decision making.

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Time Frame
<ul style="list-style-type: none"> • Governance mechanisms (bylaws) are continually refined and updated as needed to ensure community buy 	<ul style="list-style-type: none"> • Annual review of the by-laws • Revise bylaws based on feedback from families and community stakeholders • Complete a matrix of resources and funding to identify opportunities to leverage resources and sustain efforts and distribute to community stakeholders • Complete collaborative self-assessment in order to 	Jenny Hughes, Early Learning Coalition Carla Washinko, Gulf Coast Jewish Family and Community Services	Annually by June 30 th Ongoing Year 2

<p>in and participation</p> <ul style="list-style-type: none"> • Collaboration is continually evaluated for functioning level and strength of partnerships 	<p>develop a plan for strengthening partnerships</p> <ul style="list-style-type: none"> • Obtain technical consultation services to assist in strengthening the councils functioning level if indicated 	<p>FMHI Additional consultants if indicated</p>	<p>Year 2 Year2</p>
<p>Policy Implications</p> <ul style="list-style-type: none"> • Increases likelihood that decisions are informed by a broad spectrum of perspectives within a formal framework (bylaws) 			
<p>Workforce Implications</p> <ul style="list-style-type: none"> • YCWC members will be able to identify strengths, needs, and actions required within the agreed-upon governance structure. 			
<p>Coordination and Collaboration with Other Stakeholders</p> <ul style="list-style-type: none"> • The YCWC has connections with many additional stakeholders in the identified community, and will incorporate broad stakeholder participation in the Project LAUNCH effort. 			
<p>Sustainability Strategies</p> <ul style="list-style-type: none"> • The YCWC will seek opportunities to partner with other groups and early childhood advocates and is expected to continue as a committee focused on health and wellness past duration of the grant. 			

<p>Goal 2: To make appropriate system changes based on evaluation, data results, and family and community stakeholder feedback to create a seamless system of care to meet the behavioral health needs of children 0 to 8 and their families</p>
<p>Rationale</p> <ul style="list-style-type: none"> • Continual review of the system will identify needs of targeted community ties and will include the environmental scan, analysis of related data, project evaluation and input from families, the community, and workgroups aligned with the 5 core strategies.
<p>Objective 2.1: System changes will be made based on data, evaluation, and input from families, community stakeholders and input from Local Council work groups.</p>
<p>Targeted Outcome</p> <ul style="list-style-type: none"> • Utilize data, evaluation, and input from key stakeholders in a comprehensive manner to make indicated system changes

<p>Workforce Implications</p> <ul style="list-style-type: none"> Partner agencies will increase capacity to collect and use family data to address system wide integration issues, such as reducing duplication, increasing service access and availability, and increasing maternal depression screening
<p>Coordination and Collaboration with Other Stakeholders</p> <ul style="list-style-type: none"> Project Stakeholders will use family data at the system level and organizational levels to ensure services are available and accessible to families in the Lealman corridor.
<p>Sustainability Strategies</p> <ul style="list-style-type: none"> Agencies serving young children and their families will need to build capacity to continue collecting and using data and information, including input from families to monitor outcomes and make systems improvement as needed past the duration of the grant

<p>Goal 2: To make appropriate system changes based on evaluation, data results, and family and community stakeholder feedback to create a seamless system of care to meet the behavioral health needs of children 0 to 8 and their families</p>			
<p>Rationale</p> <ul style="list-style-type: none"> Promoting wellness in young children crosses disciplines and involves multiple agencies, as services for young children and their families are often developed and implemented by different agencies without coordination 			
<p>Objective 2.2: To improve coordination across child-serving systems, build infrastructure, and increase high quality prevention and wellness promotion at both the state and local levels</p>			
<p>Targeted Outcome:</p> <ul style="list-style-type: none"> Coordinated infrastructure at state and local level to support wellness for young children and their families 			
<p>Major Indicators</p> <ul style="list-style-type: none"> Council meets regularly Decisions and recommendations are made based on input from families, key stakeholders and evaluation data Local Council Coordinate with State level council 			
<p>General Strategy</p>	<p>Activities/Tasks</p>	<p>Stakeholders Responsible</p>	<p>Specific Time Frame</p>
<ul style="list-style-type: none"> Identify and collect system 	<ul style="list-style-type: none"> Develop evaluation plan 	<p>FMHI and service provider partners</p>	<p>Year 1</p>

<p>data related to screening, assessment and childcare services provided in the Lealman area</p>	<ul style="list-style-type: none"> • Develop process for sharing and utilizing evaluation data and lessons learned from local implementation to make modifications in implementation • Develop and implement strategies for sustainability • Adapt and implement assessment tools for system integration and coordination of screenings and services • The State and Local project Directors will assist the local and state level councils to establish a formalized communication process that allows information to flow timely and effectively between the two councils and their work groups. 	<p>- Patti Nagel- PAT + program and Jennifer Mitchell- CHCP -FMHI and service provider partners -Patti Nagel- PAT + program and Jennifer Mitchell- CHCP</p> <p>YCWC- Bobby Williams and YCWE- Phyllis Stolc</p>	<p>Year 1</p> <p>Year 2</p> <p>Year 2</p>
<p>Policy Implications</p> <ul style="list-style-type: none"> • Partners will need to be open and responsive to recommendations from families related to accessing childcare services, meeting mental health needs, and ensuring smooth transitions between services for children from 0 through 8 and beyond. • Statewide policies and procedures that inhibit the implementation and sustainability of LAUNCH at the local level will need to be researched and revised as appropriate. 			
<p>Workforce Implications</p> <ul style="list-style-type: none"> • Partner agencies will build their own capacity to share and use data with partner agencies to reduce duplication and make agency policy decisions 			
<p>Coordination and Collaboration with Other Stakeholders</p> <ul style="list-style-type: none"> • Project stakeholders will share and use data at the system and agency levels to ensure services are available and accessible to families in the Lealman corridor and to reduce duplication. 			
<p>Sustainability Strategies</p> <ul style="list-style-type: none"> • Continued coordination across young child wellness councils. Develop policies that will guide both local and state child serving agencies; Utilize evaluation data to identify strategies for informing state infrastructures, policies, and financing. Explore options to integrate YCWC's into existing state and local infrastructures 			

<p>Goal: 3 Ensure promotion, prevention, and early intervention activities are culturally and linguistically appropriate and trauma informed in an effort to address health disparities and improve outcomes for young children and their families</p>
<p>Rationale:</p>

<ul style="list-style-type: none"> Integrate trauma informed principles and practices into the early childhood system of care serving the Lealman corridor 			
Objective 3.1: Increase capacity for delivering promotion, prevention and early intervention activities that are informed			
Targeted Outcome <ul style="list-style-type: none"> Increased availability of promotion, prevention, and intervention activities that are trauma informed 			
Major Indicators <ul style="list-style-type: none"> Number of people attending trauma informed care workshops Improved knowledge and skills of those attending trauma informed care workshops Number of providers involved in the LAUNCH grant that review policies and procedures related to trauma informed principles and practices and revise as needed 			
General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Time Frame
<ul style="list-style-type: none"> Increase capacity to provide services and supports that are trauma informed and collaborate with other community organizations to prevent trauma to young children 	<ul style="list-style-type: none"> Identify appropriate curriculum 	JWB, Operation PAR, SEDNET	December 31, 2013
	<ul style="list-style-type: none"> Provide trauma informed education to staff at community organizations and to families 	JWB, Home visiting programs, and community organizations	Year 2
	<ul style="list-style-type: none"> Continue to provide bonding/attachment parenting education in home visiting programs as primary prevention. 	Lead by Judy Vitucci and Shari Ivino	Year 2
	<ul style="list-style-type: none"> Seek trauma informed education opportunities and publicize educational opportunities funded by MIECHV grant, Early Childhood Comprehensive Systems grant (<i>Trauma & Toxic Stress: Changing the Trajectory for Florida's Most Vulnerable Children to Help Them Thrive</i>) and other sources. 	Workgroup 5 members	Year 2-4 Ongoing
	<ul style="list-style-type: none"> Identify and involve partners in the Homeless Coalition, Pinellas County School's Homeless Education Action Team, Domestic Violence Shelters, Sheriff Office, Child Welfare, etc. 	Lead by Judy Vitucci and Shari Ivino	Year 3
Policy Implications <ul style="list-style-type: none"> Policies will reflect and support trauma informed care principles 			

<p>Workforce Implications</p> <ul style="list-style-type: none"> Prevention and early intervention providers apply trauma informed principles learned in workshops
<p>Coordination and Collaboration with Other Stakeholders</p> <ul style="list-style-type: none"> Trauma informed care workshops will be made available to community stakeholders
<p>Sustainability Strategies</p> <p>Provide follow-up training and information for council to continue to identify trauma informed care needs</p>

<p>Goal 3: Ensure promotion, prevention, and early intervention activities are culturally and linguistically appropriate and trauma informed in an effort to address health disparities and improve outcomes for young children and their families</p>			
<p>Rationale</p> <ul style="list-style-type: none"> Providing services and supports that are culturally and linguistically appropriate will assist in addressing health disparities and greatly improve outcomes for young children and their families in the identified community. 			
<p>Objective 3.2: Increase capacity for delivering promotion, prevention and early intervention activities that are culturally and linguistically appropriate</p>			
<p>Targeted Outcome</p> <ul style="list-style-type: none"> Increased availability of promotion, prevention, and intervention activities that are culturally and linguistically appropriate 			
<p>Major Indicators</p> <ul style="list-style-type: none"> Number of people attending workshops/training related to cultural and linguistic competence Improved knowledge and skills for those attending cultural and linguistic competence workshops/training Number of agencies and community partners involved in the LAUNCH grant that review their current policies and procedures and revise, as appropriate to integrate cultural and linguistic competency principles Increase home visits to caregivers and screening services to children by 2% for families of Asian and for African American decent and non-English speaking families 			
<p>General Strategy</p>	<p>Activities/Tasks</p>	<p>Stakeholders Responsible</p>	<p>Specific Time Frame</p>
<ul style="list-style-type: none"> Increase capacity to provide services 	<ul style="list-style-type: none"> Local Council to develop training for care providers and ensure marketing materials and promotion efforts are CLC 	<p>Young Child Wellness Council</p>	<p>Year 3</p>

and supports that are culturally and linguistically appropriate	<ul style="list-style-type: none"> • The YCMC will develop data measure and processes to gather and analyze data related to race/ethnicity of children and families served and reevaluate outreach and engagement strategies and identify possible health disparities. • Professionals completing screenings will be trained in Motivational Interviewing 	Young Child Wellness Council	Year 2
Policy Implications <ul style="list-style-type: none"> • Policies and practice will reflect and support cultural and linguistic competency principles 			
Workforce Implications <ul style="list-style-type: none"> • Prevention and early intervention providers apply cultural and linguistic competency principles learned in workshops and through technical assistance. 			
Coordination and Collaboration with the State or Territory <ul style="list-style-type: none"> • The Local Council will coordinate with the state level council and governing agencies to make policy changes as needed 			
Coordination and Collaboration with Other Stakeholders <ul style="list-style-type: none"> • Cultural and linguistic competency workshops will be made available to the Local Council members and community stakeholders 			
Sustainability Strategies <ul style="list-style-type: none"> • Changes made to policies and procedures and strategies to provide on-going training/education will sustain efforts 			

Activities/Services Goals

Goal 1: Expand access to culturally relevant evidence based practices including developmental screenings and assessments with referrals to appropriate services and resources to promote wellness for children 0 to 8 and their families in the Lealman Corridor
Rationale <ul style="list-style-type: none"> • Based on data collected in the recent environmental scan, training, interagency coordination (particularly between child welfare, substance abuse, child care and primary care) home visiting, child care and primary care settings will greatly improve outcomes for young children and their families in the identified community
Objective 1.1: Increase the number of early childhood providers who conduct and coordinate assessments, screenings and referrals
Targeted Outcome

<ul style="list-style-type: none"> • Increase the number of children screened across multiple providers using age appropriate developmental screening tools 			
Major Indicators <ul style="list-style-type: none"> • Number of children actually screened • Number of referrals made • Number of providers serving young children completing developmental screenings 			
General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Time Frame
<ul style="list-style-type: none"> • Create a seamless process for screening assessment and referral to reduce duplication 	<ul style="list-style-type: none"> • Develop a coordinated training plan using developmental screenings for early childhood providers including home visiting programs, and primary care professionals • Develop a seamless process for coordination and information sharing across programs who conduct screening, assessment and service referrals for young children and their parents (from environmental scan) • Based on screening results, make referrals to mental health and substance abuse services • ESE staff of Pinellas County Schools will be assigned to each Head Start Center to identify Head Start’s target of 10% disabilities • Voluntary Community Screening of young children will be held quarterly at three sites. • LAUNCH will ensure Operation PAR’s COSA North Center utilizes ASQ, ASQ-SE and GAIN (Global Assessment of Individual Needs) screening and makes appropriate referrals as needed. 	Healthy Start Coalition, Community Health Center of Pinellas (CHCP), ELC	Year 2 Year 2
		CHCP	Year 1 and ongoing there after
		ESE, Head Start	Year 3
		ELC coordinates community screening with multiple community volunteers	April 2014 Quarterly
		Operation PAR	Year 2
Policy Implications <ul style="list-style-type: none"> • Agencies will need to agree to review and possibly revise current policies and procedures to create a seamless system 			
Workforce Implications			

<ul style="list-style-type: none"> Agencies serving young children and their families will need to eliminate silos and understand the roles of other agencies to implement and sustain a coordinate process
<p>Coordination and Collaboration with the State or Territory</p> <ul style="list-style-type: none"> Local Council will provide information regarding barriers and lessons learned to the state level council
<p>Coordination and Collaboration with Other Stakeholders</p> <ul style="list-style-type: none"> Cross-system coordination and collaboration will be essential in creating a seamless system of care
<p>Sustainability Strategies</p> <ul style="list-style-type: none"> Addressing policy and procedures barriers at the local and state level that present barriers will assist with sustainability

<p>Goal 1: Expand access to culturally relevant evidence based practices including developmental screenings and assessments with referrals to appropriate services and resources to promote wellness for children 0 to 8 and their families in the Lealman Corridor</p>			
<p>Rationale</p> <ul style="list-style-type: none"> Based on data collected in the recent environmental scan, training, interagency coordination (particularly between child welfare, substance abuse, child care and primary care) home visiting, child care and primary care settings will greatly improve outcomes for young children and their families in the identified community. 			
<p>Objective 1.2: Increase the number of early childhood providers who use the ASQ-SE (Social Emotional)</p>			
<p>Targeted Outcome</p> <ul style="list-style-type: none"> Increase the number of children screened using ASQ-SE 			
<p>Major Indicators</p> <ul style="list-style-type: none"> Number of children screened using the ASQ-SE Number of providers trained in the use of the ASQ-SE Number of providers using ASQ-SE 			
<p>General Strategy</p>	<p>Activities/Tasks</p>	<p>Stakeholders Responsible</p>	<p>Specific Time Frame</p>

<ul style="list-style-type: none"> • Train early childhood professionals to use the ASQ-SE (Social Emotional) 	<ul style="list-style-type: none"> • Develop a coordinated training plan for early childhood providers including home visiting programs, primary care, and other providers serving young children to deliver and sustain ASQ-SE training • Provide Trainings on ASQ-SE 	Healthy Start and Early Learning coalition	Year 2
Policy Implications <ul style="list-style-type: none"> • Provider agencies would have to align polices to adopt the ASQ-SE 			
Workforce Implications <ul style="list-style-type: none"> • Initial and ongoing training to implement the ASQ-SE 			
Coordination and Collaboration with Other Stakeholders <ul style="list-style-type: none"> • Coordination with other providers and stakeholders 			
Sustainability Strategies <ul style="list-style-type: none"> • Continued training and implementation of workforce 			

Goal 2: Increase social and emotional well-being through enhanced culturally relevant, evidence based home visitation programs in the Lealman Corridor
Rationale <ul style="list-style-type: none"> • Based on data collected in the recent environmental scan, training, interagency coordination (particularly between child welfare, substance abuse, child care and primary care) home visiting, child care and primary care settings will greatly improve outcomes for young children and their families in the identified community.
Objective 2:1: Expand availability of Parent educators attached to the Healthy Start and other home visiting program to provide in-home services.
Targeted Outcome <ul style="list-style-type: none"> • Identified families will have access to evidence-informed or evidence-based home visiting services
Major Indicators <ul style="list-style-type: none"> • Number of families participating in the PAT + program

<ul style="list-style-type: none"> • Providers demonstrate fidelity to PAT+ model • Increased number of families that use mental health services • Increased number of fathers involved with their family's 			
General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Time Frame
<ul style="list-style-type: none"> • Strengthen families Enhance parenting skills • Increase knowledge of therapeutic counseling resources with all 6 home visiting programs serving Lealman area • Refer families for counseling as needed 	<ul style="list-style-type: none"> • Hire 2 FTE Parent Educators • Expand and implement <i>PAT</i> + evidence-based program in the Lealman Corridor • Review fidelity measurements and monitoring procedures • Utilize JWB Services Pool funding to provide therapeutic counseling services when needed • Put mental health and drug treatment services resources on agenda of Pinellas Home Visiting Committee for discussion 	<p>Healthy Start Coalition Healthy Start and FMHI JWB</p> <p>JWB</p> <p>Early Childhood Mental Health Committee Pinellas Home Visiting Committee</p>	<p>Year 1</p> <p>Year 2-4</p> <p>Ongoing</p>
<p>Policy Implications</p> <ul style="list-style-type: none"> • Increases the availability and capacity of in-home parenting education, counseling and treatment for families who are identified as having high risk factors (substance abuse, mental health, domestic violence) and who lack transportation. 			
<p>Workforce Implications</p> <ul style="list-style-type: none"> • The staff will need to learn and coordinate cross agency procedures for screening, assessment, referral, and early intervention 			
<p>Coordination and Collaboration with Other Stakeholders</p>			

<ul style="list-style-type: none"> • Coordination of screenings and referrals with substance abuse, mental health and domestic violence providers will be necessary.
<p>Sustainability Strategies</p> <ul style="list-style-type: none"> • Expand coordination and continue collaboration with prevention and early intervention providers to ensure family strengthening activities are continuing past the duration of the grant.

<p>Goal 3: Improve the ability of parents with young children to provide healthy, safe and secure family environments in which their children learn and grow</p>			
<p>Rationale</p> <ul style="list-style-type: none"> • Families need information and support to become skilled caregivers and self advocates 			
<p>Objective 3.1: Ensure self advocacy and meaningful engagement of families in all promotion, prevention and intervention related activities</p>			
<p>Targeted Outcome</p> <ul style="list-style-type: none"> • Families have a clear understanding of the Project LAUNCH initiative and are able to assume effective roles in the YCWC to ensure the development of responsive resources 			
<p>Major Indicators</p> <ul style="list-style-type: none"> • Continued family participation • Families indicate that barriers services and community engagement have been addressed • Family involvement on all workgroups • Families express satisfaction and engagement in the services received 			
<p>General Strategy</p>	<p>Activities/Tasks</p>	<p>Stakeholders Responsible</p>	<p>Specific Time Frame</p>
<ul style="list-style-type: none"> • Engage in continual efforts to encourage inclusion and active participation of families 	<ul style="list-style-type: none"> • Conduct outreach to families, churches, schools and neighborhood associations to get engaged in the process of providing safe, secure, and healthy environments for children • Invite YCWC members to recommend people to participate on the council • Continuous outreach and recruitment of families 	<p>Lead by: Brandi Ingram-Federation of Families</p> <p>Frank Rodante-Molina HealthCare Medicaid</p>	<p>4 months and Ongoing there after</p> <p>Year 2 and ongoing</p>

	<ul style="list-style-type: none"> • Develop information packets and implement orientation and coaching for identified families and other community leaders. • Identify cultural and linguistic liaisons with whom the families can relate • Contact community/parent resource centers • Conduct community outreach and focus groups • Connect parents to school advisory committees and other leadership positions to put their skills into practice • Send information to parents relating to programs, meetings, and other activities. • Offer a flexible number of meetings, such as meetings in the morning or evening • Provide, transportation, child care, or other incentives • Establish a parent advisory council 	<p>Juanita Suber- Department of Children and Families</p> <p>Work Group 2</p>	<p>December 2013</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Year 3</p>
<p>Policy Implications</p> <ul style="list-style-type: none"> • As barriers are identified, there may be unanticipated costs to incentivize engagement of families such as subsidies, expenses, and trainings; Additional services may also be recommended for funding as families identify needs 			
<p>Workforce Implications</p> <ul style="list-style-type: none"> • Providers and other YCWC members will also need training and coaching as families take on greater leadership roles in the YCWC 			
<p>Coordination and Collaboration with Other Stakeholders</p> <ul style="list-style-type: none"> • Churches, schools, “natural” family/community leaders, and neighborhood associations will have greater buy-in and understanding of the young child wellness system and will be active partners in achieving Project LAUNCH goals and help to reduce barriers to participation 			

Sustainability Strategies

- Contact with other consumers/family organizations to build on and partner with them. (e.g. NAMI, Federation of Families, Florida Infant Mental Health Association, Florida Institute for Family Involvement, Florida Network on Disabilities)

Goal 3: Improve the ability of parents with young children to provide healthy, safe and secure family environments in which their children learn and grow

Rationale

- Families need information and support to become skilled caregivers and self advocates

Objective 3.2: Enhance knowledge of early child development and positive parenting skills to strengthen nurturing family relationships

Targeted Outcome

- Families have a clear understanding of child development and how to nurture their children and family for their family

Major Indicators

- Increased knowledge of early child development
- Increased understanding of positive parenting skills
- Increased understanding of self-advocacy and support resources for parents/caregivers

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Time Frame
<ul style="list-style-type: none"> • Provide information training and support to families to enhance care giving and self advocacy skills 	<ul style="list-style-type: none"> • Provide <i>Nurturing Parent</i> training and assessment of knowledge development • Provide <i>Nurturing Fathers</i> training and assessment of knowledge development • Provide <i>Motivating New Moms</i> program and other prevention services and assess positive parenting skill development 	<p>Operation Par</p> <p>Operation Par</p> <p>Operation Par</p>	<p>Year 2</p> <p>Year 2</p> <p>Year 2</p>

<ul style="list-style-type: none"> • Link families to enhancement activities and natural supports that build resilience 	<ul style="list-style-type: none"> • Utilize Seeking Safety curriculum and assess knowledge development • Coordinate with state level workgroup to develop materials and forums for parents and caregivers regarding early childhood development and how to access services and supports • Provide adequate locations where positive role models can interact with youth PALS, Lealman United Methodist Church, and Lealman Family Centers. • Promote positive activities that entice children and their families to participate in community activities with positive role models • Identify specific trainings for families (leadership, etc.) that have been developed in other project LAUNCH sites • Evaluate potential family support activities 	<p>PALS, Lealman Family Center</p> <p>YCWC- Bobby Williams and YWCE-Phyllis Stolc</p> <p>PALS, Lealman Family Center</p> <p>PALS, Lealman Family Center</p> <p>PALS, Lealman Family Center</p>	<p>Year 2-4</p> <p>Year 2-4</p> <p>Year 2-4</p> <p>Year 2-4</p> <p>Year 2-4</p> <p>Year 2-4</p>
<p>Policy Implications</p> <ul style="list-style-type: none"> • To develop policies and procedures that embrace principles that strengthen families and promote resiliency for young children and their families 			
<p>Workforce Implications</p> <ul style="list-style-type: none"> • Identify natural supports within the community • Providers review policies and procedures related to strengthening families and revise as appropriate 			
<p>Coordination and Collaboration with Other Stakeholders</p> <ul style="list-style-type: none"> • Churches, schools, “natural” family/community leaders, and neighborhood associations will have greater buy-in and understanding of the young child wellness system and will be active partners in achieving Project LAUNCH goals 			
<p>Sustainability Strategies</p>			

- For other parent council members to be trained as coaches
- To ensure expanded representation is of the strengths and needs of the community

Goal 4: The Community Health Centers of Pinellas county will become a best practice model for integration of behavioral health care into primary care settings

Rationale

- Addressing mental and physical health conditions in a coordinated and collaborative manner improves treatment comprehensiveness and quality care with improved health outcomes

Objective 4.1: Enhance comprehensive screening routine in the pediatrics, prenatal, and women’s health pediatrics, pre-natal, and women’s health care services within the CHCP

Targeted Outcome

- The families of the Lealman corridor will be provided with comprehensive assessment services to identify potential service needs to ensure healthy and improved family outcomes

Major Indicators

- As indicated in individualized family treatment plans, young children will receive a standardized developmental screening
- As indicated in individualized family treatment plans, families will be consistently provided with standardized screening for substance use, depression, and trauma
- The CHCP will monitor the results of the screenings and referrals and review for clinical effectiveness

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Time Frame
<ul style="list-style-type: none"> • Develop clinical protocol within the pediatrics, pre-natal and women’s health care services that ensures consistent standardized screening and 	<ul style="list-style-type: none"> • Enhance pediatric, pre-natal and women’s health care through developmental screening, and screening for family members in the potential areas of substance use, depression, and trauma 	CHCP	Year 1 and ongoing there after
	<ul style="list-style-type: none"> • Document pediatric, pre-natal and women’s health care for internal coordination of screening information or processes for external referral and follow-up 	CHCP	Year 1 and ongoing there after
	<ul style="list-style-type: none"> • Evaluate efficiency and effectiveness of coordination through 	CHCP	Year 2

referral procedures	case reviews and monitoring results of screenings and referrals		
Policy Implications <ul style="list-style-type: none"> Determine what changes in state Medicaid and private insurance reimbursement policies will more effectively support screening for children and families 			
Workforce Implications <ul style="list-style-type: none"> Medical care staff will need to develop processes for coordinating the use of standardized developmental screenings and behavioral health screenings as part of routine physical health and wellness assessment 			
Coordination and Collaboration with the State <ul style="list-style-type: none"> The Lealman corridor CHCP will share lessons learned with the state YCWC on screening protocol to expand the routine use of screening into other areas of the state 			
Coordination and Collaboration with Other Stakeholders <ul style="list-style-type: none"> Utilize qualitative and quantitative data across service providers to avoid duplication of services and increase collaboration 			
Sustainability Strategies <ul style="list-style-type: none"> Utilization of enhanced funding by third party payers to pay for screening services 			

Goal 4: The Community Health Centers of Pinellas county will become a best practice model for integration of behavioral health care into primary care settings
Rationale <ul style="list-style-type: none"> Addressing mental and physical health conditions in a coordinated and collaborative manner improves treatment comprehensiveness and quality care with improved health outcomes
Objective 4.2: Integrate mental health expertise into the Community Health Center of Pinellas (CHCP) by hiring on-site licensed behavioral health professionals to access and treat children and families, provide consultation, and facilitate integration of pediatrics, pre-natal, and women’s health care
Targeted Outcome <ul style="list-style-type: none"> The families of the Lealman corridor will experience comprehensive assessment and treatment for their multiple and complex needs

Major Indicators			
<ul style="list-style-type: none"> Increase in the number of families receiving comprehensive and integrated services within the Community Health Centers 			
General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Time Frame
<ul style="list-style-type: none"> Complete contract between provider that locates staff at the community health centers and the CHCP organization 	<ul style="list-style-type: none"> Complete contract that addresses role, function, education, and training of staff Contract for/hire (2) licensed mental health professionals for the Lealman and Pinellas Park clinics to assess and treat children and families, provide phone consultation to other systems, and facilitate case conferences to integrate services and supports. Complete orientation and training Training for current CHCP staff in the promotion, prevention and intervention of behavioral health services and the effects of untreated behavioral health conditions and trauma on physical health 	CHCP	Year 1
		CHCP	Year 1
		CHCP	Year 1
		CHCP	Year 1 and ongoing thereafter
Policy Implications			
<ul style="list-style-type: none"> Determine what changes in state Medicaid and private insurance reimbursement policies will more effectively support the integration of mental and behavioral health services into primary care 			
Workforce Implications			
<ul style="list-style-type: none"> Medical trainees need to receive information on integrated services, role release and family-centered treatment 			
Coordination and Collaboration with the State or Territory			
<ul style="list-style-type: none"> The Lealman corridor CHCP will share lessons learned with the state YCWC to expand integrated care into other areas of the state 			
Coordination and Collaboration with Other Stakeholders			
<ul style="list-style-type: none"> Utilize qualitative and quantitative data across service providers to avoid duplication of services and increase collaboration 			
Sustainability Strategies			
<ul style="list-style-type: none"> Utilization of enhanced funding by third party payers 			

Goal 4: The Community Health Centers of Pinellas county will become a best practice model for integration of behavioral health care into primary care settings			
Rationale			
<ul style="list-style-type: none"> Addressing mental and physical health conditions in a coordinated and collaborative manner improves treatment comprehensiveness and quality care with improved health outcomes 			
Objective 4.3: Develop a system of effective coordination of services within the Community Health Centers of Pinellas (CHCP) and referral process to external social services by hiring an on-site case manager at the CHCP			
Targeted Outcome			
<ul style="list-style-type: none"> The families of the Lealman corridor will experience effective coordination and referral services for their multiply and complex needs 			
Major Indicators			
<ul style="list-style-type: none"> Increase in the number of families receiving linkages for comprehensive services within the Community Health Centers and to referrals to external services 			
General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Time Frame
<ul style="list-style-type: none"> Integrate case management services for behavioral health in the CHCP organization 	<ul style="list-style-type: none"> Hire Case manager to coordinate internal and external services Complete orientation and training Training for current CHCP staff in the promotion, prevention and intervention of behavioral health services and the effects of untreated behavioral health on physical health 	CHCP	Year 1
		CHCP	Year 1
		CHCP	Year 1 and ongoing thereafter
Policy Implications			
<ul style="list-style-type: none"> Determine what changes in state Medicaid and private insurance reimbursement policies will more effectively support integrating mental and behavioral health services into primary care 			
Workforce Implications			
<ul style="list-style-type: none"> Medical trainees need to receive information on integrated services, role release and family-centered treatment 			
Coordination and Collaboration with the State or Territory			
<ul style="list-style-type: none"> The Lealman corridor CHCP will share lessons learned with the state YCWC to expand integrated care into other areas of the state 			

<p>Coordination and Collaboration with Other Stakeholders</p> <ul style="list-style-type: none"> Utilize qualitative and quantitative data across service providers to avoid duplication of services and increase collaboration
<p>Sustainability Strategies</p> <ul style="list-style-type: none"> Utilization of enhanced funding opportunities through third party payers for case management services

<p>Goal 5: Increase access to mental health consultation and positive behavior support in child-serving programs, including early child care and education settings to promote healthy social-emotional development</p>			
<p>Rationale</p> <ul style="list-style-type: none"> Based on data collected in the recent environmental scan, increasing access to mental health consultation in child care and primary care settings will greatly improve outcomes for young children and their families in the identified community 			
<p>Objective 5.1: Increase availability of quality early childcare and education settings through the implementation of mental health consultation that is aligned with the Teaching Pyramid (PBS) model</p>			
<p>Targeted Outcome</p> <ul style="list-style-type: none"> Increase the knowledge, skills and ability of the early childcare and elementary education workforce to promote healthy social and emotional development in children from birth to through age eight and enhance school readiness and academic success in elementary school. 			
<p>Major Indicators</p> <ul style="list-style-type: none"> Number of child care settings utilizing the MHC professional Number of community presentations/training provided related to early childhood topics (social and emotional development, positive relationships – health attachment, MHC practices, etc.) Number and type of consultation provided to early childcare providers, educators, the Teaching Pyramid (PBS) coach and families 			
<p>General Strategy</p>	<p>Activities/Tasks</p>	<p>Stakeholders Responsible</p>	<p>Specific Time Frame</p>
<ul style="list-style-type: none"> Provide technical assistance and 	<ul style="list-style-type: none"> The Local Council in partnership with the LAUNCH staff will determine how best to implement mental health consultation (MHC) within their local system of care to meet 	<p>Local Council</p>	<p>By the third quarter of year two</p>

<p>support to early child care providers to improve the quality of child care</p>	<p>the intent of the grant and local needs, to include child care and elementary education settings and other agencies serving young children as appropriate. The assessment and recommendations from the Local Council will include where MHC will be delivered, specific job duties of and training required for the professional hired, how to align with the PBS Pyramid model in child care and elementary education settings, and funding strategies to sustain and expand MHC post grant.</p> <ul style="list-style-type: none"> • Develop consultation agreements to implement mental health consultation as determined by the Council • Hire a professional to implement mental health consultation • The Local Council will develop a MHC sustainability and expansion plan and begin implementation. 	<p>LAUNCH Staff and provider of service (TBD)</p> <p>Local Council</p>	<p>By the 3rd quarter of year 2</p> <p>By the end of year 2</p> <p>By 2nd quarter of year 3</p>
<p>Policy Implications</p> <ul style="list-style-type: none"> • Policy and procedure revision may be needed to fully implement and sustain MHC 			
<p>Workforce Implications</p> <ul style="list-style-type: none"> • Key partners will need to work collaboratively across agencies with the MHC professional 			
<p>Coordination and Collaboration with the State or Territory</p> <ul style="list-style-type: none"> • Local Council will provide input to the state level council regarding implementation and receive TA/guidance regarding funding strategies to sustain and expand 			
<p>Coordination and Collaboration with Other Stakeholders</p> <ul style="list-style-type: none"> • The agency selected to implement MHC will need to coordinate closely with community stakeholders to implement 			
<p>Sustainability Strategies</p> <ul style="list-style-type: none"> • The Local Council will identify funding strategies and develop a plan to sustain and expand MHC 			

Goal 5: Increase access to mental health consultation and positive behavior support in early child care and education settings

to promote healthy social-emotional development			
Rationale: Based on data collected in the recent environmental scan, increasing access to mental health consultation in child care and primary care settings will greatly improve outcomes for young children and their families in the identified community			
Objective 5.2: Increase availability and quality of early child care and education settings through the implementation of the Teaching Pyramid (PBS) model that is aligned with mental health consultation.			
Targeted Outcome <ul style="list-style-type: none"> Increase the knowledge, skills and ability of the early childcare and elementary education workforce to promote healthy social and emotional development in children from birth to through age eight and enhance school readiness and academic success in elementary school. 			
Major Indicators <ul style="list-style-type: none"> Number of child care providers trained in the Teaching Pyramid (PBS) model in the Lealman Corridor Number of child care settings using the Teaching Pyramid (PBS) model Number of child care settings demonstrating adherence/fidelity to the Teaching Pyramid (PBS) model 			
General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Time Frame
<ul style="list-style-type: none"> Provide technical assistance and support to childcare providers to improve child care quality 	<ul style="list-style-type: none"> Conduct formalized readiness assessment for the Pyramid Model 	ELC	By end of 1 st year - ongoing
	<ul style="list-style-type: none"> Conduct training in the Pyramid Model (PBS) 		ongoing
	<ul style="list-style-type: none"> Continue to offer PBS training to new staff of Early Childhood Programs, Head Start, CCC and FDLRS serving Lealman area 	ELC	End of year 3
	<ul style="list-style-type: none"> Introduce Teaching Pyramid Model (PBS) to new Early Childhood settings in the Lealman Corridor and continue offer supports to original cohorts 	ELC	Year 2
	<ul style="list-style-type: none"> Continued coaching and onsite Technical Assistant to address 	ELC	Year 1 and

	<p>goals identified in the formalized needs assessment</p> <ul style="list-style-type: none"> • Partner with USF Pyramid Model Consultant for ongoing ELC Coaching staff training and coaching to ensure fidelity of program • Link Head Start/Early Head Start Programs with PBS to provide mental health services at all their locations (a required service) 	<p>ELC, USF/FMHI</p> <p>Head Start</p>	<p>ongoing</p> <p>Year 1</p> <p>Year 4</p>
<p>Policy Implications</p> <ul style="list-style-type: none"> • Ensure that PBS principles are integrated into childcare setting policies and procedures. Expanded funding for mental health consultation services may be needed 			
<p>Workforce Implications</p> <p>Quality childcare has been identified as a common goal For JWB, Pinellas County Public Schools, the Early Learning Coalition and others serving the identified community</p>			
<p>Coordination and Collaboration with the State or Territory</p> <ul style="list-style-type: none"> • Coordinate with state level council regarding funding and policy barriers and strategies to sustain LAUNCH activities past the duration of the grant 			
<p>Coordination and Collaboration with Other Stakeholders</p> <ul style="list-style-type: none"> • Childcare staff with expertise and practice in PBS will be better equipped to address needs of young children 			
<p>Sustainability Strategies</p> <ul style="list-style-type: none"> • Ensure that PBS trainings are offered to other childcare settings within the Lealman corridor to ensure that all children in the community will receive quality childcare. Identify funding streams to sustain services post grant 			