



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

Mid Year Progress Report

Reporting Period:

October 1, 2013 – March 15, 2014

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

Section 1. PROJECT IDENTIFICATION AND KEY CONTACTS

Project Identification Information

- A. Please note the year that your grant was awarded.
September 2012
- B. Grant Number: 1H79SM061297-02
Project Name: Florida Project LAUNCH
Grantee Organization: Florida Department of Children and Families

Grantee Staff Contact Information

- A. Project Director

Name/Title: Jeffrey Cece
Email: Jeffrey_Cece@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
Email: phyllis_stolc@dcf.state.fl.us

Section 2, PART I: PROGRAM ACTIVITIES

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

List any NEW assessment tools being used since the last reporting period and individuals/ages with whom they are being used (e.g. pregnant women, children birth to 3, etc.):
Community Health Centers of Pinellas (CHCP, Federally Qualified Health Center) provides screening and assessment in the primary health care setting utilizing the Patient Health Questionnaire (PHQ-9), a screening for the presence and severity of depression for individuals 13 years or older. This tool is newly implemented at CHCP for use with all patients and does not replace a previously reported screening.

There are no other changes in assessment tools.

A. Major Activities and Accomplishments

Transformation Accountability (TRAC) Infrastructure Development Indicators		
Indicator	FFY 2013-2014	
	FFY Goal	Quarter 1 Actual
The number of individuals screened for mental health or related interventions.	55	283
The number of individuals referred to mental health or related services.	20	279

<p>B. Challenges/Barriers</p> <p>Local Council partners identify lack of sufficient numbers of intensive service providers as a major challenge to screening and referring children and their families. In particular, the area lacks of services that prevent early concerns from developing into serious problems later. Local partners have identified Child Parent Psychotherapy, a relationship-based intervention for trauma in children under age 5 that improves developmental trajectory, as a needed addition to capacity in Pinellas County. This intervention is listed in U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP). The State Council Professional Workforce Development workgroup is collaborating with local partners to identify opportunities to increase the capacity of professionals in the Pinellas area to provide the services LAUNCH families most need. These opportunities may include collaboration to provide training in Child Parent Psychotherapy, and other early interventions.</p>
<p>C. Lessons Learned</p> <p>LAUNCH strengthened the partnership developed early in the grant cycle with the Juvenile Welfare Board of Pinellas (JWB), a municipal funding and planning agency. JWB offered their service tracking system as a platform for creating a unified, multi-agency database for tracking assessments for LAUNCH families. This is an important activity identified in the Local Strategic Plan. Achieving this step will help the agencies serving LAUNCH families reduce duplication in screening and assessment and focus on helping families access services.</p>
<p>D. Activities Planned for the Next 6 Months</p> <ul style="list-style-type: none"> • LAUNCH staff will work with providers and the Councils to identify training and technical assistance to improve assessment and facilitation of referrals; • The State and Local Councils will collaborate to bring capacity-building training in early intervention services to the Pinellas area; and • LAUNCH will work with JWB and providers to implement the use of the multi-agency database among LAUNCH partners.

<p>Table 2. Integration of Behavioral Health into Primary Care Settings</p>
<p>Describe any changes to the EBP/program model being used since the last reporting period:</p> <p>No changes to report.</p>
<p>A. Major Activities and Accomplishments</p> <p>Working as a team, the Case Manager and the Licensed Clinical Social Workers (LCSW) provide counseling and case management services to families identified through CHCP health services. The LCSWs provide family and individual counseling. The Case Manager meets at least once with each family receiving counseling to screen for additional needs and refer for social, health, and educational services. During the reporting period, each LCSW maintains a case load of twenty-five to thirty per month. The Case Manager maintains a caseload of eighteen to twenty-three per month.</p> <p>In addition to caseload, the Case Manager participates in monthly community screening events for consumers lacking primary care. The Case Manager, in collaboration with Speech Therapists, an Occupational Therapist, a Physical Therapist, behavioral health providers, a vision professional, and a hearing professional, provided developmental and behavioral screenings for twenty to twenty-five children at each of five monthly screening events. The Case Manager and LCSW meet with the pediatric team weekly to discuss and plan ways to improve the integration of behavioral health and to better serve consumers.</p>
<p>B. Challenges/Barriers</p>

CHCP is contracted to have 2.0 full time (FTE) on-site LCSWs. One of the contracted LCSWs resigned effective February 2014. The remaining LCSW has increased hours to 1.25 FTE to accommodate the transition as CHCP works with Suncoast Center, a community mental health provider, to recruit a replacement. This replacement will also permit the staff to see more families for evening appointments.

CHCP continues to face challenges in engaging families and reducing missed appointments, most frequently resulting from transportation issues. The Case Manager and LCSWs have responded to this need by utilizing some of the contract money provided for incentives to buy bus passes for families to continue services and keep appointments.

C. Lessons Learned

Pediatric providers at CHCP are working cooperatively with the Case Manager to help families in need of early intervention services navigate the referral process. This is increasing the number of referrals and reducing the time it takes to initiate services. Many families have difficulty completing these early intervention service referrals due to missed appointments or changing contact information. Ensuring external linkages through the integrated care team has improved timely access to needed services.

D. Activities Planned for the Next 6 Months

Over the next six months, planned activities include:

- CHCP will hire a replacement LCSW to provide on-site behavioral health care;
- The Local Council will continue implementation of multi-agency data sharing; and
- LAUNCH staff and the Local Council will plan and host training for providers and community partners to increase capacity for behavioral health integration in Pinellas County.

Table 3. Enhanced Home Visiting Through Increased Focus on Social and Emotional Well-being

Describe any changes to the EBP/program models being used since the last reporting period:

No changes to report.

A. Major Activities and Accomplishments

The Healthy Start Coalition of Pinellas (HSCP) provided Parents as Teachers Plus (PAT+) home visiting services to twenty-five families during the reporting period. Twenty-two of these families are still receiving services. In addition to direct services, HSCP provides public and professional information to community partners. In February 2014, Executive Director Dr. Judi Vitucci delivered a presentation to seventy Pinellas County School special education instructors and supervisors on the effects of substance exposure on children.

HSCP also worked with the Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program grantees in Florida to plan training in the Seeking Safety model for LAUNCH partners and other community professionals. Seeking Safety is a clinical model developed by Dr. Lisa Najavits for women who use drugs as a coping mechanism for trauma symptoms. The model builds the first step of trauma treatment, which is to establish safety, by introducing alternative coping skills and information about trauma and the symptoms these women experience. The model is also effective with men. HSCP has been using the Seeking Safety model to provide support for PAT+ parents as they pursue substance abuse treatment.

B. Challenges/Barriers

Access to child care remains a challenge for PAT+ families. Leveraging community resources to pay for additional child care slots and other immediate needs for families receiving services will be a priority for the Local Council. The Department, with guidance from LAUNCH partners, initiated a statewide informational campaign regarding child care safety titled *Who's Really Watching Your Child*. Part of this campaign promotes sponsorship of child

care slots by community members and local companies, which presents an opportunity for the Local Council to direct community partners and interested parties to a central point of contact for funding child care.

C. Lessons Learned

Many families are hesitant to receive the PAT+ services and some only engage with the program after contact with a Child Protective Investigator. As their relationship with a PAT+ Parent Educator is established, families grow to rely on the support provided and remain with the program. The Parent Educators have learned to engage with families and build relationships early to reduce hesitance.

D. Activities Planned for the Next 6 Months

- Healthy Start is partnering with the MIECHV grant staff to provide Seeking Safety training by the end of March 2014, and evaluate community interest in holding an additional training by September 30, 2014;
- The Local Council will partner with area child care providers and funders to provide additional child care slots for use by LAUNCH families utilizing the resources highlighted through the *Who’s Really Watching Your Child* campaign; and
- The Local Council will work with PAT+ staff to increase attendance in their Group Connections events through social marketing.

Table 4. Mental Health Consultation in Early Care and Education

Describe any changes to the EBP/program models being used since the last reporting period:

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 how to transition from grant funding to community-based funding.

A. Major Activities and Accomplishments

LAUNCH has received carryover funding to provide additional technical assistance and guide the Local Council through the development of mental health consultation tailored to the needs of the community.

B. Challenges/Barriers

The Local Council is currently on hiatus due to staff changes. This interruption in the Local Council has not interrupted service delivery, but it has impeded progress toward implementing MHC. The Local Council will resume meeting by June 2014.

C. Lessons Learned

None

D. Activities Planned for the Next 6 Months

Over the next six months, LAUNCH staff will facilitate technical assistance for the Local Council. The purpose of this technical assistance is to:

1. Increase local stakeholders’ understanding of the concept of MHC and the Early Childhood Mental Health Consultation model;
2. Facilitate the development of a roadmap for:
 - the role the mental health consultant will serve in the Pinellas community, e.g., explore the possibility of providing consultation across the early childhood system rather than just in early care and education as in the Early Childhood Mental Health Consultation model;

- initial and sustained funding of the MHC position as there is no dedicated funding stream for these services in Florida; and
 - adherence to best practices or fidelity to a selected model by the mental health consultant; and
3. Provide brief technical assistance to the selected mental health consultant.

Table 5. Family Strengthening and Parent Skills Training

Describe any changes to the EBP/program models being used since the last reporting period:

Operation PAR has been contracted to provide Nurturing Parenting curriculum in the Lealman Corridor. Nurturing Parenting 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. The Nurturing Parenting curriculum will be delivered at a community center in the pilot area during ten weekly workshops. The promotional content for this program emphasizes parent empowerment, as opposed to deficits. Operation PAR is also delivering Trauma Informed Care training in the Lealman Corridor.

A. Major Activities and Accomplishments

Operation PAR is conducting intensive outreach activities to recruit families for the Nurturing Parenting training. The agency has attended numerous community meetings and connected with community partners to identify interested families. There is currently one family engaged with the curriculum and Operation PAR will continue to recruit participants for group workshops.

A three-hour Trauma Informed Care training was provided to 27 LAUNCH partners and other community members on March 5, 2014.

B. Challenges/Barriers

Families in the Lealman Corridor face numerous barriers to program participation, and this is reflected in Operation PAR's difficulty recruiting participants. LAUNCH staff and the Local Council will assist Operation PAR with recruiting and strategies for identifying parents interested in the training. This may include more closely connecting with area child welfare providers to identify families being served who may be referred for parent skills training.

C. Lessons Learned

None

D. Activities Planned for the Next 6 Months

- Operation PAR will establish ongoing Nurturing Parenting groups;
- LAUNCH staff and local partners will continue recruiting families for parent training and other engagement activities; and
- Operation PAR will assist with identifying parents interested in serving on the Local Council.

Table 6. Teaching Pyramid and Positive Behavior Supports in early care

Describe any changes to the EBP/program models being used since the last reporting period:

In response to the challenges of child care instructor attrition, the structure of the Teaching Pyramid modules was

amended. Historically teachers in these programs live in the targeted areas and share life experiences and histories similar to that of the target population. As a result, the instructors may have intentions to commit to the program but leave the area or lose their jobs due to chaotic life circumstances, resulting in a break in the service continuum. A mid-year evaluation revealed that dividing the required three modules of the Teaching Pyramid model into different intervals would promote the completion of the training by child care instructors.

The decision to change the Program Action Plan for the training year beginning July 2014 was approved by the consultant from The Florida Center for Inclusive Communities. The new program delivery will move from a continuous training schedule every three weeks for one year to trainings every other week for four months with breaks for two months. During the two month break, teachers will have the option to attend Make and Take sessions and continue to receive goal-based coaching sessions on site in their classrooms. The classes every other week will resume in February and March for the final four sessions.

A. Major Activities and Accomplishments

The Early Learning Coalition (ELC) provided Teaching Pyramid in eleven early child care centers to 27 lead instructors and two center directors. During this reporting period, 1,691 children have benefited as a result of these services. The child care instructors are implementing ongoing improvements to daily teaching strategies, knowledge of child development, understanding human temperament and behavior motivations, and changes to the classroom environment (i.e., classroom arrangement to improve transition between activities, improved accessibility to learning objects, and visual cues for children to follow). All children are receiving developmental screenings and referrals for additional services if indicated.

In partnership with the University of South Florida Center on the Social and Emotional Foundations for Early Learning, ELC developed an Action Plan to guide implementation of the Teaching Pyramid through a cohesive one-year model. In October, both Pyramid Specialists were certified for reliable use of the Teaching Pyramid Observation Tool for pre and post-intervention evaluation.

B. Challenges/Barriers

Challenges to this program include high attrition rates among children and instructors served. Children in high-risk or high-poverty areas typically move in and out of child care sites as a result of their chaotic life circumstances or as a result of financial consequences of parental employment changes. Teaching Pyramid is delivered to the children through the child care educators so the expectation is that all children who move in and out of care in these locations will experience the benefit of enhanced supports from ELC along with a more highly trained child care workforce.

ELC has shifted goals to train sites for a period of one year and then move to other sites in the targeted area to saturate the area with more highly trained and skilled instructors rather than creating full compliance at selected centers. Through this change of methodology, ELC will train more center directors, who experience more stability in their positions. By training center directors across the target area, ELC aims to increase the number of centers utilizing the Teaching Pyramid model. This will increase the likelihood that instructors and children who transition between child care centers will benefit from the Teaching Pyramid model.

C. Lessons Learned

ELC is in the process of shifting strategy to address high child and instructor attrition at area centers. By changing the structure of the training modules, reaching more child care centers, and training more center directors, ELC will improve the capacity of the entire Lealman Corridor area to provide child care informed by the Teaching Pyramid model.

D. Activities Planned for the Next 6 Months

- ELC will revamp the training and coaching schedule for the new training year (July 2014 – June 2015).
- Project Specialists are visiting sites in the targeted area to provide information on the program and conduct outreach.
- Participants will be narrowed down to eight to ten sites and compared for total number of teachers to determine the appropriate workload.
- New certified trainers will assist with the training session workload.
- The Action Plan will be reviewed with the Consultant from USF for guidance and directions.
- Trainings will occur with LAUNCH staff to begin working on creating Behavior Support Plans for those children in the top of the Pyramid in current cohorts.

Section 2, PART II: INFRASTRUCTURE & SYSTEMS CHANGE ACTIVITIES

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

- The Trauma Informed Care training was provided to 27 LAUNCH partners and other community members on March 5, 2014.
- LAUNCH has created a formal communication structure to strengthen collaboration between the State and Local Councils. This communication structure will facilitate additional support to the local community.
- The State level Professional Workforce Development workgroup is collaborating with local partners to identify opportunities for skill development and community capacity building.
- LAUNCH staff submitted and received approval for carryover funding, including \$86,000 for contracted providers to facilitate and promote training for professionals in the community. Over the coming months, the State and Local Councils will finalize plans and host training sessions for LAUNCH partners and other community providers.

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

- In February 2014, Executive Director Dr. Judi Vitucci delivered a presentation to 70 Pinellas County School special education instructors and supervisors on the effects of substance exposure to children.
- LAUNCH staff are working with the social marketing workgroups for the SAMHSA System of Care grant to develop collaborative strategies for public information.
- LAUNCH staff submitted and received approval for carryover funding including \$4,600 to develop and print outreach materials.
- State Council Professional Workforce Development and Strengthening Families workgroups are partnering to develop a comprehensive list of webinars on LAUNCH core strategies that can be targeted to professional and family audiences.

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:

HSCP's collaboration to bring the Seeking Safety training is a meaningful step in improving community work with substance abuse prevention and treatment providers. LAUNCH is looking forward to reviewing the community response to this training and identifying additional opportunities to build the capacity of Lealman Corridor providers to support families in recovery.

In addition to Operation PAR and HSCP, who specialize in substance abuse prevention and treatment, other substance abuse providers are also represented on the State Council. The State Council representative from DISC Village, a substance abuse treatment provider, co-chairs the Strengthening Families workgroup and is helping to guide the public and professional webinar series being developed for LAUNCH and ensure that outreach

information represents the substance abuse focus of LAUNCH.

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

The following outcomes have been accomplished during Quarter 1 of Federal Fiscal year (FFY) 2013-2014:

Transformation Accountability (TRAC) Infrastructure Development Indicators		
Indicator	FFY 2013-2014	
	FFY Goal	Quarter 1 Actual
The number of people receiving evidence-based mental health-related services as a result of the grant.	500	335
The number of (new) organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.	15	5

These indicators are on track to meet or exceed annual goals. Outcomes for Quarter 2 will not be available until July 1, 2014.

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

LAUNCH has experienced significant staffing changes in recent months. The Department required a change in Project Director while the local program is working to select a new Young Child Wellness Coordinator. These staff changes have delayed planning and prevented staff from conducting direct family engagement activities.

The local staff change resulted in a brief hiatus for Local Council, which worsened existing difficulties in expanding community and professional representation on the Local Council. This hiatus stalled much of the infrastructure work at the local level. In partnership with JWB, LAUNCH will reconvene the Local Council in May as a key priority of the Mid County Council. The Mid County Council is an advisory body of JWB made up of community members and elected officials. This integration with the existing community system will expand the reach of the LAUNCH Local Council and improve family engagement opportunities.

6. Briefly describe any NEW ways in which successful LAUNCH strategies or practices have been replicated, expanded or implemented in other communities in the last six months as a result of this grant:

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

Section 3: EVALUATION UPDATE

If your evaluation plan has changed in any significant ways in the last six months, please describe:

No changes to report.