



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

End of Year Progress Report

**Reporting Period:
March 1 – September 30, 2014**

Florida Project LAUNCH
Substance Abuse and Mental Health Program Office
Florida Department of Children and Families

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: 5H79SM061297-02

Project Name: Florida Project LAUNCH

Grantee Organization: Florida Department of Children and Families

Grantee Staff Contact Information

- A. Project Director (Cohort I, II, & IV: State or Tribal; Cohort III: Local)

Name/Title: William Hardin, Manager, SAMH Operations Unit

Email: William.Hardin@myflfamilies.com

- B. Persons completing this form (if different from or in addition to the Project Director)

Name/Title: Phyllis Wells

Role: Young Child Wellness Expert

Name/Title: Jennifer Hughes

Role: Young Child Wellness Coordinator

Section 2, PART I: PROGRAM ACTIVITIES

In the tables below please provide information on services delivered in the last six months of the grant year (March – September, 2014).

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) : Program for Inclusive Early Care and Education (PIECE) provides screening and assessment in early childhood education centers, utilizing the:
 - a. ASQ-3;
 - b. ASQ:SE;
 - c. Teaching Pyramid Observation Tool (TPOT).
 3. Community Health Centers of Pinellas (CHCP, Federally Qualified Health Center): provides screening and assessment in the primary health care setting, utilizing the:
 - a. ASQ:SE;
 - b. ASQ-3;
 - c. Modified Checklist for Autism in Toddlers (M-CHAT);
 - d. Patient Health Questionnaire (PHQ-9);
 - e. Vanderbilt Assessment Scale;
 - f. Institute for Health and Recovery’s Integrated Peers, Parents, Partner, Past, Present (IHR 5P);
 - g. Behavioral Health Assessment; and
 - h. Case Management Assessment.
 4. Operation PAR: Nurturing Parenting Program provides assessments to parents at support group meetings held at CHCP, utilizing the:
 - a. Parent Stress Survey; and
 - b. Protective Factors Survey.

A. Major Activities and Accomplishments

For the reporting period, LAUNCH exceeded all targets for screening and referral outcome indicators in Federal Fiscal year (FFY) 2013-2014.

Table 1. Transformation Accountability (TRAC) Infrastructure Development Indicators

Transformation Accountability (TRAC) Infrastructure Development Indicators		
Indicator	FFY 2013-2014	
	Goal	Actual
The number of individuals screened for mental health or related interventions.	55	823
The number of individuals referred to mental health or related services.	20	630

B. Challenges/Barriers

Providers continue to face challenges in implementing consent procedures to facilitate the development of a community-wide database for sharing screening and assessment information among agencies. This was further hampered by a vacancy in the Local Coordinator position. Consent issues related to screenings are one focus of amendments to provider contracts planned for 2015. Also to be amended is the Business Associate Agreement

signed by all providers in 2013 that outlines a protocol for sharing information among providers specifically for the purpose of reducing inefficiencies and developing a streamlined process for serving families through the practice of service integration. The new Local Coordinator will continue to guide integration efforts of the providers, including facilitating problem-solving for issues of consent and confidentiality.

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. 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, and is intended for universal implementation. 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 for 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 as appropriate to each consumer.

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

The development of a streamlined screening process across agencies requires a community approach that was weakened by the loss of a Local Coordinator and a hiatus in Local Council meetings as a result. Now that the Local Council is well-formulated and strengthening community relations, it can conduct supportive guidance, make appropriate recommendations, and provide oversight to the providers to develop a screening protocol.

E. Activities Planned for the Next 6 Months

Grantees have begun looking at additional screening tools to incorporate trauma assessment into their screening measures. They have also begun reviewing screening tools that are specific to or inclusive of children five to eight years old. The screening tool recommendations have stemmed from University of South Florida St. Petersburg (USFSP) Family Study Center staff, and have included a review by the Local Council and the providers directly in planned sessions with USFSP and evaluators from University of South Florida (USF) Louis de la Parte Florida Mental Health Institute (FMHI).

CHCP continues a steady process of enhancing behavioral health integration. As part of this process CHCP is implementing the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model. The first step has been to select a screening tool to utilize. CHCP with its partners Suncoast Center, Inc. and Operation PAR selected CRAFFT (12-18 year olds) and CAGE-AID (18 and older). Operation PAR will provide training to CHCP staff on the CRAFFT and CAGE-AID in Grant Year 3. Implementation of the SBIRT utilizing these will focus on two CHCP locations: Pinellas Park and Johnnie Ruth Clarke in St. Petersburg. These tools will supplement the use of the IHR 5P for pregnant women in prenatal care and mothers during pediatric visits.

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. Additionally, CHCP and Suncoast

Center are partnering with Operation PAR, Inc. to deliver Nurturing Parenting Support Groups with capacity to address family crises and provide play therapy to children. CHCP and Suncoast Center partnered with ELC to develop a model for Early Child Mental Health Consultation which will be fully implemented in Grant Year 3.

A. Major Activities and Accomplishments

- CHCP and Suncoast have maintained two LCSWs for the Pinellas Park location, pursuant to contract.
- CHCP has maintained a behavioral health case manager at the Pinellas Park location, pursuant to contract.
- The LCSWs have a case load of 30 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.
- CHCP staff have participated in 16 training opportunities relevant to behavioral health integration.
- CHCP staff have participated in five community screening events, serving 20-25 children at each screening.

B. Challenges/Barriers

Families have difficulty keeping appointments in the center for both primary and behavioral health services. The difficulty is typically related to transportation issues. Some incentive funds have been reallocated to pay for bus passes to families to increase compliance with appointment times. In addition, families have demonstrated a need to access appointments in the evenings. The maintenance of two LCSWs allows them to alternate schedules and offer more options for after-hours appointments to accommodate families.

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 pediatric staff has increased the number of referrals to early intervention programs, resulting in better school readiness for children. Consumers are also benefitting from integrated care for developmental disabilities received as a result of cases being staffed by pediatric staff, the LCSWs, and the case manager.

E. Activities Planned for the Next 6 Months

The Early Childhood Mental Health Consultation (ECMHC) service component will be fully implemented in January of 2015. CHCP will work with the Local Council to adopt new screening measures and develop a data-sharing process with other providers.

CHCP has received additional federal funding and will be hiring a child psychiatrist at the Pinellas Park location which serves LAUNCH families. CHCP will also be expanding case management staff at no additional cost to LAUNCH.

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

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

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

Parent educators travel to 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

Partnership with the Federal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program funded Seeking Safety training for area providers in 2014. Seeking Safety is a trauma-focused model for substance use treatment. This partnership trained approximately 50 professionals in the area, including LAUNCH providers.

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

B. Challenges/Barriers

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

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 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

Seeking Safety substance abuse education is provided as an appropriate and individualized evidenced-based intervention developed to target adults who self-medicate to cope with past trauma and PTSD. Additional services offered through the PAT + program include a registered nurse as part of the team who is trained and certified to provide access to medical care and ensures mothers receive well-care checkups through a partnership with the local health department and community health centers. These overlay services were identified in the first year as opportunities to improve overall practice and respond to the needs of the families. By addressing these additional needs, the PAT+ program helps ensure families are successful as they focus on treatment for substance abuse and developing nurturing relationships with their children.

E. Activities Planned for the Next 6 Months

Healthy Families PAT + Program will continue to lead the community based Substance Exposed Newborn Task Force to gather and present data on newborn exposure rates and types, as well as presentations from medical experts, intervention teams, local post natal nursing units, and networking discussions on appropriate system changes for interventions.

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:

Service Integration:

LAUNCH has developed a model for ECMHC that cements a partnership between the ELC Coaching staff and the LCSWs employed through CHCP. The primary population to be served is the child care centers served through the ELC. ECMHC services will be provided along with the ELC coaching and training in a package of services to those child care sites. The LCSWs will join the Coaches in initial informational meetings to describe the service component, and descriptions would be included in all flyers, mailings, and advertising for services to early childhood programs through LAUNCH.

The LCSWs will join the Coaches for training sessions as needed and visit the child care sites along with the coaches as needed and independently to provide consultative services to teachers. Additionally, regular provider meetings will include cross referencing services to early childhood sites in the area, as well as seeking opportunities to maximize the services among other providers.

ECMHC services are offered to other sites in the Lealman area through referral from the Inclusion Specialist at the ELC and community outreach as identified above.

The partnership includes the development of a strong infrastructure from the foundation established through existing ELC networks and include a multidisciplinary leadership team.

Program Goals:

Promote the social, emotional and behavioral health of infants and young children in a child-centered approach;
Link families with early childhood educators for improved child outcomes;
Promote the earliest intervention strategies;
Build capacity in the early childhood workforce; and
Link systems together.

Projected Outcomes:

Reduce/reframe challenges and challenging behaviors related to a variety of health and behavior problems;
Reduce early childhood program expulsions;
Increase awareness and understanding of childhood development, temperament, and root causes and responses to behavior;
Decrease parent and teacher stress and lack of confidence;
Increase competence among child care and preschool staff to recognize and address challenging behavior; and
Reduce children's externalizing behaviors such as aggression.

A. Major Activities and Accomplishments

In 2014, the CHCP staff worked collaboratively with the LAUNCH Coordinator, the Early Learning Coalition staff, and the TA Consultant on the Pyramid Model from USF in Tampa to develop an ECMHC model tailored to the needs of the LAUNCH community. A program description, methodology, and protocol were developed by the end of Grant Year 2. Beginning in 2015, The LCSWs at CHCP will work in partnership with the early learning Coaches at the ELC to provide program based ECMHC services to child care providers in early care facilities receiving the PIECE coaching. Staff will assess children who do not respond positively to social emotional supports implemented programmatically using the Brookes Social Emotional Assessment-Evaluative Measurement (SEAM) tool. Teachers access additional services through consultation with the LCSW and the Coaches together to increase their knowledge and understanding of child development and behavior in the context of mental/behavioral health and make appropriate referrals as needed for additional services.

B. Challenges/Barriers

ECMHC services are not offered anywhere in Pinellas County, and this model is fairly unknown and misunderstood by clinicians. LAUNCH partnered with the Children's Mental Health System of Care Expansion Grant to deliver a two-day workshop on ECMHC at the end of Grant Year 2, but more training in advanced implementation of the model is needed. LAUNCH will seek carryover dollars to fund a two-day workshop on the model and implementation. The community needs additional and ongoing information on this model and will be looking to LAUNCH outcomes to support expansion of these services. Promotion and outreach about the success of

this service will be crucial for implementation and sustainability in 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)

In the response to the initial Notice of Award, LAUNCH detailed a plan to replace a PIECE Coach with a Mental Health Consultant. Due to deeper partnerships forming between LAUNCH providers, this role is served by the LAUNCH-funded LCSWs at CHCP at no additional cost. Making better use of LAUNCH funds in this way enables ELC to reach more child care centers.

D. Lessons Learned

The development of the ECMHC model, along with other service components, demonstrates the skill LAUNCH providers have in identifying opportunities for service integration. These services provide a model for encouraging deeper partnership among other community providers.

E. Activities Planned for the Next 6 Months

ECMHC will be fully implemented in the next cohort of child care centers to be served through ELC. The implementation will be monitored carefully and evaluated to identify any modifications needed and demonstrate success.

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:

During the 2013-2014 grant year, LAUNCH prioritized engagement with families on the Local Council and initiating the Nurturing Parenting skills training. Family engagement efforts focused on partnering with local agencies to build relationships with families in the Lealman Corridor. LAUNCH has partnered with JWB to strengthen the Family Oriented Concept Unified to Serve (FOCUS) community partnership with faith-based and advocacy organizations to promote family and community resilience by increasing access to services in the Lealman Corridor, Largo, Seminole, and Pinellas Park communities. Services provided include basic needs, counseling services, comprehensive transition services for ex-offenders, comprehensive services for human trafficking victims, case management services for children aging out of foster care, DCF/ACCESS, job development services, liaison with churches and faith-based community, substance abuse treatment and support, and work readiness/life and re-entry training through fifteen community partners. In partnership with LAUNCH staff and providers, the Adopt-a-Block initiative has taken shape, in which FOCUS volunteers canvas Lealman Corridor neighborhoods offering practical assistance to residents (e.g., home maintenance) and providing information about local services, including LAUNCH-funded services. This sustained effort is designed to build trust among the residents in the long-term commitment of these community partners and encourage community solutions to resident challenges.

During Grant Year 2, Nurturing Parenting Support Group programming became an integral service offered by the Pinellas Park CHCP clinic serving residents of the Lealman Corridor, the LAUNCH target community. 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 support group model utilizing the Nurturing Parenting curriculum that has been developed by Operation PAR, Inc. and CHCP is an integrated service designed to meet the complex needs of parents in the Lealman Corridor.

Each cycle consists of eleven weekly sessions for parents of children in the target population. Groups will be held to a maximum of ten families with a minimum of three. The group is closed, with entry restricted to weeks one to three. The timing and structure for the groups are set to maximize success for families. A concurrent group for children is held while the parents meet. The Children's group is led by one of the LAUNCH-funded on-site LCSWs and the LAUNCH-funded Case Manager. The LAUNCH Nurturing Parenting Support Group is co-facilitated by the other LAUNCH-funded LCSW and the Operation PAR, Inc. Prevention Specialist, a Nurturing Parenting certified facilitator. Co-facilitation permits family crises to be identified and addressed immediately, ensuring access to needed additional services.

Prior to the initiation of the Nurturing Parenting Support Group programming, the LCSWs, Case Manager and Prevention Supervisor trained medical personnel at CHCP to refer parents to the support group and encourage their attendance. In future cycles, additional groups will be offered to promote parent-child interaction, address the needs of fathers and male caregivers, and respond to other specialized concerns in the Lealman Corridor.

A. Major Activities and Accomplishments

LAUNCH successfully collaborated with the Juvenile Welfare Board of Pinellas, Inc (JWB). to engage the community and assist with access to family serving agencies to promote family engagement. The relationship included a Collaborative Lab organizational planning session coordinated by JWB that brought community stakeholders and providers together to establish goals and develop a new Local Council in the summer of 2014. The partnership coincided with the hiring of the new Local Coordinator and provided opportunities to participate in numerous community events and committees to promote the LAUNCH project and build new partnerships. The JWB funds programs that serve children and families and access to those providers has proven valuable to outreach efforts to families either directly or through those agencies. The rebuilding of the Local Council included at least one parent from the local area and two volunteer parents from the Federation of Families (FOF) who attend the meetings regularly. In addition, new partnerships have been established between Local Council members to maximize their services to children, for example, the FOF can now serve children who attend the programs at the Police Athletic League in the area and the Lealman and Asian Neighborhood Family Center.

Operation PAR began offering Nurturing Parenting classes in collaboration with the LCSWs at CHCP in the summer of 2014. They have completed one full cycle at the conclusion of the grant year.

B. Challenges/Barriers

It remains a challenge to engage parents in the Local Council meetings despite offering child care and other incentives. Parents do not attend regularly.

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

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

E. Activities Planned for the Next 6 Months

Operation PAR, Inc. will deliver additional cycles of the Nurturing Parenting Support Group which will run in concurrent pairs. They are seeking a small group to serve fathers or male caregivers as well. These groups may be offered at additional sites in the Lealman Corridor.

JWB funds an early learning program through the local United Methodist Cooperative Ministries (UMCM), a community organization that provides quality child care at four centers, one of which falls in the Lealman Corridor. It is the intent of the LAUNCH Local Coordinator and the Family Engagement Specialist at UMCM to work with the Local Council to develop a family advisory group to guide the Local Council and provide feedback on services through a subcommittee process.

Table 6. Teaching Pyramid with Positive Behavior Supports

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

The Early Learning Coalition (ELC) has used the Teaching Pyramid with Positive Behavioral Supports model in Pinellas County child care centers prior to LAUNCH through the Program for Inclusive Early Care and Education (PIECE). Teaching Pyramid was developed by the Vanderbilt University Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and incorporates the Teaching Pyramid approach to promoting pro-social behavior. ELC serves children ages birth through 5. LAUNCH funding has enabled this program to serve additional 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 Teaching Pyramid 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 Teaching Pyramid and provide assistance for educators and students with the most serious needs.

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. Evaluation during grant year 1 revealed that dividing the required three modules of the Teaching Pyramid model into different intervals would promote completion of PIECE by early childhood educators.

The decision to change the PIECE 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.

A. Major Activities and Accomplishments

The first LAUNCH-funded cohort of PIECE ended in July 2014, with 27 instructors and two child care center directors completing the program. The second cohort began promptly, with 20 instructors and one director from nine child care centers participating. Since the mid-year report, 443 children in participating sites have benefitted from PIECE services.

Working with Rochelle Lentini, Director of the Program-Wide Positive Behavior Support Project and Quality Counts for Kids in Hillsborough County and Project Coordinator at USF for CSEFEL, ELC practices continuous quality improvement through evaluation and modification of the PIECE Action Plan. The LAUNCH-funded Coaches completed training at the USF National Training Institute on Effective Practices on reliable use of the TPOT, the tool used to evaluate fidelity of classroom behavior of child care center staff to the Teaching Pyramid model by assessing staff skills in supporting children's development through environment and activities and response to challenging behaviors.

PIECE Coaches have increased outreach to parents through partnerships with Operation PAR, Inc. and CHCP. ELC

also partnered with USFSP Child and Family Study to provide a LAUNCH-funded training workshop on responding to trauma-based behaviors in the classroom to early childhood educators, elementary teachers, and community partners. This workshop, along with similar workshops tailored to professionals and parents, was part of an initiative developed by LAUNCH partners on the newly-formed Trauma Informed Quality Care Committee to promote child wellness through the delivery of a train the trainer model for trauma informed child care practices.

Program accomplishments include ongoing changes to teaching practices in the selected sites, i.e., improvements to daily teaching strategies, permanent environmental changes (classroom arrangement to improve transitions from activities, improved accessibility to learning objects for children, program schedule alterations, staffing coordination, visual cues for children to follow throughout the classroom), increased knowledge base of child development, understanding of human temperament, brain development and behavior motivations. Children in LAUNCH-funded classrooms receive developmental screenings and referrals for further evaluation and intervention. Through family engagement activities, providers are identifying developmental concerns earlier. As a result, children and families who may have not been screened without this project have qualified for a variety of services.

B. Challenges/Barriers

The targeted project area has a limited number of child care sites and most of those sites have participated in the project by classroom by the end of Grant Year 2. The goal of the ELC is to implement PIECE program-wide at participating child care centers, as recommended by the model developers, CSEFL and USF Teaching Pyramid Consultants. The number of providers will not, therefore, increase each year as many of the same child care centers will participate in the training and coaching repeatedly as PIECE pursues a minimum of 75% program compliance at participating centers. For example, one site has six classrooms and two of those classroom staff have been trained, but the remaining four will be trained and coached over the remainder of the grant project. The number of providers participating may not fluctuate from year to year and they may be duplicative as the entire child care program seeks to complete the training and coaching offered by ELC.

Additional challenges arise from the fact that participation in the training requires a large commitment from teachers to attend evening trainings over the course of six months. Early childhood educators are paid a very low wage and most of them live in the communities that have been identified as at-risk. The need for incentivizing the program is higher because the teachers often do not get paid flex time for attending evening classes and volunteer for the program without a tangible return. ELC is seeking to discuss incentive options for teachers in upcoming contract negotiations.

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

PIECE Coaches will train and coach all of the teachers in each child serving program over the course of the project for program-wide implementation of the service, rather than one or two teachers in each center in the designated area. This will result in a lower number of participating centers but a higher number of teachers and children impacted. Under the original plan, PIECE Coaches trained at least one instructor and one director from 12 area child care centers. Under the revised plan, PIECE Coaches will train all instructors and one director at eight to ten child care centers.

D. Lessons Learned

Creative planning for incentivizing the program for teachers is needed for 2014.

E. Activities Planned for the Next 6 Months

Begin next cohort in January 2015 augmenting the PIECE coaching with LAUNCH-funded ECMHC services in partnership with the LCSWs at CHCP.

The PIECE Coaches will participate in leadership training through Quality Counts for Kids designed to promote program-wide sustainability of Teaching Pyramid practices.

Section 2, PART II: SCOPE & BREADTH OF SERVICES

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

All strategies have been developed. ECMHC is being provided in a limited but growing capacity, and will be fully implemented in January 2015. The model tailored to Pinellas County includes integration of these services with the PIECE program through ELC, and information regarding how centers can benefit from ECMHC and service delivery will begin with the next cohort of participants. As ELC moves forward with the PIECE Action Plan seeking program-wide implementation of Teaching Pyramid, participating centers are anticipated to utilize ECMHC for additional improvement in child care practices and resulting child outcomes.

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 years. The State and Local Councils recognize the importance of addressing the needs of children ages six to eight. The Local Council and LAUNCH staff are currently building relationships with area schools and local organizations that serve school-aged children. A new relationship was formed with a large elementary school in the area to provide training on Responding to Trauma Based Behaviors for Teachers that included the public school teachers and early childhood educators. This has sparked interest for additional training and public school administrators are engaging with LAUNCH. In addition, Pinellas County Schools participated in the training, contributed continuing teaching credits for their teachers, and committed to provide these credits in the future. Representatives from the school district have participated in the Local Council, and community events are planned for 2015 that will include information for families through the school system.

Interfacing with the school system around the issue of trauma-based behaviors is a lesson to the state level program as well. The state council is engaging existing partners such as the Multiagency Network for Students with Emotional/Behavioral Disabilities (SEDNET), which offers training on trauma to schools, to explore ways to expand the work being done through the Pinellas school system. As the recipient of a Project AWARE grant, the Florida Department of Education will also be a key partner as LAUNCH moves forward in addressing the needs of children through the educational setting. Over the course of Grant Year 3, LAUNCH will leverage partnerships to bring skills to educators that will enable them to support school-age children in overcoming the challenges they bring to the classroom.

Section 2, PART III: INFRASTRUCTURE & SYSTEMS CHANGE ACTIVITIES

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

Training workshops have been offered through LAUNCH to professionals in the designated and surrounding area that include the following:

1. Motivational Interviewing;
2. Responding to Trauma Based Behaviors for Professionals;
3. Responding to Trauma Based Behaviors for Teachers;
4. Early Childhood Mental Health Consultation Services for Clinicians; and
5. Early Childhood Mental Health Consultation Services for Early Childhood Educators.

In addition, contracted providers have participated in approximately 20 different trainings or workshops on topics such as Trauma Informed Care, Seeking Safety, Motivational Interviewing, Listening to Babies, Addressing

Challenging Behaviors, Treatment Planning, Emotional Competence, Autism, Building the Healthy Brain, Nurturing Parenting, The Future of Health, and What Primary Care Needs from Behavioral Health Care.

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

- Both the Local Coordinator and senior staff at JWB made numerous presentations to the community. Materials describing LAUNCH activities and partnerships have been distributed consistently community wide, as well as during a speaking engagement offered by the Local Coordinator at the annual Department Dependency Summit.
- The Local Council developed door tags that outline LAUNCH in English on one side and in either Spanish or Vietnamese on the reverse. The door tags will be distributed during Grant Year 3.
- Several PowerPoint presentations have been developed for use with various audiences. Flyers advertising training workshops and the Local Council meetings have been distributed county-wide.
- Community events are planned for 2015 to market LAUNCH, partner services, and Local Council activities.
- The evaluators at FMHI have compiled LAUNCH data to date into colorful graphs to promote high impact data and summaries of service provision across the board. These were utilized along with other presentation mediums by the USF staff in partnership with the Local Coordinator and JWB.

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, Inc., a substance abuse treatment provider, has been instrumental in the development of the parent skills training component for LAUNCH. Their willingness to undertake integrated activities has created the Nurturing Parenting Support Groups, which has already become a vital piece of the Lealman Corridor system of care. Operation PAR, Inc. staff have also been key to the successful rebuilding of the Local Council.

The Local Council and primary substance abuse treatment facility WestCare Gulfcoast have partnered to meet service gaps in the Lealman Corridor. WestCare Gulfcoast is proposing a training component through LAUNCH to include direct training to parents exiting the judicial system in the targeted area to re-build their family systems and establish relationships with their young children ages birth to 8. Members of their partner agency, the Florida Re-entry Academy sit on the Local Council and participate in community outreach for the project. Additionally, referrals are made to WestCare from the contracted providers and advertising of the services are accomplished through Local Council representation.

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:

1. Revitalizing the community to participate and invest in an integrated service approach through the support of JWB, the rebuilding of the Local Council, and continued and exhaustive presentations to various community events and meetings about the promotion of wellness through prevention and intervention activities.
2. Development and implementation of the ECMHC service through multiple collaborative participants across the project. The potential impact of this program to the community is great as it is the only service of its kind in the county. Data and research supports the model, and funders will be looking to specific indicators of success and outcomes of the program to invest in service expansion at the conclusion of the project.
3. A unified workforce development plan identified by the Local Council and community to train and sustain professionals and families that includes opportunities on trauma specifically related to behavior in young children, parent-child interaction-based intervention strategies, Motivational Interviewing methods, Early Childhood Mental Health Consultation practice for clinicians at graduated levels, and direct parent training and coaching.

Exceeding FFY 2013-2014 goals, the following outcomes have been accomplished:

Table 2. Transformation Accountability (TRAC) Infrastructure Development Indicators

Transformation Accountability (TRAC) Infrastructure Development Indicators		
Indicator	FFY 2013-2014	
	Goal	Actual
The number of people receiving evidence-based mental health-related services as a result of the grant.	500	1232
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	60	126
The number of (new) organizations collaborating/coordinating/sharing resources with other organizations as a result of the grant.	15	16

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:

1. Competing priorities among community members related to misunderstanding of the project and allocation of dollars. Some partners did not understand the project and it took some months to develop and promote consistent messaging. Community members continue to request money from the grant for things outside the scope of the project, i.e., funding more programs/services, neighborhood improvements, etc.
2. Limited incentive funding to promote parent engagement as well as partner participation. It is crucial to have access to smaller, easier to obtain funds. Fund raising and donation seeking becomes a large part of the process for staff and Local Council members to build in things like refreshments, child care for parents when attending meetings, gas cards for transportation, teacher stipends to take time off work to participate in programming, etc.
3. Ambitious state-level goals developed for the strategic plan have challenged the State Council members in feeling effective. Difficulties faced in the reformation and cohesion of the Local Council and the resulting delays in developing communication between the State and Local Councils have also left the State Council struggling to respond to barriers at the local level. During Grant Year 3, LAUNCH will be working with a consultant to refine the theory of change for the State Council and develop achievable goals that work with the timeline of the project. Also, the State Council will be strengthening relationships with other state-level initiatives such as the Children’s Mental Health System of Care Expansion Grant, Help Me Grow Florida, Project AWARE, and others, which will permit LAUNCH to share insight on the intersections of these projects without performing parallel, duplicative work. These strengthened partnerships will allow LAUNCH to focus on principles unique to LAUNCH while ensuring other strategies remain a priority through these initiatives.

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:

1. CHCP plans to continue behavioral health services in the program health center. They recently received a federal award to expand behavioral health services and enhance service delivery. CHCP will add a child psychiatrist which will be integrated into the LAUNCH site in 2015. CHCP also intends to maintain and expand their case management component across the area to other CHCP clinics.
2. The Nurturing Parenting Support Groups are offered through an integrated service plan between Operation PAR, Inc. and CHCP at the LAUNCH clinic and will be replicated in other CHCP clinics in the community.
3. The PIECE services offered by the ELC are being offered to child care programs within and outside of the service area through Local Council relationships. The ECMHC services that will be fully integrated with PIECE beginning January 2015 will be offered to all the child care centers served by PIECE, including

- those not funded by LAUNCH.
4. LAUNCH was the primary impetus for kicking off the Adopt-A-Block initiative in the Lealman Corridor that draws upon volunteers in the community to visit a residential block every Saturday to offer a variety of services that include yard clean up, home restoration, general neighborhood, and linking to community services, primarily LAUNCH services. This project was born out of a partnership between the Florida Dream Center and JWB through the FOCUS network and was initiated in the Lealman Corridor at the end of Grant Year 2. As a sustained effort to engage with the LAUNCH target community, lessons will be expanded to other neighborhoods as the initiative grows.
 5. Trauma Informed Best Practices training is being offered through a community initiative and led by LAUNCH. Funding was leveraged through the ELC to pay USF staff to train professionals in partner agencies who work directly with child care staff, and to train child care staff directly throughout the year on trauma and responding to trauma based behaviors in very young children. The pilot project will include LAUNCH child care providers and be expanded to outlying areas over time. The project is sustained and supported primarily by the ELC and partner agencies who volunteer coaching services to child care providers as part of the project.

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

Improving family engagement at the Local Council level
Identifying roles for the State Council
Developing sustainable funding

Section 3: BRIEF VIGNETTES

*Names and identifying information have been changed.

VIGNETTE #1:

The CHCP Case Manager and LCSW have been working jointly with a mother Michelle* and her children James* and Janae*. This family was identified through CHCP's pediatric team. Michelle was involved in an unsafe relationship and needed assistance to provide a safe environment for her young children. The case manager was able to help the family access resources to pay rent and electric bills, connect Michelle with a domestic violence shelter, enroll Janae in child care, and coordinate appointments for James to continue services with the LCSW. The LCSW was able to offer counseling for the mother to improve stress management and strengthen her ability to support James as he practices skills to reduce challenging behaviors.

The LCSW and Michelle developed a treatment plan with the case manager to establish goals for the family to work towards. The family is now involved in the Nurturing Parenting Support Group led by Operation PAR, Inc. Janae was placed in child care in a center being served by the ELC PIECE program. James is attending group therapy to practice impulse control. Michelle is looking into the PAT+ program to help maintain her sobriety while getting access to additional services. The family will continue to receive services through the support group and individual/family counseling will be offered until the family has reached their goals. Through their entry point with the primary care staff at CHCP, this family has been connected with the full LAUNCH infrastructure, meeting their complex needs and supporting them in building a better future.

VIGNETTE #2:

Gina* lives in the Lealman Corridor and has been receiving PAT+ home visiting services for almost three years. She was able to connect with the services when her daughter Kiara* was born. Gina had been using cocaine and engaged with PAT+ for support in getting treatment. Gina has successfully participated in the program and

maintained sobriety. She is attending school to expand her opportunities and providing a safe environment for Kiara. Kiara has met all developmental milestones and is attending child care through collaboration with JWB. Kiara will be 3 years old in February* and the family will graduate from PAT+. Gina will be able to utilize other LAUNCH services and has benefited from the deepening connections LAUNCH has fostered in her community.

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).

The new Local Coordinator was hired in June of 2014 and the Local Council met in July- August and September. The review of the Strategic Plan began in October of 2014 and is scheduled for completion in January of 2015. The State Strategic Plan will be revised in Grant Year 3.

- 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 Local Strategic Plan is currently under revision. Many of the goals have been met and some minor modifications need to be made to planned Local Council activities. Submission of the new Local Strategic Plan is slated for February of 2015.

The changes to the Local Strategic Plan will reflect the newly implemented program components of ECMHC and Nurturing Parenting Support Groups as they have been tailored to meet community needs. New partners and strengthened relationships have opened new opportunities and transformed some activities, and these changes will be included in the new Local Strategic Plan.

ADDITIONAL END OF YEAR REQUIRED DOCUMENTATION (ATTACHMENTS):

A: FEDERAL FINANCIAL REPORT

A completed FFR (Federal Financial Report) must be submitted to the Office of Grants Management on or before December 31. The FFR gets submitted electronically to Darrell Russ (include grant #).

A copy should also be sent as an attachment to this report.

A pdf version of the FFR can be found at:

http://www.whitehouse.gov/sites/default/files/omb/assets/grants_forms/SF-425.pdf

Note: the budget and expenditure spreadsheet information provided in the FFR is always reported cumulatively, i.e., the information entered into the spreadsheet will always have a start date of September 30 of the year your grant was awarded, and the end date will be the last day of the current reporting period. As an example, for LAUNCH Cohort II, the budget expenditure spreadsheet included in the Year 4 Annual Report would include all expenditures made from the beginning of the grant (September 30, 2009) through the end of the Year 4 reporting period (September 30, 2013).

B: DETAILED BUDGET

Project LAUNCH Budget and Justification FFY 2014

A. Personnel:

FEDERAL REQUEST

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Young Child Wellness Expert (YCWE)	Phyllis Wells	\$55,000	100%	\$55,000
Young Child Wellness Partner (YCWP)	Vacant	\$55,000	50%	\$27,500
Young Child Wellness Coordinator (YCWC)	Jennifer Hughes	\$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
ACA Health Coverage	1 x \$15,600 family; 1 x \$6,900 individual	-	\$22,500
		TOTAL	\$24,349

JUSTIFICATION: Fringe Benefits include 1.45% FICA for OPS staff, and federally mandated ACA health coverage.

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

\$24,349

C. Travel:

FEDERAL REQUEST

Purpose of Travel	Location	Item	Rate	Cost
Conference Attendance: Drug Endangered Children	Orlando	Hotel	\$100 x 4 nights	\$400
		Rental Car	\$30 x 5 days	\$150
		Meal Allowance and Per Diem	Meals \$36 x 4 days PD \$80 x 1 days	\$224

Purpose of Travel	Location	Item	Rate	Cost
		Gas and Incidentals	\$50 x 5 days of travel	\$250
Quarterly Site Visit	Tallahassee to Tampa	Hotel 1 night per trip	\$100 x 2 persons x 4 trips	\$800
		Shared Rental Car	\$30 x 8 days	\$240
		Meal Allowance and Per Diem	Meals \$36 x 4 days x 2 persons PD \$80 x 4 days x 2 persons	\$928
		Gas and Incidentals	\$50 x 2 days x 4 trips x 2 persons	\$800
Local travel	Tampa	Mileage	\$0.445 / mile x 2,978 miles x 1 person	\$1,325
			TOTAL	\$5,117

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

Drug Endangered Children Conference: 1 Project staff will travel to the Drug Endangered Children Conference in Orlando, Florida. Costs are based on historical travel costs for site visits. 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 57 miles per week at the state standard of \$0.445/mile.

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

\$5,117

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	\$100 x 2.5	\$250
Printing and Reproduction	\$118 x 2.5	\$295
Office Supplies, per FTE	\$188 x 2.5	\$471
	TOTAL	\$1,016

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)

\$ 1,016

F. Contract:

FEDERAL REQUEST

Entity	Product/Service	Cost
Community Health Centers of Pinellas, Inc (CHCP)	Behavioral Health Integration Services and Early Childhood Mental Health Consultation	\$237,577
Healthy Start Coalition of Pinellas County (HSCPC)	Parent Educator Home Visiting Services	\$102,929
Operation PAR, Inc.	Nurturing Parenting Support	\$16,500

Entity	Product/Service	Cost
	Groups	
University of South Florida / Florida Mental Health Institute (FMHI)	Program Evaluations	\$131,374
Early Learning Coalition of Pinellas County (ELC)	Teaching Pyramid Through PIECE Program	\$143,619
	TOTAL	\$631,991

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.

Operation PAR, Inc. will provide Nurturing Parenting Support Groups as described in this grant application.

FMHI will provide the program evaluations required by this application.

ELC manages child care services in Pinellas County and will provide Teaching Pyramid through the PIECE program, integrated with the Early Childhood Mental Health Consultation Services through CHCP.

FEDERAL REQUEST – (enter in Section B column 1 line 6f of form SF424A) **\$ 631,991**
(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
Shared collocated costs for 1FTE at Headquarters	\$7,696 x 1 FTE	\$8,704
Cellular phone for YCWP	\$85 x 12 months	\$1,020
	TOTAL	\$10,069

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.

Collocated costs represent building use, office supplies, printing, security service, and other recurrent costs that are needed for personnel management and general operation of the project and are calculated at a state rate that represents the share of these costs allotted to each FTE.

FEDERAL REQUEST – (enter in Section B column 1 line 6h of form SF424A) **\$ 10,069**

Indirect cost rate:

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

23.63% of personnel and Fringe for HQ staff (.2363 x \$82,500=19495)

12.84% of personnel and Fringe for Regional staff (.1284 x \$45,000=5778)

\$25,273

BUDGET SUMMARY: (identical to SF-424A)

Category	Federal Request
Personnel	\$127,500
Fringe	\$24,349
Travel	\$5,117
Equipment	0
Supplies	\$1,016
Contractual	\$631,999
Other	\$10,069
Total Direct Costs*	\$800,050
Indirect Costs	\$25,273
Total Project Costs	\$825,323

*** TOTAL DIRECT COSTS:**

FEDERAL REQUEST – (enter in Section B column 1 line 6i of form SF424A) **\$800,050**

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

FEDERAL REQUEST (enter in Section B column 1 line 6k of form SF424A) **\$825,323**

C: GRANTEE-SPECIFIC EVALUATION REPORT

Please see attached file *Florida PL Yr 2 Evaluation Report 12-21-14 USF*.