

Colorado Project *LAUNCH* (COPL)



STRATEGIC PLAN – FFY 2015

Submitted

to the Substance Abuse and Mental Health Services Administration (SAMHSA)

Updated, Re-submitted & Approved September 2015



INTRODUCTION AND FRAMEWORK

The Strategic Plan for Colorado Project LAUNCH (COPL) covers a five year period and reflects and builds upon the programs, services, and resources that are already in place to serve young children and families in Adams County. Data from the Environmental Scan, input from stakeholders and needs reflected in the proposal also inform this plan. It is viewed as a living document that will be updated annually based on goals achieved, new priorities that surface and data from evaluation findings. This plan will ensure that the local and state plans are closely aligned, collaborate with existing statewide plans, support the Logic Model and incorporate the contributions of the Young Child Wellness Council members.

Authentic engagement of the local and state Young Child Wellness Councils in the strategic planning process was a priority and this commitment provides the foundation for future work. Families were strongly represented in this process and their contributions are reflected in the plan. Communication and coordination between the two Councils will be intentional and closely linked through the life of this project. The local Young Child Wellness Council will focus on activities, challenges and strengths in Adams County. Lessons learned at the local level will provide the State Council with information needed to address workforce development, policy issues, funding opportunities, replication, and sustainability. The Colorado Project LAUNCH Young Child Wellness Council is a subcommittee of the Program Quality and Alignment Committee (PQAC) of the Early Childhood Leadership Commission (ECLC). The purpose of the ECLC is to improve outcomes for young children ages birth to eight and their families by advancing the alignment, coordination, and efficiency of programs and services. This commission is Colorado's early childhood advisory committee, enacted by the General Assembly of the state. Colorado Project LAUNCH will work in tandem with the ECLC to accelerate and sustain Colorado's commitment to improving outcomes for young children. The ECLC has delegated the oversight responsibilities of Project LAUNCH to the Young Child Wellness Council. The Young Child Wellness Expert and the Young Child Wellness Partner will solicit input from and provide updates to the PQAC on a quarterly basis via presentations at their committee meetings.

In Adams County, over three-quarters of students qualify for free or reduced meals. More than half (50.3%) of third graders in South Adams county do not read proficiently—likely a result of its rate (49.7%) of English-language learners. The student population is predominantly Hispanic (72.2%), with White (20.8%) and other (7% Black, Asian, Pacific Islander, and other) making up the remainder. The local component of COPL targets three southern Adams County school districts that serve 30% of the county's student population. Adams is also one of Colorado's top five counties for populations of Active Duty, Guard, Reserve, and off-installation military families with children under 13, and veterans comprise 8.8% of the adult civilian population. We currently do not have data that breaks down prenatal – 8 age ranges. However, there is anecdotal evidence that the student population is similar to the prenatal – eight population. COPL will explore ways to identify this data at the south Adams County level (Colorado Department of Education, 2013).

LAUNCH Together, an initiative funded by several Colorado foundations is in the early stages of planning and implementation in Colorado. This initiative is inspired and informed by the experiences and outcomes of SAMHSA's Project LAUNCH initiative and Colorado Project LAUNCH. Funding will support four Colorado communities in replicating the strategies of COPL. Staff of COPL meet with staff of LAUNCH Together on a regular basis to share lessons learned, explore upcoming opportunities, coordinate data sharing and consider sustainability strategies.

Summary of Environmental Scan Analysis

The following is a summary of the results of the Environmental Scan Analysis (per service area) that helped guide the Strategic Plan.

Screening and Assessment

For the past two years, Adams County early childhood stakeholders, through the Early Childhood Partnership of Adams County (ECPAC), have created an “Coordinated Identification and Referral Roadmap” that outlines best practices in identifying children through screening or close collaboration with the Medical Home, through the referral and delivery of services process. This Roadmap and all supplementary documents (i.e.: Referral forms, releases of information, talking points, etc), have been compiled into a “Roadmap binder” and provided to organizations in Adams County who work with young children and pregnant/postpartum women, along with a staff training on the use of the roadmap binder. Best practices include, but are not limited to, close collaboration with the Medical Home, direct referrals to services instead of handing families a phone number to call, increased family education and support – through the use of a separate Family Roadmap, and common messaging (talking points). All forms in this binder are also on-line. Currently provider organizations programs are receiving implementation support for the pieces of the Roadmap that have been more challenging. LAUNCH plans are to increase this technical assistance and to explore the use of an on-line referral system that will improve efficiencies and help ensure families do not get missed. The biggest identified barrier to the current system is the time to complete paperwork, etc. This on-line process hopes to break down these barriers. An additional barrier identified is the time needed to best support families through the process, especially those with multiple barriers to accessing evaluations and services. Therefore, LAUNCH plans to increase support to families through the use of Care Navigators at locations where screening and referrals, as well as accepting referrals, happens most often.

Reimbursement is needed for early childhood mental health screening (in addition to developmental screening) and family risk assessment. At the state level, COPL will promote policies that focus on prevention and promotion and are designed to reduce barriers, increase accessibility, increase utilization, and improve outcomes within an integrated system of care.

The Child Find system lacks an assessment process that consistently includes early childhood mental health expertise. COPL (state and local levels) will work to increase the number of professionals across all appropriate disciplines (e.g., early intervention, early care and education) trained in early childhood mental health screening and assessment by increasing opportunities and providing incentives for professional development, including support to earn the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health® at all levels.

Mental Health Consultation in Early Care and Education

Young children in early learning settings may experience challenging behaviors, and these settings often see no other option than to expel the children from the program. Early Childhood Mental Health (ECMH) consultation has been identified as a vital prevention strategy to help meet the needs of infants, toddlers and preschoolers in early care and education settings. Early childhood mental health consultants (outside of the ECMH Specialist program) are scattered throughout the state, but they lack a consistent infrastructure to support them. COPL will support partnerships that work together to create a strong, effective, and coordinated system of supports and services that are easy to navigate.

In Adams County, there are not enough ECMH consultants to meet the need. Providers noted that due to demand, the consultants are primarily engaged when there are major behavioral or social-emotional concerns with children and are less able to contribute to less intensive needs or prevention efforts. Adams County will provide additional support to increase capacity and address the social-emotional needs of children at the levels of promotion and prevention, which is more consistent with their model and philosophy of early childhood mental health consultation.

Home Visiting

In Adams County, there is a need for an increase in access to and frequency of mental health consultation in home visitation programs and for real-time supports for issues that extend beyond the professional expertise or scope of the home visitor (e.g., substance abuse, mental illness). At the local level, COPL will increase the capacity of home visitation programs to address the social-emotional needs of children and support the mental health needs of the family.

Children are on waiting lists for some home visitation programs even though there is availability in others. At the local level, COPL will engage in outreach efforts to increase awareness of all home visitation programs available in the community.

Integration of Behavioral Health into Primary Care

Behavioral health is not fully integrated into other services for children and families in Adams County and no infrastructure exists for cross-systems data sharing to support care coordination and continuity. One way to address integration is via an electronic platform that would help the various providers who work with young children and their families to identify the care pathway that children follow, from screening at well-child visits through to referral and follow-up care. Such a system/tool could contribute to a better accounting of the results of developmental screening (including autism and social-emotional screening) statewide. COPL will explore the use of Patient Tools or other on-site electronic platforms to integrate with practices' electronic health records.

Adams County stakeholders have committed to integrated behavioral health; however, data from the scan revealed a lack of professionals with training in infant/early childhood mental health. Statewide, there is a lack of trained professionals at all levels (early intervention, early care and education, mental health, medical, child welfare) who have the knowledge, skills and training they need in early childhood mental health to meet the current demand for services. COPL will build the capacity in pediatric practices through on-site behavioral health specialists serving as consultants and providing real-time response to families. Outreach to educate parents regarding medical homes, well child visits and how to navigate payment systems (sliding scale fees, Medicaid, other insurance) could be beneficial and is a current focus of ECPAC's Health Integration team.

Family Strengthening

Parents and family members need to be more authentically represented on leadership boards, committees and input-gathering initiatives. Through assessment of family strengthening and parent leadership opportunities, COPL will work towards including family members of the COPL population served to be represented on state and local YCWC and other committees.

Parent and family support initiatives still struggle for funding and accessibility, despite financial investments in them. With the intentional inclusion of the Strengthening Families Approach (SFA) in COPL strategy areas, we will improve accessibility to family support by embedding strategies that build Strengthening Families protective factors in all services provided through COPL.

Statewide and in Adams County, providers and families raised the need for specialized and supportive care for very young children and children with developmental disabilities. This need will be addressed through inclusion of the services and supports that COPL will be building through collaborative partnerships. COPL will use existing partners and networks to ensure that strong referral processes are in place. Existing partnerships will be enhanced and others invited in combined efforts to support a 2-generation approach to accommodate a relationship-based treatment model where the parent-child dyad or the family, rather than the individual child is considered in all programming.

Providers and parents see needs for additional basic family support programs to build parent vocational skills and increase employment opportunities. COPL will enhance the family support outreach in south Adams County that addresses social determinants of health and vocational skill building opportunities.

Systems (Infrastructure, Policy, Financing, Workforce Development)

Successful implementation of a public health approach requires that other child-serving systems and sectors identify themselves as partners in a comprehensive and coordinated children's mental health system. The COPL Young Child Wellness Council (YCWC) at both the state and local levels will review child-serving systems that are not represented on or attending the YCWC and intentionally reach out in a targeted way to encourage attendance.

Systems gaps have been identified in the sections above, however overall systems issues that COPL intends to specifically address are as follows: (a) Build community capacity for service delivery for young children and their families that is targeted towards prevention of mental health difficulties through professional development and endorsement, and the development of consultative models of service in home visitation, pediatric practices and early learning settings; (b) Research and pilot technology tools that collect screening, referral and follow up data in addition to working with providers to identify care pathways that children follow; and (c) Identify policy barriers at the local and state levels to be addressed with the state YCWC.

Strategic Planning Process

Colorado LAUNCH's Strategic Plan (at the local and state level) was developed in collaboration with a variety of stakeholders through formal and informal meetings, email communications and phone conversations. Participants represented educators, mental health providers, child care licensing, home visiting, substance abuse prevention, military families, child welfare, foundations, and primary care providers. In addition, a representative from the Office of the Governor, parents, and individuals from rural as well as urban areas of the state contributed. Technical support was provided by Jamie Colvard from Zero to Three. At the state level, of the 39 individuals invited (YCW Council and COPL stakeholders), 30 attended the half-day planning session, including 10 COPL staff. At the local level, of the 45 individuals invited, 25 from 16 partner organizations attended the strategic planning meeting, 14 of which are members of the Young Child Wellness Council.

Prior to the Strategic Planning meeting, webinars were developed at both the state and local level to provide an overview of Colorado Project LAUNCH. The goals of the webinars were to welcome and orient participants to the project, provide an overview of COPL goals and to prepare them for the upcoming planning meeting. Time was allocated at the end of the webinars for questions and comments. Following the webinars, participants received email invitations to the meetings (state and local), an agenda, an outline of the small group work that would occur, and a request to self-select into goal areas. These goal areas were drawn from the four goals in the state plan and two goals in the local plan that were submitted in the original proposal. One goal in the local plan closely mirrored a goal in the state plan so these were linked to yield a total of five goal areas.

The following week, participants attended a half-day Strategic Planning session. The goals of the planning session were to:

- Provide an opportunity for participants to meet Council members, staff and other stakeholders;
- Learn about key findings of the Environmental Scan;
- Begin building collaborations across child-serving systems;
- Contribute to the development of the statewide and local strategic plan; and
- Brainstorm ideas on sustainability.

At the state level, Strategic Planning meeting, COPL staff provided an overview of the status of early childhood mental health in the state, progress occurring in the pilot community, and highlights of the Environmental Scan. Following this, participants spent 60 minutes in their first chosen goal area to review the goal and engage in facilitated discussions (lead by COPL staff) focused on gathering information to complete the template, including identifying objectives, strategies, activities, timelines, partners, implications for policy, funding, sustainability and measuring outcomes. After this 60 minute session, a World Café process provided 10 minutes at each of two additional goal areas for participants to review, ask questions and provide ideas. A Review Committee was created with five individuals who volunteered to spend additional time refining the plan. Following this, draft templates were developed by COPL staff and members of the Review Committee. These were emailed out to all who attended the meeting to provide them with an additional opportunity to contribute to the plan. Feedback received was incorporated into the templates. A similar process occurred at the local level strategic planning meeting.

Following final approval of the COPL Strategic Plan by SAMHSA, copies will be emailed out to Council members and stakeholders who participated in the development of the plan. Both a copy of the full plan and a summary of the plan will be sent.

Behavioral Health Disparities Impact Plan

Through an initial survey to service partners in the LAUNCH area, the Environmental Scan, and an additional survey to further identify and prioritize the target sub-population, members of the local Young Child Wellness Council determined that Project LAUNCH can have the biggest impact over the course of the project in improving access, utilization, and outcomes for Spanish-Speaking families and families who identify as Hispanic/Latino (both Spanish and English speaking). In further review of the data of currently served children, access to mental health services and developmental services – ages 0-3, appear to be the greatest disparity. However, dedicated focus will be provided for all LAUNCH related services and supports. COPL, through dedicated efforts to reduce behavioral health disparities, expects to see an increase in access and utilization of mental health services for the Hispanic and Spanish-speaking population that is more representative of the population in southern Adams County. Additionally, COPL will monitor access, utilization and outcomes of all Project LAUNCH services for various populations (including the newly arrived immigrant families from Somalia, Nepal, and Vietnam, as identified in the Environmental Scan) and will work towards quality improvement efforts to ensure equitable service delivery as capacity allows.

While Adams County service organizations may be implementing the CLAS standards in some capacity, a countywide approach and system of accountability has not been established. Through Project LAUNCH, a more dedicated effort will be made to increase awareness of the CLAS standards as well as support implementation. The intent is to identify informal and formal leaders of our sub-populations as key informants as well as ambassadors in communities that may be currently unidentified or under-identified. Cultivating these relationships will be critical to the success of our project. The Environmental Scan served as an initial assessment of the current use of CLAS standards and identified potential needs to guide strategies. Strategies will include:

- Training and implementation support for CLAS standards for partners;
- Exploring current organizational and legislative policies and cultural implications;
- Developing outreach strategies for reaching identified disparate populations and specifically creating protocols for directly asking individuals about their identification by race, ethnicity, and LGBT status;
- Exploring best or evidence practices for the sub-population;
- Working with the community of sub-population for planning, development, and implementation;
- Ensuring quality improvement of services; and

- Reviewing service provider and staff and partner representation in planning, implementation, and evaluation.

There is a need for outreach to improve utilization for undocumented, immigrant and uninsured families. In Adams County, the uninsured rate for children from birth to 18 years is 11 percent. There is not a breakdown for the target population (south Adams, County.) The immigrant student population (ages 3 to 21) for south Adams County is 1.9 percent and there is not a breakdown for children from birth to age eight. Data sources for undocumented immigrants are limited to national and state estimates only. Currently, estimates from the Migration Policy Institute (using ACS, Department of Homeland Security and others) indicate 164,000 “unauthorized” persons in Colorado. Of those, approximately 56,000 reside within the nine-county area that includes Adams County. COPL, in partnership with the Office of Health Equity and other state partners, will continue to explore ways to identify data and data sources to inform efforts to implement targeted outreach to underserved families in south Adams County, including community outreach, culturally relevant practices and assessments of translation and interpretation needs.

STATE MISSION, VISION AND PROJECT VALUES STATEMENTS (Template 5)

Mission Statement:

The mission of Colorado Project LAUNCH is to improve the early childhood system by enhancing the expertise of behavioral health providers in primary care and other child serving settings, increasing access to and availability of evidence-based prevention and wellness promotion practices that support young children and families; addressing health disparities by incorporating CLAS standards; increasing equity through access, service use and outcomes for racial and ethnic minority young children and families and building and sustaining an effective and sustainable early childhood system.

Vision:

All children in Colorado are valued, healthy and thriving.

Project Values:

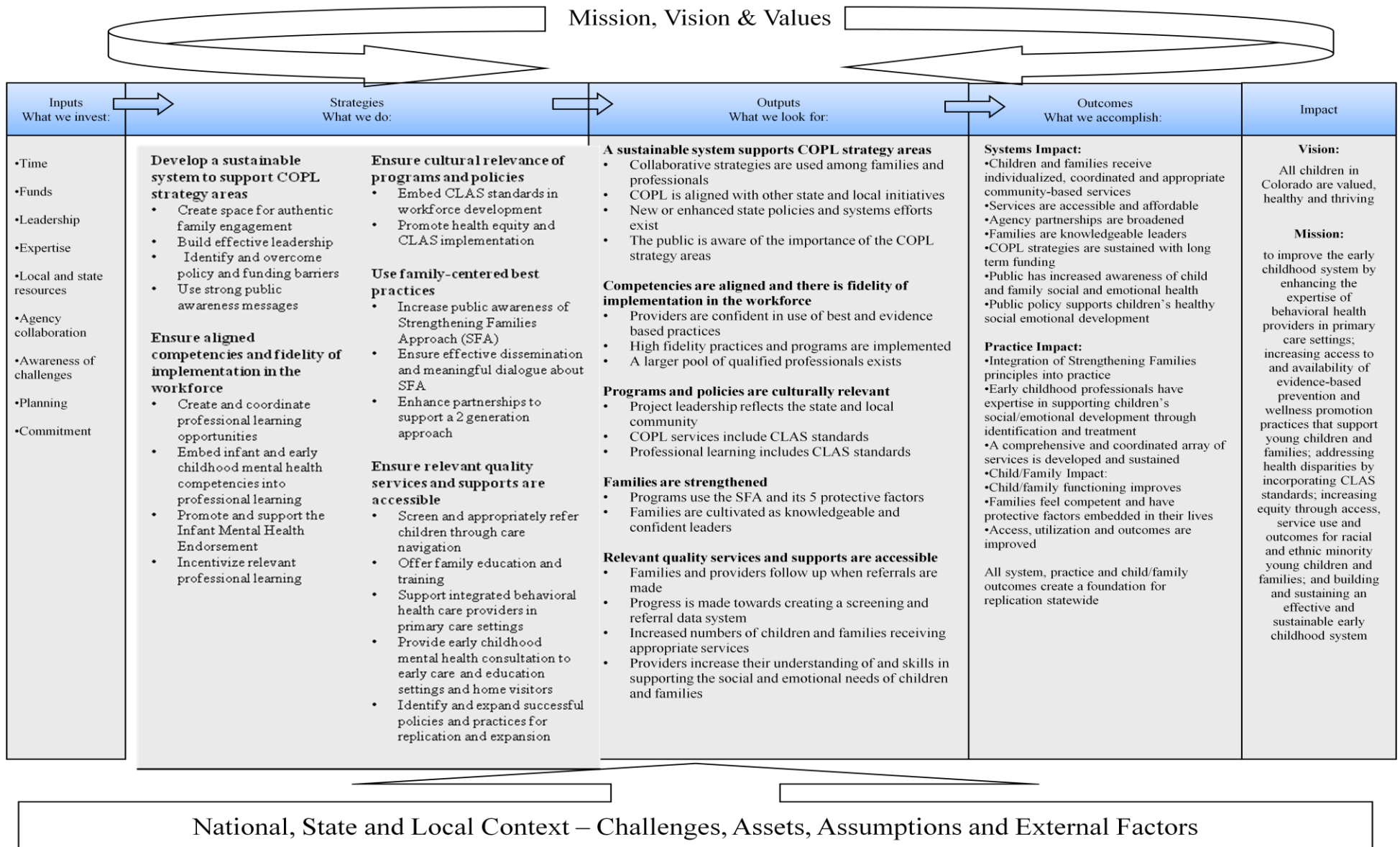
- Accountable for access and quality: Agencies will hold each other accountable for the accessibility, quality of services and use of funding;
- Adaptable and flexible: The system has an ongoing and dynamic process of adapting to changing community needs; (responsible quality improvement);
- Assessment of practice and outcomes: There is a continuous assessment of practice, organizational, and financial outcomes to determine effectiveness;
- Comprehensive and collaborative services: The system has a comprehensive service array that is delivered in a collaborative manner;
- Culturally competent services: Services and Supports are delivered in a manner that fits with the family's culture, values, and beliefs and considers the whole child in a strength-based approach;
- Family involvement: Authentic family involvement exists both at the service level and the systems level;
- Funding/Sustainability: Agencies share certain funding streams and resources, and find creative ways to use resources, promote efficiency and ensure sustainability; and
- Prevention focused: Investments in prevention and early intervention are the most cost effective use of public funds.

COLORADO PROJECT LAUNCH LOGIC MODEL

August 2015

COPL Logic Model

Mission, Vision & Values



STATE AND LOCAL GOALS AND OBJECTIVES (Template 6)

Proposed in State Application	Updated	Priority
GOAL 1 (State) Integrated and prevention-focused system identifies and responds to children and families at risk.	GOAL 1 (Local & State) A sustainable, accessible and integrated early childhood system exists that supports the five core LAUNCH strategies.	
<p><u>Objective 1.1:</u> Develop policy recommendations that support promotion, prevention, treatment and re-claiming of physical and behavioral health.</p> <p><u>Objective 1.2:</u> Develop and evaluate a replication strategy for Project LAUNCH demonstration sites.</p>	<u>Objective 1.1:</u> Ensure successful, authentic family engagement in the planning, implementation and evaluation of Project LAUNCH.	Local, state
	<u>Objective 1.2:</u> Improve the strength and effectiveness of partnerships and collaborations to sustain an effective and coordinated system of supports and services for young children and families.	Local, state
	<u>Objective 1.3:</u> Increase accessibility, increase utilization, and improve outcomes for children and families through policy and systems-building efforts.	
	<u>Objective 1.4:</u> Address systems-level barriers to access, quality and outcomes through innovative and sustainable mechanisms.	
	<u>Objective 1.5:</u> Increase public awareness (in partnership with existing initiatives when possible) of the importance of healthy child development (including social and emotional development) and the role of healthy relationships and environments in developing lifelong skills in young children.	Local, state
GOAL 2 (State) Professional development and provider competencies across systems to ensure early childhood services and resources are of the highest quality.	GOAL 2 (Local & State) Professional and provider competencies are aligned across systems and implemented with fidelity to ensure consistent and sustainable high quality early childhood services.	
<p><u>Objective 2.1:</u> Develop and implement a cross-system professional development and training strategy to enhance understanding of early childhood providers about infant and early childhood mental health, parental well-being, caregiver and maternal depression, and relationship-based promotion of healthy social emotional development.</p>	<u>Objective 2.1:</u> Ensure the early childhood workforce uses evidence-based and best practices in early childhood wellness, mental health, family strengthening, engagement, support and education across settings and programs in south Adams County.	Local
	<u>Objective: 2.2:</u> Incorporate evidence-based and best practices in infant and early childhood mental health into targeted professional development trainings across disciplines and systems.	Local, state
	<u>Objective: 2.3:</u> Promote policies that incentivize all professionals who work with young children to earn the <i>Endorsement</i> through compensation, scholarships, or job qualification requirements.	State
	<u>Objective 2.4:</u> Ensure that professionals have access to a “portal” which houses a comprehensive menu of statewide trainings that incorporate	

	the fundamentals of evidence-based and best practices in infant and early childhood mental health	
GOAL 3 (State) Families can navigate the system and access services that are culturally responsive.	GOAL 3 (Local & State) Support state and local agency efforts to integrate culturally relevant practices into policies, programs and decision-making processes that are effective, equitable, understandable, and respectful to families and responsive to their preferred languages, health literacy level, and communication needs.	
<u>Objective 3.1:</u> Conduct environmental scan and strategic planning processes.	Objective 3.1: Ensure that planning and decision-making processes, including those by the state and local Young Child Wellness Councils, reflect the changing demographics of the community.	Local, state
	Objective 3.2: Support and promote the infusion of CLAS in LAUNCH supported services, programs and policies at the local and state level.	Local, state
GOAL 4 (State) Families are strengthened through approaches that are family-centered and family-directed.	GOAL 4 (Local & State) Approaches used by programs and providers are family-centered, family-directed and well-researched.	
<u>Objective 4.1:</u> Expand family strengthening and parent education.	Objective: 4.1: Support the implementation of the Strengthening Families Approach (SFA) and its five family-strengthening protective factors.	Local, state
	Objective: 4.2: Support the implementation of programming that reflects evidence-based and best practices in family leadership initiatives.	Local, state
GOAL 5 (Local) An integrated system exists that increases the availability and connectivity of mental health consultation, developmental screening, pregnancy-related depression and behavioral health screening and intervention, family strengthening and parent education, and home visiting.	GOAL 5 (Local) Families with young children (prenatal through eight years) have access to available, community-based, evidence-based and best practice models of services and supports that effectively meet their needs and engage them to promote their children's healthy growth, development, and readiness for school, with dedicated focus on families who are Spanish Speaking and/or of Hispanic/Latino culture.	
<u>Objective 5.1:</u> Create an integrated system of support for all families and children that includes comprehensive screening and referral processes, care coordination, and family strengthening and parent education.	Objective 5.1: Support implementation of best practices towards a comprehensive screening-referral process, including care coordination and unified approaches to family support, education, and engagement, leading to children and families receiving indicated services.	Local
<u>Objective 5.2:</u> Providers have increased knowledge and best practices in early childhood mental health consultation and family strengthening, engagement, support and education across settings.	Objective 5.2: Increase access and availability of evidence-based and best practices in family strengthening and parent skills training initiatives opportunities that are culturally relevant and of high quality to families of young children (prenatal through eight years).	Local
	Objective 5.3: Improve knowledge and skills of Integrated Behavioral Health Care Providers (BHPs) in early childhood mental health and pregnancy-related depression and use evidence-based and best practices in integrated care in participating primary care clinics.	

	<p>Objective 5.4: Increase the capacity of early learning programs to promote social-emotional development and address challenging behavior, through the delivery of high quality early childhood mental health consultation.</p>	
	<p>Objective 5.5: Increase capacity of community-based early childhood programs, including home visitation programs, to address the social-emotional needs of children and support the mental health needs of the family, through the delivery of high quality early childhood mental health consultation.</p>	
<p>GOAL 6 (Local) Best practice models of integrated health and behavioral health are available across Adams County, including early care and education, kindergarten and early elementary education, behavioral health, developmental services, and health care.</p>	<p>Integrated throughout updated 5 goals.</p>	
<p><u>Objective 6.1:</u> Create and integrated system of support for all families and children that includes comprehensive screening and referral processes, care coordination, and family strengthening and education.</p> <p><u>Objective 6.2:</u> Families have knowledge, skills and confidence to support children’s health and development and advocate for their children.</p> <p><u>Objective 6.3:</u> Social emotional wellbeing is integrated into a comprehensive early childhood system that ensures children and families get needed services.</p> <p><u>Objective 6.4:</u> A better integrated early childhood system that is fully inclusive of social emotional health and development.</p>		

IMPLEMENTATION AND SUSTAINABILITY STRATEGIES (Template 7)

GOAL 1 (Local & State)

A sustainable, accessible and integrated early childhood system exists that supports the five core LAUNCH strategies.

RATIONALE

Children thrive when their families live in supportive communities with systems that are responsive, efficient and accountable. An integrated and well-coordinated, promotion-prevention-intervention system that is easy for families to navigate will promote nurturing, safe and stable parenting.

Objective 1.1 (local and state):

Ensure successful, authentic family engagement in the planning, implementation and evaluation of Project LAUNCH.

TARGETED OUTCOME(S)

- Increased number of family members participating in Project LAUNCH activities.
- Increased level of engagement of family members to improve community-level outcomes.

MAJOR INDICATOR(S)

- Level of family engagement in the YCWCs.

GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
Provision of training and support for families to engage in leadership opportunities within their community, especially as related to Project LAUNCH.	<ul style="list-style-type: none"> • Create an initial orientation and training for family partners who are interested in the YCW Council or Action Team. • Create the Family Engagement Action team with ACYI to start building “readiness” within families, programs, service providers, and systems; and to align family outreach, support, training, leadership and advocacy with an explicit equity lens to improve outcomes by building a sense of “common purpose” • Finalize the Family Engagement Continuum • Determine best practices to be utilized and train trainers and facilitators as needed • Provide outreach, education and support for family leaders with a focus on disparate populations • Provide education to partners • Consideration of a Family Advisory Council 	<ul style="list-style-type: none"> • ECPAC Family Initiatives Coordinator • YCW Coordinator • Adams County Youth Initiative • Family Engagement Action Team • State/local YCW Councils 	<ul style="list-style-type: none"> • Orientation: May 2015 • Action Team kick-off: May 2015 • Continuum: June 2015 • Determine best practices: Fall 2015 • Train: As available • Outreach: When ready (fall) • Partners education: Fall • FAC: On-going

POLICY IMPLICATIONS

- Increase the number of “seats” of parent representatives on various local- and state-level governance/working groups
- Ensure organizational policies and practices support authentic family engagement.

WORKFORCE IMPLICATIONS

- Support higher education institutions to incorporate family engagement principles that cover the lifespan into their teaching and course work.
- Support higher education institutions and other partners to recruit and build the capacity of interns and practicum students to employ a systems lens to family engagement.
- Support partners and larger community to build, strengthen and sustain authentic family engagement.
- Use the implementation science as an approach to ensure needed infrastructure to implement best practices in family engagement.
- Support the development of a workforce that is skilled in culturally appropriate family engagement across the life span.

COORDINATION AND COLLABORATION WITH STATE GOVERNMENT

- Inform the state efforts around enhancing authentic family engagement.
- Identify and support best practices in family engagement at local and state levels– ensure alignment of efforts.
- Alignment of funding and policy around family engagement.
- Collaborate with higher education system, state workforce development initiatives, Office of Early Childhood/Child Care Quality Initiatives, Office of Behavioral Health, Colorado Department of Health Care Policy and Financing, Early Childhood Leadership Commission (Quality subcommittee, local Early Childhood Councils), Office of the Governor, Colorado General Assembly and other stakeholders as identified.
- Use an implementation science approach to ensure needed infrastructure to implement best practices in family engagement.

COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS

- Work with the transportation system to ensure families have to access to meetings and other opportunities for leadership and engagement.
- Begin to build relationships with private foundations and investors, business sector, law enforcement, local public health agencies, local school boards, Regional Transportation District, community development entities, local/municipal/city governments and councils, and others.
- Identify community “gate keepers.”
- Understand and leverage the role of family engagement, community discussions, and community problem solving through existing events, meetings, social gatherings, community discussions.
- Coordinate meetings with partners to facilitate family participation

ADDRESSING BEHAVIORAL HEALTH DISPARITIES

- Recruit and support family leaders from disparate populations.
- Ensure family engagement/leadership curriculum is culturally responsive.
- Ensure training efforts support service delivery to disparate populations.
- Ensure that COPL’s strategies to address disparities are aligned with other state-level efforts to address health disparities.

CLAS ALIGNMENT

- Ensure all policies and procedures developed for LAUNCH and the overall systems incorporate CLAS.
- Support organizations to adopt family engagement policies and practices consistent with CLAS.
- Incorporate CLAS into other training efforts as appropriate
- Support institutions of higher education to include CLAS in their curricula
- Develop broad-based partnerships and collaborations at the state and local levels ensure funding, resources and services are adequate, coordinated, effective and streamlined.

SUSTAINABILITY STRATEGIES

- Align funding and policy around family engagement.

- Ensure all strategies and efforts have implementation support leading to change in practice and organizational cultures.
- Explore ways to engage higher education and prepare interns and practicum students with needed information about family engagement across the lifespan into their teaching and course work.
- Support the use of family success stories to demonstrate impact.
- Identify key stakeholders in family leadership and engagement and braid/share resources
- Encourage authentic family engagement as a model for other organizations or communities
- Promote ownership and investment of members of the ECPAC Family Engagement Action Team (time, talent, and \$)
- Implement Train-the-Trainer models of family engagement.
- Share efforts and accountability with other partner organizations.
- Support adequate and stable funding policies specific to family engagement.
- Raise the public’s expectations around family engagement to reflect that certain services, standards are the norm.
- Partner and collaborate with entities such as LAUNCH Together to identify/develop sustainability strategies (funding, policy, systems, etc.)

Objective 1.2 (local and state):

Improve the strength and effectiveness of partnerships and collaborations to sustain an effective and coordinated system of supports and services for young children and families.

TARGETED OUTCOME(S)

- Young Child Wellness Councils are effective in supporting collaboration among partner agencies and organizations serving children and families birth to eight.
- State and local Young Child Wellness Councils collaborate for systems change.

MAJOR INDICATOR(S)

- Level of collaboration around common goals among members of the local YCWC; among members of the state YCWC.
- Level of collaboration between the state and local YCWCs around common goals.
- Level of alignment of COPL activities with broader state and local initiatives.

GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
Build and maintain a strong and effective statewide Young Child Wellness Council to ensure partnerships and collaborations are coordinated and centered on the needs and values of local communities, families and children.	<ul style="list-style-type: none"> • Conduct regular YCW Council meetings at different community-based sites to raise the visibility of LAUNCH. • Align the goals, values and measurement of Project LAUNCH to other statewide initiatives and grants (such as the Early Childhood Comprehensive Systems grant, the Essentials for Childhood grant, and others as appropriate) to ensure an effective and coordinated system of supports and services. • Identify and engage missing partners, including partners from diverse and disparate populations • Develop a communications plan and deliver consistent 	<ul style="list-style-type: none"> • COPL staff • State YCW Council • ECPAC/Local YCW Council • ECPAC LAUNCH-related Action Teams • Early Childhood Leadership Commission • Providers and staff (health, mental health, early care and education (include center- and 	<ul style="list-style-type: none"> • May 2015 and ongoing

	<p>communication with both community and State.</p> <ul style="list-style-type: none"> • Increase partner data-sharing agreements. • Work to develop a trusting environment for hard conversations and provide training on skills to do this if necessary (permission). 	<p>home-based child care providers), home visitors, state agencies working on cross-cutting initiatives (e.g. SIM)</p>	
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POLICY IMPLICATIONS

- Identification of policies and practices (organizationally, state-wide, and locally) that create barriers for implementation of best practices.
- Consideration of a plan to develop a joint policy advocacy agenda for local and state YCW Councils.

WORKFORCE IMPLICATIONS

- Support higher education institutions to incorporate lifespan development principals into their teaching and course work.
- Support higher education institutions and other partners to recruit and build the capacity of interns and practicum students to employ a systems lens.
- Support partners and larger community to build, strengthen and sustain needed partnerships.
- Use the Hexagon tool (Implementation Science Approach) to ensure needed infrastructure to implement best practices in policy initiatives.
- Raise the role of a highly qualified workforce in fostering integrated and coordinated care.

COORDINATION AND COLLABORATION WITH STATE GOVERNMENT

- Identify and support best practices in collaborative partnerships at local and state levels– ensure alignment of efforts.
- Alignment of funding and policy around collaborative partnerships.
- Collaborate with higher education system, state workforce development initiatives, Office of Early Childhood/Child Care Quality Initiatives, Office of Behavioral Health, Colorado Department of Health Care Policy and Financing, Early Childhood Leadership Commission (Quality subcommittee, local Early Childhood Councils), Office of the Governor, Colorado General Assembly and other stakeholders as identified.

COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS

- Begin to build relationships with private foundations and investors, business sector, law enforcement, local public health agencies, local school boards, Regional Transportation District, community development entities, local/municipal/city governments and councils, and others.
- Develop relationships with legislators to learn how their priorities might align with those of families and communities within Project LAUNCH.
- Work with larger community on policies and practices that promote collaborative partnerships and systems work
- Understand and leverage other collaborative and systems-based community discussions, and community problem solving through existing events, meetings, and align efforts when possible
- Align with other local professional development opportunities and braid/share resources as needed.

ADDRESSING BEHAVIORAL HEALTH DISPARITIES

- Help to outreach to students of color to consider a career in early childhood mental health
- Work with partner agencies to recruit employees that represent the population served / disparate populations
- Outreach to recruit and partner with organizations who are supporting disparate populations
- Ensure YCW Council meetings and other LAUNCH meetings are culturally responsive
- Ensure training efforts support service delivery to disparate populations
- Monitor service outcomes and make adjustments as needed
- Other state level activities to address disparities as determined by the YCW Council and community leaders.

CLAS ALIGNMENT

- Ensure all policies and procedures developed for LAUNCH and the overall systems incorporate CLAS
- Supporting organizations to adopt policies and practices that incorporate CLAS
- Incorporate CLAS into other training efforts as appropriate
- Train on CLAS at the higher education level before students enter the workforce
- Same as “Addressing Behavioral Health Disparities.” Develop broad-based partnerships and collaborations at the state and local levels ensure funding, resources and services are adequate, coordinated, effective and streamlined

SUSTAINABILITY STRATEGIES

- Ensure all strategies and efforts have implementation support leading to change in practice and organizational cultures
- Consider how to better engage higher education and prepare interns and practicum students with needed information about system considerations in providing services
- Use of family voice and success stories to demonstrate impact
- Identify key stakeholders as partners for LAUNCH to braid/share resources
- Promote collaborative partnerships and systems change as a model for other organizations or communities
- Promote ownership of LAUNCH work by YCW Councils
- Train-the-Trainer models
- Share efforts and accountability with other partner organizations
- Adequate and stable funding, policies are in place
- Promote general public expectations that certain services, standards are the norm.
- Partner and collaborate with entities such as LAUNCH Together and their YCW Councils to identify/develop sustainability strategies (funding, policy, systems, etc.)

Objective 1.3 (local and state):

Increase accessibility, increase utilization, and improve outcomes for children and families through policy and systems-building efforts.

TARGETED OUTCOME

- Increased number of state policies and system-building efforts that support LAUNCH goals for children and families.
- Reduced systemic barriers for families of young children (prenatal through eight years) related to increasing awareness of and equitable access to a continuum of services and supports.

MAJOR INDICATOR(S)

- New or enhanced state policy and systems-building efforts that support COPL goals.
- Number of these efforts that are family-centered and culturally competent.
- Number of children and families from disparate populations accessing services, supports and strategies across agencies.

GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
Identify and become active in policy and systems-building opportunities through	<ul style="list-style-type: none"> • Identify mechanisms to effectively deliver comprehensive, up-to-date information on resources to 	<ul style="list-style-type: none"> • COPL staff • COPL staff. 	<ul style="list-style-type: none"> • September 2015 and ongoing

<p>partnerships and existing initiatives.</p>	<p>families and communities (health and mental health, basic needs including housing, transportation, child care assistance and others; early care and education, parent education</p> <ul style="list-style-type: none"> • Support the creation and dissemination of a statewide map/list of organizations, their funding sources, activities, targeted populations, and outcomes to identify policy and system-building opportunities. • Ensure focus on for a two-generation approach – partnerships, coordination, strategies to address barriers, etc. • Identify needed policy changes and provide information as requested to state policymakers. • Coordinate with home visitation programs to increase awareness of home visitation programs availability to maximize family participation and reduce waitlists. • Identify mechanisms to capture care pathways that children follow. • Collect information on existing organizations (Help Me Grow), their target populations and outreach strategies. 	<ul style="list-style-type: none"> • State YCW Council • ECPAC/Local YCW Council • Early Childhood Leadership Commission • Providers and staff (health, mental health, early care and education (include center- and home-based child care providers), home visitors, state agencies working on cross-cutting initiatives (e.g. SIM) 	
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POLICY IMPLICATIONS

- Act as a resource to state legislators and other policy makers as requested to provide data/information.
- Consideration of a plan to develop a joint policy advocacy agenda for local and state YCW Councils.

WORKFORCE IMPLICATIONS

- Support higher education institutions to incorporate policy and systems building content into their teaching and course work.
- Support recruitment and capacity building of interns and practicum students who understand and employ systems and policy efforts
- Support partners and larger community to build, strengthen and sustain systems building efforts through policy initiatives.
- Use an implementation science approach to ensure needed infrastructure to implement best practices in policy initiatives.
- Raise the role of a highly qualified workforce in fostering integrated and coordinated care.

COORDINATION AND COLLABORATION WITH STATE GOVERNMENT

- Align local efforts with state efforts around enhancing the early childhood system and advocating for policy change
- Alignment of funding and policy around LAUNCH strategies.
- Collaborate with higher education system, state workforce development initiatives, Office of Early Childhood/Child Care Quality Initiatives, Office of Behavioral Health, Colorado Department of Health Care Policy and Financing, Early Childhood Leadership Commission (Quality subcommittee, local Early Childhood Councils), Office of the Governor, Colorado General Assembly and other stakeholders as identified.

COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS

- Work closely with the Colorado Children’s Campaign to align efforts

- Begin to build relationships with private foundations and investors, business sector, law enforcement, local public health agencies, local school boards, Regional Transportation District, community development entities, local/municipal/city governments and councils, and others.
- Develop relationships with legislators to learn how their priorities might align with those of families and communities within Project LAUNCH.
- Work with larger community on policy issues
- Understand and leverage the policy efforts of other organizations and groups
- Align with other local professional development opportunities and braid/share resources as needed.

ADDRESSING BEHAVIORAL HEALTH DISPARITIES

- Help to outreach to students of color to consider a career in early childhood (mental health and wellness) policy and advocacy
- Identify policies that may create further disparities.
- Outreach to recruit and support family leaders from disparate populations and provide them skills for advocating for policy (i.e.: Colorado Children’s Campaign Parent Academy or Family Leadership Training Institute.
- Monitor service outcomes and make adjustments as needed
- Other state level activities to address disparities as determined by the YCW Council and community leaders.

CLAS ALIGNMENT

- Ensure all policies and procedures developed for LAUNCH and the overall systems incorporate CLAS
- Supporting organizations to incorporate CLAS into internal policies and practices and advocacy efforts
- Incorporate CLAS into other training efforts as appropriate
- Train on CLAS at the higher education level before students enter the workforce
- Same as “Addressing Behavioral Health Disparities.” Develop broad-based partnerships and collaborations at the state and local levels ensure funding, resources and services are adequate, coordinated, effective and streamlined

SUSTAINABILITY STRATEGIES

- Provide information and data to current legislators in LAUNCH efforts – ensuring they are well educated in social-emotional impacts
- Engagement with state legislators and other policy makers to identify and address the necessary policy changes at the state level.
- Ensure all strategies and efforts have implementation support leading to change in practice and organizational cultures
- Consider how to better engage higher education and prepare interns and practicum students with needed information about system considerations in providing services
- Use of family voice and success stories to demonstrate impact
- Identify key stakeholders in family leadership and engagement and braid/share resources
- Ensure authentic family engagement as a model for other organizations or communities
- Train-the-Trainer models
- Adequate and stable funding, policies are in place, general public expectations that certain services, standards, etc... are the norm.
Partner and collaborate with entities such as LAUNCH Together YCW Councils to collect data that support policy and systems-building efforts.

Objective 1.4 (local and state):			
Address systems-level barriers to access, quality and outcomes through innovative and sustainable mechanisms.			
TARGETED OUTCOME			
Reduced systemic barriers for families of young children (prenatal-8 years) related to infrastructure changes adopted to address these barriers.			
MAJOR INDICATOR(S)			
<ul style="list-style-type: none"> • Number and type of barriers that can be addressed through COPL activities. • Number and type of infrastructure changes adopted to address these barriers. 			
GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
Assess existing systems to identify critical barriers to access, quality and outcomes.	<ul style="list-style-type: none"> • Identify funding sources (local and state) that may support LAUNCH efforts to address systems-level barriers. • Support the creation and dissemination of a statewide map/list of organizations, their funding sources, activities, targeted populations, and outcomes to identify systems-level barriers. 	<ul style="list-style-type: none"> • COPL staff • State YCW Council • ECPAC/Local YCW Council • Early Childhood Leadership Commission • Providers and staff (health, mental health, early care and education (include center- and home-based child care providers), home visitors, state agencies working on cross-cutting initiatives (e.g. SIM) 	<ul style="list-style-type: none"> • November 2015 and ongoing • December 2015
POLICY IMPLICATIONS			
<ul style="list-style-type: none"> • Identify policies and practices (organizationally, state-wide, and locally) that create barriers to access and implementation of best practices. • Strengthen relationships with key partners, supporters, and collaborators at the state and local levels in order to better address CLAS implementation in various state and local policies, programs, initiatives and systems. 			
WORKFORCE IMPLICATIONS			
<ul style="list-style-type: none"> • Support institutions of higher learning and other partners to educate interns and practicum students about funding streams and related implications for providing high quality services. • Support a highly qualified workforce in fostering integrated and coordinated care as a more sustainable service delivery model. 			
COORDINATION AND COLLABORATION WITH STATE GOVERNMENT			
<ul style="list-style-type: none"> • Align local and state efforts around enhancing early childhood system financing and creative service delivery models. • Identify and support best practices in financing preventative early childhood service delivery models. • Align funding and policy around all five LAUNCH strategies. • Collaborate with state workforce development, Office of Early Childhood/Child Care Quality Initiatives, Office of Behavioral Health, Colorado Department of Health Care Policy and Financing, Early Childhood Leadership Commission (Quality subcommittee, local Early Childhood Councils), Office of the Governor, 			

Colorado General Assembly and other stakeholders as identified.

- Develop knowledge of how legislative and state budgetary priorities align with those of families and communities.
- Develop broad-based partnerships and collaborations at the state and local levels to address adequate funding, resources and services.

COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS

- Build relationships with higher education, private foundations and investors, the business sector, law enforcement, local public health agencies, local school boards, the Regional Transportation District, community development entities, local/municipal/city governments and councils, and others to identify better ways to braid and blend funding for maximum impact.
- Work with the early childhood stakeholder community on identifying unused funding mechanisms or more creative ways to fund prevention and early intervention, including the 2-generation model.
- Understand and leverage other community and state level discussions around prevention funding and creative service delivery models.
- Align with other local professional development opportunities and braid/share resources as needed.

ADDRESSING BEHAVIORAL HEALTH DISPARITIES

- Work with partner agencies to recruit employees that represent the population served / disparate populations.
- Recruit and support family leaders from disparate populations and help them to better understand funding of prevention and early intervention.
- Work with other organizations that are addressing funding and service delivery barriers for the Spanish-speaking / Hispanic/Latino population.
- Monitor service outcomes and make adjustments as needed for the Spanish-speaking/Hispanic/Latino population.
- Align with other state level activities to address disparities as determined by the YCW Council and community leaders.

CLAS ALIGNMENT

- Ensure all policies and procedures developed for LAUNCH and the overall system incorporate CLAS.
- Incorporate CLAS into local and state training efforts as appropriate.
- Incorporate CLAS into post-secondary education as appropriate so that students are knowledgeable about CLAS before they enter the workforce.

SUSTAINABILITY STRATEGIES

- Build trust with partners to support collaboration in identifying creative funding mechanisms and in braiding and blending funding.
- Build a stronger relationship between Adams County and the Department of Human Services to explore additional funding sources.
- Ensure all strategies and efforts have implementation support in order to promote successful change in practice and organizational cultures
- Consider how best to collaborate with institutions of higher learning to educate interns and practicum students about system considerations in providing services.
- Use family voice and success stories to demonstrate impact.
- Identify key stakeholders in early childhood prevention to braid/share resources.
- Share efforts and accountability with other stakeholders and partner organizations.
- Adequate and stable funding and policies are in place.
- Educate and inform the general public so that they come to expect that certain services, standards, etc... are the norm.

Objective 1.5 (local and state):
Increase public awareness (in partnership with existing initiatives when possible) of the importance of healthy child development (including social and emotional development) and the role of healthy relationships and environments in developing lifelong skills in young children.

TARGETED OUTCOME

- Increased efforts to inform the public about the foundational importance of children’s healthy development, relationships and environments for lifelong health and well-being.

MAJOR INDICATOR(S)

- Number and type of COPL-supported state and local efforts to increase public awareness of these issues (e.g. PSAs, posters, presentations).

GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
<p>Enhance the ability of communities, systems, and institutions (public and private) to promote statewide family leadership, support family education initiatives, and develop tools, capacities and consistent messages to raise public awareness.</p>	<ul style="list-style-type: none"> Conduct an inventory of best practices on public awareness initiatives and an inventory of public awareness on different programs, services, providers currently serving children and families. Conduct a range of activities to raise public awareness and LAUNCH visibility (such as media campaigns, communication tools that tap into social media platforms, public/community meetings and forums, partnerships with the public schools system, site visits, family day at the capitol, supporting parents to participate in governance bodies, or others as determined by the State YCW Council). 	<ul style="list-style-type: none"> COPL staff State YCW Council ECPAC/Local YCW Council Early Childhood Leadership Commission Providers and staff (health, mental health, early care and education (include center- and home-based child care providers), home visitors, state agencies working on cross-cutting initiatives (e.g. SIM) 	<ul style="list-style-type: none"> May 2015 and ongoing December 2015 and ongoing

POLICY IMPLICATIONS

- Consideration of a plan to develop a joint policy advocacy agenda for local and state YCW Councils.

WORKFORCE IMPLICATIONS

- Support higher education institutions to incorporate a systems lens regarding the role of public awareness into their teaching and course work.
- Support partners and larger community to build, strengthen and sustain public awareness efforts
- Raise the role of a highly qualified workforce in fostering integrated and coordinated care.

COORDINATION AND COLLABORATION WITH STATE GOVERNMENT

- Identify and partner with additional initiatives who have an early childhood public awareness effort - align and incorporate LAUNCH messages as possible
- Align local efforts with state efforts around enhancing the early childhood public awareness
- Inform the state efforts around enhancing the early childhood system.
- Collaborate with higher education system, state workforce development initiatives, Office of Early Childhood/Child Care Quality Initiatives, Office of Behavioral Health, Colorado Department of Health Care Policy and Financing, Early Childhood Leadership Commission (Quality subcommittee, local Early Childhood Councils), Office of the Governor, Colorado General Assembly and other stakeholders as identified.

COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS

- Begin to build relationships with private foundations and investors, business sector, law enforcement, local public health agencies, local school boards, Regional Transportation District, community development entities, local/municipal/city governments and councils, and others.
- Learn how current legislators' priorities align with those of families and communities within Project LAUNCH.
- Understand and leverage other public awareness efforts
- Align with other local professional development opportunities and braid/share resources as needed.

ADDRESSING BEHAVIORAL HEALTH DISPARITIES

- Ensure all public awareness materials and messages are in multiple languages and are culturally competent
- Ensure all public awareness materials and messages are co-created with families from disparate populations
- Work with partner agencies to recruit employees that represent the population served / disparate populations
- Outreach to recruit and support family leaders from disparate populations
- Ensure training efforts support service delivery to disparate populations
- Monitor service outcomes and make adjustments as needed
- Other state level activities to address disparities as determined by the YCW Council and community leaders.

CLAS ALIGNMENT

- Use CLAS when developing policies and procedures related to public awareness activities
- Ensure all policies and procedures developed for LAUNCH and the overall systems incorporate CLAS
- Use CLAS in supporting organizations to adopt public awareness policies and practices
- Incorporate CLAS into other training efforts as appropriate
- Train on CLAS at the higher education level before students enter the workforce
- Same as "Addressing Behavioral Health Disparities." Develop broad-based partnerships and collaborations at the state and local levels ensure funding, resources and services are adequate, coordinated, effective and streamlined

SUSTAINABILITY STRATEGIES

- Work with other initiatives to develop and deliver public awareness
- Incorporate public awareness messages into other activities (i.e.: training, services, parenting classes, etc.)
- Ensure all strategies and efforts have implementation support leading to change in practice and organizational cultures
- Consider how to better engage higher education and prepare interns and practicum students with needed information about system considerations in providing services
- Use of family voice and success stories to demonstrate impact
- Identify key stakeholders in family leadership and engagement and braid/share resources
- Ensure authentic family engagement as a model for other organizations or communities
- Share efforts and accountability with other partner organizations
- Adequate and stable funding, policies are in place, general public expectations that certain services, standards, etc... are the norm.
- Collaborate with LAUNCH Together and other stakeholders to develop common public awareness messages

GOAL 2 (Local & State)

Professional and provider competencies are aligned across systems and implemented with fidelity to ensure consistent and sustainable high quality early childhood services.

RATIONALE

A well-trained workforce with knowledge and skills in infant and early childhood mental health is essential to providing developmentally appropriate services to young children and their families.

Objective 2.1 (local):

Ensure the early childhood workforce uses evidence-based and best practices in early childhood wellness, mental health, family strengthening, engagement, support and education across settings and programs in south Adams County.

TARGETED OUTCOME(S)

- Increased early childhood workforce development opportunities, with a specific focus on evidence-based and best practices in social and emotional development.
- Increased early childhood workforce knowledge and skills in these practices.

MAJOR INDICATOR(S)

- Number of providers reporting increased knowledge and use of evidence-based and best practices in working with young children and families following training.
- Number of programs or providers implementing programs and practices to fidelity.

GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
Provision of training and support to community service and support providers to develop a greater knowledge and skills in supporting child wellness.	<ul style="list-style-type: none"> • Create inventory on expert trainers (Who is doing this already - locally and online) • Identify upcoming training opportunities to promote LAUNCH efforts • Identify top priorities for community based on currently identified topics (16) through a survey of EBPs • Link LAUNCH services providers and other community members to training opportunities in topics identified through the EBP survey • Identify and document potential new topics of training for providers and community (in cases where such trainings are not readily available) • Consider needed implementation support • Ensure “first point of contact” for families receive needed training • Promote cross-disciplinary approach to training • Use of EC MH Consultants to provide training, knowledge, 	<ul style="list-style-type: none"> • YCW Council • YCW Coordinator • Local ECMHC 	<ul style="list-style-type: none"> • November • December - ongoing • December - on-going • November - ongoing • December - ongoing • December - ongoing • December - ongoing

	<p>support for implementation/change in practice</p> <ul style="list-style-type: none"> • Support EC service/support providers to begin work towards/receive ECIMH Endorsement • Train all LAUNCH services providers (priority) and other community members in identified topics. 		
<p>POLICY IMPLICATIONS</p> <ul style="list-style-type: none"> • Identification of policies and practices (organizationally, locally, state) that create barriers for implementation of best practices. • Infusion and integration (updating/upgrading) rather than just layering on existing systems. • Greater awareness of the value of providing high quality care for children from birth to age eight. 			
<p>WORKFORCE IMPLICATIONS</p> <ul style="list-style-type: none"> • Support current institutions of higher education to incorporate a systems-lens into their teaching • Recruit more interns and practicum students and provided needed systems knowledge • Use of Hexagon/Implementation Science Approach • Raise the role of a highly qualified workforce in fostering integrated and coordinated care. • Raise the expectations of institutions such as colleges and universities to provide high quality, evidence-based training and education. 			
<p>COORDINATION AND COLLABORATION WITH STATE GOVERNMENT</p> <ul style="list-style-type: none"> • Align local efforts with state efforts around enhancing the early childhood system • Inform the state efforts around enhancing the early childhood system • Work to identify and support best practices at local and state level – ensure alignment of efforts • Alignment of funding and policy • Use of Hexagon/Implementation Science Approach • Collaborate with higher education, state workforce development initiatives, Office of Early Childhood/Child Care Quality Initiatives, Office of Behavioral Health, Colorado Department of Health Care Policy and Financing, Early Childhood Leadership Commission (Quality subcommittee, local Early Childhood Councils), Office of the Governor, Colorado General Assembly to develop standardized requirements. 			
<p>COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS</p> <ul style="list-style-type: none"> • Be available to provided needed data, technical information to legislators and policy makers • Align with other local professional development opportunities and braid/share resources as able • Work with Substance Abuse Prevention partner to incorporate evidence-based substance abuse prevention training and information 			
<p>ADDRESSING BEHAVIORAL HEALTH DISPARITIES</p> <ul style="list-style-type: none"> • Help to outreach to students of color to consider a career in early childhood (mental health and wellness) • Work with partner agencies to recruit employees that represent the population served / disparate populations • Outreach to recruit and support family leaders from disparate populations • Ensure family engagement/leadership curriculum is culturally responsive • Ensure training efforts support service delivery to disparate populations • Monitor service outcomes and make adjustments as needed. 			

CLAS ALIGNMENT

- Ensure all policies and procedures developed for LAUNCH and the overall systems incorporate CLAS
- Use CLAS in supporting organizations to adopt family engagement policies and practices
- Incorporate CLAS into other training efforts as appropriate
- Train on CLAS at the higher education level before students enter the workforce.

SUSTAINABILITY STRATEGIES

- Ensure all strategies and efforts that support workforce development are evidence-based/best practices
- Employ evidence-based Train-the-Trainer models
- Share efforts and accountability with other partner organizations

Objective: 2.2 (local and state):

Incorporate evidence-based and best practices in infant and early childhood mental health into targeted professional development trainings across disciplines and systems.

TARGETED OUTCOME

- Increased number of professionals across disciplines and systems with a common knowledge base and understanding of evidence-based and best practices in infant and early childhood mental health.

MAJOR INDICATOR(S)

- Percentage of COPL trainings that are informed by the Colorado’s Early Learning and Development Guidelines and Infant Mental Health Competencies.

GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
<p>Raise awareness of importance of infusing infant and mental health into all ECE trainings.</p> <p>Increase attention and access to Early Learning and Developmental Guidelines and Infant and Mental Health Competencies.</p> <p>Increase awareness that the Endorsement is not just for mental health care providers.</p>	<ul style="list-style-type: none"> • Incorporate Early Learning and Developmental Guidelines into professional development trainings. • Incorporate Infant Mental Health Competencies into professional development trainings. • Create a statewide inventory of training opportunities in infant and early childhood mental health and promote those that infuse the infant mental health competencies in their training • Identify training resources, incorporate relevant content into existing resources and embed the Endorsement. 	<ul style="list-style-type: none"> • CDHS/OEC • Community health clinics • New medical professionals • State Department of Education • Funders/investors • Early Intervention Services/Part C • CoAIMH 	<ul style="list-style-type: none"> • Nov. 2015 and ongoing

POLICY IMPLICATIONS

- Credentialing systems/mental health into cross-sector.
- Governing bodies and practices around professional standards.

<ul style="list-style-type: none"> • Infusion and integration (updating/upgrading) rather than just layering on existing systems.
<p>WORKFORCE IMPLICATIONS</p> <ul style="list-style-type: none"> • A better trained and educated workforce. • Content of University/College courses include information related to Colorado’s Early Learning and Development Guidelines and Infant Mental Health Competencies
<p>COORDINATION AND COLLABORATION WITH STATE GOVERNMENT</p> <ul style="list-style-type: none"> • Standardized state requirements developed.
<p>COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS</p> <ul style="list-style-type: none"> • Project LAUNCH will collaborate across systems to share access to and understanding of competencies.
<p>ADDRESSING BEHAVIORAL HEALTH DISPARITIES</p> <ul style="list-style-type: none"> • Ensure that CLAS standards and diversity components are infused into competencies and trainings. • Outreach to students of color to consider a career in early childhood (mental health and wellness) • Ensure training efforts support service delivery to disparate populations.
<p>CLAS ALIGNMENT</p> <ul style="list-style-type: none"> • Ensure that workforce development trainings/content incorporate CLAS.
<p>SUSTAINABILITY STRATEGIES</p> <ul style="list-style-type: none"> • Encourage cross-agency collaboration and coordination in development of trainings that use evidenced-based content in infant and early childhood mental health, • Support trainings that provide content in care coordination and referral across systems of care.

Objective: 2.3 (local and state):
Promote policies that incentivize all professionals who work with young children to earn the *Endorsement* through compensation, scholarships, or job qualification requirements.

TARGETED OUTCOME

- Increased number of professionals in all appropriate disciplines who earn the Infant and Early Childhood Mental Health Endorsement.

MAJOR INDICATOR(S)

- Number of professionals earning the *Endorsement* by discipline.
- Number of professionals who earned the *Endorsement* and received an incentive from their employer.

GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
Identify diverse mechanisms to provide incentives, scholarships, to providers who improve their knowledge. Identify providers’ training	<ul style="list-style-type: none"> • Identify current resources for obtaining such training (i.e., informative; non-duplicative). 	<ul style="list-style-type: none"> • CDHS/OEC • Community health clinics • New medical professionals • State Department of Education • Funders/investors 	<ul style="list-style-type: none"> • Dec. 2015 and ongoing

needs (e.g., early childhood knowledge; coaching practices; reflective supervision and trauma-informed care).		<ul style="list-style-type: none"> • Early Intervention Services/Part C • CoAIMH 	
POLICY IMPLICATIONS			
<ul style="list-style-type: none"> • Credentialing systems/mental health into cross-sector. • Greater awareness of the value of providing high quality care for children from birth to age eight. • Infusion and integration (updating/upgrading) rather than just layering on existing systems. 			
WORKFORCE IMPLICATIONS			
<ul style="list-style-type: none"> • A better trained and educated workforce. 			
COORDINATION AND COLLABORATION WITH STATE GOVERNMENT			
<ul style="list-style-type: none"> • Standardized state requirements developed. 			
COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS			
<ul style="list-style-type: none"> • Project LAUNCH will collaborate across systems to share access to and understanding of competencies. 			
ADDRESSING BEHAVIORAL HEALTH DISPARITIES			
<ul style="list-style-type: none"> • Ensure that CLAS standards and diversity components are infused into competencies and trainings. 			
CLAS ALIGNMENT			
<ul style="list-style-type: none"> • Ensure that contracts and policies that support workforce development align with the national CLAS. 			
SUSTAINABILITY STRATEGIES			
<ul style="list-style-type: none"> • Cross-agency collaboration and coordination, a well-trained workforce, standardized state requirements. 			

Objective 2.4 (state):			
Ensure that professionals have access to a “portal” which houses a comprehensive menu of statewide trainings that incorporate evidence-based and best practices in infant and early childhood mental health.			
TARGETED OUTCOME			
<ul style="list-style-type: none"> • Increased awareness of statewide training opportunities. 			
MAJOR INDICATOR(S)			
<ul style="list-style-type: none"> • Number of hits on the portal. 			
GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
Coordinate training opportunities across provider types/sectors.	<ul style="list-style-type: none"> • Increase the number of trained professionals for the effort and allow opportunities for providers who could not otherwise afford/access (e.g., informal child care providers could attend funded trainings for nurses/home visitors) • Contribute to a central portal which houses appropriate statewide trainings – using the new statewide Professional 	<ul style="list-style-type: none"> • CDHS/OEC • Community health clinics • New medical professionals • State Department of Education 	<ul style="list-style-type: none"> • Oct. 2015 and ongoing

	<p>Development Information System</p> <ul style="list-style-type: none"> • Support webinar trainings to reach rural and less resourced areas • Coordinate with the Race to the Top Early Learning Challenge Grant program to include language in positions descriptions in the Early Childhood Professional Development Information System Registry. 	<ul style="list-style-type: none"> • MCH/CoA • Funders/investors • Early Intervention Services/Part C 	
<p>POLICY IMPLICATIONS</p> <ul style="list-style-type: none"> • Greater awareness of the value of providing high quality care for children from birth to age eight. • Infusion and integration (updating/upgrading) rather than just layering on existing systems. 			
<p>WORKFORCE IMPLICATIONS</p> <ul style="list-style-type: none"> • A better trained and educated workforce. • Increased awareness of and access to evidence-based trainings 			
<p>COORDINATION AND COLLABORATION WITH STATE GOVERNMENT</p> <ul style="list-style-type: none"> • Standardized state requirements developed. 			
<p>COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS</p> <ul style="list-style-type: none"> • Project LAUNCH will collaborate across systems to share access to and understanding of competencies. 			
<p>ADDRESSING BEHAVIORAL HEALTH DISPARITIES</p> <ul style="list-style-type: none"> • Ensure that CLAS standards and diversity components are infused into competencies and trainings. 			
<p>CLAS ALIGNMENT</p> <ul style="list-style-type: none"> • Ensure that trainings housed under the portal incorporate CLAS. 			
<p>SUSTAINABILITY STRATEGIES</p> <ul style="list-style-type: none"> • Standards of core competencies are identified and infused into statewide training opportunities 			

GOAL 3 (Local & State)

State and local agencies integrate culturally relevant practices into policies, programs and decision-making processes that are effective, equitable, understandable, and respectful to families and responsive to their preferred languages, health literacy level, and communication needs.

RATIONALE

Culturally and linguistically responsive services ensure that children, families and communities thrive throughout the life of Project LAUNCH and beyond.

Objective 3.1:

Ensure that planning and decision making processes, including those by the state and local Young Child Wellness Councils, reflect the changing demographics of the community.

TARGETED OUTCOME

- Increased number of families and organizations involved in planning and decision making processes who mirror the demographics of the community.

MAJOR INDICATOR(S)

- Percentage of members on the state and local YCWCs who reflect the relevant demographic characteristics of the state. Local members reflect South Adams.

GENERAL STRATEGIES

ACTIVITIES FOR NEXT 6-12 MONTHS

STAKEHOLDERS RESPONSIBLE

TIMELINE

Promote health equity, and CLAS implementation in all planning, implementation and evaluation activities, including recruitment and development of the YCW Council.

- Identify gaps in diversity of members in the YCW Council.
- Develop outreach strategies to ensure membership to state and local YCW Council reflects pilot community.
- YCW Council members provide input into activities/programs to help ensure diverse audiences are being served appropriately.

- YCW Council members
- COPL Staff and state/local YCW Councils
- Partner agencies (including service organizations)
- FLTI graduates
- Community leaders

- Dec. 2015 and ongoing
- Dec 2015
- Dec. 2015 and ongoing
- Nov. 2015 and ongoing

POLICY IMPLICATIONS

- Coordination and improved consistency of statewide services across county lines, consensus that services must be culturally and linguistically appropriate, reforms to the early care and education system are addressed to improve access to high quality services, policies promote CLAS and health equity

WORKFORCE IMPLICATIONS

- Content of trainings reflects the evolving demographic, social, and economic landscape of the pilot community, family-friendly practices in the workplace are promoted

COORDINATION AND COLLABORATION WITH STATE GOVERNMENT

- State and Local Young Child Wellness Councils share and communicate data and information related to the needs of diverse populations.
- Representation on the YCWC reflects diversity of the community.
- Coordination across state and local YCWCs.
- Periodic project updates and progress to the Early Childhood Leadership Commission.

<p>COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS</p> <ul style="list-style-type: none"> State and local agencies support development and implementation efforts that are equitable and culturally relevant, cross agency review of standards of practice reflect infusion of CLAS standards.
<p>ADDRESSING BEHAVIORAL HEALTH DISPARITIES</p> <ul style="list-style-type: none"> Increase in knowledge and awareness of CLAS Standards. Resources are available in the various languages appropriate to the populations being served. Outreach and services are available to sub-populations and communities identified in the Environmental Scan.
<p>CLAS ALIGNMENT</p> <ul style="list-style-type: none"> Agencies have policies that align service provision with CLAS standards. CLAS standards are reflected in contracts, agreements and service delivery. Policies ensure cultural competency training for all ECE staff and providers will be enhanced.
<p>SUSTAINABILITY STRATEGIES</p> <ul style="list-style-type: none"> Communities understand and value cultural diversity. A well-trained, diverse workforce is developed. Policy and funding issues sustain services and supports. Policies in the workplace support health equity. Act as a resource to LAUNCH Together and other stakeholders to support culturally relevant programs and policies

Objective 3.2:
Ensure CLAS are embedded in LAUNCH supported services, programs and policies at the local and state level.

TARGETED OUTCOME

- Increase in understanding of the needs and strengths of diverse populations by those providing services including providers in early care and education, mental health, primary care and home visiting.

MAJOR INDICATOR(S)

- Number of COPL services, programs and policies that include CLAS.
- Number of COPL professional development trainings across agencies (by type and demographic of providers) that include the CLAS standards.
- Number of providers reporting on the effects of training on their knowledge of CLAS standards

GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
Develop a process for incorporating CLAS into agency trainings. Work to increase infusion of CLAS into professional development trainings.	<ul style="list-style-type: none"> On-going review and update Logic Model to reflect a CLAS-focused framework. Develop a strategy to identify new and emerging community needs. Identify research and data partners and sources, including school districts, to better identify local level (South Adams County) data on race, ethnicity and social-economic status by age (0-8 years). 	<ul style="list-style-type: none"> YCW Council members COPL Staff and state/local YCW Councils Community leaders COPL staff and identified partners COPL staff and identified partners 	<ul style="list-style-type: none"> Completed April 2015 Completed April 2015 Dec. 2015 and ongoing Dec. 2015 and ongoing

	<ul style="list-style-type: none"> • COPL, in partnership with the Office of Health of Health Equity within CDPHE Equity and other research and data partners, will explore ways to identify data and data sources on undocumented, immigrant and uninsured families at the local pilot community level (south Adams County) to better inform efforts to develop targeted outreach to underserved families. • Development and implementation of the local Equity Action Plan – based on continued community viewings of the Health Equity Learning Services. • Young Child Wellness Council members will review the CLAS to become familiar with requirements. 		
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POLICY IMPLICATIONS

- Coordination and improved consistency of statewide services across county lines, consensus that services must be culturally and linguistically appropriate, reforms to the early care and education system are addressed that improve access to high quality services; policies promote CLAS and health equity.

WORKFORCE IMPLICATIONS

- Content of trainings reflects the evolving demographic, social, and economic landscape of the pilot community, family-friendly practices in the workplace are promoted

COORDINATION AND COLLABORATION WITH STATE GOVERNMENT

- State and Local Young Child Wellness Councils share and communicate data and information related to the needs of diverse populations.
- Representation on the YCWC reflects diversity of the community.
- Coordination across state and local YCWCs.
- Periodic project updates and progress to the Early Childhood Leadership Commission.

COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS

- State and local agencies support development and implementation efforts that are equitable and culturally relevant, cross agency review of standards of practice reflect recommendations for infusion of CLAS standards.

ADDRESSING BEHAVIORAL HEALTH DISPARITIES

- Increase in knowledge and awareness of CLAS Standards.
- Resources are available in the various languages appropriate to the populations being served.
- Outreach and services are available to sub-populations and communities identified in the Environmental Scan.

CLAS ALIGNMENT

- Agencies have policies that align service provision with CLAS standards.
- CLAS standards are reflected in contracts, agreements and service delivery.
- Policies ensure cultural competency training for all ECE staff and providers will be enhanced.

SUSTAINABILITY STRATEGIES

- Communities understand and value cultural diversity.
- A well-trained, diverse workforce is developed.

- Policy and funding issues sustain services and supports.
- Policies in the workplace support health equity.

GOAL 4 (Local & State)

Approaches used by programs and providers are family-centered, family-directed and well-researched.

RATIONALE

Community programs and providers are most effective when services are provided in ways that increase family strength, build their resilience, and actively incorporate their authentic engagement.

Objective: 4.1:

Support the implementation of the Strengthening Families Approach and its five family-strengthening protective factors.

TARGETED OUTCOME

- LAUNCH-supported programs and services include the Strengthening Families Approach and its five family-strengthening protective factors.

MAJOR INDICATOR(S)

- Number of COPL services that include the Strengthening Families Approach and its five family-strengthening projective factors.

GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
<p>Partner with existing initiatives to increase public awareness of the Strengthening Families Approach (specific to early childhood).</p> <p>Build a network of COPL partners at the state and local levels to ensure effective dissemination and meaningful dialogue in the context of the Strengthening Families Approach context.</p>	<ul style="list-style-type: none"> • Create a plan to promote cross-sector/agency communication and collaboration • Engage families in the creation of the plan • Identify a task force to begin development of messaging focusing on increasing family strength, resiliency 	<ul style="list-style-type: none"> • PBS network • children's hospital • existing programs already working with families like Temporary Assistance for Needy Families TANF • community orgs like libraries, schools , cc centers, primary care offices, community colleges) • HV programs • CCAP • R & R agencies • Family/Friend/Neighbor (FFN) providers, employers • County human services/public health • Mom-parent meet up groups • mental health agencies • Military family life 	<ul style="list-style-type: none"> • December 2015 and ongoing Identify partners during the 1st quarter of the plan. • December 2015 and ongoing • Develop message starting 1st quarter and ongoing to ensure quality and culturally relevant information • Develop a package/mechanism for delivery • Develop a dissemination plan • Communicate next steps for families who access services

		consultants <ul style="list-style-type: none"> • Conflict resolution partners • Wellness programs in the work place. 	
POLICY IMPLICATIONS			
<ul style="list-style-type: none"> • Identification of policies that support parents/caregivers, provide recommendations for ways to support parents/caregivers; a shared vision of approaches that are well researched and family friendly guide service implementation and funding decisions 			
WORKFORCE IMPLICATIONS			
<ul style="list-style-type: none"> • Early childhood professionals are trained in a way to assure services are family-centered, family-directed and well-researched 			
COORDINATION AND COLLABORATION WITH STATE GOVERNMENT			
<ul style="list-style-type: none"> • Efforts at the local level inform the state council; collaborate with other state initiatives that support family strengthening 			
COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS			
<ul style="list-style-type: none"> • Engage family members in the state and local level council meetings, collaborate with other state initiatives that support family strengthening 			
ADDRESSING BEHAVIORAL HEALTH DISPARITIES			
<ul style="list-style-type: none"> • Ensure approaches used are appropriate to the target population and meet the diverse needs of the community 			
CLAS ALIGNMENT			
<ul style="list-style-type: none"> • CLAS standards are reflected in family programs and services • Trainings and programs reflect the cultural needs of the identified populations 			
SUSTAINABILITY STRATEGIES			
<ul style="list-style-type: none"> • Address policy issues that sustain services and supports to enhance parenting capacities, identify funding streams • Collaborate with LAUNCH Together to support inclusion of the Strengthening Families Approach in pilot communities 			

Objective: 4.2:			
Support the implementation of programming that reflects evidence-based and best practices in family leadership initiatives.			
TARGETED OUTCOME			
<ul style="list-style-type: none"> • Evidence-based and best practices in family leadership are included in LAUNCH-supported initiatives. 			
MAJOR INDICATOR(S)			
<ul style="list-style-type: none"> • Number of families completing family leadership training that is evidence-based and reflects best practices. • Number of families indicating increased confidence or knowledge as leaders. 			
GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
Conduct, update and expand the national inventory of best practices in family leadership initiatives	<ul style="list-style-type: none"> • Engage resources available on SAMHSA TA Gateway to identify national evidence-based and best practice models of family leadership • Identify partners to support and help implement evidence based programs 	<ul style="list-style-type: none"> • Family support programs (e.g. TANF) • Community-based orgs like libraries, schools , cc 	<ul style="list-style-type: none"> • December 2015 and ongoing Identify partners during the 1st quarter of the plan.

	<ul style="list-style-type: none"> Develop and Implement a Local Family Engagement and Leadership (FEL) Action Plan through the new FEL Action Team 	<p>centers, primary care offices, community colleges)</p> <ul style="list-style-type: none"> HV programs CCAP R & R agencies FFN providers County Human services/public health mom-parent groups mental health agencies Military family life consultants (refer to Angel T.) conflict resolution partners Wellness programs in the work place. 	<ul style="list-style-type: none"> December 2015 and ongoing Develop message starting 1st quarter and ongoing to ensure quality and culturally relevant information Develop a package/mechanism for delivery Develop a dissemination plan Communicate next steps for families who access services
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POLICY IMPLICATIONS

- Identification of policies that support parents/caregivers, provide recommendations for ways to support parents/caregivers; a shared vision of approaches that are well researched and family friendly guide service implementation and funding decisions

WORKFORCE IMPLICATIONS

- Early childhood professionals are trained in a way to assure services are family-centered, family-directed and well-researched.

COORDINATION AND COLLABORATION WITH STATE GOVERNMENT

- Efforts at the local level inform the state council; collaborate with other state initiatives that support family strengthening

COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS

- Engage family members in the state and local level council meetings,
- Collaborate with other state initiatives that support family strengthening

ADDRESSING BEHAVIORAL HEALTH DISPARITIES

- Ensure approaches used are appropriate to the target population and meet the diverse needs of the community
- Ensure families from identified sub-population are involved in planning, implementation, and evaluation

CLAS ALIGNMENT

- Curriculum for classes will be linguistically and culturally competent and follow CLAS standards

SUSTAINABILITY STRATEGIES

- Address policy issues that sustain services and supports to enhance parenting capacities, identify funding streams
- Collaborate with LAUNCH Together

GOAL 5 (Local)

Families with young children (prenatal through eight years) have access to available, community-based, evidence-based and best practice models of services and supports that effectively meet their needs and engage them to promote their children's healthy growth, development, and readiness for school, with dedicated focus on families who are Spanish Speaking and/or of Hispanic/Latino culture.

RATIONALE

Services that are community-based and reflect best practices ensure families, especially those experiencing disparities, can provide for their children's healthy development and promote school readiness.

Objective 5.1:

Support implementation of best practices towards a comprehensive screening-referral process, including care coordination and unified approaches to family support, education, and engagement, leading to children and families receiving indicated services.

TARGETED OUTCOME

- Increased use of best practices in screening and referral services that result in increased follow up by families.

MAJOR INDICATOR(S)

- Progress towards creating a data system that captures screening, referral and follow-up.
- Parent responses to Parent Satisfaction Survey for developmental screening referral.
- Specific to pediatric and primary health care practices:
 - Number and demographic characteristics of children receiving developmental screenings, referrals and follow up services by setting.
 - Number and demographic characteristics of women receiving PRD screenings, referral and follow up services by setting.
 - Number/percentage of successful referrals and follow-up with services when a care navigator was involved.
 - Number of families receiving Care Navigation.
 - Care Navigator and practice response to Care Navigator survey.
- Specific to home visiting programs:
 - Number and demographic characteristics of children receiving developmental screenings, referrals and follow up services.
 - Number and demographic characteristics of women receiving PRD screenings, referrals and follow up services by clinic.
- Specific to County Department of Human Services, Child Welfare:
 - Number and demographic characteristics of children receiving referrals and follow up services.
- Specific to Children's Outreach Project:
 - Number and demographic characteristics of children receiving developmental screens, referrals and follow up services by clinic.
- Specific to North Metro Community Services (Part C):
 - Number and demographic characteristics of children receiving referrals and follow up services.
- Specific to School Districts:
 - Number and demographic characteristics of children receiving referrals and follow up services.

GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
<p>Training and Implementation Support in screening, referral process, care coordination, and family support and education.</p>	<ul style="list-style-type: none"> • Train screening/referring entities in use of standardized screening tools if needed (ASQ, PEDs, Patient Symptom Checklist, Edinburgh, Early Screening Inventory) • Identify entities to screen using the ASQ-SE and consider substance use screening • Train screening/referring entities in referral process • Work with community partners to identify best practices in care coordination and support implementation • Consider how to best coordinate during transitions • Explore use of electronic referral system to decrease barriers and streamline process • Continue work with partners re: assessment of data tracking procedures in order to determine how to best support data collaboration • Provision of Care Navigators in Screening/Referring organizations (Referring out or in) • Compile information around where most screenings/assessments are happening (PCPs, schools, Child Find) to determine where Care Navigators are most needed • Train Care Navigators in best practices • Meet with clinics that currently use Care Navigators to determine successes/barriers 	<ul style="list-style-type: none"> • ECPAC - Health Integration Coordinator • Health Clinics • Mental Health Center • School Districts • North Metro Community Services (IDEA-Part C) • Tri-County Health Dept. • Head Start 	<ul style="list-style-type: none"> • Training: October – on-going • ASQ-SE: Fall 2015 • Train: Oct – on-going • Care Coordination: June - on-going • Transitions: Dec 2015 – May 2016 • Data: Nov- • Care Navigators: Nov – on-going • Train CN: once hired
<p>POLICY IMPLICATIONS</p> <ul style="list-style-type: none"> • Reimbursement for screening • Reimbursement for care coordination • Organizational policy - increase commitment (of school districts) to conduct regular screenings 			
<p>WORKFORCE IMPLICATIONS</p> <ul style="list-style-type: none"> • Training and implementation support for change in practice regarding screening and referral, care coordination, family support and education • Training in early childhood (see Objective 1.3) • Train entire organization in role expectations and workflow for use of Care Navigators • More staff dedicated to promotion, prevention and care coordination - not just intervention 			
<p>COORDINATION AND COLLABORATION WITH STATE GOVERNMENT</p> <ul style="list-style-type: none"> • Work with Assuring Better Child and Health Development (ABCD) efforts for Screening and Referral Best Practices • Coordination and influence with Health Care Policy and Financing (HCPF), Regional Care Coordination Organizations (RCCO), Co Department of Education (CDE) 			

<ul style="list-style-type: none"> Align with Help Me Grow effort.
COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS <ul style="list-style-type: none"> Coordinate efforts with Integrated Behavioral Healthcare Learning Collaborative (Professional Development, Policy, Billing) Information and data sharing, focus groups, responses to surveys
ADDRESSING BEHAVIORAL HEALTH DISPARITIES <ul style="list-style-type: none"> Screenings available in various languages, Systems Navigators bilingual/bicultural. Continue to encourage participation in Community Health Equity Learning Series Events
CLAS ALIGNMENT <ul style="list-style-type: none"> Identify current alignment efforts by clinics and organizations; assess further alignment needs; train as needed; work with local experts
SUSTAINABILITY STRATEGIES <ul style="list-style-type: none"> Reimbursement policy. Demonstrate outcomes Co-locate and share funding, resources, and accountability Integration into existing systems (schools, pediatric practices, Early Intervention Services and Child Find)

Objective 5.2:
Increase access and availability of evidence-based and best practices in family strengthening and parent skills training initiatives opportunities that are culturally relevant and of high quality to families of young children (prenatal through eight years).

TARGETED OUTCOME(S)

- Increased number of families with access to evidence-based and best practices in family strengthening and parent skills training opportunities.
- Increased parent competence and protective factors.

MAJOR INDICATOR(S)

- Number, type and accessibility of classes in family strengthening and parenting skills.
- Number of parents participating each family strengthening and parenting skills training.
- Number of parents (with children in K-2nd grades) in each school district participating in family strengthening and parenting skills training.
- Percentage of classes attended for all trainings.
- Parent responses to program specific measures to assess change in family strengthening and parenting skills.
- Parent responses to program specific measures to assess change in child outcomes.
- Parent responses to program specific Parent Satisfaction Survey.

GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
Offer Parent/Family Classes in accessible locations in partnership/alignment with other services when possible.	<ul style="list-style-type: none"> Explore additional evidence based interventions or programs such as the Family Leadership Training Institute (FLT) and Promotoras to include in EBP models – with focus on cultural and linguistic competence Train community facilitators in EBP models. Identify families (disparities or most in need) and outreach 	<ul style="list-style-type: none"> ECPAC - Family Initiatives Coordinator ECPAC - Health Integration Coordinator (Referral process) Adams County Youth 	<ul style="list-style-type: none"> Planning - Fall 2015; Outreach Nov 2015; Train new facilitators as needed Research – Fall 2015; Train Facilitators as

	<p>strategies that are culturally competent</p> <ul style="list-style-type: none"> • Expand or enhance current parenting classes (Incredible Years, PIPE, and Academic Parent Teacher Teams to be available to more families (location, outreach, etc.) • Research other parenting programs that fill identified gaps per the Environmental Scan and further Family input (e.g. World Cafe) - Nurturing Parenting Programs • Look for locations of organizations that serve families or serve as a bridge to other services • Train family educators on community resources and the referral process 	<p>Initiative</p> <ul style="list-style-type: none"> • School Districts • Tri-County Health • Dept. of Human Services 	<p>needed Fall 2015;</p> <ul style="list-style-type: none"> • begin class as soon as capacity exists
<p>POLICY IMPLICATIONS</p> <ul style="list-style-type: none"> • Family-Friendly workplace that allow time off to attend parent/family classes • Work with insurance companies to help cover prevention services 			
<p>WORKFORCE IMPLICATIONS</p> <ul style="list-style-type: none"> • Train parent educators/facilitators in evidence-based practices • Provide training to organizational leaders in successful implementation (Implementation Science) • Train any staff accepting referrals on culturally competent practices 			
<p>COORDINATION AND COLLABORATION WITH STATE GOVERNMENT</p> <ul style="list-style-type: none"> • Work to align efforts that promote family strengthening and skills at the state-level through CDHS, CDPHE, or otherwise • Align local efforts with Strengthening Families Framework (see State Goal 4) 			
<p>COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS</p> <ul style="list-style-type: none"> • Work with partner organizations providing parenting family classes to align efforts or share accountability 			
<p>ADDRESSING BEHAVIORAL HEALTH DISPARITIES</p> <ul style="list-style-type: none"> • Consider use of Promotoras model or Cultural Brokers for outreach • Connect families to needed resources using two generation approach (including need for affordable high quality child care/preschool) • Continue to encourage participation in Community Health Equity Learning Series Events 			
<p>CLAS ALIGNMENT</p> <ul style="list-style-type: none"> • Consider CLAS when developing policies or procedures for delivery of parent/family classes - work with partner organizations delivering classes 			
<p>SUSTAINABILITY STRATEGIES</p> <ul style="list-style-type: none"> • Co-facilitate with partner organizations - braid funding and resources • Demonstrate and communicate outcomes for families and children 			

Objective 5.3:

Improve knowledge and skills of Integrated Behavioral Health Care Providers (BHPs) in early childhood mental health and pregnancy-related depression and use evidence-based and best practices in integrated care in participating primary care clinics.

TARGETED OUTCOME

- Integrated Behavioral Health Care Providers have increased knowledge, skills, and attitudes about how to deliver early childhood based integrated care in primary care clinics.

MAJOR INDICATOR(S)

- For each of the three primary care providers (Mountainland Pediatric, Rocky Mountain Youth Clinic, and Clinica):
 - Number of children and families receiving services for infant and early childhood mental health concerns within a primary care setting.
 - Number of women receiving care for pregnancy-related depression within a primary care setting.
 - Increase in integrated care to disparate populations.
 - Behavioral Healthcare Providers' responses to Integrated Behavioral Healthcare measure.
 - Number of children and families screened and referred for services.
 - Increase in number of children and families who [have access] or [access] follow-up to referrals.

GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
Training and implementation support. Reimbursement policies. Demonstration of outcomes.	<ul style="list-style-type: none"> • Identify best practices for early childhood • Identify organizational cultural barriers to serving young children • Prioritize training needs in regards to early childhood / social-emotional • Train BHPs in Referral System 	<ul style="list-style-type: none"> • Mental Health Center • Health Clinics 	<ul style="list-style-type: none"> • Best practices: Oct 2015 – March 2016 • Barriers: Oct – Feb 2016 • Training: Oct 2015 – on-going • Referral: Oct 2015 – on-going

POLICY IMPLICATIONS

- Work to reform payment reimbursement; and billing and coding.
- CO Access working with MHC/HCPF around billing (RCCO 2,4,5) with HCPF
- SIM efforts
- How to best track encounters (even if not reimbursable)
- Private pay issues

WORKFORCE IMPLICATIONS

- Train BHPs on best practices aligned with the Learning collaborative
- Support BHPs to deliver integrated behavioral healthcare services to young children/families using best practices
 1. Best Practices: Look at: CCHAP, CBHC, SAMHSA, Lexicon, CoAIMH, UCD Harris Program in Child Development and Infant Mental Health, Agency for Healthcare Research and Quality
- Train entire clinic - not just BHPs - expectations, workflow
- See Objective 2.3: Need to align with other local and national efforts

COORDINATION AND COLLABORATION WITH STATE GOVERNMENT

- CBHC/CCHAP developing some training,
- Colorado Access – systems of care for P-EC,
- CO Access/Behavioral Healthcare Inc. working with HCPF (see above re: policy/reimbursement)
- CBHC efforts to develop pediatric practice training

COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS

- Pediatric Learning Collaborative
- CoAIMH/Harris program

ADDRESSING BEHAVIORAL HEALTH DISPARITIES

- Cultural Competence training and support
- Identify populations experiencing disparity per clinic and develop outreach plan (use of Cultural Brokers or Promotoras)
- Monitor access, utilization, and outcomes and adjust as needed to improve
- Continue to encourage participation in Community Health Equity Learning Series Events

CLAS ALIGNMENT

- Review what current health clinics have already integrated/aligned (Environmental Scan); Assess areas of further alignment; Support with Training; Connect with local experts

SUSTAINABILITY STRATEGIES

- Policies: reimbursement, billing/coding, etc.....and diagnosis driven
- Population –based screening – creating a model of care (public health model) - continuum
- Develop white paper for funder

Objective 5.4:

Increase the capacity of early learning programs to promote social-emotional development and address challenging behavior, through the delivery of high quality early childhood mental health consultation.

TARGETED OUTCOME(S)

- Early learning providers have increased knowledge, skills, and understanding about how to promote social-emotional development and to prevent or intervene in response to challenging behaviors.

MAJOR INDICATOR(S)

- Number of ECE classrooms receiving consistent early childhood mental consultation (program- and child-based).
- Number of children receiving child-specific services provided by the ECMH consultants.
- Decrease in removals, expulsions or withdrawals due to challenging behavior.
- Decrease in staff turnover.
- Teacher responses.
- Teachers and directors satisfaction with ECMCH consultation
- Ratings of the Preschool Mental Health Climate Scale
- ECMH consultant responses to questions about fidelity indicators.
- Change in level of support teachers and families experience in classrooms with ECMH consultants.

GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
Provision of comprehensive early childhood mental health consultation (programmatic and child-specific), including supporting facilitated referrals when indicated, and support training for staff and families	<ul style="list-style-type: none"> Identify ECE programs to work with ECMHC and provide orientation Hire ECMHC and provide services Consider use of ECMHCs in elementary school setting, Part C, and Child Find (Part B) 	<ul style="list-style-type: none"> Community Reach Center ECE programs ECPAC - Early Learning Initiatives Manager Young Child Wellness Council 	<ul style="list-style-type: none"> Identify programs (Oct) Hire ECMHC and begin consultation (June) Consider additional locations (Dec)
POLICY IMPLICATIONS <ul style="list-style-type: none"> Reimbursement for ECMHC - for non-Medicaid child-specific and for programmatic consultation Consider incentives for ECE programs that work with ECMHCs 			
WORKFORCE IMPLICATIONS <ul style="list-style-type: none"> Support ECMHCs in achieving their Infant Mental Health Endorsement Continue to support collaboration of ECMHCs with Quality Improvement Coaches Provide additional community-based training in early childhood mental health/social-emotional development Build capacity for more ECMHCs Train Family, Friend, and Neighbor Caregivers 			
COORDINATION AND COLLABORATION WITH STATE GOVERNMENT <ul style="list-style-type: none"> Work with CDHS to include ECMHC as a “value-based” service for the Quality Improvement Rating System (CO Shines) Align efforts with Colorado ECMHC Infrastructure Committee 			
COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS <ul style="list-style-type: none"> Work with ECE Directors who are currently working with and ECMHC to help recruit and support on-going efforts Look at other community funding streams (TANF, CCAP, etc...) to support ECMHC Consider how to provide support for children during summer if program is closed Help all community partners understand the importance of ECMHC in ECE programs 			
ADDRESSING BEHAVIORAL HEALTH DISPARITIES <ul style="list-style-type: none"> Access to information for ECE programs about early childhood in various cultures and how to engage families in a way that meets their needs. Consider how to involved Family, Friend, and Neighbor Care Continue to encourage participation in Community Health Equity Learning Series Events Community Gatekeepers to bridge gap between home and school – explain to parents what success in school will look like. 			
CLAS ALIGNMENT <ul style="list-style-type: none"> Training and Review of current policies 			
SUSTAINABILITY STRATEGIES <ul style="list-style-type: none"> Reimbursement Policies 			

- Demonstration of Outcomes

Objective 5.5:

Increase capacity of community-based early childhood programs, including home visitation programs, to address the social-emotional needs of children and support the mental health needs of the family, through the delivery of high quality early childhood mental health consultation.

TARGETED OUTCOME(S)

- Community-based service providers, including home visitors, have increased knowledge, skills, and understanding to address the social-emotional needs of children and support the mental health needs of the family.
- Increased parent competencies and protective factors.

MAJOR INDICATOR(S)

- Number of home visiting programs receiving regular team early childhood mental health consultation.
- Number of families participating in home visiting programs that receive family-specific ECMHC and in-home support.
- Number of families being referred to mental health services who have received support through ECMHC in home visits.
- Number of these referrals that successfully receive mental health services.
- Home visitor responses to surveys related to self-perceived increases in knowledge, skills and understanding of SE needs
- ECMH consultant responses to questions about fidelity indicators.
- Number of home visitors with IMH Endorsement.
- Number of home visitors receiving reflective consultation or supervision.

GENERAL STRATEGIES	ACTIVITIES FOR NEXT 6-12 MONTHS	STAKEHOLDERS RESPONSIBLE	TIMELINE
Provision of mental health consultation - including training, staff case consultation, reflective supervision, in-home support (accompany home visitor for one or more sessions), and support facilitated referrals as indicated.	<ul style="list-style-type: none"> • Develop procedure for requesting mental health or social emotional support during home visits (such as assessing risk and level of need) • Assess what trainings have already occurred and what is still needed. • Explore the development of a system to increase number of mental health providers who are endorsed or would like to become endorsed • Deliver regularly scheduled MH Consultation to home visitation programs • Deliver MH Consultation in home as determined • Support organizations housing HV to support holistic approach – social/emotional/physical/cognitive/developmental 	<ul style="list-style-type: none"> • Community Reach Center • Home Visitation Programs • ECPAC - Family Initiatives Coordinator • Young Child Wellness Coordinator 	<ul style="list-style-type: none"> • Develop protocol in July 2015 • Hire consultant in July 2015 • Begin consultation once hired

<p>POLICY IMPLICATIONS</p> <ul style="list-style-type: none"> • Reimbursement for ECMHC
<p>WORKFORCE IMPLICATIONS</p> <ul style="list-style-type: none"> • Will need to assess need for individual MH consultation support, as well as case consultation time needed for group setting (case consultation in conjunction with trainings on general topics)
<p>COORDINATION AND COLLABORATION WITH STATE GOVERNMENT</p> <ul style="list-style-type: none"> • Coordinate efforts around MIECHV work and new expansion grant
<p>COORDINATION AND COLLABORATION WITH OTHER STAKEHOLDERS</p> <ul style="list-style-type: none"> • Coordination with Denver Children’s Advocacy Center - currently providing some training to HV programs • Engagement from home visitation partners; participation in regards to sharing needs and time; continued work on transitions between programs • Continued community training and support for referrals to home visitation programs
<p>ADDRESSING BEHAVIORAL HEALTH DISPARITIES</p> <ul style="list-style-type: none"> • Bilingual consultation, cultural competency/awareness training for consultant and HV staff • Work with partners for outreach to populations experiencing disparities • Monitor access, utilization, and outcomes and make adjustments as needed • Continue to encourage participation in Community Health Equity Learning Series Events
<p>CLAS ALIGNMENT</p> <ul style="list-style-type: none"> • Training for consultant and HV staff • Hire bilingual/bicultural consultant
<p>SUSTAINABILITY STRATEGIES</p> <ul style="list-style-type: none"> • Align with and embed into existing MIECHV work

Partners in COPL Strategic Planning (updated August 2015)

State Young Child Wellness Council <i>(*indicates parent or family member)</i>		Local Young Child Wellness Council <i>(*indicates parent or family member)</i>	
*Alicia Ramirez	Family Partner	*Aletha Martel	Family Partner
*Angela Tasto	Family Partner (representing military families)	Andrea Zugchwert	Adams County Department of Human Services
Ayelet Talmi	University of Colorado/School of Medicine, Children's Hospital Colorado	Carrie Morris	North Metro Community Services
Betsy Rogers	Aurora Mental Health Center	Danielle Meir	Children's Outreach Project
Colleen Church	Caring for Colorado Foundation	Erica Branscum	Mapleton Schools District
Dallas Rabig	Centennial Mental Health	Erin Mooney	Community Enterprise
Eileen Auer Bennett	Assuring Better Child Health & Development (ABCD)	*Gloria Sanchez	Family Partner
Evy Valencia	Governor's Office	Jessica Dunbar	Rocky Mountain Youth Clinics
Jenna Bannon	Denver Early Childhood Council	Jill Atkinson	Community Reach Center
Gizane Indart	Children's Advocacy Center	Jill Bonczynski	Tri-County Health
Gloria Higgins	Executives Partnering to Invest in Children (EPIC)	Kelley Montoya	North Metro Community Services
Gweneth Welch	Jefferson County Public Schools HIPPY	Kristen Morel	Adams School District 14
Jennifer Stedron	Early Milestones Colorado	Lauren Jassil	Community Reach Center
Jodi Dooling-Litfin	Rocky Mountain Human Services	Lisa Mulligan	Investing in Kids
Katherine Casillas	The Kempe Center	Lynn Vanderweilen	University of Colorado-Denver
*Katrina Haselgren	Family Partner	Matt Aubuchon	Adams 50 School District
Kay Mikus	CDHS/Office of Early Childhood/Child Care Licensing	Matthew Pflieger	Clinica Family Services
Laura Carlson	Temple Hoyne Buell Foundation	*Nicole Hawkins	Family Partner
Lauren Heintz	Clayton Early Learning	*Peggy Cowans	Family Partner
Lorendia Schmidt	CDHS/Office of Children, Youth & Families/Division of Child Welfare	Peter LiFari	Adams County Housing Authority
Martha Ratliff	Parent-Child Interaction Center	Rebecca Snowden	Growing Home
Mary Schmidt	Aurora Mental Health Center	Rebecca Zamora	Growing Home
*Princess Mack	Family Partner, Together Colorado	*Sadie Neth	Family Partner
Robin Waterman	Aurora Community Connection Family Resource Center	Stephanie Henderson	North Metro Community Services
Sandy Swanson	Family Visitor Programs	Susana Ramirez	Head Start
Sarah Enos Watamura	University of Denver	*Tressia Lopez	Family Partner
Steve Vogler	Denver Health & ROR CO		
Steven Moss	Focus Points Family Resource Center		
Valerie Gonzales	Colorado Statewide Parent Coalition		
Additional Resources and Partners			
Abby English Waldbaum	Children's Hospital Colorado	Jodi Hardin	Civic Canopy
Ardith Ferguson	CDHS/Office of Early Childhood/Early Intervention Part C	Karen Frankel	University of Colorado/School of Medicine
Barbara Deloian	Pediatric Nurse Practitioner	Kelly Stainback-Tracy	Denver Public Health
Cordelia Robinson Rosenberg	University of Colorado/School of Medicine/JFK Partners	Heather Tritten	Colorado Parent & Child Foundation