

helping children soar



**PROJECT
LAUNCH**

COLORADO

2014-2019 REPORT



WHAT IS PROJECT LAUNCH?

Project LAUNCH (Linking Action for Unmet Needs in Children’s Health) is a **five-year cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA) focused on five primary promotion and prevention strategies.**



- #1 Screening and assessment in a range of child-serving settings
- #2 Integration of behavioral health into primary care
- #3 Mental health consultation in early care and education
- #4 Enhanced home visiting with a focus on social and emotional well-being
- #5 Family strengthening and parent skills training

Ultimate goal:
All children enter school with the social, emotional, cognitive, and physical skills they need to succeed.

Colorado was awarded one of the Project LAUNCH grants from 2014-2019, as part of Cohort 6 (out of six cohorts implemented to date). The Colorado Department of Human Services (CDHS) Office of Early Childhood was the lead agency and worked in partnership with the Colorado Department of Public Health and Environment (CDPHE), the Early Childhood Partnership of Adams County (ECPAC) as the local implementation community, and JFK Partners, University of Colorado School of Medicine as the primary evaluator.

Colorado Project LAUNCH (COPL) has worked to **increase the quality and availability** of evidence-based programs for children and families, **improve collaboration** among child-serving organizations, and **integrate physical and behavioral health** services and supports for children ages birth to 8 and their families. Starting in 2016, the LAUNCH Together initiative was created through a unique collaboration of eight Colorado-based foundations to expand LAUNCH efforts to four additional communities in Colorado through support from [Early Milestones](#).

ECPAC was the lead organization for local implementation in southern Adams County, which serves approximately 30% of the county’s child population and identified a need for greater focus on Spanish-speaking families and families identifying as Hispanic/Latino. Lessons learned from ECPAC’s efforts have helped guide systems changes and policy improvements at the state level. Strong partnerships have led to the sustainability and replication of successful practices on a large scale and to systems improvements that will last beyond the life of the grant.

The following pages of this report share the overall COPL goals and objectives, as well as an overview of their implementation and impact. For more information, contact ECPAC at info@ecpac.org.



SAMHSA
 Substance Abuse and Mental Health
 Services Administration



COLORADO
 Office of Early Childhood
 Department of Human Services



ECPAC
 EARLY CHILDHOOD
 PARTNERSHIP
 OF ADAMS COUNTY



COLORADO
 Department of Public
 Health & Environment



SCHOOL OF MEDICINE
JFK Partners
 UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS



OVERALL GOALS FOR COLORADO PROJECT LAUNCH (COPL)

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

GOAL

1

Objective 1.1: Ensure successful, authentic family engagement in the planning, implementation, and evaluation of Project LAUNCH.

Objective 1.2: 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.

Objective 1.3: Increase accessibility, increase utilization, and improve outcomes for children and families through policy and systems-building efforts.

Objective 1.4: Address systems-level barriers to access, quality, and outcomes through innovative and sustainable mechanisms.

Objective 1.5: 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.

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

GOAL

2

Objective 2.1: 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.

Objective: 2.2: Incorporate evidence-based and best practices in infant and early childhood mental health into targeted professional development trainings across disciplines and systems.

Objective: 2.3: Promote policies that incentivize all professionals who work with young children to earn the endorsement through compensation, scholarships, or job qualification requirements.

Objective 2.4: Ensure that professionals have access to a “portal” that houses a comprehensive menu of statewide trainings that incorporate the fundamentals of evidence-based and best practices in infant and early childhood mental health

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

**GOAL
3**

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.

Objective 3.2: Support and promote the infusion of CLAS in LAUNCH supported services, programs, and policies at the local and state level.

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.

**GOAL
4**

Objective: 4.1: Support the implementation of the Strengthening Families Approach (SFA) and its five family-strengthening protective factors.

Objective: 4.2: Support the implementation of programming that reflects evidence-based and best practices in family leadership initiatives.

Families with young children (prenatal through 8 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 a dedicated focus on families who are Spanish speaking and/or of Hispanic/Latino culture.

**GOAL
5**

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 8 years).

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.

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.

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.



PROJECT LAUNCH // 2014-2019

SYSTEMS BUILDING

Colorado Project LAUNCH (COPL) (Linking Actions for Unmet Needs in Children's Health) was a five-year cooperative agreement from 2014-2019 between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Colorado Department of Human Services (CDHS) in partnership with the Colorado Department of Public Health and Environment (CDPHE), the Early Childhood Partnership of Adams County (ECPAC), and JFK Partners, University of Colorado School of Medicine. **An overarching component of Project LAUNCH was to improve early childhood systems.**

CONNECTING GOALS AND STRATEGIES

Supporting all COPL goals, systems building efforts were focused around the following concepts for goals 1-4:

1. A sustainable, accessible, and integrated early childhood system exists and uses authentic family engagement, strong partnerships, sound policies, innovative and sustainable mechanisms, and improved public awareness.
2. Professional and provider competencies are aligned across systems and implemented with fidelity to ensure consistent and sustainable high quality early childhood services.
3. State and local agency efforts integrate culturally relevant practices into policies, programs and decision-making processes that are effective, equitable, understandable, respectful, and responsive to families.
4. Approaches by programs and providers are family-centered, family-directed, and well-researched.



SYSTEM-WIDE IMPACT AND ENHANCEMENT

- > Using a model of co-location with nine local partners, each strategy was provided throughout the service area. **88% of providers were bilingual Spanish speakers. Two-thirds of COPL related positions will be sustained.**
- > **Strengthening partnerships** to support families and young children's health and well-being, including improved data sharing between organizations to inform decisions, improved collaboration to solve identified barriers, sharing of resources and funding, and shared accountability for public will building.
- > Providing **professional development opportunities in topics, including equity, trauma-informed care, toxic stress, screening and referral best practices, and social emotional development messaging.** COPL co-sponsored several statewide opportunities to help enhance the ability of child- and family-serving professionals to share resources and connections.
- > Developing a community Health Disparities Impact Statement that shared information with community partners about significant differences in available services for underserved communities. Resulting from review of that data, **services were adjusted to locations of greatest need or of having fewest resources.**
- > Conducting an **Early Childhood and Family Policy Report** to guide efforts to better support young children and families. To view the full report, please visit <https://www.ecpac.org/systems/reports/>
- > Enhancing and creating **mental health public awareness campaigns.**
- > Identifying **family engagement and leadership as a critical cornerstone** of Project LAUNCH and setting an example for other state and local initiatives.

RESULTS IN NUMBERS

118

Local partners in Adams County, trained by ECPAC, who as “trusted messengers” have helped to distribute just under 6,000 parent materials

71

Professional development (PD) opportunities provided (to both internal and external staff)

1,151

Community service providers attended PD sessions (internal and external)



MORE SUCCESSES

To complement an [English version](#) of a Pregnancy Related Depression (PRD) campaign developed by CDPHE, a [Spanish PRD public awareness campaign](#) was launched in January 2018. A taskforce of Spanish-speaking individuals was convened to provide critical guidance on the development and implementation of the campaign.

Two e-learning modules to recognize and address Implicit Bias were launched in 2017. These interactive, self-paced webinars are available in Spanish and English and are housed on the Professional Development Information System (PDIS), the statewide, web-based system supporting professional development of Colorado’s early childhood workforce.

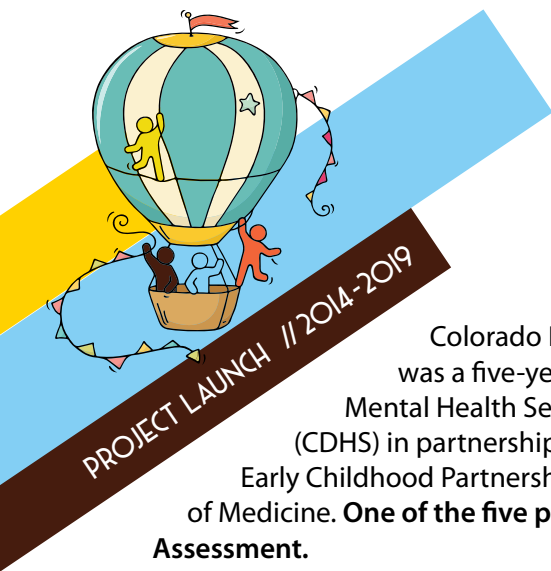
A robust public awareness and provider/parent educational toolkit for children’s social emotional development was created (www.EarlyChildhoodMentalHealthCo.org) and initially piloted in 2017. This resource has been utilized across the state, the nation, and internationally. **The content of the toolkit is now incorporated into the next iteration of Bright by Text, a national, evidence-based program** that shares quality information and resources for parents and caregivers of young children through a free texting platform.

LESSONS LEARNED & RECOMMENDATIONS

- > **Reach across Colorado.** With Colorado being a locally controlled state, developing and implementing wide ranging policies can be difficult. Also, with the many other efforts occurring across the state, it can be difficult for the early childhood sector to identify specific areas for collaboration toward impacting policy changes.
- > **Data collection and sharing.** As with other strategies, data collection across multiple cross-sector partner organizations proved to be a challenge. Strong partnerships continue to present as the key to successful implementation and impact, as

they allow for perseverance with data collection efforts, solving challenges, having hard conversations when barriers persisted, and going above and beyond when needed to achieve desired outcomes.

- > **Policy research and recommendations.** Conducted in 2018, an in-depth policy report was produced to help potential strategies for systems change through policy. While many of the recommendations were not new, having them in writing and informed by families, other community leaders, and elected officials gave them a higher level of credibility and shifted some key stakeholders’ commitment to exploring their implementation.



SCREENING AND ASSESSMENT

Colorado Project LAUNCH (COPL) (Linking Actions for Unmet Needs in Children’s Health) was a five-year cooperative agreement from 2014-2019 between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Colorado Department of Human Services (CDHS) in partnership with the Colorado Department of Public Health and Environment (CDPHE), the Early Childhood Partnership of Adams County (ECPAC), and JFK Partners, University of Colorado School of Medicine. **One of the five promotion and prevention strategies of Project LAUNCH is Screening and Assessment.**

IMPLEMENTATION EFFORTS

Supporting COPL goal #5, efforts focused on implementing best practices toward a comprehensive screening-referral process, including care coordination and unified approaches to family support, education, and engagement.

In Adams County, this strategy was implemented through the provision of technical assistance and implementation support to three health clinics (Clinica Family Health Services, Every Child Pediatrics, and Mountainland Pediatrics) and an early intervention program (North Metro Community Services) in collaboration with three school districts.

Training was provided by Project LAUNCH staff on screening and referral best practices for young children, as well as for pregnant and postpartum mothers and overall family social determinants of health.

Project LAUNCH funding supported the use of five care navigators (totaling 4.0 FTE) to employ best practices in screening and referral, identify and address barriers to following up with referrals, and staying connected to families to make sure they did not fall through the cracks.



SYSTEM-WIDE IMPACT AND ENHANCEMENT

- > **Coordinating efforts of local COPL staff, LAUNCH Together leadership, and health clinics employing care navigators** to: identify barriers to implementation of best practices; bill for adequate reimbursement; and support advocacy efforts to Care Management and Medicaid to recognize the unique needs of care navigation needed for young children and families.
- > Establishing a Care Navigation Collaborative to help promote best practices across various organizations employing these positions (care navigators) and to **encourage partnership growth to support a more seamless, facilitated referral process**. Twelve care navigators from nine different organizations comprised this collaborative group.
- > Participating on the Colorado Early Childhood Screening and Referral Policy Council—a **multi-sector, statewide group charged with identifying and implementing policy and system changes to improve service coordination and promote optimal child development**. In sharing experiences with local screening and referral practices, as well as data collection and use within five LAUNCH communities, Colorado Project LAUNCH and LAUNCH Together communities contributed to a statewide discussion on the need for a coordinated system.

RESULTS IN NUMBERS

22,718

Children received developmental screenings

1,052

Children and families received referrals to any service provider

Follow-through percentage for referrals

39.5% → 80.4%

Year 2 (2015-2016)

Year 5 (2018-2019)

5,154

Mothers received a postpartum depression screening from child's doctor



MORE SUCCESSES

Clinics and organizations employing care navigators deployed more comprehensive screening and referral processes for families, referring to home visitation programs, parenting classes, and other community resources. **Clinics reported improved workflow and processes**, including improved explanation of why referrals were being made, what to expect next, and why it is important to follow through; problem-solving a range of barriers faced by the family; and supporting families in making an informed decision and empowering them to navigate the system.

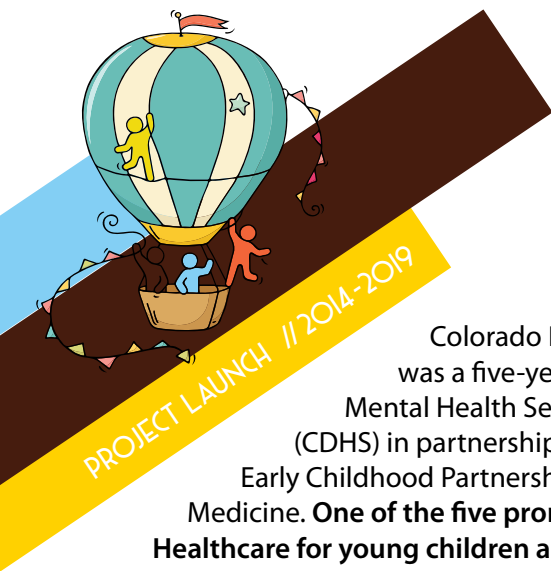
One clinic noted that **having the care navigator position provided the opportunity to work on process improvement and has paved the way for its future care management structure**, which will now be spread to all care teams. Additionally, staff now have greater awareness and “know the importance of developing screening and connections,” thus raising the total level of care provided to families. Overall subject area expertise has increased for care navigators and organizations as a whole.

LESSONS LEARNED & RECOMMENDATIONS

- > **Full process participation.** Not all organizations receiving referrals were willing or able to engage with the entire referral process, specifically the feedback loop of completing status update forms for each referral. Creating a referral process together facilitated better results with most partners.
- > **Consistency of information.** A data collection challenge was uncovered when attempting to collect the same data points across different sites. Each of the four participating clinics had different electronic record systems.
- > **Family services.** In order to truly support a child's overall health and well-being, the child's family must also be

supported. However, comprehensive case management for the full family is often not covered under insurance and thus presents a need to increase reimbursement to include comprehensive case management for all family members.

- > **Shared framework and philosophy.** Recognizing each organization employing a care navigator or implementing enhanced screening and referral process has its own unique needs and challenges, creating consensus around a shared framework and overall philosophy is recommended. This will help to facilitate stronger partnerships, increase knowledge of services, create feedback loops, and better coordinate care, which will increase ease of integration into organizational workflow and culture.



INTEGRATED BEHAVIORAL HEALTH CARE

Colorado Project LAUNCH (COPL) (Linking Actions for Unmet Needs in Children's Health) was a five-year cooperative agreement from 2014-2019 between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Colorado Department of Human Services (CDHS) in partnership with the Colorado Department of Public Health and Environment (CDPHE), the Early Childhood Partnership of Adams County (ECPAC), and JFK Partners, University of Colorado School of Medicine. **One of the five promotion and prevention strategies of Project LAUNCH is Integrated Behavioral Healthcare for young children and families in healthcare settings.**

IMPLEMENTATION EFFORTS

Supporting COPL goal #5, efforts focused on improving knowledge and skills of Integrated Behavioral Health Care Providers (BHPs) in early childhood mental health and pregnancy-related depression and using evidence-based and best practices in integrated care.

In Adams County, this strategy was implemented through partnership with three health clinics that employ BHPs (Clinica Family Health Services, Every Child Pediatrics, and Mountainland Pediatrics). Project LAUNCH staff and partners worked to build provider and organization capacity through use of best practices in serving young children, families, and women with pregnancy/postpartum depression and anxiety.

Trainings are provided to clinic staff on topics such as Multidisciplinary Approach to Early Childhood Development, Trauma Informed Care, Partners in Parenting Education (PIPE), PSI Perinatal Mood and Anxiety Disorder, the Diagnostic Classification of Mental Health and Developmental Disorders in Infancy and Early Childhood (DC: 0-5), and Social-Emotional Communications. Funding was also provided for staff to apply for the Infant Mental Health Endorsement®.



SYSTEM-WIDE IMPACT AND ENHANCEMENT

- > Participating in a **pediatric collaborative of health clinics** to improve:
 - 1) Professional development opportunities and resources that would support increased capacity to serve young children and families through integrated behavioral healthcare
 - 2) Billing processes and options for reimbursement
 - 3) Data collected regarding and evaluation of child and family outcomes
- > Implementing the **Colorado State Innovation Model (SIM)** at all three Project LAUNCH supported health clinics in South Adams County, working toward the [SIM Practice Transformation efforts](#).
- > Indicating progress toward implementing integrated healthcare to young children and families using identified best practices through submitting a "fidelity" measure twice a year to indicate progress. Clinics were measured on 14 different best practices markers, including co-location of behavioral health and medical providers, referral processes and procedures, and increased knowledge by staff of available resources. While many best practices were already in place, for those that were still to be developed, **each of the three participating clinics achieved all of their goals between the baseline (2016) and follow-up (2018) years.**

RESULTS IN NUMBERS

10

Unique professional development topics offered to health clinic staff

11

Integrated Behavioral Health Care Providers (BHPs) received training

100%

of clinics made improvements on the use of best practices for early childhood



MORE SUCCESSES

As a result of the Communications Toolkit, one clinic noted that it has **completely changed its practice with much greater focus on early childhood development and prevention**, which has led it to now implementing Healthy Steps. This clinic uses the COPL social-emotional developmental parent education materials as a way to help start conversations with families. One staff member noted: “As a result [of using integrated care resources], our **staff is more motivated and excited about their work than ever before, and our patients and families are receiving higher quality and more comprehensive services.**”

Another clinic is now ensuring that all young children who score in the gray area (indicating development is borderline with age-based expectations) for the Ages and Stages Questionnaire (ASQ) is seen by the Integrated Behavioral Health provider for additional support.

All clinics have made **improvements to screening and service options for new mothers experiencing postpartum depression/anxiety.**

LESSONS LEARNED & RECOMMENDATIONS

> **Coordination with other efforts.** As COPL implementation began, two of the clinics were also involved in another Integrated Behavioral Health project and had BHPs on staff. To avoid duplication, COPL efforts were geared to support the professional development of BHPs versus supporting actual services. COPL attempted to support evidenced-based practices across all clinics, but given different capacity needs and plans of each, it encountered challenges of commitment of time and resources, including sustainability.

> **Compensating providers.** Adequate reimbursement—from Medicaid and insurance, and through Regional Accountability Entities (RAE)—is critical for providing integrated care for young

children and their families, as well as being able to sustain and expand Integrated Behavioral Health services.

- > **Destigmatization of mental and behavioral health.** Creating environments and structures to support conversations about (and not stigmatize) mental health and social determinants of health is essential, as families often under-report or do not talk to their provider. Developing a tier system to identify appropriate level of care and services would support these efforts moving forward.
- > **Tracking maternal mental health.** Referral information for the mother often is recorded within the child’s chart, making it difficult to pull data on service follow-through and completion. Having a separate chart and a care navigator to support the referral has proved to be invaluable to helping ensure care.



EARLY CHILDHOOD MENTAL HEALTH CONSULTATION IN EARLY CARE AND LEARNING PROGRAMS

Colorado Project LAUNCH (COPL) (Linking Actions for Unmet Needs in Children's Health) was a five-year cooperative agreement from 2014-2019 between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Colorado Department of Human Services (CDHS) in partnership with the Colorado Department of Public Health and Environment (CDPHE), the Early Childhood Partnership of Adams County (ECPAC), and JFK Partners, University of Colorado School of Medicine. **One of the five promotion and prevention strategies of Project LAUNCH is Early Childhood Mental Health Consultation (ECMHC) in Early Care and Learning Programs.**

IMPLEMENTATION EFFORTS

Supporting COPL goal #5, efforts focused on increasing the capacity of early learning programs to promote social-emotional development and address challenging behavior, through the delivery of high quality ECMHC.

In Adams County, ECMHC was provided by Community Reach Center, in a total of seven licensed center and home-based early care and learning programs, supporting an annual average of 18 classrooms, four directors and 276 children ages 6 weeks to 5 years of age. Supporting families who are Spanish speaking or of Hispanic/Latino culture, a bilingual consultant worked with programs and classrooms to promote social emotional development, prevent challenging behaviors and build the capacity of providers. Child-specific consultation and referrals for intervention were also provided as indicated. In total, four local funding sources provided 4.5 full time employment (FTE) positions for EMHC consultants.

Over two semesters, COPL also supported 24 hours of training on the Pyramid Model, helping nearly 100 providers and consultants learn how to create a social-emotionally rich environment, identify challenges, and intervene early.



SYSTEM-WIDE IMPACT AND ENHANCEMENT

- > Developing a structure to support Colorado's system of ECMHC, including **how to incorporate revenue from Medicaid fee-for-service in community-based settings.**
- > **Standardizing Colorado's consultation system**, including adoption of a theory of change and creation of templates, documents, on-boarding plans, and training resources, including curriculum to address implicit bias and to initiate a Delphi process to define key activities.
- > Increasing the number and strengthening the skills of early childhood mental health consultants in Colorado by supporting University of Denver faculty in **creating a certificate program (expected to launch in September 2020) with focus on increasing diversity** within this field through intentional recruitment of bilingual students.
- > Exploring an **ECMHC Hub—supported by public/private partnership—to be available to consultants statewide to support consistency in resources, training, data collection, and reflective supervision.**
- > Completing a **Suspension & Expulsion/Early Care and Learning Resources Study** to better understand its prevalence and the available or needed resources to reduce these removals. Designed by CDPHE, the survey sought qualitative feedback from family and provider focus groups.

RESULTS IN NUMBERS

14

Children received child-specific consultation

8

Children received referrals for further evaluation or intervention

101

Attendees of the Pyramid Model training (through braided funding)

MORE SUCCESSES

In general, early care and learning providers “Agreed” or “Strongly Agreed” that **the consultation process was useful and effective for them as a teacher** and that they felt comfortable talking to the consultant about what they needed.

Through the Pyramid Model training, all early learning providers who work with preschoolers learned more about early child mental health practices, as well as received on-site coaching support, which was provided in between classes. Almost all providers reported that **the training increased their knowledge and ability to provide high quality services to children and families.**

Overall themes from providers included learning how to:

1. Look at challenging behavior as a means of communication
2. Pay attention to children when doing positive—not point out the negative
3. Implement different and/or more strategies for prevention of challenging behaviors

LESSONS LEARNED & RECOMMENDATIONS

> **Feedback limitations.** In collaboration with statewide Early Childhood Councils (ECCs), CDPHE was able to survey 2,300 childcare sites and gain valuable insights on early care needs regarding resources, training, and policies. Despite extensive outreach with ECCs’ support, direct mailing, and offering incentives, only 29% of licensed Colorado providers were represented in the survey. For future efforts of collecting quantitative data, it is recommended to take a regional, targeted approach with direct, in-person data collection to ensure that data will be more robust and representative of the state. The final report that includes the survey data collected

will be published by the end of 2019 and can be found at www.EarlyChildhoodMentalHealthCo.org.

- > **Sustainable funding.** While the positive impact made by ECMHC efforts is clear, it has proven difficult to find grant funding sources that are interested in supporting a more long-term (multiple year) funding approach. As such, it will be crucial to determine funding mechanisms outside of grant funding to help ensure the continuation of ECMHC.



PROJECT LAUNCH // 2014-2019

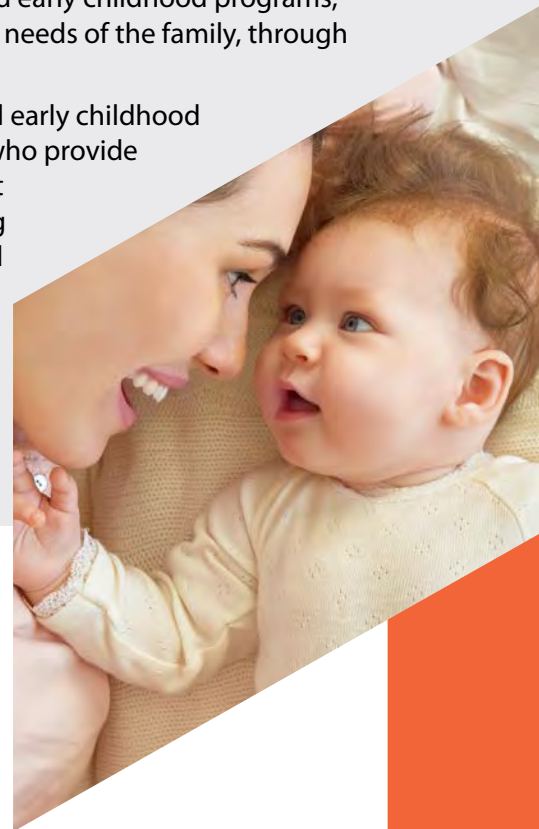
ENHANCED HOME VISITING

Colorado Project LAUNCH (COPL) (Linking Actions for Unmet Needs in Children's Health) was a five-year cooperative agreement from 2014-2019 between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Colorado Department of Human Services (CDHS) in partnership with the Colorado Department of Public Health and Environment (CDPHE), the Early Childhood Partnership of Adams County (ECPAC), and JFK Partners, University of Colorado School of Medicine. **One of the five promotion and prevention strategies of Project LAUNCH is Enhanced Home Visiting.**

IMPLEMENTATION EFFORTS

Supporting COPL goal #5, efforts focused on increasing capacity of community-based early childhood programs, addressing the social-emotional needs of children and supporting the mental health needs of the family, through the delivery of high quality ECMHC.

In Adams County, this strategy was implemented through the provision of a bilingual early childhood mental health consultant (ECMHC) to "home visitors" (community service providers who provide services in the home) from several home visiting programs, including Maternal Infant Early Childhood Home Visitation (MIECHV) programs, as well as other programs using recognized best practices. The consultant, hired by Community Reach Center, offered training, team-based and one-on-one consultation. The consultant was also available to accompany home visitors to support the social-emotional and mental health needs of the child and family and to assist with referrals to treatment. COPL funding was available to support home visitors to apply for the Infant Mental Health Endorsement® through the Colorado Association for Infant Mental Health, including the provision of reflective supervision.



SYSTEM-WIDE IMPACT AND ENHANCEMENT

- > Placing high value on ECMHC and elevating awareness of the practice across the sector, COPL helped set the stage for incorporating ECMHC practices with home visitation programs and for receiving support in doing so. Beginning October 1, 2016, **all MIECHV sites in Colorado that requested funds to pay a mental health consultant received it.**
- > Determining the role of an ECMHC (in relation to partner programs and providers) was helped by Interview responses from home visitors, supervisors, and consultants. Interview participants identified themes of: capacity building, psychoeducation, assessing cases and guiding the work of home visitors, addressing mental health concerns with families, and acting as systems connector to other agencies. Additionally, **ECMHCs can provide reflective supervision to help alleviate potential burnout and can include case consultation and support of self-care activities.**
- > Developing **systems and structures that identify the needs of home visitation programs** and inform asks to funders in to further support the success of ECMHC.

RESULTS IN NUMBERS

5

Home visitation programs to receive consultation

35

Home visitors received consultation (annual average)

7

Home visitors received Infant Mental Health Endorsement®



MORE SUCCESSES

Expansion of ECMHC in home visiting across the state with all Maternal Infant Early Childhood Home Visitation (MIECHV) programs has proved to be of value and benefit.

In the implementation community, home visitors reported that consultation **improved their relationships with families** to whom they provide home visiting and gave them strategies to help families manage disruptive/challenging behaviors.

Tri-County Health Department's (TCHD) Nurse Support Program (non-MiECHV) found the ECMHC through COPL to be very beneficial and has obtained funding to sustain this support. One of TCHD's program staff shared that ECMHC efforts have helped her and her fellow nurse home visitors to **"see their clients through a mental health lens, giving them a deeper understanding** of how they can meet their client's needs." Additionally, she shared that the programming assists nurses "to better engage in self-care, reducing turnover related to secondary trauma."

LESSONS LEARNED & RECOMMENDATIONS

- > **Pre-existing programs.** Enhanced home visitation was one of the most challenging strategies for COPL to implement as some home visitation programs, including Nurse Family Partnership (NFP), already had mental health consultation and support weaved into their programming. While other programs were open to partnership—and two non-MIECHV programs did participate with EHMHC efforts—ultimately, COPL EHMHC consultants were rarely approached for consultation despite relationship building attempts.
- > **Staff challenges.** Despite efforts trying to connect and collaborate with current home visitation providers through offering "office hours," attending team meetings, and being available "as needed" by phone, most Adams County providers

did not engage. For those who did, buy-in and commitment from home visitation supervisors was key.

- > **Differences of community needs.** While ECMHC in-home visitation programs were not extremely successful in Adams County, they have demonstrated success in other communities in Colorado. Learning from what these communities implemented, one potential success strategy could include off-setting administrative costs through cost-sharing to allow for more provider time in the home.



PROJECT LAUNCH // 2014-2019

FAMILY STRENGTHENING

Colorado Project LAUNCH (COPL) (Linking Actions for Unmet Needs in Children's Health) was a five-year cooperative agreement from 2014-2019 between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Colorado Department of Human Services (CDHS) in partnership with the Colorado Department of Public Health and Environment (CDPHE), the Early Childhood Partnership of Adams County (ECPAC), and JKF Partners. **One of the five promotion and prevention strategies of Project LAUNCH is Family Strengthening.**

IMPLEMENTATION EFFORTS

Supporting COPL goal #5, efforts focused on increasing access and availability of evidence-based and best practices in family strengthening and parent skills training opportunities that are culturally relevant and of high quality for families of young children (up through age 8.)

In Adams County, this strategy was implemented through the delivery of parenting classes designed to increase the knowledge and skills of parents and families to support social-emotional development.

Project LAUNCH staff and partner organizations facilitated Mama Talk/Mama Habla support groups, [Partners in Parenting Education](#) (PIPE) classes, and [Incredible Years](#) (IY) classes.

All classes were offered at various times and locations to support engagement and access by increasing many options for attendance. Community partners for these groups and classes included Community Reach Center, Tri-County Health Department, and Growing Home, and Adams County School Districts 14 and 12. [Community Cafés](#) were also offered and aimed to build stronger parent support networks and provide parent leadership opportunities. Simultaneous Spanish translation and child care were provided for café meetings and parenting classes.



SYSTEM-WIDE IMPACT AND ENHANCEMENT

- > Finishing a Family Engagement and Leadership Continuum framework, completed with local community partners. This framework helped to **identify pathways and opportunities for a continuum of leadership, recognizing that attending meetings is not the only way families can be leaders in their communities.** [ADD LINK]
- > Building the **leadership capacity, knowledge, skills, and confidence of the family members through the state Young Child Wellness Council (YCWC.)** This group helped several state-level advisory groups commit to placing an emphasis on the role of families and parents in their own work and processes. Four members of the YCWC also serve on the CDHS Family Advisory Board.
- > Supporting **the creation of a national family-led network focused on young children/families and mental wellness**, including membership by two members of the YCWC.
- > Increasing **knowledge of early childhood professionals** through presentations by family partners at statewide conferences, including Parent to Parent, Strengthening Families, and Early Childhood Leadership Council.

RESULTS IN NUMBERS

95

Family members served through PIPE classes

165

Family members served through IY classes

203

Family members served through Community Cafés

50

Mothers attended Mama Talk / Mama Habla groups



MORE SUCCESSES

At a local level, several parents moved along the leadership continuum. This journey often began with attending parenting classes, followed by joining Action Teams, facilitating Community Cafés, and co-facilitating parenting classes. Two mothers started a monthly group of 14 parents. One parent was hired by ECPAC to serve as a Family Support Specialist.

At a state level, family membership in the YCWC **grew from two to eight fully participating family members** over the course of the five-year grant. Supported by coaching, two parents facilitated the State YCWC in the final years of the project.

From the parenting classes, successes include families involved in PIPE reporting increased knowledge about how to respond appropriately to child's feelings, improvement in parenting, and positive change in their child's behavior. Families attending IY reported a decrease in use of Harsh Discipline and an increase in use of Positive Parenting techniques.

Families attending Cafés report they **"learned a lot" about issues that are important to them and "felt a lot more confident" about being a leader in their community.**

LESSONS LEARNED & RECOMMENDATIONS

- > **Location matters.** Initially, Community Cafés were held in more of a "pop up" style, where time and location details were varied and families were invited through community service organizations. Very little success with family attendance was found through this approach. In Year 3, Cafés were held more regularly and in tandem with other parenting classes, resulting in higher attendance and engagement.
- > **Language barriers.** For PIPE classes, providing simultaneous translation was both a success and a challenge. The method was most successful when the numbers of parents who speak English and parents who speak Spanish were evenly split and

numerous. If there was an imbalance, often the parent of the minority language would drop out.

- > **Supporting family leadership.** With various levels of readiness to contribute in a leadership capacity, it is helpful to provide families with multiple types of opportunities and commitment requirements, as well as coaching to strengthen their knowledge and skills. Additionally, being able to provide incentives, childcare, and interpretation is critical for supporting family participation and should be included in program budgets.
- > **Recruitment and retention.** Across all classes, attracting and maintaining participants proved (and proves) to be an ongoing issue.

TO ALL OF OUR PARTNERS
WHO HELPED US BUILD
A BETTER AND BRIGHTER
FUTURE FOR OUR CHILDREN
AND FAMILIES ...

THANK YOU!

