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

# OKLAHOMA PROJECT LAUNCH
## End of Year Progress Report

## Reporting Period:
## March 1 – September 30, 2015

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

## Section 1. PROJECT IDENTIFICATION AND KEY CONTACTS

### Project Identification Information

**A.** Please note the year that your grant was awarded.

September 2013

**B.** Grant Number: 1H79SM061293

**C.** Project Name: Oklahoma Project LAUNCH

Grantee Organization: Oklahoma State Department of Health

### Grantee Staff Contact Information

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

Name/Title: Beth Martin, Director Child Guidance Service

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

Name/Title: Melissa Griffin, Infant and Early Childhood Mental Health Wellness Specialist

Role: Wellness Expert

Name/Title: Amy Dedering, MPH Program Evaluator

Role: Project Evaluator

Name/Title: Trena Hickinbotham, MS, Rogers County Project LAUNCH Coordinator

Role: Local Coordinator

**Section 2, PART I: PROGRAM ACTIVITIES**

**In the tables below please provide information on services delivered in the last six months of the grant year (March – September, 2015).**

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

**Briefly describe your approach to this strategy and list screening and assessment measures being used:**

Strategies for implementation of screening are embedded within the other Project LAUNCH strategies. Screening will be a part of the implementation of Healthy Steps in Primary Care. Enhancements to home visitation include additional screening around Parent-Child relationship. Coordination around current screening efforts in early care and education settings is supported with Early Childhood Mental Health Consultation (ECMHC). A screening component with the (Behavioral Assessment System for Children, 2nd Edition (BASC-2) was added to the public school pre-k and kindergarten classrooms and to all Head Start classrooms in Rogers County as part of ECMHC. Implementation of these strategies began late in year 2 of the grant.

**A. Major Activities and Accomplishments**

Screenings were provided as part of implementation of ECMHC to 2 school districts and 4 Head Start locations. Screening services for Head Start were enhanced by the addition of the BASC-2 to the Ages and Stages Questionairre-3 (ASQ-3) that was already implemented. BASC – 2's were completed on all pre-K and Kindergarten children in the Justus Tiawah and Verdegris school districts, for a total of 13 classrooms. The screenings will be repeated at the end of the school year. The screenings were used to develop plans to support individual children in the classroom through individual support plans as well as implementation of classroom wide activities.

Screening tools were updated for the Child Guidance Program at the Rogers County Health Department to the use of the ASQ–3 and the ASQ SE-2. ASQ-3's were also provided to the Grand Lake Community Mental Health Center. Several local mental health providers participated in training around the DC-03R that was provided in partnership with the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).

Training was provided to all Head Start Staff regarding screening with the use of the ASQ-3 as well as the BASC-2. MHP's in the community were available to staff to review procedures for screening and to help score and interpret results of the ASQ-3's completed by the Head Start classrooms in Rogers County.

At the state level, partnership with the Oklahoma Department of Human Services (OKDHS) Trauma II project Oklahoma Trauma Assessment Service Center Collaborative (OK-TASCC) has continued with implementation of the selected screening protocol in 2 OKDHS regions. Expansion plans will include

Rogers County in the next year. OKDHS has selected the Screening for Wellness in Young Children (SWYC) to utilize for this purpose as well as questions from the Pediatric Symptom Checklist. Partnership was further developed to utilize the Oklahoma Child Care Warmline at the Oklahoma State Department of Health (OSDH) to assist child welfare workers in making referrals to appropriate mental health resources for children under the age of four. The State Wellness Expert and Wellness Partner will continue to work to support child welfare in the implementation of the SWYC. State level support will also continue around improvement of policy and practice for referral between child welfare and SoonerStart (Part C). Policy change proposals include increased reimbursement rates through Medicaid for an expanded infant mental health assessment to support best practice in infant mental health assessment and diagnosis. Project LAUNCH works closely with Tulsa County's Safe Babies Court Team Approach Project to align efforts around screening and assessment for infants and toddlers affected by trauma.

**B. Challenges/Barriers**

Some service delivery systems require significant workforce development efforts to prepare them for implementation of screening and assessment of young children, particularly children birth to three. Much consideration has been given to implementing screening without simultaneous development of a workforce prepared to provide services to families with young children. The gap in service providers, particularly for birth to three mental health needs, is something that OKDHS acknowledges within their screening "roll out plan" so that they are identifying needs within families without referral options to send them to. While reimbursement rates may increase for expanded assessment for infants and toddlers, assuring that qualified workforce is providing the service or limiting billing to qualified professionals by implementing "prior authorization" continues to be a challenge. A description of the best practice assessment including a list of assessment tools accompanies the policy change. However, creating workforce development opportunities to get Mental Health Professionals (MHP's) trained to provide such assessments is complicated. Short term and long term plans are being explored with multiple partners including state agencies, universities, and private agencies and funders to try to implement a "learning collaborative"– style workforce development plan that includes formal education, in-depth Technical Assistance (TA), and training in evidence based practice**.**

**C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change):** No Deviations

**D. Lessons Learned**

There continues to be a shortage of providers (especially clinical treatment providers) to meet the needs generated through screening. Plans to continue to develop resources in Rogers county and across the state have been presented to the State Wellness Council as a high priority to meet the demand, particularly that of the child welfare system as a result of their screening project.

Within the public school, screening of all children has been made a priority rather than previous practice of screening only children who teachers were identifying as a concern. ECMHCs and teaching staff focus on strengths of children as well as their concerns as they develop plans for the classroom.

**E. Activities Planned for the Next 6 Months:**

Screening will continue as part of the ECMHC project in Head Start, Verdegris Schools, and Justus Tiawah Schools with a repeat of the BASC -2 in the late spring of 2016. ASQ-3's will also be repeated in Head Start, and consultants will support teachers in this process.

The ASQ-3 will be used in the implementation of the Women Infants and Children, Providing Learning and Understanding and Support (WIC PLUS+) program based on the Healthy Steps model. Screenings will occur for clients who choose to enroll in WIC PLUS+ at the newborn visit, 4 month visit, 6 month visit, 9 month visit, 12 month visit, and then every six months through the child's third birthday.

With the addition of the Parents as Teachers (PAT) Program in the Verdegris and Justus Tiawah school districts, the ASQ-3 will be administered to home visitation clients who enroll in PAT. Screenings will occur according to the timeline within PAT and in coordination with Oklahoma's Maternal Infant and Early Childhood Home Visiting (MIECHV) grant PAT programs. The PAT home visitor will be trained in the administration of the ASQ-3.

OKDHS plans to expand the screening project through OK-TASCC into Rogers County during this time frame. Child welfare workers will be trained in January on the use of the trauma screening developed by OKDHS child welfare and University of Oklahoma Health Sciences Center (OUHSC)on child abuse and neglect. Local mental health providers as well as Part C Early Intervention providers will also be invited to the training to learn the process for screening and what to expect for referrals and to discuss how they might collaborate locally to support these screening efforts.

The State Wellness Expert will continue to work with OSDH Family Support and Prevention Services to determine a timeline for integrating the PICCOLO into Oklahoma'sNurse Family Partnership (Children First) home visitation services to enhance the program's ability to assess relationship aspects between children and caregivers.

**Table 2. Integration of behavioral health into primary care settings**

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

Plans include the Healthy Steps implementation of WIC PLUS+ in WIC clinics at local county health departments and continue efforts to engage Rogers county pediatric practices in implementing Healthy Steps, Reach out and Read, or both programs within their practice. Children ages birth to 5 will be the primary focus of these programs.

**A. Major Activities and Accomplishments**

No Services have been implemented to date. However, Oklahoma Project LAUNCH partnered with OU Tulsa and George Kaiser Family Foundation to bring Healthy Steps training to Oklahoma to train Child Development Specialists to provide services to families enrolled in WIC as part of an enhanced WIC program (WIC PLUS+). This service will also include the implementation of Reach Out and Read.

Part of the partnership with the Tulsa Community to bring Healthy Steps to Oklahoma included a better-developed relationship with OU's School of Psychiatry. An Infant Mental Health trained Child Psychiatrist was engaged around the work of Project LAUNCH and she has agreed to discuss with LAUNCH leadership how she might support Rogers County through workforce development efforts and/or consultation to primary care providers as well as behavioral health practitioners.

**B. Challenges/Barriers**

Primary Caregivers continue to be a challenge to engage in LAUNCH efforts. The local LAUNCH coordinator has fostered a strong relationship with a Tulsa Pediatrician who champions Reach out and Read. She has agreed to assist in the engagement of the medical community to further the work of LAUNCH.

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

For now, the focus of integration of Healthy Steps into primary care settings is centered on public health WIC clinics. This is also being done in partnership with a public health prevention block grant project.

**D. Lessons Learned**

There are benefits to public/private partnerships when thinking about sustainability of program implementation. Coordination of resources from Tulsa County has continued to evolve in terms of planning and implementing program goals. Pediatric practices that are well established and have full patient caseloads have been difficult to engage in adding Healthy Steps to their services. Individuals who meet qualifications for a Healthy Steps Specialist and who have the developmental knowledge necessary to enhance a practice are not necessarily compensable under "physician staff" in order to bill the Healthy Steps piece under the doctor's visit. Restrictions to nurses, social workers, mental health practitioners, and psychologists are currently in place, excluding individuals with an early childhood background.

**E. Activities Planned for the Next 6 Months**

Implement WIC PLUS+ in Rogers County and 5 additional health departments across the state partnering with the Child Guidance Program.. Engage at least 2 primary care practices in Reach out and Read and continue at the state level to identify ways to reimburse clinicians who are currently restricted from billing under current rules. Continue to work with ODMHSAS and the Oklahoma Health Care Authority to identify ways to streamline delivery of health and mental health services so that services can be provided within the same visit/concurrently for a client partnering with ODMHSAS Health Home projects.

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

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

- Implementation of PAT Program in 2 school districts to expand home visitation services for children birth through 5.
- Enhancement of current home visitation system by offering training in Infant Massage for all home visitation programs serving children birth through 5 as well as Systems of Care providers who serve children birth to 21.
- Enhancement of current home visitation system by provision of reflective consultation to home visitors who serve children birth through 8.
- Support of any home visitor who chooses to pursue Infant Mental Health Endorsement through the Oklahoma Association for Infant Mental Health.

**A. Major Activities and Accomplishments**

A contract with Justus Tiawah schools was developed to support a full time position for a PAT home visitor. The PAT affiliation application was obtained and the home visitor was able to participate in training in partnership with a training hosted by Oklahoma MIECHV and the OSDH Home Visitation Pilot Project.

Two home visitors in the community are receiving reflective consultation in Infant Mental Health to support their application for endorsement.

Two cohorts of home visitors and family support providers went through training in Infant Massage provided by Infant Massage USA. Forty Part C Early Intervention providers, nurses with Children First, Head Start providers, and Child Guidance Child Development Specialists in Rogers county and other parts of the state attended the training and are working on their certification in Infant Massage. To date, 45 families have received instruction on Infant Massage either in classes, as part of their home visitation services, or individually in clinic visits with service providers.

**B. Challenges/Barriers**

Because Oklahoma is focusing heavily on Home Visitation service delivery system, Project LAUNCH efforts must take careful consideration of the plans, changes, and direction of this system that is happening at the legislative level, agency level, and local level. Decreased funding and higher caseloads have created challenges for service providers to participate in workforce development efforts. Sustainability of the PAT program beyond the Project LAUNCH funding continues to be of concern.

**C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change**): None

**D. Lessons Learned**:

There is more interest in training in EBP that enhance services already being provided as opposed to creating something new or replacing existing curriculum. Work was done at the state and at the local level to help the home visitation system to integrate Infant Massage principles into their visit structure. In

order to sustain efforts to expand home visitation to other populations in Rogers County, Project LAUNCH must work closely with Oklahoma MIECHV and the OSDH Home Visitation Pilot Project to align efforts, service implementation policy, and evaluation.

Oklahoma Systems of Care (SOC) was a challenge to engage initially. Since watching initial training and seeing implementation in the community, SOC local leadership has reached out to the Local Coordinator for Project LAUNCH and asked for training to support their home visitors and wrap-around service providers as they work to assure they are addressing the needs of children under 6 in the community.

**E. Activities Planned for the Next 6 Months**

Explore with state and local SOC leadership in partnership with Muscogee Creek Nation LAUNCH to determine if another training in Infant Massage is possible. The local coordinator will continue to engage home visitors in reflective consultation in Infant Mental Health and support PAT home visitor as she builds a caseload of families.

At the state level, State Wellness Expert will work with Family Support and Prevention Services to identify any enhancements that are needed in the area of IECMH to the Home Visitation Training Calendar that was developed to serve home visitors across service delivery systems.

**Table 4. Mental health consultation in early care and education**

**Briefly describe your approach to this strategy, including any program models being implemented. Identify settings in which services are being delivered and ages of children being served:**

Implementation of ECMHC EBP in Rogers County Head Start classrooms, and expansion of ECMHC to 2 public school districts' pre-k and kindergarten classrooms. Services will be provided to classrooms weekly throughout the school year and will include screening of children, classroom consultation, and provision/coordination of referrals for children and families. Additionally, ECMHC will continue to be provided to licensed, subsidized child care facilities in the county as part of the Oklahoma ECMHC network in partnership with the OKDHS Child Care Development Fund (CCDF) Block Grant State Plan. Services are provided to classrooms serving children birth to age 12. Head Start Early Head Start age range is birth to age 5. School project focuses on children ranging from age 4 to age 7.

**A. Major Activities and Accomplishments:** Upon training ECMHC consultants across several partner agencies including 3 Community Mental Health Centers and the OSDH Child Guidance program, Services began in August/September of 2015 in 11 school classrooms, 11 Head Start classrooms, and to 3 child care facilities during this time period.

Consultants were also trained in an evaluation package that will be piloted as part of Project LAUNCH and expanded to the rest of the ECMHC network in the following year. Evaluation tools look at outcomes at the child, teacher/child relationship, teacher competency, and classroom levels.

Teachers involved in the ECMHC project are receiving in-service training in early childhood social and emotional development and "what to expect" from ECMHC. Teachers were brought together in the summer as a "kick off" to ECMHC implementation. The state trainer/mentor for the ECMHC network and the State Young Child Wellness Expert provided 2 days of training that included opportunities for teachers to meet their consultant and begin their work together prior to the beginning of the school year.

The school districts and Head Start grantee identified that there was a need to be able to access quality materials including activity ideas, children's literature, and professional books on early childhood mental health and social and emotional development. A library of materials was created at each of the school districts and for the Head Start grantee so that teachers would have access to appropriate children's books as well as professional books to draw ideas from as they work with their mental health consultant. Neither school district, that is part of the implementation of ECMHC, has access to a school counselor, but teachers are responsible for meeting requirements in the classroom. ECMHC and the resource library are key to assisting the districts in meeting these requirements.

As part of the ECMHC consultant workforce development plan, all consultants in Rogers County meet regularly with the ECMHC trainer/mentor for reflective consultation. Additionally, the trainer/mentor goes with consultants as they begin their work, helps them to develop their intervention plans and supports their implementation so that they can translate what they learned in training into practice. Evaluation of the development of consultant competencies is part of the evaluation plan so that Oklahoma will be in a better position to understand the workforce development needs of mental health professionals who provide ECMHC services. The Consultant Competencies Self- Assessment is administered at completion of training, and will be completed by the consultant, the trainer/mentor, and the consultant's site supervisor periodically throughout the project.

**B. Challenges/Barriers**

There have been challenges created by workforce turnover, both consultants and teachers. There was a delay in implementation for one group of classrooms as a community mental health center had to replace a staff member and then work with the trainer/mentor to get the new person trained.

Teacher turnover continues to be a challenge in delivery of services, specifically in Head Start and child care settings. New teachers were hired after the "kick off" training and consultants had to strategize ways to connect with new teachers to develop an understanding of program purpose. Teacher turnover at the beginning of the year made it difficult to have individual child screenings completed during the evaluation time line for one site as the new teacher needed time to get to know the children to feel comfortable in completing the screening tool.

At the state level, Project LAUNCH leadership met with leadership around behavioral health Medicaid policy to explore ways to support ECMHC services that are "child-focused" as part of a child's behavioral

health treatment plan. A possibility was identified to be able to expand a therapy code to include work in the context of a child's teacher/caregiver as part of treatment. Because of expected cuts to Medicaid funding and state budget, this possible solution has been tabled during this and next fiscal year.

Funding that was provided through CCDF block grant for Community Mental Health Centers (CMHC's) to provide ECMHC to licensed subsidized child care facilities was cut due to state revenue failure for SFY16. Because of this, there will not be any new expansion of contracts to CMHC's including those who are in the local Rogers County ECMHC partnership. Child care centers can still access service through OSDH Child Guidance Program, but availability is limited.

**C. Deviations from Original Plan (please include a description of changes from your application or implementation plan and the reason(s) for change)** No deviations

**D. Lessons Learned**

There needs to be enough staff support through training and mentoring of consultants to manage the turn-over that occurs within agency mental health settings. There are possibilities for expansion of funding for ECMHC services in meeting the mental health needs of children with significant behavioral/mental health issues. However, due to the fiscal climate, these solutions will have to be addressed later in the project.

**E. Activities Planned for the Next 6 Months**

Services will continue to be provided for the remainder of the current school year and to child care facilities as referrals come in to the Oklahoma Child Care Warmline. Evaluation tools that have been implemented will be administered to complete the "pre-post" design, with feedback provided to classroom teachers.

Additional training needs for teachers will be explored that will support the work of ECMHC in their classrooms, and an in-service will be provided in the spring.

Consultants will continue to meet for reflective practice on a weekly or bi-monthly basis, depending on what the group determines the need to be.

**Table 5. Family Strengthening and parent skills training**

**Briefly describe your approach to this strategy including any program models or EBPs being implemented. Include ages of children being served:** Infuse evidence based family support programs into Rogers County service delivery system to assure that services are available for families with infants, toddlers, and young children. Specific focus is to increase services for families with infants and toddlers as the community identified that this was an area of deficit. Project LAUNCH collaborates at the state and local levels to develop workforce to assure that families with infants and young children have access to appropriate services across the continuum of care.

**A. Major Activities and Accomplishments**

With staff at full capacity in year 2, Rogers county received additional resources for behavioral health services for families with children under the age of 5, with specific emphasis on filling the gap in services for families with children under the age of 3. The Project LAUNCH funded behavioral health clinician, who is under supervision for LPC licensure and receiving reflective supervision as she works toward endorsement, has been trained in several evidence based models including Circle of Security, Incredible Years (in partnership with Muscogee Creek Nation), and Theraplay. She has achieved a full caseload and also actively supports early childhood classrooms at local schools, Head Start, and child care facilities. She is also a resource for training in the community.

The Project LAUNCH behavioral health clinician at the Rogers County Health Department has partnered with the local Domestic Violence Agency (Safenet) to co-facilitate a Circle of Security Parenting Group and are providing peer support across agencies to help with community implementation. Clinicians and Parent Educators in a variety of agency settings are providing Circle of Security to their populations making it accessible to the community. Some clinicians are using Circle of Security concepts to enhance their clinical interventions with families in treatment on an individual basis.

Three cohorts of training were offered in Infant Massage EBP, and more than 50% of those trained have provided services to families in groups, home visiting, or individual clinic settings as they work toward certification in Infant Massage.

A Positive Solutions parent support group was formed through collaboration with a local child care facility The local coordinator, who is experienced with Positive Solutions was available to mentor a new parent educator in the model.

Muscogee Creek Nation,Rogers County Health Department, and Tulsa City County Health Department partnered to train and mentor the Rogers County Behavioral Health Clinician in Incredible Years Treatment Program. Muscogee Creek Nation Project LAUNCH hosted the training, and Tulsa City County Health Department staff mentored the newly trained clinician in provision of the services at a Rogers County Head Start Program. Behavioral Health Clinicians at the Rogers County Health Department partnered with an additional Head Start site to provide Incredible Years Dinosaur School. Collaboration with DHS Child Welfare around referrals for infants and toddlers to MHP's.

DHS Child Welfare and Soonerstart (Part C) have worked together to achieve better coordination to provide referrals to Part C for children who enter foster care.

**B. Challenges/Barriers**

The development of Infant and Early Childhood Mental Health (IECMH) workforce is a process that requires "practicum type" experience in order to develop a specialty skillset. Both funding and availability of IECMH mentors has been a challenge to move workforce development efforts forward. Enrollment into parent support services has been challenging. Service providers are working from a

"meet families where they are" approach and working to develop partnerships with child care, churches, and other community environments to find groups of parents who are already meeting in order to offer a specific program.

Parent supports that focus specifically on fathers of young children are difficult to find. Fathers who are caring for their very young child report feeling isolated and find it difficult to find other fathers who could serve as a support system.

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

Oklahoma LAUNCH partnered with the Muscogee Creek Nation LAUNCH for training in Incredible Years rather than hosting a training in order to maximize use of resources. In turn, Oklahoma LAUNCH offered training slots to the Muscogee Creek Nation for Infant Massage.

**D. Lessons Learned**

Provision of parent support services work best when they are connected to an environment where parents are already used to coming and are offered at a time when they can attend. The need for child care and addressing meals during meal time meetings is essential to a successful training.

**E. Activities Planned for the Next 6 Months**

Continue to provide Circle of Security groups in the community through a variety of settings, offer an Incredible Years class in partnership with Head Start, work at the state level to have the Child Guidance Program Coordinator for Child Development obtain certification to be a Circle of Parents Train the Trainer so that this program can be implemented in Rogers County and other counties where there is a Child Development Specialist in the Child Guidance Clinic at the county health department.

**Table 6. (OPTIONAL)**

**Other Project LAUNCH <u>direct service</u> activities that have not been captured in the previous table**

**A. Major Activities and Accomplishments**

*None*

**B. Challenges/Barriers**

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

**D. Lessons Learned**

**E. Activities Planned for the Next 6 Months**

## Section 2, PART II: SCOPE & BREADTH OF SERVICES

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

Implementation of behavioral health into primary care has just begun. There was significant challenge to engaging the medical community around this strategy. Barriers to funding for a Healthy Steps Specialist as a reimbursable part of the pediatric visit continues to be an issue. Additionally, community workforce resources were difficult to identify.

Collaboration for training started during this fiscal time period, and the training in Healthy Steps took place in Tulsa in partnership with George Kaiser Family Foundation and OU Health Sciences Center in October 2015. Services for WIC PLUS+ based on Healthy Steps and in connection with Reach out and Read Program will be implemented in conjunction with a Public Health Prevention Block Grant Project and the Child Guidance Program.

Question 2. Have your activities addressed the needs of young children across the entire age range of birth to 8 years? If not, what ages have not been covered, why, and what plans do you have for addressing the needs of children in this age range in the future (including time frame)?

While some services have specifically focused on younger ages of children, specifically families with infants and toddlers, this was done intentionally as the community identified a gap in services for this population. Mental Health Consultation services, parent support services, and mental health services are available for the entire age range with the addition of evidence based programs that target infants and toddlers and their families.

## Section 2, PART III: INFRASTRUCTURE & SYSTEMS CHANGE ACTIVITIES

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

Training was offered in Circle of Security (COS) Evidence Based Parent Support Program in collaboration with the ODMHSAS. Oklahoma has had 2 cohorts of professionals complete this training, representing a variety of practice settings. Project LAUNCH added additional support to those who completed the training by providing telephone-based TA from a local provider who has been using COS for a number of years. TA calls occur on a monthly basis.

Oklahoma has hosted three trainings in infant massage, with Project LAUNCH focusing primarily on the

home visitation and child development/Child Guidance Program. Plans to continue implementation of infant massage are being discussed in partnership with the Muscogee Creek Nation LAUNCH in order to offer training to additional providers and expand services across the state. Partnership for this training also includes the Rogers County SOC, home visiting staff and a local supervisor who would like to attend to be able to better support his employees as they implement the service.

Reflective consultation to 2 home visiting staff, 2 child development specialists, and 3 mental health providers as they work toward level 2 or level 3 Endorsement in Infant Mental Health is being provided as part of the workforce development initiative through LAUNCH. Oklahoma Project LAUNCH continues to work closely with the Oklahoma Association for Infant Mental Health in helping service providers to meet competencies in infant mental health.

As part of implementation of ECMHC, there is a reflective practice group and mentoring for 8 ECMHC as they continue to develop their capacity to provide ECMHC to early childhood programs. This is provided through a half time position in partnership with ODMHSAS to coordinate training for consultants and provide ongoing support. This position meets as part of the Advisory Committee on ECMHC that is made up of partner agencies: OKDHS, ODMHSAS, OSDH, and Head Start.

Several training events were hosted for early child care education providers in the community. Additionally, the community took on the role of hosting a local child care conference to help support the training needs of child care providers who may not have been able to travel to larger conferences in the metro areas. Speakers were brought in to address issues including brain development, supporting children who have experienced trauma through classroom strategies, creating a nurturing environment, and specific training on ECMHC. The local coordinator has worked with the public schools to provide in-service trainings on young child wellness as part of their regular training plan for the school year.

Training was provided to local Court Appointed Special Advocates (CASA) regarding the unique needs of young children who are involved in child welfare and information was provided on appropriate referrals for children to meet these needs.

2. Briefly describe highlights of your public education/social marketing activities over the last six months:
The following is a list of public education activities that have occurred in Rogers County and at the state level over the past 6 months:

- 9 Parenting Segments were provided by the Local Coordinator on Channel 6 Tulsa area news program
- 9,355 Parenting Handouts distributed in Rogers County as part of a “Backpack Educational Series”
    - Summer/Fall 2015 - 800 Parenting Handouts for Community Back-to-School Bash on Sleep and Morning Routines

    - Summer/Fall 2015 – 1,570 parenting handouts on Preparing for Parent/Teacher Conferences, Importance of Sleep, Bullying sent home through public schools
    - Summer/Fall 2015 - 6,325 parenting handouts on 14 topics distributed through Head Start, Home & Center Based Child Care
- Fall 2015 Community presentation on Adverse Childhood Experiences (ACEs) Study by Dr. Robert Block- 76 attended
- Fall 2015 Sent 4 professionals from Rogers County to the Oklahoma Institute for Child Advocacy's Kids Count conference to represent Rogers County and learn more about state and local advocacy efforts
- Spring 2015 One day community event provided on Circle Of Security: Using concepts of Circle of Security to support our Families and our Community
- Spring 2015 – State Wellness Expert and Partner met with private foundations and the OKCEO's group to discuss ways in which their partnership with the public could promote young child wellness in Oklahoma.

3. Briefly describe your efforts to collaborate with substance abuse prevention and substance abuse treatment providers or experts in your community if any have been undertaken in the last six months:

At the local level, substance abuse prevention projects are actively engaged in the Local Wellness Council. Leaders from the community in the substance abuse field worked closely with the Local Young Child Wellness Coordinator to bring Dr. Block to the community to increase awareness about Adverse Childhood Experiences (ACES). The group discussed that ACES provides a common language for programs across the lifespan .

At the state level, there is active participation on the Young Child Wellness Council from leadership in substance abuse programs. Some efforts have been coordinated around financial mapping and mapping of services across grants. With the funding of a Safe Babies Court Team (SBCT) Project in Tulsa OK, conversations are ongoing regarding supporting families in the Child Welfare System who have young children and are also drug/alcohol involved cases. Tulsa County has both SBCT and Family Drug Court models. Work is being done to understand how to best utilize the resources for both specialty courts and assure that families are getting to the right court that can produce the best outcomes.

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

A.. One of the most extensive accomplishments in the community to date is the implementation of ECMHC across several child serving settings. Project LAUNCH was able to bring training to 2 additional community mental health centers to have staff available to serve the early childhood community. Expansion into the public school setting is occurring for the first time, with the hope that a stronger partnership with the Department of Education may occur to support this type of service as well as lead to policy changes that effect how mental health services might be delivered in a public school

setting. The implementation of this project is allowing Oklahoma to learn about the dosage needed to support ECMHC in the classrooms as well as to pilot evaluation measures for child, teacher, teacher-child relationship, and environmental outcomes.

B. The workforce development plan for consultants was also created and implemented. This is allowing Oklahoma to understand better what it takes to support practitioners to be able to be trained and deliver this evidence based practice with fidelity. Anecdotally, the Project LAUNCH team is hearing that the training, support, and experiences with ECMHC is also shifting practitioners' clinical work as they start to approach families with young children from a developmental, relationship-based perspective.

C. Through the work of project LAUNCH and the State Strategic Plan for Infant and Early Childhood Mental Health, a proposal was created to increase the reimbursement rate for Infant Mental Health Assessments to a higher rate due to the complexity and time that these assessments take.

D. A one day community wide in-service training was held to promote Circle of Security (COS) titled "supporting parents through a community circle of security". Both local and state-level partners attended the training held at Rogers State University in Claremore, OK to help build awareness and to create a common language to address the needs of parents with young children in the community. Additionally, community based service providers attended the 4 day training in COS-Parenting Program, and on-going TA calls were added to support providers who were trained in the model as they begin to implement. In Rogers County, agencies partnered to provide a COS parent group in the local Domestic Violence agency as the agencies worked closely to support implementation.

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

A. Funding for Early Childhood System of Care. Plans to address include current meetings to discuss a true braided budget to accomplish identified priorities as no "one agency" can achieve the outcomes alone due to the funding cuts.

B. Identifying workforce resources to work with newer MH clinicians to mentor them in IMH. Plans include to work closely with OKAIMH and resources in Tulsa to identify qualified professionals to provide reflective consultation and implement a specific plan with a cohort of providers to focus on rather than just "as they come to the table" by offering financial supports to agencies to engage them in the WFD efforts.

C. Workforce turnover. Plans include to work within agency culture and with agency leadership to sustain programs and philosophy for early childhood system of care so that it is less dependent on the one

or two staff who have been trained in service delivery models.

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

A. From Project LAUNCH efforts, a Workforce Development plan was created after exploring the needs of the IECMH workforce and working closely with clinicians in Rogers County who provided feedback as to what types of training and supports are helpful to their professional growth. LAUNCH, in partnership with Child Welfare, ODMHSAS Systems of Care, OSDH, the Oklahoma Infant Mental Health Association, and the Institute for Infant Mental Health at Oklahoma State University are working to implement this plan to improve access to services.

B. ECMHC is being implemented across the state, but LAUNCH is key to demonstrating what is needed for training and professional development for consultants, dosage/length of service, and evaluation protocols. The lessons learned through Project LAUNCH will inform the state as services are supported and expanded to other counties.

C. The work at the state level to examine needed policy changes to support early childhood best practice has led to a proposed increase to reimbursement for complex IMH assessments. This will be a policy change that is implemented state wide for children in OKDHS custody.

D. Implementation of Healthy Steps in WIC is being piloted in collaboration with 5 additional county health department sites, with plans to expand the partnership between CG Child Development Program and WIC system wide.

E. COS was offered not only to the Project LAUNCH community, but also to other communities across the state to infuse the COS model into the early childhood-serving system.

F. Efforts to enhance home visiting have been planned in collaboration with the Oklahoma Home Visiting System including nurse family partnership and MIECHV programs to enhance services through reflective practice and training in infant massage. Project LAUNCH has partnered closely with home visitation leadership, engaging them in an active role in implementation so that work conducted in Rogers County fits into the state's plans for home visitation.

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

None at this time

**Section 3: BRIEF VIGNETTES**

Please provide 1 or 2 brief vignettes that describe individual, family or provider experiences with Project LAUNCH. The point of the vignette is to illustrate how your LAUNCH program has impacted or a made a difference in the life and/or work of a LAUNCH participant.

**VIGNETTE #1:**

One of our community mental health professionals has given two presentations in the community on the importance of connection and relationships with children. Her audiences have included Head Start teachers, elementary school teachers, bus drivers, cafeteria workers, administrators, and other support staff in the educational system. The presentation included information on developmental assets and how connecting with children helps them to develop these assets which help make them successful adults. One of the presentations used the theme based on the book "Have you Filled Someone's Bucket Today" centering on themes about bucket filling and dipping and ways the audience could fill children's buckets no matter what their position in the educational system.

A bus driver said that his idea was to give a high five or fist bump as the children got off his bus. A teacher came up with the idea of having a bulletin board with compliments. A cafeteria worker said she wanted to work on learning children's names and greeting them in the lunch line this year. An assistant teacher had an idea to point out things she loved about each child during circle time. Another teacher had an idea to give each child a better fitting job for their personality. Feelings experienced during the presentation were reported as positive feelings such as joy and excitement. Overall, feedback showed that workers were excited to build connections with the children in their jobs.

The experience from this training really built on the idea that everyone who is interacting with children on a daily basis has a part in their well-being. The excitement around this concept and the buy in that happened school-wide was exciting to see. As the mental health professional has continued to return to the school to provide mental health consultation, she sees evidence of "buckets" literal and figurative throughout the school. The teachers even started doing "buckets" for each other. Plans to continue this theme are supported through the weekly ECMHC work and have provided a common "language" to support social and emotional development and mental health.

**Section 4: STRATEGIC PLAN**

**Project LAUNCH grantees should revisit and update Strategic Plans annually, with the exception of the first year of the grant.**

A. Please attach e a copy of your updated or revised Strategic Plan(s).
Please see attached.

B. In narrative form, please briefly describe significant changes that were made to your Strategic Plan this year

Changes to implementation timeline have been carried forward through year 2 of the project. A few items from the strategic plan were eliminated after examination of resources and assessment of timeline within the project to determine if the activities were beyond the scope or reach of the project. Specifically, activities around integration of IECMH into degree programs outside of early childhood and mental health were removed from the plan. It was determined that the partnerships needed to carry these tasks out would take time to develop. From discussion, the Project LAUNCH team, with support from members at the state and local levels agreed to focus energy where activities were currently taking place and support the development of an IMH graduate certificate that would be made available across disciplines but focused primarily on mental health and early childhood professionals.

Additionally, efforts to implement Healthy Steps have been updated to include implementation in a public health setting, while Project LAUNCH continues to try to engage the medical community. Activities to implement Reach Out and Read will continue as a way to engage pediatric practices around young child wellness concepts.

## ADDITIONAL END OF YEAR REQUIRED DOCUMENTATION (ATTACHMENTS):

### A: FEDERAL FINANCIAL REPORT

A completed FFR (Federal Financial Report) must be submitted to the Office of Grants Management on or before December 30th. The FFR gets submitted electronically to Darrell Russ (include grant #).

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

A pdf version of the FFR can be found at:
http://www.whitehouse.gov/sites/default/files/omb/assets/grants_forms/SF-425.pdf

**Note**: the budget and expenditure spreadsheet information provided in the FFR is always reported cumulatively, i.e., the information entered into the spreadsheet will always have a start date of September 30 of the year your grant was awarded, and the end date will be the last day of the current reporting period.

### B: DETAILED BUDGET

Please submit a detailed budget narrative and budget justification for budget year that begins October 1, 2015 (September 1, 2015). This budget narrative and justification should follow the format originally requested in the RFA.

Please see attached.

## C: GRANTEE-SPECIFIC EVALUATION REPORT

The Grantee-specific Evaluation Report (also frequently referred to as the Local Evaluation Report) must be submitted annually and should be included as an attachment.

Please see attached.

**Thank you for taking the time to complete this progress report.**
**Please feel free to contact your GPO or GMS for assistance.**