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# Beyond the Grant: LAUNCH Grantees' Successes in Expanding and Sustaining Services to Children and Families

## *Introduction*

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) addresses the physical, social, emotional, cognitive, and behavioral aspects of children's development from ages birth to 8 years. Local Project LAUNCH communities have a dual focus on improving collaboration across the child-serving system and improving access to and the availability of evidence-based prevention and wellness promotion practices. Specifically, grantees infuse mental health practices into primary care, early care and education (ECE), home visiting, and family settings. States, territories, and tribes work to sustain and replicate local innovative and effective prevention and promotion practices and influence broader shifts in policy.

This brief highlights many notable and emerging successes of grantees in expanding and sustaining services for children and families in the five core Project LAUNCH strategies:

- [Screening and assessment](#)
- [Enhanced home visiting through increased focus on social and emotional well-being](#)
- [Mental health consultation in early care and education programs](#)
- [Family strengthening and parent skills training](#)
- [Integration of behavioral health into primary care settings](#)

## About Project LAUNCH

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Project LAUNCH grantees improve coordination across child-serving systems, build infrastructure, and increase access to high-quality prevention and wellness promotion services for children and their families.

States, territories, and tribes receiving Project LAUNCH grants select a local pilot community within the larger jurisdiction as a partner and then bring together child-serving organizations to develop policies, financial mechanisms, and other reforms to improve the integration and efficiency of the child-serving system.

## Methodology

This brief is based on a review of grantee reports, publicly available websites, and other materials. In addition, grantee representatives were interviewed to identify instances in which LAUNCH services were sustained and replicated beyond the grant period and where LAUNCH grants influenced changes in policies and systems at the state, territory, tribal, or local level. The examples highlighted in this brief focus specifically on funding and policy changes that have expanded the impact of LAUNCH beyond the grant. It is important to note that [individual and cross-site grantee evaluations](#) have captured other types of sustaining program impact, such as increased organizational capacity and collaboration at the local level or long-term changes in participant knowledge and practice.

## Project LAUNCH Grantees Sustain and Scale-Up Services for Children and Families

Many Project LAUNCH grantees have been successful in sustaining services and replicating them beyond their initial pilot community using a variety of strategies. Several grantees leveraged other federal grant opportunities to scale-up their LAUNCH services—including Race to the Top—Early Learning Challenge (RTT-ELC) grants; Early Childhood Comprehensive Systems grants; and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) grants. In other cases, the results achieved by LAUNCH initiatives prompted new state, local, or private investments. The following section provides a snapshot of how LAUNCH grantees have sustained activities within each of the five core LAUNCH strategies.

### Developmental Screenings

Project LAUNCH promotes the use of validated developmental and behavioral screening of infants and young children in a range of child-serving settings. In addition, grantees may provide parent education regarding the importance of screening and screening results, referral to appropriate services, training for providers, and systematic efforts to implement universal screening. Across the strategies embedded within the LAUNCH model, grantees appear to have had the most success in expanding and sustaining developmental screenings.

For example, through **California's** LAUNCH grant in 2009, Alameda County piloted a local [Help Me Grow](#) (HMG) initiative focused on building a coordinated hub for developmental screening and referral and integrating behavioral health into primary care settings. This work has been sustained and expanded; HMG is currently working with more than 50 pediatric practices in Alameda County to ensure that children are screened for developmental and social-emotional concerns as well as autism spectrum disorders. LAUNCH staff also worked with state leaders to replicate the HMG model in 11 of the state's 58 counties. To support this work, LAUNCH staff led a

### Project LAUNCH Model





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learning community to share lessons learned across the HMG sites and collaborated with state leaders to include the HMG approach in both the MIECHV state plan and the RTT-ELC grant application.

In 2013, **Vermont** LAUNCH piloted a universal developmental screening initiative in Chittenden County that included intensive coaching and support for ECE professionals. This effort inspired the [Vermont Child Health Improvement Program](#) at the University of Vermont College of Medicine to scale-up this model to reach center-based and home-based child care programs state-wide with private funding from the Permanent Fund for Vermont. The health improvement program also provides coaching on developmental screening to health care providers. A recently developed state database will allow health and ECE providers to access children’s developmental screening results—with parental consent—thereby reducing duplication and promoting a more coordinated approach to meeting children’s needs.

LAUNCH-funded work to implement developmental screening in two primary care practices in Providence, **Rhode Island**, was expanded to a state-wide model through the state’s [Screening to Succeed](#) initiative funded by an RTT-ELC grant. Through Screening to Succeed, the state worked with 38 practices (more than 50% of the practices that serve high-need children in the state), supported 172 providers, and reached nearly 15,000 children ages birth to 3 years.

### Integration of Behavioral Health into Primary Care

Pediatric primary health care providers play a critical role in supporting wellness in young children. A pediatrician or family physician is often the first person with whom parents share concerns about their child’s development or behavior, but the primary care practice may not have time, expertise, or referral sources to adequately address these issues. Early detection of developmental, social–emotional, and behavioral issues—as well as the provision of appropriate supports—is critical to children’s success in school and life. Implementation of this strategy varies widely across Project LAUNCH grantees, from promoting the use of standardized developmental screening tools to embedding a mental health consultant in primary care settings. In addition, changes in state and federal funding, along with health and behavioral health care reform efforts, are serious considerations in planning for sustainability.

Several LAUNCH grantees have made notable strides in expanding and sustaining LAUNCH work to promote behavioral health within primary care practices. For example, **Massachusetts** LAUNCH developed a new model of behavioral health integration in pediatric primary care in which a team consisting of an early childhood mental health (ECMH) clinician and family partner with lived experience are embedded in pediatric primary care settings. This model proved to be effective in reducing children’s social–emotional issues and parental stress and depression. In partnership with the Executive Office of Health and Human Services’ MYCHILD System of Care grant and the Boston Public Health Commission, the Massachusetts Department of Public Health is working to promote and expand ECMH and primary care integration state-wide. The original LAUNCH sites in Boston were sustained through local and private investment, and the state continues to explore sustainable funding strategies, including options for Medicaid reimbursement. A [replication toolkit](#) for the model was designed to support implementation at new sites. Currently, the integration model is being replicated in 18 state-funded family resource centers, a federal Department of Justice grant to reduce the impact of exposure to violence on young children in Boston, a SAMHSA System of Care grant, and a city-funded initiative embedding neighborhood trauma teams in primary care settings across the city.



To address a shortage of child psychiatrists, **Wisconsin** LAUNCH developed a model for a [Child Psychiatry Consultation Program](#) (CPCP). Through this model, child psychiatrists, psychologists, and intake coordinators provide phone or e-mail consultation to primary health care clinicians serving children. CPCP provides expert guidance to clinicians (mostly pediatricians in Milwaukee County) on mental health diagnoses, psychotropic medication management, and community resources and referral support. In 2014, the state legislature passed a law allocating \$500,000 to pilot CPCP. The Medical College of Wisconsin applied through a competitive process and received funds to implement CPCP in several counties with a goal of eventually providing coverage state-wide. Wisconsin LAUNCH wrote the request for applications and provided psychiatric consultation during the first year of operation. Currently, CPCP is available in 15 counties in northern Wisconsin as well as Milwaukee County and two adjacent counties. Beginning in 2017, face-to-face consultation will be piloted in several counties in the northern area through video conferencing to assess the value of adding this component to this project.

### Enhanced Home Visiting

Project LAUNCH strives to expand and enhance existing home visiting services by increasing the focus on the social and emotional well-being and behavioral health of young children and families served by these programs as well as by increasing the capacities of home visitors to successfully address behavioral health issues that arise in the context of home visiting. Activities may include training of home visitors on social and emotional well-being and behavioral health of young children and families, integration of social-emotional and behavioral health screening into home visiting programs, and increased coordination and information sharing across home visiting programs. Efforts to sustain these types of activities beyond the LAUNCH grant typically are embedded within funding allocated for home visiting.

For example, **Maine** LAUNCH initially piloted the Bridging Program as part of its home visiting model in Washington County through a LAUNCH grant. The Bridging Program offers intensive services and supports through trained wraparound facilitators for pregnant or parenting mothers and their babies who are at risk. The program, intended to bridge the gap between medical and social service providers, has led to better health outcomes, reduced lengths of stay in the neonatal intensive care unit, reduced preventable emergency room visits and hospital readmissions, reduced postpartum depression, and improved access to early intervention services. This program was sustained beyond the LAUNCH grant with help from Maine's Office of Health Equity and foundations. In addition, Maine Families (Maine's home visiting program) now has an enhanced state-wide home visiting model that is based on the experiences of the Bridging Program. In addition, inspired by the state's LAUNCH work, and with funds from multiple federal grants, **Rhode Island** is currently working to develop a mental health consultation program within the state home visiting system.

### Early Childhood Mental Health Consultation

ECMH consultation is a multilevel approach to promotion and prevention that teams mental health professionals with people who work with young children and their families to improve their social, emotional, and behavioral health and development. ECMH consultation can occur in various child-serving settings; the Project LAUNCH model focuses on the use of consultation in ECE programs. In general, Project LAUNCH grantees have found that ECMH consultation is among one of the most challenging strategies to sustain, with most of the work supported by grant funds. However, states have



leveraged state general funds and/or federal block grants (such as the Child Care and Development Block Grant). In addition, SAMHSA has funded the [Center for Excellence for Infant and Early Childhood Mental Health Consultation](#). The center offers a toolkit with free interactive planning tools, guides, videos, and other resources to support infant and early childhood mental health consultation efforts in states, tribes, and communities.

Through LAUNCH, **Michigan** developed a primary health care mental health consultation program in Saginaw County. The local community has since sustained this initiative, building on the infrastructure established by Project LAUNCH, with funding from a [SAMHSA System of Care grant](#). In addition, mental health consultation in ECE has expanded to multiple communities in the state, with current funding through a federal RTT-ELC grant. Using the Center for Social and Emotional Foundations of Learning, a group of specialized consultants (social-emotional consultants, physical child care health consultants, and family engagement specialists) are available to provide support to ECE programs.

Based on the lessons learned and success of the local LAUNCH ECMH consultation strategy, the **Ohio** Department of Mental Health and Addiction Services created a state-wide network of ECMH consultants and awarded \$9.1 million in contracts in fiscal year 2016–2017 to promote healthy social and emotional development and school readiness among children 6 years old and younger. The original funding provides for up to 64 mental health consultants and 8 master trainers to work with teachers, staff, and families of children in preschools and other early learning settings in 75 Ohio counties. Ohio's proposed biennial budget for fiscal year 2018–2019 includes \$10 million for the state-wide ECMH consultation network, providing emergency ECMH services to prevent preschool expulsion in all 88 Ohio counties. The original consultation provider for the local LAUNCH site received one of the ECMH consultation contracts, serves as a regional leader in ECMH, and continues to provide ECMH consultation and training to early childhood programs in 18 counties in southeast Ohio. In addition, **Rhode Island** scaled-up mental health consultation in child care state-wide with funding through the Child Care and Development Block Grant infant-toddler quality set-aside. Child-focused mental health consultation in ECE is now available state-wide.

One LAUNCH grant led to significant expansion of LAUNCH services. Following an initial federal LAUNCH grant in Weld County, **Colorado**, public and private leaders created [LAUNCH Together](#), an initiative designed to improve the social, emotional, behavioral, physical, and cognitive outcomes for young children (prenatal through age 8) and their families. With support from multiple foundations, LAUNCH Together provided seven planning grants and four implementation grants to competitively selected counties to enhance existing evidence-based prevention and health promotion practices and build more coordinated community systems. LAUNCH Together grantees are focused on implementing the same five key strategies embedded in LAUNCH grants as well as professional development and public awareness activities.

## Family Strengthening

Project LAUNCH grantees work to improve outcomes for young children by supporting parents' ability to provide healthy, safe, and secure family environments in which children can grow and learn. Project LAUNCH grantees bring evidence-based parenting support and education programs into communities; train professionals to implement evidence-based parenting programs; expand the capacities of programs to serve more families; and promote parent leadership. Building the capacity and resilience of parents creates strength and sustainability from within the family and throughout the community.



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**North Carolina** LAUNCH funded local implementation of the [Triple P](#) parenting program in Alamance County starting in 2009. Once Triple P was widely used and valued in Alamance County, the state developed the [Stay Positive Triple P Campaign](#) in 2013 and began scaling-up the initiative to other counties and marketing the initiative to families through posters and billboards. In 2014, the [North Carolina Implementation Capacity for Triple P](#) was launched as a partnership between the Frank Porter Graham Child Development Institute, the University of North Carolina at Chapel Hill, the Duke Endowment, and the North Carolina Division of Public Health. The partnership evaluated Triple P and provided implementation support in new communities. The North Carolina Implementation Capacity for Triple P is scaling-up the initiative to reach 36 counties and uses a learning collaborative model to train and provide resources to providers in the Triple P model.

**Ohio's** [Family Navigator Program](#) (FNP), piloted in the local LAUNCH community, was designed to empower parents and caregivers to participate in health care decisions by explaining diagnostic reports, recommending appropriate services, finding treatment providers, and reducing barriers to care. FNP serves children of all ages, with a focus on children ages birth to 8 years. A return on investment study, carried out by Ohio LAUNCH in collaboration with Georgia State University, was key to making the case for FNP's sustainability. This study concluded that FNP resulted in an estimated net savings of \$224,701 in medical costs in 1 year, with an \$8.59 yield of each dollar invested across 5 years. FNP is being sustained in Athens County by the Community Health Program at the Ohio University Heritage College of Osteopathic Medicine with Medicaid funding.

**The Red Cliff Band of Lake Superior Chippewa Sustained an Annual Family Event.** Through a LAUNCH grant, the Red Cliff tribe initiated the "Summer Gathering," an event for families to learn about and promote cultural traditions. The tribe continues to hold the Summer Gathering annually, with support from various funding sources and community partners. For example, the event relies on volunteer contributions, meals from the tribal food program, and venue and staffing support from the Red Cliff Early Childhood Center.

## **Conclusion**

While this brief highlights a diversity of examples, it is clear that states, tribes, and communities most often build buy-in for sustaining one or more specific aspects of LAUNCH that showed promise during the original grant. In particular, many LAUNCH grantees have successfully sustained mental health consultation programs and worked systemically to expand developmental screening. Although this brief does not offer a representative sample of all grantees, it appears that it may be easier to build public and political will and/or to access grant dollars for some LAUNCH priorities than for others. For example, a state goal to expand developmental screening may be achievable within existing systems and less costly than scaling-up behavioral health integration in primary care. Further examination is needed to better understand why grantees have success in sustaining and expanding certain components of LAUNCH and challenges in other areas. Although there is tremendous variability in efforts to sustain LAUNCH services, this brief shows the promise of LAUNCH grants in catalyzing long-term support for young children's wellness.



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