



## Montana

Cohort 6, Funding Period 2014–2019

[MontanaProjectLAUNCH](#)

### *Grantee Overview*

Montana Project LAUNCH serves pregnant women, children ages birth through 8 years, and their families and caregivers in Gallatin and Park Counties in Montana. Gallatin County has the third-largest population in the state, while adjacent Park County has a population of 15,567 residents and is considered “frontier” because of its low population density. Montana Project LAUNCH is in the process of evaluating how mental health infrastructure development can best be accomplished in urban and frontier settings in the state. Montana’s strategy focuses on coordinating family support services, including evidence-based Home Visiting, enhancing parent skills training, supporting early care and education providers using the Pyramid Model, adding a behavioral health clinician in a pediatric office, and screening children for developmental and social–emotional concerns. Montana Project LAUNCH institutes a community-based approach to parent education needs and enhances Home Visiting with social–emotional supports.

### *Project Milestones*

All [Project LAUNCH](#) grantees implement five promotion and prevention strategies intended to increase access to preventative care and to raise the quality of prevention and promotion services available to children and families. In Montana LAUNCH, these five strategies are implemented through the following activities:

- **Screening and Assessment:** At the local level, Montana Project LAUNCH is building organizational capacity for screening children ages birth to 8 years in Home Visiting programs, pediatric and obstetric clinics, early care and education programs, and community health clinics. LAUNCH partners are currently using the [Ages and Stages Questionnaire® \(ASQ\)](#), [Ages and Stages Questionnaire®: Social Emotional \(ASQ-SE™\)](#), the [Devereaux Early Childhood Assessment](#), and the [Edinburgh Postnatal Depression Screening Tool](#). An ASQ workgroup has been created in order to guide work around screening and assessment, which includes organizing trainings, collecting data about the needs of children in the community, and tracking screening services. At the state level, the grantee has been working with the Family Community Health Bureau to discuss how screenings are being used across the state. Montana Project LAUNCH is working to improve the referral process among agencies, improving the ASQ database, and providing informational products on developmental screening to share with child care providers, home visitors, mental health practitioners, and medical practitioners.
- **Early Childhood Mental Health Consultation (ECMHC):** To provide ECMHC within the community, Montana Project LAUNCH brought a local clinician and a Pyramid Model coach

together to work in partnership. The Pyramid Model coach identifies and develops relationships with early care and education sites, while the clinician works within the sites using her special education in clinical counseling and Head Start consulting. In order to make ECMHC sustainable, Montana Project LAUNCH plans to create a focused workforce development plan for early childhood clinical workers.

- **Integrating Behavioral Health into Primary Care:** In order to integrate behavioral health in a pediatric clinic, Montana has hired a full-time clinician trained in the [Promoting First Relationships](#) program. The ultimate goal of the clinician is to better integrate public health, managed care, and behavioral health in a more meaningful and sustainable way, which will enable clinicians to provide a more vigorous system of support to children. Montana Project LAUNCH is focused on workforce development and collaboration with other agencies for technical assistance to support the integration of behavioral health into primary care. The team’s technical support partnership is utilizing a Montana Health Care Foundation grant to develop and implement behavioral health care in an adult-focused clinic.
- **Enhancing Home Visiting:** Home Visiting programs are currently offered by three partner agencies within Montana Project LAUNCH. The LAUNCH team supports home visitors by providing the [Parents as Teachers](#) (PAT) training with the hope of improving participation and retention rates with families. There is also an effort to provide this training and other supports in rural areas of the state as well as exploring best practices for one-time Home Visiting assessments. The Early Childhood Services Bureau in Montana coordinates the annual [Great Beginnings, Great Families Conference](#), which uses a systems approach with an overall purpose to increase the knowledge of early childhood systems and infrastructure in order to enhance family support best practices. The target audiences of this conference are nurses working with young children and families, early childhood professionals, social workers, and home visitors.
- **Family Strengthening:** Family strengthening is a significant focus for Montana Project LAUNCH. Each partner has providers trained in the [Circle of Security](#) parenting curriculum. Currently, the grantee is gathering information to develop a stronger understanding of the types of parenting resources that are wanted by families and other community members in rural areas of the LAUNCH target area. The process of reaching out to rural communities to conduct needs assessments has helped to develop stronger partnerships with non-LAUNCH-funded early childhood agencies.

### ***Systems Integration***

Project LAUNCH is intended to improve coordination and collaboration across systems that serve young children and their families. Montana Project LAUNCH has provided a training opportunity called Promoting First Relationships in Pediatric Primary Care. Numerous health care providers across the state, including midwives, pediatricians, social workers, home visitors, nurse practitioners, and pediatric office managers attended the training. The LAUNCH team has also supported the Great Beginnings Great Families Conference by encouraging a social–emotional and mental health topic for the keynote presentation and breakout sessions.

The partnership among [Gallatin Mental Health Center](#), [Gallatin City-County Health Department](#), and [Thrive](#) developed consultation trainings for home visitors and any other community member who was interested in attending. The [Park County Health Department](#) organized two Adverse Childhood



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Experience trainings for the whole community, and the [Park County Community Foundation](#) organized a Youth Summit to connect service providers in the community and to map out services for youth to determine gaps. [Community Health Partners—Learning Partners](#) in Livingston, Montana, provided a four-part breakfast series on burn out prevention as part of the support plan for mental health consultation of home visitors and other service providers. Lastly, the Montana LAUNCH Young Child Wellness coordinator organized a Facilitative Leadership training, which drew attendance from staff associated with early care and education, alcohol and drug services, public health, community organizing, adult and child mental health, parent support, and community health.

### *Vignette*

The Gardiner Public School nurse conducts student screenings, cares for students with chronic and immediate health concerns, and arranges for services to address these concerns. Project LAUNCH funded her attendance at the PAT training to build capacity in this small, rural, and remote community with few resources or services. This year, she has utilized her PAT training every day in some fashion either at the school or during home visits. She now has the understanding and confidence to structure each phone or personal contact with the goal of promoting early childhood development.

She ran into a mother and child at the grocery store in Gardiner. Her nursing and PAT expertise gave her the lens to notice that the child had physical and behavioral concerns that the parent was not engaged with. She filled the parent in on what support could be available to her and her son. After four months of structuring brief visits and other opportunities, the child has had routine well-child checks, is catching up with school-required vaccinations, and is getting special eye care to correct an extreme vision problem. Additionally, he is now receiving services from Family Outreach (Part C) and speech and occupational therapy (OT) services at Livingston Hospital. His family now benefits from the Women, Infants, and Children program and Human Resources Development Council utility and rental support.

Another family she was able to support included parents who were foreign nationals working in Gardiner. In addition to being new parents removed from their culture and family support system, they had challenges navigating the medical system. At one point, the family called her frequently (more than once a day). They worried when the infant cried, had a bowel movement, or didn't nurse for a length of time they thought he should. The PAT developmental topics resource sheet reinforced the verbal information she shared with them and helped them understand what was within normal expectations. They now are confident and supportive parents with their baby.

She values the unique stories and outcomes of each family. And she attributes her ability to successfully promote early childhood development and kindergarten readiness to the PAT training. The Home Visiting program and corresponding opportunities to guide parents toward success is the most rewarding aspect of her role as a public health nurse.

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