



## Project LAUNCH Expansion Grantees— An Early Snapshot

*In September 2015, five states (California, Massachusetts, Rhode Island, Texas, and Washington) were awarded four-year Project LAUNCH Expansion grants to replicate successful strategies for promoting young children’s healthy social and emotional development. This brief highlights some of their initial lessons learned related to engaging diverse communities, providing responsive technical assistance, and establishing infrastructure to support further expansion.*

[Project LAUNCH](#) (Linking Actions for Unmet Needs in Children’s Health) is a national initiative to promote the wellness of young children from birth to 8 years of age by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. Since LAUNCH began in 2008, the Substance Abuse and Mental Health Services Administration (SAMHSA) has funded 55 Project LAUNCH grantees, including states, tribes, territories, and communities, most often through a state–local partnership model. Project LAUNCH grantees have increased the quality and availability of evidence-based programs for children and families, improved collaboration among child-serving organizations, and integrated physical and behavioral health services and supports in pilot communities. They have also influenced policy and system development at the local and state, tribal, and territorial levels. In 2015, SAMHSA launched a Project LAUNCH Expansion initiative to support successful LAUNCH alumni in efforts to replicate the innovative practices and policies implemented during their original LAUNCH grants.

SAMHSA awarded five former LAUNCH grantees with Expansion grants in September 2015: California, Massachusetts, Rhode Island, Texas, and Washington. Each of these states is partnering with its original pilot community to provide training and technical assistance to three Expansion communities to assist them with implementation of at least three elements from the original LAUNCH grant (see Table 1). The ultimate goal is that lessons learned from replication will lead to further expansion within participating states. Expansion grantees are now 1½ years into their four-year grants. This Brief offers a snapshot of their progress so far and discusses lessons learned from early implementation.

### ***Expansion Grantee Approaches to Replication***

The LAUNCH Expansion model requires grantees to focus their replication efforts on at least two core LAUNCH strategies and one system-level improvement. As can be seen in the chart below, each grantee selected a different group of LAUNCH elements to replicate; some chose more than three.

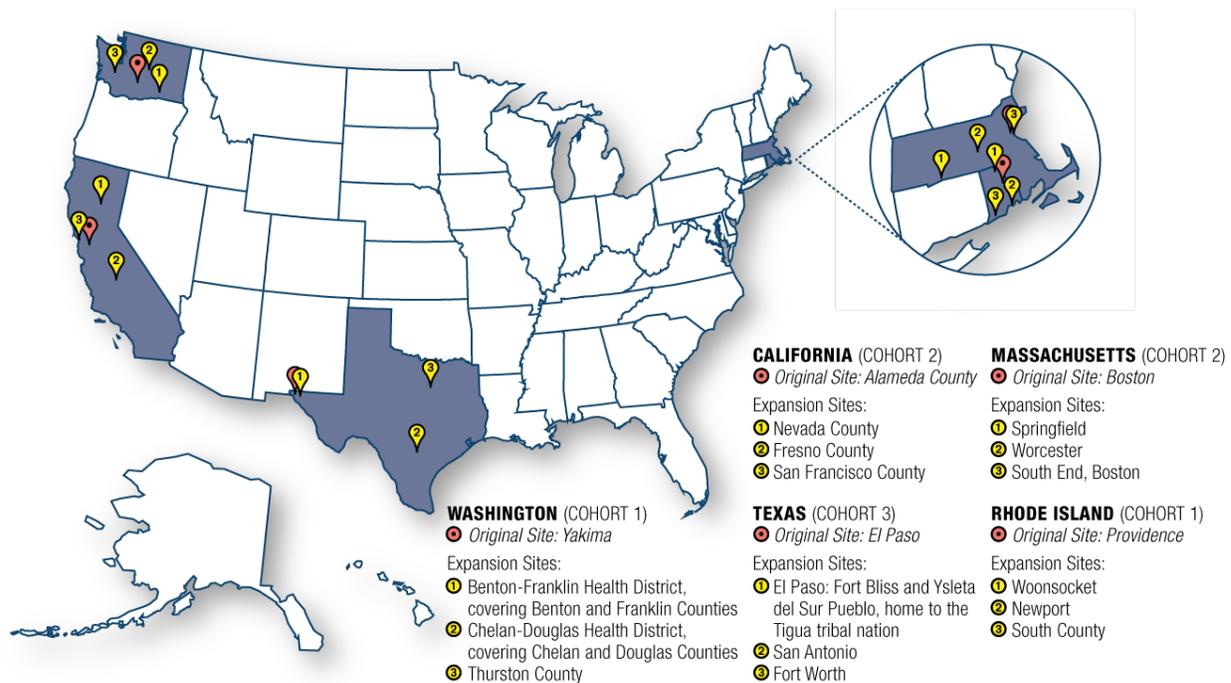
**Table 1. LAUNCH Elements Being Replicated in Expansion Communities**

	LAUNCH Element	CA	MA	RI	TX	WA
<b>Core LAUNCH Strategies</b>	Screening and Assessment in a Range of Child-Serving Settings			●	●	●
	Integration of Behavioral Health into Primary Care		●	●		
	Mental Health Consultation in Early Care and Education Settings			●	●	●
	Enhanced Home Visiting with a Focus on Social and Emotional Well-Being	●				
	Family Strengthening and Parent Skills Training	●	●	●	●	
<b>System Change Strategies</b>	Systems Integration	●		●		
	Workforce Development	●		●	●	●
	Policy Development and Financing Reform	●	●	●		

While some grantees are implementing the same LAUNCH strategies, approaches to implementation often look quite different. For example, within family strengthening, the four grantees are: implementing the Incredible Years® Parenting Program (Texas and Rhode Island), offering Parent Cafés (California and Texas), and providing a range of parenting supports through pediatric practices (Massachusetts). In addition, although grantees may have selected only one system element when they applied for the grant, they have made progress on others as well in the context of their work on the core strategies. For example, as part of its developmental screening work, Washington LAUNCH is working with the state Department of Early Learning to explore integrating the LAUNCH developmental screening toolkit into the state’s quality rating and improvement system.

The 15 Expansion sites are a mix of urban, rural, suburban, and tribal communities. The majority have higher rates of poverty, child welfare involvement, and unemployment than their state averages, and poorer health, mental health, and school outcomes. They are also diverse in their readiness and capacity to implement LAUNCH strategies. The Expansion grantees have taken time over this first 1½ years to understand each community’s unique context so that they can tailor their technical assistance to build on each community’s strengths.





## Progress on First-Year Milestones

Although the five Expansion grantees are in different stages of implementation, each has achieved some major milestones in the first phase of its grant:

- **Key LAUNCH staff hired and contracts with local organizations executed.** All grantees have hired key LAUNCH staff (including state and local leads, technical assistance providers, and evaluators), determined roles and responsibilities of team members, and established processes for effective communication. They have also contracted with local organizations in Expansion communities to implement the LAUNCH strategies. This step took longer than expected due to a variety of state and local rules and the complexity of working in multiple communities.
- **Disparity Impact Statement developed.** The Expansion grantees developed plans to reduce racial and ethnic behavioral health disparities related to access, use, and outcomes of services. The goals and strategies look different for each community to meet its particular needs. SAMHSA began requiring all grantees to develop [Disparity Impact Statements](#) in 2014.
- **Expansion Oversight Council formed.** Each of the grantees has successfully convened a cross-sector state-level Expansion Oversight Council to oversee expansion activities and systems improvements. All grantee councils include representatives from the Expansion communities and parents. Although not required by SAMHSA, some grantees (Massachusetts, Washington, and Texas) also created local LAUNCH councils or work groups, or worked with existing local groups (Rhode Island) in the Expansion communities to engage in planning and implementation. The councils played a role in the development of each grantee's Expansion Plan.

- Expansion Plan developed.** All of the grantees developed a comprehensive Expansion Plan to outline the specific activities they would undertake in each of the communities and at the state level to achieve their goals. They employed a number of tactics to gather input from community stakeholders, including surveys, readiness assessments, review of existing needs assessments, interviews, and strategic planning sessions. California, Massachusetts, and Rhode Island conducted formal needs and capacity assessments at each site. Texas conducted stakeholder interviews and then followed up with a web-based survey focused on priority areas. Washington worked with local early learning coalitions to assess local capacity and develop specific community plans.
- Evaluation Plan developed.** Each grantee developed an Evaluation Plan that will assess implementation in each of the Expansion communities as well as the impact on state-level policies and systems. The grantees also worked closely with SAMHSA to develop plans for collecting data on nine common indicators that will measure the overall impact of the Expansion grants (see pull-out box). They will begin reporting data on the common indicators in 2018.
- Technical assistance resources created and implementation begun.** Although they are at different stages, all of the Expansion communities have begun implementing services. Grantees have supported them in a variety of ways. For example, California created a Parent Café planning and implementation guide to help communities develop plans for a coordinated and sustainable café approach. Texas conducted site visits with all the Expansion communities, pairing strategic planning with training on Ages and Stages Questionnaire® screening tools and Incredible Years® parenting. Several grantees developed strategies for peer-to-peer support, including an in-person summit focused on the early childhood mental health consultation in home visiting model in California and a

### *Expansion Grant Common Indicators*

*As part of the Expansion initiative, SAMHSA is piloting a set of common indicators to measure the collective impact of the LAUNCH expansion activities. In collaboration with the grantees, SAMHSA and Child Trends developed a list of nine common indicators that include child, provider, program, and system-level outcomes. Expansion grantees will collect and report data on the indicators that are relevant to the strategies they are implementing.*

The nine common indicators are:

1. Percent of children with improved social-emotional skills/functioning
2. Percent of children suspended/expelled from early care and education programs
3. Percent of parents/caregivers demonstrating or reporting improvements in parenting
4. Percent of parents/caregivers reporting reduced stress
5. Percent of providers reporting decreased stress levels
6. Percent of programs with written policies on workforce development on social and emotional development and well-being
7. Percent of programs with written policies to improve access for underserved racial and ethnic populations
8. Percent of parents/caregivers who screen positive for depression
9. Percent of parents/caregivers with improved social support

learning collaborative model in Massachusetts. They are also taking steps to strengthen communication across the Expansion communities and with other stakeholders not directly involved in LAUNCH through development of newsletters (Texas and Washington) and websites ([California](#)).

- **Plans underway for state system change and more widespread scaling.** Each grantee started working on plans to integrate LAUNCH expansion activities into state systems to prepare for sustainability and further expansion. For example, the Washington team is building its universal developmental screening toolkit into training for child care providers that are participating in the state’s quality rating and improvement system, “Early Achievers.” Massachusetts and Rhode Island teams are exploring possibilities within state Medicaid policy reforms to provide a sustainable source of funding for specific LAUNCH services. Texas is exploring methods to integrate expansion activities with their Maternal and Child Health regional staff and Healthy Child Care Texas, Child Care Health Consultant training program.

### ***Learning from Early Implementation***

While implementation is still underway, it is already clear that there are several challenges and facilitators to successfully supporting a LAUNCH Expansion model.

#### **Pre-Implementation Work Took Longer Than Expected**

In the first year, LAUNCH Expansion grantees reported a number of challenges before they could start implementing grant activities in a substantial way. Significant barriers in the areas of contracting, hiring staff, and distributing funds led to a delay in the communities being able to offer services to families. While past cohorts of LAUNCH grantees have faced similar challenges, these issues were magnified for Expansion grantees due to the larger number of local sites involved in the project. The grantees also reported that specific state and local requirements often caused unavoidable delays. For example, one state was required to carry out a formal request-for-proposals process to select Expansion communities after the grant was awarded. In another state, local governance bodies needed to hold a formal vote to accept funding before it could be used. Grantees have reflected that completing these time-consuming pre-implementation tasks were the biggest challenge they faced in the first year.

#### **Shift from Implementer to Technical Assistance Provider**

Once the core structure for the LAUNCH Expansion model was in place, grantees faced the challenge of defining and building capacity for a new set of roles and responsibilities. Many of the staff working on LAUNCH Expansion grants had experience implementing programs but now needed to serve as technical assistance providers to the new sites, with varying degrees of experience serving in this type of role. LAUNCH staff needed to consider what strategies were most effective for engaging



with the communities and providing them with coaching and support, either in person or virtually. In addition, each grantee had to develop clear parameters for roles and responsibilities among state staff, local staff, service providers, and the state and local LAUNCH councils.

### **Balancing Fidelity to the Original LAUNCH Grant and the Need for Flexibility to Meet the Needs of Expansion Communities**

Grantees varied in the degree to which they had developed resources that articulated their approach to implementing the Project LAUNCH strategies before the Expansion grant began. For those states that had gone farther in developing tools and processes for replication, technical assistance has been focused on how to carry out the strategies to fidelity while allowing for some flexibility to build on unique local strengths. For example, two states developed toolkits as part of their original LAUNCH grants—one focused on behavioral health integration in primary care ([Massachusetts](#)) and the other on developmental screening in child care settings (Washington). Massachusetts focused its expansion activities on scaling their behavioral health integration model (which embeds other LAUNCH strategies), and they are now looking to certify their model as an evidence-based practice for potential replication nationally. Using a slightly different approach, Washington’s local workgroups engage regularly with LAUNCH staff to adapt the toolkits to better serve their diverse communities. For example, one community translated materials into Spanish and another created an alternative process for conducting parent engagement activities so that multiple family child care homes could offer the activities in partnership. Washington is tracking these unique challenges and adaptations so that they can be instructive to additional communities that want to implement the toolkit in the future.



States that did not begin the Expansion grant with specific tools and resources that developed and articulated their model spent more time working with each community to understand which components of the model were the best fit for them. Rhode Island and Texas offered the most flexibility to Expansion communities, working in partnership with local sites to understand their strengths and challenges and to support LAUNCH services that were a good fit while also providing training on specific evidence-based practices. For example, Texas provided training and starter kits to

all their communities on Incredible Years®, Parent Cafés, and use of the ASQ-3™ and ASQ-SE™. They also supported communities to carry out activities specific to their context, such as creation of a LAUNCH Academy for child care directors in one community. California took a hybrid approach, using the first year of the Expansion grant to outline the core components and activities of their parental and early childhood mental health consultation in home visiting model, while using a more fluid strategy to assist communities in building a sustainable Parent Café system. They recently created a Parent Café Planning and Implementation Template to use with communities and developed and carried out innovative “Partner Cafés” to introduce the program and philosophy and engage partner agencies. Like Washington, California is documenting service and system challenges faced by communities so they can share lessons learned broadly throughout the state.

Regardless of how they started, all the grantees continue to balance the need for a common approach to guide expansion with the need to be responsive to varied community needs and levels of existing local capacity.

### **Research on Replication<sup>i</sup>**

*Researchers have identified some critical steps for successful replication and scaling-up of interventions:*

- *Outline the theory of change.*
- *Define the core components of the intervention, such as content, delivery, population, who should provide the services, and expected outcomes.*
- *Determine what constitutes fidelity to the model and what aspects are flexible and can be altered to meet specific needs of a community.*
- *Regularly assess implementation and document common adaptations that improve outcomes in different contexts.*
- *Develop technical assistance resources and strategies to support others with replication.*

### **Building Community Buy-In**

Another important lesson learned from early implementation is around building buy-in and commitment from service providers and other stakeholders in the Expansion communities. One grantee reflected that it is easy to find partners that are willing to implement grant-funded activities, but it is more challenging to find local partners who are committed to sustainable systems change. Another grantee reflected that starting with a competitive community selection process might have helped to identify those communities that are most committed to the LAUNCH vision. The short length of time allowed to respond to the funding announcement doesn't leave much time to do this prior to award, but it might be worth recommending this in the application guidance, or incorporating this step early in the post-award planning period in order to ensure necessary levels of commitment and readiness. For various reasons, two of the grantees (Massachusetts and California) discovered that one of their Expansion communities was not a good fit for this project and went through the process of selecting another community. Both new communities have strong champions and are committed to the LAUNCH approach.

Grantees shared that buy-in has varied across the communities. Those that had an existing focus on early childhood and champions for the work were able to more quickly garner support for LAUNCH. The grantees are engaging in a number of strategies to build full support for LAUNCH in the Expansion communities and at the state level, such as involving staff from all levels of partner organizations in training and strategy meetings, presenting about LAUNCH to other early childhood groups, and embedding LAUNCH in existing local and state-level systems. They're also connecting the Expansion communities together so that those with less buy-in can hear from those farther along and then share the achievements of their peers with local stakeholders to demonstrate what is possible through LAUNCH.

## **Conclusion**

The Project LAUNCH Expansion grant has enabled California, Massachusetts, Rhode Island, Texas, and Washington to focus intentionally on replicating successful strategies for promoting healthy social and emotional development and mental health in early childhood. In the first year and a half of piloting this new model, they are learning what it takes to replicate a complex approach in diverse communities. Their experiences will help current LAUNCH grantees work toward expansion in their own states, tribes, and territories and will inform the broader early childhood field. SAMHSA will continue to learn from the grantees' replication successes and challenges and will use these lessons to make continued improvements in the program overall.



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## References

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