



## Washington, D.C. Project LAUNCH – Healthy Futures Program

### Background

The Washington D.C. Department of Behavioral Health (DBH), formerly the Department of Mental Health (DMH), recently completed the fourth year of implementing an evidence-informed mental health consultation project in twenty-five community-based child development centers (CDCs). The Healthy Futures project is based largely upon a model developed by the Georgetown University Center for Child and Human Development (Cohen & Kaufmann, 2005; Duran, et al., 2009). In this model, four full-time, licensed mental health professionals provide on-site mental health consultation services aimed at building the capacity of directors and staff at CDCs to reduce challenging behaviors and promote positive social-emotional development. Two types of consultation services are offered:

- **Programmatic Consultation:** Focused on building the capacity of the teachers on behalf of all children in their classes.
- **Child-Specific Consultation:** Focused on those young children in need of individualized services as well as facilitating referrals for community-based services.

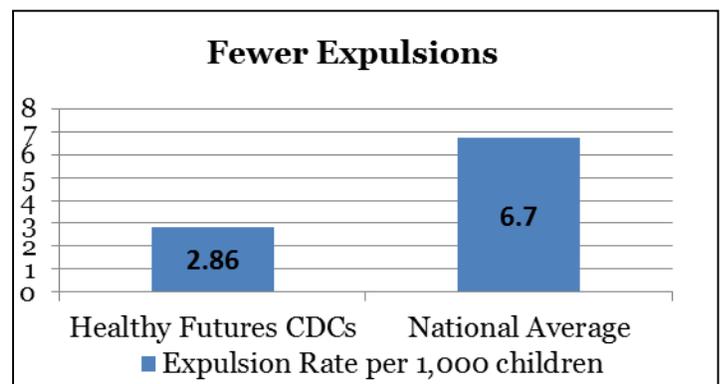
### Healthy Futures and Project LAUNCH

Prior to being awarded a grant under Project LAUNCH, a District of Columbia-based Committee on Social and Emotional Needs wrote a white paper showing the need for early childhood mental health consultation which led to the search for funding in 2008. Project LAUNCH funding in 2009 enabled Healthy Futures to operate at double the original capacity and also sustained Healthy Futures when initial seed money ran out. Additionally, Project LAUNCH enabled Healthy Futures to expand focus from Wards 7 and 8 to other wards in the District.

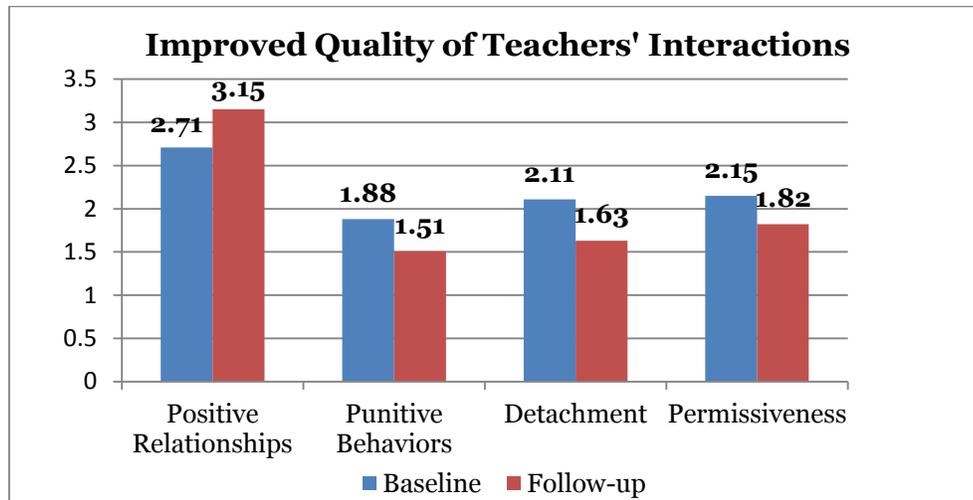
### Evaluation

An evaluation of the Healthy Futures project was contracted by the DMH with the Georgetown University Center for Child and Human Development (GUCCHD) to be conducted each year the program operated. Evaluation data were gathered from the consultants, child care directors and teachers who received programmatic consultation in the CDCs, and teachers and parents of children who were referred for child-specific consultation. Satisfaction data were collected from the CDC directors. Key findings from the Year 3 analyses include:

- More than 1,400 young children had access to high-quality mental health consultation services in community CDCs in all areas of the city. Only 4 children were expelled from their CDC, a rate less than the national average of 6.7 per 1,000 (Gilliam, 2005). This marks the third year in a row that the expulsion rate in these CDCs was below the national average.



- Teachers identified 111 children who were exhibiting problem behaviors. Permission to work directly with these children was granted by fifty-five (55) of their parents. Baseline Devereux Early Childhood Assessments (DECA) were completed for nearly all of these children by their teachers and/or parents (n=50). Follow-up data were gathered three to four months later and available for thirty-five (35) children.
- Statistically-significant improvements were seen from baseline to follow-up in the emotional climate of the twenty-eight (28) classrooms who received programmatic consultation using the Arnett Caregiver Interaction Scale (CIS). The CIS rates the quality of the teachers' interactions with the students, including indicators of positive relationships, and evidence of three types of negative interactions: punitive behaviors, permissiveness, and detachment.



- As in the past, the CDC directors reported high levels of satisfaction with the Healthy Futures project and would recommend the program to their colleagues. All wanted to continue receiving the services and many wanted the consultants to spend one additional day on-site each week.

### Lessons Learned and Recommendations

- There continues to be considerable turnover in the workforce across the CDCs, underscoring the importance of the long-term commitment to these centers. This year, similar to Year 2, one-third of the teachers who completed the post-test measures were different than those who completed the baseline surveys.
- In Year 3, there was a significant change in defining the protocols for programmatic and child-specific consultation. This led to improved data collection and assessment protocols as well. The level of pre- and post-data collected allowed for better documentation of the impacts of the Healthy Futures services.
- As the child-specific consultation process becomes even more solidified, increased focus should continue to be targeted upon how to better involve families of children identified with social-emotional and behavioral challenges. This will allow the gains in children's protective factors to be sustained as they move on to elementary school.

**Note:** This report references the Department of Mental Health (DMH), whose name changed to the Department of Behavioral Health (DBH) in October 2013. All references to DMH are from the Year 3 report which was completed prior to the agency name change. To learn more, view the full evaluation report: Perry, D.F. (2013). Year Three Executive Summary. In *Healthy Futures Year Three Evaluation of Early Childhood Mental Health Consultation*.