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

FINAL (Cumulative) Progress Report

Multnomah Project LAUNCH
2010-2015

5H79SM060214-05

NOVEMBER 6, 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

Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)
End of Year Progress Report
Instructions

The purpose of the FINAL Progress Report for Project LAUNCH is for you to have the opportunity to reflect back on the entire grant period and to share information about successes, challenges, and lessons learned. You and your partners on this project have undoubtedly accumulated a great deal of experience and wisdom in the processes of planning, implementing and sustaining your Project LAUNCH activities, and we hope that you will take the time to share some of this invaluable knowledge with us. Your documentation of your experiences will greatly inform SAMHSA's leadership on this initiative, and will be used to help future grantees as well.

Section 1. PROJECT IDENTIFICATION AND KEY CONTACTS

Project Identification Information

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

September 2010

B. Grant Number: H79SM060214-05

Project Name: Multnomah LAUNCH for Ages 0-8 Years

Grantee Organization: Multnomah Education Service District

Grantee Staff Contact Information

A. Project Director/Young Child Wellness Coordinator

Name/Title: Elana Emlen

Email eemlen@mesd.k12.or.us

Section 2: PROGRAM ACTIVITIES

For each of the sections below (Project LAUNCH strategies and systems-focused activities), please reflect back over the entire grant period; your responses should be based on your progress over the course of the entire project.

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

A. What were your 2-3 greatest achievements with regard to this strategy?

The greatest achievements in this strategy fall into three general categories: (1) Training pediatric practices in developmental screening, (2) training practices, including a Neonatal Intensive Care Unit, in screening for maternal post-partum mood disorder (PPMD), and (3) analyzing referral data to understand more about the families that do not follow up on referral.

Oregon Pediatric Society (OPS) provided START (Screening Tools And Referral Training) Basic training in developmental screening for 10 practices 540 professionals) in Multnomah County over the life of this grant. The training includes a practice ASQ and meeting with some community partners to better understand the referrals. During the final year of the grant, OPS saw a need for a shorter "Tune-up" training. With the support of LAUNCH, they created a new 1-hour module suited for practices that had already gone through the training and needed an update and/or to train new staff.

OPS provided 9 START trainings on screening and referral for PPMD, using the Edinburgh postnatal depression scale. Training sites included the Oregon Health & Sciences University Pediatric Residency Program, local pediatric practices, and the Legacy Randall Children's Hospital Level IV NICU. Please refer to issue brief *"Maternal Post-Partum Mood Disorder Screening Implementation in a Neonatal Intensive Care Unit: Lessons Learned through Multnomah Project LAUNCH"* for more information.

The YCWC served an advisory role for the Multnomah Early Childhood Program (MECP), which provides Early Intervention/Early Childhood Special Education (EI/ECSE) services. When they presented information to the YCWC in 2014, they mentioned that a number of children who are referred for an evaluation do not show up. This sparked interest in a deeper look at the data to see the information on race/ethnicity and referral source. The Evaluation team worked with MECP to get the data and produce information that was shared with the YCWC, a group of Pediatricians, and also a group of Developmental Pediatricians so they could analyze the information and share their perspective and advice. The result of this work is an issue brief which is being shared with state and local early childhood policy makers. It will guide how workflow is developed and information that is shared with families when there is a positive ASQ screen. In Oregon, there is a lot of emphasis on getting children screened. This report moves the conversation to the next level, which is how to ensure that eligible children receive these services that get them most ready for Kindergarten.

B. Did you develop any products or resources related to this strategy? If so, please list here and attach

- START Basic Tune up module http://oregonstart.org/
- Research report on use of ASQ in Child Care http://www.mesd.k12.or.us/cms/lib8/OR01915807/Centricity/Domain/44/ASQ%203%20Research%20Report.pdf
- *Multnomah Early Childhood Program Referral Source & Process Evaluation: Learnings from Multnomah Project LAUNCH* http://www.mesd.k12.or.us/cms/lib8/OR01915807/Centricity/Domain/44/MECP%20Referral%20Process%20Issue%20Brief_2015-10-31.pdf

C. What were the 2-3 greatest challenges with regard to this strategy?

- It is hard for medical practices to carve out 2 hours for the Basic (ASQ) training. The 1-hour Tune up is a way to address that challenge for practices that had the Basic training previously.
- There has been a lot of attention on developmental screening during the LAUNCH grant period, and many home visitors and child care providers are conducting screens. At the same time, the Coordinated Care Organizations (Medicaid) have made developmental screening one of their key metrics. It is challenging to coordinate information both at the policy development level and also at the practice implementation level.
- The burden for Evaluation fell on practices. In order to evaluate the impact of the training, Multnomah Project LAUNCH requested follow up information on screenings that were billed. This was a burden for the practices and proved challenging to obtain.

D. What were the 2-3 most important lessons learned with regard to this strategy?

- It is valuable to bring community resources into the clinic.
- It is helpful to have a venue such as the Young Child Wellness Council to bring together multiple perspectives to discuss developmental screening. For example, this group was able to identify why it is not necessarily a bad thing for different professionals to work with parents to screen the same child in different settings.
- That notwithstanding, there continues to be a need for a feedback loop and coordinated messaging.

E. Were your activities/approach/programs in this strategy replicated elsewhere as a result of your work on Project LAUNCH? Did state partners play any role in this? Please explain.

The Tune-up module is available statewide, after having been piloted for Multnomah Project LAUNCH. In general, Multnomah Project LAUNCH boosted the whole START program by enabling OPS to create new marketing materials and by connecting the program with new partners.

F. Was there any impact on policy (local, regional, and/or state) as result of your work? Please explain.

- The research conducted for Multnomah Project LAUNCH by Child Care Resource & Referral of Multnomah County was useful to the State Child Care Division as it developed ASQ training materials for child care providers statewide.
- In order to support creation of a feedback loop for ASQOregon (the online version) with primary care, Multnomah Project LAUNCH provided the University of Oregon with funds to move to a HIPPA secure server. This virtual server system provides for ready expansion of both processing power and storage resources, while protecting sensitive data and communications using current best practices. This system hosts the ASQ application, which has been redesigned to be fully functional on mobile devices. The system processes parent-completed questionnaires and provides detailed feedback to parents, and it will be capable of securely transmitting results to caregivers at parents' option. UO is updating the web application's content to reflect recent changes in the ASQ and ASQSE (version 2), and with adaptations to meet the needs of various stakeholders. They are also testing and refining layouts to improve web accessibility, readability, and appearance on diverse devices (tablets and phones).
- The research into what happens after referral may impact the statewide conversation on inadequate funding for EI/ECSE services during the short February 2016session of the Oregon Legislature.
- Because OPS is a statewide organization, Multnomah Project LAUNCH had a statewide impact (see section E.)

G. Were you able to partner with the state on this strategy? To what effect?

Multnomah Project LAUNCH shared information with the state on its discussions and research. The Oregon Health Authority promoted START through the Coordinated Care Organizations and OPS promoted it to the early learning hubs.

Table 2. Integration of behavioral health into primary care settings

A. What were your 2-3 greatest achievements with regard to this strategy?

- Creation of the new START module, *Integrating Behavioral Health into Primary Care*, and the creation of an online version of that module. This module was presented to 32 participants in two clinics, and has been viewed online almost 50 times so far.
- OPS finalized our newest training module entitled: Adverse Childhood Experiences (ACEs)/Trauma Informed Care in Primary Care. In the last 5 months alone, we provided 5 trainings in Multnomah County for 157 people and also a very large training for 27 pediatric clinics (Children's Health Alliance).
- Co-hosted with Trauma Informed Oregon Across the Systems – Prevention and Mitigation of Childhood Trauma: A Working Meeting. It included brief presentations from a cross-sector panel, highlighting efforts in schools, healthcare, and community-based programs. Then all 75 attendees discussed in small groups the work they are doing, what they are learning,

and how we can all work together towards more effective integration and collaboration around trauma informed care for children in our community.

B. Did you develop any products or resources related to this strategy? If so, please list here and attach

- The START module, Integrating Behavioral Health into Primary Care, can be found at http://oregonstart.org/modules/behavioral-health-integration/ (click on red arrows to view module)
- The slides for the module on ACEs/Trauma-Informed Care can be found at http://oregonstart.org/modules/acestrauma-informed-care/

C. What were the 2-3 greatest challenges with regard to this strategy?

The main challenge was that it took much longer than expected to develop the behavioral health module. There was staff turnover within OPS, and a lot of time was spent on a module on social emotional development, but it was not linked to the concurrent health care transformation taking place in Oregon. Multnomah Project LAUNCH engaged its technical assistance and SAMHSA in looking at the module and then made a course correction to start again with a practical "how to" module.

D. What were the 2-3 most important lessons learned with regard to this strategy?

We realized after the Behavioral Health Integration module was complete that there were already a lot of practices in Multnomah County that had on-site behavioral health specialists. We could see that having this module available in other areas of Oregon, especially rural, would be beneficial. This was part of the impetus to make it available online. We also learned that there is strong demand for information and training related to ACEs and Trauma Informed Care. When the LAUNCH grant application was submitted, the plan was to have a training on "family risk." Refining it to ACEs met an important need for pediatric care providers.

E. Were your activities/approach/programs in this strategy replicated elsewhere as a result of your work on Project LAUNCH? Did state partners play any role in this? Please explain.

The Behavioral Health Integration module is available online. The ACEs/TIC module is also being offered statewide, after having started in Multnomah County (with input from our YCWC). It will be shared at the statewide Coordinated Care Organization summit in November. Trauma Informed Oregon is a state partner.

F. Was there any impact on policy at the local, tribal, regional and/or state level as result of your work? Please explain.

These two modules complement state policy and health care transformation in Oregon. As the state changed reimbursement policy for behavioral health, there was a need for pediatric clinics to understand the continuum for how they can provide that service, or at least create more seamless collaboration.

G. Were you able to partner with the state on this strategy? To what effect?

OPS is a statewide organization. This was equally as effective as partnering with state government. In fact, OPS gave Multnomah Project LAUNCH a much more effective way to connect with primary care than any state agency could have done.

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

A. What were your 2-3 greatest achievements with regard to this strategy?

- Multnomah Project LAUNCH worked with Morrison Child & Family Services to create a model for providing Mental Health Consultation (MHC) to home visiting. Having had extensive experience providing MHC to child care, Morrison used "practice based evidence" to design the model.
- Morrison collaborated with the Early Childhood Positive Behavior Interventions & Support (ECPBIS) leadership in Multnomah County to create an ECPBIS training module specifically geared for home visitors.
- The Healthy Families team that received MHC had not previously brought families together as a group. The MHC consultant paired a stress management training with Incredible Years for the families receiving the home visitation. This proved to be successful for the parents and the home visitors also appreciated it. They saw the group training as a concrete service that would benefit their families.

B. Did you develop any products or resources related to this strategy? If so, please list here and attach

ECBPIS for Home Visiting will be available at www.multnomahlaunch.org in 2016 in the Home Visiting section.

Early Childhood Mental Health Consultation and ECPBIS in Home Visiting: Highlights from a Pilot Effort

http://www.mesd.k12.or.us/cms/lib8/OR01915807/Centricity/Domain/44/Multnomah%20LAUNCH%20MHC%20in%20HV%20Policy%20Brief%20032415.pdf

C. What were the 2-3 greatest challenges with regard to this strategy?

It was a challenge to get started with this service. The home visiting team initially identified ended up not wanting to have mental health consultation. This was partly due to the fact that they were starting to have nurse consultation at the same time, and it was too much to absorb at once. As soon as the MHC was shifted to another program, the service really thrived.

Another challenge was figuring out how to make the ECPBIS training and support work in the home visiting setting. It was designed for use in child care centers, but it has proven to have great value to the home visitors. It gives them more tools they can use with families.

D. What were the 2-3 most important lessons learned with regard to this strategy?

We needed a good way to describe the service from the beginning. The first team of home visitors did not see the benefit of MHC. And then the second group had reservations about ECPBIS and how it could be used in home visits. Refining the communication made a big difference.

We also learned that having the MHC on site with office hours was useful, but what was even better was her being accessible in other ways (by

phone, email, text). Building relationships through the trainings, groups, and reflective consultation helped. It takes a lot of planning from Administration to make that happen.

E. Were your activities/approach/programs in this strategy replicated elsewhere as a result of your work on Project LAUNCH? Did state partners play any role in this? Please explain.

Multnomah County Health Department partnered with LAUNCH in Year 5 to expand this MHC model to additional home visiting teams (25 home visitors). They are continuing this past the end of the LAUNCH grant. This partnership developed because the Young Child Wellness Coordinator, the Multnomah Project LAUNCH Evaluation Team and Morrison set up a meeting to share information with the County.

The Evaluation Team used a Healthy Families home visiting program in Lane County as a control group for comparison with the home visiting team supported by LAUNCH MHC. As a result of the evaluation, the Lane County team included MHC in its continuation proposal.

The Portland Children's Levy is now funding two home visiting teams to receive MHC from Morrison. Multnomah Project LAUNCH has strengthened the program at Morrison.

F. Was there any impact on policy (local, regional, and/or state) as result of your work? Please explain.

Multnomah Project LAUNCH invited Dr. David Willis to meet with the home visitors and MHCs, so he could learn more about the innovative program. The State Home Visiting Policy & Systems Coordinator/Maternal Infant & Early Childhood Home Visiting (MIECHV) Project Manager also attended. The State is considering including MHC in future home visiting funding applications.

G. Were you able to partner with the state on this strategy? To what effect?

See above (F).

Table 4. Mental health consultation in early care and education

A. What were your 2-3 greatest achievements with regard to this strategy?

Mental Health Consultation in early care and education had been in place for many years. Multnomah Project LAUNCH gave the resources to integrate ECPBIS and implement to fidelity. The TPOT and TPITOS observation tools became more embedded in the consultation model.

The grant also enabled MHC to create a model of group coaching, which is needed in child care. It proved to be more effective and also resource efficient. Group coaching built the ECPBIS and MHC momentum at centers, and yielded a bigger impact by looking at the scores together.

Multnomah Project LAUNCH supported a lot of training, including Practice Based Coaching Training, TPOT and TPITOS training, and the ECPBIS Implementation Toolkit.

B. Did you develop any products or resources related to this strategy? If so, please list here and attach

Used existing resources.

C. What were the 2-3 greatest challenges with regard to this strategy?

Initially the staffing was structured with an ECPBIS Consultant housed at MESD and MHCs at Morrison. Each child care center was working with two consultants. This did not work well, and implementation was revised to follow a model already used locally, which was to have the MHC also provide the ECPBIS consultation.

Another challenge was losing a child care site before the grant ended. The Market Street YMCA closed during Year 4. While child care provider turnover is a constant challenge, having a whole site close was unique.

D. What were the 2-3 most important lessons learned with regard to this strategy?

Morrison provided MHC to three different child care centers. The center with the best staff compensation had the greatest success in implementing ECPBIS with the MHC.

There is benefit to train on specific tools, such as the TPOT and TPITOS observation tools. It has a long-term positive impact on staff and center capacity to implement ECPBIS.

It was also beneficial to send the MHCs to the Center on the Social and Emotional Foundations for Early Learning National Training Institute. They were able to share the information, provide trainings, and use the TPOT and TPITOS. They also helped to bring national trainers to Portland.

E. Were your activities/approach/programs in this strategy replicated elsewhere as a result of your work on Project LAUNCH? Did state partners play any role in this? Please explain.

Two of the MHCs provided the first training in the country using the new TPITOS at the NW PBIS Network conference. They also provided training on Practice Based Coaching.

The Portland Children's Levy is supporting continuation of MHC at an additional KinderCare site.

F. Was there any impact on policy (local, regional, and/or state) as result of your work? Please explain.

Knowledge Universe, which has KinderCare sites all over the United States, is headquartered in Portland. Because KinderCare

participated in Multnomah Project LAUNCH, the information about ECPBIS was shared with Knowledge Universe. Representatives participated in the ECPBIS Implementation Toolkit training, and are exploring the possibility of using ECPBIS in KinderCare sites nationally.

G. Were you able to partner with the state on this strategy? To what effect?

The State Early Learning Division (ELD) provided a Kindergarten Innovation Grant to our local early learning hub. Multnomah Project LAUNCH partnered by enabling seven kindergarten teachers and two PBIS coaches at two schools to get training in ECPBIS and to have coaching time. This work led to requests for parent education on ECPBIS and also coaching for teachers at one school by the Multnomah Early Childhood Program. There were many lessons learned about ECPBIS in Kindergarten. These were shared with the State ELD in the evaluation. The State's Early Learning Director has expressed interest in ECPBIS in Kindergarten.

Table 5. Family Strengthening and parent skills training

A. What were your 2-3 greatest achievements with regard to this strategy?

We built a program to provide on-the-spot parenting advice and referral, using the existing infrastructure of 211info, adding a resource specialist to gather information and a parent educator to respond to callers. Through Multnomah Project LAUNCH, 211info Family answered 1,394 calls, 198 texts, and 84 emails since October 2012.

Multnomah Project LAUNCH also enabled 211info to improve it online search tool. Focus groups also informed 211info Family about the resources people want.

211info Family now responds to ASQOregon, the online version of ASQ, and provides information and referrals.

B. Did you develop any products or resources related to this strategy? If so, please list here and attach

Access 211info Family through these links. People who go to 211info.org and click on Search, and then check the "parent" box, see a menu of early childhood information.
http://211info.org/health/#family and http://211info.org/

C. What were the 2-3 greatest challenges with regard to this strategy?

Multnomah Project LAUNCH originally planned to have parenting calls to 211info transferred to the Parent HelpLine in Eugene. The rationale was that they were an established parent advice and referral line. They were set up to use the enhanced 211info database. There were many positive results from this partnership, but there were also concerns about confidence in using the

database and issues related to hours of service and lack of ability to text. Multnomah Project LAUNCH initiated a concurrent pilot, housing a parent educator at 211info. At the same time, the Oregon Community Foundation funded the parent educator at 211info to serve the two neighboring counties that, together with Multnomah, make up the metropolitan area. Multnomah Project LAUNCH continued with the parent educator housed at 211info because of confidence with the database and the capacity to receive text, emails, and web searches.

Throughout the grant, it has been a challenge to get the word out about this service. (See Social Marketing/Public Education). 211info was known as a resource for basic needs, but it was not thought of as a place to get parenting advice and early childhood resources. Also, 211info was only really known to organizations and families that were in poverty or crisis. 211info Family was designed to serve a broader audience (all parents/families), so the marketing was critical.

D. What were the 2-3 most important lessons learned with regard to this strategy?

It is important to set up the phone messaging system and the training for call center staff to ensure that the right calls get to the Early Childhood Specialist quickly.

We learned how important it is for some parents to be able to make anonymous phone calls or inquiries. In this way, 211info Family serves as a gateway for families who are isolated or impacted by personal issues they cannot discuss with others.

We learned about unmet needs in the community. As expected, affordable quality child care is still out of reach for many families. Another unmet need is for legal assistance with custody issues. Legal Aid cannot cover all of the need, and even low cost legal services at St. Andrew's can cost $2,000 for custody. Therefore, many parents represent themselves in court, and judges note that this is a problem. 211info is sharing with the community the information they collect on unmet needs. This is helpful for strategic planning here.

D. Were your activities/approach/programs in this strategy replicated elsewhere as a result of your work on Project LAUNCH? Did state partners play any role in this? Please explain.

Oregon's Office of Maternal and Child Health revised its contract with 211info to shift from general support to having an MCH specialty line, which replicates and complicates 211info Family – and it is statewide.

The Oregon Community Foundation agreed to support of 211info Family into Washington and Clackamas counties. PacificSource grants supported expansion into Lane and Polk counties.

F. Was there any impact on policy (local, regional, and/or state) as result of your work? Please explain.

The State is considering the experience of Multnomah Project LAUNCH as it plans more statewide resource referral. Also, the Oregon Health Authority has staff committed to Help Me Grow, and 211info Family is a big part of that model.

G. Were you able to partner with the state on this strategy? To what effect?

See above (F).

H. How will family voices and leadership that were a part of Project LAUNCH continue after the grant ends?

Family voice was incorporated into Multnomah Project LAUNCH in a few ways. First, there were focus groups to identify need for 211info Family. Focus groups are a great way to collect family voice. Second, there were families on the YCWC. In its new iteration with the advisory committee for EI/ECSE, there will be family representatives, or the YCWC will meet with family groups. The third way family voice will continue is through the tracking of unmet need at 211info. This is a great way to keep tabs on what services families seek.

Table 6. Workforce development Activities

A. What were your 2-3 greatest achievements with regard to this strategy?

- Multnomah Project LAUNCH hosted a Young Child Wellness Summit during the first year of the grant in order to provide cross-sector workforce development and to build community connections. The 1-day summit drew 218 participants from a variety of sectors. The agenda featured a keynote on *A Public Health Approach to Children's Mental Health* and the opportunity to hear from a new State Representative who had been a longtime early childhood advocate. The workshops were all tied to LAUNCH strategies and community strands. This Summit laid the groundwork for workforce development during the rest of the grant.
- Multnomah Project LAUNCH also started three "Communities of Practice" to support professional development and alignment in Home Visiting, Early Childhood Mental Health, and Early Childhood PBIS. These Communities of Practice contribute to cross-sector partnership and improved service.
- There was an intensive effort to support workforce development with ECPBIS. In addition to staffing and helping to restructure the ECPBIS Community of Practice, the grant supported trainings in the TPOT and TPITOS observation tools and the ECPBIS Implementation Toolkit. The grant also supported Multnomah County in offering an ECPBIS/Executive Function training for Early Kindergarten Transition teachers for two years.
- The Defending Childhood Initiative (federal Department of Justice grant) collaborated with Multnomah Project LAUNCH to modify ECPBIS for domestic violence shelters.

B. Did you develop any products or resources related to this strategy? If so, please list here and attach

Not applicable.

C. **What were the 2-3 greatest challenges with regard to this strategy?**

It took a long time to get clarity on the best use of a workforce development contract with Portland State University. There were so many possible directions, which made it challenging to define the role. The work finally hit its stride when the support focused on ECPBIS, and then blossomed when it supported Communities of Practice.

D. What were the 2-3 most important lessons learned with regard to this strategy?

Workforce Development is woven through Multnomah Project LAUNCH in the START trainings for pediatric practices and in the ECPBIS training for home visitors and child care providers. In retrospect, it may not have been best to have a separate workforce development strategy/contract in Multnomah Project. Workforce development could have been a strand within each strategy/contract.

D. Were your activities/approach/programs in this strategy replicated elsewhere as a result of your work on Project LAUNCH? Did state partners play any role in this? Please explain.

Not applicable.

F. Was there any impact on policy (local, regional, and/or state) as result of your work? Please explain.

The Communities of Practice were incorporated into the structure and plans for the local early learning hub.

G. Were you able to partner with the state on this strategy? To what effect?

In year 5, Multnomah Project LAUNCH consulted with the Oregon Health Authority on workforce development that would align with Oregon's efforts for young child wellness. As a result of those conversations, Multnomah Project LAUNCH partnered with the Oregon Infant Mental Health Association to sponsor a symposium as a way to support the statewide roll-out of the Oregon Infant Mental Health Endorsement.

Table 7. Social marketing/public education activities

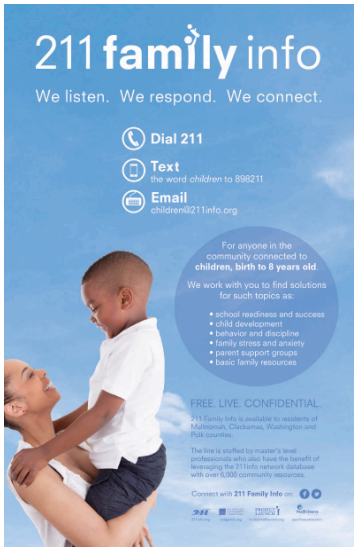
A. What were your 2-3 greatest achievements with regard to this strategy?

Multnomah Project LAUNCH promoted young child wellness by encouraging the "action step" of contacting 211info Family for advice, information, and/or connection to resources.

The outreach specialist made presentations to organizations and ensured that posters (see below) were placed in a variety of settings. Oregon Pediatric Society delivered posters and cards to all pediatric practices in the county.

The public relations firm arranged for FaceBook advertising. They had an editorial calendar of posts, where they targeted different demographics. For example, they'd post crafts and activities to do with kids, like reading, and why it was important, and waited to see the level of engagement. The next post would be something aimed at lower income or "basic necessity" type needs, like programs to help with financial or other difficulties. In the end, the latter almost always got more engagement, or posts sharing news stories that were relevant to that demographic. They followed the key rule of social media, and that is to post across different demographics, listen to our audience and what they found engaging, and then do more of that. Another very key element is Multnomah Project LAUNCH enabled 211info to budget for Ad Spend to increase the volume of people who saw the message on a regular basis. By putting money into building their fan base, they were able to see a large increase in *organic* followers finding the page after the paid ads were turned off.

B. Did you develop any products or resources related to this strategy? If so, please list here and attach



Multnomah Project LAUNCH enabled 211info to have a public relations firm (Weinstein PR) provide advice and implementation to promote 211info Family. This included FaceBook advertisements, ads on buses and light rail, articles in local parenting magazines, and appearance on morning TV shows. We also showed a short ad before the previews in a few movie theaters.

PRINT COVERAGE

Portland Family: *Three numbers for help: 211*

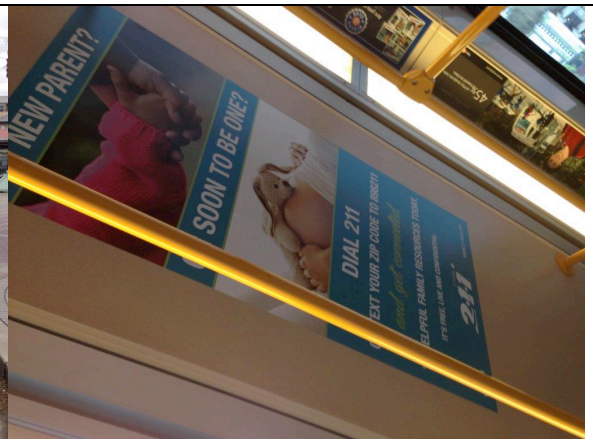
Metro Parent: Angels Among Us: 211 Family Info

The Oregonian: *Don't worry about late potty training* (link not available)

TV COVERAGE
AM Northwest: Pt. 1 and Pt. 2

KPTV 12: Good day Oregon (link not available)

ADVERTISING
TriMet bus ad



NCM Media Networks: movie ad shown in 12 first-run theaters across 153 screens in tri-county area

C. What were the 2-3 greatest challenges with regard to this strategy?

It was challenging to figure out the best way to get the word out. It is not enough to just get a card into a toddler's cubby at child care. The challenge was to get trusted individuals to communicate with parents about why they might want to contact 211info Family.

D. What were the 2-3 most important lessons learned with regard to this strategy?

It was effective to have the services of a small public relations firm to complement the graphic design talent and the outreach at 211info. For a relatively small amount of funds, the firm was able to arrange for television and print exposure, as well as strategic advertising on Facebook. They also arranged for advertising.

In terms of social media and advertising, without some kind of ad budget, you can't gain new fans, engage with new people or get your message to a larger audience on Facebook. So, it is important to:1) Budget for a person who has some kind of hourly schedule each week to make content, manage the accounts (listen), tweak messages, and review analytics to decide what kind of content to keep sharing. 2) Budget for advertising to gain new audience.

The last lesson as that it takes a lot of time to build up community knowledge about a resource like 211info Family.

E. Were your activities/approach/programs in this strategy replicated elsewhere as a result of your work on Project LAUNCH? Did state partners play any role in this? Please explain.

Not yet.

F. Was there any impact on policy (local, regional, and/or state) as result of your work? Please explain.

It may have been helpful to have this robust public information campaign while Multnomah Project LAUNCH was promoting 211info Family to be a statewide service. It made the whole program look stronger, and having more callers was important.

G. Were you able to partner with the state on this strategy? To what effect?

Not applicable.

Table 8. Infrastructure-building and systems change activities

A. What were your 2-3 greatest achievements with regard to this strategy?

Building 211info Family and having it expand to an additional four counties contributes to system improvement, potentially becoming a statewide service.

Creating the Communities of Practice (Home Visiting, ECPBIS, and Early Childhood Mental Health) filled a gap in Multnomah County for service providers to convene around program improvement. Initially these Communities of Practice were included in the structure of Early Learning Multnomah (ELM), the local early learning hub. As ELM's strategy changed, they moved away from convening early childhood professionals. However, they need these people to help them make improvements in child outcome metrics. The fact that these Communities of Practice will continue, even without direct ELM support, means that they will be able to help our local hub succeed in meeting the Oregon Early Learning Division's goals.

B. Did you develop any products or resources related to this strategy? If so, please list here and attach

None

C. What were the 2-3 greatest challenges with regard to this strategy?

The biggest challenge was that the state completely changed its early childhood system when Multnomah Project LAUNCH began. It took several years for the plans and organizations to get into place. While this was an opportunity to provide input into how the local early learning hubs developed, it also meant that there was a lot of uncertainty and people could not commit to initiatives.

D. What were the 2-3 most important lessons learned with regard to this strategy?

One has to be tenacious, yet patient. This aspect of the LAUNCH grant takes effort from the beginning that lasts the entire five

years.

Partner with the Evaluation to present program information in a way that is compelling to potential partners. Also use Evaluation throughout the grant as a tool for continuous improvement.

Find partners in statewide organizations to help promote change.

E. Were your activities/approach/programs in this strategy replicated elsewhere as a result of your work on Project LAUNCH? Did state partners play any role in this? Please explain.

Interestingly, Washington County's early learning hub included Communities of Practice within their hub structure after ELM had developed its plan.

Oregon Community Foundation and PacificSource enabled expansion of 211info Family from one county into a total of five.

F. Was there any impact on policy (local, regional, and/or state) as result of your work? Please explain.

There was not a policy change planned.

G. Were you able to partner with the state on this strategy? To what effect?

N/A

H. Will your Young Child Wellness Council be sustained after your grant ends? If so, who (what agency/system) will lead and coordinate?

It will continue. The Multnomah Early Childhood Program, which provides Early Intervention/Early Childhood Special Education, is required to have a Local Interagency Coordinating Council (LICC) to provide advice on the service plan submitted to the Oregon Department of Education. Because of all the changes in the early childhood system, there was no organization that could serve as the LICC, so YCWC provided that service over the past two years. The Multnomah Early Childhood Program will provide the administrative support to enable the YCWC to continue and also serve as the LICC. So, they will continue to work on issues related to developmental screening, but they will expand into other issues related to EI/ECSE and they will also continue to address young child wellness in general.

Table 9. Project LAUNCH Staffing and Structure
A. What readiness factors at the start do you think are most critical for overall success on a LAUNCH grant? Multnomah Project LAUNCH was successful because it had ready partners to being implementation quickly. Another important factor is to have connections with the community to build the Young Child Wellness Council. We used broad stakeholder meetings to shape the Council and to build partnerships that supported implementation.
B. What skills and knowledge are most important for the Local Coordinator to possess for a LAUNCH grant to be successful? The Coordinator needs to be very familiar with the early childhood community. It is also beneficial to have connections with others, beyond the scope of early childhood and with several state agencies. This Coordinator arranged for assistance at certain junctures in the grant, and that was very helpful. First, when the Environmental Scan was due, there were many competing responsibilities related to writing contracts, starting up the YCWC, and working with SAMHSA. The Coordinator hired someone on contract to create the Inventory for the Scan. Also, a professional organizational development facilitator was contracted to work with the YCWC to develop the Strategic Plan, and then later for the updates and sustainability planning. This was valuable because it meant that the Coordinator could fully participate. Also, there is a real skill this work, and having a top-notch facilitator made a big difference.
C. To what extent, and in what ways, did state-level decisions impact your work over the course of the grant (e.g. related to start-up/implementation, spread/replication, partnerships, sustainability)? The state reorganized its early childhood system just as this grant began. This made partnership with statewide organizations, such as Oregon Pediatric Society, very important. It also made the YCWC more valuable in the community because the statewide system of Commissions on Children and Families ended, and until the local hub got started, the YCWC filled the need for a forum to discuss early childhood issues in Multnomah County. The state would not commit to supporting statewide 211info Family, so that prompted Multnomah Project LAUNCH and 211info to consider other ways to fund it after the grant ended. Thus, a state-level lack of decision led to a new partnership for sustainability with a Coordinated Care Organization.
D. What political or contextual challenges (local and state) most impacted the success of your grant, and in what ways? There have been three governors in place over the 5-year grant. When Governor Kitzhaber took office in January 2011, he initiated sweeping changes in Medicaid and also in early childhood. This meant that the statewide structure, with Early Childhood Matters as the major statewide early childhood body, was dismantled and replaced with the Early Learning Council. This impacted the Cohort 2 Oregon LAUNCH grant more than Multnomah Project LAUNCH, but it still had an impact because of the goal to

connect with the state. Suddenly, there was no clear place to connect. After the Early Learning Council started, there still was no clear venue for sharing information about this local project with the state because they were understandably focused on their own planning and contracting. Finally, during the final year of Multnomah Project LAUNCH, it became easier to build the connection with the state Early Learning Division, the Child Care Division, the Oregon Health Authority, and the Maternal & Child Health section.
E. Anything more to say about your ability to partner with the state on this grant? Oregon LAUNCH was a Cohort 2 grant from SAMHSA. It was a state grant with Deschutes County as a local partner. The State LAUNCH director served on the Multnomah Project LAUNCH YCWC. This was a great partnership. She was able to share information from our grant with the Oregon Health Authority Maternal and Child Health section, and she helped to inform Multnomah Project LAUNCH and shape its Strategic Plan and implementation.

Section 3. SUSTAINABILITY

Project LAUNCH Activity/Strategy	**What aspects of this activity/strategy were you able to sustain beyond the end of the grant? (please describe)**	**What sources of funding were you able to obtain to sustain these activities? (Please describe all and include partnerships developed through PL that enabled sustainability)**	**What % of your overall activities in this area/strategy were you able to sustain beyond the end of the grant?**	**Additional Comments related to successes/challenges/lessons learned with regard to sustaining this practice/strategy**
Screening	Multnomah Project LAUNCH covered START Basic and Tune-up trainings in using the ASQ and making referrals. FamilyCare, one of the two Coordinated	One of the Coordinated Care Organizations, FamilyCare.	100%	It was good to ask about this at the end of the grant was approaching, rather than too early.

	Care Organizations (Medicaid) serving the tri-county metropolitan area, will contract with Oregon Pediatric Society to provide Basic and Tune-up trainings over the next year. FamilyCare participated in the Young Child Wellness Council.			
MHC in ECE	Morrison Child & Family services provided MHC+ECPBIS to three child care centers. One closed in Year 4. One is continuing implementation of ECPBIS to fidelity. The third site is a KinderCare. Thanks to funding from the Portland Children's Levy, MHC will continue out a different KinderCare location. The Portland Children's levy participated in the Young Child Wellness Council.	Morrison Child & Family Services is receiving funds from the Portland Children's Levy.	50%	This service has potential to grow. The information gathered by the Evaluation team is useful for decision makers.
Integration of behavioral health into primary care	Oregon Pediatric Society completed the filming and editing of the START Behavioral Health Integration into Primary Care training module and posted it on their website (http://oregonstart.org/modules/behavioral-health-integration/) along with the slides. They will include the announcement about this new resource in our newsletter that reaches over 500 pediatricians statewide. In addition, they have been promoting it informally and in other START trainings.	No funding needed to sustain the online module.	100%	This was the first time OPS filmed and placed a START training online. It is a viable way to ensure sustainability of a project like this.
Enhanced home visiting	Morrison Child & Family services provided MHC+ECPBIS to one Healthy Families home visiting team. Morrison, the LAUNCH Evaluators and the Young Child Wellness Coordinator met with managers	Multnomah County Health Department is sustaining this service.	100%, though not initially with the same team, post-LAUNCH	

	from the Multnomah County Health Department to share information about this pilot project. The Health Department partnered with LAUNCH and Morrison to provide this MHC model to additional teams of home visitors. They are continuing this program after LAUNCH. Also, the Healthy Families application to the state included MHC, so it appears likely that the service to the LAUNCH MHC team will continue and expand to the other Healthy Families teams. Multnomah County's Health Department participated in the Young Child Wellness Council.			
Family Strengthening	Soon after Multnomah Project LAUNCH began to support 211info Family, the Oregon Community Foundation partnered to provide the same service in the two neighboring counties. These three counties are in the service area for Health Share, one of the two Coordinated Care Organizations in the area. (See FamilyCare in "Screening" above.) Health Share identified that 211info Family fit their new Strategic Plan, and they picked up funding for the tri-county area the day after LAUNCH ended. Health Share participated in the Young Child Wellness Council.	Health Share is supporting 211info Family.	100%	Having this program in place enhances the ability of 211info to pursue and establish support for 211info Family in other parts of the state. It also makes statewide 211info Family more likely.

SECTION 4. ADDITIONAL THOUGHTS

SAMHSA welcomes additional thoughts and reflections you are willing to share at this time. Your ideas about how Project LAUNCH has made a difference in your community; ways the program could be improved; what you hope to see from Project LAUNCH in the future… whatever you would like to share that might help us to make this initiative even stronger would be most appreciated. Thank you!

LAUNCH and SAMHSA

Multnomah Project LAUNCH made a significant and lasting positive impact in Multnomah County and in Oregon. Being a Cohort 3 direct local grant made the project nimble and responsive to the changing policy landscape. In terms of SAMHSA's investment, this yielded a lot of benefit. Though Multnomah Project LAUNCH serves one county, the impact grew through partnership with philanthropy, statewide associations, and key state partners. Many other counties have already benefited from expansion of 211info Family; and other elements of Multnomah Project LAUNCH are also expanding, such as MHC in home visiting, and START trainings. SAMHSA should consider another cohort like this one, and make LAUNCH available directly to local grantees.

Technical assistance

Start up of the grant could be improved by receiving more clarity on the role of the YCWC. It took a long time to figure that out, and ultimately it was decided that the role is a blend of advisory, think-tank, and serving as "ambassadors" of LAUNCH and young child wellness. Sustainability of the Multnomah Project LAUNCH was due in large measure to the champions who served on the YCWC. Having a clearer picture earlier would have helped the YCWC hit its stride sooner.

The training institutes for LAUNCH grantees have become increasingly useful, especially gathering one cohort at a time. This seems particularly true for new grantees.

It is often challenging to work with grants.gov on the continuation applications and with PMS for the FFRs and payments. It would be great if the LAUNCH technical assistance had more information about those elements in order to assist the grantees.

Final thoughts

LAUNCH is a terrific program that brings together all of the elements of young child wellness; physical, social-emotional, and cognitive development. It has been wonderful for everyone – MESD, the YCWC, all of the contractors – to work with SAMHSA and improve our community.