Welcome to Today's Webinar!

Early Childhood Prevention: Project LAUNCH
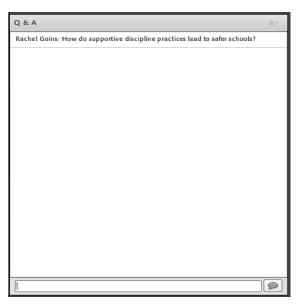
This event will start at 11:00 a.m. E.T.

Safe Supportive Learning
Engagement | Safety | Environment
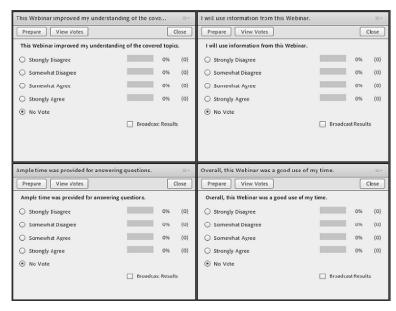
Questions, Event Feedback & Contact Information

Q&A

If you have a question for the presenters, please type it in the Q&A Pod or email ncssle@air.org during the Webinar.

Feedback Form

At the end of the presentation, a series of questions will appear. Please provide feedback on this event so that we can better provide the resources that you need. All answers are completely anonymous and are not visible to other participants.

For assistance during the Webinar, please contact
the National Center on Safe Supportive Learning Environments
at ncssle@air.org.

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- Goal is to improve conditions for learning in a variety of settings, K-16, through measurement and program implementation, so that all students have the opportunity to realize academic success in safe and supportive environments.

- Provides information and technical assistance to states, districts, schools, institutions of higher learning, communities, and federally supported programs to improve conditions for learning.

- Provides training and technical support to 11 State Education Agencies funded under the Safe and Supportive Schools Program and their participating Local Education Agencies (districts), as well as training and support to the Higher Education community, including Community Colleges.

- Some of the featured content areas of the Center include bullying prevention, violence prevention, and substance abuse prevention.

*The content of this presentation was prepared under a contract from the U.S. Departments of Education and Health and Human Services to the American Institutes for Research (AIR). This presentation does not necessarily represent the policy or views of the U.S. Departments of Education and Health and Human Services, nor do they imply endorsement by the Departments.

Agenda

1 **Introduction to Early Childhood Prevention**
Ingrid Donato, Branch Chief, Mental Health Promotion Branch, Center for Mental Health Services, SAMHSA

2 **Project LAUNCH: Program Model Overview**
Jennifer Oppenheim, Public Health Advisor, Center for Mental Health Services, SAMHSA

3 **Highlights of LAUNCH's Core Strategies**
Gaby Fain, Technical Assistance Specialist, American Institutes for Research

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Introduction to Early Childhood Prevention

Ingrid Donato, Branch Chief, Mental Health Promotion Branch, Center for Mental Health Services, SAMHSA

Early Childhood Prevention: Project LAUNCH

Ingrid Donato

Let's start from the beginning with what we know……

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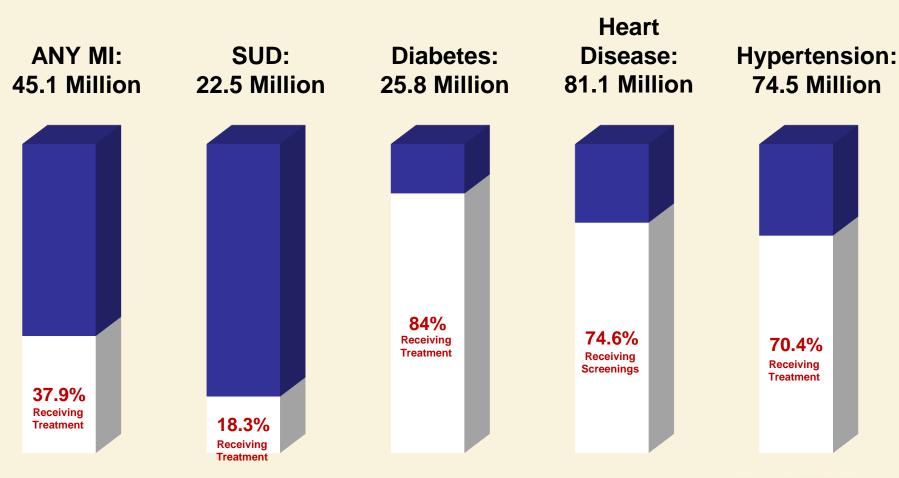
- Around 1 in every 4 -5 youth in the US meets criteria for a mental disorder with severe impairment across their lifetime.

- Estimated $247 billion in annual costs and savings to multiple sectors – education, justice, health care, social welfare.

Citations ▪ 1, 2

SAMHSA
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Daily Disaster of Unprevented and Untreated Mental Illness and Substance Abuse Disorders

ANY MI:
45.1 Million

SUD:
22.5 Million

Diabetes:
25.8 Million

Heart Disease:
81.1 Million

Hypertension:
74.5 Million

84%
Receiving Treatment

74.6%
Receiving Screenings

70.4%
Receiving Treatment

37.9%
Receiving Treatment

18.3%
Receiving Treatment

Citation ▪ 3, 4, 5

Adverse Childhood Experience Study (ACE)

Citation ▪ 6

ACES CAN HAVE LASTING EFFECTS ON BEHAVIOR & HEALTH...

Simply put, our childhood experiences have a tremendous, lifelong impact on our health and the quality of our lives. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and **the leading causes of death.**
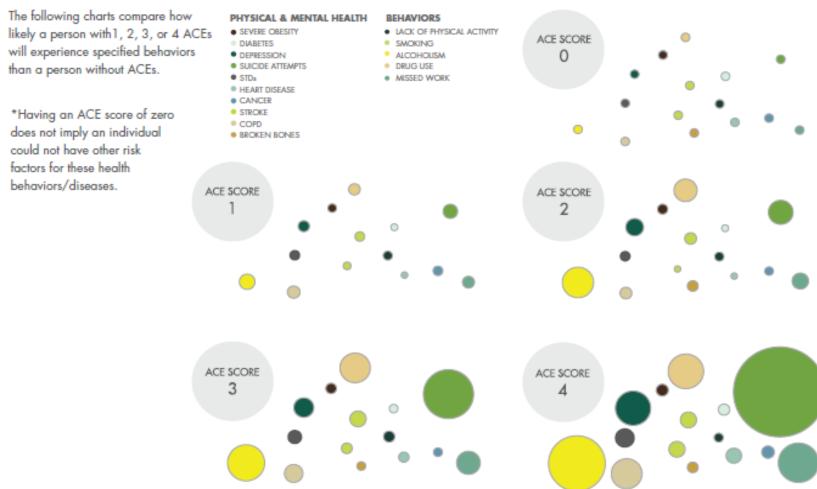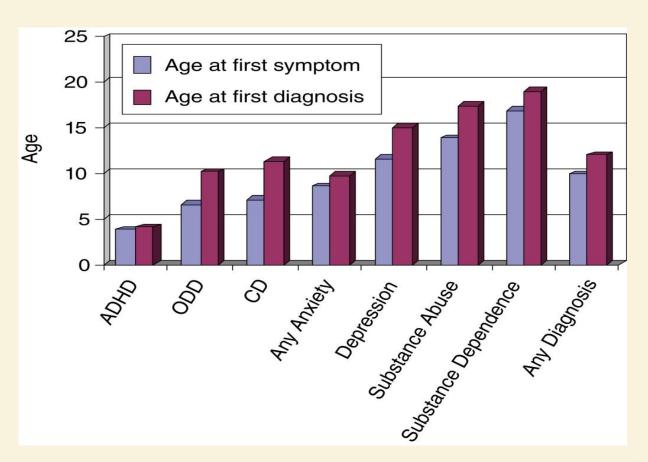
The following charts compare how likely a person with 1, 2, 3, or 4 ACEs will experience specified behaviors than a person without ACEs.

*Having an ACE score of zero does not imply an individual could not have other risk factors for these health behaviors/diseases.

PHYSICAL & MENTAL HEALTH
- SEVERE OBESITY
- DIABETES
- DEPRESSION
- SUICIDE ATTEMPTS
- STDs
- HEART DISEASE
- CANCER
- STROKE
- COPD
- BROKEN BONES

BEHAVIORS
- LACK OF PHYSICAL ACTIVITY
- SMOKING
- ALCOHOLISM
- DRUG USE
- MISSED WORK

ACE SCORE 0

ACE SCORE 1

ACE SCORE 2

ACE SCORE 3

ACE SCORE 4

Prevention Window

Citation ▪ 8

Preventive Intervention Opportunities
Substance Abuse and Mental Illness

Interventions by Developmental Phase

← **Project Launch** → ← **Safe Schools/Healthy Students** →
← **GBG** →

Prior to Conception	Prenatal	Infancy	Early Childhood	Childhood	Early Adolescence	Adolescence	Young Adulthood

← Pregnancy prevention → ← Prenatal care →

← Home visiting →

← Early childhood interventions →

← Parenting skills training →

Social and behavioral skills training → ← Classroom-based curriculum to prevent substance abuse, aggressive behavior, or risky sex →

← Prevention of depression →

← Prevention of schizophrenia →

← Prevention focused on specific family adversities
(Bereavement, divorce, parental psychopathology, parental substance use, parental incarceration) →

← Community interventions →

← Policy →

So what do we do with this information?

SAMHSA'S MISSION

To reduce the impact of substance abuse and mental illness on America's communities.

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The SAMHSA Context: Strategic Initiatives

AIM: Improving the Nation's Behavioral Health (1-4)

AIM: Transforming Health Care in America (5-6)

AIM: Achieving Excellence in Operations (7-8)

| 1. Prevention | 2. Trauma and Justice | 3. Military Families | 4. Recovery Support | 5. Health Reform | 6. Health Information Technology | 7. Data, Outcomes & Quality | 8. Public Awareness & Support |

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National Prevention Strategy

Citation ▪ 10

Mental and Emotional Well-being

Mental and emotional well-being is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. **Early childhood experiences have lasting, measurable consequences later in life; therefore, fostering emotional well-being from the earliest stages of life helps build a foundation for overall health and well-being.** Anxiety, mood (e.g., depression) and impulse control disorders are associated with a higher probability of risk behaviors (e.g., tobacco, alcohol and other drug use, risky sexual behavior), intimate partner and family violence, many other chronic and acute conditions (e.g., obesity, diabetes, cardiovascular disease, HIV/STIs), and premature death.
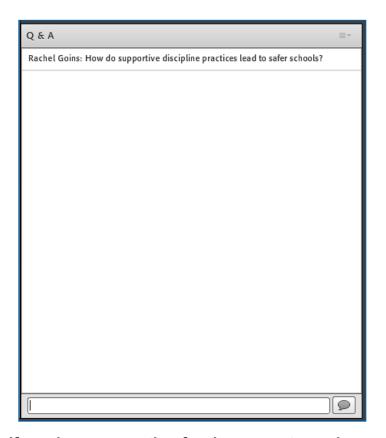
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Recommendations:
What Can be Done?

1. Promote positive early childhood development, including positive parenting and violence-free homes.

2. Facilitate social connectedness and community engagement across the lifespan.

3. Provide individuals and families with the support necessary to maintain positive mental well-being.

4. Promote early identification of mental health needs and access to quality services.

Questions?

Q & A

Rachel Goins: How do supportive discipline practices lead to safer schools?

If you have a question for the presenters, please type it in the Q&A Pod or email ncssle@air.org during the Webinar.
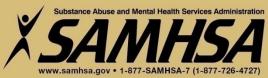
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Project LAUNCH: Program Model Overview

Jennifer Oppenheim, Public Health Advisor, Center for Mental Health Services, SAMHSA

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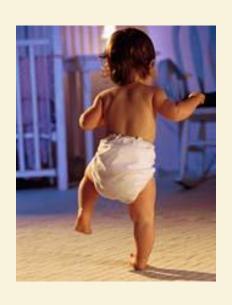
Project LAUNCH

Goal: To foster the healthy development and wellness of all young children (birth through age 8), preparing them to thrive in school and beyond.
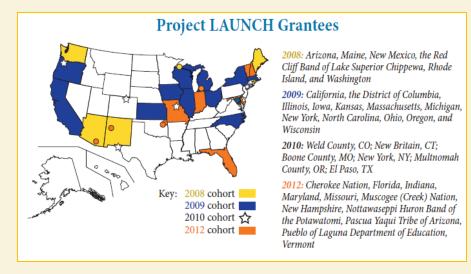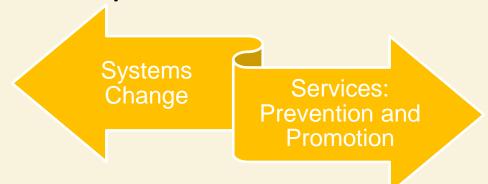
Basic Facts

- 5 year grants
- 35 states, tribes, & communities
- Funds to state Title V or mental health agencies
- State/tribe picks pilot community
- Dual focus on systems and services

Project LAUNCH Grantees

2008: Arizona, Maine, New Mexico, the Red Cliff Band of Lake Superior Chippewa, Rhode Island, and Washington

2009: California, the District of Columbia, Illinois, Iowa, Kansas, Massachusetts, Michigan, New York, North Carolina, Ohio, Oregon, and Wisconsin

2010: Weld County, CO; New Britain, CT; Boone County, MO; New York, NY; Multnomah County, OR; El Paso, TX

2012: Cherokee Nation, Florida, Indiana, Maryland, Missouri, Muscogee (Creek) Nation, New Hampshire, Nottawaseppi Huron Band of the Potawatomi, Pascua Yaqui Tribe of Arizona, Pueblo of Laguna Department of Education, Vermont

Key: 2008 cohort
2009 cohort
2010 cohort ☆
2012 cohort

Systems Change

Services: Prevention and Promotion

3 Guiding Principles

Holistic Perspective
Ecological Framework
Public Health Approach

Dual Focus (1): Systems Change

Forging partnerships: public, private, parents

Uniting around a common vision for young child wellness

Young Child Wellness Councils

Scanning, planning, and evaluating progress

Improving policies and practices, smart spending, integrated data systems and common outcomes

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Dual Focus (2): 5 Core Strategies

 Screening and Assessment

 Family Strengthening

 Mental Health Consultation in Early Care and Education

 Enhanced Home Visiting

 Integration of Behavioral Health into Primary Care

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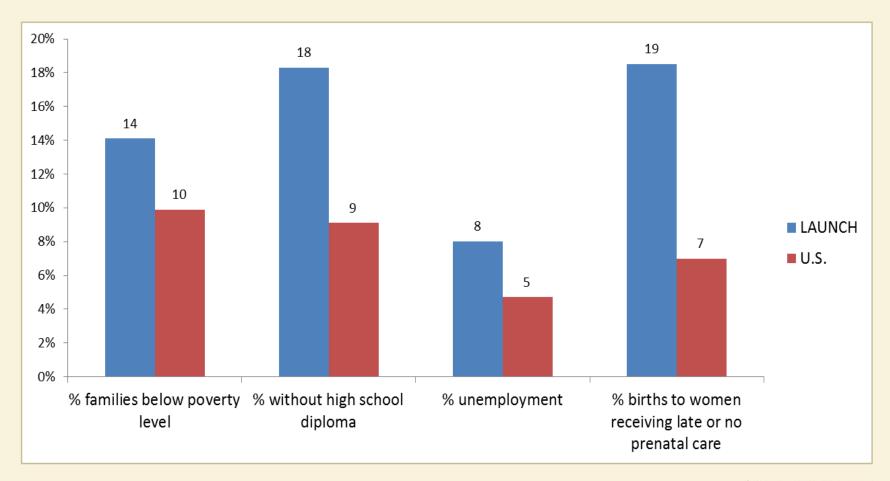# Two Cross-cutting Approaches

Workforce Development

- Training on evidence-based curricula
- Training on screening tools
- Behavioral health trainings
- Infant mental health training
- Cross-disciplinary teaching/sharing

Public Awareness/Education

- Resource guides
- Children's mental health awareness day
- Webcasts
- Screening passports for parents
- Health fairs

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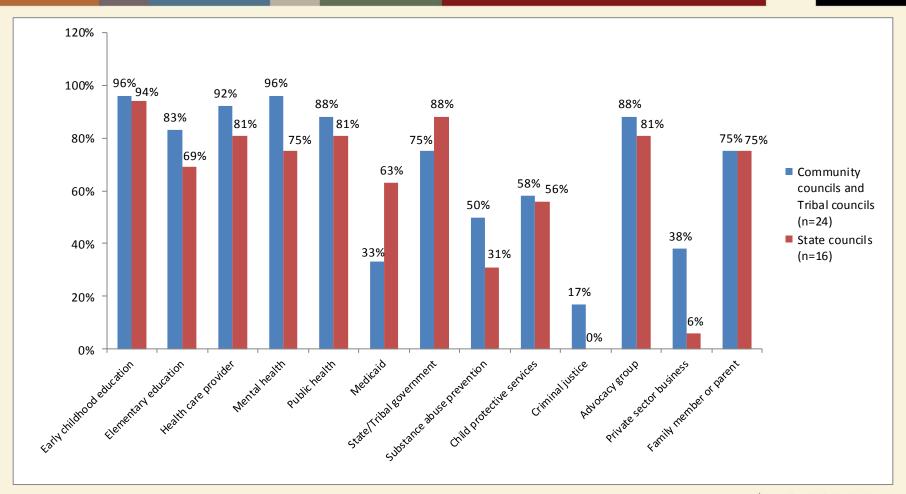# LAUNCH Communities at High Risk Compared to U.S. as a Whole

Project LAUNCH
Implementation at a Glance

Three years into the initiative:

- 49,000 children and parents screened & assessed in diverse settings.
- 11,400 community providers trained on social-emotional and behavioral health.
- 723 primary care providers received integrated Behavioral Health Consultation.
- 1,146 Early Childhood staff received LAUNCH-supported Mental Health Consultation.
- 2,240 families served in 27 LAUNCH-supported home visiting programs.
- 4,800 families served in 31 LAUNCH-supported family strengthening programs.
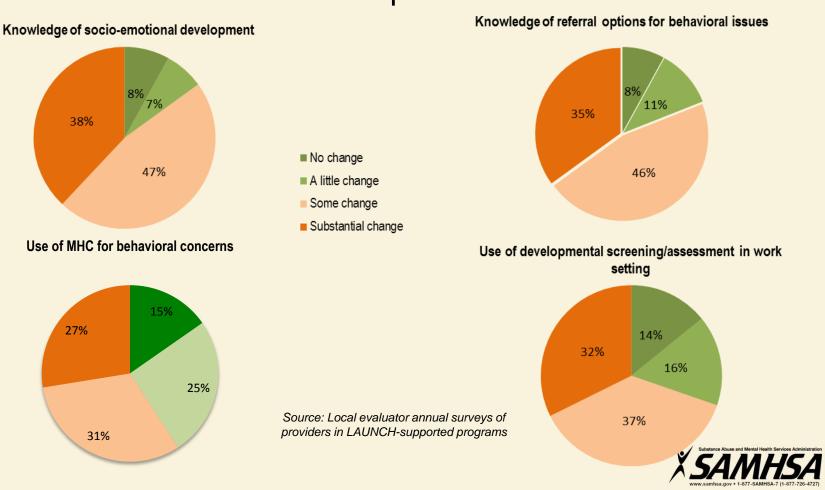
Breadth of Representation on LAUNCH Child Wellness Councils

Legend:
- ■ Community councils and Tribal councils (n=24)
- ■ State councils (n=16)

Category	Community councils and Tribal councils (n=24)	State councils (n=16)
Early childhood education	96%	94%
Elementary education	83%	69%
Health care provider	92%	81%
Mental health	96%	75%
Public health	88%	81%
Medicaid	33%	63%
State/Tribal government	75%	88%
Substance abuse prevention	50%	31%
Child protective services	58%	56%
Criminal justice	17%	0%
Advocacy group	88%	81%
Private sector business	38%	6%
Family member or parent	75%	75%

Self-reported Changes in Knowledge and Practices of Providers Participating in LAUNCH-Supported Services

N = 1740 providers

Knowledge of socio-emotional development

8%
7%
38%
47%

Knowledge of referral options for behavioral issues

8%
11%
35%
46%

Legend:
- No change
- A little change
- Some change
- Substantial change

Use of MHC for behavioral concerns

15%
25%
31%
27%

Use of developmental screening/assessment in work setting

14%
16%
32%
37%

Source: Local evaluator annual surveys of providers in LAUNCH-supported programs

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Project LAUNCH Special Studies

Special studies are underway looking at a variety of population outcomes for young children and their families:

- Birth outcomes
- Utilization rates of preventive and emergency health care
- Child development outcomes (ages 1 – 5)
- Kindergarten readiness and behavior (through Grade 2)
- Academic performance (kindergarten through Grade 3)
- Referrals to special education
- Attendance rates
- Maternal well-being

Questions?

Q & A

Rachel Goins: How do supportive discipline practices lead to safer schools?

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Highlights of LAUNCH's Core Strategies

Gaby Fain, Technical Assistance Specialist, American Institutes for Research

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Mental Health Consultation in Early Childhood Settings

- Provide training

- Observe individual children

- Provide feedback on teaching/caregiving practices for the classroom as a whole

- Build capacity of early education staff

- Support teachers and parents

- Provide or facilitate access to therapy

- Link families to community resources and services

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Local LAUNCH Examples

- **Integration of MHC across child-serving systems**

  - Home visiting programs

  - Early care and education programs

  - Elementary school classrooms

  - Child welfare programs

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What Have We Learned?

- Provides an effective prevention strategy.

- Promotes screenings across systems.

- Provides services in natural settings.

- Responds to unmet needs.

- Facilitates referrals.

- Builds staff capacity.

- Reduces staff stress levels.

- Reduces stigma around mental health.

Family Strengthening

- **Help families create healthy environments for their young children.**

    - Range of evidence-based tools and approaches.

    - Parent training programs.

    - Guides to help families navigate through social services systems.

    - Locally developed options or nationally-recognized programs adapted to the cultural needs of the community.

Local LAUNCH Examples

- Strengthening Multi-Ethnic Families and Communities

- The Incredible Years Series

- Triple P

- Parent Cafes

- Family navigators

- Culturally-based family strengthening activities

What Have We Learned?

- Engage with different types of community partners who already have relationships with targeted families.

- Identify and collaborate with community champions.

- Meet parents where they are.

- Use a common language across agencies/systems regarding family engagement.

Integration of Behavioral Health into Primary Care

Elements of Integration:

- Enhanced screening
- Enhanced training
- Case consultation
- Warm hand-off to MH consultant or Family Partner
- Assessment, brief intervention, referral to treatment
- Improved linkages with community-based providers
- Family Health Plans/care coordination

Some Lessons Learned

- It may be an incremental process.

- Look for opportunities and champions.
    "Culture of readiness and interest in innovation is a critical determinant of implementation success."

- Take the time to build relationships and plan.
    "The role of building relationships and making sure there is follow up in order to achieve integration is essential and is an ongoing process."
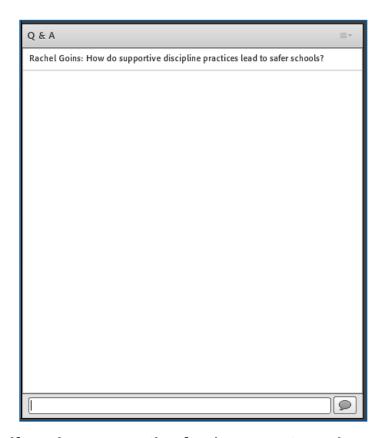
- Focus on sustainability all the way along, exploring multiple options.

Questions?

Q & A

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Take Aways

- **Front line providers play a critical role in promoting healthy development, identifying early signs of challenges/delays, and linking young children and families to needed services.**

- **Trainings on social and emotional development and behavioral health topics strengthen the ability of front line providers to promote wellness and identify issues among young children in their care.**

- **Project LAUNCH offers some innovative approaches that may help inform other programs; e.g. state/local partnerships, cross-disciplinary training and systems integration, and embedded mental health services in the settings where children live, work and play.**

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Reminders

- **Upcoming Webinars**

Title	Date(s)
Community Coalitions Working Collaboratively Across Secondary and Postsecondary Education to Address Underage Drinking	Sept 18

- **Feedback**
  - We are about to present a series of brief questions over three slides for your feedback on today's webinar. **Please stay with us to share your feedback..** We greatly appreciate your opinions and will use them to improve our events.

Citations

1. Merikangas, K., He, J., Burstein, M., Swanson, S., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the national comorbidity study-adolescent supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, *49*(10), 980-989.

2. National Research Council and Institute of Medicine. (2009). Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Possibilities.

3. Substance Abuse and Mental Health Services Administration. (2012). Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings. *NSDUH Series, H-45*(12-4725).

4. Centers for Disease Control and Prevention (CDC). (2011). Million Hearts: Strategies to Reduce the Prevalence of Leading Cardiovascular Disease Risk Factors --- United States, 2011. *Morbidity and Mortality Weekly Report (MMWR), 60*(36), 1248-1251.

5. Centers for Disease Control and Prevention (CDC). National Health Interview Survey.

6. Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M., & Marks, J. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ace) study. *American Journal of Preventive Medicine, 14*(4), 245-258.

7. Centers for Disease Control and Prevention. 2013. Adverse Childhood Experiences: Looking at how ACEs affect our lives & society (infographic). Retrieved from: http://vetoviolence.cdc.gov/childmaltreatment/phl/resource_center_infographic.html

8. Costello E., Angold, A., Burns, B., Erkanli, A., Stangl, D., & Tweed, D. (1996). The great smoky mountains study of youth: Functional impairment and serious emotional disturbance. *Archives of General Psychiatry, 53*(12), 1137-1143.

9. National Research Council (US) and Institute of Medicine (US) Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth, and Young Adults: Research Advances and Promising Interventions. (2009). M. OConnell, T. Boat & K. Warner (Eds.), Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and PossibilitiesWashington, DC: National Academies Press (US).

10. National Prevention Council. (2011). National Prevention Strategy. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General.

11. Project LAUNCH. National Center for Mental Health Promotion and Youth Violence Prevention, Substance Abuse and Mental Health Services Administration. http://projectlaunch.promoteprevent.org/

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