Safe Supportive Learning
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# Early Childhood Prevention: Project LAUNCH

## QUESTION AND ANSWER SUMMARY

On September 4 and 5, 2013, the National Center on Safe Supportive Learning Environments (NCSSLE) hosted an Early Learning webinar to review the five core service areas of Project Launch that address key prevention and health promotion strategies: developmental screenings and assessments in a range of child-serving settings; integration of behavioral health into primary care settings; mental health consultation in early care and education; enhanced home visiting through increased focus on social and emotional well-being; and family strengthening and parent skills training. During the session, the presenters (**Ingrid Donato**, Branch Chief, Mental Health Promotion Branch, Center for Mental Health Services, SAMHSA; **Jennifer Oppenheim**, Public Health Advisor, Center for Mental Health Services, SAMHSA; **Gaby Fain**, Technical Assistance Specialist, American Institutes for Research) received several questions from the audience. Because the presenters could not answer all of the questions submitted during the event, the Center has prepared the following Webinar Q/A Summary with responses to each question. For additional information, please email or call the Center (ncssle@air.org; 1-800-258-8413).

*Please note the content of this summary was prepared under a contract from the U.S. Department of Education, Office of Safe and Healthy Students and the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration to the American Institutes for Research (AIR). This Q/A summary does not necessarily represent the policy or views of the U.S. Departments of Education or Health and Human Services, nor do they imply endorsement by the U.S. Department of*

**Q1. I was struck by the graphic showing less than 20% of those with Substance Use issues receiving appropriate treatment. (slide 10) Is your sense that the number of elementary aged children impacted by someone else's substance abuse AND receiving appropriate "intervention and care" is at about that same level?**

Donato: Absolutely, when you are addressing the needs of the child, it is impossible to separate that out from the issues of the parent. If you have a parent who is struggling with a substance abuse disorder or mental illness that is untreated, it will have significant impact on the child. It is a risk factor. It is one of those adverse childhood experiences that we mentioned in the study. Absolutely, I think it is pivotal and important as to why it is critical that people are receiving the care they need. Not only does it impact their own personal well-being, but it has significant impact for children and families.

Oppenheim: TEXT HERE.

Fain: TEXT HERE.

**Q2. We seem to have a cultural norm of waiting for symptoms of an issue (problem) to arise before we allocate resources to assist someone—especially a young child. Have you seen communities begin to alter this approach? What have been some of the effective strategies to do so?**

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Oppenheim: TEXT HERE.

Fain: TEXT HERE.

**Q3. What were the most common obstacles to integrating the "Workforce Development" strategies you identified (slide 29) and what did people do to effectively overcome those obstacles?**

Donato: TEXT HERE.

Oppenheim: The top obstacles are the cost of training and turnover. In particular, turnover is a huge issue in these communities that are so eager to get training in these evidence -based programs and interventions. One of the ways the developers have addressed this is to not just train your group leader or facilitator but to train more widely within an organization so there is more longevity. It is a train-the-trainer model and they are effective in that respect. There is creativity around training students and getting training built into curriculum for care coordinators, family support workers, mental health specialists and those types of disciplines and even medical school training.

Fain: That is a great question, and my mind first went to challenges folks have had with training primary care providers. They are particularly busy. A lot of work has been done around that to shape training in ways that fit into their schedules and that there are incentives built along the way. The TI team has developed some tools to make the case to primary care providers about why training in this area is important and why the strategy of integration of behavioral health in general is critical.

**Q4. What will be the best resource for learning the results of the Special Studies you mentioned? (slide 34)**

Oppenheim: Our first cohort is going to end in the next year which will provide us the data for our first special study which is longitudinal (looking at before Project LAUNCH and through the course of LAUNCH). The best place to find that is on our Project LAUNCH website (http://projectlaunch.promoteprevent.org/). The SAMHSA website (http://www.samhsa.gov/) is another good resource to check on for updates.

**Q5. Is the leader of a parent café a parent from the community or someone in a professional position in the community that provides the service for parents?**

Fain: The main developer of the model is Strengthening Families: A Protective Factors Framework (Illinois) (http://www.strengtheningfamiliesillinois.org/). They do a multi-day joint training that involves both staff and parents. They do an actual café and so you are developing parent leaders who serve as table hosts. Parent cafés are hosted, run, maintained, and monitored for fidelity (i.e., making sure the cafes are following the model) by community-based organizations usually.

Oppenheim: It is partly both, but I think the parent leadership is absolutely central to the model.

**Q6. What plans are in place to sustain the program in those communities that have successfully implemented LAUNCH? (tie to slide 44 where sustainability is mentioned.)**

Oppenheim: One of the very important aspects of the Project LAUNCH model is the relationship between the state or the tribe and local community to guide what happens in the local community and to try and address challenges in the local community and to learn from what that incubator and pilot committed the has done. Another critical factor that is an ongoing conversation about how those practices can be both sustained in the community and spread statewide. I talked about horizontal integration, but the partnership is critical and very relevant for sustainability.

Our experience so far is that the first year of the grant is largely planning; the second and third years are very much about solidifying implementation. The fourth and fifth years are very much about sustainability. I am extremely pleased that with the first cohort ending, so many of our grantees have found ways to sustain. We will learn more about that as they do their final reports. Sustainability takes multiple strategies and happens through a variety of means, from leveraging other federal or state funds to writing Project LAUNCH activities into future grants or pursuing foundation funding to continue aspects of the work.

The state partnership is a key piece to having a place at the table and champions working to ensure sustainability.

**Q7. You mention the importance of taking the time to build relationships and plan. (slide 44) How have communities made time for this? Everyone with whom I work (professional colleagues AND families) is out straight and finding time for either seems like a dream.**

Fain: TEXT HERE.

Oppenheim: TEXT HERE.

Donato: TEXT HERE.

**Q8. How can we begin to detect hidden child abuse, which is a big problem here in the Bronx? And how to help the abusers, too?**

Donato: At SAMHSA, we're focusing on building supports and infrastructures in all of those areas where children are (e.g., school systems, pediatrician offices, home visitation, daycares, etc.) to inform the adults that interact with them of the signs and symptoms of child abuse. For example, SAMHSA supports the National Child Traumatic Stress Network (http://www.nctsn.org/). This is an outstanding resource to explore to learn all of the details about identifying child abuse symptoms, information about referrals or where to look to for support. They have a whole slew of webinars, trainings, etc., to help people who engage and interact with young children be cognizant and understanding about what those symptoms might be, and more importantly, what to do about it (e.g., how to talk to the parents, how to get social services).

Regarding help for the abusers, we know from Project LAUNCH work that if you're not effectively treating the parents, the kids aren't going to get better. In addition to helping adults who are serving children identify the signs and symptoms of child abuse, we also work in the adult population to educate systems actors (e.g., pediatricians, justice system, legal system) about identifying potential abusers and finding effective treatment for them. SAMHSA has a treatment locator (http://findtreatment.samhsa.gov/) where you can input your area code to find a list of providers within your area. We're very hopeful that with the full implementation of the Affordable Care Act, people who previously wouldn't have had access to care will now be able to get the help they need. But more importantly, we have to get those systems in place so that if a person suspects that an adult is struggling with this, they know of the resources that are available their communities.

**Q9. Is emotional abuse (e.g., yelling, screaming at a child, etc.) considered violence as you define it in Project LAUNCH?**

Oppenheim: Yes. I would refer back the National Child Traumatic Stress Network which gathers information from the leading trauma experts around the country and provides a number of tools and a lot of information in terms of defining different kinds of abuse and trauma. There are particular screening tools for different kinds of abuse and trauma, and assessment tools that go beyond screening. But in terms of what we know about what promotes healthy social and emotional development, those behaviors are not positive and are not the nurturing behaviors that do lead to healthy behaviors from young kids or development, so that much is certainly clear.

**Q10. Are there opportunities to extend Project Launch funding in those communities approaching or reaching year 5, to continue the progress made to date in these communities, while you await the final research numbers and outcome results?**

Oppenheim: One of the explicit goals with project launch is to have this pilot community that is sort of an incubator for these innovative practices; and then for the state and local community to work together to really bring these to scale. This includes addressing some of the barriers to implementation, learning from some of the challenges and then replicating these practices elsewhere. Also, we hope states and communities build in policies, funding mechanisms, and data structures that support the replication and the spread of the LAUNCH program or some of the LAUNCH successes in other places in the state. So usually the first few years of the grant is really

planning and implementation focused, but as the grant moves into years 4 and 5, there's an increasing focus on this replication and sustainability, and that looks different in every place. For example, home visiting approaches that were really innovative in one community were built into some local funding; now they're training other counties on replicating this program.

Fain: In general, sustainability efforts have been across the board in terms of where folks have looked for funding, everywhere from foundations to local county dollars, other state dollars, leveraging Federal home visiting dollars. Think about early learning grants and Race to the Top; options run the gamut.

**Q11. What evidence-based curriculums do you recommend for early childhood (grades K-3)?**

Fain: It depends on what the goal is. There are a number of programs that apply to those K-12 settings and I am thinking off the top of my head something called Second Step (http://www.cfchildren.org/second-step.aspx). One of the goals of LAUNCH is to try to bridge that divide between early childhood and K-12; we often have systems set up that apply to birth-to-five versus K-12, and so a lot of the parent training programs that I mentioned apply to kids up to age 12. Some LAUNCH grantees use The Incredible Years series (http://incredibleyears.com/) as well in elementary schools. There are a number of programs that can be used. Again, I think it relates to what your goals are. [GR1]

**Q12. How can my community reap the benefits of Project Launch successes without being within a grantees pilot community?**

Oppenheim: If there is a LAUNCH program in your state, that means that most likely, with a few exceptions, there is a team at the state level that is interested in the work and that you could connect with as well as the pilot community that should be thinking about and could be thinking with you about how you might benefit from replicating some of that work. If your state doesn't have a LAUNCH grant, are there folks at the state level who would be interested in partnering with your community to apply for a LAUNCH grant because we really hope that we will continue to fund future cohorts and be able to bring LAUNCH into every state, and then over time really to have these practices be implemented in more and more communities.

**Q13. Foster Parents need training and support. Any thoughts?**

Donato: TEXT HERE.

Oppenheim: TEXT HERE.

Fain: TEXT HERE.

**Q14. Where does screening occur and what tools are used? What are the targeted ages?**

Oppenheim: The goal is to be screening parents where they are, and Project LAUNCH promotes the use of screenings for all kids they serve. That involves working with primary care providers to

ensure they are using screening tools, rather than homemade "your kid is fine and they will grow out of that" which is happening in primary care settings. You are also seeing it in preschool settings with the use of mental health consultants.

Sometimes, recommended tools are augmented or there may screening tools in use that have not been validated or standardized. In some instances, tools are augmented to ensure that social/emotional development is part of the protocol; this is often the case in primary care.

The most common social/emotional early screening tool is the Devereux Early Childhood Assessment (DECA). You can get more information about the most often used screening tools on our website: http://projectlaunch.promoteprevent.org/[GR2]. Given our discussion about the impact familial and parenting function on child development, I want to mention that there are screening tools used during visits and particularly in primary care for parents.[GR3]

Fain: Washington, a Project LAUNCH grantee, does a summer healthcare initiative at which screenings happen. One of Washington's main focuses has been the development of a statewide universal screening system through their public health offices; currently, they have a list of tools that can be use (but they don't mandate the use of any particular tool). Arizona does some screening clinics through their WIC offices. This is to say that it happens in lots of different ways. The challenge has been how to then use that information, get it to the right place, and coordinate care.