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PROJECT
LAUNCH

Pennsylvania Project LAUNCH

Strategic Plan

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Over the course of the PA Project LAUNCH grant, the strategic activities have been updated every six months in collaboration with SAMHSA. Below is a brief description of significant changes that were made to the Strategic Plan as the grant approaches its final year of funding. The PA Project LAUNCH Strategic Plan revision process began at the start of year three at the November 2016 State YCWC meeting. The Council's members created three Work Groups: Communication and Collaboration, Prevention and Intervention, and Workforce Development. The three groups discussed current needs and began the revision of the state-level objectives and activities. The full Council then reviewed the suggested revisions and reached consensus on the initial modifications to the original Strategic Plan. This work was continued at the State level at the March 2017 State YCWC meeting and through a Qualtrics survey of all members, each targeting the activities of their selected Work Group area. Results of those discussions and surveys were used to create the state tables for the Strategic Plan.

A parallel process took place with the Local YCWC. Local key members representing each of the five workgroups (Screening and Assessment, Early Childhood Mental Health, Home Visiting, Strengthening Families and Parent Skill Building, and Integration of Behavioral and Physical Health) submitted suggested revisions to the local objectives and activities. The Local YCWC Coordinator reviewed and modified these suggested revisions. In January 2017, the Work Groups met to provide the whole Local YCWC three pieces of information to move the Strategic Plan forward. This included a clear and succinct statement for what that workgroup had been working on, a list of anticipated activities to accomplish in six months, and questions for the Local YCWC to use in framing their ideas for progress in this goal area.

The Local YCWC met in February 2017, broke into the five core areas of PA Project LAUNCH, answered the questions of the corresponding Work Group, and discussed other relevant topics for the Plan including policy impact, workforce implications, lists of collaborators (at the local and state levels), minimizing behavioral health disparities, and sustainability strategies.

In March 2017, a template with the above discussion points of the Local YCWC was provided to each Work Group so that the group members could edit their previous work selecting activities that are priorities for the next six months and those that will be targeted for year four of PA Project LAUNCH. Once this work was completed a draft revised Strategic Plan was submitted to the PA Project LAUNCH Expert, Coordinator, and Partner for editing. It should be noted that the template used for these revisions was modified from the original template provided by SAMHSA. This was done by the workgroups with approval from PA Project LAUNCH staff to make the documents more functional for use by the members of the Work Groups and Councils at both the State and Local levels. The modified template simplified the format and text that listed work to be done by each Work Group by including the goals, objectives, and activities for the next half of the five- year project by core area.

As PA Project LAUNCH approached grant year four, we have been looking for opportunities to sustain the lens of "linking actions for unmet children's health" within existing council or committee structures, as September 2019 draws near. There has been increased focus on integration and consolidation of

efforts from governmental leadership, therefore, Project LAUNCH staff have been exploring ways to consolidate the work of the State YCWC into an existing and sustainable body. As a result of that effort, the remaining work of the YCWC will shift to the established Early Learning Council (ELC) whose purpose is “to plan for the expansion of effective early learning and development services for young children and make recommendations to ensure the plans are implemented successfully.” Many of their tasks align directly with the Project LAUNCH core strategies (see [Executive Order](#)). Additionally, both the ELC and the State YCWC share council members and system representatives which further supports the merge of the work of Project LAUNCH within the ELC. A streamlined version of state level priorities has been provided and will be presented to the ELC during their February 2018 meeting to determine how to embed these priorities into the existing committee work of the council.

The following tables outline the revisions to the Strategic Plan. The Local strategic plan is comprehensive and includes progress updates and activities for the next 1.5 years. The State strategic plan is global in nature, as it will be presented to the Early Learning Council (ELC) in February 2018 as they will be the new YCWC governing body for sustainability of the work post grant award. At this time, the ELC will provide feedback and potential revisions will occur given their collective spheres of influence. (Key: **Completed** **In Progress** **New**)

Local Strategic Plan Activities

Table 1: Local YCWC Screening and Assessment

<p>Goal: Ensure young children at risk for poor developmental outcomes (especially social emotional) are screened and provided appropriate resources, including referrals.</p>	
<p>Rationale: Inconsistent and uncoordinated developmental screenings in all early childhood settings especially for the most vulnerable populations.</p>	
<p>Objective 1: Increase usage of the most appropriate instruments for screenings and assessments in early childhood settings for children ages birth to 5 years with a focus on vulnerable populations. Objective 2: Increase providers' skills around implementing high-quality screening and assessment processes, including referral and follow-up.</p>	
General Strategy	Activities/Tasks
<p>Provide child screenings and assessments in community based settings to increase access for underserved populations while increasing workforce skills and abilities.</p>	<p>Next 6 months:</p> <ol style="list-style-type: none"> a. Conduct a debrief session with Bhutanese community members post-screening event and plan for a follow up event with this group b. Develop a "replication manual" to assist others to implement a community screening event based on experiences and lessons learned from the Bhutanese events. c. Plan and prepare to replicate the community screening event with a different immigrant and refugee population in Allegheny County d. Increase awareness of the importance of developmental & social emotional screening for unserved populations. <p>Following 1.5 years:</p> <ol style="list-style-type: none"> a. Collaborate with CYF to increase the number of children who have completed ASQ screen; increase referrals to EI and/or referrals to EBPs dependent on screening results b. Explore creation of a booster webinar focused on best practices related to the ASQ and ASQ-SE. c. Create best practice booklet with highlights on working with an interpreter to accompany ASQ/ASQ-SE video and disseminate. d. Create and lead parent leadership trainings that prepare parents to become early childhood champions in their communities.
<p>Policy Implications: By integrating the family support data into the County's system there will be more integration and coordination of who has completed screenings.</p>	
<p>Workforce Implications: Booster training of ASQ video with best practice booklet, the latter of which LAUNCH will create, will be available to all providers. Training for interpreters to assist in screenings supports all providers.</p>	
<p>Coordination and Collaboration with the State, Territory, or Tribal Governance: Collaborate with State YCWE on Booster training strategy. Keep the state YCWC informed of this work on an ongoing basis.</p>	
<p>Coordination and Collaboration with Other Stakeholders: Immigrant and Refugee leaders and stakeholders are key collaborators.</p>	
<p>Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): Ensure increased developmental screening for diverse populations to increase identification of needs and disparities.</p>	
<p>Sustainability Strategies: Replication manual, Booster training strategy and parent leadership model will last beyond LAUNCH.</p>	

Table 2: Local YCWC PH-BH Integration

<p>Goal: Enhance integration of physical health and behavioral health practices to improve access to care for children birth to 8 years, their families, and pregnant women.</p>	
<p>Rationale: Lack of consistent integrated BH/PH models.</p>	
<p>Objective 1: Increase number of social-emotional health screens with validated instruments as part of healthy development check-ups in primary care offices caring for children.</p> <p>Objective 2: Increase the number of physical health and behavioral health providers trained in topics related to integration, including but not limited to, infant and child behavioral health, behavioral health tools and resources, and practice integration models (e.g., pediatricians, pediatric staff, and behavioral health staff).</p> <p>Objective 3: Increase the number of primary care and pediatric practices that integrate behavioral health resources to meet the needs of young children and their families.</p>	
General Strategy	Activities/Tasks
<p>Promote effective implementation of social emotional health strategies in pediatric settings</p>	<p>Next 6 months:</p> <ul style="list-style-type: none"> a. Complete Pediatric Provider Integration Assessment (PPIA) interviews with FQHCs and select Family Medicine practices and determine action to address needs b. Assess needs of medical trainees and provide appropriate information about BH/PH Integration at existing events and lectures c. Build a strong partnership with the Children’s TiPS program to ensure their resources are widely accessed by pediatric providers and enhance connections between BH and PH providers d. Investigate opportunities to support linkages between physical health (e.g. obstetric care) and behavioral health for pregnant and peripartum women. <p>Following 1.5 years</p> <ul style="list-style-type: none"> a. Continue to provide targeted resources to support and enhance the integration of behavioral health resources into primary care settings b. Leverage partnerships to co-host an event(s) designed to familiarize primary care providers about the services available through community-based behavioral care organizations/professionals and encourage improved communication between disciplines c. Inform and influence public and private insurance payers about policies and practices that support behavioral health integration in primary pediatric care. d. Explore solutions to close the behavioral health referral loop for children and families in primary care. e. Issue RFP for Child Health and Development Interactive System
<p>Policy Implications: Potential to increase social emotional screens in local practices. If we can influence Medicaid to mandate the use of a validated social-emotional screen in EPSDT visits, this will help all counties advance integration.</p>	
<p>Workforce Implications: Conference done in Year 2 and ongoing ad hoc presentations.</p>	
<p>Coordination and Collaboration with the State, Territory, or Tribal Governance: Keep the state YCWC informed of this work on an ongoing basis.</p>	
<p>Coordination and Collaboration with Other Stakeholders: We will work to engage Private Insurers, also potentially United Way, Persad, and DHS CYF Keep the state YCWC informed of this work on an ongoing basis</p>	
<p>Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): We are reaching all populations broadly via current provider outreach.</p>	
<p>Sustainability Strategies: New collaborative relationships developed as a result of LAUNCH. Practices will have spent five years reflecting on their state of integration and should be well-positioned to continue to build upon areas of weakness.</p>	

Table 3: Local YCWC Early Childhood Mental Health

<p>Goal: Strengthen existing ECMH consultation and extend expertise among professionals working with children from birth-8 years of age.</p>	
<p>Rationale: Limited general knowledge about infant and early childhood mental health; Absence of uniformity and best practices standards across 0-5y ECMH consultation; Absence of ECMH consultation models for older children and in multiple settings; Limited coordination with treatment providers.</p>	
<p>Objective 1: Increase use of I/ECMH practices in early childhood settings. Objective 2: Increase use of strategies to support ECMH in new settings and for additional age groups. Objective 3: Increase stakeholder (e.g., teacher, home visitor, parents, etc.) knowledge of the importance of social-emotional wellness and the availability of supports.</p>	
General Strategy	Activities/Tasks
<p>Prepare the workforce to provide social emotional wellness supports in multiple settings.</p>	<p>Next 6 months:</p> <ul style="list-style-type: none"> a. Hire the I/ECMH Learning Collaborative Project Manager. The Project Manager will utilize PAI I/ECMH endorsement and begin preliminary steps toward implementation of IMH competencies. b. Identify or create training materials and resources for K-3rd grade teachers in three pilot school districts to create plan for differentiated supervision action projects (DSAP) next fall. c. Pilot parent engagement efforts in Woodland Hills in partnership with Allegheny Family Network. <p>Following 1.5 years:</p> <ul style="list-style-type: none"> a. Plan and offer trainings to early childhood professionals without a mental health background on I/ECMH competencies. b. Plan and offer trainings to early childhood professionals with a mental health background on I/ECMH competencies. c. Implement differentiated supervision action projects (DSAP) in three pilot school districts. d. Expand school/parent engagement efforts in partnership with Allegheny Family Network to other school districts. e. Offer training to School Assistance Programs (SAP) liaisons on ECMH. f. Provide and build capacity for reflective consultation g. Engage higher education programs that provide pre-service education to professionals in our target service areas with the goal of embedding more content re: IECMH into their pre-service programs.
<p>Policy Implications: Key County stakeholders integrate I/ECMH competencies into their ongoing workforce development.</p>	
<p>Workforce Implications: DSAP modules will be available for on-going use and schools will have in-house expertise on ECMH. I/ECMH competency framework will be available for on-going use for early childhood professionals.</p>	
<p>Coordination and Collaboration With the State, Territory, or Tribal Governance: Collaborate with PA-AIMH on implementation of I/ECMH competency training and endorsement. Keep the state YCWC informed of this work on an ongoing basis</p>	
<p>Coordination and Collaboration With Other Stakeholders: Schools, PAEYC, SW Regional Key, Child Welfare, HV programs, Early Intervention, ECE providers.</p>	
<p>Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): Address implicit bias through both I/ECMH competency training and DSAP training.</p>	
<p>Sustainability Strategies: Training will be sustained and shared.</p>	

Table 4: Local YCWC Enhanced Home Visitation

<p>Goal: Promote integrated, evidence-based, high quality home visiting services that ensure access to those who need it.</p>	
<p>Rationale: Current HV services are underutilized, therefore a need for more sustained engagement in home visiting by families and to address the high turnover of home visiting staff has been identified.</p>	
<p>Objective 1: Increase support available to home visitors working with families. Objective 2: Explore and develop opportunities to leverage economies of scale by working as a system, particularly with regard to best practices and trainings. Objective 3: Increase parent and community awareness of the importance of social-emotional wellness and the availability of home visiting supports.</p>	
General Strategy	Activities/Tasks
<p>Across all home visiting programs, collaborate to strengthen workforce development, integration with other resources, and strategies to engage families in home visiting.</p>	<p>Next 6 months:</p> <ul style="list-style-type: none"> a. Implement training for home visitors on the impact of substance abuse on parent child attachment. b. Implement cultural competence training for home visitors c. Explore and develop stronger relationships with drug and alcohol providers (with an emphasis on creating the infrastructure we need to address the opioid epidemic in our county) d. Continue to strengthen coordinated referral system and coordinated outreach. <p>Following 1.5 years</p> <ul style="list-style-type: none"> a. Explore and develop stronger relationships with mental health providers (parental AND early childhood.) b. Explore and develop stronger relationships with those helping victims of intimate partner violence. c. Create action plan from aforementioned meetings as appropriate d. Training for early childhood professionals on how to support caregivers with opioid dependency being developed e. County-wide home visitor trainings will reflect county needs and be open to all home visitors (as they have in the past, but with increased focus). f. The opportunity to invite other professionals who serve families with young children to these trainings will be pursued when appropriate.
<p>Policy Implications: Pilot with Magee’s Pregnancy Recovery Center should potentially be considered as best practice and encouraged as such in future Center of Excellence funding opportunities.</p>	
<p>Workforce Implications: Emotional impacts of substance abuse conference in 2017; Cultural competence training in 2017; Support for Caregivers with Opioid Dependence in 2018.</p>	
<p>Coordination and Collaboration With the State, Territory, or Tribal Governance: Keep the state YCWC informed of this work on an ongoing basis; PA Partnerships for Children; Center for Schools in Communities; State HV Stakeholders group</p>	
<p>Coordination and Collaboration With Other Stakeholders: Multi-system providers</p>	
<p>Addressing Disparities (include activities related to outreach, service, and related outcomes): Cultural competency training included how different cultures receive and perceive care.</p>	
<p>Sustainability Strategies: Allegheny County’s home visiting programs continue to move toward a path of coordination and integration.</p>	

Table 5: Local YCWC Family Strengthening and Parent Skill Building

Goal: Ensure families with young children are connected to needed information and services.	
Rationale: Lack of coordinated information, resources, and parent/community leadership in social emotional wellness and physical health care.	
Objective 1: Increase parents’ access to information and resources to support healthy child development and social-emotional wellness.	
Objective 2: Increase parent involvement in social networks that promote their leadership skills.	
Objective 3: Raise community awareness of birth-8y social-emotional wellness.	
General Strategy	Activities/Tasks
Promote information, supports and social networks for parents and community members through multiple partners and settings	<p>Next 6 months:</p> <ul style="list-style-type: none"> a. Issue an RFP to establish Parent Cafes b. Pilot a new, condensed Family Strengthening training at one pediatric practice and to a group of community providers. c. Integrate early childhood information into Mental Health First Aid trainings d. Pilot two cohorts of advanced level parent leadership training e. Explore sustained funding for medical office based family strengthening models such as Smart Beginnings and/or the VIP model <p>Following 1.5 years:</p> <ul style="list-style-type: none"> a. Depending on outcome of piloted Family Strengthening trainings, continue with broader dissemination of trainings inclusive of OB/GYN practices, etc. b. Implementation of Parent Cafes by up to four organizations c. Identify opportunities to share early childhood information curated and created for Mental Health First Aid trainings. d. Explore use of parent leadership trainings inclusive of guidance on financial literacy as follow up to Parent Cafes.
Policy Implications: Streamline and promote aligned parent information across systems; Funding needed for translating materials and other resources; MHFA revision to include early childhood should be implemented across the state; explore MCOs sustaining doctor office based family strengthening models	
Workforce Implications: Train broadly on Protective Factors and integrate into existing trainings across systems	
Coordination and Collaboration With the State, Territory, or Tribal Governance: work with OCDEL and OMHSAS to integrate Protective Factors and IECMH principles into workforce training and expectations for their providers. Keep the state YCWC informed of this work on an ongoing basis	
Coordination and Collaboration With Other Stakeholders: integrate school personnel (WHSD); Highmark Caring Place; Children’s museum and Science Center; Faith based community; Kidsburgh; AFN; Military groups	
Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): Selection of organizations to provide Parent Cafes guided by this goal.	
Sustainability Strategies: Parent Cafes; Protective Factors embedded in myriad trainings; All Mental Health First Aid trainings in Allegheny County will make reference to infant and early childhood mental health.	

State Strategic Plan Activities to be presented to the Early Learning Council

Table 1: State YCWC Screening and Assessment

<p>Goal: Ensure young children at risk for poor developmental outcomes (especially social emotional) are screened and provided appropriate resources, including referrals.</p>	
<p>Rationale: Inconsistent and uncoordinated developmental screenings in all early childhood settings especially for the most vulnerable populations.</p>	
<p>Objective 1: Increase usage of the most appropriate instruments for screenings and assessments in early childhood settings for children ages birth to 5 years with a focus on vulnerable populations. Objective 2: Increase providers’ skills around implementing high-quality screening and assessment processes, including referral and follow-up.</p>	
<p>General Strategy</p>	<p>Carried Over Activities/Tasks</p>
<p>Engage in strategies that increase universal screening for all children 0-8 across multiple settings</p>	<ul style="list-style-type: none"> • Promote key communication concepts highlighting the importance of social-emotional development and the role of attachment (e.g., milestones, connections to long-term outcomes & school readiness, etc.) • Promote key communication concepts highlighting strengths-based and culturally competent screening/assessment – and their importance – for parents, nontraditional partners, and community partners • Review ECMH Advisory Recommendations (2009) related to prevention and intervention (Focus Area 1, appendix D of that report) related to screening and assessment for current relevance. • Ensure that cross-systems practitioners are aware of applicable tools to utilize in their practice. • Support collaborative work between the local LAUNCH Screening/Assessment workgroup and the PA Keys to Quality to create a ASQ-3/ASQ:SE-2 refresher module that will meet local communities needs and the new Keystone STARS Program Standards- this will ensure a consistent training strategies is used across state. • Support collaborative work between LAUNCH, PA Keys, and OCYF related to their training efforts in the implementation of the ASQ-3/ASQ:SE-2 across the Commonwealth • Provide technical assistance to OMHSAS SOC Expansion Counties, as identified, in the exploration of screening/assessment strategies into their SOC implementation efforts to promote replication prior to the end of this grant.

Table 2: State YCWC PH-BH Integration

<p>Goal: Enhance integration of physical health and behavioral health practices to improve access to care for children birth to 8 years, their families, and pregnant women.</p>	
<p>Rationale: Lack of consistent integrated BH/PH models.</p>	
<p>Objective 1: Increase number of social-emotional health screens with validated instruments as part of healthy development check-ups in primary care offices caring for children. Objective 2: Increase the number of physical health and behavioral health providers trained in topics related to integration, including but not limited to, infant and child behavioral health, behavioral health tools and resources, and practice integration models (e.g., pediatricians, pediatric staff, and behavioral health staff). Objective 3: Increase the number of primary care and pediatric practices that integrate behavioral health resources to meet the needs of young children and their families.</p>	
<p>General Strategy</p>	<p>Carried Over Activities/Tasks</p>
<p>Promote effective implementation of social emotional health strategies in health and behavioral health settings</p>	<ul style="list-style-type: none"> • Share guidance resources known to assist pediatric or physical health settings in the integration of SE information, resources, and connections to community supports available to families. • Identify billing systems and funding resources to support behavioral health integration, utilizing known examples from across the Commonwealth and/or National examples. • Support Integration Initiatives and activities happening across the Commonwealth by sharing examples and outcomes of PA Project LAUNCH’s integration efforts. • Identify additional regional partners who will collaborate on the replication of the PPICC event held in the pilot communities, including other OMHSAS grant initiatives. • Identify upcoming cross-sector conferences that have open RFP’s and submit one on PH/BH integration topic relevant to the audience (should include those topics identified within the PPICC evaluation survey). • Provide technical assistance to OMHSAS SOC Expansion Counties, as identified, in the exploration of integration strategies into their SOC implementation efforts to promote replication prior to the end of this grant.

Table 3: State YCWC Early Childhood Mental Health

Goal: Strengthen existing ECMH consultation and extend expertise among professionals working with children from birth-8 years of age.	
Rationale: Limited general knowledge about infant and early childhood mental health; Absence of uniformity and best practices standards across 0-5y ECMH consultation; Absence of ECMH consultation models for older children and in multiple settings; Limited coordination with treatment providers.	
Objective 1: Increase use of I/ECMH practices in early childhood settings. Objective 2: Increase use of strategies to support ECMH in new settings and for additional age groups. Objective 3: Increase stakeholder (e.g., teacher, home visitor, parents, etc.) knowledge of the importance of social-emotional wellness and the availability of supports.	
General Strategy	Activities/Tasks
Engagement in various efforts to build and/or increase the IECMH informed workforce	<ul style="list-style-type: none"> • Merge existing “Focus on ECMH” articles into one complete document, update research as needed, and distribute. • Support the implementation of PA-AIMH ENDORSEMENT FOR CULTURALLY SENSITIVE, RELATIONSHIP-FOCUSED PRACTICE PROMOTING INFANT AND EARLY CHILDHOOD MENTAL HEALTH® <ul style="list-style-type: none"> ○ Prepare information packets/presentation materials to let people know about the Competencies and the Endorsement®. Lead with the Competencies as standards to promote infant/early childhood mental health principles and practice. ○ Collaborate with OCDEL/PA Keys to include IMH Competencies in the Professional Development Registry (early education system) through alignment/cross-walk with Core Knowledge Competencies or a different identified method. ○ Engage professionals from a variety of orientations, including professionals from early care and elementary education, behavioral and medical health care, and child welfare. Identify “champions” in each system/sector who will act as ambassadors within their sphere of influence ○ Engage and dialogue with higher education institutions about the competency guidelines and how they can be a part of ensuring that students are endorsement eligible or near eligible at the time of matriculation. ○ Engage and dialogue with organizations/initiatives that host conferences to ensure that workshops or keynotes focused on infants, toddlers, and very young children are aligned with the IECMH Competencies ○ Explore availability of Reflective Supervision/Consultation and begin to build capacity for such in collaboration with systems parents such as OCDEL, OMHSAS, OCYF, etc. • Provide technical assistance to OMHSAS SOC Expansion Counties, as identified, in the exploration of IECMH strategies into their SOC implementation efforts to promote replication prior to the end of this grant. • Inform the CoE on IECMHC TA work occurring at the state level with OCDEL and OMHSAS

Table 4: State YCWC Enhanced Home Visitation

<p>Goal: Promote integrated, evidence-based, high quality home visiting services that ensure access to those who need it.</p>	
<p>Rationale: Current HV services are underutilized, therefore a need for more sustained engagement in home visiting by families and to address the high turnover of home visiting staff has been identified.</p>	
<p>Objective 1: Increase support available to home visitors working with families. Objective 2: Explore and develop opportunities to leverage economies of scale by working as a system, particularly with regard to best practices and trainings. Objective 3: Increase parent and community awareness of the importance of social-emotional wellness and the availability of home visiting supports.</p>	
<p>General Strategy</p>	<p>Carried Over Activities/Tasks</p>
<p>Across all home visiting programs, collaborate to strengthen workforce development, integration with other resources, and strategies to engage families in home visiting.</p>	<ul style="list-style-type: none"> • Share Project LAUNCH activities related to building the capacity of HV staff to better meet the needs of the families they are supporting at the Home Visitation Stakeholders Committee meetings • Inform OCDEL’s MIECHV and Family Support Program Strategic Planning • Connect local LAUNCH HV representatives with SOC Expansion Grantee Counties who want to focus on this core component • Provide technical assistance to OMHSAS SOC Expansion Counties, as identified, in the exploration of enhanced home visiting strategies into their SOC implementation efforts to promote replication prior to the end of this grant.

Table 5: State YCWC Family Strengthening and Parent Skill Building

<p>Goal: Ensure families with young children are connected to needed information and services.</p>	
<p>Rationale: Lack of coordinated information, resources, and parent/community leadership in social emotional wellness and physical health care.</p>	
<p>Objective 1: Increase parents’ access to information and resources to support healthy child development and social-emotional wellness.</p>	
<p>Objective 2: Increase parent involvement in social networks that promote their leadership skills.</p>	
<p>Objective 3: Raise community awareness of birth-8y social-emotional wellness.</p>	
<p>General Strategy</p>	<p>Activities/Tasks</p>
<p>Promote information, supports and social networks for parents and community members through multiple partners and settings</p>	<ul style="list-style-type: none"> • Work with informal community partners where families frequent on ways that they can provide public awareness and use of the GPS • Communicate current family focused training/resources supported and available statewide through identified listservs, family advocacy groups, and Project LAUNCH newsletter/communications. Local workgroups to consider scholarships for pilot community parents to participate. • Communicate current family engagement/leadership opportunities within Project LAUNCH newsletter/communications and through partnerships. Local workgroups to consider scholarships for pilot community parents to participate. • Promotion of the Be Strong Families parent café’s available through the pilot communities and communities that have a RTT-ELC Community Innovation Zone • Share the local developed Early Childhood Resource Pack with MHFA trainers • Provide technical assistance to OMHSAS SOC Expansion Counties, as identified, in the exploration of family strengthening/parent skill building strategies into their SOC implementation efforts to promote replication prior to the end of this grant.