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**PROJECT
LAUNCH**

Pennsylvania Project LAUNCH

Environmental Scan

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EXECUTIVE SUMMARY

The project. In October, 2014, the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) was awarded a Project LAUNCH — Linking Actions for Unmet Needs in Children’s Health — grant by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). OMHSAS selected Allegheny County to be the local project site because it is the second most populous county in the Commonwealth of Pennsylvania and has sufficient human services infrastructure to manage this opportunity in a way that can make a discernable improvement in the availability and quality of services and outcomes for young children and their families. The Allegheny County Department of Human Services was chosen as the primary local administrator for Pennsylvania’s LAUNCH Project, and LAUNCH activities will be directed initially at the City of Pittsburgh, Baldwin-Whitehall School District, and Woodland Hills School District.

Its purpose. The purpose of LAUNCH is to provide support for the creation of infrastructure to support services for low-income children from conception to eight years of age and their families. The promotion and prevention activities are to be focused on family support and parent education, mental health and social-emotional wellness, early care and education, primary care, and systems development.

The scan. A first step in the LAUNCH process was to conduct an environmental scan to identify current strengths and challenges/barriers to providing such services. LAUNCH contracted with the University of Pittsburgh Office of Child Development to conduct this scan in consultation with the Commonwealth and Allegheny County Department of Human Services, the Allegheny County Health Department, and their consultants.

Scan methods. The scan methodology included reviewing previous scans, reports, and research pertaining to LAUNCH priorities. Then qualitative perspectives and opinion were obtained from relevant professionals, policy makers and parents by conducting meetings, focus groups, and personal and telephone interviews with key informants. In addition, online surveys were sent to relevant informants, which produced usable responses from 463 professionals and parents with experience and expertise pertinent to the major LAUNCH content domains in Pennsylvania and Allegheny County. This produced information on the prevalence of opinion regarding the strengths and challenges/barriers of LAUNCH-related services. Qualitative and quantitative results were integrated in this report and findings were reviewed, discussed, and approved by members of the Local and State Young Child Wellness Councils. These findings are summarized below.

General conclusion. In general, collectively these respondents identified a variety of exemplary services and programs in each LAUNCH domain as major strengths in Pennsylvania and Allegheny County but the primary challenge is to coordinate and expand such model programs to meet the needs of low-income families with young children. Across the LAUNCH domains, several cross-cutting issues emerged:

- **Service Integration.** Some collaboration across agencies and systems occurs at the State level and in Allegheny County. The County possesses the infrastructure for data sharing but more is needed in the County as well as across the State. Families observed that few agencies shared information about them, leading to problems such as multiple and duplicative screenings. Families also indicated that more integrated medical, behavioral, and mental health services were needed, and “navigators” might help families get services across agencies and systems.

- **Minority and special groups.** Although there are some good services for immigrant/refugee, homeless, and military families, there are not enough, too few have sufficient language and cultural competencies, transportation is a major barrier, and disparities exist for all minorities, especially African Americans.

PA LAUNCH Minority and Special Groups

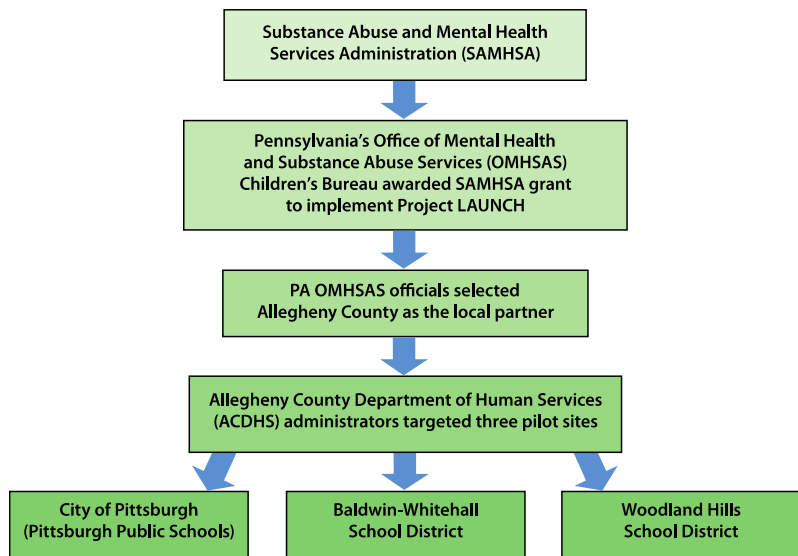


- **Workforce.** Several excellent professional training and service programs are available for medical care, infant/toddler mental health, substance abuse, trauma, child abuse, depression, early intervention, early care and education, and transition to school; but they need to be expanded to meet the demand and to include relevant mental health topics. Overall, respondents perceived there to be an insufficient number of trained personnel, staff caseloads are often too large, staff turnover is a problem, and most staff are not trained in more than one domain or system.
- **Public awareness.** There is little public awareness, especially with respect to the existence of early childhood mental health problems and their long-term consequences and cost to society. In general, the public and many professionals are unaware of the potential benefits of integrated behavioral and mental health services with primary medical care, as well as the unique needs of immigrant/refugee, homeless, military, and African-American families.

INTRODUCTION

The Commonwealth of Pennsylvania has been given an opportunity to create something which heretofore has not existed: an integrated and comprehensive plan to promote the wellness of young children, from conception to age eight. This opportunity is through a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to implement Project LAUNCH: *Linking Actions for Unmet Needs in Children's Health*. This five-year collaborative agreement enhances the partnerships between the Office of Mental Health and Substance Abuse Services (OMHSAS) Children's Bureau, the Department of Health (DOH), the Office of Child Development and Early Learning (OCDEL), and our local partner, Allegheny County Department of Human Services. Project LAUNCH will enable Pennsylvania to create and implement a plan to address physical, cognitive, social, emotional, and behavioral aspects of children's development in a holistic and coordinated manner. The PA Project LAUNCH partnership will help parents to raise healthy, happy children who thrive and enter school ready to succeed.

PA Project LAUNCH Partnership



This LAUNCH partnership will bring together proven approaches for supporting health and mental health development in an integrated strategy that will be tested in Allegheny County as a model for other Pennsylvania communities. Families, pediatricians, child care providers, treatment professionals and educators will work together across the three demonstration sites in Allegheny County with the goal of countywide implementation in the last two years of the grant. The experience in Allegheny County will be shared with other counties in the state to encourage statewide expansion.

Project LAUNCH includes five core areas: Family Strengthening and Parent Skill Building, Enhanced Home Visitation, Early Childhood Mental Health Consultation, Screening and Assessment, and Integration of Physical and Behavioral Health which will be the primary focus of both the State and Local Young Child Wellness Council. As a public health initiative, it is aimed at improving infrastructures that encourage prevention and promotion activities and reducing health disparities among subpopulations.

Furthermore, Project LAUNCH matches philosophically a previous set of recommendations presented to the Department of Human Services (DHS) by the Early Childhood Mental Health Advisory Committee, a statewide group of stakeholders formed after the 2007 Infant-Toddler Mental Health Symposium organized under DHS leadership efforts. In 2009 the advisory committee provided recommendations to the Secretary of the Department of Human Services with the following introduction:

“The social-emotional needs of young children are best served through an integrated approach to the delivery of all services. The system must partner with families to deliver the supports and care that are needed. This system must be strengths-based and child and family-centered and include all involved child and family service processes and entities” (Early Childhood Mental Health Advisory Committee, 2009).

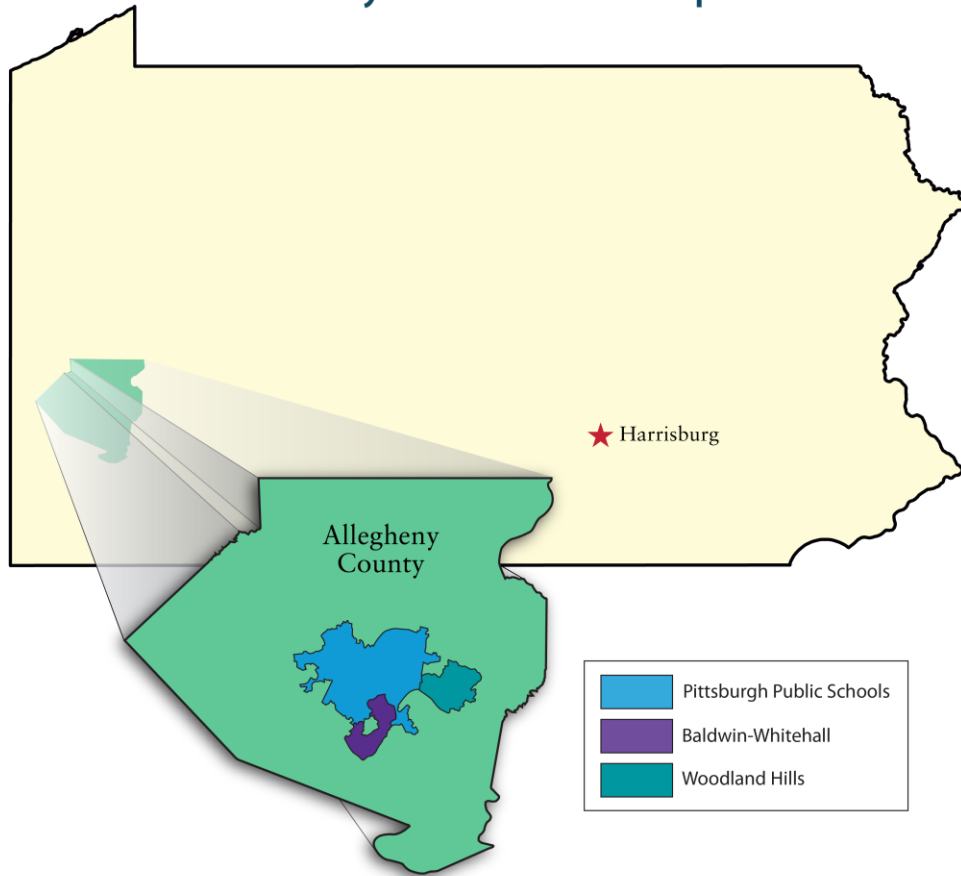
Pennsylvania now has the unique opportunity to build upon the ECMH Advisory Committee’s vision and recommendations to enhance the existing health, behavioral health, and social service systems for young children from conception to eight years of age and their families through this new grant funding.

This report describes the methods used to scan the strengths and challenges of the state and local target environments. The findings in this report are considered central to the goals, objectives, and implementation activities of the five-year PA Project LAUNCH strategic plan. The scan includes an inventory of relevant services available to the target populations and a landscape of systems and other resources that are offered to address the needs of children from conception to age eight and their families. This environmental scan also provides an analysis of state and local gaps in programming, challenges to access and availability, and quality of services, including those at the state policy and funding levels. Although initially “a snapshot in time,” this scan will be updated annually over the course of the project to reflect state and local changes.

Target Communities

Allegheny County was selected as the pilot site because it is the second most populous county in the Commonwealth of Pennsylvania and has sufficient human services infrastructure to manage this opportunity in a way that can make a discernable improvement in the availability and quality of services and outcomes for children and families. Its size also presents a variety of challenges, which will enable the State to transfer what is learned to other areas of Pennsylvania. Project LAUNCH efforts in Allegheny County (AC) will address interconnected challenges facing young children and their families, including physical development, learning, behavioral and mental health problems, poverty, substance abuse, domestic violence, and child abuse and neglect. PA Project LAUNCH will target three communities in years one, two, and three, and then, building upon lessons learned from this initial implementation, efforts will be scaled to impact all of the County and eventually the State. The three target communities are the City of Pittsburgh and two suburban school districts: Baldwin-Whitehall School District and Woodland Hills School District.

Pennsylvania LAUNCH Map



Pittsburgh Public Schools

Research confirms that there are certain factors that increase risk for adverse social-emotional development in young children. The City of Pittsburgh has 23% of Allegheny County's children ages birth to nine years (U.S. Census Bureau, 2010), and children in the City of Pittsburgh are disproportionately at-risk. Specifically, 28% of Pittsburgh's children under age six are currently living below the federal poverty level (see Table A: Indicators of Child Well-Being in Three Pilot Communities), and 69% are economically at risk (U.S. Census Bureau, 2012). In addition, Pittsburgh has a higher proportion of African American residents (26.1% compared to 13.4% for the County) and those who speak a language other than English at home (9.8% compared to 6.8% for the County) [U.S. Census Bureau, 2012]. In 2013, approximately 700 students were enrolled in English as a Second Language (ESL) programs operated by the Pittsburgh Public Schools (Allegheny County Department of Human Services, 2013). For families with children in the Pittsburgh school district, 37% receive food stamps, 34% are enrolled in some kind of medical assistance, 18% live in single-parent families, 12.1% were born to teenage mothers, 12% received late or no prenatal care, 11% were born at low birth weight, and 33.59% were involved in child abuse and neglect. Finally, Pittsburgh also has over 20,000 veterans and their families living in the City plus growing pockets of immigrant and refugee families (United Way of Allegheny County, 2014).

Baldwin-Whitehall and Woodland Hills School Districts

Similar to many regions across the country, Allegheny County shows trends of increasing suburban poverty. Specifically, poverty is increasing in the suburban communities of Baldwin-Whitehall School District and the Woodland Hills School District, which display varying levels of need for children from birth to eight years in all five of the LAUNCH core strategies. In 2011, the Pittsburgh Metro area had an 11.1% suburban poverty rate. Nationwide, from 2000-2011 there was a 64% increase in suburban poverty (www.confrontingsuburbanpoverty.org).

Baldwin-Whitehall has a population of approximately 4,400 children (from birth to 9 years) with 23% of children under six living below poverty (see Table A: Indicators of Child Well-Being in Three Pilot Communities for these data for all pilot sites). The community is 91% White and 7% African American. Baldwin-Whitehall also has a rapidly growing immigrant and refugee population (described further, below). The School District currently serves 240 English Language Learners (ELL) speaking 23 different native languages. While poverty and needs have increased in Baldwin-Whitehall, children from birth to eight years are not accessing services at the same rate as in urban areas (estimate is 7%, compared to 36% for the City of Pittsburgh). In the Woodland Hills School District, 36% of children birth to six years lives below the federal poverty line. As a medium-large school district, Woodland Hills has approximately 4,700 children ages birth to nine years. The population is 28% African American and 72% Caucasian. See Table A: Indicators of Child Well-Being in Three Pilot Communities for additional descriptive data.

Table A. Indicators of Child Well-Being* in Three Pilot Communities

Population of Focus	Pittsburgh Public Schools	Baldwin Whitehall School District	Woodland Hills School District
Percent of children under 6 below poverty level	28%	23%	36%
Percent receiving food stamps	Prior: 37% Current: 25%	Prior: 23% Current: 14%	Prior: 40% Current: 33%
Percent of children enrolled in MC+/ Medicaid and other medical assistance programs	Prior: 34% Current: 25%	Prior: 29% Current: 18%	Prior: 29% Current: 28%
Receiving no or late prenatal care	12%	7%	10%
Low birth weight (%) (2005-2009 avg.)	11%	7%	10%
Child abuse and neglect (per 1,000)	Prior: 359 Current: 52	Prior: 322 Current: 25	Prior: 388 Current: 53
Percent of households with single parent families	18%	12%	22%
Births to teenage mothers (per 1,000)	121	37	88

For child abuse, Medicaid/Other Medical, and food stamps, "Current" indicates involvement over the last academic year. "Prior" indicates involvement from 2002 to present.

*Allegheny County Office of Data Analysis, Research and Evaluation (2015)

Immigrant and Refugee Population

In 2012, 4.77% of Allegheny County Residents were foreign-born, specifically 7.1% of the population within Pittsburgh Public School District's geographic boundaries, 2.6% of the population within the

Woodland Hills School District’s geographic boundaries, and 5.6% within the Baldwin-Whitehall School District’s geographic boundaries (American Community Survey, 2008-2012). The 2011 American Community Survey indicated more than 125 countries of origin for individuals residing in Allegheny County, with all regions of the world represented (Allegheny County Department of Human Services, 2013).

According to Allegheny County Department of Human Services (2013), one of the largest foreign-born groups in Allegheny County is made up of immigrants from Latin American countries. With regard to the number of Allegheny County Latino residents, there were 6,268 foreign born and 12,402 native born residents in Allegheny County, totaling 18,670 Latino residents in 2011 (Allegheny County Department of Human Services, 2013).

With regard to the refugee population in Allegheny County, between 2001 and March 2013 there were 3,101 total refugee placements facilitated by official resettlement agencies for the Pittsburgh area (largely representative of Allegheny County) (Allegheny County Department of Human Services, 2013). The countries representing the largest number of placements were Bhutan (1,361), Burma (447), and Somalia (263), per table below (Allegheny County Department of Human Services, 2013).

Afghanistan	35	Iraq	197
Belarus	6	Latvia	1
Bhutan	1,361	Liberia	75
Bosnia and Herzegovina	86	Nepal	1
Burma	447	Pakistan	4
Burundi	70	Russia	231
Congo	6	Serbia	58
Cuba	10	Somalia	263
Dem. Rep. Congo	9	Sudan	93
Eritrea	14	Ukraine	28
Gambia	6	Uzbekistan	78
Iran	6	Vietnam	16
Total Refugee Placements for the Pittsburgh area 3,101			

(Allegheny County Department of Human Services, 2013)

In addition to these primary refugee placements, individuals can also become residents of the Pittsburgh area as secondary migrants from other locations in the United States (Allegheny County Department of Human Services, 2013). Within this group of secondary migrants, large numbers of Bhutanese individuals have moved into the Pittsburgh area, with estimates of over 3,000 Bhutanese refugees in Allegheny County (which makes it the largest refugee group in the county). When considering both initial placements and secondary migrants, population estimates of the number of refugees in Allegheny County are said to be at least 4,500 individuals (Allegheny County Department of Human Services, 2013).

Baldwin and Whitehall (communities within the Baldwin-Whitehall School District) have been identified as having a large number of Bhutanese refugees. In addition, an apartment complex family center in

Whitehall estimates that there are 500-700 individuals who are foreign-born in the Whitehall community, representing 25 to 30 different countries (Allegheny County Department of Human Services, 2013). Concentrations of Bhutanese, Somali-Bantus, Burmese, and Iraqi refugee groups have been identified within City of Pittsburgh neighborhoods, with Latino groups said to be dispersed throughout Allegheny County (though some higher concentrations have been identified within particular city neighborhoods (Allegheny County Department of Human Services, 2013).

Disparities by Race

Infant mortality rate, an indicator of the overall societal health of a region, is higher for African Americans in Allegheny County – 13.8 per 1,000 live births versus 3.7 for Whites. Low birth weight rates also differ by race – in the City of Pittsburgh, 15% of full-term African American infants are born at a low birth weight (less than 5.5 pounds), versus 6.2% of full-term White infants. Additionally, African American girls ages 15-17 have a birthrate more than six times that of White girls in Allegheny County. Of the sheltered homeless persons living in Allegheny County, 56.6% are African American and 40% are White (University of Pittsburgh School of Social Work Center on Race & Social Problems, 2015).

Disparities by Race – Infant Mortality Rate and Low Birth Weight

Allegheny County	African American	White
Infant Mortality Rate	13.8 per 1,000 live births	3.7 peer 1,000 live births
City of Pittsburgh	African American	White
Low Birth Weight (less than 5.5 pounds)	15% of full-term infants	6.2% of full-term infants

Implications

The data strongly suggests that many young children and their families in the three communities are dealing with the challenges of poverty, racial/ethnic inequality, and likelihood of multiple adverse childhood experiences. As the grant progresses, further exploration of specific immigrant sub-populations present within the Allegheny County will be completed. The literature is clear that promotional activities, screening for social-emotional delays, comprehensive assessment, and quality services will increase the potential for the healthy development of young children. The PA Project LAUNCH Strategic Plan will have to address these issues. In addition, it is recognized that economic status improvement supports early childhood development. While it may be beyond the capability of this grant, the PA Project LAUNCH Comprehensive Plan must identify current resources as well as innovated approaches to improving economic status of families and communities.

Stakeholder Participation

Upon news of Pennsylvania’s Project LAUNCH award, stakeholder buy-in and participation began immediately. PA Project LAUNCH was discussed at a variety of established multi-agency and departmental committee meetings by asking permission to be incorporated into the agenda. Over 600 stakeholders provided input through a variety of methods including meetings with break-out groups, focus groups, telephone and in-person interviews, and an online survey. These stakeholders included

parents and other family members as well as national, state, and local policy makers and practitioners from multiple disciplines and systems, including health and medicine, education, welfare, finance, media, academia, and more. The Environmental Scan aimed to promote a sense of ownership of LAUNCH implementation and future outcomes. The variety of methods took into consideration personal preferences and provided participants at all levels opportunities to network at meetings, be interviewed at their convenience, or respond electronically and anonymously.

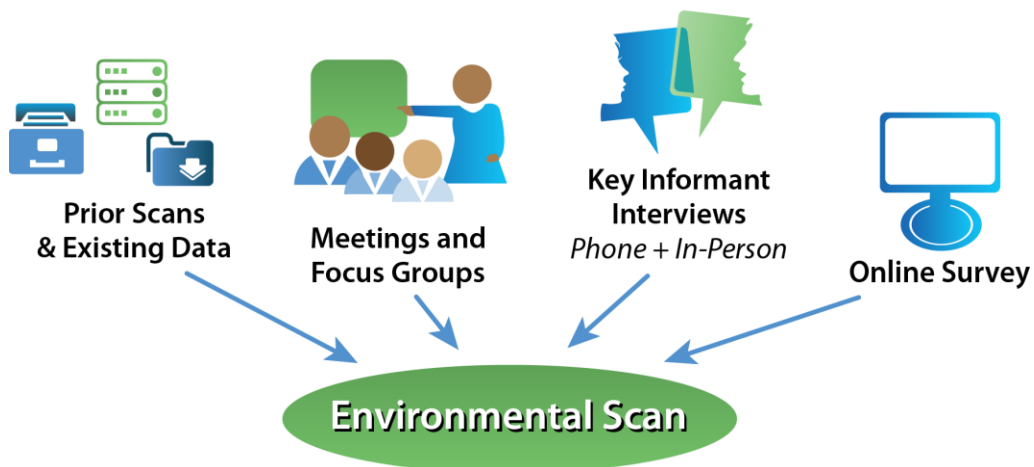
A two-prong approach was used to identify and engage potential State and Local Young Child Wellness Council (YCWC) members. At the state level, potential council members were identified through their leadership in current or past early childhood initiatives at the state level. Additionally, the Young Child Wellness Council fact sheet was reviewed to ensure that there was adequate representation of both required and recommended partners in place, including the state leaders of the various federal grants being implemented across the commonwealth. Special attention was given to the recruitment of family members, with young children or with young grandchildren, who were active with other statewide advisory committees, current or past. Additionally, established initiatives that focus on families were reviewed to identify potential family representation for the State Council. Invitations to participate on the State YCWC were sent by the Office of Mental Health and Substance Abuse Services.

A similar approach was used at the local level, however due to the level of interest from stakeholders, an application process was used. Persons interested in participating on the Local YCWC were asked to complete an application so that their areas of interest could be determined and to ensure ethnic, racial, and professional diversity. After reviewing the applications and selecting those who met the needs for the Council, the local team looked for gaps in membership for both required and recommended partners, and reached out to people who could fill those roles.

METHODOLOGY

Numerous strategic methods were used in this environmental scan in an effort to be comprehensive and wide-reaching. They were selected and designed specifically to determine the number, location, and to some extent, quality of programs, supports and other resources that serve children from conception to age eight, their families, and pregnant women. This set of methods identified gaps in programming, as well as funding and policies that enhance or challenge effective services and positive outcomes for children. Also, agreed-upon reforms and the extent of their implementation were determined using recent task force and committee reports. In addition and more broadly, a primary intent of these targeted methods was to engage and increase awareness of stakeholders, including policy makers, funders, providers, professionals, users and potential users of services, and the general public, about the need for the coordination of quality services.

Scan Methods



Prior Scans, Existing Data, and Literature

The first step in the scanning process and analysis was to inventory and review existing scans relevant to the five core strategies of LAUNCH. This step was far-reaching and engaged many state and local stakeholders who sent all known websites and reports to the scan team. Examples included the *Allegheny County United Way Children and Families Impact Report* which reviewed children's needs (from birth to 21 years) in Allegheny County (United Way of Allegheny County, 2012); the *Recommendations of the Pennsylvania Early Childhood Mental Health Advisory Committee* (Early Childhood Mental Health Advisory Committee, 2009); Allegheny County's review of currently used *Evidence-Based Programs* (Allegheny County Department of Human Services, 2013), the Office of Child Development and Early Learning's *Reach and Risk Study* (Pennsylvania Office of Child Development and Early Learning, Revised August, 2014a), *Pennsylvania's Maternal Infant and Early Childhood Home Visiting Needs Assessment* (Pennsylvania Office of Child Development and Early Learning, Revised December, 2014b), *Public Health Commission's Preventing Violence and Promoting Community Mental Health report* (Public Health Commission on Preventing Violence and Promoting Community Mental Health, 2014), and more than 30 others.

Existing datasets were also reviewed for the purpose of this environmental scan. Allegheny County Department of Human Services has invested in quality data management, evaluation, and analytic capability through its Office of Data Analysis, Research and Evaluation. This office collects and shares accrued data regarding poverty and risk status, prevention, mental health and drug and alcohol services, school attendance and enrollment records, participation in some early childhood programs (e.g., Head Start, family support centers), juvenile justice involvement, assisted housing, public benefits, and child welfare. In addition, this Office has contracted with the University of Pittsburgh's University Center on Social and Urban Research (UCSUR) to compile data on a variety of risk factors that are relevant to this project.

Furthermore, studies and reports produced by nationally recognized institutions and journals were very helpful in understanding the science behind successful policies and services, including the Society for

Research in Child Development's (SRCD) policy report *Military and Veteran Families and Children: Policies and Programs for Health Maintenance and Positive Development* (Cozza, Lerner, & Haskins, 2014), the Rand Corporation's research newsletter *Improving Cross-System Care for Parental Depression and Early Childhood Developmental Delays* (Rand Corporation, 2013), Princeton-Brookings' *The Future of Children* policy brief: *Early Stress Gets under the Skin: Promising Initiatives to Help Children Facing Chronic Adversity* (Thompson & Haskins, 2014), and the *Journal of Clinical Child and Adolescent Psychology's* article *The Integration of Behavioral Health Interventions in Children's Health Care: Services, Sciences, and Suggestions* (Kolko & Perrin, 2014). Having access to existing reports, datasets, and scans provided direction to the scan team as to where there were gaps in the information and how to target additional scan methods and questions to complete the descriptive landscape of LAUNCH core areas.

Stakeholder Meetings and Focus Groups

Early in the scanning process (October 28, 2014) local LAUNCH partners held a stakeholders meeting with over 50 participants in Allegheny County. This group consisted of parents, providers, funders, physicians, researchers, and others, many of whom had been assembled in February, 2014 to contribute to the initial grant application. The group was updated on LAUNCH activities and processes and then participants worked on the five core strategy areas according to their interest and experience. Each core group was led by a facilitator familiar with LAUNCH principles and supported by a recorder. The intent was to understand services in the target communities in terms of access, availability, provision of evidenced-based programs, workforce needs, funding types and availability, health disparities, and recommendations for LAUNCH strategic goals (see Appendix B for Policy Recommendations Pertaining to Major Scan Themes). Similarly, the Local and State YCWCs convened at the end of the scan process (January, 2015) with the same intent and procedure.

Additionally, special subpopulations met to provide information in focus groups. These focus groups included family support policy board members (which includes more than 50% parents), parents of children with special needs, service coordinators, and others.

Additional groups of stakeholders were accessed in the course of one of their regularly scheduled meetings. For instance, at the quarterly meeting of the Early Learning Council, the County Children's Cabinet meeting, the Allegheny County Home Visitors Stakeholders meeting, and the Department of Human Service's Immigrant and Refugee group convened, PA Project LAUNCH was presented. These meetings provided input and individual contact information for further communication and participation in subsequent interviews or the online survey.

Key Informant Interviews

Both the State and County Project LAUNCH leaders provided a total of 46 contacts to be interviewed either in-person or by phone. These key informants included state and local public and private funders, media executives, parents, service leaders, higher education instructors and professors, physicians, national researchers, government department and bureau chiefs, among others. Three sets of interview questions were created depending on whether the interviewee was a public or private funder of services or a stakeholder in a more general sense (i.e., provider, service coordinator, consultant, trainer,

or parent). The response rate to our invitation was extremely high; 87% of individuals contacted (40/46) agreed to participate and were interviewed.

Online Survey

Using the software program Qualtrics, three thorough yet easily navigable versions of an online survey were designed. These included two for parents (one in English and one translated into Spanish) and one for providers and other informants. Depending on what respondents endorsed, the survey branched into one or more of the five environmental scan topic areas to get detailed responses. Mailing lists were collected from a variety of sources and over 500 surveys were sent out with a cover email requesting that the link to the survey be shared with others and a copy of the referral sent to the scan team. Parents without access to computers were scanned through other methods.

One hundred ninety-nine respondents filled out the survey completely plus an additional 264 provided usable information on some questions but only partially completed the survey. Those who completed the forms versus the larger sample of completed plus partial responders were compared to assess any sampling bias. The result was that these two samples were very similar with respect to their relative (i.e., percentage) distributions of 1) professional affiliations, 2) specific affiliations within their general affiliations, 3) the topical areas in which the respondent professed knowledge and experience, and 4) their reported familiarity with Pennsylvania versus Allegheny County (and other counties) in general and within each of the topical areas of claimed knowledge. Therefore, the larger sample of fully completed plus partially completed surveys ($N = 463$; $N = 46$ parents) was used in the analysis.

Scoring

The main information gained from the survey is the extent and prevalence respondents reported for each of several services or conditions to be strengths or challenges within the Commonwealth of Pennsylvania (PA) and within Allegheny County (AC). Respondents checked one of five opinions regarding each service or condition listed that were scored as follows: 5 = A BIG Strength; 4 = A Strength; 3 = Neither a Challenge nor a Strength; 2 = A Challenge, 1 = A BIG Challenge. High scores are strengths; low scores are challenges. Scores were averaged within each item across the number of available responses to that item.

SUMMARY OF FINDINGS

Findings Across All Methods

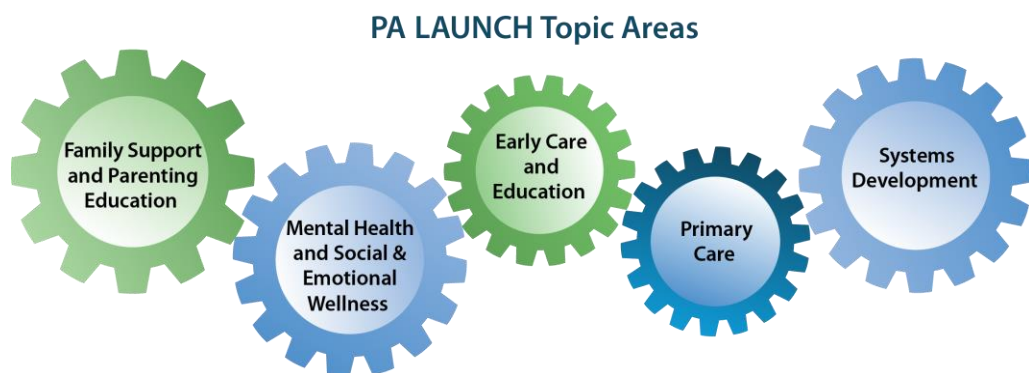
The methods described above were of two complementary types:

- 1) Stakeholder meetings, focus groups, and key informant interviews provided qualitative impressions and opinions based on more than 100 participants' personal and professional experience; and
- 2) Survey results produced quantitative ratings across a broad spectrum of 463 stakeholders and thus conveyed the prevalence of opinions in this population.

The summary that follows relied initially on the survey results that identified strengths and challenges that had average ratings above 3.5 and below 2.5, respectively, and these items were made more specific, expanded, and put into broader contexts by the subjective assessment of the qualitative information available. Both councils met in late January to review an integrated summary of the scan findings and to contribute to the report. (See Appendix A for the handout, Allegheny County: Strengths and Challenges Identified by Professionals, Policy Makers and Parents for Project LAUNCH environmental scanning topic Core Areas). These results are organized below by the recommended categories identified in the Environmental Scanning Guidance document with sections for strengths and challenges/barriers under each. Generally, respondents who knew the state versus Allegheny County and professionals versus parents produced quite similar results; when these groups differed substantially or one data collection method produced markedly different results than another, such disparities are noted. As stated, the Local and State Young Child Wellness Councils, along with the implementation team reviewed the information obtained during the environmental scan, held discussions on identified gaps, barriers, needed enhancements, and duplication of efforts. Notes were taken by LAUNCH staff and the evaluation team and are integrated into the following sections.

Results

The following section provides a summary of the key findings from both the state and local perspectives with an overview of successes and barriers uncovered through the PA Project LAUNCH environmental scanning process broken out into the following topic areas:



Note: Due to the cross-cutting LAUNCH themes and the complex nature of this work a sampling of programs is found in the results section of this report. Some of these sample programs impact more than one core LAUNCH area but are listed only in a single area of findings. Readers are referred to the attached templates (Appendix C) for program details and a more complete list of programs. Additionally, in an attempt to facilitate reading the final attachment (Appendix D) is a listing of acronyms used throughout this report.

Family Support and Parenting Education

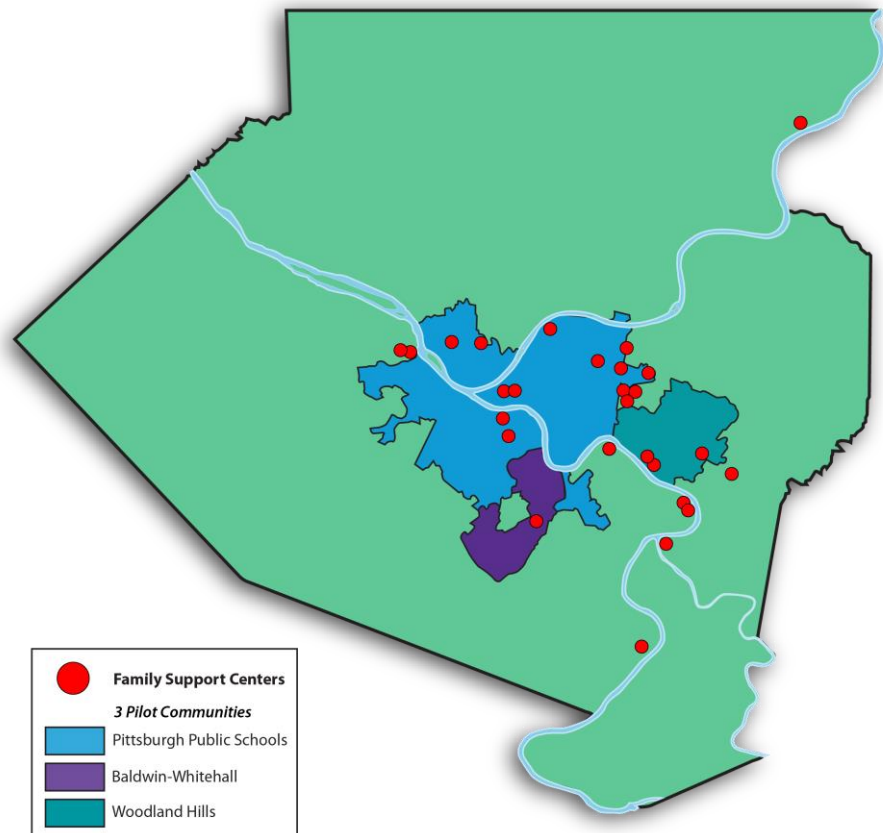
As their children's first and most important teachers, parents need support to deal with parenting challenges. Ensuring that parents have sufficient support to provide nurturing homes and meet basic needs is essential to children's development. For example, Allegheny County DHS contracts with 11 lead agencies for 26 family support centers (including a Latino Family Center) and enrolls almost 3,500 families per year. It creatively coordinates funding from the Pennsylvania Department of Human Services; Office of Children, Youth and

Families ACT 148; and the Family Center Initiative grant plus county matching funds and supplemental funding from local foundations, such as The Heinz Endowments. In addition to county monitoring for contract compliance, DHS funds the University of Pittsburgh Office of Child Development to provide technical assistance, professional development, and administrative support to family support center staff, and leadership education and other training for parents (see templates). These family centers measure several child and family outcomes, including the overall development and social-emotional development of infants, toddlers, and preschool children. See map for locations of Family Support Centers within the target communities.

Strengths

Respondents across scan methods rated access and availability in Allegheny County to family support services, home visiting programs, and services for pregnant women as being relatively strong. State YCWC members reminded staff that it is critical to meet family members where they are when working on family strengthening and parent skill building. Parent representatives in the pilot communities expressed the belief that access to programs that build parents' advocacy skills were especially strong. Services rated the strongest by parents responding to the survey were those services that are provided in their native languages and that considered the family's culture.

Family Support Centers in Allegheny County



In addition, respondents noted that Allegheny County DHS in partnership with the Allegheny County Health Department (ACHD) and local funding partners have developed a plan that has begun to coordinate referrals to home visiting programs. The goal is to prevent poor birth outcomes, infant mortality, and maltreatment of young children. Once fully implemented, it will offer a hotline to connect families to home visiting programs and other interventions, as well as additional activities. The collaborating home visiting programs promoted by DHS include those with federal, state, county, and private funding, and many that are evidence-based programs (EBP) (e.g., Parents as Teachers, Nurse Family Partnerships, Early Head Start, Head Start Home-Based, etc. see templates).

Finally, the data collection, analysis, and sharing conducted by the Allegheny County Office of Data Analysis and Research Evaluation (DARE), along with its partnership with the University of Pittsburgh's Center for Social and Urban Research (UCSUR), is identified consistently as a current strength with potential to become a major local asset once it fully implements its plans to expand.

Challenges and barriers

Professionals and parents, including YCWC members consider availability, access, and transportation to programs for immigrant/refugee, military, and homeless families as major challenges at the state and local levels. Additionally, cross-systems data sharing was reported as a challenge, particularly around the need for more access and availability of data collected at the state level.

One challenge noted by members of the State YCWC is related to different home visiting program models within our child serving systems and how they communicate their role as "home visitors". Some programs in PA are focused on child abuse and neglect prevention, others on health and developmental outcomes, others on reading and school readiness. While their roles and foci may be different, using the same language with regard to home visitation services will support cross-collaborative professional development, professional communities of practice and better support for children and families.

Characteristics of family support and parenting education programs that professionals identified as challenging were the availability of interpreters, the ability to provide programs in multiple languages, the ability to share information across services, staff turnover, and large caseload sizes. It was noted that parents appreciate the availability of services in their native language and are more likely to use such services but they are not as widely available as the need.

Mental Health and Social and Emotional Wellness

Early childhood mental health is defined as the developing capacity of the young child to experience, regulate and express emotions, form close and secure interpersonal relationships and explore the environment and learn – all in the context of family, community, and cultural expectations for young children (Zero to Three, 2003). It can be considered synonymous with healthy "social emotional development" and is an integral part of the foundation that helps guide young children into adulthood and is tied to every area of development (Parlakian & Seibel, 2002). Almost 3,000 children from birth to 18 years (580 of which are age two to five) are in out-of-home placement in Allegheny County, putting them at an increased risk for social-emotional concerns. A prior scan identified Early Childhood Mental Health (ECMH) consultation as the leading need in early care and education settings. According to qualitative information gathered during this process, schools in the pilot areas are overwhelmed with

behavioral issues and often are not equipped to handle social-emotional or mental health (MH) problems or even to make appropriate referrals. In terms of numbers that are maintained in the target areas, 22 of the 36 Pittsburgh Public Schools serve kindergarten to 5th grade students (K-5) while the remaining schools include middle school students (K-8). Within the K-5 configuration 11% of students were suspended during the 2012-2013 school year. Of note, black students were suspended at a rate 3 times higher than their White peers (A+ Schools, 2014).

On the positive side, elementary schools within Pittsburgh Public School District (74%), Woodland Hills School District (100%), and Baldwin-Whitehall School District (67%) make use of outpatient mental health (OPMH) clinics, with providers that operate “satellite” locations within the school buildings. These clinics send therapists and/or mental health professionals to these schools to provide services to children and families. These professionals have dedicated space within the schools where sessions can be held in private. Most school OPMH services are individual and family therapy; however some providers operate “therapeutic classrooms” within the schools. In addition to individual and family therapy, the providers within these “therapeutic classrooms” offer group therapy within the classroom for children identified with a need for the support.

Children and families can self-refer to these programs, however, most children are referred when a teacher identifies what they think is a mental health or behavioral concern to the school’s core team (which usually includes the school principal, social worker, nurse, and others). The core team reviews the needs of the child and determines whether a referral to mental health treatment or other social services supports might be helpful. The family is contacted to discuss both the concerns and options for services. If the family agrees, a referral to the mental health provider is generated. The OPMH provider then contacts the family to conduct an intake assessment and develops initial treatment goals in collaboration with the family.

Other than family support centers, there are few two-generational programs in the target areas, or in the state, as well as insufficient or underutilized adult services, which leaves parents, grandparents, and other caregivers without assistance for their own mental health and substance abuse needs. This situation consequently produces adverse home conditions for the children living with them. There appears to be little, if any, broad public awareness of the deleterious effects of early trauma and poor early social-emotional development.

Promotion and Prevention Promotion Activities

Because early childhood development is so important to a child’s future, providing prevention as early as at birth and throughout early childhood services is one of the best ways to reduce the chance of later problems at school, at home and in their communities. Such prevention and promotion services should be targeted at moms, parents, and families to benefit later child development. With regard to the use of evidence based practices, according to the PA Positive Behavior Support (PAPBS) Network (www.papbs.org, 2014), there is one early care and education program in Allegheny County implementing Program-Wide PBIS (PW-PBIS). However, past documentation from the network indicates that Allegheny Intermediate Unit 3 Head Start was a previous participant. This illustrates an opportunity to engage the Intermediate Unit, as well as other ECE providers, in the implementation of PW-PBIS. Statewide, currently there are more than 100 early childhood settings, serving children 0-5, that are

implementing program-wide PBIS, based on the Pyramid Model, with state-level support to train coaches and manage data. With regard to school aged children, eight elementary schools in the Pittsburgh City School District and two elementary schools in the Woodlands Hills School District are implementing, to various levels of fidelity, School-wide Positive Behavior Intervention Supports (PBIS). Statewide, as of January 2015 there are 618 school buildings implementing, again to various degrees of fidelity, School-wide PBIS (for more information on PBIS and the PA-PBS Network, see templates). The goal of the PA-PBS Network is to ensure that all schools and early care and education settings have the necessary technical assistance, collaborative opportunities, and evaluative tools needed to overcome non-academic barriers to learning and achieve competence and confidence in advancing academic, social, and emotional success for all students.

Since 2006, the Early Childhood Mental Health Consultation Program (ECMHC) has evolved from a grant-funded project into a statewide program funded by the Office of Child Development and Early Learning (OCDEL) with the task of addressing the social-emotional needs of children from birth to five. The ECMH Consultation program is open to all state-registered and certified early care and education facilities enrolled in Keystone STARS, Pennsylvania's program to promote continuous quality improvement in early learning and school-age environments. It uses a child-specific consultative model that addresses the social-emotional development of young children within their early care and education (ECE) program. Services are provided at the request of the director or teacher and with the permission of the child's parent or guardian. The program includes an array of customized services that are based on the Pyramid Model for Promoting the Social-Emotional Competence of Young Children (Center on the Social-Emotional Foundations for Early Learning). ECMH consultants in each region of the state are assigned a percentage of facilities served by ECMH to which they deliver six hours of the CSEFEL training on the pyramid model. ECMH Consultation services include:

- Child-specific mental health consultation to early childhood programs such as observation, developmental screening, team planning, creation of individualized strategies and coaching;
- Targeted professional development to address program-specific needs such as problem identification, referral processes, classroom management strategies, and the promotion of healthy social-emotional development; and
- Referrals to community based providers (mental health, early intervention, physical health) and assistance with access to more intensive services to meet the child's and/or family's needs.

During FY 2013-2014, 16 ECMH consultants provided consultation on behalf of 509 children, ages 0-5, within 287 learning facilities participating in Keystone STARS. The ECMHC Blended Model was delivered to 36 programs on a voluntary basis and includes, in addition to on-site consultation services, the provision of six hours of professional development using The Center for Social Emotional Foundations in Early Learning Training Module 1 Social Emotional Development within the Context of Relationships (Infants/Toddlers) and Building Relationships and Creating Supportive Environments (Preschool). The Blended Model offers the opportunity for the combination of professional development and on-site coaching for implementation of learned strategies in the classroom.

Additionally, the ECMH Consultation Program, at the state and regional levels, works with the Early Childhood Subcommittee of the PA-PBS Network to identify early childhood programs that might be ready to scale up their implementation of PBIS at the program-wide level and makes those linkages available.

The success of the ECMH Consultation program has led to the identification of the need for more consultants in order to support more children, families, and teachers. Expansion of this program will increase access to training on social emotional development for staff that work in all early care and education settings, not just those participating in Keystone STARS, including group and family child care homes.

Intervention Services

Though it is the expectation that most children will respond to prevention and intervention services such as mental health consultation in childcare, referrals to early intervention, or quality improvements in the child care classroom, some children require more intensive behavioral health treatments. Access to mental health clinicians who are trained to recognize and respond to the unique needs of very young children and their families is imperative. In 2012, the University of Pittsburgh received a five-year grant for \$3.3 million from the National Institute of Mental Health called “A Statewide Trial to Compare Three Training Models for Implementing an Evidence-Based Treatment (EBT).” “PCIT Across PA: Healthier Kids Happier Families” is helping to build workforce capacity and significantly expand access to Parent Child Interaction Therapy (PCIT) services in Pennsylvania for children ages 30 months to seven years. By the end of the grant, the goal is for all 67 counties in Pennsylvania to have received training. As of October, 2014, 100 providers in 60 counties have received training and are able to offer PCIT to children and families.

In Allegheny County, several providers offer the evidence-based treatment PCIT, and new PCIT rooms are being developed in five family support centers to increase availability and access for low-income families. One of these providers, WPIC’s Matilda Theiss Child Development Center at UPMC, identified by several key informants, also provides child assessments for infants through age seven, home-based therapy for young children and their families, and a therapeutic early childhood setting for children with mental health issues (see templates). In addition, as a grant recipient, they have joined the SAMHSA-funded National Child Traumatic Stress Network through which they provide EBPs to children and families with histories of trauma, training for therapists to implement Child-Parent Psychotherapy EBPs (CPP, PCIT), and collaboration with several partners to enhance their programs and services (see templates). These EBPs tend not to be as familiar or available as needed to many families in the target areas and there is little co-location within or assistance to schools.

A parent support, Allegheny Family Network (AFN), helps parents who are raising children with social-emotional and behavioral problems through a chat line and one-on-one support in family court, support groups, schools, and other venues. AFN is a parent self-help group. It is staffed by experienced parents with personal experience and knowledge about navigating the system.

Additional assets are the small but high quality infant mental health graduate certification programs available locally through Chatham University in Pittsburgh and in the eastern part of the state through

Arcadia University. Also, the development of an Infant Mental Health Endorsement through Michigan Association for Infant Mental Health (MI-AIMH) is an established goal of the Pennsylvania Association for Infant Mental Health (PA-AIMH), a chapter of World Association of Infant Mental Health (WAIMH). Infant Mental Health Endorsement recognizes and acknowledges that a practitioner has acquired knowledge to promote the delivery of high quality, culturally sensitive, relationship-focused services to infants, toddlers, parents, other caregivers and families.

Strengths

Some participants in the LAUNCH scan identified convenient location of adult and family mental health (MH) and substance abuse treatment and prevention services as a “possible” strength, yet, the absence of convenient location is a problem for others. With respect to children, several programs were identified as strengths, including the State’s Keystone STARS Early Childhood Mental Health Consultation Program model; the County’s Drug and Alcohol Student Assistance Program that serves elementary age students through education and other supports; the Circle of Security model; the PA American Academy of Pediatrics (AAP) Early Childhood Education Linkage System (ECELS); concrete supports for youth in foster care who are pregnant or parenting; the collaborative federal and state funding in Dauphin County for evidence-based programs (EBP) such as Parent Child Interaction Therapy (PCIT) is now in 60 counties); the collaboration between the Capitol Area ECE Training Institute and PA Key; maternal depression screening; the County’s new Sexual Orientation, Gender Identity and Expression project (SOGIE); and other programs (see templates). Also, the State YCWC members highlighted a mixture of professional development methods currently used for ECMH prevention and promotion at each level of professionals working with the family including online, face-to-face, coach-train-coach, etc.

Another strength, reported through a key informant interview, are the programs offered to military families through the PA National Guard Service Member and Family Support Program. There are several support components within this program, highlighted by the Military Family Life Counselor who provides counseling, education and support surrounding military life. Additionally, Temple University-Harrisburg has identified an increased need for social workers to be trained to assist military families whose needs are outside the typical family/children support needs of civilian families; therefore a specialization certificate is currently in development.

Challenges and barriers

Access to MH and social-emotional programs across all scan methods and across all types of respondents and informants (policy makers, professionals, and parents) were rated as very challenging at the state level. This was especially true for programs for minority groups and within schools and child care settings. For Allegheny County, finding programs designed and appropriate for the needs of special populations was the most challenging along with few trained practitioners in mental health for infants and toddlers. Housing is especially difficult in Allegheny County for teen parents who often have public housing as their only option.

In terms of program characteristics, those identified in Allegheny County as most challenging were the availability of interpreters, having appropriate caseload size, the need for service “navigators,” sharing of information across service providers, efficient data collection, and behavioral health disparities. Disparities for African American families were identified most often, but based on recent demographics

the target communities have a growing immigrant and refugee population and key informants are concerned that there is no apparent plan to accommodate this group.

Additionally, all of Pennsylvania but in particular, western Pennsylvania (including Allegheny County), has a large active military population; the third highest number of any state. With no active military bases, this creates barriers in accessing support services for service members and their families. While the Department of Defense provides Military Family Life Counselors to Pennsylvania for each branch of the military, the ratio of consultants to number of military families disproportionate, for example there are two MFLC per an approximate 19,000 National Guard members in PA. Key informants expressed concern that the needs of this subpopulation may not be recognized by policy makers and practitioners. And as a result, the unique mental health needs of these families are not being addressed in either mainstream or specialized services within our communities. For instance, the issue of understanding “military culture” is critical. The example provided by an informant is the stigmatization of members of the military when diagnosed with depression. They are immediately dismissed of key duties and cannot carry a gun and as a result, tend to avoid diagnosis and treatment.

Information gathered through interviews with key informants, stakeholder meetings, and through focus groups indicated additional barriers to efficient and effective mental health services, including the need for more collaboration across programs of state and local departments of health and human services, better trained direct service workers, and better attendance by publicly funded workers at existing trainings. In addition, it was noted that when there is high turnover among the therapists trained in EBPs there is a high cost (time and money) to train new therapists. The shortage of public awareness of the need for these services leads to an immense cost to taxpayers and negative outcomes of chronic stress due to poor early social-emotional development.

The need for public awareness about the importance of early social-emotional development was identified by YCWC members and others as critical since a lack of understanding leads to inadequate funding of services and inadequate attempts at making the most of individual federal programs that promote social-emotional health and school readiness.

Early Care and Education (ECE)

Quality early learning is crucial to our children’s intellectual, social, and emotional development. The benefits that children and families experience from quality early learning opportunities extend to all of our communities, making it possible for parents to work and build a stable family structure for their children. This core topic area includes early care and education services, early intervention (EI), out-of-school time programs (OST), and elementary education (including kindergarten enrollment and school attendance). Children in the target communities do not participate at sufficient rates in these services and perform poorly in educational skills in the early grades. For example, in Allegheny County, only 4% of children under the age of four are enrolled in a STAR 3 or STAR 4 (highest quality) ECE programs (Keystone STARS is the State’s ECE quality monitoring and improvement system) (United Way of Allegheny County, 2012). One elementary school in the Pittsburgh Public Schools reported that 40% of its kindergarten students were chronically absent in 2013-2014, and 15 out of 34 schools have kindergarten chronic absences at or above 25% (Chute, 2014). Only 50% of children in the Title 1 schools (schools with high numbers or high percentages of children from low-income families) are meeting

reading proficiency goals in the 4th grade compared to 75% of the 4th graders county-wide (United Way of Allegheny County, 2012). Children's participation in out-of-school time (OST) programs in Allegheny County is more than 25% (Reid, 2014).

Strengths

Informants across scanning methods identified early intervention (EI) as the best of the services in this core area in terms of access and quality. The Pennsylvania Early Intervention program provides support and services to families with children, from birth to age five, with developmental delays and disabilities. The Alliance for Infants and Toddlers in Allegheny County was singled out as an essential asset to families with children from birth to three years diagnosed with a disability or at-risk of delay. In response to a recently added EI risk factor EI and the Homeless Education Network (HEN) are beginning to address the needs of children from birth to eight years among the increasing homeless population, but currently outreach is perceived as inadequate. The partnerships between the Education Law Center (ELC) and the University of Pittsburgh Office of Child Development (OCD), as well as, the Allegheny Intermediate Unit 3 (AIU 3), among others, were identified as programs that are reaching children of early school age that are homeless.

In addition, qualitative findings pointed to the State's Keystone STARS system as a strength in the monitoring and quality improvement of ECE programs, serving children birth to age 5 respectively, but many suggest it needs to be updated and expanded. Other strengths (detailed in the templates) included the ECE "hubs" in the Homewood and Hazelwood communities of Pittsburgh (a place for the neighborhoods' early learning community to gather, learn, and play), the Ready Freddy school transition program (supporting families, schools and communities through kindergarten enrollment, transition, and attendance), the Be There Campaign (United Way coalition to promote school attendance), Positive Behavior Intervention and Supports (PBIS) (a program-wide and school-wide effort to engage teachers and students in prevention and intervention of behavior issues), and Promoting Alternative Thinking Strategies (PATHS) (a social-emotional learning system implemented in the Woodland Hills School District).

Also, in Allegheny County, two elementary schools are "Community Early Childhood Innovation Zones" under PA's Race to the Top-Early Learning Challenge grant and are working to increase family engagement and strengthen relationships between early childhood providers and schools in order to build birth – 3rd grade alignment, and strengthen community collaborations. Arsenal Elementary School is using the concept of texting to support parent and parent-child activities for transition to kindergarten through the Ready Freddy program. Faison Elementary School, in collaboration with Pittsburgh Association for the Education of Young Children (PAEYC), is supporting children in communicating with their parents via iPads throughout the school day. Finally, Pittsburgh Public Schools has initiated a "Nine Line" that provides telephone assistance in nine different languages.

Challenges and barriers

Across scan methods stakeholders identified insufficient or categorical funding for ECE and out-of-school-time programs as the most challenging problems. Other major challenges included quality options for out-of-school-time, programs for transition into preschool and kindergarten, and the absence of universal pre-K programs. Numerous other challenges were mentioned including access to

early childhood mental health consultation for children who are not in Keystone STARS early care and education programs, inability to provide interpreters, presence of large behavioral health disparities, and inadequate promotion of families' trust in professionals. These challenges were the same at both the state and local levels from the perspective of the informants.

Further, parent respondents did not recognize developmental screening as a strength in child care settings. State YCWC members stated that there is no true universal screening consistent across systems and professionals often do not know what to do with children who do not qualify for current programs but may have obvious risk factors that will impact them over time. However, on the survey professionals rated developmental screening in early care and education settings and linking early care and education with early intervention as strengths. This highlights an opportunity to expand public awareness regarding the benefits of developmental screening.

Locally, the current process of developmental screenings was consistently identified as a challenge. For instance, some children receive multiple screenings, often with different assessment tools, that are without coordination. Further, these screenings often do not lead to referrals when the score indicates a need, and if referrals are provided, there is frequently a problem accessing the services because of location transportation, or services don't meet the needs identified or are not quality services. When informants who are knowledgeable of other county's programs were prompted, these screening and service challenges were the same throughout the state.

Finally, workforce development barriers, noted by respondents, include a range of complex issues. For example, staff must spend the majority of work time on primary responsibilities and thus do not have time available for additional training. Also, duplicative and multiple trainings are created and implemented within each system for the same skills rather than streamlining efforts by providing a common training for a given skill across systems.

Primary Care

Integration of physical health and behavioral health is an essential part of serving young children and their families. This integration will increase the likelihood that issues related to young child wellness can be identified and appropriately addressed within the primary care setting. Historically, the target communities were not served by an integrated behavioral health and primary care system. Public health and human services delivered through the Allegheny County Department of Human Services (DHS) and Health Department (ACHD) and public and private health providers rarely crossed paths from the general perspective of respondents. However, within approximately the last 18 months, community meetings and top-level systems executive meetings have been held with the purpose of changing this pattern. Informants shared optimism and hope that the next few years will bring about substantial changes to the integration of services and thus reduce poor health outcomes and improve even relatively good statistics.

Strengths

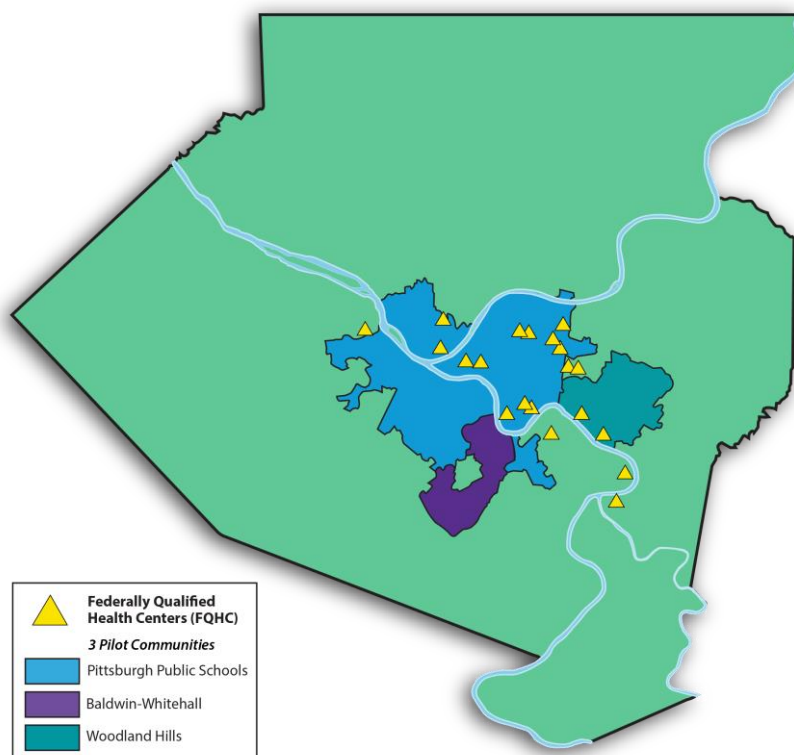
Access to Allegheny County medical care for children, pregnant women, and adults was identified by most stakeholders as a strength, particularly access in the target communities to Federally Qualified

Health Centers (see FQHC map below). In general, many Federally Qualified Health Centers are offering behavioral health services. However, most of these services focus on adults (see templates).

When asked to comment on characteristics of primary care programs that were working toward integrating behavioral health into primary care services, several other strengths surfaced at the state level, including:

- Bright Futures, an American Academy of Pediatrics medical home initiative;
- Use of best practices to promote mental health;
- Training staff to work with children who experienced trauma;
- Transitions of children from one level EI program to another (State DHS vs PDE), and to elementary school; and
- Collaboration among agencies in sharing knowledge of healthy social-emotional development.

Federally Qualified Health Centers in Allegheny County



In Allegheny County, these were not identified as strengths by respondents. However, several evidence-based and promising practices were considered strengths. For example, new efforts are underway to provide behavioral health services based in primary care settings. The University of Pittsburgh Medical Center (UPMC) has provided clinical staff to their Children’s Hospital Community Pediatric practices; a non-profit agency, Wesley Spectrum, has provided therapists in Pediatric Alliance offices with plans to expand to other settings; and the new iCount program has been funded which is a comprehensive integration of many mental health and medical services. Additionally, Kids Plus Pediatrics currently has co-located Mental Health services and is working toward an integrated model with these services embedded into the pediatric practice.

Challenges and barriers

Across scan methods, access to medical care for the homeless, health disparities for African Americans, and the shortage of integration of mental health and substance abuse services into primary care clinics

were identified as the major challenges for Allegheny County. State YCWC members presented the stigma of seeking behavioral health supports as a major barrier and presented co-location with primary care of such services as a solution that will reduce stigma, cost, and increase compliance and service usage. Also noted as challenges by survey respondents and interviewees were:

- Limited transportation options;
- Categorical funding;
- Absence of data and record sharing between clinics and among other services; and
- Little public awareness of the benefit of integration including at the physician level.

In addition, there are numerous barriers that were identified with regard to screening including a provider's limited knowledge of existing community services, hours of service, patient turn-around-time, and uncertainty regarding billing codes and procedures. These barriers make it difficult to implement developmental and behavioral screenings needed for appropriate referrals to other services.

Other challenges to the integration of behavioral and physical health in Allegheny County that were repeatedly noted by respondents include:

- Training staff to work with children who have experienced trauma;
- The inability to involve parents in programming;
- Few, inconsistent, and often confusing developmental assessments;
- Concerns related to planning for the transitions of children eligible for the Individuals with Disabilities Education Act (IDEA);
- Insufficient funding mechanisms for co-location of services;
- Differences between disciplines in training, culture, work styles and expectations;
- Misunderstanding of these differences (need for mutual trainings); and
- Few "navigators" to move families through these complicated services and systems and to follow up on referrals.

Systems Development

Research tells us that all domains of development are interrelated for very young children and the need for comprehensive and coordinated policies and services are integral to achieving positive outcomes for children and families (Zero to Three, 2009). Pennsylvania has a fairly good foundation on which Project LAUNCH can build upon with regard to systems development. Since its inception, the Office of Child Development and Early Learning (OCDEL) has focused on creating opportunities for the Commonwealth's youngest children including infants and toddlers to develop and learn to their fullest potential. OCDEL is an office that reports to the State Department of Human Services and Education (PDE). This has provided an opportunity to collaborate on behalf of early care and education, including early intervention, across the state and to grow initiatives such as the current ECMH Consultation Program. OCDEL was also instrumental in creating the State's ECE quality monitoring and improvement

system called Keystone STARS and has continued to invent other promising practice models. Also, OCDEL has promoted collaborations, including a 2009 announcement with OMHSAS calling for behavioral supports for young children from birth to 5 years and coordination of county early intervention and mental health systems. The LAUNCH project will foster further cross-system collaborations through OCDEL, including with the State Department of Health (DOH), to work on behalf of integrating mental health with physical health for young children.

Additionally, as stated in the methodology section of this report, multiple sets of past recommendations were reviewed as a part of this environmental scan. One of those documents, the *Recommendations of the Pennsylvania Early Childhood Mental Health Advisory Committee (2009)*, provided recommendations for sustaining and advancing the momentum that had begun with regard to the promotion and improvement of the social-emotional health and development of young children from birth to 5 years in Pennsylvania. This committee was made up of 68 multidisciplinary, state and regional, professional and parent representatives from across the Commonwealth. The recommendations were tiered from immediate to long-term and are related to the Project LAUNCH core strategies as highlighted below:

- Improve access to and coordination of mental health services for young children;
- Support and promote the use of existing screening instruments through programs serving young children;
- Expand ECMH consultation to all early childhood serving systems;
- Identify and promote evidence-based, best practice emotional coaching programs to better support the social-emotional foundations for all children; and
- Adopt and promote a set of ECMH competencies for all professionals and across all levels of service provision for families with children from conception through age 5.

This set of recommendations, as well as others, will be used to begin the strategic planning process. Assessment of the status of implementation of those past recommendations and their continued relevance when compared to the environmental scan will be determined during that process.

Strengths

As presented above, a strength consistently identified in system development, in both Pennsylvania and Allegheny County, is collaboration. At the state level a key collaboration between human services and education has been OCDEL's ECE quality improvement system including implementation of quality standards, technical assistance and professional development, and resources attached to attaining high quality benchmarks. The leadership of this office has the potential to promote collaborative funding from LAUNCH and Race to the Top – Early Learning Challenge, which currently funds several Early Care and Education Community Innovation Zones, two of which are in Allegheny County (38 more are to be initiated throughout the State). At the county level, the work addressing mothers with depression funded by Robert Wood Johnson Foundation represents a strong collaboration that produced positive outcomes. With many partners and creative system changes, this effort can be a blueprint for addressing cross-system issues.

Allies for Children, a local children's advocacy organization, in collaboration with the City of Pittsburgh mayor's office has a grant called *Healthy Together*, which combines two core strategies to move Pittsburgh to complete health-care coverage. First, there will be an outreach effort in communities where uninsured children most likely reside. Second, and simultaneously with the launching of the outreach campaign, the City of Pittsburgh will begin an in-reach campaign to ensure that all employees' children are covered by health insurance. The *Healthy Together* campaign could possibly be a model for similar programs in Allegheny County and beyond.

Additionally, cross-system professional development in some areas is a strength of Pennsylvania and Allegheny County. For example, recent changes in Child Protective Services legislation, much of which went into effect December 31, 2014, have particular implications for those designated as Mandated Reporters. Most of the professionals involved in LAUNCH activities will need to participate in the training offered by the child welfare system, providing an opportunity for cross-system changes. Further, OCDEL, through the PA Key, has implemented a state-of-the-art online training and development system called the PA Keys to Quality Professional Development Registry, funded through Pennsylvania's Race to the Top Early Learning Challenge grant. The Registry was live on July 1, 2014 and currently has 45,000 unique users, 3,600 approved courses, and a total of 55,000 courses have been completed since implementation. The role of the Pennsylvania Key is to work with the Office of Child Development & Early Learning (OCDEL) to provide statewide leadership in the development of an integrated and coordinated system of program quality improvements and professional development supports for early childhood education. Five Regional Keys work in partnership with OCDEL and the PA Key to support professional development and quality improvements in early childhood and school-age settings across the Commonwealth. Additionally, the Pennsylvania Technical Assistance and Training Network (PaTTAN) works with the Bureau of Special Education (BSE), Pennsylvania Department of Education (PDE), to provide a full array of professional development and technical assistance targeted to improving student results. This professional development and technical assistance takes many forms in order to meet the varied needs of PaTTAN's constituents.

One example of the collaborative work of the PA Key and PaTTAN with regard to professional development was the delivery of a workshop titled "Practice Based Coaching Across the Early Care and Education System" delivered to the various types of technical assistance practitioners, home visitors, peer mentors, and PBIS facilitators/coaches in three regions of Pennsylvania. These workshops were delivered in early 2015 with a total of 125 registrants.

Data sharing among systems, identified as important by many stakeholders including the immigrant/refugee community, those involved in integrating primary care and behavioral health, and system leaders in the county, is a strength in Allegheny County. Through DHS's Data Warehouse and a nationally recognized data sharing agreement with several school districts including the three LAUNCH districts, integration can be enhanced with additional data partners and strategies for data usage.

Challenges and barriers

The challenges identified in systems development by survey and interview respondents are often the flip side of the strengths. For example, individuals who provided input to the environmental scan noted that OCDEL's reporting to two state departments is a potential boost to integrating the two systems, but it is

also a barrier because, despite informational meetings, there appears to be no formal mechanism for collaboration with the third relevant state department (Health). Another challenge is that the early childhood system is not connected to adult mental health or substance abuse services, and respondents perceived little collaboration in almost any activity across the mental health and medical systems. Therefore, there are few cross-service screenings and diagnostic assessments, and these rarely occur even in co-located facilities. Further, respondents indicated uncertainty with regard to the status of monitoring young children who are identified to have risk factors but are ineligible for services across the various child-serving systems in the Commonwealth.

Another systems development challenge is that direct service workers typically are not trained across systems, and there is little cultural and linguistic competency evident within the front line workforce due to lack of training and funding. Informants also indicated the belief that policies and privacy laws have been interpreted in ways that do not allow sharing of data or records across services to the detriment of individuals and systems. Most of these barriers are exacerbated by funding restrictions, eligibility criteria, limited financing for two-generational interventions, and inadequate systems for tracking children. There is also widespread agreement that the system has pervasive health disparities across racial and ethnic groups especially among African American families in the target area and it does little to provide for the unique needs of military, homeless, and immigrant families. Public awareness of these issues is lacking.

CONCLUSION

This environmental scan shows that the Commonwealth of Pennsylvania and Allegheny County have admirable strengths to build upon that can link actions for the unmet needs in children's health. These strengths include collaboration at the state level in ECE and EI through OCDEL, data sharing locally through Allegheny County's DARE, an organized system of family support programs in Allegheny County that has been funded by creative use of public and private resources, and opportunities and the will for future collaboration between DHS and ACHD at the leadership level.

Optimistically, the consensus in this scan concerning challenges and barriers paves a clear and exciting path toward creating goals and objectives that may be addressed over the next five years. For instance, at the county level, these opportunities include:

- Exploration of creative and flexible transportation options;
- Increased availability and access to quality and coordinated mental health services for families;
- Creation of a Community wide public awareness campaigns about positive IECMH and related benefits;
- Development of comprehensive workforce development core competencies that cut across systems and disciplines; and
- Increased integration between behavioral health and physical health services that includes screening and assessment, appropriate referrals and follow up to referred services.

In addition, changing populations in Allegheny County, such as an increasing number of homeless, suburban poor, military families, and immigrants and refugees create a unique need for specific services targeted toward these special populations and for employing culturally appropriate approaches.



A significant barrier at the state and local systems levels and the overarching challenge to overcome in the next five years is establishing collaborative federal, state, and county funding. Such cooperation has been shown to streamline and expand existing effective initiatives and programs and to enhance and improve others. Also needed is improved data sharing across state and local systems and services and better understanding of the need for integration of behavioral and physical health through coordination, expansion, and improved workforce development. Finally, little can be accomplished unless LAUNCH partners devise mechanisms to share lessons learned and improve public awareness of the issues, therefore supporting a statewide public awareness campaign. PA Project LAUNCH hopes to take advantage of existing messaging vehicles, like newsletters (i.e., Build, Regional Key, Child and Adolescent Service System Program) and list-serves to jumpstart public awareness efforts.

This process of scanning the current environment of services and policies for children from conception to eight years old and their families has itself solidified many past relationships and initiated important new ones among key stakeholders at all levels. Its results are thought-provoking and challenging, but they nonetheless point to opportunities and achievable steps through a bold and ambitious strategic plan to come.

“The gifts we treasure most over the years are often small and simple. In easy times and tough times, what seems to matter most is the way we show those nearest us that we’ve been listening to their needs, to their joys, and to their challenges.”

Fred Rogers, 1994

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ALLEGHENY COUNTY

Strengths and Challenges Identified by Professionals, Policy Makers and Parents for LAUNCH Five Core Areas

Cross-Cutting Themes

GENERAL

Allegheny County has many examples of evidence-based services and collaborations, but they need to be scaled up, coordinated, and integrated into primary care, ECE programs and elementary schools to meet the needs of low-income families with young children.

SPECIAL POPULATIONS

Although there are some good services for immigrant/refugee, homeless, and military families, there are not enough that have language and cultural competencies. Service disparities also exist for African Americans. Transportation is a pervasive challenge.

WORKFORCE DEVELOPMENT

There are several professional training and service programs available for medical care, infant/toddler mental health, substance abuse, trauma, abuse, depression, early intervention, early care and education, and transition to school. These need to be expanded, because overall there is a need for more trained personnel, smaller caseloads and reduced staff turnover.

SYSTEMS INTEGRATION

There are some good examples of coordination and collaboration across agencies and systems, and an infrastructure exists to share information, but more is needed. A broader infrastructure to share information about families across agencies and systems would lessen the multiple and duplicative screenings that often occur and increase the availability of integrated medical, behavioral, and mental health services. Many also cited a need for “navigators” to help families get services across agencies and systems.

PUBLIC AWARENESS

There is a general lack of public awareness, especially with respect to the existence of infant/toddler mental health problems and their long-term consequences and cost to society. The public is generally unaware of the benefits of integration of primary care and behavioral health, the benefits of prevention such as home visiting programs, and the unique needs of immigrant/refugee, homeless, military, and African American families, and other minority and special groups.



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FAMILY SUPPORT AND PARENT EDUCATION	
Strengths	Challenges
<ul style="list-style-type: none"> • Access to family support, home visiting, services for pregnant women • Building parent advocacy skills • Parents appreciate linguistically and culturally sensitive services • Collaboration between ACDHS and ACHD for referral to family support programs and related services • Data collection and sharing 	<ul style="list-style-type: none"> • Services to meet cultural and special needs of immigrant/refugee, military, and homeless families, including language competency • Transportation to services • Inability to share information across services • Staff turnover; large caseloads
MENTAL HEALTH / SOCIAL AND EMOTIONAL WELLNESS	
Strengths	Challenges
<ul style="list-style-type: none"> • Convenient locations for adult and family mental health services and substance abuse services • Availability of several services for traumatic stress, abuse, depression • New graduate training program in infant mental health at Chatham University 	<ul style="list-style-type: none"> • Programs for military, immigrant/refugee, and African American families • Personnel trained in infant mental health; caseloads too high • Information sharing and service navigators • Public awareness of infant/toddler mental health issues and the long-term personal and societal costs • Transportation, foreign language skills, staff turnover
EARLY CARE AND EDUCATION	
Strengths	Challenges
<ul style="list-style-type: none"> • Early Intervention (EI) services • A new push to serve young children of homeless families • PA Keystone STARS system of ECE quality • ECE “hubs” • ECE-school transition supports • Developmental screening in ECE and the link to EI services • Positive Behavioral Intervention and Support (PBIS) 	<ul style="list-style-type: none"> • ECE and out-of-school programs are limited by insufficient and categorical funding • Universal pre-K programs, lack of transition to school programs • Availability of quality out-of-school programs • Access to mental health consultation for children not in STARS programs • Availability of interpreters for immigrant/refugee families • Coordination of screenings across agencies, need for referrals, transportation • More workforce development needed • STARS system needs revision, expansion
PRIMARY CARE	
Strengths	Challenges
<ul style="list-style-type: none"> • Access to medical care for pregnant women, adults, and children, especially Federally Qualified Health Centers • Several primary/behavioral health programs exist 	<ul style="list-style-type: none"> • Access to medical care for homeless families; disparities in services for African American families; transportation • Broader integration with mental health and substance abuse services • Information sharing between services • Little public or physician awareness of need for or benefits of integration • Physician’s time, knowledge of mental health and MH services; billing codes • Availability of screening, trained personnel to handle trauma cases • High cost of co-location/integration of mental health in primary care • Navigators to help families get needed services • Parents need better understanding of health insurance
SYSTEMS DEVELOPMENT	
Strengths	Challenges
<ul style="list-style-type: none"> • Collaboration of PA DHS and PDE in governing the Office of Child Development and Early Learning (OCDEL) • Health insurance available to all • State and county career lattice provides job training • Data warehouse at DHS • Maternal depression screening project 	<ul style="list-style-type: none"> • Few formal mechanisms for collaboration between PA DHS and PDE with DOH in OCDEL • ECE system not connected to mental health and medical systems • Monitoring of children at-risk who are not eligible for services • Training of direct service personnel across systems • Cultural and language competencies • Substantial disparities in services to homeless, immigrant/refugee, military, and African American families and their unique needs; lack of public awareness of these issues

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Policy Recommendations Pertaining to Major Scan Themes

1. Special Groups

Add children in foster care to the subpopulations (immigrants, homeless, military, etc.). They suffer referral and access limitations because of their frequent moves from one foster family (and perhaps geographical location) to another, variable cooperation of the foster family, transportation issues and surrogacy issues.

Children in Child Welfare who are homeless or in other high-risk circumstances should have priority for Early Head Start, Head Start, and child care subsidies.

Parents with more than one young child also have unique needs. They often must take two or more children with them to access services. However, if a family is utilizing Medical Assistance Transportation, children who do not have an appointment are not allowed to ride along, creating childcare needs for these at-risk families. In addition to whether bus schedules and routes match a family's needs to get to services, parents with more than one young child may need to have and manage several car seats or strollers when traveling to services and the service may have no ability to care for other children while the parent and target child are served. Similarly, no provision may be available for the children of mothers while they receive mental health services.

2. Information Sharing

There needs to be more data sharing specifically between the Federally Qualified Health Centers, hospitals, and private physicians' offices.

Privacy concerns limit provider's ability to share information about individuals. The main use of the current data system is for non-identifiable "population" statistics (e.g., how many first graders are in some DHS service), not to help individual families or children.

Early childhood data should be integrated across the health, welfare, early intervention, Head Start, Pre-K Counts, etc. systems in a manner that protects family's rights as described in FERPA and HIPPA.

3. Interagency Collaborations

Create policies and procedures that specify roles and responsibilities for collaboration and coordination across the behavioral health, early intervention (B-3, 3-5 years), and other systems to link services and avoid duplication and lost connections.

The Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood, Revised (DC: 0-3R) and the International Classification of Disease (ICD-10) are instruments that could be used across agencies to promote uniformity of diagnoses, services, and integration of behavioral health into primary care.

4. Workforce Development

Establish cross-system competencies and resources for those working toward early childhood wellness.

Provide specialized training for child service professionals pertaining to the unique needs of special groups, including immigrants, military, homeless, and LGBTQ families as well as foster children and teenage parents.

The State could promote infant mental health best practices as they relate to workforce development, screening and assessments, flexible funding for family support evidence-based programs, and key collaborations.

5. Screening, Referral, and Services

Strive for universal screening of children from conception to 8 years by closing gaps within and across service contexts, adopting validated screening instruments, and assessing current eligibility criteria for both early intervention and behavioral health services of those diagnosed with behavioral difficulties.

6. Maternal Depression

Consideration should be given to funding and tracking maternal depression as a risk category for early intervention statewide, and once diagnosed a caregiver-child relationship screen should be conducted.

APPENDIX C.

Template #1: The most <u>LAUNCH-relevant</u> Family Strengthening and Parenting Education Services, Programs, etc. in Allegheny County				
Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
HOME VISITING: Nurse Family Partnership	Allegheny County Health Department	Low income women who are pregnant with their first baby and through the child's second birthday.	Foster healthy pregnancies, improve the health and development of children and encourage self-sufficiency	MIECHV - \$673,000; OCDEL- \$301,000/10% match requirement; MA \$45,000
HOME VISITING: Parents as Teachers (PAT)	26 family centers from 11 lead agencies, plus Every Child, Inc.	Pregnant women, children age 0-5 and their families	Parent education to help parents develop the tools they need to help their children be successful in school and in life	Primarily DHS (through state and county resources) with some foundation supports (funding amount embedded in family support centers, see below)
HOME VISITING: Early Head Start	4 grantees in city and county (agency & # of children: COTRAIC 70, OCD 310, AIU 68, PPS 72: note most of the children are served through home based, some are served in centers)	Pregnant women, infants/toddler through age 3 and their families	Child development, social emotional health of children and families, school readiness, parent child relationships	USDHS Office of Head Start
HOME VISITING: Home Based Head Start	AIU: home based option	For 3 year olds and their families (341 slots)	Child development, social emotional health of children and families, school readiness, parent child relationships	USDHS Office of Head Start

Template #1: The most LAUNCH-relevant Family Strengthening and Parenting Education Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
HOME VISITING: Doula Support	Every Child Inc., The Birth Circle	Pregnant women and infants who meet high risk criteria	Pregnancy support with trained doula, which is an intensive service that couples a case management approach with support from a doula-trained staff who provide up to 6 months of individualized support before, during, and after a pregnant women's birthing experience.	Highmark Foundation, Managed Care Organizations
HOME VISITING: Healthy Start	Community-based service provider, based in 6 distinct regions covers 54 Pittsburgh neighborhoods and 4 other Allegheny County municipalities	Pregnant women, new parents or families who have children up to the age of 2 years old.	Reduce the infant mortality rate and the number of low birth weight babies; improve the quality of life of infants, toddlers and their families.	Federal Government; US Dept. of Health and Human Services
TEEN PARENTING SERVICES: Project ELECT	Project ELECT has 3 providers in Allegheny County (AIU, PPS, McKeesport SD).	Pregnant teens or teen parents enrolled in school, age 22 and younger, who meet income eligibility requirements	Help pregnant and parenting teens earn a diploma or GED certificate, become better parents and make the transition to employment or higher education	Federal and state funding, program jointly administered through PA Dept. of Public Welfare & the PA Dept. of Education. \$1.7 million to AC in FY 12/13
FATHERHOOD: 24/7 Dads (and other programs)	Key examples: East Liberty Family Support Center (and others) provide 24/7 Dads; other supports by Children, Youth and Families, Allegheny Intermediate Unit and Allegheny Family Network	Fathers with children age 18 or younger; designed for custodial and non-custodial fathers	Increase knowledge and skill level of fathers; promote a healthy and positive attitude regarding fatherhood and parenting	

Template #1: The most LAUNCH-relevant Family Strengthening and Parenting Education Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
RESPITE NURSERY	Jeremiah's Place has one nursery/center located at the Kingsley Association in Larimer Pittsburgh; operates independently of public service agencies	Center based crisis nursery for children from birth to 6 years old whose caregivers are experiencing overwhelming stress or in crisis	To protect children & strengthen families by providing respite (24/7 child care & nursery), health, renewal and support for children and families at times of crisis.	Not-for-profit 501 (c) (3) organization; fundraising; foundation support (grants), business community & faith-based partners, individual donors
Family Support Centers	26 family centers from 11 lead agencies, DHS coordinated, OCD provides infrastructure support/training/technical assistance (note: 10 are in PPS communities, 1 in BWHSD; 5 in WHSD)	Pregnancy through age 5; locations throughout county including targeted districts	Parent child interaction/ parenting/ child development: PAT home visiting; linkages to tangible and social supports; parent leadership and governance	Primarily DHS: county-wide approximately \$8+ million annually
Developmental screening: Ages and Stages Questionnaire (ASQ)	PAT providers, and ECE, EI , ECMHC, CYF workers, A Second Chance workers, some primary care settings	0-5 year olds	Developmental screening, refer when needed to EI for assessment and if needed, services, use to design individualized child development services	Part of the Child Welfare Demonstration Project
Parent Peer Support	Allegheny Family Network (AFN), Parent to Parent (statewide), ABOARD	Primarily families with children with an MH diagnosis but also families in foster care, family court, child welfare or juvenile court	Parents raising children with social emotional/mental health issues support families raising children with social, emotional, or mental health issues including autism or other disabilities. Supports in one on one or group settings.	AC DHS, CCBHO provide funds to AFN;

Template #1: The most LAUNCH-relevant Family Strengthening and Parenting Education Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Parent Leadership Training	PEAL, AFN, Family Support Centers, Lawrenceville United, A+ Schools, Temple University UCDD (C2P2),	Families choosing to grow in their leadership to advocate for their children, their community or for system changes	Each agency has their own specific goals but overall to enhance families competence and confidence in leadership and advocacy	
Pennsylvania Strengthening Families Initiative	Departments of Human Services and Education, as well as community-based service partners, early care and education programs, local school districts and Intermediate Units.	All families in PA	Pennsylvania, through the Strengthening Families Leadership Team, works to sustain and weave the Five Protective Factors, which are social and emotional competence of children, knowledge of parenting and child development, social connections, concrete supports in times of need and parental resilience, into policies, program and practice across child and family service systems.	
<i>Programs and practices with potential for future implementation</i>				
Family Check-Up	University of Pittsburgh Department of Psychology	Families with children 3 and older	Relatively brief intervention enhances parents' motivation to engage in positive parenting practices and reduce adjustment difficulties in children	

Template #1: The most LAUNCH-relevant Family Strengthening and Parenting Education Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Parent Training, Group Based: Incredible Years	Family Services of Western PA and Glade Run	Parents of children 0-6 years	Increase parenting self-efficacy and competencies, reduce parenting stress and promote more positive parent-child interactions in order to promote children's social, emotional and behavioral competencies and avert ongoing patterns of negative child behavior	
Home Visiting Network: temporarily known as Allegheny Cares	Collaboration between ACDHS and ACHD with home visiting programs	All families interested in or enrolled in a home visiting program	Coordination of referrals through DHS Link system to enhance access and availability; workforce development to enhance efficient supports to home visitors; facilitate collaborations to enhance comprehensive service delivery	Private foundations
<i>Evidence-based / promising strategies or approaches used in Allegheny County</i>				
Conferencing and Teaming	DHS	Currently primarily families engaged in CYF; moving toward implementation throughout DHS and its provider network	Connect families with meaningful formal and natural supports using a family-centered approach that coordinates and does not duplicate	
Motivational Interviewing	Key examples include: Holy Family Institute, Auberle, Family Resources, Family Services, Macedonia FACE, George Junior, WPIC and NHS (note: NHS also uses MI for Effective Classroom Management which is a consultation model)		An effective evidence-based approach to overcoming the ambivalence that keeps many people from making desired changes in their lives, even after seeking or being referred to professional treatment. Populations served include adolescents and adults identified for substance abuse treatment.	

Template #1: The most LAUNCH-relevant Family Strengthening and Parenting Education Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Sanctuary Model / trauma-informed care	Key examples include: Holy Family Institute, Auberle, Bradley and Family Resources		"Evidenced-supported" and "promising practice" model that provides a solid understanding of trauma for all of an organization's client services and organizational practices across the entire agency.	
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Key examples include: PAAR, Bradley, and Glade Run. Note: CYF is currently planning on training "in-home" providers in TF-CBT	This treatment can be used with children 3-18 years old with a known trauma history and exhibit significant Post-Traumatic Stress Disorder (PTSD) symptoms.	Accepted by SAMHSA and the National Resource Center for Permanency and Family Connections as an EBP, designed to treat post-traumatic stress and related emotional and behavioral problems	
Homebuilders Model	ACDHS is subcontracting providers to implement this model.		Homebuilders is the oldest and best-documented Intensive Family Preservation Services (IFPS) program in the United States. Unclear if anyone is currently implementing with fidelity but several responses listed it as part of their "in-home" or "crisis" services.	ACDHS

Template #2: The most *LAUNCH-relevant* Mental Health and Social Emotional Wellness Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Parent Child Therapy: Parent Child Interaction Therapy (PCIT)	Approximately 45 PCIT practitioners in Allegheny County 100 Providers Statewide (trained through NIMH grant)	Young children with conduct disorders; treatment places an emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.	Parents are taught specific skills to establish a nurturing and secure relationship with their child while increasing their child's prosocial behavior and decreasing negative behavior.	The Heinz Endowments awarded money to DHS to build PCIT playrooms in 5 Family Support Centers to improve access and availability \$3.3 million National Institute of Mental Health called "A Statewide Trial to Compare Three Training Models for Implementing an Evidence-Based Treatment (EBT)."
Parent Child Therapy: Child Parent Psychotherapy (CPP)	UPMC's Matilda Theiss Child Development Center (NTCSN member) delivers the service and trains therapists to deliver the service	Children 0-5 years exposed to violence in the home; death of loved one; or life threatening accidents, illness or disasters-and their families	Restore child-parent relationship, child's mental health and developmental progression	
Parent Child Therapy: Family Focused Solutions Based (FFSB)	Current providers are: Holy Family, Wesley Spectrum, Every Child and Family Resources.	Either the adult/parent or the child can be the "identified patient". Referrals come primarily from CYF CWs, and JPO, for families who have experienced child abuse/neglect and someone in the family has a significant MH issue	Participating providers (EI and select MH providers) were trained in "Promoting First Relationships" an EBP practice which teaches therapists (EI and MH) to provide treatment in the context of the parent/child relationship. These families are not always CYF involved, but due to the	Current work to continue this as a billable service includes: Family Focused Solutions Based is a supplemental service on the HC side (only). The child centered version of FFSB service (BHRS

Template #2: The most LAUNCH-relevant **Mental Health and Social Emotional Wellness Services, Programs, etc.** in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
FFSB continued		(parent/caregiver or child); expanded to include EI referred families with children 0-5	parent's un/under-treated MH condition, the children are considered "at risk" for CYF involvement. FFSB is a mobile, in-home, team delivered service (MA level and BA level staff). Staff are trained in several treatment modalities.	exception) is currently under review by OMHSAS Children's Bureau
Social Emotional Learning: PATHS to success	Pittsburgh Public Schools, 11 elementary schools in the district that exhibited the greatest need; 3 partnering providers: Mercy Behavioral Health, WPIC and Family Links; Afterschool program providers: Woodland Hills School District (TCHSC) and BJWL afterschool programs (Family Resources) also offer this curriculum.	Students in grades PreK through 5 Afterschool program providers noted collectively serve about 250 youth.	Enhance areas of social-emotional development in 5 domains: self-control, emotional understanding, self-esteem, relationships & interpersonal problem-solving skills	Substance Abuse and Mental Health Services Administration (SAMHSA) federal grant, awarded to PPS; United Way
School Intervention: Positive Behavior Intervention & Supports (PBIS) <i>[see template #3 for more information on the PA-PBS Network]</i>	Some elementary schools use PBIS (to varying degrees of fidelity) in Pittsburgh Public Schools and in Woodland Hills. In addition some charter elementary schools implement the model.	Elementary school students	PBIS is an evidence-based, cost-effective, systems approach for establishing the social culture needed for schools to be effective learning environments for all students. PBIS helps schools teach students expected behaviors and social skills, creates student behavioral health and academic support systems, and applies data-based decision-making to discipline, academics, and SE learning.	

Template #2: The most LAUNCH-relevant **Mental Health and Social Emotional Wellness** Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Community Awareness: Mental Health First Aid (MHFA)	Office of Behavioral Health has provided training to DHS; is working with Allegheny Health Choices to form a collaborative to support this training in the general community. Several trainers have been training community members over the last several years. AC also has two Deaf/ASL fluent MHFA trainers.	All people and organizations that make up the fabric of a community; professionals who regularly interact with a lot of people	Training that gives people the skills to help someone who is developing a MH problem or experiencing a MH crisis; build MH literacy, helping the public identify, understand, and respond to signs of mental illness	
Screening social-emotional development: Ages & Stages Questionnaire-Social Emotional (ASQ-SE)	PAT providers, EI providers, ECMH Consultation Program, Office of Children, Youth, and Families (OCYF)	0-5 year olds OCYF: Children under age 3, who have been the victims of substantiated abuse cases MUST be screened using ASQ/ASQ-SE within 30 days of case acceptance; recommended for all children 0-5 in agency service	Parent-completed tool with a focus on children's social and emotional development to identify behaviors of concern and need for further assessment or ongoing monitoring. OCYF: Children 0-3 with a qualifying score must be referred to EI; those who are not referred based on score, must be screened periodically	Varied Funding

Template #2: The most LAUNCH-relevant Mental Health and Social Emotional Wellness Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Screening caregiver depression: Edinburgh Postnatal Depression Scale and/or Patient Health Questionnaire (PHQ-9)	Healthy Start, Family Care Connections (5 family support centers) , Alliance for Infants & Toddlers and others	Post-partum women, fathers	Screen for need for full assessment for clinical depression	
School Intervention: Co-located therapists	Elementary schools in PPS (24), WHSD (5), and in BWSD (2) have outpatient satellites from these providers: Glade Run Lutheran Services, Mercy Behavioral Health, Family Links, Wesley Spectrum Services and WPIC	Elementary school students and their families (if they choose)	On-site therapy	Outpatient Therapy is a billable service under most health insurance programs
School Intervention: Community and School Based Behavioral Health Team (CSBBH)	Teams include masters and bachelor level clinical staff	Elementary school students in Lincoln (PPS) (new this school year)	Single point of contact for behavioral health, youth and family involvement, coordination with primary care	Supported by Community Care Behavioral Health Organization (Medicaid funds)
Crisis MH care	Re:Solve WPIC/UPMC	Round the clock, MH crisis intervention and stabilization services for residents of AC	Phone, mobile dispatch, or walk in for any age; residential/overnight services ages 14+	Billable service

Template #2: The most LAUNCH-relevant **Mental Health and Social Emotional Wellness** Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Community Awareness and consultation: Safe Start	Safe Start (DHS) provides training on the effects witnessing violence has on young children and how to assist them in processing their responses. Safe Start Behavioral Health staff provides consultation to meet the individual needs of families and their children's exposure to violence	Professionals, families and their young children	Improving outcomes for children who witness violence either in their homes or communities or through the media and video games.	
D&A prevention: (Student Assistance Program, education, information dissemination, problem identification, environmental, community base process, and alternative activities)	Key examples: Office of Behavioral Health, Drug and Alcohol Services, Dept. of Human Services, FamilyLinks, Family Services of Western PA(K-8), TCVMH/MR	Providers deliver services in elementary, middle and high schools. Prevention activities at all levels, student assistance added in middle and high school to provide early intervention.	In elementary schools classroom and alcohol prevention curriculum are being delivered. Small groups are conducted for students from high risk populations such as kids who have experienced trauma, loss, parent or family member addictions.	
Therapeutic Preschool	Family Resources, Matilda Theiss, PLEA	Children 2.5 - 5 years of age with social/emotional challenges (diagnosis required)	Supports emotional and social learning and provides pre-K education for children with diagnosed special needs and/or trauma history	

Template #2: The most <u>LAUNCH-relevant</u> Mental Health and Social Emotional Wellness Services, Programs, etc. in Allegheny County				
Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
<i>Programs and practices with potential for future implementation</i>				
Attachment Bio Catch Up (ABC)		For caregivers of infants and young children up to 24 months old, including high-risk birth parents & caregivers of young children in foster, kinship, and adoptive care	Enhance emotional and biological regulation, and foster secure attachment	
Group based intervention: Circle of Security		At-risk toddlers and preschool age children and their parents	Promote secure attachment in high risk populations through parent education and psychotherapy. For use in small group settings as family therapy or in home visitation; individualized for each dyad (relationship) and focused interventions on the caregiver as the partner more likely to induce change.	

Template #3: The most LAUNCH-relevant **Early Childhood Education/Early Intervention/Out of School Time/Early Elementary School Services, Programs, etc. in Allegheny County**

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
EARLY INTERVENTION: Birth to three	Alliance for Infants and Toddlers via contract with Allegheny County MH/ID	Service Coordination for families of children receiving EI services birth to three (25% delay in one or more area of development, etc.) in AC	partner with families to set goals, monitor child's development and progress, monitor services to address delays, provide parent education and support, identification and referral to resources, assist in transition	Department of Human Services– Approx. 10% match State and Federal \$12,406,459
EARLY INTERVENTION: 3-5	City: Pittsburgh Public Schools; Allegheny County: DART/ Allegheny Intermediate Unit	3-5 year old children who demonstrate a delay of 25% or more in one or more developmental area	Special education services to support school readiness; Child Find, Assessment, referral and services, tracking in the child's least restrictive environment	PA Department of Education
QUALITY IMPROVEMENT SYSTEM: PA Early Learning Keys to Quality	Keystone STARS coordinated by the YWCA provides quality monitoring, professional development, technical assistance for early care and education in the child care system Statewide: Coordinated within 5 Regional Keys (3,905 child care providers)	Early Childcare & Education enrolled in the Keystone STARS program Statewide: 14% of children birth to age 5 (estimated 101,753)	To achieve quality (STAR 3 & 4) and support each child's early learning and school readiness. Available 3 & 4 STAR facilities in the targeted school districts are: 31 centers and 2 groups in Pittsburgh Public SD; 3 centers and 1 family childcare home in Baldwin Whitehall SD; and 7 centers and 4 group child care facilities in Woodland Hills SD	Major source of funding for these centers is Child Care Works, from the Child Care and Development Fund. In FY 12/13, \$34.8 million was distributed to Allegheny County to subsidize programming for children 0-5 (55% federal dollars and 45% state dollars).

Template #3: The most LAUNCH-relevant **Early Childhood Education/Early Intervention/Out of School Time/Early Elementary School Services, Programs, etc. in Allegheny County**

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
QUALITY IMPROVEMENT SYSTEM: PA Early Learning Keys to Quality School-Age Care (5-8)	SAC (Keystone STARS)	Programs providing before and after school care to school age children and are enrolled in the Keystone STARS program Statewide: 62,919 school-age children (estimation)	Provide specialized professional development and technical assistance. Focus: professional development and technical assistance to support SACC providers participating in Keystone STARS. Aim to improve program quality and positive outcomes for children. Regional SACC-PD/TA providers also facilitate partnerships with community stakeholders to promote the development of out-of-school programming.	The Child Care Works funding stream is also vital to this work. In FY 12/13, \$25.2 million was distributed to AC to subsidize programming for children 5-12. We do not have a precise amount utilized for children 5-8, but an estimate would be \$12.6 million.
CONTINUOUS QUALITY IMPROVEMENT: Out-of-School Time settings (school-age)	Allegheny County Partners for Out-of-School Time (APOST) coordinates and develops system of quality,	Youth in OST (out-of-school time) programming in Allegheny County, via their program's parent organization, leadership, and/or staff	Allegheny Partners for Out-of-School Time (APOST) is a partnership of funders, intermediaries and providers dedicated to building a quality OST System that will contribute to the healthy successful development of young people as they progress through their school years, graduate from high school and enter into adulthood.	\$62 Funding for OST in Allegheny County is a mixture of government funding (federal, state, local) as well as local organizations (e.g., United Way of Allegheny County; philanthropic foundations). Major source of funding is again Child Care Works -- \$25.3 million from this fund supported OST programming for youth 5-12 in AC during FY 12/13.

Template #3: The most LAUNCH-relevant **Early Childhood Education/Early Intervention/Out of School Time/Early Elementary School Services, Programs, etc. in Allegheny County**

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
QUALITY IMPROVEMENT SYSTEM: PA Early Learning Keys to Quality ECMH consultation program	Allegheny County: Keystone STARS ECMHC Program (contracted to University of Pittsburgh Office of Child Development by Southwest Regional Key) Statewide: Available in 4 additional Regional Keys, total of 16 consultants (FT or PT)	0-5 year olds in ECE facilities that participate in Keystone STARS who are identified by teacher/director and seen with the permission of the parent(s) FY 13-14: 509 Children (65% ages 3-5) in 287 Keystone STARS programs	PA's EMCHC program seeks to 1) Reduce the number of children expelled from childcare due to behavior challenges; 2) Increase understanding among early care and education practitioners and families of social-emotional development and its impact on educational success, and 3) Link and bridge systems and services of behalf of a child, family, and program.	Total funding = \$1,164,826 Southwest Regional Key (SWRK)* \$193,200 (62% IDEA, 24% CCDF, 14% State) * SWRK encompasses 7 counties, including Allegheny County All other RKs and Statewide Support \$971,626 (28% IDEA, 41% CCDF, 21% State) <i>(percentages are approximate)</i>
Community learning opportunities: Early Learning Hubs	Pittsburgh Association for the Education of Young Children (PAEYC)	Homewood and Hazelwood communities including early learning educators, home based child care providers, relative/neighbor providers, families.	To provide a place for the early learning community to gather, learn and play	
Community level integrated supports: Homewood Children's Village	Homewood Children's Village and multiple partners	Every child/family in the Homewood community in the city of Pittsburgh	The mission of the Homewood Children's Village is to simultaneously improve the lives of Homewood's children and to reweave the fabric of the community in which they live.	Multiple private foundations

Template #3: The most LAUNCH-relevant **Early Childhood Education/Early Intervention/Out of School Time/Early Elementary School Services, Programs, etc. in Allegheny County**

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Early literacy: PA One Book, Every Young Child Early Literacy Initiative	Collaborators: PA Department of Education, PA Department of Human Services, Children's Museum of Pittsburgh, Please Touch Museum, State Museum of PA, PA Library Association, PA Center for the Book, PA Association for the Education of Young Children, The PA Child Care Association and PennSERVE.	Preschoolers ages 3 to 6; There are more than 545,000 children in the target age group, many of which are in the state's childcare facilities, Head Start programs, licensed preschools or kindergartens.	Through this program, adults learn how to support the development of literacy in preschool children. One Book, Every Young Child provides opportunities for adults to read aloud and share books, stories, and related activities with preschoolers. .	Blended funding through collaborative partners
Community oversight for quality public education: A+ Schools	A+ Schools	Pittsburgh Public School District only	A+ Schools is the community advocate and leader for educational equity and excellence in PPS. Their core purpose is to remove any barriers to equity through education the public, increasing awareness and engaging the community in efforts to advance change.	Bill & Melinda Gates Foundation; Buhl Foundation; Grable Foundation; The Heinz Endowments; Pittsburgh Foundation; RK Mellon Foundation

Template #3: The most LAUNCH-relevant **Early Childhood Education/Early Intervention/Out of School Time/Early Elementary School Services, Programs, etc. in Allegheny County**

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
PA Positive Behavior Support (PA-PBS) Network [see template #2 for more information on PBIS]	Schools and ECE centers implement PBIS with the support of this network. Agencies involved in the State Leadership Team for this network include: PaTTAN; Bureau of Special Ed.; Office of Safe Schools; OMHSAS; AC DHS; OCDEL; etc.	-Schools in PA implementing PBIS (full & partial): 618 -Number of LEAs in PA with schools implementing PBIS: 131 -Number of students enrolled in schools implementing PBIS: over 231,550	This network aims to support school districts, schools, ECE locations, and community partners through training and technical assistance. The goal is to promote academic, social, and emotional outcomes of students by creating and maintaining comprehensive school-based behavioral health support systems.	Related agencies provide financial assistance to the PA-PBS Network with 'in-kind' support (e.g., OMHSAS maintains website; PaTTAN covers the 'Implementers' Forum'; ECE centers receive support from EITA funds and local IU; etc.)
Community school attendance campaign: Be There	United Way leads schools, community organizations, and community groups	All schools, all school age children and their families in Allegheny County	United Way convenes and coordinates a partnership effort that focuses on mobilizing school and community providers to meaningfully "Be There" for students and actively support improved school attendance by utilizing positive messages to motivate students and better communicate with families.	Each program is funded separately; coordination is funded by United Way
Kindergarten transition: Ready Freddy and Hi 5! Kindergarten Here I Come	University of Pittsburgh Office of Child Development (Ready Freddy) and AIU (Hi5!)	Rising kindergarten children and their families (Ready Freddy: PPS; Hi 5! All school districts in Allegheny County)	Increase the number of children registered early and on time for kindergarten; increase the number of children, families and schools participating in transition to k activities; increase parent engagement in their child's education; increase attendance throughout the kindergarten year	Multiple private funders and United Way

Template #3: The most LAUNCH-relevant **Early Childhood Education/Early Intervention/Out of School Time/Early Elementary School Services, Programs, etc. in Allegheny County**

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Parent organizing: Pittsburgh Parent Power (PPS)	Several community organization in collaboration with parents with consultation from Annenberg Institute for School Reform	Parents from Pittsburgh Public Schools	Building capacity for parent engagement and leadership in school reform	The Heinz Endowments
Pre-school education: Head Start (center based) and Pre K Counts	<p>3 Grantees in Pittsburgh city and Allegheny county : AIU: 1271 federal slots, 287 state slots, 270 Pre K- Counts; COTRAIC: 531 Federal slots; PPS 80 classrooms federal, 302 state slots, Pre-K Counts 394 slots</p> <p>Statewide: Pennsylvania Pre-K Counts is provided in 62 counties via 144 providers. Head Start state (41 provider agencies) and federal (62 provider agencies) programs were in 67 counties</p>	<p>Children under 5 from low income families</p> <p>Allegheny County: AIU: 1271 federal slots, 287 state slots, 270 Pre K- Counts; COTRAIC: 531 Federal slots; PPS 80 classrooms federal, 302 state slots, Pre-K Counts 394 slots</p> <p>Children Statewide: State and Federal Head Start (35, 742) and Pre K Counts (11,391)</p>	Promotes school readiness through education, health, social and other services	US Department of Health and Human Services: Office of Head Start and state funds

Template #3: The most LAUNCH-relevant **Early Childhood Education/Early Intervention/Out of School Time/Early Elementary School Services, Programs, etc. in Allegheny County**

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Services to families experiencing homelessness	Homeless Education Fund and Homeless Education Network (HEN); Education Law Center, OCD and other collaborators	Families experiencing homelessness with children and youth	To ensure full access to and participation in education and supports, including ECE.	
<i>Programs and Practices with potential for future implementation</i>				
Race to the Top: Community Innovation Zone	2 grants within Pittsburgh Public Schools (PAEYC, grantee for Faison Elementary; Pittsburgh Public Schools, grantee for Arsenal Elementary)	Birth through third grade students and their families in 2 PPS schools	Provide local communities the opportunity to strengthen P-3 alignment, family engagement and community collaboration to close the achievement gap for children entering an at-risk school.	\$75,000/year each grant for each of 3 years.
Alliance for a Healthier Generation/ Healthy Schools Program (just starting)	Children's Hospital in PPS	Several elementary schools in Pittsburgh	Partnerships to build healthier school environments	Tools and resources https://schools.healthiergeneration.org/

Template 4: The most LAUNCH-relevant Primary Care Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Special Kids Network	Special Kids Network	Children with special health care needs and their families	Help children and youth with special health care needs and disabilities get the services and support they require in order to thrive in their community and develop to their full potential	Department of Health
Pediatric primary care with behavioral health supports	Children's Hospital's Children's Community Pediatrics in partnership with Western Psychiatric Institute and Clinic	30 locations across Allegheny, Armstrong, Butler, Erie, Indiana, Mercer, Washington, and Westmoreland County	On site behavioral health therapy; high show rates and high satisfaction rates. In addition, site supports to families include parenting classes for expectant parents taught by a pediatrician; fundamentals of feeding your baby for parents of babies between the ages of two months and one-year-old; online video visits, patients can receive treatment for select symptoms when the pediatrician's office is closed for the day; Certified lactation consultants provide breastfeeding education and support to nursing mothers.	
Pediatric primary care with behavioral health supports	Pediatric Alliance in partnership with Wesley Spectrum	Currently have BH therapists in 3 pediatric practices; about 40% of the referrals for BH services are 0-8 year olds, 27% are on MA, 10-12 referrals were post-partum women	On-site, individually credentialed therapists address the behavioral health needs identified in Pediatric offices: 98% first appointment show rate; 92% follow up appointments show rate; high satisfaction rates by families	Pittsburgh Foundation (in 2012) provided startup funds

Template 4: The most LAUNCH-relevant Primary Care Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Pediatric primary care with behavioral health supports	Kids Plus in partnership with various providers	Three offices; two in Allegheny County	Kids Plus Doctors Notes: online information for parents on a medical or developmental topic; Quiet Night Sleep Class: Dr. taught parent class; host several parent support/information groups including New Mom's, Not so New Mom's and Working Mom's ; several parenting classes including: Happy Baby, Toddler Time, Survival Parenting, Mom and Baby Yoga	
Federally Qualified Health Centers (FQHC)	PA has 35; Allegheny County has 7(East Liberty, Metro, Northside Christian, Primary Care, SQ.Hill, Sto-Rox, Matilda Theiss (UPMC), and most have satellites and "look alikes" that do not have to comply with all FQHC data and other requirements	Underserved adults and children	FQHCs offer sliding fees, provide comprehensive health services, have quality assurance programs and a governing board of directors. Mental health services are provided. Many FQHC's provide MH to adults some provide MH to children as well.	All receive or meet the requirements to receive grants under section 330 of the Public Health Service Act
Clinical treatment in community pediatricians offices; workforce development and consultation to pediatricians and staff	SKIP Project/UPMC(services for kids in primary care) David Kolko	Primarily research that demonstrates the efficacy of behavioral health treatment in pediatric offices; target population includes 5-8 year olds;	Training to support quality collaborative mental health services for children including program development, current program enhancement, training in EBT, case consultation, research assistance, and efficient monitoring services to track patient progress and outcome	

Template 4: The most *LAUNCH-relevant* **Primary Care** Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Health Care Navigators	Key organizations: Consumer Health Coalition; the YWCA of Pittsburgh.	People at risk for not having health insurance	Assist those who need support in signing up for health insurance (YWCA has a special emphasis on assisting African American and Latino eligible adults)	Federal funding through ACA (\$2.4 million in total was distributed across the state to 6 organizations).
Early Childhood Education Linkage System (ECELS)	American Academy of Pediatrics - Pennsylvania Chapter (PA-AAP)	Early Childhood Programs (ECELS services are available to the 9,000 regulated centers in PA, including centers, large and small family child care homes, Head Start, nursery schools and Pre-K Counts programs)	ECELS provides health professional consultation, professional development, and technical assistance to improve early learning programs in Pennsylvania. ECELS develops and markets materials, conducts professional development workshops, maintains a statewide network of local Child Care Health Consultants, analyzes childcare-related health data, provides technical assistance to child care practitioners, and provides input to policy recommendations for a variety of agencies.	PA Department of Human Services
Obstetrics and Gynecological services (OB-GYN)	Hospitals: Magee-Women's Hospital of UPMC; Allegheny General Hospital; Western Pennsylvania Hospital; St. Clair Hospital; Forbes Regional Hospital; UPMC Mercy; UPMC Passavant; Monongahela Valley Hospital; Alle-Kiski Medical Center	Pregnant women		Billable service

Template 4: The most *LAUNCH-relevant* Primary Care Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Language Line	UPMC and SHHC contract Language Line	Non-English speaking patients	Over-the-phone interpreting (available for other social services as well)	
<i>Programs and practices with potential for future implementation</i>				
I-Count	Collaboration; just beginning.	I-Count will establish 3 community based service units supported by one administrative hub. It represents an integrated model of primary care, human services and behavioral health services. The intent is to achieve more efficient transition from acute care hospitals, focusing on reducing inappropriate admissions and readmissions and improving preventive health. Delivery and scores for a chronically ill at-risk population in Allegheny County.	To implement a patient -centered medical-social model of service that reduces health care costs and improves healthcare outcomes by coordinating processes and integrating resources targeted to the top 5% of utilizers who generate 50% of health care spending.	Planning process is being spearheaded by The Forbes Funds. More than \$650,000 has been awarded to this process by area foundations: Jewish Healthcare Foundation, McCune Foundation, Heinz Endowments, Hillman Foundation, Pittsburgh Foundation, United Way, BNYMellon, Fine Foundation, and Staunton Farm Foundation.
Breastfeeding Education, Support, and Training (BEST)	American Academy of Pediatrics - Pennsylvania Chapter	The initial focus will be on three neighborhoods with a high density of poverty and agency	This program targets education and resources on breastfeeding to practices in Southeast and Southwest PA. As an EPIC program, the focus is on promoting the initiation of breastfeeding and increasing the duration of exclusive breastfeeding for about the first 6 months of the infant's life. EPIC-BEST will work with primary care practices on achieving the principles of a breastfeeding friendly office.	PA Department of Health

Template 4: The most LAUNCH-relevant Primary Care Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Early Hearing Detection and Intervention (EHDI)	American Academy of Pediatrics - Pennsylvania Chapter (PA-AAP)	Newborns; primary care providers and their office staff	The objectives of EHDI are to complete screening by one month of age, diagnose any hearing loss by the age of three months, and assure linkage to treatment and early intervention by the age of six months. EHDI, in partnership with PA DOH, works with hospitals and primary care physicians to facilitate communications on newborns who do not pass their hearing screening.	PA Department of Health
Healthy Teeth, Healthy Children (HTHC)	American Academy of Pediatrics - Pennsylvania Chapter (PA-AAP)		EPIC-HTHC is a medical-dental partnership designed to improve early oral health care in children.	DentaQuest Foundation
Immunization Education Program (IEP)	American Academy of Pediatrics - Pennsylvania Chapter (PA-AAP)	Primary care providers and their office staff	EPIC®-IEP delivers offers in-office and webinar Immunization Updates for physicians and the entire practice staff, training on immunization techniques through Immunization Skills Workshops for medical assistants and others who wish to review or update their skills, webinars on immunization topics through the Chapter's "Let's Talk" series, and technical assistance on immunization issues.	PA Department of Health

Template 4: The most *LAUNCH-relevant* Primary Care Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Medical Home Initiative (MHI)	American Academy of Pediatrics - Pennsylvania Chapter (PA-AAP)	Children with special health care needs and their families ; primary care providers and their office staffs	EPIC IC is a statewide provider education program using office based change as the key to improving the care provided to Children and Youth with Special Health Care Needs (CYSHCN). The mission of the program is to enhance the quality of life for children with special health care needs through recognition and support of families as the central caregivers for their child, effective community-based coordination and communication, and improved primary health care.	US Department of HHS Maternal Child Health Bureau and the Pennsylvania Department of Health
PA Preemie Network (PAPN)	American Academy of Pediatrics - Pennsylvania Chapter (PA-AAP)	Premature infants and their families	The Pennsylvania Preemie Network (formally known as the Pennsylvania Premature Infant Health Network) exists to direct a spotlight on the unique issues premature infants and their families face including continuity of care, access to care and available resources.	Private Foundations
Pediatric Obesity	American Academy of Pediatrics - Pennsylvania Chapter (PA-AAP)	Primary care practices	Based upon the Educating Physicians In Their Communities (EPIC) model, the EPIC Pediatric Obesity program encourages primary care practices to work as a team to address obesity prevention and treatment in their practices and to be involved in obesity prevention efforts in their communities.	PA Department of Health and other partners, which include the PA Academy of Family Physicians and the PA Dietetic Association

Template 4: The most *LAUNCH-relevant* Primary Care Services, Programs, etc. in Allegheny County

Service, Specific Program Name and/or Strategies (Bold=EBP)	Organization Delivering the Service	Population Served	Goals	Funding Amount and Source
Prevent Child Abuse Pennsylvania (PCA PA)	American Academy of Pediatrics - Pennsylvania Chapter (PA-AAP)	All children in PA	Prevent Child Abuse Pennsylvania seeks to work in collaboration with a rich array of local and statewide efforts to develop an approach to child abuse prevention that is locally based and statewide in coverage.	private donations, fundraising events and in-kind donations from the PA AAP
Suspected Child Abuse & Neglect (SCAN)	American Academy of Pediatrics - Pennsylvania Chapter (PA-AAP)	Primary care physicians and their office staff, hospital personnel, EMS Providers and school nurses.	SCAN is a statewide continuing medical education program that aims to increase the recognition and reporting of suspected child abuse and neglect.	PA Department of Human Services
Traffic Injury Prevention Project (TIPP)	American Academy of Pediatrics - Pennsylvania Chapter (PA-AAP)	Information and assistance is provided to parents, healthcare providers, hospitals and law enforcement personnel	TIPP staff provides technical assistance, audiovisual resources, materials, and training on all traffic safety issues affecting children and adolescents. Issues include child safety seats, seat belts, airbags, pedestrian, bicycle, and school bus safety, and teen driving.	PA Department of Transportation

APPENDIX D .

Acronyms

AAP	American Academy of Pediatrics
AC	Allegheny County
ACDHS	Allegheny County Department of Human Services
ACHD	Allegheny County Health Department
AFN	Allegheny Family Network
AIU	Allegheny Intermediate Unit
BSE	Bureau of Special Education
CASSP	Child and Adolescent Service System Program
CPP	Child Parent Psychotherapy
DARE	(Allegheny County Office of) Data Analysis and Research Evaluation
DHS	Department of Human Services (previously the Department of Public Welfare)
DOH	Department of Health
DPW	Department of Public Welfare (now the Department of Human Services)
EBP	Evidence-Based Program
EBT	Evidence-Based Treatment
ECE	Early Care and Education
ECELS	Early Childhood Education Linkage System
ECMH	Early Childhood Mental Health
EI	Early Intervention
EITA	Early Intervention Technical Assistance
ELC	Education Law Center
ELL	English Language Learners
FQHC	Federally Qualified Health Center
FSC	Family Support Center
HEN	Homeless Education Network
IDEA	Individuals with Disabilities Education Act
IU	Intermediate Unit
LAUNCH	Linking Actions for Unmet Needs in Children's Health
LMS	Learning Management System
MH	Mental Health
OCD	University of Pittsburgh Office of Child Development

OCDEL	Office of Child Development and Early Learning
OMHSAS	Office of Mental Health and Substance Abuse Services
OST	Out-of-School Time (Programs)
PA	Pennsylvania (state abbreviation)
PA-AIMH	Pennsylvania Association for Infant Mental Health
PAEYC	Pittsburgh Association for the Education of Young Children
PA-PBS	Pennsylvania Positive Behavior Support (Network)
PATHS	Promoting Alternative Thinking Strategies
PaTTAN	Pennsylvania Training and Technical Assistance Network
PBIS	Positive Behavioral Intervention and Supports
PCIT	Parent Child Interaction Therapy
PDE	Pennsylvania Department of Education
PPS	Pittsburgh Public Schools
SAMHSA	Substance Abuse and Mental Health Services Administration
SOGIE	Sexual Orientation, Gender Identity and Expression
SRCD	Society for Research in Child Development
STARS	(Keystone STARS) - Standards, Training/Professional Development, Assistance, Resources, and Support
UCSUR	University of Pittsburgh - University Center on Social and Urban Research
UPMC	University of Pittsburgh Medical Center
WAIMH	World Association of Infant Mental Health
WPIC	Western Psychiatric Institute and Clinic
YCWC	Young Child Wellness Council