Pennsylvania Project LAUNCH

Strategic Plan

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*Reflects team/council additions since the original Strategic Plan submission. Members no longer on the council at the time of this revision were removed from this list.

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The Pennsylvania Project LAUNCH Partnership

In October, 2014, the Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) was awarded a Project LAUNCH grant – Linking Actions for Unmet Needs in Children's Health – by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). OMHSAS selected Allegheny County to be the local project site because of its combination of innovative promotion/prevention and treatment services and the need to expand and coordinate such services. It is the second most populous county in the commonwealth and has sufficient human service infrastructure to manage this opportunity in a way that can make a discernable improvement in the availability and quality of promotion/prevention services and outcomes for young children and their families. The Allegheny County Department of Human Services (ACDHS) was chosen as the Project's primary local administrator, and PA Project LAUNCH activities will be focused initially on children and families within the pilot communities of the City of Pittsburgh, Baldwin-Whitehall School District, and Woodland Hills School District, when appropriate.

The purpose of Project LAUNCH is to enhance local and state infrastructure to support services for low-income children birth to 8 years, their families, and pregnant women. The prevention and promotion activities will be aimed at improving the social-emotional development, behavioral health, and overall wellness of children who reside in the target areas. This Comprehensive Strategic Plan will detail how PA Project LAUNCH will accomplish this through positive partnerships with families, the coordination of services and systems, policy enhancements, professional development trainings for parents and professionals, screening and assessments (including social and emotional components), and promising practices and evidence-based programs and practices in the contexts of primary care, early childhood settings, and family-focused services.

The Environmental Scan

PA Project LAUNCH conducted an environmental scan to identify current strengths and challenges to providing such services in Pennsylvania and Allegheny County. The University of Pittsburgh Office of Child Development was contracted to conduct the scan in consultation with OMHSAS, the State Departments of Health and Education, and Allegheny County's Departments of Human Services and Health Department. Using a variety of methodologies, qualitative and quantitative results were integrated and are summarized below:

> **General conclusion.** Collectively these respondents identified a variety of exemplary services and programs in each Project LAUNCH domain as major strengths in Pennsylvania and Allegheny County. However, the primary challenge identified was coordinating all of the good work as well as expanding such model programs to meet the needs of low-income families with young children. Across the Project LAUNCH domains, several cross-cutting issues emerged within the environmental scanning process:
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> ***Minority and special groups.*** Although there are good services for immigrant/refugee, homeless, and military families, there are not enough. Moreover, too few of these services do not have sufficient language and cultural competencies. Transportation is a major barrier, and disparities exist for all minorities, especially African Americans.
>
> ***Workforce Development.*** 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

additional relevant mental health topics. Overall, respondents reported a lack of trained personnel, large staff caseloads, high staff turnover, and that staff are not typically trained in more than one domain or system.

Service Integration. Some collaboration across agencies and systems occurs, and Allegheny County possesses the infrastructure for data sharing, but more collaboration is needed. Families noted that agencies did not seem to share information about their cases, leading to multiple and duplicative screenings. Additionally, there is a general lack of integrated medical, behavioral, and mental health services and a need for "navigators" to help families get services across agencies and systems.

Public awareness. There is a general lack of public awareness regarding the existence of infant/toddler mental health problems and their long-term consequences and cost to society. The public and many professionals are often 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.

Disparities Impact Statement

While a full impact statement on Allegheny County's health disparities can be found in Appendix A, it is important to note that this Strategic Plan has been built with a focus toward addressing the disparities that exist in the target communities. Specifically, there is a large number of children in Allegheny County who are at-risk for poor mental health outcomes and potentially in need of PA Project LAUNCH resources (e.g., over 20% of children under age 5 are living at or below the federal poverty level; 53% at 300% poverty). Further, there are currently large disparities in health and education between African American and Caucasian residents, as reflected in higher rates of homelessness, infant mortality, and overall use of human services. Pittsburgh is home to over 20,000 veterans, and the Baldwin Whitehall School District has had a recent increase in the poverty rate and an influx of immigrant and refugee families (e.g., the school serves 240 ESL students having 23 different native languages). PA Project LAUNCH will implement strategies to reduce the disparities in services to these groups.

The Strategic Planning Process

The PA Project LAUNCH Implementation Team, the State Young Child Wellness Council (YCWC), and the Local YCWC comprise the PA Project LAUNCH Governance (See page two for a list of PA Project LAUNCH Governance members and see Appendix B for a list of agencies represented on PA Project LAUNCH Governance). Each of the PA YCWCs (State and Local) met to write the Project's mission, vision, and values statements, review the Scan results, and establish the process for producing the Plan and their role in the process. The Local YCWC created Local Work Groups, one for each of the five core strategies: Screening and Assessment; Integration of Behavioral and Physical Health; Early Childhood Mental Health; Home Visiting; and Family Strengthening and Parent Skill Building. YCWC members and other stakeholders including parents, providers from health, human services and education, community residents, etc. met to review scan findings, original goals, refine objectives, and develop action plans. Next, the Local YCWC met to revise the Workgroup goals, objectives, and activities, and consider policy implications, sustainability strategies, collaborations, disparities, and cultural competence issues. The Local Workgroups met for a second round to review the work of the State and Local YCWCs and make additional suggestions. The Evaluation Team reviewed the strategies and suggested relevant outcomes and indicators through which to assess progress. The State YCWC met to review the final draft of the Comprehensive Strategic Plan within their established core strategy workgroups. The Implementation Team synthesized the Evaluation Team's, YCWCs' and local workgroup's suggestions, aligned the Comprehensive Strategic Plan with the Environmental Scan, added measurement suggestions, and revised the logic model.

The resulting PA Project LAUNCH Comprehensive Strategic Plan provides guidance for locally driven and state supported promotion and prevention activities and strategies aimed at children birth to 8 years, their families, and pregnant women, with an emphasis on African American, immigrant and refugee, military families, and homeless populations. There has been significant participation across agencies and systems, including family members, at the local and state level in the development of the PA Project LAUNCH Comprehensive Strategic Plan. Local and State YCWC members have each invested approximately 10 meeting hours at YCWC meetings, and 20 meeting hours at local workgroup meetings across the 5 goal strategy areas. Total person volunteer hours committed to the development of this Plan are estimated at over 400 hours. PA and Allegheny County are committed to close collaboration and poised to accomplish the goal and objectives in the following section.

Introduction to the Plan

The goal of the strategic planning sessions described above was to encourage cross-system stakeholders to focus efforts on promoting wellness and preventative practices through the use of family-centered, culturally-competent strategies. In addition, participants in this process used a trauma-informed, relationship-focused lens, as they planned for an integrated behavioral and physical health system. Throughout the strategic planning process, Councils and Workgroups at the state and local levels began building relationships and communicating across systems. As collaborations strengthened, groups began developing a common understanding of phrases repeated throughout the Plan. Strategies describing "best practices" always include cultural competencies when working with families, especially those in target populations as identified by the Scan. Activities requiring identification of tools, resources, and materials will employ criteria of appropriateness for African American, immigrant and refugee, homeless, and military family populations. When referring to the pilot communities, it is understood by all PA Project LAUNCH Governance that these communities were chosen for the special population families that reside within them, and activities/strategies will be geared toward their unique needs. Approaches aiming for "uniformity" include using the same terminology, understanding the importance of relationship-focused and culturally competent approaches, and aiming for the same outcome end goals across systems.

The Comprehensive Strategic Plan that follows will focus on what is needed to develop an exemplary early childhood system in the three communities within Allegheny County. The goals and objective are long term, with activities directed at a 6-12 month time frame. We plan to utilize what we learn from our early efforts to inform development and future decision-making in the three communities as well as other communities in Allegheny County and eventually expand the model created and lessons learned throughout the State.

The format that follows is part of the SAMHSA required templates for all Project LAUNCH comprehensive plans. There are local- and state-led activities, as well as activities that are shared by Allegheny County and the state.

Mission, Vision, & Values:

The following table includes the mission, vision, and values of the PA Project LAUNCH Partnership as developed by PA Project LAUNCH Governance bodies (i.e. the Implementation Team, State YCWC, and Local YCWC). The strategies described in this Comprehensive Strategic Plan are consistent with the concepts described in this table.

Table 1: Mission, Vision, & Values Statement (Template 5)

Mission Statement

The mission of PA Project LAUNCH is to promote optimal social-emotional development, behavioral health, and overall wellness of all children, from birth to eight years, their families, and pregnant women through coordination of promotion and prevention strategies, including positive partnerships with families, the coordination of systems, policy enhancement, education, and increased utilization of promising and evidence based approaches and early intervention.

Vision Statement

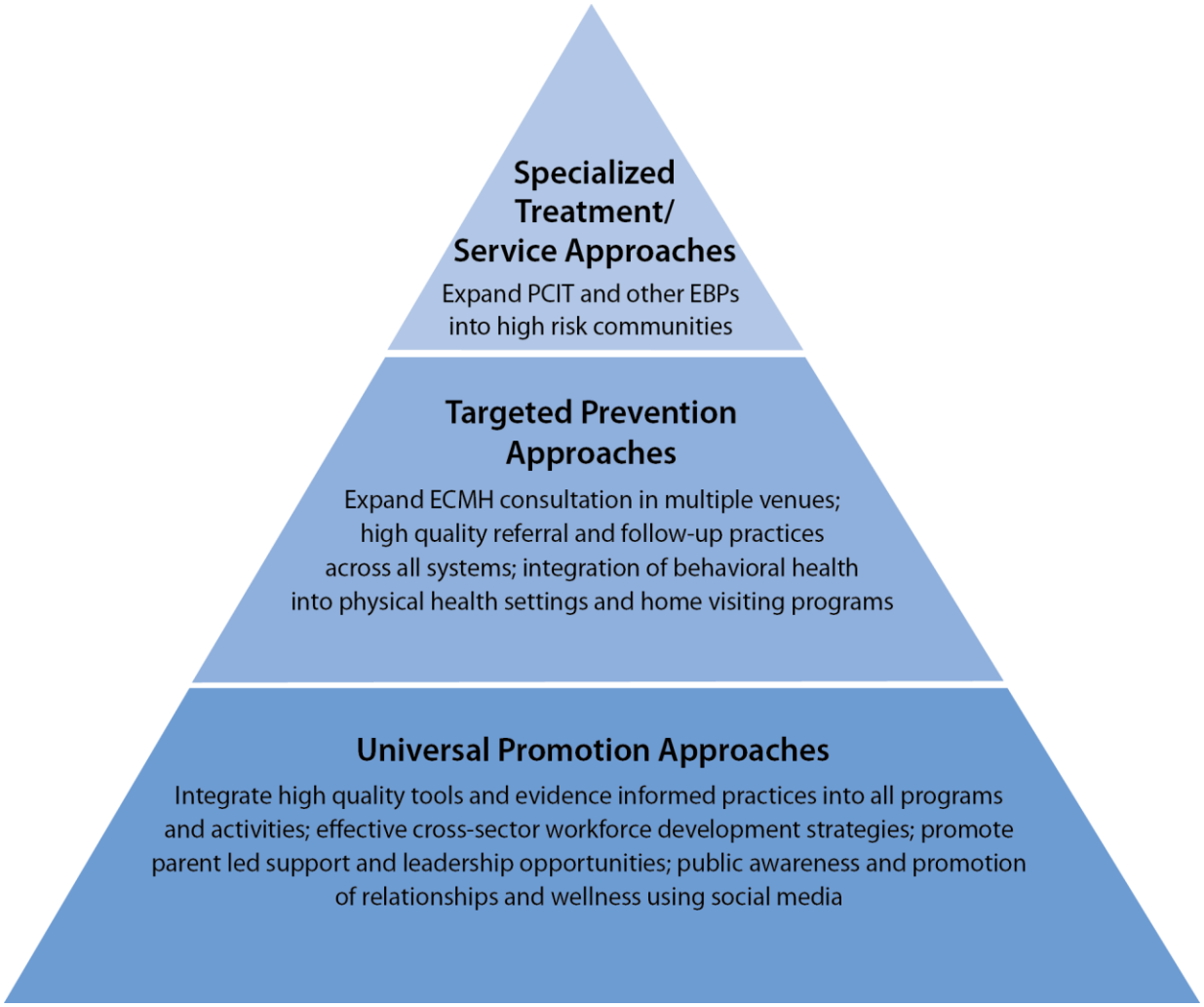
The vision of PA Project LAUNCH is that all children birth to eight years, their families, and pregnant women will flourish through the benefits of a comprehensive, seamless system of promising and evidence-based approaches that promote physical, behavioral, and emotional well-being, thus enhancing school and life success.

Project Values

PA Project LAUNCH is guided by the following Values:

- Positive supportive relationships and stable nurturing environments are required for a child to thrive, develop resilience, and experience healthy social-emotional development.
- All early childhood services should be child-centered, family-focused, and strengths-based, using an integrated, relationship-centered approach and shared language with regard to early childhood wellness, which is optimal functioning across all domains, including cognitive, social, emotional, physical and behavioral health.
- A family's voice, involvement and engagement are essential to meeting the needs of young children and to support active partnerships in solving challenges and responding to opportunities.
- Education empowers children, families, and the workforce that serves them, to have the knowledge, resources, and skills to become active partners in solving challenges and responding to opportunities during childhood and beyond.
- Practices, programs and professionals are culturally and linguistically responsive, inclusive, and are accessible to all children.
- All families should have universal access to a continuum of collaborative and integrated approaches to prevention, promotion, and intervention ensuring that professionals and systems share and work together for the best interests of children and their families.
- Investments in and approaches to promotion, prevention and intervention are the most cost-effective use of public funds when responsively driven by data.

PA Project LAUNCH Systemic Approach: The following graphic, using sample activities, demonstrates how the plan will create a promotion, prevention and targeted services system for children birth to 8 years, their families, pregnant women, and the communities in which they live.



Goals & Objectives

Table 2 on the following page compares the PA Project LAUNCH goals and objectives proposed in the grant application with the goals and objectives revised and finalized by PA Project LAUNCH Governance through the strategic planning process. The revised set of goals and objectives will guide the strategies of PA Project LAUNCH over the five- year grant period.

Table 2: Goals & Objectives (Template 6)

Strategy	Goals and Objectives		
	Proposed in Grant Application	**Updated**	
Screening and Assessment	**Goal 1: Ensure young children at risk for poor social-/emotional and/or cognitive outcomes are screened and provided needed resources.**	**Goal 1: Ensure young children at risk for poor developmental outcomes (especially social-emotional) are screened and provided appropriate resources, including referrals.**	
	Objective 1.1: Through the environmental scan, identify all early childhood settings in which screening and assessment currently occur.	**Objective 1.1:** Increase usage of the most appropriate instruments for screenings and assessments in all early childhood settings for children ages birth to 8 years, their families, and pregnant women. *(Aligns with original Objectives 1.1, 1.2, & 1.3)*	**Priority**
	Objective 1.2: Encourage standardization of and expanded use of tools and assessment processes through workforce development and education and family awareness and education.	**Objective 1.2:** Increase providers' skills around implementing high-quality screening and assessment processes, including referral and follow-up. *(Aligns with original Objectives 1.2 & 1.4)*	
	Objective 1.3: Increased number of screenings and assessments conducted in primary care and early childhood settings.	**Objective 1.3:** Increase parent and community awareness of the importance of screening and assessments. *(Builds upon original Objective 1.4)*	
	Objective 1.4: Improved data collection for referrals and family follow-up post screening/assessment.		
Integration of Behavioral Health into Primary Care	**Goal 2: Ensure families with young children maintain physical and social emotional health.**	**Goal 2: Enhance integration of physical health and behavioral health practices to improve access of care for children birth to 8 years, their families, and pregnant women.**	
	Objective 2.1: Initially expand Behavioral Health treatment integration into Children's Hospital settings throughout Allegheny County; expand throughout other county primary care settings according to the needs identified in the environmental scan and strategic plan.	**Objective 2.1:** Increase number of validated behavioral health screens with validated instruments as part of healthy development check-ups in primary care and pediatric practices caring for children. *(new objective)*	**Priority**
	Objective 2.2: Decrease "no show" rates**.**	**Objective 2.2:** Increase the number of physical health and behavioral health providers trained in topics related to integration, including but	

		not limited to, infant and child behavioral health, behavioral health tools and resources, and practice integration models (e.g., pediatricians, pediatric staff, and behavioral health staff). *(new objective)*	
	Objective 2.3: Increase access to BH screening, assessment and, when needed, treatment in physical health settings.	**Objective 2.3:** Increase the number of primary care and pediatric practices that integrate behavioral health resources to meet the needs of young children and their families. *(Aligns with original Objective 2.1)*	
Early Childhood Mental Health	**Goal 3: Integrate mental health services into early childhood care settings and elementary school systems, and afterschool programming.**	**Goal 3: Strengthen existing ECMH consultation and extend services to children birth to 8 years, their families, and pregnant women, integrating into multiple early childhood settings (including, but not limited to, ECE, Family Support, elementary schools, EI, Afterschool programs, pediatricians' offices, etc.).**	
	Objective 3.1: Increase the current MH consultation program to preschool, Kindergarten, primary grades, and after school programs for children up to age 8.	**Objective 3.1:** Increased use of uniform best practices in the process of ECMH Consultation in early childhood settings. *(Aligns with original Objective 3.2 and 3.3)*	**Priority**
	Objective 3.2: Use evidence based/evidence informed assessments in this process and assure warm handoffs to appropriate evidence based/evidence informed services.	**Objective 3.2:** Increase use of ECMH consultation in new settings and for additional age groups. *(Aligns with original Objective 3.1)*	
	Objective 3.3: Increase provider knowledge and improve processes for "warm hand off" from screening to services.	**Objective 3.3:** Increase stakeholder (e.g., teacher, home visitor, etc.) knowledge of the importance of social-emotional wellness and the availability of ECMH consultation and support. *(Aligns with original Objective 3.3)*	
		Objective 3.4: Increase parent and community awareness of the importance of social-emotional wellness and the availability of ECMH consultation and support. *(new objective)*	
Home Visiting	**Goal 4: Ensure that children enter school ready to learn.**	**Goal 4: Promote integrated, evidence-based, high quality home visiting services that ensure access to those who need it.**	
	Objective 4.1: Increase provider knowledge of social/emotional development and behavioral health.	**Objective 4.1:** Increase the number of home visiting programs that provide behavioral and physical health resources to meet the needs of families and that support home visiting staff. *(Aligns with original Objective 4.1 & 4.3)*	**Priority**

	Objective 4.2: Improve parents' understanding of social emotional health of their children and awareness of the benefits of using needed services.	**Objective 4.2:** Increase home visiting staff knowledge around best practices in the foundation of home visiting and in evidence-based/evidence- informed programs. *(Aligns with original Objective 4.1 & 4.3)*	
	Objective 4.3: Assure that home visiting models incorporate social and emotional well-being components and are evidence based/ evidence informed.	**Objective 4.3:** Increase parent and community awareness of the importance of social-emotional wellness and the availability of home visiting supports. *(Aligns with original Objective 4.2)*	
Family Strengthening & Parent Skill-Building	**Goal 5: Ensure families with young children are connected to needed services and information**	**Goal 5: Ensure families with young children are connected to needed information and services.**	
	Objective 5.1: Raise awareness of early childhood development, including social emotional development and school readiness through a community campaign.	**Objective 5.1**: Increase parents' and community member awareness of the impact of SE wellness, access to information and/or resources to support healthy child development and social-emotional wellness. *(Aligns with original Objectives 5.2 & 5.5)*	Priority
	Objective 5.2: Increase parents trained on positive parenting and healthy interactions with their children.	**Objective 5.2** Increase community member knowledge of young child and family wellness (including mental, social emotional, and physical health). *(Aligns with original Objective 5.4)*	
	Objective 5.3: Increase parent involvement in social networks that promote their leadership skills.	**Objective 5.3:** Increase opportunities for parent involvement in social networks that promote their leadership and advocacy skills.*(Aligns with original Objective 5.3)*	
	Objective 5.4: Increase community members trained in mental health issues (MH First Aid)		
	Objective 5.5: Provide parents with developmental information, downloadable resources, information about program quality and links to COMPASS website for searchable information on early learning programs through the Keystone Families First website.		

Infrastructure (previously Workforce Development)	**Goal 6: A highly skilled competent workforce supports families in obtaining social, emotional and physical health.**	**Goal 6: Create a sustainable infrastructure, including data systems, to promote social-emotional and physical wellness for PA children birth to 8 years, their families, and pregnant women.** *(workforce development concepts were naturally woven into all of the previous 5 goal areas, and the 6th goal was modified to focus on infrastructure)*	
	Objective 6.1: Increased number of professionals knowledgeable in system integration, collaboration and reform measures.	**Objective 6.1:** Build a framework for engaging stakeholders across systems to implement PA Project LAUNCH.	**Priority**
	Objective 6.2: Increased professional development opportunities, including coaching, feedback, modeling, and individualized training and support linked to mastering fidelity to EBP models.	**Objective 6.2:** Build and maintain effective collaborations across PA Project LAUNCH affiliated providers, PA Project LAUNCH Governance Structure (i.e., Implementation Team, YCWCs, & Workgroups), and parents with relevant representatives from key disciplines and perspectives to improve coordination and collaboration across the child-serving system.	
		Objective 6.3: Increase data collection and access for systems serving children birth to 8 years, their families, and pregnant women to promote informed decision making.	

Implementation & Sustainability Strategies

The following tables organize and describe the implementation strategies at the local (Allegheny County) and state (PA) levels, including sustainability. Each set of tables focuses on a single goal area, and each individual table within the goal area describes the strategy for a particular objective (see Table 2: Goals & Objectives). Within each table, activities are separated by County and State for the purpose of identifying where the leadership will originate; however, efforts will be collaborative and will rely on the Local and State YCWCs for alignment and coordination. Partnerships with agencies and projects listed under "Collaboration with State" will be state facilitated, and partnerships as noted under "Collaboration with Other Stakeholders" will be county facilitated. However, these partnerships will be mutually beneficial across PA Project LAUNCH activities and will also be collaborative across county and state efforts. While goals and objectives are long-term, activities and indicators are meant to describe the work plan for implementation during a period of 6-12 months only. These tables will be revisited and revised annually throughout the duration of PA Project LAUNCH.

Table 3: Screening & Assessment Objective 1.1

Goal 1: Ensure young children at risk for poor developmental outcomes (especially social-emotional) are screened and provided appropriate resources, including referrals.
Rationale: Inconsistent and uncoordinated developmental screenings in all early childhood settings.
Objective 1.1: Increase usage of the most appropriate instruments for screenings and assessments in all early childhood settings for children ages birth to 8 years, their families, and pregnant women.
Targeted Outcome: Providers will use the most appropriate instruments for screenings and assessments in all early childhood settings for children ages birth to 8 years and pregnant women.
Major Indicators (6-12 months): Recommended list of screening and assessment instruments Identified strategy to disseminate information about recommended instruments to providers Number of child screenings and assessments conducted and referrals made by setting Number of adult screenings and assessments conducted by setting

General Strategy	Activities/Tasks (6-12 months)	Stakeholders Responsible	Specific Timeframe
Develop and disseminate an endorsed resource on effective screening and assessment tools	STATE-LED • Select the most appropriate instruments for recommendation to providers, considering cost-effectiveness, reliability and validity, professional endorsements, and prioritizing those that include adult child relationships (utilizing existing national compendiums and those tools currently used across state) • Categorize instruments based on several dimensions, including appropriate early childhood settings, screeners, and domains • Tools (including the Birth to 5 Watch Me Thrive materials) will be reviewed on a regular basis • Identify gaps and find instruments if needed (include screening tools for adverse childhood experiences) COUNTY-LED • Identify all early childhood settings that do or should screen children birth to 8 years, their families, and pregnant women • Inventory existing instruments (cross-walk with all early childhood settings and geographically with areas of large at-risk populations in the pilot communities), including those that screen for red flags • Collaborate with CYF to increase the number of children who have a completed ASQ screen; increase referrals to EI and/or referrals to EBPs dependent on screening results • Document selected instruments and provide simple guides for providers • Determine dissemination strategies to inform providers COLLABORATIVE EFFORT • Develop and prioritize implementation strategies as needed	• AC Screening & Assessment Workgroup • State YCWC Prevention & Intervention Workgroup • YCW Coordinator • YCW Expert and Partner • Local and State YCWC	State: 8/15 to 11/15 11/15 to 1/16 Quarterly Quarterly County: 10/15 to 12/15 7/15 to 10/15 7/15 (ongoing) 2/16 to 5/16 12/15 to 2/16
Policy Implications: Policy strengthened/developed to reflect universal screening processes and adoption/use of validated tools that screen and/or assess risk factors (e.g., trauma, depression in pregnant and parenting caregivers, homelessness, substance use, and parent-child relationships); Policy will include a recommended framework between systems to assure services received as a result of referral and follow up procedures; Policymakers will consider state-level mandates or recommendations for selected tools; Policy development will include adoption and use of tools that have been validated on specific racial and ethnic populations; OCDEL's Infant Toddler Strategies Committee will submit a set of recommendations to the Commonwealth which may impact current policies around screening and assessment; Data-sharing agreements will be created between/among all systems and documented for other counties' future use; Policymakers will consider funding Maternal Depression as an at-risk category for Early Intervention statewide; Policy will include a recommended framework between systems to assure referrals for appropriate follow up		
Workforce Implications: Workforce will have access to recommended screening/assessment tools and will be aware of a process to determine appropriate use for specific populations; Workforce will provide feedback; Cross-sector workforce will have Infant Mental Health competencies (see Michigan model); Work with PA-AIMH			

Coordination and Collaboration With the State, Territory, or Tribal Governance: Leverage efforts with Race to the Top-Early Learning Challenge and MIECHV grant initiatives as well as OCYF around Screening/Assessment; Assure that statewide initiatives around FASD are linked with work in pilot communities; Work closely with Bureau of Early Learning Services with regard to the State Identified Measurable Results (SiMR) within the Early Intervention System in PA; All PA YCWC members and system; The YCWE participates in various initiatives such as OCDEL's Infant/Toddler steering committee, Safe Schools / Healthy Students, and PA Partnership for Children's Developmental Screening, Assessment, and Follow Up Initiative**;** PA Child Welfare Demonstration Project**;** AAP; State Coordination Team (which focuses on screening and assessment)**;** Keystone Stars
Coordination and Collaboration With Other Stakeholders: Engage Pittsburgh Public SD, Woodland Hills SD, and Baldwin-Whitehall SD stakeholders; Coordinate tool identification, selection, and compilation with screening and assessment activities currently being implemented (including, but not limited to, CYF's Child Welfare demonstration project, homelessness case management, pediatric and primary care offices, DHS Trauma Initiative, school districts in the pilot communities, SAP, all early childhood serving programs in the pilot communities); Coordinate tool selection activities with other LAUNCH workgroups engaged in similar activities; PA Project LAUNCH AC Screening and Assessment Workgroup/ State Council Screening and Assessment and BH/PH workgroup; Squirrel Hill FQHC Mobile Health Care; Children's Hospital; etc.
Addressing Behavioral Health Disparities (include activities related to outreach, service, and related outcomes): Identified instruments will include flexibility around cultural differences and languages**;** Settings will be identified that approach services with cultural sensitivity, and utilize translators when possible**;** Resource guides will be translated into prevalent languages as resources permit**;** Consider whether tools were validated on diverse populations, specifically LAUNCH relevant populations; Ensure increased developmental screening for diverse populations to increase identification of needs and disparities
CLAS Alignment (Where Applicable): CLAS Standard #8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area
Sustainability Strategies: Cross-systems policies to use recommended screeners/assessments; Modification and/or creation of billing codes to support equal attention to behavioral health screens no matter where it is conducted; Qualification for services may include relationship diagnosis; Coordinated communication between all systems conducting screens and assessments to avoid duplication and maximize resources available for screening and assessment activities; Cross-systems Early Childhood Mental Health best practices that provide a knowledge base for the benefits of screening and early connections to support and intervention

Table 4: Screening & Assessment Objective 1.2

Goal 1: Ensure young children at risk for poor developmental outcomes (especially social-emotional) are screened and provided appropriate resources, including referrals.
Rationale: Inconsistent and uncoordinated developmental screenings in all early childhood settings.
Objective 1.2: Increase providers' skills around implementing high-quality screening and assessment processes, including referral and follow-up.
Targeted Outcome: Providers will implement high-quality screening and assessment processes (e.g., implementation fidelity, cultural competence, relationship building, and communication).
Major Indicators: (6-12 months): Identified components of high quality screening and assessment procedures and appropriate training materials Identified strategies for cross-system data collection and sharing Percent completed of each training module by workgroup Percent completed of cross-system training plan by workgroup

General Strategy	Activities/Tasks (6-12 months)	Stakeholders Responsible	Specific Timeframe
Provide screening/ assessment training across systems.	STATE-LED • Create cross-system training strategies and 2016-2017 calendar for each training tool • Brainstorm ideas about cross-system data collection strategies and sharing COUNTY-LED • Identify available training materials; identify those that are strengths-based, culturally competent strategies for the process and that cover how to engage families in screening and/or assessment, how to help families understand screening and assessment results, and how to help families follow up when necessary (including warm handoffs) • Create and pilot comprehensive, universal training modules for providers on the process of screening (including online modules) that includes supervision and coaching strategies to monitor quality implementation COLLABORATIVE EFFORT • Assess training needs annually and provide training as needed • Promote/support conferences and workshops on related topics • Develop and prioritize implementation strategies as needed • Coordinate and implement cross-system training on specific tools to reduce redundancy	• AC Screening & Assessment Workgroup • State YCWC Workforce Development Workgroup • YCW Coordinator • YCW Expert and Partner • Local and State YCWC	State: 7/15 to 10/15 12/15 (review annually) County: 10/15 to 1/16 1/16 to 5/16 Collaborative: 1/16 (ongoing) 10/16 (ongoing – review annually)
Policy Implications: Implement endorsed, aligned tools to lead to data sharing; Expedite PQAS process; Align training processes cross-system (EITA, PQAS, BH, CYF, etc.); Policy will require core competencies across systems where young children are directly or indirectly served, including adult systems where there are circumstances which put relationships and family cohesion at risk; Consider policies that will support a cross-systems data base; OCDEL's Infant Toddler Strategies Committee will be submitting a set of recommendations to the Commonwealth of PA which may impact current policies around screening and assessment; Develop policy to support and embed behavioral health screening into all kindergarten readiness tools and activities; Consider policy/strategies that support systems to allow for staff participation in trainings			
Workforce Implications: Workforce will have increased capacity to screen, assess, document, and refer; Use broad definition of who should be trained; Staff will understand assessment results being used and will improve communication when discussing results with families; Provide coordinated, cross-system training that will offer relevant trainings more often, in more locations, on broader topics, etc. to promote better access to high-quality screening and assessment for families; Partner with higher education and appropriate associations to provide CEUs for each discipline where appropriate			

Coordination and Collaboration With the State, Territory, or Tribal Governance: Leverage efforts offered through PATTAN, OCDEL with Race to the Top-Early Learning Challenge and MIECHV grant initiatives, as well as OCYF around Screening/Assessment; Assure that statewide initiatives around FASD are linked with work in pilot communities; Work closely with Bureau of Early Learning Services with regard to the State Identified Measurable Results (SiMR) within the Early Intervention System in PA Child Welfare Demonstration Project; HFW; Coordinate across all PA YCWC members and systems; The YCWE participates on various initiatives such as OCDEL's Infant/Toddler steering committee and the Safe Schools / Healthy Students State Coordination Team which has a screening and assessment focus; PA Partnership for Children's Developmental Screening, Assessment, and Follow Up Initiative; PA Early Learning Investment Commission
Coordination and Collaboration With Other Stakeholders: Coordinate with local training bodies including PAEYC, ACHD, SW & PA Keys, HV providers, FamilyLINKS, and various other EC providers; Collaborate and build upon training efforts and activities of related initiatives including National Childhood Traumatic Stress network grant with Matilda Theiss, the Child Welfare Demonstration Project, the ACHD CHIP, the DHS National Trauma Collaborative; Coordinate training modules on implementing screening/assessment instruments already developed by OCDEL, OCYF, and other state local or national groups; AAP; PA-AIMH; LICC; POWER; Sojourner House; HEN; Bridges; Children's Museum of Pittsburgh; Universal Pre-K; Sports teams; PNC Grow Up Great; Local legislators/elected officials; Port Authority of Allegheny County buses; Media (the more you know); Libraries
Addressing Behavioral Health Disparities (include activities related to outreach, service, and related outcomes): Trainings will include culturally competent strategies for working with families**;** Annual training needs assessment will include assessing needs for updated cultural competencies**;** Data collection strategies will include collecting data on language, race, ethnicity, permanent residence, and military service**;** Partnerships will be formed with providers in certain communities that have a deeper understanding of specific cultures
CLAS Alignment (Where Applicable): CLAS Standard #4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis
Sustainability Strategies: Data sharing to better inform community planning and coordination; Create of a cross- system training collaborative working with a shared vision for a knowledge base for those who have the potential to influence young children; Adopt a cross-systems core competency framework to govern training and on-going support of the workforce; Use established training modules; Leverage cross-sector professional development opportunities

Table 5: Screening & Assessment Objective 1.3

Goal 1: Ensure young children at risk for poor developmental outcomes (especially social-emotional) are screened and provided appropriate resources, including referrals.			
Rationale: Inconsistent and uncoordinated developmental screenings in all early childhood settings.			
Objective 1.3: Increase parent and community awareness of the importance of screening and assessments.			
Targeted Outcome: Consistent information about the importance of and availability of screening and assessments will be available to stakeholders across systems.			
Major Indicators: (6-12 months): Estimate of the potential size and type of audience Number, type, and frequency of public and professional awareness/communication activities Stakeholder attendance at Young Child Wellness Council and workgroup meetings Parent attendance at Young Child Wellness Council meetings			
General Strategy	**Activities/Tasks (6-12 months)**	**Stakeholders Responsible**	**Specific Timeframe**
Participate in the PA Project LAUNCH communication plan	STATE-LED • Review Zero to Three's Infant Toddler Messaging Guide and current state messaging around screening/assessment. • Develop key communication concepts highlighting the importance of social-emotional development and the role of attachment (e.g., milestones, connections to long-term outcomes & school readiness, etc.) • Develop key communication concepts highlighting strengths-based and culturally competent screening/assessment – and their importance – for parents, nontraditional partners, and community partners COUNTY-LED • Identify adult services partners (adult behavioral/mental health, adult drug & alcohol, domestic violence, OB-GYN, adult ID, etc.) • Identify and engage nontraditional partners (e.g., law enforcement, mandated reporters, etc.) COLLABORATIVE • Develop and prioritize dissemination strategies as needed • Explore the idea of a "healthcare passport" for families to document and carry to all appointments	• AC Screening & Assessment Workgroup • YCW Coordinator • PA YCWC • YCW Expert and Partner • State YCWC Communication & Collaboration Workgroup	State: 7/15 to 11/15 1/16 first messages and then ongoing 1/16 first messages and then ongoing County: 10/15 to 12/15 10/15 to 12/15 Collaborative: 1/16 (ongoing) 3/16 to 5/16

Policy Implications: Aligned messages across systems; Consider local governmental policy state and local governmental and service system policy that acknowledges and supports early childhood behavioral health related messages
Workforce Implications: Community providers (e.g., adult services partners and non-traditional partners) will value screening & assessment as support for children and families' wellbeing
Coordination and Collaboration With the State, Territory, or Tribal Governance: Leverage efforts with Race to the Top-Early Learning Challenge and MIECHV grant initiatives as well as OCYF around Screening/Assessment; Assure that statewide initiatives around FASD are linked with work in pilot communities; All PA YCWC members and systems; The YCWE participates on various initiatives such as OCDEL's Infant/Toddler steering committee, the Safe Schools / Healthy Students State Coordination Team which has a screening and assessment focus, and PA Partnership for Children's Developmental Screening, Assessment, and Follow Up Initiative
Coordination and Collaboration With Other Stakeholders: WIC; United Way; 2-1-1; Giant Eagle and other businesses; Children's Museum of Pittsburgh; Sports teams; PNC Grow Up Great; Family Communications; PAEYC; Libraries in pilot neighborhoods; Family Support Centers; Immigrants and Refugee committee; Girls Scouts; Boy Scouts; Epilepsy Foundation; VA; Highmark Foundation and related initiatives; Partners on YCWC; Local media; Mercy Hospital (when your baby cries); Mayoral Committee; etc.
Addressing Behavioral Health Disparities (include activities related to outreach, service, and related outcomes): Messages will be tested with various audiences (e.g., parent focus groups) to understand cultural complexities and unique understandings of social-emotional issues; Address transportation; Messages and campaign materials developed in languages that are accessible to families in target communities
CLAS Alignment (Where Applicable): CLAS Standard #8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area
Sustainability Strategies: Cross-system strategic communication plan; Articulate return on investment; Coordinated messaging with current campaigns via engage stakeholders (above)

Table 6: Integration of Behavioral Health & Physical Health Objective 2.1

Goal 2: Enhance integration of physical health and behavioral health practices to improve access to care for children birth to 8 years, their families, and pregnant women.
Rationale: Lack of consistent integrated BH/PH models
Objective 2.1: Increase number of validated behavioral health screens with validated instruments as part of healthy development check-ups in primary care offices caring for children.
Targeted Outcome: Primary care offices will use validated behavioral health screens as part of children's healthy development check-ups.
Major Indicators (6-12 months): Payment models identified Identified validated screening instruments that are found to be time efficient and highly sensitive Number of presentations to pediatric practices on instruments Number of pediatric practitioners who received information Identified strategies to align Electronic Health Record logistics (Number and percentage of eligible patients receiving screens → after year 2) (Identified strategies to collect data on screening and processes to incorporate results into the EHR system[s] → after year 2)

General Strategy	Activities/Tasks (6-12 months)	Stakeholders Responsible	Specific Timeframe
Promote effective implementation of screening instruments in pediatric settings	STATE-LED • Identify payment models for screening (work with BH-MCO, MCO, and Dept. of Insurance. Look at EPSDT) COUNTY-LED • Identify screening instruments that are time efficient while maintaining a high level of sensitivity (using instruments identified by the Screening & Assessment Workgroup and ACHD's list of tools as a starting point) • Present appropriate instruments to major pediatric practices, independent pediatricians and other medical home providers/programs (aligned with county activities in objective 2.2 & 2.3) • Develop examples of processes that can be used to incorporate screening results into the electronic health record (based on assessment of major pediatric practices) • Develop strategy to collect data on screening for reports (based on assessment of major pediatric practices) • Develop relationships with residency programs training pediatricians and family doctors COLLABORATIVE • Identify strategies to align Electronic Health Record logistics (workflow, confidentiality, data sharing, etc.) • Develop and prioritize implementation strategies as needed	• AC BH/PH Workgroup • YCW Coordinator • YCW Expert and Partner • State YCWC Prevention & Intervention Workgroup • PA-AAP	State: 7/15 to 11/16 County: 10/15 to 11/15 5/16 to 9/16 5/16 to 9/16 5/16 to 9/16 7/15 to 12/16 Collaborative: 3/16 to 9/16
Policy Implications: Update policies for an integrated and streamlined system; Identify codes for behavioral health screens; Policies across systems strengthened/developed to reflect holistic screening processes that include the adoption/use of validated tools that screen and/or assess risk factors (e.g., trauma, depression in pregnant and parenting caregivers, homelessness, substance use, and parent-child relationships); Policies include recommended framework between systems to assure referrals for appropriate follow up; Consider state level mandates for selected tools; Policy development to include adoption/use of tools validated for specific racial and ethnic populations; Address policy and reimbursement barriers that prevent equal reimbursement practices for behavioral health screens as compared to developmental or physical health screens; Create policy to promote and support cross-system communication; Consider the development of a screening/assessment "passport" that follows a child much like an immunization record; Consider modifying documentation requirements for ECE to include holistic view of the child (CD51 Health Record required by ECE annually could be revised to include developmental/social-emotional screening/assessment information)			
Workforce Implications: Medical community will value screenings as a resource for families' wellness; Doctor-to-doctor information sharing; Cross-training to support referrals, "warm transfers", and follow up between and among PH and BH providers; CEU provisions for each discipline to support participation; Medical schools include training on approved screening and referral protocols			

Coordination and Collaboration With the State, Territory, or Tribal Governance: Collaborate with RCPA Integrated BH and PH learning community; PA-AAP; DOH; OMHSAS; PBHCI Grant program (Philadelphia 6+ providers); Health Dept. of Insurance; Office of Medical Assistance Programs; PA AAP and PA-AIMH information exchange; SICC; PA Early Learning Investment Commission; MCOs and BH- MCOs; PA Partnership for Children's Developmental Screening, Assessment, and Follow Up Initiative
Coordination and Collaboration With Other Stakeholders: PA Project LAUNCH AC S&A Workgroup, State Council S&A and BH/PH workgroups; Local insurers; CAP; Engage parents in pilot neighborhoods; PBHCI Grant program (Milestones and Squirrel Hill FQHC); Collaboration with successful integration models (e.g., Children's Hospital, WPIC, Pediatrics South, Pediatric Alliance, Wesley Spectrum, KidsPlus, Mercy Behavioral Health, Family Services of Western PA, HSAO and Children's Hospital navigator model); Research entities, such as Health Policy Institute (David Kolko); ACHD
Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): Target pediatric and other family doctors' practices in pilot communities to address needs of special populations; Identify tools to include flexibility around cultural differences and languages and consider whether tools are validated on diverse populations (specifically PA Project LAUNCH special populations); Settings will be identified that approach services with cultural sensitivity; Utilize translators when possible
CLAS Alignment (Where Applicable): CLAS Standard #8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area; CLAS Standard #13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness
Sustainability Strategies: Put system in place for screening; Identify of codes for screens; Create policy that supports behavioral health screens with the same value as physical health; Stakeholders will have access to a recommended list of validated tools and the training support they need to implement them; Data sharing system and communication framework that prevents duplication and promotes efficient and friendly referrals to supports

Table 7: Integration of Behavioral Health & Physical Health Objective 2.2

Goal 2: Enhance integration of physical health and behavioral health practices to improve access to care for children birth to 8 years, their families, and pregnant women.
Rationale: Lack of consistent integrated BH/PH models
Objective 2.2: Increase the number of physical health and behavioral health providers trained in topics related to integration, including but not limited to, infant and child behavioral health, behavioral health tools and resources, and practice integration models (e.g., pediatricians, pediatric staff, and behavioral health staff).
Targeted Outcome: Physical and behavioral health providers will be trained in topics related to integration, including but not limited to, infant and child behavioral health, behavioral health assessments and resources, and practice integration models (e.g., pediatricians, pediatric staff, and behavioral health staff).
Major Indicators (6-12 months): Identified cross-training strategies Complete definition of integrated care Percent completed by workgroup of "Integration 101" training Number of trainings conducted Number and type of personnel trained

General Strategy	Activities/Tasks (6-12 months)	Stakeholders Responsible	Specific Timeframe
Cross-train BH and PH providers	STATE-LED • Identify strategies and opportunities to cross-train BH and PH providers (pre- and in-service) • Define integrated care using levels of integration and provide recommendations on training module content for Local YCWC COUNTY-LED • Develop and implement introduction training for BH and PH providers ("Integration 101") including EI providers • Develop and implement implementation training ("Implementation 101" – resources, records, billing, confidentiality) (also align with assessment results) • Use promotional materials to increase awareness and engage pediatric staff (especially by connecting to existing activities such as Children's MH Awareness Month) COLLABORATIVE • Promote/support conferences and workshops with a focus on related topics • Develop key concepts to promote to families and key concepts to promote to stakeholders (to contribute to LAUNCH communication plan) • Develop and prioritize implementation strategies as needed	• AC BH/PH Workgroup • YCW Coordinator • YCW Expert and Partner • State YCWC Workforce Development Workgroup	State: 7/15 to 10/15 11/15 to 1/16 County: 1/16 (ongoing) 5/16 to 9/16 1/16 (ongoing) Collaborative: ongoing
Policy Implications: Align cross-system knowledge base; Create policy to promote and support cross- system communication			
Workforce Implications: Coordinate training with BH and PH providers to ensure that the models and partnership roles are defined; Providers will understand their roles and responsibilities in collaborations through models			
Coordination and Collaboration With the State, Territory, or Tribal Governance: Collaboration with Dept. of Health; Dept. of Insurance; Office of DOH Medical Assistance Programs; PA AAP home training; PA AAP training initiatives; RCPA Integrated BH and PA-AIMHPH Learning Community; PBHCI grantees; SICC; PA Early Learning Investment Commission; PA Partnership for Children's Developmental Screening, Assessment, and Follow Up Initiative			
Coordination and Collaboration With Other Stakeholders: WIC; Behavioral health providers and training coordinators; ACHD training initiatives; KidsPlus training model; CAP; Community Care			
Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): Consider target populations and immigrant/refugee cultural concerns when developing key concepts with to promote to families			

CLAS Alignment (Where Applicable): CLAS Standard #5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs at no cost to them to facilitate timely access to all health care and services; CLAS Standard #12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area
Sustainability Strategies: Increased capacity building across systems; Collaboration of cross-system training providers to maximize resources and increase access; Better understanding of roles between PH and BH will lead to better relationships and communication to support ongoing collaborations

Table 8: Integration of Behavioral Health & Physical Health Objective 2.3

Goal 2: Enhance integration of physical health and behavioral health practices to improve access to care for children birth to 8 years, their families, and pregnant women.
Rationale: Lack of consistent integrated BH/PH models
Objective 2.3: Increase the number of primary care and pediatric practices that integrate behavioral health resources to meet the needs of young children and their families.
Targeted Outcome: Primary Care and pediatric practices will integrate behavioral health resources to meet the needs of young children and their families.
Major Indicators (6-12 months: June '16 – May '17): Identified best practice models of local and national integrated care Number of identified physical and behavioral health providers in pilot communities Number of presentations on integrated care models to pilot community providers and their staff and attendance Identified billing systems and funding resources to support behavioral health Annual surveys of LAUNCH-relevant primary care and pediatric practices using an established instrument of BH integration

General Strategy	Activities/Tasks (6-12 months: June '16 – May '17)	Stakeholders Responsible	Specific Timeframe
Identify and promote best practice models for integration of behavioral health and physical health	STATE-LED • Identify best practice models (local and national) of integrated care (as per the definition in Objective 2.2) • Identify billing systems and funding resources to support behavioral health integration COUNTY-LED • Identify major pediatric providers, create and conduct assessment of models used, strengths, challenges, funding strategies, EHR used, current screening, referral, provider communication process, etc., and develop an action plan based on information collected • Convene a Policy Ad Hoc group of medical and behavioral health professionals to create a policy agenda and strategy plan in collaboration with American Academy of Pediatrics and other relevant statewide member organizations • Compile and present best practice integration models/strategies identified to primary care and pediatric practices in pilot communities • Assist providers in assessing and determining the behavioral health services they need (including co-location, consultation, etc.) (based on results of assessment) COLLABORATIVE • Develop and prioritize implementation strategies as needed	• AC BH/PH Workgroup • YCW Coordinator • YCW Expert and Partner • State YCWC Communication & Collaboration Workgroup • Policy Ad Hoc	State: 7/15 to 2/16 7/15 to 2/16 County: 7/15 to 5/16 5/16 (ongoing) 5/16 to 9/16 5/16 to 9/16
Policy Implications: Align cross-system strategies and funding (including cross-system communication and consent processes); Policy change for better access is needed (e.g., MATP)			
Workforce Implications: Medical and behavioral health communities will value collaboration and integration as a resource for families' wellness			
Coordination and Collaboration With the State, Territory, or Tribal Governance: Collaborate with Dept. of Health; Dept. of Insurance; Office of Medical Assistance Programs; PA AAP; SICC; PA Early Learning Investment Commission; PA Partnership for Children's Developmental Screening, Assessment, and Follow Up Initiative RCPA Integrated BH Learning Community, PBHCI grantees, PBHCI Grant program (Philadelphia providers), and PA-AIMH			
Coordination and Collaboration With Other Stakeholders: Collaborate with Medical Assistance Transportation Program; Tele-health; Children's Hospital; Epilepsy Foundation; Nurse practitioners; Mobile health services; DC: 0-3			
Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): Partner with collaborators in pilot communities to address needs of top priority groups (African Americans, immigrants, refugees, and military families)			

CLAS Alignment (Where Applicable): CLAS Standard #1: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs; CLAS Standard #13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness
Sustainability Strategies: System put in place for integrated care; Collaborate of with cross-system training providers to maximize resources and increase access; Better understanding of roles between PH and BH will lead to better relationships and communication to support ongoing collaborations

Table 9: Early Childhood Mental Health Objective 3.1

Goal 3: Strengthen existing ECMH consultation and extend services to children birth to 8 years, their families, and pregnant women, integrating into multiple early childhood settings (including, but not limited to, ECE, Family Support, elementary schools, EI, afterschool programs, pediatricians' offices, etc.).
Rationale: Limited general knowledge about infant and early childhood mental and behavioral health; Absence of uniformity and best practices standards across 0-5y ECMH consultation (within TQRIS and Head Start providers, etc.); Absence of ECMH consultation models for older children and in multiple settings; Limited coordination with treatment providers
Objective 3.1: Increased use of uniform best practices in the process of ECMH Consultation in early childhood settings.
Targeted Outcome: ECMH consultants have knowledge about and implement uniform best practices in early childhood settings.
Major Indicators: (6-12 months): Percent of best practices standards manual completed by workgroup

General Strategy	Activities/Tasks (6-12 months)	Stakeholders Responsible	Specific Timeframe
Develop and implement ECMHC best practices across systems	STATE-LED • Inventory and assess existing standards, program models and practices in ECMHC models (locally, statewide, and nationally). • Identify 'best practice operational standards' for application across all providers involved with supporting ECMH (early childhood settings, pediatricians, home visitors, case managers, etc.) COUNTY-LED • Identify consultants that provide ECMH supports within Allegheny County to create a "learning community" (e.g., Keystone Stars ECMHCs, Head Start, Safe Start, etc.) • Develop ECMHC "map" to show where services are and what data are being collected in these locations • Develop best practices manual for ECMHC for early childhood settings (include warm handoff and transition practices, as well as supervision and coaching models) using other states' examples; Identify needed expansion of specific practices in appropriate locations • Develop strategies to ensure warm handoffs and transitions in collaboration with service providers (and include in manual wherever applicable) • Identify data collection sources and strategies COLLABORATIVE • Develop and prioritize implementation strategies as needed	• AC ECMH Workgroup • YCW Coordinator • ECMHC learning community • YCW Expert and Partner • State YCWC Prevention & Intervention Workgroup • State YCWC Workforce Development Workgroup	State: 11/1/2015 10/1/2016 County: 7/15 to mid 9/15 Mid 9/15 to 11/15 11/15 to 1/16 11/15 to 1/16 Mid 9/15 to 11/15
Policy Implications: Plan cross-agency collaboration; Revise school administrative practices to support school-based services (work with targeted school districts); Create policy to embed ECMH into schools; Explore other states' strategies for ECMHC as a Medicaid billable service; Review Teacher Child Interaction Training (TCIT) and tiered level of consultation models by OCDEL			
Workforce Implications: ECMH Consultants will have available, uniform, high-quality tools, strategies, and practices; Cross-sector workforce will have tiered ECMH competencies (see Michigan IMH Endorsement model and SAMHSA's guide -- *Promotion of Mental Health and Prevention of Mental and Behavioral Disorders 2005 Series Volume 1: Early Childhood Mental Health Consultation*); Collaborate with the PA Infant Mental Health Association around IMH/ECMH Competency structures; Cross train with PA-PBS network around Program-Wide PBIS and the CSEFEL Pyramid Model			
Coordination and Collaboration With the State, Territory, or Tribal Governance: Work with PA YCWC to identify/review existing standards and ongoing collaborators including PA HFW (functional assessment), PA Key, and PBIS community of practice; Coordinate with the PAPBS Network for leverage of technical assistance and professional development; Work closely with Bureau of Early Learning Services with regard to the State Identified Measurable Results (SiMR) within the Early Intervention System in PA			

Coordination and Collaboration With Other Stakeholders: Coordinate and collaborate with Screening & Assessment workgroup; Engage SAP in Baldwin-Whitehall SD, Woodland Hills SD, and Pittsburgh Public SD; Partner with immigrant/refugee children and youth committee (DHS), Jefferson Foundation, Safe Start (DHS), SW PA Key
Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): When creating quality standards manual, team will list pros and cons of various tools, strategies, and practices, in regard to how they may or may not work well with special populations; ECMHC data-collection mapping will inform strategies to collect access-of-services data for special populations
CLAS Alignment (Where Applicable): CLAS Standard #3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area; CLAS Standard #9: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations; Poll ECMH consultants to ask what populations they serve; Convene stakeholders for universal cultural competency trainings
Sustainability Strategies: Identify tools for multiple providers/settings; Tie tiered standards to reimbursement models; Embed ECMH with MH providers; Endorse model sustained through PA-AIMH

Table 10: Early Childhood Mental Health Objective 3.2

Goal 3: Strengthen existing ECMH consultation and extend services to children birth to 8 years, their families, and pregnant women, integrating into multiple early childhood settings (including, but not limited to, ECE, Family Support, elementary schools, EI, afterschool programs, pediatricians' offices, etc.).
Rationale: Limited general knowledge about infant and early childhood mental and behavioral health; Absence of uniformity and best practices standards across 0-5y ECMH consultation; Absence of ECMH consultation models for older children and in multiple settings; Limited coordination with treatment providers
Objective 3.2: Increase use of ECMH consultation in new settings and for additional age groups.
Targeted Outcome: ECMH consultants have knowledge about and implement uniform best practices in new settings and new age groups
Major Indicators: (6-12 months): Number of potential models identified for ECMH Consultation for children ages 5-8 Number of potential models identified for ECMH Consultation in new settings Percent of funding 'map' completed by workgroups

General Strategy	Activities/Tasks (6-12 months)	Stakeholders Responsible	Specific Timeframe
Identify potential models for ECMH consultation in settings that serve children through grade 3.	STATE-LED • Identify potential funding strategies and resources • Identify federal and state initiatives that intersect/impact ECMHC delivery and/or expansion COUNTY-LED • Identify potential models and strategies for ECMH Consultation for children ages 5-8 (e.g., school-wide and program-wide PBIS, based on the Pyramid Model, and Teacher Child Interaction Training (TCIT) • Assess the strengths and challenges of current models for 5-8 year olds and support expansion of models that are identified as most beneficial. • Identify potential models and strategies for ECMH Consultation in new settings (school K-3rd grade; pediatricians; afterschool; family support, etc.), especially in home visiting • Explore the expansion of PW-PBIS COLLABORATIVE • Develop and prioritize implementation strategies as needed including use of best practices manual. • Create funding 'map' for ECMH Consultation	• AC ECMH Workgroup • YCW Coordinator • State YCWC Prevention & Intervention Workgroup • YCW Expert and Partner • PA YCWC	State: 8/15 to 3/16 8/15 to 3/16 County: Mid 9/15 to 11/15 11/15 to 2/16 11/15 to 2/16 Collaborative: 12/15 to 2/16 7/15 to 11/15
Policy Implications: Develop cross-agency collaboration and infrastructure development; Create policy that supports Medicaid payment for ECMH; Organize policy that identifies classroom-based ECMH as workforce development; Consider PA response to the US HHS and DOE Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings as it pertains to ECMHC and PBIS in terms of access, workforce development, and sustainability measures			
Workforce Implications: ECMH consultants will have identified appropriate models of consultation in new settings and new age groups and will have implementation strategies for workforce training in year 2			
Coordination and Collaboration With the State, Territory, or Tribal Governance: Coordinate with the PA PBIS Network (The YCWE participates on the PA PBIS Network Early Childhood Subcommittee which is working toward increased implementation of school-wide and program-wide PBIS in child serving settings); The YCWE and State YCWC will work closely with the PA Head Start Collaboration Office to explore HS based ECMHC services; Work closely with Bureau of Early Learning Services with regard to the State Identified Measurable Results (SiMR) within the Early Intervention System in PA; PA Key; LICC; PATTAN; PA Early Learning Investment Commission			
Coordination and Collaboration With Other Stakeholders: Coordinate with Screening & Assessment, Home Visiting, and Family Strengthening workgroups; Collaborate with agencies serving as the first point of contact for immigrant and refugee families; HEN; Bridges; Homelessness CM initiative; DHS; APOST; CCAC			

Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): Prioritize new settings based on the special populations that will be served; Coordinate with agencies serving as the first point of contact for immigrant and refugee families
CLAS Alignment (Where Applicable): CLAS Standard #4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis; CLAS Standard #7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided; Convene stakeholders for universal cultural competency trainings; Coordinate and collaborate with agencies serving as the first point of contact for immigrant and refugee families
Sustainability Strategies: Create cross-agency fiscal strategy; Utilize of workforce development funds for classroom-based ECMH; Develop tiered model and coordination of providers of ECMH to maximize resources

Table 11: Early Childhood Mental Health Objective 3.3

Goal 3: Strengthen existing ECMH consultation and extend services to children birth to 8 years, their families, and pregnant women, integrating into multiple early childhood settings (including, but not limited to, ECE, Family Support, elementary schools, EI, afterschool programs, pediatricians' offices, etc.).
Rationale: Limited general knowledge about infant and early childhood mental and behavioral health; Absence of uniformity and best practices standards across 0-5y ECMH consultation; Absence of ECMH consultation models for older children and in multiple settings; Limited coordination with treatment providers
Objective 3.3: Increase stakeholder (e.g., teacher, home visitor, etc.) knowledge of the importance of social-emotional wellness and the availability of ECMH consultation and support.
Targeted Outcome: Stakeholders across systems will have increased knowledge about social emotional wellness and the availability of ECMH consultation and support
Major Indicators: (6-12 months): Number of trainings on social-emotional wellness and availability of ECMH consultation and support Number and background of stakeholders trained Number and types of stakeholders that have increased knowledge of social emotional wellness Number and types of stakeholders that have increased knowledge of the availability of ECMH consultation and support Number of trainings on social-emotional wellness and availability of ECMH consultation and support

General Strategy	Activities/Tasks (6-12 months)	Stakeholders Responsible	Specific Timeframe
Provide ECMH training for professional stakeholders	STATE-LED • Identify potential leveraging of current professional development on ECMH topics within cross-sector initiatives to align cross-sector knowledge base • Define ECMH Consultation COUNTY-LED • Identify and prioritize local stakeholders to receive training • Develop training materials for professional stakeholders in pilot communities, including ZIP code-specific referral documents/website COLLABORATIVE • Crosswalk current program model components/standards across all providers involved with ECMH (early childhood settings, pediatricians, home visiting, case managers, etc.-) • Identify potential resources for cross-system training implementation (CTF, PDE, OCDEL, OMHSAS) • Identify existing or develop new training modules and train professional stakeholders in: Social emotional wellness and strategies to promote healthy development, trauma, ACES, and the effects on young children ECMH consultation as a support to social-emotional wellness ECMH consultation quality standards • Assess training needs annually and provide training as needed • Promote/support conferences and workshops on related topics • Develop and prioritize implementation strategies	• AC ECMH Workgroup • YCW Coordinator • State YCWC Workforce Development Workgroup • YCW Expert and Partner • PA & Local YCWC	State: 7/15 to 10/15 7/15 to 11/15 County: 11/15 to 12/15 1/16 to 3/16 Collaborative: 11/15 to 1/16 10/15 to 1/16 1/16 (ongoing) 11/15 (ongoing) ongoing
Policy Implications: Align cross-system knowledge base; OCDEL and OMHSAS agree on standards and qualifications			
Workforce Implications: Coordinate of training with ECMH consultants and direct service providers to ensure that the process and partnership roles are defined; stakeholders understand their roles and responsibilities in partnering with ECMH consultants			
Coordination and Collaboration With the State, Territory, or Tribal Governance: Coordinate with PAAAP; PATTAN; SICC; PennAEYC; PA Key; ELN; YCWE participates on the PA PBS Network Early Childhood Subcommittee which is working toward increased implementation of school-wide and program-wide PBIS in child serving settings; YCWE will work closely with the PA Head Start Collaboration Office to explore HS-based ECMHC services; Work with EITA to support of home visitors using PBIS and coaching strategies for with families; Work closely with Bureau of Early Learning Services on the State Identified Measurable Results (SiMR) within the Early Intervention System in PA			
Coordination and Collaboration With Other Stakeholders: Collaborate with local universities' departments of psychology, medicine, nursing; PBIS providers; LICC; Organizations represented on YCWC and Workgroups; HEN; Bridges; ACHD Infant Mortality Strategic planning group; Libraries; PBIS providers			

Addressing Behavioral Health Disparities (include activities related to outreach, service, and related outcomes): Prioritize stakeholders based on who is serving special populations
CLAS Alignment (Where Applicable): CLAS Standard #6: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing; CLAS Standard #8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area; Convene stakeholders for universal cultural competency trainings; ZIP code-specific referral documents/website would include cultural and linguistic information regarding each organization/service
Sustainability Strategies: Increased capacity building across systems**;** Coordinate provider training and opportunities to maximize resources, reach and access

Table 12: Early Childhood Mental Health Objective 3.4

Goal 3: Strengthen existing ECMH consultation and extend services to children birth to 8 years, their families, and pregnant women, integrating into multiple early childhood settings (including, but not limited to, ECE, Family Support, elementary schools, EI, afterschool programs, pediatricians' offices, etc.).
Rationale: Limited general knowledge about infant and early childhood mental and behavioral health; absence of uniformity and best practices standards across birth to 0-5 years ECMH consultation; Absence of ECMH consultation models for older children and in multiple settings; Limited coordination with treatment providers
Objective 3.4: Increase parent and community awareness of the importance of social-emotional wellness and the availability of ECMH consultation and support.
Targeted Outcome: Consistent information about the importance of and availability of ECMH consultation and support will be available to stakeholders across systems. Consistent information about the effect physical health has on social emotional wellness will be available to stakeholders and community
Major Indicators: (6-12 months): Number, type, and frequency of public awareness activities /communication activities Estimate of the potential size and type of audience for communications Stakeholder attendance at Young Child Wellness Council and workgroup meetings Parent attendance at Young Child Wellness Council meetings

General Strategy	Activities/Tasks (6-12 months)	Stakeholders Responsible	Specific Timeframe
Participate in the PA Project LAUNCH communication plan	STATE LED • Align Communication Strategy with other related state and federal initiatives (determine timing of dissemination and format of messages) • Identify statewide messengers (e.g. list serves, newsletters, etc.) related to early childhood mental health • Assume responsibility for the established "Focus on ECMH" monthly articles out of OMHSAS • Disseminate key communication concepts for parent and community awareness • Disseminate key communication concepts for stakeholder and policy-maker awareness • Report responses to communication concepts within pilot communities to State and Local YCWC COUNTY-LED • Disseminate key communication concepts for parent and community awareness • Disseminate key communication concepts for stakeholder and policy-maker awareness • Report responses to communication concepts within pilot communities to State and Local YCWC COLLABORATIVE • Determine PA Project LAUNCH communication strategy • Develop key communication concepts for parent and community awareness • Develop key communication concepts for stakeholder and policy-maker awareness • Develop and prioritize implementation strategies as needed	• AC ECMH Workgroup • YCW Coordinator • State YCWC Communication & Collaboration Workgroup • YCW Expert and Partner • PA YCWC	State: 7/15 to 12/15 7/15 to 11/15 7/15 (monthly) Ongoing Ongoing 7/15 (monthly) County: 1/16 (ongoing) 1/16 (ongoing) 1/16 (ongoing) 1/16 first messages and then ongoing
Policy Implications: Aligned messages across systems			
Workforce Implications: Parents and community members will value ECMH consultation as support for children and family wellbeing			
Coordination and Collaboration With the State, Territory, or Tribal Governance: YCWE participates on the PA PBS Network Early Childhood Subcommittee which is working to increase implementation of school-wide and program-wide PBIS in child serving settings; YCWE will work closely with the PA Head Start Collaboration Office to explore HS- based ECMHC services; Work closely with Bureau of Early Learning Services with regard to the State Identified Measurable Results (SiMR) within the Early Intervention System in PA			
Coordination and Collaboration With Other Stakeholders: LAUNCH communication team; WIC; United Way; 2-1-1; Giant Eagle and other businesses; Children's Museum of Pittsburgh; Sports teams; PNC Grow Up Great; Local legislators/elected officials; PAT buses; Media (the more you know); Libraries			
Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): Messages will be tested with various audiences (e.g., parent focus groups) to understand cultural complexities and unique understandings of social-emotional issues and children with special healthcare needs; Materials will be translated into a variety of languages as necessary; Data collection strategies will include collecting data on language, race, ethnicity, permanent residence, and military service			

CLAS Alignment (Where Applicable): CLAS Standard #12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area; CLAS Standard #13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness
Sustainability Strategies: Create cross-system strategic communication plan that includes coordinated message development and dissemination to maximize resources, and reach.

Table 13: Home Visiting Objective 4.1

Goal 4: Promote integrated, evidence-based, high quality home visiting services that ensure access to those who need it.			
Rationale: Current HV services are underutilized, therefore a need for more sustained engagement in home visiting by families and to address the high turnover of home visiting staff has been identified.			
Objective 4.1: Increase the number of home visiting programs that provide behavioral and physical health resources to meet the needs of families and that support home visiting staff.			
Targeted Outcome: Home visiting programs will provide behavioral and physical health resources to meet the needs of families and support home visiting staff			
Major Indicators (6-12 months): Number of presentations and size and background of audience for presentations			
General Strategy	**Activities/Tasks (6-12 months)**	**Stakeholders Responsible**	**Specific Timeframe**
Integrate behavioral health and physical health with home visiting programs	STATE-LED • Identify billing systems (including credentials needed) and funding resources to support behavioral and physical health integration as identified by the programs COUNTY-LED • Presentations to home visiting stakeholders on best practice behavioral health services for families and best practices to support home visiting staff • Create rubric of behavioral and physical health strategies available in each Home Visiting program and identify gaps • Review approaches already being implemented around health disparities COLLABORATIVE • Develop and prioritize implementation strategies as needed	• PA Project LAUNCH home visiting workgroup/ home visiting stakeholders group • YCW Coordinator • YCW Expert and Partner • AC ECMH Workgroup • State YCWC Prevention & Intervention Workgroup	State: 7/15 to 11/15 County: 10/15 (ongoing) 3/16 to 5/16 10/15 to 12/15

Policy Implications: Align fiscal strategies (include review of HV programs' access to insurance reimbursement); Collaborate across systems; Develop common terminology; Use Act 212 to support families experiencing homelessness; Funding incentives for integration of services
Workforce Implications: Home visiting programs will have identified appropriate models for accessing behavioral health supports; Home visitors have understanding of adult mental health and substance abuse issues
Coordination and Collaboration With the State, Territory, or Tribal Governance: YCWE participates on the Strengthening Families State Leadership Team; Leverage with MIECHV initiatives, including NFP, PAT, and other HV models across the Commonwealth; Collaborate with Early Intervention Technical Assistance around their work incorporating PBIS into home visitation; Collaborate with OCYF regarding home visitation model/strategies used in child welfare; Coordinate with PA Early Learning Investment Commission
Coordination and Collaboration With Other Stakeholders: Coordinate with ACHD Maternal Health and current planning initiatives (including a Healthier You website); Members of the HV Stakeholders group; Family Support Centers; Coordinate with work of the ECMH Workgroup
Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): Best practice models of home visiting addressing disparities will be identified and practices will be shared with other providers; Presentations will include how different cultures receive and perceive care; Rubric will include a dimensions of cultural competency, languages, and other relevant information about strategies
CLAS Alignment (Where Applicable): CLAS Standard #5: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services; CLAS Standard #7: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided
Sustainability Strategies: Communicate and coordinate of all home visiting providers to share training resources and support strategies; Seek shared funding opportunities for training and integrated BH support in HV; Revised financing.

Table 14: Home Visiting Objective 4.2

Goal 4: Promote integrated, evidence-based, high quality home visiting services that ensure access to those who need it.
Rationale: Current HV services are underutilized, therefore a need for more sustained engagement in home visiting by families and to address the high turnover of home visiting staff has been identified.
Objective 4.2: Increase home visiting staff knowledge around best practices in the foundation of home visiting and in evidence-based/evidence-informed programs.
Targeted Outcome: Home visiting staff have knowledge about best practices in home visiting within evidence- based or evidence- informed programs

Major Indicators (6-12 months):

Number of trainings on best practices in home visiting

Number and background of home visiting staff trained on best practices in home visiting

Number of home visiting staff that report an increased knowledge in home visiting best practices

Number of home visiting staff that report they changed practices in home visiting

General Strategy	Activities/Tasks (6-12 months)	Stakeholders Responsible	Specific Timeframe
Provide coordinated, collaborative training modules across home visiting programs on the process of home visiting	COUNTY-LED • Review available training materials for home visitors on how to foster positive relationships, engage families, and deliver home visiting models with fidelity and consistency, and engage in self-care • Identify training models for reflective practice • Choose comprehensive, universal training modules for home visitors across programs • Ensure all programs are evidence based programs or practices. Most HV programs are EBPs (eg. PAT, NFP) but all will participate in professional development to integrate trauma, IMH concepts and increase screening/resources for parent mental health • Implement universal training across programs • Annually assess training needs, especially what staff need to stay engaged and reduce turnover, and implement training as needed • Partner with the home visiting program Smart Beginnings (uses the EBP, Family Check-Up) - Hire an on-site nurse recruiter - Recruit families to participate in Smart Beginnings - assess for child, parent and family outcomes - assess program fidelity COLLABORATIVE • Promote/support conferences and workshops on related topics • Develop and prioritize implementation strategies as needed	• PA Project LAUNCH AC Home Visiting Workgroup/ home visiting stakeholders group • YCW Coordinator • YCW Expert and Partner • AC ECMH Workgroup • State YCWC Workforce Development Workgroup	County: 10/15 to 1/16 1/16 to 2/16 3/16 to 5/16 7/15 to 10/15 5/16 (ongoing) 3/16 (ongoing) Begins 5/16

Policy Implications: Reduce program redundancy; Ensure resources for high-quality reflective supervision including training and supervisor-to-worker ratios

Workforce Implications: Home visiting staff will have resources to provide ongoing quality services including strong foundation/best practices for engaging families, supervision to support their work, and strategies for self-care
Coordination and Collaboration With the State, Territory, or Tribal Governance: Coordinate with MIECHV; YCWE participates on the Strengthening Families State Leadership Team; Leverage with MIECHV initiatives, including NFP, PAT, EHS/HS, and other HV models across the Commonwealth; Collaborate with Early Intervention Technical Assistance on incorporating PBIS into home visitation; Collaborate with OCYF on home visitation model/strategies used in child welfare; PATTAN; LICC; PA Early Learning Investment Commission
Coordination and Collaboration With Other Stakeholders: Coordinate with Screening & Assessment workgroup; ECMH Workgroup; ACHD Maternal Health and current planning initiatives; OCDEL's Early Learning GPS website; Members of the HV Stakeholders group; Family Support Centers
Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): Cultural competency approached through ongoing reflective supervision rather than a one-time training, and deeper understanding about families' cultures will be encouraged; Materials written in culturally sensitive way and available in a variety of languages
CLAS Alignment (Where Applicable): CLAS Standard #12: Conduct regular assessments of community health assets and needs, and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area
Sustainability Strategies: Develop cross-program, coordinated, efficient training programs

Table 15: Home Visiting Objective 4.3

Goal 4: Promote integrated, evidence-based, high quality home visiting services that ensure access to those who need it.
Rationale: Current HV services are underutilized, therefore a need for more sustained engagement in home visiting by families and to address the high turnover of home visiting staff has been identified.
Objective 4.3: Increase parent and community awareness of the importance of social-emotional wellness and the availability of home visiting supports.
Targeted Outcome: Community providers and general public will have increased and consistent knowledge about the benefits of and availability of home visiting
Major Indicators (6-12 months): Number, type, and frequency of public awareness activities/ communication activities Estimate of the potential size and type of audience for communications Stakeholder attendance at Young Child Wellness Council and workgroup meetings Parent attendance at Young Child Wellness Council meetings

General Strategy	Activities/Tasks (6-12 months)	Stakeholders Responsible	Specific Timeframe

Participate in the PA Project LAUNCH communication plan and promote the use of "Allegheny Cares" hotline	STATE-LED
	• Connect with PA Project LAUNCH communication strategy
	• Develop key communication concepts for policy- makers and stakeholders
	• Create and implement a dissemination plan
	COUNTY-LED
	• Establish a coordinated referral line to access home visiting programs (aka. The Link) including options counseling for families. The coordinated referral line will:
	  • Ensure all funded home visiting slots are full. Within 12 months of implementing the coordinated home visiting referral line and some coordinated outreach, all programs are expected to be fully enrolled. This has the potential of adding up to 500 (number is an estimate from data gathered several months ago) families receiving home visiting services.
	  • When waiting lists occur in HV programs, YCWC's and County Leadership will be made aware of the need to expand programs through increased funding, needs based budgeting, grant proposals, etc.
	• Develop key communication concepts for parents, providers and general public about social-emotional wellness, what home visitors do, and the access point of The Link
	• Create plan to align data collection to ensure increased access and, lengthen families' participation in home visiting, and decrease staff turnover
	COLLABORATIVE
	• Develop and prioritize implementation strategies as needed
		• PA Project LAUNCH AC Home Visiting Workgroup/ home visiting stakeholders group
		• YCW Coordinator
		• YCW Expert and Partner
		• PA YCWC
		• AC ECMH Workgroup
		• State YCWC Communication & Collaboration Workgroup
			State:
			7/15 to 11/15
			12/15 to 3/16
			Ongoing
			County:
			7/15 to 10/15
			
			7/15 to 9/15
			
			7/15 to 12/15

Policy Implications: Aligned messages across systems; Need to describe home visiting in positive terms			
Workforce Implications: Parents and providers will value home visiting as support for children's and families' wellbeing			
Coordination and Collaboration With the State, Territory, or Tribal Governance: YCWE participates on the Strengthening Families State Leadership Team; Leverage with MIECHV initiatives, including NFP, PAT, and other HV models across the Commonwealth; Collaborate with Early Intervention Technical Assistance on incorporating PBIS into home visitation; Collaborate with OCYF regarding home visitation model/strategies used in child welfare; PA Early Learning Investment Commission; EL Council			

Coordination and Collaboration With Other Stakeholders: Coordinate with ECMH Workgroup; Allegheny County Home Visiting stakeholders group becomes LAUNCH Home Visiting Workgroup; WIC; United Way; 2-1-1; Giant Eagle and other businesses; Children's Museum of Pittsburgh; Sports teams; PNC Grow Up Great; ACHD Maternal Health and current planning initiatives, including OCDEL's Early Learning GPS website; Members of the HV Stakeholders group; Family Support Centers
Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): Messages tested with various audiences (e.g. parent focus groups) to understand cultural complexities and unique understandings of social-emotional wellness; Materials translated into a variety of languages as necessary; Data collection strategies include collecting data on language, race, ethnicity, permanent residence, and military service
CLAS Alignment (Where Applicable): CLAS Standard #8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area; CLAS Standard #13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness
Sustainability Strategies: Develop cross-system strategic communication plan that includes coordinated message development and dissemination to maximize resources, and reach

Table 16: Family Strengthening & Parent Skill Building Objective 5.1

Goal 5: Ensure families with young children are connected to needed information and services.
Rationale: Lack of coordinated information, resources, and parent/community leadership in social emotional wellness and physical health care
Objective 5.1: Increase parents' and community member awareness of the impact of SE wellness, access to information and/or resources to support healthy child development and social-emotional wellness.
Targeted Outcome: Parents and community stakeholders will have increased access to consistent information and resources to support healthy child development and social-emotional wellness, and to understand the role of social-emotional wellness in school success.
Major Indicators (6-12 months): Estimate of the potential size and type of audience Number and type of existing, endorsed materials endorsed targeted at parents Number and type of traditional and non-traditional strategies that will be used for dissemination of materials Number of community leaders used in dissemination strategies Number, type, and frequency of public awareness/communication activities Parent attendance at Young Child Wellness Council meetings Identified desires, needs, and barriers around parental use of services

General Strategy	Activities/Tasks (6-12 months)	Stakeholders Responsible	Specific Timeframe
Select and disseminate materials for parents and stakeholders aligned with the LAUNCH communication plan	STATE LED • Promote the use of the Early Learning GPS (a product of RTT-ELC) as a way for families to support health development and social emotional wellness, while also learning about available community resources • Connect with PA Project LAUNCH communication strategy and focus on consistent and positive messaging COUNTY-LED • Locate and review existing materials that 1) convey messages to caregivers supporting healthy child development and social emotional wellness, 2) identify available resources, supports and services, and 3) identify parent leadership opportunities, including the Strengthening Families Protective Factors framework, Community Cafes, forums, videos, and community conversations • Select and endorse materials using positive and consistent messaging and complementary resources • Based on information selected, develop a plan for: ○ Promoting/disseminating selected materials using traditional and nontraditional outlets ○ Streamlining information across materials if needed ○ Enhancing cultural competence and/or translating materials • Brainstorm traditional and nontraditional outlets and strategies for use in dissemination (e.g., unofficial community leaders [see Objective 5.2], schools, recreational facilities, libraries, etc.) • Develop and provide Public awareness activities for PCIT that is co-located in community family support centers in order to educate about the benefits and availability of the intervention in enhancing parenting skills • Facilitate inclusive focus groups with parents to ask what they want, what they need, and what prevents them from using services • Identify potential collaborations between caregiver/child social- emotional systems and adult service systems (adult mental health, adult D & A, prenatal, adult ID, etc.) to serve families in a holistic manner COLLABORATIVE • Develop and prioritize implementation strategies including parenting classes • Focus communication strategies on Children's Mental Health Awareness Week (usually May)	• AC Family Strengthening Workgroup • AC YCW Coordinator • YCW Expert and Partner • State YCWC Communication & Collaboration Workgroup • State YCWC Prevention & Intervention Workgroup	State: Ongoing Ongoing County: 7/15 to 9/15 9/15 to 10/15 10/15 to 11/15 11/15 to 12/15 8/15 (ongoing) 1/16 to 3/16 7/15 to 9/15 Collaborative: Ongoing
Policy Implications: Streamline and promote parent information before it is needed and when it is needed across systems; Aligned messages across systems; Funding needed for translating materials and other resources; Cross-system promotion of dissemination of ECMH-related materials for families in various environments; Consider policy that would support collaborations between child and adult systems to maximize reach			

Workforce Implications: Workforce will have up-to-date resources to connect information and resources to families; Parents and community members will value social-emotional wellness as support for children's and families' wellbeing
Coordination and Collaboration With the State, Territory, or Tribal Governance: YCWE participates on the Strengthening Families State Leadership Team and is certified trainer on the Strengthening Families Protective Factors Framework through the National Alliance of Children's Trust and Prevention Funds; Work closely with OCDEL's Family Engagement Initiative; Leverage resources with RTT-ELC with regard to resources for families linked to the Early Learning GPS (formally known as Keystone Families First); RTT – Community Innovation Zones
Coordination and Collaboration With Other Stakeholders: Coordinate with ISAC (Immigrant Services and Coordination) at DHS; Jewish Family & Children's Services; Libraries; Early childhood settings; Sojourner House; POWER; PTAs; SW NAMI; MHA; AFN; WIC; United Way; 2-1-1; Giant Eagle and other businesses; Children's Museum of Pittsburgh; Sports teams; PNC Grow Up Great; Local families provide feedback on GPS website – increase usage
Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): Focus groups will target special populations and all vulnerable groups; Materials translated into a variety of languages; Messages tested with various audiences (e.g., parent focus groups) to understand cultural complexities and unique understandings of social-emotional issues; Data collection strategies will include collecting data on language, race, ethnicity, permanent residence, and military service
CLAS Alignment (Where Applicable): CLAS Standard #8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area; CLAS Standard #13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure
Sustainability Strategies: Develop of inventory of resources for families and cultivate cross-system collaboration; Creative use of video and print materials in multiple settings; Create **c**ross-system strategic communication plan; OCDEL sustains GPS website and app

Table 17: Family Strengthening & Parent Skill Building Objective 5.2

Goal 5: Ensure families with young children are connected to needed information and services.
Rationale: Lack of coordinated information, resources, and parent/community leadership in social-emotional wellness and physical health care
Objective 5.2: Increase community member knowledge of young child and family wellness (including mental, social emotional, and physical health).
Targeted Outcome: Community members will be trained in mental, social emotional, and physical health issues.
Major Indicators (6-12 months): Number of mental, social emotional, and/or physical health trainings offered to community members Number and type of community leaders trained in mental, social emotional, and/or physical health issues Increased knowledge of mental, social emotional, and/or physical health issues by community members

General Strategy	Activities/Tasks (6-12 months)	Stakeholders Responsible	Specific Timeframe

Expand Mental Health First Aid and provide additional wellness trainings to community members	COUNTY-LED
	• Train Community Leaders and other diverse individuals in MHFA in order to create and/or enhance the knowledge of those who are trusted sources of information for families in pilot communities. Embedding knowledge and expertise in communities with known leaders increases the likelihood that family members who need help will get reliable information and be directed to the resources and supports that can help them identify what support they may need and therefore be more responsive to the needs of their children.
	  • Inventory community leaders currently trained in Mental Health First Aid (Adult and Youth)
	  • Identify community leaders to be trainers in mental health first Mental Health First Aid
	  • Collaborate with AHCI and others to train a diverse set of trainers (including unofficial community leaders)
	  • Trainers offer MHFA training
	• Explore strategies to infuse Early Childhood specific information into the models as permitted by developers, including utilizing practice scenarios and inserting example slides pertinent to EC resources
	• Expand opportunities for families to participate in existing wellness trainings offered through various sources (state and local – e.g. ACT – Raising Safe Children, Trauma informed trainings, infant mental health).
	COLLABORATIVE
	• Identify and expand opportunities for families to participate in existing wellness trainings offered through various sources, both state and local, such as ACT – Raising Safe Children; Trauma Informed trainings, Infant mental health, etc.
	• Develop and prioritize implementation strategies, including mental health promotion strategies for children birth to 8 years, their families, and pregnant women
		• AC Family Strengthening Workgroup
		• AC YCW Coordinator
		• YCW Expert & Partner
		• State YCWC Communication & Collaboration Workgroup
		• State YCWC Workforce Development Workgroup
			County:
			7/15 to 12/15
			
			1/16 to 3/16
			
			1/16 to 3/16
			
			ongoing

Policy Implications: Mental Health First Aid supported across communities and sectors; Explore potential for modification/creation of Early Childhood MH First Aid to include young children and pregnant women and those interacting with them (current models are for youth and for adults)			
Workforce Implications: Coordinate training for traditional and nontraditional trainers; Develop cross-system training on approaches to working with families			
Coordination and Collaboration With the State, Territory, or Tribal Governance: Work closely with PA Rehabilitation and Community Providers Association's community MH provider network to explore availability of trainers and for inclusion in cross-sector professional development; Collaborate with PA Early Learning Commission			

Coordination and Collaboration With Other Stakeholders: Collaborate with immigrant/refugee stakeholders to identify appropriate community/cultural leaders; AHCI; PEAL; AFN; LICC; FIN; Bridges; HEN; MHA; ABOARD; SW NAMI; YSP unit; CCBH; CCAC; All organizations represented on Workgroup
Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): Identify unofficial community/cultural leaders in priority populations
CLAS Alignment (Where Applicable): CLAS Standard #3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area; CLAS Standard #8: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area; Collaborate with immigrant/refugee stakeholders to identify appropriate community/cultural leaders
Sustainability Strategies: Community leaders will have knowledge of mental health and capacity to train others; Coordinate with current funders of MH First Aid in the county

Table 18: Family Strengthening & Parent Skill Building Objective 5.3

Goal 5: Ensure families with young children are connected to needed information and services.
Rationale: Lack of coordinated information, resources, and parent/community leadership in social-emotional wellness and physical health care
Objective 5.3: Increase opportunities for parent involvement in social networks that promote their leadership and advocacy skills.
Targeted Outcome: Parents will engaged in social networks that promote their leadership and advocacy skills
Major Indicators: (6-12 months): Number and type of parent social networks Number and type of efforts to increase parent involvement in social networks that promote their leadership and advocacy skills Number of parent leadership/advocacy trainings Parent attendance at leadership/advocacy trainings

General Strategy	Activities/Tasks (6-12 months)	Stakeholders Responsible	Specific Timeframe
Promote social networks for parents	STATE-LED • Promote parent social network opportunities that are consistent with LAUNCH priorities and messages • Inventory parent leadership trainings available COUNTY-LED • Identify opportunities for parent social networks that enhance leadership, and advocacy skills, including parent-run peer support groups • Expand availability of EBP models that promote parent leadership, such as Parent Cafés, Parents and Teachers, and Agents of Transformation, based on current activities of parent organizations and other relevant stakeholder groups. • Brainstorm barriers and needs specific to our 3 target communities through community member focus groups • Disseminate widely information on the availability of existing parent/caretaker leadership trainings (including nontraditional settings) COLLABORATIVE • Develop and prioritize implementation strategies as needed	• AC Family Strengthening Workgroup • YCW Coordinator • YCW Expert & Partner • State YCWC Communication & Collaboration Workgroup • State YCWC Workforce Development Workgroup	State: Ongoing 7/15 to 12/15 County: 10/15 to 12/15 8/15 (ongoing) 1/16 to 3/16 10/15 (ongoing)
Policy Implications: Identify and/or develop policies that support/enable parents to attend leadership trainings; Develop policy for ongoing connections with relevant professionals/systems; Policy to expand peer-model support for parents of young children			
Workforce Implications: Workforce and systems leaders will value and utilize parent leaders			
Coordination and Collaboration With the State, Territory, or Tribal Governance: OCDEL; RTT; Early Learning GPS; RTT-ELC – Community Innovation Zones; YCWE participates on the Strengthening Families State Leadership Team and is certified trainer on the Strengthening Families Protective Factors Framework through the National Alliance of Children's Trust and Prevention Funds; Coordinate with the PA Early Learning Commission			
Coordination and Collaboration With Other Stakeholders: AC Health Dept.; Allegheny County Single County Authorities Community Education; PEAL; AFN; LICC; FIN; Bridges; HEN; MHA; ABOARD; SW NAMI; YSP unit; Parent Wise; C2P2; all organizations represented on Workgroup			
Addressing Behavioral Health and Physical Health Disparities (include activities related to outreach, service, and related outcomes): Address the specific needs of target populations and locations			
CLAS Alignment (Where Applicable): CLAS Standard #12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area; CLAS Standard #13: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.			
Sustainability Strategies: Create a collaborative group of parent leaders; Explore expansion of peer support model			

Table 19: PA Project LAUNCH Infrastructure Objective 6.1

Goal 6: Create a sustainable infrastructure, including data systems, to promote social-emotional and physical wellness for PA children birth to 8 years, their families, and pregnant women.
Rationale: Lack of coordinated, collaborative infrastructure and data-sharing systems to support children's healthy development
Objective 6.1: Build framework for engaging stakeholders across systems to implement PA Project LAUNCH.
Targeted Outcome: PA Project LAUNCH governance (i.e. Implementation Team, YCWCs, & Workgroups) will be maintained and will utilize the annually updated PA Project LAUNCH environmental scan, strategic plan and evaluation plan to guide the project
Major Indicators (6-12 months): Created Implementation Team, Local & State YCWCs, and relevant core strategy workgroups Completed and revised PA LAUNCH Environmental Scan, Strategic Plan, and Evaluation Plan by PA LAUNCH Governance Completed PA LAUNCH Internal Communication Strategy

General Strategy	Activities/Tasks (6-12 months)	Stakeholders Responsible	Specific Timeframe
Creation of PA Project LAUNCH governance and utilization of scan and plans	COLLABORATIVE • Form PA Project LAUNCH Implementation Team, local and state Young Child Wellness Councils, and local and state core strategy workgroups • Create and implement State & Local YCWC Bylaws • Review & finalize PA Project LAUNCH Internal Communication Strategy (see Appendix C) • Use the Environmental Scan in Allegheny County (developed in the first 3 months of LAUNCH with a focus on the three pilot sites, and share findings with stakeholders) to maintain focus on recommendations • Use the 5-year Comprehensive Strategic Plan for PA Project LAUNCH to guide implementation • Use the 5-year Evaluation Plan to gauge progress • Annually update Environmental Scan, Strategic Plan, and Evaluation Plan with input from PA Project LAUNCH Governance • Review 2009 ECMH Advisory Committee's communication plan (see objective 3.4 & Appendix D) and other goal areas' communication strategies (objectives 1.3, 2.3, 4.3, & 5.4) to guide public awareness activities	• YCW Expert & Partner • YCW Coordinator • State YC Wellness Council • Local YC Wellness Council	June '15 – May '16
Policy Implications: Coordinated, aligned stakeholders promoting prevention			
Workforce Implications: Professional development created for all systems on early childhood, prevention, wellness, etc.			
Coordination and Collaboration With the State, Territory, or Tribal Governance: Coordinate with PATTAN			
Coordination and Collaboration With Other Stakeholders: Coordinate with a broad representation of families, all child, adult, and family systems, school districts, and community members			
Addressing Behavioral Health Disparities (include activities related to outreach, service, and related outcomes): Engage African American, immigrant, and refugee groups (plus sub-populations when applicable) to help ensure better access and cultural competency in infrastructure and implementation work			
CLAS Alignment (Where Applicable): CLAS Standard #4: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis; CLAS Standard #12: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area			
Sustainability Strategies: Engaged cross-systems stakeholders will maintain governance structure.			

Table 20: PA Project LAUNCH Infrastructure Objective 6.2

Goal 6: Create a sustainable infrastructure, including data systems, to promote social-emotional and physical wellness for PA children birth to 8 years, their families, and pregnant women.			
Rationale: Lack of coordinated, collaborative infrastructure and data-sharing systems to support children's healthy development			
Objective 6.2: Build and maintain effective collaborations across PA Project LAUNCH affiliated providers, PA Project LAUNCH Governance structure (i.e., Implementation Team, YCWCs, & Workgroups), and parents, with relevant representatives from key disciplines and perspectives to improve coordination and collaboration across the child-serving system.			
Targeted Outcome: PA Project LAUNCH Governance and partners are cross-disciplinary, including parents, and work in close collaboration			
Major Indicators: Number of parents participating on Local and State YCWCs Number of parents participating on workgroups Number and type of affiliated providers represented on YCWCs Number and type of attendees at YCWCs and workgroup meetings			
General Strategy	**Activities/Tasks**	**Stakeholders Responsible**	**Specific Timeframe**
Recruit and maintain a diverse PA Project LAUNCH governance membership, including parents, and ensure continued communication and collaboration with PA Project LAUNCH partners	COLLABORATIVE • Continue to recruit parent participation for Local and State YCWC membership and workgroup participation • Create & disseminate parent friendly materials that encourage family participation in LAUNCH leadership and/or LAUNCH activities • Ongoing review and recruitment of Local and State YCWC membership to ensure diverse and beneficial provider representation • Create and maintain linkages between the local and state Young Child Wellness Council to the MIECHV state initiative, NCTSN, Early Learning Council, and other affiliated initiatives • Develop implementation strategies	• YCW Expert & Partner • YCW Coordinator • State YC Wellness Council • Local YC Wellness Council	• Parent recruitment and membership review: ongoing • Create materials: July '15 - Nov '15 • Create and maintain linkages: Sept '15 – ongoing

Policy Implications: Support cross-system, streamlined workforce development tools, data-sharing strategies, and communication strategies**;** Create stronger interagency collaborations between behavioral health and Early intervention (0-3 & 3-5), and other child serving systems, with set policies and procedures that delineate roles and responsibilities for collaboration and coordination to promote successful linkages for needed services and to prevent duplication and lost connections.
Workforce Implications: Develop knowledgeable, collaborative workforce
Coordination and Collaboration With the State, Territory, or Tribal Governance: PATTAN; PA Early Learning Investment Commission
Coordination and Collaboration With Other Stakeholders: Parent leadership networks; LAUNCH affiliated providers
Addressing Behavioral Health Disparities (include activities related to outreach, service, and related outcomes): Get parent representation from African Americans, immigrants, refugees, and other sub-populations on governance bodies; Provide training of CLAS to LAUNCH governance bodies.
CLAS Alignment (Where Applicable): CLAS Standard #2: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources; CLAS Standard #3: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area
Sustainability Strategies: Ongoing plan revisions guide work after year 5

Table 21: PA Project LAUNCH Infrastructure Objective 6.3

Goal 6: Create a sustainable infrastructure, including data systems, to promote social- emotional and physical wellness for PA children birth to 8 years, their families, and pregnant women.
Rationale: Lack of coordinated, collaborative infrastructure and data-sharing systems to support children's healthy development
Objective 6.3: Increase data collection and access for systems serving children birth to 8 years, their families, and pregnant women to promote informed decision making.
Targeted Outcome: Relevant data are collected and available for use by systems serving children birth to 8 years, their families, and pregnant women.
Major Indicators: Identified data-sharing agreements in Allegheny County Identified needs for data sharing agreements in Allegheny County Identified policies/barriers for data collection and sharing Identified Electronic Health Records(EHRs) in pilot communities Identified strategies for enhanced data reporting

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Timeframe
Identify and strategize better data collection and sharing across systems serving children birth to 8 years, their families, and pregnant women	STATE-LED • Identify needed policies and barriers for data collection/sharing across systems and providers • Identify sources of information from within early childcare providers, home visitors and schools that can be integrated into an Electronic Health Record (EHR) COUNTY-LED • Engage Allegheny County DHS in supporting PA Project LAUNCH data collection and sharing • Identify key county data systems that collect information on the population of focus for LAUNCH and identify gaps • Identify existing data-sharing agreements in AC and needed data sharing agreements • Identify current EHRs in key LAUNCH environments, focusing on pilot communities COLLABORATIVE • Modify/enhance current data collection systems for Project LAUNCH data reporting • Develop implementation strategies, potentially including: 1. Work with medical practices within the pilot site that have EHRs in ability to upload health information from community providers 2. Work with medical practices within the pilot sites that don't have EHRs and in identifying barriers and needs to move towards use of EHR 3. Develop processes and policies that increase access to health information obtained through community organizations to provide to primary care and pediatric physicians through uploading into EHR. Strategies include addressing confidentiality, consent, and other regulatory components such as HIPAA 4. Develop processes for effective data feedback loops	• YCW Coordinator • YCW Expert & Partner • State YC Wellness Council • Local YC Wellness Council	• Identify data systems: July '15-Oct '15 • Identify data agreements: Sept'15 – Nov '15 • Identify EHRs in pilot communities: Dec '15 – March '16 • Identify sources of info: Mar '16 – June '16 • (Work with practices; develop processes: June '16 – May '17)
Policy Implications: Create data-sharing agreements across systems and policies (including EHRs, school records, etc.)			
Workforce Implications: Improved and efficient decision making for services			
Coordination and Collaboration With the State, Territory, or Tribal Governance: OCDEL; Other PA agencies; PA Early Learning Investment Commission			
Coordination and Collaboration With Other Stakeholders: Coordinate with relevant health care practices/providers; Allegheny County DHS DARE; LAUNCH-affiliated providers; Allegheny County Health Dept.			

Addressing Behavioral Health Disparities (include activities related to outreach, service, and related outcomes): Review existing data to understand behavioral health disparities and gaps in information
CLAS Alignment (Where Applicable): CLAS Standard #11: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area
Sustainability Strategies: Established data collection and sharing systems

PA Project LAUNCH Logic Model

Goal	Inputs	Outputs	Intermediate Outcomes	Long-term Outcomes
Ensure young children at risk are screened and provided appropriate resources Enhance integration of physical health and behavioral health practices Strengthen existing ECMH consultation and extend services for children birth to 8 years, their families, and pregnant women Promote high quality home visiting services Ensure families with young children are connected to needed information and services Create a sustainable infrastructure, including	PA Project LAUNCH Implementation Team PA Young Child Wellness Council Allegheny County Young Child Wellness Council PA & AC Workgroups Pilot Community School Districts (Woodland Hills, Baldwin Whitehall, Pittsburgh Public) PA Project LAUNCH Affiliated Providers	Number of child screens & assessments by setting type Number of referrals & follow-ups Providers trained in culturally competent, high quality support processes & best practices Physical and behavioral health providers will be trained in topics related to integration of services across systems Identified payment models, policies, and other strategies to support integration of BH & PH	Providers will use the most appropriate instruments for screenings and assessments in all early childhood settings for children ages birth to 8 years, their families, and pregnant women. Stakeholders across systems and the community will have increased awareness about the importance of and availability of screening and assessments, ECMH consultation and support, home visiting, social emotional wellness and their relation to physical health and school success.	Providers, including primary care offices, will implement high-quality screening and assessment processes (e.g., implementation fidelity, cultural competence, relationship building, and communication). Home visiting programs will provide behavioral and physical health resources to meet the needs of families and support home visiting staff Pediatric practices will integrate behavioral health resources to meet the needs of young children and their families. Physical and behavioral health providers will have

data systems, to promote social emotional and physical wellness for PA children birth to 8 years, their families, and pregnant women	Other federal, state & privately funded projects[1] PA & AC funding SAMHSA GPO & TA AC-DHS DARE Data warehouse and county/school data sharing agreements	Consultants and providers trained in ECMH best practices and supports Key communication messages and materials to parents, community & key stakeholders Community members trained in mental health issues Parent leadership networks PA Project LAUNCH governance structure Data sharing systems	ECMH consultants have knowledge about and implement uniform best practices in early childhood settings, new settings, and new age groups Home visiting staff will have knowledge about best practices in home visiting within evidence based or evidence informed programs Parents will have increased access to information and resources to support healthy child development and social-emotional wellness. PA Project LAUNCH governance and partners are cross-disciplinary, including parents, and work in close collaboration	knowledge of topics related to integration of services across systems Relevant data will be collected and available for use by systems serving children birth to 8 years, their families, and pregnant women Community members will have knowledge of mental health issues. Parents will be engaged in social networks that promote their leadership skills. AC & PA policies will be developed and implemented when needed to support PA Project LAUNCH efforts A coordinated system of promotion and prevention for social emotional wellness of children birth to 8 years, their families, and pregnant women will be demonstrated on a county level and replicable statewide

[1] See Appendix E for a sample list of federal, state, and privately funded projects

Appendices

Appendix A: Health Disparities Impact Statement

Disparities Impact Statement

The specific population of focus for Allegheny County is defined as children, birth to eight years, and pregnant women, who are living at, or under, 200% of the federal poverty level and are at high risk for behavioral health concerns. Currently, over 20% of Allegheny County's children under age 5 are living at or below the federal poverty level. The rate for children under age five living in economically at risk families jumps to 53% when defining risk at 300% poverty. These data present a large population of children, birth to eight, at-risk for poor mental health outcomes and potentially in need of LAUNCH resources. Additionally, there are currently large disparities in health and education between AC's African American and Caucasian residents, as demonstrated through higher rates of homelessness, infant mortality, and overall use of human services. Pittsburgh is home to over 20,000 veterans. The Baldwin Whitehall School District community has shown a deepening increase in poverty and need, as well as a rapidly growing immigrant and refugee population. The School District serves 240 ESL students, representing 23 different native languages. Throughout the Environmental Scan, we will gather additional information to clarify and identify the health disparities that these and other subpopulations in Allegheny County may experience. It will be our goal to implement strategies that will improve the system's ability to respond to the disparities that exist and develop policies and processes that will mitigate their impact on families.

	Total	FY1	FY2	FY3	FY4
Direct Services: Number to be served	8000	2000	2000	2000	2000
By Race/Ethnicity					
African American	2000	500	500	500	500
American Indian/Alaska Native	20	<5	<5	<5	<5
Asian	240	<60	<60	<60	<60
White	5440	1360	1360	1360	1360
Hispanic or Latino	288	<72	<72	<72	<72
Native Hawaiian/Other Pacific Islander	n/a	n/a	n/a	n/a	
Two or more Races	unknown	unknown	unknown	unknown	
By Gender					
Female	4160	1040	1040	1040	1040
Male	3840	960	960	960	960
Transgender	unknown	unknown	unknown	unknown	
By Sexual Orientation/Identity Status					
Lesbian	unknown	unknown	unknown	unknown	
Gay	unknown	unknown	unknown	unknown	
Bisexual	unknown	unknown	unknown	unknown	

A Quality Improvement Plan Using Our Data

We will work with local minority health coalitions, such as the Community Health Coalition, the Immigrant and Refugee County Committee, and the PA Health Law Project to help us design information and resource materials that are applicable to the cultural needs of children and families.
We will use environmental scan data to further explore what appears to be low services access for communities with multi-lingual residents to determine if that access is related to cultural barriers. Strategies will be developed accordingly.

Data Collection Activities

Since its inception, program evaluation, quality assurance and improvement, and research have been a cornerstone of the AC DHS. DARE staff have extensive experience with data collection, analysis and reporting and will assist with the planning and date collection and analysis of the local LAUNCH implementation. DHS DARE maintains an extensive warehouse of human service and educational data that will be a component of the evaluation of this project.
In addition, the evaluation will monitor individual child and family outcomes as well as examine system changes, workforce changes, and community changes. The specific designs, assessments, and analyses needed for Project LAUNCH will be based on proven instruments and methods.

Outcomes

A critical component to the data collection and analysis will be consistent focus on changes in subpopulation disparities. Demographic and racial/ethnic information will be used to describe the sample of participants in each service type and it will reveal the extent to which various groups are accessing services; frequencies of participation of targeted groups should improve over years. Such rates can be compared with historical rates in targeted geographic areas. Implementation and especially outcome data will be analyzed comparing targeted and non-targeted subgroups to determine if rates of utilization increase more for targeted groups and whether the services are more effective for those groups. As LAUNCH evolves, these measures will be used to monitor progress on project objectives and outcomes, and will be integrated into the quality improvement process. Results will be shared with provider agencies and other stakeholders to help partners understand the impact of their efforts, to build on successful strategies, to target areas for improvement, and to inform decision-making throughout the course of the grant.

Project LAUNCH provides the resources to utilize data and research to assess the quality of implementation and ensure fidelity to evidence based programs for promotion and intervention. We will implement a data-driven quality improvement approach utilizing data to manage and continuously improve our implementation of Project LAUNCH. We will include use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care in designing data collection methodologies the differences in access, service use and outcomes among subpopulations throughout the project.

References

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Tanzini Ambroso, L. & Sochats, K. (2011). The Impact of Veterans Returning to the Pittsburgh Region. University of Pittsburgh, Pittsburgh Economic Quarterly.

US Census 2013: Table B09001: population under 18 years by age, http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

Appendix B: PA Project LAUNCH State and Local Agency Participants

Allegheny County Department of Human Services
Allegheny County Health Department
Allegheny County Office of Behavioral Health
Allegheny Family Network
Allegheny Intermediate Unit
Alliance for Infants and Toddlers
Baldwin-Whitehall School District
Capital Area Early Childhood Training Institute/South Central Regional Key
Chatham University
Children's Hospital of Pittsburgh of UPMC
Commodore Perry School District
Community Care Behavioral Health
Drexel University School of Public Health
Family Members
Family Support Center
Familylinks, Inc.
Healthy Start
Hershey Medical Center
Human Services Administration Organization
Kids Plus Pediatrics
Maternal Infant Early Childhood Home Visitation Grant
Military and Family Life Consultant
PA American Academy of Pediatrics Early Childhood Education Linkage System
PA Association for Infant Mental Health
PA Department of Drug and Alcohol Programs
PA Department of Health
PA Head Start State Collaboration Office
PA Office of Child Development and Early Learning
PA Office of Child Development and Early Learning
PA Office of Children, Youth, and Families
PA Office of Medical Assistance Programs
PA Office of Mental Health and Substance Abuse Services
PA Office of the Governor
Pennsylvania Keys to Quality
Pittsburgh Association for the Education of Young Children
Pittsburgh Public Schools
PLEA
Race to the Top Early Learning Challenge
Rehabilitation and Community Providers Association
Safe Schools Healthy Students
Small Seeds Development, Inc.

South Hills Interfaith Ministries
Southwest Regional Key
University of Pittsburgh Office of Child Development
Western Psychiatric Institute and Clinic
Woodland Hills School District
Youth and Family Training Institute

Appendix C: PA Project LAUNCH Internal Communication Strategy

	Deliverable	Description	Delivery Method	Frequency	Deliverable Owner	Audience
REPORTS	Monthly Report	Event/activity dates, purpose, relevant Strategic Plan goals, and agency/number of participants/parents	e-mail	Monthly	PA Project LAUNCH Coordinator/YCWE and YCW Coordinator	OMHSAS DOH OCDEL AC Partner Evaluator
	CPD	Data-entry of PA Project LAUNCH activities/linkages into Common Data Platform	Submission on CDP	Quarterly (Jan, Apr, July, Oct)	PA Project LAUNCH Coordinator/YCWE and YCW Coordinator (in collaboration with Evaluation Team)	SAMHSA GPO and MSE Team
	MSE	Quantitative data-entry of PA Project LAUNCH details of implementation/activities/participants. The MSE synthesizes evaluation findings across all Project LAUNCH grant sites to assess overall Project LAUNCH implementation at the state, community, and tribal levels, as well as outcomes for children, families, and systems.	MSE database	2x per year (Oct/Apr)	PA Project LAUNCH Coordinator/YCWE; YCWP; YCW Coordinator (in collaboration with Evaluation Team)	SAMHSA GPO and MSE Team
	Annual Report to SAMHSA	Comprehensive report to funding agency about PA Project LAUNCH	Email, hard copies available at meetings/ events (or by request), will be made	Annually on December 31st	PA Project LAUNCH Coordinator/YCWE	SAMHSA GPO, GMO, PA Project LAUNCH YCWCs, OMHSAS, DOH, OCDEL

			available online			
	Environmental Scan	Review and compilation of community resources that service families and young children in Allegheny County and across PA. Identifies the strengths and gaps in services within the 5 topic areas: Family Support and Parenting Education, Metal Health/Social Emotional Wellness, Early Care and Education, Primary Care, and Systems Development	Email, hard copies available at meetings/events (or by request), will be made available online	March 1, 2015 and updated annually	PA Project LAUNCH Coordinator/YCWE; YCWP; YCW Coordinator (in collaboration with Local LAUNCH team)	SAMHSA GPO, GMO, PA Project LAUNCH YCWCs, Evaluation Team and Implementation Team, OMHSAS, DOH, OCDEL
	Strategic Plan	PA Project LAUNCH: 1) Mission, Vision, and Values, 2) Goals and Objectives, 3) Implementation and Sustainability Plan, 4) Logic Model	Email, hard copies available at meetings / events (or by request), will be made available online	May 1, 2015 and updated annually	PA Project LAUNCH Coordinator/YCWE; YCWP; YCW Coordinator (in collaboration with local LAUNCH team)	SAMHSA GPO, GMO, PA Project LAUNCH YCWCs, Evaluation Team and Implementation Team, OMHSAS, DOH, OCDEL
PA Project LAUNCH Announcements	Invitations to Local YCWC meetings	Invitation/Reminder of regular meetings.	Electronic and paper invites where applicable	Monthly	PA Project LAUNCH YCW Coordinator	Local YCWC, Implementation Team
	Invitations to State YCWC meetings	Invitation/Reminder of regular meetings.	Electronic and paper invites where applicable	4 face to face meetings annually (with distance participation options),	PA Project LAUNCH Coordinator/YCWE; YCWP	State YCWC, Implementation Team

				4 virtual meetings		
	Invitations to Community Training Opportunities	Share information about relevant trainings	Email	As available	PA Project LAUNCH Coordinator/YCWE; YCWP; YCW Coordinator	Local and State YCWC
	Invitations to collaboration opportunities	Share information about relevant collaboration opportunities	Email	As available	PA Project LAUNCH Coordinator/YCWE; YCWP; YCW Coordinator	Local and State YCWC
	Creating Awareness about PA Project LAUNCH and Partnerships		Press Release, PPT presentation to key groups, Newsletters, E-news (using existing listservs)	Ongoing for life of grant	PA Project LAUNCH Coordinator/YCWE, YCWP, YCW Coordinator, PA Project LAUNCH Implementation Team, State and Local YCWC	Statewide
PA Project LAUNCH Team Meetings	Local YCWC meetings	Programmatic updates and data reporting, progress on strategic plan goals, subcommittee work/reporting	Meeting	Monthly, face to face	PA Project LAUNCH YCW Coordinator	Local YCWC, PA Project LAUNCH Implementation Team
	State YCWC meetings	Programmatic updates and data reporting, progress on strategic plan goals, subcommittee work/reporting	Face to Face, distance participation option, email resources	4 face to face meetings annually (with distance participation options), 4 virtual meetings	PA Project LAUNCH Coordinator/YCWE, YCWP	State YCWC, PA Project LAUNCH Implementation Team

	Pa Project LAUNCH Implementation Team meetings	Programmatic updates and data reporting, progress on strategic plan goals, reporting and status of implementation, status of evaluation	Teleconference call (face to face where needed)	3 times per month	PA Project LAUNCH Coordinator/YCWE ; Principle Investigator	PA Project LAUNCH Implementation Team
	Calls with SAMHSA GPO	Meeting to Facilitate regular communication about PA Project LAUNCH and SAMHSA updates/requirements	Teleconference	Monthly	Principle Investigator; PA Project LAUNCH Coordinator/YCWE	PA Project LAUNCH Implementation Team, MSE Representative, TA Representative

Appendix D: PA Early Childhood Mental Health Advisory Committee Communication & Collaboration Plan 2009

Pennsylvania Early Childhood Mental Health Advisory Committee

Vision:
Because every child is Pennsylvania's future, we envision that all young children will have a strong social and emotional foundation on which to grow.

Mission:
Ensuring that coordinated and effective mental health services are available for all young children across the commonwealth.

pennsylvania
DEPARTMENT OF PUBLIC WELFARE

COMMUNICATION and COLLABORATION PLAN

GOAL: Promote the healthy social and emotional development of young children

OBJECTIVE 1 Promotion	OBJECTIVE 2 Prevention	OBJECTIVE 3 Intervention	OBJECTIVE 4 Professional Workforce Development	OBJECTIVE 5 Collaboration
Increase understanding of the importance of supportive environments and nurturing relationships for young children	Disseminate information on approaches to identifying and supporting young children at risk of developing emotional and behavioral problems	Promote the collaborative development of accessible, coordinated and effective interventions that will meet the needs of young children with emotional and behavioral needs and their families	Disseminate information about competency standards and educational and training opportunities in early childhood mental health	Foster effective collaboration and partnerships among agencies, creating an integrated serving system and defining roles and promoting equitable access to early intervention and mental health services

TARGET AUDIENCES/STAKEHOLDERS

Families Advocates Legislature General public Early learning practitioners	Families Government at all levels Early learning practitioners Professional guilds Professional development systems	Mental health and early intervention providers and clinicians Early childhood serving systems Managed care organizations Private insurance companies Families	Provider agencies Mental health practitioners Professional guilds Higher education Professional development systems	All in previous four columns Medical practitioners Community organizations Support and mentoring groups Families

RECOMMENDATIONS

OVERALL: Develop communication tools that will assist the commonwealth in supporting the healthy social and emotional development of young children

Promotion Recommendation	Prevention Recommendation	Intervention Recommendation	Workforce Development Recommendation	Collaboration Recommendation
Develop a culturally competent social marketing campaign on the importance of early social and emotional development (partially in collaboration with Pennsylvania Promise for Children)	Create a dedicated early childhood mental health web site with resources for: 1) families and early learning practitioners on social and emotional development, and 2) agencies and professionals on identifying and serving young children at risk for problems.	Host an internet discussion group and use existing organizational and agency newsletters and web sites to promote collaboration and share information about evidence-based and promising practices in ECMH with all early childhood providers and professionals.	Develop a brochure/booklet containing information about early childhood mental health competencies and how and where to obtain training to meet those competencies.	Develop a follow-up document to the OCDEL/OMHSAS announcement on "Behavior Supports for Young Children" that provides specific information about how to access and coordinate services for young children.

SUGGESTED TOOLS AND PRODUCTS

• Common design template for all materials • ECMH fact sheet and stories • Materials for physicians' offices • Letters to the editor and PSAs	• Web site with some interactive features • ECMH newsletter •Tip sheets for parents and practitioners • Information about screening instruments	• ECMH periodic update • Articles and updates for agency newsletters and web sites • Web site • Internet discussion group (list serve)	• Brochure/booklet • ECMH periodic update • List serve	• Cross-systems database • Supplement to OCDEL/OMHSAS announcement • Web site and other technology • Parent resource guide, also for ESL

INTERNAL COMMUNICATION GOAL:
Integrate advisory committee workgroup efforts into overall communications plan

8/26/09

Appendix E: Federal, State & Privately Funded Projects

Allegheny County Jail Collaborative
Behavioral Health Workforce Diversity Grant
Breastfeeding Education, Support, and Training (BEST)
Child Welfare Demonstration Project
Diligent Recruitment Grant
Early Childhood Education Linkage System (ECELS)
Early Childhood Trauma Treatment Center
Family To Family Grant
Improve MH Services for Young People
Infant Safe Sleep
Integrated BH and PH
Maternal Infant Early Childhood Home Visitation (MIECHV)
Medical Home Initiative (MHI)
PA Partnership for Children Developmental Screening, Referral and Follow-up Initiative
Parent Training and Information Grant
PBHCI Grant program
Pennsylvania Race to the Top Early Learning Challenge (RTT-ELC)
Pennsylvania Safe Schools Healthy Students (SSHS)
SOGIE (Sexual Orientation, Gender Identity and Expression)
State Personnel Development Grant/Project MAX
Suspected Child Abuse & Neglect (SCAN)
The LEND Center
Trauma Collaborative Grant

Appendix F: PA Project LAUNCH Acronym Key

Acronyms

AAP	American Academy of Pediatrics
ABOARD	Advisory Board on Autism and Related Disorders
AC	Allegheny County
ACDHS	Allegheny County Department of Human Services
ACES	Adverse Childhood Experiences
ACHD	Allegheny County Health Department
ACT	Adults and Children Together
AFN	Allegheny Family Network
AHCI	Allegheny Health Choices Inc.
AIU	Allegheny Intermediate Unit
APOST	Allegheny Partners for Out-of-School Time
ASQ	Ages & Stages Questionnaire
BH	Behavioral Health
BSE	Bureau of Special Education
C2P2	Community Conservation Partnerships Program
CAP	Citizens Alliance of Pennsylvania
CASSP	Child and Adolescent Service System Program
CCAC	Community College of Allegheny County
CCBH	Community Care Behavioral Health
CEU	Continuing Education Unit
CHIP	Children's Health Insurance Program
CLAS	Culturally and Linguistically Appropriate Services
CM	Case Management
COMPASS	Commonwealth of Pennsylvania Access to Social Services
CPP	Child Parent Psychotherapy
CSEFEL	Center on the Social and Emotional Foundations for Early Learning
CTF	Children's Trust Fund
CYF	(Allegheny County Office of) Children, Youth and Families
D&A	Drug & Alcohol
DARE	(Allegheny County Office of) Data Analysis and Research Evaluation

DC: 0-3	Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood
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
EC	Early Childhood
ECE	Early Care and Education
ECELS	Early Childhood Education Linkage System
ECMH	Early Childhood Mental Health
ECMHC	Early Childhood Mental Health Consultation
EHR	Electronic Health Records
EHS	Early Head Start
EI	Early Intervention
EITA	Early Intervention Technical Assistance
ELC	Education Law Center
ELL	English Language Learners
ELN	Early Learning Network
EPSDT	Early Periodic Screening Diagnosis Treatment
FIN	Fathers Involved Now
FQHC	Federally Qualified Health Center
FSC	Family Support Center
GMO	Grants Management Officer
GPO	Government Project Officer
GPS	(Early Learning) Guiding Parents Smoothly
HEN	Homeless Education Network
HFW	High Fidelity Wraparound
HIPAA	Health Insurance Portability and Accountability Act
HS	Head Start
HSAO	Human Services Administration Organization
HV	Home Visiting
IDEA	Individuals with Disabilities Education Act

IMH	Infant Mental Health
IU	Intermediate Unit
ISAC	Immigrant Services and Connections
LAUNCH	Linking Actions for Unmet Needs in Children's Health
LICC	Local Interagency Coordinating Council
LMS	Learning Management System
MATP	Medical Assistance Transportation Program
MCO	Managed Care Organizations
MH	Mental Health
MHA	Mental Health Association
MHFA	Mental Health First Aid
MIECHV	Maternal Infant and Early Childhood Home Visiting Program
MSE	Multi-Site Evaluation
NCTSN	National Child Traumatic Stress Network
NFP	Nurse Family Partnership
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)
PAT	Parents as Teachers
PATHS	Promoting Alternative Thinking Strategies
PaTTAN	Pennsylvania Training and Technical Assistance Network
PBHCI	Primary and Behavioral Health Care Integration
PBIS	Positive Behavioral Intervention and Supports
PCIT	Parent Child Interaction Therapy
PDE	Pennsylvania Department of Education
PEAL	Parent Education & Advocacy Leadership
PennAYEC	Pennsylvania Association for the Education of Young Children

POWER	Pennsylvania Organization for Women in Early Recovery
PPS	Pittsburgh Public Schools
PQAS	Pennsylvania Quality Assurance System
PTA	Parent Teacher Association
RCPA	Rehabilitation and Community Providers Association
RTT-ELC	Race to The Top Early Learning Challenge
S&A	Screening & Assessment
SAMHSA	Substance Abuse and Mental Health Services Administration
SAP	Student Assistance Program
SD	School District
SICC	State Interagency Coordinating Council
SiMR	State Identified Measurable Results
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
SW	Southwest (Regional Key)
SW NAMI	Southwestern Pennsylvania National Alliance on Mental Illness
TCIT	Teacher Child Interaction Therapy
TQRIS	Tiered Quality Rating and Improvement System
UCSUR	University of Pittsburgh - University Center on Social and Urban Research
UPMC	University of Pittsburgh Medical Center
VA	Veterans Affairs
WAIMH	World Association of Infant Mental Health
WIC	Women, Infants, and Children
WPIC	Western Psychiatric Institute and Clinic
YCWC	Young Child Wellness Council
YCWE	Young Child Wellness Expert
YSP	Youth Support Partner