



Linking Actions for Unmet Needs in Children's Health (Project LAUNCH)

**Mid-Year Progress Report
For Grants Awarded 2012 - 2014**

Submitted By: Oklahoma Project LAUNCH

**Reporting Period:
October 1, 2015 – March 15, 2016**

Mental Health Promotion Branch
Division of Prevention, Traumatic Stress and Special Programs
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
Department of Health and Human Services

**Linking Actions for Unmet Needs in Children’s Health (Project LAUNCH)
Mid-Year Progress Report
*Instructions***

The purpose of the Mid-Year Progress Report is to for you to share information about how grant funds have been used to pursue your programmatic objectives, and to demonstrate progress in meeting those objectives. This process should assist you in documenting the implementation and evaluation of your grant, and will also help Project LAUNCH program staff to inform the Substance Abuse and Mental Health Services Administration (SAMHSA), the Department of Health and Human Services (HHS), and Congress about the progress of the Project LAUNCH Initiative.

We appreciate the time you take to share your accomplishments and challenges with us, and look forward to providing assistance and guidance as needed. If you have any questions, please contact your Government Project Officer (GPO), who will be glad to help.

This report is due April 15, 2016 and should be completed in Microsoft Word. Feel free to increase the space in any section if you need more room. Send an electronic copy to of your completed report to your GPO and DGMPProgressReports@samhsa.hhs.gov.

PLEASE NOTE:

Activities reported here are those conducted during the first six months of the grant/fiscal year (October, 2015 through March, 2016) unless otherwise noted

Section 1. PROJECT IDENTIFICATION AND KEY CONTACTS

Project Identification Information

- A. Please note the year that your grant was awarded.

September 2013

- B. Grant Number: 1H79SM061293

Project Name: Oklahoma Project LAUNCH

Grantee Organization: Oklahoma State Department of Health

Grantee Staff Contact Information

- A. Project Director

Name/Title: Beth Martin, Director Child Guidance Service

Email Bethm@health.ok.gov

- B. Persons completing this form (if different from or in addition to the Project Director)

Name/Title: Melissa Griffin, Infant & Early Childhood Mental Health Wellness Specialist

Role (e.g. Local Coordinator, Local Evaluator): State Wellness Expert

Name/Title: Trena Hickinbotham, Project LAUNCH Coordinator

Role (e.g. Local Coordinator, Local Evaluator): Local Coordinator

Name/Title: Amy Dederling, MPH

Role (e.g. Local Coordinator, Local Evaluator): Project Evaluator

Section 2, PART I: PROGRAM ACTIVITIES

In the tables below please provide information on services delivered in the first six months of the grant year (Oct, 2015 through March, 2016). Two to three bullets per section is recommended.

Table 1. Screening and Assessment in a Range of Child-serving Settings
List any NEW assessment tools being used since the last reporting period and individuals/ages with whom they are being used (e.g. pregnant women, children birth to 3, etc.): Na
A. Major Activities and Accomplishments Use of the BASC 2 through ECMHC in Schools and Head Start: Every Child who was in a classroom where ECMHC was provided received a BASC 2 (Behavioral Assessment System for Children) assessment, and feedback to the teachers was provided. Teachers and consultants were able to make additional referrals for services or create support plans in the classrooms based on these results. Implementation of Screening through WIC PLUS+: WIC clients who chose to enroll in an enhanced program called WIC PLUS+ (Providing Learning Understanding and Support), will receive anticipatory guidance appointments with a Child Development Specialist that will include periodic screening for development using the ASQ. In addition, the Child Development Specialist will use the temperament assessment provided through the Healthy Steps Program at each 4 month visit as well as a Post-Partum Depression screening at the 4 month visit. Implementation of the OKTASCC screener in Child Welfare: Children who are in care with Child Welfare are receiving a developmental screening using the SWYC (Screening for Wellness in Young Children) Community identification of need for hearing screening access in the county: Hearing screening equipment was purchased to support hearing screening and follow up screening to Newborn Hearing Screenings conducted by the local hospital. Currently families are being referred to Tulsa, OK for follow up screenings. Screening equipment will be available to the OSDH Child Guidance Speech and Language Pathologist as well as the Parents As Teachers Home Visitor. Both received training on how to complete a screening using the OAE and the CORTI. Ages and Stages Questionnaires in Two Programs: Developmental Screening using the Ages and Stages Questionnaire is being used in PAT home visitation services. Additionally, SafeNet Domestic Violence Program has requested training and resources to be able to provide developmental screenings for families who come in to shelter with young children.
B. Challenges/Barriers Reorganization of services have left challenges to access to hearing screening: When services through the county health department were reorganized more than 5 years ago, the community was left without a clear process for accessing hearing screenings for young children to follow up with newborn

hearing screenings from the hospital and to address any additional concerns outside of Part C services. LAUNCH is now trying to address this concern brought to the project by community and state leaders.

Fiscal climate making it challenging to expand screening in OSDH home visiting programs:

Significant budget shortfalls and a projected fiscal climate that will mean cuts to most every state agency has created delays in implementing strategies with Home Visitation programs. Those programs are a significant focus for potential cuts in the coming months.

BASC 2 procedures cumbersome for teachers: The BASC 2 assessment chosen to be implemented through Early Childhood Mental Health Consultation proved to be difficult for the teaching staff to implement and teachers reported it as “disruptive” and “time consuming”. LAUNCH is exploring a substitute screening that would offer information regarding the children but would work better with the teachers’ schedules.

Access to services for further assessment/MH intervention are limited for early childhood population making screening frustrating for workers and families: With the implementation of the OK TASCC screening project through Child Welfare Services, the serious shortage of IECMH services available in Rogers county and across the state has been highlighted. This has driven the need to implement a workforce development plan to help address the needs of young children in care, but also to be available as resource to families seeking services from qualified providers to address the emotional and behavioral health needs of their young children.

C. Lessons Learned

Screening takes place more frequently when embedded and connected to services: When screening is tied to program services and accessible to families, systems are better able to communicate what screenings have been conducted in order to avoid duplication. For example, the screening that is completed by OK TASCC has similar purpose to what is implemented in the initial phase of PART C services. The systems were able to work together to recognize those screenings in order to prevent duplication and support better communication between the systems.

Screening length of time for “universal” as opposed to targeted: Length of time for conducting a universal screening should be considered so that the screening is user friendly and still has meaning to the program or service it is used in. The BASC 2 assessments proved to be too long for the schools to administer on each child. Thus a brief screener should be identified that could identify children who would then get a more lengthy assessment. Teachers felt like, for the time it took to implement, they were aware of most of the issues the BASC 2 identified without having to complete an assessment on every child.

Needs are being identified for child welfare children under the age of 4, and for children as young as 2 months beyond the expectation of the child welfare system: Referral rates are showing to be much higher than predicted by the pilot of the screening tool conducted by the Oklahoma Center for Child Abuse and Neglect. The Child Welfare system, including its social workers is becoming aware of the needs of the very young children on their caseload. This has significant implications for the mental health system, who through LAUNCH and other projects, and trying to scale up workforce to meet the demand for services.

D. Activities Planned for the Next 6 Months

- **Support TASCC:** Support additional training efforts by DHS Child Welfare to Child Welfare workers on the use of the screening tool created for children under the age of four. Continue to use the Oklahoma Child Care Warmline to take calls from Child Welfare workers who are trying to locate appropriate referral sources to provide additional assessment to determine appropriate service need including infant mental health treatment.
- **Move forward with WFD project and work with OSU and OU to develop details for the course to begin August, 2016:** Partnering with Oklahoma State University and University of Oklahoma through the Institute for Building Early Relationships (IBEAR), Project LAUNCH is working to develop a course in Infant Mental Health Assessment and Diagnosis to address short-term and long term workforce development needs. Faculty member with the Department of Psychiatry at OU has agreed to teach the course through the OSU Human Development and Family Science Department. This course will become a continued offering to students as part of the Infant Mental Health Graduate Certificate.
- **Modify Screening approach for the ECMHC project to make it more usable and meaningful for the teachers:** The tool identified for the ECMHC project proved to be difficult and time consuming to administer. Feedback from teachers included that for the amount of time required, they did not get enough useful information to make the tool worthwhile to administer. Therefore, LAUNCH and the partnering schools will work to identify a screening tool that would be a better fit for the program.
- **Continue to focus on policy change proposals to increase reimbursement for complex IMH assessments:** Proposal has been made to address reimbursement for IMH assessments and has passed through the first wave of approvals. As of now, the proposal has been tabled pending decisions around budget cuts. LAUNCH leadership will reconvene with partners around Medicaid policy to develop a timeline for implantation once budget situations have been resolved.

Table 2. Integration of Behavioral Health into Primary Care Settings

Describe any changes to the EBP/program model being used since the last reporting period:

- Moved consultation to Primary care from an IMH trained Child Psychiatrist up on the timeline based on availability
- Modified plan to implement Reach out and Read portion of plan ahead of Healthy Steps in order to attempt to engage Primary Care Physicians into implementing the model

A. Major Activities and Accomplishments:

Partnership with Tulsa community and University of Oklahoma Tulsa to train Healthy Steps: The Tulsa community led by the George Kaiser Family Foundation partnered with Oklahoma LAUNCH to host training in Healthy Steps with the intent of implementing Healthy Steps into primary care practices across the state as well as in a public health setting. LAUNCH has further provided additional technical assistance to those who went through the training by a healthy steps trainer who lives and works in Oklahoma to assist clinics in addressing the barriers that often arise when trying to embed the model into a medical practice.

Partner with the hospital for marketing of “grand rounds” training to Primary Care Providers: The Healthy Steps training partnership developed into further partnership with OU’s Department of Psychiatry. LAUNCH engaged an IECMH trained child psychiatrist into the project and plans were developed to implement training and consultation for the medical community in Rogers County. Efforts to engage the medical community have not been successful to date. The hope is that the “grand rounds” training will lead to additional requests for consultation and open doors to implement a Healthy Steps program in a pediatric practice in the community.

Implementation of WIC PLUS+ Program based on Healthy Steps into Public Health Clinic: The Child Guidance Program Child Development Specialist was trained in Healthy Steps and is working in partnership with a public health block grant funded project to implement “WIC PLUS+” (Providing Learning Understanding and Support). This model has adapted the Healthy Steps program so that it can be implemented in a public health clinic where families receive WIC nutrition services. This program has brought together in partnership 2 programs that are offered in county health departments. The goal is to offer anticipatory guidance services to families at times when it is convenient to the family and necessary for them to come to the health department to obtain their WIC food vouchers and have checkup appointments with the WIC nurse and/or nutrition specialist. Families often report difficulty in getting to multiple appointments due to a variety of barriers. Thus, prevention and promotion appointments experience higher no-show rates. By making anticipatory guidance a part of the appointment needed by the caregiver, LAUNCH is hoping to increase usage of child development services and improve client satisfaction.

Worked to Engage Local Physicians’ practices in implementing Reach Out and Read: The LAUNCH local coordinator has partnered with Oklahoma Reach out and Read to try to engage the medical community into implementing Reach out and Read. Several office visits have occurred with Reach out and Read’s TA specialist, Dr. Emerson, from the Tulsa area. The goal is to engage up to 5 primary care practices into implementing the Reach out and Read program.

B. Challenges/Barriers

Engaging Pediatricians and PCP’s into participating in Healthy Steps: Engaging the medical community has still proven to be difficult even partnership with a pediatrician “peer” from Tulsa who has worked with LAUNCH to contact the physician offices. Offering training with CME’s is the next strategy LAUNCH will attempt to try to develop relationships with the medical community.

Funding for Healthy Steps Specialists: In order to have a sustainable plan to implement Healthy Steps, a plan for funding must be developed exploring resources outside of LAUNCH. This could include billable time under the office visit for qualified providers as well as other private funding or support from larger medical systems such as the hospital, as is done in another community in Oklahoma. “Qualified Providers” continues to be a concern as well as professionals from disciplines who can bill within a medical practice under the doctor’s visit are often not those with infant and early childhood expertise.

C. Lessons Learned

With the implementation of health homes and medical care happening in other settings, it is important to explore those opportunities for young children as well as for traditional PCP settings: Rogers County has models where medical is being provided through public health as well as mental health settings. With those models in place, and often serving the community’s neediest families, LAUNCH is exploring ways to capitalize on these opportunities to provide “in the moment” services that support young child wellness that are connected to a family’s broader support needs. LAUNCH will continue to look at how the Grand Lake Community Mental Health Center “Health Home” model might be more accessible to very young children as they currently do not meet the health home admission criteria. The Safe Babies Court Team Approach, Health Homes/Wraparound services, and the work in Child Welfare reform offer possible connections that could improve services for court-involved families.

D. Activities Planned for the Next 6 Months

- **Implement ROR in up to 5 PCP settings:** LAUNCH will work to develop a contract with National Reach out and Read to be prepared to support up to 5 Primary Care Settings in implementing the program. The Local Coordinator and the Reach out and Read TA specialist for Tulsa will continue to develop relationships to engage the practices.
- **Identify a practice that would like to implement Healthy Steps and develop a sustainability plan:** Because LAUNCH is in year 3 of implementation, it is important to not only develop a

Healthy Steps program in a primary care practice, but also to have a sustainability plan that includes additional resources to support the Healthy Steps Specialist position. This should be done with the Primary Care Practice in partnership

- **Implement Consultation to Primary Care with Dr. Chesher, IECMHC trained Child Psychiatrist:** Dr. Chesher will present a series of “grand rounds” lectures during the spring and summer months to the medical community in Rogers County. She will be available to PCP’s for additional consultation and training at their practice or by telephone. CME’s will be offered to the medical staff who attend the trainings, and the local hospital has partnered with LAUNCH to take lead in advertising of the grand rounds lectures.

Table 3. Enhanced Home Visiting Through Increased Focus on Social and Emotional Well-being

Describe any changes to the EBP/program models being used since the last reporting period:
no changes

A. Major Activities and Accomplishments

Implemented Parents As Teachers (PAT) Program: Project LAUNCH supported Justus Tiawah school to obtain accreditation from PAT National and become an official PAT site. A full-time parent educator was hired in October and she was able to complete her training and begin seeing families during this time frame. 3 community connections also occurred during this time frame, and the local public library has asked to partner on a regular basis to offer a parent connection focused on reading and literacy.

Implemented Reflective Supervision with home visitors from 2 programs: the LAUNCH coordinator, who is also an Endorsed Infant Mental Health Specialist (level III), has provided reflective supervision to home visitors in the PAT and SoonerStart. In addition, the Nurse Home Visitors through the Nurse Family Partnership have requested Reflective Supervision and Mental Health Consultation to support the work they are doing.

B. Challenges/Barriers

Cuts to funding and revenue failures are threatening Home Visitation infrastructure: MIECHV HV programs are being eliminated in all but OKC and Tulsa Metro areas, Healthy Families America (HFA) contracts funded by Child Abuse Prevention Fund are being eliminated, and changes to Children First NFP and the OSDH Home Visitation pilot are possible which has put any implementation of enhancements to HV systems on hold.

Implementation of Parents as Teachers in the community has needed support to assure families know about services: PAT services have been slow to begin needing intensive marketing to help the community know that services are available. Services are limited to 2 school districts as opposed to

county wide because of the needed restructure to implementation of PAT through LAUNCH, making some marketing a challenge as the two school districts are outlying to the major town in the community where many of the community retail stores and resources such as the library and the health department are.

C. Lessons Learned

“Follow the lead” with home visitation: Because services are vertically integrated and state run, it is important to partner at the top as this system experiences a major change to how services have traditionally been implemented.

D. Activities Planned for the Next 6 Months

- Continue to provide RS to HV specialists who request it including PAT, SoonerStart, Head Start, and NFP
- Partner with Muscogee Creek Nation to offer Infant Massage training to Home Visitors
- Implement marketing strategies and Parent Connections Groups through PAT
- Offer Parent support through ParentPro line to parents seeking home visitation services but have immediate questions beyond referral finding through partnership with the Oklahoma Child Care Warmline using the Nurse and Behavior and Development Consultants.

Table 4. Mental Health Consultation in Early Care and Education

Describe any changes to the EBP/program models being used since the last reporting period:

None

A. Major Activities and Accomplishments

Weekly Service Provision to all Participating Classrooms: Services were provided weekly to 21 Head Start and Early Childhood Pre-K and Kindergarten classrooms.

Implemented the full evaluation packet: The evaluation plan developed by the ECMHC advisory team and supported through Project LAUNCH was implemented at all sites measuring child outcomes, teacher confidence, teacher child relationship, and classroom environment. LAUNCH serves as a pilot for the evaluation before expanding it statewide to child care programs receiving ECMHC.

Services to Child Care Facilities: Services were provided to 12 child care facilities as part of the ECMHC child care network

Training and Support: Continued education and supports were requested by all partners in the project around early childhood mental health, trauma, and challenging behaviors. Additional teacher in-services were provided at the school’s request and teachers were also sponsored to attend training in the Tulsa area

around Conscious Discipline. Conscious Discipline training for the Rogers County Community has been planned for May, 2016.

Continued mentoring and Reflective Supervision: Consultants continued to receive mentoring and reflective supervision through the reflective practice group as part of the Workforce Development plan for Mental Health Consultants. Each Consultant has completed a self-evaluation on their competencies, and they will complete another evaluation at the end of year one in addition to having an assessment of competency completed by the State Trainer/Mentor for ECMHC. Individual goals for improvement and continued skill development will be created by each Consultant and the Mentor.

B. Challenges/Barriers

Head start grantee challenges to stabilizing workforce: The Head Start Grantee in the LAUNCH community has experienced high turnover, thus requiring staff to move around from site to site to cover classrooms as new teachers are hired. Consultants experienced having to start and stop work and shift goals based on what teachers were in the classroom. In addition, the staff changes were a challenge to stability for the children, exacerbating behavior challenges in children at times. This has led to exploring organizational consultation for the grantee to help them address things from a larger, programmatic level which will better support classroom consultation.

Implementation of Evaluation package including Child outcome data through screening as the BASC 2 was lengthy and cumbersome to complete: Feedback from teachers about the BASC 2 was not favorable. In the pre-test phase, teachers reported lots of time committed to completing the screenings and did not report that it was helpful in giving them information about the children for the amount of time that they took to complete.

Turnover in Consultants at partner agencies created disruption in services: Training was provided pre-implementation to the group of practitioners who agreed to work within the classrooms. After a month or 2 into the project, staff turnover created the need to identify additional consultant(s) to train and caused a disruption in service. Because not all staff members at agencies went through the training or are planning to provide the service, the replacement process was slower and meant the school went for a couple of months without anyone coming to their classrooms.

C. Lessons Learned:

Reflective Practice is essential to the training and implementation of the model: Mentoring and continued training and support to the consultants is essential to the program success. Consultants report feeling much more comfortable with the new role having the support of an experienced consultant as they begin the work. The reflective practice group has assisted in building collaborative relationships across agencies who are participating in the consultation project increasing the peer to peer supports that occur.

D. Activities Planned for the Next 6 Months

- **Complete year 1 of ECMHC Implementation:** Services will continue for the remainder of the school year for ECMHC in Head Start and Justus Tiawah and Verdigris Public Schools. BASC 2 assessments will be completed on the children in all classrooms and evaluation activities will include post tests for classroom, teacher child relationship, and teacher confidence reports. Focus groups for teachers, administrators, and consultants will be completed using data and feedback to plan for year 2 of implementation.
- **Provide Organizational Consultation to Head Start Grantee to address Program wide needs that affect classroom environment:** Work with CARD Head Start to support programmatic needs to stabilize classrooms across the system and to improve the effectiveness of Mental Health Consultation

Table 5. Family Strengthening and Parent Skills Training

Describe any changes to the EBP/program models being used since the last reporting period:

An opportunity to participate in Theraplay training was made available through collaboration with Muscogee Creek Nation. The Early Childhood MHP at Rogers County Health Department received training in Theraplay in order to offer this program in Rogers County.

A. Major Activities and Accomplishments:

Infant Massage: Infant Massage services have been offered in the context of Home Visitation, individual client services, and in groups in the community as professionals pursue their certification in infant massage. Additional plans include reaching out to the local hospital to incorporate infant massage into their post-natal education services offered to families who deliver at the hospital.

Circle of Security: Circle of Security (COS) training has been provided to clinicians in partnering agencies and in private practice including community mental health, domestic violence, public health, and head start. Rogers County Health Department Staff and SafeNet Domestic Violence agency staff have partnered together to take shelter staff through COS to build the COS language into their service approach and help the staff support their clients from this framework. Circle of Security is being used with clients seeking individual services, and clinicians continue to work to form groups in the community.

Positive Solutions: Positive Solutions parent group was provided to parents of children who attend 2 local early childhood programs in the community. The LAUNCH local coordinator teamed with the

Rogers County Health Department Child Development Specialist to provide these groups.

Mental Health Services for Families with children birth to five: The LAUNCH funded Mental Health Professional at the Rogers County Health Department Child Guidance Clinic continues to provide much-needed services to fill the service gap in the community. This clinician as well as 2 other clinicians in a private practice setting and at a domestic violence agency are working to support the needs for further infant mental health assessment for infants and young children in child welfare in Rogers county and the surrounding area.

Circle of Parents: Oklahoma was able to complete the “train the trainer” training for Circle of Parents having 2 key leaders at the Oklahoma State Department of Health as trainers available to communities statewide in order to improve sustainability of delivering Circle of Parents program.

Engaging Systems of Care into integrating plans across systems for families with young children: LAUNCH has worked with Systems of Care and the Oklahoma Department of Mental Health and Substance Abuse Services to improve service delivery to families with infants and young children. In Rogers County, the Systems of Care team has requested additional training in infant massage for their family support workers.

B. Challenges/Barriers

Data collection – use of the Strengthening Families Protective Factors survey: Because the Oklahoma LAUNCH approach to family strengthening and support programs involves enhancing community services that are already in place so that they can better serve young children, there is no “direct” control over services to ensure that data needed for evaluation is being collected. Often, what is provided by LAUNCH is training and technical support for implementation. Since there is no financial link or contract in place beyond the initial agreement saying that the providers who participate in training will participate in evaluation (through MOU), there is no recourse for not following through with this aspect.

Making Parent Groups: Parent groups have been offered for Circle of Security and for Infant Massage with different clinicians offering for free or a small charge. Professionals in the community report frustration with getting groups to make and report not having the time or supports to market these groups to get them filled. Professionals in the community report more success when they can go to a group of parents that is already formed or is meeting for some purpose and offering services to them as opposed to starting a “new group”.

Limited access to Mental Health Services for families with infants and very young children: Even with the addition of another Mental Health Clinician in the community that specifically focuses on this age range, Rogers County struggles to have enough resources to meet the demand for Infant Mental

Health Assessment and services. The LAUNCH clinician often has a waiting list or referrals are made into the Tulsa metro, whose agencies are also seeing long wait lists for services. As the community and child-serving systems become aware of the importance of early intervention and mental health supports for young children and more organized with screening and identification, more referrals are being made than the community has the capacity to serve. The increasing demand is coming at a time when agencies do not necessarily have the resources to hire additional clinicians, should they be able to find clinicians with the training needed to work with these families.

C. Lessons Learned

Meet families where they are: A variety of parent supports need to be present in the community as parent “groups” tend to struggle to make. LAUNCH has focused on infusing parent supports into “natural settings” and with partner agencies who are serving families in a variety of ways. This includes infusion of “Parent Strengthening Programs” into Home Visitation services, with Infant Massage added to those programs. Programs that serve parents in a variety of ways, such as domestic violence shelters, can offer Parent Strengthening in a way that fits with their agency’s mission, focus, and complements the way they are working with families. For example, SafeNet Services chooses to use Infant Massage in the shelter inviting moms to come take a “stress break” and spend a few quiet moments with their babies. In addition, SafeNet has incorporated the language of Circle of Security into their organization taking the staff through the Parent Program so that they are supporting parents with this consistent type of message in their advocacy, parenting, and counseling work.

D. Activities Planned for the Next 6 Months

- **SOC Expansion Grant Application:** Work with ODMHSAS to complete a grant application for Systems of Care Expansion to focus on families with infants and young children birth to 6 with complex mental health needs
- **Incredible Years Group:** Partner with CARD Head Start to provide an Incredible Years parent group and a children’s group in addition to implementing the classroom based Incredible Years program with the Head Start teachers to begin August, 2016.
- **Explore partnership with OSU Extension services in offering Active Parenting program in Rogers County:** County extension agents were trained in the Active Parenting program for school aged children. Rogers County OSU Extension will partner with Project LAUNCH to connect with school districts where LAUNCH has implemented services to partner to offer supports to parents with school-age children through third grade.
- **Partner with Systems of Care to offer Circle of Security Parenting Group to parents who have young children and are involved in Wrap-around services:** LAUNCH will support a partnership between Grand Lake Community Mental Health Center and OSDH Child Guidance to form a parenting group using Circle of Security to support any families with infants, toddlers, and preschoolers who are being served through Systems of Care. Explore helping to implement a

Circle of Parents Parent Support Group as well.

- **Statewide and Community Awareness:** Develop young child wellness messaging materials around the work of Project LAUNCH and the Oklahoma State IECMH framework for change. Develop You Tube videos with parent messages to be linked to a variety of local and state webpages including ParentPro Home Visitation Website.
- **Initiate Workforce Development Plan:** Complete contracts with OSU Institute for Building Early Relationships (IBEaR) to begin the workforce development project by starting reflective consultation with a cohort of identified mental health practitioners. Course in IMH assessment and diagnosis will begin in August, 2016.
- **Host the Early Childhood Tract for the Children's Behavioral Health Conference:** Obtain speakers that include a focus on addressing families with infants and young children. Specific focus will include speakers who present information to improve cultural competence of Oklahoma Workforce.

Section 2, PART II: INFRASTRUCTURE & SYSTEMS CHANGE ACTIVITIES

1. Briefly describe (bullets are fine) highlights of your workforce development activities during the past six months:

- **IECMH Workforce Development Plan**
 - Identified 20 clinicians in Rogers County and other strategic parts of Oklahoma to participate
 - Partnered with Oklahoma State University to offer a graduate course in Infant and Early Childhood Mental Health Assessment and Diagnosis to improve access to further assessment for infants and young children
 - Worked with Dr. Tessa Chesher and Tulane University to develop course outline and details
 - Identified available consultants who are Endorsed Level III or IV or meet criteria through the Oklahoma Infant Mental Health Association to provide consultation to the 20 clinicians involved in the workforce development plan
 - Explored expansion of this plan through potential funding within Systems of Care
- **Child Care Providers**
 - Held a local Mini-conference to provide training to community early childhood educators
- **Reflective Consultation/Supervision and Endorsement in Infant Mental Health**
 - Provided regular reflective consultation to 2 mental health professionals in Rogers County and 2 additional MHP's in poorly resourced parts of the state to support their pursuit of Infant Mental Health Endorsement
 - Provided regular reflective consultation to 2 home visitation professionals in Rogers County
 - Provided regular reflective consultation to 1 Child Development Specialist who provides parent support programs in Rogers County
- **Reflective Practice Group for ECMHC and Mentoring**
 - Practitioners who are providing ECMHC met bi-monthly for a reflective practice group
 - ECMHC mentor worked individually with each consultant post-training to support implementation of the ECMHC model
 - Phase one of the evaluation component has taken place to evaluate consultant competencies as they develop over time

2. Briefly describe (bullets are fine) highlights of your public education/social marketing activities over the last six months:

- Developed an Infant Mental Health Infographic in partnership with OKAIMH and Oklahoma Institute for Child Advocacy
 - Partnered with OICA to disseminate the infographic in print and electronic format to key partners across the state
 - Worked with *Tulsa Kids* Publication to include the infographic in their 2016 “Baby Guide” and received 300 copies for distribution across Rogers County including Pediatric offices, OBGYN offices, Health Department, Community Mental Health Centers, and other community settings.
- Participated in OK CEO’s group with the Pat Pott’s Family Foundation to identify advocacy agenda and indicators for Early Childhood Wellness “25 by 25” Campaign. Shared the IECMH State Plan in order to connect the group’s work to goals within the plan.
- Gathered information on creating video vignettes through YouTube to post on partner websites including ParentPro Home Visitation website with parent messages about young child wellness.

4. Briefly describe your 2-3 **greatest accomplishments** in creating improvements to the early childhood system in your state/tribe/territory/community in the last six months:

- **Creation of the Infant Mental Health Workforce plan with enough momentum and support behind it to get participation:** A strong partnership with Oklahoma State University has been established through the creation of the Institute for Building Early Relationships. This is serving as the table around which to gather to move much needed workforce infrastructure development forward with both short-term projects and long-term planning. Multiple partners including Project LAUNCH, OSU, OK-AIMH, University of Oklahoma, and Department of Mental Health Systems of Care, and Child Welfare have developed an integrated plan to support the needs of IECMH clinicians through formal education, practicum-type work experiences supported by IMH Endorsed Reflective Supervisors, and training in Evidence Based Practice. Additionally, OSU is developing a certificate in Infant Mental Health meant to meet the needs of a multidisciplinary workforce. Through this partnership, the certificate program continues to be developed, with specific additions for a clinical track to support much needed formal learning experiences in the assessment and diagnosis of infants and young children. The combination of proposed braided funding will allow Oklahoma to take a cohort of up to 50 clinicians through this workforce development plan so that as Child Welfare continues to implement the screening developed through OKTASCC project with support from Project LAUNCH leadership, there will be workforce available to provide additional assessment and then connect those children and their caregivers to appropriate early intervention services.

- **Work within the community to engage non-traditional partners around Early Childhood through the language of ACES:** At the Community level, partnerships through the wellness council are growing and a community event around Adverse Childhood Experiences provided by Dr. Robert Block, past president of the American Academy of Pediatrics has engaged individuals across service systems into the importance of Early Childhood even if their programs do not typically focus on families with young children. This has been a key “bridge” for the work to help people understand how young child well-being matters to the work that they do.

5. Briefly describe your 2-3 **greatest challenges** in creating improvements to the early childhood system in your state/tribe/territory/community in the last six months and what you have done or will do to overcome these challenges:

State Budget/Fiscal Climate: This fiscal year has posed to be a challenge more than any in the past. Oklahoma, for the first time, is expected to experience at least 2 revenue failures in the 2016 budget period. This has caused the legislature and government agencies to come up with fiscal solutions that often means reduction in the number of available providers who will accept Medicaid patients, reduction in Medicaid rates, cutting Home Visitation contracts and services, and the elimination of programs. Early Childhood is seeing cuts across all systems including health, child care, education, PART C early Intervention, and mental health. Where there were good discussions and policy change proposals to greatly improve mental health services for young children and their families, financial crisis has tabled those discussions and plans are not able to move forward. Plans to enhance services have been tabled as well, waiting to determine the overall outlook for Oklahoma’s home visiting system.

At the same time that Oklahoma is coming up with a way to weather the financial crisis, partners continue to come to the table to meet to strategize about sharing resources, braiding effort, and planning for future needs through application for future funding opportunities. The LAUNCH timeline will be revised for some elements, especially in enhancing home visitation as important decisions will be made in the next few months. At the local level, LAUNCH will move forward with implementation of PAT as well as supports for Nurse Family Partnership and Part C providers, and sustainability will be considered as decisions are made at the state level in terms of continuation of services and replication of effort into other communities in Oklahoma. Mental Health policies and planning will continue and a new timeline will be developed for when activities that have a financial impact can be implemented. Discussions about having small pilot areas, including Rogers County, are occurring rather than making state-wide changes at this time. As ODMHSAS moves forward with Systems of Care and Wrap-around services, plans will be aligned with LAUNCH and with the IECMH State Strategic Plan to maximize the impact on the system.

Urgency of needing services without agency “readiness” to take on Early Childhood: A number of projects, including LAUNCH have increased the focus on infant and early childhood mental health in

Oklahoma. Systems and communities are recognizing the need for these services as they develop ways to improve early identification and screening. Expertise in IECMH is not quickly developed and the number of professionals who have this expertise in Oklahoma are few. Some efforts have been made over the years to provide trainings through lecture, seminar, or workshop, but Oklahoma has not seen its IECMH workforce grow to any great degree. Areas of the state that have been successful have had a base of IECMH expertise, and a method for mentoring new clinicians who are hired into an agency into this type of practice. The “trickle down” effect of the scarcity of IECMH providers is that other child serving systems do not have access to the training and support in their communities through mental health consultation and reflective supervision. Other barriers to agency “readiness” include policies that make it financially difficult to implement IECMH services using best practices. The smaller caseload requirement, more intensive and time-involved assessments, and often the involvement with the courts have kept agencies at bay. Some agencies who have attempted to add this into the service array without supports have layered on IECMH as an “extra duty” to staff who feel ill-equipped to take the cases and who don’t have access to supervisors who have this expertise.

The solution to this issue is not easy, or quick. Thoughtful work must take place to develop a plan that achieves the workforce outcomes Oklahoma needs with resources that are available. Through LAUNCH and the Children’s State Advisory Workgroup (State Wellness Council), plans have been developed across 3 key projects to improve IECMH workforce in Oklahoma: OK TASCC, LAUNCH, and Systems of Care. Together, in partnership with Oklahoma State University’s Institute for Infant Mental Health (IBeAR) and the Oklahoma Association for Infant Mental Health (OKAIMH), strategies have been developed to attempt to address the workforce shortage. Long-term workforce development plans are also taking place at OSU as they develop a certificate program in Infant Mental Health. OSU is in a position to provide much needed evaluation, and to explore further funding opportunities to support both present and future workforce needs in this field across many the disciplines that touch the lives of infants, young children, and their families.

6. Briefly describe any NEW ways in which successful LAUNCH strategies or practices have been replicated, expanded or implemented in other communities in the last six months as a result of this grant:

- **Implementation of Infant Massage:** As trainings have happened through project LAUNCH, additional systems have heard of its success and have asked for training. Rogers County Systems of Care teams requested training, and Oklahoma LAUNCH was able to partner with Muscogee Creek Nation LAUNCH to add additional training opportunities. ODMHSAS plans to include infant massage into the systems of care model for families with infants and young children as a means to facilitate positive interactions and support attachment with the families they serve.
- **Using OSU’s Institute for Building Early Relationships (IBeAR) as a Coordination Base:** Projects are committed to aligning of workforce development efforts across ECMH systems.

When funding is obtained for the purpose of Workforce Development, IBEaR will serve as the hub to receive that funding and combine it with other financial efforts to assure that the plan is replicated and made available to as many clinicians as Oklahoma can support to grow the IECMH network of providers. Additionally, their interest includes supporting a multi-disciplinary group of professionals so that appropriate resources can be made available to PART C professionals, Early Childhood Educators, and others through access to formal education, reflective supervision (in partnership with OKAIMH), and on-going training in Infant and Early Childhood Mental Health.

Section 3: EVALUATION UPDATE

If your evaluation plan has changed in any significant ways in the last six months, please describe in the relevant portion(s) of the table below: **none**

Evaluation Component	Previous:	New:
Research Questions		
Design		
Measures		
Data Collection Strategies		
Data Analysis Approach		

**Thank you for taking the time to complete this report.
Please feel free to contact your GPO for assistance.**