Welcome to Today’s Webinar!

*Early Childhood Prevention: Project LAUNCH*

This event will start at 11:00 a.m. E.T.
Q&A

If you have a question for the presenters, please type it in the Q&A Pod or email ncssle@air.org during the Webinar.

Feedback Form

At the end of the presentation, a series of questions will appear. Please provide feedback on this event so that we can better provide the resources that you need. All answers are completely anonymous and are not visible to other participants.

For assistance during the Webinar, please contact the National Center on Safe Supportive Learning Environments at ncssle@air.org.
National Center on Safe Supportive Learning Environments

- Goal is to improve conditions for learning in a variety of settings, K-16, through measurement and program implementation, so that all students have the opportunity to realize academic success in safe and supportive environments.

- Provides information and technical assistance to states, districts, schools, institutions of higher learning, communities, and federally supported programs to improve conditions for learning.

- Provides training and technical support to 11 State Education Agencies funded under the Safe and Supportive Schools Program and their participating Local Education Agencies (districts), as well as training and support to the Higher Education community, including Community Colleges.

- Some of the featured content areas of the Center include bullying prevention, violence prevention, and substance abuse prevention.

*The content of this presentation was prepared under a contract from the U.S. Departments of Education and Health and Human Services to the American Institutes for Research (AIR). This presentation does not necessarily represent the policy or views of the U.S. Departments of Education and Health and Human Services, nor do they imply endorsement by the Departments.*
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| **1** Introduction to Early Childhood Prevention  
Ingrid Donato, Branch Chief, Mental Health Promotion Branch,  
Center for Mental Health Services, SAMHSA |
| **2** Project LAUNCH: Program Model Overview  
Jennifer Oppenheim, Public Health Advisor, Center for Mental Health Services, SAMHSA |
| **3** Highlights of LAUNCH’s Core Strategies  
Gaby Fain, Technical Assistance Specialist, American Institutes for Research |
Introduction to Early Childhood Prevention
Ingrid Donato, Branch Chief, Mental Health Promotion Branch, Center for Mental Health Services, SAMHSA
Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Early Childhood Prevention:
Project LAUNCH

Ingrid Donato
Let’s start from the beginning with what we know......
• Around 1 in every 4 -5 youth in the US meets criteria for a mental disorder with severe impairment across their lifetime.

• Estimated $247 billion in annual costs and savings to multiple sectors – education, justice, health care, social welfare.

Citations • 1, 2
Daily Disaster of Unprevented and Untreated Mental Illness and Substance Abuse Disorders

- ANY MI: 45.1 Million
- SUD: 22.5 Million
- Diabetes: 25.8 Million
- Heart Disease: 81.1 Million
- Hypertension: 74.5 Million

- Receiving Treatment:
  - ANY MI: 37.9%
  - SUD: 18.3%
  - Diabetes: 84%
  - Heart Disease: 74.6%
  - Hypertension: 70.4%
Adverse Childhood Experience Study (ACE)

- Early Death
- Disease, Disability, and Social Problems
- Adoption of Health-risk Behaviors
- Social, Emotional, & Cognitive Impairment
- Adverse Childhood Experiences

Scientific Gaps
How do ACES Affect Our Lives?

ACES CAN HAVE LASTING EFFECTS ON BEHAVIOR & HEALTH...

Simply put, our childhood experiences have a tremendous, lifelong impact on our health and the quality of our lives. The ACE Study showed dramatic links between adverse childhood experiences and risky behavior, psychological issues, serious illness and the leading causes of death.

The following charts compare how likely a person with 1, 2, 3, or 4 ACEs will experience specified behaviors than a person without ACEs.

*Having an ACE score of zero does not imply an individual could not have other risk factors for these health behaviors/diseases.
Prevention Window

- Age at first symptom
- Age at first diagnosis
Preventive Intervention Opportunities
Substance Abuse and Mental Illness

Interventions by Developmental Phase

Prior to Conception → Prenatal → Infancy → Early Childhood → Young Adulthood

- Project Launch
- Safe Schools/Healthy Students
- GBG

Prenatal care → Home visiting → Early childhood interventions → Parenting skills training → Social and behavioral skills training → Classroom-based curriculum to prevent substance abuse, aggressive behavior, or risky sex → Prevention of depression → Prevention of schizophrenia

Prevention focused on specific family adversities (Bereavement, divorce, parental psychopathology, parental substance use, parental incarceration) → Community interventions → Policy

Citation: 9
So what do we do with this information?
SAMHSA’S MISSION

To reduce the impact of substance abuse and mental illness on America’s communities.
The SAMHSA Context: Strategic Initiatives

AIM: Improving the Nation’s Behavioral Health (1-4)
AIM: Transforming Health Care in America (5-6)
AIM: Achieving Excellence in Operations (7-8)
National Prevention Strategy

Increase the number of Americans who are healthy at every stage of life.

Healthy & Safe Community Environments

Clinical & Community Preventive Services

Tobacco Free Living

Preventing Drug Abuse and Excessive Alcohol Use

Healthy Eating

Active Living

Mental and Emotional Well-being

Empowered People

Reproductive and Sexual Health

Injury and Violence Free Living
Mental and emotional well-being is essential to overall health. Positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. Early childhood experiences have lasting, measurable consequences later in life; therefore, fostering emotional well-being from the earliest stages of life helps build a foundation for overall health and well-being. Anxiety, mood (e.g., depression) and impulse control disorders are associated with a higher probability of risk behaviors (e.g., tobacco, alcohol and other drug use, risky sexual behavior), intimate partner and family violence, many other chronic and acute conditions (e.g., obesity, diabetes, cardiovascular disease, HIV/STIs), and premature death.
Recommendations: What Can be Done?

1. Promote positive early childhood development, including positive parenting and violence-free homes.

2. Facilitate social connectedness and community engagement across the lifespan.

3. Provide individuals and families with the support necessary to maintain positive mental well-being.

4. Promote early identification of mental health needs and access to quality services.
If you have a question for the presenters, please type it in the Q&A Pod or email ncssle@air.org during the Webinar.
Project LAUNCH: Program Model Overview
Jennifer Oppenheim, Public Health Advisor, Center for Mental Health Services, SAMHSA
Project LAUNCH:
Program Model Overview

Jennifer Oppenheim
Goal: To foster the healthy development and wellness of all young children (birth through age 8), preparing them to thrive in school and beyond.
• 5 year grants
• 35 states, tribes, & communities
• Funds to state Title V or mental health agencies
• State/tribe picks pilot community
• Dual focus on systems and services
3 Guiding Principles

Holistic Perspective
Ecological Framework
Public Health Approach
Dual Focus (1): Systems Change

Forging partnerships: public, private, parents

Uniting around a common vision for young child wellness

Scanning, planning, and evaluating progress

Improving policies and practices, smart spending, integrated data systems and common outcomes

Young Child Wellness Councils
Dual Focus (2): 5 Core Strategies

- Screening and Assessment
- Family Strengthening
- Mental Health Consultation in Early Care and Education
- Integration of Behavioral Health into Primary Care
- Enhanced Home Visiting
Two Cross-cutting Approaches

- Training on evidence-based curricula
- Training on screening tools
- Behavioral health trainings
- Infant mental health training
- Cross-disciplinary teaching/sharing

- Resource guides
- Children’s mental health awareness day
- Webcasts
- Screening passports for parents
- Health fairs
LAUNCH Communities at High Risk Compared to U.S. as a Whole

- % families below poverty level: LAUNCH 14, U.S. 10
- % without high school diploma: LAUNCH 18, U.S. 9
- % unemployment: LAUNCH 8, U.S. 5
- % births to women receiving late or no prenatal care: LAUNCH 19, U.S. 7
Three years into the initiative:
• 49,000 children and parents screened & assessed in diverse settings.
• 11,400 community providers trained on social-emotional and behavioral health.
• 723 primary care providers received integrated Behavioral Health Consultation.
• 1,146 Early Childhood staff received LAUNCH-supported Mental Health Consultation.
• 2,240 families served in 27 LAUNCH-supported home visiting programs.
• 4,800 families served in 31 LAUNCH-supported family strengthening programs.
Breadth of Representation on LAUNCH Child Wellness Councils

- Community councils and Tribal councils (n=24)
  - Early childhood education: 96%
  - Elementary education: 94%
  - Health care provider: 83%
  - Mental health: 92%
  - Public health: 96%
  - Medicaid: 88%
  - State/Tribal government: 81%
  - Substance abuse prevention: 63%
  - Child protective services: 50%
  - Criminal justice: 58%
  - Advocacy group: 56%
  - Private sector business: 17%
  - Family member or parent: 38%

- State councils (n=16)
  - Early childhood education: 88%
  - Elementary education: 81%
  - Health care provider: 75%
  - Mental health: 69%
  - Public health: 63%
  - Medicaid: 33%
  - State/Tribal government: 31%
  - Substance abuse prevention: 50%
  - Child protective services: 56%
  - Criminal justice: 17%
  - Advocacy group: 0%
  - Private sector business: 6%
  - Family member or parent: 6%
Self-reported Changes in Knowledge and Practices of Providers Participating in LAUNCH-Supported Services

N = 1740 providers

Knowledge of socio-emotional development

- No change: 38%
- A little change: 8%
- Some change: 7%
- Substantial change: 47%

Use of MHC for behavioral concerns

- No change: 27%
- A little change: 15%
- Some change: 25%
- Substantial change: 31%

Knowledge of referral options for behavioral issues

- No change: 35%
- A little change: 8%
- Some change: 11%
- Substantial change: 46%

Use of developmental screening/assessment in work setting

- No change: 32%
- A little change: 14%
- Some change: 16%
- Substantial change: 37%

Source: Local evaluator annual surveys of providers in LAUNCH-supported programs
Special studies are underway looking at a variety of population outcomes for young children and their families:

- Birth outcomes
- Utilization rates of preventive and emergency health care
- Child development outcomes (ages 1 – 5)
- Kindergarten readiness and behavior (through Grade 2)
- Academic performance (kindergarten through Grade 3)
- Referrals to special education
- Attendance rates
- Maternal well-being
If you have a question for the presenters, please type it in the Q&A Pod or email ncssl@air.org during the Webinar.
Highlights of LAUNCH’s Core Strategies
Gaby Fain, Technical Assistance Specialist, American Institutes for Research
Mental Health Consultation in Early Childhood Settings

- Provide training
- Observe individual children
- Provide feedback on teaching/caregiving practices for the classroom as a whole
- Build capacity of early education staff
- Support teachers and parents
- Provide or facilitate access to therapy
- Link families to community resources and services
Local LAUNCH Examples

- Integration of MHC across child-serving systems
  - Home visiting programs
  - Early care and education programs
  - Elementary school classrooms
  - Child welfare programs
What Have We Learned?

- Provides an effective prevention strategy.
- Promotes screenings across systems.
- Provides services in natural settings.
- Responds to unmet needs.
- Facilitates referrals.
- Builds staff capacity.
- Reduces staff stress levels.
- Reduces stigma around mental health.
Family Strengthening

- Help families create healthy environments for their young children.
  - Range of evidence-based tools and approaches.
  - Parent training programs.
  - Guides to help families navigate through social services systems.
  - Locally developed options or nationally-recognized programs adapted to the cultural needs of the community.
Local LAUNCH Examples

- Strengthening Multi-Ethnic Families and Communities
- The Incredible Years Series
- Triple P
- Parent Cafes
- Family navigators
- Culturally-based family strengthening activities
What Have We Learned?

- Engage with different types of community partners who already have relationships with targeted families.
- Identify and collaborate with community champions.
- Meet parents where they are.
- Use a common language across agencies/systems regarding family engagement.
Integration of Behavioral Health into Primary Care

Elements of Integration:

• Enhanced screening
• Enhanced training
• Case consultation
• Warm hand-off to MH consultant or Family Partner
• Assessment, brief intervention, referral to treatment
• Improved linkages with community-based providers
• Family Health Plans/care coordination
Some Lessons Learned

• It may be an incremental process.

• Look for opportunities and champions.
  
  “Culture of readiness and interest in innovation is a critical determinant of implementation success.”

• Take the time to build relationships and plan.
  
  “The role of building relationships and making sure there is follow up in order to achieve integration is essential and is an ongoing process.”

• Focus on sustainability all the way along, exploring multiple options.
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Take Aways

- Front line providers play a critical role in promoting healthy development, identifying early signs of challenges/delays, and linking young children and families to needed services.

- Trainings on social and emotional development and behavioral health topics strengthen the ability of front line providers to promote wellness and identify issues among young children in their care.

- Project LAUNCH offers some innovative approaches that may help inform other programs; e.g. state/local partnerships, cross-disciplinary training and systems integration, and embedded mental health services in the settings where children live, work and play.
Reminders

- **Upcoming Webinars**

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<td>Community Coalitions Working Collaboratively Across Secondary and Postsecondary Education to Address Underage Drinking</td>
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- **Feedback**

  - We are about to present a series of brief questions over three slides for your feedback on today’s webinar. **Please stay with us to share your feedback.** We greatly appreciate your opinions and will use them to improve our events.


11. Project LAUNCH. National Center for Mental Health Promotion and Youth Violence Prevention, Substance Abuse and Mental Health Services Administration. [http://projectlaunch.promoteprevent.org/](http://projectlaunch.promoteprevent.org/)