Wisconsin’s Project LAUNCH

Promoting Wellness in Early Childhood
2009 - 2014

helping children soar
Wisconsin Project LAUNCH, along with many other dedicated partners, are the authors of this document. This briefing document is the product of extraordinary collaboration among diverse health professionals and organizations both public and private, health systems and non-profit organizations, and community groups. Authors represent organizations and individuals committed to improving the health and wellness of children throughout Wisconsin. Wisconsin Project LAUNCH wishes to thank State Coordinators, Local Coordinators, and members of the State Council and Local Council as well as all partners for their collaboration, expertise, and perseverance regarding this project.
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The purpose of the Linking Actions for Unmet Needs in Children's Health initiative (Project LAUNCH) was to promote wellness of young children ages birth to 8 by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. The long-term goal of Project LAUNCH was to ensure that all children enter school ready to learn and able to succeed. Project LAUNCH sought to improve coordination across child-serving systems, build infrastructure, and increase access to high-quality prevention and wellness promotion services for children and their families. Project LAUNCH was guided by a unique, federal-level partnership among the Substance Abuse and Mental Health Services Administration (SAMSHA), the Administration for Children and Families (ACF), the Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC).

A listing of Project LAUNCH Grantees can be found at: http://www.healthysafechildren.org/sites/default/files/launch_briefing_book.pdf. Grantees from across the county worked to increase the quality and availability of evidence-based programs, improve collaboration among child-serving organizations, and integrate physical and behavioral health services and supports for children and their families (see FIGURE 1). Each grantee was required to implement five LAUNCH strategies: 1. Integration of Behavioral Health into Primary Care; 2. Developmental Screening; 3. Home Visiting; 4. Mental Health Consultation; and 5. Family Strengthening.
Grantees implemented the five core prevention and promotion strategies described below. Innovative and effective prevention/promotion practices at the local level serve as models to be sustained and replicated throughout the state, territory, and tribe (see FIGURE 2).

**Integration of behavioral health (BH) into primary care (PC).** Project LAUNCH integrated behavioral health supports into primary care settings including screening children for developmental and social-emotional issues using standardized, validated tools; providing links to appropriate services and coordinating care across systems; and embedding mental health supports directly into these settings.

**Screening and assessment in a variety of child serving settings.** Project LAUNCH was committed to increasing the use of validated developmental and behavioral screening of infants and young children to promote early identification of risk factors and to build on child and family strengths. In addition to developmental and social-emotional screening for children, Project LAUNCH focused on supporting the family well-being as a whole.

**Enhanced home visiting through increased focus on social and emotional well-being.** Project LAUNCH strived to expand and enhance existing home visiting services by increasing the focus on the social and emotional well-being and behavioral health of young children and families served by these programs. The work of Project LAUNCH included training home visiting staff, providing mental health consultation, and improving coordination of services to complement home visiting programs.

**Mental health consultation (MHC) in early care and education (ECE) programs.** MHC in ECE settings involved the use of a mental health professional in ECE programs to promote children’s growth and learning, with a focus on social and emotional development. The consultant focused at the individual child and family level to build capacity of ECE staff and programs that promoted children’s positive social and emotional growth and ability to respond to their mental health needs. Mental health consultants screened children for developmental or behavioral concerns, trained staff, and provided support for effective teaching and caregiving practices.

**Family strengthening and parent skills training.** Project LAUNCH strived to improve outcomes for young children by supporting their parents’ ability to provide healthy, safe, and secure family environments in which to learn and grow. Project LAUNCH grantees used a variety of culturally and linguistically appropriate evidence-based approaches.

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**FIGURE 2: Five Core Strategies of Project LAUNCH**

- **Systems**
  - Integration of BH into PC
  - Developmental Screening
  - Home Visiting
  - Mental Health Consultation
  - Family Strengthening

- **Services**
Wisconsin’s Project LAUNCH: Description

In 2009, the Department of Health Services, Division of Public Health, Bureau of Community Health Promotion, and Family Health Section were awarded the Wisconsin Project LAUNCH Grant. This grant was collaboratively written by The Department of Children and Families and the Department of Health Services to complete the required activities for Project LAUNCH. Wisconsin’s Project LAUNCH was required to represent both the state and local communities. Wisconsin focused its efforts in 12 Milwaukee city ZIP codes identified as having a high risk for adverse birth outcomes (see FIGURE 3).

Local and state partners worked together to implement and enhance programs in these neighborhoods in Milwaukee, hoping to inform larger-scale, integrated policy change at local, state, and national levels. Wisconsin Project LAUNCH leaders formed two councils, a state council and a local council, which represented multiple early childhood systems to help interpret, inform, and guide policy change recommendations to improve child health and wellness.

During Wisconsin’s Project LAUNCH five-year grant, over 25 projects and initiatives related to early childhood systems were enhanced through collaborative efforts. The level of participation varied project by project, as did the specific partners involved in each initiative. Many of these projects have been sustained through various mechanisms, including partnership building and collaboration, securing additional funding sources, workforce development activities, advocacy and other policy change, and the creation of new resources available to providers and families in Wisconsin. See page 29 for Wisconsin’s Project LAUNCH Initiatives: Sustained Efforts.

Detailed information about all of the Wisconsin Project LAUNCH activities and initiatives are described in the following pages.
Integration of Behavioral Health into Primary Care in Wisconsin

Project LAUNCH sought to improve the lives of children ages 0-8 years and their families. The project focused on 12 high-risk ZIP codes in the city of Milwaukee.

Wisconsin’s Project LAUNCH integrated behavioral health strategies in these initiatives:

• Provider Training
• Behavioral Health Integration Pilot Project/Brief Module Development
• Joint Release of Information Form
• Child Psychiatry Consultation Program for Primary Care Clinicians

Provider Training

In Year 2, Project LAUNCH began the first trainings for physician practices, each focused on Developmental Screening and Surveillance within Well-Child Care. Additional trainings have been provided to medical providers and care teams, as well as to policymakers and health system administrators (see TABLE 1). Topics included integrating behavioral health care into primary care and pediatric mental health screening tools.

Initiative Outcomes

In early 2012, 10 providers in Milwaukee who had received the Developmental Screening and Surveillance within Well-Child Care training responded to a post-training survey. Results showed:

• 100% reported “some” or “a lot of” change in their practice’s approach to screening children’s development.
• 100% indicated their understanding of how to integrate the ASQ-3 in their practice had increased.
• 70% indicated their understanding of how to integrate the M-CHAT in their practice had increased.
• 70% reported a better understanding of how to make a referral to their local Birth to 3 agency.
• 60% reported increased knowledge of community resources for families, and how to refer families.

<table>
<thead>
<tr>
<th>LAUNCH Year</th>
<th>Total trained</th>
<th>Number of providers trained</th>
<th>Number of others trained</th>
<th>Percent trained from Milwaukee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 2 (Q4 only)</td>
<td>37</td>
<td>13</td>
<td>24</td>
<td>100%</td>
</tr>
<tr>
<td>Year 3</td>
<td>292</td>
<td>90</td>
<td>193</td>
<td>25%</td>
</tr>
<tr>
<td>Year 4</td>
<td>402</td>
<td>122</td>
<td>280</td>
<td>12%</td>
</tr>
<tr>
<td>Year 5</td>
<td>247</td>
<td>246</td>
<td>1</td>
<td>26%</td>
</tr>
</tbody>
</table>
Notable Successes:

**First Step:** Maternal and Child Health Hotline (partnership with Gundersen Health System), staffed by parent-peer specialists. In Y4Q1, 18 hotline staff were trained to answer parent questions and provided needed referrals (medical and other) based on concerns about child development/ASQ-3 results.

**Webinars:** LAUNCH has reached over 80 providers and professionals statewide through webinars. Topics covered: child psychiatry consultation program for primary care physicians, Birth to 3 referrals, joint release of information, and outreach strategies to promote early identification and referral.

Behavioral Health Integration Pilot Project

The Integration Pilot worked intensely with two Milwaukee primary care pediatric practices to integrate behavioral health into each practice. The program was based on the American Academy of Pediatrics’ *Addressing Mental Health Concerns in Primary Care: A Clinician’s Toolkit*. The Mental Health Practice Readiness Inventory was completed by each site to develop a work plan focusing on areas identified as the practice’s greatest needs. Provider practices were also introduced to a mental health consultation model as one approach to increasing capacity. See TABLES 2-3 for a brief review of outcomes.

Key Benefits of Pilot:

- Being introduced to and given the American Academy of Pediatrics (AAP) Toolkit.
- Receiving information about community resources for families.
- Brief modules were developed to cover content, using AAP Toolkit as a guide.
- Additional topics for future trainings were identified.

Key Challenges of Pilot:

- Issues of practice capacity and finding time to attend the series of trainings were the most commonly noted challenges.
- Practices noted challenges finding funding to support mental health consultation beyond the pilot program.
- Efforts to recruit new clinics have continued, although recruitment has been challenging.

100% Participants rated the program as “Helpful” or “Very Helpful”
Behavioral Health Integration Pilot Project (continued)

<table>
<thead>
<tr>
<th>TABLE 2: Initiative Outcomes: Session and Clinical Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session No.</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td><strong>Average Attendance: 3.5</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TABLE 3: Initiative Outcomes: Clinical Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey Question</td>
</tr>
<tr>
<td>-----------------</td>
</tr>
<tr>
<td>Comfort providing behavioral health services to children 0-8 years old</td>
</tr>
<tr>
<td>Confidence in the behavioral health services provided by your practice</td>
</tr>
<tr>
<td>Knowledge of early childhood behavioral health issues</td>
</tr>
<tr>
<td>Familiarity with free and low-cost local community resources for children and families related to social, emotional, or behavioral health issues</td>
</tr>
</tbody>
</table>

*Items ranked from 1 (“Not at all”) to 5 (“Very”).

Behavioral Health Integration Brief Module Development

As a result of the Integration Pilot and other work across the state, Project LAUNCH (in collaboration with the DHS, Wisconsin Statewide Medical Home Initiative (WiSMHI) and Northeast Regional Center for Children and Youth with Special Health Care Needs) developed brief training modules in response to pilot evaluations. These modules were available to primary care practices wishing to have short, quick training opportunities. Two modules, (1) Pediatric Mental Health Screening Tools and (2) Pediatric Mental Health Community Resources were completed.

Learning Objectives of Modules

(1) **Pediatric MH Screening Tools:**
- Increase awareness of AAP’s Mental Health Toolkit and resources.
- Aware of the AAP Task Force on Mental Health’s recommendations for pediatric mental health screening.
- Learn about the three validated pediatric mental health screening tools.
- Understand local community resources to support children with behavioral health concerns.
- Consider how to incorporate mental health screening into well-child care delivery.
Learning Objectives of Modules (continued)

(2) Pediatric MH Community Resources:
- Understand the resources in the AAP’s Mental Health Toolkit.
- Learn about the “Core Services” in the Community Resources section of the AAP’s Toolkit (crisis and non-crisis services).
- Understand the relevant national and local community resources for children with behavioral health concerns and their families.
- Incorporate the use of these resources into care for children with behavioral health concerns.

Initiative Outcomes:
- The joint release form is available on the DHS website: www.dhs.wisconsin.gov/forms/F0/f00688.doc
- The form has been promoted statewide and partners have distributed over the various listservs.
- Evaluation efforts to track use and perception of the tool are being implemented and evaluated.

Joint Release of Information Form

Project LAUNCH identified challenges with information sharing between health providers and the state’s early intervention system, Birth to 3. After a state meeting featuring Oregon START (Screening Tools and Referral Training), collaborative work began on developing a joint release form to be used by primary care providers and early interventionists. The form was approved by the Wisconsin Birth to 3 Program and Department of Health Services (DHS) and is HIPAA and FERPA compliant.

“In the past, if a pediatrician had a developmental concern for a child… and would do the referral to Birth to 3, it didn’t necessarily mean that they’d ever know what happened [after the referral occurred].”

– LAUNCH Coordinator, about Joint Release
Child Psychiatry Consultation Program (CPCP) for Primary Care Clinicians

A kick-off stakeholder meeting solicited unanimous support to sponsor the creation of a child psychiatry consultation program. After a year-long strategic planning process, the Project LAUNCH State Council prioritized the development of a child psychiatry consultation line, accessible to primary care clinicians. A steering committee was convened to identify strategic opportunities to develop the consultation line. Activities included information sharing (notably through two stakeholder meetings with keynote speaker Dr. John Straus from Massachusetts), developing work groups to advance efforts, drafting a strategic plan, and working with outside partners to share information about the program with the legislature (see FIGURE 4).

Initiative Outcomes

- Based in part on testimony from Project LAUNCH partners to the Speaker’s Task Force on Mental Health and guiding principles developed with stakeholders, a recommendation to start a consultation line was advanced to the legislature.
- The CPCP, through ACT 127, was signed into law on February 6, 2014. The legislation included $500,000 per year, with no ending to the funding.
- In July 2014, an RFA was issued to find a vendor to implement the Child Psychiatry Consultation Program.
- The Medical College of Wisconsin received the award to pilot the Child Psychiatry Consultation Program in Milwaukee County and in 15 counties in northern Wisconsin.
- Two stakeholder meetings were convened in 2014 and 2015 to keep communities and stakeholders informed of CPCP progress.
Developmental Screening in Wisconsin

Project LAUNCH sought to improve the lives of children ages 0-8 years and their families. The project focused on 12 high-risk ZIP codes in the city of Milwaukee.

Wisconsin’s Project LAUNCH implemented developmental screening strategies in these initiatives:

- Parent Focus Groups and Provider Interviews
- Screening Children through Project LAUNCH Direct Services
- Developmental Screening Trainings across Early Childhood Settings
- Development of Promotional Materials
- Partnering with Other Collaborative/Systems Change Initiatives

Project LAUNCH supported the promotion of developmental screening, focusing on the Ages and Stages Questionnaires (ASQ-3) and a related social-emotional screener, the Ages and Stages Questionnaires: Social-Emotional (ASQ:SE).

Parent Focus Groups and Provider Interviews

During Year 1, the local and state councils guiding Project LAUNCH both discussed the need to better understand the perceptions of parents and providers who have used developmental screening tools. To inform the focus of this LAUNCH strategy, Project LAUNCH conducted two focus groups with parents, and seven interviews with eight child care providers, and a literature review focusing on health care provider use of developmental screening.

Initiative Outcomes

- Parents felt the ASQ-3 would be best introduced by someone the family deems a credible and trusted source.
- Parents want to receive results privately, in writing, and in a caring manner. They want to know about appropriate community resources and developmentally appropriate activities to address potential delays. They also want support from early childhood providers in accessing follow-up services.
- Some parents reported mixed feelings of excitement and apprehension about the ASQ-3; some parents were concerned about feeling judged.
- Parents felt it was important to start with the child’s strengths when explaining results; they want to be treated as an expert and full partner in planning for treatment.
- Educators reported that using the ASQ-3 made them better teachers and classroom managers, strengthened their relationships with parents, and made routine classroom activities easier.
- Organizations using the ASQ-3 reported having the infrastructure in place to assure its proper implementation.
Screening Children through Project LAUNCH Direct Services

Four direct service programs were funded by Project LAUNCH, which included two evidence-based home visiting programs: (1) Empowering Families of Milwaukee, and (2) Nurse Family Partnership; and two Family Resource Center programs: (1) Nurturing Parents, and (2) Play and Learn groups. While both home-visiting programs previously included developmental screening in their services, more children were screened as a result of additional Project LAUNCH-funded staff. LAUNCH added developmental screening as a component of both the Nurturing Parents and Play and Learn groups (see FIGURE 5).

Developmental Screening Child care Trainings across Early Childhood Settings

One of the primary activities of Project LAUNCH was to train providers across a range of sectors serving young children. The trainings started in Year 2 focusing on the ASQ, although some included the ASQ:SE or the Modified Checklist for Autism in Toddlers (M-CHAT). Trainings focused on how to best engage parents as active partners in screening and best practices related to referral and follow-up (see TABLE 4).

Surveys were completed by child care providers after trainings. The results revealed the following challenges:

- Purchasing the ASQ-3 kits and other supplies was expensive.
- Competing priorities – most notably, the new YoungStar quality rating system was a challenge for many centers trying to understand and meet the requirements of the new system.

In order to address identified barriers for child care providers, Project LAUNCH made modifications that included:

- Allocating funds to purchase a set number of ASQ-3 kits for trained child care providers who could not afford the materials.

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**TABLE 4: Providers Trained in Development Screening**

<table>
<thead>
<tr>
<th>Year</th>
<th>Health Care</th>
<th>Child Care</th>
<th>Child Find</th>
<th>HIPPY</th>
<th>Outside LAUNCH Target area</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 2</td>
<td>40</td>
<td>122</td>
<td>0</td>
<td>16</td>
<td>0</td>
<td>178</td>
</tr>
<tr>
<td>Year 3</td>
<td>43</td>
<td>176</td>
<td>28</td>
<td>0</td>
<td>45</td>
<td>292</td>
</tr>
<tr>
<td>Year 4</td>
<td>20</td>
<td>117</td>
<td>0</td>
<td>5</td>
<td>42</td>
<td>184</td>
</tr>
<tr>
<td>Year 5</td>
<td>77</td>
<td>200</td>
<td>0</td>
<td>0</td>
<td>111</td>
<td>388</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>615</td>
<td>28</td>
<td>21</td>
<td>198</td>
<td>1,042</td>
</tr>
</tbody>
</table>

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65% Surveyed providers who reported “A lot” or “Some” change in screening because of the training.

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**FIGURE 5: Children Screened in Launch Direct Services**

*Total unduplicated number of children screened in LAUNCH Direct Services is not available, in part because of the lack of a coordinated data system to track screening.
ASQ:SE

The ASQ:SE is a screener similar to the ASQ that specifically focuses on social and emotional development. Project LAUNCH has engaged providers to promote the ASQ:SE resulting in:

Providers Trained in the ASQ:SE:
- 2012-2014 – 91 child care providers trained
- Fourteen HIPPY Parent Partners trained in 2012
- EFM and NFP trained new home visitors and conducted ASQ:SE screenings

Emergent Challenges: Feedback suggested providers faced capacity issues with implementing the ASQ:SE. HIPPY was the only trained group where ASQ:SE administration was tracked and 560 ASQ:SEs were completed.

Plans for the Future: To address these challenges, HIPPY planned to use a targeted approach with the ASQ:SE. Children with concerning/monitoring scores in the social-emotional domain of the ASQ-3 will be offered the ASQ:SE, as will families who express a concern related to a child’s behavior.

Project LAUNCH supported three additional initiatives focused on developmental screening and the ASQs. At a more systemic level, these initiatives are discussed below.

Easter Seals Make the First Five Count

In 2013, Easter Seals launched Make the First Five Count, an initiative that included the development of a free online interface allowing parents to use the ASQ-3 with their children. This project was supported by the CVS Caremark Charitable Trust. Project LAUNCH identified several areas to support making the program more useful to parents, such as the letters that were sent to families gave a score indicating concern and directed the parents to contact the State Birth-to-Three Administrator, thus Project LAUNCH collaborated with Easter Seals to revise the language in these parent letters. Parents were redirected to contact their local resources such as the Wisconsin’s Maternal and Child Health First Step Hotline. The Hotline is staffed by parents of children with special needs. Project LAUNCH then supported training for all First Step Hotline staff to ensure families had access to relevant resources after a concerning ASQ. An online ASQ screening tool is available at: www.makefirstfivecount.org

Developmental Screening Tip Sheet Webinars

Project LAUNCH partnered to develop screening tip sheets available to early childhood providers. The series of ten sheets offers suggestions on each aspect of screening, from choosing a tool to sharing results with community partners, as well as culturally responsive screening practices. A series of webinars were conducted, drawing on various experts to speak on the different aspects of screening to assist with dissemination.

The Developmental Screening Tip Sheets and archived webinars can be found at: http://www.collaboratingpartners.com/screening-earlyidentification-howtoworksheets.php.
Child Care Train the Trainer
To enhance the sustainability of its initiatives, LAUNCH partners developed a “train the trainer” program. This program was offered to professionals in administrative or educational roles who regularly engage with early childhood providers, and would have opportunities to offer training to a specific group of providers (e.g., MPS Early Care, Birth to Three) or within a specific geography (e.g., the Lindsay Heights neighborhood).

17 Professionals engaged in the “Train the Trainer” process in 2012-2014

11 New trainers completed process (including 9 Registry trainers)

16+ Trainings led by new trainers

Development of Promotional Materials
From its earliest stages, Project LAUNCH realized the importance of sharing information about the ASQ and developmental screening with parents and the broader community.

One of the first LAUNCH projects was the development of the Well-Child Screening and Immunization Record, a portable record of immunizations and screenings. These booklets were made available to local Project LAUNCH partners for distribution to families. A total of 7,500 (1,500 in Spanish) were printed, and are still available.

To promote the ASQ, two informational ASQ One-Page flyers were developed. One flyer was geared to parents, and the other flyer geared toward child care providers seeking to learn more about the ASQ. Using plain language, the flyers describe the ASQ and how it is used. Much of the content was derived based on the focus groups and interviews conducted with parents and providers. Success of the parent informational flyer led to the development of the ASQ one-page flyer provider resource. The parent flyer is available at: http://milwaukee.uwex.edu/files/2012/05/ASQ-3-flyer-2-121.pdf.

Partnering with Other Collaborative/Systems Change Initiatives

Focusing on sustainability, Project LAUNCH developed relationships with existing and new collaborations in hopes of shaping the face of early childhood in Wisconsin well beyond the five year grant.

The following are additional examples of collaboration and system change efforts led by Project LAUNCH:

ASQ Community of Practice (CoP)

While working closely to implement the ASQ as part of MPS Child Find, an idea emerged to create a cross-sector “Community of Practice” (CoP) to promote strategies for implementing best practices, including use of the ASQ. This resulted in the development of an ASQ CoP for trainers and champions of the ASQ in Southeastern Wisconsin. The ASQ CoP continues to convene as part of three quarterly “Early Childhood Days of CoP.”

Milwaukee Succeeds

Milwaukee Succeeds, a “community-wide collaboration aimed to improve educational outcomes for every child in Milwaukee, in every school, from cradle to career.” Project LAUNCH partners engaged across the four project goals; the local project LAUNCH coordinator co-led the Parent Education and Support Network under Goal 1 (Early Childhood/School Readiness). Based in part on Project LAUNCH feedback, the Network continues to seek funding to support projects to promote universal developmental screening and establish a common community screening database.

Governor’s Early Childhood Advisory Council (ECAC)

Many state council members have been active participants in the various committees convened under the “ECAC” for years. The Project LAUNCH Director co-chaired the Screening and Assessment Project Team. Currently, the team is working to develop priority recommendations and opportunities to expand and improve screening and assessment throughout Wisconsin.

YoungStar

YoungStar was created to improve the quality of child care for Wisconsin children. It established a quality rating system for child care programs, assigning a rating of 1-5 stars. The ratings incentivize programs to improve their services through subsidy reimbursements. Project LAUNCH advocated for the screening evaluation criteria to be strengthened and worked with YoungStar to draft language to change screening-related criteria in the next expected revision of the rating system.

Developmental Screening Key Partners

Center for Urban Population Health; Children’s Hospital of Wisconsin Community Services; City of Milwaukee Health Department; Empowering Families of Milwaukee (EFM); Governor’s Early Childhood Advisory Council; HIPPY (COA and The Parenting Network); La Causa Family Resource Center; Milwaukee County UW-Extension; Milwaukee Public Schools; Milwaukee Succeeds; Amy Murphy Consulting; Nurse Family Partnership (NFP); St. Vincent de Paul Society; UW-Extension; Well Child Connections Council; Wisconsin Early Childhood Collaborating Partners; Easter Seals Wisconsin; Wisconsin First Step Hotline (Gundersen Health System); Wisconsin Southeast Regional Center for Children and Youth with Special Health Care Needs, Department of Health Services; Wisconsin Statewide Medical Home Initiative, Department of Health Services; YoungStar.
Home Visiting in Wisconsin

Project LAUNCH sought to improve the lives of children ages 0-8 years and their families. The project focused on 12 high-risk ZIP codes in the city of Milwaukee.

Wisconsin’s Project LAUNCH Home Visiting strategy focused on these initiatives:

• Supporting Existing Programs - Empowering Families of Milwaukee (EFM) and Nurse Family Partnership (NFP)
• Enhancing Home Visiting with Mental Health Consultation
• HIPPY Program Enhancements
• Direct Assistance for Dads (DAD) Project
• Home Visiting Community of Practice
• Reflective Practice Project

163 (26%) of newly enrolled mothers were served because of Project LAUNCH

Support Existing Programs: EFM and NFP

Project LAUNCH’s home-visiting strategy focused on providing support to two existing home visiting programs run by the city of Milwaukee Health Department. Empowering Families of Milwaukee (EFM) is a locally developed program initially based on the Parents as Teachers model; it adopted the Healthy Families America model midway through the LAUNCH grant. The Nurse Family Partnership (NFP) uses the model developed by Dr. David Olds. Both programs enroll pregnant women, and sought to improve birth outcomes and foster positive early childhood development. Both programs originally served eight ZIP codes identified to be at highest risk for poor birth outcomes, but then expanded their recruitment across the entire city of Milwaukee (see TABLE 5).

TABLE 5: Families Served and Children Screened

<table>
<thead>
<tr>
<th>Year</th>
<th>EFM</th>
<th>NFP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>New Families Served</td>
<td>Children Screened</td>
</tr>
<tr>
<td>Year 1*</td>
<td>63</td>
<td>N/A</td>
</tr>
<tr>
<td>Year 2</td>
<td>66</td>
<td>185</td>
</tr>
<tr>
<td>Year 3</td>
<td>100</td>
<td>205</td>
</tr>
<tr>
<td>Year 4</td>
<td>52</td>
<td>168</td>
</tr>
<tr>
<td>Year 5</td>
<td>66</td>
<td>121</td>
</tr>
<tr>
<td>TOTAL</td>
<td>347</td>
<td>679&lt;sup&gt;A&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

*Year 1 reporting covers only the second six months of the project.
<sup>A</sup> Although annual counts are unduplicated, there is likely duplication between years.

“I realized that I need to bring other resources in for support. This allows me to focus on my job and what I offer to the family.”
– Home Visitor, Year 2
Project LAUNCH supported home visitors and supervisors to enhance their programs through mental health consultation and the development of services for fathers (the DAD Project).

EFM, NFP, and HIPPY program home visitors were surveyed throughout the Project LAUNCH funding period regarding their attitudes about enhancing home visiting with mental health consultation. EFM and NFP program staff noted that mental health consultation and reflective practice were extremely valuable outcomes. See TABLE 6 for more information.

In Year 2, Project LAUNCH partnered with the local Home Instruction for Parents of Preschool Youngsters (HIPPY) program to provide MHC and introduce developmental screening to the program. HIPPY home visitors are “Parent Partners,” often graduates of HIPPY themselves. Mental health consultants were available to consult on specific issues, and to provide trainings and group consultations.

Outcomes: Parents

In Year 5, 12 HIPPY families were surveyed about their experiences with mental health consultation.

- 67% reported mental health consultation was “somewhat helpful”; 33% reported it was “very helpful.”
- Parents surveyed indicated the most valued aspects of mental health consultation were: supportive MHC personnel, friendly services, in-home services, being listened to, and feeling connected to community resources.

HIPPY Program Enhancements

In addition to working with mental health consultation, Project LAUNCH also provided training on the ASQ and the ASQ:SE to the HIPPY program (see FIGURE 6). EFM and HIPPY worked together to transition families graduating from the EFM program (child’s third birthday) to the HIPPY program.

Enhancing Home Visiting with Mental Health Consultation

Mental health consultation (MHC) services were made available to LAUNCH-funded home visiting programs starting in the second half of Year 1. Both Empowering Families of Milwaukee (EFM) and Nurse Family Partnership (NFP) received training in the model. MHC was available through individual consultations, trainings (including Compassion Fatigue, Motivational Interviewing, and Mindfulness/Stress Reduction), group consultation and through ongoing supervision.

In Year 5, 12 HIPPY families were surveyed about their experiences with mental health consultation.

- 67% reported mental health consultation was “somewhat helpful”; 33% reported it was “very helpful.”
- Parents surveyed indicated the most valued aspects of mental health consultation were: supportive MHC personnel, friendly services, in-home services, being listened to, and feeling connected to community resources.

HIPPY Program Enhancements

In addition to working with mental health consultation, Project LAUNCH also provided training on the ASQ and the ASQ:SE to the HIPPY program (see FIGURE 6). EFM and HIPPY worked together to transition families graduating from the EFM program (child’s third birthday) to the HIPPY program.
Outcomes: Parents
In Year 5, 214 HIPPY parents completed a Parenting Ladder tool that rates various aspects of parenting skills on a scale of 0 (low) to 6 (high), including a retrospective rating before the program as well as after. All items showed a statistically significant increase, ranging from 0.8 and 1.5. Eight out of 11 items showed improvement for more than 65% of participants.

Direct Assistance for Dads (DAD) Project
Project LAUNCH partners stressed the importance of involving more community members in systems and services designed for families. Fathers were subsequently included in Project LAUNCH. Concurrently, the Lifecourse Initiative for Healthy Families (LIHF) of the Wisconsin Partnership Program released its community plan to reduce the black-white disparity in infant mortality. A key goal of this project was to increase father involvement. Identifying an opportunity to leverage resources, Project LAUNCH partners wrote for a project grant under the LIHF umbrella. The Direct Assistance for Dads (DAD) Project was subsequently funded in 2013 to implement a home visiting program specifically for fathers. In addition to program design, Project LAUNCH supported supervision time, formative focus groups and advisory groups, and access to mental health consultation for fathers.

Outcomes: DAD Project
- Two Fatherhood Involvement Specialists (FIS) were hired.
- Funding secured two additional FIS through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.
- Focus groups with fathers (N=5) and mothers (N=8) were conducted, representing a range of children’s ages and status of parent relationships. All families were involved in home visiting programs.
The Importance of Partnerships: 
Department of Children and Families (DCF) Home Visitation Program

The MIECHV program is located within DCF but is implemented in strong collaboration with Department of Health Services (DHS) and many other partners. The home visiting coordinator for the Wisconsin Department of Children and Families was a LAUNCH State Council member from the start of Wisconsin Project LAUNCH. Representing a core LAUNCH strategy and funding many of the larger home visitation programs across the state, the coordinator was a critical partner in thinking through systems change. Two large initiatives emerged through this collaboration:

1. Maternal and Child Health Home Visiting Communities of Practice – Project LAUNCH was critical in the development of the Milwaukee Community of Practice. The program took several meetings to develop its model and intention, and community feedback from a wide range of home visiting programs was collected. After a model was developed, the state home visiting program was able to provide funding to support an independent facilitator dedicated to running the CoP. Additionally, the MIECHV funded two new CoPs for other regions, including one dedicated to tribal home visiting programs.

2. Reflective Practice Project – The Reflective Practice project emerged through conversation between the Home Visiting Coordinator, Project LAUNCH partners, and the Wisconsin Alliance for Infant Mental Health. Several factors contributed to project development, including a desire to more substantially make use of the newly trained workforce coming through the state’s new Infant Mental Health Certificate Program (several scholarships funded by Project LAUNCH, DHS and Early Childhood Comprehensive System Program), as well as the successes from Project LAUNCH’s support of mental health consultation in the Milwaukee home visiting programs. Through Project LAUNCH and the Maternal, Infant and Early Childhood Home Visiting program, funding was secured to pilot a program to improve reflective practice and reflective supervision components of home visiting models. The state home visiting program made participation in the training retreats and reflective practice sessions requirements of all grantees.

These projects speak to ways in which the Project LAUNCH model encouraged state learning from the local experience and using that knowledge to sustain change across the state.

Home Visiting Community of Practice (CoP)

The Milwaukee Maternal and Child Health Home Visitation CoP first convened in March 2011 by Project LAUNCH and the city of Milwaukee Health Department. The CoP served as a coordinated network of home visitation programs working to develop best practices for service delivery in Milwaukee. After receiving outside funding from the state home visitation program, the CoP continued to meet quarterly with a dedicated facilitator and steering committee. The model has now been replicated in other areas of the state.

The CoP Initiative Outcomes included:

- Enhanced opportunity to network/connect with other home visitors, to share resources and learn about other agencies in the community.
- Developed Community of Practice agendas based on participant feedback. For example, the meetings now include time for “role-alike” sessions for supervisors and home visitors.
- Additional home visiting programs in Wisconsin are using the CoP model.
- Six CoP meetings were convened with an average rating of 4.1 to 5.0.

“I liked that I was able to meet other people that do what I do, and they shared their ideas and passion for people.”

– CoP Participant, January 2013
Reflective Practice Project

In Year 3, Project LAUNCH partnered with the State Home Visiting Program to support the development and enhancement of reflective practice and supervision in the eleven MIECHV-funded programs across the state. The reflective practice project included the following elements:

• Day-long reflective practice retreats for supervisors held three times a year.
• Mental health professionals provided on-site monthly reflective supervision sessions for each program.
• A mentoring program for “consultants in training.”

Reflective practice involved the engagement of home visitors and their supervisors. All eleven MIECHV programs participated in reflective practice consultation. Three retreats were held for supervisors in each home visiting program over the course of two years. Program supervisors were surveyed about their experiences with reflective practice.

The most common challenge noted by supervisors around implementing reflective practice was competing priorities/finding time. One notable success of this project was an increase in the reported frequency of individual supervision sessions (see FIGURE 7).

Reflective Practice outcomes included:

• Reflective practice group participants indicated a strong desire for groups to continue reflective practice in their home visiting programs.
• Reflective practice was added to the new MIECHV programs.
• Program was tailored to include the readiness/stage for each program and targeted audience (staff or supervisors).

Home Visiting Key Partners

Aurora Family Service; Center for Urban Population Health; Children’s Hospital of Wisconsin Community Services; City of Milwaukee Health Department; COA Youth and Family Centers; Empowering Families of Milwaukee; La Causa Family Resource Center; Milwaukee County Cooperative Extension; My Father’s House; Nurse Family Partnership; St. Vincent de Paul Society; The Parenting Network; University of Wisconsin-Milwaukee Milwaukee Child Welfare Partnership; Wisconsin Alliance for Infant Mental Health; Wisconsin Department of Children and Families; Wisconsin Department of Health Services; Wisconsin MIECHV-funded home visiting programs.
Mental Health Consultation in Wisconsin

Project LAUNCH sought to improve the lives of children ages 0-8 years and their families. The project focused on 12 high-risk ZIP codes in the city of Milwaukee.

### Wisconsin’s Mental Health Consultation programming focused on these strategies:

- Implementation of mental health consultation in various early childhood settings
- Milwaukee: HIPPY, child care, schools, health care, and child welfare
- Developing a comprehensive, cross-setting evaluation plan: Evaluation Workgroup
- Implementation of reflective practice within state home visiting programs
- Identifying opportunities to expand and sustain mental health consultation in Milwaukee and throughout the state: Other Related Initiatives

### Implementation of Mental Health Consultation

Mental health consultation (MHC) services were provided to Project LAUNCH-funded home visiting programs starting in the second half of Year 1. The Empowering Families of Milwaukee (EFM) and Nurse Family Partnership (NFP) programs received training in the mental health consultation model. This included consultations with individuals, topic-specific trainings (including Compassion Fatigue, Motivational Interviewing, and Mindfulness/Stress Reduction), group consultation, and participation in ongoing supervision. Within a year, MHC services were also offered to all Project LAUNCH providers offering Nurturing Parenting and Play and Learn groups. **Figure 8** displays the number of mental health referrals that were received from direct services in Milwaukee for each LAUNCH year.

**Figure 8: Number of Mental Health referrals reported by direct services, by LAUNCH year**

<table>
<thead>
<tr>
<th>Year</th>
<th>Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year 1</td>
<td>54</td>
</tr>
<tr>
<td>Year 2</td>
<td>183</td>
</tr>
<tr>
<td>Year 3</td>
<td>120</td>
</tr>
<tr>
<td>Year 4</td>
<td>192</td>
</tr>
<tr>
<td>Year 5</td>
<td>118</td>
</tr>
</tbody>
</table>

Outcome data from those who participated in the home visiting program indicated:

- **72%** strongly agreed that they would like to continue to have support from MHC.
- **83%** reported working with MHC helped connect families to additional resources.

Three programs have sustained implementation of MHC:

- Empowering Families of Milwaukee through program funding.
- Nurse Family Partnership through Maternal and Child Health Block Grant funding.
- Direct Assistance for DADS Project through a grant from the Wisconsin Partnership Program’s Lifecourse Initiative for Healthy Families.
Parenting Skills Ladder Results
HIPPY parents were asked to complete an 11-item tool called the Parenting Skills Ladder, which measured various aspects of parenting skills rated on a scale of 0 (low) to 6 (high). In Year 5, a total of 214 parents took this survey, which included a retrospective rating of skills before and after participating in the program.

- 11 items showed an average increase in parent skills, ranging from 0.88 to 1.52. All increases were statistically significant.
- 8 of 11 items showed improvement in skills for over 65% of participants.

Results should not be considered solely attributable to MHC. Instead, they reflect the HIPPY program as a whole, including MHC in child cares and schools.

Mental Health Consultation in HIPPY
In Year 2, Project LAUNCH partnered with the local Home Instruction for Parents of Preschool Youngsters (HIPPY) program to provide MHC and to introduce developmental screening. HIPPY home visitors are “Parent Partners,” often graduates of HIPPY themselves. MHC experts provided training on specific topics or issues as well as group consultation.

HIPPY Parent Partner Outcomes:
In Year 5, 14 HIPPY Parent Partners were surveyed about their experiences with mental health consultation in HIPPY.

- 100% felt MHC was helpful or very helpful to their practice.
- 93% felt trainings were very helpful.
- 62% reported MHC improved relationships with HIPPY families.
- 93% felt MHC had been helpful to HIPPY families.
- 64% reported a reduction in stress because of MHC.

63 Families worked with MHC through HIPPY

What is Mental Health Consultation?
Early Childhood Mental Health Consultation (ECMHC) is a model where a mental health professional works collaboratively with early childhood providers and programs to prevent, identify, and respond to mental health issues for children and families in their care. Models may also involve collaboratively working directly with families and children along with their provider. The intent is to build program and provider capacity to respond more readily to mental health issues, while also identifying mental health concerns early and promoting positive social and emotional development.

Most work around ECMHC focused on child care programs and schools. Several Project LAUNCH grantees developed and used ECMHC in home visiting programs. A recent Pediatrics article (http://pediatrics.aappublications.org/content/132/Supplement_2/S180.full.pdf+html) co-authored by Project LAUNCH partner Kevin O’Brien describes this model in greater detail. Other settings for ECMHC explored by Project LAUNCH include child welfare and health care.
Project LAUNCH integrated mental health consultation into several additional programs and projects. TABLE 7 summarizes other Project LAUNCH collaborative efforts to integrate mental health consultation in early care and education settings:

### TABLE 7: Mental Health Consultation in Other Settings

<table>
<thead>
<tr>
<th>Programs and Projects</th>
<th>Results</th>
</tr>
</thead>
</table>
| Mental Health Consultation in Child Care | Project LAUNCH provided support for MHC in child care settings, including two traditional centers and a crisis nursery which provided 24 hour support for families experiencing crisis, emergency, or stress. MHC in three child care settings resulted in:  
  - Neighborhood House provided orientation only as staff transitions made programming challenging  
  - La Causa provided orientation but only one provider requested MHC. Staff inconsistencies were high  
  - La Causa Crisis Nursery was provided training on trauma informed care based on needs of program. All nursery staff responding to an October 2013 survey (N=11) rated MHC as somewhat or very helpful; over half felt MHC had increased their knowledge of children's social, emotional, and behavioral health. |
| Mental Health Consultation in Schools | Project LAUNCH provided additional MHC support at one site, focusing on younger students (kindergarten through third grade). Milwaukee Mental Health Consultants also partnered with the School Community Partnership for Mental Health, a project to improve access and capacity of schools and families to address mental health. Two family-specific consultations were offered through Year 4. Eight hours of parent and provider training and informational sessions were completed, including groups on Bullying, Engaging Children in School, Mental Health and Medication, and MHC. Sessions included 2 parents for Engaging Children in School and 35 providers for MHC. |
| Mental Health Consultation in Health Care Settings | Two Milwaukee primary care pediatric practices participated in a Behavioral Health Integration Pilot Program, based on the American Academy of Pediatrics’ Addressing Mental Health Concerns in Primary Care: A Clinician’s Toolkit. Participants received an introduction to mental health consultation and were then offered MHC for providers through Project LAUNCH. |

![Image](image_url)
TABLE 7: Mental Health Consultation in Other Settings (continued)

<table>
<thead>
<tr>
<th>Programs and Projects</th>
<th>Results</th>
</tr>
</thead>
</table>
| Mental Health Consultation in Child Welfare | Project LAUNCH staff and council members worked closely with Bureau of Milwaukee Child Welfare (BMCW) to consider the inclusion of a mental health consultation requirement in a Request For Proposal (RFP) for their non-traditional, preventive program working with Wisconsin Works W-2 (financial assistance) program participants who had been identified as at-risk for child abuse and/or neglect. The RFP components included strength-based programming; program staff conducted assessments and provided case management as needed; and required mental health consultation.  
- **Aurora Family Service** received the award for both service provision and mental health consultation for the Families Work program.  
- **Mental Health Consultants** were involved in training, program consultation, group consultation, reflective practice, and case-specific consultation and collaboration.  
- **Milwaukee Mental Health Consultants** provided 128 consultations (197 hours) for the Families Work program, including working with 25 specific families. |
| Early Childhood Social Emotional Development Network: Milwaukee Succeeds | The Project LAUNCH Local Council recommended the creation of a separate steering committee to focus on strategies to sustain and expand ECMHC services in Wisconsin. After four meetings, and based on interest from Project LAUNCH partners also involved in Milwaukee Succeeds (a cradle-to-career initiative in Milwaukee), the group became a new network co-chaired by several LAUNCH partners. The goal was to focus on social and emotional well-being for very young children. A broad group of stakeholders convened on a quarterly basis to discuss:  
- Opportunities for sustainability across multiple settings  
- Creating a venue for funding, partnerships, policy changes, and programmatic needs |
| Pyramid Model Training | Project LAUNCH partnered with the Wisconsin Alliance for Infant Mental Health to provide training on the Pyramid Model; Supporting Social Emotional Competence in two large child care programs in Milwaukee. The Pyramid Model provided guidance on evidence-based practices to support a child’s emotional and social development. It included promotion, prevention, and intervention strategies. A total of 64 professionals across 11 child care sites were trained over nine months. |
### TABLE 7: Mental Health Consultation in Other Settings (continued)

<table>
<thead>
<tr>
<th>Programs and Projects</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin Infant, Early Childhood and Family Mental Health Certificate Program</td>
<td>Project LAUNCH provided nine scholarships to professionals in Wisconsin to participate in the one-year continuing education program focused on working with children ages 0-6 years and their families.</td>
</tr>
<tr>
<td>Mental Health Consultation Evaluation Workgroup</td>
<td>In Year 2, the Project LAUNCH evaluation team convened a collaborative workgroup to develop a rigorous and comprehensive evaluation plan for MHC in multiple settings. The workgroup focused on mental health consultation, building off of existing evaluation resources specific to child care and school settings. The following key resources were developed:</td>
</tr>
<tr>
<td></td>
<td>• <strong>Georgetown’s Early Childhood Mental Health Consultation</strong>: An Evaluation Tool Kit</td>
</tr>
<tr>
<td></td>
<td>• Development of theory of change and logic model for MHC in Home Visiting Settings</td>
</tr>
<tr>
<td></td>
<td>• Identification of program, provider, family, and child outcomes and indicators.</td>
</tr>
<tr>
<td></td>
<td>• Continued collaboration to identify funding opportunities to support expanded evaluation.</td>
</tr>
</tbody>
</table>

### Implementation of Reflective Practice Within State Home Visiting Programs

Starting in Year 3, Wisconsin Project LAUNCH partnered with the State Home Visiting Program to support the development and enhancement of reflective practice and supervision in the 11 MIECHV-funded programs across the state. The design of the program included the following elements: (1) day-long reflective practice retreats for supervisors held three times a year; (2) mental health professionals provide on-site monthly reflective supervision sessions for each program; and (3) a mentoring program for “consultants in training.”
Outcomes: Providers

• Three retreats were held for supervisors in each of the projects.

• The most common challenge noted by supervisors around implementing reflective practice was competing priorities/finding time: “Being able to slow down when there is so much to do.”

• Reflective practice group participants were asked if they wanted the groups to continue. Average rating was 4.27 (top rating = 5), indicating a strong desire for groups to continue.

Outcomes: Reflective Practice Project

• New MIECHV grantees will use reflective practice.

• Focus (staff v. supervisors) of program will be tailored to include the readiness/stage model.

Other Related Initiatives

Several other Project LAUNCH initiatives included elements related to the MHC strategy. These include:

• Scholarships for Wisconsin Infant, Early Childhood and Family Mental Health Certificate Program; through Year 4, nine scholarships were provided to professionals in Wisconsin who participated in this one-year continuing education program focused on working with children ages 0-6 years and their families.

• Pyramid Model Training: Project LAUNCH partnered with the Wisconsin Alliance for Infant Mental Health to provide training on the Pyramid Model for Supporting Social Emotional Competence in two large child care programs in Milwaukee. The Pyramid Model provided guidance on evidence-based practice to support children’s emotional and social development to include promotion, prevention, and intervention. A total of 64 professionals across 11 child care sites were trained over nine months.

• Child Psychiatry Consultation Program (CPCP): legislation supporting the creation and funding of a consultation line was passed into law on February 6, 2014. A Request for Applications was announced by DHS for this program. Approximately $1 million in funding was awarded to the Medical College of Wisconsin to help children with mental health care needs in Milwaukee County and in the Northern Region of Wisconsin.

Mental Health Consultation
Key Partners

Aurora Family Service; Bureau of Milwaukee Child Welfare; Center for Urban Population Health; Children’s Hospital of Wisconsin Community Services; City of Milwaukee Health Department; Direct Assistance for Dads Project; Empowering Families of Milwaukee; HIPPY (COA and The Parenting Network); Hopkins Lloyd Community School; La Causa Child Care; La Causa Crisis Nursery; La Causa Family Resource Center; Neighborhood House; Nurse Family Partnership; School Community Partnership for Mental Health; St. Vincent de Paul Society; United Way; University of Wisconsin Cooperative Extension; UW-Milwaukee; Wisconsin Alliance for Infant Mental Health; Wisconsin Department of Children and Families; Wisconsin Department of Health Services; Wisconsin Statewide Medical Home Initiative; Wisconsin MIECHV-funded home visiting programs.
Family Strengthening in Wisconsin

Project LAUNCH sought to improve the lives of children ages 0-8 years and their families. The project focused on 12 high-risk ZIP codes in the city of Milwaukee.

Wisconsin’s Family Strengthening strategy focused on these initiatives:

- Nurturing Parenting and Play and Learn Groups
- Pyramid Model
- Transitioning Families from EFM to HIPPY
- Direct Assistance for Dads (DAD) Project
- 2-1-1 Marketing Campaign
- Wisconsin Knows: Children’s Mental Health Matters
- Partnering with Other Collaborative/Systems Change Initiatives

TABLE 8: Participant Groups

<table>
<thead>
<tr>
<th>Year</th>
<th>Nurturing Parenting</th>
<th>Play and Learn Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Sessions</td>
<td>Individuals Served</td>
</tr>
<tr>
<td>Year 1</td>
<td>46</td>
<td>108</td>
</tr>
<tr>
<td>Year 2</td>
<td>136</td>
<td>175</td>
</tr>
<tr>
<td>Year 3</td>
<td>150</td>
<td>149</td>
</tr>
<tr>
<td>Year 4</td>
<td>169</td>
<td>128</td>
</tr>
<tr>
<td>Year 5 (Q1)</td>
<td>32</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>533</td>
<td>591</td>
</tr>
</tbody>
</table>

Nurturing Parenting and Play and Learn Groups

Three family resource centers (FRC) were engaged to provide Nurturing Parenting groups, as well as Play and Learn drop-in sessions that were augmented with developmental screening activities (using the ASQ-3) and offering mental health consultation. Nurturing Parents and Play is a family-based program included in SAMHSA’s National Registry of Evidence-Based Programs and Practices.

Shortly after Project LAUNCH began, all three FRCs lost significant funding, resulting in staffing and resource challenges and lost opportunities to recruit families for the group programming. Like the FRCs, many LAUNCH community members (families) faced economic challenges. See TABLE 8 for Nurturing Parenting and Play and Learn Group Participant data.

Referrals were made to mental health-related services because of these programs.

15 Families worked with mental health consultants for a total of 63 encounters.

15
Lessons learned from this initiative included:

- Family recruitment is hard when they are struggling to put food on the table or gas in the car.
- Non-traditional outreach was successful in increasing participation such as: FRCs delivered programs off-site (e.g., child care, shelters, community events), resulting in an increase in the number of families that participated.
- Many families who did attend the Nurturing Program returned multiple times.

**Pyramid Model**

Project LAUNCH partnered with the Wisconsin Alliance for Infant Mental Health (WI-AIMH) to support the implementation of the Pyramid Model for social and emotional competence. This evidence-based tiered prevention and intervention model developed by the Center on the Social and Emotional foundations for Early Learning (CSEFEL) promotes social and emotional competence to reduce challenging behaviors in infants, toddlers, and young children. This unique, multi-layered professional development opportunity for parents and professionals included intensive training, follow-up classroom support for teachers, regular communication with administration, and a parent support

<table>
<thead>
<tr>
<th>Programs and Projects</th>
<th>Results</th>
</tr>
</thead>
</table>
| Pyramid Model: Two Cohorts (N=64) Trained | Trainings included information from CSEFEL's Infant/Toddler and Preschool modules on:  
• Attachment  
• Temperament  
• Building nurturing relationships  
• Emotional literacy  
• Problem solving  
• Positive behavior supports |
| Pyramid Model: Coaching Support Provided to Teachers | Training included:  
• Reaching 48 teachers in three early childhood settings.  
• Assessment with the Teaching Pyramid Observation Tool (TPOT).  
• Six coaching sessions for each teacher.  
• Coaches had regular check-ins with administrators to update on progress teachers were making in supporting the social-emotional development of young children in their care. |
| Pyramid Model: Parent Support Groups | Training included:  
• Ten families served with five completing the entire curriculum.  
• Five Positive Solutions for Families sessions at Next Door Foundation:  
  - Making Connections!  
  - Making it Happen!  
  - Why Do Children Do What They Do?  
  - Teach Me What to Do!  
  - Facing the Challenge |

"I am working with my children and their behavior is improving."
– Positive Solutions for Families participant

"I want to do better this time with my grandson than I did with my girls."
– Parent Support Group participant

"Having someone to talk to who was really interested in listening to the challenges and issues I’m facing was most helpful."
– Pyramid Model training participant
Focus Group Highlights

- All participants were excited about the DAD program. Many had clear ideas for the program:
  - Information on pregnancy and infants/young children
  - Encouragement and emotional support
  - Help with setting a path for the father’s goals
  - Support in father-mother communication
- Ideas for recruitment and retention focused on events/activities for fathers and children:
  - Brewers games, free zoo days, “adventures”
- Mothers talked about wanting more social/emotional support (spending time together as a couple), while fathers focused more on tangible support (cleaning, cooking, taking children to the doctor).
- Fathers were concerned with how to be involved, offering examples about how they did (or did not) want to be like their dads.

Parent input will continue to be gathered through an advisory group made up of DAD participants and interim focus groups with mothers.

Transitioning Families from EFM to HIPPY

Project LAUNCH supported the Empowering Families of Milwaukee (EFM) home visiting program. Historically, EFM supported families from pregnancy until the child’s fifth birthday. Concerns surfaced about what was happening to families after they graduate and there was a desire to serve more pregnant women. Through Project LAUNCH partnerships, an agreement was made with the local Home Instruction for Parents of Preschool Youngsters (HIPPY) to fast-track children who graduate from EFM into their program, which serves parents of children 3-5 years of age. School readiness was a large focus and found to be beneficial to families.
2-1-1 Marketing Campaign

Project LAUNCH collaborated with Impact 2-1-1 to expand their extensive community resource database to include a section specific to the needs of families with young children. LAUNCH and 2-1-1 staff worked together to identify family needs by category. A webpage for “Children and Families” was added to their resource website. To highlight the new resources and affirm that 2-1-1 is a resource for families, 2-1-1 supported a comprehensive marketing campaign.

Three posters were created encouraging families to use 2-1-1 to access services, including:

- Early identification and intervention of delays for children.
- General child health and wellness (immunizations, safe sleep, lead testing, etc.).
- Parent/caregiver health and wellness (depression screening, AODA services, etc.).

The posters were translated into Hmong and Spanish. Smaller cardstock versions were made available to community members. The same images and messages were used on buses and at bus stops, with a focus on the LAUNCH ZIP codes.

Organizations can update their information at: http://www.referweb.net/ipct/Request.aspx

Wisconsin Knows: Children’s Mental Health Matters

Project LAUNCH partnered to create the Wisconsin Knows campaign, tied to Children’s Mental Health Awareness Day. A weblog was created to help guide communities in the design of projects to promote positive mental health for children. Events were organized around Children's Mental Health Awareness Day, including a balloon release, conferences, flash mob, and a poster contest.

The poster contest titled: “My Feelings Matter” was held in 2013 and 2014 for all Wisconsin children from preschool through high school. In 2013 there were more than 200 entries and in 2014 there were more than 160 entries. In 2014, over 1,300 visitors accessed the website, with 500 viewing the poster finalists. Winning posters were displayed at the Children's Mental Health Awareness Day Celebration held on May 8, 2014, at the Overture Center in Madison, Wisconsin. All finalists, as well as state resources for child mental health, can be viewed at:

https://wisconsinknowschildrensmentalhealthmatters.wordpress.com/energize-your-community

Other Family Strengthening Partnerships and Collaborative Initiatives have previously been discussed in this document. For more information about:

- Initially developed by the Milwaukee Teen Parent Task Force and revised by Milwaukee Public Schools, Project LAUNCH was able to provide funds to print more copies of the resource guide and to disseminate the guide to new partners at the Project LAUNCH table. The guide included information about resources related to basic needs, education and employment, child care, health, and crisis services.
- Milwaukee Succeeds, see page 13
- Governor’s Early Childhood Advisory Council, see page 13

Family Strengthening Key Partners

Aurora Family Service; Center for Urban Population Health; Children's Hospital of Wisconsin Community Services; City of Milwaukee Health Department; COA; EFM (City of Milwaukee Health Department); Governor's Early Childhood Advisory Council; Impact! 2-1-1; La Causa; Milwaukee Public Schools; Milwaukee Succeeds; Milwaukee Teen Parent Task Force; My Father's House; Next Door Foundation; St. Vincent de Paul Society; The Parenting Network; Wisconsin Alliance for Infant Mental Health.
## Wisconsin’s Project LAUNCH Initiatives: Sustained Efforts

### Significance of Collaboration

Highlighting the successes of Project LAUNCH has proven challenging because of the wide scope of the program and the evolutionary nature of the program. Additionally, many of the successes involved multiple stages. As initial projects would reveal gaps or barriers in the early childhood system, additional programs or policies were developed or adjusted to address these barriers. The successful work of Wisconsin’s Project LAUNCH would not have been possible without strong leadership, commitment, and cross-sector collaboration among the key partners.

When asked about the greatest successes of Project LAUNCH in Wisconsin, many stakeholders observed increased collaboration and partnership among those serving children in targeted area but also across Wisconsin. The projects most commonly noted as the greatest successes of Project LAUNCH highlight the importance of collaboration in moving forward the system of early childhood (see TABLE 10).

<table>
<thead>
<tr>
<th>TABLE 10: Wisconsin’s Project LAUNCH Initiatives: Sustained Efforts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>State and Local Councils</strong></td>
</tr>
<tr>
<td>• The State Advisory Council continues to meet quarterly. Initiated by Project LAUNCH, in collaboration with Head Start, and the Early Childhood Comprehensive Systems (ECCS) Program, the Council continues to address and advance meaningful, action-oriented collaboration to address childhood health and wellness.</td>
</tr>
<tr>
<td>• The Milwaukee Young Child Wellness Council continues to meet bimonthly guiding best practices and policy recommendations for community early childhood providers serving children and families prenatal through age five.</td>
</tr>
<tr>
<td><strong>Integration of Behavioral Health into Primary Care</strong></td>
</tr>
<tr>
<td>The Department of Health Services (DHS), Wisconsin Statewide Medical Home Initiative (WiSMHI) funded by the Title V Children and Youth with Special Health Care Needs Program, continues to advance behavioral health integration into pediatric primary care efforts initiated by Project LAUNCH. Information on Pediatric Mental Health Screening Tools and Pediatric Mental Health Community Resources on Developmental Screening within Well-Child Care is shared with primary care professionals in Wisconsin Health Systems.</td>
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<td>• A summit was convened to increase awareness of evidence-base parenting programs in Wisconsin and offered the opportunity to examine ways to advance the Triple P-Positive Parenting Program in Wisconsin. Two pilot programs are expected to begin in 2015.</td>
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<td>• Three pilot communities funded by DHS, ECCS grant, will integrate Behavioral Health into primary care within select practices. ECCS collaborated with WiSMHI to provide trainings for each community.</td>
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<td>• The ECCS Project is working on developing a resource guide/map to identify mental health clinicians across the state that have specialized education and training in evidence-based clinical approaches that are specific to young children and their families.</td>
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<td>• The Child Psychiatry Consultation Program (CPCP) was funded by 2013 Wisconsin ACT 127 completed in 9 month pilot. Basic infrastructure is in place and the program is receiving consultation calls. The CPCP will continue with level funding for 2016 and 2017, with plans to expand access as funding allows.</td>
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<td><strong>Developmental Screening</strong></td>
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<td>• The Milwaukee Succeeds Parent Education and Support Network, in collaboration with the Medical College of Wisconsin, Children’s Hospital of Wisconsin, and the University of Wisconsin-Milwaukee, continues to expand developmental screening across child-serving settings.</td>
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<tr>
<td>• The city of Milwaukee continues to incorporate and advance Project LAUNCH Developmental Screening activities into their Wisconsin Healthiest Families Initiative (WHFI), funded by Title-V Maternal Child Health Program.</td>
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### Mental Health Consultation (MHC) in Home Visiting

- Milwaukee Mental Health Consultants (MMHC) remains committed to providing mental health consultation services to the Milwaukee Health Department and expanding the evaluation of MHC outcomes.
- The Wisconsin Alliance for Infant Mental Health, in partnership with other state partners, continues to implement and expand reflective practice in Wisconsin projects and communities. Title-V Maternal Child Health Program and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) provided additional funds to support and sustain reflective practice.
- The Early Childhood Mental Health Steering Committee merged into the Milwaukee Succeeds Network. The network meets monthly to identify and implement early childhood social-emotional developmental strategies to ensure that Milwaukee children achieve healthy development.

### Home Visiting and Family Strengthening

- The DHS, ECCS Grant partnered with MIECHV programs throughout the state to promote evidence-based home visiting programs and the use of reflective practice in those programs.
- The Milwaukee Maternal and Child Health Home Visiting Community of Practice (CoP) continues to meet three times annually to share best practices, resources, and research related to the Project LAUNCH core strategies.
- The Direct Assistance for Dads (DAD) Project, an intensive home visiting program within the city of Milwaukee Health Department, continues to serve fathers of children prenatal-18 months.

### Lessons Learned

- Training individual providers in the ASQ without involving administrators and ensuring organizational buy-in and support does not work. Technical assistance and support is critical and approaching the organization is important.
- Incorporating a “train-the-trainer” component into developmental screening training contributes to sustainability.
- The unified message of universal developmental screening with a valid and reliable tool that is parent driven is critical.
- It is important to have standardized developmental screening training materials across sectors and regions.
- The Maternal and Child Health Home Visiting Community of Practice arose as an opportunity to promote evidence-based best practices and best practices among community programs.
- Communication between home visiting programs was identified as an important need. Bringing programs together breaks down a sense of competition between programs and creates more collaboration between them.
- Mental Health Consultation worked well within home visiting settings across a range of programs.
- Trust building and time are critical to implementing Mental Health Consultation. It was important to give programs at least six months’ time.

### Policy Opportunities

- Update health check guidelines for primary care providers to require a validated tool for universal developmental screening.
- Implement a universal tracking system for developmental screening.
- Ensure the community has access to high quality training supported technical assistance systems for quality assurance.
- Investigate billing/reimbursement for Mental Health Consultation into Medicaid.
- Continue to advance Mental Health Consultation within early childhood programs.
- Reduce stigma around Mental Health Consultation through policy development.
- Incorporate social-emotional/mental health training across multiple educational programs for early childhood professionals.
- Create capacity building, professional development, and mentoring opportunities for mental health consultants on a state level.
- Develop a process or system for sharing information about programs and events to support families and children.
- Normalize parenting education/strengthening programs for all families.
- Develop central intake and transition processes for Home Visiting in Milwaukee to ensure a good fit for each family and best use.