Department of Children and Families

Department of Public Health (DPH)

Clifford Beers Clinic

Yale School of Medicine

Wheeler Clinic

Early Childhood Consultation Partnership

New Haven Public Schools

United Way

New Haven MOMS Partnership

CT Association for Infant Mental Health

FAVOR, Inc.

Strategic Plan

Connecticut Elm City Project LAUNCH

New Haven, Connecticut

INTRODUCTION

Elm City Project Launch

In September 2014, the Connecticut Department of Children and Families (DCF) was awarded a five-year grant from the Substance Abuse and Mental Health Services Administrations (SAMHSA) through their Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) program. Connecticut's project initially targets the Dwight Neighborhood in New Haven, also known as the "Elm City" and is designed to promote the wellness of children birth through age 8 by enhancing and linking services and systems serving young children. Connecticut's Elm City Project LAUNCH (CT-ECPL) will use a public health approach to improve collaboration among organizations that serve children birth through age 8 and their families, increase the quality and availability of evidence-based programs, promote prevention and early intervention and work to integrate physical and behavioral health care services and supports.

The Connecticut Department of Children and Families has collaborated with the Connecticut Department of Public Health, Clifford Beers Clinic, Yale University, Wheeler Clinic, Early Childhood Consultation Partnership, New Haven Public Schools, United Way of Greater New Haven, New Haven MOMS Partnership, FAVOR, and the Connecticut Association for Infant Mental Health to strengthen and enhance the partnership between physical health and mental health systems at the state and local levels.

Environmental Scan

New Haven is a city rich in resources, yet care coordination and access to care continues to be difficult for families who could benefit the most from the various services available. Mothers in New Haven reported an inability to meet the basic needs of their family, social isolation, and high levels of maternal mental illness including: depression, anxiety, sadness, psychiatric symptoms, addictive disorders and history of trauma. These circumstances place them and their children at high risk for poor health outcomes. There is a significant need for mental health screening and trauma-informed, culturally responsive services for mothers in New Haven as toxic stress and early childhood adversity continue to impact our families. Adverse Childhood Experiences (ACEs) impact CT residents at high rates. According to the 2013 Behavioral Risk Factor Surveillance System Report,[i] 1.6 million adult residents (61% CT population) have experienced at last one ACE during childhood.

The Office of Early Childhood's 2014 report on Connecticut's home visiting plan for families with young children reported that home visiting programs are not universally accessible to families; connecting families to the most appropriate program is often complicated by capacity and eligibility limitations and wait lists are common among early childhood programs. Behavioral health services for

young children remain under-funded, under-developed, and poorly coordinated.

Currently, examination of data sharing practices across the early childhood system is a primary focus of the CT Office of Early Childhood (OEC). With the development of the OEC, the state hopes to expand its data sharing network across programs and plans to move toward a more fully integrated early childhood information system (ECIS). The ECIS will expand to be inclusive of children being served across programs and state agencies. OEC's focus is solely on the birth to 5 population, which leaves a gap in information and services for the 6-8 year old population.

Disparity Impact Statement

New Haven, the "Elm City", was selected to serve as the demonstration site for the Elm City Project Launch (ECPL) project because it is a city with significant diversity, as evidenced by the 2000 Census, which marked the first time in New Haven's history that the white population was not the city's largest racial group. The City of New Haven has a population of approximately 133,000 with a diverse racial/ethnic composition (39% Black/African American, 23% Hispanic/Latino). The median income of New Haven households ($36,783) is far below the U.S. median household income of $51,425.[ii] Notably, 42% of children in New Haven live in poverty[iii] and more than one-third of children are raised by a single mother.

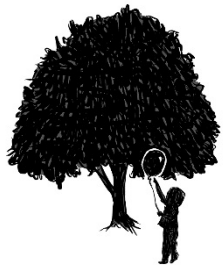
New Haven is a city with significant needs that vary by zip codes for over twenty-one neighborhoods with wide variations in income and access to services. For the period 2008-2012, 27% of the city's population was below the poverty level. Moreover, New Haven has the highest level of unemployment in the state, the highest crime rate and the highest level statewide of substantiated child abuse and neglect for children ages 0-17. New Haven ranks second highest among communities with high levels of low birth weight infants and the rate of teen births is twice the statewide average.

The Dwight neighborhood, the city's most densely populated area (20,253 people per square mile), was selected as the initial neighborhood for the focus of the grant. A breakdown of the population by race specific to the Dwight neighborhood is illustrated below:

Dwight Population by Race	
Race	Percentage
White	30.5
Black or African	36.3
Hispanic or Latino	20.7
Asian	8.5

Maternal mental illness constitutes one of the largest public health problems facing not only women of reproductive age, but also their children. This fact, and the recognition that mothering in poverty places even more stressors on women, necessitates the development of innovative communitywide public health promotion efforts to reduce the burden of mental illness and increase the life skills of low-income mothers to promote the health and development of their children.

> CT Elm City Project LAUNCH aims to decrease racial and gender disparities in access to mental health screening and Evidence-Based Services for low-income African American and Hispanic mothers



Subpopulation for CT-ECPL

Reviewing the data through the Mom's Partnership, along with findings from our Environmental Scan, CT ECPL's subpopulation is low-income minority mothers living in the Dwight neighborhood who are experiencing disproportionally high rates of social isolation and disproportionally low rates of mental health service utilization.

By focusing attention and resources on this underserved, hard to reach population, we will improve mental health outcomes across two generations. CT ECPL will measure our impact on children through looking at rates of DCF referrals and substantiated allegations of abuse and neglect within the Dwight neighborhood compared to the city at-large. We will ensure adherence to CLAS standards through our QIP and inclusion of relevant stakeholders on our leadership team and at planning and steering committees and councils.

Strategic Planning Process

This Strategic Plan was developed in collaboration with local and state CT-ECPL grantees, key local and state stakeholders, and parents and caregivers from the Dwight neighborhood. Representatives from the following agencies participated in the strategic planning process:

- Department of Public Health
- Department of Children and Families
- Clifford Beers Clinic
- Yale School of Medicine
- Wheeler Clinic
- CT Association for Infant Mental Health
- Advanced Behavioral Health – Early Childhood Consultation Project

- New Haven Public Schools
- FAVOR
- Child Health Development Institute of CT (CHDI)
- United Way of Greater New Haven
- Office of Early Childhood – DCF/Headstart Collaborative; and
- New Haven Mom's Partnership

In December 2014 and January 2015, the Clifford Beers Clinic, CT ECPL Young Childhood Wellness Coordinator (YCWC) was involved in multiple meetings at the local level to initiate discussions around the strategic planning process. These meetings included members of the Dwight Neighborhood and the City of New Haven. Participants in the process included the CT ECPL partner agencies and the following local groups:

- The Dwight Neighborhood Management Corporation (comprised of residents and businesses and operates as a forum for problem solving and information sharing).
- Edgewood Montessori School
- New Haven Public Schools
- The United Way of Greater New Haven
- Parents
- The New Haven Early Childhood Council

The Young Child Wellness Coordinator partnered with Edgewood Montessori School to gather critical feedback from parents during these planning sessions. Montessori School parents completed a survey in February 2015. The survey was completed by 23 parents and the results were shared with the CT ECPL Strategic planning group from March- May 2015. Parents were also encouraged to participate in the local New Haven Early Childhood Council and asked to participate in a Wellness Council. From March- April 2015, there were 3 different parent advisory meetings; 11 parents participated. The Council held a parent orientation meeting in early May 2015 and initiated a parent ad-hoc committee to further explore the need for parent voice/ involvement at the Council and in the Wellness Committee. Two parents participated in the NHECC. Parent engagement in the development of the strategic plan was a priority of the YCWC. Parent advocacy groups were also involved in the strategic plan group meetings. The drafts of the plan were shared with the partners listed above to obtain additional feedback. The feedback has been incorporated into the various goals/ objectives of our plan, specifically around family strengthening.

The CT-ECPL evaluator analyzed the Environmental Scan, prepared, and distributed a summary of the analysis prior to the formal strategic planning team meeting. The analysis including the thoughts and conclusions from the summary and helped guide the strategic planning discussion and process.

A local consultant, who is RBA trained, was hired to facilitate the strategic planning process. The CT-ECPL consultant began the process by reviewing the Connecticut Project Launch Application, CT-ECPL Clifford Beers Scope of Service, the Disparity Impact Statement, Environmental Scan, and the Project Launch Strategic Planning Guidelines. Additionally, the consultant met with the local CT-ECPL coordinator and co-chair of the New Haven Early Childhood Council to gain a better understanding of the project, clarify the role of the partners, and conduct a cross-walk of CT-ECPL strategies with other local and state strategic plans before the initial meeting of the larger strategic planning group.

During the project's core strategic team meetings, the team decided to streamline and modify several of the goals and objectives from the original application in order to better reflect the purpose of the CT-ECPL project. In an effort to align and inform the strategic plan, other state and local plans and assessments were reviewed including: The Promise Zone Needs Assessment, The Connecticut's Office of Early Childhood 2014 report on Connecticut's Home Visiting Plan, and the MOMS Partnership Needs Assessment.

Input for the mission, vision, values, goals, and objectives were collected through face to face meetings, joint/individual conversations, conference calls, e-mails, and several meetings with parents and caregivers from the Dwight neighborhood, as well as several strategic planning team meetings with Project LAUNCH staff. To ensure the final document was supported by parents, caregivers and all stakeholders involved, feedback was solicited from these groups. Leads were assigned to complete Template 7 for each of the CT-ECPL goals based on their area of responsibility. These were vetted and approved by the various stakeholders involved in the strategic planning process.

CT-ECPL will focus on addressing the seven priority goals, listed below, that will aid in the development of a comprehensive system of early childhood supports and services for children birth to eight years and their families.

> Goal 1: Increase access to screening, assessment, referral and linkage to appropriate services to promote physical and mental health for children ages 0-8 and their families.
>
> Goal 2: Promote the integration of behavioral health in primary care settings through workforce development and enhanced communication among pediatric care settings and other providers who serve young children and their families.

Goal 3: Promote the development of a home visiting workforce that can effectively meet the needs of young children and their families in the local and state communities.

Goal 4: Expand evidence-supported mental health consultation services into early education settings.

Goal 5: Build and enhance the capacity of families to support the social/emotional development of children perinatal through age 8.

Goal 6: Facilitate Linkages and coordination between state level entities and coordinating bodies focused on promoting optimal outcomes for child and family health and wellness.

Goal 7: Implement a social marketing and public awareness campaign.

Connecticut's Elm City Project LAUNCH provides the opportunity to evaluate New Haven's resources, integrate systems in the community and state, and build on workforce development and public awareness to improve the health of children birth through age 8 and their families in New Haven.

Template 5. Mission, Vision, and Project Values Statements

Connecticut's *Elm City Project Launch*

Mission Statement:

To promote the overall health, wellness and development of young children, perinatal to age 8, by building the capacity of parents/caregivers, the community and networks of care.

Vision Statement:

Families, schools and the greater local and state community work together as partners to ensure that all young children in Connecticut develop their full potential in safe, healthy and nurturing environments that meet children's needs.

Project Values:

Connecticut's *Elm City Project Launch values the engagement of diverse perspectives and sectors and believes that in order for children to be successful we need to ensure their physical, social/emotional and relational health needs are met.*

The project partners ascribe to the following beliefs and values:

a. Every child has the capacity to learn, grow and thrive.
b. Children grow and develop within the context of relationships, family and community.
c. Successful approaches partner with families and parents/caregivers through shared authority and responsibility and acknowledge families as essential experts and leaders in the care of their children.
d. Strong early relationships and parent/caregiver capacities are essential for child health and development.
e. Successful services and systems employ culturally responsive practices that respect and integrate family cultures and beliefs.
f. Networks of care are fostered and promoted.
g. Collaboration, partnership and family engagement are the foundations of successful networks of care.
h. Successful networks of care are integrated and ensure that services for children and families are based on evidence-based/promising practices and are data informed.
i. Sustainability can be achieved if all partners extend their reach and are open to changes in their current practices.

Template 6. Goals & Objectives

GOALS AND OBJECTIVES		Priorities
PROPOSED	**UPDATED**	
Goal 1: Coordinate an enhanced and integrated primary care, behavioral health and early care/education system for perinatal - 8 year olds and their parents/caregivers.	**Goal 1 [Screening & Assessment]: Increase access to screening, assessment, referrals and linkages to appropriate services to promote physical and mental health for children ages 0-8 and their families**	X
Objective 1.1: Assess the capacity of primary pediatric and early care and education providers to provide comprehensive screening connected to physical wellbeing.	**Objective 1.1:** Increase the capacity of primary pediatric, local housing programs, and early care and education providers to provide comprehensive screening for both physical and mental wellbeing.	X
Objective 1.2: Expand Early Childhood Consultation Project (ECCP) services from infant, toddler, preschool, to include kindergarten- grade 3 for early care and education settings in the Dwight neighborhood.	Moved to Goal 4: Enhance Mental Health Consultation Services	
Adaptation and expansion of former objective 2.4	**Objective 1.2:** Ensure all children identified by LAUNCH partners as needing additional support and interventions receive appropriate referrals.	
Expansion of former objective 1.1	**Objective 1.3:** Increase mental health screening, evidence-based treatments and referrals to mental health and other related parent capacity building services to mothers/caregivers	X
Addition of state-level objective to Goal 1	**Objective 1.4:** Coordinate and link state level efforts around screening and assessment for children and their families.	X
Goal 2: Ensure all professionals working with young children and their parents/caregivers have core knowledge of infant and early childhood mental health and family systems.	**Goal 2 [Behavioral Health Integration]: Promote the integration of behavioral health in primary care settings through workforce development and enhanced communication among**	X

	pediatric care settings and other providers who serve young children and their families.	
Objective 2.1: Train pediatricians, medical professionals, school based health clinics and medical support staff in relevant Educating Practices in the Community (EPIC) modules in the Dwight neighborhood and Greater New Haven.	**Objective 2.1:** Train pediatricians, medical professionals, school based health clinics and medical support staff in relevant Educating Practices in the Community (EPIC) modules in the Dwight neighborhood and Greater New Haven.	X
Objective 2.2: Provide infant mental health training for 15 home visiting professionals per year	Moved to Goal 3 (Enhanced Home Visiting) to Objective 3.1	
Objective 2.3: Create a workforce development plan that guides professionals toward endorsement for Culturally, Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®.	Moved to Goal 3 (Enhanced Home Visiting) to Objective 3.2	
Objective 2.4: Provide Trauma Informed Child/Parent Psychotherapy (TI-CPP) training to New Haven area clinicians in coordination with Child FIRST.	Adapted and Moved to Goal 1 (Screening & Assessment) 1.2 (workforce development)	
Objective 2.5: Build the capacity of parents/caregivers, educators, and providers of young children perinatal through age 8 to support the social/emotional and behavioral health and wellbeing of children in their care.	Adapted and moved to Goal 5 (Family Strengthening) Objective 5.1	
Goal 3: Promote parent/caregiver capability to assume shared authority and responsibility for their child's overall health and wellbeing.	Adapted and currently Goal 5 (Family Strengthening)	
Adapted from previous Goal 2	**<u>Goal 3 [Enhanced Home Visiting]:</u> Promote the development of a home visiting workforce that can effectively meet the needs of young children and their families in the local and state communities.**	X
Formerly Objective 2.2	**Objective 3.1:** Provide infant mental health training for 15 home visiting professionals per year	X

Formerly Objective 2.3	**Objective 3.2:** Create a workforce development plan that guides professionals toward endorsement for Culturally, Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®.	
Addition of state-level objective for Goal 3 (Enhanced Home Visiting)	**Objective 3.3**: Create a communications took-kit for home visitors to enhance their work with pediatric providers	
Objective 3.1: Expand opportunities for parents/caregivers to increase their knowledge and leaderships skills in order to be the primary care coordinator for their family.	Adapted and moved to Goal 5 (Family Strengthening) as a task	
Objective 3.2: Formalize Collaboration with MOMS partnership.	Changed to a task under REVISED Objective 1.3 (Screening & Assessment)	
Objective 3.3 Align, link and coordinate existing family strengthening programs in the New Haven Community	Adapted and moved to Goal 5 (Family Strengthening) as a task	
Objective 3.4 Increase parent/caregivers engagement in Project Launch related activities and strategies.	Adapted and moved to Goal 5 (Family Strengthening) as tasks	
Goal 4: Facilitate linkages and coordination between state and local level entities and coordinating bodies focused on promoting optimal outcomes for child health and wellness.	Moved to Goal 6 (Systems Integration)	
Expansion of former Goal 1	**Goal 4. [Mental Health Consultation] Expand evidence-supported mental health consultation services into early education settings.**	X
Formerly Objective 1.2	**Objective 4.1:** Assess feasibility and effectiveness of expanding the ECCP model to include grades K-grade 3	X
Objective 4.1: Integrate LAUNCH scope of work into the Governor's Early Childhood Cabinet (ECC).	Moved to Goal 6 (Systems Integration) Objective 6.1	
Objective 4.2: Create a Wellness committee of the New Haven	Moved to Goal 6 (Systems Integration) Objective 6.2	

Early Childhood Council (NHECC).		
Objective 4.3: Expand LAUNCH's involvement in other community collaborative groups and initiatives.	Moved to Goal 6 (Systems Integration) as a task	
Objective 4.4: Assess linkage opportunities for Help Me Grow/Child Development Infoline with the New Haven community.	Eliminated	
Goal 5: Implement a social marketing and public awareness campaign.	Moved to Goal 7 (Public Awareness & Media Campaign)	
Formerly Goal 3	**Goal 5. [Family Strengthening] Build and enhance the capacity of families to support the social/emotional development of children perinatal to age 8.**	
Objective 5.1: Work with United Way of CT to identify health and wellbeing topics and dissemination mediums.	Moved to Goal 7 (Public Awareness & Media Campaign) Objective 7.1	
Formerly Objective 3.3	**Objective 5.1:** Align, link and coordinate existing family strengthening programs in the New Haven Community	
Formerly Goal 4	**Goal 6. [Systems Integration] Facilitate Linkages and coordination between state level entities and coordinating bodies focused on promoting optimal outcomes for child and family health and wellness.**	X
Formerly Objective 4.1	**Objective 6.1:** Create the state Young Child Wellness Council as a subcommittee of the Governor's Early Childhood Cabinet (ECC) to focus on bridging statewide efforts around children's health and wellness.	X
Formerly Objective 4.2	**Objective 6.2.** Create a Wellness committee of the New Haven Early Childhood Council (NHECC).	X
Formerly Goal 5	**Goal 7. [Public Awareness & Media Campaign] Implement a social marketing and public awareness campaign**	

Formerly Objective 5.1	**Objective 7.1** Work with the United Way of CT to identify health and wellbeing topics and dissemination mediums.	

Goal 1: Increase access to screening, assessment, referrals and linkages to appropriate services to promote physical and mental health for children ages 0-8 and their families

Rationale

- Integrating services to promote both physical and mental health will result in efficient and effective approach that can yield better health and wellness outcomes.

Objective 1.1: Increase the capacity of primary pediatric, local housing programs, and early care and education providers to provide comprehensive screening for both physical and mental wellbeing.

Targeted Outcome

- Increased early identification of child development and mental health issues and connect children and families to services that are culturally and linguistically appropriate

Major Indicators

- YCWC and Clinician hired
- # of children screened in pediatric, local housing and early care settings using ASQ and ASQ:S&E as a result of LAUNCH
- # of trainings provided to pediatric, local housing and early care settings on screening instruments, protocols, and sharing screening results with families
- # of pediatric, local housing and early care organizations CT-ECPL partners for screenings
- # children screened through LAUNCH efforts
- % of positive screens resulting in referral
- Creation of a systematic referral process that is codified through written agreements

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Timeframe
Screening and Assessment	1. Hire Young Child Wellness Coordinator and Clinician 2. Partner with NHECC- Wellness Committee to identify potential primary care pediatricians, local housing programs, early care and education providers in the target area and New Haven Community 3. Outreach to primary pediatricians who are not currently providing developmental screening and educate them on the importance of screening. 4. Collaborate with identified local housing programs, early care and education local professionals, and pediatric providers to increase screening for social and emotional well-being in young children. 5. Identify standardized screening assessments that are culturally and linguistically appropriate for each care setting. 6. Train and support local housing programs, early care and education providers to complete free developmental and	1-12: CBC 13: YCWE	1. Completed July 2015 2-4. Initial partners identified by September 30, 2015; new partner identification will be ongoing 5. by December 31, 2015; completed 6-7. 2 programs trained by December 31, 2015; training for new programs will be ongoing and within 3-6 months of relationship with ECPL clinician 8. by June 30, 2016; ongoing

	social/emotional screeners. 7. Train and support local housing programs, early education providers on how to effectively communicate screening results with parents/caregivers. 8. Develop a manualized and scripted referral process to support local providers in making referrals to appropriate services for young children and their families. 9. Monitor positive screens to increase the likelihood of a successful referral. 10. Comprehensive screening and assessment provided in local housing programs, primary care, early care and education settings to children and their families. 11. Provide Community based home care providers with ASQ and ASQ-SE materials and training. 12. Provide Homeless shelter locations with a copy of both the Spanish and English ASQ and ASQ-SE materials and training. 13. Collaborate with CT Early Childhood Comprehensive Systems Advisory Committee for purposes of integrating LAUNCH/ECCS efforts relative to developmental screening and assessment.		9-10. October 1, 2015; ongoing 11-12 September 2016; completed 14. March 2016; ongoing

Policy Implications

- Provide data on acceptability and feasibility of pediatric screening to DPH, DSS, and DCF for use in testimony to support children's mental health and early identification bills.

Workforce Implications

- Increase number of professionals across child serving programs trained in using validated screening and assessment tools.

Coordination and Collaboration With Other Stakeholders

- Connect and coordinate with local primary pediatric, local housing programs, and early care and education providers who serve children and families living in New Haven

Addressing Behavioral Health Disparities

- Increase identification of children with behavioral health needs who may not otherwise be identified or whose families may not have knowledge of appropriate sources of referral.

CLAS Alignment

- Provision of screenings and assessments in Spanish and utilization of language that is culturally and linguistically appropriate.

Sustainability Strategies

- Through workforce development in the utilization of standardized screening instruments and development of a systematic referral system, local pediatric, housing and early care settings will be able to continue screenings and referrals even after LAUNCH ends.

Objective 1.2: Ensure all children identified by LAUNCH partners as needing additional support and interventions receive appropriate referrals.

Targeted Outcome

- Improved access to trauma-informed mental health services for children in New Haven
- Enhanced capacity for local clinicians to provide outpatient trauma-informed services

Major Indicators

- Number of clinicians trained in trauma-informed models of care through LAUNCH
- % of positive screens connected with referral to trauma-informed services
- Existence of resource directory of trauma-informed clinicians and services available to children

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Timeframe
Screening and Assessment **Workforce Development**	1. Provide training to clinicians on trauma-informed consultation and intervention, and related IMH topics 2. Create a link to CPP rostered clinicians on CT-AIMH website. Track referrals to clinicians arising directly from LAUNCH 3. Participate in efforts to expand knowledge of community resources, understand access to care and barriers to access, and network with community providers to foster relationships and awareness of referral network.	1-2. CT-AIMH 3-4. CBC Clinician	July 2015-Ongoing

Policy Implications

- Demonstrate partnership between local housing and early care providers and local clinical providers in referrals and data sharing as a model for statewide replication

Workforce Implications

- Coordination of training efforts for clinicians in mental health clinics and other settings to build capacity.

Coordination and Collaboration With Other Stakeholders

- Coordination of state and local agencies to collaborate in promoting and supporting infant and early childhood mental health competencies in partnership with schools.

Addressing Behavioral Health Disparities

- Low-income, minority children lack access to high-quality, trauma-informed mental health care at higher rates than their white peers. By increasing the number of clinicians trained in trauma-informed practices we seek to improve low-income minority children's' access to these needed services.

CLAS Alignment

- Ensure that all trainings are culturally relevant, inclusive and accessible

Sustainability Strategies

- Develop a roster of trained clinicians who will be available in clinics, preschools, shelters, and pediatric practice settings through a systematic referral process.

Objective 1.3: Increase mental health screening, evidence-based treatments and referrals to mental health and other related parent capacity building services to mothers/caregivers

Targeted Outcome

- Increase mental health screening and referrals to evidence-based treatments and other related parent capacity building services to mothers/caregivers living in the Dwight neighborhood
- Decrease substantiated cases of abuse and neglect in the Dwight neighborhood through early prevention and intervention

Major Indicators

- Community Mental Health Ambassador hired and trained
- Number of mothers from the Dwight neighborhood screened for depression through MOMS Partnership who were referred through LAUNCH CMHA or partners
- Number of mothers from the Dwight neighborhood who engage in services provided through MOMS Partnership
- % of mothers who engage in MOMS services and complete appropriate treatment
- Existence of systematic referral and communication system among parent capacity building initiatives
- # of subsequent reports to DCF involving families residing in the Dwight neighborhood
- % of substantiated reports to DCF in Dwight as compared to the City %

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Timeframe
Screening and assessment	1. Hire and train a Community Mental Health Ambassador 2. Work with CT-ECPL core team to devise a systematic referral system to MOMS hubs in community locations 3. Cross-train CT-ECPL and MOMS staff on trauma 101 and maternal mental health modules and brief mental health outreach 4. Connect "hard to reach" mothers with needed services 5. Provide depression screenings for mothers living in the Dwight neighborhood	1-5. MOMS Partnership 2-3. YCWC and ECPL Team	1. Feb 2015- July 2015 2-5. July 2015 – ongoing

Policy Implications

- Provide data on the use of lay health workers (Community Mental Health Ambassadors) and mental health services located in community settings as viable methods to reduce access and adherence disparities in mental health.

Workforce Implications

- Increase number of community leaders and non-clinicians trained in mental health outreach and referral techniques

Coordination and Collaboration With Other Stakeholders

- MOMS Guide Team Members/ MOMS Staff/ ECPL core team/ MOMS Partner organizations/Troupe School

Addressing Behavioral Health Disparities

- Utilizing a peer-to-peer model of engagement will increase the likelihood that mothers will engage in mental health services and decrease the stigma that keeps families in the Dwight neighborhood from reaching out (as detailed in the Environmental Scan.) We know that this will serve to decrease disparities in access to mental health care.

CLAS Alignment

- Screenings and services will be provided to moms in the Dwight community by other moms from New Haven who are employed by MOMS Partnership and LAUNCH. They will ensure that services are delivered in a respectful, culturally-informed manner.

Sustainability Strategies

- Medicaid 115 waiver application will be submitted in partnership with DSS to sustain CMHA positions

Objective 1.4: Coordinate and link state level efforts around screening and assessment for children and their families.

Targeted Outcome

- State level efforts in two different coordinating bodies are aligned around the same goals and objectives**.**

Major Indicators

- Existence of a crosswalk of current screening efforts throughout the state
- # of codified policies around developmental and mental health screening and assessment efforts supported by both organizing bodies

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Timeframe
Screening and assessment	1. Participation in ECCS Advisory Committee meetings 2. Participation in Maternal and Child Health Coalition meetings 3. Develop crosswalk of current efforts around screening for ECCS and MCHC 4. Examine existing gaps in data on mental health and developmental screenings 5. Share findings from local screening efforts and systematic referral processes 6. Work to develop codified policies for mental health screening and assessment for children and their families.	1-6. YCWP & YCWE 4. Evaluator 5. YCWC/CBC	1-2, 4-6. Ongoing 3. December 2015

Policy Implications

- Codified policies and procedures around developmental screening and maternal depression screening will be integrated and inclusive of multiple statewide efforts.

Workforce Implications

- Activities will identify gaps in data to track disparities and highlight areas for training development around screening, developmental surveillance, referral and linkage to services.

Coordination and Collaboration With Other Stakeholders

- Will include close coordination and collaboration with the CT ECCS grant, the Maternal and Child Health Coalition and the CT Office of Early Childhood with the development of the state Young Child Wellness Council

Addressing Behavioral Health Disparities

- Screening effort crosswalk will highlight which efforts are addressing disparities and where gaps in data exist to address any existing disparities.

CLAS Alignment

- Ensure that standardized measures used are available in the preferred language of families.

Sustainability Strategies

- Linking efforts will result in stronger cross-agency relationships and contribute to long term collaboration and integration of screening activities in a wide-range of child and family serving settings.

Goal 2: Promote the integration of behavioral health in primary care settings through workforce development and enhanced communication among pediatric care settings and other providers who serve young children and their families.

Rationale

- Primary pediatric settings, early child care settings, clinical settings and home visiting environments are critical venues for ensuring young children's healthy development and wellbeing. The workforce that interacts with young children and their families requires specialized competency-based training in infant and early childhood.

Objective 2.1: Train pediatricians, medical professionals, school based health clinics and medical support staff in relevant Educating Practices in the Community (EPIC) modules in the Dwight neighborhood and Greater New Haven.

Targeted Outcome

- Improve the content and delivery of child health services by assisting providers in implementing practice changes that are supported by community and state resources.
- Enhance children's health service providers' knowledge of best practices in addressing health disparities.

Major Indicators

- # of pediatricians, medical professionals and school-based health clinic staff trained in EPIC modules.
- % of professionals trained in EPIC modules under CT-ECPL that reported training useful
- Increase in professional knowledge of utilizing EPIC modules
- Development of EPIC module expansion to include data and best practices to address health disparities for minority children.

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Timeframe
Behavioral Health Integration into Primary Care	1. Identify practices in New Haven that have not received EPIC trainings 2. Develop plan for EPIC trainings in the Greater New Haven area 3. Expand current EPIC modules to include behavioral health disparities information and best practices to address these disparities 4. Outreach and secure commitments for training 5. Conduct EPIC trainings 6. Collaborate with identified EPIC trainers to train primary pediatric staff through	1-5 CHDI/Wheeler Clinic 6 CBC Clinician 7 Evaluator	1. February 2015 2-7. Ongoing

	EPIC Modules (CBC) 7. Evaluate effectiveness of EPIC trainings		

Policy Implications

- Promote and support best practices for the provision of health and behavioral health care for young children

Workforce Implications

- Health professionals receive access to comprehensive and innovative information to inform best practice.
- Dissemination of EPIC modules in New Haven will build capacity for health professionals in the community around important child health and development that can serve as a model for other communities throughout the state.

Coordination and Collaboration With Other Stakeholders

- Efforts will involve EPIC module developer, CHDI, and Wheeler Clinic, as well as primary care providers throughout the community and school-based health clinics

Addressing Behavioral Health Disparities

- CT-ECPL will specifically target pediatric practices that serve low-income, minority children and their families.
- CHDI will expand current EPIC modules to include information about health disparities for minority children and their families and best practices on how to address these disparities.

CLAS Alignment

- EPIC modules are developed to meet American Board of Pediatrics quality improvement requirements that maintain CLAS standards of best practice.

Sustainability Strategies

- Providers trained in EPIC will maintain and expand best practices and continue to engage in the CHDI EPIC training opportunities as resources and new information develop.

Goal 3: Promote the development of a home visiting workforce that can effectively meet the needs of young children and their families in the local and state communities.

Rationale

- Social and emotional development is paramount to overall wellness. Through enhancing a focus on social and emotional development, service providers will be able to respond more effectively to needs of children and their families from a holistic perspective.

Objective 3.1: Provide infant mental health training for 15 home visiting professionals per year

Targeted Outcome

- Increased knowledge of infant mental health by home visitor professionals.
- Demonstrated ability to integrate training into practice.

Major Indicators

- Development of IMH training curriculum for home visiting professionals
- Number of home visitor professionals that have completed the training series.
- Participants will take a pre- and post-test, and post test results will show increased knowledge.
- Specific reflective questions will be assigned after each session that will require participants to demonstrate application of IMH principles in their practice.

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Timeframe
Enhanced Home Visiting	1. Develop IMH training series curriculum for Home Visiting (HV) agencies/programs 2. Identify presenters for training series. 3. Engage the HV programs that serve the Dwight neighborhood 4. Coordinate with HV programs to address training logistics (times, dates, and location of IMH training series 5. Offer IMH training to home visiting professionals 6. Share lessons learned from the training with the state to inform statewide rollout. 7. Offer second round of IMH training to home visitors 8. Coordinate follow-up meetings with first IMH home visiting training participants to facilitate the development of	1-8 CT-AIMH 3 &6. CBC/YCWC 6 & 8. YCWE/YCWP	1-8 May 2015 to ongoing

	individual Endorsement® plans.		

Policy Implications

- Coordination training efforts for home visitation personnel, early intervention, and early care providers will decrease the duplication of efforts and ensure more timely and effective provision of services. The president of the CT-AIMH will co-chair a home visitors consortium and discuss developed HV training and how it links to the IMH competencies and IMH endorsement.

Workforce Implications

- Coordination of training efforts for home visitors across the sectors, including mental health consultants, home visiting nurses, and Early Head Start professionals, to build infant mental health capacity.

Coordination and Collaboration With Other Stakeholders

- Coordination of state and local agencies to collaborate in promoting and supporting infant and early childhood mental health competencies in the workforce through IMH endorsement®.

Addressing Behavioral Health Disparities

- Families who receive home visiting services are more likely to be overburdened and under-resourced and thus have disproportionally higher levels of toxic stress. By ensuring a strong focus of home visiting on the importance of infant mental health and attachment-based relationships, we are directly targeting the high levels of toxic stress faced by these families.

CLAS Alignment

- Ensure that all trainings are culturally relevant, inclusive and accessible
- Policies to ensure that infant mental health training is available for all home visitors, early childhood educators and providers and the workforce will be enhanced through the attainment of endorsement for *Culturally, Sensitive, Relationship-Focused Practice Promoting Infant Mental Health*®.

Sustainability Strategies

- Develop statewide professional development policies around the specific skills needed by the infant mental health workforce that include funding for training in the IMH competencies.

Objective 3.2: Create a workforce development plan that guides professionals toward endorsement for Culturally, Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®.

Targeted Outcome

- Increased number of professionals in the infant mental health workforce that hold this nationally recognized IMH Endorsement®.

Major Indicators

- Number of applicants for IMH Endorsement®
- Number of IMH endorsed professionals in the infant mental health workforce

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Timeframe
Workforce Development	1. Identify state and local partners to join the CT-AIMH Professional Development Advisory Committee to develop a workforce development plan 2. Establish linkage with the Department of Children and Families	1-3. CT-AIMH 2. YCWE DCF Region II Clifford Beers Clinic	June 2015-ongoing March 2015 – ongoing

	(DCF) Region II CT-AIMH training 3. Meet with CT-AIMH Advisory Committee to develop workforce development plan.		

Policy Implications

- Efforts will result in policies that promote the inclusion of endorsed staff requirements in new funding opportunities around services to young children and their families.

Workforce Implications

- Infant mental health providers will receive training promoting competencies that will enhance the quality of services they provide.

Coordination and Collaboration With Other Stakeholders

- Coordination with the CT Home Visiting Consortium and other state and local agencies around efforts to promote and support infant and early childhood mental health competencies in the workforce through IMH endorsement®.

Addressing Behavioral Health Disparities

- Endorsement ensures that professionals have the knowledge, experience and capacities in reflective practice to effectively work with and advocate for families who are at-risk of experiencing disparities in their health and behavioral health care.

CLAS Alignment

- Policies to ensure that infant mental health training is available for all professionals that will be working with infants and toddlers and the workforce will be enhanced through the attainment of endorsement for Culturally, Sensitive, Relationship-Focused Practice Promoting Infant Mental Health®.

Sustainability Strategies

- Develop statewide professional development policies around the specific skills needed by the infant mental health workforce that include funding for training in the IMH competencies.

Objective 3.3: Create a communications took-kit for home visitors to enhance their work with pediatric providers

Targeted Outcome

- Enhance communication between home visitors and pediatric providers in order to support greater focus on the social / emotional needs of children and their families.

Major Indicators

- Increased frequency and effectiveness communication between home visitors and other child-serving professionals with pediatric providers to support integration of behavioral health into pediatric health practice to enhance the social/emotional wellbeing of young children and their families.

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Timeframe
Enhanced Home Visiting	**1.** Collaborate with local and state home visiting program staff in order to identify gaps and barriers that impede collaboration between home visitors pediatric health providers	1-2. Wheeler Clinic 1-2. YCWE 1-2. YCWP	1. January 2016 2. June 2016

	2. Develop a brief document to support more effective / efficient communication between home visitors and pediatric health providers		

Policy Implications

- Enhanced communication between pediatric health providers and home visitors to support the social / emotional wellbeing of young children and their families.

Workforce Implications

- Increased effectiveness of home visitors to provide integrated services that support the social / emotional wellbeing of the children and families that they serve.

Coordination and Collaboration With Other Stakeholders

- Coordination of state and local agencies and child-serving providers / programs to increase focus on the social and emotional wellbeing of young children and their families.

Addressing Behavioral Health Disparities

- Young children and families served by home visiting programs may experience disparities in early identification of their behavioral health/health needs and accessing needed services. Improved communication between home visitors and pediatric providers can support caregivers to better understand and act to meet the social/emotional needs of young children.

CLAS Alignment

- Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse health beliefs and practices, preferred languages, health literacy and other communication needs.

Sustainability Strategies

- Support the development of statewide standards for home visiting services in order to implement effective and sustainable practices that enhance collaboration between home visitors and pediatric health providers on identifying and meeting the social and emotional needs of young children and their families.

Goal 4. Expand evidence-supported mental health consultation services into early education settings.

Rationale

- Early Childhood and educational environments are critical venues for ensuring young children's healthy development and wellbeing. The workforce that interacts with young children and their families requires specialized competency-based training in infant and early childhood.

Objective 4.1: Assess feasibility and effectiveness of expanding the ECCP model to include grades K-grade 3

Targeted Outcome

- Children birth through grade 3 will have increased access to high quality early care and education experiences that support their social emotional development and mental wellbeing.

Major Indicators

- Number of classrooms receiving ECCP consultation services.
- Number of individual families receiving ECCP consultation services
- Number of trainings administered to caregivers and educators of young children
- Targeted Classroom Services: Improvements in CLASS Tool Ratings pre/post
- Targeted Child Services: Improvements Parent/Teacher Child Ratings pre/post
- % Children not suspended or expelled from education setting

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Timeframe
Mental Health Consultation	1. Conduct research and adjust the ECCP Model to grades K-3. 2. To train ECCP Consultant on grades K-3 on the assessment tools and best practice strategies 3. To assess and refine information system based on findings 4. Provide Mental Health Consultation services to parents/caregivers, educators and families from birth to grade 3. **a.** 1 Grammar School annually: School Year 1: Troupe Grammar School. ECCP Service Type: Intensive Site Service-One **b.** 1 Birth to Pre-K center annually: School Year 1: Montessori Edgewood ECCP Service Type : Classroom services-Two 5. Accept referrals from and make referrals to local New Haven providers. 6. Increase capacity of caregivers and educators in the areas of social and emotional health through provision of trainings, resources, and consultation. 7. Facilitate effective partnerships and	1-8. ECCP 7. YCWC New Haven Public Schools 9. ECCP, YCWC, DCF	1-8. Spring 2015 and ongoing 9. January 2017; ongoing

	networking to include, administrators, teachers, families, and providers. 8. Participate in NHECC – Wellness Committee. 9. Engage with school administrators to establish pathways within the local school system to address challenges identified		

Policy Implications

- If ECCP expansion proves to be feasible and effective, evidence will be available to promote the expansion of ECCP services for children K-grade 3 throughout the state.
- Ensure quality early care and education opportunities for children birth to grade 3 by reducing suspension expulsion practices that would otherwise exclude them from such early care and education environments.
- Highlight the need for funding streams/mechanisms for ECMH Consultation to grades K through 3.

Workforce Implications

- Build capacity of parents/caregivers and educators to effectively communicate, engage and promote healthy social emotional development.
- ECCP will continue to provide ECCP and ECMHC Orientation and Model Training to all ECCP Program Consultants.

Coordination and Collaboration With Other Stakeholders

- Develop effective partnerships among and between, families, parents/caregivers and educators to promote social emotional development and to identify and address any barriers to this.

Addressing Behavioral Health Disparities

- Provide high quality mental health consultation services to children in the Dwight Neighborhood section of New Haven.

  Implicit Biases are routinely addressed within the ECMHC services by:

  1. Individualized planning to appreciate differences and focus on capacities.-Complete Action Plans to guide the services
  2. Facilitation of partnerships among teaching staff and families-Parent Teacher Partnership meetings
  3. Employ ECMHC Delivery strategy: Reflective Practice
  4. Reducing factors that lead to behaviors related to implicit biases; such as: teacher stressors, emotion dysregulation, few resources and supports.
  5. Employ best practice strategies

CLAS Alignment

- Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Sustainability Strategies

- Ensure the delivery of an effective & efficient mental health consultation model (ECCP) supported by an evidence base with demonstrated outcomes for the children, providers, and systems it is intended to impact.
- Identify potential pathways to funding, leverage these within existing systems; Work in partnership with state leadership and young child stakeholders to create prospective pathways to funding.

Goal 5. Build and enhance the capacity of families to support the social/emotional development of children perinatal to age 8.

Rationale

- Increasing the capacity of caregivers and families to recognize and meet the social and emotional needs of their children will reduce potential long-term negative effects of early developmental and social/emotional delays.

Objective 5.1: Align, link and coordinate existing family strengthening programs in the New Haven Community

Targeted Outcome

- Increased efficiency around connections for families to existing family strengthening programs across the community.

Major Indicators

- Number of meetings with representatives from existing family strengthening programs in New Haven to explore opportunities to coordinate
- # of parents/caregivers identified to participate in the CT-ECPL core team
- % of parents/caregivers representatives who attend CT-ECPL core team meetings

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Timeframe
Family Strengthening	1. Convene all family strengthening program providers to assess current reach of services, particularly in the Dwight neighborhood 2. Identify opportunities to align and expand reach of current programs 3. Outreach and provide information on Project Launch to community organizations and city leaders 4. Develop a Project Launch "parents/caregiver information brief" to encourage interest and active participation in Project Launch activities. 5. Identify and train parents/caregivers to participate as Project Launch participation mentors 6. Recruit and provide incentives to support parents/caregivers to serve on the NHECC-Wellness Committee 7. Develop collaborative partnerships to support leadership, co-learning, team building between parents/caregivers and CT-ECPL core team. 8. Facilitate Circle of Security Parent	1-7. YCWC 1-9. FAVOR, Inc. 1-7. MOMS Partnership 4. Evaluator 8-9 YCWC 10-11. YCWP/YCWE, DCF, DPH	1-8. May 2015 and ongoing 9. Sept. 2016 through June 2018 10-11 ongoing

	Groups to increase awareness about attachment. 9. Collaborate with JUNTA Inc. providing 6 GED/ESL classes within the local community. 10. Recruit and provide incentives to support parents/caregivers to serve on the State Young child Wellness Council. 11. Partner with DCF and DPH to support caregivers to sit on their advisory/parent groups.		

Policy Implications

- Provide well-trained and highly supported caregivers to support policy efforts at the local, state and federal level to promote and support family mental health

Workforce Implications

- Increase # of caregivers that can work in partnership with professionals to make services more acceptable and useful to families.

Coordination and Collaboration With Other Stakeholders

- YCWC, YCWE, YCWP, Favor Inc. MOMS Partnership, DPH, DCF, NHECC, PLTI

Addressing Behavioral Health Disparities

- Evidence suggests that incorporating consumer perspectives helps to make services more acceptable and effective.

CLAS Alignment

- All trainings and information will be provided in a culturally and linguistically appropriate manner.

Sustainability Strategies

- Partner with the Parent Leadership Training Institute (PLTI) initiative to sustain caregiver training.

Goal 6. Facilitate Linkages and coordination between state level entities and coordinating bodies focused on promoting optimal outcomes for child and family health and wellness.

Rationale

- CT has an enormous amount of resources and initiatives devoted to promoting the health and wellbeing of children and families; however, these initiatives are silos, resulting in duplication of efforts, services, resources and increased burden on service providers and families.

Objective 6.1: Create the state Young Child Wellness Council as a subcommittee of the Governor's Early Childhood Cabinet (ECC) to focus on bridging statewide efforts around children's health and wellness.

Targeted Outcome

- Promote an integrated health and wellness focus within the Governor's ECC that includes prevention and health promotion.

Major Indicators

- The existence of a subcommittee/working group charged with promoting children's social, emotional and behavioral needs in the ECC from a prevention and promotion perspective.
- Number of agencies and stakeholders represented at the ECC health and wellness subcommittee.

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Timeframe
Systems Integration	1. Meet with CT Office of Early Childhood leaders to determine how to best integrate the work of LAUNCH into the existing structure 2. LAUNCH YCWE and YCWP will convene the Young Child Wellness Workgroup 3. Create a work plan for the Young Child Wellness Council that includes focus on all five LAUNCH community – level strategies as well as a specific focus around health and behavioral health disparities for young children in the state. 4. Collaboration with CT's Early Childhood Cabinet to ensure full integration of LAUNCH strategies.	1-3 YCWE/YWCP 1-2 DPH 1-2 OEC 1-4 LAUNCH Core Team	1. November 2015; completed 2-4 Ongoing

Policy Implications

- State ECC will have long-term and sustainable focus on young children's social, emotional and behavioral development

Workforce Implications

- Efforts to integrate and coordinate the elements of Connecticut's early childhood system will result in more nuanced and meaningful workforce development opportunities, less duplication of training content and deeper understanding of the unique needs of the workforce serving young children and their families across a wide-range of settings.

Coordination and Collaboration With Other Stakeholders

- Strategy will require strong coordination and collaboration among key stakeholders, but also with CT Dept. of Ed, as it has historically managed the facilitation of the ECC.

Addressing Behavioral Health Disparities

- The work of the state Young Child Wellness Council will include analysis of available data and trends in behavioral health disparities for young children and their families in Connecticut and inform the work of the other groups that are concurrently addressing early childhood issues.

CLAS Alignment

- Ensure that all workforce activities and policies developed are culturally and linguistically sensitive

Sustainability Strategies

- The CT Young Child Wellness Council, as a subcommittee of the Governor's ECC, will utilize LAUNCH-developed sustainability tools to identify the ways that the work can move forward

Objective 6.2. Create a Wellness committee of the New Haven Early Childhood Council (NHECC).

Targeted Outcome

- Improved interagency collaboration as manifested by creation of Wellness Committee

Major Indicators

- Attendance at NHECC meetings by ECPL core team members
- Increase in collaboration across entities as measured by the Wilder Collaboration Index
- Number of agencies, organizations and parents/caregivers represented on the NHECC-Wellness Committee
- Frequency of Project LAUNCH updates on the larger NHECC agenda

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Timeframe
Systems Integration	1 Secure endorsement from the NHECC to establish a Wellness Committee 2 LAUNCH YCWC to be appointed to the NHECC 3 Identify organizations to serve on the NHECC-Wellness Committee 4 Recruit parents/caregivers who represent the target population to serve on the NHECC-Wellness Committee 5 Collaborate with OEC and State Wellness Group including local representative on state council and bring together annually for joint review of data, and update strategic plan	1-5. CBC/YCWC 1-2, 5. NHECC 5. YCWE/YCWP	1-4. September 2015 – March 31, 2016 5. December 2015 and annually thereafter

Policy Implications

- Improve integration and opportunity to build capacity
- Plan and coordinate policies at local and state level

Workforce Implications

- Improved collaboration and communication across systems and agencies serving young children and their families.

Coordination and Collaboration With Other Stakeholders • Continued participation with state stakeholders; ongoing dialogue and engagement of policy makers
Addressing Behavioral Health Disparities • Agencies are knowledgeable of and are sensitive to cultural factors of target population; assess need for cultural competency training
CLAS Alignment • Ensure workforce use of language are culturally and linguistically appropriate
Sustainability Strategies • Align policies with State Office of Early Childhood, connection to policy makers and Child Advocacy Organizations • Members maintain consistent presence on the New Haven Early Childhood Council/Health and Wellness sub-committee

Goal 7: Implement a social marketing and public awareness campaign

Rationale

- A comprehensive community strategy will optimize outreach efforts at the local and statewide level. The campaign is designed to provide education, awareness and increased access to services for children (0-8) and their families.

Objective 7.1 Work with the United Way of CT to identify health and wellbeing topics and dissemination mediums.

Targeted Outcome

- Increased public awareness, understanding and access to resources and supports for children (0-8) and their families.

Major Indicators

- The development and dissemination of multiple communication strategies, including but not limited to the establishment of printed flyers, brochures, television and radio commercials, billboards, social media and other outreach strategies to increase public awareness. The media campaign will also include a local event taking place in the NH community.
- # of families in local community involved in messaging development
- # of cities where media campaign takes place
- # of social media sites where campaign takes place
- # of re-tweets/likes/shares and social media indicators

General Strategy	Activities/Tasks	Stakeholders Responsible	Specific Timeframe
Public Awareness and Media Campaign	1 Finalize and execute United Way Contract to include subcontracting capability for marketing expertise. 2 Work with families in local community to identify topical areas to promote the health and wellness of children and their families (e.g. focus groups, etc.). 3 Develop consistent messaging by topic to increase public awareness and understanding of PL values/goals. 4 Identify messaging and distribution plan at the local/statewide level 5 Develop mechanisms for local participation in shaping the public health campaign. 6 Utilize social media in promoting and educating the public on ECPL. 7 Carry out public awareness campaign	1-6. DCF 1, 3, 6, 7. United Way of CT 1-7. ECPL Team 5. ECPL Team 2. FAVOR	1. Ongoing - completed 2-7. begin after task 1 is completed

Policy Implications

- Examine the presence/absence of exclusionary criteria that may impact access to supports and services.
- Examine current policies/regulations to identify barriers and assess need for revisions.

Workforce Implications

- Potential staffing needs based on anticipated increase in call volume and service referrals as well as staff training.

Coordination and Collaboration With Other Stakeholders

- CT-ECPL Team to develop effective partnerships with members of the YCWC, caregivers, pediatric practices and early educators in the development and implementation of media/public awareness campaign.

Addressing Behavioral Health Disparities

- Assuring public awareness campaign reaches target audiences (pediatric practices, early educators etc.) resulting in greater integration of physical and mental health for caregivers and children.

CLAS Alignment

- Ensuring the messages and materials are informed by and meet the diverse needs of the population and an infrastructure in place to make cultural/linguistic adjustments as necessary based on changes in the target population.

Situation Statement: Significant disparities in health and mental health service delivery and outcomes exist among racial and ethnic minorities, and especially among children ages 0 - 8. Members of such groups are less aware of available services, have more difficulty accessing needed services and in negotiating through the service system to ensure their needs are met. Such children also suffer from a lack of routine developmental screening, and their parents also have limited screening for widespread mental health issues such as depression. Issues with infrastructure underlie these problems, in that there is a lack of integration and coordination of education for providers, and care coordination for clients across education, health and mental health providers.

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Inputs

- $800k Project LAUNCH grant funding
- Young Child Wellness Council
  - FT Expert
  - PT Partner
  - FT Coordinator
- Troup Elem. Staff
  - FT MH Consultant
- Yale Ped Primary Care
  - FT MH Clinician
- Yale MOMS Program
  - PT Community MH Ambassador
- Training
  - Infant MH & EPIC Training curricula
  - estimated 6 Trainers for both curricula
- Marketing consultant

Outputs

1. Increase access to developmental and mental health screenings for children and their families
2. Promote the integration of bx health into primary care settings through workforce development and systematic referral system.
3. Promote the development of a HV workforce that effectively meet the needs of young children and families
4. Expand evidence-supported mental health consultation services to early education settings.
5. Enhance the capacity of families to support the social/emotional development of their children
6. Coordinate systems focused on promoting optimal outcomes for children and families
7. Implement a social marketing campaign

1. CBC, local housing and early care settings, ped PC settings, MOMS Partnership, CT-AIMH
2. Local ped primary care providers, CHDI, Wheeler Clinic, School-based health centers,
3. CT-AIMH, CBC, DCF, Wellness Councils, Wheeler Clinic
4. ECCP, NH Public Schools
5. FAVOR, Inc., MOMS Partnership, Wellness Councils, CBC, Parents, DCF, DPH
6. OEC, Wellness Councils, DPH
7. DCF, United Way CT, FAVOR Inc., Wellness Councils, parents

Outcomes – Impact

1a. Expand developmental and mental health screenings
1b. Develop systematic referral system
2a. Increase in pediatric providers trained in EPIC modules
2b. Increase knowledge of health disparities
3a. Increase in competencies for HV professionals
4a. Expand ECCP services to K-grade 3
5a. Increase number of parents involved in LAUNCH and other family strengthening programs
6a. Young Child Wellness Councils established and linked to existing organizing bodies
7a. Increased public awareness of young child health and wellness issues and available services

1c. Improved access to mental health support services
1d. Increase in appropriate referrals across and between organizations and settings
2c. Increased collaboration between Primary and Mental Health providers
2d. Develop best practices for physical health and behavioral health integration
3b. Increase in number of professional with IMH endorsement
4b. Evaluate acceptability, feasibility and utility of ECCP expansion to K- 3
5b. Increase in parental self-efficacy
6b. Align vision and enhance collaboration between orgs and systems
7b. Improved public attitudes towards accessing young child health and wellness services

1e. Increased utilization of appropriate services
1f. Decrease in poor health outcomes (depression, etc)
2e. Increase quality of care and child and family health outcomes
3e. Increased knowledge and competencies in child wellness for service providers
4c. Utilize findings to develop plan for expansion of ECCP service
4d. Decreased number of children expelled or suspended from school or early care
5c. Increased engagement from parents and families in health decision making for their child
6c. Increase in codified policies and procedures to support children's mental health
7c. Decrease stigma and increase prevention efforts throughout the state

Assumptions

Theoretical Assumptions

- Improved screening, coordination of care, co-locating service providers, and providing uniform training to all providers will result in easier access to needed services for under-served populations.
- Enhanced coordination at the state level will result in effective changes in service provision at the local level.

External Factors

- Cooperation may vary among relevant public/private entities, including:
  - Office of Early Childhood
  - Governor's Early Childhood Cabinet Statewide network of strong family advocacy organizations
  - DCF Regional Advisory Councils
  - New Haven Early Childhood Council
- Structure of state-level entities is subject to change given the recent state budget cuts.

[i] CT Department of Public Health (2013). *Adverse Childhood Experiences in Connecticut*. (CT behavioral Risk Factor Surveillance System). Hartford, CT.
[ii] American Community Survey, 2010
[iii] CT Voices for Children, 2010