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Delaware Project LAUNCH 2014 Abstract

Delaware's Project LAUNCH will utilize the Linking Actions for Unmet Needs in Children's Health Program to promote the wellness of young children from birth to 8 years by addressing the physical/social/emotional/cognitive/behavioral aspects of their development and to further advance Delaware's shared vision for the wellness of young children. Coordination of child-serving systems and the integration of behavioral and physical health services drive this work to ensure children are thriving in safe, supportive environments and entering school ready to learn.

The Delaware Children's Department's Division of Prevention and Behavioral Health, applicant, and the Department of Health and Social Services' Division of Public Health will co-lead this project in partnerships with Red Clay Consolidated School District, Early Learning Programs, Nemours Children's Health System, and key stakeholders within a specified area of the city of Wilmington. Using a public health approach, the initiative's goals and objectives are designed to increase family and youth involvement and help ensure that young children have comprehensive and coordinated services needed to sustain gains through the early elementary and beyond.

Delaware is eager to start Project LAUNCH within neighborhoods that are feeder patterns for Warner Elementary and Shortlidge Academy. These are communities long identified with multiple environmental risk factors and gaps in services/supports for young children, birth to 8 years, and their families. Sadly, these communities are areas of high poverty, have experienced high crime and violence and have few, if any, high quality early care and education programs.

Delaware LAUNCH will advance a shared vision for wellness of young children and address the following goals and objectives within the identified community:

- Promote quality early learning programs including the use of evidenced-based curricula in ECE and elementary grades on pro-social skills associated with healthy social and emotional functioning; a key success factor for school readiness, positive education achievement and reduction in aggression. Efforts to be coordinated by expanded ECMHC service and Stars.
- Build on effective prevention programs: home-visiting, strengthening families and IFC.
- Strengthen developmental screening mechanisms for the early identification of mental health/substance abuse issues across physical, behavioral health and early learning systems.
- Strengthen integration of physical and behavioral health systems and services.
- Expand EBP parent education opportunities with 211/Help Me Grow to deliver messaging.
- Ensure culturally competent family engagement across systems.
- Enhance programs through workforce development promoting EBP for young child wellness.

Section A: Population of Focus and Statement of Need

Delaware, the nation’s second smallest state, is geographically fewer than 2,000 square miles, with a total population of 920,000 people spread over three counties: New Castle, 547,000 (60%), Kent, 167,000 (18%) and Sussex 206,000 (22%). In Delaware, there are a total of 204,893 families with 205,050 children under the age of 18. Children, birth to 8 years, make up 11% of Delaware’s total population (101,962). Approximately 20% of young children live in poverty. The number of families living at or below poverty level has long been an important measure of economic stability. Economic hardship can have profound effects on children’s development and their prospects for the future. There are equal distribution of males and females amongst young children. The race and ethnicity for the young child population is listed below:

2012 Race and Ethnicity for DE Children Birth to 8 Years (Source: Kids Count Delaware)

Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Asian	Non-Hispanic 2 or More Races	Hispanic or Latino
52%	25%	4%	5%	14%

New Castle County is Delaware’s largest and most northern county and is predominantly urban. Fifty-nine percent of the state’s population lives in New Castle County (546,076). New Castle County’s population includes 60,651 children eight years old or younger. New Castle County is fairly diverse in terms of race and language with 60.7% of its population identified as White, Non-Hispanic/Latino; 24.6% Black; 4.8% Asian, 2.2% Two or More Races; 2.2% Other; and 9.17% Hispanic. Approximately 14% of New Castle County residents speak a language other than English in their homes. (Demographic information is provided by Kids Count Delaware)

Children from birth to age 8 represent nearly 50% (101,962) of all Delaware children. In New Castle County there are 67,445 children in this age range (66% of Delaware children).

- **Children in Poverty: 19.9% statewide - 18.1% in New Castle County**
- **Children Who Receive Food Assistance through the Supplemental Nutrition Assistance Program (SNAP): 81,106.** For the local Community, there are 12,738 children receiving SNAP assistance. This number represents 16% of Delaware’s children.
- **While not available specific to New Castle County, statewide statistics indicate the following related to parent/family employment, education and living situations in Delaware:**
 - **Parent Employment:** Of young children in poor families, only 31% have at least one parent who is employed either part year or part time while 47% have at least one parent who is employed full time, year-around. Twenty-one percent of young children in poor families do not have an employed parent.
 - **Parent Education:** Of young children in poor families, 83% have parents who do not have a high school education.
 - **Family/Living Situations: Sixty-two percent of young children who are poor live with a single parent.** With regard to housing, 40% of young children in poor families live in owner-occupied housing.

New Castle is anchored by the City of Wilmington (population of 72,008), a strictly urban area, which *NeighborhoodScout* rates as one of the top 100 most dangerous cities in the United States

(ranked at 17th most dangerous). *Neighborhood Scout* found that Wilmington’s violent crime rate is one of the highest in the nation across communities of all size. Violent offenses included forcible rape, murder and non-negligent manslaughter, armed robbery, and aggravated assault, including assault with a deadly weapon. Additionally, NeighborhoodScout’s analysis shows that Wilmington experiences one of the higher murder rates in the nation when compared with cities and towns for all sizes of population. In addition, it was found that a lot of the crime that takes place in Wilmington is property crime, including burglary, larceny over fifty dollars, motor vehicle theft, and arson. In Wilmington, the chance of being a property crime victim is one in 19.

The local population of focus and defined local community for this project will be a subsection of the City of Wilmington ("Community"), those living within the zip codes that are the feeder patterns for Warner Elementary and Shortlidge Academy, local elementary schools within the Red Clay Consolidated School District. The zip codes linked to the identified community are 19802, 19805 and 19806 with a total population of 75,591. This community is an area of concentrated poverty with higher rates of crime and violence, physical and mental health issues, unemployment, related problems and other risk factors.

Risks of developmental delay and/or of development of social and emotional problems accrue from living in poverty, exposure to violence, having a single parent, having parents with less than a high school education among other factors. Disadvantages in early childhood have implications for how prepared children are when they enter school. School readiness includes not only cognitive skills but also those associated with socialization and self-regulatory behavior. Promoting positive social and emotional growth and development and the ability to regulate behavior through early intervention offers protective factors that can off-set the substantial risk factors faced by young children who are poor and who are highly likely to have other risk factors as well. Delaware LAUNCH will positively change the trajectory of the community.

Warner Elementary School currently serves 599 students: 40 Pre-K and 559 in grades K-5. The following chart provides school race and ethnicity information.

	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other	Non-Hispanic 2 or More Races	Hispanic or Latino
Pre-K	5%	95%	0	0	0
K-5	3.9%	73.9%	0.6%	3.6%	18.1%

Ninety-two percent of students live in poverty and the entire Warner student population is free and reduced lunch eligible. Additionally, the school building and its academic results have been impacted by high rates of pupil transiency throughout the year. The delays in obtaining student information from other districts/states hinder the ability to appropriately address needs with correct interventions in real time - greatly impacting teaching and learning outcomes. Warner Elementary also is the building with the district’s highest student homeless numbers. The unintended consequences of poverty are even more reflective in the student feeder pattern, which encompasses two Wilmington neighborhoods representing some of the highest incidents of crime and poverty in the city. Twenty percent of the student population (over 110 pupils) has been referred to the visiting teacher for attendance issues and over 40% of those children missed an average of 30 days; 60% of 4th graders indicate they have attended 3 or more schools; and over 51% of the children in the building have an incarcerated relative.

Shortlidge Academy Elementary School currently serves 346 students in K-5 grades. The following chart provides school race and ethnicity information.

	Non-Hispanic White	Non-Hispanic Black	Non-Hispanic Other	Non-Hispanic 2 or More Races	Hispanic or Latino
Pre-K	5%	95%	0	0	0
K-5	3.9%	73.9%	0.6%	3.6%	18.1%

Ninety percent of students live in poverty and the entire Shortlidge student population is free and reduced lunch eligible. The building has experience a spike in student homelessness and family employment challenges. The unintended consequences of poverty are even more reflective in the student feeder pattern, which encompasses Wilmington neighborhoods representing some of the highest incidents of crime and poverty in the city: the zone that surrounds Van Buren Street, Concord Avenue, and Market Street between 19th and 29th Streets. This area has seen a record number of shootings and homicides in 2013. Additionally, these children come from an area populated by street gangs: the Bloods and Latin Kings. Children are significantly impacted daily by violence in the city of Wilmington.

Similar to Warner Elementary the building and its academic results have been impacted by high rates of pupil transiency throughout the year, as well as the unexpected arrival of students from other schools and districts. The students arrive drastically behind academically, some without their IEPs and some who demonstrate the need for individualized support, having not been assessed at all during their previous educational experience.

Within the Community the early childhood programs that feed these elementary schools are primarily small programs most of who have not enrolled in the Delaware Stars for Early Success Quality Rating and Improvement System (QRIS). Stars aim it to increase access to quality early care and education for all of Delaware’s children. The goal of Delaware Stars is to invest in participating programs to increase access to high quality care for all of Delaware’s children, especially those from low-income families. It is a public-private partnership between the state Department of Education and the University of Delaware’s Institute for Excellence in Early Childhood and includes linkages the state Department of Health and Social Services and Department of Services for Children, Youth and Their Families and Delaware’s Office of Early Learning.

In the Red Clay Consolidated School District only 70 of 173 licensed programs that refer children to the school are enrolled in Stars (40.4%) and of those only 14% are at Star Level 5 (highest level of excellence). Within the Community, there are 1387 children enrolled in early care and education programs and the largest zip code area feeding the two elementary schools has only 27.5% of the early learning programs enrolled in Stars with only one rated at the highest level of excellence. There is much need for improvement. Statewide there is public early childhood mental health consultation (ECMHC) available at no cost to child care centers, both center-based and family homes but demand often outweighs capacity. Given the high percentage of programs within the community who are not enrolled in Stars, there is a demonstrated critical need to have a dedicated ECMHC assigned to the community. With this grant, work will be done across all early learning programs to promote Stars and provide professional development

and program consultation through Early Childhood Mental Health Consultation in collaboration with the Stars technical assistance staff. Children and families in the Community have the right to high quality programs available where they live.

Additionally, from the very high ranking of Delaware as 4th highest in the nation for expulsion of children from public pre-school settings, young children in pre-school/kindergarten and day care settings have significant unmet needs. Children with challenging behaviors bounce from one pre-school setting to another, with serial expulsions due to behavior problems. Without intervention, these children will continue to face many challenges as they enter Kindergarten.

Furthermore, early learning and elementary classrooms do not use evidenced based curriculum for social emotional skill training. While Stars is a necessary step to improve early learning, the Stars program does not focus on the key areas of social-emotional readiness including ability to work with peers and teachers, follow rules and behavioral control (Campbell & von Stauffenberg, 2008). This also aligns with what the findings from a state wide survey of Delaware kindergarten teachers in 2012 (Delaware Institute for Excellence in Early Childhood, 2012) which found the top rated skills needed for kindergarten fell into social-emotional domain as opposed to the academic readiness area. To address the social-emotional readiness, an obvious gap in service for children in day care, a prosocial curriculum such as the Preschool PATHS Curriculum (Domitrovich, Greenberg, Cortes & Kusche, 1999) will be made available to all early learning programs along with a similar PATHS curriculum for elementary schools in the identified community. This will complement the ECMHC service.

Delaware's comprehensive early childhood system for children birth to eight years encompasses many state level agencies, private-public partnerships, community organizations and Delaware families. In Delaware, it is state agencies that have responsibility for the provision of public health services, social services, and mental health and substance abuse services, often provided through private-public partnerships. Unlike in other states, there are no local systems (e.g. county or medical center) that provide such services.

The Department of Services for Children, Youth and Their Families (DSCYF) administers the State's **Division of Prevention and Behavioral Health Services (DPBHS)**, grant applicant, by law provides prevention, early intervention, mental health and substance abuse treatment and services through a statewide public children's behavioral healthcare system with a full array of services including community coalitions for prevention resources, early intervention programming, information and referral, assessment, crisis intervention, outpatient treatment, intensive, home-based outpatient treatment, day treatment, residential treatment and psychiatric hospital treatment. This comprehensive system is built on the foundations of system of care and use of evidence-based practices. Specialized evidence-based services are available for children birth to 8 including Parent Child Interaction Therapy (PCIT), Trauma-Focused Cognitive Behavior Therapy (TF-CBT), Attachment and Biobehavioral Therapy (ABC) and Early Childhood Mental Health Consultation (ECMHC). DPBHS's mandated population is children with Medicaid or without insurance who require mental health and/or substance abuse treatment.

As the required co-lead for Delaware Launch, the Delaware Division of Public Health (DPH), within the Department of Health and Social Services administers the Maternal and Child Health

Title V Block Grant Program and is the recipient of the Delaware State Early Childhood Comprehensive Systems (ECCS) Initiative federal grant supported by the Maternal and Child Bureau of the US Department of Health and Human Services. The Maternal and Child Health Title V grant program provides the funding mechanism for many programs within the DPH. Some of these include School Based Wellness, Family Planning and Preconception, Emergency Medical Services, Children with Special Health Care Needs and others. As part of the Infant Mortality initiative, DPH implemented the Family Practice Team Model (FPTM) which provides enhanced prenatal care and care for women and their new baby for two years after the baby's birth. ECCS initiatives have focused on developing, implementing and sustaining comprehensive early childhood programs through collaborations and systems building. Leveraging the five program core components, the program has worked collaboratively and diligently to improve and increase access to health care and medical homes including mental health and social-emotional development; early care and education services, parent education and family support for all Delaware families.

Efforts will be guided by Delaware's new comprehensive early childhood plan. The work of the Delaware Early Childhood Council has created heightened awareness of the need for and value of a comprehensive and coordinated early childhood system. On April 15, 2013, Delaware's Early Childhood Council launched its strategic plan for a comprehensive early childhood system premised on research by Jack Schonkoff showing that early experiences shape the brain's architecture and sets either a positive or negative trajectory in a child's life. Delaware recognizes the first 1,000 days of a child's life is critical to lifelong success and has made a commitment to get it right the first time by addressing the learning, physical and socio-emotional health needs of ALL children birth through third grade.

Delaware LAUNCH will strengthen *Sustaining Early Success: Delaware's Strategic Plan for a Comprehensive Early Childhood System* in its long-term commitment to all of Delaware's children and their families. Upon notice of a grant award, the key stakeholders collaborating in Delaware LAUNCH will work to ensure that the impact of existing funding is maximized through the blending of collaborative funding, integration of services and resources, reduction of service duplication, and support of evidence-based service models. This LAUNCH grant opportunity will be an added value for the state and local community and will complement the system of comprehensive early childhood programs and services Delaware has been building over the past decade. Delaware LAUNCH is uniquely ready for implementation, building on an active and supportive Delaware Early Childhood Council with an existing State Plan for Early Childhood and the full support of the DPBHS/State's children's mental health agency, DPH/Title V agency, the Office of Early Learning (recipient of the 2010 Early Learning Challenge/Race to the Top grant), the Department of Education, and community partners that include committed child behavioral health, prevention and early intervention services and early childhood daycare, pre-school and education programs.

Section B: Proposed Evidence-Based Service/Practice

The overarching goal of Delaware LAUNCH is to advance a shared vision for wellness of young children. Delaware LAUNCH will utilize the Linking Actions for Unmet Needs in Children's Health Program to promote the wellness of young children from birth to 8 years by addressing the physical/social/emotional/cognitive/behavioral aspects of their development and to further

advance Delaware's shared vision for the wellness of young children. Coordination of child-serving systems and the integration of behavioral and physical health services drive this work to ensure children are thriving in safe, supportive environments and entering school ready to learn and succeed. This goal will include prevention, awareness and training efforts across child serving settings including pediatric practices, early learning programs, elementary schools, and prevention provider services. The outcomes, through strengthened collaborations, will build local capacity to implement and increase access to evidence-based practices using the following: **Home-Visiting Models** (Parents as Teachers, Nurse Family Partnership, Healthy Families America and Early Head Start); **Intensive Family Consultation Model; Prevention and Early Intervention Derivatives of the Parent-Child Interaction Therapy Model** which include Child-Adult Relationship Enhancement (CARE) and Teacher-Child Interaction Training (TCIT), **Strengthening Families**, the **PATHS (Pre-K and K- Elementary) Curriculum** (Promoting Emotional Literacy Prosocial Behavior, and Responsive Classroom) and **Comprehensive Developmental Screening** (PEDS, ASQ and Trauma).

Enhancements to Delaware's 211/Help Me Grow system (increased promotion and call capacity) will be made possible under Delaware LAUNCH. The DPH's Maternal and Child Health Bureau, under the various programs, has established initiatives and projects to meet the unmet gaps revealed through the Title V MCH Needs Assessment. The Early Childhood Comprehensive Systems programs has through the Help Me Grow System assured that parents and families have the knowledge of and access to appropriate community resources. *Help Me Grow* (HMG) is a nationally recognized framework that supports an integrated early childhood system where children birth to 8 and their families including pregnant women are supported to achieve optimal wellness.

HMG promotes early detection of children at risk for developmental and behavioral problems while providing a centralized call center as a single point of entry for community based programs and services, and links children and their families with appropriate resources quickly and effectively. In 2012, the University of Hartford's Center for Social Research evaluated the impact of *Help Me Grow* on children's healthy development by examining whether the system is enhancing protective factors and facilitating families' successful negotiation of risk factors. Overall, the study findings indicate that supports from Help Me Grow and subsequent linkages to programs and services enhance protective factors and perhaps even mitigate risk factors, even among families with differing risk needs.

The Help Me Grow system is founded on the four core components: Healthcare Provider Outreach; Family and Community Engagement; Centralized Access Phone Line; and Data Collection and Evaluation. A partnership with Delaware 2-1-1 Call Center has enabled a centralized access point where all families could access community resources by calling one centralized number. By dialing 2-1-1 parents are connected to a Help Me Grow Call specialist who provides information and referral sources on community resources.

The use of EBP will be linked to the five Project LAUNCH Core Strategies are as follows:

1. **Screening and assessment in a range of child-serving settings:**

Delaware LAUNCH will implement strategies to increase the use of validated screening instruments with a particular emphasis on social and emotional functioning and trauma to ensure

that developmental issues or concerns are identified and addressed early. Screenings will occur across child-serving setting including early care and education, primary care and home-visiting program. Efforts will be made to ensure minimum duplication across providers and well-coordinated care.

Primary Care Screening – Nemours Pediatric Clinics at Jessop Street and St. Francis

Comprehensive development screening will provide enhanced information and referral to services for families in the identified Community, facilitate trainings for pediatric and primary care providers and enhance the ability to share data from an intensive evaluation process. Two Nemours clinic within the community, Jessop Street and St. Francis, currently use the **Parents' Evaluation of Developmental Status (PEDS)** and will further enhance screening by administering the instrument annually through age 8. **PEDS** is an evidence-based method for detecting and addressing developmental and behavioral problems in children. Authored by Frances Page Glascoe, PhD., it was designed to facilitate culturally competent parent-professional communication to ensure developmental and behavioral problems in children age birth to age 8 are detected and addressed. Identified as a validated screening tool, it has a 70% to 80% sensitivity and specificity rate of detection. Use of a validated screening tool ensures evidence is a part of the decision making process for early intervention service referrals. Additionally, a comprehensive trauma screen appropriate for young children will be administered along with the PEDS. Providers are then able to make informed referrals to services in the community where the screen is positive and a referral is indicated. Currently the administration of the PEDS follows the AAP recommendations for screening at the 9, 18, and 30 month well-child visits. This practice detects 3-5 times as many children with delays than through informal practitioner surveillance alone. This validated tool identifies common conditions such as language impairment, intellectual disabilities, learning disabilities, behavioral, emotion and social concerns and children at-risk for school failure.

Nemours has just concluded a successful program to train primary care and mental health providers on validated developmental screening tools for use in primary care, primarily the PEDS. This screening and online scoring tool has been successfully integrated with EPIC (Nemours EMR) so that all questionnaires are submitted and automatically scored. PEDS has been successfully implemented at both sites with medical staff currently screening over 85% of eligible patients at the 9, 18 and 30 month visits, and successful reimbursement for these services has been achieved. With Delaware LAUNCH screening will be extended to include annual well child visits at ages 3, 4, 5, 6, 7 and 8 at Jessop Street and St. Francis. Annually, each clinic sees an average of 3330 patients of which 60% are birth to age eight (2000). Screening for children from birth to age 8 will more broadly identify children at risk and link them to appropriate services early in life.

Additionally, screening for trauma will be implemented at these sites with guidance for a specific instrument in collaboration with the Division of Prevention and Behavioral Health Services and Nemours Center for Pediatric Traumatic Stress, both of which are part of the National Child Traumatic Stress Network (NCTSN). Under consideration is the Young Child PTSD screen developed by Michael Scheeringa, MD, MPH. This is a developmentally-sensitive young child checklist that is filled out by caregivers. It is a 6-item screen to quickly determine whether children need to be referred for clinical treatment for PTSD. It is intended to quickly screen for PTSD in the acute aftermath of traumatic events (2-4 weeks after an event) and/or in settings

where there would not be time for longer assessments or more in-depth mental health assessment is not available. The training model used for the successful PEDS implementation will be used for trauma screening. For a community riddled with violence, screening for trauma is critical and much needed.

Screening at Early Care and Education Programs – ASQ-SE

In 2013, through the Delaware Early Learning Challenge grant, new supports were introduced for developmental screening in Delaware Stars programs and to date more than 560 early educators have been trained to help identify developmental delays using the Ages and Stages Questionnaire (ASQ) and provide linkages to needed services and supports. Delaware LAUNCH will work with Stars to increase the number of early learning programs able to implement the ASQ within the identified Community. Identification of children with developmental delays, including social and emotional concerns, and the referral to appropriate prevention, promotion and early intervention services, will better prepare young children in the community for future success across settings.

Division of Public Health Home-Visiting Programs and Child Development Watch uses ASQ-SE

Home-visiting programs use the ASQ-SE. As more children are identified for and referred to these services within the Community, they will receive comprehensive developmental screening.

2. Integration of behavioral health into primary care settings:

In place are efforts for the integration of primary and behavioral healthcare; however it is not at the level of community practice standard. Physicians report they are not comfortable making referrals for social/emotional young child issues due to lack of information about behavioral health providers and/or experience not getting information back on children they do refer for behavioral health intervention. Parents are unclear of the services and supports that exist to obtain health services. The cumulative result of these critical gaps in early childhood services is that developmental delays and/or social/emotional problems go unidentified and unaddressed until much later in the child's life, often at entry to school. Untreated, these issues continue to develop and grow and contribute to poor child functioning, language impairment and problem behaviors that impact negatively upon a child's ability to enter school ready to learn.

With this grant Delaware will build on efforts to integrate behavioral health into primary care settings within the Community. These efforts include maximizing access to mental health professionals in primary care settings and improving linkages and on-going communications between primary care, behavioral health, education and other child-serving settings. At the two identified Nemours Pediatric Clinics partnering in this grant (Jessop Street and St. Francis), psychologists provide training opportunities in child health and development topics and mental health disorders (e.g., ADHD, depression) to primary care providers, as well as consultation to those providers on the care of patients. Nemours Pediatric Practices have adopted many approaches to integrate behavioral health into primary care and with this grant will be able to expand efforts more broadly within the Community. Since 2002, with initial funding from the Nemours Clinical Management group and continuous funding from an HRSA Graduate Psychology Education grant, the Jessop Street and St. Francis Nemours Pediatric sites have had an integrated care model. Each of these clinics serves over 6,500 patients, age birth – 18, with

approximately 3,500 of these patients between the ages of birth and 8. With nearly 13,000 patients served by these two clinics, over 10,000 of them are covered by Medicaid or SCHIP. Last year, there were 3,185 psychology visits recorded at St. Francis and 4,035 psychology visits at Jessup Street. Staffs at both sites include attending psychologists and psychology residents, fellows and graduate students provide the equivalent of a 1.0 FTE at each site. Services include consultation with primary care providers, and an initial 45-minute consultation and a follow-up therapy session of 30- to 45-minutes. In addition psychologists at both sites are developing parenting tools and group parenting classes as a preventative intervention that will be included as part of well child visits. These groups are for parents of children ages 18 months to five years and will be utilizing a PCIT based program for primary care, as well as the new CDC *Essentials for Parenting* video materials that are due to be released in April 2014. All communication among the psychology and pediatric staff are done via the EPIC electronic health record system within established confidentiality guidelines. Funding through Delaware LAUNCH will help to support these planning and implementation efforts. Consultation with the DPBHS' PCIT Clinical Training Psychologist will ensure fidelity to the model as it is implemented in a parent group model within primary care.

Another success strategy to be expanded under Delaware LAUNCH is the *Student Health Collaboration Initiative* where school nurses and visiting nurses have access to the Nemours EMR. This is one of the identified opportunities for collaboration to enhance communication among all members of the healthcare community. School systems present a compelling chance to work in partnership on an innovative continuum of care model. School nurses provide essential medical care to children while in school. Many of these children have complex medical conditions that require careful management and coordination of care. Unfortunately, school nurses are not routinely recognized as part of the care team. Recognizing this problem, a multi-disciplinary team was formed to facilitate the development of a method to exchange medical/education information between school nurses and Nemours clinicians (i.e. nurses, primary and specialty clinicians and families). The team identified barriers to implement workable solutions. A HIPAA/FERPA compliant patient authorization form has been developed enabling parents to give permission for the school nurse to view their child's medical information (EMR) via a protected web-based portal called NemoursLink®. The Student Health Collaboration offers a unique opportunity for school nurses to become part of the child's healthcare team. Over 235 school nurse have user agreements in place to provide access to NemoursLink® after proper patient authorization. Warner Elementary and Shortlidge Academy both participate in this collaborative. Preliminary evaluation results have shown statistically significant changes in quality of care indicators (efficiencies and access to necessary medical information) reported by school nurses. This academic year over 1,300 students/Nemours patients have enrolled. 280 are being treated at the Jessup Street and St. Francis clinics, including 196 students from the Red Clay School District. For the purpose of Delaware LAUNCH, a registry of patients will be developed for Warner and Shortlidge Academy to coordinate care, ensure access to services and track health outcomes.

3. Mental health consultation in early care and education:

Providing optimal learning environments for young children that promote positive development across domains, with a particular focus on enhancing social and emotional development, is a key function of early childhood mental health consultation (ECMHC). Delaware's ECMHC

provided at early learning programs are structured to enhance early learning professionals' knowledge in working with children who are or may be at risk of behavioral challenges and to promote positive behavioral strategies. They provide appropriate assessment, intervention and, as appropriate, referral for treatment for behavioral health concerns. A recent Delaware survey found that parents cite child care providers (includes preschool staff) and physicians as the sources they would most trust for information related to the development and health of their child(ren). ECMHCs serve as liaisons to provide service and support information available across local child-serving agencies ensuring early care and education programs will have on hand information and materials that may be helpful to families of children in their care, with an emphasis on the promotion of overall young child wellness. In addition, consultants will continue to promote Delaware 211/Help Me Grow as a single point of information.

Expulsion is the most extreme disciplinary action an educational program may impose and may serve as an indicator of the extent of social and emotional problems in child care settings. While there is no evidence that expulsion reduces future behavior problems, the expulsion rate in Delaware is severe. According to a study released by the Yale Child Study Center in 2005, Delaware's rate of expulsion due to behavior from publicly-funded preschool is the fourth highest in the nation. A 2006 report from Nemours Health and Prevention Services (NHPS) reveals that 40 percent of center-based child care providers surveyed asked at least one family to withdraw a child from their care in the past year based on the child's social, emotional or behavioral issues. Until 2010 Delaware's public children's behavioral healthcare system did not have adequate capacity for prevention and treatment interventions available for children under the age of 7 years and mental health providers did not use evidence-based practice. While services for this population have grown significantly, gaps and limited capacity in service still remain.

With this grant Delaware will expand Early Childhood Mental Health Consultation (ECMHC) by adding a dedicated consultant to work with local community and school-based early care and education programs. Expanding public early childhood mental health consultation will fulfill a key objective of this grant project and will provide the expert consultation at both the programmatic and individual child/family levels to promote the social-emotional development of children in the target population by increasing the expertise, skills and abilities of the staff through training resulting in improved outcomes for children and families. This service will include family strengthening/parent skills training to promote their understanding of how they can contribute to child social-emotional and physical wellness. Linkages to existing prevention services that offer family strengthening, parent skills training and home visitation will be made as appropriate to further strengthen the children/families in the target population to promote the social and emotional development of children, to promote young child wellness and help children enter school ready to learn and achieve. Rigorous scientific research has demonstrated that early childhood interventions can improve the lives of participating children and families across the lifespan. Early childhood intervention is designed to provide a protective influence to compensate for the risk factors that can compromise healthy physical, social and emotional child development in the years before school entry. Enhancing the quality of the care-giving environment is an approach that will benefit not only the children currently receiving care, but also future child care enrollees/families.

Delaware's ECMHC is based on the Center on Social and Emotional Foundations for Early Learning (CSEFL) model and uses the framework provide by Parent-Child Interaction Therapy (PCIT), specifically adaptation for use within child cares settings which have been demonstrated to be effective in training Head Start teachers in behavior management (Tiano and McNeil, 2006 Journal of Early and Intensive Behavior Intervention). PCIT is an evidence-based, empirically supported intervention that is manualized, with specified protocol. Caregivers learn skills through didactic sessions where therapists/consultants use live coaching to encourage use of specific skills and interactions with the child. The emphasis is on changing negative caregiver-child patterns. The goals of the intervention are to: improve the quality of the caregiver/child relationship, decrease child behavior problems with a corresponding increase in positive, pro-social behaviors, increase parent/caregiver skills, specifically including positive discipline and decrease caregiver stress. PCIT was developed by Sheila M. Eyeberg, Ph.D. and others in the late 1970s to provide an effective intervention for use with children with oppositional, defiant and other externalizing behavior problems. Dr McNeil and T. Hembree-Kigin published a step-by-step manual for clinicians for PCIT in 1995.

Research shows that the long-term maintenance of positive changes following PCIT for young children with oppositional defiant disorder and associated behavior disorders is very high. Three to six years after treatment, results indicated children whose behavior and locus of control was reported as improved maintained improvement. PCIT is demonstrated effective for young children, the age population for this project proposal. PCIT has been used in Head Start/classroom settings with at-risk African American children with good success and without variation in intervention outcome due to race. It is proven to be successful with groups and is as effective with girls and boys. PCIT is translated into Spanish. PCIT is clinically appropriate for this project and culturally appropriate for the target population as well. It is cited as an evidence-based practice for children in the target population age range in the National Association of Mental Health Program Director's Matrix of Evidence-based Practice for Children and Adolescents and is listed in the SAMHSA National Registry of Effective Programs and Practices for young children.

Early intervention should be culturally appropriate and provided in the context of the environment in which children live and function. Part of the training in this intervention is acknowledgement and assessment of the culture of the particular environment/setting in which the early intervention service is to be provided, taking into account the center-specific culture of each setting. Awareness of the culture and values of the child/family where child-specific consultation (rather than programmatic consultation/staff training) is provided is essential to providing high quality consultation that will contribute to an informed approach and success in increasing positive behaviors while decreasing problem behaviors.

Expanding on adaptations to PCIT, Delaware has demonstrated to child care providers/preschool staff how useful learning, practicing and implementing the principles of PCIT can enhance learning environments and increase skills of the early learning professional. These adaptations which are prevention based include Teacher-Child Interaction Training (TCIT) and Child-Adult Relationship Enhancement (CARE) and are available to the early learning community through the DPBHS' early childhood mental health consultation program. As appropriate, the CARE

model will be expanded to include teachers across Kindergarten to grade three level classrooms under Delaware LAUNCH.

4. **Enhanced home visiting through increased focus on social and emotional well-being:**

To strengthen the quality of care provided in Delaware's evidence-based home visiting (HV) services for pregnant women and children ages birth to five, Delaware LAUNCH will support training to program staff to focus on promoting healthy social and emotional development and behavioral health. Specific training topics will be determined in collaboration with DPH and its Home-Visiting Network. Training for local service providers will be provided by the early childhood mental health consultant (a licensed behavioral health clinician) hired to work within the Community. At the state level, additional trainings will be made available broadly across all HV programs by DPBHS' prevention, early intervention and early childhood mental health unit to ensure enhanced quality statewide.

Funded with Affordable Care Act (ACA) MIECHV funds, home visiting programs are an integral part of an early childhood system promoting maternal, infant, and early childhood health, safety, and development, as well as strong parent-child relationships. Home visiting promotes strong families through an assets-based approach.

The State of Delaware features four home visiting programs – Early Head Start, Healthy Families America - managed by Public Health (known programmatically as Smart Start), Nurse-Family Partnership through Children and Families First, and Parents as Teachers, with program through both DPH and DOE. These programs collaboratively work together as a statewide home visiting program under the Delaware Maternal, Infant, and Early Childhood Home Visiting (DE MIECHV) Program. Under the DE MIECHV program structure, the linkages and referrals are tracked and monitored along with building strategic partnerships in communities. Through the Office of Minority Health and Home Visiting Steering Committee, the DMIEC-HV has created an asset map for each of the zones home visiting programs are operating. This map identifies community-based and faith-based organizations that can serve as referral sources to and from the program. Home visiting programs are instrumental in assisting expectant families and those with young children statewide. Home visiting programs are an integral part of the continuum of care under the *Help Me Grow* conceptual framework of systems building.

Oversight is provided by a statewide Delaware Home Visiting Community Advisory Board - the CAB - comprised of providers, policy makers, and other advocates and includes, Community-Based Child Abuse and Prevention (CBCAP) grantee, Division of Family Services/Child Welfare, Division of Prevention and Behavioral Health, Division of Public Health, ECCS Coordinator, United Way, Family Court, Child Death Review Board, Office of the Child Advocate, Christiana Health Systems, Federally Qualified Health Centers, University of DE School of Urban Affairs and Public Policy, Medicaid Managed Care, three private foundations and other home visiting programs. The following programs are available in Delaware:

Nurse Family Partnership: This EBP program provides nurse home visits to first-time, low-income, pregnant females, particularly teenagers. Nurses visit the women approximately once per month during their pregnancy and the first two years of their children's lives. The nurses teach positive health related behaviors, competent care of children, and maternal personal development (family planning, educational achievement, and participation in the workforce).

Parents as Teachers (PAT): This EBP program provides parent education services to parents. Services can begin prenatally or after the child is born. Most programs offer services through

thirty-six months but there are a few that offer services through 60 months. Parents receive monthly home visits from a trained parent educator. The purpose of each visit is to provide information to parents about their children and strategies to further promote and facilitate their children's development. The program largely targets PAT services to children most at-risk for later learning challenges. The emphasis is to provide families with the information and resources necessary to allow them to support their children. This support results in families acquiring the skills to become nurturers of their children's development and their children's first teachers.

Healthy Families America: Healthy Families America (HFA), an initiative of Prevent Child Abuse America (PCA America), is another evidence-based home visiting model in use in Delaware. The HFA framework for voluntary home visitation programs is designed to improve the parenting skills of parents with newborns or small children, encourage child health and development, and prevent child abuse and neglect. The purpose of HFA is to support states as they develop home visiting programs that aid new parents at the time their babies are born, and for families facing considerable challenges, through intense home visiting services during pregnancy and the critical early years of child development. A wrap-around social support service, Resource Mothers, will further complement Delaware's Smart Start home visiting program and will be integrated into the Healthy Families America framework. Resource Mothers, operated by Children & Families First (non-profit social service agency), are trained paraprofessionals who provide social and peer support for pregnant women. Often times, translation and transportation services are provided to clients, which is an excellent "base" supplement program that meets a significant number of clients that are identified as at-risk (i.e. language or transportation barriers).

Early Head Start Home-based: This program focuses on the role of the parent as the child's first and most important relationship and is available to low-income pregnant women and families with children from birth to three. A home-visitor visit a family once weekly until the child turns three. The home visit is designed to support parent in their role as caregiver and to encourage child development. Group socialization, developmental screening, and parent education are just a few of the interventions offered.

Also available in Delaware is Child Development Watch - CDW is a comprehensive, interagency early intervention system for infants and toddlers (age birth through 3 years) who suffer disabilities or developmental delays. Services are provided within the home. The Department of Health and Social Services Division of Management Services, Birth to Three Early Intervention program administers CDW. IDEA/Part C services are delivered through the Division of Public Health. Children and families within the community will be linked to this service as appropriate.

5. Family strengthening and parent skills training:

Promoting Safe and Stable Families (PSSF) - family support and family preservation program which provides consultation services to families who are "at risk or in crisis" due to one or a combination of stressors that may lead to child maltreatment. Both adults and children participate in this program using an established curriculum presented in group settings. The child sessions include controlling anger, resisting peer pressure and complying with parental rules. This is a successful program in Delaware that to date have served 174 families and 320 children and is an available service within the identified community.

Intensive Family Consultation Service (IFC) - IFC is a Family Preservation/Family Support service that uses an intensive one-on-one consultation prevention approach that is strength based, person centered and builds upon the families' protective factors to offset and combat the negative effects of risk. The program is designed to provide supportive services to families who are experiencing a multiplicity of complex needs associated with parent child conflict, substance abuse, family stressors and isolation, unresolved mental health needs and the absence of supports and resources. The services are designed to empower families by providing them the tools needed to care for and protect their children, improve family functioning, build connections to support networks within their community and become self-advocates. While these services currently exist in the New Castle County where the identified community is located, Delaware LAUNCH will allow for an expansion of service that will be concentrated within the local community. This will be accomplished through the addition of an Intensive Family Consultant dedicated to the community.

K-5 Early Intervention Program – Statewide, school-based program in which Family Crisis Therapists work directly with at-risk children in grades K-5 and their families and consult to the school student assistance teams and staff. This program is available at both the elementary schools within the identified community and will be strengthened through better integration and coordination across systems and service.

Through the ECMHC service, **Child-Adult Relationship Enhancement (CARE)** training will be made available to families in the community as a parent enhancement opportunity. CARE has been shown to enhance parental competence, prevent dysfunctional parenting practices, and promotes positive child-adult relationships.

Delaware LAUNCH is keenly aware of the need to bring additional family strengthening opportunities to the community. Positive outcomes for children depend on a family's ability to provide healthy, safe and secure family environments in which to learn and grow. With the grant, Delaware will explore additional strategies and opportunities to assist families. Given the rising rates of child maltreatment and the enormous associated costs, the potential value of effective preventive interventions is quite large. Promising vehicles for prevention of both child maltreatment and emotional and behavioral problems can be found in evidence-based parenting interventions. The most effective parenting interventions for both improved parenting practice and prevention of emotional and behavioral problems in young children are derived from social-learning, functional analysis, and cognitive-behavioral principles (Kazdin, 2005; Sanders, et al., 2004; McMahon & Kotler, 2004; Prinz & Jones, 2003; Taylor & Biglan, 1998).

As discussed in Section A, there is a high percentage of young children in the local geographic area are exposed to one or more risk factors. The proposed model of service delivery will facilitate access to early identification and prevention services for children, birth to eight years, who currently have limited or no access to the cadre of services. Linkages to higher levels of care/treatment will be coordinated as appropriate. Delaware LAUNCH will utilize interventions that are either evidence-based and/or promising practices that are age-appropriate, culturally competent and family-centered to support and enhance young child wellness. Interventions will be implemented within early childhood/educational/health settings, and at individual parent,

family, and child levels. Programs will be developed or existing programs enhanced to support wellness amongst Delaware's youngest children.

Ultimately, Delaware LAUNCH will leverage the strategies in *Sustaining Early Success: Delaware's Strategic Plan for a Comprehensive Early Childhood System Plan*. *Sustaining Early Success* to build a multi-agency coordinated foundation for young children that ensures school readiness. There are four goals within the strategic plan:

1. A Healthy Start for All Children - focusing on developmental screening, early childhood behavioral health, family outreach, and greater coordinated referral;
2. High-Quality Early Childhood Programs and Professionals - early education, focusing on the use of our Delaware Stars program (a Quality Rating and Improvement System) across all of the providers who serve young children so that we can assure children, particularly those with the highest needs, attending a high quality early childhood program that is focused on improving child outcomes across all the domains of a young child's development;
3. An Aligned and Effective Early Learning System, Birth through Third Grade - brings together birth to five programs and services with the K-12 system, and also linkages with higher education;
4. Sustainable System Improvement.

Along with a public health approach, these strategies are the foundation for Delaware LAUNCH. Accomplishments of these four overarching and interrelated goals, children will become the healthiest in the nation – physically, emotionally and behaviorally, and will have access to high-quality early learning opportunities that enable them to arrive at school ready and eager to succeed. Seamless linkage between health systems, early learning and elementary programs that ensures consistency, continuity and high-quality from birth through third grade is essential.

Delaware LAUNCH will working towards coordinated programs that take a comprehensive view of health, addressing the physical, emotional, social, cognitive, and behavioral aspects of well-being. Interventions will promote protective factors that support resilience and healthy development which can protect individuals from later social, emotional, cognitive, physical, and behavioral problems; including early substance and alcohol use.

Section C: Proposed Implementation Approach

Delaware is uniquely ready to implement Project LAUNCH, building on an existing State early childhood plan, an active State and local Council with the full support of the Division of Prevention and Behavioral Health Services (lead agency/grantee), Division of Public Health/Title V agency, and the Department of Education. Critical partners will include the Delaware Early Childhood Council, the local Wilmington Early Care and Education Council, the Office of Early Learning, Nemours Healthcare System, Red Clay Consolidated School District, key early childhood stakeholders, public and private community leaders and Wilmington families to coordinate and enhance early child serving systems. The Division of Prevention and Behavioral Health Services (DPBHS) will be the lead agency for grant implementation, oversight and evaluation. The Division of Public Health (DPS) will co-lead in the maternal and child healthcare components of the grant project. The five core strategies of Project LAUNCH are well integrated within the goals and objectives of Delaware's *Sustaining Early Success*;

Delaware's Strategic Plan for a Comprehensive Early Childhood System (2013). Sustaining Early Success is a living document with four interrelated goals and 12 broad but comprehensive early childhood objectives based on five guiding principles of (1) Whole-Child Development, (2) Birth-Through-Third-Grade Learning, (3) Family Engagement, (4) Inclusion, and (5) Community Collaboration. The document has been identified federally as the approved early childhood state plan. Young child wellness, inclusive of behavioral and mental health services, will guide policy, service development and service integration in order to fulfill the key objectives of the Project LAUNCH framework. Building on the state's early childhood plan, the work of the Office of Early Learning, early childhood mental health consultation, developmental assessment across a range of settings-specifically primary care and early learning settings, integration of behavioral health programs into primary care, prevention and promotion activities, family strengthening, parent skills training, and home visitation will be key foci for this project **The overarching goal of Delaware LAUNCH is to advance a shared vision for wellness of young children and address the following objectives in the identified community:**

- Promote quality early learning programs to encourage providers of early care to enroll in Delaware Stars.
- Initiate the use of an evidenced-based curriculum on the pro-social skills associated with healthy social and emotional functioning; a key success factor for school readiness, positive education achievement and reduction in aggression within both early learning environments and elementary schools.
- Build on evidence-based home-visiting through professional development opportunities.
- Build on early childhood mental health consultation services with better linkages to K-3 education system.
- Build on efforts to ensure better transitions across early learning and K-3 systems.
- Build on effective mentoring, anti-bullying and other prevention programming and better integrate into the classroom.
- Strengthen integration of physical and behavioral health systems and services.
- Strengthen mechanisms for comprehensive developmental screening for the early identification of mental health/substance abuse issues across physical, behavioral health and early learning systems.
- Ensure culturally competent family engagement throughout the educational continuum and across the physical and behavioral health systems.
- Expand parent educational opportunities including Delaware's 211 Helpline and Help Me Grow systems to deliver messaging.
- Enhance programs through workforce development, cross training and technical assistance that promotes EBP for young child wellness.
- Provide interventions for pregnant women that address maternal depression – enhancements to the Healthy Mothers/Healthy Babies program.

Through this project, Delaware proposes a comprehensive view of health to enhance the physical, social, emotional, cognitive, and behavioral development of Delaware's young children, increase quality and potential for academic achievement at the early learning and elementary level, promote the integration of behavioral and physical health services and strengthen a shared vision of the wellness for this population. This will be achieved through strong collaborative partnerships. Delaware is well positioned to achieve the goals and objectives through expansion and enhanced coordination of current community and agency

coalitions and partnerships and by building on the state's current prevention-promotion-early intervention-treatment continuum to develop the infrastructure and fill existing gaps in resources and services. Efforts will be aligned with Delaware's Race to the Top Early Learning Challenge grant and the State's *Sustaining Early Success: Delaware's Strategic Plan for Comprehensive Early Childhood System*. The expected result is for children to be thriving in safe, supportive environments, and entering school ready to learn and able to succeed.

To address the state's mental health needs of young children, in 2008 the **Division of Prevention and Behavioral Health Services (DPBHS)** applied and was awarded the SAMHSA Child Mental Health Initiative (CMHI) grant to create a system of care for infants and young children from birth to 5 years with serious emotional disturbances and their families. Prior to the CMHI grant, providers of DPBHS services indicate they used no evidence-based treatments specifically developed for this very young population. Closing critical gaps in early childhood mental health services for children with developmental delays and/or socio-emotional problems is an essential public health approach to build solid foundations for healthy child development and stronger families but still needed is a stronger promotion, prevention and early intervention focus. This grant is working to create capacity using SAMHSA recognized evidenced based practices in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT) and Attachment and Biobehavioral Therapy, an Infant Caregiver Training. While clearly a significant accomplishment for Delaware's early childhood community, the CMHI grant is primarily a treatment focused grant to help Delaware rebuild an early childhood mental health infrastructure absent for almost a decade. Delaware LAUNCH will provide a greater focus on promotion and prevention.

The required infrastructure development and service delivery components of Delaware LAUNCH will be achieved at two levels: (1) At the state level (DPBHS and DPH) infrastructure efforts will focus on strengthening systems integration for promoting the wellness of young children, including interdisciplinary workforce development activities. (2) At the local level, Delaware LAUNCH will ensure local infrastructure development activities and provide services directly to children and families. All activities share a common goal of promoting the wellness of young children and their families. Infrastructure development across both the state and local level will be coordinated partnerships with DPBHS and DPH bringing together the state and community early childhood initiatives. Initiatives include MIECHV funded early childhood home-visiting, DPBHS early childhood services, and comprehensive screening. Delaware LAUNCH will:

- Increase access to screening, assessment, and referral to appropriate services for young children and their families will be achieved by building on current screening efforts, promotion of the effectiveness of comprehensive screening and training for variety of professionals on age appropriate developmental screenings, including ECMHCs, pediatricians, early care and education providers and home visitors, to ensure that developmental needs/concerns are identified early and children receive the support they need to address their individual needs.
- Promotion of comprehensive screening will build on current Delaware 211/Help Me Grows efforts and will include the use of technology in messaging, including enhanced texting capacity. Screening tools include the PEDS and ASQ-SE.
- Expand the use of culturally-relevant, evidence-based prevention and wellness promotion practices in a range of settings will be achieved by: (1) Increasing access to high quality ECMHC across ECE settings; (2) Implementing ICF with high-risk families; and (3)

Implementing the PATHS curriculum to assist in prosocial skill development within early learning and elementary classrooms. Teaching staff (early learning and elementary) will receive training and on-going consultation to implement the use of the PATHS curriculum; (4) Assisting early care and education settings to achieve Stars ratings and provide optimal learning environments for children that lead to positive development in all domains.

- Expand the team model approach for integrating early mental health consultation services with the Stars QSR to drive improvement in early learning programs. Collaborative work will occur across the DPBHS, Office of Early Learning, Stars and the Office of Child Care Licensing.

- Increase integration of behavioral health into primary care settings will be achieved by increasing time mental health professionals (Nemours Psychologists) are available to provide to PCPs to assist with the identification of young children with developmental issues and provide support to families in accessing appropriate services when needed. Opportunities for parent education will be made available.

- Increase workforce knowledge of children's social and emotional development and preparation to deliver high quality care will be achieved by providing cross-discipline training and various professional development opportunities.

- Increase social marketing efforts to further raise awareness of Stars and comprehensive developmental screening. This effort will build upon current Office of Early Learning and DPH marketing efforts.

- Develop new strategies to promote 211/Help Me Grow within the community. It is anticipated these marketing effort will increase usage of this helpline resulting in the timely linkage of families to appropriate resources. This effort will build upon current DPH efforts and will allow for an additional staff to meet anticipated increased call demand.

- Explore opportunities to augment mental health service of the Healthily Women, Healthy Babies program for at-risk women identified through home-visiting programs. This effort will build upon current DPH efforts.

- Professional development focused on family engagement and cultural and linguistic competency to ensure that staffs are able to engage the diverse families in the community effectively. Professional development opportunities will be available across systems. It is anticipated that increasing knowledge related to family engagement strategies and using these strategies consistently across systems will lead to increased family access to community services for their children and meaningful participation of families in this initiative. Training and on-going consultation will be provided by an expert on this field.

Targeting all children from the birth to eight population in the identified geographic community and selected elementary schools, this project will focus on the implementing activities that will achieve the stated objectives and ultimately the goal of the project. The goal and targeted objectives are clearly reflective of impacting the local area selected, but will have implications for the statewide early childhood system of services as well. Careful and comprehensive planning using the state's early childhood plan as a framework will ensure that Delaware develops the infrastructure necessary to create effective and sustainable prevention structures that support young child wellness. Crossing the broad spectrum of programs and services inclusive of the Delaware LAUNCH, proposed activities will potentially reach more than 1000 children and their families annually in the identified community after start-up. Delaware LAUNCH will build on long-standing partnerships for improved coordination and collaboration across local and state agencies serving young children and their families.

Together these approaches will allow for the expansion and enrichment of services and supports within the community. Collectively, Delaware LAUNCH goals and objectives provide both the infrastructure and services/supports that will allow the State and Community to create a stronger early childhood system of care with a full array of services that are developmentally appropriate, community-based, child-centered, family-driven, and culturally competent that allow children to live, learn, play, and grow in safe and supportive environments and enter school ready to learn and succeed.

Population Recruitment/Retention. Often the greatest barriers to parents and families seeking service are the fear that their child will be labeled and not being aware of available services within the community. In order to address this fear and other barrier, local community providers with experience in early childhood mental health and that are known in the community will be used as the vehicle for information sharing, family engagement, referral to services and interventions. This will include the ECMHC assigned to the local community, current Health Ambassadors, home-visiting staff, 211/Help Me Grow and professionals within pediatric and educational settings. As a collaborative effort will develop or enhance outreach materials designed to put families at ease and promote young child wellness. Implementation will include promotion of ECMHC through presentations in the community, brochures, newsletters, and websites (Provider Pursuits, a quarterly publication to all Delaware licensed child care providers, and websites such as Delaware Institute for Excellence in Early Childhood and Great Starts Delaware). Similarly, materials will be developed that can be disseminated at schools for families and made available on the elementary school websites. Partnering agencies will also be utilized to identify eligible families and assist families in connecting with appropriate services

Primary care is one of the key child-serving systems where children, particularly young children and their families, regularly come into contact with health professionals through well-child visits and other routine health care. Primary care settings emphasize prevention and early intervention within a child health and development context and medical home. Primary care providers (e.g., pediatricians, family physicians) are a trusted source of guidance, information, and expertise on child health and development, child rearing, and mental health treatment. For this reason, and because families find it less stigmatizing than in other settings, families often seek initial help for mental health issues with their primary care provider (Kelleher, Campo, Gardner, 2006). Indeed, treatment for mental health issues in children is increasingly being provided by primary care providers. In the past 25 years, the rate of psychosocial problems identified by primary care providers has more than doubled, from 7 percent to 18 percent (Kelleher, McNemy, Gardner, Childs, & Wasserman, 2000). Approximately 20 percent of all children seen in primary care settings have significant developmental, emotional or behavioral health issues (Schroeder, 2004). A system for addressing mental health issues in primary care can improve accessibility, acceptability, and effectiveness (Tynan, 2004).

Family Participation: While Delaware continues not have a family organization specific to children's mental health, there is a long history of involving families in all phases of project planning, implementation, and evaluation, including initial application planning efforts for Delaware LAUNCH. In 1999, Delaware received a SAMHSA CMHI grant and designated grant funding to establish a statewide family network organization which did not sustain post grant

award. Delaware is currently in the final year of a second SAMHSA CMHI cooperative agreement specific to early childhood mental health. While the establishment of a family run organization is still underway, there is a core group of strong family leaders working diligently to promote the importance of early identification, intervention and early childhood mental health services and supports. Although a small group they are effective advocates on behalf of children with mental health needs and their families.

Additionally, Delaware Family Voices, a Statewide Family Network grant recipient, is a key partner in various state efforts through DPBHS and DPH. Delaware Family Voice serves on the DPBHS' Community Advocacy and Advisory Council. Also, Family SHADE is responsible for linking the many parent education and family support programs in the State under one umbrella. Both family structures will be available to provide support, information and referral to families. Delaware LAUNCH will work with existing family leaders/organizations in all planning, implementation, and evaluation components and will support the rising leadership of families.

Delaware Early Childhood Council (DECC): *(State Level)* The current early childhood council meets the necessary requirements to qualify it to serve as the *Young Child Wellness Council* for the Project LAUNCH to create a vision for young child wellness that will guide policy, service development and integration of primary and behavioral healthcare.

Local Level Wilmington Early Care and Education Council: *(Local Level)* The current Wilmington Childhood and Education Council will be augmented with any necessary additional members to qualify it to serve as the Local Level *Young Child Wellness Council* to support Delaware's vision for young child wellness and will help guide policy, service development and integration of primary and behavioral healthcare.

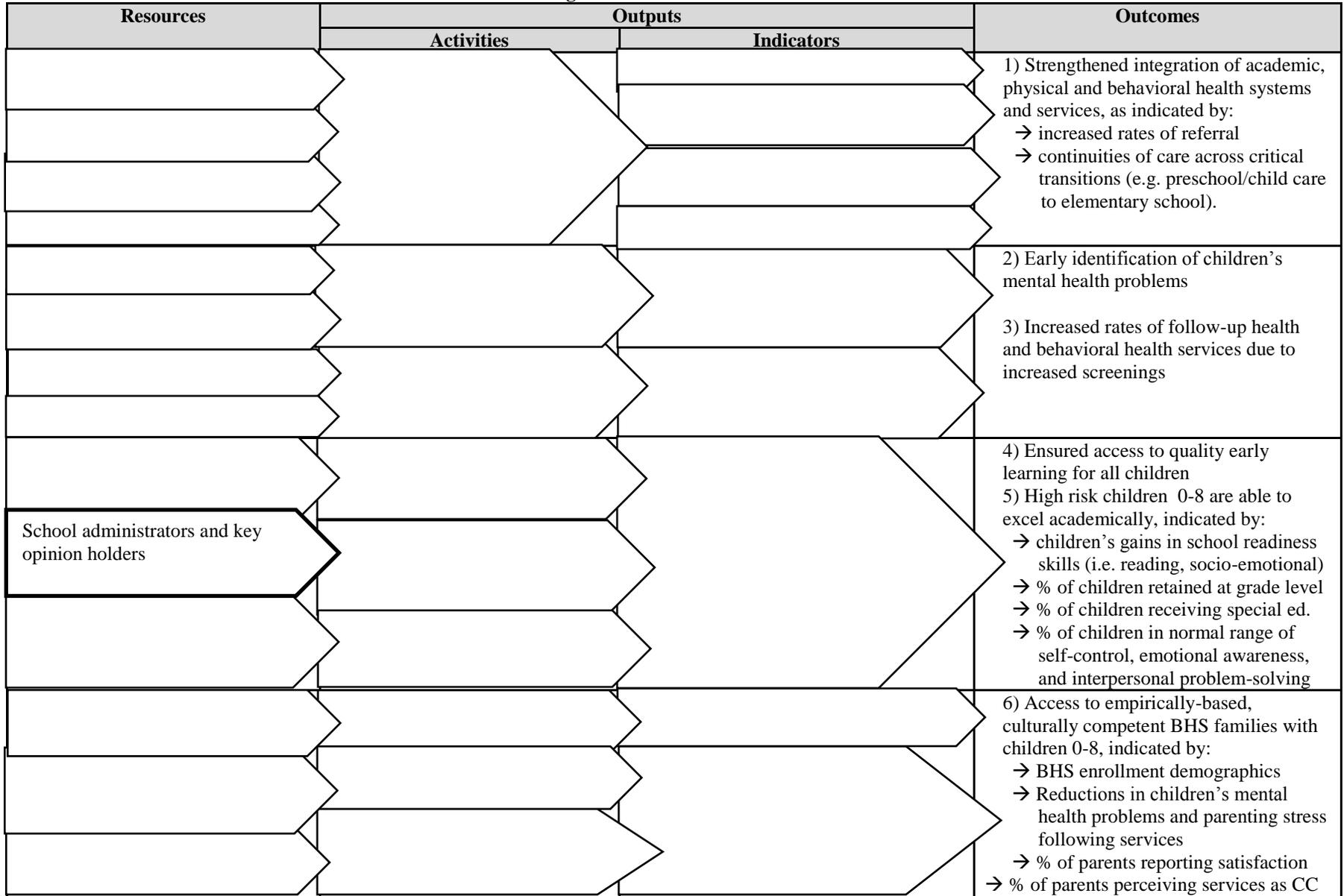
Both state and local councils will meet frequently (at least quarterly) upon notice of a grant award to perform the necessary functions in the pre-project planning period. The functions include planning and project oversight (specifically assessment of implementation progress against milestones to be met and review of progress reports). In addition, both councils will work with staff to identify and remove barriers to implementation. The two lead staff incumbents (YCWE and YCWP) will communicate on a frequent basis (weekly proposed) to ensure project fidelity upon implementation. The *Young Child Wellness Coordinator* and the identified provider for the ECMHC, IFC, Stars and Transition components will report on implementation progress and share data and evaluation information with the YCWE, YCWP, Evaluator, the Councils, and with DPBHS and DPH as necessary. Coordination of the flow of information and service delivery will ensure both Councils have the information needed to track project implementation and evaluation progress and provide input on the project.

Attainment of the goals and objectives is through a public health approach designed to increase family and youth involvement and to help ensure that children thrive in safe, supportive environments, enter school ready to learn and have supports needed to sustain gains through the early elementary school grades and beyond.

TIMELINE - Delaware LAUNCH	Year 1				Year 2				Year 3 through Year 5			
Planning phase (0-9 mos.)	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Notify affiliated partners/stakeholder of grant award and hold pre-implementation planning mtgs. Coordinated by DPBHS and DPH leadership (1mo)	x											
Contract for F/T YCWE & P/T YCWP Coordinators through RFP (3mo)	x											
Contract for F/T YCWC (3mo)	x											
Contract for Evaluator		x										
Maintain all required position			x	x		x	x	x		x	x	x
Designate DEEC as state level YCW Committee - monthly meetings (2mo)	x											
Designate WECEC as local level YCW Committee - monthly meetings (2mo)	x											
State Council (DEEC) meets regularly		x	x	x		x	x	x		x	x	x
Local Council (WECEC) meets regularly		x	x	x		x	x	x		x	x	x
Establish core management team structure: YCWE, YCWP, YCWC		x										
Core management team meets regularly – at least weekly in initial stages of implementation		x	x	x	x	x	x	x		x	x	x
Review, modify and create, as necessary, Memorandums of Agreement	x	x	x	x	x	x	x	x		x	x	x
Conduct state environmental scan/needs assessment	x	x										
Develop state strategic plan that supports the State Comprehensive EC Plan framework – <i>Sustaining Early Success</i>	x	x	x									
Conduct local environmental scan/needs assessment	x	x										
Develop local strategic plan using State Comprehensive EC Plan framework – <i>Sustaining Early Success</i>	x	x	x									

Develop policies to support needed early childhood system improvements. Review and revise as necessary			x	x	x		x	x	x	x		x	x	x	x	
Implement fully both the state and local comprehensive plan				x	x		x	x	x	x		x	x	x	x	
Contract for ECMHC through RFP and begin service by month 3		x	x	x	x		x	x	x	x		x	x	x	x	
Contract for ICF through RFP and begin service by month 3		x	x	x	x		x	x	x	x		x	x	x	x	
Establish Evaluation Committee and begin monthly meetings in month 3			x	x	x		x	x	x	x		x	x	x	x	
Review and revise as necessary state and local logic models and reassess community needs				x	x		x	x	x	x		x	x	x	x	
Evaluation Plan fully developed				x												
Develop policies to collect data		x	x													
Implement evaluation plan and begin collection of baseline data					x		x	x	x	x		x	x	x	x	
Implement enhancements to the 211/Help Me Grow system				x	x		x	x	x	x		x	x	x	x	
Establish Stars plan for local implementation including coordinated efforts with ECMHC and enhanced social marketing plan				x	x		x	x	x	x		x	x	x	x	
Explore prosocial curricula for ECE and Elementary Classroom with selection of curriculum by month 12				x	x											
Train education professionals in selected curricula							x	x	x	x		x	x	x	x	
Implement curriculum in Early Childhood									x	x	x	x		x	x	
Implement curriculum in Elementary School									x	x	x	x		x	x	
Develop sustainability infrastructure					x		x	x	x	x		x	x	x	x	
Year End Reports Completed					x				x						x	
Submit grant data within required timelines				x	x		x	x	x	x		x	x	x	x	

Delaware LAUNCH Logic Model – Combined State and Local Model



Section D: Staff and Organizational Experience

The Division of Prevention and Behavioral Health Services has vast experience and an excellent, highly successful record of obtaining, implementing and effectively managing grants to increase access to prevention and treatment, improve service quality, develop systems of care, impact system transformation and sustain the gains made through federal grant projects, particularly grants from SAMHSA. Partnering with systems responsible for early childhood, education, prevention and behavioral health, and public health as well as families and local communities is a key factor in effective implementation.

DPHBS has been the recipient of a number of SAMHSA funded grants including two Community Mental Health Services for Children and Families Program/Child Mental Health Initiative System of Care grants (CMHI) which involved collaborative partnerships across state and local child-serving agencies. The 1999 CMHI grant required close collaboration with the Delaware DOE and local school districts. The focus was on students classified as needing special education and with co-occurring mental health problems. The planning and implementation team for this grant included representatives from both education and mental health. The success of the program depended on a strong working relationship between a student's local school, DOE and DPBHS plus the support of families/caregivers and numerous community partners. This system of care grant ran from 2000 to 2007 and was so successful that the Governor and state legislature approved \$ 1.4 million dollars to sustain the infrastructure and services. Currently, the Division is managing and implementing the second CMHI grant awarded in 2008 to expand the system of care to include the early childhood population with a focus on service development using evidence-based practices. These practices include Parent Child Interaction Therapy, Attachment and Bio-behavioral Catch-up, and Early Childhood Mental Health Consultation. Additionally, DPBHS is currently leading system change efforts as the result of another SAMHSA grant (2013) for System of Care Expansion Implementation. In addition, DPBHS successfully implemented and sustained a SAMHSA Child Traumatic Stress Treatment Center Grant (2005-2010) to train clinicians in and develop services using Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Adoption and statewide dissemination of this evidence-based treatment continues post grant award and has become a standard of care in our behavioral health network.

The management structure for these CMHI grants includes cross-agency grant implementation groups with leadership representation across key state and community partners. DPBHS has succeeded in developing a system of care across child-serving systems and for all children, from very young child in early care and education programs to the adolescent population, including those involved with child welfare and juvenile justice. Increased involvement of families in grant development, grant implementation, and evaluation has been a critical factor in creating and sustaining a permanent statewide, cross-agency system transformation.

DPBHS's Prevention Unit has extensive experience working in communities across the state implementing state of the art prevention programs with diverse consumers and utilizing an array of community agencies to provide services. DPBHS is a member of the Delaware Prevention Coalition, a partnership of the state agencies, community members, and agencies providing prevention services that offers programs to build healthy, safe, and drug-free communities.

The Division is well positioned to be a recipient of the Project LAUNCH grant given expertise in successful implementation and sustainability of grants, strong collaborations with state and local entities and other child-serving agencies as well as expertise in developing and providing prevention and behavioral health services statewide both school-based and within the community with a focus on evidence-based practices. As grant recipient, DPBHS acknowledges agreement to the terms and conditions outlined Cooperative Agreement.

Principal Investigator for this grant project will be Susan A. Cycyk, M.Ed., Director, Division of Prevention and Behavioral Health Services who also served as principal investigator on the SAMHSA CMHI 1999 and CMHI 2008 grant to DBPHS. She leads the statewide public children's behavioral health service system provided through DBPHS. With her team, she has increased the number of children served by 22%, reduced by 58% the children admitted to out-of-state residential treatment, and improved the quality of treatment for children and their families. She serves as a member of the Early Learning Challenge Leadership Team and the Delaware Child Protection Accountability Commission.

Required staffing will be coordinated through contractual positions: Positions include: 1) Young Child Wellness Expert (Project Director); 2) Young Child Wellness Partner (part-time); 3) Young Child Wellness Coordinator (local level coordinator); 4) Evaluator. Details on jobs descriptions and minimum requirements are located in Section I.

The full time contracted YCWE/Project Director position will have primary oversight of grant expenditures and evaluation. The YCWE and the YCWP, in collaboration the Young Child Wellness Coordinator at the local level, will sustain collaborative partnerships through linkages among various public-private programs across state, county, community and local schools.

Delaware LAUNCH key staff will have experience in working with diverse populations: DPBHS makes every effort to ensure that services provided are culturally and linguistically competent. Staff will have a variety of experiences with working in diverse communities. Cultural competence is a capacity that provides for services to be delivered in a manner that is respectful of and compatible with a family's strengths and needs, as well as cultural factors that impact the family. Only through this respectful, collaborative process can meaningful plans of actions be created. Both nationally and in Delaware there are disproportional representations of minority groups in public health, behavioral health and child welfare services. As such, DPBHS is committed to diversity in selecting individuals for each position who are knowledgeable of and able to effectively work with targeted populations served by its various programs.

Additionally, contracts for community services will include an early childhood mental health consultant, intensive family coordinator and transition coordinator to work across early learning settings and elementary schools.

Section E: Data Collection and Performance Assessment and Data Measurement

Evaluation, data collection and performance assessment will be a collaborative process between DPBHS, DPH, and the community partners affiliated with the project. DPBHS will have lead responsibility to facilitate the identification, collection, maintaining, analyzing and reporting of project data that will demonstrate grant project performance over time.

Evaluation of the project's goals and objectives against actual implementation across affiliated programs will align with the state's early childhood program goals and objectives and core indicators identified in *Sustaining Early Success*. Decisive indicators used for project evaluation include: 1) a description of the social, economic, cultural, and environmental contexts of all programs, 2) a description of major components/services across the spectrum, 3) staffing, referral and linkage variables, 4) pre and post numbers of populations served, and 5) parents/staff/providers trained.

Evaluation Committee: A diverse group of representatives from the various agencies and organizations will be formed to guide evaluation efforts. These include: Delaware Family Partners, Warner and Shortlidge Parent-Teacher Associations (PTA), Red Clay Consolidated School District Administrators, Delaware's Division of Prevention and Behavioral Health Services (DPBHS), Delaware's Division of Public Health, Nemours Children's Health System, Delaware Stars for Early Success (Stars), the Interagency Resource Management Committee (IRMC), the Delaware Early Childhood Council (ECC), the Home Visitation program, Help Me Grow/211, Parents as Teachers, the Office of Child Care Licensing, the Wilmington/New Castle Pediatric Association, and any other organizations serving children in the identified community. This committee will help in a variety of ways for example: revising and refining evaluation plans and measures, ensuring that consent forms are clear and understandable, identifying recruitment and data collection strategies that accurately represent the children and families in the community, and facilitating data collection from their organizations. Furthermore, this committee will have key responsibilities to review and disseminate results and ensure that data leads to policy changes and system improvements. The committee will meet regularly and meetings will be co-facilitated by the evaluation team and family representatives according to Delaware's commitment to family-driven service system planning.

Required Performance Measures: The Evaluation Team will collect and enter all required GPRA information via the TRAC system according to protocols. Stakeholders on the current grant application, particularly DPBHS, have a long history of completing these protocols based on three prior SAMHSA grants. The Annual Goals and Budget data, along with Infrastructure Development, Prevention, and Mental Health Promotion indicators, will be collected and entered into TRAC by the evaluation team in conjunction with the grant team administrators. The Services-NOMS Client-Level Measures will be collected and entered into TRAC by the evaluation team in collaboration with the service providers.

Sub-Population Disparities Assessment and Quality Improvement: The community identified includes a diverse population with substantial numbers of racial/ethnic minorities, and lower SES families. These families are traditionally at higher risk for adverse outcomes and are often less likely to seek services even when available. Accordingly, all evaluation indicators will be examined based on these critical demographic indicators. In addition, focus groups with family partners and providers, in conjunction with cultural-competence experts, will be convened to identify sub-populations within demographic groups that may be at particular risk. Data from focus groups and evaluation indicators will be analyzed and presented to the multi-agency.

According to the Minority Health and Health Disparities Research and Education Act, “a population is a health disparity population if there is a significant disparity in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates in the population as compared to the health states of the general population.” Disparities may occur for a variety of reasons and are most commonly found associated with characteristics such as race or ethnicity, religion, gender, age, disability, sexual orientation or gender identify, and geographic location. Upon grant award, Delaware LAUNCH will submit the required health disparities impact statement to identify subpopulations (i.e., racial, ethnic, sexual/gender minority groups) vulnerable to health disparities.

Continuous Quality Improvement (CQI): The evaluation team, along with the evaluation committee, will regularly review the logic model and indicators described in this section. Special consideration will be given to identifying subpopulations that are not receiving and/or responding to services. In addition, CQI processes will target implementation barriers and plan for sustainability based on evaluation data. Because the evaluation committee will be comprised of diverse stakeholders, committee members will have power to promote system-level changes that should then be reflected in evaluation data. The logic model and evaluation plan will be adjusted regularly in order to better examine barriers, subpopulations, and reflect system-change initiatives. In order to ensure that each system involved in Delaware LAUNCH is systematically and purposefully improving services and increasing positive outcomes for children and caregivers, the evaluation team will utilize continuous quality improvement methods following the Plan-Do-Study-Act process. The evaluation team will tracks providers’ goals and strategies overtime and provide feedback about completion of target goals at the next data collection cycle.

Assessment of Systems Change (SC): Primary systems changes include increasing use of EBPs, and strengthening the integration of physical, behavioral health, and education systems across the birth to 8 age range. The following is a sampling of questions pertaining to systems change: **SC1:** To what degree have networks of collaboration between service systems including preschool/daycare, elementary school, pediatricians/primary care, emotional-behavioral health providers, and home-visitation been created? **SC2:** What barriers to system collaboration and change exist? **SC3:** To what degree do professionals in one system know of resources in the other systems? **SC4:** Do inter-organization meetings occur regularly? **SC5:** Do representatives from all critical organizations attend inter-organization meetings? **SC6:** Do inter-organization meetings lead to actionable policy changes and to what degree are those changes enacted? **SC7:** Do family attendees feel their voice is heard and leads to meaningful system change? **SC8:** Are initiative services being implemented according to the plan? **SC9:** Who are opinion leaders in key organizations? **SC10:** Do opinion leaders champion identified system changes?

Assessment of Program Services (PS) for Children, Families, and Providers: The following is a sampling of questions pertaining to program services: **PS1:** What percentage of teachers has implemented the evidence-based curricula in their classroom? **PS2:** Are evidence-based curricula implemented with fidelity? **PS3:** Do teachers perceive the evidence-based curricula useful and effective? **PS4:** Are teachers reporting reductions in teacher stress? **PS5:** Are administrators and school opinion leaders promoting use of evidence-based curricula in their organizations? **PS6:** Are children in the health care system being screened for mental health problems using evidence-based tools? **PS7:** Are primary care providers incorporating use of evidence-based

developmental screenings into standard of care practices? **PS8:** To what degree are families aware of and utilizing Stars rated early learning programs and evidence-based behavioral health services for children ages 0-8? **PS9:** Are families utilizing evidence-based treatments for children ages 0-8? **PS10:** Have teachers gained knowledge about children's socio-emotional development? **PS11:** Are children performing higher on measures of school readiness in the areas of socio-emotional development, behavioral development, cognitive development, language skills, and reading abilities? **PS12:** What percent of children are at developmentally appropriate levels of self-control, emotional awareness, and interpersonal problem-solving? **PS13:** To what degree are parents satisfied with program services? **PS14:** Do families feel program services are culturally competent?

Data Collection Plan: Evaluation activities will be facilitated by the use various data collection systems: FACTS II, Nemours online Electronic Health Record System (HER), Stars, and DOE. Delaware is currently moving toward an integrated early childhood data governance structure which when implemented will augment data collection efforts. DPBHS is fortunate to have a state-of-the-art fully integrated, MHSIP-driven electronic Family and Child Tracking System (FACTS) into which it records client data and documents all prevention and behavioral health activities. This system has been used since 1996 by DPBHS to manage children's behavioral health care and will be used to ensure that the data required for the grant is collected and of high accuracy/quality. This system has recently been redesigned (FACTS II) with the new system expected to be fully operation in April 2014. Customized data-collection systems will be built using Qualtrics online survey systems for specific evaluation questions and community surveys. All efforts will be made no avoid duplication of efforts to reduce burden. Data collection will be in accordance with the evaluation plan to be developed during the pre-implementation planning period. The project will participate fully in the cross-site evaluation component of the national evaluation, building on Delaware's excellent track record of success participating in SAMHSA cross-site grant evaluation projects.

Methods:

- **Systems Change activities:** A variety of qualitative and quantitative methods will be employed to assess system change. These include: attendance at inter-organization meetings, meeting minutes, policy and procedural changes in response to meetings, and family feedback about meetings. Within the identified community, referrals and report sharing will be tracked. For EBP training that takes place, the evaluation team will collect attendance sheets and pre and post surveys focused on assessing knowledge of specific practices.
- **School system:** School wide data will be collected through a partnership with the Delaware Department of Education (DOE) and will include rates of grade retention for children 4-8 years old, discipline records, and school wide records of screenings for children's cognitive development. Additionally, where possible, similar data will be collected across early learning. All teachers and counselors taking part in PATHS curriculum training will be asked to provide evaluation data. Participants will be surveyed before the training about their use of strategies to teach socio-emotional skills. The evaluation team will follow-up with teachers and counselors mid and post-academic year to reassess their use of strategies to teacher socio-emotional skills. Furthermore, teachers will be surveyed about teacher stress and their perception of the usefulness and effectiveness of the PATHS curriculum. School principals will also be surveyed to assess their attitude toward evidence-based curricula. and

strategies they are implementing to promote the curricula. The evaluation team will recruit a representative sample of families in classrooms that have implemented the PATHS curriculum.

- Health care system: Participating sites will include practices and clinicians in the Nemours Children's Health System. Electronic chart audits from Electronic Health Records (EHR) will assess the number of children receiving well-child visits, rates of screenings using evidence-based tools (including cognitive screens, mental health screens, and trauma screens), children's BMI, rates of immunizations, rates of follow-up visits, and rates of referral to behavioral health services. Evidence-based screening tools will be considered those with demonstrated reliability and validity. The accessed EHR records will also provide the evaluation team with information about health care consumers' racial, ethnic, and socio-economic make-up in order to assess disparities in access to care. Doctors will be surveyed regarding their routine use of evidence-based screening, practices regarding parent education (e.g. giving parent handouts), and referral practices.
- Prevention and Behavioral Health System: Rates of utilization of promotion, prevention and early intervention services will be obtained through access to the Statewide FACTS system. This system will provide the evaluation team with information about the racial, ethnic, and socio-economic make-up of community members utilizing behavioral health services. In order to assess parents' knowledge and perception of behavioral health services (i.e. 2-1-1/Help Me Grow, Early Intervention), parents will be recruited from targeted school settings to take place in focus groups. Focus group participants will also complete a brief survey. Furthermore, as mentioned above, when EBP trainings take place attendance sheets and pre and post surveys will be utilized by the evaluation team.

Measures

- Systems Change activities: The evaluation team will create several surveys 1) assess provider aware of services, 2) assessing effectiveness of EBP trainings, and 3) use of EBPs.
- Early Learning and Elementary School system: Early learning program-wide data will include results of the school administered Ages and Stages Questionnaire (ASQ) in addition to retention and special education records. The evaluation team will create a survey to assess teachers' and counselors' use of strategies to teach socio-emotional skills and perceptions of the usefulness and effectiveness of the PATHS curricula. In order to thoroughly assess children's school readiness, parent self-report questionnaires will include the Ages and Stages Questionnaire (ASQ; for 4 and 5 year old children), the Ages and Stages Questionnaire: Social-emotional (ASQ-SE; for 4 and 5 year old children), and other measures as determined by the comprehensive evaluation team.
- Health Care System: As specified above, the evaluation team will track use of evidence-based screenings, including (but not limited to), the Parents' Evaluation of Developmental Status [PEDS], Pediatric Symptoms Checklist, ASQ, the ASQ-SE, and the Scheeringa Young Child PTSD Screen or UCLA Trauma Screening Index. Each of these assessments is widely used and validated parent-report measures.
- Prevention and Behavioral Health System: Qualitative research methods (i.e. opened ended questioning and coding of themes) will be utilized for parent focus groups. A brief survey will also be created for focus group participants to complete.

Analysis and reporting plan - The evaluation team will analyze data after each data collection cycle in order to answer implementation and outcome questions. Results will be regularly shared with service providers and also presented at local, state and national meetings. These meetings will include state and local young child councils, scientific conference, state planning meetings, and meetings sharing results with community members.

Section F: Federally Recognized Tribes

This section is not applicable for Delaware.

Section G: Electronic Health Record (EHR) Technology

Since no clinical services will be provided through the grant funds, this section is not-applicable to Delaware's proposed project.