Linking Actions for Unmet Needs in Children’s Health
An Overview of Colorado Project LAUNCH (COPL)
Goals and Strategies

Framing the Issue

- Children need a safe, supportive environment to grow and learn
- Health disparities are addressed by creating a shared vision among community members
- Mental health is now at the forefront when talking about early childhood development

Project LAUNCH Objectives

- Increase access to screening, assessment and referral to services for children and families
- Expand use of culturally relevant, evidence-based prevention and wellness promotion practices
- Increase integration of behavioral health into primary care
- Improve coordination and collaboration among agencies at the local, state, tribal, tribal health and federal levels
- Increase workforce knowledge of children’s social and emotional development and preparation to deliver high-quality care

Putting Objectives into Action

- Address children/families at risk before problems emerge and build on strengths to promote resilience
- Measure well-defined outcomes for children and families
- Ensure that all community members share a common knowledge of social/emotional development and a common vision for child wellness and quality services
- Cross-training; workforce development; communications
- Cross sector collaboration and systems integration
- Family-centered and culturally competent practices
- Partnerships across the federal, state/tribal/territorial and local levels
- Resources are shared, used efficiently, and aligned with LAUNCH strategic plans
- Include families as partners and leaders
- Value the cultural and linguistic richness and diversity within communities
Prevention and Promotion Strategies
Each grantee implements or expands evidence-based programs and practices in five key areas:

- Screening and assessment in a range of child-serving settings
- Integration of behavioral health into primary care
- Mental health consultation in early care and education
- Enhanced home visiting through focus on social and emotional well-being
- Family strengthening and parent skills training

Councils on Young Child Wellness
1. Unite stakeholders at state, territory, tribal, and local levels, across the child-serving systems to create a shared vision of young child wellness
2. Bring together providers, parents, and other stakeholders to plan and oversee local implementation
3. Conduct an environmental scan to map existing resources, unmet needs, and areas for collaboration
4. Develop a strategic plan to prioritize goals and objectives, timelines, and benchmarks for success
5. Help ensure that programs address behavioral health disparities through strategic planning and implementation

Sustaining Practices
- Colorado Project LAUNCH creates partnerships between the state and local communities
- Strategies are carefully selected to lead to large-scale, system-wide improvements
- Practices are designed to live beyond the life of the grant

Adams County
Referral Roadmap, Referral System, Resources

JFK-HCP Webinar: Social Emotional and Mental Health Screening, Referral and Resources for Children - 2/26/15
Roadmaps and Referral Systems

- Originated through Health Integration (HI) Action Team (ECPAC) with funding from the Colorado Trust.
- Decision made early on to have this be very comprehensive (0-5: medical, oral, developmental, and mental health + home visitation & other support services).
- Health Integration Action Team utilized input, data, technical assistance and family focus group interviews from across early childhood systems to develop and implement Roadmap, Family Roadmap, and Resource binder.
- Health Integration Coordinator has spent time over past two years to train all partners and referring agencies.
- Process has incorporated assistance and support from ABCD and other partner organizations to ensure best practice, as well as Tri-County Health Department as part of their Maternal Child Health work.

Has It Helped? (Data-2012-2014)

To date, 33 programs and 226 providers have been trained on this process.

- Resulting in increased awareness of the need for referrals and the importance of making referrals as demonstrated through parent interview results and Part C data (noted next).
- Partners report that of the 10 identified barriers to follow through, this process has addressed all of them to some extent, with 6 of them being addressed at a high level.
  - “Some health clinics are not making referrals”
  - “Some families do not clearly understand the process”
  - “The referral is not complete”
  - “Some families are given mis-information”
  - “Some families do not understand the importance of early childhood health and development”
  - “Services and referrals are not well coordinated or collectively support the family”

Part C data demonstrates progress over the grant period:

- The number of referrals to Adams County Early Intervention has increased significantly. From 2012 to 2014, the total number of referrals increased by 18.93% (252 referrals). In addition, referrals by a Primary Care Physician increased by 52.67% (236 referrals).
- The total percentage of families that followed through with a referral from 2012 to 2014 increased by 53.15% (80.50% to 87.05%). Furthermore, the follow-through rate for a Primary Care Physician referral increased by 10.03% (51.44% to 61.49%).
- There was also an increase in the percentage of children that were eligible, which shows that there has been improvement in the quality of referrals. From 2012 to 2014, there was an increase of 5.27% (81.60% to 87.05%) for children referred by a Primary Care Physician.

Part C data demonstrates progress over the grant period:

Next Steps

- Caring for Colorado funding will support ongoing technical assistance for implementation with specific focus on care coordination and family support/education.
- LAUNCH will enhance this work through increased services and infrastructure improvements.
- LAUNCH proposes to develop and implement an Electronic Referral System to replace current processes (similar pilot projects exist in Grand and Weld Counties).