1 BALDWIN STREET,
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PHONE: (802) 828-2295
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STATE OF VERMONT
JOINT FISCAL OFFICE

MEMORANDUM

To: Joint Fiscal Committee Members

From: Nathan Lavery, Fiscal Analyst

Date: December 5, 2012

Subject: Grant Requests

Enclosed please find three (3) items that the Joint Fiscal Office has received from the administration, including the establishment of 1 limited service position.

JFO #2599 – $50,000 grant from the U.S. Department of Agriculture to the Vermont Agency of Agriculture, Food and Markets. These funds will be used to recognize farms that have adopted conservation practices and motivate small farms to develop water quality management plans in order to improve water quality in Vermont.
[*JFO received 11/30/12*]

JFO #2600 – $4,198,000 grant from the U.S. Department of Health & Human Services to the Vermont Department of Health. These funds will be used to promote wellness in children through age 8 through Project LAUNCH. This pilot project is designed to support the physical, mental, and behavioral development of children through the establishment of a comprehensive, coordinated system of evidence-based programs and services. The pilot project will operated in Chittenden County. **One limited service position** is associated with this request
[*JFO received 11/30/12*]

JFO #2601 – Donation of $46,000 from Jane Harding of Springfield, Vermont, to the Vermont Department of Fish & Wildlife. The value of this donation represents the difference between the appraised value of a conservation easement on 91.8 acres of land in Bristol and New Haven ($184,000) and the price to be paid by the State of Vermont ($138,000) for this easement.
[*JFO received 11/30/12*]

Please review the enclosed materials and notify the Joint Fiscal Office (Nathan Lavery at (802) 828-1488; nlavery@leg.state.vt.us) if you have questions or would like an item held for Joint Fiscal Committee review. Unless we hear from you to the contrary by December 19 we will assume that you agree to consider as final the Governor's acceptance of these requests.

VERMONT

State of Vermont
Department of Finance & Management
109 State Street, Pavilion Building
Montpelier, VT 05620-0401

[phone] 802-828-2376
[fax] 802-828-2428

Agency of Administration

JFO 2600

STATE OF VERMONT
FINANCE & MANAGEMENT GRANT REVIEW FORM

Grant Summary:	This grant will help promote and support the wellness of young children.				
Date:	11/19/2012				
Department:	Health Department				
Legal Title of Grant:	Linking Actions for Unmet Needs in Children's Health				
Federal Catalog #:	93.243				
Grant/Donor Name and Address:	Substance Abuse &Mental Health Services Administration, Rockville, MD 20857				
Grant Period: From:	9/30/2012	**To:**	9/29/2017		
Grant/Donation	$4,198,000 (for 5 years)				

	SFY 1	SFY 2	SFY 3	Total	Comments
Grant Amount:	$405,200	$839,600	$839,600	$2,084,400 - for the first 3 years	Total $4,198,000 – Similar amounts in SFY4 and SFY5

	# Positions	Explanation/Comments
Position Information:	1 (LSP)	This position is limited service and will end when the grant expires. The position will manage the grant program.

Additional Comments:	The attached memos outline the purpose of the grant. I recommend approval.

Department of Finance & Management	11/20/12	(Initial) GB 11/20
Secretary of Administration	11/28/12	(Initial)
Sent To Joint Fiscal Office		**Date** 11/28/12

RECEIVED
NOV 30 2012
JOINT FISCAL OFFICE

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

BASIC GRANT INFORMATION				
1. Agency:	Agency of Human Services			
2. Department:	Health			
3. Program:	Maternal & Child Health			
4. Legal Title of Grant:	Linking Actions for Unmet Needs in Children's Health			
5. Federal Catalog #:	93.243			
6. Grant/Donor Name and Address: Substance Abuse & Mental Health Services Administration, Rockville, MD				
7. Grant Period: **From:**	9/30/2012	**To:**	9/29/2017	
8. Purpose of Grant: See Attached Summary				
9. Impact on existing program if grant is not Accepted: None				

10. BUDGET INFORMATION				
	SFY 1	**SFY 2**	**SFY 3**	**Comments**
Expenditures:	**FY** 13	**FY** 14	**FY** 15	
Personal Services	$32,168	$92,923	$92,923	
Operating Expenses	$10,000	$20,607	$20,607	
Grants	$363,032	$726,070	$726,070	
Total	$405,200	$839,600	$839,600	
Revenues:				
State Funds:	$0	$0	$0	
Cash	$0	$0	$0	
In-Kind	$0	$0	$0	
Federal Funds:	$405,200	$839,600	$839,600	
(Direct Costs)	$395,300	$811,008	$811,008	
(Statewide Indirect)	$594	$1,716	$1,716	
(Departmental Indirect)	$9,306	$26,876	$26,876	
Other Funds:	$0	$0	$0	
Grant (source)	$0	$0	$0	
Total	$405,200	$839,600	$839,600	

Appropriation No:	3420010000	**Amount:**	$4,652
	3420021000		$400,548
			$
			$
			$
			$
			$
		Total	$405,200

NOV 14 2012

STATE OF VERMONT REQUEST FOR GRANT (*) ACCEPTANCE (Form AA-1)

PERSONAL SERVICE INFORMATION

11. Will monies from this grant be used to fund one or more Personal Service Contracts? ☐ Yes ☒ No
If "Yes", appointing authority must initial here to indicate intent to follow current competitive bidding process/policy.

Appointing Authority Name: Agreed by: N/A (initial)

12. Limited Service Position Information:	**# Positions**	**Title**
	1	Public Health Programs Administrator AC:General
Total Positions	1	

12a. Equipment and space for these positions: ☐ Is presently available. ☒ Can be obtained with available funds.

13. AUTHORIZATION AGENCY/DEPARTMENT

I/we certify that no funds beyond basic application preparation and filing costs have been expended or committed in anticipation of Joint Fiscal Committee approval of this grant, unless previous notification was made on Form AA-1PN (if applicable):

Signature: Date: NOV 06 2012

Title: Commissioner of Health

Signature: Date: 11/13/12

Title: Acting AHS Secretary

14. SECRETARY OF ADMINISTRATION

☒ Approved: (Secretary or designee signature) Date: 11/20/12

15. ACTION BY GOVERNOR

☒ Check One Box: Accepted

☐ Rejected

(Governor's signature) Date: 11/27/12

16. DOCUMENTATION REQUIRED

Required GRANT Documentation

- ☐ Request Memo
- ☐ Dept. project approval (if applicable)
- ☐ Notice of Award
- ☐ Grant Agreement
- ☐ Grant Budget
- ☐ Notice of Donation (if any)
- ☐ Grant (Project) Timeline (if applicable)
- ☐ Request for Extension (if applicable)
- ☐ Form AA-1PN attached (if applicable)

End Form AA-1

(*) The term "grant" refers to any grant, gift, loan, or any sum of money or thing of value to be accepted by any agency, department, commission, board, or other part of state government (see 32 V.S.A. §5).

VERMONT DEPARTMENT OF HEALTH

SFY13 Linking Actions for Unmet Needs in Children's Health (LAUNCH) Budget

VISION Account	Admin & Support (3420010000)	Public Health (3420021000)	VDH Total
Employee Salaries	$0	$16,495	$16,495
Fringe Benefits	$0	$5,773	$5,773
3rd Party Contracts	$0	$0	$0
Total Personal Services	$0	$22,269	$22,269
Equipment	$0	$0	$0
Supplies	$0	$0	$0
Other	$0	$4,000	$4,000
Travel	$0	$6,000	$6,000
Total Operating Expenses	$0	$10,000	$10,000
Subgrants	$0	$363,032	$363,032
Total Direct Costs	$0	$395,300	$395,300
Total Indirect Costs	$4,652	$5,248	$9,900
Total SFY13 Grant Costs	$4,652	$400,548	$405,200

Appropriation Summary

Total Personal Services	$4,652	$27,517	$32,169
Total Operating Expenses	$0	$10,000	$10,000
Total Subgrants	$0	$363,032	$363,032
	$4,652	$400,549	$405,200

Request for Grant Acceptance
Linking Actions for Unmet Needs in Children's Health (LAUNCH)
Summary 10/29/2012

The Department of Health has received a grant from the Department of Health & Human Services, Substance Abuse & Mental Health Services Administration, providing $839,600 each year for five years to enable the Department to further promote the wellness of young children.

The purpose of Vermont's Project LAUNCH is to pilot, in Chittenden County, a strength-based, family-centered, culturally competent community system for promoting young child wellness in all developmental domains. This project will serve children aged pre-natal through 8 and their families.

Goals of the project include: (1) establishing a comprehensive coordinated system of evidence-based programs and services for young child wellness; (2) establishing a reliable infrastructure to sustain a comprehensive system; (3) increasing community awareness and understanding of young child wellness promotion and protection; (4) improving wellness of young children and families; and (5) developing a regional model for replication in other areas of Vermont.

The funds will be used primarily to support a grantee with extensive experience in the fields of children's mental health and development. This grantee will sub-grant funds to several providers each with expertise in areas focused on improving the quality of services for families and young children. Funds will also be used to establish a Public Health Programs Administrator who will oversee the program.

The Health Department is hereby seeking approval to receive $405,200 in new Federal funds in State Fiscal Year 2013 and the establishment of one limited service position. The remainder of the Federal funding will be included in the Department's future budget requests. We have attached the grant award document and a copy of the grant application as well as the Position Request Form.

STATE OF VERMONT
Joint Fiscal Committee Review
Limited Service - Grant Funded
Position Request Form

This form is to be used by agencies and departments when additional grant funded positions are being requested. Review and approval by the Department of Human Resources must be obtained prior to review by the Department of Finance and Management. The Department of Finance will forward requests to the Joint Fiscal Office for JFC review. A Request for Classification Review Form (RFR) and an updated organizational chart showing to whom the new position(s) would report **must** be attached to this form. Please attach additional pages as necessary to provide enough detail.

Agency/Department: AHS / Health Date: 10/29/2012

Name and Phone (of the person completing this request): Breena Holmes -- 802-863-7347

Request is for:
- ☑ Positions funded and attached to a new grant.
- ☐ Positions funded and attached to an existing grant approved by JFO #_____

1. Name of Granting Agency, Title of Grant, Grant Funding Detail (attach grant documents):

   Substance Abuse & Mental Health Services Administration, Linking Actions for Unmet Needs in Children's Health, Grant #1H79SM061291-01

2. List below titles, number of positions in each title, program area, and limited service end date (information should be based on grant award and should match information provided on the RFR) position(s) will be established only after JFC final approval:

Title* of Position(s) Requested	# of Positions	Division/Program	Grant Funding Period/Anticipated End Date
Public Health Programs Administrator	1	MCH	9/12 - 9/17

*Final determination of title and pay grade to be made by the Department of Human Resources Classification Division upon submission and review of Request for Classification Review.

3. Justification for this request as an essential grant program need:

   This position has been approved by the granting agency and will have primary responsibility for the management of the operational elements of the program.

I certify that this information is correct and that necessary funding, space and equipment for the above position(s) are available (required by 32 VSA Sec. 5(b).

Signature of Agency or Department Head — Date: NOV 0 5 2012

Approved/Denied by Department of Human Resources — Date: 11/14/12

Approved/Denied by Finance and Management — Date: 11/20/12

Approved/Denied by Secretary of Administration — Date: 11/26/12

Comments:

DHR – 11/7/05

Abstract
The purpose of Vermont's Project LAUNCH is to pilot in Chittenden County (the State's most populous and diverse area) a strength-based, family-centered, culturally competent community system for promoting young child wellness in all developmental domains for adoption in other regions later. This project will serve a minimum of 2,840 unduplicated children aged pre-natal through 8 and their families over the grant period (approximately 660 per year after start-up. One goal is to establish reliable infrastructure to sustain a comprehensive system. For *Infrastructure*, the existing Building Bright Futures (BBF) Councils at the State and Chittenden County levels will be charged with a shared authority and accountability for the success of Project LAUNCH with the Department of Health's Division of Maternal and Child Health (VDH) and the Department of Mental Health's Division of Child, Adolescent, and Family Services (DMH). The VDH will be the fiscal agent for the grant. Project LAUNCH staff hired to support this governance partnership (the Young Child Wellness Expert, Partner, and Coordinator for, respectively, the BBF State Council, VDH, and the BBF Chittenden County Council) will help it provide on-going strategic guidance for the project, advocacy at State and regional levels, and troubleshooting obstacles to success. These efforts will build on activities already underway through not only BBF but also the Agency of Human Services (AHS) Integrated Family Services (IFS) and related Children's Integrated Services (CIS) to engage many stakeholders from health, education, social services, family and cultural organizations in defining a common vision, mission, and guiding principles to promote child and family wellness. Another goal is to establish a comprehensive, coordinated system of evidence-based programs and services for young child wellness for children under 9. Project LAUNCH will add *Services* in each of the RFA-required Core Strategies. Highlights include: For **screening and assessment,** the Vermont Child Health Improvement Program (VCHIP) at the University of Vermont's College of Medicine will provide training for primary care providers and others about validated tools. For **integration of behavioral health into primary care settings,** the Fletcher Allen Pediatric Clinic and the Federally-Qualified Burlington Community Health Center, which serve most of the County's refugee population, will receive technical assistance from VCHIP, on-site consultation and parenting support for families by HowardCenter Master's level therapists. For **mental health consultation in early care and education,** the HowardCenter - the DMH designated agency for Chittenden County – will provide CSEFEL-based consultation to childcare and family centers. For **enhanced home visiting,** the Lund Family Center will offer Parents As Teachers. For **family strengthening and parent skills training,** the Vermont Federation of Families for Children's Mental Health and the Vermont Family Network will send parent outreach workers to assist individual families and work with the State and Chittenden County BBF Councils to boost family involvement and engagement.

PROJECT LAUNCH NARRATIVE

Section A: Population of Focus and Statement of Need

Area to be Served: The State of Vermont Department of Health (VDH) is the applicant for this Project LAUNCH grant, which will have a statewide focus on policy improvement and a local focus on service delivery in Chittenden County (the Burlington District of the State Agency of Human Services [AHS]), which will implement the improved policies. This will continue and enhance the work Vermont has been doing for over twenty years to ensure the positive development and success of young children and their families. Since 2007, this work on behalf of young children to build a unified early care, health and education system has been advanced through a unique private-public partnership called Building Bright Futures (BBF).

Vermont as a whole: Both the geography and the population of Vermont are an ideal size for efficient statewide programming and policy implementation. Vermont is 90.3 miles across its widest and most northern point (along the Canadian border), and since 75%[i] of its 9,617 square miles[ii] is forested, one is likely to encounter or spot moose when driving there. At its most narrow and southern point (along the Massachusetts border), the state is 41.6 miles across; it can take an hour and a half or more to travel that distance over the mountains in ice and snow. On the western side of Vermont, the only Standard Metropolitan Statistical Area spreads southward along the eastern shore of Lake Champlain from Grand Isle and Franklin Counties, through urban Chittenden County, into the farmlands of Addison County. With a population of 625,741[iii], there was an average density of 65 people per square mile in 2010.

The state's population grew by 2.8% from 2000 to 2010[iv], with the majority of that growth among non-Whites and in Chittenden County. In 2010 there were 38,657[v] people (6.2% of the population) who were Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, of Hispanic or Latino Origin, of some other race, or of two or more races living here. The U.S. Census estimates that between 2006-2010 4% of the population were foreign born and 5.4% spoke a language other than English at home.[vi] This is at least in part due to the arrival of 5,810 refugees in Vermont from 1989 to date, from over 25 countries but predominantly (75%) from the following four: Bosnia (1,705 or 29% of the arrivals, through 2004); Vietnam (1,069 or 18%, through 2005), Bhutan (994, or 17%, through 2012), and Somalia (609 or 10%, through 2012). Because this count does not include immigrants who are not refugees or asylees, and the number of in-migrants *[refugees moving to Vermont from other states]*only include the ones who contacted the refugee program, the New American population in Vermont is much larger and *[more]* diverse than only the refugee population.[vii] Between 2006-2010, 90.6% of the people in Vermont aged 25 or over were high school graduates, 33.3% had a bachelors or higher degree, and 52,765 (about 8%) were veterans. The median household income was $51,841, with 11.1% of the population living below poverty.[viii] In 2010 there were 170,559 children, youth, and young adults aged 0-21 (inclusive) in Vermont.[ix] 129,233 were under age 18; 59,555 were under age 9.[x] The focus of this grant application is on children aged 0-8 (inclusive) and their families.

Local Community: Of Vermont's 14 counties, Chittenden County is by far the most populous, with 25% of the state's population.[xi] It and Vermont's largest city, Burlington (42,417)[xii], are also the most diverse. In Burlington, 13.1% of the population is non-White, and 10.4% of the families speak other than English at home.[xiii] Though Burlington has more people with Bachelor's Degrees or higher (42.8%)[xiv] than the state as a whole – probably because it is a college town, with the University of Vermont, Champlain College, Burlington College, and near

to St. Michael's College in Winooski – the median household income from 2006-2010 was $39,185, with a staggering 24.2% of the people living below the poverty level.[xv] The percentage of people living below the poverty level in Chittenden County (including Burlington) from 2006-2012 was 10.8% and the County's median income was $59,878,[xvi] so the people in the rest of the county are clearly much better off than those in the City of Burlington. Chittenden County, including the City of Burlington, will be the local pilot community for this Project LAUNCH grant. The number of children aged 0-8 (inclusive) in Chittenden County in 2010 was 14,657 (7,517 males and 7,140 females).[xvii]

Besides the sheer number of children aged under 9 in Chittenden County and their diversity and poverty in Burlington, another reason to choose this district as the local pilot for Project LAUNCH is that it has had the longest-running interagency early childhood advisory council in Vermont. The Burlington Early Childhood Connection was formed in 1987 to advise the Burlington School District about its use of new State Success By Six funds for preschool screenings, parenting education and home visiting, parent-child literacy activities, etc. This group was the forerunner of what – through Governor Executive Order in 2006 and legislation in 2010 - became 1 of the state's 12 regional councils for Building Bright Futures (BBF).

Existing Infrastructure/Collaboration:

Building Bright Futures (BBF) is an innovative public/private partnership comprised of private sector providers, families, business leaders, community members and state government decision-makers designed to create a cohesive, sustainable system of early care, health, and education for young children and their families to ensure that all Vermont children will be healthy and successful.[xviii] The statewide BBF Council is a mechanism for examining the current delivery of services, exploring possible improvements, and involving both public and private sectors in the planning and development of a seamless system of services for young children. The Council is charged with improving the quality of services for families and young children by establishing a formal system for planning, coordinating, integrating and developing early childhood programs, policies, information and resources at the State and regional levels. However, in 2009, BBF suffered a dramatic decrease in funding, decimating several years of progress toward improved services. Through the passion and continued commitment of long standing partnerships like the one in Chittenden County, collaboration continued and is maintained today through innovative funding through the American Recovery Act (ARA) and a transformative Agency of Human Services (AHS) structure known as Integrated Family Services (IFS).

Integrated Family Services (IFS): The AHS has for several years been laying the foundation for a more holistic approach to intervention and treatment for children and families. IFS is integrating AHS programs to create a continuum of services for families to choose from and with services not just based on diagnoses but also on functional needs and standardized assessments of the child, youth and family. The principles of IFS are:

- A family and child centered system of early intervention, treatment, support.
- Funding will be flexible and based on best practices and family needs.
- Intervene early in preventive fashion and provide services to the family unit, not just child.
- Each child and family in the early intervention, treatment and support system will have measurable goals against which progress will be assessed.
- Services will be guided by best practices in clinical, early intervention and family support.
- Monitor outcomes and integrate AHS funding across programs.

The IFS vision is that responses to children and families are driven by the content expertise they need, when they need it, and not by arbitrary program or service access standards. Furthermore,

the IFS intention is to take into account the needs of the whole family, not just one identified individual. Currently all 6 AHS departments are engaged in program redesign; therefore, all State and contracted providers are considered part of IFS. Content experts have been asked to come together in 3 general areas – not mutually exclusive – under one umbrella to create a single integrated response system for families in the community. The 3 areas are: 1) Children's Integrated Services (CIS) with early and comprehensive, preventive health supports for children aged prenatal to six and their families; 2) Enhanced Family Services (EFS), with behavioral health (mental health and substance abuse) and developmental services for ages 0-22; and 3) Children's Health and Support Services (CHASS), with services for medically fragile children and youth aged 0-22 who may also have co-occurring developmental issues and need care-giver support for their families. The content experts are working toward an operational design that may lead to creation of one IFS entity within AHS which is solely focused on the needs of children and families in all facets of their lives. The entity (or Department) would direct a $145 million budget in a coordinated and integrated fashion leading to one goal: Vermont children and families lead healthy lives emotionally, behaviorally, and physically.

BBF and IFS: There is substantial over-lap between the work of BBF and IFS, especially in the content area of Children's Integrated Services (CIS), which focuses on early and comprehensive, preventive health supports for children aged prenatal to six and their families. There is now a CIS Coordinator in each region of Vermont. This Project LAUNCH grant will collaborate closely with BBF, IFS, and related CIS stakeholders at the State level and in Chittenden County. It offers an opportunity to sustain existing (and add new) partnerships among families and community organizations to continue to build a strength-based, family-centered, culturally and linguistically competent system for promoting young child wellness.

Need for Direct Services:

Early Childhood Experiences - Risk and Protective Factors: Research about children with severe problem behavior and behavior disorders has demonstrated that "early childhood is a critical period for the onset of emotional and behavioral impairments."[xix] Also, accumulating evidence indicates that many adult problems are rooted in early childhood experience. Research about this which has been sponsored by the U.S. Center for Disease Control and Prevention includes the Adverse Childhood Experiences (ACE) Study:

a major epidemiological study providing retrospective and prospective analysis in over 17,000 individuals of the effect of traumatic experiences during the first 18 years of life on adolescent and adult medical and psychiatric disease, sexual behavior, healthcare costs and life expectancy.[xx]

The 2010 Vermont Behavioral Risk Factor Survey included some of the ACE Study questions, revealing that

thirteen percent of Vermont adults had four or more ACEs....Adults with at least four ACEs generally experience higher rates of chronic disease and risk behaviors than the entire Vermont population....The differences for smoking, recent marijuana use, obesity, depression, and overall prevalence of a chronic disease are statistically significant.[xxi]

Known risk factors are associated with these and other negative outcomes such as poverty, school failure, psychiatric illness, criminal involvement, vocational instability, and poor social relationships later in life. Many of these risk factors are relevant to children pre-natal to age 8 and their families, including fetal drug/alcohol effects; premature birth; neurologic impairment; low IQ; chronic medical disorders; parental mental illness and substance abuse; parental criminal behavior; poor infant attachment; long term absence of caregiver in infancy, witness to violence

in neighborhood or home; abuse and neglect; single parent household; negative parent-child relationship; and frequent family moves.[xxii]; [xxiii], [xxiv], [xxv], [xxvi]. Inadequate screening and early identification is an additional risk factor for mental health problems,[xxvii] and lack of prenatal care is a key factor for premature birth and developmental delays.[xxviii] Risk factors do not always indicate difficulties for children, but they do enhance the likelihood that they will occur. Werner and Smith (1982) found when children had four or more risk factors the possibility of negative psychosocial results considerably increased.[xxix] Studies have shown the number of risk factors in a child's life is more significant than which risk factors a child is faced with. Multiple risk factors create damaging results across gender, race, culture and disability.[xxx]

What is hopeful is that despite pervasive and complex risk factors, children can have successful outcomes. Researchers have identified factors that appear to protect resilient children and their families regardless of their diagnosis, disability, or experiential risks. Studies show that as a child's number of risk factors increase so must protective factors to achieve a positive outcome. Garmezy et al. (1984) has documented protective factors of resilient children in three categories: "qualities of the child, characteristics of the family, and support from outside the family".[xxxi] Qualities of the child include: "easy temperament, autonomy and independence as a toddler, high hopes and expectations for the future, internal locus of control as a teenager, interpersonally engaging, "likable", sense of humor, empathy, perceived competencies, above average intelligence, good reader and gets along with others." Family characteristics include: "living at home, secure mother-infant attachment, warm relationship with parent, consistent discipline by parents, perception that parents care, established routines in the home." Social support from outside the family includes: " adult mentor for child outside immediate family, extra adult help for caretaker of family, support for child from friends, support for child from a mentor at school, support from family from church, support for family from work place."

Interventions in early childhood can have a profound preventive and protective impact. And, as a preponderance of research points to the same risks and protective factors, clinicians and service systems have been called upon to shift from traditional approaches to establish new intervention efforts to prevent risks and promote protective factors.[xxxii], [xxxiii] The proposed Project LAUNCH will answer this call by strengthening early childhood interventions with a promotion and protective approach that is more fully supported by a strength-based, family-centered, culturally and linguistically competent system for promoting young child wellness in all developmental domains. Through Project LAUNCH, Vermont will improve and demonstrate its ability to prevent and intervene early with adverse childhood experiences.

Existing lack of service capacity: In Chittenden County in 2010, 741 reports of child abuse and neglect were accepted for investigation or assessment of the child and/or family. Statewide, there were 4,601 reports accepted.[xxxiv]. The Chittenden reports accounted for 16% of the total, whereas the Chittenden population is 25% of the total. That discrepancy between population and service can be seen across many human service programs in Chittenden County. In State FY 2010, the Children's Services Program of the community mental health center for Chittenden County (called the HowardCenter) served 2,092 children and adolescents – only 20% of the 10,541 children and youth served by all children's mental health programs statewide.[xxxv] And in 2010, there were 351 formal child care programs in Chittenden County: 116 center-based, 196 home-based, and 39 school-based. As of January, 2010, these programs had a combined capacity of almost 5,442 "slots" for children under 5 years old and about 2,551 slots for children aged six to 12....The estimated demand exceeds the estimated supply of child-care slots....[xxxvi]

This lack of access to a variety of services is a result of historically inadequate funding. **Investments in staffing capacity are needed in Chittenden County, especially given the increasing diversity and poverty in Burlington. Project LAUNCH grant will provide an important boost to the service capacity in Chittenden County.** Saturation of services will occur with evidence-based promotion and protective programs in partnership with local families, organizations and leaders. This will build upon the collaborative foundation of BBF, IFS and its CIS to support environments that prevent disparities and promote the wellness of young children.

Section B: Proposed Evidence-Based Service/Practice:

Purpose, Goals and Objectives: The *purpose* of the LAUNCH Project is to pilot in Chittenden County a strength-based, family-centered, culturally competent community system for promoting young child wellness in all developmental domains for adoption in other regions later.

Goals	Objectives
Establish a comprehensive coordinated system of evidence-based programs and services for young child wellness for children pre-natal – 8 in targeted region	A strategic plan based on community environmental scan that identifies assets and address service gaps through the lens of cultural and linguistic awareness.
	Shared mission, principles, policies, standards, protocols built upon longstanding relationships at the local level and state level to better support coordinated, culturally-competent evidence-based service delivery.
	Increased access to and availability of high-quality array of services along a continuum based on level of need, in addition to integration of behavioral health into the primary care of the two leading clinics in Chittenden County serving multi-ethnical and racial populations.
	Improvements in the Medical Home model with the two leading clinics in Chittenden County serving multi-ethnical and racial populations.
	Increased availability of evidence-based and culturally competent home visitation and clinic-based program treatment for expectant and young families in the region.
	Access to Pyramid Model parental training to parents and universal use of this model in parental training by all partners.
	Increased use of prevention and promotion strategies in outreach provided in where multi-ethnic/racial communities meet and socialize.
	Improved wrap-around and family care coordination for high-need families.
Establish a reliable infrastructure to sustain a comprehensive system in targeted region	Continued growth of ethnic/racially diverse set of stakeholders on the Chittenden County Building Bright Futures Council - with full family, agency, and regional engagement.
	Enhance shared Governance Partnership Policies and Procedures to ensure stakeholder ownership of Building Bright Futures regional council.
	Establish shared Governance Partnership Policies and Procedures by creating a Project LAUNCH Workgroup of the State Building Bright Futures Council with effective, informed, and inclusive leadership linking the local and State levels.

	Knowledgeable workforce in child wellness evidence-based practice and policy for culture change.
Increase community awareness and understanding of young child wellness promotion and protection in targeted region	Improved culturally competent media coverage and increased usage of multi-lingual social marketing tools and Building Bright Futures Website through community partnerships, peer-led activities, and media coverage.
	Improved cohesion of grassroots outreach planning, coordination, and mobilizing through promotion activities.
	Workforce from early care and education, school systems, cultural organizations, medical homes, and parent/family organizations knowledgeable about young child wellness.
Improve wellness of young children and families in targeted region	Improved birth and health outcomes in the geographic area.
	Decreased achievement gaps in school readiness assessments as measured by cognitive, social, emotional, and physical development.
	Reduced family/child conflict and reduced child behavior problems in child care settings through parent/staff trainings and mental health consultations.
	Increased community cohesion and culturally competent, available interventions for families with young children - resulting in a short term increase, then long-term decrease, in rates of child abuse and neglect in the region.
Develop a regional model for replication in other areas in Vermont	Purposeful comprehensive documentation of evaluation, both processes & outcomes.
	Increased knowledge, awareness, and buy-in of key policy makers and funders about positive program outcomes.
	Valid and useful tools ready for replication of model.

The *purpose* statement for this project emphasizes the ultimate outcome of positive holistic development of young children, consistent with the Project LAUNCH RFA. The goals and objectives will be achieved through use of the public-health approach promoted by the Project LAUNCH RFA. They are an expansion of pre-existing goals and strategies of the Chittenden County Building Bright Futures (BBF) Council's 2008 strategic plan and of the more recent Vermont Integrated Family Services (IFS) system and Children's Integrated Services (CIS) plan.

Proposed Programs and Practices: A promotion and protective approach, rather than emphasizing direct clinical services to the individual child, is grounded in clinical consultation, education, and training to mentors and parents who are spending considerable hours with the child.[xxxvii] Successful promotion and protective programs for young children also develop staff capacity in schools and healthcare settings and mobilize natural family supports to build child and family resiliency. The collective focus of the evidence-based services and practices of Project LAUNCH is to strengthen the child's ecology to more fully meet his/her needs.

Developmental Assessments	Ages & Stages Questionnaire in childcare, school, and medical homes; CSEFEL functional assessment tools; other tools from specific programs to be determined (TBD)
Behavioral Health Integration into	Integration of child and parent mental/behavioral health screenings, workforce development, and direct mental health family consultation with primary health care

Primary Care	
Home Visiting Programs	Triage and referrals into the evidence-based home visitation programs Nurse-Family Partnership, Parents as Teachers, and other models TBD
Mental Health Consultation	Mental health consultation to staff and families in child care and school classrooms delivered via Pyramid Model/CSEFEL, as well as consultation in primary health care
Family Strengthening/ Parent Skills Training	Pyramid Model/CSEFEL Parent Training Modules; Education components of Centering Pregnancy; Education components of Parents as Teacher, Nurse Family Partnership, and other models TBD

All Project LAUNCH evidence-based programs and services address several risk and protective factors for holistic early childhood wellness. Because individual programs express these common factors in slightly different ways, we have developed a naming convention for consistent nomenclature for the Project LAUNCH logic model, evaluation framework, and mapping of risk and protective factors addressed by chosen programs and services in a matrix below (see page 13). Each of the programs and services employ strategies to build protective factors. Following is a brief description on the approach and evidence-base for each:

Ages and Stages Developmental Questionnaires®, Third Edition, (ASQ-3) is a series of parent or caregiver-completed questionnaires designed for the developmental and social-emotional screening of children, from one month to 5 ½ years. Using the ASQ-3 builds protective factors by gathering valid information that can be used to ensure referrals for the most appropriate and effective interventions. The ASQ-3 educates parents about developmental milestones, actively engages parents' expert knowledge about their children, and identifies strengths as well as potential delays. The ASQ-3 is the current version of the evidence-based tool that has been in development since the 1970's and was first published in 1995. It has received the highest rating for reliability and validity based on published peer-reviewed research.[xxxviii]

Integration of Mental Health into Primary Health Care co-locates medical and mental health services to facilitate care coordination and increase access for patients. Primary health care providers represent a significant point of contact for young children in the first few years of life. They see families on a frequent basis, become "trusted advisors", and have the opportunity to intervene early by screening the family as a whole, as appropriate, when identifying mental health and substance abuse problems in parents/caregivers and when conducting behavioral/emotional screens of children. Integration of specialists in age-appropriate and family-based mental health interventions at the primary care site can help break through barriers of stigma and access. Evaluation studies in the integration of mental health into primary care[xxxix] and the benefits of the medical home[xl] indicate positive outcomes, including improved care coordination and increased early identification of potential mental health concerns.

Parents as Teachers: Born to Learn is a home visitation program for healthy child development pre-natal to age two. The program, staffed by paraprofessionals, builds protective factors by increasing parental understanding of child development, improving parenting skills and practices, promoting strategies for school readiness and linking families to resources to improve self-sufficiency. Parents as Teachers Born to Learn curriculum and training content are based on research in areas of child development, neuroscience and school readiness.[xli], [xlii], [xliii]

Nurse-Family Partnership (NFP) is an evidence-based home visitation program with almost 30 years of evaluation supporting its outcomes. Delivered by nurses, NFP is based on three theoretical models, each of which supports building protective factors within families: human

ecology, self-efficacy, and parent-child attachment. This theoretical framework directs the highly effective delivery of services that results in positive outcomes. Rigorous evaluation reports positive program outcomes: improved parental and child health, fewer childhood injuries due to maltreatment, fewer subsequent pregnancies, increased maternal employment, improved school readiness for children entering pre-school and/or kindergarten, and decreased involvement in the criminal justice system.[xliv]

Mental Health Consultation/Pyramid Model (CSEFEL) is a problem-solving and capacity-building intervention that aims to build the capacity of families and staff of child-serving settings, programs, and systems to prevent, identify, treat, and reduce the impact of mental health problems during the early childhood years. This project will use the Pyramid Model from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) which provides evidence-based components for a comprehensive approach to changing child-serving cultures and delivering services to children and families, including assessments, training and interventions. Outcomes for children include decreased numbers identified as having challenging behavior and referred for mental health services, decreased crisis intervention services, and increased pro-social skills and behaviors. Staff outcomes include increased demonstration of Positive Behavior Support (PBS) in their classrooms, improved ability to collaborate with mental health professionals, and increased confidence in their interactions with families and children.[xlv]

Adaptations of Evidence-Based Practice: The CSEFEL Pyramid Model parent training program has been used in Chittenden County since 2010. The training modules are designed for parents of young children and usually provided in child care settings or elementary schools. Project LAUNCH proposes to adapt the CSEFEL model in the following two ways: (1) to include parents with children up to age 8 (rather than to age 5) and (2) to provide training in other settings (such as primary care). The topics and content of each of the modules have been reviewed for use and are believed to be completely applicable for children up to age 8. Although other parent training could be used, there are significant benefits in using the training included in this model: 1) it is applicable to all children, not just those at high-risk; 2) it is relatively inexpensive to implement; 3) the program is short-term (consisting of six modules), which can help increase parent engagement; 4) its content is "consumer-friendly", non-academic, and culturally inclusive; and 5) it is already being used in Chittenden County. Adapting the CSEFEL parenting training to include children up to age eight requires minimal modifications. Since the children in the power-point presentations and videos in the parent training modules are usually depicted as preschoolers, trainers will be provided a brief script to explain to parents that the training is applicable to older children, too. When possible, pictures of older children (5-8) will be added to the training presentations. Child development theories support the continual unfolding and growth of children's social and emotional skills and do not restrict them to rigidly-defined ages. Finally, though CSEFEL parent training is usually provided at child care centers, this is not an essential element of fidelity to the model. The training could be offered by any child-serving organization willing to gather parents together.

Maintaining Fidelity while Meeting Regional Needs: Both Building Bright Futures (BBF) and the Agency of Human Services (AHS) Integrated Family Services (IFS) (including its Children's Integrated Services [CIS] focus area) are committed to acknowledging and respecting issues related to age, race, ethnicity, religion, geography, socio-economic status, language, sexual orientation, disability, gender, and other cultural matters. Evidence-based practices like the Nurse-Family Partnership and Parents as Teachers require the use of cultural competency training and methods for fidelity to the models. Other strategies for ensuring meeting individual

needs locally include: 1) creation of a Project LAUNCH mission statement by the Chittenden Regional BBF Council that acknowledges individual and cultural differences; 2) structured opportunities for involvement of community members in the planning, delivery, and evaluation of Project LAUNCH, such as participation on the regional council; 3) hiring staff who are representative of the population served; and 4) training area service providers in cultural competency. Finally, the evaluation design will feed participant perceptions regarding cultural competency and ability to meet individualized needs back into the programs for continuous quality improvement to strengthen fidelity to the chosen evidence-based practice.

	Risk Factors Addressed								**Protective Factors Addressed**							
	Lack of prenatal, maternal,	lack of child cognitive, social emotional, and	Poor parenting skills	Lack of child development	Parental substance abuse	Lack of early screening	Insufficient family resources (economic,	Caregiver stress	Access to prenatal, maternal, and child health	Child cognitive, social, emotional, and physical	Parenting skill	Knowledge of child	Link to mental health and	Early screening and	Linkage to concrete	Parent Resiliency
Ages & Stages Questionnaire		✓		✓		✓				✓		✓		✓		
Integration of behavioral health into primary health care	✓	✓		✓	✓	✓	✓		✓	✓		✓	✓	✓	✓	
Parents as Teachers			✓	✓			✓				✓	✓			✓	
Nurse-Family Partnership		✓					✓							✓	✓	
CSEFEL Pyramid Model Parent Training		✓	✓	✓						✓	✓	✓				
Mental health consultation		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓		✓

Section C: Proposed Implementation Approach

Meaningful and Relevant Results: Project LAUNCH will use a public health approach that emphasizes outreach and health promotion and seamless linkage to increase access to a continuum of interventions at tiered levels of intensity, from prevention to treatment. To review the detailed goals and objectives, see pages 9-10. Funding for this project will 1) enhance existing school, childcare, and primary health settings to provide holistic assessments and improve protective factors for young child mental health, 2) provide new program resources for family resiliency and promotion of protective factors, and 3) expand culturally-sensitive outreach and community engagement for increasing referrals to existing evidence-based interventions in the community. Project LAUNCH will result in a strength-based, family-centered, culturally and