



LASTS A LIFETIME

**Linking Actions for Unmet Needs in Children's Health
Project LAUNCH**

**FINAL Progress Report
2009-2014**

Mental Health Promotion Branch
Division of Prevention, Traumatic Stress and Special Programs
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
Department of Health and Human Services

Section 1: PROJECT IDENTIFICATION AND KEY CONTACTS

Project Identification Information

A. Year that grant was awarded.

September 2009

B. Grant Number: **1H79SM059339-01**

Project Name: **Project LAUNCH**

Grantee Organization: **State of Oregon**—Oregon Health Authority

Grantee Staff Contact Information

A. State of Oregon Project LAUNCH Director

Beth Gebstadt, MPH, M.S

Email: Beth.Gebstadt@state.or.us

B. Deschutes County Project LAUNCH Coordinator

Maggi Machala, MPH, RN

Email: Maggi_Machala@co.deschutes.or.us

Section 2: PROGRAM ACTIVITIES

For each of the sections below (Project LAUNCH strategies and systems-focused activities), please reflect back over the entire grant period; your responses should be based on your progress over the course of the entire project.

Table 1. Screening and Assessment in a Range of Child-serving Settings
<p>A. What were your 2-3 greatest achievements with regard to this strategy?</p> <p>Deschutes County</p> <ol style="list-style-type: none">1. Development of a Maternal Mental Health (MMH) screening/referral system2. Implementation of a MMH screening/referral system <p>State of Oregon</p> <p>Health Matters, the State Council for Project LAUNCH provided an initial set of recommendations that went forward to the state policy makers who eventually incorporated developmental screening as an incentive metric for Coordinated Care Organizations (CCOs). For more information refer to http://www.oregon.gov/oha/Metrics/Pages/measure-developmental.aspx.</p> <p>Since this metric predominantly focused on developmental screening in healthcare, and there are so many other systems that screen for developmental screening, MCH staff and colleagues from many state agencies wrote the current Early Childhood Comprehensive System (ECCS) and Race to the Top Grant (RTT) grants, as well as the MIECHV grants which are working to address developmental screening from an early childhood system perspective.</p> <p>In addition to developmental screening, identified a few years ago by the Health Matters committee, many other early childhood and family wellness screenings and/or assessments were recommended. Currently there is a state workgroup developing a composite of overall family well-being measures. The state project LAUNCH Principal Investigator is serving as the state MCH consultant to that workgroup. For more</p>

information about this effort refer to <http://www.oregon.gov/oha/Pages/CFWB.aspx>.

B. What were the 2-3 greatest challenges with regard to this strategy?

Deschutes County

1. Lack of a community electronic health record (EHR)
2. Lack of funding for MMH system
3. Lack of an organization responsible for the MMH system monitoring and evaluation

C. What were the 2-3 most important lessons learned with regard to this strategy?

Deschutes County

1. Start with referral system capacity before initiating screening
2. Implementation of new screening systems takes time and on-going support for providers

State of Oregon

State System work takes much longer than most people anticipate.

The depression metric for CCOs can be used for perinatal depression but it is not given the same amount of attention that depression experienced by someone who is experiencing complex chronic diseases or co-morbidities, since these are much costly to the medical system. The emphasis for the CCOs is to cut medical costs immediately, due to the stipulations mandated by the funding the State of Oregon has received from the Centers for Medicaid and Medicare (CMS). Although perinatal depression and anxiety have an impact on both the individual woman, as well as infant and family health, it is much more difficult to demonstrate significant savings short-term.

D. Were your activities/approach/programs in this strategy replicated elsewhere in the region/tribal area/state as a result of your work on Project LAUNCH? Please explain.

Deschutes County

1. MMH Community survey was a pilot for the state
2. Emanuel Hospital in Portland has used the MMH algorithm as a basis for developing their system
3. MMH brochures are being used throughout the county and shared with other CCOs throughout Oregon

State of Oregon

The maternal mental health community survey and system work was integrated into the state maternal mental health website and provided tools that the state has used as resources for other communities. The Maternal mental health website can be found at

<https://public.health.oregon.gov/HealthyPeopleFamilies/Women/MaternalMentalHealth/Pages/index.aspx>

E. Was there any impact on policy at the local, tribal, regional and/or state level as result of your work? Please explain

Deschutes County

1. MMH system has been included in Central Oregon's Early Learning HUB Strategic Plan
2. Deschutes County has placed a MH therapist position within WIC to provide onsite service for MMH

State of Oregon

The state recommendations for MMH preceded the work in Deschutes County in the HB 266 report. However, these recommendations had not been implemented or operationalized in very many places around the state. Deschutes County was able to implement many of these recommendations and put together a more robust MMH system with the assistance of Project LAUNCH.

F. Was there any impact on how data is collected and/or shared at the local, tribal, regional and/or state level as a result of your work? Please explain

Deschutes County

1. Edinburgh (EPDS) depression screens/scores are being shared between providers and referral sources at behavioral health and the Postpartum Support International (PSI) warm line per protocol via FAX

State of Oregon

The state provided a three-year aggregate report of Pregnancy Risk Assessment Monitoring System (PRAMS) MMH data to the central Oregon tri-county region. This is serving as one baseline for future system monitoring.

Table 2. Integration of behavioral health into primary care settings

A. What were your 2-3 greatest achievements with regard to this strategy?

Deschutes County

1. Multi-disciplinary team of a Nurse Practitioner, Behavior Health Therapist, and Family Advocate to provide family-based care at three School-based Health Centers (SBHC)
2. Co-location of a Behavior Health Therapist in WIC to address maternal mental health and serve as a consultant for home visiting nurses and other public health staff

State of Oregon

The governor's health care transformation that began 2011 focused on integrating behavioral health into primary care. This integration occurred throughout the state in 16 different regional models referred to as Coordinated Care Organizations (CCOs). For more information on the CCOs refer to <http://www.oregon.gov/oha/ohpb/pages/health-reform/ccos.aspx> Elements of this transformation are now also being incorporated into the Public Employees Benefit Board.

In addition the state legislature allocated 1million dollars in 2013 for the Oregon Psychiatric Line-Kids (OPAL-K) as part of their mental health investments into effective state programs and systems. For more information on this refer to

<http://www.oregon.gov/oha/amh/docs/Mental%20Health%20Investments%20Fact%20Sheet.pdf>

This program was one of the five recommendations proposed by the Health Matters Committee in 2011.

B. What were the 2-3 greatest challenges with regard to this strategy?

Deschutes County

1. Lack of a common electronic health record (EHR)
2. Different confidentiality requirements between schools (FERPA), health care (HIPPA), and behavior health (Oregon Administrative Rules)
3. Different reimbursement mechanisms between health care (fee for service) and behavior health (capitated)

C. What were the 2-3 most important lessons learned with regard to this strategy?

Deschutes County

1. Integration takes time and centers around building trusting relationships
2. One of the first steps to integration is acknowledging that different disciplines have unique cultures and languages
3. Integrating care without a common EHR leads to duplication and missed opportunities

D. Were your activities/approach/programs in this strategy replicated elsewhere in the region/tribe /state as a result of your work on Project LAUNCH? Please explain

Deschutes County

Co-location of a therapist in WIC is being considered in other counties in the region.

E. Was there any impact on policy at the local, tribal, regional and/or state level as result of your work? Please explain

Deschutes County

1. Deschutes County Health Services (DCHS) placed a therapist in all school-based health centers (SBHC) and has committed to do so in future SBHCs.
2. DCHS has placed a full-time therapist in WIC going forward

F. Was there any impact on how data is collected and/or shared at the local, tribal, regional and/or state

level as a result of your work? Please explain

Deschutes County

1. The LAUNCH local Coordinator has advocated for a common EHR between public health and behavior health. DCHS will move to EPIC-based OCHIN agency wide in the next year
2. DCHS has integrated the “Multiple Agency Release of Information” form developed by LAUNCH into agency program protocols
3. LAUNCH developed a FAX back referral confirmation system that is being used in multiple programs throughout Central Oregon

Table 3. Enhanced home visiting through increased focus on social and emotional well-being

A. What were your 2-3 greatest achievements with regard to this strategy?

Deschutes County

1. Implementation of Nurse Family Partnership (NFP) in the tri-county region and expanding it through a partnership with the Coordinated Care Organization (CCO)
2. Mental Health consultation for home visiting nurses
3. The development of an OCHIN module for home visiting to integrate with the agency HER

State of Oregon

1. Successful implementation of NFP in two rural, low population communities using cross county collaboration connected to a higher density community
2. The opportunity to explore the impacts of eliminating flexible evidenced informed nurse home visiting practices in exchange for NFP

B. What were the 2-3 greatest challenges with regard to this strategy?

Deschutes County

1. Lack of an electronic home visiting module on the EHR
2. Lack of adequate funding and bi-lingual staff
3. Constantly changing landscape of health care

State of Oregon

1. A lack of a streamlined data collection method that allowed for efficient unduplicated data collection
2. Turnover of home visiting leadership and field nurses
3. The initial home visiting practice that Project LAUNCH initiated, Promoting First Relationships (PFR), was too labor intensive to roll out statewide or even regionally

C. What were the 2-3 most important lessons learned with regard to this strategy?

Deschutes County

1. Evidence-based home visiting models can be highly effective at reaching at risk populations and at improving young child wellness and family functioning
2. Home visiting nurses can serve as an effective link between families and providers of different disciplines
3. Home visitors benefit from on-site behavioral health consultation resources

State of Oregon

1. The power of the parallel process and the importance of aligning leadership practices with evidence based home visiting principles
2. Reflective practice is needed at all home visiting levels from supervisors to directors
3. Supervisors and field staff need to be included in all elements of program planning and change management
4. Productivity based on billing expectations needs to be balanced with model elements and staff

D. Were your activities/approach/programs in this strategy replicated elsewhere in the region/tribe /state as a result of your work on Project LAUNCH? Please explain

Deschutes County

Lessons learned from our home visiting initiative with the CCO have been shared statewide through conference presentations and reports.

State of Oregon

Deschutes County expanded an efficiency tool initially created by another implementing agency. This tool is an excel file that consolidates multiple resources into one easy to use file. This tool has been shared and implemented state wide. It was also presented at the National NFP Symposium and received an overwhelming positive response.

E. Was there any impact on policy at the local, tribal, regional and/or state level as result of your work? Please explain.

Deschutes County

1. The integration of Healthy Families of Oregon with public health home visiting programs
2. A tri-county agreement to use a universal home visiting referral form and resource list

State of Oregon

The development of a statewide home visiting system, of all of the statewide home visiting programs, has been improving over the course of this LAUNCH grant. An additional systems effort was written into the expansion grant that was awarded to the state in 2013.

F. Was there any impact on how data is collected and/or shared at the local, tribal, regional and/or state level as a result of your work? Please explain

Deschutes County

1. Outcome data was shared region-wide for NFP and the expanded home visiting initiative with the CCO

Table 4. Mental health consultation in early care and education

A. What were your 2-3 greatest achievements with regard to this strategy?

Deschutes County

1. Educating the provider community on the value of Mental Health Consultation
2. Creating a job description and training curriculum for mental health consultants to serve child care centers

B. What were the 2-3 greatest challenges with regard to this strategy?

Deschutes County

1. Limited funding and lack of political support for strategy at local and state level
2. Lack of a job description and training for mental health consultants
3. Retirement of mental health staff person

C. What were the 2-3 most important lessons learned with regard to this strategy?

Deschutes County

1. It takes time (often months) for childcare centers to value and trust mental health consultant input.
2. To maintain trust and relationships with child care centers, mental health consultants must reach a balance between providing support and constructive criticism.

D. Were your activities/approach/programs in this strategy replicated elsewhere in the region/tribe /state as a result of your work on Project LAUNCH? Please explain.

No

E. Was there any impact on policy at the local, tribal, regional and/or state level as result of your work? Please explain.

No
Was there any impact on how data is collected and/or shared at the local, tribal, regional and/or state level as a result of your work? Please explain
Deschutes County At the local level, mental health consultant notes were shared with the environmental health division of the health department and incorporated into environmental health chart for each child care center.

Table 5. Family Strengthening and parent skills training

A. What were your 2-3 greatest achievements with regard to this strategy?
Deschutes County <ol style="list-style-type: none"> 1. Introduction of Parent Child Interaction Therapy (PCIT) in the county. 2. Piloting of online PCIT therapist training module for UC Davis and expansion PCIT service system county-wide including 7 delivery sites, 16 therapists and 3 train the trainers. 3. Expansion of evidence-based parenting education offerings in the community especially for Spanish-speaking families

B. What were the 2-3 greatest challenges with regard to this strategy?
Deschutes County <ol style="list-style-type: none"> 1. Frequent turnover of behavior health staff 2. Lack of core funding for parenting education

C. What were the 2-3 most important lessons learned with regard to this strategy?
Deschutes County <ol style="list-style-type: none"> 1. With frequent turnover of behavior health staff, need to build local train the trainer infrastructure for resource intensive practices like PCIT 2. Because of a high family drop-out rate in PCIT, need to look at pre-screening for family readiness for therapy. 3. Parenting education course participation is better during school year than during summer months.

State of Oregon
 One of the prevention and promotion strategies for Project LAUNCH was family strengthening and parent skill building. To address this goal Project LAUNCH experimented with parent cafés to see if this was a modality that provided some families another opportunity to develop parenting skills and provide connections to community resources. These cafes provided opportunities for parents to discuss the protective factors (highlighted by the Center for the Study on Social Policy), engage with other parents, and develop leadership skills (for the parent hosts). These parent cafés were held in various settings across the state and served many different targeted populations including Latina communities, incarcerated families, a head start families and rural families.

More than 45 cafes were held around the state between June and October, 2014 and more than 300 parents participated in these cafés. Although the data for this small project is outside of the scope of this evaluation, the initial analysis of the parent café surveys and harvests are resoundingly positive from both the parents that participated in the cafes, as well as the organizations that sponsored the cafés. They were such a success in some of locations that some of the grantees have secured additional funding to continue monthly community cafés; some grantees are continuing the café model within other parenting activities; and some grantees have parents that are self-organizing to sustain their parent cafés on their own.

D. Were your activities/approach/programs in this strategy replicated elsewhere in the region/tribe /state as a result of your work on Project LAUNCH? Please explain.
The PCIT online training module is now being used in all their PCIT training in and out of Oregon.

E. Was there any impact on policy at the local, tribal, regional and/or state level as result of your
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work? Please explain.

No

F. Was there any impact on how data is collected and/or shared at the local, tribal, regional and/or state level as a result of your work? Please explain.

No

Table 6. Workforce development Activities

A. What were your 2-3 greatest achievements with regard to this strategy?

Deschutes County

1. Tri-county community and provider trainings on maternal mental health including evidence-based screening and referral
2. PCIT Infrastructure building and training of 16 therapists and 3 trainers
3. Training of 47 educators (English and Spanish speaking) in evidence-based parenting education curriculum (Nurturing Parenting, Incredible Years, Make Parenting a Pleasure)

B. What were the 2-3 greatest challenges with regard to this strategy?

Deschutes County

1. Staff turnover
2. Partner buy-in (allow staff time for training)
3. Health Care Transformation fatigue

C. What were the 2-3 most important lessons learned with regard to this strategy?

Deschutes County

1. Go to where people are to do training (e.g. physician practice, WIC)
2. Online training can be effective especially when combined with in-person training
3. Training trainers locally provides the best long-term infrastructure security especially in programs with large staff turnover.

D. Were your activities/approach/programs in this strategy replicated elsewhere in the region/tribe/state as a result of your work on Project LAUNCH? Please explain.

Online Web training for PCIT that we piloted for UC Davis is being used throughout the state and beyond wherever UC Davis trains.

E. Was there any impact on policy at the local, tribal, regional and/or state level as result of your work? Please explain.

No

Table 7. Social marketing/public education activities

A. What were your 2-3 greatest achievements with regard to this strategy?

Deschutes County

1. Toward collective impact, developed a 4-year, cohesive, early childhood wellness public awareness (PA) campaign with a brand that served as the common thread.
2. Community partners supported PA campaign with mutually reinforcing activities.
3. PA campaign is being sustained after LAUNCH through the Early Learning HUB and local TV station has become a partner.

B. What were the 2-3 greatest challenges with regard to this strategy?

Deschutes County

1. Limited staff time
2. Material distribution to partners

C. What were the 2-3 most important lessons learned with regard to this strategy?

Deschutes County

1. A PA campaign can be an effective tool for collective impact, a common community voice and sustainability.
2. Employing a PR consultant can be a good investment when developing a PA campaign.
3. Utilizing TV is highly effective in a PA campaign and it's beneficial to recruit a local TV station into the partnership

D. Were your activities/approach/programs in this strategy replicated elsewhere in the region/tribe/state as a result of your work on Project LAUNCH? Please explain

Deschutes County

The PA campaign is region-wide in the three counties of Central Oregon.

E. Was there any impact on policy at the local, tribal, regional and/or state level as result of your work? Please explain

Deschutes County

The Early Learning Hub is requiring all community partners to co-brand their materials with the early childhood wellness brand developed by Project LAUNCH.

Table 8. Infrastructure-building and systems change activities

A. What were your 2-3 greatest achievements in this area?

Deschutes County

1. Development of a maternal mental health(MMH) screening, referral and treatment system for Central Oregon
2. Implementing and expanding a system to provide PCIT in Deschutes County
3. Developing and sustaining a tri-county early childhood wellness PA campaign

State of Oregon

Two other state projects that were influenced by the experiences in Deschutes County include a significant change in the way the state public health contract supports 211 and ongoing funding and support for analysis for the Adverse Childhood Experiences (ACEs) questions in the Behavioral Risk Factor Surveillance System (BRFSS).

Prior to the Deschutes County Project LAUNCH the state 211 contract provided general funding to the overall operations of 211 with the hopes that MCH needs were being met. As part of the Deschutes County Maternal Mental Health Initiative the state MCH staff worked with 211 to develop and support the Deschutes County Maternal Mental Health Community Assessment. This experience provided the state MCH section the opportunity to work closely with 211 on a collaborative project for Project LAUNCH and illuminated ways in which 211 wasn't best meeting the needs of women, children and families. Consequently the state MCH/Public Health 211 contract was redesigned and there is now two identified MCH/Public Health staff at 211 who work closely with an advisory from the state Public Health Division.

B. What were the 2-3 greatest challenges in this area?

Deschutes County

1. Health Care Transformation fatigue
2. Competing Demands

C. What were the 2-3 most important lessons learned with regard to this strategy?

Deschutes County

1. Address community referral system capacity before initiating screening
2. Training trainers locally provides the best long-term infrastructure sustainability especially in programs with large staff turnover
3. A PA campaign can be an effective tool for collective impact, a common community voice and

sustainability

D. Were your activities/approach in this area replicated elsewhere in the region/tribe/state as a result of your work on Project LAUNCH? Please explain

Deschutes County

1. The MMH system is included in Central Oregon's Early Learning HUB Strategic Plan.
2. The PCIT online training module is now being used in all their PCIT training in and out of Oregon.
3. The Early Learning Hub is requiring all community partners to co-brand their materials with the early childhood wellness brand developed by the LAUNCH campaign.

Table 9. Project LAUNCH Staffing and Structure

A. What readiness factors at the start do you think are most critical for overall success on a LAUNCH grant?

Deschutes County

1. Strong foundational relationships
2. Commitment to a clear mission

B. What skills/knowledge are most important for the state/tribal Expert to possess for a LAUNCH grant to be successful?

Deschutes County

Communication skills, MCH expertise, organizational skills and accountability, knowledge of state systems and politics, appreciation for both state and local contribution to collective impact.

State of Oregon

In addition to the skills outlined above other skills that are important for this position are adaptable leadership and flexibility with change. Another key skill that the state coordinator needs to possess is the grace to advocate for the local site's needs while simultaneously honoring the work done in 35 other counties.

C. What skills/knowledge are most important for the Local Coordinator to possess for a LAUNCH grant to be successful?

Deschutes County

Communication skills, MCH expertise, organizational skills and accountability, knowledge of local systems and politics, appreciation for both state and local contribution to collective impact.

D. What was most beneficial about the state/local or tribal/state partnership in terms of the success of your grant?

Deschutes County

Information about state initiatives and contacts

State of Oregon

Learning from the local partners and gaining a stronger appreciation for the elements of implementation science and the challenges that the local site faces with implementation.

E. What was most challenging about the state/local or tribal/state partnership in terms of the success of your grant?

Deschutes County

Geographic distance, loss of state LAUNCH council after the second year of grant and loss of state project evaluation after first year of the grant, parallel state LAUNCH activities

State of Oregon

Having only one LAUNCH pilot site connected to a state LAUNCH grant. It is challenging to be a state staff that looks out for all 36 counties of the state, yet primarily focuses solely on one county's efforts- this is a delicate balance especially for existing state staff councils that serve as a State LAUNCH Council.

Section 3. SUSTAINABILITY

Please complete the table below related to your ability to sustain Project LAUNCH activities beyond the end of the grant. We are very interested in your successes and challenges in this area. Please feel free to use the headings in the left hand column or replace with your own activities, adding as many rows as you need. (For any one strategy you may wish to break this into multiple rows; e.g. integration into primary care may be one row for implementation of Triple P in primary care, one for mental health consultant embedded in primary care, etc.) .

Project LAUNCH Activity/Strategy	What aspects of this activity/strategy were you able to sustain beyond the end of the grant? (please describe)	What sources of funding were you able to obtain to sustain these activities? (Please describe all and include partnerships developed through PL that enabled sustainability)	What % of your overall activities in this area/strategy were you able to sustain beyond the end of the grant?	Additional Comments related to successes/challenges/lessons learned with regard to sustaining this practice/strategy
Screening	Child developmental screenings (ASQ, ASQ-SE) continue at all LAUNCH sites and maternal depression screening at all public health and provider practices in tri-county area	Funding continues through Medicaid and support from the CCO and Early Learning Hub—a priority metric for both	90%	Although screening continues there is still a need for coordination and a common database to monitor the system
MHC in ECE	A training curriculum for MHC was written	None	0	No political will at state or local level for this focus area
Integration of behavioral health into primary care	MH therapists are now co-located in all Deschutes County School-based Health Centers and a therapist is now co-located in WIC	Medicaid—through partnerships with behavioral health and WIC	90%	Lack of a common EHR has been a major barrier to integration but this is being addressed with all moving toward the same EPIC-based system
Enhanced home visiting	High fidelity Nurse Family Partnership home visiting services are continuing in Central Oregon and coordination of all home	Medicaid, CCO, and Early Learning Hub	100%	LAUNCH funded development of a home visiting OCHIN module for the Deschutes County EHR will help integration and sustainability of home visiting going forward within the region.

	visiting services is on-going through the Early Learning Hub.			
Family Strengthening	PCIT will continue at 7 sites county-wide and through support of 2 local PCIT trainers. The 3 evidence-based parenting education courses supported by LAUNCH will continue in the region through the Parenting Education HUB. Reach Out and Read will continue and be expanded to all Central pediatric practices by the EL HUB	Medicaid, Deschutes Health Services, Oregon Parenting Education Consortium (OPEC), EL Hub	100%	The CCO is considering expanding PCIT throughout Central Oregon. OPEC is the core funding for parenting education statewide.

SECTION 4. ADDITIONAL THOUGHTS

Deschutes County

Project LAUNCH has provided a wonderful opportunity for our local community to come together and promote young child wellness. From the beginning we embraced the public health ecological model, espoused by LAUNCH, to help children meet their social, emotional, behavioral, physical, and cognitive milestones. This required our community to break down discipline silos and work toward integration and collective impact. We have noted, however, that this integration work has not been as evident at the federal level. Although LAUNCH is described as a partnership between SAMHSA, HRSA, ACF and CDC, the mental health perspective from SAMHSA is the loudest voice heard. For instance, Children’s Mental Health Day is the only public awareness day promoted and Framework Institute’s recommended “level table” metaphor only works for mental health promotion—not overall wellness. We appreciate that SAMHSA is the sponsoring agency for LAUNCH and is making an effort to breakout of its own silo. We suggest that if SAMHSA reached out more to its federal partners such as CDC, which is very familiar with prevention and the ecological model, the project would be even stronger.

Another area that could be improved is around evaluation. We received very little, if any, feedback on our evaluation reports over the five years and no feedback following our one site visit. Those reports were very resource intensive and it was difficult to know if we were on track without some communication. However, as an early cohort we understood that LAUNCH was still in development; and we have seen tremendous improvement in federal communication and organization this past year. Overall, our LAUNCH experience has been a very positive one that has given Central Oregon a head start on health care transformation. Thank you for the opportunity and best of luck going forward. We’ll be watching for new lessons learned that we can apply!

State of Oregon

One way that SAMHSA could strengthen this grant would be to really clarify the ultimate goal—changing state policy or developing strong local systems? Both are critically important but require different strategies and investments. If the goal is to primarily develop strong local systems and achieve 1-2 system and/or state policy changes the current system may be adequate. However if the goal is to embed more of the local efforts into state policy and/or practices it may require more investment at the state level, ideally spread between multiple state agencies and/or organizations who are accountable for the changes. I believe elements of this change have already been implemented with newer grantees where there are two agencies responsible for the grant. I don’t know how this change is achieving the desired outcomes of SAMHSA so I look forward to hearing about this newer model.

Another method to truly achieve the goals of the strategic plan is to provide some fiscal support for multiple partners on the state and local councils to ensure investment in the strategic plan.

Overall though, it has been a great opportunity to work with SAMHSA and I think they reinforce a nice balance between requiring culturally competent evidence-based practices as well as promoting innovative practices in their efforts to really reach multiple populations.