Bodewadmi LAUNCH Consortium Strategic Plan

Updated September 5, 2013

Bodéwadmi Project LAUNCH, a Tribal Consortium of:
The Gun Lake Tribe of Pottawatomi Indians, the Nottawaseppi Huron Band of the Potawatomi and the Pokagon Band of the Potawatomi Indians

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Mission Statement:

The mission of the Bodewadmi Launch Consortium is to promote a sustainable, culturally-based system that supports the social, emotional, mental, physical and cognitive development for the overall wellness of all children pre-natal thru age 8 in our communities. With strategic partnerships and training across young childhood-serving systems we promote the well-being of Potawatomi children through preventative, supplemental and collaborative evidence-based practices.

Vision Statement:

Our successful Bodewadmi Launch Consortium will be evidenced by culturally-based pre-natal and early childhood serving systems that are both comprehensive and sustainable. The families and children served will have access to holistic, integrated, community services that promote physical, and socio-emotional health and development. Risk factors will be identified to allow for early intervention in order to insure the social, emotional, mental, physical and cognitive development of our youngest children.

Project Values:

The Bodewadmi LAUNCH Consortium will be guided by the following values:

- the wisdom of our ancestors and our Seven Grandfather Teachings
- the fundamental value and dignity of every child
- a commitment to:
    - support and empower families of young children and expectant mothers
    - provide LAUNCH-related training to service providers of young children, expectant mothers and the families of both, that is evidence-based and culturally appropriate
    - provide services to families of young children and expectant mothers that are evidence-based and culturally appropriate
    - provide resources to promote the health and wellness of all children, all expectant mothers and the families of both in our communities
    - reduce health disparities among young children, expectant mothers and their families of both by increasing access, service use, positive factors, resiliency and positive outcomes

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The Bodéwadmi LAUNCH Consortium will accomplish its mission and realize its vision by incorporating the five LAUNCH strategies into the very fabric of its project:

1. Enhanced home visiting through increased focus on social and emotional well-being
2. Mental health consultation in early care and education
3. Integration of behavioral health into primary care settings
4. Family strengthening and parenting skills training
5. Screening and assessment in a range of child-serving settings

The Bodéwadmi LAUNCH Consortium is a modern day confederacy of three "sister" Potawatomi tribes, all headquartered in southwest Michigan within a two hour drive of one another. The three tribes—Match-E-Be-Nash-She-Wish, also known as the Gun Lake Tribe, Nottawaseppi Huron, and Pokagon Bands—all received federal recognition a short time ago, each in the 1990s. The Pokagon Band was federally recognized in 1994, Nottawaseppi Huron Band in 1995 and the Gun Lake Band in 1998. The tribes share cultural traditions, a common traditional language of Potawatomi—pronounced "Bodéwadmi" in the language—as well as similar socio-economic realities, including physical and mental health disparities among their populations.

The Potawatomi are an American Indian Nation from the woodlands or Great Lakes area of North America. As the American colonization expanded westward, the Potawatomi people were forced to leave their homes and disbursed in many directions in an attempt to maintain their traditional way of life. Their lives were further disrupted during the United States Treaty Era (1783-1830). During this time, there were major land cessions by the Indian tribes and designated reserves were established for tribes as part of the treaties. Often tribal leaders were coerced into signing treaties or their signatures were forged. In 1830, the Indian Removal Act was signed by President Jackson, which led to the forced removal of Indian tribes from their home lands to reservation territories in the west. For many of the Potawatomi people in Michigan and Indiana, the Treaty of Chicago in 1833 led to their forced removal on the Trail of Death to west of the Mississippi River. Some fled to Canada, hid in remote locations or sought protection through established churches or missions.

Gun Lake Historical Information: Historical records reference the Gun Lake Band of Pottawatomi associated with the Ottawa of Northern Michigan, as the Ottawa's moved south during the winter to the Grand River. In the late 1700s and early 1800s, the Band was led by Match-E (translated as "very powerful, feared, dangerous"); Be-Nash-She ("bird"); Wish ("he is still being"), a well-respected leader of the Anishinabe or people of the Three Fires (Pottawatomi, Odawa and Ojibwe). During this time, there were seasonal villages located on the Grand, Thornapple and Kalamazoo Rivers. By 1820, the primary village was located at the head of the Kalamazoo River; and, in 1821, a reservation was established for the Band near what is now downtown Kalamazoo. This reservation was ceded in 1827 and the Band subsequently moved to the Gun Lake and Bradley, Michigan area. By 1840, the Gun Lake Band had gathered under the protection of an Episcopalian mission located in Allegan County,

Michigan, to avoid removal west. The mission was later to be known as the Griswold or Bradley Colony and the Band took a second name, the Gun Lake Tribe, due to their presence in this area. In 1885, they established the Indian cemetery at Bradley. The Bradley Colony was "dissolved" in 1894 by the Church; the land was divided and deeded to 19 descendants of Chief Match-E-Be-Nash-She-Wish. Most land was later lost due to tax liens. Tribal members remained in the area, and in 1992, the Bradley Settlement Elders Council was formed, thus changing their leadership from secular to a modern tribal government. In 1994, a petition for federal acknowledgment was submitted to the Bureau of Indian Affairs, culminating in Gun Lake Band becoming a federally recognized Indian Tribe in 1999. Today, many of the approximate 415 citizens of the Gun Lake Tribe live within its five-county service area (Allegan, Barry, Kalamazoo, Kent and Ottawa Counties in Michigan), a large percentage of which are under age 18. The mission of the Gun Lake Tribe is to "…maintain our elders' vision, integrity, spirituality, culture and economic self-sufficiency by protecting our…traditions, land and natural resources for future generations." The Gun Lake Tribe, which was landless only a few years ago, has started purchasing lands in the Gun Lake and Bradley, MI area. The properties owned and protected by the Tribe, currently totaling about 750 acres (some in trust, some fee land) in a "checkerboard" pattern, are mostly unimproved, wooded or field lands.

Nottawaseppi Huron Historical Information: The ancestors of what is now the Nottawaseppi Huron Band of the Potawatomi were centered in the Huron River Valley and the southeastern part of what is now Wayne County, Michigan. Through 1821-1833 Treaties, major land cessions occurred and the people of the Huron Band were relocated to the newly formed Nottawaseppi Reservation in Southwest Michigan in what is now St. Joseph County. In 1833, the Treaty of Chicago ceded the Nottawaseppi reserve to the U.S. government. However, Chief of the Huron Band, John Moguago, did not sign the treaty; instead his signature was forged. This resulted in the forced removal of the Huron Band. They were gathered by soldiers, held at local farms and sent to Kansas in 1840. The bands of tribal leaders Moguago and Pamptopee escaped and returned to Michigan. These members are the founders of what is now known as the Nottawaseppi Huron Band of the Potawatomi. The tribe acquired a deed for the Pine Creek Reservation in 1845 and established a land trust on behalf of the tribe. They did this by using the tribe's treaty annuity money. In other words, the tribal members used their money paid to them by the government for land they were forced to relinquish, to purchase through a government official, a small parcel of their own homelands. They did this with the assistance of a local non-Native couple as tribal people were not allowed to purchase and own land as they were not considered citizens of the U.S. until 1924. A Methodist mission was established in 1845 on this land that was known then as "East Indiantown". These 120 acres of land is classified as an Indian Reservation; known as "the Pine Creek Indian Reservation." Most Huron Potawatomi became citizens and took their lands in severalty during 1888, and federal tribal status was officially terminated during 1902. However, the Nottawaseppi continued their tribal organization and traditions, and with an enrollment of approximately 600, they were successful in regaining their federal recognition late in 1995. The tribe is now over 1,100 citizens. The majority of these citizens reside in Calhoun, Kent, Ottawa, Allegan, Kalamazoo, Barry and Branch Counties in Michigan.

Pokagon Historical Information: As the 1833 Treaty of Chicago established the conditions for the removal of the Potawatomi westward, a small band of Potawatomi, under the leadership of Leopold Pokagon—after whom the tribe takes its name--negotiated the right to remain in its homeland—in part because they had demonstrated a strong attachment to Catholicism. This connection was most poignantly illustrated with the

founding of the University of Notre Dame: Fr. Stephen Badin ministered to the Potawatomi in Pokagon's original village in Bertrand, Michigan, but then moved the mission to the current site of the University.

In 1838 Leopold Pokagon purchased land for his village in Silver Creek Township near Dowagiac, Michigan, and moved his people there. As the Indian Removal Act played out, Potawatomi from northern Indiana and Michigan sought refuge at Pokagon's village. The descendants of this group, about 4,500 citizens today, are the Pokagon Band of Potawatomi. The Pokagon homeland is identified now as the six counties of LaPorte, St. Joseph, Elkhart, Starke, Marshall and Kosciusko in northern Indiana and the four counties of Berrien, Cass, Van Buren and Allegan in southwest Michigan.

This Strategic Plan was informed by the goals and objectives from the Consortium's original grant proposal and the findings of the three local and one overarching Environmental Scans.

It was prepared in collaboration with the Consortium's four tribal Young Child Wellness Councils—three local and one central—and with input from the Consortium's LAUNCH work group, which is made up of representatives from all three member-tribes.

The following five areas of need were identified as those most cited by participants during the Environmental Scanning process:

1. culturally appropriate support services for families and children
2. access to services
3. service coordination
4. parenting programs and engagement by parents in positive parenting
5. availability of affordable, accessible, quality child care

This plan is intended to be a living document—evolving as part of an ongoing, dynamic process. The plan will be adjusted as objectives are met, new needs and strategies are identified, and evaluation findings are reviewed.

Data from the environmental scan states the following regarding the current demographics of the underserved members of the Huron, Gun Lake, and Pokagon children and families of focus:

A majority of respondents from the Environmental Scan identified the following needs: culturally relevant programs, how to strengthen cultural identity for the children of the tribe, parent education on child development; financial literacy education for parents, and child care.

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Development of the Strategic Plan

The process for conducting and writing the strategic plan involved through research on countless EBPs, assorted promising practices and various training opportunities. All LAUNCH team members—including members of the four Young Child Wellness Councils--were invited to propose evidence-based practices and other relevant programs and training. The Consortium's workgroup held weekly meetings during which presentations were made by representatives of various EBPs and promising practices.

Gun Lake conducted extensive research on parent training curricula, developed a binder, along with a chart analyzing the pros and cons of each curriculum. The Consortium's work group contacted the developers of the top couple of choices, then discussed at length questions it had with the director of program dissemination and implementation of its top choice—Triple P, before making its final selection. In addition, the work group consulted with North Carolina LAUNCH regarding its experience with the Triple P program, on which the Consortium decided.

A similar process was used in the vetting of the other curricula, practices and training. In person, on site presentations were made by representatives from GreenPath, the Southwest Michigan Children's Trauma Assessment Center and a faculty member from Western Michigan University's Family Life Education Department.

All LAUNCH team members—including members of the four Young Child Wellness Councils--were invited to propose evidence-based practices and other relevant programs and training.

The process for conducting and writing the strategic plan involved equal representation from all three Consortium tribes, including the Consortium's nine LAUNCH staff, four Young Child Wellness Councils (three local and one central) and representatives from all three tribal communities. Parents and other community members were involved in the drafting of the document first through their initial participation in the Environmental Scan--in focus groups and key informant interviews--and then though active participation in the selection process of the EBPs during small group activities in the August meeting of the Central Young Child Wellness Council. Each tribe's local Young Child Wellness Council—all of which included parents and community members--participated in a two hour meeting on August 20. A small group activity was conducted in which four groups were formed to discuss in detail the five core LAUNCH strands. Two strands were combined into a single group (home visitation and family strengthening). Each designated group averaged eight participants. The groups were tasked with providing recommendations as to which EBPs to adopt. Each group was facilitated by a representative from the Consortium's work group, who shared overviews of the various EBPs. In addition, each group had a representative from either the Consortium's Evaluation Team or Technical Assistance Team who provided expert support and assistance. The groups then discussed each, and selected one--or more—EBPs to recommend for inclusion in the Consortium's Strategic Plan. All recommendations were adopted by the Consortium workgroup and included in the Strategic Plan.

Likewise, the process for writing the Strategic Plan involved equal representation from all three Consortium tribes. The Consortium's workgroup was greatly assisted by a joint site visit by its local evaluation team and its technical assistance team in late August.

Workgroup members actively participated in the writing of the Plan and were in regular communication during the long process of adding to and/or revising the various pieces of the Plan. Multiple versions of a draft Plan were reviewed with many emails and conversations being exchanged. Sometimes other tribal staff was consulted to provide information such as census information or tribal history.

The chart below indicates findings from the Environmental Scan and Strategic Plan process regarding systems and policy reform related to social emotional wellness of ALL children.

Findings of Environmental Scan and Strategic Plan Process	Gun Lake Band	Huron Band	Pokagon Band
Infrastructure for child services in each band	Both staffing and facility space is insufficient to meet the needs of the tribe's population of families of young children. The tribe currently has a small health clinic. A ground breaking ceremony is scheduled for October 5 for a new governmental complex, which will include a Wellness Center.	Both staffing and facility space is insufficient to meet the needs of the tribe's population of families of young children. A second position of Community Health Nurse was just created this past Spring. Recent facility expansions were just completed of both the Northern and Southern area tribal health clinics, as well as both the Northern and Southern area administrative offices. However, in spite of the recent expansion at the Southern clinic located on the tribe's Pine Creek Reservation, space and staffing are still insufficient.	Both staffing and facility space is insufficient to meet the needs of the tribe's population of families of young children. Ground is expected to be broken this Fall on a state-of-the-art Wellness Center at the tribe's government center in Dowagiac, MI.
Coordination among child-serving programs across or within bands	Primary care, Behavioral Health and Social Service programs are housed within the Health Dept. Representatives from each program conduct weekly case management meetings together. The Tribal Court has enlisted the input of the Social Services	A multi-disciplinary team exists made up of staff from various tribal departments: Behavioral Health, Social Services and primary care. This team, called Care Coordinating Conference, meets every week to review shared cases. Tribal Behavioral Health staff does required assessments at the	A multi-disciplinary team made up of staff from the tribe's Behavioral Health and Social Services departments exists. The team reviews cases shared between them. Tribal Social Services has coordinated mandatory reporting training to both the tribe's Head Start center as well as to the tribal Department of Education. Social Services pays for 100% of child care

	Coordinator on development of a child and family welfare code. The Health Committee and the health staff are working on final edits of a child welfare ordinance.	Tribe's two Head Start centers.	cost for children deemed in need of protection. The Tribe has a Child Protection Code.
Collaboration and partnerships among child-serving agencies	Tribal Social Services Coalition of Michigan; Michigan Tribal Education Directors Consortium; Michigan Tribal Behavioral Health Directors; "Honoring Our Children" initiative through the Inter-Tribal Council of Michigan (which targets children birth through age eight); academic tutoring it provided.	Tribal Social Services Coalition of Michigan; Michigan Tribal Education Direction Consortium; Michigan Tribal Behavioral Health Directors; "Honoring Our Children" initiative through the Inter-Tribal Council of Michigan (which targets children birth through age eight)	Tribal Social Services Coalition of Michigan; Michigan Tribal Education Direction Consortium; Michigan Tribal Behavioral Health Directors. "Honoring Our Children" initiative through the Inter-Tribal Council of Michigan (which targets children birth through age eight) Other: Tribe provides academic tutoring and actively participates in local Individualized Education Plans. The Tribe is participating with two local counties—Van Buren and Cass--in a recent initiative to recruit adoption and foster care homes.
Workforce Development	Practitioners often attend a variety of trainings on various topics while employed by the tribe; however a comprehensive training plan focused around social emotional wellness of young children has never existed.	Practitioners often attend a variety of trainings on various topics while employed by the tribe; however a comprehensive training plan focused around social emotional wellness of young children has never existed.	Practitioners often attend a variety of trainings on various topics while employed by the tribe; however a comprehensive training plan focused around social emotional wellness of young children has never existed.
Financing of child services or child wellness across bands (e.g. universal screening and assessments)	Limited funds exist for child services/child wellness. The Tribe submitted a first time application to the Administration for Children and Families in hopes of receiving a Child Care and Development Fund award for the first time.	Limited funds exist for child services/child wellness. Earlier this year the Tribe received a Child Care and Development Fund award for the first time through the Administration for Children and Families.	Limited funds exist for child services/child wellness. For assessments and counseling limited funds can be accessed through the Administration for Children and Families. In addition, limited tribal dollars are available.
Policy reform	Information on policy was not	Information on policy was not	Information on policy was not collected.

related to social emotional wellness of ALL children	collected. Follow up inquiry is expected to show that no policy exists regarding social emotional wellness of ALL children.	collected. Follow up inquiry is expected to show that no policy exists regarding social emotional wellness of ALL children.	Follow up inquiry is expected to show that no policy exists regarding social emotional wellness of ALL children.

In each of the three bands the Environmental Scan documented insufficient capacity to implement services to families of young children. Tribal government staff in each of the Bands often "wears multiple hats." Their work load is heavy and work-related stress is high. Staff turnover in the two larger tribes—Pokagon and Huron--exacerbates the ever-present challenge of delivering direct services. With Gun Lake it's often a matter of insufficient staffing levels. One solution proposed by Gun Lake is to invite parents to form a parent committee to support program's functions.

In order to ensure that all three Bands effectively implement each of the five core LAUNCH strategies, the Consortium chose to develop a staggered approach and timeline. The Bands have considered capacity through utilization of the Hexagon Tool. This approach identified the readiness capacity of each Band and influenced subsequent timelines. Tribes will strong capacity will begin first. Lessons learned from one Band's experience will inform the approach taken by the next Band. An implementation schedules for each of the three Bands follows.

Parents expressed concern that they did not sufficient knowledge/understanding of children's mental health and social and emotional development. Because of that request, a goal was added to develop and implement a public awareness campaign to promote awareness of children's mental health.

The workgroup modified the Hexagon Tool by adding another dimension—sustainability—to guide discussion of incremental implementation.

Each EBPs will be carefully reviewed by each Band. Upon completion of training the Young Child Wellness Coordinators will work together to ensure appropriate modification that addresses specific health disparities and cultural traditions. Input will be garnered from the cultural departments, elders and parents/community members and other staff. Integration of the Potawatomi language and culture as much as possible will be incorporated into curricula, activities, events, services and programs.

Goal 1: To develop a sustainable infrastructure at each of the three Consortium Tribes that will improve comprehensive wellness of all young children ages 0 through 8, expectant mothers, and their families.	Goal 1: To develop a sustainable infrastructure at each of the three Consortium Tribes that will improve comprehensive wellness of all young children birth through age eight, expectant mothers, and the families of both

Objective 1.D: To increase the number of evidence-based practices used for promotion and prevention at each of the three (3) Consortium Tribes	Objective 1: To increase the number of evidence-based practices used for promotion and prevention and the fidelity to identified practices in a range of young child-serving settings
Objective 1.E: To increase the number of providers that are trained in the use of screening and assessment tools and evidence-based practices	Objective 2: To increase the number of providers that are trained in the use of screening and assessment tools and evidence-based practices
Objective 1.F: To coordinate/improve evaluation and data collection systems to document promotion and prevention health services provided to young children	Objective 3: To develop data collection and evaluation systems to document the promotion and prevention-related health services provided to young children, expectant mothers and their families.
Goal 2: To implement a community plan of direct service delivery that increases coordination and collaboration among agencies and systems serving young children ages 0 through 8, expectant mothers and their families.	Goal 2: To implement a community plan of direct service delivery that increases coordination and collaboration among agencies and systems serving young children birth through age eight, expectant mothers and the families of both.
Objective 2.B: To increase the number of social-emotional screenings at primary care provider and early childhood provider settings	Objective 1: To increase the number of social-emotional screenings at primary care provider and early childhood provider settings.
Objective 2.C: To incorporate behavioral health into primary care and pediatric practices through on-site mental health consultation	Objective 2: To incorporate behavioral health into primary care through on-site mental health consultation and designated primary care facilities.
Objective 2.D: To increase the amount of social and emotional promotion and prevention activities during home visiting	Objective 3: To increase the amount of social and emotional promotion and prevention activities during home visiting.
Objective 2.E: To increase the parenting skills of parents/guardians 0 through 8 and their families	Objective 4: To increase family strengthening skills of parents of young children and expectant mothers.
	Goal 3: To increase public awareness of children's mental health.
	Objective 1: To create a series of regional public awareness campaigns to promote awareness of children's mental health throughout southwest Michigan and northern Indiana.

Implementation and Sustainability Strategies

Goal 1: To develop a sustainable infrastructure at each of the three Consortium Tribes that will improve comprehensive wellness of all young children birth through age eight, expectant mothers, and the families of both
Rationale: Lack of use and consistency of evidence-based promotion and prevention practices by service providers in a range of young child-serving settings at the three Consortium Tribes

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Objective 1: To increase the number of evidence-based promotion and prevention practices and the fidelity to identified practices in a range of young child-serving settings			
Targeted Outcome: Increased use of evidence-based promotion and prevention practices by service providers in a range of young child-serving settings			
Major Indicators: Service providers self-report increased use of evidence-based practices and level of fidelity to each practice			
General Strategy	**Activities/Tasks**	**Stakeholders**	**Specific Time Frame**
Work collaboratively with service providers in a range of young child-serving settings to promote the adoption of evidence-based promotion and prevention practices. EBPs: 1. ASQ: SE 2. Pediatric Symptom Checklist 3. Triple P 4. Primary Project 5. Family Connections Promising Practices: 1. Reach Out and Read 2. GreenPath 3. Brazelton Touchpoints 4. Red Cliff Wellness 5. Mental Health First Aid	1.Finalize training plan of selected EBPs and promising practices 2.Implement training plan	• Infant mental health consultants • Primary care professionals • Behavioral health professionals • Young Child Wellness Coordinators • Young Child Wellness Expert • Trainers from the developers of the various EBPs • Child care providers • School Staff • Consortium families	See chart below for staggered implementation schedule
Policy Implications: Coordination of use of evidence-based promotion and prevention practices by service providers in a range of young child-serving settings			
Workforce Implications: Increased use of evidence-based promotion and prevention practices by service providers in a range of young child-serving settings			
Coordination and Collaboration with the State: Participation by State of Michigan LAUNCH Project Director on Consortium's central-level young child wellness council; participation by Consortium representative on state-level young child wellness council;			
Coordination and Collaboration with Other Stakeholders: Coordination of central and local tribal young child wellness councils with various tribal departments and committees, pediatric health professionals and young child-serving agencies and organizations; local chapters of the American Academy of Pediatrics			
Sustainability Strategies: Use of interventions that are available at no cost or very low cost, coordination across young child wellness councils, development of policies and MOUs to clarify responsibilities and expectations of multiples collaborators			

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Goal 1: To develop a sustainable infrastructure at each of the three Consortium Tribes that will improve comprehensive wellness of all young children birth through age eight, expectant mothers, and the families of both.

Rationale: Current lack of mental health screening in range of young child-serving settings

Objective 2. To increase the number of providers that are trained in the use of screening and assessment tools and evidence-based practices

Targeted Outcome: Increased number of providers trained in the use of screening and assessment tools and evidence-based practices

Major Indicators: Providers self-report knowledge and use of screening and assessment tools and evidence-based practices

General Strategy	Activities/Tasks	Stakeholders	Specific Time Frame
Work collaboratively with service providers in a range of child-serving settings to promote use of uniform screening and assessment tools and evidence-based practices with fidelity EBPs: • ASQ: SE • Pediatric Symptom Checklist • Triple P • Primary Project • Family Connections Promising Practices: • Reach Out and Read • GreenPath • Brazelton Touchpoints • Red Cliff Wellness Mental Health First Aid	1. Finalize training plan on selected screening and assessment tools and evidence-based practices 2. Promote use of uniform screening and assessment tools and evidence-based practices 3. Promote the administration of uniform screening measures with fidelity 4. Develop a coordinated screening process 5. Develop a plan for tracking and sharing screening information	• Infant mental health consultants • Primary care professionals • Behavioral health professionals • Young Child Wellness Coordinators • Young Child Wellness Expert • Trainers from the developers of the various EBPs • Child care providers • Consortium families • School Staff	See chart below for staggered implementation schedule

Policy Implications: Coordination of screening efforts across related services, including home visitation, early care, and primary care practices.

Workforce Implications: Coordination of training efforts for early childhood professionals across the sectors, including mental health consultants, home visitors and pediatric health professionals to build developmental screening capacity

Coordination and Collaboration with the State: Participation by State of Michigan LAUNCH Project Director on Consortium's central-level young child wellness council, participation by Consortium representative on state-level young child wellness council

Coordination and Collaboration with Other Stakeholders: Coordination with local infant mental health professional organizations, pediatric health professionals and family groups to determine most appropriate screening instruments to be used

Sustainability Strategies: Strategies were selected that are available at no cost or low cost, such as those available; MOUs to clarify responsibilities and expectations of multiples collaborators

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Goal 1: Develop a sustainable infrastructure at each of the three Consortium Tribes that will improve comprehensive wellness of all young children birth through age eight, expectant mothers and the families of both			
Rationale: A comprehensive data collection and evaluation plan is critical to the success of the project			
Objective 3: To develop data collection and evaluation systems to document the promotion and prevention-related health services provided to young children, expectant mothers and their families			
Targeted Outcome: The development of comprehensive data collection and evaluation systems that document the promotion and prevention-related health services provided to young children, expectant mothers and the families of both that document the promotion and prevention-related health services provided to young children, expectant mothers and the families of both			
Major Indicators: Existence of comprehensive data collection and evaluation systems			
General Strategy	**Activities/Tasks**	**Stakeholders**	**Specific Time Frame**
Work collaboratively with external evaluator to develop a comprehensive data collection and evaluation plan	• Work with external evaluator to finalize a data sharing agreement acceptable to all three Tribes • Consortium Tribes develop a revised LAUNCH-related MOU • Training of relevant staff in range of child-serving settings on data collection process • Staff collect relevant data • Complete TRAC report using data collected • Completed cross site report using data collected	• Brazelton Touchpoint Center • Young Child Wellness Expert • Young Child Wellness Coordinators • Tribal Councils of the Consortium Tribes • Consortium Workgroup • LAUNCH Co-Project Director /Administrative	Data collection/evaluation plan completed – Y1, Q4 Training of staff in a range of child-serving settings begins – Y2, Q1 Staff begins collecting data – Y2, Q1 Collection and reporting of data - ongoing
Policy Implications: Development of data collection/evaluation agreements			
Workforce Implications: Training on data collection and evaluation for service providers and staff in a range of child-serving settings			
Coordination and Collaboration with the State: Participation by State of Michigan LAUNCH Project Director on Consortium's central-level young child wellness council; participation by Consortium representative on state-level young child wellness council			
Coordination and Collaboration with other Stakeholders: Coordination of central and local tribal young child wellness councils with pediatric health professionals and families			
Sustainability Strategies: Development of systems that while effective are not cost-prohibitive, coordination across young child wellness councils, development of policies and MOUs to clarify responsibilities and expectations of multiples collaborators			

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Goal 2: To implement a community plan of direct service delivery that increases coordination and collaboration among agencies and systems serving young children birth through age eight, expectant mothers and the families of both.			
Rationale: Routine social-emotional screenings will identify potential developmental issues early therefore allowing such issues to be addressed			
Objective 1: To increase the number of social-emotional screenings at primary care provider and early childhood provider settings			
Targeted Outcome: Routine social-emotional screenings at primary care provider and early childhood provider settings			
Major Indicators: Adoption of routine social-emotional screenings at primary care provider and early childhood provider settings			
General Strategy	**Activities/Tasks**	**Stakeholders**	**Specific Time Frame**
Work collaboratively with service providers in a range of child-serving settings to promote use of uniform screening and assessment tools 1. ASQ-SE 2. Pediatric Symptom Checklist	1. Conduct training on selected screening and assessment tools 2. Promote use of uniform screening and assessment tools 3. Conduct screening and assessments 4. Develop a coordinated screening process 5. Develop a plan for tracking and sharing screening information	• Infant mental health consultants • Primary care professionals • Behavioral health professionals • Young Child Wellness Coordinators • Young Child Wellness Expert • Child care providers • Head Start staff • School Staff • Consortium families	See chart below for staggered implementation schedule
Policy Implications: Coordination of screening efforts across related services, including home visitation, early care and primary care practices			
Workforce Implications: Training on social-emotional screenings at primary care provider and early childhood provider settings			
Coordination and Collaboration with the State: Participation by State of Michigan LAUNCH Project Director on Consortium's central-level young child wellness council; participation by Consortium representative on state-level young child wellness council; participation on relevant state-level work groups			
Coordination and Collaboration with Other Stakeholders: Coordination of central and local tribal young child wellness councils with state and local public health leaders, pediatric health professionals and families to determine most appropriate screening instruments			
Sustainability Strategies: Collaboration across departments, agencies and other partners, coordination across young child wellness councils, development of policies and MOUs to clarify responsibilities and expectations of multiples collaborators			
Goal 2: To implement a community plan of direct service delivery that increases coordination and collaboration among agencies and systems serving young children birth through age eight, expectant mothers and the families of both			
Rationale: On-site mental health consultation will increase access to behavioral health services to families of young children			
Objective 2: To incorporate behavioral health into primary care through on-site mental health consultation and designated primary care facilities.			
Targeted Outcome: Incorporation of behavioral health into primary care through on-site mental health consultation in Tribal settings			
Major Indicators: Availability to access to behavioral health at designated primary care facilities through on-site mental health consultation			
General Strategy	**Activities/Tasks**	**Stakeholders**	**Specific Time Frame**

Integration of mental health consultation into primary care settings to promote social emotional wellness in children birth through age eight.	1. Work with partners to develop a holistic plan for integrating behavioral health into the primary care setting. 2. Conduct training related to the implementation of the plan. 3. Implement plan.	• Primary health professionals • Behavioral health professionals • Home visitors • Head Start staff • Young Child Wellness Coordinators • Young Child Wellness Expert • Tribal health directors • Consortium families	See chart below for staggered implementation schedule
Policy Implications: Funding changes, coordination across young child wellness councils, development of policies and MOUs to clarify responsibilities and expectations of multiples collaborators			
Workforce Implications: Increased knowledge and skills for			
Coordination and Collaboration with the State: Participation by State of Michigan LAUNCH Project Director on Consortium's central-level young child wellness council; participation by Consortium representative on state-level young child wellness council			
Coordination and Collaboration with Other Stakeholders: Coordination of central and local tribal young child wellness councils with state and local public health leaders, pediatric health professionals and family groups to determine most appropriate screening instruments to be used			
Sustainability Strategies: Strategies will be selected that are available at no cost or low cost, such as those available through CSEFEL			
Goal 2: To implement a community plan of direct service delivery that increases coordination and collaboration among agencies and systems serving young children birth through age eight, expectant mothers and the families of both			
Rationale: Increased social and emotional promotion and prevention activities during home visiting will increase young child wellness			
Objective 3: To increase the amount of social and emotional promotion and prevention activities during home visiting			
Targeted Outcome: Increased amount of social and emotional promotion and prevention activities during home visiting			
Major Indicators: Parents report increased understanding and use of social and emotional promotion and prevention activities as a result of home visiting sessions			
General Strategy	**Activities/Tasks**	**Stakeholders**	**Specific Time Frame**
Provide training, support and resources to home visitors on child development with an emphasis on social and emotional promotion and prevention activities EBP: Triple P Promising practice: Brazelton Touchpoints	1.Conduct training to home visitors 2.Integrate promotion and prevention activities into home visitation programs 3.Implement promotion and prevention activities into home visitation programs	▪ Brazelton Touchpoints Center ▪ Home visitation staff ▪ Triple P trainers ▪ Young Child Wellness Expert ▪ Young Child Wellness Coordinators ▪ Consortium families	See chart below for staggered implementation schedule
Policy Implications: Funding changes, coordination across young child wellness councils, development of policies and MOUs to clarify responsibilities			

and expectations of multiples collaborators.
Workforce Implications: Increased knowledge, understanding and skills of home visitors
Coordination and Collaboration with the State: Participation by State of Michigan LAUNCH Project Director on Consortium's central-level young child wellness council; participation by Consortium representative on state-level young child wellness council
Coordination and Collaboration with other Stakeholders: Coordination of Consortium with Inter-Tribal Council of Michigan's "Honoring Our Children" initiative; Michigan Indian Education Association; public health leaders, pediatric health professionals
Sustainability Strategies: Development of strong collaborative partnerships with both local community foundations and private foundations will increase likelihood of funding awards in future years

Goal 2: To implement a community plan of direct service delivery that increases coordination and collaboration among agencies and systems serving young children birth through age eight, expectant mothers and the families of both			
Rationale: Parents and community members requested family strengthening training			
Objective 4: To increase family strengthening skills of parents of young children and expectant mothers			
Targeted Outcome: Increased parenting skills that support healthy young child development and resiliency in children			
Major Indicators: Parents self-report level of knowledge on family strengthening topics			
General Strategy	**Activities/Tasks**	**Stakeholders**	**Specific Time Frame**
Provide family strengthening skills training to parents: 1. Triple P (Positive Parenting Program) 2. GreenPath – budgeting and money management skills (promising practice) 3. Reach Out and Read 4. Touchpoints 5. Family Connections	1. Develop provider training schedule 2. Complete training schedule 3. Integrate Potawatomi cultural components into curriculum 4. Market family strengthening initiatives 5. Deliver family strengthening Initiatives via: i. one on one home visits ii. group settings 6. Collect and report data	• Home visitation staff • Consortium staff • Tribal government staff • LAUNCH volunteers • Primary care providers • Consortium families	See chart below for staggered implementation schedule
Policy Implications: Coordination across young child wellness councils, development of policies and MOUs to clarify responsibilities and expectations of multiples collaborators			
Workforce Implications: Increased knowledge, understanding and skills of service providers in a range of young child-serving settings			
Coordination and Collaboration with the State: Participation by State of Michigan LAUNCH Project Director on Consortium's central-level Young Child Wellness Council; participation by Consortium representative on state-level Young Child Wellness Council			
Coordination and Collaboration with other Stakeholders: Coordination of central and local tribal young child wellness councils with local service organizations			

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Sustainability Strategies: Development of in-house capacity by training a cadre of trainers

Goal 3: To increase public awareness of children's mental health

Rationale: Low public awareness of children's mental health needs

Objective 1: To create a series of regional public awareness campaigns to promote awareness of children's mental health throughout southwest Michigan and northern Indiana

Targeted Outcome: Increased public awareness of children's mental health

Major Indicators: Appearance of children's mental health awareness ads; awareness events held in three locations in Consortium's service area; Communities members and local service providers report increased awareness

General Strategy	Activities/Tasks	Stakeholders	Specific Time Frame
Develop low cost public awareness campaigns by partnering with stakeholders and sharing resources	1. Research and identify potential collaborative partners throughout the region 2.Access SAMHSA's resource tool kit on National Children's Mental Health Awareness Day 3. Work with collaborative partners to develop a plan for media campaigns to increase public awareness of children's mental health 4. Release of media advisories 5. Publication of information in tribal newsletters 6.Declaration of Children's Mental Health Awareness Day 7. Implement social media campaign	• Collaborative partners • Young Child Wellness Expert • Young Child Wellness Coordinators • Consortium tribal government staff • Behavioral health professionals • SAMHSA • Tribal families	• Begin planning - September 2013 • Implement media campaign to promote National Children's Mental Health Awareness Day – April 2014 ▪ "My Emotions Are a Work of Art" art initiative complete with exhibits – May 2014 ▪ Traveling exhibit of "My Emotions Are a Work of Art": 21st Annual Potawatomi Gathering of all nine U.S. and Canadian Potawatomi Tribes - August 2014

Policy Implications: Public awareness increased by repetitive messaging. Message strengthened by use of consistent language.

Workforce Implications: Increased awareness by early childhood providers across the southwest Michigan and northern Indiana

Coordination and Collaboration with the State: Participation by State of Michigan LAUNCH Project Director on Consortium's central-level young child wellness council; participation by Consortium representative on state-level young child wellness council

Coordination and Collaboration with other Stakeholders: Coordination with yet-to-be identified local collaborative partners, such as radio stations, public schools, art institutes, services organizations, medical schools, banks, community and private foundations; State of Indiana LAUNCH; Tribal Department of Communication and Public Relations; all four Consortium Young Child Wellness Councils with pediatric health professionals; families of young children; community members

Sustainability Strategies: Development of strong collaborative partnerships with multiple stakeholders and the success of the initial awareness campaign(s) the first year establish a model and lay the groundwork for repeat campaigns in subsequent years with relative ease

Gun Lake Band's Implementation Schedule

Goals for 5 LAUNCH Core Strands	Readiness Capacity	Timeline
1. Home Visiting	Triple P (parent training)	Training: Y2, Q1, Planning and Development: Y2, Q2, Direct Services: Y2, Q4
2. Mental Health Consultation	Family Connections/The Primary Project in conjunction with local schools and early child care settings	Training: Y3, Q1 Planning and Development: Y3, Q2 Direct Services: Y3, Q3
3. Integration of Behavioral Health	Development of a holistic approach to physical and mental health care for families through primary care. This could include but is not limited to screens for maternal depression, domestic violence, social-emotional and developmental.	Y2, Q2
4. Parent Strengthening	1.Triple P 2.Reach Out and Read 3.GreenPath (financial literacy programming)	1. Training: Y2, Q1, Planning/Development: Y2, Q2, Direct Services: Y2, Q4 2. Training and Implementation: Y2, Q2 3. Y3, Q4
5. Developmental Screening	ASQ:SE and Pediatric Symptom Checklist	Training and Implementation: Y2, Q2

Huron Band's Implementation Schedule

Goals for 5 LAUNCH Core Strands	Readiness Capacity	Timeline
1.Home Visiting	Triple P (parent training)	Build partnerships for delivery options: Y2, Q1 Direct Services Y3, Q1
2.Mental Health Consultation	Family Connections in 2 Head Start Centers: Fulton & Grand Rapids by MHC	Y3, Q1
3.Integration of Behavioral Health	Development of a holistic approach to physical and mental health care for families through primary care. This could include but is not limited to screens for maternal depression, domestic violence, social-emotional and developmental.	Planning and Development: Y2, Q1 Direct Services: Y2, Q2
4.Parent Strengthening	1.Triple P (parent training)	1.Training Y2, Q1; Implementation: Y2,

	2.Reach Out and Read 3.GreenPath (financial literacy programming)	Q2 2.Training and Implementation: Y2, Q3 3.Delivery of workshops by contractor: Y2, Q1
5.Developmental Screening	ASQ:SE and Pediatric Symptom Checklist in two tribal health clinics	Y2, Q1

Pokagon Band's Implementation Schedule

Goals for 5 LAUNCH Core Strands	Readiness Capacity	Timeline
1.Home Visiting	Triple P (parent training)	Y2, Q1
2.Mental Health Consultation	Family Connections provided in Pokagon Head Start Center, Dowagiac by MHC	Y2, Q2
3.Integration of Behavioral Health	Development of a holistic approach to physical and mental health care for families through primary care. This could include but is not limited to screens for maternal depression, domestic violence, social-emotional and developmental.	Y3, Q1
4.Parent Strengthening	1.Triple P provided by two home social services visitors in individual and group settings 2.Reach Out and Read provided by primary care providers in clinic 3.GreenPath/Bridges Out of Poverty (financial literacy programming)	1.Training and Implementation: Y2, Q1 2.Training and Implementation: Y2, Q1 3.Research and identify curriculum: Y2; Training/Implementation: Y3, Q1
5.Developmental Screening	ASQ:SE and Pediatric Symptom Checklist in tribal health clinic	Training and Implementation: Y2, Q2

Goal 2: Consortium-Level Systems Goals - All Three Consortium Bands: Ongoing activities

1.A collaborative consortium that acknowledges and deploys strengths of individual tribes to strengthen all tribes (whole is greater than the sum of its parts)
2.Evidence-based programming that is adapted to emphasize cultural values and traditions of member tribes
3.Alignment of competent and effective assessment
4.Responsive preventative wrap-around mental health system for young children
5.Increased workforce capacity of family and child direct service providers – see below for some workforce trainings
6.Development and implementation of a campaign to increase providers' and families' awareness of mental health promotion and risk
7.LAUNCH efforts will be sustained through the pursuit and maintenance of diverse funding streams, continual reassessment and adaptation of efforts to community needs and capacity

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Consortium-Level Systems Goals - All Three Consortium Bands:
Detail of workforce development training (embed knowledge to service providers)

Training Topic	Name of Training, Name of Trainer, Practitioners to be Trained	Timeline
1.Child development framework	Brazelton Touchpoints (various service providers, LAUNCH staff)	Y2, Q1
2.Red Cliff Wellness curriculum	IHS, Bemidji (various service providers)	Y2, Q1
3.Trauma informed care	Southwest Michigan Children's Trauma Assessment Center (CTAC) (various service providers, court and LAUNCH staff)	Y2, Q3
5.Mental Health First Aid	If offered by IHS, Bemidji (Meg Fairchild, Huron Band's Behavioral Health and Social Services Manager)	Y2, Q3