Florida Project LAUNCH
Year 1 Evaluation Report
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Submitted by:
Teresa Nesman
Cathy Sowell
Patty Sharrock
Svetlana Yampolskaya
Rochelle Lentini

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Department of Child and Family Studies
Louis de la Parte Florida Mental Health Institute
College of Behavioral and Community Sciences
USF UNIVERSITY OF SOUTH FLORIDA

The evaluation team would like to gratefully acknowledge the assistance and cooperation provided by all of the state and community partners in the completion of the evaluation activities. Specifically, we would like to thank the Florida Department of Children and Families, Substance Abuse and Mental Health state and local program office; members of the Florida Project LAUNCH state and local councils; and the local service providers - Community Health Centers of Pinellas, Early Learning Coalition of Pinellas, Healthy Start of Pinellas, Juvenile Welfare Board, Operation PAR, and Suncoast Center, Inc., for their contributions.

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Executive Summary

Project Goals and Objectives

The purpose of Florida Project LAUNCH is to promote the wellness of young children from birth to age eight and their families, specifically those living with or at risk of substance abuse. The project is designed to achieve the intended goals through activities at the state level and targeted interventions at the local, community level in an area of Pinellas County, Florida known as the Lealman Corridor, made up of five high need zip codes. Florida Project LAUNCH is being implemented through a partnership with the Florida Department of Children and Families, Substance Abuse and Mental Health state and local program offices, the Florida Department of Health, and local contracted service providers in Pinellas County.

The community-level project strategies are focused on improving the infrastructure in which services are provided and increasing the availability and accessibility of evidence-based and culturally appropriate screening, assessment, referral and intervention for families in need. The state activities are intended to support the local efforts and broaden the impact statewide through increased access, advocacy, workforce development, and collaboration. The following goals have been outlined in Florida Project LAUNCH's state and local strategic plans:

Community Level System Goals:

Goal 1: Increase coordination and collaboration among agencies serving young children and their families throughout Florida including the Lealman Corridor.

Goal 2: Make appropriate system changes based on evaluation, data results, and family and community stakeholder feedback to create a seamless system of care to meet the behavioral health needs of children 0 to 8 and their families.

Goal 3: Ensure promotion, prevention, and early intervention activities are culturally and linguistically appropriate and trauma informed in an effort to address health disparities and improve outcomes for young children and their families.

Community Level Service Goals:

Goal 1: Expand access to culturally relevant evidence-based practices including developmental screenings and assessments with referrals to appropriate services and resources to promote wellness for children 0 to 8 and their families in the Lealman Corridor.

Goal 2: Increase social and emotional well-being through enhanced culturally relevant, evidence-based home visitation programs in the Lealman Corridor.

Goal 3: Improve the ability of parents with young children to provide healthy, safe, and secure family environments in which their children learn and grow.

Goal 4: The Community Health Centers of Pinellas County will become a best practice model for integration of behavioral health care into primary care settings.

Goal 5: Increase access to mental health consultation in early child care and education settings to promote healthy social-emotional development.

State Level Goals:

Goal 1: Increase access to screening, assessment, and referral to appropriate services and resources for young children and their families.

Goal 2: Ensure advocacy and meaningful engagement of families at all levels of services provision.

Goal 3: Build an early childhood workforce development infrastructure that promotes collaborative training.

Goal 4: Establish a multi-agency collaborative to improve the well-being of young children and their families.

Evaluation Purpose, Approach, and Methods

The evaluation of Florida Project LAUNCH is being carried out by the University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies under contract with the Florida Department of Children and Families. This annual evaluation report covers Year 1 activities of the project occurring between October 1, 2012 and September 30, 2013.

The evaluation aims to assess implementation, effectiveness, and outcomes of activities and programs provided by Project LAUNCH at state and local levels, and to assess changes in service access, use, and outcome disparities for the target populations. The evaluation design utilizes a participatory and mixed-method approach that is intended to inform local, state, and federal stakeholders about successes, challenges, and recommendations for improvement in meeting project goals. Additionally, the evaluation questions and methods are guided by the goals, strategies, activities, and intended outcomes that are outlined in the project's state and community strategic plans and the project's logic model.

The evaluation consists of two primary components: 1) a process evaluation that assesses implementation, fidelity, capacity, sustainability, integration and collaboration, and stakeholder engagement and satisfaction at the state and community system level and service level, and 2) an outcome evaluation that assesses the degree to which the intended child, family, provider, and system level outcomes have been achieved.

Summary of Findings

The evaluation activities during the first year of the grant focused on assisting the state and local partners with development of the environmental scan and strategic plan; developing an evaluation plan that is guided by these project planning processes and inclusive of all federal and cross-site requirements; designing and selecting evaluation protocols and measures; and working collaboratively with state and community partners to create effective and efficient mechanisms for data collection, management, analysis, and reporting. The project's local strategic plan was not approved until October 2013 and subsequently the evaluation plan in November 2013.

Year 1 and baseline data collection activities that were completed at the state, local, and service level consisted of the collection of observational data at state and local project and council meetings and infrastructure and service planning provider meetings; baseline administration of a collaboration survey with state and local project stakeholders; collection of baseline practice fidelity data; collection of Transformation Accountability (TRAC) service and system output data as required by SAMHSA; and administration of required Year 1 system and service level Cross-Site Evaluation surveys. The findings included in this report are based on these data sources.

State and Local System Implementation Process

Florida Project LAUNCH implementation activities during Year 1 focused on: 1) hiring the state level Young Child Wellness Expert, local Young Child Wellness Coordinator, and Young Child Wellness Partner with the Department of Health, 2) identifying stakeholders at the state and local level to participate in completion of the environmental scan, 3) engaging and contracting with local service providers to plan and implement the service strategies, 4) forming state and local Young Child Wellness Councils, and 5) developing and submitting the project's strategic plans.

Due to a delay in receiving budget authority from the Florida Legislature, funding for the project was not available until January 2013. Therefore, hiring of project staff and contracting with project partners was delayed until March/April 2013. These challenges had a significant impact on completion of the Year 1 project deliverables (the environmental scan and strategic plan), since up to that point the project did not have staff to organize the local council or engage with project partners. The strategic plan was submitted in June 2013, however, due to necessary revisions, the local portion of the plan was not approved until October 2013. Therefore, it is too early to assess implementation fidelity of the strategic plan. Implementation findings for the Project LAUNCH service-related activities that are included in the strategic plan are presented in the Service Level Implementation Process section of this report.

Related to implementation capacity and sustainability, the primary data collection method for this domain is an annual Implementation Process and Capacity Survey intended to be administered with state and community level stakeholders annually. Finalization of the survey protocol and administration of the survey in Year 1 was postponed due to revisions that were being made to the project's strategic plans until the beginning of Year 2. The survey will be administered with project stakeholders during the second quarter of Year 2 and preliminary findings will be presented to project leadership and state and community stakeholders through the Young Child Wellness Councils.

State and Local System Outcomes

System Collaboration and Integration

A baseline measure of factors known to contribute to successful collaboration was obtained by administering the *Wilder Collaboration Factors Inventory* to state and local stakeholders. Respondents rated their level of agreement with statements related to the collaboration domains of Environment, Membership, Process and Structure, Communication, Purpose, and Resources. Ratings were on a 5-point Likert scale with higher scores indicating more favorable opinions and experiences related to collaborative work (e.g., 1=strongly disagree and 5=strongly agree). Not surprising for early implementation of a system-wide initiative, state-level mean scores ranged from 3.69 to 3.43 and local-level mean scores ranged from 3.69 to 2.85 with relatively similar beliefs between the two stakeholder groups for five of the six domains. Although the Resources domain was scored the lowest by state and local stakeholders, there was significant difference in their opinions about their own system resources. Overall, there is room

for improvement across all domains in the inventory. Environment and Purpose were the domains with the highest scores with indications of strong histories of working together, favorable political and social climates, having a unique and collaborative purpose with Florida Project LAUNCH, and a shared vision and dedication to the initiative. Within Membership Characteristics, stakeholders perceived organizational benefit from Florida Project LAUNCH involvement, and indicated the ability of individuals within the initiative to compromise. Inventory scores within the Process and Structure domain suggest openness and flexibility among individuals, group adaptability to changing conditions, and commitment and investment in the project. Overall, stakeholder ratings and comments are indicative of the early implementation phase and point to the need for continued discussion, clarification, and understanding of Florida Project LAUNCH goals, objectives, and the composition and contributions of initiative partners. In addition, findings suggest a need for attention to clarifying individual and organizational roles and responsibilities with expanded communication between and among state and local stakeholders. Finally, scores indicated that the resources such as funding, personnel, and time to accomplish project goals and objectives should be a topic of discussion for state and local councils as well leadership between these two groups.

Family and Stakeholder Engagement

One of the intended system outcomes is the engagement and satisfaction of state and local Young Child Wellness Council members, including family members, with Project LAUNCH activities, and the involvement of stakeholders in project planning and decision making that represent the diversity of the target community. The primary data sources for this assessment will be the Implementation Process and Capacity Survey completed with YCW Council members, including parents and family members on the council. Finalization of the protocol and administration of the survey during Year 1 was postponed due to delays in completing the project's strategic plan and the desire for the protocol to adequately capture all of the intended capacity changes that would be outlined in the strategic plan. Administration of the survey will be completed during Year 2 of the project and findings will be presented to project leadership and stakeholders through the state and local Young Child Wellness Councils. Additionally, the findings will be reported in the second annual evaluation report.

Service Implementation Process

To implement the Florida Project LAUNCH service level strategies, five early childhood service providers within the Lealman Corridor, Pinellas County community have been contracted by the Florida Department of Children and Families (DCF). Screening and assessment in a range of child-serving settings will be carried out by all of the providers; integration of behavioral health into primary care settings is being implemented by Community Health Centers of Pinellas (CHCP) and Suncoast Center, Inc.; the mental health consultation in early care and education strand is being implemented by Early Learning Coalition of Pinellas (ELC) through expansion of the Teaching Pyramid, Positive Behavior Support model in the target area with a mental health consultation component being developed in Year 2; enhanced home visiting through an increased focus on social and emotional well-being is being implemented by Healthy Start of Pinellas through expansion of their Parents as Teachers plus (PAT+) program, and family strengthening and parent skills training will begin in Year 2 by Operation PAR through provision of the Nurturing Parenting Program to parents in the Lealman area.

Relevant to implementation of all of the service-level activities were the contracting challenges that were experienced due to the previously mentioned delay in receiving budget authority from the Florida Legislature until January 2013. The service providers received executed contracts in March/April 2013. With the exception of a mental health consultation component and the Nurturing Parenting Program, scheduled to be implemented in Year 2, all other service components began in May 2013. Data collection related to fidelity of service implementation is in an early stage of completion; however, fidelity findings specific to the implementation of the Teaching Pyramid are included in the Service Level Activities section of this report.

Child, Parent, Provider, Community Service Outcomes

Data collection and analysis for the outcome evaluation for each Florida Project LAUNCH service is scheduled to begin in Year 2 of the grant. The evaluation design includes methods for evaluating child, parent, and provider level outcomes for each service as it is relevant to the activities and goals of the specific service- and community-level outcomes relevant to the overarching goals of the project. The outcome evaluation will provide an assessment of the extent to which Project LAUNCH services are accomplishing the desired impact and an analysis of differences in these outcomes specific to race, ethnicity, language, and

age. As preliminary findings are available specific to each strand and service they will be shared with project leadership, council members, and service providers to assist in data-based decision making concerning service provision and any adaptations that might need to be made toward the achievement of the intended outcomes. In addition, outcome level findings will be presented in the second annual evaluation report to be submitted December 2014.

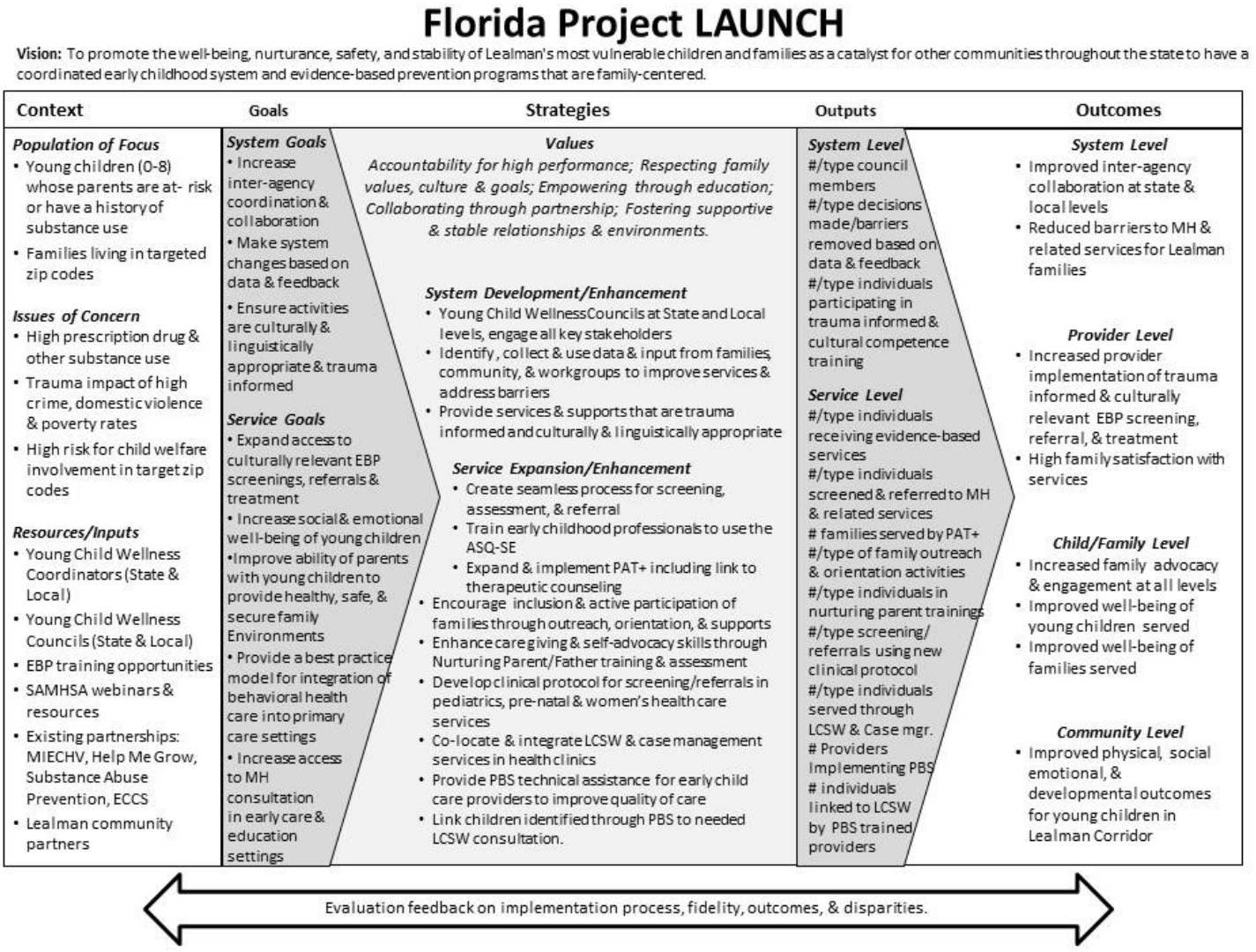
Recommendations

- Local grant providers have discussed mapping out their service continuum efforts to give stakeholders an overall picture of local Florida Project LAUNCH activities. They have also discussed the possibility of tracking and sharing data on families to help eliminate duplication of efforts and facilitate a more efficient system to meet all child and family needs. It is recommended that these efforts continue and progress be made on accomplishing these objectives.
- State and local Young Child Wellness Councils should continue to expand the knowledge and understanding of Florida Project LAUNCH among state and local stakeholders to build a system-wide continuum of outreach, partnership, and support across state- and local-level efforts to attain and sustain successful project operations and impact.
- State and local Young Child Wellness Councils should continue to work together to clarify roles, responsibilities, and decision-making mechanisms among Florida Project LAUNCH partners to advance project accomplishments.
- Stakeholders should continue to engage early childhood professionals and families with young children to contribute to build robust and diverse state and local Young Child Wellness Councils.
- There should be a continuing focus on increasing and improving communication among and between state and local project leadership, council members, and service providers, to ensure the timely dissemination and understanding of project information throughout state and local systems.
- Project leadership and stakeholders should continue to monitor and assess the level of funds, staff, and materials needed and available, and the ways in which resources could be utilized to maximize benefit and efficiency for state and local systems, organizations, and consumers.

Florida Project LAUNCH Logic Model

The theory of change for Florida Project LAUNCH is represented in the logic model shown below in Figure 1 that summarizes the linkages between the context, goals, strategies, outputs, and outcomes. Florida's Project LAUNCH intends to improve the well-being of young children and their families in the Lealman Corridor, and ultimately across Florida, by employing both system change and service delivery strategies to increase coordination, accountability, cultural and linguistic competence, family engagement, and quality of care, and to reduce disparities. The specific measures and data sources related to each outcome are described in the evaluation approach and methods section to follow.

Figure 1. Florida Project LAUNCH Logic Model



Evaluation Approach and Methods

Introduction

The Florida Project LAUNCH local evaluation is being carried out by the University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Child and Family Studies under contract with the Florida Department of Children and Families. This annual evaluation report covers Year 1 activities of the project occurring between October 1, 2012 and September 30, 2013.

The evaluation aims to assess implementation, effectiveness, and outcomes of activities and programs provided by Project LAUNCH at state and local levels, and to assess changes in service access, use, and outcome disparities for the target populations. The evaluation also aims to identify underlying assumptions about the linkages between activities and outcomes and will employ methods that define and measure these assumptions as they are described in the initiative's logic model shown above.

Purpose of the Evaluation

The purpose of the evaluation is to provide data for decision making by State and Local Young Child Wellness Councils, inform future project development through reports to the cross-site evaluation, and provide required information to SAMHSA for accountability on progress in achieving project goals, objectives, and outcomes. Florida's Project LAUNCH evaluation goals and objectives were developed based on the Local and State Strategic Plans and informed by the Environmental Scan. The goals and objectives are guided by overarching research questions and are addressed further through more specific questions in the process and outcome components. The goals of the evaluation are to:

1) Assess the level of increased access to culturally relevant promotion, prevention, and early intervention, and the reduction in disparities for families in the Lealman Corridor.
2) Assess the process of engaging families at the system and service level, and monitor changes in family satisfaction with services in the Lealman Corridor.
3) Assess workforce development activities and level of workforce capacity to serve diverse young children and their families in the Lealman Corridor.
4) Assess the processes of collaboration and integration across services for young children, and resulting changes in infrastructure, policy, and procedures at the state and local level.

5) Document the process and impact of increasing evidence-based practices in early child care, home visiting, mental health consultation, and behavioral health services in primary care settings in the Lealman Corridor.

The evaluation objectives are based on the project goals, strategies, and activities outlined in the Local and State Strategic Plans, which focus on both system level and service level changes. The local level system goals emphasize inter-agency coordination and collaboration, data-based decision making that includes family and consumer input, and reduction of disparities through improved capacity to serve diverse families with young children in the Lealman Corridor. The State-level strategies emphasize increasing access to screening, assessment, and referral to appropriate services and resources for young children, family advocacy and engagement, building an early childhood workforce development infrastructure that promotes collaborative training, and establishing a multi-agency collaborative to improve the well-being of young children and their families.

Service level goals focus on the five strands of LAUNCH, including increasing access to evidence-based screenings and referrals, home visiting, family strengthening, offering behavioral health services in primary care settings, and providing mental health consultation in early child care and education settings. Five local providers have been contracted to implement the service level strategies in partnership with the Florida Department of Children and Families. The providers, corresponding LAUNCH strategy, target population, and services are outlined in Table 1 below.

Table 1. Florida Project LAUNCH Strategies, Providers, and Services

Florida Project LAUNCH Providers and Services			
LAUNCH Strategy	**Provider**	**Target Population**	**Enhanced Service**
Screening and Assessment in a Range of Child-Serving Settings	All contracted providers listed below	Children ages 0-8 and their families	Creating a seamless process for screening, assessment, and referral to reduce duplication; training of early childhood professionals in the use of the ASQ:SE (Social Emotional)
Enhanced Home Visiting through Increased	Healthy Start of Pinellas	Prenatal women and parents who have	Parents as Teachers Plus (PAT+) in-home visiting program with parent educators, a mental health counselor, and nurse. Addition of two parent educators to service the

Focus on Social and Emotional Well-being		substance use disorders, with children ages 0-3	Lealman Corridor target area.
Family Strengthening and Parent Skills Training	Operation PAR	Parents of children ages 0-8	Parent education in the Lealman Corridor using the Nurturing Parenting Program
Integration of Behavioral Health into Primary Care Settings	Community Health Centers of Pinellas (CHCP) Suncoast Center, Inc.	Prenatal mothers and children ages 0-8, their parents, and family members	Integration of behavioral health care into a primary care facility in the Lealman Corridor target area to include referral by medical providers to mental health counseling by two co-located LCSWs with psychiatrist oversight; onsite case manager to coordinate referrals to mental health and related services; and training on behavioral health promotion, prevention, & intervention.
Mental Health Consultation in Early Care and Education	Early Learning Coalition of Pinellas (ELC) Suncoast Center, Inc.	Early child care providers of children ages 0-5	Training, coaching & technical assistance for child care providers on Pyramid Model Classroom-wide Positive Behavior Support (PBS). Addition of two PBS coaches in the Lealman Corridor target area. Mental health consultation by LCSW with early child care providers of children ages 0-5 in the Lealman Corridor target area, in coordination with ELC PBS coaches.

The evaluation team utilizes a participatory, mixed method approach intended to inform local, state, and federal stakeholders about successes, areas of needed improvement, and recommendations for improving implementation. The evaluation team collaborates with Project LAUNCH stakeholders on evaluation planning and implementation through participating in Young Child Wellness Council meetings, project planning meetings, gathering feedback on data collection and database development procedures, and examining and interpreting evaluation findings with stakeholder input.

The evaluation consists of two primary components: 1) a process evaluation that will assess the planning and implementation activities, strategies, and outputs, collaboration among stakeholders, and intervention and practice fidelity, and will provide ongoing feedback to project

leadership on progress and challenges, and 2) an outcome evaluation to assess the achievement of key child, family, provider, and system level project outcomes.

While the evaluation methodologies of each component are described below, it is with the understanding that evaluation activities will continue to be guided by input from State and Local Young Child Wellness Councils and project leadership. Adaptations will be made to the plan in response to stakeholder input and changes to strategic plan strategies and activities, as needed.

Process Evaluation Approach

Evaluation of the implementation processes used to carry out and sustain Florida Project LAUNCH system and service delivery change efforts will be completed over the course of the grant and will be guided by the project's logic model and strategic plan. The process evaluation component will assess activities and strategies at three primary levels – state system, local system, and local service delivery focused on the key domains of – implementation and practice fidelity, implementation capacity and sustainability, collaboration and integration, family/stakeholder engagement and participation, and service satisfaction. Data and findings obtained through the process evaluation will be used both formatively as part of a continuous quality improvement strategy to improve work in progress and summatively to assess the extent to which activities and outputs were carried out as intended. The process evaluation questions, measures, study design, and data sources are outlined in Table 2. As stated previously, the methods are intended to be responsive to the needs of the project and will be adapted as needed based on evaluation findings, strategic planning, and stakeholder input.

Table 2. Process Evaluation Question, Methods, & Measures

Component	Process Evaluation Question	Measure	Frequency of Collection	Study Design	Data Source
State and Local Systems	***State and Local System Implementation***				
	To what extent are key State and Local system level activities implemented as intended and outputs achieved?	CSE State and Community System Surveys, amended with open-ended questions	Survey annually/*TRAC data quarterly	Qualitative content analysis of open-ended questions, change over time in quantitative data.	Administered by Evaluator with State/ Local Coordinator
	What adaptations/changes were made to the strategic plan and why?	Observation Protocol to document State and Local project/council meeting process	Ongoing	Qualitative content analysis	Completed by evaluator
		Documentation of completion of key activities and outputs as identified on State and Local Strategic Plans	Quarterly, Years 1-5	Document review, qualitative content analysis	Documentation maintained by State/Local Coordinator
	State and Local System Capacity and Sustainability				
	What were the key facilitators that supported implementation of the strategic plan?	Young Child Wellness Council (YCWC) meeting agendas, minutes, products	Quarterly, Years 1-5	Document Review, qualitative content analysis	Maintained by State/Local Coordinator
	What challenges and barriers to implementation of the strategic plan have been experienced?	Observation Protocol to document project meetings	Ongoing		Observation completed by evaluator
	What key accomplishments were achieved?	Implementation Process and Capacity Survey	Annually, Years 2-5 (Year 1 protocol development/administration was postponed due to delays in strategic plan approval)	Qualitative content analysis	By Evaluator with YCWC members
	What infrastructure and capacity changes have occurred to support project goals? (i.e. changes in policy, interagency agreements/processes, program/organizational/system				

Component	Process Evaluation Question	Measure	Frequency of Collection	Study Design	Data Source
	structures, leadership/staffing structure, data systems, use of data, workforce development, cultural competence, and stakeholder/community education and engagement)	Training curriculum, attendance lists, participant surveys	Collected quarterly, Years 2-5	Document Review, qualitative content analysis	Completed by trainer, maintained by Coordinator
	State and Local System Collaboration and Integration				
	To what extent has an increase in collaboration occurred among project and system providers?	Wilder Collaboration Factors Inventory amended with open-ended questions.	Annually, Years 1-5 (Baseline administration completed Oct. 2013)	Longitudinal design with no comparison group Qualitative content analysis of open-ended questions	By Evaluator with State and Local project stakeholders
	To what extent has an increase in integration and linkages across the early childhood service system occurred?	CSE State and Community System Surveys, amended with open-ended questions	Survey annually/*TRAC data quarterly, Years 1-5	Qualitative content analysis of open-ended questions, change over time in quantitative data.	Administered by Evaluator with State and Local Coordinator
		Implementation Process and Capacity Survey	Annually, Years 2-5	Qualitative content analysis	By Evaluator with State and Local YCWC members
	To what extent has an increase in provider knowledge of, access to, and use of cross-system resources and services occurred?	YCWC meeting and provider documents and outputs	Quarterly, Years 2-5	Document review, qualitative content analysis	Documents maintained by State/ Local Coordinator, provided to evaluator
	State and Local System Family and Stakeholder Engagement				
	How satisfied are State and Local YCWC members with the activities and outcomes of the project?	Implementation Process and Capacity Survey	Annually, Years 2-5	Qualitative content analysis	By Evaluator with State and Local YCWC members,

Component	Process Evaluation Question	Measure	Frequency of Collection	Study Design	Data Source
	To what extent are family members engaged in project planning and decision making? To what extent was the project successful in including stakeholders that represent the diversity of the target community in project planning and decision making?				including parent and family council members
		Local YCWC meeting documents and outputs	Quarterly, Years 1-5	Document review, qualitative content analysis	Documents maintained by State and Local Coordinator
		Observation Protocol	Ongoing	Qualitative content analysis	Completed by Evaluator
		CSE State and Community System Surveys, amended with open-ended questions	Semi-Annually, Years 1-5	Qualitative content analysis of open-ended questions, change over time in quantitative data.	Administered by Evaluator with State and Local Coordinator
PL Strategy/ Service Level Implementation	***Practice Fidelity***				
	What changes in planned service implementation occurred and why?	Implementation Process and Capacity Survey	Annually, Years 2-5	Qualitative content analysis	Administered by Evaluator with Provider leadership and staff
		Program policies and procedures documentation	Quarterly, Years 1-5	Document review of program materials	Documents maintained by program leadership
	To what extent were project programs and services implemented with fidelity?				
	• **Parents as Teachers Plus**	Parent Educator Observation Tool	Quarterly, Years 2-5	Document review, qualitative content analysis	Completed by Program Supervisor quarterly, evaluator semi-annually

Component	Process Evaluation Question	Measure	Frequency of Collection	Study Design	Data Source
		Documentation of training attendance	Semi-annually, Years 2-5	Document review	Maintained by program staff
		Case tracking form	Completed monthly, collected quarterly, Years 2-5	Document review	Completed by Program Supervisor
		Parents as Teachers Performance Report	Annually, Years 2-5	Document review	Completed by Program Supervisor
	• **Nurturing Parenting, Nurturing Father, Motivating New Moms, and Seeking Safety**	Observation of Parent trainer	Quarterly, Years 2-5		Completed by Clinical Supervisor monthly, evaluator semi-annually
		Program checklist	End of each parent training, collected quarterly, Years 2-5	Document review	Completed by parent trainer
		Documentation of training attendance	Semi-annually, Years 2-5	Document review	Maintained by program staff
	• **Teaching Pyramid, Positive Behavior Support**	TPOT – Teaching Pyramid Observation Tool	Semi-annually, Years 2-5	Observation reliability checks by PBS consultant	Completed by PBS consultant/evaluator
		Child care providers' individualized action plan	Semi-annually, Years 2-5	Integrity checks by PBS consultant	Completed by PBS consultant/evaluator
		Review of training content	Baseline Year 1 and if curriculum changes are made	Document review	Completed by PBS consultant/evaluator

Component	Process Evaluation Question	Measure	Frequency of Collection	Study Design	Data Source
		Documentation of training attendance	Semi-annually, Years 2-5	Document review	Maintained by program staff
	• **Mental Health Consultation with early child care providers (program model in development)**	Documentation of training attendance	Semi-annually, Years 2-5	Document review	Maintained by program staff
	• **Integration of Behavioral Health Services into primary care settings (program model still in development)**	Fidelity procedures to be determined			
	Service Capacity and Sustainability				
	What were the key facilitators that supported practice implementation?	Implementation Process and Capacity Survey	Annually, Years 2-5	Qualitative content analysis	Administered by Evaluator with Provider leadership and staff
	What challenges and barriers to implementation have been experienced?				
	What infrastructure and capacity changes occurred to support practice implementation? (i.e. changes in policy, interagency agreements/processes, program/organizational/system structures, leadership/staffing structure, data systems and use of data, workforce development, cultural competence, and community education and engagement)	Direct Services and Mental Health Related Services Surveys (CSE/TRAC)	Semi-annually, Years 1-5	Qualitative content analysis of open-ended questions, change over time in quantitative data.	Administered by Evaluator with Provider leadership
	Service Satisfaction				
	To what extent were recipients satisfied with project services?	Satisfaction Surveys	Years 2-5, at the end of service receipt, minimum of annually	Qualitative content analysis of open-ended questions, change over time in quantitative data.	Collected by service providers with program participants

System Level Implementation Process Components

System Level Implementation Fidelity

An assessment of implementation fidelity at the state and local system level will be guided by the strategic plan developed by the State Young Child Wellness Expert and Local Young Child Wellness Coordinator in collaboration with the Young Child Wellness Councils. The purpose of the assessment is to understand the degree to which: 1) State and Local system level activities were implemented as intended and outputs achieved, and 2) What adaptations and changes were made to the implementation plan and why. Findings from the system level implementation fidelity assessment will provide an understanding of the system change factors that might or might not have had an impact on the achievement of the intended project outcomes, and, on an ongoing basis, an indication of progress made toward carrying out the intended strategies and activities. The primary data sources for the implementation fidelity assessment will be the cross-site evaluation (CSE) State and Community System surveys, observation, document review of intended key outputs and activities outlined in the strategic plan, and document review of State and Local Young Child Wellness Council (YCWC) meeting agendas, minutes, and products.

System Level Capacity and Sustainability

Interrelated to the implementation fidelity component is an assessment of changes in capacity experienced at the state and local system level to support implementation and sustainability of project strategies. The purpose of this assessment is to describe the key facilitators that supported implementation, challenges and barriers, key accomplishments that were achieved, and changes in infrastructure that have occurred to support project goals. The assessment of capacity will include the key factors of leadership and commitment, changes in policy and procedures, interagency agreements and processes, organizational and system resources and infrastructure, data systems and use of data, workforce capacity and development, stakeholder and community engagement and satisfaction, and environmental factors such as political will and community readiness. The primary data sources for the assessment of capacity and sustainability will include the CSE State and Community System surveys, observation, and document review. In addition, an Implementation Process and Capacity Survey will be completed with YCW Council members to understand their perception of the factors that impact

implementation and sustainability. The Implementation Process and Capacity Survey will be developed by the evaluation team based on a system change survey the evaluation team has used in other system change evaluations that includes the key factors described above.

System Level Outcomes

System Collaboration and Integration

An evaluation of system collaboration and integration will be conducted over the course of the project to assess the extent to which: 1) an increase in collaboration occurred among project and system providers, 2) an increase in integration and linkages across the early childhood service system occurred, and 3) an increase in provider knowledge of, access to, and use of cross-system resources and services occurred. The primary method that will be used will be administration of the Wilder Collaboration Factors Inventory which will be administered with key stakeholders annually, beginning Year 1 of the project. In addition, the evaluation team will use relevant data from the CSE System Surveys, the Implementation Process and Capacity Survey, observation, and document review of project activities and outputs from the YCW Councils and project providers. Findings will assist project leadership and providers in the continual improvement of system integration through the identification of areas of strength that could be maximized and challenges that need to be addressed.

Family and Stakeholder Engagement

One of the most important aspects of the state and local system level evaluation will be an assessment of family and stakeholder engagement in Florida Project LAUNCH activities. The purpose of this component is to assess: 1) the satisfaction of State and Local YCW Council members with the activities and outcomes of the project, 2) to what extent family members were engaged in project planning and decision making, and 3) to what extent the project was successful in including stakeholders that represent the diversity of the target community in project planning and decision making. The primary data sources for this assessment will be the Implementation Process and Capacity Survey completed with YCW Council members, including parents and family members on the council, the CSE System Surveys, observation of YCW Council and project provider meetings, and document review of YCW Council meeting documents and outputs.

Service Level Implementation Process

Service Implementation Fidelity

Practice fidelity will be assessed regarding the implementation and use of evidence-based practices. Fidelity will be assessed along three key domains: 1) adherence - the extent to which program components are delivered as prescribed by the model, 2) exposure - the amount of service delivered in relation to the amount prescribed by the program model, and 3) quality of delivery – including provider training and certification as prescribed by each model. For each model/service the evaluation team will review the prescribed fidelity processes and which of these processes are being implemented by the provider. For models that do not have existing fidelity processes, the evaluation team with work with the provider to develop processes that will adequately assess each of the domains listed above. Minimally, the fidelity processes will include documentation of provider training and certification, observation checklists, program policy and procedures, documentation of service provision, and supervisory documentation. The assessment of fidelity will also include a description of any adaptations to the model that are made during implementation, the purpose for these adaptations, and potential impact that the changes have on service delivery. The frequency of fidelity data collection will be determined for each practice, but at minimum often enough to assess program drift from the model components. In addition to the practice specific fidelity processes, data collected through the CSE Surveys on Services to Children and Families - LAUNCH Funded Direct Services and Mental Health Related Services in Early Education will be used in the practice fidelity analysis.

Service Capacity and Sustainability

Similar to the assessment of changes in capacity and sustainability at the system level an assessment of how the capacity of project providers has changed to support each service will also be assessed. The assessment will include the key facilitators that supported implementation, challenges and barriers, key accomplishments that were achieved, and changes in organizational and program infrastructure that have occurred to support project goals. An assessment of key implementation factors including leadership and commitment, changes in policy and procedures, interagency agreements and processes, organizational and system resources and infrastructure, data systems and use of data, workforce capacity and development, stakeholder and community engagement, education and satisfaction, and environmental factors such as political will and

community readiness. The Implementation Process and Capacity Survey that will be utilized at the system level will be adapted as needed to include items relevant to each LAUNCH service.

Service Satisfaction

For each Florida Project LAUNCH service (Parents as Teachers Plus, the Pyramid Model-PBS, Integration of Behavioral Health Services into Primary Care Settings, and the Nurturing Parenting Program) providers will collect satisfaction information from parents and child care providers as is appropriate for each service. For programs already administering a satisfaction survey, the evaluation staff will review the survey to ensure that critical satisfaction domains are addressed including but not limited to provider competency, availability, accessibility, helpfulness, cultural competence, participant engagement, achievement of outcomes, and satisfaction with services. For providers that do not already have a service satisfaction process in place, the evaluation team will work with the provider to develop a survey and process for administration that is appropriate for that service and addresses all relevant domains. Minimally, satisfaction surveys will be administered with service participants at the closure of services or annually for services that are provided longer than 12 months in duration. The satisfaction survey data will be submitted by the provider to the evaluation team on a quarterly basis. The evaluation team will conduct qualitative and quantitative analyses of the service satisfaction data for each service and across services.

Process Evaluation Data Sources and Methods

The process evaluation will utilize a mixed-methods approach to assess activities and outputs at the three levels described above – state system, local system, and local service delivery. This approach combines the use of both qualitative and quantitative methods and as indicated in Table 2 above, the data methods and sources will be used to answer multiple research questions across domains. Listed below are descriptions of the key data sources and methods.

Cross-site Evaluation State and Community System Surveys. The evaluation team will utilize data collected through the CSE System Surveys for the process and outcome evaluation. The CSE System Surveys will be administered with the State YCW Expert and Local YCW

Coordinator on an annual basis. It is expected that the YCW Expert and Coordinator will be familiar with and able to provide the information necessary to complete the System Surveys. Specifically, the process evaluation will utilize data from the *Community and State Level Measures, Community and State Council Organizations,* and *Key Collaborators* domains of the CSE surveys. The cross-site surveys have been amended by the local evaluation team with open-ended questions to gather more detailed data related to implementation, program outreach, sustainability, and collaboration.

Cross-site Evaluation Surveys on Services. Two CSE service surveys will be used for the process and outcome components of the evaluation. The Mental Health Related Services in Early Education and Care Settings (Serving Pre-school Aged Children) will be used to assess process and outcomes related to the implementation of the Pyramid Model and the LAUNCH Funded Direct Services Survey will be used to assess Parents as Teachers-plus, Nurturing Parenting Program, and the Integration of Behavioral Health Services in Primary Care Settings. The CSE surveys on services will be administered every six months by evaluation staff with a representative from each service provider agency who has the most knowledge concerning the implementation and practice of each service. Data on the CSE system and service surveys that are also required as a part of the TRAC indicators will be collected from providers on a quarterly basis, to include Workforce Development, Partnership/Collaborations, Accountability, Types/Targets of Practice, Screening, and Referral.

Implementation Process and Capacity Survey. The Implementation Process and Capacity Survey is based on an instrument that was developed by the USF evaluation team for other large scale system change evaluations. The instrument includes key factors that are believed to have an impact on successful implementation of system-wide and service level changes and are consistent with the implementation drivers outlined by The National Implementation Research Network (NIRN) (Fixsen, D.L. et al., 2005). The domains on the measure include leadership and commitment, changes in policy and procedures, interagency agreements and processes, organizational and system resources and infrastructure, data systems and use of data, workforce capacity and development, stakeholder and community engagement and satisfaction, and environmental factors such as political will and community readiness. The survey is a

combination of Likert scale and open ended questions to assess each domain. The instrument will be adapted to assess implementation capacity and sustainability of Florida Project LAUNCH at the state and local system and service level. The survey will be administered on an annual basis with state and local YCW Council members and service providers.

Wilder Collaboration Factors Inventory. One of the primary methods that will be used to assess system collaboration at the state and local levels will be The Wilder Collaboration Factors Inventory (Mattessich, Murray-Close, & Monsey, 2001). The Wilder will be administered with state and local system stakeholders, Young Child Wellness Council Members, and local Project LAUNCH providers. The Wilder Inventory consists of 40 Likert-scaled items organized into six domains (and 20 factors) that influence successful collaboration including:

- Environment (history and legitimacy of collaboration, social and political climate),
- Membership Characteristics (respect, trust, cross-section membership, compromise),
- Process and Structure (shared commitment and participation, flexibility, clear roles, adaptability, appropriate pace),
- Communication (openness and frequency, relationships),
- Purpose (attainable goals, shared vision, unique purpose) and
- Resources (sufficient funds, staff, and time, and skilled leadership).

The Wilder Inventory will be administered with project stakeholders via email using an electronic survey program at baseline in Year 1 and on an annual basis during Years 2 through 5.

Observation. Observational data will serve as an important source of information for all domains of the process evaluation. Evaluation team members will participate regularly in state and local project planning meetings, YCW Council meetings, and local Project LAUNCH provider meetings to observe and document the planning, decision making, and implementation processes and activities. An Observation Protocol will be used to guide the documentation and will be based on the key domains of the process evaluation - system implementation fidelity, system implementation capacity/sustainability, system collaboration and integration, family/stakeholder engagement, practice fidelity, practice capacity/sustainability, and service satisfaction.

Document Review. Document review will be used as a data source and method to assess all system and service delivery domains of the process evaluation. The evaluation team will collect documents relevant to Florida Project LAUNCH from the state YCW Expert and local YCW Coordinator and project providers on an ongoing basis. Documents will include YCW Council meeting agendas, minutes, and products, system level training documentation, documentation of completed activities and outputs identified on the strategic plan, provider materials such as organizational charts, staffing structures, program policies, procedures, and manuals, all practice fidelity documentation including training and certification agendas, participant lists, surveys, completed fidelity checklists and processes, and participant satisfaction surveys for each Project LAUNCH service. It is expected that the state YCW Expert and local YCW Coordinator will maintain the council and strategic plan documentation throughout the duration of the project and submit to the evaluation team on a regular basis but no less frequently than quarterly. The project providers will maintain and submit the organizational, service fidelity, and satisfaction documents.

Continuous Quality Improvement

The USF evaluation team will assist Florida LAUNCH project leadership in the development and implementation of Continuous Quality Improvement (CQI) performance mechanisms that will be used to assess and improve the implementation and sustainability process on an ongoing basis. The Project's logic model and strategic plan will be used as guiding documents for the CQI procedures. The CQI process will provide feedback on implementation fidelity and capacity at the system and service level, collaboration and integration, family and stakeholder engagement, service satisfaction, service screening, referral, assessment, access, and usage, including any disparities and child and family outcomes. The evaluation team will provide technical assistance as needed with Project LAUNCH local and state leadership, service providers, and program staff to ensure all required data is being collected as intended. The evaluation team will review data and findings with Project staff, the State YCW Expert and Local YCW Coordinator, and Local YCW Council on a quarterly basis to assess progress, strengths, barriers and efforts to overcome these barriers. Evaluation findings will be reviewed with the State YCW Council on a semi-annual basis with ad hoc presentations of findings as needed to assist with the implementation process and outcome achievement. Data and evaluation

feedback that are presented to the council and project leadership will be topical and based on the stage of implementation, council and project data needs, available findings, and will be determined in collaboration with project leadership and council members.

Outcome Evaluation Approach

The outcome evaluation assesses the overall impact of Florida Project LAUNCH and examines outcomes for the target population. The assessment of outcomes will be done at three levels, including child and family level, provider level, and system level, and will focus on key domains, such as child well-being and developmental status, parental stress and parenting strategies, access to services and service delivery, and skill improvement in the professional workforce. Data obtained through the outcome evaluation will be used to examine program impact and individual outcomes. Findings related to short-term outcomes will be used to inform policy makers and providers regarding service delivery and program enhancement, as well as any disparities in access and use of services.

The outcome evaluation questions and information that will be collected are outlined in Table 3. Measures and methods that are proposed were developed with the understanding that the evaluation plan will continue to be guided by input from state and local YCW Councils and leadership, and adaptations will be made in response to input as well as provider and system capacities. In addition, it is expected that adjustments will be made based on programming changes that are informed by findings of the process and outcome evaluations.

Table 3. Outcome Evaluation Questions, Methods, & Measures

	Outcome Evaluation Question	Measure	Frequency of Collection	Study Design	Data Source
Screening and Assessment in a Range of Child-Serving Settings					
FL Project LAUNCH Strategy: Child, Parent and Family Screening, Assessment and Referral for services completed by: Healthy Start, Parents as Teachers Plus (PAT+) program, Community Health Centers of Pinellas (CHCP), Early Learning Coalition (ELC), Teaching Pyramid - Positive Behavior	**Strategic Plan Service Goal 1: Expand access to culturally relevant evidence based practices including developmental screenings and assessments with referrals to appropriate services and resources to promote wellness for children 0 to 8 and their families in the Lealman Corridor**				
	Child Level				
	Did the number of children 0-8 who are screened for social-emotional, developmental, or behavioral health issues increase for Lealman Corridor? Are there differences by race, ethnicity, or gender?	Number of children assessed using ASQ-3 or ASQ:SE, by zip code.	Quarterly, Years 2-5	Longitudinal design with multiple points of collection. No comparison group available.	1. Healthy Start PAT+ program database of ASQ-3/ASQ:SE assessments. 2. CHCP reports on ASQ-3/ASQ:SE assessments. 3. ELC database.
	Did the proportion of children 0-8 who are referred for needed services increase for Lealman Corridor?	Total number of children identified as needing services in targeted zip codes. Number of children identified as needing services and referred for services.	Quarterly, Years 2-5	Longitudinal design with multiple points of collection. No comparison group available.	1. Healthy Start database on referrals made by PAT+. 2. CHCP reports on referrals made. 3. ELC reports on referrals made.
	Parent Level				
	Did the number of parents and family members screened for depression (including perinatal), domestic violence, and substance use increase over time? Are there differences by race, ethnicity, language, gender, or educational level?	Number of parents and family members screened using Depression Screen, Domestic Violence Screen, Substance Use Screen, In-Depth Assessment	Quarterly, Years 2-5	Longitudinal design with multiple points of collection. No comparison group available.	1. Healthy Start PAT+ program database. 2. CHCP Excel database.

Support (PBS)	Did parents and family members who were identified as needing depression (including perinatal), domestic violence, and substance use interventions get referred? Are there differences by race, ethnicity, language, gender, or educational level?	Number of parents/family members assessed who needed services. Number of parents/family members referred to services.	Quarterly, Years 2-5	Longitudinal design with multiple points of collection. No comparison group available.	1. Healthy Start PAT+ program database. 2. CHCP Excel database.
	Provider Level				
	Did the number of providers using the ASQ-3 and ASQ:SE increase?	Number of children assessed using the ASQ-3 and ASQ:SE, by provider	Quarterly, Years 2-5	Longitudinal design with multiple points of collection. No comparison group available.	1. Healthy Start PAT+ program database of ASQ-3/ASQ:SE assessments. 2. CHCP reports on ASQ-3/ASQ:SE assessments. 3. ELC reports on ASQ-3/ASQ:SE assessments.
	Are there improvements in provider practice/knowledge that can be linked to workforce development initiatives/training provided by LAUNCH?	Adapted Survey on Services to Children and Families (CSE)	Semi-Annually, Years 2-5	Pre-post study design with no comparison group will be used.	Survey filled out electronically or on paper by funded staff at provider agencies.
	Did providers' skills and knowledge about early childhood mental health, typical and atypical development, and family risk increase?	Pre and Post training surveys	Semi-Annually, Years 2-5	Pre-post study design with no comparison group will be used.	Training provider survey data
FL Project LAUNCH Strategy: Parents as	***Enhanced Home Visiting through Increased Focus on Social and Emotional Well-being***				
	Strategic Plan Service Goal 2: Increase social and emotional well-being through enhanced culturally relevant, evidence-based home visitation programs in the Lealman Corridor				
	Child Level				
	Did the proportion of children	ASQ-3 administered with	Quarterly,	Longitudinal design	Healthy Start PAT+

Teachers Plus (Healthy Start Coalition of Pinellas)	developmentally on schedule who were served within PAT + increase over time?	each child 4 months post service initiation and at regular subsequent intervals during service.	Years 2-5	with multiple points of collection. No comparison group available.	database
	Did the proportion of children below the social emotional risk level who were served within PAT+ increase over time?	ASQ:SE administered with children social-emotional concerns 6 months post-service initiation and at regular subsequent intervals during service.	Quarterly, Years 2-5	Longitudinal design with multiple points of collection. No comparison group available.	Healthy Start , PAT+ database
	Parent Level				
	Did perceived parental stress decrease over time?	Perceived Stress Scale administered in the home environment at service initiation and 1yr of service.	Semi-Annually, Years 2-5	Pre-post study design with no comparison group will be used.	Healthy Start , PAT+ database
	Did the quality of the home environment improve to support child development?	Infant Toddler HOME administered in the home environment at service initiation and 1yr of service.	Semi-Annually, Years 2-5	Pre-post study design with no comparison group will be used.	Healthy Start , PAT+ database
Family Strengthening and Parent Skills Training					
FL Project LAUNCH Strategy: Nurturing Parenting, Nurturing Fathers, and Motivating New Moms	**Strategic Plan Service Goal 3: Improve the ability of parents with young children to provide healthy, safe, and secure family environments in which their children learn and grow.**				
	Child Level				
	NA	NA	NA	NA	NA
	Parent Level				
	Is there improvement in family functioning/resiliency?	Protective Factors Survey	Semi-Annually, Years 2-5	Pre-post study design with no comparison group. Collected for each cohort of Nurturing Parent, Nurturing Fathers, & Motivating New	Operation PAR, Inc. database including survey data for each cohort.

Programs, through Operation PAR				Moms training. Obtaining a comparison group is not feasible.	
	Are there differences in family improvement in functioning/resiliency by race, ethnicity, language, or age?	Protective Factors Survey	Semi-Annually, Years 2-5	Pre-post study design with no comparison group. Demographic characteristics will be included as predictors in the analysis.	Operation PAR, Inc. database including survey data for each cohort.
	Did perceived parental stress decrease after intervention?	Perceived Stress Scale	Semi-Annually, Years 2-5	Pre-post study design with no comparison group. Collected after each cohort of Nurturing Parent, Nurturing Fathers, & Motivating New Moms training. Obtaining a comparison group is not feasible.	Operation PAR, Inc. database including survey data for each cohort.
	Are there differences in parental stress reduction by race, ethnicity, language or age?	Perceived Stress Scale	Semi-Annually, Years 2-5	Pre-post study design with no comparison group. Demographic characteristics will be included as predictors in the analysis.	Operation PAR, Inc. database including survey & demographic data for each cohort.
	Provider level				
	Are there improvements in provider practice/knowledge about cultural and linguistic competence?	Adapted Survey on Services to Children and Families (CSE)	Semi-Annually, Years 2-5	Pre-post study design with no comparison group. Baseline data were collected in Oct 2013 and semi-annual points thereafter.	Survey filled out electronically or on paper by provider staff and by follow up interview with evaluation staff.

	Did providers' knowledge and skills in creating a trauma-informed environment increase?	Adapted Survey on Services to Children and Families (CSE) Pre-post trauma training surveys	Semi-Annually, Years 2-5 After each trauma training	Pre-post study design with no comparison group. Baseline data were collected in Oct 2013 and semi-annual points thereafter.	Survey filled out electronically or on paper by provider staff and by follow up interview with evaluation staff. Trauma training provider survey data
	Did providers' skills and knowledge about early childhood mental health, typical and atypical development, and family risk increase?	Adapted Survey on Services to Children and Families (CSE)	Semi-Annually, Years 2-5	Pre-post study design with no comparison group. Baseline data were collected in Oct 2013 and semi-annual points thereafter.	Survey filled out electronically or on paper by provider staff and by follow up interview with evaluation staff.
Integration of Behavioral Health into Primary Care Settings					
FL Project LAUNCH Strategy: Integration of Behavioral Health Care Services into a primary health care setting through Licensed Clinical Social Workers and case management, through Community Health	**Strategic Plan Service Goal 4: The Community Health Centers of Pinellas will become a best practice model for integration of behavioral health care into primary care settings**				
	Child Level				
	Are children receiving referrals for mental health related services as indicated by screening and assessment? Are there differences by race, ethnicity, language, or age?	Case File Review protocol	Annually, Years 2-5	Cross-sectional study design will be used, cases will be randomly selected	CHCP/Suncoast On-site case file review data
	Are children receiving mental health related services as indicated by screening and assessment? Are there differences by race, ethnicity, language, or age?	Case File Review protocol	Annually, Years 2-5	Cross-sectional study design will be used, cases will be randomly selected	CHCP/Suncoast On-site case file review data
	Are children achieving identified mental health related goals?	Goal Attainment Scales, Case File Review protocol	Annually, Years 2-5	Cross-sectional study design will be used, cases will be	CHCP/Suncoast On-site case file review data, Goal Attainment

Centers of Pinellas (Suncoast Center, Inc.)				randomly selected	Scale data
	Parent Level				
	Are parents receiving referrals for mental health related services as indicated by screening and assessment? Are there differences by race, ethnicity, language, or age?	Case File Review protocol	Annually, Years 2-5	Cross-sectional study design will be used, cases will be randomly selected	CHCP/Suncoast On-site case file review data
	Are parents receiving mental health related services as indicated by screening and assessment? Are there differences by race, ethnicity, language, or age?	Case File Review protocol	Annually, Years 2-5	Cross-sectional study design will be used, cases will be randomly selected	CHCP/Suncoast On-site case file review data
	Are parents achieving identified mental health related goals?	Goal Attainment Scales, Case File Review protocol	Annually, Years 2-5	Cross-sectional study design will be used, cases will be randomly selected	CHCP/Suncoast On-site case file review data
	Provider Level				
	Did the integration of behavioral health and primary health care services increase?	Referral form to LCSW mental health services	Semi-Annually, Years 2-5	Cross-sectional study design will be used	CHCP
Mental Health Consultation in Early Care and Education					
FL Project LAUNCH Strategy: Teaching Pyramid - Positive Behavior Support Model with Pre-School	**Strategic Plan Service Goal 5: Increase access to mental health consultation in early child care education settings to promote healthy social-emotional development**				
	Child Level				
	NA	NA	NA	NA	NA
	Parent Level				
	NA	NA	NA	NA	NA
	Provider Level				
	Did childcare providers' skills, knowledge and ability to manage children's' social and emotional needs increase?	Pre/post Training assessments	Quarterly, Years 2-5	Pre-post study design without a comparison group	Pre-post training assessments maintained by PBS coaches

Childcare Providers through Early Learning Coalition of Pinellas		Childcare Provider survey	Semi-Annually, Years 2-5	Pre-post study design without a comparison group	Childcare provider survey data
Mental Health Consultation in Pre-School Childcare Settings though Suncoast Center	Did the number of childcare providers utilizing mental health consultation increase?	Referrals to mental health consultant, by provider	Semi-Annually, Years 2-5	Pre-post study design without a comparison group	ELC database
	Did the utilization of mental health consultation increase providers' skill, knowledge, and ability to manage children's' social and emotional needs?	Childcare Provider survey	Semi-Annually, Years 2-5	Pre-post study design without a comparison group	Childcare provider survey data
Community Level Outcomes – Lealman Corridor					
	Are child maltreatment rates decreasing for substance abusing parents in targeted zip codes?	Number of child maltreatment reports in targeted zip codes	Annually, Years 2-5	Descriptive data will be provided for the targeted zip codes	Florida's Statewide Automated Child Welfare Information System (SACWIS).
	Did the number of children who were placed in out-of-home care decrease in targeted zip codes?	Number of children placed in out-of-home care in targeted zip codes	Annually, Years 2-5	Descriptive data will be provided for the targeted zip codes	Florida's Statewide Automated Child Welfare Information System (SACWIS).

Outcome Evaluation Data Sources and Methods

Outcome evaluation data will be collected to inform decision making by State and Local Young Child Wellness Councils, local providers, the cross-site evaluation, and SAMHSA. Below is a list of measures and data elements that will be collected and analyzed for the outcome evaluation.

Child Level

Ages and Stages Questionnaire (ASQ-3). The ASQ-3 is an assessment tool that helps parents provide information about the developmental status of their child young child across five developmental areas: communication, gross motor, fine motor, problem solving, and personal-social. The instrument involves ratings by parents observing the behavior of their children. Research with an unparalleled sample of 15,138 diverse children showed that the ASQ-3 is reliable and valid. For the third edition, specifically, the authors report inter-rater agreement of 93%, 2-week test-retest reliabilities ranging from 0.75 to 0.82, and alpha coefficients ranging from 0.51-0.87. The authors report good concurrent validity, and further studies have demonstrated extensive concurrent validity with a number of other measures. The ASQ-3 identifies children for further assessment with excellent sensitivity (.86) and specificity (.85), the two most important indicators of accuracy for a screener (Squires, & Bricker, 2009).

Ages and Stages Questionnaire–Social Emotional (ASQ:SE). This is a parent-completed questionnaire that reliably identifies young children at risk for social or emotional difficulties. The ASQ:SE has been investigated with more than 3,000 children across the age intervals and their families. Reliability is 94%; validity is between 75% and 89%.

Case File Review Protocol. A case file review protocol will be developed by the evaluation team that tracks the events of a child's and family's case from screening, assessment, referral for services, and receipt of services when possible. The purpose will be used to assess if screening and assessments occurred, the process used to assess child and family needs, if screening and assessment lead to appropriate referral for services, and receipt of needed interventions. Case files will be randomly selected.

Parent/Family Level

Protective Factors Survey (PFS). The PFS is a pre-post evaluation tool for use with caregivers receiving child maltreatment prevention services. It is a self-administered survey that measures protective factors in five areas: family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development. Research indicates that the PFS is a valid and reliable instrument to measure individual differences in multiple protective factors in families (Counts, Buffington, Chang-Rios, Rasmussen, & Preacher, 2010).

Perceived Stress Scale (PSS-4). The PSS-4 is an economical and simple psychological instrument to administer, comprehend, and score. It measures the degree to which situations in one's life over the past month are appraised as stressful (Cohen, Kamarck, & Mermelstein, 1983). Additional data indicated adequate reliability and validity of a 4-item version of the PSS-4 for telephone interviews. It is suggested that the PSS, which is appended, be used to examine the role of nonspecific appraised stress in the etiology of disease and behavioral disorders and as an outcome measure of experienced levels of stress (Cohen, Kamarck, & Mermelstein, 1983).

Infant/Toddler HOME assessment. The Infant/Toddler Home Observation for Measurement of the Environment (IT HOME) is comprised of 45 items designed to assess the quality and extent of stimulation available to a child in the home environment. The IT HOME is used to assess the environment of children less than 36 months of age and is organized into six subscales: responsivity, acceptance, organization, learning materials, involvement, and variety. Scoring of items is based on observation or interview by a visitor to the family's home. The instrument has shown good psychometric properties based on: (a) exploratory factor analysis yielding three meaningful latent constructs, (b) Cronbach's alphas ranging from $\alpha = 0.66$ to $\alpha = 0.90$, (c) inter-observer agreement ranging from $r = 0.75$ to $r = 0.91$, and (d) associations between the instrument and socio-demographic characteristics in the expected direction (Rijlaarsdam, Stevens, van der Ende, Arends, Hofman, Jaddoe, Mackenbach, Verhulst, & Tiemeier, 2012).

Provider Level

Cross-site Evaluation Surveys on Services. The Mental Health Related Services in Early Education and Care Settings (Serving Pre-school Aged Children) will be used to assess process

and outcomes related to the implementation of Teaching Pyramid Model, Positive Behavior Support, and the LAUNCH Funded Direct Services Survey will be used to assess Parents as Teachers Plus, Nurturing Parenting Program, and the Behavioral Health Services in Primary Care Settings. Open-ended questions have been added to the surveys to gather more detailed information concerning each domain of program implementation and outcomes, and specific to each program when appropriate.

Provider Survey. A provider survey will be developed by the evaluation team for each service/program that is being implemented through Florida Project LAUNCH. The provider survey will incorporate the SAMHSA provider questions and be adapted to capture information that is specific to each service. The intent of the survey will be to assess changes in provider knowledge, skills, and abilities related to early childhood development and interventions and the impact of their involvement with Project LAUNCH.

Community Level

Involvement with the child protection system will be assessed by the number of child maltreatment reports and the number of children entering out-of-home care. This information will be obtained from Florida's Statewide Automated Child Welfare Information System (SACWIS), Florida Safe Families Network (FSFN), which contains information about all children in the state of Florida reported as being maltreated, including children's placement status, the results of child protective investigations, children's outcomes after discharge from out-of-home care, and exact dates of children's entry into and exit from different placements.

Outcome Evaluation Design

A longitudinal study pre-experimental design with at least two time points of measurement and no comparison group, as described in Table 3. will be used for most measures. Child demographic characteristics and child diagnoses will be included as covariates. The feasibility of quasi-experimental design with a comparison group will be explored with programs that provide services to both LAUNCH and non-LAUNCH children and families.

Data Analysis and Management

Content analysis of all qualitative data including project documents, observation protocols, and open-ended survey questions will be conducted to identify common themes that are relevant to the implementation process and outputs. The key domains of the evaluation will be used by evaluation team members to code and organize the data, while also identifying important emerging variables. The evaluation team will use qualitative data analysis software such as ATLAS.ti 7 or hand coding of documents dependent upon the type and amount of data to be analyzed. Quantitative process evaluation data will be imported into Microsoft Excel or SPSS software for data management and statistical analysis.

Statistical analyses for the outcome evaluation will include repeated measures analysis of variance (ANOVA) and logistic regression. All continuous outcome variables (e.g., measure scores, the number of services) that will be measured at least two times will be analyzed using repeated measures ANOVA. This analytic technique is useful for any research question that addresses the comparison between pre and post data, such as the score on a functioning/resiliency measure or the number of services received. Repeated measures ANOVA also allows for inclusion of a non-repeated factor, such as age and gender and therefore considers the effect of factors such as demographic characteristics.

For research questions that focus on comparison of proportions (e.g., proportions of parent who were screened and referred to services) by a factor, such as gender or race/ethnicity chi-square analysis will be conducted. Race/ethnicity data on children and family members served will be regularly reviewed and compared to the known characteristics of the targeted area. Where there are disparities in the proportion of a given racial/ethnic group in a LAUNCH service, this will serve as a flag to evaluate or reevaluate the screening, referral, outreach and engagement strategies conducted. Any systematic differences in outcome data that are detected will be reported to the YCW Council for adjustments in service coordination, training, parent engagement, and fidelity processes.

Finally, logistic regression will be used to analyze dichotomized outcomes (e.g., whether services were provided or not). Multivariate analyses will be conducted to examine the effect of age and race/ethnicity on child and family outcomes.

All data will be de-identified of personal information prior to analysis and findings will be presented in a manner that ensures the confidentiality of evaluation participants and

respondents. Electronic documents containing identifying information will be password protected and stored on a secure drive accessible only to evaluation staff. Hard copies of documents will be kept in locked filing cabinets when not in active use.

Findings

State and Local Systems Change

Implementation Process and Fidelity

Florida Project LAUNCH implementation activities during Year 1 focused on 1) hiring the state level Young Child Wellness Expert, local Young Child Wellness Coordinator, and Young Child Wellness partner with the Department of Health, 2) identifying stakeholders at the state and local level to participate in completion of the environmental scan, 3) engaging and contracting with local service providers to carry out the service strategies, 4) forming state and local Young Child Wellness Councils, and 5) developing and submitting the project's strategic plan.

Due to a delay in receiving budget authority from the Florida Legislature, funding for the project was not available until January 2013. Therefore hiring of project staff and contracting with project partners was delayed until March/April 2013. These challenges had a significant impact on completion of the Year 1 project deliverables, the environmental scan and strategic plan, since up to that point the project did not have staff to organize the local council or engage with project partners. The strategic plan was submitted in June 2013, however, due to necessary revisions, the local portion of the plan was not approved until October 2013. Therefore, it is too early to assess implementation of the strategic plan. Implementation findings for the Florida Project LAUNCH service-related activities that are included in the strategic plan are presented in the Service Level Implementation Process section of this report.

Implementation Capacity and Sustainability

This section addresses the evaluation questions related to the key facilitators that supported implementation, challenges and barriers to implementation, key accomplishments, and changes in infrastructure and capacity that have occurred to support the achievement of project goals. As stated previously, the primary data source for this domain is an Implementation Process and Capacity Survey that will be administered with state and local project stakeholders. Finalization of the protocol and administration of the survey was delayed due to changes being

made to the strategic plan and the desire for the survey to capture all relevant capacity factors included in the project's strategic plan. The survey will be administered during Year 2 and findings will be shared with project stakeholders through the state and local Young Child Wellness Councils.

Additional data sources for this component include observation of project planning and council meetings, council meeting documentation and products, and training documentation. In addition, elements from the CSE State and Community System Surveys and the workforce development TRAC indicator will be used to assess implementation capacity and sustainability.

Preliminary findings from these data sources revealed several key facilitators to implementation, challenges and barriers and accomplishments that occurred during Year 1.

At the state level, it was indicated the history that the agencies on the state council have of working together, their regular attendance at council meetings, and stability within their agency leadership acted as facilitators to the project and furthermore, enhances the credibility of the project with the community. It was also noted that the current political climate at the state level is a supportive factor in carrying out the project. Locally, facilitators to implementation included the stability of the provider organizations, stability in council membership, and shared goals among the project stakeholders. Stated challenges included the lack of family representation on the state and local Young Child Wellness Councils and turnover in project staff at the state level. At the community level, it was reported that agencies or organizations that need to be on the council have not yet become members.

Key accomplishments of the project during Year 1 included increasing the service capacity in the community by implementing Project LAUNCH services and increasing assessments and subsequent referrals between project providers.

Another noted area of accomplishment, was training, both LAUNCH funded and non-LAUNCH funded, that was made available to project stakeholders at the state and community level. Furthermore, it was noted that the partnerships between child and family serving agencies that have been formed due to Project LAUNCH activities have resulted in an increased awareness of and participation in available early childhood related trainings being offered within the community and at the state level, serving to maximize state and community resources. Though not all of the trainings were directly funded through the grant, these trainings were consistent with the goals of the grant and included a focus on early childhood mental health

consultation, infant mental health, inclusive early care and education, toxic stress and the science of early child development, integrating physical and behavioral health care, trauma-informed practice, positive behavior support, positive parenting for mothers of low income who have infants and young children, organizational cultural competency readiness to serve diversified populations, and strengthening parent and family skills in reducing behavioral problems, delinquency, and substance abuse. For non-LAUNCH funded and LAUNCH funded trainings combined, during Year 1, 171 individuals participated in LAUNCH related trainings in Quarter 3 and 85 individuals in Quarter 4.

State and Local Systems Outcomes

System collaboration and integration

An evaluation of system collaboration and integration will be conducted over the course of the project to assess the extent to which: 1) an increase in collaboration occurred among project and system providers, 2) an increase in integration and linkages across the early childhood service system occurred, and 3) an increase in provider knowledge of, access to, and use of cross-system resources and services occurred. The primary method that will be used over the duration of the grant to capture collaboration and integration data will be administration of the Wilder Collaboration Factors Inventory which will be administered with key stakeholders annually, beginning Year 1 of the project. In addition, the evaluation team will use relevant data from the CSE System Surveys, the Implementation Process and Capacity Survey, observation, and document review of project activities and outputs from the YCW Councils and project providers. Findings from the assessment of collaboration and integration will assist project leadership and providers in the continual improvement of system integration through the identification of areas of strength that could be maximized and challenges that need to be addressed.

The Year 1 collaboration findings presented below are based on analysis of the baseline administration of the Wilder Collaboration Factors Inventory and council membership information reported by the state Young Child Wellness Expert and local Young Child Wellness Coordinator.

Young Child Wellness Council Membership.

Based on data collected from the state Young Child Wellness Expert and local Young

Child Wellness Coordinator, there were 17 member agencies collaborating on the state Young Child Wellness Council (YCWC) and 13 on the local council at FFY12-13 year end (Table 4). Council members have expertise in the following areas: child welfare and child protective service, substance abuse prevention/treatment/aftercare, public health, mental health, child behavioral services, child care, early childhood and elementary education, Medicaid, juvenile justice, state government, and advocacy. In addition to participating in regularly scheduled local and state Young Child Wellness Council meetings, outreach to other organizations have resulted in further involvement in grant implementation efforts. The Local Young Child Wellness Coordinator is working with an organized group of local religious leaders who meet to discuss Lealman community issues and has engaged them in developing ideas on how they can contribute to facilitation of Florida Project LAUNCH goals and services within the community. Likewise, local Federation of Families for Children's Mental Health representatives are engaged in developing ways to assist with involving families in the local Young Child Wellness Council. Further, the State Young Child Wellness Expert joined and is participating in two statewide workgroups. This includes serving as co-chair of the Help Me Grow Task Force, an initiative to integrate child developmental screening and appropriate services, and the state Design and Development workgroup that provides guidance for infrastructure and capacity building for mental health and substance abuse systems.

Table 4. FFY12-13 Agencies Represented on Young Child Wellness Councils

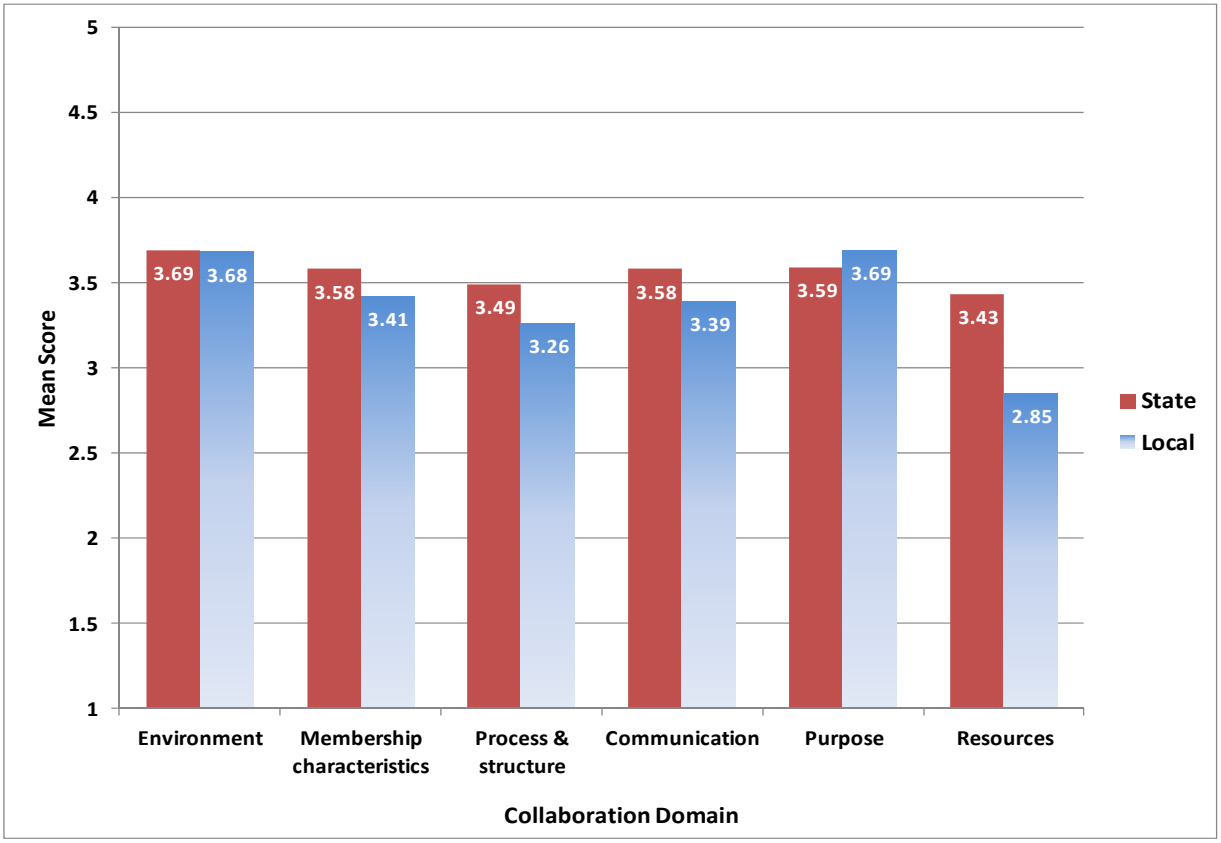
State YCWC	**Local YCWC**
DISC Village	Community Health Centers of Pinellas, Inc.
Florida Agency for Health Care Administration	Early Learning Coalition of Pinellas County
Florida Alcohol and Drug Abuse Association	Florida Department of Children and Families
Florida Council Against Sexual Violence	Florida Department of Juvenile Justice
Florida Department of Children and Families	Florida Diagnostic & Learning Resources System (FDLRS) – Child Find
Florida Department of Education	Gulf Coast Jewish Family & Community Services
Florida Department of Health	Healthy Start
Florida Department of Juvenile Justice	Juvenile Welfare Board of Pinellas County
Florida State University	Molina Healthcare
Head Start	Operation PAR, Inc.
Healthy Start	St. Petersburg College
MIECHV (Maternal Infant and Early Childhood Home Visiting Program)	Suncoast Center, Inc.
Office of Adoption and Child Protection	University of South Florida St. Petersburg
Office of Early Learning	

Ounce of Prevention SEDNET (Multiagency Network for Students with Emotional/Behavioral Disabilities) University of South Florida St. Petersburg	

Wilder Collaboration Factors Inventory findings.

The *Wilder Collaboration Factors Inventory* was utilized to obtain a baseline measurement of Florida Project LAUNCH state- and local-level (Lealman Corridor) system collaboration. The state-level inventory was completed by 25 state stakeholders and the local-level inventory was completed by 16 local stakeholders regarding their beliefs related to elements that influence project collaboration organized into six domains: Environment, Membership Characteristics, Process and Structure, Communication, Purpose, and Resources. Higher scores indicate more favorable opinions (1=strongly disagree, 2=disagree, 3=neutral/no opinion, 4=agree, 5=strongly agree). Appendix A displays mean scores for all state and local inventory items, factors, and domains. Overall, state-level mean scores for each domain ranged from 3.69 to 3.43 and local-level mean scores ranged from 3.69 to 2.85 with relatively similar beliefs between the two stakeholder groups for five of the six domains (Figure 2). Although the Resources domain was scored the lowest by state and local stakeholders, there was a significant difference in their opinions about their own system resources (Appendix B). Not unexpected for a baseline measurement, there is room for improvement across all efforts aimed at successful collaboration among Florida Project LAUNCH stakeholders at both system levels. Findings are discussed below with a focus on the factors within each domain.

Figure 2. State and Local Systems-Level Collaboration Inventory Mean Ratings by Domain



Environment

The scores for the Environment domain were essentially identical for state and local systems and among the highest rated in the inventory (state $M = 3.69$, local $M = 3.68$). Stakeholders at the state level were more confident about the factor related to having a favorable political and social climate and implementing Florida Project LAUNCH at the right time ($M = 3.94$) than were local stakeholders ($M = 3.65$), but the converse was true for their history of working and problem solving together at the state ($M = 3.64$) and local ($M = 3.90$) levels. Local stakeholders commented on their "strong community", "years of collaboration", and "good relationships" between provider agencies, but also that "new relationships are being forged" through the project. State stakeholders pointed out that they "have longstanding professional and interagency relationships which have built trust and a culture of collaboration" which "enables them to further leverage interagency resources and cooperation."

Opinions between the two groups were similar on the factor related to being viewed as legitimate leaders by non-LAUNCH members to achieve project success (state *M* = 3.48, local *M* = 3.47). This particular finding is of special note especially given the need for a system-wide continuum of outreach, partnership, and support across state- and local-level efforts to attain and sustain successful project operations and impact.

Membership Characteristics

Mean domain scores for Membership Characteristics were 3.58 at the state level and 3.41 at the local level. The factor that scored the highest within the Membership Characteristics domain was stakeholder beliefs that their organization would benefit from Florida Project LAUNCH involvement (state *M* = 3.84, local *M* = 3.93), followed by the presence of trust and respect among individuals (state *M* = 3.72, local *M* = 3.59), the ability of individuals to compromise (state *M* = 3.72, local *M* = 3.56), and finally having representation from the cross section of individuals and organizations who will be impacted by the project (state *M* = 3.24, local *M* = 2.88). Comments from local stakeholders reflected concern that efforts to involve formal and informal local providers have not been sufficient to date. There were similar concerns by state stakeholders with a particular mention of obtaining family representation at future state-level meetings. The lowest scores on the cross-sectional representation factor indicate that membership on the state and local Young Child Wellness Councils and involvement in Florida Project LAUNCH at the individual and organizational levels have not yet reached optimal levels. These scores also may be reflective of the lower scores on the legitimate leader factor within the Environment domain. This is not unusual in the early implementation stages of a state and local system-wide initiative. However, it is crucial to the project's success that there is sufficient representation and participation across all stakeholder groups.

Process and Structure

Domain scores for Process and Structure were among the lowest on the inventory (state *M* = 3.49, local *M* = 3.26). Factors include the openness and flexibility among individual stakeholders (state *M* = 3.70, local *M* = 3.75), group adaptability to changing conditions impacting the project (state *M* = 3.70, local *M* = 3.40), and the commitment and investment of stakeholders (state *M* = 3.64, local *M* = 3.58). Opinions about the investment of time and commitment were further reflected in local-level comments about the how local "Coordinator's

passion, patience, and skill set" supports collaboration, and the eagerness of the team to accomplish tasks.

Next in factor scores were the pace of project work (state *M* = 3.42, local *M* = 3.00) and, individuals having a clear understanding of their roles/responsibilities and the decision making process in the collaborative groups (state *M* = 3.24, local *M* = 2.78). Comments on these two factors at the local level pointed to challenges such as "starting so late", "difficult time constraints" to accomplish project work, not having regular attendance at meetings or "coordinated effort", and "lack of clarity among partners." State-level comments reflected a concern about "rushed" initial planning efforts that lead to "inconsistent participation" and changes in agency representatives at meetings making it "difficult to truly collaborate and move forward", and "fragmented" efforts. However, one state stakeholder pointed out the benefit of teaming in working committees to "further the work along in a time sensitive manner" while reporting back to the larger group at regular meetings.

Finally, the factor related to participating individuals having enough time to confer with their agency colleagues about upcoming decisions and having the ability to speak for their entire organization was also among the lowest scored in this domain (state *M* = 3.16, local *M* = 2.90). Overall, these findings suggest that stakeholders are more confident about factors related to personal characteristics that contribute to successful collaborative work than those that contribute to accomplishing the work. State and local Young Child Wellness Councils should continue to work together to clarify roles, responsibilities, and decision making mechanisms to advance project accomplishments.

Communication

The factor in the Communication domain related to open and frequent communication scored higher among state stakeholders (*M* = 3.65) than the formal and informal communication mechanisms factor (*M* = 3.50). The converse was true for local stakeholders with the occurrence of communication scoring lower (*M* = 3.33) than the existence of established mechanisms (*M* = 3.47). Local stakeholders mentioned that "the organization and communication across the project could be improved" and a suggestion was made that "improved communication and support from the State level will be necessary to ensure local project success." One state stakeholder relayed that "there is a sense of commitment that if more frequent meetings" were needed then that would be acceptable, and another stated that project leaders are "committed to

transparent communication." There was also a concern raised however, about communication between the state and local collaborative groups, but that they were working to address this challenge. Findings indicate there can be progress made by both groups regarding Communication (state *M* = 3.58, local *M* = 3.39), and that active, successful communication among and between state and local collaborative groups needs additional time to develop and advance.

Purpose

State and local stakeholders scored the Purpose domain as among the highest of those on the inventory (state *M* = 3.59, local *M* = 3.69). This reflects a belief in the unique purpose of the Florida Project LAUNCH collaboration (state *M* = 3.74, local *M* = 4.19), and a shared dedication and vision (state *M* = 3.54, local *M* = 3.81). The factor regarding individual and group knowledge and understanding of project goals was scored lower, especially at the local level (state *M* = 3.52, local *M* = 3.29). Comments at the local level reflected the lack of clarity on project goals among partners such as not being "completely clear what our strategic plan is", and a suggestion for a concerted and prominent focus and review of project goals to help promote stakeholder participation and commitment. Reflecting similar concerns at the state-level, suggestions were made to provide a "refresher on Project LAUNCH goals and objectives would be beneficial; and share additional information with everyone to ensure that they are "on the same page with understanding the goals, objectives, and commitments to the collaborative" including information on "each partnering organization's mission, vision, and values" to understand the composition of the collaborative group. Stakeholders are encouraged to continue to work together among and between their state and local groups with attention to ensuring that project goals are reasonable and clearly understood by everyone.

Resources

The Resources domain scored the lowest among both stakeholder groups with state stakeholders having significantly more positive views about the resources available to accomplish state system goals (*M* = 3.43) than local stakeholders do about resources for community goals (*M* = 2.85). Similarly, factor scores regarding the adequacy of available funds and personnel (state *M* = 3.20, local *M* = 2.78) reflect some of the least positive beliefs about all of the factors listed on the inventory. This is reiterated in a local-level comment about the need for greater attendance and participation in local Young Child Wellness Council meetings because

"their input is valuable and necessary for the success" of the project, and a state-level comment about "time constraints" due to their work responsibility at their own agency. In addition, there was specific mention at the local level of the lack of adequate funding to ensure parent participation to include transportation and childcare.

Stakeholder perceptions of the skills of those in leadership positions to work with other individuals and agencies were higher (state $M = 3.92$, local $M = 3.00$). A state stakeholder stated that collaboration will be facilitated by the "experience, knowledge of the mental health and substance abuse field in Florida." Although one local stakeholder had positively commented that the project leadership "has built a trusting environment for dialogue and collaboration" that has included being "open to input and feedback", there were concerns raised by local stakeholders about the need for strong leadership at the state and local levels that will facilitate community collaboration and productivity, and the lack of communication between state and local leaders involved in the project. As implementation of Florida Project LAUNCH continues, stakeholders should not only monitor and consider the level of funds, staff, and materials needed and available, but also the ways in which they may be utilized to maximize benefit and efficiency for state and local systems, organizations, and consumers.

Family and stakeholder engagement

The purpose of this component is to assess: 1) the satisfaction of State and Local YCW Council members with the activities and outcomes of the project, 2) to what extent parents and family members were engaged in project planning and decision making, and 3) to what extent the project was successful in including stakeholders that represent the diversity of the target community in project planning and decision making. The primary data sources for this assessment will be the Implementation Process and Capacity Survey completed with YCW Council members, including parents and family members on the council. Finalization of the protocol and administration of the survey during Year 1 was postponed due to delays in completing the project's strategic plan and the desire for the protocol to adequately capture all of the intended capacity changes that would be outlined in the strategic plan. Administration of the survey will be completed during Year 2 of the project and findings will be presented to project leadership and stakeholders through the state and local Young Child Wellness Councils. Additionally, the findings will be reported in the second annual evaluation report.

Additional data sources intended to assess this domain include the Cross-Site Evaluation System Surveys, relevant TRAC data, observation of YCW Council and project provider meetings, and document review of YCW Council meeting documents and outputs.

At fiscal year-end consumers and family members had not yet participated as members in work groups, advisory groups, or the state and local Young Child Wellness Councils. Project leadership and partners have articulated including parents and family members as key stakeholders in the project as a priority and have made efforts to achieve this goal during Year 1. Strategies that have been planned and discussed included engaging Federation of Families for Children's Mental Health representatives in developing ways to assist with involving families in the local Young Child Wellness Council, partnering with existing community councils to engage parents, utilizing the relationships that contracted providers and council member agencies already have with parents to engage them in project planning and decision making, and organizing community outreach events for parents and families of young children in the Lealman area. The impact of these planned efforts will be assessed in Year 2.

Service Level Activities

Implementation Process Outcomes

To implement the Florida Project LAUNCH service level strategies, five early childhood service providers within the Lealman Corridor, Pinellas County community have been contracted by the Florida Department of Children and Families (DCF). Screening and assessment in a range of child-serving settings will be carried out by all of the providers; integration of behavioral health into primary care settings is being implemented by Community Health Centers of Pinellas (CHCP) and Suncoast Center, Inc., the mental health consultation in early care and education strand is being implemented by Early Learning Coalition of Pinellas (ELC) through expansion of the Teaching Pyramid, Positive Behavior Support model in the target area with a mental health consultation component being developed in Year 2; enhanced home visiting through an increased focus on social and emotional well-being is being implemented by Healthy Start of Pinellas through expansion of their Parents as Teachers Plus (PAT+) program, and family strengthening and parent skills training will begin in Year 2 by Operation PAR through provision of the Nurturing Parenting Program to parents in the Lealman area.

Relevant to implementation of all of the service level activities were the contracting challenges that were experienced due to the previously mentioned delay in receiving budget authority from the Florida Legislature until January 2013. The service providers did not have executed contracts until March/April 2013, resulting in services not beginning until May 2013.

The following narrative offers a description of each program, implementation activities and fidelity, and outputs that comport with TRAC measures. This information is organized according to the Project LAUNCH prevention and promotion strategies, with the exception of screening and assessment which is included as a component of each of the other four strands.

Integration of behavioral health into primary care settings.

Community Health Centers of Pinellas, Inc. (CHCP), a physical health care organization and a primary Florida Project LAUNCH contracted provider, has sub-contracted with Suncoast Center, Inc., a community behavioral health agency that offers a broad range of services for children and adults, to integrate behavioral health assessment, referral, and services into its health center located in the Lealman Corridor target area. To support the integration of services, two LAUNCH-funded Suncoast Center Licensed Clinical Social Workers (LCSWs) are co-located at the Lealman Corridor office. In addition, LAUNCH funds a CHCP onsite case manager to coordinate referrals to the LCSWs and external mental health and related services, based on the needs of each child and family. A staff psychiatrist provides oversight for the LCSW services and a Suncoast Center clinician provides direct supervision of the LCSWs. The CHCP medical staff are not funded by Project LAUNCH, but will be acting in support of the integration of services and will receive training in the promotion, prevention, and intervention of behavioral health services and the effects of untreated mental health issues on physical health. The CHCP Lealman office medical staff consists of Pediatricians, Mid Wives, Obstetrician-gynecologists (OB-GYNs), Advanced Practice Registered Nurse (ARNPs), and a Family Practice Physician.

Implementation activities and fidelity.

All of the Florida Project LAUNCH-funded CHCP and Suncoast Center staff have been hired and providing services since May 2013. While the core framework of behavioral health and physical health service integration has been implemented, an integration model for best practice is still being developed. As the providers and project leadership work to refine the principles and strategies that encompass this best practice model, the evaluation team will work with them to

develop fidelity criteria and process outcomes to assess if the model has been successfully implemented and use data to make adaptations as needed. It is anticipated the practice fidelity data of the integration model will be collected during Year 2 of the grant and the related findings will be reported in the second annual evaluation report. Preliminary fidelity findings will be shared with provider and project leadership as they are available to assist in the monitoring of program implementation.

Screening/assessment, referrals, and evidence-based practice services.

Community Health Centers of Pinellas screened 109 children in FFY12-13 (Table 5) using a strengths and needs intake assessment, ASQ-3, ASQ:SE (developmental and social-emotional screenings), M-CHAT™ (autism screening tool), and the Vanderbilt Assessment Scale (screening for attention deficit hyperactivity disorder and co-morbid conditions oppositional defiant disorder, conduct disorder, and anxiety/depression). In-depth history and strengths and needs screenings were conducted with 38 parents. To improve mental health and overall well-being, 177 children, parents, and family members were referred to services for needs related to mental, developmental, and physical health; substance abuse treatment; housing; utility assistance; employment; food and financial assistance; legal issues; clothing; and child care.

Table 5. FFY12-13 Screening/Referrals - Community Health Centers of Pinellas

TRAC Measure & Stakeholder Level	**Number of Individuals per FFY12-13 Quarter**				
S1 – The number of individuals screened for mental health or related interventions.					
	Q1	**Q2**	**Q3**	**Q4**	**Total**
Child	0	0	57	52	**109**
Parent	0	0	9	29	**38**
Total	**0**	**0**	**66**	**81**	**147**
R1 – The number of individuals referred to mental health or related services.					
Child	0	0	59	24	**83**
Parent	0	0	41	23	**64**
Family Member	0	0	23	7	**30**
Total	**0**	**0**	**123**	**54**	**177**
The number of individuals who received case management and LCSW services.*					
Child	0	0	17	52	**69**
Parent and Prenatal	0	0	Not reported	29	**29**
Family Member	0	0	Not reported	4	**4**
Total	**0**	**0**	**17**	**85**	**102**

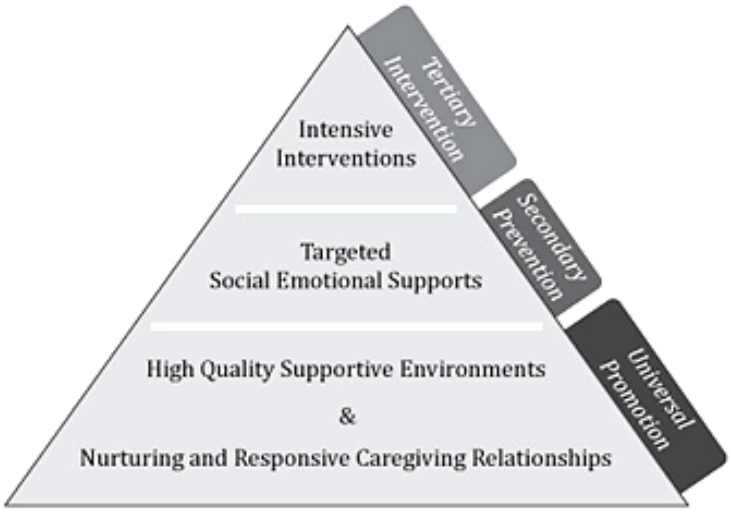
*The number of individuals served by the case manager and LCSWs was not reported in TRAC as a T3 indicator because it is not an evidenced-based service.

Mental health consultation in early care and education

Early Learning Coalition (ELC) of Pinellas is implementing the Pyramid Model, Positive Behavior Support (PBS) as part of the LAUNCH grant. In support of PBS implementation, Florida Project LAUNCH is funding two PBS coaches to expand PBS use into early childhood classrooms in the Lealman area that are providing care to children ages birth to five. In addition, an ELC PBS trainer, who is not funded by the project, is providing pre-service and ongoing in-service training for the early childcare providers in the Lealman area. During Year 2, a mental health consultant will be added to the project scope and work in collaboration and consultation with the ELC PBS coaches and early childhood classroom providers.

The Pyramid Model (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003) is a promotion, prevention, and intervention framework early educators can use to promote young children's social and emotional development and prevent and address challenging behavior. The Pyramid Model (Figure 3) organizes evidence-based practices that include universal promotion practices for all children, practices for children who need targeted social-emotional supports, and individualized behavior support practices for children with significant social skill deficits or persistent challenging behavior. These practices are based on research focused on effective instruction for young children (Burchinal, Vandergrift, Pianta, & Mashburn, 2010; National Research Council, 2001), strategies to promote child engagement and appropriate behavior (Chien et al., 2010; Conroy, Brown, & Olive 2008), the promotion of children's social skills (Brown, Odom, & McConnell, 2008; Vaughn et al., 2003), and the implementation of individualized assessment-based behavior support plans for children with the most severe behavior challenges (Blair, Fox, & Lentini, 2010; McLaren & Nelson, 2008; Conroy, Dunlap, Clarke, & Alter, 2005).

Figure 3. Pyramid Model



Implementation activities and fidelity.

The Early Learning Coalition's (ELC) LAUNCH team is coaching on the first two levels of the Pyramid Model with select Lealman area early childhood providers. Cohort 1 has been recruited, baseline observations using the Teaching Pyramid Observation Tool (TPOT) (version dated 7/1/09) were completed, coaches developed action plans in collaboration with each provider, and the coaches have begun training and coaching the providers on Pyramid Practices.

TPOT reliability was established between ELC's two coaching staff and the University of South Florida's (USF) LAUNCH evaluation consultant to insure that the coaches were implementing the TPOT with fidelity. The first coach was 81% reliable on the TPOT and the second coach was at 89% reliable with an average of 85% reliability with the USF evaluation consultant. Both coaches completed 6 practice TPOTs together. Both coaches have registered for the 11th Annual National Training Institute on Effective Practices: Addressing Challenging Behavior Preconference Workshop to learn the newest version of the TPOT. There is a plan to transition to using the updated TPOT in late spring/early summer of 2014.

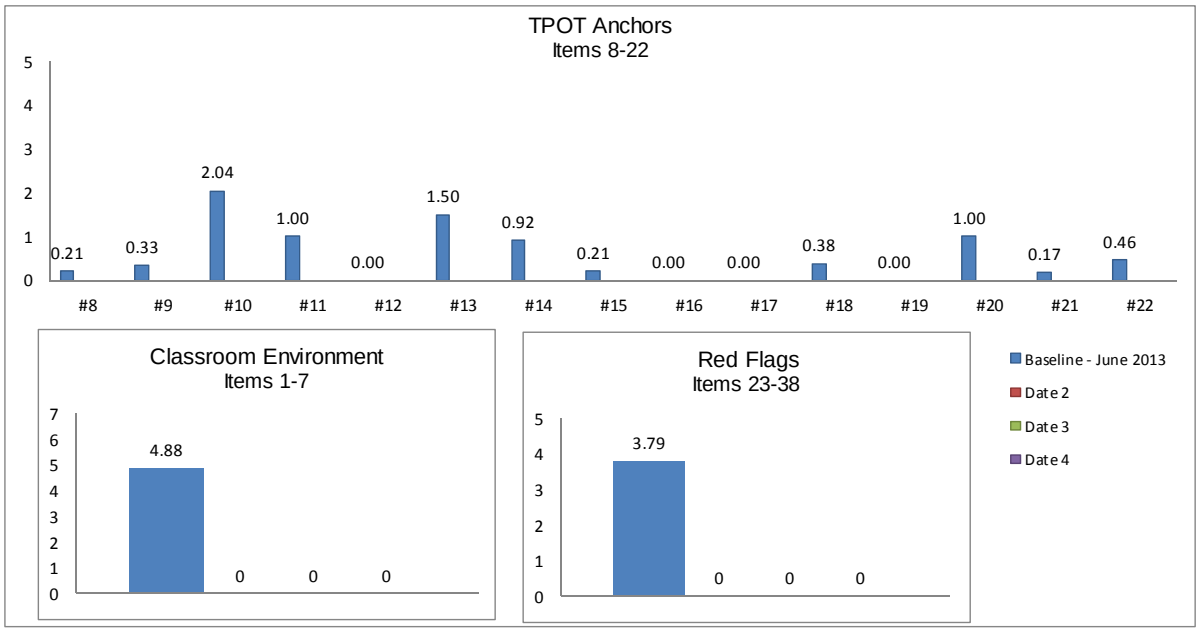
Baseline TPOT observations were completed for Cohort 1 by the two ELC LAUNCH coaches across 24 providers in June 2013. For providers who demonstrate high implementation of Pyramid Practices, we would expect a 6 or 7 on the environmental score, 3.5 – 5.0 for the anchor score, and 0-1 red flag.

Across the 24 providers with baseline TPOT measures, as seen in Figure 4, providers had an average overall score of 4.88 for the environmental score, 0.55 for the anchor score, and 3.79 red flags. ELC's goal, after six months of coaching, is for an increase of a minimum of 0.5 on the anchor score. Post TPOT observations are planned to occur in the Spring of 2014.

Figure 4. Teaching Pyramid Observation Tool Ratings

Teaching Pyramid Observation Tool for Preschool Classrooms (TPOT)

LAUNCH Cohort 1 - June 2013: Averages Across All Teachers



8. Schedules and routines	15. Teaching social skills and emotional competencies	22. Building collaborative teaming relationships with other adults
9. Transitions between activities	16. Teaching children to express emotions	
10. Teacher engages in supportive conversations	17. Teaching problem solving	
11. Promoting children's engagement	18. Supporting friendship skills	
12. Teaching children behavior expectations	19. Supporting children with persistent problem behavior	
13. Providing directions	20. Communication w / families to promote family involvement	
14. Using effective strategies to respond to problem behavior	21. Involving families in addressing problem behavior	

	Env	Anc	RF
Baseline	4.88	0.55	3.79
Date 2			
Date 3			
Date 4			

KEY:

Environment Range is 0-7 (0-4 = poor quality, 5-6 = average quality, 7 = high quality); 7 = perfect score

Anchor Range is 0-5 (0-1.0 = poor, 1.1-3.4 = average, 3.5-5.0 = exemplary); 5 = perfect score

Red Flag Range is 0-16 (0 = good, 2-6 = at risk, 7-16 = significant); 0 = perfect score

Bold blue scores are perfect scores

	Baseline	Date 2	Date 3	Date 4
Number of Teachers each year:	24			

Based on individual TPOT scores, LAUNCH coaches developed action plans with each provider. The TPOT also captures if there are children with English as a second language and children with severe language delay. Across the 24 classrooms implementing Pyramid Practices, there were not any children with a severe language delay; and there were three classrooms with children who need information presented to them in a different way because they are English

Language Learners. At each site visit, coaches reviewed progress on Pyramid Practices with providers.

The USF consultant received a sample of 10% of the action plans and notes from coaching sessions. Across the four action plans reviewed, there was evidence of coaching on the Pyramid Model with fidelity. The goals on the action plans reflected the professional development needs (schedules and routines, transitions, behavior expectations, providing directions, expressing emotions, and supporting friendship skills) as evidenced by baseline TPOT summary scores. USF provided technical assistance to LAUNCH team members on an as needed basis through conference calls, emails, and face-to-face meetings.

The LAUNCH coaches provided six workshops on the Pyramid Model and conducted pre/post assessments of knowledge gain. The trainings were based on Iowa's Pyramid Model trainings (https://app.box.com/s/9rg5sxh5mfh43da7e05k) and included make n' take content for providers to develop materials to use in their classrooms, practice application activities, and handouts supporting the focused Pyramid Model topic. The coaches promoted the training content/materials with providers and assisted them with application of Pyramid Practices in the classroom. In addition, some training participants were site directors, assistant directors, and floater assistants.

Currently, the ELC LAUNCH team is only promoting the first two tiers of the Pyramid Model in their coaching and training. The team indicated that they would like to learn more about the top level of the Pyramid Model, intensive interventions. USF invited the LAUNCH coaches to attend a two-part training on individualized positive behavior support and coaches are registered to attend in January/February 2014.

ELC LAUNCH staff inputted pre-post training data and sent results to USF, along with a copy of each answer key. USF reviewed training content for trainings done in summer and fall of 2013 to insure fidelity of Pyramid Practices were comprehensive. Across all training topics, providers demonstrated an increase in knowledge gain or maintained their score with an average of 91% from pre to post assessment. Content included Pyramid Practices:

1. *Building Nurturing and Responsive Relationships*
    a. Percentage that improved or remained the same: 85%
2. *Establishing Clear Expectations and Rules*
    a. Percentage that improved or remained the same: 92%

3. *Creating High Quality Supportive Environments*
    a. Percentage that improved or remained the same: 89%
4. The following three training sessions had a combined pre/post assessment and the percentage that improved was 100%
    a. Supportive Schedules and Routines
    b. Effective Transitions and Clear Directions
    c. Positive Feedback and Clear Directions

Coaching, training, and post TPOT measures for Cohort 1 will be completed in May 2014. At that time, Cohort 2 will be recruited. There is a plan to continue to provide support to Cohort 1, as needed, through 2014.

Screening/assessment, referrals, and evidence-based practice services.

Implementation of PBS for Florida Project LAUNCH is occurring at the universal level and currently while children in PBS classrooms do receive developmental screening and assessment as a part of service as usual, they are not screened or assessed as a part of Florida Project LAUNCH. Therefore, screening and assessment data at the child level is not collected as a TRAC indicator.

Regarding the receipt of evidence-based services, as seen in table Table 6, there were 290 children served during Year 1 in classrooms where teachers were trained in utilizing PBS.

Table 6. FFY12-13 Evidence-Based Services - Early Learning Coalition, PBS

TRAC Measure & Stakeholder Level	**Number of Individuals per FFY12-13 Quarter**				
T3 – The number of people receiving evidence-based mental health-related services as a result of the grant.					
	Q1	**Q2**	**Q3**	**Q4**	**Total**
Child	0	0	0	290	**290**
Total	**0**	**0**	**0**	**290**	**290**

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

To fulfill the Project LAUNCH strand of enhanced home visiting, Healthy Start Coalition of Pinellas, is expanding its Parents as Teachers Plus (PAT+) program into the Lealman target area. The PAT+ program focuses services on pregnant women and parents who are abusing drugs with children ages 0-3. Parents as Teachers Plus is an evidence-based parent education

model whose purpose is to improve child development, strengthen family relationships and parent/child attachment, promote positive birth outcomes, and reduce substance use in parents. PAT+ is designed to educate parents about what to expect during their child's development and teach them ways to encourage learning while fostering a strong parent-child relationship. The PAT+ team will provide services that include home visits, care coordination, developmental assessments, support groups, family strengthening and parent skills training as well as substance abuse recovery and relapse prevention services.

PAT+ is a 2-year curriculum that begins with prenatal care through the child's third year of life. Wraparound services are provided by referrals for services that include substance abuse treatment, mental health counseling, education and job training, childcare, breastfeeding support and nutrition counseling funded by Healthy Start and other community agencies.

To enhance their existing PAT+ program, Healthy Start has added two parent educators that will work with families in the Lealman area. Prior to Project LAUNCH, Healthy Start's PAT+ program consisted of seven parent educators, a mental health counselor, nurse, and program supervisor. These PAT+ staff will continue to work as a team with the new parent educators to support families in the Lealman area.

Implementation activities and fidelity.

During Year 1 of the grant, Healthy Start carried out the necessary components to expand PAT+ to the Lealman area. Two parent educators were hired and received the necessary PAT+ foundational training prior to beginning service provision to parents and pregnant women in the Lealman area in May 2013.

Implementation fidelity and quality assurance procedures for Florida Project LAUNCH are still being developed in collaboration between Healthy Start and the USF evaluation team. Fidelity procedures that have either already been partially implemented or are under development include a parent educator observation tool that will be completed quarterly by the program supervisor, a case tracking form that is completed monthly by the supervisor, and a PAT+ performance report that is completed annually. The USF evaluation team will also collect documentation of pre-service and in-service training of the Project LAUNCH parent educators.

Implementation fidelity data will be collected during Year 2 of the grant and reported in the second annual evaluation report. In addition, preliminary fidelity findings will be shared with

program staff as they become available to ensure fidelity to the model and make adaptations to service provision if needed.

Screening/assessment, referrals, and evidence-based practice.

There were 57 children and parents (includes expectant parents) screened and 23 referred through the PAT+ program in FFY12-13 (Table 7). Children were screened using the ASQ-3, ASQ:SE, Developmental Milestones Chart, and PAT+ Health Record. Parents were screened using the PAT+ Family Assessment, Domestic Violence Risk Assessment, Edinburgh Postnatal Depression Scale, Perceived Stress Scale, Substance Abuse Survey, Fresh Start Smoking Cessation tool, Infant/Toddler Home Inventory, and Home Safety Checklist.

Referrals to improve mental health and overall well-being included child care services from Project Safety Net and Kidz Club for children and Boley Housing Program, Smoking Cessation Quitline, Suncoast Center, mental health support groups, and services related to mental and physical health, transportation, employment, food, child care, and methadone treatment for substance abuse issues for parents.

Finally, PAT+ services were provided to 30 infants and young children, 39 parents, 8 expectant mothers, and 5 grandmothers (Table 7) in FFY12-13.

Table 7. FFY12-13 Screening/Referrals/Evidence-Based Services - Healthy Start, PAT+

TRAC Measure & Stakeholder Level	**Number of Individuals per FFY12-13 Quarter**				
S1 – The number of individuals screened for mental health or related interventions.					
	Q1	**Q2**	**Q3**	**Q4**	**Total**
Child	0	0	7	9	**16**
Parent	0	0	24	17	**41**
Total	**0**	**0**	**31**	**26**	**57**
R1 – The number of individuals referred to mental health or related services.					
Child	0	0	4	3	**7**
Parent	0	0	11	5	**16**
Total	**0**	**0**	**15**	**8**	**23**
T3 – The number of people receiving evidence-based mental health-related services as a result of the grant.					
Child	0	0	15	15	**30**
Parent	0	0	28	19	**47**
Family Member	0	0	5	0	**5**
Total	**0**	**0**	**48**	**34**	**82**

Family strengthening and parent skills training

Operation PAR, a substance abuse and mental health treatment agency in Pinellas County, is expanding the availability of its Nurturing Parenting Program to parents of children from birth to age three in the Lealman area as part of Florida Project LAUNCH implementation. The Nurturing Parenting Program is a set of evidenced-based parent education curricula utilized for the treatment and prevention of child abuse and neglect. The 10-session curriculum being used for Florida Project LAUNCH is community based and prevention focused for parents who self-identify as in need of assistance. The Florida Project LAUNCH Nurturing Parenting workshops will be provided by two parent trainers for the Lealman area with support from existing Operation PAR management and staff.

Implementation activities and fidelity.

The Nurturing Parenting Program is in the early stages of implementation and is scheduled to begin service provision in Year 2 of the grant. During Year 1, two parent trainers were identified for the Lealman area and received the necessary pre-service Nurturing Parenting Program training. In addition, the parent trainers developed and distributed recruitment materials for the program and secured a meeting location at a church in the Lealman area. At the end of Year 1, recruitment efforts were still underway and open enrollment was scheduled to begin October 2013.

Implementation fidelity data will be collected and reported during Year 2 and will consist of observations of the parent trainers completed by the supervisor and evaluator, a program checklist completed by the parent trainer, and documentation of all pre-service and continuing in-service training. Preliminary fidelity findings will be shared with Operation PAR program staff on a regular basis to assist with ensuring practice fidelity and findings will be reported in the Year 2 annual evaluation report.

Screening/assessment, referrals, and evidence-based practice services.

As described above, this program has not yet been implemented so there are no results to report at this time.

Child, Parent, Provider, Community Service Outcomes

As described in the outcome evaluation approach and methods section, the Florida Project LAUNCH evaluation includes methods for evaluating child, parent, and provider level

outcomes for each service as it is relevant to the activities and goals of the specific service and community-level outcomes relevant to the overarching goals of the program. The outcome evaluation will allow for an assessment of the extent to which Project LAUNCH services are accomplishing the desired impact and an analysis of differences in these outcomes specific to race, ethnicity, language, and age. Data collection and analysis for the outcome evaluation is scheduled to begin in Year 2 of the grant. As preliminary findings are available specific to each strand and service they will be shared with project leadership, council members, and service providers to assist in data-based decision making concerning service provision and any adaptations that might need to be made toward the achievement of the intended outcomes. In addition, outcome level findings will be presented in the second annual evaluation report to be submitted December 2014.

Recommendations

- Local grant providers have discussed mapping out their service continuum efforts to give stakeholders an overall picture of local Florida Project LAUNCH activities. They have also discussed the possibility of tracking and sharing data on families to help eliminate duplication of efforts and facilitate a more efficient system to meet all child and family needs. It is recommended that these efforts continue and progress be made on accomplishing these objectives.
- State and local Young Child Wellness Councils should continue to expand the knowledge and understanding of Florida Project LAUNCH among state and local stakeholders to build a system-wide continuum of outreach, partnership, and support across state- and local-level efforts to attain and sustain successful project operations and impact.
- State and local Young Child Wellness Councils should continue to work together to clarify roles, responsibilities, and decision-making mechanisms among Florida Project LAUNCH partners to advance project accomplishments.
- Stakeholders should continue to engage early childhood professionals and families with young children to contribute to build robust and diverse state and local Young Child Wellness Councils.
- There should be a continuing focus on increasing and improving communication among and between state and local project leadership, council members, and service providers,

to ensure the timely dissemination and understanding of project information throughout state and local systems.

- Project leadership and stakeholders should continue to monitor and assess the level of funds, staff, and materials needed and available, and the ways in which resources could be utilized to maximize benefit and efficiency for state and local systems, organizations, and consumers.

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Appendix A

Table 1.

The Wilder Collaboration Factors Inventory – Local Level

Domain	Factors	Statements	Item Score (N = 16)		Factor Score		Domain Scoree	
			Mean	SD	Mean	SD	Mean	SD
Environment	*History of collaboration or cooperation in the community*	1. Agencies in our community have a history of working together	4.00	0.97	3.90	0.96	**3.68**	**0.53**
		2. Trying to solve problems through collaboration has been common in this community. It's been done a lot before.	3.81	0.98				
	Collaborative group seen as a legitimate leader in the community	3. Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish.	3.44	0.89	3.47	0.72		
		4. Others (in this community) who are not a part of this collaboration would generally agree that the organizations involved in this collaborative project are the "right" organizations to make this work.	3.50	0.89				
	Favorable political and social climate	5. The political and social climate seems to be "right" for starting a collaborative project like this one.	3.44	0.63	3.65	0.60		
		6. The time is right for this collaborative project.	3.88	0.72				
Membership characteristics	*Mutual respect, understanding, and trust*	7. People involved in our collaboration always trust one another.	3.00	0.89	3.59	0.55	**3.41**	**0.50**
		8. I have a lot of respect for the other people involved in this collaboration.	4.19	0.54				
	Appropriate cross section of members	9. The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish.	3.67	0.90	2.88	0.87		
		10. All the organizations that we need to be members of this	2.25	0.93				

		collaborative group have become members of the group.						
	Members see collaboration as in their self-interest	11. My organization will benefit from being involved in this collaboration.	3.93	0.59				
	Ability to compromise	12. People involved in our collaboration are willing to compromise on important aspects of our project.	3.56	0.81				
Process and Structure	*Members share a stake in both process and utcome*	13. The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.	3.06	0.99	3.58	0.63		
		14. Everyone who is a member of our collaborative group wants this project to succeed.	4.38	0.50				
		15. The level of commitment among the collaboration participants is high.	3.31	1.01			**3.26**	**0.41**
	Multiple layers of participation	16. When the collaborative group makes major decisions, there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be.	2.56	0.96	2.90	0.80		
		17. Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part.	3.25	0.86				
	Flexibility	18. There is a lot of flexibility when decisions are made; people are open to discussing different options.	3.69	0.48	3.75	0.41		
		19. People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.	3.91	0.54				
	Development of clear roles and policy guidelines	20. People in this collaborative group have a clear sense of their roles and responsibilities.	2.75	1.13	2.78	0.95		
		21. There is a clear process for making decisions among the partners in this collaboration.	2.81	0.91				

	Adaptability	22. This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.	3.44	0.63	3.40	0.64		
		23. This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.	3.38	0.89				
	Appropriate pace of development	24. This collaborative group has tried to take on the right amount of work at the right pace.	3.13	0.96	3.00	0.77		
		25. We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.	2.88	0.81				
Communication	*Open and frequent communication*	26. People in this collaboration communicate openly with one another.	3.65	0.89	3.33	0.97	**3.39**	**0.73**
		27. I am informed as often as I should be about what goes on in the collaboration.	3.31	1.08				
		28. The people who lead this collaborative group communicate well with the members.	3.13	1.36				
	Established informal relationships and communication links	29. Communication among the people in this collaborative group happens both at formal meetings and in informal ways.	3.38	1.03	3.47	0.83		
		30. I personally have informal conversations about the project with others who are involved in this collaborative group.	3.56	1.03				
Purpose	*Concrete, attainable goals and objectives*	31. I have a clear understanding of what our collaboration is trying to accomplish.	3.38	1.31	3.29	0.95	**3.69**	**0.57**
		32. People in our collaborative group know and understand our goals.	3.06	1.12				
		33. People in our collaborative group have established reasonable goals.	3.44	0.89				
	Shared vision	34. The people in this collaborative group are dedicated to the idea that we can make this project work.	3.94	0.77	3.81	0.63		

		35. My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.	3.69	0.70				
	Unique purpose	36. What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself.	4.25	0.58	4.19	0.54		
		37. No other organization in the community is trying to do exactly what we are trying to do.	4.13	0.72				
Resources	*Sufficient funds, staff, materials, and time*	38. Our collaborative group has adequate funds to do what it wants to accomplish.	2.88	0.96	2.78	0.93	**2.85**	**0.76**
		39. Our collaborative group has adequate "people power" to do what it wants to accomplish.	2.69	1.08				
	Skilled leadership	40. The people in leadership positions for this collaboration have good skills for working with other people and organizations.	3.00	1.32				

Table 2.

The Wilder Collaboration Factors Inventory – State Level

Domain	Factor	Statement	Item Score (N = 25)		Factor Score		Domain Score	
			Mean	SD	Mean	SD	Mean	SD
Environment	*History of collaboration or cooperation in the community*	1. Agencies in our community have a history of working together.	3.64	0.81	3.64	0.70	**3.69**	**0.55**
		2. Trying to solve problems through collaboration has been common in this community. It's been done a lot before.	3.64	0.70				
	Collaborative group seen as a legitimate leader in the community	3. Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish.	3.32	0.80	3.48	0.73		
		4. Others (in this community) who are not a part of this collaboration would generally agree that the organizations involved in this collaborative project are the "right" organizations to make this work.	3.64	0.76				
	Favorable political and social climate	5. The political and social climate seems to be "right" for starting a collaborative project like this one.	3.84	0.75	3.94	0.71		
		6. The time is right for this collaborative project.	4.04	0.74				
Membership Characteristics	*Mutual respect, understanding, and trust*	7. People involved in our collaboration always trust one another.	3.20	0.82	3.72	0.63	**3.58**	**0.53**
		8. I have a lot of respect for the other people involved in this collaboration.	4.25	0.66				
	Appropriate cross section of members	9. The people involved in our collaboration represent a cross section of those who have a stake in what we are trying to accomplish.	3.64	0.91	3.24	0.79		
		10. All the organizations that we need to be members of this collaborative group have become members of the group.	2.84	0.85				
	Members see collaboration as in their self-interest	11. My organization will benefit from being involved in this collaboration.	3.84	0.69	3.84	0.69		
	Ability to compromise	12. People involved in our collaboration are willing to compromise on important aspects of our project.	3.72	0.54	3.72	0.54		

Process and Structure	*Members share a stake in both process and outcome*	13. The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.	3.28	0.79	3.64	0.57	**3.49**	**0.48**
		14. Everyone who is a member of our collaborative group wants this project to succeed.	4.08	0.57				
		15. The level of commitment among the collaboration participants is high.	3.56	0.65				
	Multiple layers of participation	16. When the collaborative group makes major decisions, there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be.	3.48	0.82	3.16	0.55		
		17. Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part.	2.79	0.78				
	Flexibility	18. There is a lot of flexibility when decisions are made; people are open to discussing different options.	3.72	0.68	3.70	0.58		
		19. People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.	3.68	0.63				
	Development of clear roles and policy guidelines	20. People in this collaborative group have a clear sense of their roles and responsibilities.	3.28	0.79	3.24	0.68		
		21. There is a clear process for making decisions among the partners in this collaboration.	3.20	0.76				
	Adaptability	22. This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.	3.64	0.64	3.70	0.58		
		23. This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals.	3.76	0.66				
	Appropriate pace of development	24. This collaborative group has tried to take on the right amount of work at the right pace.	3.42	0.72	3.42	0.69		
		25. We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project.	3.44	0.77				

Communication	*Open and frequent communication*	26. People in this collaboration communicate openly with one another.	3.56	0..77	3.65	0.66	**3.58**	**0.58**
		27. I am informed as often as I should be about what goes on in the collaboration.	3.63	0.82				
		28. The people who lead this collaborative group communicate well with the members.	3.76	0.83				
	Established informal relationships and communication links	29. Communication among the people in this collaborative group happens both at formal meetings and in informal ways.	3.58	0.72	3.50	0.75		
		30. I personally have informal conversations about the project with others who are involved in this collaborative group.	3.40	0.96				
Purpose	*Concrete, attainable goals and objectives*	31. I have a clear understanding of what our collaboration is trying to accomplish.	3.60	0.82	3.52	0.63	**3.59**	**0.59**
		32. People in our collaborative group know and understand our goals.	3.48	0.71				
		33. People in our collaborative group have established reasonable goals.	3.48	0.65				
	Shared vision	34. The people in this collaborative group are dedicated to the idea that we can make this project work.	3.60	0.71	3.54	0.71		
		35. My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.	3.48	0.82				
	Unique purpose	36. What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself.	4.16	0.75	3.74	0.72		
		37. No other organization in the community is trying to do exactly what we are trying to do.	3.32	0.90				
Resources	*Sufficient funds, staff, materials, and time*	38. Our collaborative group has adequate funds to do what it wants to accomplish.	3.25	0.53	3.20	0.58	**3.43**	**0.53**
		39. Our collaborative group has adequate "people power" to do what it wants to accomplish.	3.20	0.82				
	Skilled leadership	40. The people in leadership positions for this collaboration have good skills for working with other people and organizations.	3.92	0.83	3.92	0.83		

Appendix B

Table 1.

Comparison of State and Local Stakeholder Responses to Wilder Collaboration Factors Inventory (N = 41)

	State (*n* =25)		Local (*n* = 16)		
Collaboration Domain	*M*	*SD*	*M*	*SD*	*F*[a]
Environment	3.69	0.55	3.68	0.53	0.01
Membership characteristics	3.58	0.53	3.41	0.50	1.01
Purpose and structure	3.49	0.48	3.26	0.41	2.42
Communication	3.58	0.58	3.39	0.73	0.85
Purpose	3.59	0.59	3.70	0.57	0.33
Resources	3.43	0.53	2.85	0.76	8.33*

Note. [a]*df* = 1.

*$p < .05$.