

CROSS-SITE EVALUATION OF PROJECT LAUNCH: EVALUATION DESIGN



OPRE Report # 2012-23

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Contract No. HHSP233200800591G

Suggested citation: Goodson, Barbara, Deborah Klein Walker, and Margaret K. Gwaltney. (2012). *Cross-Site Evaluation of Project LAUNCH: Evaluation Design*. OPRE Report 2012-23. Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

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This report and other reports sponsored by the Office of Planning, Research and Evaluation through an Interagency Agreement with the Substance Abuse and Mental Health Services Administration are available at <http://acf.gov.programs/opre/index.html>

Submitted to:

Office of Planning, Research, and Evaluation
Administration for Children and Families
U.S. Department of Health and Human Services
Washington, DC

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Introduction

Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is a Federal grant program administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) to promote the wellness of young children ages birth to 8 years of age. Project LAUNCH grantees will participate in a Cross-Site Evaluation (CSE), which will synthesize findings across all grantees to assess the overall performance of Project LAUNCH. The CSE will analyze system and program processes and outcomes for the initiative overall. Through an Intra-Agency Agreement with SAMHSA, oversight of the CSE is provided by the Office of Planning, Research and Evaluation (OPRE) within the Administration for Children and Families (ACF) in the Department of Health and Human Services (HHS). Abt Associates Inc. has been contracted to develop and implement the CSE, collaboratively with Project LAUNCH grantees, their grantee-specific evaluators, ACF and SAMHSA.

The information collected through the CSE is of importance to the public health and behavioral health fields in advancing knowledge about comprehensive community-wide approaches to improving child health and development. The CSE will provide information and lessons learned about how coordinated service strategies and system-building activities can be designed to improve the physical, emotional, social, cognitive, and behavioral aspects of health and well-being for children and families.

This report presents an overview of the CSE. Following a brief description of Project LAUNCH, the document describes the research questions, data collection activities, analysis framework and dissemination plan for the CSE.

Overview of Project LAUNCH

The first two cohorts of Project LAUNCH grantees, funded in 2008 and 2009, are being implemented through grants to States or Tribes, who then pass the majority of the funding to an identified community; the third cohort of Project LAUNCH grantees, funded in 2010, is being implemented through grants to local communities. Grant funds are used to support system coordination and development at the State (for Cohorts 1 and 2 only) and local levels as well as the enhancement and integration of services to support child wellness at the community level. Project LAUNCH builds upon and encourages the development of collaborations between child and family-serving agencies and organizations at the Federal, State, Tribal and community levels.

Project LAUNCH addresses child wellness from a public health approach, which means that it is:

- Systems-based in its attention to infrastructure development, collaboration and coordination of systems, services, and providers;
- Population-based, focusing on child wellness across an entire community;
- Comprehensive in its focus on child health and development, including physical, social, emotional, behavioral, and cognitive domains;
- Focused on wellness in that it seeks to promote protective factors to increase children's resilience and seeks to reduce risk factors that threaten healthy child development; and
- Built on the assumption that population change requires multiple strategies working together at the community, Tribal, and State levels.

Building on the recommendations of recent Institute of Medicine (2003, 2009) reports, the community efforts of Project LAUNCH focus on five core service areas that address key prevention and health promotion strategies:

- Developmental screenings and assessments in a range of child-serving settings;
- Integration of behavioral health into primary care settings;
- Mental health consultation in early care and education;

- Enhanced home visiting through increased focus on social and emotional well-being; and
- Family strengthening and parent skills training.

The anticipated goals of the Project LAUNCH initiative are:

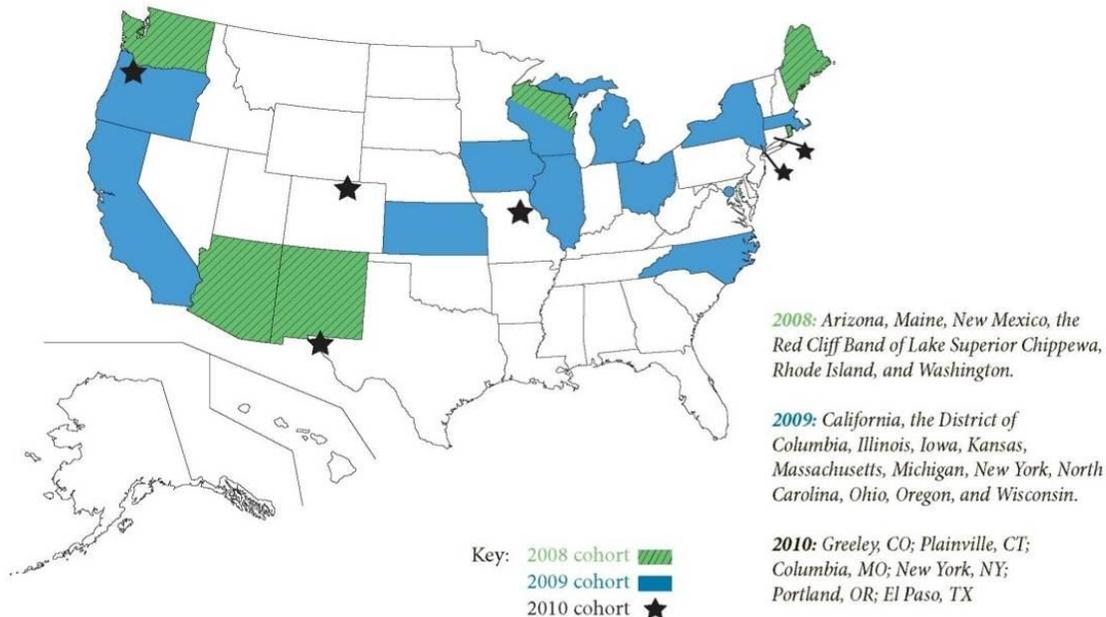
- An improved child services system at the State, Tribal and community levels, including improved coordination and collaboration across agencies;
- An enhanced service delivery system at the community/Tribal level, including
 - Increased access to developmental assessments, screenings, and services for young children and their families,
 - Increased availability of mental health consultation in a range of primary care and early childhood settings,
 - Better integration of primary care and behavioral health services to support young children and their families,
 - Expanded and improved use of culturally relevant, evidence-based prevention and wellness-promotion practices in home visiting, family strengthening and other programs for children and families,
 - A workforce with increased understanding of young children’s healthy development, including social and emotional development, cognitive development, and physical development; and
- More children reaching developmental milestones on schedule and entering school ready to learn.

In all three cohorts, each grantee selected from a variety of evidence-based practices and approaches to implement the components of the enhanced service delivery system.

Each grantee in Cohorts 1 and 2 is expected to develop an oversight body called the Child Wellness Council at both the State or Tribe and the community levels. The Councils will oversee Project LAUNCH systems and services activities. The Council must include representatives from several sectors: health (including representatives from the private sector), mental health, child welfare, Medicaid, substance abuse prevention, early childhood and State education (Early Head Start, Head Start and Part C), Title V administering agencies (if applicable), as well as a representative from the office of the governor or chief executive of the State or Tribe and representation of families from the target population. Cohort 3 grantees are only responsible for creating a community-level Child Wellness Council.

Eligible applicants for Project LAUNCH grants in 2008 and 2009 were either Tribes or State public health agencies that administer the Title V (of the Social Security Act) Maternal and Child Health block grant and the Early Childhood Comprehensive Systems grants (MCHB, 2009). Each State/Tribe was required to select a designated community for implementation of Project LAUNCH activities. In September 2008, five States and one Tribe received grants, and an additional 11 States and the District of Columbia received grants in September 2009. Eligible applicants in 2010 were community organizations and agencies—domestic public and private nonprofit entities, including local governments, federally recognized American Indian/Alaska Native Tribes and Tribal organizations, urban Indian organizations, public or private universities and colleges, and community- and faith-based organizations. Six communities received grants in September 2010.

LAUNCH Grantees



The 24 Project LAUNCH grantees (and their designated communities for Cohort 1 and Cohort 2 grantees) are:

Cohort 1

- Arizona: Maricopa County
- New Mexico: Santa Fe County
- Maine: Washington County
- Red Cliff Band of Lake Superior Chippewa: Red Cliff Reservation
- Rhode Island: City of Providence
- Washington: Yakima County

Cohort 2

- California: Alameda County
- District of Columbia: Wards 7/8
- Illinois: Chicago West Side
- Iowa: Des Moines (5 zip codes)
- Kansas: Finney County
- Massachusetts: Targeted health care sites in Boston
- Michigan: Saginaw County
- Ohio: Athens, Meigs, Hocking, and Vinton Counties
- New York: Westchester County (South Yonkers, Port Chester and Ossining)
- North Carolina: Guilford County
- Wisconsin: Milwaukee (8 zip codes)
- Oregon: Deschutes County

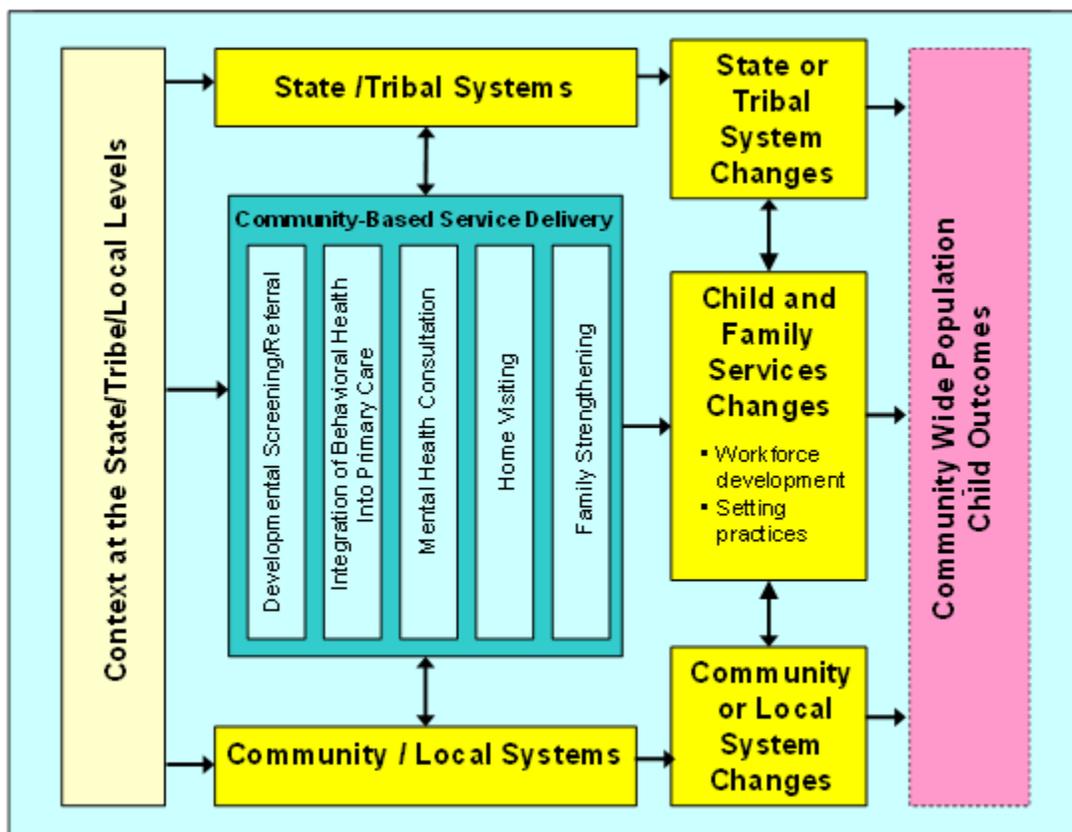
Cohort 3

- Wheeler Clinic (Plainville, Connecticut)
- North Colorado Alliance (Greeley, Colorado)
- Curators of the University of Missouri (Columbia, Missouri)
- Fund for Public Health in New York (New York, New York)
- Multnomah Education Service District (Portland, Oregon)
- Aliviane, Inc. (El Paso, Texas)

Cross-Site Evaluation Questions and Framework

The CSE is guided by a logic model framework that links the State/Tribal/community context to Project LAUNCH systems development and service delivery activities, systems changes and service delivery system outcomes as well as longer term community-wide child outcomes.

Project LAUNCH Cross-Site Evaluation Framework



The CSE will address four overarching evaluation questions that link to the strategies and goals of Project LAUNCH.

1. What are the system-level changes at the State/Tribal level? Are there:
 - Improved coordination and collaboration across agencies serving young children and families;
 - Sustained implementation of a coordinated, family-centered, culturally competent child-serving system;
 - Improved infrastructure, legislation and other policies;
 - Increased public education outreach and awareness; and
 - Sustained funding and maintenance of child-serving systems?

2. What are the system level changes at the community/local level? Are there:
 - Improved coordination and collaboration across agencies serving young children and families;
 - Sustained implementation of a coordinated, family-centered, culturally competent child-serving system;
 - Improved infrastructure, legislation and other policies;
 - Increased public education outreach and awareness; and
 - Sustained funding and maintenance of child-serving systems?

3. How have child and family services in the community been enhanced? Have enhancements occurred through:
 - Workforce development:
 - Increased number of providers trained in evidence-based prevention and wellness-promotion practices;
 - Increased provider knowledge about appropriate referrals; and
 - Providers with increased knowledge of child development and behavioral health?
 - Changes in provider practices:
 - Increased implementation of developmental screening and assessment in a range of primary care and early childhood settings;
 - Implementation/expansion of integration of mental health into primary care;
 - Implementation/expansion of mental health consultation for providers in a variety of settings;
 - Implementation/expansion of evidence-based prevention and wellness-promotion practices, including home visiting and family strengthening and parent training programs; and
 - Implementation of culturally-relevant, family-centered practices in a range of primary care and early childhood settings?
 - Increased number of children and families receiving high-quality services that meet their needs?

4. What are the health and well-being outcomes for children in Project LAUNCH communities? Are there:
 - Increased number of children reaching physical, social, emotional, behavioral, and cognitive developmental milestones; and
 - Increased number of children entering school ready to learn (including physical, social, emotional, behavioral, and cognitive readiness)?

The framework for the CSE shows the presumed logical relationship between Project LAUNCH activities to enhance systems and services and the four domains of outcomes referenced in the evaluation questions. The first evaluation question will involve analysis of systems implemented and systems changes at the State/Tribal level for grantees in Cohorts 1 and 2 only (yellow areas in framework). The second evaluation question will involve analysis of systems implemented and systems changes at the community level (yellow areas in framework, all Cohorts). The third evaluation question will use information on new and expanded services in the target community (blue areas in framework) to characterize changes in the community service system with a focus on workforce development, changes in provider practices, and numbers of children and families served (yellow area on service delivery system outcomes). The fourth question focuses on the outcomes related to the overall development and wellness of children in the Project LAUNCH community (pink area in framework).

Analysis of the first three evaluation questions will produce findings on the multiple service strategies that have been implemented through Project LAUNCH, the number and characteristics of children and families that have benefited from these strategies and the outcomes of Project LAUNCH with regard to child-serving systems, workforce development, and service settings. The fourth question seeks to provide information on community-wide

child outcomes that may be associated with the changes that are occurring in the service system, such as improved or expanded use of developmental assessments, integration of behavioral health programs and practices in primary care settings, and implementation of home visiting programs, mental health consultation, and family strengthening and parent skills training.

Cross-Site Evaluation Design

The CSE includes multiple components to address the four overarching evaluation questions. The first and second questions call for longitudinal, descriptive data on the strategies and activities being undertaken by each LAUNCH grantee to enhance systems and services at the State/Tribal and community levels. The third question calls for longitudinal, descriptive data on the outcomes related to expanded and enhanced systems and services at the community level. The fourth question calls for estimates of the community-wide impact of Project LAUNCH on child health and development at the community level.

The CSE will employ mixed methods to obtain these descriptive data and impact estimates, including semiannual grantee surveys, qualitative data obtained through interviews with key informants on site visits to grantees and through telephone interviews, review of grantee documents (environmental scans, strategic plans, end-of-year progress reports), and collection of statistical findings from grantee special studies of the impact of Project LAUNCH on community-wide population indicators of child wellness.

Describing Infrastructure Development and Systems Change Resulting from Project LAUNCH

The CSE will collect information from grantees about their activities to enhance State/Tribal and community systems. This includes information on changes in policy, infrastructure development, coordination across agencies and child-serving systems, creation of a workforce development strategy, and public education, outreach and awareness activities. System process and outcome measures will be used to assess progress in enhancing system capacity to meet the health needs of young children and their families.

Multiple systems at the State/Tribal and community levels (e.g., health, mental health, child welfare, early childhood education) interact with children and families and have an impact on their health and well-being. Systemic problems can present barriers to achieving optimal outcomes for children and families. On the other hand, collaboration across systems and the removal of barriers to effective service delivery can improve the wellness of young children overall. Project LAUNCH will engage leaders at the State/Tribal and community levels to examine the whole system serving children and families and identify ways to improve the system's ability to deliver high quality, evidence-based programs and services for achieving young child wellness. The CSE will document grantees' systems development activities and systems change.

Describing Service Delivery Strategies and Outcomes

Project LAUNCH will expand and enhance local services in five core areas: home visiting, family strengthening and parent skills training, developmental assessments, mental health consultation, and integration of behavioral health programs into primary care. For services, the CSE will collect information from grantees on the amount of LAUNCH-supported services in the five areas, the reach of Project LAUNCH-funded services within communities, involvement of providers and settings in the adoption of best practices, and workforce development. These data will be used to document the extent to which Project LAUNCH grantees have achieved their objectives in terms of enhancing services in the State, Tribe, and community. Data will be collected on an ongoing basis over the life of the grants, through a combination of grantee surveys, site visits from the CSE team, and review of grantee documents.

Estimating Community-Wide Outcomes of Project LAUNCH

As is reflected in the goals for Project LAUNCH, the ultimate objective of the initiative is improved health and developmental outcomes for all children in the local communities/Tribes. This goal is also represented in the evaluation framework (above), where community-wide outcomes are shown as the final point in the pathway of effects. Project LAUNCH involves multiple strategies in each community that are designed together to provide a range of supports to children and parents throughout the early childhood period. The appropriate design for studying the outcomes of Project LAUNCH, therefore, is to obtain population-based estimates of changes in the developmental outcomes for the children in the community. Because Project LAUNCH grantees are employing a multi-faceted approach aimed at population change, these types of community studies represent the most valid information about the success of Project LAUNCH.

A number of alternatives were considered for the design of the CSE. Although it would be possible to conduct a randomized trial where eligible communities in a State could be randomly assigned to Project LAUNCH or to a “services-as-usual” condition, the grant applications required States to designate a single Project LAUNCH pilot community in advance, which negated the option of random assignment of communities.

Instead, the CSE team is encouraging other rigorous studies of the impact of LAUNCH on community-wide indicators of child wellness as part of grantees’ existing local evaluations and/or through a limited number of “special studies” funded through the CSE. Funds for the special studies using experimental or quasi-experimental designs to assess child outcomes will be awarded on a competitive basis. To be considered, a grantee’s proposed design includes the following six criteria:

1. A rigorous design—either a randomized or quasi-experimental design with an appropriately matched comparison group.
2. Baseline measurement of outcomes before the LAUNCH grant period.
3. A study design that estimates impacts on one or more outcomes that are aligned with the key objectives of Project LAUNCH.
4. A clearly-articulated logic model that shows a valid hypothesized pathway to the child outcome(s) from the activities being supported by Project LAUNCH in the target community.
5. Availability of data to address the research questions of the study.
6. Appropriate analysis methodologies that align with the research design.

With these data, some grantees will estimate the effect of LAUNCH using one or more comparisons, including outcomes from a comparison community or a comparison estimate created from State-level datasets.

Possible designs include (a) a *pre-post comparison group design* in which changes in child outcomes in the LAUNCH community are compared with changes for one or more comparison communities in the State; or (b) an *interrupted time series design* in which the trend for indicators of child wellness for the LAUNCH community before LAUNCH are compared with the trajectory of the indicators after the initiation of LAUNCH (Campbell & Stanley, 1966). An interrupted time series design might also include comparing the trajectories of the indicator in the LAUNCH community and in one or more comparison communities. These designs depend on the availability of extant State data that, at a minimum, can be disaggregated at the community level (e.g., Medicaid claims data, child immunizations, child abuse and neglect, and mortality data; hospital discharge data; school district entrance screening and assessment data; or State test data on academic achievement) and optimally have been collected in a comparable way for multiple years prior to and since the beginning of Project LAUNCH.

The CSE will summarize the community impact estimates from the special studies and any other quasi-experimental studies that grantees conduct.

Data Sources and Measures

Data on Project LAUNCH strategies, activities and outcomes at the State, Tribal and community levels will be available to the CSE from four sources: grantee reports via a web portal data reporting system, site visits and telephone interviews, grantee documents (e.g., environmental scans, mid-year and end-of-year reports and evaluation reports) that are submitted to SAMHSA as part of the grant requirement, and the impact estimates from the grantee reports summarizing the findings of each special study. Table 1 presents an overview of the data sources used to answer each of the CSE questions.

Grantees will report data on systems bi-annually and services twice a year via the web portal. Site visits or telephone interviews will be conducted annually to all grantees, to collect qualitative data about the grantee context and outcomes for systems and services, as well as grantee perceptions of barriers and facilitators to meeting the objectives of Project LAUNCH. Grantee documents will provide additional information on outcomes of Project LAUNCH on systems and services. The outcomes of Project LAUNCH at a community level will be collected from grantees on an ongoing basis, as local impact studies are completed.

The measures used for each type of data collection method are described below.

Web Portal Surveys

Grantees will report data on Project LAUNCH activities through a web-based portal in October and April of each year.

The web portal reporting system includes:

- *Annual reporting on systems:* Items on grantee activities to enhance systems at the State/Tribal and community levels and the outcomes of these activities; and
- *Semi-annual reporting on local services:* Items on grantee strategies and activities to enhance and expand services at the community level and outcomes of these activities for the service system and providers.

Systems changes at the State/Tribe/community levels

The web portal includes structured items asking grantees to report on changes in the child and family service system since the initiation of Project LAUNCH. Major topics addressed about systems changes at the State/Tribal and community levels include:

- Description of the composition and achievements of the State/Tribal and community Councils on Young Child Wellness (both are mandated as part of Project LAUNCH);
- Factors that have facilitated or presented challenges to the implementation of Project LAUNCH;
- Ways that Project LAUNCH has assisted the State/Tribe/community to make changes in its child and family services systems;
- Accomplishments of Project LAUNCH activities;
- Collaborative partners participating in LAUNCH;
- Program outreach or public awareness and education activities;
- Activities to build a skilled, trained workforce of early childhood and health professionals;
- Quality monitoring and evaluation activities to collect information on Project LAUNCH-supported programs and services; and
- Strategies to ensure sustainability.

Launch Cross-Site Evaluation Questions and Data Sources

Research Questions	Surveys Web Portal	Site Visits & Interviews	Grantee Reports	Special Studies
1. What are the system level changes at the State/Tribal level? Are there:				
<ul style="list-style-type: none"> Improved coordination and collaboration across agencies serving young children and families; 	3	3	3	
<ul style="list-style-type: none"> Sustained implementation of a coordinated, family-centered, culturally competent child-serving system; 	3	3	3	
<ul style="list-style-type: none"> Improved infrastructure, legislation and other policies; 	3	3	3	
<ul style="list-style-type: none"> Increased public education outreach and awareness; and 	3	3	3	
<ul style="list-style-type: none"> Sustained funding and maintenance of child-serving systems? 	3	3	3	
2. What are the system level changes at the State/Tribal level? Are there:				
<ul style="list-style-type: none"> Improved coordination and collaboration across agencies serving young children and families; 	3	3	3	
<ul style="list-style-type: none"> Sustained implementation of a coordinated, family-centered, culturally competent child-serving system; 	3	3	3	
<ul style="list-style-type: none"> Improved infrastructure, legislation and other policies; 	3	3	3	
<ul style="list-style-type: none"> Increased public education outreach and awareness; and 	3	3	3	
<ul style="list-style-type: none"> Sustained funding and maintenance of child-serving systems? 	3	3	3	
3. How have child and family services in the community been enhanced? Have enhancements occurred through:				
<ul style="list-style-type: none"> Workforce development; 				
<ul style="list-style-type: none"> Increased number of providers trained in evidence-based prevention and wellness-promotion practices; 	3			
<ul style="list-style-type: none"> Increased provider knowledge about appropriate referrals; and 	3			
<ul style="list-style-type: none"> Providers with increased knowledge of child development and behavioral health? 	3			
<ul style="list-style-type: none"> Changes in provider practices; 				
<ul style="list-style-type: none"> Increased implementation of developmental screening and assessment in a range of primary care and early childhood settings; 	3	3	3	
<ul style="list-style-type: none"> Implementation/expansion of integration of mental health into primary care; 	3	3	3	
<ul style="list-style-type: none"> Implementation/expansion of mental health consultation for providers in a variety of settings 	3	3	3	
<ul style="list-style-type: none"> Implementation/expansion of evidence-based prevention and wellness-promotion practices, including home visiting and family strengthening and parent training programs; and; 	3	3	3	
<ul style="list-style-type: none"> Implementation of culturally-relevant, family-centered practices in a range of primary care and early childhood settings? 	3	3	3	
<ul style="list-style-type: none"> Increased number of children and families receiving high-quality services that meet their needs? 	3			
4. What are the health and well-being outcomes for children in Project LAUNCH communities? Are there:				
<ul style="list-style-type: none"> Increased number of children reaching physical, social, emotional, behavioral, and cognitive developmental milestones; and 				3
<ul style="list-style-type: none"> Increased number of children entering school ready to learn (including physical, social, emotional, behavioral, and cognitive readiness)? 				3

System measures were adapted from measures used by SAMHSA and the Health Resources and Services Administration (HRSA) for other prevention, promotion, and treatment programs for children and families, including discretionary programs funded by HRSA's Maternal and Child Health Bureau (The Lewin Group, 2007), HRSA's Healthy Start (HRSA, 2006), and SAMHSA's Comprehensive Community Mental Health Services for Children and Families Initiative (SAMHSA, 2009). Other systems measures were adopted from those developed by national research centers, including the National Center for Cultural Competence at the Georgetown University Center for Child and Human Development (Goode & Jackson, 2003), the National Center for Children in Poverty (National Center for Children in Poverty, 2007), and the Zero to Three Policy Center (Zero to Three Policy Center, 2006). Most of the systems items are currently being used as performance measures to monitor and track ongoing progress of grants to State and local programs and/or as measures of change.

Service delivery activities and outcomes at the community level

The web portal includes items asking grantees to report on Project LAUNCH-funded services being delivered at the community/Tribal level according to the following major topic areas:

- The target groups for each service: Number and characteristics of children and families to be served, number and types of providers and provider settings delivering the service;
- The number of children and families who were actually served along with their demographic characteristics;
- The number of providers and provider settings that were involved in delivering the services;
- The number of providers trained and the changes in practices these providers report;
- The extent to which the services are being delivered as intended (fidelity of implementation) or as the grantee had planned; and
- The percentage of families served who have risk factors predictive of social and emotional disorders in children (e.g., unemployment, no high school diploma or GED, mental illness, substance abuse problems, family violence).

Services measures were developed in collaboration with SAMHSA and ACF as well as input from local evaluators. The risk composite items were taken from the Survey of Early Head Start Programs which was part of the Early Head Start Research and Evaluation Project (Administration for Children and Families, 2009).

Site Visits to Grantees

The CSE team will conduct site visits to grantees in alternate years, conducting interviews with the following at the State/Tribal and community levels.

State/Tribal Level:

- Child wellness coordinator
- ECCS coordinator
- Chair of the Child Wellness Council

Community Level:

- Child wellness coordinator
- Chair of the Child Wellness Council
- Other representatives on the Child Wellness Council
- Providers
- Local Evaluator

The interviews will focus on three broad topics:

- Service delivery at the community/Tribal level: Implementation challenges, fidelity of implementation of evidence-based practices, and progress toward adoption and maintenance of evidence-based programs and best practices across the community;
- Contextual information on (a) the child and family services system at the State/Tribal and community level and (b) the social and economic environment at the Tribal or community level and how it influences the implementation and outcomes of Project LAUNCH; and
- Changes in the State/Tribal/community child services systems since the start of Project LAUNCH.

Since Cohort 3 grantees were not funded directly to local communities, the site visit will include an interview with only one individual at the State level who is knowledgeable about the State-level Child Wellness Council and early childhood services and policies. Site visit guides have been developed for each of these interviews.

Telephone Interviews with Grantees

The CSE team will conduct telephone interviews with key site staff in alternate years of their grant. Interviews with the State and community level coordinators will be conducted for grantees in Cohorts 1 and 2. Since Cohort 3 Project LAUNCH grants were funded directly to local communities, an interview will be conducted with a State-level staff person knowledgeable about the State-level Child Wellness Council and early childhood services and policies. The interviews will focus on the same three broad topics discussed above under "Site Visits to Grantees." The interview guides developed for the site visits were adjusted to be conducted on the telephone.

Review of Grantee Documents

The CSE team will also review and include applicable data from grantee environmental scans, strategic plans and end-of-year progress reports, as well as findings from any studies that the local evaluation has mounted on child outcomes. Grantees will be expected to provide the CSE with statistical findings on any experimental or quasi-experimental studies they conduct at the local level. The CSE will also review and synthesize the findings from Special Studies of child outcomes. Grantees that receive funding for a Special Study will submit annual reports to the CSE team summarizing their findings.

Analysis Plan

Information from the web portal, site visits, telephone interviews, and grantee supplemental materials will be combined to address the four over-arching evaluation questions that link to the strategies and goals of Project LAUNCH.

Project LAUNCH Systems Change at State/Tribal and Community Levels

The CSE will track State/Tribal and community activities to improve systems over the five years of implementation. Data reported by grantees to the web portal, along with information collected during site visits, telephone interviews, and from grantee reports will be used to describe how Project LAUNCH is enhancing the child-serving system at the State/Tribal and community levels. The analysis on changes at the State/Tribal level will include the ways in which LAUNCH has facilitated collaboration across systems serving young children and families (e.g., integrated services), development of or changes to policies that improve services for children and families, enhancements to provider education, and statewide changes to policies (e.g., reimbursement for developmental screenings). The analysis of system changes at the state/tribal and community levels will explore the relationships between self-reported accomplishments by Project LAUNCH on child-serving systems at the community level and the integration of and linkages among

services within the community, improvements in data collection systems and reductions in barriers to services.

Enhancements of Child/Family Services in Project LAUNCH Communities

The CSE will track LAUNCH-supported enhancements to local services over the five years of implementation. The description of service enhancements will be organized around the five prevention and promotion strategies that the grantees are expected to implement:

1. Enhanced home visiting through increased focus on social and emotional well-being;
2. Enhanced family strengthening and parent skills training with increased focus on social and emotional well-being;
3. Implementation of mental health consultation in early childhood and education (child care/preschool and elementary school through grade 3);
4. Integration of behavioral health into primary care settings; and
5. Enhanced developmental screening and assessment in a range of child-serving settings.

For each of these strategies, the CSE will describe the services that each LAUNCH project initiates and the ways in which the projects are enhancing the quality of existing services. The types of enhancements being tracked include: (a) extending the reach of evidence-based home visiting and family strengthening program models into the community, especially increasing access of underserved parts of the community; (b) enhancing home visiting and family strengthening program models by adding components that focus on children's social and emotional development; (c) increasing the cultural competence of the services in the community; (d) increasing the implementation of developmental screening and assessment in a range of primary care and early childhood settings; (e) integrating mental health into primary care; and (f) implementing mental health consultation for providers in a variety of settings.

The primary source of data on Project LAUNCH service enhancements is the semi-annual reporting on local services in the CSE web portal. Other sources include annual interviews with the local child wellness coordinator, which also provide annually updated information on services being supported by each LAUNCH project. The CSE will develop common constructs to summarize service provision across the 24 grantees to support summary reporting. Also, updating data on services annually will allow the CSE to describe the status of LAUNCH services on an annual basis as well as changes over time.

Workforce Enhancement

The CSE will track the types of training offered to providers and the number of providers trained in each six-month implementation period. This includes training providers on evidence-based prevention and wellness-promotion practices, on the development of mental and behavioral health, and on appropriate referrals for children with identified concerns in these areas.

The primary source of data on workforce development is also the CSE web portal. For each type of service being offered by a grantee, questions in the portal ask about training of providers who are implementing each service. In addition, grantees are asked about any community-wide training that is being implemented. For the cross-site analysis, the CSE will calculate total numbers of providers trained by summing across all types of services. The CSE will also use data entered into the web portal to describe the content of training across the LAUNCH projects and the provider groups participating in training.

Provider Practices

Self-reported information from providers will be collected by the local Project LAUNCH staff on an annual basis, and will be reported to the CSE on the web portal at the end of each year of implementation. Based on the data in the web portal, the CSE will describe providers responses in four areas: 1) knowledge of children's socio-emotional and

behavioral health and development, 2) knowledge of the available options for follow-up services for children with mental or behavioral health issues, 3) use of mental health consultation for children with mental or behavioral health issues, and 4) use of screening and assessment of children.

Increased Number of Children and Families Receiving High-Quality Services

For each 6-month reporting period, grantees will enter data into the web portal indicating the number of children and parents receiving the LAUNCH-enhanced services. Once the number of families and children served are first reported, in subsequent reporting periods, the grantees will update the portal with the number of children or parents who were seen for the first time in the previous six months. This will allow the CSE to calculate the total number of children and families receiving high quality services over the five years of implementation.

Impacts on the Health and Well-being of Children in Project LAUNCH Communities

The CSE does not collect any data directly on outcomes for families or children. Findings from the community-wide special studies conducted by grantees will each produce an estimate of impacts on one or more child outcomes, including birth outcomes, child maltreatment, and/or school readiness. The CSE report will describe the size and range of the impact estimates reported in the special studies. The small number of impacts in each special study will preclude analyses linking the size of the impacts to features of the LAUNCH program or the site. At the same time, some of the special studies will provide estimates not only of impacts on children but also of impacts on intermediate service effects, such as the rate of developmental assessments or service receipt. Where available, these intermediate impacts will be used to help explain the pattern of impacts on children.

Collaboration with Project LAUNCH Grantees

The CSE team has been working and will continue to work in collaboration with Project LAUNCH grantees and their evaluators to conduct the CSE. Throughout the first year of Project LAUNCH, the CSE sought the input of grantees on appropriate system and service measures and engaged grantees in the development and review of the web portal and plans for conducting site visits and telephone interviews. A preliminary CSE plan was presented to Cohort 1 grantees in June 2009 at a Project LAUNCH grantee meeting. Evaluators for Cohort 1 grants then met with the CSE team and SAMHSA for one-and-a-half days in August 2009 to discuss the CSE design and the availability of population-based measures to assess community impact and to refine the measures for the CSE. Several evaluators also volunteered to review and pilot-test the web portal and to provide feedback on further revisions.

In addition to participation in the web portal, site visits, and telephone interviews, grantees will be asked to collaborate with the CSE to identify population-based measures available in each Project LAUNCH community, which can be used in designing and conducting a quasi-experimental study of the community-level impact of Project LAUNCH. The CSE team will provide technical assistance, as needed. Grantees also receive technical assistance from the CSE team on all aspects of their participation in the CSE and in developing and implementing their grantee-specific evaluation plans.

In addition to using the data to produce a cross-site report, grantees will be given their data for their own analyses.

Grantee Use of Evaluation Findings

The findings of the CSE will be presented in annual reports and will provide program information across all grantees at the State/Tribal and community levels. Findings of the CSE will be shared with Project LAUNCH grantees through presentations at grantee meetings and other mechanisms (e.g., webinars). Grantees will receive data reports (Excel spreadsheets) from the CSE that will contain their own data for each reporting period, as well as across reporting periods. Grantees may use the CSE findings from the annual reports to track their progress in program implementation and to inform and improve service delivery within their State/Tribe and communities. Findings will also assist grantees in assessing the feasibility and effectiveness of coordinated strategies to promote child and family wellness. The CSE findings will complement the findings of grantee-specific evaluations, by collecting consistent and comparable data across all Project LAUNCH grantees. Thus, grantees may compare the outcomes of their grantee-specific efforts to the outcomes of the Project LAUNCH initiative overall.

Dissemination and Reporting of Findings

The CSE will produce annual reports that summarize the findings, including the following:

- Descriptions of the variation and overall trends across Cohorts according to:
 - LAUNCH activities to enhance systems and services,
 - Outcomes of the activities to enhance systems and services, and
 - Characteristics of the children and families being served by Project LAUNCH.
- Highlights of trends in LAUNCH-related changes across grantees and across service areas.
- A synthesis of findings on available population studies of community impacts.

Findings from the CSE, in collaboration with SAMHSA and ACF will be presented at national conferences and written in articles for peer-reviewed publications. Briefings will be prepared to inform the policy and research communities and practitioners about the CSE and the work of Project LAUNCH grantees.

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