



Florida Project LAUNCH Evaluation Plan Submitted July 2013

Introduction/Evaluation Purpose

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. The evaluation plan was developed in consultation with state and local stakeholders and aims to provide them with the data and information necessary to carry out their vision for the project.

Specific Aims and Objectives of the Evaluation

The Florida Project LAUNCH evaluation aims to assess **implementation, effectiveness, efficiency, 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 employ methods that define and measure these assumptions, or the initiative's "theory of change". The theory of change, which is typically shown in a logic model diagram, is recommended as an approach to systems initiative evaluation because of its contribution to developing shared goals, strategies, and outcomes across multiple partners in complex systems (Coffman, 2007). It also contributes to building capacity for evaluative inquiry across stakeholders, as well as promoting shared learning and accountability for outcomes (Preskill & Torres, 1999; Spicer & Smith, 2008).

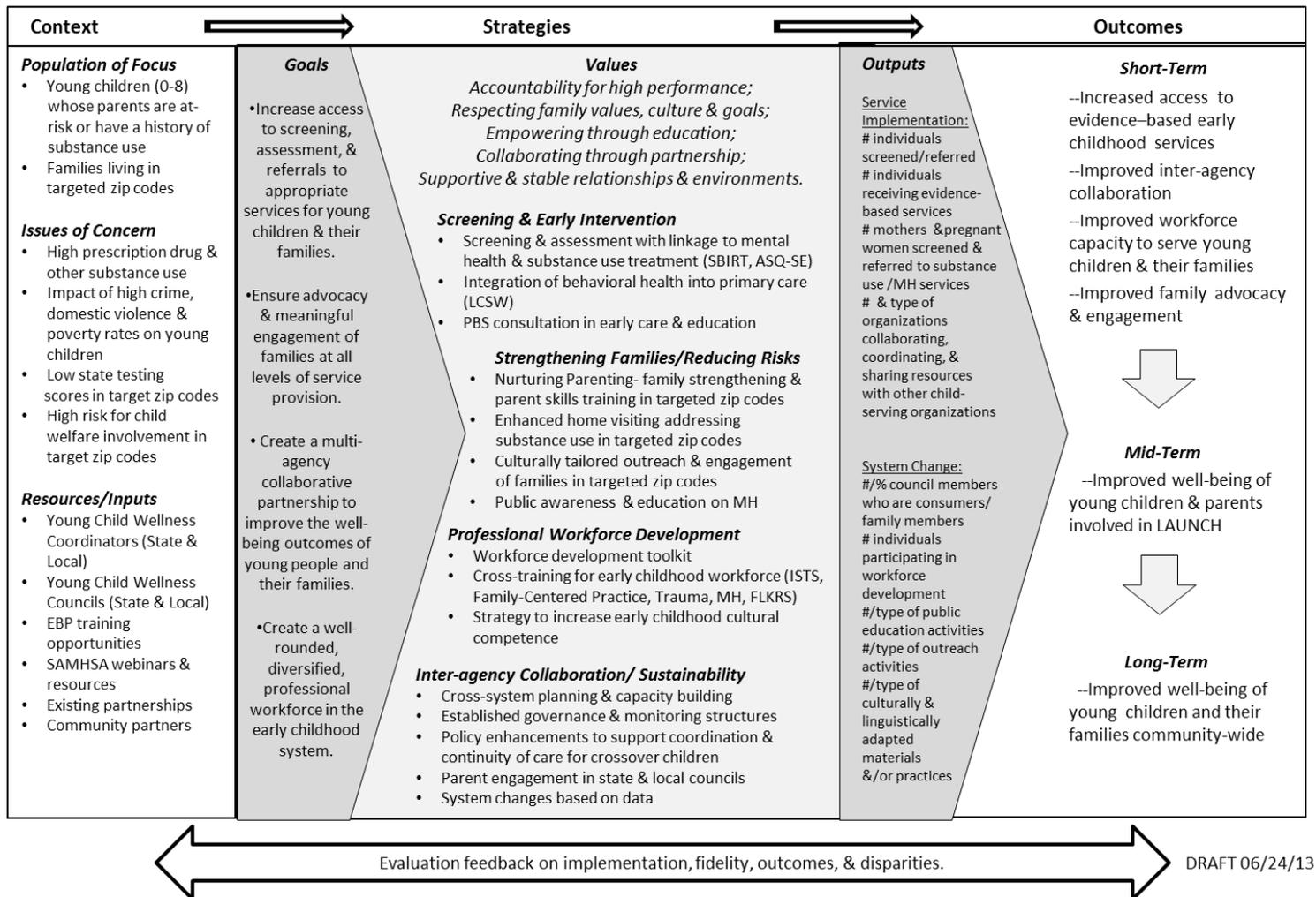
For Florida's Project LAUNCH, evaluation goals and objectives were developed in conjunction with the development of the project Logic Model (see Figure 1) and Strategic Plan and are informed by the Environmental Scan. The goals and objectives are guided by overarching research questions and more specific questions for the process and outcome components. The goals of the evaluation are to:

- 1) Assess the process of accessing targeted services (screening, assessment, referrals, interventions), and resulting level of access, including disparities
- 2) Assess the process of engagement of families at all levels and the resulting level of engagement
- 3) Assess capacity building processes and the level of capacity within the early childhood system workforce
- 4) Assess the development of collaboration and integration across agencies, and resulting level of collaborative activities
- 5) Assess the service delivery process and resulting outcomes for the target population.

Figure 1. Florida Project LAUNCH Logic Model

Florida Project LAUNCH

Vision: Communities throughout the state have a coordinated early childhood system & evidence-based prevention programs that are family-centered & promote well-being, nurturance, safety, and stability of Florida’s most vulnerable children and families.



How the Evaluation Objectives Align with the Overall Project Goals

These evaluation goals are based on the overall project goals outlined in the Strategic Plan, which include an emphasis on increasing access, data-based decision-making, engaging families at all levels, enhancing workforce capacity, and increasing collaborative partnerships.

The specific state level goals are listed below with the associated local goals as bulleted items.

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

- Local Goal 3: To make appropriate system changes based on data
- Local Goal 4: Develop an action plan for the local council to identify health disparities in the Lealman Corridor and begin to develop solutions that reduce identified disparities.

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

- o Local Goal 2: To ensure advocacy and continuous engagement of families in the local council's decision making process.

State Goal 3: Create a well-rounded, diversified, professional workforce in the early childhood system.

- o Local Goal 5: Expand prevention and early intervention services to fill identified service gaps in the Lealman community

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

- o Local Goal: Create a local Young Child Wellness Council (YCWC) governance structure to coordinate early childhood systems and programs

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.

Approach that Will Guide the Evaluation Process

The evaluation will follow a participatory and utilization-focused (Patton, 2007) mixed method approach that will inform key state, local, and federal stakeholders about successes and challenges in meeting project goals. This approach supports data-informed decision-making related to implementation effectiveness and outcomes at the system and direct service level. The evaluation team will work with Project LAUNCH stakeholders through participating in Young Child Wellness Council meetings, gathering feedback on data collection and database development procedures, and examining and interpreting quarterly evaluation reports with stakeholder input.

The evaluation approach will consist 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 outcomes evaluation to assess the achievement of key child, family, provider, and system level project outcomes.

The process evaluation will focus on the effectiveness and efficiency of implementation through measuring fidelity to specific evidence-based practices that are implemented by partners in Pinellas County, and describing successes and challenges in implementing the five LAUNCH strategies at both state and local levels for direct service provision and system integration. This assessment will be based on a developmental approach that takes into account the stage at which the system is functioning (Patton, 2006).

The outcome evaluation will focus on outcomes at multiple levels, including individual (children, families, staff, other stakeholders), community (targeted zip codes in Pinellas county), and systems levels (statewide system change impact). To address the complexity of partners and levels of effort, the outcome evaluation will be informed by the theory of change logic model and will include measures that examine linkages across context, target population, strategies, and outcomes at each level (Hargreaves, Cole, Coffee-Borden, Paulsell, & Boller, 2013).

The evaluation team will also participate in the national cross-site evaluation (CSE) including oversight of collection of required data on process, outcomes, and costs. The team will participate in technical assistance and training on CSE protocols and participate in national CSE team meetings. As required, Government Performance and Results Modernization Act (GPRA) performance data will be collected and entered into the web-based Transformation Accountability System (TRAC) in collaboration with Young Child Wellness Coordinators at state and local levels. Local LAUNCH

partner organizations and state and local councils will be responsible for collecting the required GPRA data with guidance from the USF evaluation team.

Focus of the Evaluation at the Systems-level and Service Delivery

The evaluation will focus on both system and service delivery level implementation and outcomes for children, families, providers, the Lealman community in Pinellas County, and the state as a whole.

At the system level, implementation measures will focus on the development of collaborative relationships and processes in the State and Local Young Child Wellness Councils. The focus for outcomes will be on local and statewide accomplishment of goals, including development of a well-rounded, diversified, professional workforce, increasing family advocacy and engagement, and improving community-wide outcomes for young children and their families.

At the service level, implementation measures will focus on access to evidence-based early childhood services, reduction in disparities, enhancements to the workforce, and family satisfaction with services. The outcome measures at the service delivery level will focus on measuring improvements in the well-being of children and their parents within the target population.

The proposed methodologies are described below, with the understanding that the evaluation plan 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 input, as well as provider and system capacities and findings of the continuous quality improvement and process evaluations. As such, the evaluation is considered to be part of an iterative learning and data-based decision-making process that will involve all stakeholders.

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 and methods are outlined in Table 1. The proposed methods are intended to be responsive to the needs of the project and will be adapted when possible and as needed based on evaluation findings, strategic planning, and stakeholder input.

**Table 1.
Process Evaluation Questions, Methods, & Measures**

| Component | Process Evaluation Question | Relevant Outcome/Output | Measure/Data Source | Administration/ Data Collection Responsibility | Administration /Data Collection Frequency |
|---------------------------------------|--|---|---|--|--|
| State and Local Systems Change | <i>State and Local System Implementation Fidelity</i> | | | | |
| | To what extent are key State and Local system level activities implemented as intended and outputs achieved? | Implementation fidelity to State and Local Strategic Plan strategies and activities | State and Community System Surveys (CSE/TRAC data) | Administered by Evaluator with State and Local YCW Coordinator | Survey annually/*TRAC data quarterly |
| | What adaptations/changes were made to the implementation plan and why? | | Observation Protocol to document State and Local project/council meeting process | Completed by Evaluator | Ongoing |
| | | | Documentation of completion of key activities and outputs indicated on State and Local Strategic Plans | Documentation maintained by State and Local YCW Coordinator | Quarterly |
| | <i>State and Local System Implementation Capacity and Sustainability</i> | | | | |
| | What were the key facilitators that supported implementation? | Increase in State and Local capacity to implement and sustain Project Launch system changes | Document Review of State and Local Young Child Wellness Council (YCWC) meeting agendas, minutes, and products | Documents maintained by State and Local YCW Coordinator | Quarterly |
| | What challenges and barriers to implementation have been experienced? | | System/Organization Change Survey | By Evaluator with YCWC members | Annually |
| | What key accomplishments were achieved? | | Document Review of training curriculum, attendance lists, participant surveys | Completed and maintained by YCW Coordinator at State level, trainer at Local level | Ongoing |
| | What infrastructure and capacity changes have occurred to support project goals? (i.e. changes in policy, interagency agreements/processes, program/organizational/system structures, leadership/staffing structure, data systems/use of data, workforce development, cultural competence, and stakeholder/community education and engagement) | | | | |
| | <i>State and Local System Collaboration and Integration</i> | | | | |
| | To what extent has an increase in collaboration occurred among project and system providers? | Increase in collaboration among early childhood service system | The Wilder Collaboration Factors Inventory | By Evaluator with State and Local project stakeholders | Baseline and Annually |
| | To what extent has an increase in integration and linkages across the early childhood service system occurred? | Improved coordination, communication, and information access across all systems will improve and reduce duplication in the early childhood system | State and Community System Surveys (CSE/TRAC data) | Administered by Evaluator with State and Local YCW Coordinator | Survey annually/*TRAC data quarterly |
| | | | System/Organization Change Survey | By Evaluator with State and Local YCWC members | Annually |
| | | | Document review of state and local YCWC meeting and provider documents and outputs | Documents maintained by State and Local YCW Coordinator, provided to evaluator | Quarterly |
| | To what extent has an increase in provider knowledge of, access to, and use of cross-system resources and services occurred? | | | | |

| | | | | | |
|---|--|--|---|--|--|
| | Family and Stakeholder Engagement | | | | |
| | How satisfied are State and Local YCWC members with the activities and outcomes of the project? | Satisfaction with Project LAUNCH | System/Organization Change Survey | By Evaluator with State and Local YCWC members | Annually |
| | To what extent are family members engaged in project planning and decision making? | Increased family engagement and participation in early childhood service system planning and decision making | Document review of state and local YCWC meeting documents and outputs | Documents maintained by State and Local YCW Coordinator | Quarterly |
| | To what extent was the project successful in including stakeholders that represent the diversity of the target community in project planning and decision making? | Community engagement and participation | State and Community System Surveys (CSE/TRAC data) | Administered by Evaluator with State and Local YCW Coordinator | Annually* |
| | | | Observation Protocol | Completed by Evaluator | Ongoing |
| Provider/ Service Delivery | Practice Fidelity | | | | |
| | To what extent were project programs and services implemented with fidelity? <ul style="list-style-type: none"> Parents as Teachers- plus Positive Behavior Support, Pyramid Model Integration of mental health services into primary care settings Nurturing Parenting Program | Program and practice implementation fidelity | Survey on Services to Children and Families (CSE/TRAC data): | By Evaluator with Local project providers | Surveys administered Semi-Annually/TRAC data quarterly |
| | | | <ul style="list-style-type: none"> LAUNCH Funded Direct Services Survey Mental Health Related Services in Early Education | | |
| | | | Practice fidelity processes and checklists for each practice | Completed by program staff, documentation submitted to evaluator | Ongoing |
| | | | Document review of program materials | Provided to evaluator by program staff | Quarterly |
| | What changes in planned service implementation occurred and why? | | Training/certification curriculum, attendance lists, training participant surveys | Completed and maintained by project providers | Ongoing |
| | | | | | |
| | Practice Implementation and Sustainability Capacity | | | | |
| | What were the key facilitators that supported practice implementation? | Increase in capacity to implement and sustain project services | System/Organization Change Survey | Administered by Evaluator with Provider leadership | Annually |
| | 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) | | By Evaluator with Local project providers | Annually* | |
| Service Satisfaction | | | | | |
| To what extent were recipients satisfied with project services? | Service satisfaction | Satisfaction surveys | Collected by service providers with program participants | TBD for each provider | |

Process Evaluation

State and Local System Change Level

Implementation Fidelity

An assessment of implementation fidelity at the State and Local system change level will be guided by the strategic plan developed by the State and Local Young Child Wellness Coordinators 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.

Implementation 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 the implementation and sustainability 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, a System/Organization Change survey will be completed with YCW council members to understand their perception of the factors that impact implementation and sustainability. The System/Organization Change survey (see Appendix A) has been developed by the evaluation team and is based on a system change survey the evaluation team has used in other system change evaluations that includes the key factors described above.

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 used to capture collaboration and integration data will be administration of the Wilder Collaboration Factors Inventory which will be administered with key stakeholders annually beginning at the end of year one of the project. In addition, the evaluation team will use relevant data from the CSE System Surveys, the System Change 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.

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's 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 System Change Survey completed with YCW council members, the CSE System Surveys, observation of YCW council and project provider meetings, and document review of YCW council meeting documents and outputs.

Provider/Service Delivery Level

Practice Fidelity

The quality of practice fidelity will be assessed regarding the implementation and use of screening and assessment tools and evidence-based practices. Fidelity will be assessed along three key domains of fidelity 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 don't have existing fidelity processes, the evaluation team will 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.

Practice Implementation 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 System/Organization Change 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, Positive Behavior Support/Pyramid Model, 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 1 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 and Local YCW Coordinator on an annual basis. It is expected that the YCW Coordinators 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.

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 Positive Behavior Support, 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.

System/Organization Change Survey. The System/Organization Change Survey (see Appendix A) is an instrument that was developed by the 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) (see Appendix A). The Wilder will be administered with state and local system stakeholders, Young Child Wellness Council Members, and local Project LAUNCH providers. The Wilder consists of 40 Likert-scaled items covering 20 factors that influence

successful collaboration including history and legitimacy of collaboration, social and political climate, respect, membership, shared commitment and participation, flexibility, clear roles and guidelines, adaptability, pace, communication, attainable goals, shared vision, purpose, resources, and leadership. The Wilder will be administered with project stakeholders via email using an electronic survey program at baseline 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 (see Appendix A) 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 and local YCW Coordinators 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 and local YCW Coordinators 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.

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. 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.

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 and Local YCW Coordinators, 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

Outcome evaluation will be used to assess the overall impact of Florida Project LAUNCH and examine outcomes for the target population. The outcome evaluation will be guided by the project's logic model and strategic plan. 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 both program effectiveness 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 will include a grantee level outcome assessment focusing on outcomes for children, parents, the service system, and the Lealman community, as well as expected outcomes of state level efforts. It is based on the theory of change logic model and tests the assumptions made about relationships between service level and system level changes and improvement in the health and well-being of children and their families. The outcome evaluation will also collect data that will fulfill cross-site evaluation (CSE) and SAMHSA requirements.

The outcome evaluation questions and information that will be collected are outlined in Table 2. 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 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 2.
Outcome Evaluation Questions, Methods, & Measures

| Component | Outcome Evaluation Question | Relevant Outcome/ Goal/Objective | Measure/Data Source | Frequency of Collection |
|---|---|--|--|---|
| Provider/ Service Delivery | Child Level | | | |
| | Is child developmental status and physical well-being improving for children involved in LAUNCH programs/services? Are there differences by race, ethnicity, or age? | Improved child developmental status and physical well-being of children and their parents. | Ages and Stages Questionnaire (ASQ-3) Ages and Stages Questionnaire–Social Emotional (ASQ-SE) [Alternate: Battelle Developmental Inventory-II] | Annually |
| | Is school readiness improving for children involved in LAUNCH programs/services? Are there differences by race, ethnicity, or age? | Improved child school readiness. | Florida Kindergarten Readiness Screener (FLKRS) | Annually |
| | Did the number of children screened for developmental, social-emotional, and behavioral health issues increase? Are there differences by race, ethnicity, or age? | Increased number of children screened, assessed, and referred to appropriate services for young children & their families. | Number and type of screening tools, assessments, and referrals per provider (Provider Data Collection tool) Survey on Services to Children and Families (CSE/TRAC data): <ul style="list-style-type: none"> • LAUNCH Funded Direct Services Survey • Mental Health Related Services in Early Education | Quarterly Semi-Annually |
| | Parents/Family Level | | | |
| | Did the number of parents who are screened and referred for mental health/substance abuse services increase? Are there differences by race or ethnicity? | Increased access to screening, assessment, & referrals to appropriate services for young children & their families. | Screening Brief Intervention Referral to Treatment (SBIRT) process LCSW/Case Manager referral form Number and type of screening tools, assessments, and referrals per provider (Provider Data Collection tool) Survey on Services to Children and Families | Annually Annually Quarterly Annually |
| | Did the number of Healthy Start mothers screened, identified and referred for perinatal depression increase over time? Are there differences by race or ethnicity? | Increased access to screening, assessment, & referrals to appropriate services for mothers of young children. | Number and type of screening tools, assessments, and referrals for mothers of young children per provider (Provider Data Collection tool) | Quarterly |
| | Is there improvement in family functioning/resiliency? Are there differences by race or ethnicity? | Improved family functioning/resiliency and knowledge of parenting/child development among parents of young children | Protective Factors Survey | Annually |
| | Is there improved parent knowledge & skills in parenting behavior? Are there differences by race or ethnicity? | Improved parenting. | Nurturing Skills Competency Scale (NSCS) Adult-Adolescent Parenting Inventory (AAPI-2) | Annually |
| | Is parenting stress reduced over time? | Reduced parent stress level. | Perceived Stress Scale (PSS) | Annually |

| | | | | |
|---------------------------------------|--|--|---|---------------|
| | Are there differences in parental stress reduction by race or ethnicity? | | | |
| | Is there improvement in home environments for young children? | Improved home environment for young children & their parents. | Infant/Toddler HOME assessment. | Annually |
| Provider/ Service Delivery | Provider Level | | | |
| | Are there improvements in provider practice/knowledge that can be linked to workforce development initiatives/training provided by LAUNCH? | Improved provider practice/knowledge due to LAUNCH workforce development/training. | Survey on Services to Children and Families (CSE) | Semi-Annually |
| | Did providers' skills and knowledge about early childhood mental health, typical and atypical development, and family risk increase? | Create a well-rounded, diversified, professional workforce in the early childhood system. | Survey on Services to Children and Families (CSE) | Semi-Annually |
| | Did providers' knowledge and skills in creating a trauma-informed environment increase? | Create a well-rounded, diversified, professional workforce in the early childhood system. | Survey on Services to Children and Families (CSE) | Semi-Annually |
| State and Local Systems Change | Community Level | | | |
| | Are child maltreatment rates decreasing for substance abusing parents in targeted zip codes? | Reduced child abuse reports for targeted zip codes. | Number of child maltreatment reports in targeted zip codes/ Florida's Statewide Automated Child Welfare Information System (SACWIS). | Annually |
| | Did the number of children who were placed in out-of-home care decrease in targeted zip codes? | Reduced number of children placed in out-of-home care for targeted zip codes. | Number of children placed in out-of-home care in targeted zip codes/ Florida's Statewide Automated Child Welfare Information System (SACWIS). | Annually |
| | Are school readiness scores on the FLKRS improving in targeted zip codes? | Improved school readiness/ academic performance for zip codes (FLKSR, FAIR). | Florida Kindergarten Readiness Screener (FLKRS) | Annually |
| | State Level | | | |
| | Are child maltreatment rates decreasing for substance abusing parents in the target population? | Decreased number of child maltreatment reports for substance abuse parents | Number of child maltreatment reports in target population/ Florida's Statewide Automated Child Welfare Information System (SACWIS). | Annually |
| | Did the number of children who were placed in out-of-home care decrease? | Increase the number of children who receive in-home services after maltreatment was substantiated. | Number of children in target population placed out-of-home/ Florida's Statewide Automated Child Welfare Information System (SACWIS). | Annually |
| | Did the number of ICD-9 mental health disorders diagnoses change for young children? | Increase access to screening, assessment, for young children and their families. | ICD-9 mental health diagnostic codes (e.g., prevalence of mental health disorders) for target population. | Annually |
| | Did the number of mental health services received by young children increase? | Improve access to services for young children statewide. | Number of office-based outpatient mental and physical health services during one year for target population. | Annually |
| | Did the number of visits to health providers for young children during one year increase? | Improve access to services for young children statewide. | Number of visits to health providers during one year for target population. | Annually |

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 (see Appendix B) 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 behaviour of their children. Research with an unparalleled sample of 15,138 diverse children showed that 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. It also has demonstrated discriminative validity, and good sensitivity and excellent specificity. 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. ASQ:SE (see Appendix B) 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%.

Battelle Developmental Inventory –Second Edition. Assessment of child cognitive, socio-emotional, language, and health/physical development. Reliabilities for the BDI-2 meet or exceed traditional standards for excellence at the subdomain, domain, and full test composite levels (Newborg, 2004).

Provider Data Collection Tool. Excel spreadsheet created by the evaluation team to collect provider and system data related to screening, assessment, referrals, training, collaboration, and accountability to meet TRAC reporting requirements and local process and outcome evaluation needs (see Appendix B).

Parent/Family Level

Screening Brief Intervention Referral to Treatment (SBIRT). SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to treatment provides those identified as needing more extensive treatment with access to specialty care

LCSW/Case Manager referral form. Reporting by program staff regarding number and type of screenings and referrals for alcohol misuse, behavioral health, depression, child development, or other services for young children or their family members.

Protective Factors Survey (PFS). The PFS (see Appendix B) 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

indicated 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).

Nurturing Skills Competency Scale (NSCS). The NSCS (see Appendix B) is a criterion referenced, self-report inventory designed to provide comprehensive information about the “quality of life” issues that families face as they attempt to put into practice the new parenting beliefs, knowledge and skills. The NSCS is an inventory designed to gather information, both past and current, about individuals and their families in order to alert family members as well as professionals about on-going conditions that could lead to: 1. the initial occurrence of child maltreatment; or 2. the recurrence of child maltreatment. Test-retest reliability of .89 was measured with a population of parents participating in Healthy Start Parenting program throughout Hawaii. Continued validity and reliability of the NSCS is currently continuing with a broader parent population.

Adult -Adolescent Parenting Inventory (AAPI-2). AAPI (see Appendix B) is a valid and reliable inventory designed to assess the parenting and child rearing beliefs of adult and teen parents and non-parents. Responses to the AAPI provide an index of risk in each of the five parenting constructs (Bavolek & Keene, 2001).

Perceived Stress Scale. PSS-4 (see Appendix B), 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 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) (see Appendix B) 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 Positive Behavior Support, 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.

Community Level

Florida Kindergarten Readiness Screener (FLKRS). The Florida Kindergarten Readiness Screener (FLKRS) is administered to assess the readiness of each child for kindergarten. The FLKRS includes a subset of the Early Childhood Observation System™ (ECHOS), an observational instrument that is used to monitor skills, knowledge, and behaviors a student demonstrates or needs to develop, and the first two measures of the Dynamic Indicators of Basic Early Literacy Skills (DIBELS™) for kindergarten (Letter Naming Fluency and Initial Sound Fluency) to gather information on a child’s development in emergent literacy.

Outcome Evaluation Design

A longitudinal study quasi-experimental design with at least two time points of measurement and a comparison group 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.

The evaluation team will create Excel spreadsheets for each provider that will detail all required data elements for each component of the outcome evaluation. Reporting templates for each provider involved in Project LAUNCH will be developed.

Outcome Data Collection and Management

Outcome data will be imported into Microsoft Excel or SPSS software for data management and statistical analysis. 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.

Outcome Data Analysis and Reporting

Statistical analyses will include repeated measures analysis of variance (ANOVA) and logistic regression. Dependent variables (e.g., measure scores, the number of services) will be analyzed using repeated measures ANOVA where *Time* will a repeated measure. 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.

Findings related to short-term outcomes and program effectiveness will be shared with state and local YCW councils in regularly scheduled meetings as well as in the annual evaluation report. Outcome data and evaluation feedback that are presented will be based on stakeholder needs and project goals in order to facilitate utilization of evaluation findings for decision-making.

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