Project LAUNCH Expansion Grant
Annual Evaluation Report
Texas

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I. EXECUTIVE SUMMARY

Goals and Objectives of Texas LAUNCH

The Texas LAUNCH initiative aims to improve the developmental and social and emotional outcomes of children age 0 to 8 in three selected expansion communities by implementing best practices within an array of systems supporting young children. Each strategy builds upon the others by increasing the early identification of developmental concerns and support for families to access early childhood interventions, strengthening family capacities for promoting children's development and wellness, and enhancing child care and educational programs to support child success. Workforce development efforts support each of these strategies, as well as the overall knowledge, skills, and abilities of the early childhood workforce in areas such a child development, impact of childhood trauma, and reducing providers' job stress and burnout.

The community-directed expansion of Texas LAUNCH aims to build on successful elements initially implemented in the El Paso Project Launch pilot program, focusing on promotion of mental health wellness, strengthening of family systems, and building the capacity of providers of early childhood services to support the social and emotional health of young children. Community providers within Bexar County, Tarrant County, and Ysleta del Sur Pueblo strive to adapt and replicate these strategies within their communities. Taking a public health approach, activities will be directed to all children age 0 to 8 within the identified regions and their caregivers. Texas will support this expansion through an inter-agency collaborative committee, and look to experienced partners, like First3Years, to collaborate in advancing the goals.

Texas LAUNCH has four core goals, each having associated objectives and activities:

1) *Early Childhood Screening (all communities)*– Increase the number of children who receive developmental and social-emotional screenings to identify potential delays and refer families to appropriate community providers;
2) *Enhanced Parenting Skills (all communities)*– Increase effective parenting practices through the implementation of Parent Cafés and Incredible Years parenting classes;
3) *Mental Health Consultation (select communities)*- Increase the number of early child care and education providers and home visitation providers able to support children's social and emotional development and address challenging behaviors within care settings; and
4) *Building Early Childhood Competency in the Workforce (state infrastructure)*- Strengthen the infrastructure supporting the development of the early childhood workforce, including the infrastructure supporting training in infant and young child mental health, trauma-informed practices, and the dissemination of evidence-based and promising practices targeting young children.

Purpose of the Evaluation

The purpose of the evaluation is to document the progress toward project goals, identify barriers and effective strategies for overcoming them, and document the impact and outcomes of project activities. The evaluation focuses on the following core approaches:

- Collaboration and Leadership;
- Workforce Development;
- Developmental Screening;
- Family Strengthening, and
- Mental Health Consultation.

Each core approach to expansion is associated with evaluation questions and an approach for measuring both process and outcomes associated with the approach. Within each area, the evaluation aims to understand how well the strategy was implemented, how many people were involved in the strategy, and what impact the strategy has had on child-serving systems, child caregivers and providers, and children and families. The evaluation is intended to provide regular data to community and state leaders to support adjustments to implementation approaches and regular quality improvement cycles.

Evaluation Questions

The purpose of the Collaboration and Leadership component of the evaluation is to document accomplishments and challenges in the project, identify successful strategies that can be replicated, and provide continuous quality improvement information to state and local oversight teams. This evaluation will address the following questions:

- Are key stakeholders collaborating on system changes to enhance support for early childhood mental health promotion?
- What are the key accomplishments of the collaborative councils?
- What facilitators have advanced the community's efforts? What barriers have the councils encountered and how have they strived to overcome them?
- Are policies and procedures present to support and engage Project LAUNCH activities?
- Has the community enhanced partnerships with child-serving organizations improved care coordination, referrals, and community infrastructure?

The evaluation of workforce development efforts will include documenting early childhood training activities, capturing the perceptions of training participants, and examining the broader state impact on workforce capacity. The evaluation will address the following questions:

- Is the early childhood workforce better prepared to promote social and emotional development?
- How many individuals are trained in best practice early childhood practices?
- What is the increase in the workforce certified in early childhood mental health?
- What is the perceived impact of each training opportunity on the work of the participants?

The focus of the developmental screening component of the evaluation is to measure the impact of efforts to increase developmental and social-emotional screenings for young children in the three expansion communities. The following question will be addressed in this evaluation:

- How many young children are communities screening?
- What are the characteristics of children screened in the project? How does the racial and ethnic distribution of children served compare to the community demographics?
- What percentage of children screened are identified as at risk for developmental or social-emotional concerns?
- What percentage of children identified as at risk and referred for further services receive subsequent interventions?

The primary evaluation aim of the family strengthening strategy is to evaluate the quality and impact of the implementation of Incredible Years (IY) and Parent Cafés. The following questions will be answered in the evaluation:

- How many parents/caregivers are participating in parenting groups
- Is there intervention integrity and fidelity to the IY model?

- Are the IY parent groups associated with significant changes in levels of positive parenting behaviors?
- Are the IY parent groups associated with reductions in problematic child behavior?
- Are the IY parent groups associated with changes in levels of parental stress?
- Are the IY parent groups associated with changes in perceived social support?
- How many parents or caregivers are attending Parent Café events?
- How many parents or caregivers are returning for more than one event?
- How many parents or caregivers are reporting a perceived change in knowledge and confidence following attendance at a Parent Café event?

Evaluation Approach and Methods

The evaluation approach includes documentation of process information through sign-in sheets, meeting minutes, quarterly reports, and surveys of key stakeholders on progress and achievements. Specific approaches to evaluation are defined for each core strategy, including workforce development, developmental screening, family strengthening, and mental health consultation. Evaluation of workforce development activities focuses primarily on surveys of training participants following training activities. For select training events, follow-up surveys will be conducted to examine the long-term impact on the worker and child-serving agency. Evaluation of screening activities will include documentation of the number and nature of screening activities, referrals resulting from the screening, and the impact of screening on family's access to additional services. Families who are referred for care will be contacted three months after the screening to determine if they accessed services and their satisfaction with the services they received. Evaluation of family strengthening activities will include pre- and post-test measures of child and family functioning, with analyses focusing on change over time. Additional analyses will examine moderators and mediators of outcomes, to further understand the impact of the intervention on sub-populations and the facilitators of positive impacts. To allow communities time to focus initially on the three required expansion strategies, the evaluation of Early Childhood Mental Health Consultation is planned for Year 3 of the project.

Key Findings

The following key results are documented in the evaluation report:

- The Texas LAUNCH Early Childhood Committee has seen a growth in membership over the past year, from 29 participants at the end of the intial grant year to 40 at the end of the current year. Five members (12.5%) are representatives of families of young children. Attendance at quarterly meetings has ranged from 74.3% to 87.2% over the course of the year.
- Progress was mixed in identifying the presence of written policies to support the capacity of the early childhood workforce and to implement strategies to reduce behavioral health disparities. In one community, no written policies existed within partner agencies. Another community established a written policy to support the reduction of behavioral health disparities within one of two partner organizations. The third community established formal relationships with partners and the existence of written policies is unclear at this time.
- Tarrant County's LAUNCH Academy was an effective way to engage child care providers in strategies to enhance programs for children and families, initiating partnerships around LAUNCH strategies. Child care providers tend to identify screening and workforce development as initial partnership priorities.

- LAUNCH communities screened over 500 children, with 73% referred for further assessment or intervention. Overall, 89.9% of families successfully obtained follow-up services in the three months after the original referral. Eighty-nine percent of families receiving referral services reported that they intended to continue with those services beyond the initial appointment and a large majority (99.4%) of families were satisfied with the services they received.
- Families participating in IY include families who showed signs of early child behavioral problems and parental stress and those without difficulties. Data is currently limited for assessing the outcomes of family strengthening strategies, but promising. One promising initial finding was a significant reduction in inconsistent discipline strategies, such as giving up or changing your mind during discipline.

Lessons and Recommendations

The following recommendations are included in the evaluation report:

1. The state oversight committee for Texas LAUNCH has strong participation from state agencies and stakeholder organizations. There has been poorer retention of family representatives. The Leadership Team should consider planned strategies to increase family member buy-in to participation on the oversight committee, including informal relationship building, targeted requests for input and feedback, opportunities for leadership (e.g., becoming a trainer, co-presenting about LAUNCH), and mentoring from other parent leaders.
2. Texas has moderate levels of collaboration amongst state child-serving agencies; however, lower levels of collaboration exist around select areas, such as common intake forms, shared case planning, and informal and formal inter-agency agreements. As the oversight committee moves towards sustainability, members should consider developing a memorandum of understanding that outlines commitments of participating agencies to examine areas of collaboration that would reduce burden on families, remove policy barriers for community providers, and create opportunities for shared intiatives. For example, the oversight committee could develop consensus around core client variables that should be included in intake forms for programs serving young children and their families.
3. Texas LAUNCH communication activities have limited reach at present and gaining recognition as a thought leader can take significant time. Texas should consider focusing communication efforts on the development of messaging and products that partner agencies are able to distribute and share, increasing the reach of efforts. Communication activities should include progressively more information on outcomes of LAUNCH strategies to build buy-in for sustainability.
4. The screening strategy has been successfully implemented, with strategies focused on building sustainability through master trainers in the ASQ tools and embedding screening policies within existing early childhood programs. Within Bexar County, additional effort should focus on ensuring reliable documentation of race and ethnicity. If children from Hispanic families are under-represented, as the data suggests, staff should examine opportunities to increase outreach to this community through engagement of cultural brokers within the neighborhoods targeted by Family Services. Within Ysleta del Sur, information gained on health and behavioral health disparities from the upcoming family survey should be used to identify additional screening priorities, such as parental depression or substance use.
5. Data collection for Incredible Years is extensive and additional focus should occur on data quality over the next quarter. IY group leaders should ensure completion of the Collaborative Process Checklist. The Local Lead should consider observing local IY

classes and completing this tool to provide additional guidance to group leaders as they work towards certification.

6. The outcome evaluation of the Incredible Years program is limited by small sample sizes at this point, but initial results are positive and suggest potential increases in positive parenting practices and reductions in child behavior problems. The evaluation team should continue to provide timely information to communities as they complete IY groups in order to adjust practices based on quality improvement strategies. One current example is ensuring that class participants have a strong understanding of developmentally appropriate discipline strategies.
7. Parent Cafés were well-received by attendees in Tarrant County. These events served as opportunities to introduce family strengthening concepts to families and build excitement for additional skill-building opportunities. Expansion communities should consider using the Parent Café model to build a relationship with parents within selected settings, such as child care, educational, or community-based centers. Parent Cafés may provide an opportunity to recruit more families for Incredible Years classes.
8. While evaluation data remains limited in many areas, Texas LAUNCH is making progress in implementing all selected strategies and beginning to build data to examine the quality of services and outcomes. In future years, evaluation data should be utilized in communication strategies to document the impact of LAUNCH in expansion communities and the state.

II. Table of Contents PAGE

III. Logic Model

The Texas LAUNCH initiative aims to improve the developmental and social and emotional outcomes of children age 0 to 8 in three selected expansion communities by implementing best practices within an array of systems supporting young children. Each strategy builds upon the others by increasing the early identification of developmental concerns and support for families to access early childhood interventions, strengthening family capacities for the promoting children's development and wellness, and enhancing child care and educational programs to support child success. Workforce development efforts support each of these strategies, as well as the overall knowledge, skills, and abilities of the early childhood workforce in areas such a child development, impact of childhood trauma, and reducing provider's job stress and burnout. A graphic representation of the Texas LAUNCH logic model is provided in Figure 1.

Texas Landscape (Inputs). Of the nearly 7.5 million Texans 17 years and younger, 50.6% are 8 years old and younger. Many young children, especially those whose families struggle with poverty and lack of access to health care, show poorer outcomes in health, social, and emotional well-being. Texas will build upon the strengths of the Project LAUNCH initiative located in El Paso to expand the implementation of effective strategies to promote the mental health and wellness of young children in Texas. Texas will support this expansion through an inter-agency collaborative committee, and look to experienced partners, like First3Years, to collaborate in advancing the goals.

Texas LAUNCH Strategies. The community-directed expansion of Texas LAUNCH aims to build on successful elements initially implemented in the El Paso Project Launch pilot program, focusing on promotion of mental health wellness, strengthening family systems, and building the capacity of providers of early childhood services to support the social and emotional health of young children. Taking a public health approach, activities will be directed to all children age 0 to 8 within the identified regions and their caregivers. Young child caregivers will include biological, adopted, and foster parents, as well as teachers and health care providers.

Texas LAUNCH has four core goals, each having associated objectives and activities:

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Outputs. The following expected outputs are planned for each strategy:

Early Childhood Screening: The goal for this strategy is to train and support 20 child providers in the use of developmental and social and emotional screening tools, screen at least 1,700 children across the three communities, and provide referrals to at least 390 parents of the children screened. Outcomes are measured through surveys of providers participating in training and support, as well as completion of a screening and referral tool, documenting the number of children screened, the outcomes of the screening, subsequent referrals, and any waitlist period of greater than one month before accessing services.

Enhanced Parenting Skills: Texas LAUNCH will increase parenting skills through implementation of the Incredible Years parenting program. Outcomes are assessed using parent self-report questionnaires prior to and after participation in the program. Communities may also enhance the family strengthening strategy by implementing Parent Cafés. The goal for this strategy is to train fourteen providers in the Incredible Years or Parent Café curriculum and to provide family strengthening programs to 322 parents.

Mental Health Consultation: The goal for this strategy is to engage teachers in mental health consultation and for at least 110 children to receive child- or family-focused mental health consultation. Outcomes are assessed from parent and teacher-completed measures of child and family functioning.

Building Competency in the Early Childhood Workforce: The goal for this strategy is to train 640 early childhood professionals in the areas of infant and young child mental health, trauma-informed practices, and/or evidence-based and promising practices for mental health promotion in young children. Outcomes are assessed through post-training surveys.

Outcomes. Specifically, through implementation of the four core strategies of Texas LAUNCH, several individual level, community level, and state level outcomes are expected. Child and family outcomes include:

- decreased problematic child behaviors,
- decreased parental stress,
- increased positive parenting practices, and
- decreased negative parenting practices.

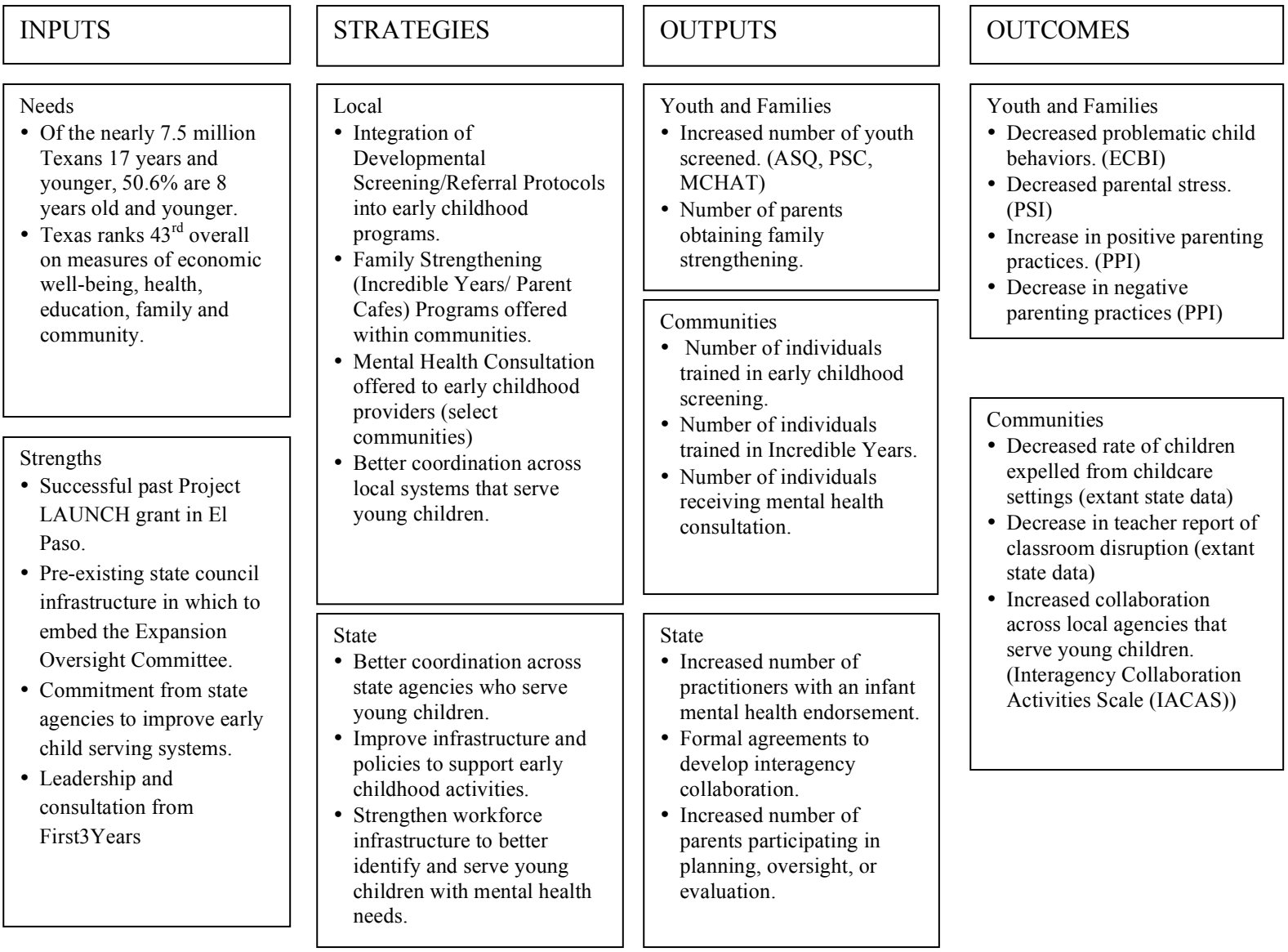
Community level outcomes include:

- decreased rate of children expelled from childcare settings,
- decreased classroom disruption, and
- increased collaboration across local agencies that serve young children.

Finally, state level outcomes include:

- increased collaboration across child-serving state agencies and
- increased number of early childhood staff who have competence or mastery in skills related to early childhood development.

Figure 1. *Texas LAUNCH Logic Model*



IV. Evaluation Design And Findings

Strategy 1: Organizational Collaboration/Coordination

The evaluation of the Organizational Collaboration and Coordination activities focus on examining the nature and impact of efforts to enhance collaboration and support early childhood efforts within the three communities and the state. The purpose of the evaluation is to document accomplishments and challenges in the project, identify successful strategies that can be replicated, and provide continuous quality improvement information to state and local oversight teams.

A. Evaluation Questions

Evaluation questions for this component of the Texas LAUNCH activities are summarized in Table 1. This aspect of the evaluation will address to what extent the grant was successful in achieving the overall goal of establishing a supportive state and local context to expand early childhood wellness strategies through agency collaboration, policies, and financing.

Table 1. *Summary of Evaluation Questions for Strategy 1 – Organizational Collaboration*

Evaluation Question	Data Collection Method	Source of Data	Measures
1. Are key stakeholders collaborating on system changes to to enhance support for early childhood mental health promotion?	Self-report	Survey	Interagency Collaboration Activities Scale (IACAS); Wilder Collaboration Factors Inventory
2. What are the key accomplishments of the collaborative councils?	Self-report	Survey	Survey of Accomplishments and Barriers
3. What facilitators have advanced the community's efforts? What barriers have the councils encountered and how have they strived to overcome them?	Self-report	Survey	Survey of Accomplishments and Barriers
4. What is the reach of communication and social marketing activities in building awareness and engagement in early childhood activities?	Communication tracking	Distribution of communication tools; website or social media analytics	Reach; pageviews; shares
5. Are policies and procedures present to support and engage Project LAUNCH activities?	Collected from partner agencies	Written policy documents	% with written policies on early childhood workforce and reducing disparities
6. Has the community enhanced partnerships with child-serving organizations to improve care coordination, referrals, and community infrastructure?	Self-report at two time points	Survey	Interagency Collaboration Activities Scale (IACAS); Wilder Collaboration Factors Inventory

B. Approach & Methods

The evaluation design for the Organizational Collaboration component of Texas LAUNCH includes a qualitative analysis of existing data and prospectively collected surveys about interagency collaboration. The design also includes a time series analysis of variables capturing social marketing and communication reach, parent or caregiver participation, collaborative activities, and strength of the collaborative workgroups. These time series analyses will allow for changes in these variables over the course of the project to be documented and tracked, in relation to strategies undertaken to strengthen collaboration and family voice. This design will also allow for a correlational analysis of collaborative strength and community accomplishments, allowing the evaluators to identify key indicators of collaborative strength and their impact on key measures of expansion success.

Measures

Interagency Collaboration Activities Scale (IACAS) (Greenbaum & Dedrick, 2000): The Interagency Collaboration Activities Scale (IACAS) is a 12-item, self-report questionnaire measuring specific organizational collaborative practices and activities in three domains (financial and physical resources, program development and evaluation, and collaborative policies) in organizations focused on delivering services to children with mental health challenges. (Dedrick & Greenbaum, 2011).

Communication and Social Marketing Reach: Distribution of communication tools and website or social media analytics will be used to measure the reach and impact of communication activities. Data will be collected quarterly.

Procedures. The number of organizations collaborating on the council and the number of members who are family members is gathered from Council sign-in sheets, meeting minutes, and community contract reports. Council members' perceptions of collaborative activities were assessed through the Interagency Collaborative Assessment Scale (IACAS), which was conducted in November 2016. The IACAS measures the extent to which agencies collaborate with other child-serving agencies in a variety of areas.

Focus of Current Year. The focus of the first year of the evaluation was on the state Texas LAUNCH Early Childhood Committee and establishing baseline information on communication activities (Evaluation Questions 1 and 4). Local early childhood wellness councils were established in the previous year, but two of the three communities experienced some disruption and initial surveys will be completed in the upcoming year. The evaluation team strived to gather data to reflect the existence of written policies on early childhood workforce development (Common Indicator 6) and reducing behavioral health disparities (Common Indicator 7), but encountered some barriers. Available information is discussed in Findings.

C. Data Analysis

Information on Council members and participation is descriptive and summarized. Responses to the initial IACAS survey with the Texas LAUNCH Early Childhood Committee (TLECC) is summarized separately for agency representatives and family representatives. This establishes the baseline data for examining any changes in the strength of agency collaboration. In future years, committee members will complete the instrument again, allowing for a pre/post analysis.

D. Findings/Interpretations

Agency Membership. The state committee includes 40 members, representing state agencies, expansion communities, and parent representatives. State agency representatives include Maternal and Child Health, Children's Mental Health, Women's Substance Use Services, Medicaid/CHIP Policy, Early Childhood Intervention, Prevention and Early Intervention Services, Home Visiting Services, Child Care Licensing, the Workforce Commission, the Head Start Collaboration Office, the Texas Association for the Education of Young Children, a child advocacy organization, two universities, a large children's hospital, and project leadership. Five of the 40 members are family representatives, representing 12.5% of the group. The TLECC has seen a growth in membership over the past year, from 29 participants at the end of the intial grant year to 40 at the end of the current year. Attendance at quarterly meetings has ranged from 74.3% to 87.2% over the course of the year. Given the demands on state program and administrator staff, this indicates a high level of investment and commitment to the initiative and state collaborative body.

Perceived Collaboration. Thirteen respondents completed the Interagency Collaborative Assessment Scale (IACAS). Committee members were instructed to identify one representative of the identified agency or division and reflect on their agency's collaborations. Seven respondents represented a state agency (58.3%), five identified as community or parent representatives (41.7%) and one failed to identify a category and was placed in the non-state agency category. Table 2 represents the average rating of collaboration for respondents. Scores range from one to five, with one representing non collaboration and five indicating their agency collaborates "very much".

Overall, collaboration appears to be moderate to strong, with community representatives reflecting greater collaboration than state representatives across each of the key factors. Respondents did not identify any specific areas where collaborations were lacking. Both state and community representatives reported the strongest cross-agency collaboration around Program Development and Evaluation. State agencies reflected informing the public about services as the strongest collaborative activity within this domain, while communities reflected developing programs or services. The lowest level of collaboration was found in the Financial and Physical Resource Factor for both state and community representatives. Collaborative purchasing of services was the lowest-rated item for state representatives, and record keeping was the lowest item in this factor for communities. The lowest-rated item across both respondent groups was having common intake forms, suggesting that this strategy for reducing burden on families and providers is uncommon.

Table 2 *Perceptions of the Extent of Collaboration among Child-Serving Organizations*

Domain	State Representatives (n=7) *M / SD*	Community Representatives (n=6) *M / SD*	All (n=13) *M / SD*
Financial and Physical Resource Factor	**2.74 (1.87)**	**3.58 (1.24)**	**3.14 (1.65)**
Funding	2.71 (1.89)	4.00 (1.26)	3.31 (1.70)
Purchasing of services	2.29 (1.70)	3.50 (1.22)	2.85 (1.57)
Facility space	2.50 (2.07)	3.67 (1.37)	3.08 (1.78)

Record keeping/ management of data	3.43 (2.07)	3.17 (1.33)	3.31 (1.70)
Program Development and Evaluation Factor	**3.60 (1.40)**	**4.31 (0.78)**	**3.92 (1.21)**
Developing programs or services	3.50 (1.38)	4.50 (0.84)	4.00 (1.21)
Program evaluation	3.14 (1.78)	4.40 (0.89)	3.67 (1.56)
Staff training	3.43 (1.62)	4.33 (1.03)	3.85 (1.41)
Informing the public of available services	4.14 (0.69)	4.17 (0.41)	4.15 (0.55)
Client Services Factor	**2.78 (1.69)**	**3.79 (1.11)**	**3.24 (1.53)**
Diagnoses and evaluation/assessment	2.33 (1.51)	3.50 (1.22)	2.91 (1.44)
Common intake forms	1.71 (1.50)	2.80 (1.30)	2.17 (1.47)
Child and family service plan development	2.00 (1.41)	3.83 (1.17)	2.85 (1.57)
Participation in standing interagency committees	4.00 (1.53)	4.33 (0.82)	4.15 (1.21)
Information about services	3.71 (1.50)	4.33 (0.52)	4.00 (1.15)
Collaborative Policy Factor	**2.82 (1.55)**	**3.79 (1.00)**	**3.24 (1.40)**
Case conferences/ reviews	2.17 (1.47)	3.50 (1.64)	2.83 (1.64)
Informal agreements	2.71 (1.50)	4.40 (0.55)	3.42 (1.44)
Formal written agreements	2.83 (1.47)	4.00 (0)	3.36 (1.21)
Voluntary contractual relationships	3.50 (1.87)	3.20 (0.45)	3.36 (1.36)

Communication Strategies. Texas LAUNCH established a webpage, offering information on the project, resources, previous newsletters, and other materials. Information on website analytics was recently established and website-related data will be avaible for Year 3. The Texas LAUNCH Facebook page was launched November 2016. Over the year, the Facebook page hosted 39 messages, with a reach of 1,555 people. The page had 9 shares, 20 likes, and 20 followers. The LAUNCH team also developed a monthly newsletter in January 2017 that is shared with expansion community partners, and provides timely notice of new resources and community accomplishments. Nine newsletter editions were distributed over the year. Lastly, the LAUNCH team participated in a collaborative event to raise awareness of the importance of children's mental health for the national awareness day. A community event, consistenting of a presentation at the state capitol, a mile walk, and a family-friendly fair at a neighboring park, was attended by 200 people. LAUNCH staff distributed information on child development to parents and put temporary tattoos on children. These communication strategies showed some success, although reach is still limited in the initial year. Additional focus on the targeted audience and messaging should help improve overall reach and impact of communication strategies.

Written Policies. Expansion communities focused significantly in the initial year on establishing relationships with partner organizations, such as child care and early education programs. In San Antonio, neither of the two child care organizations (Healy Murphy and DePaul Wesley) had written policies focused on early childhood workforce or reducing behavioral health disparities. In Ysleta del Sur Pueblo, it is unknown whether written policies exist on the workforce, but a new policy was drafted during the year as a result of LAUNCH to reduce behavioral health disparities. This new policy was implemented within the Tuy Pathu Early Learning Center and Pre-K, and requires all children to be screened with the ASQ and ASQ:SE and all families to participate in a family strengthening program. In Tarrant County, the LAUNCH team established

initial relationships with a broad array of partners, information on written policies is not yet available. The available information on Common Indicators 6 and 7 are provided in Table 3.

Table 3. *Written Policies to Support Early Childhood*

	Ysleta del Sur Pueblo	Bexar County	Tarrant County
Number of programs with written policies on workforce development on social, emotional dev & well-being	Unknown	0	Unknown
Total number of partner programs	2	2	Unknown
Percentage (Indicator 6)	Unknown	0%	Unknown
Number of program with written policies to improve access for underserved racial & ethnic populations	1	0	Unknown
Total number of partner programs	2	2	Unknown
Percentage (Indicator 7)	50%	0%	Unknown

Strategy 2: Workforce Development

Through the Workforce Development strategy, Texas LAUNCH aims to build early childhood competency within the workforce and strengthen the supportive infrastructure for early childhood care within the state. Workforce development efforts included training in infant and young child mental health, trauma-informed practices, as well as the dissemination of evidence-based and promising practices to promote mental wellness. The early childhood workforce includes day care and early childcare providers, teachers, health care providers, early interventionists, and behavioral health providers.

The focus of this evaluation is to measure the impact of training efforts to increase the early childhood mental health workforce both at the state and expansion community levels. The evaluation is intended to document the number and type of trainings occurring in each community and around the state, some characteristics of the early childhood professionals trained, data around knowledge gained and individual satisfaction associated with these trainings, and estimates of the number of children and families who may be served by these professionals following these trainings.

A. Evaluation Questions

Evaluation questions for this component of the Texas LAUNCH activities are summarized in Table 4. This aspect of the evaluation will address to what extent the grant was successful in strengthening the early childhood workforce within the expansion communities and statewide.

Table 4. *Summary of Evaluation Questions for Strategy 2 – Training and Technical Assistance*

Evaluation Question	Data Collection Method	Source of Data	Measures
1. How many individuals are trained in best practice early childhood practices?	Teacher-report	Training Sign-in Sheets	Training Summary Sheet (TSS)
2. What is the increase in the workforce certified in early childhood mental health?	Administrative data maintained by First3Years	First3Years, the Infant Mental Health endorsement organizations	Count of Staff endorsed each quarter
3. What barriers and/or facilitators did communities experience in their workforce development efforts?	Interviews	Expansion community leads; local training partners	Interview Prompts (internally created)
4. What is the perceived impact of training opportunities on the work of participants?	Self-report	Survey	Impact of Training and Technical Assistance (IOTTA)
5. What percentage of providers report decreased stress levels following training?	Self-report	Survey collected at training and 3 months post-training	Professional Quality of Live Scale (ProQoL)

B. Approach and Methods

The evaluation design for the workforce development strategy is a process-oriented tracking of the number and type of participants impacted by the training activities, as well as a pre-test, post-test design to measure the impact of training activities on the participants. The tracking of training types and participants, as well as descriptive feedback from participant surveys, will allow project staff to identify gaps in training, issues of training quality, and geographical impact. The pre-test/post-test design allows for measuring change in key outcomes (e.g., perceived competence, compassion fatigue) over time, without the resources that would be required by an experimental design.

Measures.

The Professional Quality of Life Scale (ProQoL;Stamm, 2010): The Professional Quality of Life Scale (ProQol) is a 30-item, self-report measure of the positive and negative effects of working with people who have experienced extremely stressful events. It contains two scales: compassion satisfaction (i.e., the pleasure one derives from being able to do their work well) and compassion fatigue (i.e., emotions related to burnout and secondary traumatic stress).

Training Summary Sheet (TSS): The primary measure for this evaluation was developed to track important information about the trainings received as a result of Texas LAUNCH activities. This form collects information about the goal of the training, setting, number and type of participants, and role of LAUNCH in the workforce development activity.

Inventory of Training and Technical Assistance, Walker & Bruns, 2010 (IOTTA) : The Inventory of Training and Technical Assistance asks participants about their satisfaction regarding different aspects of the training they received, as well as how important and impactful they perceive the training to be. Additionally, the measure assesses the participant's perceived

prior mastery of the domain of skills before their training attendance as well as their anticipated mastery of the domain of skills following the training and into the future.

Early Childhood Mental Health Endorsements: The number of providers seeking and achieving early childhood credentials through First3Years will be collected quarterly from an existing registry held by First3Years.

Procedures. At each training event conducted by Texas LAUNCH or partner agencies, the number of professionals trained will be documented from participant sign-in sheets. Partners will provide a brief description of the training event, using the Training Summary Sheet, submitted with copies of the sign-in sheets. This will allow the evaluators to identify the target audience of the training, the training topic, and key information about the length of the training and qualifications of the trainers. At the end of each training, participants will complete the IOTTA, documenting the perceived impact of the training and their competency or mastery of the skills. This measure will be paper-and-pencil for workshop participants and through a web-based survey for those participating in online training events.

Additionally, changes in the rate of providers seeking early childhood credentials through First3Years endorsement process will be tracked quarterly to identify any potential increases over time in partnership with the organization. No identified information on individuals seeking endorsement will be gathered, merely the number seeking endorsement by category and the number successfully achieving endorsement by category.

Focus of Current Year. The focus of the first year of the evaluation was on the number of trainings occurring across key strategy areas and the participant impressions of the impact of these trainings (Evaluation Questions 1 and 4). The collaboration with First3Years was intended to be established in Year 1 of the project, but contracting difficulties caused delays. This component is planned through carry forward funding in Year 3, with the expectation that First3Years will be able to capture endorsement data throughout the project. The common indicator of *Percentage of Providers Reporting Decreased Stress Levels* (Indicator 5) was intended to be measured at trainings focused on reducing compassion fatigue or burnout in the workforce. However, no such trainings occurred during this grant period and so no data is available for this indicator.

C. Data Analysis

Descriptive analyses will be conducted to summarize the number of individuals trained. Quantitative and qualitative information collected on the IOTTA is summarized for different training types. Qualitative information is aggregated across training events to allow for the identification of themes.

D. Findings/Inperpretation:

Community Workforce Development Trainings. Tarrant County, Bexar County, and Ysleta del Sur Pueblo communities conducted formal trainings to build, enhance, and sustain the early childhood mental health workforce within their respective communities. Each community took an individualized approach to providing trainings that were tailored to community-specific needs and interests. As can be seen in Table 5, each community conducted a variety of trainings, focused primarily on early childhood social and emotional health and screening using the ASQ 3

and ASQ:SE 2. Tarrant County chose to also conduct significant training in family strengthening models, as well. Formal training in Early Childhood Mental Health Consultation (ECMHC) was not planned within the project until the final two years.

Table 5. *Texas LAUNCH Trainings Broken Down By Community*

Community	Number of Individuals Trained in ASQ	Number of Individuals Trained in IY/PC	Number of Individuals Trained in ECMHC	Number of Indviduals Trained in Early Childhood Mental Health Topics	Total Number of Individuals Trained
Tarrant Cty	219	77	0	166	462
Bexar Cty	0	0	0	161	161
Ysleta del Sur Pueblo	28	0	0	33	61

Participant Perceptions of Tarrant County Key Trainings. In Tarrant County, the local team created a "LAUNCH Academy" that served to increase awareness and educate community providers and partners about LAUNCH specific strategies, initiatives, and programs. Directors of child care programs were invited to attend and offered recognition for full completion of the academy. Each academy session focused on a separate LAUNCH strategy and provided community specific information about programmatic efforts and resources available in these specific areas. This LAUNCH Academy program of trainings involved 40 child care programs and reached 129 people.

Table 6 illustrates the perceptions of LAUNCH Academy participants, aggregated across all five "classes" within the Academy. Participants reported moderate competence in the training topics prior to the event, with an increase to strong competence post-training. Participants found the training goals to be highly important and the trainers to be highly credible, approaching the highest end of the rating scale. Qualitative responses from trainees indicated that they valued the novel material that was presented, appreciated the opportunity to connect and develop relationships with local experts and identify local resources, and expressed excitement about practical information and tools that could be used to improve the care of children and families. Attendees also indicated that they would have liked to receive more printed materials or handouts that could be shared with others and additional support materials (e.g., kits for screening measure). Many of the participants expressed interest in further trainings, which resulted in the hosting of a large training in the ASQ-3 and ASQ-SE-2.

Table 6: *Evaluation of LAUNCH Academy Training*

Item	**Average**	**Standard Deviation**
Note: Items range from 0 to 10, with 10 representing highest/greatest level of the criteria.		
Existing mastery/competence	5.80	2.54
Post-training mastery/competence	7.83	1.35

Importance of training goals	9.21	1.10
Trainer credibility	9.39	0.97
Training organization	9.32	0.99
Training interest	9.40	1.04
Overall impact on work	9.29	1.09
Impact on assessment & service planning	9.26	1.32
Note: Items range from 1 to 4, with 1=”not at all” and 4=”very likely”		
Likelihood of sharing with colleagues	3.95	0.31
Likelihood of making changes at work	3.92	0.39

Tarrant County partnered with Child Care Associates, a large non-profit organization offering Early Head Start, Head Start, and other child care programs, to provide training in screening, using the ASQ-3 and ASQ:SE-2. These trainings encompassed instruction on how to administer, score, and review the screening measure with families, as well as provided information about supplemental support materials and resources. Two training events were held, broken down into multiple classes, with a total of 219 childcare providers trained. Table 7 illustrates the perceptions of ASQ training participants. Overall, participants found the training to be well-organized, important, and delivered by credible trainers. Participants reported significant confidence in their mastery of the training material, suggesting strong confidence that they can appropriately screen children and discuss results with caregivers.

Table 7: *Evaluation of Training for ASQ-3 and ASQ:SE-2*

Item	Average	Standard Deviation
Note: Items range from 0 to 10, with 10 representing highest/greatest level of the criteria.		
Existing mastery/competence	6.07	3.39
Post-training mastery/competence	8.16	1.70
Importance of training goals	8.99	1.58
Trainer credibility	8.82	1.56
Training organization	8.71	1.83
Training interest	8.33	2.09
Overall impact on work	8.83	1.62
Impact on assessment & service planning	8.70	1.77
Note: Items range from 1 to 4, with 1=”not at all” and 4=”very likely”		
Likelihood of sharing with colleagues	3.75	0.52
Likelihood of making changes at work	3.76	0.53

Ysleta del Sur Pueblo Community Trainings. Texas LAUNCH team members within the tribal community of Ysleta del Sur Pueblo targeted workforce development activities to the Tuy Pathu Early Learning Center, located within the Tribal Empowerment Department, and a community childcare center, Bright Stars. The local staff observed classrooms to determine specific areas of training and topics of interest that would be beneficial to their early childhood staff. These trainings were offered at various times (e.g., lunch, evening, or weekends) to all childcare providers in an effort to accommodate staff schedules and increase attendance. Training topics included how to talk to children about their behavior, ABA classroom management strategies, and the Good Behavior Game and totaled 33 attendees. These were less formal training events and participant evaluations were not collected.

Bexar County Community Trainings. Within Bexar County, Family Services Association partnered with Voices for Children to offer a quarterly early childhood training series, targeting varied city council districts across the region. During this period, trainings were held in Districts 3 and 4, at San Antonio College, and at the Frank Garrett Center in Central San Antonio. LAUNCH local staff provided these trainings and professional development opportunities, encompassing a variety of topics including attachment, separation anxiety, mindfulness, and trauma and the brain. All trainings and topics covered met the state childcare standards for continuing education credit and together impacted 161 members of the workforce.

Participant perceptions of the trainings are summarized in Table 8. Individuals report high levels of satisfaction across all elements of the training and indicated the training would have very significant impact on their work. Qualitative responses on the evaluations indicated that trainees valued gaining pertinent skills and information to be used in their work with children, strategies and techniques to cope with stress, and that trainees valued the examples and visual aids that accompanied the trainings. Attendees also wished they received more printed material or books that could be utilized after the training was completed and additional support materials (e.g., sample video vignettes) to utilize in direct service provision with families.

Table 8: *Evaluation of Community Awareness Trainings*

Item	Average	Standard Deviation
Note: Items range from 0 to 10, with 10 representing highest/greatest level of the criteria.		
Existing mastery/competence	7.08	2.49
Post-training mastery/competence	8.39	1.76
Importance of training goals	8.83	1.75
Trainer credibility	9.18	1.33
Training organization	9.12	1.36
Training interest	8.99	1.47
Overall impact on work	8.96	1.56
Impact on assessment & service planning	9.03	1.41

Note: Items range from 1 to 4, with 1="not at all" and 4="very likely"		
Likelihood of sharing with colleagues	3.79	0.51
Likelihood of making changes at work	3.82	0.48

State Training Opportunities. State LAUNCH staff assisted local communities with training events, but also hosted trainings for all communities. In March, the team developed and disseminated a workforce training needs assessment within the expansion communities and identified priority areas. During the reporting period, the team partnered with the Texas Center for the Elimination of Disproportionality and Disparities to host a web-based training on strategies to reduce health and behavioral health disparities within early childhood. State LAUNCH staff also coordinated a training in the Incredible Years Babies program.

A state training in Incredible Years Babies was held on May 8-9th in Austin through the national training program. Twenty-five individuals were trained, including participants from all three expansion communities. In addition, state agency representatives and the Beaumont community were included in the training to expand its impact. Figure 2 provides a geographic breakdown of individuals attending this training. Table 8 presents responses from participants on the IOTTA. Overall, participants reported high satisfaction with the organization of the training and trainer credibility. Prior to the training, trainees reported moderate levels experience with Incredible Years Babies' curriculum and reported moderately high mastery following training (8.24 out of 10).

Figure 2. *Location of Trainees*

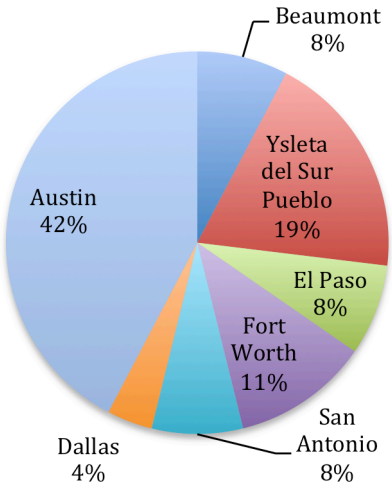


Table 8: *Evaluation of Incredible Years Babies Training*

Item	Average	Standard Deviation
Note: Items range from 0 to 10, with 10 representing highest/greatest level of the criteria.		
Existing mastery/competence	5.76	2.47
Post-training mastery/competence	8.24	1.39
Importance of training goals	8.64	1.63
Trainer credibility	9.76	0.60
Training organization	9.68	0.85
Training interest	9.24	1.09
Overall impact on work	8.92	1.35
Impact on assessment & service planning	8.84	1.14

Note: Items range from 1 to 4, with 1="not at all" and 4="very likely"		
Likelihood of sharing with colleagues	3.88	0.34
Likelihood of making changes at work	3.88	0.44

Strategy 3: Early Childhood Screening

The focus of this component of the evaluation is to measure the impact of efforts to increase developmental and social-emotional screenings for young children in the three expansion communities. The evaluation is intended to document the number and type of screenings occurring in each community, the characteristics of the children screened, the results of these screenings, and the number and percentage of children who receive further services after a positive screen.

A. Evaluation Questions

Evaluation questions for this component of the Texas LAUNCH activities are summarized in Table 9. This aspect of the evaluation will address to what extent the grant was successful in increasing capacity of communities to screen for developmental and social and emotional delays and refer for appropriate assessment or early interventions.

Table 9. *Summary of Evaluation Questions for Strategy 3 – Developmental Screening*

Evaluation Questions	Data Collection Method	Source of Data	Measures
1. How many young children are communities screening?	Screening Provider Report	Screening Provider Report	Screening and Referral Form
2. What are the characteristics of children screened in the project?	Screening Provider Report	Screening Provider Report	Screening and Referral Form
3. How does the racial and ethnic distribution of children served compare to the community?	Screening Provider Report	Screening Provider and Census Data	Screening and Referral Form
4. What percentage of children screened are identified as at risk for developmental or social-emotional concerns?	Screening Provider Report	Screening Provider and Scoring of Screener Instrument(s)	Screening and Referral Form
5. What percentage of children identified as at risk and referred for further services receive subsequent interventions?	Screening Provider Follow-up	Caregiver Report	Screening and Referral Form
6. Are there any differences in the receipt of subsequent interventions by age, sex, or race/ethnicity?	Screening Provider Follow-up	Analysis of Caregiver Report	Screening and Referral Form

B. Approach and Methods

Texas LAUNCH staff within each of the expansion communities provided early childhood screenings, as well as supported the training of community partners to conduct early childhood and parental screenings. Texas LAUNCH has focused on screenings using the Ages and Stages Developmental and Social and Emotional scales (ASQ:3 and ASQ:SE2), although information is collected on all screenings conducted through Texas LAUNCH. Screening providers report on screening information by completing the Screening and Referral Form, immediately following a screening event. This form collects information on the screening location, the child screened, the results of the screening, and any referrals provided to the family. Three months following the screening, the screening provider contacts the family to inquire about the results of the referral, including whether further services were accessed, barriers to access (if any), and satisfaction with the service received. The information collected through the Screening and Referral Form allows for measuring racial and ethnic sub-populations, geographic regions targeted by communities for reducing behavioral health disparities, and difference in access to and satisfaction with care by sub-populations.

Focus of Current Year. The focus of the current year of the evaluation was on the number of screenings occurring in each community, the characteristics of the individuals screened, and the results of these screenings (Evaluation Questions 1 through 5). The final evaluation question will examine disparities in access to services following referral; however, too few referrals have been made in the current analysis to examine this question. It will be reviewed in the third and fourth year of the project.

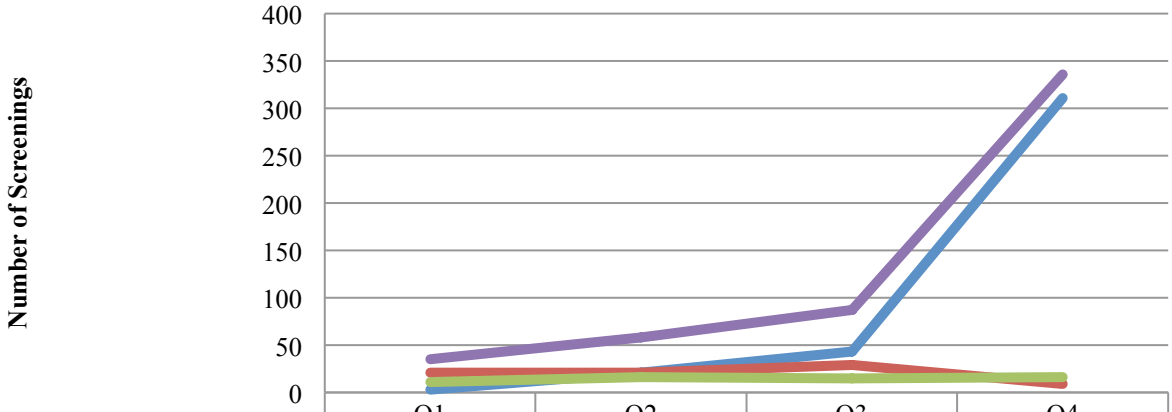
C. Data Analysis

Descriptive data analyses are reported, summarizing relevant aspects of the screening process. This is the first year in which screening data is available across all three communities; data is still limited in some communities due to small sample sizes. State aggregated data over-represents the Tarrant County community to such a degree that results are likely generalizable only to this area. Community providers have been reasonably successful in gathering follow-up information from caregivers about the receipt of services following referrals and missing data is minimal.

D. Findings/Interpretation:

Number of Children Screened. Texas LAUNCH aimed to screen at least 150 children in Year 2 of the grant and this goal was exceeded, with 516 children screened. Figure 3 illustrates the number of children screened in each community by quarter over the past year.

Figure 3. *Developmental Screenings in Year 2*

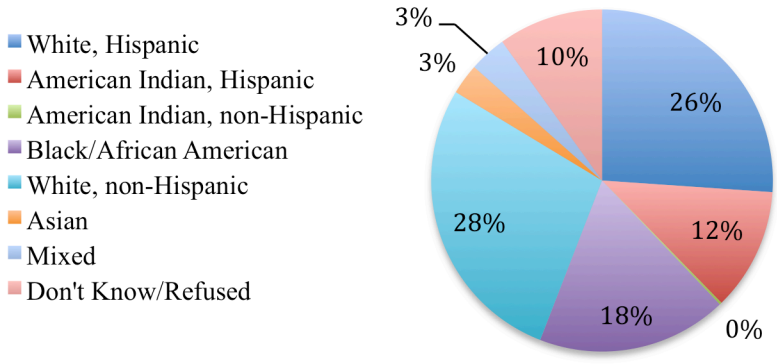


	Q1	Q2	Q3	Q4
Tarrant County	3	21	43	311
Bexar County	21	21	29	9
Ysleta del Sur Pueblo	11	16	15	16
All Communities	35	58	87	336

Ysleta del Sur Pueblo screened a total of 58 children, representing 11.2% of children served within the two targeted early childcare settings in the community. Bexar County screened 80 children, representing 15.5% of the children screened. They primarily focused on partnering with Head Start and Early Head Start programs. One program was using an outdated version of the ASQ and ASQ:SE, and technical assistance focused on making policy changes to utilize the current version. Since these screenings were not in line with best practices, they were not included in the screening data and resulted in lower numbers for this community. Tarrant County screened a total of 378 children, representing 73.3% of children served over the course of the year. This community utilized both a behavioral health hotline and partnerships with a large childcare non-profit organization, Child Care Associates, to generate developmental screening referrals. The community also strived to implement a web-based portal for gathering screening data from partner agencies during the year, and had successes in the final quarter, resulting in significant increases in screening productivity. Communities were encouraged to provide additional evidence based screening to children and parents/caregivers should the need arise; however, at this time, data provided by the communities indicates that the entirety of screening activity is comprised of the ASQ-3 and the ASQ:SE-2.

Characteristics of Children Screened. The children screened across the three expansion communities had a mean age of 40.6 months (*SD* = 17.7 months). Age data was either missing or not provided for 19 children. Sixty-three percent of children screened were male, 36.9 percent were female. Race and ethnicity of the children screened are presented in Figure 4. The

Figure 4. *Race and Ethnicity of Children Screened*



communities aimed to address behavioral health disparities by screening a greater proportion of American Indian, Hispanic, and Black youth than represented in the state. To examine whether this goal was achieved, missing data was excluded and the resulting percentages were compared to community demographics. This goal was mostly achieved in the second year, with Native American, Hispanic children (12.9%) and Native American, non-Hispanic children (0.2%) significantly over-represented, compared to the less than 0.5% of the state child population. White, Hispanic children made up 26.1% of the sample, which was slightly less than the 39.1% of the state's population. Black or African American children made up 20.0% of the sample, which is higher than the 12.6% reflected in the Texas population. White, non-Hispanic children made up 30.8% of the screening sample, which was significantly lower than the 42.6% reflected in the state population.

Table 10 illustrates the racial and ethnic breakdown of screening participants for each community, along with the associated expected proportion according to the US census data. As expected, Ysleta del Sur primarily screened youth who identified as American Indian and Hispanic. Bexar County had a significant proportion of those screened for whom no race and ethnicity information was available; therefore, it is challenging to identify if they were successful in targeting primarily low income Hispanic families. Tarrant County was successful in serving a higher proportion of Black families, but screened the same proportion of Hispanic families as would be expected by the population of the county. Tarrant County did serve a larger percentage of Asian families than would be expected through screening activities.

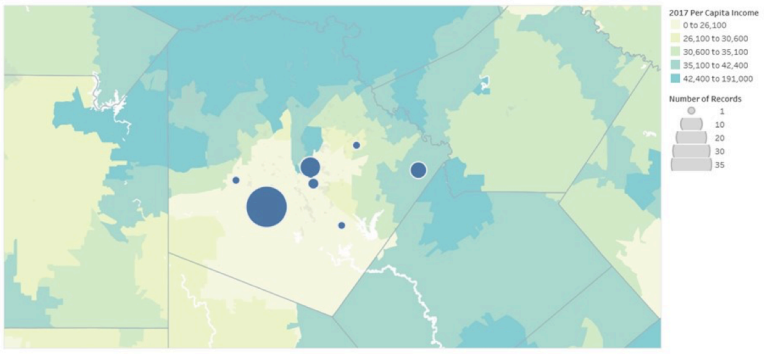
Table 10. *Race and Ethnicity of Screening Participants by Community*

	YDSP Demographics	YDSP Actual	Bexar County Demographics	Bexar Actual	Tarrant County Demographics	Tarrant Actual
Number to be Screened	-	58	-	79	-	346
Mean Age in Months	-	27.4 (18.2)	-	35.4 (16.1)	-	43.7 (16.7)
By Race/Ethnicity						
African American	0%	1 (1.7%)	8.5%	2 (2.5%)	16.7%	84 (24.3%)
American Indian/Alaskan Native	100%	56 (96.6%)	1.2%	0 (0%)	0.9%	1 (0.3%)
Asian	0%	0 (0%)	3.1%	0 (0%)	5.5%	14 (4.0%)
White (non-Hispanic)	0%	1 (1.7%)	28.2%	9 (11.4%)	47.9%	125 (36.1%)
White (Hispanic or Latino)	0%	0 (0%)	59.9%	20 (25.3%)	28.4%	105 (30.3%)
Native Hawaiian/Other Pacific Islander	0%	0 (0%)	0.2%	0 (0%)	0.2%	0 (0%)
Two or more Races	0%	0 (0%)	2.3%	0 (0%)	2.4%	17 (4.9%)

Unknown or Refused	N/A	0 (0%)	N/A	48 (60.8%)	N/A	0 (0%)
By Gender						
Female	UNK	30 (51.7%)	50.7%	23 (29.1%)	51.1%	125 (36.1%)
Male	UNK	28 (48.3%)	49.3%	56 (70.9%)	48.9%	221 (63.9%)

Enhanced Screening in Regions Experiencing Disparities. Two of the expansion communities have identified geographic regions of their communities on which to focus enhanced effort. These regions were identified because they represented regions with greater rates of poverty and greater proportions of people of color. The Ysleta del Sur Pueblo community is targeting all families within the tribe, as the tribal community as a whole experiences greater disparities in access to health care and poorer health outcomes. To examine the extent to which communities accomplished this goal, the zip codes in which screening activities occurred were tracked onto maps that reflect the per capita income of zip codes within the region. As illustrated in Figure 5, screenings in Bexar County were targeted closely to the central region of the county, where the average per capita income was $0 to $26,100 per year. Tarrant County, in contrast, showed a much more disperse impact with their screening efforts, targeting both communities with lower and higher levels of income. Screenings within the Tarrant County project to date have primarily focused on the Early Childhood hotline, which serves the entire catchment area. Future expansion of screening efforts are expected to include child care settings within targeted lower socioeconomic geographic areas.

Figure 5. Screening in Bexar County by Per Capita Income



Screening in Tarrant County by Per Capita Income

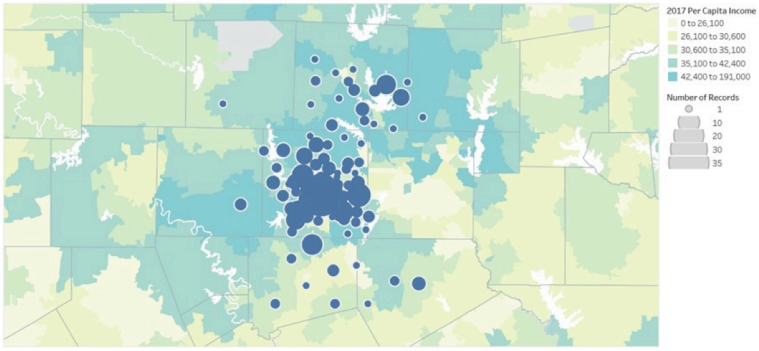
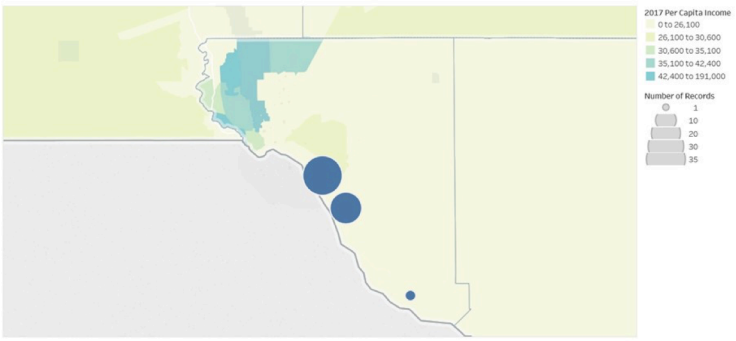


Figure 6. Screening in YDSP by Per Capita Income



While YDSP targeted the entire tribal community, mapping of screenings reflect that this effort has effectively reached zip codes within lower socioeconomic regions of El Paso County. As illustrated in Figure 6, screenings

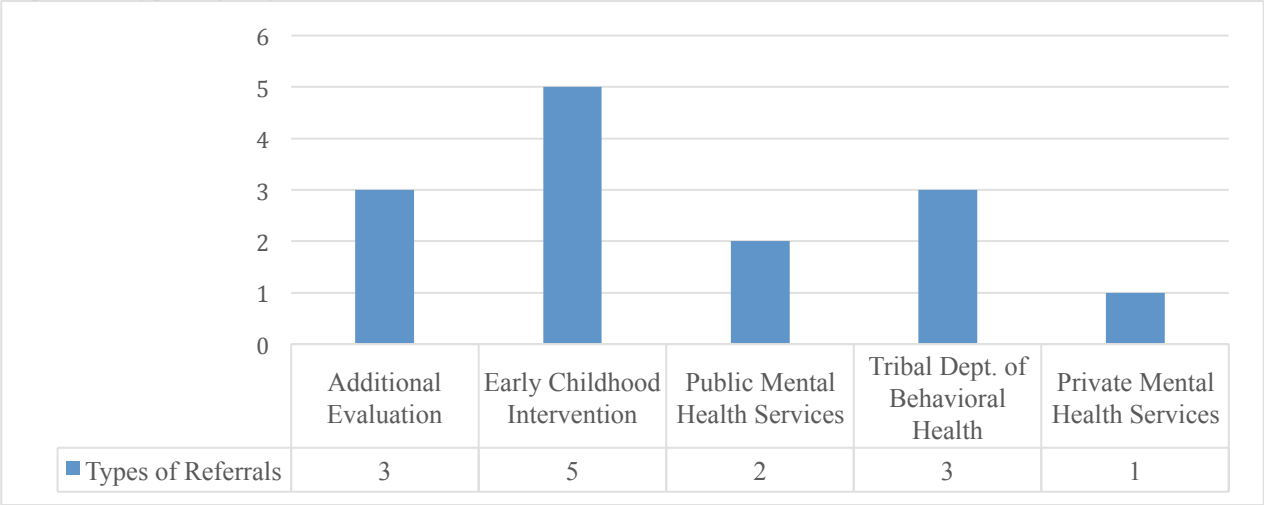
have occurred in regions with the per capita income of $0 to $26,000 per year.

Referrals Following Screening. Following a completed developmental screening, 74% of children screened were referred for additional services. This number is higher than would be expected from screening of the general early childhood population, from which 10 to 20% are expected to have an elevated score. This elevated referral rate is a result of Tarrant County beginning the implementation of their screening practices with referrals generated from a early childhood call center that families utilize to initiate services. Thus, a large proportion of children receiving screenings through the call center were referred for follow-up services.

Regarding the nature of the types of referrals, 29.5% of children screened received no additional service referrals. A referral was made to a public mental or behavioral health agency for the majority (91%) of families. 8.4% of referrals were made to a speech or physical therapy provider, 2% of (8) children received a referral to Early Childhood Intervention (ECI), 1.5% of (6) children received referrals for further evaluation of a developmental concern, 2 children received referrals to an educational provider, and a single referrals were made to both a medical provider and a private mental health provider.

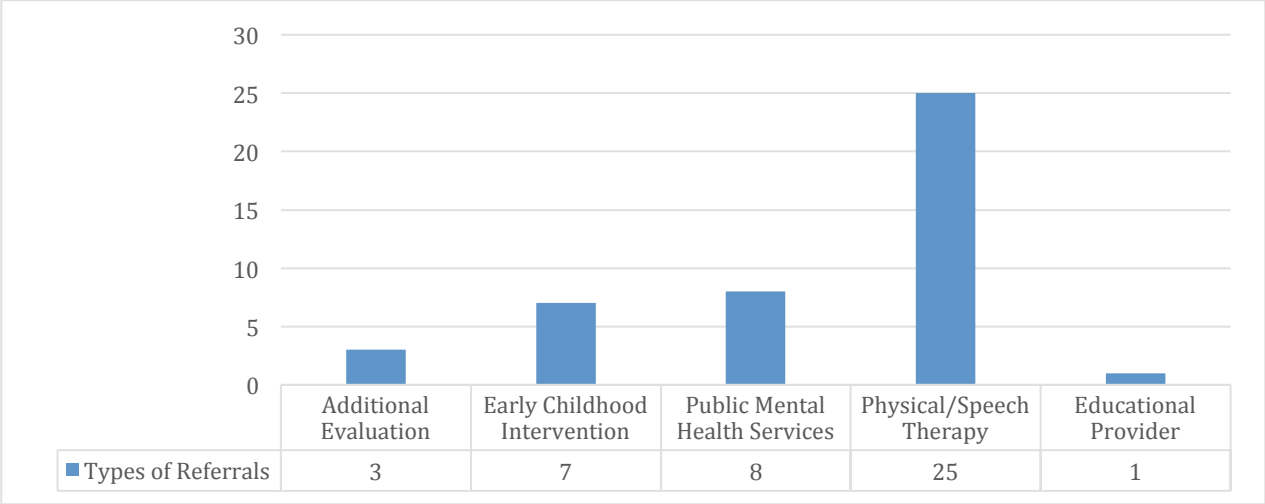
Ysleta del Sur Pueblo. During Year 2, Ysleta del Sur Pueblo screened 58 children (11.2% of all screenings). Of those screened, 10 children and families (17.2%) received referrals for additional service provision. Figure 7 breaks down the nature of services that children and families were referred to following a positive developmental screen. Children and families may have received referrals to more than one provider. Within this community, the most common referral was made to Early Childhood Intervention (ECI).

Figure 7. *Types of Referrals within Ysleta del Sur Pueblo*



Bexar County. Bexar County screened 80 children (15.5% of all screenings) during Year 2. They referred 37 children and families (45.7%) for additional services or support. Figure 8 provides a breakdown of the nature of services that children and families were referred to following a positive developmental screen. Children and families may have received referrals to more than one provider. Within this community, the most common referral was made to speech or physical therapy service providers.

Figure 8. *Types of Referrals within Bexar County*



Fort Worth. In Year 2, the community of Fort Worth screened 378 children (73.3% of all screenings completed). They referred 346 children and families (91.5%) for additional public mental health services or support. This was the only type of referral to be made within this community. Fort Worth utilized both a behavioral health intake line and, eventually, partnerships with a large childcare organization to conduct developmental screenings. However, children and families identified through the behavioral health line were self-referrals for public behavioral health support, and developmental screenings were conducted as a standard of care.

Receipt of Services Following Referral. Screening providers were asked to follow up with families to inquire if the family was able to obtain services following the referral. Overall, 89.9% of families successfully obtained follow-up services in the three months after the original

referral. Data was available for 177 children (79.7% of sample). Eighty-nine percent of families receiving referral services reported that they intended to continue with those services beyond the initial appointment and a large majority (99.4%) of families were satisfied with the services they received. For the 13 families unable to follow up with the referral, 38.5% of families felt the referral was unnecessary, 7.7% reported they were on a waitlist for the service, and 7.7% reported the child was no longer eligible due to the child's age.

Strategy 4: Family Strengthening

A. Evaluation Questions

Evaluation questions for this component of the Texas LAUNCH activities are summarized in Table 11. This aspect of the evaluation will address to what extent the grant was successful in increasing capacity of family members to promote positive social and emotional development in young children and build resilient families through Incredible Years parenting groups and Parent Cafés.

Table 11. *Summary of Evaluation Questions for Strategy 4 – Family Strengthening*

Evaluation Question	Data Collection Method	Source of Data	Measures
1. How many parents/caregivers are participating in parenting groups?	Teacher report	Sign-In Sheets	Sign-In Sheets
2. What percentage of parents/ caregivers are attending at least three-quarters of the sessions within a group series?	Analysis of existing data	Sign-in Sheets	Sign-In Sheets
3. Are there any differences in service usage patterns based on age, sex, or race/ethnicity? How does the racial and ethnic distribution of children served compare to the community?	Analysis of existing data	Parent interview	Demographic information from NOMS
4. Is there intervention integrity/fidelity to the Incredible Years parenting intervention?	Group Facilitator report	Checklist	Collaborative Process Checklist
5. Are lower levels of intervention integrity associated with attenuated outcomes?	Group Facilitator and Parent report	Checklist and survey	Collaborative Process Checklist; Eyberg Child Behavior Inventory
6. Are there any differences in outcomes based on age, sex, or race/ethnicity?	Administrative analysis of existing data	Surveys	NOMS and Eyberg Child Behavior Inventory
7. Are the IY parent groups associated with changes in levels of parental stress?	Parent self-report	Survey of parents, pre-test and post-test	Parenting Stress Index (PSI-SF)
8. Are the IY parent groups associated with changes in parental	Parent self-report	Survey of parents pre-test and post-	National Outcomes

depression?		test	Measure
9. Are the IY parent groups associated with significant changes in levels of positive parenting behaviors?	Parent self-report	Survey of parents, pre-test and post-test	Parent Practices Interview (LIFT)
10. Are the IY parent groups associated with reductions in problematic child behavior?	Parent self-report	Survey of parents, pre-test and post-test	Eyberg Child Behavior Inventory (ECBI)
11. How many parents or caregivers are attending Parent Café events?	Analysis of administrative data	Sign-In Sheets	Sign-In Sheets
12. How many parents or caregivers are returning for more than one event?	Analysis of administrative data	Sign-In Sheets	Sign-In Sheets
13. How many parents or caregivers are reporting a perceived change in knowledge and confidence following attendance at a Parent Café event?	Parent self-report	Survey following event	Parent Satisfaction Survey

B. Approach and Methods

The IY evaluation will be conducted using a pre-test and post-test design. The impact of the intervention will be examined by measuring key variables prior to the intervention and at the end of participation in the group. The extent to which treatment integrity, including dosage and adherence to the model, will be examined as a potential mediator of the effect.

The evaluation design for the Parent Café strategy is a process-oriented tracking of the number of participants impacted by the Parent Cafés, as well as a post-test design to measure participants' preception of change on knowledge and parenting confidence, as well as satisfaction after attendance at Parent Café activities.

Measures.
Collaborative Process Checklist: The Collaborative Process Checklist is a 56 question, self-report checklist designed to be completed by a supervisor following a session by group leaders, or to be completed by a group leader for him/herself as a method of standardized feedback on implementation fidelity.

Parent Practices Interview (LIFT; Webster-Stratton, Reid, & Hammond, 2008): The Parent Practices Interview is a 72-item questionnaire focused on parent discipline behaviors. The LIFT can be administered as an interview or used as a self-report questionnaire completed by the child's primary caregiver. It is composed of seven subscales—Harsh Discipline (14 items), Harsh for Age (9 items), Inconsistent Discipline (6 items), Appropriate Discipline (16 items), Positive Parenting (15 items), Clear Expectations (3 items), and Monitoring (9 items)—rated on a 7-point scale ranging from 1 (never) to 7 (always).

Eyberg Child Behavior Inventory (ECBI; Eyberg & Pincus, 1999): The Eyberg Child Behavior Inventory (ECBI) is a parent-report measure used to assess both the frequency of child disruptive behaviors and the extent to which the parent finds the child's behaviors troublesome. It is a 36-

item questionnaire of child externalizing behavior problems, consisting of common, maladaptive behaviors. The ECBI yields two scores: the intensity score, which is the frequency with which the child engages in each of the 36 behaviors and the total problem score, which is the number of behaviors reported as problematic.

Parenting Stress Index (PSI-SF; Abidin, 1990): The Parenting Stress Index – Short Form (PSI-SF) is a 36-item, self-report measure of parenting stress, which assesses three areas of stress in the parent-child relationship: child characteristics, parent characteristics, and stress stemming from characteristics within the parent-child relationship.

National Outcomes Measures Survey (NOMS): The National Outcomes Measures Survey (NOMS) is a measure used by the Substance Abuse and Mental Health Services Administration (SAMHSA) for cross-site evaluation of a variety of mental health initiatives. The tool is used to gather information around demographics, housing stability, education, employment, and criminal justice involvement. Additionally, it assesses current functioning (including daily functioning, mental health, and substance use), exposure to violence and trauma, and social connectedness.

Parent Café Evaluation Measure: The Parent Café Evaluation is a measure used by the developer of the Parent Café model (Be Strong Families) to gather information about participants' perceptions regarding their experience during a Parent Café. The tool assesses participants' learning about protective factors or strategies to strengthen their families, impact on the participants' social network through participation in the Parent Café, and intentions to change/alter their parenting practices as a result of Parent Café participation.

Procedures. IY group facilitators will meet with each parent or caregiver referred to the program prior to the first group session. During this meeting, facilitators will gather information about the family, learn about the program, complete consent forms, and complete baseline instruments. The NOMS form will be conducted by interview, with other measures (i.e., LIFT, PSI-SF, ECBI) completed as self-report, unless there are literacy issues. Follow-up measures will be collected at the final meeting of the group, or within one month of completion (i.e., NOMS, LIFT, PSI-SF, ECBI). IY group facilitators will complete the Collaborative Process Checklist at the end of each group session. In addition, each facilitator will submit one audiotaped group session in each year of the project for external review by IY Trainers or evaluation staff.

Parent Café group facilitators will recruit families who receive services from a community service provider or within the expansion community and have a child aged 0-8. Prior to the beginning of the Parent Café, facilitators will gather administrative data (e.g., sign in sheets) from the participants, explain the nature of the Café as well as their participation in the project to improve service provision for their family and families similar to theirs. Satisfaction measures will be collected at the conclusion of the Café.

Focus of Current Year. The focus of the current year of the evaluation was on the number of families served in Incredible Years groups, the characteristics of the individuals served, the initial outcomes associated with group participation, and adherence to the intervention (Evaluation Questions 1 through 5). The sample size for the initial evaluation is small, and does not allow for an examination of subpopulations or moderators and mediators of outcomes. Additionally, the sample used for examining outcomes is small and should only be considered exploratory. The evaluation of Parent Cafés is a process evaluation, allowing for an examination of Evaluation Questions 11 and 13. There is not yet enough data to examine parents' return to

Cafés, as there are too few offerings and most are not in the same local area. Parent Café data is currently limited to the Tarrant County community.

C. Data Analysis

Implementation fidelity will be analyzed through descriptive statistics, benchmarking against existing standards of fidelity. The primary analyses measuring the impact of IY will be independent t-tests, comparing summary measures of parenting behaviors (LIFT Positive Index, Negative Index), parenting stress, and child behavior problems (ECBI total). Results will be benchmarked against effect sizes found in research trials of IY. Exploratory analyses will examine differences in outcomes by racial/ethnic groups, dosage (number of groups attended), and level of fidelity (high vs. low). Depending on the qualities of the data (e.g., equivalence at baseline), the analysis may use ANOVAs or analysis of covariance. Missing data on individual scales will be imputed, based on the standardized rules for each instrument about allowable missing data. Children or families with missing baseline or follow-up measures will be excluded from the analyses, given the limited number of assessment points.

Analysis of evaluation data from Parent Cafés will be primarily descriptive in nature, using means, standard deviations, and frequencies. Results will be benchmarked against the results demonstrated in initial evaluation studies by BeStrong Families. Locations of Parent Cafés will be mapped using ArcGIS to demonstrate geographical impact over time.

D. Findings/Interpretations

Number and Characteristics of Families Served in Incredible Years. A total of 73 parents or cageivers initiated participation in the Incredible Years parenting program in Year 2, 41 in Tarrant County, 14 in Bexar County, and 18 families from Ysleta del Sur Pueblo. The IY program in Tarrant County was initiated prior to the final approval of the evaluation plan and common indicators; therefore, pre- and post-test measures were not collected on this group. Data is available on 22 parents or caregivers who participated in the IY programs in Year 2, 14 families from the Bexar County expansion community and 8 families from Ysleta del Sur Pueblo. Demographic information on the parents who participated in Incredible Years are presented in Table 12, along with the racial, ethnic and gender breakdown of the communities. The sample was predominantly female, although 13.6% of participants were male. The sample was also predominantly White, Hispanic or American Indian, Hispanic and mirrored the two communities in which they were recruited. The majority of Hispanic individuals identified as Mexican descent, with one also identifying Cuban and two identifying Puerto Rican ancestry.

Table 12. *Demographic Characteristics of Incredible Years Participants by Community*

	YDSP Demographics	YDSP Served	Bexar County Demographics	Bexar Served	Total
IY Participants in Sample	-	8	-	14	22
Mean Age in Years	-	30.4 (9.1)	-	41.1 (14.4)	37.34 (13.59)
By Parent Race/Ethnicity					
African American	0%	0 (0%)	8.5%	0 (0%)	0 (0%)
American Indian	100%	7 (87.5%)	1.2%	1 (7.1%)	8 (36.4%)

(Hispanic and non-Hispanic)					
Asian	0%	0 (0%)	3.1%	0 (0%)	0 (0%)
White (non-Hispanic)	0%	1 (12.5%)	28.2%	1 (7.1%)	2 (9.1%)
White (Hispanic)	0%	0 (0%)	59.9%	12 (85.7%)	12 (54.5%)
Native Hawaiian/Other Pacific Islander	0%	0 (0%)	0.2%	0 (0%)	0 (0%)
Two or more Races	0%	0 (0%)	2.3%	0 (0%)	0 (0%)
Unknown or Refused	N/A	0 (0%)	N/A	0 (0%)	0 (0%)
By Parent Gender					
Female	UNK	6 (75.0%)	50.7%	13 (92.9%)	19 (86.4%)
Male	UNK	2 (25.0%)	49.3%	1 (7.1%)	3 (13.6%)

Parents Screening Positive for Depression. Parents or other caregivers who completed the NOMS completed the Kessler 6 (K-6) screening scale a part of the interview. The sum of these items have been shown to be a predictor of depression, based on a cut-off of 13. This represents Common Indicator 8 on the cross-site evalution. The results of this analysis is presented in Table 13. At the beginning of IY groups, one caregiver had an elevated screen on the K-6. At program discharge within Bexar County, no participants had an elevated score on the K-6.

Table 13. *Percent of Parents Screening Positive for Depression*

	Program Entry			Program Discharge		
	YDSP	Bexar	Total	YDSP	Bexar	Total
Percent Positive	0%	7.1%	4.5%	-	0%	0%
Numerator	0	1	1	-	0	0
Denominator	8	14	22	-	11	11

Program Attendance and Treatment Integrity.
There was one completed IY class with 14 classes offered to families. Fourteen families began the course and attended 80% of all available classes. Ten out of the 14 families (71.4%) completed at least 75% of the IY classes (more than 10), suggesting a good record of program completion. Data on treatment integrity for the IY classes is not yet available.

Behavioral Health Outcomes of Incredible Years Participation. Data around the Incredible Years Parenting program was collected prior to the initiation of services and again after service provision was complete. Twenty-one families completed baseline measures on children, but follow-up information is only available for families in Bexar County, as the families participating in the program in Ysleta del Sur had not yet completed the intervention. Given the very small number of participants at this point, information should be considered exploratory, with no attempt made to generalize to other IY classes.

Information on the baseline functioning of children and parents participating in IY are presented in Table 14. Mean scores on the ECBI Intensity Scale fall below the clinical cut-off of 131. Parents of eight children (40.0%) had clinical elevations on the Intensity Scale, indicating

significant externalizing problems. Similarly, 47.4% (9 of 19) or parents reached a clinical range on the ECBI Problem Scale, suggesting that parents were significantly bothered by their child's behaviors. The overall total score on the Parenting Stress Index corresponds to the 60th percentile, suggesting that most parents were not reporting significant parenting stress at program entry. Two of the 21 families described total parental stress scores within a clinical range, with up to five families having significant elevations on one or more subscales.

Table 14. *Baseline Measures for IY Participants*

Scale	Ysleta del Sur (*n*=7) *M / SD*	Bexar County (*n*=14) *M / SD*	Total (*n*=21) *M / SD*
ECBI Intensity Scale	124.0 (42.3%)	109.7 (44.7)	114.0 (43.4)
ECBI Problem Scale	14.3 (11.4)	1.8 (11.0)	12.6 (10.9)
PSI-SF Total Stress	88.0 (25.5)	78.7 (25.6)	81.8 (25.3)
PSI-SF Parental Distress	31.0 (11.3)	23.6 (10.3)	26.1 (11.0)
PSI-SF Parent/Child Dysfunctional Interaction	25.9 (5.4)	24.6 (9.1)	25.0 (9.0)
PSI-SF Difficult Child	31.1 (6.8)	30.5 (9.0)	30.7 (8.2)

Changes to the measures of child and parent functioning are shared in Table 15. The overall trend on the ECBI showed decreases in problem intensity and the number of problems that distressed parents; however, neither indicator reached statistical significance. Given the very small sample, statistical significance was not expected. Examination of clinically significant change (rather than statistical) demonstrates that 3 of 11 children had clinical elevations on the ECBI Intensity Scale at program entry, with 1 child no longer scoring in a clinical range a program completion. Four of the 9 parents with data on ECBI Problems Scale reported a clinical number of problem areas at entry to the program and none of these parents had clinical elevations on the ECBI Problem Scale at program completion. Similar results were shown on the Parenting Stress Scale, with all scales showing decreases following program completion, but not reaching statistical significance. Results for Common Indicator 4 were calculated based on the number of caregivers with clinically elevated distress at baseline who reported sub-threshhold levels of distress at program completion. Results show that 100% of families with elevated distress had sub-threshhold ratings of distress following the IY program.

Table 15. *Change on Meaures for IY Participants*

Scale	Baseline *M / SD*	Follow-Up *M / SD*	Mean Change *M / SD*	Statistics
ECBI Intensity Scale (n=11)	113.0 (45.3)	107.3 (45.0)	5.7 (14.5)	t=0.39, p=0.70
ECBI Problem Scale (n=9)	12.0 (10.8)	9.2 (9.7)	2.8 (2.0)	t=1.38, p=0.21
PSI-SF Total Stress (n=11)	78.1 (28.7)	72.5 (19.3)	5.7 (3.8)	t=1.48, p=0.17
PSI-SF Parental Distress (n=11)	23.4 (11.7)	21.5 (8.3)	1.9 (2.6)	t=0.73, p=0.48
PSI-SF Parent/Child Dysfunctional Interaction (n=11)	24.3 (10.3)	22.4 (7.0)	1.9 (2.0)	t=0.97, p=0.36
PSI-SF Difficult Child (n=11)	30.5 (9.6)	28.6 (7.4)	1.8 (1.5)	t=1.18, p=0.27

Common Indicator 4	Scale	Numerator	Denominator	Percent
% of Parents Reporting Reduced Stress	Total Stress	1	11	9.1%
	Parent Distress	2	11	18.2%
	Parent Child Dysfunctional Interaction	1	11	9.1%
	Difficult Child	3	11	27.3%

Social Connection Outcomes of Participation. Parents and other caregivers participating in IY were interviewed on five items measuring social connection, including support from friends, family and a sense of belongingness in the community. Data was available at both baseline and following IY completion for eight caregivers. Generally, responses were high at baseline, with a mean score of 4.0 (*SD*=1.3) on a scale of 1 indicating poor social connection to 5 indicating strong social connection. A dependent t-test examining change between the two time points was non-significant (*t*=1.14, df=14, *p*=.27). Due to a lack of a standardized mechanism for evaluating significant change on this measure, the evaluators opted for identifying the number of participants with a change of at least 1 standard deviation from baseline to program completion. Overall, 1 caregiver (numerator) out of 8 (denominator) showed significant change (> 1 SD) on the measure of social connectedness, resulting in a Common Indicator 9 of 12.5%.

Changes in Parenting Practices. Parents and other caregivers participating in IY classes were asked to complete a measure of positive and negative parenting practices (LIFT). The measure results in seven scales reflecting different aspects of parenting behaviors. Each scale is an average of items scored from 1 to 7. For negative parenting scales (Harsh Discipline, Harsh Discipline for Age, and Inconsitent Discipline), higher scores reflect poorer parenting practices. For positive parenting scales (Appropriate Discipline, Positive Parenting, Clear Expectations, and Monitoring), higher scores reflect greater positive parenting approaches. The scores for parents participating in IY in Bexar County are presented in Table 16. Overall, parents reported low levels of harsh discipline and low to moderate levels of inconsistency in discipline. Parents reported a statistically significant reduction in inconsistent discipline following participation in IY (t=2.84, *p*=0.02). Parents also reported an increase in appropriate discipline use which approached significance (*t*=-2.03, *p*=.07). Most scales showed trends in the direction of more positive parenting; however, there was a trend towards increased use of discipline that was harsh for the age of young children (e.g., gounding, extra chores, making discipline unexpected). While this is a very small sample, IY leaders should consider clarifying with participants about developmental considerations in parenting practices. Since the primary outcome was found in increasing consistency of parenting practices, the Common Indicator 3 was calculated by examining the number of parents reporting decreases of at least 1 standard deviation on the Inconsistent Discipline scale. Using this methodology, 6 of the 11 participants completing this measure (54.5%) demonstrated improvements in parenting.

Table 16. *Change in Parenting Practices for IY Participants*

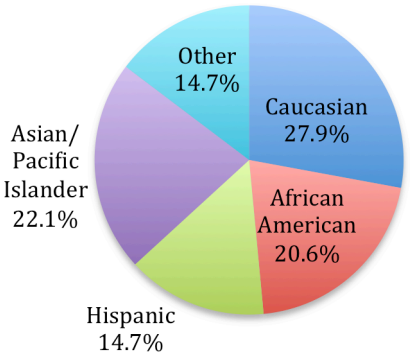
LIFT Scales	Baseline *M / SD*	Follow-Up *M / SD*	Mean Change *M / SD*	Statistics
Harsh Discipline (n=11)	2.38 (0.85)	2.31 (0.83)	0.67 (0.23)	*t*=0.30, *p*=0.77
Harsh Discipline for Age (n=11)	2.15 (0.70)	2.66 (1.27)	-0.51 (0.29)	*t*=-1.72, *p*=0.12

Inconsistent Discipline (n=11)	3.08 (0.72)	2.44 (0.65)	0.64 (0.23)	t=2.84, p=0.02
Appropriate Discipline (n=11)	4.15 (0.62)	4.85 (0.93)	-0.69 (0.34)	t=-2.03, p=0.07
Positive Parenting (n=11)	4.58 (0.63)	4.59 (0.56)	-0.01 (0.23)	t=-0.03, p=0.97
Clear Expectations (n=11)	5.48 (0.94)	6.00 (0.65)	-0.52 (0.37)	t=-1.41, p=0.19
Monitoring (n=11)	5.23 (0.74)	5.35 (0.63)	-0.11 (0.23)	t=-0.50, p=0.63
Common Indicator 3	Scale	Numerator	Denominator	Percent
% of Parents Reporting Improved Parenting	Inconsistent Discipline	6	11	54.5%

Number of Families Served in Parent Cafés. Seventy parents or caregivers attended eight Parent Cafés held in Year 2. All Parent Cafés occurred in the Tarrant County expansion community. Forty-two parents or caregivers (62.7%) reported that they had never previously attended a Parent Café. Of the 25 parents or caregivers (37.3%) who reported having previously attended a Parent Café, 23 parents or caregivers (95.8%) reported positive changes in their lives or the life of their family.

Characteristics of Families Served. Sixty-five of the Café attendees (97%) identified as female and 2 (3%) identified as male. Data was missing on 3 (4.3%) of the participants. The predominant age range of parents or caregivers attending the Parent Cafés was between 22-40, with 24 individuals (35.3%) aged 22-30 and 25 individuals (36.8%) aged 31-40. Individuals older than 40 were also represented in the sample, but to a lesser extent. Fourteen parents or caregivers (20.6%) identified as between 41-54 and 5 (7.4%) listed their age as 55 or older. Data was missing or not provided by 2 individuals (2.9%). Figure 9 presents the breakdown of race and ethnicity for participants. Data was missing or not provided by 2 parents or caregivers. The sample has a greater proportion of individuals who identify as Asian and Black than would be expected, reflecting the communities targeting of individuals with disparities. The average number of children for families attending the Parent Cafés was 1.97. Data was missing or not provided by 12 parents or caregivers (17.1%).

Figure 9. *Race and Ethnicity of Parent Café Attendees*

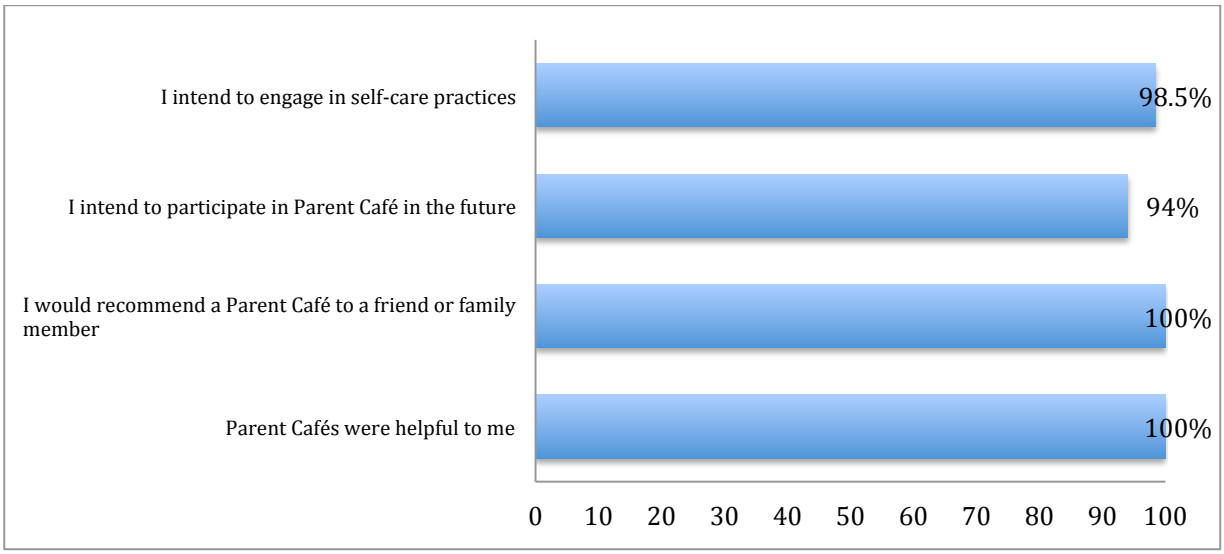


Perceptions of Parent Cafés. Participants unanimously endorsed that participation in the Parent Café was helpful to them and that they would recommend the Parent Café to friends and/or family members. Additionally, 94% of respondents indicated they intended to participate in Parent Cafés in the future. A notable majority of parents or caregivers (90% or greater) endorsed that they learned something new that would aid in their parenting or assist them in navigating challenges in their lives or managing their stress levels. Increases in self-care practices were

Café Participant:
It was great to share and meet others.

also widely endorsed by attendees of the Parent Cafés (98.5%). Changes in beliefs about their current parenting practices (e.g., willingness to ask for help, listening to children more, spending more quality time with their children, changes in discipline strategies) were also common items that were frequently endorsed by parents or caregivers attending Parent Cafés (90% or greater). Notably, 16% of attendees did not feel that they came away with a personal connection with whom they intended to stay in touch or a community specific program or resource that would be of benefit to them or their family.

Figure 10. *Parental Perceptions of Parent Cafés*



Strategy 5: Mental Health Consultation

A. Evaluation Questions

Evaluation Question	Data Collection Method	Source of Data	Measures
1. How does the racial and ethnic distribution of children served compare to the community?	Parent Interview	Parent report	National Outcomes Measure (NOMS)
2. Do teachers and child care providers participating in mental health consultation change the classroom climate following the intervention?	Teacher report	Pre- and post-survey	Preschool Mental Health Climate Scale (PMHCS)
3. What percentage of parents or other primary caregivers report reduced stress?	Parent report	Pre- and post-survey	Parenting Stress Index (PSI)
4. What percentage of providers report decreased stress levels?	Teacher report	Pre- and post-survey	Professional Quality of Life Scale (ProQoL)
5. Are there any differences in outcomes based on age, sex, or	Analysis of existing data	Existing surveys	NOMS, PSI, DECA-C

race/ethnicity?			
6. What percentage of children whose teacher or parent participates in mental health consultation demonstrate improved social-emotional skills/functioning?	Parent report	Clinical assessment	Devereaux Early Childhood Assessment Clinical Form (DECA-C)
7. What percentage of children are suspended/expelled from programs serving children birth to age eight prior to and after mental health consultation?	Agency expulsion/suspension rates	Gathered by Consultant	Agency reporting

B. Approach and Methods

The mental health consultation evaluation will use a single group, pre-test and post-test design. For child-focused consultation, pre-test and post-test measures will examine change in the child's social and emotional functioning and reductions in parenting stress. For classroom-based consultation, pre-test and post-test measures will focus on changes in teacher job stress and changes to the mental health climate in the classroom. Changes in the number of children suspended or expelled from childcare or early childcare settings will be assessed for both child-focused and classroom-focused interventions.

Measures.

Devereaux Early Childhood Assessment Clinical Form (DECA-C; LeBuffe & Naglieri, 2003): The Devereaux Early Childhood Assessment Clinical Form (DECA-C) is a 62-item form that can be completed by parents or teachers. It assesses children two through five years old for behavioral and social-emotional concerns, including aggression, attention problems, emotional control problems, and withdrawal/depression. In addition, it contains resilience and strength-based items, including attachment, initiative, and self-control.

Parenting Stress Index (PSI-SF; Abidin, 1990): The Parenting Stress Index-Short Form (PSI-SF) is a 36-item, self-report measure of parenting stress, which assesses three areas of stress in the parent-child relationship: child characteristics, parent characteristics, and stress stemming from characteristics within the parent-child relationship. (National Child Traumatic Stress Network, 2012).

National Outcomes Measures Survey (NOMS): The National Outcomes Measures Survey (NOMS) is a measure used by the Substance Abuse and Mental Health Services Administration (SAMHSA) for cross-site evaluation of a variety of mental health initiatives. The tool is used to gather information around demographics, housing stability, education, employment, and criminal justice involvement. Additionally, it assesses current functioning (including daily functioning, mental health, and substance use), exposure to violence and trauma, and social connectedness. Finally, collected only at follow up, are questions related to perception of care, services received, and discharge status. In this initiative, one or more parents or caregivers will complete the NOMS interview.

The Professional Quality of Life Scale (ProQoL;Stamm, 2010): The Professional Quality of Life Scale (ProQol) is a 30-item, self-report measure of the positive and negative effects of working

with people who have experienced extremely stressful events. It contains two scales: compassion satisfaction (i.e., the pleasure one derives from being able to do their work well) and compassion fatigue (i.e., emotions related to burnout and secondary traumatic stress).

Preschool Mental Health Climate Scale (PMHCS; Gillian, 2008). The PMHCS is a measure to gauge the success of the ECMHC program, addressing the full range of classroom characteristics associated with mentally healthy environments for young children. The measure has 50 items that are scored on a 5-point Likert scale with "1" indicating never or not true, "3" indicating moderately frequent or moderately true and "5" indicating consistently or completely true. Items are grouped into nine domains: Transitions, Directions and Rules, Staff Awareness, Staff Affect, Staff Cooperation, Teaching Feelings and Problem-Solving, Individualized and Developmentally Appropriate Pedagogy, Staff-Child Interactions and Child Interactions.

Procedures. Following child referrals to the mental health consultant (MHC), the parent will meet with the MHC to hear about potential services, complete consent forms, and complete baseline assessment forms, including the Devereaux Early Childhood Assessment Clinical Form (DECA-C), the Parenting Stress Index Short Form (PSI-SF), and the National Outcomes Measures Survey (NOMS). The MHC will conduct the NOMS using an interview format, with additional measures completed by the parent or other caregiver, unless literacy issues suggest an interview for all scales. Follow-up assessments will be completed at the end of the intervention by the parent or other caregiver, with the interview led by the MHC. Follow-up assessments will only be conducted if the family has participated in at least five meetings with the MHC. If the family leaves the setting prior to the end of the intervention, staff will attempt to contact the parent to complete discharge assessments. For agency and classroom interventions, the MHC will meet with administrators interested in being involved in the service. Administrators will work with staff to document the number of children who had been suspended or expelled from the program in the previous twelve months. After initiating the agreement for collaboration, the administrator will support the completion of the job stress survey with all early childhood teachers in the facility. Agencies may decide to have the instrument collected on paper-and-pencil or online. The survey will be completed again after one year of collaboration. When the MHC is asked to provide support to one or more classrooms, he or she will conduct the PMHCS through an observation of the class. The instrument will be repeated after 6 months.

Update on the Evaluation. The Mental Health Consultation evaluation was not intiated in Year 2. While some communities began implementation of MHC in this year, the roll-out was planned for Year 3, and formal training was not available prior to this time. The evaluation maintained information on the number of child-focused consultations occurring in each site. No other data is available for this year.

C. Data Analysis

The number of children or families who received child-focused mental health consultation were documented by the expansion communities and summarized through descriptive information.

D. Findings/Interpretation:

A total of 39 children or families have been served through mental health consultation, with 9 children served in Ysleta del Sur, 29 in Bexar County, and 1 in Tarrant County.

V. RECOMMENDATIONS

1. The state oversight committee for Texas LAUNCH has strong participation from state agencies and stakeholder organizations. There has been poorer retention of family representatives. The Leadership Team should consider planned strategies to increase family member buy-in to participation on the oversight committee, including informal relationship building, targeted requests for input and feedback, opportunities for leadership (e.g., becoming a trainer, co-presenting about LAUNCH), and mentoring from other parent leaders.

2. Texas has moderate levels of collaboration amongst state child-serving agencies; however, lower levels of collaboration exist around select areas, such as common intake forms, shared case planning, and informal and formal inter-agency agreements. As the oversight committee moves towards sustainability, members should consider developing a memorandum of understanding that outlines commitments of participating agencies to examine areas of collaboration that would reduce burden on families, remove policy barriers for community providers, and create opportunities for shared intiatives. For example, the oversight committee could develop consensus around core client variables that should be included in intake forms for programs serving young children and their families.

3. Texas LAUNCH communication activities have limited reach at present and gaining recognition as a thought leader can take significant time. Texas should consider focusing communication efforts on the development of messaging and products that partner agencies are able to distribute and share, increasing the reach of efforts. Communication activities should include progressively more information on outcomes of LAUNCH strategies to build buy-in for sustainability.

4. The screening strategy has been successfully implemented, with strategies focused on building sustainability through master trainers in the ASQ tools and embedding screening policies within existing early childhood programs. Within Bexar County, additional effort should focus on ensuring reliable documentation of race and ethnicity. If children from Hispanic families are under-represented, as the data suggests, staff should examine opportunities to increase outreach to this community through engagement of cultural brokers within the neighborhoods targeted by Family Services. Within Ysleta del Sur, information gained on health and behavioral health disparities from the upcoming family survey should be used to identify additional screening priorities, such as parental depression or substance use.

5. Data collection for Incredible Years is extensive and additional focus should occur on data quality over the next quarter. IY group leaders should ensure completion of the Collaborative Process Checklist. The Local Lead should consider observing local IY classes and completing this tool to provide additional guidance to group leaders as they work towards certification.

6. The outcome evaluation of the Incredible Years program is limited by small sample sizes at this point, but initial results are positive and suggest potential increases in positive parenting practices and reductions in child behavior problems. The evaluation team should continue to provide timely information to communities as they complete IY groups in order to adjust practices based on quality improvement strategies. One

current example is ensuring that class participants have a strong understanding of developmentally appropriate discipline strategies.

7. Parent Cafés were well-received by attendees in Tarrant County. These events served as opportunities to introduce family strengthening concepts to families and build excitement for additional skill-building opportunities. Expansion communities should consider using the Parent Café model to build a relationship with parents within selected settings, such as child care, educational, or community-based centers. Parent Cafés may provide an opportunity to recruit more families for Incredible Years classes.

8. While evaluation data remains limited in many areas, Texas LAUNCH is making progress in implementing all selected strategies and beginning to build data to examine the quality of services and outcomes. In future years, evaluation data should be utilized in communication strategies to document the impact of LAUNCH in expansion communities and the state.

VI. APPENDIX 1

Year 2 Disparities Impact Table

The direct services provided to children and families are presented in the table below. Formal data collection began in Year 2; therefore, a large proportion of the children and caregivers served through Texas LAUNCH do not have gender, race, and ethnicity identified in the evaluation. This resulted in a large number of individuals identified as "unknown," but this should not be an ongoing issue. Additionally, the disparities impact statement initially proposed a relatively even distribution of males and females. However, this was based on the assumption that service information would focus on the child. Since family strengthening is a significant proportion of the data presented, females (mothers) make up a disproportionate share of the sample.

	Year 2 Target	Numbers Served In Year 2 Date
Direct Services: Number to be served	**80**	**182**
By Race/Ethnicity (List Sub-Populations individually)		
African American	11	14
American Indian/Alaskan Native	7	8
Asian	0	15
White (non-Hispanic)	23	21
Hispanic or Latino	35	22
Native Hawaiian/Other Pacific Islander	0	0
Two or more Races	4	10
Unknown	0	92
By Gender		
Female	41	84
Male	39	6
Unknown	0	92