Project LAUNCH Expansion Grant
Annual Evaluation Report
Texas

Prepared by:

Molly Lopez, Ph.D.

Arnold Amador

Texas Institute for Excellence in Mental Health

October 1, 2017 - September 30, 2018

Submitted December 2018

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 are directed to all children age 0 to 8 within the identified regions and their caregivers. Texas supports this expansion through an inter-agency collaborative committee and partnerships with other early childhood agencies and organizations.

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 (all 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 addresses 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 to improve care coordination, referrals, and community infrastructure?

The evaluation of workforce development efforts include documenting early childhood training activities, capturing the perceptions of training participants, and examining the broader state impact on workforce capacity. The evaluation addresses 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 questions are 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 are 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. Evaluation of screening activities includes documentation of the number and nature of screening activities and referrals resulting from the screening. Evaluation of family strengthening activities includes 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. Evaluaton of Mental Health Consultation (MHC) began in the current year and includes pre-post measures of child functioning for those involved in more than five MHC contacts and a qualitative analysis of MHC foci and activities.

Key Findings

The following key results are documented in the evaluation report:

- The evaluation demonstrated that the state wellness council maintains a robust membership, although it showed greater turn-over during the year. There has been increased challenges with maintaining parent participation in meetings, although parents have continued to be engaged in phone callse and workgroups. Members reported that participating in the council is beneficial to them, but also indicated that it may not have enough financial or “people” resources to be as effective as it could be. Council members feel that the group has created an avenue for communication and networking, between state agencies and between communities and state agencies.

- Community stakeholders largely feel satisfied with the training and technical assistance they have received, although they report some confusion in the early phases of the grant. They feel that they have had many successes in implementing the strategies, with challenges including the evaluation and the buy-in of community members.

- Overall, the evaluation of the workforce development strategies shows significant impact in each community. The primary trainings offered by the state team enhanced the sustainability of LAUNCH practices through the training of in-state trainers in Mental Health Consultation, Pyramid Model, ASQ tools, and Parent Cafes. Participants generally reported a perceived increase in mastery as a result of the training and expressed a high likelihood of making changes at work.

- LAUNCH communities greatly expanded their family strengthening services between the previous and current reporting periods. Parents expressed resounding satisfaction with their participation in Parent Cafes and almost unanimously indicated a plan to make changes as a result of their participation. Families in the more intensive Incredible Years program reported significant changes in their use of harsh and inconsistent discipline strategies; however, there was no noticeable increase in positive parenting practices. The evaluation of Incredible Years is hampered by modest rates of data collection at the completion of classes.

- Most mental health consultation focused on an individual child included participation of the parent. The primary reason for referral was aggression with peers or teachers, hyperactivity and inattention, and tantrums and crying. The experience of a recent traumatic event was commonly noted. The consultation was generally brief (mode of one interaction) and consisted of psychoeducation, skills development, and referrals to external resources.

Recommendations

The following recommendations are included in the evaluation report:

1. The state oversight committee for Texas LAUNCH has continued to struggle with retention of family representation, a concern presented in the previous evaluation report. The Leadership Team has engaged in some of the recommended strategies, including building informal relationships and providing targeted requests for input and feedback. This has generally been successful in that many of the parents continue to express an interest in continuing to participate, but experience barriers to the half-day meeting in Austin. Texas LAUNCH should continue to engage parent leaders interested in the early childhood system through informal relationship building activities, opportunities to provide targeted feedback, and connections with the state family leadership organization. Hosting of family calls or web-based meetings may also strengthen participation overall, even if the these families are not able to be present for the in-person meeting.

2. Members indicated that the Texas LAUNCH state oversight committee had strong leadership and was beneficial to the members who participated; however, members indicated that the resources (staff and financial) available to the group was insufficient. Texas should continue to explore opportunities to sustain a state-level early childhood council after Texas LAUNCH ends, maintaining the strong collaboration that has been developed, but also exploring opportunities for increased staffing, discretionary funding, and advisory authority.

3. Providers attending one of the two workshops on Georgetown University's Mental Health Consultation framework were positive, but frequently expressed the desire for

more in-depth skill building training targeting consultants. The state should continue to examine opportunities to strengthen the available workforce training for this relatively new workforce role.

4. Tarrant County has been successful in expanding the community's capacity for developmental and social-emotional screening through an online platform. Project leaders have supported its use through memoranda of understanding with community agencies, regular staff training in the use of the system, and staffing to engage families interested in additional community resources. Tarrant County has expressed the desire for a more robust reporting system, that allows the community to track referrals and the resulting services. Texas LAUNCH should use these "lessons learned" in the development of a state web-based platform for early childhood screening.

5. The outcome evaluation of the Incredible Years program is limited by the small sample sizes, but initial results are positive and suggest decreases in harsh parenting practices and potential reductions in child behavior problems. However, classes seem to be having little to no impact on increasing positive parenting practices. The Local Lead should utilize the Community of Learning as an opportunity to discuss facilitators perceptions of this finding, barriers that may be identified, and strategies for enhancing fidelity to these components of the curriculum, if needed. The evaluators can begin to examine any differences in outcomes by community as the sample size increases.

6. Texas LAUNCH is making progress in implementing all selected strategies and beginning to build data to document the outcome of strategies. During the current year, 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 is building 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 supports this expansion through an inter-agency collaborative committee and partnerships with early childhood agencies and organizations.

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 are directed to all children age 0 to 8 within the identified regions and their caregivers. Young child caregivers 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:

5) *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;
6) *Enhanced Parenting Skills (all communities)*– Increase effective parenting practices through the implementation of Parent Cafés and Incredible Years parenting classes;
7) *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
8) *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.

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.

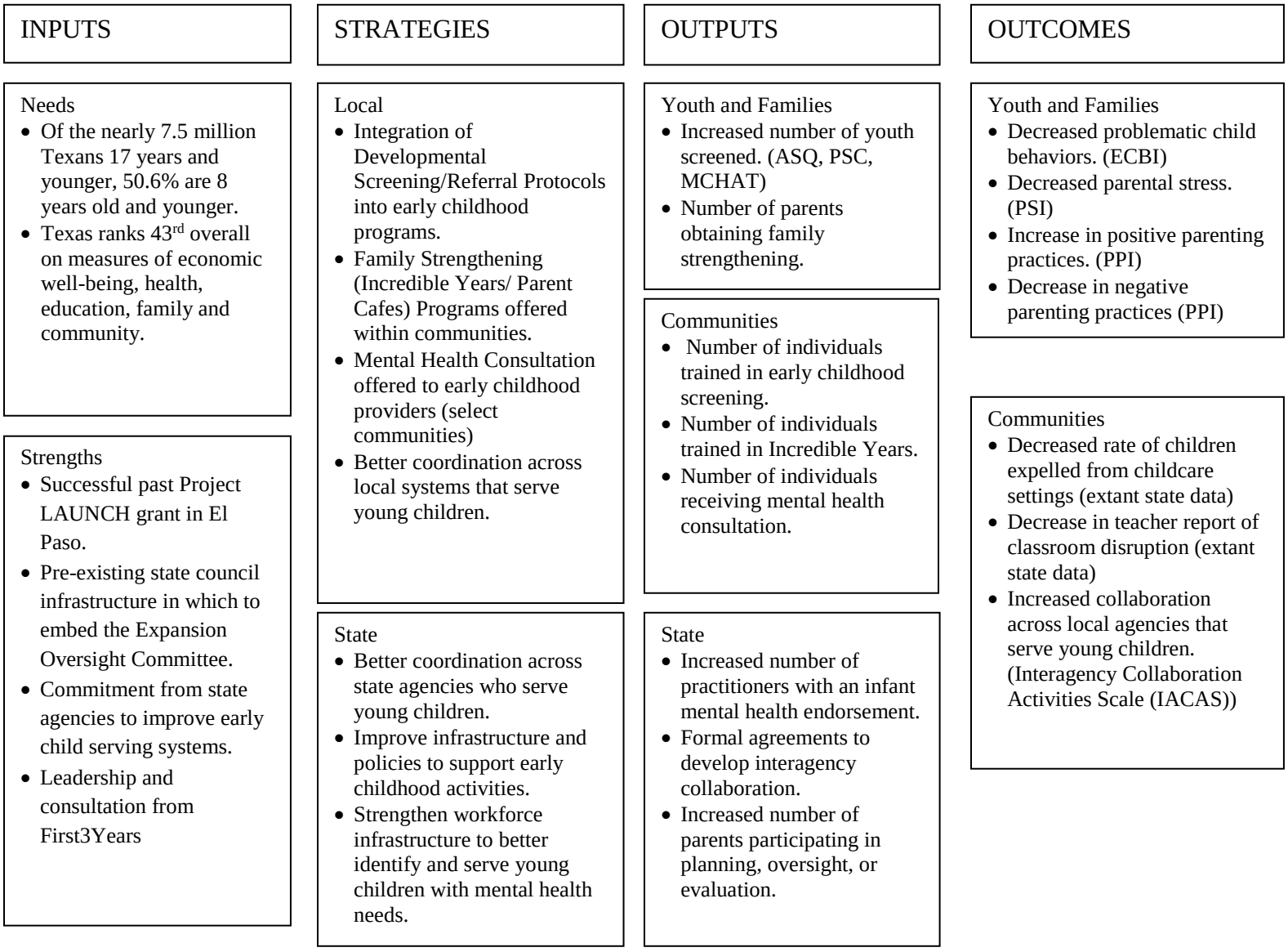
Community level outcomes include:

- 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

Wilder Collaboration Factors Inventory. The Wilder Collaboration Factors Inventory (Mattessich, Murray-Close, & Monsey, 2004) is a 40-item instrument which measures 20 collaboration factors (variables). These 20 Wilder factors are grouped into the six categories: environment, membership, process and structure, communication, purpose, and resources. While the instrument is theoretically derived, some evidence of adequate reliability has been found for 14 of the 20 variable/factors, with three showing lower reliability and three existing in single-item factors, so reliability could not be assessed (Townsend & Shelley, 2008). Even though the psychometrics of the instrument are not well known, it has been widely used as a tool to support the development of collaborative groups. Items are scored on a 5-point Likert scale, from strongly disagree (1), somewhat disagree (2), neutral or no opinion (3), somewhat agree (4), or strongly agree (5). The collaboration factors are represented by averages of respective items, with scores of 4.0 or higher representing strengths, scores between 3.0 and 3.9 borderline, and scores of 2.9 or lower indicating concerns that should be addressed.

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 Wilder Collaboration Factors Inventory, which was conducted in October 2018. The perceptions of community leaders was gathered through key informant interviews. The Local Lead sent an email invitation to community participants and requested their participation. One community was represented by one informant, and the other two communities were represented by three leaders. Semi-structured phone interviews of seven individuals were completed. Interviews focused on the experience of communities with training and technical assistance through the state LAUNCH team and perceptions of accomplishments and barriers within their LAUNCH activities.

Focus of Current Year. The focus of the second year of the evaluation was on the strength of the state Texas LAUNCH Early Childhood Committee, understanding the strengths and gaps within the state technical assistance support, identifying barriers and facilitators of local expansion efforts, and continuing to look at the reach of communication activities (Evaluation

Questions 1 through 5). The evaluation team continued to strive 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 has continued to encounter some barriers. One community is striving to gather additional information from childcare partners, and a second has had disruptions to their existing relationship making this challenging.

C. Data Analysis

Information on Council members and participation is descriptive and summarized. Responses to the Wilder Collaborative survey with the Texas LAUNCH Early Childhood Committee (TLECC) is summarized. Community key informant interviews are summarized through an informal qualitative analysis to examine trends in the experiences of community leaders. There was an inadequate sample to conduct a formal qualitative analysis.

D. Findings/Interpretations

Texas LAUNCH Early Childhood Committee Membership. The state early child wellness committee membership ranged from 38 to 41 members over the course of the year. The committee includes representatives from state agencies, expansion communities, parent representatives, and LAUNCH staff. During the current year, new representatives were engaged from the Texas Education Agency, the Texas Pediatric Society, and several additional divisions within the Texas Health and Human Services Commission. While the total number of members remained fairly constant across the year, there were significant changes in membership, with 12 initial members leaving and 13 new members added over the course of the year. These changes were a result of agency representatives retiring or changing positions rather than a lack of participation, but led to the need to orient and engage about one-quarter of the membership over the year.

Attendence at quarterly meetings showed some decline, ranging from 74.3% to 87.2% in the previous year and 43.9% to 66.7% in the current year. This seemed to be partly due to some agencies or divisions having two representatives on the committee, but only sending one representative to a meeting, as well as some members who were active in the initial year, but did not attend any meetings in the current year. This reduction in attendance was also evidenced in the participation of family representatives. Four of the committee members are family representatives, representing 10.2% of the group. Family attendance at quarterly meetings ranged from 0% to 50% over the year. While parents expressed challenges to attending the meeting in Austin, primarily due to the timing of meetings, all four continued to express an interest in contributing to the work of LAUNCH and held at least quarterly calls or meetings with the State Lead. One member attended the national family leadership meeting and presented on the event at a Texas LAUNCH community meeting.

Perceived Collaboration. At the end of the year, the TLECC members were asked to complete the Wilder Collaboration Factors Inventory. As noted above, the Wilder Collaboration Factors Inventory is intended to assess the capacity and strength of coalitions. The full instrument is available in Appendix 2. Eighteen members responded to the web-based survey, representing 46.1% of the members. The majority of respondents represented either independent organizations (38.9%) or state agencies (38.9%), with an additional 16.7% serving as community representatives and 5.5% as “other”. Table 2 represents respondents’ average ratings across each collaborative factor. Descriptors are provided to aid interpretation.

Results suggest most collaboration factors are within the borderline range, indicating neither a strength nor weakness, but perhaps suggesting the need for further examination for opportunities to strengthen to committee. Three clear strengths were identified by respondents. Members indicated that their agency/organization benefits from participating in the group, that the individuals in leadership roles with the committee have good skills for working with other people and organizations, and that members of the collaborative group are flexible in decision-making and open to different approaches to doing the work. Four additional items were approaching the "strength" designation at greater than 3.9. This included perceptions that it was the right time for a collaboration such as this one, that the people involved trust and respect one another, that members are committed and invested in the success of the collaboration, and that the work of the collaborative group is unique and unable to be accomplished by any one organization. Respondents identified one clear weakness on the survey, indicating lower scores for the collaborative group having adequate funding and "people power" to accomplish what it wants to accomplish. Respondents were less likely to agree that agencies in the state have a history of working together and solving problems through collaboration was another borderline item lower than others, suggesting a possible area for focused improvement.

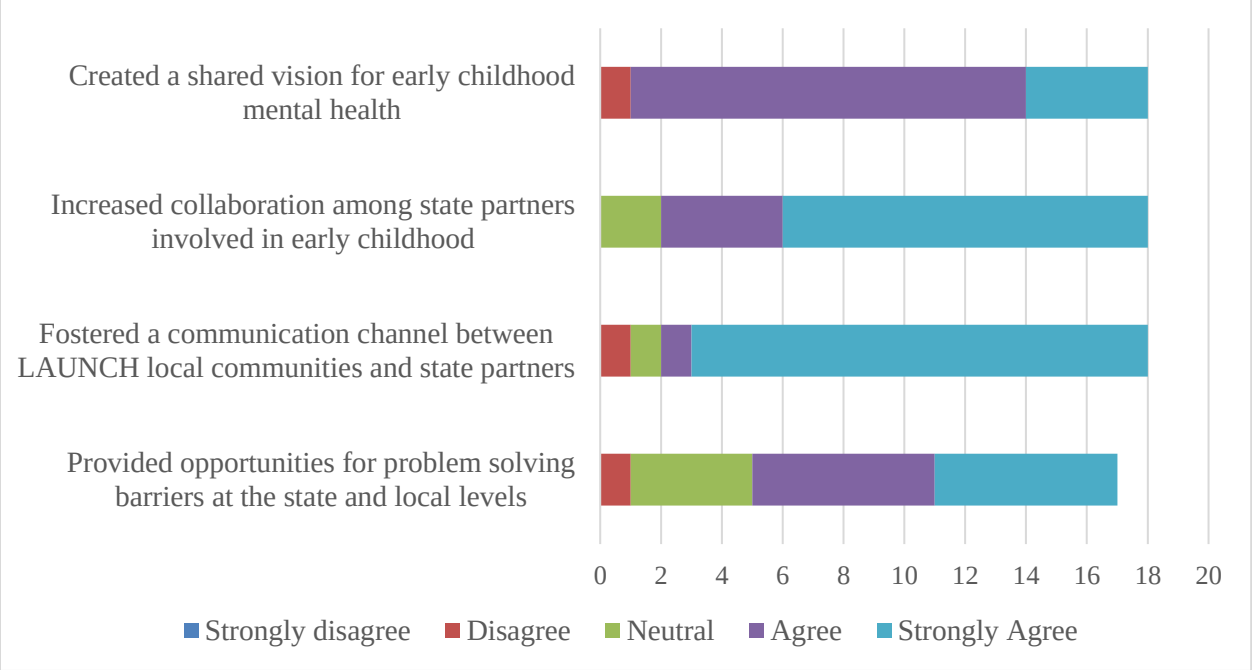
Table 2 *Scores on the Wilder Collaboration Factors Inventory*

Factor Group	Factor (number of items)	Mean	Standard Deviation	Descriptor
Environment	History of collaboration or cooperation in the community/state (2)	3.17	0.94	Borderline
	Collaborative group seen as a legitimate leader in the community (2)	3.67	0.68	Borderline
	Favorable political and social climate (2)	3.97	0.84	Borderline, Nearing Strength
Membership Characteristics	Mutual respect, understanding, and trust (2)	3.94	0.83	Borderline, Nearing Strength
	Appropriate cross-section of members (2)	3.75	1.08	Borderline
	Members see collaboration as being in their self-interest (1)	4.17	0.71	Strength
	Ability to compromise (1)	3.61	0.78	Borderline
Process and Structure	Members share a stake in both process and outcome (3)	3.94	0.90	Borderline, Nearing Strength
	Multiple layers of participation (2)	3.55	0.91	Borderline
	Flexibility (2)	4.03	0.74	Strength
	Development of clear roles and policy guidelines (2)	3.58	0.97	Borderline
	Adaptability (2)	3.69	0.82	Borderline
	Appropriate pace of development (2)	3.86	0.76	Borderline
Communication	Open and frequent communication (3)	3.87	0.87	Borderline
	Established informal relationships and communication links (2)	3.86	0.87	Borderline

Purpose	Concrete, attainable objectives (3)	3.69	1.13	Borderline
	Shared vision (2)	3.83	0.88	Borderline
	Unique purpose (2)	3.94	1.06	Borderline, Nearing Strength
Resources	Sufficient funds, staff, materials, and time (2)	2.94	1.09	Weakness
	Skilled leadership (1)	4.06	0.94	Strength

Perceptions of Accomplishments. Additional items were added to the web-based survey to gather committee members' perceptions about the extent to which certain goals had been accomplished by the state committee and its workgroups. Results are shared in Figure 2. Participants strongly agreed that the committee created a communication channel for state and local early childhood partners, as well as increased the collaboration among state partners.

Figure 2. *Accomplishment of State Committee Goals*



Perceptions of Technical Assistance and Support. The Texas LAUNCH structure has a state team responsible for providing training, technical assistance, and organizational support for the three expansion communities. Technical assistance includes monthly phone calls with each community, in person site visits to the communities, and regular communication. The state team also attempts to meet the identified needs of the community through training opportunities, a community of learning, community gatherings, and support for meetings with relevant state agency partners (e.g., Medicaid). A key informant interview by an evaluator who had not been involved in these strategies was conducted with community leaders (see methodology). The following themes were identified from the interviews:

Theme 1: Communities felt a collaborative partnership was formed between the state team and community team. Community leaders indicated overall satisfaction with the support and technical assistance provided by the state team. They indicated that the team provided the right amount of regular communication, and that they felt informed and up-to-date. The community

stakeholders highlighted that technical assistance was provided with a sense of mutuality and a willingness to meet the community where they are. Community members indicated an appreciation that the state team was willing to travel to their location to provide needed trainings and attend council meetings. For example, one participant mentioned how the technical assistance meetings were inclusive and that their voice was heard; it felt more like a team environment as opposed to an authoritarian approach, a sense of "we're going to do this together". Another example provided of the collaborative approach to problem solving was the willingness to host a call with the Incredible Years purveyor to negotiate the use of time out approaches along side other strategies used in a trauma framework and achieve terminology that was acceptable to all parties. Two of the three communities indicated that the technical assistance and support that they received was an important factor in their growth and development.

Theme 2: Community stakeholders had a mixed perception on the role of technical assistance in sustaining LAUNCH strategies. When asked about sustainability, two of the three communities talked about how they felt they've received the necessary training and guidance to keep implementing their LAUNCH strategies after the grant. They felt well-situated to continue their efforts. The other community, while expressing positive experiences with technical assistance, indicated that it may not have been necessary for their sustainability. This community indicated that they choose grants that overlap with their goals, and can draw upon their prior knowledge for sustainability. Another member of the same community did express the desire to have more assistance with how to sustain their work after the final year.

Theme 3: Community members felt confused about their roles and responsibilities during the initial roll-out of the grant. The transition period that took place at the beginning of the granting period was a challenge for community providers and they reported frustration because roles and responsibilities were not fully established. The addition of new strategies over the early grant years led to some confusion as staff had to take on additional responsibilities. Similarly, the evaluation protocol was not fully established at the beginning of the grant, and providers reported confusion as new requirements were added and responsibilities adjusted. There was a general feeling that having the various roles and protocols fully developed at the beginning of the grant would have enhanced the speed of implementation.

Theme 4: Stakeholders felt that some of the evaluation tasks were burdensome in addition to their existing workload. Providers did not expect to be responsible for data entry activities, and felt frustrated to have to learn the data systems. Providers shared that they had difficulty taking on these responsibilities in addition their service roles. *Note*: The evaluation team took on the responsibility for data entry early in Year 2.

Accomplishments by Community: Each community was asked to share accomplishments within their community, as well as facilitators of their progress.

- **Bexar County:** Informants from Bexar County considered workforce development to have been a success. They highlighted the growth of attendance from initial trainings and the impact that the trainings have had on their community. Additionally, there is a feeling of satisfaction knowing that they are able to provide support within schools and to teachers as evidenced by growing requests for training and presentations. One provider considered the growing success of parent education classes (infant and pre-school) as an accomplishment, since she noted that they are difficult to build, but their participation is something to be happy about. Lastly, although they have not been able to impact the

number of children they would like, one provider considered the Early Childhood Mental Consultation as being successful because of the great quality of care provided.

- **Ysleta del Sur Pueblo:** This community considered the parental involvement in their work to be successful. They also indicated that the workforce development and child screenings have been significant accomplishments.

- **Tarrant County:** The community reported that raising awareness in the community has started important conversations, and as a result would be considered a success. Additionally, the development of an early childhood system is considered an accomplishment, stating "LAUNCH gave us the ability to bring together in our community an Early Childhood System". They described exceeding all of their original targets, increasing the capacity of trainers, and the success of the ASQ Enterprise System. They also reported fine tuning their skills in mental health consultation through evidence-based practices such as the Georgetown and Pyramid models. Overall, they were proud to be able to be increase the resources for families within their communities.

Barriers faced by community: Key informants were also asked to reflect upon the barriers that they faced during implementation of the LAUNCH strategies and how they were overcome, when applicable.

- **San Antonio:** The beginning of the grant period created a barrier for their success as a result of staffing issues, undefined roles and responsibilities, and struggles with communication between stakeholders (see themes 3 & 4). They also indicated that recruitment and marketing of their activities in the community was challenging. They also reported some struggles with buy-in from schools, with staff not acting upon plans or recommendations (MHC).

- **Ysleta del Sur Pueblo:** Likewise, this community struggled in the beginning to understand all of the grant expectations. More specifically, communication problems created confusion because there were differences of opinion with regards to what Mental Health Consultation is and how to carry it out in their community. They attributed this problem to the Georgetown Model and the considered possibility that it may not be appropriate for their population.

- **Fort Worth:** This community reported some difficulties understanding the complexities and logistics for the the different systems and protocols in place for evaluation. They also reported that it was challenging to delay training in Mental Health Consultation, and that they wanted additional training in the Georgetown Model. They indicated that there was some difficulty getting community buy-in for all practices, such as IY or MHC, and some challenges due to subcontracting.

Communication Strategies. The communication strategies remained varied but modest. Texas LAUNCH continued to host a webpage, and moved to providing materials from the oversight council meeting electronically. Over the year, the Texas LAUNCH Facebook page hosted 30 messages, with a reach of 1,760 people. The page has 33 followers. The LAUNCH team also developed a monthly/quarterly newsletter in the reporting period that is shared with expansion community and state partners and available on the website. and provides timely notice of new resources and community accomplishments. Six newsletter editions were distributed over the

year. Lastly, the Project Director coordinated an outreach campaign to advertise the newly revised developmental screening course available through Texas Health Steps at conference and through a mailing to all Medicaid providers. This effort led to a 66% increase in usage of the training. These communication strategies showed some success, although reach is still modest.

Summary of Collaboration / Partnerships. The evaluation demonstrated that the state wellness council maintains a robust membership, although it showed greater turn-over during the year. There has been increased challenges with maintaining parent participation in meetings, although parents have continued to be engaged in phone calls and workgroups. Members reported that participating in the council is beneficial to them, but also indicated that it may not have enough financial or "people" resources to be as effective as it could be. Council members feel that the group has created an avenue for communication and networking, between state agencies and between communities and state agencies. Community stakeholders largely feel satisfied with the training and technical assistance they have received, although they report some confusion in the early phases of the grant. They feel that they have had many successes in implementing the strategies, with challenges including the evaluation and the buy-in of community members.

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 addresses 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, allows 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 are documented from participant sign-in sheets. Partners provide a brief description of the training event, using the Training Summary Sheet, submitted with copies of the sign-in sheets. This allows 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 complete the IOTTA, documenting the perceived impact of the training and their competency or mastery of the skills. This measure is paper-and-pencil for workshop participants and through a web-based survey for those participating in online training events.

Additionally, we intended to track the changes in the rate of providers seeking early childhood credentials through First3Years endorsement process to identify any potential increases over time. A collaboration with First3Years was intended to be established in Year 1 of the project, but contracting difficulties caused delays. While this component was planned through carry forward funding in Year 3, it was not able to be pursued because of the delay in approval and contracting for carryforward funds. The project will be unable to evaluate any change in the number of individuals receiving and early childhood endorsement (Question 2).

Focus of Current Year. The focus of the second 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). Many of the trainings this year focused on developing in-state training capacity to enhance sustainability beyond the grant period. 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. While there were trainings that focused on this topic, unfortunately data on compassion fatigue was not measured by the training hosts (Question 5).

C. Data Analysis

Descriptive analyses have been conducted to summarize the number of individuals trained. Quantitative and qualitative information collected on the IOTTA are 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. In addition, the state team provided and hosted trainings to support the expansion

of LAUNCH strategies across the state. As can be seen in Table 5, each community promoted the training of professionals conducting development and social-emotional screenings. Tarrant County also focused on trainings to support the expansion of Parent Cafes. The state team provided training on screening, Incredible Years, and Mental Health Consultation. Highlights of workforce development accomplishments in each community are summarized in the following sections.

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

Training	Tarrant County	Bexar County	Ysleta del Sur Pueblo / El Paso	Other Texas Communities	Total
ASQ3 & ASQ:SE2	154	32	10	24	220
Incredible Years	5	4	2	12	23
Parent Café	107	0	0	0	107
Mental Health Consultation	5	5	3	31	44
ASQ TOT	22	4	0	25	51
Parent Café TOT	15	0	0	0	15
Mental Health Consultation TOT	3	2	2	30	37
Other Training Topics	435	323	43	475	1,276
All Trainings	746	370	60	597	1,773

Tarrant County Key Trainings. During the reporting period, Tarrant County launched a new consultative approach through the Healthy Steps model. This model places early childhood developmental specialists within pediatric health care settings. Developed by Zero to Three, the Healthy Steps model calls for a healthy steps specialist to connect with families during well child visits, provide developmental, behavioral, social, and emotional screenings and supports. Supports can include parental guidance and referrals for families who need specialty services. In July 2018, the Tarrant County LAUNCH community conducted a series of trainings, and opportunities for participating health care organizations to plan for implementation with the expert trainers. The trainings targeted JPS Health Network, Cook Children's, and the University of North Texas Health Science Center. Forty-four professionals attended at least one of the training events.

Table 6 illustrates the perceptions of training participants. 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. All participants who completed the survey indicated that they would make changes within their work setting as a result of the training. Qualitative responses from trainees indicated that they appreciated learning about the background/foundation of the model and valued the practical tools and specific examples of reflective approaches. Participants also welcomed the opportunity to discuss implementation plans within each of the specific organizations and time for discussing concerns.

Table 6: *Evaluation of Healthy Steps Training*

Item	Average (n=15)	Standard Deviation
Note: Items range from 0 to 10, with 10 representing highest/greatest level of the criteria.		
Existing mastery/competence	5.73	2.28
Post-training mastery/competence	7.73	1.28
Importance of training goals	9.13	1.77
Trainer credibility	9.73	0.59
Training organization	9.53	0.52
Training interest	9.13	1.55
Overall impact on work	9.27	1.58
Impact on assessment & service planning	9.67	0.62
Note: Items range from 1 to 4, with 1=”not at all” and 4=”very likely”		
Likelihood of sharing with colleagues	4.00	0
Likelihood of making changes at work	4.00	0

The Tarrant County community also strived to build sustainability for the widespread use of Parent Cafes to build family protective factors and reduce the risk of adverse childhood experiences. LAUNCH leaders worked with Be Strong Families, the developer for Parent Cafes, to structure a train-the-trainer protocol for the community. Be Strong Families provided web-based training to prepare the trainers for an on-site visit. During the on-site visit, the fifteen trainers conducted Parent Café trainings, receiving real time coaching, as well as post-event debriefing time. As a part of the training certification, the 15 Parent Café trainers trained an additional 107 Parent Café facilitators.

Table 7 illustrates the perceptions of the Parent Café train the trainer workshop participants. Participants reported experiencing some increase in competence as a result of the training, with strong levels of competence at the completion of the training. The training had moderate ratings of training organization, but other indicators were high. All but one participant indicated that they were “very likely” to share the information with colleagues and make changes within their work setting as a result of the training. Participants indicated that understanding how to describe the protective factors was very helpful, as well as the opportunity to practice the training and receive real-time coaching. Several participants indicated that they would have liked a better understanding of the agenda and the expectations of them prior to the training, as well as indicating they would like more preparation prior to having to train others.

Table 7: *Evaluation of Parent Café Train-the-Trainer*

Item	Average (n=14)	Standard Deviation
Note: Items range from 0 to 10, with 10 representing highest/greatest level of the criteria.		
Existing mastery/competence	6.07	2.23
Post-training mastery/competence	8.21	0.89
Importance of training goals	8.00	2.80
Trainer credibility	9.50	0.85
Training organization	7.36	1.78
Training interest	8.79	1.48
Overall impact on work	8.57	2.31
Impact on assessment & service planning	8.86	0.53
Note: Items range from 1 to 4, with 1=”not at all” and 4=”very likely”		
Likelihood of sharing with colleagues	3.86	0.53
Likelihood of making changes at work	3.86	0.53

Table 8 examines the experiences of participants being trained in Parent Café facilitation by the novice trainers. To provide a benchmark, ratings are compared to the ratings that were received in two previous Parent Café trainings conducted by Be Strong Families in the Tarrant County community. Differences in mean ratings on each item were compared through an independent t-test, with a $p<.01$ utilized as the cut-off for significance. A more conservative p value was selected to guard against Type II error, as multiple comparisons are made.

Participants in the Parent Café trainings reported modest competence prior to training, with a significant increase in mastery following training ($t=-9.08$, $df=58$, $p<.001$). Generally, participant ratings for the novice trainers were not significantly different than the ratings for the Be Strong Families trainers; however, participants did rate the trainings conducted as a part of certification to be less organized than the Be Strong Families training events.

Table 8: *Evaluation of Parent Café Trainings Conducted by Local Trainers versus National Trainers*

Item	Local Trainers Average (SD) *n*=59	Be Strong Families Average (SD) *n*=48	Significant Difference
Note: Items range from 0 to 10, with 10 representing highest/greatest level of the criteria.			
Existing mastery/competence	5.10 (2.68)	6.06 (2.40)	n.s.
Post-training mastery/competence	7.93 (1.07)	7.79 (1.56)	n.s.
Importance of training goals	8.88 (1.78)	8.68 (1.45)	n.s.
Trainer credibility	9.19 (1.12)	9.13 (1.20)	n.s.
Training organization	8.38 (1.70)	9.28 (0.99)	*t*=3.25; *p*=.0016
Training interest	8.71 (1.54)	9.23 (1.04)	n.s.
Overall impact on work	8.69 (1.56)	8.58 (1.20)	n.s.
Impact on assessment & service planning	8.84 (1.34)	8.63 (1.28)	n.s.
Note: Items range from 1 to 4, with 1=”not at all” and 4=”very likely”			
Likelihood of sharing with colleagues	3.84 (0.41)	3.74 (0.57)	n.s.
Likelihood of making changes at work	3.79 (0.49)	3.68 (0.59)	n.s.

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. Many of the trainings provided were small and informal. Texas LAUNCH staff provided two larger trainings on Continuity of Caregivers and Infant Mental Health to 13 and 15 early childhood educators respectively. Table 9 summarizes participant perceptions from these two training events. Participants indicated an increase in competency in the topics and felt that the overall impact on their work would be high. One respondent summarized the message of the training as “Every child needs somebody who is crazy about them.”

Table 9: *Evaluation of Select Trainings Conducted by Ysleta del Sur Pueblo*

Item	Continuity of Care *n*=13		Infant Mental Health *n*=15	
	Mean	SD	Mean	SD
	Note: Items range from 0 to 10, with 10 representing highest/greatest level of the criteria.			
Existing mastery/competence	5.92	1.75	6.67	1.54
Post-training mastery/competence	7.54	1.27	8.20	0.77
Importance of training goals	8.85	1.21	9.33	0.82
Trainer credibility	8.77	1.42	8.93	0.88

Training organization	8.92	1.08	8.73	0.96
Training interest	9.25	0.87	9.07	0.96
Overall impact on work	9.25	0.75	9.13	0.74
Impact on assessment & service planning	8.58	1.00	9.20	0.94
	Note: Items range from 1 to 4, with 1="not at all" and 4="very likely"			
Likelihood of sharing with colleagues	4.00	0	3.87	0.35
Likelihood of making changes at work	4.00	0	3.87	0.35

Bexar County Community Trainings. Family Services Association and its partner Voices for Children offered a range of trainings to early childcare providers. Two trainings focused on the impact of childhood trauma, including the role of safe adults and the impact on brain development. Several trainings also focused on self-care and wellness for providers. Participant perceptions of two larger trainings are presented in Table 10. One focused on strategies for providing positive guidance to young children and the second focused on the use of children's books to teach social and emotional skills.

Participant ratings were very high across all domains, suggesting that participants found both trainings highly engaging and impactful. Participants in the training on the use of children's books indicated that they learned how to engage children by acting out the emotion in books. A number of participants also discussed learning how to help relate the stories to things that may happen in a child's life to create "teachable moments." Many participants commented that they would have loved to receive a book they could use in their classroom. Participants in the training on positive guidance identified a number of key skills that they appreciated, including maintaining proximity to the child, use of praise, use of redirection, providing choices, and having clear schedules and rules. The majority of participants indicated there were no additional needs from the training, but some participants requested additional information on child biting, fighting among children, or special child populations (e.g., babies, Autism).

Table 10: *Evaluation of Select Early Childhood Trainings in Bexar County*

Item	Positive Guidance *n*=67		Children's Books *n*=61	
	Mean	SD	Mean	SD
	Note: Items range from 0 to 10, with 10 representing highest/greatest level of the criteria.			
Existing mastery/competence	7.09	2.20	7.31	2.27
Post-training mastery/competence	8.24	1.52	8.52	1.49
Importance of training goals	9.16	1.53	9.21	1.24
Trainer credibility	9.02	1.65	9.39	0.90
Training organization	9.38	1.10	9.24	1.19
Training interest	9.44	1.00	9.25	1.25

Overall impact on work	9.23	1.36	9.15	1.30
Impact on assessment & service planning	9.23	1.11	9.07	1.47
	Note: Items range from 1 to 4, with 1=”not at all” and 4=”very likely”			
Likelihood of sharing with colleagues	3.81	0.43	3.88	0.33
Likelihood of making changes at work	3.89	0.32	3.91	0.28

State Training Opportunities. State LAUNCH staff conducted a variety of trainings during the year, focused on enhancing the sustainability of LAUNCH strategies. The state team hosted trainings in Incredible Years, Mental Health Consultation and the ASQ-3 and ASQ:SE-2. Train-the-trainer workshops were also held for the ASQ tools and Mental Health Consultation. The team also provided trainings in childhood trauma, social emotional learning, behavioral health screening, and the eDECA assessment tool.

The state team also hosted a series of trainings on the Pyramid Model, a framework for supporting social and emotional competency in early childhood programs. One training track was held to support the development of early childhood staff, including child care providers, home visitors, and child care health consultants. Forty-six individuals were trained in this track. A second track was offered for early childhood mental health clinicians, including 43 participants. The two tracks were aligned with Level 2 and Level 3 of the Infant Mental Health Endorsement system. Table 11 presents responses from participants in both Pyramid Model trainings. Overall, participants reported moderate to high satisfaction with the Track 1 training and high satisfaction with the Track 2 training. Participant comments from Track 1 suggest that home visitors may have had more difficulty identifying the relevance to their position, with many identifying a desire for more information on use in home visits and for information on infants and toddlers. Participants in Track 2 identified appreciation for the practical tools and strategies provided, with the most frequently identified takeaway the “5 Big Bang” strategies for the classroom.

Table 11: *Evaluation of Pyramid Model Training*

Item	Track 1 Non-mental Health Average (SD)	Track 2 Mental Health Average (SD)
Note: Items range from 0 to 10, with 10 representing highest/greatest level of the criteria.		
Existing mastery/competence	6.48 (1.75)	5.60 (2.02)
Post-training mastery/competence	8.10 (1.53)	8.00 (1.01)
Importance of training goals	8.85 (1.35)	9.00 (1.04)
Trainer credibility	9.07 (1.23)	9.83 (0.45)
Training organization	8.78 (1.24)	9.40 (0.78)
Training interest	7.68 (1.81)	9.15 (1.64)
Overall impact on work	8.22 (1.60)	8.95 (1.81)
Impact on assessment & service planning	8.37 (1.51)	8.68 (1.97)

Note: Items range from 1 to 4, with 1=”not at all” and 4=”very likely”		
Likelihood of sharing with colleagues	3.78 (0.48)	3.89 (0.39)
Likelihood of making changes at work	3.75 (0.63)	3.87 (0.41)

A subsequent training was held with 49 participants to develop state trainers in the Pyramid Model. Participant responses are shown in Table 12. Overall, the training was very well-received. Participants had very high ratings of the trainer credibility, training organization, and training interest, with minimal variability (suggesting a consensus of participants). Participants reported that the training binder would be very helpful, and they appreciated the practical tools and resources. Participants noted that they looked forward to using the training with teachers. Most participants indicated that they received all that they needed, with several suggesting that they could have benefited from an additional training day.

Table 12: *Evaluation of Pyramid Model Train-the-Trainer*

Item	Average	Standard Deviation
Note: Items range from 0 to 10, with 10 representing highest/greatest level of the criteria.		
Existing mastery/competence	5.59	1.89
Post-training mastery/competence	8.06	1.13
Importance of training goals	8.88	1.51
Trainer credibility	9.73	0.64
Training organization	9.48	0.85
Training interest	9.46	0.77
Overall impact on work	9.29	0.92
Impact on assessment & service planning	9.20	0.94
Note: Items range from 1 to 4, with 1=”not at all” and 4=”very likely”		
Likelihood of sharing with colleagues	3.94	0.25
Likelihood of making changes at work	3.91	0.28

Summary of Results in Workforce Development. Overall, the evaluation of the workforce development strategies shows significant impact in each community. The primary trainings offered by the state team enhanced the sustainability of LAUNCH practices through the training of in-state trainers in Mental Health Consultation, Pyramid Model, ASQ tools, and Parent Cafes. Participants generally reported a perceived increase in mastery as a result of the training and expressed a high likelihood of making changes at work.

Strategy 3: Early Childhood Screening

The focus of this component of the evaluation was 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 13. This evaluation addresses 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 13. *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, Social and Emotional scales (ASQ-3 and ASQ:SE-2), 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 should contact 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).

Barriers or Limitations. During the course of the year, Tarrant County implemented a web-based tool for conducting developmental and social and emotional screenings. This increased the community's capacity to conduct screening, but led to unexpected challenges for the evaluation. The evaluation team worked closely with Tarrant County to identify ways to download and transfer data in a manner that was consistent with the evaluation to date. This resulted in monthly data transfers that had to be manually entered by evaluation staff. There was also some recognition of inaccurate data previously reported for screening referrals and follow-up, as referral information is not reported through the web-based tool. Tarrant County staff were able to revise the referral data for the final two quarters of the grant year by querying screening staff and examining program records. Lastly, there were some data inaccuracies reflected in the system during the transition to the web-based platform. Staff continued to enter some screening into the evaluation system, but this data was duplicated in the data transfers. This duplication was not recognized initially because different identification numbers were used in the two systems and minor differences were present in the record (one month age difference). These duplicated records have been removed for the current analysis. As a result of these challenges, the decision was made to focus on reliable referral data and to stop attempting to collect data on the receipt of services following referral. The community was encouraged to build these data elements into the data platform to allow for efficient collection in the future.

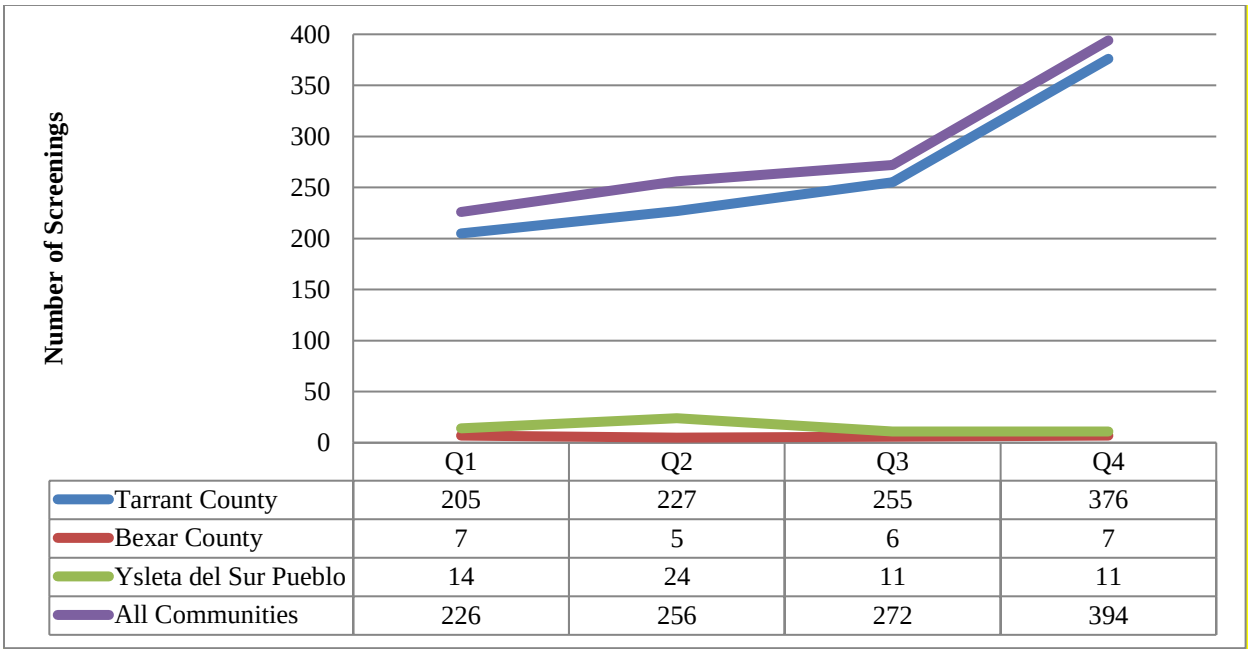
C. Data Analysis

Descriptive data analyses are reported, summarizing relevant aspects of the screening process. State aggregated data over-represents the Tarrant County community to such a degree that results are likely generalizable only to this area.

D. Findings/Interpretation:

Number of Children Screened. Texas LAUNCH aimed to screen at least 750 children in Year 3 of the grant and this goal was exceeded, with 1,148 children screened, more than double the 516 screened in Year 2. Figure 3 illustrates the number of children screened in each community by quarter over the past year. The majority of young children screened were from the Tarrant County region.

Figure 3. *Developmental Screenings in Year 3*



	Q1	Q2	Q3	Q4
Tarrant County	205	227	255	376
Bexar County	7	5	6	7
Ysleta del Sur Pueblo	14	24	11	11
All Communities	226	256	272	394

Ysleta del Sur Pueblo screened a total of 60 children or families, roughly equivalent to the 58 children screened in Year 2. Ysleta del Sur began screening for postpartum depression during the reporting period, and four of the 60 screenings included the use of the Edinburgh Postnatal Depression Scale. Bexar County screened 25 children, a decrease from the 80 children screened in Year 2. This is likely due to a disruption in the relationship with one early learning program that changed leadership and ended the partnership with Family Services Association. Tarrant County screened a total of 1,063 children, a significant increase from the 378 children screened in Year 2. The community primarily utilized the Ages and Stages screening tools within their early childhood system, screening all children assessed for prevention or early intervention services within the region. Tarrant County transitioned to a web-based portal for screening, the ASQ Enterprise, during quarters 2 and 3. This system allowed providers to directly access the screening tools and receive immediate feedback on any elevations. Families were able to access the ASQ screenings directly from the community's early childhood website, with a staff member tasked with contacting families for further discussion and referrals, when indicated. Towards the end of the grant year, child care providers also began utilizing the ASQ Enterprise to provide developmental and social and emotional screenings.

Characteristics of Children Screened. The children screened across the three expansion communities had a mean age of 45.1 months (*SD* = 14.5 months). Age data was either missing or not provided for 17 children. Sixty-three percent of children screened were male, 36.3 percent were female. The communities aimed to address behavioral health disparities by screening a greater proportion of children of color than represented in the state. The proportion of children screened by race/ethnicity are illustrated in Figure 4. Children with unknown race/ethnicity were removed from the analysis. This goal was mostly achieved in the third year, with Native

American, Hispanic children (5.0%) and Native American, non-Hispanic children (0.09%) significantly over-represented, compared to the less than 0.5% of the state child population. Black or African American children made up 24.7% of the sample, which is higher than the 12.6% reflected in the Texas population. White, non-Hispanic children made up 37.1% of the screening sample, which was slightly lower than the 42.6% reflected in the state population. The most disproportionately represented children were those identifying as White, Hispanic, making up 23.1% of the sample, which was significantly less than the 37.1% of the state's population.

Figure 4. *Proportion of Screenings by Race and Ethnicity Compared to Texas Child Population*

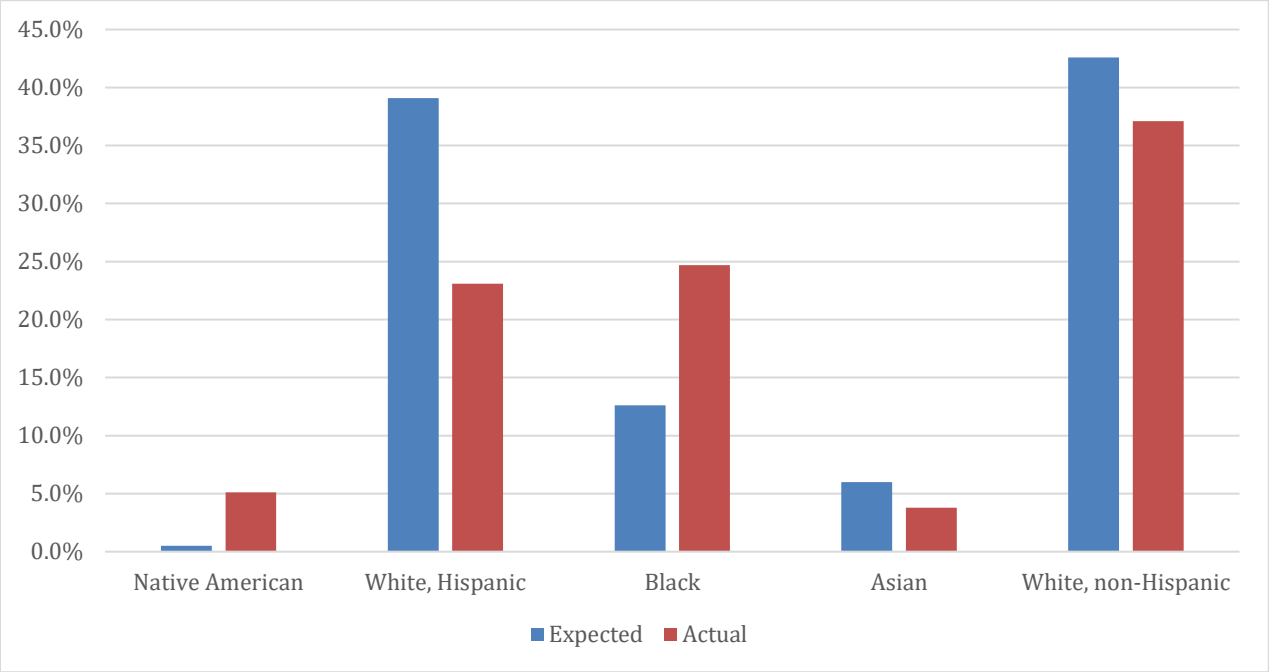


Table 14 illustrates the racial and ethnic breakdown of screening participants for each community, along with the associated expected proportion according to the US census data. As expected, Ysleta del Sur primarily screened youth who identified as American Indian and Hispanic. Bexar County served a proportionate number of Hispanic children, and reached a greater number of Black children than would be expected from the population. Tarrant County was successful in serving a higher proportion of Black families, but screened a lower proportion of Hispanic families than would be expected by the population of the county. Tarrant County also engaged seven percent of the population in a language other than English. Spanish was the most common language after English, but families also spoke French, Korean, Nepali, Swahili, Tigrinya, and others.

Table 14. *Race and Ethnicity of Screening Participants by Community*

	YDSP Expected	YDSP Actual	Bexar Expected	Bexar Actual	Tarrant Expected	Tarrant Actual
Number to be Screened	-	60	-	25	-	1,063
Mean Age in Months	-	24.1 (15.4)		36.3 (13.3)		46.3 (13.6)
By Race/Ethnicity						
African American	0%	0 (0%)	8.5%	6 (24.0%)	16.7%	274 (25.8%)

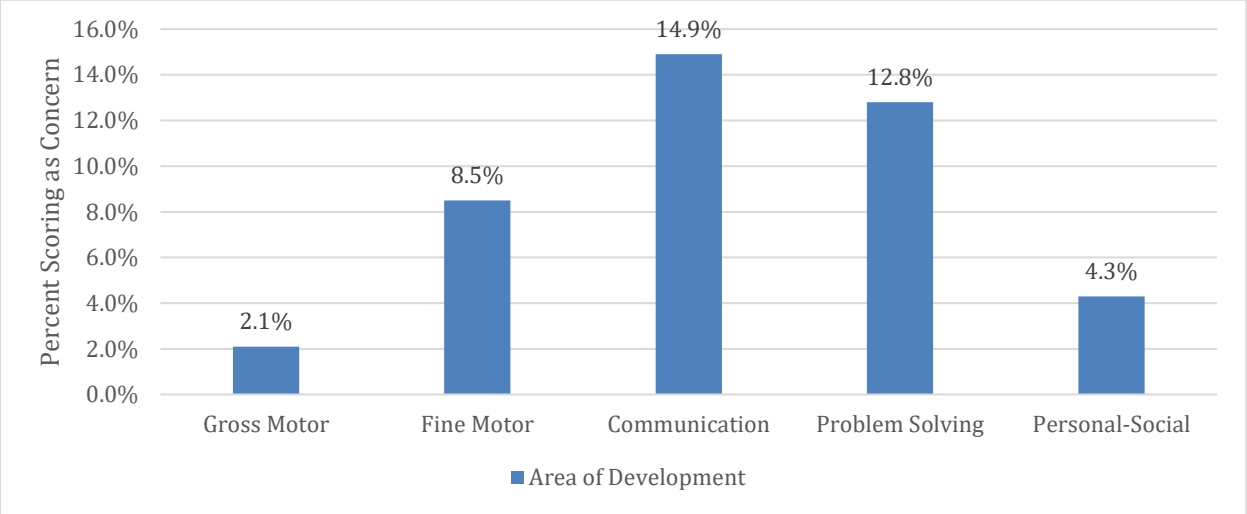
American Indian/Alaskan Native	100%	56 (93.4%)	1.2%	0 (0%)	0.9%	1 (0.09%)
Asian	0%	0 (0%)	3.1%	0 (0%)	5.5%	43 (4.0%)
White (non-Hispanic)	0%	2 (3.3%)	28.2%	0 (0%)	47.9%	418 (39.3%)
White (Hispanic or Latino)	0%	2 (3.3%)	59.9%	14 (56.0%)	28.4%	245 (23.1%)
Native Hawaiian/Other Pacific Islander	0%	0 (0%)	0.2%	0 (0%)	0.2%	0 (0%)
Two or more Races	0%	0 (0%)	2.3%	1 (4.0%)	2.4%	68 (6.4%)
Unknown or Refused	N/A	0 (0%)	N/A	3 (12.0%)	N/A	13 (1.2%)
By Gender						
Female	UNK	32 (53.3%)	50.7%	10 (40%)	51.1%	375 (35.3%)
Male	UNK	28 (46.7%)	49.3%	15 (60%)	48.9%	687 (64.6%)
Primary Language						
English	-	59 (98.3%)	-	3 (12%)	-	906 (85.2%)
Spanish	-	0 (0%)	-	0 (0%)	-	62 (5.8%)
Other	-	0 (0%)	-	0 (0%)	-	18 (1.7%)
Missing/Unknown	-	1 (1.7%)	-	22 (88%)	-	77 (7.3%)

Referrals Following Screening. Following a completed developmental screening, 25.7% 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 primarily implementating their screening practices with an early childhood prevention program, where some risk for developmental or social and emotional problems has led the family to the program.

Regarding the nature of the referrals, 74.3% of children screened received no additional service referrals. The most common referrals were to the local school district for evaluation or HeadStart and to a public mental or behavioral health agency. Families were also referred to a private or non-profit mental health organization, a speech or physical therapy provider, a medical provider, or to Early Childhood Intervention (ECI). Referrals to physicians were relatively uncommon.

Ysleta del Sur Pueblo. During Year 3, Ysleta del Sur Pueblo screened 60 children or families. None of the 53 children screened with the ASQ:SE-2 were identified with a concern. Of the 47 children screened with the ASQ-3, eight had areas of concern on the screening tools, representing 17.0 percent of those screened. Figure 5 illustrates the percent of children with elevations on each of the subscales of the ASQ-3. Communication and Problem Solving domains reflected the most common areas of concern.

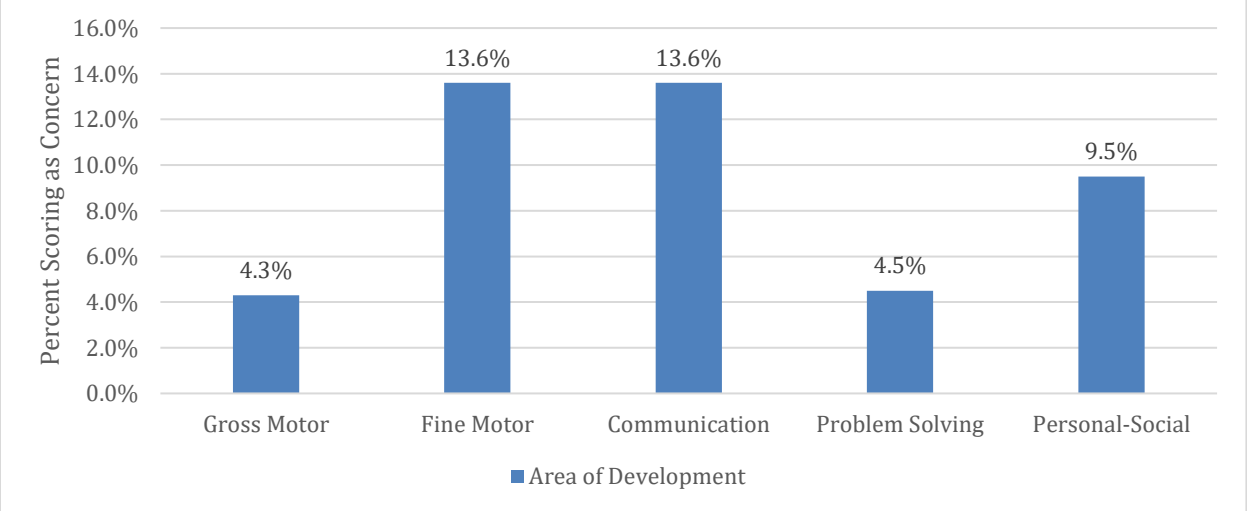
Figure 5. *Developmental Screening Results for Children in Ysleta del Sur Pueblo*



Of those children screened, 6 children and families (10.0%) received referrals for additional service provision, with three receiving multiple referrals. Three children were referred to Early Childhood Intervention (ECI); four were referred to the tribal behavioral health department, and two referrals were made to Head Start.

Bexar County. Bexar County screened 25 children during Year 3. Of the 23 children screened with the ASQ-3, four (17.4%) were identified with one or more developmental concerns. Seventeen children were screened with the ASQ:SE-2, and one child (5.9%) was identified with an elevation. The areas of developmental concern are illustrated in Figure 6. Fine motor and Communication subscales were the most commonly identified areas of concern, followed by the Personal-Social domain.

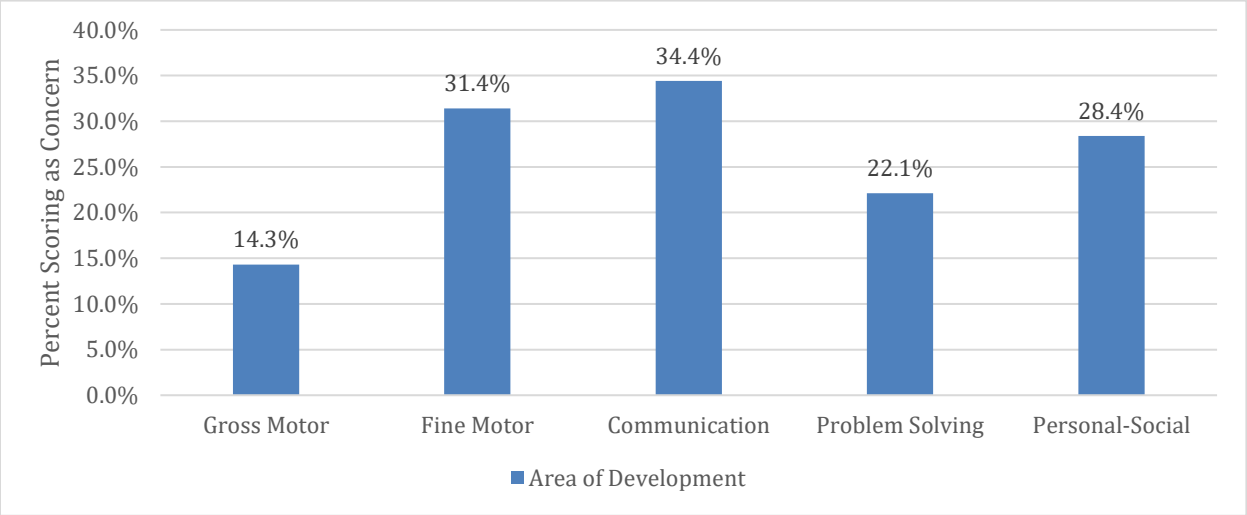
Figure 6. *Developmental Screening Results for Children in Bexar County*



Bexar County referred two children and families (8.0%) for additional services or support. Both children were referred to speech or occupational therapy for additional assessment and intervention.

Fort Worth. In Year 3, the community of Fort Worth screened 1,063 children and families. Of the 977 children screened with the ASQ-3, 488 (49.9%) were identified with one or more elevations suggesting concern. Fewer concerns were raised on the ASQ:SE-2. For the 1,007 screened with the social and emotional scale, 200 children (19.9%) were identified with a concern. The areas of developmental concern are illustrated in Figure 7. Fine motor and Communication subscales were the most commonly identified areas of concern, followed by the Personal-Social domain. The results in Tarrant County showed a significantly higher rate of concern than those found in the other expansion communities. This is likely due to the primary use of the tools within a population identified as high risk and engaging in prevention programs.

Figure 7. *Developmental Screening Results for Children in Tarrant County*



To ensure the accuracy of the data reported, referral information from the 631 children screened in the last two quarters was analyzed. Within the six month period, Tarrant County referred 178 children and families (28.2%) for additional assessment or services. The most common referral was to the local school district for an evaluation (97; 15.4%), followed by the Early Childhood/Public Mental Health organization (57; 9.0%), and private or non-profit mental health organizations (15; 2.4%). Most of the screenings performed in Tarrant County occurred as a component of the initial evaluation for a family prevention program. The children have access to a wide variety of services within this program (e.g., speech therapy); therefore, referrals are primarily for other community supports outside of the participating organizations. Some families accessed the screening through a community website, and a staff member follows up to discuss potential referrals.

Summary of Results in Screening. There was a significant increase in the number of screenings conducted over the reporting period, primarily due to the implementation of a web-based screening platform in Tarrant County. This has allowed the community to efficiently access screening measures within the home and to expand access to childcare partners. Referral rates ranged from to 8% to 28.2%, and primarily consisted of referrals to schools and early childhood interventionists.

Strategy 4: Family Strengthening

A. Evaluation Questions

Evaluation questions for this component of the Texas LAUNCH activities are summarized in Table 15. This aspect of the evaluation addresses 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 15. *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 depression?	Parent self-report	Survey of parents pre-test and post-test	National Outcomes 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 Incredible Years evaluation uses a pre-test and post-test design. The impact of the intervention is 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, when sufficient data is available.

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. Incredible Years group facilitators 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 is intended to 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 are collected at the final meeting of the group, or within one month of completion (i.e., NOMS, LIFT, PSI-SF, ECBI). Incredible Years group facilitators 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 Incredible Years Trainers or evaluation staff.

Parent Café group facilitators 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 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 are 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, and the outcomes associated with group participation (Evaluation Questions 1 through 3). The sample size for the initial evaluation remains fairly 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.

C. Data Analysis

The primary analyses measuring the impact of Incredible Years are independent t-tests, comparing summary measures of parenting behaviors (LIFT Positive Index, Negative Index), parenting stress, and child behavior problems (ECBI total). Results are benchmarked against effect sizes found from an evaluation trial of Incredible Years. Exploratory analyses will examine differences in outcomes by racial/ethnic groups, dosage (number of groups attended), and level of fidelity (high vs. low), when sufficient sample size allows. Missing data on individual scales was imputed, based on the standardized rules for each instrument about allowable missing data. Children or families with missing baseline or follow-up measures are excluded from the analyses, given the limited number of assessment points. As the sample size for Incredible Years continues to be modest, data from both Year 2 and 3 are included in the analyses.

The experience of families participating in Parent Cafes is assessed through a survey, and descriptive analyses are performed. Results are benchmarked against the results demonstrated in initial evaluation studies by BeStrong Families.

Data Barriers or Limitations. The data collection for Incredible Years was considered extensive by many of the community providers. In Ysleta del Sur, the Incredible Years facilitator reported that many parents declined to participate because of the intrusive nature of some of the questions. The questions were felt to be particulary intrusive to the Native American community. In one community, there was significant loss of data from the baseline to the follow-up period. While there were several factors involved, this seemed to be primarily due to the delegation of responsibilities without significant oversight of the multitude of childcare centers involved. Some providers also appeared to not conduct the interview as an interview, but rather to provide form to the family member, resulting in some confusion. An additional issue arose in the Parent Café evaluation. Following the Training of Trainers for Parent Cafes in the final quarter of the year, Tarrant County began utilizing a briefer survey. The brief survey consisted of different questions, with only a few maintained from the longer version. Therefore, the results are presented separately.

D. Findings/Interpretations

Number and Characteristics of Families Served in Incredible Years. A total of 110 parents or caregivers initiated participation in the Incredible Years parenting program in Year 3, 59 in Tarrant County, 22 in Bexar County, and 29 families from Ysleta del Sur Pueblo. Demographic data is available on 79 parents or caregivers who participated in the Incredible Years programs in Year 3, 61 from Tarrant County, 10 families from the Bexar County expansion community and 6 families from Ysleta del Sur Pueblo. The sample was predominantly female, although 7.7% of participants identified as male and 1.3% as Transgender. The sample was predominantly Hispanic/Latino (58.0%), with 23.2% identifying as Black or African American, 10.1% identifying as White, 7.3% as Native American. The majority of Hispanic individuals identified as Mexican descent.

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. Ninety-nine families completed some baseline measures, but only 38

families had any follow-up information available. Given the very small number of participants at this point, information should be considered exploratory, with no attempt made to generalize.

Information on the baseline functioning of children and parents participating in IY are presented in Table 16. Mean scores on the ECBI Intensity Scale fall below the clinical cut-off of 131. Parents of 24 children (28.6%) had clinical elevations on the Intensity Scale, indicating significant externalizing problems. Similarly, 31.0% (22 out of 71) of 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 (*m*=74.6) corresponds to the 48th percentile, suggesting that most parents were not reporting significant parenting stress at program entry. Four of the 91 families described total parental stress scores within a clinical range, with up to 11 families having significant elevations on one or more subscales.

Table 16. *Baseline Scores of Child Behavior and Parent Stress*

	Ysleta del Sur (n=13)		Bexar County (*n*=20)		Tarrant County (n=51)	
Scale	*M / SD*	% Elev	*M / SD*	% Elev	*M / SD*	% Elev
ECBI Intensity Scale	110.5 (41.4)	46.2%	101.8 (48.3)	25.0%	100.9 (36.5)	25.5%
ECBI Problem Scale	10.7 (11.2)	40.0%	10.3 (10.9)	42.1%	8.8 (8.8)	23.8%
	(n=11)		(n= 27)		(n=63)	
PSI-SF Total Stress	80.1 (24.9)	9.1%	75.9 (26.7)	11.5%	73.0 (18.1)	0%
PSI-SF Parental Distress	27.8 (11.0)	18.2%	25.0 (11.7)	19.2%	23.2 (7.2)	1.6%
PSI-SF Parent/Child Dysfunctional Interaction	24.1 (8.8)	9.1%	23.3 (9.2)	7.4%	21.1 (6.6)	0%
PSI-SF Difficult Child	28.2 (7.8)	9.1%	28.0 (10.2)	23.1%	27.8 (7.7)	6.9%

Changes to the measures of child and parent functioning are shared in Table 17. 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. Examination of clinically significant change (rather than statistical) demonstrates that 10 of 30 children had clinical elevations on the ECBI Intensity Scale at program entry, with 4 children no longer scoring in a clinical range a program completion. Five of the 17 parents with data on ECBI Problems Scale reported a clinical number of problem areas at entry to the program and three no longer reported clinical elevations on the ECBI Problem Scale at program completion. There was minimal parental stress identified within the sample, and minimal change was noted after participation in Incredible Years. This lack of change is likely the result of a "floor effect" on the PSI-SF. 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 for all but the Total Stress scale, where one out of two parents reported reductions.

Table 17. *Change on Meaures for IY Participants*

Scale	Baseline *M / SD*	Follow-Up *M / SD*	Mean Change	Statistics
ECBI Intensity Scale (n=30)	109.8 (43.9)	100.5 (41.1)	9.27	t=1.49, p=0.15
ECBI Problem Scale (n=17)	8.7 (10.4)	5.9 (8.0)	2.8	t=1.87, p=0.08
PSI-SF Total Stress (n=33)	70.7 (24.6)	70.0 (23.2)	0.71	t=0.28, p=0.78
PSI-SF Parental Distress (n=35)	23.0 (10.0)	23.0 (10.0)	0.06	t=0.05, p=0.96
PSI-SF Parent/Child Dysfunctional Interaction (n=35)	21.4 (7.8)	21.4 (9.4)	0.06	t=0.04, p=0.97
PSI-SF Difficult Child (n=33)	26.8 (9.8)	26.2 (7.4)	0.65	t=0.49, p=0.62
Common Indicator 4	Scale	Numerator	Denominator	Percent
% of Parents Reporting Reduced Stress	Total Stress	1	2	50.0%
	Parent Distress	4	4	100%
	Parent Child Dysfunctional Interaction	1	1	100%
	Difficult Child	5	5	100%

Changes in Parenting Practices. Parents and other caregivers participating in Incredible Years 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 classes are presented in Table 18. Overall, parents reported low levels of harsh discipline and low to moderate levels of inconsistency in discipline. Parents reported a statistically significant reduction in harsh and inconsistent discipline following participation in Incredible Years. Parents showed no change in the use of positive parenting practices. Similar to Year 2, there was also a significant increase in the use of discipline that was harsh for the age of young children (e.g., gounding, extra chores, making discipline unexpected). This suggests that facilitators may need to specifically address the developmental appropriateness of different discipline strategies within the class. Since the primary outcome was decreasing harsh discipline, the Common Indicator 3 was calculated by examining the number of parents reporting decreases of at least 1 standard deviation on the Harsh Discipline scale. Using this methodology, 9 of the 31 participants completing this measure (29.0%) demonstrated improvements in parenting.

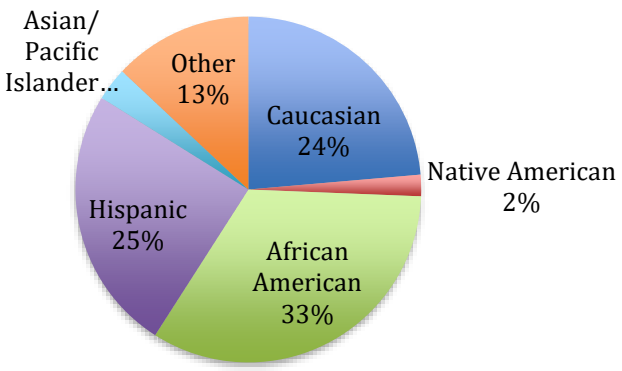
Table 18. *Change in Parenting Practices for IY Participants*

LIFT Scales	Baseline *M / SD*	Follow-Up *M / SD*	Mean Change *M / SD*	Statistics
Harsh Discipline (n=31)	2.56 (0.84)	2.00 (0.66)	0.56	*t*=3.09, *p*=0.004
Harsh Discipline for Age (n=31)	2.68 (0.90)	3.07 (1.13)	-0.39	*t*=-2.37, *p*=0.02
Inconsistent Discipline (n=30)	2.90 (0.68)	2.59 (0.63)	0.31	*t*=2.36, *p*=0.03
Appropriate Discipline (n=31)	4.53 (1.11)	4.79 (1.00)	-0.26	*t*=-1.39, *p*=0.17
Positive Parenting (n=29)	4.52 (0.78)	4.52 (0.69)	0.00	*t*=0.02, *p*=0.98
Clear Expectations (n=29)	5.67 (1.01)	5.63 (01.28)	0.03	*t*=0.11, *p*=0.91
Monitoring (n=29)	5.17 (0.78)	5.23 (0.49)	-0.06	*t*=-0.42, *p*=0.68
Common Indicator 3	Scale	Numerator	Denominator	Percent
% of Parents Reporting Improved Parenting	Inconsistent Discipline	9	31	29.0%

Number of Families Served in Parent Cafés. Eight hundred and eighty-three parents or caregivers participated in Parent Cafés in Year 3 in the three expansion communities. Ysleta del Sur Pueblo served 15, Bexar County served 44, and Tarrant County served 824. This was a significant growth from the 70 participants in Year 2. One hundred and ninety parents or caregivers (39.8%) reported that they had never previously attended a Parent Café. Of the parents or caregivers who reported having previously attended a Parent Café, 97.3% reported positive changes in their lives or the lives of their family members as a result of participation.

Characteristics of Families Served. Forty-five Café attendees (9.8% of those with data) identified as male. Data was missing on 422 (47.8%) of the participants. The predominant age range of parents or caregivers attending the Parent Cafés was between 22-55, with 276 individuals (53.9%) aged 31-55 and 174 individuals (39.5%) aged 22-30. Young parents or caregivers under 22 made up a smaller proportion of the sample (6.8%), as did adults over 55 (5.3%). Figure 10 presents the breakdown of race and ethnicity for participants. Data was missing or not provided by 375 parents or caregivers. The sample has a greater proportion of individuals who identify as Native American (2.0%) and African American/Black (33.5%) than

Figure 10. *Race and Ethnicity of Parent Café Attendees*



would be expected, reflecting the communities' targeting of individuals less likely to access mental health services. The Tarrant county region also targeted a primarily African refugee population, making up 11.0% of the "Other" category. The average number of children for families attending the Parent Cafés was 1.6. Data was missing or not provided by 90 parents or caregivers (18.8%). This question is not asked on the brief survey.

Perceptions of Parent Cafés. Participants in the Parent Cafés were generally very positive about all aspects of the program. Tables 19 and 20 present the results of Parent Café surveys at each community. Participants almost 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, 96% of respondents indicated they intended to participate in Parent Cafés in the future. The vast majority of participants indicated that they made a plan to change something about their parenting practices, such as listening to their child more or changes in discipline strategies (79% or greater). Notably, 15% of attendees did not feel that they came away with a personal connection with whom they intended to stay in touch and 23% did not identify a community specific program or resource that would be of benefit to them or their family. The Texas survey results are similar to those described by Be Strong Families in their Illinois evaluation.

Café Participant:
I enjoyed being able to open up about things that I keep botted up daily.

Table 19. *Participant Perceptions of Parent Cafes*

	Tarrant *% Agree N=423*	Bexar *% Agree N=42*	YDSP *% Agree N=13*	BSF* % Agree *N≈4700*
Participating in the Parent Café was helpful to me.	99%	100%	100%	99%
I would recommend Parent Cafes to my friends and family.	98%	98%	100%	98%
I plan to participate in Parent Cafes in the future.	96%	98%	100%	97%
I learned something that will help me as a parent.	98%	98%	100%	97%
I realized something that will help me in my relationship with other people who are helping me raise my children.	94%	93%	100%	-
I learned a new way to handle stress or challenges in my life.	95%	93%	100%	95%
I plan to take better care of myself.	96%	95%	100%	97%
I met a person (or people) I plan to stay in touch with.	85%	83%	92%	83%
I learned about a program or resource in my community that will be good for me and my family.	75%	88%	92%	-
I will be more willing to ask for help when I or my family needs it.	96%	100%	92%	95%
I plan on changing something about my parenting.	89%	93%	100%	88%
I plan to change how I listen to my children.	92%	98%	100%	-
I plan to change how I talk to my children.	91%	98%	100%	-
I plan to change how I discipline my children.	79%	90%	100%	80%
I plan to spend more time with my children.	92%	95%	100%	90%
I plan to make sure I understand my children's feelings.	96%	98%	100%	94%

Note: *Results from on-going evaluation by Be Strong Families for comparison purposes.

Table 20. *Participant Perceptions of Parent Cafes – Brief Survey (Tarrant County only)*

N=97	*% Strongly Disagree*	*% Disagree*	*% Agree*	*% Strongly Agree*
I felt comfortable sharing with the other participants in the Café.	1%	0%	27%	72%
I learned something through somebody else's story/ experience.	1%	1%	24%	74%
The experience helped me reflect on my strengths and challenges as a parent.	!%	0%	26%	73%
I learned a new way to handle stress or challenges in my life.	1%	5%	35%	59%
I met a person (or people) I plan to stay in touch with.	4%	16%	47%	33%
The Protective Factors are a useful way for me to keep my family strong.	1%	0%	31%	68%
I learned something that will help me deal positively with a challenge I'm currently having with my child/children.	1%	0%	32%	67%
I learned about a program or resource that might be helpful to me, my family, or people in my community.	3%	14%	35%	48%
I practiced ways to talk with others that will reduce conflict in my life.	2%	4%	34%	60%
The Cafe made me feel valued as a parent and community member.	1%	0%	29%	70%
I see myself being able and willing to be part of a parent Cafe team.	3%	6%	30%	61%

Summary of Results in Family Strengthening. Expansion communities greatly expanded their family strengthening services between the previous and current reporting periods. Parents expressed resounding satisfaction with their participation in Parent Cafes and almost unanimously indicated a plan to make changes as a result of their participation. Families in the more intensive Incredible Years program reported significant changes in their use of harsh and inconsistent discipline strategies; however, there was no noticeable increase in positive parenting practices. The evaluation of Incredible Years is hampered by modest rates of data collection at the completion of classes.

Strategy 5: Mental Health Consultation

A. Evaluation Questions

This aspect of the evaluation explores the implementation of Mental Health Consultation within the expansion communities. This is an optional strategy and a novel service in the state and the evaluation is exploratory in nature. Evaluation questions for this component of the Texas LAUNCH activities are summarized in Table 21.

Table 21. *Evaluation Questions for Mental Health Consultation*

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 race/ethnicity?	Analysis of existing data	Existing surveys	NOMS, PSI, DECA-C
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 uses a single group, pre-test and post-test design. For child-focused consultation, pre-test and post-test measures are used to 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 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 meets 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 conducts 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 are completed at the end of the intervention by the parent or other caregiver, with the interview led by the MHC. Follow-up assessments are only

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 intiated in Year 3. While communities were trained early in the reporting period, providers did not initially begin the evaluation activities. Providers reported that the evaluation was unclear and complex. Based on this feedback and experiences with Incredible Years, the evaluation was modified to exclude the NOMS interview and add a case summary form to gather information on all consulations, even those that are briefer than five interactions. Two additional trainings were provided to strengthen the understanding of the evaluation. Sites have begun gathering the survey instruments at this time; however, data is limited to baseline assessments. Information gathered from the case summary forms are summarized.

C. Data Analysis

The number of children or families who received child-focused mental health consultation were documented by the expansion communities. Demographic information is gathered on the case summary and described below. The outcome of consults is also described.

D. Findings/Interpretation:

A total of 62 children or families have been served through mental health consultation, with 3 children served in Ysleta del Sur, 13 in Bexar County, and 46 in Tarrant County. Tarrant County and Ysleta del Sur Pueblo provided 15 case summaries after it was included in the evaluation. One-third of the children were three years old, one-fourth were four, and one-fifth were five. The sample included children identifying as the following: four as White, Hispanic; four as Black/African American; three as Native American, Hispanic; two as White, non-Hispanic, and one as more than one race. Parents were involved in all but two of the consultations. Aggression towards others was the most common referral problem, followed by attentional problems, and tantrums and crying. The majority noted some experience with traumatic events. The consultants provided psychoeducation and skills training to parents and provided training on addressing challenging behaviors with teachers. Referrals were made to other professionals in 9 of the consultations.

V. RECOMMENDATIONS

2. The state oversight committee for Texas LAUNCH has continued to struggle with retention of family representation, a concern presented in the previous evaluation report. The Leadership Team has engaged in some of the recommended strategies, including building informal relationships and providing targeted requests for input and feedback. This has generally been successful in that many of the parents continue to express an interest in continuing to participate, but experience barriers to the half-day meeting in Austin. Texas LAUNCH should continue to engage parent leaders interested in the early childhood system through informal relationship building activities, opportunities to provide targeted feedback, and connections with the state family leadership organization. Hosting of family calls or web-based meetings may also strengthen participation overall, even if the these families are not able to be present for the in-person meeting.

7. Members indicated that the Texas LAUNCH state oversight committee had strong leadership and was beneficial to the members who participated; however, members indicated that the resources (staff and financial) available to the group was insufficient. Texas should continue to explore opportunities to sustain a state-level early childhood council after Texas LAUNCH ends, maintaining the strong collaboration that has been developed, but also exploring opportunities for increased staffing, discretionary funding, and advisory authority.

8. Providers attending one of the two workshops on Georgetown University's Mental Health Consultation framework were positive, but frequently expressed the desire for more in-depth skill building training targeting consultants. The state should continue to examine opportunities to strengthen the available workforce training for this relatively new workforce role.

9. Tarrant County has been successful in expanding the community's capacity for developmental and social-emotional screening through an online platform. Project leaders have supported its use through memoranda of understanding with community agencies, regular staff training in the use of the system, and staffing to engage families interested in additional community resources. Tarrant County has expressed the desire for a more robust reporting system, that allows the community to track referrals and the resulting services. Texas LAUNCH should use these "lessons learned" in the development of a state web-based platform for early childhood screening.

10. The outcome evaluation of the Incredible Years program is limited by the small sample sizes, but initial results are positive and suggest decreases in harsh parenting practices and potential reductions in child behavior problems. However, classes seem to be having little to no impact on increasing positive parenting practices. The Local Lead should utilize the Community of Learning as an opportunity to discuss facilitators perceptions of this finding, barriers that may be identified, and strategies for enhancing fidelity to these components of the curriculum, if needed. The evaluators can begin to examine any differences in outcomes by community as the sample size increases.

11. Texas LAUNCH is making progress in implementing all selected strategies and beginning to build data to document the outcome of strategies. During the current year, evaluation data should be utilized in communication strategies to document the impact of LAUNCH in expansion communities and the state.

VI. APPENDIX 1

Year 3 Disparities Impact Table

The direct services provided to children and families are presented in the table below. 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.

	Screening	Incredible Years	Parent Cafes	Mental Health Consultation	Expected Texas Child Population
Direct Services: Number to be served	1148	110	883	62	
By Race/Ethnicity (List Sub-Populations individually)					
African American	280 (24.8%)	16 (23.2%)	170 (33.5%)	4 (28.6%)	12.6%
American Indian/ Alaskan Native	57 (5.0%)	5 (7.3%)	10 (2.0%)	3 (21.4%)	0.5%
Asian	43 (3.8%)	0 (0%)	16 (3.1%)	0	5.4%
White (non-Hispanic)	420 (37.2%)	7 (10.1%)	120 (23.6%)	2 (14.3%)	42.6%
Hispanic or Latino	261 (23.1%)	40 (58.0%)	126 (24.8%)	4 (28.6%)	37.1%
Native Hawaiian/Other Pacific Islander	0 (0%)	0 (0%)	0 (0%)	0 (0%)	<1%
Two or more Races	69 (6.1%)	1 (1.4%)	66 (13.0%)	1 (7.1%)	1.8%
Unknown	16 (n/a)	41 (n/a)	375 (n/a)	48 (n/a)	n/a
By Gender					
Female	417 (36.4%)	71 (91.0%)	416 (90.2%)	4 (28.6%)	49%
Male	730 (63.6%)	6 (7.7%)	45 (9.8%)	10 (71.4%)	51%
Transgender	0 (0%)	1 (1.3%)	0 (0%)	0 (0%)	<1%
Unknown	1 (n/a)	32 (n/a)	422 (n/a)	48 (n/a)	n/a

VII. ADDITIONAL APPENDICES

The appendices section provides an opportunity to include supplemental information and additional detail related to your evaluation. Please list supporting documentation referenced in the evaluation report or other documentation that is helpful for understanding how the evaluation was conducted and the results obtained. This section could include:

a) sample instruments as appropriate (questionnaires, interview guides, protocols)
b) psychometric characteristic of selected measures
c) timeline of evaluation activities completed over the life of the project
d) the reliability of data collection instruments
e) summary tables of findings (e.g. qualitative responses grouped by themes)