

ATTACHMENT E: IECMHC ASSESSMENT OF CUMULATIVE TOOLKIT-RELATED SERVICES

OMB No. 0930-0xxx

Expiration Date: xx/xx/xx

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0xxx. Public reporting burden for this collection of information is estimated to average 20 minutes per respondent, per year, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 5600 Fishers Lane, Room 15E57-B, Rockville, Maryland, 20857.

NOTE: Cumulative Service Assessments will be conducted with primary Center of Excellence service recipients at the State or Tribal system level to assess annual customer satisfaction and cumulative impact of collective Toolkit-related services. This includes representatives from States and Tribes. To achieve the IECMHC contract requirement of reporting on performance and outcomes data that inform SAMHSA about reach, implementation, and impact of the Center's work, the content of the cumulative assessments will be tailored both to the specific characteristics and progress expectations of the specific client group being assessed and the nature of related services delivered.

INVITATION LANGUAGE

Dear <representative name>,

My name is <name of IECHMHC evaluator> and I am the evaluator for the Infant and Early Childhood Mental Health Consultation (IECMHC) Center of Excellence. We are contacting you and other State and Tribe spokespeople, asking you to reflect on the Toolkit-related services delivered to you by the Center over the past year and how the Center might best meet your needs in the future.

To facilitate the process, we have created an online place for you to provide your feedback, and it should only take a few minutes. The questions ask about ways in which the Center's services delivered during the past year may have contributed to changes in state, county, or local infant and early childhood mental health

consultation systems. To assess progress on IECMHC benchmarks established for the Center, we will ask about:

- Changes related to your State or Tribe's efforts to increase utilization of IECMHC services
- Your efforts to establish or adopt standards for the training of IECMHC Consultants
- Any formal evaluations you may have developed of the impact of IECMHC on provider practices and child and or parent outcomes
- Your systems for tracking expulsions of young children with behavioral or social/emotional challenges from early care and education programs.

You may, of course, point out other types of changes.

We will then discuss your overall assessment of the value of the Center's services, how the Center can improve these services, and the way in which the Center can address emerging needs of your <State's/Tribe's> mental health consultation system. A list of selected services delivered to your <State/Tribe> during the past year is attached for your review.

Note: Information on marketing, consultant standards, program evaluation, program sustainability, data systems and other benchmarks that your State/Tribe has developed to monitor the implementation and impact of IECMHC will be reported separately on the quarterly and annual Benchmark Data Collection Forms. Your IECMHC mentor will work with you to provide this information.

The information that you share will be kept private and only reported in a way that does not identify individual respondents. If you provide a particularly compelling statement, we may ask for your permission to quote statements you make or to attribute ideas to you, but we will never do so without your permission.

TO PROCEED:

Click on the link below to begin. A new window should open. If the link is not highlighted, or if a new window does not open when you click on the link, simply copy and paste the address into the location bar of your browser's window.

<participation URL>

While you were identified as the primary contact for your <State/Tribe>, if multiple individuals are familiar with the Center's Toolkit-related services, you might find it useful to talk to them prior to providing your feedback. Also, if you feel that there is another person more suitable for participation, please reply to this message and provide that person's contact information (name, email address, and their relationship to your State/Tribe).

Thank you in advance for your help.

<name of evaluator>
Evaluator

IECMHC ASSESSMENT OF CUMULATIVE TOOLKIT-RELATED SERVICES INSTRUMENT

We are interested in IECMHC Toolkit-related services (technical assistance, trainings, trainings of trainers, conferences, facilitated meetings, and other resources) your State or Tribe may have received or accessed during the past year, and the extent to which these services may or may not have contributed to your State's or Tribe's capacity. A list of services you may have accessed is attached for your convenience.

<bulleted list of services received>

[Examples:

- Development of a strategic plan
- Strategies for inter-agency collaboration to promote IECMHC professional standards
- Selection and implementation of IECMHC program models in tribal communities
- Development and implementation of a pre-K expulsion data tracking system
- Selection and management of an evaluator for your State/Tribal IECMHC program]

1. Did your State or Tribe receive any of services in this area? (Check all that apply.)

Yes [go to #2] No [skip to #4]

If not, what was the main reason (e.g., you didn't need services in the area, you requested but didn't receive services in the area, some other reason)?

<box for open-ended responses>

2. To what extent have the IECMHC Toolkit-related services in the past year improved your State or Tribe's capacity in this area?

<A Great Deal, Somewhat, Not Very Much, Not At All>

3. Please provide one or more examples of how the services enhanced your State or Tribe's capacity in the area and/or why your capacity may not have increased.

<box for open-ended responses>

We would like you to reflect on all the IECMHC Toolkit-related services you received over the year.

4. Overall, how satisfied are you with the services that your State or Tribe received from the Center over the past year?

<Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very Dissatisfied>

Please explain:

<box for open-ended responses>

5. In what areas, if any, should the Center make improvements?

<box for open-ended responses>

6. Thinking about the next few years, what are the major needs your State or Tribal mental health consultation system faces that the Center can help address, and how?

<box for open-ended responses>