

Crosswalk of MSE Part A and CSE Surveys

Crosswalk of MSE and CSE Direct Services Surveys

	New MSE Portal Questions	Current CSE Portal Questions
Home Visiting Activities	<ul style="list-style-type: none"> <input type="checkbox"/> Did you implement any home visiting activities? <input type="checkbox"/> Activity name (example list) <ul style="list-style-type: none"> <input type="checkbox"/> Screening children/adults (with type) <input type="checkbox"/> Consultation for home visitors <input type="checkbox"/> Training for home visitors <input type="checkbox"/> Home visits with parents/children <input type="checkbox"/> Brief description of activity <input type="checkbox"/> Type of activity <ul style="list-style-type: none"> <input type="checkbox"/> Professional training <input type="checkbox"/> Screening <input type="checkbox"/> Classroom intervention <input type="checkbox"/> Parent/family education <input type="checkbox"/> Who does the activity directly interact with <input type="checkbox"/> How many individuals did the activity directly interact with <input type="checkbox"/> Who is the intended beneficiary <input type="checkbox"/> Age of children, if children were intended beneficiaries <input type="checkbox"/> Where activity was implemented 	From Direct Services survey (no specific HV survey) <ul style="list-style-type: none"> <input type="checkbox"/> Description of program <input type="checkbox"/> Does program include services for parents/families <input type="checkbox"/> What types of services are provided in this program? <ul style="list-style-type: none"> <input type="checkbox"/> Home visiting <input type="checkbox"/> Family strengthening <input type="checkbox"/> Short term MH treatment services <input type="checkbox"/> Family/child assessments and referrals <input type="checkbox"/> Does program include separate services for children <input type="checkbox"/> How would you describe program/service <input type="checkbox"/> Who is the target population <input type="checkbox"/> Location of services
Mental health consultation in school and ECE settings	<ul style="list-style-type: none"> <input type="checkbox"/> Did you implement any MH consultation in school and ECE setting activities? <input type="checkbox"/> Activity name (example list) <ul style="list-style-type: none"> <input type="checkbox"/> Programmatic consultation <input type="checkbox"/> Individual child/parent consultation <input type="checkbox"/> Implementation of EBP with teachers (with 	<ul style="list-style-type: none"> <input type="checkbox"/> Did LAUNCH support developmental screening and assessments of children conducted by the MH consultant? <input type="checkbox"/> What are the preferred qualifications of MH consultants who are working in these settings?

- type)
 - o Formal training for ECE or school staff
 - o Brief description of activity
 - o Activity type
 - o Professional training
 - o Screening
 - o Classroom intervention
 - o Parent/family education
 - o Who does the activity directly interact with
 - o How many individuals did the activity directly interact with
 - o Who is the intended beneficiary
 - o Age of children, if children were intended beneficiaries
 - o Where activity was implemented
- o What are the professional affiliations of these MH consultants?
 - o How many providers were involved with MH consultation in school and ECE settings?
 - o Who are the staff in these settings?
 - o Number of children screened and/or assessed for MH services
 - o Number of children referred for MH services
 - o Number of family members screened and/or assessed for MH services
 - o Number of family members referred for MH services
 - o Number of staff who received training in MH-related practices/activities
 - o Is there training for school staff on LAUNCH-supported MH activities
 - o Who conducted screenings and/or assessments of children?
 - o How many screening/assessment instruments were used for family members
 - o Does the MH consultation model/approach have a data system in place to track client information
 - o Amount of change in providers/staff knowledge about:
 - o Child development
 - o Available options for follow-up services
 - o Amount of staff change in use of MH consultation
 - o Amount of staff change in use of

		<ul style="list-style-type: none"> o screening/assessment o What are some of the changes? o Percentage of providers/staff represented in above responses
Integrating behavioral health into primary health care	<ul style="list-style-type: none"> o Did you implement any activities related to integrating BH into PHC? o Activity name (examples) <ul style="list-style-type: none"> o Screening children/adults (with type) o Training for PC staff o Mental health consultation o MH assessment, brief intervention, referral to treatment o Brief description of activity o Activity type <ul style="list-style-type: none"> o Professional training o Screening o Classroom intervention o Parent/family education o Who does the activity directly interact with o How many individuals did the activity directly interact with o Who is the intended beneficiary o Age of children, if children were intended beneficiaries o Where activity was implemented 	<ul style="list-style-type: none"> Types of MH related activities <ul style="list-style-type: none"> o Brief description of model/approach o Types of primary care settings involved o Did LAUNCH support screening o Did LAUNCH support training of staff o Did LAUNCH support consultation: <ul style="list-style-type: none"> o between MH staff and PHC providers o between MH staff and families o by MH staff about practices in PHC setting o Number of settings for integrating MH into PHC o Number of PHC providers o Number of children o Preferred/required qualifications of MH staff o Professional affiliations of MH staff o Did LAUNCH support supervision of MH staff o Did LAUNCH support training for MH staff
Family strengthening activities	<ul style="list-style-type: none"> o Did you implement any family-strengthening activities? o Activity name (examples) <ul style="list-style-type: none"> o Screening children/adults (with type) o Implementation of EB parent education or support program (with type) o Brief description of activity o Activity type <ul style="list-style-type: none"> o Professional training 	<ul style="list-style-type: none"> From Direct Services survey (no specific family strengthening survey) <ul style="list-style-type: none"> o Description of program o Does program include services for parents/families o What types of services are provided in this program? <ul style="list-style-type: none"> o Home visiting o Family strengthening

- Screening
- Classroom intervention
- Parent/family education
- Who does the activity directly interact with
- How many individuals did the activity directly interact with
- Who is the intended beneficiary
- Age of children, if children were intended beneficiaries
- Where activity was implemented
- Short term MH treatment services
- Family/child assessments and referrals
- Does program include separate services for children
- How would you describe program/service
- Who is the target population
- Location of services

Other Direct Service Activities

- Did you implement any other direct service activities?
 - Activity name
 - Brief description of activity
 - Activity type
 - Professional training
 - Screening
 - Classroom intervention
 - Parent/family education
 - Who does the activity directly interact with
 - How many individuals did the activity directly interact with
 - Who is the intended beneficiary
 - Age of children, if children were intended beneficiaries
 - Where activity was implemented
- Questions below are from “MH services in other settings” survey
- Brief description of integration model/approach
 - Which types of settings were involved
 - Qualifications of MH staff
 - Professional affiliations of MH staff
 - Number of settings in which model was implemented
 - Did LAUNCH support training for MH consultants and other staff
 - What types of training
 - Number trained
 - Did MH consultation involve consultation about individual children/families
 - Types of consultation services
 - Did MH consultation involve consultation about staff practices
 - Other MH activities supported as part of model
 - Number of children/families seen
 - Did LAUNCH support training for MH staff who are working with these settings on the MH model

- o Did LAUNCH support supervision for MH staff who are working with these settings on the MH model
- o Is there a systematic process for monitoring fidelity of model/approach
- o What types of measures are used
- o What methods are used to monitor fidelity
- o How often is fidelity of implementation assessed
- o Was the fidelity of the model assessed in the past 12 months
- o Rate the overall fidelity of the model
- o Did the MH consultation model have a data system in place to track contacts
- o What types of data are included in the system
- o Electronic, paper, or combo data system
- o Are there data sharing agreements in place
- o What types of data sharing occur
- o How many other MH consultants share data with this model
- o Who are the other programs part of the data sharing
- o Amount of change in providers/staff knowledge about:
 - o Child development
 - o Available options for follow-up services
- o Amount of staff change in use of MH consultation
- o Amount of staff change in use of screening/assessment
- o What are some of the changes?
- o Number and percent of providers/staff

Staff Allocation	<ul style="list-style-type: none"> 0 Name 0 Job description 0 Number of hours on LAUNCH 0 Allocate hours spent per week for each activity entered (direct service and systems activities) 0 Total number of activities per staff person 	<p>represented in above responses</p> <ul style="list-style-type: none"> 0 Number of staff that work in each of the settings (e.g., MH in PHC, MH in schools and ECEs, etc) 0 Types of staff involved
Facilities, Equipment, Transportation	<ul style="list-style-type: none"> 0 Each activity listed in direct services and systems surveys is pre-populated here 0 Did you rent out space for this activity? 0 Amount spent on renting space 0 Purchase equipment for this activity? 0 Amount spent on purchasing equipment 0 Transportation costs associated with activity? 0 Amount spent on transportation 	<p>--</p>
Activities and subcontracting	<ul style="list-style-type: none"> 0 Each activity listed in direct services and systems surveys is pre-populated here 0 Was activity initiated under LAUNCH? 0 Do you pay others to do this work for you – subcontract? 0 Dollar value of subcontract 0 Does subcontract pay for more than one activity? 0 Percentage of contract spent on this activity? 	<ul style="list-style-type: none"> 0 For all activity types (MH in PHC, MH in schools/ECEs, etc): was the model initiated under LAUNCH 0 Was the model started “from scratch” by LAUNCH in the target community 0 Proportion of funding for model came from LAUNCH 0 Other sources of funding that supported the model
Screening/ assessment of children and families	<p>Integrated above into direct services sections</p>	<p>From all surveys, including overall direct services and MH consultation in other settings</p> <ul style="list-style-type: none"> 0 Did LAUNCH support developmental screening/assessment of children 0 How many different measures were used 0 Name and domains of each measure 0 Who conducted the screenings/assessments 0 Did LAUNCH support physical health screening

		<ul style="list-style-type: none"> o What aspects of physical health were screened o As part of the LAUNCH MH consultation model, did LAUNCH support screening/assessment of family members o How many different measures were used o Name and domains of each measure o Who conducted the screenings/assessments o
Demographics	--	<p>From Direct Services Survey</p> <ul style="list-style-type: none"> o Total number new children in past 6 months o Newly enrolled families o Age of target child o Gender of target child o Is target child Hispanic o Race of target child o Parents or primary caregivers of target child in household o Highest education level of parent/primary caregiver o Average number of children in household o Primary language in household o Number of households with member on active duty in Armed Force or reserve o Number of households in which 1 or more children has been homeless in past 12 months o Number of families that: <ul style="list-style-type: none"> o Teen mother o Single parent family o PC without GED or HS education o PC not employed and not in school o Household participates in at least one assistance program

		<ul style="list-style-type: none"> o Three or more characteristics above o Number of families: <ul style="list-style-type: none"> o Member of household has mental illness o Member of household has substance abuse problem o Any child victim of violence or trauma o More than one characteristic above
Programs/ Services Expanded or Enhanced	--	<p>From Direct Services survey</p> <ul style="list-style-type: none"> o Were LAUNCH funds used to expand the existing program/service by increasing number of children/families o Were more families served through additional funding o Do additional families represent previously unserved or underserved population o Were LAUNCH funds used to expand the existing program/service by adding a new program component o Were LAUNCH funds used to make program culturally competent o Were LAUNCH funds used to expand the existing program/service by providing training to staff o Were LAUNCH funds used to expand the existing program/service by funding program administration/management o Were LAUNCH funds used to expand the existing program/service in any other way
Service Counts	--	<p>From "Direct Services" survey, programs initiated under LAUNCH</p> <ul style="list-style-type: none"> o Program size o Number of additional families able to serve

- o Number of children/families served
- o Number of families who left before the planned end of the program/service
 - o Percentage complete for these families
- o In what ways were services provided?
 - o part of home visiting program
 - o home visits in a different program
 - o parent training/education or support groups
 - o parent/child sessions or groups other than for mental health treatment
 - o computerized lessons for parents
 - o any other types of direct contact

Crosswalk of MSE and CSE Systems Activities and Outcomes Measures

	New MSE Portal Questions	Current CSE Portal Questions
Systems Activities	<p>Have you implemented systems activities in any of the following areas:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Coalition building <input type="checkbox"/> Public information campaigns <input type="checkbox"/> Advocacy <input type="checkbox"/> Funding/sustainability <p>For each activity identified in each category:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Describe the activity <input type="checkbox"/> What outcomes were you working toward by this activity? (See below for outcome examples) <input type="checkbox"/> What outcome did you spend most of your time working toward? 	<p>Have Project LAUNCH activities at the state/community/tribal community level accomplished any of the following at the state, community, or tribal level:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Increased awareness of child wellness <input type="checkbox"/> Used funds in an innovative manner <input type="checkbox"/> Increased integration of service systems <input type="checkbox"/> Created partnerships among providers <input type="checkbox"/> Influenced organizational or state policy <input type="checkbox"/> Enhanced cultural competence of providers <input type="checkbox"/> Increased amount of or access to data available to agencies, organizations, and service providers on the health status of the target population <p>What strategies have you used to ensure sustainability?</p>
Systems Outcomes	<p>Policies/guidelines/rule changes</p> <ul style="list-style-type: none"> <input type="checkbox"/> Health insurance <input type="checkbox"/> Health providers <input type="checkbox"/> Education <input type="checkbox"/> Rule changes at private or non-profit institutions <input type="checkbox"/> Other changes <p>Collaboration</p> <ul style="list-style-type: none"> <input type="checkbox"/> Increased levels of collaboration <input type="checkbox"/> Referral systems <input type="checkbox"/> Data systems 	<p>Has funding and/or support assisted the state/community/tribal community to:</p> <ul style="list-style-type: none"> <input type="checkbox"/> develop a more integrated system of care? <input type="checkbox"/> formulate coordinated policies and/or standards across state agencies and organizations? <input type="checkbox"/> coordinate data collection and analysis regarding service needs and outcomes of young children and their families across state agencies and organizations?

Funding/sustainability

- Integrated funding
- Application for funding
- Increased or reallocated state or institutional funding
- Applying for sustained funding

Other systems outcomes

For each identified outcome that Project LAUNCH is working toward:

- Was the change achieved during the reporting period?
- At what level was the change achieved?
- Policy outcomes only - furthest level of policy process reached
- Other information about the change

- coordinate the financing of services to young children and their families?
- establish or maintain a process for facilitating state and/or community systems building through technical assistance and consultation
- establish or maintain a process for facilitating state and/or community systems building through education and training?

The new MSE questions below come from the new MSE interview guide

Demographic information

- What is your name?
- What is your role on Project LAUNCH?
- If Young Child Wellness Coordinator, at which level?
- What agency or organization do you work for?
- How long have you been involved with Project LAUNCH?

- State/community/tribal council on young child wellness
- Lead agency
- Newly formed/already existed
- Number of meetings
- Key functions and responsibilities
- Attention to cultural competence
- Incorporation of family perspectives
- Number of organizations collaborating per quarter/number of new per quarter
- What is the geographic area of your PL program?
- How would you describe the target area?

Systems Change Facilitators

For each systems outcome described by the grantee in the data portal:

State/community/tribal-level factors that have facilitated progress toward implementation of

	<ul style="list-style-type: none"> o What was the process for achieving that change? o What factors facilitated the change? 	Project LAUNCH
Systems Change Barriers/Challenges	<p>For each systems outcome described by the grantee in the data portal:</p> <ul style="list-style-type: none"> o What factors were barriers to the change? 	State/community/tribal level factors that have presented challenges toward implementation of Project LAUNCH
Unexpected Systems Change Outcomes	<p>For each systems outcome described by the grantee in the data portal:</p> <ul style="list-style-type: none"> o Did any unexpected outcomes occur related to or as a result of the change? o If yes, what were the unexpected outcomes? o How were those unexpected outcomes handled? 	--
Future plans for systems change	<ul style="list-style-type: none"> o Are there further plans related to this change? o If yes, what are the further plans? 	--
Systems outcomes not due to Project LAUNCH	<ul style="list-style-type: none"> o Did any of the systems outcomes identified in the portal occur, but were not due to LAUNCH-related activities? o [If yes], what was the change? o To your knowledge, how was this change achieved? o Do you have plans to incorporate further work/change in this area into your next reporting period? o If yes, how do you plan to incorporate it? 	--
Progress on systems outcomes related to initial LAUNCH plans	<ul style="list-style-type: none"> o What systems-level needs were identified in your initial needs assessment/environmental scan? o Have additional systems-level needs been identified after LAUNCH implementation? o What are those needs? o How were those needs identified? o Are you able to effectively use your LAUNCH funding to address the identified systems-level needs? o Please explain how your LAUNCH funding effectively 	<p>Has funding and/or support assisted the state/community/tribal community to:</p> <ul style="list-style-type: none"> o develop a more integrated system of care? o formulate coordinated policies and/or standards across state agencies and organizations? o coordinate data collection and analysis regarding service needs and outcomes of young children and their families across state agencies

- | | |
|--|---|
| <p>addresses the system-level needs.</p> <ul style="list-style-type: none"> o Please explain how your LAUNCH funding does not effectively address the systems-level needs. o Have there been any changes in your local community that have affected your ability to address systems-level outcomes? o What are those changes in the local community? o How has the LAUNCH program adapted over time to these changes in your local community? o Overall, what do you think is the most important factor that is necessary for change to occur at the systems level in the area of childhood health and wellness? o Has that factor been present in your community? o If so, can you describe it? o If not, why do you think it has not been present? | <p>and organizations?</p> <ul style="list-style-type: none"> o coordinate the financing of services to young children and their families? o establish or maintain a process for facilitating state and/or community systems building through technical assistance and consultation? o establish or maintain a process for facilitating state and/or community systems building through education and training? |
|--|---|

Question areas CSE only

--

Workforce development (note: trainings included in new direct services activities survey in MSE)

Quality monitoring and evaluation

State/community/tribal community council organizations -information about members of Young Child Wellness Council

Key collaborators - 3-5 agencies that have been the most important state/community/tribal community -level collaborators during reporting period

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. OMB number: 0970-0373; Expiration date: XX/XX/XXXX.