

Project LAUNCH Systems Activities and Outcomes Survey

We are conducting a study to learn about the social and emotional development of children from birth through eight years of age. This study is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services (HHS). By collecting information from Project LAUNCH grantees, we seek to gain a better understanding of the systems change activities that are being conducted to further child health and well-being in LAUNCH communities. We estimate this survey will take approximately 8 hours to complete, including the time it may take to gather the information needed to respond to the questions. Your participation in the survey is voluntary, and your responses will be kept private to the extent permitted by law. As described in the (XXXX grantee number entered here) cooperative agreement award this data collection must be completed by the grantee.

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 number for this information collection is 0970-0373 and the expiration date is XX/XX/XXXX.

COALITION BUILDING ACTIVITIES

Did you implement any **coalition building activities** during the current reporting period?

- Yes
- No

(Next page)

Please list all of the **coalition building activities** you have implemented during the current reporting period and select the outcomes these activities were working towards. Please click on “Add activity” to add new activities to the table and then select the outcome(s) that the activities were working towards.

Add Activity

What is the activity name?	What outcome(s) were you working towards by implementing this activity?	Which outcome did you spend most of your time working towards?
Activity 1	<i>Select all that apply.</i> <input type="checkbox"/> Policies and guidelines that relate to health insurance (e.g., Medicaid reimbursement)	<i>Select one.</i>

	<p>policy) Please describe: _____</p> <ul style="list-style-type: none"> € Policies and guidelines that relate to health providers (e.g., policy to include regular behavioral health screening in pediatric primary care practices) Please describe: _____ € Policies and guidelines that relate to education (e.g., Policy to include mental health specialists into education settings) Please describe: _____ € Policies and guidelines that relate to home visiting. Please describe: _____ € Policies and guidelines that relate to parenting. Please describe: _____ € Change in other policies, rules, and guidelines (e.g., Change in eligibility criteria for child-serving programs) Please describe: _____ € Increased levels of collaboration (e.g., Development of a coalition specific to early childhood health) Please describe: _____ € Development/improvement of referral systems (e.g., common referral form among service systems) Please describe: _____ € Development/improvement of data systems (e.g., data-sharing agreements) Please describe: _____ € Integrated funds across organizations (e.g., Use of funds to increase access to high-quality early childhood education programs) Please describe: _____ € Submit an application for funding (e.g., Applications for federal, state, local, or other grants) Please describe: _____ € Other outcome. Please describe: _____ 	
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PUBLIC INFORMATION CAMPAIGNS

Did you implement any **public information campaigns** during the current reporting period?

- Yes
- No

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Please list all of the **public information campaigns** you have implemented during the current reporting period and select the outcomes these campaigns were working towards. Please click on “Add activity” to add new activities to the table below and then select the outcome(s) that the campaigns were working towards.

Add Activity

Activity	What outcome(s) were you working towards by implementing this activity?	Which outcome did you spend most of your time working towards?
Activity 1	<p><i>Select all that apply.</i></p> <ul style="list-style-type: none"> <input type="radio"/> Educate the public about the importance of childhood mental health. Please describe: _____ <input type="radio"/> Promote policies and guidelines that integrate behavioral health screening into pediatric primary care. Please describe: _____ <input type="radio"/> Promote the importance of evidence-based practices for childhood wellness. Please describe: _____ <input type="radio"/> Promote policies and guidelines that relate to health insurance (e.g., Medicaid reimbursement policy). Please describe: _____ <input type="radio"/> Promote policies and guidelines that relate to education (e.g., Policy to include mental health specialists into education settings). Please describe: _____ <input type="checkbox"/> Promote policies and guidelines that relate to home visiting. Please describe: _____ <input type="checkbox"/> Promote policies and guidelines that relate to parenting. Please describe: _____ <input type="radio"/> Promote change in other policies, rules, and guidelines (e.g., Change in eligibility criteria for child-serving programs) Please describe: _____ <input type="radio"/> Promote need for integrated services for childhood mental health at local, tribal, or 	<p><i>Select one.</i></p>

	<p>state level. Please describe: _____</p> <ul style="list-style-type: none">o Educate about importance of integrated funding sources for childhood mental health (e.g., Use of funds to increase access to high-quality early childhood education programs). Please describe: _____o Educate about need for sustainable funding sources. Please describe: _____o Other outcome. Please describe: _____	
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ADVOCACY ACTIVITIES

Did you implement any **advocacy activities** during the current reporting period?

- Yes
- No

Please list all of the **advocacy activities** you have implemented during the current reporting period and select the outcomes these activities were working towards. Please click on “Add activity” to add new activities to the table and then select the outcome(s) that the activities were working towards.

Add Activity

Activity	What outcome(s) were you working towards by implementing this activity?
Activity 1	<p><i>Select all that apply.</i></p> <ul style="list-style-type: none"> <input type="radio"/> Policies and guidelines that relate to health insurance (e.g., Medicaid reimbursement policy) Please describe: _____ <input type="radio"/> Policies and guidelines that relate to health providers (e.g., policy to include regular behavioral health screening in pediatric primary care practices) Please describe: _____ <input type="radio"/> Policies and guidelines that relate to education (e.g., Policy to include mental health specialists into education settings) Please describe: _____ <input type="radio"/> Policies and guidelines that relate to home visiting. Please describe: _____ <input type="radio"/> Policies and guidelines that relate to parenting. Please describe: _____ <input type="radio"/> Rule changes at private or non-profit institutions <input type="radio"/> Other policies, rules, and guidelines (e.g., Change in eligibility criteria for child-serving programs) Please describe: _____ <input type="radio"/> Increased or reallocated state or institutional funding (e.g., Use of funds to increase access to high-quality early childhood education programs) Please describe: _____ <input type="radio"/> Getting state or municipality for applying for state or federal funds <input type="radio"/> Other outcome. Please describe: _____

ACTIVITIES TO BUILD FUNDING

Did you implement any **activities to build funding** during the current reporting period?

- Yes
- No

Please list all of the activities you have implemented to **build funding** during the current reporting period and select the outcomes these activities were working towards. Please click on “Add activity” to add new activities to the table and then select the outcome(s) that the activities were working towards.

Activity	What outcome(s) were you working towards by implementing this activity?
Activity 1	<p><i>Select all that apply.</i></p> <ul style="list-style-type: none"> <input type="radio"/> Write grant or other funding application. Please describe: _____ <input type="radio"/> Increase Medicaid or private insurance reimbursement for services. Please describe: _____ <input type="radio"/> Use of integrated funding sources (e.g., Use of funds to increase access to high-quality early childhood education programs) Please describe: _____ <input type="radio"/> Use of or application to receive sustainable funding sources (e.g., Applications for federal, state, local, or other grants) Please describe: _____ <input type="radio"/> Other outcome. Please describe: _____

OTHER SYSTEMS CHANGE ACTIVITIES

Did you implement any **other systems-change activities** during the current reporting period?

- Yes
- No

Please list all of the **other systems-change activities** you have implemented during the current reporting period and select the outcomes these activities were working towards. Please click on “Add activity” to add new activities to the table and then select the outcome(s) that the activities were working towards.

Activity	What outcome(s) were you working towards by implementing this activity?
Activity 1	<p><i>Select all that apply.</i></p> <ul style="list-style-type: none"> <input type="radio"/> Policies and guidelines that relate to health insurance (e.g., Medicaid reimbursement policy) Please describe: _____ <input type="radio"/> Policies and guidelines that relate to health providers (e.g., policy to include regular behavioral health screening in pediatric primary care practices) Please describe: _____ <input type="radio"/> Policies and guidelines that relate to education (e.g., Policy to include mental health specialists into education settings) Please describe: _____ <input type="radio"/> Policies and guidelines that relate to home visiting. Please describe: _____ <input type="radio"/> Policies and guidelines that relate to parenting. Please describe: _____ <input type="radio"/> Other policies, rules, and guidelines (e.g., Change in eligibility criteria for child-serving programs) Please describe: _____ <input type="radio"/> Increased levels of collaboration (e.g., Development of a coalition specific to early childhood health) Please describe: _____ <input type="radio"/> Development/improvement of referral systems (e.g., Common referral form among service systems) Please describe: _____ <input type="radio"/> Development/improvement of data systems (e.g., Data-sharing agreements) Please describe: _____ <input type="radio"/> Use of integrated funding sources (e.g., Use of funds to increase access to high-quality early childhood education programs) Please describe: _____ <input type="radio"/> Use of or application to receive sustainable funding sources (e.g., Applications for federal, state, local, or other grants) Please describe: _____ <input type="radio"/> Other outcome. Please describe: _____

SYSTEMS OUTCOMES MATRIX

The following table lists the outcomes that you had indicated your project was working towards during the current reporting period. For each outcome, please answer the questions listed in each column.

Outcome	1. Was this change achieved during the reporting period?	1a. At what level did this change occur?	2. [For policy outcomes only]: Indicate the furthest stage of the policy process that was reached during the reporting period.	3. Other information about the change you would like to provide
	<input type="radio"/> Yes, change was achieved. <input type="radio"/> Change was not achieved, but made progress toward completion. Please describe: _____ <input type="radio"/> No, change was not achieved and no progress was made.	<i>Select all that apply.</i> <input type="radio"/> Selected providers <input type="radio"/> Schools or practices <input type="radio"/> Community <input type="radio"/> District <input type="radio"/> Town or city <input type="radio"/> Tribe <input type="radio"/> State <input type="radio"/> Other, Please specify _____	<input type="radio"/> Development <input type="radio"/> Proposal <input type="radio"/> Implementation <input type="radio"/> Enforcement <input type="radio"/> Don't know <input type="radio"/> Not Applicable (not a policy outcome)	

OUTCOMES OUTSIDE OF LAUNCH FUNDING

Were there any major systems changes that occurred outside of LAUNCH activities/funding during the current reporting period?

- Yes
- No
- Don't know

Please indicate which major systems changes occurred outside of LAUNCH activities/funding during the current reporting period.

Activity	What outcome(s) were you working towards by implementing this activity?
Activity 1	<p><i>Select all that apply.</i></p> <ul style="list-style-type: none"> <input type="radio"/> Policies and guidelines that relate to health insurance (e.g., Medicaid reimbursement policy) Please describe: _____ <input type="radio"/> Policies and guidelines that relate to health providers (e.g., policy to include regular behavioral health screening in pediatric primary care practices) Please describe: _____ <input type="radio"/> Policies and guidelines that relate to education (e.g., Policy to include mental health specialists into education settings) Please describe: _____ <input type="radio"/> Policies and guidelines that relate to home visiting. Please describe: _____ <input type="radio"/> Policies and guidelines that relate to parenting. Please describe: _____ <input type="radio"/> Other policies, rules, and guidelines (e.g., Change in eligibility criteria for child-serving programs) Please describe: _____ <input type="radio"/> Increased levels of collaboration (e.g., Development of a coalition specific to early childhood health) Please describe: _____ <input type="radio"/> Development/improvement of referral systems (e.g., Common referral form among service systems) Please describe: _____ <input type="radio"/> Development/improvement of data systems (e.g., Data-sharing agreements) Please describe: _____ <input type="radio"/> Use of integrated funding sources (e.g., Use of funds to increase access to high-quality early childhood education programs) Please describe: _____ <input type="radio"/> Use of or application to receive sustainable funding sources (e.g., Applications for federal, state, local, or other grants) Please describe: _____ <input type="radio"/> Other outcome. Please describe: _____

The following table lists the outcomes that you had indicated occurred outside of LAUNCH activities/funding during the current reporting period. For each outcome, please answer the questions listed in each column.

Outcome	1. At what level did this change occur?	2. (For policy outcomes only): Indicate the furthest stage of the policy process that was reached during the reporting period.	3. Other information about the change you would like to provide
	<i>Select all that apply.</i> <input type="checkbox"/> Selected providers <input type="checkbox"/> Schools or practices <input type="checkbox"/> Community <input type="checkbox"/> District <input type="checkbox"/> Town or city <input type="checkbox"/> Tribe <input type="checkbox"/> State <input type="checkbox"/> Other, Please specify_____	<input type="checkbox"/> Development <input type="checkbox"/> Proposal <input type="checkbox"/> Implementation <input type="checkbox"/> Enforcement <input type="checkbox"/> Don't know <input type="checkbox"/> Not applicable (not a policy outcome)	