

## Crosswalk of MSE Part A and CSE Surveys

### Crosswalk of MSE and CSE Direct Services Surveys

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

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

- 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

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

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

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



- 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**

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

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

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

**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.*