

AMCS STUDY INVITATION EMAIL AND REQUEST FOR CONFIRMATION OF LOCAL
MODEL PROFILE

To: [DIRECTOR OF LOCAL APPROACH]

Subject: Help us to learn more about [LOCAL APPROACH NAME] for an important study!

Dear [DIRECTOR OF LOCAL APPROACH]:

We would like to invite you and other staff at [LOCAL APPROACH NAME] to contribute to an important new project that the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services is conducting, called *Assessing Models of Coordinated Services for Low-Income Children and Their Families*. ACF has partnered with Mathematica to conduct this study. The goal of this study is to improve our understanding of approaches to coordinate early care and education with family economic security and/or other health and human services.

We conducted a national scan to identify and describe coordinated services approaches and identified [LOCAL APPROACH NAME] for the work you do to serve children and families. Based on information we found in public documents and reports, we created a profile about your coordinated services approach. We were so interested to learn about the work you are doing! We have attached the profile to this email and would like to request your help to make sure the information we have is correct. This profile will be used to help inform other people who are operating, or starting, coordinated services approaches. In particular, we hope to use this information to support the work of states engaged in the Preschool Development Grant, Birth through Five grant program. Your efforts to complete this profile could directly benefit other approaches and programs!

Could you please review the attached profile and share your feedback, including filling in missing information, by [DATE]?

Thank you in advance for taking the time to review the profile and make any changes. We anticipate it will take up to two hours to confirm and complete the information in the profile. Your participation is voluntary, and any information you share will be considered private to the extent provided by law. We truly appreciate your willingness to help us understand how children and families are being served across the country. Please reach out if you have any questions or if there is a different person at [LOCAL APPROACH NAME] that we should connect with. My contact information is below.

Sincerely,

[NAME]

[ATTACH TO EMAIL: LOCAL Approach Profile]

Paperwork Reduction Act Statement: The referenced collection of information is voluntary. 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 collection is 0970-0356 and it expires 06/30/2021.

AMCS STUDY INVITATION EMAIL AND REQUEST FOR CONFIRMATION OF LOCAL
MODEL PROFILE (REMINDER)

To: [DIRECTOR OF LOCAL APPROACH]

Subject: REMINDER: Help us to learn more about [LOCAL APPROACH NAME] for an important study!

Dear [DIRECTOR OF LOCAL APPROACH]:

We recently contacted you to help us learn more about [LOCAL APPROACH NAME]. We invite you to contribute to an important new project that the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services is conducting, called *Assessing Models of Coordinated Services for Low-Income Children and Their Families*. **We would like to include your work in this important study!**

As we mentioned in the initial email, ACF has partnered with Mathematica to conduct this study. The goal of this study is to improve understanding of approaches that coordinate early care and education with family economic security and/or other health and human services.

We conducted a national scan to identify and describe coordinated services approaches and identified [LOCAL APPROACH NAME] for the work you do to serve children and families. Based on information we found in public documents and reports, we created a short profile about your coordinated services approach. We were so interested to learn about the work you are doing! We have attached the profile to this email and would like to request your help to make sure the information we have is correct. This profile will be used to help inform other people who are operating, or starting, coordinated services approaches. In particular, we hope to use this information to support the work of states engaged in the Preschool Development Grant, Birth through Five grant program. Your efforts to complete this profile could directly benefit other approaches and programs!

Could you please review the attached profile and share your feedback, including filling in missing information, by [DATE]?

Thank you in advance for taking the time to review the profile and make any changes. We anticipate it will take up to two hours to confirm and complete the information in the profile. Your participation is voluntary, and any information you share will be considered private to the extent provided by law. We truly appreciate your willingness to help us understand how children and families are being served across the country. Please reach out if you have any questions or if there is a different person at [LOCAL APPROACH NAME] that we should connect with. My contact information is below.

Sincerely,

[NAME]

AMCS STUDY INVITATION EMAIL AND REQUEST FOR CONFIRMATION OF LOCAL
MODEL PROFILE (TELEPHONE FOLLOW UP SCRIPT)

PROTOCOL FOR TELEPHONE OUTREACH FOR LOCAL MODEL PROFILE CONFIRMATION

Interviewer instructions: *This goal of this telephone call is to identify a person at the LOCAL approach who can confirm and complete a model profile. Please ask to speak to the director of the LOCAL approach (or someone in the equivalent role). If that person is not available, please use the information below to briefly describe the study and the request and ask if there is anyone else to speak to or if the director of the LOCAL approach could return your call. Once you are speaking to the director of the LOCAL approach or other person who is able to address the request please follow the protocol below.*

Telephone protocol:

Hi, my name is _____ and I am from an organization called Mathematica I am calling about an important study we are conducting for the Administration for Children and Families in the U.S. Department of Health and Human Services. The study is called Assessing Models of Coordinated Services for Low-Income Children and Their Families. We recently sent an email describing the study and a profile we've compiled about [LOCAL APPROACH NAME]. Did you receive this email?

[IF NO...] I am sorry to hear you did not receive the email. We would be happy to send it again. Can you please confirm the best person/email address to reach out to? [PROCEED WITH ALL RESPONDENTS PARAGRAPH BELOW]

[If YES...]. Great! You may recall that in that email we described the study and mentioned a profile that we had completed about [LOCAL APPROACH NAME]. As a reminder...

[FOR ALL RESPONDENTS] The Assessing Models of Coordinated Services study is focused on understanding how states and communities are coordinating services to serve children and families. We identified your coordinated services approach through a search of public information and we have completed profiles of [LOCAL APPROACH NAME] and coordinated services approaches like yours so that we can learn more about them. We have really enjoyed learning more about your work! We are reaching out to you now because we would like to request your help in making sure the information we have about your coordinated services approach is correct.

Could you or someone at [LOCAL APPROACH NAME] review the profile we sent by email and confirm whether the information included is correct and update or complete anything that is missing? We are happy to walk through the profile with you now and collect some of the information. Would you like us to do that?

[IF YES] Great! We anticipate this will take a maximum of 30 minutes. Your participation is voluntary, and any information you share will be considered private to the extent provided by law. [BEGIN ASKING RESPONDENT SELECT QUESTIONS FROM THE PROFILE].

[IF NO TO PHONE CONFIRMATION] If you prefer, you can complete the profile in writing and return it to us via email.

[IF YES TO WRITTEN CONFIRMATION] Thank you! Is [CONFIRM EMAIL ADDRESS] the best email address to use? [IF NOT, PLEASE GATHER CORRECT EMAIL]. We have really enjoyed learning about [LOCAL APPROACH NAME] and we look forward to learning more. We will follow up with an email that includes the profile and some brief instructions. Do you have any questions? Thank you for your time today.

[IF NO TO PHONE CONFIRMATION OR WRITTEN CONFIRMATION] We understand. We have really enjoyed learning more about [LOCAL APPROACH NAME] in our public search. Thank you for your time today.

Paperwork Reduction Act Statement: The referenced collection of information is voluntary. 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 collection is 0970-0356 and it expires 06/30/2021.

Geographic location, Name of approach

We use the term “approach” to refer to the coordinated services work you are engaged in. An approach could be a model (a framework for how to coordinate) or a program (an organization directly delivering services to families) or both. Your approach might also have different terms that you use. Please focus on the coordinated services work your organization does when answering the questions below.

Category		Details
General information		
Do you have any documents that provide information about the coordinated services approach that you are able to share, such as a diagram of partners or organizational chart? If so, please provide a link to their web location or attach them by email.		
1	What year did you start coordinating services and/or how many years have you been coordinating services?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
2	What are the mission, goals, and vision of the coordinated services approach?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
3	How is the service delivery area of the coordinated services approach defined?	<ul style="list-style-type: none"> • Neighborhood. Name: _____ • Census tract. Name: _____ • School district. Name: _____ • Multi-county region. Name: _____ • Other: _____ • Not applicable • Don't have this information
Development of the approach		
4	Please describe any needs assessment activities conducted in developing the coordinated services approach.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
5	What were the drivers (or impetus) in developing the coordinated services approach (e.g. local champion, response to challenge, policy change, community investment)?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information

Category		Details
6	Was there Federal and/or State involvement in developing the coordinated services approach (other than funding)? Please describe.	
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
7	How has the coordinated services approach changed over time?	
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
Size		
8	What is the annual number of children and families served by the coordinated services approach overall? What are the most commonly/frequently used services in the approach?	
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
Funding sources		
9	What is the total annual budget dedicated to the coordinated services approach? What is the approximate proportion of the overall budget that is dedicated to coordinating services?	
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
10	Do you use Federal funds to support the coordinated services approach (such as the Child Care and Development Fund, Head Start, TANF, or Federal grants)? If so, what services are they used for?	
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
11	Do you use State funds to support the coordinated services approach? If so, what services are they used for?	
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information

Category		Details
12	Do you use any other funding sources to support the coordinated services approach (such as municipal or private funds)? If so, what services are they used for?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
13	Do you combine or blend funding from different sources?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
Partners in coordination		
14	Is there a lead agency or coordinating body for the coordinated services approach? If yes, please name it.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
15	Do you have partners in the coordinated service delivery (including state or local government, tribal authorities, local education agencies, universities or colleges, foundations, corporations or faith-based partners)? If yes, please name them.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
16	What is the primary way that partners work together to coordinate services and make decisions (including governance, oversight, resource allocation, and financial management)?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
Services		
17	What is the target population for the coordinated services approach (including community characteristic, demographics and special populations; for example: homeless families, pregnant or parenting teens, and/or American Indian/Alaska Native families)?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information

Category		Details
18	<p>What services are provided as part of the coordinated services approach for children under 5 (such as early care and education, early intervention, infant and child nutrition, or health and wellness)?</p> <p>Please indicate if services are evidence-based and/or trauma informed.</p>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
19	<p>Are there supports within the coordinated services approach to help families transition from early care and education into kindergarten?</p>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
20	<p>What health and human services and/or family economic stability services are part of the coordinated services approach?</p>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
21	<p>What is the process for enrolling in the coordinated services approach and receiving services? How is enrollment coordinated across services?</p>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
22	<p>What are the eligibility criteria for participating in the coordinated services approach?</p>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
23	<p>Have there been any efforts to align eligibility criteria across different types of services?</p>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
		<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information

Category		Details
24	How are services coordinated to improve families' engagement in services?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
25	What key outcomes do you expect for children, families, and adults from the coordinated services approach?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
Data systems and use		
26	To what extent are individual-level data on children and families collected (e.g. can family members be linked with a family ID and/or be tracked across different services?)	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
27	Are data shared across partners (e.g. shared database, reports, extracts)? If so, for what purpose?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
28	How are individual-level data used (e.g. research, reporting, decision-making, continuous quality improvement)?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information
29	Have there been any efforts to integrate data systems and/or improve data sharing? If so, please describe.	<input type="checkbox"/> Not applicable <input type="checkbox"/> Don't have this information