

ABSTRACT

Iowa LAUNCH

Fragmented systems, inadequate resources, lack of understanding and lack of accountability contribute to Iowa’s system failures that fail to meet the mental health needs of Iowa’s youngest citizens and their families. Iowa’s Project LAUNCH seeks to develop the necessary infrastructure and system integration to assure that Iowa children are thriving in safe, supportive environments and entering school ready to learn and able to succeed.

POPULATION TO BE SERVED: Iowa’s Project LAUNCH targets children ages 0-8 and their families in a seven-zip code area in inner city Des Moines (Polk County, Iowa) with a focus on low-income and minority populations who are traditionally underserved. Outreach, recruitment, and retention efforts will specifically target African American, Hispanic, Asian, Non/Limited English Speaking Immigrant/Refugee and low-income populations.

STRATEGIES/INTERVENTIONS The purpose of Iowa LAUNCH is to develop a sustainable, systemic community-approach to promoting social, emotional and behavioral health for young children and their families. Overall project goals are to: 1) Build state and local infrastructure to increase the capacity and integration of the children’s mental health system into a comprehensive early childhood system of care to promote positive development for Polk County children ages 0 to 8 and their families; 2) Deliver family-centered, fully integrated evidenced-based services for children living in a targeted community at-risk for poor social emotional outcomes, 3) Promote sustainability and statewide spread of best practices for system development. Overall objectives include: 1) Establishing state and local Councils On Young Child Wellness 2) Implementing evidence-based practices including standardized developmental screening in primary care and other settings, Nurse Family Partnership, Positive Behavior Supports, and mental consultation in schools and child care serving a minimum of 410 children ages 0 to 8 annually.

Table 1. Numbers Served by Iowa LAUNCH – Unduplicated

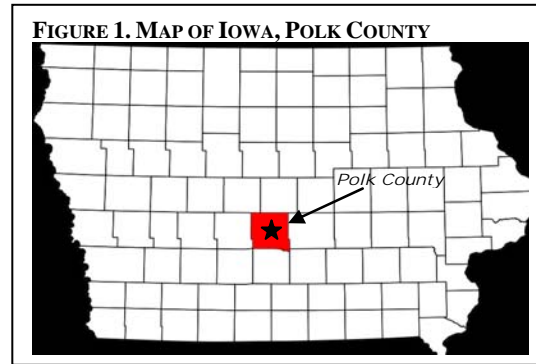
	Annually	5-Year Period
Children 0 to 6	310	1,350
Children 6 to 8	100	300
Parents/Guardians	410	1,350
TOTAL	820	2,700

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A. Statement of Need

Local Geographic Project Area: The local geographic area to be served through Iowa LAUNCH is comprised of seven zip codes (50309, 50310, 50311, 50313, 50314, 50315, and 50316) in the inner city of Des Moines in Polk County, Iowa (Figures 1). The project area encompasses 48.9 square miles in the capitol city with a population of 136,254. There are 15,808 children ages 8 and under living in the project area comprising 36% of all children ages 8 and under in Polk County.



Within the target area, nearly half of the children ages 8 and under live in a single parent household and 56% of the students are eligible for free and reduced lunch. The area is also one of Iowa’s most ethnically and racially diverse. While the target area contains one third of Polk County’s total population, nearly three-fourths of the county’s African American population and over half of its Hispanic population resides in the seven zip code area.

Selection of the Local Geographic Project Area and Population of Focus: The Iowa Department of Public Health (IDPH) collaborated with local partners, including the Polk County Health Department, Visiting Nurse Services (VNS) as Polk County’s Local Title V Agency, and the University of Iowa College of Public Health to identify one of Iowa’s highest need area with a readiness to address systems change. Seven Des Moines zip codes were selected as the project area due to numerous risk factors and limited protective factors impacting the physical, social, emotional, behavioral and cognitive wellness of children and their families. Young children ages 0 to 8, pregnant adolescents/women and families residing in the target area comprise the population of focus. The selection of the focus population and target geographic area was based on high rates of poverty; economic disadvantages; high teen pregnancy incidence; racial disparities in infant mortality; diversity; low educational achievement and high drop-out rates; significant parental stress and depression; family violence; and child abuse. These indicators and corresponding outcomes demonstrate the critical need for comprehensive, coordinated early identification and intervention systems and services to meet needs for the social and emotional health of children and their families.

Numbers to be Served: Annually, Iowa LAUNCH will serve an estimated 100 pregnant adolescents/women; 310 infants, toddlers and young children ages 6 and under; and 100 children ages 6 to 8 living in the targeted zip codes (Table 1). Outreach, recruitment, and retention efforts will specifically target African American, Hispanic, Asian, Non/Limited English Speaking Immigrant and Refugee and low-income populations for participation in Iowa LAUNCH services. The IDPH will contract with Polk County through the Board of Supervisors/Board of Health for the local jurisdiction. Through an agreement with Polk County—VNS, as the local Title V MCH and public health agency, will implement the majority of Iowa LAUNCH activities and provide direct services for the focus population.

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	Annually	5-Year Period
Children 0 to 6	310	1,350
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TOTAL	820	2,700

*Based on single parent/guardian households; this number will increase with two-parent/guardian households.

Demographic Information: The population living in the seven Des Moines zip codes targeted for Iowa LAUNCH is 80% Caucasian, 10% African American, 3% Asian, and 7% Hispanic. The target area has more than twice as many African Americans as all of Polk County (9.7% vs. 4.8%). While Polk County and the city of Des Moines have the largest number of Hispanic of all counties and cities in Iowa (26,668 vs. 19,341), the Hispanic population for the target area is even greater. In the target area, the primary languages spoken by the population are English, Spanish, Arabic and Vietnamese. The poverty level in the Iowa LAUNCH target area is almost four times that for the city of Des Moines (43% vs. 12%).

Risk Factors: In the Iowa LAUNCH target area, a variety of risk factors impact the well being of children and families including:

- **Educational Achievement:** On average, the high school drop out rate in the target area is nearly **nine times higher** than those in the rest of Polk County (7.7% vs. 0.88%). High school drop outs are more likely than graduates to be unemployed and live in poverty. Additionally, maternal education is correlated with health, development and school success of offspring. **Sixty-four percent** of all Des Moines school children ages 3 to 5 with Individual Education Plans live in the target area.
- **Teen Pregnancy:** Of the 262 pregnant teens served in by VNS' Connections program in 2008, **59%** lived in the Iowa LAUNCH seven zip code target area. While teen pregnancy rates have been on the decline nationally, the number of pregnant teens in Des Moines has increased 28% from 2001 to 2008. Teenage pregnancy and childbearing is associated with future economic hardship and adverse consequences including failure to complete high school, poverty, child abuse and neglect and a high rate of single parenthood for teen mothers.
- **Infant Mortality:** Four of the seven zip codes within the target area have an infant mortality rate of **16.3** per 1,000 live births for African Americans and **7.6** for Hispanics compared to 4.8 per 1,000 live births for White infants (2002-2004 data). Infant mortality remains a key indicator of child and family health and well-being in a community.
- **Parent Stress:** In 2009, VNS and the University of Iowa surveyed over 250 VNS program participants, with the majority living in the Iowa LAUNCH target area, using the Parenting Stress Index (PSI). Results indicated a highly stressed population (between the 75th and 80th percentile) with Asian, Latino and African-American parents receiving even higher scores suggesting clinically significant levels of stress. Elevated parenting stress is associated with a range of negative parenting characteristics. PSI scores are also high among parents who are abusive or neglectful (Abidin, 1997).
- **Smoking:** In 2007, **19%** of babies born in Des Moines had mothers who smoked during pregnancy; compared to 16.1% statewide rate and 10.7% nationally (Annie E. Casey Foundation, 2007). Maternal smoking during pregnancy is a significant and preventable factor associated with pre-term birth, low-birth weight, intrauterine growth retardation, a small head circumference, a low Apgar scores, stillbirths and neonatal deaths.
- **Maternal Depression:** Nearly one in three (32%) VNS Healthy Start/Empowerment¹ participants, a majority of whom live in the Iowa LAUNCH target area, screened positive for depression with elevated scores among minorities, especially Vietnamese mothers.

¹ Five of the seven Project LAUNCH zip codes are in the current Healthy Start Project Area and four of the seven are in the proposed Healthy Start Project Area for 2009-2014

Depressed mothers show less attentiveness and responsiveness to their children's needs. Maternal depression negatively impacts a child's development and adaptive functioning.

- ***Child Abuse/Domestic Violence:*** Child abuse rates among African American children within inner-city Des Moines neighborhoods are **three times** higher when compared with the rest of Polk County (Polk County, 2008) and the nation. Women in the target area are also more likely to be abused as evidenced by the number of Healthy Start participants, primarily living in the Iowa LAUNCH target area, who have been affected by domestic violence at **100 times greater** than other women living in Polk County (10% vs. >1%).

Language, Beliefs, Norms & Values of Target Population: Iowa LAUNCH will serve children and families different cultures and speak different languages. The primary languages spoken by the target population are English, Spanish, Arabic, Vietnamese, and other languages including African tribal and Spanish dialects. Based on similar project data for this targeted area, an estimated 70% of Iowa LAUNCH participants will be non-English speaking. The dominant ethnic heritage of most Iowans is European. Native Iowans are known for their strong sense of community and take pride in their reputation for coming to the aid of their neighbor. However, a lack of knowledge of children's mental health issues within Iowa's population sometimes creates barriers for families who attempt to seek help. According to VNS interviews with representatives from the target area, African Americans report trust issues pertaining to health care. VNS Hispanic participants often self report using herbal remedies and spiritual rituals to address children's health and wellness. Poverty also influences the beliefs and values of families in the target area. Families living in poverty often face daily challenges impacting their ability to meet the social, emotional and physical needs of their children.

Current State Systems and Infrastructure to Promote Wellness of Children ages 0-8

Iowa LAUNCH will build upon the primary systems and infrastructure identified below as well as others not listed due to space limitations. Iowa's Early Childhood Comprehensive Systems (ECCS) project is implemented through **Early Childhood Iowa (ECI)**. ECI stakeholders work



as a catalyst in the development of a comprehensive early childhood system for children ages 0 to 5. The structure of ECI includes: 1) the **State Agency Liaison Team (SALT)** convenes state agency leaders to address coordinated system level changes for the early childhood system; 2) six **component groups** dedicated to: governance, planning and administration, professional development, public engagement, quality services and programs, resources and funding, and results accountability;

and 3) the **ECI Co-Chair committee** is comprised of the 12 co-chairs from the six component groups; half representing governmental organizations and half representing non-governmental organizations and serves as the steering committee for the ECI Council. The primary vehicle for early childhood system integration is **Community Empowerment (CE)**. The Iowa Legislature designated CE as the state entity responsible to coordinate Iowa's early childhood programs through a partnership between local communities. ECI uses the four oval system framework to frame the system building work. The following section addresses existing state-level programs in each of the four oval areas of Health, Mental Health and Nutrition, Early Learning, Family Support and Special Needs and Early Intervention.

HEALTH, MENTAL HEALTH AND NUTRITION: Public Health Modernization: Iowa Public Health Standards and an implementation plan describe the basic services that all Iowans can reasonably expect from local public health, what every local public health agency can expect from IDPH

and the capacity necessary to provide those services. During the 2009 legislative session, the general assembly passed HF 811, which provides a context for promoting evidence-based practices in Iowa. IDPH supports local public health services through training and technical assistance. Title V Maternal and Child Health (MCH) Block Grant: The Bureau of Family Health administers the MCH Title V program funded through HRSA². Local Title V agencies assume the responsibility for the preventive and primary care of infants, pregnant women, children and adolescents. The structure for Title V services integrates hawk-i outreach, EPSDT, health and safety in child care and early intervention. Ist Five Healthy Mental Development Initiative demonstration sites at local Title V agencies supports the spread of recommended screening standards for social and emotional development, family stress, parental depression and autism within primary care practices and facilitates referrals to the recommended interventions for children and families. It is based on Iowa's Assuring Better Child Development project through the Commonwealth initiative. Child Health Specialty Clinics (CHSC)³ at the University of Iowa contracts to provide statewide services for children with special health care needs and includes a statewide parent consultant network. Community Circle of Care is a SAMHSA project administered by DHS and CHSC that aims to improve services for children with behavioral and mental health problems through a family driven, culturally competent integrated system of care. Medical Home: The Medical Home System Advisory Council (MHSAC), established in the 2008 legislative session and coordinated by IDPH, is charged with developing and implementing a patient-centered medical home system in Iowa. The MHSAC is poised to provide leadership for integrating social and emotional mental health into the medical home. Iowa Perinatal Depression Project: provides consultation service to health care providers with questions about screening, diagnosis, treatment or referral regarding perinatal mood and anxiety disorders through the Perinatal Depression Web page. Other health related programs include Community Mental Health Services Block Grant administered through DHS, substance abuse programs administered through IDPH Division of Behavioral Health and the Iowa Federation of Families for Children's Mental Health.

EARLY LEARNING: Positive Behavior Support (PBS): The Department of Education and the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) have an agreement to develop a model for a statewide system. Other programs in early learning include preschool support of the Voluntary 4-year Preschool Program, Head Start and Shared Visions.

FAMILY SUPPORT: There are numerous programs in Iowa include related to family support, including Healthy Families Iowa- HOPES (Healthy Opportunities for Parents to Experience Success), Early Head Start and Parents as Teachers. Iowa LAUNCH will work at the state level to implement PBS strategies in the family support programs mentioned above.

SPECIAL NEEDS AND EARLY INTERVENTION: The special needs and early intervention systems include Early ACCESS (IDEA, Part C) and Part B: Special Education administered through the Department of Education.

Current Local Systems/Infrastructure to Promote Wellness of Children 0-8: The following describes the systems framework in Polk County with a focus on current services available.

² U.S. Department of Health and Human Services, Health Resources and Services Administration

³ The Iowa Department of Public Health – Bureau of Family Health contracts with the University of Iowa, Department of Pediatrics, Child Health Specialty Clinics to coordinate services for children and youth with special health care needs.

HEALTH, MENTAL HEALTH AND NUTRITION: Locally, VNS currently provides the following programs in the local infrastructure and system for health, mental health and nutrition that will be built upon by Iowa's Project LAUNCH. The Connections Program provides nurse case management services for high-risk pregnant and parenting teens in middle school and high school in Polk County. Maternal and Child Health (MCH- Title V), Dental and Family Planning Services include community-based programs for MCH (including *hawk-i* outreach, oral health and Early Periodic Screening, Diagnosis, and Treatment) and family planning. In Polk County, Ist Five promotes primary health care provider use of validated screening tools to assess the social-emotional development of children ages 5 and under and family risk factors. Providers refer children and their families based on screening outcomes to *Ist Five* care coordinators appropriate follow-up care for connections to community resources. Partners for Pregnant & Parenting Families (PPPF) serves as a multiple agency partnership to coordinate a centralized intake process, connect services and resources for pregnant and parenting clients and reduce the duplication of services. Local level systems will also build upon the clinic-based assessment, treatment and consultation services provided by Orchard Place-Child Guidance Center (the only state-accredited community mental health center for children in Iowa) and the technical assistance of the Child and Family Policy Center in early childhood education, school readiness, family support/strengthening, child welfare, child health, community and state collaboration and workforce development. Other child health, mental health and nutritional services in Polk County designed to promote the well-being of children ages 0 to 8 including but not limited to safety net providers such as VNS' Getting It Together SED Services and Postpartum Depression Partnership, Primary Health Care (FQHC), Inc. free clinics, hospitals and the Women Infants, & Children Nutrition program.

EARLY LEARNING: Locally, VNS provides the following programs in the local infrastructure and system for early learning will be built upon by Iowa's Project LAUNCH: The Parent Education Project (PEP) utilizes parent educators place in multiple community organizations to provide individualized home based services and related activities to women who are pregnant or have at least one child ages 6 and under residing in Polk County. Born Learning as supported by the United Way of Central Iowa and administered by VNS, is a public engagement campaign that helps parents, grandparents and caregivers explore ways to turn everyday moments into fun learning opportunities and to learn about child growth and development. Other early learning programs will be engaged by Project LAUNCH including but not limited to the Voluntary 4 Year Old Preschool Program and Drake University Head Start.

FAMILY SUPPORT: VNS provides the following family support programs in the local infrastructure that will be built upon by Iowa's Project LAUNCH: Des Moines Healthy Start Project is a voluntary program for pregnant women and families with children ages 2 and under. The program provides home-based outreach, recruitment, case management, health education, interconceptional care, depression screening and referral services for participants identified as high-risk for poor perinatal outcomes. Vulnerable and minority populations comprise the target population. The Empowerment Family Support and Case Management Project is modeled after the Healthy Start Project with home-based case management services to address health, social services, parenting and child development for families with pregnant women and children ages 6 and under. Other family support services designed to promote the well-being of children will be engaged by Iowa's Project LAUNCH including but not limited to the Parent Partner Project, Protect Children; Lutheran Services in Iowa and Primary Health Care Healthy Families/HOPES Programs and Early Head Start.

SPECIAL NEEDS AND EARLY INTERVENTION: Locally, Early ACCESS and ECSE are administered by Heartland Area Education Agency 11 and Des Moines Public Schools with a partnership between families with young children and providers. Through these services, families and staff to work together to identify, coordinate and provide needed services and resources that will help the family assist their infant, toddler or child to grow and develop.

Culturally-based assets integrated into the current wellness system: The Early Childhood Iowa (ECI) Council works to address the state’s increased language, racial, ethnic and cultural diversity among young children and their families. The Council works to improve outcomes for all children and assure a responsive early childhood system across early care, early learning, health, family support and special needs programs and systems.

In September 2007, the ECI Council, in partnership with the Department of Human Rights, hosted over 200 leaders and stakeholders at the *Early Childhood and Diversity in Iowa: Challenges and Opportunities* Symposium. Subsequent meetings, sessions, and conversations have occurred, designed to continue to explore and identify possible changes to Iowa’s early childhood system to be more inclusive of the state’s growing diversity. The following five “diversity gaps” have been identified: 1) school readiness; 2) participation/access; 3) cultural awareness and recognition; 4) workforce diversity; and 5) stakeholder planning and decision-making. The Diversity Advisory Group was formed to identify strategies that address the five diversity gaps and will serve as a resource for Iowa LAUNCH. Members of the advisory group come from a variety of state and local systems and perspectives and can provide guidance and feedback on matters specific to this project and diverse populations.

The Current State and Need for Infrastructure Development at the State Level: In 2001, the Departments of Human Services, Public Health, and Education developed the Children’s Mental Health Initiative (CMHI). Together, leaders from these state departments identified the key issues affecting children’s mental health in Iowa. The CMHI report, “Creating a System of Mental Health Services for Children in Iowa,” concluded, “*Iowa has failed to meet its children’s needs for mental health services, despite Iowa’s reputation as a good place for families. Too often, those needs remain unrecognized, undiagnosed and untreated...isolated efforts by parents, teachers or physicians are unable to overcome the many barriers to care – societal, professional, bureaucratic and financial. Too often, help arrives too little and too late; sometimes only in response to crisis...children and their families just can’t get the help they need.*” The report identifies the four key challenge areas and correlating actions (Table 2).

TABLE 2. CHILDREN’S MENTAL HEALTH INITIATIVE FINDINGS

<u>Key Challenge Area</u>		<u>Recommended Action Step</u>
1. Lack of understanding	—————>	Promote public awareness
2. Inadequate resources	—————>	Increase resources
3. A fragmented system	—————>	Redesign system
4. No point of accountability	—————>	Establish accountability

Behavioral health integrated into primary care: IDPH collaborated with the psychology and psychiatry departments at the University of Iowa to develop a foundation for integration of behavioral health into primary care. Although expert resources and tools have been developed, the state lacks the infrastructure for making consultation and professional training available to primary care providers.

The Current State and Need for Infrastructure and Program Development at the Local Level: In Polk County, the need for infrastructure and program development mirrors the situation identified through the CHMI. Although expertise and enthusiasm abound, the Polk County infrastructure is undermined by a **fragmented service system**. Children’s mental health

services are available in Polk County; however access is not consistent and is frequently limited by location, family resources, language and/or insurance status. Des Moines has a state-accredited community mental health center for children Orchard Place, Child Guidance Center; however the center focuses on consultation and treatment and is inundated with referrals to serve the needs of children. There is **no systemic approach for promotion and prevention** to address the social, emotional, behavioral and mental health needs of young children and their families in Polk County.

State Level Stakeholders and Resources: Iowa LAUNCH will build on Iowa’s highly successful Early Childhood Comprehensive Systems (ECCS) grant implemented through Early Childhood Iowa (ECI). The existing ECI Council will be expanded to serve as the State Council on Young Child Wellness. A complete list of Project LAUNCH representatives is located in Section C and signed Memoranda of Agreement from all representatives are located in Appendix 1. The ECI Council will conduct the project’s environmental scan and financial map and will help create and implement the Iowa LAUNCH strategic plan. Other components of ECI, such as the State Agency Liaison Team (SALT), will be instrumental in advancing the children’s social and emotional system. See Section C for additional stakeholder/resources information.

Local Level Stakeholders and Resources: Iowa LAUNCH will build on the previously established Polk County Healthcare Coverage for Kids Coalition (HCKC). The HCKC will be expanded to serve as the Local Council on Young Child Wellness. A complete list of Project LAUNCH representatives is located in Section C, Table 5 and signed Memoranda of Agreement from all representatives are located in Appendix 1. The HCKC will utilize existing information and data in the local environmental scan and financial map and develop and implement the local Project LAUNCH strategic plan. In Polk County, the HCKC will coordinate with Healthy Polk initiatives. Coordination of HCKC and Healthy Polk will ensure Iowa LAUNCH linkages with all key, on-going collaborative and community-wide health improvement initiatives.

Current needs in the identified locality: Data presented in the needs assessment clearly show that the target population is **disproportionately affected by risk factors** that negatively impact wellness (physical, emotional, social, cognitive and behavioral health) when compared to the rest of Polk County, the state, and even the nation. This includes **high rates of poverty, parent stress and depression, school drop outs, teen pregnancy, and child abuse and neglect**. Protective factors and community assets are available to improve the wellness of the children and families in the target area; however, challenges inherent in lack of public awareness, accountability and fragmentation along with inadequate resources prevent the community from meeting critical needs for its most vulnerable population. Iowa LAUNCH will develop the necessary infrastructure and system integration to assure that Iowa children are thriving in safe, supportive environments and entering school ready to learn and able to succeed.

B. Proposed Evidence-Based Service/Practice

Evidence-based Programs/Practices that will be Implemented at the Local Level: Iowa will implement two evidence-based programs (EBPs) at the local level: Nurse Family Partnership and Positive Behavior Supports. The EBPs were selected because of: 1) age group appropriateness; 2) demonstrated cultural competence; and 3) research-documented success in addressing the risk and protective factors. Table 3 provides an overview of the rationale for selection, followed by a description of each EBP. Evaluation of Iowa Project LAUNCH’s fidelity to the selected EBPs is described in Section E.

Table 3. Overview of Rationale for Evidence-based Program Selection

Nurse Family Partnership (Target Age Group: 0 to 2 Years)	
Target Population: Low-income, first time mothers, & their infants/toddlers; especially with risk factors.	
Cultural Competence: Targets and used with diverse populations; cultural competence training modules for staff	
Target Risk Factors	Target Protective Factors
<ul style="list-style-type: none"> ▪ Unplanned pregnancy ▪ Positive attitude toward smoking & substance use ▪ Pre-term birth ▪ Intrauterine growth retardation & LBW ▪ Infant mortality ▪ Child abuse and neglect ▪ Poverty ▪ Domestic abuse & family violence ▪ Conduct disorders ▪ Lack of parenting skills ▪ Criminal involvement & delinquency 	<ul style="list-style-type: none"> ▪ Improved maternal and child health ▪ Adequate prenatal care ▪ Adequate Infant birth weight ▪ Education & work force participation ▪ Appropriate parent-infant bonding ▪ Knowledge of child development ▪ Responsive parenting ▪ Positive parent and child interactions ▪ Building social networks & support ▪ Improved community connections
Positive Behavior Support (Target Age Group: 0 to 8 Years)	
Target Population: At risk children and families for social, emotional and behavioral health issues.	
Cultural Competence: Used in diverse populations. Includes staff training on cultural competence.	
Target Risk Factors	Target Protective Factors
<ul style="list-style-type: none"> ▪ Problem behaviors ▪ Physical and cognitive development ▪ Social and emotional growth & development 	<ul style="list-style-type: none"> ▪ Supporting social and emotional development ▪ Provider knowledge of social/emotional development ▪ Formal and informal supports for parents and providers

Nurse Family Partnership is an evidence-based, nurse home visiting program that improves the health, well-being and self-sufficiency of low-income, first-time parents and their children. The Nurse Family Partnership (NFP) utilizes home visitors who are registered nurses following NFP visit guidelines and has been implemented in culturally diverse settings. The guidelines focus on the mother’s personal health, quality of care giving and life course development. Women voluntarily enroll as early in their pregnancy as possible with nurse home visits beginning ideally by the 16th week of pregnancy and continuing until age 2.

Positive Behavior Support (PBS) is an evidence-based, data-driven framework proven to reduce disciplinary incidents, increase a school’s sense of safety and support improved academic outcomes (Horner, 2006). PBS applies a behaviorally-based systems approach to enhance the capacity of schools, families and communities to design effective environments. PBS school-wide systems include proactive strategies for defining, teaching and supporting appropriate student behaviors to create positive school environments. Instead of a patchwork of individual behavioral management plans, a continuum of positive behavior support for all students within a school is implemented. Effective parenting skills are modeled in PBS and include strategies such as structuring situations, redirecting, encouragement and consistent use of a mild to moderate consequence such as time out or privilege loss (Capaldi, 1997).

How the Chosen Practices Address Risk and Protective Factors: *NFP* has shown consistent results among low-income, first-time parents in randomized controlled trials among diverse populations. Results include improved prenatal health, fewer childhood injuries, fewer subsequent pregnancies, increased intervals between births, increased maternal employment and improved school readiness for children born to mothers with low psychological resources. *PBS* is grounded in the framework from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) to promote the social and emotional development and school readiness of children. CSEFEL synthesizes research on early social and emotional development and translates findings into materials that are practical and accessible. PBS materials are used by schools, early

care and education environments, parents and family support programs conducted through home visits. The CSEFEL pyramid model provides a framework that includes promotion (all children), prevention (children at-risk) and intervention (children with intensive support needs).

Evidence Base for the Proposed Programs/Practices and Their Appropriateness for Addressing the Wellness of Children: NFP – Three original randomized, controlled trials demonstrated the initial effectiveness of NFP. Additional studies were conducted to determine whether the program was capable of producing enduring positive outcomes for mothers and their children. The longitudinal studies provided evidence that the positive impact of NFP endures for many years after the program ends. Multiple follow-up studies conducted at various sites showed participants had higher IQs and language scores; fewer mental health and other behavioral problems; and better grade point averages and achievement test scores in math and reading. NFP has been identified as a model program by the Office of Juvenile Justice and Delinquency Prevention and the President’s New Freedom Commission on Mental Health. A RAND Corporation study, *Early Childhood Interventions: Proven Results, Future Promise*, released in January 2006, identified NFP as an early childhood program that “can return more to society in benefits than [it] costs.” PBS –Several studies indicate PBS is related to improved social and/or academic outcomes for students (Cohen, 2004; Horner, 2004). Over 9,000 US schools have implemented PBS and gained countless instructional hours otherwise lost to school discipline problems. PBS has been linked to 1) improved organizational health; 2) improved academic outcomes and; 3) reductions in office discipline referrals. Schools that effectively implement PBS demonstrate: 1) up to 50% reduction in office referral rates per year (and reductions in suspension and expulsion rates); 2) improved attendance rates; 3) improved academic achievement; and 4) improved staff perceptions of school safety and atmosphere (Horner, 2009; Sprague, 2007).

Adaptations Necessary to Meet the Needs of the Target Population: The project applicant and the numerous partners involved in developing this initiative understand the importance of implementing evidence-based programs/practices as prescribed in order to maintain a high degree of fidelity. Therefore, consideration of the target population was an important factor when selecting evidence-based programs (EBPs) for Iowa LAUNCH. The EBPs will not be modified in any significant way that would jeopardize fidelity of the programs or success of the project. Additionally, the Iowa LAUNCH evaluation includes measures of fidelity to the EBPs.

Age, Race, Ethnicity, Culture, Language, Sexual Orientation, Disability, Literacy, Gender: The two EBPs selected target children ages 0 to 8 or a subset of this group and their families multiple race/ethnicities. Table 4 provides an overview of diversity issues addressed in LAUNCH.

Table 4. How Iowa LAUNCH Will Address Diversity Issues

Age	Mandatory staff training on child development and work with other community providers who specialize in services for young children and their families to ensure appropriate support and referral.
Race Ethnicity Culture	Staff members are bicultural and active members of ethnically and culturally diverse communities. Issues of race/ethnicity/culture are addressed through required staff training regarding culture and diversity. VNS and other local agencies routinely provide translation support to clients and their families. Project staff are familiar with or are members of these populations. The Council will ensure that: 1) program activities and services are provided in a manner consistent with best practices in cultural competence; 2) cultural preferences are recognized in assessment/program services; and 3) participant perceptions of cultural competence in the program are assessed and addressed.
Language	Staff are fluent in English, Spanish, Vietnamese and Arabic. Interpreter services are available and will be used as necessary. Written materials will be translated into English and Spanish and other languages as appropriate. Interpreters for American Sign Language and other less common languages

	will be contracted. Staff will be available to read materials to participants.
Sexual Orientation	No individual or family will be discriminated against on the basis of sexual orientation. Issues and sensitivity surrounding sexual orientation addressed through required staff training on diversity and working with other community providers specializing in services for gay/lesbian/bisexual/transgender community members.
Disability	Provide readers and interpreters for visually/hearing-impaired clients. All program settings are fully ADA-compliant and accessible to individuals with physical disabilities. Issues and sensitivity are addressed in mandatory diversity training.
Literacy	Written materials will be completed in at least English and Spanish using 4 th grade reading comprehension. Staff will be available to all participants to read written materials aloud; low-literacy level material will be provided for clients with difficulty reading, and the project will utilize interpreters for non-English and non-Spanish speaking individuals if bilingual staff are not available.
Gender	Gender issues and sensitivity, including sexual orientation biases, are addressed through mandatory staff training.

In addition to NFP and PBS, Iowa LAUNCH will implement evidence-based practices in the five SAMHSA areas. The practices were selected for: 1) age appropriateness; 2) cultural competency; 3) target area needs; and 4) ability to enhance current services or practices.

- 1) Developmental assessment: The Ages and Stages Questionnaire (ASQ) and ASQ Social Emotional (ASQ: SE) provide a psychometrically and clinically valid assessment for developmental delays and social and emotional issues for children ages 0 to 5. The ASQ and ASQ: SE are recommended by the American Academy of Pediatrics and have been endorsed as the identified assessment tools for Iowa’s early intervention program. Recently, the Enhancing Developmentally Oriented Primary Care (EDOPC) project of Advocate Health (Chicago, IL) provided technical assistance to support statewide implementation of ASQ:SE. Using ASQ and ASQ: SE through Project LAUNCH builds upon the broader work to spread the use of these tools across Iowa. VNS also utilizes the ASQ and ASQ: SE in family support programs. Developmental assessments conducted through Iowa LAUNCH will enhance the community referral system for developmental delays.
- 2) Integration of behavioral health into primary care: VNS will build on its existing *1st Five Healthy Mental Development* initiative, which assists primary care providers in integrating social and emotional and family stress screenings the practice and coordinating behavioral health referrals for children needing additional services. Through Iowa LAUNCH providers will be recruited and engaged in screening and referral focusing on prevention and wellness efforts with families to allow them to be full partners in their health care.
- 3) Mental Health Consultation: Iowa LAUNCH will contract with the Child Guidance Center (CGC) to provide school-based mental health consultation services in the seven zip code area. The CGC currently provides such services to fewer than half (48.8%) including training and targeted consultation for teachers and other school personnel. The CGC will also accept referrals on for children ages 0 to 8 in need of assessment and/or treatment services. Iowa LAUNCH will also contract with the University of Iowa Depression and Clinical Research Center to provide Web-based mental health consultation through the Perinatal Depression Web page (www.beyondtheblues.info) for providers with questions about screening, diagnosis, treatment or referrals for perinatal mood and anxiety disorders.
- 4) Home Visitation: VNS will implement NFP, focusing on at-risk, first-time moms in the target area. Nurse home visitors will be trained in NFP and will work with community providers to increase formal and informal supports.
- 5) Family Strengthening and Parent Skills: VNS will provide NFP and PBS family support services through home visitation and child care environments, family support and parent education programs, preschools and schools. To engage families with at-risk infants and

children, VNS will ensure the consistent integration of social/emotional screening and expand the use of EBP in VNS provided family support and parent education. Current VNS home visitors will be trained on the PBS.

How Proposed Program/Practice Will Meet Goals and Objectives: NFP and PBS were chosen because they suggest a high probability for achieving the goals and objectives identified in the Iowa LAUNCH implementation approach (Section C).

Section C. State and Local Implementation Approach

State Level Purpose: To build a statewide system to promote the wellness (including physical, social, emotional, cognitive and behavioral health) of young children ages 0 to 8 and their families so Iowa children will thrive in safe, supportive environments and entering school ready to learn and able to succeed.

State Level Goals and Objectives and Project Plan: IDPH proposes two state-level goals for Iowa LAUNCH that focus on infrastructure development and system integration. **Goal 1 will establish the infrastructure necessary to build the capacity of a children’s mental health system through further development of a public health model that supports positive development of Iowa’s youngest citizens and their families.** Objective 1.1 Develop and implement a shared vision for Iowa’s social and emotional health care system through the completion of the Project LAUNCH work plan by January 2010. Methodology: IDPH will hire a **State Young Child Wellness Expert (SYCWE)** (1.0 FTE) and project assistant (0.5 FTE). The SYCWE will collaborate with the Early Childhood Comprehensive Systems (ECCS) project director (both located in the Bureau of Family Health at IDPH) to expand the existing Early Childhood Iowa Council. The ECI Council will serve as the Project LAUNCH **Council on Young Child Wellness (“Council”)** and will include required Project LAUNCH members as well as additional key early childhood stakeholders (See Table 5). The Council will build on the existing ECI Strategic Plan to create a strategic plan to address the goals of Project LAUNCH. Within six months of award, IDPH will submit the Project LAUNCH **Strategic Plan** to SAMHSA staff for review and approval. Project LAUNCH will use ongoing evaluation data and results to assist ECI with annual revisions to its existing goal measures, indicator data and strategies. ECI will use Project LAUNCH program data to develop new goal measures. Project LAUNCH will partner with the ECI Diversity Advisory Group to develop a diversity action plan related to five identified gaps (Section A). Objective 1.2 Identify existing programs and resources by conducting an environmental scan and fiscal assessment for social and emotional services for children ages 0 to 8 and their families to promulgate support by March 2010. Methodology: Iowa LAUNCH will build upon the existing **environmental scan** to create an **environmental scan** of social, emotional and behavioral health programs for children ages 0 to 8. Project LAUNCH will also use the ECI biannual fiscal assessment to create a **financial map** and will partner with ECI to conduct an analysis of funding dedicated to social, emotional and behavioral health programs for children ages 0 to 8. The Council will distribute results of the Project LAUNCH environmental scan and financial map to key federal, state and local partners and policy makers through issue briefs and other recommended communication mechanisms. Objective 1.3 Build social and emotional health care system infrastructure into the medical home model by improving child developmental assessment procedures and integrate the work into the Medical Home Advisory Council by May 2010. Methodology: Project LAUNCH staff will review current policies related to state agency required assessment tools and engage the Iowa Chapter of the American Academy of Pediatrics (AAP) and the Iowa Chapter of the American Academy of Family Practice (AAFP) to build consensus. Based on input from the AAP and

AAFP, EDOPC will provide training and technical assistance to primary care providers related to assessment, identification and referral. The Council will play an integral role in reviewing and recommended policy related to assessment tools. *1st Five* will partner with primary care to develop a practical application of standardized surveillance and screening. Project LAUNCH staff will also research states that currently have an infant mental health certification program. Staff will engage partners in addressing policies and procedures related to infant mental health certification. **Goal 2 will ensure integration of service delivery and ease of access to quality social and emotional health related services for all young children ages 0 to 8 and their families.** Objective 2.1: Increase access to quality services and assure coordination of those services through partnership development and collaboration for expansion of services by May 2010. Methodology: Project LAUNCH staff and other state level partners will identify existing policies related to services for social, emotional and behavioral health and establish a baseline. Findings will be used to prioritize policies for improvement. Project LAUNCH evaluation data related to implementation of selected **evidence-based practices** (EBPs) (NFP and PBS) will assist the Council in determining effective EBPs and incorporating them into policies to increase the quality and fidelity of social and emotional programs implemented in Iowa. Project LAUNCH staff will work with advocacy organizations such as the Child and Family Policy Center and the Iowa Federation of Families for Children’s Mental Health to advocate for **policy and system changes.** Objective 2.2: Further develop interagency partnerships through the memoranda of agreement and ECI partnerships by January 2010 Methodology: IDPH has established Memoranda of Agreement (MOA) with the **Iowa Departments of Education, Human Services, Management Office of Empowerment, Public Health- Division of Behavioral Health** and **Polk County Board of Supervisors.** The MOAs address how each partnering agency will contribute to Project LAUNCH. All partners will be represented on the Council, be involved in creating the Project LAUNCH strategic plan, and be involved in conducting the environmental scan and financial map. Agency representatives will be responsible for determining how the work of Project LAUNCH interfaces with the work of their agency and what collaborative efforts are appropriate to minimize duplication and maximize efficiency. Objective 2.3 Promote public awareness of the value of children’s social and emotional health care system by May 2010. Methodology The Council will build on ECI’s experience related to issue briefs and PSAs and will develop and disseminate similar documents that promote children’s social and emotional health. Objective 2.4: Ensure coordination at the state and local levels by enhancing cross agency fiscal strategies and enhancing access to federal and state funding streams by May 2011. Methodology: Project LAUNCH will ensure sustainability at the state and local levels by developing cross agency fiscal strategies and enhancing access to federal and state funding streams. Members of the Council will collaborate with the state agency partners to address opportunities for blending funding and will develop a plan that integrates programs, policies and funding among agencies that serve children ages 0 to 8 and their families.

Local Level Implementation Approach

Local Level Purpose: The purpose of Iowa LAUNCH at the local level is to provide evidence-based direct services; promote developmental assessments in key settings; support the integration of social and emotional health into primary care; improve parenting knowledge and skills; and improve access to mental health consultation and services to promote the physical, social, emotional, cognitive, and behavioral health of children ages 0 to 8 and their families in the seven targeted zip codes. The local purpose is also to assure that children in the project area are

thriving in safe and supportive environments and are entering school ready to learn and able to succeed.

Local Level Goals and Objectives and Project Plan: The two goals identified for the local level focus on building infrastructure to create an integrated system in Polk County and on implementing evidence-based programs in the target area. The Polk County Board of Supervisors/Board of Health will direct Iowa LAUNCH at the local level through community engagement and systems building as lead by Polk County's Local Young Child Wellness Coordinator and through an agreement with VNS of Des Moines to provide direct services in the project area. **Goal 1 will build the local level infrastructure to increase the capacity and integration of the children's mental health system into a comprehensive early childhood system of care to promote positive development for Polk County children ages 0 to 8 and their families.** Objective 1.1 Identify current services and community resources; service gaps; and barriers for social and emotional services for children ages 0 to 8 and their families in Polk County by January 2010 Methodology VNS will 1) conduct a local **environmental scan** to identify local services for children ages 0 to 8 and their families in Polk County; 2) develop a **financial map** of funding support for programs addressing the physical, emotional, social, cognitive, and behavioral health of children ages 0 to 8 and their families; and 3) develop a summary of assets, gaps and barriers for mental health services to drive services and service coordination. Objective 1.2 Develop and implement a **community planning process** that establishes a shared vision for Polk County's early childhood and social and emotional health care system by March 2010. Methodology: 1) Identify a full-time **Young Child Wellness Coordinator/Community Planner** to provide local level project planning coordination and community engagement; 2) Establish a local **Council on Young Child Wellness** to engage in local system planning and service coordination for children ages 0 to 8 with representatives from health, dental health, mental health, child welfare, substance abuse prevention, early childhood education, child care, local education agencies, consumers and faith-based organizations; 3) Use the local environmental scan in conjunction with state findings and recommendations to develop a local **strategic work plan** for social, emotional, and behavioral services for children ages 0 to 8 and their families in Polk County; and 4) Explore **workforce** strengths, needs and development strategies to increase the expertise of professionals and increase access to promote the social, emotional, and behavioral health of children ages 0 to 8 and their families. **Goal 2 will deliver local family-centered, fully integrated services for Polk County's highest need children ages 0 to 8 and their families.** Objective 2.1: Integrate the use of developmental assessments across a range of settings for children ages 0 to 8 by January 2010. Methodology: 1) Implement developmental, social, and emotional assessments in family support and early care and education programs not already conducting evidence-based standardized assessments and 2) Using Child Care Nurse Consultants, implement developmental assessments using the ASQ and ASQ:SE in child care environments not already conducting evidence-based assessments. Objective 2.2: Integrate social, emotional and behavioral health practices and programs in additional primary care settings by January 2010 and continuing during the project period. Methodology: 1) Coordinate with *Ist Five* to increase development assessment during well child exams through pediatric medical home and promote referrals from and to primary care providers and 2) Provide EDOPC professional development opportunities for primary care providers. Objective 2.3: Enhance existing services and implement home visitation programs to support the social, emotional and behavioral development of children ages 0 to 8 by January 2010. Methodology: 1) Implement NFP with services for 100 first time pregnant women, their newborns and families; 2)

Implement PBS in case management and family support home visitation programs with 100 children/families and; 3) Integrate the use of PBS to support continuity of care between child care, school and the families. Objective 2.4: Enhance integrated mental health consultation services in a range of early childhood settings for children ages 0 to 8 by December 2009. Methodology: 1) Collaborate with CGC to enhance and increase mental health consultation services in early childhood programs and environments; 2) Partner with mental health providers to increase the capacity to provide services for children ages 0 to 8 and families implementing but not limited to a contract with the University of Iowa Center for Depression and Clinical Research for Web-based consultation services for providers serving women with perinatal depression; and 3) Explore Infant Mental Health Certification to increase the **local workforce** for infant mental health needs and gaps. Objective 2.5: Provide family strengthening and parenting education to increase the knowledge, skills, and abilities of mental health professionals, primary care providers, home visitors, teachers, child care providers, and parents by March 2010. 1) Disseminate information to **promote public awareness** of the importance of social, emotional and behavioral health and the available services for children ages 0 to 8 and their families; 2) Identify and provide social, emotional and behavioral health training for mental health professionals, primary care providers, home visitors, teachers, child care providers and families in Polk County; 3) Train staff at targeted schools in the project area to implement PBS in two targeted elementary schools based on need in Year 1 and; 4) Train Child Care Nurse Consultants to work with child care providers on the integration of PBS in their child care. **State and Local Level Evaluation:** Goal 1 addresses the state and local evaluation, including the process, outcome, and cost evaluations. The evaluation methodology proposed includes development and implementation of process, outcome and cost evaluations. Goal 2 describes the approach to meeting the requirements of the national cross-site evaluation, including collection of common data elements and participation in technical assistance and training. A complete description of state/local evaluation is included in Section E.

Achievement of Goals are Meaningful and Relevant Results: Achievement of Iowa LAUNCH goals will result in effective system infrastructure at both the state and local levels which will decrease duplication across programs, leverage existing funds and resources dedicated to child wellness programs and reduce barriers for families. The ultimate result is that Iowa children will be thriving in safe, supportive environments and entering school ready to learn and able to succeed.

Evidence that Activities Strengthen State/Local Infrastructure and Program Needs: As described in the project implementation plans presented above, both the state and local levels have developed a goal dedicated to increasing infrastructure. The success of each goal will be monitored on an ongoing basis through the project evaluation. Components of the evaluation plan that address state and local infrastructure and program needs include: a strategic, partnership-based outcome evaluation plan; a study design to assess community; organizational and individual changes over time; and use of available program-level data to ascertain funding; and cost changes based on systemic change.

Steps to Ensure a Comprehensive Strategic Planning Approach: The partners committed to serving on the State and Local Councils on Young Child Wellness will be responsible for representing their designated organizations and contributing input to ensure that all key areas related to children's wellness are included in the strategic plans. The Councils will meet monthly to assure ongoing collaboration. The State Young Child Wellness Expert (SYCWE)

and the Local Young Child Wellness Coordinator (LYCWC) will serve on both councils to ensure they have a comprehensive and coordinated strategic planning approach.

Logic Models: State and local logic models with integrated program evaluation are shown on pages 16 and 17. An evaluation logic model will be developed based on input from stakeholders as led by the University of Iowa College of Public Health evaluation team (Section E).

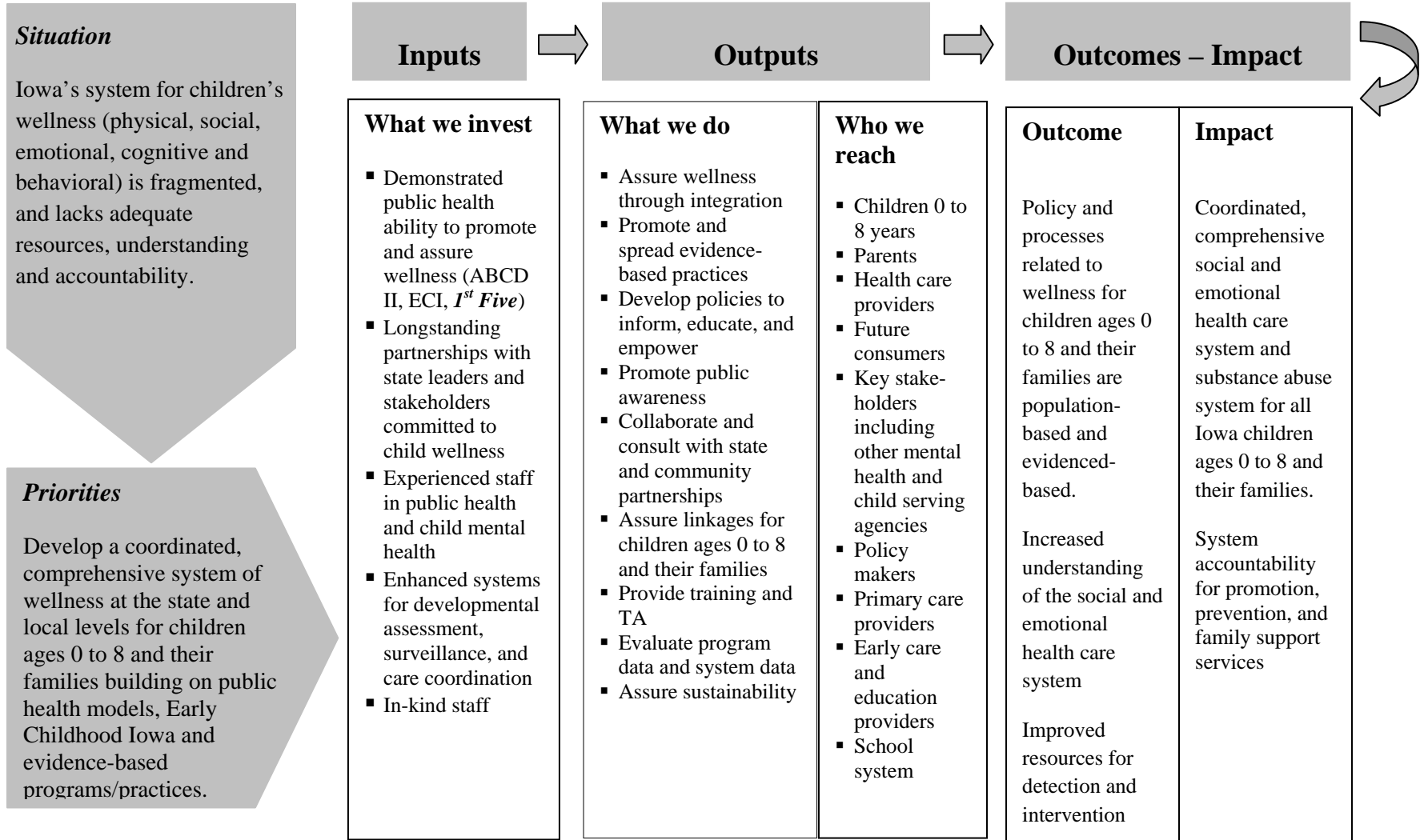
Membership, Roles and Function of Meetings of the State and Local Councils: Iowa LAUNCH will create State and Local Councils on Young Child Wellness. The Councils will serve as the coordinating entities for the Project LAUNCH Strategic Plan. Membership, roles and functions for each Council are outlined in Table 5.

Proposed State Level Advisory Council Membership: The Early Childhood Iowa (ECI) Council meets quarterly for four hours and six component groups meet monthly to work on Strategic Plan activities. The ECI Council will expand its membership and serve as the Iowa LAUNCH State Council on Young Child Wellness. The SYCWE will collaborate with the ECI coordinator to further develop membership of the ECI Council to ensure representation from Health (public and private sector), Mental Health, Child Welfare, Medicaid, Substance Abuse Prevention, Early Childhood and Stated Education (Early Head Start, Head Start and Part C), Title V Administering Agency and the Governor's Office.

In addition to the aforementioned members, the ECI Council includes the following early childhood representatives: State Departments of Economic Development, Workforce Development, and Human Rights; nongovernmental organizations; early care and education providers; advocacy organizations; local partners; institutions of higher education; and parents.

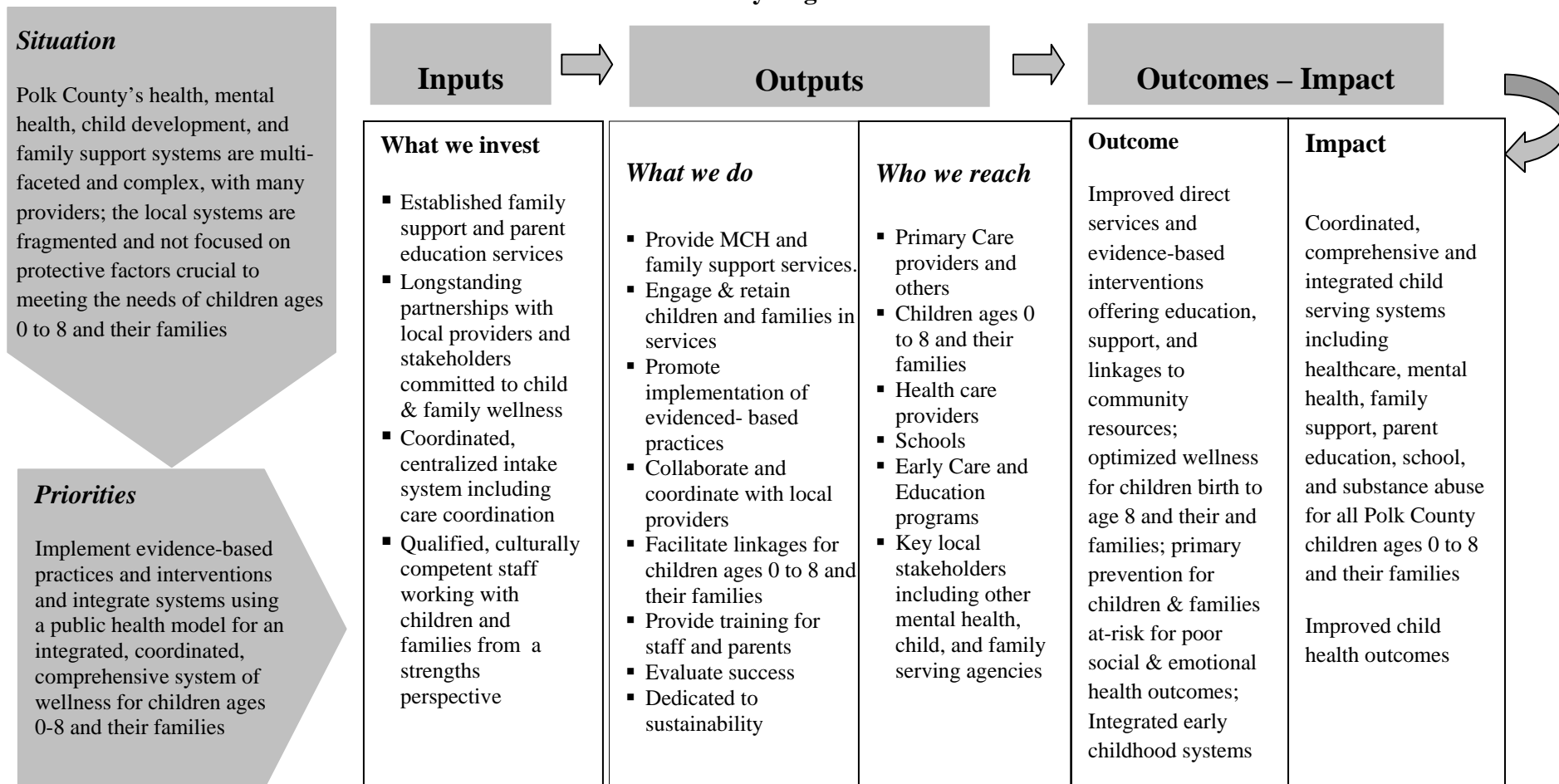
Proposed Local Level Advisory Council Membership: The Polk County Board of Supervisors/Board of Health LYCWC/Community Planner and VNS staff will coordinate efforts with Iowa's Healthcare Coverage for Kids Coalition (HCKC) to expand the existing local coalition to serve as the Iowa LAUNCH local Council on Young Child Wellness ("Council"). HCKC provides recommendations on policies and procedures that affect the children's health care system in Polk County. Iowa LAUNCH will broaden the scope of the HCKC to include all required Project LAUNCH members to more comprehensively address children's health and wellness. HCKC with support from the local LAUNCH staff will create a strategic plan that addresses social, emotional and behavioral health services for children ages 0 to 8 and their families.

State Level Logic Model



EVALUATION: Pilot testing – Analyze data – Report (Compare actual results with anticipated outcomes and impact)

Local Polk County Logic Model



EVALUATION: Pilot testing – Analyze data – Report (Compare actual local results with anticipated outcomes and impact)

Table 5. Membership of State Young Child Wellness Council

Member: Iowa Department of Public Health (IDPH)
Role: Oversees a wide array of programs and services designed to protect and promote the health of Iowans. Function: Facilitates collaboration and coordination of partners and the state level. Facilitates coordination of services at the state level, support streamlining and simplification of service delivery, data collection and evaluation.
Member: Governor’s Office
Role: Provides input that leads to innovation of programs and policies. Function: Provides information to the Governor’s office and staff. Serves as the liaison to the Governor’s Office.
Member: Iowa Chapter of the American Academy of Pediatrics*
Role: Provides leadership on health and wellness needs for children and adolescents related to medical home. Function: Liaison with pediatric community. Provides information, facilitates medical homes and access to pediatric care.
Member: Iowa Department of Human Service – Division of Mental Health*
Role: Administers the state mental health system and provide standards and protocols for children’s mental health. Function: Facilitates coordination of state level services, streamlining/simplification of services & data collection.
Member: Iowa Department of Human Service – Medicaid Enterprise
Role: Administers the state Medicaid and <i>hawk-i</i> program; provides standards & protocol for Medicaid and <i>hawk-i</i> . Function: Facilitates coordination of state level services, streamlining/simplification of services & data collection.
Member: Iowa Department of Human Service – Division of Child Welfare and Community Services*
Role: Administers the state child welfare and child care system and provides standards and protocols for child welfare and child care. Function: Facilitates coordination of state level services, streamlining/simplification of services & data collection.
Member: Iowa Dept of Education*
Role: Provides standards, resources and supports to assure quality education for Iowa’s children. Function: Facilitates coordination of state level services, streamlining/simplification of services & data collection.
Member: Iowa Department of Management Office of Empowerment*
Role: Serves as a partner with local Community Empowerment Areas to support an early childhood system of care for children ages 0 to 5 and their families. Function: Facilitates coordination of state level services, streamlining/simplification of services & data collection.
Member: IDPH Bureau of Substance Abuse Prevention
Role: Oversees a wide array of substance abuse programs/services designed to protect & promote Iowans health. Function: Facilitates coordination of state level services, streamlining/simplification of services & data collection.

Table 5. Membership of Local Young Child Wellness Council – HCKC

Member: Polk County – Polk County Health Department
Role: Health – Public Sector - coordinate community planning efforts and strategy development. Function: Coordinate the development of the environmental scan and financial map; provide facilitation and advocate for planning and policy development; link health services.
Member: Visiting Nurse Services*
Role: Health – Public Sector, Early Learning, Family Support Function: Coordinate and provide direct services for Iowa LAUNCH in the target area. Provide leadership with the LYCWC/Community Planner for the Local Council.
Member: Des Moines Public Schools – Health Services
Role: Health services – Public Sector. Function: Assist in the needs assessment/community planning; screen children; implement PBS; refer families; participate in mental health consultation.
Member: Primary Health Care, Inc.*
Role: Health – Public Sector. Function: Assist in the needs assessment/community planning; screen children; and refer families.
Member: Mid-Iowa Health Foundation*
Role: Health – Private Sector. Function: Assist in the needs assessment/community planning; advocate for planning and policy development; and support linking health services.
Member: Child Guidance Center
Role: Mental Health. Function: Assist in the needs assessment/community planning; refer families; receive referrals and evaluate children; provide training in PBS; and provide mental health consultation and coaching in child care and elementary schools.

Member: Polk County Department of Human Services
Role: Child Welfare. Function: Assist in the needs assessment/community planning; screen children; and refer families.
Member: Prevention Concepts, Inc.
Role: Substance Abuse Prevention. Function: Assist in the needs assessment/community planning; refer families; and provide TA in the area of substance abuse prevention.
Member: Des Moines Public Schools – Early Childhood, Head Start & Early Childhood Special Education
Role: Early Childhood Education and Local Education Agency. Function: Assist in the needs assessment and community planning; screen children; implement PBS; and refer families to other services.
Member: Heartland Area Education Agency
Role: Area Education Agency. Function: Assist in the needs assessment/community planning; screen children; refer families; receive referrals for evaluation and intervention; implement PBS; and provide training and expertise.

Wellness Coordinators Working Together to Coordinate Work: The SYCWE and the LYCWC will coordinate their activities with those of their respective Councils through: 1) monthly verbal and written reporting at Council meetings; 2) email correspondence using a Listserv; 3) ad hoc meetings with Council leadership; 4) joint planning; and 5) data sharing from the ongoing process and evaluation reports. The Councils may conduct joint meetings as necessary. State and local Council members will attend each other’s meetings to observe or report on progress.

Memoranda of Agreement: A signed Memorandum of Agreement (MOA) between IDPH (applicant) and Polk County Board of Supervisors/Board of Health (local jurisdiction) is included in Appendix 1. MOAs are also included in Appendix 1 for ALL required members of the Iowa LAUNCH state and local Councils demonstrating commitment to the project except the Governor’s Office, which provided a letter of intent. The Governor’s Office does not routinely enter into MOAs with state departments; upon award, IDPH will request a waiver or technical assistance from SAMHSA. Letters of commitment include to VNS from Polk County BOS/BOH and HCKC and to IDPH from the ECI Council, Child and Family Policy Center and Iowa Federation of Families for Children’s Mental Health. The project will submit any remaining MOAs within three months of grant award.

Timeline Showing Key Activities, Milestones and Staff: See Table 6 page 22 and 23.

Commitment to Working with Family Organizations and Representatives: IDPH and Polk County believe the success of this project depends heavily on the commitment to working with family organizations and representatives. Family organizations were an integral part of the planning process including the Child Guidance Center, Child and Family Policy Center and Iowa Federation of Families for Children’s Mental Health. These family-focused organizations will continue to be highly involved in developing the strategic plan and project implementation (Appendix 1-MOAs/Letters of Commitment). At least one representative from each agency is committed to serving on the State or Local Council on Young Child Wellness. Additional family organizations and representatives will be recruited to participate as they are identified. As part of its outreach and educational services, VNS conducts monthly focus groups with consumers including families and culturally diverse individuals that will be served through Iowa LAUNCH. Each project partner values the involvement of families and will recruit, train, and mentor families to be involved in Councils and committee meetings to provide advice on project planning, development, implementation and evaluation.

Proposed Programs, Supports and Services Implemented at the Local Level: Developmental Screening: The ASQ and ASQ: SE are the assessment tools selected for use in home visitation and early learning programs. These assessment tools will be integrated through Iowa LAUNCH into local programs including those focused on social and emotional development. NFP: VNS

will implement the evidence-based, nurse home visiting program NFP to improve the health, well-being and self-sufficiency of low-income, first-time parents and their children. Four nurse home visitors (4.0 FTE) will be trained to provide NFP services to first-time expectant and parenting families in the project area in Year 1. Case Management for Children ages 6 to 8: Iowa LAUNCH will provide intensive, comprehensive and individualized home-based case management services for children ages 6 to 8 and their families living in the project’s target area. Case management services include family support and parenting education; linkages to medical homes including dental providers; nutrition education and support services; linkages to mental health services and mental health providers as appropriate; regular developmental and social and emotional screenings; assistance with individual/family goals, problem-solving and social service needs; and referrals to community resources appropriate to family strengths, needs and goals. Two case managers (2.0 FTE) will provide services to children and families in the project area during Year 1. PBS: Iowa LAUNCH will provide coordination to increase and improve the use of PBS across child care, school, and home environment for young children ages 0 to 8 in the project area. In environments where PBS is not currently being used, training and implementation support will be provided for child care providers, teachers, school staff, and home visitors. The integration of PBS into home visitation programs and programs with other community agencies will provide continuity for young children from child care and/or school to home. PBS training and coaching for parents through home-based services will support family strengthening and parenting skill development. Additionally, the use of PBS in home visitation will enhance services beyond child development to specifically include social, emotional, and behavioral development. In environments and programs where PBS training and implementation has occurred, modeling, coaching and specific training will be provided for staff to enhance existing programming and to support fidelity to the model. Mental Health Consultation: Licensed mental health professionals from the Child Guidance Center will provide school-based consultation in two identified schools in Year 1 to build the capacity of school staff. Mental health consultation will support implementation of PBS in schools and homes and utilize SAMHSA guidelines for Mental Health Consultation. Consultants will observe children in classrooms; provide information and training for teachers and school staff; engage in modeling; provide coaching for teachers on managing disruptive behaviors and using PBS with fidelity; and provide support to teachers. In Year 1, one mental health consultant (1.0 FTE) will provide services in two targeted elementary schools. Integration of Behavioral Health Programs into Primary Care: The Iowa LAUNCH Manager at VNS will work with *1st Five* staff and selected primary care providers serving the target area to promote and further embed social, emotional and family stress screening.

Timeline for Key Activities, Milestones and Responsible Staff (See Table 7):

Individuals to be Served at the Local Level: Table 7. Unduplicated Numbers Served by Intervention

Table 7. Numbers Served				
Evidenced-Based Intervention	1 Year		5 Years	
	Children	Families	Children	Families
Nurse-Family Partnership	100	100	250	250
PBS	200	200	550	550
Mental Health Consultation	110	110	550	550
Subtotal	410	410	1,350	1,350
GRAND TOTAL	820		2,700	

Identification, Recruitment and Retention of Children/Families: Project partners will share responsibility for the recruitment of potential participants and promote awareness to increase

self-referrals and referral services. Outreach efforts and the integration of Iowa LAUNCH into the Partners for Pregnant & Parenting Families centralized intake process will be utilized to identify and engage children ages 0 to 8 and their families appropriate for project services. Outreach and recruitment will include a variety of community and cultural activities; distribution of program information; and grassroots efforts to increase awareness and engage eligible children and their families in the services. Families will be retained in services using a variety of strategies but primarily through the positive rapport built with staff and participation in supportive services. Types of Services Provided: The types of services provided will include outreach, referrals, and centralized intake; developmental screening with the ASQ/ASQ-SE; NFP, case management services for children ages 0 to 8, mental health consultation; training for child care, school, and early intervention and special education providers.

Target Population/Representatives Helped Prepare the Application and Will Help Plan, Implement and Evaluate the Project: IDPH, Polk County, and VNS convened regular meetings with state and local representatives from early care and education, health, family support, advocacy organizations, and parents. Members of the target population also provided input through focus groups and existing programs. Representatives from these areas will also serve on the state and local councils to help implement and evaluate the project. Participants provide input through individualized services and surveys.

Project Components Build on Existing Systems: Iowa LAUNCH builds directly on the successful ECI plan and is based on the strengths of the current early childhood system. The project will expand to include children in early elementary (children years 6 to 8). The project specifically addresses the social and emotional health goal delineated in the ECI Strategic Plan. Iowa LAUNCH will also build on the state's previous work with the Bureau of Family Health Title V Maternal and Child Health State plan, Healthy Iowans 2010, the Children's Mental Health Initiative, *1st Five*, Community Circle of Care SAMHSA Project and the Medical Home System Advisory Council. Iowa LAUNCH will continue to emphasize the collaboration with primary care providers and early care and education providers. Iowa LAUNCH will serve children with social and emotional health care needs by integrating developmental screening, expanding access to evidence-based programs.

Necessary Groundwork Completed: The proposed initiative sets forth the groundwork to initiate state and local coordination and planning activities within two months of grant award and local level program implementation within six months. The existence of this solid foundation is specifically evidenced by: **Planning** – Iowa LAUNCH builds on ECI and HCKC initiatives.

An environmental scan and fiscal assessment conducted through ECI sets the groundwork for assuring the inclusion of social, emotional and behavioral health components and funding streams. **Consensus Development** - State and local staff have met with all key partners, including those that will serve on the state and local Councils, to conduct planning meetings and assure buy-in. **Development of MOAs** – See **Memoranda of Agreement** section above. **Potential Facilities-** At the state and local levels, office/meeting space already exists and some will be contributed in-kind. All facilities are conveniently located, easily accessible and ADA compliant

TABLE 6. ACTIVITY TIMELINE State Level – IDPH		
Month: 1 and 2		
Key Activities	Milestone	Responsible Staff
▪ Hire staff (SYCWE & PA)	Positions Posted, Positions Filled	PD
▪ Establish remaining MOAs; MOA w/ Governor’s Office or Alternative Plan per SAMSHA	MOAs and/or Alternative Plan	PD, SYCWE
▪ Convene SCYCW	Quarterly meetings	SYCWE, ECCS PD
▪ Meet with LCWC beginning Month 1 (weekly thru Month 3) with monthly meetings thereafter.	Meetings conducted	SYCWE
▪ Begin work on Strategic Plan	Strategic Planning	SYCWE, ECCS PD, Evaluation Team
Month: 3-6		
▪ Complete Strategic Plan	Strategic Plan completed/submitted to SAMHSA in the first six months	SYCWE, ECCS PD, Evaluation Team
▪ Identify common social-emotional screening tool	Tool identified	SYCWE w/ State Council, ICAAP; Evaluation Team
▪ Provide input on goal measures and indicator data to ECI	ECI goal measures and indicator data revised to reflect PL findings	SYCWE with State Council, Evaluation Team
▪ Assist with identifying gaps and barriers related to diversity	Plan developed and distributed	SYCWE with ECI Diversity Advisory Group
▪ Research on infant mental health certification programs	Research conducted and presented	SYCWE
▪ Identify existing policies related to services	Policies identified	SYCWE with State Council
▪ Develop EBP policies based on PL evaluation data	EBP policies written	SYCWE with State Council
Month: 6-12		
▪ Complete environmental scan and fiscal assessment	Completed documents presented to State Council and other key partners	SYCWE with State Council, Evaluation Team
▪ Assist with identifying gaps and barriers related to diversity	Plan developed and distributed	SYCWE with ECI Diversity Advisory Group
▪ Develop issues briefs, case studies and PSAs.	Public awareness materials developed and distributed	SYCWE with State Council
▪ Develop fiscal strategies and plan	Strategies and plan developed	SYCWE with State Council
Local Level – Polk County, Visiting Nurse Services & Child Guidance Center		
Month: 1 and 2		
Key Activities	Milestone	Responsible Staff
▪ Hire staff including LYCWC/Community Planner; Project LAUNCH Manager; 2 Nurses; and 2 Case Managers	Positions Posted, Positions Filled	PCHD Executive Director VNS President & CEO
▪ Hire Mental Health Consultant	Position Posted, Position Filled	Child Guidance Vice President
▪ Meet with SYCWE	Meetings, Meeting Agendas/Minutes	LYCWC; PL Manager
▪ Develop database for data collection; begin collecting data	Database and Data Collection	PL Manager; Evaluation Team
▪ Identify programs for social emotional screening	Programs Identified	PL Manager; Agency Staff
▪ Convene HCKC (Local Council) monthly beginning Month 2 (thru Month 6) with quarterly meetings thereafter.	Meetings, Meeting Agendas/Minutes	LYCWC; PL Manager
Month: 3		

▪ Hire staff including LYCWC/Community Planner; Project LAUNCH Manager; 2 Nurses; and 2 Case Managers	Positions Posted; Search & Interviews Completed; Hired	PCHD Executive Director VNS President & CEO
▪ Begin mental health consultation in two targeted schools.	Schools Identified; Consultation	PL Manager; MH Consultant; School Staff
▪ Identify programs for Phase I integration of PBS in home visitation and schools.	Programs and Schools Identified	PL Manager; LYCWC; Agency/School Staff
▪ Conduct training for integration of social emotional screening and begin screening	Training Planned/Completed Screening Provided	PL Manager; Agency Staff
▪ Begin Home-Based Case Management Services for Children 6-8 Years & Families	Children/Families Served	PL Manager; Case Managers
Month: 4		
▪ NFP Training	Training Completed	PL Manager & Nurses
▪ Begin NFP Services	Children/Families Served	PL Manager & Nurses
Month: 5		
▪ Conduct PBS Training with Phase 1 Programs & Services.	Training and Services Provided	PL Manager; Trainers; School/Program Staff
▪ Begin NFP Services	Children/Families Served	PL Manager & Nurses
Month: 6		
▪ Implement training for community agencies/partners	Training Planned & Completed	PL Manager; Nurses, Agency/School Staff
Month: 7-12		
▪ Training, and service provision on-going with participation in evaluation activities	Training Planned & Completed Children/Families Served	PL Manager; Nurses & Case Managers; Agency/School Staff; Evaluation Team
Evaluation – University of Iowa College of Public Health		
Month: 1 and 2		
Key Activities	Milestone	Responsible Staff
▪ Hire staff	All staff on board, hired, and initial meetings held with project	Evaluation Team
▪ Develop overall evaluation plan for local evaluation (work will continue into Month 3)	Work with project, community stakeholders through regular meetings	Evaluation Team
▪ Bi-monthly progress reports on activities	Reports	Evaluation team
Month: 2-5		
▪ Human subjects research application to Institutional Review Board for the Biomedical Sciences @ U of Iowa IRB-01	IRB application accepted and signed	Evaluation PI, co-PI, and study coordinator
▪ Begin enrolling participants once program is engaged and all procedures are accepted by staff and other stakeholders.	Onsite enrollment	Evaluation team
Month: 6-9		
▪ Select/develop data collection materials (questionnaires, etc.)	Completed data collection tools and procedures	Evaluation Team
▪ Begin collection of cost study data, as available	Collection/Mgmt of cost-related data	Evaluation Team
▪ Attend national SAMHSA required evaluation mtgs	SAMSHA Rqmts & Nat'l Evaluation	Evaluation Team

Potential Barriers and How they will be Overcome: Considerable effort was directed toward analyzing potential barriers. Because key stakeholders spent planning time during the past year analyzing and identifying potential concerns, steps were taken to address known challenges or possible delays in implementation. As a result of collaborative efforts and opportunities to build further support for the proposal, the project does not identify potential barriers to the plan as outlined. Support is in place for hiring for project staff irrespective of other state hiring restrictions that might potentially be imposed at a later date. Earlier issues around Medicaid reimbursement for community-based care coordination related to Targeted Case Management regulations have been resolved. Key components of state policy including executive and legislative branch support for ECI's strategic plan which serves as a cornerstone for this project are firmly in place.

Ensuring Project Sustainability/How Program Continuity: Sustainability will be addressed in the strategic plan developed within the first six months of project implementation. The strategic plan will be a "living document" that will develop and change throughout the project period; therefore, the sustainability plan will evolve over the five-years. There is currently momentum in Iowa surrounding early childhood initiatives. The Governor's Office is committed to improving early childhood programs and policies and improving the system for children and families. Early childhood programs enjoy bi-partisan support from policy makers and 2009 legislation (HF 811) supports the use of evidence-based practices statewide. These factors play a significant role in the sustainability, including statewide spread, of initiatives developed and implemented through this project. Where feasible, the project will maximize Medicaid and other third party coverage for promoting child wellness. State leaders represented on the Iowa LAUNCH state council (ECI)'s will work to incorporate system changes into their respective agency state plans. ECI will assume a leadership role in dissemination of project findings and highlight successes worthy of attention. Key legislators and the executive branch will be made aware of targeted strategies that demonstrate effectiveness and warrant resources for continuation. Results of the formal evaluation will also be utilized to help inform the plan for achieving sustainability. The council will disseminate outcomes and cost-effectiveness evaluation results to potential public and private funding sources.

D. Staff and Organizational Experience

Both the state and local lead agencies for Iowa LAUNCH demonstrate the experience and capacity to implement a successful project.

Capability and Experience

State level: IDPH, Bureau of Family Health (BFH), the project applicant, focuses on assessment of health status, identification of emerging health issues, development of linkages with key public and private partners to advance the systems of care, and provision of health services for all. Through ECI, IDPH provides leadership for the coordination and collaboration of public and private partners related to policies and programs designed to improve the health of young children and their families. IDPH serves as the applicant and lead agency for Early Childhood Iowa (ECCS) and continually works to ensure health is appropriately integrated into the work of ECI. BFH also supports numerous statewide programs that focus on the health of children and families including: 1) **local Title V MCH** includes state level infrastructure support for ongoing professional development, Web-based electronic health records, cost-based provider reimbursement, and state and local performance measures; 2) *Ist Five* is a state-funded initiative charged with advancing the spread of practice improvements for developmental screening with a focus on surveillance of social emotional development and enhancing care coordination; 3)

Healthy Child Care Iowa works to improve the health and safety of children enrolled in child care and early education settings.

Local Level: Polk County, through the BOS/BOH, has both legal and administrative authority and is the policy-making body for Polk County government. With the authority to adopt policies for operations, the Board sets priorities, allocates resources and maintains budgetary control for the county. Public health in Polk County and the activities of Polk County Health Department (PCHD) are also governed by the Polk County BOS/BOH. The role of the PCHD is to assure the conditions in the community in which people can be healthy. The PCHD provides leadership to other public health and healthcare providers and organizations and implements health education programs to promote and encourage healthy behaviors. The PCHD employs well-trained staff members who have the necessary skills and resources to deliver best practices and evidence-based programs in Clinical Services, Laboratory Services, Outreach Services, Education Programs and Planning Initiatives. **Visiting Nurse Services (VNS)** is a non-profit 501(c)(3) public health agency providing for the public health and social service needs of vulnerable children and families in Polk County and nearby communities. VNS is recognized as a leader in providing services for pregnant women and children birth to six as evidenced by being awarded funding to provide the Des Moines Healthy Start Project for 12 years; the Empowerment Family Support and Case Management Project for nearly 10 years; MCH services as the Title V provider for Polk County for over 20 years. VNS employs 148 nurses, dental hygienists, dietitians, social workers, case managers, parent educators, outreach workers, and interpreters to provide services for individuals and families. VNS provides a broad array of community health services to vulnerable populations. VNS has developed and maintained contracts with 10 community agencies to provide MCH and family support services with Healthy Start and Empowerment funding. VNS also collaborates with the PCHD, and DHS to provide nursing services through Protect Children for DHS involved children. VNS has the expertise and background to provide the core services and to provide the deliverables.

Status of the State ECCS Effort: ECI currently implements the Early Childhood Comprehensive Systems (ECCS) project through the IDPH. Efforts involved an extensive range of public and private partners, and parents and communities who share a comprehensive, coordinated early childhood system approach for children and families. The ECI strategic plan serves as the blueprint for Iowa's early childhood system. Recent Legislation formalizes the ECI structure and Council. Federal and national leaders have recognized ECI for its many highly successful initiatives and strong partners at the state and local level.

Local Linkages and Expertise with Target Population/Grassroots Efforts: VNS' Outreach Team consists of interpreters and ethnically diverse paraprofessionals that live and work in the Iowa LAUNCH target area. VNS has 30 culturally, ethnically, racially, and linguistically diverse staff that serve minorities, immigrants and refugees; provide interpretation and translation; and support culturally-sensitive service provision. VNS also employs 22 staff bi-lingual in Spanish and English and additional multi-lingual staff in at least seven other languages including Arabic, Bosnian, French, German, Nuer, Nuba and Vietnamese. Outreach activities include: door-to-door contact; visits to laundromats, grocery stores, waiting rooms and other agencies; resource fairs, community events, distributing marketing materials; following up on referrals; and agency collaboration. Outreach efforts will focus on reaching individuals within the target population that have the greatest need for support and assistance.

Iowa LAUNCH Staff: See Table 8

Table 8. Key Personnel at State, Local and Evaluation

STATE LEVEL – KEY PERSONNEL
<p>Position/Name: Project Director (Bureau Chief), M. Jane Borst, RN, MA – Level of Effort: 0.10 FTE In-Kind</p> <p>Primary Role/Responsibility: Providing administrative and fiscal oversight for Project LAUNCH; general supervision of BFH staff involved in the project. Major Qualifications: Expertise in public health, early childhood and system building development; minimum of three years in administration and budget management. Bachelor’s degree in health, social service, public administration or similar field is desirable and five years experience in administration, development or management.</p>
<p>Position/Name: Young Child Wellness Expert/Executive Officer 2, TBD – Level of Effort: 1.00 FTE</p> <p>Primary Role/Responsibility: Providing leadership for the implementation of Iowa’s LAUNCH work plan and will further develop and/or establish relationships with key partners for improved collaboration and coordination. Major Qualifications: Extensive experience in public health and children’s mental health; knowledgeable and attentive to needs and issues of minority populations. Three years experience in administration and budget management; Bachelor’s degree in health, social service, public administration or similar field is desirable. Demonstrated ability to manage federal grants.</p>
<p>Position/Name: Project Assistant/Program Planner 2, TBD – Level of Effort: 0.50 FTE</p> <p>Primary Role/Responsibility: Providing support to the YCWE, including assistance with implementing the day-to-day activities of Project LAUNCH. Major Qualifications: Knowledge of early childhood development, children’s mental health; experience in mobilizing service systems, public policy and strategic thinking. Bachelor’s degree in health, social services or related field or a combination of education and work experience.</p>
<p>Position/Name: ECCS Project Director, Gretchen Hageman, MA – Level of Effort: 0.10 FTE In-Kind</p> <p>Primary Role/Responsibility: Support implementation of the project by ensuring integration between ECI and Project LAUNCH. Major Qualifications: Extensive experience in public health and system service integration; experience with public policy and program development. Three years experience in administration and budget management; Bachelor’s degree in health, social service, public administration or similar field is desirable.</p>
<p>Position/Name: 1st Five Coordinator, TBD – Level of Effort: 0.10 FTE In-Kind</p> <p>Primary Role/Responsibility: Support implementation of the project by ensuring integration between 1st Five and Project LAUNCH. Major Qualifications: Extensive experience in public health and children’s mental health; experience with public policy and program development. Three years experience in administration and budget management; Bachelor’s degree in health, social service, public administration or similar field is desirable</p>
LOCAL LEVEL – KEY PERSONNEL
<p>Position/Name: PCHD – Local Young Child Wellness Coordinator, TBD – Level of Effort: 1.00 FTE</p> <p>Primary Role/Responsibility: Providing local leadership for the development of the environmental scan, financial map and local level infrastructure to increase the capacity and integration of the children’s mental health system into a comprehensive early childhood system. Major Qualifications: Graduation from an accredited 4- year college in public health planning, epidemiology, or health education; 2-3 years work experience in a related area, or equivalent combination of training and experience.</p>
<p>Position/Name: VNS – Local Project LAUNCH Manager, TBD – Level of Effort: 1.00 FTE</p> <p>Primary Role/Responsibility: Providing leadership, planning, coordination, partnership facilitation, and oversight for all local Project LAUNCH activities. The Project LAUNCH Manager will serve as the local liaison to Project LAUNCH as the state level. Major Qualifications: Bachelors degree in Nursing with Masters degree preferred and a minimum of 5 years of experience in working with children under 8 years of age and families and 2 years of supervisory/management experience.</p>
EVALUATION – KEY PERSONNEL
<p>Position/Name: Evaluation Project Principal, Anne Wallis, Ph.D. – Level of Effort: N/A Assistant Professor, University of Iowa College of Public Health, Department of Epidemiology</p> <p>Primary Role/Responsibility: Directs local process and outcome evaluations, cost analysis, and the national cross-site evaluation component. Major Qualifications: Extensive experience in development and implementation of evaluation designs. Experience in public health evaluation. Ph.D. in public health or related field; minimum of 7 years formal experience in evaluation studies; demonstrated ability to manage federal projects.</p>

Relationship and plan for communication between State Young Child Wellness Expert and Local Child Wellness Coordinator: The IDPH and VNS have a strong collaborative history.

VNS serves as the local contractor for Title V MCH services. VNS also is the local contractor for *1st Five*. Existing relationships were instrumental in developing the application for Iowa LAUNCH. The two offices are close in proximity which facilitates frequent meetings. This close relationship (both literally and figuratively) is an important strength as we coordinate activities. Polk County Health Department (PCHD) and VNS have a 50 year collaboration history.

The State Young Child Wellness Expert (SYCWE) will serve on the local Council and the Local Young Child Wellness Coordinator (LYCWC) and the VNS Project LAUNCH Manager will both serve on the ECI Council. Additionally, the three will meet on a regular basis, with weekly meetings during the first three months and monthly meetings thereafter that include the other key personnel. A partnership relationship is expected with the SYCWE providing leadership in linkages with state level agencies and the LYCWC providing leadership with Polk County agencies. Both will communicate pertinent information related to the project to their respective partners and stakeholders via Council meetings. A component of the project evaluation will assess the success of communication and coordination between the SYCWE and LYCWC and VNS' Project LAUNCH Manager.

Key Staff Demonstrate Experience in Serving the Population of Focus: Key Project LAUNCH staff will have experience serving children 0 to 8 and their families who are experiencing multiple risk factors including poverty and racial inequities. They will have experience working with children and families from various racial, ethnic and cultural groups including immigrant populations. Staff providing direct services will include bilingual and bicultural staff. Diversity training is core to staff development for both the state and local agency leadership staff. The challenge to further advance cultural competency among project staff will be an integral part of the strategic plan.

E. Performance Assessment and Data

Grantee-Specific Evaluation Plan This evaluation plan includes process, outcome and cost components. Our overarching approach is based on the premise that evaluation must be conducted using the most rigorous possible research methods while working closely with the community, program staff, and participants to ensure that the evaluation is conducted with full community input and support. A participatory approach to evaluation will assure that the evaluation is culturally valid and directly relevant to the program's activities and goals. The evaluation will be conducted by a team the University of Iowa, College of Public Health, Department of Epidemiology. Dr. Wallis, who has 18 years experience in conducting local and national evaluations, will lead the evaluation team. The team includes University of Iowa (UI) staff Thomas Vaughn, PhD, of the Department of Management and Policy, College of Public Health and Jennifer Cook, MPH, of the Center for Disability and Development, Department of Pediatrics. The group currently evaluates the SAMHSA funded Community Circle of Care project. The team has a proven track record for high quality evaluation research.

State/Local Evaluation – Process, Outcome, and Cost Evaluation: Responsive approaches to evaluation will provide a feedback loop for communication between state and local program staff and the evaluation team. The primary goal of the state/local evaluation is to conduct a rigorous, culturally appropriate, program-specific evaluation that integrates process, outcome and cost studies and draw upon both quantitative and qualitative research methods.

Process Evaluation focuses on **participant characteristics**_(e.g., age, grade in school, health indicators, etc.), **program characteristics** (e.g., staffing and types of interventions, etc.), **service**

dosage (e.g., participation and use of interventions). Process evaluation will describe what is in the “black box.” Knowing what the black box contains provides critical information to other communities who may wish to replicate our program, it helps discriminate program aspects that work from those that were less successful. The main objective of the process evaluation will be to collaborate with the program and community participants to develop and implement a strategic, partnership-based process evaluation. Process evaluation activities proposed below are designed to highlight program fidelity, deviations from plans or practices, reasons for changing plans, effect of changing or modifying plans or practices and key data on program staff, services, participant characteristics, context, and cost.

Mechanisms Proposed to Use Data to Make Program Improvements: The evaluation team will provide leadership for ongoing, transparent interaction among these groups through regular meetings as well as brainstorming about issues as they arise. A structured plan provides a framework for evaluation design, development and implementation along with integration of data and program elements and provisions for a continuous feedback loop.

Plans for Data Collection, Management/Analysis/Interpretation/Reporting: Evaluation Logic Model/Theory of Change The research team will work collaboratively to articulate a **theory of community change**, a measureable description of social change showing a clear causal pathway from articulation of assumptions to description of interventions and measureable results or outcomes (Annie E. Casey Foundation, 2003: 2005). This will be conducted simultaneously with the logic model. The theory of change model will focus more on the “big picture” and theorized program outcomes or impacts. The evaluation team will facilitate development of a logic model that measures fidelity to evidence-based practices, participation (rates and level) and cultural/neighborhood context. Process Evaluation Data Collection Plan Program data collection will include individual demographic, health and behavioral characteristics of participants collected at intake and at 6-month intervals. The evaluators will review program materials, observe activities and interview staff and families using one-on-one and group interviewing techniques. The proposed data collection techniques will use interviews to solicit qualitative, fully-descriptive information by including open-ended questions. The evaluation will also use qualitative rapid assessment procedures as appropriate. A collection of methods (informal interviews, focus groups, and freelists) will be used to obtain qualitative information over a shorter, less resource intensive, time period. An annual descriptive assessment of the local cultural and community context will be conducted annually, using geomapping methods, state and local health and population data, photography and observation to create a thorough neighborhood description.

Process Evaluation Data Management Plan Data will be collected at program entry. Enhancements to VNS’ existing database are requested to support evaluation activities. The existing network contains multiple backups and firewalls for security and is approved by the University of Iowa Biomedical Sciences IRB.

Process Evaluation Data Analysis Plan Analysis of process evaluation data will include both quantitative and qualitative techniques. Quantitative techniques include univariate statistics to report frequencies, central tendency, cumulative percentages and percentile groupings. Bivariate analyses will be used to study associations between outcomes and process variables (e.g., number of activities and improved developmental outcomes). Research staff will use STATA IC/10 for statistical analysis (StataCorp LE, 2007). Systematic coding of textual data using Qualrus (Brent, 2002) will be conducted for analysis of qualitative data.

Process Evaluation Data Interpretation and Reporting Plan Evaluators will conduct regular meetings to discuss the data interpretation process. Presentation of results as well as understanding all points of view, noting barriers as well as facilitators to implementation, and accounting for possible confounders, are critical to a thorough evaluation. Bi-annual reports will be reviewed with stakeholder.

Quality of Implementation and Fidelity Assurance Assessment of fidelity, the degree to which a program’s implementation matches the intended one (Valente 2002), will measure the application of the techniques of the evidence-based practice as intended in the model. Evaluation will recognize the importance of fidelity measurement including assessment of contextual elements (Orwin, 2000). Fidelity assessment will consider measures of social and health indicators, data from existing health and social services programs, interviews with agency personnel, and collaboration among service providers. Understanding of EBP fidelity provides keys to explaining outcomes, maintaining program quality and contributing to the treatment field’s overall understanding of what works, when it works and why it works.

Outcome Evaluation We propose a quasi-experimental, prospective research design to study outcomes. Individual-level outcomes will focus on child health and development and parenting education and stress. Developmental, social, emotional and health screens conducted as part of the project will establish baseline data that can be updated at regular intervals. The evaluation will recruit families into the evaluation at intake. If they agree to take part, a research assistant will describe confidentiality and consent procedures and ask the participant to sign a human subjects agreement approved by the University of Iowa Institutional Review Board for the Biomedical Sciences (IRB-01). The evaluation will also study organizational and systems change and development using network analysis (Merrill, 2007). Outcome Evaluation Data Collection The evaluation will enroll participants at program entry. Research staff will collect relevant demographic characteristics and document program participation. Initial recommendations measurement tools are shown in Table 9; however, these are subject to change based national cross-site evaluation requirements. The most economical choice will be to use national evaluation measures where possible to reduce duplicate effort.

Table 9. Individual-Level Outcomes and Measures (Examples)

Measures: Ages & Stages Questionnaire (ASQ) and ASQ-Social/Emotional (ASQ-SE)	
Outcomes	Timing
<ul style="list-style-type: none"> ▪ Numbers (%) of children, ages 0-8, receiving screening in community and family child care settings ▪ Developmental progress, children ages 0-8 ▪ Social and emotional change, children ages 0-8 	Baseline @ enrollment then every 6 months
Measures: Adult-Adolescent Parenting Inventory, Version 2 (AAPI-2)	
<ul style="list-style-type: none"> ▪ Parenting education 	Baseline @ enrollment then every 6 months
Measures: Kempe Family Stress Inventory (Schmitt and Carroll); Parenting Stress Inventory (Abidin 1997)	
<ul style="list-style-type: none"> ▪ Parenting stress 	Baseline @ enrollment then every 6 months

Outcome Evaluation Data Management Data management will be conducted in the manner noted above in our discussion of process evaluation data management. Our approach will facilitate linkage between program outcomes and evaluation data, supporting the use of these data by stakeholders and the evaluation team.

Outcome Evaluation Data Analysis. Data analysis will include univariate statistics to report frequencies, central tendency, cumulative percentages and percentile groupings. Bivariate analyses will be used to study associations between outcomes and process variables (e.g., number of activities and improved developmental outcomes). As appropriate, the research team will employ multivariate techniques to control for confounders and assess complex interactions.

Research staff will use STATA IC/10 for statistical analysis (StataCorp LE, 2007).

Outcome Evaluation Data Interpretation and Reporting Plan As identified in the plan for process data interpretation, the evaluators will conduct regular interactive meetings to discuss outcome data interpretation. Regularly scheduled presentation of results, recognizing all points of view, barriers and facilitators, as well as cofounders is critical to thorough evaluation.

Cost Evaluation Baseline pre-program costs of provision of services in the target area will be based on ECI environmental fiscal assessment for social and emotional programs and services in the target area and draw upon biannually updated ECI fiscal data to systematically determine changes over time. The evaluation will use available program-level data to ascertain funding and cost changes based on systemic change (e.g., agency cost report study; implementation of medical home model). We will follow a public health approach to cost evaluation with steps recommended by Windsor and colleagues (2003): (1) Define the population and the prevalence of the problem; (2) define health or behavioral objectives; (3) define cost of care; (4) document health outcome rates; and (5) perform sensitivity analysis. Regarding the fifth step, a source of error may be in the estimation of inputs. Resources from the cost study of the SAMHSA Community Circle of Care project in northeast Iowa, currently being designed by this evaluation team, will be utilized where applicable.

National Cross-Site Evaluation Participation The evaluation team looks forward to full participation in the national CSE. At present, it is our understanding that the CSE design is being developed by SAMHSA in consultation with Abt Associates. Our evaluation will synchronize the local outcome evaluation with the national evaluation and welcomes the opportunity learn about common data elements and measures and to participate actively in training and technical assistance opportunities. The evaluation team is familiar with CSEs. Both Ms. Cook and Dr. Wallis are engaged in national program evaluation projects including SAMHSA Systems of Care project and Healthy Start cross-site evaluations.

Performance Measures This project will use standard procedures required by SAMHSA for performance reporting under the Government Performance and Results Act (GPRA). We will collect and report additional data using the CMHS Transformation Accountability (TRAC) system. The lead evaluator is familiar with this process through her work with the SAMHSA funded Prairielands Addiction Technology Transfer Center. The other evaluation team members are familiar with GPRA and the TRAC system through their work with the SAMHSA Community Circle of Care Project. Performance measures will include: 1) Short-term performance measures – Change in level of collaboration across child-serving systems; changes in the number of providers and caregivers trained in EBPs that promote child wellness and increase understanding of child development. 2) Intermediate-term performance measures – Changes in number of children receiving developmental screens, assessments, and referrals; changes in the number of settings with embedded mental health consultation or integration of physical and behavioral healthcare services; and changes in the numbers of families receiving home visits. 3) Long-term performance measures – Changes in the percentage of young children who are healthy and ready to learn. Performance/GPRA data will be reviewed and submitted to SAMHSA to assess our progress and ensure information is integrated into project administration.