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**Year Two Evaluation Report**

**October 1, 2015 – September 30, 2016**

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Executive Summary

***Introduction***

In 2014, Guam’s Department of Public Health and Social Services (DPHSS) was awarded funding for Guam LAUNCH (Linking Actions for Unmet Needs in Children’s Health) by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). The goal of this federal grant program is to foster the healthy development and wellness of children from birth to eight years of age. Grantees engage in both systems change activities and provide direct services that address five core strategies: (1) screening and assessment; (2) integration of behavioral health and primary care; (3) early childhood mental health consultation; (4) enhanced home visitation; and (5) family strengthening and parent skills training. Young Child Wellness Councils (YCWCs) bring families and community stakeholders together to help guide grantees activities over a five year funding cycle. Woven throughout all LAUNCH activities is the commitment to reducing disparities.

***Guam LAUNCH Overview***

Guam LAUNCH is working to achieve four goals:

1. strengthen infrastructure to improve coordination and collaboration across child-serving systems and the integration of behavioral health and primary care;
2. expand use of evidence-based prevention and wellness promotion practices;
3. increase access to high quality screening, assessment, and prevention and promotion services; and
4. increase family, provider, and community awareness and knowledge of young child wellness.

The entire island of Guam serves as the target community for the initiative with a special focus on children and families served through DPHSS’s Community Health Centers (CHCs).

Guam LAUNCH is part of Guam’s Early Childhood Comprehensive System (ECCS) and the Guam Early Learning Council (GELC) provides leadership to the ECCS. All early childhood programs report to the GELC which serves as the Young Child Wellness Council (YCWC) for Guam LAUNCH with Strategic Management Teams (SMTs) serving as workgroups. At the time of this report, Guam LAUNCH is primarily focusing on three LAUNCH Core Strategies.

*Screening and Assessment.* Developmental screening is conducted with children from three months – five years of age using the Ages and Stages Questionnaire, Third Edition (ASQ-3) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE). The Edinburgh Postnatal Depression Scale (EPDS) is being used to screen mothers who have given birth during the past three months.

*Enhanced Home Visitation.* Enhanced home visitation services are primarily provided using the Parents as Teachers (PATs) curriculum. The Center on the Social and Emotional Foundations for Early Learning (CSEFEL) Pyramid Model modules are also utilized, as appropriate.

*Family Strengthening and Parent Skills Training.* The Strengthening Families approach is being implemented to address this core strategy. The approach focuses on developing five protective factors to improve parenting skills and build family resiliency through *Parent Cafés*. Parent training is also provided through a partnership with Big Brothers/Big Sisters and the Micronesian Resource Center.

***About the Evaluation***

The Evaluation is being conducted by the University of Guam (UOG) Center for Excellence in Developmental Disabilities Education, Research, and Service (CEDDERS). It incorporates a participatory approach through the involvement of the Community Evaluation Advisory Team (CEAT). CEAT members include families and representatives from Guam’s early childhood programs and initiatives and non-profit organizations.

Evaluation questions and the Evaluation Plan are based on the Logic Model and Strategic Plan and reflect both process and outcomes evaluation activities at the systems level and service delivery level. A mixed methods design involving the collection and analysis of both qualitative and quantitative data is being utilized and data analysis methods vary by the evaluation question and design.

***Summary of Year Two Evaluation Findings***

During Year Two, Guam LAUNCH experienced challenges in hiring staff which impacted project activities and the evaluation. This delayed some data collection and limited the data available for analysis. As a result, this report focuses primarily on the process evaluation with limited outcome evaluation data also being reported.

Systems Change Evaluation

The systems change process evaluation revealed the Strategic Plan is serving as a general framework for the initiative but is in need of revision. Some progress was made towards achieving all but two objectives included in the Plan, although in many instances, the actual activities that were conducted were quite different from those articulated in the Plan.

Both the YCWC/GELC and SMT workgroups appear to be functioning as intended. The Council met only twice during Year Two and the workgroups met on three occasions. Guam LAUNCH systems change activities align with the priorities and activities of the Council and workgroups and Guam LAUNCH staff was actively involved in all meetings. For over 10 years, Project Tinituhon has provided funding to support the operation of the Council, as well as staff time to organize, facilitate, and document workgroup meetings. This funding ended on July 31st and the workgroups are in the process of restructuring their areas of focus and processes. It is unclear if the newly formed workgroup structure will be effective and continue to support the systems change activities of Guam LAUNCH.

During Year Two, a particular focus of the systems change process evaluation was on exploring how Cultural Advisors can inform Guam LAUNCH activities and the evaluation. Cultural Conversation Cafés were conducted with Cultural Advisors from the Chamorro and Chuukese communities using an adaptation of the World Café process. In the Café process, small groups of individuals engage in table conversations around predetermined questions and Table Hosts record key points which are later shared with the larger group. Two half day Cultural Conversation Cafés were conducted to gather cultural perspectives related to: raising young children and the relevance of the Guam LAUNCH approach; engaging families; home visitation; parental stress; and the appropriateness of the Parental Stress Scale and Protective Factors Survey. Although a complete presentation of the findings is beyond the scope of this Executive Summary, key findings are briefly presented below.

* Both Chamorro and Chuukese Advisors shared that extended family members share a role in raising children and extended families or multiple families may reside in one household. In Chamorro families, older siblings often play a role in raising children. Roles and responsibilities for raising children within the Chuukese culture are complex and changing as families immigrate to Guam. Traditionally, everyone in the family helps take care of the children and the concept of family extends beyond a Western perspective to include members of a clan.
* The concept of respect is an important cultural value in both Chamorro and Chuukese cultures and children are taught respect through their interactions with family members. In both cultures, children are expected to learn through observation of adult role models and by participating in family and community activities. Chamorro Advisors spoke of learning to “*read cues*” and Chuukese Advisors shared that “*some things don’t need to be taught* (in words) *but as experiences learned in one’s youth*.”
* When asked about how their cultural beliefs and practices related to getting help, both groups shared that you first turn to your family and that pride and shame often keep people for seeking outside help. Both groups felt that there was increasing receptivity to getting help and that families need to be educated about how and when to seek it.
* Respect for family roles, customs, and privacy during home visits were identified as important by both Chamorro and Chuukese Advisors. The need for appropriate language assistance services was stressed. Both groups talked about getting permission from the head of the household prior to scheduling a home visit. This is not always easy, as there may be complex roles within families, particularly when extended families reside together. Both groups discouraged providers from making unscheduled visits and recommended scheduling and sharing goals and expectations in advance. Knowing and respecting cultural customs related to hospitality and communication is critical. For both groups, there is the expectation that visitors will remove their shoes prior to entering a home and that it is rude for a visitor not to accept what is offered (e.g., food, drinks).
* When asked about cultural perspectives related to stress and how it is dealt with, both groups shared that stress is not openly discussed, although that is changing depending on the situation and type of stressor. Chamorro Advisors talked about the cultural practice of *chenchule* (the reciprocal practice of accepting help from others, as well as offering assistance to others when they, in turn, need help) as a way to avoid or minimize stress. In Chuukese culture, it is taboo to talk about or show stress which is often internalized. The Advisors felt that this was changing for Chuukese born on Guam.
* Regarding the cultural appropriateness of the Parental Stress Scale and Protective Factors Survey, both groups felt that the instruments were not appropriate. Reasons cited included: the negative wording and connotation of the items; the complexity of the sentence structure and response formats; inclusion of words and phrases that are difficult to translate and concepts that are not familiar or acceptable within the culture. Recommendations included using a “*conversational approach,*” rewording the items to be positive and reduce the number of response items, and finding a way to be more strengths-based.

During Year Two, Guam LAUNCH collaborated with other early childhood programs to offer eight provider trainings focusing on young child prevention and wellness promotion practices. These trainings reached a broad range of providers, as well as providers from Guam’s Micronesian community who were trained in the CSEFEL Pyramid Model modules and the Parents as Teachers curriculum. This is one way Guam LAUNCH is increasing access to services and reducing disparities. Guam LAUNCH also collaborated extensively with other programs to offer 21 outreach events.

Collaboration among members of the YCWC/GELC and SMT workgroups is being assessed annually through the Wilder Collaborative Factors Inventory. The instrument does not have normative standards for interpreting the scores. However, scores of 4.0 or higher generally indicate areas of strength; scores of 3.0 – 3.9 are borderline; and scores of 2.9 and below reveal areas of concern. Mean YCWC/GELC baseline scores ranged from 3.2 to 4.5, with 80% of the factors being rated as strengths (i.e., 4.0 or higher). No factors were rated as areas of concern (i.e., 2.9 or below). The scores suggest that the Council is a well-functioning collaborative. Mean SMT workgroup baseline ratings for the 20 factors ranged from 2.9 – 4.5 with 40% in the factors being identified as areas of strength. Only one factor was rated as a concern.

To assess changes providers’ training outcomes, retrospective pre/post training surveys were administered after nine Guam LAUNCH sponsored and co-sponsored trainings. The surveys included questions related to: (1) perceived knowledge about the content covered in the training; (2) confidence in applying knowledge and skills (as an indicator of readiness to implement); and (3) satisfaction with the training experience. To summarize provider outcomes, mean “knowledge” and “confidence” scores were calculated for each training event. An analysis of all seven training events, showed increases in mean knowledge and confidence scores and providers reported high levels of satisfaction with their training experience.

Service Delivery Evaluation

Descriptive data was collected for children screened and referred by Guam LAUNCH. During Year Two:

* 166 children were screened using the ASQ-3 and/or ASQ-SE
* Two mothers were screened using the Edinburgh Postnatal Depression Scale
* Of children screened, 58.5% were male and 41.5% female
* Most children were of Chamorro/Chamorro Mix descent (55%). Chuukese children were the next largest ethnic group (27%). This is an overrepresentation of both groups.
* 78.5% of caregivers reported that English was their child’s primary language; 21% shared that their child spoke Chuukese
* 15% of caregivers indicated that they would like interpreter services
* 66.5% of children screened live in households that receive food stamps

In terms of screening results, over one third (36.3%) of children scored below the cut-off score on the ASQ-3 indicating they needed further assessment or supports. On the ASQ-SE, 31% scored above the cut-off which indicates problems in need of further assessment/intervention.

An analysis of the ethnicity of children who scored below the cutoff score on the ASQ-3 and above the cutoff on the ASQ-SE revealed that both Chamorro and Chuukese children are overrepresented in those needing further assessment/intervention.

Screening results are reviewed during Guam LAUNCH case staffing and children who need monitoring and/or further assessment are referred for additional non-LAUNCH services. During Year Two, Guam LAUNCH made 48 post screening referrals across 10 different agencies and programs.

During Year Two, Guam LAUNCH piloted enhanced home visitation services with two Micronesian families, one Chuukese and one Pohnpeian. One family received a total of six home visits and the other received a total of eight. To assess changes in children’s social emotional skills and competencies over time, the Devereux Early Childhood Assessment (DECA) was administered prior to service delivery and again after six months. The DECA yields a Total Protective Factor score, as well as scores for Initiative, Self-Regulation, and Attachment/Relationship. An analysis of changes in scores from baseline to six months revealed that both children showed significant improvement in Initiative, Attachment/Relationship and their Total Protective Factor scores. However, neither child showed improvement in the area of Self-Regulation.

To address the LAUNCH core strategy of Family Strengthening and Parent Skills Training, Guam LAUNCH offered one Strengthening Families Parent Café and entered into a service contract with the Micronesian Resource Center (MRC) to conduct parent training utilizing the CSEFEL/Pyramid Model Positive Parenting modules. Guam LAUNCH’s relationship with Big Brothers Big Sisters (BBBS) and MRC is strategic, increasing the reach of young child wellness promotion and prevention activities to Guam’s Micronesian community. It is also a key strategy for addressing disparities by increasing access to promotion/prevention practices. MRC conducted two trainings with 23 caregivers attending one training and 19 on the other. One session was conducted in Chuukese with mostly Chuukese families in attendance and the other session was conducted in English with translation into Chuukese and Pohnpeian, allowing more people to access the content. A simple locally developed training survey was used to assess caregivers’ experience and the majority of caregivers reported positively about their training experience.

***Recommendations***

Based on the evaluation findings, the following recommendations are offered.

*Enhance the functioning of the YCWC/GELC and SMTs*. It is recommended that Guam LAUNCH take a proactive role in enhancing the functioning of the YCWC/GELC and SMTs. It is further recommended that Guam LAUNCH, in collaboration with the Council and workgroups, explore alternative strategies for partnering to achieve specific Guam LAUNCH system change goals and objectives.

*Review and Implement the Strategic Plan.* Revising the Strategic Plan is viewed as a priority activity for Year Three. It is important that it includes strategies to increase the number of children and families receiving direct services, and for implementing all five LAUNCH core strategies. Accessing technical assistance related to the core strategies may enhance the planning process and build capacity for better decision making about priority activities and timelines.

*Strengthen Partnerships and Increase Capacity to Address Disparities.* Guam LAUNCH established a solid foundation for addressing disparities through several of its activities, including: providing training to Micronesian providers, contracting for services with MRC, and the use of Cultural Advisors. It is recommended that they build on these efforts by: (1) continuing to provide training and coaching to Micronesian providers related to implementation of the CSEFEL/Pyramid Model modules and PATs; (2)collaborate with MRC and Cultural Advisors, to review the CSEFEL/Pyramid Model modules and PATs curriculum for cultural “fit” and to standardize ways of explaining key concepts that do not directly translate; and (3) use information gathered during the Cultural Conversations Cafés to develop tip sheets and training materials for providers as well as provide training to early childhood providers across the ECCS.

**Introduction**

In late September 2014, Guam’s Department of Public Health and Social Services (DPHSS) was awarded funding for Guam LAUNCH (Linking Actions for Unmet Needs in Children’s Health) by the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA). This federal grant program is a prevention and wellness promotion initiative with the goal of fostering the healthy development of all young children from birth to eight years of age. Grantees include states, local communities, tribal nations, and the U.S. Territories and the Freely Associated States. Young Child Wellness Councils (YCWCs) bring together parents and community partners to plan and guide the work of LAUNCH grantees. During a five year funding cycle, grantees engage in both systems change activities and provide direct services. Systems change activities address policy reform, coordination and integration of services and workforce development. Project LAUNCH direct services promote healthy development with a focus on social emotional development and services address five core strategies: (1) screening and assessment; (2) integration of behavioral health and primary care; (3) early childhood mental health consultation; (4) enhanced home visitation; and (5) family strengthening and parent skills training. Woven throughout all LAUNCH activities is the commitment to reducing disparities.

*Guam LAUNCH Overview*

Guam is a U.S. Territory and small island community of approximately 159,000 people located in the Western Pacific. Approximately 3,400 babies are born on Guam each year and 9% of the population is under the age of five and another 9% are between five and nine years of age. Home to a rich indigenous culture (Chamorro), Guam’s population is diverse with increasing immigration from the island of Chuuk, one of the four states comprising the Federated States of Micronesia. The entire island serves as the target community for Guam LAUNCH with a special focus on children and families served through Guam’s Community Health Centers (CHCs).

The purpose of Guam LAUNCH is to promote the wellness of young children birth to 8 years of age by working to achieve four goals:

1. strengthen infrastructure to improve coordination and collaboration across child-serving systems and the integration of behavioral health and primary care;
2. expand use of evidence-based prevention and wellness promotion practices;
3. increase access to high quality screening, assessment, and prevention and promotion services; and
4. increase family, provider, and community awareness and knowledge of young child wellness.

Guam LAUNCH is part of Guam’s Early Childhood Comprehensive System (ECCS) which was established in 2005 through federal funding for Project Tinituhon (*The Beginning*). The Guam Early Learning Council (GELC) provides leadership to the ECCS to build and integrate systems; improve coordination and alignment of programs/services and workforce development; leverage resources; and collect, share, and use data. All of Guam’s early childhood programs and initiatives report to the Council during quarterly meetings. The GELC is established in Guam Statute (P.L. 31-62) and co-chaired by the First Lady of Guam and the Early Childhood Consultant for the University of Guam (UOG) Center for Excellence in Developmental Disabilities Research, Education, and Service (CEDDERS). The work of the ECCS is accomplished through five Strategic Management Teams (SMTs) which were aligned with the LAUNCH Core Strategies as part of the Guam LAUNCH strategic planning process (See Table 1). The GELC serves as the Young Child Wellness Council (YCWC) for Guam LAUNCH with the SMTs serving as workgroups.

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| **Table 1. Alignment of Strategic Management Teams and LAUNCH Core Strategies** | |
| Strategic Management Team/Workgroup | Guam LAUNCH Core Strategy |
| Access to Health Insurance & Medical/Dental Homes | * Integration of Behavioral Health into Primary Care * Enhanced Home Visitation |
| Social Emotional Development & Mental Health | * Screening & Assessment * Early Childhood Mental Health Consultation |
| Early Care and Education & Child Care | * Screening & Assessment * Early Childhood Mental Health Consultation |
| Parent Education & Family Support | * Family Strengthening & Parenting Skills |

Guam LAUNCH is strategically located within the Department of Public Health and Social Services (DPHSS) with the Chief Public Health Officer serving as the Principal Investigator. Guam LAUNCH works closely with two other early childhood initiatives within DPHSS, Project Bisita I Familia (Guam’s Maternal Child Health Home Visiting grant) and Kariñu (Guam’s Early Childhood System of Care for young children with mental health needs).

Guam LAUNCH also co-locates staff with primary care providers at the northern and southern Community Health Centers (CHCs) on a regular basis. This enables children and families to engage with Guam LAUNCH staff, receive on-site screening, and obtain information and easy access to Guam LAUNCH services. The children and families served by the CHCs are Guam’s most vulnerable in terms of disparities in access, use, and outcomes. They tend to be high need, low income families and many are recent immigrants. Both Chamorro and Chuukese families are over-represented in the population served at the CHCs. As such, they are high priority families for Guam LAUNCH services.

At the time of this report, Guam LAUNCH is primarily focusing on three LAUNCH core strategies (i.e., Screening and Assessment; Enhanced Home Visitation; and Family Strengthening and Parent Skills Training) with plans to expand service delivery and begin addressing the remaining core strategies in Year Three. Below is a brief description of direct services provided during Year Two of the grant.

*Screening and Assessment.* Developmental and postnatal maternal depression screening was initiated in July 2015 at the Southern Community Health Center (CHC) and expanded to a limited degree to the Northern CHC in Year Two. As described above, Guam LAUNCH staff are co-located in the primary care clinics at the CHCs on a regular basis and are available to make initial contact with families and conduct screenings on-site and/or at families’ homes. Developmental screening is currently being conducted with children from three months – five years of age using the Ages and Stages Questionnaire (ASQ-3) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE). The Edinburgh Postnatal Depression Scale (EPDS) is being used to screen mothers who have given birth during the past three months. Fathers of children three months or younger may also be screened using the EPDS as deemed appropriate by staff. Beginning in Year Two, all referrals to Project Kariñu, Guam’s Early Childhood System of Care for children with mental health needs, were first screened by Guam LAUNCH. Kariñu and Guam LAUNCH staff work together during case staffing to review screening results and determine the need for further assessment and referrals.

*Enhanced Home Visitation.* During Year Two, Guam LAUNCH piloted enhanced home visitation services with two families. The pilot included implementation of the CSEFEL/Pyramid Model modules and the Parents as Teachers (PATs) curriculum. During the last quarter of the year, additional staff were hired and trained in PATs with the expectation that enhanced home visitation would be significantly expanded in Year Three.

*Family Strengthening and Parent Skills Training.* Guam LAUNCH is implementing the Strengthening Families approach to address this LAUNCH core strategy. Through *Parent Cafés*, caregivers engage in conversations with their peers about how to strengthen their families by building five protective factors: (1) parental resiliency; (2) social connections; (3) knowledge of parenting and child development; (4) concrete support in times of need; and (5) social and emotional competence of children. A trained facilitator moderates the conversations by posing a series of pre-determined questions related to a particular protective factor. At the conclusion of the Café, the moderator “harvests” the results of the conversations and charts any insights that participants may have gained through the process. Parent Training is also provided through a partnership with Big Brothers/Big Sisters and the Micronesian Resource Center.

*Guam LAUNCH Logic Model*

Table 2 provides the current Guam LAUNCH logic model. The logic model was finalized during the Year One strategic planning. No changes were made to the logic model during Year Two.

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| **Table 2.**  **Guam Project LAUNCH Logic Model** | | | |
| **Context**  **Population of Focus**   * Young children birth – 8 years of age served through the Community Health Centers and their families   **Strengths/Inputs**   * GELC, SMTs and strong partnerships within early childhood system * Cadre of trained providers * Project Kariñu and Bisita I Familia within DPHSS * CLC resources on island   **Challenges**   * Children and families have complex needs and multiple risk factors * Limited workforce; individuals wear “multiple hats” and contribute to multiple initiatives/programs * Government of Guam barriers to hiring & procurement   **Goals**   1. Strengthen infrastructure to improve coordination and collaboration across child-serving systems and the integration of behavioral health and primary care. 2. Expand use of evidence-based prevention and wellness promotion practices. 3. Implement Guam LAUNCH 5 Core Strategies 4. Increase family, provider, and community awareness and knowledge of young children health and wellness.   **Participatory Approach • Community Evaluation Advisory Team**  **Evaluation & Continuous Quality Improvement Process** | **Activities/Inputs**  **System Level**   * Alignment of strategic plan with EC State Plan * Cross-agency strategic planning & policy development * GELC as YCWC; SMTs as workgroups * Cross-agency workforce development and train-the-trainer model * CLAS aligned policies & procedures * Sustainability planning   **Service Delivery Level**   * Implementation of URIS and iDBSS * Co-location & integration of behavioral health screening & prevention & promotion services into CHCs * ECMHC through Pyramid model * Continuum of home visitation services * Use of Cultural Advisors/Conversations to inform practice & monitor outcomes * Cultural adaptation of EBPs * Use of trained LAS providers & translated materials * Collaborative outreach & social marketing * Primary care providers trained   **Child & Family Level**   * Screening of young children & mothers * Prevention & promotion services: Parents as Teachers * Family support activities: Parent Cafes * Culturally responsive service delivery * Family driven care | **Outputs**  **Systems Level**   * % of family and diverse representation on GELC & YCWC * # of MOUs/policies developed; # of agencies implementing MOUs/new policies; # of agencies/programs applying CLAS * # of trainings offered, # of programs involved, # of providers trained * # & type of social marketing activities * # of interpreters trained in EC concepts/processes   **Service Delivery Level**   * # & types of programs implementing URIS * # & type of prevention, promotion, & behavioral health services offered in primary care settings * # of children/families receiving wellness promotion and prevention services * # of children/families successfully referred to other program/services * # & type of primary care providers trained in screening * # & type of groups served by outreach * # & type of EBPs delivered   **Child & Family Level**   * # of children and mothers screened * # of families receiving LAS * #, type, & location of prevention & promotion services provided * # of families referred for mental health services * # of parents trained | **Outcomes**  **System Level**   * Improved ECCS (coordination, collaboration, decision making, information sharing) * Increased CLC, consistency and quality of care * Community awareness of young child wellness * Local funding   **Service Delivery Level**   * Child-centered & family friendly service provision * Culturally & developmentally appropriate practices * Integration of behavioral health & primary care * Primary care staff partnering with behavioral health * Underserved families' needs are met * Use of evidence-based practices in homes, primary care, early care & education settings * Improved competence of EC education & primary care workforce   **Child & Family Level**   * Improvements in child development & family well-being; school readiness & success * Improved parenting skills * Increased access to prevention & promotion services by all families * Increased access to mental health interventions & services * Increased satisfaction with services |

*Evaluation Approach and Methods Overview*

The Evaluation is being conducted by the University of Guam (UOG) Center for Excellence in Developmental Disabilities Education, Research, and Service (CEDDERS). It incorporates a participatory approach through the involvement of the Community Evaluation Advisory Team (CEAT). CEAT members include families and representatives from Guam’s early childhood programs and initiatives and non-profit organizations. During Year Two, the CEAT met four times throughout the year and provided input into the evaluation questions, the Evaluation Plan, and data collection instruments and procedures. Additional community input into the evaluation was obtained from Chamorro and Chuukese Cultural Advisors as part of the Cultural Conversation Cafés that were conducted during Year Two and described in subsequent sections of this report.

The evaluation utilizes a mixed methods design involving the collection and analysis of both qualitative and quantitative data. The design addresses some of the challenges associated with the use of a single method and provides for the triangulation of findings and an exploration of contextual factors influencing program implementation and outcomes.

Evaluation questions and the Evaluation Plan are based on the Logic Model and reflect both process and outcomes evaluation activities at the systems level and service delivery level. The Plan is organized by the goals of the Strategic Plan; with Goals 1, 2, and 4 reflecting the systems level evaluation and Goal 3 reflecting the service delivery level evaluation. Appendix A provides a summary of the Evaluation Plan which includes the evaluation questions, data collection methodology and design. Changes made to the Evaluation Plan during the past year included deferring some data collection activities to Year Three.

***Systems Level Evaluation***  
The systems level process evaluation addresses questions related to the implementation of Guam LAUNCH activities and systems level outputs, including evaluating the structure and functioning of the Young Child Wellness Council (YCWC) and Strategic Management Team (SMT) workgroups; processes related to cultural adaptation of evidence-based practices; and progress made in cross-agency workforce development. The outcome evaluation is designed to assess changes and improvements related to: (1) systems level collaboration across the comprehensive early childhood system and within the YCWC; (2) cultural and linguistic competency; (3) provider awareness, knowledge, and readiness to implement evidence-based prevention and young child wellness promotion practices; (4) provider satisfaction with workforce development activities and service coordination; and (5) new screening, assessment, and services/interventions implemented as a result of cross-agency workforce development.

Data collection includes: review of documents; annual Evaluation Cafés conducted with members of the YCWC, families and Cultural Advisors; documentation of training outputs; locally developed forms and retrospective pre/post training surveys; annual completion of the Wilder Collaboration Factors Inventory by members of the YCWC and workgroups; annual completion of a cultural and linguistic competency self-assessment by provider agencies/programs; a locally developed Family Services Survey and Guam LAUNCH Provider Training Survey; and key informant interviews with providers. Copies of data collection instruments used during Year Two are included in Appendix B.

***Service Delivery Evaluation***

The service delivery process evaluation addresses the implementation of Guam LAUNCH service delivery across the LAUNCH Core Strategies, the coordination of referrals to other programs/agencies, and implementation of social marketing and outreach activities. Data related to outputs associated with service delivery, including demographics and the over and under representation of specific ethnic/cultural groups in service delivery is being collected as well as families’ and providers’ service experiences (e.g., satisfaction, access, etc.).

The outcome evaluation will assess providers, children, and caregivers outcomes, including: changes in the number of children and mothers screened and referred for services; improvements in children’s developmental milestones, behaviors, and social emotional competence; increases in the protective factors; increases in caregivers and providers’ knowledge related to young child wellness; and changes in the number and types of evidenced-based practices used by providers. Data analyses will include assessment of changes in access, participation, outcomes, and satisfaction among disparate populations.

Primary sources of information for the evaluation of service delivery include: locally developed forms; training records; Multi-Site Evaluation Direct Service Survey; document review; Devereux Early Childhood Assessments; Preschool Behavioral and Emotional Rating Scale; locally developed Family Services Survey and a Provider Survey; key informant interviews, and a qualitative assessment of caregivers’ perceptions will be collected through either an Evaluation Café, Most Significant Change process or key informant interviews. Copies of data collection protocols from the Year Two evaluation appear in Appendix B.

***Data Analysis Plan***The Evaluation Plan appears in Appendix A and includes a variety of designs (e.g., descriptive, longitudinal, retrospective pre/post, etc.) and the collection and analysis of both quantitative and qualitative data. Data analysis methods vary by the evaluation question and design. In general, quantitative and qualitative data will be collected and analyzed separately and then merged for comparison and interpretation. Validity of the qualitative data analysis will be assessed through triangulation of data and mixed methods.

**Year Two Evaluation Findings**

During Year Two, Guam LAUNCH continued to experience challenges in hiring staff which impacted the implementation project activities and their evaluation. The Evaluation Team also encountered challenges in scheduling data collection activities with the YCWC and workgroups. As a result, some evaluation activities targeted to begin in Year Two were not initiated, limiting the data available for analysis and reporting. This report focuses primarily on the process evaluation with some baseline data from the outcome evaluation being reported. Findings are presented for system change and service delivery activities and are organized by the evaluation questions for which data was available.

*Systems Change Process Evaluation Findings*

A document review was conducted to evaluate progress made in implementation of Guam LAUNCH activities, the structure and functioning of the Young Child Wellness Council (YCWC)/Guam Early Learning Council (GELC) and Strategic Management Team (SMT) workgroups, and system level outputs. Documents reviewed included agendas, minutes, PowerPoint presentations, and attendance sheets from meetings of the YCWC/GELC and SMT workgroups; monthly progress reports prepared by the Project Director and submitted to the Government Project Officer; and training related documents (i.e., attendance sheets, agendas, retrospective pre/post evaluations). The Evaluator also directly observed meetings of the YCWC and workgroups and field notes from these observations were included in the document review.

***Implementation of the Strategic Plan***

**Process Evaluation Question:**

* To what extent are key activities in the Strategic Plan being implemented as intended?

To assess implementation and progress on the Strategic Plan, the goals, objectives, and activities of the Plan were cross referenced with activities reported in the Monthly Progress Reports to SAMHSA and the status of each goal/objective was noted as either “initiated” or “not yet initiated.” Table 3 provides a summary of the implementation status of the Strategic Plan Goals and Objectives. It should be noted that Progress Reports were not available for the months of March – August so the table does not capture all progress made.

From the review of available reports, it appears that the Strategic Plan is serving as a framework for Guam LAUNCH activities. In many cases, the actual activities that Guam LAUNCH engaged in were quite different from those included in the Plan, but they appear to be congruent with the objectives of the initiative. The refocusing of project activities was not unexpected, given that the Plan was developed without the participation of the current Project Director or majority of Guam LAUNCH staff and no formal review or revision of the Plan has occurred since its development in July 2015. While progress is being made towards achieving goals and objectives, it is also evident that the Plan is in need of revision to address changing priorities and resources within Guam LAUNCH and the ECCS.

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| **Table 3. Implementation Status of Strategic Plan** | | |
| **Goal 1: Strengthen infrastructure to improve coordination & collaboration across child-serving systems & the integration of behavioral health and primary care.** | | |
| **Objectives** | **Implementation Status** | **Activities/Comments** |
| * 1. The GELC will serve as the YCWC with workgroups embedded in the SMTs | Initiated Year One & Ongoing |  |
| 1.2 Develop & implement a MOU related to developmental & behavioral screening of young children with program partners | Initiated in Year Two & Ongoing | Guam LAUNCH collaborated with Project Tinituhon on the draft screening protocol in July 2016. |
| 1.3 Develop & implement policy recommendations related to: (1) screening and assessment; (2) integration of behavioral health & primary care; and (3) cultural and linguistic competency. | Initiated in Year One for (1) & Ongoing | 1. In collaboration with Project Tinituhon |
| 1.4 Develop & implement a sustainability plan to ensure continuation of a coordinated, integrated, & CLC young child wellness promotion & prevention service delivery system after federal funding ends in 2019 | Not Yet Initiated |  |
| **Goal 2: *Expand use of evidence based prevention and wellness promotion practices.*** | | |
| 2.1:Engage cultural representatives to review EBPs, make recommendations, and monitor implementation to increase and ensure “cultural fit” across Guam’s various ethnic/cultural groups. | Initiated in Year Two & Ongoing | Cultural Conversations related to the evaluation and home visitation |
| 2.2: Engage and/or increase the numbers of trained staff/family representatives from diverse cultural and linguistic backgrounds who can assist in the delivery of EBPs and wellness promotion practices. | Initiated in Year Two & Ongoing | CSEFEL Pyramid Model and Parents as Teachers training provided to Micronesian providers |
| **Goal 3: *Increase access to high quality screening, assessment, and prevention and promotion services****.* | | |
| 3.1: Increase access to high quality screening and assessment. | Initiated in Year One & Ongoing | 166 screened in Year 2 |
| 3.2: Integrate behavioral health into primary care. | Initiated in Year One & Ongoing | Staff co-located. Planning meeting with CHC Director. |
| 3.3: Enhance home visitation. | Initiated in Year Two & Ongoing | Pilot services w/2 families. Training for staff. |
| 3.4: Provide early childhood mental health consultation in homes and early care and education settings. | Not Yet Initiated |  |
| 3.5: Provide parent training and family strengthening activities. | Initiated in Year Two & Ongoing | Parent Cafes; CSEFEL/Pyramid Model modules provided to Micronesian families. |
| 3.6: Coordinate referrals to appropriate programs/agencies/services based on the needs of children and families. | Initiated in Year One & Ongoing | 48 children/families referred in Year Two. |
| **Goal 4: *Increase family, provider, and community awareness and knowledge of young children health and wellness*** | | |
| 4.1: Develop and implement a CLC social marketing campaign to raise awareness of young child wellness and health promotion/prevention practices. | Initiated in Year One & Ongoing | In collaboration with Kariñu |
| 4.2: Develop and implement culturally responsive outreach activities/services for underserved and high need children and families. | Initiated in Year Two & Ongoing | Contract w/Big Brothers/Big Sisters and Micronesian Resource Center |

***Structure and Functioning of Young Child Wellness Council and Workgroups***

**Process Evaluation Questions:**

* To what extent is the YCWC embedded within the ECCS’s governance and SMTs structures?
* Are the YCWC and LAUNCH workgroups (SMTs) meeting regularly?
* To what extent is the GELC/YCWC culturally and linguistically competent, inclusive of families, and reflects Guam’s diversity?
* How many and what type of policies and protocols have been developed and piloted? What agencies have been involved?

YCWC/GELC

The YCWC/GELC convened two meetings during the report period (January and June 2016). The Council is tasked to meet quarterly and there is no documentation of why only two meetings were conducted. It should be noted that the Council only met twice in Year One of the grant also. Seventy-five percent (75%) of voting members, or their alternates, attended the January meeting and 50% attended the June meeting with additional participation by program representatives and/or members of the SMTs (i.e., n = 9 January meeting and n=12 June meeting). The overall rate of Council members’ participation in meetings in Year Two was similar to what was reported in Year One (i.e., 56% at the first meeting of the year and 73% at the second meeting).

Membership on the Council remained relatively stable during the report period with the two vacancies being filled in June (i.e., a representative of the Guam Medical Society and a representative of the Governor’s Office). The Governor appointed the Guam CEDDERS Early Childhood Consultant to be the representative for the Governor’s Office. In her role as the Project Director for Project Tinituhon, this individual already served on the Council as Co-chair along with the First Lady of Guam. However, since federal funding for Project Tinituhon ended on July 31, her appointment to the Council also ended. The legislation that created the YCWC/GELC states that *“Co-chairmanship of the Council will be shared between the Governor’s designee and the Project Director of Project Tinituhon, Guam’s Early Childhood Comprehensive System. In the event, however, of the completion of Project Tinituhon, the second co-chairperson shall be selected by duly appointed Council members.”* During the June 29th meeting, Council members elected the Early Childhood Consultant (in her new role as representative for the Governor’s Office) to continue to Co-chair the YCWC/GELC ensuring continuity in the leadership of the YCWC/GELC for the immediate future.

The YCWC/GELC membership is generally aligned with the required composition of the Council; a total of five (or 22%) of Council members are family members. However, only one of the five family representatives is a parent of a young child in Guam LAUNCH’s target population. The other caregivers represent Guam’s family organizations for children with disabilities. This was noted as a challenge in the Year One Evaluation Report and remained unaddressed during Year Two.

Guam LAUNCH was an active participant in the two Council meetings and LAUNCH systems change priorities were embedded in the work of the YCWC/GELC. The Project Director and Young Child Wellness Partner attended both meetings and provided presentations on key activities and challenges. Additionally, the Project Director submitted written reports to the YCWC/GELC highlighting LAUNCH activities and progress. A review of meeting minutes revealed that the following key system change activities related to Guam LAUNCH’s goals were discussed during Council meetings: the alignment of early childhood programs within the Department of Public Health and Social Service, the Island-wide Developmental and Behavioral Screening System (iDBSS), the Help Me Grow Initiative, Learn the Signs Act Early, and cross-agency workforce development and training.

Strategic Management Teams (SMTs)

During Year Two, three full day meetings, inclusive of all of the SMTs, were convened (November 2015 and June and July 2016). At total of 23 individuals participated in the November meeting, with a total to 30 participants attending both the June and July sessions. Progress towards achieving the goals of Guam’s Early Childhood State Plan was discussed during each meeting followed by additional planning and decision making related to priority system change activities. Specific priorities addressed during these meetings which align with Guam LAUNCH’s system change activities included: building an understanding of the Collective Impact process and the Help Me Grow Initiative and developing draft standard operating procedures for the Island-wide Developmental and Behavioral Screening System (iDBSS).

For over 10 years, Project Tinituhon provided funding to support the operations of the YCWC/GELC and SMTs. This included partial funding for the Early Childhood Consultant to provide leadership for the Early Childhood Comprehensive System (ECCS) and funding for administrative help to plan, coordinate, and document YCWC/GELC and SMT meetings and training events. Federal funding for Project Tinituhon ended on July 31, 2016[[1]](#footnote-1). Given the long history of leadership and support provided by Project Tinituhon, sustaining the structures and work of the ECCS and its SMT workgroups may be a challenge. One SMT member summarized concerns about the continued functioning of the workgroups during the July SMTs meeting; *“Project Tinituhon was the glue that held the ECCS together.”*

To address this challenge, during the June and July SMT meetings, participants reviewed their current system change initiatives (many of which are supported by Guam LAUNCH) and identified lead agencies/programs to continue the work. The initiatives were grouped under four areas of focus: (1) Early Promotion and Identification; (2) Social Emotional Wellness; (3) Early Learning; and (4) Parent Engagement and Support and a facilitator was identified for each group. The role of the facilitator is to plan, convene and facilitate ongoing workgroup meetings.

Table 4 displays the decisions made during the meeting and Guam LAUNCH’s involvement across the four areas. A review of notes taken during the meetings and subsequent email correspondence and personal communication with SMT members reveal that since the July SMT meeting, only one follow up workgroup meeting was convened. On September 28th the facilitator for the Social Emotional area of focus convened a meeting to discuss the CSEFEL/Pyramid Model related training initiatives. The meeting was attended by representatives from the Department of Education early childhood programs and Guam CEDDERS. It is not known why Guam LAUNCH was not involved. A follow up meeting was scheduled for October but cancelled. At the time of this report, it is unclear whether the newly formed workgroup structure will be effective and continue to support the systems change activities of Guam LAUNCH.

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| **Table 4. Systems Change Activities Embedded in ECCS and SMT Structures** | | |
| **Focus Area: Early Promotion and Identification** | | |
| Initiative | Lead Programs | |
| Help Me Grow | * Bisita I Familia * YCWC/GELC | * DOE Part C |
| Reach Out and Read | * All Early Childhood programs, including Guam LAUNCH | |
| iDBSS | * All Early Childhood programs, including Guam LAUNCH | |
| **Focus Area: Social Emotional Wellness** | | |
| Initiative | Lead Programs | |
| Pyramid Model: Program Wide Implementation | * DOE Pilot Preschool; Part B Preschool and Part C * Head Start | |
| Pyramid Model: Practice Based Coaching | * Kariñu/Guam LAUNCH | * DOE Part B and Part C |
| Pyramid Model Cross Agency Training Standard Operating Procedures | * CCDF * DOE Part B and Part C | * Kariñu/Guam LAUNCH * Guam Behavioral Health & Wellness Center |
| **Focus Area: Early Learning** | | |
| Initiative | Lead Programs | |
| Guam Early Learning Guidelines | * Kariñu/Guam LAUNCH * YCWC/GELC | * Guam Behavioral Health & Wellness Center |
| Pilot Preschool | * DOE | |
| Quality Rating Improvement System (QRIS) | * Child Care Development Fund (CCDF) * DOE Part B Preschool and Part C | * Head Start |
| **Focus Area: Parent Engagement and Support** | | |
| Initiative | Lead Programs | |
| Strengthening Families Training | * Kariñu/Guam LAUNCH * I Famagu’on-ta * DOE Part C | * Bisita I Familia * Head Start |
| Parent Cafés | * Kariñu/Guam LAUNCH * DOE Part B Preschool and Part C | * Head Start |
| Power of Play | * Head Start | * DOE Part B Preschool |

Cultural and Linguistic Competency and the YCWC/GELC and SMTs

As part of Year One strategic planning, Guam LAUNCH adopted cultural and linguistic competence (CLC) as one of the core values that would guide its work. An underlying assumption of putting this value into practice is a commitment to inclusion and diversity within YCWC/GELC and workgroups. To assess whether the composition of these groups reflects Guam’s racial/ethnic diversity, voting members of the YCWC/GELC and all members of the SMTs were asked to complete a CLC Data Form during the June meetings of these groups. Due to a low response rate for the YCWC/GELC, CLC data that was obtained in 2015 was cross referenced to current membership to get a more complete picture of the Council’s composition. According to the 2010 census, Guam’s overall population is 37.3% Chamorro; 26.3% Filipino; 7.3% Asian (other than Filipino); 7.1% White; 7% Chuukese; mixed 9.4% and 5.6% from all other racial/ethnic groups. Based on an analysis of CLC data for both the GELC and SMTs, Chamorro’s are over represented in the membership of both the GELC (71%) and SMTs (62%). Both Filipinos and Chuukese are underrepresented and there was no Chuukese representation on either group. The Chuukese community is a high priority for Guam LAUNCH services and Chuukese children are overrepresented in the population of children who were recipients of services to date. As such, including members of this community on the YCWC/GELC should be addressed in Year Three.

Policies and Protocols Developed and PilotedAs noted above, Guam LAUNCH’s systems change activities are aligned with the ongoing work of the YCWC/GELC and SMTs with Guam LAUNCH staff are participating in workgroups across the four areas of focus adopted by the ECCS. Other participating agencies/programs are listed in Table 4. Although no formal policies, protocols, or Memorandum of Understanding were developed during the report period, Guam LAUNCH continued to support the development of the iDBSS through its participation in developing a draft protocol during meetings of the SMTs.

***Expansion of Culturally Appropriate Prevention and Wellness Promotion Practices***

**Process Evaluation Question:**

* To what extent and in what ways do the use of Cultural Advisors & conversations inform Guam LAUNCH activities, including addressing disparities?

Cultural Advisors and Cultural Conversations Cafés

During Year Two, Cultural Conversation Cafés were conducted to gather and validate information about cultural values, strengths, and practices that might influence families’ participation in Guam LAUNCH services and evaluation activities. The Cafés were facilitated by the Evaluation Team in collaboration with a Consultant who had served as Project Kariñu’s Cultural and Linguistic Competency Coordinator. As the CLC Coordinator, the Consultant had planned and facilitated similar events that included Chamorro and Chuukese cultural representatives and took the lead on identifying the Cultural Advisors.

A total of 24 Cultural Advisors (12 Chamorro and 12 Chuukese) were invited and agreed to participate in the Cultural Conversation Cafés, although not all Advisors actually attended the events. Gender roles are important in both cultures, so in selecting Advisors, attempts were made to balance the number of female and male participants in each group. However, due to challenges in identifying appropriate representatives who were also willing to participate, both groups included more female Advisors than male; 75% of the Chamorro cultural Advisors were female and 66% of the Chuukese. Culture is dynamic and influenced by personal and collective experiences. Different generations within a cultural group have different values and ways of expressing cultural practices, so attempts were also made to ensure that each group included individuals who would be considered “elders” by members of their communities, as well as parents of young children. A review of demographics for the Advisors who attended the Cafés, revealed that both cultural groups included several respected “older” community members and 42% of Advisors in both groups had children under the age of 8 years.

Two half day Cafés were conducted with 22 Advisors in attendance at the February Café   
(13 Chamorro and 9 Chuukese) and a total of 20 at the March Café (11 Chamorro and 9 Chuukese). The Cafés utilized an adaptation of the World Café process. In the Café process, small groups of individuals engage in table conversations around pre-established questions. A Table Host is available to record key points of the conversations. At the conclusion of the conversations, a moderator “harvests” the results of the table conversations with the larger group and charts any insights participants gained through the process.

*Cultural Conversation Café Methodology*

The February Café focused on cultural values and practices related to raising children and the relevance of the LAUNCH approach; family engagement; and home visitation. To open the Café, the facilitators provided an introduction to Guam LAUNCH, established the context for the conversations, and described the Café process to participants. Cultural Advisors sat with others from their culture in groups of 4 or 5 and a Table Host assisted by taking notes. During the February Café, Advisors engaged in three separate 35 minute conversations during which they discussed two questions. Table Hosts charted participants’ discussions and group members reviewed what was recorded to ensure accuracy of what was shared. The Table Hosts also attempted to record direct quotes whenever possible. At the conclusion of each conversation, a representative from each table shared their group’s insights with the large group, providing an opportunity for cross cultural learning. During the large group sharing, a designated note taker recorded the insights shared on a laptop. At the conclusion of each conversation, participants also were given the opportunity to share written comments using response cards that included the questions under discussion. The response cards were collected by the Table Hosts prior to the next conversation. Table 5 provides an overview of the February Café table conversation topics and questions.

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| **Table 5. February Cultural Conversations Themes and Questions** | |
| **Conversation #1:**  *Relevance of Guam LAUNCH Approach* | 1. What do we need to know about your cultural beliefs and practices related to raising young children? 2. How can we promote the importance of young child wellness? |
| **Conversation #2:**  *Engaging Families* | 1. What do we need to know about your cultural beliefs and practices related to getting help for your child and family? 2. What are some strengths, beliefs, or practices from your culture that Guam LAUNCH can incorporate to engage families? |
| **Conversation #3:**  *Home Visitation* | 1. When visitors come to your home, what cultural beliefs, practices or traditions related to family life, roles and responsibilities would you like us to know about? 2. How can we make home visits more effective for families? |

The March Café focused on cultural perspectives related to the concept of parental stress and the cultural appropriateness of two proposed evaluation instruments, the Parental Stress Scale (PSS) and the Protective Factors Survey (PFS). The format and process for the Café was similar to that used in February. Additionally, for Conversation #2 and #3, the Advisors were provided with copies of the Parental Stress Scale and Protective Factors Survey to reference during their discussions. Table Hosts also recorded Advisors input related to items on the surveys on a master copy of the instruments. Table 6 provides an overview of the March Café table conversation questions.

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| **Table 6. March Cultural Conversations Themes and Questions** | |
| **Conversation #1:** *Parental Stress* | 1. How does your culture define or view stress? 2. What are your beliefs and practices for dealing with it? |
| **Conversation #2:**  *Parental Stress Scale* | 1. Are the questions on the Parental Stress Scale appropriate for families from your culture? 2. What (if any) changes are needed to make it more appropriate? |
| **Conversation #3:**  *Protective Factors Survey* | 1. Are the questions on the Protective Factors Survey appropriate for families from your culture? 2. What (if any) changes are needed to make it more appropriate? |

*Data Synthesis and Validation*

The focus for the data synthesis was to create accurate summaries of the Cultural Advisors’ input which could be used to inform Guam LAUNCH service delivery and to explore concerns expressed by stakeholders about the appropriateness of the PSS and PFS. Initial draft summaries of the conversations were developed by the Consultant and Evaluator for each cultural group. They were organized by conversation and questions, with all data sources (charted input, notes taken during the large group report out, the response cards) being recorded verbatim in a table format. Input recorded on the master copies of the PSS and PFS were also summarized by cultural group. Once the initial data summaries were created, meetings were conducted with the Table Hosts to verify the information and gain insight into any contextual factors that might be relevant. Additionally, any data that was not able to be validated, or if the meaning was unclear, was flagged for further validation with the Cultural Advisors.

After the initial validation of the data summaries, broad topic codes were identified for each conversation and used to further summarize the information into meaningful units. These second level summaries were then reviewed and further synthesized to identify themes and related cultural beliefs/practices through an iterative process conducted by both the Consultant and the Evaluator. From this analysis, draft Cultural Conversation Summaries were created.

In July, a third Café was conducted to validate the Cultural Conversation Summaries for all conversations, except those pertaining to the evaluation. The input on the PSS and PFS was very straightforward and there was a high level of agreement within and across the cultural groups so no further validation was deemed necessary. A total of 11 Cultural Advisors (5 Chamorro and 6 Chuukese) attended this full day Café. Advisors from the same cultural groups sat together and engaged in seven validation conversations during which they first read the Cultural Conversation Summaries and engaged in conversations related to two questions:

1. Does the summary accurately describe beliefs/practices that most members of your culture would agree are true?
2. Are there any important exceptions to what is written (e.g., based on personal experience, age, gender, birth location, etc.)?

Table Hosts charted Advisors comments and noted corrections to the summaries on master copies. Additionally, after reading the draft summaries, participants were asked to complete a short anonymous survey to further validate their content. The survey asked Advisors to rate their agreement to two statements along a five point Likert scale with 5 indicating they strongly agreed with the statement and 1 indicating that they strongly disagreed. Mean ratings of Chamorro Advisors for the statement, *the summary accurately describes beliefs/practices that most members of your culture would agree are true about your culture*, ranged from 3.75 to 5.0 across the various draft Cultural Conversation Summaries. For the Chuukese Advisors the mean ratings ranged from 3.4 – 4.6. When asked to rate their level of agreement with the statement, *the summary accurately reflects my own personal beliefs/experiences*, the mean ratings for the Chamorro Advisors ranged from 3.75 – 5.0 and from 3.6 – 5.0 for the Chuukese Advisors.

The draft Cultural Conversation Summaries were further revised based on the input received from the Cultural Advisors during the validation process. Because of the small number of Advisors involved in both creating and validating the summaries, the Consultant recommended not widely disseminating them until they can be further validated by cultural representatives who were not part of the Cafés. However, the summaries do offer a wealth of information that is immediately useful to guide Guam LAUNCH planning, service delivery, and decision making. As such, the revised summaries were further coded to create the summary of findings which appears below.

*Summary of Findings: Cultural Beliefs and Practices in Raising Young Children*

Role of Extended Family

Both Chamorro and Chuukese Advisors shared that extended family members share in the responsibility of raising children and that extended families or multiple families may reside in one household. The involvement of extended family members seems to be viewed as a source of support for most families, but Advisors also noted potential conflicts among family members related to discipline and decision making, particularly as cultural beliefs, roles, and practices evolve.

Grandparents, aunties and uncles, and siblings often play a role in raising children in Chamorro households, although parents are usually the main disciplinarians and decision makers in their children’s lives. Chamorro Advisors spoke about the role of the older siblings in raising children and the expectation that the older kids would take care of those who were younger. Some participants shared that they were never “*allowed to be a kid*” because of the expectations placed on them as a result of their birth order. Chamorro Advisors also spoke about the traditional practice of *poksai* which refers to when a child is raised by someone other than their biological parents, usually the grandparents or an aunt or uncle. The child is informally, and sometimes formally, adopted by the person raising them. The reasons for *poksai* vary; a relative, with or without children, may help out a family with a large number of children; or, the child’s family is going through some sort of hardship and is unable to care for and support the child; or, the child is hard to manage. One Advisor shared that the practice stems from the value “*that everybody in the family helps out*.” Another shared, “*rearing*” someone else’s child is to help “*take the burden off the parents’ hands*.”

Roles and responsibilities for raising children within the Chuukese culture are complex and changing as more Chuukese families are moving away from their island of origin. Traditionally, everyone in the family helps take care of children and the concept of family extends beyond a Western perspective to include members of a clan. On Chuuk, all families have a clan leader but this is not the case on Guam. One Advisor shared that child care is a “*family affair and is everyone’s business*.” The biological mother may be the person who is responsible for the child while she is nursing and then other relatives may then assume the role of primary caregiver as the child grows. In many families “older parents” (i.e. the grandparents) are considered the father and mother of the child and the first born child is raised by the grandparents. It was also shared that whoever is providing for most of the needs of the child has authority over the child. One Advisor shared, “*auntie was providing for everything, so she was called mom*.” These relationships are explained to the child but are not generally documented through changes in guardianship and legal documents. This is seen as a challenge and concern for families immigrating to Guam where proof of guardianship impacts their interactions with social services and in particular child welfare.

Cultural Values

The concept of respect was an important cultural value held by both the Chuukese and Chamorro groups and is taught within the family. Chuukese Advisors spoke about how children are taught to respect their parents and older family members. Extended family members play an important role by showing, through their own behaviors, respect toward others. Children themselves need to be respected and respect is mutual between parents and children. Chuukese Advisors spoke about how children are taught respect through discipline; pulling the child aside and talking to them about what they need to do or how to act. The act of making eye contact was discussed in the context of discipline and respect. Traditionally, in the Chuukese culture (and in many cultures of the Pacific), making eye contact is a sign of disrespect. When a child needs to be disciplined, the child avoids looking directly at the parents. Advisors noted that for Chuukese who were born or raised on Guam, this is changing and that there is growing understanding that making eye contact can help a child understand what is being communicated.

Chamorro Advisors talked about how children learn about respect “*early on*” and are taught by observation or “*reading cues*” from their elders. Advisors shared that one way respect is shown is by the adage, “*children should be seen but not heard.”* The example given was that if a child is in a room with adults and helping out, they are taught to leave the room as soon as they complete the task. “*Leaving the room*” is about children showing respect; most parents consider it disrespectful for children to remain with the adults who are talking. The Advisors did acknowledge that children’s opinions are becoming more valued and that they are given more opportunities to participate in conversations than in the past. Advisors also shared that the traditional way of showing respect to elders is through “mangi’ngg’” (i.e., kissing the hand to show respect) and that while many children still show respect in this way, the practice is also changing.

Within the Chamorro culture, religion and faith-based practices play an important role in how children are raised and their values. While Guam is historically a predominately Catholic community (today 85% of the island’s population is Catholic), over time the community has been exposed to other religions and some families are choosing other faith practices. The Advisors agreed that families still adhere to strong faith practices regardless of their religious affiliation and cited many Catholic religious practices which are taught to children and important to families (e.g., saying the rosary, taking the sacraments, etc.).

Learning Through Observation and Participation in Family Life

Both Chamorro and Chuukese children are expected to learn through observation of adult role models and by participating in family and community activities. Chamorro Advisors spoke about learning to “*read cues*” to learn what needed to be done. Chuukese Advisors talked about how as children grow, they follow the example of their parents and that “*some things don’t need to be taught* (in words) *but as experiences learned in one’s youth.”*

Chamorro Advisors shared that when children are asked to do something, they are actually being taught how to participate and be part of the family/community. They elaborated with examples of how children are taught to be responsible and resilient through everyday activities and in response to difficulties, such as typhoons. Chores and food preparation were noted as important “*teachable moments*.” As one Advisor shared, “*Food, historically has brought us together. Preparing dishes together holds great meaning and provides those training moments while fostering physical bonds with each other*.”

Changing Values and Practices

Cultural values and practices are changing within both Chuukese and Chamorro cultures and are impacting some families more than others. Chuukese Advisors shared that, although “*common, but not quite wide spread”*, more families who move away from their island of origin are experiencing changes in family structure, composition, roles, and decision making practices. Some welcomed the changes. One Advisor explained that on Guam, she and her husband could raise their own children and another said she was thankful for the opportunities to experience some independence and autonomy. Another talked about how on Guam, the role of caregiver can be shared between men and women but that would never happen in Chuuk. The Advisors did maintain that some Chuukese families living on Guam still adhere to the traditional family practices of their culture.

Chamorro Advisors shared that the values and practices previously discussed still apply to the present times and they also believe that practices are changing. Societal demands and the busyness of working parents are resulting in some changes, as is technology. One Adviser shared, “*the values and beliefs are still held as true, but how to carry out the practices is the challenge*.” She went on to explain that parents may ask the child’s grandparents to help care for their children but still want to maintain their authority over the child and decision making around disciplinary practices. The Chamorro Advisors expressed the belief that maintaining cultural values and practices related to showing respect “*depends on the family*.”

Chamorro Advisors also talked about changes in family size and increasing numbers of single parent households. Some families are not confident that they can handle their children’s behaviors and fear to losing them to the legal system. Advisors noted that these changing patterns result in new and additional stressors for caregivers and children.

*Summary of Findings: Perspectives Towards Getting Help*

Both cultural groups talked about first turning to their own families when help is needed. Both groups mentioned that families have pride and that they may feel “shamed” that they need help. At the same time, both groups expressed the belief that families want help and services and need to be better educated about what is available. How and when families are ready to seek outside help is influenced by their cultural beliefs and practices and the type of help needed.

The Chuukese Advisors noted that getting help on Guam is different than it would be in Chuuk. In Chuukese culture, families believe that entering different boundaries of the environment can cause ailments to family members. Boundaries refer to land or physical property or places one should not enter without permission (e.g., sacred places, the Chief’s house, etc.). The Advisors explained that this belief about boundaries is one reason why families seek help first and foremost from within the family or clan. If outside help is needed, everyone in the family must agree to seek it. Permission is usually sought to get help from local healers who use herbal medicine, massage, prayer, chanting, and other traditional practices. Traditionally, it is acceptable to go to a Western medical doctor only after the initial traditional care does not work. Families on Guam are becoming independent in making their family decisions. The Chuukese Advisors shared that on Guam, families know that because of Child Protective Services, they need to take their child to a medical doctor first before turning for help within the family or clan. They felt that families are learning when and how to seek help and that the more they understand the value of seeking help, the more likely they will do so. They also shared that Chuukese families living on Guam continue to use traditional healers, accessing both Chuukese and Chamorro healers.

The concept of Chamorro pride often stops Chamorro families from asking for help. The Advisors shared that for this reason, it is important to get to know people first. Then, if you give support you can break through that barrier. Chamorro families of young children may seek help from outside the family through programs and professionals, if they are aware of available services. For concerns about a child’s development or behavior, parents turn to a family member or the school. Advisors talked about the role of traditional healers (i.e., suruhanos/suruhanas) in providing care for ailments and for spiritual healing. Some believed that the practice of turning to traditional healing practices and the use of medicinal plants is decreasing, yet others felt there was renewed interest among the community.

Within the Chamorro culture, there is still stigma related to getting help for behavioral health problems and admitting to a mental health concern is considered a very private matter. For behavioral health problems, families usually do not turn to their relatives unless the relative is also a social worker or professional. Typically, someone has to be out of control or violent before outside help is sought. The concept of bringing shame to one’s family appears to be a barrier to seeking help, particularly for behavioral health problems and related stressors.

*Summary of Findings: Cultural Beliefs/Practices and Home Visitation*

Respect for family roles, customs, and privacy during home visits were identified as important themes by both Chamorro and Chuukese Advisors. Both groups identified the need for cultural and linguistic competency. They shared that it is important to know about the family’s culture and address the language assistance needs of the family before the visit. Chuukese Advisors talked about the importance of having interpreters from the family’s culture who share the same cultural beliefs (cultural broker) as the family. It is important to let the family know that an interpreter will be accompanying the home visitor and that the family should have a choice in who will serve as an interpreter. They shared that the family might know the interpreter and not be comfortable with having them serve in that role. Both groups mentioned that home visitors/providers should learn simple words and phrases from the family’s language (e.g., hello, good bye, thank you) as a sign of respect, regardless if an interpreter is accompanying the provider.

Both cultural groups talked about the importance of finding out who is the head of the household and having their permission to visit the home. This shows respect and ensures that the provider will be welcomed into the home. The Advisors shared that finding out who should give permission is not always easy. For example, some Chamorro single parent households include other adult family members who may or may not have decision making authority over the household. In Chuukese families, the oldest male, usually the grandfather or father, will be the head of household but on Guam there are Chuukese “*husbands that allow their wives to have decision-making power if she has a good understanding of the culture and way of life on Guam…”* It was further shared that if a Chuukese mother is living alone on Guam with no other family then she is the head of household and ultimate decision-maker. Home visitors need to be aware that the head of household, after granting permission for the visit, may or may not be involved in the actual visit or be the one to answer questions. As a result for both cultures, it is important that home visitors ask questions and observe family interactions. It is important to Chuukese families that everyone who is raising the child be informed of and involved in home visits.

Advisors in both cultures talked about the importance of scheduling visits with families in advance, rather than just dropping in. Chuukese Advisors shared that families are uncomfortable when providers come unexpectedly. If it is necessary to make an unscheduled visit, it is important the home visitor “*apologize for being there*” out of respect to the family. When asked to clarify what was meant during the validation process, the Chuukese Advisors explained that you are “*apologizing for possibly interrupting family time*”, not for being there. They suggested that even in cases of an emergency, the home visitor should apologize. In scheduling visits, Advisors from both cultures felt it was important to clearly let the family know the purpose of the visit and how long it will take. Both groups mentioned providing families with “flyers” that contain the dates and purpose of the visit prior to the actual home visit.

Chamorro Advisors talked about how home is a private and safe place. Some families may prefer not to have providers in their homes. Home visits may actually create a sense of pressure and families should have other options for accessing services such as meeting in a park, coffee shop, or elsewhere.

Both cultural groups discussed the importance of providers knowing and respecting family and cultural customs related to hospitality and communication. As previously mentioned, showing respect is extremely important in both cultures. For both Chamorro and Chuukese families, there is an expectation that one removes their shoes before entering a home. Chuukese Advisors spoke about their culture’s dress code and that family members are expected to dress according to the code. In Guam, service providers are not expected to follow the Chuukese dress code, unless they are Chuukese providers. Providers are expected to dress respectfully and modestly. Skirts and dresses should fall below the knee and no “*night club wear or dressy heels*.” It was further clarified that it is acceptable for providers from other cultures to wear pants.

Bringing and sharing food is cultural practice in both cultures and a way for home visitors to show respect. The Chamorro Advisors recommended bringing food to share with the household as a way to “*lighten the mood*” and the Chuukese Advisors shared that visitors bringing food is customary, but service providers are not expected to bring anything or something every time. Both cultural groups talked about the importance of accepting what is offered by families (i.e., food, drinks, a place to sit, etc.). The Chamorro Advisors talked about how it is not polite to refuse food or offerings, “*if something is offered, be gracious and accept it*…”

As previously discussed, making eye contact can be viewed as disrespectful in some Pacific cultures. Chuukese Advisors shared that being aware of non-verbal communication is important. For instance, if a male service provider is speaking with a female caregiver and a male family member is also present, the female caregiver will not make eye contact with the provider to indicate he should talk to the male family member. They also shared that if the service being provided is connected to something negative or perceived as negative, the family will not make direct eye contact with the provider. Chuukese Advisors recommended that home visitors use a positive strengths-based approach. They shared that if providers point out the negative, families will shut down. They recommended that providers be conscious, mindful, cautious, and respectful of families’ responses to what they are sharing. Chamorro Advisors spoke about ensuring a “friendly” approach. Both groups stressed the need to be nonjudgmental, professional, and to show respect for families’ confidentiality.

*Summary of Findings: Cultural Perspectives on Stress and Ways of Dealing with It*

For both cultures, Advisors shared that stress is not openly discussed in their cultures although this is changing somewhat, depending on the type of stressor and situation. Chamorro Advisors agreed that the culture encourages one “*to keep it to yourself.”* Saving face and avoiding disgrace on the family were discussed as reasons not to openly acknowledging stress. If stress is a result of harm or injury done by another family member (like child abuse), it will be kept private. At the same time, the Chamorro Advisors acknowledged that certain types of stress are in fact talked about and gave the examples of medical issues or marital discord. Advisors shared that in the past people would handle stress by themselves but now there is a recognition about wanting to let go of stress and some felt that things were changing.

One Chamorro Advisory shared, although “*stress is not usually talked about, we can recognize stress signals even without it being mentioned.”* When discussing beliefs and practices for handling stress, the family appears to be a great source of support; focusing on the tasks that need to be handled related to the situation with extended family helping out. The practices of reciprocity and *chenchule* (i.e., contributing to help someone in need) were discussed within this context. Participants believe that stress is avoided or minimized through *chenchule*, the reciprocal practice of accepting help from others, as well as offering assistance to others when they, in turn, need help. This practice helps to generate confidence in knowing that when the time comes and you are in need, you can count on others to pitch in and help you. Underlying this cultural practice is the value placed on the bonds between family members and other key relationships like godparents. The Advisors also talked about faith and the belief in god helps families let go and trust things will work out. Humor was also identified as an indirect way to address stress and express one’s views. It was noted that in the past, people would seek out the support and guidance of the elderly or *manamko*. Conversations would take place around some activity such as cooking and it was an opportunity to learn about the task at hand but also to ask for guidance around problematic situations. But this is changing. One person shared, “*we held our manamko in esteem…they were there to help us. But now, we want to show them that we can do it ourselves*.”

Chuukese Advisors defined stress as an “overwhelming situation” and provided different Chuukese words that may be used to refer to stress (i.e., *weires* and *raifour* refer to personal stress experienced by an individual, *osukosuk* is anything that causes hardship for a family, and *fitikoko* describes a family in distress). These words are interconnected and may be interchangeable depending on the situation. Their use also depends on the context because they are used differently in the five regions in Chuuk.

In general in Chuukese culture, it is taboo to talk about or show stress. Stress is “*kept inside and not shared*” and becomes internalized. The Advisors talked about how when stress is internalized, typically the individual tends to isolate themselves and not talk to anyone. Some expressed the belief that internalized stress leads to suicidal thoughts. Others disagreed saying that “*suicide isn’t necessarily the result of built up stress over time*.” They did agree that each family (person) handles stress differently.

Traditionally, Chuukese families might come together with their extended family and clan leader to solve problems and find reconciliation between members, if that is needed. While in Chuuk every family has a clan leader, this is not true on Guam. The Advisors believe that Chuukese born on Guam are learning that not dealing with stress can be detrimental to their health. “*It is ok or good to share, to let others know what is wrong,* *because stress can kill them*.” The Advisors emphasized that Chuukese families seek help first from their families as it is a cultural practice to “*keep problems within the family.”* Some Chuukese might also share with a close friend or turn to a priest or pastor to ask for guidance, prayers, and help. Other ways of dealing with stress are to take care of themselves; activities such as enjoying music, fishing, going to the beach and getting massages were noted as ways families deal with stress.

*Summary of Findings: Cultural Appropriateness of Evaluation Instruments*

In general, both the Chamorro and Chuukese Advisors had concerns about the appropriateness of the Parental Stress Scale (PSS) and the Protective Factors Survey (PFS). Both groups questioned the value of the instruments and their potential negative impact on families. One Chamorro Advisor asked why are we using a “*westernized approach*” and went on to ask, “*How is this going to help our families*?” She and several other Advisors suggested a more conversational approach. Most of the Advisors from both cultural groups felt that the surveys were too “*negative*” and families would “*shut down*” in response to the questions. This is consistent with information shared in prior Café Conversations about home visiting.

The PSS was identified as especially problematic due to the negative wording of the items, as well as the kinds of questions being asked. One Chuukese Advisor stated that Chuukese families “*tend to not share so much about negative things*” and suggested that to get honest responses, the questions would have to be worded in a more positive manner. Another shared that it may be difficult to get honest answers because, culturally, certain things are kept to oneself. This is consistent with what was shared during the other Cultural Conversations about stress.

Multiple Advisors from both groups, discussed that being asked to answer the PSS may cause some caregivers to think they are being blamed or that there is something wrong with them. One group of Advisors talked about how some families may think that their children may be taken away from them as a result of their answers. One Chamorro Advisor and mother of a young child, said that if she was asked to complete the survey, she “*would feel like I was being attacked*” or that her child was seen as a burden. Another shared that parents may feel incompetent or failures. One person felt the survey could be used with a “*highly skilled interviewer*.”

Both cultural groups talked about the sentence structure used in the survey as too complex for most of our families and difficult to translate. There were also concerns about the response format being too complex and suggested a simpler format with fewer response options. The use of some words and phrases included on the survey were flagged as being either difficult to translate or not universally understood concepts, such as stress, optimistic view, feeling overwhelmed. Certain statements included in the survey were specifically identified as not culturally appropriate to ask. These include:

* If I had it to do over again, I might decide not to have children
* Having children is a financial burden
* Having children has meant having too few choices and too little control over my life

When reviewing the PFS, one Advisor shared, “*it’s friendlier than the other one.*” Still, most of the Advisors felt the survey was not culturally appropriate. One Advisor said “*it is very American* (and) *requires too much brain work*.” Many of the concerns raised over the PSS were also identified for the PFS. Of particular concern was the inclusion of negatively worded items, the length of the survey, difficult sentence structure, and the complexity of the rating scale. Again, several Advisors recommended using a more strengths-based conversational approach or significantly revising the survey to put positively worded items first, reduce the number of survey items and response options, and simplify the wording of sentences.

Cross-agency training

**Process Evaluation Question:**

* To what extent are early childhood agencies/programs collaborating to plan and implement a cross-agency training plan based on a train-the-trainer model?

Development of a cross-agency workgroup and training plan is an objective of the Guam LAUNCH Strategic Plan and an ongoing discussion item within the YCWC/GELC and SMTs. While the workgroup and training plan has yet to be formalized, Guam LAUNCH has been actively collaborating with other early childhood agencies/programs to plan and offer a variety provider trainings related to young child wellness. Table 7 summarizes Guam LAUNCH’s involvement in cross-agency training events. During the past year, Guam LAUNCH collaborated with other agencies/programs to offer eight different provider trainings focusing on delivering high quality prevention and wellness promotion practices, including training in the evidence-based program, Parents as Teachers. Collaborating agencies/programs included early childhood programs within DPHSS (Project Kariñu and Bisita I Familia), Department of Education programs for young children (i.e., Part B Preschool, Part C and Head Start), and Guam Behavioral Health and Wellness Center (GBHWC) programs for prevention (PEACE) and child and adolescent mental health (I Famagu’on-ta and icareguam). Data needed to provide an unduplicated count of training participants is not available but a review of the roles and program affiliations of participants demonstrates the broad reach of the trainings. Participants included private child care providers; early childhood teachers; public and private sector mental health providers; non-profit and public sector case managers, outreach workers, and family support providers; parent leaders from community-based family organizations; and representatives from faith-based organizations. Guam LAUNCH staff participated in all of the trainings offered with the exception of Strengthening Families, Bringing the Protective Factors to Life. This training was conducted as part of the Week of the Young Child and two Guam LAUNCH staff served as trainers for the event.

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| **Table 7. Summary of Cross-Agency Training Activities** | | | |
| **Title of Training (dates)** | **Training Sponsor/s** | **# LAUNCH  Staff Trained** | **Total # Trained** |
| Safe Talk | Project Kariñu, Bisita I Familia & GBHWC PEACE | 2 | 11 |
| Screening Young Children & Their Families | Guam LAUNCH & Project Kariñu | 4 | 9 |
| ASQ, ASQ-SE, & SEAM Family Profile | Guam LAUNCH, Project Kariñu, Guam CEDDERS | 4 | 10 |
| Strengthening Families: Bringing the Protective Factors to Life (4 different modules) | Guam LAUNCH, Project Kariñu, GELC, Project Tinituhon, DOE Part B Preschool & Part C, Head Start, GIFTS | 0 | Module 1 – 53  Module 2 – 47  Module 3 – 47  Module 4 – 56 |
| DC: 0-3 R & DSM V Training Part II | Project Kariñu | 3 | 9 |
| Brain Development in Young Children | Guam LAUNCH, Project Kariñu, GBHWC/ icareguam & GBHWC/  I Famagu’on-ta | 2 | Not available |
| CSEFEL Pyramid Model: Parents Interacting w/Infants & Positive Solutions for Families Modules | Guam LAUNCH, Project Kariñu, Guam CEDDERS | 2 | 7 |
| ASQ-3 Learning Activities | Guam LAUNCH & Guam CEDDERS | 2 | 2 |
| Play Therapy in Early Childhood | icareguam, Project Kariñu | 3 | 27 |
| Parents as Teachers Foundational Training | Guam LAUNCH, Project Bisita, GBHWC/PEACE | 6 | 20 |
| Parents as Teachers Foundational 2 Training | Guam LAUNCH | 6 | 20 |

Addressing Disparities Through Workforce Development

One strategy Guam LAUNCH is pursuing to address disparities is the training of providers from Guam’s Micronesian community, particularly the Chuukese community. Chuukese children are some of the most vulnerable of Guam LAUNCH’s target population. Many of these children’s parents are recent immigrants living in poverty and many lack health insurance. During Year Two, Guam LAUNCH entered into a service contract with Big Brothers Big Sisters and the Micronesian Resource Center (MRC) to provide outreach and training to Micronesian parents which is further described in this report under the section titled, Service Delivery Evaluation Findings. To support this contract, Guam LAUNCH included five (5) MRC staff in the CSEFEL Pyramid Training and four (4) MRC providers in the two Parents as Teachers (PATs) trainings. Additionally, five (5) representatives from the Oneop Evangelical Church, which is primarily attended by Chuukese families, participated in PATs training. The inclusion of these individuals in Guam LAUNCH training activities significantly increases the number of providers who speak Micronesian languages who are trained to provide services to the target population and will be important in addressing disparities. Table 8 providers a summary of the languages other than English spoken by providers trained in CSEFEL/Pyramid Model and PATs.

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| **Table 8. Languages of Providers Trained in   CSEFEL/Pyramid Model and Parents as Teachers** | | |
| **Prevention/Wellness Promotion Program** | **Languages Spoken by Providers** | |
| CSEFEL/Pyramid Model | * Chamorro * Chuukese * Carolinian | * Mortlockese * Pohnpeian |
| Parents as Teachers | * Chamorro * Chuukese | * Carolinian * Tagalog |

***Family, Provider, and Community Awareness and Knowledge of Young Child Wellness***

**Process Evaluation Question:**

* To what extent is Guam LAUNCH participating in collaborative outreach and social marketing activities?

Data related to outreach and social marketing activities is being collected using the locally developed Outreach Activity Log which appears in Appendix B. During Year Two Guam LAUNCH collaborated with other agencies/programs for 21 outreach events. Table 9 summarizes their participation.

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| **Table 9. Outreach with Collaborating Program and Agencies** | | |
| **Date** | **Name of Outreach** | **Collaborating Programs and Agencies** |
| 10/2/15 | Guam Head Start 50th Celebration | Guam Head Start Program, Guam Department of Education (GDOE) |
| 10/9/15 | Westin Employees' Health Fair | The Westin Resort Guam; Moylan's NetCare Insurance |
| 10/17/15 | Ambro's "Healthy Mothers, Healthy Babies" Fair | Ambro’s Inc. and other Early Childhood Programs and Agencies that serve young children |
| 10/24/15 | Head Start Parent Conference | Guam Head Start Program, GDOE |
| 1/8/16 | Children with Special Care Needs Conference | Department of Public Health & Social Services (DPHSS), Medical Social Services, Maternal and Child Health; Shiners Hospital, Hawaii |
| 1/29/16 | Point In Time Homeless Count | Guam Housing and Urban Renewal Authority (GHURA); Housing Urban Development (HUD); Guam Homeless Coalition; Salvation Army; Westcare; Catholic Social Services; University of Guam; Sanctuary Inc.; DPHSS; Guam Police Department (GPD); Mayors Council of Guam |
| 2/13/16 | Head Start Fitness Fair | Guam Head Start Program, GDOE |
| 2/20/16 | Check Me Out Fair | Special Education Division, GDOE; Guam CEDDERS; Parents Empowering Parents (PEP) |
| 2/26/16 | M.U. Lujan Elementary School Health Fair | M.U. Lujan Elementary School |
| 2/26/16 | ECSE Preschool Program "Parent & Child Activity on Social Emotional Development" | GDOE Division of Special Education Early Childhood Preschool Program |
| 2/28/16 | Dental Health Fair | DPHSS Dental Clinic |
| 4/23/16 | PEP Island-Wide Conference | Parents Empowering Parent (PEP) |
| 4/29/16 | WIC In-Service Training | DPHSS Women, Infant, & Children (WIC) Program |
| 5/14/2016 & 5/16/16 | Micronesian Resource Center | Micronesian Resource Center |
| 6/16/16 | Power of Play - "Fun In Your Backyard" | Project Tinituhon; DPHSS - Kariñu/LAUNCH/Bisita/BOSSA; GDOE - GEIS/HeadStart |
| 6/23/16 | Power of Play - "Fun In Your Backyard" | Project Tinituhon; DPHSS - Kariñu/LAUNCH/Bisita/BOSSA; GDOE - GEIS/HeadStart |
| 6/30/16 | Power of Play - "Fun In Your Backyard" | Project Tinituhon; DPHSS - Kariñu/LAUNCH/Bisita/BOSSA; GDOE - GEIS/HeadStart |
| 8/13/16 | Project KidCare ID | Hit Radio 100; Guam Police Department |
| 8/20/16 | Breastfeeding Fair | DPHSS |
| 9/3/16 | Community Partners for Youth "Back to School Fair" | Community Partners for Youth |
| 9/15/16 - 9/16/16 | Guam System of Care Conference | Guam System of Caren Conference |

*Systems Change Outcome Evaluation Findings*

***Baseline Assessment of Collaboration***

**Outcome Evaluation Question:**

* To what extent is the YCWC collaborating? Are there changes in collaboration over time?

Collaboration among members of the YCWC/GELC is being assessed annually through the Wilder Collaborative Factors Inventory. The Wilder measures collaboration across 20 factors that have been shown to be important for collaborative projects and initiatives. Using a five point Likert scale (1 = strongly disagree; 2 = disagree; 3 = Neutral, No Opinion; 4 = agree; 5 = strongly agree), respondents record their level of agreement with 40 survey items. The survey does not yield a total score but instead provides scores for the 20 factors of collaboration which can be used as indicators of strengths and areas of concern and improvement.

The Evaluation Plan targeted the baseline assessment of the YCWC/GELC to occur in January 2016. Due to a very full agenda, the survey was not included on the agenda of the Council’s January meeting. As an alternative method for obtaining the data, an online version of the Wilder Collaborative Factors Inventory was developed using Qualtrics software and a link to the survey sent to all members of the YCWC/GELC. However only two (2) Council members responded to the survey despite multiple reminder emails. In an attempt to gather sufficient data to establish a baseline, the survey was re-administered during the June YCWC/GELC meeting. Unfortunately, the June meeting was not well attended and only 10 of the 21 Council members, or their designated alternates, completed the survey for a response rate of 48%.

Table 10 provides the mean baseline ratings for the 20 collaborative factors, listed in descending order from the highest rated factors to the lowest. The Wilder Collaborative Factors Inventory does not have normative standards for interpreting the scores. However, scores of 4.0 or higher generally indicate areas of strength; scores of 3.0 – 3.9 are borderline; and scores of 2.9 and below reveal areas of concern. It is important to note that the developers of the instrument recommend involving members of the collaborative in interpreting scores, especially those in the borderline range to determine if they indicate concerns that need attention.

Mean YCWC/GELC baseline scores ranged from 3.2 to 4.5, with 80% of the factors being rated as strengths (i.e., 4.0 or higher). No factors were rated as areas of concern (i.e., 2.9 or below). At the time of this report, the Evaluator had not been able to schedule a time to discuss the results of the survey with the Council and obtain their input relative to the borderline scores. The scores do support the finding that the Council is a well-functioning collaborative. This may reflect the group’s long history of working together across multiple councils and initiatives. Skilled leadership was the highest rated factor and most likely reflects the stability and guidance provided through Project Tinituhon’s leadership. Since Project Tinituhon is no longer funded, it remains to be seen if the YCWC/GELC will be able to maintain this level of collaborative functioning over the next year. Fortunately, the leadership of the Council will remain intact until 2018 when a new Governor will be in a position to appoint a co-chair and representatives of his office. During Year Three, the Wilder will be re-administered and qualitative data obtained to provide additional information related to the extent and quality of collaboration of the YCWC/GELC.

The SMT workgroups play an integral role in the advancement of system change within the ECCS and achievement of Guam LAUNCH system level activities. As such, the Wilder Collaborative Factors Inventory was also administered to members of the SMT workgroups during their June meeting. A total of 21 individuals completed the survey. Mean baseline ratings for the 20 factors ranged from 2.8 – 4.5 with 40% in the factors being identified as areas of strength. Only one factor (i.e., sufficient funds, staff, materials, and time) was rated as a concern. Table 10 also includes the mean baseline ratings for the SMT workgroups and allows for comparison between the functioning of the YCWC/GELC and the SMTs. The Evaluator was not able to meet with SMTs to discuss and contextualize the results and to determine if the borderline ratings need to be addressed in order for the workgroups to collaborate more effectively. With the ending of Project Tinituhon’s leadership and support to the SMTs, it is hoped that the group will draw on its strengths to adapt to the changing conditions. During Year Three, the Wilder will be re-administered to the workgroups and qualitative data obtained to provide deeper insight into the functioning of the group.

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| **Table 10. YCWC/GELC & SMTs Wilder Collaborative Factors Inventory Baseline Ratings** | | |
| **Collaborative Factor** | **YCWC/GELC Mean** | **SMT Workgroups Mean** |
| 1. *Skilled leadership* | **4.5** | **4.0** |
| 1. *Members see collaboration as in their self-interest* | **4.4** | **4.5** |
| 1. *Unique purpose* | **4.4** | **4.3** |
| 1. *Shared vision* | **4.3** | **4.0** |
| 1. *Established informal relationships and communication links* | **4.3** | **4.1** |
| 1. *Favorable political and social climate* | **4.2** | **4.0** |
| 1. *Adaptability* | **4.2** | **3.7** |
| 1. *Open and frequent communication* | **4.2** | **3.9** |
| 1. *Concrete, attainable goals and objectives* | **4.2** | **3.9** |
| 1. *Collaborative group seen as a legitimate leader in community* | **4.1** | **3.6** |
| 1. *Members share a stake in both process and outcome* | **4.1** | **3.8** |
| 1. *Flexibility* | **4.1** | **3.9** |
| 1. *Appropriate pace of development* | **4.1** | **3.6** |
| 1. *History of collaboration or cooperation in the community* | **4.0** | **4.1** |
| 1. *Mutual respect, understanding, and trust* | **4.0** | **4.0** |
| 1. *Appropriate cross section of members* | **4.0** | **3.7** |
| 1. *Multiple layers of participation* | **3.8** | **3.1** |
| 1. *Development of clear roles and policy guidelines* | **3.7** | **3.6** |
| 1. *Ability to compromise* | **3.4** | **3.7** |
| 1. *Sufficient funds, staff, materials, and time* | **3.2** | **2.8** |

***Providers’ Self-Assessment of Training Outcomes***

**Outcome Evaluation Question:**

* Do providers report increased awareness, knowledge & readiness to implement? How satisfied were providers with the training they received?

Data related to providers’ self-assessment of training outcomes was collected for nine Guam LAUNCH sponsored and/or co-sponsored trainings using locally developed retrospective pre/post surveys. For each training event, individualized survey questions, based on the learning objectives for the training, were developed by the Evaluator in consultation with the trainer. All surveys utilized a similar format and included questions related to: (1) perceived knowledge about the content covered in the training; (2) confidence in applying knowledge and skills (as an indicator of readiness to implement); and (3) satisfaction with the training experience. Additionally, the surveys included open ended questions as a means to obtain narrative comments from participants. The surveys were administered at the conclusion of each training event. Since completion of the evaluation surveys was voluntary, not all participants in the trainings completed the surveys. After each training, the Evaluation Team prepared reports summarizing participants’ responses to the surveys and shared with Guam LAUNCH for use in their continuous quality improvement process. The reports included demographic information on participants (collected using the CLC Data Form which participants completed separately from the training survey), the mean pre/post scores for each survey item, satisfaction ratings and verbatim narrative comments.

To summarize provider outcomes for this report, mean “knowledge” and “confidence” scores were calculated for each training event by averaging the responses to the individual survey items related to these domains (i.e., knowledge and confidence in applying skills/readiness to implement). As can be seen in Table 11, providers consistently reported increases in their knowledge and confidence related to the content/skills targeted by the training. Providers also reported high levels of satisfaction with their training experience. Table 11 also includes the percentage of providers who reported positively (i.e., they responded either satisfied or highly satisfied) when asked to indicate their level of satisfaction with the training using a five (5) point Likert scale.

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| **Table 11.**  **Summary of Cross-Agency Training Activities**  **Pre/Post and Satisfaction Ratings** | | | | | | |
| **Name of Training** | **Date** | **Mean Knowledge** | | **Mean Confidence** | | **%**  **Reporting**  **Positively** |
| **Pre** | **Post** | **Pre** | **Post** |
| Screening Young Children and Their Families Training | 11/23/2015 | 2.5 | 3.6 | 2.5 | 3.4 | 88% |
| ASQ and SEAM Family Profile Training | 2/10/2016 | 2.9 | 4.0 | 3.0 | 4.0 | 100% |
| Bringing the Protective Factors to Life in Your Work “Introduction” | 4/11/2016 | 3.1 | 4.5 | 3.0 | 4.6 | 87% |
| Bringing the Protective Factors to Life in Your Work “Knowledge of Parenting and Child Development” | 4/12/2016 | 3.7 | 4.6 | 3.7 | 4.6 | 79% |
| Bringing the Protective Factors to Life in Your Work “Parental Resilience” | 4/13/2016 | 3.6 | 4.5 | 3.6 | 4.5 | 68% |
| Bringing the Protective Factors to life in Your Work “Social and Emotional Competence” | 4/15/2016 | 3.8 | 4.6 | 3.7 | 4.7 | 83% |
| CSEFEL Training: Parent Interacting with Infants (PIWI) | 5/13/2016 | 2.9 | 4.4 | 2.5 | 4.2 | 100% |
| ASQ-3 Learning Activities Training | 5/19/2016 | 3.2 | 5.0 | 3.3 | 4.9 | 100% |
| CSEFEL Training: Positive Solutions for Families | 5/20/2016 | 3.5 | 4.5 | 3.7 | 4.4 | 100% |

*Service Delivery Process Evaluation Findings*

The Demographic, Screening, & Referral Information Form (DSRIF) is the primary data collection protocol for reporting descriptive data and outputs. It was adapted from the Enrollment and Demographic Information Form which was developed by ICF Macro and used as part of the national evaluation component of Project Kariñu. A copy appears in Appendix B.

The DSRIF is completed as part of the screening process and then entered into an EXCEL spreadsheet by Guam LAUNCH staff. The spreadsheet was created and maintained by Guam LAUNCH who provides the data to the Evaluation Team for further analysis and reporting. It is anticipated that the spreadsheet will be replaced by the ChildLink database during Year Three. The ChildLink system has been under development since Year One of the grant and is built on a platform that is used by other early childhood programs within DPHSS.

***Screening and Referral***

**Process Evaluation Questions:**

* How many children and caregivers were screened?
* What are the characteristics of children and caregivers screened?
* How many children screen within range, need monitoring, and score below range on the ASQ-3?
* How many children screen below cutoff, near cutoff, or above cutoff on the ASQ-SE?
* How many caregivers score 10 or more on the EPDS?
* How many children and family members are referred for other non-Guam LAUNCH services?
* Are certain ethnic groups over represented in children scoring below the cutoff for the   
  ASQ-3 and above the cutoff on the ASQ-SE?

Numbers Screened and Screening Locations

During Year Two of the grant, a total of 166 children were screened by Guam LAUNCH using the ASQ-3 and/or ASQ-SE, bringing the total number of children screened over the first two years of service delivery to 248. Only two mothers were screened on the Edinburg Postnatal Depression Scale (EPDS) during Year Two and a total of four EPDS screenings being conducted from July 2015 – September 2016.

The majority of screenings took place at the Southern Regional Community Health Center (36%) and other frequent locations for conducting screenings were families’ homes (29%) and the Guam LAUNCH office (25%). It was anticipated that more screening activities would be conducted at the Northern Regional Community Health Center (CHC). However, due to the renovations to the CHC, dedicated screening space was not accessible to staff during Year Two. Guam LAUNCH staff were present at the Northern CHC on a regular basis. They would engage with families in the waiting area and then schedule home visits to conduct the actual screenings. Other locations where screenings were conducted included: the Department of Public Health and Social Services main office, caregivers’ work settings, and shelters.

Characteristics of Children and Families Screened

Of children screened, 58.5% were male and 41. 5% were female. Children ranged in age from   
1 to 72 months. Table 12 provides a breakdown of the age of children screened across the two years of the grant. In Year One, the majority of children screened were under the age of 36 months, while in Year Two an increasing number of older children were screened. This is most likely due to Guam LAUNCH assuming the responsibility for conducting the initial screening of children referred to Project Kariñu for early childhood mental health services.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 12. Age of Children Screened** | | | |
| **Age Range** | **Year One** | **Year Two** | **Cumulative Total** |
| 1 – 11 months | 21 | 23 | 44 |
| 12 – 23 months | 15 | 26 | 41 |
| 24 – 35 months | 17 | 23 | 40 |
| 36 – 47 months | 9 | 29 | 38 |
| 48 – 59 months | 10 | 38 | 48 |
| 60 – 72 months | 10 | 27 | 37 |

Most children were of Chamorro/Chamorro Mix descent (i.e., 55% of children screened in Year Two and 61% of all children screened since service delivery was initiated). Chuukese children are the next largest ethnic group with 27% of all children screened in Year Two being Chuukese/Chuukese mix and 24% of all children screened over time. Based on the 2010 census this is an overrepresentation of both groups (i.e., 37% of the population was Chamorro and 7% Chuukese). This is not surprising as these two groups are consistently overrepresented across social services and at the CHCs. In Guam LAUNCH’s Disparities Impact Statement submitted as part of its Strategic Plan, Chamorro and Chuukese children served though the CHCs were identified as the priority target population and data collected for the evaluation confirms that these groups are being served.

Table 13 provides a summary of the ethnicity of children screened by Guam LAUNCH since service delivery was initiated in July 2015. As reflected in the table, the percentage of children identified as Chamorro screened during Year Two actually decreased, with the percentage of Chuukese children increasing.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 13. Ethnicity of Children Screened** | | | |
| **Ethnicity** | **Year One %** | **Year Two %** | **Cumulative %** |
| Chamorro/Chamorro Mix | 73% | 55% | 61% |
| Chuukese/Chuukese Mix | 17% | 27% | 24% |
| Filipino/Filipino Mix | 1% | 12% | 8% |
| Other Micronesian | 9% | 4% | 5% |
| Other | 0 | 2% | 2% |
| Total | 100% | 100% | 100% |

Although English is the official language on Guam, over half of the population speak a language other than English in their homes. As part of the screening process, caregivers were asked what their child’s primary language was. 78.5% of caregivers reported that English was their child’s primary language and 21% shared that their child spoke Chuukese. Two caregivers reported that their children were bilingual (i.e., English/Chamorro and English/Chuukese).

The majority of caregivers also reported English as their primary language (74%) or that they spoke English and another language (2%). Twenty-one percent (21%) indicated that Chuukese was their primary language with a very small number indicating either another Micronesian language or Filipino/Tagalog. Prior to conducting screenings, Guam LAUNCH staff offered caregivers language assistance services and 15% indicated they would like interpreter services. Data is not available if these services were provided or how screenings were conducted with caregivers whose primary language was not English but they refused interpreter services. It is anticipated that data related to these questions will be available beginning in Year Three.

The majority of children screened lived with one (33%) or both (57%) biological/adoptive parents or with their grandparents (5%) or other relative (4%). One child was in foster care and one resides in the shelter for women who are victims of domestic violence. For most children, the caregivers they reside with also have legal custody, but a small number of children are wards of the state (3%).

Very few children screened by Guam LAUNCH have private health insurance. Over 75% are covered under Medicaid with another 8% being covered by Guam’s Medically Indigent Program (MIP). This is consistent with the population served at the CHCs. The exact number of uninsured children is not available but is estimated to be approximately 3 – 4%.

Approximately 1/3 of all households on Guam receive some sort of public assistance and 66.5% of children screened by Guam LAUNCH live in households which receive food stamps. Table 14 provides information on the types of public assistance families were receiving at the time their children were screened by Guam LAUNCH.

|  |  |
| --- | --- |
| **Table 14. Families on Public Assistance** | |
| **Type** | **Percentage** |
| Food Stamps | 66.5% |
| WIC | 50.4% |
| GHURA | 14.5% |
| Welfare | 6.0% |
| Childcare Development Fund | 5.2% |
| Other (including TANF) | 2.4% |
| Other | 2.8% |

Screening Results: ASQ-3 and ASQ:SE

The Ages & Stages Questionnaire, third edition (ASQ – 3) provides information on how a child is developing and cutoff scores have been established to help caregivers and service providers determine if additional assessment or interventions might be needed. Scores above the cutoff indicate a child is “typically developing” and no further assessment is needed. Score near the cutoff fall into the “monitoring zone.” For these children, engagement in developmental learning activities is advised. Providers also may rescreen at a shorter interval. Scores below the cutoff in one or more area indicate a need for further assessment.

Table 15 provides a summary of the percentage of children screened from July 2015 – September 2016 that fall into each range. Over one third of children scored below the cutoff score and an additional 23.4% in the monitoring range indicating a very real need for Guam LAUNCH services.

|  |  |
| --- | --- |
| **Table 15.**  **Summary of ASQ-3 Screening Results**  **(n= 248)** | |
| Above Cutoff | 40.3% |
| Monitoring Zone | 23.4% |
| Below Cutoff | 36.3% |

Cutoff criteria have also been established for the Ages & Stages Questionnaire: Social Emotional (ASQ: SE). For this instrument, scores below the cutoff indicate there are no concerns at the present time. Scores close to the cutoff, indicate possible problems and scores above the cutoff indicate problems that should be addressed through additional assessment and/or support to the child and family. Table 16 provides a summary of the ASQ-SE scores for children screened by Guam LAUNCH through September 2016. Nearly 1/3 of children scored above the cutoff, indicating problems in need of further assessment/intervention. The high number of children in this range may also be a reflection of Guam LAUNCH’s role in screening all children referred to Project Kariñu for early childhood mental health services.

|  |  |
| --- | --- |
| **Table 16.**  **Summary of ASQ:SE Screening Results**  **(n= 248)** | |
| Below Cutoff | 49.2% |
| Monitoring Zone | 16.5% |
| Above Cutoff | 31.5% |

Disparities and Children’s Screening Results

An analysis of the ethnicity of children who scored below the cutoff score on the ASQ-3 revealed that 53.3% identify as Chamorro/Chamorro Mix and 28.8% as Chuukese/Chuukese Mix. This is an overrepresentation of both groups and suggests Guam LAUNCH services should target these groups for further assessment and interventions to support their development. Similarly, an analysis of children who scored above the cutoff on the ASQ-SE revealed that 58.9% of Chamorro/Chamorro Mix children and 21.8% of Chuukese/Chuukese Mix children are displaying behaviors that indicate problems in their social emotional development.

Screening Results: Edinburgh Postnatal Depression Scale

Scores greater than 10 on the EPDS indicate possible depression and positive responses to item 10 of the survey indicate suicidal thoughts. Mothers who score 10 or greater should be referred for further mental health assessment and those who score positive on item 10 should access crisis intervention. Of the two mothers screened during Year Two, only one scored 10 or above and no one expressed suicidality. The one mother was who score indicated possible depression was referred to Guam Behavioral Health and Wellness Center (GBHWC).

Referrals from Guam LAUNCH

Screening results are shared with caregivers and discussed during Guam LAUNCH case staffing. Children and families who need monitoring and additional services may be referred for additional non-LAUNCH services. From July 2015 – September 2016, Guam LAUNCH made a total of 65 referrals across 10 programs. The majority of referrals were to services within Guam’s early childhood system and two referrals were made to Guam Behavioral Health and Wellness Center, the agency responsible for providing mental health services for individuals from 5 years of age through adulthood. During Year Two, referrals to Project Kariñu increased significantly, reflecting Guam LAUNCH’s expanded role in conducting all screenings for children referred to Kariñu. Table 17 provides information where children and families were referred to, as well as data on the cumulative number of referrals made since service delivery was initiated.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 17: Post Screening Referrals to Other Agencies/Programs** | | | |
| **Agency/Program Referred To** | **# Referred Year One** | **# Referred**  **Year Two** | **Cumulative**  **Referred** |
| Project Kariñu | 11 | 33 | 44 |
| Guam Early Intervention Services (Part C) | 4 | 1 | 5 |
| Preschool Special Education (Part B) | 0 | 5 | 5 |
| GBHWC Adult Mental Health Services | 0 | 1 | 1 |
| GBHWC I Famagu’on-ta | 1 | 0 | 1 |
| Shriners Clinic | 0 | 3 | 3 |
| Child Protective Services | 1 | 1 | 2 |
| Bisita I Familia | 0 | 1 | 1 |
| Audiological Services | 0 | 2 | 2 |
| Head Start | 0 | 1 | 1 |
| Total Referred | 17 | 48 | 65 |

***Enhanced Home Visitation***

**Process Evaluation Questions:**

* In what ways has home visitation been enhanced through Guam LAUNCH?
* How many families are receiving home visitation services?
* How many home visits do families receive?
* What are the demographic characteristics of families who receive enhanced home visitation?

Data related to the process evaluation for enhanced home visitation is collected through training records and locally developed forms (i.e., the Caregiver Information Form and Home Visitation Log). Copies of locally developed data collection protocols appear in Appendix B.

During Year Two, Guam LAUNCH enhanced home visitation through providing training in Parents as Teachers (PATs) curriculum. These trainings increased the capacity of Guam’s workforce to provide home visitation services using evidence-based/evidence informed practices and addressed disparities by increasing the number of providers from diverse ethnic and linguistic backgrounds who could provide services. For more information, see sections of this report titled: *Cross-agency Training* and *Addressing Disparities Through Workforce Development*.

During Year Two, Guam LAUNCH also piloted enhanced home visitation services with two families using the CSEFEL/Pyramid modules and PATs curriculum. One family received a total of six (6) visits between January and September 2016 and the other family received eight (8) visits from April – September 2016. A review of limited descriptive data reveals that both families are from Guam’s Micronesian community. Caregivers reported their ethnicities as Chuukese and Pohnpeian and both indicated that English was not their preferred language. One of the two caregivers requested language assistance services and was provided with an interpreter. When asked about the highest level of education they had completed, one of the caregivers reported having completed high school and the other reported having completed grade 8 and they reported their annual household incomes to be less than $24,999 and less than $5,000. When asked about child and family risk factors, one caregiver reported that their child had been exposed to domestic violence and lived with someone who had a mental illness.

***Family Strengthening and Parent Skills Training***

**Process Evaluation Question:**

* To what extent and in what ways does Guam LAUNCH provide parent training and family strengthening activities?

Process evaluation data was obtained through a review of documents, training records, and field notes taken by the Evaluator during meetings and debriefings with staff and the providers of the activities. During Year Two, Guam LAUNCH offered one Strengthening Families Parent Café. This family strengthening activity was co-sponsored by Guam LAUNCH and Project Kariñu, reflecting efforts to integrate the two initiatives. Fourteen caregivers participated in the Parent Café.

In July 2016, Guam LAUNCH entered into a service contract with Big Brothers Big Sisters (BBBS) and the Micronesian Resource Center (MRC) to conduct parent training utilizing the CSEFEL/Pyramid Model Positive Parenting modules. Guam LAUNCH’s relationship with BBBS and MRC is strategic, increasing the reach of young child wellness promotion and prevention activities to Guam’s Micronesian community. It is also a key strategy for addressing disparities by increasing access to promotion/prevention practices.

MRC conducted the trainings at an apartment complex which houses many Chuukese and other Micronesian families. Prior to the trainings, the complex had received negative media attention due to violence and other incidents involving law enforcement. Although MRC had planned to conduct the trainings at another location, community pressure resulted in them being offered at the complex as a counterbalance to its negative image in the media. As one MRC staff put it, “*the location was strategic…it wasn’t planned but ended up being an opportunity*.” MRC conducted two trainings with 23 caregivers attending one session and 19 the other. The first session was conducted in Chuukese with mostly Chuukese families in attendance and the second session was conducted in English with translation into Chuukese and Pohnpeian, allowing more people to access the content. Two Guam LAUNCH staff, who were experienced in the Positive Parenting modules, were onsite to assist with the trainings. One of these staff is a Chuukese speaker and she assisted in explaining some of the concepts in Chuukese that could not be directly translated.

After the trainings were completed, the Evaluator facilitated a debriefing with Guam LAUNCH and MRC staff to identify strategies that worked and challenges that would need to be addressed in order for future trainings to be more effective. Effective strategies clustered into three themes: collaboration, engaging families, and language access. Both Guam LAUNCH and MRC staff discussed their satisfaction with and positive results from their partnership. Teamwork was noted as effective in organizing the training events, managing logistics, and communicating the training content. One Guam LAUNCH staff shared, “*Partnering was awesome…BBBS took the content and ran with it. I was happy I was there even though I could not understand Chuukese*.” MRC staff noted that having the Guam LAUNCH staff who were familiar with the curriculum and available to coach and provide additional translation of concepts was especially important.

A particular strength of the trainings was family engagement. Prior to the trainings, MRC staff canvased the apartment complex in pairs, going door to door to invite families to the trainings. During the debrief, staff talked about how this helped them establish a relationship with families. One person shared that, in addition to the face-to-face contact being important, working in pairs also increased the likelihood that one of the staff would already have a relationship with the family, making it more likely that they would be open to attend the training.

Another aspect of family engagement that contributed to the effectiveness of the training was

having providers/trainers who were the same ethnicity as the families; who understood “*the layers of the culture*.” Several individuals spoke about the importance of showing respect for families and how they communicate with you. One person shared, “*It helped that we talked with them not down to them*.” MRC staff also felt that their sharing of her own “real life” experiences trying the Positive Parenting strategies with their own children helped with family engagement.

The importance of increasing language access was also noted as an area of strength by everyone involved. MRC staff’s flexibility in being able to offer the training in three languages (i.e., English, Chuukese, and Pohnpeian) was a plus. Staff also noted that the translation added time to the training and at times was distracting.

During the discussion about challenges, staff primarily discussed logistical issues related to the venue. The training was conducted outside and only two canopies were available and a limited number of chairs. Drinking water was not available and the presence of children was distracting at times. Additional challenges noted, included that limited amount of lead time to plan the trainings. Despite these challenges, Guam LAUNCH’s partnership with community based organizations is likely to be an effective strategy to extend parent training and family strengthening activities during Year Three.

*Service Delivery Outcome Evaluation*

***Enhanced Home Visitation***

**Outcome Evaluation Question:**

* To what extent do children whose families receive home visitation show improvements in their developmental milestones and social emotional competence?

To assess children’s social emotional skills and competencies over time, the age appropriate version of the Devereux Early Childhood Assessment (DECA) is completed through an interview with the caregiver at baseline and then every six months while the family is receiving home visitation services. The DECA is grounded in research on resilience in young children and measures three protective factors related to social emotional competency: Initiative, Self-Regulation, and Attachment/Relationships. The assessment yields a Total Protective Factors (TPF) score, as well as scores for each of the three protective factors. Additionally, for older children, a Behavioral Concerns score is also provided. DECA T-scores of 60 and above are identified as Strengths; scores between 41 – 59 are Typical; and scores below 40 are Needs. Differences in children’s baseline and 6 month follow-up T-scores were calculated and evaluated for the magnitude of difference based on Cohen’s d-ratio guidelines. For the two children in the enhanced home visitation pilot, DECA scores at baseline and 6 months follow up are provided in Table 18. Both children showed significant improvement in Initiative, Attachment/Relationship and their Total Protective Factor scores. However, neither child showed improvement in the area of Self-Regulation. At baseline, the area of Behavior Concerns was noted as a Need for the older child and although after 6 months his scores fall within the Typical range this is not considered a significant change based on Cohen’s guidelines.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Table 18: Baseline/6 Month Follow Up DECA Rating Comparison** | | | | | |
|  | **In** | **SR** | **AR** | **TPF** | **BC** |
| **Child #1** | | | | | |
| **Pre-test T-Score**  **Descriptor** | 59  Typical | 55  Typical | 59  Typical | 59  Typical | 63  Need |
| **Follow up T-Score**  **Descriptor** | 67  Strength | 62  Strength | 71  Strength | 69  Strength | 57  Typical |
| **T-Score Difference** | +8 | +7 | +12 | +10 | +6 |
| **Ratings Difference** | Significant Improvement | No Significant Change | Significant Improvement | Significant Improvement | No Significant Change |
| **Child #2** | | | | | |
| **Pre-test T-Score**  **Descriptor** | 50  Typical | 56  Typical | 50  Typical | 53  Typical | N/A |
| **Follow up T-Score**  **Descriptor** | 69  Strength | 45  Typical | 65  Strength | 61  Strength | N/A |
| **T-Score Difference** | +19 | -11 | +15 | +8 | N/A |
| **Ratings Difference** | Significant Improvement | No Significant Change | Significant Improvement | Significant Improvement | N/A |

In = Initiative; SR = Self-Regulation; AR = Attachment/Relationships; TPF – Total Protective Factors; BC = Behavior Concerns

***Family Strengthening and Parent Skills Training***

**Outcome Evaluation Question:**

* What are families’ experiences with parent training and family support activities? Are they satisfied? To what extent is parenting competence improved?

Data related to families’ experiences with parent training and family support activities was collected using the Be Strong Families Parent Café evaluation survey from Strengthening Families Illinois and locally developed surveys. The surveys were administered at the conclusion of all parent trainings and family support activities. Surveys for the trainings conducted by the Micronesian Resource Center were translated into Chuukese. Completion of the surveys is voluntary, so response rates vary across events. After each training, the Evaluation Team prepared reports summarizing participants’ responses to the surveys and shared with Guam LAUNCH for use in their continuous quality improvement process. Narrative responses provided by Chuukese families (in Chuukese) were translated into English and included in the summary reports.

Parent CafésThe Be Strong Families Parent Café survey includes a series of self-assessment questions related to different aspects of positive parenting and family resiliency. Caregivers rate their agreement with the items as an indicator of whether the training had a positive impact on their knowledge and readiness to apply what was taught. The vast majority of caregivers who completed the survey reported learning new things that will help them as a parent and a readiness to change their parenting behavior as a result of the training. Table 19 presents a summary of caregivers’ responses to selected survey questions related to parenting knowledge and skills.

|  |  |
| --- | --- |
| **Table 19. Caregivers’ Ratings on Parent Café Survey** | |
| **As a result of participating in this Parent Café….** | **Percent in Agreement** |
| I learned something that will help me as a parent. | 93% |
| I plan to change something about my parenting. | 93% |
| I plan to change how I listen to my child(ren). | 93% |
| I plan to change how I talk to my child(ren). | 93% |
| I plan to change how I discipline my child(ren). | 85% |
| I plan to make sure I understand my child(ren)’s feelings. | 100% |

Micronesian Resource Center Positive Solutions for Families Training

A simple locally developed training survey was used to assess caregivers’ experience. To complete the survey, caregivers were asked to rate their level of agreement with a series of statements. Due to families’ low literacy rates and issues related to translation, the number of statements was kept to minimum and they were more general than those included in other training surveys used in the evaluation. Table 20 presents a summary of the survey results for those caregivers who agreed or strongly agreed with the statements. As can be seen in the table, the majority of caregivers reported positively about their training experience and learned something that will help them as a parent.

|  |  |
| --- | --- |
| **Table 20. Caregivers Responding Positively to Training** | |
| **Statement** | **Percent in Agreement** |
| The purpose of today’s training was clear. | 96% |
| The information was easy to understand. | 96% |
| I felt comfortable participating. | 93% |
| I enjoyed myself. | 89% |
| I learned something new that will help me with my child. | 93% |

**Evaluation Priorities for Year Three**It is assumed that the Strategic Plan will be revised early in 2017 and, as a result, it is anticipated that the Evaluation Plan will also be revised. This may result in the need to submit an IRB modification which will be prioritized to accommodate timely data collection.

Evaluation activities initially targeted to begin in Year Two which were deferred due to scheduling challenges with members of the YCWC/GELC and SMTs are priorities. It is hoped that an Evaluation Café with these groups can be conducted during the second quarter of the year. This will not only provide information needed to the systems level outcome evaluation, but also be useful as part of Guam LAUNCH’s continuous quality improvement process related to the functioning of the Council and workgroups.

Completion of the ChildLink on-line database is also a priority. Development of the ChildLink database was initiated in Year One and is being developed by a Consultant and facilitated by the Evaluation Team. The database is nearly completed and the process of migrating data from Guam LAUNCH’s spreadsheet into ChildLink is underway. It is anticipated that some manual data entry will need to be done to ensure a complete and accurate dataset. The Evaluation Team will take the lead on entering historical data and troubleshooting the system in collaboration with the Consultant. Further development is needed to ensure the system can provide reports to be used to provide data for the Multi-Site Evaluation and this is a priority for the first half of Year Three.

During Year Two, many of the evaluation activities related to service delivery were not initiated either due to the very small number of families receiving services or because the LAUNCH core strategy had not yet been implemented. As these service delivery components are implemented, the corresponding evaluation activities will be conducted.

**Conclusions and Recommendations**

During Year Two, Guam LAUNCH continued to make progress towards project goals and objectives despite ongoing challenges in hiring staff. Through collaboration with other early childhood programs and initiatives, eight trainings were sponsored or co-sponsored by Guam LAUNCH, including training on two evidence-based practices (i.e., CSEFEL Pyramid Model and Parents as Teachers). Providers’ self-assessment of their knowledge and confidence in applying what they learned suggests that these trainings increased the capacity of Guam’s workforce to address the needs of young children through prevention and wellness promotion practices. A significant accomplishment was the training of 10 providers from Guam’s Micronesian community in both the CSEFEL Pyramid Model and Parents as Teachers (PATs). Having trained providers who can deliver evidence-based practices in families’ preferred languages is an important step towards addressing disparities. Also significant for addressing disparities, was the formalization of a partnership between Guam LAUNCH and the Micronesian Resource Center. This resulted in increased access to outreach and parent training for Chuukese and other Micronesian families. Cultural Conversations further enhanced Guam LAUNCH’s ability to address disparities and to offer cultural competent services. Implementation of the service delivery component of Guam LAUNCH was impacted by delays in hiring staff. However, screening activities continued to be implemented with 166 children being screened in Year Two. As a result of screening, 48 referrals made to other agencies. Service delivery was further enhanced by Guam LAUNCH’s staff’s participation in 10 different trainings, including the training of newly hired staff on PATs during the final month of the year.

There are areas that need to addressed if the initiative is to continue to make progress towards achieving its goals and the following recommendations are offered. Some of these recommendations were also included in the Year One Evaluation Report and continue to be considered priorities.

1. *Enhance the functioning of the YCWC/GELC and SMTs*. As discussed in the findings section of this report, it is unclear if the YCWC/GELC and SMT workgroups will continue to function effectively without the support of Project Tinituhon. Both groups’ success in navigating the situation will impact their willingness and ability to support Guam LAUNCH’s system change activities. It is recommended that Guam LAUNCH take a proactive role in enhancing the functioning of the YCWC/GELC and SMTs. It is further recommended that Guam LAUNCH, in collaboration with the Council and workgroups, explore alternative strategies for partnering to achieve specific Guam LAUNCH system change goals and objectives. Both the Council and SMTs should be encouraged to revisit their membership and address the lack of representation by Chuukese members of the community. Additionally, family members of children in Guam LAUNCH’s target population should be identified and invited to join the groups.
2. *Review and Implement the Strategic Plan.* As noted in the report, the Strategic Plan was developed without participation by the Project Director or current staff and has not been reviewed or revised since it was initially developed. Additionally, many changes have occurred within both the ECCS and DPHSS which impact planning and implementation of activities included in the Plan. Revising the Strategic Plan is viewed as a priority activity for Year Three. It is important that it includes strategies to increase the number of children and families receiving services and for implementing new services under the five LAUNCH core strategies. In revising the Plan, Guam LAUNCH is encouraged to involve stakeholders, including groups who may not have been involved in the development of the initial Plan (e.g., representatives from the CHCs, MRC, etc.). It may prove more productive to engage in a series of planning sessions around specific objectives with smaller groups, rather than attempt to revise the plan all at once during a large stakeholder process. Accessing technical assistance related to the core strategies may enhance the planning process and build capacity for better decision making about priority activities and timelines.
3. *Strengthen Partnerships and Increase Capacity to Address Disparities.* During Year Two, Guam LAUNCH established a solid foundation for addressing disparities through several of its activities, including: providing training to Micronesian providers, contracting for services with MRC, and the use of Cultural Advisors. It is recommended that they build on these efforts in the following ways.
   1. Continue to provide training and coaching to MRC providers and members of the Oneop Evangelical Church related to implementation of the CSEFEL/Pyramid Model modules and PATs. Consider whether there are other community-based organizations that could be partners in providing services.
   2. Collaborate with MRC and Cultural Advisors, to review the CSEFEL/Pyramid Model modules and PATs curriculum for cultural “fit” and to standardize ways of explaining key concepts that do not directly translate. Prior to engaging in this activity, identify a process that will be used to identify and document cultural adaptations.
   3. Using information gathered during the Cultural Conversations Cafés, develop tip sheets and training materials for providers. Provide training to early childhood providers across the ECCS. The Consultant used to co-facilitate the Cafés should be considered a potential resource to support this effort

**Appendix A**

**Evaluation Plan Summary**

**Goal # 1: Strengthen infrastructure to improve coordination and collaboration across child-serving systems and the integration of behavioral health and primary care.**

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| **Evaluation Questions** | **Measures/Indicators** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedules** | **Design** |
| **Implementation** | | | | |
| 1. To what extent is the YCWC embedded within the ECCC’s governance & SMTs structures? | Organizational chart of YCWC/GELC & SMTs structure; documentation of activities and activities; # of meetings during which Guam LAUNCH is on the agenda & discussed | GELC/YCWC & SMT/ YCWC Workgroups agendas, attendance records, & meeting minutes | Documents maintained by Project Director (ongoing). Document review by Evaluator (Quarterly) | Descriptive  Longitudinal |
| 1. Are the YCWC & LAUNCH workgroups (SMTs) meeting regularly? | Number of meetings of the YCWC & SMTs during which Guam LAUNCH is on the agenda & discussed | GELC/YCWC & SMT/ YCWC Workgroups agendas, attendance records, & meeting minutes | Documents maintained by Project Director (ongoing). Document review by Evaluator (Quarterly) | Descriptive  Longitudinal |
| 1. To what extent are key activities in the Strategic Plan being implemented as intended? | Documentation of completion of Strategic Plan activities & modifications made to Plan  Perception of Strategic Plan implementation of YCWC & workgroups | Locally developed *Strategic Plan Update Form*  Café questions & moderator guide | Documents maintained by Project Director (ongoing). Document review by Evaluator (Quarterly)  Evaluation Café facilitated by Evaluator (Annually) | Descriptive  Longitudinal |
| 1. What modifications were made to the Plan & why? How did the modifications impact infrastructure development, collaboration, service coordination & integration, service delivery & outcomes? | Documentation of modifications to Strategic Plan  Perception of Strategic Plan implementation of YCWC & workgroup members | Locally developed *Strategic Plan Update Form*  Café questions & Moderator Guide | Documents maintained by Project Director (ongoing). Document review by Evaluator (Quarterly)  Evaluation Café facilitated by Evaluator (annually) | Descriptive Longitudinal |
| 1. What key systems level accomplishments were achieved? What factors contributed to success? | Perception of system accomplishments by YCWC & workgroup members | Locally developed Café questions & Moderator Guide | Evaluation Café facilitated by Evaluator (Annually) | Descriptive Longitudinal |
| 1. What challenges/barriers were experienced? How were they addressed? | Perceptions of challenges by YCWC & workgroup members | Locally developed Café questions & Moderator Guide | Evaluation Café facilitated by Evaluator (Annually) | Descriptive Longitudinal |
| 1. To what extent is the YCWC culturally & linguistically competent, inclusive of families and reflects Guam’s cultural diversity | % of family representatives on YCWC & YCWC workgroups; ethnic composition of members of the YCWC & workgroups | Locally developed *CLC Data Form*; meeting attendance sheets | *CLC Data Form* administered to members of the YCWC & workgroups by Evaluator (annually); meeting attendance sheets maintained by YCWC & Project Director (ongoing) document review by Evaluator (quarterly) | Descriptive  Longitudinal |
| 1. How many & what type of policies & protocols have been developed & piloted? What agencies have been involved? | # policies and protocols & signed MOUs developed & piloted; # of agencies who signed MOUs; # agencies implementing MOUs | Written policies & protocols, MOUs, YCWC meeting minutes | Documents maintained by YCWC & Project Director (ongoing); document review (quarterly) | Descriptive  Longitudinal |

**Goal # 1: Strengthen infrastructure to improve coordination and collaboration across child-serving systems and the integration of behavioral health and primary care.**

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| **OUTCOME** | | | | |
| **Evaluation Questions** | **Measures/Indicators** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedules** | **Design** |
| 1. To what extent is the YCWC collaborating? Are there changes in levels of collaboration over time? | Mean Wilder Collaboration Factors Score | *Wilder Collaboration Factors Inventory* | Survey administered by the Evaluation Team (annually) | Longitudinal |
| 1. To what extent are collaborating child-serving systems culturally and linguistically competent? Are there improvements in CLC over time? To what extent are child-serving agencies implementing CLAS standards? | Mean Score derived from CLC self-assessment  Documentation of CLC policies & procedures | *Promoting Cultural Diversity and Cultural Competency Self-Assessment for Personnel Providing Services and Supports in Early Intervention and Early Childhood Settings*; Agency policies & procedures related to CLC | Survey administered by Evaluation Team (annually); policies & procedures maintained by agency administrators & reviewed by Evaluator (annually) | Longitudinal |
| 1. Do members of the YCWC report improvements in systems level collaboration, coordination, decision making, & information sharing? | Perceived infrastructure improvement | Locally developed Café questions & Moderator Guide | Evaluation café facilitated by Evaluator (annually) | Descriptive  Longitudinal |

**Goal # 2: Expand use of culturally appropriate evidenced-based prevention and wellness promotion practices.**

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| **Evaluation Questions** | **Measure/Indicator** | **Data Source &**  **Instrument** | **Data Collection Method/s**  **& Schedule** | **Design** |
| **Implementation** | | | | |
| 1. To what extent, and in what ways, does the use of Cultural Advisors & Conversations inform Guam LAUNCH activities, including addressing disparities? | Documentation of Cultural Conversations | Cultural Conversations; field notes; meeting agendas & minutes; recommendations | Participant observation of Cultural Conversations by Evaluator (ongoing); document review by Evaluator (quarterly) | Descriptive |
| 1. To what extent have interpreters been trained to provide Language Assistance Services | # of trainings offered for interpreters; # interpreters trained in EC concepts & processes | Guam LAUNCH Training Records | Documents maintained by Project Director (ongoing). Document review by Evaluator (quarterly) | Longitudinal |
| 1. To what extent are families receiving Language Assistance Services? | # of families reporting needing & # receiving Language Assistance Services; preferred language of families needing & receiving Language Assistance Services. | *Demographic Screening & Referral Information Form (DSRIF)* | *DSRIF* completed by Guam LAUNCH staff (ongoing) & submitted to Data Coordinator (monthly). Evaluator reviews (bi-monthly) | Cross Sectional Descriptive |
| 1. In what ways do Language Assistance Services impact families’ service experience (e.g. access, retention, satisfaction)? | Perceptions of caregivers receiving Guam LAUNCH services and Language Assistance Services. | Interview questions, Evaluation Café questions or MSC stories; *Family Service Survey* | Qualitative data collection facilitated by Evaluation Team & survey administered by Guam LAUNCH (annually) | Longitudinal |
| 1. To what extent are EC agencies collaborating to plan & implement a cross-agency training plan based on a train-the-trainer model? | Documentation of a cross-agency training plan; # trainings offered; types of trainings offered; # & type of individuals trained; ethnicities of individuals trained | Guam LAUNCH Training Records & Training Plan  *CLC Data Form* | Documents maintained by Project Director (ongoing). *CLC Data Form* administered as part of training event evaluation (ongoing) by trainer. Document review by Evaluator (quarterly). | Descriptive  Longitudinal |

**Goal # 2: Expand use of culturally appropriate evidenced-based prevention and wellness promotion practices.**

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| **Outcome** | | | | |
| **Evaluation Questions** | **Measure/Indicator** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedule** | **Design** |
| 1. Do providers report increased understanding of culturally & linguistically competent care? | Mean score derived from CLC self-assessment  Provider report of increased understanding of culturally & linguistically competent care | *Promoting Cultural Diversity and Cultural Competency Self-Assessment for Personnel Providing Services and Supports in Early Intervention and Early Childhood Settings*  Key informant interviews questions/guide  Locally developed *Guam LAUNCH Provider Training Survey* | Survey administered by Evaluation Team to front line staff (annually)  Interviews conducted by Evaluator annually | Longitudinal |
| 1. Are Guam LAUNCH services aligned with cultural values, preferences & beliefs of the families it serves? Is there increased alignment over time? | % families responding positively to survey questions related to cultural & linguistic competency  Caregivers perceptions of service alignment with their cultural preferences & beliefs | Locally developed *Family Service Survey*  Interview or Evaluation Café questions, or MSC story guide | Survey administered by Guam LAUNCH staff  (annually)  Qualitative data collection facilitated by Evaluation Team | Longitudinal |
| 1. Do providers report increased awareness, knowledge, & readiness to implement evidence-based prevention & wellness promotion practices? How satisfied were providers with the training they received? | Provider report of increased awareness, knowledge & readiness  Mean awareness scores; mean knowledge scores; mean readiness to implement scores; mean satisfaction scores | Key Informant Interview questions/guide  Locally developed *Guam LAUNCH Provider Training Survey* | Interviews conducted by Evaluator annually  Survey administered by trainer after every Guam LAUNCH training; *Guam LAUNCH Training Summary Reports* developed by Evaluation Team upon receipt of completed surveys | Longitudinal  Retrospective Pre/post |

**Goal # 3: Implement Guam LAUNCH 5 Core Strategies**

**Objective 3.1: Increase access to high quality screening and assessment**

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| **Evaluation Questions** | **Measures/Indicators** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedules** | **Design** |
| **Implementation** | | | | |
| 1. How many children (unduplicated count) are screened using the *ASQ-3* in the Community Health Centers? | # children screened with *ASQ-3* | *Demographic Screening & Referral Information Form (DSRIF* | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Descriptive  Longitudinal |
| 1. How many children (unduplicated count) are screened using the *ASQ-SE* in the Community Health Centers | # children screened with  *ASQ-SE* | *Demographic Screening & Referral Information Form (DSRIF)* | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Descriptive  Longitudinal |
| 1. How many children (unduplicated count) score below the cut-off on the *ASQ-3* & *ASQ-SE* and/or are considered “at risk? | # children scoring outside normal range or identified as “at risk” | *Demographic Screening & Referral Information Form (DSRIF)* | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Descriptive  Longitudinal |
| 1. How many mothers (unduplicated count) are screened for maternal depression using the *Edinburg Postnatal Depression Screen* (*EPDS*)? | # mothers screened with *EPDS* | *Demographic Screening & Referral Information Form (DSRIF)* | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Descriptive  Longitudinal |
| 1. How many mothers (unduplicated count) score 10 or more on the EPDS? | # mothers with positive screens | *Demographic Screening & Referral Information Form (DSRIF)* | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Descriptive  Longitudinal |
| 1. What are the demographic characteristics of children & mothers screened? | Ages; ethnicities; gender;  # children on Medicaid; # children on MIP; # w/private insurance | *Demographic Screening & Referral Information Form (DSRIF)* | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Cross Sectional Descriptive |
| 1. Are certain ethnic groups under-represented/over-represented in children scoring below the cut-off for *ASQ-3* & *ASQ-SE* & mothers with positive *EPDS* scores? | % representation by ethnicity/% representation of ethnicity in general population for age group | *Demographic Screening & Referral Information Form (DSRIF)*; Guam 2010 Census | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Cross Sectional Descriptive |
| 1. What percentage of children screened are referred for additional Guam LAUNCH services? | % of children referred for additional Guam LAUNCH services | *Demographic Screening & Referral Information Form (DSRIF)*; Guam 2010 Census | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Cross Sectional Descriptive |
| 1. What percentage of children & mothers screened are referred for other non-Guam LAUNCH services? | % of children referred for non-Guam LAUNCH services | *Demographic Screening & Referral Information Form (DSRIF)* | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Cross Sectional Descriptive |

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| 1. What are the demographic characteristics of children & mothers referred for additional services? | Ages; ethnicities; gender;  # children on Medicaid; # children on MIP; # w/private insurance | *Demographic Screening & Referral Information Form (DSRIF)* | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Cross Sectional Descriptive |
| 1. Are certain ethnic groups under-represented/over-represented in groups referred for additional services? | % representation by ethnicity/% representation of ethnicity in general population for age group | *Demographic Screening & Referral Information Form (DSRIF)* | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Cross Sectional Descriptive |

**Objective 3.1: Increase access to high quality screening and assessment**

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| **Outcome** | | | | |
| **Evaluation Questions** | **Measure/Indicator** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedule** | **Design** |
| 1. Do the number of children screened at the Community Health Centers increase over time? Are there differences by ethnicity? | #/types of screens conducted at Community Health Centers; ethnicities of children screened | *Demographic Screening & Referral Information Form (DSRIF)* | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Descriptive  Longitudinal |
| 1. Do the number of mothers screened at the Community Health Centers increase over time? | #/types of screens conducted at Community Health Centers; ethnicities of mothers’ screened | *Demographic Screening & Referral Information Form (DSRIF)* | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Descriptive  Longitudinal |

**Goal # 3: Implement Guam LAUNCH 5 Core Strategies**

**Objective 3.2: Integrate behavioral health into primary care.**

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| **Evaluation Questions** | **Measures/Indicators** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedules** | **Design** |
| **Implementation** | | | | |
| 1. To what extent is behavioral health screening being conducted at the Community Health Centers? | # of screening conducted; types of staff conducting screenings; | *Demographic Screening & Referral Information Form (DSRIF)* | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Descriptive  Longitudinal |
| 1. How many primary care providers are trained to conduct screening using the *ASQ-3* & *EPDS*? | #/type of primary care providers trained to use the *ASQ-3*; #/type of primary care providers trained to use the *EPDS* | Guam LAUNCH Training Records | Documents maintained by Project Director (ongoing). Document review by Evaluator (quarterly) | Descriptive  Longitudinal |
| 1. To what extent are Guam LAUNCH prevention & promotion services & Kariñu behavioral health services being offered in the Community Health Centers? | #/type of Guam LAUNCH services being offered in Community Health Centers (Medical Provider offices); # Health providers participating in each LAUNCH service | *MSE Direct Service Survey* | Data collected via the MSE Web Portal (semi-annually); ChildLink system to be developed to track needed information over time (ongoing) | Descriptive  Longitudinal |

**Objective 3.2: Integrate behavioral health into primary care.**

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| **Outcome** | | | | |
| **Evaluation Questions** | **Measure/Indicator** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedule** | **Design** |
| 1. Do primary care providers report increased comfort & satisfaction in coordinating services with behavioral health staff? | Perceived comfort & satisfaction | Locally developed survey | Survey administered by Evaluation Team in collaboration with Chief Public Health Officer (annually) | Longitudinal |
| 1. Do co-located primary care & behavioral health providers report improvements in continuity of care & coordination of services? | Perceived service improvements | Locally developed survey | Survey administered by Evaluation Team in collaboration with Chief Public Health Officer (annually) | Longitudinal |

**Goal # 3: Implement Guam LAUNCH 5 Core Strategies**

**Objective 3.3: Enhance home visitation**

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| **Evaluation Questions** | **Measures/Indicators** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedules** | **Design** |
| **Implementation** | | | | |
| 1. In what ways has home visitation been enhanced through Guam LAUNCH? | Documentation of home visitation model/s being implemented; # providers trained in selected models; # families participating in home visitation | Workgroup meeting minutes; Guam LAUNCH Training Records; MSE Direct Services Survey | Minutes & training records maintained by Project Director (ongoing) & submitted to Evaluator (quarterly); Data collected via the MSE Web Portal (semi-annually); ChildLink system to be developed to track needed information over time (ongoing) | Descriptive  Longitudinal |
| 1. To what extent are home visitation services being implemented with fidelity? | Fidelity score | Locally developed *Quality Implementation Survey*; provider interviews | Surveys completed by providers (monthly); reviewed by Evaluator who will also conduct provider interviews (quarterly) | Longitudinal |
| 1. How many families are receiving home visitation services? | # families receiving home visitation services | *MSE Direct Services Survey* | Data collected via the MSE Web Portal (semi-annually); ChildLink system to be developed to track needed information over time (ongoing) | Longitudinal |
| 1. How many home visits do families receive? | Mean # home visits made to participating families | *MSE Direct Services Survey* | Data collected via the MSE Web Portal (semi-annually); ChildLink system to be developed to track needed information over time (ongoing) | Longitudinal |
| 1. What are the demographic characteristics of families who receive home visitation? | Caregiver age & gender; # of children; annual income; risk factors; # needing Language Assistance Servicers | Survey: locally developed *Caregiver Information Form (CIF)* | *CIF* administered by Home Visitor at service enrollment & submitted to Evaluation Team | Cross sectional descriptive |
| 1. Are certain ethnic groups under-represented/over-represented in home visitation services? | % representation by ethnicity/% representation of ethnicity in general population for age group | Survey: locally developed *Caregiver Information Form (CIF)* | *CIF* administered by Home Visitor at service enrollment & submitted to Evaluation Team | Cross sectional descriptive |

**Goal # 3: Implement Guam LAUNCH 5 Core Strategies**

**Objective 3.3: Enhance home visitation**

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| **Outcome** | | | | |
| **Evaluation Questions** | **Measure/Indicator** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedule** | **Design** |
| 1. To what extent do children whose families receive home visitation show improvements in their developmental milestones? | Mean DECA Scores | DECA-I, DECA-T & DECA-P2 | *DECA*  completed by caregivers & facilitated by Guam LAUNCH staff (every 6 months); scores recorded on *Modified Child Update Form* and submitted to Evaluation Team | Longitudinal |
| 1. Do caregivers who receive home visitation services experience reductions in reported stress? | Mean *Parental Stress Scale* scores | *Parental Stress Scale* | *PSS* administered by Guam LAUNCH Home Visitors (every 6 months) & submitted to Evaluation Team. | Longitudinal |
| 1. Are there improvements in family protective factors? | Mean *PFS* Scores; Mean subscale scores: Family Functioning/Resiliency, Social Support, Concrete Support, Nurturing & Attachment | Pre-Post *Protective Factors Survey*  *Modified Child Update Form (MCUF)* | *PFS* administered by Guam LAUNCH Home Visitors at enrollment & annually (or program completion if sooner); submitted to Evaluation Team | Longitudinal |
| 1. What are families’ experiences with home visitation? Are they satisfied? What outcomes resulted from home visitation? | Caregivers’ perceptions of service experience & outcomes; families’ responses to *Family Service Survey* | Interview questions, Evaluation Café questions and/or MSC stories; *Family Service Survey* | Qualitative data collection facilitated by Evaluation Team & survey administered by Guam LAUNCH Staff (annually) | Descriptive  Longitudinal |

**Goal # 3: Implement Guam LAUNCH 5 Core Strategies**

**Objective 3.4: Provide CLC early childhood mental health consultation (ECMHC) in homes and early care and education settings**

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| **Evaluation Questions** | **Measures/Indicators** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedules** | **Design** |
| **Implementation** | | | | |
| 1. To what extent & in what ways is ECMHC being provided? | # of ECMHC programmatic classroom consultation sessions conducted & # classroom staff participating; # in home consultation sessions conducted & # caregivers participating; # ECE staff trained on child mental health & social-emotional development; # children participating in ECMHC | *MSE Direct Services Survey* | Data collected via the MSE Web Portal (semi-annually); ChildLink system to be developed for Guam LAUNCH staff to track needed information over time (ongoing) | Descriptive  Longitudinal |
| 1. What are the demographic characteristics of families who receive ECMHC? | Caregiver age & gender; # of children; annual income; educational level; risk factors; # needing Language Assistance Servicers | Survey: locally developed *Caregiver Information Form (CIF)* | *CIF* administered by ECMHC at service enrollment & submitted to Evaluation Team | Cross sectional descriptive |
| 1. Are certain ethnic groups under-represented/over-represented in ECMHC? | % representation by ethnicity/% representation of ethnicity in general population for age group | Survey: locally developed *Caregiver Information Form (CIF)* | *CIF* administered by ECMHC at service enrollment & submitted to Evaluation Team | Cross sectional descriptive |

**Goal # 3: Implement Guam LAUNCH 5 Core Strategies**

**Objective 3.4: Provide CLC early childhood mental health consultation (ECMHC) in homes and early care and education settings**

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| **Outcome** | | | | |
| **Evaluation Questions** | **Measure/Indicator** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedule** | **Design** |
| 1. What is the experience of early childhood providers who receive ECMHC in early care & education setting/ | Description of types/frequency of services received; perceived relationship with ECMH consultant;  Provider perception of outcomes (i.e., increased knowledge of early childhood development, increased competence in promoting social emotional skills and managing behaviors, changes in practice. | *Early Childhood Mental Health Consultation Staff/Provider Survey including local questions related to provider outcomes*  Interview questions/guide | Administered by Evaluation Team after completion of ECMHC case with a provider  Interviews conducted by Evaluator | Descriptive  Post only  Time series |
| 1. To what extent do children whose teachers and/or early childhood providers receive ECMHC show improvements in their social emotional competence? | *PreBERS* Strength Index & subscale scores  Mean *DECA*  scores | *Preschool Behavioral & Emotional Rating Scale (PreBERS)*  *DECA-I, DECA-T, DECA-P2* | Administered by ECMHC prior to service initiation & at completion of consultation | Pre-Post |
| 1. Do parents who receive ECMHC report reductions in stress? | Mean *PSS* score | *Parental Stress Scale* | Administered by ECMHC prior to service initiation & at completion of consultation | Pre-Post |
| 1. What are families’ experiences with ECMHC? Are they satisfied? What outcomes resulted from consultation? | Caregivers’ perceptions of service experience & outcomes; families’ responses to *Family Service Survey* | Interview questions, Evaluation Café questions and/or MSC stories; *Family Service Survey* | Qualitative data collection facilitated by Evaluation Team & survey administered by Guam LAUNCH Staff (annually) | Descriptive  Longitudinal |

**Goal # 3: Implement Guam LAUNCH 5 Core Strategies**

**Objective 3.5: Provide parent training and family strengthening activities that are culturally and linguistically appropriate**

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| **Evaluation Questions** | **Measures/Indicators** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedules** | **Design** |
| **Implementation** | | | | |
| 1. To what extent & in what ways does Guam LAUNCH provide parent training & family strengthening activities? | Documentation of parent training models & family support activities selected for use by Guam LAUNCH; # caregivers participating in training/s; # caregivers participating in family support activities; % families completing at least 80% of parent training curriculum | Workgroup meeting minutes; written descriptions of model & support activities; Guam LAUNCH training records | Documents maintained by Project Director (ongoing) & submitted to Evaluator for review (quarterly) | Descriptive  Longitudinal |
| 1. To what extent is the Strengthening Families Framework: Be Strong Families Parent Cafes being implemented with fidelity? | Fidelity score[[2]](#footnote-2) | Locally developed *Quality Implementation Survey*; provider interviews; record review | Surveys completed by providers (monthly); reviewed by Evaluator who will also conduct provider interviews (quarterly) | Longitudinal |
| 1. What challenges were experienced in implementing the URIS? How were they addressed? | Perceived barriers & solutions | Key informant interviews questions | Provider & family interviews conducted by Evaluation Team (annually in Years 2 & 4) | Descriptive |

**Goal # 3: Implement Guam LAUNCH 5 Core Strategies**

**Objective 3.5: Provide parent training and family strengthening activities that are culturally and linguistically appropriate**

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| **Outcome** | | | | |
| **Evaluation Questions** | **Measure/Indicator** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedule** | **Design** |
| 1. Do caregivers who participate in parent training experience reductions in reported stress? | Mean *Parental Stress Scale* scores | *Parental Stress Scale* | *PSS* administered by Guam LAUNCH pre/post training & submitted to Evaluation Team | Pre/post |
| 1. Are there improvements in family protective factors? | Mean *PFS* total scores; mean subscale scores: Family Functioning/Resiliency, Social Support, Concrete Support, Nurturing & Attachment | Pre-Post *Protective Factors Survey* | *PFS* administered by Guam pre/post training & submitted to Evaluation Team | Pre/post |
| 1. What are families’ experiences with parent training & family support activities? Are they satisfied? To what extent is parenting competence and child-parent relationships improved? | Caregivers’ perceptions of service experience, improved parenting competence, and changes in child-parent relationship &; families’ responses to *Family Service Survey* questions | Key informant interview questions/Evaluation Café questions & moderator guide;  *Family Service Survey* | Interviews conducted by /Evaluation Café facilitated by Evaluation Team & survey administered by Guam LAUNCH Staff (annually) | Descriptive  Longitudinal |

**Goal # 3: Implement Guam LAUNCH 5 Core Strategies**

**Objective 3.6: Coordinate referrals to appropriate programs/agencies/services based on the needs of children and families.**

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| **Evaluation Questions** | **Measures/Indicators** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedules** | **Design** |
| **Implementation** | | | | |
| 1. To what extent is the Universal Referral and Intake System (URIS) being implemented? | # meetings of GELC/YCWC & workgroups where URIS in on the agenda; # of early childhood agencies/programs implementing the URIS; MOU | GELC/YCWC agendas, meeting minutes; MOUs | Documents maintained by YCWC & Project Director (ongoing); document review (quarterly) | Descriptive  Longitudinal |
| 1. Are primary care staff at the Community Health Centers trained on the URIS? | #/type primary care staff trained | Guam LAUNCH training records | Documents maintained by Project Director (ongoing). Document review by Evaluator (quarterly) | Descriptive  Longitudinal |
| 1. Are primary care staff implementing the URIS? | #/type primary care staff using the Universal Referral & Intake Form | Locally developed survey | Survey administered by Evaluation Team in collaboration with Chief Public Health Officer (annually) | Descriptive  Longitudinal |
| 1. What challenges have been experienced in implementing the URIS? What has been done to address the challenges? | Perceived challenges and solutions | Locally developed survey; key informant interview questions/guide | Survey administered by Evaluation Team in collaboration with Chief Public Health Officer (annually); Key informant interviews conducted by Evaluation Team (annually) | Descriptive  Longitudinal |
| 1. How many children & caregivers are referred for services by Guam LAUNCH? | # children referred; # caregivers referred | *Demographic Screening & Referral Form (DSRIF)* | *DSRIF* completed by Guam LAUNCH staff (ongoing) & submitted to Data Coordinator (monthly). | Descriptive  Longitudinal |
| 1. What types of referrals are being made by Guam LAUNCH? | # referrals by agency/program | *Demographic Screening & Referral Form (DSRIF)* | *DSRIF* completed by Guam LAUNCH staff (ongoing) & submitted to Data Coordinator (monthly). | Descriptive  Longitudinal |

**Goal # 4: Increase family, provider, and community awareness and knowledge of young children’s health and wellness.**

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| **Evaluation Questions** | **Measures/Indicators** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedules** | **Design** |
| **Implementation** | | | | |
| 1. To what extent is Guam LAUNCH implementing a social marketing campaign to raise awareness of young child wellness & health promotion/prevention practices? | Documentation of Social Marketing Plan; # & type of social marketing materials disseminated | Social Marketing Plan; Guam LAUNCH budget & purchase orders | Documents maintained & summarized by Guam LAUNCH staff (annually) | Descriptive  Longitudinal |
| 1. To what extent is Guam LAUNCH participating in collaborative outreach & social marketing activities? | # & type of outreach events Guam LAUNCH participates in; # & types of collaborating agencies/programs | Locally developed *Outreach Activity Log[[3]](#footnote-3)* | Log maintained by Guam LAUNCH staff & submitted to Evaluation Team (quarterly) | Descriptive Longitudinal |
| 1. How many referrals are made to Guam LAUNCH as a result of awareness/   outreach activities? | # caregivers reporting hearing of Guam LAUNCH through an awareness/outreach activity | *DSRIF* | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Descriptive  Longitudinal |

**Goal # 4: Increase family, provider, and community awareness and knowledge of young children’s health and wellness**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outcome** | | | | |
| **Evaluation Questions** | **Measure/Indicator** | **Data Sources &**  **Instruments** | **Data Collection Method/s**  **& Schedule** | **Design** |
| 1. Do families perceive outreach & social marketing activities as effective & responsive to their needs & preferences? | Perception of effectiveness & responsiveness | Evaluation Café questions & moderator guide; *Family Service Survey* | Interviews conducted by /Evaluation Café facilitated by Evaluation Team & survey administered by Guam LAUNCH Staff (annually) | Descriptive  Longitudinal |
| 1. Do the # of referrals to Guam LAUNCH increase over time? | # of referrals to Guam LAUNCH | *DSIRF* | *DSRIF* completed by Guam LAUNCH staff & entered into the ChildLink database; Evaluator reviews (bi-monthly) | Descriptive |

**Appendix B**

**Data Collection Instruments\***

**\***Copies of data collection instruments referenced in the Evaluation Report are included in the Appendix unless they are copyrighted. In these cases, a web link for the web page for the instrument is provided below.

Ages and Stages Questionnaire, Third Edition (ASQ-3)

<Http://agesandstages.com/asq-products/asq-3/asq-3-product-details/>

Ages and Stages Questionnaire: Social-Emotional (ASQ:SE)

<Http://agesandstages.com/asq-products/asqse/asqse-product-details/>

Caregiver Information Form (CIF)

Cultural and Linguistic Competency (CLC) Data Form

Demographic, Screening, & Referral Information Form (DSRIF)

Devereux Early Childhood Assessment (DECA)

<https://www.centerforresilientchildren.org/infants/assessments-resources/devereux-early-childhood-assessment-deca-infant-and-toddler-program/>

Edinburgh Postnatal Depression Scale (EPDS)

Outreach Activity Log

Parental Stress Scale (PSS)

Protective Factors Survey (PFS)

Wilder Collaborative Factors Inventory

CAREGIVER INFORMATION FORM (CIF)

**CIFDATE** (Today’s date) / /

Month Day Year

**CHILDID** (Guam LAUNCH ID)

**Directions for Provider Completing the CIF**

The CIF is designed to be completed through an interview with the child’s caregiver who will be receiving Guam LAUNCH Home Visitation and/or Early Childhood Mental Health Consultation services.

[I am going to ask you some questions about *(child’s name)*’s background and family, including yourself. These questions will help us to plan better services for children and families and our evaluation. Your responses are confidential and will not identify you, your child, or family by name or other identifying information. Please answer these questions as best you can, and try to be as complete as possible in your answers. If you do not want to answer a question, you do not have to. Just let me know and we can skip to the next question. To begin, I’d like to ask you a few general questions about you and *(child’s name)*’s family.]

**CAREGIVER INFORMATION**

1. What is your relationship to *(child’s name)*?

1 = Biological parent

2 = Adoptive/step-parent

3 = Foster parent

4 = A live-in partner of parent

5 = Sibling (biological, step, etc.)

6 = Aunt or uncle

7 = Grandparent

8 = Cousin

9 = Other family relative

10 = Friend (adult friend)

11 = Other—please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your gender?

1 = Male

2 = Female

3 = Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your age? \_\_\_\_\_\_
2. Are you of Hispanic, Latino, or Spanish origin?

1 = No

2 = Yes, Mexican, Mexican American, or Chicano

3 = Yes, Puerto Rican

4 = Yes, Cuban

5 = Yes, another Hispanic, Latino, or Spanish origin—please specify

1. What is your race/ethnicity (Select all that apply)

1 = White

2 = Black or African American

3 = American Indian or Alaska Native—please specify enrolled or principal tribe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4 = Asian Indian

5 = Chinese

6 = Filipino

7 = Japanese

8 = Korean

9 = Vietnamese

10 = Other Asian—please specify race (for example, Hmong, Laotian, Thai, Pakistani, Cambodian, and so on) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11 = Native Hawaiian

12 = Chamorro or Guamanian

13 = Samoan

14 = Other Pacific Islander—please specify race (for example, Fijian, Tongan, and so on)

□ 4.1 = Palauan □ 4.4 = Yapese □ 4.7 = Marshallese

□ 4.2 = Chuukese □ 4.5 = Kosraean □ 4.8 = Other P.I.

□ 4.3 = Pohnpeian □ 4.6 = Carolinian

15= Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the highest level of education you have completed?

12 = High school diploma or GED

13 = Associate degree

14 = Some college, no degree

15 = Bachelor’s degree

16 = Master’s degree

17 = Professional school degree

18 = Doctoral degree

**LANGUAGE INFORMATION**

1. What is your preferred language?
2. Are any other languages spoken in your home?

1 = No

2 = Yes

If yes, what language/s

1. What language do you usually use when you speak to your child?
2. What is your child’s preferred language?
3. Would you like to have an interpreter present when Guam LAUNCH is working with you and your child?

1 = No

2 = Yes

If yes, what language/s

**FAMILY/HOUSEHOLD INFORMATION**

[Now I am going to ask you some questions about your family and household.]

1. Including *(child’s name)*, what is the total number of children (under age 18) in the household where *(child’s name)* is currently living?

\_\_\_\_ *[RECORD 0, IF NONE]*

1. What is the total number of adults (age 18 or older) in the household where *(child’s name)* is currently living? Include *(child’s name)* in this total if *(child’s name)* is age 18 or older.

\_\_\_\_\_ *[RECORD 0, IF NONE]*

1. What is the annual household income of *(child’s name)*’s family?

For this question, *(child’s name)*’s family should be considered to be the family with whom he/she has lived for the majority of the past 6 months. For example, if *(child’s name)* has lived with a foster family for most of the past 6 months, we are interested in knowing the foster family’s income.

1 = Less than $5,000

2 = $5,000–$9,999

3 = $10,000–$14,999

4 = $15,000–$19,999

5 = $20,000–$24,999

6 = $25,000–$34,999

7 = $35,000–$49,999

8 = $50,000–$74,999

9 = $75,000–$99,999

10 = $100,000 and over

**TRAUMA AND RISK FACTORS**

[Now I need to ask some questions concerning *(child’s name)*’s history.]

1. Has *(child’s name)* ever experienced or witnessed an event that caused, or threatened to cause, serious harm to him or herself or to someone else? *[Select all that apply]*

1 = Car accident

2 = Other accident

3 = Fire

4 = Natural Disasters (i.e., typhoons, earthquakes, etc.)

5 = Physical illness

6 = Physical assault

7 = Sexual assault

8 = Suicide

9 = Any other event—please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10 = Has not experienced or witnessed a traumatic event

[Now I need to ask some questions concerning *(child’s name)*’s family and household history. These questions are about *(child’s name)*’s biological family and the people who live, or lived, in *(child’s name)*’s household.]

1. Has *(child’s name)* ever been exposed to domestic violence or spousal abuse, of which *(child’s name)* was not the direct target?

1 = No

2 = Yes

1. Has *(child’s name)* ever lived in a household in which someone showed signs of being depressed?

1 = No

2 = Yes

1. Was the person who showed signs of being depressed involved in providing care and supervision to *(child’s name)*?

1 = No

2 = Yes

1. Other than depression, has *(child’s name)* ever lived in a household in which someone had a mental illness?

1 = No

2 = Yes

1. Was the person with a mental illness involved in providing care and supervision to *(child’s name)*?

1 = No

2 = Yes

1. Has *(child’s name)* ever lived in a household in which someone had been convicted of a crime?

1 = No

2 = Yes

1. Has *(child’s name)* ever lived in a household in which someone had a drinking or drug problem?

1 = No

2 = Yes

1. Was the person with a drinking or drug problem involved in providing care and supervision to *(child’s name)*?

1 = No

2 = Yes

**CLC Data Collection Form**

1. **Participant’s Role:** My primary role can be described as (Check ONLY ONE):

Family/Youth Representative  Gov. of Guam Agency Representative  Policy Maker

Community Stakeholder  Private Sector Program/Provider

Other (*specify*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **What is your ethnicity?** (Check ONLY ONE):

|  |  |
| --- | --- |
| **Pacific Islander (Please specify.)** | **Mixed Ethnicity (Please specify.)** |
| * Chamorro | * **Chamorro** & Other Group(s) |
| * Carolinian * Chuukese | * **Filipino** & Other Group(s) * **Chuukese** & Other Group(s) |
| * Kosraean | * Other Pacific Islander & Other Group(s) |
| * Marshallese | * Other Asian & Other Groups |
| * Palauan | * Other Mixed Ethnicity |
| * Pohnpeian |  |
| * Yapese * Other Pacific Islander | * Black (African-American) * White |
| **Asian (Please specify).**   * Filipino | * **Other Ethnicity Not Listed (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| * Japanese |
| * Korean |
| * Chinese |
| * Other Asian |
|  |

1. What is your Primary Language? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. What is your age?

18 – 29 Yrs  50 – 59 Yrs

30 – 39 Yrs  60 – 69 Yrs

40 – 49 Yrs  70 +

1. What is your gender?

Female  Male

1. What village do you live in? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DEMOGRAPHIC, SCREENING, & REFERRAL INFORMATION FORM (DSRIF)**

**DSRIFDATE** (Today’s date) / /

Month Day Year

**1. You and your child are entitled to interpreter services, if you feel it would help, at no cost to you and your family. Would you be interested in receiving interpreter services?**

1 = Yes

0 = No

If yes, **1.a** **What language?**

1 = English

2 = Chamorro

3 = Chuukese

4 = Tagalog

5 = Other (specify):

**2. Do you or your child need special accommodations?**

1 = Yes (specify):

0 = No

**3. Sources of information used to complete this form** *[Select all that apply]*

1 = Caregiver (child’s parent/caregiver in a family, household environment)

2 = Staff as Caregiver (paid staff person who has acted as the child’s day-to-day caregiver for the majority of the past 6 months)

3 = Document Review

4 = Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. How did you hear about Guam LAUNCH?**

1 = DPHSS Outreach Event

2 = Other Agency Outreach Event

3 = Media (e.g. radio, TV, newspaper)

4 = Social Media (e.g. Facebook, Twitter, etc.)

5 = Primary Care Physician or Community Health Center

6 = Family Member or Friend

7 = Other Agency/program; (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. What village does *(child’s name)* currently reside in?**

1 = Agana Heights 11 = Mongmong-Toto-Maite

2 = Agat 12 = Piti

3 = Asan-Maina 13 = Santa Rita

4 = Barrigada 14 = Sinajana

5 = Chalan Pago-Ordot 15 = Talofofo

6 = Dededo 16 = Tamuning-Tumon-Harmon

7 = Hagatna 17 = Umatac

8 = Inarajan 18 = Yigo

9 = Mangilao 19 = Yona

10 = Merizo

**Child Demographic Information**

**6. What is *(child’s name)* date of birth?** / / **Age:**

Month Day Year Months

**7. What is *(child’s name)* gender?**

1 = Male

2 = Female

3 = Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Is *(child’s name)* of Hispanic, Latino, or Spanish origin?**

1 = Yes

0 = No

**9. What race/ethnicity does your child identify with?** *[Select all that apply]*

Other Pacific Islander/Native Hawaiian

1.1 = Chamorro 1.7 = Palauan

1.2 = Chuukese 1.8 = Yapese

1.3 = Pohnpeian 1.9 = Samoan

1.4 = Kosraean 1.11 = Native Hawaiian

1.5 = Marshallese 1.12 = Some Other Pacific Islander (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.6 = Carolinian

Asian

2.1 = Filipino 2.5 = Taiwanese

2.2 = Japanese 2.6 = Chinese

2.3 = Korean 2.7 = Other Asian (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.4 = Vietnamese

3 = White

4 = Black or African American

5 = American Indian or Alaska Native

6 = Some Other Race/Ethnicity not listed (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Custody and language Information**

**10. Who has legal custody of** *[child’s name]* **currently** *(Circle only one)***?**

1 = Two parents (includes two biological parents, or one biological parent and a step or adoptive parent)

2 = Biological mother only

3 = Biological father only

4 = Adoptive parent(s)

5 = Sibling(s)

6 = Aunt and/or uncle

7 = Grandparent(s)

8 = Adult friend

9 = DPHSS BOSSA (*Name of Program & Caseworker*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

10 = Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**11. Who does** *[child’s name]* **currently live with most of the time** *(Circle only one)***?**

|  |  |
| --- | --- |
| 1 = Two parents | 6 = Aunt/Uncle |
| 2 = Biological mother only | 7 = Grandparent(s) |
| 3 = Biological father only | 8 = Adult family friend |
| 4 = Adoptive parent(s) | 9 = Foster Parent |
| 5 = Sibling(s) | 10 = Alee Shelter  11 = Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**12. Who is the child’s primary caregiver** (person who has spent the most time with the child during the past 6 months)**?** *(Circle only one)*

1 = Two Parents

2 = Biological mother only

3 = Biological father only

4 = Grandmother

5 = Other Relative (specify relationship):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 = Foster parent

7 = Agency/program Staff (specify name of agency/program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8 = Other (specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13. What is the child’s preferred language?**

1 = English

2 = Chamorro

3 = Chuukese

4 = Tagalog

5 = Other (specify):

**14. What is the primary caregiver’s preferred language?** (person identified in #10)

1 = English

2 = Chamorro

3 = Chuukese

4 = Tagalog

5 = Other (specify):

**AGENCY INVOLVEMENT/CURRENT SERVICES**

**15. What agencies/programs is *(child’s name)* or your family currently receiving services from?**

*[Select all that apply]*

1 = GEIS (Part C)

2 = DOE Preschool Special Education Program (Part B)

3 = Head Start

4 = Licensed Childcare Provider or Private Preschool

5 = School

6 = Physical Health Care Agency/Clinic/Provider

7 = Child Protective Services

8 = Family Court

9 = Mental Health Agency/Clinic/Provider

10 = Juvenile Court

11 = Substance Abuse Agency/Clinic/Provider (Oasis, New Beginnings, etc.)

12 = Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16. During the past 6 months, did *(child’s name)* or your family receive . . . ?** *[Select all that apply]*

1 = Medicaid

2 = MIP

3 = Medicare

4 = CHIP (Children’s Health Insurance Program)

5 = Private Insurance

5.1 = NetCare

5.2 = SelectCare

5.3 = Staywell

5.4 = TriCare

5.5 = Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6 = WIC

7 = Child Care Development Fund (Block Grant)

8 = Child Support

9 = SNAP (Food Stamps, etc.)

10 = Welfare

11 = GHURA

11.1 = Public Housing

11.2 = Section 8

12 = TANF (Temporary Assistance for Needy Families)

13 = Aid to Permanently & Totally Disabled

14 = Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCREENING**

**Most Recent Screening Results**

**17. Where was the screening/s conducted?** *[Select all that apply]*

1 = Community Health Center (if 1 is selected, proceed to question 17a.)

1.1 = Northern CHC

1.2 = Central CHC

1.3 = Southern CHC

2 = Kariñu Office in Hagatna

3 = Home

4 = School

5 = Childcare Center

6 = Community-based Location (e.g. Mayor’s office, community center, faith based location, etc.)

7 = Outreach Site

8 = Other (specify):

**17a.** If conducted at Community Health Center, **What was the reason for coming to the clinic?**

1 = Immunization

2 = Well-Baby Check

3 = Urgent Care for child

4 = Urgent Care for another family member

5 = Other (specify):

**SEAM FAMILY PROFILE**

1. **SEAM Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**18a. Who conducted the SEAM?**

1 = Kariñu Staff (specify):

2 = Primary Care Provider

3 = Child Care Provider

4 = Early Childhood Educator

1. = Other (specify):

**18b. Was an interpreter used?**

|  |  |  |
| --- | --- | --- |
| 1 = Yes  0 = No | If yes, **15a. What language?**  1 = Chamorro  2 = Chuukese | 3 = Tagalog  4 = Other (specify): |

**Ages and Stages Questionnaire, Third Edition (ASQ-3)**

**19 a. ASQ-3 Type:** \_\_\_\_\_\_\_\_\_ **19.b** Date: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Area** | **Score** | **Below** | **Monitoring** | **Normal** |
| **19 c**. Communication |  | 2 | 1 | 0 |
| **19 d.** Gross Motor |  | 2 | 1 | 0 |
| **19 e.** Fine Motor |  | 2 | 1 | 0 |
| **19 f.** Problem Solving |  | 2 | 1 | 0 |
| **19 g.** Personal-Social |  | 2 | 1 | 0 |

**20. Who provided ASQ-3 screening?**

1 = Kariñu Staff (specify):

2 = Primary Care Provider *(Public, Private Clinics, etc.)*

3 = Child Care Provider *(Daycare Centers)*

4 = Early Childhood Educator *(HeadStart, GEIS, etc.)*

5 = Other (specify):

**21. Was an interpreter used?**

|  |  |  |
| --- | --- | --- |
| 1 = Yes  0 = No | If yes, **21a. What language?**  1 = Chamorro  2 = Chuukese | 3 = Tagalog  4 = Other (specify): |

**Ages and Stages Questionnaire: Social-Emotional (ASQ-SE)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **22 c.**  **Cutoff Score:** | **22 d.**  **Total Score:** | **22 e. Results** | | |
| Above Cutoff | Near Cutoff | Below Cutoff |
|  |  | 2 | 1 | 0 |

**22a. ASQ-SE Type: \_\_\_\_\_\_\_\_\_**

**22b. Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**22f. Who provided ASQ-SE screening?**

1 = Kariñu Staff (specify):

2 = Primary Care Provider *(Public, Private Clinics, etc.)*

3 = Child Care Provider *(Daycare Centers)*

4 = Early Childhood Educator *(HeadStart, GEIS, etc.)*

5 = Other (specify):

**23. Was an interpreter used?**

|  |  |  |
| --- | --- | --- |
| 1 = Yes  0 = No | If yes, **23a. What language?**  1 = Chamorro  2 = Chuukese | 3 = Tagalog  4 = Other (specify): |

**Edinburgh Postnatal Depression Scale (EPDS)**

**(Mother)**

**24. Date EPDS Completed**? \_\_\_\_\_\_\_\_\_\_\_

**25. EPDS Total Score: \_\_\_\_\_\_\_\_**

**25a. EPDS Score?**

0 = 1 to 10

1 = 11 to 19 (Refer for further evaluation by Mental Health Professional)

2 = 20 or Greater (Access crisis intervention services)

3 = If item #10 is scored 1, 2, or 3 (Access crisis intervention services)

**26. Who conducted the EPDS?**

1 = Kariñu Staff (specify):

2 = Primary Care Provider *(Public, Private Clinics, etc.)*

3 = Child Care Provider *(Daycare Centers)*

4 = Early Childhood Educator *(HeadStart, GEIS, etc.)*

5 = Other (specify):

**27. Was an interpreter used?**

|  |  |  |
| --- | --- | --- |
| 1 = Yes  0 = No | If yes, **27 a.** **What language?**  1 = Chamorro  2 = Chuukese | 3 = Tagalog  4 = Other (specify): |

**(Father)**

**28. Date EPDS Completed**? \_\_\_\_\_\_\_\_\_\_\_

**29. EPDS Total Score: \_\_\_\_\_\_\_\_**

**29a. EPDS Score?**

0 = 1 to 10

1 = 11 to 19 (Refer for further evaluation by Mental Health Professional)

2 = 20 or Greater (Access crisis intervention services)

3 = If item #10 is scored 1, 2, or 3 (Access crisis intervention services)

**30. Who conducted the EPDS?**

1 = Kariñu Staff (specify):

2 = Primary Care Provider *(Public, Private Clinics, etc.)*

3 = Child Care Provider *(Daycare Centers)*

4 = Early Childhood Educator *(HeadStart, GEIS, etc.)*

5 = Other (specify):

**31. Was an interpreter used?**

|  |  |  |
| --- | --- | --- |
| 1 = Yes  0 = No | If yes, 31 **a.** **What language?**  1 = Chamorro  2 = Chuukese | 3 = Tagalog  4 = Other (specify): |

**REFERRALS MADE**

**32. Referral for Child:** *[Select all that apply]*

|  |  |
| --- | --- |
| 1 = Project Bisita *Date:\_\_\_\_\_\_\_\_\_\_* | 8 = MSS *Date:\_\_\_\_\_\_\_\_\_\_* |
| 2 = CPS *Date:\_\_\_\_\_\_\_\_\_\_* | 9 = Oral Health *Date:\_\_\_\_\_\_\_\_\_\_* |
| 3 = GEIS *Date:\_\_\_\_\_\_\_\_\_\_* | 10 = Special Kids Clinic *Date:\_\_\_\_\_\_\_\_\_\_* |
| 4 = Head Start *Date:\_\_\_\_\_\_\_\_\_\_* | 11 = Healing Hearts *Date:\_\_\_\_\_\_\_\_\_\_* |
| 5 = Preschool Special Education *Date:\_\_\_\_\_\_\_\_\_\_* | 12 = WIC *Date:\_\_\_\_\_\_\_\_\_\_* |
| 6 = I Famagu’on-ta *Date:\_\_\_\_\_\_\_\_\_\_* | 13 = Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Date:\_\_\_\_\_\_\_\_\_\_* |
| 7 = Primary Care *Date:\_\_\_\_\_\_\_\_\_\_* |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**33. Referral for Family Member/s:**

1 = Catholic Social Services *Date: \_\_\_\_\_\_\_\_\_\_*

2 = GHURA *Date: \_\_\_\_\_\_\_\_\_\_*

3 = GBHWC *Date: \_\_\_\_\_\_\_\_\_\_*

4 = Healing Hearts *Date: \_\_\_\_\_\_\_\_\_\_*

5 = I Famagu’on-ta *Date: \_\_\_\_\_\_\_\_\_\_*

6 = New Beginnings *Date: \_\_\_\_\_\_\_\_\_\_*

7 = Oasis *Date:*

8 = Primary Care *Date: \_\_\_\_\_\_\_\_\_\_*

9 = Other: Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date: \_\_\_\_\_\_\_\_\_\_*

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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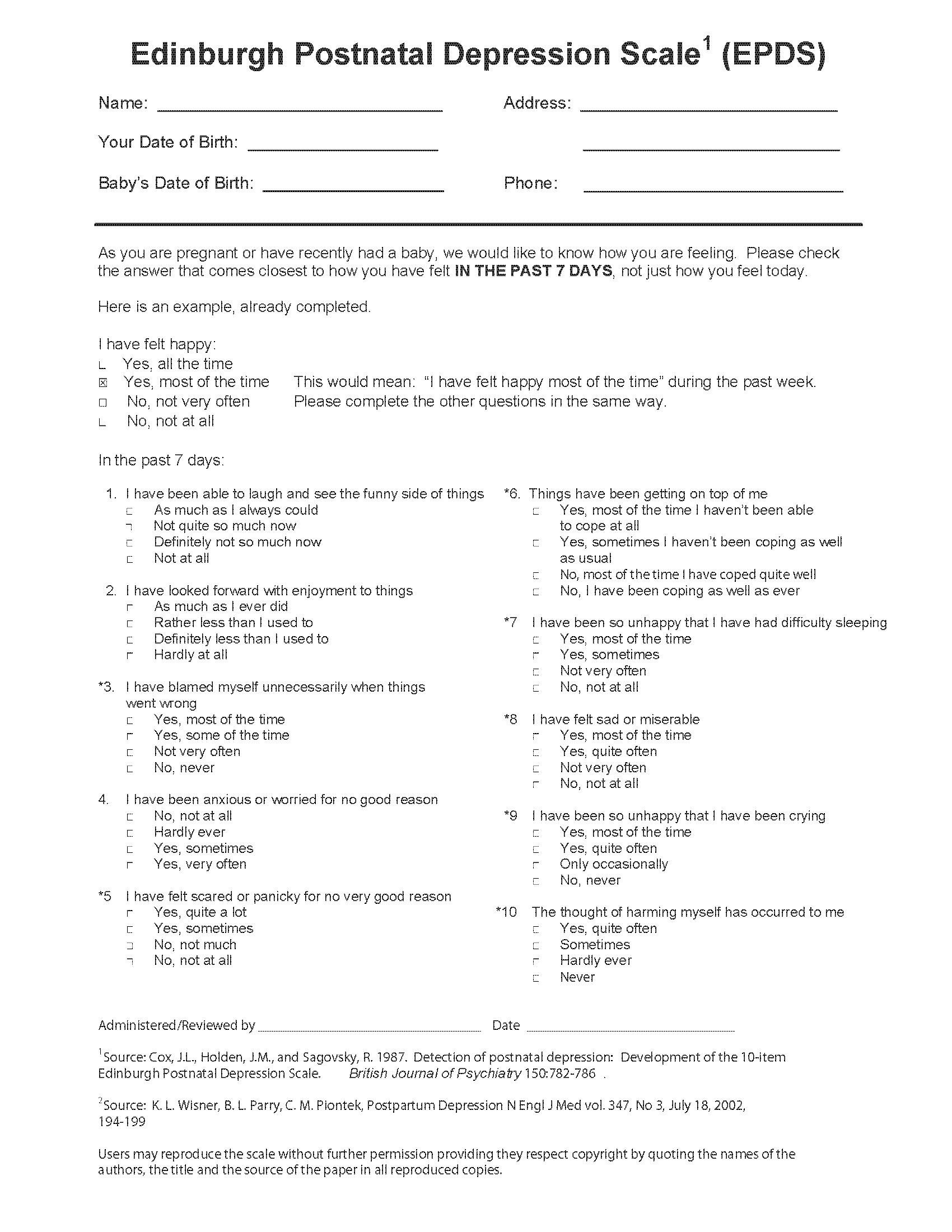
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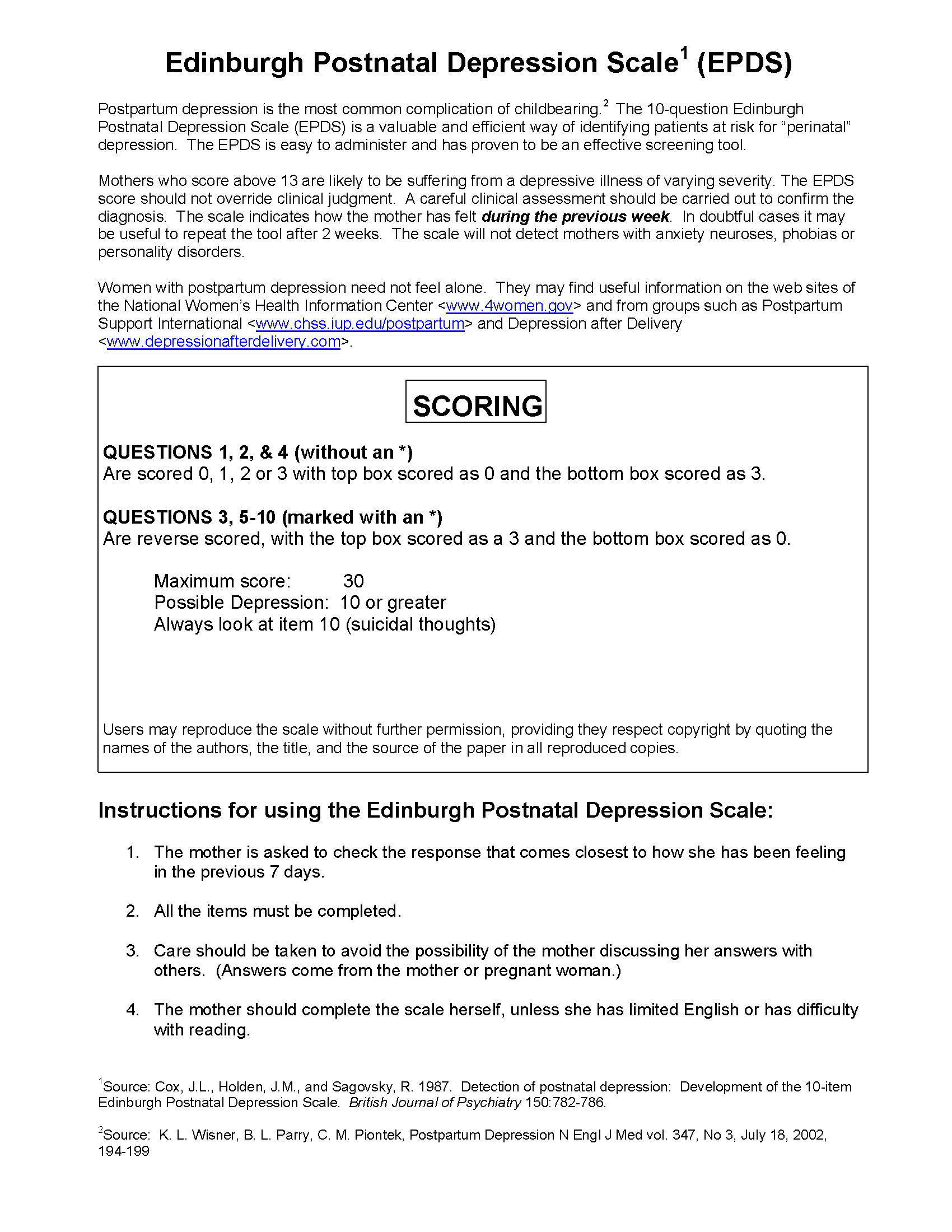
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**Name of Outreach Event:**

**Date/s:** **Location:**

**Primary Sponsoring Program/Agency:**

**Contact Person:        Email:** **Contact #s:**

**Collaborating Programs and Agencies:**

**Purpose of Outreach:**

**Target Audience:**

**Brief Description of LAUNCH/KARINU participation in the event:**

**Number of LAUNCH Staff Participating:**

**Number of KARINU Staff Participating:**

**Description and # of Social Marketing Products Disseminated:**

**Parental Stress Scale**

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided.

**1 = Strongly Disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly Agree**

|  |  |
| --- | --- |
| **Questions** | **Rating** |
| 1. I am happy in my role as a parent |  |
| 1. There is little or nothing I wouldn't do for my child(ren) if it was necessary. |  |
| 1. Caring for my child(ren) sometimes takes more time and energy than I have to give. |  |
| 1. I sometimes worry whether I am doing enough for my child(ren). |  |
| 1. I feel close to my child(ren). |  |
| 1. I enjoy spending time with my child(ren). |  |
| 1. My child(ren) is an important source of affection for me. |  |
| 1. Having child(ren) gives me a more certain and optimistic view for the future. |  |
| 1. The major source of stress in my life is my child(ren). |  |
| 1. Having child(ren) leaves little time and flexibility in my life. |  |
| 1. Having child(ren) has been a financial burden. |  |
| 1. It is difficult to balance different responsibilities because of my child(ren). |  |
| 1. The behaviour of my child(ren) is often embarrassing or stressful to me. |  |
| 1. If I had it to do over again, I might decide not to have child(ren). |  |
| 1. I feel overwhelmed by the responsibility of being a parent. |  |
| 1. Having child(ren) has meant having too few choices and too little control over my life. |  |
| 1. I am satisfied as a parent |  |
| 1. I find my child(ren) enjoyable |  |
| **Total Parental Stress Score** |  |

***Scoring***: ***To compute the parental stress score, items 1, 2, 5, 6, 7, 8, 17, and 18 should be reverse scored as follows: (1=5) (2=4) (3=3) (4=2) (5=1). The item scores are then summed.***

protective factors survey



|  |  |  |  |
| --- | --- | --- | --- |
| Guam LAUNCH ID: | Child Date of Birth: | Pre-Survey Date: | Post-Survey: Date: |
|  |  |  |  |

Part One: Please CIRCLE the number that describes how often the statements are true for you or your family. The numbers represent a scale from 1 to 7 where each of the numbers represents a different amount of time.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Never** | **Very Rarely** | **Rarely** | **About Half the Time** | **Frequently** | **Very**  **Frequently** | **Always** |
| 1. In my family, we talk about problems. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. When we argue, my family listens to “both sides of the story.” | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. In my family, we take time to listen to each other. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. My family pulls together when things are stressful. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 1. My family is able to resolve our problems. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Part Two: Please CIRCLE the number that best describes how much you agree or disagree with the statement.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **Disagree** | **Mostly Disagree** | **Slightly Disagree** | **Neutral** | **Slightly Agree** | **Mostly Agree** | **Strongly**  **Agree** |
| 6. I have others who will listen when I need to talk about my problems. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. When I am lonely, there are several people I can talk to. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. I would have no idea where to turn if my family needed food or housing. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. I wouldn’t know where to go for help if I had trouble making ends meet. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. If there is a crisis, I have others I can talk to. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. If I needed help finding a job, I wouldn’t know where to go for help. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Part Three: This part of the survey asks about parenting and your relationship with your child. For this section, please focus on the child that you hope will benefit most from your participation in our services. Please write the child’s age or date of birth and then answer the questions with this child in mind.

|  |  |
| --- | --- |
| Child’s Age in Years: | OR Date of Birth: |
|  | / / |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly**  **Disagree** | **Mostly Disagree** | **Slightly Disagree** | **Neutral** | **Slightly Agree** | **Mostly Agree** | **Strongly**  **Agree** |
| 12. There are many times when I don’t know what to do as a parent. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. I know how to help my child learn. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. My child misbehaves just to upset me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

Part Four: Please tell us how often each of the following happens in your family.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Never** | **Very Rarely** | **Rarely** | **About Half the Time** | **Frequently** | **Very**  **Frequently** | **Always** |
| 15. I praise my child when he/she behaves well. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. When I discipline my child, I lose control. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. I am happy being with my child. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. My child and I are very close to each other. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. I am able to soothe my child when he/she is upset. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. I spend time with my child doing what he/she likes to do. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

*The Protective Factors Survey was developed by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention (www.friendsnrc.org) in partnership with the University of Kansas Institute for Educational Research & Public Service Center through funding provided by the US Department of Health and Human Services.*

*Strengthening Families is a project of the Center for the Study of Social Policy (www.cssp.org).*

**The Wilder Collaboration Factors Inventory**

Name of Collaboration Project Date

**Statements about Your Collaborative Group:**

|  |  |  |
| --- | --- | --- |
| **Factor** | **Statement** | **Strongly Disagree Neutral, Agree Strongly**  **Disagree No Agree**  **Opinion** |
| History of collaboration or cooperation in the community | 1. Agencies in our community have a history of working together  2. Trying to solve problems through collaboration has been common in this community. It’s been done a lot before. | 1 2 3 4 5  1 2 3 4 5 |
| Collaborative group seen as a legitimate leader in the community | 3. Leaders in this community who are not part of our collaborative group seem hopeful about what we can accomplish.  4. Others (in this community) who are not a part of this collaboration  would generally agree that the organizations involved in this collaborative project are the “right” organizations to make this work. | 1 2 3 4 5  1 2 3 4 5 |
| Favorable political and social climate | 5. The political and social climate seems to be “right” for starting a collaborative project like this one.  6. The time is right for this collaborative project. | 1 2 3 4 5  1 2 3 4 5 |
| Mutual respect, understanding, and trust | 7. People involved in our collaboration always trust one another.  8. I have a lot of respect for the other people involved in this collaboration. | 1 2 3 4 5  1 2 3 4 5 |
| Appropriate cross section of members | 9. The people involved in our collaboration represent a cross section of those who have a stake  in what we are trying to accomplish.  10. All the organizations that we need to be members of this collaborative group have become members of the group. | 1 2 3 4 5  1 2 3 4 5 |
| Members see collaboration as in their self-interest | 11. My organization will benefit from being involved in this collaboration. | 1 2 3 4 5 |
| Ability to compromise | 12. People involved in our collaboration are willing to compromise on important aspects of our project. | 1 2 3 4 5 |
| Members share a  stake in both process and outcome | 13. The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts. | 1 2 3 4 5 |

|  |  |  |
| --- | --- | --- |
| **Factor** | **Statement** | **Strongly Disagree Neutral, Agree Strongly**  **Disagree No Agree**  **Opinion** |
|  | 14. Everyone who is a member of our collaborative group wants this project to succeed.  15. The level of commitment among the collaboration participants is high. | 1 2 3 4 5  1 2 3 4 5 |
| Multiple layers of participation | 16. When the collaborative group makes major decisions, there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be.  17. Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part. | 1 2 3 4 5  1 2 3 4 5 |
| Flexibility | 18. There is a lot of flexibility when decisions are made; people are open to discussing different options.  19. People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working. | 1 2 3 4 5  1 2 3 4 5 |
| Development of clear roles and policy guidelines | 20. People in this collaborative group have a clear sense of their roles and responsibilities.  21. There is a clear process for making decisions among the partners in  this collaboration. | 1 2 3 4 5  1 2 3 4 5 |
| Adaptability | 22. This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership.  23. This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals. | 1 2 3 4 5  1 2 3 4 5 |
| Appropriate pace of development | 24. This collaborative group has tried to take on the right amount of work at the right pace.  25. We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project. | 1 2 3 4 5  1 2 3 4 5 |
| Open and frequent communication | 26. People in this collaboration communicate openly with one another. | 1 2 3 4 5 |

|  |  |  |
| --- | --- | --- |
| **Factor** | **Statement** | **Strongly Disagree Neutral, Agree Strongly**  **Disagree No Agree**  **Opinion** |
|  | 27. I am informed as often as I should be about what goes on in the collaboration.  28. The people who lead this collaborative group communicate well with the members. | 1 2 3 4 5  1 2 3 4 5 |
| Established informal relationships and communication links | 29. Communication among the people in this collaborative group happens both at formal meetings and in informal ways.  30. I personally have informal conversations about the project  with others who are involved in this collaborative group. | 1 2 3 4 5  1 2 3 4 5 |
| Concrete, attainable goals and objectives | 31. I have a clear understanding of what our collaboration is trying to accomplish.  32. People in our collaborative group know and understand our goals.  33. People in our collaborative group have established reasonable goals. | 1 2 3 4 5  1 2 3 4 5  1 2 3 4 5 |
| Shared vision | 34. The people in this collaborative group are dedicated to the idea that we can make this project work.  35. My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others. | 1 2 3 4 5  1 2 3 4 5 |
| Unique purpose | 36. What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself.  37. No other organization in the community is trying to do exactly what we are trying to do. | 1 2 3 4 5  1 2 3 4 5 |
| Sufficient funds, staff, materials, and time | 38. Our collaborative group had adequate funds to do what it wants to accomplish.  39. Our collaborative group has adequate “people power” to do what it wants to accomplish. | 1 2 3 4 5  1 2 3 4 5 |
| Skilled leadership | 40. The people in leadership positions for this collaboration have good skills for working with other people and organizations. | 1 2 3 4 5 |

1. Although new funding for Project Tinituhon ended on July 21, 2016 and general support for the YCWC/GELC and SMTs has ended, the initiative is completing work related to the iDBSS as part of a no cost extension. [↑](#footnote-ref-1)
2. 1 Methodology for fidelity monitoring of parent training and family strengthening EBPs to be determined after selection of model. Fidelity criteria will be established and a Quality Implementation Survey developed by the Evaluator [↑](#footnote-ref-2)
3. Outreach Activity Log to be developed by Evaluation Team [↑](#footnote-ref-3)