

Project LAUNCH Key Informant Interview on Systems Change Discussion Protocol: Comparison Community

INFORMED CONSENT FORM FOR RESEARCH PARTICIPATION PROJECT LAUNCH KEY INFORMANT INTERVIEW ON SYSTEMS CHANGE*

We are conducting a study to learn about the social and emotional development of children from birth to eight years of age. This study is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency within the U.S. Department of Health and Human Services (HHS). An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. OMB number: 0970-0373; Expiration date: XX/XX/XXXX. By collecting information from program directors and other knowledgeable staff, we seek to gain a better understanding of systems change activities that are being conducted in your community to further child health and well-being.

If you choose to participate, you will be interviewed by phone. It will take about **60 minutes**. We may ask you to participate in the same interview once more next year.

There are no risks in participating in this research beyond those experienced in everyday life. However, some of the questions are personal and may make you uncomfortable. **Your participation in this study is voluntary.** You can stop at any time, and you do not have to answer any questions you do not want to answer. Refusal to take part in or withdrawing from this study will not involve any penalty or loss of benefits you would receive otherwise.

Your responses will be kept private to the extent permitted by law. All findings will be reported in aggregate. If there are any publications or presentations resulting from this research, no personally-identifiable information will be shared because your name will not be linked to your answers. If you choose to withdraw from the study, we will maintain and analyze the data collected up to the time of withdrawal. However, if you request that we destroy all of your data and exclude your responses from the study results, we will honor your request.

To ensure that we capture your responses accurately, **we will be recording the interview.** The recording will be used to produce a transcript of our conversation. At the conclusion of the study, the recording will be destroyed.

Please contact Shannon TenBroeck, a member of the evaluation team at NORC, at (415) 315-2006 with questions, complaints, or concerns about this research. If you have any questions about your rights as a research participant, please contact the NORC Institutional Review Board (IRB) Manager by toll-free phone number at (866) 309-0542.

You must be 18 years of age or older to take part in this research study. **If you agree to take part in this research study - and have the interview recorded - please sign your name and indicate the date below.** You will be given a copy of this consent form for your records.

Participant Signature

Date

Contacting you about future research:

This study will collect data from the same individuals once per year for a total of two years. As such, we plan to keep your contact information on file for two years and contact you about participating in future parts of this study.

If you are interested in participating in future parts of this study and agree to your contact information being held in a secure location, please initial below.

Participant Initials

* The informed consent will be read to the participant at the beginning of the interview. In lieu of a signature, participants will provide consent verbally.

Discussion Protocol

1. Demographic Information

1. What is your name?
2. What agency or organization do you work for?
3. Which of the following do you represent?
 - Early Childhood Comprehensive System (ECCS)
 - Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
 - Title V/MCH Program
 - Early Childhood Education
 - Child Welfare
 - Child Care Accrediting Agency
 - Other
4. If other, please describe: _____
5. What is your role in the organization?
6. What is the primary purpose of your organization?
7. What is your organization's relationship to issues related to early childhood health and wellness?
8. How long have you been with that agency?
9. How long have you worked in the area of childhood health/wellness?

10. What do you think is the most important factor that is necessary for change to occur at the systems level in the area of childhood health and wellness?
11. Has that factor been present in your community?
 - Yes
 - No
12. If so, can you describe it?
13. If not, why do you think it has not been present?

2. Coalition Building Activities

We would like to start by asking you if you implemented any coalition building activities related to early childhood health and wellness, and what types of outcomes you were working toward by implementing these activities. We are defining coalition building activities as _____.

1. Did you implement any coalition building activities related to early childhood health during the past ___ months?
 - Yes
 - No
2. Please describe the coalition-building activities you implemented.
3. For each activity you described in the question above, what type of outcome were you working toward by implementing the activity?

What is the activity name?	What outcome(s) were you working towards by implementing this activity?
Activity 1	<input type="checkbox"/> Policies and guidelines that relate to health insurance (e.g., Medicaid reimbursement policy) Please describe: _____ <input type="checkbox"/> Policies and guidelines that relate to health providers (e.g., policy to include regular behavioral health screening in pediatric primary care practices) Please describe: _____ <input type="checkbox"/> Policies and guidelines that relate to education (e.g., Policy to include mental health specialists into education settings) Please describe: _____ <input type="checkbox"/> Change in other policies, rules, and guidelines (e.g., Change in eligibility criteria for child-serving programs) Please describe: _____ <input type="checkbox"/> Increased levels of collaboration (e.g., Development of a coalition specific to early childhood health) Please describe: _____ <input type="checkbox"/> Development/improvement of referral systems (e.g., Common referral form among service systems) Please describe: _____ <input type="checkbox"/> Development/improvement of data systems (e.g., Data-sharing agreements) Please describe: _____ <input type="checkbox"/> Integrated funds across organizations (e.g., Use of funds to increase access to high-quality early childhood education programs) Please describe: _____ <input type="checkbox"/> Submit an application for funding (e.g., Applications for federal, state, local, or other grants) Please describe: _____ <input type="checkbox"/> Other outcome. Please describe: _____

4. Did you identify any factors that were facilitators of these changes?
 - Yes

- No

5. If yes, what were the facilitators?

6. Did you identify any factors that were barriers to these changes?

- Yes
- No

7. If yes, what were the barriers?

8. Did any unexpected outcomes occur related to or as a result of the change?

- Yes
- No

9. If yes, what were the unexpected outcomes?

10. How were those unexpected outcomes handled?

11. Are there further plans related to this change?

- Yes
- No

12. If yes, what are the further plans?

- Additional work on this change at the current level. Please describe: _____
- Dissemination to regional or national level
- Provide assistance to others who want to make this change
- Other: _____

3. Public Information Campaigns

Next we would like to discuss whether you implemented any public information campaigns related to early childhood health and wellness, and what types of outcomes you were working toward by implementing these campaigns. We are defining public information campaigns as _____.

1. Did you implement any public information campaigns related to early childhood health during the past ___months?
 - Yes
 - No

2. Please describe the public information campaigns you implemented.

3. For each public information campaign you described above, what type of outcome were you working toward by implementing the campaign?

What is the activity name?	What outcome(s) were you working towards by implementing this activity?
Activity 1	<input type="checkbox"/> Policies and guidelines that relate to health insurance (e.g., Medicaid reimbursement policy) Please describe: _____ <input type="checkbox"/> Policies and guidelines that relate to health providers (e.g., policy to include regular behavioral health screening in pediatric primary care practices) Please describe: _____ <input type="checkbox"/> Policies and guidelines that relate to education (e.g., Policy to include mental health specialists into education settings) Please describe: _____ <input type="checkbox"/> Change in other policies, rules, and guidelines (e.g., Change in eligibility criteria for child-serving programs) Please describe: _____ <input type="checkbox"/> Increased levels of collaboration (e.g., Development of a coalition specific to early childhood health) Please describe: _____ <input type="checkbox"/> Development/improvement of referral systems (e.g., Common referral form among service systems) Please describe: _____ <input type="checkbox"/> Development/improvement of data systems (e.g., Data-sharing agreements) Please describe: _____ <input type="checkbox"/> Integrated funds across organizations (e.g., Use of funds to increase access to high-quality early childhood education programs) Please describe: _____ <input type="checkbox"/> Submit an application for funding (e.g., Applications for federal, state, local, or other grants) Please describe: _____ <input type="checkbox"/> Other outcome. Please describe: _____

4. Did you identify any factors that were facilitators of these changes?
 - Yes
 - No
5. If yes, what were the facilitators?
6. Did you identify any factors that were barriers to these changes?
 - Yes
 - No
7. If yes, what were the barriers?
8. Did any unexpected outcomes occur related to or as a result of the change?
 - Yes
 - No
9. If yes, what were the unexpected outcomes?
10. How were those unexpected outcomes handled?
11. Are there further plans related to this change?
 - Yes
 - No
12. If yes, what are the further plans?
 - Additional work on this change at the current level. Please describe: _____
 - Dissemination to regional or national level
 - Provide assistance to others who want to make this change
 - Other: _____

4. Advocacy Activities

Next we would like to discuss whether you worked on any advocacy activities related to early childhood health and wellness, and what types of outcomes you were working toward by implementing these activities. We are defining advocacy as _____.

13. Did you implement any advocacy activities related to early childhood health during the past __ months?

- Yes
- No

14. Please describe the advocacy activities related to early childhood health and wellness that you implemented.

15. For each advocacy activity you described above, what type of outcome were you working toward?

Activity	What outcome(s) were you working towards by implementing this activity?
Activity 1	<p><i>Select all that apply.</i></p> <p><input type="checkbox"/> Policies and guidelines that relate to health insurance (e.g., Medicaid reimbursement policy) Please describe: _____</p> <p><input type="checkbox"/> Policies and guidelines that relate to health providers (e.g., policy to include regular behavioral health screening in pediatric primary care practices) Please describe: _____</p> <p><input type="checkbox"/> Policies and guidelines that relate to education (e.g., Policy to include mental health specialists into education settings) Please describe: _____</p> <p><input type="checkbox"/> Rule changes at private or non-profit institutions</p> <p><input type="checkbox"/> Other policies, rules, and guidelines (e.g., Change in eligibility criteria for child-serving programs) Please describe: _____</p> <p><input type="checkbox"/> Increased or reallocated state or institutional funding (e.g., Use of funds to increase access to high-quality early childhood education programs) Please describe: _____</p> <p><input type="checkbox"/> Getting state or municipality for applying for state or federal funds</p> <p><input type="checkbox"/> Other outcome. Please describe: _____</p>

16. Did you identify any factors that were facilitators of these changes?

- Yes
- No

17. If yes, what were the facilitators?

18. Did you identify any factors that were barriers to these changes?

- Yes
- No

19. If yes, what were the barriers?

20. Did any unexpected outcomes occur related to or as a result of the change?

- Yes
- No

21. If yes, what were the unexpected outcomes?

22. How were those unexpected outcomes handled?

23. Are there further plans related to this change?

- Yes
- No

24. If yes, what are the further plans?

- Additional work on this change at the current level. Please describe: _____
- Dissemination to regional or national level
- Provide assistance to others who want to make this change
- Other: _____

5. Activities to Build Funding

Next we would like to discuss whether you worked on activities to build funding related to early childhood health and wellness, and what types of outcomes you were working toward by implementing these funding activities. We are defining activities to build funding as _____.

1. Did you implement any activities to build funding during the past ___ months?
 - Yes
 - No
2. Please describe the activities to build funding that you implemented.
3. For each activity to build funding that you described above, what type of outcome were you working toward?

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

4. Did you identify any factors that were facilitators of these changes?
 - Yes
 - No
5. If yes, what were the facilitators?
6. Did you identify any factors that were barriers to these changes?
 - Yes
 - No

7. If yes, what were the barriers?

8. Did any unexpected outcomes occur related to or as a result of the change?

- Yes
- No

9. If yes, what were the unexpected outcomes?

10. How were those unexpected outcomes handled?

11. Are there further plans related to this change?

- Yes
- No

12. If yes, what are the further plans?

- Additional work on this change at the current level. Please describe: _____
- Dissemination to regional or national level
- Provide assistance to others who want to make this change
- Other: _____