LAUNCH together

Community Evaluation Report: Jefferson County

Denver, Colorado

Prepared by

The Butler Institute for Families, Graduate School of Social Work

University of Denver

UNIVERSITY of DENVER

BUTLER INSTITUTE FOR FAMILIES
Graduate School of Social Work

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For more information regarding this evaluation, contact Laricia Longworth-Reed, Laricia.Longworth-Reed@du.edu or (303) 871-4099.

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CONTEXT

LAUNCH Together

LAUNCH Together is a unique partnership between eight Colorado-based philanthropic foundations and four communities, which includes a mix of five rural and urban counties across the state. Since 2015, LAUNCH Together has been working to improve social, emotional and developmental outcomes for Colorado's young children and their families. By advancing opportunities to improve the local and statewide systems that support early childhood mental health (also referred to as infant and early childhood mental health), this public-private initiative, which concluded in early 2021, has facilitated collaboration across health and mental health, early childhood, and family supports to strengthen local and statewide infrastructure, streamline services, and increase knowledge about early childhood mental health. LAUNCH Together is modeled after Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), a federal initiative of the Substance Abuse and Mental Health Services Administration (SAMHSA) which focuses on five core prevention and promotion strategies; (1) screening and assessment, (2) enhanced home visiting (EHV), (3) mental health consultation in early care and education programs (MHCECE), (4) family strengthening and (5) integration of behavioral health into primary care (BHIP) settings (Figure 1).

Figure 1. LAUNCH Together Strategies Framework

COVID-19

The COVID-19 pandemic emerged during the final year of the LAUNCH Together initiative, and it is important to understand the significant impact the pandemic has had on the LAUNCH Together communities' services implementation and evaluation participation. As Governor Jared Polis issued a state-of-emergency order for Colorado in March 2020, LAUNCH Together communities worked urgently to continue providing services and implementing LAUNCH Together activities within the guidelines of the governor's orders and in the face of sudden and lengthy closures across the array of early childhood services.

Overall, organizations engaging in LAUNCH Together moved to online services whenever possible and experienced significant programmatic changes. Many staff began to work remotely, services transitioned online, and some activities were postponed. Communities shared that helping families' meet basic needs such as securing food and ensuring an income took priority over other activities.

In Jefferson County, LAUNCH Together implementation team members shared that the system coordination and collaboration developed as a part of LAUNCH helped them respond to COVID-19's impact on their community. Participants shared that the **strength of their partnerships allowed them to easily reach out for resource-sharing** and opportunities to work together to create new resources as needed. Many felt that the close relationships and partnerships developed through LAUNCH allowed them to respond quickly to community needs and requests. Team members also discussed **how JeffcoFamiliesColorado.org,** the centralized website developed as part of LAUNCH Together collaboration, **has been an instrumental** way to share COVID-19 information with families. One partner shared that the benefit comes from:

> "Being able to come together very quickly because this group already existed—was already in relationship with one another—to share those resources from a provider side and pushing information out through the website quickly."

LAUNCH Together communities were able to pivot toward their community's emergent needs. Overall, services continued across communities even in the face of significant disruption and distress.

Given the circumstances, this points to LAUNCH communities' resilience and commitment to their missions and shared vision. As described later in this report, communities' ability to participate in the evaluation varied during this time.

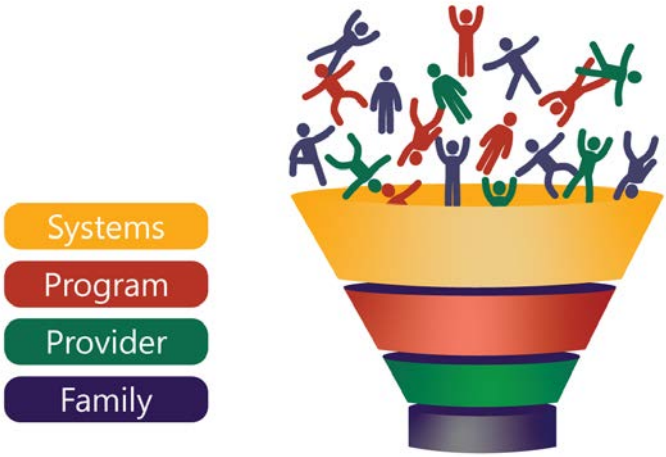
Community

This report focuses on the LAUNCH Together activities of Jefferson County (Jeffco). Jefferson County is located along the front range of the Rocky Mountains in central Colorado. The county encompasses 764.21 square miles and is home to 574,613 people, with a population density of 699.5 people per square mile. Children under age five make up 5.2% of the population. For the purposes of the LAUNCH Together initiative, the Jefferson Center for Mental Health was the lead agency for the Jefferson County grant, and the implementation team for the Jefferson County LAUNCH Together grant was made up of 17 community partners.

METHODOLOGY

The evaluation used a mixed-methods approach to explore impact of the LAUNCH Together Initiative at the systems, program, provider, and family levels. This approach uses surveys, interviews, focus groups, document review, and reporting of key indicators to evaluate each of the five prevention strategies.

Figure 2. Outcome Pipeline



The evaluation collected data along a pipeline of LAUNCH-related outcomes, including data at the systems, program, provider, and family levels (see Figure 2). Key data sources that inform the current report were collected in years one (2016-2017) through four (2020) of implementation and include: cumulative program indicators, surveys from LAUNCH-related trainings, family surveys and interviews, provider surveys and interviews, implementation team surveys and interviews, and data on the progress toward systems change reflected in community implementation plans.

Table 1 shows the data collection schedule. In the first year of LAUNCH Together implementation (2016–2017), the evaluation team collected limited data. At this point, communities were in the early stages of project start-up and implementation and were not ready to collect much data since changes in program functioning or provider and family behavior had not yet occurred. In the second year of implementation (2017–2018), as communities moved further along in their implementation of planned activities, the evaluation team collected more robust program-level data as well as initial knowledge and behavior change data from providers and families. In the third year of implementation (2018-2019), data collection expanded to include follow-up data on state-system-level coordination and collaboration as well as continued collection of program, provider, and family data. In the final year of implementation, (2020) data collection remained mostly the same as year three, but included a final administration of the PARTNER™ and the exclusion of common indicator data.

Table 1. Data Collection Schedule

Data Collection	Implementation			
	YR 1 (2016–17)	**YR 2 (2017–18)**	**YR 3 (2018–19)**	**YR 4 (2020)**
Systems Level				
State-system stakeholder interviews	✓		✓	✓
PARTNER™ survey (state and community implementation teams)	✓			✓
Community implementation team focus groups/interviews	✓	✓	✓	✓
Program Level				
Common indicators		✓	✓	✓ (limited)
Implementation plan coding	✓	✓	✓	✓
Provider Level				
Post-training provider survey	✓	✓	✓	✓
Annual provider survey		✓	✓	✓
Annual provider interviews		✓	✓	✓

Family Level				
Family point-of-service survey		✓	✓ (limited)	✓ (limited)
Annual family survey		✓	✓	✓
Annual family interviews		✓	✓	✓

COVID-19 Impact on Data Collection

Most communities continued collecting data in the last year of the LAUNCH Together initiative despite the pandemic. Butler staff were in close communication with grantees to help support data collection efforts in light of the pandemic. Communities had to quickly pivot to online programming while juggling multiple competing and urgent community priorities. The consensus of LAUNCH Together funders was to support communities' ability to provide services and offer a flexible and collaborative approach to the evaluation requirements. As a result, the initiative eliminated the common indicator requirement from the data collection methodology during the 2020 implementation year. Jefferson County opted to continue collecting some indicators through year four to understand how the pandemic was affecting services: number of hours of mental health consultation and reflective consultation, number of home visits, number of referrals to community-based services and training hours (parent and provider). After an initial drop in activity, mental health consultation, virtual home visits and reflective consultation resumed pre-pandemic levels and referrals continued, illustrating the resilience of Jefferson County's LAUNCH Together network. Unfortunately, there was a significant decrease in provider trainings, largely due to the incredible demands placed on providers to adhere to health and safety protocols. This resulted in a lack of time for professional development. Parent participation in trainings was also significantly impacted. Additionally, some communities experienced a decrease in the number of respondents participating in other elements of the evaluation such as Annual Provider Surveys and Annual Family Surveys. Due to these considerations, findings from the 2020 implementation year should be interpreted in the context of reduced sample sizes and the immeasurable impact of the pandemic.

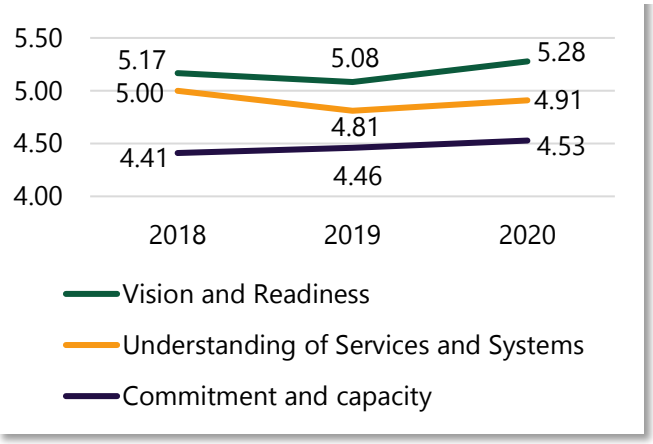
COMMUNITY RESULTS

System Change

Coordination and Collaboration

Each community in the LAUNCH Together initiative convened an implementation team, composed of key early childhood system partners in the community, to guide and implement strategic approaches to improving early childhood social-emotional development. To understand the implementation process and progress in each community, implementation team members completed the Hicks-Larson collaboration survey. Implementation teams were surveyed in 2018, 2019, and 2020. Results across years in Jefferson County demonstrated strong collaboration, with average scores on the three collaboration constructs falling between 4 (agree more than disagree) and 6 (strongly agree). Figure 3[1] shows the average scores between 2018 and 2020 on the three collaboration constructs, which include (1) community vision and readiness to participate in the LAUNCH Together initiative; (2) community understanding of relevant services and systems; and (3) community commitment and capacity to participate in the initiative.

Figure 3. Jefferson County Collaboration Constructs



The lowest mean scores are on commitment and capacity; however, they have steadily increased overtime, illustrating the importance of relationship- and trust-building in engaging team members and their programs at the highest level. Means on both vision and readiness and understanding of services and systems decreased slightly in 2019 but rose again in 2020.

[1] The survey measures three constructs of collaboration on a scale of 1–6 (1 = strongly disagree; 6 = strongly agree).

The increase from 2019 to 2020 may be because there was a more clearly defined plan for the future of LAUNCH Together efforts as the community looked toward sustainability. Understanding of services and systems increased from 2019 to 2020; however, it was still lower than it was in 2018. Although that may appear negative, it highlights that the early childhood services and system in Jefferson County are not stagnant and are continuing to expand to reach even more children and families. As new services and systems are expanded, it is important to continue collaborating and disseminating knowledge of programs and services offered in the community to both providers and families to increase their understanding of what is available.

Qualitative themes from implementation team interviews also supported Jefferson County's shared vision, understanding of the services in their system, and commitment. Implementation team members highlighted that the LAUNCH initiative has been effective at cultivating a shared vision, which is a key component to any strong system.[2] Across team members, the shared vision focused on "creat[ing] better systems that are integrating and addressing early childhood social and emotional development." One team member added:

> "We're all wanting to improve the social-emotional health and well-being of young children and their families and to have that be readily acceptable and families in the community at large to be aware of the importance of early childhood mental health and social-emotional well-being."

A primary success of the community's partnerships was "understanding each other's role and referring people to the right organization more so than it has been in the past because they're so much more familiar with each other." One team member shared:

> "The LAUNCH together collaborative, for me, has been really good to have the partners that it has, because it has allowed me and my efforts to **make connections** in the community and with other programs. Which in turn allows me to take that back to my teams and **coordinate appropriately**… Being able to meet with people… and talk about the website, the home visitation referrals, and also having the navigator, has been excellent. And I look forward to continue implementing that throughout the rest of our teams and even through other partnerships."

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[2] Meadows, Donella H. (2009). *Thinking in systems: A primer*. Earthscan.

Another implementation team member shared, "The awareness of how all these different entities are working together and supporting one another… let's take the website for example, streamline what's happening, put it all in one place, and collectively work together to spread the word."

Team members described their commitment as strong and effective, pointing to monthly meetings, workgroups, and email communication as some of the main mechanisms for continued collaboration.

> "We wouldn't have gotten where we are if it wasn't for this core group that was **committed** to showing up every single month. Everyone was **really committed** and showed up and, as busy as everyone is, that was pretty impressive that everybody prioritized this work and the same group came together every month."

Leadership

Implementation team members emphasized the need for distributive leadership at multiple levels within the system to "buy-in [to]" the goals of the LAUNCH Together collaborative; literature provides further support that system leadership is a crucial driver of systems change.[3] As one implementation team member stated:

> "Organizational leadership is key. Even if they're not the ones attending the meetings, there's definite connections and buy in. [A leader] from public health is one of the co-chairs for the Bright Futures roadmap because LAUNCH lead into that. Their engagement in LAUNCH and understanding of what was happening was a big contributor. So, having that buy-in that high up in the leadership I think makes a big difference."

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[3] Abercrombie, R., Harries, E., & Wharton, R. (2015). *Systems change: A guide to what it is and how to do it.* Lankelly Chase and New Philanthropy Capital. https://lankellychase.org.uk/resources/publications/systems-change-a-guide-to-what-it-is-and-how-to-do-it/

Partner Engagement and Representation

One of the key successes and lessons the LAUNCH Together implementation team members learned was the importance of engaging partners in the work through community representation, specifically families.

Any plans for systems change should identify and engage beneficiaries in collaboration.[4] One implementation team member shared:

> "LAUNCH has essentially reveal[ed] the effectiveness of family engagement and authentic community partnerships that aren't just bringing in families for a focus group but actually involving them in creating the solutions and implementing the solutions to the problems of the community. We've been able to demonstrate that pretty effectively through LAUNCH Together and that is something that will stay with me, and certainly with public health, in terms of our work beyond LAUNCH."

The qualitative feedback from implementation team members demonstrated that tangible systems change occurred when there is robust communication, leaders from the system who can make decisions are engaged, and partners include the affected community members, in this case families.

PARTNERships

In 2017 (T1) and 2020 (T2), a Social Network Analysis on Jefferson County's network of early childhood organizational partnerships was conducted using the PARTNER Tool (www.partnertool.net) to better understand partnerships within the local community system and the impact of LAUNCH Together. The survey asked respondents to describe themselves and their work in the network, and then to answer questions about their partners. VISIBLE NETWORK LABS[5] analyzed and reported the following data from the PARTNER tool on Jefferson County's early childhood network. A portion of the analysis are presented here. For more information, refer to VISIBLE NETWORK LABS' full report here.

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[4] Abercrombie (2015). *Systems change* (see footnote 3).

[5] VISIBLE NETWORK LABS is a data science company that developed the PARTNER tool, a scientifically validated social network analysis (SNA) data tracking and learning tool.

In both T1 and T2, the Jefferson County network was made of 15 organizations across 10 distinct groups. Jefferson County had a 100% response rate in TI and a 87% response rate in T2. Ten organizations took the survey at both timepoints (see Figure 4).

The largest group of respondents identified as family strengthening organizations and there were a variety of other sectors represented in the network, as well. This diverse set of partners from many sectors demonstrates a cross-sector collaborative initiative (see Figure 5).

Figure 4. Survey Respondents by Year

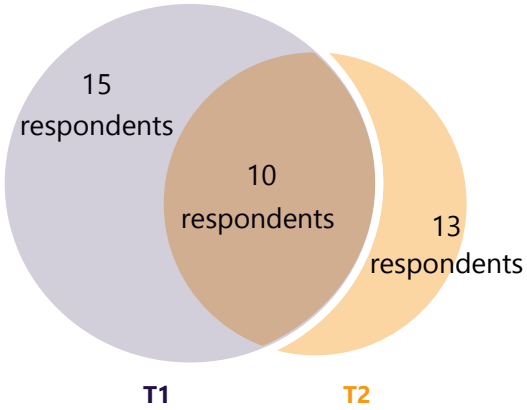
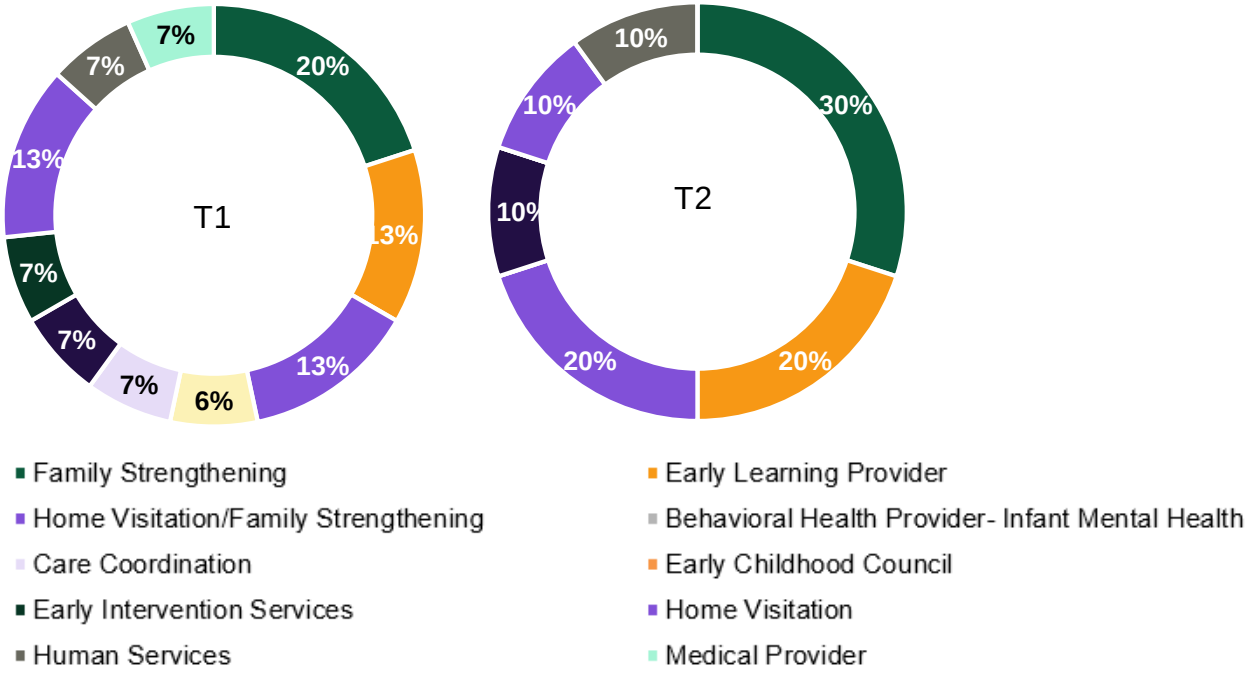
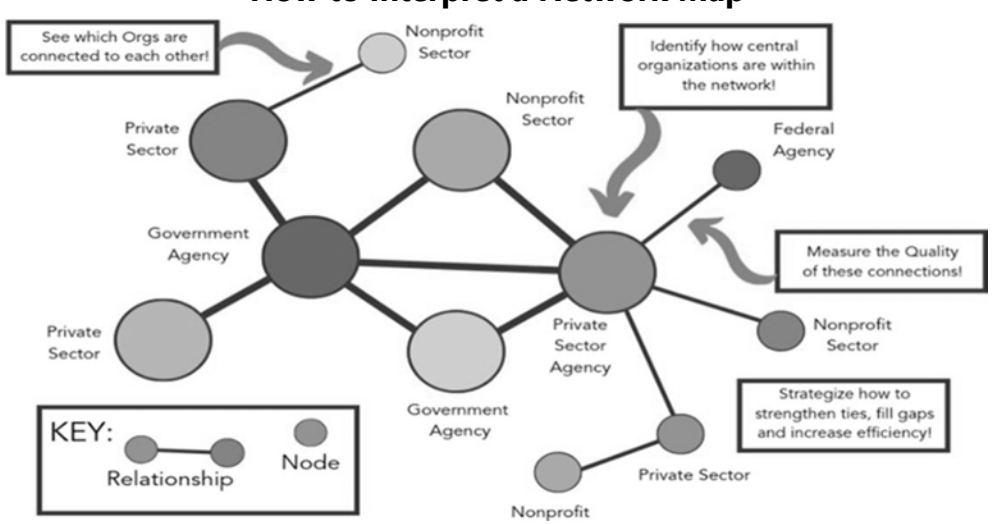


Figure 5. Types of Participating Organizations Across Timepoints



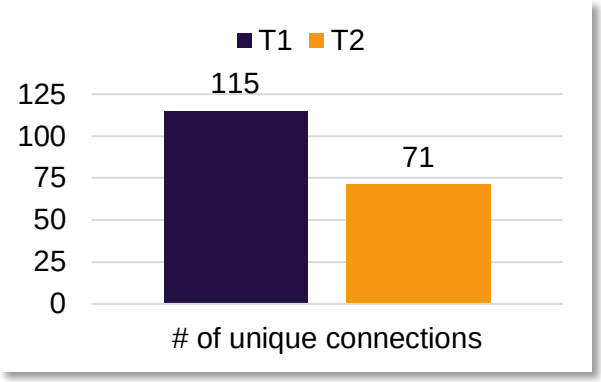
Connections

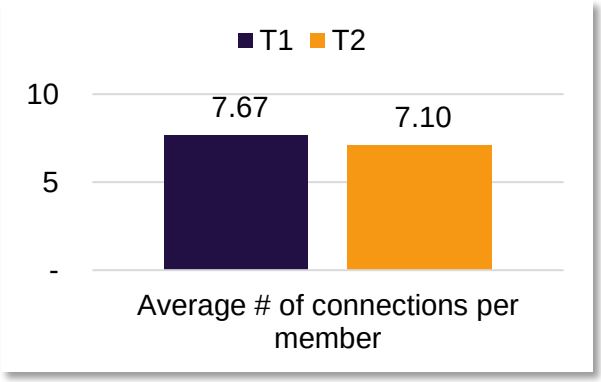


Networks refer to a partnership created between three or more people or organizations to achieve mutually desired objectives. In a network map, partnerships are visualized as "nodes" (circles) and "edges" (lines) which represent the network members and the relationships between them. Nodes may be color-coded by certain organizational characteristics, such as jurisdiction or sector.

Over the course of the initiative, there were fewer *unique* connections formed, however, the number of connections per member was about the same. From T1 to T2, there was a 38% decrease in the total number of connections between respondents and the average number of connections per member decreased slightly (see Figure 6). There are fewer unique ties seen, but each member of the network is still connecting with several organizations and this allows deeper, more meaningful connections to develop.

Figure 6. Jefferson County's Early Childhood Network Scores





Network Maps

Social network maps of Jefferson County's LAUNCH Together early childhood system in 2017 and 2020 (see Figure 7 and Figure 8), illustrate how the system has changed over the course of the initiative. Each organization is represented as a circle (node) and the lines shown demonstrate all relationships that were reported by respondents. Nodes are colored by partner organization type. The size of the node shows which organizations have the greatest number of connections (they are larger). Organization abbreviations on the PARTNER maps can be found here.

In 2017, 55% of all the possible connections in the network were reported, while in 2020, the network had 39% all the possible connections; if every partner in the network was connected to every other partner in the network the network would have 100% of the possible connections. Several organizations reported high connectivity. Twelve organizations were connected to at least 50% of the network in 2017 and nine organizations were connected to at least 50% of the network in 2020.

A key player is a member of the system who is connected to most of the network. The network in Jefferson County heavily relies on these key players, and if they no longer participate in the network, there is a risk that the system may not function as effectively. Organizations emerged as key actors in the network, indicated by their high number of network connections. Jeffco Public Schools (100% connected and 93% connected, by respective timepoints) and Jefferson County Public Health (93% connected at both timepoints) remained key players in the system across both years. Their connectivity is depicted in the maps with a more centralized location in the network and larger nodes. These are key organizations that can continue to highlight the importance of early childhood mental health and move the work forward, even after the end of the initiative.

Figure 8. Jefferson County's 2017 Early Childhood Network

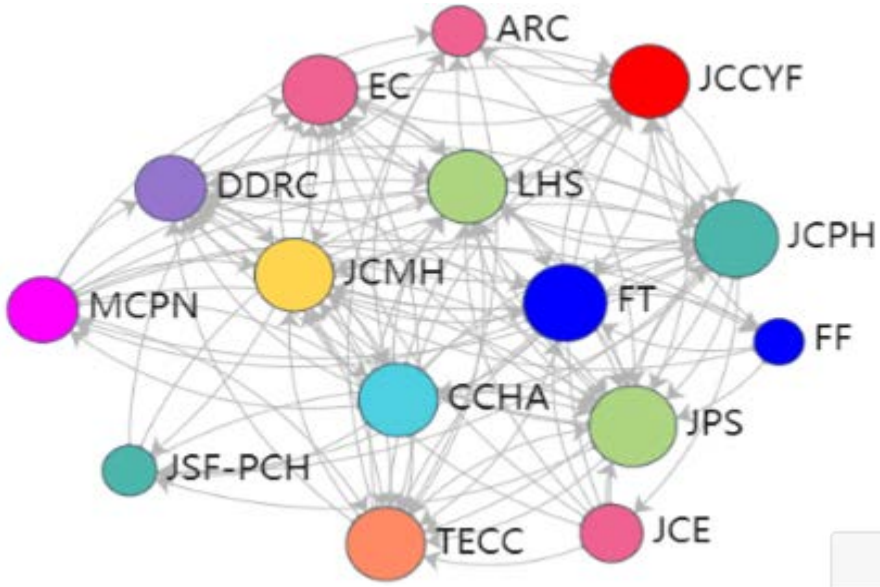
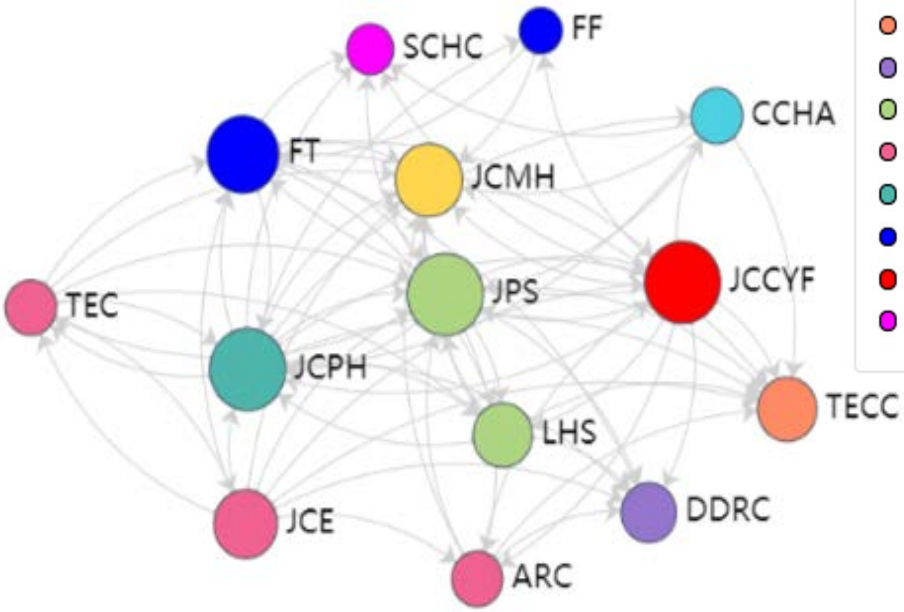
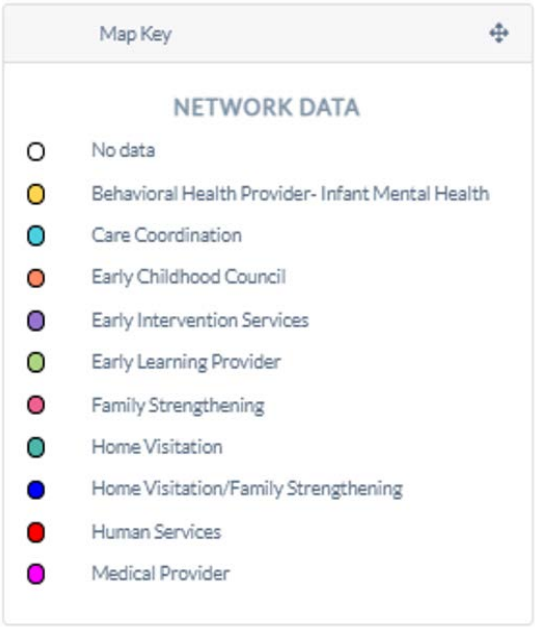


Figure 7. Jefferson County's 2020 Early Childhood Network





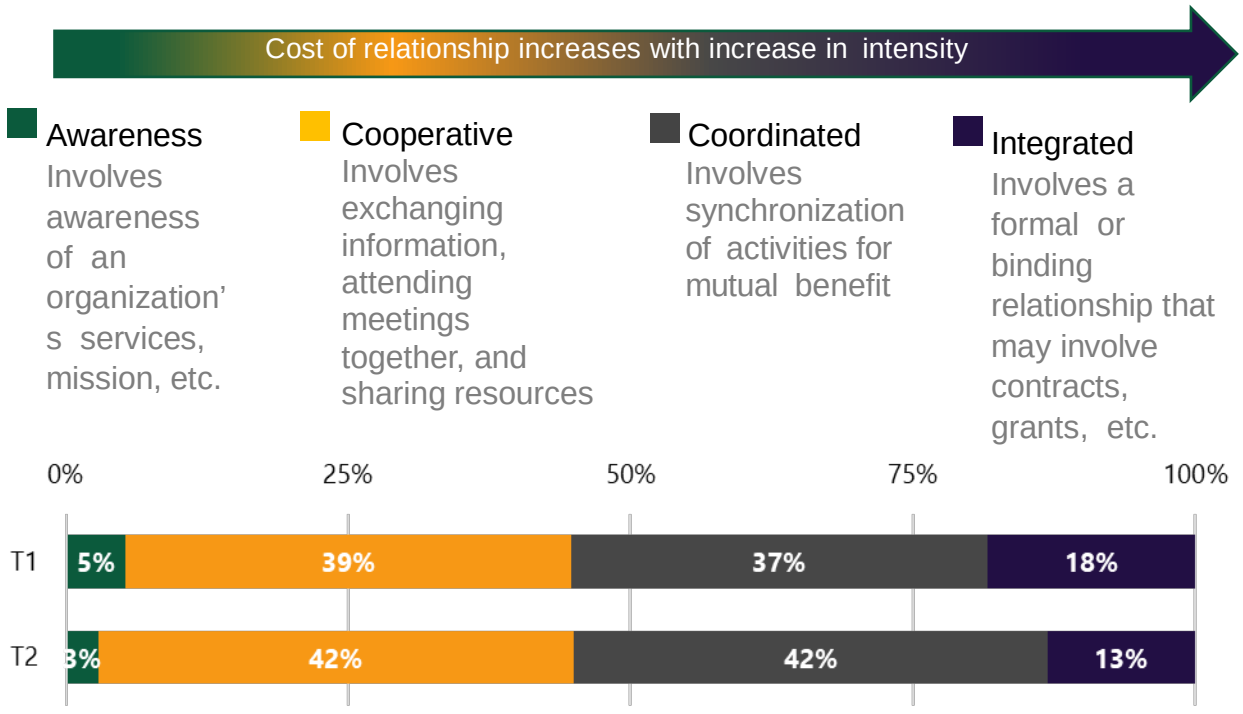
Nature of Relationships

In addition to measuring connections, network relationships were assessed according to their level of intensity. This is important because more connections and greater intensity of connections do not necessarily result in a thriving and sustainable network. While the appeal to create a more diverse network is strong, organizations are equally challenged with the reality that they have limited relationship budgets – that is, limited resources to build and manage diverse networks.

We know that networks have advantages, but there is a limit on how many relationships we can manage before we lose the collaborative advantage altogether. And while it is our intuition that more network connections should indicate a better functioning network, this approach can be endlessly resource intensive.

From T1 to T2, the share of relationships at the cooperative and coordinated levels increased, while the share of relationships at the awareness and integrated level decreased (see Figure 9).

Figure 9. Relationship by Collaboration Level (2017 n = 114, 2020 n = 69)



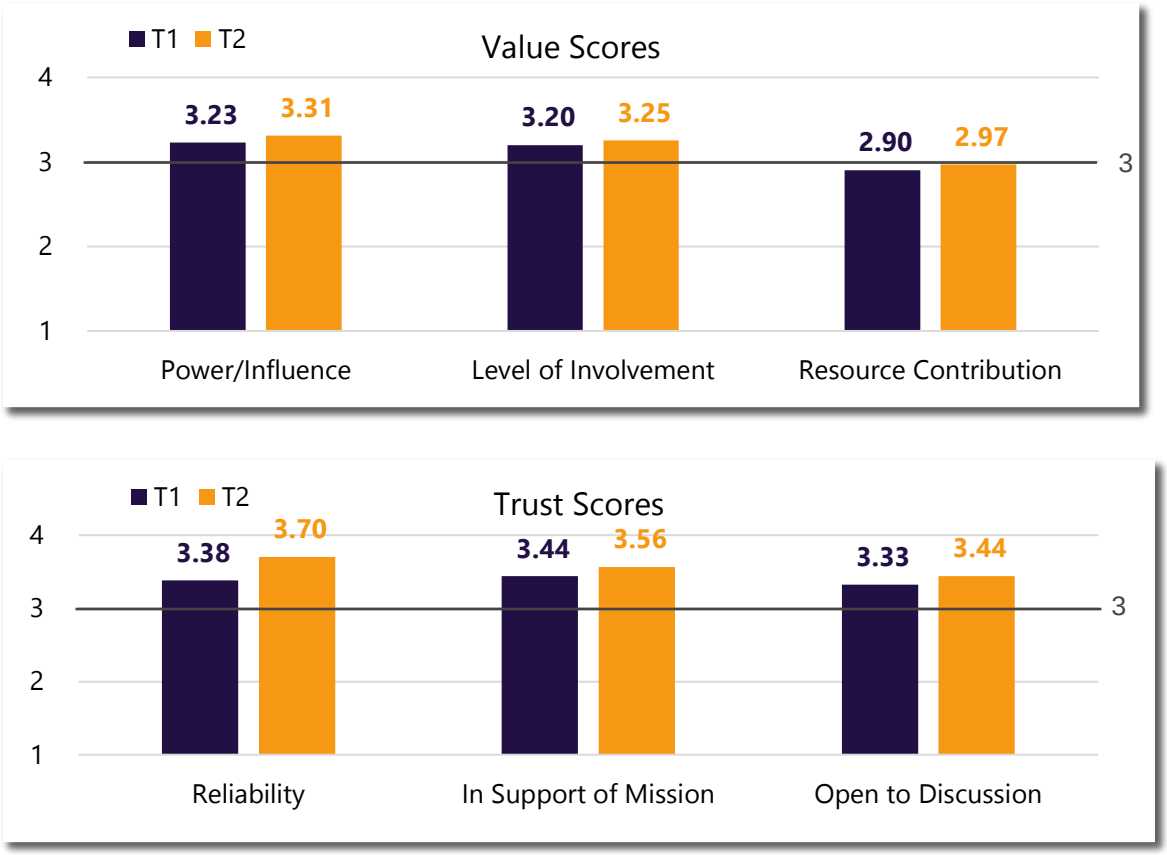
There was a decrease in the percentage of relationships at the *awareness level* and there were more organizational relationships where partners started to interact by attending meetings together and sharing information, as well as coordinating their services. The meetings and workgroups facilitated by LAUNCH Together increased knowledge of organizations throughout the community and allowed space for organizational leaders to interact and work together more. Fewer relationships reported at the integrated level in T2 illustrate the importance of balancing relationship intensity and decreasing the number of costly, more intense relationships that were harder to preserve. This could mean more organizations are working within their newly developed smaller networks (e.g. workgroups) and there are fewer organizations expending their energy and resources on the most intense relationships that might not be sustainable. This does not necessarily mean there are more silos within the network, but instead, smaller groups may be sharing information and resources more efficiently through a few main organizations in the network (e.g. Jefferson County Public Schools and Jefferson County Public Health. Overall, the intensity of relationships became more sustainable over time within the Jefferson County network.

Value and Trust in Relationships

The levels of value and trust that partners perceive to exist in network relationships are important in building and maintaining collaborative capacity. Understanding the perceived value of network relationships is important in leveraging the different ways in which members contribute to the network. Trust in inter-organizational network relationships facilitates effective information exchange and decision-making and reduces duplication of effort among groups that may have previously competed.

The survey measured value and trust between network partners using three validated dimensions for each concept. Survey participants assessed each of their reported relationships on these dimensions according to a 4-point scale, with 1 = Not at all, 2 = A small amount, 3 = A fair amount, and 4 = A great deal. Scores over 3 are considered the most positive. Figure 10 depicts the average value and trust scores in the network. Although, as previously mentioned, Jefferson County's network decreased their number of unique ties, the value and trust that existed between the ties they have increased over time.

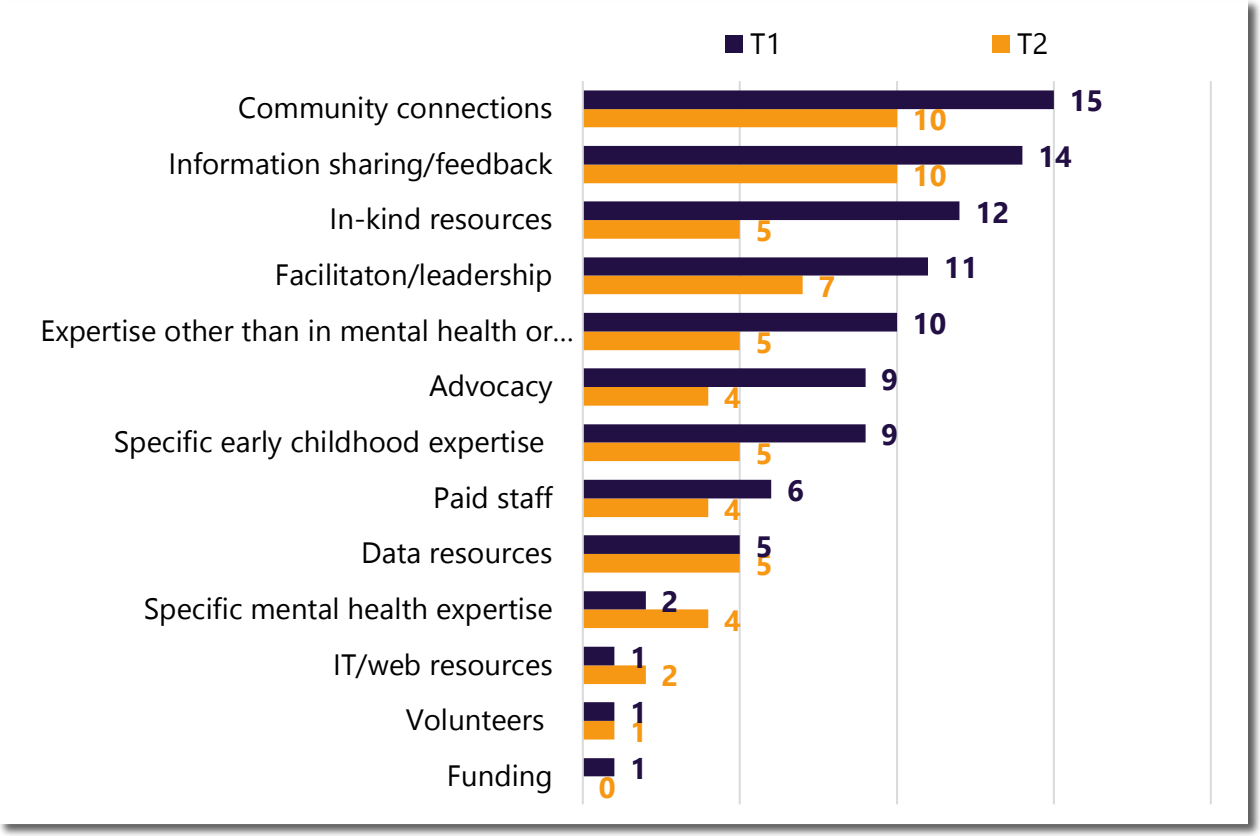
Figure 10. Jefferson County's Early Childhood Network's Value and Trust Scores



Resource Contribution

The network structure brings organizational members together to share expertise and information and provides members with access to the collective pool of knowledge and resources that now exists. Partners would not be able to perform their role in the community if they did not leverage the resources of all members. In both T1 and T2, most respondents identified community connections and information sharing/feedback as their most important contributions (see Figure 11). Organizations were not only able to offer connections to community members and other organizations, but also felt they could effectively provide information and feedback to better support those in the community.

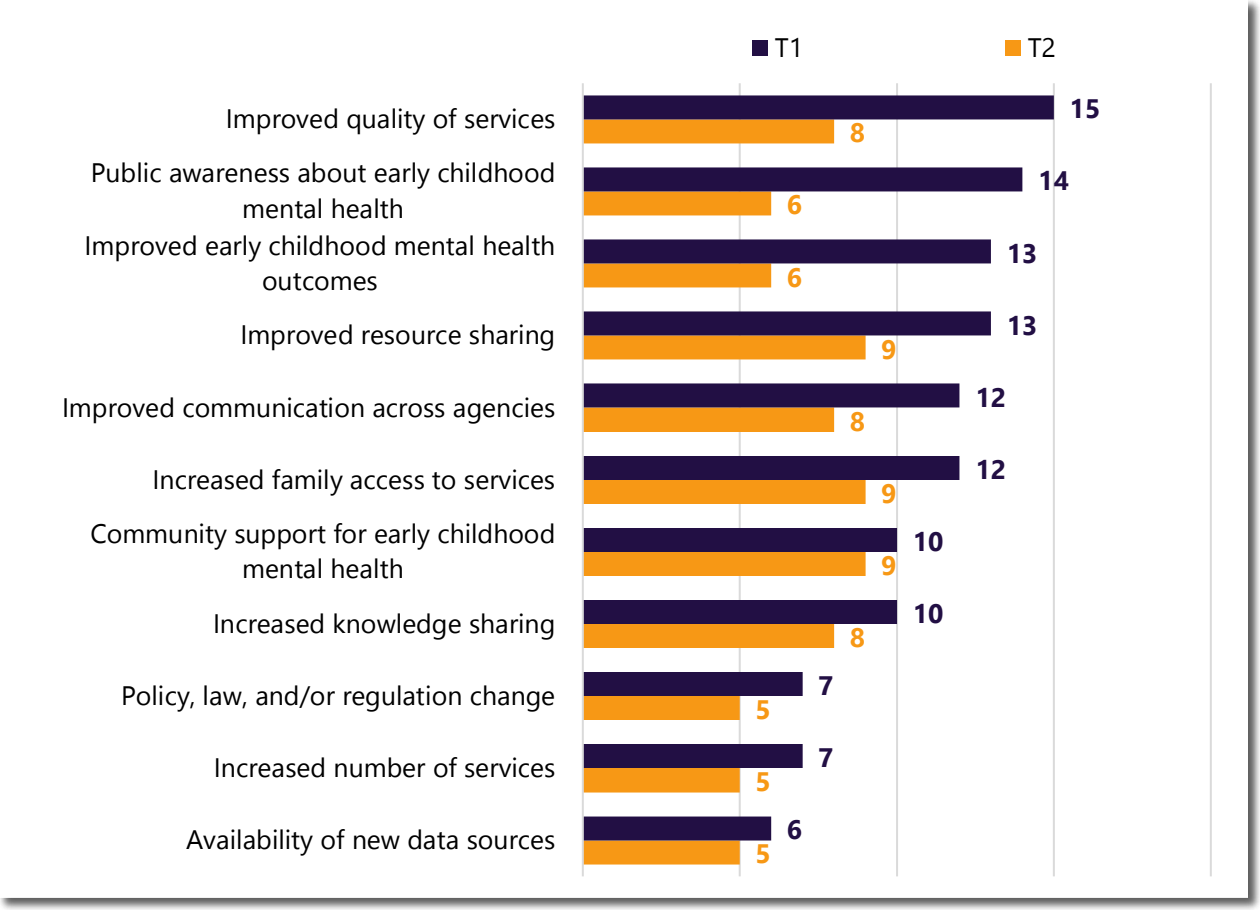
Figure 11. Organizational Contributions (T1 n = 15, T2 n = 10)



Outcomes

Having outcomes in mind while building and sustaining a network helps keep members accountable and adapt quickly if they are not achieving the outcomes they planned. Jefferson County focused on improving the services in their early childhood system and increasing equitable access for all families in the community. In T1, most respondents selected improved quality of services as the most important outcome. In T2, most respondents selected improved resource sharing, increased family access to services, and community support for early childhood mental health as the most important outcomes (see Figure 12). The pandemic may have impacted this shift in outcomes from quality of services to access to services and resource-sharing. Additionally, Jefferson County's early childhood network was hoping to build-on the LAUNCH Together work around public awareness and resource-sharing through the Bright Futures Roadmap, which may be why we see this shift in outcomes. Jefferson County's hard work paid off in that organizational members saw changes in family knowledge around early childhood mental health and more families throughout the community were accessing resources to support their child's mental health.

Figure 12. Community Outcomes to Advance Comprehensive Early Childhood Mental Health Systems (T1 n = 15, T2 n = 10)



Perceptions of Success

If the network cannot agree on what success means it is very difficult to be successful. From T1 to T2, the community's perception of success improved. A majority (60%) of the T1 respondents found the network to be "somewhat successful, "whereas a majority (70%) of T2 respondents found the network to be "successful" or "very successful" (see Figure 13). In both T1 and T2, respondents identified "exchanging information/knowledge" and "bringing together diverse stakeholders" as top aspects of the collaboration that contributed to the success (see Figure 14).

Jefferson County was able to bring providers from across sectors together, which led to an increase in the exchange of information and knowledge and contributed to the network reaching its LAUNCH Together goals.

Figure 13. Success at Reaching Goals Related to Advancing Comprehensive Early Childhood Mental Health Systems (T1 n = 15, T2 n = 10)

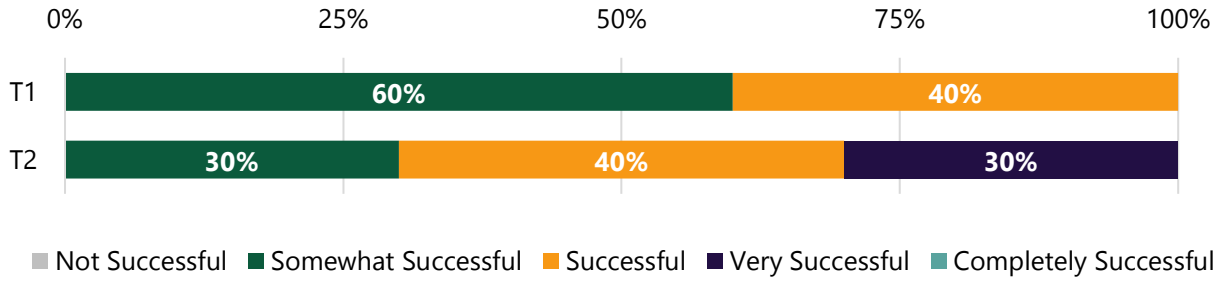
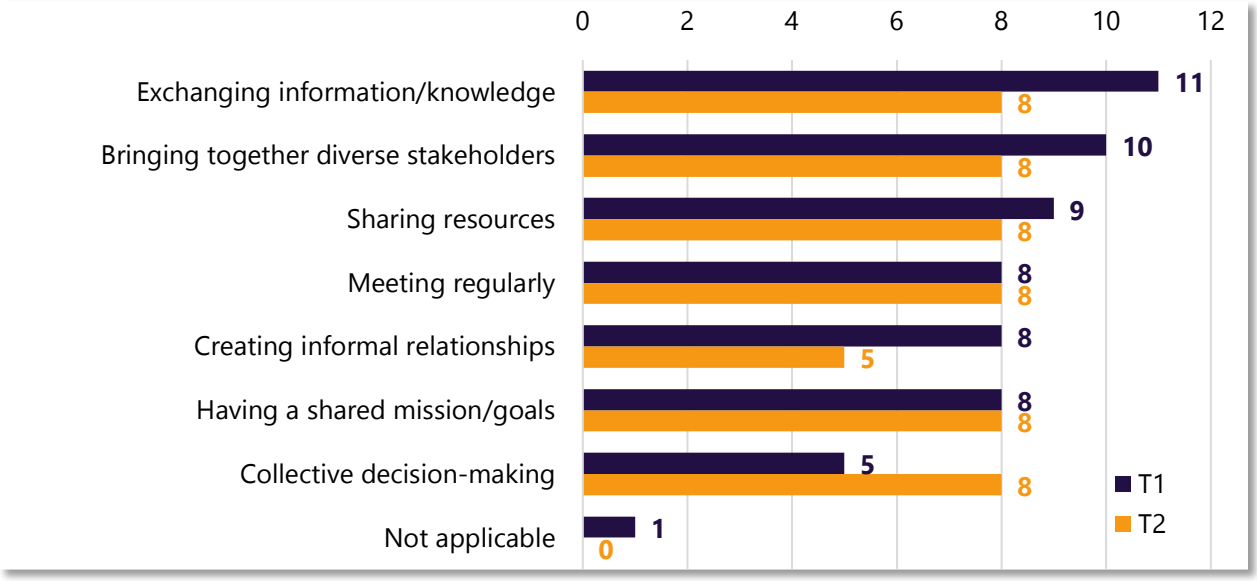


Figure 14. Aspects of Collaboration that Contribute to Success (T1 n = 15, T2 n = 10)



Jefferson County consistently engaged organizations and increased the value and trust that organizations have in each other over the five years of the LAUNCH Together initiative. Organizations started sharing more information and saw an increase in family access to services, as well as community support for early childhood mental health. Many organizations found the network successful at reached the goals they set at the beginning of the initiative and did so by sharing information/knowledge and gathering a diverse group of individuals to work on the initiative. Overall, Jefferson County's network was strengthened through the LAUNCH Together initiative, which will continue to support programs that serve children and families after the end of the grant.

Implementation of the Five LAUNCH Strategies

During the LAUNCH initiative, Jefferson County engaged 33 programs in its LAUNCH Together activities, with almost one quarter of programs participating in data collection all four years of implementation. All programs reported serving children less than five years old, while just under three-quarters served children five years and older (73%). Children were also the main recipients of services (61%) followed by parents and families (55%). In addition to program information, common indicator data across strategies was collected from Jefferson County programs participating in the initiative. This data can be found in Jefferson County 2020 Brief Appendix for all years (2016-2020) of the initiative.

Throughout LAUNCH Together implementation, the Jeffco community implementation team developed an implementation plan each year to guide their work. These plans included detailed activities to be completed in the pursuit of achieving the community's goals and objectives. Jefferson County's LAUNCH Together final (2020) implementation plan included the following five goals:

Goal 1. Ensure all families of young children have access to culturally and linguistically relevant integrated care (including a screening and referral process) that is affordable, effective, and readily available.

Goal 2. Increase sustainable capacity of childcare providers and align professional competencies across systems with fidelity in order to ensure consistent and sustainable high-quality care for young children in the target area.

Goal 3. Increase capacity of already-existing home visitation programs by (1) developing a coordinated system (or "canopy") of communication and referral and (2) delivering better family support using mental health support and 2-Gen strategies.

Goal 4. Use family-centered, family-directed, and culturally, linguistically, and spiritually relevant approaches to increase protective factors for families who are struggling with domestic violence, child abuse, drug use, unemployment, homelessness, and mental health and poverty issues and streamline available family strengthening opportunities.

Goal 5. Ensure awareness, education, and access to developmental and social-emotional screenings and appropriate resources are available to all families in the target area regardless of where they access the health care and early education systems.

To assess community implementation of activities that can lead to system-level changes, plans were coded based on an implementation continuum that was introduced in year one of the initiative (see Figure 15).

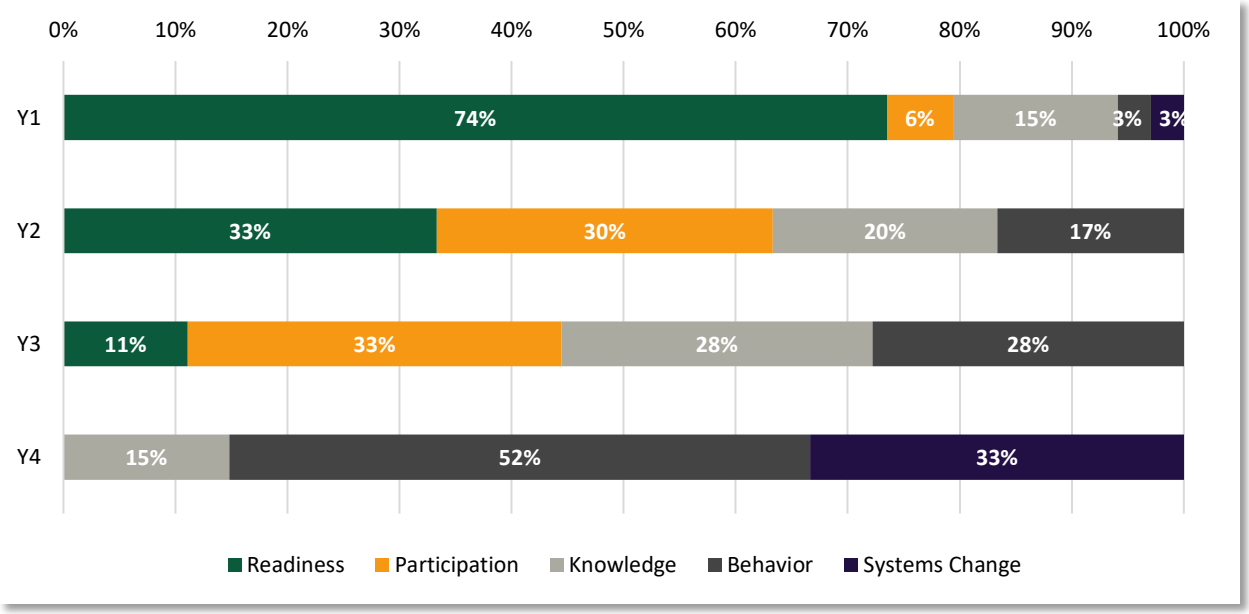
Figure 15. Implementation Continuum

The implementation continuum provides a framework for long-term systems change, including:

- **Readiness** to engage (e.g., identify primary care physicians [PCPs] in target area and conduct outreach)
- Then **participation** (e.g., gather information on PCPs' current assessment usage, referral protocols, barriers, and technical assistance [TA] needs)
- Leading to **knowledge** gain (e.g., provide training and TA on clinical best practices for early childhood social-emotional health screening)
- Then **behavior** change (e.g., improve clinical protocols and implement standard office procedures for early childhood social-emotional health screening)
- Ultimately resulting in **systems change** (e.g., increase ability to connect children and families to appropriate resources and supportive services)

The percentage of activities falling in each stage of the continuum was calculated for all activities. From year one through year four, there was a decrease in the number of activities focused on readiness and a moderate increase in activities aligned with knowledge and behavior change along with a growing number of systems change activities. (see Figure 16).

Figure 16. Progress Toward Implementation of Systems Change Activities



Key Strategy Areas

The LAUNCH Together initiative is based on the theory that widespread changes in children's social-emotional outcomes require strong community coordination of services within five key strategy areas. The impact of the Jefferson County LAUNCH initiative in each of these areas is explored below.

Screening and Assessment

Key features of the screening and assessment strategy include: use of valid screening tools and protocols; parent education regarding the importance of screening and screening results; referral to appropriate services, follow-up, and ongoing care coordination; training for providers on screening and assessment using valid tools; and systemic efforts to implement universal screening.

In Jefferson County, activities to support changes in screening, assessment, and referral included efforts to improve workforce knowledge and capacity across early care and education and primary care settings. Team members noted substantial progress in the community's efforts to streamline referral systems through their implementation of a screening and navigation pilot program between Jeffco Public Health, DDRC (Jeffco's Community Centered Board), and Jeffco Human Services.

Enhanced Home Visitation (EHV)

The enhanced home visitation strategy refers to the training of home visitors on the social-emotional well-being and behavioral health of young children and families. It may also include the integration of social-emotional and behavioral health screening into home visiting programs, the provision of reflective supervision and case consultation for home visiting staff, and the delivery of brief interventions, such as mental health consultation and crisis intervention, prior to a warm handoff for additional services and supports. Additionally, this strategy may also include increased coordination and information sharing across home visiting programs.

Enhanced home visitation was a primary strategy focus in the Jefferson County community. Fifty-two percent of LAUNCH Together reporting programs identified it as their focus strategy. Home visitors attended trainings and practiced reflective supervision, increasing their capacity and supporting their wellbeing. Interviewees highlighted the role of the LAUNCH initiative in connecting home visitation programs throughout the initiative. This aided in the implementation of streamlined referrals to and from home visiting programs. One interviewee shared:

> "The Home Visiting collaborative has been the space that has really allowed programs from different agencies that maybe tangentially knew one another but didn't know eligibility requirements, or the referral process, or any of those things, allowed all of us to really learn about one another and create shared resources. One of those things that we've done is create shared resources to communicate what home visitation is and how to decide what program is a best fit for a family to share with our providers. And then the other thing we're trying to push our home visitors to pilot [is] the Aunt Bertha navigation website, so we're all operating off of the same resource platform when we're looking for community resources like food, or housing, or childcare, or whatever. So that we're giving all of our home visitors the same resource; we're trying to level that playing ground for all home visiting programs."

Mental Health Consultation in Early Care and Education (MHCECE)

One of the core components of the mental health consultation in early care and education strategy is the use of a mental health clinician to build the capacity of providers, programs, and systems to foster children's social, emotional, and behavioral health and development. This strategy also includes observation of children and classrooms, classroom management support, and modeling and coaching as well as

screening and assessment to support the early identification of children with or at risk of mental health challenges. Additionally, mental health consultation in early care and education (ECE) may include referrals and follow-up for children and families to community-based services as well as training and staff development activities to build providers' knowledge of mental health issues in infancy and early childhood.

Mental health consultation in early care and education settings was another key strategy in Jefferson County, as 33% of programs reported data on this strategy. Activities to support changes in this strategy included efforts to improve workforce capacity through mental health consultation. Implementation team members spoke to the success of this strategy in their community. Specifically, the role LAUNCH played in helping expand capacity in a way that provides consultants with the crucial time needed to build meaningful coaching relationships:

> "[There is] a lot of time to be able to spend in programs …So, that helps [to] develop relationships and build trust before some of the direct coaching or making recommendations or helping them to align with the licensing rules and regulation…and I think that the time is so key because how much more receptive and vulnerable and willing to take risks teachers are is because they've developed a relationship first."

Integration of Behavioral Health into Primary Care (BHIP)

The integration of behavioral health into primary care strategy includes training on topics such as behavioral health, social-emotional development, and trauma as well as the use of developmental and social-emotional screenings in primary care settings. Additionally, this strategy may include the use of an infant/early childhood mental health specialist in primary care settings; referrals, follow-up, and care coordination with community-based services; and parenting support and health promotion activities.

Jefferson County's approach to BHIP as part of the LAUNCH Initiative included partnerships with Stride and Jefferson Center along with independent pediatric practices. According to implementation team members, these partnerships have been successful because they have "been able to leverage some of the existing partnerships." Even with those successes, the behavioral health in primary care strategy was consistently described as the most challenging LAUNCH strategy for Jefferson County to implement. Some reasons for this included billing issues, Medicaid management, provider turnover and engagement (at the organizational level and on the LAUNCH representation level), and the independence of clinics outside of larger systems.

One team member explained:

> "I think the biggest message around this strategy that is important to understand is that the behavioral health integration work exists kind of in its own landscape and that landscape is very complex right now at this point in time in our state and nationally and we, as an early-childhood focused community in Jeffco, do not have the capacity to approach all those hurdles in the most effective way with our current partnerships."

Family Strengthening and Parent Skills Training

The key features of the family strengthening strategy include: evidence-based parenting education and skills training; education to increase understanding of parenting and child development; support from program staff as well as peer-to-peer support among parents; linkages to services and resources to help improve overall family functioning; and building parents' leadership and advocacy skills.

Twelve percent of Jefferson County programs identified family strengthening as their primary strategy. Activities to support family strengthening approaches in the community included a variety of partners and approaches. Jefferson County authentically engaged community members in guiding their activities related to this strategy. For example, they hosted Share & Connect events that guided the creation of the **JeffcoFamiliesColorado.org** website and engaged families in their design of the Family Navigator pilot project. They worked toward the implementation of culturally responsive strategies and partnered with the Adelante network to connect with the county's Latinx population. Implementation team members did not speak specifically about individual approaches or collaborative efforts around family strengthening in interviews but did speak broadly about their knowledge of strategy-specific approaches and the importance of engaging families and prevention. One team member shared:

> "One of the biggest things is general family support. We can't have healthy, thriving babies and families if we're not providing families economic security, housing security, job security, and making sure that we actually have a sense of community. What we heard at our parent focus groups, from parents that all go to the same early learning center, is that they don't know each other, they don't talk to each other. They drop their kids off at six-thirty in the morning, they rush to work, they pick their kids up at six-thirty at night; they're tired, their kids are tired, they go home, and they're just really disconnected. So, I think we can talk all day about doing better screening and mental health, but that's still kind of

responding to a problem, versus really creating a community that's going to prevent a lot of these problems."

Workforce and Provider Capacity

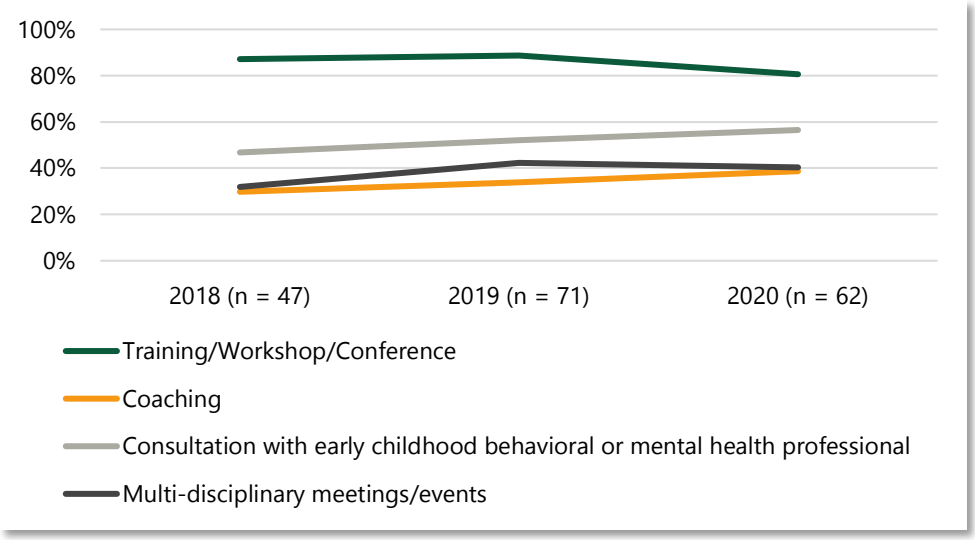
Jefferson County's LAUNCH Together initiative invested a great deal of resources and supports into their community's workforce. Across four years, 41% of Jeffco's implementation plan activities focused on workforce capacity in some way, whether it was identifying professional development needs, providing trainings, or offering consultation or reflective supervision support. Specific workforce capacity-building activities included:

- Support and expand embedded early childhood mental health consultants (ECMHCs) in early care and education centers in target area and beyond to engage in activities like observing children and classrooms, offering staff individualized strategies to promote children's well-being, providing classroom management support, and modeling and coaching.
- Embed mental health/social-emotional consultation and support for staff and clients of participating home visiting programs serving our target area. Consultant activities may include staff support around mental health issues encountered in client work, team-based consultation, individual staff consultation, and supported home visits.
- Continue and expand cross-agency reflective supervision groups for cross-disciplinary early childhood providers serving children ages 0-5 and perinatal women and families (early care and education (ECE) teachers, Jefferson County Mental Health (JCMH), Jefferson County Public Health (JCPH), Developmental Disabilities Resource Center (DDRC), Lakewood Head Start (LHS), Parents as Teachers (PAT)).
- Provide training as requested to cross-sector providers (e.g., Department of Human Services (DHS) child welfare caseworkers, Colorado Community Health Alliance (CCHA) Care Coordination teams, Stride coordination/navigation teams, Jeffco Schools preschool providers) on early childhood social-emotional health and development, trauma-informed care, parenting strategies and support, and other topics relevant to interdisciplinary work with young children and their families.

- Host trainings on evidence-based practices (e.g., trauma-informed care, 2-Gen model, Child Parent Psychotherapy, DC:0-5 training, Parent-Child Interaction Therapy, Theraplay) to increase the skills of cross-county clinical providers of intervention services to families in target population across community partner agencies.
- Provide education to early childhood providers on social-emotional development and use of Ages and Stages Questionnaires® (ASQ) and Ages & Stages Questionnaires®: Social-Emotional (ASQ:SE) as screening tools.

Providers received different types of supports across the initiative including trainings, workshops, conferences, coaching, consultation, and multi-disciplinary meetings or events (Figure 17). Trainings were the most accessed workforce support during the grant and were increasingly supplemented over time with coaching and consultation.

Figure 17. Workforce Supports Reportedly Received Between 2018 - 2020



Training

Across grant years, providers reported trainings improved their knowledge of social-emotional health for young children and positively shifted their behavior in daily practice. Jefferson County's team responded to this positive feedback by offering more trainings each year and reaching more and more providers (see Table 2). Jefferson County's LAUNCH team offered training opportunities to over 40 organizations, reaching providers across sectors and roles including medical and mental health providers, parent educators, home visitors, and public health providers.

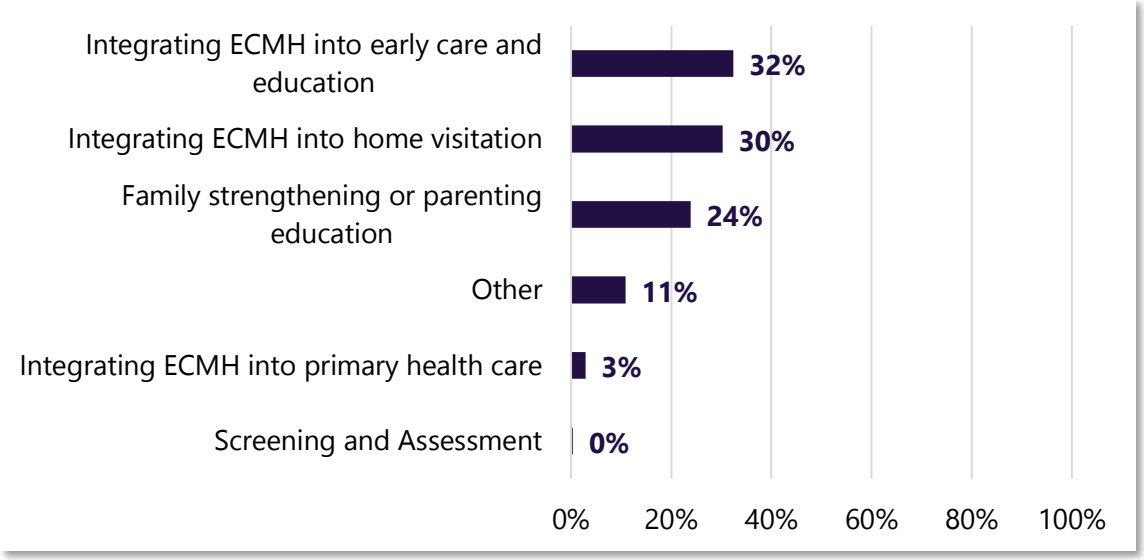
Over the years, relationships were strengthened with the department of human services, and several caseworkers participated in trainings in 2019. The system in Jeffco expanded and embedded more mental health consultants in ECE programs and trainings were accessed by not only ECE providers but also the mental health consultants that were now in their classrooms, making it easier to use the knowledge gained in the training and apply it in the classroom every day.

Table 2. Training and Participation Across Years

Year	Number of Trainings	Number of Training Participants
2017	3	51
2018	43	363
2019	59	663
2020	14	92
Total Across Years	119	1169

Across years, Jefferson County offered trainings that aligned with their identified needs during the planning stage of the grant and associated implementation activities. Most trainings focused on integrating early childhood mental health into ECE (32%) followed by integrating early childhood mental health into home visitation (31%; see Figure 18).

Figure 18. Focus of Provider Trainings (n=1181) [6]



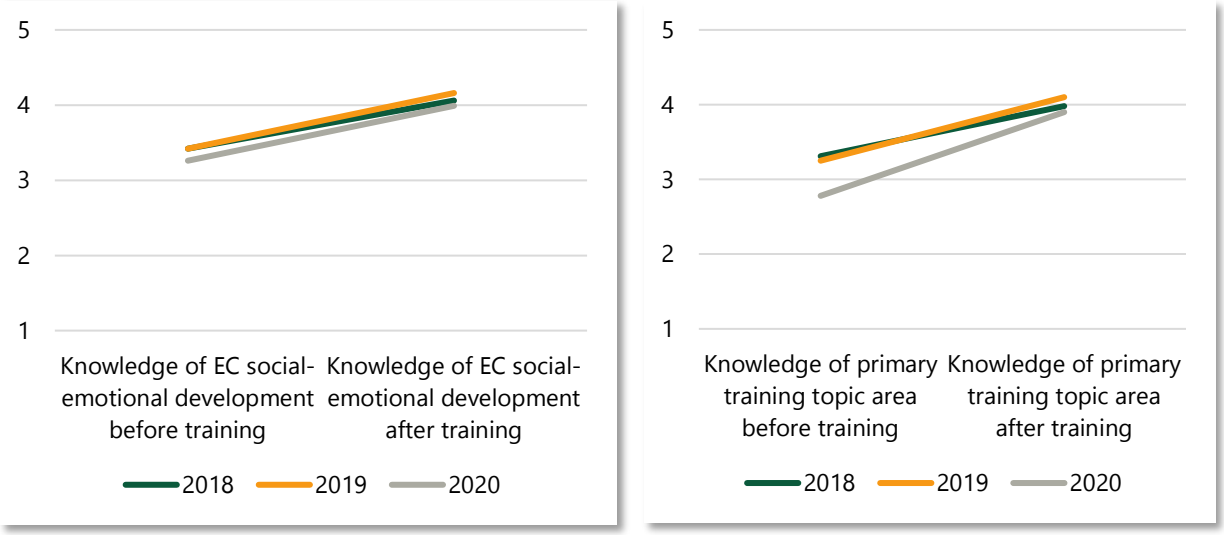
[6] On a scale of 1-5: 1 = did not improve practice at all, 5 = greatly improved practice.

Between 2018 and 2020 trainings were offered on a variety of topics and more than three-quarters of providers reported receiving at least one training focused on child development (82%) and early childhood mental health (78%). In 2018, several introductory courses like introduction to infant mental health and introduction to social-emotional health were offered. In 2019 and 2020, introductory trainings were still offered to providers, however more trainings built upon the introductory knowledge and focused on specific programs like Parents as Teachers (PAT), SafeCare, and Home Instruction for Parents of Preschool Youngsters (HIPPY). Providers were also offered the opportunity to participate in the Colorado Foundations in Infant and Early Childhood Mental Health training in 2019 and 2020, and 37 providers were able to attend. This training was a "huge lift toward helping providers think about or work toward CoAIMH endorsement." Some training topics were prevalent across years including mindfulness, trauma-informed care, and staff-supported self-care.

Jefferson County's team also implemented more diversity, equity, and inclusion trainings in the final year of the initiative as providers in previous grant years called attention to the need for more culturally responsive and inclusive practices in the early childhood system. One provider mentioned the impact a staff gender inclusiveness training had by explaining, "I think some of my staff left feeling a little skeptical…but then the other day I realized that one of the home visitors who had been really skeptical about this started using a signature with pronouns. I saw that as a huge shift… so being able to share her pronouns with the community and make others feel more included. I thought was a really big step. "More inclusive trainings are helpful in the community, but there is still work to be done, as a provider mentioned, "One of the things we continue to see that's lacking is mental health supports for the Spanish-speaking community." Strides have been made to engage the Spanish-speaking community in Jeffco across the four years of LAUNCH Together implementation, however, more workforce capacity-building is needed for providers serving Latinx and Spanish-speaking families.

Across all trainings, providers reported a change in knowledge before and after the trainings. Providers typically felt *somewhat* knowledgeable about early childhood social-emotional development and the specified training topic before the training (M = 3.4 and M = 3.21, respectively across all years), but after the training, increased to feeling knowledgeable about both topics (M = 4.05 and M = 4.04, respectively across all years). Figure 19 shows the change in knowledge over time, which has remained consistent across years. The largest increase was reported in 2020 regarding the change in knowledge of the primary training topic.

Figure 19. Training Knowledge Change Before and After Trainings



On the training survey, providers also reported a high expectation they would use what they learned in trainings in their daily practice, with a mean of 4.31 across years. On the annual provider survey administered in 2020, 100% of providers reported they would incorporate what they learned from at least one of the trainings they attended into their daily practice. Trainings provided on family health and well-being, early childhood mental health, and child development were particularly impactful as providers rated these as the top three training topics that improved their work (*M* = 4.07, *M* = 3.95, *M* = 3.92, respectively).[7] Providers found pregnancy-related mental health trainings least applicable, as only 57% said they would incorporate what they learned from those trainings into their practice in 2020.

Each year, providers reported the same challenges to attending trainings: time and location. In 2020, there was a necessary shift toward virtual trainings, which helped address those challenges. As mentioned above, providers still reported a level of knowledge change and intent to use the training in their daily practice that is consistent with previous years when more in-person trainings were offered. Currently, the safest way to deliver trainings is virtually, due to the pandemic, but these results show the promising potential of virtual trainings.

[7] On a scale of 1-5: 1 = did not improve practice at all, 5 = greatly improved practice.

Other Supports

On training surveys collected in 2018, a quarter of providers reported "individualized coaching" would help them integrate what they learned during the training into their daily practice. In the following years, LAUNCH funding helped embed coaches and consultants for more hours in several early childhood and home visitation programs. Figure 17 also illustrates this change, as more providers reported receiving coaching and consultation over implementation years. By 2020, the number of providers who reported the need for coaching fell by 4%. One provider shared:

> "The most helpful thing for our site has been the professional development that we've received through LAUNCH… LAUNCH has been instrumental in providing us with a mental health consultant and trainer that can come into our staff meetings and talk about these different things that we need such as equity and inclusion or talking about mental health and depression, screenings, substance use, things like that, concerns for our families."

In 2020, 100% of providers reported they would incorporate what they learned from coaching, reflective supervision, or other supportive technical assistance into their daily work on child development, family health and well-being, parent-child relationships, early childhood mental health, and family resources and support services. Individualized supports were impactful, and providers emphasized how reflective supervision in particular had been "useful on an individual level in my own practice and understanding of how to best support families with their unique children and situations." Another provider talked about how helpful reflective supervision compared to other types of supervision they had received during their career:

> "Most of the supervision I've received throughout my life has been me saying, 'Hey, there's this problem.' And the supervisor was like, 'Well, this is how it's solved, have you tried this?' And… not a lot of focus on what, for me, this problem is bringing up and why I felt the need to identify it as a problem for this supervision session. [Reflective supervision] is just a lot more practical as I found it to be a lot more therapeutic for myself and observing other reflective supervision, especially in this really unsettling time we live in, [it's] very validating to know that I'm not the only one having a difficult time at different points. It felt really personally enriching."

Providers also talked about the importance of partnerships with other programs and providers in the community. There were provider groups that either formed or strengthened through LAUNCH Together that helped improve provider knowledge and practice in the field of early childhood. The home visitation collaborative was highlighted as a monthly group for early childhood mental health consultants. One provider explained, "We do reflective supervision there as well as presentations and just general support and updates and things like that. They've been incredible because I am not consulting right now because there's physically no childcare for me to consult in when we can't open, but they have been super helpful in my training and learning process." Another provider explained how important it was to have a group of providers they can consult, especially during the pandemic:

> "Just having that [collaborative] group and that time to be able to say, 'Hey, this is what's happening with our program. What is your program doing?' I think just has been really powerful and supportive to be able to hear from other sites and get a sense of what else can we do for families during this time? I think that's a huge piece to it… But I would say just having that support group now that meets regularly to talk about those things has been the best for me and my side."

Providers also talked about the impact the Jeffco Families website has had on their work. In 2018, providers expressed their excitement about having a website that could act as a one-stop shop for early childhood resources in Jefferson County. In 2020, providers explained that over the years, and with more consistent use, the website helped them build their knowledge of resources offered in the community and was also a great resource for families. One provider explained the website offered "a better understanding of what is available in our community. And because I always want to make sure that things are as efficient as possible when referring families or trying to avoid overlap in services, that's been just super helpful to have those resources."

General Knowledge and Behavior Change

Both professional development and individualized supports have helped providers feel knowledgeable about a range of early childhood topics, and this knowledge has typically improved over the duration of the grant.[8]

[8] Rated on a scale from 1-5: 1 = Not knowledgeable at all, 5 = Very Knowledgeable

The only decreases in knowledge seen over time were in screening and assessment and pregnancy-related mental health, and each was a very small decrease (see Table 3.)

Table 3. Reported Knowledge of Early Childhood Topic by Year

Topic	Trend	2018 Mean (n = 45)	2019 Mean (n = 69)	2020 Mean (n = 62)
Child development	↑	4.07	3.93	4.11
Family health and well-being	↑	3.73	3.72	4.00
Parent-child relationships	↑	3.82	3.76	4.03
Early childhood mental health	↑	3.31	3.51	3.65
Cultural and linguistic responsiveness	↑	3.22	3.22	3.27
Screening and assessment	↓	3.42	3.29	3.39
Family resources and support services	↑	3.66	3.65	3.74
Collaboration across services systems and organizations	↑	3.24	3.38	3.55
Reflective practice or supervision	↑	3.00	3.32	3.37
Pregnancy-related mental health	↓	3.00	3.03	2.98
Integrating behavioral health practices into primary care	↑	2.82	3.00	3.10

Knowledge scores were high across all providers, however when the scores are analyzed across years by college degree attainment, there is a significant difference in knowledge; those who had obtained a college degree were more likely to report higher scores on knowledge across topics than those who had not obtained a college degree.[9] Trainings and individualized assistance greatly influence providers' knowledge and practice, but it is also important to support the continuing education of providers in the field who are interested in obtaining a college degree. This impacts not only providers but also the children and families with whom they work.

Overall, by strategy, providers felt they have gained knowledge and have been able to take that knowledge into their work (see Table 4). Between 2018 and 2019, behavior and knowledge change across all strategies increased among providers. There were decreases in 2020; however, most providers still reported higher means in 2020

[9] $t(174) = -5.293$, $p < .001$

compared to 2018, highlighting Jefferson County providers' resiliency during the pandemic.

Providers receiving mental health consultation reported the lowest scores in 2020, reflecting the change in the way mental health consultation was delivered in 2020 due to the pandemic. Providers were less likely to receive formal training from their mental health consultants and less referrals were made for families due to the decrease in days on-site.

Table 4. Knowledge and Behavior in Practice by Strategy[10]

	2018		2019		2020	
	N	Mean Score	N	Mean Score	N	Mean Score
Knowledge and Practice of:						
Screening and Assessment	44	3.53	68	3.69	57	3.62
Behavioral Health in Primary Care	5	2.63	6	3.68	5	3.51
Social-Emotional Health in ECE	10	3.35	19	3.50	15	3.55
Mental Health Consultation						
All Providers	20	3.20	28	3.24	21	2.91
Early Childhood Care Providers	6	3.88	8	4.11	n too low[11]	
Home Visitors	13	3.83	18	3.94	15	3.95

During the planning phase of LAUNCH Together, Jefferson County discovered that almost half of their community's needs were related to workforce development. During the implementation phase of the grant, Jefferson wasted no time developing the workforce through more than 100 trainings impacting over 1,000 non-exclusive participants. They listened to the providers' needs and responded with an expansion of embedded mental health consultants to provide more individualized support and provided more opportunities for those consultants to participate in reflective supervision.

[10] *Notes:* All scales are 1–5. Agreement scale: 1 = Strongly disagree, 5 = Strongly agree; Frequency scale: 1 = Rarely/never, 5 = Weekly; Ns for individual items are lower than the total number of survey participants, since participants only answered questions related to their area of focus.

[11] To protect confidentiality, results are not reported for samples sizes (n's) less than 5.

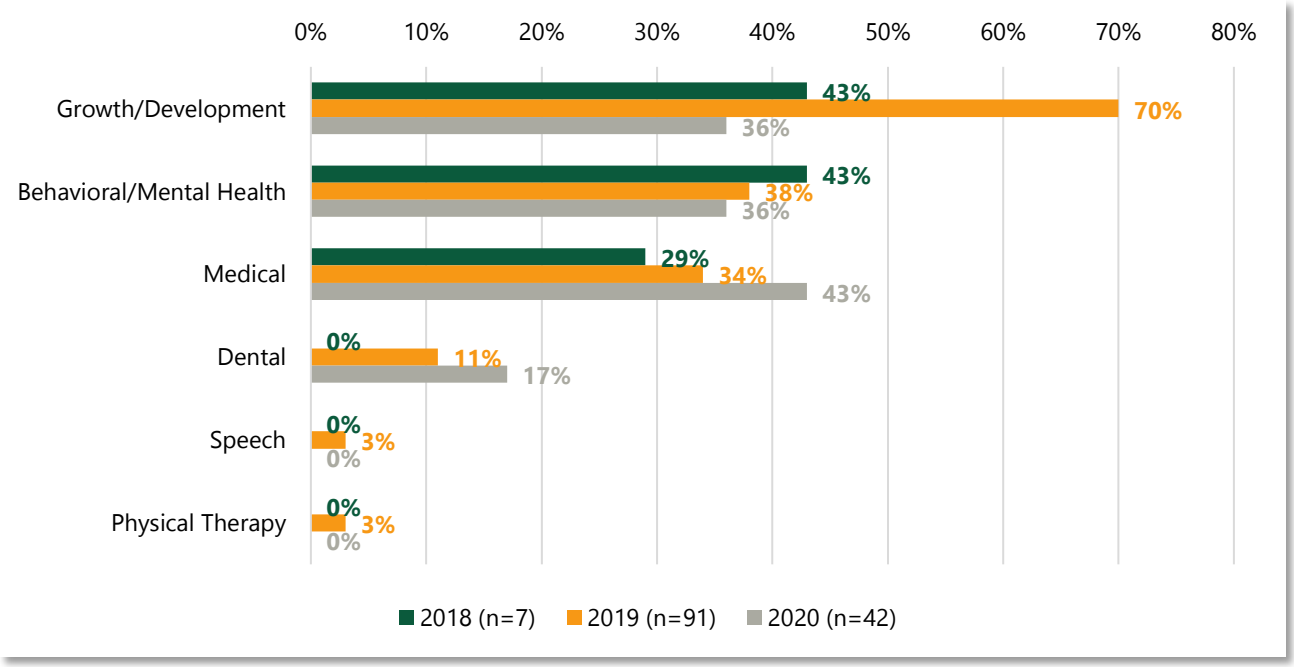
They connected the workforce through collaborative groups that have helped a great deal during the pandemic. These supports improved provider knowledge and behavior and positively impacted their interactions with children and families.

Families' Experience of a Coordinated System

LAUNCH Together, Jefferson County worked to increase coordination and collaboration across partners and service providers in their community, provide a variety of services within the five LAUNCH Together strategy areas, and develop workforce capacity in order to impact families and children in their communities.

Families in the community who were connected to providers in the system were asked about their referral experience. Families who received referrals were mostly referred for services relating to their child's growth and development followed by referrals for behavioral or mental health concerns and medical referrals (see Figure 20).

Figure 20. Types of Referrals Received by Survey Respondents[12]

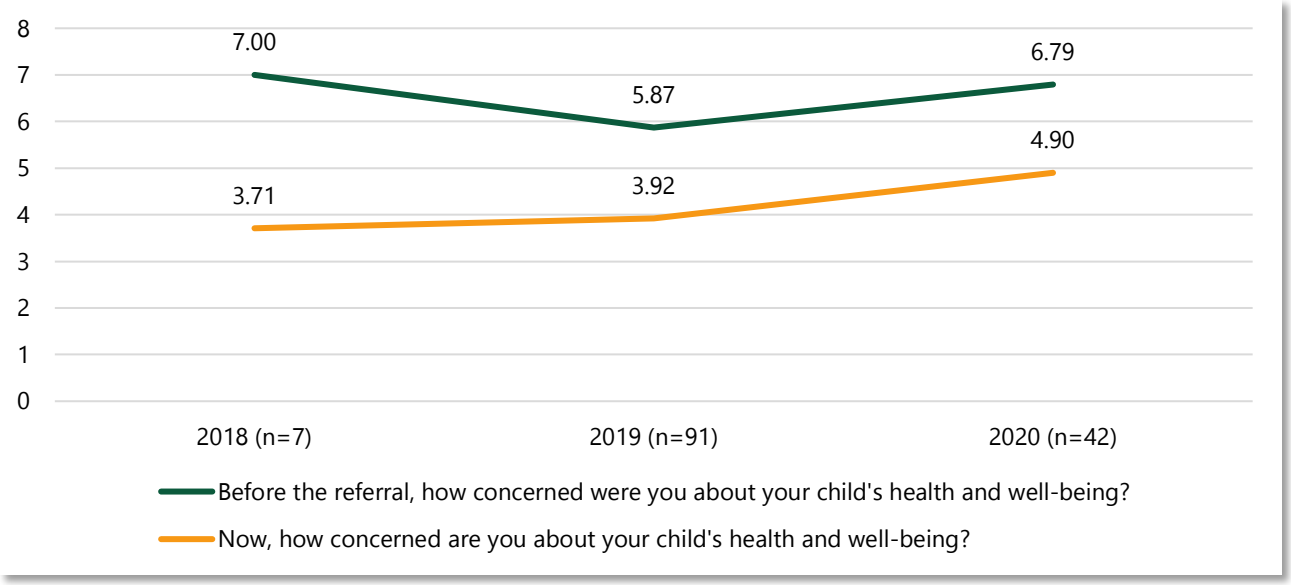


[12] Source: Annual family survey

Every family who received a referral for their child reported on their experience with those referrals, except for five families in year 3. On a scale of 0–10 (0 = not at all; 10 = completely), families whose child received services in year 3 reported that the referred service helped their child almost completely with the problem or concern (M=8.43), a somewhat consistent trend with previous years (both years M=9.33.) On average, family members reported on a scale of 0–10 (0 = not at all concerned; 5 = somewhat concerned; 10 = extremely concerned) that they were more than "somewhat concerned" in year 3 (M=6.73), year 2 (M = 5.87), and year 1 (M=7.00) about their child before the visit that led to their child's referral. After the referral, they reported that their concern had fallen by around 2 points in year 2 and 3, on average, with a more significant drop of 3 points in year 1 (see Figure 21). During interviews families also shared that getting the referrals they needed helped alleviate their concern. As one parent shared,

> "I felt like it was a good point of direction. I think that without those referrals, I wouldn't know where to go or what to do, or even what to say."

Figure 21. Family Concern About Child Pre-/Post-Referral



Additionally, across all 3 years families felt that referrals were explained (93%), and 90% received the referred service (see Table 5).

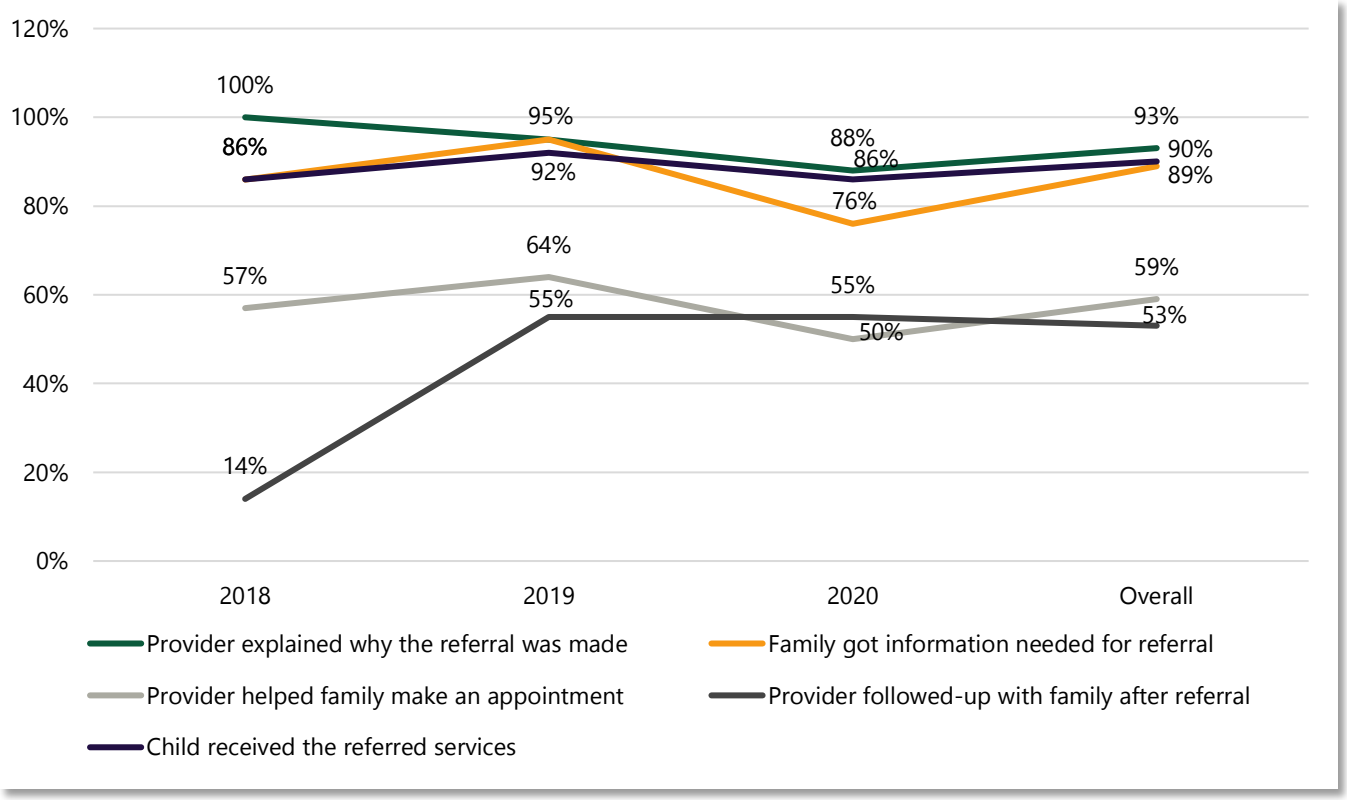
Table 5. Family Experience With Referrals[13]

Experience	***(n=140)***
Provider explained why the referral was made	93%
Family member got all the information needed to follow-up on referral	89%
Provider making the referral helped family member make an appointment with the referred service	59%
Provider, or someone who worked with them, contacted family member at a later time to see if they had any problems getting referred service	53%
Child received the referred service	90%

Looking across grant years, families' experiences remained mostly consistent. The most notable increase was in providers following-up with families after the referral with a 41% increase between 2018 and 2019 and no change between 2019 and 2020 (55%) despite the challenges of the pandemic (see Figure 22). There were several changes in the Jefferson County early childhood network that could explain the increase in provider follow-up. The home visitation collaborative improved relationships between home visiting organizations and informally closed referral loops. The community also implemented the Early Navigation Pilot Project and Aunt Bertha platform in 2018 and 2019, which made it easier to close the referral loop.

[13] Source: Annual family survey

Figure 22. Family Experience With Referrals 2018-2020



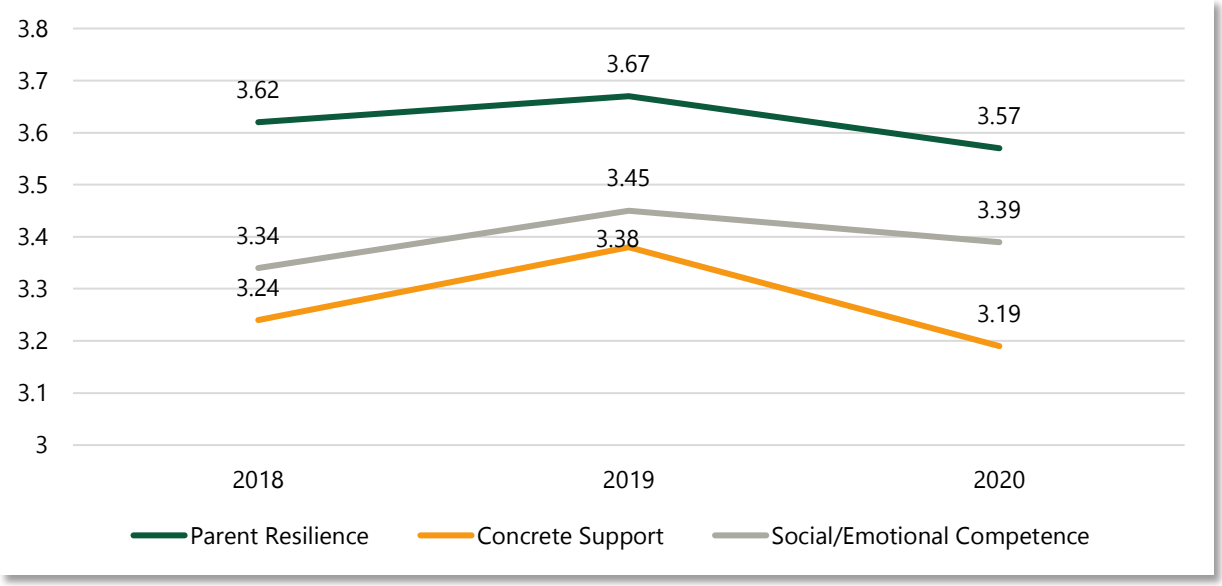
Parenting Practices and Children's Social-Emotional Well-Being

Using the annual family survey, families assessed their strengths by answering questions from the Parents' Assessment of Protective Factors (PAPF). The PAPF assesses parent resilience, concrete supports, and social-emotional competence (see Table 6). Across all three years, families rated themselves highest for parent resilience followed by social-emotional competence. The lowest ratings were for concrete supports (see Figure 23).

Table 6. Protective Factors Constructs From Annual Family Survey

Construct	Sample items	Scale
Parent resilience	"I feel positive about being a parent/caregiver." "I manage the daily responsibilities of being a parent/caregiver."	1 = Never to 4 = Always
Concrete support in times of need	"I don't give up when I run into problems trying to get the services I need." "I know where I can get helpful information about parenting and taking care of children."	1 = Strongly Disagree to 4 = Strongly Agree
Social-emotional competence	"I play with my child when we are together." "I stay calm when my child misbehaves."	1 = Never to 4 = Always

Figure 23. Protective Factors Constructs From Annual Family Survey



During family interviews, parents and guardians also spoke about the ways they learned to support their children's social-emotional well-being as well as the resources that are helping their own mental health through home visitation. According to one parent:

> "I have Nurse Family Partnerships. I have been working with [a home visitor] since I was pregnant and she still helps me with stuff like learning about pregnancy and learning about what to do while you're pregnant. Now I've had [my child] I'm learning about postpartum recovery and her development."

All advances in service coordination resulted from Jeffco's responsiveness to families' needs and close collaborations between community partners. Through coordinated efforts, Jeffco partners have created a system of mental health and family support services that help families thrive. As one parent said when asked how the referrals have impacted her family:

> "I have addiction and I'm in recovery. I've been sober a year now, my biggest challenge is trying to get my kids emotional needs met and that's kind of like why I had to turn to professional… It really has changed my life. My oldest now can process emotions and talk about them and we can work through them together. It just made a really great impact on me and my family."

CONCLUSION

Jefferson County has completed the last year of the LAUNCH Together initiative in an unprecedented time. Because of the LAUNCH Together initiative the Jefferson County community:

- Increased understanding of the community's services and systems in early childhood mental health
- Increased and strengthened connections among community system partners
- Established a strong, shared vision for partners focused on strengthening early childhood social-emotional development
- Increased professional education and workforce capacity across organizations
- Implemented a family engagement approach that strengthens families and has begun to include their voice in the design of the system.