LAUNCH together

Community Evaluation Report: Pueblo County

Denver, Colorado

Prepared by

The Butler Institute for Families, Graduate School of Social Work

University of Denver

1864 UNIVERSITY of DENVER

BUTLER INSTITUTE FOR FAMILIES
Graduate School of Social Work

ACKNOWLEDGEMENTS

Butler would like to thank the LAUNCH Together philanthropic partners, including the **Buell Foundation**, **Caring for Colorado**, **The Colorado Health Foundation**, **Community First Foundation, Kaiser Permanente**, **The Piton Foundation**, **Rose Community Foundation**, and **Zoma Foundation** for the opportunity to partner as the initiatives evaluator. We would like to thank our partners at **Early Milestones Colorado** for their ongoing support throughout the initiative. Butler would also like to thank the Pueblo County LAUNCH Together community partners, families, and stakeholders who provided data and shared their stories.

RECOMMENDED CITATION

Westinicky, A., Longworth-Reed, L., & Holcombe, M. (2021). *LAUNCH Together Community Evaluation Report: Pueblo County*. Butler Institute for Families, University of Denver.

For more information regarding this evaluation, contact Laricia Longworth-Reed, Laricia.Longworth-Reed@du.edu or (303) 871-4099.
Please visit the Butler Institute for Families website at socialwork.du.edu/butler

TABLE OF CONTENTS

EXECUTIVE SUMMARY

In Pueblo County, a diverse collaboration of child-focused leaders has been changing deep-rooted stigma about mental health, building a common understanding of the importance of social-emotional development, and creating a seamless process for families to access critical services. LAUNCH Together Pueblo County facilitated collaboration across health and mental health, early childhood, and family supports to strengthen local infrastructure, streamline services, and increase knowledge about early childhood mental health. Final evaluation results show:

- Pueblo County has facilitated increased cross-sector collaboration and communication, with an emphasis on the quality and nature of the collaborations.
- LAUNCH Together Pueblo served as a catalyst for formalizing connections and convening stakeholders to develop a shared vision, increase understanding of services and systems, and build commitment and capacity.
- Partners in Pueblo cultivated strong-shared vision and were able to move beyond understanding of services to coordination of services because of trust and relationship. Most importantly, their efforts took time and were greatly facilitated by the resources contributed by the LAUNCH Together grant.
- Pueblo trainings reached over 944 participants during the LAUNCH Together initiative.
- LAUNCH Together Pueblo helped improve the community's workforce capacity. Providers who attended trainings reported increased knowledge post-training every year of the initiative. Practitioners who received supports through mental health consultation reported increased competency and the intent to use new knowledge in practice.
- LAUNCH Together Pueblo facilitated and in some cases directly funded positions in the community, including mental health consultants and coaches.
- Families who interacted with LAUNCH Together Pueblo partners and providers reported increase ease in accessing services, that they 'received needed support and information', and 'felt able to follow-up on referrals.

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

Community

This report focuses on the LAUNCH Together activities of Pueblo County. Pueblo is a mixed urban-rural county located in southern Colorado and is home to 168,424 people, where children under age 5 make up 5.7% of the population.[1] Pueblo is multicultural with a large population of multi-generational Latinx families. The county's main hub is the city of Pueblo, which provides a variety of early childhood services to the area. For the purposes of the LAUNCH Together initiative, Catholic Charities of the Diocese of Pueblo is the lead agency for the Pueblo grant.

COVID-19

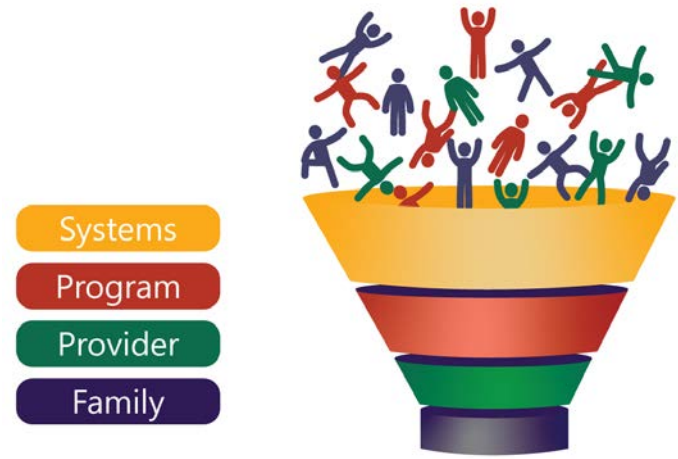
The COVID-19 pandemic emerged during the final year of the LAUNCH Together Initiative, and it is important to understand the significant impact the pandemic has had on the LAUNCH Together communities' services implementation and evaluation participation. As Governor Jared Polis issued a state-of-emergency 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 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.

[1] U.S. Census Quick Facts: https://www.census.gov/quickfacts/fact/table/pueblocountycolorado,CO/PST045219

METHODOLOGY

The evaluation used a mixed-methods approach to explore outcomes 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 the same with 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		✓	✓	
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 (2020). 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. Due to the decision to eliminate common indicator data requirements in the final year, common indicator data is not presented in this report, but available data can be found in Pueblo County 2020 Brief Appendix. Additionally, some communities experienced a decrease in the number of respondents who participated in other evaluation elements such as Annual Provider Surveys and Annual Family Surveys in 2020. 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. Across the initiative, Pueblo's implementation team for LAUNCH Together remained fairly consistent, engaging the same eight organizations across years. To understand the level of collaboration 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 Pueblo County demonstrate strong collaboration, with average scores on the three collaboration constructs falling between 4 (agree more than disagree) and 6 (strongly agree).

Figure 3. Hicks-Larson Collaboration Survey Results

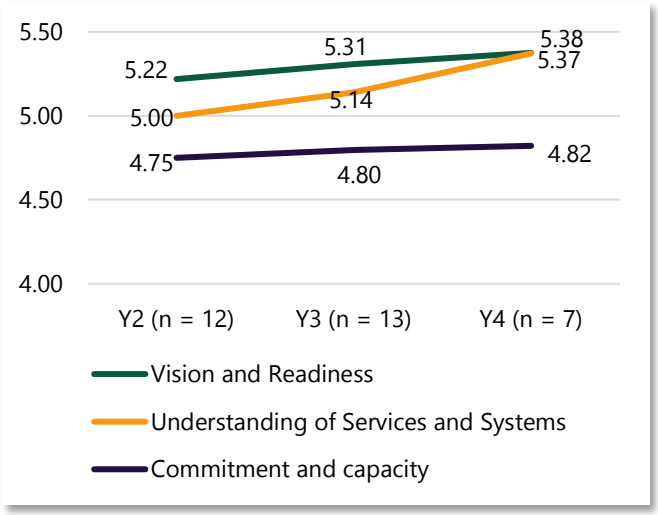


Figure 3[2] shows the average scores between 2018 and 2020 on the three collaboration constructs, which include (1) community vision and readiness to participate in the LAUNCH Together initiative; (2) community understanding of relevant services and systems; and (3) community commitment and capacity to participate in the initiative.

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

The lowest mean scores are on commitment and capacity; however, they have steadily increased over time, 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 have also increased overtime.

Local Lesson

SYSTEMS CHANGE REQUIRES FOCUSED AND SUSTAINED EFFORT.

During focus groups with the Pueblo implementation team, members emphasized how crucial it is to understand the services in the community and that understanding only happens when relationships are established. One team member shared, "Sitting down, having meetings with one another, getting to know who that agency is, what they have to offer, as well as who the people within that agency are, is important, so that you're feeling comfortable with referring that agency out." Implementation team members mentioned building relationships and developing trust on numerous occasions throughout the initiative, with team members drawing attention to the difference between awareness of partners in the community verses working collaboratively in partnership. Team members highlighted that a shared collaborative endeavor, where system partners are working in a highly integrated way, leads to the greatest impacts. One team member said:

> "Relationship building, trust, time, getting to know each other, [and] getting to know programs [lead to the greatest impacts]. This is not just true in Pueblo, it's true other places as well. There's an assumption always made about them, no matter what program, no matter what person. We get to know, and actually understand, 'Oh, that's what they do. Okay, now I understand it.' That's been really key."

Partners were able to develop these relationships and foster trust because of the time provided through LAUNCH. One team member shared: "What this has done is created an elongated time for people to sit down, to learn, to be able to understand points of view that allowed the building of trust, and allowed the long-term relationship to develop, where normally it would have only been a project relationship. This has really

engendered that long-term relationship." Most importantly, implementation team members noted that these relationships do not just connect partners and service providers to each other but also lead to family connections. According to implementation team members, these relationships facilitate connections to resources throughout the system. In the past, family-serving agencies and organizations may have been aware of various programs and resources but now they actually connect families with services that are right for them, and there is trust and confidence that the families will receive what they need. One implementation team member shared:

> "I think it's much stronger now than it was in the past. Yeah, we know we could call up Health Solutions, but now we call on each other. If there's something going on, I can call up now and say, 'Hey, I know you do this and I need this.' Or I can call up the Health Department and say, 'Oh, I was at a program and one of the parents attending has a child there and is addicted to drugs. Can you give me these resources?' Where before, yeah, you looked and you would say, 'This is available and that's available.' But now you actually have that... relationship with the agencies that, 'Sure. Call on me anytime.'"

These results highlight the importance of multi-year grants that allow time to clearly define the community's vision and understand the multitude of programs and services offered in a resource-rich community like Pueblo.

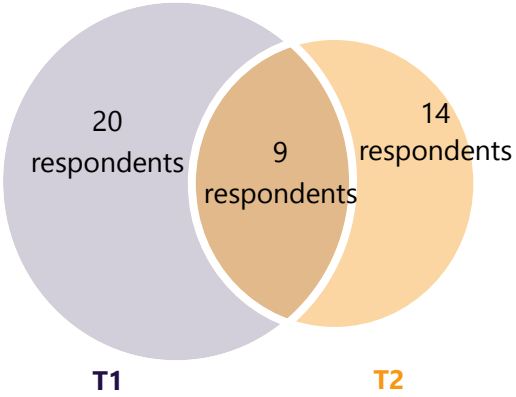
PARTNERships

In 2017 (T1) and 2020 (T2), a Social Network Analysis on Pueblo 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[3] analyzed and reported the following data from the PARTNER tool on Pueblo County's early childhood network. A portion of the analysis are presented here. For more information, refer to VISIBLE NETWORK LABS' full report here.

[3] 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.

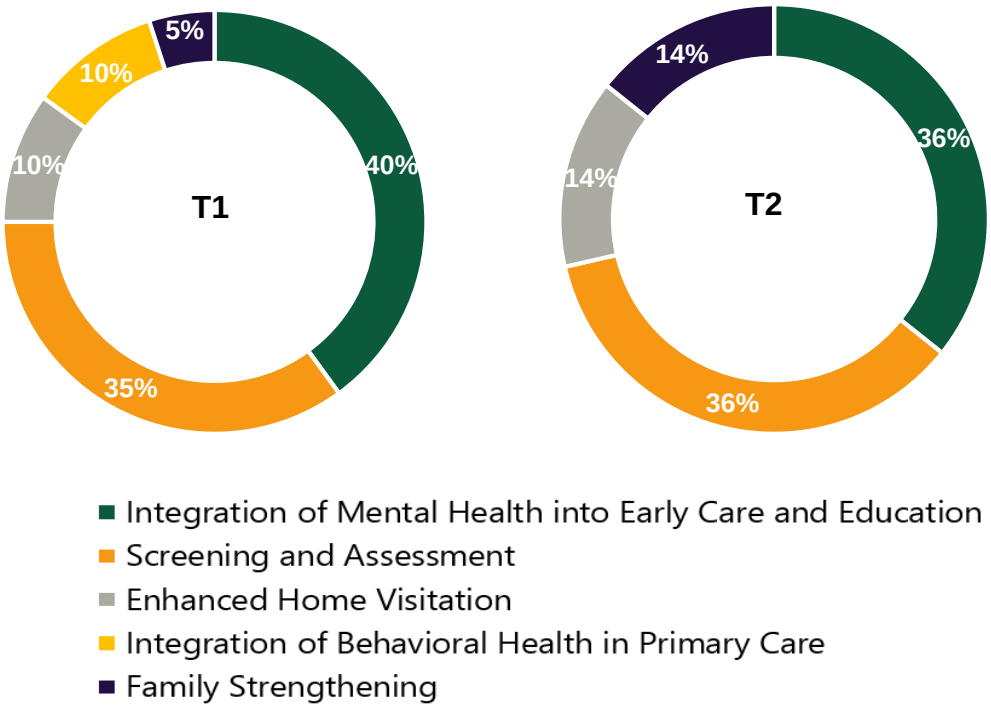
The T1 Pueblo County network was made of 22 organizations across five distinct groups and the T2 network was made of 19 organizations across four groups. Over 90% of the network completed the survey in T1 and almost three-quarters of the network took the survey in T2. Ten organizations took the survey at both timepoints (see Figure 4).

Figure 4. Survey Respondents by Year



The largest groups of respondents were organizations that focused on the integration of mental health in early care and education and screening and assessment, however, the organizations in the network touched on each of the five strategies. This diverse set of partners from many sectors demonstrates a cross-sector collaborative initiative (see Figure 5).

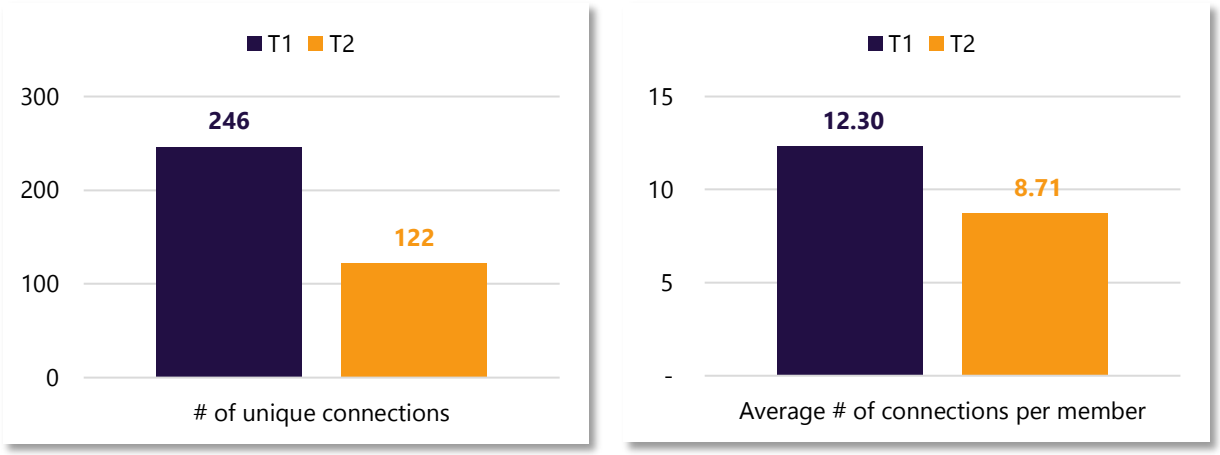
Figure 5. Types of Participating Organizations Across Timepoints



Connections

From T1 to T2, there was a 50% decrease in the total number of connections between respondents. The average number of connections per member decreased from 12.30 to 8.71 (see Figure 6). Decreases are not always negative and may in fact represent Pueblo's shift toward sub-networks and organizational groups that have fewer connections but have strong relationships within their group. For example, organizations involved in the Developmental Screening Workgroup may have strong ties within the workgroup and fewer or weaker ties outside of it.

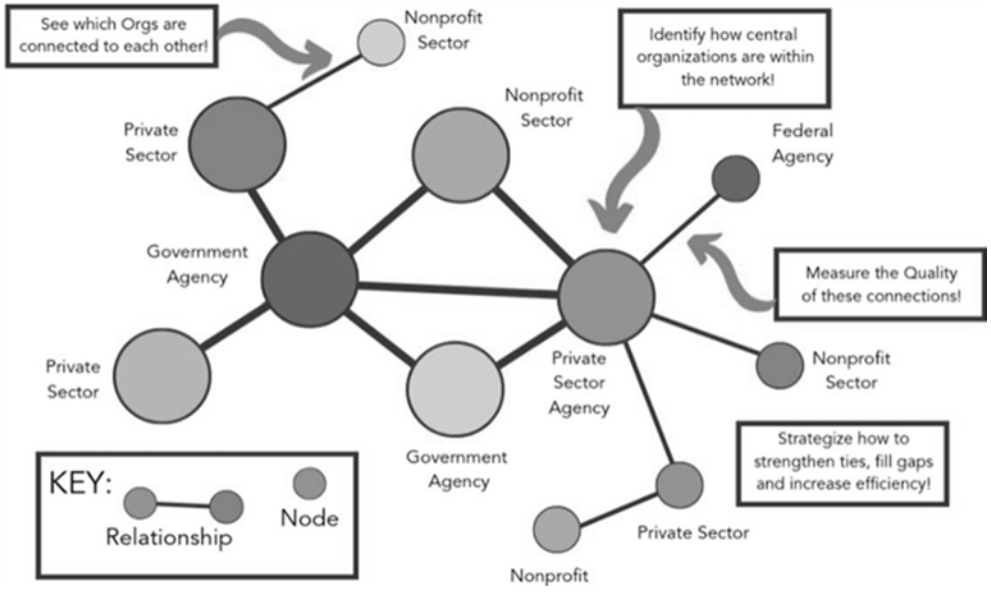
Figure 6. Pueblo's Early Childhood Network Scores



Network Maps

Social network maps of Pueblo 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 (shows all reported relationships). Nodes are colored by partner organization type. The size of the node shows which organizations have the greatest number of connections (they are larger).

How to Interpret a Network Map



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.

In 2017, 53% of all the possible connections in the network were reported, while in 2020, the network had 36% 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 with other organizations throughout the network and would be considered key players in the Pueblo's early childhood network. The network in Pueblo 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.

Figure 8. Pueblo's 2017 Early Childhood Network

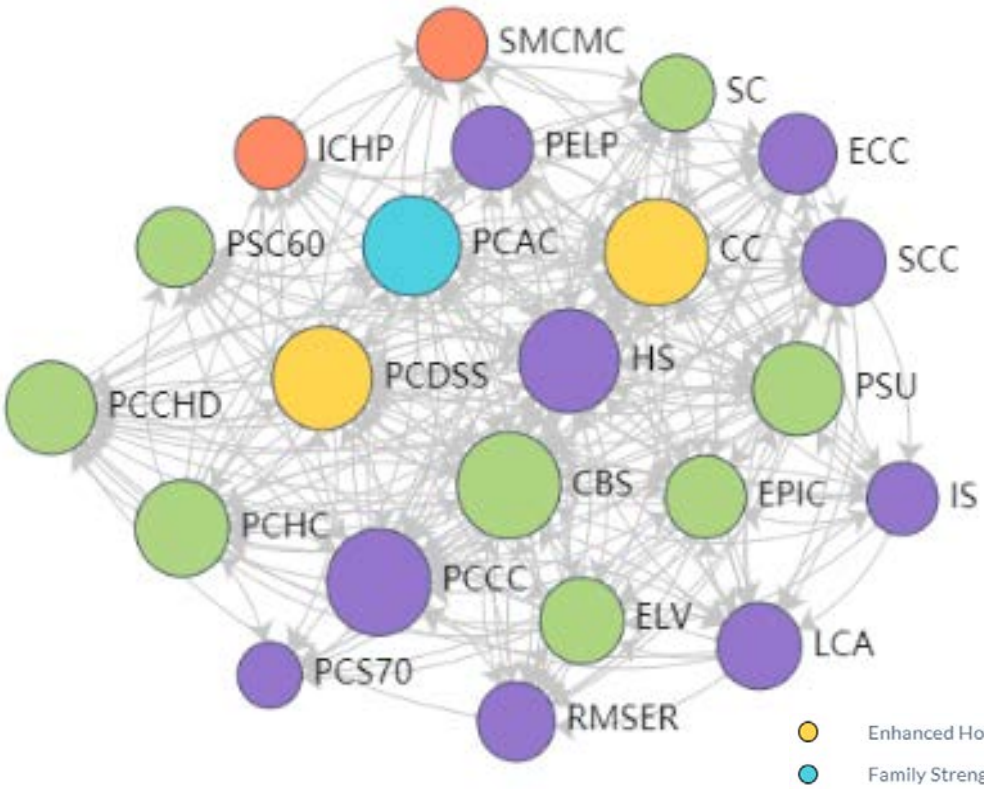
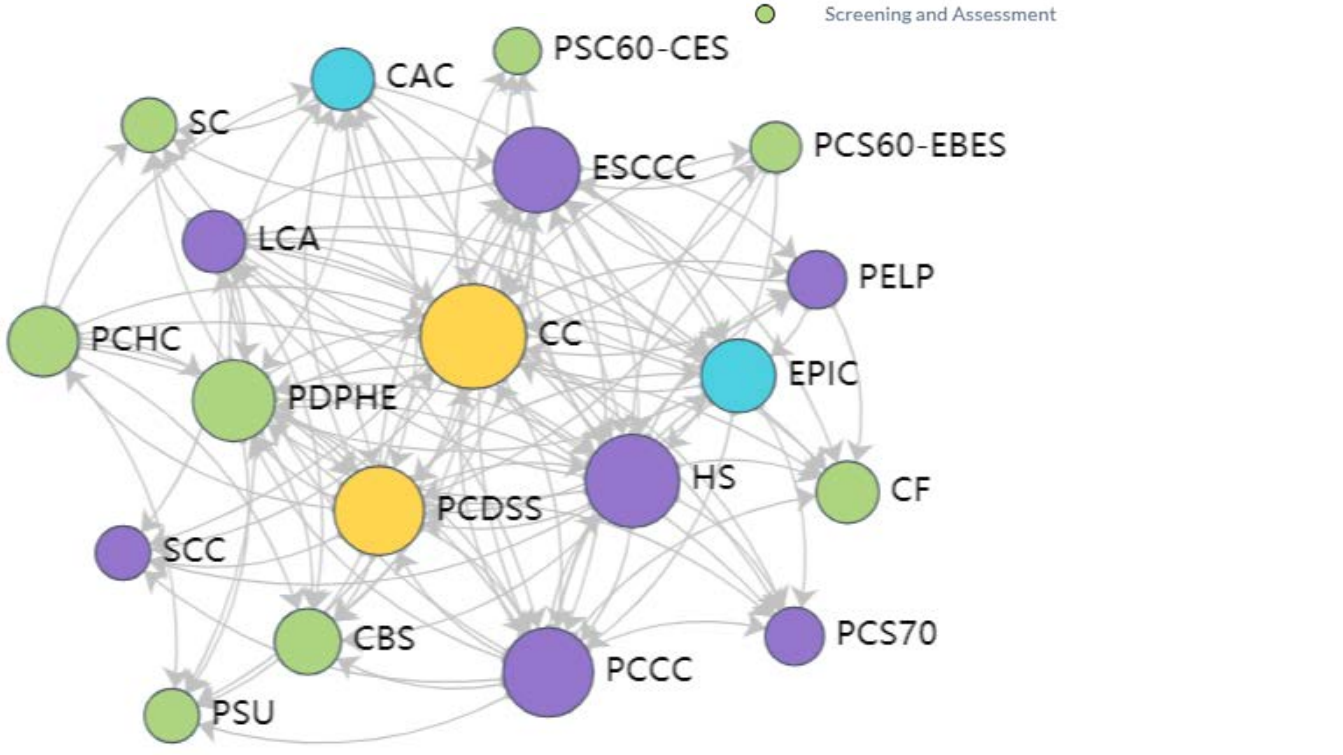


Figure 7. Pueblo's 2020 Early Childhood Network

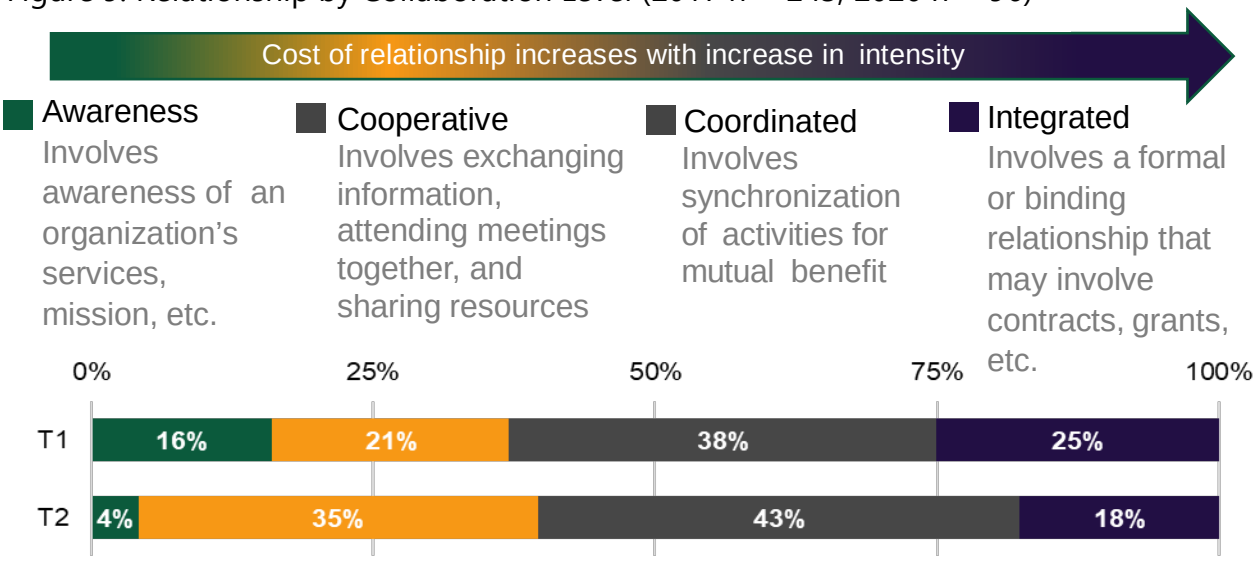


The key players in both 2017 and 2020 included: Catholic Charities (100% connected), Health Solutions (95% and 83% connected, respectively by year), Pueblo Community College-Children First/Early Childhood Council (100% and 78% connected, respectively by year), and Pueblo County Department of Social Services (95% and 78% connected, respectively by year). This 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.

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 shares of relationships at the awareness and integrated levels decreased, while the shares of relationships at the cooperative and coordinated levels decreased (see Figure 9).

Figure 9. Relationship by Collaboration Level (2017 n = 243, 2020 n = 96)



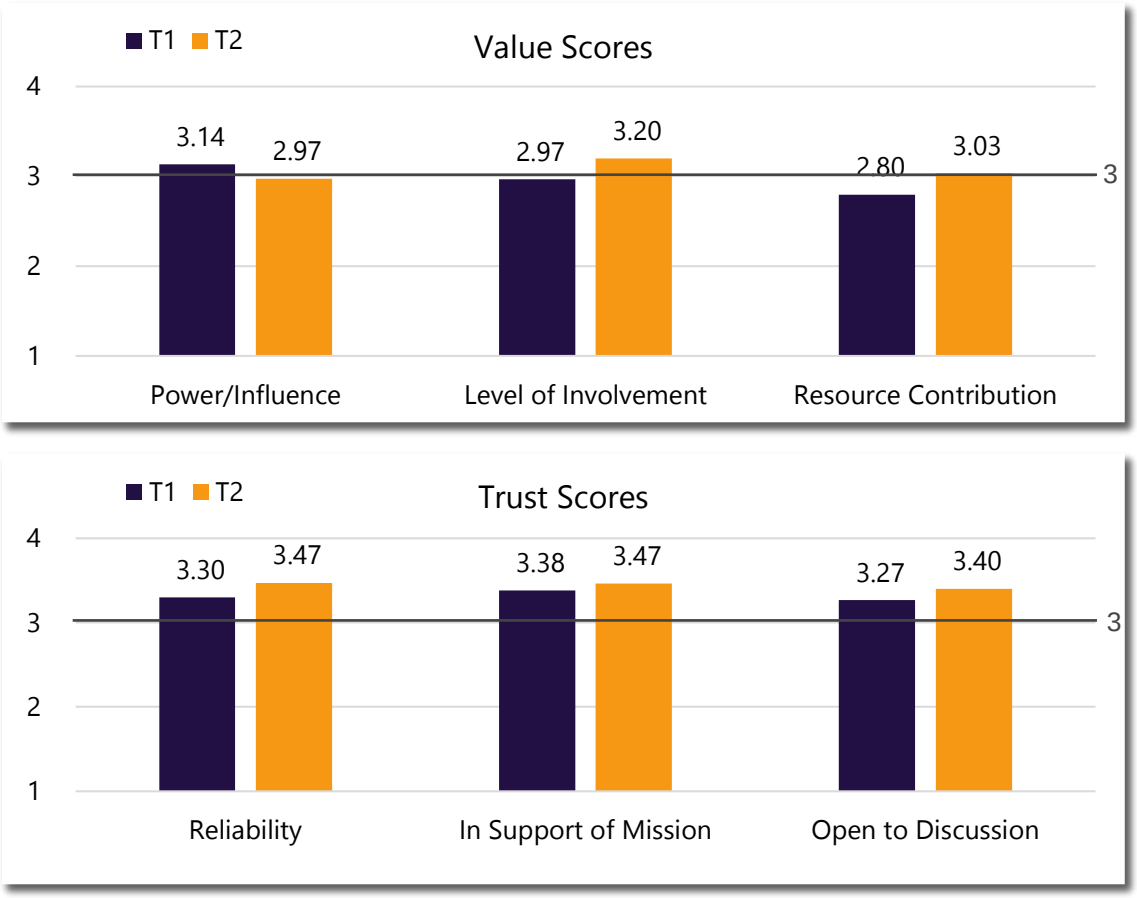
It is a positive result that connections are somewhat distributed across the levels, with most relationships categorized as cooperative or coordinated. If a majority of relationships were at the awareness level, that would indicate that the network is not fully leveraging its collaborative advantage. If a majority of relationships were at the integrated level, they would require a greater number of resources to maintain and the network might not be sustainable. Overall, the intensity of relationships was balanced within the Pueblo 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, Pueblo County's network decreased their number of unique ties, the value and trust that existed between the ties they have increased over time.

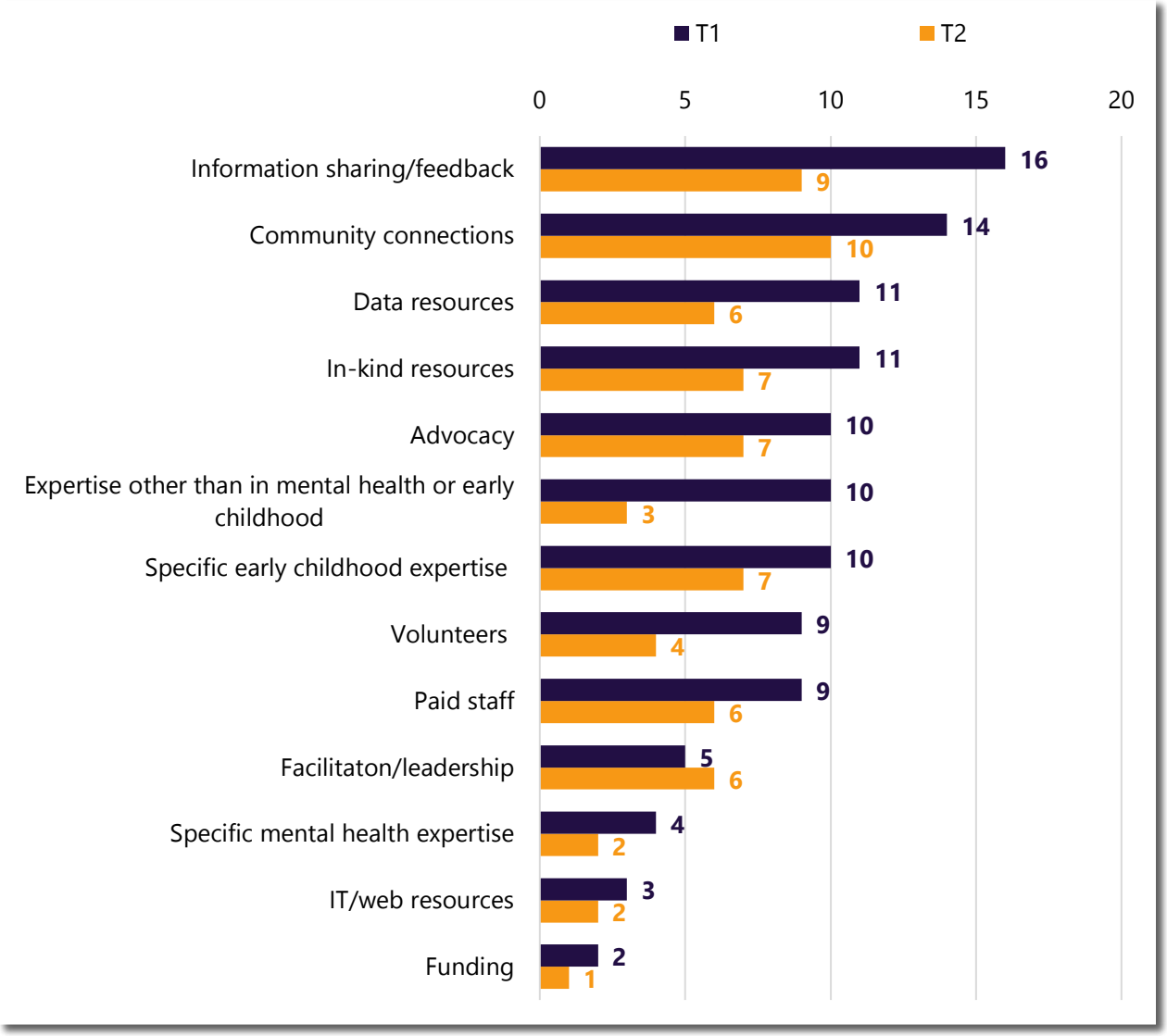
Figure 10. Pueblo's Early Childhood Network's Value and Trust Scores



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, the most contributed resources were information sharing/feedback and community connections (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 = 20, T2 n = 14)

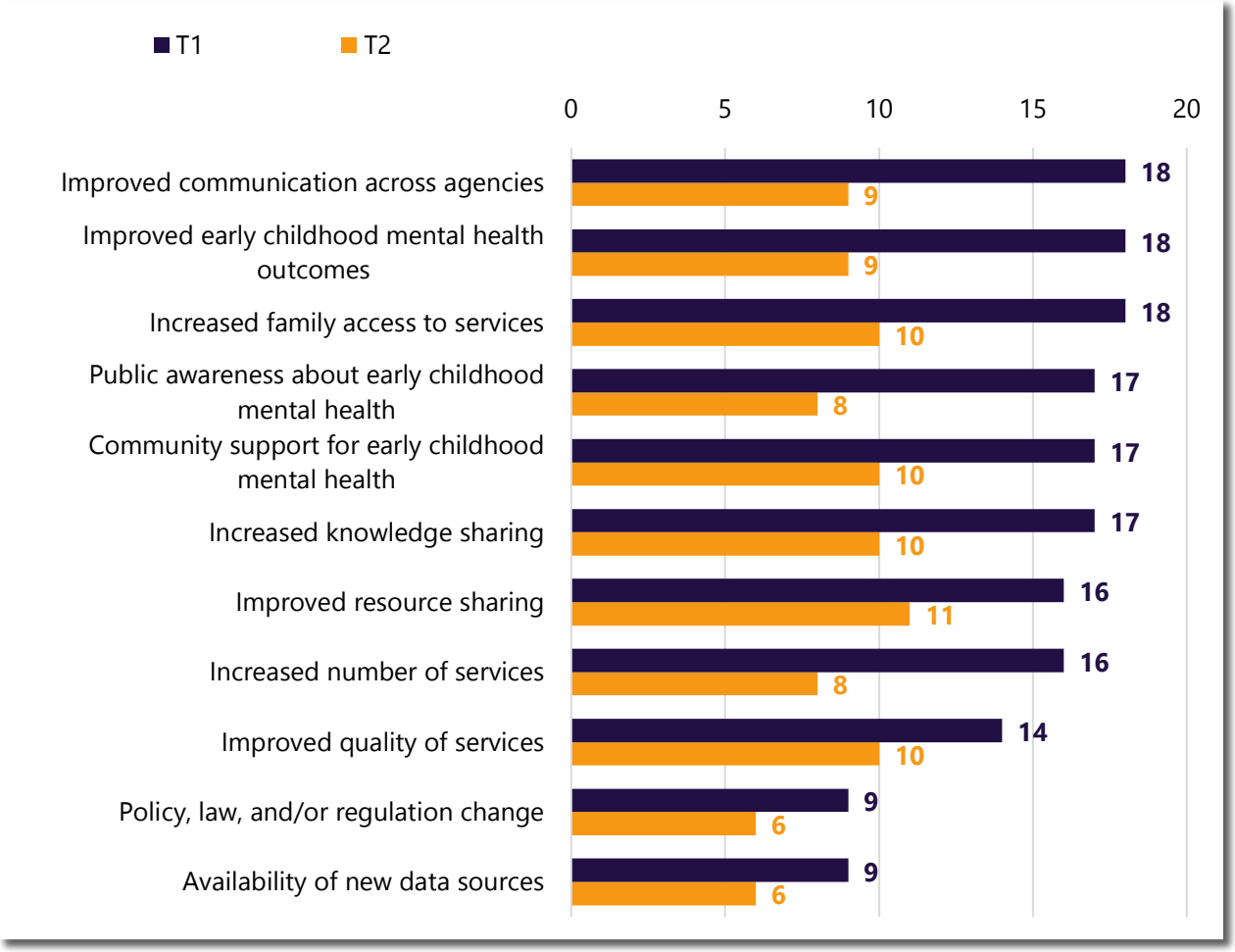


Outcomes

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. In T1, improved communications across agencies, improved early childhood mental health outcomes, and increased family access to services were among the most selected outcomes. In T2, the most selected outcomes were improved resource sharing, increased family access to services, community support for early childhood mental health, increased knowledge sharing, and improved quality of services (see Figure 12).

Pueblo's network continually prioritized family access to services and over time demonstrated improved resource-sharing in the network.

Figure 12. Community Outcomes to Advance Comprehensive Early Childhood Mental Health Systems (T1 n = 20, T2 n = 13)



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. Half of the T1 respondents found the network to be "somewhat successful, "whereas there was a wider range of perception of success in T2. There were almost 10% of respondents who found the network to be "not successful" (see Figure 13). This change in perception could be due to the COVID-19 pandemic where priorities shifted.

In T1, the most respondents selected "exchange information/ knowledge" among potential aspects of the collaboration that contributed to the success. In T2, the most respondents selected "sharing resources" (see Figure 14). Pueblo County was able to bring providers from across sectors together, formally and informally, 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 = 20, T2 n = 13)

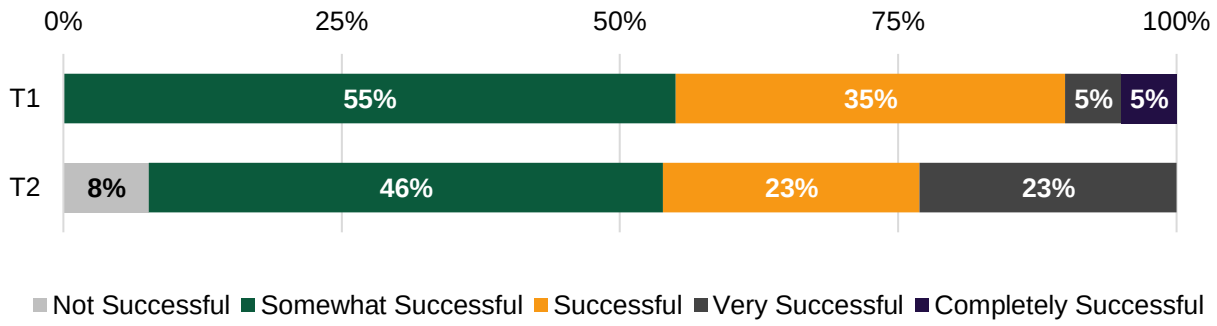
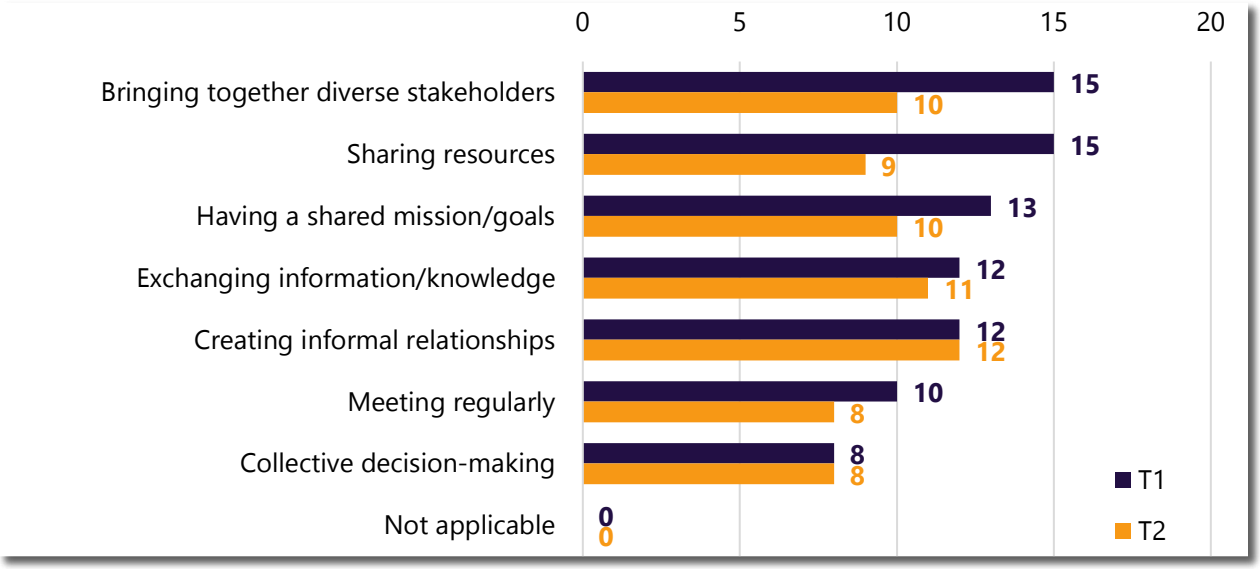


Figure 14. Aspects of Collaboration that Contribute to Success (T1 n = 20, T2 n = 13)



Pueblo County strengthened the relationships that already existed between providers and organizations over the five years of the LAUNCH Together initiative. Organizations started sharing more information and providers saw an increase in family access to services. Many organizations found the network successful at reaching the goals they set at the beginning of the initiative and did so by sharing information/knowledge and gathering a diverse group of individuals both formally and informally to work on the initiative. Overall, Pueblo's 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, Pueblo County engaged 9 programs in its LAUNCH Together activities, and most programs consistently reported data across multiple implementation years. Parents and families were the main recipients of services (67%) followed by providers (56%) and children (44%). Programs primarily focused on mental health in early childhood education and family strengthening (33%).

Throughout LAUNCH Together implementation, the Pueblo 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. Pueblo County's LAUNCH Together implementation plan included the following five goals:

Goal 1. Build community engagement around the importance of early childhood development with a two-generation social - emotional health focus to improve the well-being of children prenatal to eight years of age and their families.

Goal 2. Increase Pueblo County's access to and use of evidence-based screening, assessment, and referral policies and practices.

Goal 3. Build an early childhood workforce development structure through the use of early childhood mental health consultants and early childhood specialists to consistently deliver effective early childhood social-emotional programming.

Goal 4. Assist primary care providers (PCPs) in improving patient/family access to screening and assessments of social, emotional, and behavioral health; provide links to appropriate services; and coordinate care across systems.

Goal 5. Expand and enhance existing home visiting services by increasing the focus on the social-emotional well-being and behavioral health of young children and families and the coordination and collaboration among programs.

Goal 6. Support families in developing healthy, safe, and secure environments for their children through the teaching of enhanced parenting strategies and navigation of social service systems.

To assess community implementation of activities under each goal 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).

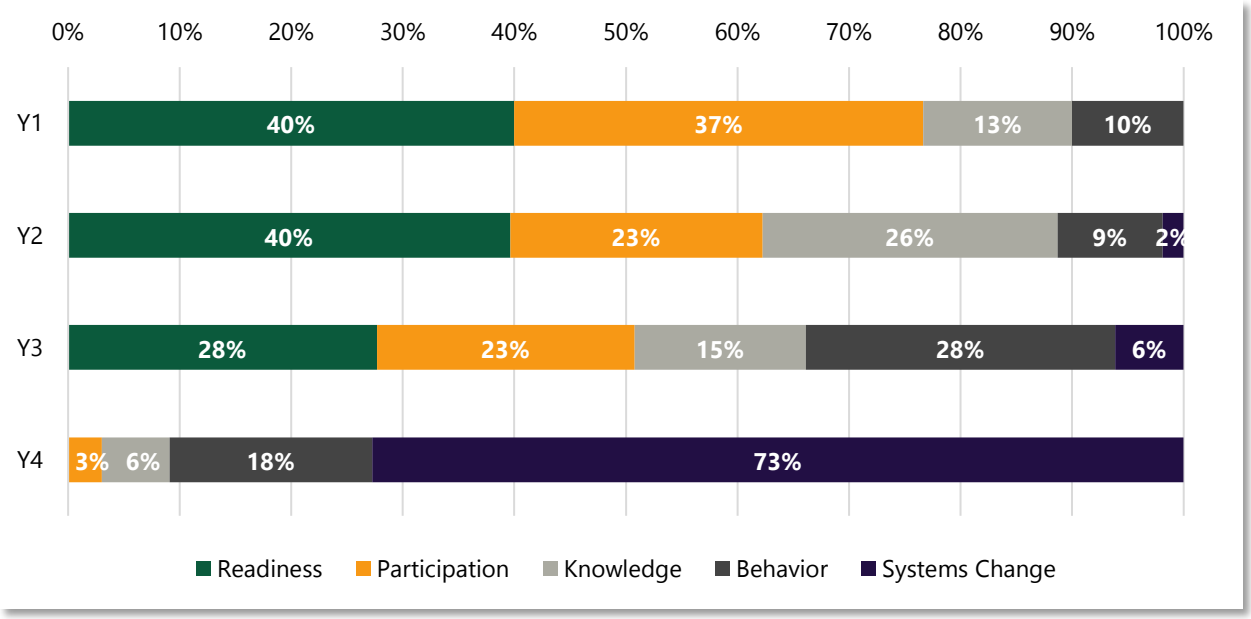
Figure 15. Implementation Continuum

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)

LAUNCH activities were compared across implementation years to illustrate movement along the continuum toward systems change activities. The percentage of activities falling in each stage of the continuum was calculated for all activities across the initiative. From year one through year three, 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. By year four, the final year of the initiative, the largest proportion of activities focused on systems change, illustrating movement along the continuum toward successful systems change (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; (1) screening and assessment, (2) enhanced home visiting, (3) mental health consultation in early care and education programs, (4) family strengthening and (5) integration of behavioral health into primary care settings. The following sections contain qualitative information shared by Pueblo stakeholders regarding each strategy.

Screening, Assessment, and Referral

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.

Pueblo focused on the screening, assessment, and referral strategy, increasing knowledge of screening and assessment tools for providers and parents and caregivers. Pueblo specifically focused on the Ages & Stages Questionnaires® (ASQ), Ages & Stages Questionnaires®: Social-Emotional (ASQ-SE), and Adverse Childhood Experiences (ACEs) screening tools. An implementation team member shared that ASQ and ASQ-SE screening has expanded throughout the early childhood sector especially with childcare providers. They explained, "They've had lots of successes in the trainings that have been provided. Giving ASQs out. They're getting kiddos screened. I think we've had some really good successes in trainings and screenings. Training a lot of people, providing trainings, creating new trainings. Specifically, the early childhood classroom teacher trainings." Another stakeholder shared:

> "One of the most recent supports and changes that we've made to our actual program is that **[LAUNCH] helped bring the ASQ, the ages and stages questionnaire, to our programs**. Now we're able to screen the kiddos that come through for their child development. We do the ASQ-3 and the ASQ-SE for the social-emotional piece. They provide us the training for the staff to get trained in delivering those assessments, then provide us with the kits so that we're able to actually give those assessments to their family. That's something that's just happened within the last year or so. We're just getting that going, but I'm excited for it. I realized the importance of getting kids screened early so that they can get those supports in place or as early as possible because the sooner those challenges are addressed, the more successful outcomes the kiddos have. They've helped with that. Again I'm excited to be able to provide that in the community. I know several of the programs do, but it's nice that any kid that comes here, we can get them screened so they're not lost in the shuffle."

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.

Pueblo focused on the home visiting workforce throughout the initiative, expanding and enhancing services by increasing the focus on the social-emotional well-being and behavioral health of young children and families. One interviewee explained:

> "Even during COVID, [the trainer] has been online, and she's been doing trainings for our staff on just general child development and child stress prevention and trying to give the home visitors the skills to talk to families and help them through this time when families are all locked up together. Then, also, she did another one where our programs could invite the families to attend and just hear it directly from her. So, that's been amazing lately."

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.

Pueblo has increased the use of this strategy across providers and families, specifically expanding capacity and access. One team member shared "having mental health specialists in classrooms. That has been absolutely amazing, and we have seen a reduction in kids being kicked out of classrooms. That's really, really important to me." Having the workforce available to meet the community's needs has been a practical and impactful success of the initiative that stakeholders hope to sustain. One stakeholder explained:

> "LAUNCH has allowed Health Solutions to have those extra early childhood mental health specialists and consultants. We are very hopeful that we will continue the same capacity that we continue to have. I sort of say that slowly because we all know that with COVID, things can change. But, we're still very hopeful that by the end, we will still maintain the positions that we have. Albeit, their work may look slightly different, but not much. So, that has been a huge success, not only for Health Solutions, but the community in general. These specialists and consultants are still going to be able to go into centers where we didn't have that much capacity before. Many years ago, we started with just one, and then increased to two, then with LAUNCH, we were able to increase to three specialists and a consultant."

A provider illustrated the real impact of the community's work by conveying the following story:

> "A four-year-old boy that was at Head Start…was placed with a kinship provider… for a year. And in the year that she had him, she just instinctively had done some fantastic work on providing support, structure, stability, just a real warm, nurturing person. She'd never had kids herself, so some of the times she felt like she was winging it. So anyway, he was having some issues in the classroom, shutting down when he was upset, a lot of behavior issues at home, having some really major meltdowns and tantrums telling adoptive mom, 'I hate you. I want to go back to my old mom.' So, I offered child-parent psychotherapy when I was at the Head Start program. Head Start gave us an office that we could work out of and she would come, and we would do the sessions together. We started working in October, and by March his behaviors had significantly improved. He had some language and understanding of what happened… and had been able

to process a lot of feelings. In the process of child-parent psychotherapy, the therapist initially does a lot of the reflecting and then sort of increases the parent's capacity to validate feelings and be reflective with the child. And so, by the end, I felt like the mom was doing more of the commenting on the child's play than I was. And it was just at that place where we were ready to finish and then COVID hit. So, our finish was a lot quicker than we had planned it to be. But what really struck me was yesterday, I finally got back from the adoptive mom [an assessment] and to see the improvement in this child from the pre and the post where you can visually see on a chart. **His protective factors… they were in the low end of the typical range. All of his protective factors are now up in the strength range, so that was really cool."**

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.

Family strengthening has been an important strategy focus for Pueblo, with a focus on supporting families in developing healthy, safe, and secure environments for their children through the teaching of enhanced parenting strategies and navigation of social service systems. In previous years of the initiative, implementation team members talked about the progress of the initiatives family strengthening workgroup made focusing on family strengthening, "This group has been able to have a good concrete focus with the technical support of facilitation and money and tools… to be able to come together and really have some concrete steps, like, 'Let's promote in this way. Let's invigorate the referral process this way, let's be able to offer these tools to people in training, to people that want them.'" Family strengthening providers have also started using reflective supervision, which was described as "one of the best things introduced through LAUNCH."

Integration of Behavioral Health into Primary Care (BHIP)

The integration of behavioral health into primary care strategy includes cross-sector 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.

Local Lesson

INTEGRATING BEHAVIORAL HEALTH TAKES TIME AND COMMITMENT.

Throughout the LAUNCH Together initiative, implementation team members described difficulty in engaging medical providers. In 2019, an implementation team member noted there was some success having provider's onsite in medical practices; however, they were typically part-time and did not have proper space and resources to be fully integrated in the practice. However, the community continued to make gains collaborating with health providers. Implementation team members noted that though there have been limitations to efforts to integrate behavioral health in primary care, there have been developments around knowledge sharing with medical providers, like presenting evidence-based information and sharing data. In 2019, stakeholders shared:

> "We finally have the data that proves we make a difference. It's not just we think that it will make a difference, we actually have data that shows that there's a reduction in inappropriate emergency room visits for the people, for the parents that we screen and work with. Then there is a monetary savings when people are using their primary care versus the ER. We have survey data and we have anecdotal stories that really do show a significant drop in those emergency room visits."

Pueblo team members were hopeful this data would persuade providers to embed behavioral health in their practices. Though the process has been slow, implementation team members reiterated the importance of information sharing and relationship building. In the final year of LAUNCH Together, these relationships seemed to be gaining traction. As one implementation team member explained,

> "So, an approach we took was trying to build this relationship with Parkview, the other hospital that's still serving the community, and delivering babies, so we could have access to families and help families from the very start. It's a work in progress, we don't have it all the way want to, but the door is open, and we're working with Parkview more and more."

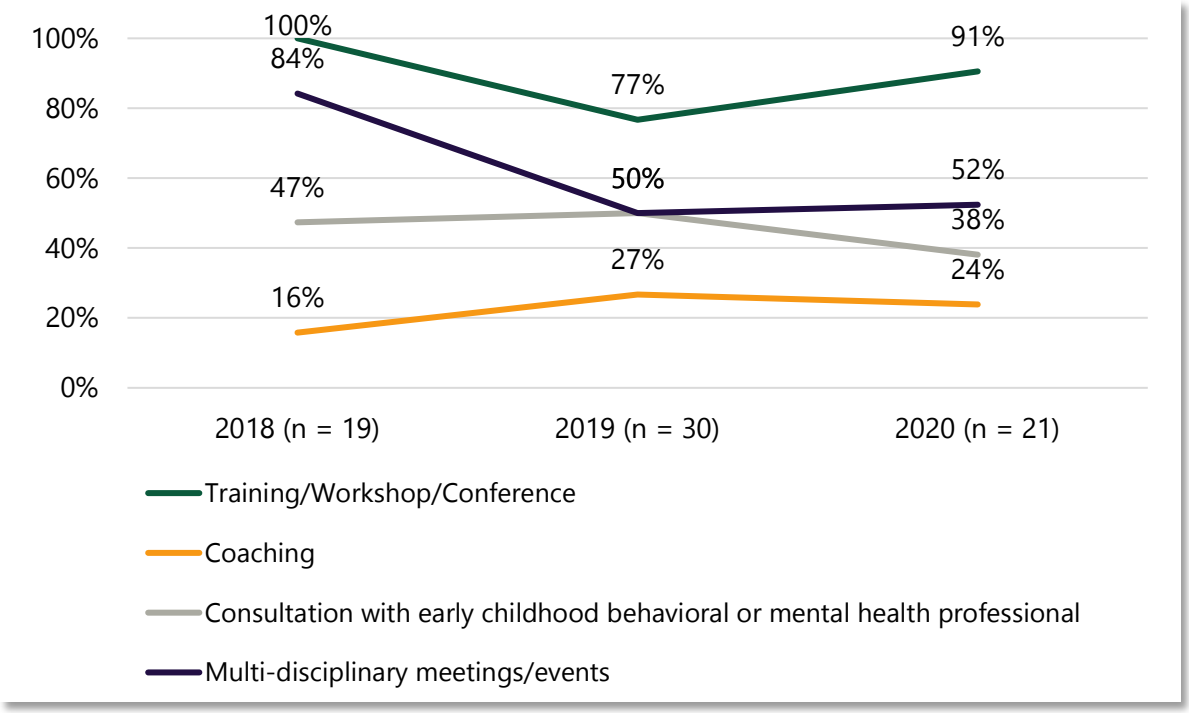
Workforce and Provider Capacity

Pueblo's LAUNCH Together initiative invested many resources and supports in their workforce. Across four years, 32% of Pueblo's implementation plan activities focused on workforce capacity in some way, whether it was identifying professional development needs and engaging providers, offering trainings, or embedding consultation, coaching, or reflective supervision support. Specific workforce capacity-building activities included:

- Offering the Colorado Foundations Course to any interested home visitors, first responders, court personnel, and crisis responders throughout the community
- Enhancing community providers' knowledge through invitation and attendance at regularly scheduled trainings for implementing developmental screenings of interested community providers
- Continually identifying technical assistance (TA) needs to support professionals working on endorsement and connecting to CoAIMH and supplying TA to this group as needed
- Assisting early childhood consultants and specialists in providing early learning centers and preschool teachers workshop series with a new social-emotional training topic each month within centers currently embedded in the target neighborhoods
- Providing reflective supervision to staff at Early Childhood Team at Health Solutions who are in pursuit of their CoAIMH Endorsement
- Connecting Health Solutions EC specialists to home visitors for case consultation and brief intervention as warranted

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

Figure 17. Workforce Supports Reportedly Received Between 2018 - 2020



Training

Local Lesson

IT IS IMPORTANT FOR A WIDE RANGE OF PROGRAMS AND INITIATIVES TO UNDERSTAND AND ADDRESS THE EFFECTS OF PAST TRAUMA AND WORK TO PREVENT FUTURE TRAUMA.

Across initiative years, providers reported trainings improved their knowledge of social-emotional health for young children and positively shifted their behavior in daily practice. Pueblo was able to offer more trainings in 2018 and 2019, reaching hundreds of providers (see Table 2).

Table 2. Training and Participation Across Years

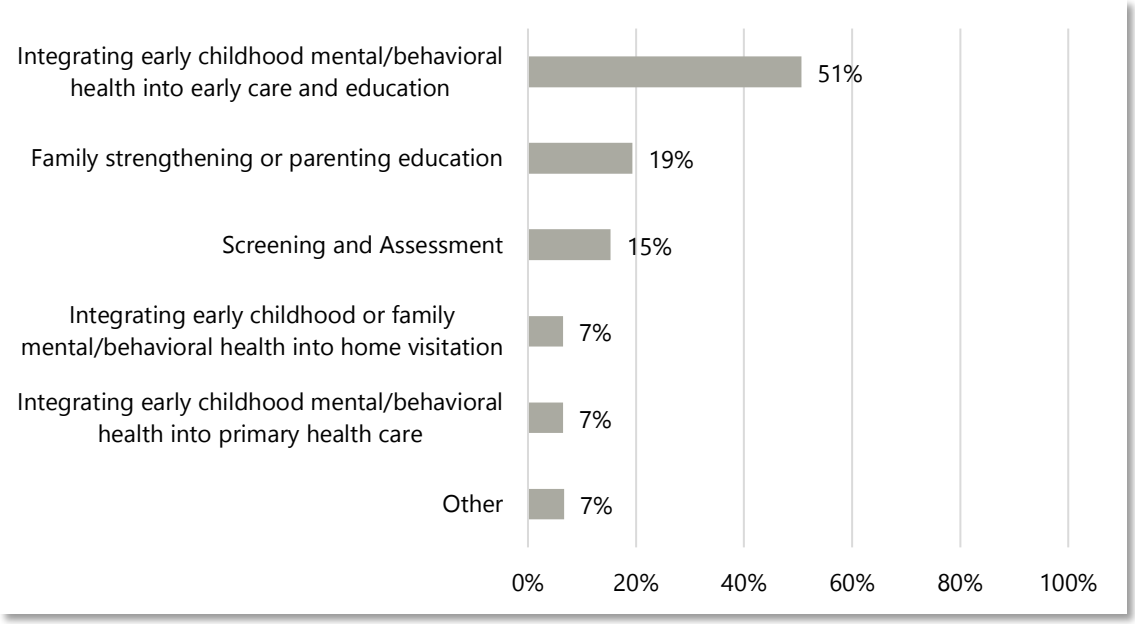
Year	Number of Trainings	Number of Training Participants
2017	1	35
2018	30	520
2019	16	389
Total Across Years	47	944

Pueblo's LAUNCH team offered training opportunities to almost one hundred organizations, reaching providers across sectors and roles including medical and mental health providers, parent educators, home visitors, caseworkers, public health providers, and early care and education providers (both home and center-based). Pueblo's team wanted to engage the incoming early childhood workforce and by 2019, almost 10% of providers who attended trainings were students or interns. One provider talked about the success they've had engaging students:

> "A barrier in general to being in the Pueblo area is hiring qualified people. Early childhood is such an odd specialty where you need to have the developmental background but also the mental health background. And so, hiring at the master's level has been a little bit challenging… [Our LAUNCH Together technical assistance provider] talked about meeting that capacity by getting people fresh out of grad school and just starting them off as early childhood clinicians and that's what we've ended up doing because it's easier to take somebody that is new out of school and teach them specific skills than take somebody that has different skills and having to relearn new skills. We've been fortunate that there is an early intervention behavior specialist who has been taking interns straight out of the master's in social work program and actually interning with them. So, three of her last four interns we ended up hiring once they graduated. So, they've already got that early intervention experience... so that's been great."

Across years, Pueblo's LAUNCH Together team 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 (51%) followed by family strengthening and screening and assessment (19% and 15%, respectively; see Figure 18).

Figure 18. Focus of Provider Trainings (n = 909)[4]



During the initiative, trainings were offered on a variety of topics and more than two-thirds of providers reported receiving at least one training focused on child development (79%) and family health and well-being (70%). In 2018, courses were offered across topics including the ASQ, trauma, abuse, ACEs, early childhood and infant mental health, early care and education curriculum, and self-care. In 2019, there was an even greater focus on the early care and education workforce and family strengthening, as several Pyramid Model and Darkness to Light trainings were offered.

The trainings providers found particularly impactful included: ASQ trainings, trainings that addressed trauma and abuse, and the Colorado Foundations of Infant and Early Childhood Mental Health for Early Childhood Professionals and Partners (CoAIMH training).

[4] Source: Training Surveys

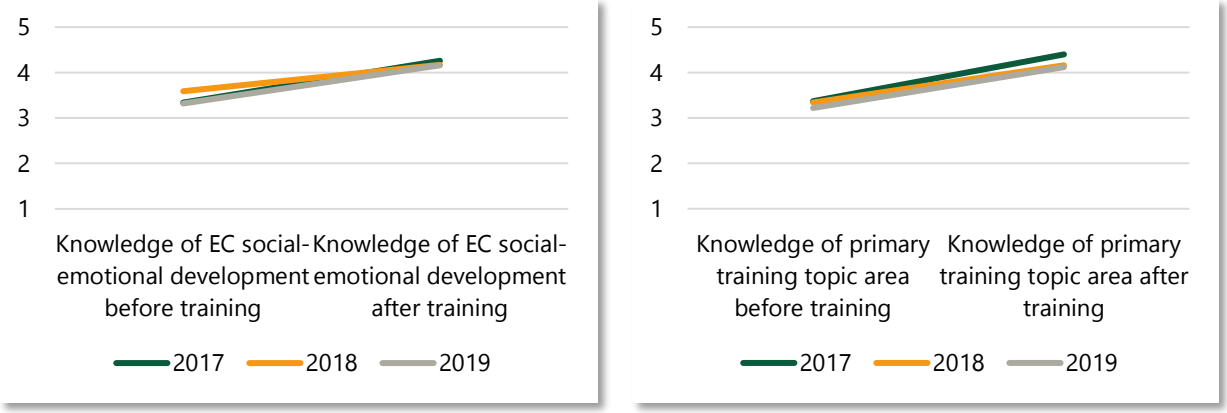
One provider explained the impact of receiving training on child-parent psychotherapy:

> "I felt like I have a more focused tool to get to the heart of the trauma with the child in a respectful way but also involving the parent and supporting the parent in the process. I just feel like it's given me a tool to really help heal the relationship in addition to the child healing individually on their own and doing some parenting work on the side. Child-parent psychotherapy brings it together and has it happen in the relationship and that's a really cool thing to be able to do."

The Colorado Foundations course also helped Pueblo increase the number of providers who have their infant mental health endorsement. One provider explained, "One of the big needs that was glaringly obvious from the get-go is that [there was only one] person in Pueblo endorsed as an infant mental health specialist. I feel like we have more people in process and in progress moving forward with that." Earning the infant mental health endorsement helps providers increase their understanding of infant and early childhood mental health and develop practices that promote the delivery of high-quality services to children and their families.

Across all trainings, providers reported a change in knowledge before and after the training. Providers typically felt *somewhat* knowledgeable about early childhood social-emotional development and the specified training topic before the training (M = 3.47 and M = 3.29, respectively across all years), but after the training, they reported an increase to feeling *knowledgeable* about each (M = 4.17 and M = 4.15, respectively across all years). Figure 19 shows the change in knowledge over time, which has remained consistent across years.

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 4.46 across years.[5] 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 screening and assessment, reflective supervision, and cultural and linguistic responsiveness were particularly impactful, as providers rated these as the top three training topics that improved their work (M = 4.42, M = 4.36, M = 4.17, respectively).[5] Pregnancy-related mental health trainings were rated least applicable, as 72% said they would incorporate what they learned from those trainings into their practice; however, that is still a high implementation rate among providers. Providers reported the trainings not only improved their knowledge of the topic area but also their knowledge of programs and services offered in the community and an opportunity to network with other providers. One provider said, "Through the trainings, like that foundations training and the ASQ, we were able to then connect with the other programs in the community that were also in that same training. That was always a good time to have that networking opportunity with other people in those classes."

Each year, providers reported the same challenges to implementing what they have learned from trainings: time limitations, unsupportive family members, and difficulty finding adequate resources and materials. In 2020, there was a necessary shift toward virtual trainings, which helped address time limitations. As mentioned previously, providers still reported a level of knowledge change and intent to use the

[5] On a scale of 1-5: 1 = not at all, 5 = a great deal.

training in their daily practice that was consistent with previous years when more in-person trainings may have been offered. Currently, the safest way to deliver trainings is virtually, due to the pandemic, but these results show the promising potential of virtual trainings. Pueblo has worked hard engaging and educating families on early childhood social-emotional health and continuing this effort would help address the reported barrier of unsupportive family members when providers recommend services and treatment. Finally, providers reported gaining knowledge from the trainings but always request more resources and tools to continue to implement the training in their daily practice. This is even more important during the pandemic when providers may have less interaction with families and rely on resources they can send to families.

Other Supports

Across all years on training surveys, providers reported "individualized coaching" would help them integrate what they learned during the training into their daily practice, and a few interviewees specifically mentioned that coaching and consultation would improve their practice. LAUNCH funding helped embed coaches, specialists, and consultants for more hours in several early childhood programs. One provider explained:

> "At the time, our Health Solutions early childhood team consisted of [two people] through a Buell grant… That's incredibly thin. So, a lot of our services back then were on-call and as needed, but we were really not able to do a lot of embedded work. Since, between the LAUNCH Together grant and the Buell Foundation and the Office of Early Childhood, all three working together, we went from a team of two people to a team of eight. Through LAUNCH Together, we have four new positions."

Figure 17 illustrates how this change impacted providers as more reported receiving coaching over time and many received consultation at some point during the initiative. As more opportunities were offered, more providers became interested in coaching and consultation: The number of providers who believed coaching would help them use what they learned in their trainings increased from 19% in 2017 to 23% in 2019. In 2020, almost all providers reported they would incorporate what they learned from coaching, reflective supervision, or other supportive technical assistance into their daily work especially on the topics of early childhood mental health and reflective supervision.

Providers talked about the increased implementation of reflective supervision, explaining, “before we called it that, but it wasn’t true reflective supervision.” Another elaborated, “[Supervision] was more towards paperwork and how to do paperwork. Here, I feel like it's more case-to-case, what I can do better and how I can help them. So actually coming up with interventions.” Reflective supervision has been provided for home visitors, coaches, mental health consultants, and specialists and has benefitted providers across the early childhood sector in Pueblo. Providers also discussed the importance of partnerships with other programs and providers in the community. One provider explained that, in general:

> "[I]t's really helpful to work with a lot of your community partners. You see them often and putting faces to names and these are the people that I go to if I have a family that needs help with childcare. These are the people that you make a referral to for first-time moms. I think just understanding what's available in the community, ‘Oh, this is the Family Resource Center and they can help with X, Y, Z.’ Just being able to have discussions and an understanding of what the different programs are is always beneficial.”

Other providers talked about specific groups that were either formed or strengthened through LAUNCH Together that helped improve their knowledge and practice in the early childhood field. There has been more collaboration between coaches and mental health specialists throughout the duration of the grant and they explained, “Everybody is willing to carry this on for a long time, we have to.” An early childhood coach explained how beneficial it is to meet with coaches across other counties:

> "We have a gal that comes from Starpoint that facilitates reflective supervision… other coaches throughout the community attend. Then we get together on a monthly basis. Then, after that, [we have a] reflective supervision meeting. I facilitate a coaches meeting. That way, we're sharing information among each other because we're all attending the same training. Each person from a different county does things differently. We just want to share information, or we share my coaching tools or documents that get put together. Then I share with them or they have something, and they share with us. We formed that. We've been doing that now for almost two years.”

Providers also touched on the website, earlymindsmatter.org, that was created during the LAUNCH Together initiative. In 2020, providers talked about their use of the website and how they share it with others in the community. One provider explained, "There are resources for parents and the community. We've accessed information from there. We also let the teachers know about that website."

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. There were some decreases from 2018 to 2019, but providers reported increases or consistencies in knowledge in all topics from 2018 to 2020 (see Table 3). The most significant increase in knowledge from 2018 to 2020 was on the topic of reflective supervision, which was previously mentioned as one of the topics with the most significant change in Pueblo's early childhood field during the initiative.

Table 3. Reported Knowledge of Early Childhood Topic by Year

Topic	2018 Mean (n = 19)	2019 Mean (n = 32)	2020 Mean (n = 21)
Child development	3.95	4.03	4.29
Family health and well-being	3.89	4.16	4.52
Parent-child relationships	3.84	4.19	4.48
Early childhood mental health	3.32	3.75	3.81
Cultural and linguistic responsiveness	2.89	3.34	3.48
Screening and assessment	4.11	3.75	4.10
Family resources and support services	4.37	3.81	4.52
Collaboration across services, systems, and organizations	4.21	3.65	4.43
Reflective practice or supervision	3.11	3.29	4.00
Pregnancy-related mental health	2.89	2.91	3.52
Integrating behavioral health practices into primary care	2.79	2.91	3.00

As discussed previously and as seen in Table 3, screening, assessment, and referral remained a focus in Pueblo across the duration of the grant. The community created and disseminated a shared decision-making tool for providers on where and how to refer for services. In addition to disseminating the decision-making tool, providers were offered technical assistance and training on screening and assessment to supplement this new tool. The Pueblo City-County Health Department held trainings frequently during the implementation phase of the grant specifically on the ASQ. Providers reported increases in their knowledge of screening and assessment tools and use of these tools and referral practices (see Table 4). Although there were some decreases on various items from 2019 to 2020, providers still reported higher means in 2020 compared to 2018, highlighting how these practices have been embedded throughout the early childhood field in Pueblo. One provider explained:

> "[LAUNCH] helped bring the ages and stages questionnaire to our programs. Now we're able to screen kiddos that come through for their child development. We do the ASQ-3 and the ASQ-SE for the social-emotional piece. They provide us the training for staff delivering those assessments, then provide us with the kits so that we're able to actually give those assessments to their family. We're just getting that going, but I'm excited for it. I realized the importance of getting kids screened early because the sooner those challenges are addressed, the more successful outcome the kiddos have. I'm excited to be able to provide that in the community. I know several of the programs do, but it's nice that any kid that comes here, we can get them screened so they're not lost in the shuffle."

Table 4. Screening and Assessment Knowledge and Behavior Change[6]

Screening and Assessment - Knowledge	**2018 (*n* = 19)**	**2019 (*n* = 32)**	**2020 (*n* = 19)**
I have been trained on the use of screening and assessment tools that are appropriate for children in my care/on my caseload.	4.05	4.13	4.16
I know how to refer children for screening and assessment when appropriate.	4.11	4.25	4.42
I know how to use the results of screening and assessments in my work with children and families.	3.95	4.19	4.11
Screening and Assessment - Behavior			
I have screening and assessment tools available to me for use when working with children and families in my care/on my caseload.	4.00	4.31	4.16
Screening and Assessment - Behavior			
I have conducted screening for children in my care/on my caseload.	3.00	3.94	3.79
I have conducted assessments for children in my care/on my caseload.	3.00	3.94	3.79

[6] *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 may be lower than the total number of survey participants because participants only answered questions related to their area of focus.

Mental health consultation was also a priority for Pueblo's LAUNCH Together team. The partnership between Health Solutions and Children First that was strengthened through LAUNCH Together led to more providers receiving coaching and mental health consultation than ever before. As seen in Table 5, before the pandemic, providers reported an increase in behavior changes, specifically in services that were offered to them (e.g., support for staff well-being, informal training and assistance, and discussing general issues). In 2020, however, providers reported mean scores were not as high, reflecting the change in the way mental health consultation was delivered in 2020 due to the pandemic. At the beginning of the pandemic, many centers temporarily closed and there were safety restriction put in place for teachers and children that limited the number of people in each classroom. Mental health consultants and coaches could not offer their services in all classrooms and that clearly impacted providers.

During the planning phase of LAUNCH Together, Pueblo discovered that almost half of their identified community needs were related to workforce development. During the implementation phase of the grant, Pueblo's team focused their efforts on the workforce with more than 40 trainings impacting almost 1,000 non-exclusive participants. They worked with higher education institutions to promote the early childhood mental health field and develop the new workforce. They offered the CoAIMH Foundations course, encouraging more providers to receive their infant mental health endorsement. They trained providers in screening and assessment tools and referrals to increase the number of supports that could be efficiently delivered to young children and their families. They offered tools to providers to approach families from a strengths-based lens and help them to work alongside families. Pueblo's LAUNCH Together initiative helped strengthen an already strong workforce to better help children and their families.

Table 5. Mental Health Consultation Knowledge and Behavior Change[7]

Mental Health Consultation (MHC) - Knowledge	**2018 (*n* = 7)**	**2019 (*n* = 11)**	**2020 (*n* = 5)**
I received formal training from the mental health consultants (MHC).	2.86	2.75	2.83
Mental Health Consultation (MHC) - Behavior			
The MHC(s) talked and met with parents/families.	3.14	2.90	2.80
The MHC(s) met with me/staff teams to discuss specific children or families.	3.71	3.36	3.40
The MHC(s) provided direct therapeutic/counseling services to families and children.	3.14	2.50	2.80
The MHC(s) provided me/staff with support for my/their own well-being.	3.00	3.64	3.20
The MHC provided me/staff with informal training and assistance.	3.43	3.50	3.20
The MHC(s) met with me/staff teams to talk about general issues.	3.50	3.55	3.33

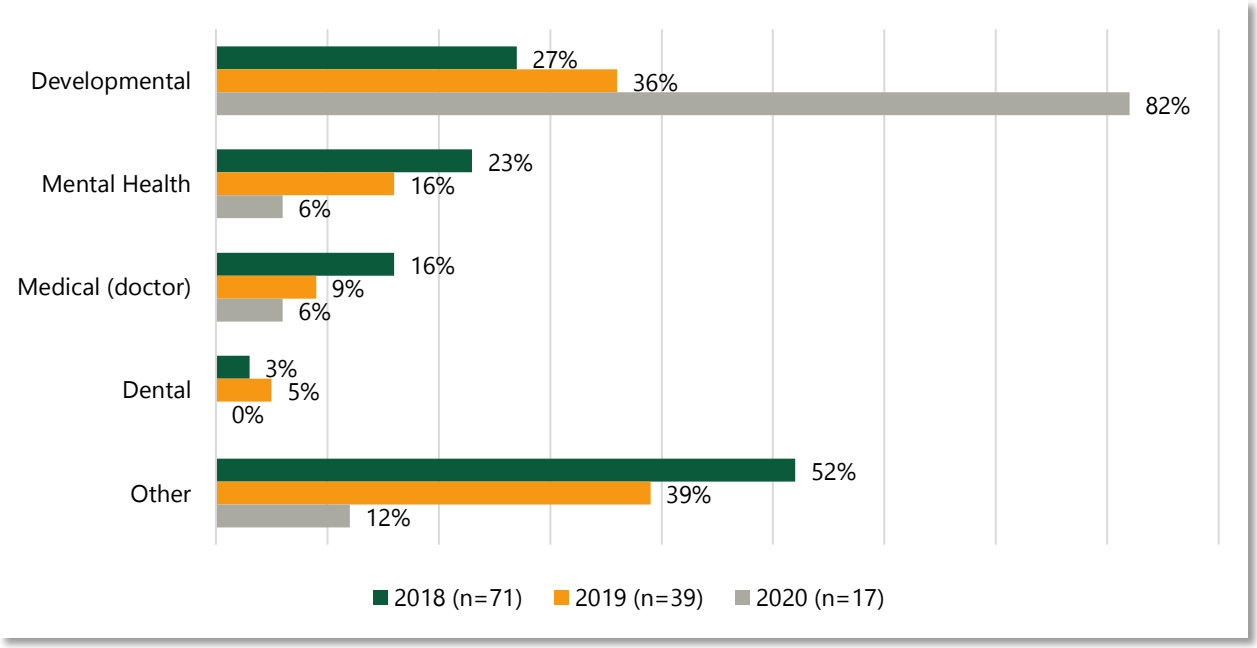
[7] *Notes:* All scales are 1–5. Agreement scale: 1 = Strongly disagree, 5 = Strongly agree; Frequency scale: 1 = Rarely/never, 5 = Weekly; Ns for individual items may be lower than the total number of survey participants because participants only answered questions related to their area of focus.

Families' Experience of a Coordinated System

Data for this section come from the family point of service survey and interviews. Surveys were completed by 470 families from 2018-2020, with 127 of those families receiving referrals. Those who received referrals were mostly referred for services relating to their child's growth and development in year four of the evaluation, followed by "other," which includes financial assistance, schools, and parental supports.

Figure 20 shows a gradual reversal in the types of referrals made through the three years of the evaluation, which could be attributed to the strong collaboration efforts between Pueblo LAUNCH Together partners including the creation of a shared referral tool developed by the Developmental Screening Workgroup.

Figure 20. Types of Referrals Received by Survey Respondents[8]



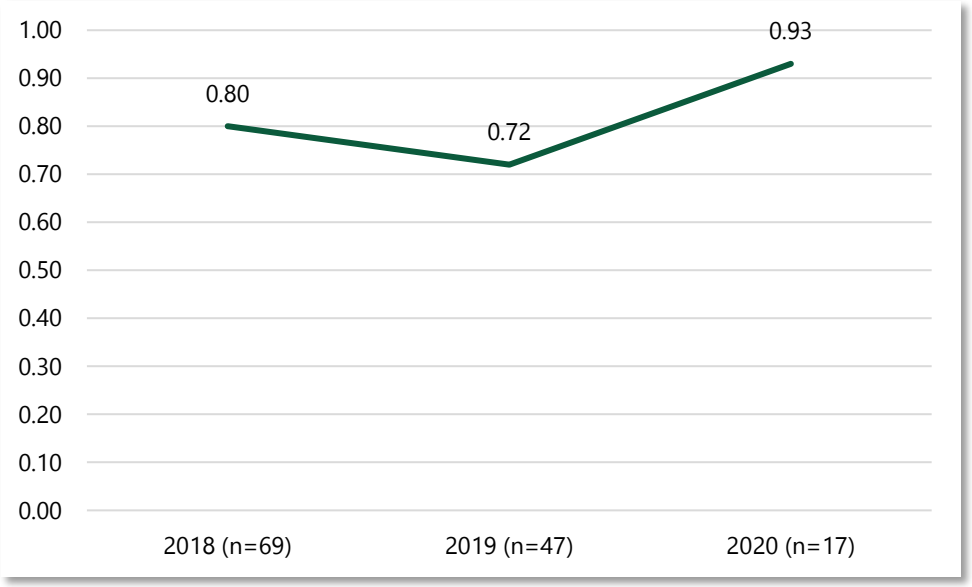
[8] Source: Family Point of Service Survey

Family members reported on a scale of 0-2 (0 = No; 1 = Yes; and 2 = Somewhat) that they did have concerns about their child before the referral across all three years of the evaluation (see Figure 21).

During interviews, families shared frustration with finding resources for their children in Pueblo, but with the help of integrated care professionals they were able to find the care they needed. As one parent shared:

> "I'm not from Pueblo, so I really didn't know anything about how it works here. So yeah, they helped me to call. They called the doctor. And they been helping me a lot with stuff like that, that I didn't know how to work."

Figure 21. Family Concern About Child Before Referral



Additionally, across all three years, families had a positive experience with providers and were happy with the service they received (see Table 6).

Table 6. Referral Satisfaction Based on Family Point-of-Service Surveys

All families	**Y2 (n =166)**	**Y3 (n = 113)**	**Y4 (n = 33)**
Received needed support and information	98%	99%	94%
Felt respected, supported, and understood	99%	100%	91%
Happiness with provider's services (scale of 1–4)	3.81	3.25	3.66
Referred families	**Y2 (n = 68)**	**Y3 (n = 44)**	**Y4 (n = 17)**
Got all needed information about reason for referral	93%	93%	88%
Felt able to follow up on referral	93%	98%	88%

Looking across initiative years, families' experiences with referrals remain mostly consistent, with a slight decrease in year four. This decrease could be related to the challenges caused by the pandemic, as families expressed in interviews:

> "I haven't been able to actually take my son for the 18-month stuff just due to COVID. We don't have a car, so when it comes down to appointments, we can't do anything. Even calling the doctor and saying, 'I got to go and take someone else for my son to get shots,' no, they won't give you that access either, no matter what. So yeah, the COVID has affected a lot."

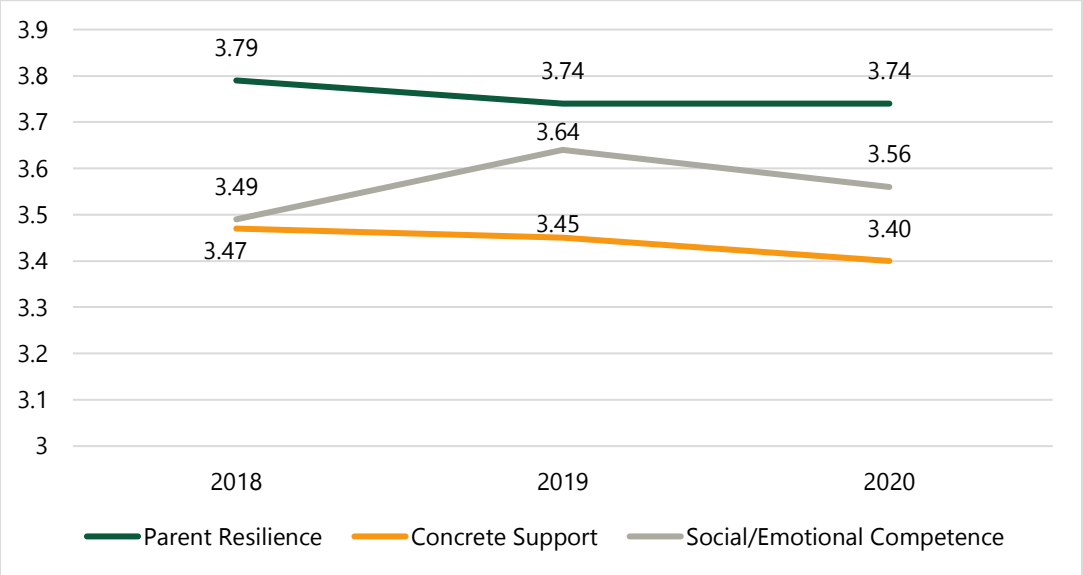
Impact on Parenting Practices and Children's Social-Emotional Well-Being

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 7). Across all three years, families rated themselves high in each protective factor with a noticeable increase in social-emotional competence between 2018 and 2019. The lowest ratings were for concrete supports (see Figure 22).

Table 7. Protective Factors Construct 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 22. 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 and the improvement in their ability and confidence to advocate for themselves. According to one parent:

> "I learned from Health Solutions how to control my son and how to advocate for him. They've been there for emergencies or support, they gave me other services that had to do with my son's behavior. She did make calls for me, but a lot of them, I did on my own and because she taught me how to advocate for myself. Now I know more or less how to do [it] on my own. Health Solutions has been the best resources I can say to help families… they are doing an awesome job."

DISCUSSION

Although the LAUNCH Together initiative is concluding, the Pueblo community now has stronger, more coordinated systems and infrastructure to support the behavioral health needs and social-emotional development of its young children, which has the potential to create impact for years to come. The Pueblo community has established long-term and trusting relationships across key system partners, facilitated local community solutions to enhance services within the five LAUNCH strategy areas, and increased workforce capacity and knowledge about early childhood mental health among professionals in the field. In final reflection, a stakeholder in the community shared:

> "An important lesson learned is the community can take on big plans and succeed and not to be afraid of it. This community can do things, get out of its silos, work together, and really accomplish some pretty massive improvements in the community. It doesn't have to be top-down. It can be community-led, and organic."

To learn more about LAUNCH Together Pueblo County, please contact Lindsay Reeves, Director of Early Childhood Programs, Catholic Charities of the Diocese of Pueblo: lreeves@pueblocharities.org.