



Community Evaluation Report: Southwest Denver

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



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 Southwest Denver 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: Southwest Denver*. 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

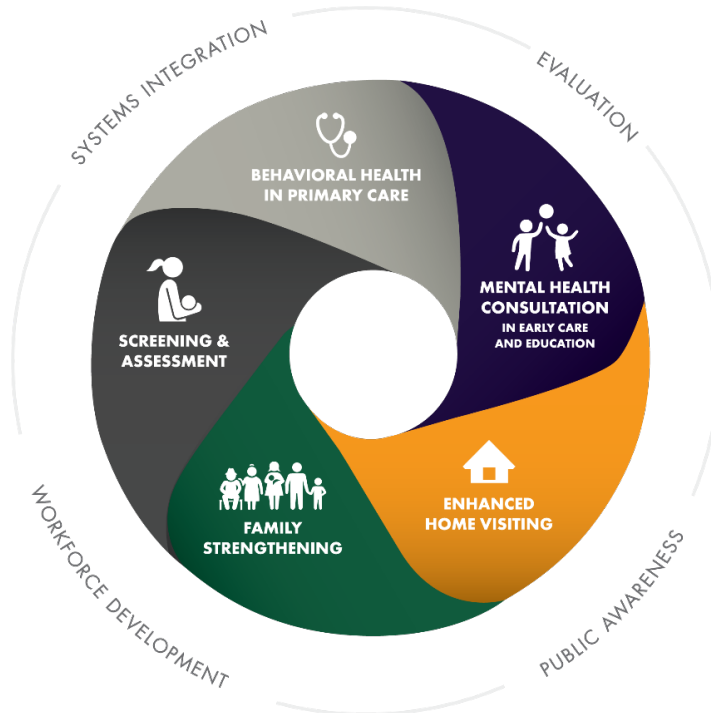
Context.....	4
LAUNCH Together.....	4
COVID-19.....	5
Community	6
Methodology	7
COVID-19 Impact on Data Collection.....	9
Community Results.....	9
System Change.....	9
Coordination and Collaboration.....	9
PARTNERships.....	11
Implementation of the Five LAUNCH Strategies.....	21
Key Strategy Areas	23
Screening and Assessment.....	23
Enhanced Home Visitation (EHV).....	24
Mental Health Consultation in Early Care and Education (MHCECE).....	25
Integration of Behavioral Health into Primary Care (BHIP).....	26
Family Strengthening and Parent Skills Training.....	27
Workforce and Provider Capacity.....	28
Training.....	29
Other Supports	34
Knowledge and Behavior Change.....	37
Families' Experience of a Coordinated System	40
Impact on Parenting Practices and Children's Social-Emotional Well-Being	43
Conclusion	46

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 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.

Implementation team members¹ discussed how "there were a lot of foundational pieces set already from LAUNCH" including bringing together a group of people focused on the needs of young children and their families in Southwest Denver, which was a center for self-care check ins and resource-sharing during the pandemic. Team members also mentioned that partnerships established through LAUNCH "helped facilitate their ability to partner and bring food distribution," particularly in the vulnerable areas of the community. Team members shared specific examples like backpack resource kits that were distributed to almost 500 families that "couldn't have happened without all of the connections and relationship-building that had gone on before [through LAUNCH]."

¹ LAUNCH Together team members in Southwest Denver referred to their team as the "leadership team", not the implementation team. For consistency across all LAUNCH Together communities, they will be referred to as the implementation team in this report.



One team member explained:

“Children were at home and parents had to become their educators. There was a partnership within LAUNCH to say we need to get materials out to families, we need educational supplies, and quickly. The library partners came in and donated books, we had bags together that we were able to contribute [together] with the Denver Early Childhood Council [and] Denver Head Start [with] a bunch of education materials to families who now were their child’s first and foremost teacher but without the resources, and [we] got those out to the families quickly. I don’t think, without that relationship already and that mission or vision of serving the community, it could have happened. I’m sure all agencies would’ve tried but wouldn’t be able to deliver as much as we did collaboratively.”

Most LAUNCH community organizations were able to pivot toward the emergent needs of their communities. Overall, services continued across communities even in the face of significant disruption and distress. These responses point to the resilience of LAUNCH communities and their commitment to their missions and shared vision. As described later in this report, communities’ ability to participate in the LAUNCH Together evaluation varied during this time.

Community

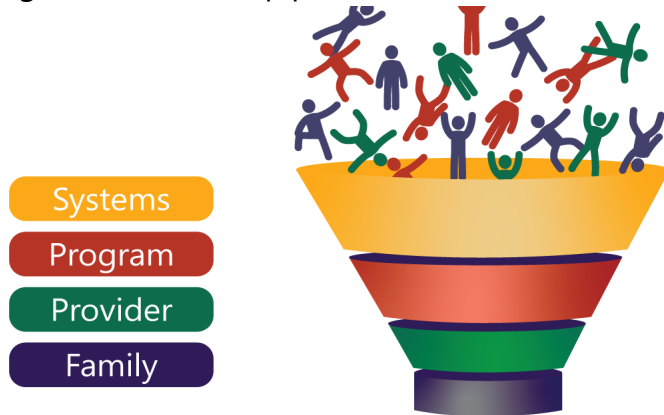
This report describes the LAUNCH Together activities of the Southwest Denver partnership. The Southwest Denver LAUNCH Together community includes the neighborhoods of Sun Valley, West Colfax, Villa Park, Westwood, Barnum, Mar Lee, Athmar Park, Valverde, and Ruby Hill with each of these neighborhoods varying in their population characteristics and diversity. Southwest Denver (the community) is home to about 12,500 children under the age of eight².

² Early Milestones Colorado. (2021). *Community Learning Brief: Southwest Denver*. Early Milestones Colorado. <https://earlymilestones.org/wp-content/uploads/2021/01/SW-Denver-Comm-Learning-Brief-FINAL.pdf>

METHODOLOGY

The evaluation of Southwest Denver’s LAUNCH Together initiative 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 through four (2017 – 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 as previous years 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		✓	✓	(Requirement eliminated)
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 LAUNCH Together communities continued collecting data in the last year of the 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. 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 [Southwest Denver 2020 Brief Appendix](#). 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.

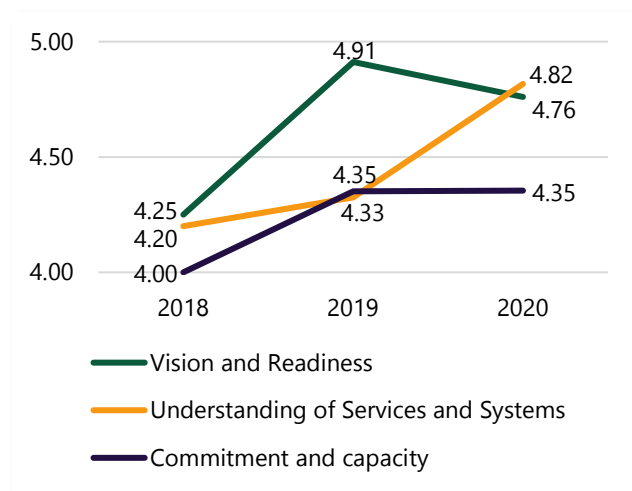
COMMUNITY RESULTS


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.

Figure 3. Hicks-Larson Collaboration Survey Results






Implementation teams were surveyed in 2018, 2019, and 2020. Results across years in Southwest Denver demonstrated strong collaboration, with scores on the three collaboration constructs averaging between 4 (agree more than disagree) and 5 (agree). Figure 3³ 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.

The lowest mean scores were 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. The **vision and readiness** mean decreased slightly from 2019 to 2020, which may be explained by the impact of COVID-19. Organizations may have prioritized different issues that did not previously align with LAUNCH Together's work in order to meet the immediate needs of families in the community. Implementation team members indicated that there was a general shared vision among stakeholders. One implementation team member explained:

"We have a **good general shared vision around early childhood** and what needs to happen. I'm not sure that everybody understood all the pieces, but overall we're always on the same page in terms of all these different pieces are really important, and we all had our way to support them even if we were focused on one thing or another."

The mean score on **understanding of services and systems** increased by almost half a point. In 2020, organizations in Southwest Denver had the infrastructure in place to continue meeting, even if they were now meeting virtually. Providers and organizations were still connecting and sharing information, increasing their understanding of the services offered in the community, and talking through challenges to make services as efficient and effective as possible during a time when they were needed the most.

³ The survey measures three constructs of collaboration on a scale of 1–6 (1 = strongly disagree; 6 = strongly agree).



One implementation team member shared:

"General information has been shared among this collective of organizations for a long time but getting the right partners engaged in the specific work and getting them connected to the information about training, about what services were offered, eligibility requirements, within the context of early childhood mental health consultation, home visitation, training, coaching, supports to providers themselves be they FFN or center-based providers, there's been something different... in the way that we have been able to hone in on the useful information for specific staff and sift through some of the other less relevant generalized information and get the right information in the hands of the right people."

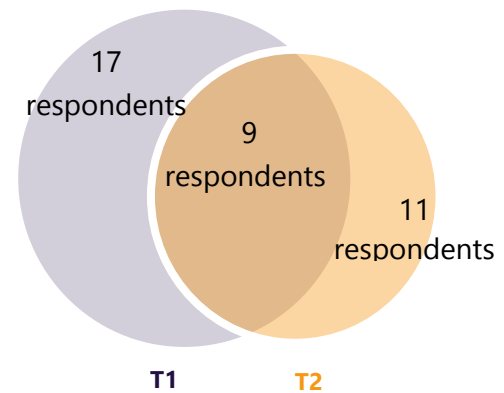
PARTNERships

In 2017 (T1) and 2020 (T2), a Social Network Analysis on Southwest Denver'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 LABS⁴ analyzed and reported the following data from the PARTNER tool on Southwest Denver's early childhood network. A portion of the analyses are presented here. For more information, refer to VISIBLE NETWORK LABS' full report [here](#).

⁴ 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.

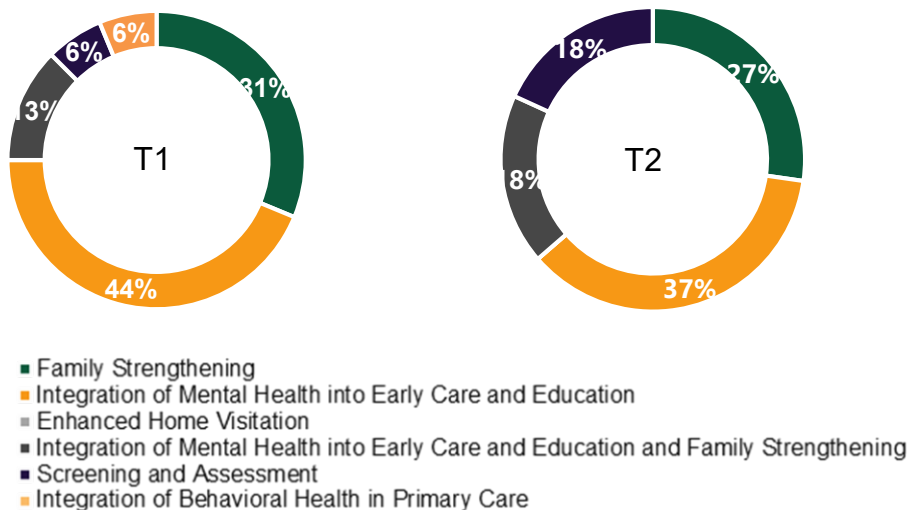
The T1 Southwest Denver network consisted of 19 organizations across 5 distinct groups and the T2 network was made of 20 organizations across 7 groups. The organizational groups correlated to the LAUNCH Together five strategies, with some overlap in strategies. Almost 90% of network organizations completed the survey in T1 and a little over half of invited organizations completed the survey in T2. There were nine organizations that took the survey at both timepoints (see Figure 4).

Figure 4. Survey Respondents by Year

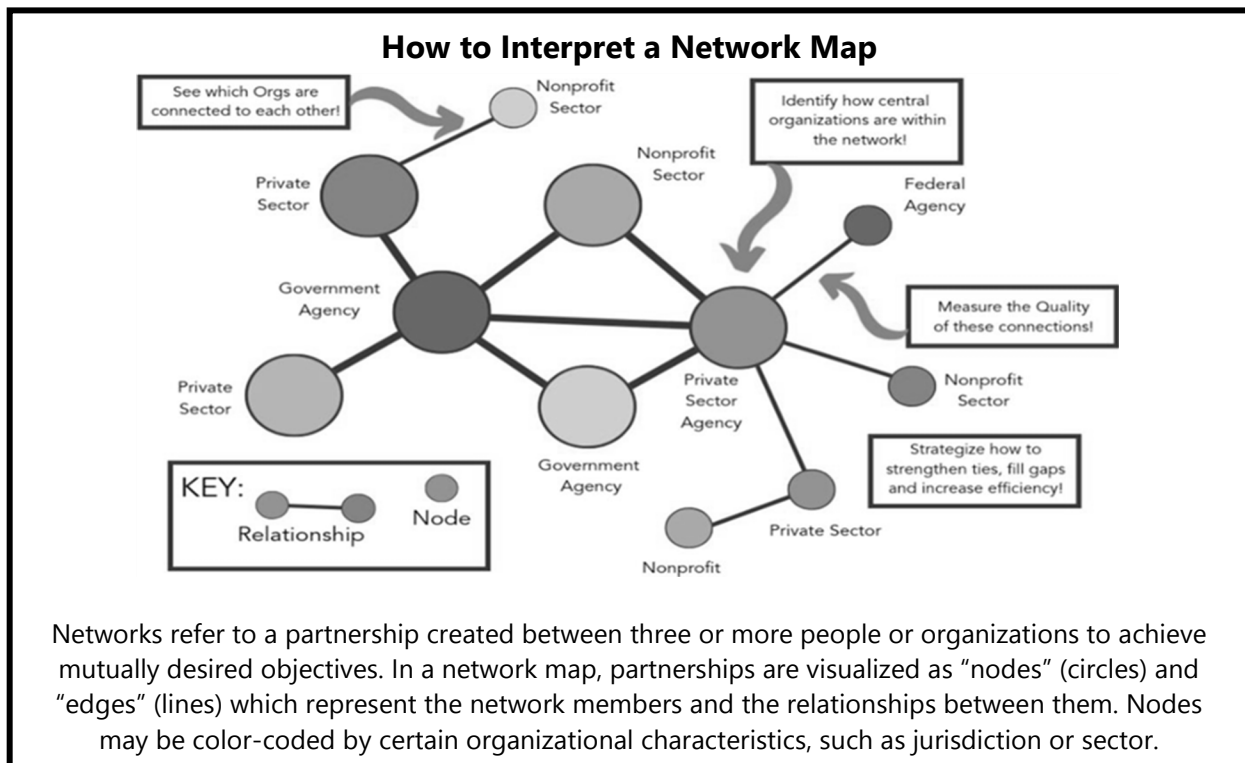


The largest group of respondents identified as organizations integrating mental health into early care and education and there were a variety of other sectors represented in the network, as well. This diverse set of partners from many sectors demonstrates a cross-sector collaborative initiative (see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

Figure 5. Types of Participating Organizations Across Timepoints

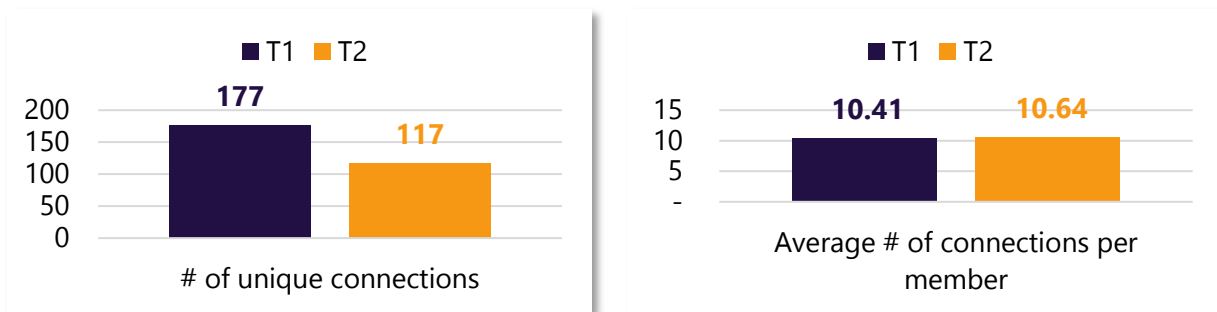


Connections



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 34% decrease in the total number of connections between organizations in the network, possibly related to less reliance on Southwest Denver's LAUNCH Together lead agency and more work to strengthen existing connections. The average number of connections per member increased slightly (see Figure 6). There were fewer unique ties reported over time, but each member of the network was still connecting with several organizations which allowed deeper, more meaningful connections to develop.

Figure 6. Southwest Denver's Early Childhood Network Scores





Network Maps

Social network maps of the Southwest Denver 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). Organization abbreviations on the PARTNER maps can be found in the Appendix [here](#).

A key player is a member of the system who is connected to most of the network. The network in Southwest Denver 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. Denver's Early Childhood Council (The Council) remained one of the most influential partners in the network over the course of the initiative (100% connected and 79% connected, respective by timepoints). Denver Great Kids Head Start (DGKHS) emerged as a key player by 2020 and was the highest connected partner in the network at that time (89% connected in 2020). These key players' connectivity is depicted in the maps with a more centralized location in the network and larger nodes. These are 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 7. SW Denver's 2017 Early Childhood Network

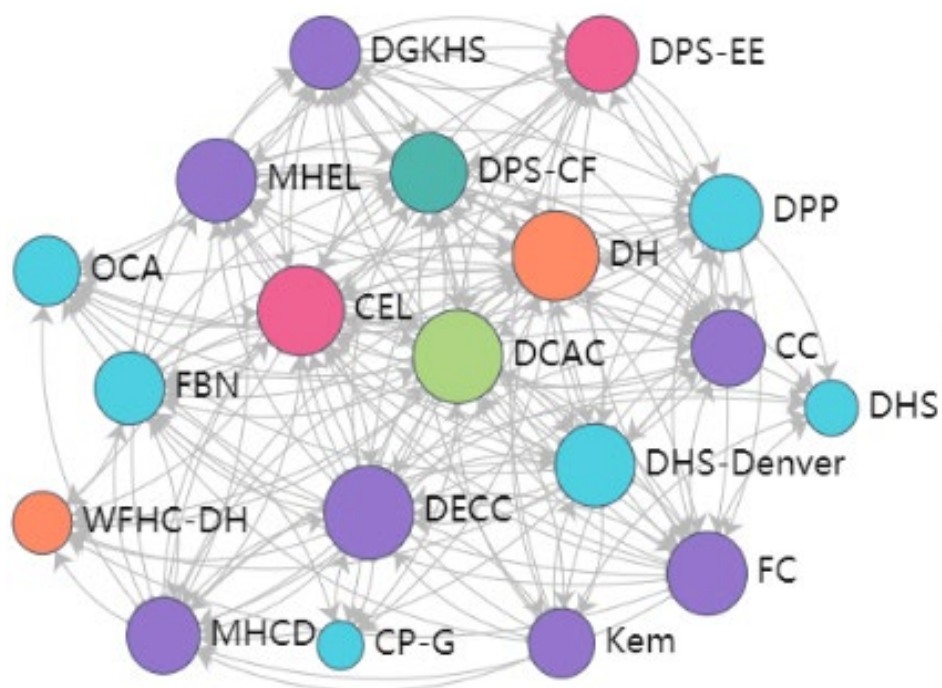
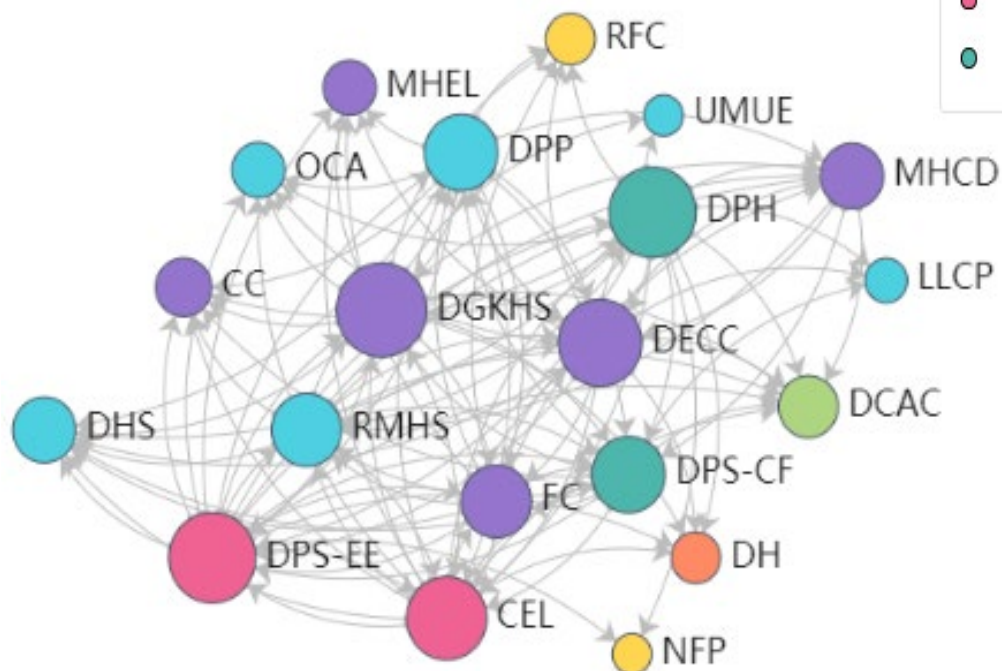


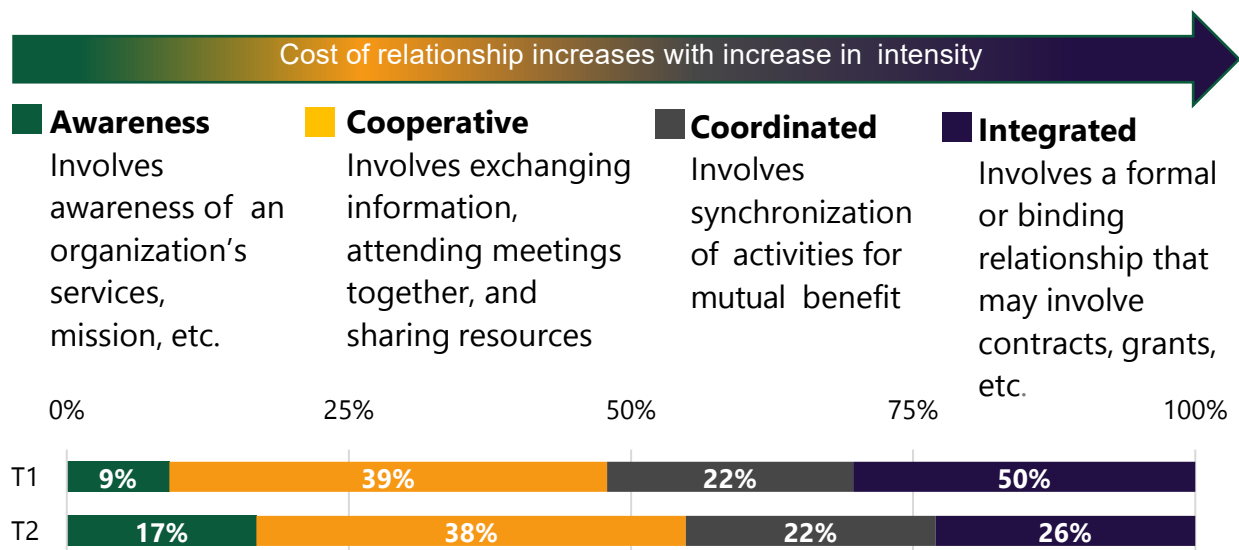
Figure 8. SW Denver's 2020 Early Childhood Network



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, fewer relationships were reported as fewer organizations participated in the survey. The share of relationships at the awareness level increased, while the share of relationships at the integrated level decreased (see Figure 9).

Figure 9. Relationship by Collaboration Level (2017 n = 165, 2020 n = 113)



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. Additionally, more relationships reported at the awareness level in T2 could illustrate more organizations being engaged across the initiative and is not a negative finding. If a majority of relationships were at the integrated level, they would require a greater number of resources to maintain and the

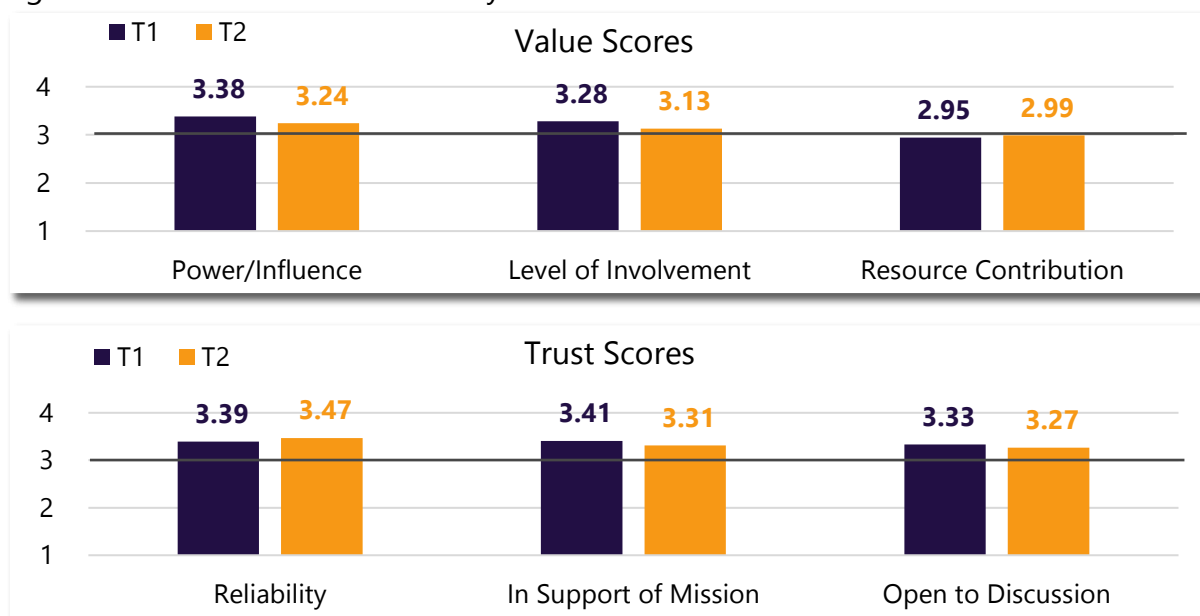
network might not be sustainable. Fewer relationships reported at the integrated level in T2 illustrated the balancing act of relationship intensity for the Southwest Denver early childhood network, decreasing the number of costly, more intense relationships that were harder to preserve. Overall, the intensity of relationships became more sustainable over time within the Southwest Denver 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. Figure 10 depicts the average value and trust scores in the network. Overall, scores slightly decreased from T1 to T2, however they were all at or above 3, which is considered positive.

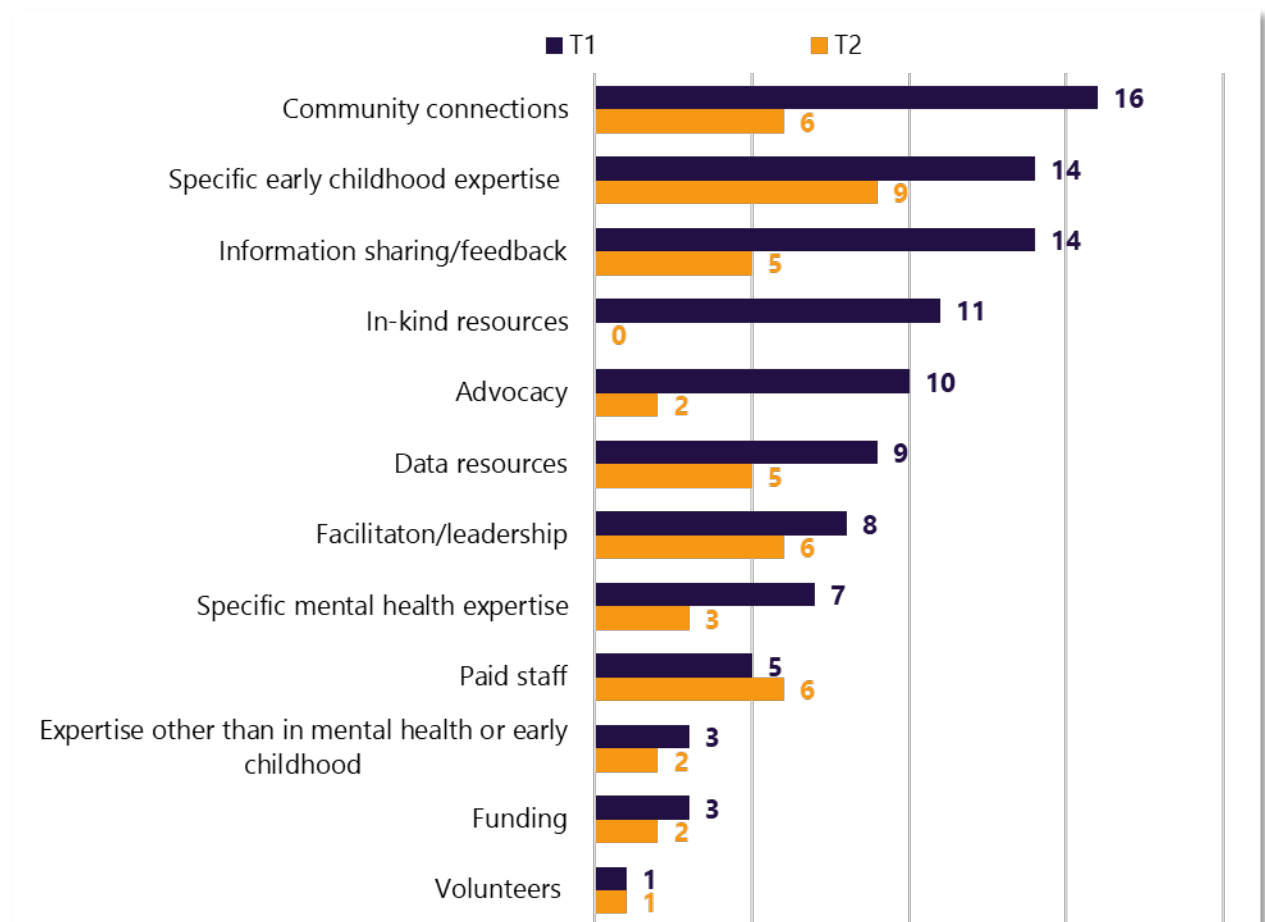
Figure 10. Southwest Denver's Early Childhood Network's Value and Trust Scores



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 T1, the most contributed resources were community connections, specific early childhood expertise, and information sharing/ feedback. In T2, they were specific early childhood expertise, community connections, facilitation/ leadership, and paid staff (see Figure 11). Please note, there were fewer responses to the survey in T2, so although there are lower counts, it does not mean less contribution. Organizations built their early childhood knowledge overtime which emerged as the most important contribution by 2020.

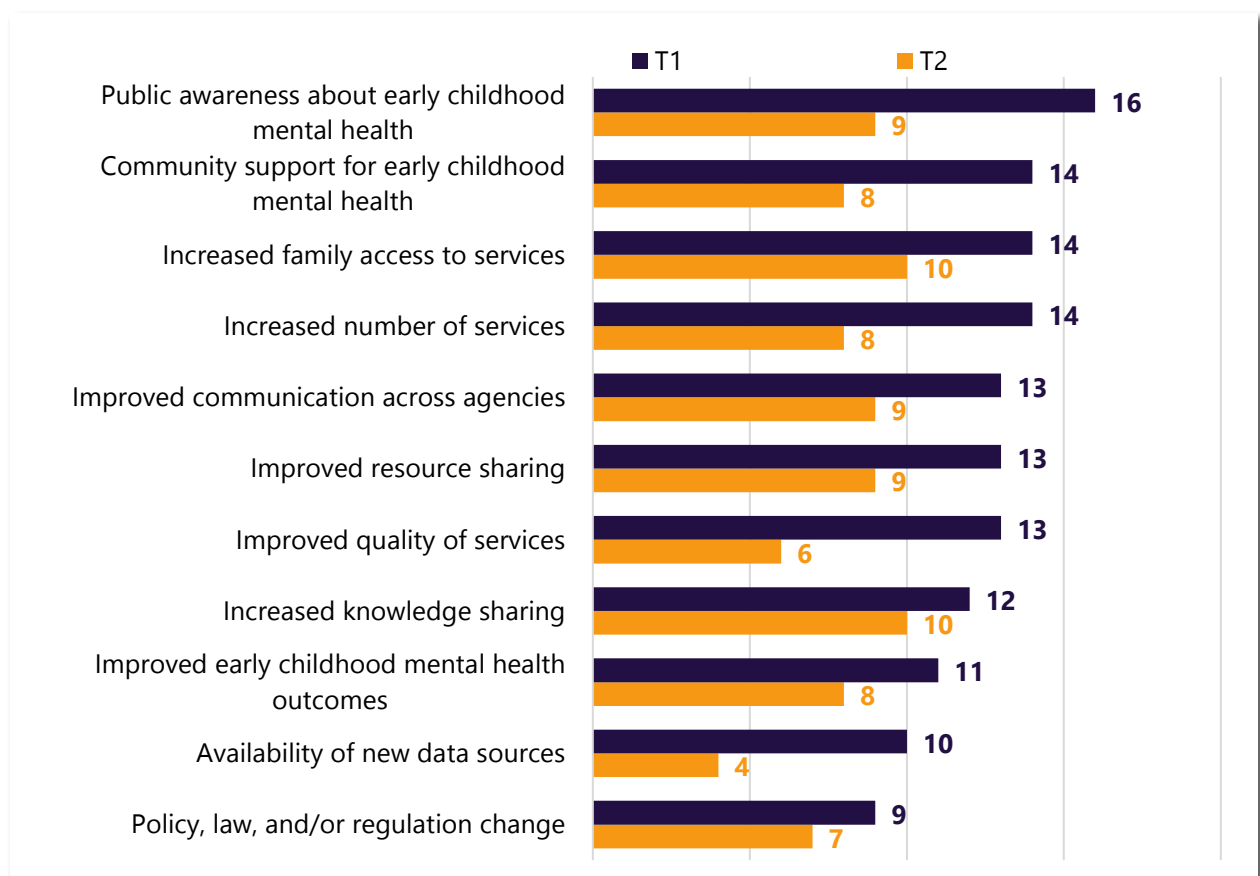
Figure 11. Organizational Contributions (T1 n = 17, T2 n = 11)



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, public awareness about early childhood mental health, community support for early childhood mental health, increased family access to services, and increased number of services were among the most selected outcomes. In T2, the most selected outcomes were increased family access to services, increased knowledge sharing, public awareness about early childhood mental health, improved communication across agencies, and improved resource sharing (see Figure 12). Across both years, Southwest Denver worked to improve services for families and spread awareness about early childhood mental health to decrease stigma and encourage families to seek services when needed.

Figure 12. Community Outcomes to Advance Comprehensive Early Childhood Mental Health Systems (T1 n = 16, 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 (63%) of the T1 respondents found the network to be "somewhat successful," whereas a majority (70%) of T2 respondents found the network to be "successful" (see Figure 13). In both T1 and T2, respondents identified "bringing together diverse stakeholders" and "exchanging information/knowledge" as top aspects of collaboration that contributed to the initiative's success (see Figure 14). Southwest Denver 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 = 16, T2 n = 10)

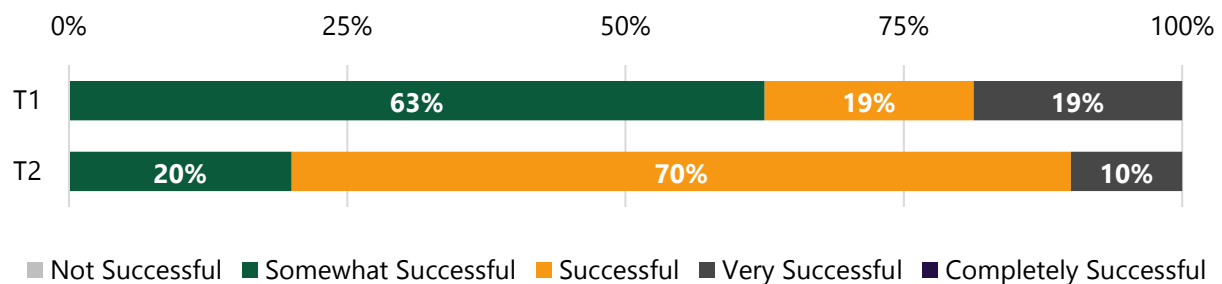
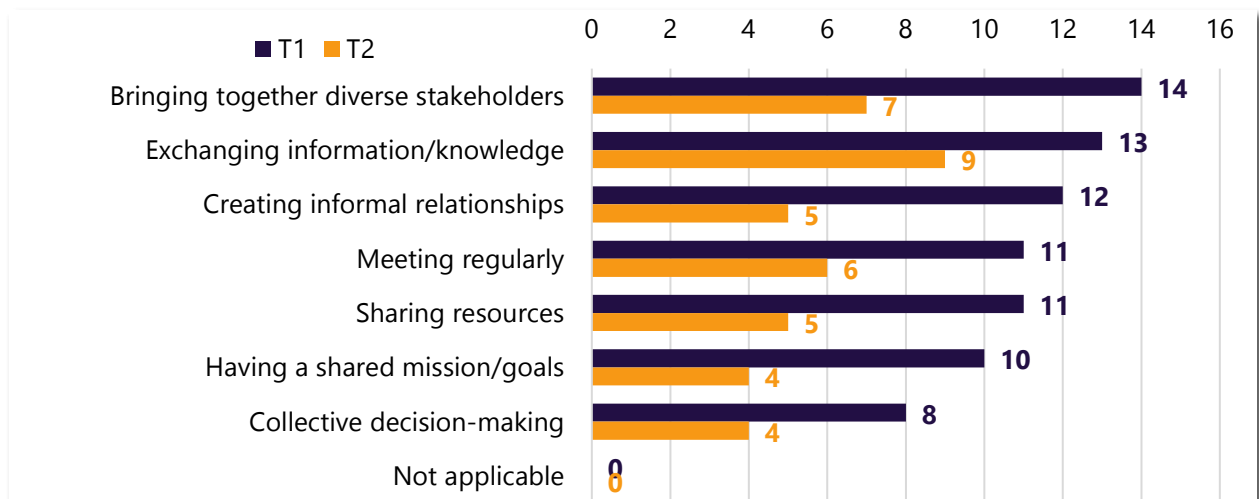



Figure 14. Aspects of Collaboration that Contribute to Success (T1 n = 16, T2 n = 10)






Southwest Denver consistently engaged organizations and reported high levels of value and trust amongst organizations over the five years of the LAUNCH Together initiative. Organizations started sharing more information and increased their own knowledge to spread expertise in early childhood throughout the community. Organizations saw an increase in family access to services, as well public awareness of early childhood mental health, which was a focus in Southwest Denver throughout the initiative. Many organizations found the network successful at reaching their LAUNCH Together goals and did so by sharing information/knowledge and gathering a diverse group of individuals to work on the initiative. Overall, Southwest Denver'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 Together initiative, Southwest Denver engaged 92 programs in its LAUNCH Together activities. All programs reported serving children five and under while 16% also served children older than five. Teachers, informal caregivers, and other direct service providers were the main recipients of services (66%) followed by parents and families (13%). The majority of programs focused on integrating mental health consultation in early childhood education (73%).

Throughout LAUNCH Together implementation, the Southwest (SW) Denver 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. SW Denver's LAUNCH Together 2020 implementation plan included the following three goals:

Goal 1. Responsive Systems & Services - The multiple systems and services in SW Denver supporting the healthy social-emotional development of young children are working together using a trauma-informed approach to be more responsive and accessible to families, communities, and professionals.

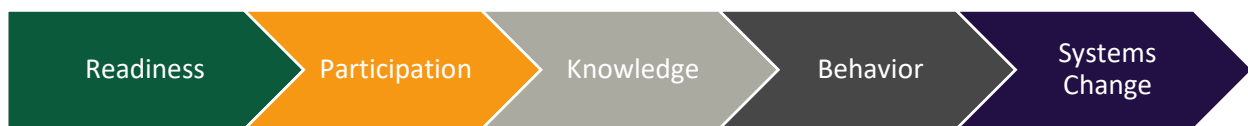


Goal 2. Reflective Organization & Workforce - Build a network of organizations and professionals in SW Denver implementing evidence-based, trauma-informed practices (contextualizing trauma, supporting healing, and building resilience) in their day-to-day work with each other and the children and families they serve.

Goal 3. Resilient Neighborhoods & Families - Enhance the protective factors (as defined by the Strengthening Families Framework) of the neighborhoods and families of SW Denver to strengthen their connections with their children and the resources around them.

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

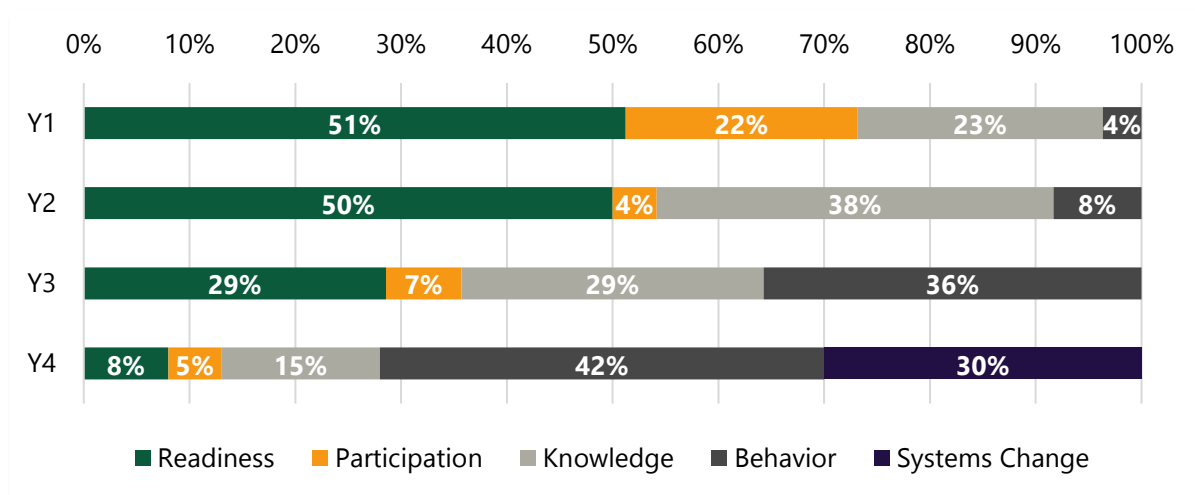


The implementation continuum provides a framework for long-term systems change, including:

- **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)

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. 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, progressing 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. The following sections present qualitative information shared by Southwest Denver implementation team members regarding each strategy over the course of the initiative.

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.




Southwest Denver worked to streamline the screening, assessment, and referral process throughout their community. Implementation team members received technical assistance around developmental screening to “get people on the same page and working on how we can improve screening and referral” and they mentioned it was “a good way for us to use this project to launch things.” One of the greatest successes in screening, assessment, and referral in Southwest Denver was the work that evolved from the partnership between three key organizations. One team member shared:

“Denver Health, Rocky Mountain [Human Services], and DPS Child Find particularly have been working together to develop some training materials for positions and other potential community referral resources around child development and social-emotional development services that are available and what that looks like to refer a child and have implemented those at Denver Health. Then those materials will exist and be available ongoing to help train other practices in the community and other folks we might be referring for services. Part of the reason that’s particularly important is because the early intervention and preschool special education services systems are very complex, and it’s very hard for people to understand how you get in, so having that package of training materials is going to be very helpful. What is the purpose, why is it important, and then very specific processes and who to refer to for what services and what that looks like in order to help them better explain to families when they’re making referrals and doing a screening.”

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.




Southwest Denver's initiative strengthened the workforce by providing reflective supervision to home visitors. The initiative also focused their efforts on connecting home visitors with other providers and creating a space for home visitation programs to meet with each other. One interviewee shared:

"[W]e recently started a home visitation collaborative. There were a lot of home visitation models in Southwest Denver, some visiting across the city and different areas, and bringing together a collaborative to understand what models are actually providing home visitation and then providing that reflective, supportive group environment for all the home visitors to come together. We had one in-person meeting and we had such a huge response we didn't even know there were that many people doing home visits in Southwest Denver. We had more than 30 people there, and we wanted it to be not another round table where supervisors sit and talk about what their programs are doing, but actually the home visitors [talking] who were going into the homes and feeling like they have some support – [for example] if they can't support a family who can they talk to – so the families are getting what they need. We have Nurse Family Partnership, we have home visitors who are doing Parents as Teachers (PAT) and HIPPY, we have Right Start from the Mental Health Center of Denver, and we have RE:Vision, who are Promotoras or persons who are going to the home. It's been this whole, bring everybody together so we can support each other. It's along the same lines of shifting the thought of we need to take care of ourselves and find the support we need first before we're able to provide that support to families."

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 includes 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.




Almost three-quarters of programs engaged in Southwest Denver's LAUNCH initiative (73%) reported mental health consultation in ECE as their primary strategy. Southwest Denver focused on spreading awareness and understanding of these services throughout the community. LAUNCH provided the time and funding needed to build strong relationships with providers and families. Mental health consultants connected with other early childhood providers in the community like coaches to deliver efficient and streamlined support to ECE programs. They also had the opportunity to provide consultation to home visitors. One interviewee explained:

"We brought the mental health consultants together with the home visitors. They go into childcare centers; they work with early childhood teachers in the centers. We broadened that quite a bit to work with the home visitors. Also, the other thing... we have plans to make this go on, bringing together the coaches who work in the childcare centers together with the mental health consultants. We often found a coach would go in and they wouldn't even know that there was a mental health consultant working there or the mental health consultant wouldn't know who the coach was at that center, so we've done a lot of work to create more collaboration with those groups. We've been doing quarterly meetings, bringing everyone together and not just networking, [but] working on what it is that we do here and how can we work together, and we've seen shift in that. Conscious Discipline was a part of that. A lot of the mental health consultants also learned Conscious Discipline, so they're supporting the same things in the sites that the Conscious Discipline coaches were working on, as well, so that's a little bit more success."

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.




Southwest Denver's implementation team provided professional development opportunities for medical providers on various early childhood mental health topics and even provided training funds to Denver Health providers in 2020 when they lost some financial support for trainings due to COVID. Southwest Denver's greatest success in the BHIP strategy was hiring an infant mental health (IMH) specialist as the team lead providing supervision and training for the IMH team, directing and expanding HealthySteps, and sustainable program development organization-wide. The start-up money for this position was funded through LAUNCH Together, and one implementation team member explained "this wouldn't exist if LAUNCH hadn't been there to push that agenda, of how important integrative behavioral health is." The infant mental health specialist worked to build relationships with providers and spread awareness of infant mental health across the Denver Health system. The specialist explained, "We started thinking we're just impacting Southwest and then it grew into something for all of Denver Health." They are making efforts to encourage providers to engage the specialist as early as possible and shift to a strengths-based mindset when working with families. The Infant Mental Health team hopes to expand their capacity to spread across all pediatric and family clinics, expand their training program, and hire another infant mental health specialist on the hospital side. The infant mental health specialist shared:

"We still have a long way to go with climate change, but we are already seeing an increase in the number of kids, five and under, three and under, and one and under, who are being seen in health clinics where there's an infant mental health provider, and the difference is drastic compared to spaces where there isn't a pediatric or infant mental health provider."

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.

Eighteen percent of Southwest Denver programs identified family strengthening as their primary strategy. Southwest Denver's team offered Conscious Discipline-focused Parent Education Groups, Abriendo Puertas trainings for Spanish-speaking parents, and supported Family Leadership Training Institute (FLTI) cohorts. FLTI was highlighted as



one of the programs that has “a real commitment” and will be sustained after the LAUNCH Together grant ends. One provider elaborated:

“We have a group of invested community members who have gone through a year-long training and have developed their skills and are taking on some projects to help improve the Southwest area. We had a good group of people who were able to provide connections as well as people thinking about what projects they wanted to lead. And now they’ve solidified the whole application process and training that will occur with the second cohort even through the [pandemic] struggle. They’ve done some training with Zoom and held some in-person classes. That speaks loud and clear to the need and the want in the community to continue to build their strength.”

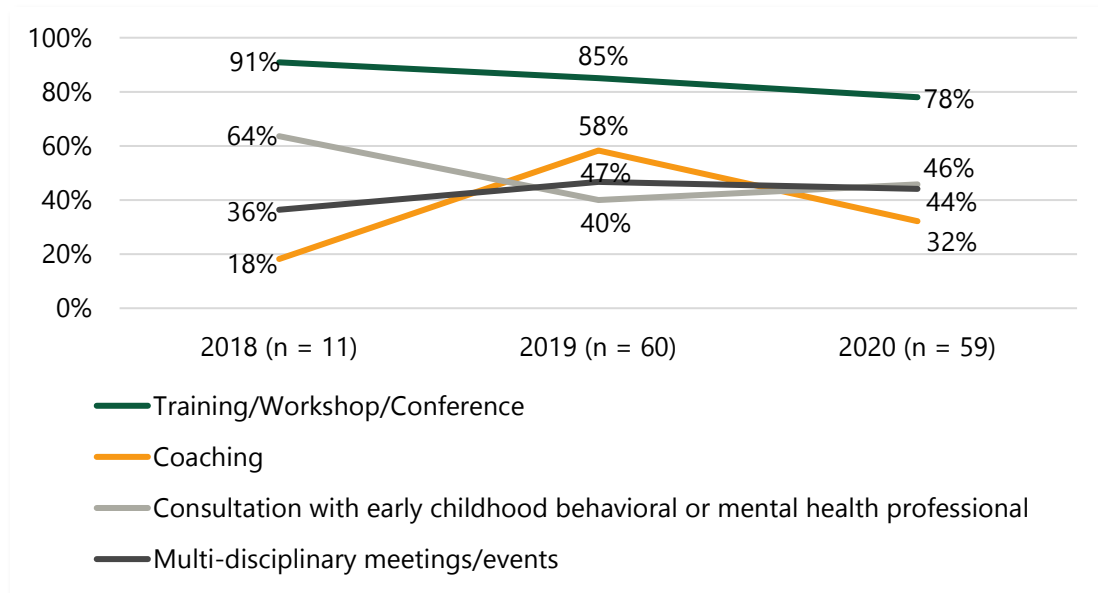
Workforce and Provider Capacity

Southwest Denver’s LAUNCH Together initiative invested many resources and supports in their workforce. Across four years, 40% of Southwest Denver’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, and reflective supervision support. Specific workforce capacity-building activities included providing:

- On-site coaching support to classroom-specific teams to ensure high-fidelity implementation of Conscious Discipline in entire schools and programs to achieve individual behavior and program change
- Mental health consultation in SW Denver at established childcare sites, FFN sites, and new sites who expressed interest
- Opportunities for home visitors/visitation agencies working in SW Denver to receive reflective supervision.
- Home visitors/promotoras professional development opportunities that enhanced their home visitation practices through skill building and knowledge development
- Technical assistance to organizations in the trauma-informed cohort to adopt and implement a trauma-informed approach, including using assessment results to determine trainings and consultation on issues related to becoming a trauma-informed organization with Re:Vision and Roots Family Center

Providers received different types of supports across the initiative including trainings, workshops, conferences, coaching, consultation, and multi-disciplinary meetings or events. Trainings have remained the most accessed workforce support during the duration of the grant (91%, 85%, and 78% respectively across years) and have been supplemented with coaching and consultation (see Figure 17).

Figure 17. Workforce Supports Reportedly Received From 2018 – 2020

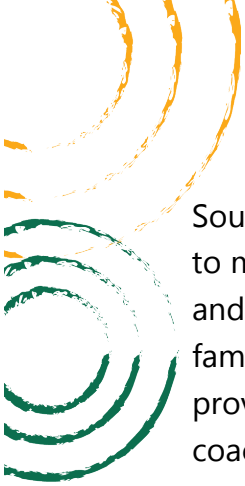


Training


Across initiative years, providers reported trainings improved their knowledge of social-emotional health for young children and positively shifted their behavior in daily practice. Southwest Denver 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	4	146
2018	9	233
2019	15	421
Total Across Years	28	800

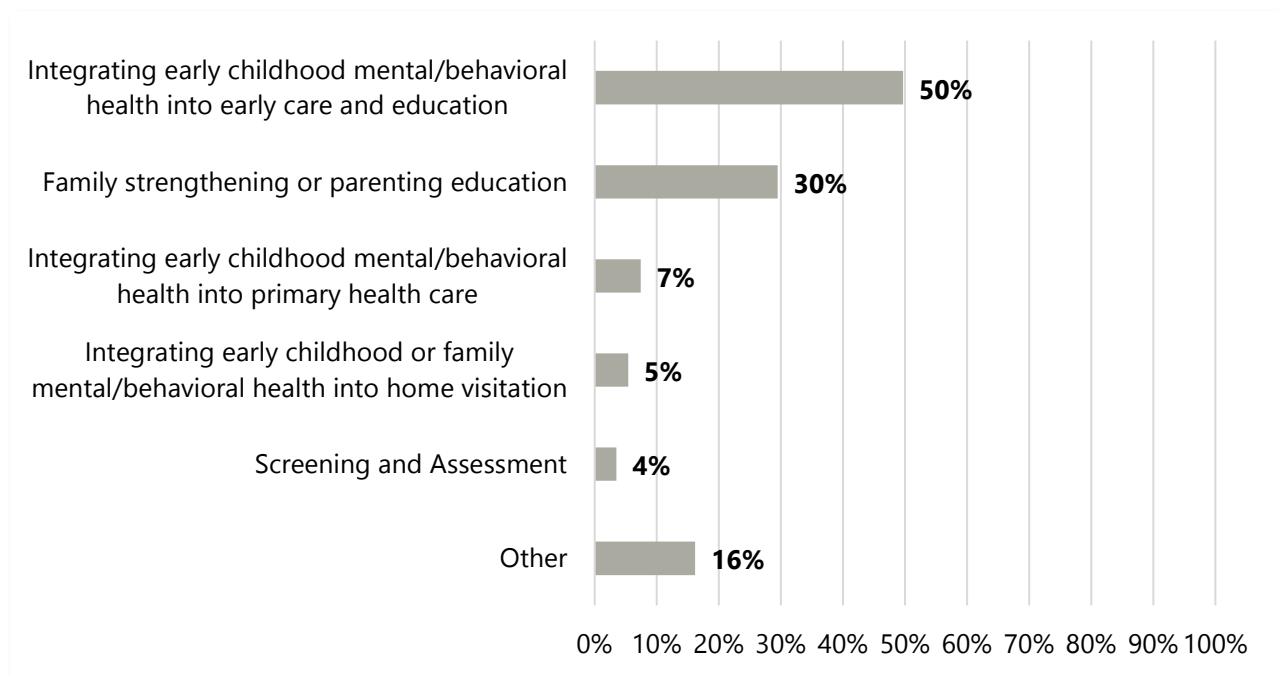


Southwest Denver's LAUNCH team offered training opportunities in English and Spanish to more than one hundred fifty organizations, reaching providers across sectors and roles including medical and mental health providers, parent educators, promotoras, family advocates, home visitors, caseworkers and intake specialists, public health providers, early care and education providers (both home and center-based), and coaches and mental health consultants.




Across initiative years, Southwest Denver'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 (50%) followed by family strengthening (30%; see Figure 18).

Figure 18. Focus of Provider Trainings ($n = 772$)⁵



⁵ Source: Training surveys

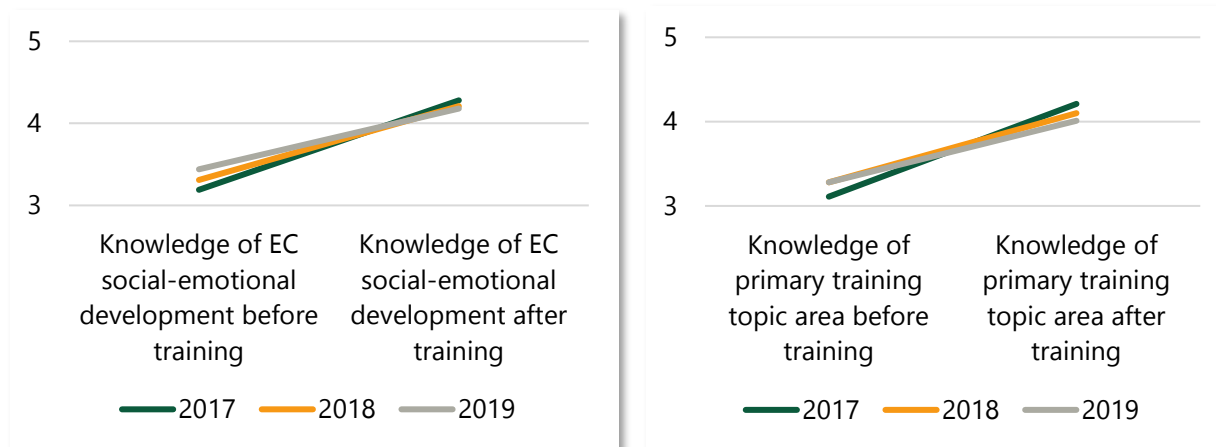


During the initiative, trainings were offered on a variety of topics and more than two-thirds of providers reported receiving at least one training focused on child development (82%), early childhood mental health (71%), and family health and well-being (68%). Between 2017 and 2019, Southwest Denver's LAUNCH team hosted trainings on Conscious Discipline, trauma and abuse, and child and family resilience. Providers described the Conscious Discipline trainings as "empowering." One provider elaborated, "Literally one of our ECE teachers who was sponsored by LAUNCH was like, 'This might have just changed my life.' And she wants to change everything about her classroom. And people always say it really helps with your personal life, too. But I would say more it's not a child trying to harm us, it's a child's trying to tell us something. And so that shift has brought a lot of patience into people who have received the training." Another provider also noted the impact of the training when paired with coaching. They explained:

"We started with Conscious Discipline and we started incorporating it at our facility. They gave us a training. We had some coaching done through the council as well, incorporating Conscious Discipline in the classroom. It has helped a lot behavior-wise. We have less behavior challenges. We know how to address them better in getting all the staff trained on that. It has definitely decreased a lot of issues in the classroom. It's definitely something really great that we were able to put into place at our center."

Across all trainings, providers reported a change in knowledge after the training. Providers typically felt *somewhat* knowledgeable about **early childhood social-emotional development** and the specified **training topic** before the training ($M = 3.36$ and $M = 3.25$, respectively across all years) but after the training, they reported an increase to feeling *knowledgeable* about early childhood social emotional development and the topic of the training ($M = 4.21$ and $M = 4.07$, 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 4.47 across years.⁶ 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 reflective supervision, cultural and linguistic responsiveness, and child development were particularly impactful, as providers rated these as the top three training topics that improved their work ($M = 4.33$, $M = 4.29$, $M = 4.18$, respectively).⁷ Pregnancy-related mental health trainings were rated least applicable, as only 60% of providers said they would incorporate what they learned from those trainings into their practice, and it was the lowest rated topic when providers were asked if it improved their work ($M = 3.00$).

Providers reported the trainings were also an opportunity to network with other professionals throughout the community and learn more about the programs and services for children and families in Southwest Denver. One provider explained they have “a bigger pool to draw from when [they] need help.”

⁶ On a scale of 1-5: 1 = not at all, 5 = a great deal.

⁷ On a scale of 1-5: 1 = Did not improve at all, 5 = Greatly improved.




Another provider elaborated:

"LAUNCH has provided so many sessions of training or PLCs [Professional Learning Communities] where we can interact and share ideas. Because sometimes as a provider, we're so into our work on a daily basis that it's good to know what's happening with other providers and share what we're dealing with. And it helps because whatever challenges I'm facing, it might be a great resource for the other providers, to help out on their center as well as me having insight from other providers, what they're dealing with, it's just knowledge for us, too."

Each year, providers reported the same challenges to implementing what they have learned from trainings: time limitations, unsupportive organizational staff/leadership, 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 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 continuing virtual trainings. Providers mentioned the accessibility of virtual trainings because they are "less expensive" and can be completed from home. One provider explained:

"You don't have to travel across town for something special, it's here, right where you live. I think that piece during COVID has been huge because we're not stuck, we're not stagnant, and we're not deficient because of funding difficulties during COVID. And I mentioned that that boosted our morale. It boosted our morale quite a bit. But it also means we can continue to provide high-quality services because all of those trainings also discuss the impact of COVID on the work. So how can we continue to do some of these things virtually, how can we assess virtually, how can we do them while wearing masks with very young children? That's all been part of the conversation too, and that wouldn't have happened if we weren't at the table."


Denver has worked hard engaging early childhood providers across sectors and roles in trainings. Further efforts to engage entire organizations, including leadership and administrators, in addition to direct service providers, would continue to spread



awareness of early childhood social-emotional health and foster more buy-in on the importance of this topic. Finally, providers reported gaining knowledge from the trainings but always requested 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 may have to rely on resources they can send to families. Many providers were also interested in trainings and resources in other languages, especially Spanish. During the planning phase of the LAUNCH Together grant, Southwest Denver's team identified a unique need amongst all LAUNCH Together communities focused on a "multilingual, culturally responsive workforce." Southwest Denver's LAUNCH Together team has hosted professional development opportunities for providers who work with bilingual families, and more opportunities will continue to expand the quality programs and services offered to children and their families.

Other Supports

On training surveys across all years of implementation (2017–2020), one-quarter of providers thought "individualized coaching" would help them integrate what they learned during the training into their daily practice; and a few interviewees specifically mentioned the coaching and consultation they received helped improve their practice. LAUNCH funding helped embed coaches, specialists, and consultants for more hours across early childhood programs. Figure 17 illustrates this change, as more providers reported receiving coaching over time and many also received consultation at some point during the initiative. 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 parent-child relationships and reflective supervision. Providers mentioned that coaches were particularly helpful in applying Conscious Discipline in the classroom. Providers explained coaches came to their programs to provide training and presented hands-on examples of Conscious Discipline practices, "[Conscious Discipline coaches] also came out and gave us a specific training with our ECE classrooms on how to use the time machine to Conscious discipline [and] the way to do conflict resolution. So, that was really beneficial for us to see it in action because it was something we couldn't quite grasp. And then shifting discipline to accountability, instead of just punishing without supporting a kid, figuring out why they did something they did."



On-site mental health consultation also made a significant impact on families and ECE providers. They mentioned the mental health consultant has been “a good intermediary” between providers and families and has helped explain childhood development concerns they see in the classroom and provided referrals to additional services for families when needed. Another provider explained the benefits of having one mental health consultant stay with them throughout the LAUNCH Together grant:

“For us to have somebody on-site, it was like a blessing because they’re the expert on this. The connections were made here for families and children at the same time as the staff and, for LAUNCH to provide someone to be here with no cost for us, I’m so grateful for this. We have stayed with the same mental health consultant for the last two and a half years, which has made a bond with our families. So for us not having a change of staff from the mental health consultants has been really good because the connection is there with the parents.”

One ECE director also explained how the mental health consultant provided additional support to them and their center’s staff, “[Our mental health consultant] is a great go-between because the teachers are not going to tell me everything, but they’ll tell [her] and then [she] can come tell me, which also helps keep the lines of communication open. And, she’s a great resource for me when I hit those rough spots... when I’ve reached the end of my rope, I can call her and she can talk me off the ledge, give me some help.”

Overall, early care and education providers reported their mental health consultant helped them understand the social-emotional health of young children and better equipped them to support families. In 2020, teachers shared that their mental health consultant supported them in being able to address challenging behaviors in their classroom and gave them the tools to help families manage their children’s challenging behaviors outside of the classroom.


Mental health consultants were particularly impactful in 2020, as ECE providers rated their knowledge and behavior around early childhood social-emotional health had greatly increased from 2019 to 2020 (see Table 3).




One provider mentioned:

"Putting into place a mental health consultant and having Conscious Discipline in our site, I have definitely seen a decrease with behavior challenges. And not only that, if we're seeing behavior challenges, we know how to act and move forward with that, and then just have resources for the parents, make a plan, do an action plan... we have definitely seen progress with that. We have definitely not dismissed any children for challenging behavior out of our center.

Table 3. Mental Health Consultation in Early Care and Education 2019-2020



The early childhood mental health consultation processes helped me to:	2019 (n = 12)	2020 (n = 10)
Better understand the social-emotional needs of children in my care.	3.58	4.20
Better understand the meaning behind children's challenging behaviors.	3.42	4.33
Support families to manage their children's disruptive or challenging behaviors.	3.25	4.30
Better communicate with parents about their children's social-emotional development.	3.25	4.20
Understand my own capacities for addressing children's social-emotional needs.	3.50	4.30
Increase my ability to help families manage their children's challenging behaviors.	3.25	4.30
Feel supported in teaching young children with challenging behaviors.	3.42	4.50
Improve my relationship with children in my classroom.	3.42	4.33



Not only was mental health consultation important while the consultants were embedded in the classroom, but the consultants were even more vital during the COVID-19 pandemic. An ECE director explained:

"Once we closed down because of COVID, being able to have a mental health consultant and [know] how COVID was impacting the families and for her to be able to be depended upon and have that contact with the parents by phone or by Zoom played a big role because she was always there and was giving me resources that I can forward to parents, and she was always making them [know she was] available, that she was there for any issues that they had. So, I think with COVID, having a mental health consultant on-site helped a lot of the families."

Access to multicultural and bilingual supports and resources was again highlighted as a continued need in the community. One provider appreciated the coaching they received; however, they wished the coach was bilingual. They explained, "A bilingual person may have been more beneficial because our community has a large community with Spanish-speaking families, and each one of our grades has a Spanish speaking classroom." Continued capacity-building of a bilingual and multicultural workforce will make an even greater impact in Southwest Denver's community.

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 remained consistent over the duration of the grant. There were some decreases on certain topics from 2019 to 2020, but there were also some large knowledge increases on the topics of family resources and support services and collaboration across services, systems, and organizations (see Table 4). Across years, providers consistently underscored the impact the grant has had on their partnerships, collaboration, and knowledge of services in the community. This only increased during the final year of the grant (2020), and one provider explained:

"I think first, just [having] a group of allies. That's harder to measure, but just knowing that LAUNCH is there and being able to meet with experts from the Denver metro area and Denver's west side has been invaluable. It's one of the few connections that I have had to community partners that's been consistent even through COVID. I appreciate that very much."

Table 4. Reported Knowledge of Early Childhood Topic by Year

Topic	2019 Mean (n = 59)	2020 Mean (n = 56)
Child development	4.25	3.95
Family health and well-being	3.90	3.86
Parent-child relationships	4.10	3.84
Early childhood mental health	3.66	3.36
Cultural and linguistic responsiveness	3.95	3.59
Screening and assessment	3.62	3.25
Family resources and support services	3.53	3.82
Collaboration across services, systems, and organizations	3.22	3.55
Reflective practice or supervision	3.57	3.42
Pregnancy-related mental health	2.66	2.84
Integrating behavioral health practices into primary care	2.97	2.82
Overall knowledge mean	3.58	3.48

When the average reported knowledge of each early childhood topic above was analyzed across initiative years by college degree attainment, there was a significant difference in knowledge; those who had obtained a college degree were more likely to report higher scores across topics than those who had not obtained a college degree.⁸ Trainings and individualized assistance greatly influenced 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 support will impact not only providers, but also the children and families with whom they work.

⁸ $t(127) = -2.868, p < .01$


Overall, by strategy type, providers felt they gained knowledge and were able to take that knowledge into their work, especially when they received mental health consultation (see Table 5). Between 2019 and 2020, behavior and knowledge change across all strategies increased among providers, highlighting the resiliency of Southwest Denver's providers through difficult times. They have increased their own knowledge and have been able to take that knowledge into their practice and provide the support and resources to families who needed it.

Table 5. Knowledge and Behavior in Practice by Strategy Type⁹

	2019		2020	
	N	Mean Score	N	Mean Score
Knowledge and Practice of:				
Screening and Assessment	59	3.54	53	3.67
Social-Emotional Health in ECE	42	3.51	17	3.57
Mental Health Consultation				
All Providers	16	3.10	21	3.82
Early Childhood Care Providers	12	3.39	10	4.30


During the planning phase of LAUNCH Together, Southwest Denver's team discovered that almost half of their identified community needs were related to workforce development. During the implementation phase of the grant, Southwest Denver's team focused their efforts on the workforce with almost 30 trainings impacting 800 participants across the early childhood field. Trainings were not only offered to providers but also to families and community members to strengthen their resilience and skills. The implementation team embedded on-site coaching in classrooms to help implement Conscious Discipline, promoting provider and program change.

⁹ 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.



Southwest Denver's LAUNCH team funded mental health consultation across several sites to support providers, children, and their families. Southwest Denver's LAUNCH Together initiative strengthened an already resilient workforce to better support children and families.

Families' Experience of a Coordinated System



Data for this section comes from the annual family survey and family focus groups/interviews from 2019 and 2020 evaluation years. Southwest Denver's data collection from families was extremely limited in 2018. To protect individuals' privacy, data is not reported when fewer than five individuals responded.

Throughout the LAUNCH Together initiative, Southwest Denver's early childhood providers received multiple supports and resources to improve children's social-emotional development, and providers' efforts are reflected in the experiences of families who accessed their services, most notably in early childhood education settings. One family talked about how supported they felt and the efforts their childcare center took to involve them:

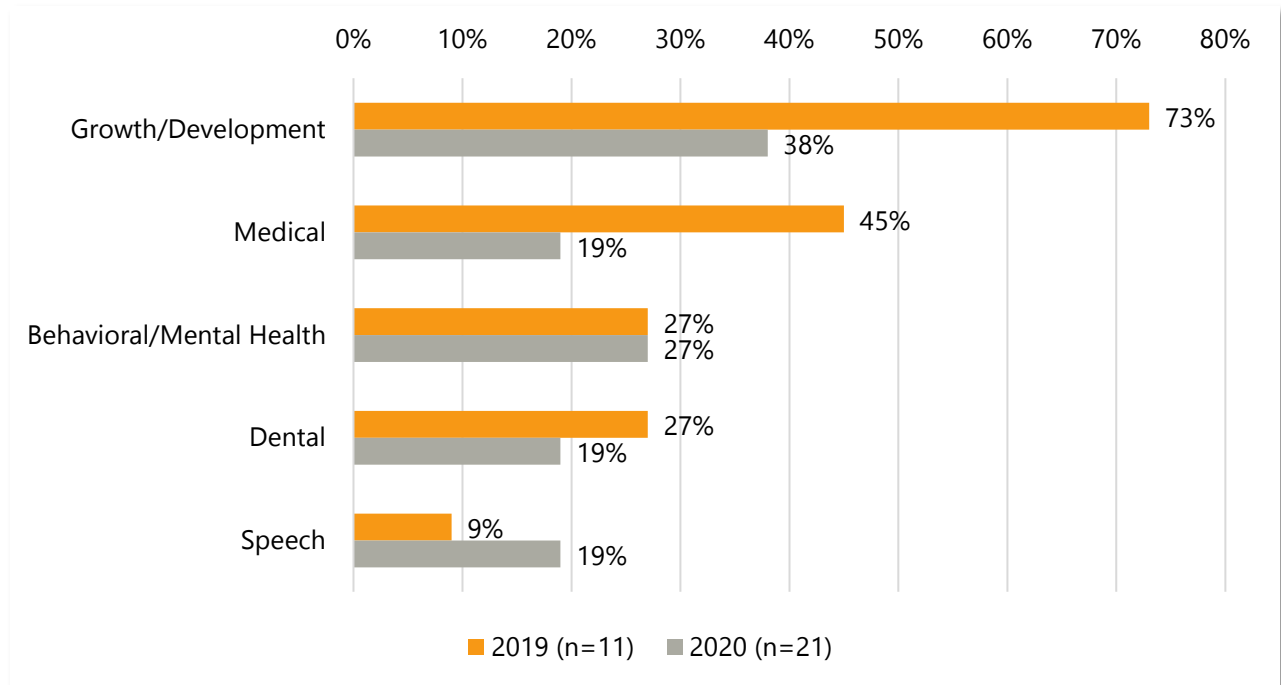
"They're pretty open in terms of communication. Like if he's doing something that they're concerned about, that they want to collaborate and try to work on things. So, I feel like they're pretty supportive."

Another family spoke about the care their school took with their children including the use of mental health consultants:

"The teachers really, really took care of the kids, watched out for them. I was blown away by how much they cared for the kids. They did like a quarterly parent conference where they would sit down with us and go over development goals for our kids, which was really something I hadn't expected going into it. I know they had a child psychologist that visited those classrooms, but we didn't really have a lot of conversations with her, but the fact that they had that service in this school, it was really, really great."

Of the 72 families who participated in the annual family survey across both years, 32 said they received a referral for their child. The majority of referrals in both years were for growth and development (72% in 2019 and 38% in 2020) as shown in Figure 20.

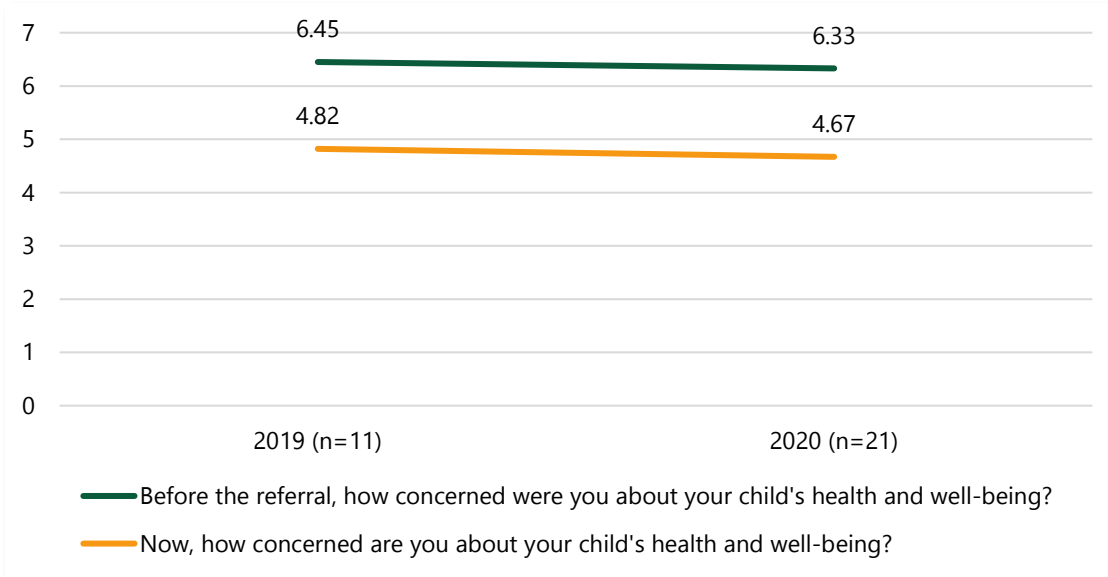
Figure 20. Types of Referrals Received by Survey Respondents¹⁰



Families who received referrals for their children all reported on their experiences with those referrals. On a scale of 0–10 (0 = not at all; 10 = completely), families whose child received services reported that the referred service helped their child almost completely with the problem or concern in 2020 ($M=8.56$), a somewhat consistent trend with the previous year ($M=9.33$). 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 2020 ($M=6.33$) and 2019 ($M = 6.45$) 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 on average in both years (see Figure 21).

¹⁰ Source: Annual family survey

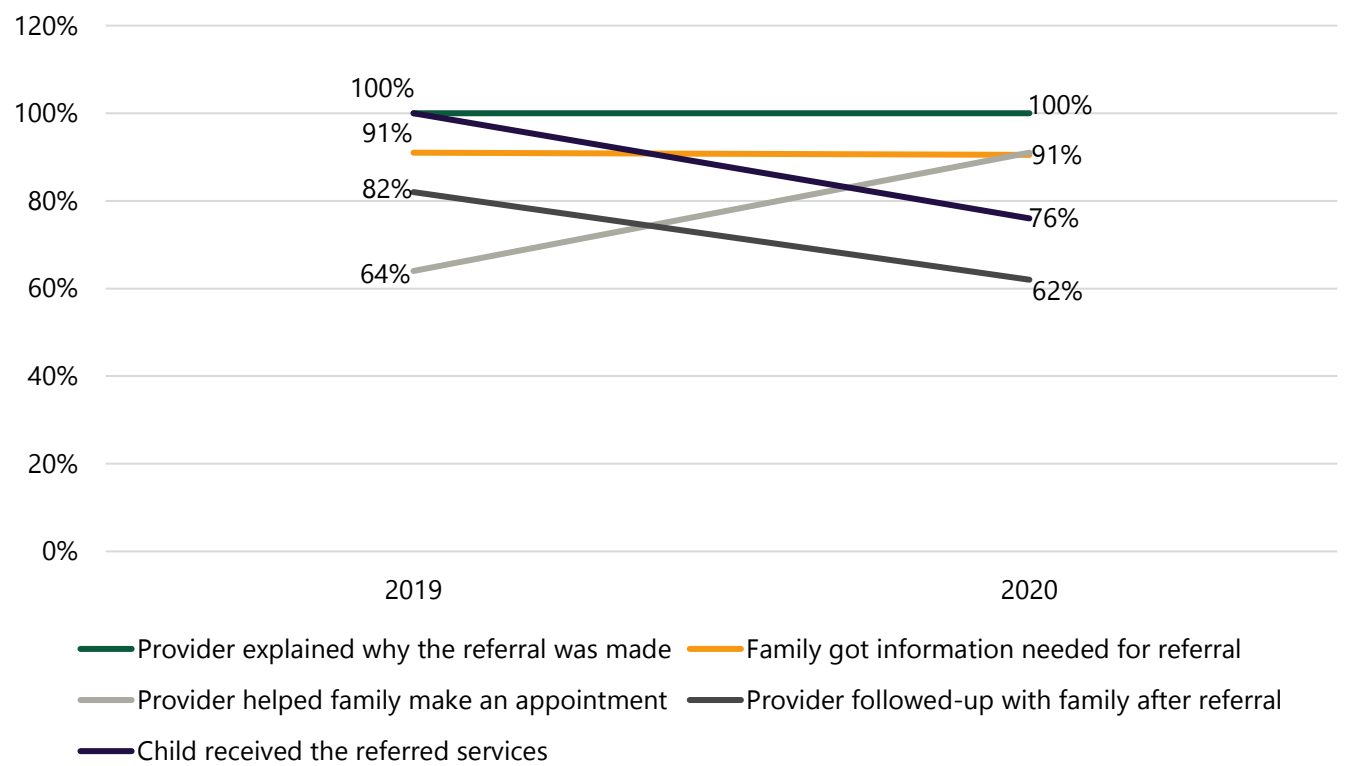
Figure 21. Family Concern About Child Pre-/Post-Referral



Looking across years, there were changes in families' experiences with referrals. Most notably, providers were more likely to help families make an appointment with the referral over time, a 27% increase between 2019 and 2020. There were decreases in the number of providers who followed-up with families after the referral was made (20% decrease) and the number of families who received the referral services (15% decrease) over time. These decreases are possibly due to the challenges providers and families faced with the pandemic in 2020. Despite these challenges, referral practices remained high, with families reporting that the providers explained the referrals 100% of the time and that they felt they had all the information they needed for the referral (91%) for both years (see Figure 22). As one family said:

"It was helpful that this consultant kind of did the research as far as who would fit the insurance that I have and who would meet my needs. It was definitely helpful to have someone else kind of do a little more research or background work and things that they know, because I know that even though mental health visits are important to me, sometimes I don't find the time to just look for a therapist or little things like that."

Figure 22. Family Experience With Referrals 2019-2020



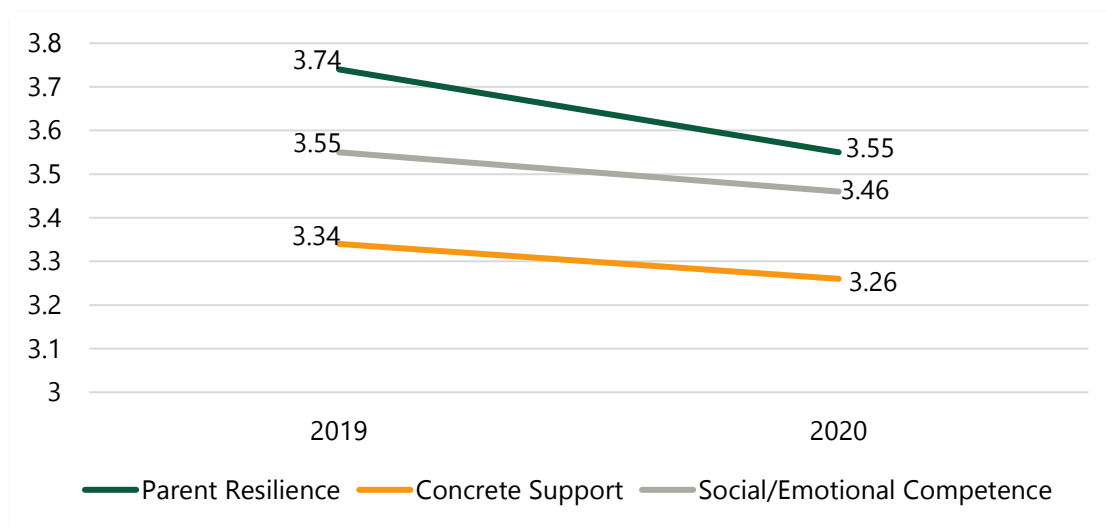
Impact on Parenting Practices and Children's Social-Emotional Well-Being


Families assessed their strengths by answering questions from the Parents' Assessment of Protective Factors (PAPF) on the annual family survey. The PAPF assesses parent resilience, concrete supports, and social-emotional competence (see Table 6). In 2019 and 2020, 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 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 23. Protective Factors Constructs from Annual Family Survey





When asked about their current challenges in interviews, parents and guardians all spoke about their challenges with the pandemic including concerns about their child's and their own well-being because of isolation. According to one parent:

"We don't really know a whole lot of people and with the pandemic, I think it's just been all that more isolating. It's like, I want to be safe and I don't want to be trying to get into some kind of group where I'm going to be exposing myself. So, I think that support piece is hard, especially if my son's day care closes down, we didn't have a friend that we could call who can hang out with him for a little bit or any sort of back-up."

Even with all the issues caused by the pandemic, parents and guardians talked about ways providers have been supportive. One family said:

"She's not at school because of COVID. We are concerned. I mean, she's only three, but I have been in contact with her school, and the principal of her school just decided to keep in touch, and she sends us weekly updates and things that you can be doing with your children at home and things that you can do to follow the city guidelines, to like, make sure your child is up to date cognitively, mentally."



CONCLUSION

Although the LAUNCH Together initiative is concluding, the Southwest Denver 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 Southwest Denver community has established understanding among local system partners of system services and better resource coordination, facilitated family-driven community solutions to enhance services, and increased workforce capacity and knowledge. In final reflection, a stakeholder in the community shared:

"[T]he **amount of time we spend together has built-up relationships** and the people who are coming to join the meetings have shown an invested interest and continue to participate. It's a natural and organic way over time that we've connected some dots for one another or brought ideas to the table and have been heard. Also, all having a shared vision and a commitment to this topic of social-emotional wellness and coming together. A lot of the time our organizations are doing things in isolation, so being able to collaborate and tap into one another's resources... because we're all doing similar work and understanding what a greater impact we can have if we're working together. That's been important."

To learn more about LAUNCH Together Southwest Denver, please contact
Emily Bustos, Emily@denverearlychildhood.org