



LAUNCH Together Initiative Executive Evaluation Report

Denver, Colorado

Prepared by

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UNIVERSITY of
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TABLE OF CONTENTS


Executive Summary	4
LAUNCH Together	6
Methodology	7
COVID-19 Impact on Data Collection	11
Results	12
Local Systems Change.....	12
Partnering Programs.....	12
Coordination and Collaboration.....	12
Implementation of the Five LAUNCH Strategies.....	15
Screening, Assessment, and Referral.....	19
Mental Health Consultation in Early Care and Education.....	21
Behavioral Health in Primary Care	23
Family Strengthening and Parent Skills Training	25
Enhanced Home Visitation	27
Workforce and Provider Capacity	28
Training Reach.....	28
Knowledge Change	29
Behavior Change	30
Families' Experiences with Service Access and Coordination.....	31
State-Level System Coordination and Collaboration	33
Relationships, Shared Vision, and Commitment.....	33
Successes.....	34
Opportunities.....	35
Future Directions.....	38
Conclusion	40
References.....	41
Appendix A. Implementation Framework Guide.....	42



EXECUTIVE SUMMARY

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. Final evaluation results show:

- © LAUNCH Together communities reported that the initiative has facilitated increased cross-sector collaboration and communication, with an emphasis on the quality and nature of the collaborations.
- © LAUNCH Together served as a catalyst for formalizing connections and convening stakeholders to develop a shared vision, increased understanding of services and systems, and built commitment in communities.
- © LAUNCH communities were successful because they cultivated a strong shared vision and were able to move beyond understanding of services to coordination of services because of trust and commitment to initiative goals. Most importantly, their efforts took time and were greatly facilitated by the resources contributed by the LAUNCH Together grant.
- © LAUNCH Together trainings reached over 3,500 attendees over the course of the LAUNCH Together initiative.
- © LAUNCH Together helped improve workforce capacity. Communities directed a significant amount of resources toward developing workforce capacity. Providers who attended LAUNCH Together trainings reported increased knowledge post-training. Practitioners who received supports through mental health consultation reported increased competency and the intent to use new knowledge in practice.
- © LAUNCH Together facilitated and in some cases directly funded positions in the community, including mental health consultants, coaches, and mental health



practitioners to support the integration of behavioral health in primary care. In many communities, these positions are being sustained.

- © LAUNCH Together collaborative efforts within the communities identified families as partners in the work leading to increased engagement and community-focused and culturally responsive services. Families in the community who received services from providers involved in the initiative reported they were generally satisfied and experienced greater support connecting to services throughout the system.
- © LAUNCH Together invested resources in monitoring coordination and collaboration of state-level system stakeholders involved in early childhood social-emotional development. Interviews and focus groups conducted throughout the initiative confirmed strong relationships, a shared vision, and commitment at the state level but revealed there were also opportunities to continue to enhance collaboration and coordination. Feedback from stakeholders suggested that state-level system change efforts should continue to focus on developing decision-making standards for collaborative efforts, improving shared goals, determining standards for accountability, and engaging organizational leadership within the system.
- © Systems (local and statewide systems that support early childhood mental health) are really just people in relationships and these relationships are key to systems change.

CONTEXT

LAUNCH Together

LAUNCH Together is a privately funded initiative developed to support early childhood social-emotional development in Colorado. Funding partners include the Buell Foundation, Zoma Foundation, Caring for Colorado, the Colorado Health Foundation, Community First Foundation, Kaiser Permanente Colorado, The Piton Foundation at Gary Community Investments, and Rose Community Foundation. LAUNCH Together is a unique partnership between these eight Colorado-based philanthropic foundations and four communities, which include:

- Catholic Charities of the Diocese of Pueblo
- Denver’s Early Childhood Council
- Fremont County’s ECHO & Family Center Early Childhood Council in partnership with Chaffee County Early Childhood Council
- Jefferson Center for Mental Health

LAUNCH Together was developed to support early childhood mental health in Colorado (also referred to as infant and early childhood mental health) by facilitating 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. The initiative 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)

Figure 1. LAUNCH Together Strategies Framework



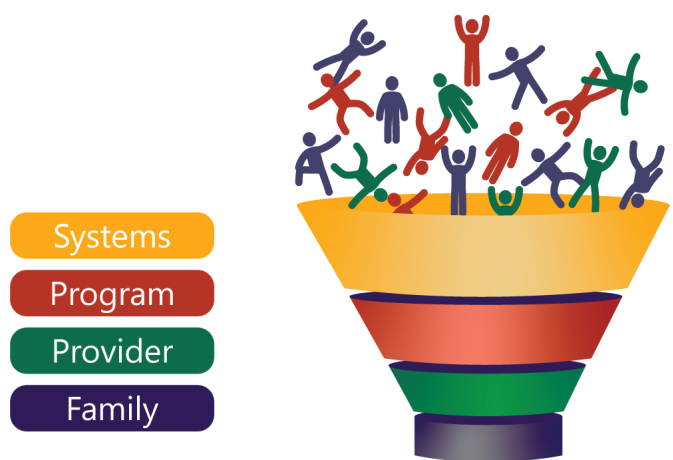
enhanced home visiting (EHV), (3) mental health consultation in early care and education programs (MHCECE), (4) family strengthening, and (5) integration of behavioral health into primary care (BHIP) settings (see Figure 1). The LAUNCH Together initiative is based on the theory that widespread changes in children’s social-emotional outcomes require strong community coordination of services within these five key prevention strategies.

METHODOLOGY

The LAUNCH Together initiative evaluation used a mixed-methods approach to explore outcomes across the communities funded by LAUNCH Together. Evaluators 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) through four (2020) of implementation and include: surveys from LAUNCH-related trainings, family surveys and interviews, provider surveys and interviews, implementation team surveys and interviews, state-system level stakeholder 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 (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. 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


Figure 2. Outcome Pipeline



the final year of implementation (2020), data collection remained mostly the same as in year three, except for the exclusion of common indicator data.

Table 1. Data Collection Schedule

Data Collection	Implementation			YR 4 (2020)
	YR 1 (2016–17)	YR 2 (2017–18)	YR 3 (2018–19)	
Systems Level				
State-system stakeholder interviews	✓		✓	✓
Community implementation team focus groups/interviews	✓	✓	✓	✓
Implementation team survey		✓	✓	✓
Program Level				
Common indicators		✓	✓	
Document review: Implementation plans	✓	✓	✓	✓
Provider Level				
Post-training survey	✓	✓	✓	✓
Annual provider survey		✓	✓	✓
Annual provider interviews		✓	✓	✓
Family Level				
Family point-of-service survey		✓	✓ (limited)	
Annual family survey		✓	✓	✓
Annual family interviews		✓	✓	✓



State-System Stakeholder Interviews

The evaluation team conducted interviews with key state stakeholders from state agencies, statewide nonprofits, and foundations at three time points during the initiative. Interview questions covered three topics of coordination and collaboration to help inform the initiative of progress taking place in the state system. State stakeholder interview questions included questions like:

- How are systems being coordinated and what are the mechanisms that make this integration of systems happen?
- How have organizational leaders come together to make shared decisions about the coordination of state systems that promote early childhood social-emotional health?
- How do state-level stakeholders go about making policy changes related to early childhood social-emotional development?


Implementation Team: Focus Groups/Interviews and Survey

The evaluation team conducted a combination of interviews and focus groups with community implementation teams annually throughout the initiative. The evaluation team also included also administered a multiple-choice survey adapted from the Hicks-Larson Measure of Collaboration. Questions focused on collecting data about community vision, initial challenges and successes of the LAUNCH Together initiative implementation, current community understanding of services and systems, and community commitment and capacity to implement planned strategies. Implementation team qualitative protocols included questions like:

- What has been the biggest contributor to success so far? (e.g., partners, process, TA, resources, etc.)
- How are your community's services, programs, and initiatives coordinating to support early childhood social-emotional development?
- How is the LAUNCH Together initiative facilitating better coordination between programs, services, and initiatives?

Document Review

Throughout LAUNCH Together implementation, community implementation teams developed implementation plans to guide their work. These plans included detailed activities to be completed in the pursuit of achieving the communities' goals and objectives. The evaluation team collected and monitored funded communities' implementation plans for review. Evaluators used the information to understand



community strategies and related progress toward systems change during the four years of implementation.

Post-Training Surveys

The evaluation team, with the help of each community, administered surveys to all providers who attended trainings in each of the communities participating in evaluation activities. The survey asked attendees about their roles as providers, the focus of the training (relative to the five strategies), their knowledge of the training topic before and after the training, challenges of applying what they learned, and what could help them overcome those challenges. Participants rated knowledge-change questions on a 5-point scale (1 = lowest, 5 = highest). The survey included items like:

- Please rate your knowledge of early childhood social-emotional development at the start of this training.
- Please rate your knowledge of early childhood social-emotional development now.
- To what extent did this training increase your knowledge of early childhood social-emotional development?

Annual Provider Survey and Interviews


The evaluation team invited providers to participate in an annual survey based on their participation in LAUNCH Together implementation strategies, as identified by each funded community. The provider-level evaluation assessed workforce improvements across the early childhood social-emotional health and development system. The provider survey assessed provider knowledge and behavior/practice change relative to early childhood social-emotional development.

Annual Family Survey and Interviews

The family-level evaluation assessed families' perceptions of early childhood social-emotional development issues, how the families accessed related services, what their experiences were with service coordination across the system (including their experiences closing the referral loop), and how they perceived their own children's social-emotional development.

The evaluation team had two approaches to collecting this information:

- An annual survey of up to 100 families per LAUNCH Together community who self-identified their willingness to participate by providing contact information on post-service family surveys

- 
- Family interviews of up to 10 family members per community, self-identified from post-service family surveys

COVID-19 Impact on Data Collection

Most communities continued collecting data in the last year of the LAUNCH Together initiative (2020). However, 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 previous reports [insert link or footnote with citation or both]. 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.



RESULTS

Local Systems Change

Partnering Programs

Across all years of LAUNCH Together, a total of 195 programs in the four LAUNCH communities were engaged in LAUNCH Together activities. Almost all programs (99%) served children five years and younger, while more than one-third (37%) served children older than five years. ¹ Many programs also provided services to adults in the community including direct service providers (38%) and parents/caregivers (37%). In many cases, programs offered services that fell under more than one of the five key strategy areas. The largest percentage of programs (47%) implemented mental health consultation in early childhood education (MHCECE); followed by programs that implemented enhanced home visitation (21%); and lastly programs that implemented screening, assessment, and referral (20%). Family strengthening and behavioral health integration in primary care accounted for 14% and 6% of programs' strategies, respectively. ²

Coordination and Collaboration

Each community in the LAUNCH Together initiative convened an implementation team to guide and implement strategic approaches to improving early childhood social-emotional development. To understand the collaboration process and progress in each community, implementation team members completed the Hicks-Larson collaboration survey. Implementation teams were surveyed in years two (2018), three (2019), and four (2020) of the initiative.

Results over the course of the initiative demonstrated strong collaboration, with average scores in three collaboration areas consistently falling between 4 (agree more than disagree) and 6 (strongly agree). Figure 3³ shows the change in scores over time for each community along with the overall average for all communities on the three collaboration domains, which include (1) community **vision and readiness** to participate in the LAUNCH Together initiative; (2) community **understanding of relevant services**

¹ Data exceed 100% because some programs serve both children and adults.

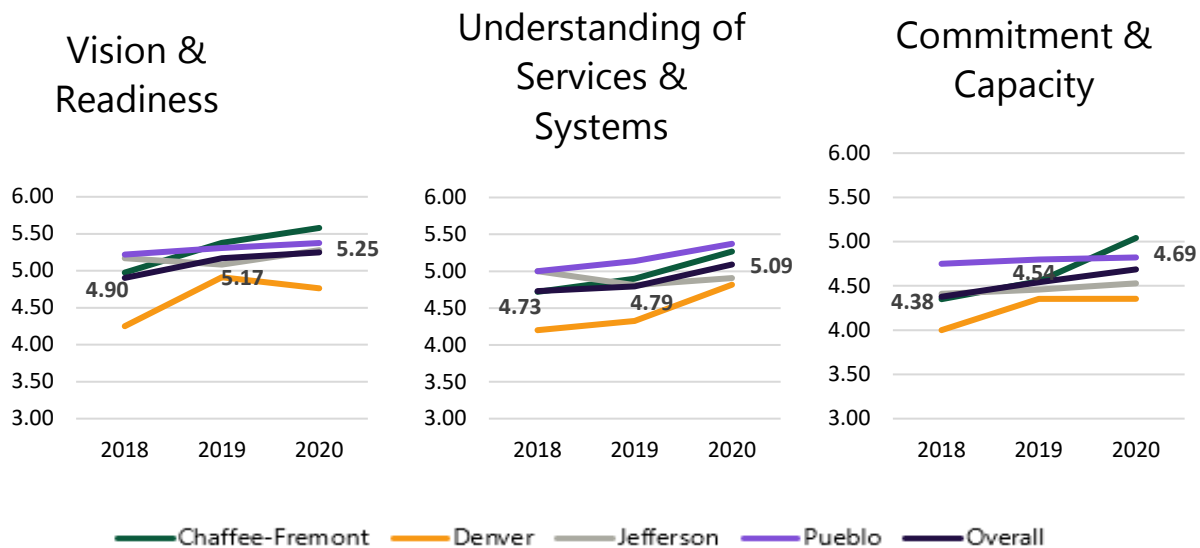
² Percentages were calculated based on multiple responses.

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

and systems; and (3) community commitment and capacity to participate in the initiative.

Communities had the highest overall scores on *vision and readiness* to participate in the initiative and lowest scores on *commitment and capacity* to participate in/implement the initiative. Communities demonstrated fairly constant scores across the collaboration areas, with consistent increases from 2018 to 2020.


Figure 3. Hicks-Larson Means by Community



Qualitative themes from implementation team interviews also supported these quantitative findings. In interviews and focus groups, community implementation team members highlighted that the LAUNCH initiative has helped communities cultivate a shared vision and develop understanding of services and systems in the community and was driven by their communities' commitment.

When speaking about shared vision, a key component of any strong system (Meadows, 2009), communities explained how they had aligned around a shared vision focused on "creat[ing] better systems that are integrating and addressing early childhood social and emotional development." One team member explained:

"Over the course of the grant, and even before that, we really have created a shared vision related to **how important early childhood mental health is**. It starts in pregnancy. There is this community-wide **understanding and commitment** among agencies that we need to work on this."




Another primary success of the communities' partnerships was an increased understanding of each partner's role, which facilitated referring people to the right organization, "more so than it has been in the past because they're so much more familiar with each other." One implementation team member shared:

"The LAUNCH together collaborative, for me, has been really good to have the partners that it has, because it has allowed me and my efforts to **make connections** in the community and with other programs. Which in turn allows me to take that back to my teams and **coordinate appropriately.**"

Community implementation team members also emphasized that this understanding only happens when relationships are established. "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," one partner explained. 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 explained:

"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 [our community], 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 the trust needed because of the time LAUNCH Together provided. 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."



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

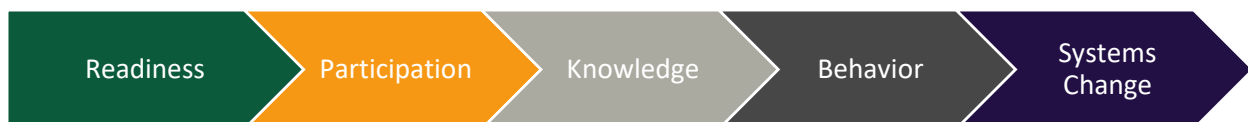
“We wouldn't have gotten where we are if it wasn't for this core group that was **committed** to showing up every single month. Everyone was **really committed** and showed up and, as busy as everyone is, that was pretty impressive that everybody prioritized this work and the same group came together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

These results highlight the importance of multi-year collaborative efforts that allow time to clearly define a shared vision, understand the multitude of programs and services offered in a community or system, and build trust. It also confirms how relationships drive connections and systems change.

Implementation of the Five LAUNCH Strategies

Throughout the implementation of LAUNCH Together, community implementation teams developed implementation plans to guide their work. These plans included detailed activities to be completed in the pursuit of achieving the communities' goals and objectives. To assess community implementation of activities that can lead to system-level changes, plans were coded based on an implementation continuum⁴ that was introduced in year one of the initiative (see Figure 4).

Figure 4. Implementation Continuum



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

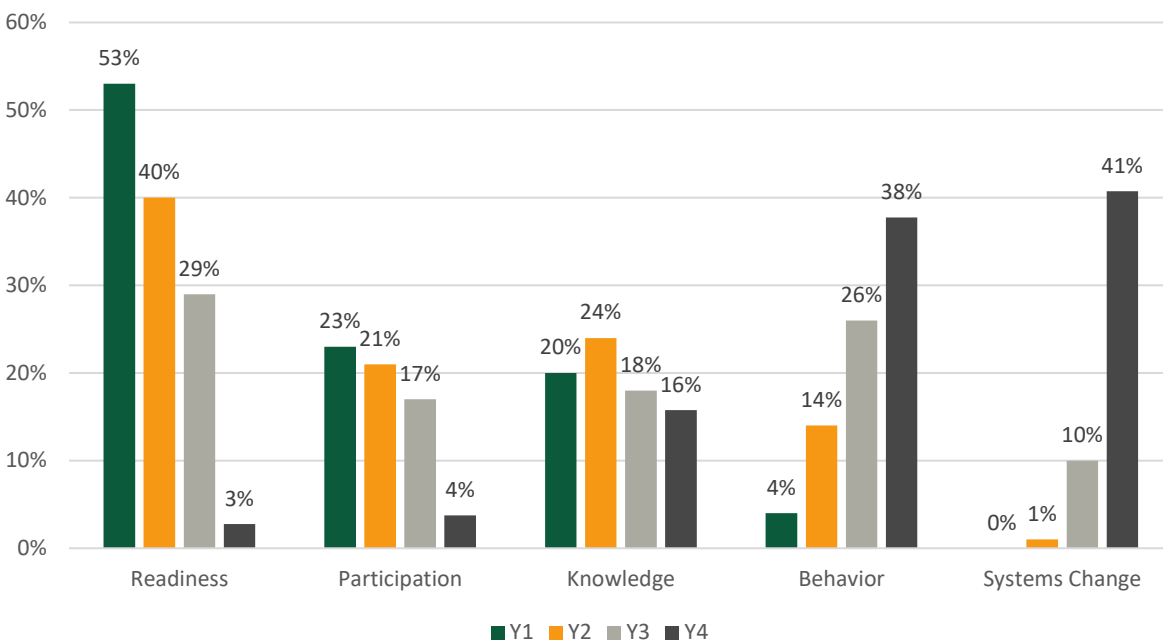
- **Readiness** to engage (e.g., identify primary care physicians [PCPs] in target area and conduct outreach)


⁴ For further information on the implementation continuum, see Appendix A.

- 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 strategies 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 and the five strategies. From year one through year four there was a decrease in the number of activities focused on readiness and a moderate increase in activities aligned with knowledge and behavior change, along with a growing number of systems change activities (see Figure 5).

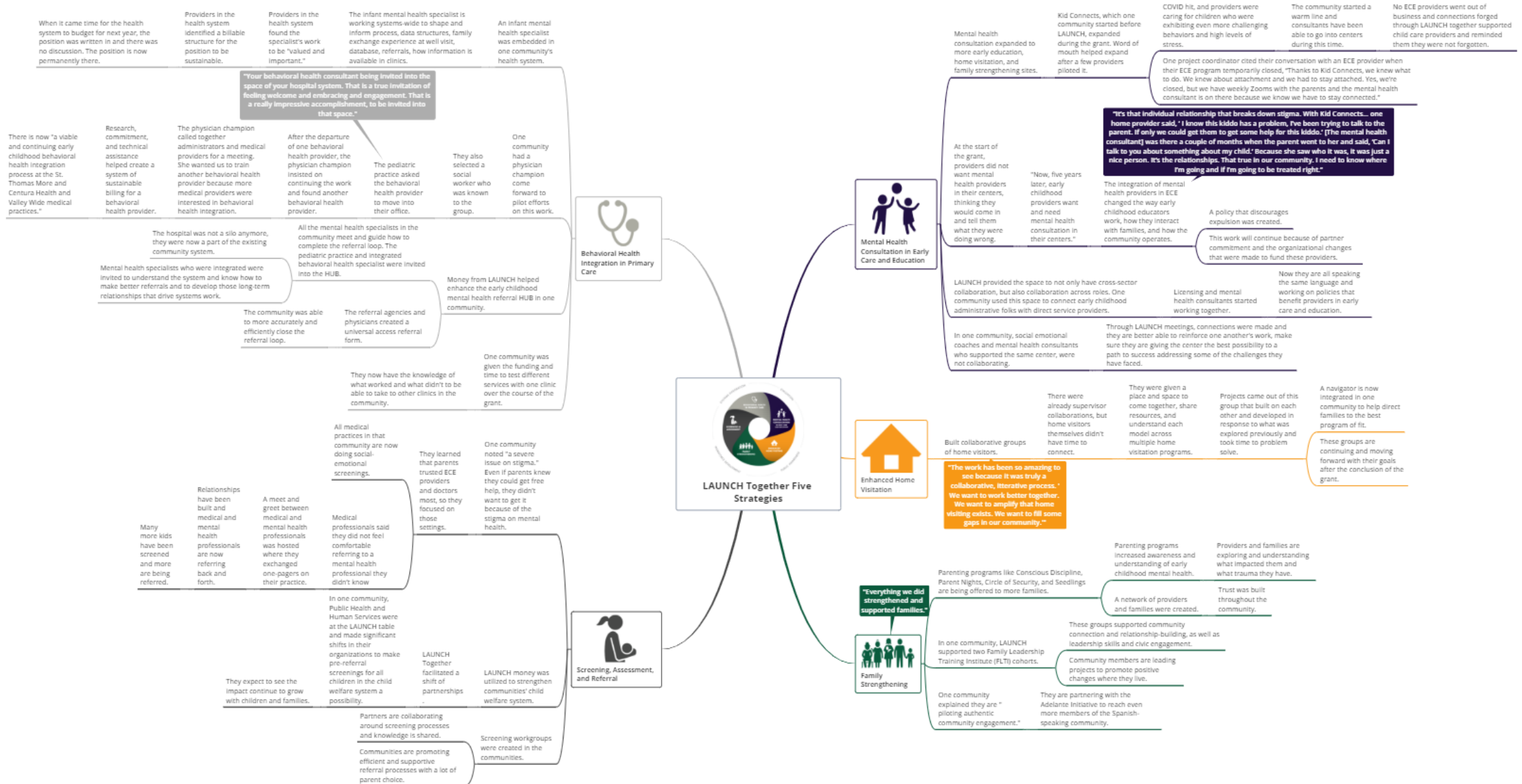
Figure 5. Progress Toward Implementation of Systems Change Activities






The evaluation also assessed the extent to which programs infuse a promotion and prevention approach to early childhood social-emotional health using the five strategy areas in their community. In years two and three the evaluation collected data on common indicators of each of the five strategies that aligned with the key features of the strategy. Evaluators examined these common indicators combined with implementation plan coding for each strategy to understand communities' implementation. Due to the elimination of common indicators in year four, the evaluation team had to modify their methods to understand the impacts of LAUNCH Together activities on the five key strategies. To accomplish this, a Ripple Effect Mapping (REM) process was used. This Ripple Effect Mapping process asked community stakeholders to reflect on resulting impacts of their work. The purpose of Ripple Effect Mapping (REM) is to learn about the impacts of an initiative and the "ripples" they create. The process produces an illustration of the key impacts on individuals and communities. The result of the REM for LAUNCH Together is presented in Figure 6. Each ripple corresponds to a LAUNCH together strategy which is presented in further detail in the following sections.

Figure 6. Ripple Effect Map (REM) of LAUNCH Together

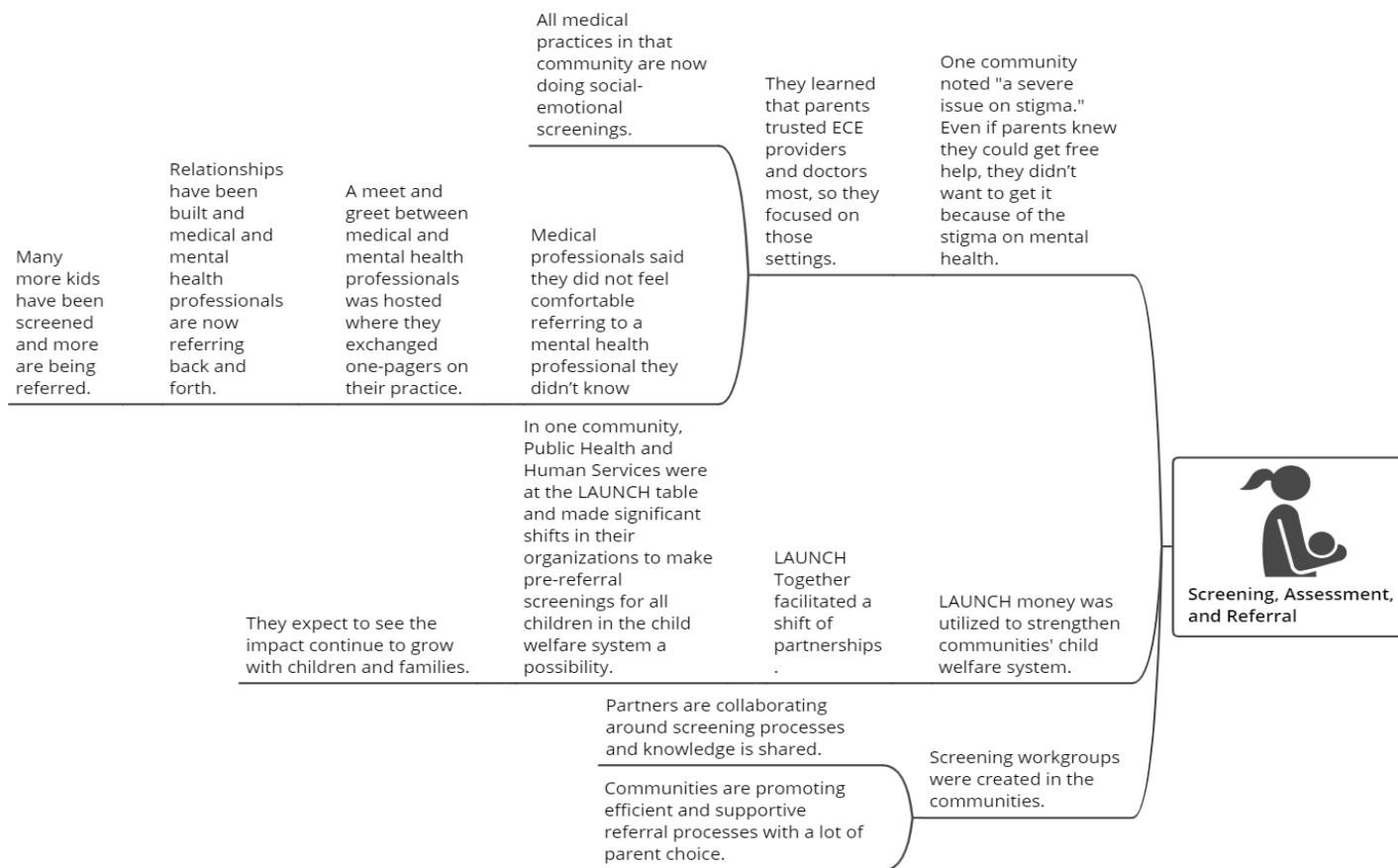





Screening, Assessment, and Referral

Key features of the screening, assessment, and referral 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. The Ripple Effect of LAUNCH Together on screening, assessment, and referral is diagrammed in Figure 7.

Figure 7. Ripple Effect of LAUNCH Together on Screening, Assessment, and Referral

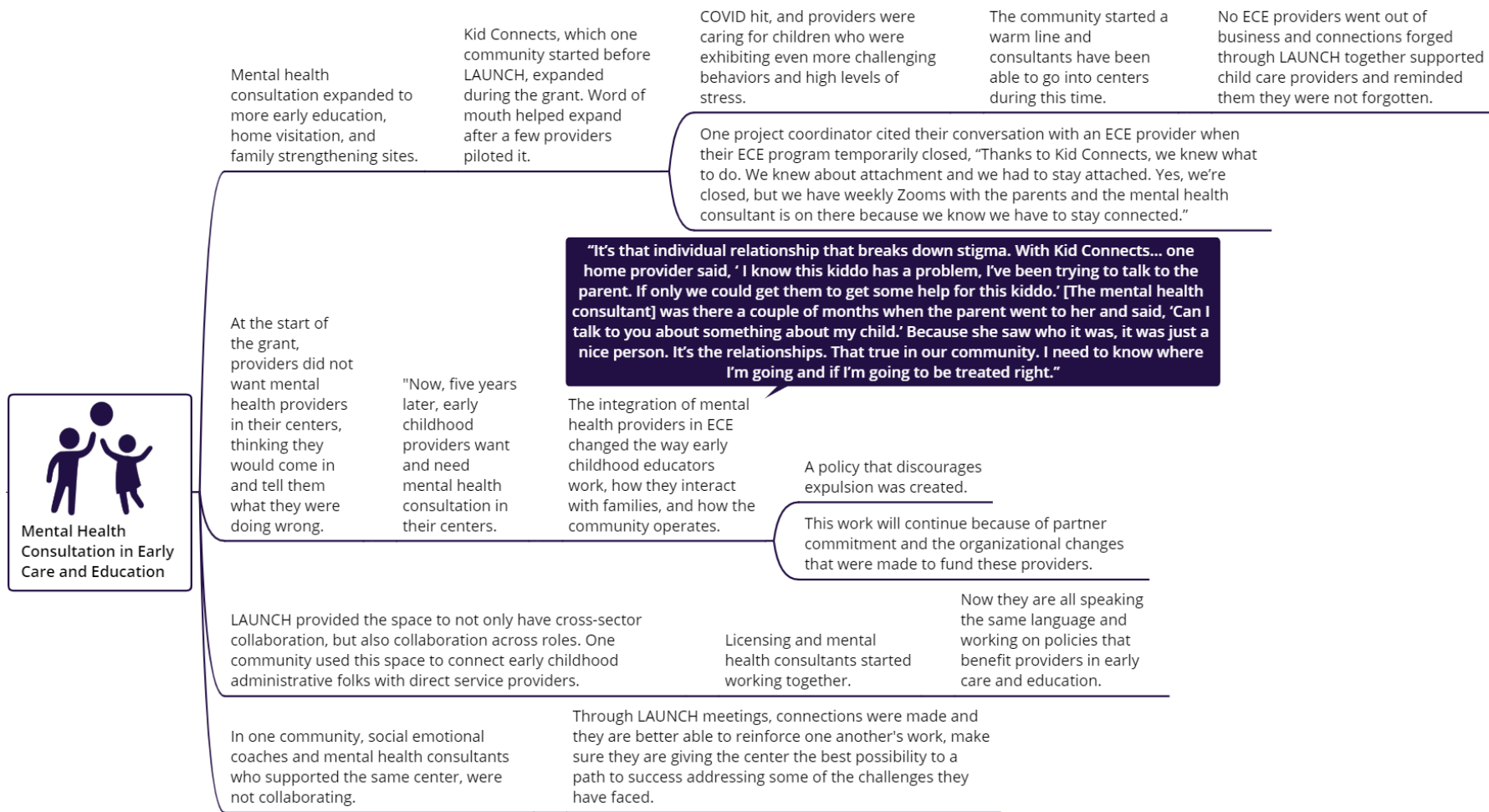




Mental Health Consultation in Early Care and Education

One of the core components of the mental health consultation in early care and education (MHCECE) strategy includes the use of a mental health consultant (MHC) 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, 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 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. The Ripple Effect of LAUNCH Together on MHCECE is diagrammed in Figure 8.

Figure 8. Ripple Effect of LAUNCH Together on MHCECE

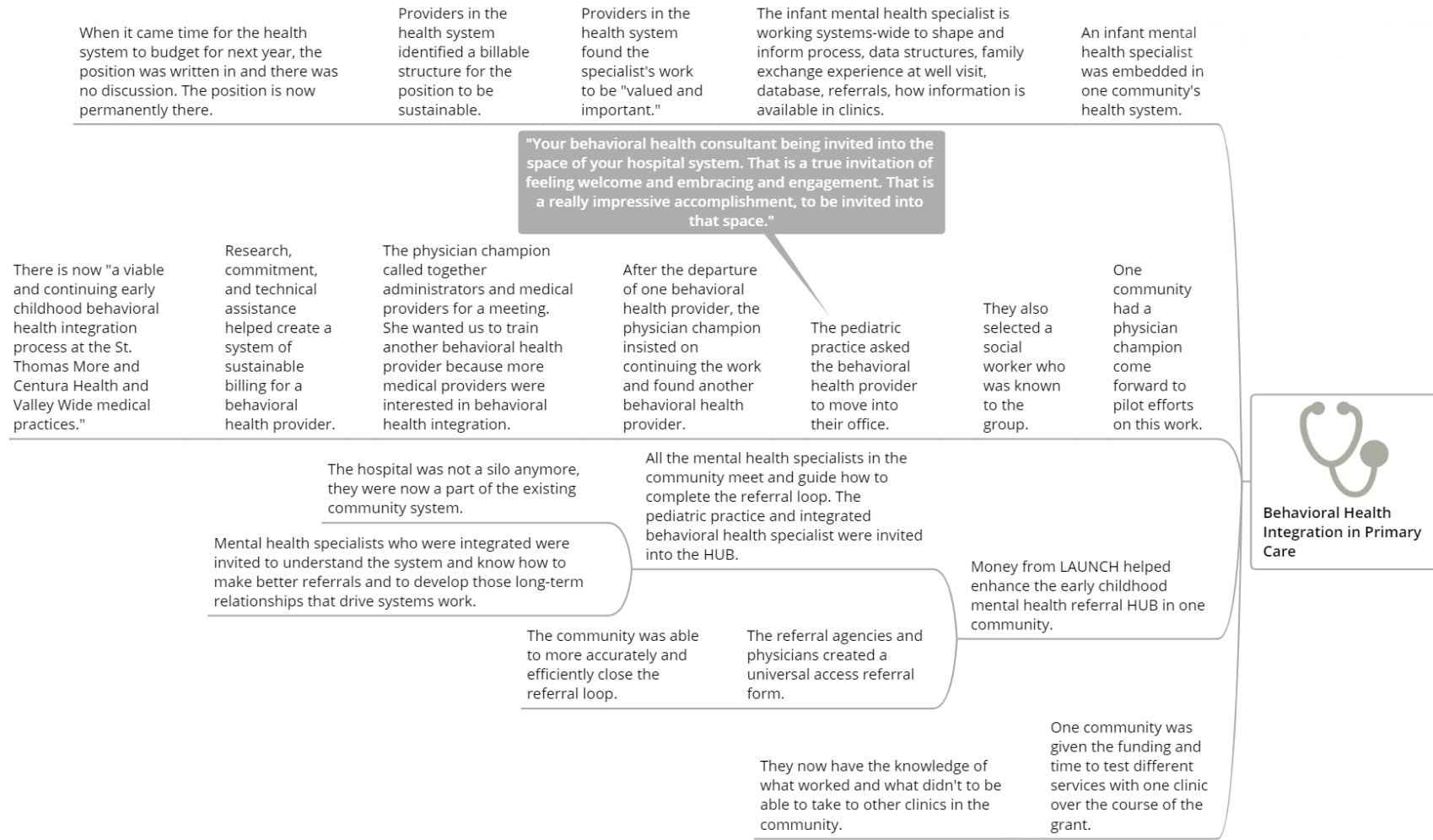





Behavioral Health in Primary Care

The integration of behavioral health into primary care (BHIP) strategy refers to 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, service referrals and follow-up, care coordination with community-based services, parenting support, and health promotion activities. The Ripple Effect of LAUNCH Together on BHIP is diagramed in Figure 9.

Figure 9. Ripple Effect of LAUNCH Together on BHIP

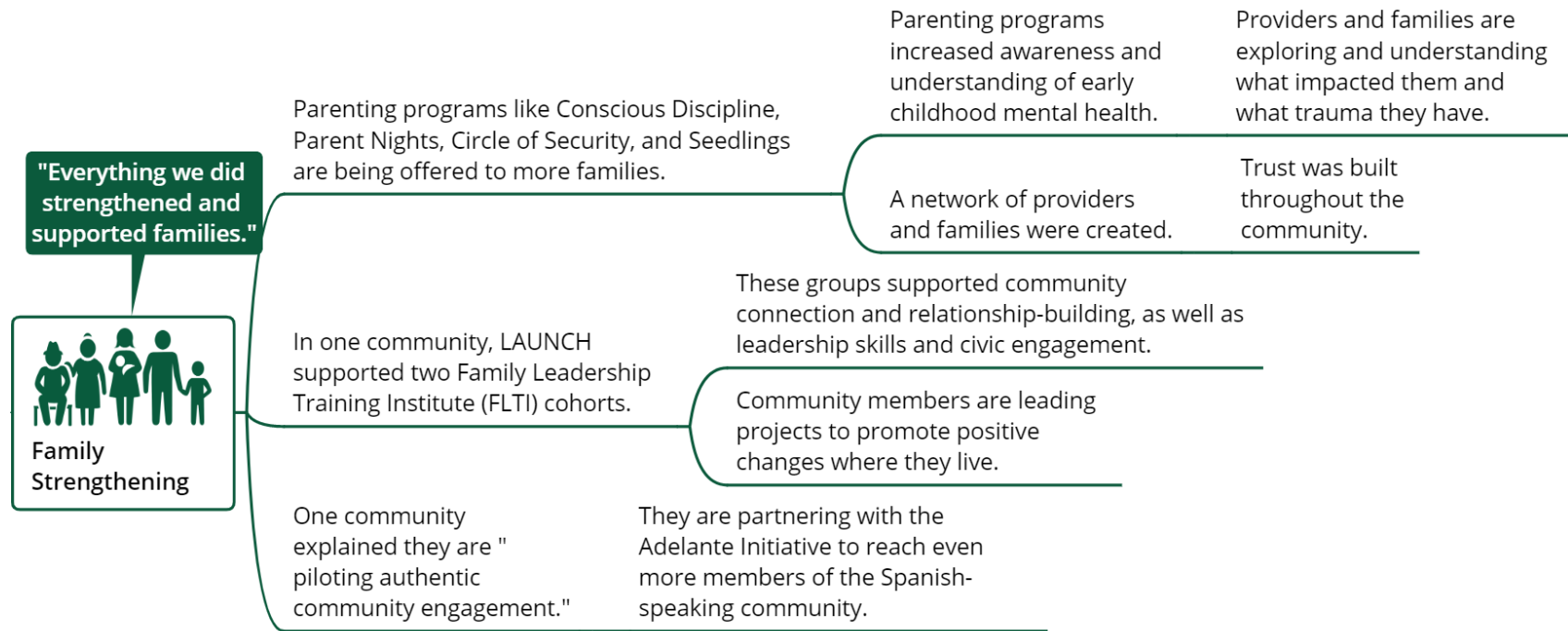




Family Strengthening and Parent Skills Training

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 parents' leadership and advocacy skills building. The Ripple Effect of LAUNCH Together on family strengthening is diagrammed in Figure 10.

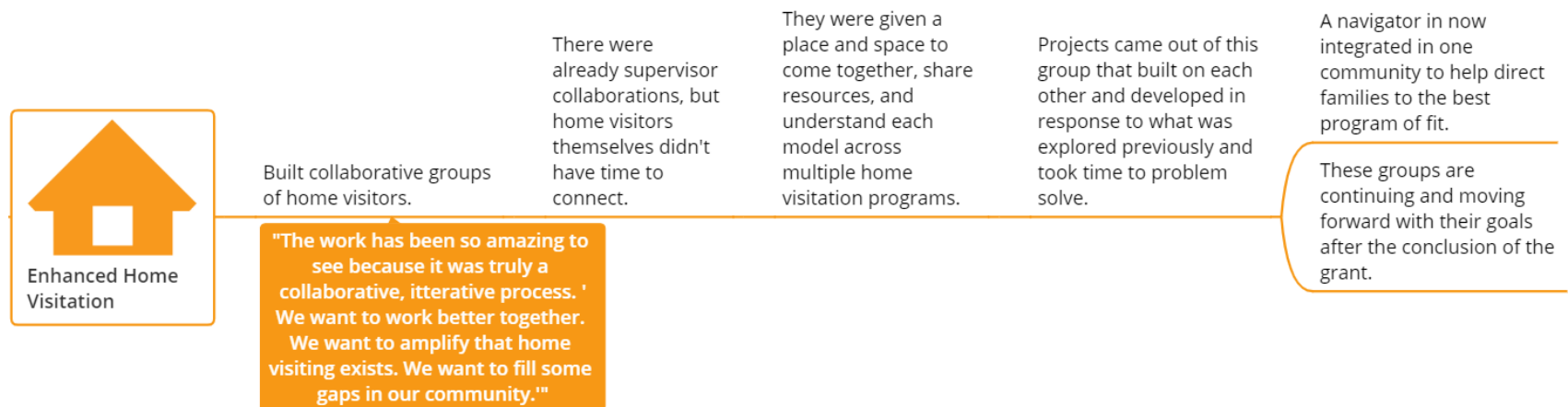
Figure 10. Ripple Effect of LAUNCH Together on Family Strengthening



Enhanced Home Visitation

Enhanced home visitation is the strategy of training 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 for families, such as mental health consultation and crisis intervention, prior to a warm handoff for additional services and supports. Furthermore, this strategy may also include increased coordination and information sharing across home visiting programs. The Ripple Effect of LAUNCH Together on enhanced home visitation is diagrammed in Figure 11.

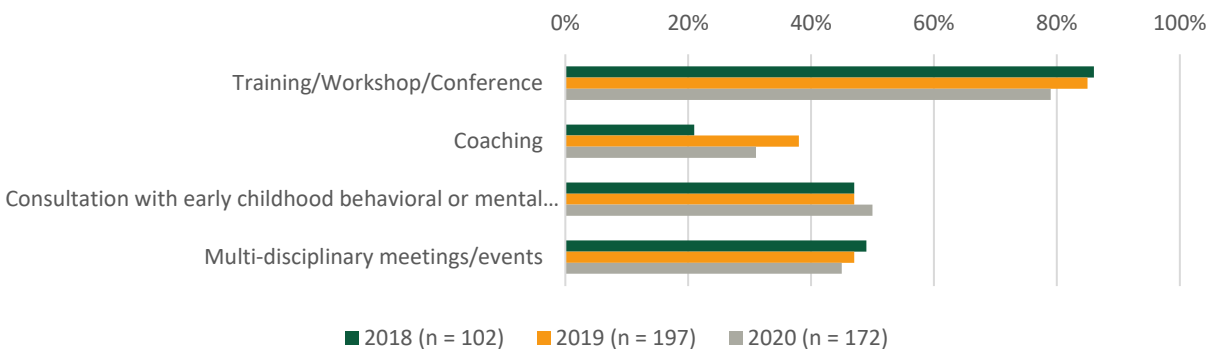
Figure 11. Ripple Effect of LAUNCH Together on Enhanced Home Visitation



Workforce and Provider Capacity

The LAUNCH Together initiative invested many resources and supports into the early childhood workforce across communities across all four years of the initiative. Providers in all four communities received different types of supports across the initiative including trainings, workshops, conferences, coaching, consultation, and multi-disciplinary meetings or events (see Figure 12). Trainings were the most accessed workforce support during the duration of the initiative.

Figure 12. Workforce Supports by Year



Training Reach

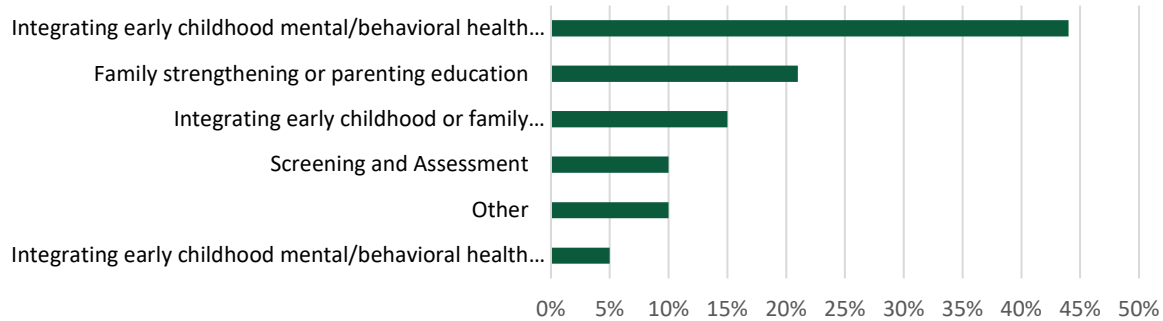
Across initiative years, providers reported trainings delivered as part of LAUNCH Together improved their knowledge of social-emotional health for young children and positively shifted their behavior in daily practice. Across the initiative, the number of trainings offered increased from 2018 to 2019, reaching thousands of providers (see Table 2).

Table 2. Training and Participation Across Years

Year	Number of Trainings	Number of Training Participants
2017	17	342
2018	101	1,347
2019	103	1,621
2020	27	185
Total Across Years	248	3,495

LAUNCH Together communities 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 (48%) followed by family strengthening and integrating early childhood mental health into primary home visitation (21% and 15%, respectively; see Figure 13).

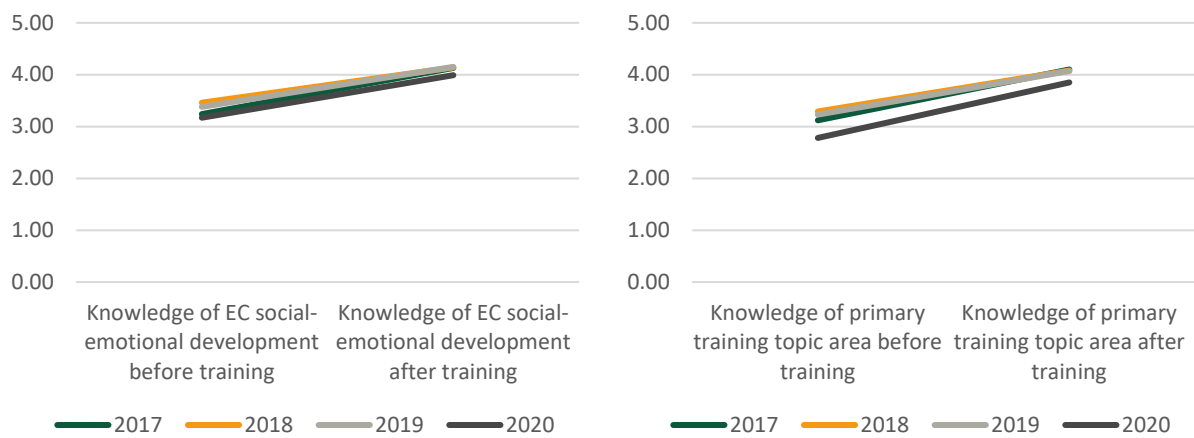
Figure 13. Training Focus Area




Knowledge Change

Across LAUNCH Together trainings, providers consistently reported a change in knowledge before and after training each year. Providers typically felt *somewhat* knowledgeable about early childhood social-emotional development and the specified training topic before the training ($M = 3.31$ and $M = 3.10$, respectively across years), but after the training, they reported an increase to feeling *knowledgeable* about each ($M = 4.10$ and $M = 4.02$, across years). Figure 14 shows the change in knowledge for each year, which remained consistent throughout the initiative.

Figure 14. Training Knowledge Change Before and After Trainings





Behavior Change

On annual provider surveys administered in all LAUNCH Together communities, providers rated their knowledge of and practice behavior as it related to social-emotional health practices in their organizations. Providers were assessed on their understanding and use of screening and assessments, social emotional health, corresponding knowledge and behavior changes because of mental health consultation, and behavior and systems-level changes due to behavioral health integration in their organization. Scores for each area are shown in Table 3.

Table 3. Annual Provider Survey Knowledge and Practice Scores

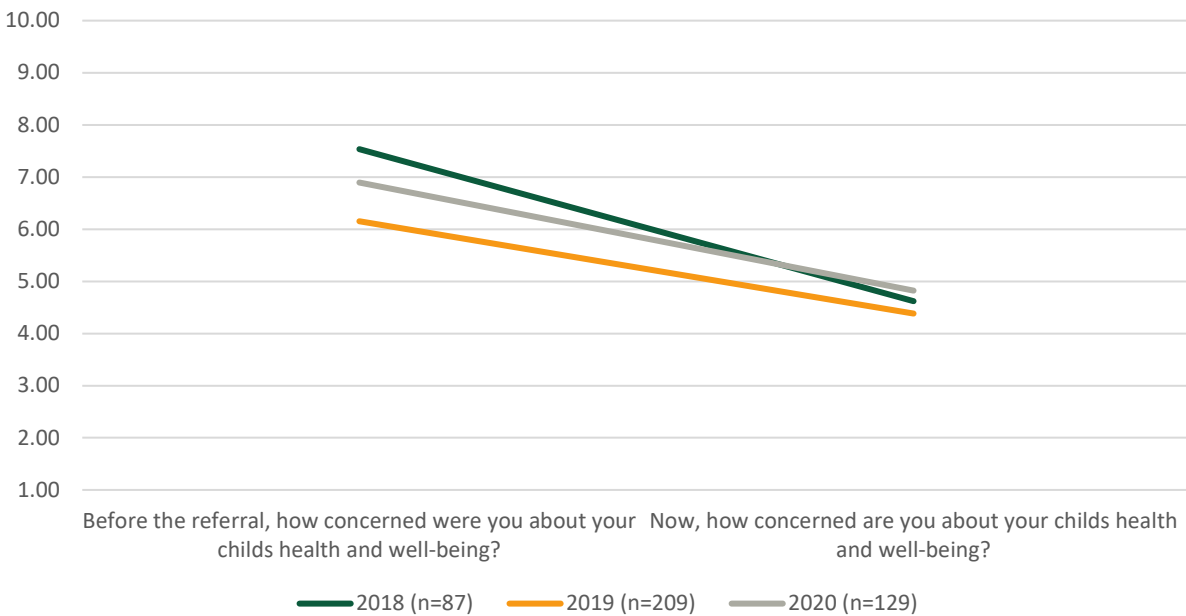
	2018		2019		2020	
	N	Mean Score	N	Mean Score	N	Mean Score
Knowledge and Practice of:						
Screening and Assessment	98	3.76	195	3.78	160	3.71
Behavioral Health in Primary Care	12	3.11	18	3.47	11	3.83
Social-Emotional Health in ECE	21	3.49	80	3.53	41	3.54
Mental Health Consultation						
All Providers	42	3.33	75	3.15	63	3.33
Early Childhood Care Providers	10	3.75	28	3.73	21	4.07
Home Visitors	18	4.05	24	3.97	27	4.00

Families' Experiences with Service Access and Coordination

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

Families in the community who were connected to providers in the system were asked about their referral experience. When asked how concerned they were before and after receiving a referral, family members reported that they were more than "somewhat concerned" (M = 6.86)⁵ about their child before the visit that led to their child's referral. After the referral, they reported their concern had fallen to 4.61, on average across years (see Figure 15).

Figure 15. Family Concern About Child Pre-/Post-Referral



Families who received referrals for their children were also asked about their experience, including whether the referral was explained, if they had help making the referral appointment, and if they were able to get the referral. Table 4 reflects families' experiences.

⁵ On a scale of 0–10 (0 = Not at all concerned; 5 = Somewhat concerned; 10 = Extremely concerned)

Table 4. Family Experience With Referrals

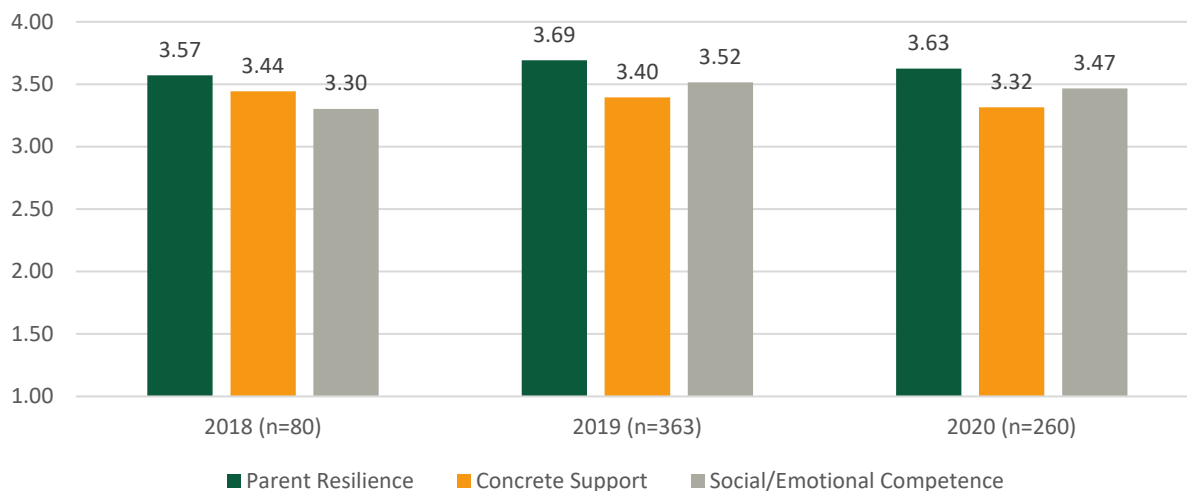
	2018 (n=33)	2019 (n=206)	2020 (n=137)
Provider explained why the referral was made	93%	96%	97%
Family got information needed for referral	88%	93%	89%
Provider helped family make an appointment	47%	73%	65%
Provider followed up with family after referral	34%	66%	58%
Child received the referred services	77%	94%	87%

Source: Annual family survey

Results suggest that surveyed families who engaged with a provider or service through LAUNCH Together experienced increased ease in accessing services through the system for themselves and/or their child.

Since families also may have benefited from services such as mental health consultation, home visitation enhancements, and efforts to strengthen families, families were asked to assess their strengths by answering questions from the Parents' Assessment of Protective Factors (PAPF). The PAPF assesses parent resilience, concrete supports, and social-emotional competence. Families rated themselves highest for parent resilience across all years, followed by social-emotional competence, with the lowest ratings for concrete supports (Figure 16).

Figure 16. Average Scores for Parents' Assessment of Protective Factors.





State-Level System Coordination and Collaboration

Relationships, Shared Vision, and Commitment

Over the course of the initiative, stakeholders from state-level organizations involved in early childhood social-emotional development were asked about coordination and collaboration of the state early childhood mental health system. Throughout the initiative, state-system stakeholders emphasized that their “collaboration was built on relationships.” One stakeholder shared, “I think that those relationships help bring to fruition much more quickly any efforts at systems building that we in Colorado get to do. So, I think that the foundation is the relationships.” According to stakeholders, their relationships have been “built over time” and are a result of “working on multiple efforts.” Some state-system stakeholders attributed the cultivation of relationships to “time, trust, and working toward a common purpose.” As one stakeholder shared, “It’s having an aligned vision.” Others highlighted that the success of collaborative efforts at the state-system level was more due to commitment than alignment. “We’re not all aligned all the time,” one commented, “but that shared, really high-level goal, even with lots of different opportunities and lots of different constraints, at the end of the day, we’ve been able to establish those relationships because we’re working together towards this larger goal (shared vision).” These developments at the state-level were consistent with experiences in local LAUNCH Together community systems, where stakeholders also emphasized the importance of relationships, shared vision, understanding, and commitment to their coordination and collaboration efforts.

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“Strong and long relationships are at the core of what makes the early childhood mental health systems building efforts in Colorado work really well.”



Successes

State-system stakeholders spoke about numerous successes in development of state system collaboration and coordination. State-system successes that were mentioned included:

- Developing The Behavioral Health Blueprint from the Office of Behavioral Health
- Funding 34 full-time early childhood mental health consultants throughout the state
- Expanding Incredible Years for home visiting
- Piloting augmenting home visiting programs with social, emotional, or early childhood mental health projects
- Supporting the home visiting workforce
- Increasing awareness of social-emotional development of children and what early childhood mental health is
- Authentically engaging families in the work

These accomplishments at the state level were attributed to “a system of investments that support early childhood mental health from the governor who has a strong focus on early childhood education overall and philanthropic partners who have put a lot of time and energy into investments within early childhood mental health.” Stakeholders also talked about a shift in the system in which “more and more partners recognize the importance of early childhood mental health.”

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There's been some really sort of robust movement on early childhood mental health consultation as a model of practice. There have been partners across the state at agencies, organizations, universities, and medical providers who have been really seeing more of the value of early childhood mental health consultation and working hard to ensure that it can be sustainably in place. Recently legislation was passed to codify the early childhood mental health specialist program within the office of early childhood and department of human services. So, I think the mental health consultation has probably been an area of strength in the last five years in Colorado in terms of what's been built in the system.



Opportunities

In interviews, stakeholders credited relationships, shared vision, and commitment that had been built over time for successful coordination and several accomplishments over the past few years. The general agreement among stakeholders was that “collaboration is a normal part of the culture in Colorado that’s not there in other states.” However, the impact of collaborative relationships is described differently by different stakeholders. Primarily, informal relationships helped ensure that when stakeholders engage in particular services or policy efforts, they are aware of complementary priorities or activities among other Colorado stakeholders and “they reach out to us and this is the practical piece, it’s like very old school, right?” In addition to some discussions of this less formal strategy for connecting, some leaders are known for letting “people come talk to them about issues across agencies, so, there’re a lot of people trying to coordinate, but it’s mostly a call from one person to another saying, ‘Hey, we’re doing this; are you doing this?’”

While these collaborative, individual relationships are helpful, they rely on personal histories and are not always systematically coordinated. Most importantly, they are cultivated over time and may create a disadvantage for new partners entering a collaboration. One participant explained that a network might be familiar to an individual who works within a particular area, such as home visiting, but for that same person, “family strengthening [is] a network that . . . is really vague.”

While relationships are foundational to collaboration, successful formal coordination mechanisms benefit from standardized practices to facilitate change. In interviews throughout the LAUNCH Together initiative, stakeholders highlighted many state-system-level opportunities for continuing to improve coordination and collaboration efforts. The primary lessons and opportunities for improving formal structures to better coordinate and collaborate at the state-system level centered on:

- Decisions
- Goal setting and priorities
- Accountability
- Leadership



Decisions


Literature on systems change identifies decision-making as a crucial driver in collaboration that is necessary to achieve higher levels of coordination. Foster-Fishman et al. (2007), suggest that to facilitate systems change, the system must identify “who can make decisions” and “what the initiative stakeholders can change.” Similarly, evaluations of other systems change have found that when system parts lack the authority to make decisions, significant challenges surface (Auspos et al., 2000). In these cases, systems change initiatives do not realize real power and authority over the systems change efforts because individual organizations still retain ultimate control over program implementation (e.g., Auspos, et al., 2000).

Throughout the initiative, the Colorado state-system stakeholders echoed a desire for a “clearer collaborative process” that leads to “recommendations” and “shared decisions” to facilitate coordination. In general, formal collaborative efforts among various stakeholders at the state system were intentional and meaningful but according to stakeholders “lacked processes for collaborative decision-making” and fell short of stakeholder expectations. Collaborations at the state level predominantly focused on the awareness or sharing of information among partners without further efforts to explore the possibility of shared decision-making. As one stakeholder shared, “People come to the meetings, but then, people are going and making their own funding decisions or programmatic decisions at that state level when it's more related to their programs, to their funding, or things like that.” These observations from state-system stakeholders suggest that more formalization of relationships are needed. **To further collaboration, stakeholders must explore and encourage shared decision-making as a charge or expectation of convened work groups or collaborative committees.**

Goal Setting and Priorities

In a guide for systems change, Halfon et al. (2004) emphasize that goals and outcomes must be established by the leaders of a systems change initiative and must be tied to measurable indicators that each participating entity is accountable for to its own leadership and to the collaborative to drive systems towards coordination.

In addition to a need for clearer decision-making opportunities in collaborative settings, state-system stakeholders also explained that collaboration at the state-system level wasn't gaining traction due to a “lack of goals and priorities.” In 2017, stakeholders cited a lack of priority setting and a lack of goal setting among formal collaborative committees and work groups in the system. This issue continues today, as one



stakeholder explained, “We share what we do and value what we do, but we need to identify what to do at the systems-level to make a significant change.” **These observations highlight an opportunity to improve the efficiency of state-system collaboration and coordination by developing shared goals.**

Accountability

Studies of systems change initiatives identify system accountability for outcomes as a key driver of change. According to Wilson et al. (2019), methods must be in place to monitor progress toward creating a system of early childhood services and improving child and family well-being. Colorado state-system stakeholders affirmed a desire for “more responsibility for accomplishing agreed upon goals for state-system change.” Some stakeholders reflected that there was a “kind of peer accountability to staying in the space and working together, which I actually think has sustained some of that support for the work for family well-being, for childhood well-being, [and for] early childhood mental health.” However, several stakeholders also pointed to a need for “rigorous outcomes and accountability” to sustain systems change in Colorado.

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Results-based accountability planning is an iterative process of bringing together a broad range of stakeholders to choose and state results in plain, universally understandable language, choosing indicators to measure progress, considering what works and crafting a coherent strategy for the chosen population, implementing that strategy, and using performance measurement to ensure that results are achieved.” (Halfon et al., 2004).

Feedback from stakeholders interviewed throughout the initiative suggest that state-level efforts should explore a process for establishing accountability and measurable outcomes that are supported by participating state-system collaborators to further collaboration and coordination across the system.



Leadership


Throughout the initiative, state-system stakeholders emphasized a need for distributive leadership at multiple levels within the state system to “initiate” and “buy-in [to]” creation of a coordinated system, which literature has also indicated is a crucial driver of systems change (Abercrombie et al., 2015). One stakeholder explained, “I hate to put it all on leadership, but in my mind, what happens is I think people who work very hard every day to make this happen can't do it without leadership, and not only buy-in, but leadership support and leadership getting their hands dirty.” Stakeholders also stressed the importance of changing and “shift[ing] cultures” within their programs and initiatives to be more “open to integration” and understanding of what integration looks like. “I think leadership has the power and the ability to make changes that may need to be made and to support efforts that need to be supported,” shared one stakeholder. “So, that's one thing that needs to be changed is a better sense of collaboration integration among leadership of organizations.” **These observations highlight an opportunity to invest in recruiting leaders to shift organizational culture to support coordinated system efforts.**

Future Directions

State-system stakeholders report strong relationships, shared vision and commitment to the work. There have been successful efforts and initiatives around early childhood social-emotional development, and stakeholders want to continue to create connections to make efforts more coordinated and collaborative.

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“We need to continue to ensure that systems overlap and systems connections are there and that we don't just assume that they're happening because we've done some sporadic work in this and we've done some really in-depth work in this as well, but we can't stop now. Particularly in the areas of child maltreatment prevention, early childhood mental health, integrated primary and behavioral healthcare related to early childhood, the education system, and public health, which is where we need to continue to be vigilant about the connections among and across entities.”



Stakeholders specifically named the following opportunities as essential for the future directions of the state early childhood mental health system:

◎ **Invest in system alignment of the “array” and development of a model for a continuum of care that is focused on prevention and promotion.**

“We do not have access to the full continuum of early childhood and mental health services that span prevention and health promotion, early identification, triage referral, intervention, and highest tiers. We don't have the right services in the right settings in ways that are sustainable.”

◎ **Workforce, workforce, workforce: Invest in workforce capacity to meet the needs of families.**

“One of my core hopes is that we have a ready and resilient workforce that can meet the needs of early childhood populations. So young children, their families, pregnant people across the continuum of care and in the places and spaces that they are.”

◎ **Develop an early childhood mental health clearinghouse to aggregate relevant information for the system.**

“One of the things that came out in a lot of conversations was this need for like a clearinghouse or a hub... an early childhood mental health consultation hub, where we can think about a one-stop for trainings, professional development, competencies, model development.”



CONCLUSION

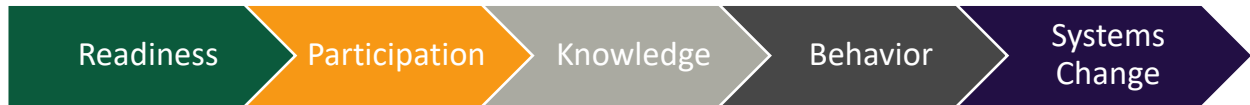
Although the LAUNCH Together initiative is concluding, the four LAUNCH Together communities of; Chaffee-Fremont County, Jefferson County, Pueblo County and Southwest Denver now have stronger, more coordinated systems and infrastructure to support the behavioral health needs and social-emotional development of their young children, which has the potential to create impact for years to come. The four LAUNCH Together communities have established long-term and trusting relationships across key system partners, facilitated local community driven solutions to enhance services within the five LAUNCH strategy areas, increased workforce capacity and knowledge about early childhood mental health and improved the experiences of families in their communities.



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APPENDIX A. IMPLEMENTATION FRAMEWORK GUIDE



- **Readiness:** Identifying providers or stakeholders, conducting outreach to potential partners, gathering information, or meeting to plan for later action.
- **Participation:** Engagement of partners or participants in planned strategies.
- **Knowledge:** High intensity/dosage training, coaching, and professional development with a clear content focus, delivered to a specific target audience.
- **Behavior:** Concentrated and targeted activities that support the transfer of knowledge to practices and procedures.
- **Systems Change:** Practices and procedures related to the strategy are embedded in the operational infrastructure of the community.

For long-term systems change, there needs to be:

- **Readiness** to engage, e.g., identify PCPs in target area, conduct outreach, and gather info (current assessment use, referral protocols, barriers, TA needs)
- Then **participation**, e.g., at least 3 PCPs sign agreements to participate in training and TA
- Leading to **knowledge** gain, e.g., provide training and TA on clinical best practices for early childhood social-emotional health screening to PCPs
- 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

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