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PROJECT
LAUNCH

Project LAUNCH
System Transformation Evaluation
Baseline Report

— June 2015 —

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Executive Summary

Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) is a federal initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) with a goal to promote health and wellness for children from birth to age eight. To achieve this goal, Project LAUNCH aims to increase coordination and collaboration across child-serving agencies and to strengthen existing linkages between provider agencies. The initiative works to support, expand, and sustain capacity for a coordinated child serving system as well as to promote the well-being of young children and their families.

Dr. Trish Kohl and the Center for Public Health Systems Science (CPHSS) collaborated with the Missouri Institute of Mental Health (MIMH) to contribute to the evaluation using social network analysis of service providers and qualitative interviews with parents in the service area. This report presents baseline findings and recommendations for Project LAUNCH moving forward based on those findings.

SERVICE PROVIDER COLLABORATIONS

Sixty-four of 108 organizations serving children in the pilot area of 63106 and 63107 zip codes participated in an online survey about their relationships with other organizations in the Project LAUNCH network. The majority of these organizations were private, non-profits that had been operating for more than 20 years serving more than 100 children or families per month.

All organizations reported working with at least one other organization in the network to provide services to children, and the majority were in contact at least quarterly. The Work With network had relatively good connectivity with a density of 22%. When asked about collaboration (if organizations at least *share information and resources, have defined roles, have frequent communication, and share some decision making*), the connectivity dropped to a density of 7%. Queen of Peace Center and St. Louis Center for Family Development were the top connectors in the Collaboration network which means that they are in a position to facilitate relationships between organizations that would otherwise be unconnected.

All organizations were identified as at least *important* by at least one other organization. The 3 most highly ranked organizations identified as *extremely important* were each from a different domain: City of St. Louis Public Schools (education), Missouri Department of Social Services St. Louis City Children’s Division (child welfare), and St. Louis Children’s Hospital (physical health).

Most organizations sent referrals to as many organizations as they received from, and many of the referral relationships were mutual.

COMMUNITY MEMBER PERCEPTIONS

Interviews with parents in the pilot community were conducted to capture families’ experiences with services for their children. Many parents spoke positively about services received; however, some gaps in services were identified. Only one child had received mental health services. Five parents discussed a possible need for mental health services for a child or for themselves, but none were received.

All parents that utilized family strengthening services spoke positively about them and saw a benefit

for their children or themselves. Unfortunately, fewer than half of the parents interviewed had experiences with these services.

Many parents described negative experiences when they received assistance for concrete needs. Although they were mostly pleased with service experiences in other domains, they offered suggestions for improvements in both the education and physical health domains.

CONCLUSIONS

The majority of organizations serving young children in the Project LAUNCH pilot area were connected to at least one other organization on at least a quarterly basis. However, connectivity dropped in the Collaboration network when organizations were asked if they at least coordinate with other organizations. This means that although service providers were in contact with each other, they were not necessarily collaborating on a higher level.

Child care organizations were not well connected to each other and some clustering in the Collaboration and Value networks showed a stronger connection within service domains than if the organizations been randomly distributed.

There are some organizations that are in a position to facilitate or broker relationships with otherwise unconnected organizations. Ready Readers coordinated relationships in the education domain. Queen of Peace Center and St. Louis Center for Family Development played multiple brokerage roles and were both well connected in the Collaboration network.

MOVING FORWARD

Based on the key findings, the following recommendations were identified:

- Build capacity of family strengthening service providers to reach more families while striving to maintain the same quality of service.
- Give service providers the opportunity to connect with other providers in their area, by holding service provider conferences regularly and encouraging providers from across domains to attend.
- Regularly hold Mental Health Information Fairs to increase families' awareness of and access to mental health services.
- Use the child care connections with the library and health department to distribute information to child care organizations and improve collaboration within the child care domain and with other service domains.
- Utilize the positive relationship with education and physical health providers to increase referrals to mental healthcare providers and follow-up to make sure families receive needed care.
- Make the St. Louis Center for Family Development aware of their possible connector role. They are in a position to disseminate information and facilitate connections for partners that are not connected to each other.

Introduction

Missouri's Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is a Substance Abuse and Mental Health Services Administration (SAMSHA) funded program that aims to promote health and wellness for children from birth to age 8. Project LAUNCH seeks to create a more integrated and sustainable early childhood service system throughout Missouri by ensuring that early childhood programs and services are comprehensive, coordinated, accessible, adequately funded, and of the highest quality to meet the needs and to promote the well-being of all young children and their families.

Figure 1. Project LAUNCH pilot area.



The area within the 63106 and 63107 St. Louis City zip codes was chosen to pilot Project LAUNCH activities because of the high need identified (see Figure 1). Forty two percent of families with children in zip code 63107 and more than half (58%) of families with children in zip code 63106 live in poverty compared to 19% of families with children in poverty in Missouri. The total population of the selected area is 23,795.¹

A goal of Project LAUNCH is to enhance services and systems serving young children by improving collaboration across systems that serve children including: child care, education, physical health, mental health, family strengthening/home visiting, and concrete needs. These efforts are being evaluated using various methods by the Missouri Institute of Mental Health (MIMH). Dr. Trish Kohl and the Center for Public Health Systems Science (CPHSS) collaborated with MIMH to contribute to the evaluation using social network analyses to understand the linkages between organizations that provide services to children and assess the coordination of service provision among these organizations over time. In addition to network mapping, qualitative interviews with parents in the service area were conducted to capture information about families' experiences with services. The results from this evaluation will help inform process improvement and help to determine the overall service transformation within this system as a result of Project LAUNCH. This report discusses baseline findings and recommendations for Project LAUNCH moving forward based on those findings.

¹ U.S. Census Bureau, American FactFinder; <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>; March 20, 2015.

Part I: Service Provider Collaborations

METHODS

Network Delineation

Organizations were considered a part of the Project LAUNCH network if they served children ages 0-8 in the 63106 and 63107 zip codes. Because Project LAUNCH is charged with improving systems that serve children and increasing collaboration across those systems, organizations providing services in the following eight domains were of interest:

- Child Care
- Child Welfare
- Community Advocacy
- Concrete Needs
- Education
- Family Support/Home Visitation
- Mental Health
- Physical Health

Given those parameters, Project LAUNCH council members generated a list of organizations and the contact individuals to represent them, and classified them into one of the domain types. In most cases, one individual was selected to represent each organization. Five organizations provided services in two domains; these organizations had two representatives – one for each division providing a domain service. A total of 108 organizations/divisions were asked to participate (see Appendix A).

Survey Content/Measures/Data Handling

Participants were asked to complete an online survey asking about their relationships with all of the other organizations in the Project LAUNCH network. Relationships of key interest were:

- **Work With:** Please indicate the organizations or programs within larger organizations that {your organization} works most closely with in providing services to children and families in 63106 and 63107. [Participants were provided a list of all organizations invited to participate and could check a box indicating that they worked with that organization.]
- **Contact:** The following is a list of organizations you indicated working with. On average, how often have you or others within your organization had direct contact (e.g. meetings, phone calls, emails, faxes, or letters) with each of the following organizations/programs within the past year? (Do not count listservs or mass emails.) [Response options were Yearly, Quarterly, Monthly, Weekly, or Daily.]

- **Collaboration:** Please review these descriptions of different levels of collaboration. Using the scale provided, please pick the response option that best represents the extent to which {organization} currently interacts with each organization/program.

Figure 2. Collaboration scale.

Networking	Cooperation	Coordination	Coalition	Collaboration
<ul style="list-style-type: none"> • Aware of organization • Loosely defined roles • Little communication • All decisions are made independently 	<ul style="list-style-type: none"> • Provide information to each other • Somewhat defined roles • Formal communication • All decisions are made independently 	<ul style="list-style-type: none"> • Share information and resources • Defined roles • Frequent communication • Some shared decision making 	<ul style="list-style-type: none"> • Share ideas • Share resources • Frequent and prioritized communication • All members have a vote in decision making 	<ul style="list-style-type: none"> • Members belong to one system • Frequent communication characterized by mutual trust • Consensus is reached on all decisions

- **Value:** How important is your relationship with each of the following organizations/programs to {organization’s} ability to provide services? [Response options were Not Important, Slightly Important, Important, Very Important, or Extremely Important.]
- **Referrals:** Does {organization} send and/or receive referrals with the following organizations/programs? [Response options were We send referrals to them, They send referrals to us, Both send and receive, or Neither.]

Work With, Contact, and Collaboration are inherently reciprocal relationships. That is, if A reports being in contact with B on a weekly basis, B should report something similar. Therefore, these networks were symmetrized. Since Work With was a binary measurement (participants simply checked a box if they worked with an organization), any indication of a relationship between two organizations (A working with B, B working with A, or both) was considered a link. Contact and collaboration were measured as valued relationships; whenever two organizations provided conflicting values for their relationship, the lower value was used. If only one organization indicated a relationship, that value was used. Value and Referrals are inherently directional relationships. That is, A might report that B is very important, but the reverse is not necessarily the case. Therefore, these networks were not symmetrized. For Referrals, any indication of a referral was included (i.e. if A reported sending referrals to B but B responded with “neither,” the referral relationship was retained).

Responses were collected from September through December 2014.

NETWORK DEMOGRAPHICS

Out of the 108 organizations/divisions asked to participate, 64 provided enough data to include in the network analysis, for a response rate of 59.3%. Response rate broken down by service domain is shown in Table 1. Child Care, Education, and Family Support/Home Visitation were the most common domain types.

Table 1. Response rate by domain.

Service Domain	Participated	Out of	%
Child Care	17	38	44.7
Child Welfare	3	3	100
Community Advocacy	4	6	66.7
Concrete Needs	3	9	33.3
Education	15	20	75
Family Support/Home Visitation	11	13	84.6
Mental Health	4	9	44.4
Physical Health	7	10	70
Overall	64	108	59.3

Tables 2, 3, and 4 show additional characteristics of the Project LAUNCH organizations. These organizations tended to serve a large number of children and families (more than 100 of each), be private non-profits, and have been in operation for more than 20 years.

Table 2. Number of children and families typically served in 1 month. Most organizations served more than 100 children per month. Almost half served more than 100 families per month.

	Children		Families	
	Frequency	%	Frequency	%
0-25	7	10.3	10	14.7
26-50	7	10.3	7	10.3
51-100	5	7.4	9	13.2
More than 100	39	57.4	32	47.1
Not Applicable	7	10.3	8	11.8
Missing	3	4.4	2	2.9
Total ¹	68	100	68	100

Table 3. Most organizations were private non-profits.

	Frequency	%
Private for-profit	7	10.3
Private non-profit	45	66.2
Public	14	20.6
Missing	2	2.9
Total ¹	68	100

Table 4. Most organizations have been in operation for more than 20 years.

	Frequency	%
1-5	7	10.3
6-10	4	5.9
11-15	5	7.4
16-20	7	10.3
More than 20	37	54.4
Missing	8	11.8
Total ¹	68	100

¹Some participants only completed demographic information, which is why the total numbers on these tables are higher than the total in Table 1.

PROVIDER NETWORKS

Interpreting Network Results

Network graphics display nodes (a circle for every organization/division) and links (lines) between them representing a relationship. Node color and size represent different characteristics of the organizations:

- **Node color** is used to display a categorical characteristic. In this report, color is used to represent the service domain provided by the organization/division.
- **Node size** is used to display a quantitative characteristic, often one that represents how central it is to the network. In this report, size is used to represent 1) betweenness centrality: how important an organization is to connecting other nodes together, 2) indegree: how many incoming nominations an organization receives (i.e. nominations for being important, referrals received, etc.), and 3) outdegree: how many nominations an organization sends out (i.e. referrals sent).

Other network statistics include:

- **Network size:** number of partners (organizations) in the network
- **Links:** connections (relationships) between organizations
- **Density:** percent of all possible links (relationships) that actually exist
- **Average degree:** average number of relationships per organization
- **Isolates:** organizations with no relationships

Who You Work With

Please indicate the organizations or programs within larger organizations that {your organization} works most closely with in providing services to children and families in 63106 and 63107. [Participants were provided a list of all organizations invited to participate and could check a box indicating that they worked with that organization.]

Figure 3 shows the Work With network, with nodes sized by betweenness (how important an organization is to connecting other nodes together). The St. Louis City Health Department (Women, Children, & Adolescent Health) and St. Louis Public Library serve to connect many child care organizations that would otherwise be isolated to the rest of the network. Connectivity was relatively good; all of the organizations/divisions were connected, working with an average of almost 24 organizations. A density of 22% is quite high for a network of this size.

Figure 3. Work With network.

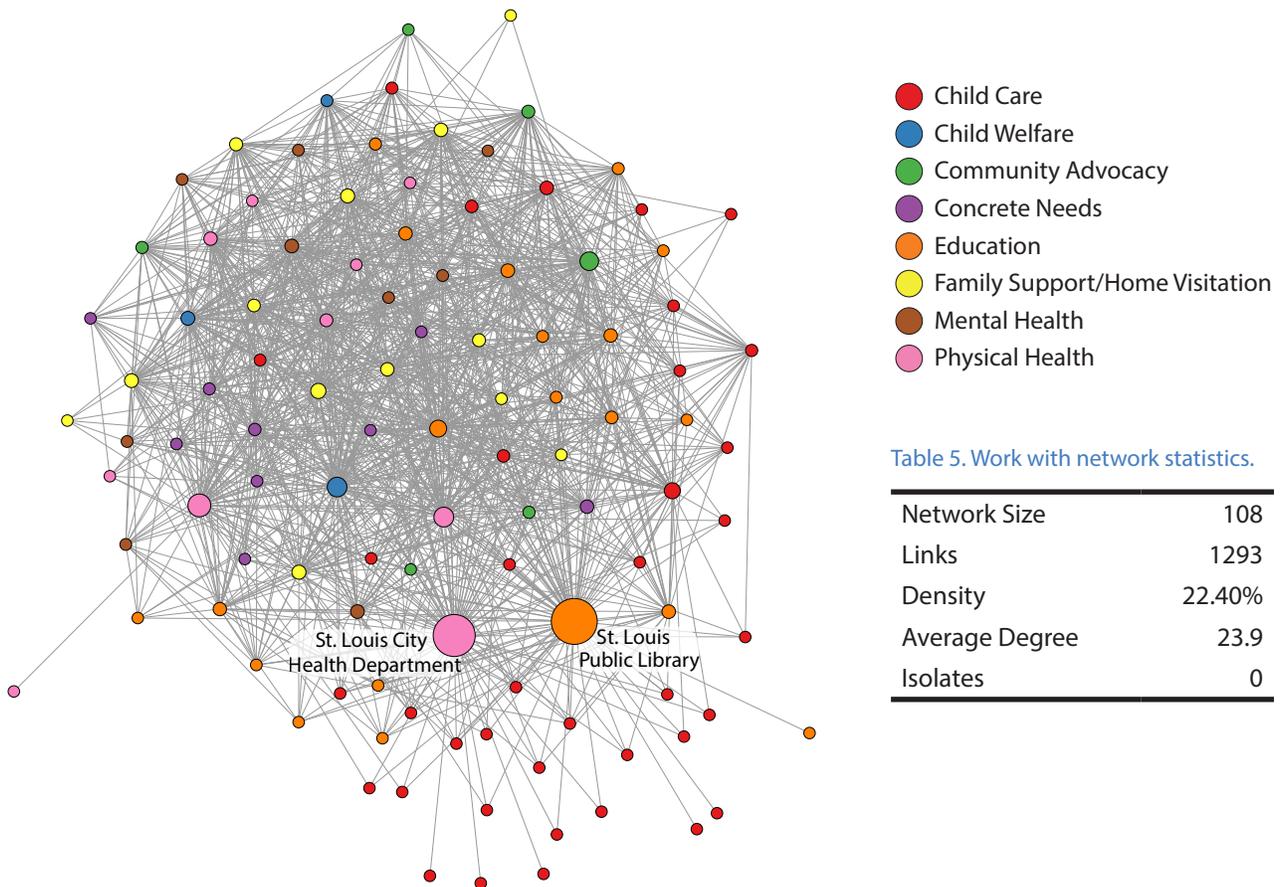
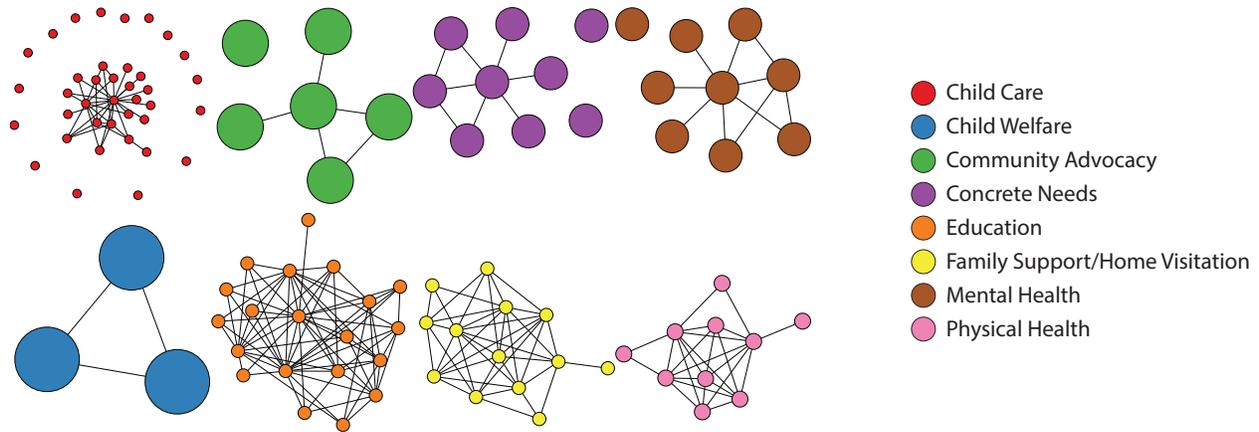


Figure 4 splits the Work With network into separate service domains in order to display the connectivity within them. Child care organizations were not well-connected to each other, as demonstrated by several isolates and pendants (organizations with only one link to the main network). Community advocacy, concrete needs, and mental health organizations all had at least one isolate. Child welfare, education, family support/home visitation, and physical health organizations were all well-connected within their domains, with no isolates and at most one pendant each.

Figure 4. Work with by domain.



Contact

On average, how often have you or others within your organization had direct contact (e.g. meetings, phone calls, emails, faxes, or letters) with each of the following organizations/ programs within the past year?

Figure 5 shows the Contact network at three different levels: at least quarterly, at least monthly, and at least weekly. Connectivity drops from a density of almost 16% at quarterly to 9% at monthly, then to 3% at weekly. Even at the high frequency of weekly contact, there were only 26 isolated organizations that were not in contact with at least one other organization on a weekly basis.

Figure 5. Contact at the quarterly, monthly and weekly levels.

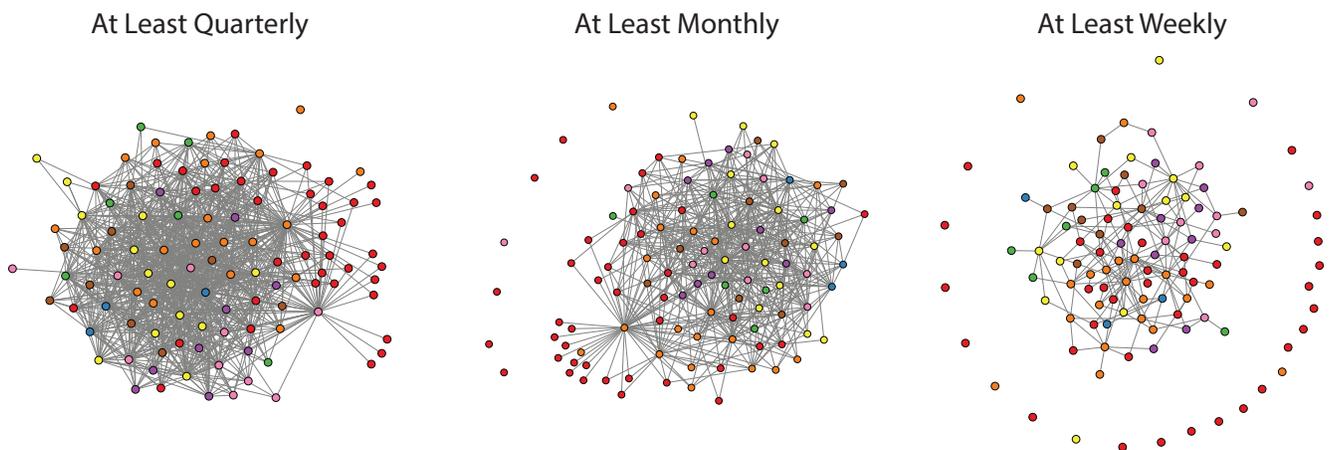


Table 6. Contact network statistics.

	Links	Density	Average Degree	Isolates
Quarterly	904	15.6%	16.7	1
Monthly	545	9.4%	10.1	7
Weekly	179	3.1%	3.3	26

Collaboration

Please review these descriptions of different levels of collaboration. Using the scale provided, please pick the response option that best represents the extent to which {organization} currently interacts with each organization/program.

Networking	Cooperation	Coordination	Coalition	Collaboration
<ul style="list-style-type: none"> • Aware of organization • Loosely defined roles • Little communication • All decisions are made independently 	<ul style="list-style-type: none"> • Provide information to each other • Somewhat defined roles • Formal communication • All decisions are made independently 	<ul style="list-style-type: none"> • Share information and resources • Defined roles • Frequent communication • Some shared decision making 	<ul style="list-style-type: none"> • Share ideas • Share resources • Frequent and prioritized communication • All members have a vote in decision making 	<ul style="list-style-type: none"> • Members belong to one system • Frequent communication characterized by mutual trust • Consensus is reached on all decisions

Figure 6 shows the Collaboration network, with links between nodes representing a relationship at the coordination level or higher, with nodes sized by betweenness. The density of the Collaboration network for at least coordination is 7%. This drop in connectivity from 22% in the Work With network shows that while most organizations report working with each other, they are not collaborating at a level of at least coordination.

Child care organizations were relatively peripheral, and many were connected to the network only via their relationship with the St. Louis City Health Department. While the St. Louis City Health Department has no clinic, they work with child care centers to provide child screenings and professional development for employees. This linking role is why the Health Department is such a large node in the network. Queen of Peace Center (QOPC) and St. Louis Center for Family Development (STLCFD) also play important connecting roles because many of the organizations they collaborate with do not collaborate with each other at the coordination level.

Modularity measures the connections between and within domains and can range from -0.5 to 1.0. A number higher than 0 indicates that there are more links within domains than there would be if the links were randomly distributed. The modularity of the Collaboration network was 0.03. Looking at Figure 6, you can see that family support/home visitation organizations and education organizations tended to cluster on opposite sides of the network because there is little collaboration between them, with the exception of St. Louis Center for Family Development, Parents as Teachers, and City of St. Louis Public Schools which serve as connectors between these two domains.

Figure 6. Collaboration network: at least coordination.

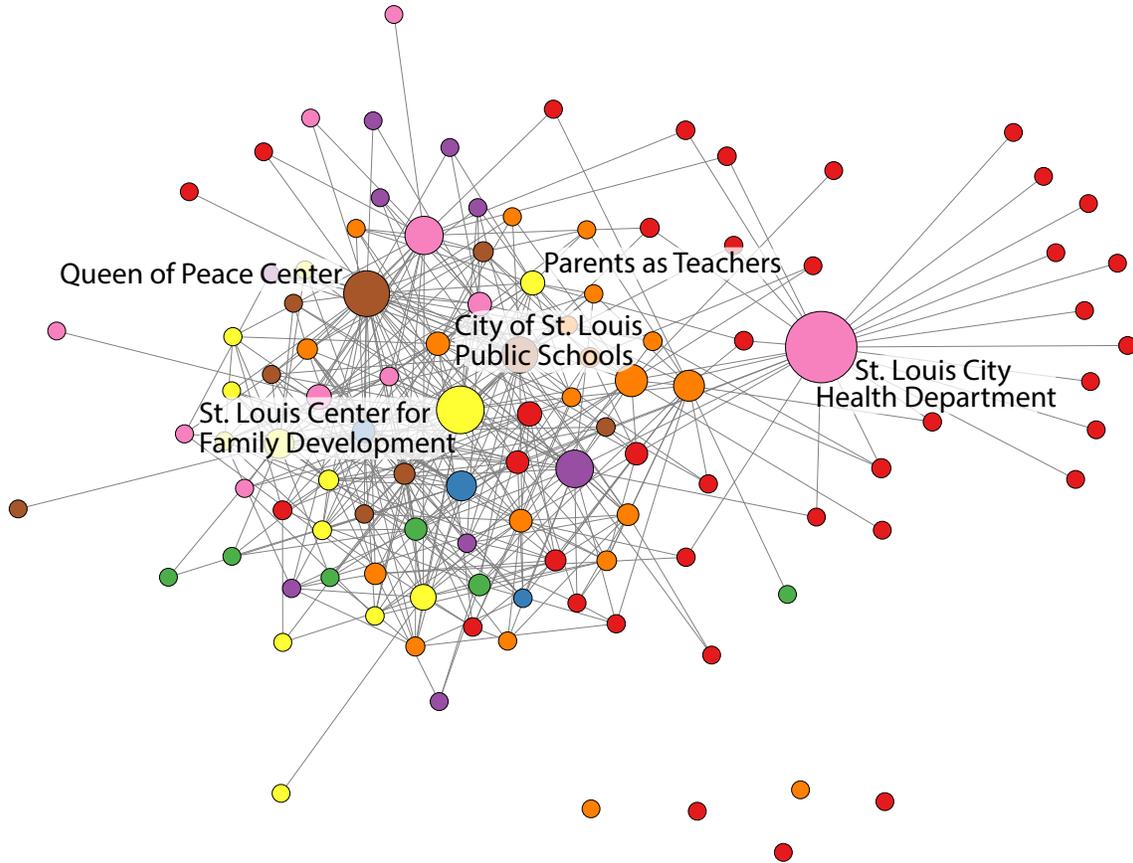


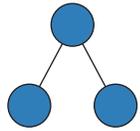
Table 7. Collaboration network statistics.

Network Size	108
Links	402
Density	7%
Average Degree	7.4
Isolates	5

- Child Care
- Child Welfare
- Community Advocacy
- Concrete Needs
- Education
- Family Support/Home Visitation
- Mental Health
- Physical Health

Brokerage Role Analysis

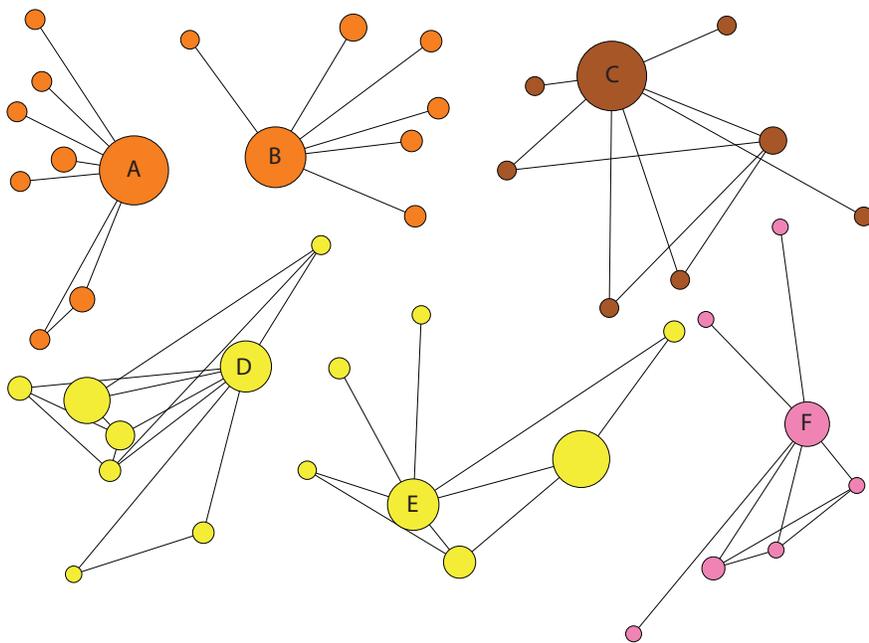
Brokers are linked to pairs of organizations that are not otherwise connected, thus they can “broker” (facilitate) relationships between them. Various types of brokerage roles exist depending on the domain that the organizations are from.



Coordinator: Broker and unconnected nodes are all from the same domain.

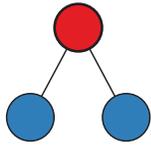
These organizations can facilitate relationships between organizations of their same domain. In Figure 7, you can see that the City of St. Louis Public Schools (noted as B below), connected 6 other education organizations that are not collaborating at least at the coordination level with any other education organization.

Figure 7. Top coordinators.



Ready Readers (A), a St. Louis non-profit that helps prepare low-income kids for reading when they get to kindergarten, and City of St. Louis Public Schools (B) were the biggest coordinators among educational organizations, brokering 20 and 15 relationships, respectively. However, they were not connected to each other, at least at the level of coordination. The primary coordinator among mental health organizations, brokering 18 relationships, was Queen of Peace Center (C). They assist women with substance abuse, homelessness and child care. The main coordinators for family support/home visitation organizations were St. Louis Center for Family Development (D) and Father’s Support Center (E) brokering 14 and 12 relationships, respectively. Although they are relatively small, Myrtle Hilliard Davis Comprehensive Health Center (F) was the primary coordinator for physical health organizations brokering 12 relationships.

Child welfare only had three organizations, with City of St. Louis Family Court coordinating a relationship between the other two organizations. Concrete needs, child care, and community advocacy organizations did not have prominent coordinators.



Itinerant/Consultant: Unconnected nodes are from the same domain, but the broker is from a different domain. These organizations are in a position to broker a relationship between organizations of the same domain that is different from the broker's domain. For example, the physical health organization (A) in Figure 8 can facilitate a relationship between child care organizations that are not connected to each other.

Figure 8. Top consultant.

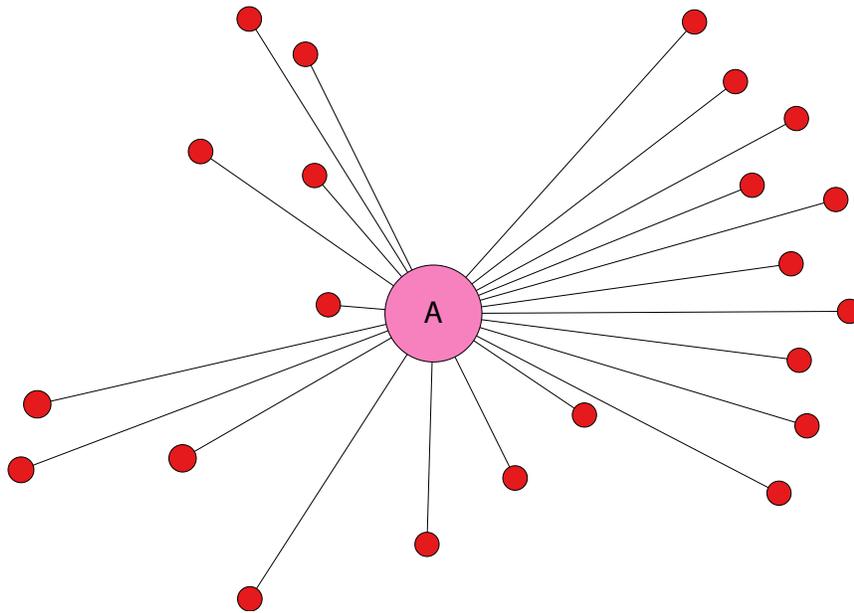
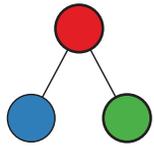


Figure 8 shows the St. Louis City Health Department - Women, Children and Adolescent Health (A) served as a consultant for 231 relationships between child care organizations. This is likely due to child lead screenings and professional development provided by the health department. The health department offers required first aid and CPR training to child care employees free of charge.

Most other organizations paled in comparison. The St. Louis Center for Family Development served as a consultant for 54 relationships, mostly for educational and concrete needs organizations. Queen of Peace Center served as a consultant for 52 relationships, also mostly for educational and concrete needs organizations.



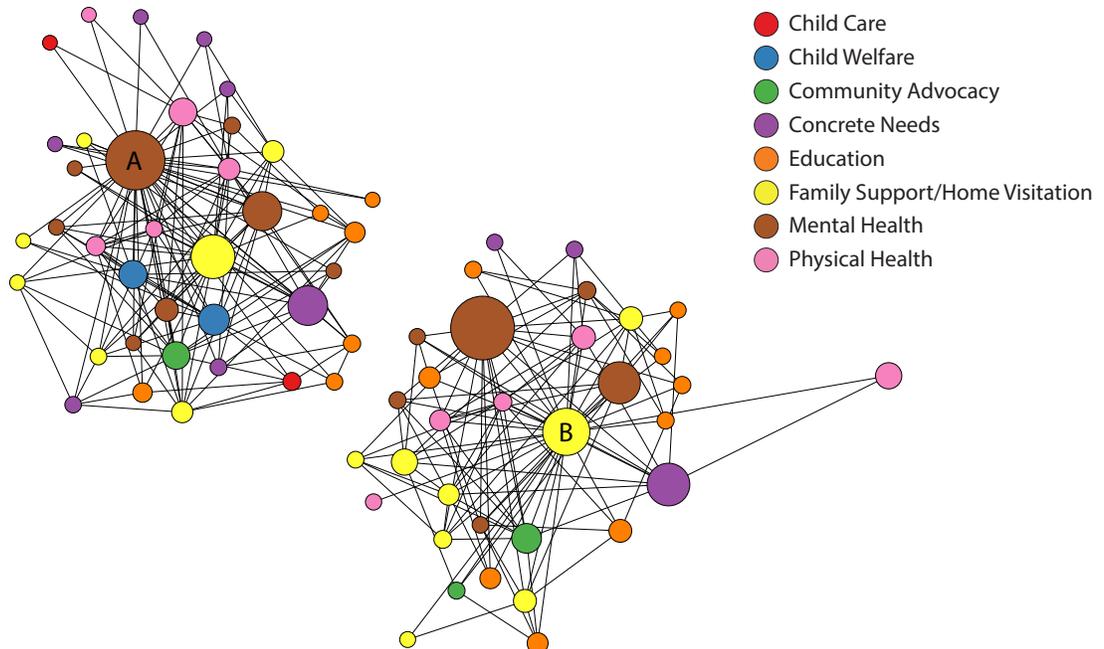
Liaison: Broker and unconnected nodes are all from different domains. Because a goal of Project LAUNCH is to enhance services and systems by improving collaboration across domains, liaisons can play an important role. They are in the best position to facilitate relationships between organizations from different domains. Table 8 below lists the top 10 liaisons. Figure 9 shows the networks for the top 2 liaisons, Queen of Peace Center (A) and St. Louis Center for Family Development (B).

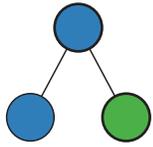
The top liaisons in the network provide multiple services. Queen of Peace Center assists women in the St. Louis area with substance abuse, homelessness, and child care. The St. Louis Center for Family Development provides training and professional development to community providers as well as direct mental health services to the St. Louis community.

Table 8. Top 10 Liaisons in Collaboration network.

Organization	Relationships Brokered
Queen of Peace Center	306
St. Louis Center for Family Development	200
Urban Strategies	171
Amanda Lockett Murphy Hopewell Center	167
Our Little Haven	112
City of St. Louis Family Court	92
Myrtle Hilliard Davis Comprehensive Health Center	90
Vision for Children at Risk - Advocacy	88
St. Louis City Health Department (Women, Children and Adolescent Health)	66
Fathers' Support Center	66

Figure 9. Top 2 liaisons.



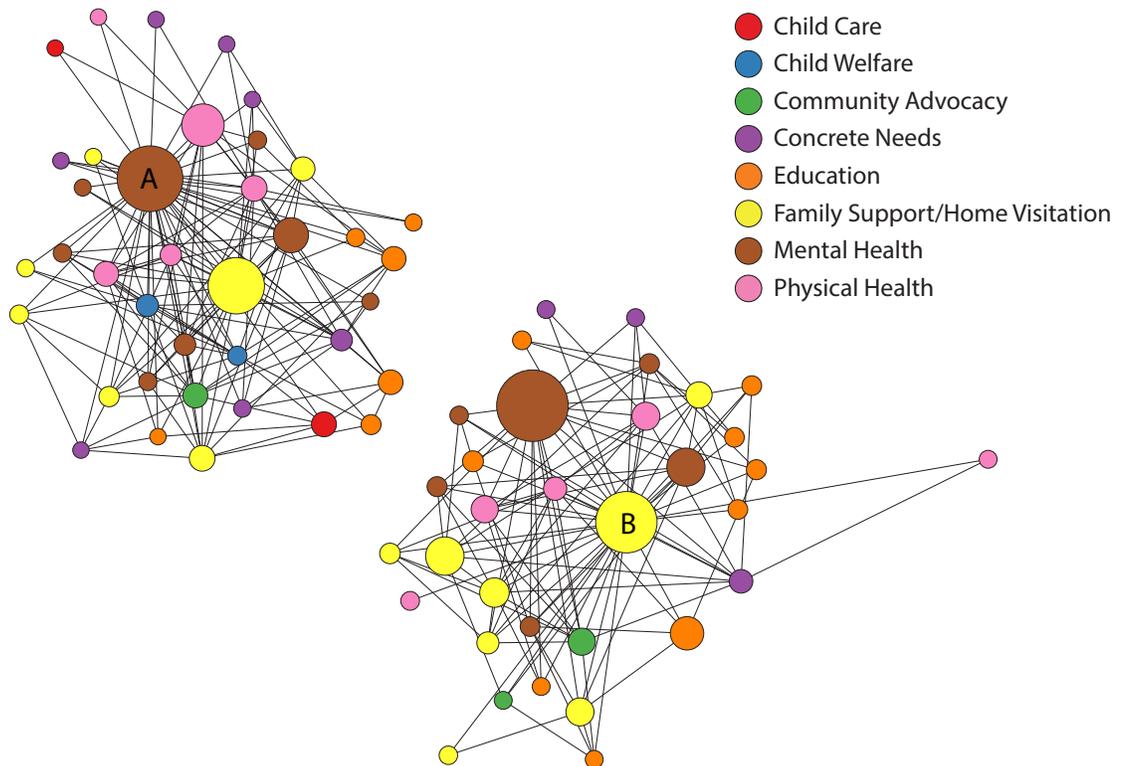


Representative/Gatekeeper: Broker is from the same domain as one unconnected node, and the other unconnected node is from a different domain. Representatives and gatekeepers are the same in undirected networks like the Collaboration network. Table 9 below lists the top 8 representatives/gatekeepers. The top 2 representatives/gatekeepers shown in Figure 10 are Queen of Peace Center (A) and St. Louis Center For Family Development (B). These organizations were in the best position to facilitate a relationship between an organization from their own domain and one from a different domain that would otherwise be unconnected.

Table 9. Top 8 Representatives/Gatekeepers in Collaboration network.

Organization	Relationships Brokered
Queen of Peace Center	180
St. Louis Center for Family Development	146
Myrtle Hilliard Davis Comprehensive Health Center	95
Fathers' Support Center	69
Amanda Lockett Murphy Hopewell Center	68
Ready Readers	67
City of St. Louis Public Schools	59
St. Louis Learning Disabilities Association	52

Figure 10. Top 2 Representatives/Gatekeepers in Collaboration Network.



Value

How important is your relationship with each of the following organizations/programs to {organization's} ability to provide services? [Response options were Not Important, Slightly Important, Important, Very Important, or Extremely Important.]

All organizations were identified as at least Important by at least one other organization. A quadratic assignment procedure (QAP) found a significant positive correlation between Collaboration and Importance, $r = 0.361$, $p < 0.001$. Organizations tended to collaborate more with other organizations they rated as at least Important.

Modularity of the Value network was 0.02. The clustering of domains (Family Support/Home Visitation to the left side and Education to the right side) shows that organizations were more likely to nominate others from the same domain as extremely important than if they were randomly distributed.

Figure 11 shows the Value network, with nodes sized by indegree (number of other organizations nominating them as extremely important). The City of St. Louis Public Schools, Missouri Department of Social Services St. Louis City Children's Division, and St. Louis Children's Hospital were the three most highly ranked organizations. Note that these organizations are from three different service domains: education, child welfare, and physical health, respectively. Most of the isolates were child care organizations.

Figure 11. Value network: extremely important.

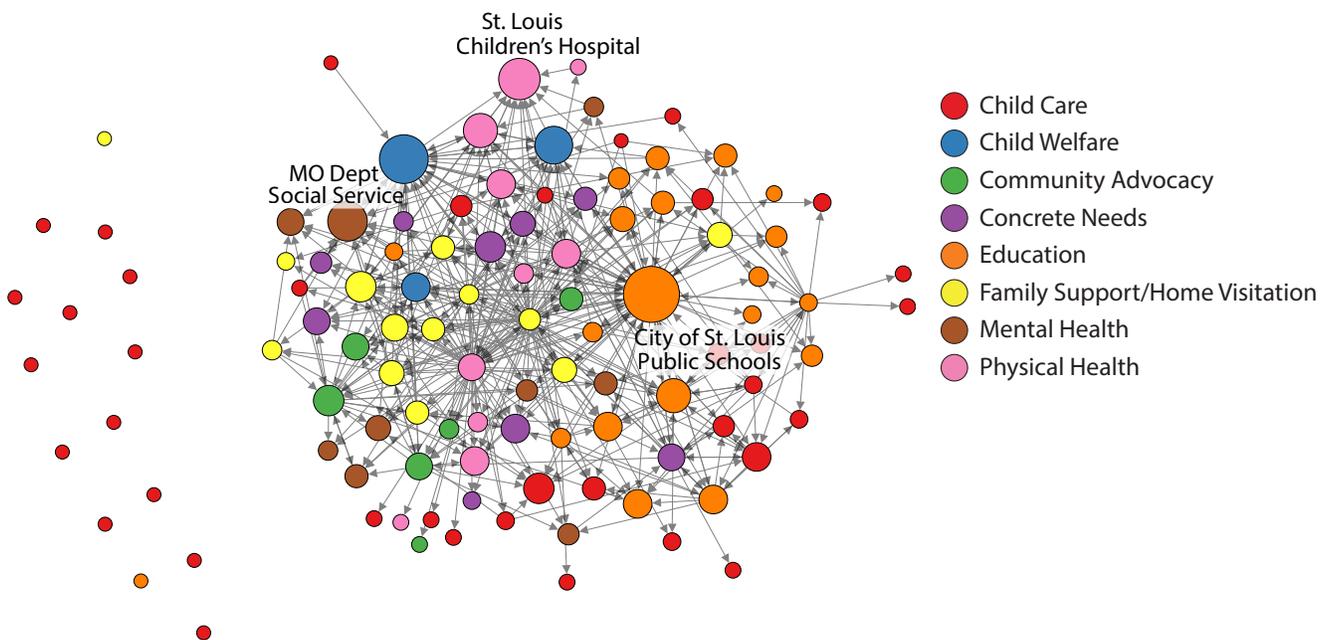


Table 10. Value network statistics.

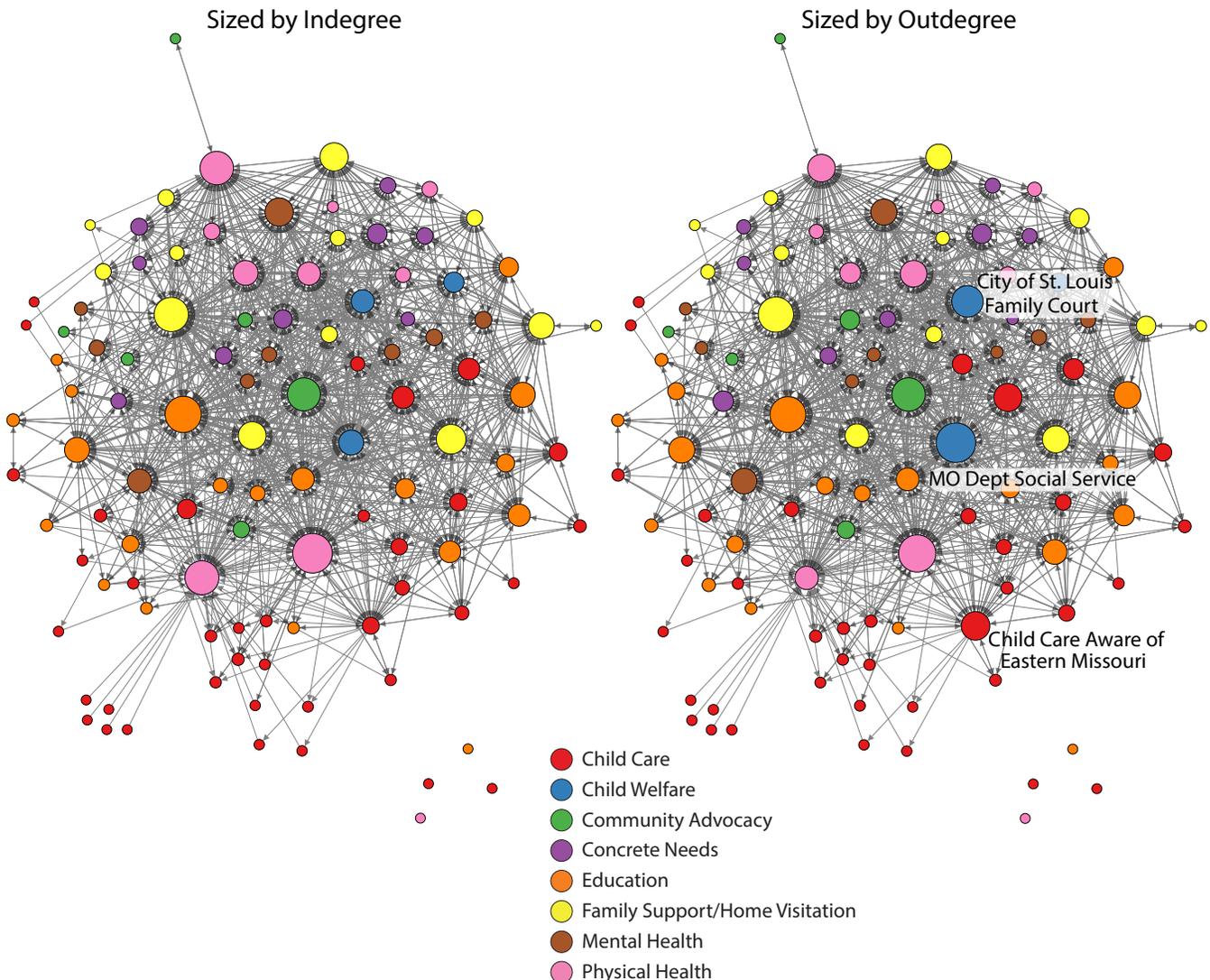
	Links	Density	Average Degree	Isolates
At Least Important	1242	10.7%	23.0	0
At Least Very Important	775	6.7%	14.4	12
Extremely Important	468	4.0%	8.7	15

Referrals

Does {organization} send and/or receive referrals with the following organizations/ programs? [Response options were We send referrals to them, They send referrals to us, Both send and receive, or Neither.]

Figure 12 shows the Referrals network, with the first panel sized by indegree (number of organizations receiving referrals from) and the second sized by outdegree (number of organizations sending referrals to). Most node sizes are consistent across the received and sent networks, indicating that organizations generally referred to as many organizations as they received from, and many of the referral relationships were mutual. The only notable exceptions were the three nodes labeled in the Outdegree network: City of St. Louis Family Court, Missouri Department of Social Services St. Louis City Children’s Division, and Child Care Aware of Eastern Missouri sent referrals to more organizations than they received from.

Figure 12. Referrals sized by indegree and outdegree.



Gap Organizations

Four organizations appeared to not meet the requirements of the delineation during the data collection process: Youth in Need: Head Start and Beyond Housing 24:1 responded that they did not serve the zip codes of interest, Casa de Salud responded that they did not serve children ages 0-8, and St. Louis Translation and Interpreter Services closed their St. Louis office. However, each of these organizations were nominated by at least three other organizations as being extremely important to their ability to provide services, indicating that they may indeed be part of the network. At least some of these organizations have been contacted in order to modify their scopes so that they recognize their value to the Project LAUNCH mission.

Part II: Community Member Perceptions

To better understand the responsiveness of service providers to child and family needs and identify opportunities for improvements to the service system, we conducted qualitative interviews with parents in the Project LAUNCH pilot community. Eighteen face-to-face interviews were conducted in the Fall of 2014 with parents caring for a child or children 0-8 years old. Semi-structured questions were used to ask about providers that parents receive services from for their young children or for themselves in relation to meeting the needs of their children. The interview script (Appendix B) was developed to inquire specifically about the parent experiences with the following services:



Child
care



Education



Mental
health



Physical
health



Family support/
home visitation



Concrete
needs

Key themes learned from the first round of parent interviews are summarized below. Qualitative data and quotes were chosen to be representative of findings and provide additional detail. The parents will be surveyed 2 more times to capture information about families' experiences with services, help identify necessary targets for change, and evaluate how service experiences change over time.



CHILD CARE

Few parents interviewed had children that attended child care outside of the home. Most small children were cared for by a parent or family member. The majority of parents with children in daycare were happy with the care their children received, although two parents spoke about the expenses of child care being difficult. One parent suggested transportation assistance for those that find getting kids to a child care provider challenging.

"You send them to daycare you got to have food for them. You got to send diapers and stuff like that. It was kind of like financially hard for me."



EDUCATION

Eleven parents had children attending preschool or elementary school. Most parents spoke positively about their experiences with the schools and teachers, specifically about education, communication, or conflict resolution. The majority of parents believed that the school was responsive to their needs and their child's needs.

"Right now, I am blessed to have teachers that's there because they care, so they are working with me with tutoring and things like that to pull my kids up to par."

Despite the positive comments about their schools, parents had suggestions for improvements. Easier, more frequent communication with teachers and more attention from teachers to address behavior problems were suggested by multiple parents.

Parent suggestions for improving education experience:

- Make communication with the teachers easier and more frequent.
- Improve school curriculum.
- Provide bus transportation or monitor existing buses.
- Pay attention to children and address behavior problems.
- Provide smaller classroom sizes and/or have kids work in smaller groups.
- Make afternoon snacks available to kids that have to eat lunch early in the day.



MENTAL HEALTH

As many as one in five Missouri children may have an emotional or behavior disorder, ranging from barely noticeable to disruptive to their education, development, and family life. Only one in five children with a mental illness receives needed services.¹

Of the 18 parents interviewed, only 1 had a child that received services from a mental health provider. That parent did not find it helpful for the child, saying "He didn't respond to it the way he should have". Three parents discussed a possible need for mental health services for their child but had not received them. One of these parents had a difficult time finding a mental health care provider that was

¹ Missouri Department of Mental Health, Division of Comprehensive Psychiatric Services; <http://dmh.mo.gov/docs/mentalillness/childmentalillness.pdf>; March 26, 2015.

accepting new patients. She had received a referral for her child, but was unable to get an appointment.

Two parents also discussed a personal need for mental health services but had received none. When asked if they had received any mental health treatment, one parent responded “No, I haven’t. Should I have? Yes.”

Some parents spoke about mental health conditions (child ADHD and adult depression) being diagnosed and treated with medication by a primary care physician. They were pleased with the convenience of only seeing one doctor, with whom there was an existing positive relationship.



PHYSICAL HEALTH

The majority of parents take their kids to Affinia or Cardinal Glennon for medical care. Most parents said that doctors, nurses and staff are helpful and responsive to their needs (10 people). Many feel that it is easy to get an appointment (5 people) and are happy with the medical care their children receive (11 people).

“Very responsive, that’s why I like that clinic. I can call them right now and say, my child has a fever, and they’ll set up an appointment probably before 4 o’clock this evening.”

Only one parent chose the medical center based on the proximity to their home. Some parents were not aware of a closer option when they decided on their child’s medical care provider, but others chose to travel a greater distance for quality of care or because of a previous relationship the parent had with the health center. Although most parents were happy with their children’s medical care, suggestions for improvements were offered.

Parent suggestions for improving medical care experience:

- Make dental care available at the health center.
- Implement nurse home-visits for kids with chronic conditions (e.g. asthma).
- Maintain a primary care physician for their child instead of seeing any available doctor in the practice.
- Provide more resources for a bigger building and more staff to serve the large number of people that go to the clinic.
- Ensure better communication between the doctor’s office and pharmacy.



FAMILY STRENGTHENING

The Family Support/Home Visitation sector employs a prevention focused model. All parents with experiences with these services saw benefits for their family. However, less than half of the parents interviewed (7 people) had experiences with either family strengthening classes or nurse home visits. All that used the services found them to be helpful. Because parents were so pleased with nurse home visits, suggestions were made to continue home visits for kids throughout the lifespan, specifically those with chronic conditions. Another suggestion was for nurses to connect the family to other needed services.

"It was pretty helpful because [the nurse] came out and worked with us, and then when they sent us back to the office, they already know what I'm saying because they got together already (the nurse and the practitioner) and talked, and it made things a lot easier."

Parents were pleased with family strengthening classes as well. Many parents felt that the classes taught them positive ways to communicate with their children and helped them to improve their relationships.



CONCRETE NEEDS ASSISTANCE

In the St. Louis area, families in need can receive assistance to help pay for food, housing, and utility bills. All but 4 parents interviewed have received concrete needs assistance from one or more of these providers: the Urban League, the Salvation Army, welfare, Supplemental Nutrition Assistance Program (SNAP), food pantries, and section 8 housing. The majority (11 people) discussed negative experiences with concrete need assistance. A common theme was that even though people needed help, they still wanted to be treated with respect. Suggested improvements focused on better communication and timeliness for processing paperwork and providing services.

"I sat on the phone for 2 hours waiting for somebody to even answer my phone call one day. Then they told me somebody would call me back, never did."

Limitations

A goal of Project LAUNCH is to enhance collaboration of service providers across systems to promote the well-being of all young children *and* their families. There was some confusion around the focus of systems serving children. Some service providers opted not to participate in the survey citing that they don't serve children ages 0-8. This is a limitation because although the provider may not directly serve children, the family's need for services from that provider still has an effect on children.

The network graphics in this report allow you to see the connections between service providers. Unfortunately, the context around these connections is not always clear. The Collaboration network is based on service provider responses which depends on their interpretation of the Collaboration Scale. This is a limitation because without additional context, we are unable to tell if providers are meeting to discuss services broadly or if service providers from multiple domains are meeting to discuss needs of specific cases or families.

A final limitation in the network analysis portion of this report was the number of substance abuse treatment providers included in the network. While some providers in the physical health domain have staff in-house to provide substance abuse services, Queen of Peace Center was the only organization in the network whose primary focus is providing services to women with addiction. Because the organizations included in the network analysis were identified by the Project LAUNCH council, this indicates a gap not just in the network, but in the way we think of services for children. This is an important limitation because substance abuse and treatment certainly affect children and their families. These organizations will be included in the next round of surveys for network analysis.

Limitations in the community member perception section of the report include a small sample size (18) and time of the interviews. The majority of parent interviews were conducted during normal business hours. This excluded many working parents and captured only a few parents with children in child care. The next round of interviews will be a larger sample administered at different time points to capture working parents and include more parents using child care.

Conclusions

At baseline, the majority of organizations serving children in the 63106 and 63107 zip codes reported working together. This is good news, but more work needs to be done. The network for quarterly communication had 904 links. This number dropped considerably to 402 links when we looked at the Collaboration network for at least coordination. This shows that although service providers may be in contact with each other, they are not necessarily collaborating on a higher level.

The Work With network separated by domain showed that child care organizations were not well connected to each other. In the Collaboration network, the majority were only connected to the St. Louis City Health Department (Women, Children, & Adolescent Health), and 13 of the 15 isolates in the Value network were from the child care domain.

The modularity of the Value network was 0.02. This clustering of domains supports the idea that people value their relationships with other organizations from the same domain and were more likely to nominate them as extremely important than if the network were arranged by chance. A goal of Project LAUNCH is for service providers to build collaboration and increase coordination across all domains of child serving systems.

Ready Readers is a St. Louis-based nonprofit organization for preschool age children from low-income communities that helps them build literacy skills necessary to become readers when they enter kindergarten. Ready Readers was the biggest coordinator among educational organizations. However, they were collaborating at the level of at least Coordination with only 8 of 38 organizations in the child care domain. Increasing the capacity of Ready Readers or identifying an organization that could supplement Ready Readers' efforts could allow them to reach more children and connect more child care providers into the network.

Queen of Peace Center assists women with substance abuse, homelessness and child care. It was integrated in the Collaboration network and can serve various broker roles for other organizations. Queen of Peace Center was the only organization included in the network that specializes in treatment of addiction.

The St. Louis Center for Family Development provides direct mental health services to St. Louis community members as well as training and professional development to other community providers. St. Louis Center for Family Development was a top broker for every brokerage role in the collaboration network. That means that they are in a position to facilitate relationships with organizations that are otherwise unconnected.

The St. Louis Center for Family Development and Queen of Peace Center both provide mental health services to the Project LAUNCH pilot community and collaborated (at least at the level of Coordination) with 32 and 37 service providers respectively. However, community member interviews identified a gap in receiving mental health services for both children and parents. The connection between the service provider and family needs to be strengthened.

Moving Forward

- Family strengthening services aim to provide early intervention and prevention, so reaching more families is important. All parents that utilized family strengthening or home visitation services saw a benefit. Unfortunately, not even half of the parents interviewed have experiences with these services. These service providers need to build capacity to reach more families while striving to maintain the same quality of service.
- Give service providers the opportunity to connect with other providers in their area, share resources, and collaborate to better serve families by holding service provider conferences regularly and encouraging providers from across domains to attend.
- Regularly hold Mental Health Information Fairs to increase families' awareness of and access to mental health services. Mental health service providers should attend and connect with parents.
- Use the child care connections with the library and health department to distribute information to child care organizations and improve collaboration within the child care domain and with other service domains.
- Utilize the positive relationship with education and physical health providers to increase child and adult mental health referrals and follow-up to make sure families receive needed care.
- The St. Louis Center for Family Development plays a connecting role in the Collaboration network. They are in a position to disseminate information to partners that are not connected to each other. They should be made aware of their possible connecting role and if they see opportunities for their partners to work together, they can help to facilitate the relationship.

Appendix A

NETWORK ORGANIZATIONS

Affinia Healthcare (formerly Grace Hill Health Centers, Inc.)
 Amanda Lockett Murphy Hopewell Center
 Area Resources for Community and Human Services (ARCHS)
 Ashland Elementary School
 Baden Christian Child Care Center
 Better Family Life
 Beyond Housing 24:1
 Boys and Girls Club of Greater St Louis
 Cardinal Glennon Hospital
 Carver Elementary School
 Casa de Salud
 Catholic Charities
 Child Care Aware of Eastern Missouri
 Childgarden Child Development Center
 Children's Advocacy Services of Greater St. Louis
 Children's Enrichment Center
 Children's Home + Aid
 CHIPS Health and Wellness Center - Primary Care
 CHIPS Health and Wellness Center - Social Services
 City of St. Louis Family Court
 City of St. Louis Public Schools
 Community Against Poverty
 Crisis Nursery
 Daughters of Charity Foundation of St. Louis
 Deaconess Foundation
 Downtown Children's Center of St. Louis
 Earl Nance Sr. Elementary School
 Elmer Hammond Early Childhood
 Eternity Childcare
 Explorers II Day Care Center
 Family Resource Center
 Farragut Elementary School
 Fathers' Support Center
 Flance Early Learning Center
 Gateway180
 God's Creation Development Center
 Grace Hill Settlement House
 GSL Developmental Center
 Guardian Angel Settlement Association
 Helping Hands Daycare
 International Institute of St. Louis
 Jeff Vander Lou Child Care Center
 Kidz Choice Learning Center
 Land of Oz Academy
 Les Beaux Enfants
 Lexington Elementary School
 Lutheran Family & Children's Services of Missouri
 Maplewood Richmond Heights Early Childhood Center
 Mary McElroy Day Care Center
 Maternal, Child & Family Health Coalition
 Mess Pat's Day Care
 Mime's Daycare
 Missouri Baptist Hospital
 Missouri Department of Social Services St. Louis
 City Children's Division
 Moore's Day Care Academy
 Mound City Medical Forum
 Myrtle Hilliard Davis Comprehensive Health Center
 Neighborhood Houses
 New Beginnings Christian Academy and Child Development Center
 New Northside Family Life Center
 Noel's Knowledge Day Care Center
 Nurses for Newborns
 Our Lady's Inn
 Our Little Academy Therapeutic Preschool
 Our Little Haven
 Pamoja Preparatory Academy at Cole
 Parents as Teachers - National Center
 Parents as Teachers - St Louis Public Schools
 Peace For Kids at Queen of Peace Center
 Places for People
 Provident Counseling
 Queen of Peace Center
 Queens & Kings Learning Center
 Raggedy Ann and Andy Learning Center
 Raising St. Louis
 Ready Readers
 Southside Early Childhood Center

Spanish Lake Youth & Family Council Special
School District of St. Louis County
St. Louis Arc
St. Louis Center for Family Development
St. Louis Children's Fund
St. Louis Children's Hospital St. Louis City Health
Department (Women, Children and
Adolescent Health)
St. Louis Learning Disabilities Association
St. Louis Mental Health Board
St. Louis Public Library
St. Louis Public Schools Foundation
St. Louis Translation and Interpreter Services
St. Nicholas Preschool and Daycare
St. Patrick Center
St. Vincent De Paul
Stella Maris Child Center

Step By Step Preschool The Clay Early Childhood
and Parenting Education
Center at Harris Stowe State University
The Haven of Grace
The National Council on Alcoholism & Drug
Abuse- St. Louis
The Village Academy
The Youth and Family Center
Therapeutic Preschool at the Family Resource
Center
United 4 Children
Urban League of Metropolitan St. Louis
Urban Strategies
Varie's Childcare and Learning Center
Vision for Children at Risk - Advocacy
Vision for Children at Risk - Family Support
Youth in Need - Head Start
YWCA Head Start

Appendix B

FAMILY EXPERIENCES SURVEY

Project LAUNCH is a community initiative trying to improve how services are provided to children and families that live in zip codes 63106 and 63107. As part of this project, we are interested in hearing about your experiences with the providers that you receive services from for your children; for example, child care centers, schools, doctors, family support agencies, and mental health clinics. We ask these questions because we want to hear in your own words what was helpful and what wasn't helpful. There are no right or wrong answers. Your answers to these questions will help us to include the perspective of parents. We will be tape recording this so we can be sure to capture your exact words. Everything you say here will remain confidential and we will never connect you with any of the statements you make. Do you have any questions before we get started?

Project Launch is particularly focused on children ages 0-8. I first need to confirm that you have at least one child in this age range.

[If yes, continue; if no, thank the parent for their time and discontinue the interview.]

[A. Child Care]

A1. Let's start with child care. Do you have one or more children who attends child care outside of your home?

[If yes, proceed through the questions about child care; if no, please skip to Section B. Education]

A2. Child care can be provided in child care centers, by in home providers, or by family and friends. Which of these best describes where your child goes?

A3. How close to where you live is this [Center/home]?

A4. How did you find out about the [Center/in-home provider]?

A5. How did you decide where to send your child[ren]?

Probe: Did you have options to take your child[ren] somewhere closer to where you live?

[If yes], why did you decide not to take your child to the closer location.

A6. What have your experiences been like with the [Center/in-home provider]?

A7. How helpful are the teachers and staff when you have questions about how your child is doing?

A8. Are they responsive to your needs? Why or why not?

A10. What would make your experiences with child care providers better?

[B. Education]

B1. Now I'd like to talk about schools. Do you have one or more children under the age of 8 who is in preschool, kindergarten or elementary school?

[If yes, proceed through the questions about education; if no, please skip to question C. Physical health/primary care.]

B2. What have your experiences been like with your child[ren]'s school?

B3. How helpful are the teachers and staff when you have questions about how your child is doing?

B4. Are they responsive to your needs? Why or why not?

B5. What would make your experiences with your child[ren]'s school better?

[C. Physical Health/Primary Care]

C1. When your child[ren] needs to go to the doctor, where do you take him/her/them?

Probe: [If say ER]: what has gotten in the way of you getting medical care for your children somewhere other than an ER?

C2. How close to where you live is this [medical center/doctor's office]?

Probes:

Did you have options to take your child[ren] somewhere closer to where you live?

[If yes], why did you decide not to take you child to the closer location?

C3. How did you decide where to take your child[ren] for medical care?

C4. What have your experiences been like with [medical center/doctor's office]?

C5 How helpful are the doctors, nurses and staff when you have questions about how your child is doing?

C6. Are they responsive to your needs? Why or why not?

C7. What would make your experiences with medical care better?

[D. Concrete Needs]

D1. Services are available to help some families with things like having a place to live, having enough food to feed your family, or paying utility bills. Has your family ever received this type of assistance?

[If yes, proceed through the questions about concrete needs; if no, please skip to section E. Family Strengthening.]

D2. What type of assistance have you received?

D3. What were your experiences with getting help for [type of assistance indicated in D2]?

D4. Were they responsive to your needs? Why or why not?

D5. What would make your experiences with services better?

[E. Family Strengthening/Home Visitation]

E1. Some agencies provide services to help support families, for example by providing parenting classes or nurse home visiting. Has your family every received services like this?

[If yes, proceed through the questions about family strengthening; if no, please skip to section F. Mental Health.]

E2. How helpful or unhelpful were the services your received?

E3. Were they responsive to your needs? Why or why not?

E4. What would make your experiences with family support services better?

[F. Mental health]

F1. We are almost finished. I just want to ask about one more type of service. Sometimes children and their parents need help from mental health services for things like behavior problems, depression, anxiety, or recovering from a trauma. Has your child[ren] ever received mental health services?

[If yes, proceed through the questions about child mental health; if no, proceed to F5.]

F2. How helpful or unhelpful were the services you received?

F3. Were the professionals who worked with you and your child responsive to your needs? Why or why not?

F4. What would make your experiences with child mental health services better?

F5. Since becoming a parent, have you ever received mental health services for things like depression, anxiety, recovering from a trauma or substance abuse?

[If yes, proceed through the questions about parent mental health; if no, proceed to end of survey]

F6. How helpful or unhelpful were the services you received?

F3. Were the professional who worked with you responsive to your needs? Why or why not?

F4. What would make your experiences with mental health services better?

Thank you very much for your time. Your responses are important to us and will be used to improve how services are provided to children and families in your community. As a reminder we would like to talk with you again, about one year from now. Thank you again.

