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Project LAUNCH: System Transformation Evaluation Final Report

Center for Public Health Systems Science

Kim Prewitt

Bobbi Carothers

Patricia Kohl

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PROJECT LAUNCH

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System Transformation Evaluation
Final Report

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We would like to acknowledge the contributions from our project team:

Kim Prewitt

Bobbi Carothers

Patricia Kohl

Sarah Moreland-Russell

Clare Bogle

Stephanie Burns

Deena Brosi

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For more information, please contact:

Kim Prewitt

Center for Public Health Systems Science

George Warren Brown School of Social Work

Washington University in St. Louis

1 Brookings Drive, Campus Box 1196

St. Louis, MO 63130

kprewitt@brownschool.wustl.edu

Center for Public Health Systems Science

GEORGE WARREN BROWN SCHOOL OF SOCIAL WORK

Washington University in St. Louis

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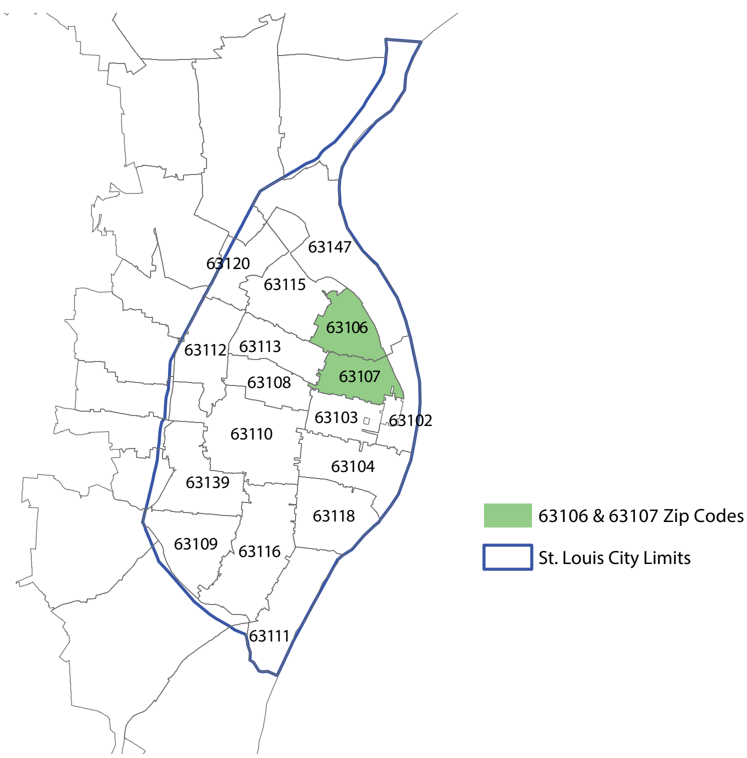
Introduction

Missouri's Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) is a 5 year federal initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The initiative promotes health and well-being for children from birth to age 8 by creating a more integrated early childhood service system throughout Missouri. Project LAUNCH aims to ensure that early childhood programs and services are comprehensive, coordinated, accessible, adequately funded, and of the highest quality to meet the needs of all young children and their families.

A substantial body of evidence demonstrates that growing up in poverty puts children at risk for poor physical and social-emotional development and can negatively affect educational outcomes.[1,2] In St. Louis City, children living in 63106 and 63107 zip codes are at particular risk because the poverty rates in these two zip codes are more than double the state's poverty rate.[3] Figure 1 shows a map of St. Louis City with the pilot zip codes, 63106 and 63107, highlighted. This area was chosen to pilot Project LAUNCH activities because of the high need identified through an initial environmental scan.

Figure 1. Project LAUNCH pilot area



1 Dearing, E. (2008). Psychological Costs of Growing Up Poor. *Annals of the New York Academy of Sciences, 1136*(1), 324-332. doi:10.1196/annals.1425.006

2 Engle, P. L., & Black, M. M. (2008). The Effect of Poverty on Child Development and Educational Outcomes. *Annals of the New York Academy of Sciences, 1136*(1), 243-256. doi:10.1196/annals.1425.023

3 Data Access and Dissemination Systems (DADS). (2010, October 05). American FactFinder - Community Facts. Retrieved July 31, 2017, from http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

With a goal of promoting health and well-being for children ages 0-8 through system transformation, Project LAUNCH coordinated numerous activities across domains in the pilot area (see Table 1 below).

Table 1. Project LAUNCH activities

- Enhanced parenting confidence and reduced child behavior problems with Chicago Parenting Program
- Increased Home Visitor's knowledge and use of motivational interviewing
- Connected families to home visiting services by hosting a Home Visitor Organizations Fair
- Trained home visitors and pastors in mental health first aid
- Trained families on trauma and toxic stress
- Trained both community members and organizations in Culturally and Linguistically Appropriate Services (CLAS)
- Developed a public awareness campaign and next steps protocol for child screenings
- Sponsored a community garden
- Educated child care providers on the social emotional development of young children using Center on the Social and Emotional Foundations for Early Learning (CSEFEL) training
- Created Healthy Kids website with resources for parents and service providers
- Developed Early Childhood Mental Health Training and Learning Collaborative
- Hosted physician conference for early childhood mental health

The Center for Public Health Systems Science (CPHSS) collaborated with affiliate faculty Dr. Patricia Kohl; Project LAUNCH; and the lead evaluation agency, Missouri Institute of Mental Health (MIMH) to complete a portion of the extensive evaluation of the project. Specifically CPHSS conducted 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, CPHSS also interviewed parents to capture families' experiences with services to inform the overall service transformation within the system. Network data and qualitative interview data were collected at 3 time points.

Part I: Service Provider Collaborations

METHODS

Network Delineation

The promotion of health and well-being of young children falls upon multiple service sectors. Because Project LAUNCH is charged with improving systems that serve children and increasing collaboration across those systems, we were interested organizations providing services in the following ten domains:

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

Organizations were considered a part of the Project LAUNCH network if they served children ages 0-8 in the 63106 or 63107 zip codes. Given those parameters, Project LAUNCH council members generated a list of organizations and a representative from each organization to contact. The evaluation team classified the organizations into one of the domain types.[4] In most cases, one individual was selected to represent each organization. Ten organizations provided services in two or more domains; those organizations provided a representative for each division providing a domain service. A total of 127 organizations were asked to participate at least once over the course of the three years (see Appendix A for list of organization names and years of inclusion).[5]

4 Philanthropy and Resource Provision were added in 2015. Five organizations participating in 2014 were reclassified into one of these domains to more accurately reflect their activities.

5 Two organizations originally included in the 2014 and 2015 reports were removed from final analyses because they did not serve children or families from the zip codes of interest. Differences in statistics between those reports and this one are attributable to those removals.

Survey Measures/Data Handling/Administration

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

- **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? (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
• Aware of organization • Loosely defined roles • Little communication • All decisions are made independently	• Provide information to each other • Somewhat defined roles • Formal communication • All decisions are made independently	• Share information and resources • Defined roles • Frequent communication • Some shared decision making	• Share ideas • Share resources • Frequent and prioritized communication • All members have a vote in decision making	• Members belong to one system • Frequent communication characterized by mutual trust • Consensus is reached on all decisions

- **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.]

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. 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.

Referrals is an inherently directional relationship. That is, A might send referrals to B, but the reverse is not necessarily the case. Therefore, Referral networks were not symmetrized. 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).

Table 2 shows the time frames for the administration of the three surveys.

Table 2. Data collection time frames.

Year	Response Date Rage
2014	September 2014 – December 2014
2015	September 2015 – February 2016
2016	August 2016 – November 2016

NETWORK DEMOGRAPHICS

Organizational response rates are shown in Table 3. Organizations were counted as "participating" if they completed at least some of the network questions in the survey. In cases where more than one individual from an organization/division responded, answers with the highest value were selected.

Table 3. Organizational response rates by year.

Year	Participated	Out of	%
2014	64	106	60.4
2015	74	110	67.3
2016	84	118	71.2

Tables 4 through 7 show demographic characteristics of the Project LAUNCH organizations that responded to the survey.[6] Organizations tended to serve more than 100 children and families, be private non-profits, and have been in operation for more than 20 years. These patterns were consistent in all three years.

Table 4. Number of children and families typically served in 1 month.

	Year					
	2014		2015		2016	
	Frequency	%	Frequency	%	Frequency	%
Children						
0-25	7	10.3	10	12.5	11	12.2
26-50	7	10.3	7	8.8	5	5.6
51-100	5	7.4	6	7.5	10	11.1
More than 100	39	57.4	41	51.3	46	51.1
Not Applicable	7	10.3	11	13.8	14	15.6
Missing	3	4.4	5	6.3	4	4.4
Total	68	100	80	100	90	100
Families						
0-25	10	14.7	12	15	13	14.4
26-50	7	10.3	9	11.3	7	7.8
51-100	9	13.2	5	6.3	6	6.7
More than 100	32	47.1	40	50	50	55.6
Not Applicable	8	11.8	8	10	12	13.3
Missing	2	2.9	6	7.5	2	2.2
Total	68	100	80	100	90	100

6 Some organizations only completed demographic information, which is why the total numbers on these tables are higher than the totals in Table 3.

Table 5. Private/public sector by year.

	Year					
	2014		2015		2016	
	Frequency	%	Frequency	%	Frequency	%
Private for-profit	7	10.3	6	7.5	7	7.8
Private non-profit	45	66.2	47	58.8	54	60
Public	14	20.6	21	26.3	27	30
Missing	2	2.9	6	7.5	2	2.2
Total	68	100	80	100	90	100

Table 6. Years of operation.

	Year					
	2014		2015		2016	
	Frequency	%	Frequency	%	Frequency	%
1-5	7	10.3	8	10	9	10
6-10	4	5.9	10	12.5	9	10
11-15	5	7.4	4	5	9	10
16-20	7	10.3	6	7.5	12	13.3
More than 20	37	54.4	44	55	45	50
Missing	8	11.8	8	10	6	6.7
Total	68	100	80	100	90	100

Table 7. Domain frequency by year.

	Year					
	2014		2015		2016	
Domain	Frequency	%	Frequency	%	Frequency	%
Child Care	37	34.9	35	31.8	27	22.9
Education	18	17.0	19	17.3	28	23.7
Family Support/ Home Visitation	14	13.2	13	11.8	13	11.0
Concrete Needs	9	8.5	8	7.3	16	13.6
Mental Health	9	8.5	13	11.8	12	10.2
Physical Health	9	8.5	10	9.1	10	8.5
Philanthropy	4	3.8	4	3.6	4	3.4
Child Welfare	3	2.8	3	2.7	3	2.5
Community Advocacy	2	1.9	2	1.8	2	1.7
Resource Provision	1	0.9	3	2.7	3	2.5
Total	106	100	110	100	118	100

PROVIDER NETWORKS

Interpreting Network Results

Network maps allow us to visualize the relationships between people or organizations. 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. degree: how many connections an organization has to other organizations in the network (i.e. contact and collaboration),
  2. indegree: how many incoming nominations an organization receives (i.e. number of organizations receiving referrals from.), and
  3. outdegree: how many nominations an organization sends out (i.e. number of organizations sending referrals to).

Other network-level statistics include:

- ***Network size:*** number of organizations in the network
- ***Links:*** number of relationships between all organizations
- ***Density:*** percent of all possible links (relationships) that actually exist
- ***Average # connections:*** average number of relationships per organization
- ***Isolates:*** organizations with no relationships
- ***Betweenness centralization:*** Extent to which the network depends on one or a few organizations to link otherwise unconnected organizations
- ***Modularity:*** Extent to which relationships in the network are within domains as opposed to between domains

Figure 3. Contact networks: At least Monthly.

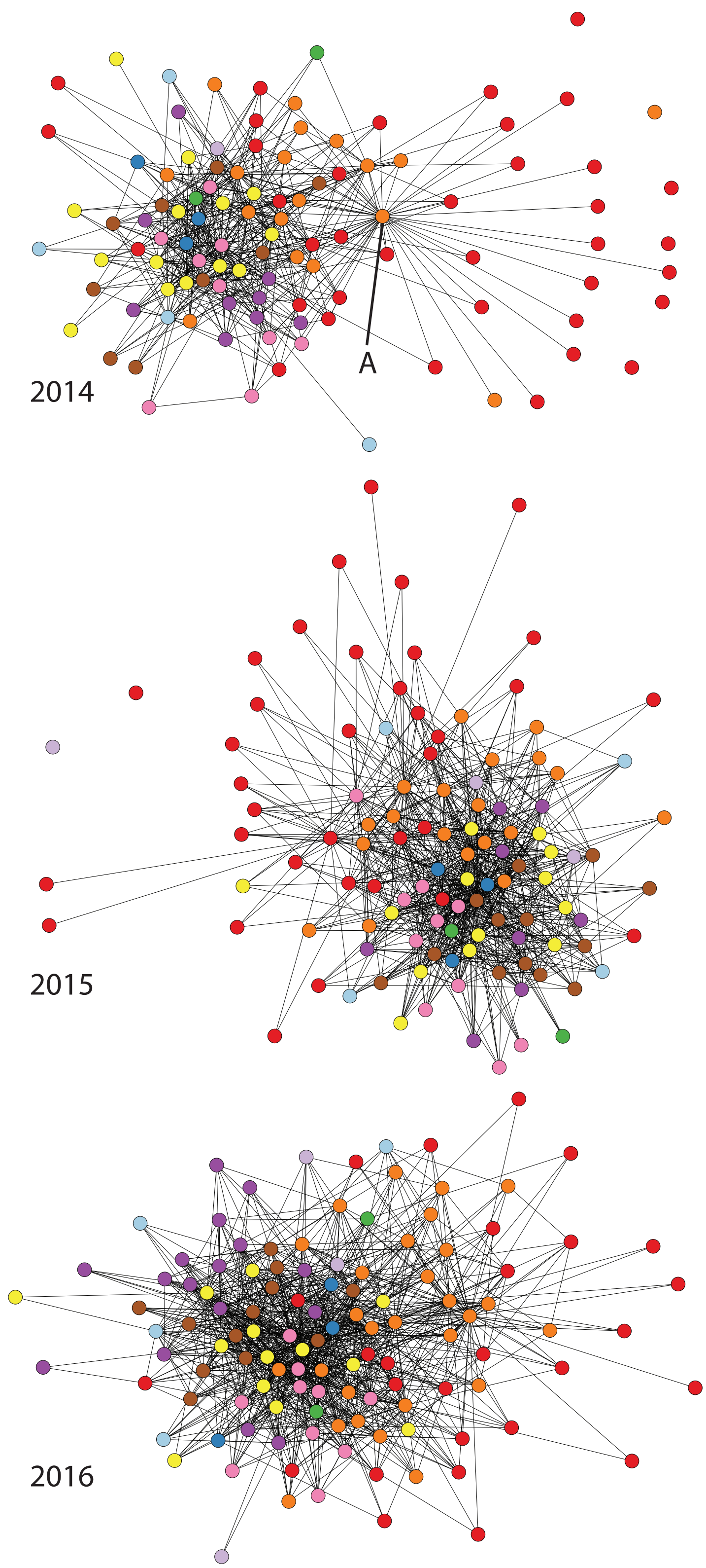


Table 8. Contact network statistics.

	Year		
	2014	2015	2016
Network Size	106	110	118
Links			
At Least Quarterly	898	1547	1886
At Least Monthly	543	828	1059
At Least Weekly	179	248	382
Daily	53	68	125
Density			
At Least Quarterly	16.1%	25.8%	27.3%
At Least Monthly	9.8%	13.8%	15.3%
At Least Weekly	3.2%	4.1%	5.5%
Daily	1.0%	1.1%	1.8%
Average # Connections			
At Least Quarterly	16.9	28.1	32.0
At Least Monthly	10.2	15.1	17.9
At Least Weekly	3.4	4.5	6.5
Daily	1.0	1.2	2.1
Isolates			
At Least Quarterly	1	0	0
At Least Monthly	6	2	0
At Least Weekly	24	17	6
Daily	59	52	34
Betweenness Centralization			
At Least Quarterly	0.233	0.148	0.113
At Least Monthly	0.270	0.132	0.094
At Least Weekly	0.107	0.215	0.331
Daily	0.119	0.116	0.259

Domains

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

Contact

Participants were asked about their frequency of contact with other organizations serving children in the area. Figure 3 shows contact between organizations at the monthly level or more for all three years. In 2014, many child care organizations were loosely connected to the network with a link only to the St. Louis Public Library (A), while several others were not connected at all. In 2015, child care organizations tended to have more connections to the rest of the network. By 2016, all of the child care organizations were in monthly contact with at least one other organization in the network.

Table 8 displays descriptive statistics for contact at the quarterly, monthly, weekly, and daily levels for all three years. Although the statistics are not exactly comparable over years due to the increasing size of the network from 2014 to 2016, the network did not grow drastically in size, so the numbers are roughly comparable. The network gets sparser (fewer connections) as the level of contact increases from quarterly to daily. Connectivity increased over time at all levels of contact. For example, organizations were in at least monthly contact with an average of about 10 other organizations in 2014. This increased to monthly contact with almost 18 organizations in 2016. At the highest level of contact, 59 organizations were not in daily contact with any organizations in 2014. This dropped to 34 who were not in daily contact with anyone else in 2016.

The network grew less dependent upon a small number of highly-connected organizations to facilitate communication between less-connected organizations for occasional communication, but more dependent upon them for more frequent communication. Betweenness centralization demonstrated inconsistent patterns over contact levels. At lower levels of contact (quarterly and monthly), betweenness decreased from 2014 to 2016. At higher levels (weekly and daily), betweenness generally increased from 2014 to 2016. Figure 3 demonstrates the decrease in betweenness centralization at the monthly level from its highest value 2014, where the St. Louis Public Library (A) was responsible for connecting child care organizations to the network, to its lowest value in 2016, where responsibility of any one organization holding the network together is less obvious.

Collaboration

Participants were asked to review the Collaboration Scale (Figure 2) and choose the response option that best represented their organization’s interactions with each organization listed. The network was highly connected at the level of Networking for all three years. Organizations steadily increased their number of collaborators from an average of about 22 in 2014 to 50 collaborators in 2016, with no unconnected organizations. Average number of collaborators increased at a similar rate for Coordination, increasing from 7.5 in 2014 to almost 14 in 2016. The number of organizations not collaborating with anyone at the Coordination level held relatively steady at between 5 and 9 isolated organizations.

Figure 4 shows collaboration at the Networking level for all three years, and Figure 5 shows collaboration at the Coordination level for all three years. Both figures show organizations sized by the number of connections they have in the network. Table 9 shows descriptive statistics for both levels of collaboration for all three years.

Figure 4. Collaboration networks: At Least Networking.

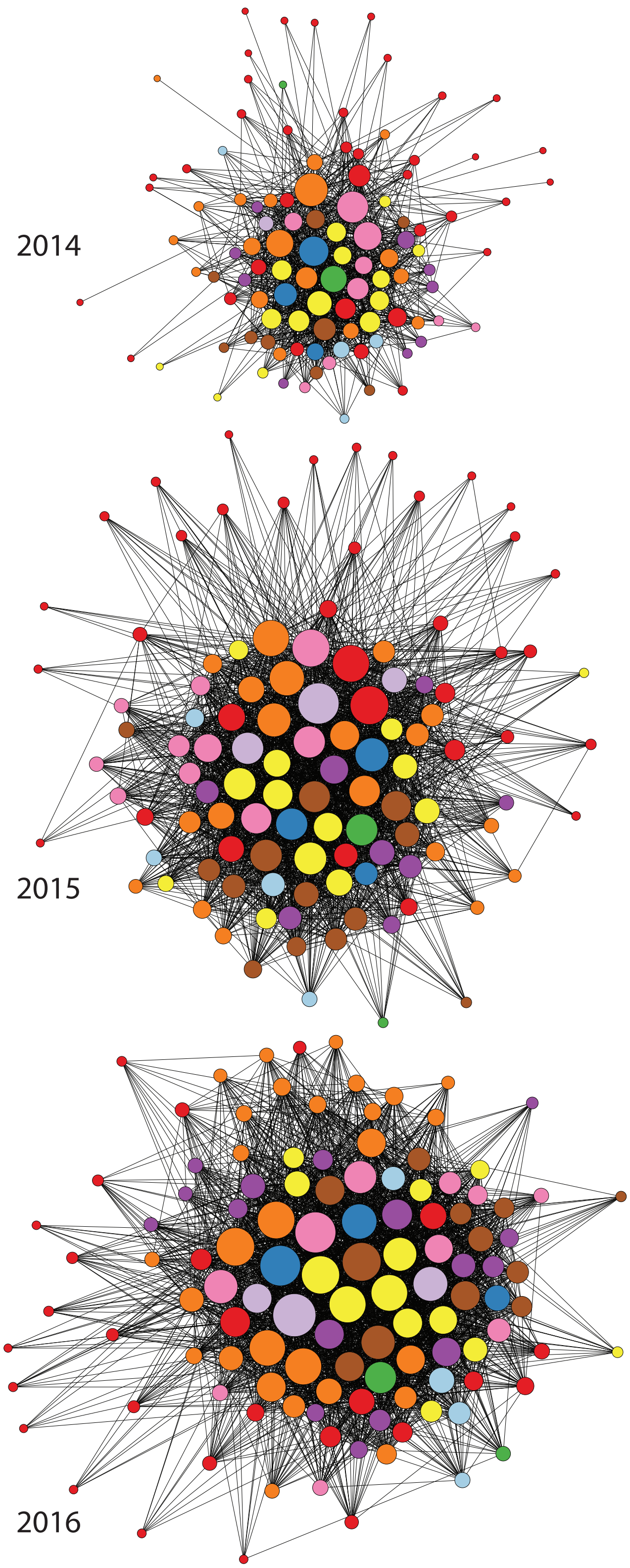
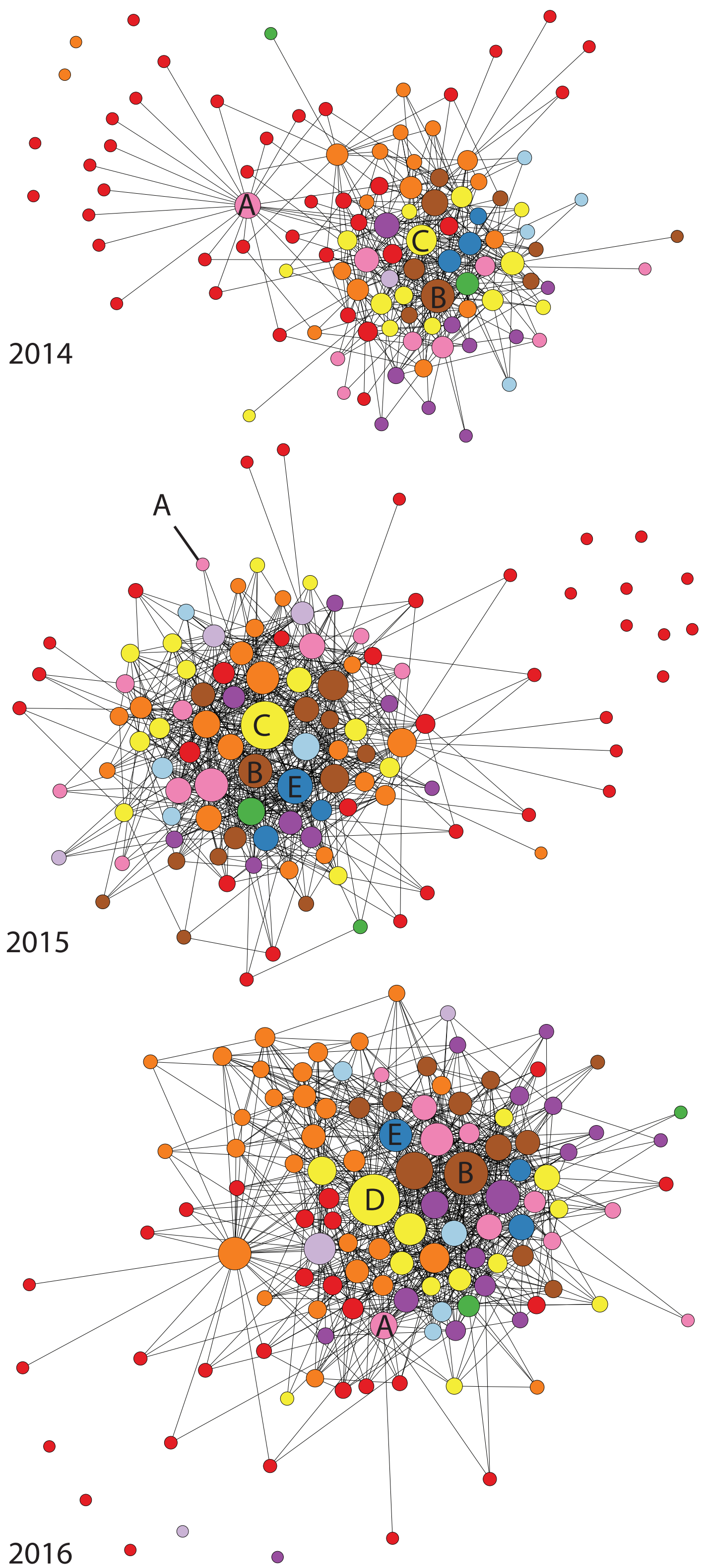


Table 9. Collaboration network statistics.

	Year		
	2014	**2015**	**2016**
Network Size	106	110	118
Links			
At Least Networking	1179	2465	2948
At Least Coordination	400	645	800
Density			
At Least Networking	21.2%	41.1%	42.7%
At Least Coordination	7.2%	10.8%	11.6%
Average # Connections			
At Least Networking	22.2	44.8	50.0
At Least Coordination	7.5	11.7	13.6
Isolates			
At Least Networking	0	0	0
At Least Coordination	5	9	5
Betweenness Centralization			
At Least Networking	0.173	0.061	0.043
At Least Coordination	0.194	0.152	0.165
Modularity			
At Least Coordination	0.012	0.009	0.044

Figure 5.Collaboration networks: At Least Coordination.



Child care organizations tended to be on the periphery of the network at both levels in all 3 years. Particularly at the level of Coordination in 2014, many child care organizations were only connected to the network with a single link to the St. Louis County Health Department (A). Education organizations were also relatively peripheral. Queen of Peace Center (B) was highly connected all three years. The St. Louis Center for Family Development (C) was relatively highly connected in 2014 and 2015, the Fathers' Support Center (D) was highly connected in 2016, and the City of St. Louis Family Court (E) was highly connected in 2015 and 2016.

The St. Louis County Health Department (A) played a strong role in connecting child care organizations in 2014 at the level of Coordination. This led to the relatively high level of betweenness centralization as compared to 2015 and 2016. A personnel change at the Health Department resulted in many fewer connections in 2015. Project LAUNCH recognized this disconnect and worked to bring child care providers back into the network in 2016.

Cross-domain connections (as compared to within-domain connections) remained relatively stable at the level of Coordination, as indicated by the small fluctuations in modularity.

Referrals

Organizations were asked about other child-serving organizations in the pilot area that they send referrals to or receive referrals from. Figure 6 shows referrals for all three years. On the left-hand side of the figure, organizations are sized by the number of organizations they receive referrals from (incoming), and the right-hand side of the figure has organizations sized by the number of organizations they send referrals to (outgoing). Organizations are otherwise in the same locations on both sides of the figure. Table 10 shows the descriptive statistics for all three years.

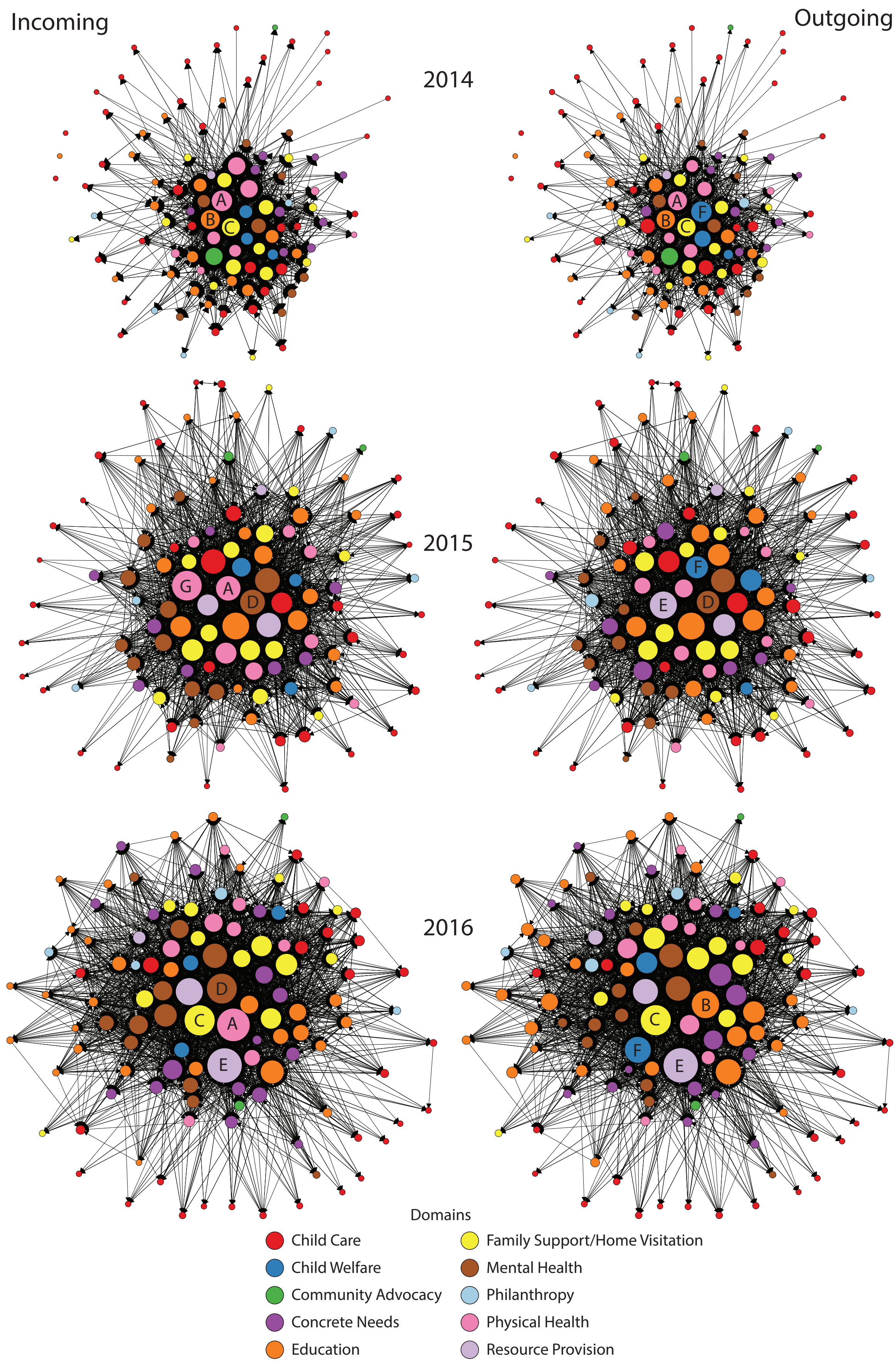
Connectivity in referrals jumped sharply from 2014 to 2015, as demonstrated by a near doubling of the density and average number of connections. Connectivity remained relatively stable from 2015 to 2016. Three organizations did not send or receive referrals in 2014, but there were no disconnected organizations in 2015 or 2016. Levels of cross-domain connectivity (as compared to within-domain connectivity) remained relatively stable over the three years, though connections across domains became slightly more likely as demonstrated by the small negative modularity statistic in 2016.

Affinia Community Health (A), the only health center located within the zip codes of interest, was consistently high on incoming referrals for all three years, and was high in outgoing referrals in 2014. City of St. Louis Public Schools (B) was high on incoming referrals in 2014, and was high in outgoing referrals in 2014 and 2016. Fathers' Support Center (C), a local non-profit organization dedicated to serving families and helping men become responsible parents, was high on both incoming and outgoing referrals in 2014 and 2016. Affinia Mental Health (D), located in the health centers within area of interest, was high on incoming referrals in 2015 and 2016, and high on outgoing referrals in 2015. ParentLink (E), an information line connecting families to child development information and community resources, was high on incoming referrals for 2016, and high on outgoing referrals in 2015 and 2016. Missouri Department of Social Services (F) was high on outgoing referrals for all three years. The St. Louis City Health Department (G) was highest on incoming referrals in 2015.

Table 10. Referral network statistics.

	Year		
	2014	**2015**	**2016**
Network Size	106	110	118
Links	1517	3087	3469
Density	13.6%	25.7%	25.1%
Average # Connections	28.6	56.1	58.8
Isolates	3	0	0
Modularity	0.0130	0.0176	-0.0003

Figure 6. Referral networks.



ParentLink became the state affiliate for Help Me Grow in 2015 and was a new organization added to the network that year. They demonstrated consistently high referral connections. In order to determine whether the jump in connectivity from 2014 to 2015 was primarily a result of adding one organization, descriptive statistics were re-calculated after removing ParentLink from the network. As shown in Table 11, density, average number of connections, number of isolates, and modularity for 2015 and 2016 were not drastically different without ParentLink, indicating that the increased connectivity from 2014 to 2015 was more system-wide.

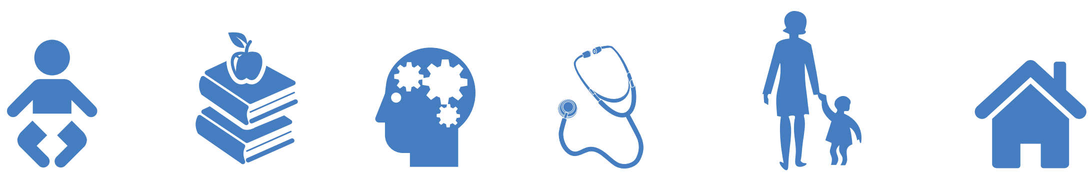
Table11. Referral network statistics with ParentLink removed.

	Year	
	2015	2016
Network Size	109	117
Links	2935	3235
Density	24.9%	23.8%
Average # Connections	53.9	55.3
Isolates	0	0
Modularity	0.0195	0.0019

Part II: Community Member Perceptions

METHODS

To better understand the responsiveness of service providers to child and family needs and to identify opportunities for improvements to the service system, the CPHSS evaluation team conducted qualitative interviews with 84 parents and guardians in the pilot community. In 2014, eighteen parents participated in interviews providing their insight about their experiences regarding services for their children. The following years, the scope was broadened to reach more parents and the survey was modified to gain more details about service providers and parent experiences. In 2015, the evaluation team spoke with 48 parents and guardians in the community. The third year, September 2016 through December 2016, in-person interviews were conducted with 46 parents and guardians. Twenty parents participated in interviews at least 2 years and 4 parents participated all 3 years. The Parent Experience Interview Guide (attached as appendix E) included both multiple choice and open-ended questions and was developed to learn about parent experiences with six of the domains identified in the network analysis: child care, education, mental health, physical health, family support and home visitation, and concrete needs.



The qualitative analysis software, Nvivo, was used to analyze the data and develop key themes are summarized in this report. Qualitative quotes were chosen to be representative of findings and provide additional detail. They are labeled with the year they were collected.

While the majority of interview participants were parents, 17% were grandparents caring for their grandchild(ren). According to the 2010 U.S. Census, in households where a grandparent resides with grandchildren under the age of 18, around half are the primary caregiver. For readability, this report refers to parent or grandparent caregivers as parent.

18 Interviews in 2014

48 Interviews in 2015

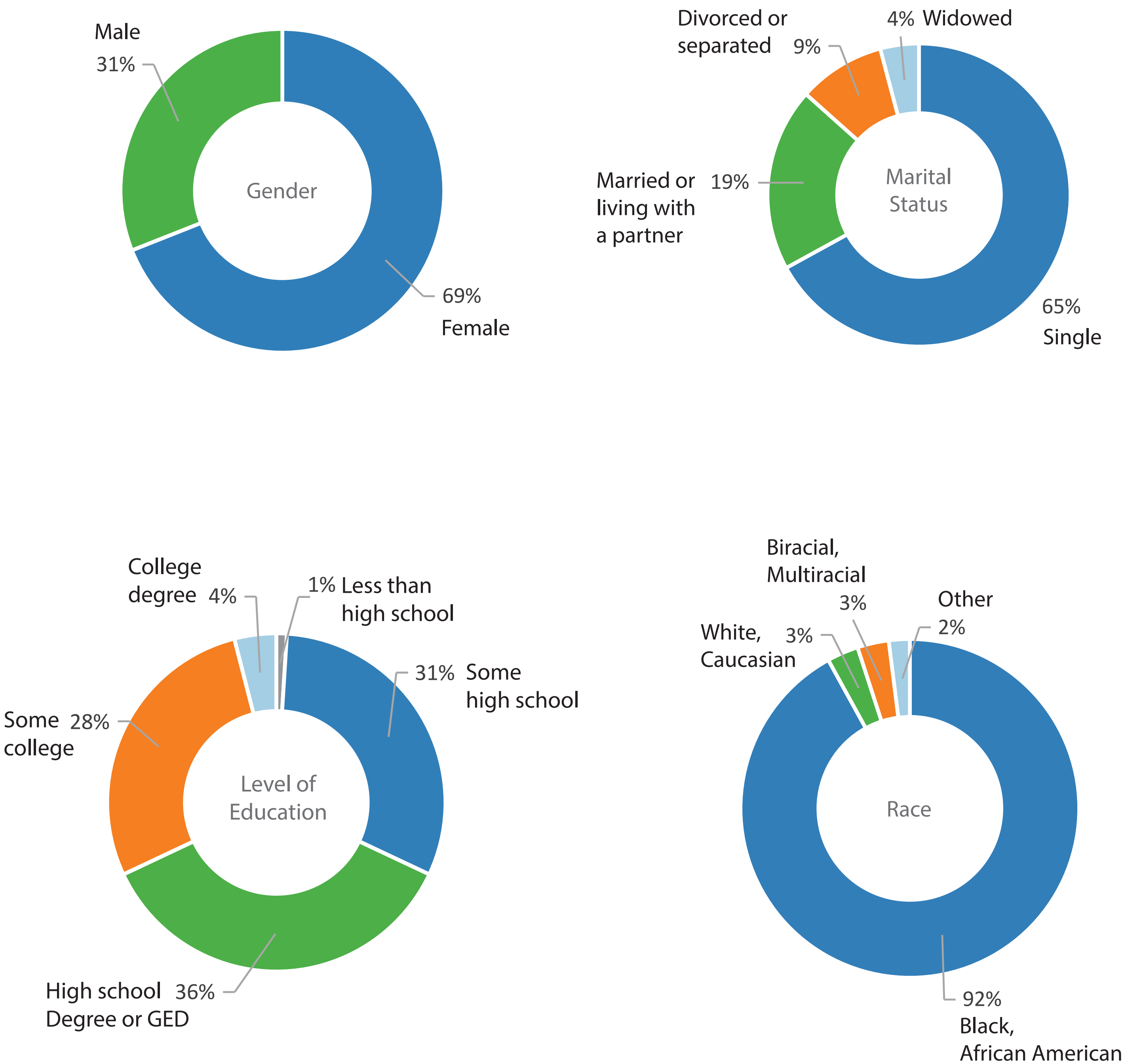
46 Interviews in 2016

84 Parents Interviewed

PARENT DEMOGRAPHICS

Figure 7 shows demographic information for the parent participants. Age of respondent ranged between 22 and 63. The majority of parents were women (69%) and of 65% were single. Nearly all parents identified as African American (92%). About one-third of parents had less than a high school degree or GED.

Figure 7. Parent demographics, n=75



PARENT PERCEPTIONS

Child care

Few parents that we interviewed used child care support outside the home. Parents were often able to call on family members or friends when they needed child care. For parents that did use child care, their reasons for selecting their provider varied. Some chose a child care provider based on a past connection or recommendation from a family member. Many chose a provider based on location or cost.

Parents were generally pleased with their child care provider and had good things to say about the services they received. Some suggestions for improvement were offered.

- **Provide transportation.** Transportation was regularly reported as a barrier to receiving services. This was a theme across domains.

> *I don't have transportation so I ride the bus. Sometimes you don't have the money to ride the bus. I like the daycare, the kids, the parents, the students. Everything is fine. It's just the transportation aspect is the hard part... Anything to help with the transportation would be great because they don't ride a school bus.* 2014

- **Follow a schedule or curriculum.** Some parents would have preferred a more structured day for their child and wanted their child to receive education beyond social skills from their child care provider.

> *To me, it could be better. It's just experience from my son, what I ask him every day, what he learn. He like it, for me, it's just, it seems like it don't teach nothing.* 2016

- **Improve communication with parents.** Parents felt there were opportunities for improvement in communication with child care providers. Many wanted more specifics about their child's schedule and education.

> *If they were more up front about what was going on. I mean, I don't care if it was bad or good. Please, tell me. It helps me take care of my child at home.* 2016

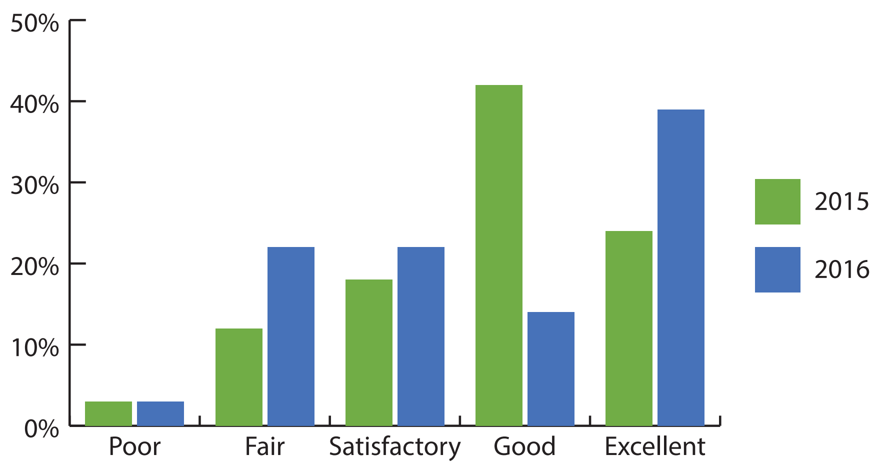
Six parents received a referral from their child care provider. One referral was for a physical health provider and the remaining five were for concrete needs assistance. All parents contacted the referred provider and their child's needs were met.

Education

Parents' opinions about their child's education varied all three years but a majority of parents described their experiences with their child's school as good or excellent in both 2015 and 2016 (see Figure 8).

> *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.* 2014
>
> *I interact with my children's school a lot, so we talk every day about what my kids need help with, what they lacking on, what they doing right or wrong, so I constantly have an open communication with them.* 2014

Figure 8. School and preschool provider ratings 2015 and 2016



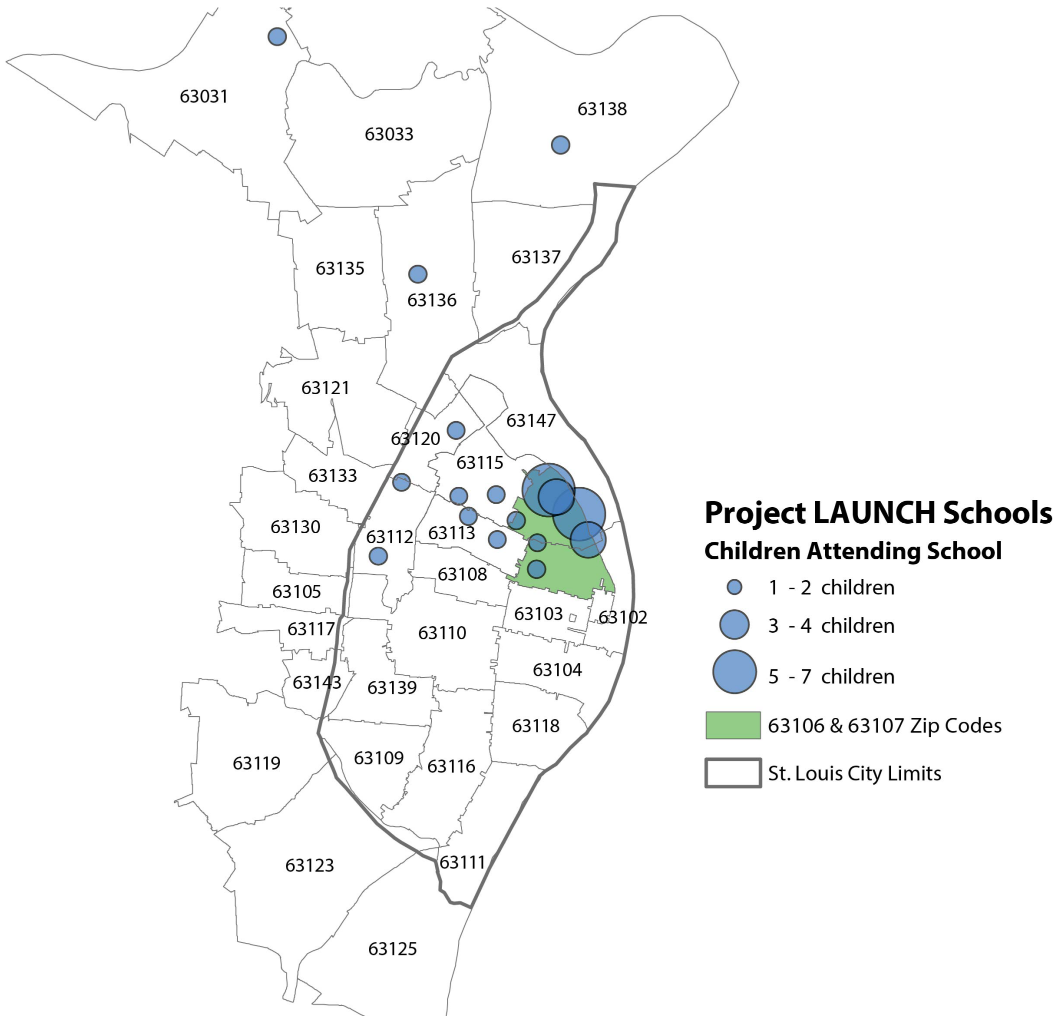
Parents that rated their child's school on the low end of the scale were unhappy about the way their children were being taught or disciplined.

> *Last year, they had a low academic score. You all send all this homework home and stuff and the kids, they're not learning anything. There's something with the teachers, it's not the kids.* 2014

Two themes for improving parents' experiences with their child's school remained consistent across all three years: easier communication with the school or teacher and reduce class sizes to improve the student-teacher ratio.

> *I would want them to notify me ahead of time of field trips and if they're having like little in-school snack days... They tend to tell you the day before, or two days before, and it's like, "Okay, you don't know what's happening with the financial situation I'm in.* 2016

Figure 9. School and preschool provider locations 2016



> *They have bigger classes... I feel like the teachers need somebody to help them. There need to actually be two people in the classroom or something. Then they could divide their time up better amongst the students.* 2016

Figure 9 shows a map of the school locations mentioned by parents in 2016 interviews. Some children attended a school or preschool outside of the pilot area, but most attended schools in the 63106 or 63107 zip codes.

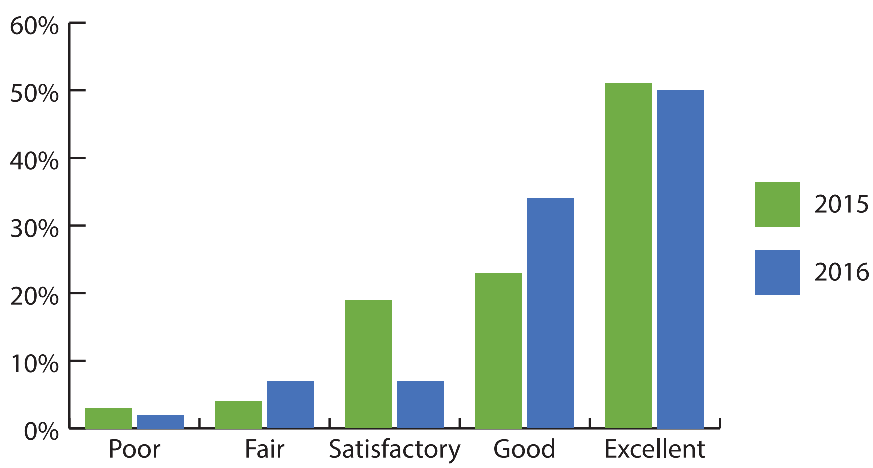
Almost half of the parents with a child attending school received a referral for their child or family. While most referrals were to assist families with concrete needs, some referrals addressed a physical or mental health need. Of the parents that contacted a service provider or organization that they were referred to, almost all said that their needs and their child's needs were met "somewhat" or "to a great degree".

Physical Health

Parents were asked about their experiences when they take their child to the doctor. The map in Figure 11 shows where children received their medical care. Many saw a healthcare provider at Affinia Healthcare (formerly Grace Hill). Affinia was the only provider mentioned by parents with locations in the 63106 and 63107 zip codes. While all other providers named were outside of the Project LAUNCH pilot zip codes, parents did not feel that they had to travel too far and they chose their child's medical care provider based on past experiences or recommendations from family members. Parents often spoke positively about their experiences at the doctor's office. Figure 10 shows that in 2016, 85% of parents interviewed rated their experiences either "good" or "excellent." Because parents were pleased with the service they received, they offered only a few suggestions for improvement.

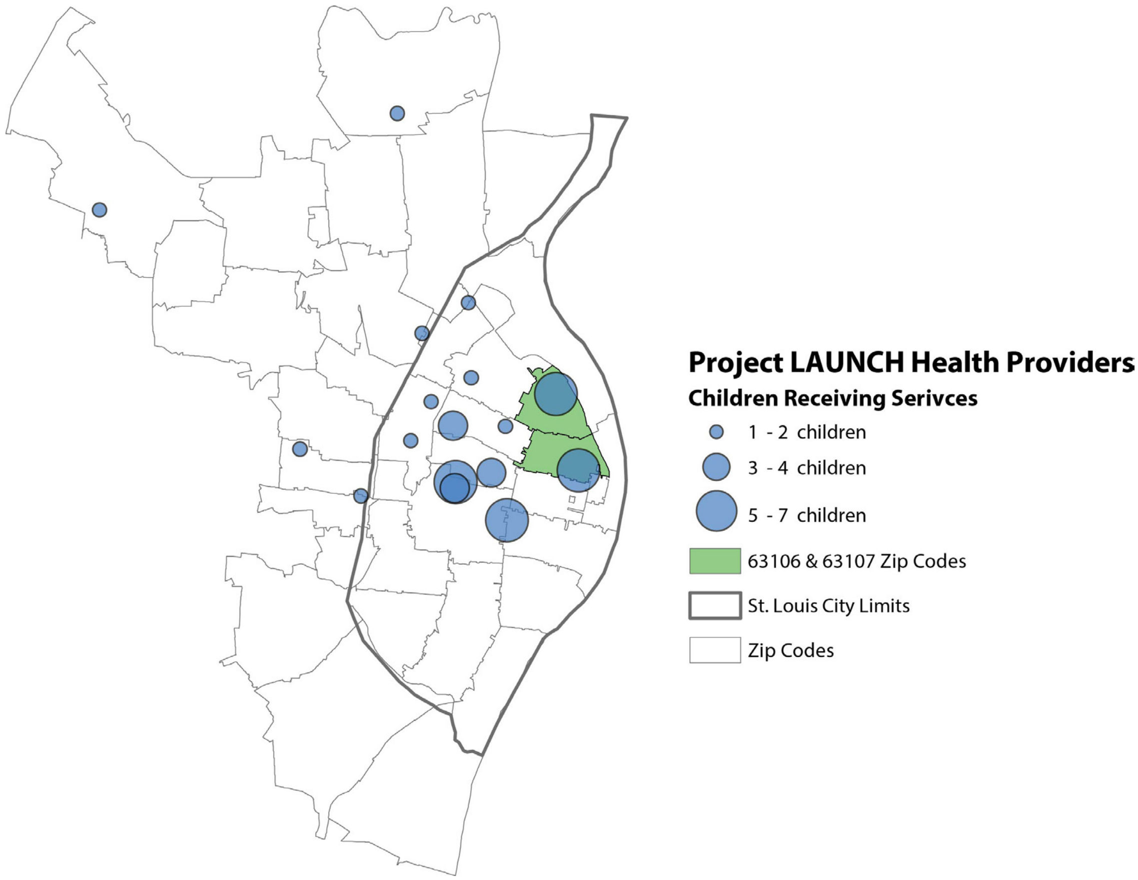
- **Decrease the wait time.** Some parents had no trouble getting an appointment or could walk-in without one, but then have a long wait to see the doctor when they arrive.
- **Have a regular primary care physician.** Some children saw a different doctor in the practice every time they went. Seeing one doctor regularly could make communication more consistent and put the child at ease.

Figure 10. Medical care provider ratings 2015 and 2016



I like the way that they connect to my child. I like the way that he's taken care of. I like the way that they identify him as an individual. They don't treat him like he's a little boy. They tell him about everything that they're doing as they're going along so that he understands, so he's not afraid. They watched him grow up. He's familiar with everyone in the office. I have a good relationship with the staff and the doctor as well. 2015

Figure 11. Medical care provider locations 2016



Almost every parent felt that their child's medical care provider was responsive. For some parents this was because the provider was available and accessible, and for others it was because the parent felt the provider was conscientious and listened when either the child or parent expressed a concern. For most of the parents, however, it was because the provider responded whenever the parent had a question.

> *…Even if I look questionable she'll go the extra step and say, "Okay, layman's terms for you to make sure you understand before I leave."* 2016

In 2016, nineteen parents received a referral for their child or family from their medical care provider. The majority of referrals were for a medical specialist, but parents also received referrals for mental health services, concrete needs, and family support services. All but one parent said that the referral helped meet their child's needs.

> *They've given us resources, housing resources, community resources. I've been out of work so they'll give us information to pantries and things like that. Other places that give help or other places that might cover things that they don't. ... We have gotten follow-up calls just to see if we got what we needed, or if we needed anything else.* 2016

Mental Health

Few parents reported that their child received mental health services. Those that did, received services from a variety of providers. Most parents felt that mental health providers were responsive and had positive experiences noting that their child was showing improvement or that the parents were learning new parenting techniques.

> *…They did little things to try to get me to better the situation at home as well as at school... [The doctor] taught me a better way of dealing with it.* 2016

Parents described their experiences with mental health providers as satisfactory or better, but still had suggestions for improving services:

- **Increase capacity.** One child was not currently receiving services because the provider was short staffed and another parent spoke about appointments that were regularly rescheduled or canceled by the provider.
- **Focus less on medication.** Some parents expressed concern about too much medication or its effect on the children. They wanted to address behavioral health without medication when possible.
- **Increase communication with child's family and school.** Help parents and teachers understand the child's behavior and how best to support the child.

One parent spoke about the difficulty she had finding a mental health care provider for her child. "I think my son has a behavior problem, and the teachers at the school also see it, too. His doctor gave me a referral months ago for me to take him to see a psychiatrist." This parent went on to say that she was unable to find a provider that was accepting new patients and her child still had not received the help he needed.

> *Right now, they're understaffed so they're not seeing her at the present moment.* 2015

Parents did not receive referrals from their child's mental health provider, but about one-third of parents received referrals from their own mental health provider for concrete needs assistance or physical health care.

Family Support/Home Visitation

Each year the number of parent receiving family support services increased. Parents received these services from a variety of providers like Nurses for Newborns, Parents as Teachers, and the St. Patrick Center. Parents spoke positively about the service providers and the services received and all but one parent described their experience as either good or excellent.

> *It was helpful because they came out and they 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 made things a lot easier.* 2014

When asked why the parent rated their experience the way they did, a consistent response was that the service providers addressed both behavioral and attitudinal parenting skills, such as how to change a diaper and how to be honest with children.

> *I mean they teach you how to do CPR. They teach you about SIDS…They teach you things like sometimes it's okay for your baby to scream or whatnot… If you're angry you take yourself away because you don't want to take your anger out on the baby.* 2015

> *It's teaching me more and more [about] how to be a better parent, more responsible, learning new things and stuff that I never know about parenting.* 2016

> *…You have to make the formula to balance…they taught me how to put the four scoops, you have to put four scoops in a 8oz. bottle. They really helped me with diapers, I don't know how to put on diapers, the wipes, they bring them out.* 2016

Family support providers referred parents to address a variety of needs. Referrals made included Christmas gifts (concrete needs assistance), First Steps (child development), Hopewell Center (mental health), and employment. All parents felt that the referrals met their needs either somewhat or to a great degree.

Parents who received family strengthening assistance were happy with the service provided and while there were no consistent suggestions for improvements, one parent stated that they would have liked their child to have been more involved in the service delivery.

Concrete Needs

Services are available to help families in need with things like food, clothing, and utility bill assistance. Each year, more than half of the parents interviewed reported that they had received some type of concrete needs assistance. There were also at least 1 or 2 parents each year that expressed a need for this type of assistance but had received none.

The majority of people that received concrete needs assistance were pleased with the service they received. However, the relationship between respect and receipt of services appeared to be complicated. Some parents spoke directly about feeling disrespected when receiving assistance; many others equated receiving a needed service, regardless of how they were treated in the process, as respect. Some parents described respect as merely the absence of disrespect. In 2016, parents experiences with concrete needs providers was still mixed, but more parents spoke positively about their experiences and described many instances with concrete needs providers where they felt respected.

> *One time I went and the woman talked to me so nasty, I was like, "Let them cut off the lights. It don't even matter to me, because you're not going to talk to me in that kind of way."* 2014

> *I say, "I don't know what to do," I say, "I've called and I've talked to everyone," and someone listened and got it done. It took a whole month though.* 2014

> *Because the people were willing to help me. They understood my situation with having younger kids in the house as old as I am. I don't make a lot of money, maybe a hundred dollars a week or something like that. I'm on disability so it doesn't go that far. I explained my situation and they were willing to help me.* 2015

> *They actually ask you how are you doing, and how's life treating you, and like a 1-on-1 conversation. You need prayer? They'll pray with you.* 2016

Project LAUNCH partnered with Dr. Vetta Thompson at Washington University in St. Louis to provide trainings to area organizations as well as community members in the National Culturally and Linguistically Appropriate Service (CLAS) Standards. These trainings serve to advance health equity, improve quality, and eliminate health disparities by providing guidance for individuals and health organizations to implement services that are culturally appropriate.[7]

7 "Think Cultural Health," HHS.gov, accessed July 31, 2017, https://www.thinkculturalhealth.hhs.gov/clas/standards.

Perception of Change

In 2016, the final round of parent interviews, questions were added to the interview guide to better understand how parents viewed changes in the services they received. Parents were asked to think back 4-5 years and talk about any changes to services provided to their child or family. Responses varied, but more than half the parents interviewed spoke about a positive change in accessibility of services. Some believed that organizations had improved access to services or were communicating their available services more clearly. A few parents found it easier to access services because of the connections they had established, and some felt that access was easier because organizations provided more referrals.

> *I mean, I feel like now I've learned about a lot of different programs that are available. Whether they were able to help or not is different, but I do know that there are more resources and more programs out there, and it's easier to hear about them now than it used to be.* 2016

> *The only thing I could say that's been easier is it is more online integrated, so you don't have to necessarily go to every office if you need something.* 2016

> *Now if you need it they have the resources and the numbers you can call. When you need help finding the resources you can go to one person and they connect you to the other.* 2016

Parents with older children noted that it was easier to receive services when their children were younger. Some felt that services are mainly directed toward young mothers and newborns and that as their child got older, they had less interaction with providers that were connecting them or referring them to other services.

> *I think it was easier four years ago because I had Nurses for Newborns, Birthright, Prince Hall…and you go to your doctor's appointments, WIC appointments and stuff like that… Look, my kids are older. You have to be pregnant or [have a] newborn. I don't know if they're still doing it at Prince Hall, but I know the age limit is sixteen to like twenty, twenty-one. So I'm long out that age bracket.* 2016

> *I think it was easier to access services when she was younger. Because they throw services at you. They really do, when a child is newborn…They tell you, doctor tell you, they do a lot of stuff but they don't send out as much stuff as they used to. They don't recommend as many things as they used to.* 2016

LINKS TO PROVIDERS

In 2015 and 2016, parents were asked to name specific providers they received services from. This allowed the construction of networks demonstrating how parents were connected to providers (see Appendix D). Some organizations provided multiple kinds of services to parents, resulting in additional "Mental & Physical Health" and "Concrete Needs and Family Support" domains. For both years, Affinia and Urban League served the greatest number of families represented in this sample (see Table 12). Although Affinia was prominent in the organizational Referral network for all three years of the initiative and the Collaboration network in 2016, Urban League was not prominent in any of the organizational networks.

Table 12. Family links to providers. Affinia and Urban League served the greatest number of families.

	2015			2016	
Organization	**Domain**	**Links**	**Organization**	**Domain**	**Links**
Affinia Healthcare	Physical Health	21	Urban League	Concrete Needs	19
Urban League	Concrete Needs	16	Affinia Healthcare	Physical Health	14

Limitations

The largest challenge for the social network analysis was organizational participation in the survey. In traditional surveys, accurate representation of the population is perhaps more important than sheer response rate. However, network surveys are given to the entire population of interest to accurately reflect all of the relationships between all of the organizations. For non-directed relationships, if A answers about their relationship with B, but B does not respond, we can still use the response from A. However, if neither of them respond, we have no information at all about their relationship. For directed relationships, we would only have one direction of the relationship if only one of them responds. Consequently, response rates of at least 70% are generally recommended. Response rates for Project LAUNCH ranged from 60% (2014) to 71% (2016), despite recruiting over the course of 4-6 months. Finding the appropriate individuals to represent sometimes large organizations who have knowledge of relationships with a lengthy list of other organizations is a daunting task, particularly given schedules that are often already overloaded.

The sample size for the parent interviews each year was less than 50. Ideally, the same parents would have been interviewed all three years, however staying in contact and scheduling interviews with parents was more difficult than anticipated and cell phone numbers and addresses changed frequently from year to year. Twenty parents participated at least two of the three years and four parents were interviewed all three years.

Conclusions

Overall connections between organization increased. Connectivity as measured by contact, collaboration, and referrals between Project LAUNCH organizations jumped sharply between 2014 and 2015, and generally leveled off between 2015 and 2016. This increase in connectivity happened over the period of time that Project LAUNCH was hosting regular Local Council Meetings that included many service provider organizations and community members.

Child care organizations became more integrated into the network. Child care organizations were generally peripheral to the network for all kinds of relationships. They were also the most likely to be disconnected from the network, though the number of disconnected organizations decreased from 2014 to 2016 for all relationships. Project LAUNCH reached out to child care providers offering trainings from the Center on the Social and Emotional Foundations for Early Learning (CSEFEL) and encouraged the health department and the local library to strengthen their connections to child care providers. In 2016, child care providers that were connected, were more integrated into the network.

Service provider referrals to families increased. The network statistics show that organization referrals increased each year. In the 2016 interviews, more parents reported receiving referrals from providers for services for their children or family, as well. This increased connectivity was not dependent on one or two organizations, but was system-wide.

Respect from providers increased. In 2014 and 2015, parents were appreciative of the services they received, but many did not feel respected. In contrast, more parents reported feeling respected when receiving services in 2016. During that time, Project LAUNCH partnered with Dr. Vetta Thompson at Washington University in St. Louis to provide trainings to area organizations, as well as community members, in the National Culturally and Linguistically Appropriate Service (CLAS) Standards. The CLAS trainings focus on respecting the whole individual and responding to the individual's health needs and preferences in an effort to eliminate health inequities.

Moving Forward

This portion of the evaluation was conducted to determine the overall service transformation within the system. The results of this evaluation show that the systems are changing and access to services is moving in a positive direction. However, challenges still exist and more work must be done to continue to see the positive transformation of the child service systems in the St. Louis area.

RECOMMENDATIONS

Continue community efforts to improve transportation. We encourage Community Cafés to remain focused on transportation improvements. Parents consistently reported transportation as a barrier to receiving services across domains all three years. Progress is being made at bus stops in the pilot area including improvements to lighting and the adopt-a-stop program, but more work needs to be done.

Expand home visitation services. While Family Support and Home Visitation services are not reaching enough families in the pilot area, the Parent Cafés have been well received. Home visitation programs should consider a different model in the pilot communities. Parents and parent educators may be able to connect in a group setting similar to the Parent Café model.

Continue working to connect child care organizations. Project LAUNCH should continue their efforts to link child care providers to the organizational network. Ready Readers increased their connections with child care providers each year and may be a resource for other organizations aiming to connect with child care providers.

Incorporate Urban League into the provider Collaboration network. According to the data collected, Urban League serves a relatively high volume of families but is not well connected to other organizations. Bringing this provider into closer collaboration with the other Project Launch organizations may help them to enhance their capacity and improve their services to families.

Be strategic about maintaining existing network connections. During the implementation of Project LAUNCH activities, provider network connections nearly doubled. Project LAUNCH should continue to encourage collaboration between organizations with influence that can drive positive change in the community.

Appendix A

NETWORK ORGANIZATIONS

Organization	Domain	2014	2015	2016
Affinia Healthcare (formerly Grace Hill) - Community Health Services	Physical Health	X	X	X
Affinia Healthcare (formerly Grace Hill) - Mental Health Services	Mental Health		X	X
Amanda Luckett Murphy Hopewell Center	Mental Health	X	X	X
Area Resources for Community and Human Services (ARCHS)	Resource Provision	X	X	X
Ashland Elementary School	Education	X	X	X
Assisted Recovery Centers of America (ARCA)	Mental Health		X	X
Baden Christian Child Care Center	Child Care	X	X	X
Better Family Life	Family Support/ Home Visitation	X	X	X
Beyond Housing 24:1	Concrete Needs	X	X	X
Boys and Girls Club of Greater St Louis	Child Care	X	X	X
Bridgeway Behavioral Health	Mental Health		X	X
Bryan Hill Elementary School	Education			X
Cardinal Glennon Hospital	Physical Health	X	X	X
Carver Elementary School	Education	X	X	X
Casa de Salud	Physical Health	X	X	X
Catholic Charities	Family Support/ Home Visitation	X	X	X
Childgarden Child Development Center	Child Care	X	X	X
Children's Advocacy Services of Greater St. Louis	Mental Health	X	X	X
Children's Enrichment Center	Child Care	X	X	
Children's Home + Aid	Family Support/ Home Visitation	X		
CHIPS Health and Wellness Center - Primary Care	Physical Health	X	X	X
CHIPS Health and Wellness Center - Social Services	Mental Health	X	X	
City of St. Louis Family Court	Child Welfare	X	X	X
City of St. Louis Public Schools	Education	X	X	X
Clay Elementary School	Education			X
Community Against Poverty	Community Advocacy	X	X	X
Confluence Academy Old North	Education			X

Organization	**Domain**	**2014**	**2015**	**2016**
Cornerstone Center for Early Learning	Child Care		X	X
Crisis Nursery	Family Support/ Home Visitation	X	X	X
Daughters of Charity Foundation of St. Louis	Philanthropy	X	X	X
Deaconess Foundation	Philanthropy	X	X	X
Dunbar Elementary School	Education			X
Earl Nance Sr. Elementary School	Education	X	X	X
Elmer Hammond Early Childhood	Child Care	X	X	X
Eternity Childcare	Child Care	X	X	X
Explorers II Day Care Center	Child Care	X	X	X
Family Resource Center	Family Support/ Home Visitation	X	X	X
Farragut Elementary School	Education	X	X	X
Father Bob's Outreach	Concrete Needs			X
Fathers' Support Center	Family Support/ Home Visitation	X	X	X
First Steps	Education		X	X
Flance Early Learning Center	Child Care	X	X	X
Gateway Elementary School	Education			X
Gateway180	Concrete Needs	X	X	X
God's Creation Development Center LLC	Child Care	X	X	X
Grace Hill Head Start	Education			X
Grace Hill Settlement House	Family Support/ Home Visitation	X	X	X
GSL Developmental Center	Child Care	X	X	
Guardian Angel Settlement Association	Child Care	X	X	X
Helping Hands Daycare LLC	Child Care	X	X	X
Helping Hands Food Pantry	Concrete Needs			X
International Institute of St. Louis	Concrete Needs	X	X	X
Jeff Vander Lou Child Care Center	Child Care	X	X	
Jewish Family and Children's Services	Concrete Needs			X
Kidz Choice Learning Center	Child Care	X	X	X
KIPP Victory Academy	Education			X
Land of Oz Academy	Child Care	X	X	X
Les Beaux Enfants	Child Care	X	X	
Lexington Elementary School	Education	X	X	X
LUME Institute/Child Care Aware of Eastern Missouri	Child Care	X	X	X
Lutheran Family & Children's Services of Missouri	Mental Health	X	X	X

Organization	Domain	2014	2015	2016
Maplewood Richmond Heights Early Childhood Center	Child Care	X		
Mary McElroy Day Care Center	Child Care	X	X	
Maternal, Child & Family Health Coalition	Physical Health	X	X	X
Mess Pat's Day Care	Child Care	X		
Mime's Daycare	Child Care	X	X	X
Missouri Baptist Hospital	Physical Health	X	X	X
Missouri Department of Social Services St. Louis City Children's Division	Child Welfare	X	X	X
Moore's Day Care Academy	Child Care	X	X	X
Myrtle Hilliard Davis Comprehensive Health Center	Physical Health	X	X	X
Neighborhood Houses	Child Care	X	X	X
New Beginnings Christian Academy and Child Development Center	Child Care	X	X	
New Northside Family Life Center	Child Care	X	X	X
Noel's Knowledge Day Care Center	Child Care	X	X	
Nurses for Newborns	Family Support/ Home Visitation	X	X	X
Our Lady's Inn	Concrete Needs	X	X	X
Our Little Academy Therapeutic Preschool	Child Care	X	X	X
Our Little Haven	Child Welfare	X	X	X
Pamoja Preparatory Academy at Cole	Education	X	X	X
ParentLink	Resource Provision		X	X
Parents as Teachers - National Center	Family Support/ Home Visitation	X	X	X
Parents as Teachers - St Louis Public Schools	Family Support/ Home Visitation	X	X	X
Patrick Henry Elementary School	Education			X
Peace For Kids at Queen of Peace Center	Child Care	X	X	X
People's Community Action Corporation	Concrete Needs			X
People's Health Center	Physical Health		X	X
Places for People	Mental Health	X	X	X
Pleasant Green Food Bank	Concrete Needs			X
Preferred Family Healthcare	Mental Health		X	X
Provident Counseling	Mental Health	X	X	X
Queen of Peace Center	Mental Health	X	X	X
Queens & Kings Learning Center	Child Care	X	X	X
Raggedy Ann and Andy Learning Center	Child Care	X	X	X

Organization	Domain	2014	2015	2016
Raising St. Louis	Family Support/ Home Visitation	X	X	X
Ready Readers	Education	X	X	X
Southside Early Childhood Center	Child Care	X	X	X
Spanish Lake Youth & Family Council	Family Support/ Home Visitation	X	X	X
Special School District of St. Louis County	Education	X	X	X
St. Louis Arc	Education	X	X	X
St. Louis Center for Family Development	Family Support/ Home Visitation	X	X	X
St. Louis Children's Fund	Philanthropy	X	X	X
St. Louis Children's Hospital	Physical Health	X	X	X
St. Louis City Health Department (Women, Children and Adolescent Health)	Physical Health	X	X	X
St. Louis Dream Center	Concrete Needs			X
St. Louis Housing Authority (SLHA) Section 8 Department	Concrete Needs			X
St. Louis Learning Disabilities Association	Education	X	X	X
St. Louis Mental Health Board	Mental Health	X	X	X
St. Louis Public Library	Education	X	X	X
St. Louis Public Schools Foundation	Philanthropy	X	X	X
St. Louis Translation and Interpreter Services	Concrete Needs	X		
St. Nicholas Preschool and Daycare	Child Care	X	X	X
St. Patrick Center	Concrete Needs	X	X	X
St. Vincent De Paul	Concrete Needs	X	X	X
Stella Maris Child Center	Child Care	X		
Step By Step Preschool	Child Care	X	X	X
Stix ECC	Education			X
The Clay Early Childhood and Parenting Education Center at Harris Stowe State University	Child Care	X	X	X
The Haven of Grace	Concrete Needs	X	X	X
The National Council on Alcoholism & Drug Abuse - St. Louis	Mental Health	X	X	X
The Village Academy	Education	X		
The Youth and Family Center	Education	X	X	X
Therapeutic Preschool at the Family Resource Center	Education	X	X	X
United 4 Children	Child Care	X	X	X
United Way 2-1-1	Resource Provision		X	X

Organization	Domain	2014	2015	2016
United Way Early Childhood Education	Education		X	X
Urban League of Metropolitan St. Louis	Education	X	X	X
Urban League of Metropolitan St. Louis - Utility Assistance	Concrete Needs			X
Urban Strategies	Concrete Needs	X	X	X
Varie's Childcare and Learning Center	Child Care	X	X	
Vision for Children at Risk - Advocacy	Community Advocacy	X	X	X
Vision for Children at Risk - Family Support	Family Support/ Home Visitation	X	X	X
Youth in Need - Head Start	Education	X	X	X
YWCA Head Start	Education	X	X	X

Appendix B

TOP COLLABORATION CONNECTOR ORGANIZATIONS AT THE COORDINATION LEVEL

Collaboration, At Least Coordination: Top 5

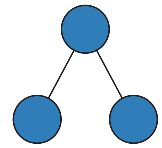
Rank	Organization Name	Connections
2014		
1	Queen of Peace Center	37
2	St. Louis Center for Family Development	32
3	Amanda Luckett Murphy Hopewell Center	25
4	St. Louis City Health Department (Women, Children and Adolescent Health)	24
5	Urban Strategies	23
2015		
1	St. Louis Center for Family Development	62
2	City of St. Louis Family Court	40
3	Queen of Peace Center	38
4	St. Louis Children's Hospital	37
5	City of St. Louis Public Schools	36
2016		
1	Fathers' Support Center	68
2	Queen of Peace Center	55
3	Places for People	44
4	Our Lady's Inn	38
5	City of St. Louis Family Court	36
5	Ready Readers	36
5	Affinia Healthcare (formerly Grace Hill) - Community Health Services	36

Brokerage Role Analysis

Brokers are organizations that 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.

Top 5 Coordinators

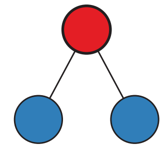
Coordinator: Broker and unconnected nodes are all from the same domain.



Rank	Organization Name	Relationships Brokered
2014		
1	Queen of Peace Center	18
2	Ready Readers	15
3	St. Louis Center for Family Development	14
4	Fathers' Support Center	12
5	City of St. Louis Public Schools	10
2015		
1	City of St. Louis Public Schools	44
2	St. Louis Center for Family Development	30
2	Ready Readers	30
4	St. Louis Children's Hospital	22
5	Queen of Peace Center	17
5	Pamoja Preparatory Academy at Cole	17
2016		
1	Ready Readers	90
2	St. Louis Public Library	73
3	City of St. Louis Public Schools	52
4	Our Lady's Inn	26
5	Clay Elementary School	25

Top 5 Itinerants/Consultants

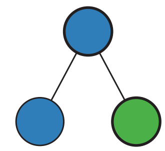
Itinerant/Consultant: Unconnected nodes are from the same domain, but the broker is from a different domain.



Rank	Organization Name	Relationships Brokered
2014		
1	St. Louis City Health Department (Women, Children and Adolescent Health)	210
2	Queen of Peace Center	55
3	St. Louis Center for Family Development	53
4	Ready Readers	27
5	Amanda Luckett Murphy Hopewell Center	25
2015		
1	St. Louis Center for Family Development	210
2	City of St. Louis Family Court	77
3	Ready Readers	65
4	St. Louis Children's Hospital	61
5	Queen of Peace Center	54
2016		
1	Fathers' Support Center	282
2	Queen of Peace Center	125
3	Area Resources for Community and Human Services (ARCHS)	100
4	Ready Readers	93
5	Places for People	78

Top 5 Representatives/Gatekeepers

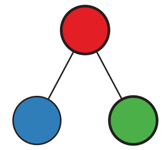
Representative/Gatekeeper: Broker is from the same domain as one unconnected node, and the other unconnected node is from a different domain. Representatives and gatekeepers are the same in undirected networks like the Collaboration network.



Rank	Organization Name	Relationships Brokered
2014		
1	Queen of Peace Center	180
2	St. Louis Center for Family Development	146
3	Myrtle Hilliard Davis Comprehensive Health Center	78
4	Fathers' Support Center	69
5	Amanda Luckett Murphy Hopewell Center	68
2015		
1	St. Louis Center for Family Development	412
2	City of St. Louis Public Schools	209
3	St. Louis Children's Hospital	197
4	Queen of Peace Center	169
5	Ready Readers	149
2016		
1	Fathers' Support Center	416
2	Ready Readers	284
3	Queen of Peace Center	214
4	Our Lady's Inn	194
5	Places for People	128

Brokerage: Top 5 Liaisons

Liaison: Broker and unconnected nodes are all from different domains.



Rank	Organization Name	Relationships Brokered
2014		
1	Queen of Peace Center	303
2	St. Louis Center for Family Development	201
3	Urban Strategies	169
4	Amanda Luckett Murphy Hopewell Center	167
5	Vision for Children at Risk - Advocacy	120
2015		
1	St. Louis Center for Family Development	927
2	City of St. Louis Family Court	468
3	Queen of Peace Center	305
4	Affinia Healthcare (formerly Grace Hill) - Mental Health Services	272
5	St. Louis Children's Hospital	266
2016		
1	Fathers' Support Center	1253
2	Queen of Peace Center	821
3	Places for People	505
4	Area Resources for Community and Human Services (ARCHS)	353
5	City of St. Louis Family Court	350

Appendix C

TOP 5 REFERRAL ORGANIZATIONS

Incoming

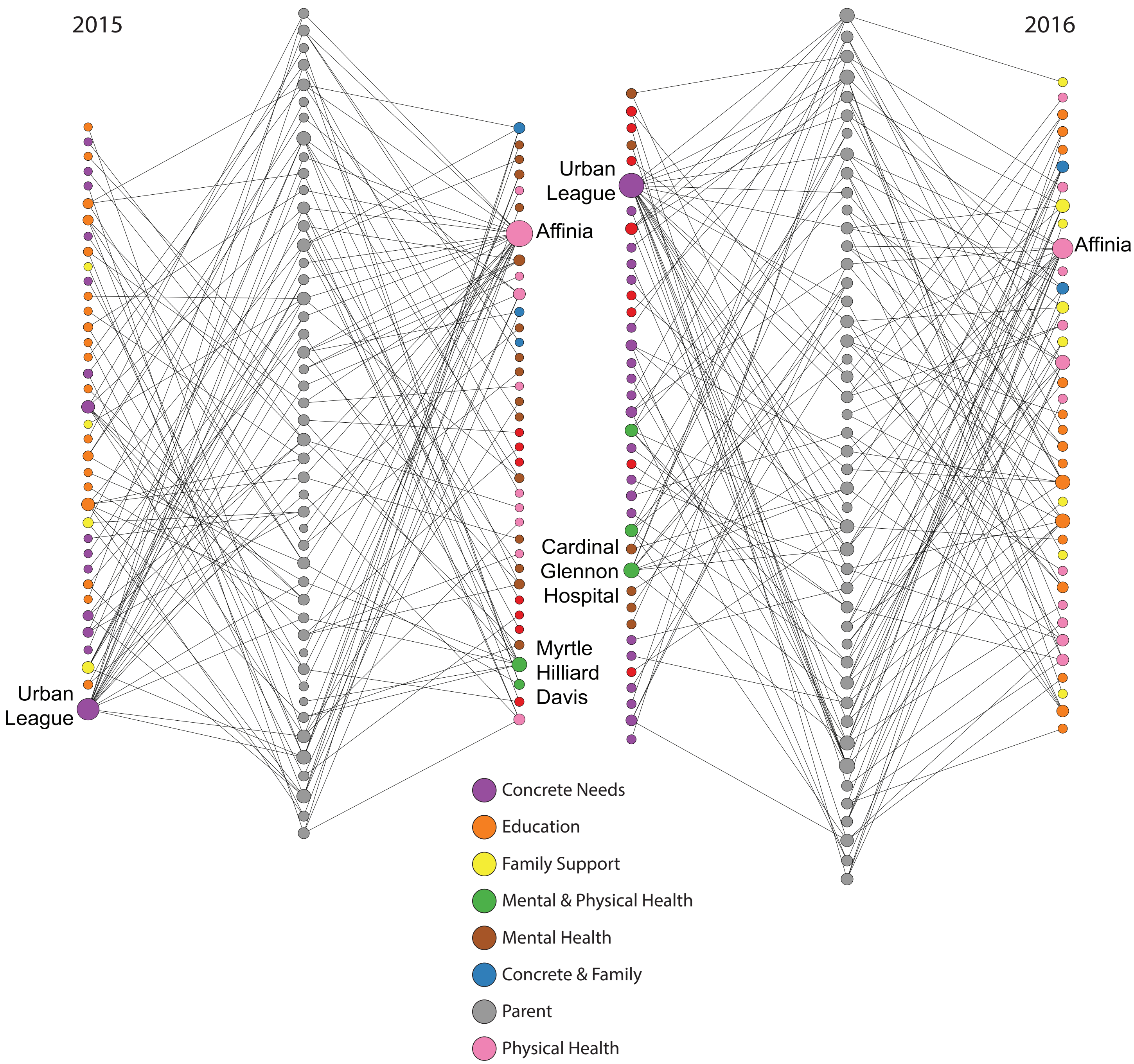
Rank	Organization Name	# Organizations
2014		
1	Affinia Healthcare (formerly Grace Hill) - Community Health Services	62
2	City of St. Louis Public Schools	56
3	Fathers' Support Center	52
4	St. Louis City Health Department (Women, Children and Adolescent Health)	50
4	Myrtle Hilliard Davis Comprehensive Health Center	50
2015		
1	St. Louis City Health Department (Women, Children and Adolescent Health)	98
2	St. Louis Public Library	87
3	Affinia Healthcare (formerly Grace Hill) - Mental Health Services	79
3	Lutheran Family & Children's Services of Missouri	79
5	LUME Institute/Child Care Aware of Eastern Missouri	78
5	Affinia Healthcare (formerly Grace Hill) - Community Health Services	78
2016		
1	ParentLink	117
2	Affinia Healthcare (formerly Grace Hill) - Community Health Services	110
3	Fathers' Support Center	100
4	Affinia Healthcare (formerly Grace Hill) - Mental Health Services	99
5	United Way 2-1-1	88

Outgoing

Rank	Organization Name	# Organizations
2014		
1	Missouri Department of Social Services St. Louis City Children's Division	62
2	Affinia Healthcare (formerly Grace Hill) - Community Health Services	56
3	City of St. Louis Public Schools	54
4	Fathers' Support Center	53
5	Vision for Children at Risk - Advocacy	49
2015		
1	ParentLink	88
2	St. Louis Public Library	87
3	Lutheran Family & Children's Services of Missouri	75
4	Affinia Healthcare (formerly Grace Hill) - Mental Health Services	70
5	United Way 2-1-1	68
5	Missouri Department of Social Services St. Louis City Children's Division	68
2016		
1	ParentLink	117
2	Fathers' Support Center	100
3	City of St. Louis Public Schools	89
4	Missouri Department of Social Services St. Louis City Children's Division	84
5	First Steps	81

Appendix D

PARENT PROVIDER NETWORKS



Appendix E

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. If child care center, what is the name of the center?

A4. How close to where you live is this [Center/home]?

A5. How did you find out about the [Center/in-home provider]?

A6. 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.

A7. How would you rate your overall experiences with your child care provider?

- ☐ Poor
- ☐ Fair
- ☐ Satisfactory
- ☐ Good
- ☐ Excellent

A8.] Why did you rate it ______?

A9. How often do you ask your child care provider about your child's progress?

- ☐ Never

- Rarely
- Occasionally
- Often
- Always

A10. How responsive are the teachers and staff when you have questions about how your child is doing?

A12. What would make your experiences with child care providers better?

A13. Has your child care provider ever referred you to other needed services for your child/children?

[If yes, what organizations were you referred to?

Did you contact these organizations?

Did child care follow up to make sure you received needed services?

A14. [If an organization/service provider was contacted], To what degree have these organizations or resources you contacted helped meet your needs?

- Not at all
- Very Little
- Somewhat
- To a Great Degree

[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. How would you rate your overall experiences with your child's school?

- Poor
- Fair
- Satisfactory
- Good
- Excellent

B3. What have your experiences been like with your child[ren]'s school? Why did you rate it ___________?

B4. How often do you ask questions about your child's progress at school?

- Never
- Rarely
- Occasionally
- Often

- Always

B5. How responsive are the teachers and staff when you have questions about how your child is doing?

B6. What would make your experiences with your child[ren]'s school better?

B7. Has anyone from your child's school ever referred you to other needed services for your children?

[If yes, what organization were you referred to?

Did you follow through with that referral?

Did school follow up to make sure you received needed services?

B8. [If an organization/service provider was contacted] To what degree have these organizations or resources you contacted helped meet your needs?

- Not at all
- Very Little
- Somewhat
- To a Great Degree

[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. How would you rate your overall experiences with your child's medical center/doctor's office?

- Poor
- Fair
- Satisfactory
- Good
- Excellent

C5. What have your experiences been like with [medical center/doctor's office]? Why did you rate it ______________________?

C6. Are they responsive when you have questions? Why or why not?

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

C8. How often do you take your child to the doctor/medical center for a well-child visit/check-up?

- Never
- Rarely
- Occasionally
- Often
- Always

C9. During a well-visit, did anyone from your doctor's office ever refer you to other needed services for your child?

[If yes], what organization were you referred to?

Did you follow through with that referral?

Did the doctor's office/medical center follow up to make sure you received needed services?

C10. [If an organization/service provider was contacted], To what degree have these organizations or resources helped meet your needs?

- Not at all
- Very Little
- Somewhat
- To a Great Degree

[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 organization did you receive it from?

D4. How would you rate your overall experiences with concrete needs assistance?

- Poor
- Fair
- Satisfactory
- Good
- Excellent

D5. Why did you rate it ___________?

D6. How strongly do you agree or disagree with the statement: I felt respected when I received concrete needs assistance.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

- Not Applicable

D7. Why did you agree or disagree with that statement?

D8. Were they responsive to your needs? Why or why not?

D9. What would make your experiences with services better?

D10. Have you ever received a referral from an assistance organization for other needed services for your child or family?

[If yes], what organization were you referred to?

Did you follow through with that referral?

Did the assistance organization follow up to make sure you received needed services?

D11. [If an organization/service provider was contacted], To what degree did the organizations or resources you contacted help meet your needs?

- Not at all
- Very Little
- Somewhat
- To a Great Degree

[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. Who provided these services?

E3. How would you rate your overall experiences with family support services?

- Poor
- Fair
- Satisfactory
- Good
- Excellent

E4. Why did you rate it _______________?

E5. Were they responsive to your needs? Why or why not?

E6. What would make your experiences with family support services better?

E7. Did the family strengthening agency ever refer you to other needed services for your child/children?

[If yes], what organizations were you referred to?

Did you contact these organizations?

Did the family strengthening agency follow up to make sure you received needed services?

E8. [If an organization/service provider was contacted], To what degree have the organizations or resources you contacted helped meet your needs?

- Not at all
- Very Little
- Somewhat
- To a Great Degree

[F. Mental health]

F1. 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 F9.]

F2. Who provided this service to your child?

F3. How would you rate your overall experiences with your child's mental health provider?

- Poor
- Fair
- Satisfactory
- Good
- Excellent

F4. Why did you rate it _________?

F5. Were the professionals who worked with you and your child responsive to your needs? Why or why not?

F6. What would make your experiences with child mental health services better?

F7. Has your child's mental health provider ever referred you to other needed services for your child?

[If yes], what organization were you referred to?

Did you follow through with that referral?

Did the mental health provider follow up to make sure you received needed services?

F8. [If an organization/service provider was contacted], To what degree have these organizations or resources you contacted helped meet your needs?

- Not at all
- Very Little
- Somewhat
- To a Great Degree

F9. 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]

F10. Who provided these services?

F11. How would you rate your overall experiences with your mental health services?

- Poor
- Fair
- Satisfactory
- Good
- Excellent

F12. Why did you rate it ___________________?

F13. Were the professional who worked with you responsive to your needs? Why or why not?

F14. What would make your experiences with mental health services better?

F15. Did your provider ever refer you to other needed services for your family?

[If yes], what organization were you referred to?

Did you follow through with that referral?

Did the provider follow up to make sure you received needed services?

F16. [If an organization/service provider was contacted], To what degree did the organizations or resources you contacted help meet your needs?

- Not at all
- Very Little
- Somewhat
- To a Great Degree

G 1. We are almost finished. Thinking back a few years, have you noticed any changes to the ease of accessing services for your child[ren] or family since 2012?

G 2. Have you noticed any changes to the difficulty of accessing services for your child[ren] or family since 2012?

G 3. Have you noticed any changes to the services provided to your child[ren] or family since 2012?

Probes: G 3a. Increase or decrease in amount services?

G 3b. Improvement or decline in satisfaction of services provided?]

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.