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Introduction

Coös is New Hampshire's largest and most rural county, bordering Canada, Maine, and Vermont. Coös has many assets, including a long-standing tradition of civic engagement that crosses socio-economic lines, beautiful natural resources, and a once-vibrant, woods-based economy. Until dairy farm and mill closures caused by the decline of the paper industry in the 1990s, generations of farmers, educators, loggers, and mill workers lived and stayed in Coös, building prosperous communities and a strong social fabric.

Today the region faces challenges stemming from decades of economic decline, resulting in significant job loss and out-migration of youth. An aging demographic, high rates of substance use and domestic violence, and inadequate public funding for education also challenge the region. Median family income is 30 percent lower than the state average and one in five Coös children lives in poverty; the county suffers high unemployment (Bureau of Labor Statistics, 2014) and only 18 percent of adults have a college degree, compared to 35 percent statewide (U.S. Census Bureau, 2016). And Coös, like all counties in New Hampshire, faces public funding constraints owing to the state's limited tax base.

Coös' size and social capital, however, create opportunity for population-based interventions that make a difference. The county has just 1,257 children ages birth to 5 years (U.S. Census Bureau, 2016). Coös ranks third highest

Key Points

- Since 2007, the Neil and Louise Tillotson Fund — a donor-advised fund of the New Hampshire Charitable Foundation — has invested in early childhood development in Coös County — New Hampshire's largest and most rural and economically disadvantaged county. Community providers from a range of disciplines formed strong professional relationships and agreed on common goals and evidence-based strategies to improve services for children and families.
- This article describes how local community members joined forces with the fund to create an integrated early childhood development system for Coös' children and families. It provides background on the investment and initiative strategy, summarizes key results, and outlines lessons for funders and others pursuing systems change efforts in early learning, in rural areas, or more broadly.
- With increasing interest in strategies to promote childhood resilience, school readiness, and community revitalization, Coös County's rural story of relationship and community systems change can inform the field.

among New Hampshire counties in degree of social association (County Health Rankings and Roadmap, 2018); self-reliance and recognition of the importance of working together are deeply seated values. These strengths create fertile ground for Coös' residents and a place-based funder to work together.

The Neil and Louise Tillotson Fund — a donor-advised fund of the New Hampshire Charitable Foundation (NHCF) — recognized these strengths and saw opportunity in Coös County. Focusing on northern New Hampshire and surrounding communities in the U.S. and Canada, the fund’s mission is to serve as a catalyst for moving the region toward sustainable communities and economic development through investments in long-term solutions as well as compassionate support for present, critical community needs. The fund’s guiding principles support locally designed and embedded community change; \$3.5 million in annual grantmaking makes the Tillotson Fund one of the nation’s largest rural funders (Cohen, 2013).

This case study describes how local community members joined forces with the fund to create an evidence-driven, high-quality, integrated early childhood development system for Coös’ children and families. It provides background on the investment and initiative strategy, summarizes key results, and outlines lessons for funders and others pursuing systems change efforts in early learning, in rural areas, or more broadly.

The Early Childhood Development (ECD) Initiative

The Tillotson Fund was established and began responsive grantmaking in 2006 to improve quality of life in the Coös County region. One of its first grants, in 2007, was to the Coös Family Support Project (CFSP) — six organizations that came together to improve outcomes for young children and families. Family Resource Center, a nonprofit organization; Northern Human Services, a mental health care provider; two health centers; and a hospital together received \$300,000 over three years to identify opportunities, common goals, and changes necessary to improve services and outcomes for young children and their families. The grant to the CFSP was instrumental in learning more about the capability of local practitioners and the potential for a different kind of investment.

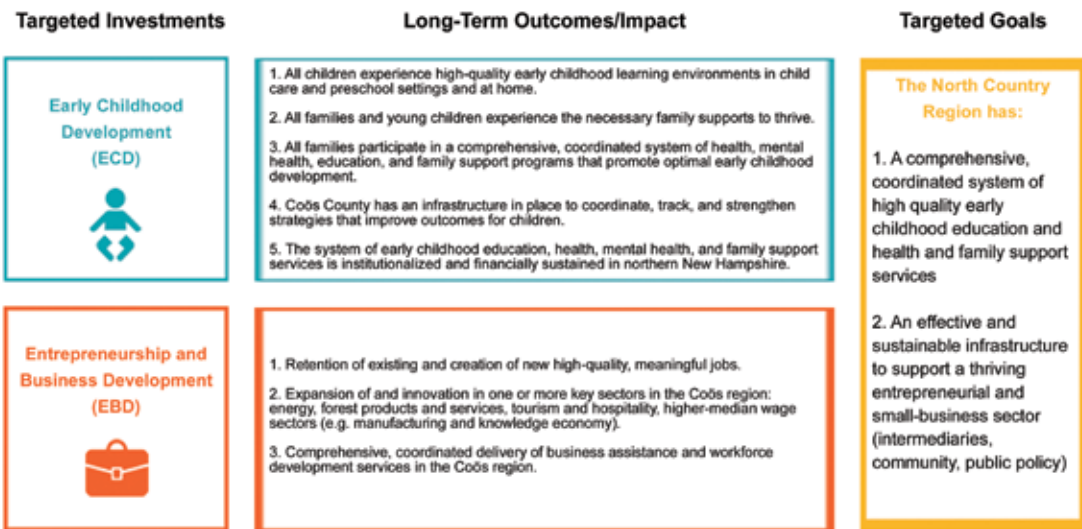
The Coös early childhood strategy was shaped by multiple conversations with local practitioners

This case study describes how local community members joined forces with the fund to create an evidence-driven, high-quality, integrated early childhood development system for Coös’ children and families.

and outside influencers, including the Invest Early rural early childhood initiatives from the Blandin Foundation (n.d.a, n.d.b); research on the health, social and economic return of pre-school investments (Bernanke, 2007; Campbell, Conti, Heckman, Moon, Pinto, Pungello, & Pan, 2014; Grunewald & Rolnick, 2003; Heckman, 2017; Heckman, Grunewald & Rolnick, 2003; Rolnick & Grunewald, 2008); research on effective interventions for young children (National Scientific Council on the Developing Child, 2007) and early childhood trauma and building resilience (Centers for Disease Control, 2014); and examinations of place-based early childhood initiatives by the W.K. Kellogg Foundation (2008) and others. The strategy also took into account local community improvement goals, including the CFSP’s plan, *From Silos to Systems: Improving Outcomes for Families and Children in Coös County* (McDowell, 2008). Together, these inputs formed the basis of a new, proactive funding approach in Coös: collaborative, cross-sector capacity building to support better practice and outcomes for young children and families.

In the midst of the 2008 recession, the fund recognized a need to do something bolder to catalyze long-term economic and community development in the region. It reached out and listened to local residents and field experts, and explored investment approaches with community stakeholders. The fund launched a \$5 million Early Childhood Development (ECD) investment strategy in 2009, along with a complementary initiative, Entrepreneurship and Business Development (EBD). The EBD

FIGURE 1 Targeted Investment Logic Model



initiative focuses on economic revitalization and strengthening current workforce; ECD invests in Coös’ future workforce by strengthening early learning and development. (See Figure 1.) This two-generation approach to cross-sector capacity building aims to make Coös County a great place to live, work, and raise a family. By 2021, the fund’s investment in ECD will exceed \$10 million.

Strategy and Timeline

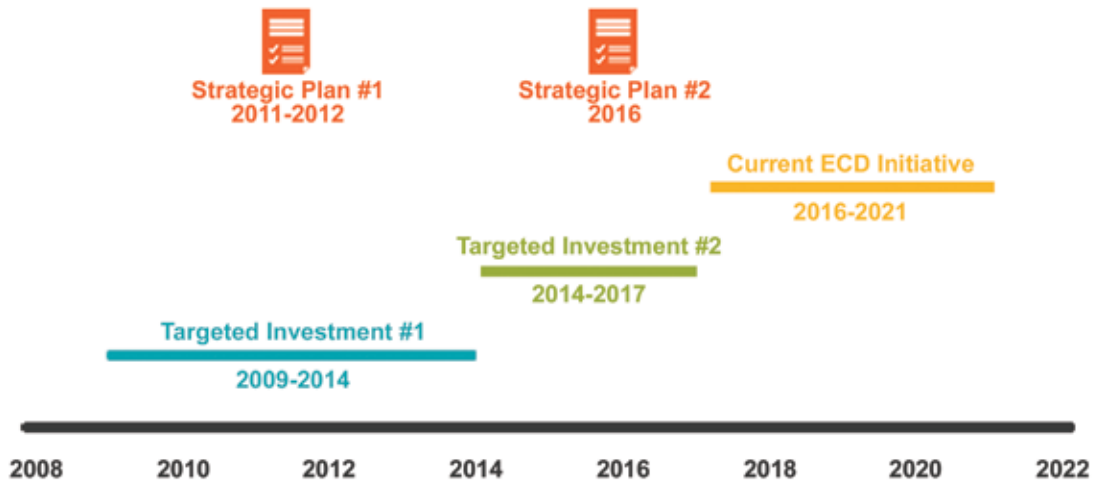
The ECD’s goal is to improve the social-emotional health and well-being of children from birth to age 8 in Coös County. (See Figure 2). Building on the CFSP’s progress and partnerships, the ECD strategies are to build capacity and embed evidence-based practice within organizations and across disciplines to promote optimal early childhood development. Core operating support and capacity-building have encompassed 73 percent of the fund’s ECD investment to date. Organizations receiving multi-year grants included:

- Northern Human Services (NHS), to develop infant/early childhood mental health capacity and expand evidence-based practice and services in three communities, serving all of Coös County;

- Coös Director Network, to resource infrastructure that supports quality in licensed child care centers, adoption of best practices, staff training, credentialing, and accreditation;
- CFSP (later, the Coös Coalition for Young Children and Families), to resource infrastructure that supports the ECD partners’ work toward shared systemwide goals, training, and improvement activity;
- Plymouth State University, White Mountains Community College, Lyndon State College, and Granite State College, to provide early childhood teacher training, technical assistance, and financial aid through direct scholarships; and
- three county public school systems, to improve preschool-to-school transition.

In the early years of the ECD’s work, the fund provided support for relationship-building among initiative partners, including biannual, two-day meetings to build trust and momentum. Participants pointed to this time together spent learning and sharing as critical to ECD’s direction and success.

FIGURE 2 ECD Timeline



As ECD gained momentum, a yearlong intensive process facilitated by the National Center for Children in Poverty at Columbia University led to its first five-year strategic plan. The planning process was significant in four ways:

1. It was highly inclusive, with input from local providers, parents, schools, and policymakers.
2. National experts helped locals craft an innovative, evidence-based approach.
3. It broadened participation beyond the CFSP, creating the Coös Coalition.
4. It resulted in a population goal and common system strategies: strengthening social-emotional development and outcomes for all Coös children from birth to age 5 and their families. This goal was selected because all partners had a clear role to play in promoting social-emotional development of young children as part of their organizational mission.

Coös Coalition functions as a backbone organization in ECD — supporting cross-discipline collaboration among early childhood providers in health, mental health, family support, and

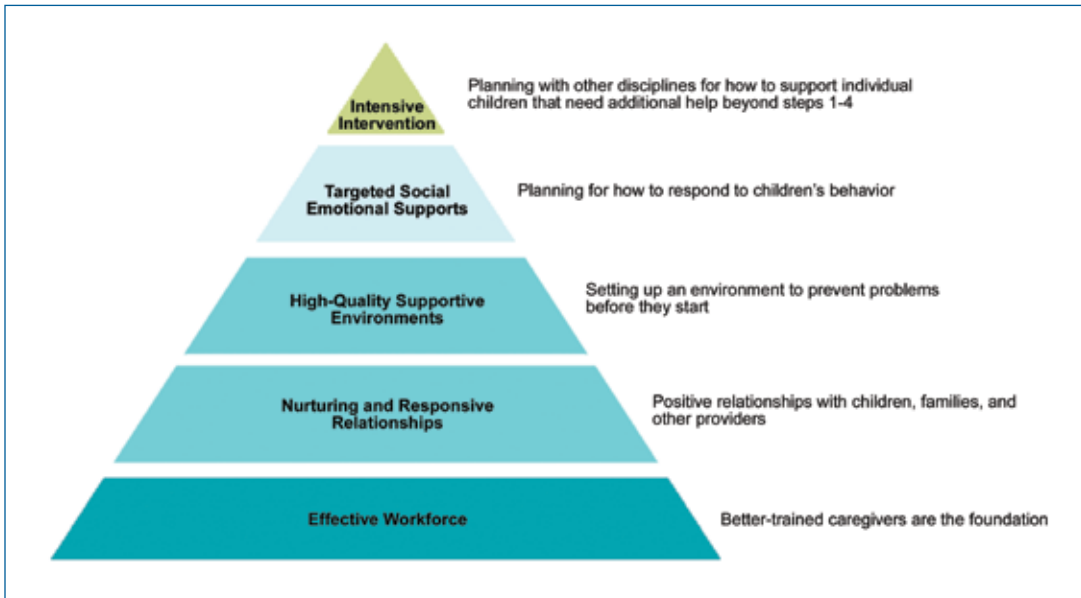
child care. This interagency backbone function is a key component of systems change through collective impact: the Coös Coalition, the Director Network, and NHS support ECD with dedicated staff, a structured process, a common ECD agenda and progress measures, continuous communication, and mutually reinforcing activities among participants (Kania & Kramer, 2011).

Improving System Quality, Outcomes, and Scale

ECD supports cross-discipline efforts to bring about early childhood systems change by building:

- organization and system capacity,
- leadership capacity,
- partnerships within and across organizations,
- systemwide adoption of evidence-based curriculum and practice,
- opportunities for shared training across organizations, and
- capacity to continuously learn, evaluate, and improve.

FIGURE 3 The Pyramid Model



The Pyramid Model for Supporting Social-Emotional Competence in Infants and Young Children (Pyramid Model Consortium, 2016) guides ECD systems change. (See Figure 3.) The model provides a tiered framework of evidence-based interventions for promoting the social, emotional, and behavioral development of young children (Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003; Hemmeter, Ostrosky, & Fox, 2006).

Throughout ECD, all partners worked individually and together to incorporate the Pyramid Model through adoption of four evidence-based practices to support healthy social-emotional development and provide seamless, high-quality developmental services to young children and families:

1. Developmental screening — Watch Me Grow (n.d.) guidelines for developmental screening using the Ages and Stages Questionnaires (ASQ and ASQ-Social Emotional) administered by all ECD providers and disciplines.
2. Maternal depression screening — proactive use of the Patient Health Questionnaire

(PHQ-2 or PHQ-9) by mental health, Family Resource Center, and health care providers to identify, refer, and treat caregivers who screen positive for depression.

3. Evidence-based curriculum for providers — training of early-care professionals in evidence-based curriculum and strategies to support healthy social and emotional development.
4. Evidence-based parenting curriculum and practice — training families to support children’s social and emotional development using Growing Great Kids, an evidence-based curriculum (Great Kids, Inc., 2018); and assessing that support with a developed Universal Parenting Assessment (UPA), administered by the NHS, home-visiting agencies, and child care centers. (See Table 1.)

A second strategic plan was created by ECD leaders and community in 2016 to reinforce the ECD strategies and expand its reach to all children birth to age 8 and their families. Work with children ages 5 to 8 is focused on bridging

TABLE 1 ECD Evidence-Based Programs, Curricula, and Tools

| Programs | Training | Screening/Observation Tools |
|--|--|--|
| <ul style="list-style-type: none"> • Growing Great Kids (GGK) Curriculum • Triple P Positive Parenting Program • Helping the Noncompliant Child • Healthy Families America (HFA) Program • Parents as Teachers • Mindfulness Social/Emotional Learning • Kindness Curriculum • Creative Curriculum | <ul style="list-style-type: none"> • Parents Interacting With Infants (PIWI) • Positive Solutions for Families • Pyramid Model Train the Trainer Services • Teaching Pyramid Observation Tool (TPOT) • Practice-Based Coaching (PBC) • Trauma-Informed Care Training | <ul style="list-style-type: none"> • TPOT • Teaching Strategies Gold (TS-Gold) • Ages and Stages Questionnaire (ASQ-3) • Ages and Stages Questionnaire-Social-Emotional (ASQ-SE2) • Strengths and Difficulties Questionnaire (SDQ) • The Pyramid Infant Toddler Observation Scale (TPITOS) • Early Childhood Environment Rating Scale (ECERS) • Social, Academic, and Emotional Behavior Risk Screener • Patient Health Questionnaire (PHQ-2 – depression screen) • Edinburgh Depression Screen • Swanson, Nolan, and Pelham Questionnaire (Attention-Deficit/Hyperactivity Disorder screening) • Modified Checklist for Autism in Toddlers (M-CHAT) |

services from the preschool to school-age years, building on early learning and social-emotional gains made in the preschool years, and embedding Coös’ school systems in the ECD process. Other areas of emphasis include demonstrating outcomes, expanding and embedding a common parenting curriculum across Coös’ four home-visiting programs, developing advocacy to improve statewide policy and funding, responding to challenges faced by children and families affected by substance use disorders, and increasing economic security among the county’s early childhood workforce.

The Fund’s Role

The Tillotson Fund’s role in ECD is strategic and intentional. In 2009, fund staff created a targeted investment opportunity and framework, and selected organizations and leaders

who could build a new ECD system within that framework. To facilitate systems change, 24 percent of the fund’s investment has supported training; coaching; scholarships and financial aid; convening; facilitation; communications; and technical assistance.

Meeting frequently with ECD leaders, the fund stays close to the work. Staff and advisors listen and provide feedback and resources to reinforce collaboration, leadership, and shared ownership of ECD. Progress is assessed through annual grantee outcome measurement, conversations on site with partners, and narrative reporting. In addition, because Tillotson is a donor-advised fund at the NHCF, fund staff were able to benefit from support, expertise, leadership, and shared learning with other colleagues along the way.

FIGURE 4 ECD Outcomes

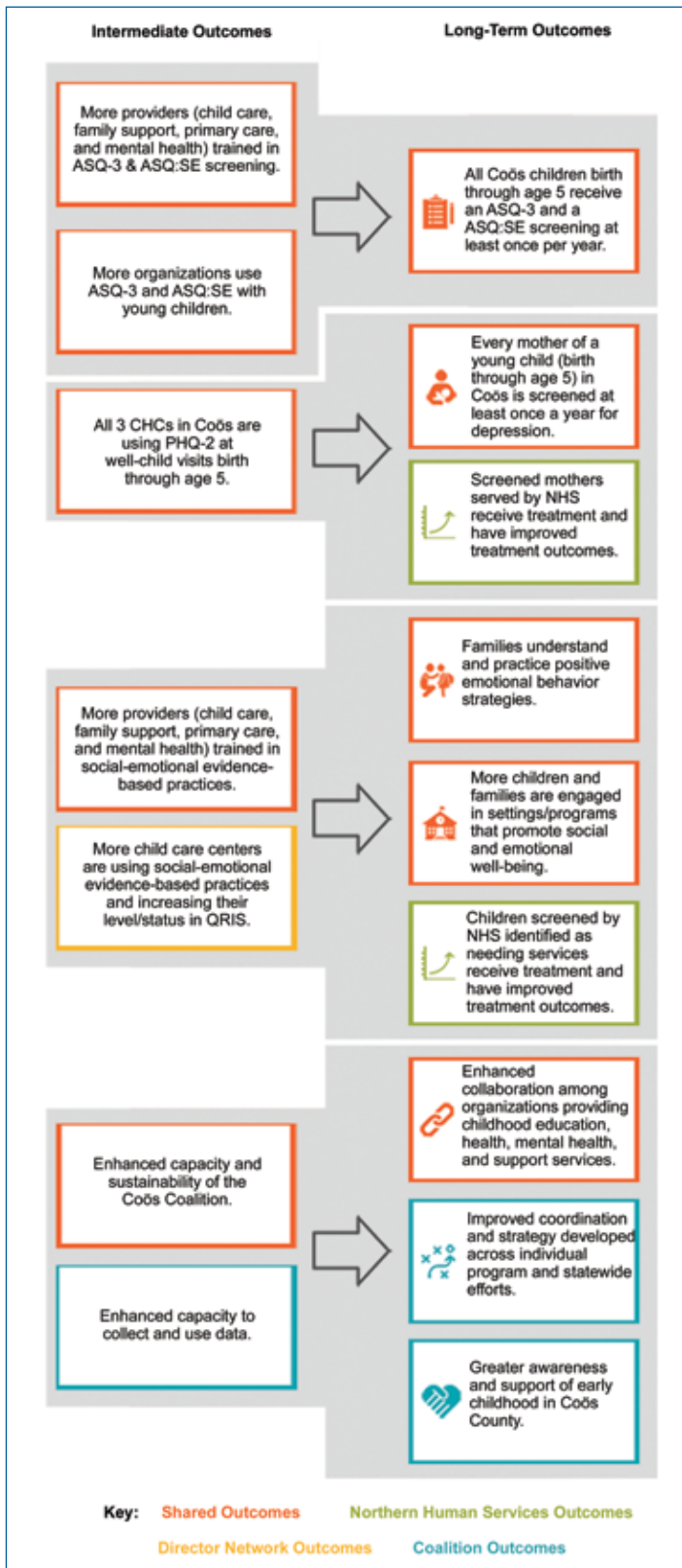


FIGURE 5 The Build Framework

Progress toward ECD outcomes is well underway. (See Figure 4.) As ECD leaders increasingly influence New Hampshire’s early childhood policy and collaborative best practice, Coös County is becoming widely recognized as a leading early childhood development community of practice.

Evaluating ECD

Assessment and responsiveness are core to ECD operations; the fund reinforces learning, flexibility, and relationships. Fund staff and advisors meet with grantees to discuss progress and next steps. From the beginning, the fund invested in the University of New Hampshire Carsey School of Public Policy to provide ongoing evaluation support and technical assistance to ECD grantees and the fund. As it became evident ECD was changing the ecosystem of early childhood services in Coös and beyond, systems change evaluation emerged as a priority.

In 2017 the fund commissioned an independent, retrospective evaluation of ECD systems change, led by Lisa Payne Simon in partnership with Engage R+D. A primary data source was semi-structured interviews (conducted January–May 2018), with 47 participants representing all of the county’s early childhood system stakeholders, fund staff, advisors, other local funders, technical experts, policy leaders, and regions modeling ECD. Other data sources included the fund’s assessment documentation — grantee reports, program summaries, and Carsey School evaluation reports — spanning nine years, as well as outcome metrics.

The Build Framework (Coffman, 2007) was used as an analytical construct to examine ECD systems change process and impact and to connect the county’s diverse efforts to improve early childhood systems. Build is a research-based framework for evaluating initiatives that have

systems change as a key goal and outcome. Interview, process, and outcome data were analyzed for key themes, with the goal of identifying insights relevant for local stakeholders as well as funders and implementers of similar initiatives.

Study strengths feature an inclusive community discovery process. While early evaluation design and data collection limit the ability to measure the full extent of ECD impact since 2009, a compelling story of systems change and community impact emerges from looking across Coös County’s quantitative and qualitative data.

Examining Systems Change: An Overview of Key Results

Before ECD, early childhood providers knew one another in Coös County, but services were fragmented and functioned in silos. Beyond crisis intervention and occasional referrals, there was little communication across disciplines and no collaborative focus on quality or training. Child care centers applied a range of early learning strategies (some evidence-based, some not), and quality services, when measured, were not robust. The NHS had no infant mental health or early childhood capacity; children younger than age 5 were rarely seen. Crisis intervention and long waiting lists for mental health services characterized the NHS’ capacity. There was limited awareness of early childhood best practices, limited cross-training or communication between NHS departments (including services to individuals with substance use disorders, chronic and severe mental illness, and developmental disabilities), and no local access to child psychiatric services. When child-focused services began at NHS in 2009, they were generally offered only in the clinical setting, with little parent training or support. Community engagement was limited, and child care centers tended to resist involvement from NHS.

FIGURE 6 The Build Framework: Context

Nine years later, ECD has transformed the county's early childhood organizations and systems. NHS has significantly increased community mental health capacity and regional services are led by a specialist in early child development. Collaborating extensively with child care centers and schools, the NHS is a recognized community resource. Coös' early childhood system now has dedicated collaborative infrastructure, a shared agenda, mutually reinforcing activities across disciplines focused on implementing evidence-based practice, and common understanding of how to support social-emotional development (i.e., the Pyramid Model). (See Figure 4.)

According to stakeholders, providers and many Coös residents now recognize the importance of a positive social-emotional foundation and these services are normalized; through referral systems and better communication, children and families are now more likely to receive the help they need. Providers and parents increasingly work as partners in children's social-emotional development.

ECD is also changing systems beyond Coös County; among the best examples is the Framework for Action for New Hampshire's Young Children. Developed by Spark NH, an advisory council created to promote early childhood programs and services throughout New Hampshire, the framework sets forth statewide goals and strategies that intentionally mirror Coös County's ECD strategy. "Our work is their work," observed one Spark NH leader. Spark NH also adopted ECD's data platform, *Visualizing Child Well-Being in Coös County*, to monitor statewide impact of early childhood programs.

Digging Deeper: Applying the Build Framework to ECD

The Build Framework describes the process and impact of systems change, and connect the Coös

community's activities to improve early childhood development. (See Figure 5.)

Context: Influence the environment that affects a system's development and ultimate success. The CFSP — now known as the Coös Coalition — began cultivating the environmental context for a larger ECD investment in 2009 by conducting community outreach, assessing needs related to early childhood development services in Coös County, and convening partners to coordinate rather than add programs. (See Figure 6.)

Today, one of the coalition's key roles is building a supportive community context for ECD. This includes cultivating engagement and nurturing relationships among and between early childhood providers, parents, and the Coös community to support evidence-based practice for healthy social-emotional development. Context activity also increasingly focuses outside of Coös County — sharing ECD's approach with other communities and influencing funders and policy-makers to support ECD practice.

Context-building helped pave the way for effective systems change in Coös County. The coalition's inclusive strategy and messaging increased community awareness and value placed on early childhood development. Context-building tools such as the coalition's website (investincooskids.com), county data platform, increased college financial aid for early childhood studies, and annual conferences support a shared ECD vision, population strategy, and understanding of developmental needs and evidence-based practice. Emerging context for ECD in Coös County, statewide, and nationally helped facilitate acceptance of ECD messages and strategies.

FIGURE 7 The Build Framework: Components

Outside of Coös, many ECD practitioners are respected, sought-after advocates; some are serving on nine New Hampshire policy committees. In that capacity, they influence broader systems that reinforce ECD strategy — state policy/programs and private philanthropy. Coös County’s model influenced Spark NH’s Framework for Action for New Hampshire’s Young Children and growth in state funding for early child care (Kieschnick & Milliken, 2015). ECD leaders advising revisions to New Hampshire’s Child Care Quality Rating Information System anticipate incorporation of the Early Childhood Environment Rating Scale (ECERS) as a measure of quality. In 2017, the Coös’ Director Network coordinator became New Hampshire’s first trained ECERS validator. Coös informs other communities through Spark NH’s Communities of Practice collaborative and *Promising Practices Guide*, where Coös County is profiled as model community for developmental screening (Spark NH, 2018).

ECD’s direct influence on philanthropy helped inform New Hampshire Tomorrow, a 10-year, \$100 million, multifunder investment initiative led by NHCF (n.d.) and intended to lift up early childhood as a state economic development priority and promote ECD best practice. Launched in 2017, the initiative will invest in grants, scholarships, multisector coalitions, and public policy to increase youth opportunity from cradle to career, including early childhood development and education.

Components: Put in place high-quality evidence-based programs, services, or interventions for the system’s intended beneficiaries. Improving system components is a major ECD focus. It involves capacity building, raising the level of expertise among providers, coordinating widespread adoption of evidence-based practice and

curricula among providers and parents, and increasing the quality of ECD services, provider capacity to improve, and local leaders’ capacity to engage the community and implement practice change. (See Figure 7.)

Systemic training in ECD’s four areas of evidence-based practice and development of cross-discipline relationships at the direct care level were achieved through Coös Coalition efforts to increase staff awareness and adoption of ECD practice. For example, NHS trained 100 percent of Infant Mental Health (IMH) staff in early childhood best practice, cross-trained other NHS departments in screening and referral, and implemented policies across the organization to sustain training activity. Core ECD partners also increased provider capacity to reach and educate parents. ECD provides partial funding for all network organization staff members to participate in the evidence-based Growing Great Kids curriculum training, promoting shared language and consistency across organizations’ parenting-support strategies. NHS, home-visiting services, and licensed child care centers now deliver and reinforce common evidence-based parenting curricula.

ECD component-building has achieved significant results, creating a new system of high-quality, evidence-based practice. The Coös Coalition has successfully led countywide implementation of developmental screening, maternal depression screening, and adoption of evidence-based curricula and parenting strategies to support healthy social-emotional development in early childhood. The Coös Director Network supports child care center professional development, adoption of evidence-based practice, and improved quality and business operations. The Director Network’s annual Center Improvement Plan (CIP) and incentive program, developed

TABLE 2 ECD Results

| Social-Emotional Development | Mental Health Services | Early Learning (Director Network) |
|---|---|---|
| <ul style="list-style-type: none"> Developmental screening: 54% of children age birth to 5 years screened, up from 18% in 2012 19% increase in parenting skills (average pre-post scores on Universal Parenting Assessment) | <ul style="list-style-type: none"> 88% of children served by the NHS receive developmental screening, up from 62% in 2016. Treatment effectiveness: 13% improvement (better social-emotional skills) at 6-month follow-up. 86% increase in maternal depression screening (from 35% screened in 2015 to 65%). 68% of parents receive Universal Parenting Assessment. | <ul style="list-style-type: none"> 93% of early learning centers (100% of eligible centers) have either achieved National Association for the Education of Young Children (NAEYC) accreditation or Licensed Plus status from the New Hampshire Department of Health and Human Services. This represents a major shift since 2009, when few Coös County centers were NAEYC accredited or held Licensed Plus status. Early learning centers complete 30% more NAEYC accreditation standards (compared to 2016). Centers complete developmental screening for 62% of enrolled children. Centers continue to adopt best practice: <ul style="list-style-type: none"> All use TS Gold or Child Observation Record classroom assessments. 11 adopt ECERS-3 (version 3) self-assessment. 9 of 11 eligible centers earn CIP quality performance awards. |

by the network directors themselves, reinforces improvement and accountability by incentivizing high performance. The Director Network has achieved major gains in child care center accreditation, licensing, and use of evidence-based curriculum and assessments for early learning. (See Table 2.)

NHS also dramatically increased ECD capacity: adding new IMH staff and services throughout the region, developing trauma-informed care and substance capacity, integrating IMH and developmental services, and supporting a holistic, family-centered approach to treatment and prevention. “ECD is pervasive within NHS,” an NHS leader observed. NHS’ presence and role in the community is also significantly greater than before ECD. (See Table 2.)

Connections: Focus on what makes a system a system — the integration, linkages, and alignment

between its parts. In addition to building system components, ECD has fostered authentic relationships and connections across early childhood disciplines to create better integration and a more seamless network of support for young children and families. This involved trust and relationship-building; strengthening collaboration among providers; building effective partnerships across disciplines; and creating forums for cross-sector planning and collaboration. All providers have worked to improve system referrals and integration. (See Figure 8.)

Stronger relationships and dedicated meeting times among providers have helped implement coordinated best practice and improve families’ access to services. The Coös Coalition fosters use of data-sharing agreements supporting referrals and integration. The NHS expanded community-based consultation for early identification of mental health needs and prioritized referrals

FIGURE 8 The Build Framework: Connections**FIGURE 9** The Build Framework: Infrastructure

from maternal depression screenings to expedite treatment. The NHS, health centers, and others created shared systems to track screening and treatment follow-up. Better cross-sector integration supports earlier identification and access to services; developmental outcomes improve when children and families obtain needed services sooner. Without investing in time and facilitated convening, these trusting relationships would likely not have developed, thereby undermining the ability to collaborate and develop shared system alignment.

Infrastructure: Build critical supports for system functioning. Creating system infrastructure is another ECD focus, and support for ECD collaborative operations, governance, and centralized data collection are roles of the Coös Coalition and Director Network. (See Figure 9.)

The coalition facilitates and supports a leadership team comprised of leaders from member organizations and collaborative ECD activity. Coordinating ECD goals across disciplines, the coalition's work is structured around five working groups and five regional teams. A part-time manager handles coalition operations and a coalition leadership team meets monthly to review collaborative strategies, assess progress, and identify emerging community trends.

The Director Network convenes 14 of Coös County's 15 licensed child care centers each month and conducts an annual child care

summit focused on professional development for all centers and staff. A part-time coordinator staffs convening, training, CIP, and incentive program activities. Two co-directors provide Director Network leadership; one represents the network on the coalition leadership team.

Building infrastructure to support ECD systems also involved setting standards and goals, institutionalizing best practice and barrier reduction, developing monitoring systems, and promoting system sustainability. Critical supports included two strategic plans (each with multiyear goals and a road map for activity), ECD's web site, and the county data platform for community engagement. Policies for training and service delivery helped institutionalize developmental screening and other ECD best practices. The Coös Coalition maintains a staffed, centralized developmental-screening data collection system that feeds into the state system, and a separate ECD outcomes reporting system. As a result of this initiative, the NHS' electronic medical records system facilitates developmental and maternal-depression screening, referral, and follow-up. The NHS also added new IMH, substance abuse, and trauma-informed care infrastructure throughout the county. The Director Network institutionalized quality improvement goals, standards, and incentives through its role and annual CIP activity. Institutionalized ECD infrastructure helps spread and sustain best practice and improve developmental outcomes for children and families.

FIGURE 10 The Build Framework: Scale

Scale: Ensure a comprehensive, quality system is available to as many intended beneficiaries as possible. Since 2009, the Tillotson Fund and partners have worked to expand reach among the target population and sustain community engagement in ECD. The Coös Coalition also supports ECD expansion through advocacy for favorable state policy and financing. (See Figure 10.)

Coös County is making strong progress toward increasing scale. In 2017, 54 percent of Coös children ages birth through 5 received developmental screening, up from 18 percent in 2012.¹ In Coös County, 60 percent of children/families have likely experienced one or more ECD interventions. Expanding the ECD target population in 2016 from all Coös children ages birth through 5 to all children ages birth through 8 and their families expanded program reach to a larger population and broadened ECD's engagement with public schools. Today, all Coös County mental health providers, all its school systems, nearly all its physical health and family-support service providers, 14 of Coös 15 licensed child care centers, and three of the county's four home-visiting/family support agencies actively participate in ECD. Growth in awareness of ECD also continues. One stakeholder observed, "Coös showing what's possible inspired new statewide philanthropic investment to promulgate early childhood best practice, strategies, and goals aligned with ECD."

Insights and Lessons Learned

ECD supports inclusive community-driven systems change governed by a collaborative

community network. The Coös Coalition represents dozens of early childhood providers and organizations; at least 75 professionals regularly collaborate to implement ECD. A second collaborative, the Coös Director Network, supports licensed child care centers reaching 31 percent of Coös children ages birth through 5. Through its changing role, the NHS reaches more children in the general population, in home, school, child care center and community settings, and more families receive training in parenting for healthy social-emotional development. More students received financial aid for professional development and associate and bachelor's degrees in ECD. Through this multipronged approach and the 2016 long-term goal targeting all Coös children ages birth through 8 and their families, the county is poised to dramatically increase ECD's reach.

Lessons from ECD can help inform other communities and funders seeking to cultivate systems change to support early childhood development. The Tillotson Fund and the Coös community identified a number of guidelines for effective systems change.

Change Is Community-Driven

"By us and for us in Coös County" is how local leaders describe ECD. Leadership of ECD remains within the community; it is locally staffed and community-based. The fund functions as catalyst, advocate, and trusted partner, providing guidance, technical support, and essential funding focused on a research-based conceptual framework with clear outcomes.

¹ For context, Blandin Foundation's Invest Early initiative increased developmental screening rates among children ages birth through 4 in rural Itasca County from 26 percent in 2006 to 47 percent in 2015.

A good example of this autonomy is the Director Network CIP, which allows early child care centers in ECD the flexibility to focus on improvement where they see a need, drawing from a menu of best-practice options and National Association for the Education of Young Children standards. This structure makes CIP meaningful: As one network leader observed, “CIP shows centers that the fund values their ideas, their autonomy to set priorities for themselves, and their achievement within the CIP structure.” This strategy also promotes a culture of improvement. Two years ago, centers declined the ECERS assessment; they considered it too onerous. Today, they embrace it. A trained Coös ECERS validator assesses classroom practice and gives direct feedback. “The directors’ willingness to incorporate the ECERS assessment is evidence of an emerging culture maintained by passionate practitioners who go above and beyond to improve program quality,” remarked NHCF program staff member, Phoebe Backler.

The fund also remains flexible and responsive to community-determined needs. For example, in response to Coös’ struggle with opioid use, ECD increased funding to support young children impacted by substance use and crisis. Provider and teacher training in trauma-informed care is just one evidence-based practice adaptation in ECD.

Invest in System Infrastructure

The fund invests deeply in collaborative infrastructure for effective community-driven change. Two infrastructures coordinate and support all ECD activity: the Coös’ Coalition supports cross-sector collaboration, and the Director Network supports practice change and integration of child care within Coös’ ECD system. Both infrastructures support widespread training and adoption of evidence-based practice, capacity building and improvement, linkage across disciplines, and community outreach. A related driver of effective systems change is investment in capacity. “ECD is not a funded program. It creates institutional capacity embedded in organizations and systems of care,” observed Charles Cotton, former Area Director at NHS.

Leadership of ECD remains within the community; it is locally staffed and community-based. The fund functions as catalyst, advocate, and trusted partner, providing guidance, technical support, and essential funding focused on a research-based conceptual framework with clear outcomes.

Establish and Sustain Long-Term Vision and Support

“Systems change required a steadfast focus on implementing evidence-based practice over time,” observed one ECD participant; “it required leadership and a systems approach.” Given ECD’s long view, interim goals became important milestones — for example, creating a high-quality early childhood development system accessible to all Coös children is a milestone in reaching all Coös children and families. ECD grantees report annually on interim goals and performance measures.

Maintaining focus required steady, multiyear operating support for ECD grantees and support for infrastructure, convening, strategic planning, communications, advocacy, training, and technical assistance. “These functions are the glue that hold ECD together,” one participant noted. Key to effective systems change, technical assistance financed by the fund included best-practice identification, training, practice coaching, facilitation, logic modeling, business operations support, and communications and web development. Identification of technical assistance needs and local access to expertise are managed by the Coös Coalition, the Director Network, and the fund. Given Coös County’s largely fee-for-service-based reimbursement system for early childhood services, Tillotson

Documenting the story and results of ECD through an independent evaluation is viewed as one mechanism for helping stakeholders recognize progress made and the ongoing value of this work.

grants, participation stipends, and CIP incentives — up to \$4,750 a year for high-performing centers — make ECD's focus on prevention and early intervention possible.

Process Is Important

In ECD, systems change happened at the speed of trust.² Early in ECD, the fund allowed time for building trust and relationships that could lead to secure partnerships and overcome resistance to change: “You can’t skip this part,” one Coös leader observed. Others noted:

- “Be willing to leave agency self-interest at the door in service of a larger shared purpose.”
- “Be clear about what you can and cannot commit to in a collaboration.”
- “Communication is key. Keep talking about what works and doesn’t work. Share successes.”
- “Start with achievable goals.”

Build Momentum

Coös Coalition identified developmental screening as a shared goal all could embrace. Looking ahead, there is concern about implications of leadership changes for ECD's momentum. The hope is that with systems in place, owned by teams, and a shared strategy and infrastructure to continue support, these transitions will be

successfully navigated. Documenting the story and results of ECD through an independent evaluation is viewed as one mechanism for helping stakeholders recognize progress made and the ongoing value of this work.

Learn From What Did — and Didn't — Work: Program Lessons

- Early in ECD, the coalition adopted the Triple P Positive Parenting Program, purchasing materials and conducting wide-spread training. While the program added value, training costs made it ultimately difficult to sustain. The coalition is now better positioned to identify a sustainable community curriculum.
- Created by the Director Network, a child care center substitute-teacher pool evolved into a teacher-hiring pool that ultimately could not be sustained due to substitutes being hired for permanent positions in the centers. Scholarships for teacher training were initiated to improve teacher supply.
- Multiyear ECD investment and commitment to grantees is more effective in fostering engagement than single-year investments, particularly with public schools.
- Turnover among early childhood teachers remains high in Coös County. The fund responded by seeking to address economic barriers teachers face.

Learn From What Did — and Didn't — Work: Funder Lessons

- Intentional time spent with grantees — with an eye toward listening and understanding the work, the progress, and the challenges — helps improve grantmaking and commitment.
- ECD's model includes dedicated multiyear funding (committed for five years, then three years, and then another five years)

²While often attributed to Stephen Covey, no authenticated reference to this can be found.

with flexibility built in to address system and capacity-building needs as they evolve. The fund supports risk-taking: “allow[ing] things to develop without knowing exactly where they will go,” observed Catherine McDowell of the Coös Coalition for Young Children and Families.

- The Coös Coalition’s model of shared vision and collaboration across sectors — through work groups and by region — is an effective structure fostering connections and systems change.
- Drivers of ECD’s success include an intentional framework; a long-term, leadership role for funders and presence for fund staff; a work plan; collaborative infrastructure; and a place-based approach in the community.
- With parallel ECD and EBD targeted investments, fund staff envisioned the two collaborating toward integrated, multi-generational, regional impact. Ultimately, the sectors, personalities, and activities proved sufficiently different so that the efforts moved apart; each, however, evolved through lessons learned from the other. After EBD’s first investment period, it became clear it could benefit from the systems change model applied in ECD. Collective impact taught the fund how to invest differently and promote regional system change and capacity building in this and other areas of its work.

Challenges, Impact, and Sustainability

ECD has achieved significant systems change and impact. Nevertheless, ECD is a long way from its goal of reaching 100 percent of children in the region, and real challenges remain. For example, while both the Coös Coalition and the Director Network have identified partial outside support, Tillotson funding remains critical to operations. Over time, the NHS’ nonbillable community activities have generated billable services and contracts with Head Start and schools. Today, the NHS has nearly a one-to-one match of reimbursement income to grant funding, but

The fund is piloting a matched savings program, with eligible withdrawals addressing the most pressing economic concerns faced by the workforce, and financial advising for Director Network educators.

flexible operating support remains essential to generate that income. Participants observed that fee-for-service reimbursement cannot adequately sustain ECD’s focus on prevention. Accountable care or other cross-sector capitated payment might better support ECD’s aligned, multidisciplinary, Pyramid Model approach to population health. Another challenge is New Hampshire’s opioid epidemic. Maintaining focus on the tenets of ECD — prevention, avoidance of blame, community support — is essential to address this problem, but also challenging in a highly disruptive public health crisis.

And while child care centers are continuing to make gains in quality, they acknowledge room for improvement. Home-based care providers are not yet included in the systems changes. Another fundamental challenge to systems change is the workforce stability and economic security of early child care — teacher retention and a livable wage. Even with a substantial investment in financial aid for bachelor’s degree attainment in ECD, graduating students and staff often leave for higher teacher salaries outside of early child care. The fund is piloting a matched savings program, with eligible withdrawals addressing the most pressing economic concerns faced by the workforce, and financial advising for Director Network educators. Recent advocacy efforts are also strengthening ECD infrastructure statewide, reinforcing local efforts like those in Coös County.

Coös is a rural, high-need, and large geographic setting. ECD providers and the fund share a sense of responsibility to solve the county's problems in resourceful ways. Coös' residents frequently collaborate to get things done, but sharing of financial resources and genuine coordination required trust, strong ECD leadership, and shared vision. Coös' small population also provides a uniquely rural opportunity to implement countywide systems change through a population approach.

The fund reinforces ECD impact and sustainability in three key ways, first by embedding evidence-based practice and training. Even if ECD funding ceased, training and capacity for evidence-based practice are deeply embedded in Coös County's early childhood system. Second, a decade of state policy and funder outreach by ECD has influenced the broader early childhood system environment, funding, and support for social-emotional well-being. And third, efforts are underway to reinforce the economic security of Coös' teachers and system reimbursement. The fund is exploring models other than fee-for-service that might better sustain ECD's focus on preventive, accessible, quality services.

Conclusion

ECD's significance is its population strategy, tenure, aspirational goals, and inclusive process in a rural setting. A collective impact effort ("by us and for us in Coös County"), ECD has achieved dramatic early childhood systems change in a 10-year period by creating community capacity, a culture of collaboration and improvement, and transforming Coös' early childhood organizations — creating an integrated, high-quality system for early learning and development where none existed before. All stakeholders note the importance of the Coös Coalition emerging from ECD and the impact it has had on early childhood development systems and practice in Coös. Another key driver is the fund's guided, targeted investment over 10 years. Other impact drivers include the Tillotson Fund's deep commitment to place and willingness to learn and listen. Looking ahead, the fund will continue adaptation through lessons learned and continue ECD investment and efforts to reinforce

reimbursement, funding, and policy support. Meanwhile, ECD is influencing state policy and regional collaboratives aiming to model what Coös County has done, attracting increased public investment in early childhood systems at the state level.

ECD highlights a long-term collaborative process, the central role of community partners in systems change, and a place-based funder's approach to strengthening community by investing in early childhood. With growing interest in strategies to promote childhood resilience, school readiness, and community revitalization, Coös' story of inclusive, rural, community systems change can inform the field.

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