



Coös County Early Childhood System Plan June 30, 2021

Developed By:

Leadership Team

Coös Coalition for Young Children and Families



INTRODUCTION

The Coös Coalition for Young Children and Families wants all children to have healthy futures. This means ensuring a strong foundation early in life for all the growth and development that follows. After ten years of investing in and cultivating a network designed to improve the health and well-being of all children 0-8 in Coös County, New Hampshire, the Coalition is ready to enter a new phase of work.

From January through June 2021, the Coalition Leadership Team worked together with an independent consultant in a system planning process. The process was designed to build on the strength of established partner relationships and to plan and mobilize a coordinated, sustainable system of supports. As a result, the Coalition's Leadership Team has defined a shared path for collective action over the next three years toward meaningful and lasting improvements for children and families in Coös County.

SHARED PRINCIPLES, VISION, AND MISSION

The Coös Coalition is committed to effectively serving all children and families in Coös County. Coalition partners share the belief that children and families will have better outcomes when people and organizations work together. The Coalition embraces the principles of equity and centering family experiences of systems, and is committed to continuously examining and improving the ways partners activate these principles. Reflecting this commitment, the Leadership Team has updated the Coalition vision statement (additions in italics).

The Coös Coalition's **vision** is to promote a **coordinated, sustainable system of supports** for families and children birth through 8 that *centers family experience* and encourages positive social, physical, emotional, and cognitive growth for optimal child development.

The Coös Coalition's **mission** is to **promote optimal development** for children birth through eight and their families in Coös and surrounding communities.

Coös Coalition Leadership Partners

Berlin Public Schools

Coös County Director Network

Coös County Family Health

Indian Stream Health Center

North Country Education
Services

Northern Human Services

North Country Health
Consortium

School Administrative Unit 20

The Family Resource Center

Tri-County CAP Head Start

White Mountains Regional
School District

DISCOVERY AND ANALYSIS

STRENGTHS, NEEDS, AND OPPORTUNITIES

Coalition Leadership Team members met individually with the consultant at the beginning of the planning process to illuminate the priorities of each organization's goals and how they intersect with and inform the Coalition's priorities. These discovery conversations revealed strengths of the Coalition as well as needs and opportunities for current partners to improve coordination as a unified system. They also identified gaps, i.e., who is missing from the Coalition, including parents and community members.

Strengths	Needs
<ul style="list-style-type: none"> • Measurable progress on current strategies • Culture of shared learning and best practice • Shared assets, expertise, and resources 	<ul style="list-style-type: none"> • Role clarity and clear picture of shared vision • Centering family experience • Involving community members
Opportunities	
<ul style="list-style-type: none"> • Improving connections between organizations and across geography • Sharing responsibility for collective action toward strategic priorities between meetings • Building effective tertiary prevention for families by improving resource access and coordination • Inviting more people to the table 	

HISTORIC GOALS AND STRATEGIES REVIEW

After reviewing the Coalition's original goals, history, and outcomes to date, the Leadership Team updated the Coalition goals to reflect alignment with current priorities (updates are italicized):

UPDATED GOALS 2021

- Blending medical and family support models
- Building collaboration among organizations
- *Avoiding duplication and creating efficiencies among systems*
- *Using and promoting best practice models*
- Identifying measurable goals
- Working for shared outcomes
- *Developing a coordinated resource service system*

The Leadership Team also reviewed the two strategies that have guided Coalition focus since it was founded:

Legacy Strategy #1:

- All children B-8 and their families will have screening programs in place to support healthy social and emotional development in Coös County.

Legacy Strategy #2:

- Early Care professionals are trained in evidence-based curricula and research-based strategies to support healthy social and emotional development.

After analyzing outcomes and current priorities, the Leadership Team agreed to continue to operationalize the established screening and training strategies, and identified the need to establish next steps after screening. The team also agreed to expand strategic activities to further mobilize the Coalition vision to build a more **coordinated, sustainable system of supports** for families and children birth through 8. These new strategies are outlined in detail in this report.

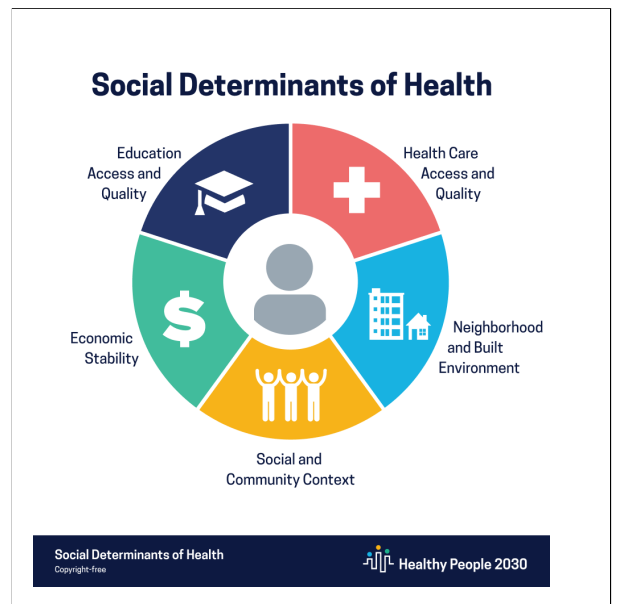
THEORETICAL FRAMEWORKS REVIEW

Understanding the theoretical models and assumptions partner organizations are using to promote optimal child and family development is important to the development of a shared vision. Coalition partners shared research-based models used by their organizations, and explored frameworks to support effective collective action. Partners identified the Strengthening Families Protective Factors and the Social Determinants of Health as frameworks commonly used across organizations. Partners also reviewed the Social Ecological model and Collective Impact model as frameworks to guide, sustain, and strengthen the Coalition. The Leadership Team adopted these four theoretical frameworks to guide the strategic planning process and the ongoing alignment of Coalition activities.

SOCIAL DETERMINANTS OF HEALTH

[Social Determinants of Health](#) are societal factors that influence overall health and well-being and include economic stability, neighborhood environment, education and health care access and quality, and community context.¹ The Office of Disease Prevention and Health Promotion's (ODPHP) Healthy People 2030 outlines these five essential domains to promote health and well-being for everyone.² The World Health Organization has found these conditions of daily life are responsible for a major part of health inequities, and experts believe these factors have a greater influence on well-being than health care itself.³ Community conditions that have been shown to have a significant positive impact on child health and well-being include access to quality education and healthcare services and economic supports.⁴ Coalition partner organizations are commonly using the Social Determinants of Health framework as a service provider tool to help families set goals and identify steps to achieve them, and as a case management tool to identify needs and link families to needed resources.

FIGURE 1: Social Determinants of Health



PROTECTIVE FACTORS

The [Strengthening Families Protective Factors Framework](#) by the Center for the Study of Social Policy focuses on supporting families to build protective factors that counter risks for adverse childhood experiences, including abuse and neglect.⁵ Based on extensive research in child and family development, the framework encourages families, service providers and communities to work together to build five protective factors for optimal child development: parental resilience, positive social connections, knowledge of parenting and child development, concrete supports and services, and social emotional competence of children. Coalition partner organizations are using the Strengthening Families Protective Factors as a framework for intake screening and outcomes surveys, and as a service provider tool to help families identify goals and steps to achieve them. Building social emotional competence for children and caregivers is a foundation of Coalition activities.

FIGURE 2: Protective factors



COLLECTIVE IMPACT

Partners reviewed the Collective Impact framework to clarify partner roles and strengthen the Coalition. Published in the Stanford Social Innovation Review in 2011, the Collective Impact framework is based on evidence that large-scale social change comes from better cross-sector coordination rather than from the isolated intervention of individual organizations.⁶ According to the U.S. Centers for Disease Control and Prevention, improving health and well-being outcomes for all children requires convening and coordinating focused efforts across key sectors of society, including public health, social services, education, and government.⁷

FIGURE 3: Conditions of Collective Impact

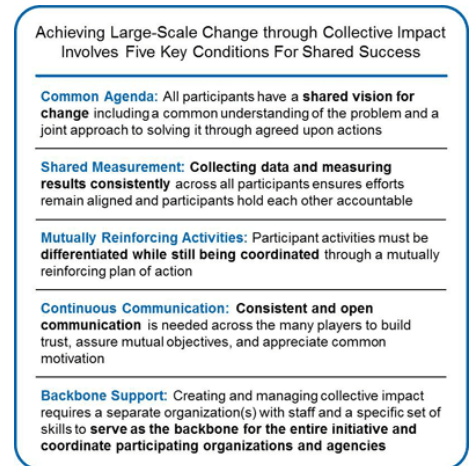


FIGURE 4: Role of Backbone Organization

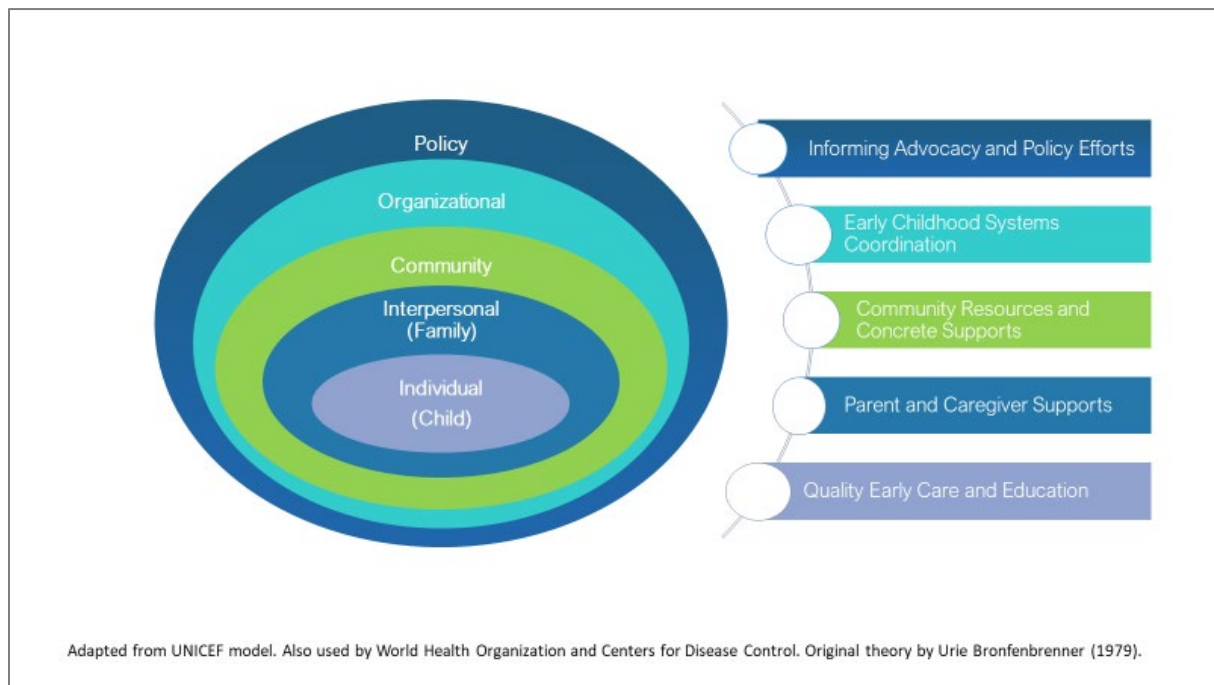
Activity	Short-term Outcomes (Illustrative)	Intermediate Outcomes (Illustrative)
1. Guide vision and strategy	Partners share a common understanding of the need and desired result	Partners' individual work is increasingly aligned with the initiative's common agenda
2. Support aligned activities	Partners increasingly communicate and coordinate their activities toward common goals	Partners collaboratively develop new approaches to advance the initiative
3. Establish shared measurement practices	Partners understand the value of sharing data	Partners increasingly use data to adapt and refine their strategies
4. Build public will	Community members are increasingly aware of the issue(s)	More community members feel empowered to take action on the issue(s)
5. Advance policy	Policymakers are more aware and supportive of the initiative's policy agenda	Policy changes increasingly occur in line with initiative goals
6. Mobilize funding	Funding is secured to support initiative activities	Philanthropic and public funds are increasingly aligned with initiative goals

The Collective Impact framework outlines five conditions for successful coordination of efforts: a common agenda, shared measurement, mutually reinforcing activities, continuous communication, and backbone support. The framework also clearly outlines the roles and essential activities of Coalition members, including backbone coordination and partner roles, activities, and anticipated outcomes.

SOCIAL ECOLOGICAL MODEL

Coalition partners reviewed the Social Ecological Model as a framework to hold a shared vision and common agenda across a wide range of aligned activities. The social-ecological model (SEM) provides a comprehensive framework for cross-sector Coalitions to plan and implement improved service coordination. This model is used by the U.S. Centers for Disease Control and Prevention, World Health Organization, and UNICEF to better understand complex societal problems, and to guide the development and implementation of approaches to address them.

FIGURE 5: Social Ecological Model



The SEM is based on evidence that no single factor can fully explain complex social problems, which are the outcome of interaction among many factors at different levels- individual, relationship, community, organizational, and societal.⁸ The model can be used to identify and cluster intervention strategies based on the ecological level in which they act.⁹ The SEM encourages action across multiple levels at the same time, with strategies and approaches that work in combination and reinforce each other.¹⁰ The Coös Coalition [website](#) uses a version of the SEM as a tool for visualizing child well-being and presenting population level data and Coalition outcomes measures. Coalition partners identified strong coordinated activities in the individual and organizational levels, and opportunities to develop and strengthen collective focus at the family, community, and policy levels.

COLLECTIVE ACTION STRATEGIES

Building on the discovery and analysis, the Coalition Leadership Team developed collective action steps to build a more coordinated, sustainable system of supports for families and children. The following strategies include activities to support connections and active collaboration among network partners. They also include plans to develop authentic partnership with parents and community members that will center family experiences and improve representation in the Coalition as these activities are implemented and in the development of future strategies. Finally, these strategies include considerations to align with broader state policies and early childhood system initiatives.

STRATEGIES

The Leadership Team returned to the Coalition goals throughout the planning process and aligned strategic activities with the goals they are designed to achieve. Goals 1 through 3 are all focused on the overarching mission of developing **a coordinated, sustainable system of supports**, and are clustered together. Strategies for each goal are outlined in detail.

Goals 1-3: Build collaboration among organizations. Avoid duplication and create efficiencies among systems. Develop a coordinated resource service system.

Strategy 1-3A: Improve tertiary support for families experiencing complex stressors.

A public health approach to prevention has three levels: primary (reducing the incidence of a condition in a population), secondary (intervening with individuals to reduce short term consequences of a condition), and tertiary (treating individuals to reduce long term consequences of a condition). In Coös county, there is a small group of families with multiple, complex needs that could benefit from a wraparound approach to engage and coordinate multiple services. Currently there is no mechanism for coordinating and wrapping resources and supports around individual families who have tertiary prevention needs. Partners will develop a model using expertise within the leadership group and pilot a tertiary team model in one location. Lessons learned will be applied to replication efforts in additional locations in year three.

Strategy 1-3B: Improve collaboration with a closed loop referral system.

Many Coalition partners have roles embedded within the organization that specialize in making referrals and connecting to resources. Outside these specialized roles, Coalition partners need more information about services and a more streamlined referral and follow up process to ensure services are received. There is currently no infrastructure to support streamlined referrals among partners. The Unite Us platform being established by the State of New Hampshire is a promising tool for building a closed-loop referral system to improve efficiency in referrals and connections between partners. The Leadership Team will develop a small group of partners to pilot the Unite Us platform within the Coalition and will share their experiences with Coalition partners for further consideration.

Goal 4: Use and promote best practice models.

Strategy 4-A: Increase use of evidence-based practices by early childhood practitioners to support social emotional development.

The Coalition has established strategies that provide training in evidence-based social-emotional learning (SEL) curricula for early childhood professionals working with young children and their families, and more individualized coaching is needed. The Coalition will build on established strategies to increase infrastructure and capacity for local coaches and trainers, and will develop fidelity measures for evidence-based SEL practices to measure the impact of training and coaching activities on teacher and service provider skill development.

Goal 5: Blend medical and family support models.

Strategy 5-A: Increase universal child developmental and caregiver depression screening.

The Coalition has established strategies to promote timely screening for maternal and caregiver depression, and yearly developmental screening for children 0-5, and will build on this work to improve systems coordination. The Coalition will clearly identify intended outcomes and develop next steps for screening to improve access for families identified as needing services, and will review data trends from screenings to inform Coalition strategies related to community-based resource development and policy priorities.

Strategy 5-B: Strengthen universal supports and resources for families.

Coalition partners need more comprehensive information about all the resources available to families in the area. Partners will use existing resource databases to develop a clear map of all resources in the region. The Coalition will use a layering process to compare this resource map with family well-being indicators across communities, and will use this data to target activities to strengthen community based resources and supports in the areas of greatest need.

Strategy 5-C: Increase authentic family leadership in systems design and improvement.

The Leadership Team is committed to continuously examining and improving the ways the Coalition activates the principle of centering family engagement in systems. Currently, there is no formal structure for consistent and meaningful family representation or leadership in the Coalition. The Coalition will clearly define authentic family leadership in systems design and improvement, coordinate with established parent leaders, and develop a structure to include parents and caregivers in the development and implementation of all Coalition strategies.

Goal 6: Identify measurable goals.

Strategy 6-A: Establish a shared data and outcomes tracking system.

Coalition partners currently have no platform for sharing data or tracking shared outcomes. The Leadership Team will launch the InsightVision platform to track the Coalition's progress on goals and objectives.

Goal 7: Work for shared outcomes.

Strategy 7-A: Increase prioritization of children and families in state policies.

Coalition partners currently serve on some state level policy groups, but there is no formal process in place for the Coalition to educate or advise policymakers. The Coalition will develop and implement a process for identifying, agreeing upon, and advancing formal policy priorities, and will also develop a process for communicating and collaborating with established advocacy groups to share local priorities.

Strategy 7-B: Increase shared priorities with funders.

Coalition partners have a wealth of information about what is needed in the field, but there is currently no formal process in place for the Coalition to educate or advise funders. The Coalition will develop and implement a process for active exchange and shared learning with those who provide funding for children and families in Coös County.

Strategy 7-C: Strengthen community involvement in the Coalition.

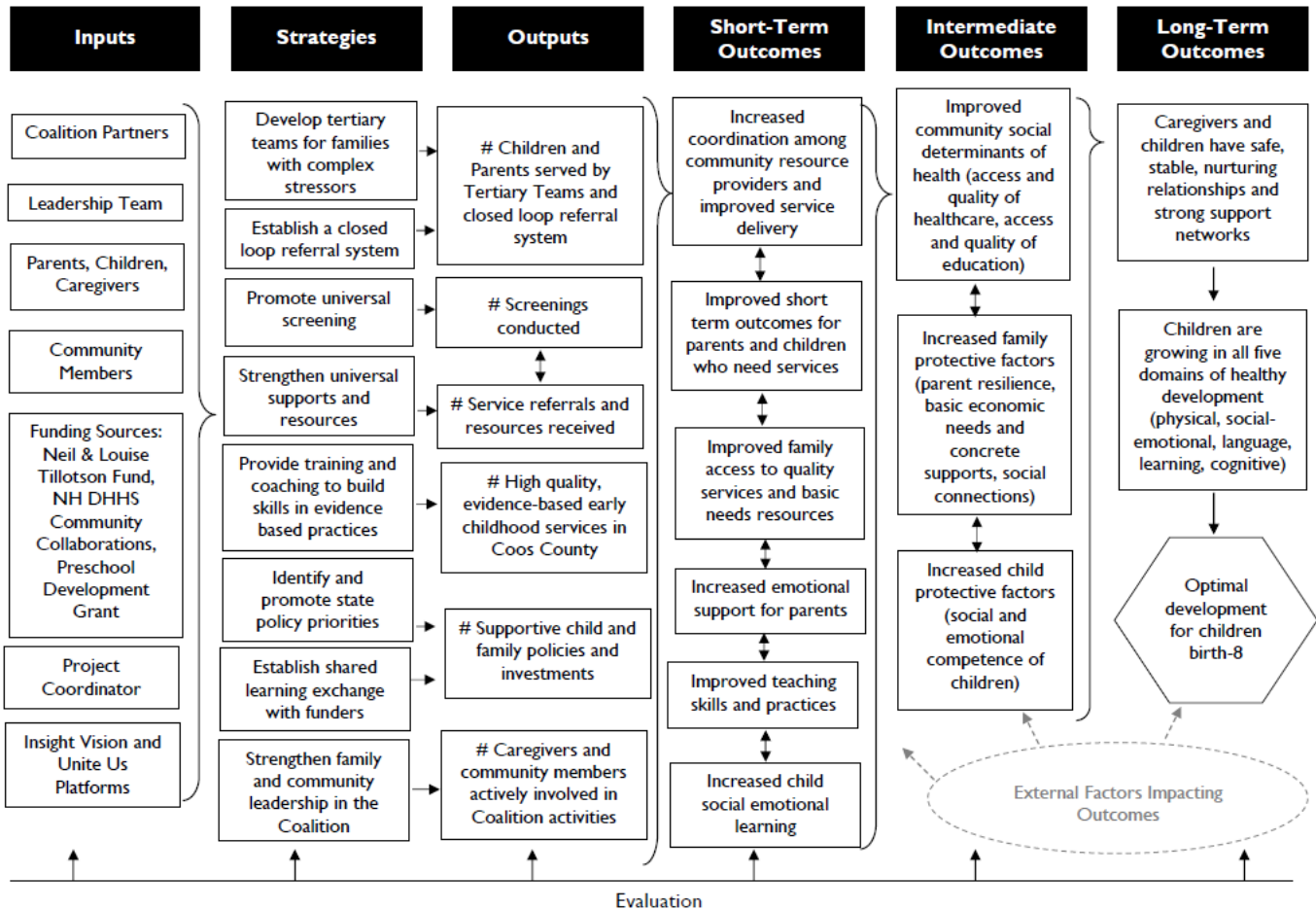
There is currently no formal structure for consistent and meaningful community involvement in the Coalition. Community partners could include volunteer organizations, businesses, and faith communities that want to increase opportunities for families to develop supportive social connections within the community. The Coalition will develop a process for collaboration with community members and organizations, including those outside of the formal service provider sector, and will establish clearly articulated opportunities for various levels and types of involvement.

LOGIC MODEL

The logic model for the Coös Coalition’s early childhood development system plan is based on a theory of change that incorporates evidence from the Strengthening Families Protective Factors, Social Determinants of Health, Social Ecological Model, and Collective Impact.

FIGURE 6: Logic Model

Coos Coalition Optimal Early Childhood Development System Plan 2021-2024



IMPLEMENTATION TASKS AND TIMELINES

Strategy 1-3A: Improve tertiary support for families experiencing complex stressors.

Team: **SAU 20 (Lead)**, Family Resource Center, Coös County Family Health, Northern Health Services, Tri County CAP Head Start, North Country Health Consortium (Advisory)

TABLE 1: Tertiary Team Timeline

Activity	FY 2022				FY 2023				FY 2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN
	2021	2021	2022	2022	2022	2022	2023	2023	2023	2023	2024	2024
Clearly identify tertiary team goals	X											
Identify target population	X											
Develop team model and process	X	X										
Identify teams		X										
Implement pilot with continuous quality improvement process			X	X	X	X	X	X	X	X	X	X
Conduct learning analysis of pilot							X	X				
Plan timeline for replication and localized adaptations							X	X				
Implement replication teams in identified locations									X	X	X	X
Plan for sustainability								X	X	X	X	X

Strategy 1-3B: Improve collaboration with a closed loop referral system.

Team: **North Country Health Consortium (Lead)**, Coös County Family Health, Coös County Director Network, Coös Coalition Executive Manager

TABLE 2: Closed Loop Referral Timeline

Activity	FY 2022				FY 2023				FY 2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	JUL- SEP 2021	OCT- DEC 2021	JAN- MAR 2022	APR- JUN 2022	JUL- SEP 2022	OCT- DEC 2022	JAN- MAR 2023	APR- JUN 2023	JUL- SEP 2023	OCT- DEC 2023	JAN- MAR 2024	APR- JUN 2024
Promote understanding of Unite Us closed loop referral system	X											
Pilot Unite Us micro network pilot		X	X	X	X	X	X	X				
Report findings back to Leadership Team and group working on tertiary team development					X				X			

Strategy 4-A: Increase use of evidence-based practices by early childhood practitioners to support social emotional development.

Team: **Professional Development Workgroup (Lead)**, Summit Workgroup

TABLE 3: Evidence Based Practice Timeline

Activity	FY 2022				FY 2023				FY 2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN
	2021	2021	2022	2022	2022	2022	2023	2023	2023	2023	2024	2024
Build infrastructure and capacity to support local coaches and trainers	X	X	X	X	X							
Develop fidelity measures for teachers and service providers using evidence-based SEL practices			X	X								
Plan and host Summit	X	X			X	X			X	X		
Provide SEL training	X	X	X	X	X	X	X	X	X	X	X	X
Explore ACES and Trauma Informed Care trainings				X	X							
Report findings and activities to Leadership Team		X				X				X		

Strategy 5A: Increase universal child development and caregiver depression screening.

Team: **Screening Workgroup (Lead)**, PE Workgroup

TABLE 4: Universal Screening Timeline

Activity	FY 2022				FY 2023				FY 2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	JUL- SEP	OCT- DEC	JAN- MAR	APR- JUN	JUL- SEP	OCT- DEC	JAN- MAR	APR- JUN	JUL- SEP	OCT- DEC	JAN- MAR	APR- JUN
	2021	2021	2022	2022	2022	2022	2023	2023	2023	2023	2024	2024
Clearly define intended outcomes of screening and systems for tracking outcomes		X										
Clearly define screening audience (parents, caregivers, children)		X										
Promote current screening tools	X	X	X	X	X	X	X	X	X	X	X	X
Identify new screening tools (explore SDoH)				X								
Develop system for tracking screening outcomes		X										
Use screening data to identify strategies to improve referral systems, increase access to services, and strengthen universal supports			X	X	X	X	X	X	X	X	X	X

Strategy 5B: Strengthen universal supports and resources for families.

Team: **North Country Health Consortium (Lead)**, North Country Education Services, Family Resource Center

TABLE 5: Universal Supports Timeline

Activity	FY 2022				FY 2023				FY 2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN
	2021	2021	2022	2022	2022	2022	2023	2023	2023	2023	2024	2024
Develop or locate a clear map of all resources for families in area	X											
Use layering process to compare family data and resource maps		X										
Target resources strengthening activities in areas of greatest need			X									
Share learning with Tertiary Team workgroup and Leadership Team			X	X	X	X	X	X	X	X	X	X

Strategy 5C: Increase authentic family leadership in systems design and improvement.

Team: **Family Resource Center (Co-lead with Parent Leader)**, North Country Health Consortium, PE Workgroup, Coalition Executive Manager

TABLE 6: Family Leadership Timeline

Activity	FY 2022				FY 2023				FY 2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN
	2021	2021	2022	2022	2022	2022	2023	2023	2023	2023	2024	2024
Clearly define authentic family leadership in systems design and improvement	X	X										
Review and coordinate with existing structures for family leaders	X	X										
Include family leaders in all Coalition strategy areas			X	X	X	X	X	X	X	X	X	X

Strategy 6-A: Establish a shared data and outcomes tracking system.

Team: **Coalition Executive Manager (Lead)**, Leadership Team

TABLE 7: Shared Data Timeline

Activity	FY 2022				FY 2023				FY 2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	JUL- SEP	OCT- DEC	JAN- MAR	APR- JUN	JUL- SEP	OCT- DEC	JAN- MAR	APR- JUN	JUL- SEP	OCT- DEC	JAN- MAR	APR- JUN
	2021	2021	2022	2022	2022	2022	2023	2023	2023	2023	2024	2024
Launch Insight Vision platform to track progress on goals and objectives	X	X										
Review strategy progress regularly at Leadership Team meetings and workgroups			X	X	X	X	X	X	X	X	X	X

Strategy 7-A: Increase prioritization of children and families in state policies.

Team: **New Hampshire Charitable Foundation (Co-Lead), Northern Health Services (Co-Lead),**
Leadership Team

Activity	FY 2022				FY 2023				FY 2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	JUL- SEP	OCT- DEC	JAN- MAR	APR- JUN	JUL- SEP	OCT- DEC	JAN- MAR	APR- JUN	JUL- SEP	OCT- DEC	JAN- MAR	APR- JUN
	2021	2021	2022	2022	2022	2022	2023	2023	2023	2023	2024	2024
Develop process for identifying policy priorities	X	X										
Implement policy priority process			X	X	X	X	X	X	X	X	X	X
Develop process for communicating and collaborating with advocacy groups	X	X										
Implement regular communication and collaboration with advocacy groups			X	X	X	X	X	X	X	X	X	X

Strategy 7-B: Increase shared priorities with funders.

Team: **New Hampshire Charitable Foundation (Lead)**, Leadership Team

Activity	FY 2022				FY 2023				FY 2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	JUL- SEP	OCT- DEC	JAN- MAR	APR- JUN	JUL- SEP	OCT- DEC	JAN- MAR	APR- JUN	JUL- SEP	OCT- DEC	JAN- MAR	APR- JUN
	2021	2021	2022	2022	2022	2022	2023	2023	2023	2023	2024	2024
Develop process for ongoing, proactive communication and collaboration with funders group	X											
Implement communication and collaboration with funders		X										
Establish funder representation on Leadership Team	X											
Meet with funders group 2x annually		X		X		X		X		X		X

Strategy 7-C: Strengthen community involvement in the Coalition.

Team: **Family Resource Center (Co-Lead), Coalition Executive Manager (Co-Lead), Leadership Team**

Activity	FY 2022				FY 2023				FY 2024			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN	JUL-SEP	OCT-DEC	JAN-MAR	APR-JUN
	2021	2021	2022	2022	2022	2022	2023	2023	2023	2023	2024	2024
Develop levels and activities for collaboration with community members and organizations	X	X	X									
Develop a clear onboarding process for new Coalition and Leadership Team members	X											
Implement collaborative activities with community members and organizations to increase family opportunities for positive social connections in the community				X	X	X	X	X	X	X	X	X

MEASURES OF SUCCESS

The Leadership Team returned to the Coalition’s vision, mission, and theoretical assumptions to develop near, mid-, and long-term population and process objectives for this early childhood system plan. Partners reviewed existing data sources including the National Survey of Children’s Health (NSCH)¹¹, Kids Count, state reports, public health, and school data. The Coalition aligned objectives, strategies, and local measures with four of New Hampshire’s broad early childhood goals: positive learning experiences, healthy children and caregivers, strong families, and systems coordination. The following objectives include process measures to assess effective implementation of planned strategies, and outcomes measures to assess whether these strategies successfully create positive change in conditions for children and families.

NH STATE GOAL: POSITIVE LEARNING EXPERIENCES

Coalition Objective: All children and caregivers have access to quality early care and education.

Strategy: Increase use of evidence-based practices by early childhood practitioners to support social emotional development.

Process measures

- By June 30, 2024, the Coalition will provide coaching and training in evidence-based social-emotional practices to 100 early childhood practitioners including home visitors annually.
- By June 30, 2024, Coalition partners will provide social emotional education to 1300 children 0-8 annually.

OUTCOME MEASURES

- By June 30, 2024, the # of early childhood practitioners in Coös county trained in evidence-based social emotional practices will increase by 10%.
- By June 30, 2024, the rate of licensed care providers in Coös county will increase by 25%.
- By June 30, 2024, 85% of families with children 0-5 will receive home visiting services.
- By June 30, 2024, ASQ-SE composite scores for 3-year-olds will increase by 10%.
- By June 30, 2024, ASQ-SE composite scores for 5-year-olds will increase by 10%.
- By June 30, 2024, social emotional scores on the annual youth survey will increase by 10%.

NH STATE GOAL: HEALTHY CHILDREN AND CAREGIVERS

Coalition Objective: All children and caregivers have access to quality medical and behavioral healthcare.

Strategy: Increase universal child development and caregiver depression screenings.

PROCESS MEASURES

- By June 30, 2024, Coalition partners will provide 1200 child development screenings for children 0-5 annually.
- By June 30, 2024, Coalition partners will provide 950 caregiver depression screenings for caregivers of children 0-5 annually.

OUTCOME MEASURES

- By June 30, 2024, 85% of children 0-5 in Coos County will receive ASQ and/or ASQ-SE developmental screenings at least once per year.
- By June 30, 2024, 85% of children 0-5 with needs identified through developmental screenings will receive needed services.
- By June 30, 2024, 85% of caregivers of children 0-5 will receive depression screenings at least once per year.
- By June 30, 2024, 85% of caregivers with needs identified through caregiver depression screenings will receive needed services.

NH STATE GOAL: STRONG FAMILIES

Coalition Objective: All families are economically stable and have supportive social connections.

Strategy: Strengthen universal supports and resources for families.

PROCESS MEASURES:

- By March 2022, the Coalition will develop a comprehensive map of community based resources for families.
- By June 30, 2024, the Coalition will establish new collaborations with 3 community based partners.

OUTCOME MEASURES

- By June 30, 2024, Coalition community partner organizations will coordinate or establish 3 new community-based concrete supports for families in times of need.

Strategy: Improve tertiary support for families experiencing complex stressors.

PROCESS MEASURES:

- By June 30, 2024, the Coalition will establish at least one tertiary team for families with multiple services.

OUTCOME MEASURES

- By June 30, 2024, the rate of families served by tertiary teams who report they received effective care coordination will be 50% higher than the state average.¹
- By June 30, 2024, the rate of children served by tertiary teams who received needed services and did not have difficulty getting it will be 50% higher than the state average.
- By June 30, 2024, the rate of parents served by tertiary teams who report they were never frustrated in their efforts to get services for their child will be 50% higher than the state average.

Strategy: Increase authentic family leadership in system design and improvement.

PROCESS MEASURES:

- By June 30, 2024, the Coalition will have 3 family caregiver representatives who are active in the Coalition.

OUTCOME MEASURES

- By June 30, 2024, the Coalition will implement 3 process or activity changes that were recommended by family caregiver representatives.

Strategy: Strengthen community involvement in the Coalition.

PROCESS MEASURES:

- By June 30, 2024, Coalition community partner organizations will coordinate or establish 1 new community-based social connection activity for children and their families annually.

OUTCOME MEASURES

- By June 30, 2024, the rate of social connectivity in the region will be higher than the state average by 25%

NH STATE GOAL: SYSTEMS COORDINATION

Coalition Objective: Efficient collaboration improves child and family outcomes.

Strategy: Improve collaboration with a closed loop referral system.

PROCESS MEASURES:

- By June 30, 2024, the Coalition will pilot the Unite Us closed loop referral system.

OUTCOME MEASURES

- By June 30, 2024, the rate of families served by the Unite Us pilot who report they received effective care coordination will be 50% higher than the state average.
- By June 30, 2024, the rate of children served by the Unite Us pilot who received needed services and did not have difficulty getting it will be 50% higher than the state average.
- By June 30, 2024, the rate of parents served by the Unite Us pilot who report they were never frustrated in their efforts to get services for their child will be 50% higher than the state average.

¹ All state average data referenced in this section is from the [National Survey of Children's Health](#) (NSCH). Coalition family survey questions will be aligned with NSCH measures.

Strategy: Increase prioritization of children and families in state policies.

PROCESS MEASURES: (POLICY COALITION EVALUATION TOOL, HARDY ET. AL.)¹²

- By June 30, 2024, the Coalition will clearly define at least 3 shared policy priorities.
- By June 30, 2024, the Coalition will establish at least 3 new relationships with advocacy groups and state leaders.

OUTCOME MEASURES (POLICY COALITION EVALUATION TOOL, HARDY ET. AL.)

- By June 30, 2024, at least one changed rule/law/policy will take place during the time of the Coalition's policy promoting activities.

Strategy: Increase shared priorities with funders.

PROCESS MEASURES:

- By June 30, 2024, the Coalition will clearly define at least 3 local funding priorities.
- By June 30, 2024, the Coalition will meet 6 times with funders.

OUTCOME MEASURES

- By June 30, 2024, funders will invest in at least 2 local priorities discussed during meetings with Coalition partners.

POPULATION MEASURES

The Coalition Leadership Team will track and review the following indicators at least annually to measure **population level impact**. Most of these data indicators are already being monitored and are displayed on an interactive data platform on the Coalition [website](#). New data sets are italicized.

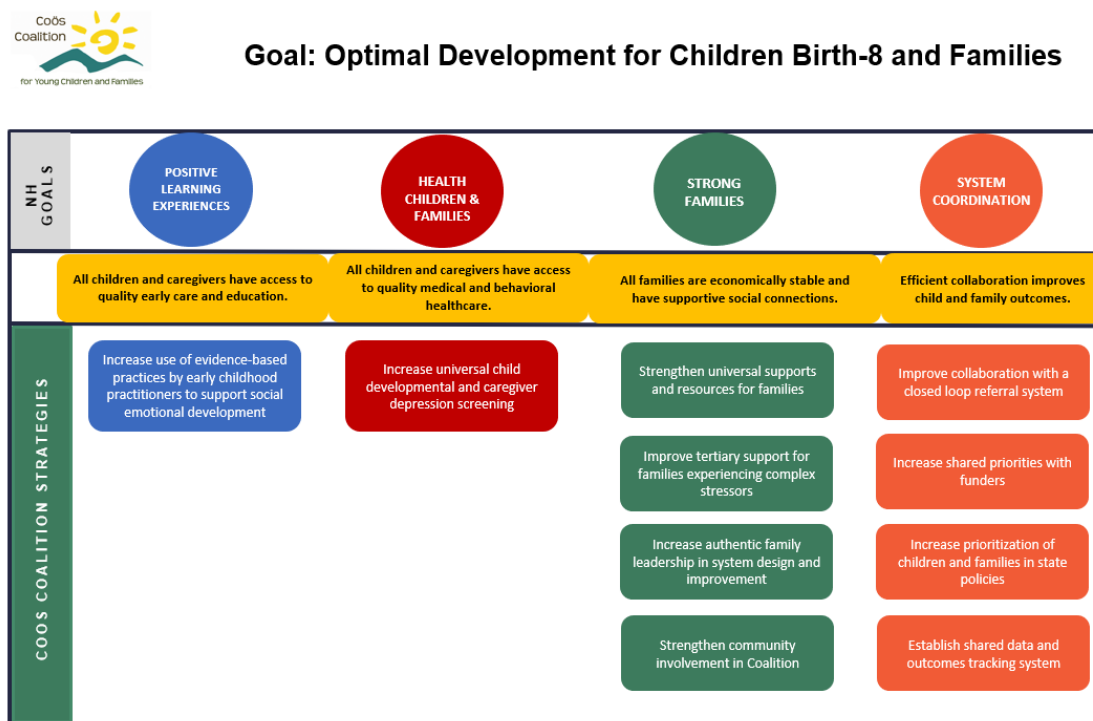
Long Term Population Outcome Measures Optimal Development for Children and Families Birth Through 8	
All children and caregivers have access to quality early childcare and education.	
Quality early care and education: <ul style="list-style-type: none"> • # (%) Children enrolled in licensed childcare • #/% high quality childcare designations • # Public preschool and K enrollments • % High school graduates • #/% <i>students K-3 reaching annual academic benchmarks</i> 	Universal parenting education: <ul style="list-style-type: none"> • # (%) parents receiving home visiting Parents receiving home visiting: <ul style="list-style-type: none"> • % improvement in overall parenting skills • % improvement in ability to manage common behavior problems • % improvement in ability to manage stress
All children and caregivers have access to quality medical and behavioral healthcare.	
Medical healthcare: <ul style="list-style-type: none"> • #/% (per capita) Primary care doctors • #/% (per capita) Dental care providers • % <i>Insured/Uninsured rates</i> • % <i>Federally qualified healthcare center access rates</i> 	Behavioral healthcare: <ul style="list-style-type: none"> • #/% Behavioral healthcare providers • Average wait times for behavioral healthcare • #/% Child developmental screening rates • #/% Caregiver depression screening rates • Child maltreatment rates (ranking and comparison to state average, # children in foster care)
All families are economically stable (basic needs are met).	
Poverty measures: <ul style="list-style-type: none"> • #/% Children under 6 who live in poverty • Median income of families <ul style="list-style-type: none"> ○ <i>By demographic (female head of household, etc.)</i> • Living wage measures • Work status of families • Children in poverty 	Concrete support measures: <ul style="list-style-type: none"> • Free/reduced school lunch • WIC benefits • Children enrolled in Medicaid/CHIP • Severe housing problems • Food insecurity
All families have supportive social connections.	
Social connection measures: <ul style="list-style-type: none"> • County rate of social associations compared to state (County health rankings) 	Social emotional learning measures: <ul style="list-style-type: none"> • <i>ASQ-SE scores age 3</i> • <i>ASQ-SE scores age 5 or K screening info</i> • <i>Adolescent youth survey results</i>

ACCOUNTABILITY

TRACKING SYSTEM

The Coalition will launch the Insight Vision platform as the shared accountability mechanism to track and measure implementation of the Coös Early Childhood System Plan. Coalition partners will have access to the platform to enter relevant data, and the system will be developed and maintained by the Coalition’s Executive Manager. Figure 7 demonstrates the format of this plan on the Insight Vision platform. On the web- based version, each of the objective boxes will link to the correlated measures that are outlined in the previous section of this report.

FIGURE 7: InsightVision Strategy Map



Questions for Developmental Evaluation

What is developing or emerging as innovation takes shape?

What seems to be working and not working?

What variations in effects are we seeing?

What do the initial results reveal about expected progress?

What elements merit more attention or changes?

How is the larger system or environment responding to the innovation?

How should the innovation be adapted in response to changing circumstances?

Who is taking primary responsibility for implementing and continuously improving this initiative?

How does the locus of control and responsibility for the innovation need to shift?

Adapted from FSG, 2016, The Case for Developmental Evaluation

DEVELOPMENTAL EVALUATION

In addition to traditional evaluation methods that focus on collecting data and assessing outcomes after strategies are implemented, the Coalition will use a developmental evaluation approach to assess collective action and progress on innovations in real time. Developmental evaluation emphasizes rapid feedback and shared learning so initiatives can be adapted as they are developed.¹³ The consultant has recommended that the Leadership Team review the Developmental Evaluation questions in the sidebar on a quarterly basis at minimum to continually assess each Coalition strategy and process. The strategies and the Coalition itself will benefit from the Leadership Team’s commitment to regular assessment, honest dialogue among partners, and willingness to adapt as implementation progresses.

Shared responsibility is essential for effective collective action so “partners’ individual work is increasingly aligned with the Coalition’s common agenda.”⁶ During the strategic planning process, the Leadership Team recognized the importance of shifting the locus of control and responsibility for Coalition activities from the Executive Manager to the full Leadership Team. The consultant has recommended that the Leadership Team continuously assess who is leading the work outlined in this plan. Members of the Leadership Team have taken responsibility for each strategy outlined in the Implementation Tasks and Timelines section earlier in this report. The Executive Manager will serve as backbone for the entire initiative, providing coordination and oversight to ensure the Leadership Team is effectively implementing this plan.

The sidebar includes questions related to responsibility that should be discussed during developmental evaluation of specific strategies, and adapted for an annual assessment of Coalition health. There could be benefit in having an outside evaluator facilitate regular reflective discussions as an effective way to ensure ongoing examination of Coalition roles and responsibilities.

EXTERNAL FACTORS

There are many external factors that may be limiting and reinforcing influences on the successful implementation and impact the outcomes of this system plan. Over the past year, children and caregivers have faced significant challenges to meeting their social, emotional, and basic needs. Families, communities, organizations, states, and the country continue to navigate public health transitions. New federal policies and funding streams are prioritizing children and families. Family and child-serving systems are facing workforce shortages and capacity issues. The State of New Hampshire is creating new child-focused regions that open up new opportunities for alignment with other regional coalitions.

As the Coalition navigates multiple external factors that could reinforce or limit collective efforts to improve conditions for young children and families, it may be helpful to remember the words of Donella Meadows, author of Thinking in Systems:

*“We can't impose our will on a system. We can listen to what the system tells us, and discover how **its properties** and **our values** can work together to bring forth **something much better** than could ever be produced by our will alone.”*

REFERENCES

- ¹ Artiga, Samantha & Hinton, Elizabeth (2018). Issue Brief Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity
- ² Office of Disease Prevention and Health Promotion's (ODPHP) Healthy People 2020. <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/social-cohesion> Retrieved April 2021.
- ³ World Health Organization (WHO) (2008). Closing the gap in a generation: health equity through action on the social determinants of health - Final report of the commission on social determinants of health <https://www.who.int/publications/i/item/WHO-IER-CSDH-08.1> Retrieved April 2021.
- ⁴ Houry, Debra E. & Mercy, James A. (2019). *Preventing Adverse Childhood Experiences (ACEs): Leveraging the Best Available Evidence*. Division of Violence Prevention, National Center for Injury Prevention and Control.
- ⁵ Center for the Study of Social Policy, *Strengthening Families Protective Factors*. <https://cssp.org/our-work/projects/protective-factors-framework/> Retrieved April, 2021.
- ⁶ Kania, J. & Kramer, M (2011). *Essentials of Social Innovation: Collective Impact*. Stanford Social Innovation Review.
- ⁷ Fortson, Beverly L., PhD, et al (2016). *Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities*, Division of Violence Prevention National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia
- ⁸ Centers for Disease Control. <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>. Retrieved April 10, 2021.
- ⁹ World Health Organization (WHO) (2020). *The ecological framework*. Violence Prevention Alliance. <https://www.who.int/violenceprevention/approach/ecology/en/>. Retrieved April 10, 2021.
- ¹⁰ Fortson, Beverly L., PhD, et al (2016). *Preventing Child Abuse and Neglect: A Technical Package for Policy, Norm, and Programmatic Activities*, Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Atlanta, Georgia
- ¹¹ The [National Survey of Children's Health](#) (NSCH) provides data on multiple, intersecting aspects of children's lives—including physical and mental health, access to quality health care, and the child's family, neighborhood, school, and social context. The NSCH is funded and directed by the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB).

¹² Hardy, Wertheim, Bohan, Quezada, Henley (2013). *A Model for Evaluating the Activities of a Coalition-Based Policy Action Group: The Case of Hermosa Vida*. Society for Public Health Education, **Health Promotion Practice**, July 2013 Vol. 14, No. 4 514-523. DOI: 10.1177/1524839912461253.

¹³ Parkhurts, Preskill, Lynn, Moore (2016). FSG March 1, 2016. <https://www.fsg.org/blog/case-developmental-evaluation>. Retrieved June 2021.