



LAUNCH Manchester

FIVE YEAR STRATEGIC PLAN FOR
Young Children
AND Families

JUNE 2019



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I. EXECUTIVE SUMMARY

This LAUNCH MANCHESTER: Five Year Strategic Plan for Young Children and Families, June 2019 is issued by Amoskeag Health, formerly known as Manchester Community Health Center. It was produced at the conclusion of a community-driven strategic planning process conducted between September 2018 and June 2019.

Background: In 2012, the State of New Hampshire selected Manchester to receive federal funding from the Substance Abuse Mental Health Services Administration (SAMHSA) to implement a national model for community collaboration known as Project LAUNCH (Linking Actions for Unmet Needs in Children's Health). This initiative focuses on promoting the wellness of young children ages birth to 8 by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development, with a long-term goal of ensuring all children enter school ready to learn and able to succeed.

Between 2012 and 2018, Project LAUNCH leaders in Manchester collaborated on the federal Project LAUNCH priorities: expanding developmental screening, integrating behavioral health into primary care, enhancing home visitation, offering mental health consultation in early care and education, and strengthening families through parent education programs. As federal funds were expended, community leaders sought support from philanthropic and public sources to allow Project LAUNCH partners to continue operating proven community programs while seeking additional funds to sustain and enhance services going forward.

Funding from the New Hampshire Charitable Foundation was awarded to support priorities not otherwise sustained and to underwrite the development of a strategic plan intended to guide the next set of tactical steps for the community and the collaboration. A diverse group of public and private sector stakeholders contributed to setting out the strategic vision and its component activities.

Strategic Planning Process: During the fall of 2018, the Community Health Institute (CHI)/JSI was tasked by Project LAUNCH to interview critical leaders of organizations currently supporting Manchester families who care for or have young children, as well as families who use early childhood services. CHI/JSI framed its assessment tool using the Protective Factors of Families as delineated by the Strengthening Families Framework. Using this model, CHI/JSI assessed systems gaps that prevent service to children and families (e.g., funding, workforce, coordination, transitions, access barriers) and identified areas for improvement.

Following a January 2019 kick-off meeting facilitated by Pear Associates and attended by leaders from across the child- and family-serving systems in Manchester and including top City and State officials, Strategic Plan Workgroup members met monthly between February and May 2019 for focused sessions that drew on analyses of relevant local, state-wide, and federal trends. The Workgroup crafted strategies to strengthen existing collaborations and address gaps in services; and sought opportunities to bring new partners and funders into creating solutions. As one of its final actions, the Workgroup voted to change the name to **LAUNCH Manchester** with the tag line Helping Children Soar to distinguish the initiative's geography and emphasize the ultimate goal.

The resulting document, **LAUNCH Manchester: Five Year Strategic Plan for Young Children and Families**, identifies priority areas with sequenced and actionable approaches intended to strengthen the community's ability to support young children and families. The Strategic Plan identifies areas to expand and deepen partnerships and highlights growing community needs. Funding and new partners will be crucial to this collaborative work to succeed as it goes forward, and the Strategic Plan references opportunities for growth throughout the document.

Strategic Plan: From the outset, Manchester leaders were committed to focus attention on the highest-impact areas for investment, cross-sector collaboration, and outreach. The following priority areas and strategies were identified – all of which are equally critical to address:

Priority Area	Strategies
Improve access to high-quality early education and care	<ul style="list-style-type: none"> • Provide mental health consultation in early care and education • Build an Early Learning Collaborative • Increase knowledge and utilization of scholarships available for childcare • Develop creative business partnerships to increase revenue, diversify payer mix, and reduce operational costs of early education and care • Promote early education workforce careers • Retain the current early education workforce • Strengthen cultural and linguistic competence among early education providers
Empower and strengthen families	<ul style="list-style-type: none"> • Provide family and parent training to help parents, guardians, and family caregivers • Build capacity for providers to implement a whole-family approach • Re-empower families by validating their experiences and helping them regain their power through advocacy
Identify and mitigate the effects of Adverse Childhood Experiences (ACEs)	<ul style="list-style-type: none"> • Create a shared vision regarding the ACEs Manchester will address • Select or develop a screening tool for the identification of ACEs and positive experiences that mitigate ACEs • Conduct screening and assessment to ensure the early identification of behavioral and developmental concerns • Build an informed community around ACEs and their impact • Enhance Adverse Childhood Experiences Response Team (ACERT) to address the needs of children exposed to trauma
Improve access to health, behavioral health, and specialized medical services	<ul style="list-style-type: none"> • Integrate behavioral health and primary care in pediatric settings • Strengthen the pediatric and behavioral health workforce • Improve integration across service systems • Provide school-based access to diverse elements of care • Build capacity for infant, early childhood and family mental health

LAUNCH Manchester leaders from Amoskeag Health deeply appreciate the time, commitment, and thoughtful contributions of its Strategic Plan development partners, and look forward to supporting young children and families throughout the coming years.

II. INTRODUCTION

This LAUNCH MANCHESTER Five Year Strategic Plan is issued by Amoskeag Health, formerly the Manchester Community Health Center. This Strategic Plan is an outgrowth of a productive six-year community collaboration that began with the awarding of a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant to the state of New Hampshire, establishing Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) to target the needs and opportunities of young children and families and Manchester.

LAUNCH MANCHESTER is the name that was adopted in June 2019 by the partners who formed and now lead this robust, data-driven, grant-winning collaborative committed to helping children soar. The community supported this name change as one reflection of its growing community partnership, which began in 2012 with the SAMSHA grant. While cordial relationships existed among critical players prior to the SAMSHA award – including the City’s Health and School Departments and local non-profit agencies focused on child/family behavioral health and early childhood education — collaboration happened primarily through relationship and happenstance.

SAMHSA funds, along with other awards of public and philanthropic funds secured by partners and related entities, have supported the development of a strong, committed, multi-sector partnership that has come together around helping young children and their families. Manchester’s 2012 Project LAUNCH award produced significant and measurable results and improved outcomes for young children during its five-year grant cycle. New, cross-cutting collaborations and service partnerships and strategies took root and continue to mature.

Background: Project LAUNCH 2012-2018

The State of New Hampshire was selected as one of eleven states/tribes to receive SAMSHA funding in the fourth cycle of federal Project LAUNCH funding. Manchester was chosen as the community of focus given that it is New Hampshire’s largest city with a population of 112,000 residents and is federally designated as a “Weed and Seed” urban community that faces similar challenges to large cities across the country including poverty, violence, and substance misuse. Manchester was prioritized for Project LAUNCH based on alarmingly high scores on a number of critical child-wellbeing indicators, its increasing racial and ethnic diversity, and comparatively high child abuse and neglect rates. The community was also selected because of its forward-thinking public health department and strong collaborative partnership already in place among community and state agencies.

The five-year Project LAUNCH award was intended to build community collaboration and capacity where an existing platform existed, and where there was a substantial likelihood of success. The focus was on improving coordination and designing services to reach and address the specific needs of young children and their families.

As outlined in the federal guidelines, SAMSHA required its Project LAUNCH-funded communities to work within following five evidence-based strategies:

1. Screening and assessment in a range of child-serving settings
2. Integration of behavioral health into primary care
3. Mental health consultation in early care and education

4. Enhanced home visiting with a focus on social/emotional well-being
5. Family strengthening and parent skills training

In their early work together, drawing on local data and direct knowledge of current community need, the local partners further focused Manchester’s Project LAUNCH priorities toward:

- Supports for families with children 0-8 years old
- Focus on families living at 185% of the poverty level (or less)
- Outreach to pregnant women and immigrant/refugee populations

Amoskeag Health, formerly Manchester Community Health Center, served as the local lead agency and fiscal agent. Project partners included:

Organization	Role	Project LAUNCH Strategy
Manchester Community Health Center	Lead	<ul style="list-style-type: none"> • Behavioral Health Integration into primary care
Manchester Health Department	Subcontractor	<ul style="list-style-type: none"> • Local Evaluator
Waypoint		<ul style="list-style-type: none"> • Developmental Screening • Home visiting • Parent Education
Easterseals NH		<ul style="list-style-type: none"> • Parent Education • Behavioral support coaching
Southern NH Services Head Start		<ul style="list-style-type: none"> • Behavioral support coaching • Enhanced Home Visiting

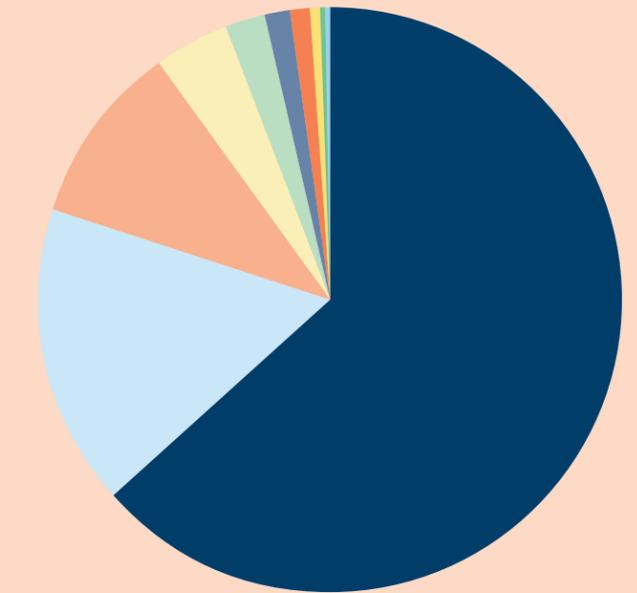
Community partners met monthly to plan grant activities and hold each other accountable to project goals and outcomes. Staff members from participating agencies and other community partners met separately – and frequently -- to work on specific programs or events. In addition to implementing the required strategies, the Project LAUNCH team utilized the evidence-based Pyramid Model as a behavioral intervention and support framework for supporting social-emotional competence in young children.

Outcomes

POPULATION SERVED — RACE

PROJECT LAUNCH Parents/Caregivers by Racial Designation at Intake

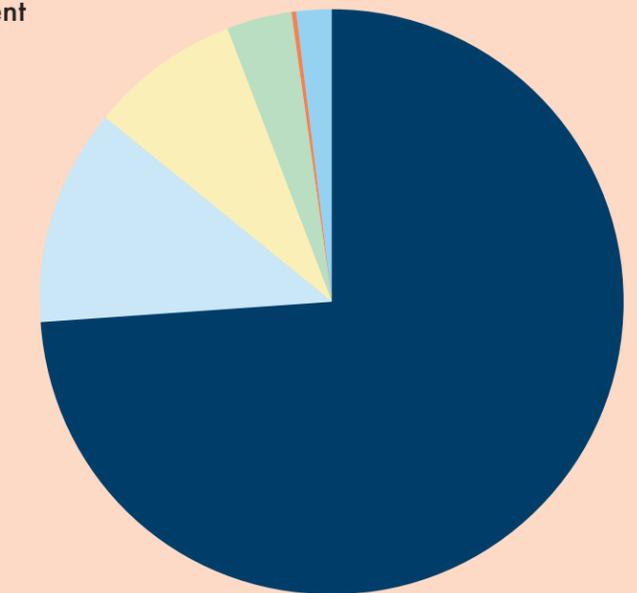
- White (63.45%)
- Black/African American (10.24%)
- Asian/Vietnamese (1.31%)
- Asian/Chinese (0.30%)
- Other Asian (16.57%)
- American Indian (0.50%)
- Other, Pacific (0.20%)
- Other, Bi-Racial (1.10%)
- Other (4.12%)
- Unknown (2.21%)



POPULATION SERVED — ETHNICITY

PROJECT LAUNCH NH Enrollemt by Parent Ethnicity Designation FY 2014-2018

- Non-Hispanic (74.1%)
- Another Hispanic (11.9%)
- Hispanic Puerto Rican (8.2%)
- Hispanic Mexican (3.8%)
- Hispanic Cuban (0.3%)
- Not Available (1.7%)



DEVELOPMENTAL SCREENING

ASQ-3



Ages & Stages Questionnaire 3rd Edition (ASQ-3) administration increased an average of 21% each year

ASQ-SE



Ages & Stages Questionnaire: Social Emotional (ASQ:SE) administration increased almost 1600% over the grant period

PARTNERS



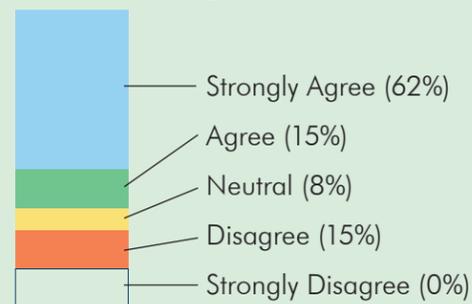
New organizations receiving training and technical assistance in developmental screening increased from 5 to 12

IMPACT

- 4,120 ASQ-3s and 3,332 ASQ:SEs administered FY13-FY18;
- Average of 110 children screened were referred to services annually

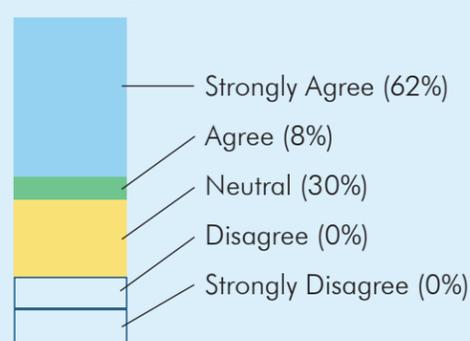
ENHANCED HOME VISITING

Learning through a Community of Practice



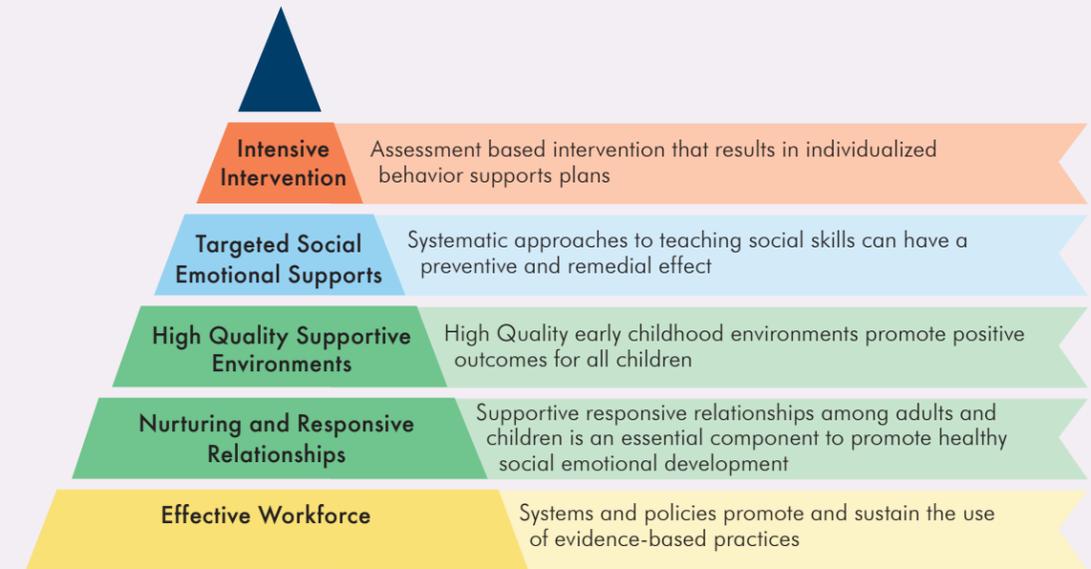
Learned Information/Techniques from others

Relationship Improvements among Home Visitors



MENTAL HEALTH CONSULTATION IN EARLY CHILDHOOD EDUCATION

Pyramid Model for Promoting Social Emotional Competence in Infants & Young Children*



Classrooms receiving Behavioral Support Coaching had significantly higher Teaching Pyramid Observation Tool (TPOT) scores than control classrooms

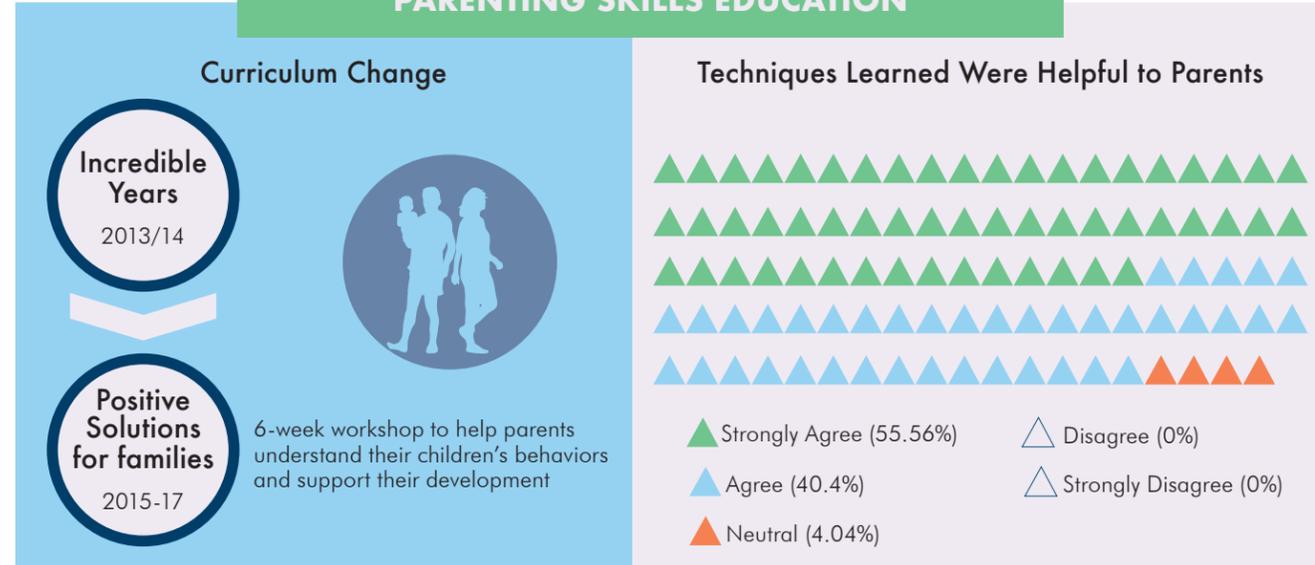
91% of classrooms coached in key teaching practices substantially increased TPOT scores over time

63% of children in coached classrooms with concerning ASQ:SE results experienced improvements in their scores

96% of children with concerning ASQ:SE scores and behaviors had a referral initiated or were already receiving behavioral health services

* Center on the Social and Emotional Foundations for Early Learning www.vanderbilt.edu/csefel
 Technical Assistance Center on Social Emotional Intervention for Young Children www.challengingbehavior.org

PARENTING SKILLS EDUCATION



BEHAVIORAL HEALTH INTEGRATION



Upon the conclusion of the full five-year SAMHSA award, Project LAUNCH continued to operate Project LAUNCH activities with additional funds from other sources.

Fundors and Grants sustaining Project LAUNCH/LAUNCH Manchester activities	
NH Charitable Foundation	Bridge grant to continue Project LAUNCH components for children 0-8 for one year
US Department of Justice	Comprehensive Opioid Abuse Site-Based Program that supports the Adverse Childhood Experiences Response Team (ACERT) among children who have experienced substance use disorders among caregivers and specialized services for children referred by ACERT
	Enhancing Community Responses to the Opioid Crisis: Serving Our Youngest Crime Victims grant for support services to children and families and training on trauma for schools
Administration for Children and Families	Community Collaborations to Strengthen and Preserve Families Grant through NH Department of Health and Human Services to focus on the prevention of child maltreatment among families of children 0-8 through family strengthening and community collaboration activities.
US Department of Education	Preschool Development Grant, in partnership with the University of New Hampshire, to develop a plan to increase family involvement and build parent leadership capacity

Post-Project LAUNCH: Planning and Projecting Future Success

Having worked together with increasing coordination and collaboration among community partners, Manchester's Project LAUNCH was at a critical juncture when the funding ended in 2018. Significant operations were in place, and while replacement funding had been sought, the future picture remained uncertain.

Project LAUNCH's leadership group and programs were able to continue operating as they had been, under a bridge grant from the New Hampshire Charitable Foundation. At the same time, Amoskeag Health in its capacity as the collaborative lead for Project LAUNCH had recently received new state and federal funding awards intended to support an increased focus on young children, especially those impacted by New Hampshire's opioid crisis.

Project LAUNCH leaders, partners, and funders were enthusiastic about continuing to build collective capacity and responsiveness in Manchester. They agreed on the wisdom of developing a strategic plan for improved child and family outcomes to guide the next set of strategic steps for the community and the collaboration.

III. STRATEGIC PLANNING PROCESS

Operating in its role as the lead agency for Manchester’s Project LAUNCH efforts, in late 2018 Amoskeag Health launched a strategic planning process that focused on community-driven priority-setting and action planning for Manchester’s children and young families.

Amoskeag Health felt that to be meaningful the strategic plan must be informed by a community-based data collection and analysis process; further, it should align with data collection efforts currently underway by the Manchester Health Department, the Community Health Institute/JSI, and data-analytics consulting firm Davey Strategies. It was also essential to align future planning efforts for this population group with the priorities of the Manchester Neighborhood Health Improvement Strategy. Project LAUNCH leaders wanted to ensure that recommendations about early childhood would have local buy-in and would be actionable and meaningful both for local families and the community’s network of providers.

Manchester embarked on an 8-month strategic planning process resulting in this **Five Year Strategic Plan for Young Children and Families**. This Plan represents a concerted effort to plan and prioritize work going forward, using the five years of collaborative experiences and measurable gains achieved under the original Project LAUNCH award as a jumping-off point for the next five years of collective effort.

For this planning effort, the original Project LAUNCH partners reached out to a diverse group of contributors bringing a variety of perspectives into the process. Contributions were drawn from the public sector, including City and State officials, public safety leaders, and elected officials; providers from healthcare, behavioral healthcare, and medical-care sectors; educators focused on early childhood as well as school-age children and, importantly, those focused on ensuring success for children as they entered school; as well as leaders from criminal justice, child welfare, and family/child community services. A complete list of Strategic Plan contributors is included as Appendix A.

Community stakeholders engaged in the strategic planning process were encouraged to reflect and inquire in at least two directions: continuing to build forward on promising service-delivery foundations to address existing challenges, while simultaneously identifying critical issues that had not received sufficient attention during the first five years of collaboration or emerged as growing concerns that should be addressed as the community looked to the future.

Timeline for Manchester’s Strategic Planning for Young Children and Families	
MONTHS	ACTIVITIES
September 2018 – December 2018	Community Needs Assessment
November – December 2018	Planning Meetings
January 2019	Kick-off Meeting
February – May 2019	Monthly Working Group Meetings
June 2019	Presentation of Strategic Plan

Project LAUNCH’s strategic planning process was structured to be broadly inclusive, with input sought from individuals at all levels from service delivery, and with facilitation by an independent consulting firm, Pear

Associates. The Strategic Plan Oversight Group came together at critical junctures of strategy-setting kick-off and the final presentation of recommendations and areas for strategic action going forward. Planning in distinct strategic areas was carried out through the dedicated efforts of a Workgroup of local professionals that came together monthly to address specific topics identified as priorities and created strategies and action steps for each priority area.

A. Strategic Planning Methodology

► Key Leader Interviews and Focus Groups

During the fall of 2018, the Community Health Institute (CHI)/JSI was tasked by Project LAUNCH to interview leaders of organizations currently supporting Manchester families who care for or have young children. The CHI/JSI team also gathered input from families with young children who use a variety of early childhood services.

► Data Review

An interactive data visualization tool created by Davey Strategies was used to review NH and Manchester data on young children, their families, and the service/educational options available to them. Davey Strategies also conducted an analysis of Manchester Health Department Birth Indicators and Neighborhood Characteristics, using census tract-level data.

► Input from Key Community Stakeholders

The strategic planning process incorporated a widely-publicized community strategy-setting convening of stakeholders, including top state officials, Manchester’s mayor, service providers, representatives from schools and public/private early childhood education providers and policy/advocacy organizations, and the local philanthropic community. This session set out the framework for work over the coming months and articulated overarching priorities, with the group planning to “drill down” in each area as well as thinking holistically across the prioritized areas.

B. Community Collaboration and Oversight

Manchester’s ability to work collaboratively for the greater good has set the city apart from other communities of similar size, complexity, and needs. The demonstrated level of collaboration among community partners and the measurable impact that resulted contributed to Manchester being recognized by the Robert Wood Johnson Foundation as a 2016 Culture of Health Prize Community.

The Strategic Plan Workgroup was overseen by the *Young Child Wellness Council (YCWC)*, a committee of the Manchester Health Department (MHD) Neighborhood Health Improvement Strategy Leadership Team. Members reflect participants from health, behavioral health, education, childcare, Head Start, child welfare, early intervention, and parent councils. Annually, the Project LAUNCH leaders have administered the Collaboration Factors Inventory with partnering organizations to assess their degree of collaboration.

The strategic planning process was led by Lara Quiroga, Director of Strategic Initiatives for Children at Amoskeag Health. In her role, Ms. Quiroga is tasked with improving coordination and collaboration across child- and family-systems and programs, promoting inter-agency referrals, convening multi-disciplinary meetings, and raising public awareness and education related to early childhood development and mental health. Ms. Quiroga served as a lead convener and local director for Manchester’s original Project LAUNCH initiative.

IV. PRIORITIES AND CONSIDERATIONS

The overarching goal of **LAUNCH Manchester** is to promote the wellness of young children 0-8 through improved coordination across schools and early childhood-serving systems. Based on data review, findings from key leader interviews and focus groups, and community discussion, the Workgroup articulated the following priority areas for attention:

- Improve access to high-quality early education and care
- Empower and strengthen families
- Identify and mitigate the effects of Adverse Childhood Experiences
- Improve access to health, behavioral health, and specialized medical services

Across the priority areas, the strategic planning group created a set of considerations to ensure strategies align with accepted “best practices” for community health and service delivery planning. The intent was to approach each priority area and its component strategies and actionable objectives, from program design through implementation and evaluation, through these critical lenses. Considerations included all of the following:

- Ensuring a trauma-informed approach to planning and delivering services
- Operating intentionally to integrate and coordinate across organizations
- Utilizing a holistic family approach
- Addressing the needs of culturally and linguistically diverse families, and
- Aiming to overcome policy, funding, and eligibility barriers.

The intersection of priority areas and considerations guided the strategic planning group, organizing topic-specific discussions through this matrix-driven approach:

PRIORITIES	CONSIDERATIONS				
	Trauma-Informed Approach?	Integration and Coordination with other agencies?	Holistic Family Approach?	Needs of culturally and linguistically diverse families?	Overcoming policy, funding, and eligibility barriers?
Improve access to high-quality early education and care	✓	✓	✓	✓	✓
Empower and strengthen families	✓	✓	✓	✓	✓
Identify and mitigate the effect of Adverse Childhood Experiences	✓	✓	✓	✓	✓
Improve access to health, behavioral health, and specialized medical services	✓	✓	✓	✓	✓

Emerging concerns and areas for attention:

In the course of reviewing data and evaluating community input in preparation for the forward-facing Strategic Plan, local leaders identified critical unmet needs in Manchester, including:

- Expanding developmental screening for more children, at younger ages, and in a wider array of settings
- Supporting preschool and kindergarten teachers who face increasing numbers of traumatized students in their classrooms
- Increasing access to behavioral healthcare options for young children and their families in the community, home, and primary care settings, and
- Reaching out to and supporting, educating, and empowering caregivers, including the increasing number of grandparents, other relatives, and foster parents who are raising children.

Priority Areas and Actionable Objectives:

The next section of **LAUNCH Manchester: Five Year Strategic Plan for Young Children and Families** takes each of the priorities in turn, exploring data, existing community capacity, desired/required community capacity, new partners to enlist, and innovative approaches to design in order to increase the impact of the efforts.

A. IMPROVE ACCESS TO HIGH-QUALITY EARLY EDUCATION AND CARE

Specific areas of concern included:

- Access to affordable, high-quality childcare has been widely identified as an issue with real importance for employers as well as for families.
- Financial assistance to help pay for childcare is available to help with the cost of childcare through existing New Hampshire programs. To be eligible, parents must be working, looking for work, or in a training program. Gross family income must not exceed 220% of the federal poverty guidelines. Unfortunately, the financial assistance is still not enough for some families to afford childcare.
- There are 11 District Offices in NH that help families apply for childcare assistance. In Manchester, approximately 2,000 families were receiving childcare scholarships in 2018.
- The childcare scholarship application process is challenging. Families must go online to download a paper application, then submit the completed and signed form to the state. The form itself and the application process are both dense and confusing. Professionals working closely with families reported that the application process is a significant barrier to accessing these resources. Families may also complete the application in-person at the District Office; however, the office is located on the outskirts of the city in an area with limited access to public transportation.

1. 2018 State Child Care Fact Sheet — Child Care Aware of America

2. ibid

3. ibid

- Further complicating the issue is the fact of the inconsistent quality of care among early education providers, and the widely-reported finding that early education providers are seeing children with new and more challenging needs resulting from toxic stress/trauma linked to drug use and overdose.

What does the data tell us?

- According to 2018-17 data from the Manchester School District (MSD), Preschool enrollment rates are significantly less than Kindergarten rates (359 vs. 1,036), indicating that only a fraction of families are taking advantage of early learning opportunities offered through the MSD.
- Based on the 2013-2017 American Community Survey, Manchester's total preschool enrollment in public and private schools among children age 3 and 4 years old was 47.6%.
- 2,410 childcare workers in center-based programs throughout the state, with an average annual income of \$23,000²
- The annual cost for center-based care is \$12,487 for an infant, \$11,510 for a toddler, and \$10,102 for preschool; this cost increases among "accredited centers" and is lower for family childcare³
- Among the 128 center-based programs that participate in the Quality Rating and Improvement System (QRIS), less than half are at the top level; only six family care providers participate in QRIS, and none are at the top level.⁴

New Futures, a statewide advocacy organization, offered relevant analysis and infographics in 2018:

*"Having children in quality early childcare programs from ages 0 to 5 not only educates New Hampshire's future workforce but puts our current workforce in a better position, improving life in the Granite State for all of us. Unfortunately, quality childcare programs are out of reach for many Granite Staters strictly based on high costs. According to the New Hampshire Fiscal Policy Institute, childcare costs come close to or outweigh rent or mortgage payments in many New Hampshire families' monthly budgets — regardless of income bracket. Not only do our children miss out on important early learning opportunities in their first five years when their parents are unable to afford childcare, but NH loses competent working parents bolstering our economy. Working together to increase access to quality, affordable childcare will benefit all Granite Staters, both now and for many years to come."*⁵

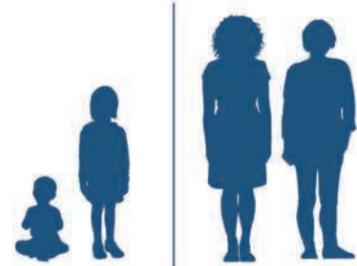
4. 2018 State Child Care Fact Sheet — Child Care Aware of America

5. From the Early Childhood Workforce Index <http://csce.berkeley.edu/files/2018/06/2018-Index-New-Hampshire.pdf>



Early Childhood Workforce Index 2018 NEW HAMPSHIRE

77,858
Children age 0-5



6,000*
Members of the
early childhood
teaching workforce

IN NEW HAMPSHIRE, 75 percent of children live in households where all available parents are currently working, and 16 percent of all New Hampshire children are part of low-income families. It is widely agreed that the current early care and education system across states is woefully underfunded. The cost of services is out of reach for many working families, including those who earn middle-class wages.

At the same time, large swaths of early childhood teachers — even those with college degrees — earn unlivable wages. More than 6,000 members of the early childhood teaching workforce provide services to children in New Hampshire.

Occupation	Median wage
Child care worker	\$10.79
Preschool teacher	\$13.75
Center director	\$21.56
Kindergarten teacher	\$32.29
Elementary teacher	\$33.13
All workers	\$18.70

Earnings by Occupation

- In 2017 the median wage for child care workers was \$10.79, **with no change since 2015.**
- For preschool teachers the median wage was \$13.75, **a 1% increase since 2015.**
- For preschool or child care center directors, the median wage was \$21.56, **a 5% increase since 2015.**

The Strategic Plan Workgroup identified the following strategies and actionable objectives tied to *Improving Access to Early Childhood Education and Care*:

Improve Access to Early Childhood Education and Care				
STRATEGY	RATIONALE/COMMUNITY CONTEXT	ACTIONABLE OBJECTIVES	COMMUNITY PARTNERS	TIMELINE
Build an Early Learning Collaborative	Early learning programs that work together, share resources and training, and connect with the school district on screenings and transitions to kindergarten help to prepare young children to enter kindergarten ready to learn	Convene and facilitate early education providers as a coordinated system of care	<ul style="list-style-type: none"> • Amoskeag Health • Easterseals NH • Manchester School District • Southern NH Services Head Start/Early Head Start • State Early Learning Alliance of NH • ChildCare Aware • Manchester Health Department 	Short-term
		Coordinate transitions from preschool into kindergarten through a shared developmental screening model and citywide Countdown to Kindergarten rollout in partnership with the Community Schools Initiative		
		Connection early learning programs to professional development opportunities and resources to improve quality		
Provide mental health consultation in early care and education	Improving teacher behavior and practice in the classroom is an essential indicator of the quality of education and care provided. When Manchester teachers identify the need for supportive services for children who exhibit challenging classroom behaviors, professionals must be available to provide consultation to the teacher about how to work with these children and families to address the concerns	Integrate the Pyramid Model into infant, toddler, preschool, and kindergarten classrooms Provide behavioral health support to teachers of children with challenging behaviors or otherwise at-risk identified through Pyramid Model implementation	<ul style="list-style-type: none"> • Easterseals NH • Manchester School District • Mental Health Center of Greater Manchester • NH Pyramid Model State Leadership Team • Southern NH Services 	Short- to Mid-term

Improve Access to Early Childhood Education and Care				
STRATEGY	RATIONALE/COMMUNITY CONTEXT	ACTIONABLE OBJECTIVES	COMMUNITY PARTNERS	TIMELINE
Increase knowledge and utilization of scholarships available for childcare	There are approximately 2,000 families receiving childcare scholarships in Manchester, yet the poverty rate indicates more are eligible. NH data shows that only 25% of TANF-eligible families access scholarship while 75% of childcare programs access. The process to apply for scholarships is burdensome and confusing.	Clarify underlying dynamics of utilization and underutilization	<ul style="list-style-type: none"> • ChildCare Aware • Early education and care providers • Easterseals NH • Head Start/Early Head Start providers • NH Department of Health and Human Services 	Short- to Mid-term
		Increase awareness through multi-lingual social media/PSA campaign		
		Assist families with the application process		
Develop creative business partnerships to increase revenue, diversify payer mix, and reduce operational costs of early education and care	There is a shortage of childcare in NH, especially infant and toddler care. Businesses and Higher Education need to understand the importance of early childhood education and how it impacts the greater workforce-people cannot move to NH without affordable childcare for their families	Collaborate with Manchester businesses and institutions of higher education	<ul style="list-style-type: none"> • City of Manchester • Greater Manchester Chamber • NH Department of Health and Human Services 	Mid- to Long-term
		Establish alternative investment opportunities for the business community (bricks and mortar/pre-paying slots)		
		Develop a regional learning community focused on whole-family approaches to employment equity		

Improve Access to Early Childhood Education and Care				
STRATEGY	RATIONALE/COMMUNITY CONTEXT	ACTIONABLE OBJECTIVES	COMMUNITY PARTNERS	TIMELINE
Promote early education workforce careers	Manchester is experiencing an early childhood education workforce crisis (not enough staff forcing closure of classrooms and programs)	Establish partnerships with higher education offering course work/degrees in early education	<ul style="list-style-type: none"> • NH DHHS, Division of Economic & Housing Stability • Early Education and Care Providers • Granite State College • Manchester Community College • Southern NH University 	Mid- to Long-term
		Establish partnerships with the state DHHS and their Division of Economic & Housing Stability Bureau of Employment Supports to encourage entrance into childcare workforce		
		Explore internships/apprenticeship programs.		
		Advocate for increased scholarships and tuition reimbursement rates		
Retain the current early education workforce	The early childhood workforce is challenged by inadequate compensation and benefits, inconsistent standards for the workforce, and uncoordinated professional development systems.	Provide support for wellness and opportunities for self-care	<ul style="list-style-type: none"> • NH Department of Health and Human Services • NH Department of Education • Early Education and Care Providers • Granite State College • Manchester Community College • New Futures • Southern NH University 	Mid- to Long-term
		Develop and maintain a comprehensive professional development system.		
		Encourage leadership development		
		Advocate for increased scholarship reimbursement rates to help programs improve compensation and benefits for the childcare workforce		

Improve Access to Early Childhood Education and Care				
STRATEGY	RATIONALE/COMMUNITY CONTEXT	ACTIONABLE OBJECTIVES	COMMUNITY PARTNERS	TIMELINE
Strengthen cultural and linguistic competence among early education providers	Manchester is NH's most diverse community, and diversity continues to grow. Attention to cultural and linguistic diversity will be essential to bring critical assessment, treatment, and supports to all young children and families.	Collect data on child/family demographics to identify disparities	<ul style="list-style-type: none"> • Early Education and Care providers • NH DHHS Office of Health Equity 	Mid- to Long-term
		Ensure that language/communication access provided when needed		
		Ensure staff cultural competence is valued and supported with ongoing opportunities for development		
		Prioritize workforce diversity to ensure staff reflect the population served, and all staff have equal opportunity for advancement		

Evidence-based practices:

Pyramid Model is a behavioral intervention and support framework developed by The Center for the Social and Emotional Foundations for Early Learning and the Technical Assistance Center on Social Emotional Interventions to supporting social-emotional competence in young children.

When Pyramid Model strategies and program practices are fully implemented to fidelity, classrooms transform as parents, teachers, and administrators supporting the social and emotional development of the children through kind guidance versus punishment. **LAUNCH Manchester** selected this strategy to address the increasing number of behavioral health challenges in the classroom.

B. EMPOWER AND STRENGTHEN FAMILIES

Strategic Plan Workgroup participants stressed the importance of strengthening families and empowering them to shape the service plans and approaches that affect their wellbeing.

Specific areas of concern included:

- The need to reach out effectively to the youngest families, i.e., those with children aged 0-3 years
- The need for added supports for grandparents, other relatives, and foster families
- Programs are seeing more families experiencing housing instability and homelessness, and noted the need within Manchester for affordable housing and targeted housing-retention services for those at risk of losing housing
- The need for family reunification supports (following releases from medical care, addiction treatment, and incarceration)
- The need to explore ways to create a closer link to drug courts as a route to supporting families and children

What does the data tell us?

A. Poverty

- Close to 15% of Manchester residents live in poverty, higher than the national rate of 13.4% and nearly twice the state rate of 8.5%
- One in five of Manchester's children are living at or below 100% of the federal poverty level; for a family of 3, that's \$21,330 per year
- Close to 60% of students enrolled in the Manchester School District are eligible for the National School Lunch Program; significantly higher than the state average of 27% and well over the national average of 47.5%
- Growing up in poverty increases the likelihood that a child will be exposed to factors that can impair brain development and lead to poor academic, cognitive and health outcomes

B. Diversity

- Manchester's 2018 public school population included more than 42% of students of color, an increase from only 23% a decade ago
- Close to 15% of Manchester's public-school students are English language learners, with more than 80 native languages spoken across the district

C. Opioid Epidemic

- Manchester is at the epicenter of NH's opioid epidemic, accounting for a quarter of the state's fatal drug overdoses, yet representing only 8% of the State's total population
- One of the fastest-growing groups of individuals using opioids is women of childbearing age
- In NH, rates of Neonatal Abstinence Syndrome (NAS) increased fivefold from 2005 to 2015
- Individuals with substance use disorders (SUD) are twice as likely to struggle with co-occurring mental health challenges

D. Child Maltreatment

- Between 2013 and 2016, the Manchester District Office of the Division of Children, Youth and Families (DCYF) saw an increase in the number of accepted referrals for child abuse and neglect (from 1,278 to 1,691, or 32%)
- Between 2012-2016, DCYF witnessed a rise of cases in which substance use disorder was a risk factor (42% in 2013 vs. 57% in 2016)
- Between 2013 and 2016, Manchester saw a 69% increase in children and youth involved with the DCYF in both out-of-home placement and in-home services.

E. Academic performance

- Adverse childhood experiences (ACEs) are negatively impacting Manchester children and their ability to succeed in school.
- Children in Manchester are underperforming on their content-area assessments. Based on MSD 2016-17 data, only 28% of 3rd-grade students scored proficient or above on reading compared to the State rate of 54%; and only 23% of 7th-grade students scored proficient or above on math compared to the State rate of 50%.
- Children who reach fourth grade without being able to read proficiently are more likely to struggle academically and eventually drop out of school.
- More than 27% of Manchester students were chronically absent during 2017-18, which is defined as missing at least 15 days of school in an academic year for any reason.
- In 2018, only 78.2% of high school students in Manchester graduated on-time (within 4 years of entering 9th grade). This rate is 87.4% in Nashua, NH and 83.4% for other urban communities across the country.

Family stability leads to health and improved well-being, and taken together, this area of inquiry underscored the need for a whole-family, or holistic, case management approach. Empowering families requires that Manchester providers and institutions invest in becoming a trauma-informed care community. Fundamentally, the community faces an imperative to empower families and increase expressions of hope, love, and respect for families, if fruitful engagement and connection can be forged.

A number of strategies and actionable objectives emerged from the work of the Strategic Plan Workgroup, as outlined in the following table.

Empower and Strengthen Families				
STRATEGY	RATIONALE/COMMUNITY CONTEXT	ACTIONABLE OBJECTIVES	COMMUNITY PARTNERS	TIMELINE
Provide family and parent training to help parents, guardians, and family caregivers	Parent and caregiver training promote children’s social and emotional skills and help parents understand problem behavior. These can offer parents positive approaches to help children learn, as well as help them to identify and access basic supports and necessary services such as healthcare, housing, financial assistance, nutritional assistance, legal services, substance use disorder treatment services, among others. Given the number of parents impacted by the opioid crisis, an increasing number of children are being cared for by grandparents and other relatives who did not anticipate raising a child at this time. Many relative caregivers need help learning about what services and resources are available to them and these children, and often benefit from connecting with others in similar situations.	Implement Positive Solutions for Families, Period of PURPLE Crying, Strengthening Families Protective Factors, My Money, My Goals, and other appropriate family strengthening curricula as the need arises	<ul style="list-style-type: none"> • Amoskeag Health • Childcare Aware • Easterseals NH • Granite United Way • NH Children’s Trust • Southern NH Services • Teen Institute • Waypoint 	Short-term
		Implement Parenting A Second Time Around and other appropriate family strengthening curricula as the need arises		
		Promote Vroom as an innovative family engagement tool to help parents support child learning and development		

Empower and Strengthen Families				
STRATEGY	RATIONALE/COMMUNITY CONTEXT	ACTIONABLE OBJECTIVES	COMMUNITY PARTNERS	TIMELINE
Re-empower families by validating their experiences and helping them regain their power through advocacy	Empowered parents and caregivers gain the skills and confidence they need to guide and motivate their children while reducing conflict. In turn, children feel empowered and secure, which enhances their ability to do well in school and in relationships.	Increase the number of parents and caregivers who are engaged in school-based leadership programs using the Leader in Me and Toolbox models	<ul style="list-style-type: none"> • Amoskeag Health • Manchester Community Schools Consortium • Manchester Health Department • Manchester School District • New Futures • NH Children’s Trust • NH Family Voices • NH Head Start Parent’s Association • Parent Information Center 	Mid-term
		Increase in the number of parents and community members who attend school-based events including block parties/resource fairs associated with Countdown to Kindergarten and Back to School Night		
		Strengthen partnerships with advocacy organizations and encourage parent participation		
Build capacity for providers to implement a whole-family approach	Family-focused support can be effective in improving outcomes for families with multiple problems, particularly for those who have experienced difficulties in engaging with services previously. A whole family-focused approach to supporting families with multiple challenges is also likely to help adult, children’s and other services in meeting their local priorities and objectives. Such an approach can also reduce the demands for interventions for these families (e.g., criminal justice system, health care system)	Identify and implement a whole family assessment model across child-serving systems Conduct provider training on the whole-family approach	<ul style="list-style-type: none"> • NH Department of Health and Human Services • Network4Health • Southern NH Services 	Mid- to Long-term

Evidence-based practices:

Positive Solution for Families is a Pyramid Model parent training designed to promote positive and effective parenting behaviors, which will, in turn, promote children’s social and emotional development and address the challenging behavior and mental health needs of children. Parents learn to promote children’s social and emotional skills, understand problem behaviors, and use positive approaches to help children learn appropriate behavior.

Parenting a Second Time Around (PASTA) is a parenting program developed by Linda Dannison and Ann Nieuwenhuis for relative caregivers who are not the biological parents of the children in their care. PASTA provides grandparents and other kinship caregivers with information, skills, and resources designed to enhance their ability to provide effective care for the young relatives they are parenting. Sessions focus on child development, discipline, and guidance; caring for oneself as a caregiver; rebuilding a family; legal issues; and advocacy. **LAUNCH Manchester** selected PASTA to support the increasing number of relative caregivers.

Leader in Me, an evidence-based school-improvement model that addresses social-emotional learning, equity for low-income communities, and resilience to adverse childhood experiences; Leader in Me was created by integrating Baldrige Core Values and Concepts of high performing organizations,⁶ the 7 Habits of Highly Effective People framework, and several other educational best practices to create a leadership model for students. Leader in Me, which has been implemented by thousands of schools, continues to evolve towards better, more transformative processes based on feedback from a global community of educators. The University of Michigan’s College of Education released the findings from two separate quasi-experimental studies that both found positive impacts on student disciplinary referrals and attendance in Leader in Me schools. The findings are the most reliable empirical evidence of Leader in Me’s effectiveness to date, as both studies followed the strict evidence standards required by What Works Clearinghouse and the Collaborative of Academic, Social and Emotional Learning. Through the enhanced Leader in Me parent engagement activities, parents and caregivers will be better prepared to encourage their child to cultivate leadership skills such as motivation, self-directed learning, self-confidence, and working well with others. As a Community School, Gossler Park Elementary earned Lighthouse status in 2019 and Leader in Me will extend to all elementary, middle, and high schools on the West Side of Manchester starting school year 2019-2020.

Dovetail Learning TOOLBOX, an evidence-based Kindergarten through 6th-grade program that supports children in understanding and managing their own emotional, social, and academic success. In 2010, WestEd conducted an independent evaluation⁷ of Toolbox using a pre/post assessment of the impact of the program on students, school staff, and parents/guardians. The assessment demonstrated positive changes in resiliency skills and assets; improved school climate and connectedness for children, teachers, and staff; improved links between school and home; and the effectiveness of TOOLBOX as part of a parent engagement program. As a Community School, Beech Street School implements TOOLBOX.

6. <http://corevaluespartners.com/wp-content/uploads/2013/12/core-values-and-concepts-2013-2014.pdf>

7. <https://www.dovetaillearning.org/benefits--research.html>

C. IDENTIFY AND MITIGATE THE EFFECTS OF ADVERSE CHILDHOOD EXPERIENCES

Adverse childhood experiences (ACEs) are traumatic events occurring before age 18 that increase the risk for poor health and behavioral outcomes later in life. ACEs include all five types of abuse and neglect as well as household challenges such as mental illness, substance misuse, divorce, incarceration, and domestic violence. As the number of ACEs increases, so does the risk for adverse outcomes.⁸

The Strategic Plan Workgroup wanted to ensure the community could identify when children were experiencing traumatic events, as well as have the capacity to mitigate the short- and long-term impact of these experiences.

Specific areas of concern included:

- In Manchester, 9.5% of adults report having four or more ACEs.
- By definition, children in the child welfare system have suffered at least one ACE. Recent studies have shown that, in comparison to the general population, these children are far more likely to have experienced at least four ACEs (42 percent vs. 12.5 percent).²
- Research about the lifelong impact of ACEs underscores the urgency of prevention activities to protect children from these and other early traumas. When children do experience trauma, understanding the impact of ACEs can lead to more trauma-informed interventions that help to mitigate adverse outcomes.
- Many communities are now exploring how a focus on reducing ACEs can help prevent child maltreatment, produce healthier outcomes for children and families, and save costs down the road.⁹

The Strategic Plan Workgroup identified a number of strategies and actionable objectives to identify and mitigate ACEs.

Identify and Mitigate the Effects of Adverse Childhood Experiences				
STRATEGY	RATIONALE/COMMUNITY CONTEXT	ACTIONABLE OBJECTIVES	COMMUNITY PARTNERS	TIMELINE
Create a shared vision regarding the ACEs Manchester will address	It is vital to address the conditions that put children and families at risk of ACEs to prevent ACEs before they happen. Manchester needs to identify which ACEs to address.	Convene the Young Child Wellness Council to reach consensus on priority ACEs to be addressed	<ul style="list-style-type: none"> • Choose Love • NH Department of Health and Human Services • Young Child Wellness Council 	Short-term
Select or develop a screening tool for the identification of ACEs and positive experiences that mitigate ACEs	The presence of ACEs does not mean that a child will experience poor outcomes. Children’s positive experiences or protective factors can prevent them from experiencing adversity and can protect against many of the adverse health and life outcomes even after adversity has occurred. An assessment tool to identify both will help Manchester providers address child and family needs	Conduct research on potential Assessment tools to assess their relevance to Manchester, and determine whether to “buy” or “build” assessment tool	<ul style="list-style-type: none"> • Network4Health • Young Child Wellness Council 	Short- to Mid-term
Build an informed community around ACEs and their impact	ACEs have a tremendous impact on lifelong health and opportunity, and therefore require communities working together to ensure every child can thrive. It is, therefore, critical that all community partners understand the impact of ACEs and can help to mitigate them.	Schedule, promote, and host regular training sessions for core partners and community agencies that help them recognize and mitigate ACEs	<ul style="list-style-type: none"> • Cassie Yackley, Psy.D. • Makin’ It Happen • University of New Hampshire • Young Child Wellness Council 	Short to Mid-term

8. <https://www.cdc.gov/violenceprevention/childabuseandneglect/cestudy/index.html>

9. <https://www.childwelfare.gov/topics/preventing/preventionmonth/resources/ace/>

Identify and Mitigate the Effects of Adverse Childhood Experiences				
STRATEGY	RATIONALE/COMMUNITY CONTEXT	ACTIONABLE OBJECTIVES	COMMUNITY PARTNERS	TIMELINE
Enhance Adverse Childhood Experiences Response Team (ACERT) to address the needs of children exposed to trauma	Evidence shows that when families connect with the right services, the impact of ACEs can be mitigated. Using a trauma-informed approach, ACERT links families to services that attend to emotional and physical needs and ensures that they have access to services in an environment that is inclusive, welcoming, and destigmatizing.	Expand ACERT to Manchester Fire Department, Safe Stations, and American Medical Response (AMR ambulance service) to increase rapid response for children exposed to trauma Ensure partner agencies have the capacity to serve children referred by ACERT through provider training and workforce development; expansion of services; and improved access to services for families	<ul style="list-style-type: none"> American Medical Response Amoskeag Health Big Brothers Big Sisters CREATE Diocese of Manchester Manchester Fire Department Manchester Police Department Manchester School District Mental Health Center of Greater Manchester UpReach Therapeutic Riding Center Waypoint Young Child Wellness Council YWCA NH 	Short- to Mid-term

Identify and Mitigate the Effects of Adverse Childhood Experiences				
STRATEGY	RATIONALE/COMMUNITY CONTEXT	ACTIONABLE OBJECTIVES	COMMUNITY PARTNERS	TIMELINE
Conduct screening and assessment to ensure the early identification of behavioral and developmental concerns	Screening newborns in collaboration with birthing hospitals and a visiting nurse will allow for screening to occur shortly after birth and provide an ideal opportunity to integrate maternal depression and SUD screening in conjunction with developmental screening, anticipatory guidance, and referrals to more specialized services. Evidence suggests that home visits promote effective parenting, safe and supportive environments, and healthy family functioning for all families; home visiting can also mitigate the potential impact of ACEs among high-risk families.	Develop strategic partnerships with two Manchester-based hospitals and visiting nurse associations to offer screening, care planning, and protocols for at-risk families Use a universal home-visiting model that integrates evidence-based screening tools (ASQ: SE-2, EPDS, and SBIRT) to reach all Manchester mothers of newborns	<ul style="list-style-type: none"> Amoskeag Health Catholic Medical Center Dartmouth-Hitchcock Manchester Elliot Hospital Manchester Health Department VNA of Manchester and Southern NH Young Child Wellness Council 	Mid-term

Evidence-based practices:

Ages & Stages Questionnaire: Social Emotional (ASQ: SE2) received an Evidence Rating of III by the Healthy Start EPIC Center

Edinburgh Postnatal Depression Scale (EPDS) identifies women with postpartum depression

Screening, Brief Intervention, and Referral to Treatment (SBIRT) helps to identify, reduce, and prevent problematic use, abuse and dependence on alcohol and illicit drugs

D. IMPROVE ACCESS TO HEALTH, BEHAVIORAL HEALTH, AND SPECIALIZED MEDICAL SERVICES

A number of behavioral and mental health care challenges became known during the strategic planning process. Key items included:

- As of June 2018, Manchester School District identified 276 students with an emotional disability that adversely affected their educational performance, requiring special education and related services.
- Among children 0-8 years screened for behavioral health issues when they were seen at Amoskeag Health using the evidence-based Ages and Stages-Social Emotional assessment tool, 88% of children and 79% of parents were referred for behavioral health services. Among those referred, 63% of children began receiving behavioral health services, and another 10% were already receiving behavioral health services.
- In 2018, the Mental Health Center of Greater Manchester’s mobile crisis team responded to 1,600 calls for intervention among children and families not currently connected to mental and behavioral health treatment.

Reflecting national discussions related to school-based trauma-informed care and behavioral health services, the group articulated several areas for further exploration, including:

- Schools should support all children so that they feel safe physically, socially, emotionally, and academically. Schools must address students’ needs in holistic ways, considering their relationships, self-regulation, academic competence, and physical and emotional well-being. Also, schools should explicitly connect students to the school community and provide multiple opportunities to practice newly developing skills. Finally, the schools should embrace teamwork and shared responsibility for all students, leadership, and staff.
- Given the high rates of poverty among Manchester families, many students require access to basic needs and community supports. Students experiencing food insecurity and those without access to laundry facilities are not coming to school because they are hungry or lack clean clothes. As part of the Manchester Community Schools Project, Community Health Workers currently assist families in navigating essential services and programming, like preventive healthcare, housing supports, and food resources, and should ensure that schools are involved in identifying students who need these supports. Community Health Workers are only available in four of Manchester’s 14 elementary schools.

Following are the strategies and actionable objectives identified by the Strategic Plan Workgroup to address the need to improve access to services.

Improve Access to Health, Behavioral Health (BH), and Specialized Medical Services				
STRATEGY	RATIONALE/COMMUNITY CONTEXT	ACTIONABLE OBJECTIVES	COMMUNITY PARTNERS	TIMELINE
Improve Integration across service systems	Professional development will help improve coordination and collaboration across schools and child-and-family-serving systems and programs. Also, understanding privacy concerns and limiting actions better may enable more data sharing and integration and coordination of services	Receive training and coaching on the Boundary Spanning Leadership approach	<ul style="list-style-type: none"> • Network4Health • NH Department of Health and Human Services • Young Child Wellness Council 	Short-term
		Provide training on HIPAA		
Build capacity for infant, early childhood and family mental health	NH lacks a billing process, developmentally appropriate tools and a workforce for identifying, assessing, and diagnosing young children’s mental health needs.	Receive training and coaching on the adoption of the DC: 0-5: Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood .	<ul style="list-style-type: none"> • Amoskeag Health • Cassie Yackley • NH Association for Infant Mental Health • NH Children’s Behavioral Health Collaborative • NH Department of Health and Human Services • Waypoint 	Short-term
		Continue to build capacity for Child-Parent Psychotherapy and other evidence-based interventions/practices		
		Implement Child-Parent Psychotherapy to strengthen the parent-child dyad		

Improve Access to Health, Behavioral Health (BH), and Specialized Medical Services				
STRATEGY	RATIONALE/COMMUNITY CONTEXT	ACTIONABLE OBJECTIVES	COMMUNITY PARTNERS	TIMELINE
Integrate behavioral health and primary care	The number of children identified as needing mental health services continues to rise; need to screen for developmental and behavioral health issues, coordinate screening-based referrals, and help parents to navigate and access other services; pediatric primary care requires additional behavioral health case management and consultation that is not fully reimbursable under Medicaid. Additional staffing to assist families and practitioners with those tasks necessary to ensure service delivery, including comprehensive assessment, consultation, diagnosis, brief intervention, and treatment planning. Enhanced medical provider knowledge, skills, and resources to support the behavioral health needs of pregnant women and young children and their caregivers	Increase case management and BH support in primary care	<ul style="list-style-type: none"> • Amoskeag Health • Antioch University • Mental Health Center of Greater Manchester • Network4Health 	Short- to Mid-term
		Provide professional development on pediatric behavioral health integration models including how best to refer children for services		

Improve Access to Health, Behavioral Health (BH), and Specialized Medical Services				
STRATEGY	RATIONALE/COMMUNITY CONTEXT	ACTIONABLE OBJECTIVES	COMMUNITY PARTNERS	TIMELINE
Provide school-based access to diverse elements of care	Community Health Workers assist families in navigating essential services and programming, like preventive healthcare, housing supports, and food resources. Also, schools are an ideal location for children to have eye exams to screen children for visual acuity and alignment. Studies have shown that correcting vision ensures students can capture all of the necessary visual cues necessary for academic success Proven interventions can and should be implemented wherever possible. Schools are also an ideal location to implement MATCH, which is composed of 33 modules or specific treatment procedures that can be organized and sequenced flexibly to tailor treatment to each child's characteristics and needs.	Embed community health workers at all schools to help families access basic needs	<ul style="list-style-type: none"> • Amoskeag Health • Judge Baker Children's Center • Manchester Community Schools Consortium • Manchester Health Department • Manchester School District • Mental Health Center of Greater Manchester 	Short- to Mid-term
		Conduct school-based vision screening and referrals for support		
		Implement the Modular Approach to Therapy for Children with Anxiety, Depression, Trauma or Conduct Problems (MATCH)		

Improve Access to Health, Behavioral Health (BH), and Specialized Medical Services				
STRATEGY	RATIONALE/COMMUNITY CONTEXT	ACTIONABLE OBJECTIVES	COMMUNITY PARTNERS	TIMELINE
Strengthen pediatric and BH workforce	There is a shortage of medical and behavioral health providers. Few providers accept Medicaid. Wait lists for care (primary and mental health) are long, and institutions report challenges in recruiting staff for these settings.	Support advocacy efforts to improve compensation and benefits for the workforce	<ul style="list-style-type: none"> • Institutions of Higher Education • Network4Health • New Futures • NH Association for Infant Mental Health • NH Children’s Behavioral Health Collaborative • NH Department of Health and Human Services • NH Medical Society 	Long-term
		Explore scholarships, incentives, and loan forgiveness programs for health and mental health professionals		
		Utilize innovative care strategies including telehealth and mobile services to expand the reach of the current workforce		

Evidence-based practices:

Boundary Spanning Leadership is a framework developed by the Center for Creative Leadership that helps communities incorporate concepts, methods, population and performance-based data, and tools that make cross-sectoral and cross-community work more successful.

MATCH was developed by Bruce Chorpita, Ph.D., and John Weisz, Ph.D., MATCH is comprised of various research-based treatment components frequently used in Cognitive Behavioral Therapy that encourage individuals to identify issues, consider solutions, test those solutions, and evaluate whether or not they work. Unlike most evidence-based treatments, which focus on single disorder categories, MATCH is designed for multiple disorders and problems encompassing anxiety, depression, trauma, and disruptive conduct, including the conduct problems associated with ADHD, which can impact academic achievement MATCH provides children and their families with a way to understand better their challenges and tools to help manage their difficulties and improve their functioning.

Child-Parent Psychotherapy (CPP) was developed by the Child-Trauma Research Program at the University of California, San Francisco for young children birth to age five and their parents/caregivers. CPP supports family strengths and relationships, helps families heal and grow after stressful experiences, and respects family and cultural values. Studies contrived by UCSF and the Mt. Hope Family Center at the University of Rochester have shown that CPP results in improvements in children’s and parents’ mood, trauma symptoms, and stress response, and improve the parent-child relationships.

Implementing the Strategies and Associated Actions

The previous section outlined four key priority areas, with detailed rationales and, where possible, Manchester-specific context and status. Each priority area included strategies, multiple actionable objectives, noting local and state-level leaders and partners, and a timeframe, with each strategy.

What is challenging to present in written form is the interactive, mutually-dependent nature of many of these recommendations. For example, improving access to early childhood education through the expansion of the workforce and increased outreach to culturally- and linguistically-diverse populations will provide Manchester with the opportunity to support more children and families directly, and will also provide a platform to analyze and understand the shifting needs and demographics of Manchester families with young children. Similarly, increasing the number of behavioral health providers and funding to place them within school settings will doubtless increase the numbers of children referred for additional services and supports. To the extent that this intervention can occur earlier in a child’s life, the effects of ACEs may be significantly mitigated and allow that child’s learning experiences to be positive and result in a more stable entry into adulthood.

The dynamic relationships among these recommendations will continue to deepen as this maturing community collaboration works together in the coming months and years. The involvement of new personnel from new sectors of services – individuals who became involved in the strategic planning process and through this work see an essential space to remain engaged both personally and at an institutional level – will support the thoughtful implementation of these and additional emerging strategies.

Additionally, **LAUNCH Manchester** recognized the need for a more robust evaluation component in its work going forward. Leaders are seeking resources from a second round of Project LAUNCH funding through SAMHSA, as well as from other public and private funders, incorporating researchers from Antioch University into the fundamental design and ongoing self-study for the work in this next phase.

LAUNCH Manchester will continue to lead the community in its efforts to support young children and their families, empowering them to chart their own course to greater stability while bringing valuable resources and partners into the growing initiative.

V. NEXT STEPS

The community of Manchester — as represented by caring professionals from the public, private, and social sectors who are committed to supporting young children and families — are the collective owners of this plan. Through their review of past data, gathering input from families with young children, and coordinated visioning for what the future can bring, this group will bring these actions and objectives forward for implementation, evaluation, and adaptation.

Many of the leadership roles established under the original Project LAUNCH initiative are expected to continue. Thus, Amoskeag Health and its Director of Strategic Initiatives for Children will continue to lead, convene, record, and coordinate actions and communications across the identified priority areas and within and among the specific strategies and action steps.

The preceding five-year period of deepening coordination and collaboration wove a fabric of common purpose and collective action among a small group of stakeholders. This established network of collaborating organizations and institutions form an excellent platform for new actions and partnerships. As noted earlier, the outpouring of interest and concern from new partners involved in sectors such as healthcare and schools may reshape leadership and participation, both at the level of oversight and of implementation. Support and endorsement from elected and appointed officials, and a growing list of public and private funding awards, provide fuel for the efforts outlined above.

The **Five Year Strategic Plan for Young Children and Families** can be seen as a useful road map pointing in important directions for movement and further work. Through “real-time” collaboration as well as ongoing evaluation, local partners will fine-tune these approaches to make them genuinely actionable and measurable, seek opportunities for strategic integration wherever possible, and continue to recognize and respond to the changing needs of young children and families in Manchester.

VI. ACKNOWLEDGMENTS

It would not have been possible for LAUNCH Manchester and Amoskeag Health to undertake and complete this **Five-Year Strategic Plan for Young Children and Families** without the generous support and substantive contributions of several organizations and individuals.

Special acknowledgment is due to the New Hampshire Charitable Foundation, which supported Manchester's interest in a structured community-led planning process and production of this Strategic Plan. In addition to supporting the process, key Foundation individuals provided thoughtful input during the planning group sessions.

Additional thanks go to Manchester Mayor Joyce Craig who attended the initial planning meeting and has continued to demonstrate her commitment to children and families through her ongoing support of **LAUNCH Manchester**.

Thank you to the City of Manchester Health Department for providing accommodations and technical support throughout the planning process.

LAUNCH Manchester wishes to acknowledge the consulting team from Pear Associates, who provided a clear and actionable framework for collective planning and priority-setting; and facilitated thoughtful and meaningful discussions throughout the process. Also, thank you to Big Bunny Marketing on the creation of **LAUNCH Manchester's** new logo, and the design of this Strategic Plan document.

Finally, without the active participation from more than 45 individuals from a wide array of state, city, nonprofit, philanthropic, and health care organizations and the more than 45 individuals participating in the Needs Assessment, this Strategic Plan would not be as wide-ranging and thorough as it is. While all stakeholders understand that conditions affecting Manchester's young children and families will continue to evolve, it is only through the buy-in and concern of this diverse group of committed experts and families that the community will be able to continue responding with innovative and evidence-based solutions.

Lara Quiroga, M.Ed.
Director of Strategic Initiatives for Children
Amoskeag Health

VII. APPENDIX

A. LAUNCH Manchester Strategic Planning Team

Oversight Group

- Amy Allen, Manchester School District
- Borja Alvarez de Toledo, Waypoint
- Joy Barrett, Granite State Children’s Alliance
- Jake Berry, New Futures
- Christina Brennan, NH Department of Education
- Patricia Carty, Mental Health Center of Greater Manchester
- Mayor Joyce Craig, City of Manchester
- Mary Forsythe-Taber, Makin’ It Happen Coalition for Resilient Youth
- Gail Garceau, NH Children’s Health Foundation
- Christina Lachance, NH Charitable Foundation
- Donnalee Lozeau, Southern NH Services, Inc.
- Kris McCracken, Amoskeag Health
- Steve Norton, Elliot Health System
- Lara Quiroga, Amoskeag Health
- Nancy Rollins, Easterseals NH
- Meghan Shea, Families in Transition – New Horizons
- Dr. Erik Shessler, Dartmouth-Hitchcock Medical Center
- John Soucy, Easterseals NH
- Christine Tappan, NH Department of Health and Human Services
- Dr. Trini Tellez, NH Department of Health and Human Services, Office of Health Equity
- Anna Thomas, City of Manchester Health Department
- John Tuttle, Easterseals NH

Working Group

- Borja Alvarez de Toledo, Waypoint
- Patti Baum, NH Children’s Health Foundation
- Jake Berry, New Futures
- Betsy Burtis, Amoskeag Health
- Sgt. Michael Bergeron, Manchester Police Department
- Ryan Clouthier, Southern NH Services, Inc.

- Christina D'Allesandro, Moms Rising
- Maryann Evers, Waypoint
- Kim Firth, Endowment for Health
- Brittany Fontone, YWCA NH
- Jaime Hoebeke, City of Manchester Health Department
- Aimee Kereage, Granite United Way
- Lt. Matthew Larochelle, Manchester Police Department
- Nicole Ledoux, Granite State Children's Alliance
- Mary McDevitt, Amoskeag Health
- Kimberly McKenney, Easterseals Child Development and Family Resource Center
- Sarah Moeckel, NH Department of Health and Human Services
- Marissa Nerenburg, Manchester School District
- Jenny O'Higgins, Makin' It Happen Coalition for Resilient Youth
- Amy Parece-Grogan, NH Department of Health and Human Services, Office of Health Equity
- Tracy Pond, Southern NH Services, Inc., Child Care Aware NH
- Lara Quiroga, Amoskeag Health
- Caroline Racine, NH Department of Health and Human Services, Division for Children, Youth, & Families
- Mara Rouleau, Amoskeag Health
- Lauren Smith, City of Manchester
- Mary Steady, Manchester School District
- Jeanna Still, Mental Health Center of Greater Manchester
- Jessica Sugrue, YWCA NH
- Shonda Tenley, Easterseals NH
- Ann Turner, Network 4 Health
- Susan Wall, Southern NH Services, Inc., Child Development Program