LAUNCH
Manchester

FIVE YEAR STRATEGIC PLAN FOR
Young Children
AND Families

JUNE 2019
# Table of Contents

I. Executive Summary .......................................................... 1

II. Introduction ...................................................................... 3

III. Strategic Planning Process ............................................. 11
    A. Methodology .............................................................. 12
    B. Community Collaboration and Oversight ..................... 12

IV. Priorities and Considerations .......................................... 13
    A. Improve access to high-quality early education and care 14
    B. Empower and strengthen families ................................. 21
    C. Identify and mitigate the effects of Adverse Childhood Experiences 26
    D. Improve access to health, behavioral health, and specialized medical services 30

V. Next Steps and Action Items ........................................... 37

VI. Acknowledgments .......................................................... 39

VII. Appendix ......................................................................... 41
    A. LAUNCH Manchester Strategic Planning Team Members 41
    B. Project LAUNCH Neighborhood Health Improvement Strategy 2 Assessment Report 43
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:

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Strategies</th>
</tr>
</thead>
</table>
| Improve access to high-quality early education and care | • 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                    | • 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) | • 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 | • 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 SAMHSA 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
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:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Role</th>
<th>Project LAUNCH Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manchester Community Health Center</td>
<td>Lead</td>
<td>• Behavioral Health Integration into primary care</td>
</tr>
<tr>
<td>Manchester Health Department</td>
<td></td>
<td>• Local Evaluator</td>
</tr>
<tr>
<td>Waypoint</td>
<td>Subcontractor</td>
<td>• Developmental Screening</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Home visiting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Parent Education</td>
</tr>
<tr>
<td>Easterseals NH</td>
<td></td>
<td>• Parent Education</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Behavioral support coaching</td>
</tr>
<tr>
<td>Southern NH Services Head Start</td>
<td></td>
<td>• Behavioral support coaching</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Enhanced Home Visiting</td>
</tr>
</tbody>
</table>

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**
- Strongly Agree (62%)
- Agree (15%)
- Neutral (8%)
- Disagree (15%)
- Strongly Disagree (0%)

**Relationship Improvements among Home Visitors**
- Strongly Agree (62%)
- Agree (8%)
- Neutral (30%)
- Disagree (0%)
- Strongly Disagree (0%)
MENTAL HEALTH CONSULTATION IN EARLY CHILDHOOD EDUCATION

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

- **Intensive Intervention**: Assessment based intervention that results in individualized behavior supports plans
- **Targeted Social Emotional Supports**: Systematic approaches to teaching social skills can have a preventive and remedial effect
- **High Quality Supportive Environments**: High Quality early childhood environments promote positive outcomes for all children
- **Nurturing and Responsive Relationships**: Supportive responsive relationships among adults and children is an essential component to promote healthy social emotional development
- **Effective Workforce**: Systems and policies promote and sustain the use of evidence-based practices

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**

**Curriculum Change**

- **Incredible Years**
  - 2013/14

- **Positive Solutions for families**
  - 2015-17

  6-week workshop to help parents understand their children’s behaviors and support their development

**Techniques Learned Were Helpful to Parents**

- ▲ Strongly Agree (55.56%)
- △ Disagree (0%)
- ▲ Agree (40.4%)
- △ Strongly Disagree (0%)
- △ Neutral (4.04%)

**BEHAVIORAL HEALTH INTEGRATION**

- 8 out of 10 screenings of children indicated referral for behavioral health services

- Nearly 200 Families Served Between 2013 and 2018
Upon the conclusion of the full five-year SAMHSA award, Project LAUNCH continued to operate Project LAUNCH activities with additional funds from other sources.

**Funders and Grants sustaining Project LAUNCH/LAUNCH Manchester activities**

<table>
<thead>
<tr>
<th>Funder</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH Charitable Foundation</td>
<td>Bridge grant to continue Project LAUNCH components for children 0-8 for one year</td>
</tr>
<tr>
<td>US Department of Justice</td>
<td>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</td>
</tr>
<tr>
<td></td>
<td>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</td>
</tr>
<tr>
<td>Administration for Children and Families</td>
<td>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.</td>
</tr>
<tr>
<td>US Department of Education</td>
<td>Preschool Development Grant, in partnership with the University of New Hampshire, to develop a plan to increase family involvement and build parent leadership capacity</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>MONTHS</th>
<th>ACTIVITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2018 – December 2018</td>
<td>Community Needs Assessment</td>
</tr>
<tr>
<td>November – December 2018</td>
<td>Planning Meetings</td>
</tr>
<tr>
<td>January 2019</td>
<td>Kick-off Meeting</td>
</tr>
<tr>
<td>February – May 2019</td>
<td>Monthly Working Group Meetings</td>
</tr>
<tr>
<td>June 2019</td>
<td>Presentation of Strategic Plan</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>PRIORITIES</th>
<th>CONSIDERATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trauma-Informed Approach?</td>
</tr>
<tr>
<td>Improve access to high-quality early education and care</td>
<td>✔️</td>
</tr>
<tr>
<td>Empower and strengthen families</td>
<td>✔️</td>
</tr>
<tr>
<td>Identify and mitigate the effect of Adverse Childhood Experiences</td>
<td>✔️</td>
</tr>
<tr>
<td>Improve access to health, behavioral health, and specialized medical services</td>
<td>✔️</td>
</tr>
</tbody>
</table>
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 $23,000.
- 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 childcare.
- 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.

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.”

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

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Median wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child care worker</td>
<td>$10.79</td>
</tr>
<tr>
<td>Preschool teacher</td>
<td>$13.75</td>
</tr>
<tr>
<td>Center director</td>
<td>$21.56</td>
</tr>
<tr>
<td>Kindergarten teacher</td>
<td>$32.29</td>
</tr>
<tr>
<td>Elementary teacher</td>
<td>$33.13</td>
</tr>
<tr>
<td>All workers</td>
<td>$18.70</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>RATIONALE/COMMUNITY CONTEXT</th>
<th>ACTIONABLE OBJECTIVES</th>
<th>COMMUNITY PARTNERS</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Build an Early Learning Collaborative</strong></td>
<td>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</td>
<td>Convene and facilitate early education providers as a coordinated system of care&lt;br&gt;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&lt;br&gt;Connection early learning programs to professional development opportunities and resources to improve quality</td>
<td>• Amoskeag Health&lt;br&gt;• Easterseals NH&lt;br&gt;• Manchester School District&lt;br&gt;• Southern NH Services&lt;br&gt;• Head Start/Early Head Start&lt;br&gt;• State Early Learning Alliance of NH&lt;br&gt;• ChildCare Aware&lt;br&gt;• Manchester Health Department</td>
<td>Short-term</td>
</tr>
<tr>
<td><strong>Provide mental health consultation in early care and education</strong></td>
<td>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</td>
<td>Integrate the Pyramid Model into infant, toddler, preschool, and kindergarten classrooms&lt;br&gt;Provide behavioral health support to teachers of children with challenging behaviors or otherwise at-risk identified through Pyramid Model implementation</td>
<td>• Easterseals NH&lt;br&gt;• Manchester School District&lt;br&gt;• Mental Health Center of Greater Manchester&lt;br&gt;• NH Pyramid Model State Leadership Team&lt;br&gt;• Southern NH Services</td>
<td>Short- to Mid-term</td>
</tr>
<tr>
<td>STRATEGY</td>
<td>RATIONALE/COMMUNITY CONTEXT</td>
<td>ACTIONABLE OBJECTIVES</td>
<td>COMMUNITY PARTNERS</td>
<td>TIMELINE</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------</td>
<td>-----------------------</td>
<td>--------------------</td>
<td>----------</td>
</tr>
<tr>
<td>Improve access to early childhood education and care</td>
<td>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.</td>
<td>Clarify underlying dynamics of utilization and underutilization. Increase awareness through multi-lingual social media/PSA campaign. Assist families with the application process. Increase understanding of and address barriers to using childcare resources and scholarships.</td>
<td>• ChildCare Aware  • Early education and care providers  • Easterseals NH  • Head Start/Early Head Start providers  • NH Department of Health and Human Services</td>
<td>Short- to Mid-term</td>
</tr>
<tr>
<td>Develop creative business partnerships to increase revenue, diversify payer mix, and reduce operational costs of early education and care</td>
<td>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.</td>
<td>Collaborate with Manchester businesses and institutions of higher education. 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.</td>
<td>• City of Manchester  • Greater Manchester Chamber  • NH Department of Health and Human Services</td>
<td>Mid- to Long-term</td>
</tr>
<tr>
<td>STRATEGY</td>
<td>RATIONALE/COMMUNITY CONTEXT</td>
<td>ACTIONABLE OBJECTIVES</td>
<td>COMMUNITY PARTNERS</td>
<td>TIMELINE</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
</tbody>
</table>
| Promote early education 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 | • 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                           | • 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

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>RATIONALE/COMMUNITY CONTEXT</th>
<th>ACTIONABLE OBJECTIVES</th>
<th>COMMUNITY PARTNERS</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengthen cultural and linguistic competence among early education providers</td>
<td>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.</td>
<td>Collect data on child/family demographics to identify disparities 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</td>
<td>• Early Education and Care providers • NH DHHS Office of Health Equity</td>
<td>Mid- to Long-term</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>RATIONALE/COMMUNITY CONTEXT</th>
<th>ACTIONABLE OBJECTIVES</th>
<th>COMMUNITY PARTNERS</th>
<th>TIMELINE</th>
</tr>
</thead>
</table>
| 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 | • Amoskeag Health  
• Childcare Aware  
• Easterseals NH  
• Granite United Way  
• NH Children’s Trust  
• Southern NH Services  
• Teen Institute  
• Waypoint | Short-term |
<p>| 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 | | | | |
| 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 | | | | |</p>
<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>RATIONALE/COMMUNITY CONTEXT</th>
<th>ACTIONABLE OBJECTIVES</th>
<th>COMMUNITY PARTNERS</th>
<th>TIMELINE</th>
</tr>
</thead>
</table>
| 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. 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. | • 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 |
| 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. | • 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 evaluation^7^ 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.

---


^7^ [https://www.dovetaillearning.org/benefits--research.html](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

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>RATIONALE/COMMUNITY CONTEXT</th>
<th>ACTIONABLE OBJECTIVES</th>
<th>COMMUNITY PARTNERS</th>
<th>TIMELINE</th>
</tr>
</thead>
</table>
| 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 | • 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 | • 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 | • Cassie Yackley, Psy.D.  
• Makin’ It Happen  
• University of New Hampshire  
• Young Child Wellness Council | Short to Mid-term |
<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>RATIONALE/COMMUNITY CONTEXT</th>
<th>ACTIONABLE OBJECTIVES</th>
<th>COMMUNITY PARTNERS</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance Adverse Childhood Experiences Response Team (ACERT) to address the needs of children exposed to trauma</td>
<td>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.</td>
<td>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.</td>
<td>• 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</td>
<td>Short- to Mid-term</td>
</tr>
</tbody>
</table>
## Identify and Mitigate the Effects of Adverse Childhood Experiences

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>RATIONALE/COMMUNITY CONTEXT</th>
<th>ACTIONABLE OBJECTIVES</th>
<th>COMMUNITY PARTNERS</th>
<th>TIMELINE</th>
</tr>
</thead>
</table>
| 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 | • 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.
<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>RATIONALE/COMMUNITY CONTEXT</th>
<th>ACTIONABLE OBJECTIVES</th>
<th>COMMUNITY PARTNERS</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve Integration across service systems</td>
<td>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</td>
<td>Receive training and coaching on the Boundary Spanning Leadership approach</td>
<td>• Network4Health • NH Department of Health and Human Services • Young Child Wellness Council</td>
<td>Short-term</td>
</tr>
<tr>
<td>Build capacity for infant, early childhood and family mental health</td>
<td>NH lacks a billing process, developmentally appropriate tools and a workforce for identifying, assessing, and diagnosing young children’s mental health needs.</td>
<td>Provide training on HIPAA</td>
<td>• Amoskeag Health • Cassie Yackley • NH Association for Infant Mental Health • NH Children’s Behavioral Health Collaborative • NH Department of Health and Human Services • Waypoint</td>
<td>Short-term</td>
</tr>
</tbody>
</table>

LAUNCH MANCHESTER: Five Year Strategic Plan for Young Children and Families • June 2019
<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>RATIONALE/COMMUNITY CONTEXT</th>
<th>ACTIONABLE OBJECTIVES</th>
<th>COMMUNITY PARTNERS</th>
<th>TIMELINE</th>
</tr>
</thead>
</table>
| 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 Provide professional development on pediatric behavioral health integration models including how best to refer children for services | • Amoskeag Health  
• Antioch University  
• Mental Health Center of Greater Manchester  
• Network4Health | Short- to Mid-term |
<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>RATIONALE/COMMUNITY CONTEXT</th>
<th>ACTIONABLE OBJECTIVES</th>
<th>COMMUNITY PARTNERS</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide school-based access to diverse elements of care</td>
<td>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.</td>
<td>Embed community health workers at all schools to help families access basic needs. 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).</td>
<td>• Amoskeag Health • Judge Baker Children’s Center • Manchester Community Schools Consortium • Manchester Health Department • Manchester School District • Mental Health Center of Greater Manchester</td>
<td>Short- to Mid-term</td>
</tr>
<tr>
<td>STRATEGY</td>
<td>RATIONALE/COMMUNITY CONTEXT</td>
<td>ACTIONABLE OBJECTIVES</td>
<td>COMMUNITY PARTNERS</td>
<td>TIMELINE</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------</td>
<td>-----------------------</td>
<td>--------------------</td>
<td>---------</td>
</tr>
</tbody>
</table>
| 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. 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. | • 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 |

**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
Project LAUNCH
Neighborhood Health Improvement Strategy 2
Assessment Report

Dorothy Bazos, PhD, RN
Lea Ayers LaFave, PhD, RN
Courtney Castro, BA
COMMUNITY HEALTH INSTITUTE/JSI RESEARCH AND TRAINING INSTITUTE, INC.
INTRODUCTION

During the fall of 2018, the Community Health Institute/JSI was tasked by the Manchester Public Health Department and The Manchester Community Health Center to interview Key Leaders of organizations currently supporting Manchester City families who care for/young children; as well as families who use early childhood services. Our assessment tool, both for the Key Leaders, as well as for families was framed by the “protective factors of families” as delineated by the “Strengthening Families Framework”. Within this framework, we were charged to assess: (a) service/systems gaps that prevent service to children and families (e.g., funding, workforce, coordination, transitions, access barriers), and (b) ideas for improvement. We describe a summary of our findings below by Key Leader and Focus Group.

KEY LEADER INTERVIEWS SUMMARY

During November and December of 2018, and January of 2019 we initiated five face-to-face and six phone interviews with Key Leaders from the following eleven organizations:

1. Elliot Hospital
2. Catholic Medical Center
3. Easter Seals
4. Waypoint
5. New Hampshire Charitable Foundation
6. Greater Manchester Mental Health Center
7. Manchester School District
8. The Moore Center
9. Manchester Community Health Center
10. City of Manchester, School Health Division
11. Head Start

STRENGTHENING FAMILIES FRAMEWORK – THE PROTECTIVE FACTORS

All Key Leaders were familiar with the protective factors as delineated by the “Strengthening Families Framework”: parental resilience, social connections, knowledge of parenting and child development, concrete support in time of need, social and emotional competence of children in time of need, child abuse and neglect. Overall and when applicable, Key Leaders were able to discuss how these specific factors are woven into their program infrastructure and culture. Key Leaders were consistent in their emphasis on these support factors as pillars of their service structure.
Programs
As a means of introduction, we asked each Key Leader to describe the services provided to families of young children by the organization represented. We learned that many/most organizational programs that provide support and education for young children also provide timely and relevant education and support for the parents or caregivers of these children as well. Across organizations, we heard that there is a commitment to providing these “family-centered programs”, with a focus on facilitating or fostering parent engagement and promoting parent agency in directing the care of their children based on unique family needs. Several organizations emphasized that their family-centered programs also include activities fostering children’s social and emotional developmental needs.

The programs that were described to us are funded through public and private insurance, federal (Title 1), state and private funders, and donations, and employ a wide range of professionals (educators, occupational therapists, physical therapists, nurses, social workers, counselors, medical providers, home visitors, community health workers, etc.). Some programs provide concrete supports such as food, clothing, toys, car seats, etc. for families who need them. Although clinical services are provided primarily in the hospital or primary care settings, several organizations provide additional services wherever the families are. For example, in the home, at early learning centers, and at settings where parents or children are receiving other services (e.g., ROOTS Program for women in recovery who can receive prenatal care and education classes when they come in for medication assisted treatment (MAT), and at the same time participate in support group meetings with other women in recovery). Several Key Leaders emphasized that in addition to providing services and education, organizational/community activities that included families, also served as a source of social support for the families. Evidence-based home visiting models include Healthy Families America and Strengthening Families.

Challenges
Key Leaders provided insight into some of the challenges and barriers to meeting the needs of families with young children in Manchester. Because there are so many, and so many similar programs in the City, the need for a stronger coordination component across both providers and families is evident. While organizations and programs reported that they collaborate well, there is no central/leadership hub in the City for planning, coordinating, or implementing services or programs, or for allocating funding or tracking outcomes across programs or families or children. In addition, there is no central resource directory to track and update the ever-changing landscape of service providers and services.

Specific challenges mentioned by Key Leaders include:

- Lack of integrated services for high-risk families across the perinatal continuum (prenatal, inpatient, and postpartum).
- Language barrier
- Shortage of behavioral health providers
- Lack of pediatric beds
- Lack of transportation.
- Complex array of family/child needs stemming from opioid misuse.
- Lack of funding to address needs.

**INITIAL IMPRESSIONS**

Based on our preliminary analysis, it appears that no high-level landscape analysis or schematic of supports and services for families with young children exists. The data from the Key Leader interviews provide an incomplete picture of services, funding streams and revenues across programs. Eligibility criteria and target populations for programs vary and the same services are sometimes described using different terminology (e.g., early intervention). Thus, our initial impression is that an overarching inventory and flow diagram of organizations/services/eligible populations/funding/etc. would benefit the strategic planning process of Manchester. Such an inventory will benefit the community at large as well as the organizations providing services. Most importantly, we assume that this is a need for the already over-burdened families who are trying to access supports and services for their children and for themselves.

**EMERGING ISSUES**

Emerging issues identified by Key Leaders validate our preliminary impressions. Specifically, home visiting is recognized by multiple organizations as a critical service for many young families. There are organizations within the community that have historically provided these services, and continue to provide them. However, there are also newer organizations that are initiating home visiting services and established organizations report frustration in trying to keep up with who is providing what services to whom with what funding within this growing arena of providers.

In addition, multiple Key Leaders identified the opioid crisis and its impact on young families as an emerging issue. Effects of the opioid crisis on families with young children are profound and widespread. These include drug overdoses; an increase in parents involved in the justice system, and DCYF involvement and this ultimately results in shifts in family structures. For example, a “huge uptake of kids being taken care of by a non-biological parent, and rise in numbers of kids who have lost a parent or both parents. Guardians of children come now come in all different shapes and forms, e.g., relative, non-relative, foster parents, pre-adoptive parents. In addition, organizations are sometimes working with kids who don’t have guardians at all, but are in the custody of DCYF, or in residential centers such as Webster house.”

The sharp rise in neonatal abstinence syndrome (NAS) is also negatively influencing the health and well-being of the City’s children. It was reported that “a huge percentage of children are...born addicted and going through withdrawals; other children are born exposed but don’t have withdrawal symptoms when they’re born”. We know that consequences of NAS include associated physical conditions, adverse childhood events, and developmental delays. Thus,
Leaders believe that the children, families and the communities affected now by the opioid epidemic will continue to be affected adversely not only now, but into the future as well.

On the positive side, Key Leaders reported that, despite gaps in services, there are more supports in place for families dealing with addiction.

**CAREGIVER FOCUS GROUPS SUMMARY**

Seven focus groups of caregivers with young children were scheduled during November and December of 2018. However, due to the inherent difficulties of recruiting busy and stressed caregivers, two of the focus groups were held in January 2019 when more caregivers were available to meet. Since we were unable to recruit females with SUD of childbearing age, or young non-English speaking families, information from these groups of caregivers are missing from this analysis. Overall, we met with 37 individual caregivers of young children dispersed across the following focus groups:

- Family with SUD of Childbearing Age (n=0)
- Families with Young Children (n=2)
- PTA/PTG Residents (n=6)
- Non-English-Speaking Families/Immigrants (n=0)
- Expectant Mothers (Including Pregnant and Parenting Teens) (n=5)
- Head Start/Early Head Start Families (n=9)
- Easter Seals Family Council Families (n=15)

At every focus group session, we asked caregivers to discuss six topics/questions based on the Strengthening Families Framework. In an effort to provide the most detail and information for this analysis, we have summarized the findings from all of the focus group participants together but have delineated the findings by the specific question asked. Detailed findings from the focus group discussions based on the first five questions are described below.

**Q1 Stress Management/Resilience**

**How do you take care of yourself when things are not going well – what do you do? To whom do you go?**

In response to the leading question listed above, caregivers of young children attending the Project LAUNCH focus groups discussed multiple ways that they took care of themselves when they were under stress. Self-care activities and obtaining support from family and friends were by far the predominant themes discussed by focus group caregivers. In addition, to self-care and engaging with family and friends, multiple other “general activities” were discussed as providing support during times of stress. Obtaining support from the health care system and community organizations as well as support from one’s own spirituality were also discussed.
Many self-care activities were delineated by caregivers as being supportive in times of stress. Finding time to be alone (to tune out and relax) was the main theme of this discussion. Caregivers also talked about the value of taking long car rides alone, taking bubble baths, having a routine, self-talk, and journaling. In summary, caregivers seemed to recognize the importance of finding “me” time to relax and unwind, but were clear that this was difficult for them to accomplish within the structure of their lives.

- “Going to work, that is my time. I love my family, but I need my time, too. I am on the phone all day, so I don’t think about home when I am at work [and I] don’t think about work when I am at home.”

Reaching out to family and friends was the second most mentioned way that caregivers took care of themselves when under stress. One participant stated, “My husband and I are a team.” In addition to reaching out to traditional families and friends, examples also include Narcotics Anonymous sponsor, foster parents caring for their children in foster care, and sitters provided through respite care.

- “We have a respite grant. We go out for dinner, movie, etc. to rejuvenate. The grant allows us to hire a sitter – usually about 4-5 hours on Friday night or Saturday afternoon. We usually do it each week.”

General activities like walking the dog, participating in physical exercise (walking, jogging); shopping, doing hobbies and cleaning were all discussed as ways that provided stress relief for caregivers. In addition, many caregivers mentioned that they obtained support for specific stressful events from professionals e.g., counselors, mental health counselors, doctors etc. While several caregivers mentioned spirituality/spiritual support as being helpful in time of need, it was not a predominant theme of the discussions.

Figure 1
Q2_ Opportunities for Social Connection

Where, or to whom, do you go to feel connected to others?
Caregivers of young children responded that their connections with family and friends, including neighbors, was the most important element for making them feel that they mattered to others. Caregivers also noted that they were socially connected to various community organizations. Going to church and having a spiritual connection also helped caregivers feel connected to something bigger than themselves.

- “We have a lot of neighborhood friends a lot younger than us...But in summer, kids come out of the woodwork. We have a pool, but if you come, need to bring a parent. Kids play together in summer and when weather is nice.”
- “It’s hard to make friends as adult man...but I don’t feel lonely. I do a lot with my kids. My wife is more social – she brings the friends.”

It is interesting to note that a few caregivers expressed that there was no point in having friends, or that friends added additional stress to their lives, or that certain friends could actually hold them back in meeting their life goals. One caregiver felt that she lived in a neighborhood where it was too dangerous to go out to make friends, one felt very isolated by language and a family disability and many caregivers mentioned that winter was hard on them socially.

- “I live on a bad street. I stay inside ... Don’t let kids out on the street, but may take them to park.”
- “[I stick to my] family because adding people to your life can cause unwanted stress.”

Figure 2

Opportunities for Social Connections (Percent of Total Responses)

- Family & Friends
- Community Orgs/Activities
- Spirituality
- Other
Q3_KNOWLEDGE ABOUT PARENTING/CHILD DEVELOPMENT

Our approaches to parenting change overtime as our children grow up. Where do you go to get information/knowledge about parenting your child through his/her different stages of development?

Caregivers rely heavily on community organizations (e.g., schools, teachers, foster care services, home visitors, PIC (Concord), the International Institute to mention a few) and family and friends (e.g., mothers, fathers, other family members and friends with older kids) for information on parenting and child development. In addition, they mentioned seeking information on their own using google and books. Health care providers, especially doctors as well as counselors, were mentioned as being good resources in this area. Participants also mentioned colleagues from work/school as resources. One caregiver stated that he had no support and did not know where to get information in this area and language/culture was a barrier. One caregiver recommended providing more classes on stages of child development.

Figure 3

- “Dog training classes helped with raising kids and learning to be more patient – my dog is about the level of my 2 and 4-year-olds.”
- “They are doing a parenting class at my son’s head start. Nice to talk to other parents, even if you don’t learn anything new. Is a good way to talk with other parents that you don’t have in the morning when dropping my kids off.”
- “There are a lot of resources now. Need to reach out for help – let them know what you need. You may need to go to Concord to get help in in emergency situation.”
Caregivers identified a range of basic services they need in order to support their families. These services included housing, food, utilities, transportation, health care, mental health, childcare, education, money (finances), home visiting, interpreters, and legal services.

Caregivers listed several places where they went to obtain basic services for their families. These places included the health care system, workplace, from government benefits (insurance, food stamps), through the schools. Food banks and food pantries were also mentioned. Below are specific examples of how services are obtained:

- “My husband works and thanks to him he provides most things needed in the house.”
- “I have access to resources through my job.”
- “I stay connected to resources/education through job at Easter Seals.”
- “I go to friends who point me in the right direction.”
- “I am happy with the services my children receive at school. My son, who has a disability, has a caseworker at school... There is an interpreter at the school, so when there is a message that needs to be conveyed, it goes through the interpreter.”

The discussion around basic needs predominately focused on the barriers that caregivers met in getting the basic needs met for their families. Barriers mentioned included (but was not limited to): long wait list for housing, lack of awareness of available resources, confusion about eligibility criteria, lack of coordination across organizations, and financial barriers (prorated daycare). One caregiver mentioned having difficulty getting a job due to anxiety.

Caregivers often mentioned that there were huge barriers for families who are “lower middle class” as illustrated in the following bulleted examples provided during the focus group meetings:

- “I make $200 over the income level for eligibility for childcare assistance... Same for housing – I have to look for a new house now and I do not qualify for housing subsidy.”
- “Keeping food on the table is hard.”
- “I am supporting my older son too who is a student in college.”
- “I have 3 kids and my child missed the cut off for school by 18 days so I have to pay for an extra year of childcare which costs me $820/month.”
- “Insurance is too expensive. My take home check was $345 and they had to take $145.00 out of my check, so I had $200/week to live on.”
Caregivers also mentioned that it is difficult to know when they are eligible for services, and then difficult to match their families up with the right services. Examples from these discussions follow:

- “I have not had any help from the City until now. I lived with, and relied solely on my dad; did not have insurance or food stamps. I have been working and paying for myself since I was 18 years old. I finally got WIC and Medicaid. Last month I stopped working and applied for food stamps, but was denied because I lived with my dad. I was told that he could take care of me and that I should wait until I turned 22 to obtain services.”

- One caregiver has a child with impulsive behaviors. She has found it nearly impossible to access counselors and finally asked for a meeting at school. “I called the meeting and mentioned the lack of responsiveness when I tried to get counseling. The school then said that they could help me but I wonder why they didn’t outreach proactively to me? I worry now about parents who are not proactive.”

- “I had to make a lot of phone calls and coordinate care for my medically complex child on my own.”

- “I worked two jobs, which wasn’t enough to cover all bills, e.g., housing, and what the kids need. I sought assistance, but was denied because I was employed and made too much money, so I got a third job. The last job just had benefits, but I do not have benefits now. I have been on a wait list for housing since my daughter was one year old. My daughter is now 18 years old.”

Q5._Staying Close to Children and Keeping Them Safe_

How do you stay close to your children? How do you make sure your kids are in a safe place all day with adults who will listen to them and respond to their needs?

Caregivers agreed that there was a need for them to stay close to their children and to keep them safe. Many caregivers stated that they engaged in activities like dance, games, baking, cooking, knitting, picnics, play dates, reading, and going to parks as a way to be with their children and connect with them. In addition, some caregivers stated that cook together as a way of staying close.

- “We cook together, because most of the meals are prepared at home, so we enjoy mealtime together.”

- “I [the mom] provide the social/emotional support to my kids – I go to their games – we are very family-oriented.”

Many caregivers recognized the importance of talking to and communicating with their children as a way to bond with them. One caregiver even provided an example of how she talked to her child using sign language. Communication (8) – talk with them – sign language
• “It is always good to talk to them even if they do not want to talk...Always take time to be with them. Sign and play music with them too.”

Caregivers talked about the import role that mothers and family members played in their lives when it came to helping to care for young children.

• “My baby will be with my mom. My mom works also, so whenever I have to be at work and my mom has to be at work, I have a designated neighbor that my mom trusts with the baby.”

Having good connections with teachers, being disciplined and setting boundaries were also mentioned as important factors for keeping children safe and close. As was taking the time to give your child your full attention and using counseling/therapy services as needed.

• “We are learning how to do this – we are going to a lot of therapy learning about actions/consequences. My kids are making improvements every week, as they were emotionally behind when they came to us from the State.”

Specific barriers mentioned around the issue of keeping children close and safe were trust, lack of transportation to activities and winter weather making it difficult to pursue outside activities. The following statements provide insight into the trust issues that young caregivers are dealing with:

• “I trust my neighbor because my mom trusts the neighbors. I feel like I can’t depend on the baby’s father. My neighbor watches the baby for a short period of time because there’s only a small overlap of work schedules. My mom has the baby most of the time when I am at work. I learned the hard way about trusting people with my first child, so I’m leery.”

• “Since my baby was born, two nieces are at the house. I take the baby to my mom sometimes, but I can’t go to my room and rest because I am nervous that my nieces will want to play with the baby; I don’t want my nieces to hurt the baby by accident.”

Figure 4
CONCLUSIONS AND RECOMMENDATIONS

The last question that we asked both Key Leaders and Caregivers was an open-ended question that promoted forward thinking about what they would recommend to improve the community if they had the power to do anything; Q6_“If you were the leader of the city what would you do/put in place to support families of young children? Budget and politics is not an issue.“

BY summarizing this information, we learned that while Key Leaders and Caregivers discussed similar topic areas, their recommendations had a different emphasis. Key Leaders aptly identified the myriad of services available to families and recognized the gaps in services and suggested ways to enhance them. They also spent a great deal of time talking about and developing recommendations to improve the coordination, collaboration and communication about these services and foundational resources. Caregivers were also able to identify the services they needed to live productive lives as well as the gaps in these services that exist in the City. However, as the Caregivers worked to develop recommendations, their discussion emphasized the importance of getting their basic needs met in order to be able to take advantage of any other services in the community. For example, it does not matter to a Caregiver that the City is providing activities for them in the evening if they have no way to get to these activities. Below we summarize the discussions around Q6 in table format.

KEY LEADER RECOMMENDATIONS

Key Leaders enthusiastically described the richness of the programs that their organizations were implementing within the City. That said, they recognized an acute and pressing need for the many services for city organizations to do a better job communicating, coordinating, and funding these services for the long term.

Organizations recognized the value that Project LAUNCH contributed to supporting young families and the programs that serve them, including leadership and coordination. The absence of leadership and coordination in the landscape of supports and services for young families is identified across organizations as a critical gap. Recommendations to improve services are outlined in Table 2 below.

“... [For the] past 5 years Project LAUNCH was a great forum for connecting all organizations in [the] community. I met so many people in the city and this really helped make a “network village” . Local leadership is not getting together anymore due to decreased funding for Project LAUNCH. It would be beneficial if it continued. Many of us are working with the same families so we could share. Project LAUNCH helped coordinate supports...”
**Table 1: Key Leader Recommendations - Summary Table**

<table>
<thead>
<tr>
<th>GAP</th>
<th>RECOMMENDATIONS FOR IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Services</strong></td>
<td>I wish the community was more child-focused. Our age demographic is forgotten. Resources are not there for young kids. How do you keep best practices going when they are grant funded? We need to look at the continuum – look at all aspects and blend together – take the long view. We never get the chance to duplicate what is working. We need funding, work force, no ending date, and strong expectations.</td>
</tr>
<tr>
<td><strong>Food</strong></td>
<td>Having food coming in consistently can be life changing.</td>
</tr>
<tr>
<td><strong>Housing</strong></td>
<td>If there is safe, secure housing, mental health struggles are less</td>
</tr>
<tr>
<td></td>
<td>Safe neighborhoods. Safe from the drug infestation, safe from bugs—bedbugs, cockroaches. Safe meaning that they can walk outside their door to their car and not be concerned about what they might see, find, or hear. Secure housing in that they do not have to worry about being kicked out. Not even being able to afford it from month to month.</td>
</tr>
<tr>
<td><strong>Transportation</strong></td>
<td>Expand free transportation services end to end for families.</td>
</tr>
<tr>
<td><strong>Early Education</strong></td>
<td>Head start in every elementary school in Manchester – have Head Start be the pre-school. Seamless transition into the public school. Would like to see equity for preschool students whether on IEP or Title I; set amount of days. Working on being able to function in a classroom setting, not just IEP goals Support the teachers to have better practice in the classroom to understand the kids’ social-emotional needs and basic development, that they are conduits to families all the time. Education is the key to success – have the best education systems with activities covered under school programs, get kids off the street – Free</td>
</tr>
<tr>
<td><strong>In-Home Care</strong></td>
<td>Some type of in-home support. Try to do things to bring parents in. Having something in-home. Social workers. More of an interpersonal whole-family approach.</td>
</tr>
<tr>
<td><strong>Health Care</strong></td>
<td>Value based care- anticipate risks for highest risk population. Find potential at-risk patients before they are at-risk and educate them. School health clinics. Wraparound teams. Every new mom has at least one home visit from a nurse or social worker regardless of income or risk factors; universal home visiting. Citizenship not needed for eligibility for health care.</td>
</tr>
<tr>
<td>Table 1: Key Leader Recommendations - Summary Table (continued)</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td></td>
</tr>
<tr>
<td>A platform is needed for communications, like a block party for</td>
<td></td>
</tr>
<tr>
<td>all parents/organizations, where we can share information and</td>
<td></td>
</tr>
<tr>
<td>parents can meet parents. There are pockets of this like the Vet</td>
<td></td>
</tr>
<tr>
<td>park and farmers market.</td>
<td></td>
</tr>
<tr>
<td>More open and understanding of what’s happening in the schools</td>
<td></td>
</tr>
<tr>
<td>during the school day – better communication, better messaging,</td>
<td></td>
</tr>
<tr>
<td>better alert systems (as Vargas has been doing).</td>
<td></td>
</tr>
<tr>
<td><strong>Activities</strong></td>
<td></td>
</tr>
<tr>
<td>More community things for kids to do. Maybe in each little</td>
<td></td>
</tr>
<tr>
<td>neighborhood, so that they can get out of their house and do</td>
<td></td>
</tr>
<tr>
<td>something fun and engage in the community in a positive way.</td>
<td></td>
</tr>
<tr>
<td>Manchester does a lot, but activities need to be more spread</td>
<td></td>
</tr>
<tr>
<td>out geographically because some people cannot get to them.</td>
<td></td>
</tr>
<tr>
<td>Getting the word out better. Having a place or having events,</td>
<td></td>
</tr>
<tr>
<td>because many times kids get in trouble because they are bored</td>
<td></td>
</tr>
<tr>
<td>and running the streets. (Example: Manchester Police Athletic</td>
<td></td>
</tr>
<tr>
<td>League).</td>
<td></td>
</tr>
<tr>
<td><strong>Education, Training &amp; Support for parents</strong></td>
<td></td>
</tr>
<tr>
<td>Supporting teachers to have better practice in the classroom to</td>
<td></td>
</tr>
<tr>
<td>understand the kids’ social-emotional needs and development.</td>
<td></td>
</tr>
<tr>
<td>They are conduits to families all the time.</td>
<td></td>
</tr>
<tr>
<td>In Manchester, at one point, I think there were at least 1000</td>
<td></td>
</tr>
<tr>
<td>children in early childhood centers approximately 40-50 hours</td>
<td></td>
</tr>
<tr>
<td>a week, before kids go to public school.</td>
<td></td>
</tr>
<tr>
<td>In addition, those are 1000 children using the childhood</td>
<td></td>
</tr>
<tr>
<td>scholarship, so they are living in poverty. And in those</td>
<td></td>
</tr>
<tr>
<td>childhood centers and head start centers, those parents are</td>
<td></td>
</tr>
<tr>
<td>required to come in twice a day.</td>
<td></td>
</tr>
<tr>
<td>A host of supports exists for low-income kids under five that</td>
<td></td>
</tr>
<tr>
<td>could be shared with schools, but there has not been sustainable funding to coach those programs in the manner in which Project LAUNCH was able to for some years that made a difference.</td>
<td></td>
</tr>
<tr>
<td><strong>Programs</strong></td>
<td></td>
</tr>
<tr>
<td>More education on the substance abuse issue in both middle and</td>
<td></td>
</tr>
<tr>
<td>high school. Understand the effect of drugs, create a robust</td>
<td></td>
</tr>
<tr>
<td>drug education program, and understanding that kids with ACES</td>
<td></td>
</tr>
<tr>
<td>are at higher risk for substance use</td>
<td></td>
</tr>
<tr>
<td>More support within classrooms; center structures in terms of</td>
<td></td>
</tr>
<tr>
<td>coaching teachers; pay scales for teachers need to be looked</td>
<td></td>
</tr>
<tr>
<td>at; communication regarding assessments that are passed along</td>
<td></td>
</tr>
<tr>
<td>to public schools. Developmental screening.</td>
<td></td>
</tr>
<tr>
<td>There is always a capacity issue. Instead of offering a 4-day</td>
<td></td>
</tr>
<tr>
<td>program, split it up to two-day programs to service more kids.</td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td></td>
</tr>
<tr>
<td>We need more child psychologists, child therapists, and child</td>
<td></td>
</tr>
<tr>
<td>psychiatrists. More mental health supports for children.</td>
<td></td>
</tr>
<tr>
<td>Have mental health workers in the schools that they can meet</td>
<td></td>
</tr>
<tr>
<td>with for an hour a week, because we know that some of the</td>
<td></td>
</tr>
<tr>
<td>parents and students that we deal with are not going to their</td>
<td></td>
</tr>
<tr>
<td>mental health appointments. It would offer a direct service</td>
<td></td>
</tr>
<tr>
<td>that benefits the parents and child, and it is a good way to</td>
<td></td>
</tr>
<tr>
<td>get parent involvement, when they understand that we are invested in their child’s future.</td>
<td></td>
</tr>
<tr>
<td>Liaison and in-home care.</td>
<td></td>
</tr>
</tbody>
</table>
### Table 1: Key Leader Recommendations - Summary Table (continued)

<table>
<thead>
<tr>
<th>Interagency Collaboration</th>
<th>Communication, Coordination &amp; Training</th>
</tr>
</thead>
</table>
| **School and Police need to work together.** | **Community schools take the concept of school as a center, a safe place within the community.**
The fire station safe house program for the opioid crisis is a fantastic idea.
The ACERT program (response team that goes out with the police when there is an event where children are involved) has been a major important addition to our city.
Look at programs and say is this working? Is there evidence that this is making things better for children and/or families? The most important thing is to strengthen parents in their job of being a parent so agencies do not have to step in and be parents for them. |
| **Mental Health** | **Direct healthcare access in the schools for the children so the kids feel supported in school.**
Increase the presence of liaisons in the schools to identify and support at-risk children, so the teacher knows what is going on, and the medical, social, mental health professionals all talk to each other.
We need to be trauma-centered community. |
| **Communication on Resources** | **Have a position in the mayor’s office focusing exclusively about children/families and working with all organizations. It is going to take leadership and time.**
Early Childhood centers that take on a community schools model should be overlaid in early childhood centers.
NHIS, community school model has been a huge success.
Mentioned to Mayor Craig, are there early childhood centers serving 100 or more kids, could they take on the community school model? What can we get into that space so parents who are in there twice a day get that support? |
| **Coordination** | **We need a scan of all services in Manchester to understand the needs, the resources, and all the revenue streams coming into the city. Are we fully utilizing them? Are they coordinated? How are they funded?**
- Find funding for services: tax base, businesses, school board, etc.
- What policy changes have happened at the state or federal level that could draw more revenue into the City?
There is competition between organizations. When they consider working together, there is a fear of losing funding. We need to think out of the box and look for opportunities to partner and recognize that each organization has a slightly different objective and budget. |
CAREGIVER RECOMMENDATIONS

Policies on eligibility prevent families from being as productive as they feel they could be. While caregivers did allow themselves to dream a bit as they discussed the possibility of being in charge of the city; they consistently pulled themselves back to their reality which was that their basic needs for food, housing, transportation, health care and support for daily living were not being met. Caregivers were clear that they would like to have more input into developing programs to meet the needs of families and that they would want to help others if they could. Caregivers stated many times that current programs (food bank, food stamps, housing, insurance etc.) are inequitable, difficult to access, and not designed to help them move from being dependent on services to independent.

- “Transportation is crappy. The buses are unreliable; there are sometimes no sidewalks, or they may not be cleared of snow. This is especially hard for families walking with young children or with strollers.”

- “[We need] better interagency communication – I spend the first 20 minutes of every call telling our story – For example, when I need speech therapy for my 2 year old I always have to restate my story every time (DCYF handles these appointments as these are foster kids so all appointments go through DCYF)... A lot of phone calls, a lot of re-explanations. It took 6 months to get mental health services. Speech therapy has been interrupted three times now.”

Caregivers provided many examples of when they had worked hard to get more education, better or more jobs, or pay raises; only to find that they were then ineligible for ALL of their community services. In summary, they found themselves making too much money for services, but not enough money to support the needs of their families. This topic of not being able to move up on the social economic ladder because of eligibility criteria that are mismatched to the reality on the ground for parents was mentioned over and over again. This was juxtaposed against the fact that parents described themselves as people who want to be independent and off services.

- “People at work should get some help, too. It is not motivating enough to not be driven to be productive members of society... Raise limit to qualify, but need some type of motivation for those who stay at home. Your kids look at what you do – it’s not okay to stay at home.”

- “I worry about parents who don’t have the knowledge that I have, or who are not proactive. There is a need to link parents to knowledge about community resources, but also empower them to access them.”

- “I would create more community groups that don’t involve officials for the younger mothers. It makes them feel like they’re part of something and builds self-esteem.”
<table>
<thead>
<tr>
<th>GAP</th>
<th>RECOMMENDATION FOR IMPROVEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Services</strong></td>
<td>People who work should be eligible for basic services when their income is not high enough to support their families. The current system does not support our desire to go to work. (Build some transitioning program from being dependent on City services to being independent.) An example that caregivers liked was the child-only TANF system that has been developed for grandparents.</td>
</tr>
<tr>
<td>Activities</td>
<td>More staff at parks, block parties, street art, events with the mayor or her assistant present.</td>
</tr>
<tr>
<td>Housing</td>
<td>More subsidized housing for people in transition, including more shelters for women. There is a long wait list for subsidized housing and there is no place for a family to stay as they wait. More federally funded housing and move away from using private landlords.</td>
</tr>
<tr>
<td>Childcare</td>
<td>Increase childcare for mothers/fathers who are going to school. Decrease cost of childcare.</td>
</tr>
<tr>
<td>Food</td>
<td>Make it easier to get food from the food pantries as they require ID and validation that we do not have.</td>
</tr>
<tr>
<td>Transportation</td>
<td>Build a better bus system that is free for all families. Build more sidewalks and clear the ones we have of snow.</td>
</tr>
<tr>
<td><strong>Education, Training &amp; Support for parents</strong></td>
<td>Schooling for moms and dads at basic level teaching them how to parent, getting help with GED, learn how to budget, how to buy a house. Childcare would be available during these classes. We need more money to support a 21st century education.</td>
</tr>
<tr>
<td>Programs</td>
<td>More programs for school age children and parents. More programs for young mothers that don’t involve officials. These might help moms get to know each other, learn from each other, and build self-esteem.</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Provide programs on trauma, how to deal with behaviors of kids, narcotics anonymous</td>
</tr>
<tr>
<td>Language</td>
<td>Spanish – there are barriers due to language and we don’t attend events because of this. Language learning for parents. ESL programs with day care available because it is hard to attend the programs if you do not have childcare.</td>
</tr>
<tr>
<td>Sex Education</td>
<td>Teach how to put condoms on, take them off, dispose of them. Sex education for both women and men.</td>
</tr>
<tr>
<td><strong>Interagency Collaboration, Communication, Coordination &amp; Training</strong></td>
<td>We need better interagency communication. One caregiver stated that he/she spent 20 minutes of every call telling his/her story and re-explaining his/her need for services.</td>
</tr>
<tr>
<td>Work together</td>
<td>School and police need to be better connected. “Handle with Care Program” was mentioned. More truancy officers in schools. Accommodate learning styles for school staff and police to increase capacity to work with kids with ADHD, mental illness.</td>
</tr>
<tr>
<td>Coordination of resources.</td>
<td>Send a flyer to each house yearly with all resources and phone numbers.</td>
</tr>
</tbody>
</table>