



2021
UPDATE



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FIVE YEAR STRATEGIC PLAN FOR
Young Children
AND Families

UPDATE: AUGUST 2021



I. EXECUTIVE SUMMARY

In June 2019, Amoskeag Health released **LAUNCH Manchester: Five Year Strategic Plan for Young Children and Families**. This document was the culmination of a community-driven strategic planning process conducted between September 2018 and June 2019, made possible with funding from the NH Charitable Foundation. Informed by a needs assessment, the Strategic Plan identified four priority areas:

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

The Strategic Plan outlines actionable approaches intended to strengthen the community's ability to support young children and families for each priority area. Also, the Strategic Plan identifies areas to expand and deepen partnerships and highlights growing community needs.

Two years into the Strategic Plan, much has changed at the local, state, and national levels that have impacted LAUNCH Manchester's priorities and strategies. Amoskeag Health convened an internal workgroup to review and update the Strategic Plan to reflect the changing healthcare, social service, economic, and political landscape.

The workgroup surveyed providers and family members and conducted a thorough review of all priorities, strategies, and objectives to make necessary adjustments. Furthermore, the workgroup identified measures of success for each strategy. This document outlines the methodology used for the update and the outcomes of the update process.

II. STRATEGIC PLAN UPDATE PROCESS

Aligning with strategic planning best practices, Amoskeag Health recognized the value of a review and update of the LAUNCH Manchester Strategic Plan. Accordingly, in March 2021 Amoskeag Health engaged Pear Associates, a strategic planning consulting firm that facilitated the 2019 strategic planning process, to assist with the update. Also, Amoskeag Health convened a Strategic Plan Update Workgroup that included the following members:

- Lara Quiroga, Director of Community-Integrated Health & Wellbeing
- Cammie Switzer, Community Engagement Manager
- Katherine Burns, Adverse Childhood Experiences Response Team (ACERT) Supervisor
- Tara Paladino, Early Childhood Specialist
- Kimberley Rybczyk, Community Services Manager
- Christina Miller, Manager of Community-Based Behavioral Health

As a first step, the Workgroup implemented an online survey in April-May 2021 to determine the extent to which a range of factors impacted the priorities and strategies within the Strategic Plan. The survey was completed by 27 stakeholders representing the following early childhood groups:

- Manchester Children's Initiative Integration Team
- Community Implementation Team
- Pyramid Model Community Wide Implementation Team
- Early Learning Collaborative
- ACERT Partner Network
- Family Advisory Council

The Workgroup met in May 2021 to review and discuss stakeholder input, and agreed to conduct a thorough review of all priorities, strategies, and objectives. The Workgroup met again in May and June 2021 to revise the strategies and objectives, and to add performance measures for each objective.

III. SURVEY FINDINGS

The first series of survey questions explored a range of factors that may have impacted the Strategic Plan’s priorities, including the new funding streams (i.e. CARES Act, American Rescue Plan, Preschool Development Grant), COVID-19 pandemic, social and political environment, and Black Lives Matter movement. For each factor, respondents were asked to indicate whether that factor changed the plan’s priorities or affected Manchester’s ability to make progress towards the plan’s objectives.

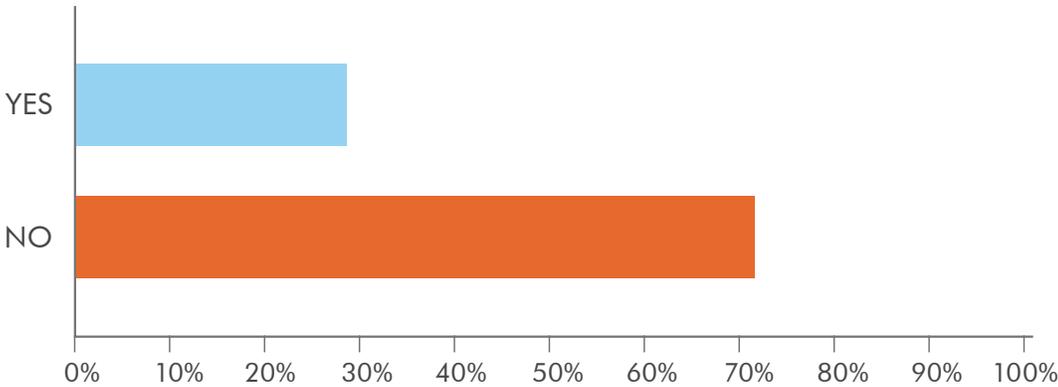
Impact of Funding

As shown in Figure 1, the majority (73%) of respondents felt that new funding did not change the plan’s priorities. The remaining 27% of respondents felt funding did change priorities by enhancing opportunities to address challenges and helping to reduce the needs created by COVID-19; others indicated new funding prohibits sustainable financial planning, driving the need to align fundraising efforts. Respondents were divided (54% yes/46% no) as to whether new funding affected Manchester’s ability to make progress.

FIGURE 1

Factor One: Funding (i.e., CARES Act, American Rescue Plan, Preschool Development Grant)

Does this change the plan’s priorities?



Impact of COVID-19

Most respondents (64%) did not feel that the COVID-19 pandemic changed the plan’s priorities (Figure 2). Respondents were split (42% yes/58% no) as to whether the economic impact of COVID-19 changed the priorities (Figure 3). Most respondents (65%) did not feel that food insecurity resulting from COVID-19 changes the priorities (Figure 4). Among those who felt the pandemic did change the priorities, respondents indicated that COVID-19 increased needs including food insecurity, created workforce shortages, forced the reallocation of resources, and elevated weaknesses in the system especially among the most vulnerable populations and underserved communities.

FIGURE 2

Factor Two: COVID-19 Pandemic

Does this change the plan’s priorities?

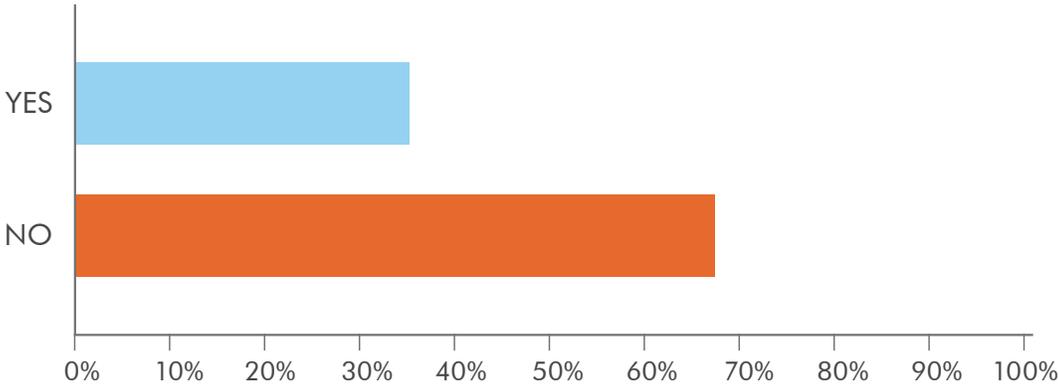


FIGURE 3

Factor Three: Economic Impact of COVID-19

Does this change the plan’s priorities?

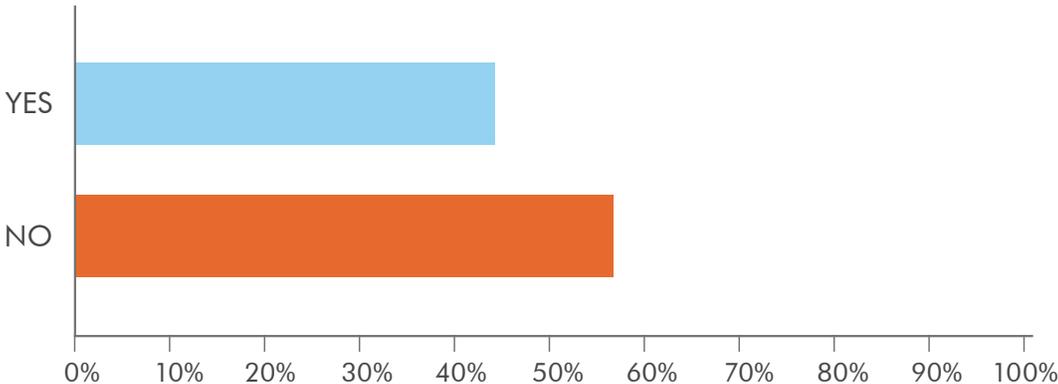
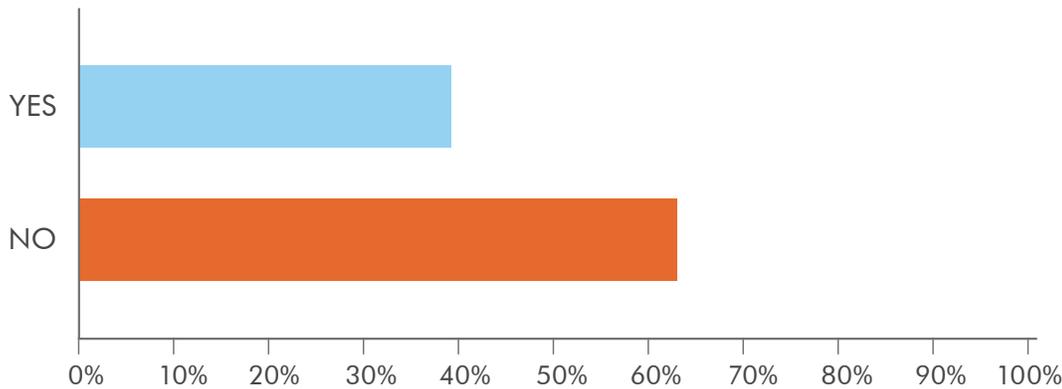


FIGURE 4

Factor Four: Food Insecurity Resulting from COVID-19

Does this change the plan's priorities?

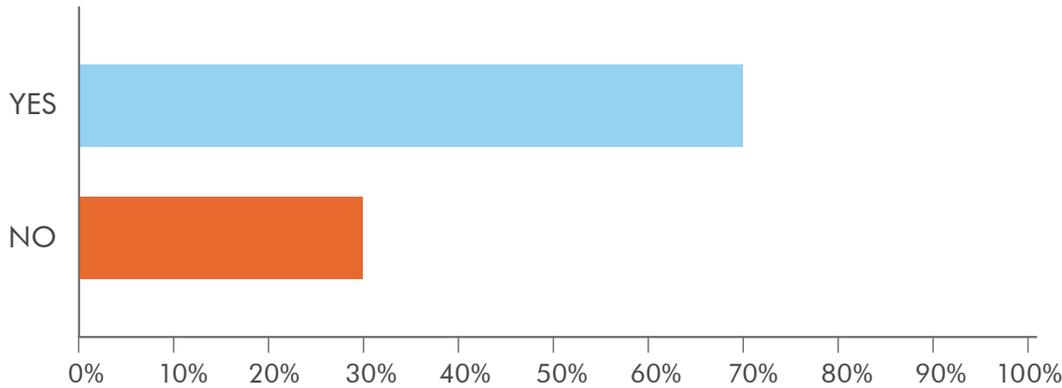


The majority of respondents felt the pandemic affected Manchester's ability to make progress (Figure 5). Respondents indicated COVID-19 reduced connections, increased needs and demands, generated challenges accessing services, reduced the capacity of organizations, and ultimately, slowed progress.

FIGURE 5

Factor Five: COVID-19 Pandemic

Does this affect Manchester's ability to make progress?



Impact of the Social and Political Environment

Most respondents (61%) did not feel the social and political environment changed the plan’s priorities (Figure 6); however, more than half did feel the social and political environment affected Manchester’s ability to make progress (Figure 7). There were varying perspectives as to the ways in which the environment impacted the plan. For example, one respondent felt the anti-science movement would inhibit progress on addressing ACEs. Another respondent felt there was more attention being paid to the needs of families.

FIGURE 6

Factor Six: Social and Political Environment

Does this change the plan’s priorities?

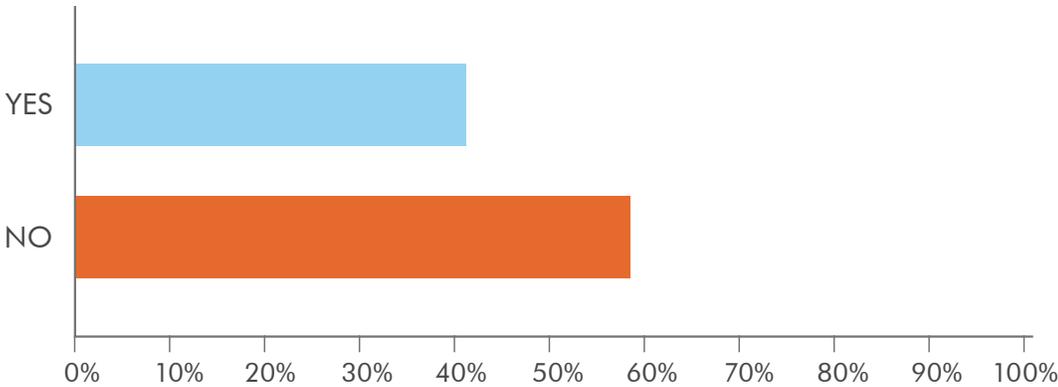
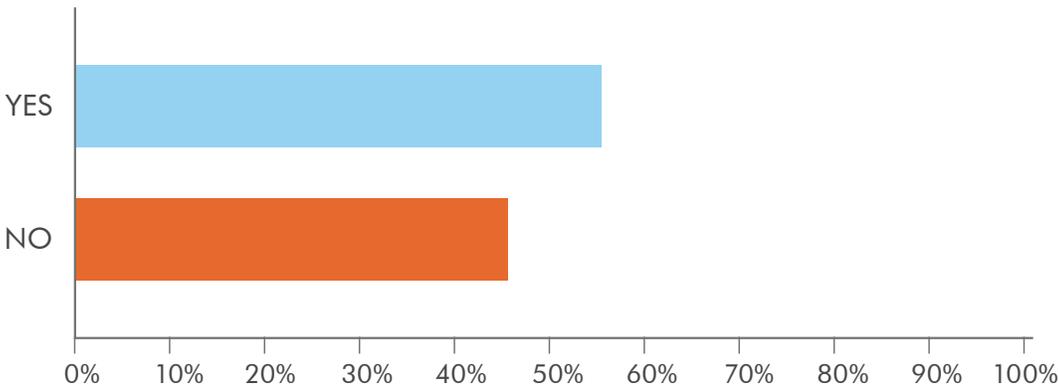


FIGURE 7

Factor Seven: Social and Political Environment

Does this affect Manchester’s ability to make progress?



Impact of the Black Lives Matter Movement/Racial Injustice

Respondents were split (52% yes/48% no) as to whether the Black Lives Matter movement and racial injustice changed the plan’s priorities (Figure 8). Among those who voted that it did change the plan’s priorities, respondents cited a need for racial injustice to be addressed through all four priorities, a heightened focus on equity and inclusion, and the incorporation of anti-bias training. Most respondents (65%) agreed that the Black Lives Matter movement did not affect Manchester’s ability to make progress (Figure 9).

FIGURE 8

Factor Eight: Black Lives Matter Movement/Racial Injustice

Does this change the plan’s priorities?

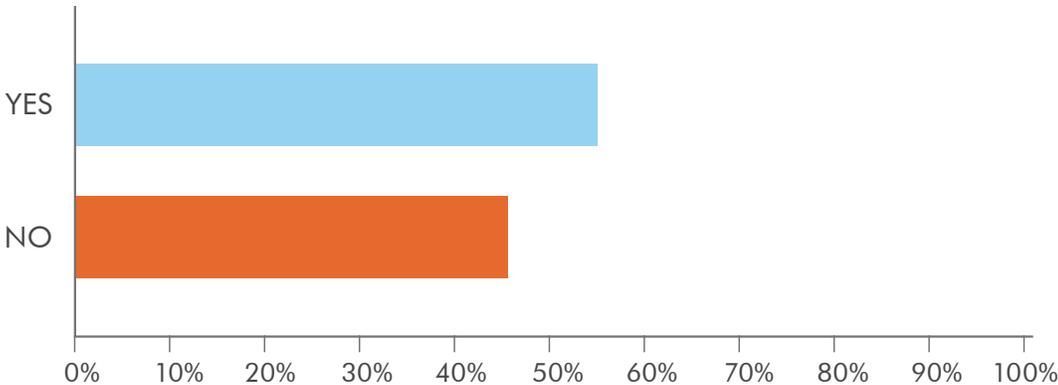
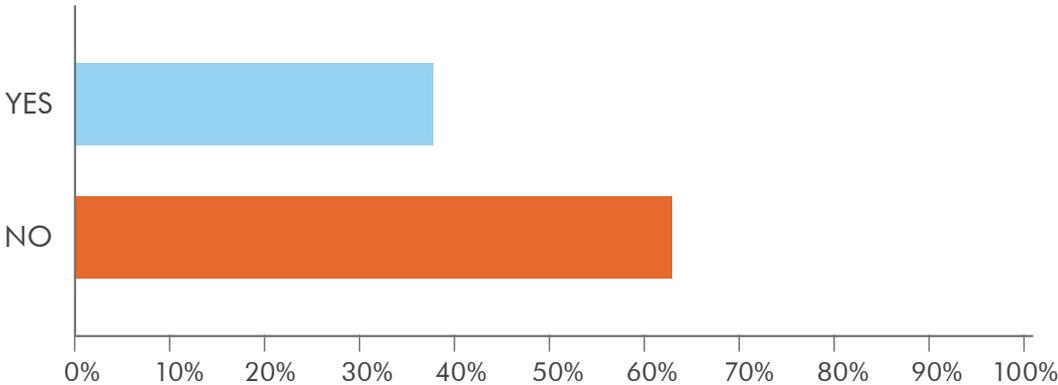


FIGURE 9

Factor Nine: Black Lives Matter Movement/Racial Injustice

Does this affect Manchester’s ability to make progress?



Impact of Other Factors

Finally, respondents were asked if there were any other factors that may impact the strategic plan. Factors cited by respondents included effective communication and outreach to increase awareness of programs; IT, data collection, data sharing and analytics; and proactive preparations for the next crisis.

Current Strategic Priorities

The next series of questions presented in the survey reviewed the current strategic priorities. For each priority area, respondents were asked to indicate whether they felt that initiative a) remains a priority area, b) is no longer a priority area, c) needs to be updated, or d) other. Additionally, respondents were asked how they would update each priority area. Almost all respondents (96%) felt that

Priority 1 – Improve Access to High-Quality Early Education and Care should remain a priority. Only one respondent felt that access to early education was too high of a priority.

For **Priority Area 2 – Empower and Strengthen Families**, most respondents (91%) felt that it should remain a priority area. One respondent felt this priority area should be updated to include addressing basic needs, such as food insecurity. Another respondent suggested adopting a two-generation approach to this work.

A strong majority of respondents (96%) felt that **Priority Area 3 – Identify and Mitigate the Effects of Adverse Childhood Experiences (ACEs)** should remain a priority area. One respondent felt the strategic plan should include more specific strategies for how LAUNCH Manchester would identify and mitigate the effects of ACEs.

Finally, for **Priority Area 4 - Improve Access to Health, Behavioral Health, and Specialized Medical Services**, most respondents (87%) agreed that it should remain a priority area. A small percentage (4%) of respondents felt this should no longer be a priority area, and 9% felt it should be updated to identify specific gaps in the community and include an intentional focus on racial equity.

IV. UPDATED PRIORITIES, STRATEGIES, AND METRICS

With input from the survey data, and upon careful review of the Plan, the Workgroup updated the priorities, strategies, actions, and metrics.

Priority One Improve Access to Early Childhood Education and Care		
STRATEGY	ACTIONABLE OBJECTIVES	METRICS
Build an Early Learning Collaborative	Convene and facilitate early education providers as a coordinated system of care	<ul style="list-style-type: none"> The Early Learning Collaborative meets at least ten times per year Membership expands by 10% annually % of Early Learning Collaborative members who believe there are effective transitions from preschool to kindergarten Increase in the number of members who take advantage of professional development opportunities
	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	
	Connect early learning programs to professional development opportunities and resources to improve quality	
Provide mental health consultation in early care and education	Integrate the Pyramid Model into infant, toddler, preschool, and kindergarten classrooms	<ul style="list-style-type: none"> # of classrooms implementing Pyramid model # of hours of coaching and consultation
	Provide behavioral health consultation to teachers of children with challenging behaviors or are otherwise at-risk identified through Pyramid Model implementation	
Increase knowledge and utilization of scholarships available for childcare	Review number of working families living in poverty to determine eligibility for scholarships	<ul style="list-style-type: none"> # of families enrolled in LAUNCH that received assistance with the scholarship application (QuickBase)
	Establish a social media outreach plan	
	Assist families with the application process	
	Address barriers to using scholarships	

Priority One
Improve Access to Early Childhood Education and Care

STRATEGY	ACTIONABLE OBJECTIVES	METRICS
<p>Develop creative business partnerships to increase revenue, diversify payer mix, and reduce operational costs of early education and care</p>	<p>Collaborate with Manchester businesses and institutions of higher education</p>	<ul style="list-style-type: none"> • The extent to which Manchester collaborates • The extent to which Manchester established alternative opportunities • The extent to which Manchester developed a regional learning community
	<p>Establish alternative investment opportunities for the business community (bricks and mortar/pre-paying slots)</p>	
	<p>Develop a regional learning community focused on whole-family approaches to employment equity</p>	
<p>Strengthen cultural and linguistic competence among early education providers</p>	<p>Encourage the collection of data on child/family demographics to identify disparities</p>	<ul style="list-style-type: none"> • % of Early Learning Collaborative members that collect demographic data • % of Early Learning Collaborative members that encourage language and communication access • % of Early Learning Collaborative members that value and support staff cultural competence
	<p>Provide resources to encourage language and communication access</p>	
	<p>Provide resources to encourage partners to value and support staff cultural competence</p>	

Priority Two Empower and Strengthen Families		
STRATEGY	ACTIONABLE OBJECTIVES	METRICS
Provide education to support parents, guardians, and kinship caregivers	Implement <i>Positive Solutions for Families, Period of PURPLE Crying, Strengthening Families Protective Factors, Parenting A Second Time Around, Consumer Finance Protection Bureau resources, and other appropriate family strengthening and child development curricula</i>	<ul style="list-style-type: none"> • # of families that participate in educational programs • # of providers that participate in trainings • # of social media posts about Vroom • # of Vroom tip cards and information brochures distributed
	Promote Vroom as an innovative family engagement tool to help parents support child learning and development	
Re-empower families by validating their experiences and helping them regain their power through advocacy	Partner to offer and promote events for parents and community members, including block parties/resource fairs associated with Countdown to Kindergarten and Back to School Night	<ul style="list-style-type: none"> • # of events offered through LAUNCH Manchester • # of children/families that attended events offered through LAUNCH Manchester • # of Family Advisory Council members
	Establish and convene a Family Advisory Council to advise on LAUNCH priorities and activities	
Build capacity for providers to implement a two-generational approach	Support the identification and utilization of whole-family assessment models across child-serving systems	<ul style="list-style-type: none"> • # of Early Childhood Collaborative and Community Integration Team members that use a whole-family assessment model • # of educational programs conducted
	Conduct educational programming for community members on the two-generational approach	

Priority Three
Identify and Mitigate the Effects of Adverse Childhood Experiences

STRATEGY	ACTIONABLE OBJECTIVES	METRICS
<p>Create a shared vision for how Manchester addresses ACEs and social determinants of health</p>	<p>Convene the LAUNCH Manchester Community Implementation Team for primary prevention efforts</p>	<ul style="list-style-type: none"> • # of times the LAUNCH Manchester Community Implementation Team, and ACERT Partner Network meet annually • # of collaborations that have a charter or MOU for how they work together • # of collaborations that have an annual work plan
	<p>Convene the ACERT Partner Network for secondary prevention efforts</p>	
<p>Encourage the selection and adoption of screening tools for the identification of ACEs and positive experiences that mitigate ACEs</p>	<p>Encourage the selection and adoption of tools</p>	<ul style="list-style-type: none"> • Prevalence of ACEs (BRFFS data) • Community Collaborations Grant data collection • Concrete Supports - Subscale and PFS-2 Retrospective Survey
	<p>Encourage organizations to align screening tools</p>	
<p>Build an informed community around ACEs and their impact</p> <p>Enhance Adverse Childhood Experiences Response Team (ACERT) to address the needs of families exposed to trauma</p>	<p>Schedule, promote, and host regular training sessions for core partners, community agencies, and parents/ caregivers that help them recognize and mitigate ACEs</p>	<ul style="list-style-type: none"> • # of trainings scheduled, promoted, and hosted • # of participants that attend ACEs training • Pre- and post-training assessments • 6-month post-training assessment on utilization • # of workflows developed to connect ACERT to children that first responders see • # of incidents reported by first responders
	<p>Expand ACERT to Manchester Fire Department, Safe Stations, American Medical Response (AMR ambulance service), and Mobile Crisis Response Team to strengthen response for children exposed to trauma</p>	
<p>Develop a universal home visiting model to ensure the early identification of behavioral and developmental concerns</p>	<p>Implement a universal home visiting model</p>	<ul style="list-style-type: none"> • MOUs in place with two hospitals and the VNA • The evidence-informed tool is identified
	<p>Adopt an evidence-informed tool to connect families to appropriate community-based resources</p>	

Priority Four
Improve Access to Health, Behavioral Health (BH), and Specialized Medical Services

STRATEGY	ACTIONABLE OBJECTIVES	METRICS
Improve integration across service systems Build capacity for infant, early childhood, and family mental health	Receive training and coaching on the Boundary Spanning Leadership approach	<ul style="list-style-type: none"> • # of participants that participate in Boundary Spanning Leadership Training annually • # of trainings supported • # of people that attended trainings • Pre- and post-evaluations among training participants
	Schedule, promote, and host trainings on evidence-based practices, such as child-parent psychotherapy	
Map out referrals for various behavioral health and community-based services	Identify services provided by referral partners	<ul style="list-style-type: none"> • # of programs offered • Map of referral pathways • % increase in BH services provided in community settings
	Increase behavioral health support in community-based programs	
Provide school-based access to diverse elements of care	Embed behavioral health clinicians and community health workers at Manchester’s community schools	<ul style="list-style-type: none"> • # of vision screenings conducted • # of referrals resulting from screenings • Community partners determine the feasibility of a school-based health center
	Conduct school-based vision screening and referrals for support	
	Implement evidence-based clinical practices	
	Explore the development of a school-based health center	
Strengthen pediatric and BH workforce	Provide and promote trainings designed to strengthen the pediatric and behavioral health workforce	<ul style="list-style-type: none"> • Types of providers trained • # of trainings provided or implemented
	Promote the utilization of innovative care strategies including telehealth and mobile services to expand the reach of the current workforce	