

**Summary of Impact Monadnock's
Impacts, Challenges, & Opportunities**

Implementation Evaluation Report
3/1/15 - 6/30/17

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Summary of Impact Monadnock's Impacts, Challenges, & Opportunities

Contents

EXECUTIVE SUMMARY	1
COALITION ACTIVITIES.....	2
Organizational Overview	2
Collaborative Work.....	2
IM on the Web	4
Resource Leveraging.....	5
Completion of Activities	5
GOALS ACHIEVED	6
SYSTEM WIDE ASSESSMENT.....	12
KEY FINDINGS AND RECOMMENDATIONS.....	17
APPENDIX A COMPLETION OF IMPACT MONADNOCK ACTIVITIES BY GOAL AREA	

Special thanks to the following individuals who contributed their time and energy over the past year to the IM evaluation committee: Daniel Belluscio, Dottie Bauer*, Joanne Cepelak, Liz Chipman*, Deirdre Chretien*, Bob Collinsworth, Marj Droppa, Bill Gurney*, Dick Hill*, Jay Pettapiece, Craig Platt*, Rich Randall*, Nikki Sauber*, Katie Schwerin, David Sobel, Kelly Brigham-Steiner*, Barbara Tremblay*, Andrea Wright*

** Current members of the committee as of 8/31/17*

EXECUTIVE SUMMARY

This report covers the activities of the Impact Monadnock (IM) early childhood development initiative from March 1, 2015 to June 30, 2017. It provides a review of documented activities, assessments of impact, as well as outlines potential challenges and opportunities for IM. Members of the IM Evaluation Committee and Leadership Team were provided an opportunity to review and comment on the enclosed material. Evaluation of the project is led by Peter Antal, Ph.D., Antal Consulting, LLC.

Since launch, participants in the IM initiative sought to accomplish a range of objectives in fulfillment of its mission and vision:

Mission: To prepare children from birth to age five in the Monadnock Region for future academic, career, and life success.

Vision: All children in the Monadnock Region and their families are healthy, learning, and thriving, now and in the future.

Among their key accomplishments:

- Improved utilization of the ASQ-SE developmental screening tool in both medical and education settings. Seven Cheshire Medical Center pediatric staff are now regularly utilizing the ASQ-SE for all children served.
- Creation of a new learning community comprised of 24 members dedicated to sharing best practices among early childhood professionals for improved behavioral and emotional support of children in the classroom.
- Launching 2 major Vroom awareness events and distribution of materials throughout the region.
- Creation of a vibrant business community of 19 organizations dedicated towards building greater business support for the Monadnock Region's children and their families. Already, 4 businesses have expanded family friendly policies in support of this effort, impacting over 200 employees in the region.
- Ongoing presentations and trainings related to IM outcomes, including over 70 presentations serving more than 2,000 individuals. Over 200 received intensive training in *Mind in the Making* (MITM) concepts.
- Recognition from a large percentage of stakeholders that IM has already made substantive progress in raising awareness of the needs of young children and their families.
- Enhanced sustainability via successful transition and incorporation of IM into the Monadnock United Way.

In reviewing the primary activities over the past year, 71% of 35 activities have either been fully successful (37%) or have made substantive progress (34%). Nine percent have made some progress and 6% have not yet started but are expected to soon. There are 5 activities (14%) which have been tabled indefinitely. In terms of IM's 10 measure-based goals for the last year, 5 were fully successful, 3 partially, and 2 goals lacked sufficient data for assessment¹.

To assist with future planning and implementation efforts, recommendations for improvement have been identified in the final section of this report. Recommendations focus on: improving collaboration across service sectors, clarifying roles for individuals in the coalition, defining a process for supporting organically started groups, improving communication efforts across IM, addressing potential geographic disparities, balancing resources needed for systems vs. individual level improvements, ensuring appropriate supports are in place to support the long term viability of activities, refining assessment measures, and improving coordination of services and resources.

¹ Note: Due to limitations in timing of project components, IM's first full evaluation plan could not be finalized until mid course of the project year, resulting in information gaps as many of IM's activities were already underway prior to completion of the evaluation design. It is anticipated that most of these will be filled in Implementation Year 2.

COALITION ACTIVITIES

Organizational Overview

The work of IM is guided by a strategic planning effort that involved more than 30 community members from a range of perspectives and backgrounds, including childcare and education, human services, criminal justice, special education, healthcare and public health, mental health, government and policy, and parental. The strategic plan was developed over 8 months (September 2015-May 2016) in order to craft strategies that could be adopted to bring about improvements for children and families across the region.

From February 2015 through April 2017, IM's efforts were led by Marj Droppa, Ph.D. with support by members of the leadership team and core infrastructure support provided by Monadnock United Way (MUW) and Spark NH as well as a broad range of volunteers from the community who participated in one or more project committees. Supplementing these efforts were several consultants who were hired to provide targeted support in key areas, such as evaluation, communications, strategic planning, and grant-writing, as well as multiple MUW staff who supported the implementation of the work.

In 2016 – 2017, IM carried out substantial portions of its work through 3 project teams (Emotional & Behavioral Health, Early Childhood Supports, Family Supports), and an engaged group of local business leaders. The chairs of each project team met regularly with the IM project coordinator. Additionally, IM strengthened collaborations with Spark NH and its related committees (Statewide Community of Practice, Policy Committee), as well as other statewide and national initiatives (*Mind in the Making*, Vroom, the Pyramid Model Consortium). IM's work was supported by the IM Board, Leadership Team, and Evaluation Committee which each met monthly to help set direction for the initiative.

By the summer of 2017, IM made a successful transition as part of the core work of MUW, with staffing support by Nikki Sauber, Kelly Brigham-Steiner, and Liz LaRose. IM is now a signature impact investment in early childhood under MUW. The merger will support growth in IM's initiatives, as well as allow MUW to incorporate a highly successful community-building model into its operations.

Collaborative Work

IM staff and volunteers continued to seek out new opportunities for partnerships with local, regional and state partners. During its first year, this included: multiple educational presentations to community members, training and technical assistance efforts, as well as collaborations with local and regional partners. The following documents each of these accomplishments in more detail.

Impact Monadnock Educational Presentations

Since its launch, IM staff and volunteers have provided over 70 educational presentations on the importance of early childhood, with over 2,000 people attending from the Monadnock region.

Trainings and Technical Assistance

During Year 1, IM staff and collaborators carried out multiple training and technical assistance activities, including trainings for *Mind in the Making: The Seven Essential Life Skills Every Child Needs* and the *Pyramid Model for Supporting*

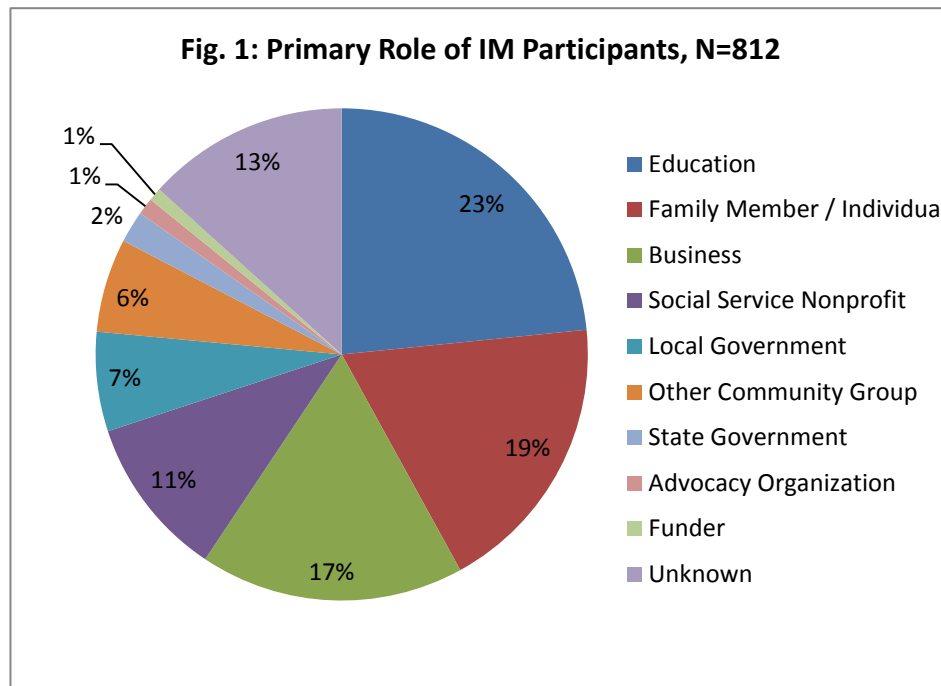
Social Emotional Competence in Infants and Young Children, one on one coaching support for area businesses interested in expanding their supports for employees with families, as well as ASQ-SE (Ages and Stages Questionnaire, Social Emotional) developmental screening training to pediatricians and daycare providers.

Collaborations with Local and Regional Partners

This section provides documentation on the connections between IM and other groups in the region and State working in parallel to IM's mission.

- **Spark NH:** supporting integration of statewide initiatives with local level awareness and education. This includes efforts to support Statewide Community of Practice in which IM staff meet monthly with leaders of other early childhood initiatives across NH. These meetings offer professional networking, support, resource sharing and collaboration opportunities. Learn more at <http://www.sparknh.org>.
- **Healthy Monadnock:** staff work across initiatives in a mutual effort to support each other's efforts in improving the well being of Monadnock families. For example, Monadnock's Worksite Wellness Program staff are working with Impact Monadnock's Business Ambassadors on supporting local businesses in the adoption of more family-friendly workplace policies and practices. Learn more at <http://healthymonadnock.org>
- **Campaign for a Family Friendly Economy:** advocating at the state level for policies that support the well-being of NH families; providing state-level advocacy opportunities for Impact Monadnock. Learn more at <http://www.familyfriendlyeconomy.org/>
- **NH Listens:** a civic engagement initiative of the Carsey School of Public Policy at the University of New Hampshire; works at the local and state level to support civil, public deliberation of complex issues affecting New Hampshire residents' everyday lives. Supported IM in hosting a series of 5 Monadnock Region Community Action Forums on Early Childhood in Fall 2016. These sessions were made possible through grant funding from Endowment for Health. Learn more at: <http://carsey.unh.edu/nhlistens>.
- **Early Learning NH:** committed to helping NH children reach their full potential by: supporting early learning programs and the children and families they serve; raising awareness about the importance of the early years; championing effective early learning policy; and building public-private partnerships that promote innovation and investment. Supports the development and execution of IM events and trainings about early learning. Learn more at: <https://www.earlylearningnh.org/>
- **Monadnock Region System of Care Planning Grant:** a 4-year, multi-million dollar award from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to build out and strengthen the youth mental health system in Cheshire County; project director participates in IM's Behavioral and Emotional Health Project Team to connect IM's work with System of Care planning.
- **Adverse Childhood Experiences Response Team (ACERT):** an initiative in Manchester, NH that brings together a cross-sector team of first responders to serve children who have been exposed to violence; collaborating with IM to explore how to bring ACERT to the Monadnock Region. Learn more at: <https://www.mchc-nh.org/adverse-childhood-experiences-response-team-acert/>

In addition, IM has directly involved at least 812 individuals² in one or more activities since launch. Of these, 82% (663) of this group was involved in 1 activity, 12% (99) were involved in 2, and 6% (50) were involved in 3 or more activities. Participants included a range of perspectives, with nearly one in five from the education, family, and business sectors (see Fig.1).



IM on the Web

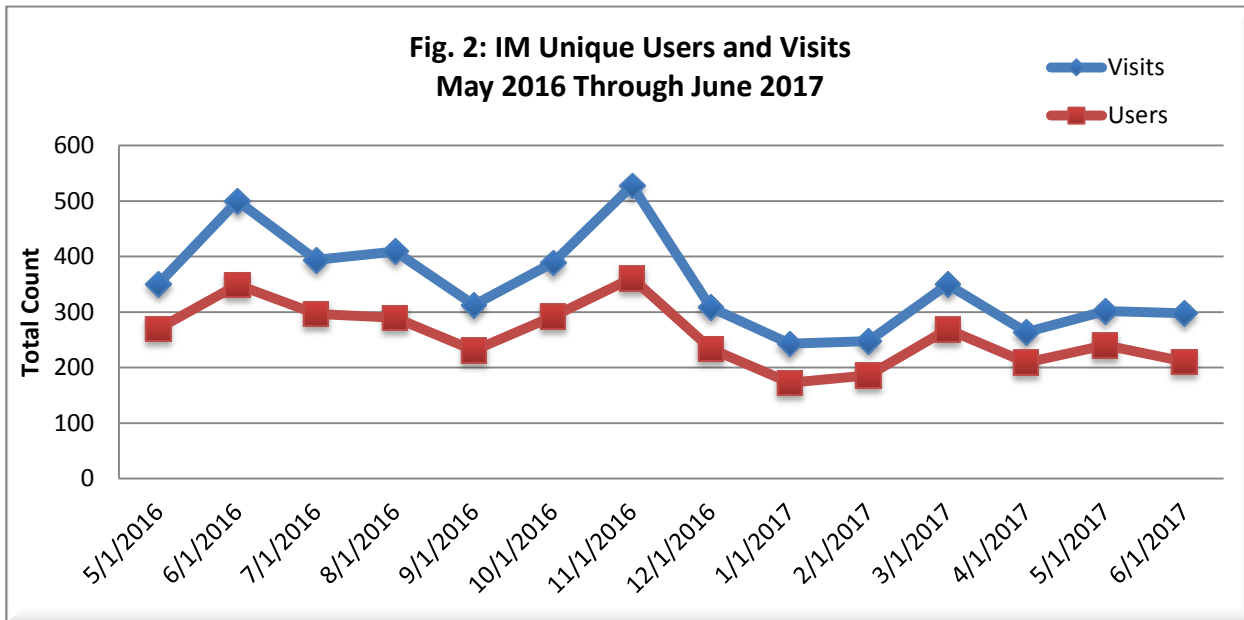
In 2016-2017, the IM website was updated multiple times, including major structural enhancements to the presentation and content of material. Core changes over the past year include:

- Display of IM video on homepage
- Development of pages to highlight strategic plan implementation structure and updates
- Creation of resource pages for: Parenting, Childcare and Early Education; Family-Friendly Workplaces; and Partners in Our Work
- Regular posts on the News and Events page to highlight current happenings and upcoming events.

IM Visitors

As IM continues to develop, it will be helpful to document changes in reach and utilization of its resources, including utilization of the project’s website. Since its launch, monthly visitors to IM ranged from a low of 173 (Jan. 17) to a high of 361 (Nov. 16) - see Fig.2. During this time period, the average time spent on the website changed throughout the year, ranging from a low of 1:32 (April 17) to a high of 3:10 (July 16) with total page views ranging from low of 732 (Apr. 17) to a high of 1,637 (Nov.16). These numbers will provide a useful baseline as IM seeks to improve its reach throughout the region.

² This only references a count of email addresses collected and does not reflect the 2,000+ individuals who participated in IM events, meetings or presentations but did not provide contact information.



Resource Leveraging

During Year One, IM staff sought additional funding support from other organizations and individuals for expanded activities. As a result, they were able to successfully leverage an additional \$21,950 in the region for investment in IM strategies, including Grandparent Support Groups, ASQ-SE developmental screening kits, Vroom parent education initiative, IM’s Business Ambassadors, and *Mind in the Making* trainings.

Completion of Activities (3/1/15 - 6/30/17)

This section provides a brief summary on the status of IM major activities undertaken in response to the strategic plan crafted in 2016. A status review of the results are defined as:

- ❖ Completed (13 of 35): The primary purpose of this activity has been fully met
- ❖ Started, Substantive Progress (12 of 35): Substantive efforts in fulfillment of the activity have been undertaken.
- ❖ Started, Some Progress (3 of 35): Efforts to support this activity have been initiated but multiple steps remain before completion is achieved.
- ❖ Not Started (2 of 35): No substantive action has been taken related to this activity; however, future efforts are still planned.
- ❖ Tabled (5 of 35): - Activity abandoned indefinitely. Project staff have determined that the objective/activity in question is not feasible to carry out in the near future without substantive changes in resources, opportunities, or barriers.

For a complete listing of individual activities by goal area and status, please see Appendix A.

GOALS ACHIEVED (3/1/15 - 6/30/17)

This section provides a brief description of process, outcome, and impact measures assessing the relative success of each initiative based on measures established by the IM Evaluation Committee and Leadership Team in December of 2016. Measures were created for those activities that were determined to be ready for ongoing assessment (the activity was well defined, in place for a substantive period of time, and anticipated to have measurable outcomes). Reader Note: As the evaluation plan was formed mid-course through the project year, not all data elements were available for tracking in this report. Measures for future data collection efforts have been identified and we will seek to include these in Year 2 reporting as appropriate.

For the purposes of the evaluation, an Outcome Goal refers to a positive change in the systems shaping the delivery of services while an Impact Goal refers to a change experienced at the individual (e.g. child, parent, employee) level. For each measure area, staff defined what a successful goal would look like and available data was reviewed at the end of the year to assess the extent to which each goal was successful. Ratings for completion of Outcome and Impact Goals include:

- ❖ Goal Fully Met or Exceeded: Underlying measures for this goal have either been met or exceeded by IM.
 - A learning community is established which creates a peer support structure for centers participating in the pyramid model training among 4 participating early learning centers.
 - At least 25% of pediatricians at participating hospitals incorporate the ASQ-SE as part of their health care practices with families, 100% of children flagged for potential social-emotional issues are screened by participating physicians that have agreed to use the ASQ-SE at participating sites.
 - As a result of the Business Ambassadors (BA)'s joint efforts to expand family friendly practices among area businesses, an increasing number of employees across the region will benefit from enhanced business support for their families.
 - At least 15 community leaders, including those in the early childhood field, across the IM region participate in *Mind in the Making* trainings.
 - The Monadnock region benefits from additional opportunities to learn about *Mind in the Making* core concepts.
- ❖ Goal Partially Met: Progress was made on some of the underlying measures for a goal area.
 - Provider sites at both Monadnock hospitals will have an enhanced knowledge of the importance of social-emotional development for children 0-5 and will begin to integrate screenings for challenges in these areas among their practices.
 - At least 50% of businesses have expanded or improved one or more of their family friendly policies as a result of their partnership with the BA; 50% of businesses take on expanded leadership roles in their communities in support of early care and education initiatives
 - At least 25% of staff participating in the initial Pyramid Model (PM) trainings report including behavioral health management concepts as a regular part of their care for children; of these, at least 50% report improved satisfaction in appropriately managing difficult behaviors among children.
- ❖ Goal Unsuccessful: Data underlying measures of success for a goal demonstrated little or no substantive progress. *No goals met this criterion.*
- ❖ Goal Status Unknown: Applies if insufficient data is available to determine the success or failure of a particular goal area
 - An increasing number of families across the region incorporate brain building concepts via the Vroom app and/or Vroom materials and regularly incorporate these activities with their child.
 - At least 100 families report satisfaction with the Vroom app and/or Vroom materials and report weekly improvements in brain building activities with their child.

Goal: Emotional and Behavioral Health - Integrate developmental screening into well-child visits in medical settings.	
Objective	Process Measures
By July 2017, outreach to providers at Monadnock's only two hospitals with the purpose of educating them on the importance of social-emotional screening, asking 100% of them to review potential incorporation of ASQ-SE screening at their sites, and support the integration of the ASQ-SE for 100% of the sites willing to collaborate on implementation.	Both hospitals (100%) were contacted and participated in multiple discussions to review the importance of ASQ-SE screening, potential barriers to and avenues of implementation. There are 7 pediatricians at Cheshire Medical Center and 6 at Monadnock Community Hospital.
Outcome Goal: Provider sites at both Monadnock hospitals will have an enhanced knowledge of the importance of social-emotional development for children 0-5 and will begin to integrate screenings for challenges in these areas among their practices.	
Assessment: Partially Met. Staff at both hospitals (100%) have received additional education about the importance of social-emotional development of children 0-5, the utility of the ASQ-SE screening tool and the possibility of implementation. One hospital (50%), Cheshire Medical Center, has incorporated the use of the ASQ-SE among all (100%) of its pediatric staff.	
Impact Goal: At least 25% of pediatricians at participating hospitals incorporate the ASQ-SE as part of their health care practices with families, 100% of children flagged for potential social-emotional issues are screened by participating physicians that have agreed to use the ASQ-SE at participating sites.	
Assessment: Fully Met. 7 of 7 pediatricians (100%) at Cheshire Medical Center have incorporated the ASQ-SE at 6 and 36 months as well as by parent request for 100% of children seen. While the number of children screened was not available (since data tracking mechanisms were not yet in place during the past year), staff estimate that during 2017, 294 6-month-olds and 514 3-year-olds will have been seen by pediatric staff. Additionally, trainings for ASQ-SE implementation have been provided to staff at 11 area child care centers. For Year 2, at both medical and child care provider sites, we will seek to document the number of children screened, flagged for services, and receiving services.	

Goal: Early Childhood - Improve childcare quality and access through investment in staff professional development; specifically, behavioral health coaching	
Objective	Process Measures
By July, 2017, provide 1 training on the <i>Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children</i> to 40 child care providers. Provide support to this initiative via the creation of a learning community team of center directors who will help to ensure continued integration of key Pyramid Model (PM) concepts at their sites.	A PM training was provided in November of 2016, with 32 staff attending across 18 agencies providing services to children. ³
Outcome Goal: A learning community is established which creates a peer support structure for centers participating in the PM training among 4 participating early learning centers.	
Assessment: Fully Met. A learning community was established under the leadership of Suelaine Poling and Emily Hartshorne, with 24 staff across 8 participating centers.	
Impact Goal: At least 25% of staff participating in the initial trainings report including behavioral health management concepts as a regular part of their care for children; of these, at least 50% report improved satisfaction in appropriately managing difficult behaviors among children.	
Assessment: Fully Met. Of the 6 participants from the Fall PM training who participated in a follow up survey, 6 felt the training would impact outcomes for themselves, their organizations or the children/families served, 5 reported that they had incorporated lessons learned in their daily work and believed it enhanced their competence and influenced their practice, and 4 reported that it made a difference in how they did their job. Additional data note: Of 16 participants from the new learning community responding to a question on whether they were currently implementing PM concepts, 15 said yes. In follow up conversations with members of the community, a few highlighted the fact that, as a result of their participation, they were better able to supplement their existing tools, and felt more successful preventing challenging behaviors from escalating. For Year 2, we plan to more consistently document the number of staff reporting improvements in satisfaction with appropriately managing difficult behaviors in the classroom.	

³ The initial evaluation plan called for a measure on the % of sites with 50% or more of their staff receiving the training. This was dropped from the evaluation report as the measure was established after the training event. The measure will be reviewed for incorporation into future reports.

Goal: Family Supports - Empower parents and families by rolling out Vroom in the Monadnock Region.

Objective	Process Measures
<p>By July 2017, provide at least 2 major launch events and 8 smaller educational events to community groups about the Vroom application.</p>	<p>Launch events were held on 4/2/17 (Keene) and 5/20/17 (Peterborough). 118 family members signed up for the raffle event made available at these events. Additionally, over 3,000 Vroom informational flyers, daily app info cards, and tip cards were distributed across 20 provider and child sites in the Monadnock region. Lastly, thousands more were reached and informed of the Vroom resource via Facebook postings, local radio ads, as well as ads placed in the <i>Keene Sentinel</i>, <i>Monadnock Shopper</i>, and <i>Monadnock Ledger</i>. For Year 2, we plan to revisit what data can be made available around Vroom utilization and incorporate this into future reports. Data note: results from our stakeholder survey indicate that 73% of stakeholders either generally understand or are very familiar with IM's efforts around Vroom.</p>

Outcome Goal: An increasing number of families across the region incorporate brain building concepts via the Vroom app and/or Vroom materials and regularly incorporate these activities with their child.

Assessment: Status Unknown. Due to limitations in how Vroom participation is reported and the lack of sufficient response to our parent Vroom survey, reliable data are currently unavailable for this indicator. Pending changes in how Vroom participation is reported by state and national partners, we will seek in Year 2 to capture information on the number of families from the IM region downloading and utilizing the Vroom app and/or Vroom materials at least weekly. Data Note: Although feedback was limited on our Parent Vroom survey (N=12), responses indicated that a little over half (58%) had made use of the Vroom materials since their participation in the event. Of these seven:

- * six used the resource 1 or more times per week with their children and two used it five or more times per week with other children they cared for.
- * four shared the information about Vroom with other parents.

Impact Goals: At least 100 families report satisfaction with the Vroom app and/or Vroom materials and report weekly improvements in brain building activities with their child.

Assessment: Status Unknown. As above, due to limitations in how Vroom participation is reported and the lack of sufficient response to our parent Vroom survey, data is currently unavailable to address this area. As noted above, we plan to revisit what data can be made available around Vroom utilization in Year 2 and incorporate this into future reports. Of note, of the seven reporting ongoing use of the Vroom resource post the dissemination event (note, only 12 responded to the survey), three reported that they spent more time engaging with their child as a result of Vroom's brain building moments.

Goal: Family Supports - Empower providers, parents, and families by disseminating *Mind in the Making* Educational Opportunities in the Monadnock Region.

Objective	Process Measures
<p>By December 2017, provide initial <i>Mind in the Making</i> trainings to 15 individuals from the Monadnock Region and track follow up trainings provided by these same individuals in the community. Continue to support statewide efforts for expanding availability of <i>Mind in the Making</i> concepts.</p>	<p>One Train the Trainer training was provided in Keene in June 2016, with 31 participants, most of whom were from the Monadnock region. Of those participating in a follow up survey (N=11), 10 rated the training as Good to Excellent. However, only 4 reported that they felt well prepared and 7 somewhat to facilitate community trainings.</p> <p>Of the 31 participating in the initial Train the Trainer event, at least 8 provided additional community trainings on MITM concepts via 10 multi-session community training events. Each community training event consisted of eight 2 hour modules, or 16 hours of training. These community trainings were provided to 182 individuals.</p>

Outcome Goals: The Monadnock region benefits from additional opportunities to learn about *Mind in the Making* core concepts.

Assessment: Fully Met. In addition to the 31 individuals participating in the Train the Trainer event, 182 received 16 hours of community level training on MITM concepts.

Data Note: In addition to the Train the Trainer and community training events held in the Monadnock region, four additional Train the Trainer events have been held across New Hampshire, with Marj Droppa, Dottie Bauer, and Liz Chipman from the Monadnock region presenting at 3 of them (Manchester, Concord, and Gorham).

Impact Goals: At least 15 community leaders, including those in the early childhood field across the Monadnock region, participate in *Mind in the Making* Train the Trainer events.

Assessment: Fully Met. 31 community leaders were trained at the initial Train the Trainer event. Based on the feedback of 11 respondents participating in a follow up survey, the training enhanced competence (10), incorporated lessons learned in daily work (9), influenced practice (8), impacted outcomes for themselves, their organization, or children/families served (8), and made a difference in how they did their job (6). As noted above, an additional 182 individuals participated in MITM community level training events.

Goal: Family Supports - Support family-friendly workplace policies and practices.	
Objective	Process Measures
By July 2017, grow the Business Ambassadors group to represent at least 10 businesses from the Monadnock region. Support the integration of family friendly policies/practices among area businesses by reaching out and educating 40 businesses in the region.	Since launch, 19 businesses ⁴ have joined the Business Ambassadors (BA) group, representing a range of business types, and sizes (from less than 10 to over 1,000 employees). An outreach event was held in May of 2017, with 40 participating. During Year 2, we hope to collect additional information on consistency in business participation, number of businesses receiving education / coaching support around implementation of family friendly practices, number of businesses linked to additional resources, percent of businesses indicating satisfaction with coaching support, and the percent of businesses indicating that coaching support was instrumental to their efforts in better understanding family friendly policy options.
Outcome Goals: At least 50% of businesses have expanded or improved one or more of their family friendly policies as a result of their partnership with the BA; 50% of businesses take on expanded leadership roles in their communities in support of early care and education initiatives	
Assessment: Partially Met. At least 4 businesses are now offering a Babies at Work program, enabling parents of babies 3-6 months old to bring their babies to work and have organizational support to do so. A process has been established by the BA group for linking businesses to additional resources (individual coaching support, policy options, and educational information) as needed.	
Impact Goals: As a result of the BA group's joint efforts to expand family friendly practices among area businesses, an increasing number of employees across the region will benefit from enhanced business support for their families.	
Assessment: Fully Met. The four businesses that have expanded their family supports to include Babies at Work (Keene Housing, Filtrine, Electronic Imaging Materials, and W.S. Badger) collectively employ 229 individuals, the majority of which are anticipated to be able to take advantage of this new program at their place of employment.	

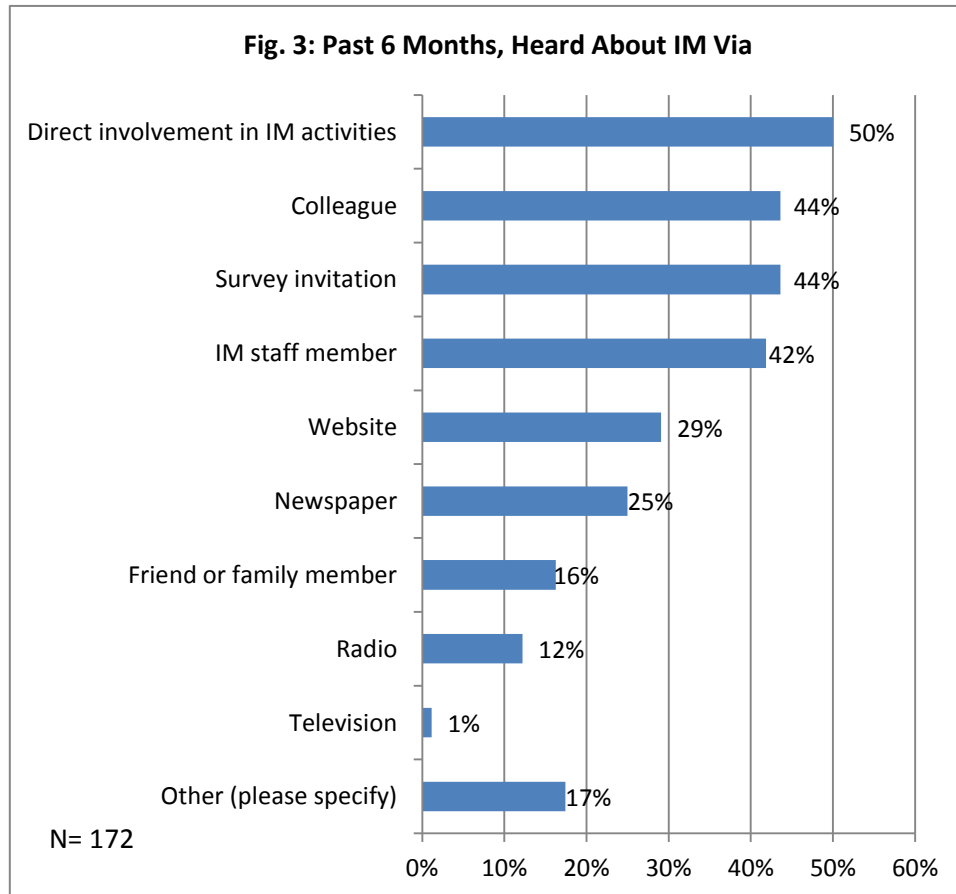
⁴ Businesses include: Baudelaire Soaps, Bensonwood, Cedarcrest Center for Children with Disabilities, Clark-Mortenson Insurance, Communicators Group, C&S Wholesale Grocers, Electronic Imaging Materials, Engelberth Construction, Filtrine Manufacturing, IPG Benefits, Keene Housing, Markem-Imaje, Polyonics, Primerica, Savings Bank of Walpole, Selman Co., Southwestern Community Services, True North Networks, W.S. Badger Company

SYSTEM WIDE ASSESSMENT

In addition to building an awareness of activities and outcomes related to individual program components, it is also important to take a step back and review the broad scope of the IM initiative. This enables the reviewer to understand more about the potential impact that the initiative has on the surrounding community. Towards this end, the evaluation committee undertook a survey of stakeholders of IM in the Spring of 2017 to review their perspectives on the work of IM and the challenges facing children in the region.

A stakeholder was defined as someone who is a member of the IM Board, a project committee, or had signed up to participate in a past IM training or educational event. Of the 812 stakeholders with contact information, 172 (21%) participated in the online web survey. Results indicated that a broad mix of individuals participate in the collaborative, including child advocates, parents, teachers, small business owners, health care providers, and others.

In terms of how respondents hear about the work of the IM, half of the respondents noted direct participation in IM activities, while others highlighted a range of methods as shown in Figure 3. Of note, close to half of respondents reported hearing about IM in three or more ways.



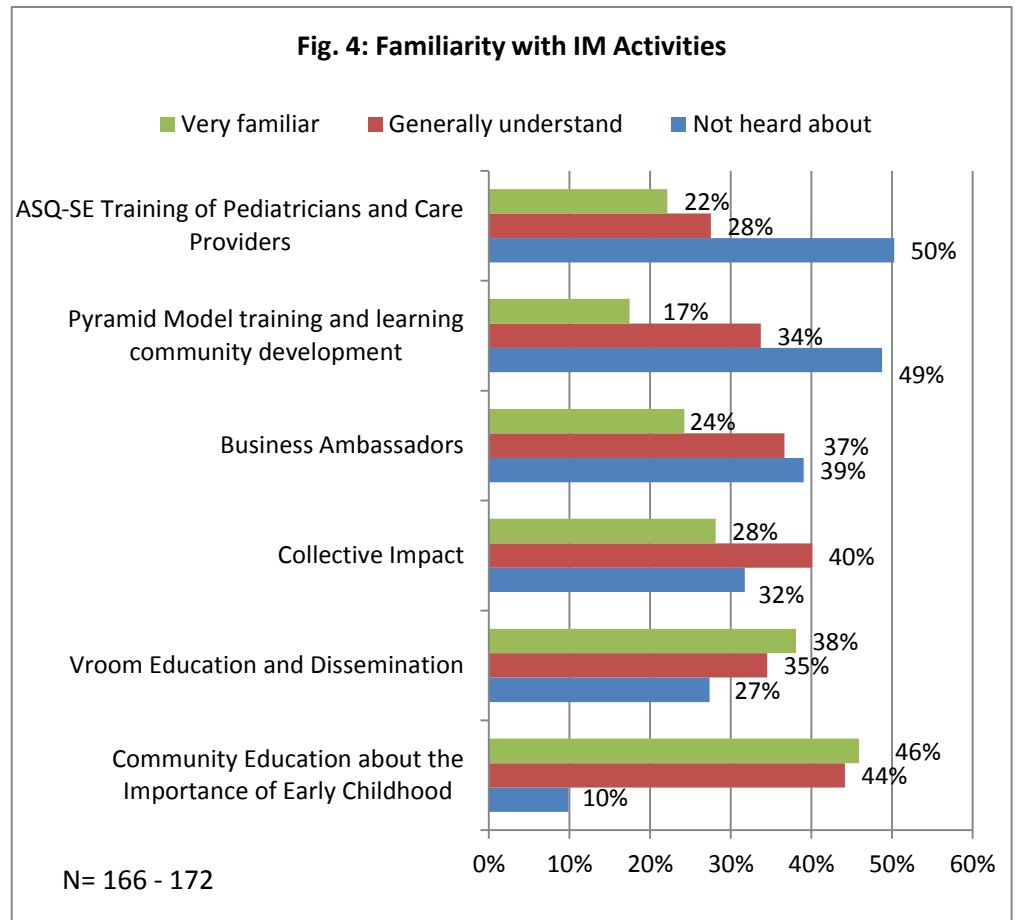
Respondents were asked to identify the top three challenges facing the future academic, career, and life success of children ages 0-5 in our region. One hundred forty-three respondents identified one or more challenges, with a total of 414 challenges identified. Comments were then categorized into multiple theme areas, with the following table documenting the percent of respondents identifying a challenge in each theme.

The most common theme identified concerned the availability of and need for greater educational supports, among children, families, communities, and the state (67%). Within this group, 27% specifically highlighted the need for affordable and quality early care and education opportunities. Over half (56%) identified the lack of sufficient community resources to support families. About one in four identified challenges related to poverty (25%) and substance use (23%). About one in five noted the lack of funding for education and other programs (19%) as well as health services (18%). About one in ten identified challenges related to the family environment (11%) or the lack of workforce (8%). About one in twenty or less identified challenges in other areas as listed below.

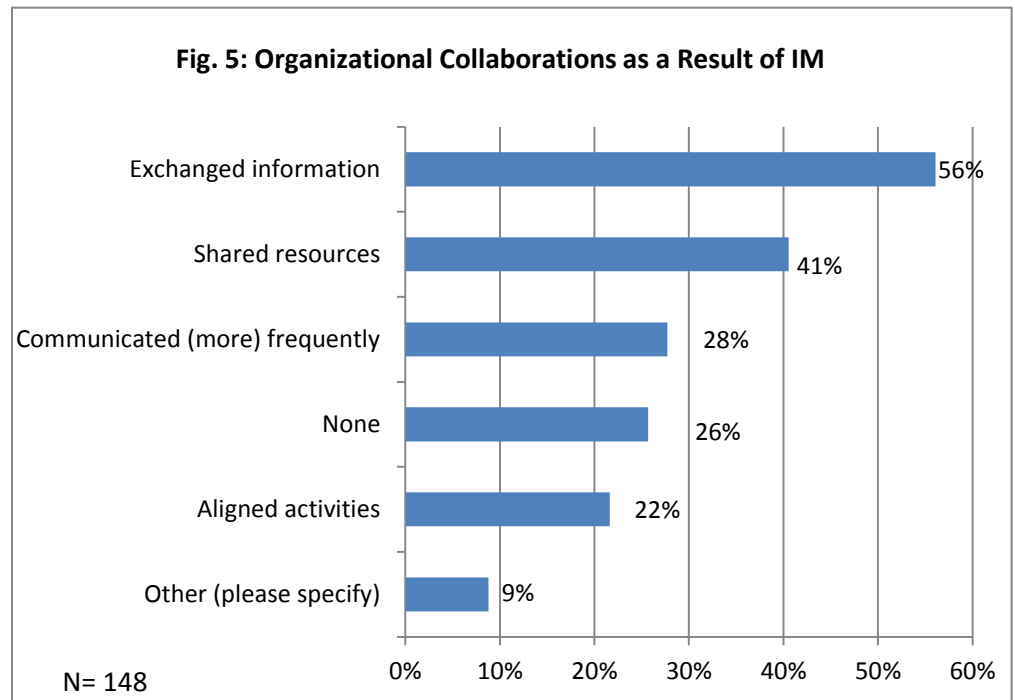
Theme	% of Respondents
Education (for children, parents, families, cost, dissemination, importance of early ed, public support, range of experiences, regional availability, testing focus)	67%
...Early care and education (affordability and quality)*	...27%
Insufficient community resources (children, family, food, jobs, safe homes, economy)	56%
Poverty	25%
Substances in the home	23%
Funding for education / programs	19%
Health (behavioral, insurance, nutrition, service access)	18%
Family environment (toxic stress, time to spend with children)	11%
Workforce availability	8%
Too much technology	6%
Regional challenges (cultural competence, economic growth, jobs and pay)	5%
Insufficient participation	4%
Assessment	3%
Multiple challenges identified	3%
Environment	2%
Policy	1%
Other resources	1%
Skills	1%
Trauma	1%
Other	32%

* Twenty-seven percent of all respondents (over one in four) identified issues pertaining to early care and education. These are part of the 67% of all respondents who identified some challenge related to education in general.

When respondents were asked to what extent they were familiar with IM activities, 37% of respondents felt they were very familiar, 55% a little, and 8% not at all. As shown in Fig. 4, familiarity with different IM components varies, with greatest understanding reported around IM's community education activities and least for work around ASQ-SE training and Pyramid Model community development.

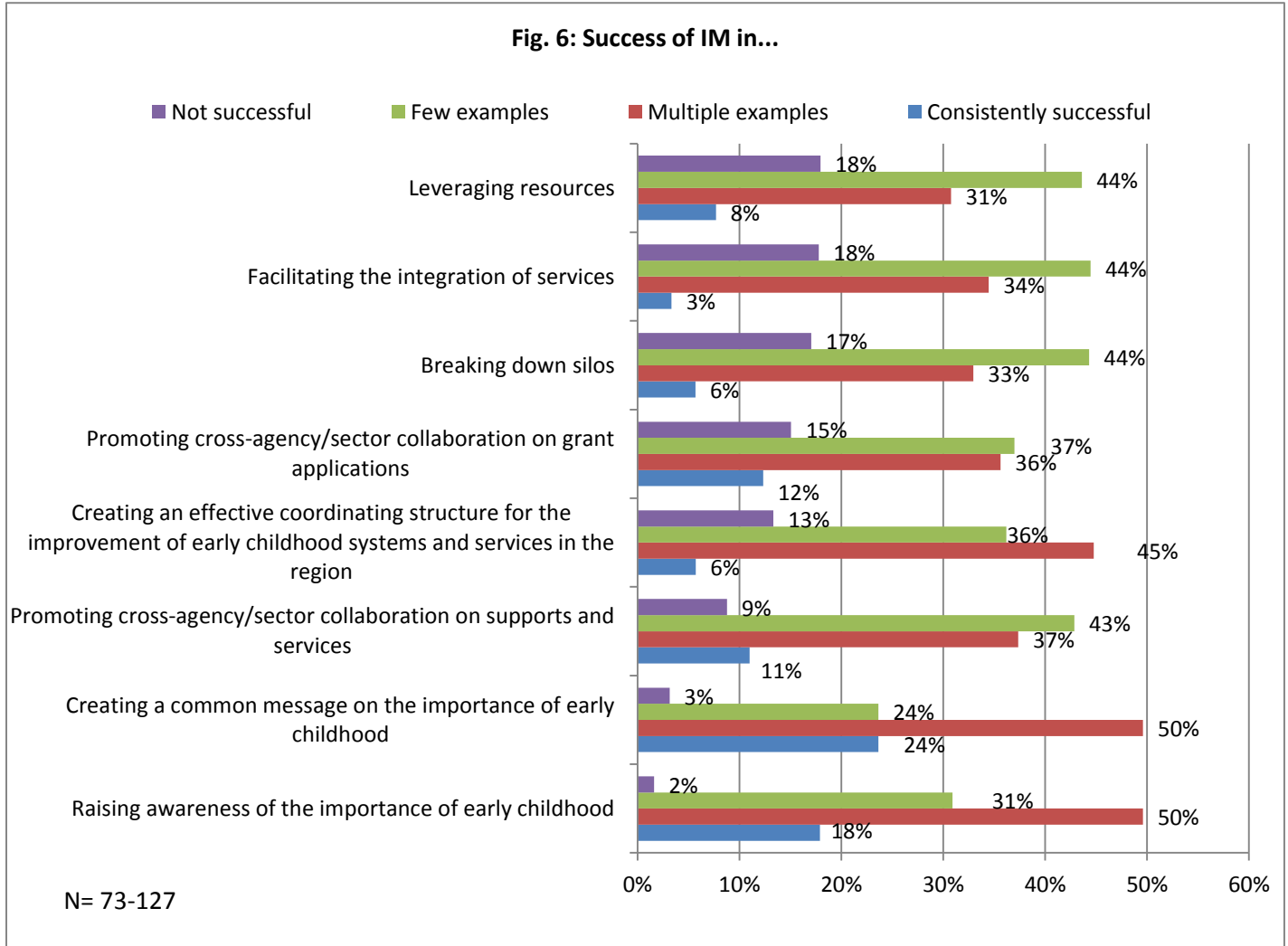


As the work of IM relies heavily on the Collective Impact model, it will be helpful to annually assess the extent to which partners are actively collaborating together in fulfillment of IM's mission. Of 148 responding, over half reported exchanging information, 41% shared resources, 28% communicated more frequently, 22% aligned their activities and 9% indicated other. While 51% noted only one organizational collaboration, 29% indicated 2, and 20% indicated 3 or more organizational collaborations occurring.



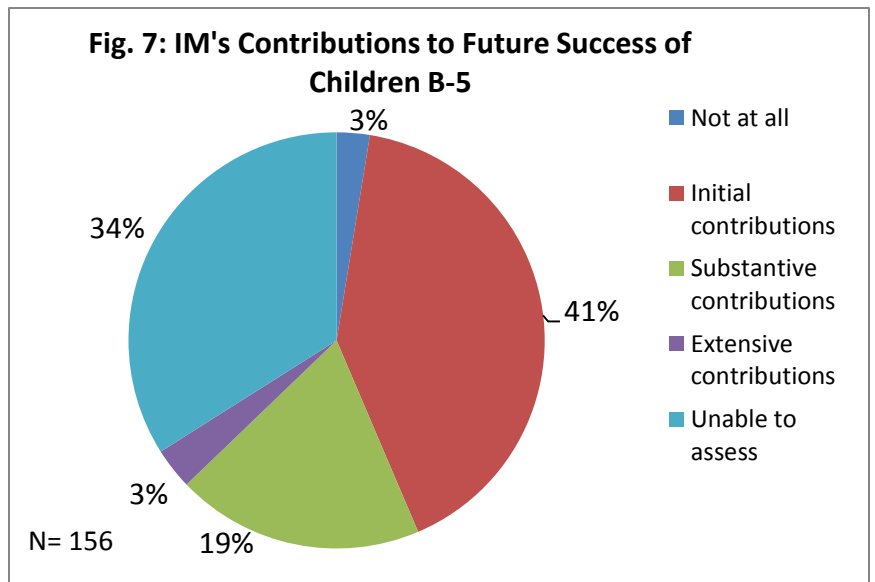
Next, we asked respondents to rate IM on its relative success in critical areas of activity. For each, response options were: Not Successful, Demonstrated a Few Examples of Success, Demonstrated Multiple Examples of Success Across a Variety of Settings, Consistently Successful Throughout Most of the Community.

Fig. 6 provides a summary of these areas, sorted by areas where respondents felt IM was least successful.



It is important to note that while there are several areas where about one in five have rated IM as not successful, examples of success are identified across the board of IM's critical areas. Particularly important is the recognition of IM's primary efforts over the past year which was largely to raise awareness of the importance of early childhood and create a common message. To this end, three quarters of respondents rated IM as either demonstrating multiple examples across a variety of settings or being consistently successful throughout the community.

In terms of IM's overall goal to help ensure the future success of children ages birth to five (N=156), 3% indicated not at all, 41% reported initial contributions, 19% substantive contributions, and 3% cited extensive contributions. Of note, 34% reported that they were unable to assess this area.



Related to this, stakeholders were asked to consider where IM was least and most effective in its work. The top 3 in each grouping are worthy of note (Awareness, Collaboration, and Don't Know) indicating potential nuances within each theme area that would be helpful for IM staff follow up.

Where has IM been LEAST effective?

- Awareness: 23
- Don't know: 11
- Collaboration: 8
- Funding: 7
- Other: 4
- Direct services: 3
- Enhancing resources: 3
- Creating change: 2
- Economic and social environment: 2
- Expanding reach: 2
- Family needs: 1
- Ongoing participation: 1
- Other: 1
- Positive reflection: 1
- Services to children: 1
- Services to families: 1
- Sustainability: 1
- Workforce: 1
- Just starting: 1

Where has IM been MOST effective?

- Awareness: 42
- Collaboration: 19
- Don't know: 9
- Early care and education: 3
- Groups: 3
- Other: 3
- Resources: 3
- Leadership: 2
- Just starting: 2
- Multi: 1
- Recommendation made: 1
- Tools: 1
- Training: 1

KEY FINDINGS AND RECOMMENDATIONS

The Impact Monadnock early childhood development initiative, its staff, stakeholders, and the community served have much to celebrate from its inaugural launch, including a broad range of stakeholders involved in the initiative, implementation of ASQ-SE screenings, new community coalition efforts supporting businesses as well as the early childhood and home visiting communities, multiple educational presentations throughout the community, and initial success in leveraging additional funds to further support IM's mission. In looking forward to IM's Year 2 and plans for continuously improving its efforts, there are several areas recommended for additional discussion and follow up. These include:

- *Improve collaboration across sectors.* In reviewing the list of individuals connected with IM, it may be helpful to perform additional outreach efforts to individuals representing other types of social services and health providers. In addition, it may also be helpful to follow up with individuals, particularly parents, who only had one contact point with IM and invite them to participate in the range of additional opportunities available to them in support of IM's mission.
- *Clarify the role that individual members from the community can have in IM.* While many in IM are participating as a result of their organizational affiliations, feedback from some unaffiliated stakeholders indicated a lack of knowledge as to how they can support IM's mission. It would be helpful for these roles to be clarified and opportunities presented to interested community members (particularly if they are not connected to an existing committee).
- *Determine how to better support the range of groups that can develop, within the confines of staff time and other organizational resources while staying on track with the strategic plan.* Given the broad scope of IM, there are multiple opportunities for new initiatives to be launched. The past year saw the growth of the BA community, the Pyramid Model Learning Community, as well as an initiative to strengthen and expand home visiting. However, each of these groups will need to have some level of staffing support (and possibly other resource support) to ensure that they have what they need to succeed as well as to ensure that their efforts are effectively complementing the broader work of IM. It will be helpful for a process to be developed that can help guide and support the development of new initiatives while maintaining sufficient oversight and balancing limited resources as IM seeks to stay true to its strategic plan, mission, and vision.
- *Improve communication efforts across IM.* Feedback from the stakeholder survey in particular highlights the fact that there are many who are not aware of major activities undertaken by IM and/or who do not feel that they are able to assess what progress IM has made towards its overall goals. It would be helpful for communication activities in Year 2 to identify multiple strategies for addressing this challenge.
- *Address potential geographic disparities in IM's outreach efforts.* Feedback from the stakeholder survey indicated a concern raised by some that too much of IM's work was directly focused on the Keene area with not enough supports made available among the other towns in the region. It would be helpful for IM staff to conduct an annual review of its geographic reach and incorporate this into planning efforts for additional outreach and support efforts.
- *Balance efforts necessary to carry out systems change with supporting improvements at the individual level.* Ensuring the long term success of IM is in part tied to participant understanding of its success in achieving its core goals. Systems change efforts, while a critical component to address for long term viability, can take years to come

to fruition before changes at the individual level can be documented. However, change efforts that seek to only increase services at an individual level without also creating changes in the systems that support them leads often to only short term impacts and the repeat of the challenges that the group seeks to address. This dynamic should continue to be reviewed by IM Leadership to ensure the balance and expenditure of resources best fits the multiple needs of the Monadnock region.

- *Ensure that appropriate structures are in place to better support the long term impacts of activities undertaken by IM.* This is a specific example of the above, where training is provided to increase knowledge, but a lack of follow up support and integration within the broader IM network can result in a range of missed opportunities to build on existing work. Related to this, feedback from training events (particularly Pyramid Model and MITM participants) indicated a need for additional supports and follow up to aid participants in knowing how they could continue their efforts and how this would be supported by IM. When this was unavailable, participants were unsure of how to continue. It is also important to note the continued need for supports to and from the evaluation committee. While some evaluation efforts were delayed last year due to needs of other project components, it will be critical for project activities to be clearly defined in Year 2 and for the evaluation committee to work with staff in defining points of data collection early on in the coming year.
- *Continue to refine assessment measures of project impact.* As discussed in recent Evaluation committee meetings, there are multiple ways of assessing impact at varying levels of IM activity. It will be important to continue these conversations at the IM, MUW, and broader partner levels so there is clear understanding on the system-wide indicators that we collectively seek to change and the roles of each partner in supporting achievement of that change; and, importantly, how this will be documented using multiple reliable commonly understood measures that can be tied to program activity.
- *Beyond improving communications, it will be important to continue improving coordination among the multiple services being provided and locally available resources.* As IM is constantly evolving and new opportunities arise to support achievement of IM's mission and vision, it will be critical to ensure a clear process is in place for coordinating the activities and community resources among members of the leadership team, the incoming project director, staff, volunteers and community groups. As a part of this process, it would be helpful to update a project organizational chart for IM and how it is embedded within MUW so partners can better see how they fit within the developing framework.

Respectfully Submitted,

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APPENDIX A: Completion of Impact Monadnock Activities by Goal Area

Goal: Emotional & Behavioral Health		
<i>Monadnock Region children age 0-5 and families who need emotional and behavioral health services are easily and regularly accessing care for their needs.</i>		
Strategy: Create coordinated, family-centered care management system for new parents and children age 0-5 who have emotional and behavioral health needs.		Current Status
Year 1 Activities, as listed in IM Strategic Plan	1. Begin integration of Impact Monadnock and System of Care Collaborative work through delegating Impact Monadnock representatives to the SOC, as called for in the SOCC strategic plan goal 1A.	Started, Some Progress
	2. Partner with System of Care Collaboration to create a comprehensive system of care approach for early identification and intervention for children age 0-5 with emotional and behavioral health challenges, as called for in SOCC strategic plan Goal 2D.	Started, Substantive Progress
Strategy: Integrate developmental screening for children age 0-5 into all medical well-child visits in the Monadnock Region as a means of identifying parents of young children and their families in need of emotional and behavioral health services.		Current Status
Year 1 Activities, as listed in IM Strategic Plan	1. Create an inventory of potential screening entities and identify which are already screening on a routine basis, and what the barriers to screening are in those providers not screening regularly.	Completed
	2. Interview health insurance companies to understand their policies on covering screening, and understanding of the costs and benefits from screening	Tabled*
	3. Begin educating potential screening providers on the benefits to clients/patients of screening	Started, Substantive Progress
	4. Develop a plan to integrate screening standards into professional systems and practices, based on successful models such as 5-2-1-0. This may involve a pilot approach.	Started, Substantive Progress

New Strategy: Integrate developmental screening for children age 0-5 into early care and education organizations as a means of identifying parents of young children and their families in need of emotional and behavioral health services.		Current Status
Activities (not listed in Strategic Plan)	1. Provide trainings to early care and education organizations.	Started, Substantive Progress
	2. Disseminate screening kits for ASQ-SE	Started, Substantive Progress
Strategy: In order to reduce toxic stress and increase emotional health (such as positive attachment) for families of young children, increase screening of parents of young children for parental depression and connect them with supports and services.		Current Status
Year 1 Activities	1. Convene potential screening professionals (pediatricians, primary care providers, obstetricians, general practitioners, social workers) to agree on evidence-based screening tool/s and standards for screening of parents	Tabled*

* IM Project Teams chose to table some activities for Year 1 due to limited team capacity and/or resources available. Tabled activities will be revisited in future implementation work.

Goal: Early Childhood Supports Families of young children in the Monadnock Region are connected to the services, supports, and early education opportunities they need to strengthen their families		
Strategy: Increase access to high quality, affordable childcare for families with young children in the Monadnock Region so all families in need of quality childcare have a safe and supportive learning environment for their children.		Current Status
Year 1 Activities, as listed in IM Strategic Plan	1. Identify: a) where demand for child care is greater than supply (paying attention to physical space, geographic distribution, hours, quality); b) which childcare agencies are in a position to expand services (not just slots, but staffing and services similar to other high quality providers in the region) and what they would need to accomplish this.	Tabled*
	2. Define: quality childcare, and what affordable childcare is for the region.	Tabled*
	3. Assess the factors shaping staffing resources in the region (particularly related to pay).	Tabled*
	4. NEW ACTIVITY (Not listed in IM Strategic Plan): Behavioral health coaching for early childhood education providers through Pyramid Model Consortium & development of professional learning community (Pyramid Model Learning Community)	Started, Substantive Progress
Strategy: Ensure community and commercial organizations support families through developmentally appropriate, child-friendly environments		Current Status
Year 1 Activities, as listed in IM Strategic Plan	1. Define what a family friendly atmosphere looks like (from the perspective of families who might frequent a restaurant, retail store, library, etc.)	Started, Some Progress
	2. Survey businesses about current practices they utilize to create a family-friendly atmosphere, and/or perceived barriers	Started, Substantive Progress
	3. Identify high use areas (e.g. waiting areas, public gathering places) where families might best be exposed to appropriate resources.	Not started
	4. Create common sense guidelines for high quality, developmentally appropriate environments	Not started

Strategy: Expand home visiting opportunities for families of young children so that all families can obtain coaching and support to build strong and resilient families.		Current Status
Year 1 Activities, as listed in IM Strategic Plan	1. Define home visiting supports that are evidence informed, such as Healthy Families America.	Completed
	2. Document where home visiting supports do and don't exist in the region. Identify areas within the region most in need of enhanced access to home visiting supports.	Completed
	3. Assess what training supports are needed in the region for home visiting staff. Identify training resources available to the region and form linkages where feasible.	Completed

* IM Project Teams chose to table some activities for Year 1 due to limited team capacity and/or resources available. Tabled activities will be revisited in future implementation work.

<p align="center">Goal: Family Supports</p> <p align="center">The Monadnock Region supports young children and their families, advocates for a continuum of services, and is widely recognized as an optimal place to raise children.</p>		
<p align="center">Strategy: Build understanding in the community about early brain development and encourage community investment in early childhood.</p>		Current Status
Year 1 Activities, as listed in SP	1. Show “Raising NH” video and hold discussions in varied settings throughout the community	Completed
	2. Revamp Impact Monadnock web site, Facebook and LinkedIn pages; create Twitter page/site, design Public Service Announcements	Completed
	3. Develop “talking points” on Impact Monadnock goals, work to date and its integration into current services that can be used by providers, businesses, and in all key communications	Completed
<p align="center">Strategy: Ensure families have access to and utilize a continuum of resources that provide learning opportunities for young children in diverse settings that are both formal and informal in nature.</p>		Current Status
Year 1 Activities, as listed in IM Strategic Plan	1. NEW ACTIVITY (Not listed in IM Strategic Plan): Hold <i>Mind in the Making</i> Training Institutes	Completed
	2. NEW ACTIVITY (Not listed in IM Strategic Plan): <i>Mind in the Making</i> Community Trainings	Tabled
	3. Showcase availability of Vroom materials through community meetings with parents	Started, Substantive Progress
	4. Provide access to Vroom in public places throughout the community	Started, Substantive Progress
	5. Design easy-to-use information about access to Vroom system and distribute to families in multiple settings and varied ways (paper, electronic)	Started, Substantive Progress
	6. Establish Reading Nooks in community-based settings that promote early literacy opportunities for young children & their families in collaboration with reading tutor partners.	Started, Substantive Progress

Strategy: Promote the benefits of family-friendly workplace policies for the healthy development of children age 0-5 years and the greater population.		Current Status
Year 1 Activities, as listed in IM Strategic Plan	1. Assemble information from current/past work groups that promote family-friendly workplace practices and promote the groups' work	Completed
	2. Gather information from employers about perceived and actual barriers to providing family-friendly workplace policies	Completed
	3. NEW ACTIVITY (Not listed in IM Strategic Plan): BA Business Forum to discuss family friendly policies	Completed
	4. NEW ACTIVITY (Not listed in IM Strategic Plan): BA coaching supports for area businesses	Started, Substantive Progress
	5. Partner with Healthy Monadnock to utilize and/or expand its inventory of family-friendly workplace policies	Started, Some Progress
	6. Inventory available resources and determine barriers to utilization of expanded family friendly policies	Completed