



# Coös Coalition for Young Children and Families

## *NCCP Pathways to Early School Success Project – Strategic Plan*

Developed June 2012 – June 2013  
Implementation beginning July 2013

# Table of Contents

<b>Introduction</b> .....	3
Vision	
Mission Statement	
Description of Community-wide Initiative	
<b>Outcomes and Indicators</b> .....	4
<b>Activities and Timelines</b>	
Maternal Depression	
Screening and Monitoring System .....	6
Data System .....	8
Training .....	9
Developmental Screening	
Screening, Data System, and Training .....	10
Social and Emotional Development: Curricula and/or Strategies in Early Care and Education Settings	
Data System and Training .....	12
Social and Emotional Development: Curricula and/or Strategies in Home Visitation Programs	
Data System and Training .....	15
Governance	
Structure and Process .....	17
Communications	
Messaging and Outreach .....	18
<b>References</b> .....	19
<b>Agencies and Organizations Contributing to the Pathways Strategic Planning Process, June 2012 – June 2013</b> .....	20

# Coös Coalition for Young Children and Families

## *NCCP Pathways to Early School Success Project – Strategic Plan*

### Introduction

#### **Vision**

“To promote a coordinated, sustainable system of supports for families and children birth-5 that encourages positive social, physical, emotional and cognitive growth for optimal child development.”

#### **Mission Statement**

“To promote optimal development for children birth-5 and their families in Coös and surrounding communities.”

#### **Description of Community-wide Initiative**

A primary goal of the Coös Coalition for Young Children and Families is to promote the optimal social and emotional development for children birth through 5 in Coös and the surrounding communities. Research shows that children with healthy social and emotional development are more likely to succeed in school, feel self-confident and work effectively with others (Perry, Kaufmann & Knitzer, 2007; NRC & IOM, 2000). Therefore, when families and communities support social and emotional development in children from an early age, children have a better chance of becoming successful adults and contributing members of a community.

Initially, the Coalition will collaborate with primary school educators, early care and education providers, family support workers, mental health professionals, healthcare providers and families in Coös to

inform the community about the importance of early social and emotional development. Healthy social development consists of behaviors that allow children to develop and engage in positive interactions with peers, siblings, parents and other adults (Raver & Zigler, 1997). Healthy emotional development refers to children’s ability to regulate and express emotions in socially and culturally appropriate ways to accomplish one’s goals including exploring one’s environment and learning (Campos, Mumme, Kermoian, & Campos, 1994; Center for Social and Emotional Foundations for Early Learning). Importantly, children’s social and emotional development occurs within the context of family, community, and culture.

The Coalition will also put in place two strategies. The first strategy will focus on timely screening for post partum and maternal depression and yearly screening for child development. These screenings will help to identify and refer for further professional assessment any concerns as early as possible to ensure that children and families receive the supports they need. The second strategy will ensure that early childhood professionals working with young children understand and use evidence-based strategies that support each child’s social and emotional growth. Research demonstrates that using evidence-based strategies can lead to improved social and emotional development for young children (Cooper, Masi, & Vick, 2009). In this strategic plan, the terms evidence-based and research-based refer to curricula and strategies that are based on years of research examining which curricula or specific ingredients found in a curriculum (i.e., strategies) are likely to effect positive change in child outcomes.

The Coalition is comprised of diverse stakeholders that come from the following systems: health- including mental health, early care and education, family support service, child welfare, K – 12, and higher education. Agencies and organizations represented on the coalition are listed in Appendix A. The coalition's work provides meaningful opportunities for these systems to establish/maintain connections and collaborate – both of which are essential for a successful community-wide mental health initiative (Knitzer, 2000). Currently, the Coalition's work is supported by the Neil and Louise Tillotson Fund.

## Strategic Plan

The strategic plan will provide concrete guidance for the implementation of research-based activities and/or strategies that are aimed at supporting and improving healthy social and emotional outcomes for children birth through 5 in Coös County. The strategic

plan is informed by research and the expertise of coalition members. It is important to note that the strategic plan is a living document that will be regularly updated to reflect the community's needs and the Coalition's priorities.

The Coalition is committed to tracking how the implementation of their strategic plan contributes to positive changes in community norms and the outcomes and indicators listed below. The Activities and Timelines tables, which begin on page 6, list specific action steps the coalition will implement as part of the strategic plan. As individual steering committees hold their meetings, necessary resources, estimates for cost, and additional information about the timelines/ due dates will be included based on these discussions. Using this process for strategic planning ensures that the information is accurate and realistic for the coalition and partners to implement the action steps.

## Outcomes and Indicators

### Outcome

**All children birth-5 and their families will have screening programs in place to support healthy social and emotional development in Coös County.**

### Indicators for maternal depression

- ◆ Percent of mothers who receive evidence-based screening for maternal depression using a standardized tool
- ◆ Percent of mothers identified with depressive symptoms who receive referral and treatment, if indicated

### Indicator for healthy social and emotional development of the child

- ◆ Percent of children birth-5 receiving ASQ and ASQ-SE screening at least once a year
- ◆ Percent of children referred for further assessment and treatment, if indicated

### Outcome

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

### Indicators

- ◆ Percent of early care professionals trained in evidence-based curriculum and/or strategies to improve social and emotional outcomes for children (early care professionals includes home visitors, mental health professionals, health care providers, primary school educators and early care and education providers)
- ◆ Percent of families who adjust parenting practices and demonstrate progress in appropriately supporting their child's social and emotional development, as measured by the Universal Parenting Assessment Form

## Activities and Timelines

# Maternal Depression

## Screening and Monitoring System

**Outcome:** All children birth-5 and their families will have screening programs in place to support healthy social and emotional development in Coös County.

### Indicators for maternal depression:

- ◆ Percent of mothers who receive evidence-based screening for maternal depression using a standardized tool
- ◆ Percent of mothers identified with depressive symptoms who receive referral and treatment, if indicated

**Activity:** Develop a screening and monitoring system for maternal depression in Coös County

Action Steps	Resources	Cost	Timeline	Questions/Notes
1. Form a steering committee, responsible for the development of a protocol for maternal depression screening (see partner agencies)	Donated, Coalition Manager to provide facilitation and support	Covered by Coös Family Support Project budget	May 15, 9:00 AM, Monthly meetings (except in summer) for next 6 months	Participants from April Coös Coalition Meeting (listing not finalized): <ul style="list-style-type: none"> <li>• Pat Cotter, Weeks Medical Center</li> <li>• Charlie Cotton, Northern Human Services</li> <li>• Liz Lounsbury, Weeks Medical Center</li> <li>• Cathy McDowell, Coös Family Support Project (initially, Cathy will facilitate)</li> <li>• Ann Tenney, Northern Human Services</li> <li>• Adele Woods, Coös County Family Health Services</li> <li>• Who else needs to be at the table: <ul style="list-style-type: none"> <li>– Consider inviting Dartmouth to participate</li> <li>– Start with maternal depression, but expand: Consider screening for depression for fathers and other caregivers for children birth-5.</li> </ul> </li> </ul>
2. Set shared goals and responsibilities for agencies	Use WMG protocols as a template	N/A	Dec. 2013	<ul style="list-style-type: none"> <li>• Create referral protocols with specific steps for health clinics, child care centers, family support organizations, mental health etc.</li> <li>• Questions to consider re: shared goals and responsibilities: <ul style="list-style-type: none"> <li>– Who provides treatment?</li> <li>– Services not reimbursed for depression at health centers</li> <li>– Medicare health providers are not paid</li> <li>– Capacity of mental health providers</li> </ul> </li> </ul>
3. Identify agencies where expectant mothers and mothers of young children can be reached for education and screening (e.g., use survey to identify agencies)	Coalition Project Manager	N/A	Oct. 2013	<p>Possible partner agencies:</p> <ul style="list-style-type: none"> <li>• Coös County Family Health Services</li> <li>• Indian Stream Health Ctr.</li> <li>• Weeks Medical Ctr.</li> <li>• Child and Family Services (Colebrook)</li> <li>• Family Resource Ctr.</li> <li>• Northern Human Services</li> <li>• Androscoggin Valley Hospital</li> <li>• Weeks Hospital</li> <li>• Upper Connecticut Valley Hospital</li> <li>• Medical providers/therapists</li> <li>• DCYF and TANF</li> <li>• Children’s Advocacy Network</li> <li>• See below for additional info. on pros &amp; cons of child care providers [pg. 10]</li> </ul>

Action Steps	Resources	Cost	Timeline	Questions/Notes
4. Use findings from the survey to inform strategies for how to reach mothers			Dec. 2013	<ul style="list-style-type: none"> <li>• Research suggest screening for maternal depression at well child visits</li> </ul>
5. Develop Memorandum of Understanding for tracking and share data	Coalition Project manager	N/A	June 2013	<ul style="list-style-type: none"> <li>• Data collection will require significant attention</li> <li>• Begin by screening a small, manageable cohort of individuals</li> <li>• Screen, Score, report on referrals etc. – details are needed</li> <li>• Identifiable database</li> <li>• HIPPA/Consent</li> <li>• Carsey could be a resource, if needed</li> </ul>
6. Provide training for those conducting screenings, referrals and follow-ups	NHS	?	June 2013	<ul style="list-style-type: none"> <li>• Consider coordinated centralized training-cost may be a factor</li> </ul>

***Should child care providers be included as a place for maternal depression screening?***

**PROS:**

- ◆ This is part of healthy family development which is one of the roles of the child care centers
- ◆ Mothers would feel comfortable in a childcare setting-might not go to Mental Health for screening
- ◆ This would allow us to reach more mothers in the community
- ◆ The screening tool is designed to be used in non-clinical settings-not assessment just a screen

**CONS:**

- ◆ Child care staff already have too much to do
- ◆ Staff would not know how to discuss and refer mothers who are positive for depression-would need training for this
- ◆ How would screening be managed-it would have to be voluntary
- ◆ Could possibly have a family health or mental health screening day at each center

[Research how depression screening is handled in other places-do child care providers do depression screening? Rhode Island and others have used childcare centers]

## Data System

**Outcome:** All children birth-5 and their families will have screening programs in place to support healthy social and emotional development in Coös County.

### Indicators for maternal depression:

- ◆ Percent of mothers who receive evidence-based screening for maternal depression using a standardized tool
- ◆ Percent of mothers identified with depressive symptoms who receive referral and treatment, if indicated

**Activity:** Data Collection and Analysis re: maternal depression

Action Steps	Resources	Cost	Timeline	Questions/Notes
1. Develop baseline for data on maternal depression and screening	Coalition Project Manager		Oct. 2013	Survey questions include: <ul style="list-style-type: none"> <li>• Which agencies are screening for maternal depression?</li> <li>• What tool is used? PHQ-2, PhQ-9, Edinburgh, Prime MD [Consider moving to one tool for all agencies]</li> <li>• How many mothers are screened?</li> <li>• How many mothers are referred?</li> <li>• Who is part of the referral process?</li> <li>• Where are they referred?</li> <li>• Are referrals followed through?</li> </ul>
2. Create summary report of baseline data to share with Coös Coalition, agencies, and community	Coalition Project Manager with input from committee		Oct. 2013	<ul style="list-style-type: none"> <li>• These data and discussions are used to inform strategies for reaching mothers for maternal depression screening</li> </ul>
3. Explore the role of electronic medical records (EMR) in data collection for developmental and maternal depression screenings	CCFHS	None	Dec. 2013	<ul style="list-style-type: none"> <li>• For agencies that do not have EMR, develop a data tracking form</li> <li>• Consider paying for centralized data input</li> </ul>
4. Identify central place/organization/website for data collection and analysis	Coös Family Support Project Tillotson funding	@ \$5,000	Dec. 2013	<ul style="list-style-type: none"> <li>• Create a system that tracks individuals (by code/I.D. number) be created to minimize redundancy</li> </ul>



## Training

**Outcome:** All children birth-5 and their families will have screening programs in place to support healthy social and emotional development in Coös County.

### Indicators for maternal depression:

- ◆ Percent of mothers who receive evidence-based screening for maternal depression using a standardized tool
- ◆ Percent of mothers identified with depressive symptoms who receive referral and treatment, if indicated

**Activity:** Training on maternal depression

Action Steps	Resources	Cost	Timeline	Questions/Notes
1. Engage partner agencies re: training on maternal depression	Local organizations	?	March 2014	Agencies to partner with re: the training: <ul style="list-style-type: none"> <li>• Coös County Family Health Services</li> <li>• Indian Stream Health Center</li> <li>• Weeks Medical Center</li> <li>• Child and Family Services (Colebrook)</li> <li>• Family Resource Center</li> <li>• Northern Human Services</li> <li>• Androscoggin Valley Hospital</li> <li>• Weeks Hospital</li> <li>• Upper Connecticut Valley Hospital</li> <li>• Medical provider/therapists</li> <li>• DCYF and TANF</li> <li>• Child care centers</li> <li>• Domestic violence center</li> <li>• Child advocacy center (Lancaster)</li> <li>• Child Find/SAU [applicable to ASQ ]</li> <li>• Any agencies missing?</li> </ul>
2. Work with partner agencies to design and coordinate a training plan	Steering Committee members	None	Sept. – March 2014	
3. Develop training protocol for maternal depression screening	Steering Committee members	Printing	March 2014	<ul style="list-style-type: none"> <li>• Use WMG as a model</li> <li>• Methods for delivering the training include: webinars, individualized on-site training, group training</li> </ul>

# Developmental Screening

## Screening, Data System, and Training

**Outcome:** All children birth-5 and their families will have screening programs in place to support healthy social and emotional development in Coös County.

### Indicators for healthy social and emotional development of the child:

- ◆ Percent of children birth-5 receiving ASQ and ASQ-SE screening at least once a year
- ◆ Percent of children referred for further assessment and treatment, if indicated.

**Activity:** Develop and sustain a developmental screening system for children birth-5 in Coös County

Action Steps	Resources	Cost	Timeline	Questions/Notes
1. Building on existing Watch Me Grow (WMG) work, engage steering committee to plan and monitor developmental screenings in Coos	Donated space (FRC), committee members time/ expertise already in place		Already occurring/ meetings 4-6 x/ year	Participants from Coos Coalition April meeting : <ul style="list-style-type: none"> <li>• Jim Michalik, Family Resource Center</li> <li>• Rochelle Mulkern, Northern Human Services</li> <li>• Tanya Young, Indian Stream</li> <li>• Cherie LeBel, Child and Family Services</li> <li>• Bridget LaFlamme, Coos County Family Health Services</li> <li>• Ann Tenney, Northern Human Services (will also work with this group going forward)</li> </ul>
2. Steering committee meets at least quarterly	Space – Continue at FRC (Gorham), consider option of rotating meeting locations to accommodate attendees travel		June 4, 2013	<ul style="list-style-type: none"> <li>• What populations is the committee targeting? (healthcare including hospitals, community health centers, walk-in clinics)</li> <li>• How will new members get information about the committee’s current work and background?</li> <li>• Steering committee currently includes representation from:               <ul style="list-style-type: none"> <li>– Northern Human Services, Ann Tenney, Michele Santy</li> <li>– Family Resource Center, Gina Belanger, Sue Watson, Jim Michalik</li> <li>– Child and Family Services, Ann Marie Smith</li> <li>– White Mountains Community College, Sue Cloutier, Kathy Keene</li> <li>– Child Care Resource and Referral, Sandy Alonzo</li> <li>– Community child care centers, Amy Graham</li> <li>– Head Start Lindsey Weeden, Betty Gilchrist</li> <li>– Plan to add health care and the SAUs, Paul Bousquet</li> <li>– Coos Family Health, Bridget Laflamme</li> <li>– Weeks Medical Center, Liz Lounsbury</li> <li>– Indian Stream Health Center, Tanya Young</li> </ul> </li> <li>• A survey about which child care and home visiting programs conduct developmental screenings has already been administered</li> </ul>

Action Steps	Resources	Cost	Timeline	Questions/Notes
3. Steering committee members present on ASQ and its benefits to healthcare centers	Committee members	Travel time	By Oct. 2013	<ul style="list-style-type: none"> <li>How to make data collection and submission user friendly and meaningful</li> </ul>
4. Develop and provide 1-on-1 training to health care centers on administering the ASQ, interpreting the data, and compiling the data	Committee members		Oct. 2013	<ul style="list-style-type: none"> <li>Review protocols</li> <li>Develop a release of information</li> <li>Review score collection form</li> <li>Focus on 12 childcare providers in the provider network first</li> </ul>
5. Review training needs on a quarterly basis	Committee members		Every 3 months	<ul style="list-style-type: none"> <li>Individual training to occur as needed/as requested</li> <li>Need for training child care centers on administration and data input of ASQ &amp; ASQ-SE</li> <li>Child care resource &amp; referral agencies can provide on-site training to child care centers</li> </ul>
6. Meet with superintendents to explain the goals of Coos Coalition and role of ASQ and developmental screening in the context of student learning	Committee members		By Dec. 2013	<ul style="list-style-type: none"> <li>Need to involve other superintendents in this effort</li> <li>Use messaging materials developed for the coalition in discussions with supers.</li> </ul>
7. Expand use of ASQ to SAUs	Committee members	Cost of kits for SAUs (\$400.00/kit)	By Spring 2014	
8. Explore how ASQ can connect to Child Find and/or other school activities	Committee members		By June 2014	<ul style="list-style-type: none"> <li>Other school activities include: kindergarten registration, Family healthy day fair, Initiate a child development screening day at schools, parent night</li> </ul>
9. Identify community places where ASQs can be accessed by parents	Committee members		March 2014	
10. Review and support centralized data collection system and input into Welligent	Committee members	@\$5,000	Dec. 2013	<ul style="list-style-type: none"> <li>All ASQ data are sent to the FRC, and the FRC receives payment for a staff member to input data into statewide Welligent system. Then, reports are generated by Welligent.</li> <li>Collaborative process between Coos Coalition, schools, and other organizations/agencies</li> </ul>

# Social and Emotional Development: Curricula and/or Strategies in Early Care and Education Settings

## Data System and Training

**Outcome:** Early Care professionals in Coös County who are trained in evidence-based curricula and evidence-based strategies to support healthy social and emotional development.

### Indicators:

- ◆ Percent of early care professionals trained in evidence-based curriculum and/or strategies to improve social and emotional outcomes for children (early care professionals includes home visitors, mental health professionals, health care providers, primary school educators and early care and education providers).

**Activity:** Survey and develop training for early childhood programs' that address curricula and/or strategies that promote children's social and emotional development

Action Steps	Resources	Cost	Timeline	Questions/Notes
1. Identify Steering Committee that will provide oversight for this work	Done		June 5, 10:00 AM	Participants of the April meeting (listing not finalized): <ul style="list-style-type: none"> <li>• Sandy Alonzo, Child Care Resource and Referral</li> <li>• Paul Bousquet, SAU20</li> <li>• Pat Cantor, Plymouth State University Coordinator</li> <li>• Sue Cloutier, Early Childhood Initiative Project</li> <li>• Mary Cornish, Plymouth State University</li> <li>• Kathy Keene, White Mountains Community College</li> <li>• Pat McClean, SAU 36</li> <li>• Add Lisa Couture from Head Start</li> </ul>
2. Identify agencies and individual providers working with young children and families	Use mapping tool, R&R data base  Kathy Keene will complete, Coalition Project Manager		July 1, 2013	<ul style="list-style-type: none"> <li>• Include center-based providers, home-based providers, private practitioners</li> </ul>

Action Steps	Resources	Cost	Timeline	Questions/Notes
<p><b>3.</b> Survey programs' current use of evidence-based curricula and/or strategies used to support social and emotional development</p>	<p>Pat Cantor and Mary Cornish create survey</p> <p>Survey distributed to providers by WWMC (KK)</p>		<p>Draft survey to committee for e-mail review by 09/01/13</p> <p>Survey sent out 10/01/13</p> <p>and complete survey by phone for these who do not respond</p>	<ul style="list-style-type: none"> <li>• Survey will identify gaps and needs related to current curricula and/or strategies</li> <li>• Introduce the survey by explaining how the data will be used and possible benefits</li> <li>• Survey is not anonymous</li> <li>• Role of TS Gold in the coalition's data collection effort</li> </ul> <p>Survey questions include:</p> <ul style="list-style-type: none"> <li>• What curricula and/or strategies are currently used? [A listing of curricula can be provided so that providers can choose theirs &amp; a fill-in the blank for "other" – TACSEI has a listing of curricula and programs]</li> <li>• When were practitioners trained?</li> <li>• How many children receive the curriculum and/or strategies?</li> <li>• Do practitioners receive on-going professional development (PD)?</li> <li>• Are there specific practices or areas about social and emotional development that practitioners want support in?</li> <li>• What is the preferred method of delivery for PD?</li> <li>• Staff credentials</li> <li>• Staff attitudes toward evidence-based practice for social and emotional development [Survey]</li> <li>• Analyze survey data across program types</li> <li>• Are there differences in the curricula and/or strategies as a function of program type?</li> </ul>
<p><b>4.</b> Contact agencies/provider, by phone for those who do not respond to electronic survey</p>	<p>Pat Cantor, Mary Cornish</p>		<p>Follow up phone calls 10/15/13</p> <p>Survey completed by 11/01/13</p>	
<p><b>5.</b> Create summary report of data to share with the coalition, participating providers, and community</p>	<p>Full Committee meets to review survey data and create report</p>		<p>11/06/13</p>	<ul style="list-style-type: none"> <li>• These data will be used to identify county-wide professional development needs.</li> <li>• Child care resource and referral agencies can be partners in delivering PD</li> <li>• What data points can be used to demonstrate improvement in provider practices and child outcomes? [See CSEFEL]</li> </ul>
<p><b>6.</b> Develop the content of PD informed by research as well as current curricula and/or strategies used; consider breadth and depth of PD</p>	<p>Sub committee of PD committee</p>		<p>March 2014</p>	<ul style="list-style-type: none"> <li>• Breadth—who receives and depth—how intensive have implications for cost of PD</li> <li>• Coalition covers the cost of the curricula</li> <li>• Should there be one curricula for use across settings?—this should be considered in context of professionals' diverse education levels, prior training, &amp; expertise.</li> </ul>

Action Steps	Resources	Cost	Timeline	Questions/Notes
7. Develop a process for delivery of PD to EC professionals [possibilities include: on-site PD, workshops, conferences, webinars]			March – June 2014	<ul style="list-style-type: none"> <li>• Draw on evidence-based approaches &amp; best practices to inform delivery including effective strategies</li> <li>• Coalition members (e.g., Pat Cantor &amp; Mary Cornish) have expertise in PD for child care providers (e.g., Pat Cantor &amp; Mary Cornish)</li> <li>• Analyze the pros &amp; cons of cross-sector PD</li> <li>• To address geographic constraints consider “learning communities” and/or web-based PD.</li> <li>• Important to engage &amp; get buy-in from practitioners; make the benefit clear &amp; the curriculum</li> </ul>
8. Identify resources need to develop and carry out the PD			March – June 2014	<ul style="list-style-type: none"> <li>• Consider existing curricula, materials, training modules, train-the-trainer programs, webinars, PD providers</li> <li>• Funding from Coös County &amp; external</li> </ul>
9. Establish a learning community where EC professionals provide on-going support, mentorship, and TA to each other			June 2014	<ul style="list-style-type: none"> <li>• Strategize about ways to identify and train a coach or coaches for Coös County</li> <li>• Increase likelihood of fidelity of implementation &amp; sustainability</li> </ul>
10. Finalize PD content, delivery methods, timeline, calendar, & sites			June 2014	<ul style="list-style-type: none"> <li>• A PD sub-committee could be responsible for finalizing</li> <li>• Determine cost of implementation &amp; establish final budget</li> <li>• Map plan using grid that determines (what, who, how, when, &amp; for how long)</li> <li>• Create a participate recruitment plan</li> <li>• Participant recruitment plan needs to pay special attention to how to recruit unlicensed providers (maybe incentives?)</li> </ul>

# Social and Emotional Development: Curricula and/or Strategies in Home Visitation Programs

## Data System and Training

**Outcome:** Early Care professionals in Coös County who are trained in evidence-based curricula and evidence-based strategies to support healthy social and emotional development.

### Indicators:

- ◆ Percent of families who adjust parenting practices and demonstrate progress in appropriately supporting their child's social and emotional development, as measured by the Universal Parenting Assessment Form.

**Activity:** Develop a data system & training re: Universal Parent Assessment

Action Steps	Resources	Cost	Timeline	Questions/Notes
1. Introduce the Coös Coalition and social and emotional initiative and the Universal Parenting Assessment [UPA] to agencies/home visiting programs	Committee members-Sue Watson, Ann Tenney, Rochelle Mulkern, Beth Bryer	Web based data collection expense-\$1,000-2,000/year	Planning meeting June 4, 2013	<ul style="list-style-type: none"> <li>• Sub-committee for Coös Coalition leads county-wide efforts for the UPA</li> <li>• The sub-committee identifies specific early care professionals that should be trained for the UPA.</li> </ul>
2. Identify agency that can input and analyze UPA data	Staff time	?	By July 1, 2013	<ul style="list-style-type: none"> <li>• Determine how UPA data can be entered and managed as part of a multi-agency data collection effort</li> <li>• Determine the types of reports that the coalition wants to develop with these data</li> <li>• Plan for longitudinal data set so change over time can be observed</li> <li>• Would there need to be funding for the agency/individual that takes on the extra responsibility of data input and analysis?</li> <li>• There is funding for data support in FY 14</li> </ul>
3. Create a platform on investinCoöskids website for data entry from the field	Web site and Tech management (Notch Net)	\$2,000.00	Done May 2013	<ul style="list-style-type: none"> <li>• In addition to UPA, include questions on:</li> <li>• Include the number of children whose families participate in a home visitation program that uses UPA</li> <li>• Organization that is submitting UPA survey</li> <li>• Measures of change/improvement in UPA scores</li> <li>• Use UPA outcome data to refine practice</li> </ul>
4. Train Coös community home visitors to use the Universal Parent Assessment (UPA)	Coös Coalition Project manager		Planned for June 2013	<ul style="list-style-type: none"> <li>• UPA design is in place; the training protocol is being developed; and training is slated to begin Summer 2013</li> </ul>

Action Steps	Resources	Cost	Timeline	Questions/Notes
5. Pilot UPA training protocol and collect feedback from pilot sites	Coalition Project Manager		June 2013	
6. Make revisions and finalize UPA training protocol	Coalition Project Manager and committee members		June 2013	
7. Implement UPA training protocol for all early care home visitors	Coalition Project Manager and committee members		June 2013	<ul style="list-style-type: none"> <li>• UPA is administered when families enter a home visitation program and when they complete it or decide to leave the program.</li> </ul>
8. Analyze data from UPA and establish baseline for Coös Coalition to monitor progress; produce reports	Staff time/ project manager		June 2014, but have reports quarterly for FY 14	<ul style="list-style-type: none"> <li>• Data from the UPA are input into the investin-Coöskids website [see above in Action 2]</li> <li>• How often are reports on UPA data produced?</li> </ul>
9. Disseminate findings from UPA reports to community members	Staff time/ project manager		June 2014	<ul style="list-style-type: none"> <li>• Develop press release, place information on website, link information to overall coalition marketing/PR outreach campaign</li> <li>• How often are reports on UPA data disseminated?</li> </ul>



# Governance

## Structure and Process

**Activity:** Develop a governance structure and process for the Coös Coalition

Action Steps	Resources	Cost	Timeline	Questions/Notes
1. Coös Family Support Project [CFSP] assumes interim leadership	Committee members		May 15, 10:00 AM Done	<ul style="list-style-type: none"> <li>Identify representatives from child care and SAU to join CFSP leadership team (done by Committee members May 2013)</li> </ul>
2. CFSP provides funding for direction through FY 14	Committee members		Beginning May 2013 and on-going support	<ul style="list-style-type: none"> <li>Beginning in July 2013, leadership team (Committee members and Project Manager) assumes responsibility for implementation of the Coalition's strategic plan in FY 14.</li> <li>The leadership team will coordinate coalition meetings at least twice a year (December and April).</li> <li>Beginning in July 2013 – June 2014, Coalition Project Manager will be guided by the leadership team and provide on-going support for implementation through FY 14.</li> <li>Coalition Project Manager will communicate with the larger coalition on a quarterly basis to update about committees' progress.</li> </ul>
3. Leadership team identifies work groups of Coalition to implement the action steps	Committee members		Sept. 2013	<ul style="list-style-type: none"> <li>Leadership team members become coordinators for strategic plan work groups/steering committees</li> </ul>
4. CFSP develops detailed governance plan for Coalition after FY 14 [including term limits]	Committee Members		March 2014	<ul style="list-style-type: none"> <li>Work on plan for succession of leaders.</li> <li>Who will become new leaders? How are they recruited?</li> <li>How do we make sure that this plan is committed to by organizations and embedded in their on-going work?</li> </ul>
5. Coalition members vote to amend/ approve governance plan	Committee members, Coalition Project Manager	Support for Coalition meeting	April 2014	

# Communications

## Messaging and Outreach

**Activity:** Develop basic central message that can be tailored for different uses and groups

Action Steps	Resources	Cost	Timeline	Questions/Notes
1. Work with Lynn Davey	CFSP budget	\$3,000	July – Dec. 2013	
2. Connect with messages Lynn is developing for SPARK NH and Watch Me Grow	Coalition Project Manager		June – Dec. 2013	
3. Identify the messengers and follow communications logic model	Logic model and training in place		June 2013 – June 2014	<ul style="list-style-type: none"> <li>• Messengers include: health care providers, parents, child care professionals, educators</li> <li>• Stakeholders that need to be reached by the messengers include: funders, politicians, community leaders, and other decision-makers</li> <li>• Determine resources needed to support messaging</li> <li>• Identify individual with communications expertise to support the coalition’s work</li> </ul>

## References

Campos, J., Mumme, D., Kermonia, R., & Campos, R. (1994). A functionalist perspective on the nature of emotion. *Monographs of the Society for Research in Child Development*, 59 (2-3, Serial No. 240), 284-303.

Center for Social and Emotional Foundations for Early Learning (CSEFEL) <http://csefel.vanderbilt.edu>

Cooper, Masi, & Vick (2009). Social-emotional development in early childhood: What every policymaker should know. National Center for Children in Poverty.

Knitzer, J. (2000). Early childhood mental health services: A policy and systems development perspective. In J.P. Shonkoff & S.J. Meisels (Eds.), *Handbook of early childhood intervention* (2<sup>nd</sup> ed., pp. 416-438). New York: Cambridge University Press.

National Research Council & Institute of Medicine. (2000). *From neurons to neighborhoods: The science of early childhood development*. J. P. Shonkoff & D. A. Phillips (Eds.). Washington, DC: National Academies Press.

Perry, D., Kaufmann, R., & Knitzer, J. (2007). *Social & emotional health in early childhood*. Baltimore, MD: Paul H. Brookes.

Raver, C.C. & Zigler, E.F. (1997). Social competence: An untapped dimension in evaluating Head Start's success. *Early Childhood Quarterly*, 12, 363-385.

# Appendix A

## Agencies and Organizations Contributing to the Pathways Strategic Planning Process, June 2012 – June 2013

### **Child and Family Services**

Cherie LeBel, Program Manager  
Amy Finkle, Program Supervisor

### **Coös County Family Health Services**

Adele Woods, Chief Executive Officer  
Bridget LaFlamme, Health Educator

### **Family Resource Center**

Jim Michalik, Executive Director

### **Indian Stream Health Center**

Shirley Powell, Chief Executive Officer  
Tanya Young, Nursing Department Supervisor

### **Northern Human Services**

Ann Tenney, Infant Mental Health Program Director  
Charlie Cotton, Area Director  
Rochelle Mulkern, Family-Centered Early Supports & Services Program Director

### **Plymouth State University**

Early Childhood Studies Dept.  
Pat Cantor, Chair  
Mary Cornish, Professor

### **SAU 20/Gorham School District**

Paul Bousquet, Superintendent

### **SAU 36 /White Mountains Regional School District**

Pat McLean, Director of Pupil Services

### **Weeks Medical Center**

Bob Fink, Resource Development & Planning  
Coordinator

Pat Cotter, Grant Administrator & Quality Data  
Analyst

Liz Lounsbury, Medical Practice Manager

### **White Mountains Community College**

Kathy Keene, Project Coordinator Early Childhood  
Initiative

Sue Cloutier, Director Child Development Center

## Administration and Support

### **Facilitator**

Cathy McDowell, Project Manager

### **The Carsey Institute, UNH**

Barb Wauchope, Director of Evaluation  
Wendy Walsh, Research Associate

### **Neil and Louise Tillotson Fund**

Kirsten Scobie, Program Director  
Jean Clarke, Administrative Coordinator

### **National Center for Children in Poverty, Columbia University**

Taniesha Woods, Pathways Project Director