

NEW
HAMPSHIRE
CHILDREN'S
HEALTH
FOUNDATION

ADVANCING TRAUMA RESPONSIVE COMMUNITIES IN NEW HAMPSHIRE:

Evaluation Findings

2026

Prepared By:



**HEALTH
RESOURCES
IN ACTION**

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Executive Summary

Introduction

The Trauma Responsive Communities (TRC) initiative is a key part of New Hampshire Children's Health Foundation's (NHCHF) grantmaking to prevent and reduce childhood trauma. To guide this work, NHCHF developed a "Trauma Responsive Community" model, defined as communities where *"families, service providers, and community leaders work together to address the impact of adverse childhood experiences (ACEs) and reduce conditions that lead to trauma and toxic stress."* They awarded four communities in New Hampshire: Coos County, city of Concord, city of Nashua, and the Monadnock region, with three-year grants to advance policy, systems, and environmental (PSE) change strategies.

Key Findings

Partnership and collaboration emerged as central to the success of all four TRC initiatives. Grantees built networks across social services, healthcare, education, government, and community organizations, strengthening coordination to advance PSE change. Across the grant period, communities also conducted more than 80 awareness-raising activities, reaching over 3,000 people.

Each community implemented a strategy based on local needs. Concord strengthened cross-sector care collaboration through implementing a screening protocol with New Hampshire 211 and developing a Community of Practice (CoP). Coos County expanded the Raising Strong Families Model, coordinating services for families experiencing complex challenges. Monadnock focused on building a cross-sector coalition and delivering trauma-informed training. Then, Nashua elevated parent leadership through the Nashua Family Network and mutual aid efforts.

Collectively, these initiatives strengthened partnerships, increased community awareness, and advanced local systems change to support trauma responsive communities across New Hampshire.



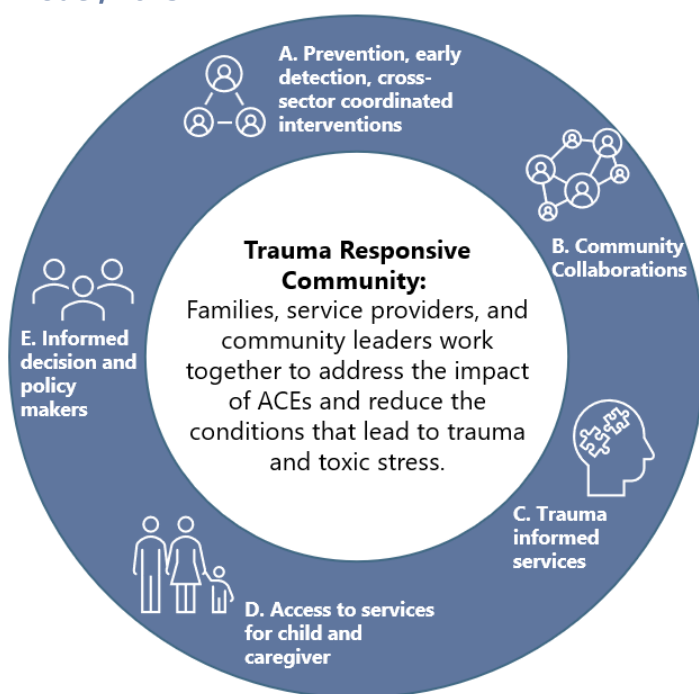
Introduction

This report includes a summary of key findings from the evaluation of the Trauma Responsive Communities (TRC) grant initiative that has been a feature of the New Hampshire Children's Health Foundation's (NHCHF) grantmaking portfolio. Incorporating findings from the 2019 – 2020 assessment, NHCHF developed a "Trauma Responsive Community" model (**Figure 1**) to inform their directed grantmaking activities under the *preventing and reducing childhood trauma* priority (see Appendix A. NHCHF Preventing Childhood Trauma Priority Logic Model).

The model defines a trauma responsive community as one where *families, service providers, and community leaders work together to address the impact of adverse childhood experiences (ACEs) and reduce the conditions that lead to trauma and toxic stress.*

To move this model forward, the Foundation awarded multi-year grants to four communities across New Hampshire—Coös County, the city of Concord, the city of Nashua, and the Monadnock region. These four communities were identified as having existing practices that fit within the TRC model, as well as having local pediatric practices that had participated in the University of New Hampshire's Trauma Informed Care in Pediatrics project. Beginning in 2023, the three-year grants were intended to support, grow, and sustain existing practices through policy, systems, and environmental (PSE) change strategies.

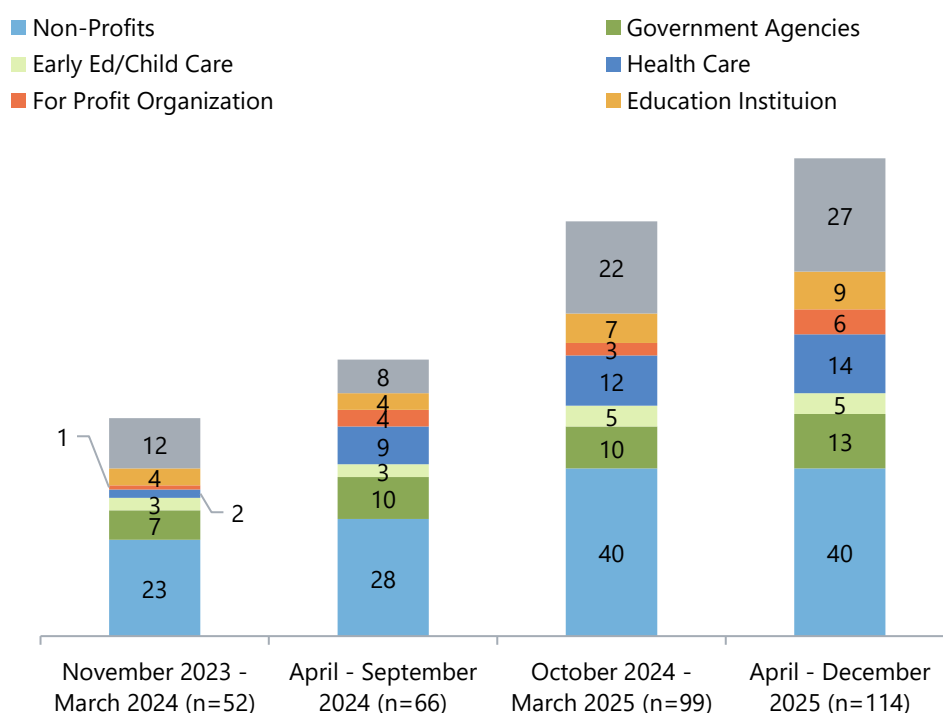
Figure 1. NHCHF Trauma Responsive Community Model, 2025



Summary of Evaluation Findings with Community Case Studies

In conversations with grantees, partner collaboration emerged as key factors for success for each community's work. To address complex issues such as childhood trauma, communities need to collaborate and build networks across systems. In virtual site visits, grantees described sharing resources with partner organizations and integrating within each other's systems to best support their communities. Grantees engaged with partners across varied systems, including other social service agencies, mental and physical healthcare, education (e.g., schools and districts), local government, early education and childcare, and with community members themselves. **Figure 2** shows the types of partner organizations engaged by TRC grantees at each of the evaluation reporting points.

Figure 2. Types of Partner Organizations Engaged by TRC Grantees, Year 1 - Year 3



Data Source: Trauma Responsive Communities Evaluation Reporting Form, 2023 – 2025

Note: Examples of "Other Community Groups/Organizations" includes parent groups, youth groups, subsidized housing, etc.



Building these partner networks took more time than anticipated but was consistently highlighted as essential to progress and success for PSE change work. In their Year 2 site visit, Concord initiative staff explained:

It has taken time to make sure our [partners] feel really brought in and oriented to this grant and how it fits into the scope before we launch into new groups and new meetings. It's taken more time because partners want to know that we're articulating the scope and audience really clearly so that the same people aren't being split across different meetings.

Grantees described their partner networks as fluctuating, depending on the current focus of the work and the needs of communities and families at any given time. During their Year 3 virtual site visit, members of the Nashua initiative described: "A lot of our partners ebb and flow, just depending on the season of the work. Those are still our strong partners, but it really depends on the season."

During the Year 2 site visit, the Coös County initiative shared a similar experience with their partners: "Originally, the vision was that every month or as needed, these organizations will come together as a team with a family and it hasn't worked that way...People are coming and going – food might have been a problem at one point but that got solved and [that partner] dropped out."

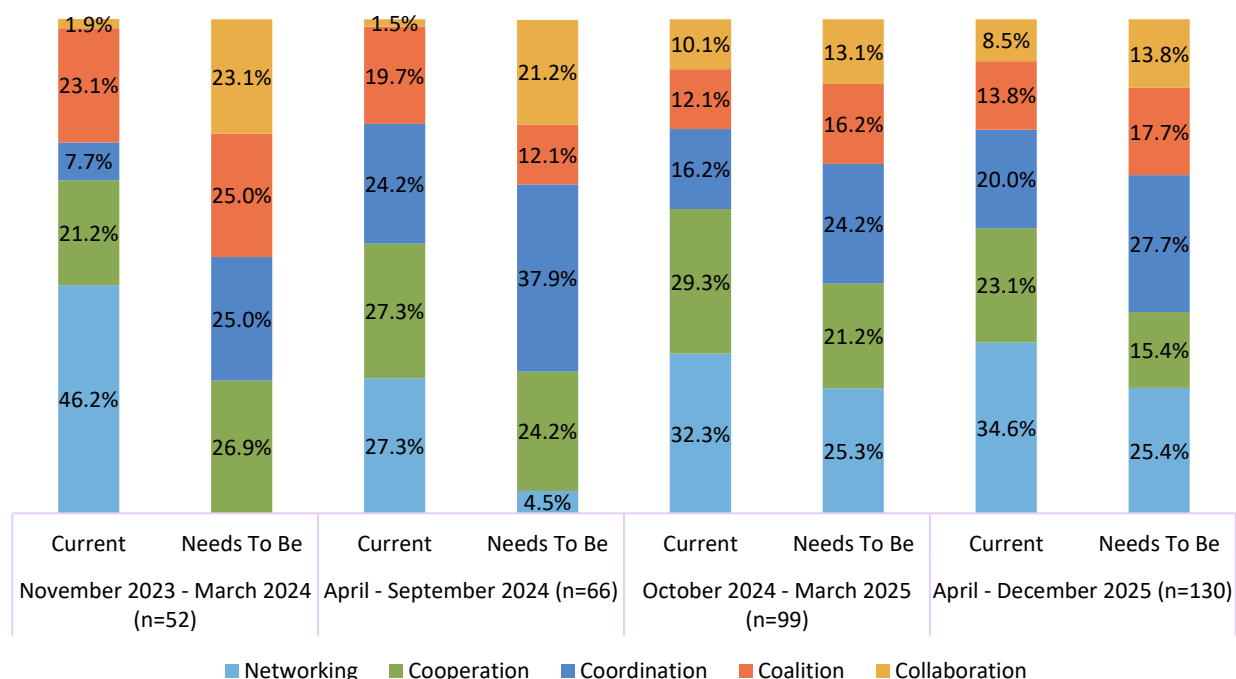
While engagement fluctuated across the grant period, grantees developed dependable, trusting relationships throughout their communities and networks. During their Year 3 site visit, Monadnock explained "Those partners are just a phone call away. Those are the type of relationships this region prides itself on. Everyone is busy but I feel confident in saying that they're just a phone call away."

Grantees reported their key partners in the work at each evaluation reporting period. In these reports, they were asked to indicate where the partnership currently was on scale of partnership collaboration¹ (see Appendix C) for complete definitions of the levels of partnership) and where it needed to be to move PSE change work forward. **Figure 3** shows a summary of responses across the grant period.

¹ The Level of Collaboration scale is not intended to indicate a benchmark of where a partnership should be headed; the creators of the scale note that the scale captures the state of collaboration at a specific point in time, which may evolve, either strengthening or weakening over time.



Figure 3. Level of Partner Collaboration, TRC Grantees, Year 1 - Year 3



Data Source: Trauma Responsive Communities Evaluation Reporting Form, 2023 – 2025

Towards the end of Year 2 and in Year 3, grantees had growing proportions of partners in the “Collaboration” level, indicating shared systems and mutual trust between organizations, reflective of the intentional relationship building grantees had done during the grant period.

Over the course of the grant period, grantees described increasing awareness among community members and partners of childhood trauma and understanding of the need to address it as a community. In part, this increasing awareness resulted from the intentional outreach, training, and capacity building that grantees conducted with their communities and project partners throughout the grant period. Across all four communities, grantees reported conducting more than 80 awareness-raising activities, reaching over 3,000 people. Grantees presented at conferences and meetings, led trainings, held parent groups, and conducted one-on-one conversations with partners, stakeholders, and community members. The topics covered included trauma informed care, social-emotional learning, family engagement, community crisis response, relationship building, and legislative advocacy.



Conclusion

Importance of Sustainable Cross-Sector Collaboration

The evaluation of the TRC grants highlights the importance of cross-sector collaboration to advancing understanding of ACEs and the conditions that contribute to trauma and toxic stress. All four of the initiatives led by TRC grantees were implemented through coalitions and grantees consistently emphasized the importance of their partners and collaborations to the success of their initiatives. At the same time, there is a need for these collaborations to become more systematized, so they are not dependent upon personal relationships and are more resilient to staff turnover.

Structural and Systems-Level Challenges for Families Persist

TRC grantees identified a range of persistent challenges facing families across their communities, including barriers related to transportation, access to food, and stable, safe housing. At the same time, families face difficulties navigating complex and fragmented systems of care. While direct services such as food pantries and resource navigation remain essential for addressing immediate needs, there is a clear need to address the underlying structural and systemic drivers of these challenges. This includes advancing policies and systems change efforts, strengthening coordination across services, and continuing to support initiatives that work to address root causes of poverty, trauma, and inequities.

Community-Centered and Capacity-Building Approaches Drive Sustainable Change

Across all four initiatives, efforts that centered community voice and built capacity among partners and community members were critical to advancing trauma-responsive work. This included elevating parent-led shared decision-making, investing in training and professional development to build trauma-informed knowledge and readiness, and strengthening care coordination systems that respond to families' self-identified needs. These approaches not only supported immediate programmatic outcomes, but also helped lay the groundwork for longer-term systems change by increasing trust and engagement across the community and improving readiness to engage in policy and systems change work.



Community Case Studies

The following case studies provide a brief overview of the work conducted by, and the outcomes of, the four Trauma Responsive Communities grant recipients.

Concord

The TRC initiative in Concord was led by the Capital Area Public Health Network, an initiative of Granite United Way. In the first year of the TRC grant, the Public Health Network (PHN) conducted an environmental scan of ten Concord-area family serving agencies, with the intention of using the results to inform the creation and selection of a PSE strategy to implement through the subsequent years of the grant. Through surveys and interviews with family-serving organizations, PHN explored the implementation of care coordination throughout the region. In their Year 1 end-of-year report, Concord shared the following insights:

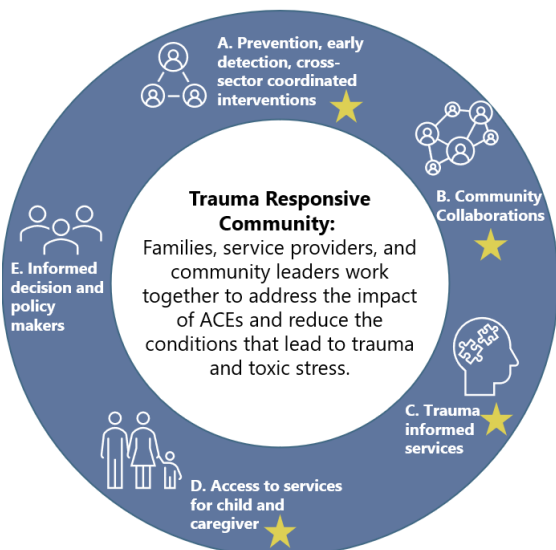
- Family-serving agencies in the Concord area recognized the need for formalizing and strengthening cross-organization collaboration to improve care coordination.
- Existing collaborations were largely dependent upon staff's personal relationships.
- Cross organization/system collaboration was limited by restrictions on populations served and inconsistent use of tools and measures across organizations.

From these findings, the Capital Area Public Health Network identified several opportunities, including formalizing relationships and developing shared practice standards across organizations, creating opportunities for cross-sector collaboration and shared learnings, and working in partnership to implement practice change with New Hampshire's 211 line.



Policy, Systems, and Environmental Change Strategy

Figure 4. Alignment Between TRC Model and Concord Selected PSE Strategy



Note: Starred activities indicate implemented actions aligned with the TRC model.

Following the completion of the environmental scan, Concord and its partners selected a two-part PSE strategy to move towards creating a trauma responsive community:

- Implementing a new 211 protocol to screen each call for children in the household
- Enhancing trauma-informed care and collaboration between systems through professional development and establishing a Community of Practice

Reflecting on these strategies' alignment with NHCHF's Trauma Responsive Community model, Concord identified their work as addressing four of the model's five components (**Figure 4**).

Partnerships

The Concord TRC initiative worked across systems to build relationships and bring partners into their network, with the goal of improving cross-sector care coordination in the community. Key partners identified by the Concord TRC initiative included Merrimack County Human Services, NFI North, New Hampshire 211, New Hampshire Care Connections, Concord Police Department, local hospitals, and school districts. In evaluation submissions, Concord reported engaging with 16 unique organizations over the grant period. Partner organizations were engaged across the spectrum of collaboration (**Table 1**).



Table 1. Level of Partnership Collaboration, Concord TRC Initiative

Reporting	Networking	Cooperation	Coordination	Coalition	Collaboration
November 2023 – March 2024	 N=1  N=1		 N=1	 N=2  N=1	 N=1  N=1  N=1
April – September 2024	 N=1	 N=1	 N=1  N=1	 N=2  N=2	 N=2
October 2024 – March 2025	 N=1	 N=1	 N=2  N=1  N=1	 N=2  N=2	 N=2
April – December 2025	 N=1	 N=1	 N=2  N=1  N=1	 N=3  N=2  N=1	 N=2  N=1

Partner Type Key
 Non-Profit
  Child Care or Early Ed
  Health Care
  Education
  Government Agency
  For-Profit
  Other Partner

Note: See Appendix C for the full definitions of levels of partnership collaboration.

Key Activities and Outcomes

One of the key activities of Concord’s TRC work was the implementation of a practice change at New Hampshire’s 211 line, a statewide resource and connection hub. This change included the development of a new screening tool that 211’s Information and Referral specialists now use to screen callers from Concord and the surrounding capital area for children under 18 in their household. Information on referrals made to those callers was then tracked to better understand the needs of households with children. From January 2024 – December 2025, 5,204 callers from Concord were screened using this tool. Of those callers, 13.5% (n=700) had children under 18 in their household. Of those households, the top reasons for calls were:

2024

- Tax preparation assistance
- Homelessness supports
- Rent payment assistance
- Electric payment assistance
- Substance use disorder supports and resources

2025

- Tax preparation assistance
- Rent payment assistance
- Homelessness supports
- Electric payment assistance
- Family resource centers

In addition to implementing this practice change, the Capital Area Public Health Network worked to connect area providers with 211, in part by inviting 211 staff to trainings on trauma



responsive topics (including motivational interviewing) and inviting them to participate in the Community of Practice.

The other key initiative of Concord's TRC work was developing and launching a Capital Area Care Coordination Community of Practice (CoP). The CoP officially launched in March 2025, bringing together direct service providers across the capital area region to share resources, discuss cases, and provide support. The CoP also provides training opportunities to participants, including trainings on trauma-informed care and the Bridges Out of Poverty model. Since its launch, the CoP has held monthly meetings, with consistent attendance of 10 – 15 participants at each meeting. At their Year 3 virtual site visit, staff from the Concord initiative described how "the CoP brings together providers working with families across systems, creating space to share resources, identify service gaps, and collectively problem-solve challenges we're seeing in the community." Concord staff also spoke about the impact at their visit:

People are responding to the opportunities that they are seeing in this grant and self-electing to keep showing up. There are really cool outcomes when people are reaching out with very specific questions to navigate challenges they're seeing in the community.

In their Year 3 end-of-year report, Concord reported improved consistency in cross-sector communication and resource sharing and "a growing culture of collaborative support for families." The CoP will continue past the end of the TRC grant period. Looking forward, the Capital Area Public Health Network will launch a media campaign in the first quarter of 2026 aimed at reducing stigma associated with utilization of family support services.



Coös County

The TRC initiative in Coös County was led by the Coös Coalition for Young Children and Families and was an expanded pilot of the Raising Strong Families initiative. The Coös Coalition brings together partners across systems, including schools, early education supports and services, and public health, to coordinate services and improve support for families experiencing complex stressors.

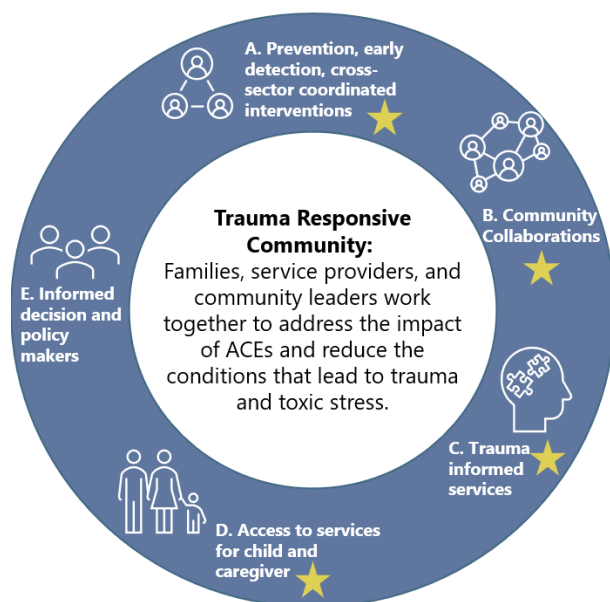
Policy, Systems, and Environmental Change Strategy

The Coös Coalition identified the need for “a family centered support system which effectively and efficiently coordinates multiple services at the time; operates from a clear understanding of family’s challenges, values, and goals; and facilitates better communication among families and providers.”

In order to advance systems change, the initiative identified two key strategies:

- Improve tertiary support for families experiencing complex stressors
- Improve collaboration with a closed loop referral system

Figure 5. Alignment Between TRC Model and Coös County Selected PSE Strategy



Note: Starred activities indicate implemented actions aligned with the TRC model.

These strategies are implemented through the Raising Strong Families initiative, which brings together representatives from different community organizations and sectors, including a Parent Leader, to coordinate care for families experiencing complex challenges. Families enrolled in the program are assigned a Care Coordinator who helps them identify goals and connects them with appropriate resources, services, and supports. This has included helping families obtain stable housing and reliable transportation, access state and federal benefits, navigate legal challenges, and meet reunification goals². Reflecting on Raising Strong Families’ alignment with NHCHF’s Trauma Responsive Community model, Coös County identified their work as addressing four of the model’s five components (**Figure 5**).

² Reunification goals refer to efforts designed to safely return children to their families by addressing the conditions that led to separation and supporting long-term family stability. For more information, visit: <https://www.childwelfare.gov/topics/permanency/reunifying-families/?top=117>



Partnerships

Close collaborations with cross-sector partners are central to the success of the Raising Strong Families model. The partnerships between individuals and organizations facilitate the connections between families and the resources and supports they need. Key partners within the Raising Strong Families leadership include the local school district, School Administrative Unit 20 (SAU20), the Family Resource Center (which also leads the care coordination), Coös County Family Health Services, Northern Human Services, Tri-County Community Action Program, and the Division of Children, Youth, and Families. Other partners engaged in Raising Strong Families work include parents' employers, housing providers, mental and physical healthcare providers and systems, and more. In evaluation submissions, the Coös County initiative reported engaging with 48 unique organizations across the grant period. Partner organizations were engaged across the spectrum of collaboration (**Table 2**).

Table 2. Level of Partnership Collaboration, Coös County TRC Initiative

Reporting	Networking	Cooperation	Coordination	Coalition	Collaboration
November 2023 – March 2024				 N=5  N=1  N=1  N=1  N=1	
April – September 2024		 N=1  N=1  N=1  N=1  N=1	 N=2  N=1  N=2	 N=5  N=1  N=1  N=1  N=1	
October 2024 – March 2025		 N=3  N=3  N=2  N=1  N=3  N=1	 N=4  N=1  N=2  N=1	 N=1  N=1  N=1  N=1	 N=3  N=1
April – December 2025	 N=1  N=1	 N=2  N=2  N=3  N=2	 N=9  N=1  N=3  N=2  N=2	 N=4  N=2  N=1  N=1	 N=2  N=1

Partner Type Key
 Non-Profit
  Child Care or Early Ed
  Health Care
  Education
  Government Agency
  For-Profit
  Other Partner

Note: See Appendix C for the full definitions of levels of partnership collaboration.

Key Activities and Outcomes

The implementation and evaluation of the Raising Strong Families model has been the key focus for the Coös County TRC initiative. Since the initial implementation of the model in 2022, 18 families have been enrolled. At the final evaluation reporting period, the Raising Strong Families



initiative reported actively serving 14 families with space to take on an additional one to two families. Examples of family successes from the Year 3 end-of-year report include reunification and maintained unification, moving into safe and stable housing, enrollment in infant mental health services, and addressing transportation barriers. During the Year 3 virtual site visit, members of the initiative described what these successes have meant for the families they are working with:

This year we saw a successful reunification - mom is thriving in being a mom at home now. And a single dad...[who] recognized 'wow, I've come a long way this year.' He's in such a different place...and it's cool to see that amazing growth and excitement. For [parents] to look back and think 'wow, I'm not in the crisis I was in.'

During the same site visit, members of the initiative also noted that, in addition to addressing families' immediate needs, the Raising Strong Families steering committee was working to address the root causes at the center of the challenges and barriers that families are facing:

The steering committee is really invested in addressing root causes. The reality of where we are, the ruralness and economic status of things, is that we consistently have the same issues coming up for families, transportation being one of them. The steering committee isn't willing to take no for answer. [They'll say] "I'll email this senator, if you email that one" and try to bring these systemic inequalities across the state to the forefront.

Throughout the grant period, the initiative has also been conducting an evaluation of the pilot program. This has included evaluating both outcomes for families, and the impact of the model on relationships and collaboration between service providers and organizations. Family outcomes are tracked using a matrix of stability factors, including family functioning and resiliency, nurturing and attachment, social supports, relationship between caregivers and practitioners, and access to concrete support. At the time of this report, more than three-quarters (78.6%) of actively engaged families had seen increases in their scores across these domains. The evaluation also looked at improving relationships between partners engaged in the initiative. Through surveys, partners reported increased levels of agreement with statements related to clarity of roles, partner accountability, communication and coordination, as well as increased satisfaction with the progress and outcomes of families engaged in the initiative.

Looking beyond the TRC grant period, Raising Strong Families aims to continue expanding the reach of their initiative by enrolling and supporting families beyond the Androscoggin Valley. Starting July 1st, 2026, the Family Resource Center of Northern NH will take on Raising Strong Families as one of their programs. The Coalition will continue in a supportive and strategic role.



Monadnock Region

Trauma Responsive Monadnock is the TRC-supported initiative serving the Monadnock region and is a working group of the Healthy Monadnock Alliance. The initiative is a coalition of leadership from community organizations, social services, healthcare, and the judicial system across the Greater Monadnock Public Health Network which covers 33 towns in the region.

In the first year of the TRC grant initiative, Trauma Responsive Monadnock conducted a community needs assessment to gather input from key community stakeholders to inform the development of the coalition and a vision for the work moving forward. From over 45 key informant interviews, the following key findings emerged from the assessment:

- There was an understanding across systems of the importance and need to address trauma at the community level.
- Cross-sector partners were willing to engage in the work and commit organizational resources.
- There were existing programs and initiatives that aligned with the TRC work but they were not well known or coordinated.

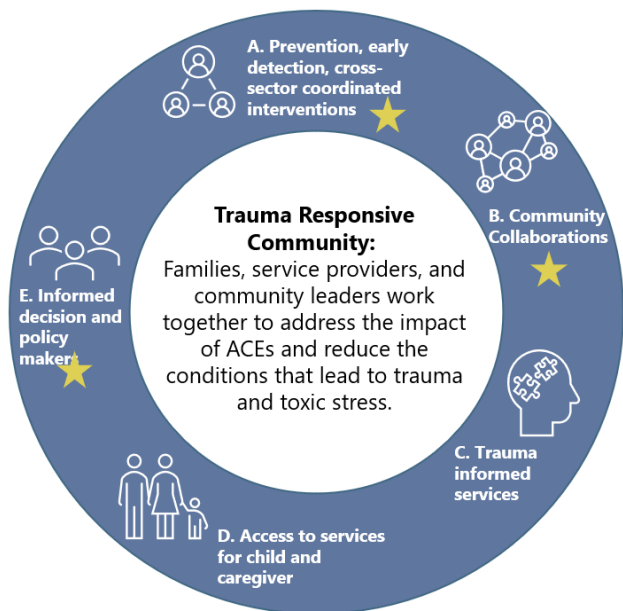
Through its Year 1 assessment work, Trauma Responsive Monadnock was able to build buy-in and support from traditional and non-traditional partner organizations, including faith communities and the business community.

From the assessment findings, Trauma Responsive Monadnock developed its initiative to strengthen awareness and collaboration to address trauma on a community level.



Policy, Systems, and Environmental Change Strategy

Figure 6. Alignment Between TRC Model and Monadnock Region Selected PSE Strategy



Note: Starred activities indicate implemented actions aligned with the TRC model.

Trauma Responsive Monadnock aims to “equip community members to practice trauma-informed principles.” To achieve this aim, Trauma Responsive Monadnock has identified three key PSE strategies:

- Develop cross-sector coordinated interventions for youth-facing trauma professionals.
- Convene public-facing professionals and volunteers in new alliances.
- Support community leaders to implement systems-level change in their organizations.

Trauma Responsive Monadnock implemented these strategies by building their coalition and collaboration across systems and communities, training leaders in trauma-informed principles and supporting them in implementing organizational systems change,

and working to raise awareness of trauma and its impact community-wide.

Reflecting on Trauma Responsive Monadnock’s alignment with NHCHF’s Trauma Responsive Community model, the initiative identified its work as addressing three of the model’s components (**Figure 6**).

Partnerships

Trauma Responsive Monadnock is a coalition made up of diverse, cross-sector partners and collaborations. Key partners identified by the initiative include the Monadnock United Way (which also serves as the fiscal agent for the initiative as of 2025); city and county government and services, particularly the courts and judicial systems; and the Center for Population Health at Cheshire Medical Center. In their Year 3 site visit, initiative leaders described their relationship building efforts:

I don’t think we’ve left any stone unturned. We have a very broad partnership base and have been really fortunate to get the support that we have from all these partners. Every



door we've knocked on has been really receptive. We're very integrated into these different coalitions and other partnerships.

In evaluation reports, the Monadnock initiative reported engaging with 18 unique organizations during the grant period. Partner organizations were engaged across the spectrum of collaboration (**Table 3**).

Table 3. Level of Partnership Collaboration, Monadnock TRC Initiative

Reporting	Networking	Cooperation	Coordination	Coalition	Collaboration
November 2023 – March 2024	 N=1	  N=1 N=1	 N=1	  N=2 N=1  N=1	 N=1
April – September 2024	 N=1	 N=6	  N=1 N=1	  N=2 N=1  N=1	
October 2024 – March 2025		  N=8 N=2	 N=1	 N=1	  N=2 N=1  N=1
April – December 2025	  N=7 N=3		 N=2	 N=2	  N=1 N=3
Partner Type Key  Non-Profit  Child Care or Early Ed  Health Care  Education  Government Agency  For-Profit  Other Partner					

Note: See Appendix C for the full definitions of levels of partnership collaboration.

Key Activities and Outcomes

Over the course of the grant period, Trauma Responsive Monadnock has focused on building shared goals and communication with their coalition, collaborating with other initiatives in the region, and raising awareness and understanding of trauma at a community level. One of the initiative's key activities has been offering trainings on trauma and trauma-informed services, such as conducting trainings at the annual Radically Rural conference which brings people from across states to hear about promising practices and initiatives. Over the grant period, these trainings were also offered to hundreds of community members and staff at organizations and local businesses across the region, including Cheshire Emergency Medical Services, Monadnock Food Co-op, the Keene Public Library and the Savings Bank of Walpole. In Year 3, Trauma Responsive Monadnock trained over 125 community leaders. In their Year 3 site visit, initiative members explained that the reach of their trainings was an unexpected outcome of their work:



The biggest thing people come to us for is the trainings, which were never meant to be foundational to our work but they've just been wildly successful. . . . We recognize that the Foundation's early priority was around systems change but I think we discovered that the trainings help people be ready to make the long term change. It tilled the soil for readiness.

The success of Trauma Responsive Monadnock's trainings have helped to raise the initiative's profile in the region. As a result, individuals and organizations are coming to them for support and resources. Initiative members shared an example: "A big thing was the school system coming to us after some motor vehicle deaths of students, coming to us and saying 'can you help us mediate this and figure out how to address this in a trauma-informed way?'" Trauma Responsive Monadnock approached these requests as both addressing an acute need and as a way to sow the seeds for long term systems change:

Through these unfortunate incidents, we got people to think about not just what is the treatment response, but what is the systems response. Can we step in from a public health point of view to make sure the right people are talking to each other? Can there be a public health response to a traumatic event? It was never something we thought about before but now we see that we need to do that connection in an intentional way.

The community-wide impact of Trauma Responsive Monadnock can also be seen in the region's Community Health Improvement Plan, which lists trauma as the primary mental health concern.

The initiative has also worked to increase awareness of its work and of the topic of trauma and trauma-informed services in the region. This has included launching a directory of individuals and organizations engaged in the work to create more connections. Their initiative's website also hosts publicly available resources, including recordings of trauma-related trainings.

Trauma Responsive Monadnock experienced a number of changes in the third year of the TRC grant, including transitions of key staff members and a new fiscal sponsor. Despite these shifts, the initiative demonstrated resilience, having begun as an entirely volunteer-led effort, with NHCHF funding serving as a critical springboard to advance its goals and activities. Looking beyond the grant period, the initiative will prioritize sustaining its work and the collaborations that have been established over the past three years.



Nashua

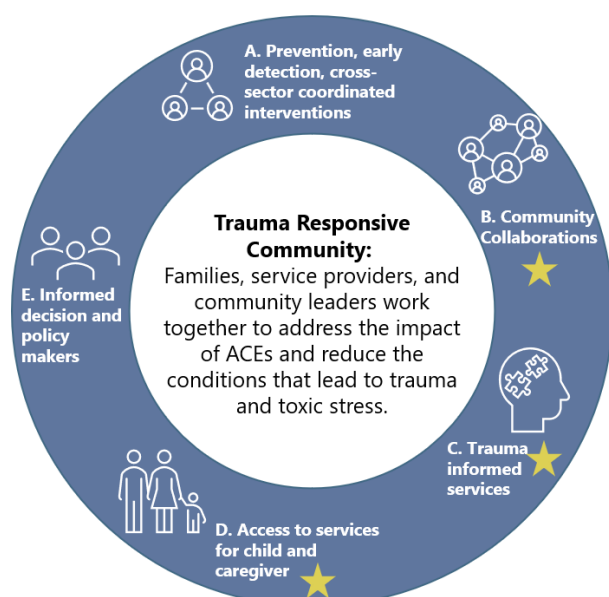
The TRC initiative for Nashua and the surrounding community was led by Greater Nashua Smart Start Coalition, a project of the United Way of Greater Nashua. In the first year of the TRC grant, the Smart Start Coalition launched an assessment of community leaders and stakeholders to inform the development of a shared vision and PSE change strategy. Reflecting on the assessment in their Year 2 site visit, initiative staff shared: “The assessment narrowed our focus and the priorities within the Coalition. . . . The assessment helped us pause, breathe, and hone-in. . . . Without it, we’d be in a completely different direction.” While the Coalition was initially interested in exploring the possibility of supporting partners in implementing ACEs screening, the key findings from the assessment ultimately pointed them in a different direction. Those key assessment findings included:

- Parents and guardians of young children do not feel seen or heard within systems that are supposed to serve them and sometimes feel judged for seeking help from the community.
- Coalition partners and providers struggle to connect with parents and families and to create opportunities for parents and guardians to make their voices heard.

Through the assessment process, the Coalition decided to focus on elevating parent and guardian leadership, and to emphasize positive childhood experiences.

Policy, Systems, and Environmental Change Strategy

Figure 7. Alignment Between TRC Model



Note: Starred activities indicate implemented actions aligned with the TRC model.

From the assessment findings, the Coalition developed the following PSE change strategy for their work: “A social environment systems change where community members’ needs are met through engagement in informal/mutual aid network and become ambassadors for others to engage in the network.”

To advance this strategy, the Coalition has focused on four main pillars: *Leadership*, *Learning*, *Connection*, and *Mutual Aid*. This focus helped strengthen and expand the Nashua Family Network (NFN), a parent-led group helping families to connect and thrive. Using a shared leadership model, NFN focuses on elevating parent and guardian leadership and



voice, creating opportunities for connection among parents and guardians, and supporting a vibrant mutual aid network. The work to advance these strategies is also supported by the Smart Start Coalition itself, focusing in particular on expanding access to community resources and services. The Coalition identified its work as addressing three of the NHCHF's Trauma Responsive Community model's components (**Figure 7**). The Coalition has also proposed that the model should be updated to add a "Social Connection" component, noting that this is "a catalyst for community resilience."

Partnerships

In addition to the existing members of the Smart Start Coalition, NFN partners with a variety of community organizations and public services, including sustained partnerships with local community centers, local services (e.g., Greater Nashua Prevention Coalition and Arlington St. Community Center), and other parent groups. In evaluation reports, the Nashua initiative reported engaging with 60 unique organizations during the grant period. Partner organizations were engaged across the spectrum of collaboration (**Table 4**).

Table 4. Level of Partnership Collaboration, Nashua TRC Initiative

Reporting	Networking	Cooperation	Coordination	Coalition	Collaboration		
November 2023 – March 2024	 N=9  N=1  N=4  N=1	 N=3  N=1  N=1	 N=1				
April – September 2024	 N=12  N=5  N=2  N=1  N=1	 N=3  N=1  N=1	 N=1  N=1				
October 2024 – March 2025	 N=14  N=12  N=2  N=1  N=2	 N=2  N=1  N=1	 N=1	 N=1  N=1	 N=2  N=1		
April – December 2025	 N=12  N=11  N=4  N=3  N=1  N=1	 N=6  N=10  N=1  N=1  N=1	 N=2  N=1	 N=1	 N=1  N=1		
Partner Type Key	 Non-Profit	 Child Care or Early Ed	 Health Care	 Education	 Government Agency	 For-Profit	 Other Partner

Note: See Appendix C for the full definitions of levels of partnership collaboration.



Key Activities and Outcomes

Implementing and supporting the parent leadership of NFN was one of the key activities of this initiative throughout the grant period. Central to the work of NFN is the shared leadership structure, where leadership roles and responsibilities are rotated among parent leaders. Parent leaders shared:

The leadership model we have, with rotating leadership positions, that was new to me coming from corporate. Like for me, facilitating was something I was used to but that's not true for everything but we're able to support everyone in taking on those roles. An open space for people to learn from.

It's been a great growing experience – challenging and rewarding at the same time. We didn't have a model to follow, we started from scratch.

A member of the Smart Start Coalition shared their perspective on the importance of parent leadership:

From the institution anchoring the coalition, it's really important to have restraint and not try to control what the parent network is doing, to really take a step back...It's bloomed and spread organically, and I can't control it anymore but that was really the goal. You have to have for authentic leadership from parents.

Parent leaders come together regularly in “power hour meetings” to collaborate and plan outreach and events. Seven to ten parents regularly participate in these meetings. Parent leaders have also had opportunities to participate in trainings and attend conferences. A parent leader described NFN as “. . . come as you are, we're supporting where you are in this life. . . . It's fun to be here, to have that purpose, to plan for our passions and have all the supports.”

Beginning in Year 2, NFN worked with New Hampshire Listens, a project of the University of New Hampshire, to develop a governance structure, including the processes and materials needed to facilitate that structure. At the Year 3 site visit, a member of NFN shared the impact of developing this structure:

We've been doing really great with the foundational and organizational aspect of it. Every meeting, we have an agenda. We're organizing our Google drive so that anyone can access it. We have a proposal system, a reimbursement system...[New Hampshire Listens] really helped us out in developing those procedures, those group agreements. We always think



about if other parent groups see [our model] and want to adopt it, we want to be able to support them.

The Smart Start Coalition has continued to work in partnership with NFN to advance the identified PSE strategies by developing “Flipping the Script”, a family engagement and community collaboration tool. Rather than a traditional resource guide, this approach centers parent-led conversations where families request topics and the coalition connects partners and guest speakers, fostering relationships and building trust. This authentic engagement of parent voices has ensured parents feel seen and heard and has helped launch pathways for system improvements. Looking towards the future, the initiative plans to continue building collaborations and partnerships, particularly working with other parent groups (including grassroots, informal, or established parent groups) to share and spread the NFN model.



Appendix

Appendix A. NHCHF Preventing Childhood Trauma Priority Logic Model

(Updated June 2025)

Areas of Focus	Inputs	Strategies	Short Term Outcomes	Medium Term Outcomes	Long Term Outcomes
Workforce Capacity	Funder	CPP	Systems Capacity: Investment in CPP training to enable capacity growth Systems Capacity: Business planning for CTRPC (2025)	Prevention, Early Detection, Cross-Sector Coordinated Activities and Interventions: - Descriptive eval of TRC Grantee activities - Change in level of collaboration over time - Over 120 registered CPP providers Trauma Informed Services: - Descriptive eval of TRC Grantee activities - Trauma 101: 24 sites (03/2025) - Trauma 102: 8 sites (03/2025) - Reach of PIP On Demand Training: 60 registrants (03/2025), including: - UNH students and staff - Non-profits - Health centers/systems/FQHCs - State government entity - Reach and description of outreach raising activities	Resources for positive childhood experiences are available & accessible within the community
	Convener	ECFMH Assessment	Systems Investments: SB 444 investments (2022)		
	Advocate	PIP	Practice Change: UNH launched Trauma 101 and Trauma 102 trainings for pediatric practices Systems Change: Online curriculum launched (2024)		
	Catalyst	IMH Credential	Systems Change: Revamp of credential		
			Systems Change: Entry level credential for early childcare professional* – Partnership with EFH, DHHS, UNH		
Community Capacity	Funder	ACERT	Systems Change: Initial ACERT started through Foundation investment	Access to Services: - Descriptive evaluation of TRC Grantee activities - Descriptive Eval. of New Futures Activities 13 active ACERTs serving 20 communities, 2 in progress in two states (NH, MA) (06/2025) Community Collaboration: - Change in level of collaboration over time - Description of PIP partners - Partners engaged in ACERTs	Community-based organizations, schools, and health systems collaborate to be trauma responses and assure PCEs
	Capacity Builder		Systems Change: Creation of ACERT TA center; Receipt of state and fed support; TA center business planning		
	Catalyst	TRC Grants	Systems Change: \$600,000 distributed across the state		
	Thought Partner				
Policy & Advocacy	Funder	New Futures Enhanced Capacity	Systems Investments: - SB 444 (\$2.75 M) ACEs treatment & prevention pilot (2022) - SB 238 (\$1.7 M) appropriation to NH DHHS establishing ACEs prevention & treatment program (2025) - SB 244 (\$407K) IMH credential (2025) Systems Investments: In 2023 – 2024 legislative session: \$776, 875,000 in state and federal funds invested in priority areas through New Futures advocacy	Informed Decision and Policy Makers: - Reach and description of outreach/awareness raising activities - Impact of state and federal investments	Racial & SES equity are prioritized, and all people are served by trusted, unbiased, high-quality care
	Convener				
	Catalyst	Reproductive Justice	Systems Investments: Investment in Lovering Health		
	Thought Partner	Other Systems Change	Systems Investments: Established NH Early Childhood Funder Collaborative, increasing integration in the relationships between early childhood funders		



Appendix B. Evaluation Methods and Design

Evaluation Methods

The evaluation of NHCHF's TRC grant initiative covered the three-year grant period from 2023 through 2025.

At the mid-point of each year, TRC grantees³ were asked to participate in a virtual site visit. These 60-minute conversations held over Zoom were intended to capture the stories and experiences of grantees, gather updates on implementation of their grant-funded work to date, and understand their progress toward policy, systems, and environmental (PSE) change in their communities. The virtual site visits were conducted using a semi-structured guide and co-facilitated by staff from NHCHF and HRiA. The qualitative data collected was analyzed to identify key themes across communities and across the grant period.

In addition to virtual site visits, TRC grantees completed reporting forms at four time points, capturing grant work completed between November 2023 – December 2025 (Appendix C. TRC Grant: Evaluation Reporting Form). The reporting forms asked grantees to provide updates on the key activities identified in their initial workplans, and to connect those activities to the components of the NHCHF TRC model.

Grantees also reported on two shared measures—partner engagement and awareness-raising activities. To better understand partner engagement, grantees were asked to assess each of their current partnerships using a validated scale of collaboration necessary to effectively advance PSE change. The full table with definitions can be found in Appendix D. Definitions of Partner Collaboration.

The evaluation reporting form also asked grantees to report on activities related to raising awareness and understanding of trauma responsive communities, childhood trauma/adverse childhood experiences (ACEs), resiliency, and other related topics. Grantees were asked to describe the activity, topics discussed, the audience, and estimated number of people or households reached.

Grantees also completed an annual end-of-year report in the form of a PowerPoint presentation. Grantees were provided with a template with set questions to answer. Topics covered included updates on the year's work, progress toward the community's identified PSE change, key partners, and plans for the next phase of work.

³ In this report, the term "grantee(s)" is used to refer to organizations that received grant dollars from the Foundation. In its daily operationalization of a trust-based philanthropy framework, the Foundation refers to grant recipients as "funded partners".



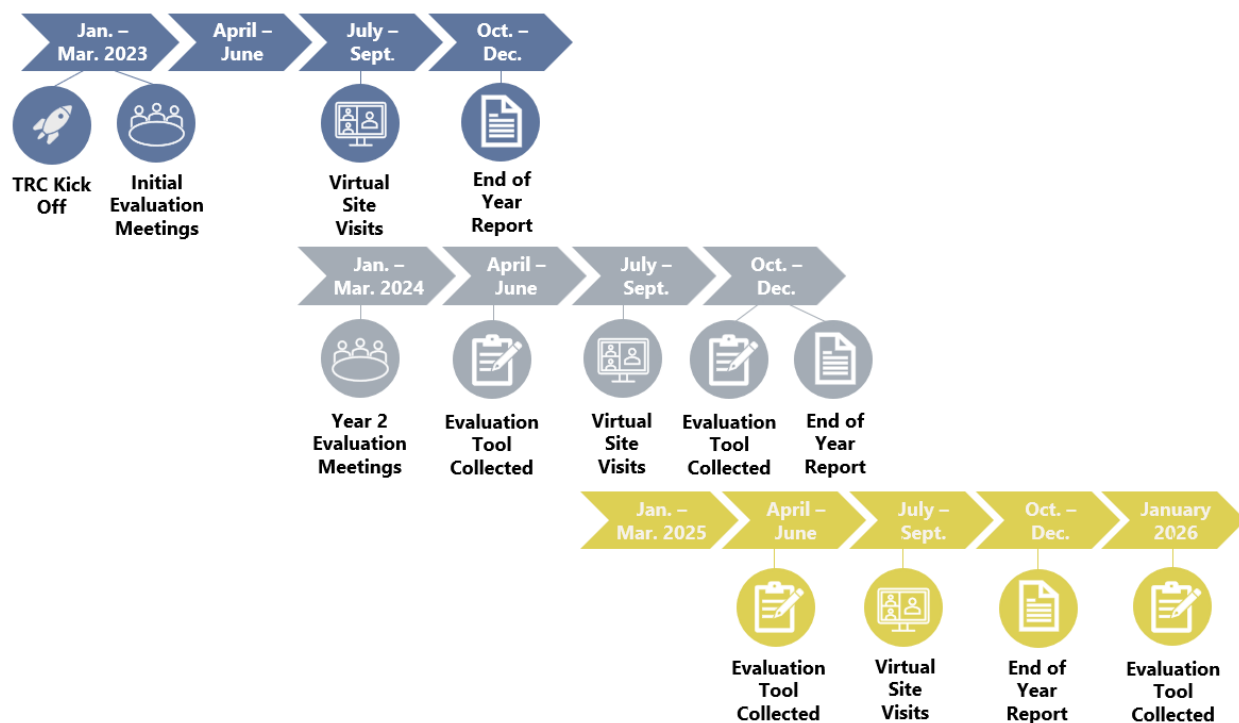
Evaluation Design

HRiA began the evaluation design process by meeting with grantees to gain an understanding of their work, including the key components and facilitators of that work. Significant factors that emerged from these conversations were the importance of partners and of building an understanding of trauma as a community issue. The evaluation included three components:

- **Virtual Site Visits:** Annual semi-structured conversations with each grantee that focused on progress towards intended PSE change, including facilitators, barriers, and the role that community and partners played in that progress;
- **Evaluation Reporting Tool:** A reporting form completed twice per year by grantees that included updates on their workplans, partner collaborations, and outreach activities; and
- **End-of-Year Reports:** Short, structured slide decks presented by grantees at an annual end-of-year convening. Reports included updates on activities for the year, progress towards proposed PSE change, and plans for future work.

More detailed descriptions of these evaluation activities can be found in the “Methods” section of this report. **Figure 8** shows the timing and frequency of each of these data collection methods.

Figure 8. TRC Evaluation Timeline, 2023 - 2025



Appendix C. TRC Grant: Evaluation Reporting Form

Progress to Date on Activities: In the table below, Column 1 has been populated with activities from the workplan your initiative submitted to NHCHF in November 2023. For each activity, please describe progress made on the activity from November 1, 2023 – March 31, 2024, any changes to the activity, and the primary and secondary components of the TRC model that this activity addresses (if activity only addresses one component, leave column 5 blank).

1. Activity (from workplan)	2. Describe progress on this activity	3. Describe changes to this activity	4. Primary TRC Model Component	5. Secondary TRC Model Component
Establish/Formalize Capital Area Care Coordination Community of Practice			Choose an item.	Choose an item.
TR Training & Capacity Building			Choose an item.	Choose an item.
Connect CA providers with 211 staff			Choose an item.	Choose an item.
Include 211 staff in CoP and TR & MI training			Choose an item.	Choose an item.
Introduce screening tool to identify callers from CA w/young children			Choose an item.	Choose an item.
Review intake forms and outcome measurement tools currently in use			Choose an item.	Choose an item.



Explore & select universal tools for potential pilot			Choose an item.	Choose an item.
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Partner Engagement: Please use the definitions listed in the table below when completing column 4 (Current Level of Collaboration) and column 5 (Where Does Level of Collaboration Need to Be?) in the following question.

Networking	Cooperation	Coordination	Coalition	Collaboration
Aware of organization	Provide information to each other	Share information and resources	Share ideas	Members belong to one system
Loosely defined roles	Somewhat defined roles	Defined roles	Share resources	
Little communication	Formal communication	Frequent communication	Frequent and prioritized communication	Frequent communication is characterized by mutual trust
All decisions made independently	All decisions are made independently	Some shared decision making	All members have a vote in decision making	Consensus is reached on all decisions

In the following table, please list the partners that you engaged in this work from November 2023 – March 2024. For each partner, please describe the partner type (e.g., non-profit, health care, schools, etc.) and whether this was a new or existing partnership. For column 4, please select the partnership's current level of collaboration. In column 5, select the level of collaboration that the partnership needs to be at to advance your PSE change. Please feel free to add additional lines to the table if needed.

1. Partner Name	2. Partner Type	3. New or Existing	4. Current Level of Collaboration	5. Where Does Level of Collaboration Need to Be?
<i>Example: HRiA</i>	<i>Non-Profit</i>	<i>Existing</i>	<i>Networking</i>	<i>Collaboration</i>
			Choose an item.	Choose an item.
			Choose an item.	Choose an item.



			Choose an item.	Choose an item.
			Choose an item.	Choose an item.
			Choose an item.	Choose an item.
			Choose an item.	Choose an item.
			Choose an item.	Choose an item.
			Choose an item.	Choose an item.
			Choose an item.	Choose an item.
			Choose an item.	Choose an item.

Awareness Raising Activities: Raising awareness and understanding of trauma responsive communities, childhood trauma/ACEs, resiliency and other related topics is an important outcome of this work. In the following table, please list any activities that involved raising awareness that you did between November 2023 – March 2024. Please describe the activity, the topic or topics covered, the number of people or households reached (your best estimate is fine), and a description of the audience (e.g., community members, policy makers, health care providers, etc.).

Activity	Topic(s)	Number of People or Households Reached	Audience Description
<i>Example: Trauma 101 Presentation</i>	<i>ACEs</i>	<i>10</i>	<i>Health care center staff</i>



Appendix D. Definitions of Partner Collaboration

The Five Levels of Collaboration and Their Characteristics				
Networking	Cooperation	Coordination	Coalition	Collaboration
Aware of organization	Provide information to each other	Share information and resources	Share ideas	Members belong to one system
Loosely defined roles	Somewhat defined roles	Defined roles	Share resources	
Little communication	Formal communication	Frequent communication	Frequent and prioritized communication	Frequent communication characterized by mutual trust
All decisions made independently	All decisions made independently	Some shared decision making	All members have a vote in decision making	Consensus is reached on all decisions

Source: Frey, B., Lohmeier, J., Lee, S., & Tollefson, N. (2006). Measuring collaboration among grant partners. *American Journal of Evaluation*.
<https://journals.sagepub.com/doi/10.1177/1098214006290356>

