

***New Hampshire
Early Childhood Advisory Council***

Strategic Report

7/21/10

New Hampshire Early Childhood Advisory Council Strategic Report

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NH EARLY CHILDHOOD ADVISORY COUNCIL STRATEGIC REPORT

"The likelihood of significant change is much higher when government bureaucrats, political leaders and advocates see themselves as playing on the same team." - Anne Mitchell

INTRODUCTION

The Foundation for A Unified Early Childhood System in NH: Three Years in the Making

"I challenge New Hampshire to have a first class Early Childhood System in place to showcase to the presidential candidates at the next first in the nation primary."
- Nina Sazer O'Donnell, 2008

Over the past decade, two convergent forces rendered it possible to strengthen early care and education for New Hampshire's young children and families: Governor Jeanne Shaheen and state agency leaders' efforts to build the public and political will for early care and education and Governor Lynch's firm commitment to bipartisan action. The result was a significant change in early care and education policies, which, for the first time, included kindergarten in the definition of an adequate education in NH, expanded eligibility and increased state support for child care assistance for working families, and established a new quality rating system, "Licensed Plus," to reward child care programs for quality improvements and offer tools for parents to determine which programs in their community exceed the basic health and safety standards of child care licensing.

Over the past three years, much of the foundation work for a unified early childhood system in NH was accomplished through the efforts of a diverse group of public and private early childhood organizations and leaders informally referred to as the "brain trust" (in Appendix A). Led by Early Learning NH¹, this group was charged with identifying the policy and practice changes necessary to realize a comprehensive early childhood system in our state. With support from Northeast Delta Dental; Nellie Mae Education Foundation; and the Departments of Education, Health and Human Services and Employment Security; Early Learning NH and the "brain trust" convened a series of public forums to garner support for and provide input to the design of NH's early childhood system. The forums featured national experts from the National Governor's Association, the Build Initiative, United Way of America's Born Learning, and the National Center for Children in Poverty, as well as state leaders (Commissioners of Education, Health and Human Services, and Employment Security). As a result, four major objectives were identified: 1) Encourage systems thinking within and across state agencies; 2) Establish and strengthen leadership infrastructure (including a Children's Cabinet and State Early Childhood Advisory Council); 3) Build public awareness and public will regarding the importance of early care and education to a child's success in life; and 4) Create public/private partnerships and/or a funders' collaborative to spark and support systems building innovation. Finally, NH's work with the FrameWorks Institute² over the past three years has sharpened the focus of and promoted coordination among the formerly disparate voices speaking on behalf of early care and education.

¹Early Learning NH is a private, non-profit organization founded in 2003 to build a single early-childhood leadership, public-policy, and member-services organization

² FrameWorks "designs, commissions, manages and publishes communications research to prepare nonprofit organizations to expand their constituency base, to build public will, and to further public understanding of specific social issues." www.frameworks.org

This report includes a description of New Hampshire's Early Childhood Advisory Council, an overview of preliminary needs assessment activities and results, the plan to address the responsibilities of the Council, and a summary of the public hearing held on July 13, 2010.

NH EARLY CHILDHOOD ADVISORY COUNCIL

"If you want to go fast, go alone. If you want to go far, go together." - African Proverb

Like many states at the time the "Improving Head Start for School Readiness Act of 2007" (the Act) was passed, NH had several councils focusing wholly or in part on young children and families, but none that met all of its requirements. Included were the NH Child Care Advisory Council (CCAC), the NH Interagency Coordinating Council (ICC) under the Individuals with Disabilities Education Act (IDEA), the Council for Children and Adolescents with Chronic Health Conditions (CCACHC), and the Governor's P-16 Working Group³. In response, a broad group of leaders from the unified early childhood system initiative (described above), developed recommendations for a NH Early Childhood Advisory Council (the Council) over a 12-month period of intensive planning, outreach to existing councils, and research on similar efforts in other states. In November 2009, Governor Lynch approved the recommendations and appointed representatives to the Council (Appendix B), with the understanding that membership would be expanded and the Council would be fully functioning by fall 2010. The Governor also designated Early Learning NH as the "coordinator of activities" for the Council. The Council, as required by the Act and endorsed by the Governor, will:

- ♦ Serve as the primary advisory body to the Governor's Office, state legislature, and state agencies regarding early care and education issues in the State of NH;
- ♦ Conduct a needs assessment on early childhood education program quality and availability for expectant families and children aged birth through grade 3 and their families, including pre-kindergarten services for children in families with low incomes⁴;
- ♦ Identify opportunities and barriers regarding collaboration and coordination among federally- and state-funded early care and education programs and the state agencies that administer these programs;
- ♦ Coordinate early care and education-related resources;
- ♦ Promote changes in policy, legislation and practice that support and/or improve the lives of families who are expecting a child and/or who have children aged birth through grade 3;
- ♦ Assess the capacity and effectiveness of NH's Institutions of Higher Education to support the development of early childhood educators;
- ♦ Generate recommendations for:
 - Increasing participation in federal/state/local early childhood education programs
 - Establishing a unified data system for public early childhood care and education programs and services to facilitate data-informed decision making
 - Promoting statewide professional development/career advancement for early childhood educators
 - Improving state early learning standards
- ♦ Provide strategic direction to state and community leaders

³ Promotes post-secondary education for NH's students

⁴ The Head Start Act requires a focus on children from birth to school entry. NH's Council expanded the target population.

- ♦ Hold public hearings

Vision

The NH Early Childhood Advisory Council's vision is:

All New Hampshire children and their families are healthy, learning, and thriving now and in the future.

Mission

Its mission is as follows:

The Council provides leadership that promotes a comprehensive, coordinated, sustainable early childhood system that achieves positive outcomes for young children and families, investing in a solid future for the Granite State.

Definition & Focus

The Council defines an early childhood system as “a comprehensive, coordinated, and sustainable network of public and private supports, services, and programs for young children and their families.” The focus of the Council is on expectant families and children from birth through grade 3 and their families.

Guiding Principles

The NH Early Childhood Advisory Council is guided by the following eight principles pertaining to families and children, early childhood systems, and the Council itself.

Families and Children:

1. Families should be supported by communities and be partners with stakeholders and service providers in designing, coordinating, and evaluating supports, services, and programs.
2. Preventive approaches early in life provide a rich return on investment and are economically advantageous compared to costly remediation later in life.
3. Successful transitions for young children and their families sustain the foundation of healthy early childhood development.

Early Childhood Systems:

4. Early childhood systems utilize evidence-based and promising practices to deliver high quality services and programs to young children and their families that are developmentally and culturally appropriate, and universally accessible.
5. Early childhood systems maximize efficiency and collaboration at both the state and local level, and are aligned with the strengths and individual needs of children and families.
6. Early childhood systems set high standards, self-evaluate and continuously improve.

The Council:

7. The Council will build on recent and ongoing early childhood planning efforts, research, and initiatives as well as lessons learned from national resources and input from stakeholders.
8. Communication, coordination, collaboration, and partnership across all sectors of the community, both public and private, ensure the effectiveness and impact of services.

Authority, Affiliation and Structure

The Council will be an independent entity, authorized by legislation, which advises the Governor's Office, state legislature, Department of Health and Human Services (DHHS), Department of Education (DOE), and others, and is collectively staffed and funded. It will include:

- ♦ Standing committees, which will be determined based on function and include the functions of existing bodies that merge to form the Council.
- ♦ Time-limited, targeted task forces/work groups, which will be convened by consensus of the Council to address current issues and/or needs, such as Federal plans, market rate surveys, position papers, Individuals with Disabilities Education Act (IDEA)-related issues, etc.

Standing committees will include representatives from mandated and optional categories for the NH Interagency Coordinating Council (ICC)(Part C and B/619 of IDEA), NH Child Care Advisory Council (CCAC), and other key councils. Standing committees and task forces/work groups may also include non-voting members who are invited to serve. During the development phase, the Council has a Planning Committee, Communications and Outreach Task Force, and a Fund Development and Sustainability Task Force. To fully establish the Council and undertake the work as outlined in this report, additional committees and task forces will be convened. "Committees" are long standing groups that will continue to meet and work until the Council votes to disband them, while "task forces" and "work groups" are convened to complete specific tasks on a time-limited basis, such as drafting by-laws, vision/mission statements or procedures.

PRELIMINARY NEEDS ASSESSMENT ACTIVITIES

NH ECAC Survey

In June 2010 the Council created and disseminated a web-based survey designed to garner broad input on: (a) the status of collaboration/coordination among early childhood-related programs and services at the state and local levels; (b) barriers to and strategies for improving collaboration/coordination among programs and services; and (c) resources that may facilitate the work of the Council and/or improve collaboration/coordination among early childhood programs and services. An overview of the survey and link to the web page were emailed to approximately a large list of organizations, agencies, committees and individuals, with a request to forward the survey link to anyone who may be interested in participating. The survey was "open" online for a one-week period.

Among the 299 respondents, a broad array of perspectives was represented, as shown in Table 1. Parents/caregivers and family members by far were the largest number of participants,

(N=68, 22.7%), followed by representatives from child care centers (N=48, 16.1%), health/healthcare (N=35, 11.7%) and preschool special education (N=32, 10.7%).

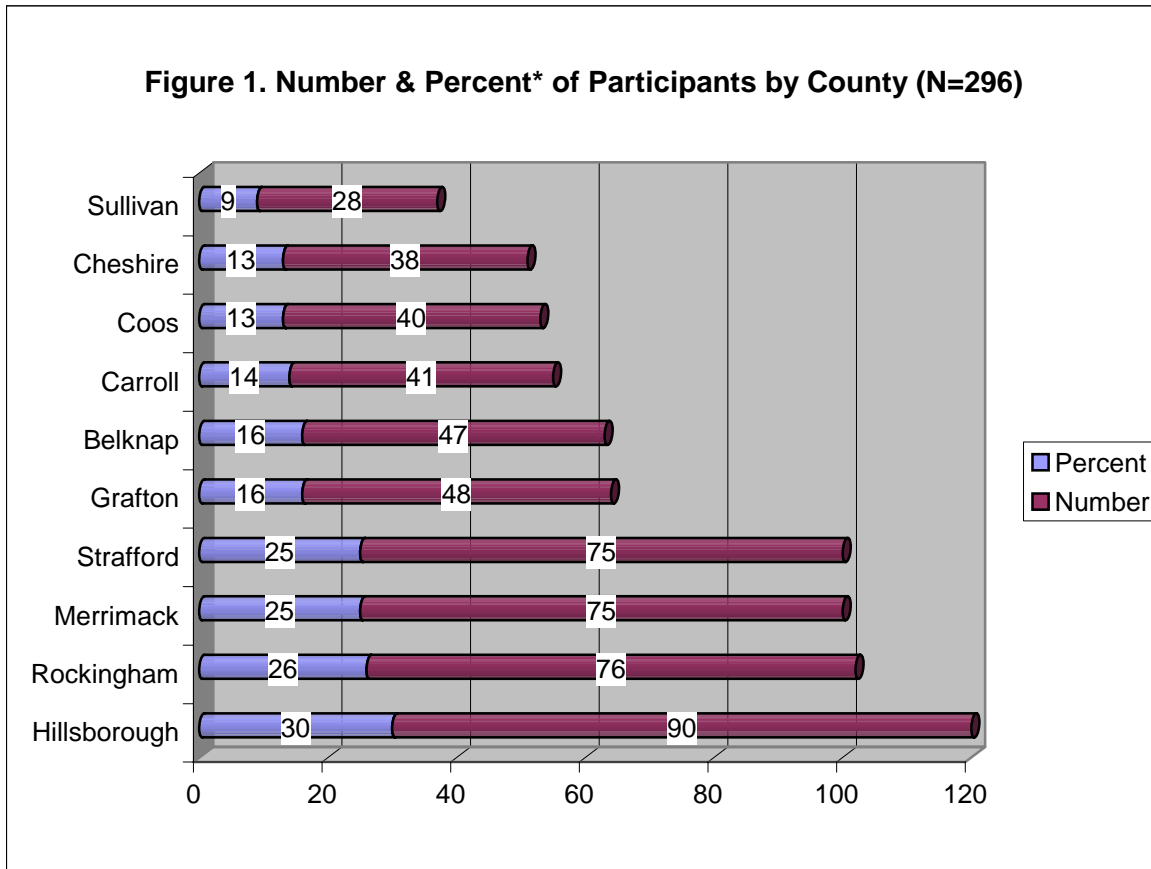
Table 1. Number & percent of survey participants by primary role/perspective (N=299)

Primary Role/Perspective	N ¹	%
Parent/caregiver/family member	68	22.7
Child care center	48	16.1
Health/healthcare	35	11.7
Preschool special education	32	10.7
Higher education	16	5.4
Public school (K – 3)	16	5.4
Early Supports & Services (early intervention)	15	5.0
Preschool	15	5.0
State agency	15	5.0
Head Start/Early Head Start	14	4.7
Family child care provider	13	4.3
Mental health	8	2.7
Family organization	8	2.7
Public policy	7	2.3
Advocate	6	2.0
Other	20	6.7

¹Total exceeds 299 because some participants selected more than one response

Other participants included funders/foundations, business, community members, and students. Although the largest number of participants represented Hillsborough County (N=30), all of NH's counties were represented, as reflected in Figure 1.

Figure 1. Number & Percent* of Participants by County (N=296)



*Total exceeds 296 and 100% because some participants selected more than one response

As shown in Table 2, 168 participants indicated that they and/or their organizations engaged in Council-related activities. More than half promote changes in policy, legislation and practice that improve the lives of NH's young children and their families (60.1%); make recommendations to improve early learning standards (55.4%); and identify opportunities for and barriers to collaboration (55.4%).

Table 2. Council-related activities in which participants or their organizations were engaged (N=168).

Council-Related Activity	N ¹	% ¹
Promote changes in policy, legislation and practice that improve the lives of NH families of young children	101	60.1
Make recommendations for improvements in early learning standards	93	55.4
Identify opportunities for and barriers to collaboration/coordination	93	55.4
Provide strategic direction to state and community leaders regarding early care and education issues in NH	74	44.0

Table 2, continued

Develop recommendations regarding statewide professional development/career advancement for early childhood educators	61	36.3
Develop recommendations for increasing child participation in early childhood education (ECE) programs	60	35.7
Assess capacity of higher education to support the development of EC educators	36	21.4
Develop recommendations for a unified ECE data system and development of programs and services	33	19.6
Conduct periodic statewide needs assessment on ECE program quality and availability	27	16.1

¹Total exceeds 168 and 100% because some participants selected more than one response

1) Increasing the Effectiveness of Collaboration among Early Childhood-Related Programs & Services

When asked, “In your opinion, how could early childhood-related organizations/agencies throughout NH and in your community work together more effectively?” 164 participants offered comments and recommendations pertaining to six broad categories: 1) communication and public awareness; 2) professional development; 3) collaboration; 4) services; 5) an early childhood system; and 6) the NH Early Childhood Advisory Council. Participants also offered multiple examples of effective collaboration among programs and services.

Communication & Public Awareness

More than 80 comments were directed toward communication and public awareness. Many described the need for increased communication among early childhood programs and services at the state and local levels regarding roles, responsibilities, and services provided; as well as readily available information on resources and best practices for both providers and families. Some participants were specific in their recommendations, such as “increase communication between early childhood and healthcare and Family Centered Early Supports and Services (early intervention) and Preschool Special Education.” Others were more general, such as “communicating with one another in a productive forum with individual agency/organization agendas out of the mix.”

Participants suggested a number of strategies to promote communication and public awareness. *The most frequently named strategy (with over 26 comments) was to create opportunities for formal networking, communication, collaboration and sharing resources via organized/facilitated meetings (regional and statewide), consortiums, cooperatives and other such groups.* Other suggestions included:

- ◆ Create informal networks
- ◆ Maximize the use of technology (blogs; listservs; e-mail; website; Internet-based charting/records; central directory; on-line resources)
- ◆ Promote the use of comparable assessments across programs
- ◆ Promote shared needs assessments

- ♦ Create lists of qualified substitute teachers to share across programs
- ♦ Publish state agency organizational charts
- ♦ Develop an overall mission statement that people can get excited about

Examples of comments in this category are as follows:

“Communicate and collaborate with one another to help families find the resources they need.”

“Need to have more parent integration into the child care, mostly in the form of parent education and such.”

“As a parent, I did not receive information about early intervention until several months after my daughter was born (she has Down syndrome). I would have liked to have known about it (and the importance of beginning services early) sooner.”

“I believe more focus needs to be placed on working with and supporting the families of very young children. I believe every childcare and early learning center needs to focus on strengthening families and parenting skills as well as providing quality care and early learning for the children in their care. Closer relationships and collaborations between ECE's, family resource centers and schools on a local and regional basis will help.”

“By building a stronger coalition, through regional groups and a statewide group that has representation from each of the regional groups that consists of providers (all types), parents, advocates from statewide and national organizations, business leaders, legislators and others concerned with the field.”

“Having one access point for all EC agencies/organizations to access to share information, and to have information available for the public.”

“Ongoing/improved communication so that health care providers are always aware of the services available and how to access those services for our patients.”

“I think that agencies should go to the smaller preschools and licensed daycares and introduce themselves and discuss their services.”

Professional Development

Among the 16 comments related to professional development were recommendations for joint activities (conferences, training, mentors), a unified approach to curriculum and educational requirements for Early Childhood teachers, and ongoing opportunities to participate in activities and share information, as reflected in the following quotations:

“It would be nice and beneficial to all if there were a system of mentorship in the state for trainers to make an impact in programs all over the state. Families are forced to “price shop” for child care instead of actually accessing quality care for their children due to so many barriers. Of the programs that are quality, the accessibility factor is an issue as these programs are full to capacity with wait lists. While we may not be able to “fix” this, we can certainly affect the quality of programs through the use of the fabulous trainers around the state.”

“...having a sort of knowledge coop where if one organization learns from a workshop/conference/study, there is a means of sharing the info with each other.”

“I believe that it is important for faculty in colleges and universities to continue to work closely with early childhood providers to encourage those going into the field to receive specific education that will help create stimulating environments for young children.”

“Collaboration of instructors to keep up with area trends in learning”

“Continue to provide quality training opportunities for staff that include ideas for the K-3 population, not just for those that serve kids aged 5 and under.”

Collaboration

There were approximately 32 comments in regard to enhancing collaboration between and among early childhood-related programs/agencies in general, as well as between/among specific programs/agencies as follows:

- ♦ Family Resource Centers, child care and schools
- ♦ Early childhood education and schools
- ♦ Area agencies and schools
- ♦ Mental health providers and others (schools and Special Medical Services)
- ♦ Family Centered Early Supports and Services and others
- ♦ Those serving special populations
- ♦ Child Care Resource & Referrals and others (to increase resources)
- ♦ Child Care Licensing, town government, public schools regarding background checks
- ♦ Departments of Health and Human Services and Education

Participants recommended the following three strategies to improve collaboration:

- ♦ Have clear goals/rules for collaboration
- ♦ 1-Stop Shopping model for families
- ♦ Pool/share resources

Examples of comments and insights regarding collaboration included:

“Be clear as to the goal of collaborative activities. Because of NH's relatively loose configuration of early childhood organizations and agencies, I fear we are not competitive for some foundation and federal dollars”

“Combine our buying power, trainings, share waiting lists, be more cohesive”

“Blending funding streams so children receive unified services - 1 stop shopping no matter their income or qualification. Good Early Childhood Services for all. Public school need to work closely with community-based child care agencies to provide unified services within the community, especially for children with an IEP/IFSP.”

“We could work together to better help those children that are in our care that need extra support other than an hour or two a week. We are here for the families but some of us are not equipped to help all children but with other help from organizations we can help create a more successful environment for ALL children.”

Services

Among the (approximately eight) services-related recommendations were the following:

- ♦ Increase in-home services
- ♦ Increase options for quality/affordable child care
- ♦ Identify commonalities and best practices
- ♦ Support certain organizations/agencies (PTAN, Early Learning NH, CCRR, EEIN, IMH teams)

For example:

“Find the commonality and best practices of all services then consolidate the information to reach educators, providers, parents and others. Unite early childhood education throughout the state both private and public to give our children the best possible opportunity for success and support. DHHS and DOE need to communicate to create quality early childhood education programs at the staff and student level. Get out of the boardroom and into the classrooms.”

“Continue to support the regional infant mental health teams which have been operating throughout the state for the past 10 years. Fund them as well as the NH Association for Infant Mental Health to move their already existing strategic plans forward. Teams are currently working on community education and disseminating research based screening tools through the Watch Me Grow initiative...”

“The state needs to understand that for parents to work there needs to be care for the children. As a single parent if there were no before and afterschool program I could not make a living for us.”

Early Childhood System

The second-largest number of comments (N=30) were systems-related and included the following:

- ♦ Identify/reduce redundancy
- ♦ Create a less regionalized system
- ♦ Identify/promote shared goals and priorities and a collective mission
- ♦ Create a unified system
- ♦ Provide oversight of public preschool programs
- ♦ Produce “cost-benefit” reports
- ♦ Provide funding to support collaboration/coordination, professional development, and programs/services
- ♦ Use data bases that mesh
- ♦ Promote the following philosophy/principles
 - Non-territorial
 - “Keep corporate model out”
 - Acknowledge value of for-profits

In the words of participants, NH needs:

“...greater consistency in funding of organizations, programs, and projects over time to support long-term collaboration and capacity-building, provision of funding to support

collaboration and coordination between various agencies,” and “reports (6 month?) describing specifically how moneys are being distributed and how exactly the children are benefiting from the program.”

There also were several comments regarding policy and advocacy:

“Make medical home a requirement in state Medicaid plan; this allows enhanced federal match rate for care coordination.”

“Collaboration and open communication is always the best way to support young children. The CDB fosters a transparent planning process, and yet there remain divisions on some public policy issues. Not sure why that is.”

“More agencies/organizations should consider joining together with groups like Early Learning NH to speak with one voice about our common goals and challenges.”

NH Early Childhood Advisory Council

A few tips were offered regarding the newly formed Council:

“A broader-based council or cabinet that includes advocacy organizations could help realize increased effectiveness. A “future search” activity with as many players as possible would bring the factions together and help create a vision for future supports for children and families.”

“Have a collective mission and focused agenda that unites birth through age 8 children and families.”

“...strong central role for a state-funded coordinating or umbrella council with room for individual variation between programs.”

Examples of Effective Collaboration

Approximately fourteen respondents provided examples of effective collaboration in early childhood, which included the Seacoast Early Learning Alliance, Early Supports and Services and preschool, the baby group at Wentworth Douglass Hospital, PTAN (Preschool Technical Assistance Network), Southwestern Community Services Head Start, Carroll County Child Care Resource & Referral, Bureau of Developmental Services family support conference, Infant Mental Health teams and Early Childhood Collaboratives. Comments included:

“They can join the Seacoast Early Learning Alliance and work with this group to band together to make childcare more high quality, cost efficient and more effective in promoting excellence in childcare.”

“For the first time we went to the family support conference and found it to be a wonderful way to connect with services and other families. If there was more focus on this kind of ‘hub’ I believe that families would be better served.”

“We work through PTAN that I feel is an effective vehicle to promote cooperative to benefit young children particularly those with special needs.”

“In my community, Durham, they do work well together.”

“I think more recently the changes in the transition from ESS to public school systems have really made a big difference.”

“At SCS Head Start we have a wonderful collaboration with our community partners and share trainings with them. The statewide mentorship of IMIL [I Am Moving, I Am Learning] is a good collaboration with the state partners. At Head Start we talk with other regions of the state once a month at our manager’s meetings.”

“I think that early childhood related organizations and agencies in NH do work together effectively, compared to organizations in many other sectors. I would very much like to see more communication and collaboration across the whole prenatal to third grade age range, and more collaboration across agencies and systems that serve children in early care settings and those that serve children in public schools.”

2) Barriers to Collaboration

Approximately 162 people responded to the question, “What are the barriers to early childhood related organizations/agencies working together more efficiently?” Nine major categories of barriers were identified, including:

- ◆ Time
- ◆ Funding
- ◆ Variation among programs and agencies (mandates, mission, vision, priorities, policies, philosophy, agendas, forms, language, services, sharing information)
- ◆ Communication
- ◆ Knowledge/understanding regarding roles, responsibilities, services, etc.
- ◆ Geography (state outreach to the North Country, travel distance, service areas for various programs)
- ◆ Staff (e.g., lack of mentoring, lack of competency/skills in shared areas, staff coverage, personnel resources)
- ◆ Turf/control (systems not being able to look outside of their own systems, territorial of families)
- ◆ Other

Other barriers named by a few people included the following:

- ◆ Privacy/consent
- ◆ Lack of a central state vision
- ◆ Recognition/respect for agencies other than non-profits
- ◆ Politics
- ◆ Wait lists
- ◆ DHHS website
- ◆ Will to collaborate
- ◆ Fragmentation
- ◆ Over-testing of children

Not surprisingly, the *most frequently named barriers to collaboration were time and funding*, each of which was mentioned by more than 50 participants. Many found it difficult to find time to convene or participate in collaborative efforts and activities, whether it was due to the lack of administrative support for release time and qualified substitutes to cover while staff attended

meetings or events, lack of personal time to attend activities outside of work hours, large workloads, or geographical barriers (distance involved in traveling to meetings and events), as reflected in the comments below:

“Time to be collaborative, go to events/trainings and still be at our centers. I don’t think there is a great fix, but I do think it’s time for some restructuring with the state of the economy being what it is.”

“We can’t get our administrators out of their programs long enough to be able to speak up for their own needs.”

“We are all so over-worked and stressed. The pay in these sorts of jobs is fair at best. At the end of the day, I have little energy to devote too much more of my time to work related issues. It is all I can do to fulfill my CEUs requirement for licensure.”

“Current workloads are so intense that there is little time for broad-based collaboration and visioning together across agencies, divisions and bureaus.”

Participants listed a range of funding barriers, as listed below and reflected in the comments that follow.

- ◆ Inadequate funding for programs and services
- ◆ Lack of funds for staff coverage during release time
- ◆ Lack of available funds to support collaboration (e.g., mileage, meeting facilitation)
- ◆ Funding “silos” in which programs/agencies are subject to various federal, state and local mandates
- ◆ Competition among programs/agencies for grant and other funding
- ◆ Low staff salaries
- ◆ Funding to have university research done more often in connection with lab schools

“Funding pathways continue to perpetuate silo services. The available funding streams for capacity building neglect the need for continuity of care for children and families, which are the missions of most of our front line agencies.”

“Often, funding opportunities create silos. However, recent federal initiatives seem to be promoting more collaboration. Also, everyone is very busy with recent cuts and restrictions. This makes it hard to participate on all projects. The NH ECAC will most certainly alleviate this stressor and enhance collaboration in NH.”

“Parallel departments-divisions-bureaus make systemic change difficult since funding is based on narrow definitions and specific categories of clients.”

Examples of comments from the remaining categories were as follows:

“Everything is SO disjointed. There's ESS, MICE, the schools, the doctors, SMS -- and while they mostly do share information, they are all separate agencies. So we now have a 'coordinator' at each place. It would be easier for parents if we somehow had a single point of access to our own child's records so we weren't trying to keep track of dribs and drabs that come through via email and on paper and sometimes don't show up at all. And it's really difficult because some people know about certain services while others do not. So

sometimes you find out about something only long after you were eligible and sometimes even after it's no longer useful. A central list or orientation or... something."

"There are intrinsic divisions in our field: family child care, center-based care, public school preschool, Head Start, etc. Approaches: Waldorf, Montessori, Reggio, etc. Funding divisions: Head Start versus CCDBG versus DOE funding, and all those funding streams have different messages and goals. It is hard to get this field to agree on ANYTHING."

"Communication is a two-way street - people need to read their e-mails and newsletters and also remember to share pertinent information with others."

"Those who work with K-3 have different concerns, needs than those working with infants, toddlers, preschoolers."

"Speaking as a physician I find that getting records is one of the larger challenges, and an electronic record system statewide would help."

"I feel that there is still a profit/non-profit mental barrier that exists between child caregivers that needs to be broken down. It would be great for agencies to hold seminars that introduce their services and how to access them so educators had a more effective approach."

3) Resources

The third and final question asked participants to name resources that may assist the Council in addressing its responsibilities. Fifty-five people offered a wide variety of ideas, which are in Appendix C, "NH ECAC Survey on Collaboration and Resources: Open-Ended Responses," under "Resources."

Information from the survey was incorporated into the "Plan to Address the Council's Responsibilities," as described in the next section.

Maternal and Child Health Needs Assessment Work Group

Maternal and Child Health is spearheading a second statewide needs assessment activity involving the Council. In response to the Health Resources and Services Administration (HRSA) and the Administration on Children and Families (ACF) *Maternal, Infant, and Early Childhood Home Visiting Program* funding opportunity announcement, Maternal and Child Health has convened a work group that includes Council members and other early childhood stakeholders. The Affordable Care Act (ACA) funding opportunity will assist NH in building on existing early childhood infrastructure and improving health and developmental outcomes for children who are at risk through evidence-based home visiting programs. Using its standard approach, Maternal and Child Health will follow a four-step process beginning with the compilation of ACA-required data. This inventory summarizes data elements, their sources, most recent available year, and available level of data. Next, Maternal and Child Health will assess capacity using a survey tool to be developed in partnership with the Bureau of Drug and Alcohol Services, Home Visiting agencies, and the Endowment for Health. The third step will involve matching needs to capacity and finally the workgroup will set priorities.

PLAN TO ADDRESS THE COUNCIL'S RESPONSIBILITIES

The Head Start Act charges state Early Childhood Advisory Councils with eight major responsibilities, ranging from conducting a statewide needs assessment to generating recommendations on a variety of early childhood related issues. In this section is a description of each Council responsibility, the current status in NH and proposed objectives to address each area (A – H). Finally, a brief description is included of the Council's plan to develop an effective infrastructure to achieve its vision and accomplish its objectives.

A. Conduct periodic needs assessments on the quality and availability of early childhood programs and services for expectant families and children from birth through grade 3 and their families, including services for children in families with low incomes.

Status

Currently, NH has no single, statewide needs assessment that meets this requirement. Multiple state agencies conduct their own needs assessments targeting particular populations and topics related to early childhood, including DOE and DHHS (Division for Children, Youth & Families Child Development Bureau, Head Start State Collaboration Office, Child Protection Bureau, Community and Family Support), Bureau of Developmental Services (Family Centered Early Supports and Services, Special Medical Services), and Public Health (Maternal and Child Health). Additionally, higher education and other organizations conduct needs assessments relative to early childhood, including the Institute on Disability at UNH, Parent Information Center, Children's Trust Fund, the Governor's P-16 Council, and others.

Proposed Objectives

- ♦ Identify current, ongoing, statewide needs assessment processes/opportunities among state and other agencies/organizations and programs.
- ♦ Create, implement and evaluate a plan to coordinate these efforts (e.g., design a core set of questions to be included in each/ascertaining that there is broad representation of ECE programs and services; compile report on results).
- ♦ Collaborate with Maternal and Child Health on the needs assessment component of the ACA Home Visiting project.

B. Identify opportunities and barriers regarding collaboration and coordination among existing federally- and state-funded early childhood programs and the state agencies that administer these programs.

Status

Three previous efforts will inform NH's work in this area: a) the Council's June 2010 needs assessment; b) the Child Development Bureau's "alignment of federal and state plans" document created in 2009, which describes the goals, objectives and activities for multiple early childhood-related programs and services as a first step to promoting collaboration and coordination; and 3) input from the July 13, 2010 public hearing.

Proposed Objectives

- ♦ Update the “alignment of federal and state plans” document.
- ♦ Convene a collaboration/coordination task force to generate and promote recommendations based on all sources of information described previously, including NH ECAC Survey responses (e.g., have clear goals/rules for collaboration, explore 1-stop shopping models for families, pool/share resources. Identify/reduce redundancy, etc.).
- ♦ Examine and propose solutions to align the DHHS-sponsored Early Childhood Professional Credential and the DOE Teacher Certification requirements.

C. Strengthen state-level coordination and collaboration among the various sectors and settings of early childhood programs in the State.

Status

As reflected in the needs assessment results, NH’s early childhood community works well together in some areas and is fragmented in others. NH has a long history of collaboration among key federally– and state-funded programs, such as DHHS DCYF (Child Development Bureau, Head Start State Collaboration Office, Child Protection, Community and Family Support), Bureau of Developmental Services (Family Centered Early Supports and Services, Special Medical Services), Public Health (Maternal and Child Health), and DOE (Preschool Special Education, Learn & Serve 21st Century Community Learning Centers), and others. It also has a demonstrated track record for collaboration among state agency programs/services, private organizations and agencies and community programs and services. However, as identified in the needs assessment, numerous barriers must be addressed before NH can realize its goal of a unified early childhood system.

Proposed Objectives

- ♦ Maximize the use of technology to promote communication/collaboration (blogs; listservs; e-mail; websites—including state websites; Internet-based charting/records; central directory; on-line resources, access to records for families).
- ♦ Convene a Programs and Resources Coordination/Collaboration Committee to act on the collaboration/coordination task force recommendations.

D. Promote changes in policy, legislation and practice that support and/or improve the lives of families who are expecting a child or who have children from birth through grade 3.

Status

NH has several early childhood champions among its state leaders, as evidenced by the Early Childhood Unified System initiative led by Early Learning NH over the past 18 months, but currently lacks the capacity to “speak with one voice.” NH also lacks the capacity to systematically promote best practices, align the driving forces behind policy and practice (vision, mission, agendas, priorities), and encourage practices that facilitate collaboration/communication at the community level (e.g., shared forms, agreed upon practices for sharing information).

Proposed Objectives

- ♦ Create, implement and evaluate a formal process for ongoing communication and collaboration between the Council and state leaders (Governor's office, legislators, state agency commissioners), as well as between the Council and stakeholders (other committees and task forces; community leaders, programs and services; the public).
- ♦ Create/disseminate public awareness materials that inform state and community leaders about the work of the Council.
- ♦ Explore the feasibility of regional meetings amongst Early Childhood professionals for bi-annual collegial networking opportunities.
- ♦ Explore the possibility of including Medical Home in the state Medicaid plan, which allows enhanced federal match for care coordination.

E. Assess the capacity and effectiveness of 2- and 4-year institutions of higher education to support the development of early childhood educators.

Status

NH currently has eight higher education institutions with a NH DOE, Bureau of Credentialing approved Professional Educator Preparation Program in Early Childhood Education. They are: Antioch University of New England, Colby-Sawyer College, Granite State College, Keene State College, Plymouth State University, Rivier College, Southern New Hampshire University, and University of New Hampshire.

Of the previous identified eight institutions, six offer an additional NH DOE, Bureau of Credentialing approved Professional Educator Preparation program in Elementary Education (K-8). Four additional institutions offer the NH DOE, Bureau of Credentialing approved Professional Educator Preparation program in Elementary Education (K-8). They are: Dartmouth College, Franklin Pierce University, New England College, and Upper Valley Educator Institute.

In December 2009 the DHHS Child Development Bureau completed a revision of the NH Professional Development System Guide to Early Childhood Careers and a new Afterschool Credential System. A key task yet to be accomplished is to align the DHHS-sponsored Early Childhood Professional Credential and the DOE Teacher Certification requirements.

Proposed Objectives

- ♦ Promote statewide recommended assessment tools to facilitate children's transitions between early childhood private programs and public education. They would include: Creative Curriculum, Work Sampling, Environmental Rating Scales, Brigance, QRIS (Quality Rating & Improvement System) and AEPSi (Assessment, Evaluation, and Programming System Interactive)
- ♦ Utilize the Common Core State Standards in Language Arts and Mathematics to support Early Childhood Curriculum Education for both Teaching and Learning to support high quality programs and smooth Kindergarten/First grade transitions.
- ♦ Include NH DOE PreK-16 Literacy and PreK-16 Numeracy Action Plans to promote a seamless system between private PreK and public K-3 for a comprehensive focus on readiness.

- ♦ Promote the use of Early Childhood curriculum that attends to the needs and individual differences of children and creates an active learning environment that prepares children to be successful in school.
- ♦ Set high standards and incentives to inspire the attainment of accreditations, licensure and continued professional development.
- ♦ Review articulation agreements between early childhood teacher preparation programs at two- and four-year college systems.
- ♦ Establish a crosswalk of professional development requirements between higher education and early childhood credentialing.
- ♦ Increase participation of higher education in supporting early childhood professional development credentials and certification
- ♦ Support an “afterschool” credential that is jointly supported by DHHS and DOE.
- ♦ Promote the integration of QRIS, Early Learning Guidelines, and Child Care Licensing into two- and four-year higher education programs.
- ♦ Explore strategies to address early childhood education recruitment, retention and compensation issues.
- ♦ Increase credit-bearing learning opportunities dedicated to the specialized skills and core knowledge areas necessary to support quality afterschool programming.
- ♦ Involve higher education in building early childhood leadership (including mentors, coaches, etc.).
- ♦ Examine and propose solutions to align the DHHS-sponsored Early Childhood Professional Credential and the DOE Teacher Certification requirements (same as in section B).
- ♦ Convene a Professional Development Committee to prioritize and address (or generate recommendations to address) the above proposed objectives.
- ♦ Assure that early childhood professionals are prepared to support parents/families to (a) achieve their current and future goals, and (b) support their children’s development.

F. Generate and promote recommendations for:

1. Increasing overall participation of children in existing Federal, State and local early childhood programs, including outreach to underrepresented and special populations;
2. Establishing or improving the core elements of the State early childhood system, such as a statewide unified data collection system;
3. A statewide professional development system and career ladder for early childhood educators; and
4. High quality State early learning standards.

Status

The Council’s work on this mandate will be facilitated by a number of existing statewide plans, reports and initiatives, as well as by the foundation work from the Early Childhood Unified System initiative. Included, among others, are:

- ♦ Early Childhood Comprehensive System Plan;
- ♦ The Child Care Advisory Council 5-Year Plan (2007-2011);

- ♦ Federal plans for the Head Start State Collaboration Office, Child Development Bureau, Preschool Special Education, Family Centered Early Supports and Services, Special Medical Services, and Maternal and Child Health;
- ♦ A privately funded “state of the state” report on the status of early childhood mental health;
- ♦ NH’s proposed model for a unified early childhood system that includes five major components (Supportive Communities & Effective Policies; Nurturing & Financially Stable Families, Safe, Enriching Environments & Relationships; Comprehensive Health Care), which lead to children being born healthy, developing on track, entering school ready to succeed, and learning on track) (“Unified Early Childhood System to Promote Child Development and School Success”);
- ♦ Watch Me Grow (screening, referral and education system under development);
- ♦ Early childhood-related programs and projects supported by NH’s foundations in areas such as childhood obesity, health, early childhood mental health, and others.

As noted previously, the Child Development Bureau completed an “alignment of plans” document that also will facilitate the Council’s efforts in this area.

Two recent developments in the state will provide a starting point for promoting a unified early childhood data system. In June 2010, the NH legislature passed an amendment to RSA 193-E3, the Delivery of an Adequate Education, which will enable the DOE and early childhood programs to share data and information that ultimately will promote program improvement via longitudinal tracking of child/student outcomes. The effort will begin in 2013 with child care programs serving children receiving child care scholarships and Head Start preschools and will expand to include other early childhood programs on a voluntary basis. Secondly, the Watch Me Grow system is in the process of developing a web-based data system for tracking screening and referrals for young children (aged birth to six) and their families, which is compatible with the data system utilized by Maternal and Child Health for home visiting, newborn screening and Early Hearing Detection and Intervention.

Proposed Objectives

- ♦ Identify Council committees and task forces to generate and promote recommendations in each of the targeted areas (e.g., Professional Development Committee, Afterschool Task Force, Family Access Committee, Data and Evaluation Committee, etc.).

G. Provide strategic direction to state and community leaders.

Status

As described in section D above, NH has several early childhood champions amongst its leaders, but lacks the capacity to “speak with one voice,” as well as a formal, cohesive process to provide them with strategic direction.

Proposed Objectives

- ♦ Create, implement and evaluate a formal process for ongoing communication and collaboration between the Council and state leaders (Governor’s office, legislators, state agency commissioners), as well as between the Council and stakeholders (other committees and task forces; community leaders, programs and services; the

- public) regarding all aspects of the Council's work (systems building, access, quality, fund development & sustainability, data system, etc.)
- ♦ Continue to work with the Frameworks Institute on public engagement and messaging.

H. Hold public hearings

Status

Public hearings currently are held by various state agencies on a variety of issues in accordance with their mandates and needs. On July 13, 2010, the Council held public hearings in four NH regions regarding the draft of the Strategic Report.

Proposed Objectives

- ♦ The Council will schedule a public hearing once each year to share information and garner feedback on its priorities and activities.

Plan to Create the Council's Infrastructure

Over the past 18 months of Early Childhood Unified System building and Council development, a great deal of work has been completed to help guide decisions regarding a sustainable and effective infrastructure for NH's Council (e.g., consultation from Nebraska's Council leader, the National Governor's Association, and the Build Initiative; review of state council structures for Minnesota, NY, Vermont, CT, and others). During August and September 2010, the Council will move forward on this important endeavor by engaging in the following activities:

- ♦ Complete a review of Council structures in other states (committees, leadership, membership, by-laws, etc.), as well as their objectives/activities and outcomes, to inform the ongoing development of NH's Council.
- ♦ Hold a facilitated meeting of key stakeholders to garner input on the Council's structure and functioning.
- ♦ Based on the above activities, the Council's work to date and other sources (needs assessment, public hearing, etc.), adopt an infrastructure best suited to NH.

PUBLIC HEARING ON THE NH EARLY CHILDHOOD ADVISORY COUNCIL STRATEGIC REPORT

A public hearing was held on July 13, 2010 from 4:30 – 6:30 p.m., which took place simultaneously in four sites: Gorham, Exeter, Keene, and Concord. Across sites, 23 people attended, along with 10 members of the NH Early Childhood Advisory Council. Seven people offered oral testimony during the hearing: one at Keene; two at Concord; two at Gorham; and two at Exeter. Additionally, three people submitted written comments and questions. Seven key themes emerged from the testimony and written comments, which will be taken into consideration as the Council proceeds with its work. Testimony and written comments from the public hearing will be posted on the Early Learning NH website.

Key Themes:

- ♦ Commendations for the Strategic Report and the Council's work

- ♦ Resources, including funding and staffing, must be in place to support the Council's work and give it "teeth"
- ♦ Consideration should be given to the size and structure of the Council in order to optimize its effectiveness
- ♦ The Council should be inclusive of and open to many different constituencies and points of view
- ♦ It is important that all groups involved with the Council "buy in" to the work of the Council and that the Council offers opportunities for true collaboration
- ♦ The Council should address the whole child, including social and emotional development and mental health
- ♦ The Council should set clear goals and priorities for where we want New Hampshire's children, families, and early childhood professionals to be

APPENDIX A

Early Childhood “Brain Trust” Members

Keryn Bernard-Kriegl, NH Children’s Trust Fund
Cynthia Billings, PlusTime NH
Maggie Bishop, DHHS/DCYF
Katie Brisette, Early Learning NH
Patricia Cantor, Plymouth State University
Karen Carpenter, NH Children’s Trust Fund
Denise Corvino, DHHS/Child Care Licensing Unit
Jackie Cowell, Early Learning NH
Deirdre Dunn, DHHS/Maternal and Child Health
Iris Estabrook, former State Senator and formerly with Children’s Alliance of NH
Don Hutchinson, Southwestern Community Services Head Start
Joan Izen, PTAN/SERESC
Becky Johnson, Belknap-Merrimack Head Start
Janine Lesser, DHHS/DFA
Julie McConnell, NH Community Loan Fund
Tessa McDonnell, Granite State College
Carol Michael, Consultant
Eileen Mullen, DHHS/DCYF
Debra Nelson, DHHS/Head Start Collaboration Office
Lara Quiroga, Southern NH University
Julie Sackett, Belknap-Merrimack Head Start
Rep. Mary Stuart Gile, NH House of Representatives
Christina Tarness, Elliot Health Systems/VNA Child Care Center
Tricia Tilley, DHHS/Maternal and Child Health
Rep. Mary Jane Wallner, NH House Majority Leader
Ellen Wheatley, DHHS/Child Development Bureau

**APPENDIX B
NH EARLY CHILDHOOD ADVISORY COUNCIL MEMBERS**

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<p>Christine Durkee, Program Specialist Learn & Serve, 21st Century Learning Centers NH Dept. of Education 101 Pleasant Street Concord, NH 03301 (603) 271-7306 cdurkee@ed.state.nh.us</p>	<p>Toni Ellsworth, Executive Director Rise...for baby and family 147 Washington Street Keene, NH 03431 (603) 357-1395 TEllsworth@riseforbabyandfamily.org</p>	<p>Patty Bradley Ewen, Early Childhood Specialist Office of Early Childhood Education NH Dept. of Education 101 Pleasant Street Concord, NH 03301 (603) 271-3841 Patricia.b.ewen@ed.state.nh.us</p>
<p>Barbara Hemingway, Special Education Preschool Coordinator Concord School District 14 Canterbury Road - Dame School Concord, NH 03301 (603) 225-0830 bhemi@csd.k12.nh.us</p>	<p>Michelle Lewis, Project Director Parent Information Center PO Box 2405 Concord, NH 03302-2405 (603) 224-7005 x14 mlewis@picnh.org</p>	<p>Ruth Littlefield, Preschool Special Education Consultant, Bureau of Special Education NH Department of Education 101 Pleasant Street Concord, NH 03301 (603) 271-3841 rlittlefield@ed.state.nh.us</p>
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<p>Bill Smith, Chair NH CCACHC 21 South Fruit Street, Suite 22 Concord, NH 03301 (603) 271-7045 bsmith@smith-phillips.com</p>	<p>Jackie Sparks, Executive Director Children Unlimited, Inc. 182 West Main Street Conway, NH 03818 (603) 447-6356 jsparks@childrenunlimitedinc.org</p>	<p>Carolyn Stiles, Coordinator Family Centered Early Supports & Services DHHS, Bureau of Developmental Services 105 Pleasant Street Concord, NH 03301 (603) 271-5122 cstiles@dhhs.state.nh.us</p>
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APPENDIX C

NH ECAC SURVEY ON COLLABORATION & RESOURCES: OPEN-ENDED RESPONSES (Unedited for Content)

June 2010

1) In your opinion, how could early childhood-related organizations/agencies throughout NH and/or in your community work together more effectively?

A single central directory or source so everyone knows who is out there and what they're doing; perhaps informal networking opportunities to make more connections?

Communication and promoting where to find useful information and how to get involved.
More interconnectedness and communication between public and private and groups as a whole
Identify dysfunctional families early and work with them fairly aggressively

Increase in communication; need a repository for ECE information be mindful of territorial issues

They could prevent unethical research on children in childcare centers and acknowledge that the best place for a child to be cared for is in their own home with their parents. Early childhood centers should acknowledge that their existence is an unfortunate consequence and any governmental regulations should be made with an overall goal of returning children to their homes with parents as caregivers. The state should not be heavily investing in an unfortunate consequence that will go away as society progresses.

Better knowledge of what each other's roles are

Collaboration of instructors to keep up with area trends in learning

Pool together buying power for supplies, conference fees, etc. - community events in which several area providers participate (happens occasionally) -holding area workshops -having a sort of knowledge coop where if one organization learns from a workshop/conference/study, there is a means of sharing the info with each other

More in home services for children between 3 and 5 years old
Opportunities for shared responsibility and funding; mandates for identifying all services providers for each family so that collaboration ensues.

Create a county-wide organization with quarterly educational/information sharing meetings for organization members from each town/city to attend. There needs to be a better networking system to assist children with transitions across towns/cities.

More time for communication and trainings together on best practices for ESS

There could be much more collaboration amongst family resource centers statewide, childcare providers and schools.

Better collaboration of EI teams with other agencies and also future agencies early on

In my community, Durham, they do work well together.

Continued staff development and workshopping opportunities

Communicate.

The baby group at Wentworth Douglass Hospital with access to nurses and other mothers was the single most helpful service for me as a mother. More options for quality affordable childcare and nursery school are necessary.

I believe that it is important for faculty in colleges and universities to continue to work closely with early childhood providers to encourage those going into the field to receive specific education that will help create stimulating environments for young children. I also think that Early Learning New Hampshire is doing a lot of good advocacy work in our state to assist families and ECE professionals.

better online resources for parents and caregivers

a web-based center on which parents/community members could examine the various educational options/institutions/agencies

Don't know

Engage other organizations to join together for other learning options, the high schools reading to preschools, etc.

We do a fairly good job given existing resources

To keep in mind that it is really "all about the children" and not let that get lost somehow.

Communicate and collaborate with one another to help families find the resources they need.

Better connection, communication and coordination by the local area agency providing Early Support services to the school district at the time when a child transitions (3 yrs).

There is a lack of communication amongst organizations/agencies in our community...Creating a forum or quarterly meeting for all of us to come together would be a start.

This is a hard one because we all have to be at our centers to be there for our employees and families..but if I could make one suggestion it would be to utilize CCR&R for more collaboration efforts that bring in ways for sustainability to the center

Coordinate services better between ESS and schools, work more closely with pediatricians

Yearly conference. Online means of communication.

Develop a comprehensive organized consortium

Use Internet based "charting" so that transition from one setting to another could be followed more easily

I think more recently the changes in the transition from ESS to public school systems have really made a big difference.

Through meetings they could talk out, situations that need to be addressed in everyday childcare and possible work out solutions.

Have a shared electronic medical-type record system and get permissions from families to share information.

Need a better flow of information, an efficient means to relay specific concerns to key players e.g. family-healthcare providers-early developmental services

Recognize commonalities as well as barriers to collaborating - Strategize to overcome the barriers -

The agencies need to unite and strengthen their services versus at time competing for enrollment.

Collaboration and communication.

Less regionalized-more coordinated

Find ways to communicate better/ more effectively

*Increased communication between the programs for more systematic service delivery *More birth to 3 programs per county

Open/better communication

Blending funding streams so children receive unified services - 1 stop shopping no matter their income or qualification. Good Early Childhood Services for all Public school need to work closely with community-based child care agencies to provide unified services within the community, especially for children with an IEP/IFSP

Hold regional meetings; develop list serve or other system to keep everyone in the area informed and involved

Organizations should have more informational meeting and or provide staff development for employees of Preschools and daycares

Conferences, joint trainings, publications listing services & contact info., etc.

Data bases that mesh, assessments that can be compared, funding

More opportunity for meetings of providers around the state.

Work to inform families of all of the resources available to them and promote each other's services.

Better communications

Keep the corporate model out of early childhood

By communicating with those who are actually providing care to parents for their children.

(1) greater consistency in funding of organizations, programs, and projects over time to support long-term collaboration and capacity-building, (2) Provision of funding to support collaboration and coordination between various agencies; (3) strong central role for a state-funded coordinating or umbrella council with room for individual variation between programs.

Promote and recognize the value of more than non-profits in the solution for supporting our state quality mandate.

Ongoing/improved communication so that health care providers are always aware of the services available and how to access those services for our patients.

Collaborate regularly

We could work together to better help those children that are in our care that need extra support other than an hour or two a week. We are here for the families but some of us are not equipped to help all children but with other help from organizations we can help create a more successful environment for ALL children.

Develop a blog for exchanging ideas. Create workshops for families with joint sponsorships across agencies.

Annual or semi-annual collaborative sessions to update regional resources and work.

Provide reports (q6mo?) describing specifically how moneys are being distributed and how exactly the children are benefiting from the program. Coordinating communication and opportunities for treatment for (family & child) mental health and family discord that clearly affect children's ability to learn.

Inspect public school preschool programs to insure quality, safety, and professional standards.

We work through PTAN that I feel is an effective vehicle to promote cooperative to benefit young children particularly those with special needs. Continuing to support this agency is extremely important to share local, state and federal information. Time is always the barrier to more effective work; however, we must balance time spent with students and time spent elsewhere.

Representatives from each agency/area/region meet monthly and post information monthly on trainings, workshops, changes in legislation, create a 'buddy' system for incoming professionals and carry on the work of the ICC and other organizations currently supporting ESS keeping in mind our mandate is to support children from 0 to third grade.

Sharing of needs assessments and action plans to meet those needs. Regular meetings to discuss/plan ongoing activities to meet state and local priorities.

It would be beneficial to have a discussion with all stakeholders to look at the issues that each agency needs to deal with

At SCS Head Start we have a wonderful collaboration with our community partners and share trainings with them. The state wide mentorship of IMIL is a good collaboration with the state partners. At Head Start we talk with other regions of the state once a month at our manager's meetings. I think more trainings and collaborations with PIC or a county representative to come back and share with the programs in the county a meeting so that way it is not overbearing.

Meet quarterly w/ other child and family programs for a working lunch

Increased communication about training opportunities, policy changes, statewide efforts to improve delivery of services to families.

If all organizations had a more clear understanding of the needs/processes of the other agencies/organizations
fundraising/public awareness

Setting up periodic meetings among the agencies

Developing the MOA between ESS and the school districts was an excellent start. Opportunities to collaborate together would be very helpful. It would help the school districts if we had a better connection with special Medical Services, local Child Development Clinics and Mental Health providers.

Please provide the school any projected services or costs that they may encounter when the child turns 3 and is enrolled in our school district.

More opportunities for communication, clear goals and clear rules for collaboration

Increased opportunities for collaboration during facilitated meetings on specific topics of common interest.

Provide opportunities to get together for discussions on important topics.

Unsure

Most preschools/daycares in our area don't even know what agencies out there exist. The preschool coordinator for the SAU does not share that information with area daycares. Perhaps the agencies could broaden their invitation to daycares and preschools and not just the coordinators

More public relations efforts to those not educated in the field, everyday people. Help dispel misperceptions about special education and early intervention

The state needs to understand that for parents to work there needs to be care for the children. As a single parent if there were no before and after school program I could not make a living for us.

Quarterly or bi-yearly round table meetings

By collaborating to provide the best care for children and the best service to families

I believe the state needs first to fund the care of the children, giving bonuses to organizations that have educated staff. This would both increase numbers of children cared for as well as increase the educated staff caring for children. I would reduce the childhood related organizations/agencies offering services. Children need care and educated staff needs reimbursement.

Shared information

Continue to work together and use each agency for their strengths and not duplicate services.

Find an easy way to improve communication; we have teams that meet, but increasingly people can't take the time for these team meetings

Continue to gather for outreach sessions where services are shared among the many agencies working with this population.

Form a clearing house of professionals or request assistance from NHAEYC

Participate in region- wide meetings to share programs and information

Identify redundancy

By meeting to create shared goals, shared staff training and shared evaluation/benchmarks. We can't get there if we don't know where we need to get to.

Be aware of what others are doing. Join forces/meeting times.

A better understanding of the role other agencies/provider play in the lives of families. Many times professional may be unaware of available services/agencies with whom they could collaborate. Being aware of the resources that each agency holds, and developing a more unified approach to curriculum, and educational requirements for Early Childhood Teachers.

1. Background checks systems: better communication between town govt, public school system, and NH Child Care Licensing so that one individual does not have to go through multiple background checks to serve various organizations in order to work in one community with the same students & families. 2. Standards for Child Care Licensing should create guidelines for public school settings that take into acct

the measures public schools take to keep kids safe. Currently licensing rules are restrictive in a public school setting in ways that are a burden to the after school provider. 3. Continue to provide quality training opportunities for staff that include ideas for the K-3 population, not just for those that serve kids aged 5 and under. 4. Increase access and availability of child care scholarship. 5. Continue to create regional training opportunities across the county. Carroll Co CCR& R does a great job. 6. Create qualified Substitute Teacher lists to share among providers in a region.

I don't think that there is enough collaboration and cross-communication and oftentimes agencies are working in parallel which can lead to duplication of efforts.

By keeping informed and supporting local organizations such as Early Learning NH and Easter Seals Resource and Referral.

More wide spread active participation in EEIN.

Ask all schools to have a forum available for parents and educators to gather to discuss and make plans to respond to issues that impact the school/district. This is also a good time to reflect on what works well.

If we had a list serve and a central resource to access agencies and services

more public exposure and input

As a parent, I did not receive information about early intervention until several months after my daughter was born (she has Down syndrome). I would have liked to have known about it (and the importance of beginning services early) sooner.

Parallel departments-divisions-bureaus make systemic change difficult since funding is based on narrow definitions and specific categories of clients. A broader-based council or cabinet that includes advocacy organizations could help realize increased effectiveness. A "future search" activity with as many players as possible would bring the factions together and help create a vision for future supports for children and families.

Without question there needs to be a more effective collaboration for the benefit of children and families in NH

Improved communication, less redundancy, involvement of the family. The Early Childhood Collaborative (IMH) in our region has worked well, but could work even better with greater support and involvement

By collaborating through trainings, information sharing, and relationships building

Joint Professional Development activities

Continue to support the regional infant mental health teams which have been operating throughout the state for the past 10 years. Fund them as well as the NH Association for Infant Mental Health to move their already existing strategic plans forward. Teams are currently working on community education and disseminating research based screening tools through the Watch Me Grow initiative. The NH Association for Infant Mental Health has just completed a statewide research project and has a great deal of data ready to use in implementing several initiatives. For more information about the teams, contact John Harrington at DCYF. For more information about NHAIMH contact JoAnn Cobb at Child and Family Services. These organizations have always worked very closely with the child care resource and referral staffs in the local areas. NHAIMH hopes to work with local colleges in improving early childhood competencies needed to work in many early childhood professions.

Professionals should meet at least once per year to coordinate what they offer. I believe that an anchor agency, such as the Moore Center can be more effective in guiding families with resources and help. Often parents are overwhelmed and emotional. I found out information on my own, here and there and I would have loved a case manager that really cared, lead me to every resources in the state and had an updated data base. For the first time we went to the family support conference and found it to be a wonderful way to connect with serves and other families. If there was more focus on this kind of "hub" I believe that families would be better served.

Be clear as to the goal of collaborative activities. Because of NH's relatively loose configuration of early childhood organizations and agencies, I fear we are not competitive for some foundation and federal dollars

By having members from each agency serve on your council.

I would love to know more about what is available to our families and where to guide them. As well, what is available to us as educators to better a child's services.

Make medical home a requirement in state Medicaid plan; this allows enhanced federal match rate for care coordination.

Need to have more parent integration into the child care; mostly in the form of parent education and such.
not sure what you mean- from ESS to preschool?

Assessments - EI does not assess kids in all areas.

Don't forget to include the smaller centers in decisions.

Everything is SO disjointed. There's ESS, MICE, the schools, the doctors, SMS -- and while they mostly do share information, they are all separate agencies. So we now have a 'coordinator' at each place. It would be easier for parents if we somehow had a single point of access to our own child's records so we weren't trying to keep track of dribs and drabs that come through via email and on paper and sometimes don't show up at all. And it's really difficult because some people know about certain services while others do not. So sometimes you find out about something only long after you were eligible and sometimes even after it's no longer useful. A central list or orientation or... something.

Have a collective mission and focused agenda that unites birth through age 8 children and families.

Help get supplies needed

I think that early childhood related organizations and agencies in NH do work together effectively, compared to organizations in many other sectors. I would very much like to see more communication and collaboration across the whole prenatal to third grade age range, and more collaboration across agencies and systems that serve children in early care settings and those that serve children in public schools.

Have a centralized I&R system for families with follow-up provided through care coordination. Better utilize funding opportunities and existing revenue streams across "silos"

An framework or organizational chart of state agencies and their roles/responsibilities (as it relates to ECE) could be created and made available

Early Childhood Collaboratives: currently in Sullivan County and serves as the Infant Mental Health Team. Functioned more effectively when funding was available for a paid facilitator. At this point, the organizations comes together monthly with a small group of interested individuals find common priorities to work towards that would benefit all rather than competing against one another

Community based coordinating councils at the local level

Share info and develop priorities that all can support.
have meetings that bring everyone together

Funded networking/educational opportunities - we already have networks in place, but funding to help reduce barriers to attendance at opportunities for further networking has been cut. I could go on, but financial support is key to helping improve early childhood initiative, because the whole system is underpaid.

By having intelligent individuals organize the work by these agencies, not having meeting that have people talking in circles simply to hear themselves speak.

Spending time shadowing others in their daily work could perhaps promote a better understanding of each other's efforts.

By understanding each others policies and procedures and my communicating more efficiently via electronic systems

I think that the Child Care Licensing Unit and the CDB should work closely together. There is a lot of "Hey, it's not my issue, it's theirs" going on and I think children could benefit if there was true congruency.

Combine our buying power, trainings, share waiting lists, be more cohesive

Collaboration and open communication is always the best way to support young children. The CDB fosters a transparent planning process, and yet there remain divisions on some public policy issues. Not sure why that is.

More agencies/organizations should consider joining together with groups like Early Learning NH to speak with one voice about our common goals and challenges.

Listen to the parents and consumers, help with the childcare waiting list, and maybe increase more help to the people that can't afford childcare

Collaboration between DOE and DHHS. Reduce duplication of services.

One central technology center, representation of each SA meeting 1x every 3 months to present current initiatives
communicating better, sharing resources and collaborating to bring in special programs.

It would be nice and beneficial to all if there were a system of mentorship in the state for trainers to make an impact in programs all over the state. Families are forced to "price shop" for child care instead of actually accessing quality care for their children due to so many barriers. Of the programs that are quality, the accessibility factor is an issue as these programs are full to capacity with wait lists. While we may not be able to "fix" this, we can certainly affect the quality of programs through the use of the fabulous trainers around the state

Use of email to distribute information about important events and meetings.

A comprehensive overview of the stakeholders and their roles would help to identify possible collaborations. Also, networking opportunities would help to put faces to the agencies and develop positive relationships.

Find the commonality and best practices of all services then consolidate the information to reach educators, providers, parents and others. United early childhood education throughout the state both private and public to give our children the best possible opportunity for success and support. DHHS and DOE need to communicate to create quality early childhood education programs at the staff and student level. Get out of the boardroom and into the classrooms.

Bring in more workshops that would benefit my teaching. As of now, I have to travel far at my own expense and sometimes late at night.

Better sense of collaboration and communication.

They can join the Seacoast Early Learning Alliance and work with this group to band together to make childcare more high quality, cost efficient and more effective in promoting excellence in childcare.

Know more about each other and programs/services provided

I believe that we should do what several other states are doing and meet with and work with all agencies that work with children so that we are all on the 'same page'. Agencies such as public schools, child care centers, family centers, state agencies, health agencies etc...

Find common goals and look to specific people in the early childhood field with strengths in areas that can help us all to reach the goals.

By building a stronger coalition, through regional groups and a statewide group that has representation from each of the regional groups that consists of providers (all types), parents, advocates from statewide and national organizations, business leaders, legislators and others concerned with the field.

Working in an arena of respect and collaboration talk chances for open communication and awareness of each other's needs. The question then becomes how do we bring everyone together at the table at a time when centers are not open so all people can attend or a open technology based way

Communicating with one another in a productive forum with individual agency/organization agendas out of the mix.

I feel that there is still a profit/non-profit mental barrier that exists between child caregivers that needs to be broken down. It would be great for agencies to hold seminars that introduce their services and how to access them so educators had a more effective approach.

More collaboration

I believe more focus needs to be placed on working with and supporting the families of very young children. I believe every childcare and early learning center needs to focus on strengthening families and parenting skills as well as providing quality care and early learning for the children in their care. Closer relationships and collaborations between ECE's, family resource centers and schools on a local and regional basis will help.

By more local collaboration with buying and possible sharing of other resources if we could meet on a more regular basis but in Carroll county there is such a varied amount of centers and different parent needs.

I think we do a great job when we can all get together, but time constraints and the cost of travel/ staffing when travel to meetings is needed are a barrier

Continue the collaboration with key agencies that work directly with children and families. Keep the pulse in check as to what is needed and what is working for families.

Having one access point for all EC agencies/organizations to access to share information, and to have information available for the public.

Meet together, identify areas of mutual concern, develop and implement strategies to address the areas of mutual concern.

2. What are the barriers to early childhood-related organizations/agencies working together more effectively?

I would guess that they are all very busy trying to provide services, and lack "spare" time, energy, and funds to invest in collaboration.

Lack of communication and not knowing who to contact in different fields.

Uneven communication. Lack of funding for early childhood education, hiring quality people, conflicting views on educational philosophies, funding to have university research done more often in connection with lab schools

Divided based upon the need of the child and family

Confused social activists who have penetrated early childhood education efforts.

Different agendas

Money, time

Time -money -potential market competition -potential lack of encouragement to do so -potential lack of opportunity to meet one another

Likely financial mostly

Turf and funding. Lack of appreciation and skill in shared services

Folks don't tend to work together - not everyone realizes we're ALL here to help children and we ALL care about kids.

Boundaries placed around services by geographic areas.
not enough time or money

Money, networking

communications and understanding of other agencies need for information

Not sure
Communication.

lack of funding and personnel resources

I'm not sure.

There are differences in how regulations/mandates are interpreted at the local/agency level

Having time to get together as they all are very busy. The need for someone to facilitate the efforts.

Incomplete paperwork, and sometimes a lack of communication.

Time and money.

Time, mission and vision differences, not willing or wanting to collaborate

Time...to be collaborate...go to events/trainings...and still be at our centers...I don't think there is a great fix...but I do think its time for some restructuring with the state of the economy being what it is.

Time, physicians willing or not to participate more

Time. Form differences. Misunderstanding each other's mission/requirements/boundaries.

Fragmentation/ fighting for limited funds- no single agenda exists/ is endorsed

Communication is difficult because of need to get releases signed

Over testing children, ESS conducting discharge assessments and Public schools conducting similar assessments to get the same information. ESS does not always have the required staff to conduct an evaluation and therefore public school has to complete additional assessments to meet the requirements of having a certified examiner. Does the child really need to be tested that much?

Time, away from the children. Money, loss of wages for meetings. Loss of personal time. Agencies, having too many barriers to over come for the good of the child.

Speaking as a physician I find that getting records is one of the larger challenges, and an electronic record system statewide would help.

Limited resources for volume of children and young families in need of supports. Limited opportunity for sharing of information -both general and specific

Turf issues -systems not being able to look outside their own systems - time - politics – funding

How spread out the training is

Locus of control and finances!

Seems so splintered and each agency and region have their own set of guidelines so it gets confusing and tangential

Time & money

*Time *Money

Different views, understand different branches of the state (h&hs or education).

I'm not sure at this time. I am still new to the area and learning about NH Early Childhood programs. funding; turf; lack of collaborative spirit and collaborative agreements

Time; changes in personnel; changes in locations of programs
Area covered---we are so wide spread in the North Country

Funds, time restrictions
Time, distance, divergent focus of priorities

Travel time, mileage compensation, outreach by the state to the northern most county,

Great distance between agencies. Lack of knowledge about what other organizations outside your own do.

Time

Politicians making the educational opportunities instead of teachers and administrators

Lack of respect for those who provide care in a different manner (family child care) from center based child care.

Lack of consistency in programs funding over time. There are too many small agencies working throughout the state with considerable overlap. Also, there is a lack of adequate funding for responsible state agencies such as the Child Development Bureau.

That programs other than non-profits are serving to fill the need gap but are not supported through recognition of job done nor the fact that their population is working twice as hard to keep their children in quality programs that are available and accessible. This means that organizational structure is just a business designation as there is no profit being made in child care that is performing the job with quality.

Sharing of information - to avoid duplication of services and unnecessary work behind the scenes.

Time constraints, paper work

None that I know of

Time and money. Myopic view of charters and looking at other agencies as competing for limited dollars.

Time, different overseeing agencies, different schedules

Ignorance. The DHHS website is convoluted and the search function rarely finds needed links. I am sure that there are resources that I don't refer families to because I don't know about them. Maybe in lieu of a formal report, perhaps a monthly or quarterly newsletter highlighting an agency or resource would be helpful to all. I don't need to know about talks geared to psychologists, but I do need to know about personnel who can treat depression in a parent. I am part of a pedi endocrine listserv where cases can be discussed anonymously. Perhaps a listserv could be developed in NH to bounce off tough cases and share successful strategies could be developed.

People are not well-educated in their responsibilities.

Time and financing.

Time.

Time, money, and at times, common understandings.

Shortage of available, qualified staff; time needed for program staff to work together to share resources.
Staff coverage during absences due to meetings, conferences, commitments.

Joint meeting time

Time

Time and money. A secondary barrier is the lack of a central voice/vision from Concord - there are at least four separate and distinct views coming from the state at this time

Communication is a two-way street - people need to read their e-mails and newsletters and also remember to share pertinent information with others

Different mandates/ timelines/priorities of each organization/agency

Finding time for staff to be outside of the classroom/school

Time factor

Organized opportunities to meet and collaborate.

Location of meetings but email has been effective.

Not enough time to collaborate

Lack of common understanding of roles and expectations.
time to collaborate, funding,

Communication on what each organization is doing.

Time and money. I think that agencies should go to the smaller preschools and licensed daycares and introduce themselves and discuss their services.

Time is probably the biggest one.

Fiscal issues have increased workload and left less time for collaborative activities.

It seems like there is little funding for before and after school programs and it is up to them and the parent to come up with the funding and in a single parent family it is difficult.

Time, travel, schedules

Meeting enrollment criteria

Too many organizations with too great a cost. Think through what the needs of the child are and prioritize: 1. care for child, 2. educated staff reimbursement and benefits, 3. intervention and support for special needs children, 4. staff further education and support, 5. Organization support . In having an educated staff (Masters), you have built in parent resources.

Each is operating under their own systems, segregated from each other.

Distance, schedules and goals. The child care summit was a model for integrating organizations

See previous answer: time, mileage. also, we talk different languages in our various disciplines.

Distance, time for more meetings,

Geography/grants competitiveness

Some people have egos and the funding sources are so scarce

Different funding streams with different requirements. Lack of common language, lack of shared goals. Lack of resources dedicated to promoting meeting time for collaboration and shared decision making-it takes a lot of time to create a coordinated system.

Time, distance, some specific program requirements (maybe the use of technology could be used to allow agencies in the North Country to join in the conversations happening in the southern parts of our great state)

A more multidisciplinary focus, including mental health, sensory, OT/PT rather than strictly the ECE bias.

Funding is the largest barrier. We can't get our administrators out of their programs long enough to be able to speak up for their own need

1. Too many authorities to answer to: NH Child Care Licensing, Public School District, Grant Agencies, Town Govt, County Govt, 2. Those who work with K-3 have different concerns, needs than those working with infants, toddlers, preschoolers 3. Lack of regional forums to communicate needs. 4. Need qualified substitutes to cover staff time to meet and network with other providers. 5. The state budget is out of our control 6. We non-profits compete against each other for funding from local foundations, grants, business sponsors

Time. Money. Coordination/Case Management

Time...time...time!

We are all so over-worked and stressed. The pay in these sorts of jobs is fair at best. At the end of the day, I have little energy to devote too much more of my time to work related issues. It is all I can do to fulfill my CEU's requirement for licensure.

The schools seem to make decisions based on their available finances. Kids with out IEPs (who should have them) are placed in classes with children who have an aid so that that person can assist. Children who share an aid because they are the only 2 children who have a shared aid in their grade level are always placed in the same class even if that means that the best interest of the children is not being considered. The overall distrust is rampant due to these and other issues

Lack of Funding

Communication, and awareness of each other's work and resources. Too often we are not aware of policies/resources available, and too often spend time creating things already in place.

Time and budget constraints

Different funding and requirements, different cut offs/criteria for supports, district boundaries, county boundaries, etc.

Current workloads are so intense that there is little time for broad-based collaboration and visioning together across agencies, divisions and bureaus. Funding pathways continue to perpetuate silo services. The available funding streams for capacity building neglect the need for continuity of care for children and families, which are the missions of most of our front line agencies.

Large state geographically makes it difficult for agencies to maintain contact with its membership. Educators at every level need to be involved with the decision making that impacts NH children and families. Lack of mentoring that prepares younger educators for leadership roles

Time, issues of consent, lack of awareness of what each other does

Lack of communication

Territorial of families

Conflicting policies and regulations

Lack of funds, lack of knowledge of one another, although IMH teams over the years have done much with very little. Check us out!

Efforts to organize and flow-chart each resource. A major data base so when you selected "autism" you would find what you needed. Then money to build this data base and organizations to invest the time to give accurate and updated info on what they offer. An overall mission statement that people can excited about.

A clear purpose and plan of action

Time, funding

The unknowing...dead end phone calls...waiting lists

High caseloads; silo mentality, especially on the part of schools.

I would assume time and money

Needs to be more referrals from docs

Bureaucracy, red tape, out-dated policy/regulation

Communication

The fact that they all have separate budgets and internal organizations. They may or may not have compatible record keeping systems. Security and privacy are difficult to coordinate. We're constantly having to sign and resign permission for people to view records at other places.

The creation of artificial lines being drawn between birth-5, K, Primary Years and families.

Communication

These include different sources of funding and thus different accountability, different sets of regulations and standards, different areas of emphasis.

Siloed funding streams and governmental organization; lack of a statewide vision for system improvement

Confusion about roles and multiple silos of activities

Lack of money and time. Not always having the parties at the table that need to be there. limited funds - resulting in people "looking out for their own" rather than collaborating

Making the time to communicate and collaborate. Direct services to children and families take priority

Territorial

Not enough qualified subs to allow the time for people to be released for meeting with others. Not enough money in the system for further education and networking.

Having unintelligent, incapable individuals working for the state and other agencies. People who hold titles that they have no business holding.

Lack of knowledge regarding each other's actions, goals, and missions. Is there one, and only one main clearinghouse?

Time. It is difficult to get away from the center on a regular basis for different meetings. it is also difficult to hold meetings after work hours due to personal commitments.

Policies and procedures that do not support collaborative work; lack of efficient communication; conflicting missions; overwhelmed staff

Politics, funding, everyone is short staffed

The feeling of being competitors,
There are intrinsic divisions in our field: family child care, center-based care, public school preschool, Head Start, etc. Approaches: Waldorf, Montessori, Reggio, etc. Funding divisions: Head Start versus CCDBG versus DOE funding, and all those funding streams have different messages and goals. It is hard to get this field to agree on ANYTHING.

Time, money, distance, isolation.

Separate funding streams

Not one central location for all early childhood related organizations to share current initiatives- instead of creating new initiatives- research current ones and support these to encourage sustainability. competition

Money, as each agency is fighting for their livelihood. Beyond that, I think time and not knowing who is out there is another barrier. Perhaps having a session of interested parties to know who is out there and how a collaboration might be possible would help. I also think that the fear of reaching out might limit this process as well.

My personal experience has been an inability to attend events and/or meetings because of the time of day that they are offered. I am not able to attend any events during working hours.

Each organization has its own set of requirements and is often separated from other programs working with children and families.

Money is number one, Politics and personalities is second, and Communication is third.

Competition to fill in slots?

Lack of input from and communication to family childcare providers
They approach it as a competition instead of a collaboration.

Fear of privacy of information violations

In my experience, from participating in network/director meetings the barriers seem to be available time from willing participants and funding.

There is no organization that seems to want or have the ability to pull this all together.

Funding Time Awareness Respect

There's no cohesion. Lack of communication is an issue and the funding is limited so there's an air of competition that is already set as everyone wants a piece of the pie or wants to be heard on what the "pie" should be doing with the \$.

Funding/resources

Funding and administrative silos (i.e. home visiting services for families funded and managed separately by either DCYF or MCH, depending on the age of the child), a focus on the child (in services and in PD for ECE providers) without enough attention to the strength of their families in providing a safe and stable environment with good parenting, lack of public and private incentives for ECE's to go beyond their "traditional" service areas and engage families.

Time, cost of having someone take the time to organize and at least in the north country such diverse programs and diverse work force and different needs of the working parents schedules.

Cost of substitutes needed to cover classrooms so directors can attend meetings time constraints
*Establishment of meeting more on a regular basis versus once or twice a year *Ensure state involves all organizations that work with families/children coordinate on a regular basis (especially if state funds are used to pay these contract agencies) *Allow agencies to make some profit to keep give clients/families some accountability for their learning, growth, and keeps the agency free of dept or asking for donations just to do something special for the families

Some are state-wide, some are county, and some are town/city based, and we do not know what everyone does.

Often, funding opportunities create silos. However, recent federal initiatives seem to be promoting more collaboration. Also, everyone is very busy with recent cuts and restrictions. This makes it hard to participate on all projects. The NH ECAC will most certainly alleviate this stressor and enhance collaboration in NH.

Individual issues of ownership and trust.

3. Resources

I'll give you a dollar, that should cover it.

Watch Me Grow, Early Intervention Specialist group works with 2-4 year colleges.

United Way, Americorp, students in college wanting to enter these fields

NH Chapter American Acad. Pediatrics

Utilize work done in the past by family organizations and other stakeholders

PTAN

Early Learning NH; Children's Alliance, University ECE programs and laboratory schools.

For profit, independent programs who may have various accrediting bodies and who espouse developmentally appropriate practices and quality

Our community's mental health coll via AMTP is a good model

ICC

Pemi-Baker Literacy Task Force (may be able/available)

ELNH, NH Child Development Bureau, United Ways

PTAN

All early childhood programs are involved to some extent in these activities, The Sullivan County Early Childhood Collaborative, the state's infant mental health teams, PTAN and its preschool coordinators,

EEIN

1. Antioch University and 2. Alliance for Childhood

County currently has an early childhood grant from Tillotson. Perhaps your effort could dovetail with this one.

CCR&R CDB Experienced Providers themselves

Work currently underway in Coos County-Coos Family Support Project

New Hampshire Association of Infant Mental Health

PlusTimeNH, CCR&R, NH21CCLC, Center for Afterschool Educ, Community College System of NH

NHICC, NHCAN, Children's Alliance of NH, Institute on Disability, PIC, EEIN, United Way of the Greater Seacoast, ESS Directors Group, Infant Mental Health Teams, Preschool Technical Assistance Network, NH Child Care Advisory Council, NHCCR&R, Children's Trust Fund, Women's Lobby, Every Child Matters, Family Voices, Early Learning NH, Partnerships for Effective Early Learning, DOE, BDS, UNH, etc...etc..

NH Pediatric Society

Bringing Parents to the Table

NH Association for Infant Mental Health, Preschool Technical Assistance Network at SERESC, state-wide regional infant mental health teams, child care Resource & Referral network, Early Education and Intervention Network

Myself as a volunteer, recent M.Ed. graduate

NH Council on Autism Spectrum Disorders

Child Care Advisory Council, NHAEYC,

NH RESPONDS (Dept. of Education project)

Network for children and families, Keene State College

Early Learning NH, NHCAN, NAEYC, NHEYC, NH Credentialing

Early learning NH and Child Care advisory council

Department of Education, Bureau of Nutrition increase the wellness environment for all children in NH and develop nutrition presentations to educate providers, children and parents

I think the Child Development Bureau and Early Learning NH are working on many of these barriers

Require the DOE to follow licensing rules and reg's in the public preschools to start.

Seacoast Early Learning Alliance

NH Children's Trust Fund will be conducting a needs assessment in the coming months around child abuse prevention, and childcare and early learning centers are an important piece in that puzzle

Direct Service Agencies should provide the support and advice that families need, for example, Family Support Center, Child Care Resource and Referral, Public/Private School Educators/Administrators

MCH, CAPTA, and Home Visiting Needs Assessments; QRIS WORK