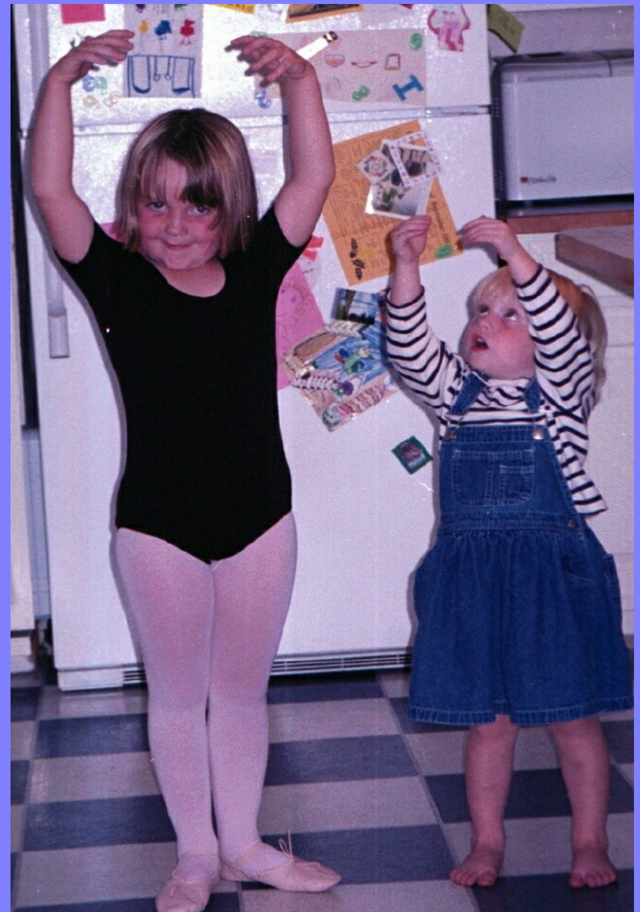
Comprehensive Plan for Early Childhood Health and Development for New Hampshire: *A Road Map to Collaboration*



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New Hampshire Children: Most Getting Off to a Good Start

Healthy, nurturing, supportive environments with age appropriate stimulation provide a solid foundation for young children's lifelong development. Effective early childhood systems address the need of all children and provide more intensive services for those most at risk. In New Hampshire, professionals and families within each critical domain for early childhood development- early care and education, social emotional development, access to medical homes, and family support, and parent education- have built networks, affiliations, and systems of care for young children.

New Hampshire consistently ranks among the top states in the nation for many indicators or predictors of child well-being. In 2003, New Hampshire ranked first in total births to teens (5.7%) and first in births to mothers receiving late or no prenatal care (1.1%) and third best in births to mothers with less than 12 years education (9.5%).[1] Also in 2003, New Hampshire ranked best in the country for the percent of people living in poverty in the past 12 months (7.7%) and best in the country for children under 18 years of age living in poverty (8.3%).[2]

These data paint a picture of a state where children, for the most part, begin life with many advantages, are healthy, have access to health care and economic security, and are able to avoid many consequences associated with less favorable statistics. Yet, with all these strengths and positive outcomes, New Hampshire still has opportunities to create better safety nets and coordinated services for its youngest children. For example, quality child care still remains unaffordable for many families. New Hampshire has yet to implement publicly funded preschool or pre-kindergarten programs, or public kindergarten, for all its children. In fact, New Hampshire's funding formula creates a disincentive for school districts to provide a full day kindergarten experience for their children[3]. New Hampshire is ranked 17th in country and is fourth of the six New England states in the number of three to five year olds who attend school (51% in 2000)[4].

In the midst of the debate on the state's role in early childhood education, New Hampshire's percent of low birth weight (LBW) babies increased by 35% between 1996 and 2002, well above the 4% increase nationally.[5] This increase in LBW inevitably increases the number of health, education and social support services needed by New Hampshire's families now and when these children enter school.

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[1] The Right Start Online, The Annie E. Casey Foundation, Baltimore, MD, http://www.aecf.org
[2] US Census Bureau, American Community Survey, 2003
[3] Policy Matters: New Hampshire January 2006, www.policymatters.us/pdfs/State%20Brief%20NH.pdf
[4] The Right Start Online, The Annie E. Casey Foundation, Baltimore, MD, http://www.aecf.org
[5] Kids Count, 2004, www.kidscount.org

Systems across domains need to be coordinated to best serve the multiple needs of all families. For example, the benefits of prenatal care appear to extend beyond traditional measures of birth outcomes like LBW. Research has demonstrated that children of mothers with less than adequate prenatal care had fewer well child checks and were less likely to have adequate immunizations.[6] In New Hampshire we are pleased to support activities such as home visiting for pregnant women that recent evaluations suggest may be associated with women receiving adequate and more than adequate care at rates above the state average.

Across northern New England, things are changing. New Hampshire, in particular, is experiencing challenges and opportunities associated with a diversifying population. Continued regional population and economic growth provide for exciting prospects in some regions, especially in the southern, eastern and urban areas, but has all too often left some of our rural children lagging behind in key measures of family economic security, health and educational attainment.[7] With an 11% increase in population from 1990 to 2000, New Hampshire has seen a 23% population increase in urban areas and a 4% decrease in rural areas.[8]

Slowly, but significantly, the population is becoming more urban and more ethnically diverse. While 96% of New Hampshire children are white, the nonwhite population is expected to grow significantly in the coming years. Projections are that populations of Black and Hispanic children will each have grown by 21%, and populations of Asian and Pacific Islander children will have grown by 30%, between the years of 2000 and 2005.[9] Since 1990, there has been a 22% increase in the number of residents with limited English proficiency (LEP). Census data show that these residents are clustered in southern Hillsborough County, mainly in the cities of Nashua and Manchester. In southern Hillsborough County health care providers report that 14% of the patients have LEP. In Nashua alone, it rises to 32%. This compares to a statewide average of 2%.[10]

Childhood poverty and, in particular, early childhood poverty are associated with poor health and sub-optimal development. These poor outcomes are due to several risk factors associated with poverty including: inadequate nutrition, exposure to environmental toxins, maternal depression, abuse, substandard child care and parental substance abuse. During early childhood these risk factors can impede brain development.

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[6] Kogan, M. and G. Alexander (1998). "The association between adequacy of prenatal care utilization and subsequent pediatric care utilization in the United States." Pediatrics 102(1) 25-30
[7] Making Kids Count in Rural Northern New England, Fall 2004
[8] Kids Count, 2003, www.kidscount.org
[9] Kids Count 1999, as cited in Kids Count New Hampshire 2003, www.kidscount.org
[10] *Assessing Language Interpretation Capacity Among Health Care Providers*, The Endowment for Health, November 2004.

Later in life poor children are more likely to drop out of school, become single parents, and be unemployed.[11]

Many families with inadequate financial resources are also uninsured. While we are fortunate in this state to be ranked third best in the country for enrolling children in health insurance[12], we still have 17,000 children to go. Uninsured children are 50% to 100% less likely to receive care when they are sick with medical conditions such as asthma and recurrent ear infections.[13] Uninsured newborns may be 30% more likely to develop adverse outcomes compared to privately insured infants. [14]

It is clear that socioeconomic status, maternal demographic data, and healthcare status are inextricably linked. When poverty and poor health are present, children are at risk for a host of life-long adverse outcomes. Yet, there are measures that can be taken to minimize poor outcomes. While proportionally fewer children in New Hampshire face significant risks compared to other parts of the country, there are still geographic, racial, ethnic and economic disparities that cannot be ignored.

Early Childhood Partners: A Roadmap to Collaboration

For years partners across New Hampshire who are dedicated to the well being of young children have been collaborating on initiatives to increase early childhood outcomes within each domain. The Early Childhood Comprehensive Systems (ECCS) project, funded by the federal Maternal and Child Health Bureau, has allowed these early childhood partners to begin bridging early childhood domains and work across systems. The goal of the early childhood partners in New Hampshire was to develop a *road map* to comprehensive, coordinated statewide systems that will increase outcomes for young children and families.

Early Childhood Partners Vision

In New Hampshire, we envision a system of high quality, coordinated and comprehensive early childhood services that are aligned with the strengths and individual needs of every child and family who wished to access it.

Early Childhood Partners Mission

As a collaboration of families and public and private agencies working together as leaders and partners, we are dedicated to providing access to and bridging services between health care, early care and education, social, emotional and developmental support, parent education, and family

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[11] Song, Y. and Hsien-Hen L. Early Childhood Poverty: A Statistical Profile (March 2002), National Center for Children in Poverty, New York, www.

[12] New Hampshire Healthy Kids Annual Report, 2003.

[13] Newacheck, P., D. Huges, et al. (1996). "Children's access to primary care: Difference by race, income and insurance status." Pediatrics **97**: 26-32.

[14] Braveman, P., G. Oliva, et al. (1989). "Adverse outcomes and lack of health insurance among newborns in an eight-county area of California, 1982-1986." New England Journal of Medicine **321**: 508-513.

support through a comprehensive, coordinated statewide system for all of New Hampshire's young children and families.

Strategic Planning: The Role of Early Childhood Partners

Over 100 early childhood partners have guided the development of this comprehensive plan that bridges **access to medical homes and health insurance; social emotional development; early care and learning; and family support and parenting education**. Partners represent the wide variety of those who are dedicated to early childhood growth and development, including state government, advocacy groups, Child Care Resource & Referral (CCR&R) agencies, parents, early care and education and early supports and services providers, health and mental health care agencies, health care providers, dentists, family support and resource agencies, and private foundations. Those whose everyday work impacts the lives of young children and families, dedicated time, effort, and input throughout the process. In addition, the planning process supported the collaboration of state systems partners to further initiatives developed by Healthy Child Care New Hampshire. The ECCS project is administered by the New Hampshire Department of Health and Human Services, Division of Public Health Services, Maternal and Child Health Section.

New Hampshire began the strategic planning process in 2004 by looking at how to build upon existing systems of care for young children and determine how to best address the strengths, weakness and opportunities in the existing systems. Assessment of the existing systems included:

- Workgroup discussions
- Internal environmental scans (Appendix A)
- External environmental scan through key informant interviews (Appendix B)
- Parent focus groups (Appendix C)

Information gathered on the existing systems of care for young children was used to determine what steps would yield the greatest improvements in development. Throughout the process, the following guiding principles provided the foundation for planning a comprehensive road map for collaboration:

- Healthy, nurturing, supportive environments for young children with age appropriate stimulation provide a foundation for lifelong development.
- Professionals and families throughout New Hampshire, within each of the critical domains for early childhood development, have developed networks, affiliations and systems of care for young children.
- A comprehensive, state plan would bridge each of these domains to ensure a common vision and essential reference point for policy and funding development.

- Investing in services for young children and coordinating systems of care will yield cost savings to state systems, community resources and families.

Key findings from the research with partners included:

- Within the **early care and education** domain four major challenges were cited: the lack of licensed child care, particularly in rural areas; the lack of affordable, quality child care; low pay for child care staff and providers; and the limited capacity for infant and toddler care. Early care and education advocates consistently noted the need for additional statewide provider training, information sharing between programs and schools regarding the increasing numbers of children with behavioral issues, and resources to support serving children with specific special needs.

- Feedback from the **access to medical homes and health insurance** domain highlighted the inability for many families to access Medicaid and/or affordable insurance. Without the proper insurance, families are not seeking appropriate preventive care and community based providers do not have enough outside funding to absorb these costs. Other frequently mentioned challenges included the loss of a champion for health care for young children and their families, limited numbers of pediatricians in community health agencies, few pediatricians in the North Country, and constraints on time and knowledge to make appropriate referrals for families.

- The **social emotional development** domain interviews echoed the same challenges. Respondents reported a lack of child psychiatrists and a limited number of child psychologists as well as an overall lack of trained mental health providers willing to work with young children across the state. This creates waiting lists at understaffed agencies. Even where specialists are available, the lack of diagnostic criteria for the 0–5 age group makes it difficult to obtain insurance coverage. All of these challenges are compounded when mental health specialists try to work collaboratively with families and other providers; they are constrained by an inflexible system of billable hours, which does not provide coverage for comprehensive services.

- Two challenges within **family support and parent education** rose to the top of the list: families of children with behavioral issues require extensive resources which are unavailable or difficult to access in many parts of the state; and a lack of resources to deliver services, especially expensive, residential or home based services. The rapidly changing demographics of New Hampshire inflate these issues as

translation and culturally competent services are not available throughout the state.

An important part of the ECCS planning process was to gather feedback from parents, who use the spectrum of services for young children and families across the state. Key findings from parent feedback included:

- Parents noted that it was difficult to find **child care** that they could afford, and that long waiting lists were not uncommon. Some parents noted that finding child care for children with special needs was very difficult. A small percentage of parents were aware of child care resource and referral agencies and the work they do on the part of families.

- Regarding **health services**, parents noted that although well-baby check-ups were easy to schedule, it was far more difficult to get sick visit appointments. This was especially apparent to Latino parents, who felt that language was a barrier for them as well. Most parents experienced obstacles in accessing dental care; it was reportedly hard to find a dentist, especially a pediatric dentist, and even harder to find one that accepted Medicaid.

- **Mental health** care was noted as challenging by parents in two ways: it was very difficult to locate a mental health provider, and there were long waiting periods for appointments.

- There were many positive comments regarding **family support** systems. Parents felt that their family support systems were of excellent quality, and they were able to receive many benefits through family resource centers, such as home visiting services, moral support, and supplies like clothing and toys.

- Feedback on the **integration of services** included the need for better communication between agencies, and a more streamlined intake process, where information was shared between agencies as long as parents were informed. In one area parents were very pleased with the case manager model of service delivery, but also expressed the need for more centrally located information for families on all services available.

Solutions for Young Children: The ECCS Road Map to Collaboration

Goal #1 - All of New Hampshire's young children and families are physically and emotionally healthy.

A family's access to medical and dental homes is at the forefront of this goal. Increasing the actual numbers of medical homes and/or incorporating medical home practices into existing services are key to making this happen. Ensuring access also includes establishing Medicaid billable care coordination, developing transportation systems, increasing the numbers of health professionals (medical, oral and mental) that serve young children, and co-locating medical homes with other service agencies. Enrolling all eligible young children on NH Healthy Kids is also a core component. Access to preventative health care for children is critical; initiating campaigns that decrease the stigma around mental health care and the continued support of Healthy Child Care NH are focal strategies in this area.

Goal #2 - New Hampshire's services for young children are coordinated on the state and local level.

Care coordination is an essential part of aligning services for young children and families. Co-locating services, integrating mental health care into the medical home model, examining the existing use of Medicaid care coordination codes, and enhancing the ability of community-based care systems to provide care coordination are all ways to achieve this objective. System coordination is also a vital part of this goal; an organized body of leaders with a comprehensive mission focused on the state's young children would work to this end. The use of a consistent regional mapping system by professionals and the implementation of a universal service application for families would serve to better coordinate services in the state.

Goal #3 - State and local agencies that serve families of young children share information.

Comprehensive coordinated systems require an infrastructure that is supportive of those efforts. New Hampshire has in place a centralized resource system, but it is in need of strengthening. A comprehensive electronic directory of services, web links that connect various agencies, and the consolidation of existing phone links would make for a better-coordinated system for both families and professionals. There is also the opportunity to enhance existing agency forums, where information can be shared and connections can be made. The sharing of data is also a key objective, through the use of common indicators for the health and development of young children, and the creation of a unified data collection system.

Goal #4 - Families of young children in New Hampshire are supported by the State and by the communities they live in.

Services and systems of care for families must be welcoming, easy to navigate, and accommodating to the needs of parents and young children. This begins with the implementation of developmental screening services for all children. Establishing a common vision, leadership, and building upon strategies developed by Early Supports and Services and DCYF are all key. Providing families with the opportunity to complete a standard family needs assessment will help to define resources needed. Supporting families also means creating a climate that welcomes diversity, through the development of materials that promote cultural inclusion, and are language appropriate. Understanding the barriers that exist in accessing health related and early care services for these families is vital. Increasing family participation in system building is also an important component to this goal. Through community organizations parents can become more involved, and better advocates for themselves and their children.

Goal #5 - Quality early care and education services are available and accessible to all of New Hampshire's families with young children.

Research has proven that quality early care and education leads to positive outcomes and improved school readiness. The establishment of quality improvement systems for all early care and education programs in New Hampshire is a key objective in making quality care accessible to families. In addition, increasing the numbers of child care providers in the Licensed Plus quality system, and/or national accreditation will support this goal. Families also need to be able to afford quality care, which can be done through state and community support, as well as innovative business strategies.

Goal #6 - Decision makers across the state understand the importance and value of a comprehensive early childhood system (and promote the development of one).

In order to make the case for a comprehensive early childhood system, government officials, community leaders, decision-makers and employers must be made aware of the ECCS mission and the initiatives that are taking place throughout the state. Through outreach campaigns, expansion of group involvement, distribution of information and public engagement this can happen.

Data Capacity and Evaluation

Data capacity in New Hampshire remains a challenge across systems. While important efforts have been made through the Web Reporting and Query System project, making some state and local data available online with query tools, other data collection and dissemination remains difficult.

The New Hampshire Endowment for Health's recently released report, "Stepping Up To The Future: A Healthier Health Care System For New Hampshire"[15], cites that one of seven steps to enhanced healthcare in the state would be improvements to the state's data collection systems. The report recommends making the system more open and transparent by completing a new Medicaid claims database and making accessible other information that the state already collects, as well as helping health care institutions bring in the information technology that will reduce medical errors and contain costs.

When looking across early childhood domains, one step in the right direction has been the release of the New Hampshire School Readiness Team Indicators in *Ready, Set, GROW*. These indicators were chosen through an organized effort of many stakeholders over the past two years. The thirteen indicators address four desired outcomes; Ready Children; Ready Early Learning Systems; Ready Families; and Ready Communities. Current data systems exist to support eleven of the thirteen indicators. Tracking progress on the New Hampshire School Readiness Indicators[16] (Appendix D) will help monitor improvement in early childhood systems.

In addition to monitoring progress on the New Hampshire School Readiness Indicators, performance measures have been developed for each objective within the six goals of ECCS implementation. Evaluation will include assessing if objectives have been met and if there is a resulting impact on outcomes for young children in New Hampshire.

New Hampshire School Readiness Indicators

The following chart was adapted from Ready, Set Grow![17]. Key measures of "readiness" are identified of New Hampshire's children, families, schools and communities. These indicators were selected by the New Hampshire School Readiness Team based upon a strong correlation between each indicator and future academic success.

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[15] *Stepping Up to the Future, A Healthier Health Care System for New Hampshire*, New Hampshire Endowment for Health, 2004.
[16] *Ready, Set Grow: Investing in Quality Early Care and Education for a Thriving New Hampshire,* Children's Alliance of New Hampshire in collaboration with the New Hampshire School Readiness Indicators Initiative State Team, 2004.
[17] *Ready, Set Grow!,* Children's Alliance of New Hampshire in collaboration with the New Hampshire School Readiness Indicators Initiative State Team, 2004.

NH School Readiness Indicators

Desired Outcome	Indicators	New Hampshire Data
Ready Children	Percent of births to women who received late or no prenatal care	1.7%
	Immunization rates at age 2	84%
Ready Early Learning Systems	Percent of child care centers acredited by NAEYC Percent of family child care homes accredited by NFCCA	6.2% NAEYC Less than 1% NFCCA
	Percent of early educators with early childhood credentials serving children birth to school entry	5%
	Number of school districts offering public kindergarten	In 2003-2004, public kindergarten was not available in 19 school districts
	Percent of school districts screening for phonolgical awareness in kindergarten or first grade	No statewide baseline available.
	Percent of children at or above basic level in reading and math by end of grade three	Language Arts: 76% Math: 79%
Ready Families	Rate of sustantiated abuse or neglect	4.6 per 1,000 assessments of children under 18
Ready Com-munities	Percent of school districts offering before and after-school programs	No statewide baseline currently available
	Percent of children under 6 without health insurance	5% of children undrer 18
	Percent of children under age 6 below federal poverty level	9.1%

The Roadmap for Implementation

New Hampshire Early Childhood Comprehensive Systems (ECCS) Partners Implementation Plan 2006-2008

Mission - In New Hampshire, we envision a system of high quality, coordinated and comprehensive early childhood services that are aligned with the strengths and individual needs of every child and family who wishes to access it.

Vision - As a collaboration of families and public and private agencies working together as leaders and partners, we are dedicated to providing access to and bridging services between health care, early care and education, social, emotional and developmental support, parent education, and family support through a comprehensive, coordinated statewide system for all of New Hampshire's young children and families.

Overview – The NH ECCS partners have developed goals and objectives related to early childhood systems that bridge the critical domains: access to medical homes and health insurance, social emotional health, early care and learning, family support and parent education. Strategies for each objective reflect the active partnership of early childhood stakeholders. Partners have already developed detailed work plans for many of the strategies. New Hampshire professionals and families within each critical domain for early childhood development have built networks, affiliations, and systems of care for young children. Commitment to the young children and families in New Hampshire is evidenced by the strong collaboration across domains to develop implementation strategies, participate in cross-domain initiatives, measure outcomes and plan for the future.

NH ECCS Partners are working collaboratively to achieve the following:

Goal #1 – All of New Hampshire's young children and families are physically and emotionally healthy.

Goal #2 – New Hampshire's services for young children are coordinated on the state and local level.

Goal #3 – State and local agencies that serve families of young children share information.

Goal #4 – Families of young children in New Hampshire are supported by the State and by the communities they live in.

Goal #5 – Quality early care and education services are available and accessible to all of the New Hampshire's families with young children.

Goal #6 – Decision-makers across the state understand the importance and value of a comprehensive early childhood system (and promote the development of one).

Goal # 1 - All of New Hampshire's young children and families are physically and emotionally healthy.

Objectives	Strategies	Performance Measures	Potential Partners	Funding
Objective 1.1 – Improve access to medical and dental homes for all children and families in NH.	▪ Increase and sustain the number of health professionals that serve young children 0-5. ▪ Incorporate practice of medical homes into existing services. ▪ Incorporate practice of dental homes into existing services. ▪ Promote co-locating medical homes with other social service agencies. ▪ Enroll all eligible children 0-5 in NH Healthy Kids. ▪ Support child care health consultation through Healthy Child Care NH.	Number of medical homes Number of dental homes Number of health professionals serving young children.	DHMC, CMHI, SMS, NHPS, Medicaid, NH Healthy Kids, MCH, medical providers, ELNH, Bi-State, health professional schools	State/ Federal (MCH, OHP, RWJ, MCHB, Endowment for Health, Foundation for Healthy Communities), private foundations, Medicaid
Objective 1.2 – Improve access to preventive behavioral health services for all children.	▪ Increase and sustain the number of mental health professionals that serve young children 0-5. ▪ Create a public education campaign to decrease the stigma associated with mental health services. ▪ Investigate systems changes that could increase access to behavioral health services. ▪ Promote indicated systems changes that increase access. ▪ Create reimbursement mechanisms for mental health services for young children 0-5, including Early Supports and Services.	Ratio of mental health providers to children statewide	PTAN, ESS, Bureau of Behavioral Health, CCMC, NAMINH, NHAIMH, NH Family Voices, RHPC, Health professions schools, SFI	State/ Federal, private foundations
Objective 1.3 – Integrate oral health screening, education and preventive treatment into well child visits.	▪ Train primary care practitioners in oral health screening for children through the Watch Your Mouth Campaign. ▪ Work with rural hospitals to incorporate oral health screening into care.	Number of children receiving oral health services	NHDS, dental providers, NHPS, NHAFP, Medicaid, Head Start, rural hospitals, NH Public Health Association	State/Federal, Endowment for Health, Foundation for Healthy Communities
Objective 1.4 – Improve and sustain access to child care health consultation in early care and learning.	▪ Increase awareness of the impact of health and safety in child care on quality of care. ▪ Create a task force to examine funding strategies and sustainability of paid child care health consultation. ▪ Promote best practices for increasing access to child care health consultation.	Number of child care providers accessing child care health consultation	CDB, ELNH, CCR&Rs	State/ Federal

Goal #2 – New Hampshire's services for young children are coordinated on the state and local level.

Objectives	Strategies	Performance Measures	Potential Partners	Funding
Objective 2.1 – Develop and implement care coordination models across services for young children.	▪ Promote and support the co-location of services for families of young children. ▪ Promote and support the integration of mental health services into the medical home model. ▪ Gather baseline information about providers currently using Medicaid care coordination codes. ▪ Enhance the ability of community-based systems of care such as the Infant Mental Health Teams and school-based dental programs to provide care coordination. ▪ Identify methods of funding for care coordination, including private insurance.	Number of co-located services Increase appropriate billing for services Number of community based systems	CHCs, mental health centers, Behavioral Health Network, Medicaid, Foundation for Healthy Communities, NHPS, NHAIMH, OHP, Bureau of Behavioral Health, PTAN	State/ Federal, Medicaid, private insurance, private foundations
Objective 2.2 – Establish a mechanism with critical leadership for dealing with children's issue not aligned with any agency or department, with a focus on system coordination.	▪ Create, possibly by legislation, a children's cabinet or like body, made permanent to join together stakeholders to focus on improving the lives of New Hampshire's children. ▪ Ensure that a children's cabinet, or like body, has a solid administrative structure with a comprehensive mission.	Appropriate legislation adopted	NH CAN, government officials	
Objective 2.3 – Create a more consistent regional mapping system.	▪ Build upon previous efforts of realignment of regional mapping to develop a system that is consistent for all regions and defines existing geographic service areas for services for children and families. ▪ Analyze gaps/overlaps in services and report on impact to children and families.	Map developed Impact report	RHPC, ESS, Bureau of Behavioral Health, PTAN, Bureau of Health Care Research, consultant	State/ Federal (MCH), private foundations
Objective 2.4 – Reinvestigate the creation of a universal family application for services.	▪ Explore feasibility by researching other states. ▪ Determine which agencies should be included and areas of common data. ▪ Determine the best mechanism for families to access application form.	Consensus on feasibility and usefulness	Bi-State, CCMC, DHHS District Offices, NH Healthy Kids	State/ Federal, private foundations

Goal #3 – State and local agencies that serve families of young children share information.

Objectives	Strategies	Performance Measures	Potential Partners	Funding
Objective 3.1 – Strengthen the Family Resource Connection (FRC) as a centralized system of information resources and referral regarding services available to all families and professionals.	▪ Develop legislative support and/or formalized memorandums of understanding between state agencies and the State Library regarding financial support for the FRC. ▪ Create a basic electronic directory of social services on the state, regional and local levels, which is available at the regional family resource centers and the FRC. ▪ Update website links from the FRC to include all agencies across the state that serve children and families. ▪ Create one phone number where a family can access information on all services statewide with the 211 initiative.	Increased funding of FRC Number of requests for information filled Updated electronic directory 211 service	CDB, Bureau of Behavioral Health, ESS, NH HelpLine, 211 Initiative, Service Link	Braided funding from DHHS/ DOE
Objective 3.2 – Enhance existing regional forums that support agencies serving families and children.	▪ Continue braided funding for regional Infant Mental Health Teams. ▪ Support PTAN interagency groups. ▪ Support additional regional forums.	Number of regional forums Increased funding	PTAN, Bureau of Behavioral Health, CCMC, CDB	Braided funding from DHHS
Objective 3.3 – Share data on the local level through integrated data sets.	▪ Align efforts with improved consistent regional mapping systems. ▪ Identify common indicators for data collections. ▪ Examine regions where data sharing works well. ▪ Create a unified data collection system and share the model with all agencies serving children and families.	All agencies contribute to Kids Count Model successful region	Public Health Networks, SFI, community agencies, DHHS (data support and programs)	

Goal #4 – Families of young children in New Hampshire are supported by the State and by the communities they live in.

Objectives	Strategies	Performance Measures	Potential Partners	Funding
Objective 4.1 – Provide age appropriate, valid and reliable developmental screening services for all children through the Watch Me Grow initiative.	▪ Engage partners in the Watch Me Grow initiative for developmental screening for all children. ▪ Identify all appropriate tools for screening. ▪ Develop implementation plan and tracking system. ▪ Purchase and disseminate tools for screening. ▪ Provide training on screening administration and scoring. ▪ Track data and disseminate results.	% of children screened % of children referred	ESS, Head Start, HVNH, child care providers, DOE, DCYF, NHPS, WIC, FRC, CHCs, mental health centers	
Objective 4.2 – Provide all families with the opportunity to complete a family needs assessment.	▪ Identify current family needs assessments applicable to families with young children. ▪ Adopt, modify or develop a universal family needs assessment. ▪ Develop implementation plan and tracking system. ▪ Purchase and disseminate tools. ▪ Provide training on tool administration. ▪ Track data and disseminate results.	% of needs assessments completed % of families receiving referrals	ESS, Head Start, HVNH, child care providers, DOE, DCYF, family resource centers, mental health centers, WIC, CHCs, NHPS	
Objective 4.3 – Create a climate that welcomes diversity of families across all regions of the state.	▪ Explore strategies to better identify and understand the barriers to health care and early childhood services experienced by families with diverse cultural and language backgrounds. ▪ Create language appropriate materials that promote inclusion of cultural differences and disseminate.	Number of requests for materials filled	FRC, ESS, MCH, SMS, DOE, PIC, Healthy Kids, NHMHC	
Objective 4.4 – Increase family participation/inclusion in decision/policy making at all levels.	▪ Identify models of engaging family participation. ▪ Disseminate information and provide training on models for use by community organizations. ▪ Train parents to be effective advocates through the Strengthening Families Initiative.	Number of agencies trained Number of parents trained	CTF, ESS, Head Start, HVNH, child care providers, DOE, DCYF	
Objective 4.5 – Clearly identify and define all services in the state available to families of young children.	▪ Identify all services within each community and county. ▪ Create a communication strategy to educate families on available services and how to access them. ▪ Support websites that are searchable by topic and location. ▪ Promote developing transportation systems that support access to services.	Communication strategy	CTF, CCR&Rs, ESS, Head Start, CHCs, FRC, DHHS programs	

Goal #5 – Quality early care and education services are available and accessible to all of New Hampshire's families with young children.

Objectives	Strategies	Performance Measures	Potential Partners	Funding
Objective 5.1 – Establish quality improvement systems for all early care and education programs (child care, ESS, and preschool special education).	▪ Identify models from other states. ▪ Develop criteria for quality improvement systems. ▪ Increase the number of quality-related performance measures in state contracts with community agencies that provide services for young children. ▪ Determine plan to incorporate child care health consultation into child care statewide to increase quality.	Number of quality related performance measures Number of child care providers served by cchc	CDB, ESS, TANF, ELNH, CCR&Rs, DOE, child care providers	
Objective 5.2 – Increase the number of child care providers that participate in the NH Licensed Plus quality improvement system and/or national accreditation.	▪ Provide technical assistance to child care providers on quality care, quality improvement and accreditation. ▪ Educate families about the relationship between quality care and accreditation. ▪ Increase use of child care resource and referral agencies to help families identify indicators of quality care.	Number of child care providers with Licensed Plus status Increased calls to CCR&Rs	CDB, ESS, TANF, ELNH, CCR&Rs, DOE, child care providers	State/ Federal (general funds, CDB)
Objective 5.3 – Increase access to affordable, quality child care for families.	▪ Continue to support child care scholarships that reflect a minimum of the 75th percentile of the market rate. ▪ Increase and sustain the number of child care professionals. ▪ Support child care providers in developing innovative business strategies. ▪ Increase employer participation in the child care subsidy programs. ▪ Develop a more comprehensive market rate study of child care that determines what "quality" costs.	Amount of scholarship support Number of child care professionals Number of child care slots School Readiness Indicators	CDB, TANF, business partners, ELNH, CCR&Rs, higher education, NH CAN	

Goal #6 – Decision-makers across the state understand the importance and value of a comprehensive early childhood system (and promote the development of one).

Objectives	Strategies	Performance Measures	Potential Partners	Funding
Objective 6.1 – Increase awareness of stakeholders of the ECCS mission and initiatives.	▪ Expand array of stakeholders participating in ongoing ECCS workgroups. ▪ Distribute information via existing early childhood networks. ▪ Work with Children's Alliance of New Hampshire (NH Child Advocacy Network) to increase partners knowledge of ECCS initiatives	Number of new partners Number of messages distributed via partner networks	NH CAN, DOE, ELNH, MCH	MCH
Objective 6.2 – Increase awareness of government officials and employers across NH of the ECCS mission and initiatives.	▪ Create an outreach campaign for the public, potential funders and employers. ▪ Engage high-level officials (e.g., Commissioners, Governor, and/or Legislative Task Force on early childhood)	Commissioner leads kick off for ECCS implementation Number of state agencies represented in ECCS	DOE, DOS, DRED, DES, Legislators, businesses, NH CAN	MCH

Appendix A
Title V Internal Environmental Scan

MCH Initiative	Resources Funding Source?	Competencies Strengths?	Capacity Scope of the work?	Critical Partners	Opportunities	ECCS Critical Domain
MCH Child Health Support Programs	Title V	Responsive to families with family support needs that include health components Home Based	8 programs across the state serving 2000 children MCH population	Community Health Agencies	Continued support to promote access to healthcare and health insurance; connection with family support and parent education resources; and earl identification and developmental screening.	Access to Health Care Family Support Parent Education
MCH Child Health Programs	Title V	Provides categorical funding to 5 community-based health agencies	Provides preventive and minor episodic care to Medicaid eligible and uninsured children.	Community Health Agencies	Continued services to children needing assistance in enrolling in SCHIP and provision of health care including developmental screening	Access to Health Care
Child Health Month Coalition	Children's Hospital at Dartmouth In kind donations of staff time from coalition members	11 years of providing health and safety information to over 5,000 health, education and child care providers Materials often developed in response to NH Child Fatality Review Team case reviews	Materials developed each year in response to timely issues. Materials are well received and used as posters in public and private medical providers offices, schools and child care centers.	Children's Hospital at Dartmouth Injury Prevention Center NH DHHS NH Dept of Ed	Continued opportunity to provide accurate and timely health and safety information to providers and parents	Parent Education
Primary Care	Title V and other state and federal funds	Provides services to NH residents who might not otherwise have access to health care	Provides comprehensive preventive and acute health care services targeting uninsured, underinsured, and Medicaid eligible residents	Community Health Agencies	Continued services to children needing assistance in enrolling in SCHIP and provision of comprehensive health care including developmental screening	Access to Health Care
Developmental Screening/ NH Pediatrics Society	Volunteer effort of NHPS with Title V staff and NH DHHS Senior Management	Public/private partnership that will improve early idenficiation and referral of children with possible developmental delays	Exploring best practice screening methods to recommend wide-spread use among both public and private pediatric health care settings and educate providers on available resources for children needing referrals Baby Steps developmental specialsit/screening in place at several primary health care centers and home visiting sites.	Community Health Agencies Pediatricians Family Centered Early Supports and Serivces Easter Seals NH	Continued work to develop a list of accepted and commonly used tools across practitioners' communities. Applying to VCHIP/ Commonwealth Fund to expand the use of developmental specialists/screening at pediatric and community health centers	Access to Health Care Social Emotional Development Family Support Parent Education

MCH Initiative	Resources Funding Source?	Competencies Strengths?	Capacity Scope of the work?	Critical Partners	Opportunities	ECCS Critical Domain
Newborn Metabolic Screening	Title V	Assures immediate follow up and early access to further testing, treatment and services as indicated	Coordinates blood screening and follow up of abnormal results of 6 potentially serious disorders on all infants born in NH. NSP Advisory Committee has voted to add 4 conditions to the current 6 conditions in the panel, pending contract and legislative changes	Community Hospitals Pediatric providers NH NSP Advisory Members	Part of continued work to promote comprehensive early screening and identification Legislation pending to change ability to set fees for screening to allow for expanded panel.	Access to Health Care
Early Hearing Detection and Identification	Centers for Disease Control Title V	Assures that all babies born in NH receive hearing screening and follow up as indicated	Coordinates newborn hearing screening referrals for diagnostic testing and provision of intervention for infants identified with hearing loss	Community Hospitals Private audiologists	Part of continued work to promote comprehensive early screening and identification	Access to Health Care
Preschool Vision and Hearing Program	Title V and local volunteers	Focused screenings of children in medically underserved areas. Initiated new advisory committee to address service delivery changes to meet the needs of changing population and changing program resources.	Provides hearing and vision screening to low income, medically underserved 3- 6 year olds Transitioning to a model of technical assistance and train the trainer TA for the public and private sector	Primary Care Providers Head Start School Nurses Parents	Part of continued work to promote comprehensive early screening and identification and access to health care	Access to Health Care
Children's Oral Health Care Initiative	HRSA funds from the State Oral Health Collaborative Systems Grant			Community Health Agencies Schools Home Visiting NH Agencies and Participants	Alignment of programming and funds to deliver oral health education and services to at risk pregnant women and their children through existing home visiting programs. Builds community capacity by linking health care agencies with schools and the dental community.	Access to Health Care Parent Education

MCH Initiative	Resources Funding Source?	Competencies Strengths?	Capacity Scope of the work?	Critical Partners	Opportunities	ECCS Critical Domain
Childhood Obesity Initiatives	Title V NH DPHS Bureau of Nutrition and Health Promotion	Collaborative effort with WIC and NH DPHS Bureau of Nutrition and Health Promotion	Training of Title V funded health agencies to increase the use of BMI in screening children at risk for overweight and obesity. Planning for statewide Summit on Obesity to share best practices in prevention and treatment	WIC Local Obesity Initiatives Community health agencies	Increase use of BMI in state funded health care agencies Increased sharing of resources across community based programs to promote parent education	Parent Education Access to Healthcare
Childhood Lead Poisoning Prevention Program	Centers for Disease Control and Environmental Protection Agency	Provides services to eliminate childhood lead poisoning in NH	Provides education and training, medical case management, environmental investigations and surveillance	Community Agencies Health Care Providers Housing Agencies	Continue to work with community partners toward the goal of eliminating lead poisoning in children as outlined in the strategic plan, *Eliminating Childhood Lead Poisoning in NH*	Parent Education Access to Healthcare
Injury Prevention Center at Dartmouth	Preventive Health Services Block Grant Title V	Provides research based best practice information and intervention strategies	Provides public information and identification of prevention strategies, and creates/and leads collaborative efforts on specific injury prevention topics	Health Care Providers Schools Policy Makers	Centralized location for all information for families and care providers regarding injury prevention.	Parent Education Social and Emotional Development
New Hampshire Coalition on Domestic Violence	Preventive Health Services Block Grant RPEG					
Children's Care Management Collaborative	NH DHHS Division of Behavioral Health manages a $6.5 million effort to create a system of care for children's mental health needs.	The intent is to build a locally responsive system of care.	The scope is within each community.	MCH and SMS have active representation on the Children's Care Management Collaborative		Social and Emotional Development

MCH Initiative	Resources Funding Source?	Competencies Strengths?	Capacity Scope of the work?	Critical Partners	Opportunities	ECCS Critical Domain
Care NH Regional System of Care	NH DHHS Division of Behavioral Health manages a $6.5 million effort to create a system of care for children's mental health needs	Reflects regional needs and priorities from diverse perspectives. . Financial analysis. Funds spent on children mental health systems of care from all departments.	14 regional infant mental health teams. Wrap around team, evaluation and treatment in child care and home based. Collaborative relationships in community, child care consultation	MCH has active representation on the Children's Care Management Collaborative		Social and Emotional Development
Regional Infant Mental Health Teams	14 regional teams receives $2500 per year/site from the CCMC to use as discretionary dollars for efforts. MCH supports this effort by contributing $5000 of Title V funds SMS supports this effort by contributing $9000 of Title V funds	The intent is to build a locally responsive system of care.	The scope is within each community.	MCH has active representation on the Children's Care Management Collaborative		Social and Emotional Development
Family Resource Connection	Braided funding across NH DHHS and NH DOE MCH contributes $5000 of Title V funding	Connects families and professionals throughout NH with literature, resources and materials regarding early care and learning	Located at the NH State Library. Maintains excellent web based data base of collection of resources. Accessible to all in NH.	MCH has active representation on Family Resource Connection Advisory Board	One of the best and most successful NH examples of braided funding that supports a common initiative across many Departmental programs.	Early Care and Learning Family Support Parent Education
Home Visiting New Hampshire	Approximately $600,000 annually through TANF $34,000 contribution from Children's Oral Health Care special projects	Intensive and comprehensive services for families beginning prenatally through the child's first year	18 sites across the state serving over 700 families, annually	Community Health Agencies Family Resource Centers		Family Support Parent Education

MCH Initiative	Resources Funding Source?	Competencies Strengths?	Capacity Scope of the work?	Critical Partners	Opportunities	ECCS Critical Domain
Healthy Child Care New Hampshire	$50,000 MCHS funds coordinated with NH ECCS funds	Promotes health and safety in out-of-home child care settings by linking heath professionals, community and state agencies, child care providers and families.	Provides four day training for health professionals on basic skills of health and safety child care consultation with follow up support of volunteer network. Informs state and local agencies on current health and safety issues. Works to expand and create partnerships	NH DHHS Child Development Bureau NH DHHS Bureau of Child Care Licensing NH Network of Childcare Resource and Referral Agencies Early Learning NH Governor's Child Care Advisory Board	Vehicle to ensure all children have access to quality, nurturing child care environments and a medical home. New opportunity to combine Title V funding with Childhood Lead Poisoning prevention fund and Immunization funds to expand child care health consultation services.	Early Care and Learning
Child Care Mental Health Consultation	Preschool Technical Assistance Network (PTAN) NH DHHS DCYF Child Development Bureau	Use community expertise to address problems in the community	Reduces child care expulsion by providing consultation in child care settings	MCH HCCNH participates on advisory committee		Early Care and Learning Social and Emotional Development
New Hampshire Family Voices	Joint initiatives between SMS/Family Voices SMS supports with Title V and General/State Funds	Developed and coordinated by parents of children with special health, developmental, mental health and educational needs.	Initiatives addressing and access of kids with special health care needs. Provides advocacy and education for families navigating the myriad of services available.	A project of Special Medical Services.	Established network of families invested in promoting optimal services and systems for children with special healthcare needs.	Family Support Access to Healthcare

MCH Initiative	Resources Funding Source?	Competencies Strengths?	Capacity Scope of the work?	Critical Partners	Opportunities	ECCS Critical Domain
Child Development Program/Network	SMSB Contracts Title V and General/State Funds	Provides Funding and Community-based expertise	Comprehensive Developmental Evaluations	Child Health Services Dartmouth Hitchcock Medical Center (DHMC) UNH (LEND)	Established network with expertise in developmental diagnosis	Social-Emotional Development Family Support Parent Education
Pediatric Nutrition Network	SMSB Contracts Title V and General/State Funds	Nutrition, feeding and swallowing evaluation	14 Pediatric Dieticians providing home based services 4 Feeding /swallowing specialists	Pediatricians Early Support Services	Evaluation and nutritional management for children with special feeding and swallowing issues.	Access to Health Care Early Care and Learning
Community Based Care Coordination	SMSB Contracts Title V and General/State Funds	Family Centered Support provided to any family with a child who has special health care needs regardless of family income or where families go to receive medical services.	Support to find, apply for and get a broad range of medical, social and financial resources from a variety of agencies and or providers.	Partners In Health Care Coordinators in the Medical Homes Child Health Services DHMC Schools Early Supports & Services	Assisting families and medical services with a family oriented plan to provide comprehensive health and educational services for NH children with special health care needs	Access to Health Care Social Emotional Development Family Support Parent Education Early Care and Learning

Appendix B
Environmental Scan Executive Summary

Methods

Mills Consulting Group began work on the Environmental Scan section of the Early Childhood Comprehensive Systems (ECCS) planning project in February 2005. To begin the process, information on existing services was gathered from the Maternal and Child Health Section (MCHS). The document entitled Matrices of New Hampshire Early Childhood Initiative and Stakeholders developed by the MCHS served as a base in the development of a listing of agencies, initiatives and collaboratives in New Hampshire both internal and external to Title V.

Starting with this document, a log of agencies with contact names and telephone numbers was developed. These contacts were sorted by the following four domain groups:

- Early Care and Education
- Medical Homes (includes oral health care)
- Family Support and Parent Education
- Social-Emotional Development.

Once a log of key stakeholders was established, the listing was expanded to include representatives providing direct service to families and children. It was important to the research to include those “outside” of the system, not just those already “inside” the system. This final contact log consisted of 134 names of individuals representing a variety of agencies across all regions of New Hampshire, sorted by domain group.

An environmental scan interview questionnaire was developed for interviews with individuals over the phone. Questions focused on scope of services provided and population served, challenges and benefits, relationships and integration with other service domains, and thoughts on system building. Each interview was approximately 30 minutes in length. Interviewees were also asked to provide names of other stakeholders or direct service providers that could also be contacted for interviews. A total of 72 interviews were completed.

The following chart reports the agencies interviewed, the total numbers of interviews completed, the town in which each agency is located (even though services may be regional or statewide) and the domain group represented. It is important to note that some agencies and organizations are providing services that cross over domains. For reporting purposes, agencies have been sorted into one domain group. Two organizations have child advocacy as their mission, and have been placed in an Advocacy group.

Environmental Scan Inventory Key Informants

Domain Group	Agency	Location
Advocacy (2)	New Hampshire Children's Alliance	Concord
	New Hampshire Children's Trust Fund	Concord
Early Care and Education (25)		
	Providian National Bank (Funder)	Concord
	NH DHHS Bureau of Developmental Services	Concord
	NH DHHS Division of Developmental Disabilities	Concord
	NH DHHS BMCH Healthy Child Care Program	Concord
	NH DHHS Child Development Bureau	Concord
	NH DOE Bureau of Special Education	Concord
	NH DOE Office of Accountability	Concord
	Early Learning New Hampshire (2)	Concord
	New Hampshire Technical Institute	Concord
	New Hampshire State Library Family Resource Connection	Concord
	Early Education and Intervention Network	Concord
	Early Care and Education Supports-Hillsboro School District	Hillsboro
	Franconia Child Care Center	Franconia
	Head Start Region I	New England
	Even Start	Concord
	21st Century Programs	Concord
	CCR&R Concord	Concord
	CCR&R Berlin/Littleton	Berlin
	CCR&R Nashua	Nashua
	CCR&R Rochester	Rochester
	CCR&R Claremont	Claremont
	CCR&R Salem/Portsmouth	Salem
	CCR&R Manchester	Manchester
	CCR&R Keene	Keene
Medical Homes (18) (includes oral health care)		
	NH DHHS Division of Special Medical Services (2)	Concord
	Child Health Services of Manchester	Manchester
	New Hampshire Healthy Kids	Concord
	Bi-State Primary Care Association	Concord
	Center for Medical Home Improvement	Greenfield
	Families First Health and Support Center	Portsmouth
	Family Resource Center at Gorham	Gorham
	New Hampshire Pediatrics Association	Manchester
	Coos County Family Health Services	Berlin
	Good Beginnings	Sullivan County
	Lamprey Health Care Services	Newmarket
	Anthem Blue Cross and Blue Shield	Goffstown

NH DHHS MCHS Nurse Consultant	Concord
NH DHHS MCHS Healthy Child Care New Hampshire	Concord
NH DHHS Oral Health Program	Concord
North Country Health Consortium/Molar Express Program	Littleton

Family Support and Parent Education (13)

National Alliance for the Mentally Ill	Concord
Child and Family Services Manchester	Manchester
Child and Family Services Franklin	Franklin
NH DHHS Office of Alcohol and Drug Policy	Concord
NH DHHS Division of Children, Youth and Families	Concord
NH DHHS Division of Family Assistance	Concord
Family Voices	Concord
New Hampshire Minority Health Coalition	Manchester
Families First Health and Support Center (2)	Portsmouth
Family Resource Center of Gorham	Gorham
WIC	Concord
Parent Information Center	Concord
Easter Seals/Baby Steps	Manchester

Social-Emotional Development (14)

Granite State Federation of Families for Mental Health	Manchester
Preschool Technical Assistance Network	Bedford
NH DHHS Bureau of Behavioral Health (2)	Concord
Community Partners	Dover
Genesis Behavioral Health	Laconia
Seacoast Mental Health Center	Portsmouth
Community Council of Nashua	Nashua
White Mountain Community Health Center	Conway
Monadnock Family Services	Keene
Head Start	Concord
Positive Behavioral Interventions and Supports	Bedford
Community Bridges	Bow

Key Findings

Research from the Environmental Scan interview research revealed numerous thoughts, ideas and viewpoints on the existing systems of care for young children and their families. Valuable ideas for moving forward with a comprehensive plan were shared as well. The highlights of the feedback collected are presented in the following main topic areas:

- Challenges and barriers (by domain and across domains)
- Relationships, bridging services and system building
- Best practices and solutions

It is important to note that this research reflects the perceptions and thoughts of the respondents interviewed, and the information gathered may or may not reflect the thoughts of all service providers, agencies, and administrators in New Hampshire.

Challenges and Barriers

Early Care and Education

The types of challenges that were reported by those representing the early care and education domain were varied. The primary gap in the system was the fact that New Hampshire does not require all public school districts to offer Kindergarten programs. The four major challenges that were frequently reported included the lack of licensed child care (particularly in rural areas), the lack of affordable, quality child care, the low pay for child care staff and providers, and limited capacity for infant and toddler care.

> *"In child care, there are no openings at all and there is not one accredited center in this county."*
>
> — Administrator, Home Visitor Program

Additional areas of challenge reported were the expense and lengthy waiting lists for early intervention services, (particularly in the North Country), communities lacking accredited child care programs and an overall understanding of quality care, and a lack of non-traditional care options such as odd hour care.

The need for additional statewide provider training, increasing numbers of children with behavioral issues, and the lack of information sharing between programs and schools on this issue, and the difficulty serving children with specific special needs were also reported by those interviewed.

Medical Homes (including oral health care)

Key informants described many challenges in promoting optimal health and access to medical homes. The major gap noted was the loss and absence of a state medical champion for young children and their families. An outstanding challenge that was repeatedly cited was the significantly high percentage of children in the state that are not insured, noted particularly for the newcomer population.

> "In NH there are 2–3,000 kids that don't have access to health care right now. The real barrier is that the money is decreasing and the need is growing."
>
> — *Pediatrician, Community Health Agency*

Another major challenge reported was the eligibility rates for Medicaid, and the hardship for those families that do not meet the criteria but cannot afford to pay health care costs on their own. Regarding direct services, low numbers of pediatricians were reported, especially in the North Country.

In general, it was reported that there are limited numbers of pediatricians in community health agencies. It was also perceived that pediatricians lack the understanding of developmental health issues, and early supports and services. It was mentioned that many doctors serving young children feel isolated, and there is also need for orientation services for new physicians. Some medical practitioners felt they do not always have the time or resources to make appropriate referrals for families. Lastly, there is limited communication between physicians and school districts, and there is also a lack of communication between physicians and insurance companies regarding completed immunizations.

> *"There is such a tremendous issue with social barriers. We have patients lacking transportation and financial resources, parents with limited resources to follow our recommendations, and parents lacking time for appointments because they work multiple jobs."*
>
> — Pediatrician, NH Pediatrics Association

Respondents indicated that parents lack understanding and need education on many aspects of medical services, such as Medicaid, required paperwork, and use of the emergency room. In addition, it was reportedly difficult for those in the field to track families during lapses in insurance coverage.

Regarding oral health care, limited or no Medicaid coverage and low numbers of dental providers specializing in pediatric dentistry was reported. This is especially prevalent in the North Country

> *"Dentists do not always recognize the need out there. They operate on policies that regulate how many Medicaid cases they can take on and after that they just don't "see" more families."*
>
> — Administrator, Regional Health Initiative

due to low salaries. Dentists themselves do not always recognize the need for additional oral care providers in the state. It was also reported that some families are fearful of receiving dental services.

Family Support and Parent Education

Two challenges in this domain area were reported in multiple interviews: families of children with behavioral issues require extensive resources, and there is a lack of resources to deliver services, especially expensive, out of home services.

Other challenges included the difficulties in serving refugee and non English-speaking populations, namely the need for translated materials and language appropriate services, especially in the mental health service sector, and the fact that undocumented families are not covered by Medicaid until the birth of a baby. Other challenges in serving families included increased demand for family counseling and the reluctance of parents to seek help due to cultural pressures.

> *"Even though the percentage of minorities in NH is low, there has been a lot of immigration in this state. We deal with language barriers and socio-economic barriers. Although the concentration is in southern NH, there are pockets everywhere. Concord alone reported 63 languages in its school district."*
>
> — Director, Family Support Organization

Social Emotional Care

Within this domain area, similar challenges were consistently repeated. There is a lack of child psychiatrists and a limited number of child psychologists, an overall lack of trained mental health providers willing to work with young children, which creates waiting lists at understaffed agencies. The challenge is further compounded by the lack of diagnostic criteria for the 0–5 age group, which makes it difficult to gain insurance coverage.

> *"Some physicians lack an understanding of developmental health issue. There is a need for more of a whole child perspective."*
>
> — Childrens' Services Specialist, Community Mental Health Agency

Additional challenges reported were the need for more parent education regarding the use of medications, the notable numbers of children referred to mental health agencies after being terminated from child care programs due to behavioral issues, and the inflexible system of billable hours, which does not provide coverage for comprehensive services.

> *"The larger issue is building a culture of service delivery that believes in families, in family empowerment and family engagement, so the first "system" of care remains the family."*
>
> — Representative, Bureau of Behavioral Health

Across all Domains

There are clearly many challenges that cross over domain groups. The most widely cited challenge was the issue of funding, namely the fear of overall loss of financial resources for all types of services. Those who expressed uneasiness over funding commented that a reduction of monies in any given area (state, federal, local, private) would be extremely detrimental to services for families. In addition, some individuals noted that given the demands of delivering the current level of services, they feel "stretched to the limit" and thus there is not the time or energy to work on creative funding solutions. It was also noted that limited resources create conditions of safeguarding and self-preservation. One of the most frequently reported challenges was transportation. This included transportation for families to access all kinds of needed services, and was especially difficult in the North Country.

> *"There is generally not a lot of funding support for childrens' services in this state."*
>
> — Administrator, Early Care and Education

Other barriers across domains included overall difficulties serving specific populations, such as new immigrants and the homeless. Long waiting lists for all services, staff that are under-trained, under-valued, under-paid and over-worked were also reported. Finally, the viewpoints of the high cost of living in the North Country, the stigma of using social service assistance, reaching families that are not in the system, and serving children who fall outside of categories of service needs were all mentioned as deserving of attention.

> *"Transportation is a big issue — especially in the North Country. There are state agencies that have funding for it, but no one has been able to figure out how to make it work."*
>
> — Administrator, Regional Health Initiative

Relationships, Bridging Services, and System Building

With regards to feedback on relationships between agencies and individuals, many respondents across domains discussed what's working well, what areas need improvement, and barriers that exist in building these relationships.

Some agencies feel very supported by the state, in terms of professional relationships, responsiveness to requests for information, and overall communication. Some regions are very well connected and have a strong network of agencies that work well together. There are numerous state and regional coalitions and initiatives that collaborate well with agencies delivering services across all domains. It was noted that the wrap-around service care model works well in that it support relationship building between agencies. The State has many dedicated mentors and leaders that are working hard to serve young children and their families.

> *"Building relationships is key to integration of services."*
>
> — Director, Health and Family Support Agency

Many respondents noted the importance of building strong relationships. For some, the alliances between state and local service agencies appear to be limited. There is a perception that agencies, particularly state agencies, tend to work in "silos", and many acknowledged that this was due to work overload, stringent policies, and

limited funding. It was also noted by a number of respondents that agencies do not always operate as a team, and can be spread out in regional areas, making it difficult to develop professional relationships, build trust, and work towards common goals. The need to acknowledge and address cultural differences between domains and agencies was also cited. Other observations regarding relationships included: forming relationships requires initiative by individuals, the political climate can be described as "self-serving" and not supportive of children's services, committees are sometimes perceived as selective, and agencies can be territorial or possessive of clients.

> *"We may be a small state, but we are very collaborative and have a good integrated philosophy."*
>
> — Administrator, Disability Services Organization

When asked to step outside of their own agency and/or domain area and consider the bridging of services, respondents had numerous thoughts to share. Overall, it was noted that the coordination of services is not always easy, even when located within a multi-service agency. Cited barriers to this include lack of monies designated for coordination of services, limited awareness of the scope of services provided by agencies within the system, rules and bureaucracy, some state agencies not perceived as "team players" both within and outside of their home agency, and the need for a streamlined system for families using multiple services.

There were two specific organizational issues noted by respondents. One was that New Hampshire is currently organized into more than one regional mapping system, which is confusing and does not lend itself to easy collaboration. The other is that current data systems are not shared by agencies, although there was acknowledgement of confidentiality issues. Data that could be shared is not shared, and there is not a designation of time, leadership and resources to make this happen. It was also noted that across domains there is not a consistent, coordinated means of communication, e.g. e-mail.

> *"A formal forum once a year would be ideal; where everyone comes together, decides on what to share, how to work together, and how to refer families to one another. Then a format could be established that all agencies could use and work from—like a template."*
>
> — Administrator, Health Care Organization

Best Practices and Solutions

When asked to share thoughts and ideas for early childhood system building in the state, a variety of suggestions were gathered:

- Designate a leading force in New Hampshire to embrace children's issues and a bridging early childhood system.
- Embrace a comprehensive service model providing a preventive approach of services for children 0–5.
- Create a climate of tolerance and openness and sharing, which will forge bridging between agencies.
- Create an infrastructure to make collaboration accountable.
- Include parents as partners in system building initiatives.
- Examine strong local systems, coordinate and integrate these into regional systems, that in turn work together as an early childhood state system.
- Create a state forum, where all private and state agencies meet once a year to discuss the bridging of services, making referrals, and the setting of common goals.
- Continue funding for current services for children 0–5 and their families.
- Develop the capacity to share information electronically across domains.
- Create one central state resource where families can access information on all types of services available.
- Re-allocate funding to be more capacity-based rather than units-based.
- Establish care coordinators in all region agencies for improved bridging.
- Create one outcome measurement tool to measure data on families and children.

Summary

The majority of respondents interviewed felt that there are many dedicated individuals making a difference in the lives of children and families in New Hampshire. Strong regional networks in most areas provide a forum for updates on agencies and the creation of new initiatives. There are also statewide initiatives that are working towards the overall goal of bridging services. There is the general feeling that everyone is working above and beyond to support and serve young children and families in need.

Overall, the interviews completed with key informants delivered critical information in the areas of specific challenges, limitations and views on best practices, bridging systems, and building relationships across domain areas. Findings from the research provide valuable information, and serve as a foundation for public and private agencies to work collaboratively as leaders and partners in the development of a comprehensive early childhood system plan for New Hampshire.

Appendix C
Parent Focus Group Results

Manchester Focus Group

The first parent focus group was held on August 3, 2005 in Manchester. The New Hampshire Minority Health Coalition (NHMHC) organized and hosted the event. Of the thirteen participants, eleven spoke only Spanish, and most were parents of young children, with one participant pregnant with her first child. Two interpreters from NHMHC provided translation. Dinner and babysitting were offered to all participants. Topics for discussion focused on access to health and dental care, mental health care, child care for their children, and family support and parent education services.

Medical and Dental Care

Participants described the various ways they found their child's doctor or dentist. Many replied that friends or family and the NHMHC had referred them to their doctors. Other responses included the child's school or the Health and Human Services Office.

When asked how hard or difficult it was to make appointment with a pediatrician, most agreed that it was easy to get a well-child appointment but it was very difficult to make an appointment for a sick visit. Many participants did not like the fact that clinics did not accept walk-ins and that waits were too long, particularly at the hospital. Most parents in the group need an interpreter with them at the doctor's office and they aren't always available at the clinics. Others would like a social worker to be with them and they are not readily available for medical appointments.

Most participants felt there were many barriers involved in taking their children to the dentist. None had dental insurance. Participants indicated that they don't know dentists that take Medicaid. This is distressing to the parents because they all fell it is important to take provide dental care for their children.

Regarding transportation to the dentist or doctor, five participants indicated they walk, four drive, one takes a taxi and others get rides (from home visitors or interpreters).

Questions about the quality of health and dental care service elicited much discussion. Many parents told stories of not receiving proper care and of long waits at the hospital. Others felt there their choices for doctors were limited. A frustration that many experienced was the inability to make contact with the clinics and doctors' offices. When calling to make appointments, Spanish-speaking parents must leave a message to have an interpreter call them back. Many reported the never get called back. One mother said she walks to the clinic to make an appointment because they don't return her calls.

Child Care

Only two participants in the group use child care at this time. Parents in this group tend to have friends or neighbors watch their kids because they know and trust these folks. Many families work opposite shifts allowing both parents to provide the care. Generally, the group felt that a child care center was better than family child care in that it was more professional.

All but one parent at the meeting though it was difficult to find child care and all agreed it was too expensive. Those who have used child care say they learned about providers from friends. Many just said they didn't know where or how to look for child care. Parents were very interested in learning more about how to find quality child care but all agreed they needed this information in Spanish. It would be helpful if the home visitors from NHMHC could supply written materials on this topic and others felt they would like the hospital to supply this information when their babies were newborns. Most of the parents in the group did not know about the resource and referral agency in Manchester.

Mental Health

Only one parent in the group indicated that she accessed mental health care for her child. She found the mental health care provider through the Manchester Community Health Center.

Family Support and Parent Education Service

When asked how parents found family support and parent education services, many suggested that their home visitor from NHMHC had recommended these services to them.

Integration of Services

Several parents indicated they would like better communication between the health clinics, schools, child care and family support services. One parent said she was worried about her privacy if several professionals shared information about her child, however if she gave them permission, she felt it would be acceptable. Many parents expressed that they would like the home visitor to consult with them and orient them to the various services they need.

When asked why parents thought is was important to have professionals share this information, one mother responded, "If there is a problem with my baby, I will know what to do." Two parents shared stories about their child's school nurse being involved in their child's medical care. In one case the doctor called the school nurse about the child's weight problem so that the nurse could watch what the child ate during school. The mother said she liked that. In another case, a child had a dental problem and the school referred her to a dentist, and the dentist was able to call the school to get more information. The mother was very happy with this arrangement.

Communication was particularly a problem with the Spanish-speaking parents. Many parents felt that doctors don't listen to them. The father in the group said that doctors treat him as if he doesn't know anything. They only speak to his child's mother. He said his friends have experienced this as well.

Claremont Focus Group

The second parent focus group was held on August 16, 2005 at Good Beginnings in Claremont. Good Beginnings invited parents to participate and made arrangements for dinner and babysitting. Twenty-two participants were in attendance including several fathers and two women who were pregnant with their first child.

Medical and Dental Care

Participants related how they had found their child's pediatrician. Many were recommended to the pediatrician through their midwife or obstetrician, by family members, and others selected a particular doctor because the doctor was covered by their insurance plan. The majority of families use pediatricians at Dartmouth Hitchcock Medical Center and none had difficulty getting accepted into these practices. Some, however, did attempt to use pediatric practices in Claremont (or closer to home) but found them full. A few parents took their children to general practitioners rather than pediatricians.

All parents agreed that it was easy to get an appointment with their child's doctor. Three quarters of the participants in the group drove to doctor's appointments, two walked and the remainder received rides from their home visitor, friends or through the Medicaid office.

All participants laughed when asked how difficult it was to find a dentist for their children. They reported that there are not enough dentists for young children in the area.

"It took me forever to find a dentist."

Many parents said that dentists won't take Medicaid and they won't see children under age six. Others mentioned dentists won't see young children who have disabilities. All parents were distressed by the fact that they were not allowed to accompany their child into the exam room and this caused some parents to not use dental services. One parent suggested that dentists might let families take a tour of the dental office prior to their appointment. Another suggested implementing a buddy system so that young children could watch an older child go to the dentist.

"Dentists aren't child friendly."

When asked about the quality of the medical and dental care they have received, parents offered a range of responses from "fair to excellent". One parent related that the doctor was excellent and was almost "overprotective".

> *"Sometimes the doctor makes me feel like I'm not doing the best job. My son has diabetes and when his sugar is off, the doctor makes me feel like it is my fault."*

Child Care

Six parents in the group indicated that they used child care in order to work. These parents found child care mainly through friends and relatives. Six parents had heard about child care resource and referral and only one had used this services in the past. Barriers in accessing child care included the high cost of child care and the lack of slots for children under age three. The mother with the diabetic child could not find a center that was willing to provide the medical care that her son required. However, one parent reported that her child is autistic and the center has been very accommodating. One father commented:

"It's hard to find people you trust. You hear so many stories about the bad things that happen in child care."

Mental Health Care

Parents who had used mental health services found that it was difficult to locate mental health care providers. One parent said she is working with someone at Good Beginnings to find a mental health professional to help her child who is not yet two years old. Another parent had difficulty because her child is just three years old.

Parents indicated that the quality of mental health care was not satisfactory.

"They did tests [on my daughter]. They told me she was fine. Then there was a new caseworker and she wanted to talk to my older daughter. I wouldn't let them. They are a bunch of quacks."

"I have problems with my daughter. She was evaluated and they told me my daughter didn't need therapy, but that I did. I've already had therapy and dealt with this but my daughter still has temper tantrums."

Family Support and Parent Education Services

When asked how parents found out about family support services most indicated that their child's doctor had referred them to this service. Others learned about these services from neighbors, friends, and relatives. One was referred by the CAP agency and another parent looked in the phone book because she was…

"…in a bad place and needed to get out."

The participants widely agreed that the quality of the family support service was excellent. They mentioned the many benefits they receive including: clothing, diapers, rides to appointments, and moral support. Many spoke specifically about their home visitor from Good Beginnings. One parent reported that the visitor was "very positive".

"The home visitor is very good with my daughter."

"My visitor is a great resource to help me find things for my children."

Parents appreciate that the family support agencies will accept their used goods, and pass them along to other parents in need.

Additional services that parents would be interested in included CPR courses, assistance with child support, classes on childrens' disabilities, multiple births, and immunizations, pre-natal education, new mothers classes, programs for single parents, and programs for fathers. Fathers in the group agreed that professionals (health care workers, mental health care providers, etc.) dismiss them when discussing their child; they talk only to the mothers.

"We need something for the guys so we can be more involved. I want to be included when the home visitor comes."

Integration of Services

Most parents felt they would like to have one intake form for all the services they use. By and large, parents liked the idea that different agencies might share general information about the family. Some commented that there are pros and cons to sharing information.

"If you have good health care workers that talk, that's great, but if you have a bad one it could mess things up."

Many told of situations where service providers they work with have talked about their case with other providers (with the parent's permission) and they were pleased with this arrangement.

Portsmouth Focus Group

A parent focus group was held at Families First in Portsmouth on August 24, 2005. Seventeen parents participated in this group including two fathers and one stepfather. Staff members at Families First invited parents who participate in their programs. Families first also made arrangements for dinner and babysitting.

Medical and Dental Care

Parents reported a wide range of ways they found their child's doctor (the group was evenly split among those using a family practitioner and those using a pediatrician) including: the phone book or other research, a list provided by the military, and referrals by a nurse practitioner. Some continued with the pediatrician that was in the delivery room, one used the only doctor located in her town, and one parent reported that his child was premature and the hospital would only release the child to certain doctors.

Most parents felt that it was easy to make an appointment to seek routine care; only two thought that the pediatric practice was too full and it was difficult to make an appointment. Those parents who have taken their children to specialists all felt it took a long time to see the specialist. All parents drive their own cars to their appointments except two who get rides from relatives or take a trolley. Many were aware of the fact that Medicaid will cover the cost of a cab, if needed.

Discussion on dental care revealed differing experiences. All agreed that it was hard to find a dentist however six participants have taken their children to a pediatric dentist, though they acknowledged that it was difficult to get into the practice. Parents felt that finding a dentist that accepted Medicaid was a challenge.

"I gave up looking [for a dentist that took Medicaid]. I just ended paying for it."

Others commented that it took several months to get an appointment with a dentist.

When asked about the quality of the medical and dental care they have received, most parents immediately said it was very good.

"My [child's] doctor listens to me."

"My son's pediatrician was very thorough. Very helpful in getting proper medication for us through Medicaid."

"Our pediatrician gave us the best treatment even though we have Medicaid."

However, as the discussion continued many parents told of stories where they were not satisfied with the treatment or diagnosis they had received.

"Any time I questions my son's development, the doctor blew me off."

"My son was born at Dartmouth Hitchcock and the doctors there were wonderful. The doctors here [Dover] aren't good."

Many parents found that they received very good dental treatment if they had Healthy Kids Gold.

"Healthy Kids Gold covers a lot."

Child Care

Ten parents in the group use child care so that they can work. Two parents also work but make arrangements so they don't use child care. Two other parents said that they would work if they could find child care and if they could afford it. When asked how they found child care, participants said they were referred by: friends, neighbors, their case manager, and family support agency. Three found their child care through a resource and referral agency, where they received list of child care providers.

Many parents reported that it was difficult to find child care and the wait lists were long. One parent explained that she put her child on a waiting list when she was pregnant. He is now 15 months old they have a spot for him but only for two days a week. Stories of year-long wait lists were common. Many participants have children with disabilities and they felt that was an obstacle in finding child care.

"I called a center that had an opening but when they found out my child was autistic, they wouldn't let him in."

Most felt that there just isn't enough child care available so families must use unlicensed care.

"We need more licensed care. The state doesn't pay as much for unlicensed care."

Another parent felt that the only reason she found a space for her child was because the center was just opening.

When asked about the quality of their child care most parents indicated that they felt it was good. They did however recognize that teacher turnover at centers was high and knew that this compromised quality.

Mental Health Care

Families found their mental health care providers through their pediatrician, their child's school, the school psychologist, a child custody attorney, and the development therapist one mother had used. Some families went to clinics that they or other family members had used. Families First had referred a few families to a mental health provider. A few parents spoke highly of Craft Cottage at UNH as a source of care. All parents felt that it was difficult to get an appointment for mental health care.

"My child had an immediate need. I had to fight to get an appointment before three months."

It appears that mental health services in the Seacoast area have experienced a lot of turnover in therapists.

"My child saw five therapists in a year and a half."

Most parents using mental health services felt the quality was good, recognizing however that the inconsistency is not good.

"My child's psychiatrist makes me feel good. He gave me options and he validates what I say."

Family Support and Parent Education Services

Participants discussed how they found out about the services at Families First. One parent was a board member at Families First. Several used child care at the Community Campus. Others were referred by: attorney, family doctor, child's school and friends. One mother said she used to go to Families First when she was a child. Another read about Families First in the newspaper.

Most parents were very pleased with the quality of the services offered at Families First. Several indicated they felt very connected at Families First.

"I like the socialization for my child at Families First. Their child care is amazing."

Integration of Services

Parents who spoke about this topic were generally pleased that the professionals who worked with their children communicated with each other. Some families had a case manager who handled this function for them.

"My son's team all work together. He has a case manager and she sends notes and makes phone calls to others."

Many parents would like more assistance in coordinating care.

"I do all the legwork myself. I would love for someone to do that for me."

"It would be awesome if there were some type of network on the computer. I always have to check to make sure records get to the right place."

"Our primary care physician doesn't keep many extra records. We see a neurologist and a psychiatrist. I would like to see everything in one file."