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NEW HAMPSHIRE Strategic Plan for Early Childhood

VISION: All families are afforded comprehensive and responsive supports, so they are healthy, learning, and thriving now and in the future.



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June 30, 2020

Dear member of the Early Childhood Care & Education community,

We are pleased to unveil the New Hampshire Strategic Plan for Early Childhood, which provides a blueprint for the New Hampshire Council for Thriving Children to realize our statewide vision that ***all families are afforded comprehensive and responsive supports, so they are healthy, learning, and thriving now and in the future.***

The plan is a culmination of a year-long process led by the University of New Hampshire, NH Departments of Education and Health and Human Services, and highly inclusive of the voices of families and partners who support them. The strategic planning process was supported by a one-year planning grant (2019-2020) and will be carried out, in part, through a three-year (2020-2022), \$26.8 million, Preschool Development Grant Birth through Five (PDG B-5) from the US Department of Health and Human Services' Administration for Children and Families.

By carrying out the goals outlined in this plan, New Hampshire has the opportunity to create a family-centric system that is inclusive, responsive, efficient, and evidence-informed across all functional areas: governance, policy, financing, data, workforce development, and family involvement. We recognize that families serve a dual role within the early childhood care and education system as both recipients and providers of services; the goals within this plan, therefore, aim to build the capacity of all families to be a part of that system.

Our plan provides a pragmatic, step-by-step approach to meeting the following goals:

GOAL 1: POSITIVE LEARNING EXPERIENCES — *Effective learning opportunities are provided in all settings, including the home, child care, and after school programs, preschools, and elementary schools.*

GOAL 2: HEALTHY CHILDREN AND FAMILIES — *Children and families throughout our state have access to the best opportunities for early and life-long health.*

GOAL 3: STRONG FAMILIES — *Families have the skills, basic resources, and supports to promote their children's development and learning before birth and continuing through age five and beyond.*

GOAL 4: STATEWIDE COORDINATION — *NH's young children and their families have the benefit of well-coordinated early childhood programs and services that work effectively together on their behalf.*

For each of these goals, we have developed actionable and achievable short-term strategies, as well as longer-term aspirational and visionary ideals.

Through the implementation of the Strategic Plan, NH will help to ensure that families have equitable access to the supports and services they need for optimal development, including a comprehensive, coordinated, and sustainable multi-tiered system providing universal, targeted, and intensive services.

As a member of the ECCE, you have an important part to play in helping to achieve successful implementation of our early childhood care and education plan. We're grateful for the many wonderful stakeholders who've helped get us to this moment, and look forward to deepening our partnerships across the system along our journey together.

Sincerely,

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INTRODUCTION

New Hampshire (NH) is frequently touted as one of the best places to live in the United States, in part because of the values Granite Staters share. Among these values is respect for the essential place families — and the children in those families — hold in communities across the state. NH Governor Sununu maintains that the government is an enabler of the success of residents, including the success of children. NH has, therefore, embraced the US Administration for Children and Families (ACF) Office of Child Care (OCC) goals for the Preschool Development Grant (PDG) initiative to create an integrated early childhood care and education (ECCE) system.

NH has mobilized leadership from the state’s Department of Health and Human Services (DHHS) and Department of Education (DOE) along with the University of NH (UNH) and a large contingent of community partners, to collaboratively lead PDG efforts while engaging constituents at all levels of the ECCE system, including the families who benefit from it. NH’s current ECCE system incorporates services to children through 3rd grade, and the state is confident that the strategies developed for this initiative will benefit children throughout their early education.

The NH Strategic Plan for Early Childhood represents the values of the state and the wealth of stakeholders who participated in the planning process, illustrating the incredible ability of those who live and work in NH to collaborate effectively, efficiently, and enthusiastically. This Strategic Plan reflects an integration of perspectives and resources among the state’s health and human services organizations, the education system, the university system, families, and community partners. Each of these resources has come together with a singular focus — making sure all children in NH have the opportunity to thrive.

FOCUS ON EARLY CHILDHOOD

While many educational and public health indicators would rank NH as advantaged compared to other states, there are disparities across the state, as well as within communities. For example, The Annie E. Casey 2019 Report ranks NH first in the nation in child wellbeing, yet, the state’s Needs Assessment reveals that there are still many challenges for families and children in the Granite State. NH ranks 3rd in the nation in the overall rate of overdose due to prescription and injection drug use,¹ and as a result, has seen a significant increase in the number of accepted referrals for child abuse and neglect assessment.²

NH must provide all young children — especially those from the state’s most vulnerable families — with a strong foundation to ensure their future wellbeing. Significant advances in developmental science evidence how early experiences shape the architecture of the maturing brain, establishing a sturdy or fragile base for all the development that follows. The active ingredient in this architecture is the “serve and return” nature of children’s engagement in relationships with caring adults. According to the Harvard University Center on the Developing Child,³ when children reach out for connections and communications and the caring adults in their lives reciprocate, the back-and-forth process wires the brain with the connections needed for healthy brain architecture.

Evidence also suggests that certain kinds of stress on young children can weaken the brain’s architecture and affect healthy development. Experiences such as exposure to violence, caregiver neglect, and substance misuse can cause toxic stress responses in the brain, with lifelong consequences in health, learning, and behavior. Supportive adults can buffer toxic stress; however, the focus should be on reducing or preventing such experiences.

NH is committed to promoting healthy brain architecture and reducing toxic stress, effectively catching children before they fall, by improving the ECCE system. Through the implementation of the Early Childhood Strategic Plan, NH will maintain the momentum across the state to enhance the wellbeing of young children and families.

1 Centers for Disease Control and Prevention, Drug Overdose Death Data, December 19, 2017 National Center for Injury Prevention and Control, Division of Unintentional Injury Prevention

2 DCYF, Statewide Automated Child Welfare Information System, NH Bridges, Feb 2018.

3 <https://developingchild.harvard.edu/science/key-concepts/serve-and-return/>

A unique aspect of NH's approach is the perspective that families serve a dual role within the ECCE system as both recipients **and** providers of services. Within this framework, NH is committed to a network of supports that addresses family needs while simultaneously building the capacity of all families to be a part of that system of supports. The plan's proposed strategies focus on communities as the hub for engagement, capacity building, and service delivery. Given the credibility families afford to their relatives, neighbors, and friends, as shown by the Needs Assessment, NH will ensure families are well-equipped to provide high-quality, timely, and practical assistance.

VISION

NH is passionately committed to building a comprehensive support structure that ensures it realizes its vision: *All families are afforded comprehensive and responsive supports, so they are healthy, learning, and thriving now and in the future.* NH's Strategic Plan to achieve this vision presents a pragmatic, step-by-step approach that identifies goals with objectives and strategies, and lays out how progress toward those goals will be measured. Leadership from DHHS and DOE will oversee the Early Childhood Strategic Plan, with input from UNH and advice by the Council for Thriving Children, the Governor-appointed early childhood advisory council, as well as the many community partners deeply vested in this critical work.

Of course, NH can only achieve its desired ECCE system through collaboration among a broad base of families and professionals engaged in early learning, family support, and health working alongside businesses and state and local government. As evidenced throughout this document, NH's Strategic Plan has benefitted from stakeholder engagement and input to craft the vision and create the blueprint for the state.

Early Childhood Initiatives

In 2011, Spark NH was established as the governor-appointed Early Childhood Advisory Council for NH, laying the foundation for the recently-created Council for Thriving Children.

In 2015 Spark NH published *A Framework for Action for NH's Young Children*, which lays out action steps for achieving the following cross-cutting goals: Healthy Children and Families, Positive Learning Experiences, Strong Families, and A Coordinated Early Childhood System. Spark NH's role as a convener, promoter and leader of early childhood initiatives in NH has supported the development of 11 Regional Early Childhood Coalitions (RECCs) across the state that have worked to create a system of supports and services for children and families at the local level. For NH's Strategic Plan, Spark NH leveraged its existing infrastructure and deep understanding of the state system to serve as the coordinating entity, ensuring the strategic planning process was inclusive of the cross-sector stakeholders who contribute to a comprehensive, coordinated ECCE system.

To address the needs of NH's more vulnerable families - including those at higher risk for child maltreatment — NH applied for and received an ACF "Community Collaborations to Strengthen and Preserve Families" grant to build parental capacities and self-sufficiency in young families to safely care for their children. To date, three NH communities (Manchester, Winnepesaukee Lakes Region, and Coos County) are building ECCE systems to ensure that children and their families get the best possible start in life, making every effort to avoid poor outcomes.

Aligning with the state's vision for young families and the NH DHHS Community Collaborations grant, NH embraced the *Whole Family Approach to Jobs: Parents Working, Children Thriving*, a national initiative that helps participating state leaders develop program, policy, and system solutions that support parents in achieving more significant employment gains and economic stability. Through this effort, NH hopes to reduce the 'cliff effect' experienced by families when they are no longer eligible for state supports because of wage increases, yet the increase does not adequately cover the lost benefit. NH has been utilizing the Whole Families Approach to Jobs to bring information and resources to the state, and efforts are already underway to review models from other states/counties on how they are addressing the cliff effect in their jurisdictions.

Given the state's commitment to working families, in 2018, the Business and Industry Association (BIA), NH's Statewide Chamber of Commerce, added early childhood to its list of priority issues. In support of this priority area, BIA advocated for the expansion of state funding for full-day Kindergarten as well as increasing access to quality, affordable child care to allow caregivers to return to the labor force. The DHHS Quality Recognition and Improvement System (QRIS) Taskforce has been working to enhance the state's center- and family-based child care system by piloting a coaching intervention in 17 programs. At a minimum, pilot sites offer 25% of enrolled families scholarships. Moreover, DHHS partnered with the Endowment for Health and NH Charitable Foundation to design and fund a center-based child care workforce study. Due in 2020, the study report will provide a baseline of information and recommendations for addressing the state's ECCE workforce shortage.

NH's strategic plan will build on this foundation of state and local communities working together with families to offer families and children the best opportunity for positive growth and development.

NEEDS ASSESSMENT

To oversee the PDG-funded Needs Assessment, NH convened a multi-stakeholder Needs Assessment Subcommittee, including representation from DHHS, DOE, UNH, Spark NH, and the Parent Information Center of NH (PIC). NH contracted with the RAND Corporation to conduct the Needs Assessment and develop the findings report.

Per ACF guidance, the Needs Assessment set out to:

- Define the early childhood system and key terms used in NH;
- Describe the population of vulnerable children and underserved areas;
- Identify the current quality and availability of ECCE and other early childhood services;
- Identify the unduplicated number of children served through existing programs and those awaiting services in such programs;
- Assess barriers to funding and provision of high-quality ECCE;
- Address supports and gaps for transitions between early childhood services and school entry;
- Assess ECCE facilities and facility-related concerns;
- Examine other topics, including governance, financing mechanisms, data linkages; and
- Identify gaps in data or research and strategies to fill the gaps.

The Needs Assessment process began with a review of existing statewide and local data and other extant documents. Once NH reviewed baseline data, the Needs Assessment incorporated informant interviews with 39 state and local leaders, family focus groups that engaged 139 parents, responses from 1,278 families who completed a Family Survey, and survey responses from 316 members of the ECCE workforce and 209 kindergarten teachers.

The Needs Assessment identified issues of equity and quality and access to early care, health care, information, and other resources — especially for rural and vulnerable families — as needing attention. Furthermore, the Needs Assessment flagged low compensation, lack of quality professional development opportunities, and staffing shortages for early childhood providers as an additional area for exploration. Moreover, the Needs Assessment identified challenges with the collection and integration of data and analysis among multiple programs and state agencies where RAND was not able to capture the unduplicated number of children receiving or awaiting services. Finally, the Needs Assessment highlighted the importance of continuing to build out the emerging coordination of supports and services for children at the state and local levels.

STAKEHOLDER ENGAGEMENT

Overview

Stakeholder engagement was foundational to the development of NH's Strategic Plan, bringing together state government representatives, providers, practitioners, and families from rural, urban, and suburban communities. NH organized stakeholder input and feedback collected through interviews, focus groups, and surveys into a draft plan, and then circulated the information to the various constituent groups for further review and comment. Through this inclusive process, NH aimed to ensure the final plan reflected the needs and ideas of those who will use this plan and those who may be affected by it.

This final Strategic Plan reflects broad input and buy-in from stakeholders, with an in-depth examination, planning, and integration of various supports and services for NH's children and families. This document is both actionable — with achievable short-term strategies — and aspirational — with longer-term visionary ideals. Ultimately, the implementation of this Strategic Plan will allow NH to create an integrated and coordinated ECCE system that is equitable, inclusive, and works for all children and their families.

DHHS has established an Early Childhood Integration Team (ECIT) to improve coordination and communication across the spectrum of programs touching the Birth-3rd grade population in NH. DOE has begun a similar inter-agency integration team model. A cross-sector data and technology-focused team from DHHS and DOE worked together over the PDG planning year to identify barriers and create a plan to achieve an integrated data system to track progress and outcomes across programs for children and their families.

Finally, NH has renewed and expanded its commitment to recognizing the central role of families in the early childhood system by creating an opportunity for family voice at every level of the system.

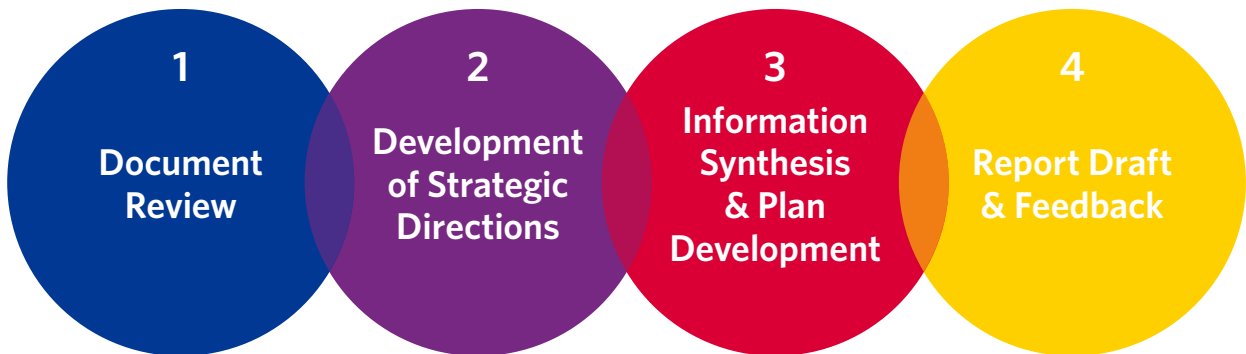
To support the state process, NH engaged Early Childhood Associates, Inc. to facilitate the initial Strategic Plan efforts, including hosting meetings and providing a draft planning tool for review and input. The state later engaged Pear Associates to provide facilitation among the PDG Grant Leadership Committee on the final strategies and to develop this final Strategic Plan document.

THE STRATEGIC PLANNING PROCESS

Intentional stakeholder engagement occurred at each step in the development of the strategic plan.

Steps in the Strategic Planning Process

1. Document Review
2. Development of Strategic Directions
3. Information Synthesis and Plan Development
4. Report Draft and Feedback



1. DOCUMENT REVIEW

NH's Strategic Plan development process began with a review of 46 existing early childhood-related plans and documents created by state and local programs. NH shared the preliminary findings from the Needs Assessment data collection activities with the PDG Leadership Team and the Strategic Plan Subcommittee and maintained ongoing communication as additional results became available. Needs Assessment-identified issues helped to lay the foundation for the Strategic Plan.

2. DEVELOPMENT OF STRATEGIC GOALS, OBJECTIVES AND STRATEGIES

NH convened the Strategic Planning Subcommittee to develop the framework and strategic goals and objectives for the Strategic Plan. Taking a broad system view, the group discussed system issues identified through the Needs Assessment and stakeholder feedback, sorted them by system element, listed statewide and local initiatives and programs already in existence, and identified the resources necessary to create a coordinated system for early childhood programs and services.

The Subcommittee met three times over July and August 2019 to develop initial strategies. In August, the Subcommittee convened again to prioritize identified Issues emerging from the Needs Assessment. In early September, the Subcommittee developed strategic objectives for the prioritized issues and aligned the objectives with the following service elements: policy, governance, data quality and linkages, workforce development, family involvement, transitions, quality assurance, monitoring, and evaluation. The Subcommittee further refined the objectives, and developed strategies at a later meeting in September. To ensure participation by all Subcommittee members, including those unable to attend in person, NH established an online participant survey mechanism. NH also utilized this online survey format to garner feedback and further input on meeting discussion topics.

Key Informant Interviews — Given the importance of input from healthcare and behavioral health professionals, NH conducted key informant interviews to inform the Strategic Plan. NH conducted telephone interviews with pediatricians, early childhood mental health experts, and members of the NH Association for Infant Mental Health.

Family Listening Sessions — NH PIC conducted listening sessions with 17 families from across the state to inform the Strategic Plan. Many of these families had participated in the Needs Assessment process through listening sessions and were eager to give feedback on specific strategies.

State Leadership — Commissioners and other leaders from DHHS and DOE provided feedback on goals and objectives, as well as input on the desired state early childhood governance structure.

3. INFORMATION SYNTHESSES AND PLAN DEVELOPMENT

Upon completing the data collection process, NH created a document that synthesized the Subcommittee’s work, including issues prioritization, correlation of issues with system elements, possible strategies and current initiatives, and strategic directions. This anchor document served to define the goal areas, as well as to identify a set of working objectives. Also, NH reviewed other states’ strategic plans to inform the organization of this Strategic Plan and ensure alignment with other simultaneous initiatives.

Once NH organized the findings into Goal Areas, the state developed a draft set of Objectives, which were reviewed by leaders at DOE and DHHS; the team incorporated their feedback into an updated document. For each objective, Subcommittee workgroups developed strategies, partnerships, resources needed, and identified existing initiatives to inform the work.



To achieve the best outcomes for NH children, this Strategic Plan is grounded in the belief that families are a child’s first and best teacher. Moreover, the Strategic Plan addresses all aspects of children’s development – positive early learning experiences, strong families, and good health. NH intends for this document to serve as the road map to ensure that all NH children and their families have the benefit of a family-informed, effective, and well-coordinated comprehensive ECCE system.

Guiding Principles:

NH aspires to a family-centric system that is inclusive, responsive, efficient, and evidence-informed across all functional areas: governance, policy, financing, data, workforce development, and family involvement.

An Inclusive System Will:

- Offer a continuum of universal and targeted supports and services that address the needs and wellbeing of all NH children, their families, and communities.
- Ensure equity of opportunity in access to and implementation of programs, services, supports, and policies affecting children and families whether they are offered in or out of homes, by parents, or by professionals.
- Provide culturally and linguistically appropriate information about supports and services in formats that are accessible to families.
- Engage families, policymakers, community leaders, and service providers as partners in designing, coordinating, delivering, and evaluating supports, services, and programs.

A Responsive System Will:

- Build on strengths of existing supports in the home and complement out-of-the-home supports and services where needed.
- Enhance the capacity of parents, families, caregivers, and communities as integrated parts of the support system for children.
- Seek and respond to ongoing input and feedback from stakeholders as initiatives are implemented to ensure the system works for all stakeholders and provides the best outcomes for children and their families.

An Efficient System Will:

- Ensure coordination and effective communication among state departments, public programs, and private service providers and practitioners.
- Guarantee clear entry points in and out of home settings and promote successful transitions for families with young children as they move within and between service programs.
- Focus on all areas of a child's growth, development, and learning (cognitive, social-emotional, physical, and mental health) in all environments, family systems, and communities.
- Provide the resources and administrative infrastructure needed by communities and programs to build the capacity of families and caregivers as well as professionals, in and out of home settings, to deliver effective services to children and their families.
- Communicate with and engage with families about how they play a vital role in support of their children and so they understand the resources and supports that are available to them by ensuring that information is accessible, understandable, and culturally sensitive.

An Evidence-Informed System Will:

- Embed evidence-based promising practices and evidence-informed practices that are developmentally, individually, and culturally appropriate in all service delivery settings.
- Establish high standards of quality, opportunities for self-evaluation, and mechanisms for continuous improvement by using data to measure progress and outcomes.

OVERVIEW OF PLAN ORGANIZATION

OUTCOMES

NH designed this Strategic Plan to produce a range of positive results for all the important stakeholder groups in the early childhood system.

Outcomes for State Administrators/Decision-Makers

- Implement policies that support equitable access to quality supports and services needed by young children and their families to be healthy, learning, and thriving.
- Enact policies that ensure supports and services are of quality by implementing performance measures and evaluation processes informed by NH families and a multi-system workforce.
- Evaluate policies to ensure they do not have the unintended effect of disrupting or failing to support and reinforce strong families and communities.
- Ensure adequate and consistent funding to create and maintain program and data quality, workforce professional development, and equitable access.
- Make data-informed decisions to develop policy and dedicate appropriate resources for the most significant impact on child and family outcomes.
- Ensure that supports and services include the voices of families and can be navigated easily and seamlessly by families.

Outcomes for Providers/Practitioners

- Deliver best practice services supported by policies, resources, and administrative infrastructures.
- Provide family-centered, high quality, culturally competent, and language-appropriate supports and services.
- Experience stable employment, adequate compensation, and professional development to enable their delivery of effective supports and services.

Outcomes for Local Programs/Communities

- Use evidence-informed and best-practice strategies in their work with children and families.
- Provide environments that are safe, inclusive, and nurturing for all young children and their families.
- Provide support for families to advocate for themselves and their children.
- Use data to measure outcomes and program evaluation for continuous quality improvement of supports and services for families and children birth through third grade.
- Have hiring, training, and workplace policies that support a qualified and stable early learning and education workforce.
- Provide practical guidance and support to families to successfully transition from one program to another.
- Are part of a coordinated early childhood system and are partners in state planning of policies, supports, and services to meet local needs.

Outcomes for Expectant Families, Children, and Their Families

- Have timely access to resources, providers, and services that are of high quality and meet their needs.
- Receive culturally and linguistically appropriate information required to navigate the system.
- Have the capacity and opportunities to help others who may need supports or guidance to supports and services.
- Have the supports and skills to be able to transition between programs and services seamlessly and successfully.
- Serve as partners with program staff in the services they receive.
- Have a voice in the programs and services they use and in the early childhood system as a whole.

POLICY, DATA SYSTEMS, FINANCING, AND GOVERNANCE

NH's Early Childhood Strategic Plan is ambitious yet achievable. Implementing the goals outlined in this document will require significant work and coordination among state agencies, higher education, families, ECCE providers, community-based programs, businesses, and other key stakeholders.

NH will examine existing policies that support or hinder a coordinated and responsive ECCE system. The state will seek to create or modify procedures to ensure the ECCE system is accessible, equitable, and of high quality; such a policy review will be an ongoing feature of comprehensive system planning.

NH recognizes the need for ongoing qualitative and quantitative data to inform aspects of the ECCE system it is planning, as well as to gauge the progress of the Strategic Plan implementation. NH will strengthen its data foundation and create a culture where data is shared, privacy is protected, and stakeholder input is incorporated to enhance systems that support a comprehensive, coordinated early childhood system. Furthermore, the state will develop communication and reporting processes to document and share progress.

Finally, NH must consider that financing is necessary for the state's ECCE system to operate sufficiently, efficiently, equitably, and effectively. NH's will continue to examine current investments in the ECCE system and recommend improvements.

Throughout the Needs Assessment and strategic planning process, stakeholders recommended a new governance structure to guide NH's ECCE system. NH will charge such a governance structure with developing and advancing the state's vision for children, families, and communities; formalizing collaborations and connections to foster efficient, high-quality services for children and families; and using an equity lens to guide implementation based on agreed principles and goals. Such an effective and inclusive governance structure at the state and regional/local levels can help to address inconsistencies in regulations and service eligibility requirements, reduce duplication of services, and use ongoing evaluation, robust data, and current research to inform decision making.⁴

NH EARLY CHILDHOOD CARE AND EDUCATION SYSTEM GOVERNANCE

A 2020 Executive Order established a new ECCE governance structure with five components. Each component is comprised of a group of individuals collectively responsible for guiding, advising, and strengthening, or coordinating and operationalizing the ECCE system. These entities will work in concert with each other to continuously learn, improve, and evolve the system to ensure all families are afforded comprehensive and responsive supports, so they are healthy, learning, and thriving now and in the future.

Governor Appointed State Advisory Council: Council for Thriving Children - The Council is co-led by DHHS and DOE and meets the federal Improving Head Start for School Readiness Act of 2007, Public Law 110-134, which requires the establishment of a state advisory council on early childhood. Council membership comes from across the birth to age 8 ECCE system, including the Governor, leadership from an array of state agencies, parents and caregivers, professionals, legislators, business, philanthropy, and representatives from educational agencies. The Council's role is to guide the ECCE system through a set of expectations established within Executive Order 2020-03. Designated DHHS and DOE staff, in conjunction with selected entities, will support the Council's efforts and activities.

DHHS and DOE Early Childhood Integration Teams - DHHS and DOE ECITs will support data-driven policy and program coordination, integration, and development while increasing performance and resource accountability across the ECCE system. The ECITs will be comprised of staff from across both agencies that directly touch or support early childhood programs, as well as parents, local programs or educational partners, coalitions, and agencies. Charted teams will work towards the vision of NH's families and young children having access to quality resources and supports within their communities to learn, grow, and thrive. As ECCE system integration and coordination evolves, DHHS and DOE will

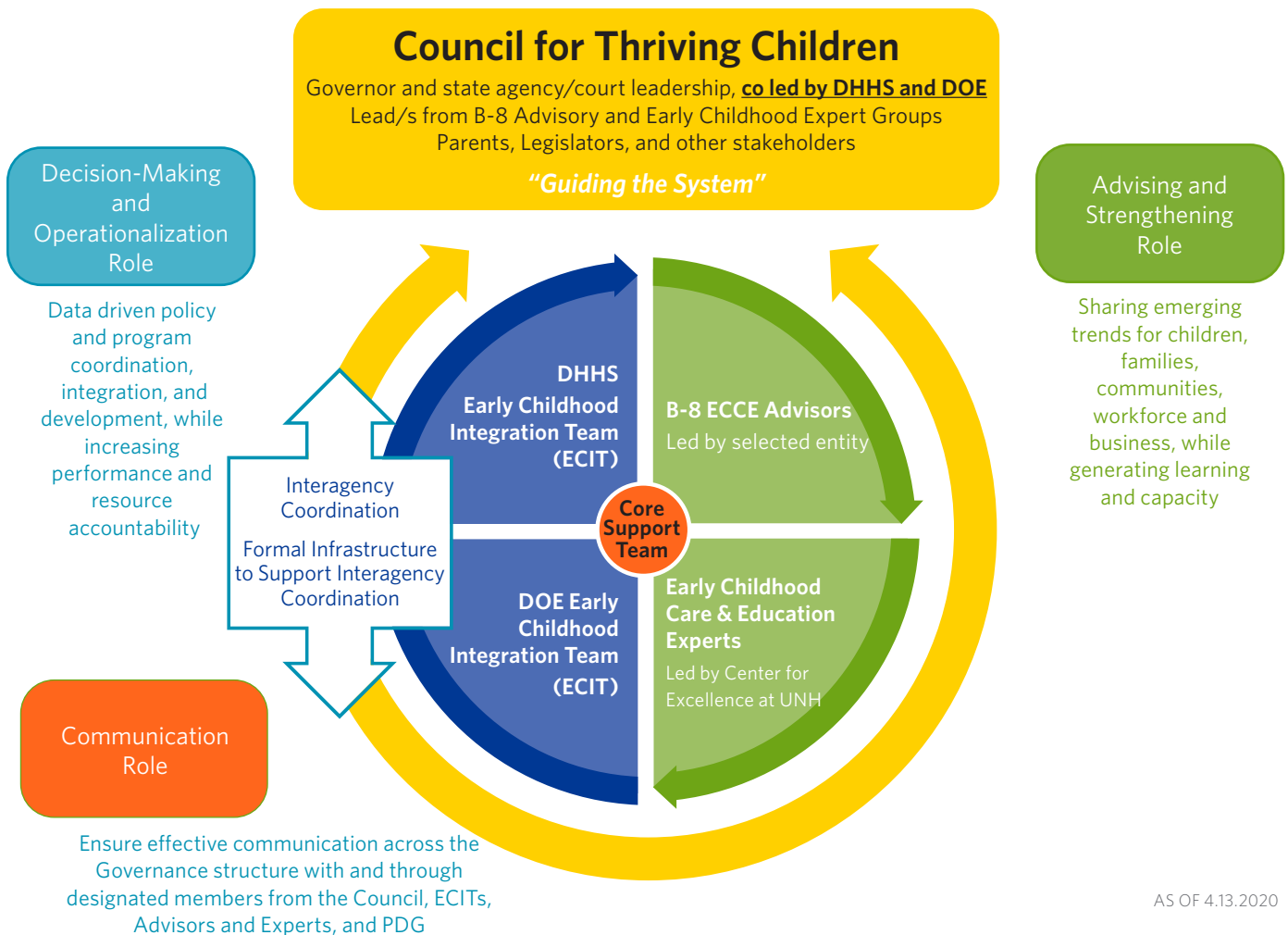
⁴ Education Commission of the States, Governance in Early Childhood Education, Bruce Atchison and Louisa Diffey, December 2018

work in collaboration to expand boundaries and create a joint Office of Early Childhood Care and Education. Members of the ECITs include state agency staff, and at times, parents, local programs and education partners, local and regional early childhood and public health coalitions.

ECCE Advisors — This group will serve in an advisory role to the Council for Thriving Children by sharing emerging trends for children, families, communities, workforce, and business, while generating learning and capacity across the ECCE system. The ECCE Advisors will be a chartered body consisting of parents, representatives from Legislative entities, providers, advocates, and other stakeholder groups. Via the Charter, leadership, activities, and coordination of the group will be identified and provided by a parent-affiliated entity selected by DHHS and DOE. Examples of members include NH family or other parent organizations, representatives from Legislative bodies connected to young children and families, Early Learning NH, Grandfamilies Coalition, Whole Families Chapter, NH Children’s Trust, and Family Resource Centers.

ECCE Experts (ECCEE) — Led and chartered by the UNH Center for Excellence, the ECCEE membership will include higher education faculty and researchers, representatives from local and regional early childhood and public health coalitions, specialized entities such as early childhood and healthcare provider associations, and others identified as efforts unfold. Their focus will be to support system strengthening through the sharing of research and best practice, while also deepening connections to and within regions and local communities.

GOVERNANCE STRUCTURE AND PARTICIPANTS



AS OF 4.13.2020

SUMMARY OF NH EARLY CHILDHOOD STRATEGIC GOALS AND OBJECTIVES

GOAL 1: POSITIVE LEARNING EXPERIENCES

Effective learning opportunities are provided in all settings, including the home, child care, and after school programs, preschools, and elementary schools.

Objectives

- 1.1. Support families as children's primary teachers
- 1.2. Improve the overall quality of early childhood care and education supports and services
- 1.3. Expand access to and availability of early childhood care and education for young children
- 1.4. Create a stable and qualified early childhood learning and education workforce

GOAL 2: HEALTHY CHILDREN AND FAMILIES

Children and families throughout our state have access to the best opportunities for early and life-long health.

Objectives

- 2.1. Improve access to and availability of universal (developmental, social-emotional, cognitive, academic, trauma) screening and services for children to promote optimal development
- 2.2. Support access to affordable health care for families
- 2.3. Support children's social and emotional development through easily accessible services and supports
- 2.4. Increase the capacity of all families to advocate for themselves and their children

GOAL 3: STRONG FAMILIES

Families have the skills, basic resources, and supports to promote their children's development and learning before birth and continuing through age five and beyond.

Objectives

- 3.1. Support families in accessing the basic economic resources to support their children
- 3.2. Increase families' capacity to partner in the development, design, and delivery of the services they provide and receive
- 3.3. Connect families and caregivers, starting prenatally, with the supports they need to promote their child's optimal development

GOAL 4: STATEWIDE COORDINATION

NH's young children and their families have the benefit of well-coordinated early childhood programs and services that work effectively together on their behalf.

Objectives

- 4.1. Strengthen coordinated early childhood governance at all levels
- 4.2. Establish an integrated, cross-agency statewide Early Childhood Data System to improve program effectiveness and child and family outcomes
- 4.3. Support families and children as they transition between services and programs
- 4.4. Strengthen public awareness of the importance of early childhood, and available resources, services, and programs

GOAL 1: POSITIVE LEARNING EXPERIENCES

Effective learning opportunities are provided in all settings, including the home, child care, and after school programs, preschools, and elementary schools.

Why is it important?

Young children grow and learn at home, at school, and in their communities. NH must ensure all of these developmental environments are prepared to deliver positive, high-quality learning experiences that will serve as the foundation for future learning, health and well-being. The state’s commitment is to ensure early learning experiences are evidence-based and reflect developmental science.

How does the Needs Assessment inform the goal area?

Findings from the Needs Assessment indicate that “systematic information on the quality of ECCE programs or other early childhood services is not readily available in NH”; findings from the family focus groups demonstrate that most families felt they did not have enough choices available for high quality early childhood programs and often had to settle for a program of lower quality.

1.1 • OBJECTIVE: SUPPORT FAMILIES AS CHILDREN’S PRIMARY TEACHERS

Needs Assessment:

To support family members as a child’s first teachers, NH needs to build family capacity to understand their children’s development and improve access to information about ECCE resources. Through interviews, family focus groups, and the Family Survey, the Needs Assessment confirms that most families who participated in the Needs Assessment are not well informed about available services. According to the Needs Assessment, “the knowledge parents have of specific programs varies considerably, both in aggregate, and to some extent by family circumstances, such as the age of the youngest child, family income, and rural status.”

Narrowing this knowledge gap is a critical first step to increasing a family’s ability to support their children and access the supports and services available. Family knowledge of supports available to them improved with the age of the child, as well as for those already utilizing services and supports. Sixty percent of parents said that they were unaware of home visiting, parent education, and family support programs. For example, fewer than two-thirds of families surveyed had ever heard of Child Care Scholarships.

The Needs Assessment cited a need to strengthen relationships among professionals working with young children and their families to educate parents and caregivers on child development, help them to care for their children, and connect families to needed services, especially for children with disabilities or developmental delays. Key Informant interviewees and family focus group participants also reported a need to improve the user-interface of the NH Easy portal and NH 2-1-1, the current online and phone-based resources for state residents.

Home Visiting

Home Visitors support families in their roles as their children’s first teachers by helping parents and other caregivers to

- Access prenatal care
- Address their own health needs
- Care for their babies
- Understand child development
- Learn positive parenting techniques
- Set goals for their own education and employment.

Evidence-informed voluntary home visiting programs have been shown to strengthen parenting skills, reduce poverty and child maltreatment, and improve children’s academic achievement. Home Visiting programs also reduce health care costs, lessen the need for remedial education, and increase family self-sufficiency.

Strategies:**1. Build each family's capacity to support their child's development.****Actions:**

- a. Use evidence-informed curricula to educate and empower families and build their capacity to support their children's development;
- b. Coordinate state services with other private and community-based services (e.g., primary care offices/ medical home) to improve information sharing on access to and availability of accurate and timely information about state services;
- c. Educate families on milestones of childhood development and their role in children's learning and development;
- d. Launch a statewide effort to increase community awareness of the importance of early learning experiences);
- e. Assess effectiveness and support expansion of current initiatives that support the delivery of timely, culturally, and linguistically appropriate information that parents and caregivers need to support their children's learning;
- f. Develop a single point of entry or enhance an existing one (such as NH 2-1-1) for available local resources and community organizations.

2. Ensure that families can support their children's development in home environments.**Actions:**

- a. Identify parent education resources in child development and best practices in early learning;
- b. Collaborate with Family Resource Centers (FRCs) to provide educational resources to families;
- c. Increase the number of families who understand childhood development milestones and how to create positive learning environments

Existing NH Initiatives that support these strategies:

- Mind in the Making
- Vroom
- Welcome Families
- Watch Me Grow
- Pyramid Model
- NH Family Voices
- Council For Thriving Children
- Bedrock of the Granite State PowerPoint
- Waterford Program
- 40 Developmental Assets

1.2 • OBJECTIVE: IMPROVE THE OVERALL QUALITY OF EARLY CHILDHOOD CARE AND EDUCATION SUPPORTS AND SERVICES

Needs Assessment:

Children in NH need increased access to high-quality learning experiences in and out of the home. Families describe a quality learning environment outside the home as one that is safe and clean, that offers convenient hours at an affordable rate, with a stable workforce that is supportive of individual needs, and keeps the family informed. Across the state, the Needs Assessment found that there is high variability in access and quality. NH uses a voluntary Quality Recognition and Improvement System (QRIS) to differentiate among three quality tiers within the Child Care Licensing Unit (CCLU). At this time, the Needs Assessment reports that 65% of licensed childcare providers are in the lowest tier.

Strategies:

1. Review and enhance the QRIS that helps ECCE programs improve their quality.

Actions:

- a. Implement the QRIS Task Force recommendations;
- b. Implement systems identified in the QRIS pilot program that focus on continuous quality improvement (e.g., cohort model, one-on-one coaching);
- c. Expand practice-based coaching pilot across the state and to include programs serving infants and toddlers;
- d. Formalize the QRIS coaching guide.

2. Increase the number of programs participating in the QRIS system.

Actions:

- a. Incentivize programs to participate in QRIS;
- b. Develop regional professional communities of practice to build quality, recognition, and sustainability;

3. Support continuous improvement of early childhood care and education programs through performance evaluations and periodic needs assessments.

Actions:

- a. Create a framework and metrics for program performance evaluations using the Early Childhood Environmental Rating Scale, Teaching Pyramid Observation Tool (TPOT) and other evidence-informed evaluation tools;
- b. Allocate resources and time at the state and local levels to monitor the quality of program implementation and to complete all evaluations and needs assessments;
- c. Create opportunities for program staff and families to reflect on performance evaluations and engage in continuous improvement.

Quality Recognition and Improvement System (QRIS)

QRIS is a systematic way to recognize, improve, and communicate the quality of ECCE by

- Providing a quality framework with supports for early childhood education programs that guides practices and supports the learning environment
- Helping early childhood education programs achieve high quality
- Supporting early childhood educators with coaching and education to advance skills and knowledge
- Helping families become informed about quality and find high-quality early childhood education programs
- Promoting accountability so policy makers and funders feel confident about investing in quality early childhood education

NH's QRIS Task Force is finalizing the standards, system operations, point system, incentives, a validation study, IT systems, marketing and branding and a roll-out plan.

Existing NH Initiatives that support these strategies:

- QRIS pilot program
- Shared Professional Early Childhood Core Competencies (SPECC)
- Council for Thriving Children
- Play-based Learning
- NH Early Childhood Professional Development Systems Blueprint
- Pyramid Model
- Preschool Technical Assistance Network (PTAN)
- Positive Solutions for Families
- State Early Learning Alliance (SELA)

1.3 • OBJECTIVE: EXPAND ACCESS TO AND AVAILABILITY OF EARLY CHILDHOOD CARE AND EDUCATION FOR YOUNG CHILDREN**Needs Assessment:**

Families often must make tough decisions when it comes to child care. The Needs Assessment found that parents want access to quality programs for their children, but usually settle for what is available or affordable, even if it is of lower quality than ideal. Additionally, among families responding to the Needs Assessment:

- 50% of families have difficulty finding the ECCE program they want
- 25% of families feel they did not have good ECCE choices
- 20% of families report quitting a job, school, or training in the last year because of issues with care

A significant obstacle to accessing high quality and affordable care is the overall lack of availability in the state. Child Care Aware (2019) estimates that NH needs an additional 22,000 licensed child care spaces to meet the care needs of the 53,000 children under age six with parents in the labor force.

Strategies:

- 1. Create a plan for expanding access to and supply of high-quality infant, toddler, and preschool early care and education available at times that meet the needs of families, prioritizing families who reside in underserved and high-need communities.**

Actions:

- a. Establish Preschool and Family Child Care Subcommittees and pilot initiatives for expanding capacity and quality. The Preschool and Family Child Care Subcommittee will identify facilitators and barriers for creating quality, sustainable, and collaborative community preschools as part of a mixed service delivery model. The Preschool and Family Child Care Subcommittee will identify facilitators and barriers to expansion with emphasis on infant and toddler care;
- b. Further research disparities in ECCE system services based on geography, age(s) and special characteristics of children and families, and other demographic indicators (e.g., poverty, race, ethnicity, language, employment) and identify areas of greatest need. NH will use the Child Care Impact Study to be completed in spring 2020 to inform this work.

- c. Develop a coordinated plan at the state level to:
 - i. Support families who care for their children at home by providing education and resources on childhood development and best practices in creating positive learning environments
 - ii. Identify potential funding to expand access to and supply of high-quality infant, toddler and preschool early care and education, including home-based options
 - iii. Expand access to and build the supply of high quality (culturally responsive, inclusive, and developmentally appropriate) affordable infant and toddler early education beginning in districts with the greatest need
 - iv. Increase access to quality infant and toddler care and education in multiple mixed delivery settings
 - v. Increase opportunities for extended and full-year care and education as well as care at non-standard times
 - vi. Improve access to services for children with developmental delays and disabilities
 - vii. Offer incentives for the expansion of current high-quality programs.

2. Build infrastructure to support an accessible and effective system of ECCE services for those who choose out-of-home services.

Actions:

- a. Conduct a comprehensive facility needs assessment to identify the gaps in knowledge; about the quality of current facilities and the resource needs for quality improvement and program expansion;
- b. Explore opportunities to further-develop family child care and education options;
- c. Identify funding strategies at the state and local level to support facility improvement and access to new facilities for program expansion based on the Needs Assessment priorities;
- d. Pilot facility improvement and expansion strategies in different regions of the state before taking successful approaches to scale.

3. Ensure that all families have access to needed services by using a universal and targeted approach based on child and family needs.

Actions:

- a. Explore the potential for expanded home visiting and more specialized in-home supports for children with special needs;
- b. Identify funding strategies to be able to offer one to two home visits to all families with a young child. Prioritize communities with the greatest need;
- c. Support inclusionary practices in all programs serving young children;
- d. Use evidence-informed models (e.g., Healthy Families America) to support children and families depending on the assessment of needs;
- e. Identify adequate funding and access to Early Intervention (Part C), Special Education (Part B), and FRC services;
- f. Create compelling messaging about the value of home visiting and FRCs for all families.

Existing NH Initiatives that support these strategies:

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Child Care Scholarships ▪ Title I Part A ▪ IDEA (Part B) ▪ Family-Centered Early Supports and Services | <ul style="list-style-type: none"> ▪ Maternal Child Health Title V Block Grant ▪ NH 2-1-1 ▪ New Hampshire EASY ▪ Maternal, Infant, and Early Childhood Home Visiting |
|---|--|

1.4 • OBJECTIVE: CREATE A STABLE AND QUALIFIED EARLY CHILDHOOD LEARNING AND EDUCATION WORKFORCE

Needs Assessment:

A significant barrier to quality and availability is a lack of a qualified ECCE workforce. NH attributes some of these workforce shortages to low wages and overall compensation in early learning programs. When adjusted for the cost of living, the median childcare workforce wage in NH is the second-lowest among the 50 states. The Needs Assessment also found there is an issue of ensuring that staff in the sector receive effective pre-service education and training and that there are well-defined career pathways with opportunities for advancement. The need for professional development supports and limited access to and availability of ongoing professional development, and more intensive supports such as coaching exacerbates the problem.

Strategies:

1. Increase the qualifications of staff in early care and education programs.

Actions:

- a. Strengthen cultural and linguistic competence among early education providers working with diverse populations:
 - i. Prioritize workforce diversity to ensure staff reflect the community served, and all staff have equal opportunity for advancement
 - ii. Provide language/ communication interpretation, when needed
 - iii. Provide staff with PD opportunities to gain cultural competence by learning about the traditions, history, and culture of the populations they are serving
 - iv. Provide training in how to support children with intellectual and developmental disabilities and children at risk of developmental delays;
- b. Explore ways to incentivize ECCE professionals to participate in professional development by providing financial aid, paid release time, substitute teachers, wage supplements, rewards/ bonuses for obtaining degrees/credentials;
- c. Provide more opportunities for internships and apprenticeship programs and create appropriate measurement systems to evaluate the effectiveness of these programs;
- d. Expand opportunities for practice-based coaching on the Pyramid Model and other teaching practices.

2. Support the current early education workforce.

Actions:

- a. Use the Shared Professional Early Childhood Core Competencies as a guide for sharing best practices with the ECCE workforce;
- b. Develop/implement and evaluate a plan to coordinate/collaborate on cross-sector professional development opportunities (training, technical assistance, coaching, mentoring) and resources;
- c. Create a unified coaching curriculum that exposes practitioners to ongoing coaching initiatives such as the Pyramid model, play-based coaching, and QRIS;
- d. Create a centralized website for professional development availability;

The Pyramid Model

The Pyramid Model is a positive behavioral intervention and support (PBIS) framework that uses systems-thinking and implementation science to promote evidence-based practices. The model focuses on evidence-based practices for promoting young children's (0-5) social emotional competence and preventing and addressing challenging behavior. The model was developed by the Center on the Social and Emotional Foundations for Early Learning (CSEFEL), with the goal of promoting social emotional development and school readiness for young children.

NH created a Pyramid Model Leadership Team and became the 27th Pyramid Model state in 2016.

- e. Establish an Early Childhood Center for Excellence at UNH;
- f. Expand the NH Professional Registry to include more cross-sector representation of the professionals working in the field of ECCE;
- g. Develop an evaluation system to measure the effectiveness of coaching concerning teacher practice and child outcomes.

3. Strengthen the early childhood education workforce pipeline.

Actions:

- a. Continue working with the state university, community college, and public high school technical education systems to sustain a student-to-workforce pipeline and career path for ECCE educators;
- b. Build pathways to credentials and degrees that recruit and retain a diverse ECCE system workforce;
- c. Align professional development strategies with workforce pipeline development;
- d. Create more formal mentoring opportunities to support individuals as they navigate ECCE career pathways;
- e. Seek funding to increase scholarships and tuition reimbursement rates;
- f. Establish partnerships with DHHS Division of Economic & Housing Stability, Bureau of Employment Supports to encourage entrance into the child care and education workforce.

Existing NH Initiatives that support these strategies:

- TEACH Scholarships
- NH Charitable Foundation
- State Early Learning Alliance (SELA)
- Childcare Licensing Rules 2017-2027
- Whole Family Approach to Jobs
- Council For Thriving Children

GOAL 2: HEALTHY CHILDREN AND FAMILIES

Children and families throughout our state have the best opportunities for early and life-long health.

Why is it important?

Access to affordable, high quality health care is crucial to the health of children and families. Pre-natal care for pregnant women, voluntary home visits for new parents, well-child visits for all children, and early developmental screening all provide an opportunity to identify and address health and developmental issues early. For children who experience adversity early in life, touch points with medical and health professionals can prevent stress from becoming toxic and build resilience.

How does the Needs Assessment inform the goal area?

The Needs Assessment data call for improved screening services, and better access to affordable health care for families, particularly to behavioral health services.

2.1 ■ OBJECTIVE: IMPROVE ACCESS AND AVAILABILITY OF UNIVERSAL (DEVELOPMENTAL, SOCIAL-EMOTIONAL, COGNITIVE, ACADEMIC, TRAUMA) SCREENING AND SERVICES TO PROMOTE CHILDREN'S OPTIMAL DEVELOPMENT

Needs Assessment:

The American Academy of Pediatrics recommends that young children have regular universal screening to flag potential concerns early on. The Center for Disease Control (CDC) recommends that children be screened for developmental concerns at least three times by the time they are two years old.⁵

Of the Needs Assessment respondents, 67.3% of families with children birth-2 reported that their child had received developmental screening, and just over half of the parents of children age three to six said that their child had been screened. This data demonstrates that not all children in NH are consistently screened at the recommended rates..

Strategies:

1. Improve the availability of universal screening for children and access to appropriate referral and follow-up services in multiple settings.

Actions:

- a. Seek public and private funding sources to support developmental screening of children using evidence-informed tools;
- b. Identify funding resources for all screening sites to train screeners, enter data, and promote Watch Me Grow, NH's developmental screening program;
- c. Develop and require consistent statewide training for all screeners, with attention to those with diverse backgrounds and multi-language ability;
- d. Become an affiliate of the national Help Me Grow network, a system model that utilizes and builds on existing resources to develop a comprehensive approach to ECCE system-building;

Developmental Screening

Developmental screening is a tool that helps families measure important areas of their children's development through the early years.

Watch Me Grow is NH's developmental screening, referral and information system for families of children ages birth to six years that provides...

- Information about children's health and development
- Developmental screening questionnaires based on the child's age
- Tips on how to help children grow and learn
- Timely connections to appropriate services, supports, and resources when needed

⁵ <https://www.cdc.gov/ncbddd/childdevelopment/screening.html>

- e. Create multiple settings for screening, including primary care, schools, and other community-based settings;
- f. Develop a single point of entry of available local resources and services for clinicians and community organizations to facilitate appropriate referrals;
- g. Strengthen the communication and referral process between screeners and referral organizations.

2. Work with health care providers to improve timely access to screening and follow-up in primary care settings.

Actions:

- a. Convene and educate health care providers in the Help Me Grow model, its impact, and benefits;
- b. Provide healthcare providers with information about the early childhood system and supports available for children and families;
- c. Integrate caregiver depression and Adverse Childhood Experiences (ACEs) screening into well-child visits as a means of identifying families in need of emotional support and behavioral health services.

3. Identify the necessary resources to increase the number of children screened and connected to services.

Actions:

- a. Develop and implement policies to incentivize screening through public and private insurance;
- b. Explore funding sources for providers who conduct screenings outside the eligible health provider network (e.g., early learning, FRCs, and school districts).

Existing NH Initiatives that support these strategies:

- Watch Me Grow
- Healthy Families America NH
- Family-Centered Early Support Services
- Special Medical Services
- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Service <21
- NH Mental Health 10-Year Plan
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- Early Hearing Detection and Intervention Program
- NH Pediatric Improvement Partnership
- Council For Thriving Children
- Maternal, Infant and Early Childhood Home Visiting
- NH Business Intelligence (EBI) System
- Partners in Health
- Newborn Screening Program
- NH Family Voices / Family to Family Information Center
- Child Development and Head Start Collaboration
- Bureau of Child Development and Head Start Collaboration
- Endowment for Health
- NH Charitable Foundation
- Waterford Program

2.2 • OBJECTIVE: SUPPORT ACCESS TO AFFORDABLE HEALTH CARE FOR FAMILIES

Needs Assessment:

Access to consistent healthcare and a medical home is foundational for creating a healthy start for young children. Healthcare providers often provide the connection for a family to other needed services and supports, as well as information on their child’s social, emotional, cognitive, and physical development.

The Needs Assessment indicated that among those families who responded, many do not have access to affordable health or oral care. Seventy-four percent of families with higher-incomes responding to the Needs Assessment survey

reported that their child had ever had a well-child visit versus 64.4% of families with lower-incomes. Also, according to families who responded to the Needs Assessment, only 68.8% of children have had an oral health care visit by age 6, with only 54.9% of those in low-income families. This disproportion in well-child and oral health visits was also evident when families were asked in the Needs Assessment if they were worried about being able to pay for routine health care costs. While only 8.6% of higher-income families said that they were concerned, 41.6% of low-income families reported being concerned about routine health care costs and the inability to pay for these services.

While NH does have programs that assist families who are low-income with health services, such as the Children's Health Insurance Program (CHIP), the Needs Assessment demonstrated that many families who participated in the Needs Assessment do not know about these services or how to access them. Most participants who commented on this topic said that social safety net programs were difficult to navigate because the information was not clear, was challenging to find and understand, or conflicted with information found elsewhere. Moreover, respondents indicated that application materials and eligibility requirements differ, and programs do not share information. Participants found social safety net programs challenging to access for a wide variety of reasons related to eligibility, poorly-managed application systems, and families' limited resources

Strategies:

1. Make information about health care available to all NH families so that all families and children have access to a medical home.

Actions:

- a. Conduct research to identify gaps in affordable healthcare for children with special health care needs, families of different cultures or where English is the second language, pregnant women, rural families, and other vulnerable families;
- b. Develop a strategy to share information with families using multiple outreach channels;
- c. Design policies and seek funding streams that support child and family health and wellbeing prioritizing areas of highest need identified by the research;
- d. Offer opportunities for healthcare providers to collaborate on ways to lower costs, improve quality, and provide better access to care.

2. Ensure equitable access to oral health care.

Actions:

- a. At the state level, bring together medical and dental professional organizations to address systems-level barriers to pediatric oral health preventive services delivery;
- b. Develop state-level policies and funding to address the barriers to preventive pediatric oral health;
- c. At the local level, explore opportunities to support pilot projects that build and sustain relationships between pediatric/family physicians and dentists caring for young children.

3. Strengthen the Pediatric and Behavioral Health Workforce.

Actions:

- a. Encourage the utilization of innovative care strategies including telehealth and mobile services to expand the reach of the current workforce;
- b. Explore scholarships, incentives, and loan forgiveness programs to incentivize health and mental health professionals to fill gaps in medically underserved areas;
- c. Support advocacy efforts to improve recruitment, retention, compensation, and benefits for the early childhood mental health workforce.

Existing NH Initiatives that support these strategies:

- Medicaid and the Managed Care Organizations
- NH Community Health Worker Coalition
- Federally Qualified Health Centers (FQHC)
- Family Resource Centers
- Comprehensive Family Support Services
- Project ECHO

2.3 ■ OBJECTIVE: SUPPORT CHILDREN'S SOCIAL AND EMOTIONAL DEVELOPMENT THROUGH EASILY ACCESSIBLE SERVICES AND SUPPORTS**Needs Assessment:**

All children need access to social and emotional health services and supports. The Needs Assessment documented families throughout the state, in rural and urban communities alike, who reported a lack of behavioral/mental health and specialized health care services. This shortage made accessing services difficult, especially for families with limited transportation or who are unable to travel to these services due to their work schedules. Additional barriers families reported to accessing social and emotional health services and supports include cost and long waitlists because of the limited number of professionals available.

While, according to the Needs Assessment, NH needs to screen more children, and more families need to know how to access services, evidence suggests parents are engaged and pursue specialized services when a doctor recommends these services. According to the Needs Assessment results, when performance on developmental screenings raised concerns about children ages two and under, 81% of parents reported accessing specialized services recommended by a doctor. These results confirm why it is critical to increase primary care providers' knowledge about available and appropriate services for young children and their families, to support families in accessing those services.

Strategies:**1. Create a coordinated, family-centered care management system for new parents, caregivers, and children who have emotional and behavioral health needs.****Actions:**

- a. Encourage and support primary care providers and family-serving organizations to identify a shared approach to care coordination and monitoring responses to treatment;
- b. Build on the System of Care collaboration between DHHS and DOE to develop a comprehensive system of care for children's behavioral health services in the state and work with FRCs in supporting families through caregiver education programs;
- c. Provide trained early childhood mental health workers on-site in classrooms to conduct observations and to coach teachers of children with challenging behaviors or other social/emotional or developmental concerns;
- d. Provide trauma-informed training to providers of early childhood supports and services.

2. Continue to build capacity statewide to develop and fund trauma mitigation strategies at the local level.**Actions:**

- a. Increase public awareness about ACES and Social Determinants of Health (SDOH) through the promotion of educational resources for families and communities;
- b. Create trauma-informed communities through training of local organizations including schools, social service organizations, law enforcement, and court systems;
- c. Replicate coordinated referral systems to increase rapid response for children exposed to trauma (ACERT) (Informed by LAUNCH Manchester);

- d. Identify potential funding streams to partner agencies for workforce development, expansion of services, and improved access to services for families, for children referred by ACERT.

2.4 • OBJECTIVE: INCREASE THE CAPACITY OF ALL FAMILIES TO ADVOCATE FOR THEMSELVES AND THEIR CHILDREN

Needs Assessment:

Families responding to the Needs Assessment expressed the need for more advocacy services and supports such as parenting classes, support groups, and counseling services.

Strategies:

1. Expand early childhood/family strengthening programs, including parent education and support, self-advocacy, and connection to desired services.

Actions:

- a. Expand the Kinship Navigator program in FRCs, which provides information, referral, and follow-up services to grandparents and other relatives and caregivers raising children, to link them to the benefits and services that they or the children in their care need;
- b. Provide training for navigators/care coordinators to help all families maneuver the system;
- c. Increase opportunities for training parents and caregivers in advocacy and leadership through PIC, NH Family Voices, and My Voice Matters through programs including the Search Institute's 40 Developmental Assets and Resilient Kidz;
- d. Increase the number of Positive Solutions for Families workshops available across the state.

Existing NH Initiatives that support these strategies:

- Kinship/Family Navigator program
- NH Family Voices/Family to Family Information Center
- Strengthening Families Framework
- Family Resource Centers
- Comprehensive Family Support Services
- Protective Factors Framework
- My Voice Matters
- NH Children's Trust
- Positive Solutions for Families

GOAL 3: STRONG FAMILIES

Families have the skills, basic resources, and supports to promote their children's development and learning before birth and continuing through age five and beyond.

3.1 ■ OBJECTIVE: SUPPORT FAMILIES IN ACCESSING BASIC ECONOMIC RESOURCES TO SUPPORT THEIR CHILDREN

Needs Assessment:

Families responding to the Needs Assessment expressed concerns with their ability to pay for available services, and overall, they reported a scarcity of essential economic resources to support their children. Over 45% of children in NH live in households at 300% of the federal poverty level or less. Twelve percent of children birth to five (approximately 7,500) children are living in families with incomes below 100% of the federal poverty level. In the Needs Assessment, 32.6% of low-income families were worried about providing food for their children.

Strategies:

1. Reduce barriers to basic supports for all families—including relative caregivers, grandparents, and guardians, prioritizing vulnerable families.

Actions:

- a. Create coordinated enrollment and redetermine assistance to access services such as Medicaid, WIC, SNAP, TANF, fuel assistance, and other crucial programs at the state level;
- b. Provide coordinated enrollment online and in various community settings;
- c. Adjust means-testing for benefit programs so that low-income families receive necessary benefits until they achieve economic sufficiency;
- d. Develop marketing and information strategies to increase family awareness and access to workforce supports including Child Care Scholarship and the Workforce Innovation and Opportunity Act (WIOA);
- e. Expand and improve the NH 2-1-1 and NH Easy Portal systems.

2. Review the capacity to expand access to housing assistance and supports for families with young children.

Actions:

- a. Review the capacity to create new supportive housing services as a Medicaid benefit;
- b. Review the ability to increase tax credits to businesses that invest in community development projects such as workforce housing;
- c. Address local regulatory and zoning barriers by providing statewide incentives to municipalities that prioritize the development of more affordable housing;
- d. Encourage partnerships between developers and service providers to create housing for vulnerable populations and those who need accessible housing.

3. Strengthen public and private partnerships to support families with young children who are currently underemployed or seeking employment.

Actions:

- a. Align with NH's Whole Families Approach to Jobs: Parents Working, Children Thriving to close the cliff effect;
- b. Identify potential funding resources for quality, licensed child care to allow parents and caregivers to pursue the training and education needed to become self-sufficient;
- c. Increase childcare scholarship levels.

Cliff Effect

The "cliff effect" occurs when wage earners receive an increase in their income, for example through a pay raise. This increase in income then places the wage earner over the eligibility limits for a particular support, such as a child care subsidy. At the same time this increase in income is not enough to cover the loss of benefits. This phenomenon was aptly named as losing benefits can be like falling off a cliff.

4. Raise awareness concerning the impact of economic wellbeing and socioeconomic disparities on health outcomes and advocate for programs that build assets and financial capability for low-income and other vulnerable populations.

Actions:

- a. Increase presentations for legislators and businesses about the needs of families with young children;
- b. Engage with other state partners to develop policies and advocate for laws that advance economic opportunity, particularly among disenfranchised populations.

Existing NH Initiatives that support these strategies:

- Whole Families Approach to Jobs: Parents Working, Children Thriving
- NH Works
- Supplemental Nutrition Assistance Program (SNAP)
- Women, Infants, & Children (WIC) Nutrition Program
- Temporary Assistance for Needy Families (TANF)
- Low Income Home Energy Assistance Program
- Housing Choice Voucher Program (Section 8)
- Bureau of Housing Supports
- Medicaid Supportive Housing Benefit
- Family Unification Program (FUP) Vouchers
- Housing Action NH
- Campaign for a Family Friendly Economy

3.2 ■ OBJECTIVE: INCREASE FAMILIES' CAPACITY TO PARTNER IN THE DEVELOPMENT, DESIGN, AND DELIVERY OF THE SERVICES THEY PROVIDE AND RECEIVE

Needs Assessment:

Families need to see themselves in and feel respected when they receive services out of the home. The Needs Assessment highlighted the importance of programs being family-centric.

Strategies:

1. Ensure family voice in early childhood system development and design that includes both in-home and out-of-home options.

Actions:

- a. Engage families who provide in-home care and those who choose out-of-home care on statewide teams working on system development and design;
- b. Incentivize programs to partner with parents and caregivers in a meaningful way;
- c. Provide funding to programs to support parents and caregivers and reduce barriers so that families can partner with programs in a meaningful way;
- d. Incentivize programs to improve programs and policies measurably;
- e. Develop and sustain infrastructure to support family leadership and voice by providing training and support for families and professionals to work effectively together (see Dual Capacity-Building Framework).

Dual Capacity-Building Framework

The Dual Capacity-Building Framework lays out the goals and conditions necessary to chart a path toward effective family engagement efforts, which are often linked to child wellbeing and student achievement. Components of the Framework include:

- a description of the capacity challenges that must be addressed to support the cultivation of effective home-school-community partnerships;
- an articulation of the conditions integral to the success of family-school-community partnership initiatives and interventions;
- an identification of the desired intermediate capacity goals that should be the focus of family engagement policies and state/local programs; and
- a description of the capacity-building outcomes for school and program staff as well as for families.

Existing NH Initiatives that support these strategies:

- Council For Thriving Children
- NH Family Voices/Family to Family Information Center
- My Voice Matters
- NH Children's Trust
- Dual Capacity-Building Framework

3.3 ■ OBJECTIVE: CONNECT FAMILIES AND CAREGIVERS, STARTING PRENATALLY, WITH THE SUPPORTS THEY NEED TO PROMOTE THEIR CHILD'S OPTIMAL DEVELOPMENT

Needs Assessment:

Parents and caregivers need support to promote their child's optimal development. Many focus group participants spoke about their mental health issues as barriers to accessing services for their children. Interviews with several state and local leaders confirmed that many families face significant pressures and that trauma, mental health issues, or lack of support could impede families' ability to care for their children.

Strategies:

1. Expand access to family-friendly workplaces to ensure families, including non-biological guardians and caregivers, can care for themselves and their children.

Actions:

- a. Identify and engage a core group of business leaders to collaborate on child-friendly and family-friendly policies and practices in the workplace.

2. Expand opportunities for expectant women and new families with young children to obtain support to build strong and resilient families through universal and targeted home visiting, education, and support services.

Actions:

- a. Identify funding resources for FRCs to create satellite hubs in underserved areas;
- b. Launch a multi-strand marketing and communication campaign to make medical care providers and families aware of the resources available through FRCs;
- c. Increase professional development for visiting staff and FRC staff on the resources needed by families to support their children's learning and development;
- d. Build support for families at the community level.

3. Reduce sources of toxic stress that interfere with a family's ability to support children's optimal development.

Actions:

- a. Provide training to primary care providers in evidence-informed screening for post-partum and caregiver depression, child development, and ACEs, and the referral sources available if further assessment is needed;
- b. Develop and expand family and caregiver access to community-based programs targeting sources of toxic stress, such as violence, crime, abuse, neglect, poverty, substance misuse, and caregiver mental illness, and ensure effective treatment for those who need it.

Existing NH Initiatives that support these strategies:

- Pregnancy Risk Assessment Monitoring (PRAMS)
- NH Pediatric Improvement Partnership
- Healthy Families America
- Comprehensive Family Support Services
- Partners in Health
- Home Visiting: Maternal, Infant and Early Childhood Home Visiting
- Newborn Screening
- ACERT
- Campaign for a Family Friendly Economy
- Family Resource Centers (FRCs)
- NH Coalition Against Domestic and Sexual Violence
- Community Collaborations

GOAL 4: STATEWIDE COORDINATION

NH's young children and their families have the benefit of well-coordinated early childhood support, programs, and services that work effectively together on their behalf.

Why is it important?

NH needs its youngest generation to be equipped to solve the challenges of the future — to lead our communities and grow our economy. A well-coordinated, statewide early childhood system, powered by policies that support in-home care and drive equitable access to quality programs and services, and that is committed to helping our children develop the competencies critical to their future health and wellbeing, is essential to both their future and that of New Hampshire

How does the Needs Assessment inform the goal area?

As in many other states, NH's out-of-home early childhood programs and services are funded by many, mostly federal funding streams. The programs and services are administered in many different offices in differing administrative locations. This variation means that eligibility requirements, data collection, regulations may all differ, and makes sharing information between programs to optimize child and family wellbeing challenging. Even though individual programs and services may be functioning well, the lack of coordination of state programs often leads to inconsistent quality, shortfalls in parent, caregiver, and provider knowledge and capacity, barriers to children and families accessing all the services for which they are eligible, and complexities in navigating between programs. Parents and key informants confirmed that families often do not know about needed services, have to go through multiple assessments and eligibility processes to access them, and that transitioning between state services feels like a maze. Providers who contract with the state are often limited in the information they have to inform their support of children and families.

Additionally, the Needs Assessment underscored that programs and services need to be supported and informed by an integrated, cross-agency statewide Early Childhood Data System, which could allow them to share information to support families and could help with quality improvement and reduce duplication.

4.1 • OBJECTIVE: STRENGTHEN COORDINATED EARLY CHILDHOOD GOVERNANCE AT ALL LEVELS

Needs Assessment:

The Needs Assessment demonstrated a lack of a coordinated system of governance, with program providers reporting to multiple agencies that fund their programs and services. Providers face different standards, regulations, and other aspects of the multipart structure, including accessing professional development and other workforce development supports.

Additionally, the current governance structure limits the capacity to create an integrated data system. The programs that constitute the ECCE system in NH are housed primarily in various divisions of either DHHS or DOE. Local school districts represent another administrative layer. According to the NH Early Childhood Governance Task Force (2018), "As in other states, this multiplicity of departments, bureaus, and other agencies in NH present a barrier to a comprehensive, well-coordinated system."

Strategies:

1. Create a formal early childhood governance infrastructure at the state level.

Actions:

- a. Formalize ECITs at DHHS and DOE and create a joint ECIT between them to promote a shared responsibility for programmatic oversight and accountability, resource management, data management and integration, and coordinated policies;

- b. Develop plans in the ECITs to increase family capacity to create positive learning environments in their home;
- c. Create plans in the ECITs to enhance coordinated state service delivery for NH families and child-serving programs by promoting collaboration, improving communication, and facilitating appreciative inquiry and problem-solving;
- d. Formally connect the ECITs with the Governor's office and other state agencies;
- e. Explore the possibilities for creating new governance structures to coordinate in-home care, early childhood programs, and services;
- f. Create ECCE system governance that reaches the local level;
- g. Use an equity lens when developing policies and in designing a coordinated ECCE system.

2. Create infrastructure at the local level to ensure a connection to state system coordination.

Actions:

- a. Build on the work of the RECCs to create cross-sector coordination across health, early learning and family support at the local level in all communities across the state;
- b. Assess and coordinate existing networks, coalitions, and other government-connected structures that can be built on to create a logical and sustainable governance structure at the local level. These may include RECCs, Public Health Networks, Integrated Delivery Networks (IDNs), Housing Continuums of Care;
- c. Create a productive feedback loop to guide state-level coordination, considering the realities for providers and families at the local level.

3. Implement and update the NH Strategic Plan for Early Childhood regularly as a means of continuously seeking improvement of the early childhood system.

Actions:

- a. Create a formal governance infrastructure and mechanisms to oversee and update the Strategic Plan regularly;
- b. Create plans for periodically informing the Governor's office and other state agencies of the progress of and any changes to the Strategic Plan, as well as their role in the improvement of the ECCE system;
- c. Provide support for the Council for Thriving Children to convene cross-sector stakeholders to advise the implementation and updating of the Strategic Plan.

4. Ensure that the Council for Thriving Children has the resources and formal connections to state and local level governance structure to advise the ECCE system.

Actions:

- a. Create formal mechanisms for the Council for Thriving Children to advise state early childhood governance structures;
- b. Convene stakeholders to inform the ongoing implementation and continuous improvement of the Strategic Plan.

Existing NH Initiatives that support these strategies:

- Early Childhood Integration Teams (DOE and DHHS)
- Regional Early Childhood Coalitions
- Family Resource Centers
- Wellness and Primary Prevention Council
- Housing Continuums of Care
- Council For Thriving Children
- Seacoast United Way

4.2 ■ OBJECTIVE: ESTABLISH AN INTEGRATED, CROSS-AGENCY STATEWIDE EARLY CHILDHOOD DATA SYSTEM TO IMPROVE PROGRAM EFFECTIVENESS AND CHILD AND FAMILY OUTCOMES

Needs Assessment:

NH's ECCE data systems lack integration across sectors and providers in NH, which introduces multiple challenges to using data to identify who receives and who needs services, coordinate services, understand program quality and effectiveness, and inform policy. According to the Needs Assessment findings, interviewees expressed difficulty accessing family- and child-level data and following individual children or families across services and programs. These are critical challenges to coordinating services across providers, which affects transitions between and among early learning programs and the education system — and understanding program quality.

Strategies:

1. Create and fund an Early Childhood Integrated Data System (ECIDS).

Actions:

- Scale the existing Enterprise Business Intelligence (EBI) system to include early childhood programs;
- Establish a data systems governance structure;
- Ensure that the ECIDS protects the child and family security and privacy;
- Develop Master Memorandum of Understanding (MOU) between DHHS and DOE to expand the Data Sharing Agreement;
- Create a Master Client Index using a state-assigned unique identifier;
- Integrate data from existing relevant sources.

2. Use state early childhood governance structures to guide state data governance and collect integrated data at the state and the local level to guide continuous system quality improvement.

Actions:

- Determine indicators to monitor participation rates, identify populations not accessing program services, ensure a warm handoff from participation in one program to another as children mature or their needs change, and support the process of continuous quality improvement, ensuring child and family privacy;
- Standardize and support data collection at the local level. Create methods to facilitate reporting and using these data at the state level to drive system improvement;
- Create a process so that all stakeholders that contribute to data systems (e.g., families, state agency field staff, service providers), as well as eventual end-users (e.g., state agency IT staff and analysts; external researchers), are consulted in the ECIDS process to ensure that the burden of supplying data is reasonable for the former and that the resulting data are timely and useful for the latter;
- Establish a mechanism so that providers and families can access and use these data;
- Address the legal and policy barriers to sharing data across organizations.

No Wrong Door — Every Door is the Right Door and Warm Hand Off

The No Wrong Door — Every Door is the Right Door approach is illustrated when ECCE professionals connect families with the appropriate services in a streamlined and seamless manner, even if that service is not offered by their organization or within their sector.

A Warm Hand-Off approach to a referral is when the referral connection is made in front of the recipient and helps to ensure that families get the right services, at the right time, and in the right place.

Combined, these two approaches provide a more family-focused, collaborative, and successful service delivery model.

Existing NH Initiatives that support these strategies:

- Early Childhood Data Integration Teams (DHHS and DOE)
- DOE Data Policy Committee (DPC)
- Bureau of Child Development and Head Start Collaboration (BCDHSC)
- New Hampshire Enterprise Business Intelligence (EBI) system
- DHHS and DOE Data
- New Futures Kids Count

4.3 ■ OBJECTIVE: SUPPORT FAMILIES AND CHILDREN AS THEY TRANSITION BETWEEN SERVICES AND PROGRAMS.**Needs Assessment:**

Families and children need support as they transition between home, services, and programs. The Needs Assessment documents that even the transition to Kindergarten from home or preschool needs improvement. For parents of children who have a developmental delay or other special needs, the transition to Kindergarten can be frustrating, with potentially adverse consequences for their child's continued developmental progress. As noted in the Needs Assessment, formal or informal connections between families, ECCE providers, and kindergarten programs, when working well, can have broad-based benefits.

Strategies:**1. Improve transitions between all ECCE programs ensuring warm handoffs and every door is the right door access" to services a family might need.****Actions:**

- a. Create alignment at state and local levels to provide seamless services that are easily accessible, affordable, and navigated by all families;
- b. Align and integrate existing ECCE focused parent initiatives with parent initiatives in schools to equip parents and caregivers better to support their children;
- c. Connect state and local agencies so that they can better coordinate to provide resources to families and help them navigate the systems;
- d. Work to connect with primary care offices to ensure coordination of services.

2. Improve transitions between and among early childhood programs, services, and schools at the local level.**Actions:**

- a. Improve communication and shared curriculum between preschool programs and Kindergarten to ensure consistent learning and support for all children;
- b. Assess adequacy and effectiveness of kindergarten transition supports for children with special needs;
- c. Replicate and scale efforts in local communities to assist transitions between early learning and Kindergarten (e.g., Somersworth, Portsmouth, Coos County, Hampton, Manchester, Concord);
- d. Pilot and evaluate best practice transition strategies in different school districts of the state and disseminate to other communities, if successful.

3. Improve the kindergarten entry process.

Actions:

- a. Convene a Kindergarten Entry Assessment (KEA) and Transition Task Force, including early learning providers, to develop a comprehensive plan to address the Needs Assessment findings;
- b. Create a common KEA to evaluate readiness across groups of students and trends in readiness over time to drive school and system quality improvement, and to provide information kindergarten teachers can use to individualize instruction;
- c. Develop strategies to encourage school districts to connect with local early learning programs; Create a staff position responsible for improving ECCE transitions at the local level.

4. Offer care coordination to assist families in connecting to and navigating the early childhood system in multiple settings.

Actions:

- a. Support FRCs and early learning programs to help families connect to and navigate early childhood programs and services;
- b. Support all ECCE providers, including home visitors, teachers, clinicians, and healthcare providers to help families connect to and navigate programs and services;
- c. Develop content to cross-train programs and service providers to understand each other to ensure children and families are referred to appropriate programs and services.

Existing NH Initiatives that support the strategies:

- Kindergarten Teacher Home Visit Model (Somersworth)
- Coös Connections
- Family to Family Information Centers
- Warm Handoff Model
- Regional Early Childhood Coalitions
- Watch Me Grow

4.4 • OBJECTIVE: STRENGTHEN PUBLIC AWARENESS OF THE IMPORTANCE OF EARLY CHILDHOOD, AND AVAILABLE RESOURCES, SERVICES, AND PROGRAMS

Needs Assessment:

Interviews with state and local leaders cited a lack of parent knowledge and awareness of high-quality programs, which can be improved by expanding provider knowledge, encouraging “every door is the right door” approach, and co-locating ECCE services. Parents in family focus groups in the Needs Assessment said that social safety net programs were difficult to navigate because the information was not clear, difficult to find or understand, or the information presented was conflicting.

Strategies:

1. Develop mechanisms to inform stakeholders about the importance of early childhood development, available services, and related policy and advocacy opportunities.

Actions:

- a. Design public awareness messaging to meet the cultural, linguistic, and reading levels appropriate for the population being addressed;
- b. Target information sharing with healthcare professionals including obstetricians, primary care providers (PCPs), and other providers;



- c. Engage stakeholders and media to support policy changes that promote child and family success;
- d. Utilize a wide array of communication technologies, including social media, to increase awareness and understanding of and access to ECCE programs and services.

Existing NH Initiatives to support strategies:

- Vroom
- Bedrock of the Granite State PowerPoint
- Spark NH Framework for Action

CONCLUSION

The NH Strategic Plan for Early Childhood, informed by the Needs Assessment and with input and feedback from stakeholders across NH's ECCE system, is designed to meet the needs of children birth through third grade. There is an expectation that children and families will continue to benefit from early childhood investments beyond these initial years. NH intends that this Strategic Plan addresses all service elements required by ACF while fulfilling the state's vision that all families and children are healthy, learning, and thriving now and in the future. Moreover, through the implementation of the Strategic Plan, the state hopes to realize NH's mission that families have access to the supports and services they need for optimal development, including a comprehensive, coordinated, and sustainable multi-tiered system providing universal, targeted, and intensive services.

GOAL: POSITIVE LEARNING EXPERIENCES

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
1.1 Support families as children's primary teachers					
<i>Build each family's capacity to support their child's development.</i>					
Identify curricula					
Develop website					
Convene stakeholders					
Develop plan					
Launch Watch Me Grow					
Assess Effectiveness					
Develop single point of entry					
<i>Ensure that families can support their children's development in home environments</i>					
Identify resources					
Collaborate with FRCs					
Support families					
1.2 Improve the overall quality of early childhood care and education supports and services					
<i>Review and enhance the Quality Recognition Improvement System (QRIS) that helps ECCE programs enhance their quality</i>					
Review QRIS Recommendations					
Implement QRIS systems					
Expand coaching pilot					
Formalize QRIS Coaching Guide					
<i>Increase the number of programs participating in the QRIS system</i>					
Identify incentives					
Develop professional communities					
<i>Support continuous improvement of early childhood care and education programs through performance evaluations and periodic needs assessments.</i>					
Create framework					
Allocate resources and time					
Complete evaluations					
Evaluate performance					
Engage in improvement					

GOAL: POSITIVE LEARNING EXPERIENCES (CONTINUED)

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
1.3 Expand access to and availability of early childhood care and education for young children					
<i>Create a plan for expanding access to and supply of high-quality infant, toddler, and preschool early care and education available at times that meet the needs of families, prioritizing families who reside in underserved and high-need communities</i>					
Establish Preschool and Family Child Care Subcommittees					
Pilot Initiatives					
		Research disparities			
		Develop coordinated state plan			
<i>Build infrastructure to support an accessible and effective system of ECCE services for those who choose out-of-home services.</i>					
Conduct Facility Needs Assessment					
		Identify funding strategies			
				Pilot facility improvement strategies	
<i>Ensure that all families have access to needed services by using a universal and targeted approach based on child and family needs.</i>					
Explore potential for expanded home visits					
		Identify funding strategies			
			Identify funding/access to early intervention services		
			Create Home Visit messaging		

GOAL: POSITIVE LEARNING EXPERIENCES (CONTINUED)

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
1.4 Create a stable and qualified early childhood learning and education workforce					
<i>Increase the qualifications of staff in early care and education programs.</i>					
Strengthen cultural and linguistic competence of workforce		Explore ways to incentivize ECCE professionals	Provide opps for professional development		Evaluate effectiveness
					Expand opps for practice-based coaching
<i>Support the current early education workforce.</i>					
Increase compensation and benefits					
Use Shared Professional ECCE competencies as a guide					
		Develop plan to coordinate cross-sector training			
		Implement plan on coordinated cross-sector training			Evaluate cross-sector training program
			Create unified coaching curriculum		
			Create central website for training opps		
			Explore establishment of Early Childhood Center of Excellence at UNH		
			Expand NH Professional Registry		
				Develop evaluation system to measure coaching initiatives	
<i>Strengthen the early childhood education workforce pipeline.</i>					
Sustain student to workforce pipeline					
		Build pathways to credential and degrees			
		Align professional development with pipeline			
		Create mentoring opportunities			
		Seek funding to increase scholarships and tuition reimbursement			
			Establish partnerships with NH state departments		
<i>Expand access to membership in the State Early Learning Alliance (SELA) to every licensed center-based and family provider in NH (approximately 790) so they can access all of SELA's website-based resources and cost savings.</i>					
Partner with Early Learning NH, Child Care Advisory Council, and Child Care Aware NH to embed SELA as a benefit to their memberships.					

GOAL: HEALTHY CHILDREN AND FAMILIES

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
2.1 Improve access to and availability of universal (developmental, social-emotional, cognitive, academic, trauma) screening and services for children to promote optimal development					
<i>Improve the availability of universal screening for children and access to appropriate referral and follow-up services in multiple settings.</i>					
Identify potential funding options		Identify funding sources			
		Develop statewide training for screeners			
		Affiliate with Help Me Grow			
			ID multiple settings for screening		
			Develop single point-of-entry for referrals		
				Strengthen process of referral	
<i>Work with health care providers to improve timely access to screening and follow-up in primary care settings.</i>					
Convene and train Help Me Grow model					
		Provide ECCE info to healthcare providers			
				Integrate caregiver and ACE screening into well-child visits	
<i>Identify the necessary resources to increase the number of children screened and connected to services.</i>					
Develop policies to incentivize screening					
		Explore funding sources for screenings done outside the HPN			

GOAL: HEALTHY CHILDREN AND FAMILIES (CONTINUED)

YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
2.2 Support access to affordable health care for families				
<i>Make information about health care available to all NH families so that all families and children have access to a medical home.</i>				
Conduct research to ID gaps				
	Develop strategy to share info with families			
	Design policies			
		Seek funding streams		
			Offer opps for HCPs to collaborate	
<i>Ensure equitable access to oral health care.</i>				
Convene HCPs and Dental professionals to ID system-level barriers				
	Develop policies to address barriers			
	Identify funding sources			
		Provide funding to support pilot projects		
<i>Strengthen the Pediatric and Behavioral Health Workforce.</i>				
Encourage utilization of innovative care strategies				
	Explore options to incentivize HCPs to fill gaps in underserved areas			
		Support advocacy effort to improve compensation for ECCE workforce		

GOAL: HEALTHY CHILDREN AND FAMILIES (CONTINUED)

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
2.3 Support children’s social and emotional development through easily accessible services and supports					
<i>Create a coordinated, family-centered care management system for new parents, caregivers, and children who have emotional and behavioral health needs.</i>					
Encourage HCPs to ID shared approach to care and monitoring systems					
		Build on DOE and DHHS System of Care collaboration			
		Provide in-class ECCE MH staff to support teachers			
		Provide trauma-informed training			
		<i>Continue to build capacity statewide to develop and fund trauma mitigation strategies at the local level.</i>			
Increase public awareness about ACEs and SDOHs					
		Create trauma-informed communities			
		Replicate LAUNCH to increase ACERTs			
				ID potential funding to improve access for ACERT referrals	
2.4 Increase the capacity of all families to advocate for themselves and their children					
<i>Expand early childhood/family strengthening programs, including parent education and support, self-advocacy, and connection to desired services.</i>					
Expand Kinship Navigator					
		Provide training for navigators/care coordinators			
		Increase opps for training parents/caregivers			
		Provide mentoring/coaching/training for parents/caregivers			
				Increase number of Positive Solutions for Families workshops	

GOAL: POSITIVE LEARNING EXPERIENCES

YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
3.1 Support families in accessing the basic economic resources to support their children				
<i>Reduce barriers to basic supports for all families—including relative caregivers, grandparents, and guardians, prioritizing vulnerable families.</i>				
Create coordinated enrollment assistance	Provide coordinated enrollment on-line			
	Adjust mean-testing for benefits			
	Develop marketing strategies to increase awareness of resources			
	Expand and improve 211 and NH Easy Portal			
<i>Review the capacity to expand access to housing assistance and supports for families with young children.</i>				
Review capacity to add housing services to Medicaid				
	Review ability to increase tax credits for investing in community development			
			Provide incentives for development of affordable housing	
Encourage partnerships between developers and service providers				
<i>Strengthen public and private partnerships to support families with young children who are currently underemployed or seeking employment.</i>				
Align with NH Whole Families Approach to Jobs				
ID potential resources for child care so parents/caregivers can pursue training/education.				
	Increase childcare scholarship levels			
<i>Raise awareness concerning the impact of economic wellbeing and socioeconomic disparities on health outcomes and advocate for programs that build assets and financial capability for low-income and other vulnerable populations.</i>				
Increase presentations of “Bedrock: Children of the Granite State”				
	Engage with other state partners to develop policies			

GOAL: POSITIVE LEARNING EXPERIENCES (CONTINUED)

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
3.2 Increase families' capacity to partner in the development, design, and delivery of the services they receive	<i>Ensure family voice in early childhood system development and design that includes both in-home and out of home options.</i>				
	Incentivize programs to partner with parents/caregivers				
		Provide funding for programs to partner with parents/caregivers			
		Incentivize programs to improve			
		Work with RECCs to develop infrastructure to support family leadership			
3.3.3 Connect families and caregivers, starting prenatally, with the supports they need to promote their child's optimal development	<i>Expand access to family-friendly workplaces to ensure families, including non-biological guardians and caregivers, can care for themselves and their children.</i>				
	Identify and engage business leasers to collaborate on family-friendly policies				
	<i>Expand opportunities for expectant women and new families with young children to obtain support to build strong and resilient families through universal and targeted home visiting, education, and support services.</i>				
	ID resources for FRCs to create satellite hubs				
		Launch marketing campaign			
		Increase professional development for visiting and FRC staff			
			Build support for families		
	<i>Reduce sources of toxic stress that interfere with a family's ability to support children's optimal development.</i>				
	Provide stress screening training to PCPs				
		Develop and expand family and caregiver access to community-based treatment			

GOAL: STATEWIDE COORDINATION

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
4.1. Strengthen coordinated early childhood governance at all levels					
	<i>Create a formal early childhood governance infrastructure at the state level.</i>				
		Formalize and create a joint ECIT at DHHS and DOE			
		Create plans in ECITS to enhance coordinated state service delivery			
	Formally connect the ECITs with State entities				
		Explore possibility to create new ECCE governance structure			
		Create ECCE governance that reaches local level			
	Use equity lens when developing policies and designing coordinated ECCE system				
	<i>Create infrastructure at the local level to ensure a connection to state system coordination.</i>				
	Build on the work of the RECCs for cross-sector coordination				
		Assess existing networks			
		Create feedback loop			
	<i>Implement and update the NH Strategic Plan for Early Childhood regularly as a means of continuously seeking improvement of the early childhood system.</i>				
	Create formal governance infrastructure				
	Create structure to inform governmental entities on progress of PDG plan				
	Provide support to Council for Thriving Children to convene and get advise from cross-sector stakeholders				
	<i>Ensure that the Council for Thriving Children has the resources and formal connections to state and local level governance structure to advise the ECCE system.</i>				
	Create formal mechanisms for CTC to advise ECCE governance entities				
	Provide support for CTC to inform ongoing implementation of the PDG Plan				

GOAL: STATEWIDE COORDINATION (CONTINUED)

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
4.2. Establish an Integrated, Cross-Agency Statewide Early Childhood Data System to improve program effectiveness and child and family outcomes					
<i>Create and fund an Early Childhood Integrated Data System (ECIDS).</i>					
Include ECCE in EBI System					
Establish data systems governance structure					
Ensure ECIDs protect privacy					
Develop Data Sharing MOU between DHHS and DOE					
Create Master Client Index					
Integrate data from existing sources					
<i>Use state early childhood governance structures to guide state data governance and collect integrated data at the state and the local level to guide continuous system quality improvement.</i>					
Determine Indicators					
Standardize data collection at local level					
Create process so all stakeholders can contribute					
Establish mechanism so stakeholders can access and use data					
Address barriers to sharing data					

GOAL: STATEWIDE COORDINATION (CONTINUED)

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
4.3. Support families and children as they transition between services and programs					
<i>Improve transitions between all ECCE programs ensuring warm handoffs and “every door is the right door” access to services a family might need.</i>					
Create alignment at state and local levels					
		Integrate existing ECCE parent initiatives			
		Connect state and local agencies to coordinate resources to families			
			Connect with PCPs for coordination of services		
<i>Improve transitions between and among early childhood programs, services, and schools at the local level.</i>					
Improve communication and shared curriculum between preschool and kindergarten					
		Assess quality of transition supports for children with special needs			
			Replicate and scale local efforts		
				Pilot best practices	
<i>Improve the kindergarten entry process.</i>					
Convene a KEA and Transition Task Force					
		Create a common KEA			
		Develop strategies for school districts to connect with early learning programs			
			Create staff position		
Support FRCs					
Support ECCE Providers					
			Develop training content for cross-training		
4.4. Strengthen Public Awareness of the Importance of Early Childhood, and Available Resources, Services, and Programs					
<i>Develop mechanisms to inform stakeholders about the importance of early childhood development, available services, and related policy and advocacy opportunities.</i>					
		Design public awareness messaging			
		Engage stakeholders and media to support policy changes			
					Increase awareness and understanding of and access to ECCE programs and services

PERFORMANCE METRICS FOR GOALS AND OBJECTIVES

INTRODUCTION TO PERFORMANCE METRICS

As NH builds a comprehensive and coordinated early childhood system to improve the health and wellbeing of its youngest children and families, it is essential to integrate performance metrics to help the state understand and assess children's and families' wellbeing and to observe changes over time. With support from the PDG, NH has the opportunity to evaluate data integration and conduct further data collection and analysis of the ECCE system. The following performance metrics, while by no means exhaustive, are foundational to the successful implementation of this strategic plan. The table includes where current data is available (*italicized) and the metrics where data is needed for future success. NH's goal is to continue to expand our capability to access information to inform the full set of metrics over time.

Goal 1: Positive Learning Experiences

Effective learning opportunities are provided in all settings, including the home, childcare and after school programs, preschools, and elementary schools.

Objectives

- 1.1. Support families as children's primary teachers.
- 1.2. Improve the overall quality of early childhood care and education supports and services.
- 1.3. Expand access to and availability of early childhood care and education for young children.
- 1.4. Create a stable and qualified early childhood learning and education workforce.

To measure improvements in positive learning experiences for young learners in NH, we will collect performance data and compare it with historical data:

PERFORMANCE METRIC:	ADDRESSES OBJECTIVE(S):
Increase the number/percent of families who report knowing what local support and information is available.	1.1
Increase the number/ percent of families who report understanding basic child development milestones.	1.1
An effective QRIS system is in place by the deadline.	1.2
Increase the percentage of licensed childcare providers enrolled in the NH QRIS system.	1.2
Decrease the number of families who report difficulty in finding child care slots/ affordable quality care	1.1, 1.3
* Increase the number of children that receive federal or state child care support.	1.3
* Increase the percentage of children enrolled in public Kindergarten.	1.3
Increase the percentage of children enrolled in public preschool	1.3
Increase the percentage of families who are offered home visits.	1.3
* Improve the overall income of child care workers relative to per capita annual income.	1.4
* Increase the number of early child care and education providers that have certifications, credentials, and degrees	1.2, 1.4
Decrease the number of childcare programs that report having difficulty finding qualified early childhood educators.	1.4

Goal 2: Healthy Children and Families

Children and families throughout our state have access to the best opportunities for early and life-long health.

Objectives

- 2.1. Improve access to and availability of universal (developmental, social-emotional, cognitive, academic, trauma) screening and services for children to promote optimal development.
- 2.2. Support access to affordable health care for families.
- 2.3. Support children’s social and emotional development through easily accessible services and supports.
- 2.4. Increase the capacity of all families to advocate for themselves and their children.

To measure improvement in the health of children and families in NH, we will collect performance data and compare it with historical data:	
PERFORMANCE METRIC:	ADDRESSES OBJECTIVE(S):
* Increase the number of children who receive developmental or behavioral health screening.	2.1
* Increase the number of health care providers who routinely screen children.	2.1
* Increase the percentage of children who have access to a medical home	2.1, 2.2
* Increase the number of 1- and 2-year-olds screened for lead poisoning	2.1
Decrease the number of infants born with prenatal substance exposure	2.1
* Decrease the number of children without health insurance.	2.2
* Increase the number of children 19-35 months with full vaccination coverage	2.2
* Decrease the number of children 1-5 without preventive dental visits	2.2
* Decrease the percentage of children who have not had one or more preventative medical care visits during the past 12 months.	2.2, 2.3, 2.4
* Increase the percentage of families that receive information and resources about opportunities to enrich/promote their child’s social and emotional development.	2.3
* Decrease the number of births to women who received late or no prenatal care.	2.4
* Reduce the number of parents who feel frustrated in getting needed health services	2.4
Increase the percentage of families who are offered home visits	2.4, 1.3
Increase the number/percent of families who report knowing what local support and information is available	2.4, 1.1

Goal 3: Strong Families

Families have the skills, basic resources, and supports to promote their children’s development and learning before birth and continuing through age five and beyond.

Objectives

- 3.1. Support families in accessing basic economic resources to support their children.
- 3.2. Increase families’ capacity to partner in the development, design, and delivery of the services they provide and receive.
- 3.3. Connect families and caregivers, starting prenatally, with the supports they need to promote their child’s optimal development.

To measure improvement in the skills, resources, and supports for children and families in NH, we will collect performance data and compare it with historical data:

PERFORMANCE METRIC:	ADDRESSES OBJECTIVE(S):
* Decrease the number of children in poverty	3.1
* Decrease the number of children 0-8 in families below 200% of the poverty level	3.1
* Decrease the number of children who are food insecure	3.1
* Decrease the number of homeless families with children	3.1
Increase the number/ percentage of families who report feeling “confident” in their parenting skills	3.2, 3.4
Increase the number/percent of families who report knowing what local support and information is available.	3.2, 2.4, 1.1
Increase the number of families who can access FRCs	3.3
* Decrease the number/ percentage of children under the age of six that are experiencing adverse family experiences	3.3, 3.4
* Decrease the number/ percentage of parents who report experiencing stress “usually or always” from parenting	3.3, 3.4

Goal 4: Statewide Coordination

NH’s young children and their families have the benefit of well-coordinated early childhood programs and services that work effectively together on their behalf.

Objectives

- 4.1. Strengthen coordinated early childhood governance at all levels.
- 4.2. Establish an integrated, cross-agency statewide Early Childhood Data System to improve program effectiveness and child and family outcomes.
- 4.3. Support families and children as they transition between services and programs.
- 4.4. Strengthen public awareness of the importance of early childhood, and available resources, services, and programs.

To measure improvement in the coordination of the early childhood system in NH, we will collect performance data and compare it with historical data:

PERFORMANCE METRIC:	ADDRESSES OBJECTIVE(S):
* Implement formal early childhood governance infrastructure by the deadline	4.1, 4.3
Track and increase the number of early childhood programs that participate in infrastructure planning.	4.1
Leaders of initiatives created by this plan report that the actions are supported and funded.	4.2
The Early Childhood Integrated Data System is in place by the deadline.	4.3
Increase/ meet targets of the number of transition agreements in place with early childhood programs and providers	4.2, 4.4
Increase the number/percent of families who report knowing what local support and information is available.	4.5, 3.2, 2.4, 1.1

GOALS/OBJECTIVES AND SYSTEM ELEMENTS

As NH developed the goals and objectives for its Strategic Plan, the state discussed the system elements of policy, governance, data quality and linkages, workforce development, family involvement, transitions, quality assurance, and monitoring and evaluation recommended by the US DHHS ACF OCC.

Below is the crosswalk of each strategic objective with the system element(s) to which it corresponds.

Goal 1: Positive Learning Experiences.

Objectives	SYSTEM ELEMENT							
	Policy	Governance	Data Quality & Linkages	Workforce Development	Family Involvement	Transitions	Quality Assurance	Monitoring & Evaluation
1.1 Support families as children's primary teachers		✓			✓			
1.2. Improve the overall quality of early childhood care and education supports and services	✓	✓	✓	✓			✓	✓
1.3. Expand access to and availability of early childhood education for young children		✓					✓	✓
1.4. Create a stable and qualified early childhood learning and education workforce	✓	✓					✓	✓

Goal 2: Healthy Children and Families

Objectives	SYSTEM ELEMENT							
	Policy	Governance	Data Quality & Linkages	Workforce Development	Family Involvement	Transitions	Quality Assurance	Monitoring & Evaluation
2.1 Improve access to and availability of universal (developmental, social-emotional, cognitive, academic, trauma) screening and services for children to promote optimal development	✓	✓	✓	✓	✓			✓
2.2. Support access to affordable health care for families	✓	✓			✓			
2.3. Support children’s social and emotional development through easily accessible services and supports			✓		✓			✓
2.4. Increase the capacity of all families to advocate for themselves and their children					✓			

Goal 3: Strong Families

Objectives	SYSTEM ELEMENT							
	Policy	Governance	Data Quality & Linkages	Workforce Development	Family Involvement	Transitions	Quality Assurance	Monitoring & Evaluation
3.1. Support families in accessing the basic economic resources to support their children		✓	✓		✓			✓
3.2 Increase families' capacity to partner in the development, design, and delivery of the services they provide and receive		✓			✓			✓
3.3. Connect families and caregivers, starting prenatally, with the supports they need to promote their child's optimal development	✓	✓	✓	✓	✓		✓	✓

Goal 4: Statewide Coordination

Objectives	SYSTEM ELEMENT							
	Policy	Governance	Data Quality & Linkages	Workforce Development	Family Involvement	Transitions	Quality Assurance	Monitoring & Evaluation
4.1. Strengthen coordinated early childhood governance at all levels	✓	✓						✓
4.2. Establish an integrated, cross-agency statewide Early Childhood Data System to improve program effectiveness and child and family outcomes	✓	✓	✓		✓			✓
4.3. Support families and children as they transition between services and programs		✓			✓	✓		✓
4.4. Strengthen public awareness of the importance of early childhood, and available resources, services, and programs		✓						✓

APPENDIX A

Strategic Plan Participation and Stakeholder Engagement

Stakeholder Group	Engagement Strategy	Messaging/Distribution Channels	Frequency
Spark NH	CONTINUOUS ENGAGEMENT: <ul style="list-style-type: none"> Co-plan monthly meetings and Summit Informing the general public of the work Give feedback on the planning process, work accomplished, plans for moving forward Co-create the strategic plan 	<ul style="list-style-type: none"> Strategic planning guidance document Weekly meetings Progress updates Plans for upcoming meetings Evaluation summaries 	Weekly
Strategic Planning Subcommittee	AD HOC ENGAGEMENT: <ul style="list-style-type: none"> Participate in issue prioritization, initiative identification, and strategy development Representation from RECCs to ensure that work addresses geographic, demographic, and other equity issues. Assist with provider and family focus group participant selection, venues, etc. 	<ul style="list-style-type: none"> Strategic planning guidance document Stakeholder involvement infographic Meeting agendas Presentations 	Three times (August-September)
Agency Leads at DOE and DHHS, Government Officials	INTERMITTENT ENGAGEMENT: <ul style="list-style-type: none"> Project updates, decision points, information to help them be accountable for the outcomes. Project timelines, draft deliverables. Interviews Meetings with Spark NH at different points in the planning and strategic plan development process; Provide input on draft priorities/plans 	<ul style="list-style-type: none"> Strategic planning guidance document Governance Memo 	Every 1 to 2 months
NH Needs Assessment Logistics Team	FREQUENT ENGAGEMENT: <ul style="list-style-type: none"> Share findings; meet to prioritize issues, strategies, and goals based on Needs Assessment data; provide input into the development of the strategic plan mainly on the integration of significant Needs Assessment findings Participate in the monthly strategic planning meetings and Summit 	<ul style="list-style-type: none"> Strategic planning guidance document Stakeholder involvement infographic Weekly meetings Presentations, agendas Box-resource sharing 	Weekly

APPENDIX B

Participant Survey Summary

Survey Response Highlights (August - September 2019)

- 81% of respondents agreed that the meeting was very/extremely effective in increasing their involvement in the strategic planning process.

- 72% of respondents agreed that the meeting was very/extremely effective in prioritization of the issues to be addressed in the plan

- 94% of respondents agreed that the meeting was effective (moderately/very/extremely) in increasing their understanding of the work underway in addressing issues.

- The format and engagement during all meetings were highly rated. Facilitation techniques were effective, as was organization. The one drawback noted was the desire to have more time together.

- The majority of respondents felt that their participation increased their understanding of the issues (75%); increased their level of confidence that their voice mattered (63%); and felt more positive that the plan would impact the early childhood sector locally, regionally, and at the state level (72%)

APPENDIX C

Summary of Subcommittee Meetings

Meeting Date	Goals	Outcomes	Number of Attendees
August 12, 2019 9:00-11:30	<ul style="list-style-type: none"> Review the strategic plan and its focus on systems building Preview role of policy committee members and stakeholders in planning and shaping the strategic plan Describe the progress in developing the strategic plan Provide updates on the Needs Assessment and its role in the strategic plan Prioritize issues emerging from the strategic plan document review and the Needs Assessment Identify current initiatives underway to address the issues 	<ul style="list-style-type: none"> Increased involvement in the strategic planning process Prioritization of issues Increased understanding of work currently underway to address the issues 	54 Attendee List attached
September 6, 2019 9:00-4:00	Develop proposed system solutions to address priority needs of NH's vulnerable children and their families	<ul style="list-style-type: none"> Solutions linked to system elements to inform focus groups and subsequent interviews and to guide the prioritization/development of strategies and plan implementation 	70 Attendee List Attached
September 23, 2019 1:00-4:30	Continue to develop proposed system strategic directions and strategies to address priority needs of NH's vulnerable children and their families for Strategic Plan	<ul style="list-style-type: none"> Early childhood Systems-building strategic directions and strategies to guide the implementation 	54 Attendee List Attached

APPENDIX D

Subcommittee Meeting Attendee List

August 12, 2019 Meeting

FIRST NAME	LAST NAME	ORGANIZATION
Mary Ann	Aldrich	Dartmouth Hitchcock
Patti	Baum	NH Children's Health Foundation
Liz	Belsito	United Way
Michelle	Bissonnette	ECE Director
Cindy	Blanchard	Waypoint
Katie	Brissette	ELNH and Spark NH
Amy	Brooks	ECE - Couch Family Foundation
Jaime	Calcagni	DHHS - QRIS
Melissa	Clement	DHHS
Helen	Crowe	Former psychologist, Richie McFarland, HS
Jen	Doris	DHHS
Linda	Douglas	NH Coalition again domestic and sexual violence
Karen	DuBois-Garofalo	PDG - DOE Play-based coaching
Krisha	Dubreuil	DHHS
Ross	Ewing	NHTI
Kim	Firth	Endowment for Health
Anne	Grasse	Rochester Child Care
Laurie	Hart	SAU 8
Sarah	Henry	UNH
Erin	Holt	CCA Global
Cellissa	Hoyt	ELNH
Marti	Ilg	Boys and Girls Clubs
Emily	Johnson	Save the Children
Lynn	Karoly	RAND
Kelly	Lee	Spark NH
Michelle	Lewis	PIC
Brittany	Little	DHHS
Maureen	Lyons-Bakersville	
Claudette	Mallory	DHHS
Julie	McConnell	Spark
Tessa	McDonnell	ECE - Workforce
Cathy	McDowell	Spark NH
Laura	Milliken	Spark NH
Jill	Morgan	United Way
Debra	Nelson	DHHS
Kim	Nesbitt	UNH
Terry	Ohlson-Martin	NH Family Voices
Erin	Pettengill	RECC - Laconia/FRC
Devin	Quinn	UNH
Lara	Quiroga	LAUNCH Manchester
Ann	Ramminger	ECA

FIRST NAME	LAST NAME	ORGANIZATION
Denise	Sayer	CCA Global
Peggy	Small-Porter	Richie McFarland
Liz	Sommers	Community Bridges
Lisa	Sullivan	ECA
Victoria	Sullivan	UNH
Cammie	Switzer	United Way
Erica	Tenney	DHHS
John	Tuttle	Easter Seals
Linda	Warren	ECA
Karen	Welford	Advocacy - FRCs
Rebecca	Woitkowski	New Futures
Lauren	Wool	United Way
Ardis	Yahna	RECC - Carrol/FRC

September 6, 2019 Meeting

FIRST NAME	LAST NAME	ORGANIZATION
Ann	Auger	ECE Consultant ECE Vision
Charna	Aversa	Head Start
Patti	Baum	NH Children's Health Foundation
Liz	Belsito	United Way
Cindy	Blanchard	Waypoint
Christine	Brennan	DOE
Katie	Brissette	ELNH and Spark NH
Amy	Brooks	ECE - Couch Family Foundation
EK	Cho	UNH
Jackie	Cowell	ELNH
Helen	Crowe	Former psychologist, Richie McFarland, HS
Christina	D'Allesandro	Advocacy Moms Rising
Robin	deAlmeida	PIC
Katelyn	Dennis	Great Bay Kids and Company
Jen	Doris	DHHS
Joelyn	Drennan	Program Director - NH Children's Trust
Karen	DuBois-Garofalo	PDG - DOE Play-based coaching
Krishna	Dubreuil	DHHS
Kim	Firth	Endowment for Health
Peter	Gilmore	Seacoast Community School
Anne	Grasse	Rochester Child Care
Laurie	Hart	SAU 8
Sarah	Henry	UNH
Erin	Holt	CCA Global
Allison	Howe	
Cellissa	Hoyt	ELNH
Marti	Ilg	Boys and Girls Clubs
Emily	Johnson	Save the Children
Lynn	Karoly	RAND
Stacey	Lazzar	United Way

FIRST NAME	LAST NAME	ORGANIZATION
Kelly	Lee	Spark NH
Michelle	Lennon	RECC - Tilton/FRC
Michelle	Lewis	PIC
Ruth	Littlefield	Part B 619 - preschool special Ed
Cathy	Livingston	Children Unlimited
Tricia	Lucas	DHHS
Maureen	Lyons-Bakersville	
Claudette	Mallory	DHHS
Paige	Martin	United Way
Julie	McConnell	Spark NH
Tessa	McDonnell	ECE- Workforce
Laura	Milliken	Spark NH
Aurelia	Moran	DHHS
Jill	Morgan	United Way
Debra	Nelson	DHHS
Kim	Nesbitt	UNH
Meredith	O'Shea	UNH
Becky	Parton	Dartmouth Hitchcock
Erin	Pettengill	RECC- Laconia/FRC
Colleen	Popores	Head Start
Devin	Quinn	UNH
Lara	Quiroga	Launch Manchester
Ann	Ramminger	ECA
Christine	Santaniello	DHHS
Denise	Sayer	CCA Global
MaryEllen	Schule	ELNH
Daniele	Sharpe	Apple Seeds
Peggy	Small-Porter	Richie McFarland
Lisa	Sullivan	ECA
Victoria	Sullivan	UNH
Christine	Tappan	DHHS
Erica	Tenney	DHHS
John	Tuttle	Easter Seals
Linda	Warren	ECA
Karen	Welford	Advocacy - FRCs
Kimberly	Wesler	Launch Manchester EC Project Assistant
Mollie	White	RECC Coos
Lauren	Wool	United Way
Ardis	Yahna	RECC - Carrol/FRC

September 23, 2019 Meeting

FIRST NAME	LAST NAME	ORGANIZATION
Ann	Auger	ECE Consultant ECE Vision
Charna	Aversa	Head Start
Liz	Belsito	United Way
Cindy	Blanchard	Waypoint
Katie	Brissette	ELNH and Spark NH
Amy	Brooks	ECE - Couch Family Foundation
Melissa	Clement	DHHS
Jackie	Cowell	ELNH
Helen	Crowe	Former psychologist, Richie McFarland, HS
Christina	D'Allesandro	Advocacy Moms Rising
Robin	deAlmeida	PIC
Jen	Doris	DHHS
Karen	DuBois-Garofalo	PDG - DOE Play-based coaching
Krishna	Dubreuil	DHHS
Anne	Grasse	Rochester Child Care
Kristi	Hart	DHHS
Laurie	Hart	SAU 8
Sarah	Henry	UNH
Erin	Holt	CCA Global
Cellissa	Hoyt	ELNH
Marti	Ilg	Boys and Girls Clubs
Christina	Lachance	NH Charitable Foundation
Stacey	Lazzar	United Way
Kelly	Lee	Spark NH
Michelle	Lewis	PIC
Brittany	Little	DHHS
Julie	McConnell	Spark
Tessa	McDonnell	ECE- Workforce
Cathy	McDowell	Spark NH
Laura	Milliken	Spark NH
Lia	Moran	DHHS
Jill	Morgan	United Way
Debra	Nelson	DHHS
Kim	Nesbitt	UNH
Marion	Ober	Head Start
Meredith	O'Shea	UNH
Becky	Parton	Dartmouth Hitchcock
Suellen	Peluso	UNH
Danielle	Perrino	
Colleen	Popores	Head Start
Lara	Quiroga	Launch Manchester
Denise	Sayer	CCA Global
MaryEllen	Schule	ELNH
Daniele	Sharpe	Apple Seeds
Peggy	Small-Porter	Richie McFarland

FIRST NAME	LAST NAME	ORGANIZATION
Victoria	Sullivan	UNH
Cammie	Switzer	United Way
Erica	Tenney	DHHS
Karen	Welford	Advocacy - FRCs
Kimberly	Wesler	Launch Manchester EC Project Assistant
Mollie	White	RECC Coos
Rebecca	Woitkowski	New Futures
Lauren	Wool	United Way
Ardis	Yahna	RECC

APPENDIX E

Glossary

40 Developmental Assets: The positive supports and strengths identified by the Search Institute of Minnesota that young people need to succeed.

Adverse Childhood Experiences (ACEs): Refers to types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18.

Adverse Childhood Experiences Response Team (ACERT): Made up of a police officer, a crisis services advocate, and a behavioral health professional, responds to incidents to assess the situation and determine next steps that could be taken for the child such as support groups, mental health counseling, early childhood education, or child-parent psychotherapy.

Bedrock of the Granite State: ELNH PowerPoint presentation

Bureau of Child Development and Head Start Collaboration (BCDHSC): Within the DHHS Division of Economic and Housing Stability, fosters collaboration and teamwork among the Head Start community, the NH Head Start Directors Association, and state and local public and private partners concerned with pregnant women and families of young children aged birth to five years.

Bureau of Housing Supports (BHS): Within the DHHS Division of Economic and Housing Stability, provides access to resources for people experiencing housing instability and/or homelessness.

Bureau of Student Wellness: Formed in 2014 under the NH DOE in recognition that many factors impact a student's academic attainment, including dimensions of wellness. It supports school districts implementing wellness programs with evidence-based, technical assistance.

Campaign for a Family Friendly Economy: An advocacy group working on policy and legislative change to build a better future for working families and an economy that works for everyone.

Child Care Aware: An organization providing resources for referrals, technical assistance, and professional development for families, early childhood providers, and community partners to improve the quality and accessibility of child care.

Child Care Scholarships: Financial assistance for child care provided through the DHHS Bureau of Family Assistance and the DHHS Bureau of Child Development and Head Start Collaboration.

Childcare Licensing Rules 2017-2027: A handbook for childcare licensing and certification issued by the DHHS Bureau of Licensing and Certification Child Care Licensing Unit

Choose Love Enrichment Program: A comprehensive social and emotional learning program that teaches students how to have healthy and positive relationships, deep and meaningful connections, skills, and tools for resilience, and how to identify, label, manage and express emotions in a healthy way.

Community Collaborations: A federally funded project within DHHS to develop, implement, and evaluate proactive strategies that build on the strengths of families, including those at high risk for child maltreatment. The initiative supports community-level mobilization around the development of multi-system collaboratives that provide a continuum of activities and services designed to prevent child abuse and neglect.

Comprehensive Family Support Services: Prevention services to promote family wellness, decrease family stressors and prevent child abuse and neglect provided through the DHHS Division of Economic and Housing Stability to empower parents and allow families to learn and grow.

Coös Connections: A project of the Coös Coalition enhancing the transition of children from early care or preschool into Kindergarten.

Council for Thriving Children (CTC): The Governor Appointed State Advisory Council co-led by DHHS and DOE

DOE Data Policy Committee (DPC): A Committee within DOE comprised of Division Directors, the Deputy Commissioner of Education, and the Data Governance Coordinator. The DPC members are responsible for data governance within their program areas to help model and reinforce that data governance is an agency-wide initiative and that all staff should be aware of and comply with data policies.

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services <21: A mandatory NH Medicaid-covered benefit for people under the age of 21.

Early Hearing Detection and Intervention Program: A DHHS Division of Public Health Services Bureau of Community Health Services Maternal and Child Health Section program responsible for a hearing screening all newborns and referrals for infants who do not pass the screen.

Endowment for Health: A private, nonprofit foundation dedicated to improving the health of New Hampshire’s people, especially those who are vulnerable and underserved.

Family to Family Information Center: See NH Family Voices

Family Unification Program (FUP) vouchers: Rental assistance provided by the DHHS Division for Children, Youth, and Families to families for whom lack of adequate housing puts a child at risk of out-of-home care, or for young adults between 18 and 24 leaving the foster care system or homeless.

Family-Centered Early Support Services (FCESS): A federal program referred to as Part C of the Individuals with Disabilities Education Act (IDEA). Supports and services include information, guidance, instruction, therapeutic interventions, and emotional support to meet the developmental needs of a child, birth through age 2.

Federally Qualified Health Center (FQHC): Safety net providers that provide services typically furnished in an outpatient clinic, including community health centers, migrant health centers, health care for the homeless health centers, public housing primary care centers, and outpatient health programs or facilities operated by a tribe.

Healthy Families America NH (HFA-NH): A home-visit program of the DHHS Division of Public Health Services Bureau of Community Health Services Maternal and Child Health Section that starts at pregnancy through a child’s age 3. Also referred to as Home Visiting NH: Maternal, Infant, and Early Childhood Home Visiting.

Home Visiting NH: Maternal, Infant and Early Childhood Home Visiting: See HFA-NH above

Housing Action NH: A housing coalition that advocates for public investments and policies that preserve and increase the supply of affordable housing to improve the local housing landscape and end homelessness.

Housing Choice Voucher Program (Section 8): A federally funded program accessed through the New Hampshire Housing Finance Authority (NHHFA), which is a self-supporting public corporation that promotes, finances, and supports affordable housing.

Housing Continuums of Care: NH has 3 Continuums of Care (CoC): Greater Nashua CoC, Greater Manchester CoC, and the remainder of the state falls under the Balance of State CoC. Each CoC coordinates efforts to provide supports, services, and shelter to individuals and families experiencing homelessness or housing instability within that region. Each Continuum of Care applies separately for funding from the US Housing and Urban Development (HUD). Though the CoCs operate and function independently, there is recent work to ensure collaboration across all of NH to provide the best support to the individuals and families this system serves.

IDEA (Individuals with Disabilities Education Act): A federal law that makes a free appropriate public education (FAPE) available to eligible children with disabilities and ensures special education and related services to those children. The IDEA governs how states and public agencies provide early intervention, special education, and related services to eligible infants, toddlers, children, and youth with disabilities.

IDEA (Part B): Provides federal funding to local education agencies for the provision of special education and related services to children with disabilities ages 3 through 21.

IDEA (Part C): Provides federal funding to states for the provision of early intervention services to children birth through age 2.

Kindergarten teacher home visit model: A project of the Somersworth Ready Together Early Childhood Coalition where kindergarten teachers visit individually with the family of each incoming kindergarten student before the start of the school year to provide information and learn about the incoming students. The work includes engaging families, increasing community awareness, and improving the quality of early education programs to align more closely with the public school system.

Kinship/Family Navigator Program: A program of the New Hampshire Children’s Trust that links Grandparents and other relative caregivers, both inside and outside the formal child welfare system, to a broad range of services and supports that meet the needs of the children they are raising and themselves.

Low Income Home Energy Assistance Program (LIHEAP): A federally-funded Fuel Assistance Program administered by the NH Office of Strategic Initiatives through local Community Action Agencies.

Maternal Child Health Title V Block Grant: Federal funds used by the DHHS Division of Public Health Services Bureau of Community Health Services Maternal and Child Health Section to support various MCH programs whose primary goals are to improve the health status of pregnant, women, mothers, infants, and children, including children with special health care needs.

Maternal, Infant, and Early Childhood Home Visiting: aka Healthy Families America - NH (see above)

Mind in the Making (MITM): A program that shares the science of children’s learning with the general public, families, and professionals who work with children and families. They promote the seven executive function life skills to help children succeed socially, emotionally, and intellectually in the short- and long-term.

My Voice Matters: A program of the NH Children’s Trust teaching families and communities the skills to speak up and advocate on behalf of children and families in support of family-friendly policies.

New Futures Kids Count: A branch of New Futures, an organization building advocacy capacity in the state of New Hampshire, focused on collecting and disseminating critical and reliable state-level data, policy recommendations, and tools for legislators, public officials, and advocates to advance positive policies for Granite State children and families.

New Hampshire Children’s Trust: The Governor’s designated statewide community-based child abuse prevention agency that ensures parents have access to resources and support to help children develop the skills they need to thrive. They provide education to direct-service professionals, advocate for better policies to support parents, and connect with local agencies to strengthen families and lay the foundation for children’s success.

New Hampshire Enterprise Business Intelligence (EBI) system: A scalable data platform that collects, integrates, maintains, stores, and reports information across multiple agencies within the state that will be used to incorporate NH Early Childhood Data.

Newborn Screening Program: A DHHS Division of Public Health Services Bureau of Community Health Services Maternal and Child Health Section program responsible for assuring that all infants born in New Hampshire are screened at birth for inherited medical disorders and handling screening results and follow-up of out-of-range results, as needed.

NH 2-1-1: A hotline gateway to services where NH residents can be connected with trained information and referral specialist who can provide them with the health and human service information they need to get help, give help, or discover options.

NH Charitable Foundation: Statewide philanthropic community foundation investing in NH communities through grants and other giving.

NH Coalition Against Domestic and Sexual Violence: A domestic and sexual violence prevention coalition of 13 independent community-based member programs working to influence public policy, ensure quality services are available to survivors, promote accountability of communities for the responses to violence, and prevent violence and abuse before they occur.

NH Community Health Worker Coalition: Works to promote Community Health Workers as vital members of the healthcare and social service team; leverages opportunities to educate stakeholders about the CHW model and advocates for healthcare policy changes that advance the sustainability of CHW programs.

NH Early Childhood Professional Development System Guidebook (revised 2015): A guidebook, issued by the DHHS Division for Children, Youth and Families Child Development Bureau, that serves as a resource for professional development for people working in early childhood care and education while providing a process for attaining a professional Credential.

NH Early Childhood Professional Development Systems Blueprint: A project of Spark NH designed to cultivate a competent and sustainable cross-sector workforce of professionals in early learning, health, and family support. The blueprint outlines sustainable career pathways with high-quality lifelong learning opportunities and appropriate compensation for highly respected, satisfying careers.

NH EASY: An Electronic Application System (EASY) gateway to services website where NH residents can apply for DHHS services, and where DHHS Clients can apply for cash, medical, Child Care, Medicare Savings Program, and other benefits.

NH Family Voices/Family to Family Information Center: A private, nonprofit organization that operates the New Hampshire Family to Family Information Centers. It is part of a national network that provides free and confidential services to families and professionals caring for children with chronic conditions and/or disabilities.

NH Mental Health 10-Year Plan: A document of the DHHS that envisions a mental health system that provides access to a full continuum of care for all populations – community education, prevention and early intervention, outpatient supports, step-up and step-down options, and crisis and inpatient services – across the state.

NH Pediatric Improvement Partnership: A state-level multi-disciplinary collaborative of private and public health partners dedicated to improving health care quality for all NH children through the use of systems and measurement-based quality improvement processes.

NH Works: A governor established public/private partnership established to develop a secure and sustainable workforce that can meet current and future skilled labor needs and provide a competitive advantage for New Hampshire businesses. Funded by the federal Workforce Investment Act (WIA) and sponsored through the NH Department of Business and Economic Affairs Office of Workforce Opportunity, it consists of business and workforce development state agency leaders.

Partners in Health: A program of the DHHS Division of Long Term Supports and Services Bureau of Developmental Services available to families of children with chronic health conditions or young adults themselves.

Play-Based Learning: A UNH initiative focusing on a variety of content and multiple ways of teaching information via play.

Positive Solutions for Families: A Center on the Social and Emotional Foundations for Early Learning (CSEFEL) evidence-based series designed to provide information for families on how to promote children’s social and emotional skills, understand their problem behavior, and use positive approaches to help children learn appropriate behavior

Pregnancy Risk Assessment Monitoring System (PRAMS): An ongoing state-based surveillance system of maternal behaviors, attitudes, and experiences before, during, and shortly after pregnancy conducted by the DHHS Division of Public Health Services Bureau of Community Health Services.

Preschool Technical Assistance Network (PTAN): A statewide technical assistance and support network that provides professional development opportunities that promote quality, developmentally appropriate, and culturally competent early care and education, and special education programs.

Project AWARE (Advancing Wellness and Resilience in Education): A program of the DOE Bureau of Student Wellness to increase access to mental health services and make schools safer.

Project ECHO (UNH): A project of UNH that links interdisciplinary specialists and experts with community-based practitioners using web conferencing technology to manage complex conditions.

Protective Factors Framework: An organized set of strengths-based ideas promoted by the Strengthening Families framework used to guide programs, services, supports, and interventions aimed at preventing child maltreatment and promoting healthy outcomes.

Shared Professional Early Childhood Core Competencies (SPECC): A document developed by the Governor-appointed Early Childhood Advisory Council for all professionals who work with and on behalf of expectant families, children from birth through grade 3, and their families, with a particular focus on the fields of family support, health, and early learning.

Special Medical Services (SMS): The NH DHHS Title V Program for Children with Special Health Care Needs, administers health programs and services for children ages’ birth to 21 years, who have, or are at risk for, a chronic medical condition, disability, or special health care need. SMS provides care coordination services; support for child development and neuromotor clinics; nutritional and feeding/swallowing consultation; psychological and physical therapy services; and support for the NH Family Voices and Partners in Health programs.

State Early Learning Alliance (SELA): A membership program for early childhood agencies that provides a wide range of property management services and other services that early childhood programs often need to strengthen business practices and enhance program quality. Some discounted services are available to the staff of the member agencies.

Strengthening Families Framework: A research-informed approach taken by the Center for the Study of Social Policy to increase family strengths, enhance child development, and reduce the likelihood of child abuse and neglect.

Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, is a federal nutrition program to provide households with the financial resources to purchase groceries.

Systems of Care Framework: An integrated and comprehensive delivery structure for the provision of publicly funded behavioral health services to NH children and youth within the DHHS and DOE.

TEACH scholarships: A federally funded grant program that awards scholarships to students pursuing a teaching degree in New Hampshire and who demonstrate financial need. Students must agree to work in a high-need private or public school for a minimum of four years.

Temporary Assistance for Needy Families (TANF): A program of the DHHS Bureau of Family Assistance that provides cash assistance to families with dependent children.

Title I Part A: A federal grant program administered through the DOE that provides supplemental funding to help low-income schools improve the academic achievement of educationally disadvantaged students.

Title V Block Grant: A federal program devoted to improving the health of all women, children, and families. Administered by the DHHS Division of Public Health Services Bureau of Community Health Services Maternal and Child Health Section

Vroom: An innovative family engagement tool that provides families with daily activities that support learning and supports their children’s development. This App provides families with tools and activities in a fun and engaging way with the core belief that every parent has what it takes to be a brain builder.

Warm Handoff Model: A handoff that is conducted in person, between two members of the health care or education team, in front of the person receiving the support.

Watch Me Grow: NH’s developmental screening, referral, and information system for families of children ages birth to 6. It combines state and local resources to provide families with information about child development, conduct screenings using Ages and Stages Questionnaires for their children, and make referrals to the appropriate state and local resources.

Waterford Program: A comprehensive, technology-based early reading, math and science program with integrated assessments and teacher tools for PreK-2

Welcome Families: A NH initiative to create a one-stop-shop for parents and caregivers of young children to find information and be connected to tailored individualized resources

Wellness and Primary Prevention Council: A DHHS Department of Children, Youth, and Families council created to promote primary prevention and early intervention efforts to improve the health and wellbeing of New Hampshire's children and families. The Council supports and oversees the Family Resource Centers (FRCs).

Women, Infants, & Children (WIC) Nutrition Program: A program of the DHHS Department of Public Services that provides nutrition education and nutritious foods to help keep pregnant women, new mothers, infants, and preschool children healthy and strong.

