COUNCIL FOR THRIVING CHILDREN

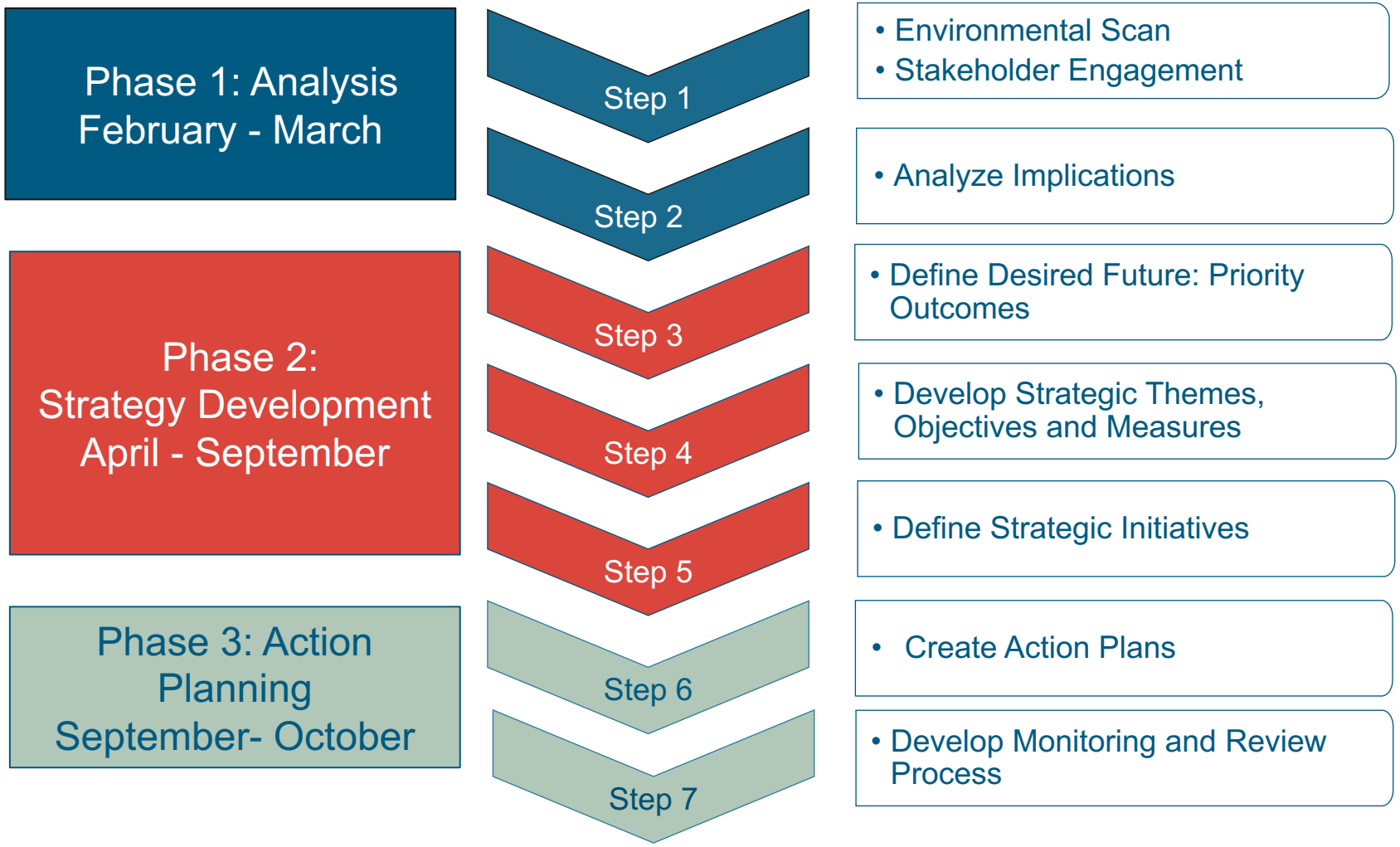
Strategic Plan Analysis Findings

April 12, 2022

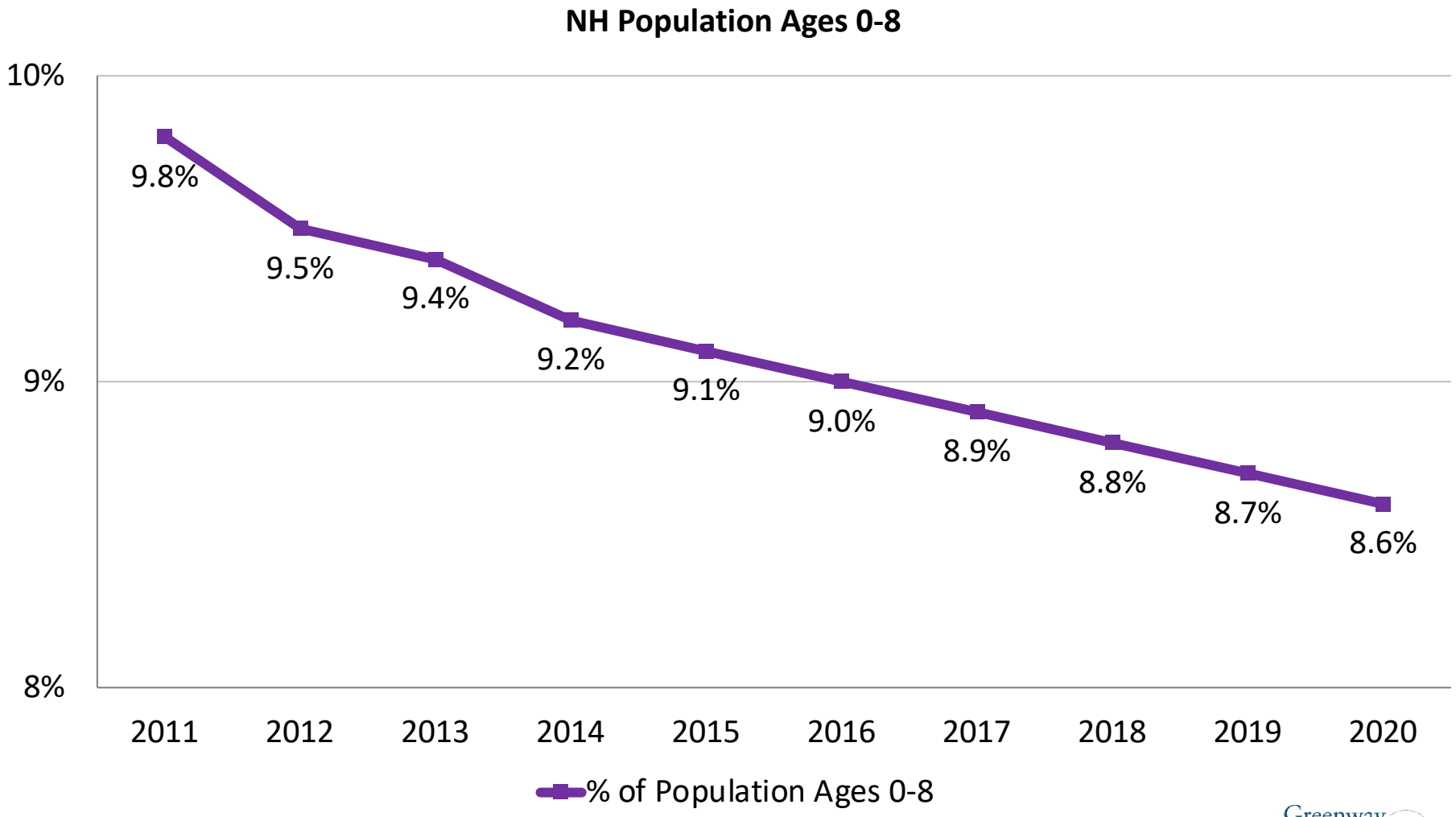
Greenway Strategy Group

Greenway Strategy Group

Project Overview



Young children as a portion of overall population has been shrinking in New Hampshire



Source: Population Division, US Census Bureau.

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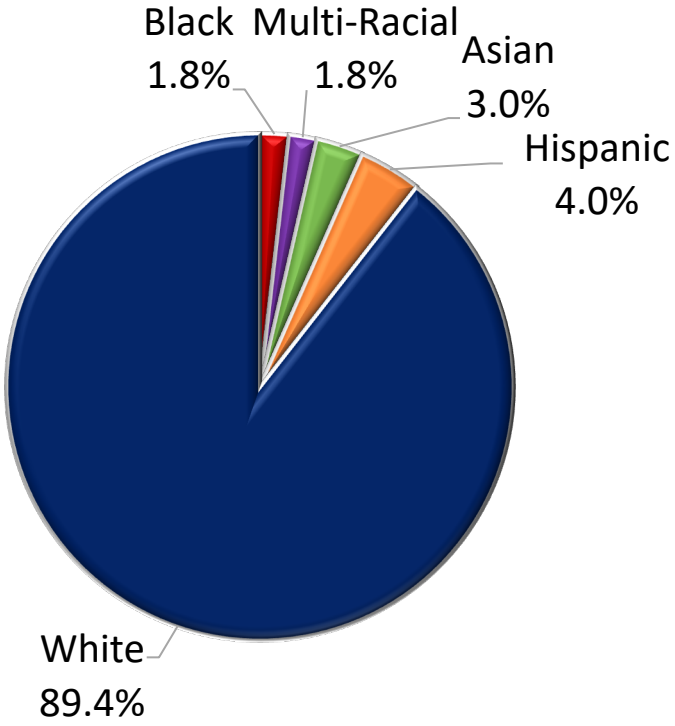
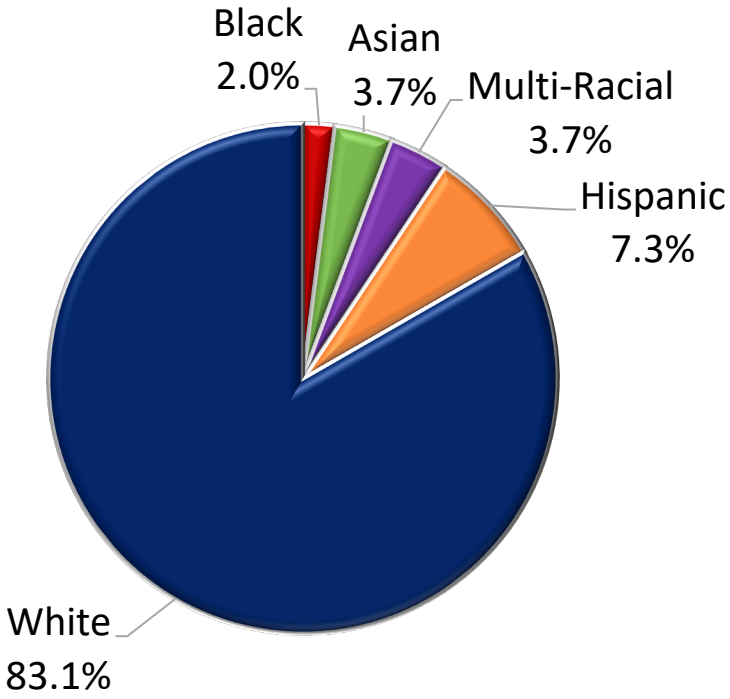
Children in New Hampshire are proportionally more diverse than the overall state population

NH Total Population, 2021

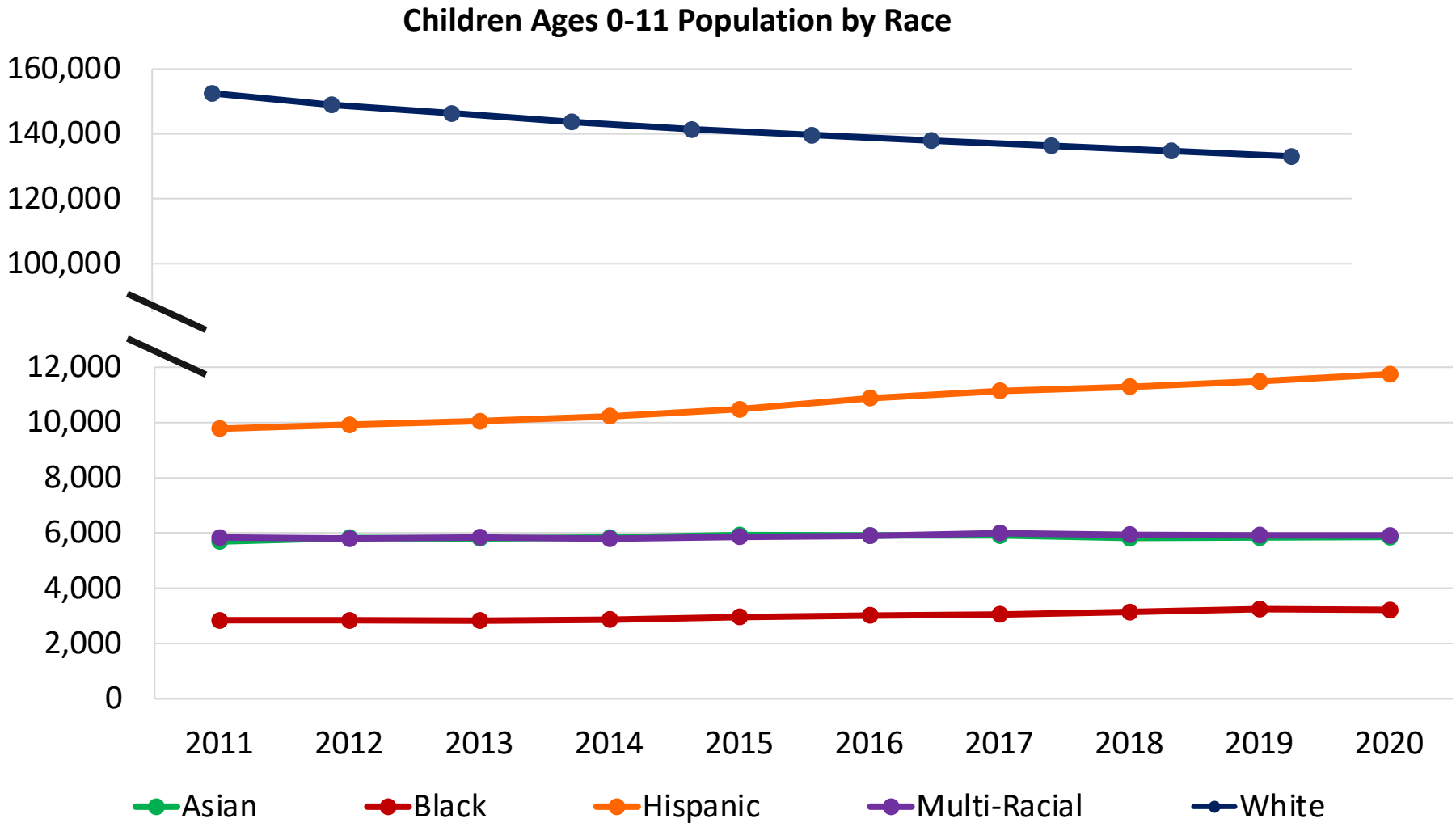


NH Children 0-11 Population, 2020



Source: Kids Count Data Center, US Census Bureau, American Community Survey.

Numbers of non-White N.H. children have been increasing for the last decade, with the greatest increase among Hispanic children



Source: Population Division, US Census Bureau.

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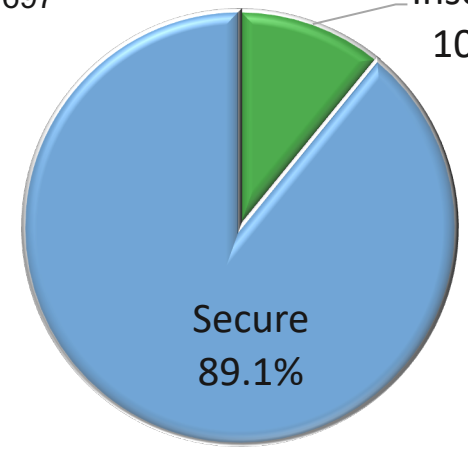
The percentage of N.H. children below the federal poverty level was lower than the national percentage of 17%, but other poverty indicators show greater need

Children 0-18 below Federal Poverty Level 2019

N=257,143

Children 0-18 Who are Food Insecure 2019

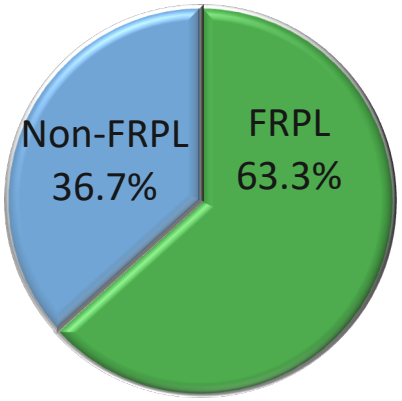
N=256,697



Children Qualifying for Free-or-Reduced-Price Lunch

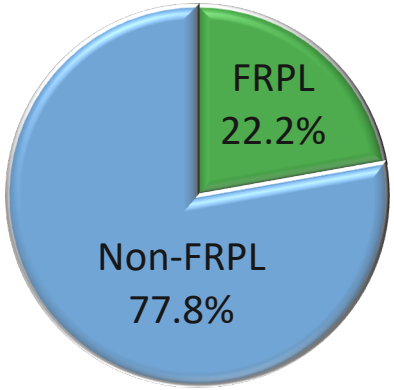
Children in Preschool

N= 3,842



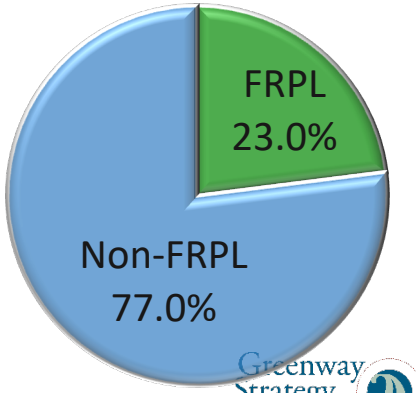
Children in Kindergarten

N=10,949



Children in K-8th Grades

N=107,089



Source: US Census Bureau, American Community Survey; New Hampshire Department of Education; Feeding America, Child County Food Insecurity in New Hampshire.

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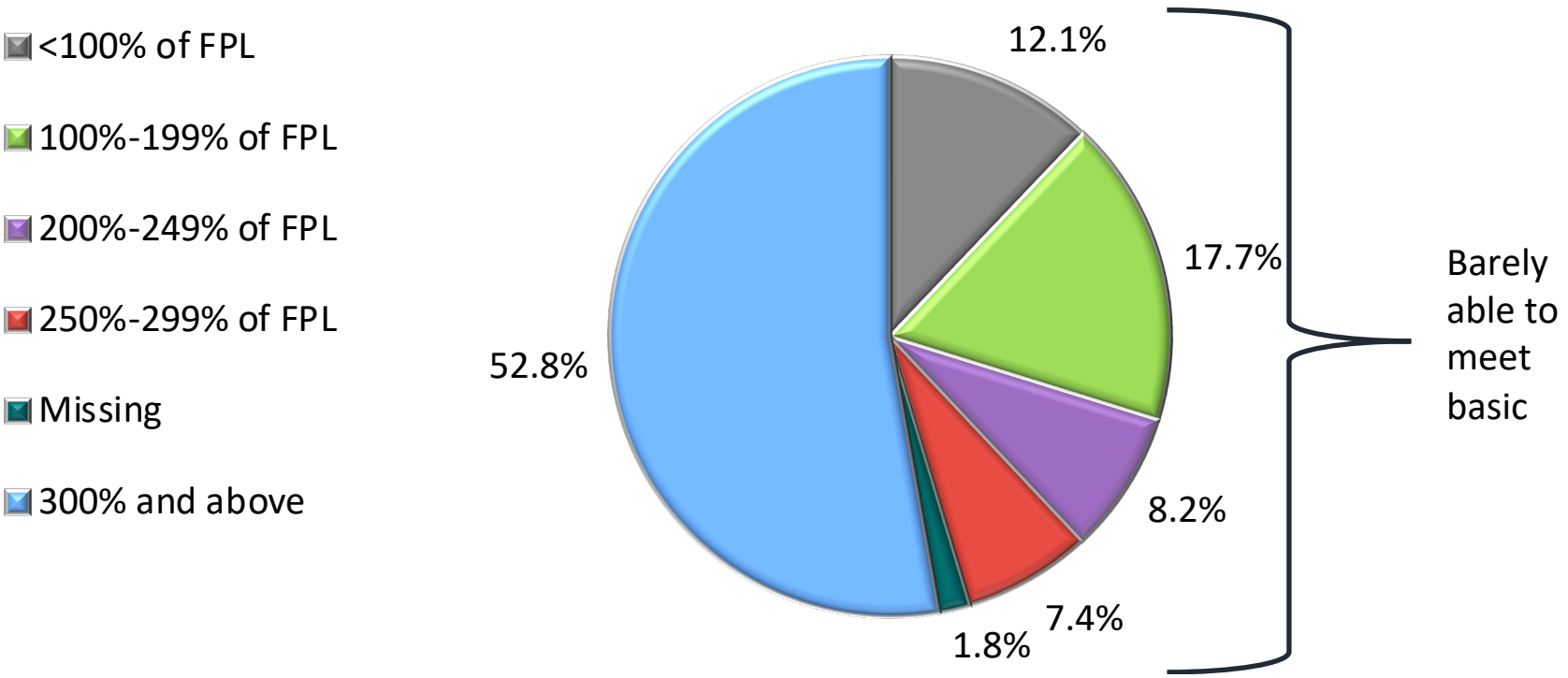
Because of the high cost of living in New Hampshire, families up to 300% of the federal policy level are barely able to meet their basic needs, which includes almost half of the state's children

Estimated Distribution of Children Ages 0-8 in New Hampshire by Income Relative to the Federal Poverty Level, 2017



Source: Understanding the New Hampshire Birth through Five System, A Needs Assessment, 2020.

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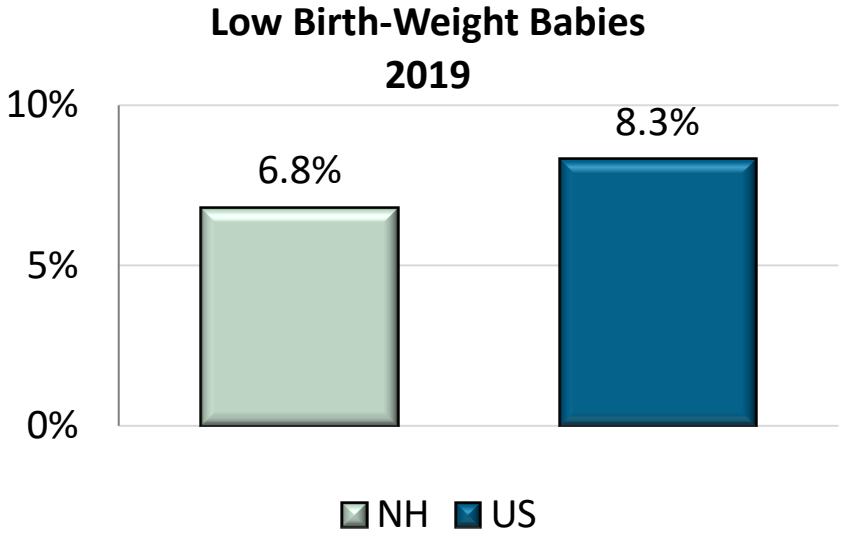
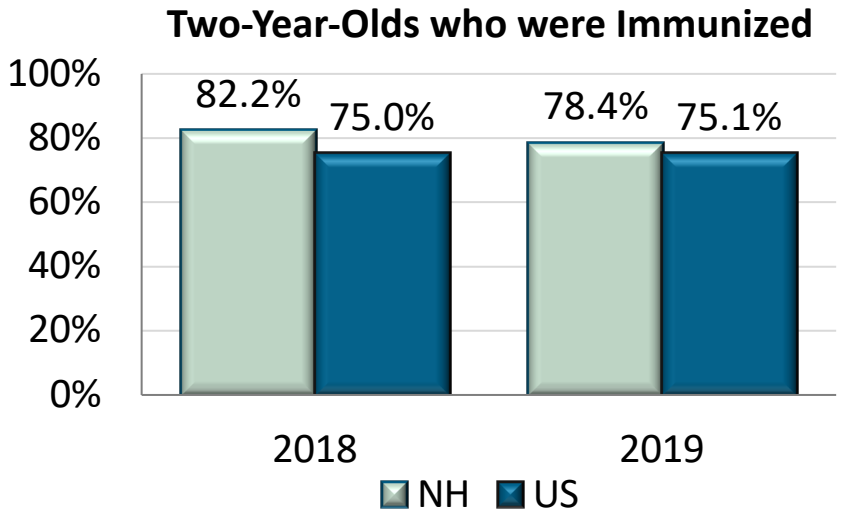
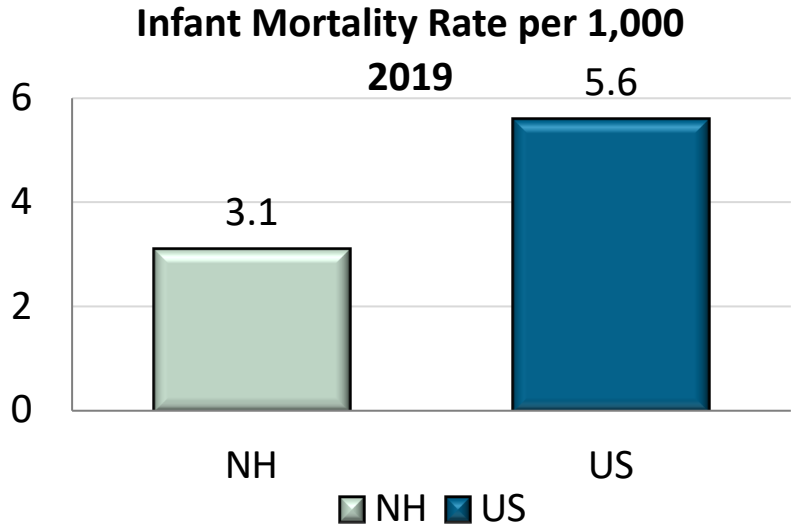
N.H. early childhood health indicators were more positive than the nation overall

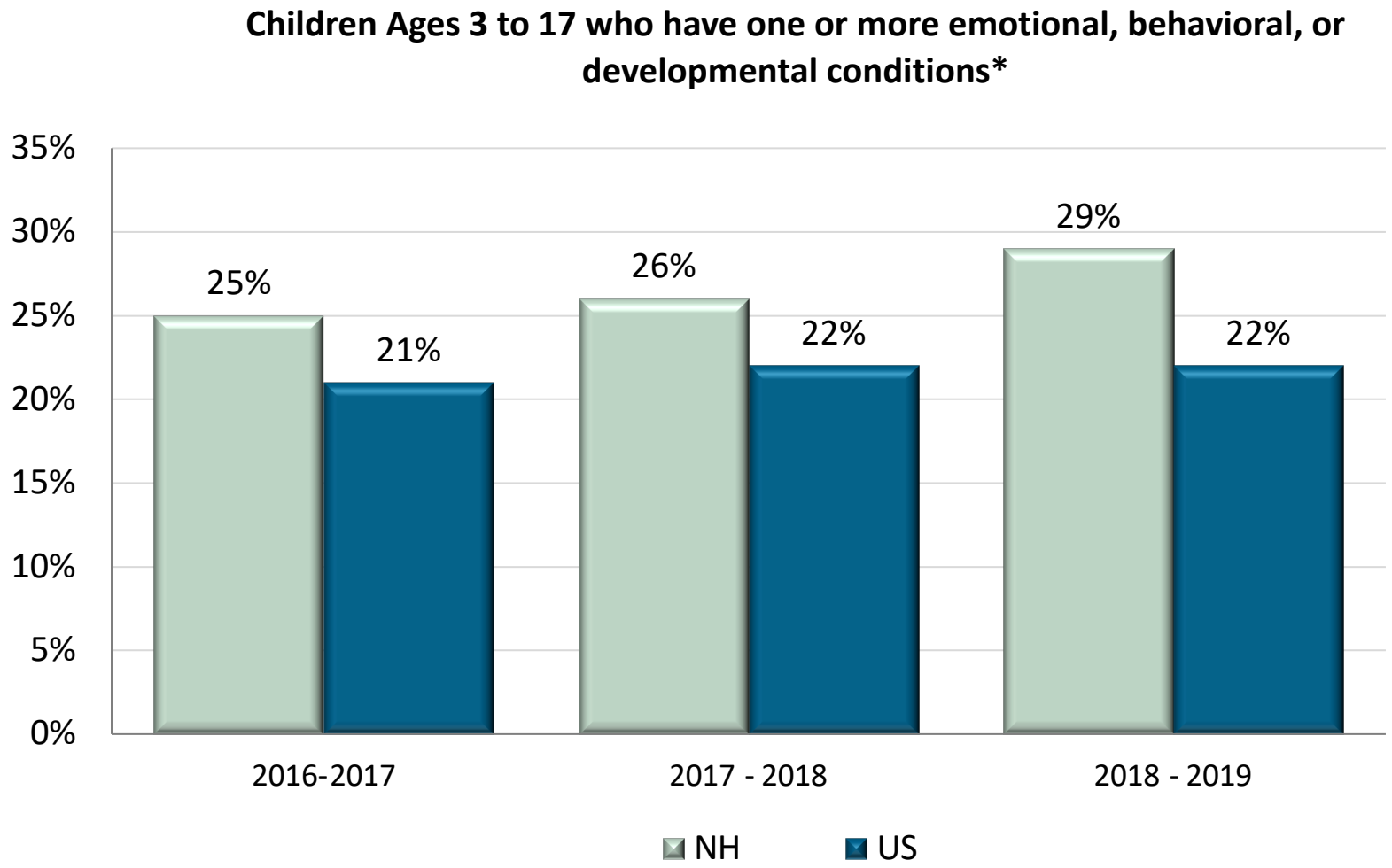






Source: US Census Bureau, American Community Survey; Centers for Disease Control.

Higher proportions of N.H. children have conditions requiring supportive services than the nation overall



*Children ages 3 to 17 with a parent who reports that a doctor has told them their child has autism, developmental delays, depression or anxiety, ADD/ADHD, or behavioral/conduct

Source: US Census Bureau, American Community Survey; Child Trends Analysis, National Survey of Children's Health.

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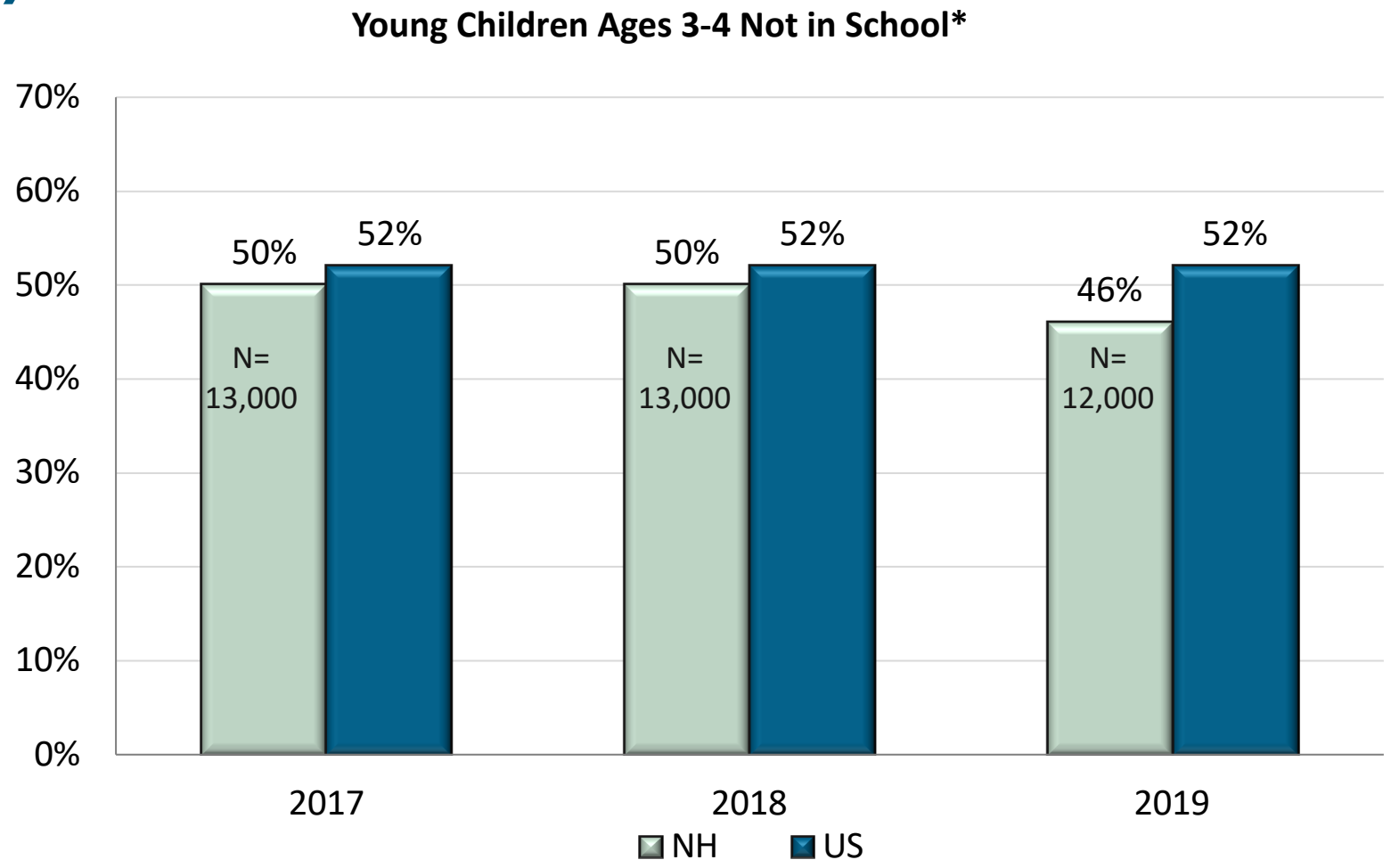
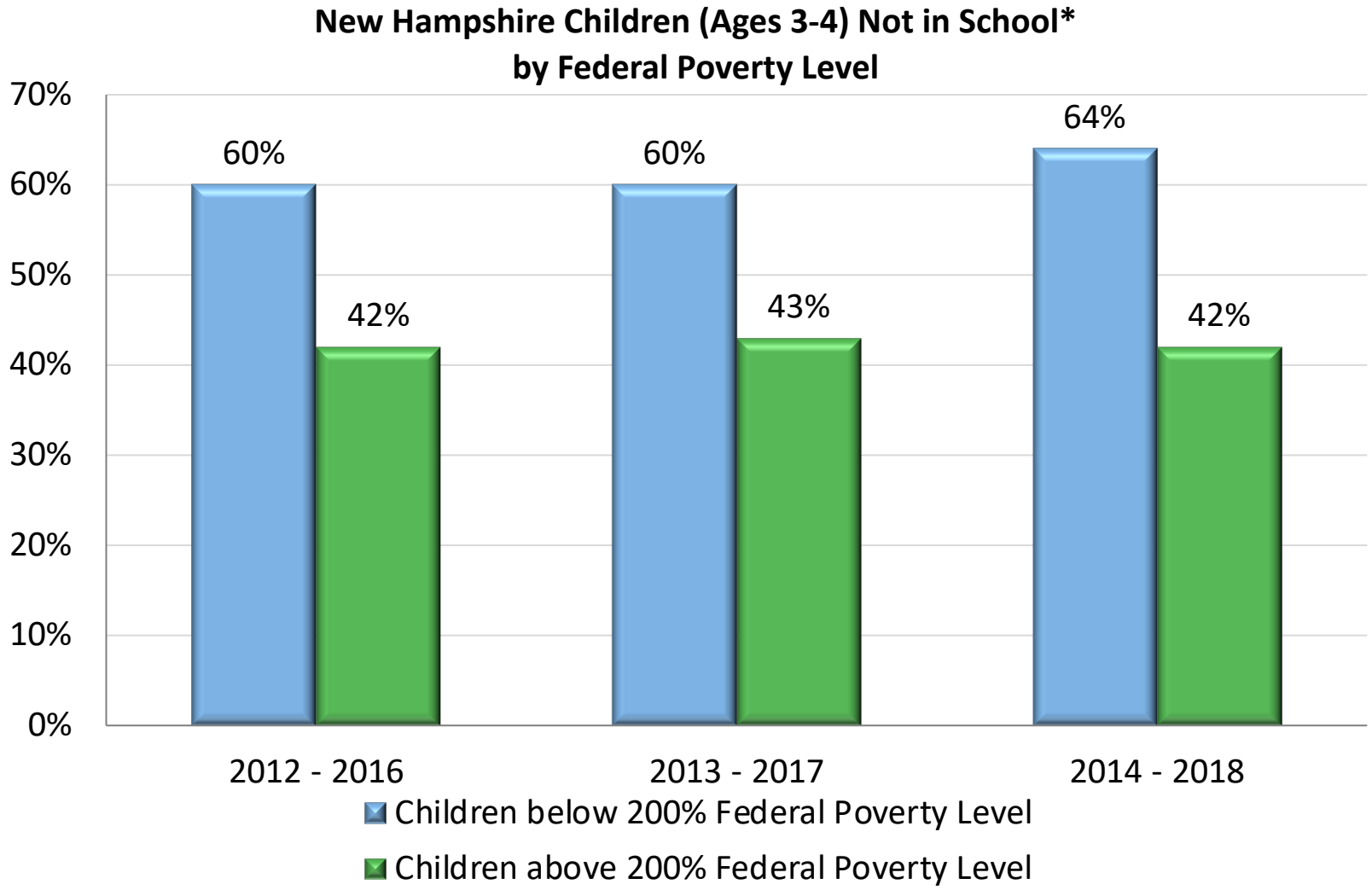
The proportion of younger N.H. children not in school decreased slightly while the national rate stayed the same



*Not in school is defined as the share of children ages 3 to 4 not enrolled in school, including nursery school, preschool, or kindergarten, during the previous three months. "Nursery school" and "preschool" include any group or class of institution providing educational experiences for children during the years preceding kindergarten. Head Start is included, while care in a private home would not be.

Source: US Census Bureau, American Community Survey; Child Trends Analysis, National Survey of Children's Health.

The percentage of lower-income young children not in school rose slightly, while the percentage of other young children not in school has not changed



*Not in school is defined as the share of children ages 3 to 4 not enrolled in school, including nursery school, preschool, or kindergarten, during the previous three months, including Head Start but not care in a private home.
Source: Population Reference Bureau, US Census Bureau, American Community Survey.

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Health support services in New Hampshire reach some of the most vulnerable children in the state through WIC, home visiting and lead testing

WIC

44% of eligible individuals in New Hampshire participated in WIC in 2018 for a total of 14,961 participants

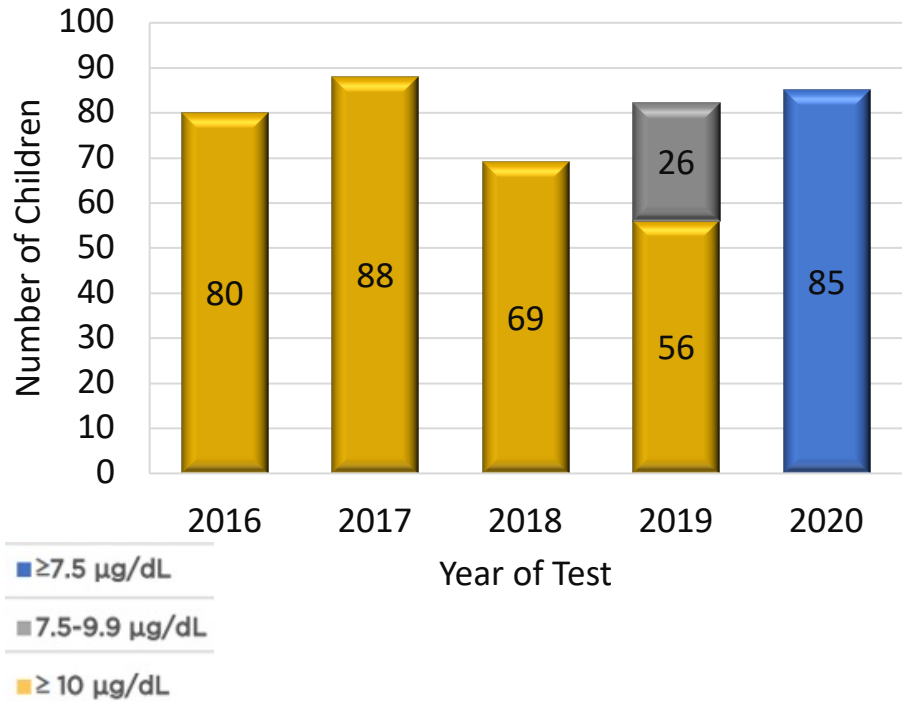
2018 WIC Participants in New Hampshire	
Pregnant women	1,103
Breastfeeding women	1,087
Postpartum women	993
Infants	3,384
Children	8,394

Evidence-Based Home Visiting

2020 NH MIECHV and non-MIECHV Data	
Home Visits Provided	4,911 (including 2,811 virtual)
Families Served	501
Children Served	540

Testing for Lead Exposure

New children 72 months and younger above the state action limit requiring medical nurse case management*



*On July 1, 2019, the NH action level requiring a public health nurse home visit and a lead exposure investigation was lowered from 10 Mg/dL or higher, to 7.5 Mg/dL or higher for children ages 72 months or younger.

Sources:. National WIC Association; MIECHV State Data Tables, 2020; *Lead Exposure in New Hampshire Data Brief 2020.*

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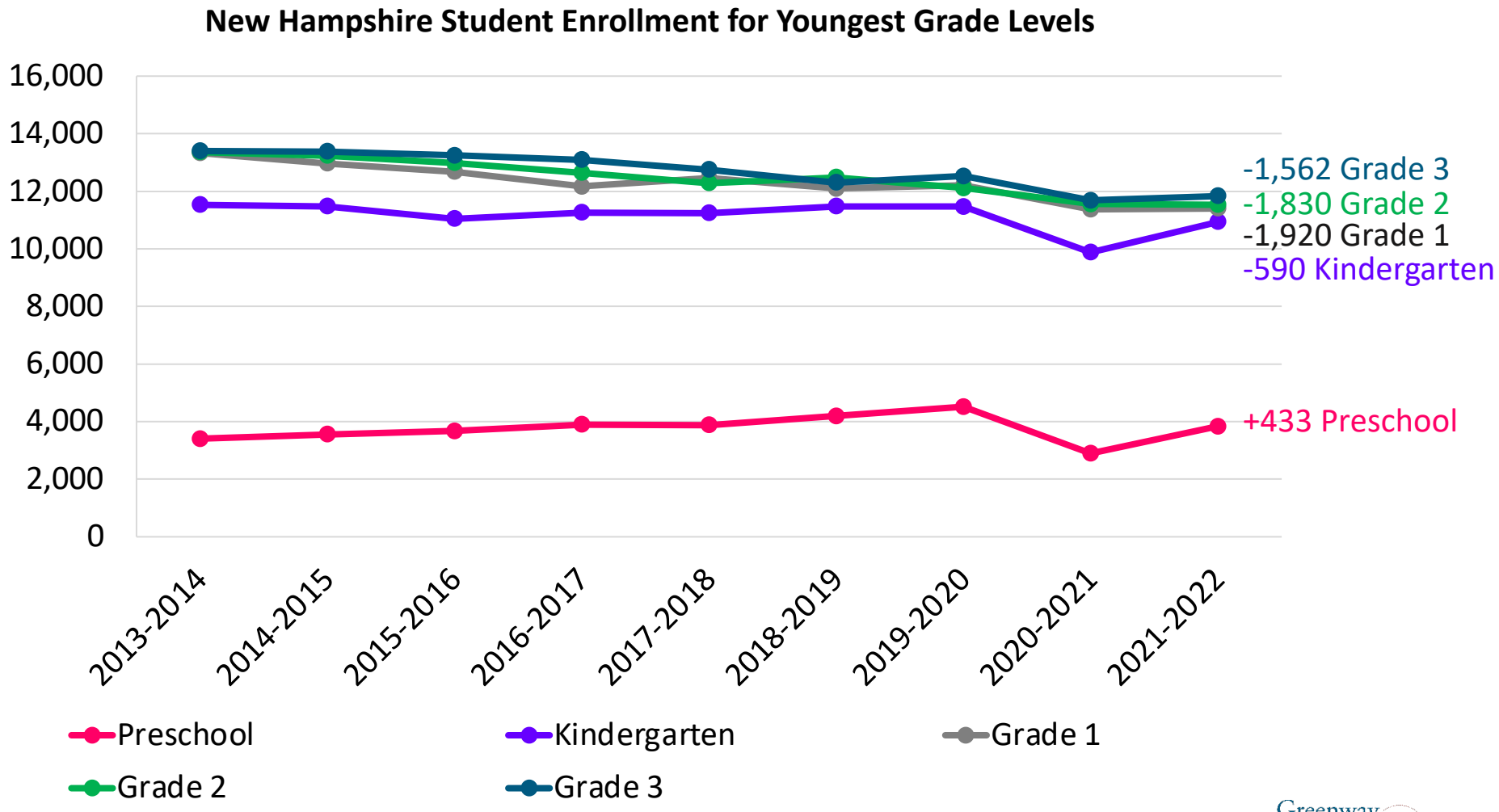
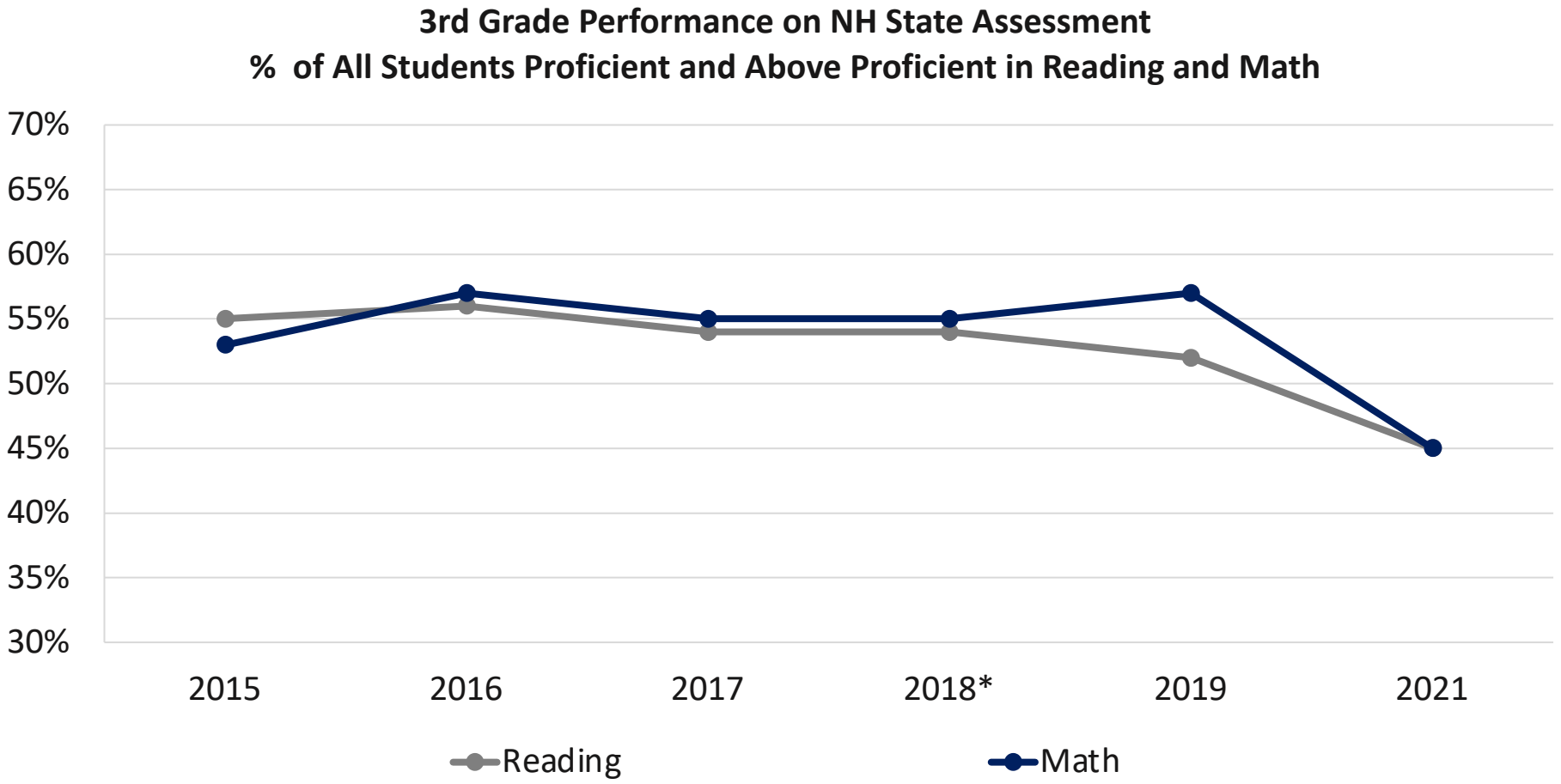
2021-22 enrollment for N.H. preschool children increased almost to pre-pandemic levels, while Grades K-3 enrollment continue to show longer term decline since 2013-14



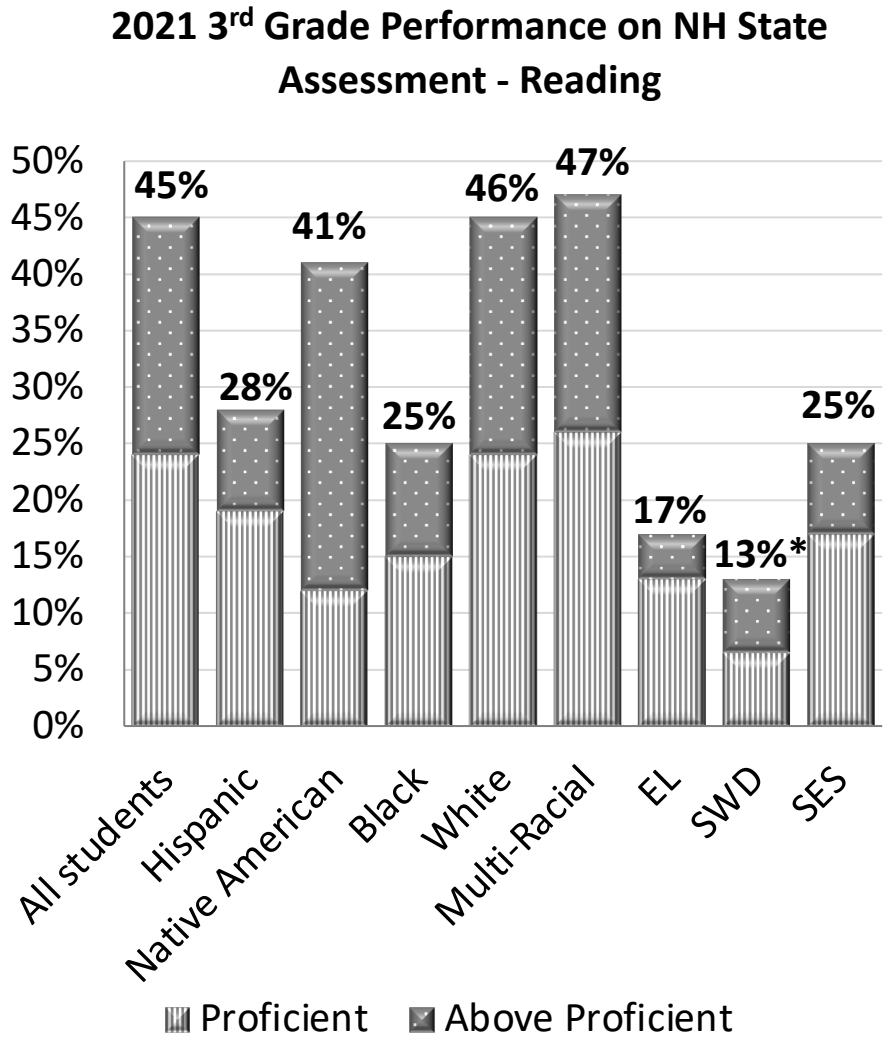
Source: New Hampshire Department of Education.

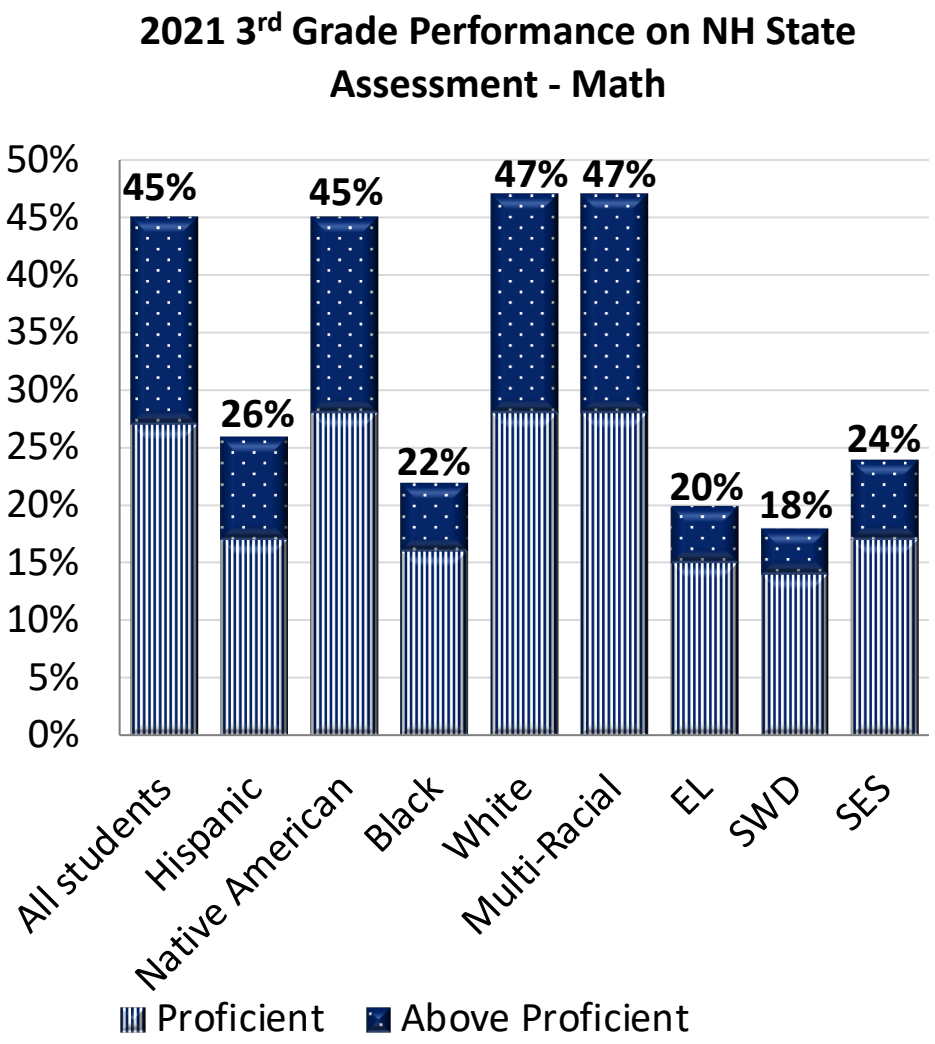
Math and Reading proficiency had a sharp decline in 2021 potentially due to loss of learning during the Covid pandemic as well as significantly fewer students participating in the assessments; in the five years prior to 2019, Reading proficiency had declined while Math proficiency had increased



*State Assessment switched to SAS
Note: Assessments were not administered in 2020
Source: New Hampshire Department of Education

On 3rd grade Reading and Math state assessments, lower percentages of Hispanic and Black students are proficient, as well as English language learners, students with disabilities and lower-income students (SES)

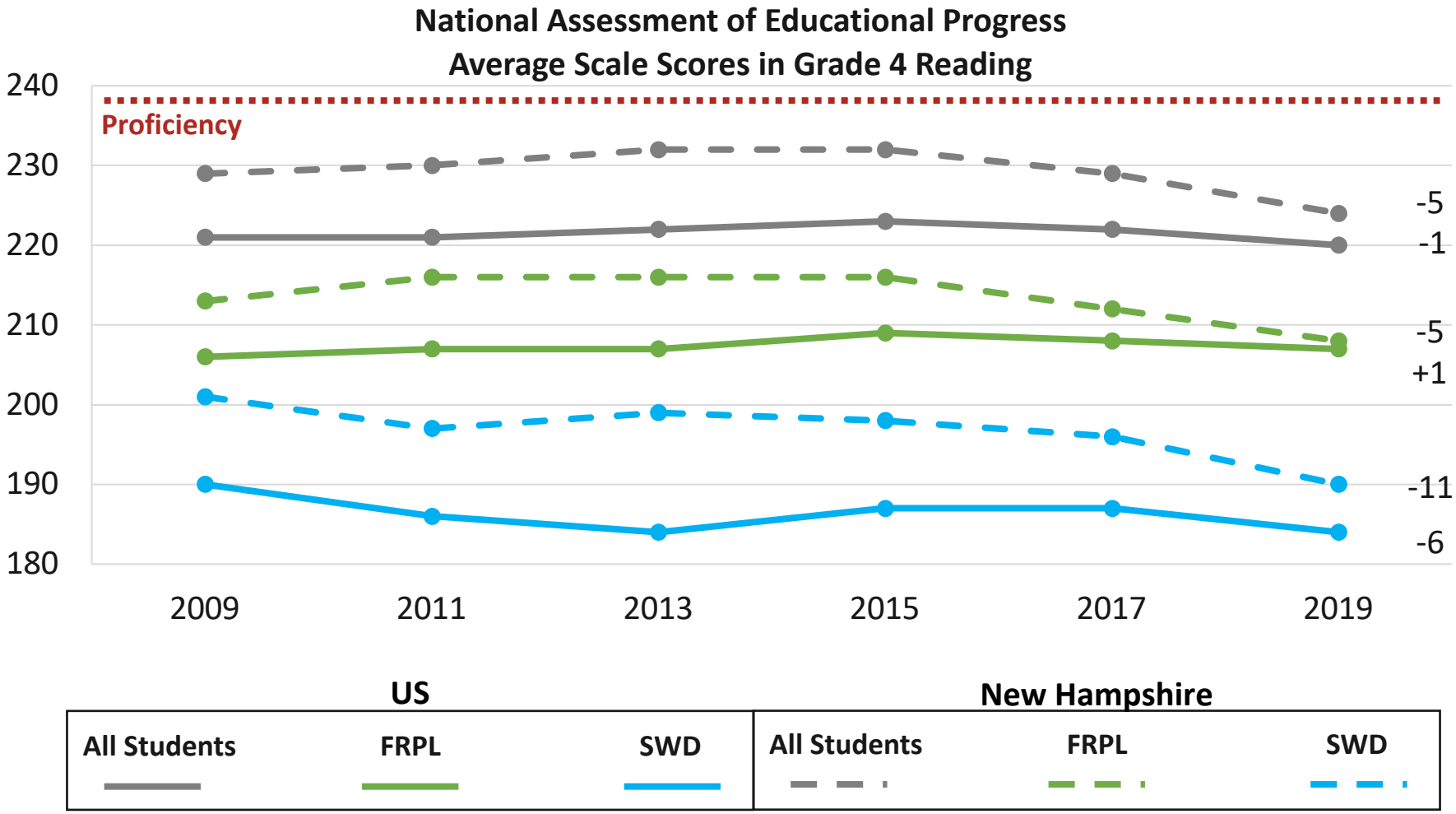




* Proficient and Above Proficient Total is 13% - exact individual categories are unknown but both are <10%

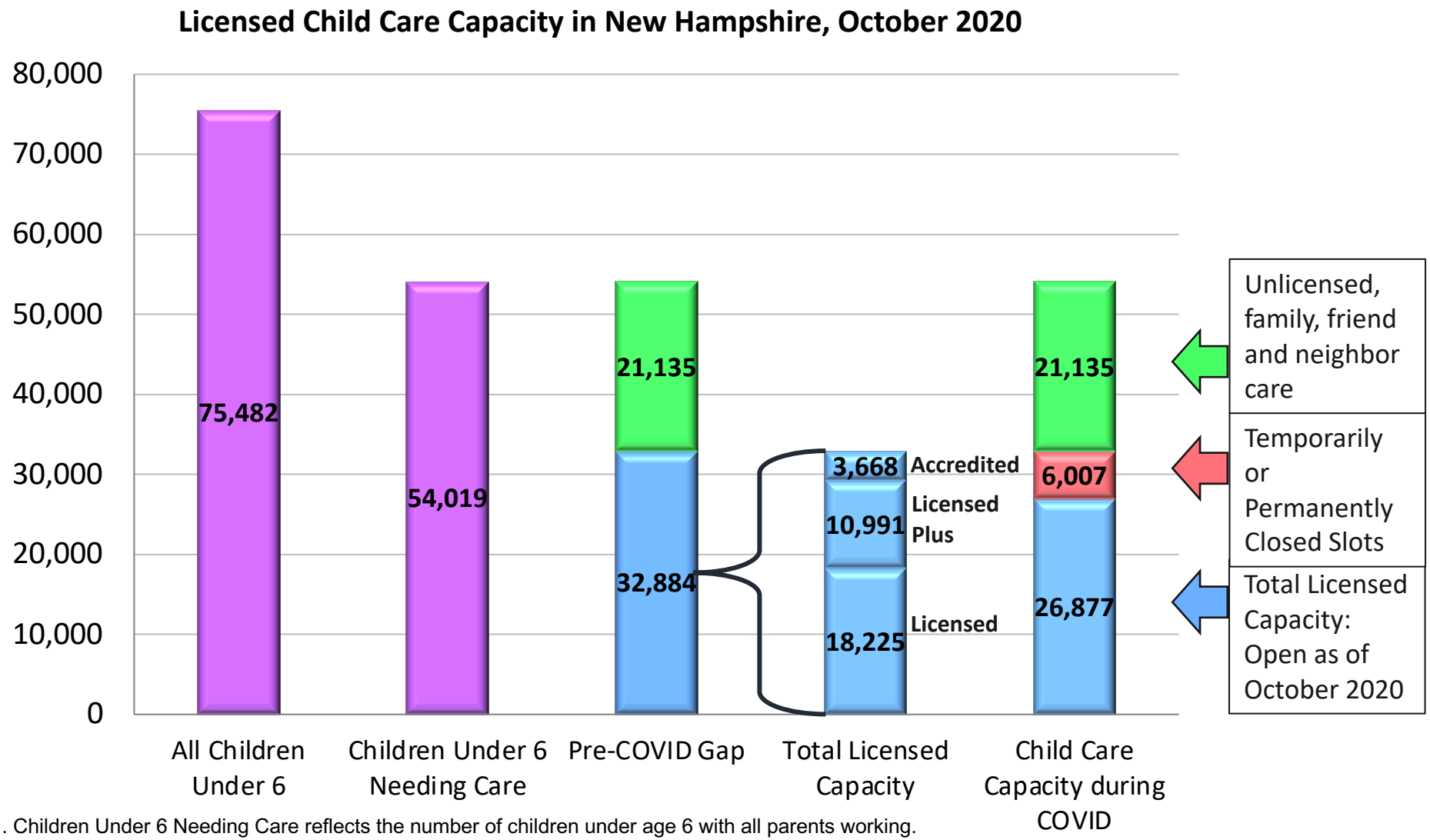
Source: New Hampshire Department of Education.

N.H. has seen larger declines in 4th grade NAEP scores than the nation overall, with 2019 NAEP scores much closer to the national average



Source: The Nation's Report Card, US Department of Education.

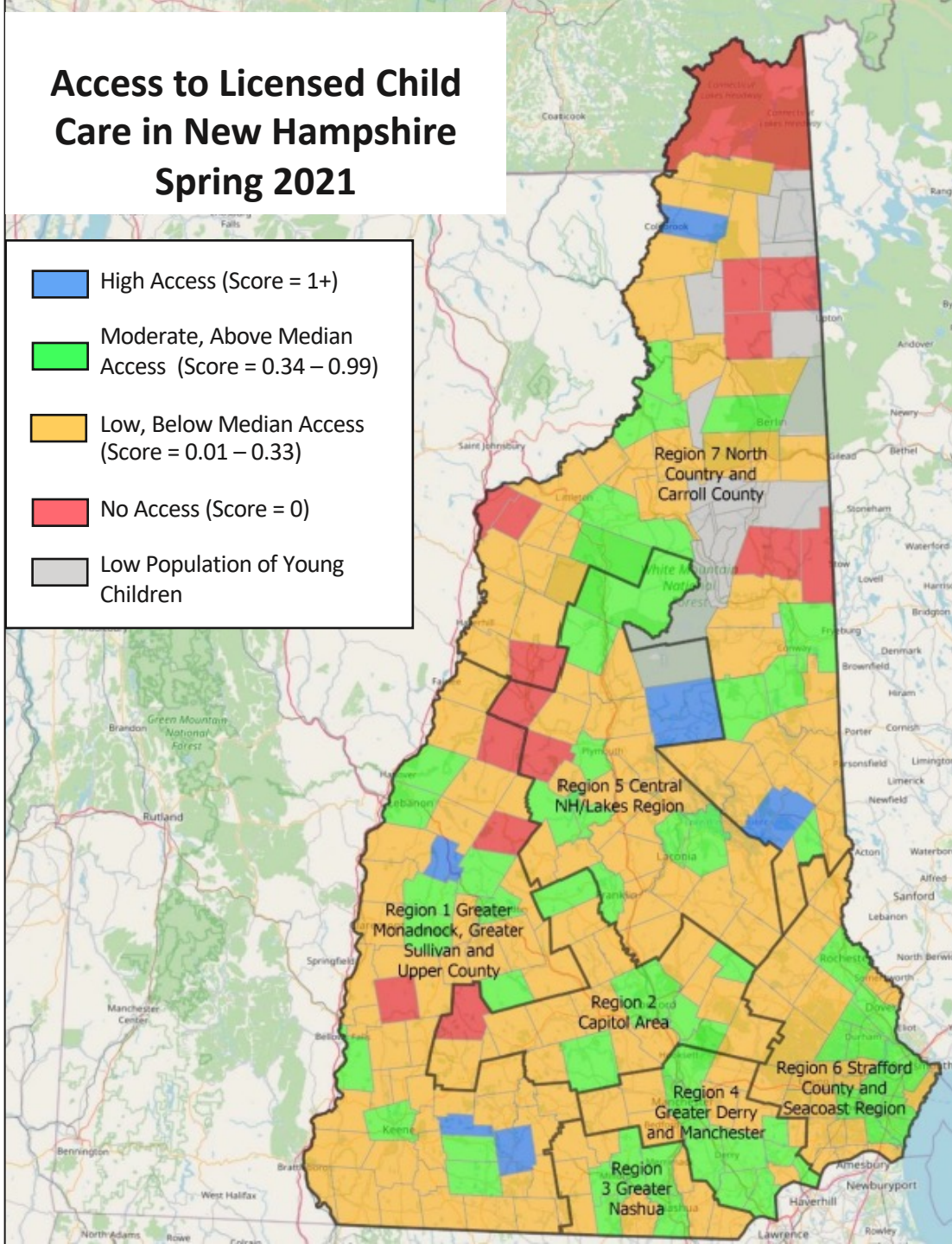
Temporary or permanent closures in N.H. child care slots exacerbated the pre-Covid gap in capacity



1. Children Under 6 Needing Care reflects the number of children under age 6 with all parents working.
2. As of October 2020, there were 10,111 Kindergarteners and 11,675 first-graders enrolled in New Hampshire Public Schools.
3. Licensed Capacity does not include Licensed Exempt programs.

Source: *Constraints to New Hampshire's Workforce Recovery, February 18, 2021*, Child Care Aware of America, 2020.

Access to licensed child care in New Hampshire is highest in urban areas, with about one licensed slot for every three children in the state within a 20-minutes driving distance of their home.



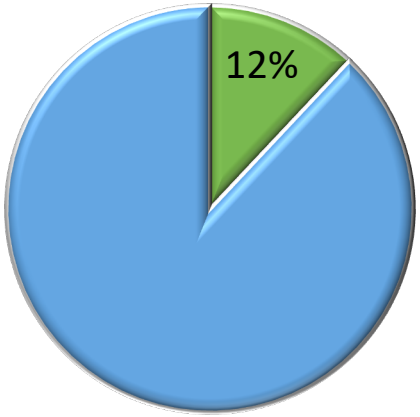
Source: *New Hampshire's Early Childhood System in the Time of COVID-19: Child Care Access and Regional Systems Coordination, October 2021.*

Counties with lower average absolute child care costs still face high costs relative to income

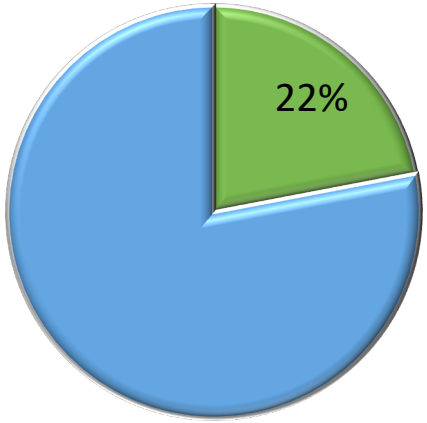
Annual Cost of Child Care for Center-based Care as a Share of Median Income for Two-Parent Family with One Infant or One Infant and One Four-Year Old:

State Average

One Infant: $13, 044



One Infant and One Four-Year Old: $23,647



County	One Infant	Share of Median Income (2-Parent)	Two Children (Infant & 4YO)	Share of Median Income (2-Parent)
Belknap	$10,192	11%	$18,858	20%
Carroll	$10,247	14%	$18,857	26%
Cheshire	$12,009	13%	$21,460	24%
Coos	$9,193	14%	$17,253	25%
Grafton	$12,955	14%	$22,808	25%
Hillsborough	$13,106	12%	$23,497	22%
Merrimack	$11,604	12%	$21,395	22%
Rockingham	$13,897	12%	$24,961	22%
Strafford	$10,024	11%	$20,173	22%
Sullivan	$12,434	15%	$21,534	27%
State Average	**$13,044**	**12%**	**$23,647**	**22%**

Source: Child Care Aware of America, 2020.

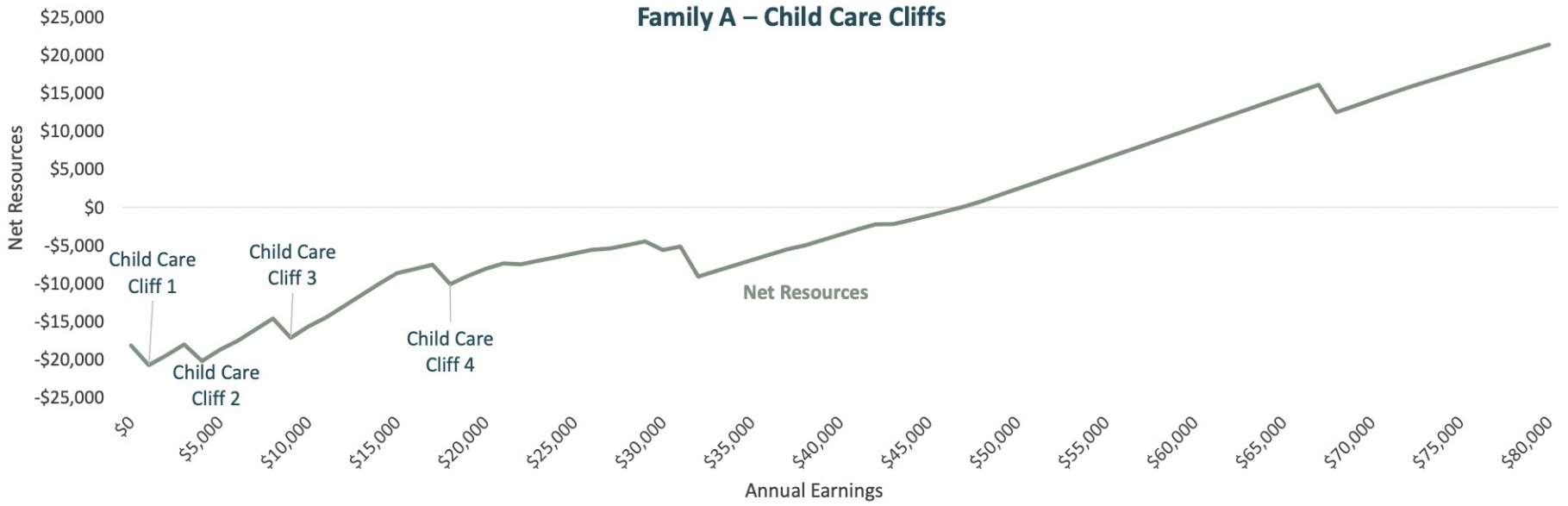
The number of N.H. Child Care Scholarships and beneficiaries of the scholarships have declined in recent years

New Hampshire Child Care Scholarship	2019	2020	2021
Number of Families Receiving Services	5,006	4,135	3,650
Number of childen receiving child care services	7,742	5,968	5,204
Number of child care providers receiving CCDF funding by type of care	842	568	496

The cost of child care is the second most common type of benefit cliff after health care, making child care a significant barrier to labor force participation

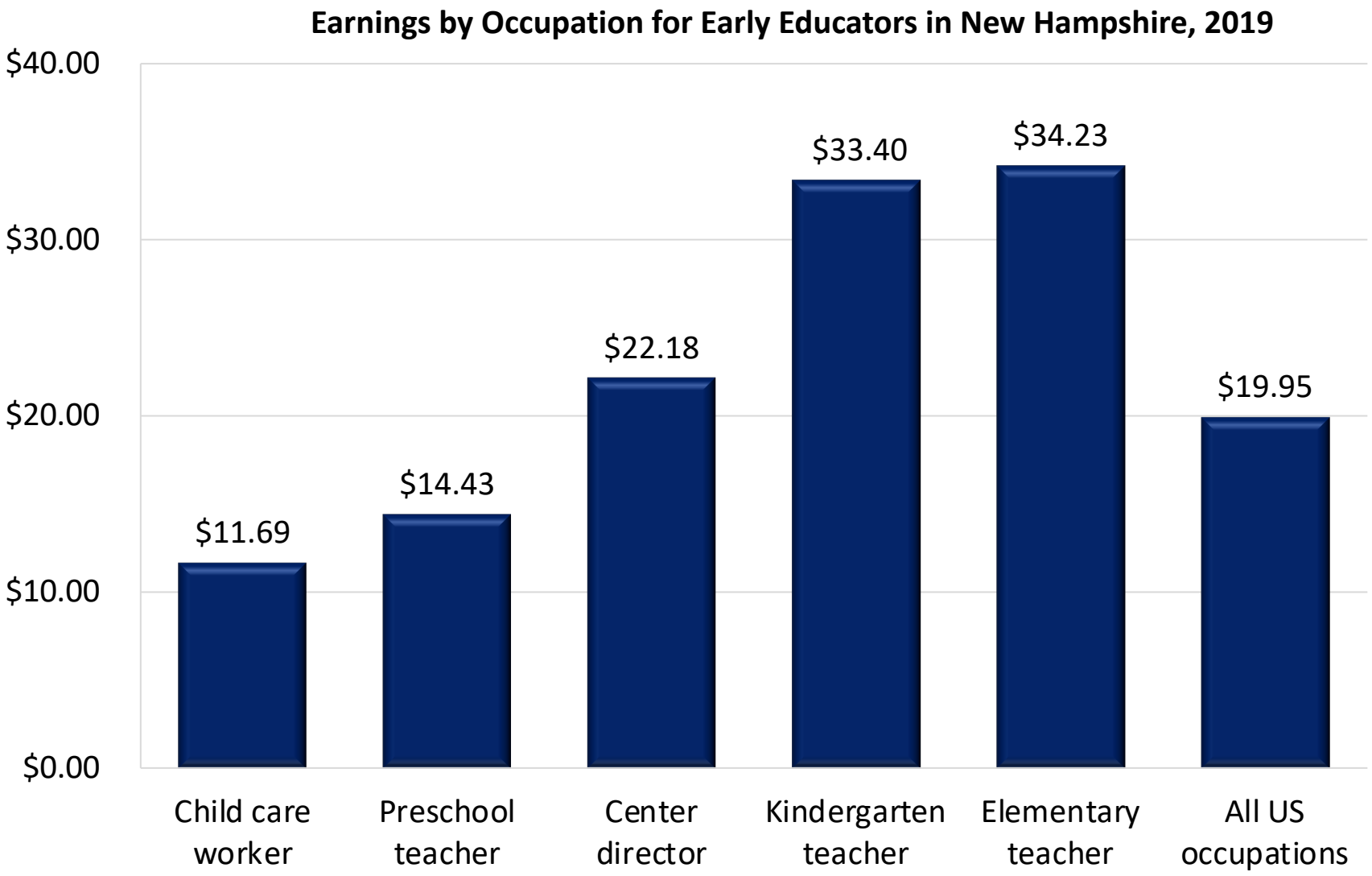
Benefit Cliffs Analysis – Child Care

Program	# Families Affected	Unique Families Facing Cliffs	Common Cliffs	Nature of Cliff	Most Impacted Household Types
Child Care	25,824	18,028	Single parent joining workforce Second adult w/children joining workforce	HH Cost Increase	All households w/ children



Source: *Constraints to New Hampshire's Workforce Recovery, February 18, 2021.*

Low wages penalize N.H. early childhood educators for working with younger children



Source: Center for the Study of Child Care Employment, University of California, Berkeley, 2020.

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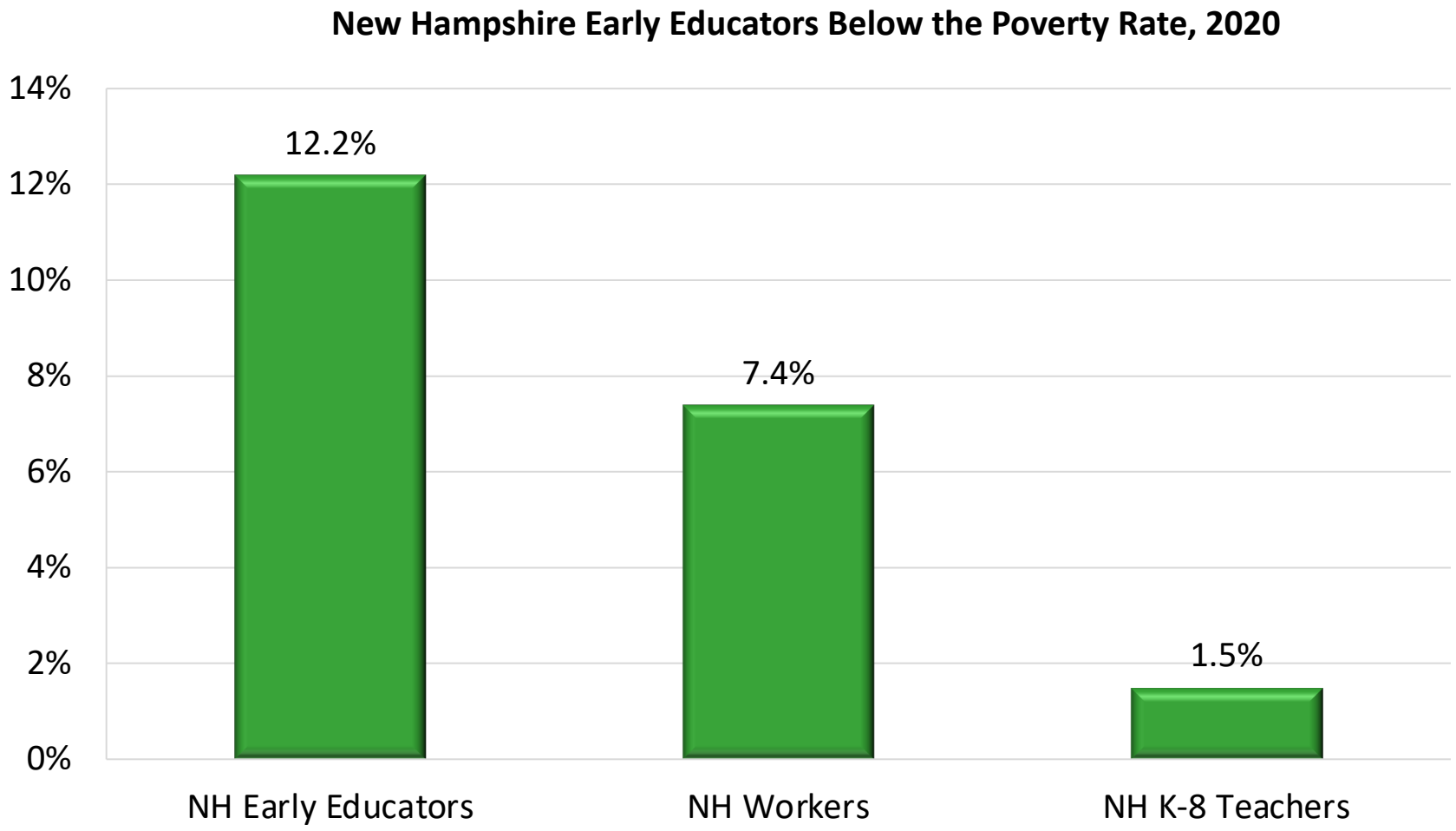
A greater proportion of early educators are below the poverty rate than workers overall and than K-8 teachers



Source: Center for the Study of Child Care Employment, University of California, Berkeley, 2020.

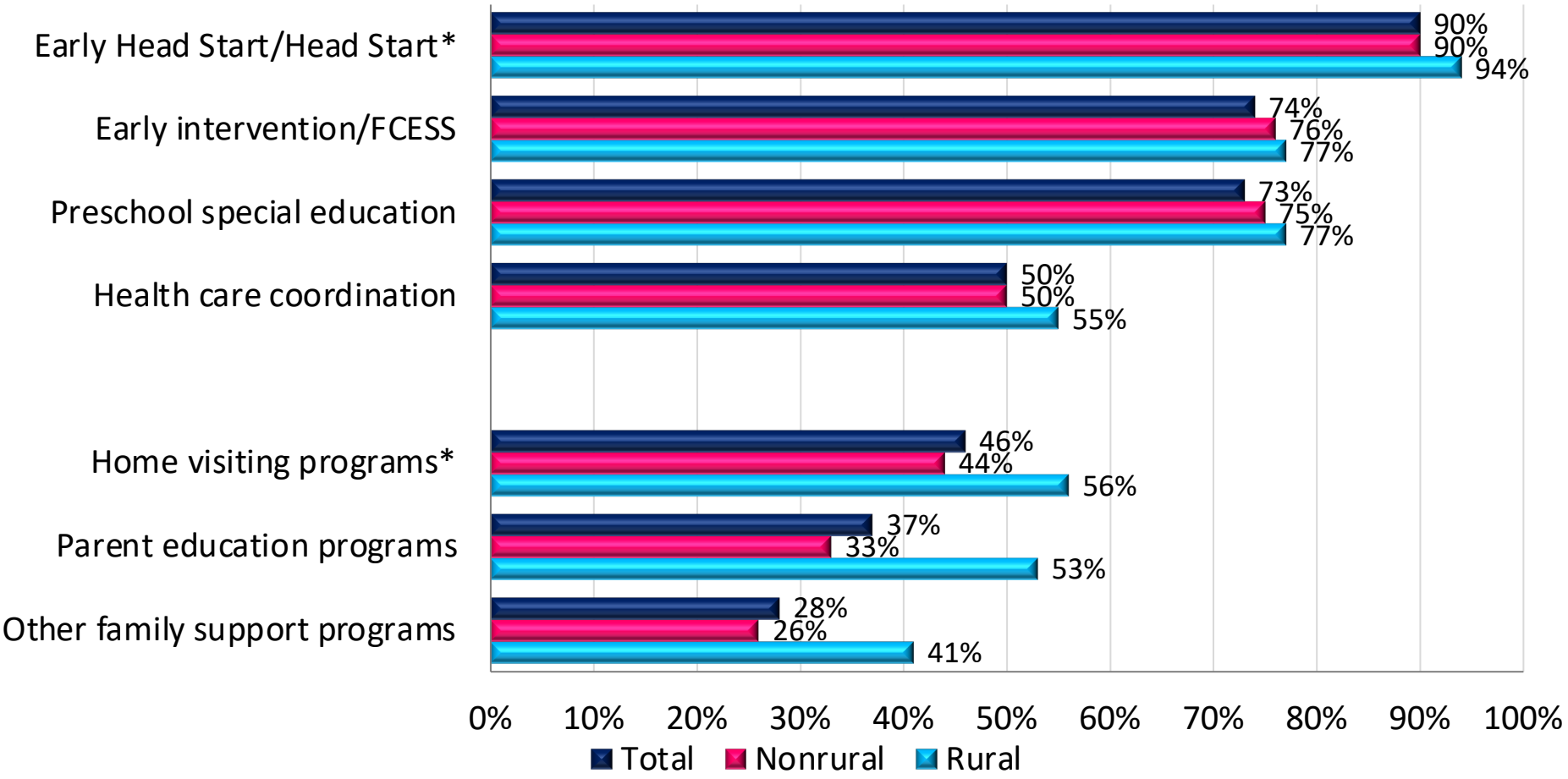
Home visitors have faced challenges with low wages and frustration at insufficient access to services for families

	Average Ranking	N=# of people ranked in top 10
Insufficient salary	9.03	37
Unavailability of services to refer families	8.15	33
Lack of coordinated efforts to support families at county/ town/ state level	7.61	28
Not enough opportunities to support self-care	6.07	27
Lack of organizational support	5.74	23
Caseloads to large	5.54	22
Personal safety	4.82	22
Lack of direct supervision	4.55	22
No reimbursement for mileage/ out of pocket expenses	4.45	22
Lack of available training and development opportunities	3.86	22

Source: MIECHV Needs Assessment Final, 2018.

Families were not aware of many available early childhood services; knowledge was lowest for home visiting and parent education programs

Percentage of Survey Respondents Reporting They Have Heard of Specific Programs: Total and by Nonrural/Rural Subgroups 2020



Source: PDG B-5 Family Survey, *Understanding the New Hampshire Birth through Five System, A Needs Assessment*, 2020. Responses are tabulated for all 1,278 family survey respondents. Program names with an * are targeted to lower-income children and families.

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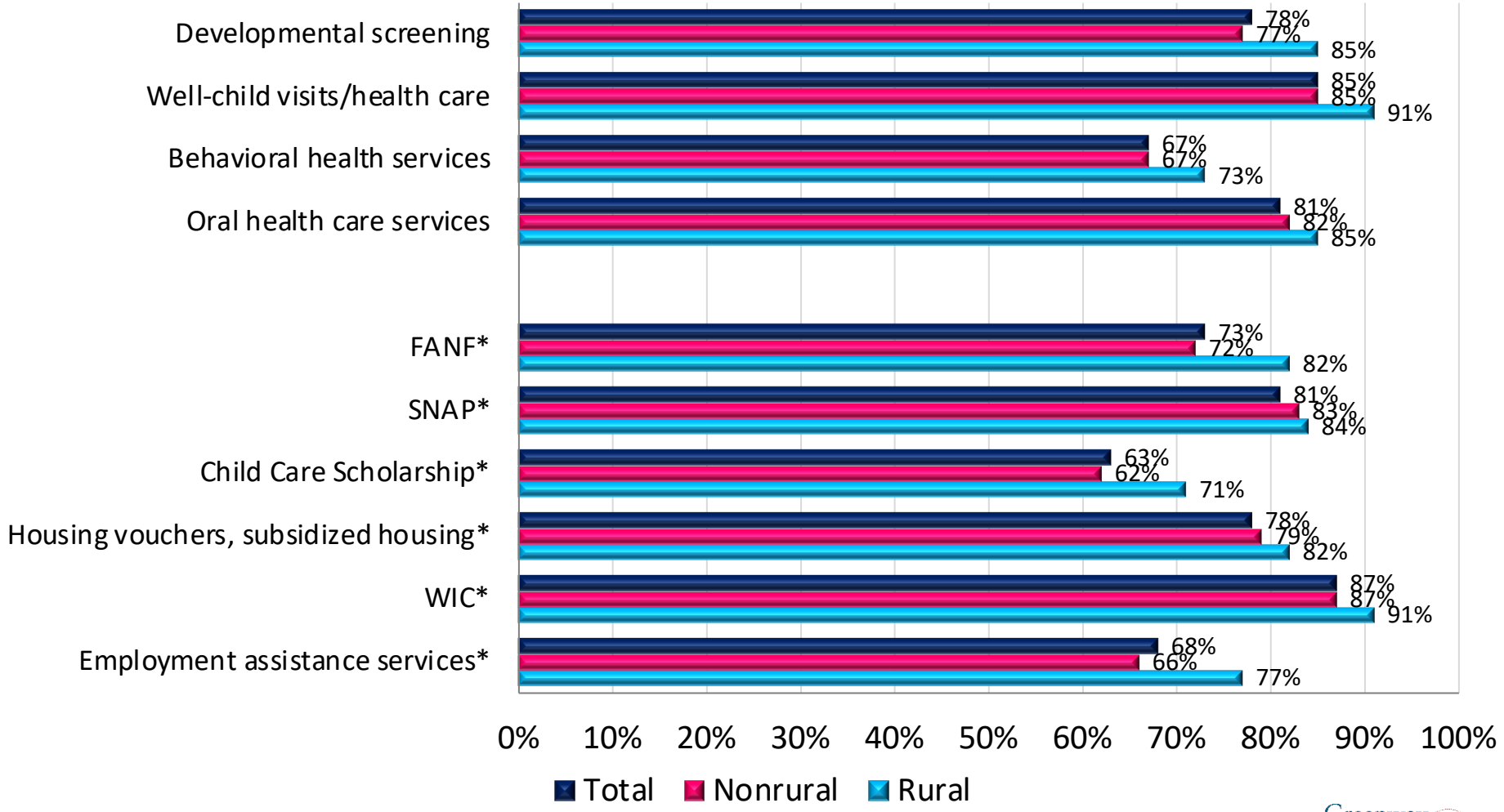
Families in rural areas had higher awareness of supports than those in nonrural areas

Percentage of Survey Respondents Reporting They Have Heard of Specific Programs: Total and by Nonrural/Rural Subgroups 2020



Source: PDG B-5 Family Survey, *Understanding the New Hampshire Birth through Five System, A Needs Assessment*, 2020. Responses are tabulated for all 1,278 family survey respondents. Program names with an * are targeted to lower-income children and families.

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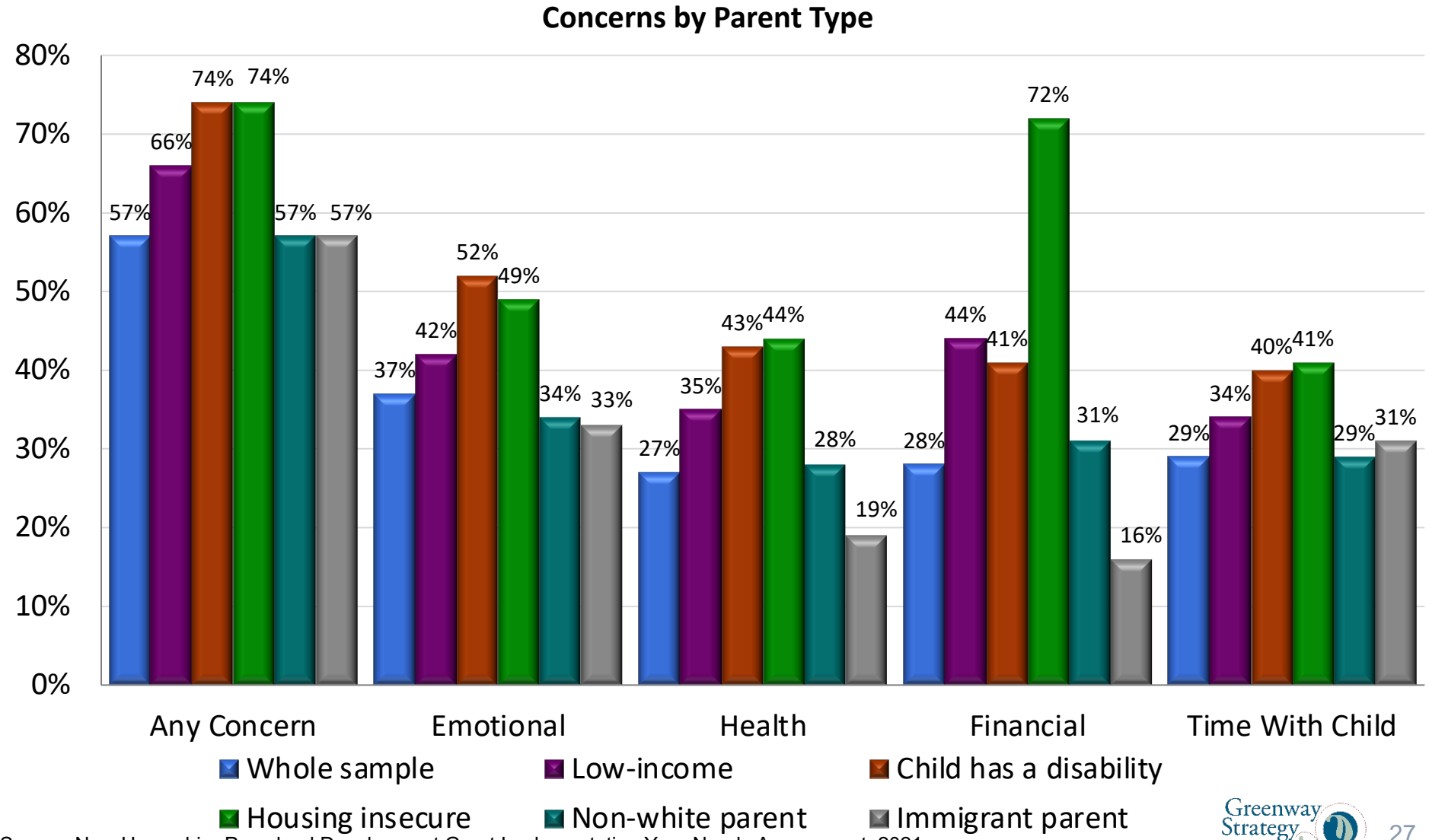
Parent concerns were higher among parents who are low-income, have a child with a disability or are housing insecure



Source: New Hampshire Preschool Development Grant Implementation Year Needs Assessment, 2021.

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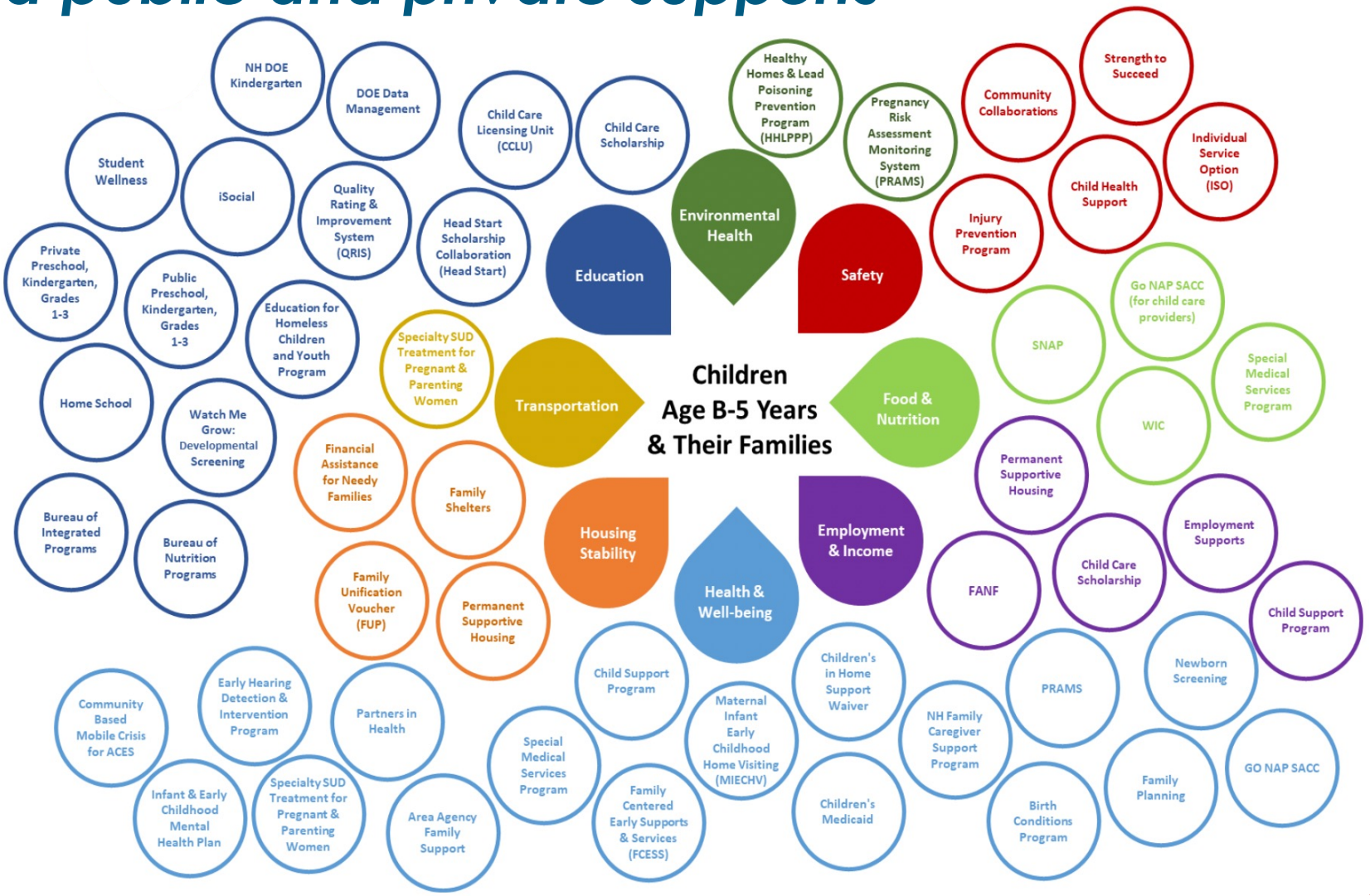
The birth-to-five system in New Hampshire as of 2020 included a complex assortment of programs and public and private supports



Source: *Understanding the New Hampshire Birth through Five System, A Needs Assessment*, 2020.

Stakeholder Input

Focus Groups

Stakeholder Group
Association for Infant Mental Health
B-8 Parent & Community Advisory Team
Child Care Advisory Council
Department of Education Early Childhood Integration Team (DOE ECIT)
Department of Health and Human Services Early Child Integration Team (DHHS ECIT)
Early Childhood Higher Education Roundtable
Early Childhood Regional Leads
Family Support New Hampshire
Family-Centered Supports & Services Directors
Head Start Directors
Interagency Coordinating Council
Regional Public Health Networks
Scientific Advisory Panel
Wellness and Primary Prevention Council (WPPC)

Interviews

Stakeholder	Organization
Patti Baum	New Hampshire Children's Health Foundation
Michael Bennett and Brooke Freeland	Couch Family Foundation
Jane Bergeron	Preschool Special Education
Christine Brennan	DOE Deputy Commissioner & Council Co-chair
Jess Carson	University of New Hampshire Carsey School of Public Policy
Jackie Cowell	Early Learning New Hampshire
Joe Doiron	Office of Workforce Opportunity Department of Business and Economic Affairs
Frank Edelblut	DOE Commissioner
Kim Firth	New Hampshire Endowment for Health
Lindsay Hanson	Save the Children Action Network
Katie Merrow	New Hampshire Charitable Foundation
Moira O'Neill	New Hampshire Office of the Child Advocate
Meredith O'Shea	University of New Hampshire Preschool Development Grant
Christine Santaniello	DHHS Associate Commissioner
Cliff Simmonds	New Hampshire Children's Trust
Tricia Tilley	DHHS Public Health Director and Council Co-chair
Patrick Tufts	Granite United Way

Strengths and Assets

Findings	Supporting Comments	Sources
Greater level of collaboration, coordination, shared values, and goals	• Everyone's aligning and moving in a direction to improve the system. The field shares a sense of purpose and values. There is lot of goodwill and common values among those in the field. • Small state - people know each other • Good collaboration • Family Resource Centers (FRCs) - facilitating child organization model • Increased communication through regional networks from DOE to child care centers	• Advocacy • Association of Special Education Administrators • Child Abuse Prevention Agency • Child Care Providers • DHHS • DHHS ECIT • DOE • Early Childhood Scientific Advisory Panel • Family Support • Family-Centered Supports & Services • Head Start Child Development Directors & Operations Managers • Higher Education • Infant Mental Health Association • Philanthropy • Regional Leads • Wellness and Prevention Council

Strengths and Assets

Findings	Supporting Comments	Sources
Readiness to support early childhood	• Bipartisan support at statehouse for early childhood • Greater investments by funders in systemic change • Growing understanding of brain development and how important the earlier years are	• Advocacy • Child Care Providers • DOE • DOE ECIT • Head Start Child Development Directors & Operations Managers • Higher Education • Philanthropy • Regional Leads • Wellness and Prevention Council
Providers	• Strong providers offering quality childhood experiences • Lot of people have been engaged for a long time • Teachers are the greatest strength	• B-8 Council • Child Care Providers • DHHS ECIT • Family Support • Family-Centered Supports & Services • Higher Education • Philanthropy • Regional Leads

Strengths and Assets

Findings	Supporting Comments	Sources
Variety and quality of services available	• There are some high-quality programs across the state like home visiting • Investment in evidence-based programs and wraparound support • Expansion of system of care to include 0-5/0-8 populations • Great educational opportunities (leading to positive migration to NH)	• DOE ECIT • Early Childhood Scientific Advisory Panel • Family-Centered Supports & Services • ICC • Office of Workforce Opportunity • Philanthropy • Wellness Prevention Council
Parent engagement	• Increasing strides in meaningfully engaging families as partners • Parent choice taken seriously in NH, parents know their kids best	• B-8 Council • Child Care Providers • DHHS ECIT • Higher Education • ICC • Philanthropy
Programs available for parents	• Increased understanding by families of children's needs and development • Good systems in place to support parents • Kinship navigation program • Regional networks have improved communication and access from DOE to parents and families • Parent Information Center	• DHHS ECIT • DOE • Family Support • Regional Leads • Wellness and Prevention Council

Strengths and Assets

Findings	Supporting Comments	Sources
Advocacy partners	• Committed, dedicated, passionate	• Higher Education • ICC • Philanthropy
History of innovation, flexibility	• Diversity of needs across the state; but also a diversity of response	• DHHS • Higher Education • Regional Leads
Private funders	• Strong and consistent philanthropic support for early childhood from many different organizations	• Philanthropy • Wellness and Prevention Council
Federal funding	• PDG available over the next three years to transform the system • Head Start	• B-8 Council • Philanthropy
Creative with funding and grantmaking	• Braiding funding and cross-department grants. • Working across lines to make things happen for kids and families.	• DHHS ECIT

Weaknesses and Gaps

Findings	Supporting Comments	Sources
Provider workforce	• Workforce issues (compensation lags, so recruiting quality staff is difficult, and this reduces the number of child care slots) • Workforce for home health visitors has same issues • Child care isn't seen as a profession; perception is that early childhood education is not a viable career path • There's no pipeline of people going into this work • Insufficient funding to support (quality) education along the pipeline • Workforce is overwhelmed; impacts their ability to connect and collaborate	• Advocacy • Child Abuse Prevention Agency • Child Care Providers • DHHS • DHHS ECIT • DOE • DOE ECIT • Early Childhood Scientific Advisory Panel • Family-Centered Supports & Services • Head Start Child Development Directors & Operations Managers • Higher Education • ICC • Infant Mental Health Association • Philanthropy • Regional Leads

Weaknesses and Gaps

Findings	Supporting Comments	Sources
Lack of integration of care and education, health, and family support	• Lack of policy or financial support for integration and more interventions where needed • There are geographic pockets where child care centers, schools, corrections system, etc. aren't aware of/connected to FRCs • Lack of connection means families aren't getting needed home visiting programming, social supports, services, etc. • Universal access to various programs (developmental screenings, home visiting) rather than income-based or "Medicaid eligible" - to increase access • Need a better relationship with health system • Lack of integrated data systems and data infrastructure makes it difficult to determine capacity, availability, need, etc.	• Advocacy • Association of Special Education Administrators • DHHS ECIT • DOE • DOE ECIT • Family Support • Head Start Child Development. Directors & Operations Managers Higher Education • ICC • Infant Mental Health Association • Philanthropy • Regional Leads • Save the Children Action Network • Wellness Prevention Council

Weaknesses and Gaps

Findings	Supporting Comments	Sources
Parents finding affordable, quality care and services	• We need to figure out 1) the pay needed to attract/retain quality providers, 2) what families can reasonably afford, and 3) subsidize care accordingly • Providers and families lack knowledge of available resources and how to use them • Base eligibility on median income rather than federal poverty level • Lack of quality care/services addressing mental health and developmental disabilities for infants, toddlers, preschoolers	• Child Abuse Prevention Agency • Child Care Providers • DHHS ECIT • DOE • DOE ECIT • Family Support • Family-Centered Supports & Services • Head Start Child Development Directors & Operations Managers • Higher Education • ICC • Infant Mental Health Association • Regional Leads • Save the Children Action Network

Weaknesses and Gaps

Findings	Supporting Comments	Sources
Lack of coordination	• Coordinated at the systems' level, but there's a breakdown in coordination between the systems and provider levels • Very siloed, there's a lack of clarity for providers regarding funding, shifting of priorities, structure, etc. • Decentralized (community-based) system across the state results in a different approach from community to community	• Association of Special Education Administrators • B-8 Council • Child Abuse Prevention Agency • DHHS • DOE • DOE ECIT • Head Start Child Development Directors & Operations Managers • Higher Education • Philanthropy • Regional Leads • Wellness and Prevention Council

Weaknesses and Gaps

Findings	Supporting Comments	Sources
Lack of investment	• Inadequate investment at the state level to implement change; gap is across the board re: lack of state funding • Funding sources and requirements often create silos • Lack of operating support	• Association of Special Education Administrators • Child Care Providers • DOE • DOE ECIT • Family Support • Family-Centered Supports & Services • Head Start Child Development Directors & Operations Managers • Higher Education • Infant Mental Health Association • Philanthropy • Regional Leads • Wellness and Prevention Council

Weaknesses and Gaps

Findings	Supporting Comments	Sources
Availability of quality care	• Disparities between services in rural and city communities • Long waitlists for services (especially those without private insurance) • Insufficient number of quality programs and child care slots, including for folks approved for subsidized slots • Slots may be available, but not locally and particularly difficult to access for families in rural areas • COVID impacted capacity of some programs (impacting families, businesses, the economy). Parents going back to "in-person" work will further stretch the system. • Lack of statewide, all-day Kindergarten and preschool programs in schools; where available, need to be affordable for all	• Birth-8 Council • Child Care Providers • DHHS ECIT • Family Support • ICC • Office of Workforce Opportunity • Philanthropy • Regional Leads • Save the Children Action Network • Wellness Prevention Council
Leadership	• Quality of leadership varies at various levels (community to state) • Lack of long-term planning or mindset because of a lack of leadership • There's a lack between the idea and reality, decision-makers without knowledge of the field making decisions • Small state, hinders creativity, political disagreements become pervasive	• Advocacy • Child Care Providers • DOE ECIT • Family Support • Higher Education • Philanthropy

Weaknesses and Gaps

Findings	Supporting Comments	Sources
Lack of communication and knowledge	• Lack of communication among groups within the system so see a lack of awareness and duplication • Lack of awareness among parents of available services • Add more value for parent and other stakeholder voices • Lack of public understanding of what preschool and a true mixed delivery system is	• Advocacy • Association of Special Education Administrators • DHHS ECIT • DOE • Family Support • Family-Centered Supports & Services • Philanthropy • Regional Leads
Lack of health services (particularly child behavioral and mental health)	• NH is one of the healthiest states, but we still need to do more to support the health needs of all families, not only low-income • Significant increase in young children with developmental delays—and not enough staff trained to support them	• Association of Special Education Administrators • Division of Public Health Services • DHHS • Family Support • Head Start Child Development Directors & Operations Managers • Philanthropy • Wellness Prevention Council

Weaknesses and Gaps

Findings	Supporting Comments	Sources
There's a lack of singular vision	• Lack of a systemic approach, there are a lot of individualized efforts to improve access to quality services • Competing personal agendas, can get in the way of collaboration • Great network; however, need someone to pull it together for planning re: intentional thinking and legislation for next year	• DHHS • DOE • Higher Education • Philanthropy • Regional Leads
Need a community-driven approach	• Need a strong community voice to be most effective, particularly for people of color or in poverty • As a small state, many rely on their local connections; need to strengthen system at local level (resources awareness, access, funding)	• Advocacy • Child Abuse Prevention Agency • DHHS • Philanthropy • Regional Leads
Social needs that impact access	• Lack of transportation • In ability for families to access social supports, impacts kids' ability to access care • Homeless crisis in the north	• Family Support • Family-Centered Supports & Services • Higher Education • ICC • Office of Workforce Opportunity

Weaknesses and Gaps

Findings	Supporting Comments	Sources
Alignment of planning	• A lot of movement in the state, with many groups creating separate strategic plans • Lack of intentional planning regarding the work that has been done already • Coordinated funding should be connected to the strategic plan so it is easier for everyone to understand	• Advocacy • B-8 Council • Philanthropy • Child Abuse Prevention Agency • Regional Leads
Bureaucracy	• Families must complete different applications for different services • Struggle with internal bureaucracy and obstacles and actual implementation on the family level	• Family-Centered Supports & Services • Higher Education • ICC • Wellness Prevention Council
Covid effects	• Virtual learning during covid caused a lot of students to fall behind • Significant increase in young children with social-emotional behavioral issues after being at home all for a year and insufficient staff trained to support them • Fewer families are seeking services	• B-8 Council • DHHS • Head Start Child Development Directors & Operations Managers

Weaknesses and Gaps

Findings	Supporting Comments	Sources
Lead exposure	• Children being exposed to harmful levels of Lead is a current problem	• Early Childhood Scientific Advisory Panel
Insufficient advocacy capacity	• We don't have the capacity we need to advocate re: early childhood within the state	• Philanthropy

Improve, Create or Eliminate

Findings	Supporting Comments	Sources
Increase access	• Improve access to care and services for all families • Full day Kindergarten • Cap on cost of child care • Lack of child care centers, especially in rural areas • Small child care centers can't afford assessments • Increase capacity of parents to become home providers and to select quality care • Break down barriers for home child care providers (especially to serve infants and very young children) • Increased access to transportation, especially in rural areas	• Child Care Providers • DHHS • DHHS ECIT • Family Support • Head Start Child Development Directors & Operations Managers • Higher Education • ICC • Infant Mental Health Association • Office of Workforce Opportunity • Philanthropy • Regional Leads • Wellness Prevention Council

Improve, Create or Eliminate

Findings	Supporting Comments	Sources
Increase quality of care	• Provide technical assistance to bring policies to ground • Provide mental health support in classrooms • Teacher pipelines and professional development • Increase trauma-informed care • Continue QRIS • Need to adapt to student needs in the classroom, regardless of diagnosis	• B-8 Council • DHHS • DHHS ECIT • DOE ECIT • Early Childhood Scientific Advisory Panel • Higher Education • Infant Mental Health Association • Office of Workforce Opportunity • Philanthropy • Wellness Prevention Council
Eliminate multiple groups, improve coordination, collaboration	• There are many groups working in this space, many with their own strategic plan; need to align the groups, and increase collective action • Realign catchment areas and maps, to improve coordination at the regional/local level and improve family access to services	• Association of Special Education Administrators • B-8 • DOE ECIT • Head Start Child Development Directors & Operations Managers • Higher Education • Infant Mental Health Association • Philanthropy • Regionals Leads

Improve, Create or Eliminate

Findings	Supporting Comments	Sources
Increase funding	• No one in NH is prioritizing early childhood in the budget • More state funding of early childhood • Funding is insufficient (e.g., facilities, staff wages, training & education, supports); need consistent, robust state funding • Funding mechanism is frustrating	• Association of Special Education Administrators • Child Abuse Prevention Agency • Child Care Providers • Family-Centered Supports & Services • Head Start Child Development Directors & Operations Managers • Philanthropy • Regional Leads • Save the Children Action Network • Wellness Prevention Council
Quality workforce	• Increase provider knowledge of resources, and ability to provide navigation • Create child care providers that can accommodate children under 3 and with specialized needs • More focus on workplace wellness at centers	• Child Abuse Prevention Agency • Family-Centered Supports & Services • Head Start Child Development Directors & Operations Managers • Higher Education • Philanthropy • Regional Leads

Improve, Create or Eliminate

Findings	Supporting Comments	Sources
Workforce capacity	• Waiting lists for services; not enough providers/practitioners to meet the needs of families • Reasonable/competitive compensation • Build workforce pipeline • Promote providers as educators, an important profession with appropriate standards/training requirements • Start with training programs in high schools	• DHHS • Family-Centered Supports & Services • Head Start Child Development Directors & Operations Managers • Higher Education • Office of Workforce Opportunity • Regional Leads
Increased access to social support	• Consider a closed-loop referral system like Unite Us • Parenting support groups should be held during nontraditional hours for working parents, remote and in-person	• DHHS ECIT • Family Support • Family-Centered Supports & Services • ICC • Regional Leads

Improve, Create or Eliminate

Findings	Supporting Comments	Sources
Increase parent voice (representation and participation)	• Engage parents/caregivers at all levels of the system • Have more in-person and remote opportunities available • Because of COVID, parents have interacted with and better understand the school system; more helpful input to share • Need to build trust and be engaged with homeschool families	• B-8 Council • DOE • DOE ECIT • Family Support • Wellness Prevention Council
Communications and awareness	• Change the narrative for families about seeking services, normalizing seeking support • Use modes of communications parents use (social media) • Increase awareness across communities about the importance of early childhood 0-5 years	• DHHS ECIT • DOE • DOE ECOT • Philanthropy • Wellness and Prevention Council
Data systems and data integration	• Lack of data on families means NH doesn't know if we are serving the most vulnerable families or if the system is equitable • No real data, so no real understanding of the landscape	• DHHS ECIT • DOE ECIT • Higher Education • Philanthropy • Save the Children Action Network

Improve, Create or Eliminate

Findings	Supporting Comments	Sources
Engage business	• Educate and motivate businesses to support workers regarding child care (provide child care benefit, flexible and standardized scheduling, etc.) • Lack of supports impacts ability to work • Support businesses to offer child care	• DHHS ECIT • DOE • DOE ECIT • Office of Workforce Opportunity
Streamline eligibility and application	• Ensuring we have streamlined eligibility – if child is eligible for Medicaid, should automatically ed eligible for SNAP, WIC, Universal PreK, cc scholarships • NH needs to provide access to supports through mechanisms most families already access, such as primary care doctor	• DHHS • Philanthropy • Wellness and Prevention Council
Increase advocacy capacity	• More education of legislators so they better understand the importance and complexity of early childhood	• Philanthropy • Regional Leads
Understand of diversity, inclusion, equity, belonging	• One size (approach) does not fit all	• Wellness Prevention Council
Utilize 2019 Needs Assessment	• Use the 2019 needs assessment to better understand what to improve, create, eliminate	• Advocacy

Barriers to Implementing Ideas

Findings	Supporting Comments	Sources
Sustainable funding	• Lack of consistent funding • Funding creates great programs; however, when funding ends, so does the program (hard to demonstrate outcomes, sustain funding, and/or scale programs) • Bureaucracy hinders timely funding; siloed funding streams • While **very** low-income families qualify for funding, many low-income families don't and can't afford quality care on their own • Insurance companies use legislative loopholes to get out of paying for services • Everyone operates without long-term committed funding, so with a "deficit mentality"; operating with just getting by	• Advocacy • Association of Special Education Administrators • B-8 Council • Child Abuse Prevention Agency • DHHS • DHHS ECIT • Division of Public Health Services DHHS • Family Support • Family-Centered Supports & Services • Head Start Child Development Directors & Operations Managers • Higher Education • Infant Mental Health Association • Office of Workforce Opportunity • Philanthropy • Regional Leads • Wellness Prevention Council

Barriers to Implementing Ideas

Findings	Supporting Comments	Sources
Decentralized system and lack of common focus	• Lack of a common vision (impacts coordination, collaboration) • Hard to move from a decentralized to a more centralized system because of turf battles and competition • Having the right people in the room, and thoughtfully and collaboratively working together • Lack of strategic approach • Need to focus on/enhance work that's making an impact	• Advocacy • DHHS ECIT • Endowment for Health • Head Start Child Development Directors & Operations Managers • Higher Education • Infant Mental Health Association • Office of Workforce Opportunity • Philanthropy • Regional Leads
Lack of workforce	• Impacts capacity and quality of various components of the system • Lack of supports and need for skills to do comprehensive tasks asked to do at centers (e.g., SEL, etc.) • Increase prestige of workforce through pay, and retention will be easier • Lack of a workforce pipelines	• Child Care Providers • DHHS ECIT • Family-Centered Supports & Services • Head Start Child Development Directors & Operations Managers • Higher Education • Office of Workforce Opportunity • Regional Leads

Barriers to Implementing Ideas

Findings	Supporting Comments	Sources
Maintaining long-term focus	• Hard to do when legislators rotate every 2 years, requires constant time on legislative advocacy and education • Change in legislators, Governor, and Council often means a change in plans and a lack in continuity of efforts	• Advocacy • Child Abuse Prevention Agency • Child Care Providers • DHHS ECIT • Family Support • Philanthropy • Regional Leads
Valuing early childhood	• We need to create a shared understanding that investing in early childhood yields huge returns in the long run • Universal access to various programs rather than income-based or "Medicaid eligible" to increase access and reduce stigma • Individualistic mindset in NH; early childhood is considered "progressive" so people in charge don't push for it • False notion of pull yourself up by your bootstraps: cultural identity in NH	• Advocacy • Child Abuse Prevention Agency • DHHS ECIT • ICC • Infant Mental Health Association • Regional Leads • Wellness Prevention Council

Barriers to Implementing Ideas

Findings	Supporting Comments	Sources
Complexity and bureaucracy of the system	• Reimbursement process is time-consumptive (and so costly) • Need to streamline processes • In need of infrastructure; everyone is doing their own thing and there are not a long of commonalities, making it very difficult to connect and stay in contact • Requirements and lack of flexibility in how funds can be used • Government red tape in terms of opening new child care businesses • Policies/processes (structure) creates barriers and impacts timeliness of work. Funding contracting process can take 9-12 months to develop, slows implementation.	• Division of Public Health Services DHHS • Early Childhood Scientific Advisory Panel • Head Start Child Development Directors & Operations Managers • Higher Education • Office of Workforce Opportunity • Philanthropy
Politics	• Requirements continually put into legislation; requires tremendous time and energy that could be put into plans/work • We have 400+ state representatives and a 2-year budget; constantly shifting priorities because things are planned according to the fiscal year, and they are constantly revisiting projects and funding • Lack political will	• B-8 Council • DHHS ECIT • Endowment for Health • Higher Education • Office of Workforce Opportunity • Philanthropy

Barriers to Implementing Ideas

Findings	Supporting Comments	Sources
Lacks champions and advocates	• Across levels, particularly with parents (as advocates for investment in early childhood) • Navigating the advocate community	• Advocacy • DHHS ECIT • Infant Mental Health Association • Regional Leads • Wellness Prevention Council
Consistent, shared measurement and outcomes	• Standardized and integrated data across programs, would allow us to identify gaps and opportunities for improvement across the system • Need a significant investment in the infrastructure of the system to create the data system that is needed	• Child Abuse Prevention Agency • DHHS ECIT • Early Childhood Scientific Advisory Panel • Higher Education
Cost of providing child care	• It's a hard business to run; little profit - then try to pay staff a living wage, & charge low-income families a reasonable cost	• Child Abuse Prevention Agency • ICC • Regional Leads
Broader voices in decision-making	• Want input and voice into decision making • Don't feel heard	• Child Care Providers • Higher Education • Regional Leads

Barriers to Implementing Ideas

Findings	Supporting Comments	Sources
Parent knowledge and capacity	• Parents as consumers of child care only know to look at child care centers • For the parents of children with disabilities it is difficult to engage in the range of services needed (limited number of specialized providers and lack of coordinated services)	• DOE • ICC • Infant Mental Health Association
Competency and quality	• We need to ensure that staff have the knowledge and skills to support the system and the work at all levels • Quality of care varies across the state	• Higher Education • Philanthropy

Office of Early Childhood: Advantages and Disadvantages

Findings	Supporting Comments	Sources
System coordination, efficiency and accountability	• Create a central repository for funding, ideas, planning, support, and services (including social services) information • Beyond early care and education (more comprehensive early childhood focus) • Reduce duplication and streamline processes/workflows • Only going to be effective if it is structured in a way where it can be fully integrated with other offices that the state has; if not, become siloed • Tying everything together to promote connectivity • Blending funds so we can use the funds (federal funds that flow through the state – can benefit all children) • Assess what is working and what is not, and make improvements accordingly • Support collaboration across the system partners	• Association of Special Education Administrators • B-8 Council • Child Abuse Prevention Agency • Child Care Providers • DHHS • DHHS ECIT • DOE • DOE ECIT • Early Childhood Scientific Advisory Panel • Family Support • Family-Centered Supports & Services • Head Start Child Development Directors & Operations Managers • Higher Education • ICC • Infant Mental Health Association • Office of Workforce Opportunity • Philanthropy • Regional Leads • Save the Children Action Network • Wellness Prevention Council

Office of Early Childhood: Advantages and Disadvantages

Findings	Supporting Comments	Sources
Structure of the Office	• Ensure that the office has the comprehensive focus we want • Properly resourced/funded • Staff with right people who understand early care and education as well as health and family support • Establish the office within an existing department, to avoid duplication and reduce costs (e.g., using its IT, HR, Finance) • Need a separate agency that focuses solely on children (early childhood, developmental disabilities, health, child protection, children's behavioral health) • All state offices are under-resourced, so if Office is created without financial support, could result in being an unfunded mandate, which might do more harm than good • Hard to implement a state level effort with a currently decentralized structure	• Advocacy • DHHS • DHHS ECIT • DOE • DOE ECIT • Family Support • Family-Centered Supports & Services • Higher Education • ICC • Office of Workforce Opportunity • Philanthropy • Regional Leads

Office of Early Childhood: Advantages and Disadvantages

Findings	Supporting Comments	Sources
Strategic funding	• Focus on sustained on funding • Develop funding based on early childhood programmatic needs, rather than having funding drive programming • How can the Office advocate for state funding when prohibited to because it's funded by the state? How will this work? • Organized as a collective, system partners are better positioned to collaboratively compete for national funding with Office as lead • Could the office streamline funding to reduce duplication and improve utilization of funds? • State has difficulty flowing funding to organizations that need to do it in a timely way	• Child Care Providers • DOE • DOE ECIT • Family Support • Family-Centered Supports & Services • ICC • Infant Mental Health Association • Office of Workforce Opportunity • Philanthropy DHHS ECIT • Regional Leads • Wellness Prevention Council

Office of Early Childhood: Advantages and Disadvantages

Findings	Supporting Comments	Sources
System leadership	• Provide vision and focus for the Office and the system • If the office has real authority • Need inclusive leaders who understand the early childhood field • Support work currently underway before adding new requirements/tasks • Build on what's working • Everyone has to be willing to breakdown territorial boundaries and work to collaborate and function well	• Child Care Providers • DOE • DOE ECIT • Family-Centered Supports & Services Higher Education • ICC • Office of Workforce Opportunity • Philanthropy • Regional Leads • Save the Children Action Network
Clarification on Office's purpose	• Does the office do something different from what coordination activities are already happening • How can this new Office be separate from DHHS and DOE? Wherever it sits, there will be early childhood programs outside of it. • If Office is separate from DHHS and DOE and therefore somewhat separate from the work, how will it make the changes that are really needed? • Concern the Office will be too political as a part of government	• Child Abuse Prevention Agency • DHHS ECIT • Division of Public Health Services • DHHS • Family-Centered Supports & Services • Higher Education • ICC • Philanthropy • Regional Leads

Office of Early Childhood: Advantages and Disadvantages

Findings	Supporting Comments	Sources
Promote the best interests of children	• Pro-child focus and voice • Remove bureaucratic barriers that families face to access services • Will add voice of leadership for early childhood • In MA, this Office is equal to K-12 and Higher Education, so could give early childhood the recognition (and human capital and resources) this area needs • Need its own priority so can stay focused on the issue at hand • Promote early childhood (reduce stigma, professionalize field)	• Child Care Providers • Division of Public Health Services • DHHS • DOE • Family-Centered Supports & Services • Higher Education • ICC • Office of Workforce Opportunity • Philanthropy • Regional Leads
Communication and transparency	• Promote transparency • Streamline communication	• Child Abuse Prevention Agency • DHHS ECIT • Division of Public Health Services DHHS • Higher Education • Infant Mental Health Association

Office of Early Childhood: Advantages and Disadvantages

Findings	Supporting Comments	Sources
Could create consistency in measures and data collection	• Unified data collection system • Analysis to inform system improvement • Data should not be housed in different systems	• Child Abuse Prevention Agency • Early Childhood Scientific Advisory Panel • Family-Centered Supports & Services • Philanthropy • Regional Leads
Longevity	• Concern of change in political administrations and priority shifts, would the Office be maintained? • Federal funding is designed to support capacity-building, hope capacity is maintained beyond the end of the grant	• Advocacy • Child Care Providers • Higher Education • Philanthropy • Regional Leads
Timing	• Not done completing the current phase of intra and inter-departmental work (data, collaboration, co-funding) • Take the time to think this through and to plan, otherwise it may not be focused the way we want	• Division of Public Health Services • DHHS • DHHS ECIT • DOE • Philanthropy