

BROOMFIELD EARLY CHILDHOOD COUNCIL ANNUAL PARTNERSHIP SURVEY

2018-2019



Early Childhood Council

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Broomfield Early Childhood Council Annual Partnership Evaluation 2019

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Background

An annual survey was sent to 116 members of BECC's partnership network. The survey contained questions designed to qualitatively and quantitatively assess BECC's ability to make connections between community agencies, nonprofits, and the early childhood education and care community in order to work on early childhood issues. Depending on the respondent's relationship to the Council (partner, early childhood education/care (ECE) provider, or both), different versions of the survey were presented. General partners were **not** asked questions pertaining to working in and/or managing an early childcare facility; whereas ECE providers were **not** asked questions addressing their organizations contributions to the council. Wording of questions was tailored to respondent type. Respondents who represented both a partnership **and** served as ECE providers were directed through a hybrid of survey types. This year, the survey allowed respondents to answer anonymously. The survey, conducted via SurveyMonkey, was open for 6 weeks, and was advertised in BECC's monthly newsletter, as well as through direct emails. Results of the survey are discussed below; please see Appendix for text of all questions.

Results

A total of 31 responses were received; 13 of these were from ECE providers, 14 were from partners, and 4 considered themselves to be both. Additionally, two respondents answered the survey twice; data from their first set of responses was primarily used, but some responses from the second set were used in instances where responses were missing from the first set. Two respondents answered the survey anonymously. The overall response rate, 27%, was lower than the previous year's survey, but this survey was sent to a much greater number of people, and the total number of responses exceeded that of the previous year.

The first section of the survey asked basic contact and background information of respondents, including which organization they represented, their job title, and tenure in that position. Most respondents have been in their current position several years (average 9.8 years, median 6.8 years), with 55% having been in their current position for more than 5 years.

The second section of the survey assessed BECC's community partnerships, efforts, and overall effectiveness. Respondents were asked about their views on BECC's contributions, collaborations, and goals, opinions of the organization, and their organization's contributions to BECC.

Opinions and Expectations of BECC

Overall, opinions of BECC as an organization and estimations of its success continue to be positive. Tables 1 -3 show the average ratings of opinions of BECC, as well as the average ratings by respondent type. The value of BECC's resource contribution, its reliability, and its openness to discussion were particularly highly-rated. Respondents also demonstrated a high level of trust in BECC (average rating=4.4/5). In general, ECE providers rated BECC more highly, compared to partners, indicating that

BECC's greatest impact might be on ECE providers. BECC was rated especially highly among partners in its openness to discussion (average=3.6/4), and among ECE providers in its ability to improve quality of local services and programs (average=3.4/4).

Table 1. Opinions of BECC, by respondent type.

Abbreviated question text*	Average Rating			
	Total	Partner	ECE Provider	Both Partner/ Provider
How successful BECC has been at reaching its goals?	2.8	2.8	2.9	2.8
How valuable is BECC's power and influence ?	3.1	2.9	3.5	2.8
How valuable is BECC's level of involvement ?	3.3	2.9	3.5	3.3
How valuable is BECC's resource contribution ?	3.5	3.4	3.5	3.3
How reliable is BECC?	3.5	3.5	3.5	3.3
How open to discussion is BECC?	3.6	3.8	3.6	3.3

*For full text of questions, see Appendix.

All questions rated on a 1-4 Likert Scale (1=Not at all, 2=A small amount, 3= A fair amount, 4= a great deal)

One area for growth seems to be increasing BECC's leadership in the community, particularly among partnership organizations. Although BECC's power and influence was, overall, rated lower (average=3.1/4), ECE providers estimated it to be quite high (average=3.5/4), indicating a discrepancy in how these two groups view the council's leadership position.

Table 2. Perceived effectiveness of BECC, by respondent type.

Please rate your perceived effectiveness of BECC in...	Average Rating			
	Total	Partner	ECE Provider	Both Partner/ Provider
... maintaining active partnerships	3.1	3.1	3.2	3.0
... bringing about change for early childhood and families in the community	3.1	2.9	3.3	2.8
... communication between partners and/or early childhood stakeholders	3.0	3.1	3.2	2.5
... goal setting	3.1	3.1	3.2	2.8
... making decisions	3.1	3.0	3.3	2.8
... making health and/or program planning more responsive to community needs	3.0	2.8	3.2	2.8
... improving quality of local early childhood health and education services and programs	3.2	3.1	3.4	2.8

All questions rated on a 1-4 Likert Scale (1=Not at all effective, 2=Somewhat effective, 3=Effective, 4=Very Effective)

The lowest rating seen in the table above is that regarding the effectiveness of communication, as rated by respondents who are both partners and ECE providers (average=2.5/4). This may simply be indicative of the more complicated nature of their relationships to the council.

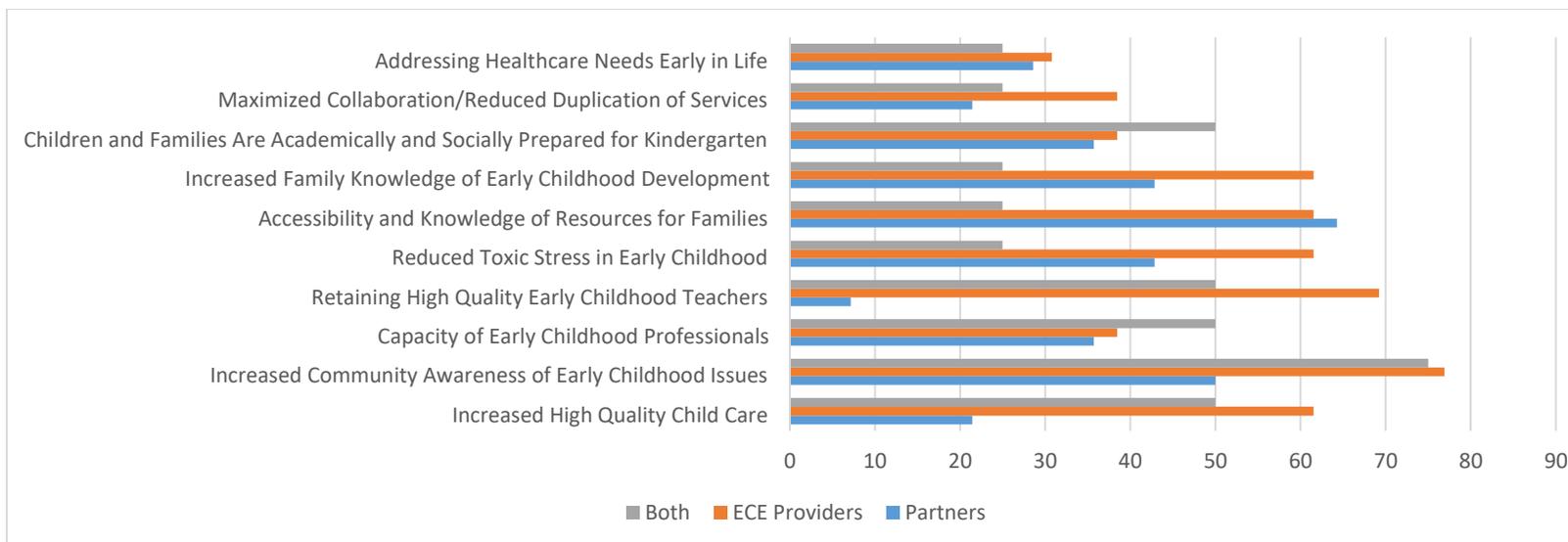
As one of BECC's main goals is to improve the quality of local early childhood health and education services and programs, the corresponding high rating (average=3.4/4) among ECE providers can be seen as an important benchmark of success.

Table 3. Further opinions of BECC, by respondent type.

	Average Rating			
	Total	Partner	ECE Provider	Both Partner/Provider
BECC's activities will increase community involvement	4.2	4.0	4.3	4.3
A relationship of trust exists between BECC and my organization	4.4	4.5	4.3	4.5
The relationship with BECC meets the established needs and expectations of my organization	4.1	4.1	4.1	4.3
BECC is an active organization	4.3	4.3	4.2	4.3
Purposes of the partnership are well-defined	4.0	3.9	4.1	4.0

All questions rated on a 1-5 Likert Scale (1=Strongly disagree, 2=Disagree, 3=Neither agree nor disagree, 4=Agree, 5=Strongly agree)

Respondents were asked what they believe are the most positive, successful outcomes they would like to see BECC achieve for the early childhood community. As is to be expected, responses differed somewhat between partners and ECE providers. However, increasing community awareness of early childhood issues was consistently chosen as an important outcome for BECC to achieve, regardless of respondent's background. It was also chosen as the single most important outcome by all respondents. Accessibility and knowledge of resources for families was also frequently endorsed as an important goal for BECC, and was rated the second-most important outcome. Figure 1 shows further results.

Figure 1. Desired outcomes for BECC to achieve for early childhood community, by respondent type.

Based on responses, BECC appears to have a robust communication flow with partners; 77% of respondents reported that they communicate weekly or monthly with BECC. Most respondents felt that BECC meeting times work well with their schedules (average=2.7/4); however, ECE providers were less likely to agree with this (average 2.6, compared to an average of 2.9 in partners). Of the 5 respondents who indicated that meetings times do not work at all with their schedules, 4 of these are

ECE providers. Additionally, BECC is continuing to provide training opportunities for partners, which are greatly utilized: 67% of respondents have attended at least one training performed by or in partnership with BECC in the past 12 months, and ECE providers attended an average of 2.8 trainings. This is further evidence of active and fruitful communication between BECC and its partners, but also highlights the importance of continuing to offer ECE providers flexible meeting times.

Partner Contributions

Partners were asked to identify which resource(s) their organizations can contribute, or potentially contribute, to BECC. Figure 1 below shows the results. The most often-endorsed contribution types were **community connections, in-kind resources, and information/feedback**. No partners indicated that they contribute paid staff, and only a very small percentage contribute volunteers and volunteer staff. IT/Web resources and data resources were also rarely contributed.

Partners were also asked to specify their organization's most important contribution. Community connections, specific early childhood expertise, and information/feedback tied as the top contribution (see figure 2). Responses to this question were quite varied, indicating BECC has a wide array of resources that its partner network contributes.

This data shows that BECC has strong community connections and partnerships, and robust access to a variety of types of information and expertise. However, BECC continues to lack staff support and technology resources.

Figure 1. Types of resources partner organizations contribute/potentially contribute to BECC

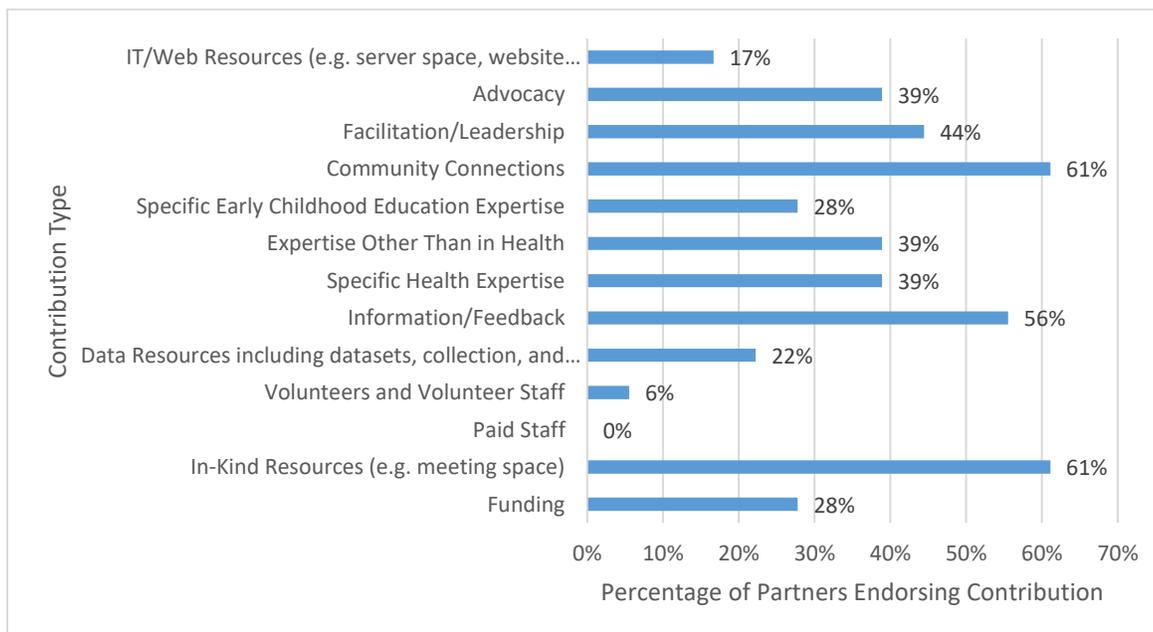
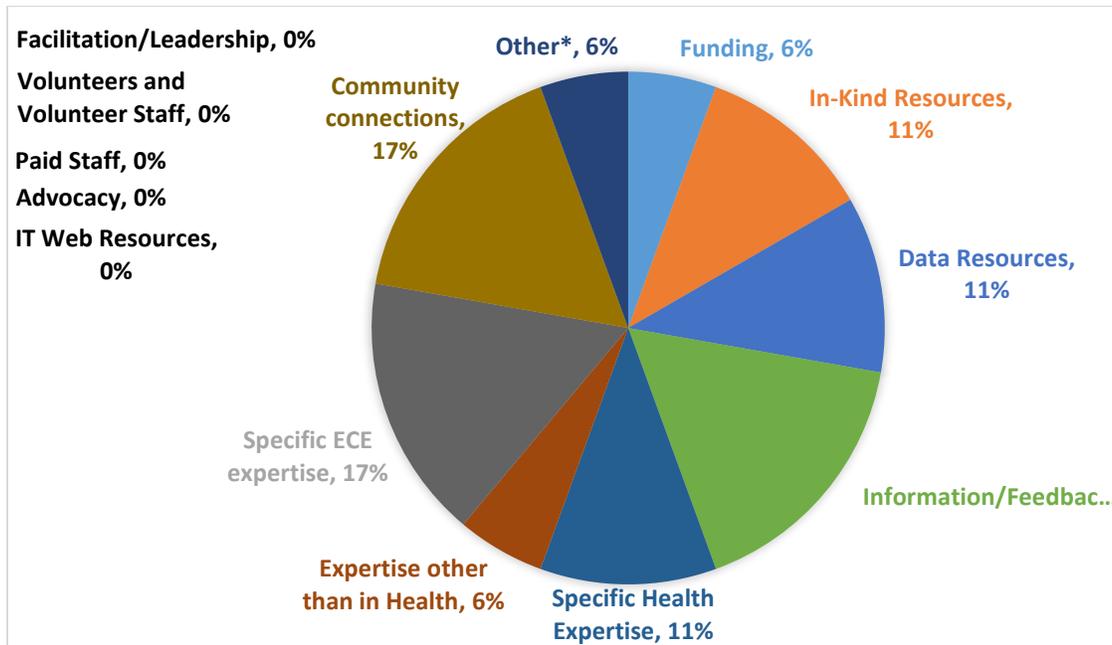


Figure 2. Most important contributions of partner organizations

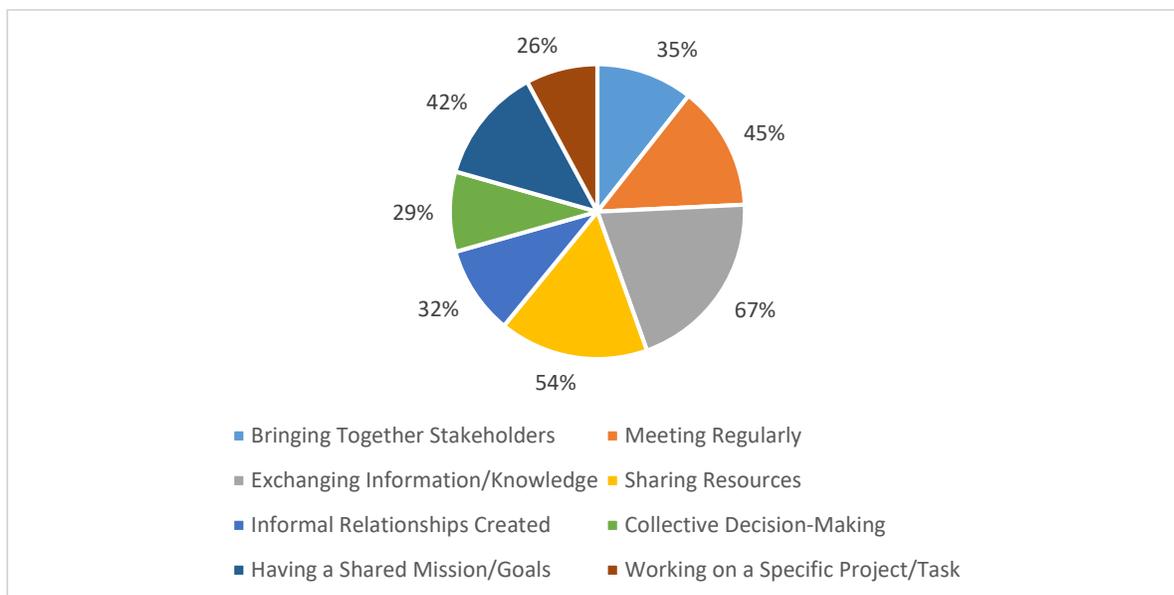


*Other (1 response)= "quality training for childcare providers"

Collaborations

Respondents were asked to share which aspects of collaboration they feel are contributory to BECC's success. Results are shown in Figure 3 below. Exchanging information and knowledge, meeting regularly, and having a shared mission were rated as the most contributory to BECC's success.

Figure 3. Aspects of collaboration which partners feel have contributed to BECC's success



Respondents were then asked which aspects of collaboration they would like to see more of; the most commonly-chosen was exchanging information and knowledge. This aspect was also highly rated as

being contributory to BECC’s success, so this should be viewed as a strength to build upon, rather than a deficit.

Figure 4. Aspects of collaboration respondents would like to increase



BECC has a stronger collaborative network with partners than with ECE providers. Table 4 provides figures on these measures. Partners reported gaining more new partnerships in the past year through BECC, being engaged in a greater number of collaborative projects, and having attended more business/networking meetings through BECC.

Table 4. Reported averages of number of collaborative activities, by respondent type

	Partners/Both	ECE Providers
In the past year, approximately how many business and/or networking meetings with BECC have you attended?	6.1	2.5
During the past 12 months, approximately how many project collaborations have you completed (or are in progress) with BECC and related partners?	2.1	1.4
During the past 12 months, approximately how many partnerships or connections with other organizations have you created because of your contact with BECC?	1.5	1.8

Additionally, partners rated the type of involvement they have with BECC to be more collaborative. Respondents were asked which kinds of activities they participate in because of their relationship with BECC, and response options increased in levels of collaboration. Partners rated activities as being 24% higher in level of collaboration than ECE providers. On average, partners also reported working more frequently with BECC on issues related to creating stronger health and education systems for children, compared to ECE providers. A more collaborative, combined relationship with partners is to be expected, and this is evidence of BECC’s success in establishing a strong, engaged partnership network.

ECE Providers

Five of 17 ECE providers indicated they are in a management role. These respondents indicated that in the past 12 months, an average of 5.7 employees had left their staff, and 6.7, on average, had been fired. Of these 5 organizations, 60% reported the most common level of educational attainment of new employees to be high school diploma, and 40% Bachelor's degree. 80% of respondents estimated that employees stay with their organization, on average, more than 3 years.

Mental Health

ECE providers were asked about their access to and utilization of mental health services, as well as their confidence handling challenging behaviors, and other characteristics of their organization relating to mental and behavioral health. The majority of providers (59%) indicated their organization either does not have access to a mental health consultant (41%), or are unsure if they do (18%). Of those with access to a mental health consultant, 80% reported that the consultant was contracted, versus being on-staff (1 person was unsure). Respondents were asked how sufficiently they felt the level of mental health support from their organization currently addresses needs of students, and results were mixed. On a 4 point scale, the level of support was rated at an average of 2.3. Those with a mental health consultant available rated their organization's support higher (average= 2.6) than those who do not have a consultant (average= 2.2). 64% of respondents reported that their organization had not utilized a consultant from Mental Health Partners in the last 12 months; 3 had, and 1 was unsure. Of the 3 who had worked with Mental Health Partners, there were very different report of the experience. One person indicated the experience was negative, one neutral, and one very positive. Additionally, respondents were asked which mental health services they feel are necessary but not available in Broomfield County, and responses were quite varied: *"therapists"*, *"both support for school and families"*, *"staff support"*, *"more flexible therapies"*, *"24/7 mental health access."*

Respondents were asked to assess the degree to which they feel confident handling specific difficult behaviors in the children they serve. Results are shown in Table 5; providers feel least confident handling physically aggressive behaviors, as well as defiance and refusal behaviors (the latter of which was added to this year's evaluation as it was highly reported as a commonly seen behavior by providers at BECC's Mental Health Training earlier in the year). This shows which topics would be most useful for BECC to address in future trainings and outreach.

Table 5. Average confidence of ECE providers in handling challenging behaviors in children they serve

Type of Challenging Behavior	Confidence Handling Behavior
Physically aggressive behaviors towards other children	2.8
Physically aggressive behaviors towards providers	2.7
Difficulty with transitions	3.4
Withdrawal/isolation	3.3
Sharing	3.5
Communication	3.4
Setting boundaries and routines	3.5
Social/emotional development	3.3
Defiance/refusal behaviors	3.1
Attention issues	3.2

All questions rated on a 4 pt Likert scale (1=Not at all confident, 2=Somewhat confident, 3= Confident, 4= Very confident)

Knowledge of Local Resources

A change to this year's survey asked respondents which local resources they would direct clients/patients/etc., to in response to food and/or housing instability, behavioral and/or mental health, early childhood education and/or childcare (ECE providers were not asked this), and physical health and/or developmental concerns. The following table lists the 3 most common responses in each category.

Table 6. Most common responses of local resources to address community needs

Need	Most common responses
Food and/or housing instability	FISH (12), Unsure (9), Broomfield Health and Human Services (7)
Behavioral and/or mental health	Mental Health Partners (14), Unsure (6)
Early childhood education and/or childcare	BECC (8), Colorado Shines (2), Unsure (2)
Physical health and/or developmental concerns	Pediatrician/primary physician (7), Unsure (7), Imagine! (6), ChildFind (6)

ECE providers were much more likely to respond "unsure" to each category, which demonstrates an important gap in resource knowledge for BECC to help address.

Differences in Ratings from Previous Year

Only 6 respondents answered both the 2018 and 2019 surveys, and thus are the only ones used for assessing change in selected scores over time.

Respondents in 2019 all endorsed information/feedback as a resource which their organization contributes to BECC, whereas only half did in 2-18; by contrast, in 2018, most respondents chose in-kind resources as a contribution, and in 2019 only 33% of respondents did. When asked which outcomes respondents would like to see BECC achieve, respondents chose many more outcomes in 2019, reflecting a possible increase in expectations for or confidence in BECC. Regarding BECC's success in achieving its goals, scores were constant from 2018 to 2019 (both averages=2.8).

Table 7 compares additional key measures of BECC’s success in 2018 and 2019. While there are a few substantial changes in scores (both positive and negative), the small sample size limits the generalizability of these comparisons.

Table 7. Percent change in scores from 2018 to 2019

Question	2019 % Change
How successful BECC has been at reaching its goals?	0%
How valuable is BECC's power and influence ?	0%
How valuable is BECC’s level of involvement ?	+13%
How valuable is BECC’s resource contribution ?	0%
How reliable is BECC?	+3%
How open to discussion is BECC?	-6%
... maintaining active partnerships	+8%
... bringing about change for early childhood and families in the community	-8%
... communication between partners and/or early childhood stakeholders	-26%
... goal setting	-20%
... making decisions	-11%
... making health and/or program planning more responsive to community needs	+18%
... improving quality of local early childhood health and education services and programs	+17%
BECC’s activities will increase community involvement	+8%
A relationship of trust exists between BECC and my organization	-4%
The relationship with BECC meets the established needs and expectations of my organization	+5%
BECC is an active organization	0%
Purposes of the partnership are well-defined	-8%

Conclusions

The Broomfield Early Childhood Council, as evidenced by its annual partnership evaluation, has continued to be favorably viewed by its partners in community organizations and non-profits, local government, and the early childhood education and care community. BECC received high ratings in trust, reliability, its status as an active organization, and its ability to bring about change and improve quality of local programs. ECE providers rated BECC’s ability to improve the quality of local early childhood services very highly. As this is an important goal of BECC, and one that is fairly unique to this organization, this should be seen as a particularly great accomplishment. Partners indicate that they frequently communicate with BECC, and that BECC is in turn very open to discussion, demonstrating a strong and active communication flow. Partners endorsed a wide variety of outcomes they would like to see BECC achieve, and this should be viewed as a testament to their confidence in the organization to effect positive change in the Broomfield early childhood community.

Future Directions

The results of this survey highlight several important needs which BECC can address. There was a demonstrated lack of knowledge of local resources among ECE providers. Furthermore, respondents wanted to see increased community awareness of early childhood issues and increased accessibility

and knowledge of resources from BECC's work. Given BECC's strong network of partners who provide expertise and information, and its high ratings in trust and activeness, this should be an easily attainable goal. Additionally, BECC should direct resources and/or trainings to ECE providers to address physically aggressive and defiance/refusal behaviors, and to boost access to mental health consultants for those providers who do not have it.

Additionally, BECC continues, as shown in in the previous year's evaluation, to lack material resources such as funding and IT/tech resources, as well as paid and volunteer staff.

Lastly, there is an opportunity for BECC to Increase the perception of its power and influence among partners in community organizations and local government, as ECE providers tended to view BECC more favorably.

Appendix

Survey Questions and Response Options

- Response options follow questions in italics; those without response options were open-ended.
- Differences between original survey and ECE survey are noted in green text.

Thank you for taking the time to answer this survey. Your answers are crucial in helping the Broomfield Early Childhood Council evaluate the effectiveness of completing the mission of creating an environment for healthy, thriving children. Please keep in mind that all answers should reflect your work with only the Broomfield Early Childhood Council and within the last 12 months of activity. All results will be shared through a written report and included in the annual report, released August 2019.

The more responses the better. If BECC works with your agency, please feel free to have all employees respond to this survey request.

The survey can be anonymously submitted, however, to be eligible for the gift cards, please include your contact information. Gift cards are in the amounts of \$20-\$100 to either Amazon, Lakeshore Learning, or King Soopers.

Thank you for your partnership and your participation!

Questions for All Respondents

1. Your name:

2. Your phone number

3. Your email address:

4. The name of the organization, childcare, or preschool you represent:

5. Your job title:

6. How long have you been in your current position (in months)?

7. Are you an early childhood teacher or care provider, or do you represent an organization which partners with BECC? Required question as it helps direct you to specific questions based on your connection with BECC. *Early Childhood Teacher or Care Provider, Partner, Both*

8. Please indicate what your organization contributes, or can potentially contribute, to BECC. [Choose all that apply].

Funding, In-Kind Resources (e.g. meeting space), Paid Staff, Volunteers and Volunteer Staff, Data Resources including datasets, collection, and analysis, Information/Feedback, Specific Health Expertise, Expertise Other Than in Health, Specific Early Childhood Education Expertise, Community Connections, Facilitation/Leadership, Advocacy, IT/Web Resources (e.g. server space, website development, social media) *This question was not asked of ECE providers

<p>9. What is your organization's most important contribution (or potential contribution) to this community collaborative? [Choose one]. <i>Funding, In-Kind Resources (e.g. meeting space), Paid Staff, Volunteers and Volunteer Staff, Data Resources including datasets, collection, and analysis, Information/Feedback, Specific Health Expertise, Expertise Other Than in Health, Specific Early Childhood Education Expertise, Community Connections, Facilitation/Leadership, Advocacy, IT/Web Resources (e.g. server space, website development, social media)</i> *This question was not asked of ECE providers</p>
<p>10. In your opinion, what are the most positive, successful outcomes you would like to see BECC achieve for the early childhood community [Choose all that apply]. <i>Increased High Quality Child Care, Increased Community Awareness of Early Childhood Issues, Capacity of Early Childhood Professionals, Retaining High Quality Early Childhood Teachers, Reduced Toxic Stress in Early Childhood, Accessibility and Knowledge of Resources for Families, Increased Family Knowledge of Early Childhood Development, Children and Families Are Academically and Socially Prepared for Kindergarten, Maximized Collaboration/Reduced Duplication of Services, Addressing Health Care Needs Early in Life</i></p>
<p>11. What do you feel is BECC's most important outcome? [Choose one.] <i>Increased High Quality Child Care, Increased Community Awareness of Early Childhood Issues, Capacity of Early Childhood Professionals, Retaining High Quality Early Childhood Teachers, Reduced Toxic Stress in Early Childhood, Accessibility and Knowledge of Resources for Families, Increased Family Knowledge of Early Childhood Development, Children and Families Are Academically and Socially Prepared for Kindergarten, Maximized Collaboration/Reduced Duplication of Services, Addressing Health Care Needs Early in Life</i></p>
<p>12. In your opinion, how successful has BECC been at reaching its goals? To review the goals and strategic plan, please click here. <i>Not Successful, Somewhat Successful, Successful, Very Successful</i></p>
<p>13. When BECC has been successful in reaching its goals, which aspects of collaboration do you feel have been contributory? [Choose all that apply] <i>Bringing Together Stakeholders, Meeting Regularly, Exchanging Information/Knowledge, Sharing Resources, Informal Relationships Created, Collective Decision-Making, Having a Shared Mission, Goals, Working on a Specific Project/Task, N/A (BECC has not been successful in reaching its goal)</i></p>
<p>14. What aspects of collaboration would you like to see more of? [Choose all that apply] What would you like to see more of from the BECC as we work with the ECE community? <i>Bringing Together Stakeholders, Meeting Regularly, Exchanging Information/Knowledge, Sharing Resources, Informal Relationships Created, Collective Decision-Making, Having a Shared Mission, Goals, Working on a Specific Project/Task</i></p>
<p>15. How frequently does your organization work with BECC on issues related to the goal of creating stronger health and education systems for children ages 0-8? <i>Never/We Only Interact on Unrelated Issues, Once a Year or Less, About Once a Quarter, About Once a Month, Every Week, Every Day</i></p>
<p>16. What kinds of activities do you or your organization participate in because of your relationship with BECC? [Note: the responses increase in level of collaboration] <i>None, Cooperative Activities: involves exchanging information, attending meetings together, and offering resources to partners (Example: Informs other programs of training or special event, funding opportunities), Coordinated Activities: Include cooperative activities in addition to intentional efforts to enhance each other's capacity for the mutual benefit of programs. (Example: Separate granting programs utilizing shared administrative processes and forms for application review and selection.), Integrated Activities: In addition to cooperative and coordinated activities, this is the act of using commonalities to create a unified center of knowledge and programming that supports work in related content areas. (Example: Developing and utilizing shared priorities for funding effective prevention strategies. Funding pools may be combined.)</i></p>
<p>17. In your opinion or experience, how valuable is BECC's power and influence to achieving the overall mission of creating a stronger system of health and education for children? *Power/Influence: BECC</p>

holds a prominent position in the community by being powerful, having influence, success as a change agent, and showing leadership. <i>Not at all, A small amount, A Fair Amount, A Great Deal</i>
18. In your experience, how valuable is BECC's level of involvement to achieving the overall mission of creating a stronger system for health and education for children? *Level of Involvement: The organization/program/department is strongly committed and active in the partnership and gets things done. <i>Not at all, A small amount, A Fair Amount, A Great Deal</i>
19. In your opinion or experience, how valuable is BECC's resource contribution to achieving the overall mission of creating a stronger system for health and education for children? *Contributing Resources: BECC brings resources to the partnership like funding, information, or other resources. <i>Not at all, A small amount, A Fair Amount, A Great Deal</i>
20. In your opinion or experience, how reliable is BECC? *Reliable: BECC is reliable in terms of following through on commitments. <i>Not at all, A small amount, A Fair Amount, A Great Deal</i>
21. To what extent does BECC share a mission with your organization's missions and goals? *Mission Congruence: BECC shares a common vision of the end goal of what working together should accomplish. <i>Not at all, A small amount, A Fair Amount, A Great Deal</i>
22. In your opinion or experience, how open to discussion is the organization/program/department? *Open to Discussion: BECC is willing to engage in frank, open and civil discussion (especially when disagreement exists). BECC is willing to consider a variety of viewpoints and talk together (rather than at each other). You are able to communicate with BECC in an open, trusting manner. <i>Not at all, A small amount, A Fair Amount, A Great Deal</i>
23. In the past year, approximately how many business and/or networking meetings with BECC have you attended?
24. How well do BECC meeting times work with your schedule? <i>Not at all, A small amount, A Fair Amount, A Great Deal</i>
25. Please rate your perceived effectiveness of BECC in:
a. Maintaining active partnerships
b. Bringing about change for early childhood and families in the community
c. Communication between partners and/or early childhood stakeholders
d. Goal setting
e. Making decisions
f. Making health and/or program planning more responsive to community needs
g. Improving quality of local early childhood health services and programs
<i>Not at all effective, Somewhat Effective, Effective, Very Effective</i>
26. Please indicate your level of agreement with the following statements
a. BECC's activities will increase community involvement.
b. A relationship of trust exists between BECC and my organization.
c. The relationship with BECC meets the established needs and expectations of my organization.
d. BECC is an active organization.
e. Purposes of the partnership are well-defined.
<i>Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, Strongly Agree</i>

<p>27. During the past 12 months, how often have you communicated with BECC (phone, email, in person meetings)? <i>Never, Once a Year or Less, About Once a Quarter, About Once a Month, Every Week, Every Day</i></p>
<p>28. During the past 12 months, approximately how many project collaborations have you completed (or are in progress) with BECC and related partners? <i>None, 1-5, 6-10, 10 or more</i></p> <p>29. During the past 12 months, approximately how many trainings performed by, or in partnership with, BECC have you attended?</p>
<p>30. For the following concerns, please tell us to which resource(s) you would direct a client/patient/community member, etc. If you are unsure which resources are available to address these needs, please write "unsure". <i>Food and/or housing instability, behavioral and/or mental health concerns early childhood education and/or care [*This question not asked of ECE providers], physical health and/or developmental concerns.</i></p>
<p>31. Do you have shared services with another organization that has a similar mission or field of work? (Example: a shared accountant). <i>Yes, No, Unsure</i></p>
<p>31. During the past 12 months, how many partnerships or connections with other organizations have you created because of your contact with BECC? <i>None, 1-5, 6-10, More than 10</i></p>
<p>32. If you previously indicated that you are also an early education provider, please choose "Yes, I am an ECE provider." Otherwise, select "Finish Survey."</p>
<h2 style="text-align: center;">Early Childhood Education Provider Questions</h2>
<p>Please answer the following questions about your work in Broomfield early childhood education and/or</p>
<p>57. Are you in a role that manages staff? If no, please skip to question 62.</p>
<p>58. During the past 12 months, how many employees have left your staff?</p>
<p>59. During the past 12 months, how many employees have your hired?</p>
<p>60. Of the employees you have hired in the last 12 months, what is their most common level of education? <i>High school Diploma, Associate's Degree, Bachelor's Degree, Master's Degree</i></p>
<p>61. On average, how long do employees stay with your organization? <i>Less than 6 months, 6 months to 1 Year, 1 to 2 years, 3 or more years</i></p>
<p>62. Does your home or center have access to a mental health consultant? <i>Yes, No, Unsure</i></p>
<p>63. If yes, is this consultant on staff or contracted? <i>On staff, contracted, unsure, do not have mental health consultant on staff</i></p>
<p>64. Has your organization used a mental health consultant through Mental Health Partners in the last 12 months? <i>Yes, No, Unsure</i></p>
<p>65. What has your experience been working with Mental Health Partners in the last 12 months? <i>Very negative, Negative, Neutral, Positive, Very Positive, N/A</i></p>
<p>66. Can you provide some detail on your experience with Mental Health Partners? If you haven't used Mental Health Partners, please write "N/A."</p>

67. How sufficiently do you feel the level of mental health support your organization currently has addresses the mental health needs of your students? <i>Not at all sufficiently, Somewhat sufficiently, Sufficiently, Very sufficiently</i>
68. Please rate your level of confidence in being able to handle the following challenging behaviors in your students:
a. Physically aggressive behaviors towards other children
b. Physically aggressive behaviors towards providers
c. Difficulty with transitions
d. Withdrawal/isolation
e. Sharing
f. Communication
g. Setting boundaries and routines
h. Social/emotional development
i. Defiance/refusal behaviors
j. Attention issues
k. Other: [please describe]
<i>Not at all confident, Somewhat confident, Confident, Very Confident, N/A</i>
69. What mental health services do you feel are necessary but not available in the Broomfield community? This can be either resources you need for support, and/or services needed by families you serve.
70. In the last 12 months, how many children have you NOT invited back to your organization due to behavioral issues?
71. In the last 12 months, how many different children did you send home due to behavioral issues?
72. Of those children, how many were sent home more than once for behavioral issues?
End of Survey
73. Additional comments