

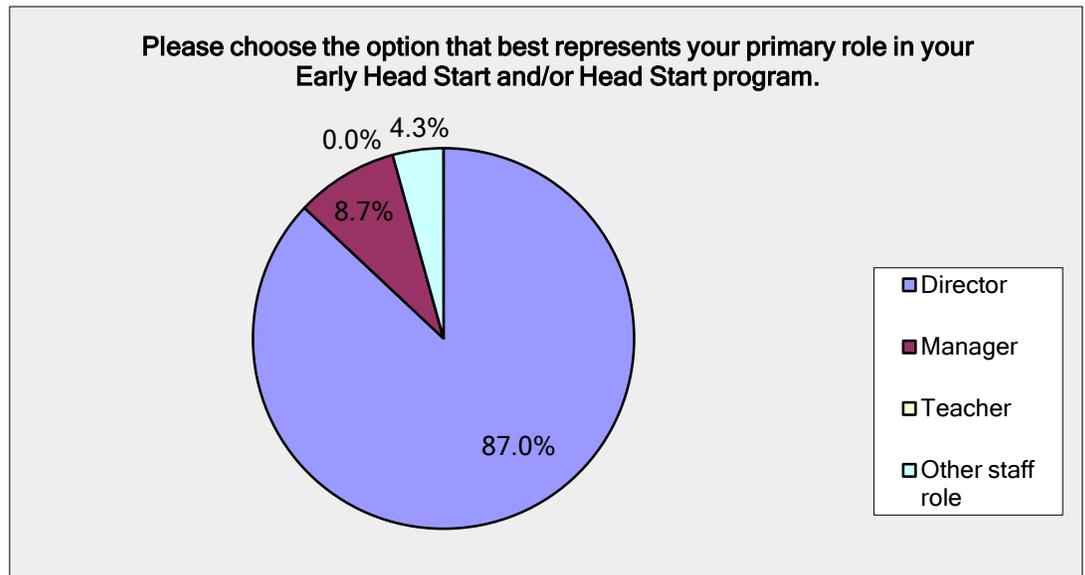
HSCO 2015 Needs Assessment Summary

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Participants

In May and June 2015, Head Start directors were invited to participate in the Head Start Collaboration Office (HSCO) needs assessment survey. Directors were encouraged to participate, but if they could not fill in the survey or wanted to provide more input, they were encouraged to send it on to other staff.

23 people participated in the survey. 20 self-identified in the survey and 3 chose to remain anonymous in the



survey response, though one of the anonymous participants did contact the survey administrator separately. All answers were de-identified in this summary. It appears, from information provided, that all but one Early Head Start/Head Start program participated at some level in this survey.

Programs Offered

Please all check all program models you currently offer or you plan to offer in your agency by 2020.	
Answer Options	Program
Partial day Head Start	17
Full day Head Start	10
Early Head Start	7
Head Start program in tandem with special needs preschool	8
Early Head Start or Head Start program in tandem with child care	1
Other Programs	5
<i>answered question</i>	23
<i>skipped question</i>	0

Participants were asked to characterize the programs they currently have or expect to have in place by January 31, 2021, the end of the next five year period.

Many offer more than one program or program model. All 23 participants answered this question.

Early Head Start & Head Start Assets and Barriers

High quality EHS/HS programs need significant resources: human, community, technical, and financial in order to be successful. Survey participants were asked to list assets and barriers that foster high quality programs. The answers are clustered in order of frequency and de-identified to ensure program confidentiality.

Assets

Survey participants were given an open-ended opportunity to identify assets that help maintain and improve their high quality programs. Thirteen responded with one or more assets. These have been de-identified into general categories and are listed by the frequency they were mentioned:

- Community collaboration and services (6)
- Training and coaching (5)
- Grants and financial assistance (3)
- Staff retention (3)
- Staff quality (3)
- Higher education role in early childhood education and training (1)
- Individualized, data driven responses for enrolled children (1)

Barriers

Participants were also asked an open-ended question about barriers to high quality programs. Fifteen participants offered one or more barriers. The responses have been de-identified and placed in general categories, listed in order of frequency mentioned.

- Staff retention (8)
- Finding and hiring qualified staff (7): A variety of reasons including wages, educational requirements, and lack of locally qualified staff were given.
- Staff wages too low (5)
- Funding for programs (4)
- Retraining due to retention issues (2)
- Lack of adequate facilities (1)
- Onerous operating requirements (1)
- Not meeting identified community needs (1)
- Perception of early childhood education and child development (1)
- Lack of child care options in community (1)
- Gaps in child protective system (1)

Funding and monetary issues are the largest barrier and appear to be a major factor in staff retention, hiring qualified staff and in some communities, in other services that EHS/HS can provide. Qualified staff is an ongoing issue too. In some communities, qualified people are not available. In other communities, qualified candidates are available, but Head Start wages are not competitive. It also appears that the difficulty of the positions have an effect on staff retention as well.

Potential HSCO Roles

Participants were asked to identify something that would be helpful for HSCO to address in the next five years. To de-identify specific answers, the answers are listed in general categories listed in order of frequency of response. The responses were:

- Partner and collaborate with agencies, other entities (9). Several participants mentioned specific entities or issues that need to be addressed.
- Funding for EHS/HS programs (6)
- Professional Development (4)
- Promote EHS/HS (2)
- Promote workforce development in early childhood education (1)
- Promote state preschool funding (1)
- Share resources (1)
- Continuity of services (1)

Several respondents listed items that are not within HSCO’s purview, but are clearly things that HSCO might have a system level role in changing. The Head Start Association (HSA) also has a strong role in several of the proposed high priority activities.

Collaboration with Partners

Participants were asked to identify the level of collaboration between the local EHS/HS program and the community partner. The most frequent response was highlighted in dark blue. In a few cases, another response that had nearly the same responses is highlighted in a lighter blue.

Answer Options	High-level collaboration	Moderate collaboration	Limited collaboration	No collaboration	Not applicable
Local Education Agencies - Transitions	12	6	4	0	0
Local Education Agencies - Part B	11	8	2	0	0
Early Intervention - Part C	12	6	2	1	0
Child Care R&R Agencies	6	6	4	4	1
Head Start T/TA	10	11	0	1	0
STARS to Quality (QRIS) coaches	4	7	1	4	4
Child care licensing	5	4	2	1	9
Striving Readers	4	1	2	2	11
Local Best Beginnings/ Early Childhood Coalition Efforts	11	6	1	2	0
Libraries and/or museums	3	4	9	3	1
Child Care Centers (for continuation of full-day, year-round services)	1	3	5	6	5

Answer Options, cont.	High-level collaboration	Moderate collaboration	Limited collaboration	No collaboration	Not applicable
Infant & Toddler Mental Health Services	4	2	1	5	10
3-5 year old Mental Health Services	12	4	2	3	1
Mental Health Counseling Services	7	6	5	3	1
Homelessness Services	3	6	9	3	0
Transitional Housing	4	6	8	3	0
Family Resource Centers	4	10	2	4	1
Parenting Classes	4	10	5	3	0
SNAP (food stamps)	3	10	6	1	1
Healthy Montana Kids (CHIP, HMK, HMK+)	5	10	4	1	1
WIC	8	8	4	1	0
TANF	6	9	5	0	0
CACFP (Child and adult care food program)	21	1	0	0	0
No Kid Hungry	2	5	2	5	6
Food Pantries	6	3	8	1	2
Local Health Department	14	6	0	0	1
Additional Home Visiting (i.e. MIECHV)	5	5	5	2	3
Community Health Centers	6	10	1	2	1
Pediatric Practices/Clinics	6	8	2	2	1
Medical Home Providers	9	7	3	1	1
Dental Home Providers	11	7	1	2	0
Child Protective Services	9	7	4	1	0
Military Family Liaisons	0	0	9	4	7
Domestic Violence agency	4	7	6	2	2

Critical to the success of Head Start programs are strong working relationships with partners. 22 of the 23 respondents answered this question.

Participants were also asked to list specific collaborations that need to be strengthened in the next five years. Sixteen offered one or more answers. Answers were de-identified and are presented here in general categories:

- Mental health organizations and services (6)
- Physical health organizations and services (4)
- Homelessness/Housing organizations (3)
- Child protective services (3)
- Special needs services (2)
- STARS (2)
- Child care (2)
- Local and State Best Beginnings Councils (2)
- Welfare (1)
- Parenting classes (1)
- Services addressing domestic violence (1)
- Substance abuse prevention and treatment services (1)

- Home visiting programs (1)
- School Districts (1)
- Child care licensing (1)

Program Impacts of New Federal Priorities

Participants were asked to rate the impact that each of the five federal and regional priorities had on their program. 19 of 23 rated at least one priority. The highest frequency answer is highlighted in blue.

New HSCO Priorities: Please indicate the level of impact each of these priorities has on your EHS/HS program.				
Answer Options	Major impact	Moderate impact	Limited Impact	Response Count
Partner with state child care systems, emphasizing EHS-CC partnerships	4	5	9	18
Work with state efforts to collect data regarding early childhood education programs and child outcomes	7	9	3	19
Support the expansion and access to high quality workforce and career development opportunities for staff, including recruitment and retention	15	2	1	18
Collaborate with QRIS (STARS to Quality program)	7	4	7	18
Work with state school system to ensure continuity	12	2	4	18

Respondents were quite split on their assessment of the level of impact on “STARS to Quality” in particular. The split is most likely a result of varied experience with the program: several have significant experience because they participated in the field test phase, while other programs are just getting started or have not chosen to participate at this time. The only comment on this question indicated the respondent’s program had just enrolled in STARS, suggesting difficulty in rating its impact.

The majority of participants are thought partnerships between EHS/HS programs and the child care system were of limited impact. EHS programs alone (6 of the 7 EHS programs responded to this question) had a similar distribution to this question overall, even though emphasis of this priority is for Early Head Start programs.

HSCO-Program Partnerships Role for Federal Priorities

Survey participants were asked what kind of role each would like the HSCO to play in collaboration with the individual programs, ranging from “as-needed” communication to ongoing, extensive collaboration on projects. Like the individual program assessments of program impacts, respondents are quite split in the level of participation for each priority.

New HSCO Priorities: Please choose the role that best characterizes the level of partnership you would like to have between your program and the State Collaboration Office on the following five HSCO priorities in the next five years.

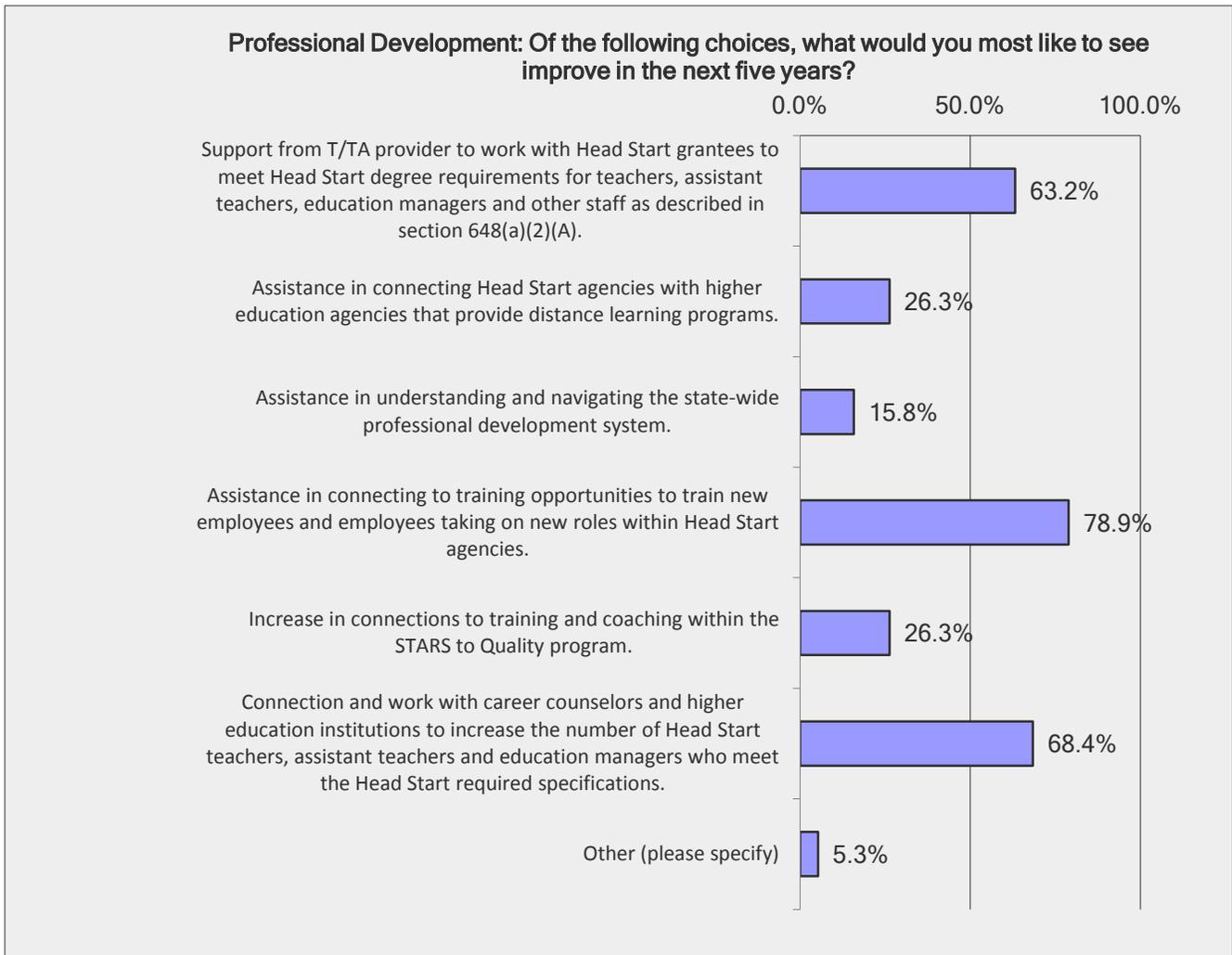
Answer Options	Information shared from HSCO office on an "as-needed" basis.	Regular communication between my program and HSCO office	Work on specific projects or objectives within this priority	Ongoing collaboration and work	Response Count
Partner with State child care systems, emphasizing EHS-CC Partnerships	5	2	2	5	14
Work with state efforts to collect data regarding early childhood education (ECE) programs and child outcomes.	2	5	2	7	16
Support the expansion and access to high quality workforce and career development opportunities for staff, including staff recruitment and retention	4	4	2	6	16
Collaborate with QRIS (STARS to Quality program)	3	5	0	6	14
Work with the state school system to ensure continuity	4	6	1	5	16
Comments					1
<i>answered question</i>					18
<i>skipped question</i>					5

Individual responses range substantially on this question. Overall, the split seems to be between a partnership based on communication and one based on ongoing collaboration and work. Factors that may be driving this split may include differences in resources, experience, or program level assessment of the most effective use of its resources. However, without further follow-up, it isn't possible to say which factors are most important for any particular program. The results do tend to suggest that two types of partnerships between HSCO and the individual programs should be expected: one group will be most interested in communication, while the other will be interested in more in-depth participation.

Professional Development

Professional development was identified by the most respondents as a high impact priority. Initial training, ongoing training, and workforce development were all areas that many identified as important.

The top three professional development options chosen were: Assistance in connecting to training for new employees or those in new positions, connections to career and counseling opportunities to strengthen the workforce, and further support from the T/TA trainers.



18 responses out of 23 survey participants. Participants chose up to three choices.

Specific Professional Development Training Requests

Participants were invited to identify specific types of trainings and areas of greatest need. 17 responded with specific ideas. The most frequently requested types of training (in order of number of times asked are):

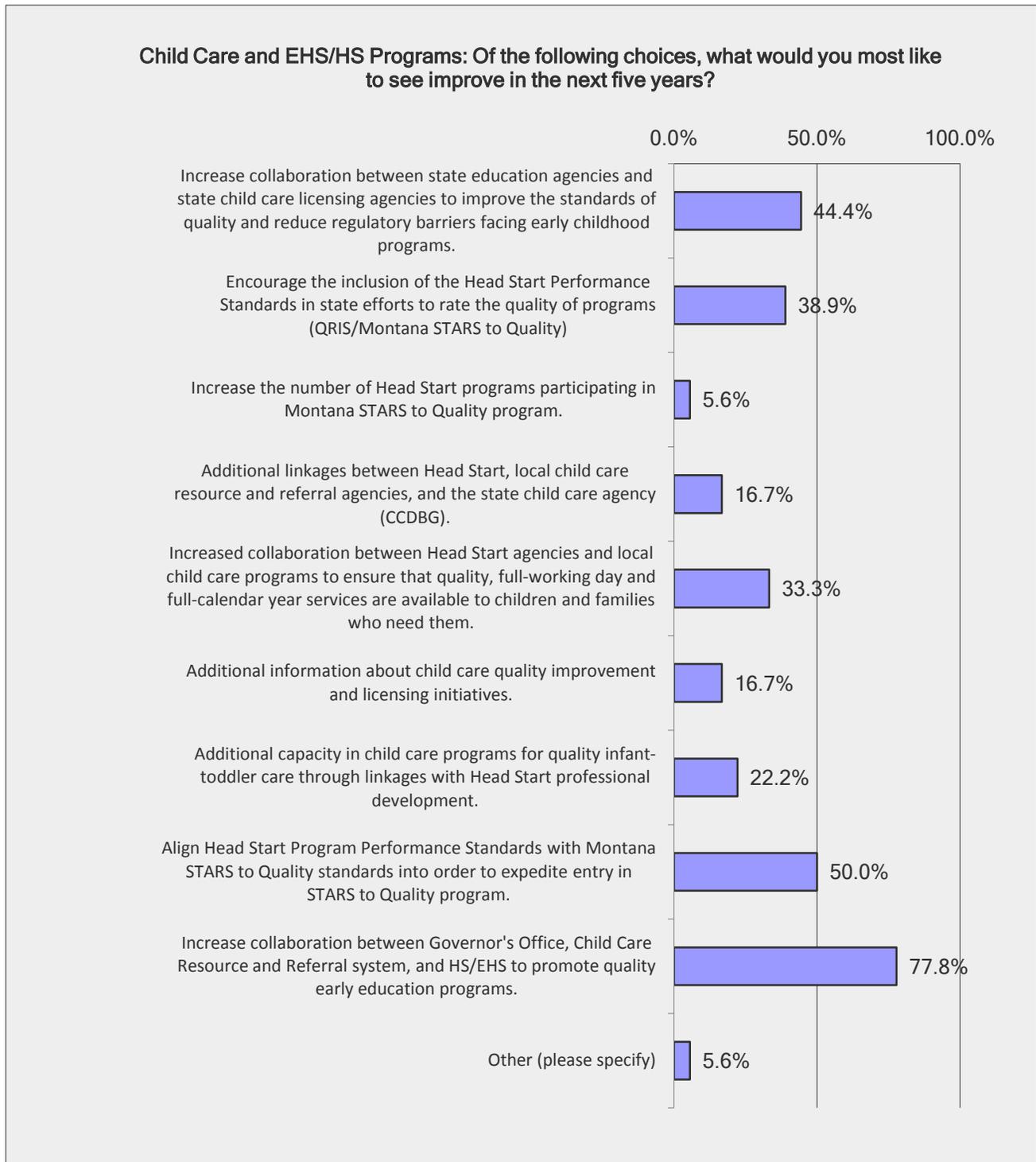
- Teacher training (9)
- Manager level training (5) plus, 2 specific requests for data, grant training primarily aimed at managers
- Training on behavioral strategies (2)
- Mental health (2)
- Workforce Development (2), particularly in the area of expanding workforce and credential opportunities, particularly in rural areas.
- Special needs (1)

Though the HSCO does not provide direct T/TA and other training entities, it collaborates with trainers across the state and region, so is in a position to consistently communicate needs and to ensure partners who provide training have accurate information about what is needed.

Overall, professional development in all its facets appears to be the single highest priority for EHS/HS programs across the state. Without significant, ongoing workforce development and high quality, targeted training, program directors do not think that ongoing, high quality early childhood education is possible.

Both Early Head Start and Head Start programs identified significant areas for improvement in how the child care system and EHS/HS programs aligned.

Early Head Start and Head Start Collaboration with the Child Care System



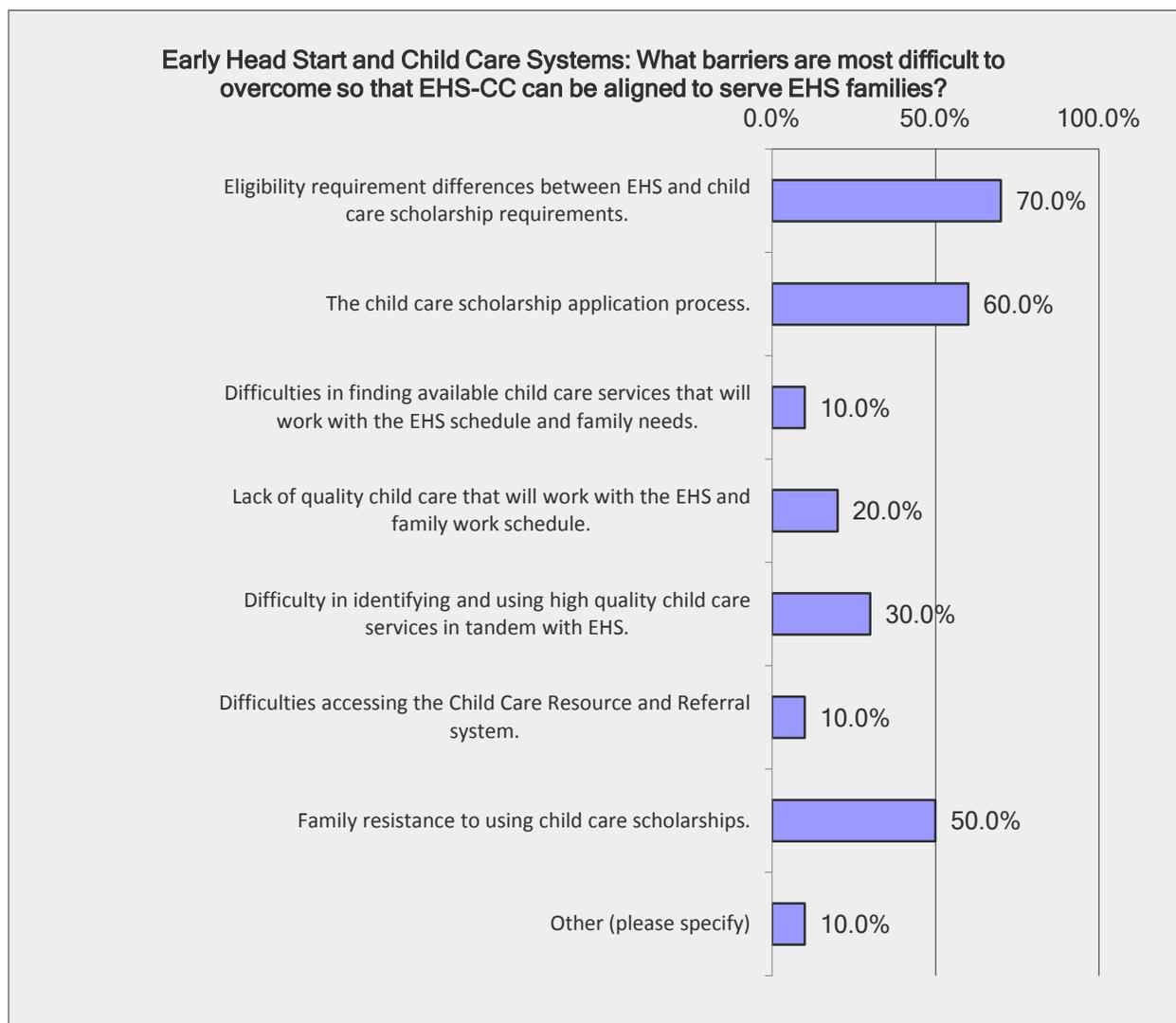
Other = More child care options. 18 participated, 5 skipped question. Participants chose up to three options.

Increased collaboration between Governor's Office, Child Care Resource and Referral system, and HS/EHS to promote quality early education programs was the clear top priority. Second was the

alignment of STARS and Head Start Performance Standards. Third in priority was collaboration with state education and child care licensing agencies.

Barriers to Early Head Start and Child Care Alignment

Eligibility, the scholarship application process, and family resistance to scholarships were identified as the three highest barriers to use of child care and child care scholarships in Early Head Start programs.



Answered: 10 (Only those with an EHS program or anticipating one by 2020 were asked to answer this question.) Participants chose up to three options.

It appears that the barriers are interconnected. Given the EHS income requirements, families should be eligible for some level of child care assistance, at least coming into the program. In practice, however, directors pointed out factors including differences in how pay increases are calculated, the lengthy application form and family inability to complete forms or concerns about eligibility.

Data Collection System

Data collection, particularly of longitudinal data, came up frequently on the survey and in discussion with directors as important.

Improving Ability to Collect Data

Participants were asked to identify which practices and tools would be most useful to them.

Data Collection Efforts: Work with state efforts to collect data regarding ECE program and child outcomes. Which one of these would be most helpful to focus on in the next five years?		
Answer Options	Response Percent	Response Count
Share Head Start data statewide with programs and partners to further Head Start mission.	10.5%	2
Work to collect and share other relevant early childhood data with Head Start programs.	10.5%	2
Assist in identifying training opportunities on effective data collection and interpretation.	31.6%	6
Coordination between the Head Start data system(s) and K-12 systems that includes the assignment of unique State Assigned Student Identifiers (SASIDs) that remain with students throughout their pre-K-12 public education so that Head Start participants can be included in state data collection efforts, longitudinal studies, and tracking systems to demonstrate long-term educational outcomes.	68.4%	13
Other (please specify)	0.0%	0
<i>answered question</i>		19
<i>skipped question</i>		4

Long-term identification of students was strongly identified as the most important area to address in terms of data in the next five years, followed by professional development.

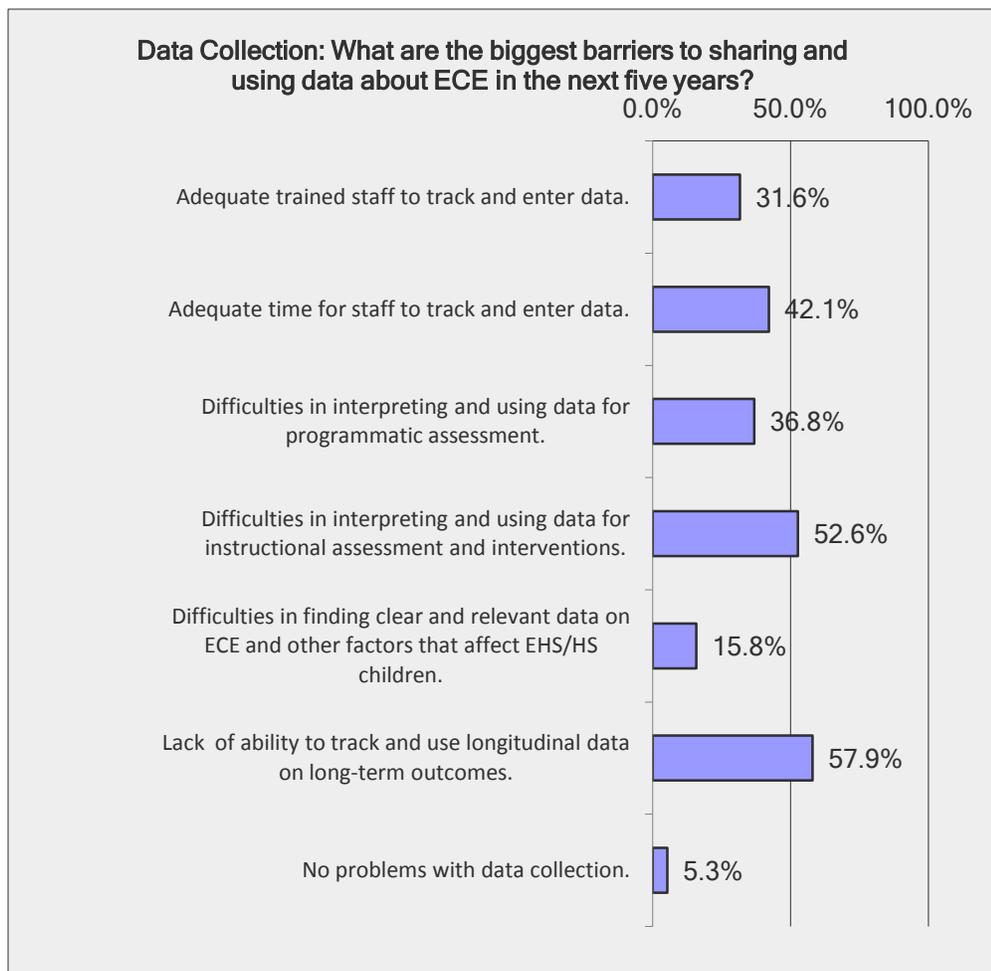
Head Start program directors have stated several times in discussion that long-term outcome data is critical to evaluating success and to making connections between Head Start and K-12 student success.

Barriers to Collecting Data in EHS/HS Programs

Participants were also asked to identify the biggest barriers to effective sharing and use of data.

Barriers in the use of ability to share longitudinal data were highest priority, followed by classroom use of data for instructional data. The third barrier was identified as lack of time to enter and track data.

The HSCO office can not directly address the second and third priorities, but it is clear that any system work on streamlining data collections, encouraging professional development and coaching opportunities, and fostering the partnerships needed to implement multi-agency longitudinal data collection will help individual programs.



Answered 19, skipped: 4. Participants chose up to three options.

Useful Data

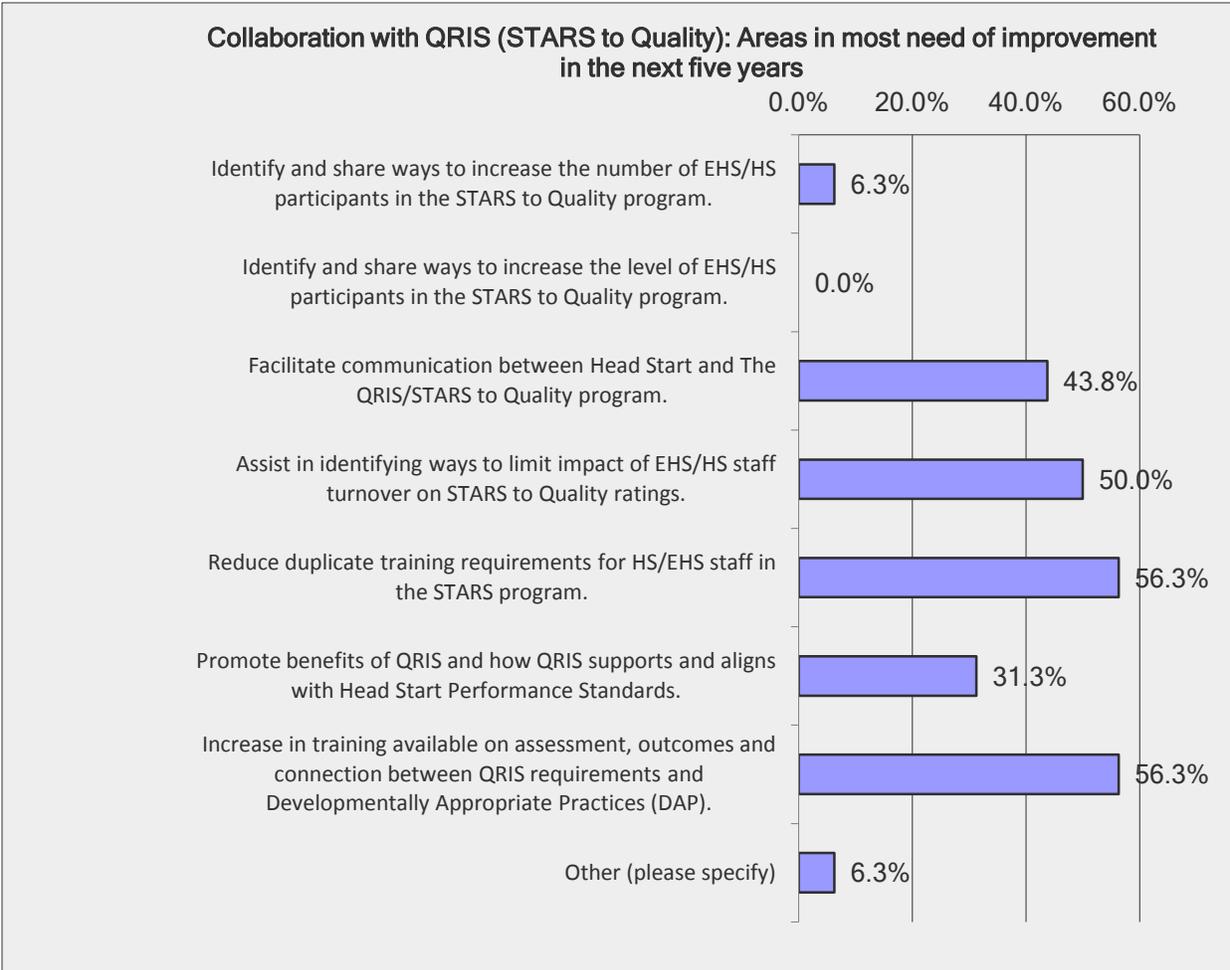
Data are not useful unless users can find and interpret them correctly, and apply them to help identify and address areas of needed program and practice change. Easy access and any necessary interpretation of data that help program directors and their staff are important. Participants identified types of data most useful to them, listed by the number of times they were mentioned. Specific instances were de-identified from the eight responses.

- Most or all data related to ECE (4)
- Longitudinal data (2) particularly at kindergarten entry, reading, and graduation rates
- Demographic information (2)
- Outcome comparison data between EHS/HS/school and private preschool education (1)

Ease of access was an important factor that was emphasized.

Collaboration with STARS to Quality (QRIS)

The STARS to Quality program is the QRIS program in Montana. As of March 2015 all 7 EHS programs and 11 Head Start Program sites were enrolled in STARS.



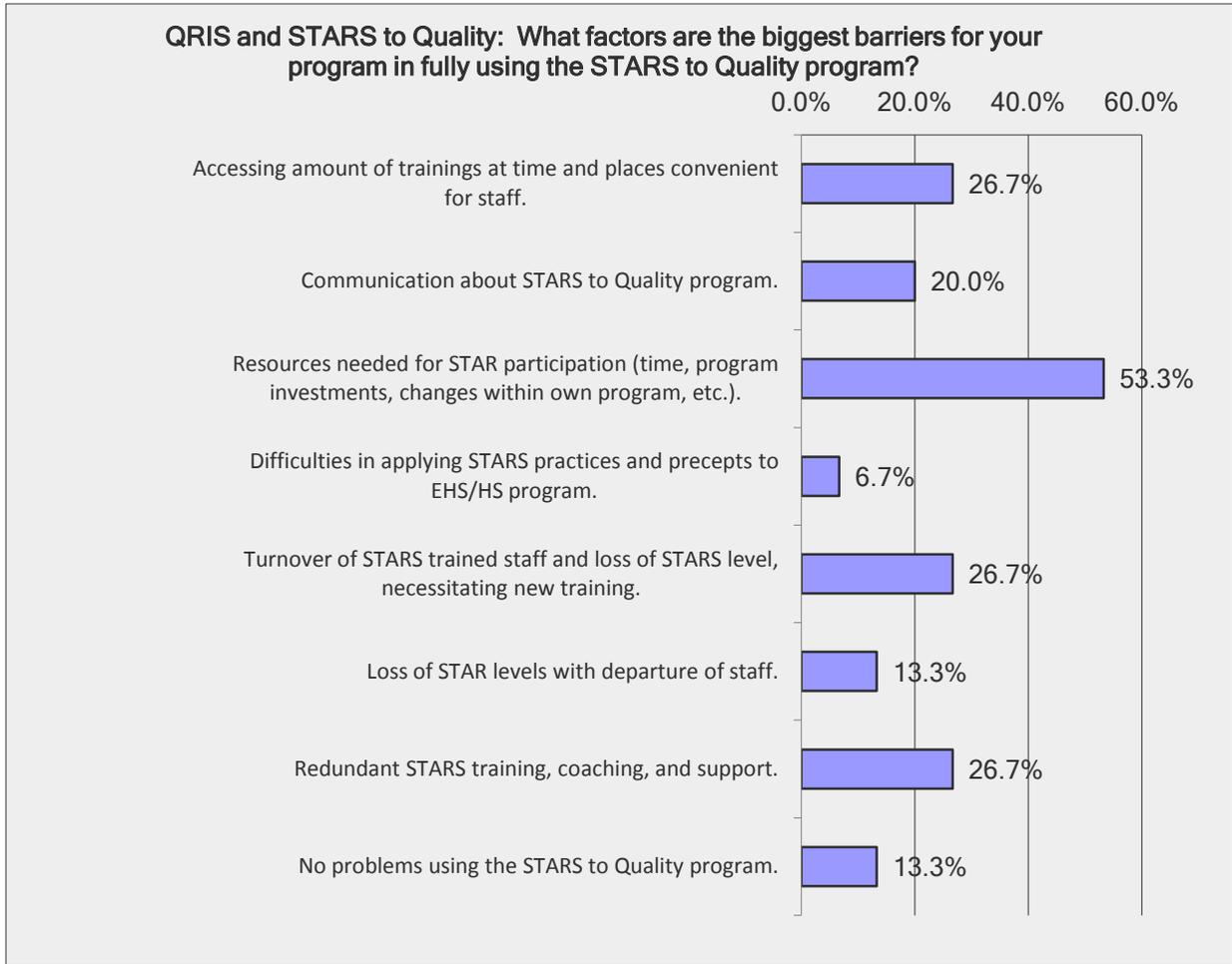
Answered: 16; skipped: 7. Participants chose up to three options.

Two priorities were identified as highest: increase in specific trainings and reduction in duplication of training that Head Start program staff already receive from other source. Loss of STARS level associated with turnover and further communication between EHS/HS participants and STARS were other high priority areas to address.

At this time, Tribal programs do not participate in the Montana STARS to Quality program.

Barriers to Using STARS

Participants were asked to identify barriers to using the STARS program. The major barrier was identified as resources needed to participate in the program. Though the program is free of charge, other resources such as time and program investments add up for a majority of respondents.



Answered: 15; Skipped: 8. Participants chose up to three options.

Secondary barriers related to turnover, accessing training and redundancy in training.

State and Regional Priority Impacts

Survey participants were asked to identify impact of state and regional priority areas on their programs. This question focused on vulnerable populations and specific service areas.

Health services was the area that most

Regional HSCO Priorities: Please indicate the level of impact addressing each of these priorities has on your EHS/HS program and the families and children you serve.				
Answer Options	High impact	Moderate impact	Limited impact	Response Count
Child Welfare (Protective & Preventive Services)	8	8	1	17
Community and Family Services	9	7	1	17
Family Literacy	6	8	3	17
Health Services	12	4	1	17
Military Families	1	5	10	16
Services to Children with Disabilities	10	5	2	17
Services to Children Experiencing Homeless	7	5	5	17
Welfare	9	7	1	17
<i>Ans: 17; Skipped: 6</i>				

respondents felt had a high impact on their programs. Also in that Tier 1 of high impact were services to children with disabilities, child and family services, and welfare. Child welfare, services to children experiencing homelessness and family literacy appeared to be a second tier: quite high impact for many programs, but had a greater proportion of moderate to limited impact. In Tier III, the impact of provision of services to military families is of limited impact in many communities, but it is important to note that a few communities do have significant military presence.

HSCO-Program Partnerships Role for State and Regional Priorities

Survey participants were asked what kind of role each would like the HSCO to play in collaboration with the individual programs, ranging from “as-needed” communication to ongoing, extensive collaboration on projects. Like the individual program assessments of program impacts, respondents are quite split in the level of participation for each priority.

Regional HSCO Priorities: Please pick the role that best characterizes the level of partnership you would like between your program and the State Collaboration Office on the following seven regional HSCO priorities in the next five years.

Answer Options	Information shared from HSCO office on an "as-needed" basis.	Regular communication between my program and HSCO office	Work on specific projects or objectives within this priority	Ongoing collaboration and work	Response Count
Child Welfare	5	4	1	7	17
Community Services	1	8	2	5	16
Family Literacy	2	9	2	4	17
Health Services	1	8	2	6	17
Military Families	6	5	0	5	16
Services to Children with Disabilities	3	7	0	7	17
Services to Children Experiencing Homelessness	3	9	1	4	17
Welfare	4	8	0	4	16

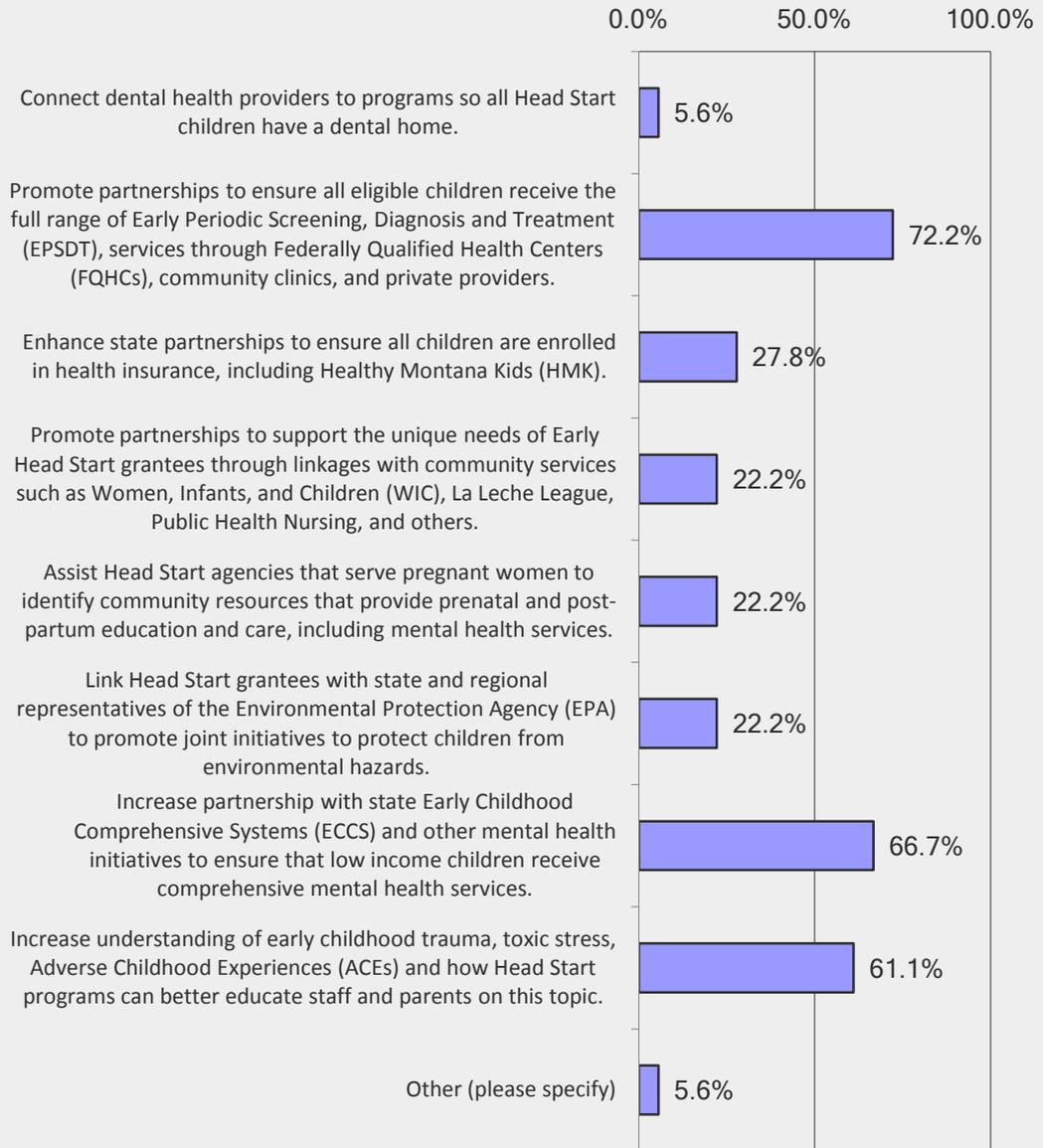
Answered: 17; Skipped: 6

Regular communication was the most frequently identified partnership role, though significant numbers of survey participants saw a more active role as well in working on child welfare, services to children with disabilities, and in working on issues pertaining to military families.

Mental and Physical Health Services

Both mental and physical health is essential for proper development. Participants were asked to identify the three issues within this domain that were highest priority for the next five years. Ongoing, periodic screening was identified as a top priority, followed by partnerships with mental health services through ECCS and increasing understanding of Adverse Childhood Experiences (ACEs). This area is one where significant HSCO time spent on collaboration and system-level improvement will be useful.

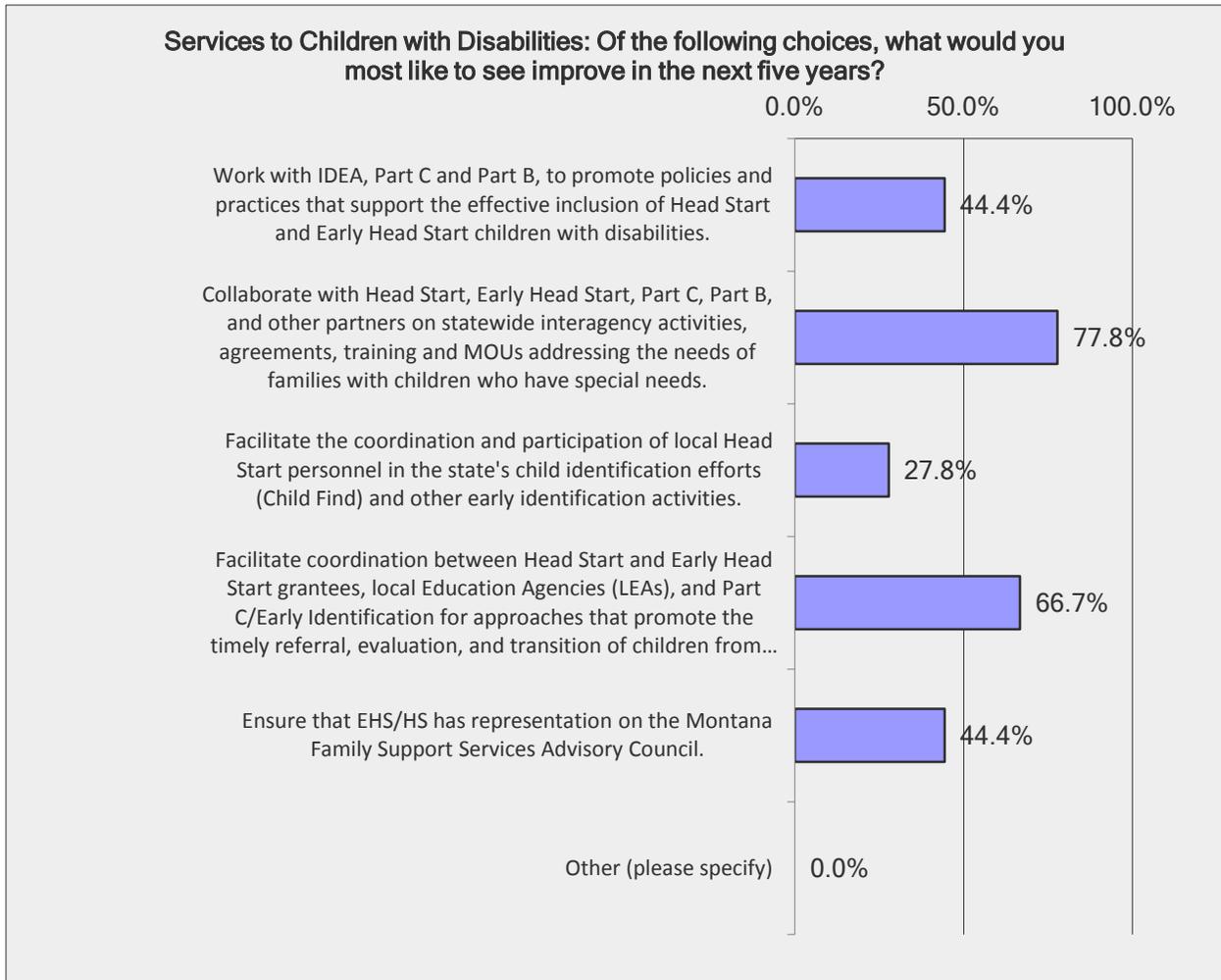
Health Services: Of the following physical, mental, and oral health factors, what do you think is most important to improve in the next five years?



18 answered. 5 skipped. Participants chose up to three options.

Services to Children with Disabilities

Services for children with disabilities had the second most high impact responses in overall priorities.

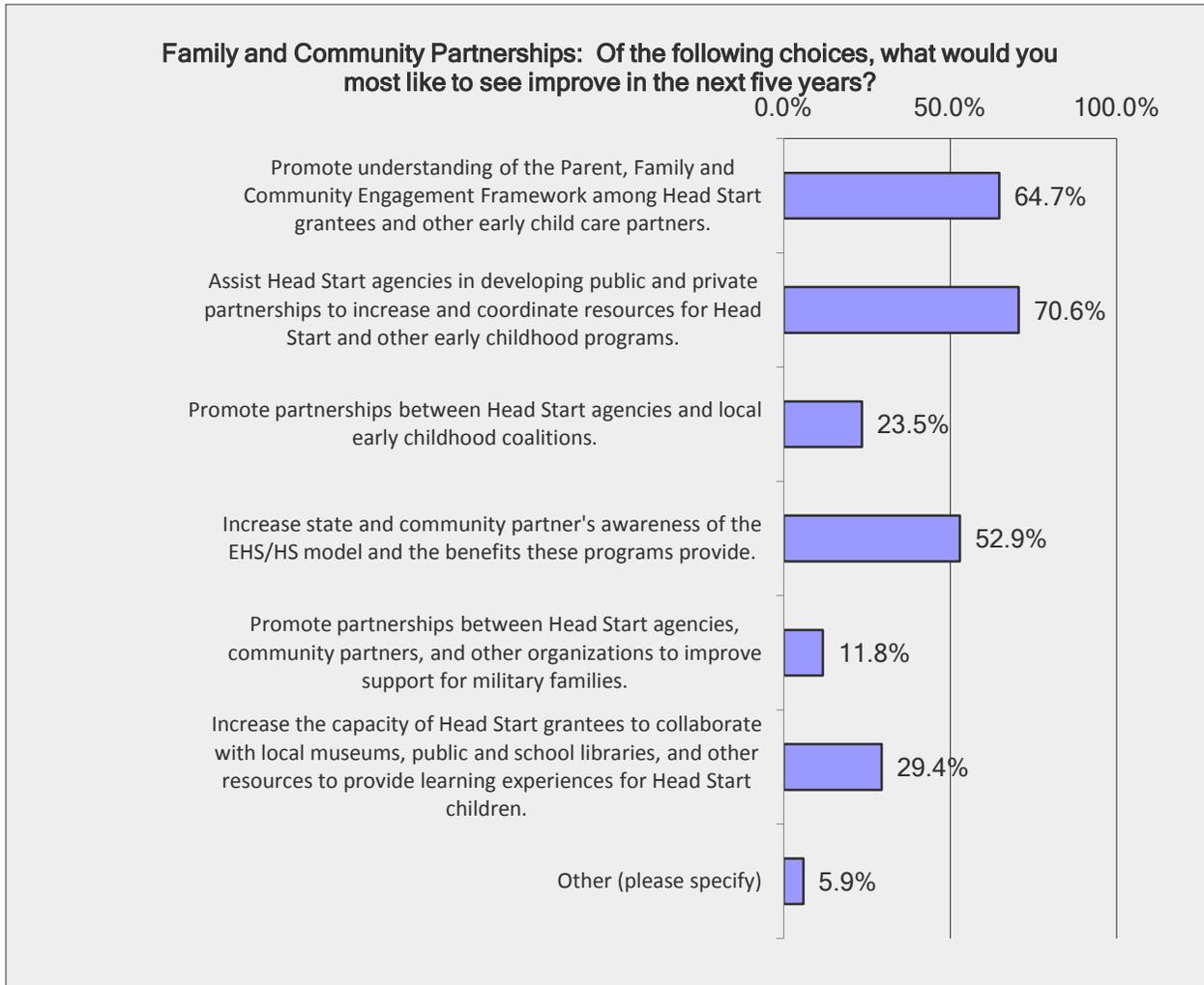


Answered: 18; skipped: 5. Participants chose up to three options.

Joint trainings between EHS/HS and other entities that work with children with disabilities was most frequently identified as an area to improve. Second was facilitating the transition between Head Start and schools. An equal number of participants identified work on inclusion of HS/HS in policies and practices with partners that serve children with disabilities and to ensure Head Start has a place at the table on the Montana Family Support Services Advisory Council.

Family and Community Partnerships

This area was identified as third highest in impact for EHS/HS programs. Participants identified assistance in developing partnership as a top priority, followed by promotion of the Parent, Family, and Community Engagement Framework and efforts to increase awareness of the EHS/HS model.



17 answered. 6 skipped. Participants chose up to three options.

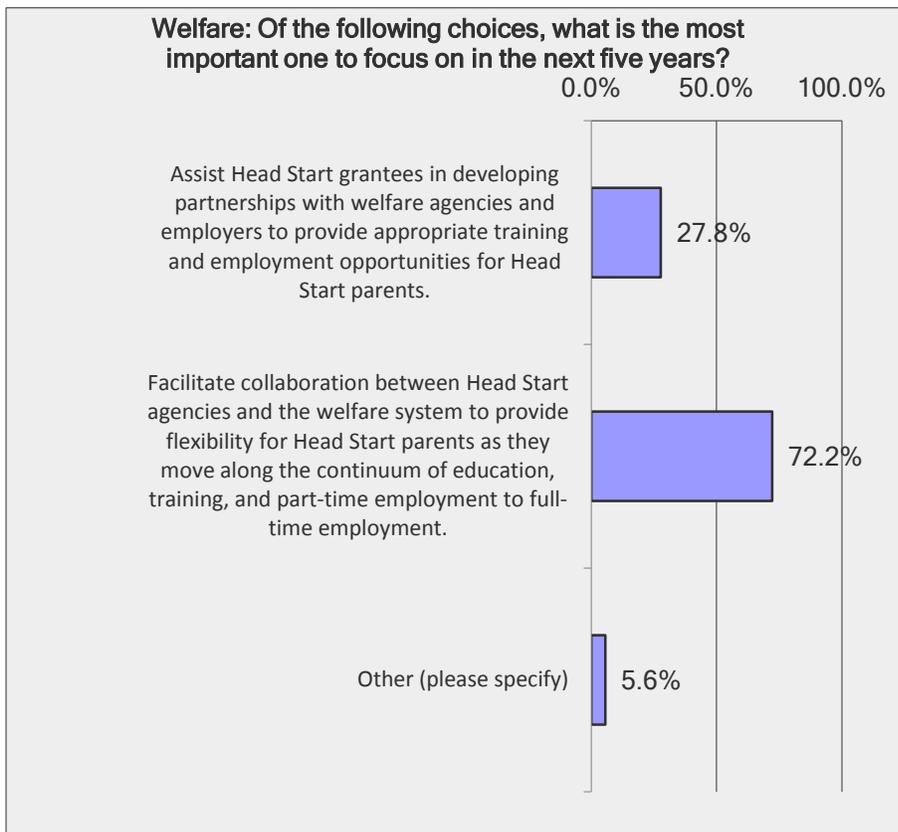
Military Families

One option for prioritization of family and community services was to partner with organizations to improve support for military families. Only two respondents put this option in their top three priorities in this question. This seems to reflect the overall impact of this priority: a handful of communities see high need, but many do not have many military families or are unaware of issues associated with military service.

Welfare

Welfare that sustains families in poverty was identified as the fourth highest impact state and regional priority area.

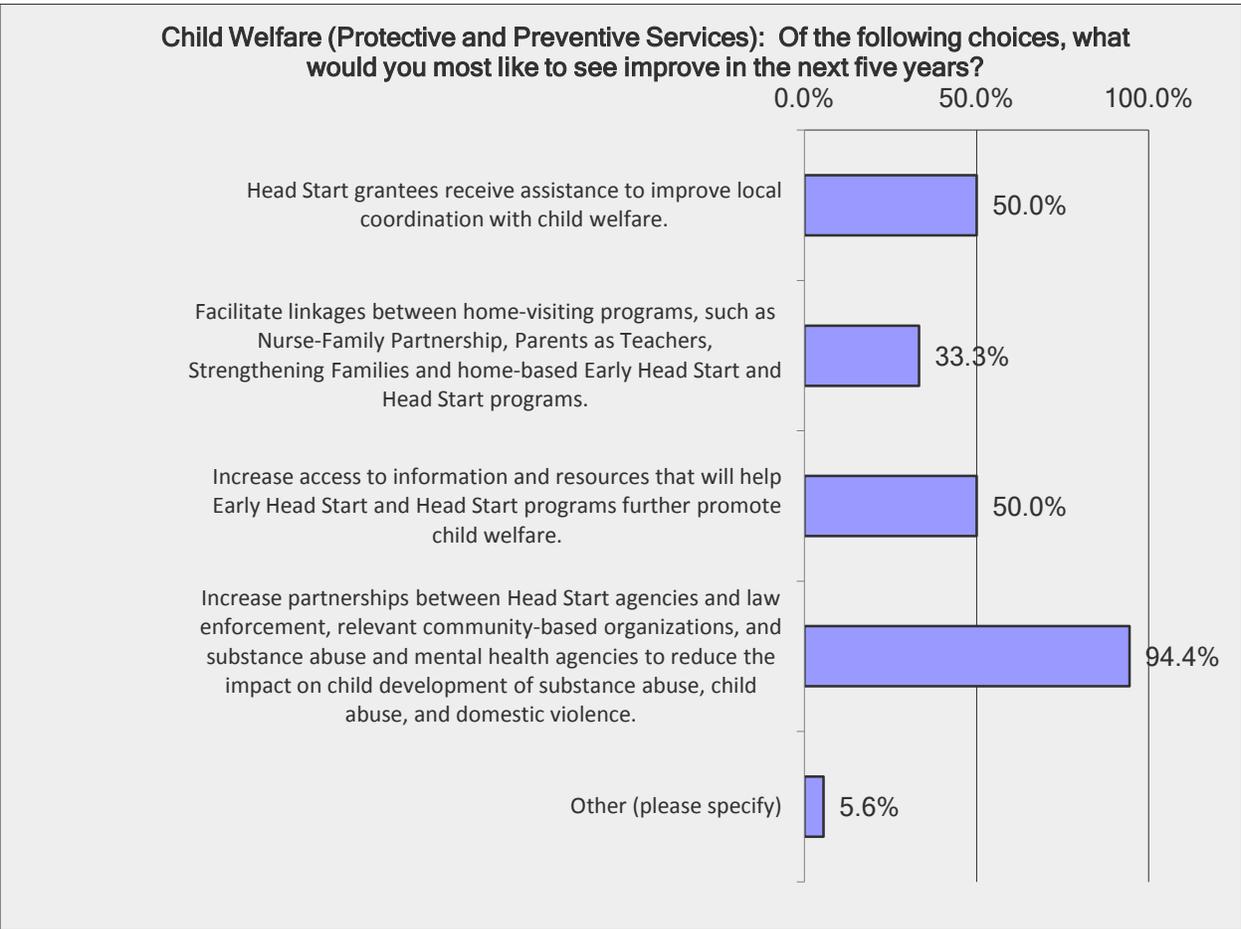
The clear system need is to facilitate collaboration between Head Start and the welfare system with a goal of helping parents and families move out of poverty.



Answered: 18; skipped: 5. Participants chose one option.

Child Welfare

This was an area where the majority of respondents (16 of 17) were split between high and moderate impact on their programs. It appears from comments throughout the survey that some communities have very difficult relationships with Child and Family Services. Others may be in areas with fewer cases of child abuse or in areas with better local partnerships. Regardless of specific community circumstances, it is clear this is an important area for further partnerships and coordination. Resources and information to promote child welfare was also identified as an area to further address.

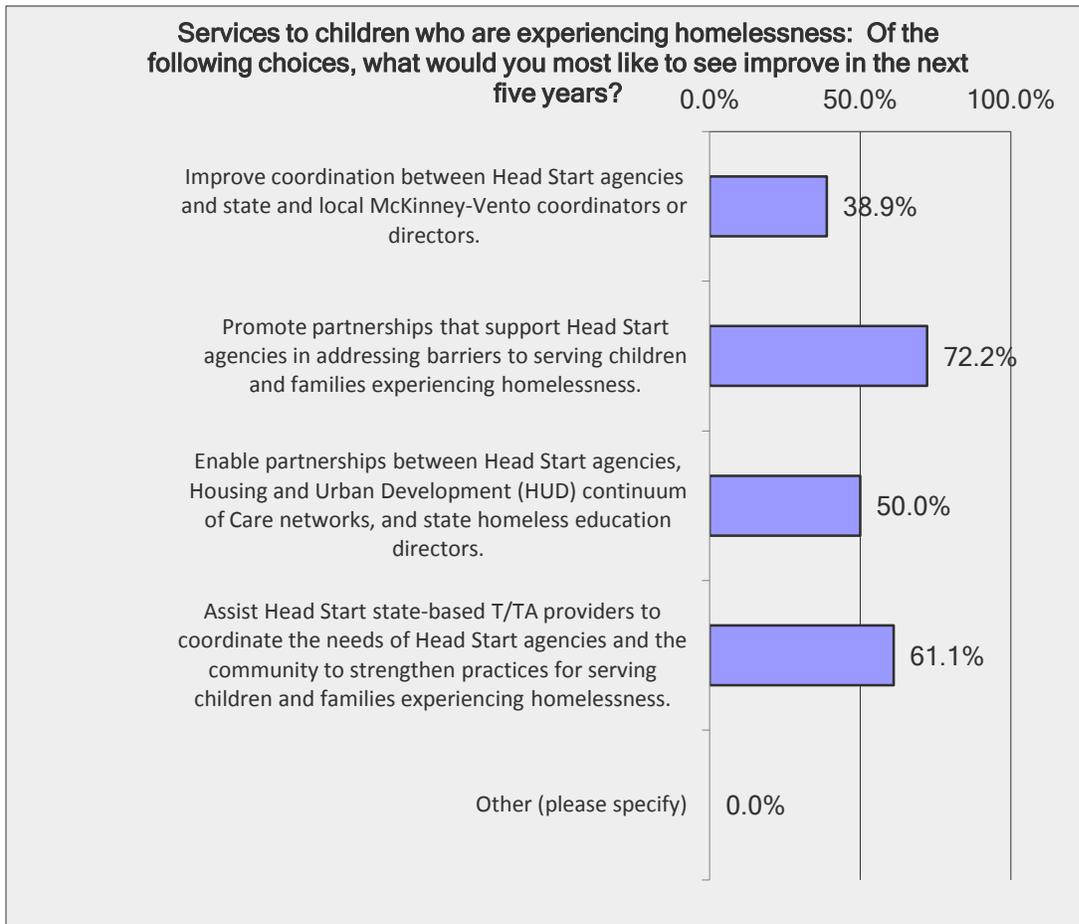


Answered: 18; Skipped: 5. Participants chose one option.

Services to Children Experiencing Homelessness

Community need in this area appeared to differ, perhaps based on underlying homeless rates. However, several programs did see this area as high impact.

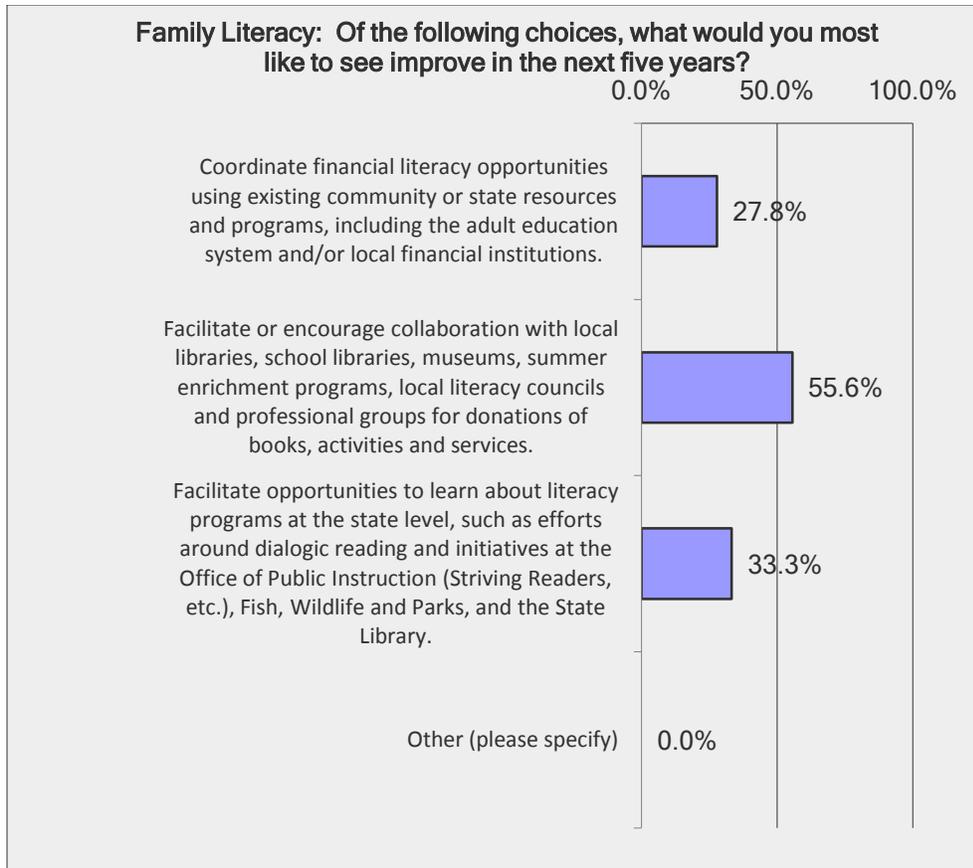
HSCO could be most useful in the next five years in focusing on building partnerships and coordination that would allow Head Start program to better access and coordinate services for their children and families that are experiencing homelessness. Using the T/TA network to coordinate the needs of Head Start agencies and the community was the other major area for further work.



Answered: 18; skipped: 5. Participants chose one option.

Family Literacy

The majority of survey participants identified this area as having moderate impact on their programs. It is important, but appears to be a Tier III issue in terms of overall importance. For HSCO, it appears that the most important activity would be to further coordinate with state-level organizations and associations to further promote EHS/HS opportunities for book donations, volunteers, and other programs that could promote family literacy.



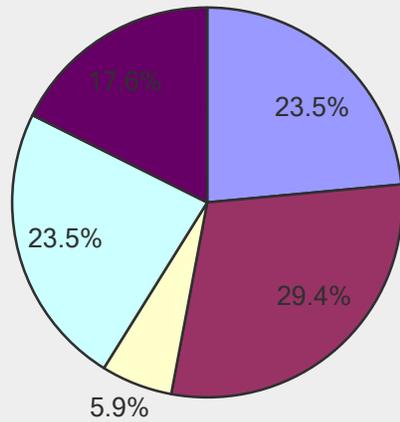
Answered: 18; skipped: 5. Participants used one option.

Early Head Start and Head Start Program Enrollment

Enrollment was identified as an issue for many EHS/HS programs. However, the reasons for enrollment issues were varied. Comments included:

- Attendance/family engagement (2)
- Difficulty in recruiting target population (1)
- Not enough capacity to serve need (1)
- Cuts in transportation (1)
- Lack of proper facility (1)
- Training so more qualified teachers and co-teachers can be hired (1)

EHS/HS Enrollment: Please choose the most important factor that affects enrollment in your EHS/HS programs.



- Lack of capacity to serve eligible applicants
- Limited pool of eligible families and children in service area
- Too few eligible families apply
- Lack ability to serve families who are ineligible (primarily 130-200% of FPL), but could really use EHS/HS services
- Other (specify)

Answered: 18; skipped: 5. Participants chose one option.

In discussions with directors, underlying demographic and economic factors were frequently cited for why a specific site or region experienced issues. No one solution will address enrollment in Montana. This is reflected in the lack of a clear high priority for action.