

# MONTANA HEAD START COLLABORATION OFFICE 2016 NEEDS ASSESSMENT SUMMARY

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**Montana Head Start  
Collaboration Office**



## Introduction

The Head Start Act (as amended December 12, 2007) requires the Head Start Collaboration Offices (HSCOs) to conduct an annual needs assessment of Head Start and Early Head Start grantees. The purpose of the 2016 Head Start Collaboration Needs Assessment is to evaluate perceptions held by Head Start and Early Head Start programs, as to inform strategic planning for the year. The Office of Head Start does not specify the methodology or instrument used to collect information. Head Start Collaboration Office directors do have a common resource and guidance they can follow on the ECLKC website portal, but guidance is optional. In the past, the Montana Head Start State Collaboration Needs Assessment has evaluated a few specific priority areas, a snapshot of Head Start activities and needs across the state, as well as qualitative findings that build off of statewide Program Information Reports (PIR).

The goal is to simply assess how Head Start and Early Head Start programs collectively respond to the various priority areas, as listed by the Office of Head Start. The Montana Head Start Collaboration Office continued this year with a series of questions that directly correlate with the priority areas. There are also questions tailored to assessing perceived strengths and challenges.

The 2016 Needs Assessment is comprehensive of 2 data sources:

1. Survey Analysis & Findings: The survey was conducted via Survey Monkey in 2016 and distributed to all Head Start and Early Head Start directors in the State of Montana.
2. Program Information Report (PIR) Statewide Data findings conducted by the Office of Head Start

## Purpose

The intent of this report is to understand the landscape of Head Start and Early Head Start in Montana, identify key findings that support ongoing collaboration, or the development of new collaborations as well as the development of recommendations, based on the two data sources, for next year. The recommendations are what will drive the work of the Head Start Collaboration in the upcoming year, and will inform state and local partners about Head Start and Early Head Start perceptions and needs across the state.

The Head Start Collaboration Office utilized a survey to collect information from local Head Start and Early Head Start grantees. The purpose of the survey was to gain a deeper understanding of how Head Start and Early Head Start grantees experience collaboration with state and local agencies. Additionally, it was to understand where the Head Start community would like to see efforts focused in the upcoming year. The same survey was used to collect data this year as last year in order to assess improvement in collaboration, as well as a shift in where collective and collaborative efforts are executed.

## Respondents

In May and June, 2016, 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 out the survey or wanted to provide more input from their program, they were encouraged to send it on to other staff. 18 people participated in the survey, all but one self-identified in the survey. All answers were de-identified in this summary. It appears, from information provided, that all but 6 Early Head Start/Head Start program participated at some level in this survey.

## Findings

A note on the analysis: Findings are based on responses to a non-scientific survey, developed from a collective tool available to all Head Start Collaboration Offices. The results, though informative, are not to be considered

representative of all Head Start and Early Head Start employees in Montana. The purpose is to simply inform the Head Start Collaboration Office and other partners, for use in ongoing planning.

## Programs Offered

| <b>Please all check all program models you currently offer or you plan to offer in your agency by 2018.</b> |                |
|---|----------------|
| <b>Answer Options</b>   | <b>Program</b> |
| Partial day Head Start  | 14             |
| Full day Head Start   | 12             |
| Early Head Start  | 7              |
| Head Start program in tandem with special needs preschool   | 5              |
| Early Head Start or Head Start program in tandem with child care  | 2              |
| Other Programs  | 2              |
| <b><i>answered question</i></b>   | <b>18</b>      |
| <b><i>skipped question</i></b>  | <b>0</b>       |

Respondents were asked to characterize the programs they currently have or expect to have in place by 2018. Many offer more than one program or program model. All 18 respondents answered this question. Two programs indicated that they would be applying for EHS/CC Partnerships Grants and 2 indicated that they may apply for EHS Partnership Grants. Twelve of the grantees related that they were applying for supplemental funds to extend the duration of services and 2 said maybe.

## 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 respondents were asked to list assets and barriers that foster high quality programs. The answers are grouped in order of frequency and de-identified to ensure program confidentiality.

### Assets

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

- Staff quality (9)
- Grants and financial assistance (3)
- Community collaboration and services (2)
- Staff retention (2)
- Regulations (1)
- Participation in STARS (1)

### Barriers

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

- Staff retention/staff turnover (7)
- Funding for programs (5) lack of state funding for EHS and HS
- Staff wages too low (3)
- Finding and hiring qualified staff (2). A variety of reasons including wages, educational requirements, and lack of locally qualified staff were given
- Gaps in child protective system (1)
- Professional development (1)
- Meeting the full day standards (1)
- Lack of community approach to substance abuse and child welfare (1)

- Challenging behaviors (1)

Staff retention/turnover and funding and monetary issues are the largest barriers and appear to be a major factors in hiring qualified staff in some communities. Qualified staff is also an ongoing issue. 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 level of difficulty of the positions have an effect on staff retention.

### Potential HSCO Roles

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

- Professional Development (4)
- Promote alignment of QRIS and Subsidy with HS standards (2)
- Partner and collaborate with agencies, other entities (1)
- Funding for EHS/HS programs (1)
- Promote awareness of and advocacy for EHS/HS (1)
- Promote workforce development in early childhood education (1)
- Support new administrators (1)
- Open communication (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 Montana Head Start Association (MTHSA) also has a strong role in several of the proposed high priority activities.

### Collaboration with Partners

Respondents were asked to identify the level of collaboration between the local EHS/HS program and the community partner. The most frequent response is highlighted in dark blue. In a few cases, the most frequent response is the same in more than one category.

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

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

Critical to the success of Head Start programs are strong working relationships with partners. Eighteen of the 18 respondents answered this question.

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

- Mental health organizations and services (8)
- Physical health organizations and services (4)
- Special needs services (3)
- Child care (3)
- Child protective services (3)
- Substance abuse prevention and treatment services (2)
- STARS (2)
- TANF(2)
- Homelessness/Housing organizations (1)
- Libraries and Museums (1)
- Childcare Scholarships (1)
- DPHHS/ECSB (1)

### Program Impacts of New Federal Priorities

Respondents were asked to rate the impact that each of the five federal and regional priorities had on their program. Sixteen of 18 respondents 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  | 1            | 3               | 11             | 15             |

|  |    |    |   |           |
|--|----|----|---|-----------|
| Work with state efforts to collect data regarding early childhood education programs and child outcomes  | 2  | 11 | 3 | 16        |
| Support the expansion and access to high quality workforce and career development opportunities for staff, including recruitment and retention | 11 | 5  | 0 | 16        |
| Collaborate with QRIS (STARS to Quality program)   | 3  | 9  | 4 | 16        |
| Work with state school system to ensure continuity   | 5  | 8  | 2 | 15        |
| <i>answered question</i>   |    |    |   | <b>16</b> |
| <i>skipped question</i>  |    |    |   | <b>2</b>  |

Respondents were strong in their assessment of the level of impact of the support of expansion and access to high quality workforce and career development opportunities with all respondents in the major to moderate impact and the majority in Major impact. Respondents were 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 and beyond, 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. This area will be important to watch as the state and EHS/HS work together to implement the new standards which include involvement in QRIS.

The majority of respondents thought partnerships between EHS/HS programs and the child care system were of limited impact. This makes sense since there are limited programs involved in the partnership grants at this time.

### HSCO-Program Partnerships Role for Federal Priorities

Survey respondents 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.

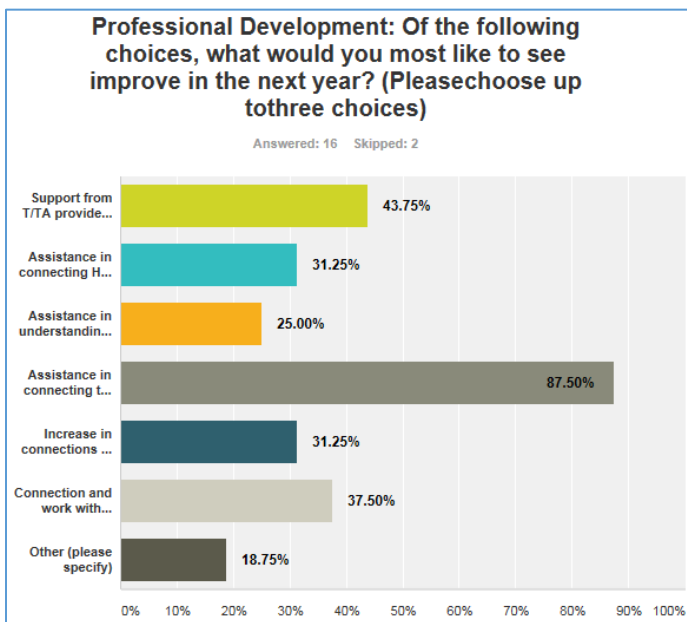
| <b>New HSCO Priorities: Please choose the role that best characterizes the level of partnership you would like to have between your program and the State Collaboration Office on the following five HSCO priorities in the next five years.</b> |   |   |   |                                       |                       |
|--|---|---|---|---------------------------------------|-----------------------|
| <b>Answer Options</b>  | <b>Information shared from HSCO office on an "as-needed" basis.</b> | <b>Regular communication between my program and HSCO office</b> | <b>Work on specific projects or objectives within this priority</b> | <b>Ongoing collaboration and work</b> | <b>Response Count</b> |
| Partner with State child care systems, emphasizing EHS-CC Partnerships   | 7   | 2   | 2   | 3                                     | 14                    |
| Work with state efforts to collect data regarding early childhood education (ECE) programs and child outcomes.   | 4   | 5   | 4   | 3                                     | 16                    |
| Support the expansion and access to high quality workforce and career development opportunities for staff, including staff recruitment and retention   | 3   | 5   | 4   | 4                                     | 16                    |
| Collaborate with QRIS (STARS to Quality program)   | 4   | 5   | 0   | 6                                     | 15                    |
| Work with the state school system to ensure continuity   | 3   | 6   | 4   | 3                                     | 16                    |

|                          |           |
|--------------------------|-----------|
| Comments                 | 1         |
| <b>answered question</b> | <b>16</b> |
| <b>skipped question</b>  | <b>2</b>  |

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, further support from the T/TA trainers, and connections to career and counseling opportunities to strengthen the workforce. However training for new employees or those to new positions was by far the highest choice with 87.5% of respondents choosing it.



| Answer Options   | Response Count |
|--|----------------|
| Support from T/TA provider to work with Head Start grantees to meet Head Start degree requirements for teachers, assistant teachers, education managers and other staff as described in section 648(a)(2)(A).          | 7              |
| Assistance in connecting Head Start agencies with higher education agencies that provide distance learning programs.   | 5              |
| Assistance in understanding and navigating the state-wide professional development system.   | 4              |
| Assistance in connecting to training opportunities to train new employees and employees taking on new roles within Head Start agencies.  | 14             |
| Increase in connections to training and coaching within the STARS to Quality program.  | 5              |
| Connection and work with career counselors and higher education institutions to increase the number of Head Start teachers, assistant teachers and education managers who meet the Head Start required specifications. | 6              |
| Other (please specify)   | 3              |

### Specific Professional Development Training Requests

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

- Teacher training (5)
- Access to Higher Education for degree attainment (2)
- Training on behavioral strategies (2)

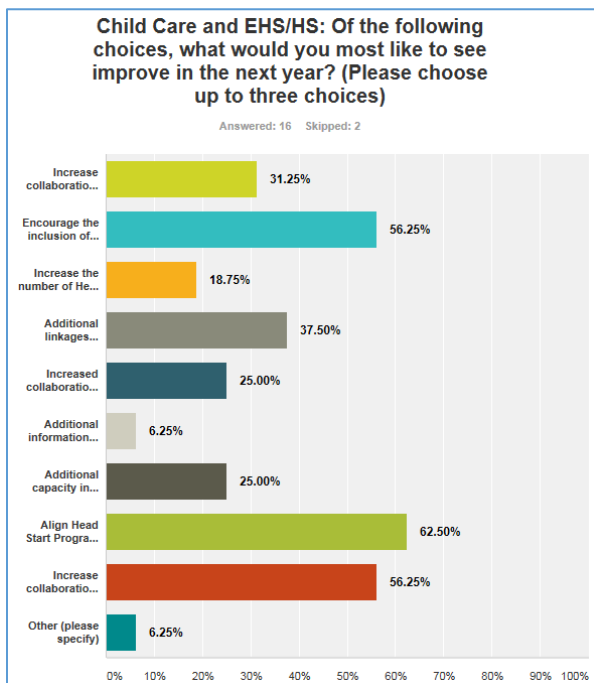
- Mental health (2)
- Workforce Development (2), particularly in the area of expanding workforce and credential opportunities and training of non-teaching staff
- Special needs (2)
- Cross agency and systems (2)
- Trauma (1)

Though the HSCO does not provide direct T/TA and other training entities, it collaborates with trainers across the state and region, and consistently communicates 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.

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

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



Other = More child care options.

| Answer Options   | Response Count |
|--|----------------|
| Increase collaboration between state education agencies and state child care licensing agencies to improve the standards of quality and reduce regulatory barriers facing early childhood programs.              | 5              |
| Encourage the inclusion of the Head Start Performance Standards in state efforts to rate the quality of programs (QRIS/Montana STARS to Quality).  | 9              |
| Increase the number of Head Start programs participating in Montana STARS to Quality program.  | 3              |
| Additional linkages between Head Start, local Child Care Resource and Referral agencies, and the Early Childhood Services Bureau.  | 6              |
| Increased collaboration between Head Start agencies and local child care programs to ensure that quality, full-working day and full-calendar year services are available to children and families who need them. | 4              |
| Additional information about child care quality improvement and licensing initiatives.   | 1              |
| Additional capacity in child care programs for quality infant-toddler care through linkages with Head Start professional development.  | 4              |
| Align Head Start Program Performance Standards with Montana STARS to Quality standards into order to expedite entry in STARS to Quality program.   | 10             |
| Increase collaboration between Governor's Office, Child Care Resource and Referral system, and HS/EHS to promote quality early education programs.   | 9              |

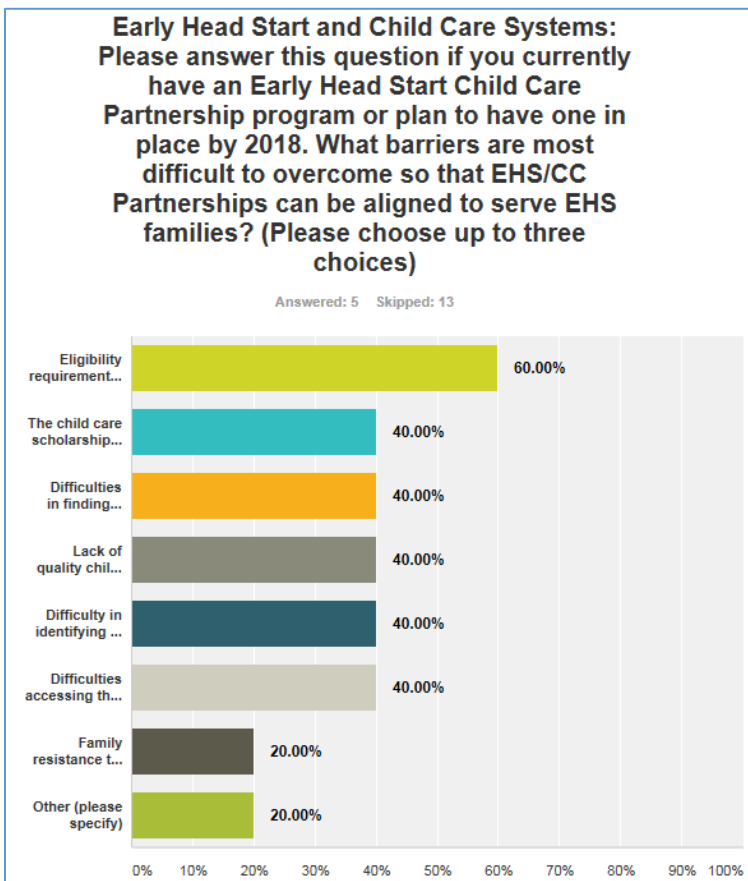


The alignment of STARS and Head Start Performance Standards was the clear top priority. Second was encourage the inclusion of the Head Start Performance Standards in state efforts to rate the quality of programs (QRIS/Montana STARS to Quality) and increase collaboration between Governor's Office, Child Care Resource and Referral system, and HS/EHS to promote quality early education programs and collaboration with state education and child care licensing agencies. This is a topic of important ongoing work and the need for alignment and inclusion has increased due to the new proposed standards.

### Barriers to Early Head Start and Child Care Alignment

It appears that the barriers are interconnected. Eligibility requirement differences between EHS and childcare scholarships were the primary reason but then 5 other categories were close behind. In practice, however,

directors pointed out factors including family inability to complete forms or concerns about eligibility proved problematic in obtaining subsidy.



| Answer Options   | Response Count |
|--|----------------|
| Eligibility requirement differences between EHS and child care scholarship requirements.                     | 3              |
| The child care scholarship application process.  | 2              |
| Difficulties in finding available child care services that will work with the EHS schedule and family needs. | 2              |
| Lack of quality child care that will work with the EHS and family work schedule.                             | 2              |
| Difficulty in identifying and using high quality child care services in tandem with EHS.                     | 2              |
| Difficulties accessing the Child Care Resource and Referral system.  | 2              |
| Family resistance to using child care scholarships.  | 1              |
| Other (please specify)   | 1              |

### 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

Respondents were asked to identify which practices and tools would be most useful to them in data collection and integration.

**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 year?**

| Answer Options | Response Percent | Response Count |
|----------------|------------------|----------------|
|----------------|------------------|----------------|

|  |        |           |
|--|--------|-----------|
| Share Head Start data statewide with programs and partners to further Head Start mission.  | 6.67%  | 1         |
| Work to collect and share other relevant early childhood data with Head Start programs.  | 13.3%  | 2         |
| Assist in identifying training opportunities on effective data collection and interpretation.  | 13.33% | 2         |
| 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 respondents can be included in state data collection efforts, longitudinal studies, and tracking systems to demonstrate long-term educational outcomes. | 66.67% | 10        |
| Other (please specify)   | 0.0%   | 0         |
| <b>answered question</b>   |        | <b>15</b> |
| <b>skipped question</b>  |        | <b>3</b>  |

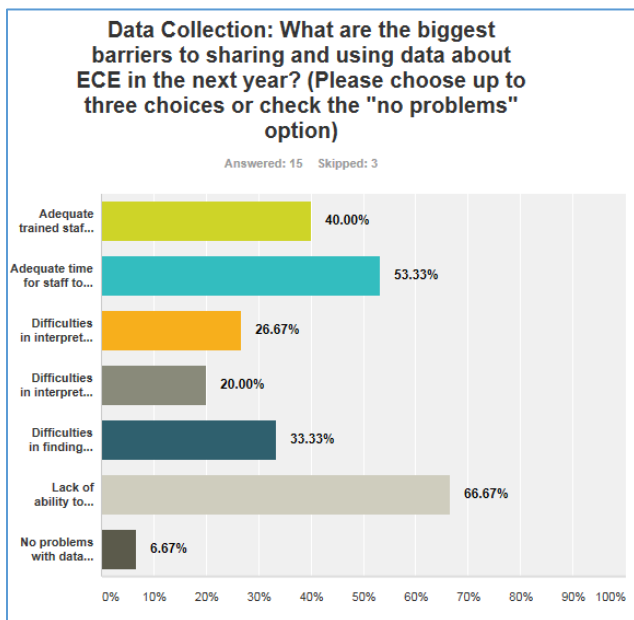
Long-term identification of students was strongly identified as the most important area to address in terms of data in the next year, followed by professional development on effective data collection and sharing relevant early childhood data with EHS/HS programs.

Head Start program directors have in the comments 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

Respondents were also asked to identify the biggest barriers to effective sharing and use of data. Barriers in the use of and ability to track and share longitudinal data were highest priority, followed by lack of time to enter and track data. The third barrier was identified as adequate trained staff to track and enter data.

The HSCO office cannot 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.



| Answer Options  | Response Count |
|---|----------------|
| Adequate trained staff to track and enter data.   | 6              |
| Adequate time for staff to track and enter data.  | 8              |
| Difficulties in interpreting and using data for programmatic assessment.                              | 4              |
| Difficulties in interpreting and using data for instructional assessment and interventions.           | 3              |
| Difficulties in finding clear and relevant data on ECE and other factors that affect EHS/HS children. | 5              |
| Lack of ability to track and use longitudinal data on long-term outcomes.                             | 10             |
| No problems with data collection.   | 1              |

## Useful Data

Data is not useful unless users can find and interpret it correctly, and apply it to help identify and address areas of needed program and practice change. Lack of ability to track and use longitudinal data on long-term outcomes are important barriers noted by respondents. Respondents identified types of data most useful to them, listed by the number of times they were mentioned. Specific instances were de-identified from the responses:

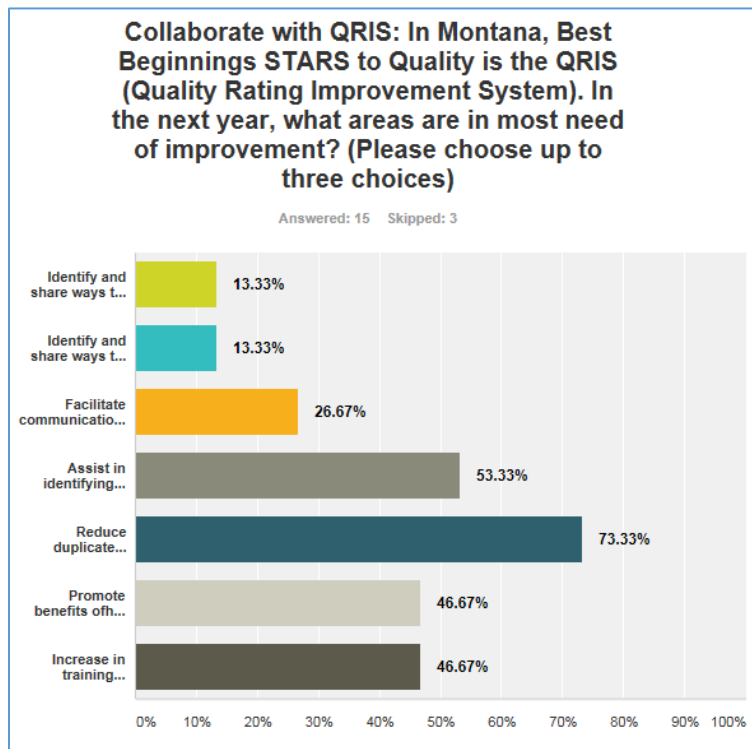
- Longitudinal data (2)
- School Readiness data including infant toddler (2)
- Outcome comparison data between EHS/HS/school and other populations(1)
- Child and family outcomes data in programs other than HS (1)

## Collaboration with STARS to Quality (QRIS)

The STARS to Quality program is the QRIS program in Montana. As of September 2016, 37 Early Head Start and Head Start Program sites were enrolled in STARS, which is half of the total non-tribal sites.

The highest priority in collaboration with QRIS was reduction in duplication of training that Head Start program staff already receive from other sources and second was identifying ways to limit impact of EHS/HS staff turnover on STARS to Quality ratings. Promote benefits of QRIS and increase training available on assessment, outcomes and connection between QRIS requirements and DAP were other high priority areas to address.

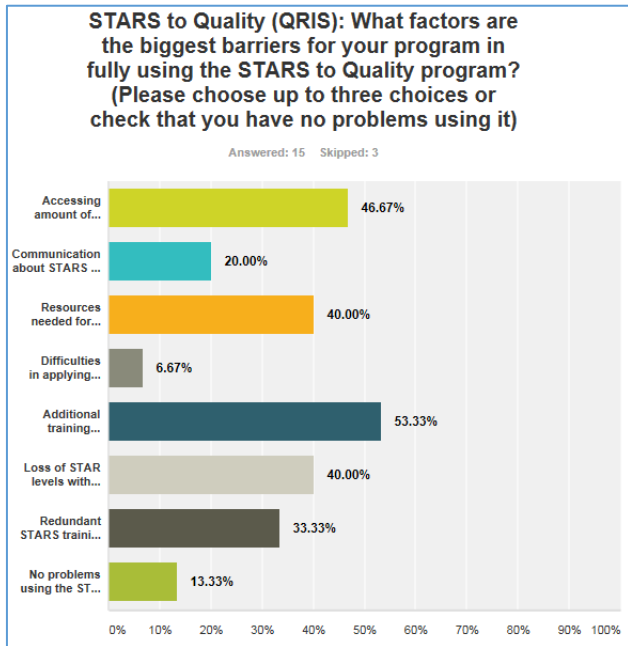
At this time, Tribal programs do not participate in the Montana STARS to Quality program.



| Answer Options   | Response Count |
|--|----------------|
| Identify and share ways to increase the number of EHS/HS respondents in the STARS to Quality program.  | 2              |
| Identify and share ways to increase the level of EHS/HS respondents in the STARS to Quality program.   | 2              |
| Facilitate communication between Head Start and The STARS to Quality program.  | 4              |
| Assist in identifying ways to limit impact of EHS/HS staff turnover on STARS to Quality levels.  | 8              |
| Reduce duplicate training requirements for HS/EHS staff in the STARS to Quality Program.   | 11             |
| Promote benefits of how QRIS supports and aligns with Head Start Performance Standards.  | 7              |
| Increase in training available on assessment, outcomes and connection between QRIS requirements and Developmentally Appropriate Practices (DAP). | 7              |

## Barriers to Using STARS

Respondents were asked to identify barriers to using the STARS program. The major barrier was identifying ways to limit impact of EHS/HS staff turnover on STARS to Quality levels. Then, secondly reducing duplicative training requirements for EHS/HS staff and barriers related to turnover, accessing training and redundancy in training.



| Answer Options  | Response Count |
|---|----------------|
| Accessing amount of trainings at time and places convenient for staff.                                  | 7              |
| Communication about STARS to Quality program.   | 3              |
| Resources needed for STARS participation (time, program investments, changes within own program, etc.). | 6              |
| Difficulties in applying STARS practices and precepts to EHS/HS program.                                | 1              |
| Additional training required due to STARS trained staff turnover.                                       | 8              |
| Loss of STAR levels with departure of staff.  | 6              |
| Redundant STARS training, coaching, and support.  | 5              |
| No problems using the STARS to Quality program.   | 2              |

## State and Regional Priority Impacts

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

In Tier 1 of high impact were health services, services to children with disabilities, child and family services, and welfare. Services to children experiencing homelessness, community and family services 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, 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 a significant military presence.

**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)   | 9           | 6               | 1              | 16             |
| Community and Family Services                      | 4           | 11              | 1              | 16             |
| Family Literacy                                    | 3           | 8               | 5              | 16             |
| Health Services                                    | 9           | 6               | 1              | 16             |
| Military Families                                  | 1           | 3               | 12             | 16             |
| Services to Children with Disabilities             | 9           | 6               | 1              | 16             |
| Services to Children Experiencing Homeless Welfare | 6           | 4               | 6              | 16             |
|  | 8           | 5               | 3              | 16             |
| <i>answered question</i>                           |             |                 |                | <b>16</b>      |
| <i>skipped question</i>                            |             |                 |                | <b>2</b>       |

## HSCO-Program Partnerships Role for State and Regional Priorities

Survey respondents were asked what kind of role they 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                                  | 3  | 5  | 5  | 2                              | 16             |
| Community Services                             | 3  | 6  | 4  | 2                              | 16             |
| Family Literacy                                | 3  | 7  | 3  | 3                              | 16             |
| Health Services                                | 2  | 5  | 3  | 5                              | 16             |
| Military Families                              | 6  | 6  | 1  | 3                              | 16             |
| Services to Children with Disabilities         | 2  | 6  | 3  | 5                              | 16             |
| Services to Children Experiencing Homelessness | 2  | 7  | 4  | 3                              | 16             |
| Welfare  | 5  | 4  | 4  | 3                              | 16             |
| <i>answered question</i>                       |  |  |  |                                | <b>16</b>      |
| <i>skipped question</i>                        |  |  |  |                                | <b>2</b>       |

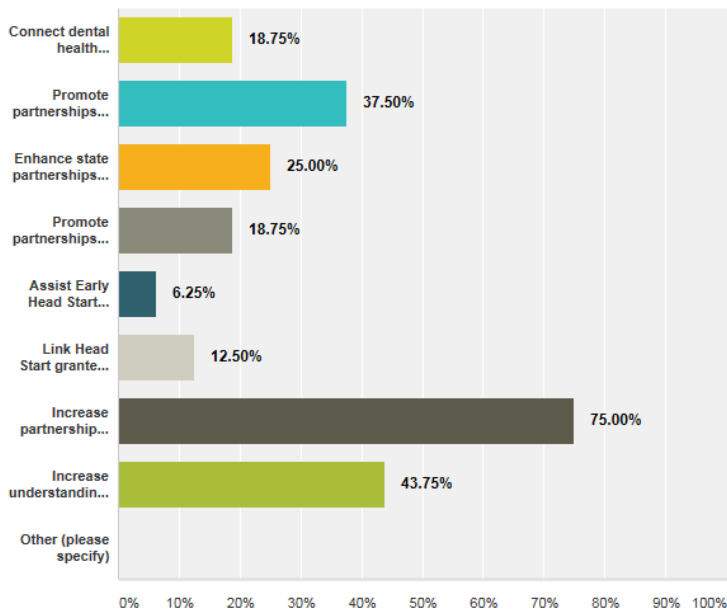
Regular communication was the most frequently identified partnership role, though significant numbers of survey respondents saw a more active role as well in working on health services and child welfare.

## Mental and Physical Health Services

Both mental and physical health is essential for proper development. Respondents were asked to identify the three issues within this domain that were highest priority for the next year. Increased partnerships with state mental health initiatives for low income children was identified as a top priority by far at 75%, followed by increasing understanding of Adverse Childhood Experiences (ACEs) and ongoing, periodic screening services. 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 year? (Please choose up to three choices.)**

Answered: 16 Skipped: 2

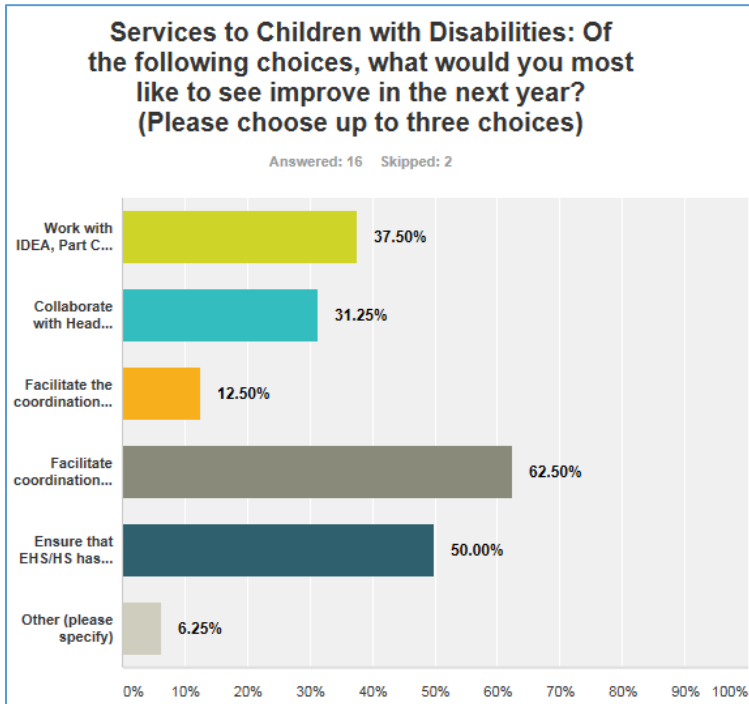


| Answer Options  | Response Count |
|---|----------------|
| Connect dental health providers to programs so all Head Start children have a dental home.  | 3              |
| Promote partnerships to ensure all eligible children receive the full range of Early Periodic Screening, Diagnosis and Treatment (EPSDT), services through Federally Qualified Health Centers (FQHCs), community clinics, and private providers, and that all necessary follow-up is completed for physical, mental, and oral health. | 6              |
| Enhance state partnerships to ensure all children are enrolled in health insurance, including Healthy Montana Kids (HMK).   | 4              |
| Promote partnerships to support the unique needs of Early Head Start grantees through linkages with community services such as Women, Infants, and Children (WIC), La Leche League, Public Health Nursing, and others.  | 3              |
| Assist Early Head Start agencies that serve pregnant women to identify community resources that provide prenatal and post-partum education and care, including mental health services.  | 1              |
| Link Head Start grantees with state and regional representatives of the Environmental Protection Agency (EPA) to promote joint initiatives to protect children from environmental hazards such as secondhand, third hand smoke, asthma triggers, pests, and pesticides.   | 2              |
| Increase partnership with state mental health initiatives to ensure that low income children receive comprehensive mental health services.  | 12             |
| Increase understanding of early childhood trauma, toxic stress, Adverse Childhood Experiences (ACEs) and how Head Start programs can better educate staff and parents on this topic.  | 7              |
| Other (please specify)  | 0              |

## Services to Children with Disabilities

Services for children with disabilities was tied for highest impact responses in overall priorities.

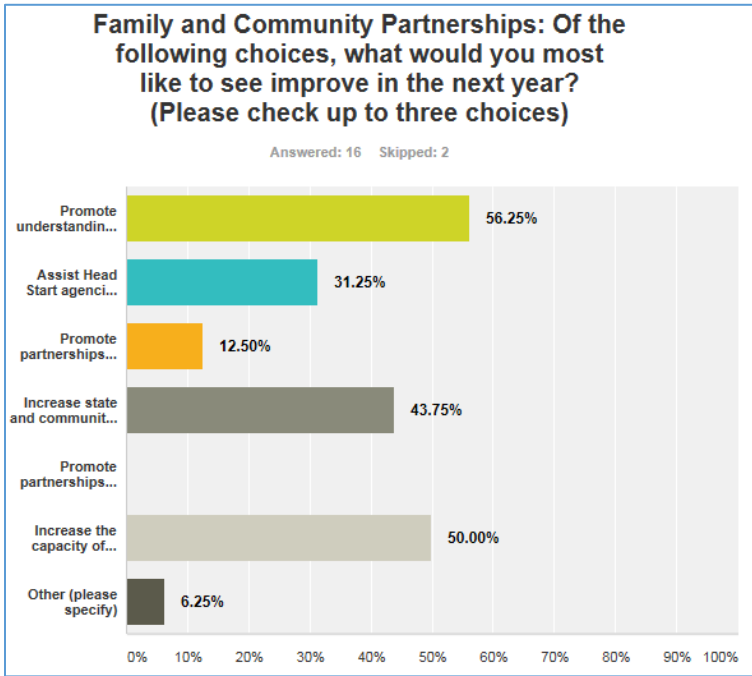
Facilitating the transition between Head Start and schools was most frequently identified as an area to improve. Second was to ensure Head Start has a place at the table on the Montana Family Support Services Advisory Council and third was work with IDEA, Part B and Part C to promote policies that support the effective inclusion of EHS/HS children with disabilities.



| Answer Options  | Response Count |
|---|----------------|
| Work with IDEA, Part C and Part B, to promote policies and practices that support the effective inclusion of Head Start and Early Head Start children with disabilities.  | 6              |
| Collaborate with Head Start, Early Head Start, Part C, Part B, and other partners on statewide interagency activities, agreements, training and MOUs addressing the needs of families with children who have special needs.   | 5              |
| Facilitate the coordination and participation of local Head Start personnel in the state's child identification efforts (Child Find) and other early identification activities.   | 2              |
| Facilitate coordination between Head Start and Early Head Start grantees, local Education Agencies (LEAs), and Part C/Early Identification for approaches that promote the timely referral, evaluation, and transition of children from Head Start into elementary school in accordance with federal, state and local requirements. | 10             |
| Ensure that EHS/HS has representation on the Montana Family Support Services Advisory Council.  | 8              |
| Other (please specify)  | 1              |

## Family and Community Partnerships

Respondents identified promotion of the Parent, Family, and Community Engagement Framework as a top priority, followed by increasing the capacity to partner with libraries, museums and other community partners and followed by increase state and community awareness of the EHS/HS model.



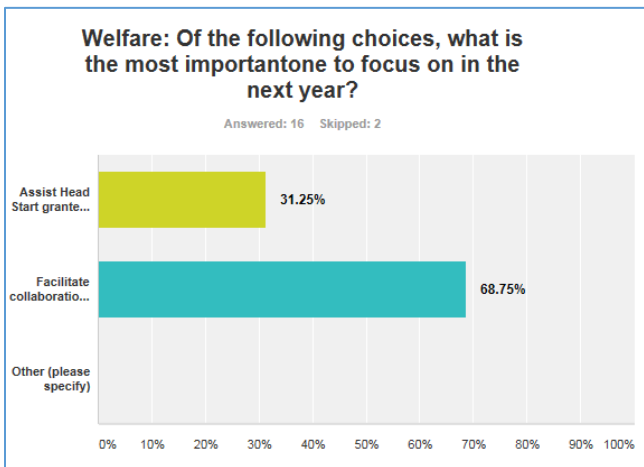
| Answer Options  | Response Count |
|---|----------------|
| Promote understanding of the Parent, Family and Community Engagement Framework among Head Start grantees and other early child care partners.   | 9              |
| Assist Head Start agencies in developing public and private partnerships to increase and coordinate resources for Head Start and other early childhood programs.                          | 5              |
| Promote partnerships between Head Start agencies and local early childhood coalitions.  | 2              |
| Increase state and community partner's awareness of the EHS/HS model and the benefits these programs provide.   | 7              |
| Promote partnerships between Head Start agencies, community partners, and other organizations to improve support for military families.   | 0              |
| Increase the capacity of Head Start grantees to collaborate with local museums, public and school libraries, and other resources to provide learning experiences for Head Start children. | 8              |
| Other (please specify)  | 1              |

### Military Families

One option for prioritization of family and community services was to partner with organizations to improve support for military families. Only one respondent put this option in their high impact category 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.

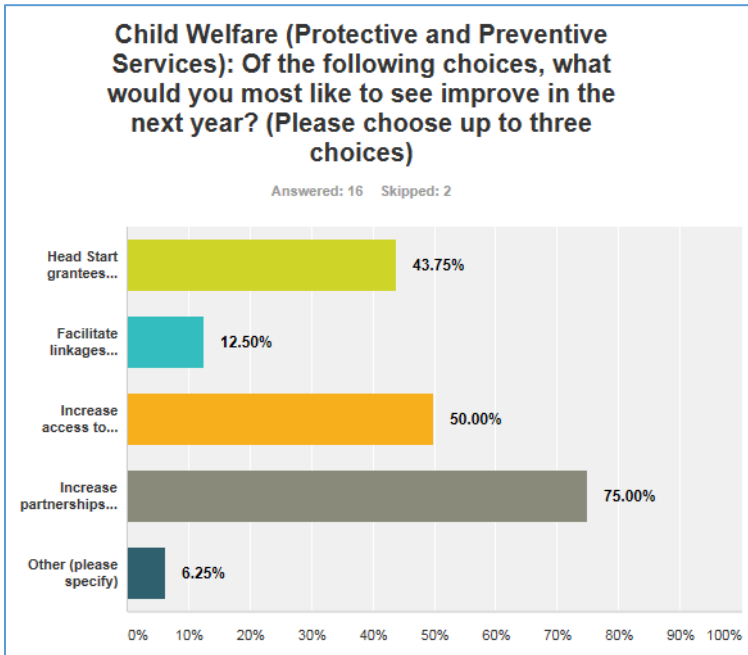


| Answer Options   | Response Count |
|--|----------------|
| Assist Head Start grantees in developing partnerships with welfare agencies and employers to provide appropriate training and employment opportunities for Head Start parents.   | 5              |
| Facilitate collaboration between Head Start agencies and the welfare system to provide flexibility for Head Start parents as they move along the continuum of education, training, and part-time employment to full-time employment. | 11             |
| Other (please specify)   | 0              |



## Child Welfare

This was an area where the majority of respondents (15 of 16) 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. Partnerships between EHS/HS agencies and law enforcement, community based organizations and substance abuse and mental health agencies to reduce impact on child development of substance abuse, child abuse and domestic violence was the highest rated choice. Resources and information to promote child welfare were also identified as an area to further address.



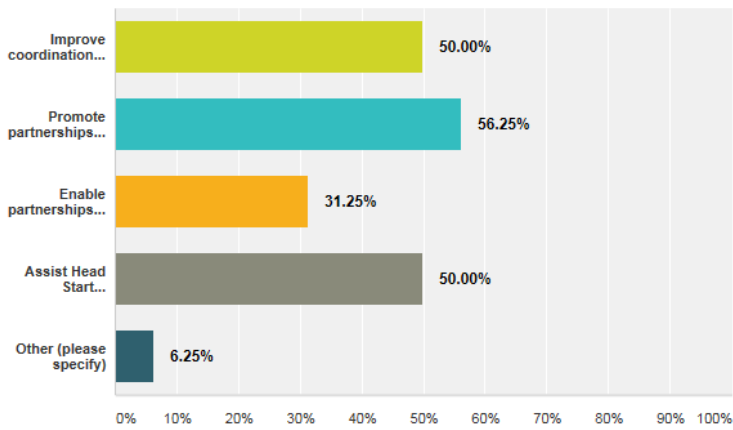
| Answer Options  | Response Count |
|---|----------------|
| Head Start grantees receive assistance to improve local coordination with child welfare.  | 7              |
| Facilitate linkages between home-visiting programs, such as Nurse-Family Partnership, Parents as Teachers, Strengthening Families and home-based Early Head Start and Head Start programs.  | 2              |
| Increase access to information and resources that will help Early Head Start and Head Start programs further promote child welfare.   | 8              |
| Increase partnerships between Head Start agencies and law enforcement, relevant community-based organizations, and substance abuse and mental health agencies to reduce the impact on child development of substance abuse, child abuse, and domestic violence. | 12             |
| Other (please specify)  | 1              |

## 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 year in focusing on promoting partnerships that support Head Start programs in addressing barriers to servicing children and families that are experiencing homelessness. Using the T/TA network to coordinate the needs of Head Start agencies and the community to strengthen practices for serving children and families experiencing homelessness and coordinating between EHS/HS programs and state and local McKinney-Vento coordinators were the other major areas for further work. All these areas were very close in the percentages thus indicating a strong need for further support in working with families and children that experience homelessness. This is also a priority in the new CCDF regulations thus an area for further systems work.

**Services to children who are experiencing homelessness: Of the following choices, what would you most like to see improve in the next year? (Please choose up to three choices)**

Answered: 16 Skipped: 2



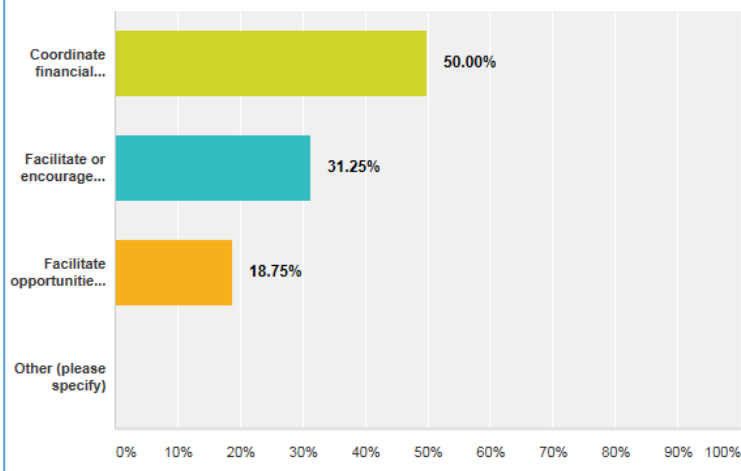
| Answer Options   | Response Count |
|--|----------------|
| Improve coordination between Head Start agencies and state and local McKinney-Vento coordinators or directors.   | 8              |
| Promote partnerships that support Head Start agencies in addressing barriers to serving children and families experiencing homelessness.   | 9              |
| Enable partnerships between Head Start agencies, Housing and Urban Development (HUD) continuum of Care networks, and state homeless education directors.   | 5              |
| Assist Head Start state-based T/TA providers to coordinate the needs of Head Start agencies and the community to strengthen practices for serving children and families experiencing homelessness. | 8              |
| Other (please specify)   | 1              |

### Family Literacy

The majority of survey respondents 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 import activity would be to further coordinate to promote family literacy.

**Family Literacy: Of the following choices, what would you most like to see improve in the next year? (Please choose one)**

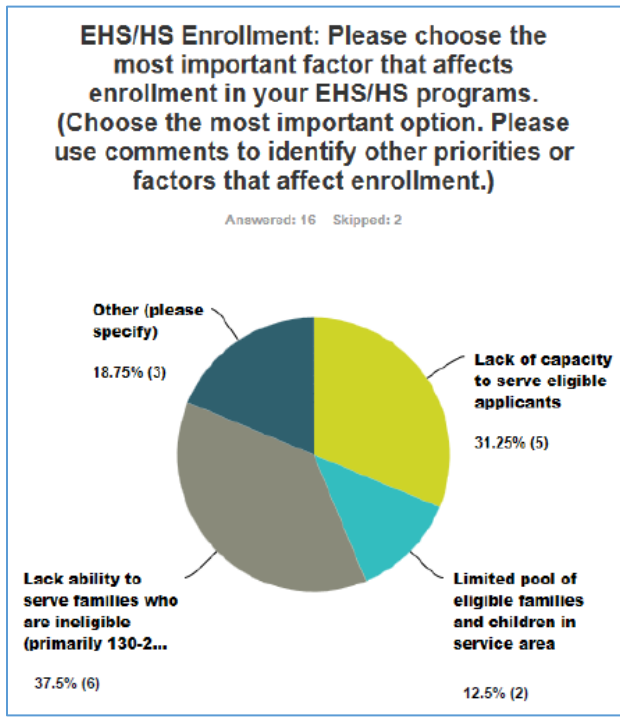
Answered: 16 Skipped: 2



| Answer Options   | Response Count |
|--|----------------|
| Coordinate financial literacy opportunities using existing community or state resources and programs, including the adult education system and/or local financial institutions.  | 8              |
| Facilitate or encourage collaboration with local libraries, school libraries, museums, summer enrichment programs, local literacy councils and professional groups for donations of books, activities and services.                                  | 5              |
| Facilitate opportunities to learn about literacy programs at the state level, such as efforts around dialogic reading and initiatives at the Office of Public Instruction (Striving Readers, etc.), Fish, Wildlife and Parks, and the State Library. | 3              |
| Other (please specify)   | 0              |

## Early Head Start and Head Start Program Enrollment

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. However from the responses it seems to be related to inability to serve families who have incomes of 130% -200% of poverty and lack of capacity.



| Answer Options  | Response Percent | Response Count |
|---|------------------|----------------|
| Lack of capacity to serve eligible applicants   | 31.3%            | 5              |
| Limited pool of eligible families and children in service area  | 12.5%            | 2              |
| Too few eligible families apply   | 0.0%             | 0              |
| Lack ability to serve families who are ineligible (primarily 130-200% of FPL), but could really use EHS/HS services | 37.5%            | 6              |
| Other (please specify)  | 18.8%            | 3              |

## Conclusion

Through analysis, common needs emerged across all areas of the assessment as discussed throughout the needs assessment summary report. Four of the five regional priorities were ranked either major or moderate impact while Partnering with the ECE system rated lowest as limited impact. I believe that has more to do with how the priority is stated with the emphasis on EHS/CC partnerships. Since we have a limited number of programs involved in the EHS/CC partnerships it would make sense that the overall perceived impact is lower. The further questions about the priorities help to clarify specific needs around all the priority areas providing more comprehensive information for revision of current HSCO goals and activities.

Regional priorities of highest impact include child welfare, health, services to children with disabilities and welfare. Within each regional priority question there is significant guidance about continued work areas for support and partnership at the state level to enhance EHS/HS systems in partnership with the Montana early childhood system. Needs identified through the report will be used to identify new and revised short term and long term goals and objectives for the next grant year. Results of the needs assessment were shared with the MTHSA and Program Directors in September 2016 and ECE stakeholders in October 2016.