

**MONTANA HEAD START
COLLABORATION OFFICE
NEEDS ASSESSMENT
SUMMARY 2020**

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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 2018 Head Start Collaboration Needs Assessment is to evaluate perceptions held by Head Start and Early Head Start programs 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. The HSCO is currently using a needs assessment which covers all priority areas and yearly has minor changes that assess the needs of programs through state focus areas.

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.

The 2020 Needs Assessment is comprehensive of 3 data sources:

1. Survey Analysis & Findings: The survey was conducted via Survey Monkey in 2020 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
3. Input from facilitated joint strategic planning with MTHSA and HSCO.

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 three data sources. 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 in ear to assess improvement in collaboration, as well as a shift in where collective and collaborative efforts are executed.

RESPONDENTS

In April- June 2020, 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 self-identified in the survey. All answers were de-identified in this summary.

Findings

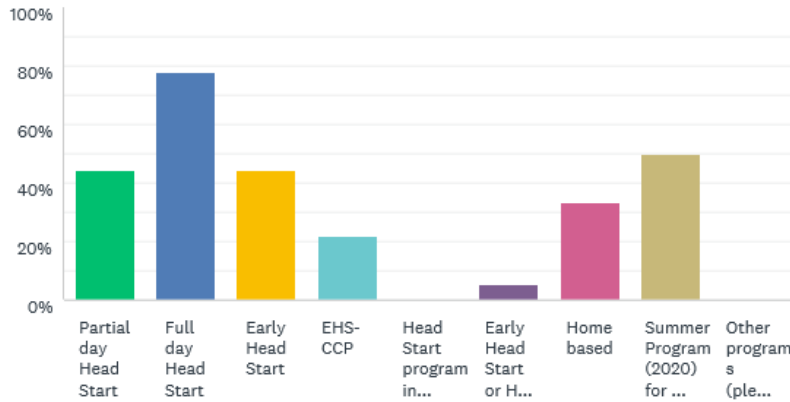
A note on the analysis: Findings are based on responses to a non-scientific survey. The results, though informative, are not to be considered representative of all Head Start and Early Head Start employees in Montana. The purpose is to simply inform the Head Start Collaboration Office and other partners, for use in ongoing planning.

PROGRAMS OFFERED

Respondents were asked to characterize the programs they currently have or expect to have in place by 2021. Many offer more than one program or program model. 18 respondents answered this question. Of note is 50% planned to offer Summer programs due to COVID-19 pandemic in order to help children transition more effectively to Kindergarten and to support children with IEPs.

Please check all program models you currently offer or you plan to offer in your agency by 2021.

Answered: 18 Skipped: 1

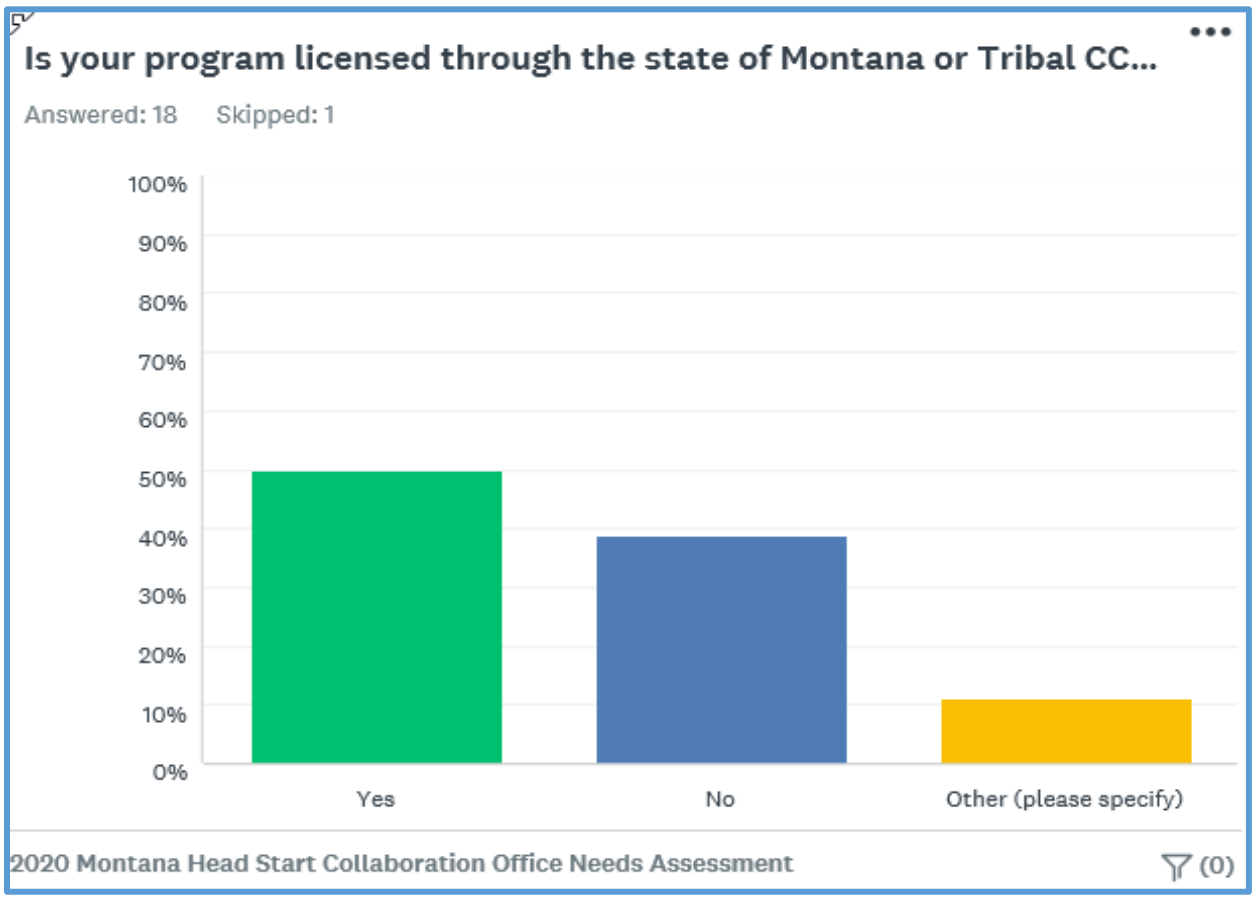


ANSWER CHOICES	RESPONSES
Partial day Head Start	44.44% 8
Full day Head Start	77.78% 14
Early Head Start	44.44% 8
EHS-CCP	22.22% 4
Head Start program in tandem with special needs preschool	0.00% 0
Early Head Start or Head Start program in tandem with child care (not EHS-CCP)	5.56% 1
Home based	33.33% 6
Summer Program(2020) for HS Children transitioning to Kinder or on IEPs	50.00% 9
Other programs (please specify)	Responses 0.00% 0
Total Respondents: 18	

LICENSED PROGRAMS AND STARS TO QUALITY EHS/HS PROGRAM PARTICIPATION:

Programs in Montana at the HS or preschool age group can choose to be licensed, Early Head Start programs are required by regulation to be licensed. For a program to participate in childcare subsidy or the QRIS-STARS to Quality, a program must be licensed. Trying to get a sense of program involvement across the state in these two connected state systems within the needs assessment are important data points. 50% of respondents are involved in licensing. We have seen an increase from 2018 the last time this survey question was asked. There were two other responses one is currently pursuing licensing.

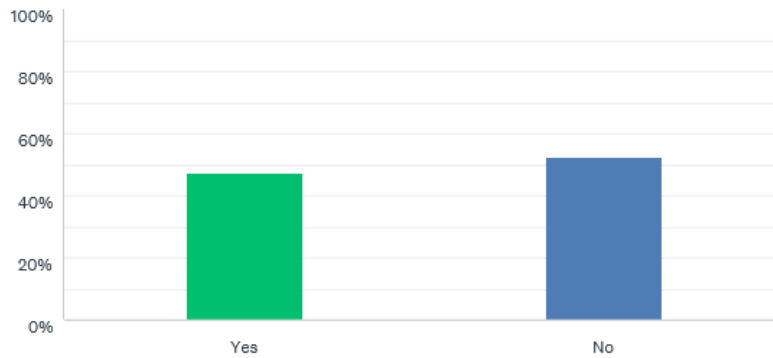
STARS to Quality had slightly lower percentage of respondents at 47.37% involved in QRIS. Head Star programs see becoming licensed as part of the process of being involved in STARS to Quality. As state administrative rule changes in Montana how this effect Head Start programs will continue to be important.



ANSWER CHOICES	RESPONSES	
Yes	50.00%	9
No	38.89%	7
Other (please specify)	11.11%	2
TOTAL		18

Is your program in STARS to Quality (Montana's QRIS)?

Answered: 19 Skipped: 0



ANSWER CHOICES

RESPONSES

Yes

47.37%

9

No

52.63%

10

TOTAL

19

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:

Items listed are appropriate areas for the HSCO to have a system level role in supporting and inform the current HSCO strategic workplan.

- Expand family and community engagement at local and state level 2
- Partnering with Child Care 2
- Communication from HSCO 2
- Support EHS/HS accessing Best Beginnings Scholarship 1
- STARS program 1
- Training and coordination of professional development 1
- Inclusion of EHS/HS at the state table 1

COLLABORATION WITH PARTNERS

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

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

Answer Options	High-level collaboration	Moderate collaboration	Limited collaboration	No collaboration	Not applicable
Local Education Agencies - Transitions	9	7	1	0	0
Local Education Agencies - Part B	9	7	0	0	1
Early Intervention - Part C	12	4	0	1	0
Child Care R&R Agencies	4	4	5	1	2
Head Start T/TA	9	5	2	0	0
STARS to Quality (QRIS) coaches	3	4	2	3	4
STARS to Quality Consultants	5	2	3	2	4
Childcare licensing	5	3	0	3	5
Local Best Beginnings/ Early Childhood Coalition Efforts	5	4	1	6	1
Libraries and/or museums	7	5	3	1	1
Child Care Centers (for continuation of full-day, year-round services)	2	5	5	2	3
Infant & Toddler Mental Health Services	3	2	6	0	5
3-5-year-old Mental Health Services	6	3	8	0	0
Mental Health Counseling Services	5	2	9	1	0
Homelessness Services	3	5	5	3	2
Transitional Housing	4	4	5	2	2
Parenting Classes	4	3	8	1	1
SNAP (food stamps)	4	7	4	2	0
Healthy Montana Kids (CHIP, HMK, HMK+)	4	7	4	2	0
WIC	7	8	1	1	0
TANF	5	8	3	1	0
CACFP (Child and adult care food program)	15	1	1	0	0
No Kid Hungry	1	6	5	2	3
Food Pantries	5	8	2	0	2
Local Health Department	11	5	0	0	1
Additional Home Visiting (i.e. MIECHV)	2	2	4	4	2
Community Health Centers	8	5	3	0	1
Pediatric Practices/Clinics	7	5	2	1	2
Dental Home Providers	8	5	3	0	0
Child Protective Services	10	6	0	0	0

Answer Options	High-level collaboration	Moderate collaboration	Limited collaboration	No collaboration	Not applicable
Military Family Liaisons	1	2	4	4	3
Domestic Violence agency	4	8	4	0	0

In comparison with last year an almost equal number changed upward as downward, 7 up, 5 down without more research it is difficult to tell if that is due to a change in survey respondents or collaboration strength. When you take out NA responses the blue highlighted categories fall into the High or Moderate ranges for the majority. The non- highlighted are more heavily weighted toward limited or no collaboration. Respondents were also asked to list specific collaborations that need to be strengthened in the next year, 12 offered one or more answers. Answers are presented here in general categories:

- Mental health services (6)
- Health related, dental, health dept., tribal health (3)
- Part C (2)
- Parenting Classes (2)
- Homelessness (2)
- LEAs (1)
- Childcare Licensing (1)
- STARS (1)
- Child Care Centers (1)
- TANF (1)
- State /Tribal services (1)
- Children’s Services

The combination of need areas that the respondents identified, and the ranking of collaboration areas provides guidance for areas of additional strategic work for the collaboration office. Mental Health, Homelessness, Child Care licensing, coordination with Child Care Centers and Parenting classes were all doubly identified. Health concerns and those collaborations also were listed by multiple respondents but didn’t come up as a high of a need within the collaboration rankings. I would surmise that COVID 19 has impacted the need to increase those collaborations even though many are already strong.

PROGRAM IMPACTS OF FEDERAL PRIORITIES

Respondents were asked to rate the impact that each of the five federal priorities had on their program. 14 respondents rated at least one priority. The highest frequency answers are highlighted in blue.

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	1	8	13
Work with state efforts to collect data regarding early childhood education programs and child outcomes	2	9	2	13

Answer Options	Major impact	Moderate impact	Limited Impact	Response Count
Support the expansion and access to high quality workforce and career development opportunities for staff, including recruitment and retention	9	3	1	13
Collaborate with QRIS (STARS to Quality program)	4	4	4	12
Work with state school system to ensure continuity	5	6	1	12
<i>answered question</i>				13

4 out of the five are in the major or moderate impact categories. Workforce, data, collaboration with state school system and QRIS collaboration all have significant impact on programs.

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. If EHS/CCP was not the emphasis I believe that it would be in the major impact area as Head Start programs understand the importance of engagement and collaboration with the Early Childhood System.

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.

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 year.

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 childcare systems, emphasizing EHS-CC Partnerships	8	2	1	2	13
Work with state efforts to collect data regarding early childhood education	3	6	2	2	13

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
(ECE) programs and child outcomes.					
Support the expansion and access to high quality workforce and career development opportunities for staff, including staff recruitment and retention	3	5	3	2	13
Collaborate with QRIS (STARS to Quality program)	3	5	2	1	11
Work with the state school system to ensure continuity	3	5	2	2	12
Comments					0
<i>answered question</i>					14

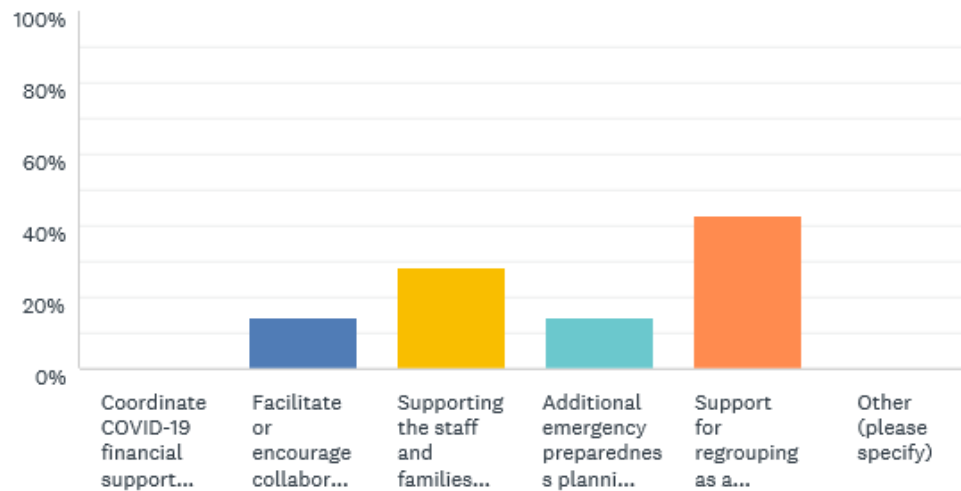
Factors that may be driving these choices may include differences in resources, experience, or program level assessment of the most effective use of their resources. However, without further follow-up, it isn't possible to say which factors are most important for any particular program. The results do tend to suggest that two types of partnerships between HSCO and the individual programs should be expected: most programs will be interested in regular communication, while a smaller group will be interested in more in-depth participation on areas important to them. The majority answers remained the same as last year's need assessment.

COVID-19 AND EHS/HS:

Due to the unprecedented time we are in, dealing with a pandemic and a landscape that looks drastically different for everyone and is constantly changing, several questions were added to assess program needs and hear about programmatic responses and successes. Though the few questions in a quickly changing situation only provide a glimpse in time of needs, it does provide some limited information about EHS/HS programmatic responses to the crisis and need areas.

COVID-19: Of the following choices, what do you think are the most important areas to focus on in the next year?

Answered: 14 Skipped: 5



Answer Options	Response Percentage	Response Count
Coordinate COVID-19 financial opportunities using existing and new community, state and federal resources and programs.	0%	0
Facilitate or encourage collaboration with local resources to have coordinated approach to ongoing needs.	14%	2
Support of programs staff and families with mental health, self-care and trauma related resources.	29%	4
Additional emergency preparedness planning for staff to include technology and self-care and other program specific needs.	14%	2
Support for regrouping as a program to navigate the new normal after COVID-19.	43%	6
Other	0%	0

The top answer being support for regrouping as a program to navigate the new normal after COVID-19. At the time this survey was given we were still relatively early in the Pandemic and it seemed that the time to return to normal would come earlier. The second highest was mental health, self-care and trauma related resources and support.

Question: Since we are in uncharted time currently and all of you are doing amazing innovative work to support staff, children and families. We would like to use this survey to collect some of your stories of creative supportive practices that you are using in EHS, HS or EHS/CCP services. This may include feeding, virtual support, phone reach out, Facebook lessons or anything that you would like to highlight.

Program Answers:
<ul style="list-style-type: none"> ▪ Breakfast brownbag with lunch was pick up only at one center, one delivered meals to families, one center did a combination of both until the school district was approved then the children received their meals with the school bus delivery to each area of the district, virtual circle time was done at one center, homework packets were delivered to children's homes throughout the time of closure, teachers called the child's parent to check on the student, messages were updated on each center's Facebook with PSA on the local radio station
<ul style="list-style-type: none"> ▪ Family engagement through classroom communication apps like Class Dojo; YouTube lessons and storytelling; Home visiting while practicing safe social distancing; Virtual ERSEA processes; Virtual Family Outcomes Assessments; Telehealth mental health services; Family Services phone tree; Drive-thru Graduations
<ul style="list-style-type: none"> ▪ Lots of community collaboration to feed families, no contact deliveries, diapers, etc. Home visits via phone, zoom, FaceTime. Mask distribution. Sanitizer distribution.
<ul style="list-style-type: none"> ▪ All the above listed and one center is providing virtual circle time with some of the parents who are group chatting
<ul style="list-style-type: none"> ▪ We collaborated with Public School to offer meals every day to all of the families in our community, we are reaching out to families and doing weekly packets every Monday, we are doing live story time Tuesday-Friday and we are doing mental health live sessions every Thursday for all of the families.

Some programs put phone numbers in the survey for a follow-up conversation with the HSCO and shared many of the above services. From those conversation programs shared the following additional services and supports for children and families - virtual graduations, delivery of graduation cap and gowns and moccasins to each graduating child, family and group virtual mental health groups weekly, many ways of delivering meals including delivering them to families several times a week by HS bus. Additionally, working closely with schools, Health Departments and other community partners were central themes.

Question: What are your biggest needs given the COVID-19 Pandemic and its effects on your program?
<p>Program Answers:</p> <ul style="list-style-type: none"> • Our biggest need is to know what the plan for reopening for the fall school year is with our LEA. Their plans for the next academic year will impact our ability to staff classrooms and will have a huge impact on the families we serve.
<ul style="list-style-type: none"> ▪ Making sure policies and procedures include safety measures for children and families.
<ul style="list-style-type: none"> ▪ Lack of access to health supplies; Increased feelings of isolation, anxiety, and other mental health needs amongst program families and staff.
<ul style="list-style-type: none"> ▪ Health and safety of employees and families.

<ul style="list-style-type: none"> ▪ Need a Disaster preparedness plan, school closure policy, classroom health procedures, staff training, before reopening classrooms
<ul style="list-style-type: none"> ▪ More webinars and education on how to prevent the spread. Also, more patience from the Funding Source on getting back to 'normal'.
<ul style="list-style-type: none"> ▪ Getting parents to understand the importance of social distancing and staying home is the main defense to COVID-19 and helping the children understand the importance ▪ Increase use of nutrition supplies to address the nutrition & education services to families
<ul style="list-style-type: none"> ▪ Keeping in touch with parents, assuring everyone
<ul style="list-style-type: none"> ▪ Ability for parents to have stable housing and access to food
<ul style="list-style-type: none"> ▪ Helping families with the mental aspect of dealing with isolation.
<ul style="list-style-type: none"> ▪ Lack of infrastructure to provide online learning is an immediate need

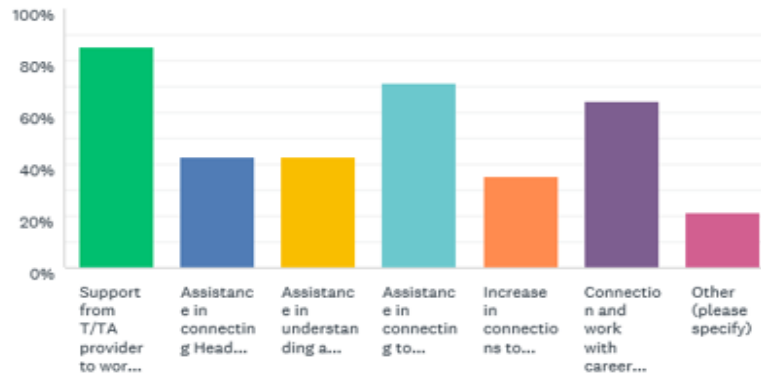
As we know the COVID-19 pandemic is an ever-changing situation, needs change quickly as the community spread looks different. Most programs have tackled many of the issues listed here for the short term but as it continues, ongoing support and coordination of resources at the state and local level are critical.

PROFESSIONAL DEVELOPMENT

Professional development was identified by 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: further support from the T/TA providers to meet degree requirements, assistance in connecting to training for new employees or those in new positions and connecting with school counselors and with Higher Ed for staff preparation. The top three remained the same as last year but shifted their order.

Professional Development: Of the following choices, what do you think are the most important areas to focus on in the next year? (Please choose up to three choices)

Answered: 14 Skipped: 5



Answer Options	Response Percentage	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).	85.71%	12
Assistance in connecting Head Start agencies with higher education agencies that provide distance learning programs.	42.86%	6
Assistance in understanding and navigating the state-wide professional development system.	42.86%	6
Assistance in connecting to training opportunities to train new employees and employees taking on new roles within Head Start agencies.	71.43%	10
Increase in connections to training and coaching within the STARS to Quality program.	35.71 %	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.	64.29%	9
Other (please specify)	21.43 %	3

SPECIFIC PROFESSIONAL DEVELOPMENT TRAINING

Respondents were invited to identify specific types of trainings and areas of greatest need. Nine responded with specific ideas in multiple areas. The responses were deidentified and categorized. The most frequently requested types of training (in order of number of times listed are):

- Curriculum (3)
- Trauma Informed/ACEs for staff and families (2)
- CLASS (2)
- Child Development (2)
- Management Staff development and training (2)
- Mental health (1)
- Professionalism (1)
- Coaching (1)
- Head Start Early Learning Outcomes Framework (1)

Though the HSCO does not provide direct T/TA, collaboration with trainers across the state and region, and consistent communicating needs to ensure partners who provide training have accurate information about what HS programs are looking for in professional development is a main role. This year's survey also seems to indicate that Directors may be looking for some basic level training for staff which would also indicate that is an area for more information gathering about staff needs and an opportunity for further work with the Early Education Higher Ed community.

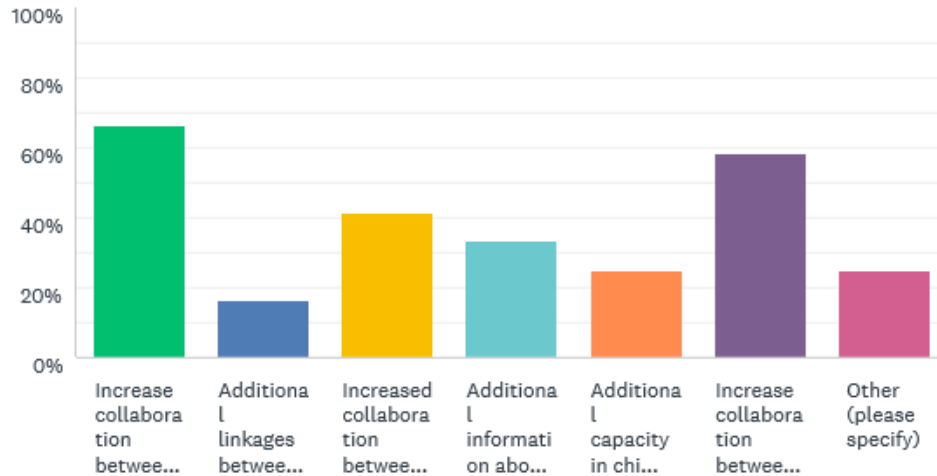
Overall, professional development in all its facets appears to be one of the highest priority areas for EHS/HS programs across the state. Without significant, ongoing workforce development and high quality, targeted training, program directors do not think that ongoing, high quality early childhood education 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 focus in how the child care system and EHS/HS programs aligned. The increased collaboration between HS and OPI and HS and the state child care licensing to improve quality and reduce barriers for early childhood programs was the top focus area (67%, 8) and increased collaboration between Governor's Office and CCR & R and HS was second with the third highest being increased collaboration between HS agencies and local child care programs. This is an area of important ongoing work and the need for ongoing alignment and inclusion continues to be a need based on the program responses.

Child Care and EHS/HS: Of the following choices, what are the most important areas to focus on in the next year? (Please choose up to three choices)

Answered: 12 Skipped: 7



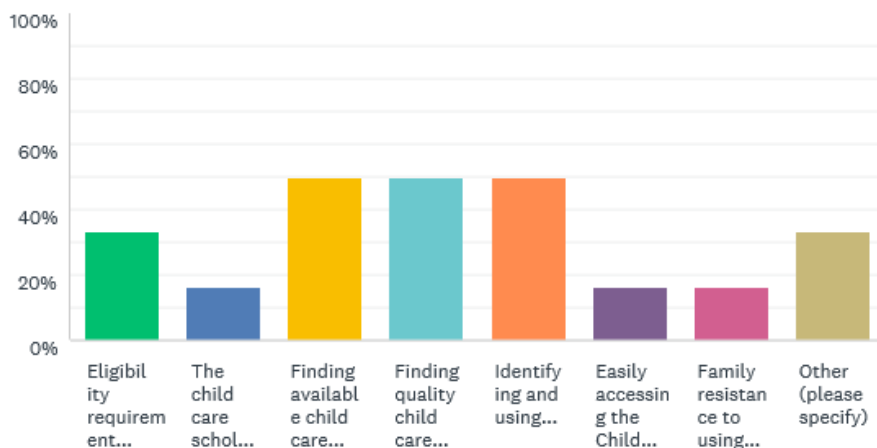
Answer Options	Response Percentage	Response Count
Increased collaboration between state education agencies and state childcare licensing to improve the standards of quality and reduce regulatory barriers facing early childhood programs.	67%	8
Additional linkages between Head Start, Local Child Care Resource and Referral Agencies, and the Early Childhood and Family Support Division.	17%	2
Increased collaboration between Head Start agencies and local childcare programs to ensure that quality, full-working day and full-calendar year services are available to children and families who need them.	42%	5
Additional information about childcare quality improvement and licensing initiatives.	33%	4
Additional capacity in childcare programs for quality infant-toddler care through linkages with Head Start professional development.	25%	3
Increase collaboration between Governor's Office, Child Care Resource and Referral system, and HS/EHS to promote quality early education programs.	58%	7
Other (please specify)	25%	3

Areas of focus for Early Head Start and Child Care Alignment

Respondents were limited on this question due to the relatively few programs which have EHS-CCP grants. Of those that responded, the three most chosen were tied and they all centered around finding appropriate childcare partners.

Early Head Start and Child Care Systems: Please answer this question if you currently have an Early Head Start Child Care Partnership program. What would be the most important areas to focus on so that EHS/CC Partnerships can be aligned to serve EHS families? (Please choose up to three choices)

Answered: 6 Skipped: 13



Answer Options	Response Percentage	Response Count
Eligibility requirement differences between EHS and childcare scholarship requirements.	33%	2
The childcare scholarship application process.	17%	1
Finding available childcare services that will work with EHS process and family needs.	50%	3
Finding available childcare that will work with the EHS and family work schedule.	50%	3
Identifying and using high quality childcare services in tandem with EHS.	50%	3
Easily accessing the Child Care Resource and Referral system.	17%	1
Family resistance to using childcare scholarships.	17%	1
Other (please specify)	33%	2

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?

Answered: 14 Skipped: 5



Answer Options	Response Percentage	Response Count
Share Head Start data statewide with programs and partners to further the Head Start mission.	0%	0
Work to collect and share other relevant early childhood data with Head Start programs.	14%	2
Assist in identifying training opportunities on effective data collection and interpretation.	21%	3
Coordination between the Head Start state system(s) and K-12 systems that includes the assignment of unique State Assigned 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.	64%	9
Other (please specify)	0%	0

Coordination between Head Start data and the K-12 system 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 interpretation then sharing relevant early childhood data with EHS/HS programs.

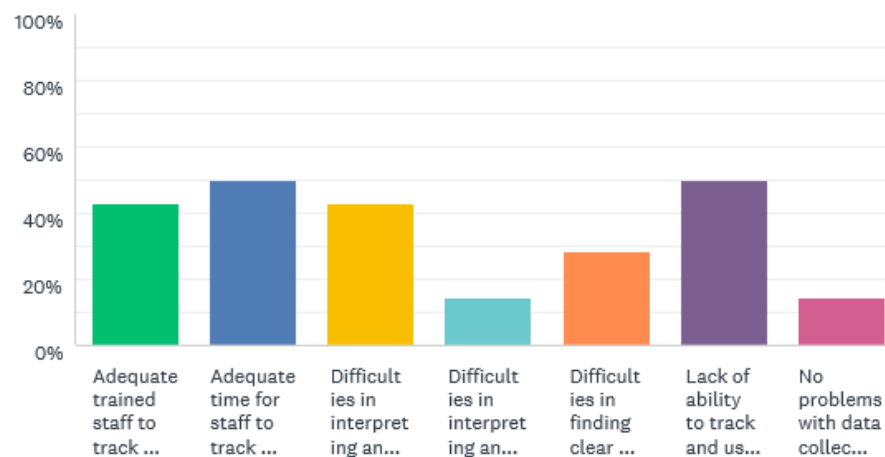
Head Start program directors have in the comments that long-term outcome data is critical to evaluating success and to making connections between Head Start and K-12 student success.

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 of lack of time to enter and track data was the highest along with lack of ability to track longitudinally. The next highest responses were adequately trained staff to track and enter data and difficulties in interpreting and using data for programmatic assessment. These are both staff training issues as well as system barriers of data and access.

Data Collection: What are the biggest barriers to sharing and using data about ECE in the next year? (Please choose up to three choices or check the "no problems" option)

Answered: 14 Skipped: 5



Answer Options	Response Percentage	Response Count
Adequately trained staff to track and enter data.	43%	6
Adequate time for staff to track and enter data.	50%	7
Difficulties in interpreting and using data for programmatic assessment.	43%	6
Difficulties in interpreting and using data for instructional assessment and interventions.	14%	2
Difficulties in finding clear and relevant data on ECE and other factors that affect EHS/HS children.	29%	4
Lack of ability to track and use longitudinal data on long-term outcomes.	50%	7
No problems with data collection.	14%	2

The HSCO office can support training needs by coordinating with statewide entities and HS resources for training support. It is clear that any system work on streamlining data collections, encouraging

professional development and coaching opportunities, and continuing the work with OPI around integration of HS programs into the AIM system will help individual programs and Head Start as a whole in Montana to better assess child and programmatic outcomes.

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, time and capacity are important barriers noted by respondents. Respondents identified types of data most useful to them:

- County level child eligibility data
- DPHHS data
- Wage studies
- Success stories that show the benefit of early care and education

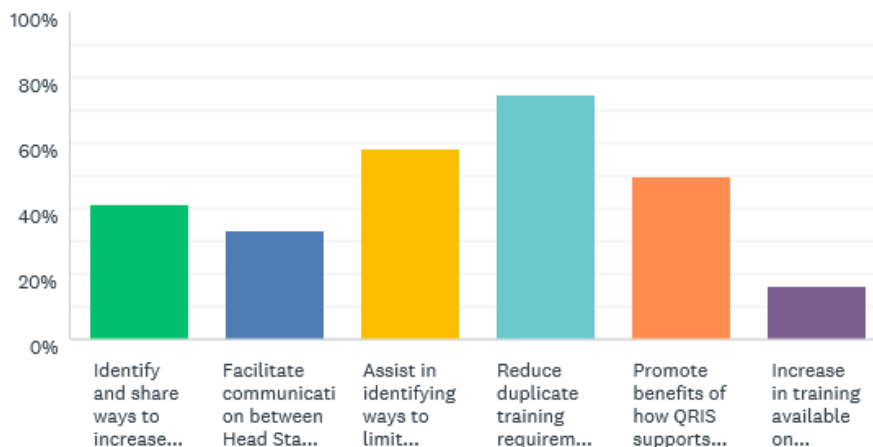
COLLABORATION WITH STARS TO QUALITY (QRIS)

The STARS to Quality program is the QRIS program in Montana. The highest priority in questions about 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 the impact of staff turnover on STARS levels, third was facilitate communication between Head Start and the STARS to Quality program.

At this time, Tribal programs do not participate in the Montana STARS to Quality program but have an interest that would be an additional need area identified.

Collaborate with QRIS: In Montana, Best Beginnings STARS to Quality is the QRIS (Quality Rating Improvement System). What are the most important areas to focus on in the next year? (Please choose up to three choices)

Answered: 12 Skipped: 7



Answer Options	Response Percentage	Response Count
Identify and share ways to increase the level of EHS/HS participants in the STARS to Quality program.	42%	5
Facilitate communication between Head Start and the STARS to Quality program.	33%	4
Assist in identifying ways to limit the impact of EHS/HS staff turnover on Starts to Quality levels.	58%	7
Reduce duplicate training requirements for EHS/HS staff in the STARS to Quality program.	75%	9
Promote the benefits of how QRIS (STARS) supports and aligns with the Head Start Program Performance Standards.	50%	6
Increase in training available on assessment, outcomes and connection between QRIS requirements and Developmentally Appropriate Practice (DAP).	17%	2

Factors that are most important for HS programs to fully Use the STARS to Quality program:

Respondents were asked to identify areas that were most important to fully use the STARS program in the next year. The major areas identified were maintaining STAR levels with departure of staff and resources needed for STARS participation (time, program investments etc.). The next highest was applying STARS precepts and practices to EHS/HS programs. That changed from last years needs which included providing training at times convenient for programs. There has been a concentrated effort by the STARS to Quality team to have adequate access to training as needed.

STARS to Quality (QRIS): What factors are the most important for your program to fully use the STARS to Quality program? (Please choose up to three choices)

Answered: 11 Skipped: 8

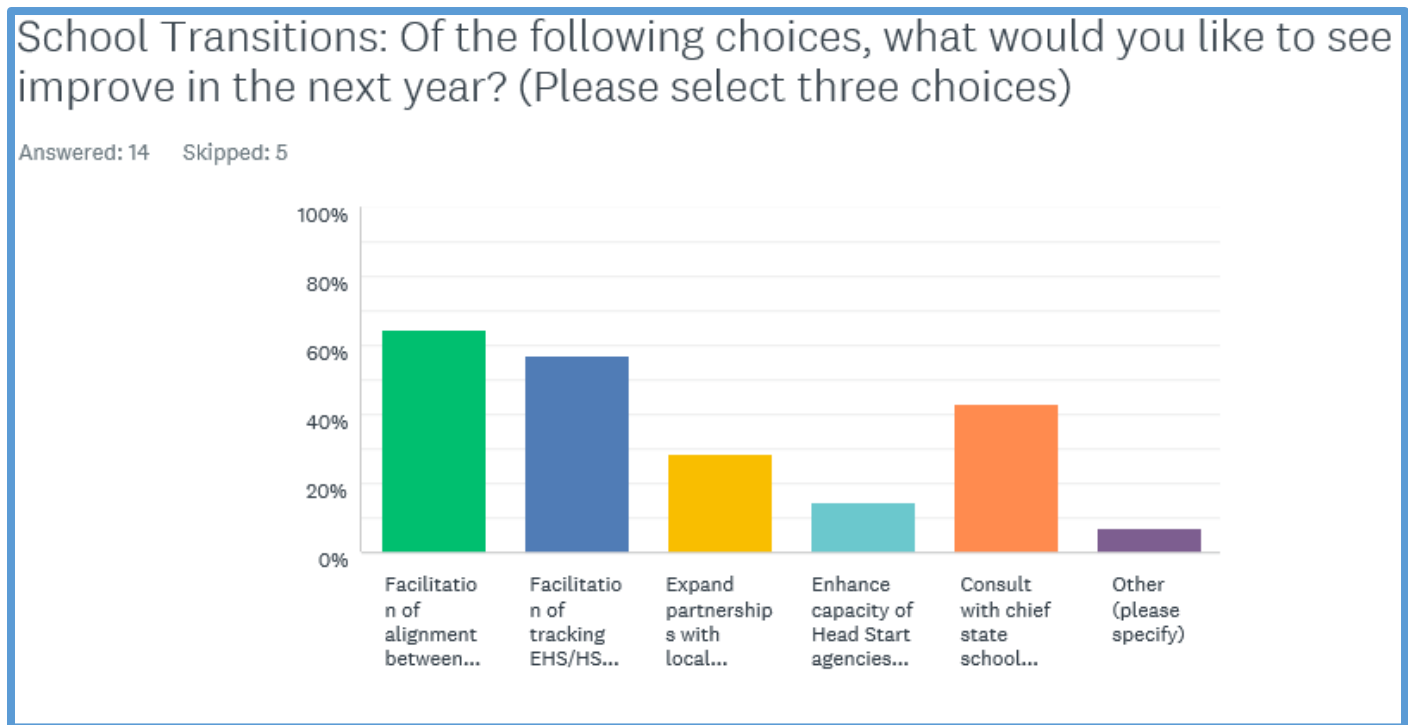


Answer Options	Response Percentage	Response Count
Accessing trainings at time and places convenient for staff.	27%	3
Communication about STARS to Quality program.	27%	3
Resources needed for STARS participation (time, program investments, changes within own program, etc.)	64%	7
Applying STARS practices and precepts to EHS/HS programs.	46%	5
Maintaining STARS levels with departure of staff.	73%	8
STARS training coaching and support.	18%	2
Other	18%	2

SCHOOL TRANSITIONS

For school transitions the highest priority for grantees is facilitation of alignment between HS curricula and assessments with the Head Start Child Development and Early Learning Framework with Montana Early Learning Guidelines and Kindergarten curricula. Next is tracking of HS students as they enter and progress

through K-12, the next priority is consult with state school officials to foster understanding of HS, alignment and partnerships with local LEAs.



Answer Options	Response Percentage	Response Count
Facilitation of alignment between Head Start curricula and assessments with the Head Start Child Development and Early Learning Framework with Montana Early Learning Guidelines and Kindergarten curricula.	64%	9
Facilitation of tracking EHS/HS student outcomes as they enter and progress through public schools.	57%	8
Expand partnerships with local education agencies, including pre-kindergarten and transition-to-kindergarten programs.	29%	4
Enhance capacity of Head Start agencies to provide services to dual language learners and their families, and to promote and support appropriate curricula for children with limited English.	14%	2
Consult with Chief State school officers to foster understanding of Head Start comprehensive services, to align curricula and assessments, and to promote partnerships between Head Start and local educational agencies.	43%	6
Other	7%	1

STATE AND REGIONAL PRIORITY IMPACTS

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

Respondents rated all areas highest in either the high or moderate impact area. High impact were workforce, Covid-19 and services to children experiencing homelessness. Services to children with disabilities, Health Services, Community and Family Services appeared to be a second tier: high impact for some programs but had a greater proportion of moderate impact. Services to children experiencing Homelessness was the only category that had all three impact areas marked. Possibly indicating the variability from community to community of housing resources, stability and cost.

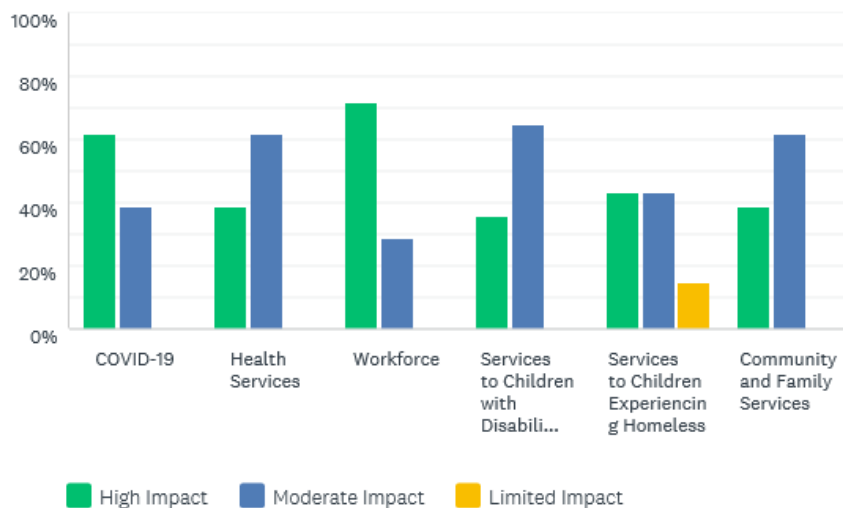
	High Impact	Moderate Impact	Limited Impact	Total
COVID-19	62%	38%	0%	13
Health Services	38%	62%	0%	13
Workforce	71%	29%	0%	14
Services to Children with Disabilities	36%	64%	0%	14
Services to Children experiencing Homelessness	43%	43%	14%	14
Community and Family Services	38%	62%	0%	13

HSCO ROLE WITH PROGRAMS 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 clear in the level of participation for each priority. Most want regular communication, and a few are interested in work on specific projects. Regular communication was the most frequently identified partnership role for all regional priorities. Covid-19 questions were discussed earlier in the report and will not be addressed again here.

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.

Answered: 14 Skipped: 5

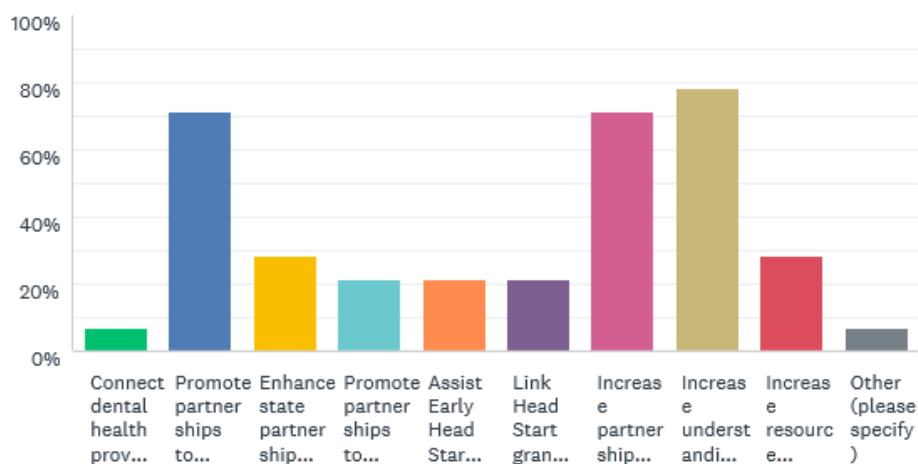


MENTAL AND PHYSICAL HEALTH SERVICES

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. Increasing understanding of Adverse Childhood Experiences (ACEs) was identified as a top priority, and then ongoing Increased partnerships with state mental health initiatives for low income children and ongoing, periodic screening services. These were the same top three priorities as last year and clearly the top three.

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: 14 Skipped: 5



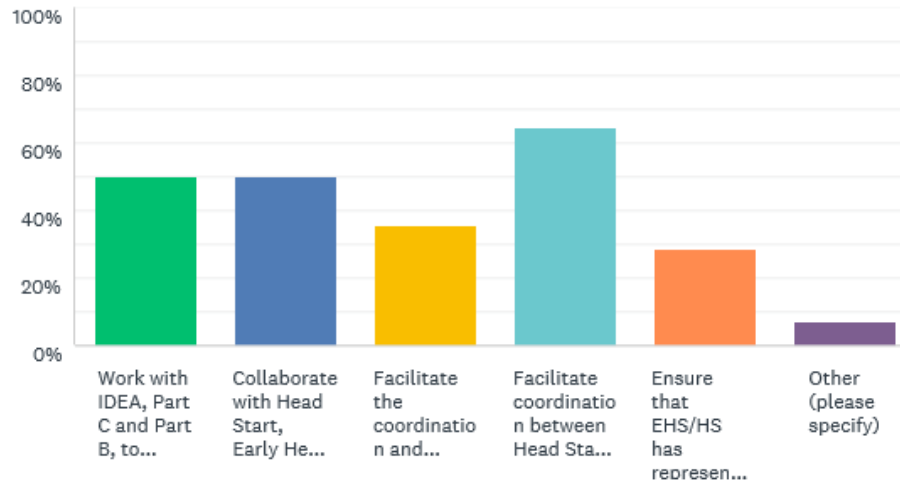
Answer Options	Response Percentage	Response Count
Connect dental health providers to programs so all Head Start children have a dental home.	7%	1
Promote partnerships to ensure all eligible children receive the full range of EPSDT services through Federally Qualified Health Centers (FQHCs), community clinics, and private providers, and that all necessary follow-up is completed for physical, mental and oral health.	71%	10
Enhance state partnerships to ensure all children are enrolled in health insurance, including Healthy Montana Kids (HMK).	29%	4
Promote partnerships to support unique needs of Early Head Start grantees through linkages with community services such as WIC, La Leche League, Public Health Nursing, and others.	21%	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.	21%	3
Link Head Start grantees with state and regional representatives of the EPA to promote joint initiatives to protect children from environmental hazards such as secondhand, third hand smoke, asthma triggers, pests and pesticides.	21%	3
Increase partnership with state mental health initiatives to ensure that low income children receive comprehensive mental health services.	71%	10
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.	79%	11
Increase health care knowledge for health care crisis preparedness.	29%	4
Other	7%	1

SERVICES TO CHILDREN WITH DISABILITIES

Supporting timely referral and follow up with Part B, Part C and LEAs was the top area for focus in the next year followed by 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 and 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. This is similar to last year focusing mostly on state level systems.

Services to Children with Disabilities: Of the following choices, what do you think are the most important areas to focus on in the next year? (Please choose up to three choices)

Answered: 14 Skipped: 5



Answer Options	Response Percentage	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.	50%	7
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.	50%	7
Facilitate the coordination and participation of local Head Start personnel in the state's child identification (Child Find) efforts and other early identification activities.	36%	5
Facilitate coordination between Head Start and Early Head Start grantees, local Educational Agencies (LEAS/Part B) and Part C/Early intervention 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.	64%	9
Ensure that EHS/HS has representation on the Montana Family Support Services Advisory Committee.	29%	4
Other	7%	1

FAMILY AND COMMUNITY PARTNERSHIPS

Respondents identified assist Head Start agencies in developing public and private partnerships to increase and coordinate resources as a top priority, followed by promotion of the Parent, Family, and Community Engagement Framework and finally increase state and community partner's awareness of the EHS/HS model and the benefits these programs provide. These changed slightly but with emphasis remaining on partnerships and awareness of EHS/HS.

Family and Community Partnerships: Of the following choices, what do you think are the most important areas to focus on in the next year? (Please check up to three choices)

Answered: 14 Skipped: 5



Answer Options	Response Percentage	Response Count
Promote understanding of the Parent, Family and Community Engagement Framework among Head Start grantees and other early child care partners.	57%	8
Assist Head Start agencies in developing public and private partnerships to increase and coordinate resources for Head Start and other early childhood programs.	79%	11
Promote partnerships between Head Start agencies and local early childhood coalitions.	14%	2
Increase state and community partner's awareness of the EHS/HS model and the benefits these programs provide.	36%	5
Promote partnerships between Head Start agencies, community partners, and other organizations to improve support for military families.	14%	2
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.	21%	3

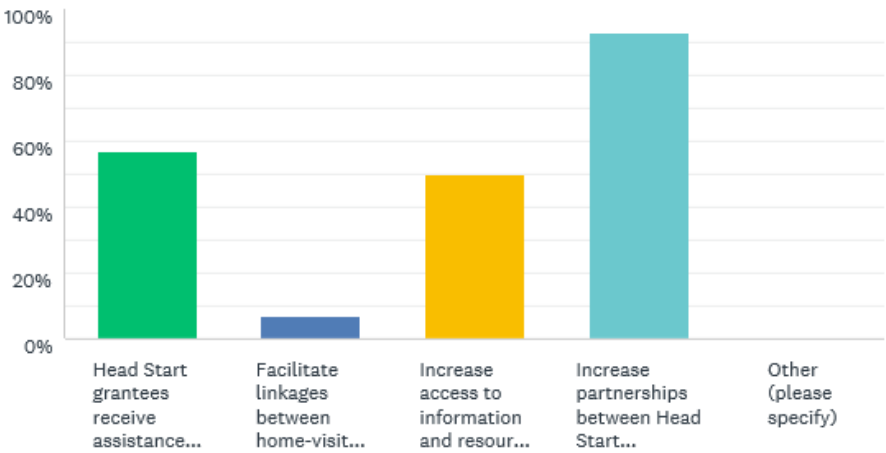
Other (please specify) (community partnerships around substance abuse, support HS/EHS programs in identifying family community partnership data that can be collected)	0%	0
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CHILD WELFARE

This was an area where the majority of respondents rated this high or moderate impact on their programs. 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 by far the highest rated choice at 93%. Receiving support to better coordinate with local child welfare agencies was also identified as an area to further address.

Child Welfare (Protective and Preventive Services): Of the following choices, what do you think are the most important areas to focus on in the next year? (Please choose up to three choices)

Answered: 14 Skipped: 5



Answer Options	Response Percentage	Response Count
Head Start grantees receive assistance to improve local coordination with child welfare.	57%	8
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.	7%	1
Increase access to information and resources that will help Early Head Start and Head Start programs further promote child welfare.	50%	7
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.	93%	13

Other (please specify)	0%	0
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SERVICES TO CHILDREN EXPERIENCING HOMELESSNESS

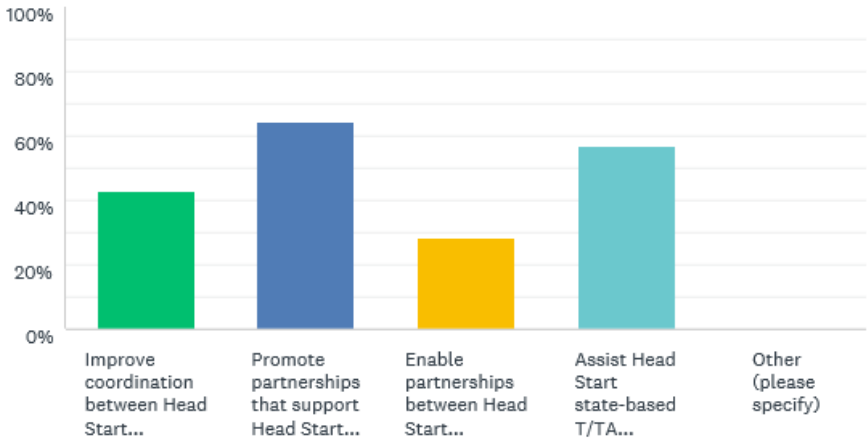
Respondents saw this split between high, moderate and low impact on their programs. HSCO could be most useful in the next year in focusing on promoting partnerships that support Head Start programs in addressing barriers to servicing children and families that are experiencing homelessness. Using the 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 Improve coordination between Head Start agencies and state and local McKinney-Vento coordinators or directors. Serving children experiencing homelessness is also a priority in the CCDF regulations thus an area for further systems work.

Answer Options	Response Percentage	Response Count
Improve coordination between Head Start agencies and state and local McKinney-Vento coordinators or directors.	43%	6
Promote partnerships that support Head Start agencies in addressing barriers in serving children and families experiencing homelessness.	64%	9
Enable partnerships between Head Start agencies, HUD Continuum of Care networks and state homeless education directors.	29%	4

Assist Head Start T & TA providers to coordinate the needs of Head Start agencies and the community to strengthen practices for serving children and families experiencing homelessness.	57%	8
Other	0%	0

Services to children who are experiencing homelessness: Of the following choices, what do you think are the most important areas to focus on in the next year? (Please choose up to three choices)

Answered: 14 Skipped: 5

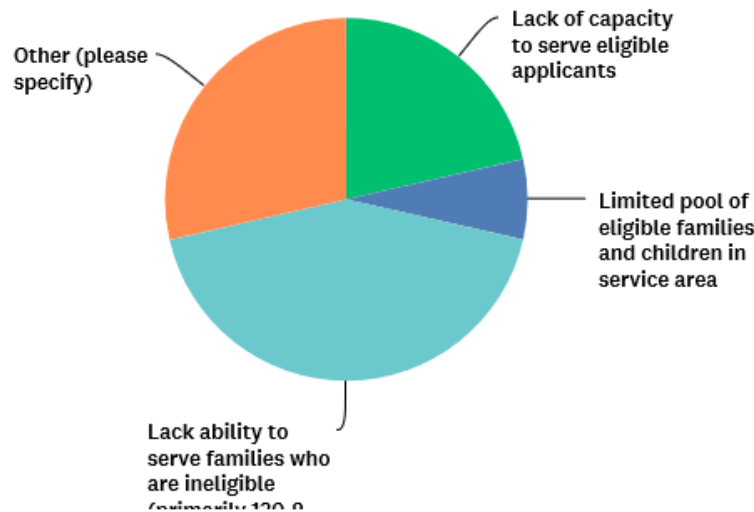


EARLY HEAD START AND HEAD START PROGRAM ENROLLMENT

For respondents the majority listed lack of capacity to serve applicants either eligible or over income as their most important factors impacting enrollment. As Montana continues to explore expanding Pre-K and other birth through 5 early childhood care and education, work to be inclusive of Head Start programs in the mixed delivery system will be important.

EHS/HS Enrollment: Please choose the most important factor that affects enrollment in your EHS/HS programs. (Choose the most important option. Please use comments to identify other priorities or factors that affect enrollment.)

Answered: 14 Skipped: 5



Answer Options	Response Percent	Response Count
Lack of capacity to serve eligible applicants	21%	3
Limited pool of eligible families and children in service area	7%	1
Too few eligible families apply	0%	0
Lack ability to serve families who are ineligible (primarily 130-200% of FPL), but could really use EHS/HS services	43%	6
Other (please specify) (procrastination in applying, staff turnover, we need enrollment)	29%	4

At the end of the survey there was an open-ended question about HSCO support in the coming grant year. Below are those responses:

Please identify one or more things that the HSCO could address in the next year to support the work your program does in your community? (10 responses)

- Expand family and community engagement at local and state level 2
- Partnering with Child Care 2
- Communication from HSCO 2
- Support EHS/HS accessing Best Beginnings Scholarship 1
- STARS program 1
- Training and coordination of professional development 1
- Inclusion of EHS/HS at the state table 1

CONCLUSION:

Within each section the HSCO has highlighted the areas which are the highest ranked and or need. They provide a picture of programmatic needs for the state. Through the different tables and graphs we can see a picture of the needs of EHS/HS programs in Montana.

Certainly, ongoing professional Development about early childhood mental health issues including ACEs, behavioral management and parent engagement were strong needs. They were mentioned in multiple responses throughout the survey. Systems alignment work and decreased duplication of training seems to also be a strong theme throughout when looking at the Early Childhood system including STARS to Quality and Licensing. Coordinating with the larger k-12 system also came out as a strong theme being mentioned in data and areas for HSCO to address in the next year. Another area that came out as a very strong need was increased partnerships between HS and law enforcement, community based substance abuse and mental health. This is possibly due to substance use which is a significant health issue seen across our state. Additionally, this year the addition of COVID-19 questions was important to capture some of those ongoing needs that programs may have as well as successes with service delivery for HS children and families in these difficult times.

The HSCO uses the needs assessment update to revise the HSCO grant goals and workplan in conjunction with the MTHSA and stakeholders. A big thank you goes to all the Directors who complete the needs assessment survey. It takes time and thought out of a busy work schedule. That input is critical to understanding programmatic needs within the state system.