



MONTANA HEAD START COLLABORATION OFFICE NEEDS ASSESSMENT SUMMARY 2019

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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 2019 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 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 Coordinated with the Needs Assessment that was done for the PDG B-5 grant in Montana. The contractor provided the data which was able to be disaggregated for HS provider specific data and access to the report which details findings and recommendations.

The 2019 Needs Assessment is comprehensive of 2 data sources:

1. The Montana PDG B-5 Needs Assessment Report and Survey.
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. 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 developed for the PDG B-5 grant. The HS data was disaggregated and used in order to align the system and build on survey work already completed thus avoid duplication. New information and categories are addresses so there will not be a direct comparison with previous years data. The HSCO consulted the MTHSA about using the PDG B-5 survey this year rather than the HSCO survey and they were supportive for this year's update.

Respondents

Montana received a 2019 Preschool Development Birth through Five (PDG B-5) grant from the Administration for Children and Families (ACF) to conduct early childhood systems work in the state. The first activity of the project was to conduct a comprehensive statewide needs assessment of Montana's early childhood system. The needs assessment was conducted January—July 2019, with a significant focus on engaging family and provider voices throughout the process. The needs assessment is intended to provide detailed findings and recommendations to support subsequent strategic and evaluation planning efforts. A decision was made in conjunction with the MTHSA and Executive Board to use the Head Start programmatic responses as the basis for this year's HSCO Needs Assessment Update. 51 programmatic staff and Directors responded to the extensive survey. The HSCO was provided with the Head Start data for all survey questions. Most key findings and recommendations from the larger report are included and reorganized as they apply to Head Start and HSCO federal and regional priorities.

SUMMARY OF FINDINGS AND RECOMMENDATIONS

The Head Start Collaboration office 2019 Needs Assessment update incorporates parts of Montana’s Early Childhood System Comprehensive Statewide Needs Assessment. The statewide needs assessment highlights findings (strengths and gaps) and recommendations related to access, quality, workforce, coordination, family engagement, and governance in early learning and development, family support, and health. The table below highlights many of the statewide needs assessment findings and recommendations as they relate to the Federal Priorities for the Head Start Collaboration Office. Not all recommendations from the statewide Needs Assessment report were included in this report only those finding that were thought to pertain to Head Start and collaboration within the local and state system were included in this summary. For the entire Montana’s Early Childhood System A Comprehensive Statewide Needs Assessment Report go to [Strengthening Montana's Early Childhood System: A Comprehensive Statewide Needs Assessment](#)

Additionally, the Head Start provider data was made available to the Head Start Collaboration Director for review and data is presented using that smaller sample size. That data is presented in the areas of professional development, community referral, family engagement and educational level of Head Start provider participants in the survey. Data about STARS involvement of HS programs is included as an additional data point.

Of the 51 head Star provider respondents:

15 worked in program sites that were involved in the STARS program,

5 are involved in Early Head Start home based services

37 or 73% are in communities that have community coalitions, 25% of those 51 didn’t know if they were in communities that have community coalitions

25 respondents’ programs use ASQ or ASQ-SE

Findings	Recommendations
Partner with state child care systems, emphasizing EHS-CC partnerships	
ECE capacity does not meet demand ECE capacity varies greatly by county Rural counties lack ECE providers Native American communities face greater child care access challenges Most counties with limited access were low-income communities	Increase supply of ECE statewide, with targeted focus on the most significant child care deserts in rural, tribal, and poorer counties
Child care centers are providing an increasing proportion of ECE services	Explore additional approaches for recruiting new ECE providers
ECE cost is a key barrier to participation Child care subsidies do not reach all low-income children	Increase outreach to families to inform them of subsidy availability Improve subsidy eligibility process
Cohesive funding of ECE as a system is needed to address underlying cost margins of delivering ECE services	Increase public awareness and support of sustained ECE funding
Further research on ECE funding models could contribute to development of effective ECE funding and increased cost accessibility	Conduct further research on diverse funding models, including Head Start , to better align funding structure with service expectations

Findings	Recommendations
<p>Families of children with special needs face additional barriers to accessing child care Supply of providers able to care for children with special needs is insufficient Part B and Part C services are not optimized for supporting children with special needs in ECE settings Utilization of Best Beginnings special needs subsidies is limited</p>	<p>Explore options to increase access to cooperative models or shared services, including those offered by the state, to help offset providers costs and expand capacity</p> <p>Provide ongoing training and technical assistance to build capacity to care for children with special needs Provide mental health consultation to support providers within and outside of the STARS to Quality system Increase incentives to encourage providers to work with these families Increase communication between Part C early intervention specialists, physicians, psychologists, and ECE providers support value of early intervention and facilitate provision of early intervention services in child care settings. Conduct further research to understand the process by which children are referred to, assessed by, and deemed eligible for Part B services Increase outreach and capacity building to school district leaders to increase awareness of preschool special education options Increase capacity of trained providers and awareness of subsidy availability to expand subsidy utilization</p>
<p>Collaborate with QRIS (STARS to Quality program)</p>	
<p>Families participating in ECE services report quality program implementation ECE programs use a variety of assessment tools to measure progress Quality measures of ECE programs are improving over time across ECE initiatives</p>	<p>Conduct additional research on linking outcomes to practices in IDEA Parts C and B</p>
<p>Programs are pursuing quality through continuous improvement The share of child care capacity served by STARS to Quality providers is increasing High-quality ECE capacity is limited STARS to Quality providers appreciate the focus on professional development and program improvement STARS to Quality training requirements may dissuade program participation</p>	<p>Provide a more graduated entry into STARS to Quality requirements</p>
<p>Lack of alignment between Head Start and STARS to Quality requirements and</p>	<p>Review other states' policies regarding Head Start coordination with QRIS</p>

Findings	Recommendations
training content limits Head Start participation in STARS to Quality	
Provider compensation varies by provider type ECE provider compensation impacts workforce stability and professionalization	Continue to work toward credential-based compensation more consistently across the birth to elementary continuum
Lack of public consensus on the importance of quality ECE provision limits access to high-quality care	Increase public and family awareness on the benefits of high-quality care
Lack of universal licensing requirements impacts the number of children in low quality care and creates an unlevel playing field for providers	Eliminate exemptions to licensing requirements across providers
Inflexible or inconsistent licensing regulations can deter prospective providers from entering the system	Evaluate support structures and incentives to help providers come into compliance with licensing requirements Provide greater guidance to programs when onboarding into licensing Examine opportunities for more responsive and frequent communication related to licensing for providers Continue to pursue licensing reciprocity between state CCDF, tribal CCDF, and Head Start ECE programs
Lack of coordination between licensing and STARS to Quality creates inefficiencies and confusion among providers	Increase coordination between STARS to Quality and licensing Provide greater guidance to programs when onboarding into STARS to Quality
Support the expansion and access to high quality workforce and career development opportunities for staff, including recruitment and retention	
ECE providers participate in diverse professional development activities The P-3 and Leadership Financial Assistance Project supported participation in early care and education coursework	
Apprenticeship and pre-apprenticeship programs are an untapped resource	Increase promotion of apprenticeship and pre-apprenticeship programs with students and providers
Professional Development Specialist trainers are limited in eastern counties	
Professional development recognition may overlook relevant training ECP approved broad training opportunities; the majority were directed at beginning level practitioners	Target training requirements and increase connection between training options and staff education background
Lack of alignment of training requirements across programs creates duplication	Increase training coordination and reciprocity across ECE initiatives
Cross-sector trainings increase efficiency and communication	Increase cross-sector training and skill alignment

Findings	Recommendations
	Consider increasing Early Childhood Partnership registry infrastructure for broader early childhood professions
Distance learning options increase professional development flexibility	Expand opportunities for high-quality distance learning
Increased centralization of training development can improve access and facilitate cross sector utilization	Refine the process to create and implement ECE professional development content
Additional training is needed to support children with special needs	Provide additional training and technical assistance to support children with special needs
Multiple coaching initiative support ECE professional development Coaching content and delivery vary Coaching impact is limited by capacity and staff turnover	Continue to improve coaching infrastructure and implementation
ECE learning community uptake is not widespread in Montana, but implementation appears to be of high-quality	Increase implementation of learning communities
Infant early childhood mental health consultation can improve provider quality and job satisfaction Stakeholders noted need for more mental health consultation capacity across the state	Continue to pursue opportunities to increase Infant and Early Childhood Mental Health Consultation capacity in the state
Additional capacity building can support delivery of trauma-informed care and attention to secondary caregiver trauma	Develop a systemwide approach to trauma-informed delivery
Work with state efforts to collect data regarding early childhood education programs and child outcomes	
There is opportunity for more consistency in screening tools used statewide	Adopt the ASQ/ASQ-SE as the preferred developmental screening tool statewide
State falls short of universal developmental screening	Conduct further research on ways Montana can track rates of screenings at the recommended intervals and reduce duplication Increase public awareness for parents, as well as providers, regarding the importance of developmental screening Offer technical assistance on Part B and C eligibility and referral pathways for healthcare providers
ECE providers can play an important role in increasing the rate and quality of developmental screening	Implement lessons learned from the Head Start and LAUNCH models to increase developmental screening in ECE settings Provide professional development and technical assistance to ECE providers on how to screen children and what to do if a need is identified, from how to talk to parents to how to refer for services

Findings	Recommendations
Lack of up-to-date, comprehensive, and centralized information about early childhood services hinder both assisted and self-directed system navigation	Improve up-to-date and available early childhood service resource information for families and providers Analyze approaches to supporting early childhood system navigation for families needing connections to multiple agencies or programs
More often than not, families working with more than one organization report that they did not receive referrals between the organizations, but providers report that they usually provide them	Clarify for providers what constitutes a referral while taking steps to move providers toward the best practice of a warm hand-off, particularly for vulnerable families
When a referral is made, families reported using the referral and finding it helpful	Conduct further research to determine the root causes behind the difficulties accessing services within, or referring to, different sectors, with a particular focus on Child and Family Services-referred services, mental health, early care and education, and Indian Health Services
Cross-sector care coordination is rare, but when in place and done well, it is valued by families and providers alike	Encourage the use of a common, expanded social determinants of health family screening and assessment tool Increase access to, and quality of, cross-sector care coordination for young children and families
Family Engagement	
Family engagement is not consistently valued across the early childhood system, with many perceiving family interactions as primarily transactional	Continue to develop and implement a shared family engagement definition across the early childhood system Evaluate service delivery models through a family engagement lens Train providers to recognize and correct implicit bias
Families expressed a desire for increased connection to peers	Explore options for peer/support groups at local and state level
Families experiencing Homelessness	
Early childhood agencies working with homeless or housing insecure families operate under different definitions of “homeless,” leading to underutilization of services	Improve CFSD-OPI coordination related to homelessness Conduct further research on whether homelessness definitions could be aligned
Early Childhood System	
Many of Montana’s early childhood programs and services are housed with one agency but fragmented across divisions, bureaus, and levels within that agency	Improve cross-program/bureau/division collaboration and coordination Consider the benefits of consolidating early learning and development, health, and family support programs that are currently scattered across DPHHS into an Early Childhood Division Increase staffing resources for early childhood system
Montana has an opportunity to better educate state leaders about the needs of	Educate the public and decision makers about the importance of early childhood

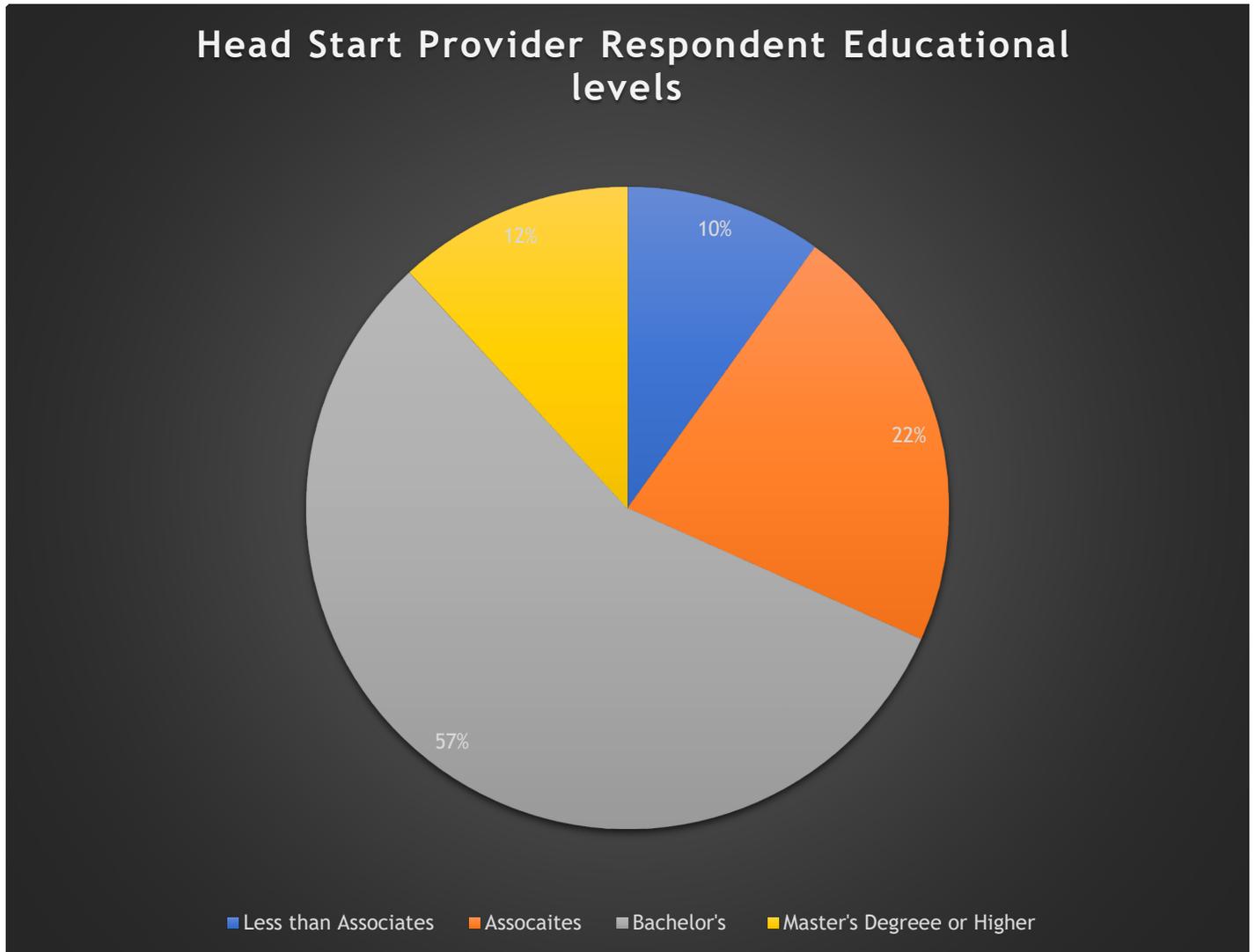
Findings	Recommendations
children and families in the early years, and the solutions available to meet those needs	
Public-private partnerships in Montana exist and are working to support children and families in the early years, but priorities and approaches are currently disjointed	Coordinate and coalesce public private partnerships around Montana’s early childhood system priorities
The advisory function of Montana’s BBAC may be impacted by the council’s growth	Focus the role of the BBAC on a representative advisory role within Montana’s early childhood governance structure
There are greater opportunities for Montana to maximize state investment in early childhood programs	Work with partners to progress policy and funding priorities
Montana’s early childhood funding streams could be blended and braided to reduce fragmentation and duplication	Explore opportunities to blend/braid funds through structural changes to coordinate/consolidate early childhood programs
Health	
Health access issues and limited integration of health and early learning sectors exacerbate ECE access issues for children with special needs	Conduct additional research and planning on how to better integrate health services in ECE settings Increase family and provider education around disability
The Family First Prevention Services Act provides a funding opportunity for prevention services	Explore how to use the Family First Prevention Services Act to support prevention service provision
Transitions	
Some families feel “dropped” when their child ages out of services or they need to access services from another agency Certain kindergarten transition best practices have been widely adopted, while others are yet to be widely implemented Montana lacks a statewide kindergarten readiness assessment (KRA) and transition process	Work with communities to take steps to expand the types of transition best practices in place Leverage existing resources including kindergarten transition pilots, draft transition tools, best practices, and Head Start materials to create a Montana guide for quality kindergarten transitions
Child and family data are in multiple, primarily disconnected systems, making the unique identification of children not possible at present time The state is implementing new information technology infrastructure including a common client index, allowing for unique identification across data systems	Develop early childhood system roadmap to support information technology planning Build upon existing enterprise software and analytics tools being developed through MPATH to uniquely identify children and families and measure outcomes across the early childhood system
Electronic referral system participation is low Providers appreciate aspects of CONNECT and see opportunities for improved utility	Ensure that efforts to improve, expand, and integrate data systems have a system-level approach and incentivize broad participation

In the interest of better service delivery, most families are willing to have their data shared and most providers are willing to share their client's data with other providers

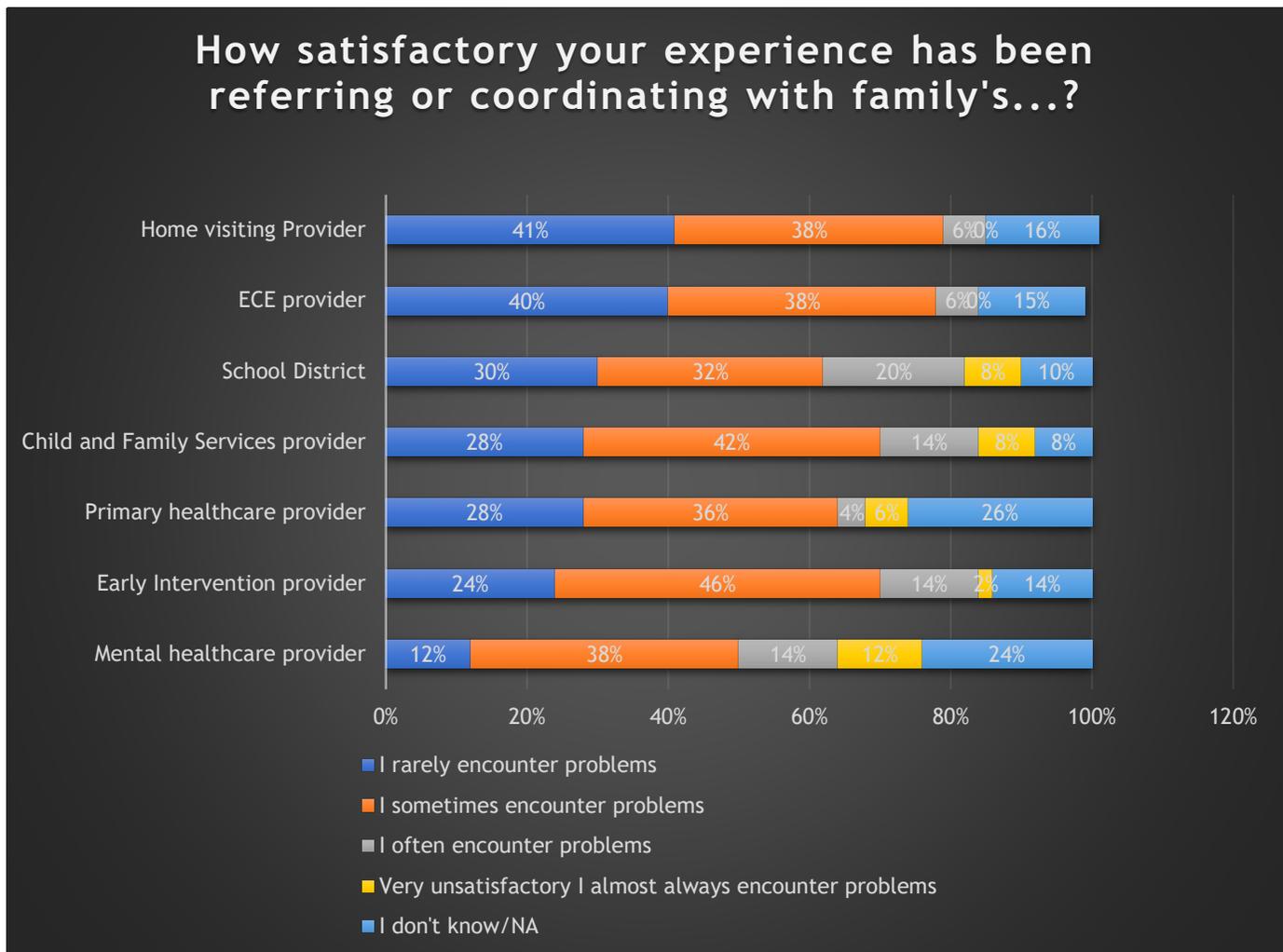
Data sharing agreements are relatively common, with some progress toward unique identifiers and quality improvement, but cross-sector (horizontal) databases and longitudinal databases are rarer

Below are graphs and unique data sets that capture some aspects of Head Start work and collaboration within the system based on questions answered by the Head Start identified providers. Fifty-one Head Start Directors and Staff completed the Systems Grant Needs Assessment survey not all 51 answered all questions. The following graphs are representative of that subset of data from the survey.

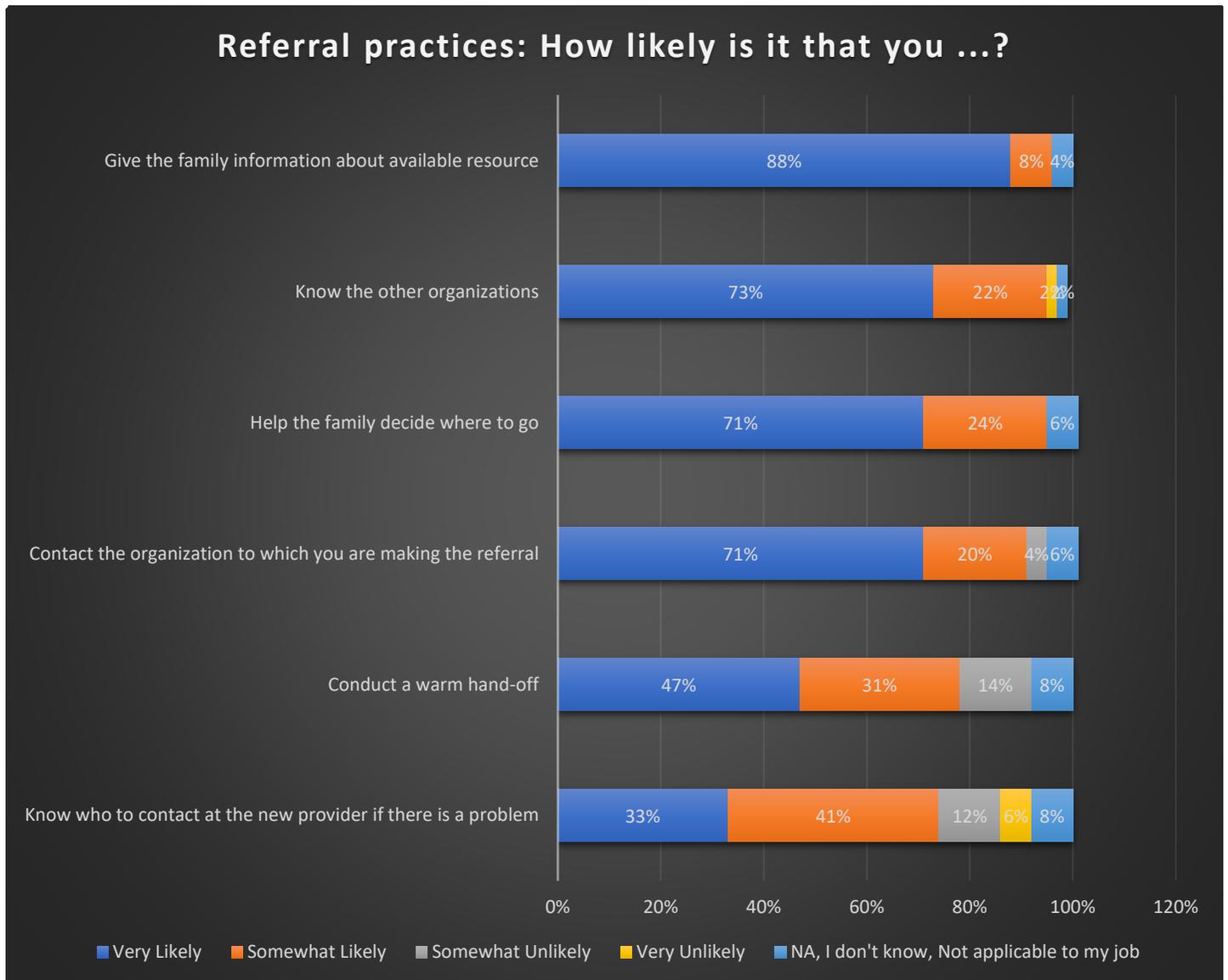
Of the Head Start staff and directors that completed the survey 69% had either a bachelors or a master's degree or higher, 22% had an associate and 10 % had less than an associate. The questions did not ask about CDA.



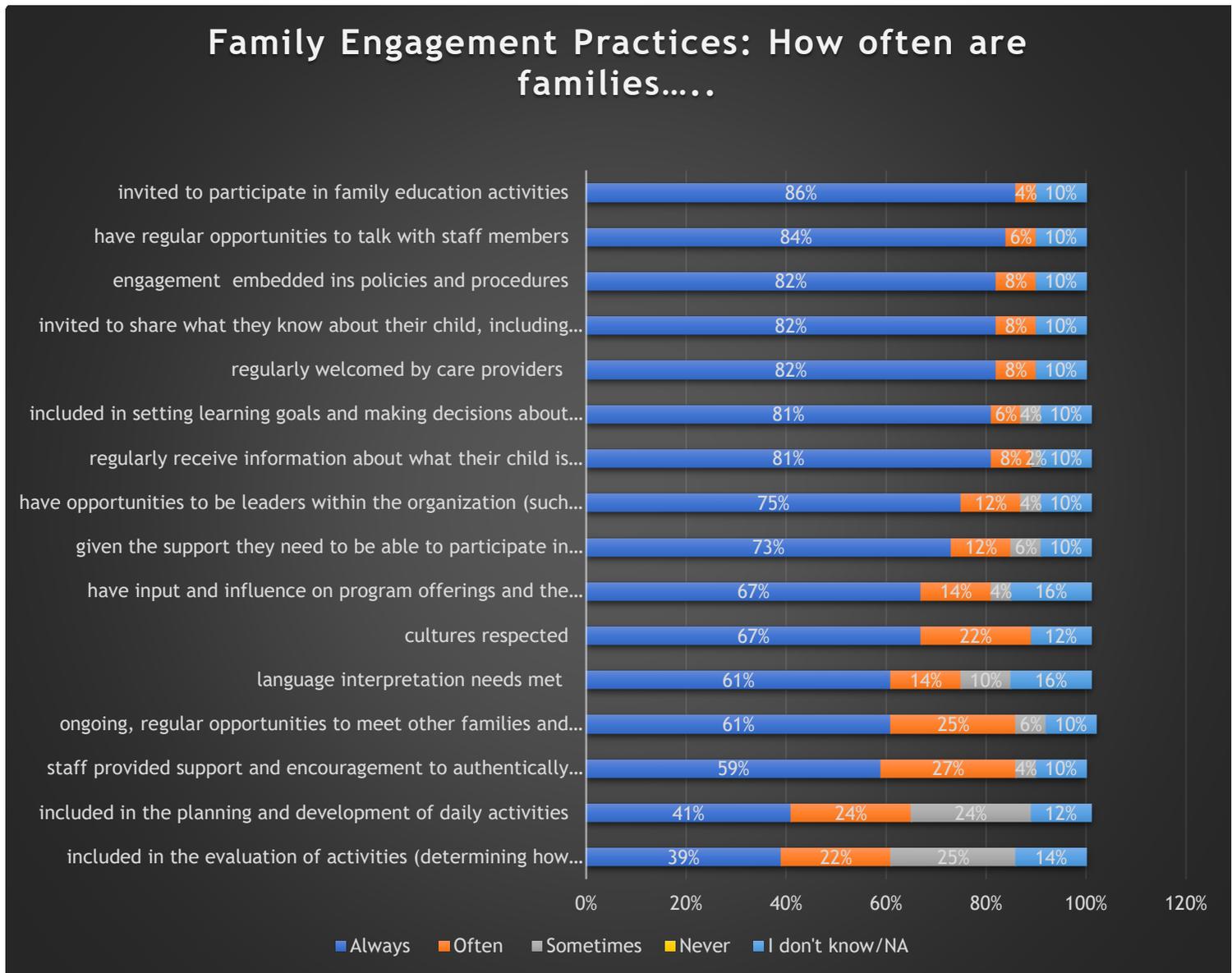
The next graph is a group of survey questions about coordinating with other community partners/referral agencies. Home Visiting had the highest percentages with 79% stating they rarely or sometimes encounter problems. Mental Health providers had the lowest percentages with 50% in the Rarely or sometimes. Mental Health services for infants, toddlers and preschoolers has consistently been identified as a high need area for Head Start programs through the needs assessment process so these finding would be consistent. Through the survey completed within the LAUNCH work it was shown that there is a deficit of licensed clinicians with Infant and Early childhood expertise in Montana.



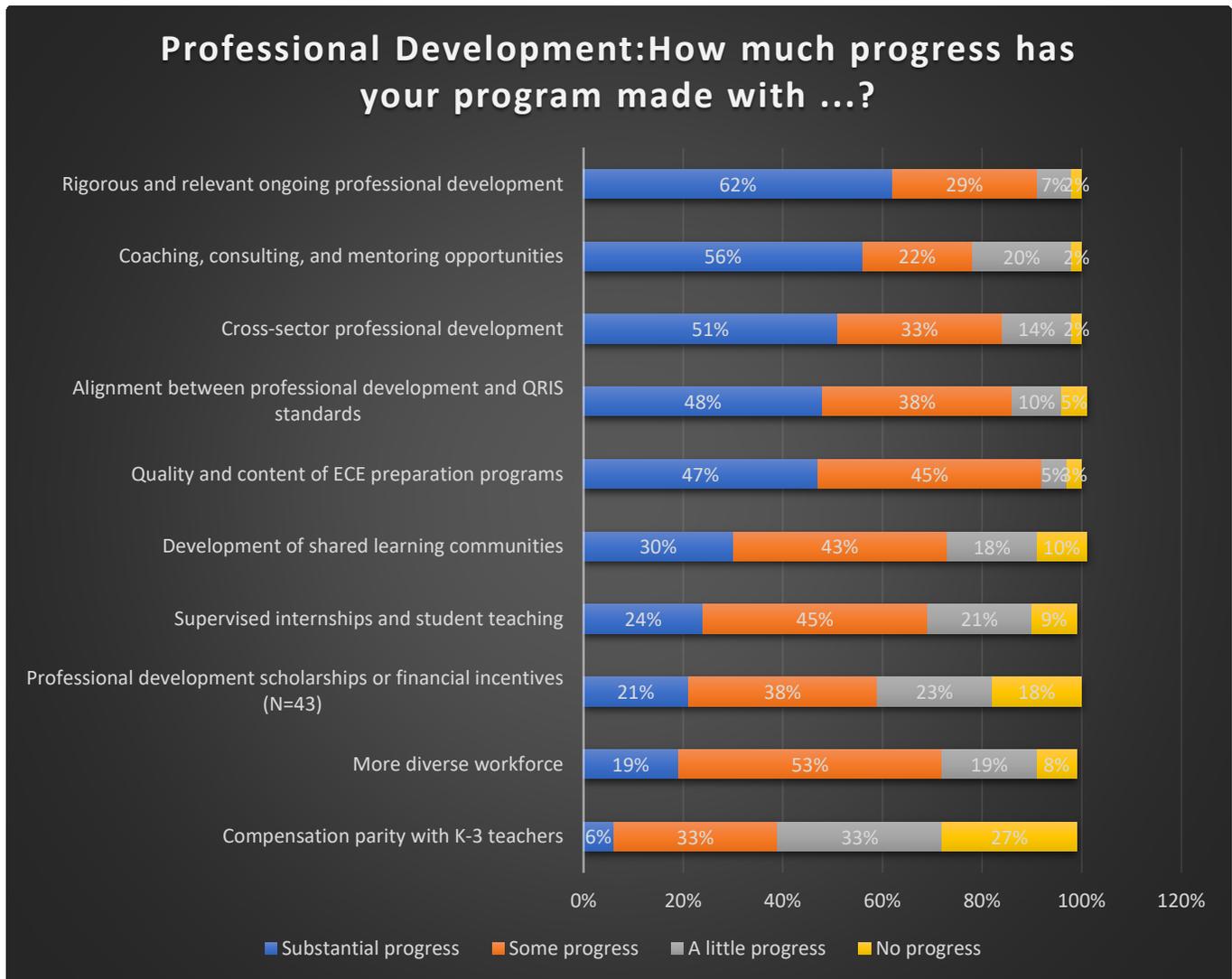
This following graph includes questions about referral practices for Head Start respondents. Head Start has expertise in family engagement as evidenced by most of the statements answered with very or somewhat likely. The highest was 88% very likely, when you add very likely and somewhat likely together percentages range from 75% to 96%. There are very few very unlikely responses only two questions had very unlikely chosen as a response, 2% and 6% of respondents. Those were “know the other organization” and “know who to contact at the new provider if there is a problem”. This data may indicate the continued need to be reaching out to community partners for programs and the ongoing aspect of collaboration.



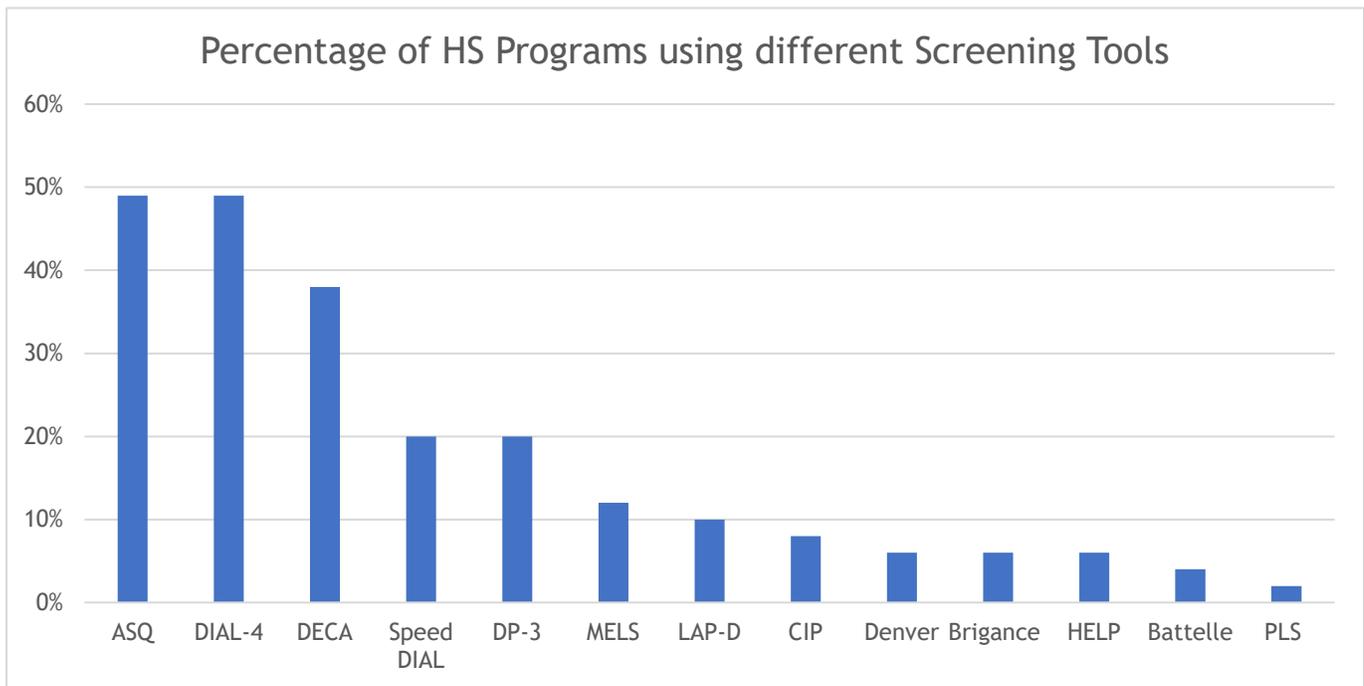
Family engagement, a hallmark of Head Start comprehensive services was addressed through a series of questions for providers about how they are engaging families in the program. Head Start providers answers were from a low of 61% always and often for included in evaluation of activities to a high of 90% always and often for invited to participate in family education activities. There were no “never” responses and a range of 10-14% for “NA” or “I don’t know.”



Professional Development and alignment, coordination and collaboration within the ECE professional development system has a large impact on Head Start program staff and the state Early Childhood System. The ability to access training at a provider needed level of expertise, to coordinate within the system so there isn't duplication required and to have professional development that is high quality is critical. Along with coaching and other mechanisms it should increase the capacity of program providers to effectively meet the children, families, programmatic and individual needs and build capacity within program staff. The chart below shows answers to questions around progress made in professional development assessing all types of professional development. It is encouraging to see that there is a strong sentiment of progress being made in the rigor, coaching, cross-sector, alignment and quality and content. These are still areas to continue to collaborate on as noted in the recommendations above.



The next graph shows the variance in screening tools used by Head Start programs and mirrors the larger data set of the PIR. As the state looks at increasing screening in STARS to Quality these data points may be helpful.



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 child care subsidy or the QRIS-STARs to Quality, a program must be licensed. Trying to get a sense of the number of EHS/HS programs in the QRIS and changes in STAR level are important data points for the needs assessment.

<u>STAR level</u>	<u>Program</u>
2	Anaconda Deer Lodge Head Start Pre-STAR to 2
3	AWARE Early Head Start at Hope Lutheran Bozeman- not in STARS to 3
4	AWARE Inc. Early Head Start - Butte 3 to 4
3	Child Start, Inc. - Missoula, change 1 to 3
2	Explorers Academy Laurel Pres-STAR to STAR 2
2	Explorers Academy Lockwood Pre-STAR to 2
2	Explorers Academy Terry Park Pre-STAR to 2
3	HRDC Head Start Belgrade- not in STARS to 3
3	HRDC Head Start Bozeman Pre-STAR to 3
4	HRDC Head Start Livingston- not in STARS to 4
2	Kootenai Valley Head Start, Inc. - LIBBY center no change
2	Kootenai Valley Head Start, Inc. - TROY center, no change
2	Missoula Early Head Start no change
1	Northern MT Child Development Center Early Head Start not in STARS to STAR 1
1	Northern MT Child Development Center Hillview not in STARS to STAR 1
1	Northern MT Child Development Center Lincoln not in STARS to STAR 1
1	Opportunities Inc. Head Start (EHS) - Great Falls no change
3	Ravalli Early Head Start - Hamilton no change
3	RMDC - Eastgate Site - Helena no change
4	RMDC - Helena Housing Authority Head Start - no change
4	RMDC - Ray Bjork Site - Helena 3 to 4
3	RMDC - Townsend Site no change
3	RMDC - Whitehall Site no change
3	RMDC Boulder no change
3	RMDC Valley Center - Participant to 3
3	Rocky Mountain Development Council Head Start - Neighborhood Center - Helena no change

<u>STAR level</u>	<u>Program</u>
5	Young Families Early Head Start - Billings change 5 to 3
New to STARS	Program
Pre-STAR	AWARE Early Head Start East Gate Helena

Conclusion:

Through review of the Strengthening Montana’s Early Childhood System Needs Assessment, it is apparent that Early Head Start and Head Start programs have opportunities to further align and collaborate with the state Early Childhood System and have been consulted as partners, contractors and leaders in Early Care and education. The Needs Assessment also recommends further and deeper collaboration to learn from and leverage existing knowledge and professional development opportunities.

The Head Start collaboration office use the Needs Assessment yearly update to revise goals and objectives in the HSCO strategic plan. Since this update uses a different survey it doesn’t provide the year to year comparison but provides important information within the context of the larger Early Childhood system. Areas of common need with the previous year’s surveys continue to be consistent including further alignment with the state and HSPPS including licensing and STARS to Quality. Increasing rigor and shared professional development as well as coaching resources are also needs. Mental Health supports for programs both in professional development such as trauma informed care and access to training but also workforce development of capacity and Mental Health practitioners are clear needs.

A big thank you to all the Head Start Directors and staff who completed the survey and the Strengthening Montana’s Early Childhood System focus groups for their input into this information. The HSCO uses this as the basis with MTHSA input into next years revised strategic plan. The HSCO will use the recommendations to continue to further partnerships and alignment to support low income children and families in Montana.