

# HEAD START COLLABORATION OFFICE BRIEFS

## 2019




**OFFICE OF HEAD START**

An Office of the Administration for Children & Families

ADMINISTRATION FOR  
**CHILDREN & FAMILIES**



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# 2019 HEAD START COLLABORATION OFFICE BRIEFS

## *Annual Report Overview*

The Head Start Collaboration Annual Report for 2019 summarizes the achievements and partnerships of Head Start Collaboration Offices (HSCOs) from 2 Head Start regions (AIAN and MSHS), 47 states, the District of Columbia and Puerto Rico<sup>1</sup>. Organized into 9 briefs, each offers descriptions of the breadth and depth of HSCO work during 2019. The first provides a synopsis of HSCO projects including organization, mission/vision, partnerships, and goals. Each of the eight additional briefs focus on the HSCOs scope of work specifically during 2019. Each brief focuses solely on HSCO work on a specific topic for 2019 (only one year of their five-year grant period). Participation in activities may vary based on their 5 year project timelines and the priorities within their states, territories, or regions.

### **Brief topics include:**

1. The Head Start Collaboration Offices: Who We Are
2. Partnering with State Child Care Systems Emphasizing the Early Head Start Child Care Partnership (EHS CCP) Initiative
3. Efforts to Engage in State/Territorial Data Systems
4. Supporting the Expansion and Access of High-Quality Workforce and Career Development Opportunities for Staff
5. Collaborating with State Quality Rating and Improvement Systems (QRIS)
6. Working with School Systems to Ensure Continuity between Head Start Programs and Kindergarten
7. Early Education Systems Outside of Quality Rating and Improvement Systems
8. Parent, Family, and Community Engagement
9. Health Services

Data were compiled from individual reports using SmartSheet, then extracted into an excel spreadsheet which was analyzed using quantitative and qualitative methods. Sections in the 2019 individual reports gathered information about:

- career and workforce development
- school readiness and pre-k
- data and state funding
- parent/family and diversity
- Quality Rating and Improvement Systems (QRIS)
- early education systems outside of QRIS
- health-related priorities
- other regional priorities

Excerpts from individual HSCO annual reports offer in-depth details regarding the depth of work and accomplishments.

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<sup>1</sup> Reports from Nebraska, Oregon, and Virginia were not available for this analysis.

# 2019 HEAD START COLLABORATION OFFICE BRIEF #1

## *The Head Start Collaboration Offices: Who We Are*

Launched as a 12-state pilot project in 1990 and funded through Section 642B of the 2007 Head Start Act, HSCOs are authorized in every state, the District of Columbia, Puerto Rico, and the Regional Offices of American Indian and Alaska Native (AIAN) Head Start, and Migrant and Seasonal Head Start (MSHS). Their purpose is “to facilitate collaboration among Head Start agencies... and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families” (Improving Head Start for School Readiness Act of 2007). The HSCO partnerships serve as the foundation for communication, access, and systems that support the inclusion of Head Start in early childhood systems within each state, territory, or region. They provide a structure and a process for the Office of Head Start to work with state and local entities. HSCOs also serve as a conduit of information between the Regional Offices for the Office of Head Start, Administration for Children and Families and state/territory and local early childhood systems.

### **The six priority areas for HSCOs during their five-year funding cycle are:**

**1.** Partner with State child care systems emphasizing the EHS-CC Partnership and access to comprehensive services

**2.** Work with State efforts to collect data regarding early childhood programs and child outcomes

**3.** Support the expansion and access of high quality workforce and career development opportunities for staff

**4.** Collaboration with State quality improvement systems such as QRIS

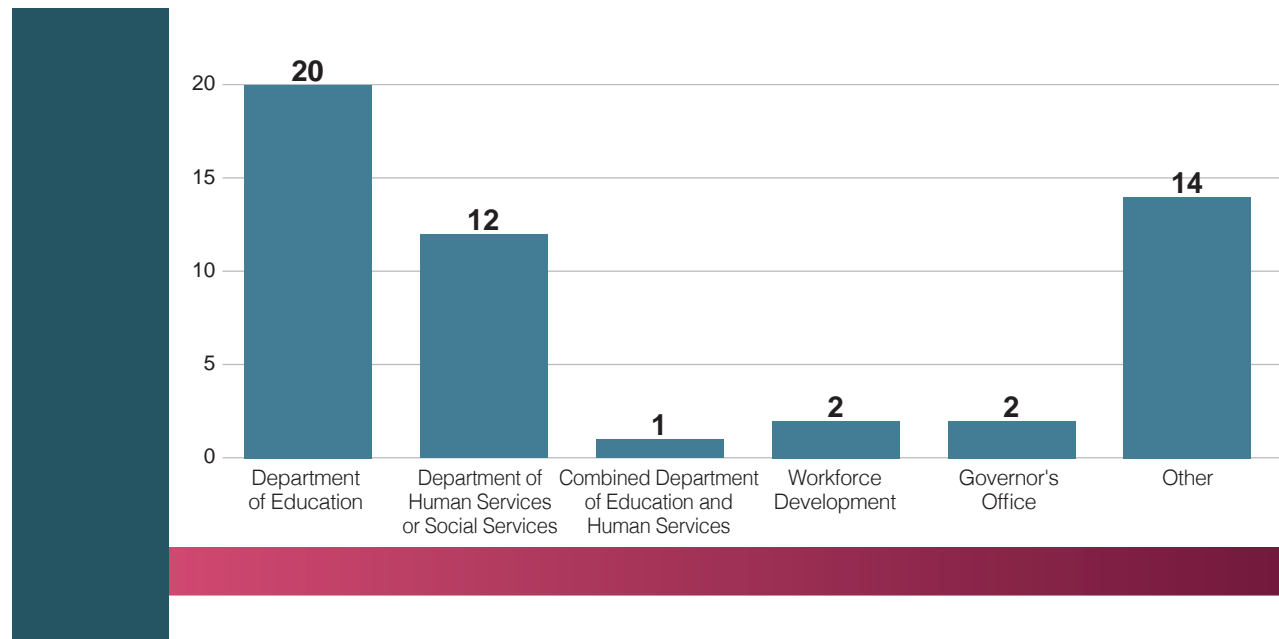
**5.** Work with State school systems to ensure continuity between Head Start and receiving schools

**6.** Any additional Regional Priorities

## HSCO FUNDING, ORGANIZATION, AND STAFFING

In 2019, each State, DC and PR HSCO was funded through a non-competitive federal grant to the state or territory who determines which department or agency receives the grant. These funded departments or agencies varied across the HSCOs. The majority of funded departments were within the state's or territory's Department of Education, with the fewest funded through combined Education and Human Services Departments (Graph 1a). The AIAN and MSHS offices were funded through a competitive cooperative agreement with FHI 360.

**Graph 1a. Funded Departments for HSCOs**



Funding and existing organizational structures within agencies often defined the positions within each HSCO and the ways staff were utilized. All but 3 HSCOs were staffed with a full-time director. Those HSCOs who did not have a full-time director employed coordinators and other staff funded part-time through the project and other state work.

Directors ranged significantly in number of years in the job, from a few months to 25 years. The majority of directors started the position in either 2016 or 2018. While more than half of the HSCOs were staffed with only a full-time director, about one third of the HSCO directors received support from other staff. Positions included coordinators, assistants/ administrators, and other staff. Of the HSCOs with assistant/administrator support staff, half were hired on a full-time basis. Other staffing positions ranged from higher positions within the agency (e.g., Assistant Superintendent) to support staff including communications, operations, web support, and research staff.

Additionally, HSCOs reported involvement in State or Regional Advisory Councils. All but three HSCOs were engaged with either a State or Regional Advisory Council. AIAN and MSHS coordinated their own Regional Advisory Councils with membership including grantees, Regional Office and Technical Assistance Staff, and content experts.

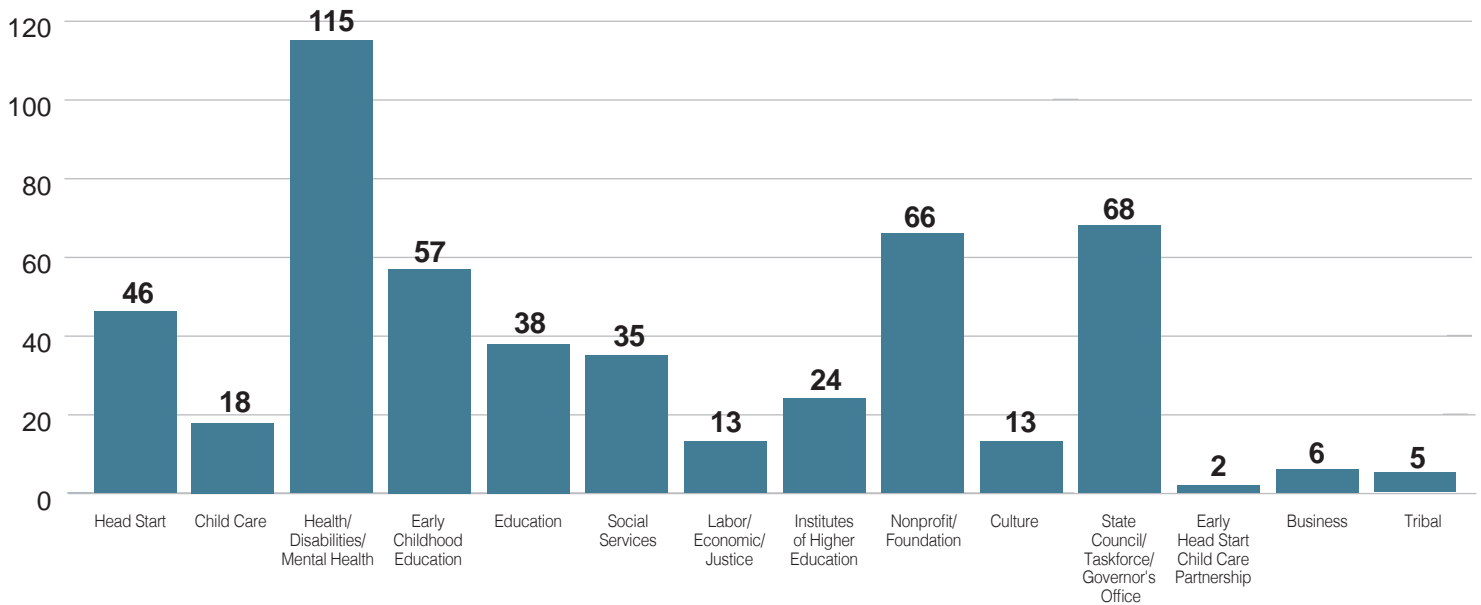
## MISSION AND VISION

The HSCOs' vision and mission statements focused on creating collaborations to improve quality services for young children and families. The most prevalent theme was families and parents. Other highly cited themes included child development, quality and innovative services, and collaboration. Culture was specifically mentioned within the AIAN and MSHS vision and mission statements. It is noteworthy that the work documented throughout their individual 2019 reports had strong connections to their mission and vision statements.

## MAJOR PARTNERSHIPS/COLLABORATIONS

HSCOs maintained a wide range of partnerships with state, local, and non-governmental organizations (Graph 1b). Most partnerships were with state or local health, disabilities, and mental health agencies. HSCOs also partnered often with state councils, task forces, or committees organized by the Governor, non-profits, or foundations. Six HSCOs (including the AIAN HSCO) collaborated with tribal organizations and 5 listed business partnerships.

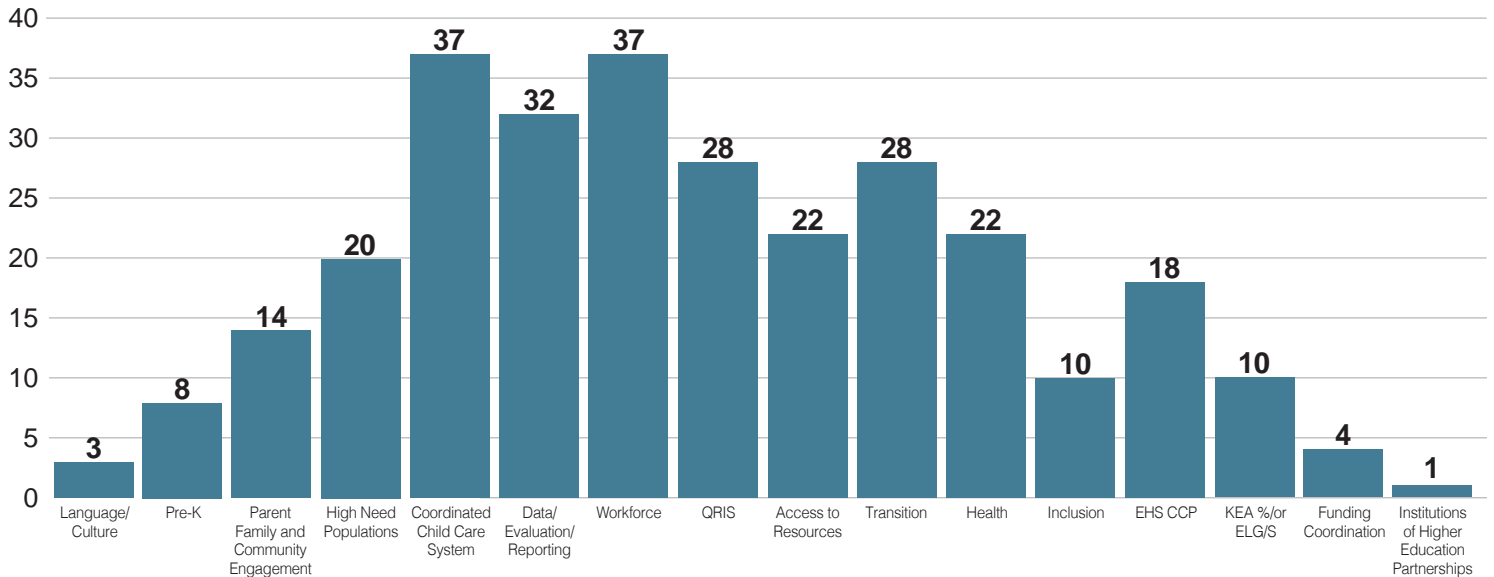
**Graph 1b: Types of HSCO Partnerships**



## GOALS

HSCO goals were connected to the priorities identified by the Office of Head Start, statewide priorities, and their own vision and mission statements, with a specific focus on coordinated systems. As seen in Graph 1c, HSCO goals focused on the details within systems that support overall program quality and promote child development (workforce, health/disabilities/social services, coordinated delivery systems, etc.). In particular, 37 HSCOs included coordinating with child care and workforce as priorities. Data, evaluation, and reporting systems were also frequently included in goals (32 HSCO reports), as well as goals related to QRIS and transition (28 HSCO reports). Each were high priorities that aligned with Regional and Federal initiatives. Though not specified as often, HSCOs also sought to increase access to resources, particularly health services for eligible populations (e.g. communities such as homelessness, foster care, disabilities).

**Graph 1c: HSCO Goal Topics**



Given the range of experience, structure, and priorities within each HSCO, there was a broad range of HSCO work during 2019. As reported in the 2019 HSCO Brief Series which are part of this report, HSCOs worked within comprehensive services across many priorities and topics. Each HSCO employed collaborative processes to drive quality early childhood programming in their state, territory or region. Find more information regarding their work within this brief series.





# 2019 HEAD START COLLABORATION OFFICE BRIEF #2

## *Partnering with State Child Care Systems Emphasizing the Early Head Start Child Care Partnership (EHS CCP) Initiative*

The Head Start Collaboration Offices (HSCOs) serve as a critical connection between the Office of Head Start and early childhood systems in states, territories, and regions. In an effort to grow these partnerships, HSCOs supported the Early Head Start Child Care Partnership (EHS CCP) Initiative which connects child care providers who participate in the Child Care and Development Fund (CCDF) and Early Head Start programs. HSCOs' efforts were driven by the need to improve availability and access to high quality services for infants and toddlers. With the continued expansion of EHS CCPs, the HSCOs have an important role in the programs' successes.

During 2019, the HSCOs integrated the EHS CCP Initiative into their work, either as an independent priority or part of other activities. Although most HSCO mentioned supporting EHS CCP programs within their state, territory, or region, approximately one-third of the HSCOs included specific goals related to EHS CCP in their planning. These goals varied in specificity and the ways they aligned with other goals. Some discussed partnering with state early childhood education systems to focus on EHS CCP or ways to integrate EHS CCP into existing systems. About two-thirds of the HSCOs partnered to address challenges or expand availability of EHS CCP through promotion, grantee training and support, and collaborative planning activities.

### **PROMOTION AND EXPANSION**

HSCOs participated in conversations, site visits, phone calls, and meetings regarding expansion of EHS CCPs. Collaborations focused on stakeholder awareness and education activities to increase interest within the child care community. HSCOs also clarified some of the benefits of EHS CCPs, such as increased child care subsidies as EHS CCPs qualify for higher Quality Rating and Improvement Systems (QRIS) ratings. HSCOs also worked with partners to secure state funding sources from the governor or state legislature to expand state-funded slots in EHS CCP programs.

### **GRANTEE TRAINING AND SUPPORT**

HSCOs worked with state, territory, and regional professional development systems to integrate the nuances of EHS CCP services into training and technical assistance activities. In some states and territories, HSCOs offered advice and resources to support coaching and technical assistance support. These efforts sought to improve EHS CCP quality while increasing capacity to serve more infants and toddlers. Additionally, HSCOs and their partners supported child care partners as they improved QRIS ratings and helped to create alternative pathways within QRIS for EHS CCP programs.



In the District of Columbia, all providers within the EHS CCP grant (15 centers and 19 child development homes or family child care partners) participated in the Capital Quality and the Quality Improvement Network. They were assigned a quality facilitator that works with them on a weekly basis to support their needs, including support with accreditation if needed. The HSCO offer support and participate in meetings as appropriate.

## COLLABORATIVE PLANNING

Licensing, quality, subsidy, enrollment, and Federal match requirements are the EHS CCP challenges discussed in the 2019 reports. HSCOs worked with partners to analyze existing data and address these challenges by:

- developing strategic approaches to support in-kind donation requirements.
- facilitating meetings to improve relationships between partners.
- connecting with referral sources (such as child care resource and referral agencies) to promote recruitment and enrollment.

### SUMMARY

When engaged in EHS CCP work, HSCOs were critical partners in promoting opportunities, increasing access, and creating solutions to support EHS CCP expansion. Ultimately, their work enhanced systems in order to increase the amount of high quality infant and toddler care available to eligible children and their families.



# 2019 HEAD START COLLABORATION OFFICE BRIEF #3

## *Efforts to Engage in State/Territories Data Systems*

The Head Start Collaboration Offices (HSCOs) were designed “to facilitate collaboration among Head Start agencies... and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families” (Improving Head Start for School Readiness Act of 2007). All HSCOs pursue this effort using data to guide conversations and ensure the inclusion of Head Start programs within the broader state early childhood systems.

During 2019, almost all HSCOs engaged in some level of data work, from participation in ongoing communication to leading workgroups, developing resources, and integrating Head Start program data into statewide systems. Approximately two-thirds of the HSCOs reported having regular communication with state data staff. Often, the HSCO served as the Head Start program data expert within these collaborative meetings. They discussed:

- incorporating Head Start program data into state data systems.
- supporting program level staff in accurately collecting data.
- sharing Head Start program data with partners to support planning.

Several HSCOs also reported that data activities were part of the Preschool Development Grant Birth to Five (PDG B-5) activities. HSCOs were active partners in designing systems to gather and analyze data to create the statewide strategic plan, and integrating Head Start program data into the overall discussion.

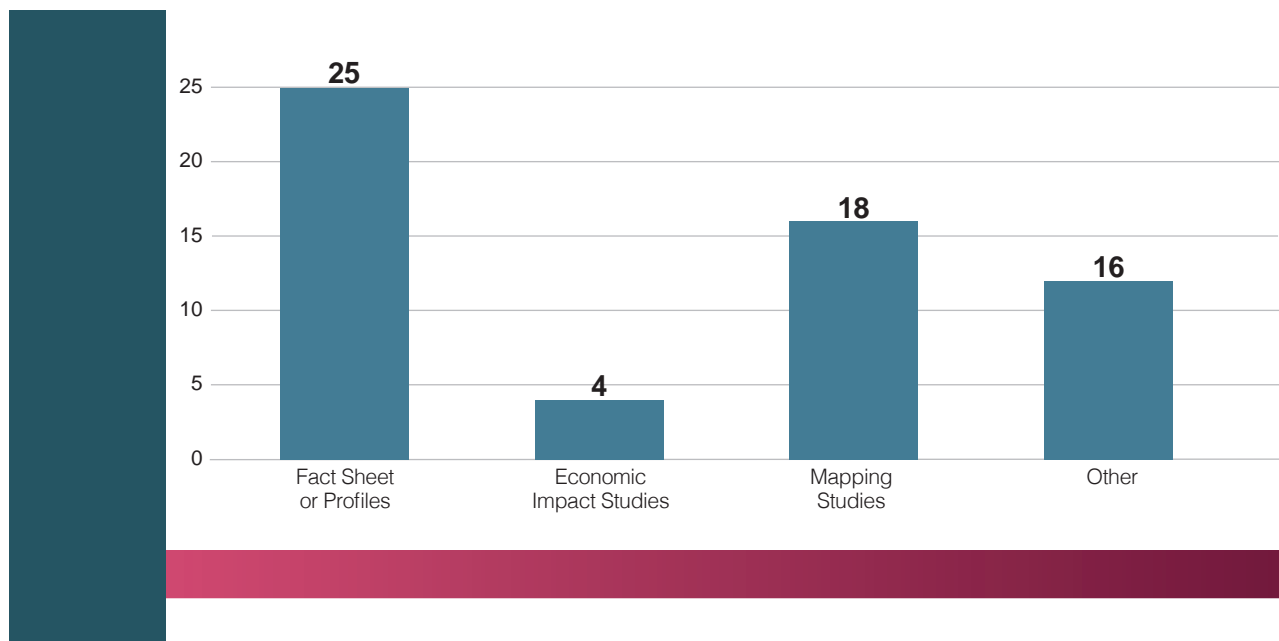
HSCOs’ work to support their states or territories depended largely on the stage of the state’s data systems development— some were still in the planning stages and/or working on ways to ensure inclusion of Head Start program data into statewide systems. Other HSCOs engaged Head Start programs in piloting projects or building out data usage agreements.

## UNIQUE IDENTIFIERS

HSCOs supported efforts to establish or enhance unique identifiers used to analyze child outcomes longitudinally and accurately count children participating in multiple early childhood systems. Unique identifiers helped early childhood programs focus on recruiting eligible children not otherwise served and streamline services for families within the mixed delivery system. Approximately half of the HSCOs engaged in collaborations to support unique identifiers and ensure accurate counts of Head Start program children. They worked with grantees to ensure accurate data collection, as well as to identify and address data management barriers. Where unique identifiers were successfully implemented, HSCOs reported increased stakeholder access to attendance and assessment data, which supported more in-depth planning.

## DATA PROFILES

Data profiles help HSCO partners understand early childhood systems and the ways Head Start programs fit within these systems, while highlighting service area gaps. They serve as tools for strategic planning and a critical resource for understanding how partners can work together better. Approximately 3 out of 4 HSCOs developed or updated data profiles for their state, territory, or region. Of these, the majority were fact sheets or profiles, yet HSCOs also engaged in developing and disseminating mapping studies and other tools (e.g., state needs assessments and directories) (Graph 3a). A few HSCOs participated in economic impact studies. Often, development of data products was part of PDG B-5 activities where HSCO partnered.

**Graph 3a: Types of Data Products Developed or Updated by HSCOs**

HSCOs efforts focused on ensuring accuracy, innovation, and comprehensiveness in data profiles. They engaged stakeholders when appropriate to ensure these resources accurately shared their stories. In mapping studies, HSCOs supported their teams to use “google mapping” and other geo-mapping strategies to ensure Head Start programs were available alongside other early childhood education programs. Mapping also was used to understand under-enrollment within various Head Start programs and support transition to Kindergarten. HSCOs included layers with demographic information (e.g., income, race, urban/rural) to match need to supply. They also worked with partners to examine services to eligible populations including families experiencing homelessness.

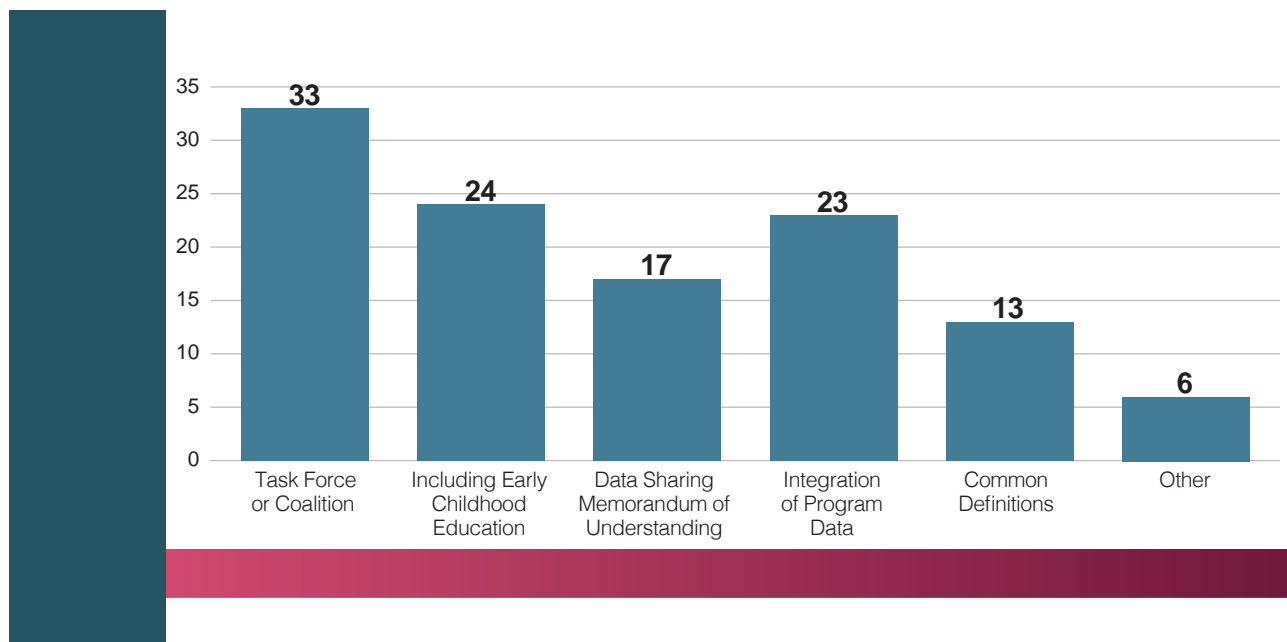


The Georgia HSCO includes a data staff position who attends the Georgia Head Start Association (GHSA) Data Committee meetings on a quarterly basis to share data information at state, national, and census tract level to inform agency community assessment practices. This staff person also helps the HSCO conduct the annual needs assessment for the state and helps develop the report for the GHSA.

## DATA SYSTEM CONTRIBUTIONS

To ensure the inclusion of Head Start programs in state and territory data systems, HSCOs engaged in a wide range of activities with collaborative partners (Graph 3b). Approximately 2 out of 3 HSCOs participated in task forces or coalitions to coordinate statewide early childhood data or integrate it into larger state longitudinal data systems. One out of 3 HSCOs engaged in developing or enhancing Memoranda of Understanding (MOUs) to share data, with several creating new data sharing agreements.

**Graph 3b: Development of State Data and Other Data Systems**



Participation in collaborative workgroups was either pre-existing in the state, organized through the state’s early childhood advisory committee, or part of the state’s PDG B-5 work. Several HSCOs participated in data governance activities through these task forces, but most focused on ensuring early childhood was included in larger data systems. HSCOs efforts increased awareness of Head Start program data not currently in state systems (e.g., PIR data regarding families who were homeless, Head Start program services, enrolled parent employment, etc.). HSCOs also responded to requests for specific data.

Additionally, HSCOs used MOUs as opportunities to focus on greater engagement of grantees, better collaboration at the state/territory level, and increased access to more data sources. Specific data activities included:

- developing state policies and procedures for the data system to ensure a seamless data collection and dissemination process with future work focused on increasing access to data for families.
- collecting and analyzing specific data about special populations (e.g., children experiencing homelessness).
- building streamlined referral systems to expedite referrals between partners.
- supporting more efficient comprehensive systems by including all of the relevant community services.



In Massachusetts, the DRIVE Initiative focused on gathering developmental screening of children ages 0-5 from the time of a child’s hospital departure through school entry to understand developmental progress over a child’s lifetime. DRIVE partners with Early Head Start/Head Start programs who are completing developmental screening using the Ages and Stages Questionnaire (ASQ) and Ages and Stages Questionnaire: Social Emotional (ASQ:SE) by providing screening materials, training, ongoing technical assistance, and real time access to aggregate program data. The project supports ongoing data collection, referrals for services, and family engagement.

**SUMMARY**

Ongoing HSCO support of data systems within each state led to more access to comprehensive information about eligible children and families. Through collaborative efforts, HSCOs and their partners engaged in data-informed strategic planning to improve access to and the quality of early childhood programs.

# 2019 HEAD START COLLABORATION OFFICE BRIEF #4

## *Supporting the Expansion and Access of High-Quality Workforce and Career Development Opportunities for Staff*

Enhancing the quality of the early childhood education workforce is a significant priority in all states, territories, and regions. The Head Start Collaboration Offices (HSCOs) coordinate, engage in, and lead partnership activities to connect Head Start program professionals with workforce and career development activities. In 2019, all HSCOs reported collaborations to expand and increase access to high quality workforce and career development opportunities.

### STATE POLICY WORK

Approximately 2 out of 3 HSCOs reported partnerships that informed and educated state policy actions on professional development issues. The most frequently reported work was system development which focused on a broad range of topics from recruitment and retention to connections with local funders.

#### HSCOs engaged in:

- recruitment/retention, compensation, and alternative career pathways.
- connecting monitoring systems for Head Start/Early Head Start with licensure, Quality Rating and Improvement Systems (QRIS), and pre-kindergarten.
- self-assessment and reconceptualization of professional development systems.
- connections to local funders (businesses and foundations) to support grants.

Approximately 1 in 3 HSCOs partnered with others to inform state legislation regarding educational requirements for early childhood education professionals. HSCOs worked with others to address and improve preservice, credentialing, and professional development requirements. Other work that HSCOs cited varied from promoting career development through structured initiatives to basic recommendations for overall workforce development.

### PARTNERSHIPS WITH HIGHER EDUCATION

HSCOs partnered with institutes of higher education and other professional organizations to enhance access to and the quality of professional development systems within the states. While the work focused on higher education, other partners (including government departments/agencies, professional organizations, and non-profit/advocacy groups) influenced project planning, implementation, and outcomes. Work addressed credentials and certificates, degree programs and coursework, and professional competencies.

Collaboration involved ongoing meetings to identify innovations, coordinate work, and streamline pre-service and ongoing professional development for the early childhood workforce. Overall, approximately 2 out of 3 HSCOs indicated they met or communicated regularly with higher education partners. Meetings were both individual and part of statewide higher education workgroups. Additionally, some HSCOs were members of professional development advisory groups. When participating in meetings with other organizations, the HSCOs offered Head Start program information and perspective. Meetings resulted in cross-agency solutions including:

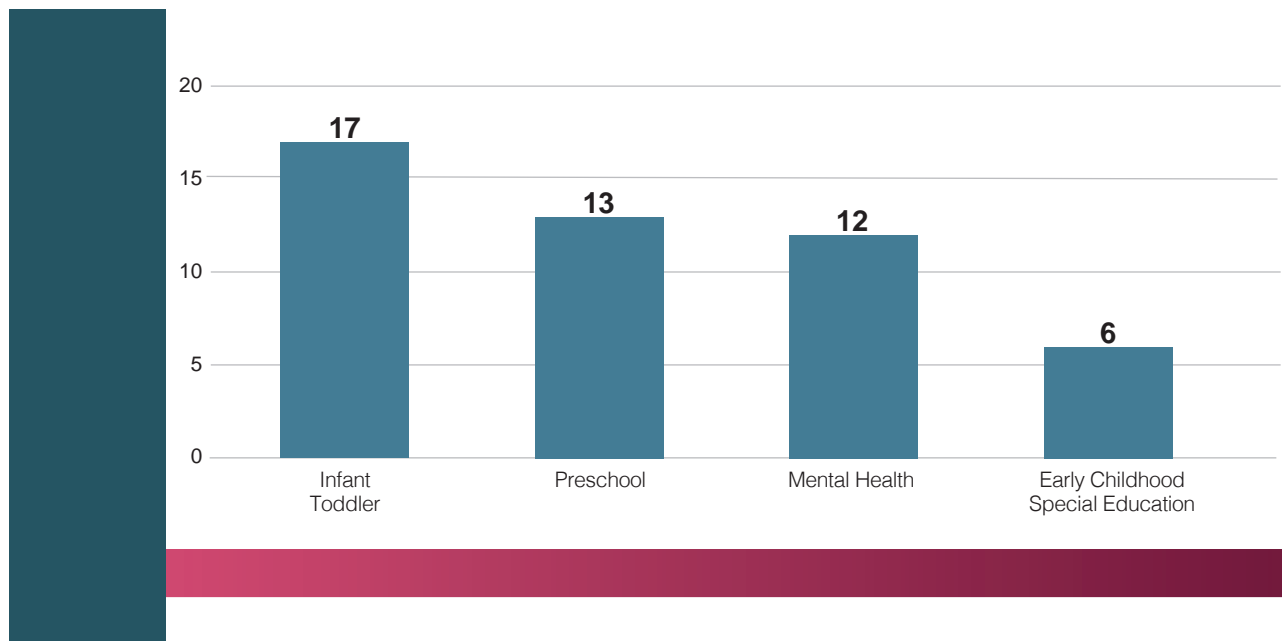
- consultation models,
- contracts with higher education,
- career pathways,

- professional development hubs,
- dissemination of T.E.A.C.H. and WAGE\$ funding,
- recruitment and retention,
- credentialing, and
- culturally and linguistically responsive practices.

## DEVELOPMENT OR REVISION OF STATE CREDENTIALS OR CERTIFICATES

Slightly less than half of the HSCOs partnered to support the development or revision of state credentials or certificates. More HSCOs engaged with partners to support infant toddler certificates than preschool, mental health, or early childhood special education (graph 4a). Yet, about 1 in 4 HSCOs partnered on preschool and mental health certificates.

**Graph 4a: Development/Revision of State Credential/Certificate**



### HSCO activities included:

- participation in task forces and listening sessions.
- collaborative development of credential and wage recommendations.
- data sharing to inform development/revision activities for career and workforce development.
- collaborative development of social services competencies and certifications.



The Florida HSCO collaborated with the Florida Head Start Association and Tennessee State University to implement the Social-Services Competency Based Certification Training (SSCBT) to increase quality Family Services workforce.

## DEVELOPMENT OR REVISION OF A DEGREE PROGRAM

Approximately 1 out of 6 HSCOs engaged in collaborative activities to develop or revise degree programs. Nine HSCOs focused on associate’s degrees while 5 worked on baccalaureate and 2 on master’s degrees. HSCOs helped to convene institutions of higher education (IHEs) to review and coordinate coursework, monitor career pathways, and/or develop articulation agreements. A few HSCOs worked with specific IHEs to develop and gain approval for degree programs. Finally, 2 HSCOs served as guest lecturers at IHEs to share information about Head Start programs and early care and education.

## DEVELOPMENT OR REVISION OF ONLINE COURSEWORK OR DEGREE

As a means of increasing the workforce and ensuring early childhood providers have training needed to provide high quality services, 1 out of 3 HSCOs engaged with state partners to develop or revise online coursework or degree programs. This work improved early childhood educators’ access to workforce and career development programming. Thirteen HSCOs focused on infant toddler online coursework or degree programs; nine of them also focused on preschool. HSCOs worked in partnership to plan and implement courses, as well as identify resources and partnerships to increase access to online courses. Several HSCOs also reported engagement in EarlyEdU programs as advisors, coordinators, or information dissemination supports.

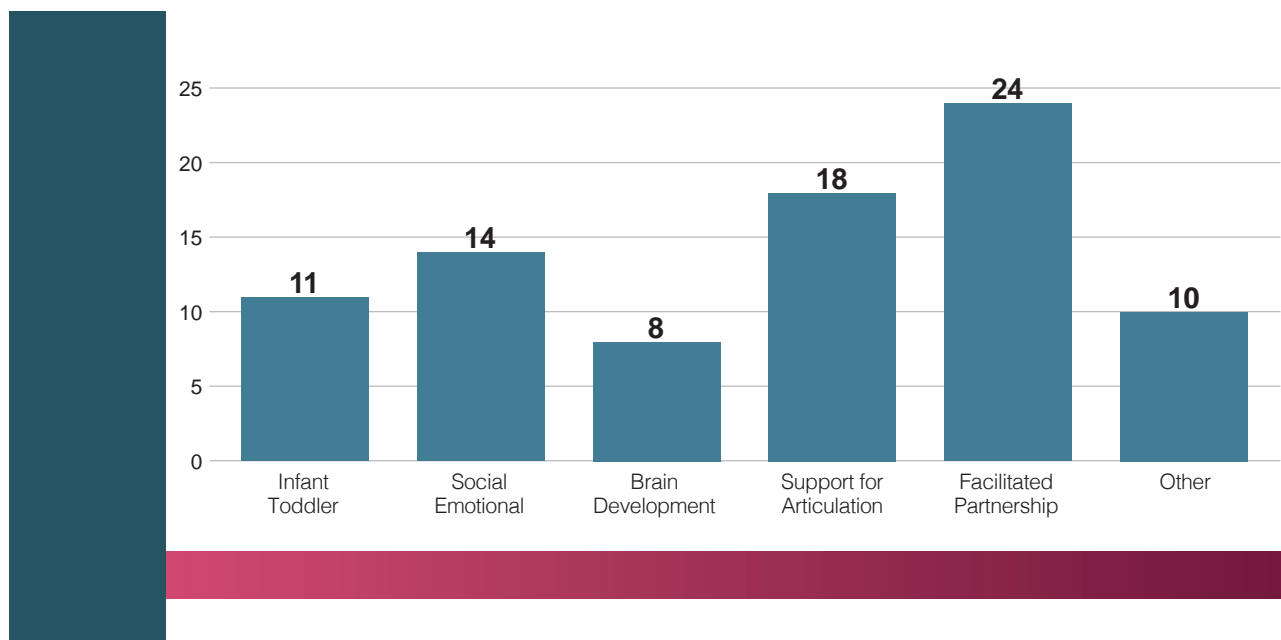


In Iowa, the HSCO reported their collaboration to support Northwestern College’s new online Bachelor Degree program in Early Childhood Education which enrolled 45 students, 5 of whom are Head Start program staff. The BA degree includes a number of EarlyEdU courses and supplementary material also being used by four community colleges. Both BAs and AAs in Early Childhood Education are available online anywhere in the state and supported by T.E.A.C.H. scholarships.

## INVOLVEMENT IN ENHANCEMENT OF COURSEWORK

Approximately 3 out of 4 HSCOs partnered with others to enhance coursework. Most facilitated partnerships or supported articulation agreements (Graph 4b). Coursework enhancements integrated social emotional development, positive behavioral supports, and health and safety content. Additionally, HSCO partnerships connected QRIS systems, teacher induction programs, state/territory professional development systems, and the Early Childhood Learning and Knowledge Center (ECLKC) to increase the quality of courses.

**Graph 4b: Enhancement of coursework**





HSCO partnerships also sought to increase access to coursework by providing scholarships. Several HSCOs reported work with the T.E.A.C.H. scholarship program which helps working early childhood professionals increase their levels of education and compensation by earning credits, credentials and degrees. HSCOs participated in advisory workgroups, launched state programs, raised awareness, and sought to expand the program within their state. Alongside T.E.A.C.H., some integrated the WAGE\$ program to supplement coursework costs.

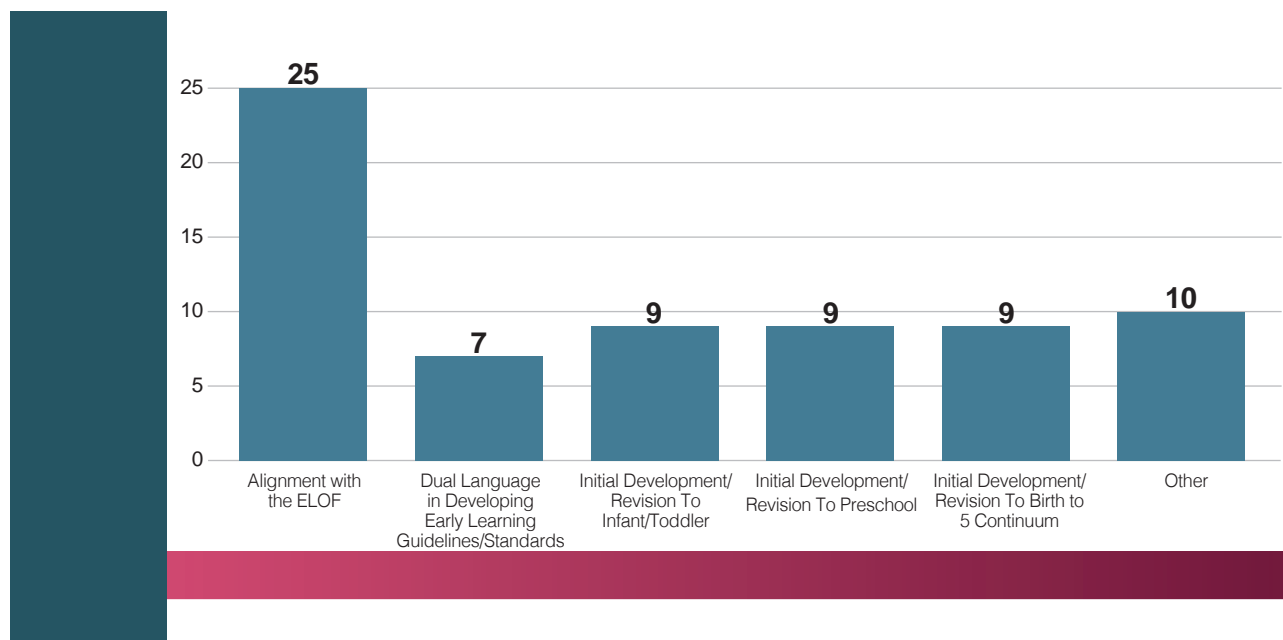
HSCOs also worked with partners to increase articulation agreements between IHEs and state administrators to improve access. The effort sought to connect credits across programs to decrease both the time and cost required to attain credentials and degrees.

The MSHS HSCO worked with Purdue University Fort Wayne and South Texas College to formalize an articulation agreement between the Early Childhood Education (ECE) programs. Teachers would be able to transfer credits across universities to earn a BA degree. The HSCO partnered with Purdue to recruit teachers from MSHS whose seasonal work moves them between Indiana and Texas to participate in the online program.

## DEVELOPMENT AND/OR IMPLEMENTATION OF EARLY LEARNING GUIDELINES OR STANDARDS

Approximately 2 out of 3 HSCOs worked with partners to develop and/or implement State Early Learning Guidelines or Standards (ELG/S) in 2019 (Graph 4c). Almost all states have developed Early Learning Guidelines, so much of the work of the HSCOs focused on revising or updating them. Most HSCOs helped to align them with the Head Start Early Learning Outcomes Framework (ELOF). Several were also involved in integrating Dual Language Learners into Guidelines or Standards.

**Graph 4c: Development/Implementation of Early Learning Guidelines/Standards**



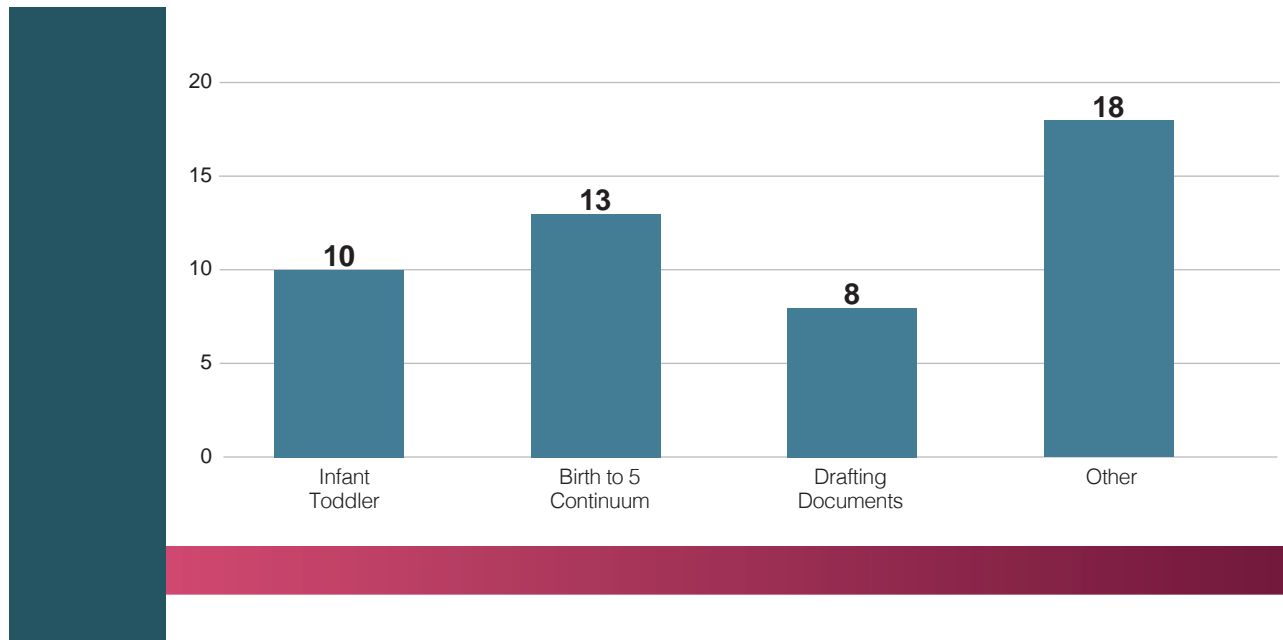
### HSCO partner activities:

- extended or aligned the state ELG/S with K-12 systems to reach beyond early childhood.
- expanded the state ELG/S content to include specific social emotional or disabilities content.
- developed and disseminated crosswalks in print and through digital platforms.
- supported the creation of professional development systems to support ELG/S implementation.

## DEVELOPMENT AND IMPLEMENTATION OF CORE KNOWLEDGE AND COMPETENCIES FOR PRACTITIONERS AND PROFESSIONALS

More than half of the HSCOs participated in development and implementation of Core Knowledge and Competencies (CKCs) for practitioners and professionals. Most collaborations focused on CKCs for the birth to five continuum (Graph 4d).

**Graph 4d: Development/Implementation of Core Knowledge and Competencies for Practitioners/Professionals**



### HSCOs participated in:

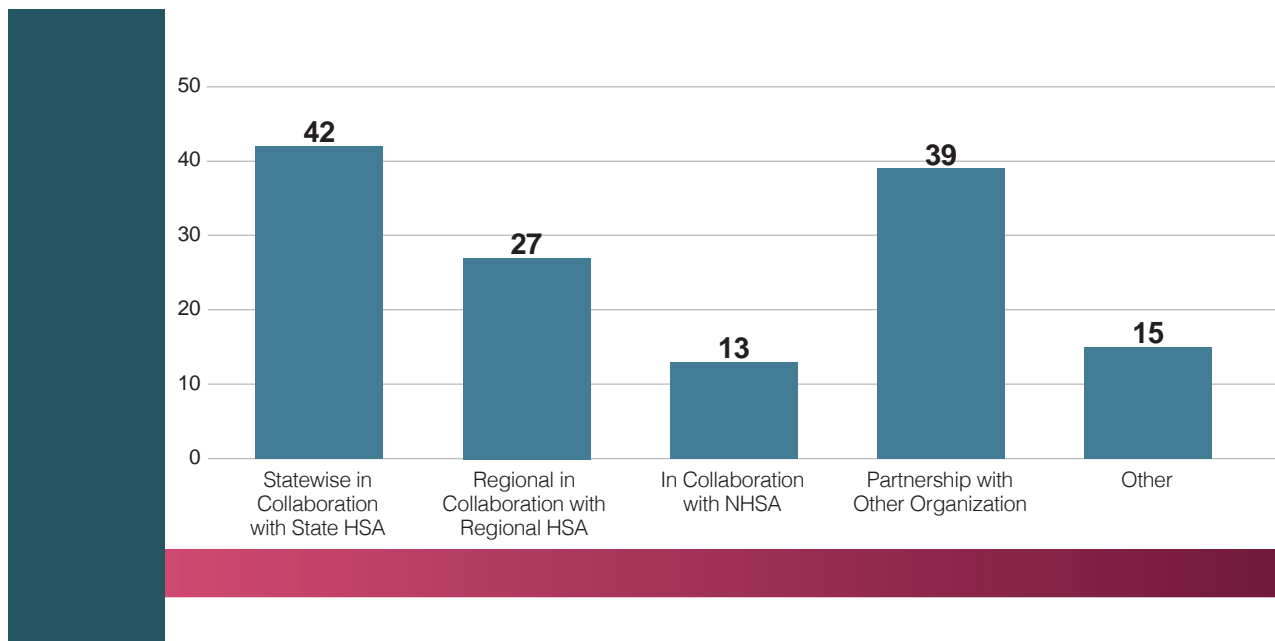
- statewide advisory groups or taskforces on CKCs.
- CKC pilot programs with partners such as ZERO TO THREE.
- Writing workgroups to draft infant toddler competencies.

HSCOs helped to create career lattices for CKC levels, state certifications, and QRIS. They also strategized ways to increase diversity (particularly bilingual teachers) in the workforce through the state career development pipeline. Several HSCOs emphasized the value of professional specialization by partnering to develop or revise CKCs and professional pathways to include leadership, infant and early childhood mental health consultants, family support workers, home visitors, and coaches. Finally, they partnered to create modules that supported professionals in reaching CKCs and developed relationship-based competencies for professional development.

## FACILITATING CONFERENCE OR TRAINING ACTIVITIES

Most HSCOs supported the provision of professional development during 2019. Almost all HSCOs partnered with State Head Start Associations. They also partnered with their Regional and National Head Start Associations as well as other conference or training organizations and other types of organizations (Graph 4e). Collaborators other than the Head Start Associations (HSAs) ranged widely from state level departments, other professional organizations (including National and State Association for the Education of Young Children, Start Early, ZERO TO THREE), and partners with specific expertise (e.g., community level data, mental health, homelessness, assessment/evaluation tools, etc.).

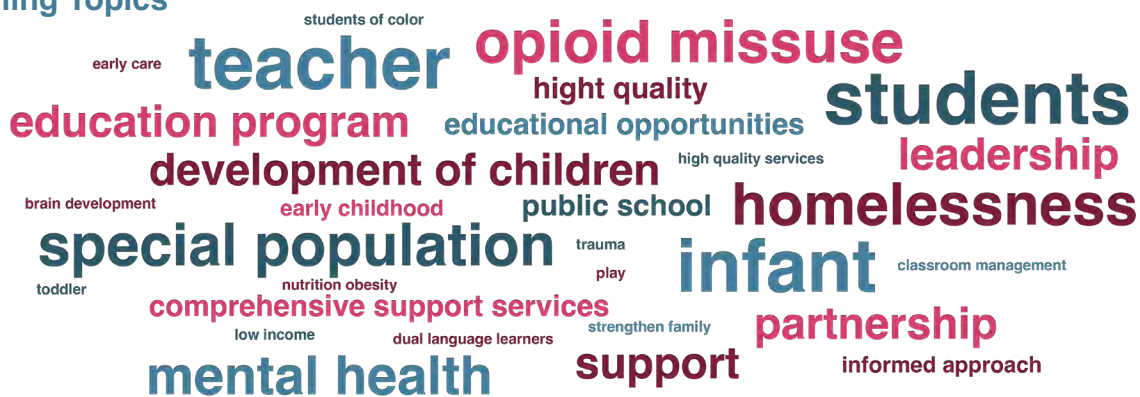
**Graph 4e: Facilitating Conference or Training Activities**



In Ohio, the HSCO partnered with the Ohio AEYC to establish Power to the Profession Network. The Network creates the opportunity for like-minded early childhood professionals to form a community of learners designed to encourage critical thinking, share resources and opportunities, and provide peer support for continuous learning. In 2019, the Network offered six early childhood leadership network meetings, three state public policy update video conference calls and three professional development update video conference calls.

Specific training topics within these collaborative professional development experiences integrated the breadth and depth of Head Start program comprehensive services and management systems.

**Training Topics**



The HSCOs also partnered to increase access to conferences and training activities for Head Start program management and staff, including:

- national (the Pyramid Model and Project Launch), regional (the Early Childhood Tribal Language Initiative), and local (the DC Quality Improvement Network) initiatives.
- formal and informal agreements to provide free access to Head Start programs, planned ongoing and intensive professional development activities.
- statewide professional learning “hubs”.
- topical summits/conferences on prominent Head Start program issues (school readiness, social and emotional development, and opioid misuse).

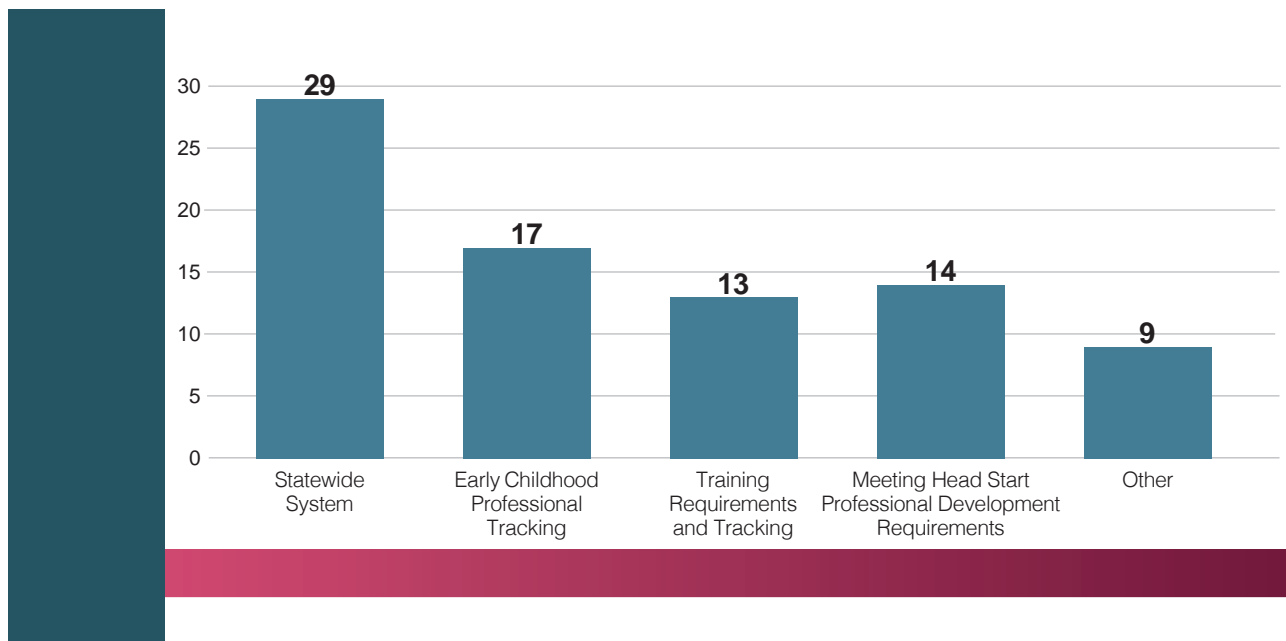


The New Hampshire HSCO maintains a Memorandum of Agreement with the Division of Children, Youth, and Families to access professional development activities (e.g., on-line workshops/courses, in-person training) free of charge. Additionally, the HSCO coordinated with the Region I TTA network to make all trainings available on the website while helping make grantees aware of professional development offerings.

## DEVELOPMENT AND/OR IMPLEMENTATION OF PROFESSIONAL DEVELOPMENT REGISTRY

Two out of three HSCOs conducted work to develop and/or implement the State Professional Development Registry. Most efforts focus on statewide systems, followed by early childhood professional tracking, meeting Head Start program professional development requirements, and trainer requirements and tracking (Graph 4f).

**Graph 4f: Development/Implementation of Professional Development Registry**



HSCO efforts strove to capture various professionals in registries and represent the diversity of expertise available. HSCOs partnered to create complementary systems including statewide professional development, the Pyramid Model, and the ECLKC. When appropriate, HSCOs engaged in multi-state Professional Development Registry activities.



The Washington HSCO worked with the Region X Training and Technical Assistance (TTA) Network and staff from the Division of Children, Youth, and Family's Professional Development office to develop a process for TTA staff to be approved as trainers in Washington's Professional Development Registry (MERIT). As a result, Head Start grantees can record training provided by TTA in MERIT to count towards their annual training requirements for child care licensing, Early Achievers (QRIS), and Head Start programs.

## SUMMARY

The wide range of collaborative activities conducted by the HSCOs promoted career and workforce development. Through their partnerships, HSCOs worked to increase access to education and training for aspiring professionals while promoting workforce development and career advancement for current program staff.

# 2019 HEAD START COLLABORATION OFFICE BRIEF #5

## *Collaborating with State Quality Rating and Improvement Systems (QRIS)*

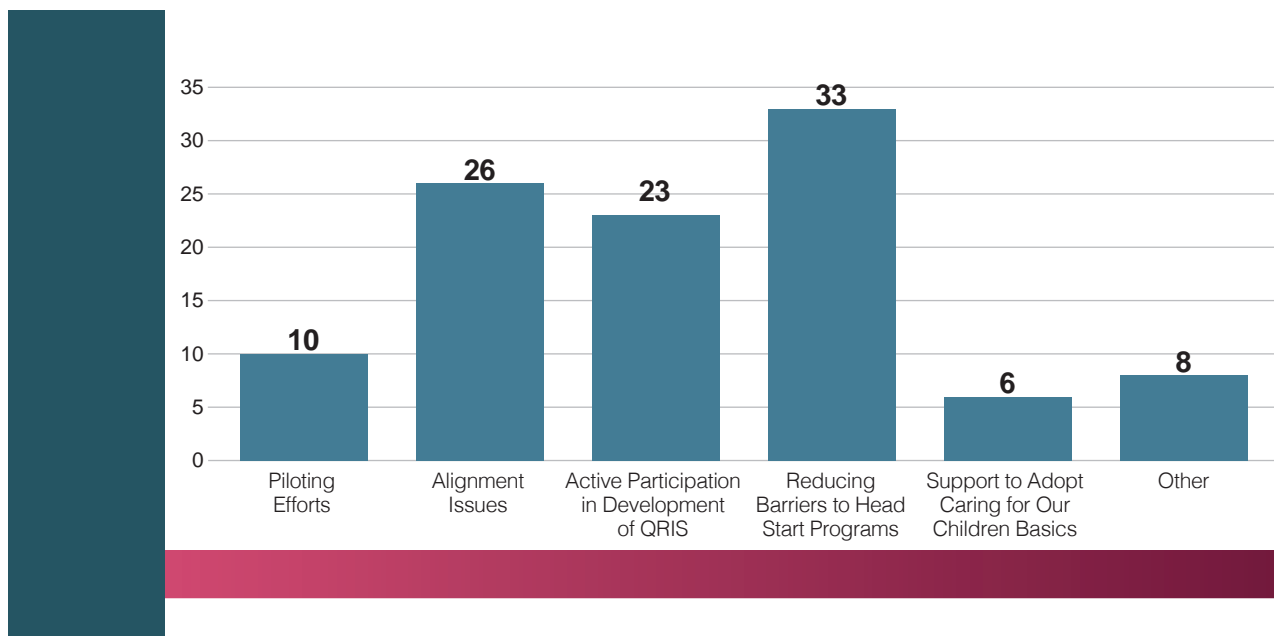
The Quality Rating and Improvement Systems (QRISs) serve as quality measures within each state, as defined by the state early childhood leadership. These systems can be complementary to the Head Start Program Performance Requirements (HSPPS), but at times requirements for program participation create challenges. During 2019, Head Start Collaboration Offices (HSCOs) sought to develop, implement, revise, and promote the QRIS to ensure Head Start program representation and promote early childhood quality.

Approximately 2 out of 3 HSCOs participated in regular meetings or communication with other ECE staff regarding QRIS systems. Regular communication included:

- meetings regarding oversight and revision of the systems.
- aligned messaging, communications, web-based resources, and rollout to target Head Start/ Early Head Start programs and families.
- discussion of use of Head Start program monitoring results in the QRIS level determination.
- inclusion of evidence-based content (Caring for Our Children and the Pyramid Model).
- representation of the Head Start program voice.

Almost all of the HSCOs partnered in developing, revising, aligning, or implementing QRIS (graph 5a). Two out of three HSCOs partnered to reduce barriers to Head Start program involvement and 1 out of 4 addressed alignment issues in efforts to increase the number of Head Start grantees participating in QRIS.

**Graph 5a: HSCO QRIS Tasks**



## **DEVELOPMENT AND REVISION**

One out of 5 HSCOs helped with revisions to QRIS, while only 3 HSCOs reported supporting the development of initial QRIS. They educated state partners about the quality measures within the Head Start programs and helped to create alternate pathways for Head Start program participation. They also supported stakeholder engagement to ensure Head Start program voices were represented and participated in validation studies to examine quality within QRIS indicators.

## ALIGNMENT

When working with state partners on the QRIS, 1 out of 5 HSCOs served as the expert on the Head Start Program Performance Standards, collaborating to integrate it alongside other regulations/laws, data and accreditation systems. They also helped to connect Head Start program monitoring findings and/or Classroom Assessment Scoring System (CLASS) scores to QRIS criteria, simplifying the process for Head Start program participation.

## IMPLEMENTATION

HSCOs helped promote QRIS to increase Head Start program involvement. They tracked Head Start program participation in QRIS and identified barriers to participation, then partnered to identify solutions to support programs. Approximately 1 out of 5 HSCOs provided or connected programs to information that included Head Start program participation in QRIS. In some states where quality is determined at the local level, HSCOs connected Head Start programs to local partners to help them participate in these initiatives. In states with successful QRIS, HSCOs reported high rates of Head Start program participation (three quarters to full participation). Finally, HSCOs provided professional development resources to help programs meet criteria within higher tiers of the QRIS system.



In Montana, the HSCO participates in the Coaching Workgroup which engages in conversations about Coaching in STARS to Quality. The workgroup focused on how to change the state coaching system to best meet provider needs. As a partner in this effort, the HSCO offered EarlyEdU as a QRIS professional development tool and support for the state coaching model.

## SUMMARY

Coordination within state QRIS was a high priority for many HSCOs as they sought to increase Head Start program participation and access to resources to promote quality. HSCOs brought a Head Start program perspective to statewide discussions, encouraging recognition of existing quality measures in Head Start programs and promoting incentives for programs to engage in the state QRIS systems.



# 2019 HEAD START COLLABORATION OFFICE BRIEF #6

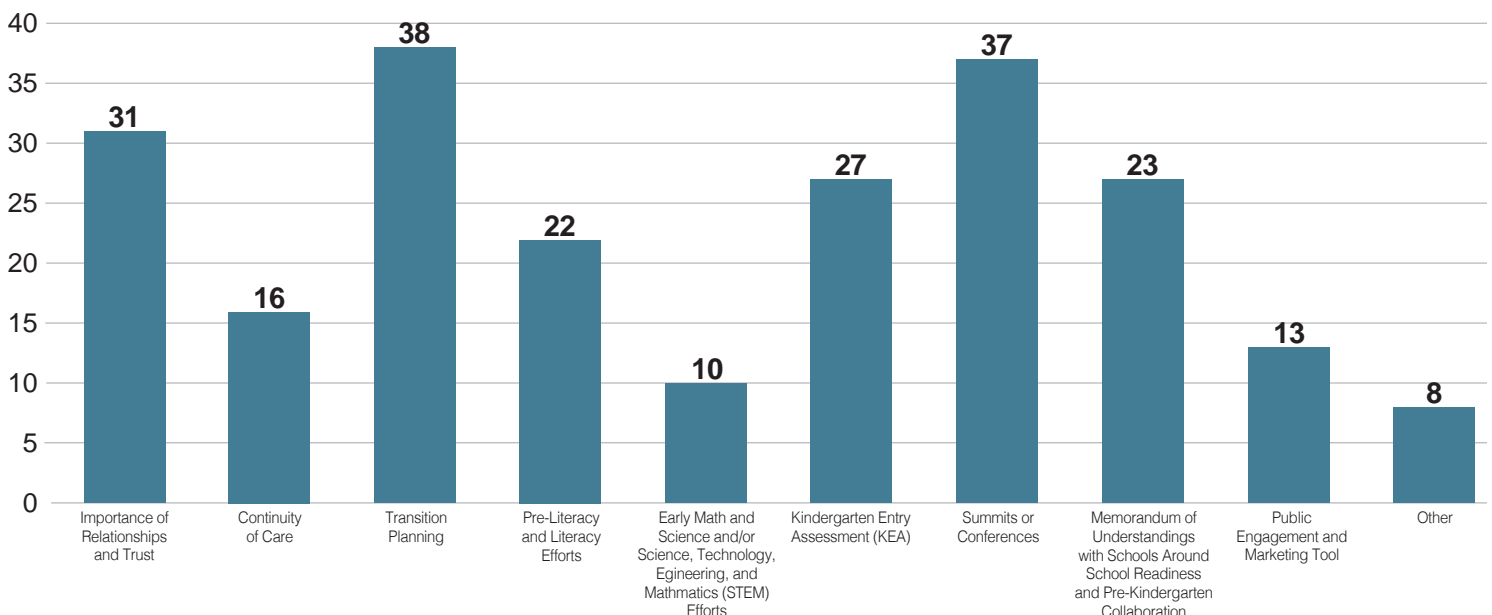
## *Working with School Systems to Ensure Continuity between Head Start Programs and Kindergarten*

All Head Start Collaboration Offices (HSCOs) are deeply engaged in the Office of Head Start's mission to prepare children and families for school through comprehensive services and coordinated approaches. As organizations set within state, territory, and regional systems, they are uniquely capable of supporting quality.

### INVOLVEMENT IN SCHOOL READINESS ACTIVITIES

All HSCOs participated in school readiness efforts within their state, territory, or region. Most participated in transition planning with 3 out of 4 HSCOs supporting transitions (graph 6a). Approximately 2 out of 3 HSCO efforts involved summits/conferences or working to building relationships and trust with receiving K-12 systems.

**Graph 6a: HSCO involvement in promotion of school readiness efforts**



HSCO have provided significant support to early childhood education programs through:

- relationship building with school district partners to support coordination, transitions, and comprehensive services.
- parent and grantee education about specific screening tools and school readiness activities.
- integration of evidence-based programs to improve literacy; science, technology, engineering, and mathematics (STEM); and other domains of the Head Start Early Learning Outcomes Framework (ELOF).
- data collection and analysis to identify the status, successes, and challenges of school readiness.
- dual language and culturally responsive approaches such as the WIDA Early Years Consortium.
- promotion of trauma-informed practices.
- broader alignment among multiple systems within the state.
- a focus on eligible populations including foster care and homelessness.

In some states, school readiness work was part of the Preschool Development Grant Birth to Five (PDG B-5), foundation supported initiatives, and other Federal grant opportunities.

## INVOLVEMENT IN PRE-KINDERGARTEN ACTIVITIES

Meeting and/or communicating regularly with state pre-kindergarten staff helped to build relationships, share information, and include Head Start programs in larger school readiness conversations. Some meetings were part of the PDG B-5 initiative to promote Head Start programs involvement in mixed delivery systems. Others focused on collaboration barriers between Head Start programs and state pre-kindergarten systems. HSCOs offered information about Head Start programs to support inclusion in broader state plans, while sharing specific issues such as:

- blended/braided Head Start program and pre-kindergarten settings.
- communication/collaboration between local programs and Local Education Agencies (LEAs).
- professional development efforts including mentor coach training.
- program performance.
- awareness of partner programs.
- a focus on high need areas.

Similar to school readiness efforts in general, almost every HSCO reported participation in pre-kindergarten activities, with most HSCOs engaged in partnerships. Often these efforts were to build partnerships between local Head Start programs and LEAs to enhance or expand pre-kindergarten opportunities. Some HSCOs focused on negotiating statutory guidelines and requirements to remove barriers to collaboration. Approximately 1 in 3 HSCOs supported activities including helping communities manage multiple funding streams. By reviewing funding requirements, HSCOs coordinated efforts to simplify the fiscal constraints within partnership processes. Statewide pre-kindergarten programs also sought to expand Head Start programming through state funded options, encouraging expansion of partnerships with federally funded programs.



In New Jersey, the governor sought to expand pre-kindergarten throughout the state. The HSCO focused on coordinating collaborative conversations with Head Start programs and School Districts to support partnerships that utilize both the Federal funding from the Office of Head Start and the statewide pre-kindergarten funding opportunities.

Other HSCOs helped to select pre-kindergarten pedagogical approaches, curriculum, and training. Several HSCOs conducted data analysis with partners to monitor progress towards statewide goals for school readiness and develop pre-k solutions.



The Illinois HSCO worked with state partners to ensure areas already served by Early Head Start/Head Start programs are not oversaturated with state pre-kindergarten options while gaps exist in other areas. Additionally, the HSCO worked on coordinated intake systems and training regarding layered funding for mixed delivery systems.

## COLLABORATIONS WITH K-12 AND TRANSITION ACTIVITIES

To support school readiness and streamline transitions into K-12 systems, HSCOs interfaced with state K-12 staff on a regular basis. They participated in meetings, held positions funded through the State Department of Education, and made intentional efforts to maintain communication. More than half of all HSCOs engaged in

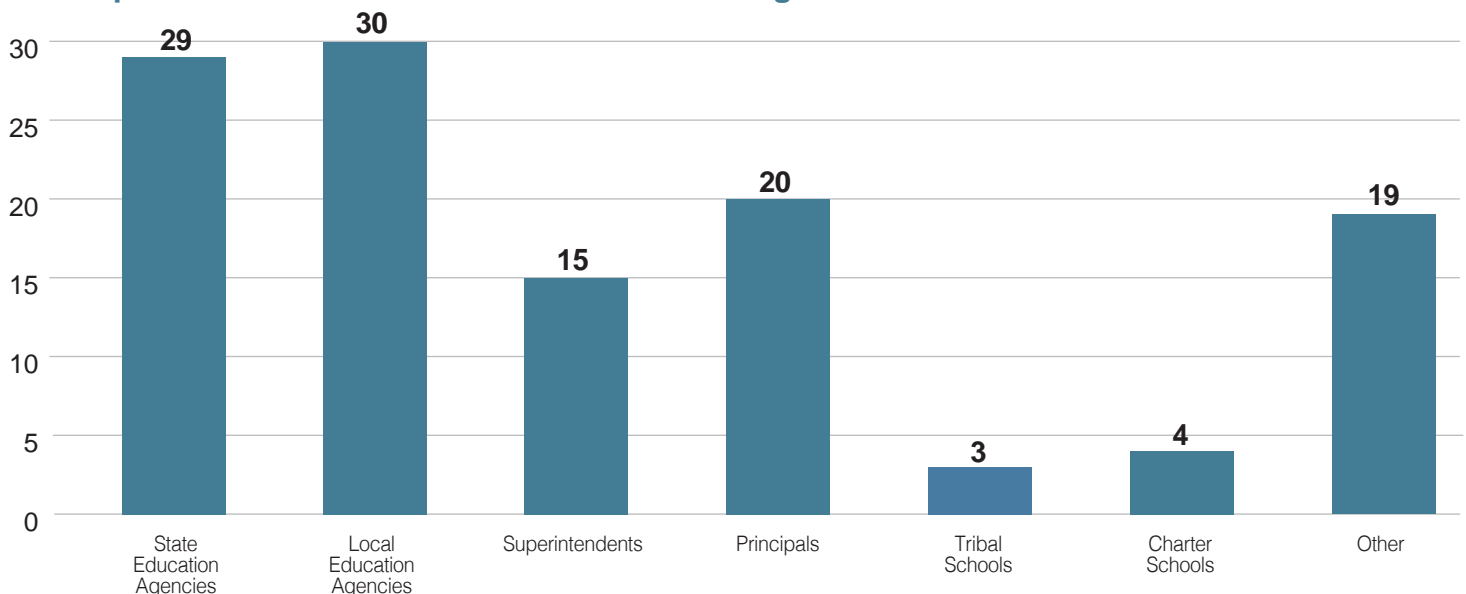


regular contact with K-12 staff (note: most of these HSCOs are housed in the State Department of Education). Ongoing communication led to:

- participation on state leadership teams and committees with K-12 staff.
- coordinated efforts between Head Start programs and LEAs to:
  - align goals,
  - develop/improve MOUs,
  - provide information on coordination requirements,
  - discuss early childhood screening, and
  - support relationship and trust building.
- presentations about requirements, transition, and collaborative relationships.
- increased awareness of the role of school boards, Head Start programs, and public schools to enhance transitions into school systems.

The majority of HSCOs partnered with either the LEAs or State Education Agencies (SEAs) within their state, territory, or region to support transitions (Graph 6b). Superintendents and principals were also significant partners.

**Graph 6b: HSCO Partners in Transition Planning**



#### Other partners included:

- organizations representing families experiencing homelessness,
- community-based programs,
- libraries,
- professional and government organizations,
- private schools,
- tribal grantees,
- Title I programs/offices,
- school boards, and
- migrant education offices/representatives.

Conferences and summits for local programs and LEA staff to promote effective transition practices were often the result of HSCOs work with their partners. Practical solutions related to transition and conversations about larger systemic issues at the state and local levels were all parts of the implementation efforts. Ultimately HSCO partnership work led to:

- analysis of transition data.
- development of statewide transition plans.
- audit of local collaborations.;
- pilot systems in local communities.
- policy recommendations at the request of the Governor and/or the State Advisory Council.



The Hawaii HSCO developed a crosswalk of transition policies and practices across Head Start/Early Head Start grantees to inform a potential Memorandum Of Understanding (MOU) with the Department of Education to support statewide transition policies. Additionally, the HSCO continued to administer the “Pre-Plus Child Development Services Contracts” to Head Start grantees to support high quality transitions.

## SUMMARY

As a partner in conversations about school readiness and pre-kindergarten expansion, HSCOs ensured that the Head Start program perspective was represented as an influential partner. By addressing some of the most critical components of birth to five services within state mixed delivery systems, HSCOs were able to make progress to remove funding and partnership barriers, improve service area gaps, and promote effective transitions.



# 2019 HEAD START COLLABORATION OFFICE BRIEF #7

## *Early Education Systems Outside of Quality Rating and Improvement Systems*

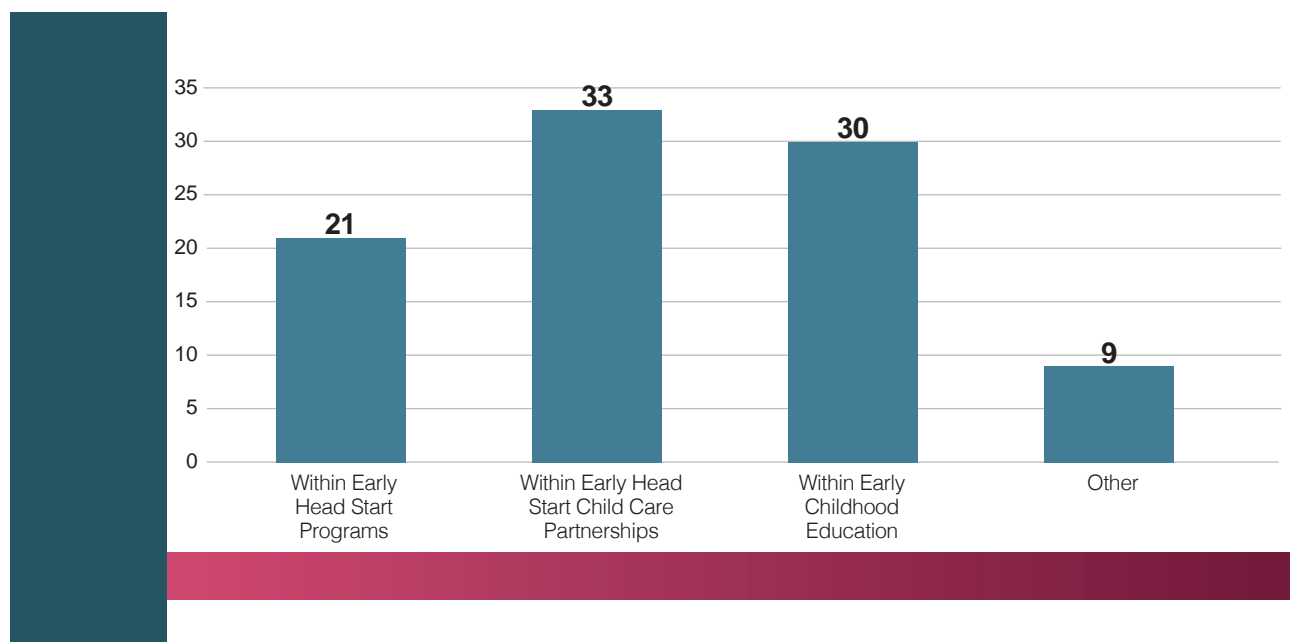
Each of the Head Start Collaboration Offices (HSCOs) coordinates within the broader early childhood environment, working with partners beyond the Quality Rating and Improvement Systems (QRIS). These partners include child care systems (including family child care), home visiting, and other general and special education systems. Because each system has different requirements, needs, and challenges, ongoing HSCO engagement helps streamline early childhood services and brings a Head Start program perspective to strategic planning within each state, territory, and/or region.

Ongoing communication allows HSCOs to monitor and prioritize early childhood activities so they can ensure Head Start programs are represented across the early childhood mixed delivery systems. Almost all of the HSCOs reported ongoing communication with child care staff. Several also indicated meeting and communicating with other Early Childhood Education (ECE) professionals including health, disabilities, literacy, advocacy, faith-based, and social services professionals. Organizational design and/or physical co-location, engagement in the State Advisory Council, and participation in the Preschool Development Grant Birth to Five (PDG B-5) grant program facilitated ongoing information sharing and collaborative problem-solving. Partners and the topics they discussed sought to address needs that included child development, program management, quality improvement, and comprehensive services.

### EFFORTS TO INCREASE QUALITY INFANT AND TODDLER SPACES

Approximately 4 out of 5 HSCOs participated in efforts to increase quality infant and toddler spaces within Early Head Start programs, Early Head Start Child Care Partnerships (EHS CCPs) (see Brief #2), early childhood education, and other environments. The most common expansion opportunity was EHS CCPs, followed by early childhood education settings and Early Head Start programs (Graph 7a).

**Graph 7a: Efforts to Increase Quality Infant and Toddler Spaces**



HSCOs also indicated supporting expansion of infant toddler spaces through PDG B-5, family child care networks, and mixed-age preschool. A few HSCOs reported coordinated efforts to raise Child Care and Development Fund (CCDF) rates or the WAGE\$ fund to incentivize EHS CCPs. Others reported converting slots from Head Start programs to Early Head Start programs and focusing on a fatherhood initiative to recruit teen parents. Collaboration with an Infant/Toddler Specialist Network was another important strategy to expand infant toddler services.

## CROSSWALKS OF CHILD CARE LICENSING AND THE HEAD START PROGRAM PERFORMANCE STANDARDS (HSPPS)

Slightly less than half of the HSCOs reported progress on connecting child care licensing to the Head Start Program Performance Standards (HSPPS) in 2019. Approximately one quarter of HSCOs indicated being in discussion, another quarter started the process and one-tenth completed a crosswalk. Other HSCOs commented that regulations were being updated, new crosswalks were in revision, or their work was complete or on hold. The Migrant and Seasonal Head Start (MSHS) HSCO reported assisting when needed. HSCOs also engaged in aligning regulations with other requirements (e.g., criminal background check) or best practice documents (e.g., Caring For Our Children). These connections not only increased quality in the programs but provided more efficient routes to licensure for Head Start programs..

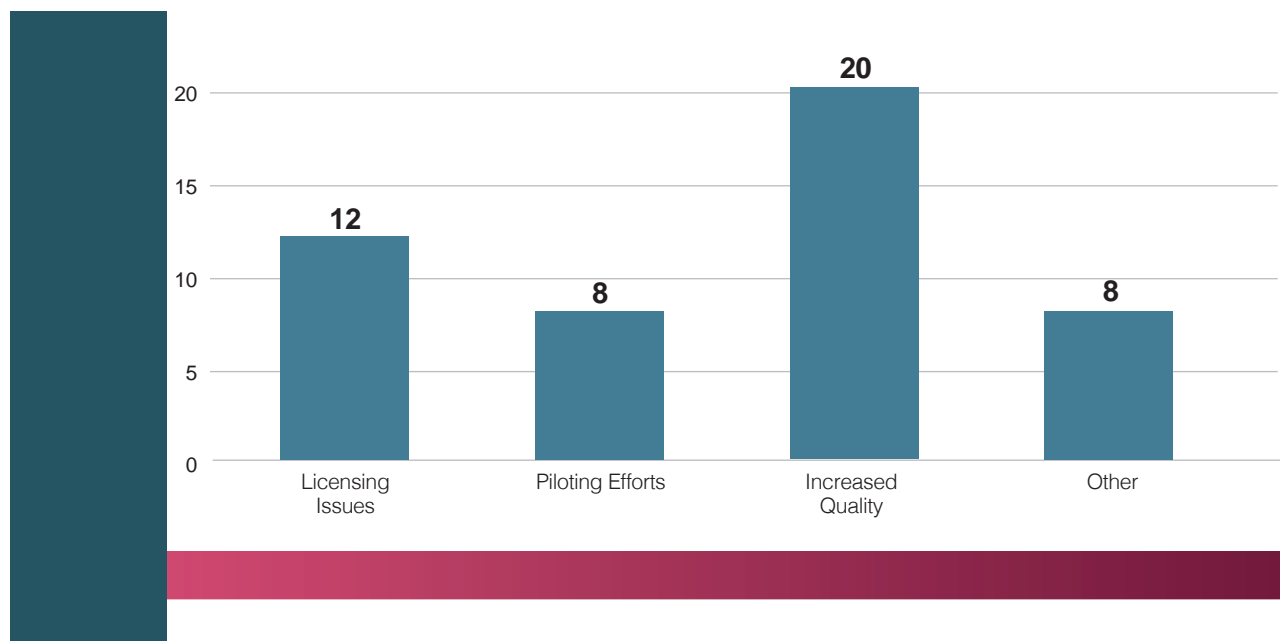


The Utah HSCO started to form a committee to crosswalk state statutes to the HSPPS by meeting with state and regional partners to identify areas of alignment. In the process, the team discovered that the administrative burden and classroom disruptions from monitoring visits and licensing inspections was a barrier to Head Start program licensure.

## FAMILY CHILD CARE

Two out of three HSCOs worked on Family Child Care (FCC) issues, with most focused on increasing FCC program quality (Graph 7b).

**Graph 7b: Family Child Care**



## Specifically, HSCOs addressed:

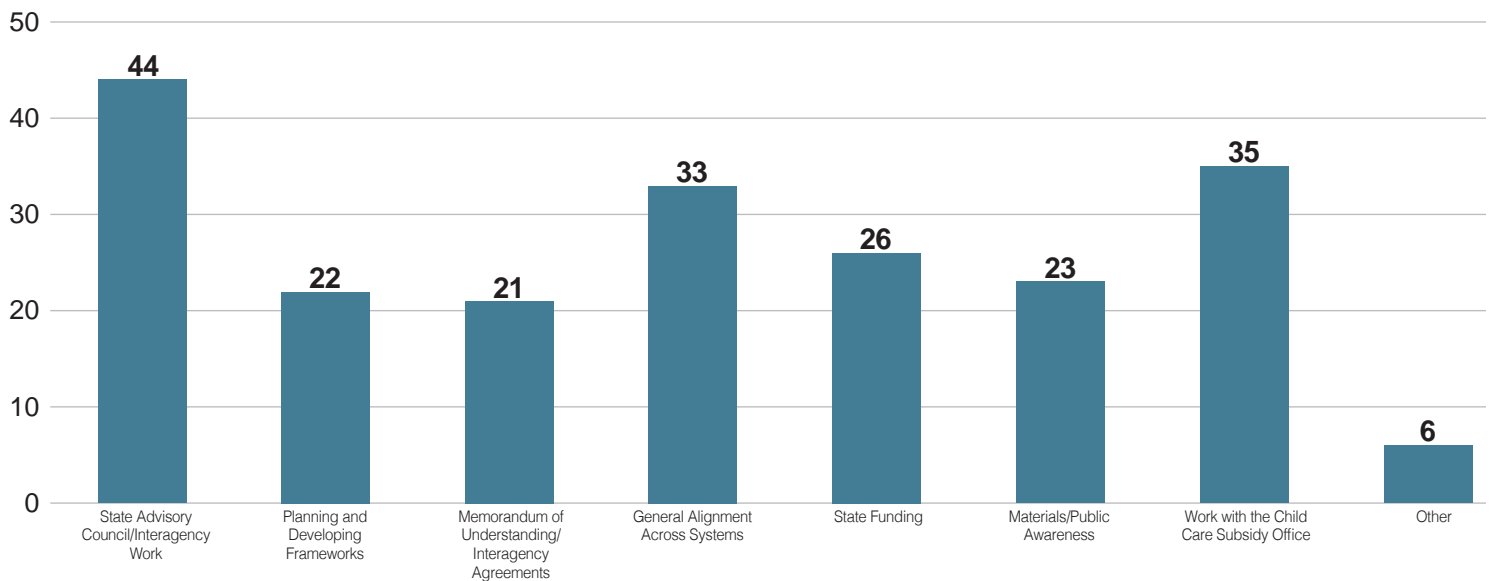
- licensing issues for partnering with Head Start/Early Head Start programs,
- promoting health and safety rules,
- professional development and networking,
- strategizing to remove barriers to partnership/collaboration, and
- implementing pilot projects to improve quality within FCC settings.

## GENERAL EARLY CARE AND EDUCATION SYSTEMS

The MSHS HSCO piloted the Virtual Learning Collaborative for Early Childhood Family Child Care Providers and Staff on Practical Classroom Strategies for Young Children with Trauma and Toxic Stress. The pilot offered learning sessions consisting of live web-based training and opportunities to consult with experts and other educators from across the country to discuss toxic stress and trauma, early childhood mental health concerns, social-emotional development, and trauma-informed classrooms.

HSCOs engaged with general early care and education systems most frequently by participating in the State Advisory Council (SAC) or doing interagency work, working with the child care subsidy office, and working on general alignment across systems (Graph 7c).

**Graph 7c: General Early Care and Education Systems**



Work varied widely but was part of HSCO support of state's PDG B-5 collaborative activities for many. Specifically, HSCOs helped to plan and/or implement:

- pilot projects enhancing quality through standards alignment.;
- collaborations to plan and implement professional development.
- strategies to remove collaboration barriers.
- oversight of statewide grants to expand Head Start program services.;
- formal and informal partnership activities including MOUs, policy alignment, and strategic planning.
- statewide Child Care Development Fund (CCDF) planning.
- data analysis and planning to promote coordination and streamline funding.
- awareness campaigns focused on developmental monitoring, Head Start programs, and kinship care.



In Indiana, the HSCO partnered with the Head Start Association and Infancy Onward to distribute “Learn the Signs. Act Early.” materials to Head Start and Child Care Development Fund programs. The “Learn the Signs. Act Early.” Campaign is a national initiative from the Centers for Disease Control and Prevention to promote developmental screening and early identification of developmental delays. The state prioritizes children referred by the Department of Child Services with support from the HSCO who connects with community organizations and families regarding program availability, enrollment, and services.

## SUMMARY

HSCOs worked within their collaborations to represent the Head Start program voice in all early childhood systems within their states, territories, and regions. By participating in a wide range of activities, they ensured Head Start program inclusion in increasing access to and support for high quality programming. Their efforts also supported the broader early childhood community in understanding and integrating the diversity of service options Head Start programs offer young children and their families.



# 2019 HEAD START COLLABORATION OFFICE BRIEF #8

## *Parent, Family, and Community Engagement*

In recognition of the critical importance parents, families, and the community play in Head Start programs, all of the Head Start Collaboration Offices (HSCOs) prioritize collaboration activities that promote engagement in culturally and linguistically responsive ways. Collaborations promoted alignment with the Head Start Program Performance Standards (HSPPS), improving access to high quality resources, enhancing state and local policies, and streamlining regulations to ensure families were fully engaged in their programs.

### THE PARENT, FAMILY, AND COMMUNITY ENGAGEMENT (PFCE) FRAMEWORK

Approximately 2 out of 3 HSCOs reported using the PFCE Framework in their work. It served as a:

- tool for continuous feedback.
- standard-bearer for professionals delivering services in programs.
- guide for state and territory level family engagement frameworks.
- training tool to promote family engagement at the local level.
- mission/vision statement for family engagement coalitions.

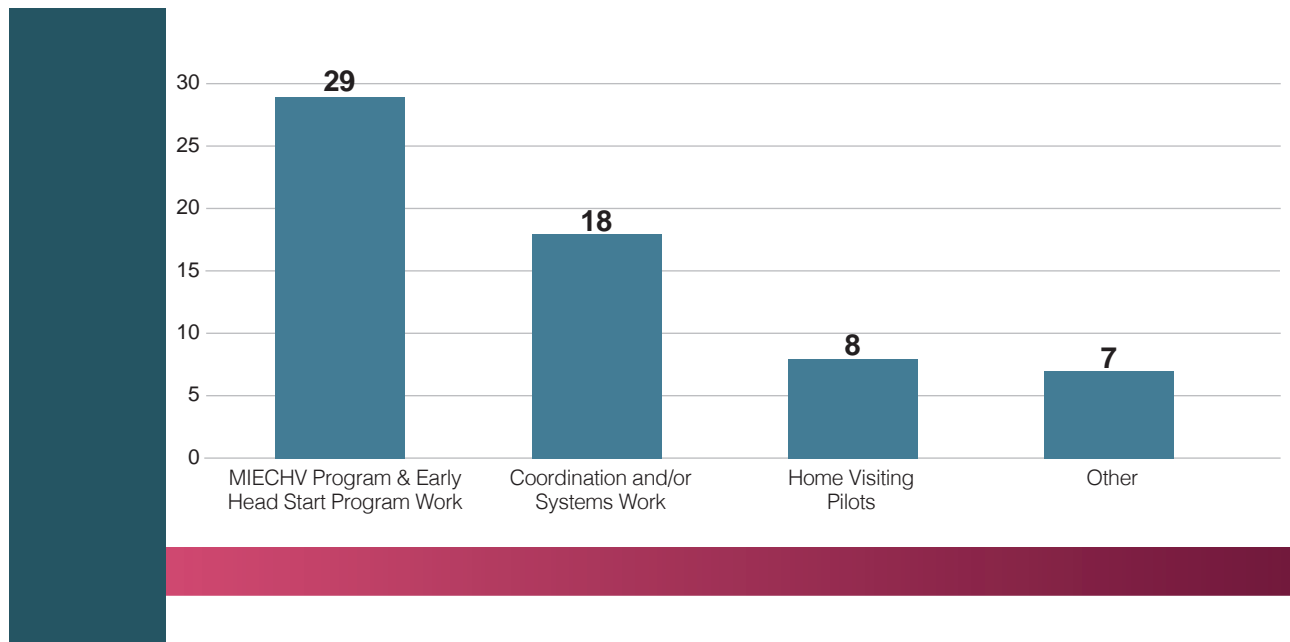


The Ohio HSCO served on the state Family Engagement Framework Team to establish a definition of family engagement, develop a birth to graduation family engagement framework, and create sustainable technical assistance to support Local Education Agencies (LEAs) in implementing the framework. Connected to a broader effort by the Council of Chief State School Officers with nine states, the project included the Ohio State Family Engagement Center and Advisory Council, a new statewide Family Engagement Center. The HSCO assisted in recruiting parent and Head Start program representatives to the Advisory Council and contributed to creating and identifying resources to support family and community engagement in education.

### HOME VISITING

Most HSCOs engaged in work to support home visiting with a majority working with the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Project and Early Head Start programs (Graph 8a) including in states where MIECHV is not funded. They participated in coordination and/or systems work within their state, territory, or region and helped develop or support home visiting pilots.

## Graph 8a: HSCO Work on Home Visiting



Many HSCOs worked to integrate Early Head Start programs into home visiting models within their states, territories or regions while others tried to expand family access to existing Early Head Start home visiting programs. HSCO collaborations supported the work by:

- connecting programs to referring partners.
- sharing information about the Early Head Start home visiting model.
- coordinating hubs for referral and intake.

Approximately 1 in 4 HSCOs served as members of Advisory Councils and Steering Committees regarding home visiting. Some integrated home visiting work as part of their partnership in the statewide Preschool Development Grant Birth to Five (PDG B-5) initiative. HSCOs also worked with their partners to provide professional development to Early Head Start home visiting programs, partners, and parents in order to increase program quality.

## DUAL LANGUAGE LEARNERS AND CULTURAL RESPONSIVENESS

Half of the HSCOs partnered to support dual language learners and cultural responsiveness. Most focused on supporting dual language professional development opportunities, equity, and inclusivity within strategic planning. Collaborative professional development coordination focused on promoting cultural responsiveness and addressing dual language learners in early education settings. HSCO collaborations focused on:

- specific race and equity initiatives,
- health equity zones,
- engagement in equity framework design, and
- participation in equity advisory groups.

Partnerships within PDG B-5 initiative and with the BUILD Initiative supported these efforts.





The Minnesota, Montana, and AIAN HSCOs worked with partners to plan, conduct, and/or participate in Tribal Nations Early Language Learning Summits.

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## CHILD WELFARE

One out of 5 HSCOs worked on Memoranda of Understanding (MOUs) with Child Welfare. They sought to revise statewide MOUs to streamline referral processes for categorically-eligible children and improve coordination of services for children and families. Others without MOUs reported participating in planning meetings, collaboratives, and information sharing activities.

## PFCE MATERIALS AND CONFERENCE DEVELOPMENT

Most HSCOs collaborated to develop materials or organize conferences to support parent, family, and community engagement. Most HSCOs participated in conferences or meetings, with slightly less than half of the HSCOs engaged in developing materials and about one third doing other work. Many HSCOs partnered with other organizations to feature specific professional development opportunities addressing a wide range of topics. They identified experts and presenters as well as ensuring content focused on Head Start program needs. Collaborative efforts included development of:

- institutes,
- family engagement modules,
- sessions on fatherhood,
- workshops for family service workers,
- conferences on homelessness and incarcerated parents, and
- newsletters and resource guides.

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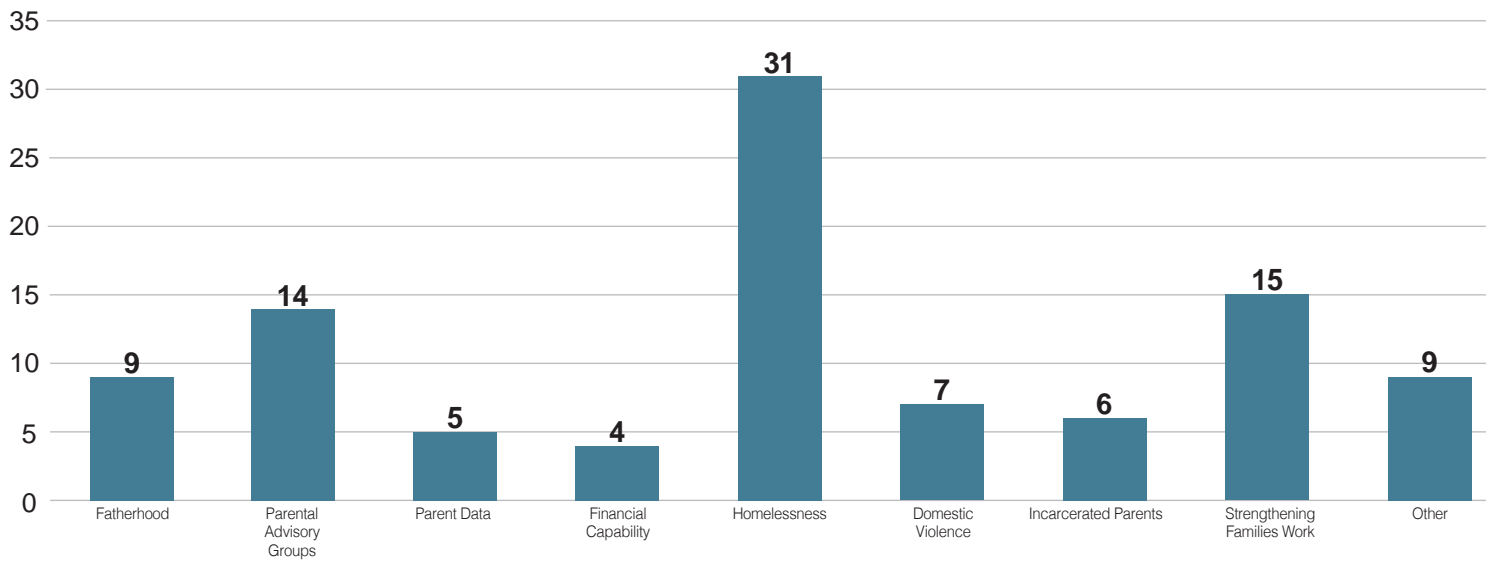
Three states supported pilot projects targeted to meet specific family needs within the state or region.

- The Oklahoma HSCO disseminated the "OK Messages Project," a program for children of incarcerated parents to share recorded readings for their children.
  - The MSHS HSCO, implemented and organized Promotores de Bienestar (Community Health Workers of Well Being), a behavioral health training for parents in MSHS programs seeking to become community health workers.
  - In Washington, the HSCO partnered with the State Head Start Association to implement a pilot focused on increasing parents' educational achievement with partnerships to local colleges.
- 

## SPECIFIC TOPIC AREA WORK

Approximately 2 out of 3 HSCOs reported specific topic area work related to PFCE. The most frequent topic that HSCOs worked on was homelessness yet strengthening families work and parent advisory groups also were addressed frequently (Graph 8b). Financial capability, parent data, incarcerated parents, and domestic violence were also addressed.

**Graph 8b: Specific Topic Areas of Focus by HSCOs**



When appropriate, HSCOs worked on topics as part of their State’s PDG B-5 grant and the Office of Head Start campaign to end homelessness. Several HSCOs also participated in the *School House Connection* calls to support *Home at Head Start*. HSCOs recruited, supported training, and offered guidance to parent leaders. They participated in workgroups and sponsored activities regarding a wide range of family engagement topics. Their collaborations promoted awareness and disseminated evidence-based interventions for program use. Additionally, they worked with the Office of Head Start’s National Centers to develop culturally responsive approaches and/or disseminate evidence-based materials on all these topics.



The Connecticut HSCO used several strategies to elevate parent voices in the state. The HSCO director led the statewide Parent Cabinet, which included a group of Head Start program parent leaders, and met with Policy Council leaders to identify ways to engage parents at the state level. She also focused on homelessness, collaborating to bridge the gap between the U.S. Department of Housing and Urban Development (HUD) and McKinney-Vento definitions of homelessness and sharing data to describe impacts of homelessness on families.

**SUMMARY**

HSCOs brought family and community perspectives into ongoing work with partners, ensuring that family engagement was a priority within the early childhood mixed delivery systems in their states, territories, and regions. They addressed critical topics that impact families and focused on specific populations that require individualization to promote school readiness for children and self-sufficiency for families.

# 2019 HEAD START COLLABORATION OFFICE BRIEF #9

## Health Services

As an integral part of Head Start programs, health services can set each child’s path for lifelong health. Because optimal child development requires access to high quality health services, all Head Start Collaboration Offices (HSCOs) engaged in a wide range of health activities with partners throughout their state, territory, or region during 2019. The work spanned all health-related requirements of the Head Start Program Performance Standards (HSPPS) and set the stage for program success.

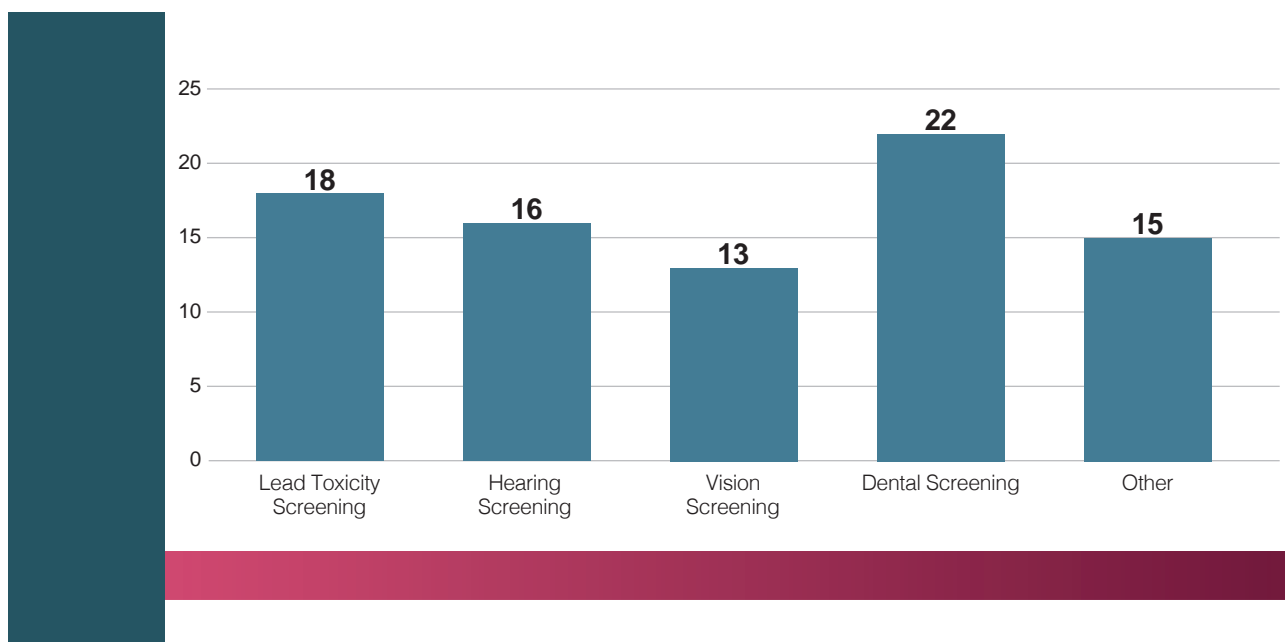
### SUPPORT OF MEDICAL AND DENTAL HOMES

During 2019, slightly more than half of the HSCOs engaged in activities in support of dental homes and a quarter in activities that support medical homes. HSCOs represented Head Start programs on coalitions and workgroups with partners from state departments, public and private providers, Medicaid/ State Children's Health Insurance Program (SCHIP), and other insurers. They also engaged in activities to improve access to care, enrollment in insurance, and treatment for specific health issues (including adult health care). Finally, HSCOs shared data regarding access to insurance and care with partners to identify the best ways to connect programs to medical or dental homes.

### EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) SCREENING

As a HSPPS requirement, screening is one of the first steps programs take to identify and address the health needs of enrolled children. Two out of three HSCOs reported involvement in screening activities with a fairly even distribution of work among HSCOs supporting dental, lead toxicity, hearing and vision screenings (Graph 9a). Other collaborative work on screening included collaborations to support developmental and social emotional screening, immunizations, Medicaid, and access to health care.

**Graph 9a: Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Activities**



Some of the specific HSCO collaborations worked to inform policy proposals regarding the importance of increased screening throughout the state and improve statewide screening and referral systems. HSCOs engaged in screening work through several partnerships including:

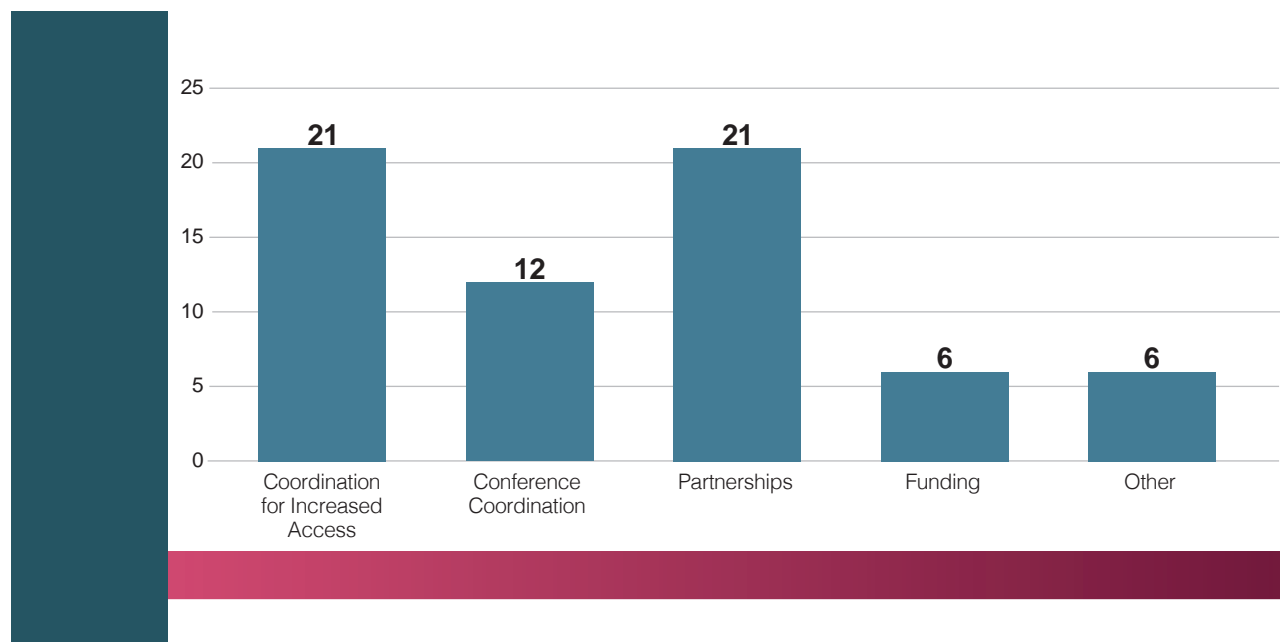
- Project Launch (a national project to promote the wellness of young children ages birth to 8 by improving coordination across child serving systems),
- statewide Universal Developmental Screening Registries,
- Inclusion Networks,
- Health Manager Networks, and
- statewide environmental health initiatives.

HSCOs led discussions alongside partners to increase awareness, improve screening procedures, and implement lead exposure prevention. Additionally, HSCOs worked to align screening processes with referral and evaluation procedures for special education agencies.

## ORAL HEALTH

Approximately, 1 in 3 HSCOs engaged in collaborations to support oral health services (Graph 9b). Most HSCOs supported coordination for increased access or partnerships.

**Graph 9b: Oral Health Initiatives**



HSCOs coordinated training, supported resource development, and used PIR data to strategize ways to connect local programs with oral health services. Partnerships with state dental leads and Dental Hygiene Liaisons (through the National Center on Early Childhood Health and Wellness [NCECHW]) increased grantee awareness and expanded statewide access to oral health providers.



Oklahoma’s HSCO served on the Oklahoma Dental Loan Repayment Plan Selection Committee which places recently graduated dentists in federally identified underserved areas in exchange for student loan repayment.

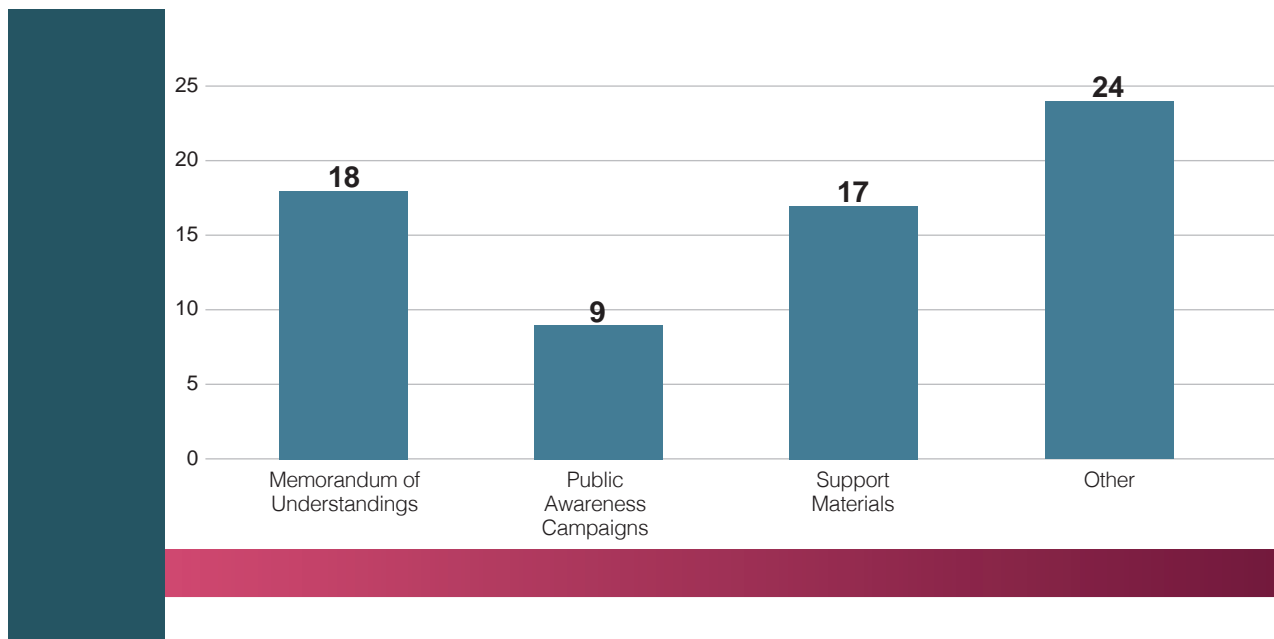
## HEALTH NETWORK INVOLVEMENT

A key organizing system in many states, territories, and regions is the Health Network. Half of the HSCOs reported support or co-development of these networks. They included networks of state-based health agencies serving young children and Head Start Health Manager networks. HSCO coordination activities helped prioritize health issues for further action, connected networks to resources and experts, and built network capacity to manage collaborative projects.

## EARLY CHILDHOOD AND DISABILITIES

As a means of identifying concerns early, Head Start programs prioritize early identification and intervention. Most HSCOs engaged in disabilities work (Graph 9c), with many participating in statewide activities such as advocacy for disability services, developmental screening and evaluation, and inclusion efforts. This work helped inform the work done of the areas shown on Graph 9c.

**Graph 9c: Early Childhood and Disabilities Activities**



HSCOs also took part in meetings and committees with special education personnel strategizing referral/eligibility processes and inclusive services. Several participated in Interagency Coordinating Councils (ICCs). Approximately 1 out of 3 HSCOs partnered to develop or review resources and professional development materials on topics such as inclusion, multi-tiered systems of support, engaging families of children with disabilities, and transitions for children with disabilities. HSCOs also supported intensive professional development systems for special educators working in early care and education settings.



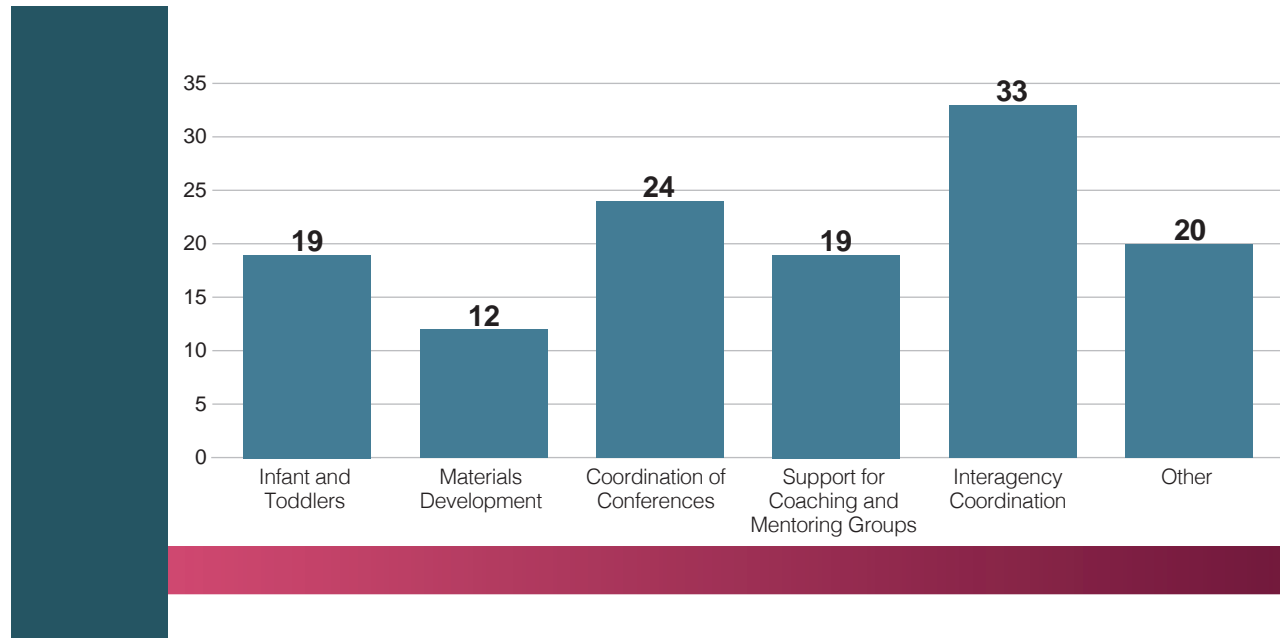
As a member of the West Virginia Interagency Coordinating Council, the HSCO helped plan and facilitate a 3-day family leadership conference to assist parents of children with disabilities in navigating systems of support.

One out of three HSCOs reported working on state or regional MOUs for disabilities services with Part B or C of IDEA. HSCOs who did not conduct MOU activities indicated that MOUs existed or were reviewed/revised previously.

## MENTAL HEALTH

Almost all HSCOs were engaged in at least one task related to mental health within their state, territory, or region. The majority engaged in interagency coordination and coordinating conferences (Graph 9d). Approximately one third of the HSCOs engaged in activities focused on mental health services for infants and toddlers. A third also offered support for developing coaching and mentoring groups set up to focus on mental health for families.

**Graph 9d: Mental Health Activities**



HSCOs often participated in statewide workgroups and advisory councils on behavioral and/or mental health. Many organized statewide Opioid Task Forces or workgroups and participated in the Opioid Summits led by the Office of Head Start and the NCECHW to coordinate activities that supported program initiatives. HSCOs also engaged in specific mental health initiatives focusing on child and adult mental health. In some states and territories, HSCOs were instrumental in informing legislative work and providing guidance and information to the Governor regarding substance misuse and mental health services. For some HSCOs, mental health activities were part of foundational, PDG B-5, or statewide initiative work.



As part of the Region V Opioid Summit follow up, the Minnesota HSCO’s team developed a Naloxalone training for the Head Start community, in addition to information sharing and coordinated training opportunities.

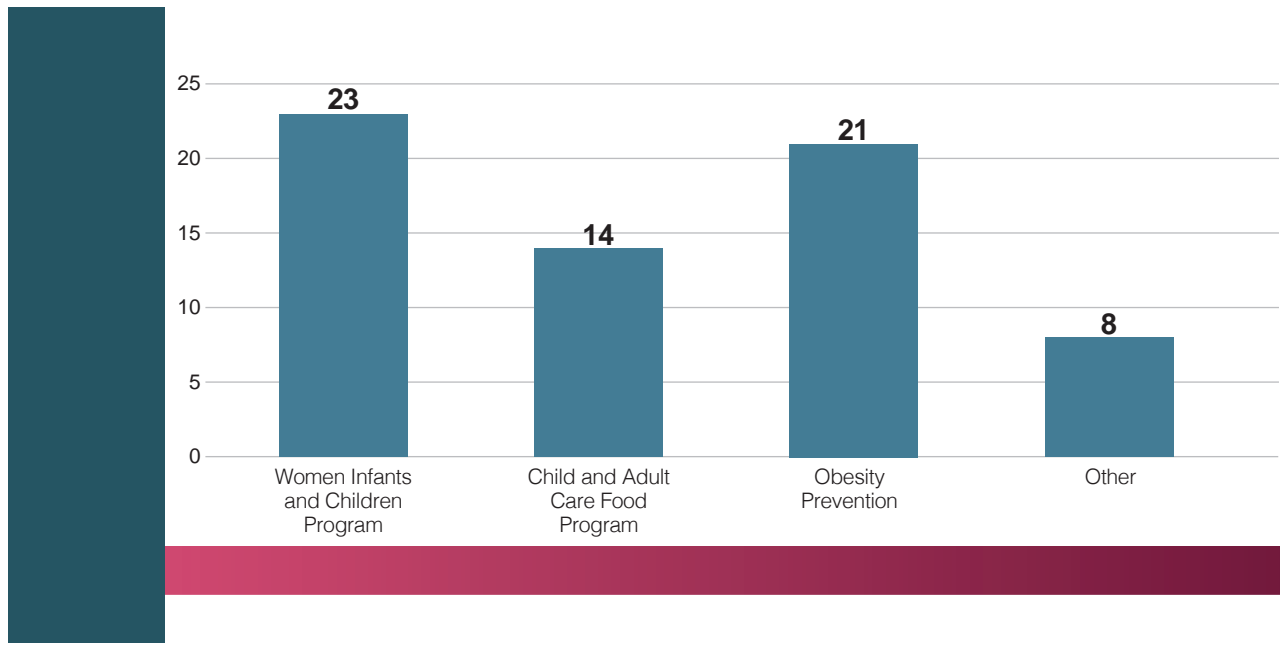


The North Carolina HSCO chairs the cross-system early childhood trauma workgroup which is developing a framework to support systems development. The HSCO also is a board member for the NC Infant Early Childhood Mental Health Association.

## NUTRITION

Ensuring young children have access to nutritious meals and physical activity has always been an essential goal of Head Start programs; one that requires strong collaborations with state and local social service agencies. To support programs in delivering effective nutrition services at least 2 out of 3 HSCOs were involved in promoting nutrition activities. HSCOs collaborated most with the Women, Infants and Children (WIC) program and obesity prevention efforts (Graph 9e). They also engaged with the Child and Adult Care Food Program (CACFP).

## Graph 9e: Nutrition Activities



### Other HSCO collaborations focused on:

- developing MOUs with WIC, CACFP, Supplemental Nutritional Assistance Program (SNAP), and/or Child Care Development Fund (CCDF).
- participating in statewide working groups.
- supporting “Farm to Early Childhood Education” programs.
- coordinating seamless summer food programs.
- promoting awareness of breastfeeding-friendly child care programs.

HSCOs partnered and assisted in supporting innovative initiatives to promote nutrition and physical activity. Some of the collaborations were with:

- a W.K. Kellogg Foundation funded project,
- a state Chapter of the American Academy of Pediatrics,
- Institutions of Higher Education,
- state agencies,
- Collaborative Innovation and Improvement Network (CoIIN) grants, and
- organizations disseminating evidence-based curricula.

The MSHS HSCO collaborated with partners to develop and disseminate the “Juntos Nos Movemos” Project, an adaptation of “I Am Moving, I Am Learning” for farmworker families which helped farmworker parents identify several 15 to 20-minute blocks of time to engage in a variety of fun and culturally appropriate physical activities as a family.

## SUMMARY

During 2019, HSCOs engaged in a wide range of health-related initiatives, most notably on opioid misuse, mental health, lead poisoning prevention, inclusive services, and oral health supports. They engaged in a wide range of other health-related activities to support all other areas of health as well. In an effort to support grantees, partnerships led to increased access to evidence-based practices and strategies to overcome health access issues.