

HEAD START COLLABORATION OFFICE BRIEFS

2020



OFFICE OF HEAD START

An Office of the Administration for Children & Families

ADMINISTRATION FOR
CHILDREN & FAMILIES





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2020 HEAD START COLLABORATION OFFICE BRIEFS

Annual Report Overview

The Head Start Collaboration Office Annual Report for 2020 summarizes the achievements and partnerships of Head Start Collaboration Offices (HSCOs) from two Office of Head Start regions, American Indian Alaska Native XI (AIAN) and Migrant Seasonal Head Start XII (MSHS), 50 states, the District of Columbia and Puerto Rico. Organized into 10 briefs, each offers descriptions of the breadth and depth of HSCO work during 2020. The first brief provides a synopsis of the HSCOs including organization, mission/vision, partnerships, and goals. The nine additional briefs each focus on one element of the HSCO scope of work specifically during 2020 (a single year within their five-year grant period).

Participation in activities varies based on project timelines and priorities within their states, territories, or regions. Additionally, HSCO work was deeply impacted by the pandemic during 2020 and governed their ability to conduct work within their HSCO project plan which necessitated making adjustments and re-prioritizing needs.

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 Quality Rating and Improvement Systems (QRIS)
6. Working with School Systems to Ensure Continuity between Head Start Programs and Kindergarten
7. Early Education Systems Beyond Quality Rating and Improvement Systems
8. Parent, Family, and Community Engagement
9. Health Services
10. COVID-19 Impacts and Responses

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 2020 individual reports gathered information related to the following topics:

- 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 beyond QRIS
- health-related priorities
- other regional priorities

Excerpts from surveys offer in-depth details regarding HSCO work and accomplishments.

2020 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 Office of Head Start Regions XI American Indian and Alaska Native (AIAN) and XII 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 HSCOs serve as the foundation for communication, access, and systems that support the inclusion of Head Start programs in early childhood systems within each state, territory, or region. They provide a structure and a process for the Office of Head Start (OHS) to work with regional, state, and local entities. They also serve as a conduit of information between the Regional Offices for the Administration for Children and Families, and state/territory and local early childhood systems. During 2020, the HSCO also served as a critical partner in emergency planning and response, helping to support programs as they dealt with the dramatic shifts in program operations brought about by the pandemic. This work is cited in detail in HSCO Brief #10: COVID-19 Impacts and Responses.

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

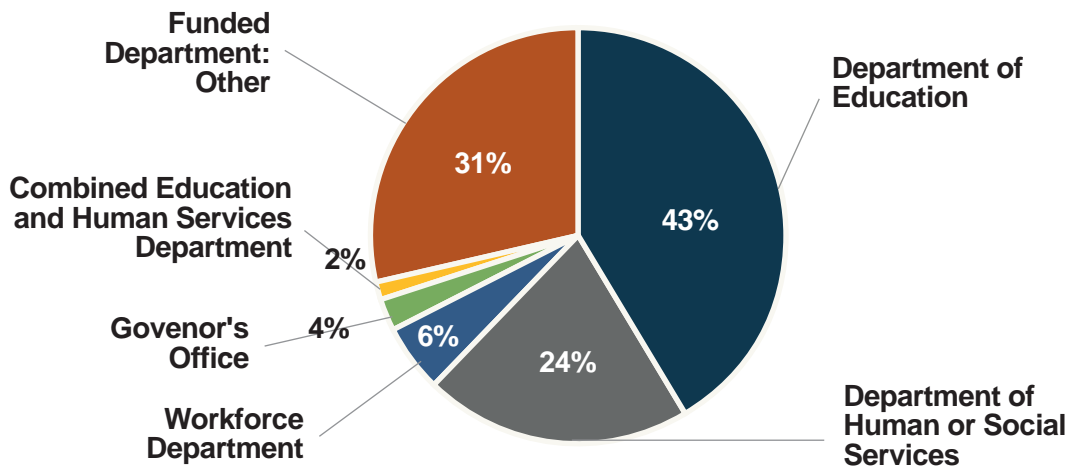
5. Work with State school systems to ensure continuity between Head Start programs and receiving schools

6. Any additional Regional Priorities

HSCO FUNDING, ORGANIZATION, AND STAFFING

In 2020, each State, DC, and PR HSCO was funded through non-competitive federal grants. These funding structures 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. The AIAN and MSHS collaboration offices were funded through a competitive cooperative agreement with FHI 360 (Graph 1a).

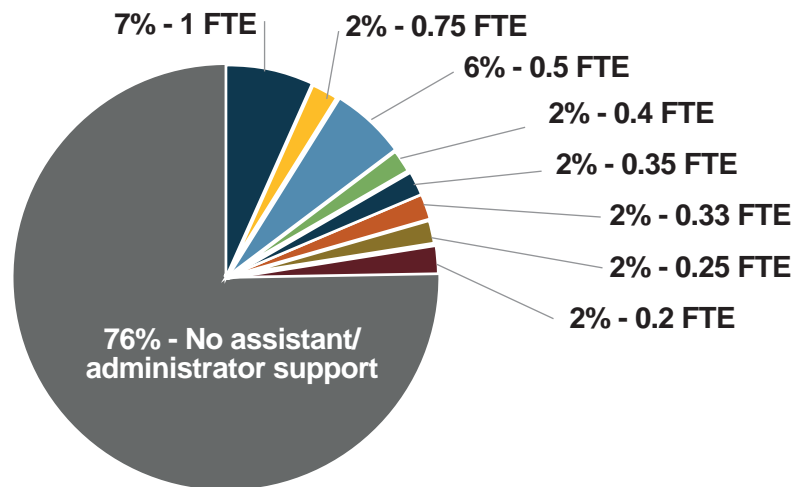
Graph 1a. Funded Department for HSCOs



Funding and existing organizational structures within agencies often defined the positions and the ways staff were utilized. All but three HSCOs were staffed with a full-time director. These three HSCOs worked with coordinators and other staff funded through the project and other state work. Directors ranged significantly in number of years in the job, from 20 years to a few months. There was significant turnover in 2020 with 26 percent of new HSCOs starting the position. Seventeen percent of the HSCOs reported they were appointed by the Governor or the Governor's designee.

While more than half of the HSCOs were staffed with just a full-time director, 40 percent of HSCO directors received support from other staff. Positions included coordinators, assistants/administrators, and other staff. About one quarter of the HSCOs received assistant/administrator support and slightly more than half of those assistants were employed 0.5 FTE or more.

Graph 1b: Assistant/Administrator Support FTE



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 a State Advisory Council. AIAN and MSHS HSCOs organized the Regional Advisory Councils to guide their work by engaging the voices of stakeholders and experts. One HSCO reported involvement in the State Advisory Council and coordinator for a group of regional advisory committees within the state.

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 themes were development/learning and families/parents. Other highly cited themes included quality/innovation, collaboration/coordination, child and adult health and well-being, success and quality of life, and equity/access. Culture was specifically mentioned within the AIAN and MSHS HSCO vision and mission statements.

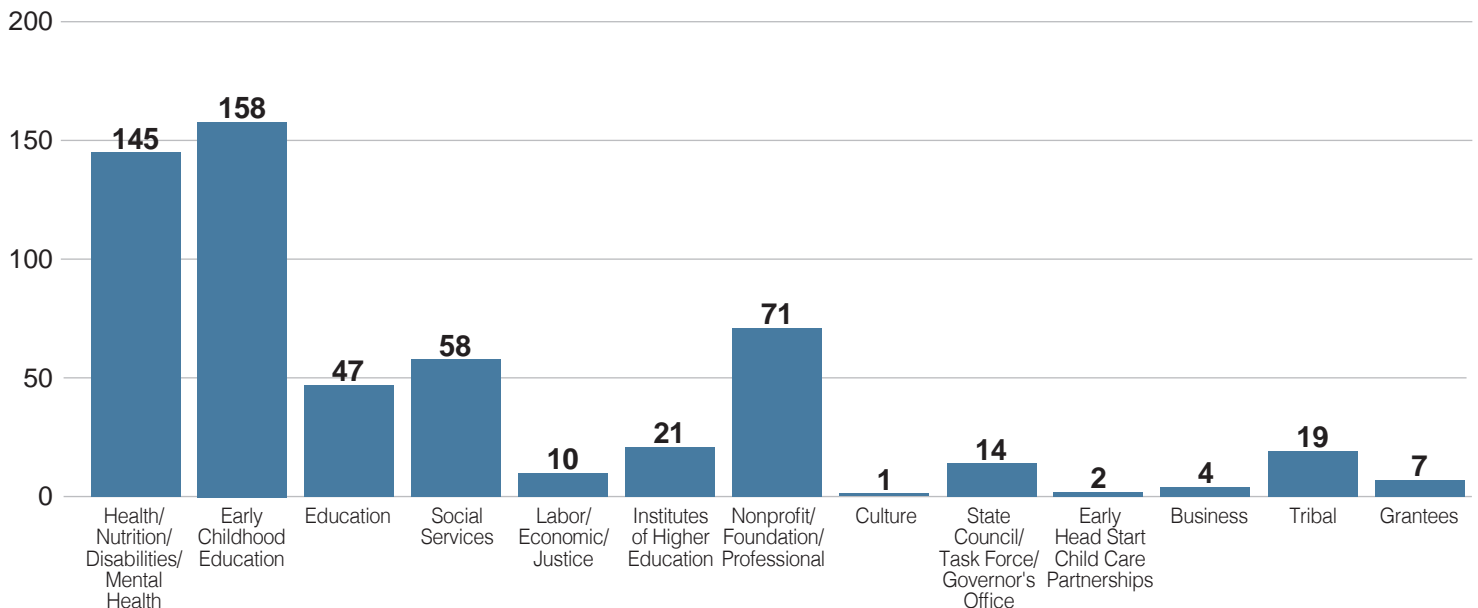
HSCO Vision and Mission Themes



MAJOR PARTNERSHIPS/COLLABORATIONS

HSCOs maintained a wide range of partnerships with state, local, and non-governmental organizations (Graph 1c). Most partnerships were with early childhood education partners. HSCOs also partnered often with health, nutrition, disabilities, and mental health partners. Eight HSCOs (including AIAN HSCO) collaborated with tribal organizations and three listed business partnerships.

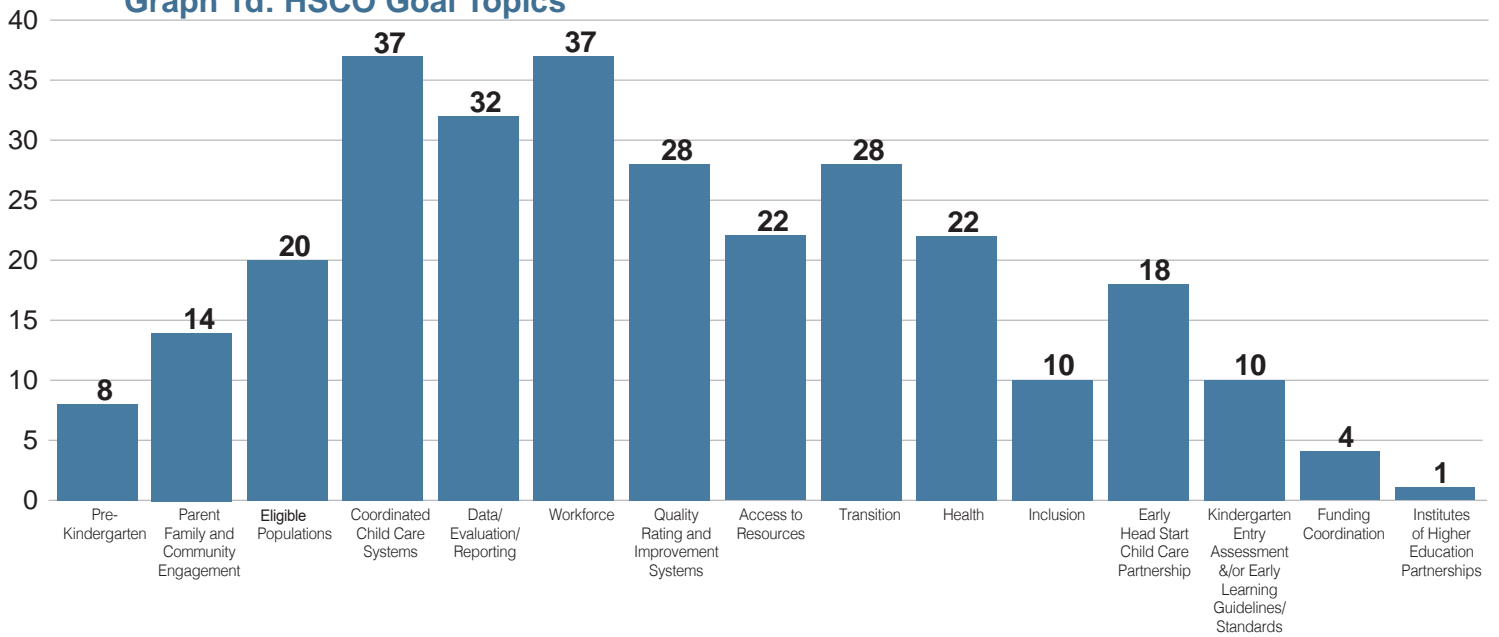
Graph 1c: Types of HSCO Partnerships



GOALS

HSCO goals were connected with and built from the priorities identified by OHS and their state’s vision and mission statements (Graph 1d). They focused more generally on coordinated systems including details on systems that support child development (teacher quality, health/disabilities/social services, coordinated delivery systems, etc.). In particular, almost three out of four HSCOs included coordinating with child care and early childhood education systems as well as enhancing professional development and promoting the workforce. Statewide data systems, the state QRIS, and transition practices 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 populations that might be at risk (e.g., families experiencing homelessness).

Graph 1d: HSCO Goal Topics



While HSCOs vary in their experience and structure, they are driven by essential goals of improving coordination with partners to support high quality Head Start programs and services. Due to the impact of the pandemic, more details of their work are found within the 2019 Brief Series and include coordination in each area of the comprehensive services provided by Head Start programs.



2020 HEAD START COLLABORATION OFFICE BRIEF #2

Partnerships to Support Early Head Start Child Care Partnerships (EHS CCPs)

The Head Start Collaboration Offices (HSCOs) serve as a critical connection between the Office of Head Start (OHS) and early childhood systems in states, territories, and regions. In an effort to enhance 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) with Early Head Start (EHS) programs. HSCOs' efforts were supported by the goals of the EHS CCP to improve availability and access to high quality services for infants and toddlers. To cope with the impacts of the pandemic, HSCOs played a pivotal role in maintaining EHS CCP operations and funding.

During 2020, about two out of three HSCOs sought to broaden support for EHS CCP programs. They organized state information sharing with organizations applying for expansion grants, participated in advisory committees and workgroups, provided opportunities for networking, connected EHS CCPs to professional development, supported stakeholder awareness, and streamlined application processes for families.

PROMOTION AND EXPANSION

HSCOs participated in planning meetings regarding expansion of EHS CCP. They formed partnerships to streamline application processes and make information more accessible to families. HSCOs organized efforts to help EHS CCP programs apply for subsidy payments and quality improvement funds. In several states, HSCOs were consulted on state EHS CCP expansion grants or integrated EHS CCP projects into Preschool Development Grant Birth to Five (PDG B-5) work. HSCOs also ensured EHS CCPs were aware of various funding resources to enhance their capacity and increase enrollment opportunities. These expansion efforts further integrated EHS CCP into the early childhood mixed delivery system.



Two Historically Black Colleges and Universities (HBCUs) consulted with the Louisiana HSCO regarding EHS CCP expansion grants to learn professional needs within the state. Ultimately, the HBCUs proposed using existing campus-based child care centers as training sites for students majoring in early care and education, social work, and child & family services. The proposed outcomes focused on providing well-trained early childhood education staff from minority backgrounds capable of delivering high quality services to rural communities in the northern portion of the state, while also meeting the needs of the state's early care and education workforce.

GRANTEE TRAINING AND SUPPORT

HSCOs provided ways for EHS CCP grantees to network while negotiating inclusion within existing professional development structures. Accessing resources within PDG B-5, QRIS systems, and other quality efforts within states and territories, HSCOs supported EHS CCP programs in enhancing resources for staff development and overall program quality. Additionally, several HSCOs provided ongoing networking opportunities throughout 2020 to respond to EHS CCP requests. Some of these meetings specifically focused on the pandemic, while others served as open conversations about lessons learned. In a few states, the HSCO worked with targeted projects offering professional development to improve the quality of EHS CCPs.

COLLABORATIVE PLANNING

HSCOs served as important members of advisory groups, steering committees, and workgroups focusing on EHS CCP. They used data systems to identify and solve challenges related to establishing quality partnerships. Some of the solutions led to streamlined enrollment systems, EHS CCP pilots, professional development enhancements, and expansion to full day/full year and/or summer services for children.



The EHS-CC Partnership grantees in Michigan have entered a Memorandum of Understanding with the HSCO and the Michigan Department of Education Child Development and Care Office known as the EHS-CC Partnership Pilot. The purpose of this agreement is to ensure the coordination of funding and policies necessary for the success of the EHS-CC Partnerships by removing barriers in subsidy policy. EHS-CC Partnership child care partners will be able to bill for child care subsidy up to the maximum number of hours the children are determined eligible for care.

SUMMARY

HSCO efforts sought to improve access to infant toddler care and support quality in programs. They have established and/or enhanced partnerships to grow EHS CCP programs in their states, territory, and regions. As they continue to provide information regarding the potential of the EHS CCP model to serve infants and toddlers from families with low incomes, they define new strategies to promote this high quality, inclusive model. This work was particularly critical during the pandemic when child care and school readiness needs increased.



2020 HEAD START COLLABORATION OFFICE BRIEF #3

Efforts to Engage in State Data Systems

The Head Start Collaboration Offices (HSCOs) are part of the larger system of strategic planning within their state, territory, or region. They use data to drive their conversations, collaborations, and planning. During 2020, 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.

More than two out of three HSCOs reported regular communication with state data staff. They discussed:

- incorporating Head Start program data into state data systems.
- supporting program level staff in accurately collecting and entering data.
- using point-in-time data to support quick decision making.
- sharing Head Start program data with partners to support ongoing strategic planning.

Several HSCOs also reported data activities connected to Preschool Development Grant Birth to Five (PDG B-5) needs assessments and strategic planning. Activities were built on previous work, conducting needs assessments and updating data systems to respond to current needs.

Often, the HSCO served as the Head Start program data expert within these collaborative meetings. Data was particularly relevant as collaborations between early childhood and public health required quick decisions in response to the pandemic.

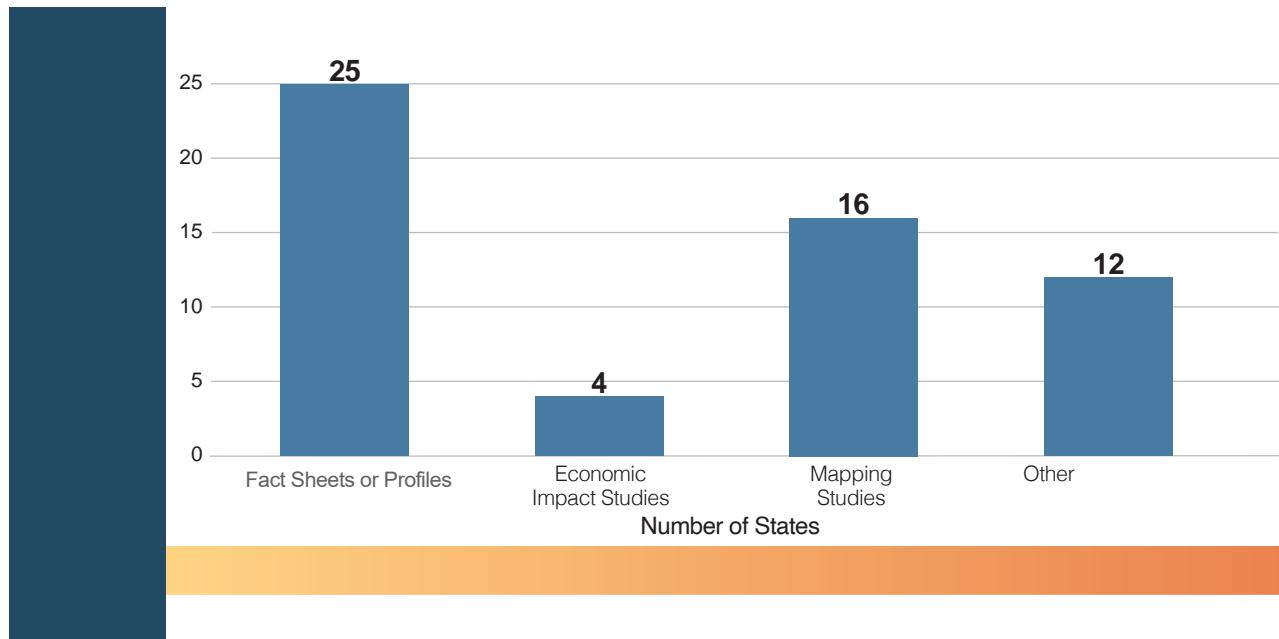
UNIQUE IDENTIFIERS

To understand progress towards child outcomes and accurately count children participating in multiple early childhood systems, more than half of the HSCOs engaged with partners to implement systems with unique identifiers. As part of broader discussions, they worked to:

- identify needs and barriers associated with creating systems to assign and use unique identifiers.
- reduce duplicative data entry from multiple system providers.
- streamline systems by assigning identifiers as children entered Head Start or Early Head Start programs or using existing data systems (such as birth certificates).
- facilitate solutions that addressed questions regarding service provision and individual privacy protections within data.

DATA PROFILES

Data profiles help HSCO partners understand early childhood systems and highlight service area gaps. They serve as tools for strategic planning and a critical resource for understanding how partners can complement each other. Slightly less than two out of three 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). A few HSCOs participated in economic impact studies (Graph 3a). Often, data product development was part of PDG B-5 activities.

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

HSCOs engaged stakeholders in broader discussions about their own needs assessments, accurately representing Head Start program data, and identifying areas of concern around equity. In mapping studies, HSCOs built on previous years' work to focus on equitable access to services and alignment with larger school readiness activities. Particularly important in a year with such extreme fluctuations in enrollment, mapping was used to understand under-enrollment and support transition to kindergarten.

HSCOs provided these data syntheses to state administrators, legislators, and the governor as they made decisions regarding the pandemic and began initiatives to support child care as an essential community service. One HSCO collaborated with partners to conduct a Wage Comparability Study seeking to support recruitment and retention of highly qualified teachers and providers.



The Wisconsin HSCO engaged in collecting and updating annual Head Start/Early Head Start program and classroom level data to support successful application of Quality Rating and Improvement Systems (QRIS) and Wisconsin Shares subsidy policies and procedures. The identification of Head Start and Early Head Start programs within the state system also helped to identify standalone and collaborative programs across the state on the public child care finder site, which supports families as they choose the early care and education program that best meets their needs.

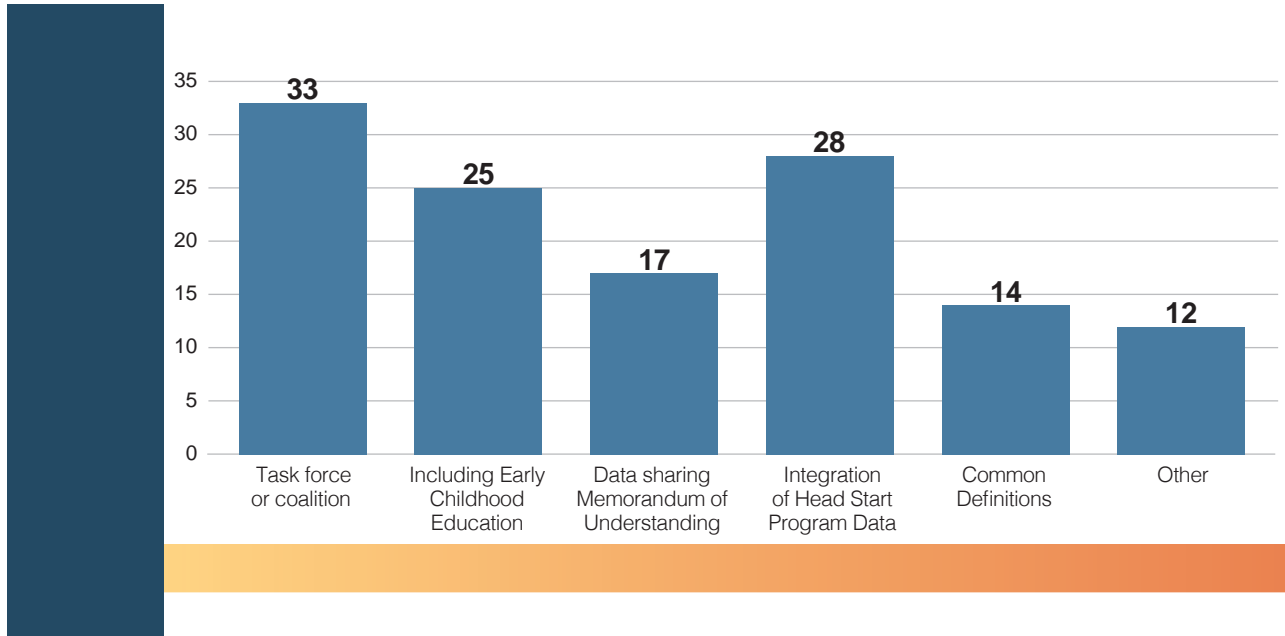
DATA SYSTEM CONTRIBUTIONS

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 two out of three HSCOs participated in task forces or coalitions; while some of these groups were focused solely on data, others were using data processes to make decisions about priorities. These collaborative workgroups were either pre-existing in the state, organized through the State Early Childhood Advisory Council, or part of the state's PDG B-5 work. Several HSCOs participated in data governance through these task forces. HSCOs and their partners focused on:

- including early childhood and/or Head Start program data into data systems.
- integrating a wider range of data into larger state longitudinal data systems.
- developing shared platforms, databases, and collection strategies.
- facilitating stakeholder engagement by holding focus groups and feedback mechanisms.

- negotiating Memoranda of Understanding (MOU) to share data.
- creating common definitions.
- streamlining data forms.
- gathering parental consent.

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



The Utah HSCO actively contributed to the creation of the Community Assessment Tool (CAT), which went live in December 2020. Data from this tool will help Head Start programs when completing their needs assessments.

SUMMARY

Particularly during 2020, HSCO work to support data systems was critical. As Head Start programs managed the local public health guidance on program closures, offered virtual service options, and began to grapple with the arising needs within their communities, close connections with partners to understand the landscape through data was critical. HSCOs participated in ongoing conversations with partners to gather, analyze, and use data to address needs as they arose. Data driven decision making was an essential piece of work for many HSCOs during 2020.

2020 HEAD START COLLABORATION OFFICE BRIEF #4

Expansion and Access of High-Quality Workforce and Career Development Opportunities for Staff

The Office of Head Start (OHS) has invested deeply in the quality of its workforce, promoting professional and career development activities throughout the nation. As a key element of this investment, the Head Start Collaboration Offices (HSCOs) coordinate, engage in, and lead partnership activities to connect professionals in Head Start programs with workforce and career development activities. In 2020, HSCOs reported many partnerships to expand and increase access to high quality workforce and career development opportunities.

Collaboration with higher education partners involved ongoing meetings to identify innovations, coordinate work, and streamline pre-service and ongoing professional development for the early childhood workforce. Overall, about two out of three HSCOs indicated they met or communicated regularly with higher education. Meetings were both individual or part of statewide workgroups. Some HSCOs were members of professional development advisory groups with roles and responsibilities varying by state.

Key Partners



STATE POLICY WORK

Approximately half of the HSCOs worked with partners to inform recommendations for state legislative actions on professional development. System development was most frequently reported with about half of all HSCOs engaged in supporting recommendations or educating on system changes. Approximately one in four HSCOs partnered to inform state legislation regarding educational requirements for early childhood education (ECE).

HSCOs supported or helped inform on:

- regulatory changes to expand ECE fields in professional registries, credentials, and competencies.
- expansion of early childhood program access and ongoing guidance during the pandemic.
- changes in compensation based on wage comparability studies and needs assessment data.
- promotion of “grow your own” professional development programs.
- legislation to reduce expulsion/suspension and invest in mental health consultation and/or professional coaching programs.
- alignment of policies, procedures, and data regarding health, safety, and wellness with the Child Care Development Fund (CCDF) and state licensing rules.

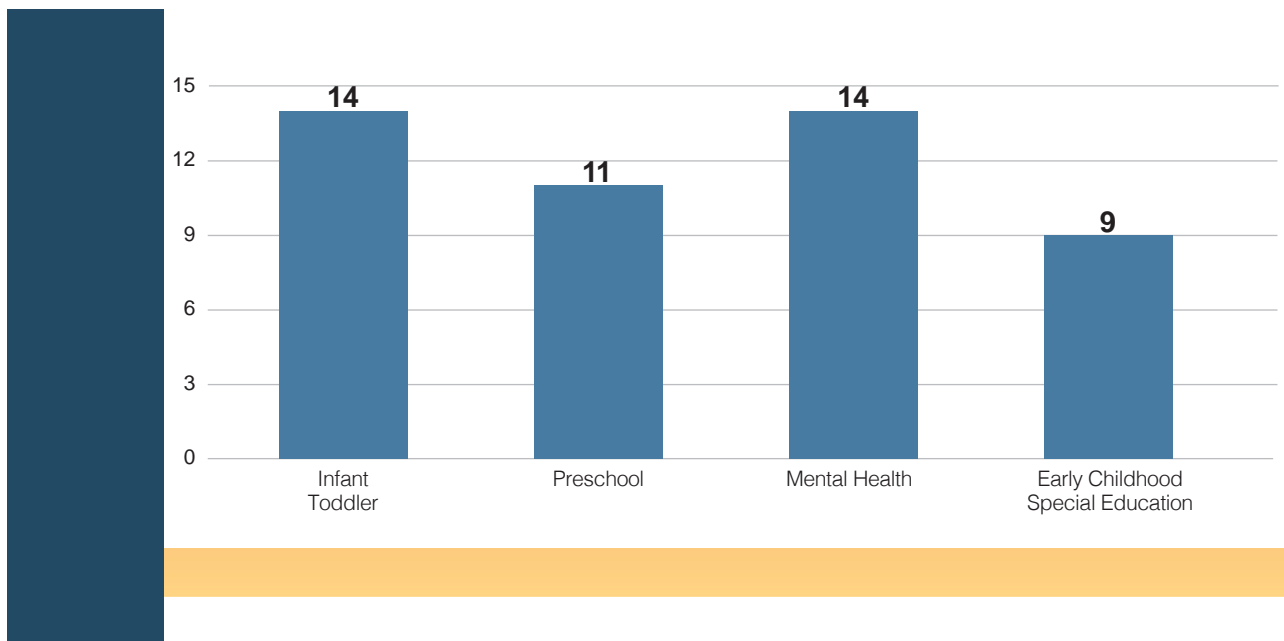
PARTNERSHIPS WITH HIGHER EDUCATION

HSCOs participated in relationships with institutes of higher education and other organizations to streamline and improve the quality of professional development systems within the states. While many of these systems were operated by higher education, they were deeply influenced by other partners including government departments/agencies, professional organizations, and non-profit/advocacy groups. They addressed credentials and certificates, degree programs and coursework, and professional competencies.

Development or Revision of State Credentials or Certificates

Slightly less than half of the HSCOs were involved in the development or revision of state credentials or certificates. HSCOs were engaged in credentials related to mental health, infant toddler certificates, preschool or early childhood special education (Graph 4a).

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



HSCOs engaged in:

- task forces to create better alignments between state quality systems and credentials/certificates.
- recommendations regarding credential requirements.
- activities to promote credential and certificate programs.
- revisions to add a broader perspective including birth to five and equity.

Development or Revision of a Degree Program

Nine HSCOs supported development or revision of degree programs. All of these HSCOs focused on associate's degrees while six of them also drove change in baccalaureate programs and two focused on master's programs. They participated in workgroups and roundtables to discuss topics such as:

- expanded access to and completion of degree programs.
- implementation of new or ongoing apprenticeship programs.
- practicum/internship sites at Early Head Start and Head Start programs.

Development or Revision of Online Coursework or Degree

In a year when online work grew exponentially, one out of five HSCOs partnered on development or revision of online coursework or degree programs. The majority of this work focused on infant toddler courses and involved:

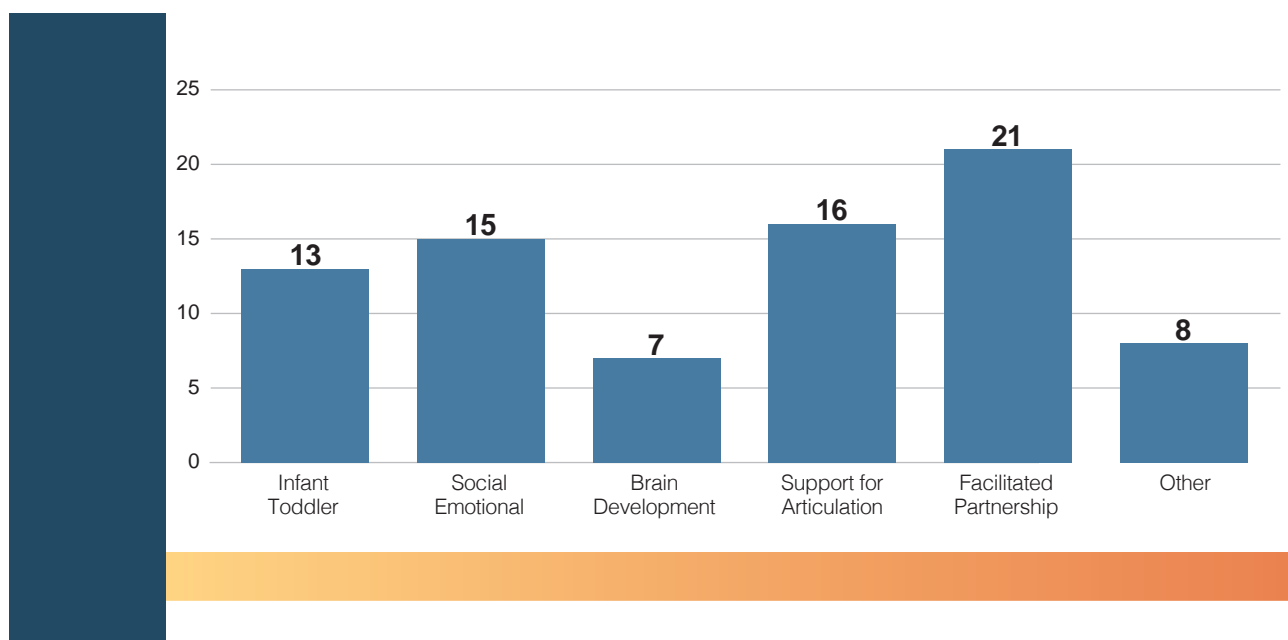
- promotion of online modules and courses to support quality.
- translating in-person courses to online platforms.
- adding content regarding brain development, social emotional development, health and safety, and cultural responsiveness.
- developing guidance on distance learning.
- implementing EarlyEdU programs.

Involvement in Enhancement of Coursework

Approximately three out of five HSCOs partnered to enhance coursework. Most facilitated relationships or supported articulation agreements (Graph 4b). The work ranged from improvements in course content associated with the families who are served to strategies that enhanced access for Head Start program staff. Specifically, HSCOs worked to:

- inform higher education faculty about Head Start program experiences.
- plan, implement, and evaluate the T.E.A.C.H. Scholarship program.
- monitor and promote multiple career pathways, partnerships, and articulation agreements within state systems.
- support pilot teacher training and induction programs.
- integrate high quality content from the Early Childhood Learning and Knowledge Center (ECLKC) and other high quality sources into courses.
- enhance partnerships with Historically Black Colleges and Universities (HBCUs) and Tribal Colleges.
- integrate health and safety, and inclusive, culturally responsive practices within coursework.

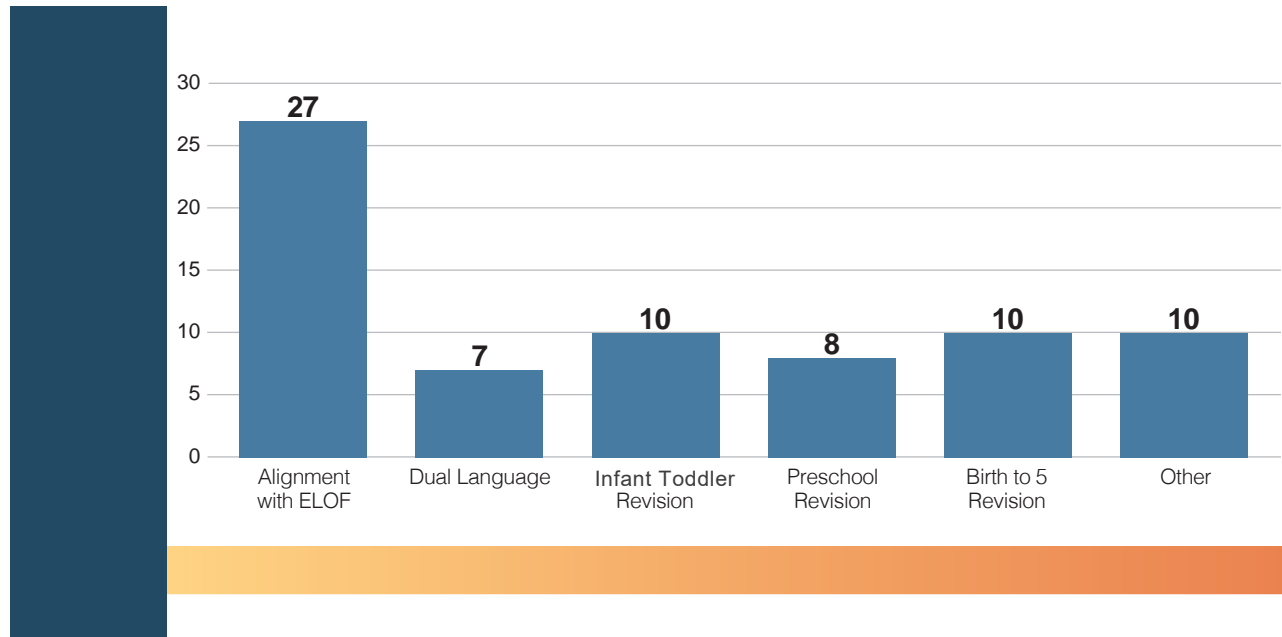
Graph 4b: Enhancement of coursework



DEVELOPMENT AND/OR IMPLEMENTATION OF EARLY LEARNING GUIDELINES OR STANDARDS

In 2020, half of the HSCOs collaborated to develop, revise and/or implement State Early Learning Guidelines or Standards (ELG/S) (Graph 4c). Most helped to align them with the Head Start Early Learning Outcomes Framework (ELOF), but approximately one out of five supported the development or revision of Infant Toddler and Birth to Five Guidelines or Standards. Several HSCOs were also involved in revising preschool ELG/Ss and/or integrated Dual Language Learners into ELG/Ss.

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



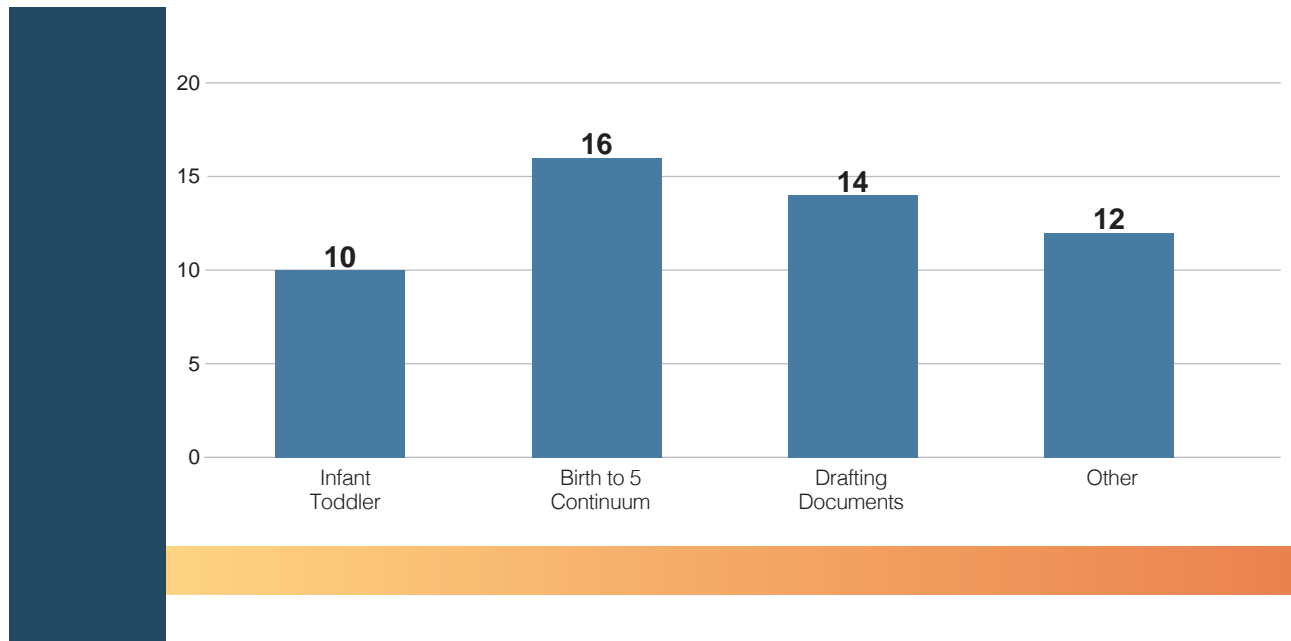
HSCOs work focused on:

- connecting ELG/S within their own state systems, as well as other state and Federal systems.
- including new research on brain and cognitive development, as well as integrating Universal Design for Learning (UDL) approaches.
- disseminating ELG/S to all programs within the state and providing information/connections to professional development.

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. Work was fairly evenly divided mainly between infant toddler, birth to five continuum, and drafting documents, with slightly more HSCOs focused on the birth to five (Graph 4d).

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



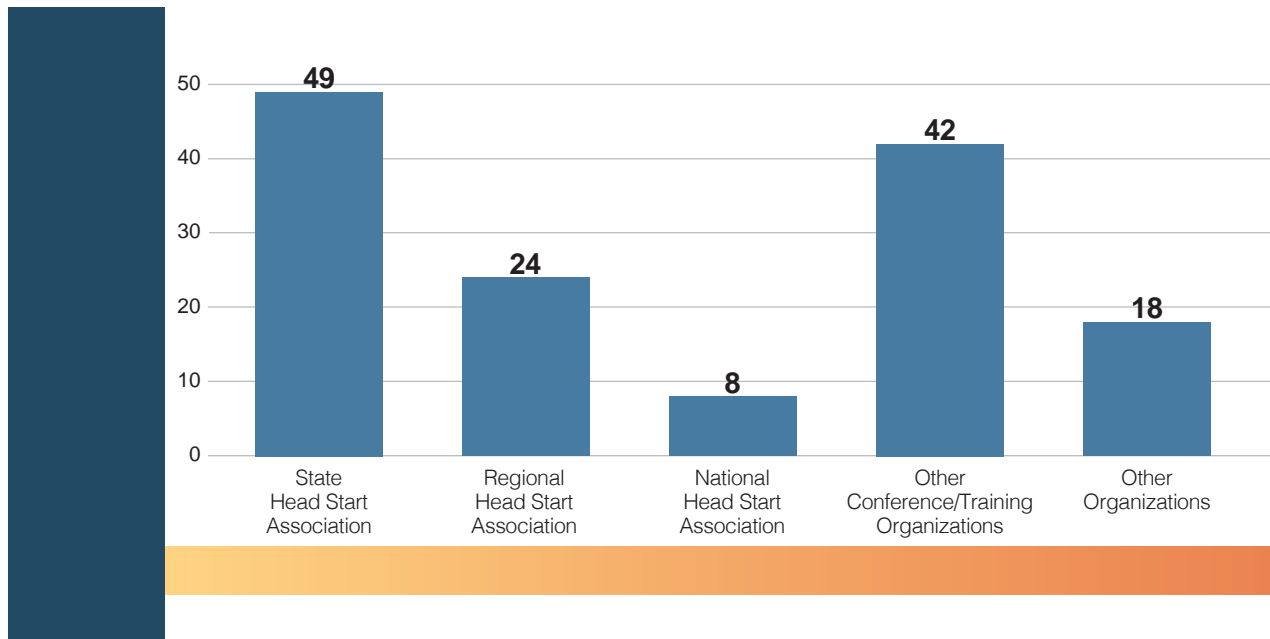
HSCOs continued to focus on building systems to support implementation of CKCs and use of CKCs to guide professional development. They also sought to align CKCs with other quality systems and integrate relationship-based professional development standards into CKC implementation. HSCOs also sought to expand CKCs to include the following:

- coaching.
- family services.
- administrators and leaders.
- mental health professionals.

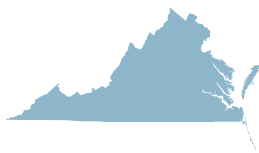
FACILITATING CONFERENCE OR TRAINING ACTIVITIES

Most HSCOs partnered with others to provide professional development opportunities such as conferences, webinars, and training. Due to the pandemic, some of these events were postponed until 2021 or canceled, but many were altered to virtual platforms. HSCOs partnered most with conference or training organizations during 2020, while maintaining strong collaborations with State Head Start Associations (HSAs). They also partnered with their Regional and National Head Start Association (NHSA) as well as other types of organizations (Graph 4e). Five HSCOs mentioned the National Center on Early Childhood Health and Wellness and their work to support the regional conferences to promote awareness of opioid misuse. Otherwise these relationships were with state-based organizations or national professional/non-profit organizations.

Graph 4e: Facilitating Conference or Training Activities



Collaborators other than the Head Start Associations ranged widely from state level departments, other professional organizations (including National and State Associations 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.).



The Virginia HSSCO Director has participated in planning, recruitment, and presenting at Virginia Department of Education's "Cups and Conversations" Forum. Monthly webinars allowed early childhood colleagues to discuss support to families and young children through the COVID-19 crisis and focused on topics from virtual services to health and safety measures for reopening. The participants included the diversity represented within the mixed delivery system.

Specific training topics within these collaborative professional development experiences integrated the breadth and depth of Head Start program comprehensive services and management systems. The HSCOs participated in workgroups and state initiatives, contributing the Head Start program perspective on needs and resources. They used data to identify professional development supports and resources while reducing duplication in professional development delivery. HSCOs engaged in:

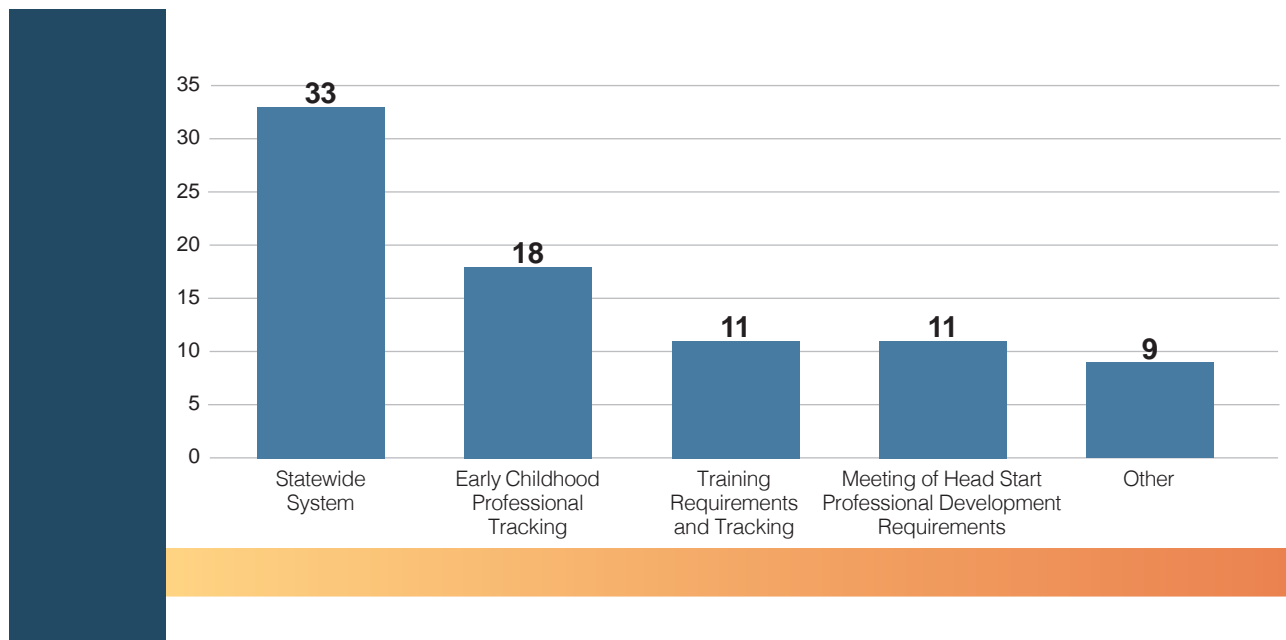
- continuing to plan, implement, and evaluate national (the Pyramid Model and Project Launch), regional (the Early Childhood Tribal Language Initiative), and local (the DC Quality Improvement Network) initiatives.
- developing MOUs in their states and multiple states with support from NHTSA.
- piloting programs to support quality improvement including training on specific topics, implementing coaching models, and examining equity within programs.
- contributing to virtual and in-person professional development activities to ensure staff have information and skills needed to provide quality services.

The Migrant and Seasonal Head Start (MSHS) Collaboration Office coordinated with the Florida State University Center for Child Stress & Health Virtual Learning Collaborative and the largest MSHS grantee in California to provide four consecutive learning sessions. These opportunities allowed MSHS grantee staff to consult with experts and other educators about toxic stress and trauma, mental health concerns in early childhood, social-emotional development, and trauma-informed classrooms.

DEVELOPMENT AND/OR IMPLEMENTATION OF PROFESSIONAL DEVELOPMENT REGISTRY

Three out of four HSCOs supported development and/or implementation of Professional Development Registries. Most of this work focused 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



HSCOs participated in registry workgroups and steering committees, sharing the Head Start program voice while also connecting the work to other quality systems in the state (e.g., Quality Rating and Improvement Systems, Early Learning Guidelines/Standards, and Core Knowledge and Competencies). The HSCOs also supported:

- web-based systems including online trainings.
- inclusion of state and regional trainer systems.
- launches of new and revised systems.
- programs accessing and using registries.
- tools to support individual professional development planning.

SUMMARY

The 2020 year presented new challenges to HSCOs as they worked on workforce and career development activities and as they redefined ways to promote staff development and retention. As in-person activities shifted to virtual meetings, HSCOs managed new technologies and were innovative in the ways they partnered with others to recruit new professionals and provide continuing education for those currently in the workforce.

2020 HEAD START COLLABORATION OFFICE BRIEF #5

Collaborating with State Quality Rating and Improvement Systems

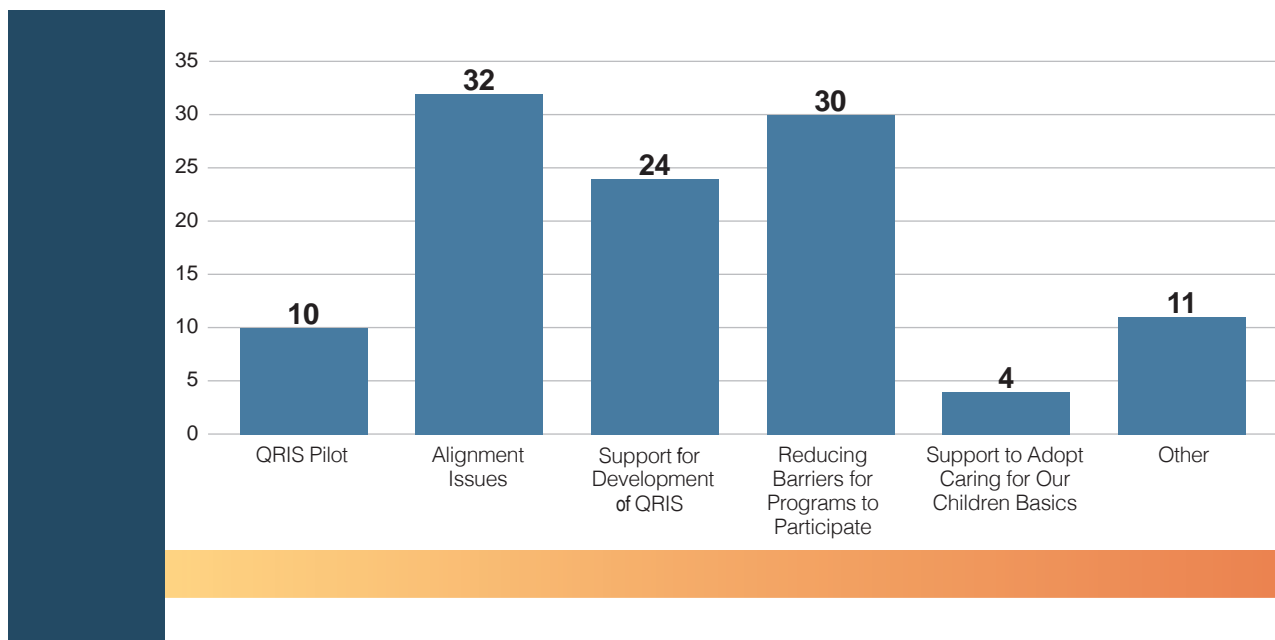
The Quality Rating and Improvement Systems (QRISs) measure the quality of early childhood services as defined by state or territory leaders. In some states or territories, these systems can complement the Head Start Program Performance Requirements (HSPPS) and monitoring requirements. In other states, significant challenges exist for Head Start program participation. During 2020, 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. HSCOs reported QRIS systems were in development, revision, completed, or in consideration. A few HSCOs reported the absence of a formal QRIS system, but indicated that quality systems were in place locally or regionally. Work was stalled in some states due to the pandemic.

Approximately four out of five HSCOs participated in regular meetings or communication with other early childhood education staff regarding QRIS systems. Regular communication included:

- meetings regarding oversight and revision of the systems.
- aligned communications about QRIS implementation.
- representation of the Head Start programs.

Almost all of the HSCOs were involved in the development/revision, alignment, or implementation of QRIS (graph 5a). Approximately two out of three focused on alignment issues and half of the HSCOs partnered to reduce barriers to Head Start programs to participate.

Graph 5a: HSCO QRIS Tasks



HSCOs supported quality and alignment within the development/revision process. They promoted alignment with the Head Start Program Performance Standards (HSPPS) and cross-walked other national quality systems to identify and replicate standard bearers. Some states expanded indicators to focus on additional measures of quality. HSCOs also engaged stakeholder voices to provide feedback regarding the implications for programs.

HSCOs sought to increase Head Start program engagement in QRIS by negotiating streamlined entry into the system by coordinating use of licensing, accreditation, and OHS monitoring findings. They also worked with partners to provide targeted professional development, helping to raise program quality in QRIS systems. Additionally, HSCOs partnered to increase parent access to programs with high QRIS levels.

SUMMARY

QRIS remained a priority for many HSCOs during 2020 as they worked with partners to ensure Head Start Program access and participation. Continuing many previous efforts, HSCOs worked to ensure programs could engage in the QRIS and with educated partners about existing quality systems within Head Start programs.



2020 HEAD START COLLABORATION OFFICE BRIEF #6

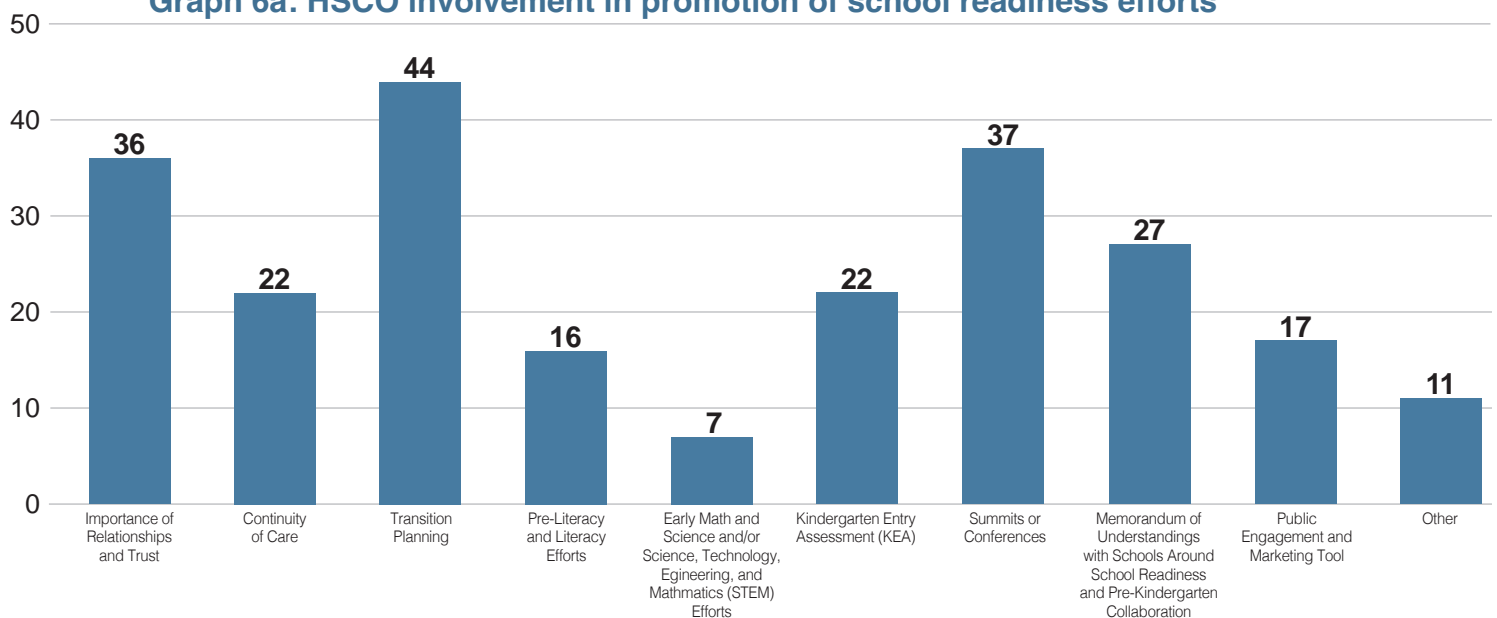
Working with School Systems to Ensure Continuity between Head Start Programs and Kindergarten

Working with School Systems to Ensure Continuity between Head Start programs and Kindergarten School readiness is a critical component of the Head Start Collaboration Offices (HSCOs) work. Through their collaborations, HSCOs support the Office of Head Start's mission to prepare children and families for school through comprehensive services and coordinated approaches. The connections within and knowledge of states, territories, and regions provide them with essential tools to promote high quality services that prepare children for success in school and beyond.

INVOLVEMENT IN SCHOOL READINESS ACTIVITIES

All HSCOs participated in school readiness efforts within their state, territory, or region. Most participated in transition planning with more than four out of five HSCOs supporting transitions (Graph 6a). About two out of three HSCOs partnered to support summits/conferences or worked to build relationships and trust.

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



HSCOs worked with receiving schools and school systems to provide significant support to early childhood education (ECE) programs through:

- workgroup participation focused on school readiness activities within mixed delivery systems.
- efforts to streamline kindergarten readiness activities.
- data analysis to measure progress toward school readiness goals, areas of high risk, and effective school readiness practices.
- alignment between school readiness activities, the Early Learning Guidelines or Standards (ELG/S), and the Head Start Early Learning Outcomes Framework (ELOF).
- innovative pilot approaches to school readiness.
- professional development and innovative service delivery.
- specialized work including culturally and linguistically responsive approaches, early childhood screening efforts, and fatherhood/family engagement activities.

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.



The North Dakota HSCO reported “superintendents/principals are seeing the benefits of incorporating the Birth to 5 early childhood community - they are able to locate children at a younger age that may need more services, seeing a difference when the children enter kindergarten and learning from the B-5 early childhood professionals that they are working with.”

INVOLVEMENT IN PRE-KINDERGARTEN ACTIVITIES

HSCOs maintained ongoing communication with state pre-kindergarten staff to enhance relationships and ensure Head Start programs are integrated into larger conversations about publicly funded preschool programs. Meetings focused on ways to enhance and streamline collaboration between Head Start programs and state pre-k systems. Almost every HSCO reported participation in pre-kindergarten activities, with most HSCOs engaged in partnerships. Often, these efforts were to build and enhance partnerships at the local level to enhance or expand pre-kindergarten opportunities. Some HSCOs focused on negotiating statutory guidelines and requirements to remove barriers to collaboration. Beyond sharing information about Head Start programs, HSCOs and their partners addressed:

- blended/braided Head Start programs and pre-kindergarten settings.
- communication/collaboration between local Head Start programs and Local Education Agencies (LEAs).
- Memorandum of Understanding (MOU) development and enhanced communication.
- incentives for collaborations to provide services to children and families with low incomes.
- program planning, implementation, and monitoring.
- support for family engagement.
- processes to streamline referrals, applications, and enrollment.

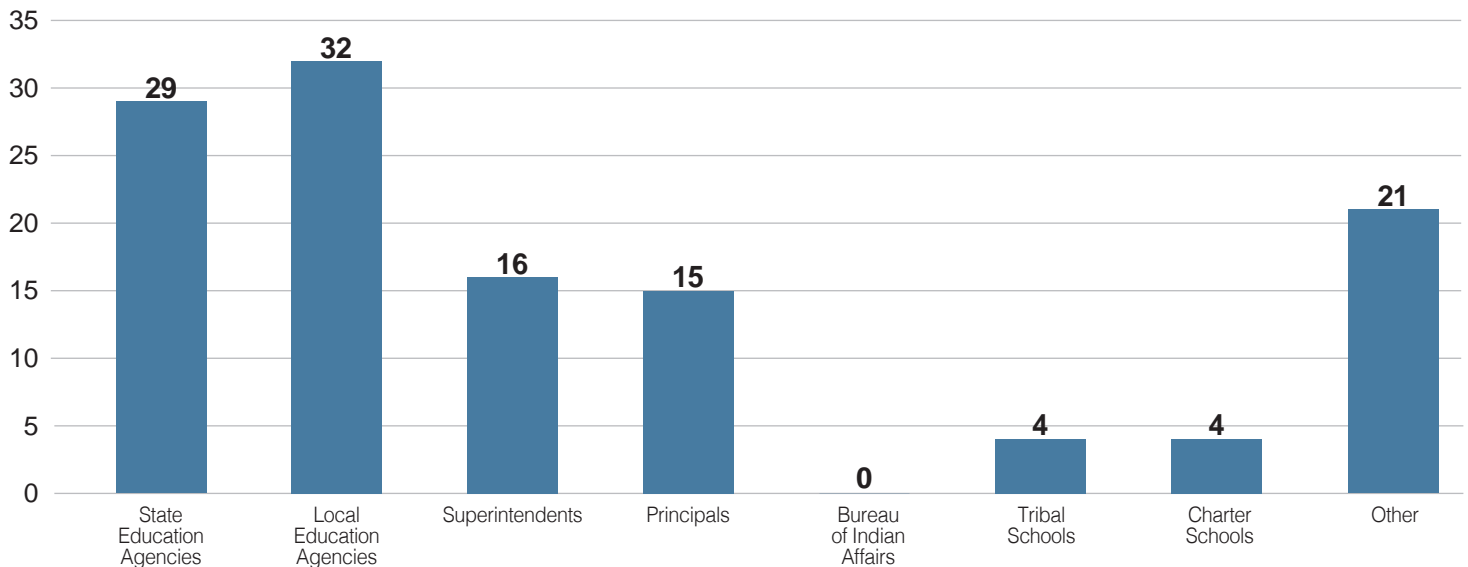
COLLABORATIONS WITH K-12 AND TRANSITION ACTIVITIES

In an effort to enhance alignment with and transitions to K-12 school systems, about two out of three HSCOs communicated or met with state K-12 staff on a regular basis. They engaged in ongoing communication that led to:

- MOU development at the state/territory and local level.
- development of considerations for children with disabilities and their families.
- planning and implementation of transition summits.
- crosswalks of transition policies and practices.
- activities to promote transition to kindergarten and support for increased enrollment.
- pilot transition projects including innovative, evidence-based practices.
- promotion of evidence-based transition planning through virtual conference presentations, resource dissemination, and meeting coordination.

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 populations that may be at risk and racial equity. Partnerships may have been part of the Collaboration Demonstration Project/100 School Reach or the PDG B-5.



The Nevada HSCO Director and the Office of Early Learning & Development focused on transition to kindergarten efforts due to the fact that many states are experiencing student enrollment declines due to COVID-19, largely driven by sharp drops in the number of children registered for kindergarten. This trend could have major consequences for school districts as they prepare for the 2021-2022 school year. Significant portions of children could enter first grade without formal kindergarten experiences, and some families may choose to delay kindergarten a year, leading to possible spikes in enrollment. Child care providers and local education agencies are up against an unprecedented challenge that could impact children for years to come. The HSCO Director helped to lead collaborative efforts with the Nevada Ready! State Pre-K team and Education Counsel to develop a plan for these transitions with school districts, community child care programs and Head Start Grantees.

SUMMARY

HSCOs worked hard to maintain collaborations with Pre-Kindergarten and K-12 partners and worked to navigate the impacts of the pandemic. For many HSCOs, this meant continuing the conversations and planning around MOUs, transition, and increasing access to eligible children and families. In some cases, it required adjusting to pandemic challenges around enrollment, learning loss, and other concerns created by the crisis.

2020 HEAD START COLLABORATION OFFICE BRIEF #7

Early Education System Beyond Quality Rating and Improvement Systems

Head Start programs are part of a larger early childhood system that includes child care partners, home visiting, and general education settings. The Head Start Collaboration Offices (HSCOs) coordinate within these systems to promote quality and ensure the perspective of Head Start programs is represented. Within each system there are different requirements, needs, and challenges which HSCOs understand and integrate into work to support mixed delivery systems.

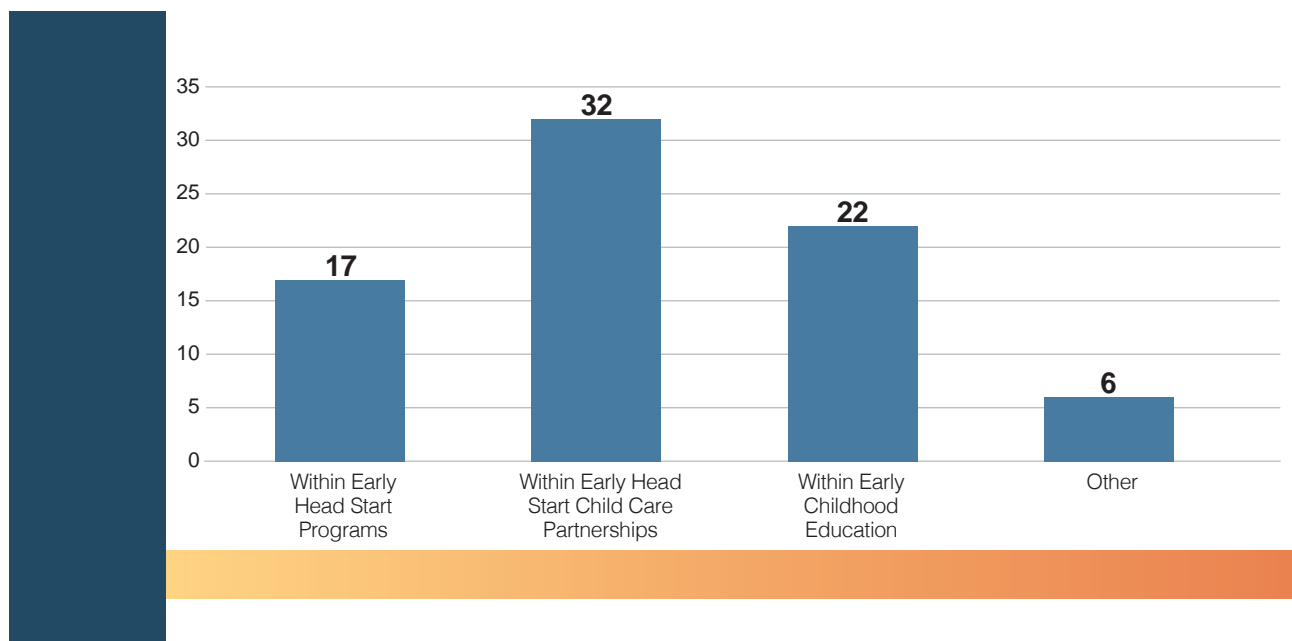
Regular meetings and communication supported HSCOs as they informed the Office of Head Start about state, territory, and regional activities and prioritized tasks within their scope of work. Most HSCOs reported ongoing communication with child care staff. Several also indicated meeting and communicating with early childhood education (ECE) professionals including health, disabilities, literacy, advocacy, faith-based, philanthropic, and social service organizations.

Several of the HSCOs discussed the ways that reorganization within their funded departments supported communication and streamlined work. During 2020, several HSCOs were moved to other departments to streamline coordination with partners whom they collaborate with frequently. Additionally, HSCOs participated in interagency teams whenever possible, allowing all of the stakeholders to work together to plan, implement, and evaluate various activities.

EFFORTS TO INCREASE QUALITY INFANT AND TODDLER SPACES

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

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



HSCOs indicated the work entailed:

- making recommendations regarding policies to improve access.
- implementing grants (from the Preschool Development Grant, foundations, and state funding).
- focusing on eligible populations such as children experiencing homelessness, foster children, and dual language learners for all eligible families.
- expanding home visiting programs.
- recruiting and supporting a high quality infant toddler workforce.
- partnering with experts to address racial equity.



The Georgia HSCO is a member of the Georgia Early Education Alliance for Ready Students (GEEARS) Infant and Toddler Work Group representing Early Head Start programs which focused on addressing racial equity among our ECE stakeholders & state agencies. This workgroup conducted a self-assessment and held multiple virtual meetings with an outside consulting agency to understand and address the issue.

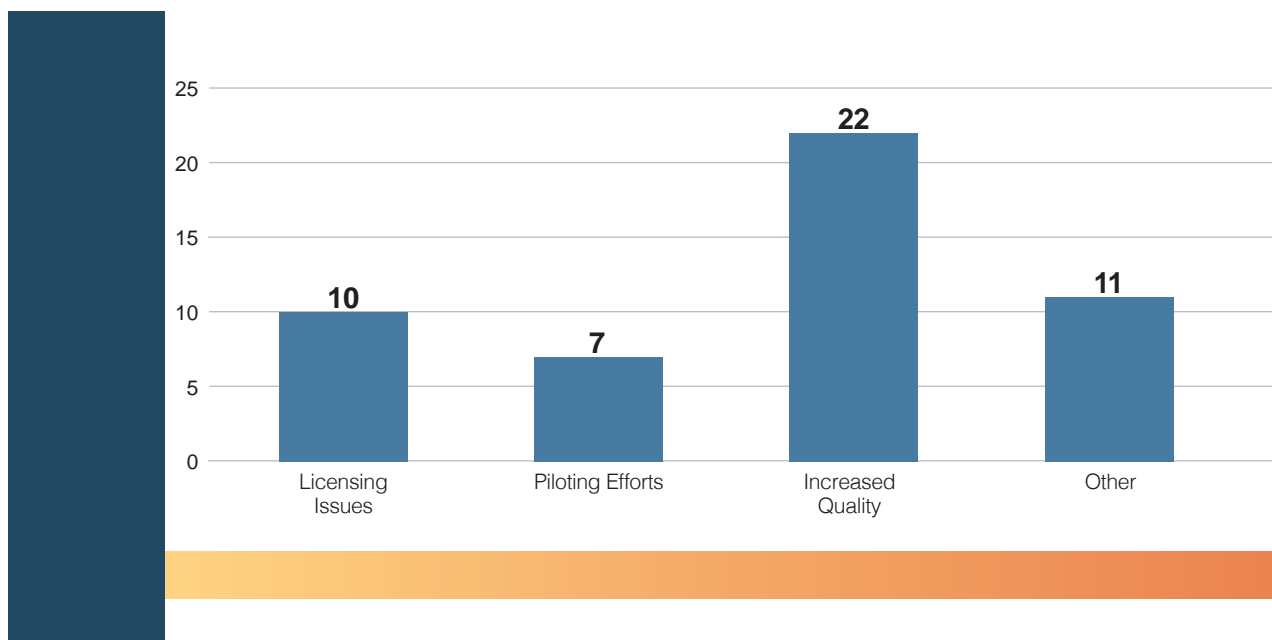
CROSSWALKS OF CHILD CARE LICENSING AND THE HEAD START PROGRAM PERFORMANCE STANDARDS (HSPPS)

Half of the HSCOs reported progress on partnering to create crosswalks between child care licensing and the HSPPS. One out of five HSCOs reported being in discussion, while other HSCOs started the process (one out of six) or completed it (one out of ten). One HSCO commented that regulations for COVID were being integrated into revisions. Several HSCOs commented that the crosswalks were used to support programs in achieving 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).

Graphic 7b: Family Child Care



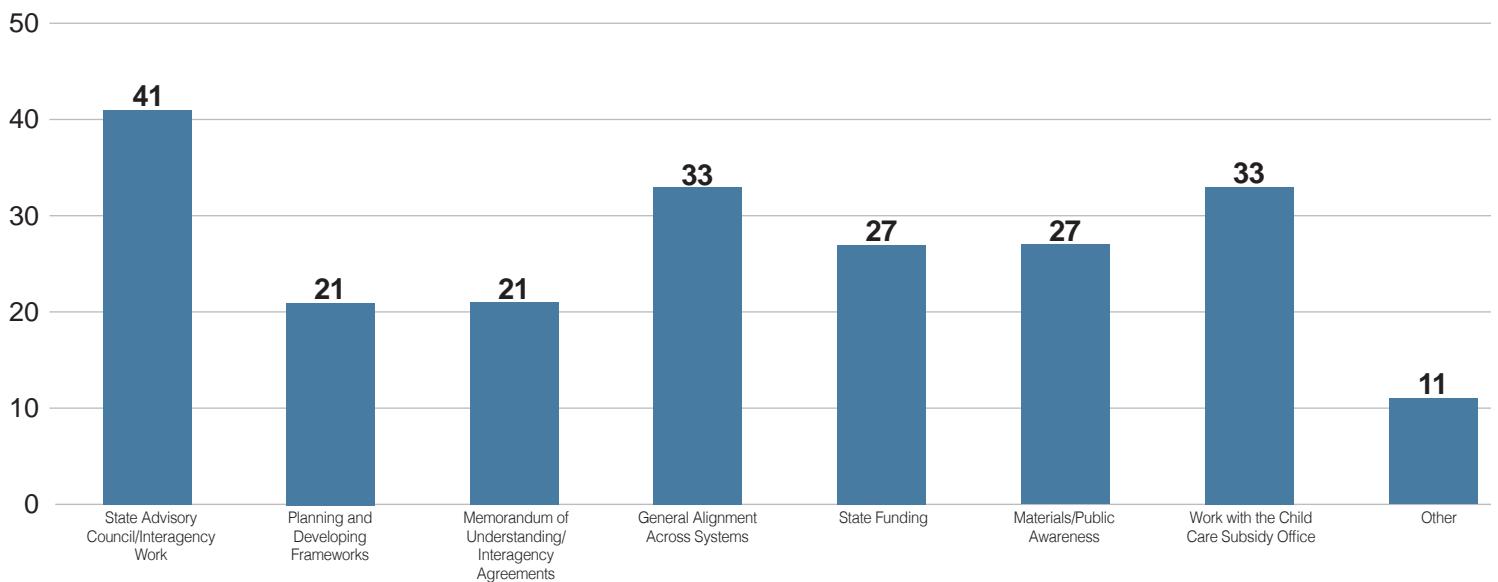
Specifically, HSCOs were able to:

- connect FCC to professional development opportunities including topics such as mental health and school readiness.
- support alternative career pathways for FCC providers.
- facilitate FCC provider workgroup participation to scale up expansion of FCC programs and EHS CCP participation.
- strengthen relationships with Early Head Start programs operating FCC program options.

GENERAL EARLY CARE AND EDUCATION SYSTEMS

HSCOs engaged with general early care and education systems most frequently by participating in the State Advisory Council (SAC) or conducting general alignment across systems (Graph 7c). For some HSCOs, the work was part of PDG B-5.

Graphic 7c: General Early Care and Education Systems



HSCOs worked on aligning practices with other early childhood quality systems, disseminating evidence-based resources, supporting family and community outreach, and addressing equity and access. Specifically, HSCOs partnered on:

- promoting public awareness of funding streams and early childhood systems.
- developing MOUs and strategic plans to improve local collaborations.
- sharing data (particularly enrollment data) to strategize management of multiple funding streams.
- representing Head Start program staff and family perspectives in early childhood projects.
- participating in a national study facilitated by the National Head Start Association.
- coordinating intake systems across multiple providers.

SUMMARY

In 2020, HSCOs worked across the mixed delivery systems to integrate Head Start program experiences into the broader conversations about access to quality child care and strategies to improve services. They supported partners working with providers across the early childhood landscape by building partnerships, promoting public awareness, and supporting professional development.

2020 HEAD START COLLABORATION OFFICE BRIEF #8

Parent, Family, and Community Engagement

Family engagement and community partnerships are a major focus of Head Start programs and are highly valued. Therefore, all of the Head Start Collaboration Offices (HSCOs) prioritize activities that promote parent, family, and community engagement in culturally and linguistically responsive ways.

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

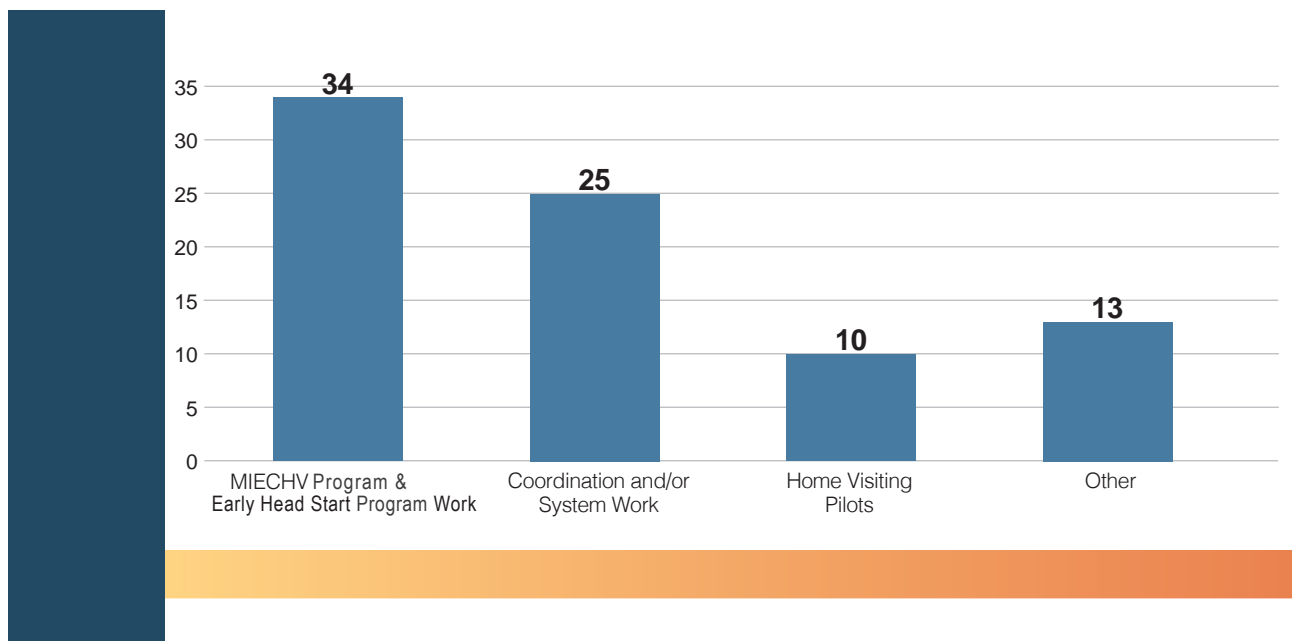
Approximately two out of three HSCOs reported using the PFCE Framework in their work. It served as a:

- connection between early childhood and K-12 family engagement systems.
- tool to promote family representation on governing structures in early childhood systems.
- support for strategic planning, resources/publications, and ELG/S development/revision.
- means to engage in interagency collaboration.

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) initiative and Early Head Start programs (Graph 8a). They participated in coordination and/or systems work, focused on addressing equity issues for populations who may be at risk, and helped develop or support home visiting pilots.

Graph 8a: HSCO Work around Home Visiting



Many HSCOs engaged in workgroups or coalitions, promoting home visiting throughout their state, territory, or region. Their work sought to:

- integrate racial justice resources into home visiting activities.
- self-assess systems for racial equity and cultural responsiveness.
- promote home visiting for eligible populations including homeless, tribal, and migrant.
- support data analysis and strategic planning.
- enhance referral and intake systems for home visiting.

- help to recruit pregnant women and families.
- connect home visiting to other service providers.

DUAL LANGUAGE LEARNERS AND CULTURAL RESPONSIVENESS

Two out of five HSCOs conducted efforts to support dual language learners and cultural responsiveness. Most focused on supporting professional development opportunities, reinforcing equity measures, and promoting inclusivity within strategic planning. Five HSCOs developed Memoranda of Understanding (MOUs) or worked with the Office of Refugee Resettlement (ORO) and five worked on development of early English Language Learning (ELL) Development Standards.

Collaborative activities focused on integrating equitable, inclusive, and responsive approaches into professional development and strategic planning. HSCOs in the American Indian/Alaska Native (AIAN) and Migrant and Seasonal Head Start (MSHS) Regions engaged in specific activities to promote the language and culture of tribal and migrant families by planning specific activities within their regions. HSCOs also promoted:

- race and equity initiatives.
- assistance to immigrant families.
- health equity for refugee, tribal and migrant families.

Partnerships within PDG B-5 and with the BUILD Initiative supported these efforts. Additionally, many HSCOs reported implementation of evidence-based training on dual language learners and racial equity for HSCOs, state level organizations, and program staff.



The Arkansas HSCO and the Equity Leaders Action Network (ELAN) Advisory Committee continued to work on a professional development model to address diversity, disparities, and inequities in Arkansas' Early Childhood System for teachers, administrators, families, communities and legislators called "Stepping Up to Racial Equity in Arkansas" (SUTREAR). The project resulted from the three-year ELAN project sponsored by the BUILD Initiative and funded by the W.K. Kellogg, Foundation. The plan included a webinar series entitled "Six Degrees to Racial Equity in Early Childhood Education (6D-REECE)".

CHILD WELFARE

One out of five HSCOs worked on MOUs with Child Welfare. They sought to revise MOUs to streamline referral processes for categorically-eligible children, provide cross-training opportunities for staff, and improve service coordination for children and families. Others without MOUs reported mapping locations to support collaborations between Head Start programs and the state agency supporting child welfare. They also participated in collaborations or workgroups and contributed to child abuse prevention activities.

PFCE MATERIALS AND CONFERENCE DEVELOPMENT

During a year with many restrictions due to the pandemic, most HSCOs partnered to develop materials and/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.

HSCOs worked on conference planning teams and content-specific workgroups to gather and analyze data regarding resources used by Head Start programs and their impacts on program outcomes. Heavily influenced by the pandemic, their work included a wide range of topics in their materials and conference planning work:

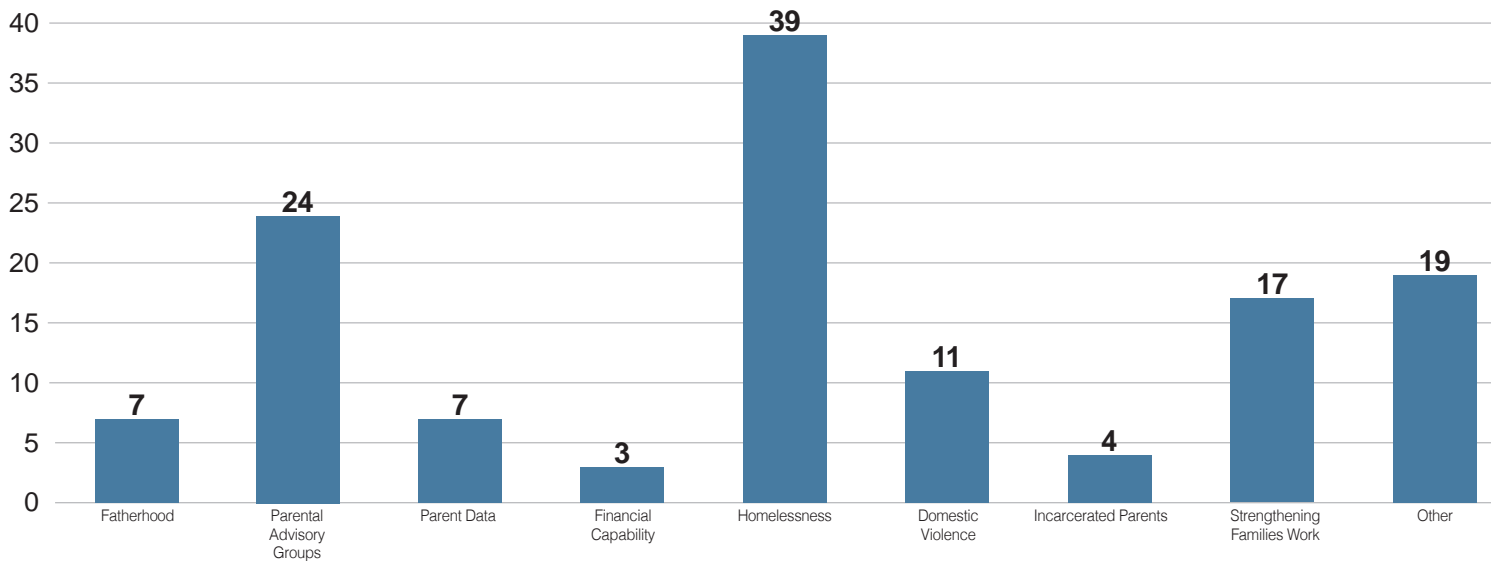
- engaging parents in the child assessment process
- paradigm shifts in family engagement
- transition to kindergarten

- fatherhood
- incarcerated parents
- financial management
- family literacy
- pregnant women
- the Strengthening Families framework
- parent cafes

SPECIFIC TOPIC AREA WORK

Most HSCOs reported specific topic area work related to PFCE. The most frequent topic that HSCOs addressed was homelessness, while parent advisory groups and Strengthening Families work were addressed frequently (graph 8b). Domestic violence was an area of work for several HSCOs as well.

Graph 8b: HSCO Specific Topic Area Work



Whether engaged in advisory committees, workgroups, or other partner groups, HSCOs facilitated work to address many pressing issues for programs. Activities included:

- disseminating parent advocacy and engagement trainings while supporting the development of parent cabinets, advisory committees, and ambassador programs.
- partnering to support work on homelessness through:
 - data driven strategies.
 - partnerships with housing agencies and homelessness organizations.
 - streamlining funding supports.
 - improving referral systems.
 - professional development opportunities.
- implementing pilot projects to address eligible populations.
- supporting 2020 census data collection.
- coordinating Strengthening Families work to promote evidence-based practices.



Since the onset of the COVID pandemic many people lost their jobs, causing an increase of families that are homeless. The New Jersey HSCO worked with the Department of Education, Office of Student Services, and the Department of Labor to establish policies to 1) support Head Start programs in enrolling families with young children who are homeless and pay for their pre-k slots; and 2) provide transportation for children experiencing homelessness to attend Head Start programs in Pre-K classrooms. The HSCO also worked with the Department of Labor to establish a pilot project to expand child care services to families who were unemployed. Through “One Stop” referrals, children were referred, and the Family Worker supported families in accessing job trainings or obtaining an infant and toddler Child Development Associate® (CDA).

SUMMARY

HSCO activities to promote family and community engagement continued to focus on integrating within statewide, territory, or regional activities, but had an increased focus on equity and access for eligible families that may be at risk. Throughout 2020, HSCO activities focused on the needs as they were prioritized throughout the year, both through the pandemic itself and the high level of needs it revealed.



2020 HEAD START COLLABORATION OFFICE BRIEF #9

Health Services

Since the inception of Head Start programs, health has been integrated into comprehensive service delivery. Physical, mental, oral, and nutritional health and child development are linked to promote school readiness. Therefore, all Head Start Collaboration Offices (HSCOs) engaged in a wide range of health activities with partners throughout their state, territory, or region in 2020. Furthermore, the pandemic expanded these collaborative activities to ensure families continued to access health resources when most needed.

MEDICAL AND DENTAL HOME

During 2020, slightly less than half of the HSCOs participated in dental home activities, with one out of three participating in medical home activities. HSCOs used the Program Information Report (PIR) to track data regarding access to a medical and/or dental home and shared this information with partners. They used this data to drive their work. Each effort sought to promote health equity. Specifically, HSCOs:

- coordinated with pediatric partners to support access, increase family health literacy, and promote well child visits and immunization.
- supported pilot projects to increase referrals, expand access through telehealth strategies, and disseminate resources.
- integrated mental health resources within the medical home.
- increased access for migrant workers to migrant health centers.

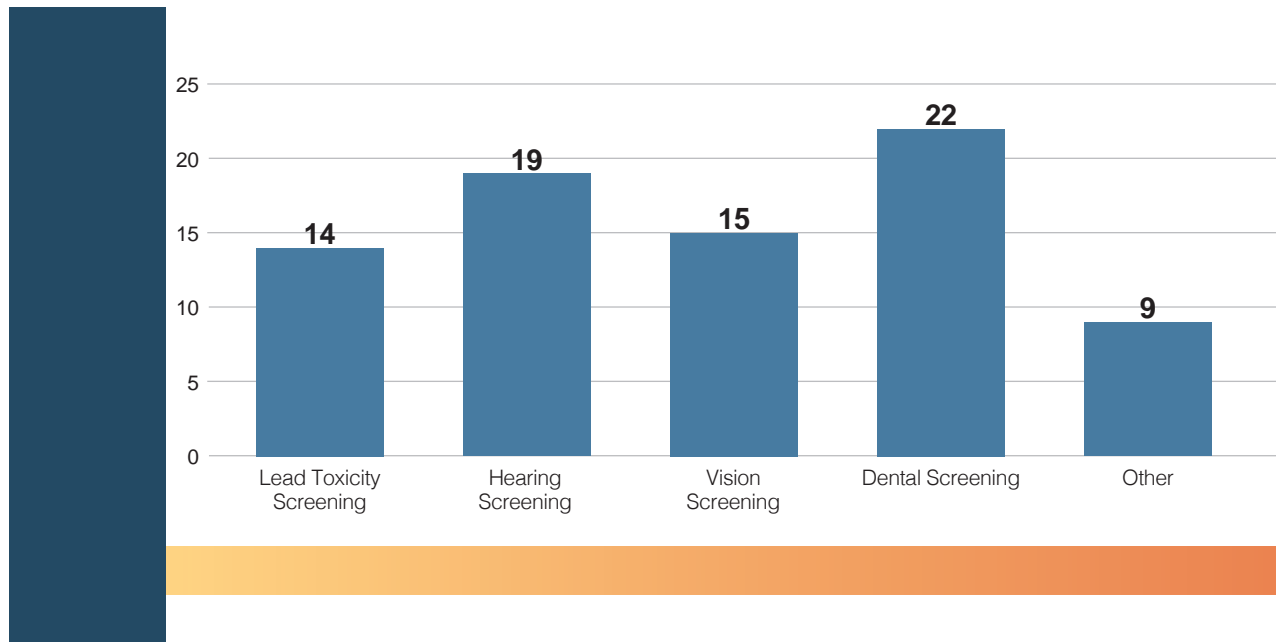


In Massachusetts, the Infant and Early Childhood Mental Health (IECMH) Primary Care Integration Workgroup in which the HSCO is involved, developed a strategic plan to transform pediatric primary care practices to include IECMH. They completed a position statement on IECMH integration into primary care and recommendations for promotion, prevention and interventions strategies and have begun to plan implementation in various sites.

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

Screenings help Head Start programs identify and address the health and developmental needs of enrolled children. Two out of five HSCOs reported involvement in screening activities with most supporting dental and hearing screenings (graph 9a). Other collaborative work focused on developmental screening, in particular the integration of the Center for Disease Control and Prevention's (CDC) "Act Early. Learn the Signs." Campaign. This national campaign focuses on using developmental screening to identify delays early and make prompt referrals for services.

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



HSCOs focused on ensuring programs had resources and connections needed to ensure all children were screened and up to date on well child care. They also partnered to increase public awareness of screening activities, advocated for lead poisoning prevention and clean water, and supported newborn hearing screening and follow up.

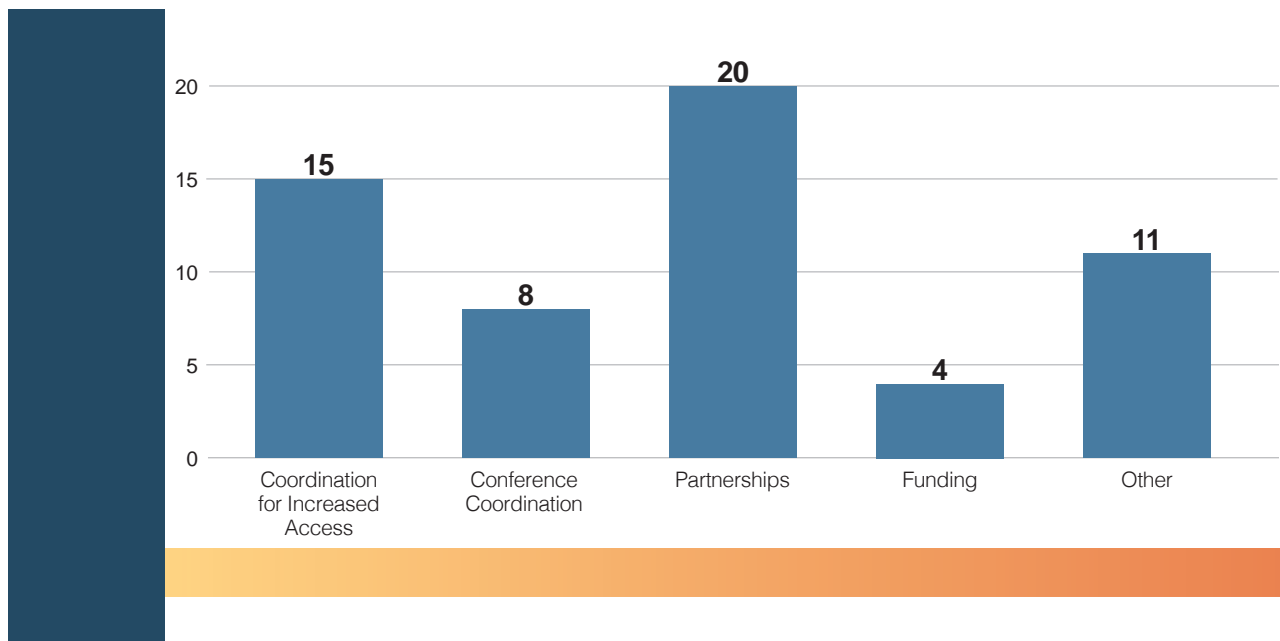


In September, Utah's HSCO presented Early Childhood Utah's (ECU – the state advisory council) plan to coordinate universal developmental screening practices to the Governor's Early Childhood Commission. The Commission unanimously endorsed the recommendation and asked all early care and education providers and health care professionals to start using the Ages and Stages Questionnaires, Third Edition (ASQ-3) and the Ages and Stages Questionnaires, Social and Emotional, Second Edition (ASQ:SE-2) to screen children birth through age five.

ORAL HEALTH

Half of the HSCOs partnered to support oral health services, focused on building partnerships and coordination to increase access (Graph 9b). By leading or engaging in workgroups or coalitions, HSCOs were able to identify barriers and work to solve issues related to access. Many programs offer services in "Oral Health" deserts where professionals are unavailable or do not accept the types of insurance families have. These collaborations seek to increase the numbers of health care providers available and streamline insurance processes to increase access. Specifically, HSCOs worked with partners to continue recruiting dentists to geographic areas of high need and addressed the lack of pediatric dentists.

Graph 9b: Oral Health Initiatives



HSCOs used data to plan oral health activities that promoted engagement of Head Start programs in larger oral health initiatives. They engaged in:

- disseminating resources to support oral health practices (specifically providing toothbrushes, toothpaste, and other oral hygiene supplies directly to families in programs delivering virtual services).
- developing Memoranda of Understanding (MOUs) to share data and streamline services.
- participating in planning fluoridation strategies.

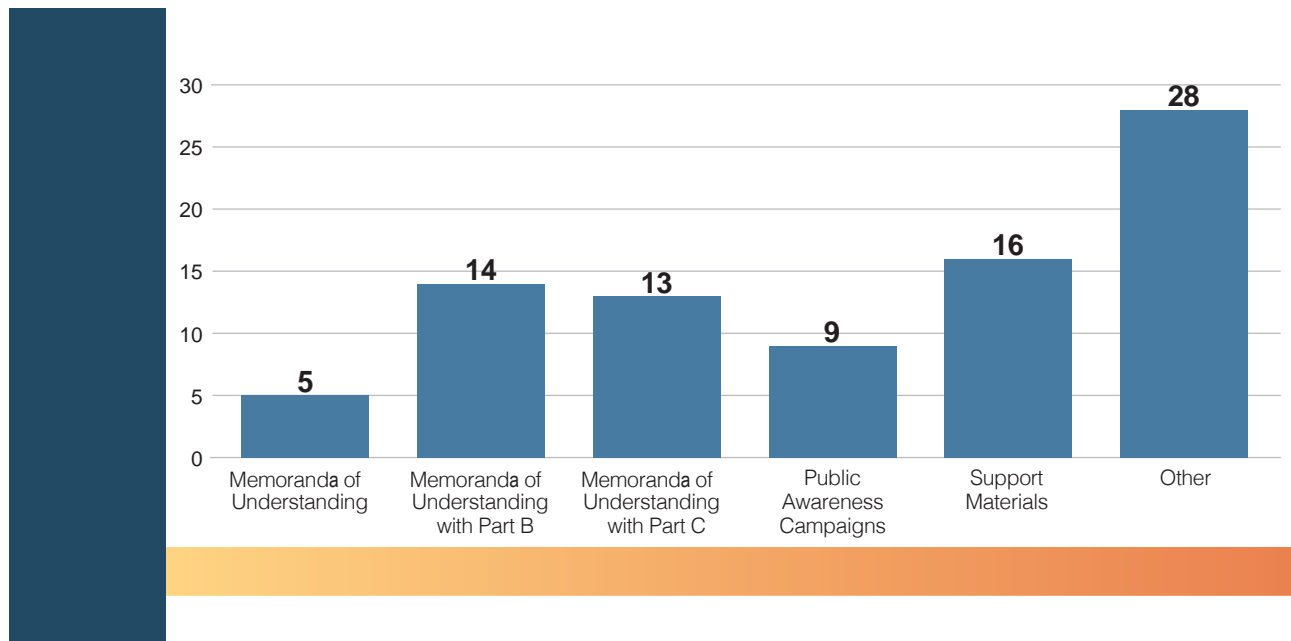
HEALTH NETWORK INVOLVEMENT

Health networks support ongoing planning within states, territories, and regions. They include networks of state-based health agencies serving young children and Head Start Health Manager networks. Half of the HSCOs participated in these networks, with some facilitating or managing them. HSCOs reported strong encouragement for comprehensive services and supporting interagency coordination within these networks.

EARLY CHILDHOOD AND DISABILITIES

Head Start programs prioritize early identification and intervention to promote children's school readiness and sustain them in later success. Most HSCOs engaged in disabilities work (Graph 9c), often participating in statewide activities such as professional development, promotion or support for disability services, developmental screening and evaluation, and inclusion.

Graph 9c: Early Childhood and Disabilities Activities



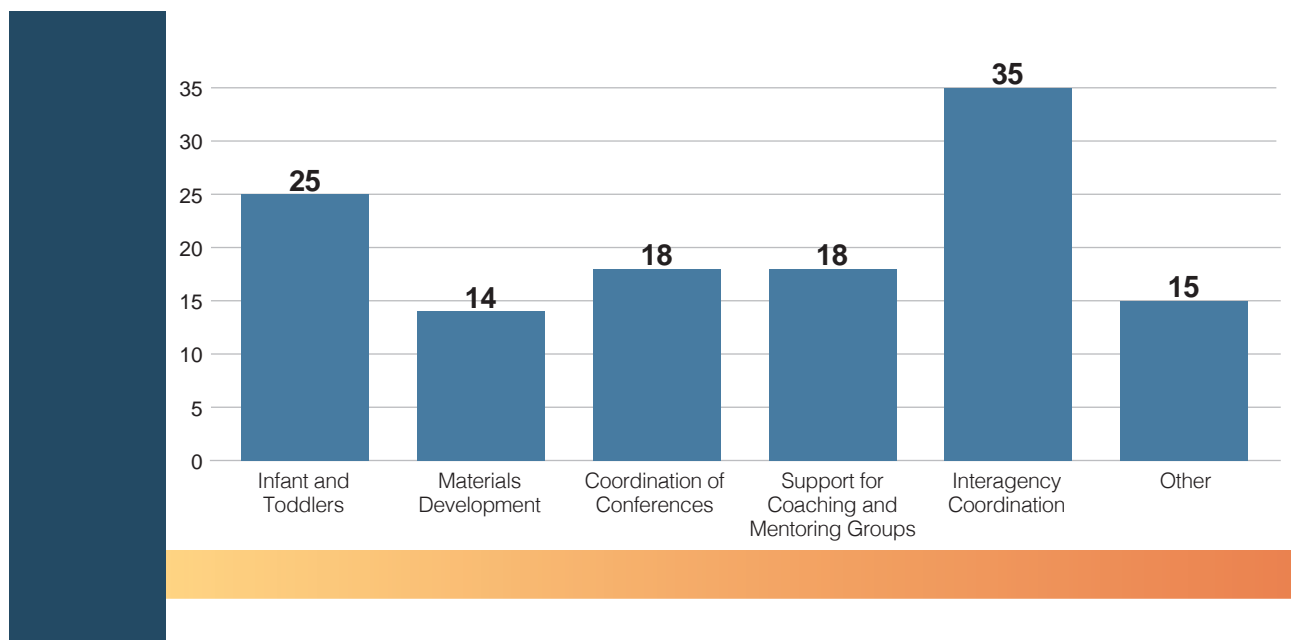
HSCOs engaged in developing and tracking MOUs to support inclusive services including professional development, referrals, family engagement, and joint case management. HSCOs also reported participating in

- State, Territory, and Local Interagency Coordinating Councils - organizations dedicated to collaborating across fields to promote inclusion.
- professional and career development activities to support current staff and also to increase the number of special education professionals available to serve young children.
- discussions to increase the amount of inclusive settings.
- strategic planning regarding transitions for children with disabilities.

MENTAL HEALTH

Most HSCOs engaged in mental health activities within their state, territory, or region. The majority engaged in interagency coordination or infant toddler mental health (Graph 9d). One out of three HSCOs focused on support for coaching and mentoring and conference coordination as means to increase understanding of and access to services around mental health.

Graph 9d: Mental Health Activities



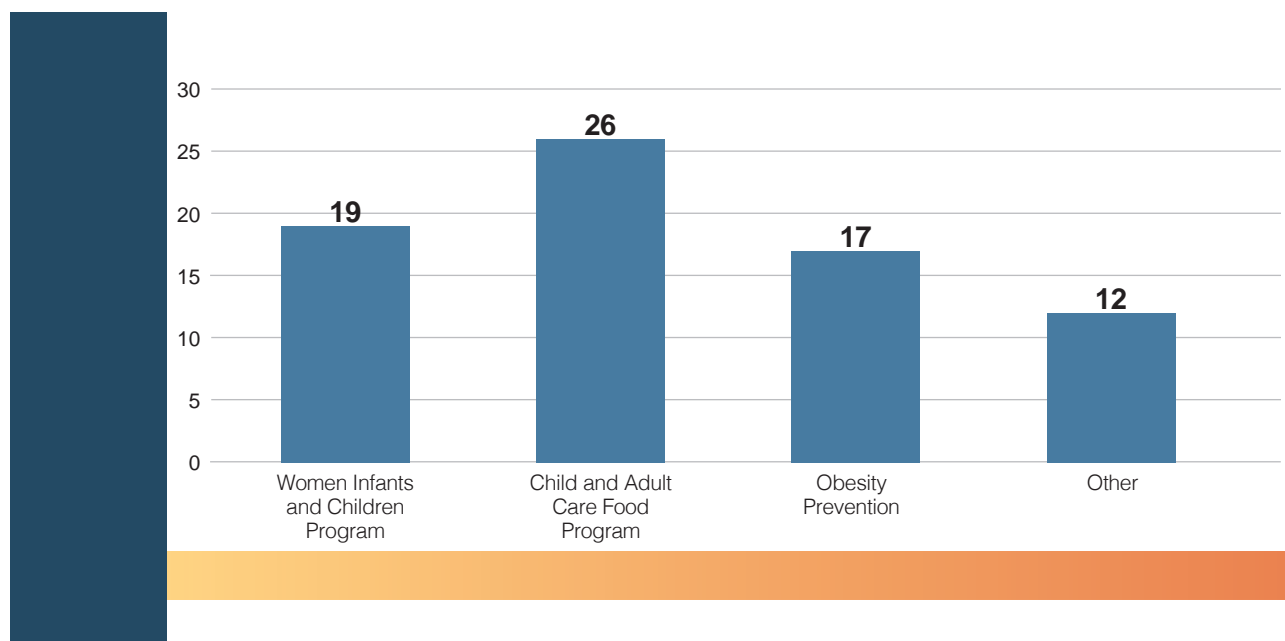
HSCOs participated in workgroups, task forces, and other organized collaborations to drive professional development, policies, and programmatic approaches that addressed specific mental health needs and populations. Areas of focus included:

- adoption of evidence-based models (such as Positive Behavioral Intervention Systems, the Pyramid Model and mental health consultation).
- anti-racist and equitable approaches.
- suspension and expulsion.
- opioid and substance misuse.
- infants and toddlers.
- domestic violence and child maltreatment.
- Adverse Childhood Experiences and trauma.
- staff wellness.

NUTRITION

Access to nutritious meals and physical activity supports young children’s healthy development. Effective programs require strong collaborations with state and local social service agencies in order to provide these nutrition services. Many HSCOs engaged in nutrition activities by collaborating with the Child and Adult Care Food Program (CACFP), and connecting with Women, Infants and Children (WIC) program and obesity prevention efforts (Graph 9e).

Graph 9e: Nutrition Activities



HSCOs focused on:

- developing MOUs with Women Infants and Children Program, Child and Adult Care Food Program, Supplemental Nutrition Assistance Program, and/or Child Care Development Fund.
- offering home visitors guidance for families in how to best use benefits during the pandemic.
- participating in workgroups to address food insecurity.
- coordinating seamless summer food programs.
- promoting awareness of breastfeeding-friendly child care programs.
- including CACFP training in apprenticeship programs.
- Streamlining application and enrollment forms.

- collaborating to support obesity prevention programs by:
 - expanding nutrition consultation.
 - enhancing professional development.
 - strengthening standards.
 - integrating obesity prevention into Quality Rating and Improvement Systems.
- supporting farm to program activities through Child and Adult Care Food Program.

SUMMARY

HSCOs continued many of their existing initiatives during 2020, supporting programs in increasing access to health services and promoting healthy lifestyles. HSCOs partnered to address health equity concerns, improve access, and promote resources for programs to implement with children, families, and staff. Additionally, as the pandemic revealed more intense health needs within communities, resources were identified by the HSCOs and their partners to address the needs.



2020 HEAD START COLLABORATION OFFICE BRIEF #10

COVID-19 Impacts and Responses

The pandemic significantly impacted all Head Start programs, families, and staff during 2020, interrupting program operations and creating significant needs within communities across the nation. The Head Start Collaboration Offices (HSCOs) experienced changes in everyday practice, as well as their roles within the state, territory, or region they serve. While some priorities and practices changed profoundly, new and innovative ways of addressing needs presented opportunities for HSCO leadership.

Most importantly, HSCOs turned their attention to program needs. To support Head Start programs as they coped with operation changes due to the pandemic, HSCOs partnered to:

- provide ongoing data about the pandemic and information about state/territory and local guidance.
- support dissemination of emergency funds to help programs maintain operations and keep staff employed.
- advise state/territory/regional leadership in health and safety guidelines and requirements for reopening.
- coordinate distribution of supplies (e.g., food, diapers, personal protective equipment, cleaning supplies, thermometers, winter coats, home learning supplies and technology) to programs and families in need.
- develop family outreach supports for programs to stay connected to enrolled families.
- create emergency child care centers and help programs operate safely to serve essential workers.
- advocate for “essential worker” status for early childhood education staff to support families who were required to work outside of the home during statewide shutdowns and ongoing pandemic restrictions.
- offer guidance to programs as funding for blended and partnership models decreased or was eliminated.
- focus on specific needs of eligible populations with a lens on homeless, tribal, and migrant families.
- analyze data related to underenrollment to promote services for families in need during the pandemic.
- facilitate vaccination clinics (influenza and Covid-19).
- address a growth in co-related factors such as:
 - child abuse and domestic violence
 - substance misuse
 - unemployment
 - access to health and nutrition services
 - mental health needs

The pandemic changed many of the ways HSCOs conducted their work. HSCOs partnered to cancel, postpone, or transition to virtual meetings and conferences. Much of their work that was in progress was put “on hold” or postponed until the pandemic subsided. Work related to Quality Rating and Improvement Systems, Early Learning Guidelines/Systems, and credentials and certifications was most impacted and slowed, while HSCOs shifted their attention to responding to the crisis with their partners, providing regular virtual forums for program communication and responding to immediate needs.

NOTEWORTHY EXAMPLES OF PANDEMIC WORK INCLUDE:



The Governor of Georgia required all state agencies to reduce their budgets by 6 percent in Spring 2020 in preparation of economic impacts of COVID-19. The GA Department of Early Care and Learning (DECAL) applied this budget cut to their non-federal share program for Child Care Development Fund (CCDF) subsidy, eliminating grant funding for EHS-CCP grantees. Families were still able to access subsidies but grantees no longer received a set amount from the state. Each family would have to apply for funding themselves and maintain their subsidy eligibility rather than receiving funding through the grantee. The HSCO met with the CCDF Lead Agency team to develop and disseminate new procedures to address these changes and provided training to grantees to apply the new process. Additionally, the HSCO supported individual grantees who had challenges to discuss ways to use the Cares Act and COLA funding to offset the impact of this change. The Regional Office and HSCOs provided grantees with information about layered subsidy and the grantee's role in Eligibility, Recruitment, Selection, Enrollment, and Attendance procedures.



Researchers at University of Missouri received a small grant to exam how the COVID-19 pandemic impacted families with preschool-aged children, specifically focusing on the influence and effect of time away from preschool on children's development. The research study asked parents to take an online survey about activities that their child has been engaged in while they were not in preschool. The research will define what strategies worked best to support child development and the impacts of the pandemic on parental stress. The survey is designed to learn ways to support families during times of stress and whether the stress is due to future concerns or day to day stress.



The Texas HSCO partnered with a private childhood education company to prepare mental health kits, with materials, books and activities for program staff to use with children face-to-face and virtually to address mental health concerns, social emotional issues and substance misuse due to COVID-19.



In Utah, the HSCO enhanced family engagement with dual language learners, working closely with the Office of Child Care (OCC) to provide Centro de la Familia de Utah the resources and support needed to start services for migrant farmworkers. The HSCO worked with OCC to get personal protective supplies including face masks, hand sanitizer, gloves and thermometers to Centro for their staff and families during a time when these supplies were scarce. The HSCO also worked with a local church group to make and provide fabric face masks to migrant farm workers in the field. Lastly, the HSCO worked closely with the Department of Health's Office of Health Disparities to provide free COVID-19 testing to Centro's staff and all migrant farm workers in the State of Utah.



During COVID, the Mississippi HSCO hosted meetings between the Health Department, Department of Education, Child Protective Services, the Mississippi Children's Museum, and others to work on coordinating child care. The Health Department set up Safe Spaces and the Mississippi Department of Education (Child and Adult Care Food Program) reached out to school districts and found that the rural areas had meals delivered by bus routes. The Mississippi Children's Museum was able to serve as a pop-up child care facility to serve children ages 4-12 and could hold 175-200 children.



One issue that rose to the top during the pandemic was domestic violence. With families quarantining, unemployment rates rising, and stress increasing within families, the number of calls to the hotline had more than doubled. The Connecticut HSCO Director worked with the Connecticut Coalition to End Domestic Violence to offer a professional development session on Intimate Partner Violence (IPV) during COVID. Discussions addressed referrals and resources for support, as well as how to have virtual conversations with people about IPV when the abuser is in the same room. This session was followed-up by two coaching sessions where Head Start staff could ask specific questions and get support. Our partners were then engaged at the regional level to share this effort with Training and Technical Assistance staff.

