



**FY 2020 Quality Funding for
Head Start Programs and
Supporting Children and Families
Impacted by Trauma**

Webinar Presenters



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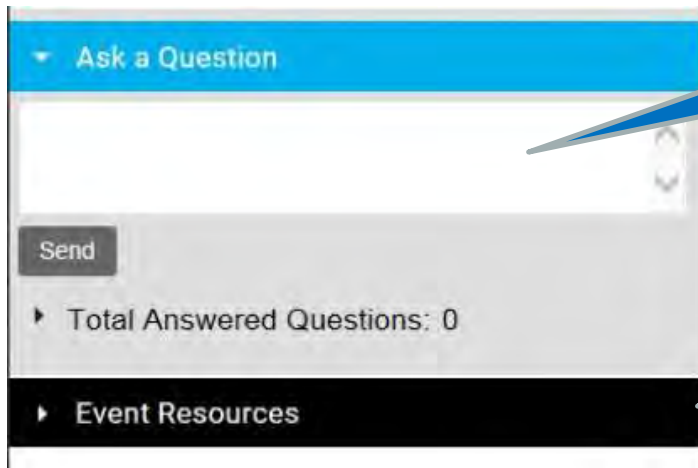
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Ask your questions and submit your comments here

Download handouts from Event Resources



- If you are an HS/EHS staff member, what is your role in your program? (Select the option that best applies to you)
 - Director/Executive Director
 - Manager/Coordinator (education, health, mental health, disabilities, family services)
 - Education staff (teachers, home visitors, family child care providers)
 - Family Services staff
 - Other

FY 2020 Head Start Appropriation



\$10.6 billion -- an increase of \$550 million

- \$193 million for Cost of Living Adjustment
- \$100 million for Early Head Start expansion and Early Head Start-Child Care Partnership grants
- \$250 million for Quality Improvement funding
- \$4 million for Tribal Colleges and Universities Partnership Program
- \$3 million for research, evaluation, and federal administrative costs

FY 20 Quality Funding: Overview



- \$250 million appropriated by Congress for quality improvement activities
- All grantees will receive quality funds (non-competitive)
 - Proportionate based on funded enrollment (approx. \$250 per HS slot and \$350 per EHS slot)
 - Minimum amount for small grantees to ensure meaningful investment in quality
- Intended for on-going activities; assume funds roll into base
 - Note: OHS recognizes some one-time purchases may be necessary

FY 20 Quality Funding: Timeline



- Program Instruction
- Funding Guidance Letter – March
- Applications (combined with COLA) – May
- Awards made – by September
- Allocations based on HS and EHS enrollment
- Funding can be flexible across HS and EHS

FY 20 Quality Funding: Uses



- Activities must align with Section 640(a)(5) of Head Start Act
 - Except that any % of the funds can be used on any of the activities
 - This means: at least 50% on staff compensation is not required; no 10% cap on transportation activities
- Strongly encouraged to invest in activities/efforts that help better incorporate a trauma-informed approach into your program, to support children, families, and staff impacted by adverse experiences
- Flexibility to use funding based on Community Needs

Quality Improvement Activities from HS Act



1. To improve compensation (including benefits) of education personnel, family service workers, and child counselors.
2. To support staff training, child counseling, and other services, necessary to address the challenges of children from immigrant, refugee, and asylee families, homeless children, children in foster care, limited English proficient children, children of migrant or seasonal farmworker families, children from families in crisis, children referred to Head Start programs (including Early Head Start) by child welfare agencies, and children who are exposed to chronic violence or substance abuse.

Quality Improvement Activities from HS Act, Cont.



3. To ensure the physical environments of Head Start programs are conducive to providing effective program services to children and families, and are accessible to children with disabilities and other individuals with disabilities.
4. To employ additional qualified classroom staff to reduce the child-to-teacher ratio in the classroom and additional qualified family service workers to reduce the family-to-staff ratio for those workers.
5. To ensure Head Start programs have qualified staff that promote the language skills and literacy growth of children and that provide children with a variety of skills that have been identified, through scientifically based reading research, as predictive of later reading achievement.

Quality Improvement Activities from HS Act, Cont.



6. To increase hours of program operation, including—
 - conversion of part-day programs to full-working day programs; and
 - increasing the number of weeks of operation in a calendar year.
7. To improve communitywide strategic planning and needs assessments for Head Start programs and collaboration efforts for such programs, including outreach to children described in #2 above.
8. To transport children in Head Start programs safely.
9. To improve the compensation and benefits of staff of Head Start agencies, in order to improve the quality of Head Start programs.

Next section of presentation will cover:



- Definition of trauma and resilience
- Potential impact of traumatic (adverse) experiences on young children and adults
- How to identify signs and symptoms of trauma
- What it means to incorporate trauma informed approaches into a Head Start program
- Concrete examples and opportunities for quality investment to support trauma informed approaches

Trauma Prevalence



An estimated 60 per cent of children experience some form of potentially traumatic event or circumstance at some point in their development, according to US studies, and six to 20 percent of them go on to suffer some form of impairment or post-traumatic stress disorder.

<http://www.preventionaction.org/prevention-news/nipping-trauma-bud/5603>

Defining Trauma



Trauma occurs when frightening events or situations overwhelm a child or adult's ability to cope or deal with what has happened.



Defining Trauma: The 3 E's



An emotionally painful or distressing **event**

The **experience** of the event induces an abnormally intense and prolonged stress response

The event and experience of the event result in lasting physical and mental **effects**



Types of Trauma



Acute trauma results from a single incident.

Chronic trauma is repeated and prolonged such as domestic violence or child abuse.

Complex trauma is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

Trauma & the Helping Professions



Adult and Child Well-Being are Inextricably Linked

- **Compassion Fatigue:** State of emotional exhaustion caused by the stresses – job role, work environment, or lack of support
- **Secondary Trauma:** the stress resulting from first hand account or narrative of a traumatic event
- **Vicarious Trauma:** cumulative transformative effect of working with survivors of traumatic life events



<http://www.secondarytrauma.org/secondarytrauma.htm>

Signs and Symptoms of Trauma in Young Children



- Eating & sleeping disturbance
- Clingy/separation anxiety
- Irritable/difficult to soothe
- Repetitive/post-traumatic play
- Developmental regression
- Language delay
- General fearfulness/new fears
- Easily startled
- Physical symptoms (headache, etc)
- Inattention, difficulty problem solving
- Reacting to reminders/trauma triggers
- Difficulty engaging in social interactions
- Persistent self-soothing behaviors, for example, head-banging
- Aggression
- Restlessness, impulsivity, hyperactivity



Signs and Symptoms of Adult Trauma



- Most common symptoms of trauma fall into three broad areas: **re-experiencing, avoidance, and hyper-arousal.**
- Other emotions such as guilt, anger, and depression can also commonly occur following a trauma.

The Invisible Backpack



Trauma effects how we think, feel and behave.



- Beliefs about self or adults/authority figures
- Beliefs about self or adult peers
- Beliefs about the world



The Good News



key concepts from Bruce Perry, MD

- Not everyone exposed to adverse experiences is traumatized
- Resilience is:
 - Recovering from or adjusting to misfortune or change
 - The ability to bounce back
 - Overcoming the odds
- Our brains are amazing and learning, grow and change in response to environment
- We are hard wired to learn through relationships and social reinforcement
- Our brains respond to stimuli, the more you use it, the better you get – we CAN recover



Repacking the Backpack



How can we repack the backpack?

How can we be part of lightening the load?



Using a Trauma-Informed Approach



Paradigm shift:

- from ***“What is wrong with you?”***
- to ***“What has happened to you?”***
- from a traditional “top-down” environment
- to one that is based on collaboration with those who have experienced trauma and their families



A programmatic trauma-informed care approach:

REALIZES the widespread impact of trauma and pathways to recovery

RECOGNIZES trauma signs and symptoms

RESPONDS by integrating awareness about trauma into all facets of the system

RESISTS re-traumatization of trauma impacted individuals by decreasing the occurrence of unnecessary triggers

Head Start Can Help Buffer the Impact of Trauma and Promote Healing



- Support system
- Coping style
- Strengths and resiliency factors
- Developmental age
- Subjective experience
- Type and severity of event

#HeadStartHeals



Concrete Supports Promote Healing



Know your community supports for:

- Housing, Food, & Clothing
- Job Training
- Transportation
- Health Care and Insurance
- Child Care Subsidy

Safe, Consistent, Predictable and Nurturing Environments Promote Healing



- Promote awareness of implicit and explicit bias
- Create physical and emotional safety – learn a child’s triggers.
- Remain calm, cool, and collected.
- Maintain a routine. Support predictability and talk about any changes (use visual schedules, social stories).



Caregiver Relationships with Early Childhood Providers Promote Healing



- Observe and identify strengths in families
- Support parents competence and show how much you value the parent-child relationship
- Honor/ acknowledge BIG feelings
- Consider Motivational interviewing



Children's Relationships with Their Caregivers

Promote Healing



Caregivers Can Provide...

- Safe, secure attachments
- Safety
- Routine
- Ways to express feelings, fears, beliefs, and concerns



Children's Relationships with Early Childhood Providers Promote Healing



Help Children Manage their Emotions

- Practice calming mindful activities and breathing activities.
- Identify emotions, build emotional vocabulary.
- Encourage a variety of opportunities to express emotions – i.e. dramatic play, music, art, books.



Adult Wellness Promotes Healing



- Eat a well- balanced diet; drink fluids low in sugar, calories, and caffeine; have healthy snacks; and drink water, and sleep!
- Exercise: any activity that you find enjoyable
- Create time each day to decompress; talk with friends, peers, (avoid gossip and hurtful conversations)
- Pair enjoyable activities or tasks with less enjoyable activities or tasks
- Reward yourself for a job well done!
- Practice Mindfulness: Breathing, Sensing Beauty, Gratitude
- Recognize what's in and out of your control.

Key Takeaways



- Exposure to trauma is more common than most people believe as well as multi-layered (individual, community and historical experiences)
- Trauma impacts development in multiple domains and should be considered when teaching and/or supporting children's learning and development
- The impact of exposure to trauma is mitigated by risk and protective factors within an individual and within relationships and the program environment
- Supporting Staff Wellness must be a central part of Trauma Informed Approach

How to Incorporate Trauma-Informed Approaches into a Head Start Program?



- **Expand Mental Health Services**

- Improve preventive mental health screening, assessment, interventions
- Enhance mental health consultation for staff support and organizational improvement to help identify signs and symptoms of trauma
- Ensure mental health consultation and other related services include trauma-informed approach; are integrated at intake and orientation
- Build/enhance collaborative services with local partners (e.g., substance abuse and mental health treatment programs, domestic violence service providers, disaster response programs, child welfare agencies)

How to Incorporate Trauma-Informed Approaches into a Head Start Program?



- **Increase Classroom Quality**

- Hire additional qualified education staff to lower ratios, promote stronger caregiver-child relationships
- Provide ongoing coaching and support to education staff
- Hire behavioral specialists to support children, classroom staff, parents
- Invest in PD and staffing patterns that foster continuity of care; consistent, predictable, and nurturing environments
- Improve physical environments and learning spaces throughout facility

How to Incorporate Trauma-Informed Approaches into a Head Start Program?



- **Strengthen Family Services**

- Strengthen service provision related to housing access and stability
- Provide enhanced job training, employment, education, career services
- Help families better access healthcare and nutrition services
- Enhance transportation services to promote more regular participation
- Enhance services that strengthen families, promote relationships, decrease parental stress, improve family safety and financial security
- Improve collaboration efforts & alignment with family-serving agencies to lessen family confusion/stress in dealing with multiple agencies

How to Incorporate Trauma-Informed Approaches into a Head Start Program?



- **Support a Trauma-Informed Workforce**
 - Provide training on trauma-informed approaches to all staff, governing boards, Policy Councils; accompanied by coaching and opportunities for reflective practice and supervision
 - Support staff capacity with salary increases and other benefits
 - Hire additional family service workers and/or home visitors to lower caseload

How to Incorporate Trauma-Informed Approaches into a Head Start Program?



- **Create a Program-Wide Trauma-Informed Environment**
 - Ensure implementation of any new trauma-informed approaches includes oversight to examine how the approach is being implemented
 - Conduct ongoing self-assessment to track program improvements related to integrating a trauma-informed approach over time
 - Expand Health Services Advisory Committee efforts to better support health and mental health services for children and families by implementing trauma-informed approaches

Evidence-based Early Childhood Trauma Interventions Promote Healing



- **Parent Child Interaction Therapy (PCIT)**
 - Parent training intervention that focuses on improving the parent/caregiver-child relationship and on increasing children’s positive behaviors.
- **Attachment, Self-Regulation and Competency (ARC)**
 - Intervention with youth and families who have experience multiple and/or prolonged traumatic stress
- **Child Parent Psychotherapy (CPP)**
 - Evidence-based model of treatment for children age 6 and younger who have experienced trauma or witnessed violence
 - Local training available which includes an 18 month Learning Collaborative host by an endorsed trainer
 - Childhood Trauma Research Project (<http://childtrauma.ucsf.edu/>)

Links to Additional Resources



- [Trauma Smart](#): Supports schools and early education agencies in their work toward becoming trauma-informed
- [National Child Traumatic Stress Network](#): Helps improve access to services for traumatized children, families, and communities
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#): Offers a framework for becoming a trauma-informed organization, system, or service sector.
- [CDC's Six Guiding Principles to a Trauma-Informed Approach](#)
- [Recognizing and Addressing Trauma in Infants, Young Children, and their Families](#): A tutorial on defining and describing trauma
- [ACEs and Toxic Stress: Frequently Asked Questions](#)

Links to Additional Resources



- [OHS Guidance on Implementing a Trauma-Informed Approach in Head Start Programs](#)
- [Allowable Uses of Quality Improvement Funds from Head Start Act](#)

Questions and Answers



- If we have several HS slots and very few EHS slots, can we spend all of our quality money on infants and toddlers?
- Should/Can we propose to spend our quality funding on lengthening the service day or service year?
- Could we spend our quality funding on purchasing buses to transport children?
- Do we need to buy a specific training in order to make our program trauma-informed?
- Do our education staff need to be trained in how to diagnose childhood trauma?
- Our program is currently in competition; will we receive quality funds?