

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

Deborah Bergeron: Good afternoon, or maybe morning, depending on where you are. This is super exciting, this is Dr. B. I'm here with some of my closest friends. We've got Colleen, Lindsey, and Sangeeta who are going to join us today. And this is really exciting. The quality funding that Head Start has received has got everyone very excited and the creative juices are flowing on how we can best spend these funds. But we think it's really important that you get some guidance ahead of time to make sure that, you know, you're clear about where the parameters are.

And then within those parameters, we invite you to be thoughtful, and creative, and responsive to your community needs, and your program needs based on, you know, your data. We know that you think this is important because ... What's our number right now? Almost 1,100 of you are on this call, and that wouldn't count any of the people who are sitting multiple at a table listening. So, this is a bigger audience than I've been able to garner, so clearly this is important. But seriously, we are very, very excited about this. We do have a PI that's in the midst of being approved. It'll be put out very soon, so just stay tuned for that. But I have no doubt that by the time you're finished with today's call, you're going to feel very focused and clear about—about what's expected.

And of course, as always, the support is here for you, ongoing, which—which you can tap—tap into. So, I'm going to go ahead and turn it over to Lindsey. I know we've got a packed hour for you, but I just wanted to welcome everybody, and thank you for taking the time today. I am particularly looking forward to seeing some of the creative ideas that you come up with. I've heard some really interesting things people are thinking about, and we're excited to share them.

And you know, Sangeeta and I were talking earlier about maybe figuring out a way to—to cobble them together and hold them up, so we can share great ideas with the field. So, I'm going to not delay any further. Lindsey, take it away.

Lindsey Hutchison: Thank you, Dr. B. Welcome everyone, my name is Lindsey Hutchison and I work here in the Office of Head Start Central Office, and we are so excited to be speaking to you today

about this topic: the FY20 Quality Funding. So, just a couple of housekeeping logistic items before we dive into our content for today. On the webinar platform, if you want to download materials, there are materials available, you can access them on the bottom left side, you can access both the PowerPoint slides and also two handouts we have for you related to the quality funding, which we will tell you a little bit more about later.

And then, if you would like to enter a ... Ask a question, you can enter that in the question chat box. And if we have time at the end, we will address some of the questions that are coming in. So, please feel free to enter those questions as we go along. So, before we dive into the content, we just want to get a sense quickly of who all is with us today.

So, in particular, if you are a Head Start, Early Head Start staff member, we want to know what is your role with your program. So, we're going to go ahead and open up that survey for you all to answer. And I'm going to give you ... Everyone just a minute here to respond. OK. So, we're going to go ahead and close the survey, and then share the results with you all. So, we can see a variety of folks from programs that we have on the call with us today.

So, we have a little over half are directors or executive directors of Head Start or Early Head Start programs. And then we have another quarter, it looks like, that are at the manager level, manager or coordinator level, education, health, mental health, disabilities, family services. And it looks like another 18% are in our other category. So, again we thank you so much for being on here today and it's really helpful to get a sense of who our audience is. So, we're going to transition back to our slides now. And I am going to turn it over to Colleen Rathgeb, and she is going to start out with giving you the overview of the quality funding and some of the details.

Colleen Rathgeb: Hi, everybody. This is Colleen. Really happy to be with all of you today to talk about some really exciting news. As folks have probably heard—which is why we've got more than a thousand people on the line—there has been another large increase for Head Start funding in the 2020 budget.

So, it is ... We are now, as a total funding for Head Start, is almost \$11 billion, which is really just incredible. Incredible continued increases that we get, and I really want folks on the phone to realize how much the fact that Congress is continually adding funding to Head Start, how much that really is a testament to the work that you all do every day. So, it is a really tight budget climate in Washington, and where Congress chooses to make increases, really says a lot about what Congress thinks is important, and the fact that you're all running the program, doing this important work and doing it well is really, you know, what is the most important thing for Congress to think about, you know, where they think money will be well spent.

And so, I just hope everybody gives themselves a little bit of a pat on the back on the work they're doing for that to think that the trust that is in Head Start to put this kind of taxpayers' dollars into it again. So, where is that increase of a half a billion dollars, \$550 million going? So, we will be having a program instruction coming out soon that will talk a little bit more about some of the nitty-gritty about the processes and we'll talk about that, but we just wanted to first give folks an overview that hasn't come out yet about what is in the bill. So, the first thing is that there is \$193 million for a cost of living adjustment. That is roughly 2% increase for all Head Start programs.

So, you'll see more information about that in the near future. So, there is another \$100 million—the fourth investment—in Early Head Start expansion and Early Head Start-Child Care Partnerships. So, we'll have more information about that, too. That is a competitive funding opportunity that will be going out similarly to the last number of years where there has been an opportunity for new Early Head Start spots, either through traditional Early Head Start or through the partnership model. What we're going to talk about more today, is \$250 million for quality improvement funding.

That is among the largest quality improvement investments that has ever been in Head Start. This is a incredible opportunity. We're really excited about that. As folks know it is been more,

about a decade, since there has been any funding for quality improvement, and before that it had, you know, it had not been extremely common or rarely this large. So, this is an incredible opportunity for programs to think about really where they need to make investments of their programs. There is also a \$4 million investment in Tribal Colleges and University Partnership Program, so this is a ... It's going to be a competitive grant award, particularly ... Entirely targeted at tribal colleges and universities that partner with one or more Head Start programs to increase the number of folks with credentials, degrees in early childhood that can work in and around Head Start and Early Head Start programs in the tribal programs. So, more will be coming again, in the future, about that.

And then there is a \$3 million set aside for research, evaluation, and the administrative costs that go along with being able to get these grant funds out. So, overview about the quality improvement. Again, this is what we're going to talk about today, there'll be more information about the other pots of money coming, as well, but we want to focus today on the quality improvement funding, since it is, has set some unique pieces that Congress attached to this funding, and also again we know that a lot of folks, probably, many of the directors and others on this call, may not have even been in there with their program since we've had quality funding come through. Things like COLAs, people are a little bit more familiar about—familiar with about with how that operates. And similarly, the partnership and expansion. We've had that over the last couple of years. But the \$250 million is specifically appropriated for quality improvement funds.

These funds are ... They come out based on a formula that is laid out in the Head Start Act. So, all grantees receive quality funds. This is a non-competitive process. So, there will not be a funding opportunity to apply to, you will not be competing against your neighbors or other Head Start programs. All grantees will receive their quality funds, provided that they'll submit an application that meets the requirements, which we'll be talking through what those are. The formula that lays out how quality is awarded, is based on every grantee's funded enrollment. So, folks know the COLA comes out as a percentage of your grant funding, the quality does not come out as a percentage in the same way. It is based on your funded enrollment and there is a slightly more for every Early Head Start slot that a grantee is funded for than for a Head Start slot. So, that makes sense given, you know, how many fewer children are in an Early Head Start classroom or how many fewer children are with any individual teacher or staff. And generally, we expect the amount to be, they'll be coming in funding guidance letters, we'll talk about in a little bit.

That every grantee will be getting their actual quality improvement funding amount but for to give grantees, all of you, a ballpark about what to be thinking about. Everyone will be getting about \$250 for every Head Start slot, and about \$350 for every Early Head Start slot. So, that math is not gonna work exactly to the dime of what your allocation is, that will be coming to every grantee individually—like you normally get COLA—but we want people to start being able to think about the ballpark of the funding that they are likely to receive. There also will be a floor, so every grantee will be assured that there's a meaningful amount, so that folks can make a meaningful investment in quality.

So, very small grantees, if it was just based on the per slot dollars, may not have enough to be able to really make an investment. And so, the way the formula works, is that there will be a minimum amount and then the 250 approximately, or about 350 per slot will be the way that every grant is determined their quality funding amount. We really want people to know and to think about, as you're planning on where the most important quality investments are in your program, that quality improvement funding is intended for ongoing activities.

This is, the assumption is that in the following year, the funds for quality, that you laid out what you were—what you were applying for now, we'll roll into your base funding. Always have to give the caveat that Head Start is a discretionary program, which in, kind of, appropriations language that means that any year Congress determines how much money we can get. Many folks who were around for sequestration, where for the first time, Head Start programs got a significant decrease. We don't expect that to happen anytime going forward, but we always just need to give the caveat that this is assumed to go in the base, assume that this will be funding that will continue. Again, we have to do what Congress tells us, as far as appropriations. But we want people to plan on this being ongoing funding.

Of course, in your first year, depending on what you're doing, there may be some one time purchases that are necessary. Some of the things that you do in your first year might be slightly different than your ongoing amount, but we want people to just think about what are the ongoing quality improvements that need to be put in place in your program. For those folks that were around a decade ago, the last time that we did receive quality, the quality—that quality was under the American Recovery and Reinvestment Act, or as folks called it ARRA, and that was a very different type of quality than every other time in Head Start's history that this was awarded. So, the ARRA funds were intended to just be one time uses, that when Congress gave us that funding, they specifically said that it would not be for ongoing. So, we want people to, kind of, to not think about that as the norm experience.

The way the formula is written, quality is intended to be ongoing that would normally roll into the base. So, the timeline. So, we are expecting that a program instruction will go out any day, though we think that programs can really begin planning, based on the information that's going to be in this webinar, and the attachments that Lindsey already noted that you can download here, people can really start doing a lot of planning in advance of that program instruction coming out. You will be getting funding guidance letters in early March, which is just right around the corner. That funding guidance letter is going to give the amount that is allocated for your grantee. It will also give you information about the application process, the deadlines, and what needs to be submitted.

We expect that with that funding guidance letter going out in March, applications will be due in—in May, so about—about 60 days from that funding guidance letter. It is ... The application will be combined COLA and quality, so that hopefully that will make it a little bit easier for programs to submit instead of submitting two non-competitive applications, and all of the quality awards will be made by September. There may be some grants that are up for refunding in the summer, that it may be able to be cut simultaneously with the refunding or with balance of funds awards that needs to be done.

So, we don't expect all of them to be in September, but all of this funding will be out in this fiscal year, so by the end of September, all of the awards will be made. Again, as I've talked a little bit before, the allocations will be based, when you'll see in that funding guidance letter, there will be an allocation for funding that was based on your Head Start slots and funding based on your Early Head Start slots. However, we want programs to, when they plan for this money, realize that there is flexibility around the Head Start and Early Head Start amount.

So, as I said, the formula lays out different amounts for how much funding is allocated for a Head Start and a Early Head Start, but programs to think about the total funding and make determinations about for your program, where is the quality improvement needed most. And particularly, we're going to talk about the strong encouragement and priority that Congress put on using these quality funds to implement a trauma-informed approach in their program.

And so, programs have the opportunity to really think about looking at children and families impacted by trauma. Are there particular activities that might benefit children in Early Head Start more? And it is absolutely possible and reasonable for programs to determine that, what's most needed in their program, is something that focuses on infants and toddlers, or again, something that focuses on preschool. If they can make that case, so there is flexibility there, we can talk about that a little bit more in the Q&As, or you can talk about that with your regional offices, when the funding guidance letters come out.

What we want to spend most of the time in this webinar talking about, is what are the activities and the types of investments we can do with the quality funding, and talk more about the priority on trauma-informed approaches as a way to look at these and use these quality investments.

So, the one thing, the appropriations language says very clearly, the bill says, that programs, the activities that programs do with their quality and funding must align with the activities in the Head Start Act that lays out about nine activities that programs can use a quality funding for. And so, Lindsey is going to walk through those activities in more detail so programs can think about that. In the law, if you just pulled open the Head Start Act to Section 640-A5, you would see all these activities listed, but there would be some parameters around that. One of the things in the law would say that, at least half of the funds, at least 50% of the funds had to be used around compensation, and it would also say that no more than 10% of the funds could be used for transportation.

The misappropriation language, very specifically said, grantees can use any percentage of the funds on any of those activities. So, you do not have to, there is no requirement, to abide by those 50% or 10%, any of the restrictions in the law are not relevant. Again Lindsey's going to walk through what those activities are and programs can spend any of the funding at any of those activities. The thing that Congress did say, very specially, about this funding, is that they want us to prioritize and strongly encourages investments in activities and efforts that help incorporate a trauma-informed approach in programs.

So really, what are quality improvements you can make in your program that support children and families that are particularly impacted by adverse experiences? So, we're going to focus a lot of the conversation today about what is trauma and what are trauma-informed approaches

so people can really think about how they can make investments for those populations, but also knowing that there is ultimately flexibility for programs determined where quality improvements are most needed based on their community needs. So, I'm going to turn it over to Lindsey now, and who is going to talk through all of the activities that are laid out in the Act, and then Sangeeta is gonna talk more about trauma and trauma-informed approaches.

Lindsey: Great, thanks, Colleen. So, if you see on your screen here, we're going to go through now, the specific activities as they're laid out in Section 640-A5 of the Head Start Act, where it talks about what quality improvement dollars can be spent on. And this, so, you will see as we go through this, some are very specific and some are a little bit broader with more flexibility, but we think that there is quite a bit of room to think about ways to support children and families impacted by trauma in when looking at these activities that are laid out in the Act.

And we'll, later at the end of the presentation, Sangeeta and I will go through more specific examples related to supporting children and families impacted by trauma, and activities that could fit within the Act, some specific examples. So, looking at what's laid out in the Act, the first item is rather long, and as Colleen noted, if you look just at the Act, it says that at least 50% has to be spent on this first item, but that is not the case, as Colleen already mentioned, as laid out in the appropriations language for FY20.

So, the first item is about improving compensation, including benefits of education personnel, family service workers, and child counselors. In the manner determined by Head Start agencies involved to, and then it lists a set number of separate sub-bullets to ensure that compensation is adequate, to attract and retain qualified staff, to improve staff qualifications, and assist with implementation of career development, to provide education and professional development, to enable teachers to be fully competent, and then there are some additional sub-bullets there. I'm not reading everything word for word because, as I noted in the beginning, we have some attachments, some handouts for you. One of the handouts that you can download from this platform, and that we also have a link to, in the near the end of the slide presentation, is the list of these quality activities. So, you will be able to download a PDF handout of that or go to the link of it later and see these activities laid out.

The second activity listed in the Act is, you can use quality funding to support staff training, child counseling, and other services. And this is one where we really think, this is very relevant for children and families impacted by trauma. So, you can do these things, support staff training, child counseling, others services, for a wide variety of very vulnerable groups of children and families that our programs commonly serve. So, you can see them listed here. Children from immigrant refugee, asylee families, homeless children, children in foster care, children from families in crisis, children being served by child welfare agencies, a number of children from families that are having a variety of different kinds of challenges and may need some additional support.

And then the next activity listed in the Act is to ensure that 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. The fourth item in the Act is to employ additional, qualified classroom staff, to reduce teacher-child ratios, and additional qualified family service workers to reduce family-to-staff ratio for those workers.

The fifth item in the Act is to ensure Head Start programs have qualified staff to promote language skills and literacy growth of children. And then going on, this is the last set of items laid out in the Act for uses of quality funding, number six, to increase hours of program operation, including conversion of part-day programs to full-working day and increasing number of weeks of program operation.

I want to pause and talk about this one for just a second, and Colleen, you may, if you want to jump in on this one, feel free. So, everyone is probably aware that we also had a recent Federal Register notice went out that related to the service duration requirement, the requirement to provide 1,020 hours of services for Head Start children in a calendar year, and we ... That requirement was 100% of slots must receive 1,020 hours by Aug. 1, 2021. And if you saw the Federal Register notice, you know that the Secretary exercised his authority to reduce that requirement to 45%. So, 45% of Head Start Center base slots must be at 1,020 annual hours of services by August 2021.

So, we want to make sure everyone's aware of that. So, when you're thinking about uses of quality money, you're not thinking that there's the 100% requirement out there looming, that you would have to use this money, to help meet, for example. However, on the other hand, if you feel it would be the best use of your ... To meet your community needs, for your children and families that you're serving to start offering more full day, you could use the money to do that, as listed here as one of the items in the Act. Or maybe it would be really supportive for those that are experiencing different types of adverse experiences to have a longer program year or longer program day. So, we think it could also make sense to use the money for that, but we just want folks to be aware that that 100% requirement has reduced. Colleen, do you want to add any more?

Colleen: Yeah, the only thing I'd say is—is also we do want people to remember that there is an option to request locally designed—a locally-designed option that can waive the requirement for that 45% of your slots to be at 1,020 hours. So, what we don't want is a program that really believes that the longer day is not what best meets the needs in their community, and that their children are making progress and learning, and so that they would want to come in for a waiver and to be able to make that case, that in their community this is not what is needed. We don't want programs to think I have to spend this money on that requirement because of the 45% requirement by 2021 is in there.

So, we want people to think about all of the options, they have the waivers, they many, most programs are already meeting that requirement for this. For those programs that aren't, they should really look at this holistically, as it is a requirement that's gonna be in place, if people don't have a waiver, there is an opportunity to use this money for it, but there's also, again, opportunities to request that waiver and determine if this is really what folks are ... Or what's needed.

Lindsey: Thank you. The next item listed in the Act is to improve community-wide strategic planning and needs assessments for Head Start programs and collaboration efforts, including to do better outreach to children described in number two above. And number two was the bullet that listed the wide variety of children and families from more vulnerable populations. So, this one could be particularly related to those groups as well. Number eight on the slide is about

transportation. So, quality money could be used to transport children and Head Start programs safely. And as Colleen mentioned before, in the Act, there is a 10% cap listed, it says, no more than 10% of quality funds can be used on transportation, but the way that the FY20 appropriations bill was written, Congress wipes that 10% cap away.

So, if you thought it was in the best interest of your program to use a lot of your quality improvement money to purchase some buses, to enhance your transportation activities, to help get children that are being impacted by adverse experiences, to help make sure they're able to get to the program, you can do that. Then the last item up here, to improve compensation of benefits of staff of Head Start agencies in order to improve quality of Head Start programs.

So, that's another one about improving compensation but it refers to all staff instead of the specific groups of staff that were listed above in number one. OK. So, in the next section of the presentation, we ... I'm going to be turning it over to Sangeeta and she is our mental health expert in Central Office, and she is going to go over a variety of things related to the definition of trauma and resilience, and how Head Start programs can think about trauma-informed approaches and incorporate these kinds of approaches into their program. So, Sangeeta.

Sangeeta: Thanks, Lindsey. Hi, everyone, this is Sangeeta. As Lindsey said, I work on Mental Health and in Central Office here, and I work on a variety of different topics related to mental health, including trauma, trauma-informed approaches, and substance use and substance use disorder. So, I may have met many of you at some of these regional events we've been having related to substance misuse, so if you hear some of the same content, you should be hearing the same content because there's a lot of overlap on these different topics. So, I just wanted to start by grounding us around the prevalence of trauma.

And I say this, it's a sobering statistic, but it's also something that we should really remember to be, you know, that if young children, if there is a prevalence of trauma for young children, then Head Start is one of the main places where we can actually make a difference. We serve young children from infants up to age 5, but we also serve pregnant women, and I think we have a— just a unique opportunity to make a difference here.

We can't, as I like to say, we can't mental health our way out of this, right? This isn't about just sending out our children and families to providers outside of the program, but we can actually do something in the program as well. So first, we want to make sure that we have a universal definition of trauma amongst everyone in Head Start. So, trauma really occurs when frightening events or situations overwhelm a child or adults ability to cope or deal with what has happened.

So, one of the things, the main takeaway, when we're thinking about the definition of trauma that I want you to take away, is that it is about the experience of the event, not the event itself. So, a child or an adult can experience the exact same events, such as a hurricane, for example, but obviously there's a difference between the child's ability to cope and the adult's ability to cope in that situation. So, for the adult in that situation, it may be that losing the house was traumatic for the adult, but for the child it might be a pet running away or losing the pet in the hurricane.

And so, we really need to be able to focus very clearly on the experience of that adult or child when we're addressing trauma in our programs. Another great way to think about how to define trauma is through the three E's. And so, we are partnering very closely with SAMHSA, they have a great concept of trauma and guidance for a trauma-informed approach on their website, that we would encourage you to look at here.

We also love acronyms, it's a great way to remember the definition of all of these different terms that can be confusing sometimes. So, when we think about the three E's, the three E's are the event, the experience, and the effect of that experience. And so, one of the things about trauma is that it's all about, again, the individual's experience of that event. It's a very highly-individualized focus that we need to be looking at when we're addressing trauma. There are multiple definitions of trauma, so this is just something to, kind of, know, you don't have to be a clinician to know any of these things.

But when you're thinking about all the different types of trauma, we have acute trauma, so that can be one single event. So, that could be something like a car accident. Chronic trauma is something that is repeated and prolonged throughout somebody's life, so things like domestic violence or child abuse.

And then there's complex trauma, which the literature is showing us that many children and families that we serve in Head Start often are impacted by complex trauma, so that's exposure to a variety of different events that can be anything from a car accident, to a natural disaster, to growing up in a home where there's substance misuse. So, all of those different things put together are considered to be complex trauma. And then of course, we all know in Head Start, that adult and child well-being are very much linked, and so we need to be sure that when we're talking about teaching staff how to address child trauma, that we don't forget about the staff and we don't forget about the parents. So, there's a variety of different definitions related to working with individuals who have experienced trauma. So, compassion fatigue, secondary trauma, and vicarious trauma.

Again, you don't have to memorize these definitions, but I think it's important to remember that we need to make sure that we are taking care of our staff, we are taking care of our parents, so that we can in turn, take care of our children. Part of a trauma-informed approach is really making sure that you understand the signs and symptoms of trauma in young children. What's really important to take away from this slide, is that there's a lot of signs and symptoms of trauma that look like something else. They look like ADHD, they look like just behavior problems, they look like, "Oh hey.

A 3-year-old can do this, you know, and it's not actually concerning." But if you look at this list of things, like aggression, impulsivity, difficulty engaging in social interactions, it really overlaps with a lot of the screening and other things that we do with young children. If you see that there's a developmental progression in one—one child and all of a sudden there's a regression, maybe there's a language delay, maybe all of a sudden that child is fearful of something that they weren't afraid of before. Maybe the child is complaining of headaches or the child is becoming increasingly aggressive. Those are signs and symptoms of trauma that we need to be looking into and doing a more thorough assessment of, really trying to partner more closely with that family, understanding, you know, where, what environment they're living in, right?

Home visitors are so integral and important in this work because they actually have an eye into the community and what the child is living in and what the family is living in at that time. A lot of things related to trauma, often, we don't understand or know about because there's a lot of stigma around it. Just like any other mental health concern. So, if we are able to feel confident that we know that language delay could actually be a symptom of trauma, then we have ... We'll be able to actually take the next step to address it.

There's also signs and symptoms of adult trauma, and we really need to think about this. When we have parents that we have difficulty engaging with, for example, or there are staff members that we find, "Oh, you know, we really don't want to be around them, they're angry all the time or they're really withdrawn." These actually could be symptoms of trauma and if we think about it in that way, then we have an opportunity to try to be more empathetic with that individual, try to repair the relationship so that we can address the parent and the child's concerns more intentionally.

Some of you may have seen this before. I really love this metaphor called the invisible backpack, because oftentimes, when we feel overwhelmed with a parent or a child, we might want to ask ourselves, what is this person carrying that I can't see? Trauma affects how we think, feel, and behave. So, it really impacts our beliefs about ourselves, our beliefs about others in our environment, such as our peers, our beliefs about the world. And so, if we don't feel good about ourselves, it's very hard for us to behave in the way that is appropriately and acceptable, right, when we're transitioning to kindergarten. So, all of these things are so important for us to take note of and address now before a child transitions out into the world. So, we have some really good news that I want to share with you, which is, that not everyone exposed to adverse experiences is traumatized.

And we're having some trouble with our slide. OK. That's OK. I'll just tell you what it is.

So, many of you may have heard about resilience, right? So, resilience is recovering from or adjusting to misfortune or change, it's about overcoming the odds. But these are all things that, you know, we can teach our children from a very young age. And so, that's why I think it's wonderful that we have the opportunity to put some extra funding, when it comes to addressing trauma in these ways. You know, young children's brains are, they're amazing, they're learning, they're growing and changing in response to the environment, and so we can teach them the coping skills, right?

We talk a lot about coping skills, but if we teach them now how to cope with any kind of adversity that comes their way, then we have the opportunity to build their resilience and repack their backpack, as it were. And so, we're really here to talk about how we can repack the backpack, how we can be part of lightening the load and make a difference. So, instead of having that child slumped over, we have the kid who's ready to go out into the world. I really love this kid in this picture here.

So, let's talk a little bit about using a trauma-informed approach and what that means. And so, oftentimes, you know, I hear from folks out in the field, you know, how do I make my program a center that really knows how to be trauma-informed? And when we talk extensively about it it

really boils down to this simple paradigm shift. First and foremost, changing the perception of what is wrong with you, to what has happened to you.

If we start there, then we're really already going into the right direction of being more trauma-informed. I want to share with you the other acronym that I really like, it's SAMHSA's four R's, it's from the same document I told you about. So, these are ... This is a really nice way to think about what trauma-informed means, so it's A, realizing the widespread impact of trauma, which we started my section that presentation with. Recognizing trauma signs and symptoms, and then figuring out how to respond to those, and then finally, when you know exactly how to respond, that will help us to resist re-traumatization of trauma.

So, we have a new campaign that we're starting in Head Start called Head Start Heals, and it's really about focusing on incorporating a trauma-informed approach into all of our Head Start and Early Head Start programs. So, here you have a list of what we call protective factors, you might have heard of protective factors. I want us to really focus on the first couple of them because we have an opportunity in Head Start to really build up a child and family support system and to improve their coping style as well.

So, I'm going to go through a few things that we, in Head Start, have started talking about, are ways to promote healing. So, this is something that I think is often overlooked but is really fundamental when it comes to addressing trauma. It's really hard to be, you know, present and patient, and have a positive attitude with all children when you're not sure where you're going to live or where your next meal is coming from. And so, one of the fundamental things that we can do is knowing our community supports for all of these different areas: job training, transportation, housing, food, and clothing. If we don't fill our families up with all these basic needs then we're not going to be really addressing trauma fully.

Secondly, we talk about how safe, consistent, predictable, and nurturing environments promote healing. So, something to think about here, is this is what we are all aspiring and hopefully the majority of us are already doing. So, really creating an environment where the caregivers in the environment are calm, cool, and collected, where we're maintaining a routine that is predictable, really preparing a child for what's to come. Children who have undergone trauma or traumatic experiences often feel like they don't really know what's going to happen next and things are unpredictable.

One of the great things about being in a Head Start program and in an environment like this is knowing exactly what's going to happen next. You see these examples here, under maintaining a routine, called using visual schedules and social stories. When I talk about this, people often say, "Well, isn't that just for children with autism?" Or, "Isn't that just for children who have developmental delays?" That's actually not true. These types of visual schedules and social stories can be really useful for young children, especially those who have undergone various types of trauma. And then, of course, Head Start's focus on family engagement is really just unique and vital when addressing trauma.

And so, we need to really focus on that, we need to make sure that when we are working with children and families that we are focusing as much of our attention as we possibly can on cultivating those relationships with caregivers. We need to make sure that we let parents know

that what they have to tell us about their children is vital and important. Considering motivational interviewing strategies is also really important to build those relationships. They're the gatekeepers and the window in to what is happening in that child's life. And so, if we don't have those relationships set up, we're not going to get very far in addressing trauma.

And of course, the, you know, the staff relationship with the children is also really important. There's a lot of research to show that when it comes to what makes early childhood program successful, one of the number one things is those relationships with the adults in that program. Having that safe secure attachment with the caregivers, knowing the routines that they're going to be coming into the school with or into the program with, and having a space where they can express their feelings without being punished in some way, is really also very important. And of course, you know, I'm probably, when I'm talking about challenging behaviors as well, that those challenging behaviors are sometimes a way for the child to really demonstrate what it is that they're feeling and it's the only way that they know how to express their feelings.

And so, we need to be able to provide them with the best space possible for that. And that ties very much into helping children manage their emotions. So, there's a variety of different tools that I know that programs are already using, and if you're not, you could consider using them things, just very basic—practicing calming mindful activities, breathing activities, building emotional vocabulary.

We talk about social-emotional development as part of a fundamental part of the curriculum. Dramatic play is really wonderful for children who have undergone various types of trauma, as well as incorporating music and art. Sometimes the only way that a child can express to their caregivers what's going on, is through art or other types of play. And all of the things that I have highlighted and outlined cannot happen without the adults in a child's life being well, right? So, we all need to take care of ourselves, it's very important. Here's a variety of things that we all can do. You've heard about mindfulness, I'm sure. Taking time for yourself. I know there's so many directors who are on this webinar right now, it's important for leadership to really take time to figure out, how can I allow my staff the space that they need to take care of themselves so they can take care of these children and families?

We keep hearing that there's an uptick of challenging behaviors, but because of the opioid crisis, there's a lot more parents who are coming into the program with substance use disorder. That takes a huge toll on your staff. So, we need to figure out a way to allow staff to take the time for themselves so they're not pouring from an empty cup. That was a really quick overview of trauma. We're going to have many more resources and opportunities for webinars through our Head Start Heals campaign, but these are the main takeaways from today. Exposure to trauma is more common than most people think.

Trauma impacts development in a variety of different ways and it can be the exposure to trauma is really mitigated by risk and protective factors within an individual and the program environment. So, Head Start has a really unique opportunity to make a difference here. And of course, supporting staff wellness must be a central part of trauma-informed approaches. And Lindsey, let me turn it back over to you.

Lindsey: OK. So, next we are ... Thank you so much, Sangeeta, for all of that content, that was wonderful. Next, we are going to go through some more concrete examples. So, thinking about both, what we went over in the beginning on what's laid out in the Head Start Act that quality improvement funding can be used for, and also thinking about what Sangeeta just talked about, when we're thinking about these children and families and the impact adverse experiences has on children, families, and our staff, and thinking about what we might want to invest in to better support them in different ways.

So, we're now going to go through some examples that combine together, what's allowed in the Act and what, more specifically, we could do to support children and families impacted by trauma. So, we have this broken out into some different categories that we want to go over with you. And there is one of the attachments that you can download from this presentation today, and there's also a link to it in the slides, is a short overview of trauma and trauma-informed approaches for Head Start programs. There's some good information, it's a lot of what Sangeeta already went over, and some links to resources. It also has all the examples we're about to go over, are in that handout that you can download. All right, Sangeeta.

Sangeeta: Yup. So, the first section I want to talk about is expanding mental health services. So, you know, these are just some things that you could put your quality funding into, we definitely are not saying you have to do it this way, but improving preventive mental health screening, assessment, and intervention would be one really basic thing that you could do that can make a big difference when it comes to addressing trauma for children and families. We know through the Head Start Program Performance Standards that every program needs to have access to a mental health consultant.

We also know from the field that, oftentimes, it is very difficult to get that mental health consultant into your program with the frequency that you need them there, so this could be an opportunity to really bolster your mental health consultation services. And also make sure that any mental health consultant that you bring into the program actually has training in young children, and can include a trauma-informed approach. The other piece of expanding the mental health services could be just, you know, enhancing your collaboration with local partners in the community, with substance abuse and mental health treatment programs, domestic violence service providers, these are all different agencies that you could be partnering with.

Lindsey: The next bucket we want to go over is some examples is ways that ... Different types of activities around increasing platform quality. And as Sangeeta mentioned, these are just examples, this is definitely not exhaustive list of things we're going over, this is to start helping you all brainstorm. I'm sure you've already been talking about it, thinking about it, but this is to give you some other ideas, and also to help you see just the wide variety of things you can think about doing with this funding to support children and families impacted by trauma.

So, under increasing classroom quality you might think about hiring additional qualified education staff, whether it's teachers or assistant teachers to lower ratios and to promote stronger caregiver, child relationship. You might think about hiring behavioral specialists to support children, staff, and parents. Or you might be thinking about investing in professional development and staffing patterns that can really foster continuity of care for children as

they're in your Head Start programs to make that day and that program that they're experiencing and those routines more consistent, predictable, and nurturing as they're spending every day with you in the program.

All right, and then going on. The next bucket of examples we wanted to share is around strengthening family services. So, you might think about ways you can strengthen service provision related to housing access and stability, or some of the other services we provide to families, like job training, employment, education, career services, or access to health care nutrition.

You might think about enhancing transportation to promote more regular participation and attendance in your program. You might think about enhancing the kinds of services— collaboration services you have with other community-based providers to really strengthen the services being provided to families and to really lessen the burden on families to access some of these other resources and services that we're trying to connect them with. The next category, we're going to go to, Sangeeta.

Sangeeta: Yup. So, supporting a trauma-informed workforce. So, providing training on trauma-informed approaches to all staff, and we really want to emphasize whenever we provide any training, right, to all staff that we want to make sure that there is some coaching and other opportunities for reflective practice and supervision available, so it's not just kind of a one-stop shop, OK, we had an hour of the training and that's it. We're really encouraging that any kind of training is accompanied by these other reflective supervision practices. Supporting staff's capacity with salary increases and other benefits would definitely fall under this category. And then we all know that family service workers and home visitors really have high caseloads, so we may want to consider hiring additional folks to help lower those caseloads. And the last bucket that we want to go over is creating a program-wide, trauma-informed environment.

So, this could be ensuring implementation of any new trauma-informed approaches. Really including oversight to examine how the approach is being implemented. So, again, just making sure that whenever we are trying something new in our program, suppose you've never addressed anything related to trauma, and you're putting in something completely new into it, that there is oversight over how the approach is being implemented and then really tracking to make sure that improvements are happening. You know, we don't want to invest in something and then not know if it's actually working.

And so, we really encourage you to have that second piece added on as well. And then the other thing under here is expanding the Health Services Advisory Committee efforts to better support both health and mental health services for children and families. Here we have just a very short list of some evidence-based, early childhood trauma interventions that promote healing. So, this is by no means exhaustive. We just wanted to put a couple of examples for you here, of what are considered evidence-based interventions.

So this is, if you are thinking about, say investing in a mental health provider to actually be part of your program full time, you would want to look at their resume, you want to talk to them to see, do they know about these interventions? Is this something that they're actually going to be

able to implement with children and families in your program before you hire them on? And here's some links to some additional resources.

So, the ECLKC is not here but I really encourage everybody to look at the ECLKC, obviously. Look in the mental health section, there is going to be a section on trauma that we're just revamping for you all, as well as a section on substance misuse, and then all of these other great resources are available to you through the CDC, through SAMHSA. So, please take a look at these as well. And then Lindsey has another couple of links for you.

Lindsey: Yes. And so, we have the two resources I mentioned that you can download from the presentation today, are available. So, the first one is Guidance on Implementing a Trauma-Informed Approach in Head Start Programs, and then the second one is the list of Quality Improvement Funds from the Head Start Act, the list of activities that Sangeeta and I went over in the beginning. And I realized that link is not actually active there, so we'll fix that on the slide, but you can actually download it as a handout from the presentation as well. So, now we have about 35 minutes left of our time, because we scheduled this

webinar, until 2:30 Eastern Time. So, we can go over some questions. And first we have some prepared questions that we think are probably common ones, that we just want to take a minute to answer, and then we're going to take some of the questions that have been coming in. So, the first question I'm going to put to Colleen to answer, is we, the program, has several Head Start slots and very few Early Head Start slots, could we choose to spend all of our quality money on infants and toddlers in our program?

Colleen: So, yes. So, that's the short answer. We do want programs to be able to think across their entire program, where the biggest impact of this funding could be used. So, you guys know your programs, you know the populations you serve. There may look very different in different communities and different programs, but we want programs to have the flexibility to see if there is a real need for something to add more intense intervention with infants and toddlers, maybe around family of children that have been exposed, in utero, to substances, or, and this is just an example, that may be something that they need to use their full amount of quality funding to be able to really implement something. And that would absolutely be allowable as long as departments can, you know, explain why they're doing that.

So, other people may want to do something that really has an impact across, broadly, across all of their slots. And so, they would be using the money, both for Head Start and Early Head Start. But again, this is for programs to be able to use that flexibility, really think holistically about where the need is, and then put that into your application.

Lindsey: And the next question we have up here, can we propose to spend our quality funding on lengthening the service day or service year? We already talked about this one a little bit. Do we want to say any more about it?

Colleen: I think, yep. I think again, people, they absolutely can, they absolutely do not have to, right? The 45% requirement for Head Start slots is coming out in 18 months, but that does not mean that this is the only way to meet that for those programs. The relatively small number of programs that are not already meeting them.

Lindsey: OK. Could we ... Could a program spend our quality funding on purchasing buses to transport children?

Colleen: Yes, that is another activity that programs could do. They look at transportation being a real problem to being able to reach the hardest to serve families in their communities. That may be absolutely something they want to do.

They may want to focus that on, you know, not every one of their centers obviously, like, it could be a targeted approach. I remember visiting a program, a region three program, that had a real intense focus on families that were in recovery recovering from ... And their children had had needle—neonatal exposure to substances in many cases, and they felt like transportation was a really important need, not only being able to be sure that the children get the services, but to be able to have more touches with a family when those bus pickups happened every day. And so, I think there's a lot of ways to look at transportation. Again, if folks look in the Act, they would see that transportation had to be capped at only 10% of the quality funding, that was purposely taken away from Congress. So again, some things that programs to see if that's what they determine the greatest need is.

Lindsey: Next question for Sangeeta. Do the programs need to buy a specific training in order to make that program trauma-informed?

Sangeeta: No, they do not and, you know, sometimes when I say that, people are upset to hear that because everybody wants kind of one training that they could take and we would all be good to go. But unfortunately, that's not the case. I think the best way to go about it is to really educate yourself on what are trauma-informed approaches, like we talked about with the four R's, and then like you would any kind of community needs assessment. Do an assessment of your program and see what is needed in your program to be more trauma-informed. Is it that all of the staff know exactly what the signs and symptoms of trauma are, but they're not quite sure how to respond to it, they need a little bit more help? Is the focus more on the staff wellness piece? Do we need more mental health interventions or mental health consultants? So, do that assessment for yourselves, I think, and then figure out what are the pieces that you need to put in, but there is no one-stop shop when it comes to being trauma-informed.

Lindsey: Next question, for Sangeeta also. Do our education staff need to be trained in how to diagnose childhood trauma?

Sangeeta: So, absolutely not. You are not in the business of becoming a mental health clinician or giving a diagnosis. And I think one of the most common misconceptions about becoming trauma-informed is that all the children in your program has to have been impacted by trauma in some way to benefit from the interventions or all of the different pieces that you're putting in that are trauma-informed care.

But that's actually not the case. Like, if you can just look at all of the children in your program, treat them the exact same way with the empathy and the kindness that we talked about, putting in places all of the different, the different supports and services that we talked about, you know, the structure, the consistency, the nurturing relationships, all of those things and I think that is the best way to look at it but we definitely do not want to spend our time trying to be in the business of diagnosing any children.

Lindsey: And last question to Colleen and then we'll take some questions that have been coming in. So, if a program is currently in competition, will they receive quality funds?

Colleen: Yes. And so, that's a good question. So, and we've got this, a number of people have been asking that during the webinar as well. So, when folks get their funding guidance letter, this will be addressed specifically, but for any—any grantees that are currently in the DRS competitions, they will have the opportunity, they will be given the amount that the kind of the service area that they operate is allocated for quality improvement funding, and they will be asked to put together an application to submit, so, to determine what they will use the quality funding on if they are ultimately the grantee in that service area going forward.

So there, no quality improvement funding will be awarded to grantees undergoing competition currently, it will be ... But those applications will be, we'll have them, so that in the event that a grantee is successful, and given a competitive grant award on July 1, that we will be able to quickly have that quality—that quality funding awarded to that—to that grantee. If a grantee is not successful in the DRS competition, that amount would be held for the new grantee in the area.

So, we want to ensure that all slots are given this quality enhancement. And so, and we want to be able to do that as quickly as possible so that there's not, you know, a lag because of the DRS funding, so that's why we're asking folks to really go through the process of determining what they would use that funding for if they continue as the grantee and to submit that, in just as a thoughtful way as other folks do. And as most people know, on the call, most grantees that go through competition do retain their designation as a Head Start grantee in the, going forward, and so we think that's important. But we also, you know, we'll have to revisit that in the event of that their split, we'll have to determine exactly how that funding is reallocated, or again, it will be kept for a new grantee in that service area if that is the result of competition.

Lindsey: OK. So now, I'm glad that was a question a lot of people were asking anyway, but now we can start taking additional questions that were coming in.

Colleen: Sure! So, one question that we have gotten quite a bit, is whether the Early Head-Child Care Partnerships funds or grants are included in—in all of the different increased funding streams for 2020. And so, yes. So, Early Head Start-Child Care Partnership grants are treated the same as all other Early Head Start or Head Start grants when we look at things like COLA, the opportunity for quality. So, they are. Absolutely. If you have, if they've already been awarded, they are absolutely in the calculations for the COLA increases in all of those slots in the quality allocations.

As folks know, you know, many grantees have some Early Head Start partnership slots and some other slots, others are fully partnership, but they are absolutely part of the increased funding for COLA and quality. So, we also got a number of questions about, I would take first, about the non-quality pieces of the funding. So, let me hit on those. So, someone asked for a reminder of what the percentage is for the COLA, which is 2%.

And—and whether there would have to be an application for COLA as well or there would just be an application for quality? And folks will have to submit an application for COLA as well, they will be combined. And again, it'll be 2%. So, folks, also asked, how many hours were the full ...

How many hours was a full day, and whether the 45% was for just Head Start, or for all of their slots? So, reminding folks, the duration requirement that kicks in in 2021, August of 2021, is that 45% of your Head Start center-based slots must be at 1,020 hours. So, those—there's not a requirement that they all be full-working day. It is just a requirement that they operate at 1,020 hours. So, we already answered the question about DRS. To clarify, a few folks asked about whether the funding was competitive or non-competitive. And it is—it is non-competitive. So, the allocation that we discussed is—is every grantee gets allocated amount, and the 250 and 350, and the floor, we got a lot of people asking what's exactly a small grantee, how will the funding work, whether the 250 per slot is per slot per day, or just per slot.

So, the answer about what exactly is a small grantee is not, I'm not able to actually just get to name an amount or a number, because it is going to take into account whether they are Early Head Start only slots, a mix, or Head Start only.

And so, when you get your funding guidance letter in just within the next two weeks, you'll have exactly the amount that is allocated for your service area. And there is no difference in if you operate your slots full day, or part day, that is just based on slots. So, that is something that is very specific in—in the Head Start Formula [Inaudible] Act that is just based on the number of slots you have without regard to whether, how the slots are operated.

There's a couple of questions that were related, particularly, around the, whether we would be doing any upcoming trainings on trauma, whether people could know about—note whether some of the websites that Sangeeta mentioned. So, I'll let her talk more, but I think one thing I wanted to just highlight, she did mention when she was talking, that there would be, and she can say more about this, some updated websites, landing pages that will be coming out and we will be doing a notification out to all grantees when those are put out so that people can know that those are out there, but a number of people just asked if there's any more specifics about the, some of the things you mentioned, websites you mentioned on there. Probably when you got to the resource slide, maybe we want to pop that back up, the resource slide, and if there's anything else you want to say about that?

Sangeeta: Sure. So, I think people wanted to know the name of the document that I mentioned earlier, the SAMHSA document that's free online. So, it's a very long name which is why people wanted me to say it again, and it's not on the slide, but it SAMHSA's Concept of Trauma and Guidance for a Trauma-informed Approach. Is it there? It is right there, it is the third bullet, we just put it up there, OK. So, that's the one that folks were asking for.

I did mention this on the ECLKC, we're redoing our mental health page so that it's a little bit more easy to access the trauma information that we have there. The tip sheets and webinars, also. I mentioned, we have the Head Start Heals campaign that's kicking off in March, so just around the corner. Dr. B's next vlog, in March, is going to be highlighting the Head Start Heals. And what we're hoping to do, for at least six months, if not longer, is highlight tip sheets, maybe have some office hours related to mental health consultants, how you can hire a mental health consultant. We're talking about maybe revamping some webinars that we've had in the past that relate to trauma.

The Trauma 101 webinars that our national centers have put together, we'll be airing those again, highlighting those again, for you. So, that it's reminding all of us, all the great information that we have but putting it in one centralized place to make it easily accessible for you. We did get a couple of other questions related to trauma that I wanted to talk about. One was, how can you get a parent to sign on to see a therapist? So, that goes back to really the focus on the family engagement piece at Head Start, it's really not an easy thing to do.

But when I talked about motivational interviewing skills, that is something that, you know, you can invest in, you can go and actually do a training on motivational interviewing, we have a lot of great resources on the ECLKC about what motivational interviewing looks like, what it means. But it's really a way to get the parent to start opening up to you a little bit, for them to say these are the things that I need, and so that you can have kind of a reciprocal relationship. And I know, many of you, that you work with parents, it can be very difficult, but I really want to emphasize, the goal is not to get a parent to see a therapist, the goal is really for the parent to feel comfortable in the Head Start environment to talk to the other staff so they can start that relationship and then come to the realization, "Hey, I probably would be OK for me to see a mental health provider or somebody else that could help me."

Sometimes, it's a family services worker that has the best relationship with that parent, and that parent doesn't need to see a therapist, right? It's really about hooking them up with the community supports that they really need and that they feel that they will benefit the most from. And I think there was another comment that was made about the slide that I put up about all of the different signs and symptoms of trauma.

And I'm sorry if I wasn't clear in saying, yes, these all absolutely can be behaviors that are typical in young children. I think the issue that we find often, is that some of these behaviors, such as the aggressive behaviors, can feel a little bit more than what a typical 3-year-old is and—and what they're capable of doing. And when you're seeing that when staff are being hurt in classrooms and when staff are feeling overwhelmed, that's the time to really say, you know, it's not necessarily that this kid is a bad kid, but there's probably more going on that we know about and that's when, you know, the comprehensive screening, the mental health evaluation really need to start kicking in. You know, trying to understand the context in which the child is growing up in. I think it's really important. And so, definitely want to acknowledge that slide can feel like some of them are typical, but it can be atypical if it's taken to an extreme.

Lindsey: And we got a couple more questions about the specific activities from the Act and how a few are different from each other or if they're in order of importance? So, I'm just going to go back to those activities. So ... No. So, first of all, the activities are not listed in an order of importance, it's just the way that they are listed in the Act, and in the Act they're not even numbered, they're just—they're numbered the way the Act is, and then there's a lots of bullets and things used. I numbered them for purposes of this presentation but they are not in any order of importance.

The bottom line for the quality improvement funding is determining, based on your own programs data and your own community needs, what the best uses of the funding would be within this set of activities that the Act allows. And then another, there was another question about number, what's listed as [Inaudible] on the slide talks about improving compensation and

what's listed as number nine, also talks about improving compensation. Those are, the difference between those, is really that number, as laid out in the Act, number one is specific to education personnel, family service workers, child counselors. In the Act Congress intentionally wrote that, calling them out separately as getting, as improving compensation for those categories of staff with quality funding. And then number nine, just allows you to choose to do it for any other program staff. That's it, Colleen.

Colleen: Great, thank you guys. We also got some questions about, operationally, how, maybe we could pop back through the timeline, how a couple, how the operational things would work. So, a number of people asking whether the applications have to be—will be separate for COLA and quality from the regular refunding applications, or if that would be rolled together. Also asking, again, just what the timeline was, what the due dates for applications were, a bunch of questions in this thing. So, we want to just remind people, overall, if anybody joined late, what's the timeline is here that you will be getting your funding guidance later, early in March, and applications will be due in May.

So, about 60 days to apply. The applications for COLA and quality will be combined, but they are separate from any of your regular refunding applications. So, while the awards might be rolled in together, depending on the timing, the applications, in order to be able to, in order for the timeline to work and also to be able to look at what folks are really proposing to spend with these very particular congressional appropriations for certain purposes, those applications will be separate. We also got questions about the amount per slot. So, we had said, that approximately, it would be \$250 per Head Start slot and 350 for Early Head Start slot. A number of people asked, would it be just federal slots or if they had state funding for slots, would it cover that as well? It is just go ... It is, your funded enrollment. So, that is on your Notice of Award, what your funded enrollment is.

So, if you have slots that are not part of your—your Head Start award amount, so your funded enrollment, those will not be able to, we are not able to use this funding to supplement those slots. We also had some folks that are already, which is great, doing the math, and figuring out again, that these are not, this is not exact amounts, but based on these estimates, what the funding would be in their program, and some folks being concerned that it may not be enough to cover, maybe they obviously were interested in bringing in additional staff and that it may not be enough to cover additional staff. I think in every classroom, that is absolutely true. So, when folks get their particular allocation, I think they need to begin to look at where the greatest needs are in their program, and to figure out where these dollars can make the biggest impact that it doesn't necessarily, if you're going to add a staff just to lower ratios, it wouldn't necessarily be in all of your classrooms. It certainly, in most cases, wouldn't be able to support that, but it also may not be the where the need is.

So, it may be that the folks have to think about, again, like we talked about transportation, it may not be for every site that you want to add that, it may not be, you may not be lowering your caseload for family service workers for every family, there may be approaches where you have certain—certain family service workers that work with smaller caseloads of families that may have greater needs. So, we really encourage people to—to think creatively about how we use this funding. As I said at the beginning, this is probably the largest quality improvement

funding, particularly, quality improvement funding that is expected to be ongoing that we have ever received in Head Start, but it is not going to meet every need that programs would like to be able to maintain their programs, absolutely.

So, that is where there is flexibility. Again, we talked about at the beginning, of whether the funds are going to be used for classroom programs, focus on infants and toddlers, or preschoolers. And again, that's going to be up to—to grantees to decide that and put that on their application, as long as they're meeting the parameters of what they can do within the Act. There was also questions about whether there was a match for these funds.

This will be ... This is a part of your Head Start funding, as folks know, just like when you get COLA, when your grant increases, the percentage of the required match also increases. There are, of course, waivers that people can put in, particularly, in, you know, the first year. So ... And ongoing, if, you know, you meet the requirements for that match, so, it is true that when your funding goes up because the match is set in the statute as a percentage of the total funding, that the match also does go up.

Lindsey: So, we also had some questions about specific uses of the funds, some specific questions. So, for instance, one was about, could the funding be used to support coaching? And you can, that is, that would be allowable depending on how you're justifying it, because one of the activities under the Act talks about supporting staff training, child counseling, and other services necessary to address the challenges of children, and then it lists all of the various groups of vulnerable populations that we serve, that we went over earlier. I'll just pull it back up. This long number two, listed here.

So, something like, coaching for staff to support these groups of children and families, could fall under number two here from the Act. So, we think that you could make a justification for something like that. There was also a question about whether money would be available for a home-based option? I don't remember if Colleen already addressed this, but yes, every Head Start program, every option is going to get quality improvement funding. Sangeeta, did you want to take some that were asked?

Sangeeta: Yeah, there was a question about the pyramid model, and if that would be appropriate use of funds? I know that the National Center for Pyramid Model Innovations, which is OSEP funded at the Department of Ed. The folks there are doing a crosswalk of an overlap between trauma-informed care and pyramid model. And so, definitely, I think, look for that, as well. We're going to cross reference that on the ECLKC but I think that that was an excellent point that was made.

Colleen: We got a question to clarify what I had said, about the two separate applications. So, apologies. Sometimes I talk too fast. The—the COLA and quality applications are going to be combined into one, so you'll get one funding guidance letter that lays out the allocations for both of those and lays out the requirements for the application and has one due date. So, that is one application process.

Your regular refunding application process is what is separate. So, your regular funding guidance letters that is about your base grant, is a separate application, and those cannot be combined. We also got a few more questions about what the deadlines were. And again that

will be specifically laid out in the funding guidance letter. The expectation is that grantees will have 60 days from when they get that funding guidance letter to submit the application, so we expect that to come in in May. I had ... Or to be due in May. I had one question that folks asked at the beginning that I had forgotten about, and it was about the funding, the \$100 million that is. You want to go to the first slide?

The first slide about all the different 2020 fundings? The \$100 million for Early Head Start expansion and partnership, and folks asked, is that just for partnership, just for expansion, is there a priority? So, you will see a funding opportunity announcement that comes out later this, comes out in the summer for this opportunity and grantees will have the ability to apply either for expansion, or partnership, or a combination. Totally based on what they believe is the need in their communities. So, there will not be a priority for either, but grantees will have the opportunity to apply for, again, expansion, traditional expansion, partnership, or a combination applied.

Sangeeta: Hey, this is Sangeeta. I just had ... I wanted to take one of the questions here, which was, if we have a mental health professional on site, can we use the funding for their training, such as play therapy? You can definitely use the funds for their training, as long as it addresses the challenges of children from all of the different groups that Lindsey had mentioned earlier. But I wanted to make, just a comment, about the play therapy. So, I think play therapy definitely has evidence behind it when it comes to addressing any kind of affected children with trauma. However, I would encourage you to, if you're going to be doing training for your mental health person, to look at what is the most evidence-based when it comes to trauma. So, things like trauma-focused CBT, for example, to be a little bit more specific would be a better use, I think, of the funds than just general play therapy.

Colleen: And one more ... One question we've gotten a couple of times. So, I want to make sure—you can keep right on that slide, Lindsey. Folks, asked if you are ... Had all home-based slots, are you eligible for this funding? Or there's a lot of different ways that people have asked that. And the answer is, absolutely, yes. So, home-based slots are considered just like any other Early Head Start or Head Start slots in the allocation and just, the example, the first possible activity in the Act about improving compensation, particularly for education personnel. I want to point out, when we talk about education personnel, we mean teachers, assistant teachers, Early Head Start and Head Start teachers, and home visitors.

So, the home visitors falls squarely in a lot of these different potential activities and they are absolutely included in that. And so, we just want to make sure people know that, and obviously, because we got a lot of questions from lots of different grantees about that. We want to make sure people do know that this is absolutely, you know, a model that may be, you know, working really well, and particularly, is still, you know, almost half of our slots in Early Head Start are home-based, and we absolutely have them considered a part of that. And in the Early Head Start expansion application, folks can absolutely come in for home-based in the traditional Early Head Start expansion pot, if that is what they think is most needed in their community. So, I think, you have another question, Sangeeta?

Sangeeta: We have another one that came through, it's can we use the funding to hire a mental health professional or if we have one, to increase their wage or salary? And the answer is, yes. Yes, you can.

Lindsey: And somebody else asked, if they are in need of buses, is this not allowed? It is allowed. So, we again want to make sure folks are thinking about what they will be using this funding for, on a one time, like, if they're a one-time need, such as purchasing buses or doing, you know, trainings, or things like that, but also ongoing. So, this is expected that this funding will be added to the base of Head Start operations, going forward, provided that Congress doesn't change that. But that is absolutely the expectation, the way it is written right now. And so, we don't want programs just to think about one time thing, one time purchases, but really, how would this funding make a difference immediately, and then, ongoing.

So, I think ... We really appreciate it. I think we're able to touch on a lot of questions, there's more information coming out in the funding guidance letters. There will be all of the resources that are up on the webinar, folks can download. Once the PI comes out, those resources will be disseminated with that as well. When we have updated ECLKC website, or web pages, we will get that information out and make sure people are signed up for alerts coming out of ECLKC. There's lots of different information on there about the types of alerts people can get for things like this webinar, that you and you go on to the subscribe tab on ECLKC to sign up for those alerts, so you can make sure if there are webinars coming up, if there are new resources coming out, that you have information for those.

But look for the PI and look for your funding guidance letter, and then we'll have more opportunities to work with the Regional Offices and really start planning for this great opportunity that Congress gave us to really think about where we can even improve our programs to be doing more.

So, thanks, everybody, for all the work you do and for taking an hour and a half out of your busy day to spend it with us. And thanks for Lindsey and Sangeeta for all the information you've provided.

Thanks, everybody. Have a great rest of your Monday.