

Department of Early Education and Care Head Start Collaboration Office 2010 Needs Assessment Survey Report

*A Survey of the Massachusetts Head Start Programs and
Licensed Center-based, Family Child Care and Public School
Pre-k Programs in Thirty-one Communities*

January 28, 2011



**MASSACHUSETTS
Department of
Early Education and Care**

Agenda

1. *Welcome-* Anita
2. *Overview FY 2010 HSSCO Needs Assessment Annual Update Report-* Jennifer
3. **Review Findings-**Anita
4. **Questions/Feedback** –Programs
5. **Next Steps-**Anita

Meeting Time: 1 hour and half



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**Department of
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Overview/Background

- **In 2009, the HSSCO conducted a needs assessment, as required by the Head Start Act of 2007, to report on: (a) the extent of collaboration, coordination and alignment of services, and (b) the alignment of the programs' curricula and assessments with the Head Start Child Outcomes Framework and the State's early learning standards.**
- **The 2010 annual update was designed to further an understanding of alignment and coordination by expanding the needs assessment to reach out to all licensed center-based, family child care and public school preschool programs operating in the 31 communities where Massachusetts Head Start grantees are located.**
- **By collecting this information, the HSSCO and the Department have begun to build the foundation for the full integration of services, improved coordination with agencies, and strengthened partnerships both within communities and across the state in order to meet the needs of all children.**



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Focus of the FY2010 Needs Assessment

- ❑ The design for the FY 2010 needs assessment update focused on two sets of services:

Set 1-Top Three Services Targeted as <i>"In Need of Improvement"</i>	Set 2-Three Lowest Ranked Services in the Overall Score of 2.8 Related to Collaborations*
<ul style="list-style-type: none">• Healthcare Services• Welfare/Child Welfare/ Child Protection• Services for Immigrants/ Refugees and Migrants/ Seasonal Workers	<ul style="list-style-type: none">• Community Services• Services for Children Experiencing Homelessness• Family Literacy Services **

- ❑ In addition, two new categories were added:

PreK-3 Framework-collaboration between EEC's programs and LEAs

General Information- local agencies relationships with state agencies

*In the 2009 needs assessment, a total score of 4.0 was possible. The three domains identified – community services and homeless received an overall score of 2.8 or less for all respondents in relationship to Collaboration.

** Needs Assessment did not include the family literacy service – In discussion among EEC, HSSCO, & MHSA, it was determined that the 2009 results from family literacy services did not accurately reflect the breadth of services offered by HS and decided not to include this area in the 2010 Needs Assessment.



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Participants

Total agencies completed the survey: **195 participants**

- **Head Start Programs-** All thirty-one (31) Massachusetts Head Start programs participated. Program types reported:
 - **13** programs serve **only preschool age children**
 - **15** programs serve a **combination** of preschool children & infant/toddlers
 - **3** Early Head Start programs serve **infants and toddlers** but no preschoolers
 - **10** programs serve families with **infants/toddlers and/or pregnant women.**

- **Non-Head Start Programs-** *One* hundred sixty four (164) non-Head Start programs also participated:
 - **102** licensed **center-based** programs
 - **33** licensed **family child care** programs, and
 - **15** preschool programs offered by the **public school** programs.



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- Organization of the Report :Key findings reported in five parts

Part I –Improvement of Collaborations and Partnerships & Current Relationships with Services/Organizations;

Part II -Effectiveness of services linkages: Health Care, Mental Health, Oral Health, Welfare, Child Welfare, & Child Protection, Services for Immigrants and Refugees, Services for Migrant and Seasonal Workers, Other Community Services, & Services Children Experiencing Homelessness;

Part III -PreK-3: Adopting a PreK-3 Framework, Parent Involvement, and Serving Children with Disabilities;

Part IV-Local-State Collaborations: local agencies receive information from state agencies, accessing state services, improving cooperation and collaboration with state agencies and local agencies;

Part V-Next Steps



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● Part I-Improvements in Collaboration & Coordination

**Table 1: Head Start Programs
Reporting on Improvement in Collaboration from 2009 to 2010**

% Reporting Improvement (# programs of total # responding)	% Reporting No Improvement (# programs of total # responding)
Health: 86% (24 of the 30 responding) Mental Health: 59% (17 of 29) Oral Health: 83% (25 of 30) Community Services: 64% (18 of 30) Services for Homeless Children: 80% (24 of 30)	Welfare/ Child Welfare/ Child Protection: 55% (17 of the 29) Immigrants/Refugees: 52% (15 of 26) Migrant/Seasonal Workers: 80% (4 of 5)

● Key finding 1:

- A majority of Head Start agencies ***report improved*** collaboration and coordination in health, mental health, oral, community services, & homeless services.
- In contrast, more than half of these programs report ***no improvement*** in collaboration/coordination with programs serving immigrants and refugees, migrant and seasonal workers, or child welfare-engaged families.

Note: Because non-Head Start programs were not invited to participate in the 2009-2010 survey, they were not asked to reply to this question.



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Part I - Current Relationships with Service/ Organizations

Table 2: No Difficulty in Collaboration

Target Population	Head Start	All Other
Migrant and Seasonal	80%	61%
Health	79%	56%
Oral Health	78%	64%
Community Services	76%	61%
Mental Health	71%	55%
Homeless Children	64%	40%
Child Welfare	59%	58%
Immigrant and Refugee	58%	43%

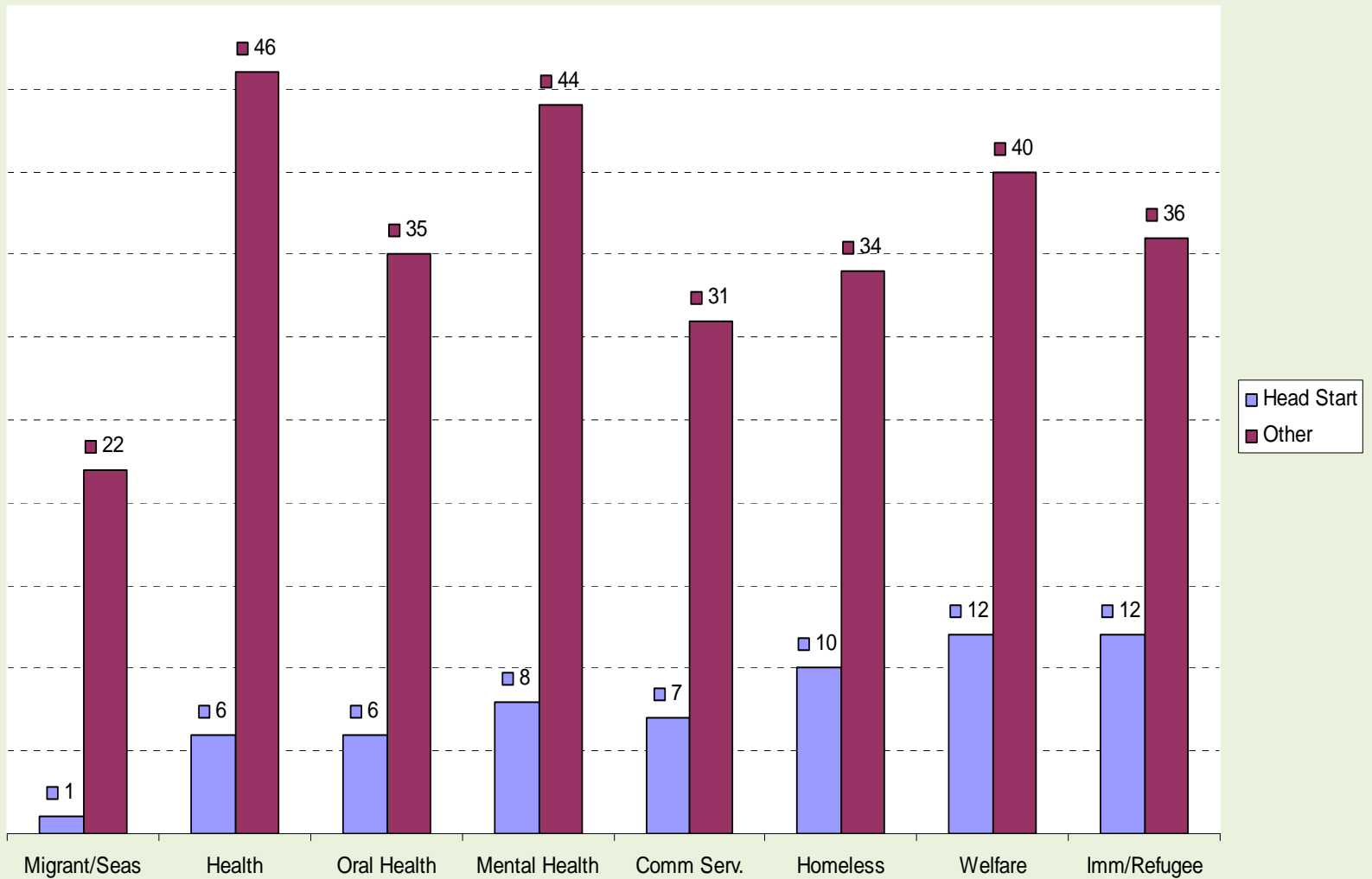
Key finding 2:

- First, the survey revealed **differences in the levels of collaboration and coordination** of services by Head Start agencies as compared with all other respondent organizations;
- Second, **all agencies reported coordination to be more difficult** for some services and populations than others.



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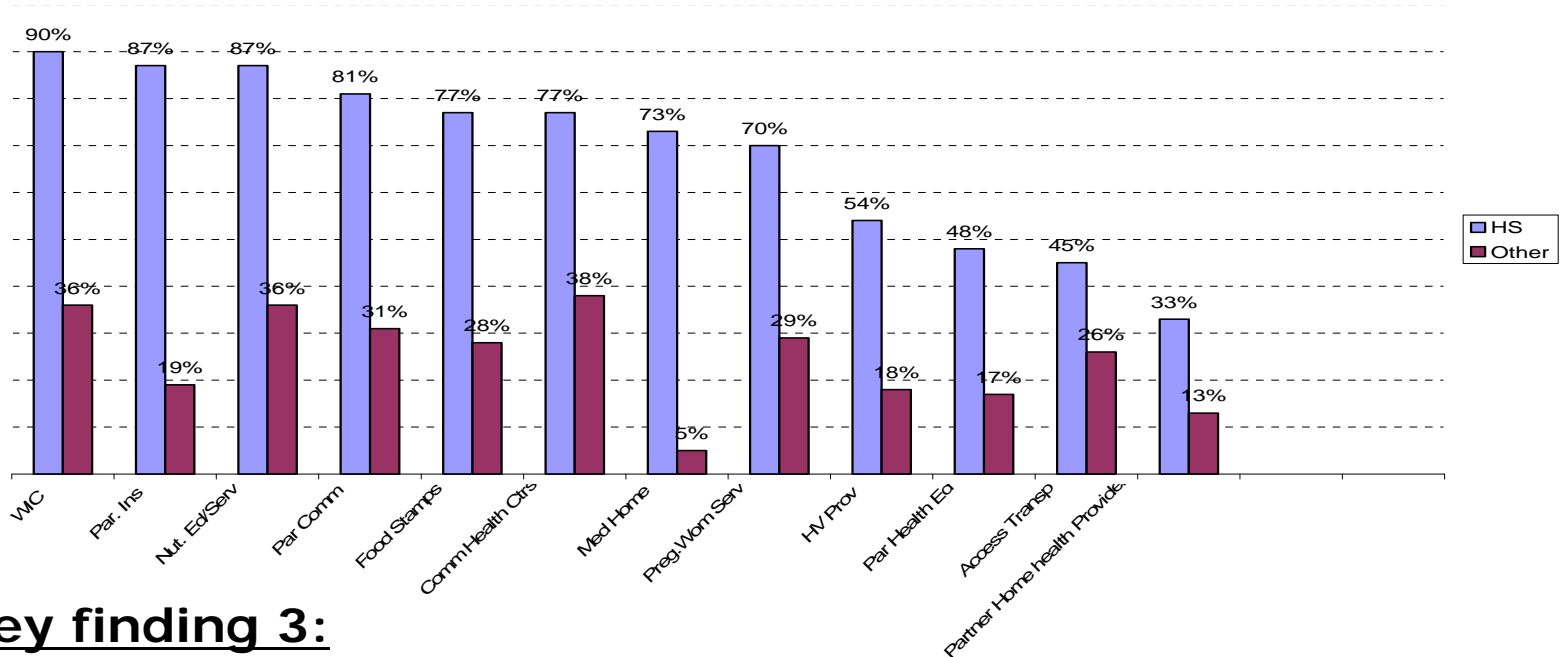
Number of 2010 Participants Reporting Difficulty in Relationships with Organizations/Services



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Part II -Effectiveness of Service /Linkages: Health

Percent of Programs Reporting Effective Linkages



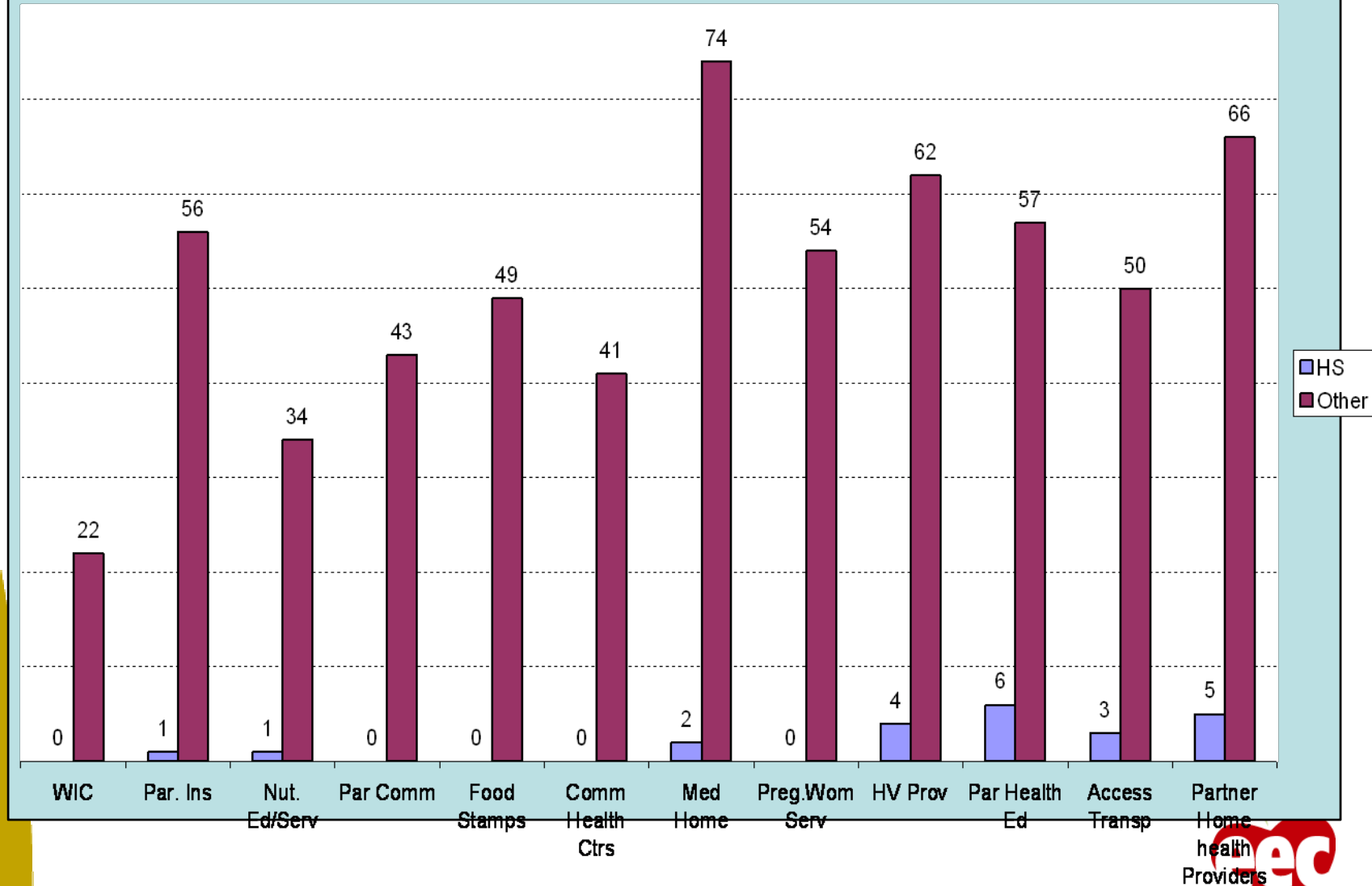
Key finding 3:

- First, Head Start agencies reported a **higher level of effectiveness** in linkages and relationships than non-Head Start agencies;
- Second, the most dramatic differences concern the effectiveness of relationships to **medical homes for children**.
- Third, many **non-Head Start agencies report that “no resource exists** for many of the specific health services. See next chart



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Number of Programs Reporting No Available Resources in Health



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● Effectiveness of Mental Health Linkages

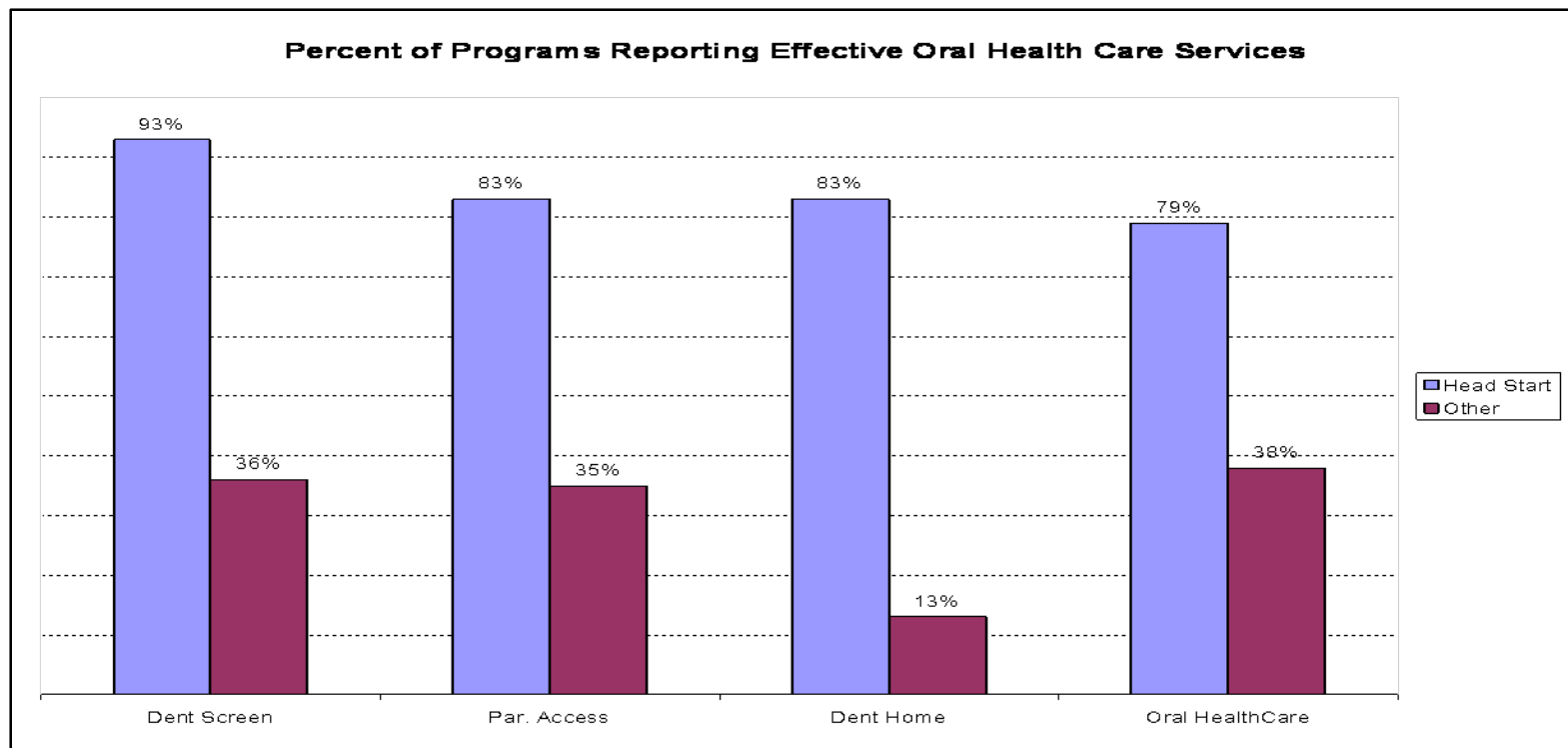
Key Finding-4:

- First, the **differences** between Head Start and all other providers continues with **regard to the effectiveness** of mental health services.
- Second, with the exception of mental health consultation which was rated as *Effective/Very Effective* by 86% of the Head Start programs, survey data reveal that for **a majority of programs in both groups, the effectiveness of mental health relationships is not as robust** as is required to serve the Commonwealth's vulnerable young children.
- Third, several agencies commented **on the need to have services available in languages** spoken by the children and families (other than English).



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● Effectiveness of Oral Health Linkages



● Key Finding 5:

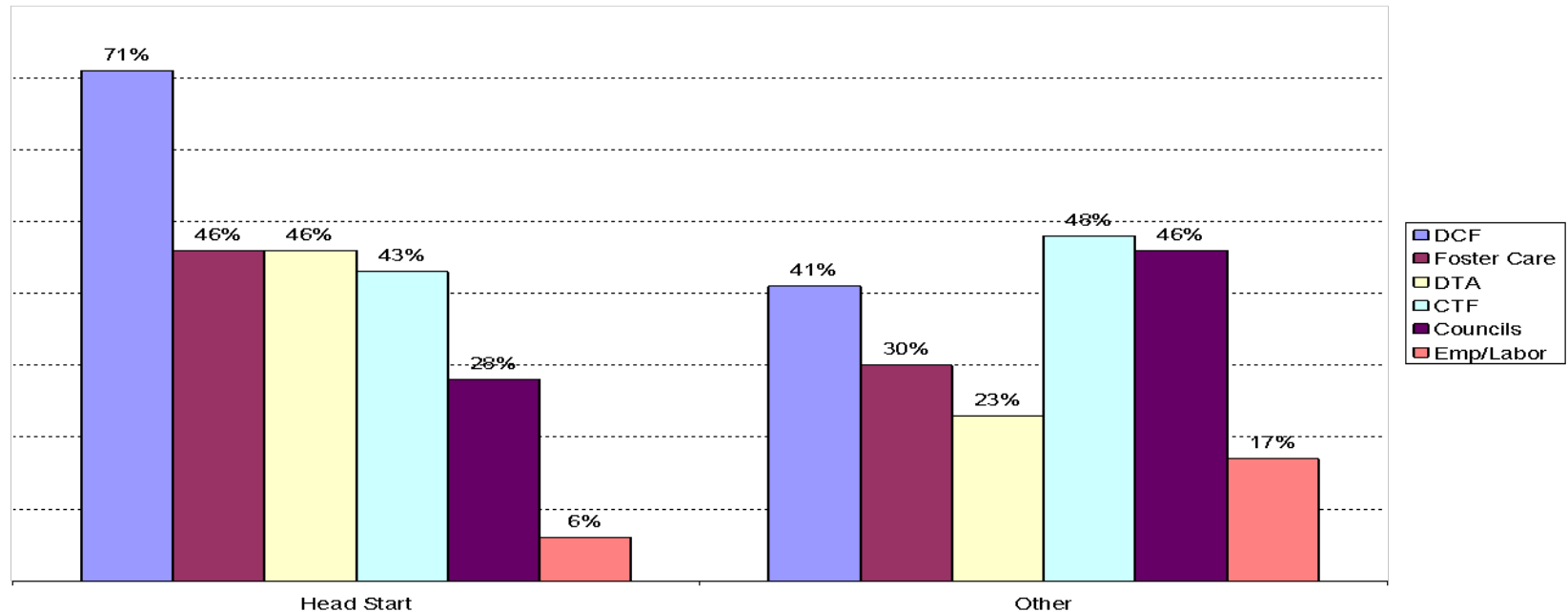
Across all three categories of health care services (health, mental health and oral health), the effectiveness of **oral health relationships was highest**. In contrast, only about **a third or less of other agencies** report that they have effective linkages for oral health services.



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Effectiveness of linkages with Welfare Services

Percent of Programs Reporting Effective/Very Effective Linkages with Welfare Services



Key Finding 6:

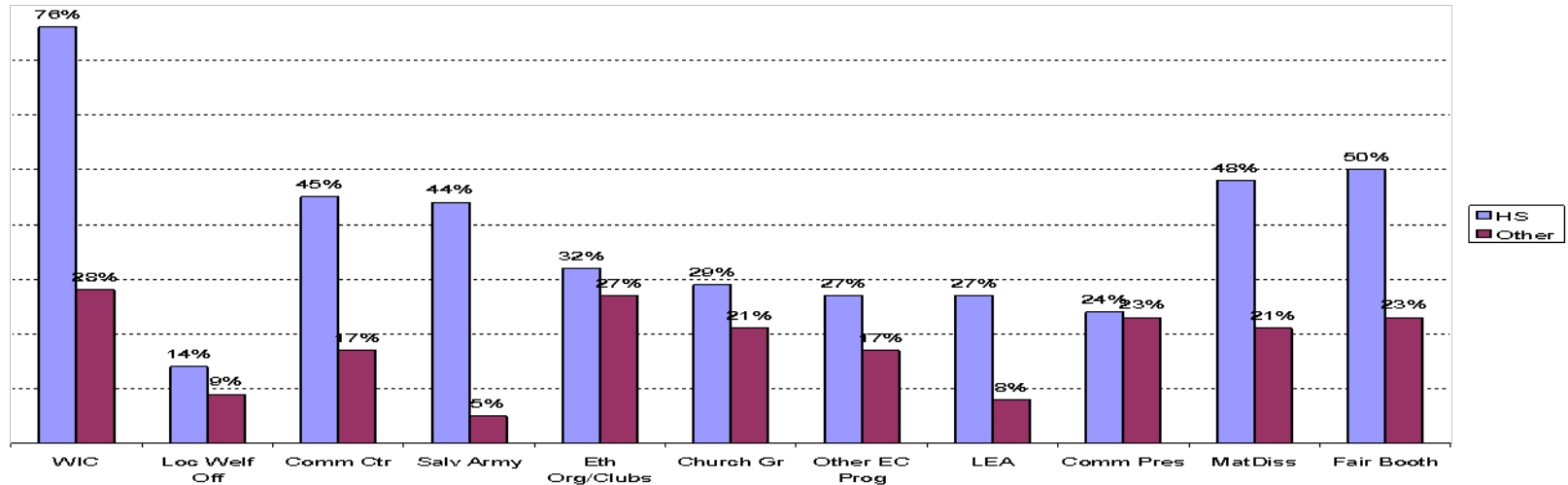
- **Across both Head Start and other agencies**, respondents indicated **the lowest levels of effective linkages** with services included in this section. Only the linkages with DCF were rated as *Effective/Very Effective* by a majority (71%) of the Head Start programs. All other relationships were rated as effective by less than half of both Head Start programs and non-Head Start programs.



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Effectiveness of Linkages for immigrants & Refugees

Percent of Programs Reporting Effective Linkages with Services for Immigrants/Refugees



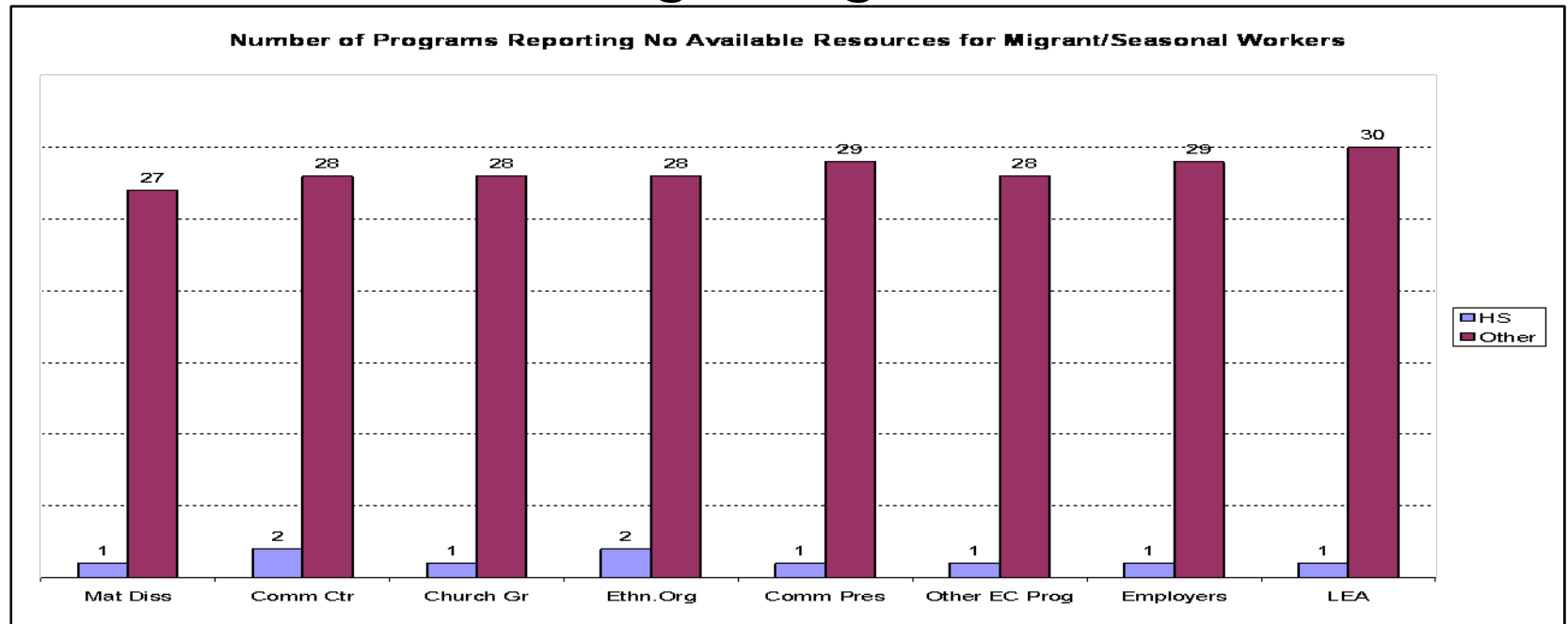
Key Finding 7:

- **WIC** is the program with which both Head Start and non-Head Start agencies report **the most effective linkages** when serving immigrant and refugee families. The effectiveness of linkages with all other services to this population is ranked much lower.
- **The languages spoken** by immigrant or refugee children: Spanish, Portuguese, Khmer, Korean, Indian, Albanian, Chinese, Haitian-Creole, Polish and sign Language. The majority of immigrant or refugee children served are from Puerto Rico, Brazil, Haiti and the Dominican Republic.



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Effectiveness of Linkages-Migrant & Seasonal



Key Finding 8:

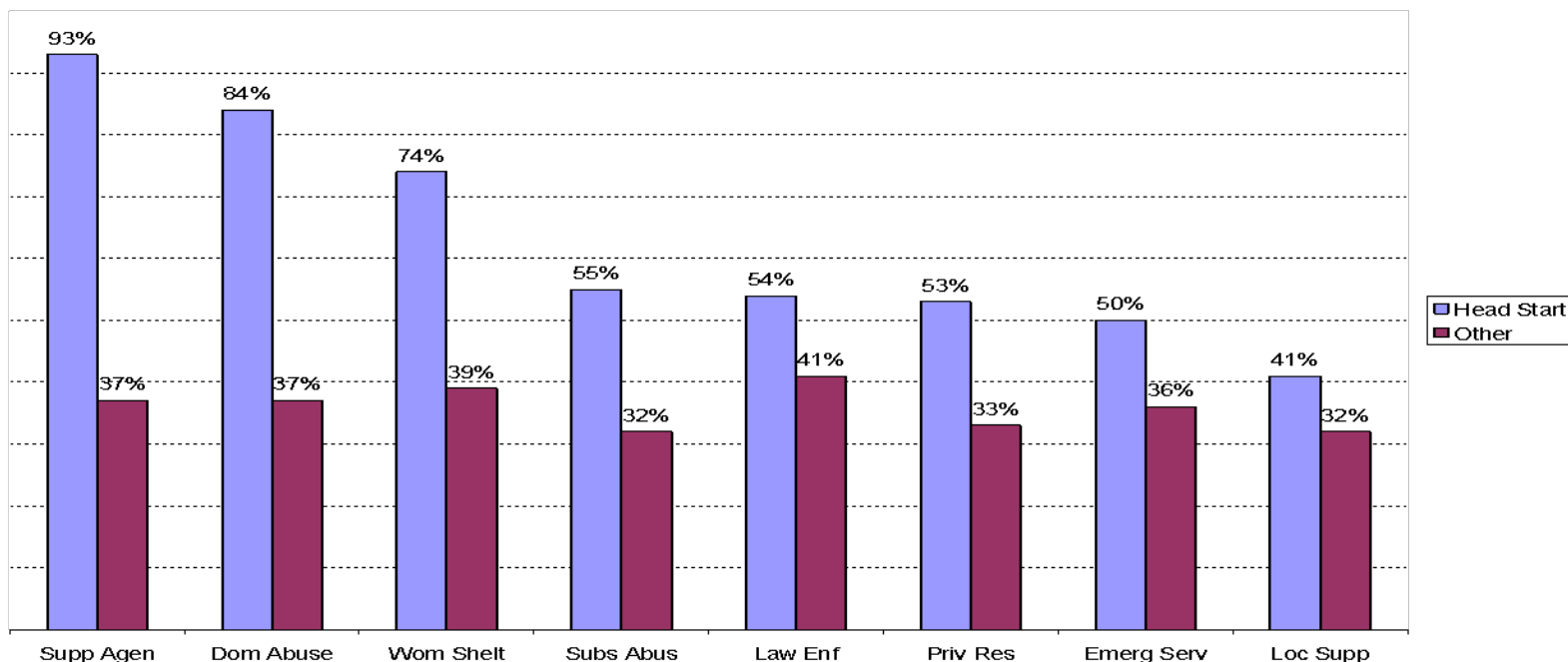
- **Fewer than 10%** of Head Start programs report currently serving children from migrant/seasonal worker families as compared with 31 non-Head Start agencies. Of the two Head Start program responding, both indicated having **an effective relationship with local church groups, ethnic organizations and community centers providing services to migrant and seasonal workers**. Among non-Head Start agencies providing information, **nearly all report have access to no resources for migrant or seasonal workers**.



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Effectiveness of Linkages with Other Community Services

Percent of Programs Reporting Effective Community Services



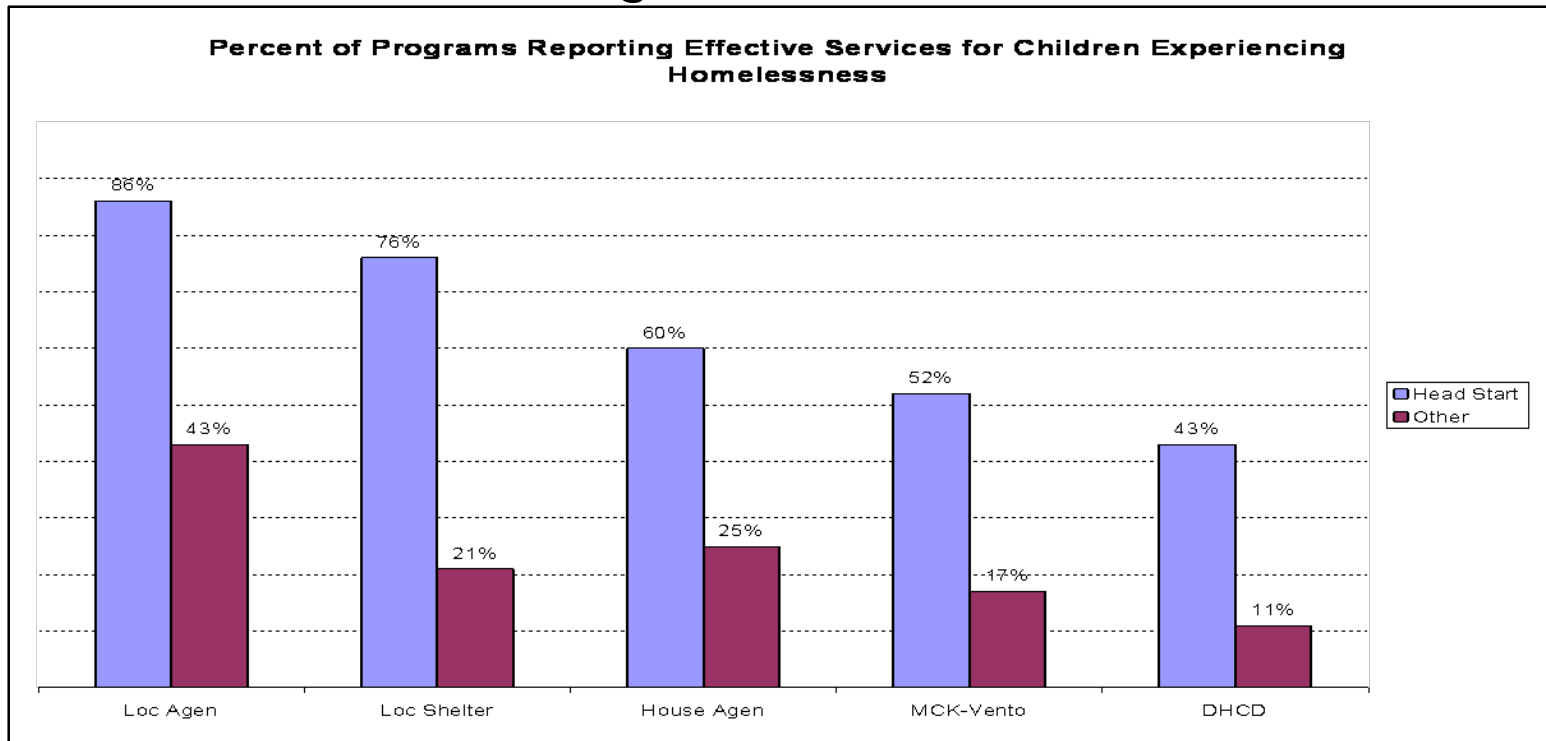
Key Finding 9:

- Data indicates that **Head Start agencies** have established more **linkages at a high level of effectiveness** than non-Head Start agencies. A majority of Head Start programs have established *Effective/Very Effective* linkages while a smaller proportion of non-Head Start programs report having effective relationships with these community services.



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- Effectiveness of Linkages-Homeless Children



- **Key Finding 10:**

- First, **HS** rated their linkages with services for homeless children as **“effective” twice** as often as do non-Head Start agencies. Second, the **lowest levels of effective relationships**, for both types of agencies, were with the **Massachusetts Department of Housing and Community Development** followed by linkages with the local **public schools’ McKinney-Vento liaison and community shelter staff.**



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- Part III -Serving Children Preschool -Third Grade

The survey found that **much work remains to be done for the Commonwealth to implement a robust PreK-3 framework** between Head Start agencies, other early education programs and the public elementary schools.

This section includes:

- ❑ **Finding 11**-Adopting a PreK-3 Framework
- ❑ **Finding 12**- Parent Involvement
- ❑ **Finding 13**-Services to children with Disabilities



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- Part III -Adopting a PreK-3 Framework
- Key Finding-11:

Information Sharing in Transition. Eighty-nine percent (23 of the 25 Head Start agencies) indicate that they have written policies outlining preschool to kindergarten transition policies as compared with just 53% (36 of 68) other agencies.

Joint Professional Development. Forty-two percent (42%) of Head Start and 44% of non-Head Start agencies report some joint professional (PD) development at the PreK-3 level.

Standards, Curriculum and Assessment Alignment. Fewer than 10% of all agencies participating in this part of the survey reported that all programs in a community were working together on the alignment of standards, curriculum and assessment



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- Parent Involvement in PreK-3
- Key Findings 12:
 - **First, high percentages of both Head Start and all other agencies communicate with parents through open door policies and at drop-off and pick-up times.** All Head Start agencies engage parents in governance, while few other agencies do. In contrast, many non-Head Start agencies provide daily written updates for parents while very few Head Agencies do so.
 - **Second, the most frequent activity involving parents in the transition of their preschoolers to kindergarten** is the provision of written materials, an orientation to kindergarten expectations, and visits to the kindergarten serving their children.



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Serving Preschool Children with Disabilities

- **Key finding 13 :**

This is the first report to begin to dig into issues related to development and implementation of a robust PreK-3 system that supports students with special needs. The survey revealed both differences and similarities between Head Start and all other agencies involved in the special education process.

This set section examined a broad range of topics related to the special education process for young children with disabilities:

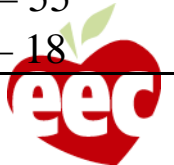
- Communication on Evaluation Referrals
- Screening
- First Action
- Preschool Assessment
- Referral and Evaluation Process
- Time between Referral and Evaluation
- Written Memorandum of Understanding
- Location of Services
- Transportation
- Communications about the Individual Education Program (IEP)
- Collaboration with the Section 619 Special Education Coordinator.



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- **Key finding 13** -Preschool Children with Disabilities:

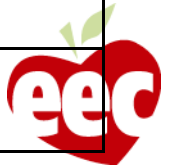
1. Communication/actions between LEA and early childhood programs on identification of children in need of a referral	Head Start Agencies (Total = 27)	All Other Agencies (Total = 80)
Parent/program must submit a referral request	24	69
LEA Community-wide outreach and screening days	8	10
Program visits by LEA staff	8	16
No Communication	1	7
2. Written MOU addressing referrals, evaluations and services between the LEA and the community early childhood programs	Yes – 27	Yes – 26 No – 54
3. Screening tool used by early childhood programs to identify children for evaluation	Yes – 27	Yes – 53 No – 29
4. First action to occur when a child is referred		
Evaluation process initiated	11	34
Screening by LEA	8	22
Classroom intervention strategies	4	6
Observation by LEA staff	2	9
5. Are preschool program assessments included in the evaluation process?	Yes – 23 No - 2	Yes – 55 No – 18



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- Key Finding 13-Preschool Children with Disabilities:

6. Rating of referral and evaluation process	HS(Total = 27)	All other agencies(Total = 80)
Not difficult	10	29
Sometimes difficult	9	30
Difficult	3	11
Very difficult	4	3
7.Average time frame for referral to evaluation		
45 days	13	43
50-60 days	4	15
60-70 days	5	6
80-90 days	2	1
More than 90 days	2	2
8. Site where services are provided		
Early childhood program site	17	30
LEA	6	28
Separate time from the early childhood program	2	14



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- Key Finding 13-Preschool Children with Disabilities:

9.Transportation to LEA for services from the early childhood program	HS(Total = 27)	All Other Agencies(Total = 80)
LEA transports child	16	24
No transportation	3	21
Early childhood program transports child	2	8
Parent transports child	1	12
10.Communication between the LEA and early childhood program on the strategies and process for a child on an IEP		
Scheduled meetings	21	41
Telephone calls	14	31
LEA observation in the early childhood setting	12	19
Written progress notes	12	34
No communication	2	17
11.Coordination between the early childhood programs and the 619 coordinator in the LEA		
Coordinated/very coordinated	18	24
Some coordination	8	30
No coordination	0	14



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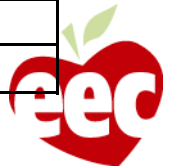
Part IV- General: Information from State Agencies

Key Finding 14:

- First, local agencies that report receiving information from the Departments of Early Education and Care, and Public Health most frequently cite email messages and meetings existing communication methods. **Many local agencies, however, report receiving “no information” from other state agencies, although Head Start respondents appear to be in better communication than non-Head Start agencies.**

Table X: Two Most Frequent Types of Communication by State Agency

Source of Communication	Head Start Agencies Most Frequent	All Other Agencies Most Frequent
DEEC Central Office	E-Mail/Meetings	E-Mail/Meetings
DEEC Regional Office	E-Mail/Mailings	E-Mail/Meetings
ESE	No Information/E-Mail	No Information/E-Mail
DCF	Local Office/Meetings	No Information/Mailings
DTA	E-Mail/Local Office	No Information/Mailings
DHCD	No Information/E-mail	No Information/Word of Mouth
DPH	E-Mail/Mailings	Mailings/E-Mail



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● Accessing State Services

Programs were asked if they had ever accessed any of the following services: DEEC Mental Health Grant; Community Based Health Initiative/Community Service Agency (CBHI/CSA); and Center for Social Emotional and Foundation for Early Learning (CSEFEL). The responses were given by 29 Head Start and 86 Non-Head Start programs.

Key finding 15:

- **More than half of agencies responding to this question report not having accessed mental health consultation through the department's Mental Health Grant or services provided by the Community Based Health Initiative.**
- **Conversely, more than half of Head Start agencies (62%) had staff trained in the Center for Social Emotional and Foundation for Early Learning processes.** This is not, however, true for non-Head Start agencies where 65% had not.



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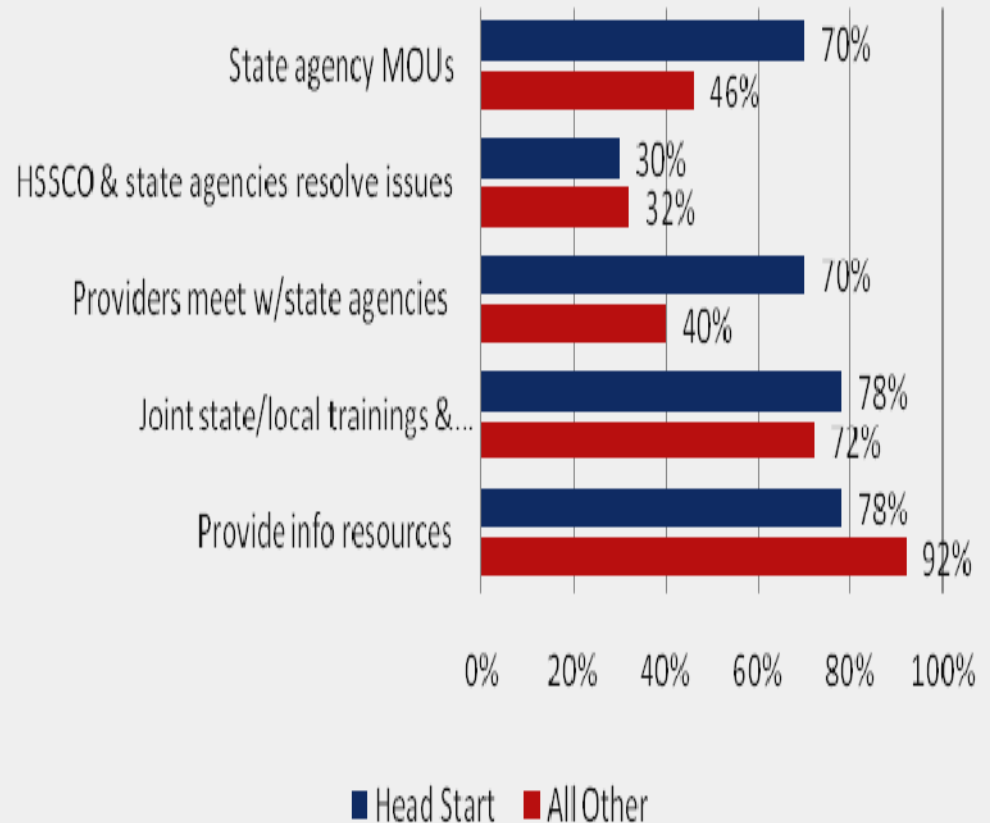
- Improving Cooperation and Collaboration with State Agencies

- Key Finding 16:

Both HS and all other agencies agree to a series of ways to improve collaboration between local providers and state agencies.

These include mostly no- or low-cost action: information, joint training, and interagency agreements.

Provider Recommendations on Ways to Improve Collaboration with State Agencies



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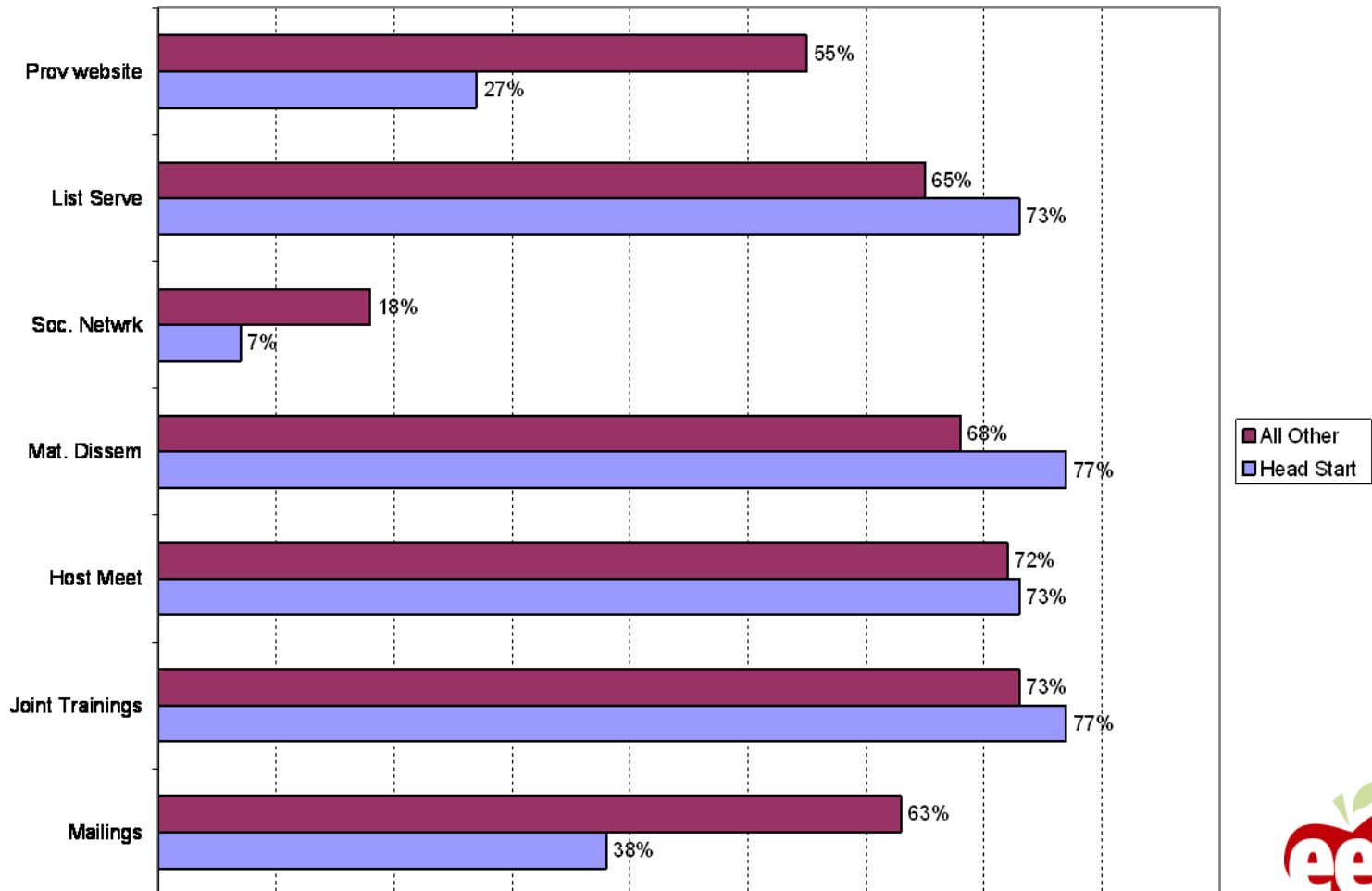
- Improving Collaboration with Local Program/Agencies
- **Key Finding 17:**
 - Both Head Start and all other agencies responding to this question agree on a series of ways to improve the collaboration between local providers and local programs/agencies.
 - **These include joint trainings, hosting meetings with providers and agencies and dissemination of materials and information.**



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- The figure below details the programs' preferences for their recommendations:

Provider Recommendations on Ways to Improve Collaboration with Local Programs/Agencies



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Part V -NEXT STEPS in Context:

- **The goals of both the Department and the Head Start State Collaboration Office are the same: to advance development of a robust, effective and efficient system of early childhood services** for young children in the Commonwealth of Massachusetts, with a strong focus on those who are most vulnerable.
- The findings from this significant work can **guide the creation of priority actions for both the Office and the Department of Early Education and Care as a whole, especially in a time of limited new state and federal resources.**
- Further, it provides **a strong beginning for the subsequent development of the federally-required State Advisory Council's statewide needs assessment**, expected to be designed and administered over the coming 18 months.
- Finally, it provides an **ongoing lens onto the views and capacity of Head Start agencies and expands the department's knowledge of the broader base of early childhood providers in the Commonwealth.**
- Advancing this essential but complex agenda – in partnership with both community agencies and state departments cannot be done without **access to solid data, collected regularly, analyzed completely and shared widely.** The wealth of data in this needs assessment provides significant insights into both Head Start and non-Head Start agencies.



- Questions/Feedback ?

