**Introduction**

The Head Start Act (as amended December 12, 2007) requires the Head Start State Collaboration Offices (HSSCOs) to conduct a needs assessment of Head Start (HS) and Early Head Start (EHS) grantees and delegate agencies in the State, focusing on collaboration, coordination, and alignment of services, curricula and assessments used in Head Start programs. The needs assessment is to be guided by the *Head Start Early Learning Outcomes Framework: Ages Birth to Five*, and, as appropriate, State Early Learning Standards.

The Head Start Act also requires the HSSCOs to use the results of the needs assessment to further inform and refine the HSSCO strategic plan (2016-2021) outlining how the HSSCO will assist and support HS/EHS grantees and delegates in meeting the requirements of the Head Start Act for coordination, collaboration, and transition to elementary school and alignment with K-12 education.

The HSSCOs must also annually update the needs assessment and strategic plan and make the results of the needs assessment available to the general public within the State.

The HSSCO needs assessment for the July 2016-June 2017 HSSCO grant year seeks to assess (a) how much support and collaboration already exists amongst HS/EHS grantees and (b) what supports are needed amongst grantees that the HSSCO Director may be able to provide. This needs assessment will specifically focus on six areas that include both the regional Massachusetts and national Head Start priorities:

1) Child and family behavioral/mental health issues;

2) Child and family opioid addiction issues;

3) Children and families experiencing homelessness;

4) Professional development for program staff;

5) Data collection and analysis in programs;

6) Participation with the Quality Rating and Improvement System (QRIS).

Thank you so much for taking the time to assist the HSSCO. The results of the

**HSSCO needs assessment will directly inform the HSSCO Director on how to better support your programs' needs for systems development in Massachusetts. Our shared goal is to support and promote your success in serving our Head Start and Early Head Start children and families.**

### General Information

**Please complete this survey by 5pm on 6/19/17. Please answer the questions to the best of your knowledge. If you have any questions about this survey please contact:**

**Carol Nolan,** *Head Start State Collaboration Office Director*

**617-988-7816**

**Carol.Nolan@massmail.state.ma.us**

\* 1. Program Name:

[                                         ▲▼]

\* 2. Your program provides services through the following grants/programs: (Check all that apply)

☐ Head Start

☐ Early Head Start

☐ Migrant - Seasonal

☐ EEC Child Care Contract Slot

☐ EEC Child Care Voucher

☐ Early Head Start - Child Care Partnership

☐ Preschool Expansion Grant

☐ Family Child Care

☐ Home Visiting

☐ Other (please specify)

[                                         ]

3. What do you believe is the most important priority area for the HSSCO Director to focus on in the coming year? (1=Most Important, 6=Least Important)

| ⠿ | ▲▼ | Mental Health |
| ⠿ | ▲▼ | Opioid Crisis |
| ⠿ | ▲▼ | Homelessness |
| ⠿ | ▲▼ | Professional Development |
| ⠿ | ▲▼ | Data |
| ⠿ | ▲▼ | Quality Rating and Improvement System (QRIS) |
| ⠿ | ▲▼ | Other: |

4. If **Other**, please describe, otherwise leave blank.

## Behavioral/Mental Health

**Mentally healthy young children feel, manage, and express emotions; form close and secure relationships with important people in their lives; and learn by exploring their world. This happens in the context of family, community, and culture. Through caring, long-term relationships, programs provide services that meet the mental health needs of children and families.**

**According to standard §1302.45 (Child mental health and social and emotional well-being), Head Start programs must provide supports, mental health consultations, and "build community partnerships to facilitate access to additional mental health resources and services as needed".**

**Below are questions regarding the needs of children experiencing behavioral/mental health issues in your program.**

* 5. Approximately how many state and community agencies do you work with directly to provide behavioral/mental health services to children and families?

[ ▼ ]

* 6. Please list the agencies you work with to provide behavioral/mental health services to **children** (write NA if you wrote 0 in the above question):

[                                        ]

* 7. Of the agencies you work with regarding behavioral/mental health, what ages do they serve? (check all that apply)

[ ] 0-18 months

[ ] 18 months - 3 years

[ ] 3 years - 5 years

[ ] Not Sure

**\* 8. How confident are your program staff in the following?**

| | Not Confident | A Little Confident | Somewhat Confident | Very Confident |
|---|---|---|---|---|
| Screening and identifying children with behavioral/mental health issues | ○ | ○ | ○ | ○ |
| Making referrals to link children to behavioral/mental health services. | ○ | ○ | ○ | ○ |
| Communicating to parents/caregivers about behavioral/mental health services for their children. | ○ | ○ | ○ | ○ |
| Partnering with behavioral/mental health agencies to deliver services. | ○ | ○ | ○ | ○ |

**\* 9. Please list the most useful trainings/professional development opportunities that educators at your program received in behavioral/mental health:**

**\* 10. Please check all the following tools your program staff use to support children's social and emotional development in the learning environment:**

☐ ASQ-3

☐ ASQ:SE

☐ Pyramid Model

☐ TPOT

☐ Second Step

☐ TPITOS

☐ Other (please specify all other tools)

**\* 11. Who provides on-site mental health consultations at your program?**

○ Staff

○ Contractor

○ Both

○ N/A

**\* 12. In the past year has your program received additional assistance from the EEC Early Childhood Mental Health Consultation grant?**

○ Yes

○ No

13. If yes, please check the Early Childhood Mental Health Consultation grantees: (leave blank if not applicable)

☐ Behavioral Health Network

☐ Community Healthlink

☐ Enable, Inc.

☐ Justice Resource Institute, Inc.

☐ Massachusetts Society for the Prevention of Cruelty to Children

☐ The Home for Little Wanderers

* 14. In the last year, how has access to behavioral/mental health services changed for children aged 0-3 in your program?

| Decreased Substantially | Decreased | Stayed the Same | Increased | Increased Substantially | N/A |
|---|---|---|---|---|---|
| ☆ | ☆ | ☆ | ☆ | ☆ | ◯ |

* 15. In the last year, how has access to behavioral/mental health services changed for children aged 3-5 in your program?

| Decreased Substantially | Decreased | Stayed the Same | Increased | Increased Substantially | N/A |
|---|---|---|---|---|---|
| ☆ | ☆ | ☆ | ☆ | ☆ | ◯ |

* 16. Please prioritize the following areas for your program regarding behavioral/mental health services for children and families that the HSSCO Director may be able to assist you with: (1= Most Important, 3=Least Important)

⠿ [ ⬍ ] Provide supports for for effective classroom management and positive learning environments.

⠿ [ ⬍ ] Secure consistent mental health consultation services.

⠿ [ ⬍ ] Build community partnerships to facilitate access to additional behavioral/mental health resources and services.

* 17. What successful strategies have you implemented to address the behavioral/mental health needs of the children and families in your program?

[                                                                    ]

## Opioid Addiction

**The heroin and opioid epidemic has touched every community in the Commonwealth and transcended boundaries of income, education, age, and racial/ethnic identities.  While once labeled with the stigma of a crime, the medical community—and now the Commonwealth of Massachusetts – has come to understand that opioid addiction is more properly labeled a chronic disease. Understanding its origins and treating it like a chronic disease (similar to asthma or diabetes) is critical to better outcomes for individuals, families, and communities.**

**According to standard §1302.53 (Community partnerships and coordination with other early childhood and education programs), Head Start programs "must establish necessary collaborative relationships and partnerships with community organizations that may include Health care providers...and substance abuse treatment providers".**

**Below are questions regarding the needs of children and families impacted by opioid addiction in your program.**

\* 18. Approximately how many state and community agencies do you work with directly regarding opioid addiction?

[ ▲▼ ]

\* 19. Please list the state and community agencies you work with that deal specifically with supporting families impacted by opioid addiction (write NA if you wrote 0 in the above question):

[                                        ]

\* 20. How confident are your program staff in the following?

|  | Not Confident | A Little Confident | Somewhat Confident | Very Confident |
|---|---|---|---|---|
| Identifying children and families impacted by opioid addiction. | ○ | ○ | ○ | ○ |
| Making referrals to services that support children and families impacted by opioid addiction. | ○ | ○ | ○ | ○ |
| Helping families navigate services for children and families impacted by opioid addiction. | ○ | ○ | ○ | ○ |
| Partnering with community health agencies on addressing issues of opioid addiction. | ○ | ○ | ○ | ○ |

* 21. Please list the most useful trainings/professional development opportunities that educators received at your program regarding opioid addiction/substance abuse (write NA if not applicable):

[                    ]

* 22. In the last year, how has access to opioid support/treatment services changed for families in your program?

| Decreased Substantially | Decreased | Stayed the Same | Increased | Increased Substantially |
| :---: | :---: | :---: | :---: | :---: |
| ☆ | ☆ | ☆ | ☆ | ☆ |

* 23. Please prioritize the following areas regarding opioid addiction for children and families in your program that the HSSCO Director may be able to assist you with: (1=Most Important, 4=Least Important)

⁞ [ ⬍ ] Connecting programs to community resources that address the opioid crisis.

⁞ [ ⬍ ] Developing resources/toolkits to support program staff in dealing with the opioid crisis.

⁞ [ ⬍ ] Learning about other initiatives in Head Start Programs that address the opioid crisis.

⁞ [ ⬍ ] Learning about other initiatives in statewide or national programs that address the opioid crisis (not Head Start).

* 24. What successful strategies has your program implemented to address opioid addiction for children and families in your program?

[                    ]

## Children and Families Experiencing Homelessness

**On any given night in Massachusetts, more than 13,000 individuals in families experience homelessness, approximately 60% of them children (HUD, 2016).Living in shelters and hotel/motels disrupts the lives of both adults and children, affects family stability and makes it difficult for families to maintain daily routines and productive lives.**

**According to standard §1302.13 (Recruitment of children) and standard §1302.53 (Community partnerships and coordination with other early childhood and education programs), Head Start programs must actively recruit vulnerable children, including those experiencing homelessness, and establish collaborations and partnerships with community organizations that can provide services to this population (including the homeless liaison designated under the McKinney-Vento Homeless Assistance Act).**

**Below are questions regarding the needs of children experiencing homelessness in your program and community.**

\* 25. Approximately how many state and community agencies do you work with regarding family homelessness?

[ ▲▼ ]

\* 26. Please list the state and community agencies your program works with specifically to provide support to families experiencing homelessness (write NA if you wrote 0 in the above question):

[                              ]

* 27. How confident are your program staff in the following?

| | Not Confident | A Little Confident | Somewhat Confident | Very Confident |
|---|---|---|---|---|
| Identifying children or family members who are experiencing homelessness. | ○ | ○ | ○ | ○ |
| Determining the eligibility of children experiencing homelessness. | ○ | ○ | ○ | ○ |
| Coordinating services with your homeless liaison(s). | ○ | ○ | ○ | ○ |
| Effective outreach to homeless families for enrollment into program. | ○ | ○ | ○ | ○ |
| Making referrals to agencies that can provide support to families experiencing homelessness. | ○ | ○ | ○ | ○ |
| Navigating services that support children and families experiencing homelessness in the community. | ○ | ○ | ○ | ○ |

* 28. Do you know the homeless liaison(s) in your community/district?

○ Yes

○ No

* 29. Approximately how many children has the homeless liaison(s) referred to your program in the last year?

[ ▲▼ ]

* 30. Approximately how many times in the last year did your program communicate with your homeless liaison(s)?

[ ▲▼ ]

* 31. Please list the most useful trainings/professional development opportunities that educators at your program received regarding family/child homelessness:

[                    ]

* 32. Please prioritize the following areas for your program regarding homelessness for children and families that the HSSCO Director may be able to assist with: (1=Most Important, 4=Least Important)

⠿ [ ⬍ ] Assistance with determining eligibility of children/families experiencing homelessness.

⠿ [ ⬍ ] Assistance with recruiting homeless children for enrollment into your program.

⠿ [ ⬍ ] Connecting with your community/district homeless liaison.

⠿ [ ⬍ ] Learning about initiatives from other Head Starts regarding homelessness.

⠿ [ ⬍ ] Learning about statewide or national initiatives regarding homelessness.

* 33. What successful strategies has your program implemented to support the needs of children and families who have experienced homelessness?

## Professional Development

**Professional development refers to the process of acquiring new knowledge and skills that relate to one's job, duties, or career path. It encompasses all types of learning opportunities, ranging from formal coursework in college, workshops, and conferences to more informal learning opportunities set in practice.**

**According to standard §1302.91 (Staff qualifications and competency requirements), Head start programs "must ensure all staff, consultants, and contractors engaged in the delivery of program services have sufficient knowledge, training and experience, and competencies to fulfill the roles and responsibilities of their positions and to ensure high-quality service delivery in accordance with the program performance standards. A program must provide ongoing training and professional development to support staff in fulfilling their roles and responsibilities".**

**Below are questions regarding professional development for your staff.**

**Definitions for Q34 -**

**No collaboration:** You have little or no contact.
**A little collaboration:** You exchange information (i.e. referrals, phone calls, etc.).
**Some collaboration:** You work together on projects and/or activities.
**A lot of collaboration:** You share resources and/or have formal, written agreements

* 34. What is your level of collaboration with the following?

| | No Collaboration | A Little Collaboration | Some Collaboration | A Lot of Collaboration |
|---|---|---|---|---|
| Institutions of Higher Education (4-year) | ○ | ○ | ○ | ○ |
| Community Colleges | ○ | ○ | ○ | ○ |
| Childcare resource and referral network | ○ | ○ | ○ | ○ |
| Education Provider Support grantees (EPS) | ○ | ○ | ○ | ○ |
| Head Start T & TA | ○ | ○ | ○ | ○ |

* 35. Please identify the level of need that your program staff have for the following professional development opportunities:

| | Low Need | Moderate Need | High Need |
|---|---|---|---|
| Cultural & Linguistic Responsiveness or Competence | ◯ | ◯ | ◯ |
| Social and Emotional Development | ◯ | ◯ | ◯ |
| Parent/Caregiver, Family and Community Engagement | ◯ | ◯ | ◯ |
| Coaching | ◯ | ◯ | ◯ |
| Classroom Management/Challenging Behaviors | ◯ | ◯ | ◯ |
| Child Growth and Development | ◯ | ◯ | ◯ |
| Program Management | ◯ | ◯ | ◯ |
| Health and Wellness | ◯ | ◯ | ◯ |
| Mental Health | ◯ | ◯ | ◯ |
| Supporting Children and Families Affected by Opioid Addiction | ◯ | ◯ | ◯ |
| Fiscal Operations | ◯ | ◯ | ◯ |
| Data and Evaluation | ◯ | ◯ | ◯ |
| QRIS | ◯ | ◯ | ◯ |
| Dual Language Learners | ◯ | ◯ | ◯ |
| Screening Tools | ◯ | ◯ | ◯ |
| Special Education and Children with Disabilities | ◯ | ◯ | ◯ |
| Infants and Toddlers Development | ◯ | ◯ | ◯ |
| Emergency Preparedness | ◯ | ◯ | ◯ |

Please list any other topics:

* 36. Please rank the greatest barriers to participating in professional development for your program staff:
(1=Most difficult, 7=Least difficult)

⋮⋮ [ ▲▼ ] Time

⋮⋮ [ ▲▼ ] Cost of courses and trainings

⋮⋮ [ ▲▼ ] Availability of courses

⋮⋮ [ ▲▼ ] Courses offered do not meet interests of staff

⋮⋮ [ ▲▼ ] Difficulty in finding opportunities

⋮⋮ [ ▲▼ ] Transportation to/from trainings

⋮⋮ [ ▲▼ ] Access to Technology (e.g. computer, internet.)

## Data

**According to standard §1302.102 [c] (Achieving program goals - Using data for continuous improvement), a Head Start program "must implement a process for using data to identify program strengths and needs, develop and implement plans that address program needs and continually evaluate...progress toward achieving program goals."**

**Below are questions about using data at your program to continually improve quality.**

* 37. What data systems do you use to collect data for your program?

☐ PROMIS Child

☐ ChildPlus

☐ Copa

☐ Locally-Designed

☐ Excel (or other spreadsheet software)

☐ Other (please list all)

[                                                                    ]

* 38. What trainings has your program participated in that have been useful in identifying and implementing plans to address program needs using data? (write NA if not applicable)

[                                  ]

* 39. Is there currently a staff member designated to collect, manage, and analyze data?

○ Yes

○ No

* 40. According to Standard 1302.11 [b] (Community-wide strategic planning and needs assessment), your program must collect location, race, ethnicity, and languages for your Head Start and Early Head Start community needs assessment in the below areas. Please describe where you get the data for each area:

Number of eligible Infants

Number of eligible Toddlers

Number of eligible Preschool age children

Number of Expectant mothers

Number of Children experiencing homelessness

Number of Children in foster care

Number of Children with disabilities

Other child development, child care centers, and family child care programs that serve eligible children (including home visiting, public funded state and local preschools, and approximate number of eligible children served)

* 41. Would you be willing to share your annual update of your program's Needs Assessment with the HSSCO Director?

◯ Yes

◯ No

* 42. What successful strategies have been implemented to use data in your program for continuous improvement?

## Quality Rating and Improvement System (QRIS)

**A Quality Rating & Improvement System (QRIS) is a method to assess, improve, and communicate the level of quality in early care & education and after-school settings. The MA QRIS offers guidance to professionals in early education and care and out of school time settings on a path towards quality.**

**Below are questions regarding QRIS.**

* 43. What is working well in your efforts to partner with EEC and HSSCO to further improve QRIS?

* 44. In the last year, approximately how many times did you program reach out to Program Quality Specialist staff regarding QRIS?

* 45. Please share the top needs of your program regarding QRIS participation, advancement, and maintenance of current QRIS level:

Participation

Advancement

Maintenance of Current QRIS Level

* 46. To what extent has your participation in QRIS helped your program in meeting the Head Start Program Performance Standards?

| Not at all | A little | Somewhat | A lot |
|------------|----------|----------|-------|
| ☆ | ☆ | ☆ | ☆ |

## Last Thoughts

* 47. Overall, how has the communication between your program and the HSSCO Director improved in the last year?

| Not at All | A Little | Somewhat | A Lot |
|:---:|:---:|:---:|:---:|
| ☆ | ☆ | ☆ | ☆ |

* 48. Do you have any suggestions on strengthening communication with the HSSCO Director?

**Survey Complete**

# You're Done!

Congratulations, and thank you for taking the time out of your busy day to help the HSSCO Director improve collaboration amongst Head Start, Early Head Start, and state agencies.

The HSSCO values your feedback
and looks forward to sharing the
results with you.