

7-30-2015

Maine Head Start and Early Head Start Needs Assessment Report 2015 Annual Update

Linda Labas

University of Maine, labas@maine.edu

Jill Downs

University of Maine

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Prepared by

Linda Labas, M.Ed., MHSSCO Director

Jill Downs, M.Ed., MHSSCO Coordinator

July 30, 2015



Maine Head Start State Collaboration Office

umaine.edu/ccids-mhssco/

Suggested citation:

Labas, L., & Downs, J. (2015). *Maine Head Start and Early Head Start needs assessment report 2015 annual update*. Maine Head Start State Collaboration Office. Orono: University of Maine Center for Community Inclusion and Disability Studies.

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This report was prepared by the University of Maine Center for Community Inclusion and Disability Studies with funding from U.S. Department of Health and Human Services, Administration for Children & Families, Office of Head Start; and the Maine Department of Health and Human Services, Office of Child and Family Services, Agreement Number **CFS-13-622**.

Disclaimer

The views expressed in this report are those of the authors and do not necessarily represent the official position or policy of the U.S. Department of Health and Human Services Administration for Children & Families, Office of Head Start or the Maine Department of Health and Human Services, Office of Child and Family Services.

Acknowledgments

The authors gratefully acknowledge the individuals and organizations who contributed to the needs assessment process.

We especially would like to thank the Maine Head Start Directors and their staff who completed the needs assessment surveys and offered insights into the development of the survey process and the review of the preliminary data.

We thank the Maine Head Start State Collaboration Office's community partners and stakeholders who attended the strategic dialogue meeting and contributed to the review and discussion of the data following the analysis of the survey results.

It is our hope that these efforts will lead to new opportunities for Maine's children and families who can benefit from the support of Head Start and Early Head Start's comprehensive education, nutrition, health, mental health and family support services through stronger systemic partnerships.



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Introduction

The Head Start Act (Public Law 110–134—DEC. 12, 2007)¹ requires each Head Start State Collaboration Office (HSSCO) to conduct a needs assessment of Head Start and Early Head Start grantees in their state. The assessment must include areas of coordination, collaboration, alignment of services, and alignment of curriculum and assessments used in Head Start programs with the Head Start Performance Standards, the Head Start Child Outcomes Framework and, as appropriate, the state Early Learning and Development Standards.

The Head Start Act also requires HSSCOs to use the results of the needs assessment to develop and annually revise a strategic plan that outlines how they will assist and support Head Start grantees in meeting the requirements of the Head Start Act to enhance their success in serving children and families. The needs assessment and strategic plan will be made available to State partners and the general public.

The Maine Head Start State Collaboration Office (MHSSCO), created under Public Law 110-134 *Improving Head Start for School Readiness Act of 2007*, exists “to facilitate collaboration among Head Start agencies (including Early Head Start agencies) and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families” [Sec. 642B(a)(2)(A)].² In this role, the MHSSCO works to identify potential partners to collaborate with to provide appropriate support to Head Start/Early Head Start programs.

In 2013, the MHSSCO administered a full needs assessment based on the ten Federal priorities For 2015, the MHSSCO developed and administered the required annual update of the full needs assessment. The 2015 needs assessment is organized around the revised federal Head Start State Collaboration Office priority areas and select regional priorities.

The *Maine Head Start and Early Head Start Needs Assessment Report 2015 Annual Update* presents findings from a broad survey of directors and staff representing the 11 non-tribal Head Start grantees in Maine. This report serves as one source of information from which to assess partnerships and develop a strategic plan for the MHSSCO to enhance collaboration with other Maine early childhood system partners to support families and children in Maine.

1 Public Law 110-134, 110th Cong. (2007). Retrieved from https://eclkc.ohs.acf.hhs.gov/hslc/standards/law/HS_ACT_PL_110-134.pdf

2 Head Start Act. (2007). Section 642B Head Start Collaboration, State Early Education and Care. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/standards/law#642B>

Head Start in Maine

Maine Head Start and Early Head Start is currently comprised of 11 non-tribal HS/EHS grantee organizations that operate 24 programs and three Tribal Government [American Indian] programs. A map of the grantee organizations' service delivery area(s) appears below. These grantees are comprised of community action agencies, private/public non-profits and Tribal Governments.

In Maine, services are provided through a variety of program options supporting children and families, including Early Head Start for pregnant women and children birth to three and Head Start programs for children ages three through five. Program models include part-day, part-year; full-day, full-year center-based care; home-based, combined-option family childcare partnerships; and public Pre-K and other community collaborations.

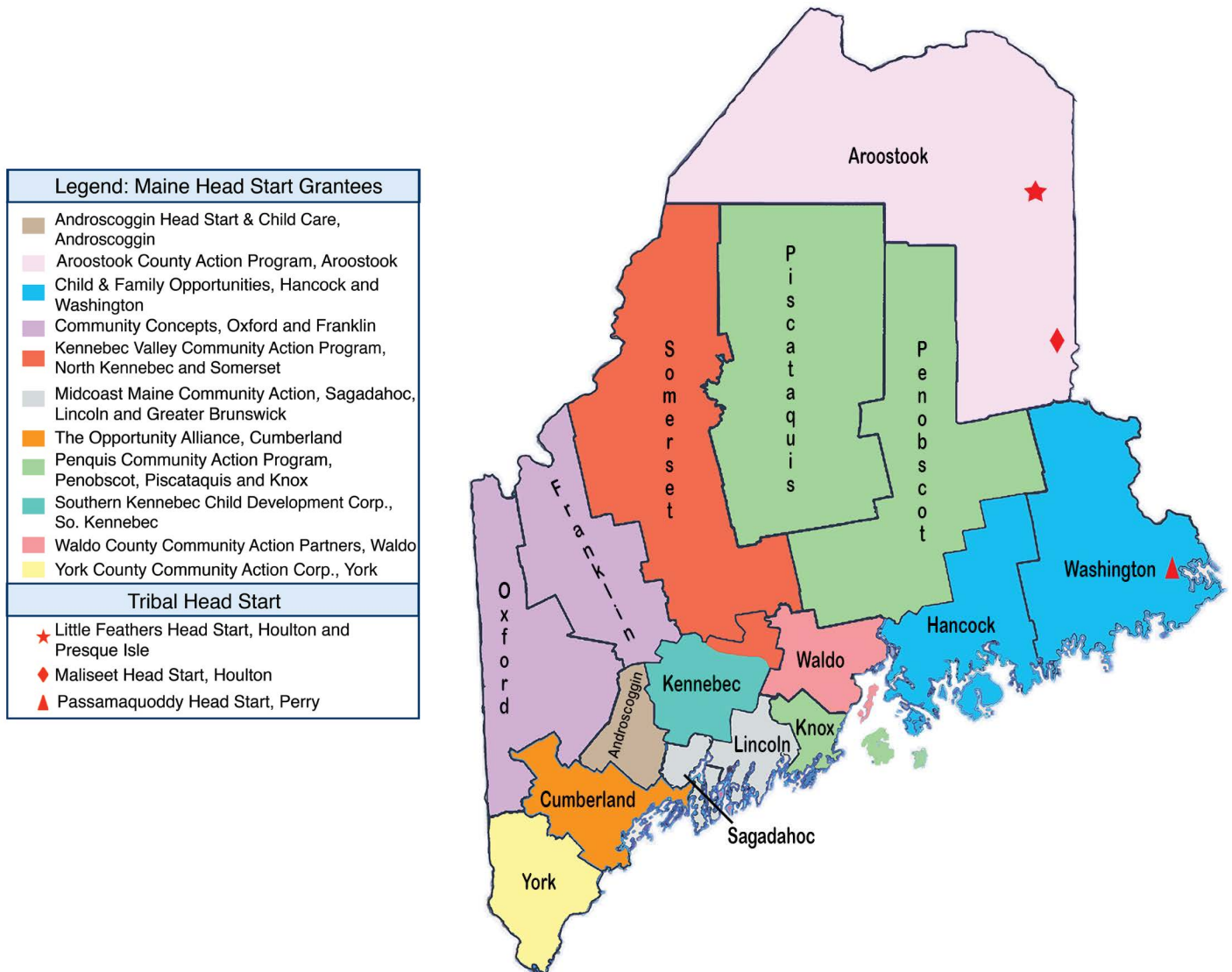


Figure 1. Map of Maine Head Start/Early Head Start Grantees' Service Delivery Area.

Maine Head Start Grantees

<p>Androscoggin Head Start & Child Care County served: Androscoggin Coburn School, 269 Bates Street Lewiston, ME 04240 (207) 795-4040 ext.316 Betsy Norcross Plourde, Director bplourde@androkids.com</p>	<p>Aroostook County Action Program County served: Aroostook P.O. Box 1116, 771 Main Street Presque Isle, ME 04769 (207) 768-3045 ext.670 Sue Powers, Director spowers@acap-me.org</p>
<p>Child & Family Opportunities, Inc. Counties served: Hancock and Washington P.O. Box 648 Ellsworth, ME 04605 (207) 667-2995 ext.230 or 1-800-834-4378 Doug Orville, Director DougO@childandfamilyopp.org</p>	<p>Community Concepts, Inc. Counties served: Oxford and Franklin 17 Market Square South Paris, ME 04281 (207) 739-6516 Dianne Nelder, Director DNelder@Community-Concepts.org</p>
<p>Kennebec Valley Community Action Program Counties served: No. Kennebec and Somerset 97 Water Street Waterville, ME 04901 (207) 859-1618 Kathy Colfer, Child & Family Services Director kathyc@kvcap.org</p>	<p>Midcoast Maine Community Action Counties served: Sagadahoc, Lincoln and Greater Brunswick 34 Wing Farm Parkway Bath, ME 04530 (207) 442-7963 ext.214 or 1-800-221-2221 Sue Kingsland, Director sue.kingsland@mmcacorp.org</p>
<p>The Opportunity Alliance County served: Cumberland 510 Cumberland Avenue Portland, ME 04101 (207) 553-5823 Louise Marsden, VP, Family and EC Education louise.marsden@opportunityalliance.org</p>	<p>Penquis Community Action Program County served: Penobscot, Piscataquis & Knox P.O. Box 1162, Bangor, ME 04402-1162 (207) 973-3500 Heidi LeBlanc, Director hleblanc@penquis.org</p>
<p>Southern Kennebec Child Development Corp. County served: Southern Kennebec 337 Maine Avenue Farmingdale, ME 04344 (207) 582-3110 ext.12 Cristina Salois, Director cristina.salois@skcdc.org</p>	<p>Waldo County Community Action Partners County served: Waldo P.O. Box 130 Belfast, ME 04915 (207) 338-6806, ext.204 Keith Small, Executive Director ksmall@waldocap.org</p>
<p>York County Community Action Corporation County served: York P.O. Box 1964 Biddeford, ME 04005 (207) 710-2404 Betty Graffam, Secretary bettyg@yccac.org</p>	<p>Little Feathers Head Start Aroostook Band of Micmacs County served: Aroostook 13 Northern Road, Presque Isle, ME 04769 (207) 768-3217 Tammy Deveau, Director tdeveau@micmac-nsn.gov</p>
<p>Maliseet Head Start County served: Aroostook 1 Maliseet Drive Houlton, Maine 04730 (207) 521-2410 Tracie Botting, Director tbotting@maliseets.com</p>	<p>Passamaquoddy Head Start County served: Washington P.O. Box 344 Perry, ME 04667 (207) 853-4388 & (207) 454-2128 Betty Lewey, Director passamaquoddyheadstart@roadrunner.com</p>

Demographics

A brief overview of Maine Head Start and Early Head Start during the 2013-2014-program year is depicted in the following figures. Figures 2 through 5 summarize information about the children and families. Figures 6 and 7 describe Head Start personnel and program outcomes. Data is from the *2013-2014 Head Start Program Information Report (PIR)*.

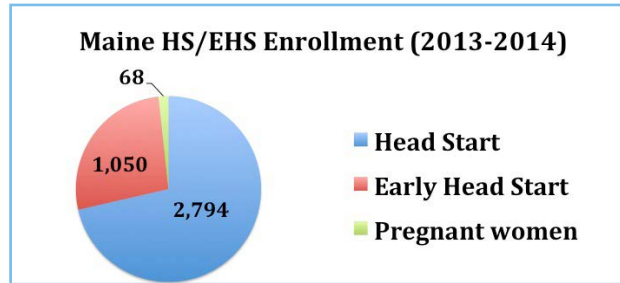


Figure 2. Maine Head Start and Early Head Start Enrollment (2013-2014). The total cumulative enrollment of 3,912 was comprised of the following: Head Start (2,794), Early Head Start (1,050) and Pregnant women (68).

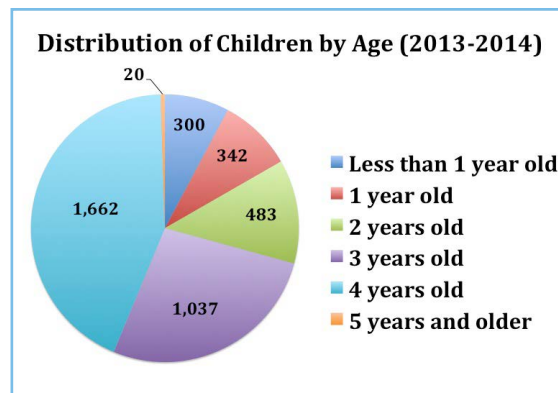


Figure 3. Distribution of Children by Age in Maine Head Start and Early Head Start (2013-2014). The distribution of children by age in Maine Head Start and Early Head Start in 2013-2014 included 300 children less than 1 year old; 342 one-year-olds; 483 two-year-olds; 1,037 three-year-olds; 1,662 four-year-olds; and 20 children aged five years and older.

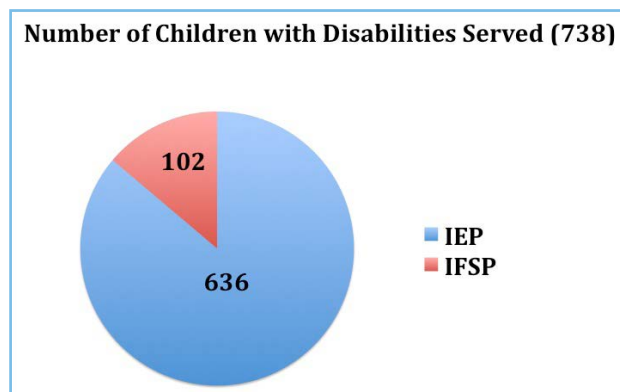


Figure 4. Number of Children with Disabilities Served (738). The number of children with disabilities served in Maine HS/EHS during 2013-2014 totaled 738 with 102 having an Individual Family Service Plan (IFSP) and 636 having an Individualized Education Program (IEP).

Families Served By Maine HS/EHS (2013-2014)

- Head Start or Early Head Start agencies served 3,615 families during the 2013-2014 year.
- Of the families served, 3,365 reported receiving at least one of the following: emergency services/crisis intervention services; housing assistance; mental health services; English as a Second Language (ESL) training; adult education; job training; substance abuse prevention and treatment; child abuse and neglect services; domestic violence services; child support assistance; health education; assistance to families of incarcerated individuals; parenting education and/or relationship/marriage education services.
- During the enrollment year, 446 children experienced homelessness.
- Of the 393 homeless families served, 174 acquired housing during the enrollment year.

Figure 5. Families Served by Maine Head Start/Early Head Start (2013-2014).

Maine HS/EHS Program Personnel (2013-2014)

- The total number of staff members (including contracted staff) was 1,063.
- Seventy-seven percent (77%) of preschool classroom teachers and 49% of infant toddler teachers had a baccalaureate or advanced degree in early childhood education or related field.
- Of the 5,281 volunteers in the program, 3,385 (64%) were current or former Head Start or Early Head Start parents.

Figure 6. Maine Head Start/Early Head Start Program Personnel (2013-2014).

Maine HS/EHS Outcomes: Children's Health (2013-2014)

- During the 2013-2014 enrollment year, 445 children received staff consultations for mental health services.
- By the end of the enrollment year, 3,748 children had health insurance.
- By the end of the enrollment year, 3,450 children were up-to-date on all immunizations.
- During the enrollment year, 3,210 children received dental exams.

Figure 7. Maine Head Start/Early Head Start Outcomes: Children's Health (2013-2014).

Overview of the Needs Assessment Process

The Maine Head Start State Collaboration Office (MHSSCO) staff at the University of Maine Center for Community Inclusion and Disability Studies (CCIDS), with the support of other research and support staff at CCIDS, conducted the 2015 needs assessment process. The needs assessment document is a prototype developed by a work group of members from Head Start State and National Collaboration Offices (HSSNCO) with adjustments made by the MHSSCO to address revised federal and regional priorities. Based on this information, a fully accessible online survey and a protocol for distribution were developed. Additionally, the process included tabulating, interpreting and presenting preliminary results to a statewide early childhood stakeholders group and seeking their input into the development of priority goals for the 2015-2016 continuation grant application.

Data from the three Tribal/American Indian grantees was not collected in this needs assessment. The [American Indian and Alaska Native Head Start Collaboration Office \(AIANHSCO\)](#) conducts a separate needs assessment for all Tribal grantees across the country. During this fiscal year, the MHSSCO staff reached out to the directors in the Tribal/American Indian grantee organizations and the director of the AIANHSCO to explore further connections with these grantees and to ascertain if there is an interest in their involvement in future Maine HS/EHS needs assessments and other activities. It was determined that if and when the director of the AIANHSCO makes a site visit to Maine, the MHSSCO staff will be contacted to discuss plans for involvement in this visit.

Survey Instrument

CCIDS used SurveyGizmo® software to convert the needs assessment document into a fully accessible online survey. A response protocol was developed that encouraged Head Start Directors to share the survey sections with the appropriate staff tasked with each activity, with the provision that only one complete survey be submitted per grantee.

The needs assessment survey was organized around the revised national priority areas for the HSSCOs and additional content areas as required by the *Head Start Act of 2007*. To determine which data sets were most relevant to include in the 2015 needs assessment, the MHSSCO staff compared the current Head Start State National Collaboration Office (HSSNCO) priority definitions and attributes against the revised HSSNCO priorities, the State priorities and the areas of need identified in the previous needs assessment.

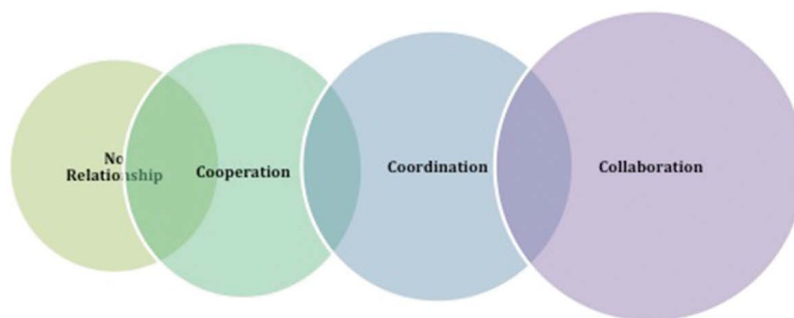
Based on this information, the following priorities were selected:

- Partner with State child care systems emphasizing the Early Head Start-Child Care (EHS-CC) Partnership Initiatives.
- Work with State efforts to collect data regarding early childhood programs and child outcomes.
- Support the expansion and access of high quality workforce and career development opportunities for staff.
- Collaboration with Maine's Quality Rating and Improvement System (QRIS).
- Work with State school systems to ensure continuity.
- Five selected regional priorities:
 - ◊ Health/Mental Health/Nutrition
 - ◊ Children with Disabilities
 - ◊ Services for Children Experiencing Homelessness
 - ◊ Home Visiting Services
 - ◊ Welfare/Child Welfare

The needs assessment survey included three parts for each of the priority areas:

Part One asked programs to identify the extent of involvement that each Head Start program had with various service providers and organizations by content area.

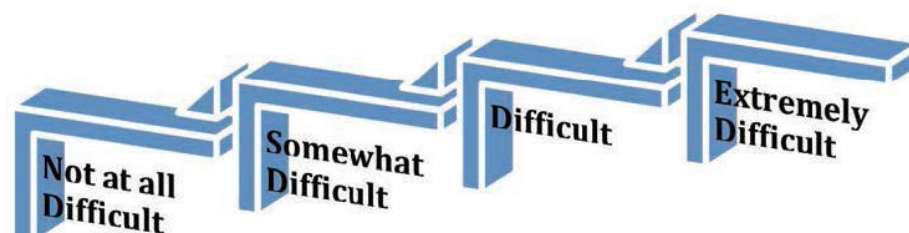
A listing of possible agencies for interaction within each activity area was based on recommendations from the National Office of Head Start. Part One used the following 4-point Likert scale and definitions to capture the range of involvement from “no working relationship” to a full “collaborative relationship.”



The following definitions were provided to describe the extent of involvement:

- **No working relationship.** You have **little or no contact with each other** (e.g., **you do not:** make/receive referrals, work together on projects/activities, share information, etc.).
- **Cooperation.** You **exchange information.** This includes making and receiving referrals, even when you serve the same families.
- **Coordination.** You **work together on projects or activities** (e.g., parents from the service providers’ agency are invited to your parent education night; the service provider offers health screenings for the children at your site, etc.).
- **Collaboration.** You **share resources and/or have formal, written agreements** (e.g., co-funded staff or building costs; joint grant funding for a new initiative; an MOU on transition, etc.).

Part Two asked programs to indicate the level of difficulty experienced in engaging in each of a variety of tasks associated with activities and partnerships. A 4-point Likert scale was used to measure the level of difficulty, which ranged from “not at all difficult” to “extremely difficult.”



Part Three included two open-ended questions at the end of each section of the survey to document any remaining comments and issues and to give respondents an opportunity to share insight about what is working well in their program.

The survey concluded with asking the grantees to identify one strength of their program and areas of focus for the MHSSCO. In an attempt to collect data on the numbers and types of Memoranda of Understanding (MOU) or Agreement (MOA) that each grantee had with community partners, a chart listing organizations/agencies was included in the survey. In addition, information was collected on Public Pre-K partnerships and HS/EHS Child Care Partnerships.

For more detailed information, please see Appendix A, questions #51-56.

Data Collection Process

Data for the needs assessment came from two primary sources: the accessible online survey and a Strategic Dialogue Stakeholders' Focus Group meeting. The *Head Start Program Information Report (PIR) Data*, which provides descriptive information about services, staff, children and families being served, was also referenced.

The online survey link was emailed to directors of Maine's 11 non-tribal Head Start grantee organizations in late March of 2015 giving grantees a two-week window to respond. All 11 Head Start grantees completed the survey for a return rate of 100%.

A strategic dialogue meeting with Head Start grantees and other critical early childhood partners was scheduled to provide a balanced perspective to the needs assessment findings and to further engage state and local agencies in the collaborative planning process. The meeting took place on April 22, 2015. Seven state and community members participated, representing the following organizations: Maine Department of Education (MDOE) Public Preschool; Maine Department of Health and Human Services (DHHS), Office of Child and Family Services (OCFS) and Child Care Administration; MDOE Child Development Services (CDS); Maine Roads To Quality—Professional Development Network (MRTQ-PDN); Maine Head Start Training and Technical Assistance Consultants; and representatives from the Maine Head Start Directors Association (MHSDA). The meeting agenda included a discussion of the preliminary needs assessment findings, clarification of the data and solicitation of additional information to use in shaping the grant activities and MHSSCO strategic plan.

The meeting was facilitated by the MHSSCO staff and provided background information about the MHSSCO, the purpose of the needs assessment and an overview of the revised Office of Head Start (OHS) national priority areas for the HSSCOs. General information about Head Start and Early Head Start in Maine provided the group with a snapshot of state-level summary data from the 2013-2014 PIR. Additionally, through the employment of several open-ended questions, the participants were able to convey qualitative data on current levels of collaboration, correct any contradictory information and/or expand on data shared, and give further suggestions on possible areas for improvement.

Presentation of Findings

The raw quantitative data from the online survey was compiled by a CCIDS research associate using the SurveyGizmo® software. The software produced frequency distribution data sets for each of the two questions in the content areas. MHSSCO staff analyzed the data to create aggregated displays by priority area using mean scores. This information was used to produce preliminary data sets for the strategic dialogue meeting and final data sets for this report.

Survey responses to Parts One and Two are represented as percentages and averages, and responses to Part Three are listed verbatim. Many of these comments added qualitative data to the

survey. The needs assessment survey form and raw data appears in its entirety in Appendix A. A detailed review of the data responses for each key activity area is presented in the survey results section of this report. A discussion of key findings is presented in the summary section of this report.

Please see Table 1: *Grantees’ Extent of Involvement Within Each Survey Category from Most to Least by Mean Score*, for a snapshot of grantees’ working relationships across the survey categories. Survey items in this section were rated using a 4-point scale: a score of 4 signified “Collaboration;” a score of 3 signified “Coordination;” a score of 2 signified “Cooperation;” and a score of 1 signified “No Working Relationship.” Higher scores indicate a higher level of involvement.

Table 1.

Grantees’ Extent of Involvement Within Each Survey Category from Most to Least by Mean Score

Category	# of types of partners listed on NA Survey	Mean Score
Work with State School Systems to Ensure Continuity	2	3.4
Services for Children with Disabilities	3	3.3
Health/Mental Health/Nutrition	4	3.1
Home Visiting Services	3	2.9
Collaboration with Maine’s Quality Rating and Improvement System (QRIS)	1	2.7
Welfare/Child Welfare	7	2.5
Partner with State Child Care Systems	5	2.4
Support Expansion and Access to High Quality Workforce and Career Development for Staff	10	2.3
Services for Children Experiencing Homelessness	2	2.3
Work with State Efforts to Collect Data Regarding Early Childhood Programs and Child Outcomes	1	1.8

Please see Table 2: *Grantees’ Degree of Difficulty with Services/Activities from Most to Least by Mean Score* for a snapshot of Head Start grantees’ level of difficulty with engaging these organizations in activities and partnerships. Survey items in this section were rated using a 4-point scale: a score of 1 signified “Not at all Difficult;” a score of 2 signified “Somewhat Difficult;” a score of 3 signified “Difficult;” and a score of 4 signified “Extremely Difficult.” Higher scores indicate a higher degree of difficulty.

Table 2.*Grantees' Degree of Difficulty with Services/Activities from Most to Least by Mean Score*

Category	# of types of partners listed on NA Survey	Mean Score
Partner with State Child Care Systems	2	2.2
Services for Children Experiencing Homelessness	2	2.2
Support Expansion and Access to High Quality Workforce and Career Development for Staff	9	2.0
Home Visiting	6	2.0
Welfare/Child Welfare	2	2.0
Work with State Efforts to Collect Data Regarding Early Childhood Programs and Child Outcomes	10	1.8
Children with Disabilities	8	1.8
Work with State School Systems to Ensure Continuity	6	1.8
Health/Mental Health/Nutrition	3	1.7
Collaboration with Maine's Quality Rating and Improvement System (QRIS)	1	1.5

Priority Area 1 – Partner with State Child Care Systems

Partnering with child care reinforces relationship building with statewide agencies and services so all families are able to access many of the comprehensive services to support their child's healthy development (i.e., EHS-CC Partnership).

Extent of Involvement

Respondents were asked to rate the extent of their involvement with partnering with State child care systems in the past 12 months (i.e., no working relationship, cooperation, coordination or collaboration).

- For every State Child Care Systems provider/organization, all respondents said they had at least a cooperative level of involvement.
- Four out of 11 (36.4%) of respondents said there was no working relationship with local child care programs to support access to full-day, full-year services.
- Eight out of 11 (72.7%) of respondents reported at least a coordinating relationship with State Child Care Licensing.
- Responses were varied to the extent of involvement with State agency for child care subsidy (18.2% no working relationship, 36.4% cooperation, 27.3% coordination, 18.2% collaboration).

For more detailed information, please see Appendix A, question #1.

Table 3.*Extent of Involvement with Partnering with State Child Care Systems*

Type of State Child Care Systems	Largest % of Respondents and Ranking
State child care licensing	63.6% coordination
State or regional policy/planning committees that address child care issues	54.5% cooperation
State-level resource and referral	50% cooperation
State agency for child care subsidy	36.4% cooperation
Local child care programs to support access to full-day, full-year services	36.4% cooperation 36.4% no working relationship

Level of Difficulty

Respondents were asked to indicate the extent to which they found tasks related to partnering with State child care systems difficult (i.e., not at all difficult, somewhat difficult, difficult or extremely difficult).

- Over half of the respondents (63.7%) said they found it difficult or somewhat difficult to exchange information with and provide input to State child care advisory councils.
- Responses were varied in regard to establishing linkages/partnerships with child care providers (30% difficult, 30% somewhat difficult, 30% not at all difficult).

For more detailed information, please see Appendix A, question #2.

Table 4.*Most Commonly Reported Level of Difficulty with Tasks Related to Partnering with State Child Care Systems*

Tasks Related to State Child Care Systems	% of Respondents' Most Commonly Reported Level of Difficulty
Exchanging information with and providing input to State child care advisory councils	45.5% somewhat difficult
Establishing linkages/partnerships with child care providers	30% difficult 30% somewhat difficult 30% not at all difficult

Summary of CHALLENGES Regarding Partnering with State Child Care Systems:

- No access to “system” data.
- Process cumbersome and slow, often parents confused by process.
- Concerns are for parents.
- State does not pay enough via subsidy vouchers to cover the costs of high quality early care and education.

- I think we are headed in the right direction, but getting information or having meaningful input into policies that impact “on the ground” work can be challenging.

Summary of STRENGTHS Regarding Partnering with State Child Care Systems:

- Working with the voucher program has been very good.
- Important to outreach, ask questions and develop relationships with State personnel.
- Some one-to-one relationships are working well...enrollment staff in HS to boots on the ground in CC system.

Priority Area 2—Work with State Efforts to Collect Data Regarding Early Childhood Programs and Child Outcomes

Head Start heavily invests in collection of data. This data can help inform states to better meet the needs of children (birth to school age) from families with low income. Without the HS data, a large part of the picture for young families could be missing from the state’s planning process in meeting the needs of all families.

Extent of Involvement

Respondents were asked to rate the extent of their involvement in working with State efforts to collect data regarding early childhood programs and child outcomes within the past 12 months (i.e., no working relationship, cooperation, coordination or collaboration).

- Four out of 11 (36.4%) of respondents said they had no working relationship with State efforts to unify Early Childhood Data Systems.
- Five out of 11 (45.5%) of respondents said they had at least a cooperative level of involvement with State efforts to unify Early Childhood Data Systems.

For more detailed information, please see Appendix A, question #6.

Table 5.

Extent of Involvement with State Efforts to Collect Data Regarding Early Childhood Programs and Child Outcomes

Type of State Efforts to Collect Data Regarding Early Childhood Programs and Child Outcomes	Largest % of Respondents and Ranking
Involvement with State efforts to unify Early Childhood data Systems	45.5% cooperation

Level Of Difficulty

Respondents were asked to indicate the extent to which they found tasks related to working with State efforts to collect data regarding early childhood programs and child outcomes difficult (i.e., not at all difficult, somewhat difficult, difficult or extremely difficult).

- All respondents said that they found it somewhat difficult or not at all difficult to share health care data between Head Start and the Developmental Screening Initiative (DSI).
- Seven out of 10 respondents reported it was not at all difficult to share health data between Head Start and Women, Infants and Children (WIC).
- Sixty percent of respondents reported that it was difficult or extremely difficult to share health data between Head Start and Maine Families Home Visiting.

- All respondents said that they found it somewhat difficult or not at all difficult to obtain data on children served jointly by Head Start and Child Development Services (CDS).
- The majority of respondents reported it was somewhat difficult to obtain information and data from Child Welfare for community assessment and planning.

For more detailed information, please see Appendix A, question #7.

Table 6.

Most Commonly Reported Level of Difficulty with Tasks Related to Working with State Efforts to Collect Data Regarding Early Childhood Programs and Child Outcomes

Tasks Related to State Efforts to Collect Data Regarding Early Childhood Programs and Child Outcomes	% of Respondents / Most Commonly Reported Level of Difficulty
Health Care Data sharing between Head Start and other agencies regarding:	
Woman, Infants and Children (WIC)	70% not at all difficult
Developmental Screening Initiative (DSI)	66.6% somewhat difficult
Maine Families Home Visiting (MFHV)	40% difficult
Obtaining data on children/families served jointly by Head Start and other agencies regarding prevention/treatment services:	
Women, Infants and Children (WIC)	70 % not at all difficult
Child Development Services (CDS)	70% not at all difficult
Developmental Screening Initiative (DSI)	50% somewhat difficult
Maine Families Home Visiting (MFHV)	44.4% difficult
Obtaining information and data from Child Welfare for community assessment and planning:	
1. Child Protection (abuse, neglect, exploitation)	70% somewhat difficult
2. Foster care	60% somewhat difficult
3. Adoption	55.6% somewhat difficult

Summary of CHALLENGES Regarding Working with State Efforts to Collect Data Regarding Early Childhood Programs and Child Outcomes:

- It is difficult to find state data for our community assessment on their website.
- Systems are not unified; definitions not congruent; often the field doesn't even know who to ask for data. Should be coordinated birth through grade three.
- Slow process with statewide longitudinal study.
- Temporary Assistance for Needy Families (TANF/ASPIRE) data extremely hard to access.
- Longitudinal data system not comprehensive—does not capture screening other pertinent child data from the ECE field.

Summary of STRENGTHS Regarding Working with State Efforts to Collect Data Regarding Early Childhood Programs and Child Outcomes:

- Data sharing is a bit easier when all services are housed together.

Priority Area 3—Support Expansion and Access to High Quality Workforce and Career Development for Staff.

Quality ECE depends on having a workforce that is well equipped with the skills, knowledge, and dispositions necessary to support the healthy development and learning of young children and their families. This goal is intended to provide support to grantees to enable them to meet the requirements as outlined in the Head Start Act 2007 and the Head Start Performance Standards.

Extent of Involvement

Respondents were asked to rate and describe the extent of involvement specific to Supporting Expansion and Access to High Quality Workforce and Career Development for Staff during the past 12 months (i.e., no working relationship, cooperation, coordination or collaboration).

- The majority of respondents (9 out of 11) reported a cooperation or coordination level of involvement with Maine Roads to Quality-Professional Development Network (MRTQ-PDN).
- Seventy percent (70%) of respondents reported a cooperation or coordination level of involvement with Maine’s Head Start Training and Technical Assistance (T &TA) Network.
- Of the Head Start National Centers, respondents had the highest level of coordination with the National Center on Quality Teaching and Learning.
- Four out of 11 respondents reported no working relationship with the National Center on Cultural and Linguistic Responsiveness.
- A little over half (54.5%) of respondents reported no working relationship with Maine Shared Services Alliance.

For more detailed information, please see Appendix A, question #11.

Table 7.

Extent of Involvement with Supporting Expansion and Access to High Quality Workforce and Career Development for Staff

Type of Support Expansion and Access to High Quality Workforce and Career Development for Staff	Largest % of Respondents and Ranking
Maine’s state-funded professional development system, Maine Roads to Quality-Professional Development Network (MRTQ-PDN)	45.5% cooperation
Head Start State T & TA Network	50 % coordination
Head Start National Centers:	
1. Program Management & Fiscal Operations	72.7% cooperation
2. Parent, Family & Community Engagement	63.6% cooperation
3. Head Start Center for Inclusion	54.5% cooperation
4. Quality Teaching & Learning	45.5% cooperation
5. Early Head Start National Resource Center	45.5% cooperation
6. Cultural & Linguistic Responsiveness	45.5% cooperation
7. Center on Health	45.5% cooperation
Maine Shared Services Alliance	54.5% no working relationship

Level Of Difficulty

Respondents were asked to indicate the extent to which they found tasks related to Supporting Expansion and Access to High Quality Workforce and Career Development for Staff difficult (i.e., not at all difficult, somewhat difficult, difficult or extremely difficult).

- Seventy percent (70%) of respondents reported it was not at all difficult to obtain assistance in understanding and navigating Maine’s MRTQ-PDN System.
- Most grantees (9 out of 11) reported participating in joint training with Maine Families Home Visiting as difficult or extremely difficult.
- The majority of respondents reported that participating in joint training and technical assistance with Pre-K/Education as well as Child Care as not at all difficult.
- Six out of 11 respondents reported it was somewhat difficult to obtain support from the Maine Head Start T & TA Network to deliver high quality Services.

For more detailed information, please see Appendix A, question #12.

Table 8.

Most Commonly Reported Level of Difficulty with Tasks Related to Supporting Expansion and Access to High Quality Workforce and Career Development for Staff

Tasks Related to Supporting Expansion and Access to High Quality Workforce and Career Development for Staff	% of Respondents / Most Commonly Reported Level of Difficulty
Obtaining assistance in understanding and navigating Maine’s professional development system (MRTQ-PDN)	70% not at all difficult
Participating in joint training and technical assistance opportunities with the following:	
1. Pre-K/Education	60% not at all difficult
2. Child Care	55.6% not at all difficult
3. Maine Families	45.5% difficult
4. CDS	45.5% not at all difficult
5. WIC	44.4% not at all difficult
6. Homelessness	44.4% somewhat difficult
7. Child Welfare	30% difficult 30% somewhat difficult 30% not at all difficult
Support from the Maine Head Start Training and Technical Assistance (T/TA) Network to deliver high quality services	54.5% somewhat difficult

Summary of CHALLENGES Regarding Supporting Expansion and Access to High Quality Workforce and Career Development for Staff:

- All feels a bit disjointed...not much coordination.
- Have not seen any opportunities for joint trainings with WIC.
- Maine Head Start T/TA Network is not capable of providing the high level of knowledge and expertise we need to maintain and improve high-quality services.

- PD [professional development] at all levels is a priority at KVCAP. Once specific higher-level skills have been achieved, it is difficult to find trainings that support continued growth, other than at educational institutions—need for higher-level trainings. Coordinated PD system needed.
- Have not been successful getting statewide trainings offered to Maine Families staff.
- Maine Early Learning Guidelines Trainings—need more local sessions!!
- Support needed to improve skills of staff working with children with challenging behaviors.

Summary of STRENGTHS Regarding Supporting Expansion and Access to High Quality Workforce and Career Development for Staff:

- MRTQ has been very helpful and willing to explore options that are supportive to our agency.
- Local training efforts.
- Use of variety of systems and supports.
- When we can financially help our staff; for example: Paying for college courses towards 081 (required certification).

Priority Area 4—Collaboration with Maine’s Quality Rating and Improvement System (QRIS)

QRIS is designed to provide a way for families to assess a program’s strengths and make informed decisions to meet the needs of their family and child(ren). Including HS/EHS in QRIS allows for families to have the full picture of options available as they make decisions regarding the best alternatives for care for their child(ren).

Extent of Involvement

Respondents were asked to rate and summarize the extent of involvement with Collaboration with Maine’s Quality Rating and Improvement System (QRIS) during the past 12 months (i.e., no working relationship, cooperation, coordination or collaboration).

- Eighty-two percent (82%) of respondents reported a cooperative or coordinated relationship with Quality for Maine (QRIS).

For more detailed information, please see Appendix A, question #16.

Table 9.

Extent of Involvement with Collaboration with Maine’s Quality Rating and Improvement System (QRIS)

Type of Collaboration with Maine’s Quality Rating and Improvement System	Largest % of Respondents and Ranking
Involvement in Quality for ME, Maine’s Quality Rating & Improvement System	45.5% cooperation

Level Of Difficulty

Respondents were asked to indicate the extent to which they found tasks related to collaboration with Maine’s Quality Rating and Improvement System (QRIS) difficult (i.e., not at all difficult, somewhat difficult, difficult or extremely difficult).

- Seven out of 11 respondents reported it was not at all difficult to participate in Maine’s QRIS.

For more detailed information, please see Appendix A, question #17.

Table 10.

Most Commonly Reported Level of Difficulty with Tasks Related to Collaboration with Maine’s Quality Rating and Improvement System (QRIS)

Tasks Related to Collaboration with Maine’s Quality Rating and Improvement System (QRIS)	% of Respondents / Most Commonly Reported Level of Difficulty
Participating in Quality for ME	63.6% not at all difficult

Summary of CHALLENGES Regarding Collaboration with Maine’s Quality Rating and Improvement System (QRIS):

- Getting people on the phone who can help you when applying for a change upward in Step.
- It does not make sense that a NAEYC [National Association for the Education of Young Children] accredited center does not automatically go to a Level 4.
- One challenge has been accessing training for the Learning Guidelines. A quick discussion with the folks at MRTQ [Maine Roads to Quality] cleared things right up.

Summary of STRENGTHS Regarding Collaboration with Maine’s Quality Rating and Improvement System (QRIS):

- Looking forward to hearing more about system revisions.
- Valuable resource.
- They are willing to be responsive and help put systems in place to meet need.

Priority Area 5—Work with State School Systems to Ensure Continuity

The partnerships that HS Collaboration offices develop with SEAs [state education agencies] and Pre-K programs help to build and support connections and relationships between schools, families, and classroom teachers, which in turn increases the likelihood of continuity between HS and KEA [kindergarten entry assessment] goals. The HS collaboration office can support this work through the statewide relationships that then translate to local grantees.

Extent of Involvement

Respondents were asked to summarize and rate the extent of involvement with working with State school systems to ensure continuity during the past 12 months (i.e., no working relationship, cooperation, coordination or collaboration).

- Nearly 73% of respondents rated their extent of involvement with local education agencies (LEAs) as partners in providing Pre-K services as “collaboration.”
- Nearly all (10 out of 11) respondents described their extent of involvement with the DOE Early Childhood Consultant as “coordination” or “collaboration.”

For more detailed information, please see Appendix A, question #21.

Table 11.*Extent of Involvement with Working with State School Systems to Ensure Continuity*

Type of State School Systems to Ensure Continuity	Largest % of Respondents and Ranking
LEAs as partners in providing Pre-K services	72.7% collaboration
State Department of Education Early Childhood Consultant (preschool)	54.5% collaboration

Level Of Difficulty

Respondents were asked to indicate the extent to which they found tasks related to working with State School Systems to Ensure Continuity difficult (i.e., not at all difficult, somewhat difficult, difficult or extremely difficult).

- Responses were varied regarding extent of involvement to align policies and practices to provide full-day, full-year services for working parents (22.2% extremely difficult, 22.3% difficult, 33.3% somewhat difficult, and 22.2% not at all difficult).
- Seven out of 11 grantees reported aligning screening practices with LEAs as not at all difficult.
- Seven out of 11 respondents reported coordinating with LEAs regarding comprehensive support services for children and families as somewhat difficult or difficult.

For more detailed information, please see Appendix A, question #22.

Table 12.*Most Commonly Reported Level of Difficulty with Tasks Related to Working with State School Systems to Ensure Continuity*

Tasks Related to Working with State School Systems to Ensure Continuity	% of Respondents / Most Commonly Reported Level of Difficulty
Aligning screening practices with LEAs	63.6% not at all difficult
Aligning assessment practices with LEAs	50% not at all difficult
Establishing and implementing comprehensive transition policies and procedures with LEAs	45.5% somewhat difficult 45.5% not at all difficult
Aligning curricula with LEAs	42.9% somewhat difficult 42.9% not at all difficult
Coordinating with LEAs regarding comprehensive support services for children and families	36.4% difficult
Aligning policies and practices to provide full day, full year services for working parents	33.3% somewhat difficult

Summary of CHALLENGES in Working with State School Systems to Ensure Continuity:

- Issues have risen only in one of three districts and they did not prevent our working together.
- Some LEAs are active partners and some are minimal partners or there is very little partnering at all.
- Most of the difficulty regarding full day, full year is due to funding issues, not collaboration. Transition practices are improving (on both sides) but work needs to continue. WOULD LOVE aligned assessment systems. LEA collaborators are very responsive in supporting comprehensive services.
- We have a working agreement with a few LEAs—others want to do their own programs without Head Start and do not reach out.
- More on-site before and after school programming needed. However, it is parent's inability to pay that hinders growth, not the school's willingness to collaborate.
- There are not always enough resources for special services on a child's IFSP/IEP, thus wait times still exist.
- The new Pre-K grants are a bit of a challenge. HS comprehensive services are part of the plan, but schools are the designated lead. It is difficult to know if the requirements of HS will be respected. Direction around what should occur is often heavily DOE driven.
- We have had a strong collaboration with SAD 17 up until the past several years. We have just recently found out that they are no longer going to contract with us to provide Head Start services in the Oxford Hills area. We have been able to negotiate placement of Ed Techs provided by CCI to provide HS services in classrooms that in the past we have provided all comprehensive services. If we had not been able to come to an agreement, 56 four-year-olds would no longer have Head Start services in the final year before entering kindergarten. We just learned today that RSU 73 will no longer contract with us for Head Start services next PY and they are not interested our providing Ed Techs in their school system. A great loss to the Jay/Livermore area.

Summary of STRENGTHS in Working with State School Systems to Ensure Continuity:

- Sue Reed is awesome to work with and she understands early childhood education.
- Early Childhood Consultant is doing a great job in coordinating efforts between Head Start and schools. A real plus to the system!
- More communication with some LEAs in our county.
- Quarterly meetings ensure that we are all on the same page.
- Glad new standards are published. Currently partnering with five schools and will with another three in the fall of 2015.
- A great deal works well...we have been able to reach A significant number of four-years-olds... seen increased attendance due to transportation from school systems...overall quality of Pre-K in partnerships is strong due to increased dosage and implementation of OWL curriculum.

Regional Priorities

This is an area where additional goals and results may be identified and tracked to meet more specific and evolving comprehensive needs in Regions and States. Some Regions may choose not to add any additional priorities, but may fold in any comprehensive service needs as needed within the other five priorities.

Based on the information from the comparison of priorities and the areas of need identified in the previous needs assessment, the Maine HSSCO chose the following five priorities to include in the 2015 MHSSCO Needs Assessment Survey:

- Health/Mental Health/Nutrition
- Children with Disabilities
- Services for Children Experiencing Homelessness
- Home Visiting Services
- Welfare/Child Welfare

Priority Area 6—Health/Mental Health/Nutrition

Extent of Involvement

Respondents were asked to summarize and rate the extent of their involvement with service providers and organizations specific to providing services for Health/Mental Health/Nutrition during the past 12 months (i.e., no working relationship, cooperation, coordination or collaboration).

- More than half (54.5%) of respondents rated the extent of their involvement with agencies providing mental health prevention and treatment services as collaborative.
- Responses were varied to the extent of involvement with programs/services related to children’s physical fitness and obesity prevention (30% cooperation, 40% coordination, 30% collaboration).
- Seven out of 11 respondents rated the extent of their involvement with Dental Home providers as coordination.

For more detailed information, please see Appendix A, question #26.

Table 13.

Extent of Involvement with Providers/Organizations Related to Health/Mental Health/Nutrition

Type of Health/Mental Health/Nutrition	Largest % of Respondents and Ranking
Dental Home* providers for treatment & care	63.6% coordination
Agencies providing mental health prevention and treatment services	54.5% collaboration
Women, Infants and Children (WIC)	45.5% cooperation 45.5% collaboration
Programs/services related to children’s physical fitness and obesity prevention	40% coordination

*Note: “Dental Home” means comprehensive, coordinated care and not just access to a doctor or dentist, particularly for one-time exams.

Level Of Difficulty

Respondents were asked to indicate the extent to which they found tasks related to services for Health/Mental Health/Nutrition difficult (i.e., not at all difficult, somewhat difficult, difficult or extremely difficult).

- Nine out of 11 grantees described their level of involvement in connecting dental health providers to families as somewhat difficult or difficult.

- Nearly 82% of respondents reported that coordinating with WIC was not at all difficult. For more detailed information, please see Appendix A, question #27.

Table 14.

Most Commonly Reported Level of Difficulty for Tasks Related to Health/Mental Health/Nutrition

Tasks Related to Health/Mental Health/Nutrition	% of Respondents / Most Commonly Reported Level of Difficulty
Coordinating with WIC	81.8% not at all difficult
Connecting dental health providers to families so that all Head Start/Early Head Start children have a dental home	63.6% somewhat difficult
Head Start staff and parent education of early childhood trauma, toxic stress, and adverse childhood experiences	50% not at all difficult

Summary of CHALLENGES in Health/Mental Health/Nutrition:

- FUNDING...FUNDING...FUNDING
 - ◊ Need to increase skills of parents and staff caring for and educating children who have mental health needs.
 - ◊ Parents need access to additional dental health resources.
 - ◊ Need to expand ACES trainings for parents, school officials, and caregivers.
 - ◊ Coordinated system—expand IMPACT II to include physical exam info so HS has access to information. Currently much time and effort goes into getting information from docs. Also need a way to include developmental screens.
 - ◊ Transportation is often an issue for families to ensure children are attending appointments/ receiving treatments.
- Training around ACES [Adverse Childhood Experiences] is available; our challenge is getting teachers to the training while covering the classroom. Such trainings (any trainings for that matter) work best for us if they are offered in two sessions on different days so that we can rotate who attends.

Summary of STRENGTHS in Health/Mental Health/Nutrition:

- Development of relationships with community partners strong in last 12 months.
- Community collaborations with dental and mental health providers.
- Working agreements with community organizations and direct outreach to providers.
- We still employ Family Advocates in addition to our teaching staff and it helps with the communication and allows frequent exchanges.

Priority Area 7—Services for Children with Disabilities

Extent of Involvement

Respondents were asked to summarize and rate the extent of their involvement with services for children with disabilities during the past 12 months (i.e., no working relationship, cooperation, coordination or collaboration).

- Seven out of 11 respondents rated their relationship with the State Office of Child Development Services (CDS) as collaborative.

- Nearly 73% of respondents reported a collaborative relationship with the regional CDS offices.
- Eighty percent (80%) of respondents rated their extent of involvement with committees or work groups that address policy/program issues regarding children with disabilities as coordinated.

For more detailed information, please see Appendix A, question #31.

Table 15.

Extent of Involvement with Services for Children with Disabilities

Type of Services for Children with Disabilities	Largest % of Respondents and Ranking
Committees or work groups that address policy/program issues regarding children with disabilities	80% coordination
Regional Offices for Child Development Services (CDS)	72.7% collaboration
State Office of Child Development Services (CDS)	63.6% collaboration

Level Of Difficulty

Respondents were asked to indicate the extent to which they found tasks related to services for children with disabilities difficult (i.e., not at all difficult, somewhat difficult, difficult or extremely difficult).

- For each item, the majority of respondents reported activities to be not at all difficult or somewhat difficult.
- Responses were varied to the level of difficulty in obtaining timely Part B/619 services (25% extremely difficult, 12.5% difficult, 37.5% somewhat difficult and 25% not at all difficult).
- The majority of respondents reported obtaining timely Part C and Part B/619 evaluations as somewhat difficult (80% and 70% respectively).

For more detailed information, please see Appendix A, question #32.

Table 16.

Most Commonly Reported Level of Difficulty for Tasks Related to Services for Children with Disabilities

Tasks Related to Services for Children with Disabilities	% of Respondents / Most Commonly Reported Level of Difficulty
Obtaining timely Part C (early intervention) evaluations of children (i.e., within 60 days of when referral is made)	80% somewhat difficult
Providing information to parents about IDEA-CDS entitlement services to support their informed decision-making	80% not at all difficult
Obtaining timely Part B/619 (preschool special education) evaluations of children	70% somewhat difficult
Working with CDS Part C and Part B/619 to promote policies and practices that support the effective inclusion of Head Start children with disabilities	60% not at all difficult

Tasks Related to Services for Children with Disabilities	% of Respondents / Most Commonly Reported Level of Difficulty
Coordinating services with Part B/619 providers	55.6% not at all difficult
Obtaining timely Part C services	55.6% somewhat difficult
Coordinating services with Part C providers	40% somewhat difficult 40% not at all difficult
Obtaining timely Part B/619 services	37.5% somewhat difficult

Summary of CHALLENGES in Addressing Services for Children with Disabilities:

- Working relationships exist, but there are simply not enough resources.
- Many children zero-three are screened out and do not qualify for services until they turn three, not early intervention!— This also means that the process has to be started over again for families.
- There is need for more accessible facilities in our region, including schools.
- Additional staff development opportunities—joint trainings.
- Narrow eligibility definitions causing many children to go without needed services.
- At one point there was a lack of service providers, but currently it is no longer an issue.
- No wrap-around strategies for children with disabilities.
- Our disabilities managers have begun meeting monthly with our area CDS case managers and their supervisor. Relationships and understanding of each other has improved, but the supervisor has had to intervene several times when case managers were somewhat resistant to suggestions made by HS staff or parents. Several times they have insisted that children needed their special purpose programs when in fact they are quite successful in our classrooms.
- It would be helpful if CDS would allow HS to assist with getting consent for evaluations. This step delays the process of getting children identified.
- Availability of services after identification is an issue and particularly with regards to Ed Tech support. It is a financial drain on HS as we must provide support if CDS does not.
- Part C does in-home services. They are reluctant to let families know about EHS services (even if they won't refer for them).

Summary of STRENGTHS in Addressing Services for Children with Disabilities:

- A strong collaborative agreement with CDS.
- Collaboration with CDS on shared children and families.
- I enjoy working with my local CDS site. The director is open to discussing and hearing about challenges, even if some of them cannot be solved at her level.

Priority Area 8—Services for Children Experiencing Homelessness

Extent of Involvement

Respondents were asked to summarize the extent of involvement with services for children experiencing homelessness during the past 12 months (i.e., no working relationship, cooperation, coordination or collaboration).

- The majority of respondents (80%) reported that they had no working relationship or a

cooperative level of involvement with their local McKinney-Vento homeless liaison.

- All respondents reported at least a cooperative level of involvement with their local housing agencies and planning groups serving families experiencing homelessness.

For more detailed information, please see Appendix A, question #36.

Table 17.

Extent of Involvement with Services for Children Experiencing Homelessness

Type of Services for Children Experiencing Homelessness	Largest % of Respondents and Ranking
Local housing agencies and planning groups serving families experiencing homelessness	50% cooperation
Local McKinney-Vento homeless liaison (public school, community services)	40% cooperation 40% no working relationship

Level Of Difficulty

Respondents were asked to indicate the extent to which they found tasks related to services for children experiencing homelessness difficult (i.e., not at all difficult, somewhat difficult, difficult or extremely difficult).

- Responses were varied to the level of difficulty regarding coordination with LEAs to develop and implement family outreach and support efforts under the McKinney-Vento Homeless Education Act (25% extremely difficult, 12.5% difficult, 25% somewhat difficult and 37.5% not at all difficult).
- Seventy percent of respondents reported transition planning for children experiencing homelessness as somewhat difficult or not at all difficult. The remaining 30% of respondents reported this as difficult.

For more detailed information, please see Appendix A, question #37.

Table 18.

Most Commonly Reported Level of Difficulty with Tasks Related to Services for Children Experiencing Homelessness

Tasks Related to Services for Children Experiencing Homelessness	% of Respondents / Most Commonly Reported Level of Difficulty
Transition planning for children experiencing homelessness	40% somewhat difficult
In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento Homeless Education Act	37.5% not at all difficult

Summary of CHALLENGES Regarding Services for Children Experiencing Homelessness:

- Lack of understanding by schools about collaboration benefits and opportunities.
- Public school delivery preschool services may not blend with Head Start practice or philosophy.
- The partnership development is very much reliant upon the openness of the public school administration.

- Services in each county are very different; access to timely evaluations and services for children is not consistent.
- Head Start agency participation in public Pre-K ventures may not occur in a timely manner.

Summary of STRENGTHS Regarding Services for Children Experiencing Homelessness:

- Strong collaborations and sharing of knowledge in our community.
- Good relationship with homeless shelters—referral process for families with young children to connect with program.

Priority Area 9— Home Visiting Services

Extent of Involvement

Respondents were asked to rate and summarize the extent of involvement with home visiting services during the past 12 months (i.e., no working relationship, cooperation, coordination or collaboration). The majority of respondents (72.7%) reported a collaborative relationship with Child Development (CDS) home visiting.

- Responses varied in regard to the level of involvement with Maine Families Home Visiting. Of the 11 grantees, two reported no working relationship, three reported cooperation, three reported coordination and three reported collaboration.
- Responses varied in regard to the level of involvement with Public Health Nursing Home Visiting. Of the 11 grantees, two reported no working relationship, three reported cooperation, four reported coordination and two reported collaboration.

For more detailed information, please see Appendix A, question #41.

Table 19.

Extent of Involvement with Home Visiting Services

Type of Home Visiting Services	Largest % of Respondents and Ranking
Child Development Services	72.7% collaboration
Public Health Nursing	36.4% coordination
Maine Families Home Visiting Services	27.3% cooperation 27.3% coordination 27.3% collaboration

Level Of Difficulty

Respondents were asked to indicate the extent to which they found tasks related to home visiting services difficult (i.e., not at all difficult, somewhat difficult, difficult or extremely difficult).

- The majority of respondents (10 out of 11) reported that establishing linkages between Public Health Nursing as somewhat difficult or not at all difficult.
- Responses varied in regard to the level of difficulty with establishing linkages between Maine Families Home Visiting (i.e., four reported extremely difficult, two as difficult, two as somewhat difficult, and three reported as not at all difficult).
- Over half of the respondents reported that aligning policies and practices with other home visiting service providers was extremely difficult or difficult.
- The majority of respondents reported that sharing referral information and exchanging information on roles and resources as somewhat difficult or not at all difficult.

For more detailed information, please see Appendix A, question #42.

Table 20.

Most Commonly Reported Level of Difficulty with Tasks Related to Home Visiting Services

Tasks Related to Home Visiting Services	% of Respondents / Most Commonly Reported Level of Difficulty
Establishing linkages between home visiting programs:	
Child Development Services	63.6% not at all difficult
Public Health Nursing	54.5% somewhat difficult
Maine Families Home Visiting	36.4% extremely difficult
Exchanging information on roles and resources	50% not at all difficult
Sharing referral information	50% somewhat difficult
Aligning policies and practices with Home Visiting Service providers	50% difficult

Summary of CHALLENGES regarding Home Visiting Services:

- Challenges seen to be “State” driven, not local—lack of clarity on policy and direction.
- Communication with our regional Maine Families is non-existent. We have made efforts but have not been successful.
- Children’s Services has been meeting with Oxford County Maine Families Program Manager and Director for several years trying to bridge the challenges in working together when we have the same recruitment area and served much of the same population. We are now working with State reps (including the Collaboration Office) to discuss challenges and develop a model of collaboration.
- Our work with Maine Families has changed dramatically over the last two years. We have gone from a program that worked in complete partnership to having no relationship at all. Information leads us to believe that direction from the State level has influenced this change and the result has been that local Maine Families programs are not working cooperatively with Head Start and EHS programs.
- The lack of ability to work together is disturbing. EHS home visiting and Maine Families have wonderful services to offer families. It is too bad that a competition approach exists for the two programs.
- There are strong feelings of “I have the best home visiting program” between EHS and Maine Families home visitors.
- It is challenging to have recruitment/enrollment pressure from our funders and still keep the best practice of informing families of their options to ensure informed parent choice about the best option for their families.
- Feedback is that there is a lack of respect in the knowledge and skill of EHS vs. the Maine Families staff.
- EHS staff is looked at as inferior in some regions. This obviously creates friction between programs.
- Nothing is really working well. Maine Families does make referrals to HS for families aging out

of home visiting.

Summary of STRENGTHS regarding Home Visiting Services:

- Communication and coordination with Public Health Nursing and CDS is very good.
- We have a strong partnership with Maine Families in our area.

Priority Area 10—Welfare/Child Welfare

Extent of Involvement

Respondents were asked to summarize the extent of their involvement with Welfare/Child Welfare during the past 12 months (i.e., no working relationship, cooperation, coordination or collaboration).

- Half (50%) of respondents reported that they had no working relationship with Maine’s Children’s Trust agency.
- The majority of grantees reported that there was a cooperative relationship with providers of abuse/prevention treatment services (7 out of 11) and domestic violence prevention services (6 out of 11).
- Nine out of 11 respondents reported a cooperative or coordinated relationship with both local and State child welfare agencies.
- Nearly 73% of grantees reported the extent of their involvement with local Temporary Assistance for Needy Families (TANF) as cooperative.

For more detailed information, please see Appendix A, question #46.

Table 21.

Extent of Involvement with Welfare/Child Welfare

Type of Welfare/Child Welfare	Largest % of Respondents and Ranking
Local Temporary Assistance for Needy Families Services (TANF)	72.7% cooperation
Providers of child abuse/prevention treatment services	63.6% cooperation
Providers of domestic violence prevention services	54.5% cooperation
State Child Welfare Agency	50% coordination
State Children’s Trust Agency*	50% no working relationship
Local/County Child Welfare Agency (e.g., Child Protective Services)	45.5% coordination
Services and networks supporting foster and adoptive families	45.5% coordination

* State Children’s Trust & Prevention Fund (supports strategies/programs that prevent child abuse and neglect via grants, training, services, etc.)

Level Of Difficulty

Respondents were asked to indicate the extent to which they found tasks related to Welfare/Child Welfare difficult (i.e., not at all difficult, somewhat difficult, difficult or extremely difficult).

Eighty percent of respondents reported working with TANF, Employment and Training, and related support services to recruit families as somewhat difficult or not at all difficult.

- Responses varied in reporting the alignment of Child Welfare parent involvement goals with Head Start parent engagement goals (i.e., one reported as extremely difficult, two as difficult, three as somewhat difficult and two reported as not at all difficult).

For more detailed information, please see Appendix A, question #47.

Table 22.

Most Commonly Reported Level of Difficulty with Tasks Related to Welfare/Child Welfare

Tasks Related to Welfare/Child Welfare	% of Respondents / Most Commonly Reported Level of Difficulty
Working together with TANF, Employment and Training, and related support services to recruit families	50% somewhat difficult
Alignment of Child Welfare parent involvement goals with Head Start parent engagement goals	33.3% somewhat difficult 33.3% not at all difficult

Summary of CHALLENGES regarding Welfare/Child Welfare:

- No comments

Summary of STRENGTHS regarding Welfare/Child Welfare:

- It is helpful that we still employ Family Service Staff.

Program Strengths

Grantees who responded to Question 51: **Please identify one strength of your program** wrote the following:

1. Ability to offer program options to help meet the needs of families in our community.
2. Culture of reflective practice.
3. Family engagement: collection of data related to goal setting and completion rates of families.
4. Local collaborations with many different groups (i.e., health care, public schools, CDS, WIC, etc.)
5. Mental Health resources.
6. The highly skilled, compassionate and dedicated staff.
7. Use of evidenced-based curriculum.
8. Our ability to collaborate with other agencies who share a common mission to bring quality services to children and families in Aroostook.
9. We provide multiple program options in order to support child and family participation in Head Start/Early Head Start and to offer continuity of care to promote child school readiness.
10. Very effective “on-boarding” process for new classroom staff members along with ongoing professional development activities via year-long cohorts learning and developing via subject area tracks.
11. We use a variety of program options to try to address the needs of the children and families served and to coordinate with other existing services for families in our coverage areas.

Program Gaps or Needs

Grantees who responded to Question 52: **Please identify one gap or need you would like to see identified in the next year through the MHSSCO** wrote the following:

1. Assist in coordinating/collaborating with statewide partners, (i.e., CDS, Maine Families, OCFS).
2. Faster response to Part B services once a child is identified.
3. Statewide Maine Families collaboration, so that local efforts are not met with barriers.
4. Address the issue of serving children with disabilities in a comprehensive way.
5. N/A
6. To continue the ongoing efforts of aligning specialized components to overlap and support other areas.
7. Inclusion of Early Head Start as an equal partner in the State's home visiting system for infants and toddlers.
8. Development/strengthening of the EHS/Maine Families relationship at the State level. Fixing this relationship may make it easier to work with local MF agencies.
9. Finally, and once and for all, effective collaboration/partnership with Maine Families home visiting to most effectively support the needs of the most at-risk families of young children living in poverty.
10. Change the perception of Head Start with state administrators and ensure federal Head Start is incorporated into state systems.
11. Three-year-olds. Pre-Ks take the fours, but there is a gap of services for threes. School systems are not reimbursed for them. How can we work with systems to ensure that families have continued access to supports and services through HS?

Additional Thoughts or Feedback for the Head Start State Collaboration Office

Grantees were asked to please include any additional thoughts or feedback (Question 53) to help the Head Start State Collaboration Office best meet needs and build off program strengths when developing the work plan. Comments included the following:

1. Extensive experience and knowledge MHSSCO staff regarding successful models to effectively support coaches would be a great benefit to HS outcomes. Continue to refine data included in HS report.
2. Continue to build on the improved coordination and collaboration between Head Start and the Department of Education.
3. More of the same. I find the office to be wonderful to work with, helpful in navigating situations, pleasant and knowledgeable.

Strategic Planning Dialog Stakeholders' Focus Group Meeting

Preliminary Data Findings Review

The following questions were generated to guide the review of the Needs Assessment Survey data with the stakeholders' focus group.

1. What information stood out?
2. What opportunities present as you look at these priority areas?
3. Was there anything you expected to see, but did not? (Any gaps)?
4. How do these priority areas match your areas of focus/priorities?
5. What questions does this information raise?

Responses

1. What information stood out?

Data: Need for alignment, sharing and accessibility in many areas.

Level of frustration/concern about limited cooperation with Maine Families Home Visiting – “competition”/perceptions of quality.

- Need for professional development alignment and access to higher-level training.
- Childcare data—36.4% “no working relationship with local childcare programs.”
- Child Care Advisory Council (CCAC)—difficult to exchange info/provide input.
- Maine Families issues!
- Home Visiting relationships.
- Child Welfare, understanding relationships, etc.
- Homelessness; Pre-K.
- More than half (63.7%) said it was difficult to exchange info with State Child Care Advisory Councils—Is there a mechanism for Head Start person @ CCAC to let grantees know more? These meetings are open to the public so all can come to CCAC meeting.
- Sixty percent said it was difficult to somewhat difficult to linkage to Child Care providers—info from MRTQ. Do grantees know they can contact MRTQ?
- Lack of Maine Early Learning Guidelines training comes up frequently.
- Sue Reed/ECE consultant has had a positive impact with regard to DOE/HS collaboration.
- Maine Families/EHS communication/collaboration needs to improve—our state deserves better.
- Around Home Visiting—definitely successful in a few areas → what makes it work?
- Comprehensive services in LEAs, need work on Pre-K expansion grant.
- Page 11 – Identifying one gap or need...5 of 11 gaps were related to issues related to Maine Families/HS/EHS.

2. What opportunities present as you look at these priority areas?

- Professional development alignment—access childcare, HS and school systems—to include MF.
- Increased collaboration to provide full-day, full-year care—including support for special needs and mental health needs.
- Intensify the effort around Early Childhood Integrated Data Systems (ECIDS).
- Continue to ramp up Professional Development Alignment Team (PDAT) efforts. (How do we garner additional support?)
- Align efforts to help with understanding the system.
- Using this data to inform PDAT—Public Health and CDS work together well—how does this coordinate w/MRTQ health person? How can it?
- Half (50%) didn’t know about Maine’s Children’s Trust.

- The opportunity to serve three-year-old children in Head Start would support families, provide LRE [least restrictive environment] for CDS and continue to enhance school readiness/transition.
- The opportunity to collaborate with partners in support of families without homes.
- Ensuring comprehensive services are part of the early work in Pre-K grant.
- Meeting with Head Start Directors quarterly—have asked about this.
- Pre-K work → development, expansion of 0-8 services in communities → a continuum.

3. Was there anything you expected to see but did not? (Any gaps?)

- #7—Nothing about problems with transportation?
- No mention of Head Start representation on the Interagency Coordinating Council?
- More on content regarding higher level trainings—more around alignment to K-3.
- No.

4. How do these priority areas match your areas of focus/priorities?

- Head Start Training & Technical Assistance—need for more exposure as to what we can do—we learn from programs that they didn't call on us because they didn't know.
- #2—EC Programs and outcomes—aligns with CDS State Systemic Improvement Plan just submitted to OSEP [U.S. DOE Office of Special Education Programs] with focus on knowledge and skills outcome for Part C.
- Early Childhood data and inclusion of Head Start—huge priority as we develop new data system!
- Homeless.
- PD alignment is in my contract. PD for programs around health topics and health consultant work.
- Informing others of the work of the Child Care Advisory Council (CCAC) and Maine Children's Growth Council (MCGC).
- PIR data on dental homes (53.3%) aligns with rating of "somewhat difficult or difficult" to connect families to dental providers. A real priority area for Maine.
- Three-year-olds—what to do?
- #5—Comprehensive services in public school.
- Aligned assessment systems.

5. What questions does this information raise?

- Equity of salary offerings for certified teachers across all programs—AKA starting salary for 1st year teacher in public schools: \$30K.
- Note: National Center on Parent, Family and Community Engagement—lead is Boston Children's Hospital—Brazelton Touchpoints Center—how can we access/use this center more?
- How is data analyzed?
- Can you tell if the same four that rated not as positive? (4 out of 11 p. 2, 3, 4; 9 out of 11 p. 5, p.8).
- When you analyze the data can you tell if the same grantees and if so the regions?
- If you can drill down to specifics, it would be interesting to use this information to provide targeted information and even TA to those four regions.
- The PIR number of EHS participants w/IEP/IFSP is low and aligns with data regarding 0-3 children screened out. Earliest Intervention works best—how to address this?
- How can Pre-K grant support ACES training for school personnel?

- How can Pre-K/HS/CDS work together better to get consent for evaluations?
- How can we create a one-stop data bank? Or at least work to make data access more user-friendly?

Limitations

The survey sample was small and was completed by Maine Head Start non-tribal grantees only. The survey design provided a broad description of each activity that may have led to varying interpretations by the 11 grantees and their staff when completing the survey.

As is the case in any survey activity, the information collected is only a representation of the status of the current involvement with others at a particular point in time. Working with others and building collaborative relationships is an ongoing process and involves many mitigating factors that shift and change over time. Changes such as the state and federal political climate, priorities of the Office of Head Start and other federal departments, leadership, personnel, finances, demographics, laws and research findings related to evidence-based practices and outcomes can affect partnership activities.

Seven of the twenty-five invitees participated in the Stakeholder Strategic Dialogue meeting. While the group represented the critical partners within the Maine Early Care and Education system, it was not a complete group of potential partners. It also cannot be assumed that the responses of invited partners who did not participate would be similar to those who did.

Summary

Overall, the results of the needs assessment indicate that the level of involvement between Head Start/Early Head Start and other early childhood and child serving entities is one of cooperation or collaboration. There are several areas where additional focus to better align and coordinate efforts is needed.

As a state system, there is continued need to work with the Maine Families Home Visiting Program to create structures to support a better understanding of services between the agencies that provide home visiting services and to develop processes that ensure improved access and coordination for Maine children and families. Additionally, the needs assessment data showed that there is positive movement toward the alignment of professional development opportunities across the early childhood system. More work in this area is needed to expand and enhance these efforts and include both the Institutes of Higher Education and the K-3 public school personnel to further support a high quality workforce. Access to and the integration of data systems was a common theme. With all early childhood system partners working to develop data informed services, this area is a priority and one that requires a high level of coordination. Another focus area involves working across the system with all of the critical early childhood partners to ensure access to services for children and families identified as needing specific supports, such as those without homes, children with identified disabilities and children who do not meet entitlement eligibility, but who are at risk of exclusion or expulsion from early childhood services.

The needs assessment also provided information reflecting positive developments. The public preschool expansion work with the Maine Department of Education and the coordination with the Early Childhood Consultant to expand preschool services using a comprehensive services model approach were highlighted. The involvement of Head Start in the development and current revision of Maine's Quality Rating and Improvement System and the alignment of the QRIS with the Head Start performance standards was noted. The development of working agreements/Memoranda of

Understanding (MOUs) with critical partners (such as Child Development Services) is seen as a way to build stronger relationships between programs and support improved access and participation for children and families in quality programs and services.

Stakeholders at the Strategic Dialogue meeting concurred with these findings, suggesting that while there are many positive relationships and emerging initiatives that can help strengthen partnerships, there is room for greater levels of sharing, leveraging of resources and joint ventures to support enhanced collaboration and better alignment of services.

This most recent assessment of the needs of Maine Head Start non-tribal grantees in the areas of cooperation, coordination, collaboration, alignment of services and alignment of curriculum and assessment will be used to address the required ACF/OHS priorities and develop the strategic work plan for the MHSSCO Year Three Continuation grant application.

The MHSSCO will continue to work to build on existing activities and to initiate new activities that address gaps in early childhood service delivery and improve the overall delivery of services to Head Start children and their families.

The results of the needs assessment will be shared with appropriate state and national partners, and the Maine Head Start grantees. Appendix A includes the complete survey instrument and grantee responses.

Recommendations for the MHSSCO Continuation Grant 2015-2016

Early Childhood Systems

- Participate in activities to provide relevant Head Start/Early Head Start (HS/EHS) information to inform the development of the Child Care and Development Block Grant (CCDBG) Maine State Plan including areas that address the subsidy system, child care expulsions and enhanced service to special populations (i.e., homeless, disability).
- Support Head Start agencies to increase collaboration with local McKinney-Vento liaisons.
- Along with Head Start grantee partners, share outcome data and implementation results of the Early Head Start/Child Care (EHS/CC) Partnership initiatives that can be used to guide EHS/CC expansion/replication efforts.
- An MOU template with core components that create clear programmatic definitions of services offered will be available to be customized by Early Head Start-Maine Families Home Visiting partnerships (whether intra-agency or inter-agency) in all regions.
- Facilitate linkages between home visiting programs such as Maine Families, Nurse-Family Partnerships, CDS and home-based Early Head Start and Head Start programs.
- Create structures to enhance communication and collaboration among the Maine Head Start Directors Association (MHSDA) members (including the MHSSCO) to strengthen efforts to represent Head Start as a recognized partner and leader in the Early Childhood field.
- Disseminate information about Head Start to Early Childhood stakeholders, families and policy makers to promote increased knowledge about the purpose, structure, benefits and outcomes of this comprehensive intervention model.
- Support efforts to increase availability, affordability, continuity of care and quality of full-day, full calendar year services to children and families who need them.

Statewide Data Systems

- Participate in the Statewide Longitudinal Data System (SLD) advisory committee to provide information about Head Start data, assist in increasing the level of grantee participation and

contribute to the discussion of data collection components and outcome reports.

- In tandem with the MHSDA and the Head Start statewide content groups, identify and select data sets that can be reported on consistently across grantees to demonstrate Head Start's impact on children, families and communities in Maine.

Professional Development/Work Force

- Participate in statewide professional development committees and initiatives to increase participants' knowledge about Head Start/Early Head Start (HS/EHS) professional development requirements, needs and resources and to improve access and partnership opportunities.
- Identify cross-training opportunities for HS/EHS staff with Child Care, Maine Families Home Visiting, WIC, CDS, Child Welfare, and Public Pre-K Programs.
- Meet quarterly with the Maine Head Start T &TA consultants to develop strategies to better align the PD opportunities available to early childhood system staff and families.
- Identify in collaboration with representatives from Institutes of Higher Education (IHE) specific issues related to accessibility of coursework and relevance of course content to HS/EHS staff.
- Assist Head Start agencies to advocate for the expansion of professional development opportunities and distance education options.

QRIS

- Review and respond to the Maine QRIS revisions and implementation recommendations.
- In collaboration with representatives from CDS, Child Care and Public Pre-K, review the various cross-system standards to identify how to align Early Childhood Education quality improvement processes.

Maine State School Systems

- Participate in the development of the Maine Early Learning Development Standards (MELDS) curriculum, training requirements and training schedule.
- Mutually share information with the Maine Department of Education (MDOE) Public Preschool Early Childhood Consultant and the Preschool Expansion Grant staff and advisors to identify implementation considerations, issues, needs and strategies that enhance and further develop partnerships between HS/EHS and State school systems.
- Support Head Start agencies in the continued development and expansion of Public Pre-K collaborations.

Physical, Social Emotional and Behavioral Health

- Meet with HS/EHS grantee Health and Nutrition coordinators and Disability/Mental Health and Family Services coordinators/managers statewide to share and obtain relevant information about current physical health and mental health services, practices and needs.
- Develop a list of strategies HS/EHS grantees use to support the inclusion and retention of children with challenging behaviors or mental health issues to inform State policies/procedures for use in system-building efforts.
- Create a document containing the Head Start performance standards related to early childhood mental health consultation services and how each HS/EHS grantee addresses these.
- Share relevant data including information about health screenings and services provided to children and families to inform system-building efforts.

Disabilities

- Meet with HS/EHS grantee Child Development Managers (i.e., Disability, Education, Early Childhood Mental Health Coordinators) to identify specific implementation challenges and/or professional development needs.
- Develop formal collaborations among the MHSDA, the MHSSCO and CDS to outline activities that build on existing efforts to strengthen early childhood inclusion.
- Disseminate information and materials to state system partners and early childhood practitioners to support access to information about evidence-based practices, professional development opportunities, resources and data to increase understanding of inclusive practices.
- Encourage Head Start agency participation on committees and/or work groups that address policy/program issues related to children with disabilities.