



**2019 Needs Assessment and
2019–2021 Strategic Plan**

OCTOBER 1, 2019

**Kansas Head Start
Collaboration Office**

Kansas Head Start Collaboration Office

Kimberly Kennedy

Director
Kansas Department for Children
and Families
Kimberly.Kennedy@ks.gov

555 S. Kansas Avenue
Topeka, KS 66603
Phone: (785) 368-6354

Table of Contents

Executive Summary	2
Background	5
Head Start in Kansas	5
Head Start Collaboration Office	5
2019 Annual Needs Assessment	9
2019 – 2021 Strategic Plan	36
2019 Strategic Plan Year in Review	44

Executive Summary

Alone we can do so little; together we can do so much.
—Helen Keller



Collaborate

Purpose

As part of the grant awarded to the Kansas Head Start Collaboration Office (HSCO) by the Administration of Children and Families (ACF), HSCO is required to conduct an annual needs assessment to identify the gaps in collaboration among Head Start (HS) and Early Head Start (EHS) agencies, their partners, and other service providers. In 2019, HSCO contracted with WordCraft, LLC to create an assessment instrument and analyze the survey results.

Methodology

The assessments from 2016-2018 were conducted via an online survey that featured several open-ended questions. These questions allow respondents the opportunity to craft answers specific to their site/program. To increase the survey's response rate, the 2018 assessment balanced those qualitative options with several quick-answer questions (so that the instrument would not appear onerous to respondents). While these surveys were relatively successful in garnering information from programs across Kansas, the Head Start office decided to try a different method of gathering information in 2019. Rather than an online survey, HSCO sponsored a series of focus groups and invited

program directors to participate. The focus groups were held via Zoom, so no travel was required.

All Head Start grantees in Kansas were invited to participate in the survey, and 10 programs responded. Transcripts from each focus group were analyzed, and response trends were compiled for this needs assessment summary report. The following is a summary of the major themes that emerged from the data, organized by focus group question.

Overall Findings

Responses to the 2019 needs assessment reveal the challenges faced by program directors in providing adequate training opportunities for staff related to opioid and substance misuse, accessing appropriate mental health services for families and staff retention. Based on these responses, this report suggests appropriate areas of focus for the KHSCO in the following year, to assist the program directors in addressing these challenges. These areas of focus are as follows:

- Help to identify professional development resources for HS/EHS programs directors to provide appropriate training for opioid and substance misuse as well as mental and behavioral health. The KHSCO can facilitate partnership with organizations that provide professional development and facilitate joint training or cross training opportunities.
- Provide information/resources to HS/EHS regarding health care, dental, mental health and access to treatment facilities.

- To promote HS/EHS opportunities and services, build partnerships between HS/EHS programs and community services providers, specifically those that provide in-kind community services, literacy services, and family engagement.
- Coordinate between HS/EHS program directors, child care providers and LEAs to provide examples of strong partnerships between LEAs and HS programs.
- Participate in the Early Childhood Systems Building subgroup; Workforce Advisory Development to increase access to early childhood degree programs in the community.

Background

Head Start in Kansas

Head Start provides comprehensive services to young children and their families. Using a whole child approach, Head Start programs focus on building relationships, improving opportunities for the families of enrolled children, and increasing an enrolled child's readiness for school.

According to the 2019 Program Information Report (PIR), Kansas has 46 programs, including 2 Native American Head Start Programs and 3 Native American Early Head Start Programs. Over all there are 24 that provide Head Start services and 17 that provide Early Head Start services. In the state of Kansas, 6,028 children are served by Head Start and 3,177 children are served by Early Head Start. The entities that provide Head Start and Early Head Start services consist of Community Action agencies, Unified school districts, and private or public non-profit organizations. Unified school districts make up 41% of the grantees. Followed by private or public non-profit organizations at 39%. Then Community action agencies at 20%.

What is the Head Start Collaboration Office?

Established by the 2007 Head Start Act, Head Start Collaboration Offices (KHSCO) exist "to facilitate collaboration among Head Start agencies...and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families."

ACF awards Head Start collaboration grants to support the development of multi-agency and public and private partnerships at the state and national levels.

These partnerships are intended to:

- Assist in building early childhood systems
- Provide access to comprehensive services and support for all low-income children
- Encourage widespread collaboration between Head Start and other appropriate programs, services, and initiatives
- Augment Head Start's capacity to be a partner in state initiatives on behalf of children and their families
- Facilitate the involvement of Head Start in state policies, plans, processes, and decisions affecting target populations and other low-income families

How does the Collaboration Office accomplish its work?

With the shared commitment to improving the lives of young children and their families through better collaboration between Head Start, state governments and agencies, Head Start Associations, and local communities, the role of the KHSCO is to build relationships to create an integrated early childhood system. To reach that goal, the federal government authorizes the KHSCO to perform certain duties. These include (1) providing support for activities in the KHSCO priority areas and (2) contracting with relevant non-profit organizations.

In Kansas, the KHSCO is located within the Department for Children and Families (DCF) – the state’s child welfare agency. Built upon the agency’s mission, “to protect children, promote healthy families and encourage personal responsibility”, DCF supports KHSCO efforts to promote better linkages between Head Start and other child and family agencies that provide health, mental health, family, and special needs services to children and families in Kansas.

Given the KHSCO’s knowledge of the unique characteristics of Kansas, the KHSCO coordinates and leads efforts for Head Start, state governments and agencies, Head Start Associations, and local communities to work together through:

- Communication
 - Attending stakeholder groups for information sharing, planning, and partnering
 - Serving as a conduit of information between regional offices, the state and local early childhood systems
- Access
 - Facilitating Head Start agencies' access to and utilization of appropriate entities so Head Start children and families can secure needed services and critical partnerships are formalized
- Systems
 - Supporting policy, planning, partnerships, and implementation of cross agency state systems for early childhood, including the State Advisory Council, that include and serve the Head Start community

What are the priorities of the Collaboration Office?

To leverage common interests around young children and their families, Head Start Collaboration

Offices provide a structure and a process for the Office of Head Start (OHS) to work and partner with State agencies and local entities. OHS has established national priorities that guide Head Start Collaboration Office's work. These priority areas include:

- Partnering with state child care systems emphasizing the Early Head Start–Child Care (EHS-CC) Partnership Initiatives
- Working with state efforts to collect data regarding early childhood programs and child outcomes
- Supporting the expansion and access of high quality, workforce and career development opportunities for staff
- Collaborating with State Quality Rating Improvement Systems (QRIS)
- Working with state school systems to ensure continuity between Head Start and Kindergarten Entrance Assessment (KEA)

Other priority areas of focus on regional level may include:

- Services to Children Experiencing Homelessness
- Services to Children with Disabilities
- Health Services
- Child Welfare
- Parent and Family Engagement
- Community Services

- Military Families

2018 Annual Needs Assessment

Guided by its five-year strategic plan, the KHSCO works to address the needs identified in each year's needs assessment. This year's report analyzes the findings from the 2019 survey.

2019 Findings

A total of 10 out of 24 Head Start and Early Head Start Programs participated in the 2019 KHSCO Needs Assessment Survey (the Survey). Their responses cover a wide range of both accomplishments and challenges that programs in Kansas face. Those challenges and accomplishments are summarized below.

Question 1:

How have your staff been trained to identify warning signs of substance misuse in a family and how to address the family's needs (as identified by the family)? What additional training on this topic would be helpful?

Across the board, programs could identify multiple training opportunities they have provided for their staff on the topic of substance misuse, ranging from how to spot signs of different types of substance misuse to the resources available for families in their area:

When we had our all-staff orientation last year, we did have state trooper-- they call him Trooper Ben. He's one of the state troopers from our area, and he goes to a lot of the school, the school districts and that. And did some training with us in regard to identifying, what is the hot and new, I guess, drug that's being misused these days and the accessibility and what it can look like. What types of apparatuses are being used and, of course,

One of the things that we're doing at [our center] is next Friday, we have a gentleman from the Missouri Institute for Mental Health coming out to do some training on recognizing opioids and what that does and how that looks.

So, there is a component of substance misuse in that training. The other thing we've done is have the police, correctional facilities come and train us about warning signs.

We are very aware of the resources available to families in getting them connected with the resources that can help them with substance abuse issues.

Every center who participated in the assessment had examples of training they have offered their staff on this issue. Most stated that they offered the training at least yearly, due to staff turnover and the changing landscape of substance misuse in their area.

However, even though they provided training regularly, participants still felt like they and their staff were not fully prepared to meet the challenges that substance misuse present to their programs:

Things change so quickly in that world that what to look for changes all the time. It's hard to keep up with all the [new] drugs and things that are coming out.

Well, I just think things change pretty quickly on what's new out there, what you should be watching for, and if it's something that you have to kind of keep up on regularly then that's kind of hard to do.

I do think that there is a lot of potential for these discussions around the topic of drug addiction, opioid use. I think there's a lot of opportunity there for more of these kinds of discussions.

But it feels like it's not enough. I still don't know that we walk away knowing what to look for or warning signs or how to help families that were concerned about

Beyond identifying substance misuse, participants also felt like their staff would benefit from additional training on how to have difficult conversations:

I think because of staff turnover, I think it would be good to have a typical script to first follow.

Yep. I think one of the trainings that has to go along with when you're talking about substance misuse and things is just how to have those kind of conversations with families, how to have the difficult conversations, but yet you don't want to lose a family.

I think probably the hard part is when we know there's substance abuse and their families are not always open and honest about that and they're not ready in their

journey to get help yet. So, I think it's working with families to try to help them see that maybe they could use a little help.

And one participant aptly summed up a concern expressed by many—the toll on their staff of encountering difficult family situations (and the consequences for the children) on a daily basis:

And then not only trauma for our families but then the second-hand trauma that our staff deal with—that's getting louder and louder and we're hearing more and more about we've got to do something to support our staff who we're dealing with [this] every day.

While the question posed to center directors was focused primarily on training, many also commented on just what substances they and their staff are most commonly addressing. Specifically, while most training is currently focused on the opioid epidemic, many staff are still seeing abuse of marijuana and methamphetamines:

With Kansas being right next to Colorado, yeah, you see a lot of the marijuana coming across the state line and that. So, we did have that.

The opioid stuff—we haven't seen as much about that. I know it exists but there hasn't been as much that's been really, "Oh my gosh, that's the issue here."

We found [marijuana's] just as prevalent, it's just not frowned upon like it was before. It's just more accepted. But it does just as much damage as it used to.

This is Lisa and I think in our area my personal opinion is going to be on marijuana.

Marijuana.

And prescriptions.

But for us it's still, for in our area methamphetamine is still the number one issue that we see.

And I think that's something we just need to work hard to keep in the front of our minds is the thing that got the big attention and got the whole conversation amped up to this degree was opioids. But it's really about substance abuse, whether that's meth or alcohol or heroin or pills. The information's basically the same.

Focus Group participants saw a clear connection between substance abuse and mental health, and drew parallels between training for both. They identified that families struggling with substance misuse may also have issues with mental health, sexual abuse, and other forms of trauma:

Back in 2017, we did a Lemonade for Life session that a lot of the Head Start programs participated in. But that's the only specific [training]. Which is more trauma than specifically mental health, but definitely, they're connected.

We've also done the mental health first aid.

With our mental health partners. And our contractual agreement with the mental health centers that I have is they attend our socialization as well as they will go into the family home to help address the need for services for substance abuse.

We had a training at our pre-service. Darkness to Light, I think was the name of it but it was all around sexual abuse and it was really kind of eye-opening. Things I hadn't even really thought about. I think that always kind of goes hand in hand with drug abuse.

I asked one of my mental health providers to answer some of these questions with me and one that she noted was called SBIRT. I've never even heard of it. S-B-I-R-T. Screening, Brief Intervention and Referral to Treatment,

I think that's where probably all of this trauma-responsive stuff is coming in.

We're seeing them impacted and it comes out through behaviors and just them sharing things unknowingly.

I think that you got to tread lightly sometimes when you're going to lose some of these families.

A final issue that arose with a number of participants is the difficulty of providing services to families, even those who are willing to seek help. Because so many Kansas Head Start programs are in rural, isolated areas, the nearest service provider could be a considerable distance away:

And in our area, again, like [another participant] was saying, lack of drug treatment facilities in a reasonable distance.

the ability to access treatment that can accommodate parents with young children, especially in residential is needed? Especially when it's a single mom or a single parent.

Part of the issue, though, is sometimes families have to go as far as Wichita to actually get services. And we do have some here in [our] County, but in any other counties, that's where it gets to be-- it's a lack of availability for rehab. It's a problem. And then I don't know-- access, sometimes, due to distance. And a lot of our area is considered frontier, so it's very sparsely populated and transportation is a huge issue like it is in most areas. But I think that's an issue.

Question 2:

The number of children getting a Mental Health consult is on the rise. Why do you think that is?

How can you and your staff be equipped to handle these changes?

Focus Group participants were clear about what they perceive to be the root cause in the rise of mental health consults for their students. They are observing generations of mental health issues—parents with untreated mental health issues, who were raised by parent with untreated mental health issues, raising the children in their programs. The result is a pattern that is difficult to break.

Generational mental health issues, kind of not being taken care of. The parents probably have mental health issues that are not being addressed. And their parents probably had mental health issues that weren't addressed.

Unidentified mental health issues. Yeah. Of the parents. Of the parents.

We have families with high ACE scores, and then the parents have high ACE scores, so their own unhealed wounds bleed into their parents, and so it's just they don't know how to parent because they weren't parented. And so, it feels like we're trying to break a cycle that's been not just one generation but generations of--

But I also think we're seeing generations now of families that haven't been parented.

I think families just feel stuck. "This is how it is. This is how I was raised." And that's where we have to try tread kind of lightly and start building that relationship to really start working more closely with that family and help them.

Exacerbating the problem is an increasing reliance on/presence of technology—in the hands of both parents and their children.

And then the technology and electronics is not helping at all.

(Social Media) So it's adding to disengaged parenting.

I mean, social media is a misnomer because it pulls us so far apart from each other. It's everywhere.

It's disengaged parents, but it's also a tool that is used for the parents to babysit the kids. I've seen out of countless times; the child is throwing a fit. The parent tells him, "No." They continue to throw a fit, and the parent hands them their phone. And they immediately stop.

On the positive side, some participants speculated that mental health consults might be on the rise because there is less stigma attached to mental health than might have been faced by previous generations of children.

It's not as stigmatized as it used to be, either.

Just mental health, in general, and mental illness. I don't feel like it's as stigmatized as it once was so I think it's--

They're willing to talk about it.

Much like the topic of Substance Misuse, participants were also careful in how they best served children and families, particularly those whose need for mental health services extended beyond the school day:

(Therapeutic Preschool) If there's a referral, we review it pretty carefully to make sure those children need to be [placed in the program]. But again, we've seen some success for the small group intensive kind of strategies.

Well, it's where the two-generational approach helps because we can talk to the parents and try to get the parents' support and where they need as well as, then, meet the needs of the students.

Access to services in our area is difficult, not because there's lack of, it's just that the hours that they're available, oftentimes, they're not convenient for families.

They don't have evening hours available to go in for an intake. they seem to not be able to get themselves there because of work schedules, and quite frankly, the process is not real kid-friendly. You might go and sit in a waiting room with

children for a while and just not feel like that that's a really good use of your time because by the time they're done, they're screaming at their kids, and it was more stressful than not going. So, I think some of that access piece is really hard for our families,

Question 3:

What types of Mental Health/Challenging

Behavior training have you done? What would you like to get, and how would be the most effective way to receive it?

Of all the topics, participants had the most to say about mental health training. It was clear that they focus considerable time and resources on providing a variety of training and support for their staff on the topic of mental health/challenging behavior.

But one of the presentations was "quit taking it personal" and I thought that was wow, okay.

I mean, it's geared-- the Mental Health First Aid that we took through our local mental health facility it is definitely geared more-- towards the adults, which would be the parents and that, but-- But it wasn't really geared towards the younger children.

We're going to be doing one [with an] occupational therapist kind of dealing with some social, emotional pieces and addressing challenging behaviors by looking at sensory issues.

But there was a grant at one time where those most significant children, you could address them with Bruce Perry. I thought that was really great because it

kind of gave you additional thoughts and ideas on things to try from one of the top professionals. And you could submit your case, process strategies straight from him. That's been a few years ago.

They're doing a program similar with [Sunflower?] called-- I think it's called Echo. But they do that. They take a sample, and then they talk through it. And they help people with resources and those kinds of things, and so you can listen in and get the benefit of it.

We do monthly trainings on conscious discipline which is very much based in mental health practices. We've done the first aid. The safety mental health first aid. We've done trauma-informed care training.

We have a wellness committee that we've developed with our staff and our mental health coordinator. So, we really have tried to really put mental health at the base of everything that we're doing. Conscious discipline is intertwined throughout our entire program.

Mental health is such a big daunting piece that everybody has to stay on board with. You have to stay on top of for your own mental health, for the mental health of the children and families that we serve.

it's just something that you have to just be continually doing.

We started what we call trauma conversations last year and tried to do it at different times when different groups of people could come. And then the mental health supervisor here found this survey about-- kind of a trauma-informed

checklist. And so, we sent that out just to sort of see what people thought we were doing or how we were doing.

[Our school district has] been really on the mental health, trauma-informed care topic for a number of years with the school district. And so, I think the main things is just making sure that we're continuing to check in with staff and make sure that they are okay.

While programs have already provided considerable training and support on mental health/challenging behaviors, the participants do not see that work as finished (or likely ever to be finished). Several areas for additional training were mentioned:

And most home visitors, when we hire them, they don't know anything about court systems or foster care at all. So, it's trying to train them on what to expect, what is a case management plan because they don't know.

But the home visitors, they go to a lot of the court hearings. And they don't know what to expect when they go to a court hearing, either

It would be nice-- I don't even know if there's one (Mental Health First Aid) out there in regard to-- that is geared towards little young two to six-year-old, early childhood children.

I think everybody in this call has probably trained to death on social-emotional issues and still know that if we survey on our folks, that's the area that they want the most training in because that's where they struggle the most. And it's not for lack of trying. One approach can't work with every child. And so, we've just got to keep building our toolkit.

And so, I think it's more worried about burnout and trying to support our folks so that they get what they're doing is making a difference, even if you can't tell it day-to-day.

It's always changing and evolving and so to stay on top of it. So, I think whenever-- I mean, if the office offers stuff on trauma, people are going to show up for it. Because we just need to constantly be knowing about it, hearing about it more.

The question of how to best deliver training to a staff garnered a variety of responses. Due to the need for coverage, participants acknowledged the difficulty of sending staff to off-site professional development, even though there were considerable advantages to learning this way:

Yeah. So, there is that challenge of being able to send people away for things

Sometimes sending staff to a training has some other benefits besides just the training topic. In regard to team building and-- there's just more benefits than just that topic. [inaudible] your expectations when they come back.

I think it gives them a change from their routine. And then when they're also in those kinds of meetings with other people that do what they do, and you can always expect someone to connect with them. Yeah, those experiences are worth a lot.

If different centers that are close within 30 miles or 40 [inaudible] get in kind of group, cluster ring of training. Because then it's always a nice time for people to

network with each other too. I don't know if there's a new king of training out there but people like to see people face-to-face

Yeah. And it sends a message too about you value them, you want them to learn and grow.

Participants also weighed the advantages and disadvantages to other methodologies, including book studies and webinars. There was general consensus that opportunities for practice and hands-on learning had considerable benefit:

I think book studies-- I mean, personally, I think that's a good way if you have a whole philosophy change that you know is going to take [one?] time. I don't know. I like book studies. [inaudible] preferred way of training for me.

Webinars can be effective to a degree but it's easy for people to get distracted,

There definitely is some value in (training), whether it's a webinar or some sort of recorded option. And then that can also be an advantage of that is everybody's getting the same consistent information.

I think I found that in our group no matter what the education level is, people appreciate hands-on opportunities where they can be active learners rather than just sit and listen. So, they always appreciate when I bring in a speaker or we put on some kind of training that will help them figure out how they're going to implement it in their classroom to give them time to discuss they have some activities throughout the day to reinforce the learning

I think our teachers are finding they like that hands-on, right-in-the-moment suggestions that this therapist that's doing informal observations and being in the classroom to help with teaching teachers and strategies for daily stuff.

They do take a little bit to master and to grasp and to get down and to really practice and use. And sometimes, it takes more than a year. It takes more than a couple of years to get really good at those things.

Behaviors actually take practice. Yeah. Even in something that people want to change until there's [inaudible] practice process. It helps create those new habits and reactions.

Question 4:

Frequently the topic comes up regarding the shortage of qualified staff. Where, exactly, are you seeing that shortage? At what levels/in which positions? Also, what have you found to be helpful in retaining qualified staff?

Participants acknowledged challenges in finding qualified staff for their programs. Most of the challenges occur with starting-level positions, where the salaries are lowest. Others had challenges in keeping certified teachers, who could find better salaries for similar work in the school district.

I see it mostly in my teaching staff, and bus drivers

We can never recruit bachelor-degree teachers. I think we have one. I think I have one that actually-- well, I have two that have bachelor's degree. One is not related, but they're all enrolled in an associate program or continuing their

education. But we can't recruit them. We can't compete with school districts and their wages.

This is maybe not the best way to put it but the further down the totem pole you go the more openings and part of the filled positions we have. So, within our classrooms, we have three educators, started by a teacher and assistant teacher and a classroom aide. And so, keeping that aide position that's where we see the most turnover.

We definitely have experienced that. paras, assistant teachers, even FCs. We had some openings for family consultants. It took us a while to find staff.

And what our HR manager has determined is that our assistant teachers based on meeting the qualifications, we need to figure out a way to pay them better because we're not competitive with other childcare centers. Now we are competitive with our lead teachers, this would be our assistants.

Participants gave consideration to what it means to be “qualified” to teach in a Head Start Program, and found that formal education may not always be the answer:

I have a university in my backyard that the teachers come out of there not being ready to teach at all. Nor are they exposed to a lot of those children who have significant needs.

But if you always have to take them right out of the university, they already have this preset opinion of what it should be like, and are a little disappointed you don't have a desk in the preschool room.

it's going back to the kind of thought that teaching doesn't happen until the children are three. And some of our young people are getting that in some of the college programs that they're in. So, it's just that if I'm working with infants and ones I'm not as much of a teacher, as I am working with threes, fours, and fives.

Some of my best home visitors may not have an early childhood degree. But right now, with the families that we serve, I had a home visitor the other day say, "I've been able to do early childhood with my family for a long time because of all the crisis that's in our family."

but I can't say to the home visitors that don't have that early childhood degree aren't just as good. So, it's what you give them and the passion that they have for the work that they do.

Given that increased salaries are unlikely for staff at any level, focus group participants have endeavored to find other incentives to retain staff. One retention method has been to provide benefits that are better than many offered at private early learning facilities:

Well, we hear from our staff we have a great PTL and time-off package. So that's a plus. We've offered enrollment opportunities for staff that have young children in the classrooms.

And the benefits are really good. The health insurance and the dental insurance and all of those benefits that come with working at a district is also a big pull.

The benefits package has got to be better for a Head Start worker that's affiliated with a school district than one at even a very nice childcare center.

Some programs are directly affiliated with their school district, which also provides a level of prestige (and compensation):

People like being part of the school district.

You have the reputation of working in a school district, which to folks feels better than working at a daycare because they're part of a school district. I think the other thing is the schedule. We are on school district schedule, so they do get the same breaks that the school district gets and the summers. I think that we have a good staff climate. And so, I think that people enjoy working here and coming to work, and they enjoy the people they work with.

These Head Start programs also strive to provide excellent training and professional development, at no cost to the staff:

We did hear from our HR manager that staff really appreciate the training that's provided by us. And that they're not having to pay for it out of pocket, which often happens at private lower learning programs.

We have a couple new teachers in one of locations that is actually two hours from our coach, but she goes to see them-- right now at the beginning of the year is going to see them a couple times a week and she is completely changing the world over there

And so, we've really put together, I think, a pretty comprehensive package for new staff orientation that includes monthly networking slash training sessions for those new staff for the entire year that they're with us.

Our early education specialists who supervise our teachers spend, oh gosh, they've got a notebook that they go through of all different kinds of things and they do it over like the course of four to six weeks in order to kind of help it get in there and get a little bit.

I think professional development that's offered through our program is significant, and I think that that also holds people because they know that they are able to get lots of opportunities to grow and learn. And they have seen people within our program move up, so I think that people realize that they don't have to stay where they're at if they're willing to do extra work and get more education to move into other spots.

Finally, the participants described the considerable effort they make to create a positive work environment for their staff:

I think, for us, it's showing compassion and empathy to our staff, too. Being supportive and understanding and being surrounded by those people. Not just your peers but your management staff. Again, it kind of comes back to we've all got that baggage. Train ourselves to understand and how to deal and help people with their baggage. I've tried to be more of that to where-- I want to make sure that I'm there for my staff, and I'm approachable. I always try to have them perceive me that way.

Money helps but it's not everything. And having that what we call the family-friendly work environment. That we are understanding. We all have kids, and we have kids that have things. And just kind of being a supportive group with each other. I think that has helped keep some of our staff around.

Given that programs do experience turnover, and that finding qualified staff can be challenging, many participants have established a “grow your own” program within their centers, so that staff can obtain additional training and rise up through the ranks:

And I know that sounds kind of convoluted, but I think it's being able to grow your own as a people and celebrating that. And I would prefer to be able to see all my staff every day but that's not possible. And I do it through-- I'll do a quote of the day and ask them to tell me what their interpretation and that we do acknowledgments. We have staff appreciation days.

We have targeted para educators that we feel are great in our classrooms, [and help] them to go back to school. And, I wrote a grant to X Foundation, and they are helping us pay for their scholarship fees and enrollment fees and getting the paras back to school. So, we currently have six paras that are in the program through Wichita State or Fort Hays. And so that makes me feel way better that are about the future.

We have some things in the works. So, there's some commitment and if they take our scholarship money that there's commitment that they will stay to work for us, we'll pay the money back. And so, everyone that's been selected for the

program are Northwest Kansas natives because we've learned that people just don't come out here for fun

We also have hiring someone that didn't have their CDA and then willing to pay for that CDA, we have no a success, those folks staying long-term. So, there's that investment that we've made and we're not seeing the turnaround.

So, we grow our own, which isn't a bad thing. In my book, they don't have to have a bachelor's degree and be certified to be a good teacher.

And certainly, what we've done is similar to what [another participant's] doing, of going around working with those aides that have an interest in early learning and have an interest in getting their CDA or working towards to an associate's and providing those supports in-house as hoped.

So, we are really looking to train folks in positions and really look for the leaders in those positions and try to get those folks prepared to move up as people leave their positions.

One participant has established a strong relationship with the local community college, so that potential applicants can train at their site and be better prepared for the work before they have even graduated:

I've been real fortunate to be able to hire-- many of my teacher assistants that get hired are Johnson County Community College graduates and they came through our program doing their student teaching. And so, they start with us as a teacher assistant mostly. And then, we're able to move them up to a teacher role.

I have been able to harness in on those really good associate degree-level teachers that have lots of real skills and that we've really trained, because we are part of their student teaching experience if they go through JUCO, so that's been really good.

Question 5:

The perception is out there that programs are having trouble retaining 4-year-olds in their programs, but data from the PIR seems to indicate otherwise. Are you struggling to retain kids, and if so, at what ages do you feel like it's the hardest?

Responses to questions about program enrollment were somewhat mixed. But the problem was not exclusively with 4-year-old classrooms:

There's not enough childcare and then, it sounds like, matching kids into the slots that are available is a challenge, though.

The one that's the hardest to fill is home-based. There's just not a lot of moms at home anymore. I think once they are in services I think then they become very attached to their parent educator and really enjoy it and get a lot out of it. But it causes a little bit of vulnerability to allow someone in your house.

We're seeing the same thing with the home-based being harder to fill home-based.

Programs who are experiencing enrollment issues at the 4-year-old level attribute that difficulty to increased offerings from the School Districts for children that age:

We're seeing more four-year-old at-risk programs. [inaudible] areas.

We're seeing it more in X County, than we have in years past. We are just now starting to struggle up in that area where it's been plentiful before. But they are introducing more four-year-old at-risk programs in our USDs.

Differing expectations for the School District programs, compared to those of Head Start, might make those programs more appealing to some parents:

For Head Start, our requirement is that the parents be there to put the child on the bus. School districts don't. And we use safety restraints. School districts don't. We include a pair of monitors on the bus. School districts don't have to do that. There's a lot of things. I mean, it's little things. But it goes back to that expectation. And I'm not promoting that I think we should let it go. I'm just saying that if you're struggling with that in your parents' expectation, I'm just going to send my kid over here. I don't have to do anything.

Well, it's the expectation on the parent. And they don't have the home visits. They don't have a lot of-- they sat on a bus and they come and go. And there's no family goals. There's no expectation of true family engagement.

In general, participants spoke highly of the expectations they place on families to be engaged in the education of their young children:

Yeah. It's simple. Now, I'm not saying they don't care about their child because I do believe parents care about their child. And I do believe they want them educated. I also think we look like we're meddling in their lives. Again, we've been talking about mental health issues, we've been talking about drug abuse, all those things that we get into that districts don't.

I mean, home-based and center-based alike, we have expectations. And we want our parents to learn and grow because that's what we're supposed to be doing is invoking change in our families so that the families are better prepared to support their child in their education.

Some programs attributed their success in remaining at capacity to a joint enrollment process with the School District, where Head Start and the District process applications together and place students where they fit best.

We do the same thing as well here in [our center]. We enroll for all of it. We do the Head Start and the state pre-K all together. Yeah, that makes a difference I think.

And that lets you really target the kids that really need Head Start as opposed that just really need a good childcare, or good learning experience without all the wraparounds and services that Head Start brings.

Several program directors stated that their classrooms are full at all levels. Overall under enrollment was not a concern for those participating in the survey.

We've not had trouble with home-based sort of assistance. That's always been where we've maintained our numbers and had waiting lists

We didn't struggle with maintaining a waitlist or any particular age group and so we haven't really seen any issues there.

We haven't. We rarely lose kids and we have a huge waiting list, so. We aren't having any trouble filling any of our classrooms, four-year-old or three-year-old.

With us converting more of our Head Start slots to full-day, our state pre-K program is not doing that they're staying at half-day, and so I am having more parents that really would rather have Head Start, whether they need it for the social services that are not. They want the full day because they're working.

The retention's been incredible in our school day classrooms. There's no turnover.

Summary & Final Thoughts

As a final question, participants were asked if the Head Start Collaborative Office could provide any additional services that would be particularly useful. One participant thought help in improving relationships with school districts would be beneficial:

Actually, hold some sort of meeting with all of the superintendents and all of the Head Start directors to talk about our roles in support-- being [collaborative?] communities.

Others were eager for HSCO to serve as a communications hub about learning opportunities and programmatic changes:

I think the thing that means the most to me is just Kim telling us about conferences like that because I wouldn't necessarily know about all of those opportunities. So just keeping us apprised of what's going on, on the other side of the state and opportunities that we couldn't decide on if we-- because we get puckered down into day-to-day life.

I think it would be nice if there was somehow a way for the [inaudible] office to be kind of a keeper of information in the communities about training or happening in the community that we might not be aware of. Because I know here in Johnson County, for example, there's all kinds of really great things going on around mental health and substance abuse. And the community has identified those things as needs but I don't always know about some of the really wonderful opportunities that we might have to join the community and some of the training. Now, we got some of it but some of it we don't find out until it's too late or it's things that we could go to that would be absolutely free. So, to me, that would be really helpful if there was a place I could go that would kind of give me an idea of what's coming up in the month in my own community that would be either free or really low-cost that we would want to be involved in.

But an example is, as the changes in fingerprinting were occurring in what was happening within the state, being able to connect and facilitate that type of information is always tremendously helpful.

But I would certainly love to be able to see us come up with some other ideas for programming our curriculum for those dads. Because I've got some gentlemen leading the group, So I still want it to be run by the men, but I want the men to have some accountability for what's going on in there. And I'd like to be able to do some measurable outcomes with what they're getting out of it.

The final request was a simple one:

Help us find teachers.

Qualified teachers.

2016 – 2021 Strategic Plan

Using the priority areas, the KHSCO developed the following five-year strategic plan to guide its work from 2016 to 2021.

LONG RANGE GOAL #1

Enhance connections and information sharing among Head Start programs, partners, and state agencies to maximize resources and support for Head Start and low-income children, families, and child care systems.

Federal Priority Area:

Partner with State child care systems emphasizing the EHS-CC Partnership Initiatives

Work with State Efforts to collect data regarding early childhood programs and child outcomes

Regional Priority Area:

Community Services

PROCESS GOAL 1

Promote and support the identification and connection of public and private resources at the State and local level.

Short Term Objective 1: Identify and share resources—in both English and Spanish—to connect consumers and service providers with resources to stimulate state and community-based program/partner development and relationship building.

Outcome 1: Develop a KHSCO page on the DCF website to be utilized as an accessible resource library by programs, partners, and agencies.

Outcome 2: Create a plan for promoting and increasing awareness about the KHSCO website and resources.

Short Term Objective 2: Convene and facilitate information sharing to Kansas Head Start Directors of collaborative efforts encouraging program/partner development and relationship building.

Outcome 1: Coordinate with Head Start programs and partners to facilitate the production of a “Program Profiles” document and resource guide for community partnerships.

PROCESS GOAL 2

Encourage ongoing communication for the exchange and collection of sufficient data/information on children and families jointly served by Head Start and other agencies (health, medical, homelessness, special education, etc.) including data regarding early childhood programs and child outcomes.

Short Term Objective 1: Share information for how to coordinate data sharing and collection that represents a range of options within intake and referral systems to support continuous quality improvement.

Outcome 1: Assess and survey existing systems to identify data currently captured and determine what data is most necessary to collect.

Outcome 2: Identify resources to assist programs in requesting critical information from service providers to ensure clear and concise documentation allowing for easy transition to schools, access to health information, and Part C services.

Short Term Objective 2: Support efforts to integrate early childhood data into the State’s longitudinal data system.

Outcome 1: Continue to work with state education organizations and Head Start programs to make connections where needed with the goal of streamlining data collection efforts.

PROCESS GOAL 3

Effectively communicate and promote awareness on the value of Head Start as an equal opportunity for preschool. Increase availability and access to services that meet families’ needs.

Short Term Objective 1: Maintain and grow successful partnerships by informing communities on the presence of Head Start, Head Start services, and the community impact of Head Start.

Outcome 1: Identify key messaging/marketing materials purposes and place on the KHSCO website for promotional use by programs, partners, and service providers.

Outcome 2: Develop and distribute information to childcare providers about partnering with Head Start.

LONG RANGE GOAL #2

Increase State and local level coordination and capacity of Early Childhood Systems. Maximize resources and expand services and support for Head Start and low-income children and families.

Federal Priority Area:

Collaboration with State QRIS

Work with State school systems

Regional Priority Area:

Community Services

Health Care

Inclusion

Services for Children (and Families) Experiencing Homelessness

Services for Children with Disabilities

PROCESS GOAL 1

Continue to encourage Head Start program involvement with State and Regional level development, planning, and policy initiatives to address childcare issues.

Short Term Objective 1: Participate in policy discussions related to state quality rating improvement systems (QRIS) for childcare providers.

Outcome 1: Promote family consumer education on how to find quality child care.

PROCESS GOAL 2

Build and expand collaborative efforts and relationships between Kansas school districts, LEAs, and Head Start programs to aid and facilitate connections between low-income families and Head Start services.

Short Term Objective 1: Identify local McKinney-Vento homeless liaisons at public schools to coordinate supports for children and families experiencing homelessness.

Outcome 1: Develop and Identify toolkits and resources on homeless family eligibility.

Outcome 2: Identify difficulties that prohibit collaboration with LEAs.

PROCESS GOAL 3

Identify existing and potential networks focused on health care and other related services for children and families. Improve coordination of early care and education providers with health care systems.

Short Term Objective 1: Assess the existing resources and capacity in communities throughout the state.

Outcome 1: Develop a survey that enables communities and programs to identify key partners, resources and areas to coordinate/integrate efforts as they relate to medical, dental, mental health, public health, etc.

Outcome 2: Develop appropriate strategies and materials to educate and inform health care providers on the value of Head Start services and partnerships.

Outcome 3: Provide examples of successful partnerships with health care providers, clinics and health departments. Examples of health care partnership initiatives include “clinic days” or a “healthy start fair.”

PROCESS GOAL 4

Improve the availability, accessibility, and quality of services available to children with disabilities.

Short Term Objective 1: Increase coordination of services for children with disabilities, including professional development for teaching staff to improve their work with children who have disabilities.

Outcome 1: Promote local collaborations among Head Start programs, LEAs, and Special Education cooperatives.

Outcome 2: Disseminate information gained from meetings on the KHSCO website.

Outcome 3: Disseminate information, resources, and materials about web-based learning opportunities and evidence-based instructional strategies.

Short Term Objective 2: Identify service gaps for children with disabilities in Head Start programs and improve the level of partnership between state level Part C and Part B programs to address existing gaps.

Outcome 1: Facilitate communication between HS/EHS and Part B and Part C services by providing shared guidance at the quarterly KEHS meetings and APM meetings.

PROCESS GOAL 5

Optimize existing funding and leverage additional funding resources. Locate funding opportunities for building and sustaining quality Head Start services across Kansas.

Short Term Objective 1: Identify existing webinars, toolkits, and available materials on exemplary collaborative efforts.

Outcome 1: Research other state collaboration office resources and identify successful examples. Collect and share innovative solutions and resources.

Short Term Objective 2: Develop and distribute information on funding opportunities.

Outcome 1: Participate in meetings between state agencies to make connections between the agencies and Head Start programs where needed.

Outcome 2: Facilitate information gathering about outside funding and relay information, resources, and connections to Head Start programs where needed.

LONG RANGE GOAL #3

Promote the availability and accessibility of quality childcare to ensure families have greater access and opportunity to services.

Federal Priority Area:

Support the expansion and access of high quality, workforce and career development opportunities for staff

Partner with State CC Systems emphasizing the EHS-CC Partnership Initiatives

Collaboration with State QRIS

Regional Priority Area:

Community Services

PROCESS GOAL 1

Expand Head Start program capacity through increased education, training, and professional development opportunities to foster an environment of recruitment, hiring, and retention of quality staff.

Short Term Objective 1: Maximize accessible quality professional development opportunities and activities.

Outcome 1: Promote awareness of the KCCTO shared training calendar as a resource for Head Start directors to encourage participation.

Outcome 2: Develop a framework to promote the availability and accessibility of online training opportunities. Disseminate information through the KHSCO website and quarterly meetings.

Outcome 3: Support state efforts to up-date the Kansas Early Childhood Career Lattice to be used as a resource for program staff and encourage degree advancement.

Short Term Objective 2: Promote Child Care Partnership training opportunities for Head Start programs.

Outcome 1: Support outreach to community organizations that provide child care services outside of Head Start to determine capacity and potential for partnership.

Outcome 2: Identify toolkits and resources on child care subsidies, in-kind matching, and non-federal match.

Outcome 3: Develop a resource guide to understanding child care subsidy.

Short Term Objective 3: Enhance initiatives on inclusive and culturally sensitive training to early childhood professionals to support cultural competency and increase awareness and understanding of children and families.

Outcome 1: Identify childhood development tip-sheets and resources that are in non-English languages.

Outcome 2: Identify and disseminate culturally sensitive training materials and resources.

PROCESS GOAL 2

Assist child care providers in improving the quality of their programs.

Short Term Objective 1: Participate in efforts to develop a more streamlined background check process for teachers with KDHE and DCF.

Outcome 1: Seek opportunities to connect with programs about issues concerning provider background checks and child care licensing. Collect and prepare information to be discussed at meetings.

Outcome 2: Dedicate time during meetings to address program concerns on the background check process to coordinate policies and procedures between Head Start and child care.

PROCESS GOAL 3

Identify existing resources and capacity of child care in communities throughout Kansas as they relate to the development and sustainability of child care partnerships.

Short Term Objective 1: Provide support to connect providers with child care quality programs and resources to ensure working relationships with local organizations to provide training based on staff needs.

Outcome 1: Seek opportunities to connect with child care training providers in the state about partnerships and services.

PROCESS GOAL 4

Promote expansion of child care provider skills to meet the needs of the whole family.

Short Term Objective 1: Support and promote training opportunities to child care providers on approaching family needs and connecting families with resources and services.

Outcome 1: Seek opportunities to connect with child care training providers in the state about partnerships and services.

Long Range Goal #4

Provide support and motivation for family involvement and active family engagement. Identify examples of successful and lasting participation in family literacy services and early childhood systems.

Regional Priority Area:

Community Services

Family Literacy

PROCESS GOAL 1

Promote community collaboration with educational organizations and institutions of higher education.

Short Term Objective 1: Support increased opportunities for parent education programs and services through partnerships with educational organizations and higher education programs/services/resources.

Outcome 1: Develop and share information with programs about partnering with Adult Education Centers.

Outcome 2: Support grants that work with English Language Learner families.

PROCESS GOAL 2

Encourage community opportunities that assist families with obtaining and completing required documents and paperwork to make more seamless the connection of resources and services.

Short Term Objective 1: Facilitate public/private support for literacy initiatives.

Outcome 1: Seek out sponsorships that promote literacy resources and opportunities to Head Start families.

Outcome 2: Share information with programs to help Head Start programs develop partnerships with local libraries.

2019 STRATEGIC PLAN YEAR IN REVIEW

Since the 2016 Needs Assessment, the KHSCO has been actively engaged in addressing identified areas of need as indicated in the 2016-2021 Strategic Plan. Below is an overview of efforts in 2019 with reference to the strategic plan goals that have been addressed.

Homelessness

Activity Involvement: As part of the Child Care Development Fund (CCDF) State Plan to provide outreach to homeless families, the KHSCO developed an Early Childhood Services Resource Guide. These services include finding child care or a preschool program and how parents can identify a quality program. Information is sent annually in September as an email blast to the food distribution sites, soup kitchens, homeless shelters, and health departments in the state.

Long Range Goal #2; Process Goal 2; Short Term Objective 1; Outcome 1

Activity Involvement: The KHSCO attended the Region VII Office of Administration for Children & Families (ACF) *Forum on Family Homelessness*. The purpose of the forum was to provide discussion on identifying the needs and innovations in approaches to solutions for family homelessness. The goals of the forum included increasing understanding of regional and local trends and challenges, and improving collaboration among regional public and private organizations. In addition, to promote awareness of ACF, information about programs and resources for families experiencing

homelessness were provided. During the forum, ACF provided the opportunity to hear from front-line practitioners on the challenges in effectively serving families experiencing homelessness.

Long Range Goal #2; Process Goal 2; Short Term Objective 1; Outcomes 1 & 2

Child Welfare &
State Child Care Systems

Activity Involvement: The KHSCO participates in quarterly meetings for the state of Kansas funded Early Head Start programs (KEHS). In addition, the KHSCO is part of the CCDF Child Care unit and participates in weekly meetings and is involved in the development of the CCDF State Plan. The KHSCO also provides input into the development of the Temporary Assistance for Needy Families (TANF) State Plan.

Long Range Goal #2; Process Goal 4; Short Term Objective 1; Outcome 2

Activity Involvement: KHSCO, DCF Prevention & Protection Services (PPS) and DCF Economic and Employment Services (EES) have a long-standing agreement with HS/EHS grantees. This agreement allows the KHSCO to provide reports to send quarterly to Head Start programs for recruiting purposes. These reports include lists of families who receive SNAP, TANF or Child Care Subsidy. Head Start programs have indicated that the lists have been helpful in recruiting.

Long Range Goal #2; Process Goals 2 & 4

Early Head Start/ Child Care Partnerships

Activity Involvement: KHSCO participates in the Region VII monthly EHS-CC Partnership phone calls and quarterly DCF calls with EHS-CC Partnership grantee, The Family Conservancy (TFC). To help further promote the EHS-CC Partnerships the KHSCO developed a document titled *Partnering with Early Head Start – A Primer for Child Care Providers*. This document can be found on the KHSCO page of the DCF website.

Long Range Goal #1; Process Goal 3; Short Term Objective 1; Outcome 2

Professional Development Systems

Activity Involvement: KHSCO is an active member of Workforce Development Advisory Group, which is a sub group of the Early Childhood Systems Building Project. This sub group formed because of the statewide needs assessment conducted as per the Preschool Development Grant awarded to Kansas in January 2019. The charge of the Workforce Development Advisory Group is take a closer look at the gaps identified in the needs assessment for recruitment and retention of a qualified early childhood workforce. Using this information, the sub group made recommendations to develop a data system and workforce registry as well as develop a career pathway to increase the capacity of the early childhood workforce.

Long Range Goal #3; Process Goal 1; Short Term Objective 1; Outcome 3

Activity Involvement: KHSCO regularly attends the State Interagency Coordinating Council (SICC) meetings as an ex-officio member. The SICC has several committees

that meet outside the larger meetings to aide in accomplishing the mission of the council. One of those committees is the Early Childhood Workforce Funding Committee in which the KHSCO serves as a co-chair. The purpose of this committee is to ensure equitable funding across all Part C Early Childhood programs. To accomplish this the committee is tasked with identifying potential gaps in current funding sources and how it compares across the state.

Long Range Goal #2; Process Goal 4; Short Term Objective 1; Outcome 1

Long Range Goal #2; Process Goal 4; Short Term Objective 2; Outcome 1

QRIS Development

Activity Involvement: The DCF CCDF Team of which the KHSCO has been a part of initiating the task of developing a statewide network of resources named the Kansas Quality Network. The Kansas Quality Network (KQN) is a new website offered by the Kansas Department for Children and Families that directs child care providers, families and communities to resources available for the advancement, support and recognition of continuous quality improvement efforts in child care in Kansas. KQN provides information on child care assistance and other services available to children and families, including eligibility requirements for early childhood education programs. KQN supports parents with information about how to choose quality child care for their families that goes beyond health and safety and assists child care providers in enhancing their professional skills by providing professional development and other opportunities that will help provide better early-learning experiences for children. KQN can be found at: <http://ksqualitynetwork.org/>

Long Range Goal #2; Process Goal 1; Short Term Objective 1

Activity Involvement: The DCF CCDF Team has taken the lead of developing a child care Quality Rating Improvement System (QRIS). The KHSCO has been actively involved in this work. The Kansas QRIS model has been named Links to Quality (L2Q) and is currently being piloted throughout the state. L2Q has been developed to be a system of recognition for early child care providers. This system recognizes, rather than rates, quality. L2Q has defined Quality Indicators in three topic areas: Program Leadership, Family Partnerships and Learning and Development. Each topic area contains benchmarks participants must meet to achieve a Quality Recognition Link. L2Q utilizes a portfolio to collect evidence to determine if participants have reached the benchmarks in each topic area. The HSCO has been actively involved in the portfolio review process. The pilot currently includes 30-40 providers across the state who have agreed to participate. This is designed to be a two-year pilot project to ensure all L2Q materials and procedures operate as planned. Completion of the first year of the project will be celebrated in the spring of 2020.

Long Range Goal #3; Process Goals 2 & 4

Coordination with
State Systems

Activity Involvement: In January 2019, Kansas received the Preschool Development Grant. This was a one-year federal planning grant authorized by the federal Every Student Succeeds Act. The purpose of the grant was to support the development of a comprehensive needs assessment and strategic plan for early childhood program and

services. Funding also supported activities to maximize parental choice and knowledge of early care and education options, sharing of best practices among providers, and overall improvement to quality. Kansas communities both urban and rural were asked to share their vision for creating an ideal early childhood care and education system. To gather input, story collection surveys were gathered from every county in the state and 53 community engagement sessions were held. As a result, strategic planning aspirations will be built around these findings:

- **Accessibility:** Accessing high-quality programs and services across the broader early childhood system.
- **Availability:** Early childhood services that are available that meet the needs of children and families, especially among underserved populations.
- **Navigation:** Challenges for families in navigating services across sectors; disruptors are frequent and common.
- **Collaboration and Integration:** Early childhood providers and stakeholders work closely together, however; there is often a disconnected in collaboration and coordination of services.
- **Workforce:** More support is needed to support recruitment and retention of a highly qualified early childhood workforce.
- **Facilities:** Needs exist related to the physical conditions and environments of early childhood facilities across the state.
- **Systems Alignment:** Greater systems alignment is needed to support an efficient and robust early childhood care and education infrastructure.

- **Bright Spots:** Across the state there are efficient and innovative efforts occurring among early care and education systems.

Long Range Goal #1; Process Goal #2; Objective 1; Outcomes 1 & 2

Long Range Goal #1; Process Goal #2; Objective 2; Outcomes 1

Activity Involvement: DCF, Head Start Collaboration Office (KHSCO) and Kansas Head Start Association (KHSA) have participated on planning calls with KDHE and other state agencies involved in the project. Those Head Start (HS) and Early Head Start (EHS) programs that have a child care license through KDHE will be served through the new state fingerprint and background check system. However; there have been approximately 10 Head Start programs who indicated it would be cost prohibitive to become licensed through child care. These programs are school district grantees with the Head Start classrooms in the school building. The KHSCO initiated discussions with the Kansas Bureau of Investigation (KBI) to address the needs of the school district grantees. Since KBI has a system in place to provide background checks for the school districts, it was agreed that the school district grantees could establish a Memorandum of Agreement (MOA) with KBI. This MOA would allow the school districts to utilize KBI to provide the background checks specifically for the Head Start staff within their school district. KHSCO has remained in contact with KBI and the Head Start and Early Head Start grantees to assist with questions or concerns as they arise.

Long Range Goal #3; Process Goal 2; Short Term Objective 1; Outcome 1

Children with Disabilities

Activity Involvement: The KHSCO regularly attends the State Inter-Agencies Coordinating Council (SICC) as an ex officio member. The council is responsible for advising and assisting the Kansas governor and legislature on matters that impact Kansas families with children, ages birth to five who have or at risk for developmental delays. The SICC bylaws require representation from state agencies, the Kansas Board of Regents, public members, provider members and parents. The work of the council is to discuss pertinent matters pertaining to Kansas's youngest children. This includes legislative updates that may require the councils' attention, new programs that agency members may be assisting and the work of committees and task forces.

Long Range Goal #2; Process Goal 4; Short Term Objective 2; Outcome 1

Health Care

Activity Involvement: KHSCO attended the Region VII Training on Opioid Misuse. The purpose of the training was to provide information about opioid and other substance use disorders and their impact on Early Head Start, Head Start, child care, and home visiting program, including staff and parents. The training provided a forum for state and grantee discussion about supporting young children and families impacted by opioid and substance misuse. In addition, the training provided an opportunity to exchange ideas about what a successful community program looks like. As well as what effective strategies could be utilized for supporting you children, families, programs, and communities impacted by opioid use disorders.

Long Range Goal #2; Process Goal 3; Short Term Objective 1; Outcome 2

Activity Involvement: KHSCO facilitated a Zoom meeting arranged by KHSA to introduce the lead from the Kansas Perinatal Quality Collaborative (KQPC) to share information with the HS/EHS programs about Neonatal Abstinence Syndrome (NAS) and resources at hospitals across the state.

Long Range Goal #2; Process Goal 3; Short Term Objective 1; Outcome 2

Family Literacy

Activity Involvement: KHSCO provided the HS/EHS directors with packets from the Sesame Street Talking is Teaching. The packets included min kits that provided a parent & caregiver guide, milestone cards and a children's read-aloud book. The kits were available in both English and Spanish.

Long Range Goal #4; Process Goal 2; Short Term Objective 1; Outcomes 1 & 2

Activity Involvement: The Kansas Family Engagement and Partnership Standards for Early Childhood were developed to promote family engagement policies and practices both at the state level and local levels. The KHSCO was involved in the development of these standards and reviewed them to assure they align with the HS Parent, Family and Community Engagement Standards. The KHSCO requested additional copies of these standards to be shared with the HS/EHS programs.

Long Range Goal #4; Process Goal 1; Short Term Objective 1; Outcome 1