

Ohio Head Start State Collaboration Office, 2010-2011 Needs Assessment Update Survey Results

This report, entitled *Ohio Head Start State Collaboration Office, 2010-2011 Needs Assessment Update Survey Results*, presents findings from a survey of staff and directors representing 53 of the 54 Head Start, Early Head Start and Migrant/Seasonal Head Start grantees in Ohio for the school year 2010-2011. The purpose of the survey was to assess current needs with regard to Ohio Head Start grantee's coordination, collaboration and alignment of services, curricula and assessment across designated priority areas in light of significant changes in the Head Start landscape over the past year. Examples of significant changes in the landscape are changes occurring in national, state and local economies, state government and the Head Start Training and Technical Assistance (T/TA) Network.

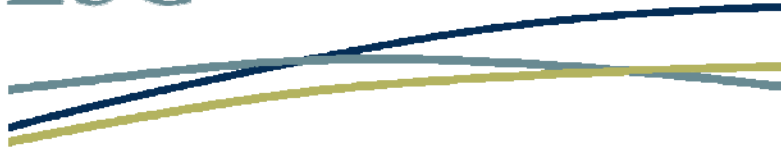
This report was prepared by the Evaluation Services Center, University of Cincinnati, and is funded by the Ohio Head Start State Collaboration Office, Ohio Department of Education, Office of Early Learning and School Readiness, through a grant from the U.S. Department of Health and Human Services, Administration for Children and Families.

Publication date:

October 2011

For more information please contact James A. Scott, Jr., Ph.D., Director, Ohio Head Start State Collaboration Office, james.scott@ode.state.oh.us

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Ohio Head Start State Collaboration Office

*2010-2011 Needs Assessment
Update Survey Results*

October 2011

Prepared for:



Ohio Head Start State Collaboration Office
Ohio Department of Education
Office of Early Learning and School Readiness

Evaluation Services Center

PO Box 210105 • Cincinnati, OH • 45221-0105
www.uc.edu/evaluationservices

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Ohio Head Start State Collaboration Office: 2010-2011 Needs Assessment Update Survey Results

Report prepared for:

James A. Scott, Jr., Ph.D., Director, Ohio Head Start State Collaboration Office

Evaluation Services Center

Debbie Zorn, Director

Report prepared by:

Mary Marx, Evaluation Associate
Jerry Jordan, Evaluation Associate

With the assistance of:

Courtney Brown, Junior Evaluation Associate
Karen Ludwig, Evaluation Associate
Audra Morrison, Executive Staff Assistant

This report was prepared by the Evaluation Services Center, University of Cincinnati, and is funded by the Ohio Head Start State Collaboration Office, Ohio Department of Education, Office of Early Learning and School Readiness, through a grant from the U.S. Department of Health and Human Services, Administration for Children and Families.

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PO Box 210105
Cincinnati, OH 45221-0105
Tel: (513) 556-3900 Fax: (513) 556-5112
<http://www.uc.edu/evaluationservices/>

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Ohio Head Start State Collaboration Office: 2010-2011 Head Start Needs Assessment Update Survey Results

In accordance with the Office of Head Start (OHS) at the national level, Ohio's Head Start State Collaboration Office (HSSCO) was required to update the Ohio Head Start Needs Assessment (HSNA) that was conducted in March 2009. Rather than requiring a specific process for the HSNA Update, the OHS's guidance suggested that the HSSCO director work in collaboration with an evaluator to design a needs assessment update process that would yield the best possible results. The University of Cincinnati was contracted by the HSSCO, Ohio Department of Education Office of Early Learning and School Readiness, to plan and implement the HSNA update effort that targets all 54 Head Start, Early Head Start, and Migrant and Seasonal Head Start (HS/EHS/MSHS) grantees in the state.

The purpose of the HSNA Update was to assess current needs with regard to Ohio Head Start grantees' coordination, collaboration, and alignment of services, curricula and assessment across designated priority areas in light of significant changes in the Head Start landscape over the past year. Examples of significant changes in the landscape are changes occurring in national, state, and local economies, state government, and the Training and Technical Assistance (T/TA) Network. In addition, results of the HSNA Update were intended to be used by the Ohio HSSCO to identify goals, objectives, and activities for the annual refunding application.

Profile of Ohio Head Start Programs 2011

A profile of Head Start programs in Ohio is presented below. This information will help to set the context for the Ohio HSNA Update results.

In fiscal year 2010 there were 53 Head Start grantees and 13 delegate agencies in Ohio providing services to over 39,000 Head Start (HS) and Early Head Start (EHS) children. Head Start services are offered to eligible children in all of Ohio's 88 counties. The Teaching and Mentoring Communities (TMC) grantee also provides Migrant/Seasonal Head Start (MSHS) and Early Head Start services to over 900 children across Ohio. The total federal funding for Ohio Head Start grantees in fiscal year 2010 was over \$262 million dollars.

Head Start and Early Head Start (HS/EHS) programs in Ohio provide comprehensive child development services for children from birth to compulsory school age, pregnant women and families. Table 1 below shows Ohio Head Start programs by program option.

Table 1. Ohio Head Start Funded Enrollment by Program Option

Program Option	Number of children served in 2010
Full Day/Full Year enrollment five days per week	7,714
Part Day, five days per week	1,715
Full Day, four days per week	997
Part Day, four days per week	24,371
Home Based	3,436
Combination	442
Family Child Care	136
Local Designed Option	586
Total Head Start and Early Head Start enrollment in 2010	39,397

Source: Office of Head Start, 2009-2010 Head Start Program Information Report (PIR)

Ages of Ohio children in HS/EHS programs range from infant to five years or older. Table 2 shows the age distribution of all children who entered the program in 2010.

Table 2. Ohio Head Start Programs by Age Group

Age Group	Number of children served in 2010
Under 1 year old	1,456
1 year old	1,410
2 years old	2,353
3 years old	18,662
4 years old	24,089
5 years and older	1,541

Source: Office of Head Start, 2009-2010 Head Start Program Information Report (PIR)

Ohio children in HS/EHS programs vary by ethnicity and race. Table 3 shows the ethnicity and race distribution for all children who entered the program in 2010.

Table 3. Ohio Head Start Programs by Ethnicity and Race

Ethnicity/Race	Number of children served in 2010
Hispanic or Latino Origin	3,975
American Indian or Alaska Native	525
Asian	324
Black or African American	19,345
Native Hawaiian or other Pacific Islander	62
White	23,173
Bi-Racial or Multi-Racial	4,223
Unspecified and other	2,461

f = Frequency

Source: Office of Head Start, 2009-2010 Head Start Program Information Report (PIR)

Ohio serves Head Start children in a variety of situations. Table 4 shows the types of Head Start programs that existed in 2010.

Table 4. Types of Head Start Programs in Ohio

Type	Number of children served in 2010
Total number of Head Start providers in Ohio	66
Grantees	53
Delegate agencies	13
Grantees with both Head Start and Early Head Start	34
Grantees with Early Head Start only	2
Community Action Agency Providers	37
Single/Multi-Purpose Non-CAA Providers	18
School Districts/Education Service Centers	8
University Lab Schools	2
Migrant/Seasonal Head Start Provider	1

Source: 2010 Ohio Head Start Association Annual Report

Ohio children in HS/EHS programs represent many language groups. According to the Office of Head Start's 2009-2010 Head Start Program Information Report (PIR), the primary languages spoken by the family at home for children who entered the program are shown below, listed proportionately from most to least:

- English
- Spanish
- African languages
- Middle Eastern and South Asian languages
- East Asian Languages
- Unspecified and other
- European and Slavic languages
- Pacific Island languages
- Caribbean languages
- Native Central America, South America and Mexican languages

Family status data were available from the Office of Head Start's 2009-2010 Head Start Program Information Report (PIR). For Ohio children in HS/EHS programs, 36% of children came from two-parent families, and 64% of children came from single-parent families.

The Head Start programs' service area for children in Ohio is the entire state, which is comprised of 88 counties. A map of Ohio's counties may be seen in Figure 1 below (source: <http://www.censusfinder.com/mapoh.htm>).

Figure 1. Map of Ohio by County



Methods and Procedures

A web-based online survey approach was chosen to collect data from grantees because of its efficiency in reducing the time and costs of collecting survey data. The survey instrument was collaboratively developed by ESC staff and the director of Ohio's HSSCO. (A detailed description of the online survey can be found in the instrumentation section below.) The timing of data collection was scheduled to accommodate grantees' receipt of information that pertained to the survey, such as policy changes rolled out by the Office of Head Start and state policy and budget decisions in Winter, 2011. As such, data collection was delayed by two weeks from the initial plan. The survey commenced on March 18, 2011 and was to continue for a four-week period, including follow-up. However, to achieve the 100% response rate desired by the Ohio HSSCO director and to accommodate respondents' requests for extension, the data collection timeline was extended, closing on April 26, 2011. Detailed sampling and survey administration procedures are described below.

Survey Administration Procedures

Target participants were all (54) HS/EHS/MSHS grantees in Ohio. At the request of the HSSCO director, contact information for directors of Head Start programs was obtained from the Ohio Head Start State Association. The initial email message sent to Head Start directors on March 18, 2011 by ESC staff included an invitation with key information on how to participate, the *URL* (internet link) to the online survey, an MS Word version of the survey instrument, and a document with detailed survey instructions. Grantees were asked to complete the survey by April 4, 2011.

To achieve the desired response rate, ESC staff employed the following data collection strategies. Reminder messages were sent via email on the 10th and the 14th day of the survey (week two) to those who had not yet responded. In week three, ESC staff phoned all non-respondents. In week four, the HSSCO director contacted non-respondents. For nearly two more weeks ESC staff continued communication with directors and their staff by phone and email to accommodate extension requests and resolve technical difficulties (e.g., obsolete email addresses). Two surveys were submitted in Word. As a result of this comprehensive follow-up effort, only one grantee did not participate. The final response rate for the Ohio HSNA Update was 98.15%.

Instrumentation

Similar to the 2009 Ohio HSNA survey, the current Ohio HSNA Update survey was structured around the national priority areas for the HSSCOs: health care, services for children experiencing homelessness, family/child assistance, child care, family literacy services, children with disabilities and their families, community services, partnerships

with local education agencies (including Head Start transition and K-12 alignment), and professional development. Also, similar to 2009, the focus of the current HSNA Update was grantees' coordination, collaboration, and alignment of services, curricula, and assessments. However, the current needs assessment effort departed from the 2009 effort in these ways: (1) the HSNA Update survey focused only on difficulty (and not also on the degree of relationship with partners); (2) the survey was greatly streamlined from the initial 2009 survey; and (3) the HSNA Update survey viewed grantees' collaborative efforts as situated within the significant changes in the landscape that could make collaborating with partners to serve Head Start children and family more difficult.

In collaboration with the Ohio HSSCO director, the final HSNA Update survey instrument was shortened to include only three critical items for each priority area (four for the children with disabilities priority area) that represented ongoing challenges within the priority area, based on the 2009 HSNA and feedback to the HSSCO director from grantees in the interim. For each item, respondents were asked to rate the level of difficulty anticipated in regard to the grantee's coordination, collaboration, and alignment of services, curriculum, and assessment, *given significant changes in the landscape*. Likert-like ratings for the difficulty scale were as follows: 1 = not at all difficult, 2 = somewhat difficult, 3 = difficult, 4 = extremely difficult. A "not applicable" option was available for two items in the children with disabilities priority area. The survey also allowed grantees to specify additional service areas for which difficulty was anticipated.

For each survey item and for any level of difficulty (i.e., somewhat difficult, difficult, extremely difficult), the respondent was asked to indicate any significant changes in the landscape that influenced their difficulty rating. The options were: national economy, state government and economy, local economy, T/TA Network, and/or other. If "other" was checked, the respondent was asked to describe that other significant change in an open-ended question that followed.

Each priority area contained three open-ended questions. The first asked respondents to elaborate on their difficulty ratings. The second asked them to describe "other" significant changes in the landscape, if any. The third asked respondents to specify technical assistance needed to address areas in which their grantee's coordination/collaboration/alignment of services was anticipated to be difficult. The question stressed that a missing response would be interpreted as meaning that the grantee did not need technical assistance in that priority area.

Scaled questions were designed to be required responses. For those who self-designated as Early Head Start stand-alone grantees, the two education priority areas were not-applicable, and respondents were "branched" out of those priority areas when taking the online survey.

Grantees were asked to indicate the size of their program. The question asked for the total number of slots funded by the Administration for Children and Families; response options included six program size/slot groupings.

In the 2011 Ohio HSNA Update, a smaller set of priority area items/survey items were rated than in the more comprehensive 2009 needs assessment effort. In each priority area, the items are not meant to represent a complete measure of all aspects of coordination, collaboration, and alignment of services for the priority area. Therefore internal consistency/reliability is not reported. Face and content validities were examined through expert review.

Data Analysis and Interpretation Strategies

A composite variable was calculated for each priority area to help assess needs within and across priority areas. The composite variable was computed by summing responses of items within a priority area for each grantee, dividing by the number of items in the priority area to generate a grantee composite score, and calculating a mean of the grantee composite scores to get the priority area (subscale) composite. Only respondents who answered all items within a priority area were able to be included in the composite variable. Therefore, it was necessary to exclude a small number of respondents from the children with disabilities composite variable due to the need to include a “not applicable” option for two of its items; similarly, it was necessary to exclude a small number of respondents from the composite variables for the two education priority areas due to the branching mechanism in the online survey for EHS stand-alone grantees.

Descriptive data (i.e., frequencies, means and standard deviations) were calculated for scaled survey questions. Theme analysis was conducted on responses to open-ended questions by a coder with expertise in Head Start needs assessment efforts. Qualitative analyses were triangulated with descriptive analyses to interpret findings. State-wide findings were considered in the context of results from the 2009 needs assessment effort to assist in generating current trends and implications.

It is important to remember the context in which the Ohio HSNA Update results will be interpreted. To truly understand the results from the HSNA Update, one must consider all data (quantitative and qualitative) for each priority area and overall, and then ground the findings in the context of the work of Head Start at the local, state, and national levels. The results can be utilized for determining statewide needs for strengthening the practice of Ohio’s HS/EHS/MSHS grantees and for prioritizing support for grantees’ collaboration with partners.

Results

Results of this report are based on self-reported survey data. Detailed findings are described in narrative form for each priority area with data displays (i.e., table and figure) following the narrative. The results section concludes with a comparison across priority areas.

To assess needs, the HSNA Update focused on priority areas of highest need as well as specific priority area items/survey items of highest need. Priority area (subscale) means ranged from 1.24 to 1.92 (for additional detail, please refer to the section on comparison across priority areas). For each priority area, the subscale mean is identified as being either in the upper half for anticipated difficulty across priority areas or in the lower half. Similarly, across all 31 survey items, means ranged from a low of 1.13 to a high of 2.40 on the scale of anticipated difficulty. To help in prioritizing needs, survey items with means in the highest quartile for anticipated difficulty (1.83 to 2.40) as well as items in the next tier (i.e., second highest quartile, 1.55 to 1.82) are identified in the report narrative.

In addition to the three specific priority area items specified in the survey (four items for children with disabilities), grantees could describe additional service areas that were anticipated to be difficult in each priority area. Please refer to Appendix A for those descriptions.

Appendix B contains grantees' comments about technical assistance needs. Comments about technical assistance are arranged by theme.

Results of thematic analysis of reported reasons for difficulty appear in each priority area. Because comments pertaining to significant changes in the landscape in each priority area largely reiterated themes generated in the reasons for difficulty comments, they are not listed in the report; exceptions, however, are described in the narrative. All open-ended comments will be provided to the Ohio HSSCO director to assist in a deeper understanding of difficulties encountered or anticipated by grantees.

I. HEALTH CARE

Anticipated Difficulty

The health care priority area (subscale mean = 1.92) was anticipated by grantees to be the most difficult among all priority areas. As Table 5 indicates, two of three health care items were in the highest quartile for anticipated difficulty: linking children to dental homes that serve young children (2.40), the item rated most difficult across all priority area/survey items, with more than 45% of grantees anticipating this work to be “difficult” or “extremely difficult;” and, accessing mental health consultation and treatment services (1.83). The other item, children's physical fitness and obesity prevention, was in the second tier (i.e., the bottom 50% of items) for anticipated difficulty.

After rating the degree of difficulty anticipated in their collaborative efforts for aspects of health care, grantees were asked to elaborate on their difficulty ratings. Reasons given for anticipated difficulty are summarized as follows. The number of respondents indicating each reason is given in parentheses.

- Barriers to obesity prevention (e.g., lack of local and school resources/services; need for T/TA; obesity not addressed by physicians; parent/staff/community resistance; cost of healthy food) (14)
- Lack of availability of dentists/pediatric dentists for care and extensive treatment (12)
- Budget cuts/funding issues impacting mental health services (e.g., fewer services for children; increased cost for consultant agreements) (9)
- Distance to services and transportation (e.g., long distances to access services; transportation availability, reliability and cost) (8)
- Lack of availability of mental health providers for children (including quality issues, affordability, providers in rural areas) (7)
- Budget cuts/funding issues impacting medical/dental/health services (e.g., clinics and mobile units closures; WIC services) (7)

Significant Factors in the Landscape

National, state, and local factors were expected to make the work of health care coordination, collaboration and alignment of services considerably more difficult (see Figure 2). Among all priority area items/survey items, grantees perceived the *state government and economy* as having the most influence on difficulty regarding accessing mental health consultation and treatment services. Economic factors at all levels also influenced difficulty of linking children to dental homes. Comments provided about other

significant factors in the landscape reiterated reasons given for anticipated difficulty summarized above.

Technical Assistance

Grantees were asked to describe the technical assistance they would need in order to address anticipated difficulties in their coordination, collaboration, and alignment of services in the priority area of health care. Those expressed needs are summarized below. (Please refer to Appendix B for additional details.)

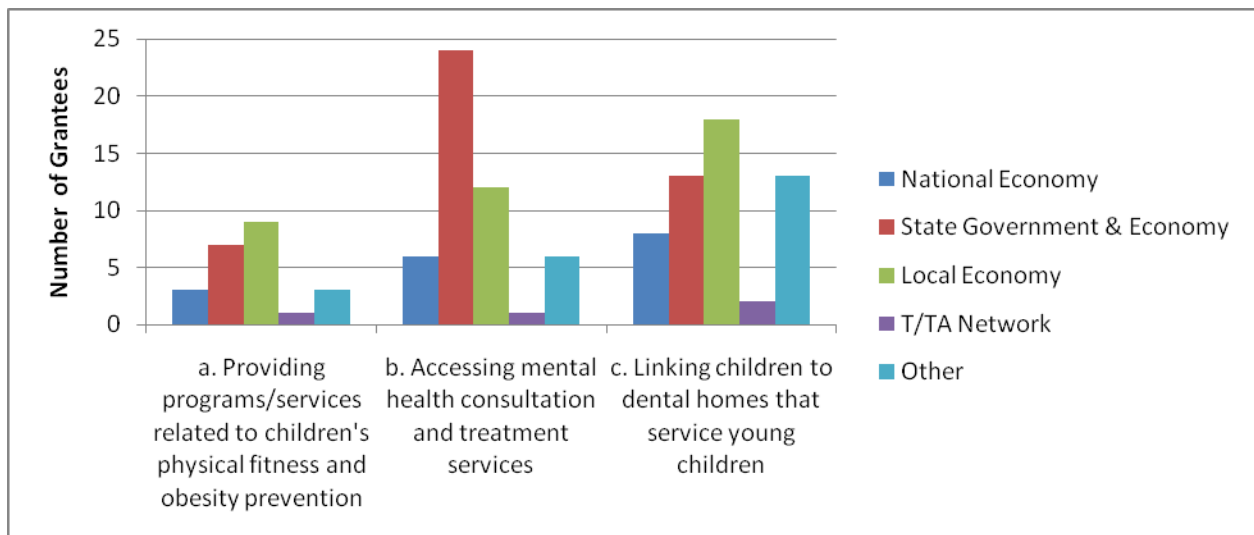
- Obesity prevention (4)
- Mental health (3)
- Dentist/physician relationships (2)
- Performance Standards (1)

Table 5. Grantees' Responses to Anticipated Difficulty Regarding Collaboration in Health Care

		Not at All Difficult (1)	Somewhat Difficult (2)	Difficult (3)	Extremely Difficult (4)	Total	Mean (SD)
a. Providing programs/services related to children's physical fitness and obesity prevention	f	31	16	5	1	53	1.55
	%	58.5	30.2	9.4	1.9	100.0	(.749)
b. Accessing mental health consultation and treatment services	f	18	28	5	2	53	1.83
	%	34.0	52.8	9.4	3.8	100.0	(.753)
c. Linking children to dental homes that serve young children	f	9	20	18	6	53	2.40
	%	17.0	37.7	34.0	11.3	100.0	(.906)

f = frequency; N = 53

Figure 2. Grantees' Responses to Significant Changes in the Landscape that Will Affect Collaboration in Health Care



II. SERVICES FOR CHILDREN EXPERIENCING HOMELESSNESS

Anticipated Difficulty

The services for children experiencing homelessness priority area is among the bottom 50% of priority areas on the difficulty scale (subscale mean = 1.43). As Table 6 illustrates, none of the three items in the priority area were in the highest quartile for anticipated difficulty. However, engaging the school district liaison to homelessness (1.55) was in the second tier for difficulty, with 13.2% of respondents rating it “difficult” or “extremely difficult.”

After rating the degree of difficulty anticipated in their collaborative efforts for aspects of services for children experiencing homelessness, grantees were asked to elaborate on their difficulty ratings. Several grantees (5) commented on their good relationships with partners (e.g., local shelter, school district) and the help provided to Head Start families by their extended families. Reasons grantees anticipated difficulty are summarized below:

- Collaboration difficulties with school district (including liaison not being identified, liaison not aware of role, no relationship established) (15)
- Budget cuts/funding issues (regarding CAP, CSBG/TANF, Children’s Protective Services) (6)
- Lack of availability of housing (including issues with rural location, wait lists, flooding, safety, affordability) (5)
- Increase in homelessness (e.g., due to unemployment) (4)
- Lack of availability of shelters/shelters that serve children (3)
- Family issues (e.g., poor credit rating; poor history with landlords) (2)

Significant Factors in the Landscape

Significant changes in the landscape had a relatively small influence on anticipated difficulty in this priority area compared to most other priority areas and their items (please refer to Figure 3). Comments provided about other significant factors in the landscape were similar in content to reasons given for anticipated difficulty described above.

Technical Assistance

Grantees were asked to describe the technical assistance they would need in order to address anticipated difficulties in their coordination, collaboration, and alignment of

services in the priority area of services for children experiencing homelessness. Those expressed needs are summarized below. (Please refer to Appendix B for additional details.)

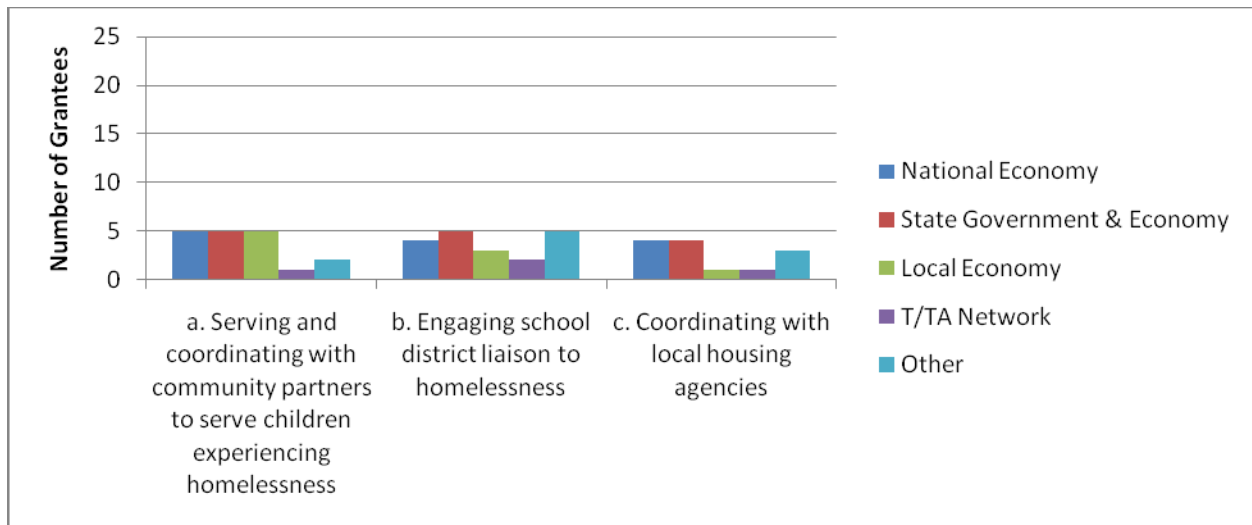
- Coordinating with schools (4)
- Coordinating with schools/joint training (2)
- Coordinating with communities (1)

Table 6. Grantees’ Responses to Anticipated Difficulty Regarding Collaboration in Services for Children Experiencing Homelessness

		Not at All Difficult (1)	Somewhat Difficult (2)	Difficult (3)	Extremely Difficult (4)	Total	Mean (SD)
a. Serving and coordinating with community partners to serve children experiencing homelessness	f	40	8	2	3	53	1.40
	%	75.5	15.1	3.8	5.7	100.0	(.817)
b. Engaging school district liaison to homelessness	f	33	13	5	2	53	1.55
	%	62.3	24.5	9.4	3.8	100.0	(.822)
c. Coordinating with local housing agencies	f	39	10	3	1	53	1.36
	%	73.6	18.9	5.7	1.9	100.0	(.682)

f = frequency; N = 53

Figure 3. Grantees’ Responses to Significant Changes in the Landscape that Will Affect Collaboration in Services for Children Experiencing Homelessness



III. FAMILY/CHILD ASSISTANCE

Anticipated Difficulty

The family/child assistance priority area is in the lower half of priority areas on the difficulty scale (subscale mean = 1.33), with no items in the highest quartile or second tier for anticipated difficulty. Please refer to Table 7.

After rating the degree of difficulty anticipated in their collaborative efforts for aspects of family/child assistance, grantees were asked to elaborate on their difficulty ratings. Several grantees (6) commented on the good relationships with their local JFS, Children's Services, and Health Department partners. Reasons grantees anticipated difficulty are summarized as follows:

- Budget cuts/funding issues impacting services (e.g., subsidies) (5)
- Foster care issues related to funding and relationship with county JFS (3)
- Kinship care issues related to funding and kinship definition (3)
- General collaboration issues, including impact of budget cuts (3)

Significant Factors in the Landscape

For all three items in family/child assistance, *state government and economy* stands out as having an influence on the difficulty grantees anticipate in their collaborative work in this priority area (see Figure 4). Comments provided about other significant factors in the landscape were similar in content to reasons for difficulty described above.

Technical Assistance

Grantees were asked to describe the technical assistance they would need in order to address anticipated difficulties in their coordination, collaboration, and alignment of services in the priority area of family/child assistance. Those expressed needs are summarized below. (Please refer to Appendix B for additional details.)

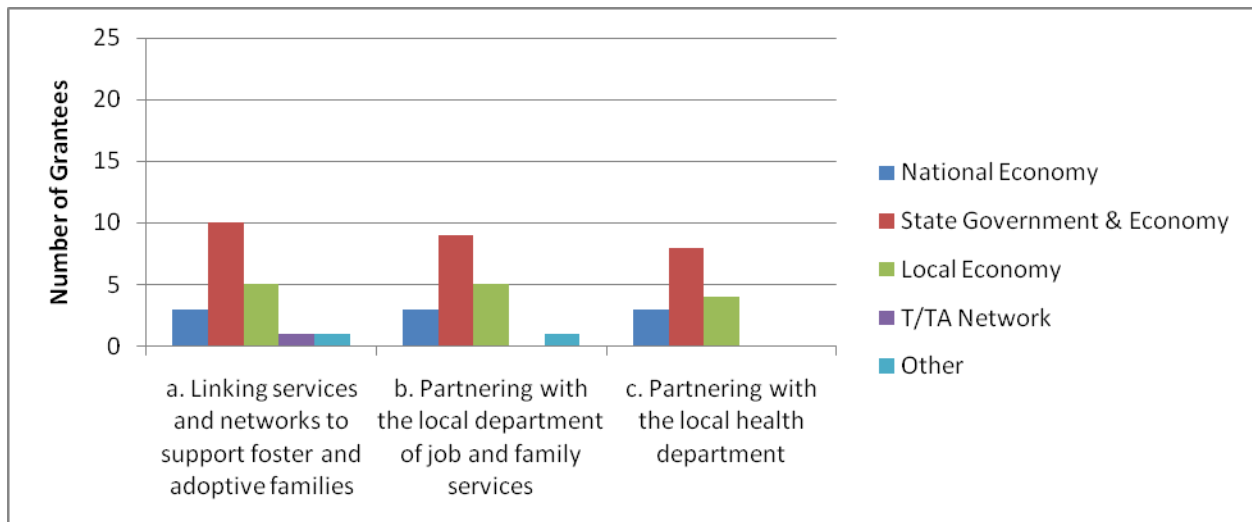
- Relationship with Children's Services (1)
- New partnership agreements and staff development as a result of budget cuts (1)

Table 7. Grantees’ Responses to Anticipated Difficulty Regarding Collaboration in Family Child Assistance

		Not at All Difficult (1)	Somewhat Difficult (2)	Difficult (3)	Extremely Difficult (4)	Total	Mean (SD)
a. Linking services and networks to support foster and adoptive families	f	37	12	3	1	53	1.40
	%	69.8	22.6	5.7	1.9	100.0	(.689)
b. Partnering with the local department of job and family services	f	39	11	2	1	53	1.34
	%	73.6	20.8	3.8	1.9	100.0	(.649)
c. Partnering with the local health department	f	43	7	2	1	53	1.26
	%	81.1	13.2	3.8	1.9	100.0	(.625)

f = frequency; N = 53

Figure 4. Grantees’ Responses to Significant Changes in the Landscape that Will Affect Collaboration in Family Child Assistance



IV. CHILD CARE

Anticipated Difficulty

The child care priority area was in the upper half of priority areas on the difficulty scale (subscale mean = 1.66). Assisting families in accessing full-day/full-year services (1.83) was in the highest quartile for difficulty, with 22.7% of grantees anticipating their collaborative efforts for this item to be “difficult” or “extremely difficult” (see Table 8). Establishing partnerships with child care providers (1.72) was in the second tier for difficulty.

After rating the degree of difficulty anticipated in their collaborative efforts for aspects of child care, grantees were asked to elaborate on their difficulty ratings. Reasons grantees anticipated difficulty are summarized below:

- Alignment of Head Start and child care standards, policies, regulations, philosophies, licensing, and services (e.g., county JFS issues such as reduction in caseworkers, contracted services, county-dependent processes/interpretations; state JFS issues such as licensing and alignment with ODE, lack of information to counties, focus on job support vs. child development; general issues with HS performance standards alignment, shifting regulations, and impact of budget cuts on staffing and services) (14)
- Lack of availability of full day/full year mostly due to budget cuts (7)
- Lack of availability of child care mostly due to budget cuts/centers closing (5)
- General collaboration issues (4)
- Eligibility issues regarding income, re-application, and vouchers (4)
- Child care staff quality (3)

Significant Factors in the Landscape

Grantees expected the *state government and economy* as well as *local and national economies* to influence the difficulty of assisting families in accessing full-day/full-year services (please refer to Figure 5). When asked about other significant changes in the landscape, most responses covered the same content as reasons for difficulty described above. However, grantees also viewed *unemployment/underemployment* and the *difficulty of documenting need for child care and full day/full year care* as other significant changes in the landscape that they expect to influence the difficulty of their collaborative work.

Technical Assistance:

Grantees were asked to describe the technical assistance they would need in order to address anticipated difficulties in their coordination, collaboration, and alignment of services in the priority area of child care. Those expressed needs are summarized below. (Please refer to Appendix B for additional details.)

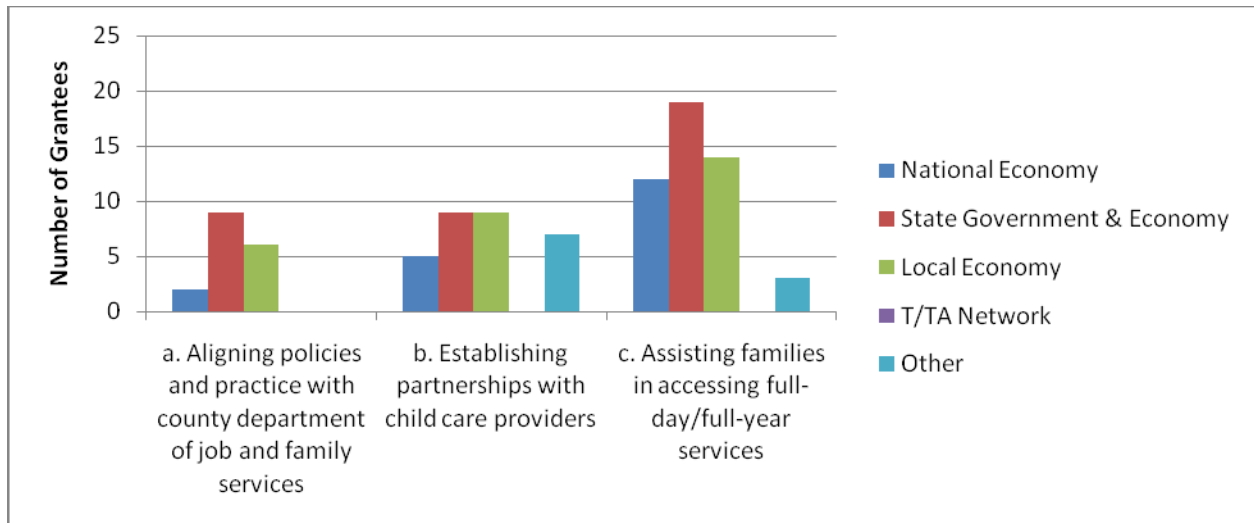
- Partnership relationships/Family Child Care Partnerships (2)
- JFS policies and practices alignment; training on new DJFS system (2)
- Communication (i.e., timely communication with partners and overcoming partner misconceptions related to pay differentials between CC and HS) (1)

Table 8. Grantees’ Responses to Anticipated Difficulty Regarding Collaboration in Child Care

		Not at All Difficult (1)	Somewhat Difficult (2)	Difficult (3)	Extremely Difficult (4)	Total	Mean (SD)
a. Aligning policies and practice with county department of job and family services	f	36	14	0	3	53	1.43
	%	67.9	26.4	.0	5.7	100.0	(.772)
b. Establishing partnerships with child care providers	f	29	16	2	6	53	1.72
	%	54.7	30.2	3.8	11.3	100.0	(.988)
c. Assisting families in accessing full-day/full-year services	f	24	17	9	3	53	1.83
	%	45.3	32.1	17.0	5.7	100.0	(.914)

f = frequency; N = 53

Figure 5. Grantees’ Responses to Significant Changes in the Landscape that Will Affect Collaboration in Child Care



V. FAMILY LITERACY

Anticipated Difficulty

The family literacy priority area is in the lower half of priority areas on the difficulty scale (subscale mean = 1.61). None of the three items in the priority area are in the highest quartile for difficulty. However, two items are in the next tier: establishing linkages/partnerships with English Language Learner programs and services (1.75), for which 16.9 % of respondents anticipated the collaborative work to be “difficult” or “extremely difficult;” and, providing services for children and families who are English language learners (1.72). Please refer to Table 9.

After rating the degree of difficulty anticipated in their collaborative efforts for aspects of family literacy, grantees were asked to elaborate on their difficulty ratings. A sizable number of grantees (10) noted that they served only a small population for whom English is a second language. Comments from three other grantees stressed successful partnering with local agencies or programming within their grantee to help address family literacy needs. Reasons grantees anticipated difficulty are summarized below.

- Budget cuts/funding issues impacting services (e.g., local programs; ESL services, library/library lady; literacy councils) (11)
- Lack of availability of services and resources (e.g., in rural locations; in languages other than Spanish) (9)
- Lack of availability of interpreters (e.g., Spanish; summer services) (4)
- Lack of a availability of ESL classes (3)
- Collaboration difficulties due to state/local budget cuts (2)
- Distance/ transportation issues (2)

Significant Factors in the Landscape

The *local economy* seemed to have most influence on the difficulty of establishing linkages/partnerships with ELL program and services (see Figure 6). In addition to content already described in the reasons for difficulty section above, grantees identified the following issues as other significant changes in the landscape that could affect their collaboration efforts: *resistance of families to accessing services due to fear of immigration status; and language, literacy, and cultural barriers in serving families.*

Technical Assistance

Grantees were asked to describe the technical assistance they would need in order to address anticipated difficulties in their coordination, collaboration, and alignment of services in the priority area of family literacy. Those expressed needs are summarized below. (Please refer to Appendix B for additional details.)

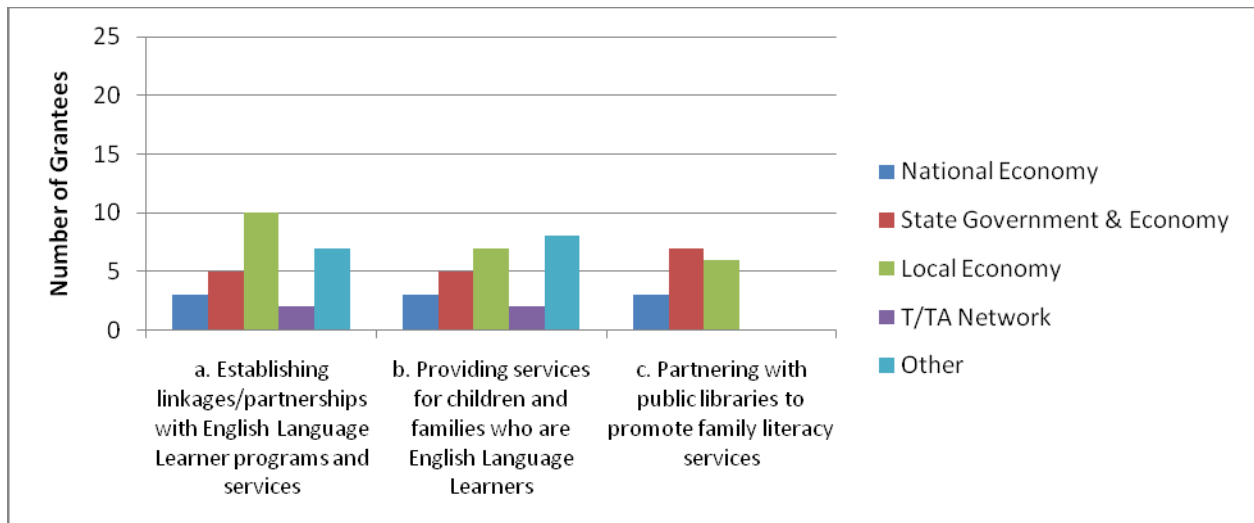
- Identify resources/in-kind resources (4)
- Family literacy training (1)
- Partnering with interpreters (1)
- Strategies for future enrollment (1)

Table 9. Grantees’ Responses to Anticipated Difficulty Regarding Collaboration in Family Literacy

		Not at All Difficult (1)	Somewhat Difficult (2)	Difficult (3)	Extremely Difficult (4)	Total	Mean (SD)
a. Establishing linkages/partnerships with English Language Learner programs and services	f	27	17	4	5	53	1.75
	%	50.9	32.1	7.5	9.4	100.0	(.959)
b. Providing services for children and families who are English Language Learners	f	24	23	3	3	53	1.72
	%	45.3	43.4	5.7	5.7	100.0	(.818)
c. Partnering with public libraries to promote family literacy services	f	40	10	0	3	53	1.36
	%	75.5	18.9	.0	5.7	100.0	(.762)

f = frequency; N = 53

Figure 6. Grantees’ Responses to Significant Changes in the Landscape that Will Affect Collaboration in Family Literacy



VI. CHILDREN WITH DISABILITIES AND THEIR FAMILIES

Anticipated Difficulty

The children with disabilities and their families priority area is in the upper half of priority areas on the difficulty scale (subscale mean = 1.66), with two of its four items in the highest quartile for difficulty (please refer to Table 10). One fifth of grantees anticipated their collaboration efforts to be “difficult” or “extremely difficult” regarding meeting the 10% requirement to serve children with disabilities (22.9%, mean=1.94) and obtaining timely evaluations of children (20.9%; mean = 1.85).

After rating the degree of difficulty anticipated in their collaborative efforts for aspects of children with disabilities and their families, grantees were asked to elaborate on their difficulty ratings. Several grantees (5) commented on their good relationships with LEAs. Reasons grantees anticipated difficulty were highly overlapping:

- Difficulty in meeting the 10% requirement (e.g., stringent Ohio requirements; budget cuts; resistance to dual enroll; LEA backlog) (14)
- Difficulty in timely evaluations mostly related to LEA caseloads/staff shortages, and funding cuts (14)
- Part C collaboration issues, mostly due to changes in state government (4)
- Need for itinerant teachers (4)

Significant Factors in the Landscape

State government and economy and the *local economy* were the significant factors most often cited as making the work more difficult in meeting the 10% requirement to serve children with disabilities and obtaining timely evaluations of children (see Figure 7). In addition to reiterating themes summarized above as reasons for difficulty, grantees also noted other factors they expected to influence the difficulty of their collaborative efforts while serving children with disabilities and their families. Those factors were described as follows: *the expansion of the LEA evaluation role, the addition of special needs units to districts, and the change in the Help Me Grow staff ratio; and, the requirement to use IEPs (vs. CSPs).*

Technical Assistance

Grantees were asked to describe the technical assistance they would need in order to address anticipated difficulties in their coordination, collaboration, and alignment of services in the priority area of children with disabilities and their families. Those expressed needs are summarized below. (Please refer to Appendix B for additional details.)

- 10% disabilities requirement (2)
- Part B, Part C Coordination (2)
- Assessment/evaluation (2)
- MOUs/IAA (1)
- Joint training (1)
- Awareness of roles and responsibilities (1)

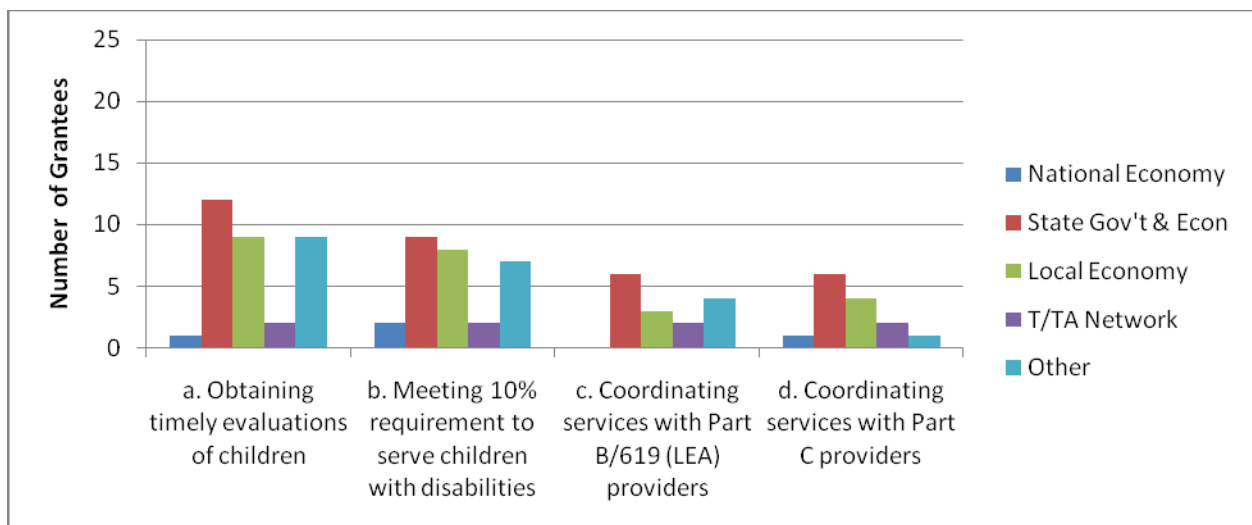
Table 10. Grantees' Responses to Anticipated Difficulty Regarding Collaboration in Children with Disabilities and Their Families

		Not at All Difficult (1)	Somewhat Difficult (2)	Difficult (3)	Extremely Difficult (4)	Total	Not Applicable	Mean (SD)
a. Obtaining timely evaluations of children	f	20	18	7	3	48		1.85
	%	41.7	37.5	14.6	6.3	100.0		(.899)
b. Meeting 10% requirement to serve children with disabilities	f	21	16	4	7	48		1.94
	%	43.8	33.3	8.3	14.6	100.0		(1.060)
c. Coordinating services with Part B/619 (LEA) providers	f	30	16	1	1	48		1.44
	%	62.5	33.3	2.1	2.1	100.0		(.649)
d. Coordinating services with Part C providers	f	34	10	3	1	48		1.40
	%	70.8	20.8	6.3	2.1	100.0		(.707)

f = frequency; N = 48

Fewer than 53 grantees answered all four items in the **children with disabilities** priority area because items related to Part B and Part C providers could have been 'not applicable' for some grantees. To maintain consistency with the composite variable for this priority area, descriptive data are based on 48 grantees who rated all four items.

Figure 7. Grantees' Responses to Significant Changes in the Landscape that Will Affect Collaboration in Children with Disabilities and Their Families



VII. COMMUNITY SERVICES

Anticipated Difficulty

The community services priority area has the second highest difficulty rating among priority areas (subscale mean = 1.74). Establishing linkages/partnership with private resources regarding prevention treatment services (1.87) is in the highest quartile for difficulty, with 24.5% of grantee respondents rating it “difficult” or “extremely difficult” (please refer to Table 11). The other two items in the priority area were in the second tier for anticipated difficulty: obtaining in-kind community services for the program’s children and families (1.77), with 18.9% of respondents rating it at the higher end of difficulty; and, establishing linkages/partnerships with public resources (1.57).

After rating the degree of difficulty anticipated in their collaborative efforts for aspects of community services, grantees were asked to elaborate on their difficulty ratings. Reasons grantees anticipated difficulty are summarized below:

- Lack of funds and resources due to economy, mostly local, limits contributions/in-kind contributions/collaboration for in-kind, mostly related to businesses (17)
- Lack of funds/resources for community services (e.g., prevention services, private services, services in rural areas) (11)
- Evolving definition/understanding of in-kind contributions, and limitations on what can be counted; (e.g., community donations, working parent participation) (7)
- Time to collaborate with public and private agencies, time to obtain/track in-kind (3)
- Public relations (PR) needed to expand collaboration (2)

Significant Factors in the Landscape

State government and economy and the *local economy* had a large influence on the difficulty anticipated for collaborative work in this priority area; to a lesser extent, the *national economy* was also in play (refer to Figure 8). When asked about other significant changes in the landscape, grantees restated themes described in the reasons for difficulty section above.

Technical Assistance

Grantees were asked to describe the technical assistance they would need in order to address anticipated difficulties in their coordination, collaboration, and alignment of services in the priority area of community services. Those expressed needs are summarized below. (Please refer to Appendix B for additional details.)

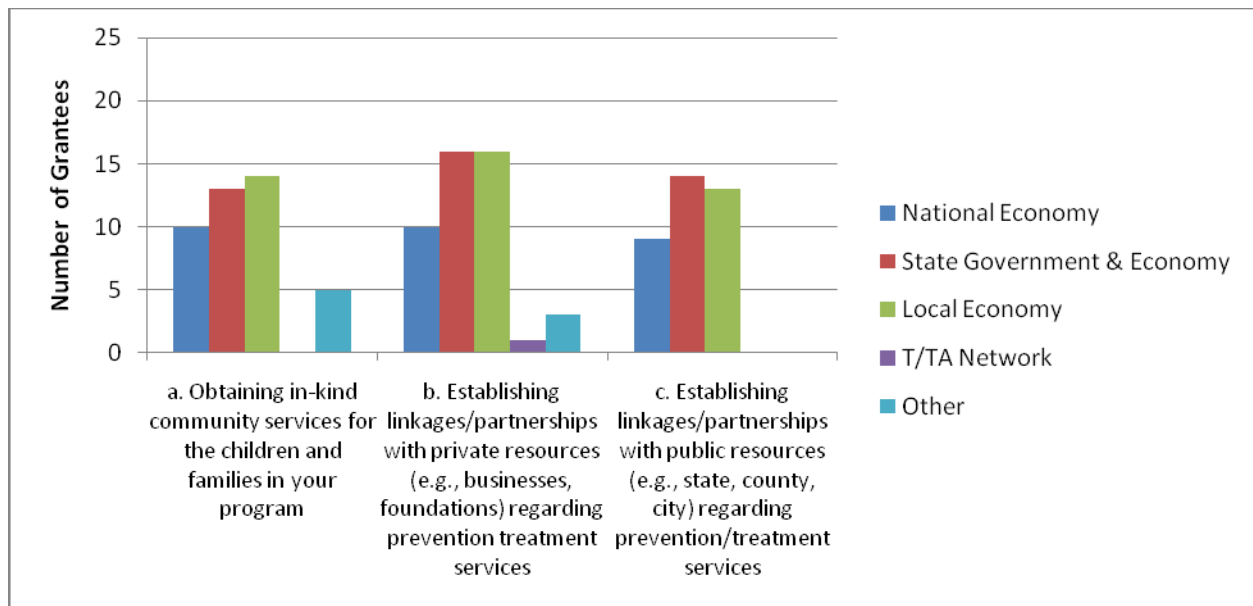
- In-kind contributions, including in-kind for ELL and for EHS (5)
- Private sector linkages (2)
- Budget constraints of collaborative partners (1)

Table 11. Grantees’ Responses to Anticipated Difficulty Regarding Collaboration in Community Services

		Not at All Difficult (1)	Somewhat Difficult (2)	Difficult (3)	Extremely Difficult (4)	Total	Mean (SD)
a. Obtaining in-kind community services for the children and families in your program	f	29	14	3	7	53	1.77
	%	54.7	26.4	5.7	13.2	100.0	(1.050)
b. Establishing linkages/partnerships with private resources (e.g., businesses, foundations) regarding prevention treatment services	f	25	15	8	5	53	1.87
	%	47.2	28.3	15.1	9.4	100.0	(1.001)
c. Establishing linkages/partnerships with public resources (e.g., state, county, city) regarding prevention/treatment services	f	31	15	6	1	53	1.57
	%	58.5	28.3	11.3	1.9	100.0	(.772)

f = frequency; N = 53

Figure 8. Grantees’ Responses to Significant Changes in the Landscape that Will Affect Collaboration in Community Services



VIIIA. PARTNERSHIPS WITH LEAs

Anticipated Difficulty

The partnerships with LEAs priority area was in the lower half of priority areas on the difficulty scale (subscale mean = 1.40). Conducting staff trainings, including opportunities for joint staff training (1.73) was in the second tier for difficulty, with 14.3% of grantee respondents anticipating collaborative efforts to be “difficult” or “extremely difficult” (please refer to Table 12). It is notable that maintaining a current MOU (1.12) was anticipated to be the least difficult item across all survey items.

After rating the degree of difficulty anticipated in their collaborative efforts for aspects of partnerships with LEAs, grantees were asked to elaborate on their difficulty ratings. Several grantees (4) commented on their good relationships with the LEAs. Reasons grantees anticipated difficulty are summarized as follows:

- Difficulties with coordinating/scheduling joint training (e.g., schedule conflicts, coordination with multiple districts, staff coverage, alignment of joint training needs) (16)
- Difficulties with educational service center collaboration (e.g., resistance, relationships with multiple school districts, size of district, funding issues, HS staff shortage) (7)
- Collaboration with superintendents (e.g., superintendents’ lack of time and turnover; designees’ lack of information) (4)

Significant Factors in the Landscape

Few significant changes in the landscape were indicated by grantee respondents in the priority area of partnerships with LEAs (see Figure 9). “Other significant changes” were indicated for the staff training/joint training item, however, elaboration was not provided or it repeated content from the reasons for difficulty summarized above. One additional comment emphasized stressors for school districts at the state and local level that place current MOU’s further down on the list of school district priorities.

Technical Assistance

Grantees were asked to describe the technical assistance they would need in order to address anticipated difficulties in their coordination, collaboration, and alignment of services in the priority area of partnerships with LEAs. Those expressed needs are summarized below. (Please refer to Appendix B for additional details.)

- Training on IAA/MOUs (1)
- Joint training (1)

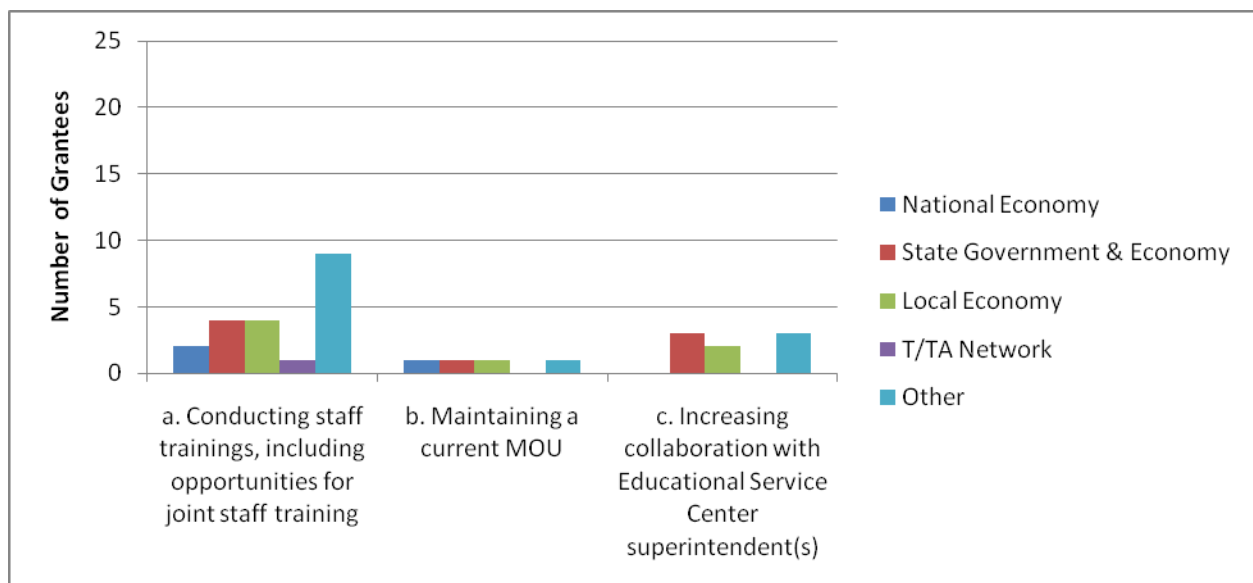
Table 12. Grantees’ Responses to Anticipated Difficulty Regarding Collaboration in Partnerships with LEAs

		Not at All Difficult (1)	Somewhat Difficult (2)	Difficult (3)	Extremely Difficult (4)	Total	Mean (SD)
a. Conducting staff trainings, including opportunities for joint staff training	f	25	17	1	5	48	1.71
	%	52.1	35.4	2.1	10.4	100.0	(.944)
b. Maintaining a current MOU	f	42	6	0	0	48	1.13
	%	87.5	12.5	.0	.0	100.0	(.334)
c. Increasing collaboration with Educational Service Center superintendent(s)	f	34	11	3	0	48	1.35
	%	70.8	22.9	6.3	.0	100.0	(.601)

f = frequency; N = 48

Note: Fewer than 53 grantees answered items in the VIIIA and VIIIB education priority areas because those who self-identified as Early Head Start stand-alone grantees in the web-based survey were ‘branched out’ of the survey questions in these areas.

Figure 9. Grantees’ Responses to Significant Changes in the Landscape that Will Affect Collaboration in Partnerships with LEAs



VIII.B. HEAD START TRANSITION AND ALIGNMENT WITH K-12

Anticipated Difficulty

Across priority areas, the Head Start transition and alignment with K-12 priority area was lowest on the difficulty scale (subscale mean = 1.26) with no items in the highest quartile or second tier for anticipated difficulty. Please refer to Table 13.

After rating the degree of difficulty anticipated in their collaborative efforts for aspects of HS transition and alignment with K-12, grantees were asked to elaborate on their difficulty ratings. Several grantees (5) commented on their good relationships with the LEAs or transition being a strength of their program. Reasons grantees anticipated difficulty are summarized as follows:

- Transition/collaboration difficulties (e.g., time needed, partner resistance, parents not included in the process, multiple schools/school types (e.g., district, charter, private)) (11)
- Alignment with outcomes framework (including need for training) (3)
- Alignment of assessment and expense of new assessment tool (3)
- Alignment of curriculum (e.g., among multiple school districts) (2)
- Alignment with EL standards (including the need for training and staying current with redesigns) (2)

Significant Factors in the Landscape

Matching the comparatively low level of difficulty anticipated in this priority area, very few significant changes in the landscape were indicated by grantee respondents (see Figure 10). A few grantees indicated that other changes were in play, however these changes were not specified in the comments.

Technical Assistance

Grantees were asked to describe the technical assistance they would need in order to address anticipated difficulties in their coordination, collaboration, and alignment of services in the priority area of Head Start transition and alignment with K-12. Those expressed needs are summarized below. (Please refer to Appendix B.)

- Curriculum alignment (4)
- Transition planning (1)

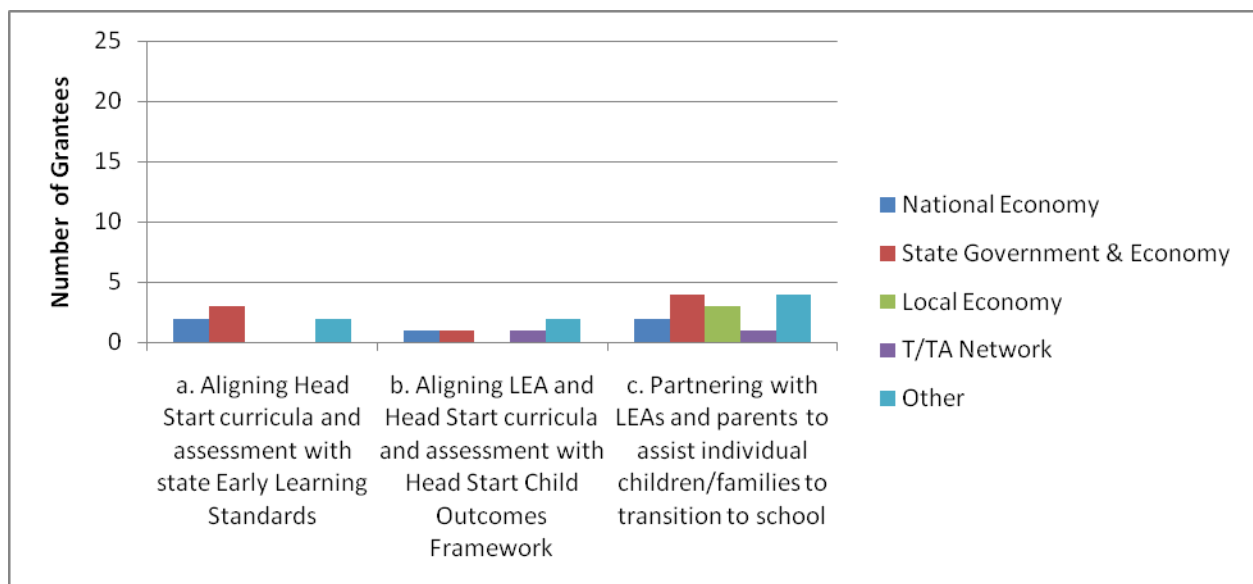
Table 13. Grantees’ Responses to Anticipated Difficulty Regarding Collaboration in Head Start Transition and Alignment with K-12

		Not at All Difficult (1)	Somewhat Difficult (2)	Difficult (3)	Extremely Difficult (4)	Total	Mean (SD)
a. Aligning Head Start curricula and assessment with state Early Learning Standards	f	39	8	1	0	48	1.21
	%	81.3	16.7	2.1	0	100.0	(.459)
b. Aligning LEA and Head Start curricula and assessment with Head Start Child Outcomes Framework	f	40	7	1	0	48	1.19
	%	83.3	14.6	2.1	0	100.0	(.445)
c. Partnering with LEAs and parents to assist individual children/families to transition to school	f	34	12	2	0	48	1.33
	%	70.8	25.0	4.2	0	100.0	(.559)

f = frequency; N = 48

Note: Fewer than 53 grantees answered items in the VIIIA and VIIIB education priority areas because those who self-identified as Early Head Start stand-alone grantees in the web-based survey were ‘branched out’ of the survey questions in these areas.

Figure 10. Grantees’ Responses to Significant Changes in the Landscape that Will Affect Collaboration in Head Start Transition and Alignment with K-12



IX. PROFESSIONAL DEVELOPMENT

Anticipated Difficulty

The professional development priority area was third highest on the difficulty scale (subscale mean = 1.72), with two of three items in the highest quartile for difficulty (refer to Table 14). Providing staff release time to attend PD activities (2.06) was the second highest in regard to anticipated difficulty across all survey items, with 26.4% of grantee respondents rating it as “difficult” or “extremely difficult.” Similarly, 16.9% of grantees rated the access of scholarships and other financial support for PD programs and activities (1.83) as “difficult” or “extremely difficult.”

After rating the degree of difficulty anticipated in their collaborative efforts for aspects of professional development, grantees were asked to elaborate on their difficulty ratings. Reasons grantees anticipated difficulty in professional development are summarized as follows:

- Release time issues with staff coverage and finding quality substitutes (e.g., coverage for FD/FY staff and for administrative staff; coverage during the workday; staff reductions) (14)
- Lack of funds/funding issues for PD (e.g., funding for release time/substitutes, new fees for state-sponsored PD, subsidy restrictions (EHS)) (14)
- Lack of scholarships/financial support (due to the economy and income ineligibility; TEACH unavailable for bachelor degrees; staff reluctant to take on student loans) (10)
- Scheduling conflicts (e.g., related to class times and student teaching requirements) (5)
- PD support as strain on program budget (e.g., salary increase for staff with Bachelor degrees) (3)
- High cost of online classes (3)
- Distance or location of PD courses (3)
- Union disputes/restrictions related to PD budget, release time, and coverage (2)

Significant Factors in the Landscape

For the two items anticipated to be highly difficult, *state government* as well as *state, local, and national economies* were thought to contribute to the difficulty of collaborative efforts (see Figure 11). Other significant factors mentioned were similar in content to reasons for difficulty described above.

Technical Assistance

Grantees were asked to describe the technical assistance they would need in order to address anticipated difficulties in their coordination, collaboration, and alignment of services in the priority area of professional development. Those expressed needs are summarized below. (Please refer to Appendix B for additional details.)

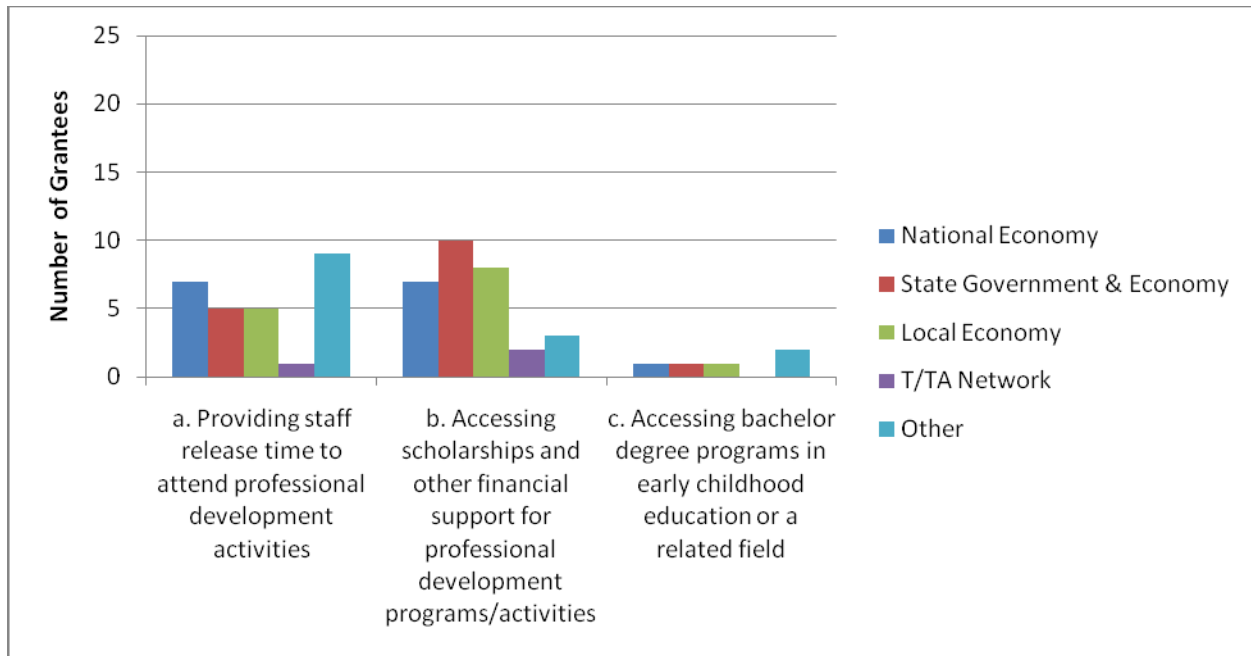
- Course and training format (e.g., evening; full-day/full-year staff; cost/benefit of online vs. classroom, CEU options) (3)
- Scholarship funding (1)

Table 14. Grantees’ Responses to Anticipated Difficulty Regarding Collaboration in Professional Development

		Not at All Difficult (1)	Somewhat Difficult (2)	Difficult (3)	Extremely Difficult (4)	Total	Mean (SD)
a. Providing staff release time to attend professional development activities	f	17	22	8	6	53	2.06
	%	32.1	41.5	15.1	11.3	100.0	(.969)
b. Accessing scholarships and other financial support for professional development programs/activities	f	22	22	5	4	53	1.83
	%	41.5	41.5	9.4	7.5	100.0	(.893)
c. Accessing bachelor degree programs in early childhood education or a related field	f	39	13	1	0	53	1.28
	%	73.6	24.5	1.9	.0	100.0	(.495)

f = frequency; N = 53

Figure 11. Grantees’ Responses to Significant Changes in the Landscape That Will Affect Collaboration in Professional Development



COMPARISON ACROSS PRIORITY AREAS

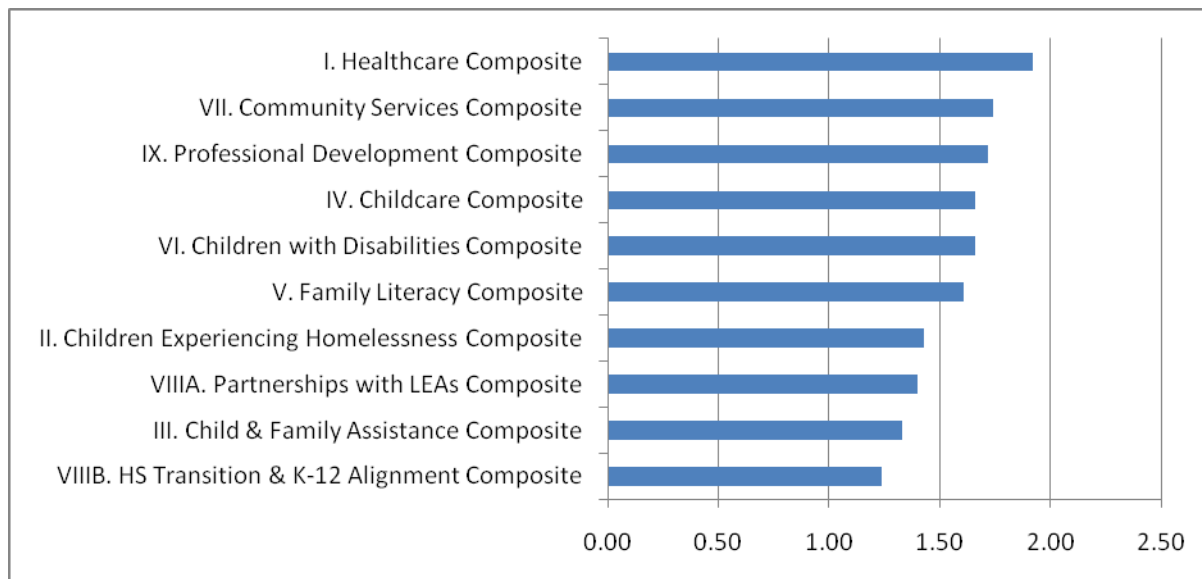
Table 15 presents priority area subscale means (i.e., composite scores) for anticipated difficulty regarding grantees’ coordination, collaboration and alignment of services in the context of significant changes in the Head Start landscape that occurred over the past year. Figure 12 is a graphical representation of these data shown in descending order. Priority area composite scores ranged from 1.24 to 1.92 on the difficulty scale, with a median value of 1.64. Grantees anticipated most difficulty in coordination, collaboration, and alignment of services in the following areas: health care (1.92), community services (1.74), and professional development (1.72); in general, the high level of difficulty was attributable to one item in the priority area anticipated to be especially difficult (please see below). Grantees anticipated least difficulty in HS transition and K-12 alignment (1.24), child and family assistance (1.33), and partnerships with LEAs (1.40).

Table 15. Grantees’ Responses to Anticipated Difficulty Regarding Collaboration by Priority Area

Priority Area	Number of Items	N	SUM of responses	Subscale Mean
I. Healthcare Composite	3	53	102.00	1.92
II. Children Experiencing Homelessness Composite	3	53	76.00	1.43
III. Child & Family Assistance Composite	3	53	70.67	1.33
IV. Childcare Composite	3	53	88.00	1.66
V. Family Literacy Composite	3	53	85.33	1.61
VI. Children with Disabilities Composite	4	48	79.50	1.66
VII. Community Services Composite	3	53	92.00	1.74
VIIIA. Partnerships with LEAs Composite	3	48	67.00	1.40
VIIIB. HS Transition & K-12 Alignment Composite	3	48	59.67	1.24
IX. Professional Development Composite	3	53	91.33	1.72

Note: Composite scores are based on the number of respondents who answered all items within a priority area. Fewer than 53 grantees answered all four items in the children with disabilities priority area because items related to Part B and Part C providers could have been ‘not applicable’ for some grantees. Fewer than 53 grantees answered items in the education priority areas, partnerships with LEAs and HS transition & K12 alignment, because those who self-identified as Early Head Start stand-alone grantees in the web-based survey were ‘branched out’ of survey questions in these priority areas.

Figure 12. Grantees' Responses to Anticipated Difficulty Regarding Collaboration by Priority Area



Among the 31 priority area items/survey items, means ranged from 1.12 to 2.40, with a median score of 1.55. Items in the highest quartile with means of 1.83 or higher on the difficulty scale indicate areas of highest need. Given significant changes in the Head Start landscape, grantees anticipated most difficulty in coordination, collaboration, and alignment of services related to the following:

- Linking children to dental homes that serve young children (2.40, Health Care)
- Providing staff release time to attend professional development activities (2.06, Professional Development)
- Meeting the 10% requirement to serve children with disabilities (1.94, Disabilities)
- Establishing linkages/partnerships with private resources (e.g., businesses, foundations) regarding prevention treatment services (1.87, Community Services)
- Obtaining timely evaluations of children (1.85, Disabilities)
- Assisting families in accessing full-day/full-year services (1.83, Child Care)
- Accessing scholarships and other financial support for professional development programs/activities (1.83, Professional Development)
- Accessing mental health consultation and treatment services (1.83, Health Care).

Anticipated least difficult in terms of coordination, collaboration, and alignment of services across all survey items were the following:

- Maintaining a current MOU (1.13, Partnerships with LEAs)
- Aligning LEA and Head Start curricula and assessment with Head Start Child Outcomes Framework (1.19, HS Transition and K-12 Alignment)
- Aligning LEA and Head Start curricula and assessment with state Early Learning Standards (1.21, HS Transition and K-12 Alignment)
- Partnering with the local health department (1.26, Child and Family Assistance)
- Accessing bachelor degree programs in early childhood education or a related field (1.28, Professional Development)

Means for survey items were also compared by program size (i.e., number of slots funded by the Administration for Children and Families). In general, larger programs (2001 or more) seemed to anticipate the most difficulty. For more than half of all priority area items/survey items, larger programs had higher means for anticipated difficulty than their counterparts. In addition, larger programs had the highest means among all program sizes for all items of family literacy and for three of four items of children with disabilities. Detailed information may be found in Appendix C.

Significant factors in the landscape varied by priority area and priority area item, and grantees could indicate one or more significant factors in the landscape for each specific survey item. It is clear from Table 16 that state government and economy was the factor most frequently associated with anticipated difficulty in grantees’ coordination, collaboration, and alignment of services, curricula, and assessment. T/TA network was the factor least associated with anticipated difficulty.

Table 16. Grantees’ Perception of Significant Changes in the Landscape That May Make Collaboration More Difficult

Significant Change	Total*
National economy	123
State government and economy	247
Local economy	205
T/TA Network	28

N=53 grantees

*Total = number of times a significant change was ‘checked’ across 31 survey items

Trends and Implications

Needs are identified by considering all findings from the Ohio HSNA Update survey. In addition to expressed technical assistance needs, high priority should be given to specific priority area items/survey items falling within the highest quartile for anticipated difficulty, with an eye toward the second tier of items as well. Comments expressed in response to the reasons for difficulty questions largely support the results from the scaled items unless otherwise noted. Strategic planning priorities should flow from these findings as situated within significant changes in the Head Start landscape identified by Ohio grantee respondents. Trends and implications are presented below.

Priority Areas

Trend. To look at trends over time, priority area means on the difficulty scale from the **2009** HSNA report¹ show the following priority areas to have been most difficult:

- Professional Development (1.94)
- Health Care (1.81)
- Services for Children Experiencing Homelessness (1.81)
- HS Transition and K-12 Alignment (1.75)
- Partnerships with LEAs (1.71)

In comparison, priority area means for anticipated difficulty for the **2011** (current) HSNA Update show these priority areas to be of greatest concern:

- Health Care (1.92)
- Community Services (1.74)
- Professional Development (1.72)
- Child Care (1.66)
- Children with Disabilities and Their Families (1.66)

It is clear from comparing the most difficult priority areas for the two time periods that there has been a shift in perception of difficulty by priority area from the initial HSNA in **2009** to the current **2011** HSNA Update. Health care and professional development are in the top half for difficulty in both time periods.

¹ Source: Ohio Department of Education/Ohio Head Start State Collaboration Office: 20082009 Needs Assessment Survey Results, March 2009

For health care in **2011**, linking children to dental homes remains the most difficult item across survey items. Accessing consultation for mental health appears to be an emergent issue due to the elimination of (line item) funds in the current period. It is also interesting to note that health care's least difficult item—providing programs/services for children's physical fitness and obesity prevention care—was the topic of highest frequency when it came to reasons for difficulty. Physical fitness and obesity prevention programs/services is an emerging national health issue with national initiatives, and linking children to dental homes, an issue of highest priority in **2009** remains as such. In the health care priority area, grantees' delineation of technical assistance needs accurately summarizes issues raised and the direction of the support needed.

For professional development in **2011**, two of three items appear to have persisted in difficulty over time: staff release time and accessing scholarship/financial support. Please read below for more detail on these aspects of professional development.

Three new priority areas rose to the higher end of anticipated difficulty with regard to grantees' coordination, collaboration, and alignment services in **2011**:

- Anticipated difficulty with community services is influenced by economic constraints at state, local, and national levels, and this is supported in the responses to reasons for difficulty; the comment data also points to a challenge with in-kind contributions.
- Anticipated difficulty with child care is associated with assisting families in accessing FD/FY services—made more challenging by changes in the landscape at all levels, particularly state—and establishing partnerships with child care providers. Aligning policies and practices with county JFS was anticipated to be the least difficult in the child care priority area; yet, most reasons for difficulty stemmed from alignment issues encompassing policies, regulations, standards, licensing, philosophies, and services among Head Start and child care partners, including alignment with local and state JFS.
- Anticipated difficulty in the children with disabilities priority area is due to the lack of timely evaluations and difficulty meeting the 10% requirement, and influenced by state government and economy. The reasons for difficulty in this priority area support the scaled responses.

Referring back to Figure 12, it appears that family literacy (1.61) tends to cluster with the upper half (vs. the lower half) of priority areas for anticipated difficulty. Family literacy had no survey items in the highest quartile, however, two items—establishing linkages/partnerships with ELL programs/services and providing services for ELL children and families—were in the next tier.

Implication. It is important to continue to understand aspects of these priority areas that are highest on the anticipated difficulty scale as they relate to grantees' collaborative efforts. Reasons for difficulty that are summarized in these priority areas (e.g., barriers to obesity prevention, child care and FD/FY alignment issues) should shed light on the challenges grantees foresee in their upcoming work. Working with collaborative partners at the state level and expert groups may help to generate creative

supports to help remediate the economic and policy constraints that are making collaboration more challenging.

Priority Area Items

Trend. Priority area items are not directly comparable from the two time periods. However, as Table 17 demonstrates, comparison is possible using quartile ranges for difficulty (2009) and anticipated difficulty (2011) to learn which service areas have remained persistent in terms of difficulty, and which have not.

Table 17. Comparison of Priority Area Items Indicating Highest Difficulty at Two Points in Time

		Item Mean by Time Period	
		HSNA Update 2011	HSNA 2009
		Highest quartile	2.00 – 2.68
	Second highest/second tier quartile	1.55 – 1.82	1.71 – 1.99
Priority Area Item/Survey Item	Priority Area	2011	2009
		Anticipated Difficulty	Difficulty
Linking children to dental homes that serve young children	Health Care	2.40	2.66
Providing staff release time to attend professional development activities	PD	2.06	2.68
Meeting the 10% requirement to serve children with disabilities	Disabilities	1.94	N/A
Establishing linkages/partnerships with private resources (e.g., businesses, foundations) regarding prevention treatment services	Community Services	1.87	1.68
Obtaining timely evaluations of children	Disabilities	1.85	1.87
Assisting families in accessing full-day/full-year services	Child Care	1.83	1.70
Accessing scholarships and other financial support for professional development programs/activities	PD	1.83	2.51
Accessing mental health consultation and treatment services	Health Care	1.83	N/A

Notes: N/A = Not an item on the difficulty scale in 2009

Given the relatively higher means in **2009**, linking children to dental homes and providing staff release time for PD have remained in the highest quartile for anticipated difficulty in the current needs assessment. However, accessing scholarships and other financial support may have become slightly less difficult, appearing at the high end of the quartile's range in **2009**, but at the low end of the range in **2011**. All other items that are in the highest quartile in **2011** were in the second tier in **2009** (or not a survey item²), suggesting that those items have become increasingly difficult in the current period.

Implication. Similar to above, reasons for difficulty that are summarized in priority areas may shed further light on which aspects of the work are most difficult. Some survey items have been the focus of the HSSCOs and the Office of Head Start nationally. Others have become emerging priorities highly influenced by economic and policy changes (e.g., establishing linkages with private entities for prevention and treatment, community services; accessing mental health consultation and treatment, health care; and, meeting the 10% requirement to serve children with disabilities, children with disabilities). Dialogue and communication with the T/TA Network as well as continuing collaboration with state level partners and expert groups should be utilized in working towards solutions given the landscape as it relates to the economy at all levels, the policy environment, and revisions in Head Start Program Performance Standards and other quality standards.

Trend. In general, larger programs reported more anticipated difficulty than their counterparts. Family literacy and children with disabilities appear to be priority areas of special concern for large programs. This may be related to their location in large urban centers where they serve higher numbers of low-income families and have higher populations of English language learners.

Implication. Demographic characteristics (e.g., urban location) inter-relate with program size. Technical assistance could be differentiated by program size to address trends/difficulties specific to those groups.

Significant Changes in the Landscape

Trend. Table 16 showed an overall view of grantees' perception of significant changes in the landscape that could make their collaborative efforts with other service providers more difficult. State government and economy was the significant change in the landscape that most influenced grantees' anticipated difficulty with coordination, collaboration, and alignment of services. Following closely behind in terms of influencing anticipated difficulty was the local economy.

Implication. 2011 was a banner year in regard to economic issues. The national debt crisis started a round of budget cuts at the national level. The impacts of a new Ohio administration and dramatic cuts in the state's biennial budget were reflected in survey comments in all priority areas—some much more than others. Contributing to current economic constraints at the local level are decreased funds to LEAs and increased tuition

² Although not a part of the 2009 HSNA survey, a small number of critical items for which grantees had voiced concern were added to the 2011 HSNA Update survey instrument.

for institutions of higher education—impacting Head Start PD efforts. Contributing to economic constraints at the local level is a decrease in funding for municipalities in **FY 2012** affecting Community Services, with a further decrease in **FY 2013**. With current and second round of budget cuts taken together, an extended impact for Head Start programs is expected.

Recommendations

The following recommendations are based on the findings of the Ohio HSNA Update. Note that “Head Start” is meant to include all Ohio grantees—namely, Head Start, Early Head Start, and Migrant and Seasonal Head Start grantees.

1. Use results of the HSNA Update to prioritize activities of the Ohio HSSCO.
2. In the priority area of health care:
 - a. Continue to find ways to address barriers so that children can be linked with dental homes and their needs for follow-up dental treatment can be met.
 - b. Continue to explore alternative funding and collaboration opportunities to provide quality and affordable mental health consultation and treatment services for children.
 - c. Provide professional development and technical assistance to support obesity prevention including strategies to address attitudes (i.e., resistance) of parents, staff, and community partners.
3. Continue to work with partners to address ongoing issues in professional development (e.g., release time and coverage; scholarships and financial support) that are affected by program budgets and tuition increases.
4. In the priority area of community services, direct technical assistance resources toward helping grantees to establish linkages/partnerships with private resources for early childhood mental health prevention and treatment. Support grantees in identifying in-kind contributions that meet the current definition.
5. In the priority area of child care, grantees need assistance in providing full-day/full-year services, which have become more difficult given the current state budget cuts. Technical assistance is needed to address alignment issues related to Head Start and state agencies (e.g., standards, policies, county-based JFS processes and interpretations; licensing and alignment with ODJFS and ODE).
6. In the priority area of children with disabilities, technical assistance should be directed toward helping grantees meet the 10% requirement for serving children with disabilities and toward resolving difficulties in timely evaluations, both made worse by funding cuts and increased workloads for LEAs. Grantees also expressed the need for more itinerant teachers as well as

technical assistance related to coordination with Part B and Part C related to changes in state government.

7. Provide specific technical assistance to large (serve over 2,000 children) Head Start programs in the priority areas of family literacy and children with disabilities.
8. Plan for extended impact on Head Start programs at the local level as a result of state budget cuts to municipalities and LEAs that will occur in FY 2013.

Future Considerations for the Ohio Head Start State Collaboration Office

The director of the Ohio HSSCO worked closely with the staff of the UCESC to plan and implement the Ohio HSNA Update. The collaboration continued through the review and interpretations and findings. The following summary regarding future considerations for the work of the HSSCO is based on the needs assessment update results and insights from the Ohio HSSCO director.

The Ohio HSNA Update results provided many recommendations and considerations for Head Start/Early Head Start grantees and the Migrant/Seasonal Head Start grantee. The Ohio HSSCO will provide the findings and recommendations statewide to technical assistance and professional development providers throughout the early childhood community. These providers may be able to assist and support programs in implementing the recommendations. Some activities that can address the findings and recommendations may be provided by the Head Start State-Based Training and Technical Assistance (T/TA) Office, the Office of Head Start (OHS) National Centers, and the Ohio Head Start Association, Inc. In addition to these providers, the HSSCO may work with Head Start programs to address the findings and recommendations. Below are some goals that the Ohio HSSCO intends to focus on in FY 2012. Goals for HSSCO to consider in FY 2012:

- Collaborate with the OHS Dental Home Initiative to assist Head Start programs in establishing a dental home and obtaining comprehensive services to meet the full range of children's oral health needs.
- Explore alternative funding and collaboration opportunities to identify resources and services related to early childhood mental health consultation and treatment.
- Collaborate with institutions of higher education to address issues and challenges related to professional development, articulation and financial support.
- Collaborate with the Departments of Jobs and Family Services to review and align standards and policies with new and revised State child care policies.
- Continue to coordinate with the Department of Education to provide technical assistance to assist programs in meeting the 10% requirement for serving children with disabilities and resolving difficulties with getting children timely evaluations.

Appendixes

Appendix A. Additional Service Areas

Appendix B. Technical Assistance Comments

Appendix C. Means of Priority Area Items by Program Size

Appendix A.

Additional Service Areas for which Coordination, Collaboration, and Alignment of Services Are Anticipated to Be Difficult

I. Health Care

Additional Service Areas		National	State	Local
Vision/Hearing Specialty Clinics, Immunization/Well Child clinics, and lead screenings are less available	Extremely Difficult	X	X	X
Prevention Services provided previous through ODADAS Grant	Extremely Difficult		X	
Medical screenings for pregnant moms, infants and toddlers are increasingly difficult due to the recent close [of practices]	Difficult		X	X
Linking children to medical homes that serve young children.	Difficult		X	

N=4

II. Services for Children Experiencing Homelessness

Additional Service Areas		National	State	Local
We are very concerned about the number of children whose parents are in prison, others whose parents who are not to have contact with their children due to drugs etc. Also of concern, are that children are being cared for in some cases by great grandparents	Extremely Difficult	X	X	X
The definition of homelessness is too broad. We have not had any families with an extreme homelessness situation but more families without their own home but have other temporary living arrangements.	(Not provided)			

N=2

III. Family/Child Assistance

No additional service areas identified.

IV. Child Care

Additional Service Areas	NationalStateLocal
<p>Daycare Licensing Rules and inspectors are not set up for Head Start, they are set up for your private daycares. They do not take into account the layers of monitoring and Federal rules we have to follow. We have managers and Education Supervisors who are over the classrooms and "administrators", but JFS considers the Administrators to be in charge, which creates havoc with our Federal requirements, Union issues, and our supervision hierarchy. It causes a lot of paperwork issues when an administrator has to sign off on licensing paperwork, when we hold our teachers accountable for their own classrooms. The Administrators are not the Supervisors of staff, the Education Supervisors are, so the JFS rules have co-workers signing off on their peer's performance issues. It would help if we could put all the Lead Teachers on the license as Administrators, instead of just two. Also, our inspectors are assigned per county and not per agency, so we usually have four different inspectors to work with, each of whom interprets the rules differently. This makes chaos for us when trying to tell Union staff from a four county area what is expected of them and that this county has to do things different than that county.</p>	Extremely Difficult

N=1

V. Family Literacy

Additional Service Areas	NationalStateLocal
<p>There is a literacy council that is to provide a variety of literacy services to one of our counties, however, it is located in a neighboring county so we get little if any service. In our other county there is nothing designated to provide literacy services at all. Thankfully, we have a library in each town throughout our two counties. Of course, they are continually threatened with funding cuts!</p>	

N=1

VI. Children with Disabilities and Their Families

No additional service areas identified.

VII. Community Services

No additional service areas identified.

VIIIA. Partnerships with LEAs

No additional service areas identified.

VIIIB. HS Transition and K-12 Alignment

No additional service areas identified.

IX. Professional Development

Additional Service Areas	National	State	Local	Other
In the 2007 Head Start Reauthorization, Teachers must sign a three year commitment when they accept Head Start dollars to pay tuition costs. Thankfully, we have little turnover. But three years is a long time for them to stay when other opportunities come to them, when they are nearing retirement age, when insurance coverage becomes an issue [e.g., spouse is retiring and the teacher needs to be covered on spouse's retirement insurance at that time or forfeit vs. the need to be covered under her current employer because insurance is available]	Extremely Difficult	X		Not specified
Getting staff to participate	Difficult			Unwilling to participate due to financial burden

N=2

Appendix B.

Comments: What Technical Assistance Do You Need?

I. Health Care

Obesity Prevention	<p>How to encourage: physicians to provide parents with available resources whenever a child is determined to be in danger of becoming obese. This issue is now being talked about and more resources will be developed in the near future to make parents aware of future health problems. (May benefit from training on how to talk to parents about this sensitive issue [and] physical exercises to do with preschool children similar to "I Am Moving, I Am Learning.")</p> <p>Providing program/services related to children's physical fitness and obesity prevention</p> <p>Adding obesity prevention to school agreements School partnerships to provide physical activity Nutrition and Physical Activity Education for Families</p> <p>We would like TA on coordinating obesity prevention activities.</p>
Mental health	<p>Assistance in identifying quality mental health services within the context of: (a) Have a certified CLASS staff person whose sole job is monitoring classroom, home visits, and socializations for regulatory compliance, and best practices, so traditional Head Start mental health services are not sufficient anymore; (b) Have a special family therapy program for families who are at risk for abuse/neglect or are active on child welfare caseloads so the traditional mental health services do not meet our needs.</p> <p>Looking at mental health in a different way. Seeking services to aide in the social and emotional development of young children's needs using a different approach.</p> <p>Need help locating mental health providers throughout the state.</p>
Dentists/Physician Relationships; motivating parents	<p>Ways to approach the local dentist to receive services; How to motivate parents to get their children to the dentist.</p> <p>We need to identify why dental providers do not want to deal with Medicaid and remove barriers</p> <p>Ongoing strategies for collaborating in the community with physicians and dentists -- this is difficult, because it is really a social/political issue that needs to be addressed; however, new ideas are always helpful given that we have limited opportunity to change the social/economic/political situation.</p>
Performance Standards	<p>Any information on how better to meet the PS in a timely manner.</p>

N=11

II. Services for Children Experiencing Homelessness

Coordinating with schools	Getting local superintendants to respond How to become more active with school districts that have homeless families with younger children that we might serve We would like assistance in making contacts with the school liaisons on homelessness. Will communicate with districts to educate ourselves on their activities related to homelessness.
Coordinating with schools, joint trainings	Joint collaboration training between us and school systems? Perhaps some joint trainings or at least a list of the individuals assigned in the districts.
Coordinating with communities	Creating a Community Partnership Plan

N=7

III. Family/Child Assistance

Children's Services relationship	Any assistance with making connections with Children's Services would be helpful.
New agreements and staff development as a result of budget cuts	We will need TA assistance to develop new agreements and develop our staff once we know what budget cuts will effect our families and what it means for the various agencies we partner with.

N=2

IV. Child Care

Partnership relationships; Family Child Care Partnerships	I am interested in exploring partnerships with Type B providers (Family Child Care), but have struggled to make those connections. It also seems to be a bit of a landmine in terms of compliance with the standards. Managing family child care (well) would be a TA area of interest. How to overcome misconceptions by partners [re: HS/CC salary differential]
JFS policies and practices; alignment	Information and training to insure that we understand how the new DJFS system works. We do not currently align agency policies or practices with the County JFS. We would be interested in how this process occurs.
Communication	Just better and timely communication to make needed changes.

N=5

V. Family Literacy

Identify resources	Additional resources for Spanish speaking families. Help locating services and resources. Information on resources available.
Partnering with interpreters	Possibly help with creating partnerships/collaborations with interpreters.
Strategies for future enrollment	We could benefit from strategies/ideas to have in place to support these families when they do enroll
Training; in-kind resources	Family literacy training with staff & scheduling to provide to families (parent meetings); in-kind link

N=6

VI. Children with Disabilities and Their Families

10% disabilities requirement	Meeting 10% disabilities We need better ways to engage with the districts regarding collaboration and understanding of each other's needs; 10% needs to be looked into and addressed for fairness
Part B, Part C Coordination	Coordinating services with Part C (Help Me Grow) Staff identification and referral for Part B and PartC
Assessment/evaluation	Help find providers that will come and due assessments for our program. How to deal with LEA regarding the wait for evaluations to take place Strengthening the collaboration with school districts to prioritize the evaluation process.
MOUs/IAA	TA assistance regarding Interagency Agreements and MOU's. Having conversations with school districts to revise the Interagency Agreement in order to make [evaluation] timelines more specific.
Joint training	Additional cross trainings with preschools?
Awareness, roles and responsibilities	With HS and LEAs understanding each others' roles and responsibilities.

N=9

VII. Community Services

In-kind contributions	<p>Guidance on what is allowable for in-kind and how to increase in-kinds</p> <p>Resources for in-kind; In-kind documentation</p> <p>Technical assistance to identify sources of in-kind based on community partnerships would assist in the coordination and collaboration with local agencies in creating additional services for children and families.</p>
In-kind contributions (ELL)	<p>We would appreciate any technical assistance with obtaining in-kind. Question: Do we have to translate our in-kind from Spanish-speaking families into English? For example, home-learning activities sent home in Spanish where parents write what they have done in Spanish?</p>
In-kind contributions (EHS)	<p>Strategies for collecting in-kind in Early Head Start - this is the one area of concern we have at this time.</p>
Private sector linkages	<p>Possible a listserv of foundations, private resources and how to access the services.</p> <p>Address bringing awareness to the private sector of the need of strengthening & educating about the Head Start program and the requirements of the Head Start grant dollars.</p>
Partner budget constraints	<p>Budget constraints that other agencies have due to the economy.</p>

N=8

VIIIA. Partnerships with LEAs

IAA/MOU Training	<p>We would like additional training regarding Interagency Agreements and MOU's.</p>
Joint Training	<p>Tips on scheduling joint trainings; how to develop a joint training plan</p>

N=2

VIIIB. HS Transition and K-12 Alignment

Curriculum alignment	Addressing pulling resources together to assist in aligning Head Start and school districts framework. Alignment of the curricula added to school agreements Technical assistance could be used to re-evaluate our curriculum and how to best align with ELCS. This has been an area of weakness for our program with regard to child outcomes. Currently we are receiving excellent technical assistance from our assigned T/TA person, [Name].
Transition plan	Assistance in creating/implementing a smooth transition plan

N=5

IX. Professional Development

Course and training format	
Evening	Partnerships with colleges to provide evening classes. More professional development opportunities in the evenings.
For FD/FY staff	We need new strategies for delivering trainings – how can we use technology to transform the way we train in order to ensure that full day, full year staff can be trained effectively (and in smaller chunks of time, so the information is not overwhelming to them). Please help bring us into the 21 st century here, and to access the latest strategies to effectively train and support staff!
Cost/benefit	Getting the best value for our training dollars; on-line vs. classroom vs. CEU's, etc.
Scholarship funding	Access to grants/scholarships that would help defray costs for staff.

N=4

Appendix C.

Anticipated Difficulty Means of Priority Area Items by Program Size

Priority Area Items/Survey Items	Program Size/Number of Slots Funded by the Administration for Children and Families														
	1-400			401-800			801-2000			2001 or More			Total		
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD
I. a. Providing programs/services related to children's physical fitness and obesity prevention	27	1.70	.823	13	1.31	.480	8	1.25	.707	5	1.80	.837	53	1.55	.748
I. b. Accessing mental health consultation and treatment services	27	1.81	.622	13	1.69	.630	8	1.75	1.035	5	2.40	1.140	53	1.83	.753
I. c. Linking children to dental homes that service young children	27	2.41	1.010	13	2.54	.877	8	2.25	.707	5	2.20	.837	53	2.40	.906
II. a. Serving and coordinating with community partners to serve children experiencing homelessness	27	1.44	.801	13	1.15	.376	8	1.50	1.069	5	1.60	1.342	53	1.40	.817
II. b. Engaging school district liaison to homelessness	27	1.59	.797	13	1.31	.480	8	1.50	1.069	5	2.00	1.225	53	1.55	.822
II. c. Coordinating with local housing agencies	27	1.37	.688	13	1.23	.439	8	1.50	1.069	5	1.40	.548	53	1.36	.682
III. a. Linking services and networks to support foster and adoptive families	27	1.44	.751	13	1.38	.506	8	1.25	.707	5	1.40	.894	53	1.40	.689
III. b. Partnering with the local department of job and family services	27	1.22	.424	13	1.38	.650	8	1.38	.744	5	1.80	1.304	53	1.34	.649
III. c. Partnering with the local health department	27	1.22	.506	13	1.23	.599	8	1.25	.463	5	1.60	1.342	53	1.26	.625
IV. a. Aligning policies and practice with county department of job and family services	27	1.41	.694	13	1.31	.480	8	1.50	1.069	5	1.80	1.304	53	1.43	.772
IV. b. Establishing partnerships with child care providers	27	1.89	.934	13	1.62	.961	8	1.38	1.061	5	1.60	1.342	53	1.72	.988
IV. c. Assisting families in accessing full-day/full-year services	27	1.70	.912	13	1.92	.862	8	1.75	.886	5	2.40	1.140	53	1.83	.914

	Program Size/Number of Slots Funded by the Administration for Children and Families														
	1-400			401-800			801-2000			2001 or More			Total		
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD
V. a. Establishing linkages/partnerships with English Language Learner programs and services	27	1.78	.934	13	1.77	.927	8	1.63	1.061	5	1.80	1.304	53	1.75	.959
V. b. Providing services for children and families who are English Language Learners	27	1.70	.775	13	1.69	.630	8	1.75	1.035	5	1.80	1.304	53	1.72	.818
V. c. Partnering with public libraries to promote family literacy services	27	1.33	.679	13	1.46	.877	8	1.13	.354	5	1.60	1.342	53	1.36	.762
VI. a. Obtaining timely evaluations of children	23	1.78	.951	13	1.69	.751	7	2.00	.816	5	2.40	1.140	48	1.85	.899
VI. b. Meeting 10% requirement to serve children with disabilities	23	1.70	.974	13	2.08	1.256	7	1.71	.488	5	3.00	1.000	48	1.94	1.060
VI. c. Coordinating services with Part B/619 (LEA) providers	23	1.30	.559	13	1.46	.519	7	1.57	.535	5	1.80	1.304	48	1.44	.649
VI. d. Coordinating services with Part C providers	23	1.30	.635	13	1.31	.480	7	1.71	.756	5	1.60	1.342	48	1.40	.707
VII. a. Obtaining in-kind community services for the children and families in your program	27	1.81	1.178	13	1.85	.689	8	1.63	1.061	5	1.60	1.342	53	1.77	1.050
VII. b. Establishing linkages/partnerships w/ private resources (e.g., businesses, foundations) regarding prevention treatment services	27	2.00	1.000	13	1.77	.927	8	1.75	1.035	5	1.60	1.342	53	1.87	1.001
VII. c. Establishing linkages/partnerships with public resources (e.g., state, county, city) regarding prevention/treatment services	27	1.63	.688	13	1.46	.776	8	1.25	.707	5	2.00	1.225	53	1.57	.772

	Program Size/Number of Slots Funded by the Administration for Children and Families														
	1-400			401-800			801-2000			2001 or More			Total		
	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD	N	Mean	SD
VIIIA. a. Conducting staff trainings, including opportunities for joint staff training	24	1.87	.992	12	1.17	.389	7	1.86	1.069	5	2.00	1.225	48	1.71	.944
VIIIA. b. Maintaining a current MOU	24	1.17	.381	12	1.00	.000	7	1.14	.378	5	1.20	.447	48	1.12	.334
VIIIA. c. Increasing collaboration with Educational Service Center superintendent(s)	24	1.38	.576	12	1.25	.622	7	1.57	.787	5	1.20	.447	48	1.35	.601
VIIIB. a. Aligning Head Start curricula and assessment with state Early Learning Standards	24	1.17	.381	12	1.17	.389	7	1.57	.787	5	1.00	.000	48	1.21	.459
VIIIB. b. Aligning LEA and Head Start curricula and assessment with Head Start Child Outcomes Framework	24	1.17	.381	12	1.17	.389	7	1.43	.787	5	1.00	.000	48	1.19	.445
VIIIB. c. Partnering with LEAs and parents to assist individual children/families to transition to school	24	1.38	.576	12	1.08	.289	7	1.57	.535	5	1.40	.894	48	1.33	.559
IX. a. Providing staff release time to attend professional development activities	27	2.19	1.001	13	2.00	.707	8	1.87	1.126	5	1.80	1.304	53	2.06	.969
IX. b. Accessing scholarships and other financial support for professional development programs/activities	27	1.96	.940	13	1.69	.630	8	1.50	.756	5	2.00	1.414	53	1.83	.893
IX. c. Accessing bachelor degree programs in early childhood education or a related field	27	1.30	.465	13	1.46	.660	8	1.13	.354	5	1.00	.000	53	1.28	.495
Total number of survey items for which the program size had the highest mean		4			3			6			18				

Notes:

Scale: 1 = not at all difficult, 2 = somewhat difficult, 3 = difficult, 4 = extremely difficult.

Six program size/number of slot groupings were collapsed to four groups due to small "n" sizes.

For each survey item the yellow highlight indicates the program size/number of slots grouping that had the highest mean for anticipated difficulty.