



HEAD START NEEDS ASSESSMENT 2020

cyfd



PULLTOGETHER.ORG

TABLE OF CONTENTS

INTRODUCTION	4
STRATEGIC PLAN	5
METHODOLOGY	7
LANDSCAPE AND CONTEXT OF HEAD START IN NEW MEXICO	8
NEW MEXICO'S HEAD START PROVIDERS AND 2019 ENROLLMENT	10
KEY FINDINGS	11
SUMMARY OF KEY FINDINGS BY CATEGORY	12
Local Collaboration	12
Substance Misuse	12
Level of Participation in the EHS – CC Partnership	13
FOCUS Participation	14
Professional Development	14
Collaboration Between Head Start and Child Care	15
Kindergarten Transitions and MOU Development	16
Priorities and Wrap Around Services	17
APPENDICES	19
A. Survey Instrument	20
B. Write In Comments	23
C. Additional Charts	30

Building a Strong Foundation for New Mexico's Children



INTRODUCTION

Head Start/Early Head Start programs prepare America's most vulnerable young children to succeed in school and in life beyond school. Two-way communication, data sharing, and coordination of services are essential for creating a system that works for children and families, meets the needs of communities, and makes efficient use of limited resources from federal, state, local and private sources.

This report aims to describe New Mexico's collaborative efforts in providing Head Start/Early Head Start programs throughout the state in addition to guiding future efforts to support Head Start as an integrated part of New Mexico's overall early childhood system.

Established in 1965, Head Start promotes school readiness for children in low-income families by offering educational, nutritional, health, social emotional, and other services. The Head Start Collaboration Offices (HSCOs) exist to facilitate partnerships between Head Start agencies and other state and tribal entities that provide services to benefit low-income children and their families. The New Mexico Head Start Collaboration Office (NMHSCO) is located in the Children, Youth, and Families Department (CYFD) and is overseen by the Early Childhood Services Office to help further alignment with other parts of the early childhood system. As of July 1, 2020 the NMHSCO will be a part of the newly formed, cabinet-level, Early Childhood Education and Care Department (ECECD).

This report was prepared in accordance with the Head Start Act, which requires state Head Start Collaboration Offices to annually assess the needs of Head Start agencies in the state. This year's assessment includes input gathered through a dedicated online survey distributed to Head Start grantee participants located throughout the state. New Mexico's Head Start Collaboration Office is a resource to local Head Start programs in their work



to meet national priorities and locally identified needs. Those are defined in the following Head Start strategic plan objectives:

- Partnership with State Child Care Systems
- Data Sharing
- Quality Workforce
- QRIS Collaboration
- Kindergarten Transition
- Meet Local Needs
- Local Collaborations

The input from this assessment is used to guide New Mexico in implementing its 2018-2023 Head Start Strategic Plan. The plan is designed to help build early childhood systems and access to comprehensive services for all low-income children; encourage widespread collaboration to augment Head Start's capacity to be a partner in state initiatives on behalf of children and families; and to facilitate Head Start involvement in the development of state policies, plans, processes, and decisions affecting the Head Start target population and other low-income families.

CYFD and the New Mexico Head Start Collaboration Office extends a sincere thank you to the Head Start programs that took the time to complete the survey and provide their invaluable input.

STRATEGIC PLAN

2018 - 2023

*New Mexico
Head Start Collaboration Office*

VISION

Improve the quality of life for New Mexico children through school readiness.

MISSION

To prepare New Mexico children for school while providing their families with access to community resources and comprehensive support services to ensure their children's success in school.

The state's Children, Youth and Families Department (CYFD) administers the New Mexico Head Start Collaboration Office (NMHSCO) through June 30, 2020 at which point administration will move to the Early Childhood Education and Care Department (ECECD).

Olga Valenzuela-Zavala is the director of the NMHSCO. The New Mexico office assists with relevant state initiatives and brings the support and perspective of Head Start to the development of a statewide comprehensive early childhood system. The findings from this report are integrated with other needs assessment and strategic planning initiatives in order to support the alignment of all New Mexico early childhood systems.

The following accomplishments by the NMHSCO in fiscal year 2019-2020, set the stage for New Mexico's future work in improving the quality of life for children through school readiness and providing families with access to resources and comprehensive support services.

- Continued support for Head Start Programs participating in the FOCUS Quality Rating and Improvement System (QRIS). This included coordinating presentations for those interested in participating and encouraging those not yet enrolled. Several programs are currently participating and have received their stars, while others are planning to apply for FOCUS.
- Participated in the state needs assessment and strategic planning meetings for the Preschool Development Grant Birth-5 (PDG B-5).
- Met with staff from the Governor's office and

Head Start Grantees (Regional/Tribal), along with NM Head Start Collaboration Director and National AIAN Collaboration Director Mike Richardson. Increased participation in meetings, Head Start association activities, responses to surveys, and other types of communication resulted from these collaborative meetings.



- Coordinated a Transition and Special Needs Training in response to the needs identified in the previous year’s assessment, the strategic plan, and in response to concerns that arose from the collaboration meetings arranged by the HSCO for Head Starts (Regional and Tribal), and Staff from the Office of the Governor.
- Supported and participated in Professional Development presentations in conjunction with other program leaders. Essentials for Quality Preschool Programming in NM: Consolidating State Valuable Resources
- HSCO has begun conversations to coordinate training/presentations to Head Start programs by New Mexico State Oral Hygiene Liaison Mariela Leyba. As well, as to implement the Opioid/Substance Misuse Campaign State Plan.
- Ongoing collaboration with new Early Childhood Education And Care Department Secretary Elizabeth Groginsky and Assistant Secretary Jovanna Archuleta to continue building trust and stronger relationships with Head Start programs.
- Ongoing support and collaboration with the New Mexico Head Start Association to lay out and plan the Annual Region VI Mega Conference tentatively scheduled October 2020.

OBJECTIVES

1. Partnership with State Child Care Systems – Align Head Start programs with state child care systems.
2. Data Sharing – Work with Head Start programs to collect data on early childhood programs and child outcomes.
3. Quality Workforce – Support the expansion of a high quality workforce and access to staff career development.
4. QRIS Collaboration – Encourage participation in the New Mexico Quality Rating Improvement System – FOCUS.
5. Kindergarten Transition – Provide continuity between Head Start and the New Mexico Kindergarten Entrance Assessment (KEA) — the Kindergarten Observation Tool (KOT).
6. Meet Local Needs – Provide services to support the diverse and special needs of children, families and their communities.
7. Local Collaborations – Utilize local early childhood services and resources to benefit children and families.

METHODOLOGY

Outreach for this year’s assessment included qualitative input coordinated with New Mexico’s Preschool Development Grant (PDG B-5) Needs Assessment and Strategic Plan and the MIECHV Needs Assessment. This engagement included dedicated breakout groups at Community Conversations, select key informant interviews, and a dedicated focus group. 33 Head Start/Early Head Start directors were engaged from urban, rural and tribal regions throughout New Mexico through an anonymous online survey conducted in April 2020.

The 2020 survey included a total of 18 questions under the following eight category areas:

- Local Collaboration
- Substance Misuse
- Level of Participation in the EHS – CC Partnership
- FOCUS Participation
- Professional Development
- Collaboration Between Head Start and Child Care
- Kindergarten Transitions and MOU Development
- Priorities and Wrap Around Services

Respondents were also asked to comment on how they saw Early Head Start/Head Start being embedded within the new Early Childhood Education and Care Department.

The survey instrument is included as Appendix A and all write-in comments are provided in Appendix B of this report.



This report is based on the results of the 2020 Head Start Need Assessment survey and qualitative input gathered in conjunction with the MIECHV Needs Assessment and Pre-school Development Grant B-5.. The questions were developed with input from the Head Start grantees and the Head Start Collaboration Office Director under the direction of the New Mexico Children, Youth and Families Department (CYFD).

Both the survey and report were administered and developed through an independent contractor, the New Mexico Early Childhood Development Partnership.

LANDSCAPE AND CONTEXT FOR HEAD START IN NEW MEXICO

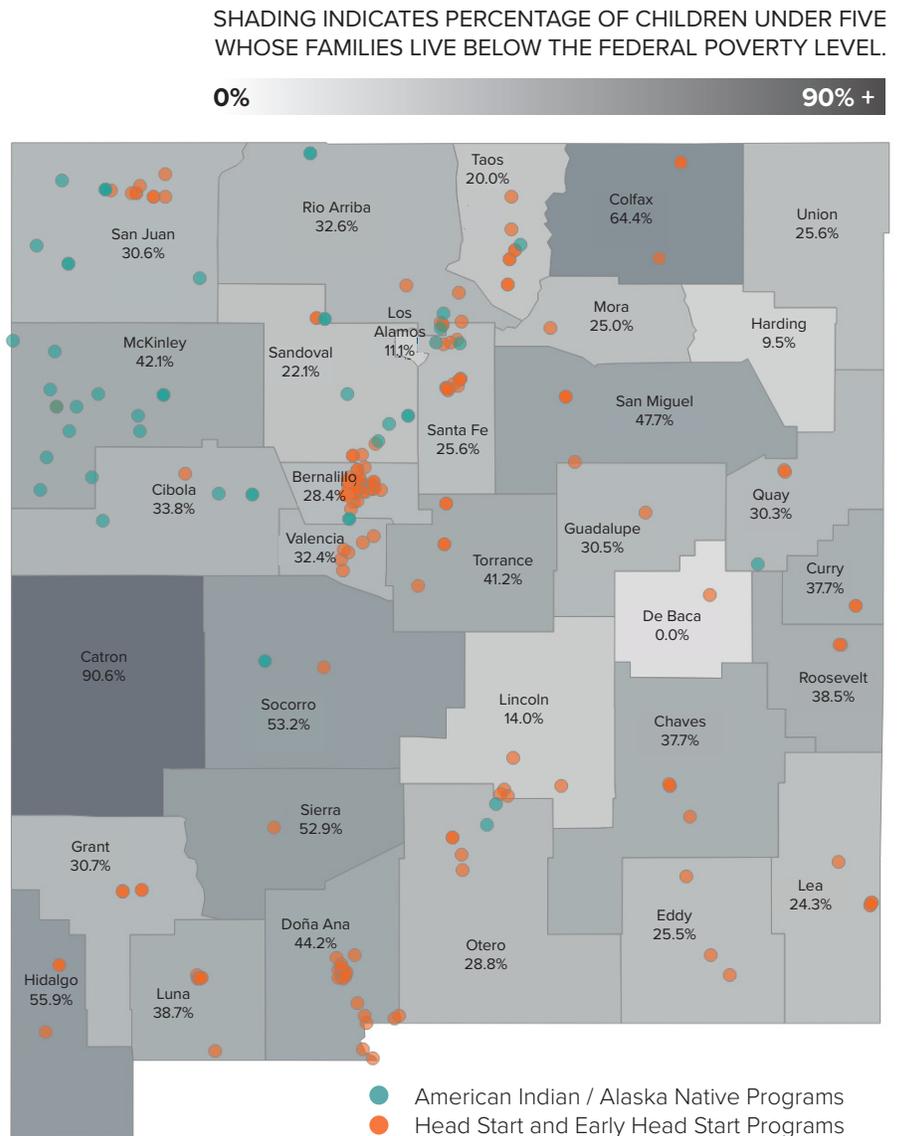
There are **9,211 children** funded across Head Start, Early Head Start, Tribal, Migrant, and Early Head Start/Child Care programs.

It is important to note that this number only indicates slots. When looking at cumulative enrollment for 2019, Head Start served 10,265 New Mexico children.

According to the most recent U.S. Census data published in Data USA (<https://datausa.io>), New Mexico's population was 2.1 million people in 2018 with a median age of 38.1 and a median household income of \$47,169. The population of New Mexico is racially and culturally diverse, consisting of 49.1% Hispanic or Latino, 36.9% White, and 8.78% American Indian and Alaska Native. New Mexico is home to 19 Pueblo tribes, parts of the Navajo Nation and two Apache tribes; 34.1% of New Mexicans speak a non-English language; and 94.4% are U.S. citizens.

New Mexico's median household annual income of \$47,169 is less than the median annual income across the entire United States by nearly \$15,000. Of the population that is determined to be in poverty status, 20.6% of New Mexicans live below the poverty line. The national average for below poverty line status is 13.1%. The largest demographic living in poverty are females ages 25 – 34, followed by females 18 – 24 and then males 6 – 11. In 2018, 5.62% of New Mexico's population is reported as under 5 years of age and 22.42% are under 18 years old.

Figure 1. NM Program Locations



Please note that five of the above locations are Early Head Start - Child Care Partnerships:

- La Clinica de Familia: Charlotte's Place, Las Cruces
- La Clinica de Familia: Charlotte's Place, Sunland Park
- YDI: First Fruits Christian Academy, Albuquerque
- YDI: St. Marks in the Valley Day School, Albuquerque
- Santa Clara Pueblo: Santa Clara Pueblo Head Start Program, Española

Twenty six percent, or 124,000 New Mexico children, live at or below the poverty line, according to the New Mexico Voices for Children 2019 Kids Count Data Book, compared to the national child poverty rate of 18 percent. In 2018, the Federal Poverty Line for a family of three was \$20,780. Public school data reported to the U.S. Department of Education during the 2017-2018 school year reveals that an estimated 10,683 New Mexico public school students experienced homelessness over the course of the year. Of that total, 1,058 students throughout the state were unsheltered, 1,055 were in shelters, 502 were in hotels/motels, and 8,280 were doubled up in their living arrangement.

According to the New Mexico Department of Health's Substance Use Epidemiology Profile, alcohol related deaths (including deaths from chronic diseases strongly associated with heavy drinking and deaths due to alcohol related injuries) in New Mexico totaled 7,183 or 65.6 per 100,000 between 2014 and 2018. Over twice as many men than women have died of alcohol related deaths at 4,948 vs 2,235 for the four year period. Since 1990, New Mexico's death rate for alcohol related injury alone has ranged from 1.4 to 1.8 times the national rate. In addition, the CDC reports that the state had the 15th highest drug overdose rate in the country in 2018 at a rate of 26.7 per 100,000. Opioid overdose related emergency department visits occurred at a rate of 57.8 per 100,000 or 6,255 New Mexicans between 2014 and 2018.



NEW MEXICO'S HEAD START PROVIDERS & 2019 ENROLLMENT

Head Start/Early Head Start programs in New Mexico reflect the characteristics of the state as a whole – rural, culturally diverse, and rich in human and community values. New Mexico has 33 Head Start/Early Head Start programs, with a total of 9,211 slots in 2019. When looking at cumulative enrollment for 2019, Head Start served 10,265 children. Of the 33 grantees, 18 of New Mexico's Head Start programs are Tribal.

2019 ENROLLMENT RESULTS			
Regional and Tribal Early Head Start/Head Start Funded Enrollment		Early Head Start	Head Start
Alamo Navajo School Board, Inc., The	AIAN	44	64
Child and Family Services Inc. of Lea County	Region	55	257
City of Albuquerque Early Head Start	Region	128	
Clinica De Familia Inc, LA	Region	159	
Eastern Plains Community Action Agency, Inc.	Region	102	329
Eight Northern Indian Pueblos Council Inc.	AIAN		36
El Grito, Inc. Head Start	Region	24	145
Five Sandoval Indian Pueblos Inc.	AIAN		53
Help - New Mexico, Inc.	Region	88	319
Jicarilla Apache Nation	AIAN	65	102
Laguna Department of Education	AIAN	52	115
Las Cruces School District #2	Region		430
Mescalero Apache Tribe	AIAN		120
Mid-West New Mexico Community Action Program	Region	40	744
Mora Independent School District	Region	16	129
Native American Professional Parent Resources, Inc.	AIAN	72	
New Mexico State University	Region	32	228
Ohkay Owingeh Tribal Council	AIAN		81
Presbyterian Medical Services, Inc.	Region	552	625
Pueblo of Acoma (Inc)	AIAN		90
Pueblo of Isleta	AIAN	48	87
Pueblo of Jemez	AIAN		68
Pueblo of San Felipe	AIAN		96
Ramah Navajo School Board Inc.	AIAN		60
Region IX Education Cooperative	Region	44	115
Santa Clara, Pueblo of	AIAN	16	38
Santo Domingo Tribe - Kewa Health Outreach Program	AIAN	94	120
Southeast NM Community Action Corporation	Region		858
Taos, Pueblo of	AIAN	14	36
The Navajo Nation	AIAN	17	513
West Las Vegas Schools	Region	36	140
Youth Development Inc.	Region	340	1022
Zuni, Pueblo of	AIAN		153
TOTAL FUNDED ENROLLMENT	9,211	2,038	7,173
TOTAL CUMULATIVE ENROLLMENT	10,265	2,522	7,743



KEY FINDINGS

New Mexico Head Start programs serve some of the state’s most high-need families and do so in a complex early childhood landscape — from urban settings to frontier and sparsely populated areas. Of the respondents to the 2020 survey, 38.9% are programs located on Tribal or reservation lands.

Questions of the 2020 survey covered local collaboration, substance misuse, Early Head Start/Head Start Child Care (EHS/HS-CC) Partnerships, FOCUS, Professional Development, Collaboration between Head Start and Child Care, Transitions and Memorandums of Understanding, and Priorities and Wrap Around Services.

With the new Early Childhood Education and Care Department (ECECD) set to begin operations in July of 2020, grantees were also asked how they saw their programs being embedded in the new department. Seven of the 16 responses mentioned strong partnership, participation or collaboration. Two stated that they did not know yet or were unsure, with one additional comment saying that it was in the early stages, just gaining trust and that they had not been informed of the State PED/PreK process. Two tribal programs indicated that they don’t see themselves being or are not embedded. One of these two stated that the department would weaken self-governance and the other said that they are not included in state level decision making. Specific statements envisioned partnership with NM PreK to provide blended classrooms, targeting families in need, support for wrap around services and seamless transitions.

OBJECTIVES

New Mexico’s Head Start Collaboration Office is a resource to local Head Start programs in their coordination, collaboration and alignment towards meeting the following national priorities and local identified needs:

Partnership with State Child Care Systems

– Align Head Start programs with state child care systems.

Data Sharing – Work with Head Start programs to collect data on early childhood programs and child outcomes.

Quality Workforce – Support the expansion of a high quality workforce and access to staff career development.

QRIS Collaboration – Encourage participation in the New Mexico Quality Rating Improvement System – FOCUS

Kindergarten Transition – Provide continuity between Head Start and the New Mexico Kindergarten Entrance Assessment (KEA) – the Kindergarten Observation Tool (KOT).

Meet Local Needs – Provide services to support the diverse and special needs of children, families and their communities.

Local Collaborations – Utilize local early childhood services and resources to benefit children and families.

SUMMARY OF KEY FINDINGS

BY CATEGORY

LOCAL COLLABORATION

When asked to rate levels of collaboration with community partners the majority of responses stated high or moderate levels of collaboration with partners. Where applicable, local educational agencies (LEA)-transitions, IDEA Part B (3-5), food pantries, local health departments, community health centers, mental health/counseling, and early childhood coalition efforts all had over 80% “high” or “moderate” collaboration.

Infant mental health, state public education department/Pre-K and substance/opioid awareness and/or treatment all ranked at lower with 50% or less applicable responses indicating “high” or “moderate” levels. Substance/opioid awareness and/or treatment ranked the lowest, with 63% of applicable responses stating “limited” or “no collaboration.” See Appendix C for a full list of all charts related to local collaboration.

SUBSTANCE MISUSE

When they were asked to indicate levels of collaboration with local partners, respondents stated low levels of collaboration with substance/opioid awareness and/or treatment organizations. Sixty three percent of applicable responses stated “limited” or “no collaboration.”

Only one survey respondent indicated that substance misuse programs were at the lowest level of priority. Twenty two percent ranked priority level in the middle at a “5.” Seventy two percent ranked priority levels at “seven” or higher. The majority of these respondents also indicated “limited” or “no collaboration.”

When asked to identify community needs in regards to substance misuse, the most common responses were education and information to promote awareness as well as access to resources for both users and families, including treatment, counseling and support services. One respondent specified “better options to treat parents with small children,” one mentioned “behavioral strategies to offset misuse,” while another stated “Understanding medical marijuana as well as prescribed medication and opioids [sic].”

FIGURE 2.

On a scale of 1-10, where 10 is the highest, and 1 is the lowest, how high are the needs in your community in regards to substance misuse?

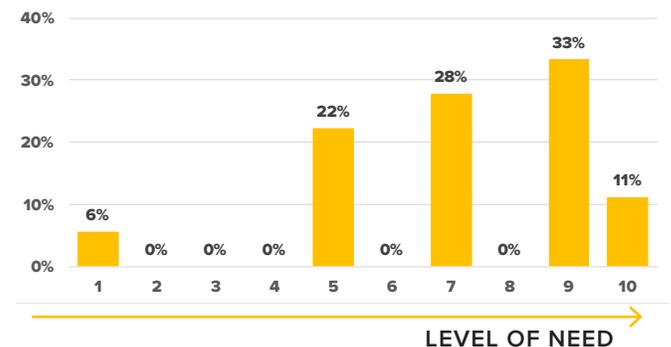
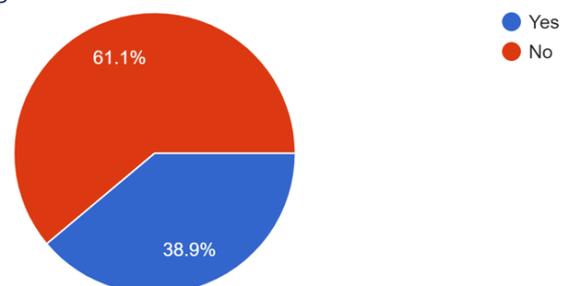


FIGURE 3.

Is your program currently being supported by any agency promoting substance/opioid treatment programs?



Sixty one percent of respondents indicated that they are not currently being supported by an agency promoting substance and/or opioid treatment programs.

Possible barriers to accessing these services identified by grantees included limited resources and lack of awareness. Two responses stated that the barrier occurs on the family level, with one stating that it is difficult to “connect families with these services” and have families follow up, while the other stated “Families in denial.” Other responses specified needing “Prior notices of upcoming events or meetings” and that “There is sometimes a long wait for access.”

LEVEL OF PARTICIPATION IN THE EHS – CC PARTNERSHIP

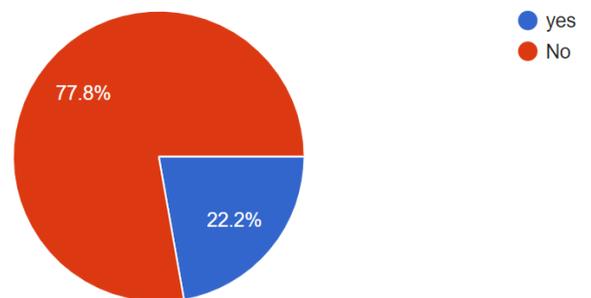
The Early Head Start - Child Care (EHS-CC) Partnership is a program where Early Head Start (EHS) grantees partner with local child care centers and family child care programs. These partnerships layer funding in order to provide comprehensive services and high-quality early learning environments for low-income working families with infants and toddlers. Of the respondents, 22% are currently participating in the EHS-CC Partnership.

When asked about successes and challenges, respondents indicated that success varied from partnership to partnership:

- Challenges cited included lack of alignment in following EHS regulations and performance standards. One respondent noted that “it is difficult for profit to have the minds of non-profit.” Funding limitations were noted as another issue.
- Successes included “Accommodating to family and community needs,” and finding partners that “share our vision and mission.” One respondent noted “We have a good partnership and have made positive strides.”

For programs not participating in the Child Care partnership, respondents were asked to indicate why they were not. Thirty six percent were new to the program or had no Early Head Start program. Other responses varied. Some noted deciding not to apply, including a comment that, “We did it once before and never again.” One said there were two different sets of expectations; another mentioned a lack of facilities.

FIGURE 4.
Is your program participating in the EHS-CC partnership?



FOCUS PARTICIPATION

The state implemented FOCUS program is a Quality Rating System that supports early learning providers while allowing parents to identify high quality early learning programs. FOCUS provides consultation, monitoring services and is free of charge.

Sixty one percent indicated that they are not participating in the FOCUS program. For respondents who were not participating in FOCUS, other ratings systems utilized were NAEYC, CLASS, Indian Health Services, Program Performance Standards, Teaching Strategies Gold, and School Readiness Goals.

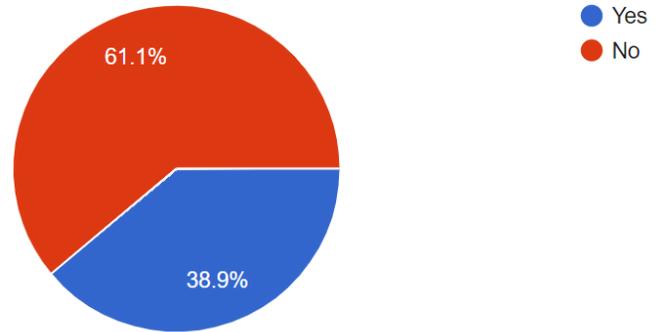
When asked to elaborate on their experience with FOCUS, responses were varied. Thirty six percent gave comments of a positive nature, 14% had comments of a negative nature, 29% indicated mixed or that they were in the process of applying or renewing the program. Twenty one percent did not have experience or interaction with FOCUS.

Many responses indicated that the experience was often contingent on FOCUS consultants or coaches. One respondent whose program services four centers noted that “There was not any consistency from FOCUS staff.”

Additional challenges mentioned tended to vary: duplication of documents, difficulty of alignment between Head Start Standards and New Mexico Early Intervention (EI), time needed to complete trainings, and compliance concerns. One comment noted that it was “difficult starting up” and another stated “the whole process” was a challenge.

FIGURE 5.

The state has implemented the FOCUS program; which is a QUALITY RATING SYSTEM that provides consultation, monitoring services and is free of charge. As a rule, Head Start is required to participate in a quality rating system. Is your program currently participating in FOCUS?



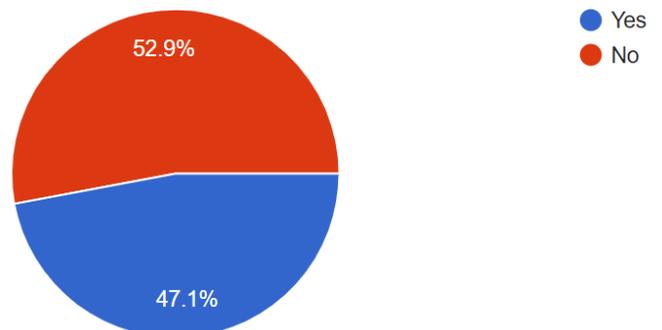
Successes listed also varied: some comments noted achieving the FOCUS accreditation itself, while additional comments included easier requirements made to include Early Head Start, knowledge and alignment with other preschool programs, child growth, alignment of the HS Outcomes and NM EIs in the rubric for evaluations, train the trainer opportunities and resources provided.

PROFESSIONAL DEVELOPMENT

When asked to identify specific types of training and areas of greatest need for staff professional development, grantees listed a number of specific training programs, with many noting the need for training on teacher child interactions as well as psychological, social/emotional, mental/behavioral issues. Other areas of need noted were trauma-informed practices, coaching, and continuing education for professionals.

FIGURE 6.

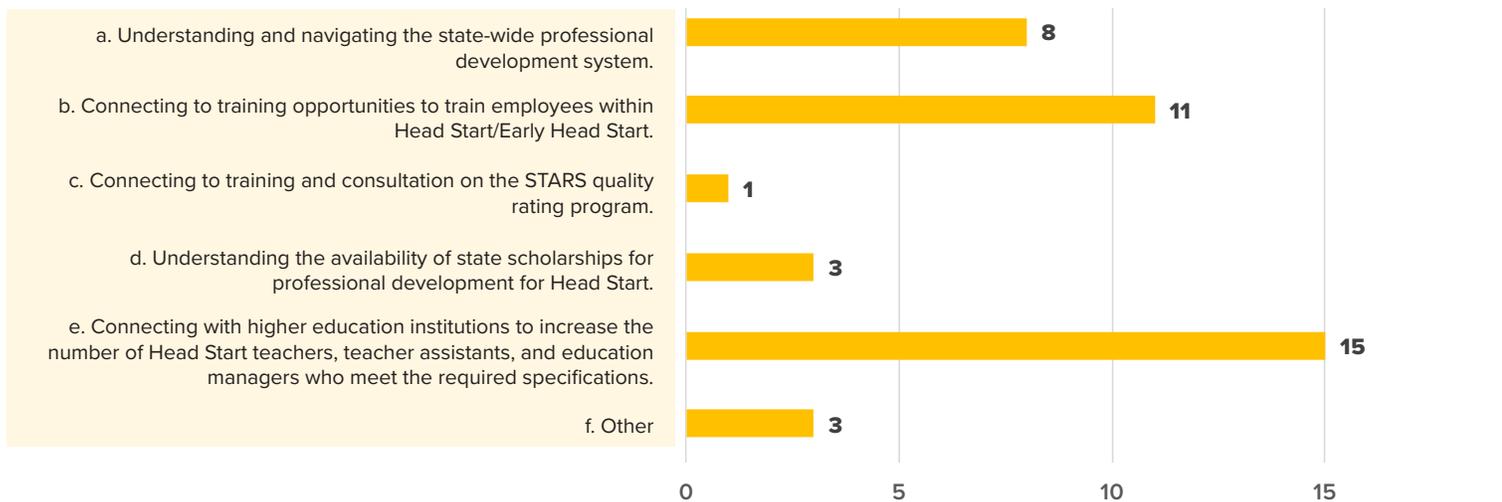
Has your program utilized the state scholarship system for your staff professional development?



When asked to state the top professional development areas, out of a list of five, 88% included “Connecting with higher education institutions to increase the number of Head Start teachers, teacher assistants, and education managers who meet the required specifications.” “Connecting to training

FIGURE 7.

What are the most important professional development areas for your staff to focus on in the next year? Please choose up to three. (If you indicate “other” please specify.)



opportunities to train employees within Head Start/Early Head Start;” and “Understanding and navigating the state-wide professional development system” were also top choices.

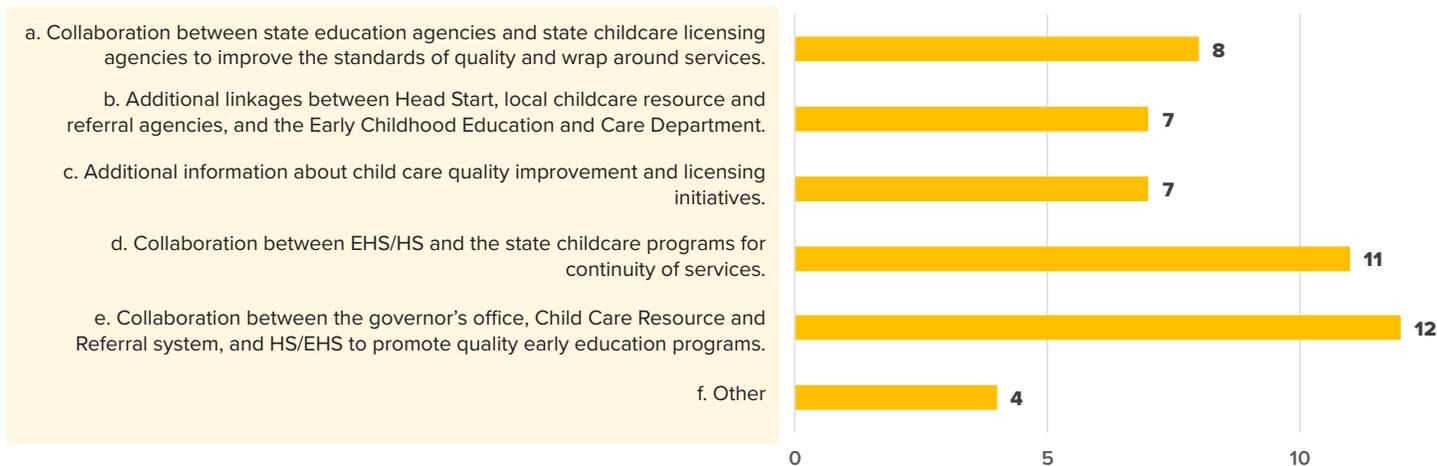
Forty seven percent of respondents answered that they have used the state scholarship system for professional development. When these respondents were asked how many staff have benefited from this scholarship, the answers ranged from four to 15, with one program noting “over 50” staff who have benefited.

COLLABORATION BETWEEN HEAD START AND CHILD CARE

When asked to choose the most important areas to focus on in the next year in order to increase collaboration between Head Start Programs and child care in order to improve

FIGURE 8.

What are the most important areas to focus on in the next year in order to increase collaboration between Head Start Programs and child care to improve quality and reduce barriers for early childhood programs? (Choose up to three options. If you indicate “other” please specify.)



quality and reduce barriers for early childhood programs, 66.7% of responses favored Collaboration between the governor’s office, Child Care Resource and Referral system, and HS/EHS to promote quality early education programs. Other important areas of focus that were often indicated by respondents included “Collaboration between EHS/HS and the state childcare programs for continuity of services” and “Collaboration between state education agencies and state childcare licensing agencies to improve the standards of quality and wrap around services.”

KINDERGARTEN TRANSITIONS AND MOU DEVELOPMENT

When asked about barriers to smooth transitions, programs answered with a wide variety of responses. Twenty percent mentioned collaboration or participation level of individual schools and school districts being an issue. Other repeat responses included: alignment or understanding of standards, distance between locations, and time constraints.

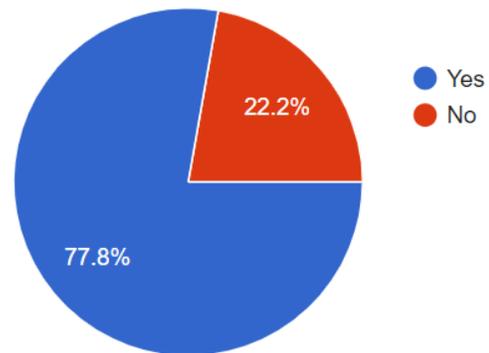
One respondent specifically noted “Children transitioning from Early Head Start to another early childhood center (Head Start, Pre-K, childcare, etc.) is a challenge because of the lack of place for children to go. Head Start can only enroll them when they turn three if we have an opening and if they qualify with their income.”

Some respondents indicated no barriers, with one noting having “a good relationship with the schools.”

In order to improve transitions, a need for better or more consistent collaboration was indicated most often, with one respondent simply stating “more involvement” and another mentioning “invested interest.” Room for improvement with public schools was identified, including improved willingness to collaborate with Head Start and better understanding of Early Head Start and Head Start. One respondent specified that increased site visits and more personal connections and interest from receiving schools would be helpful. Additional suggestions included age appropriate learning, formalized transitions, revised MOU/MOAs, connecting with the governing board and more support for language and culture.

FIGURE 9.

Has your program developed a memorandum of understanding with the local education agency?



Seventy eight percent of respondents indicated that they have developed a Memorandum of Understanding (MOU) with their local education agency. For those who did not have a MOU, the list of barriers varied: “No continuity within the LEA’s system (principals, superintendents, etc.);” “Limited manpower, position vacancies for the program;” “Not all memorandums are up to date;” and “We are within the same district.”

PRIORITIES AND WRAP AROUND SERVICES

Respondents were asked to indicate, on a scale of one to five, the levels of impact certain priorities had on programs and the families and children served, with one being the lowest and five being the highest. Of the nine different priorities or services listed, health services and services to children with disabilities had the highest levels of impact. Eighty nine percent indicated a high level of impact, rating a four or five, for health services, while services to children with disabilities were rated at four or five by 83% of respondents. Child welfare, family literacy, services to children experiencing homelessness, and services to children raised by kinship also ranked high, with over 50% of respondents indicating a four or a five. Services to children of deported parents and services to children of deceased parents ranked lowest, with over 50% of respondents indicating a low level of priority at one or two.

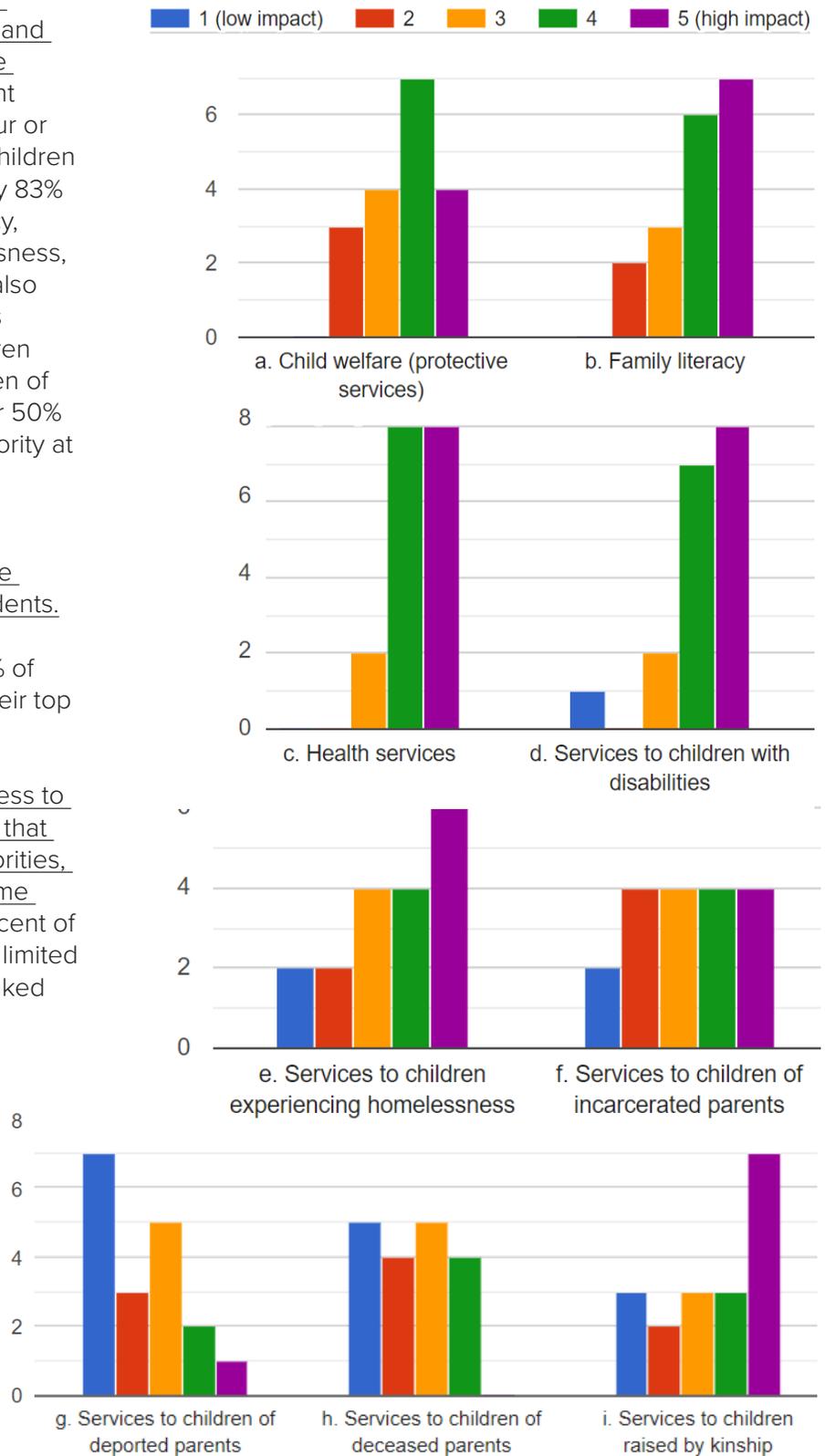
Of the services that were considered high importance to provide, health services were overwhelmingly chosen by 94% of respondents. Child welfare and services to children with disabilities were also often noted, with 50% of respondents including these priorities in their top choices.

When asked if grantees had adequate access to resources and a partnership with agencies that will support their needs around the top priorities, 72% said that they either had access or some access to these services. Twenty eight percent of respondents said they did not have or had limited access/partnership to the services they ranked most important.

Reasons for no access or limited access varied, with answers that included lack of services, lack of willingness to partner or collaborate, not enough training, illiteracy, geographical location, and quality level of available services. One respondent simply stated “no, the need is increasing every year.” Another added that “Due to acquisition of competitive funding via Office of Head Start, a decrease in

FIGURE 10.

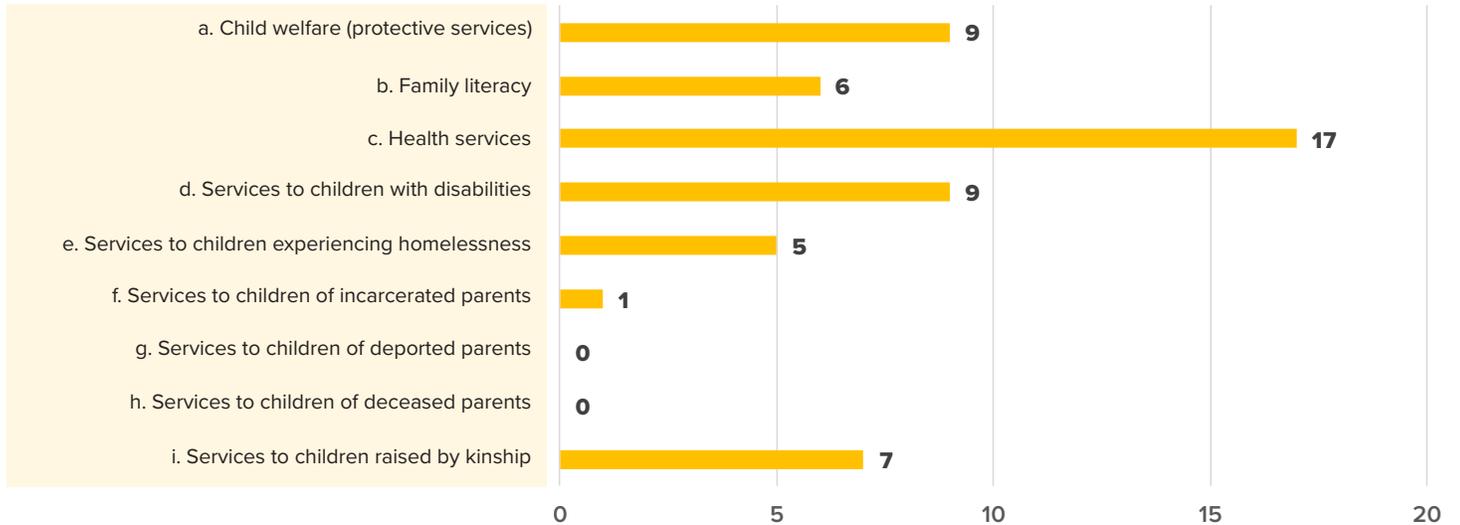
Please indicate the level of impact addressing each of these priorities has on your EHS/HS program and the families and children you serve (ranking from 1-5):

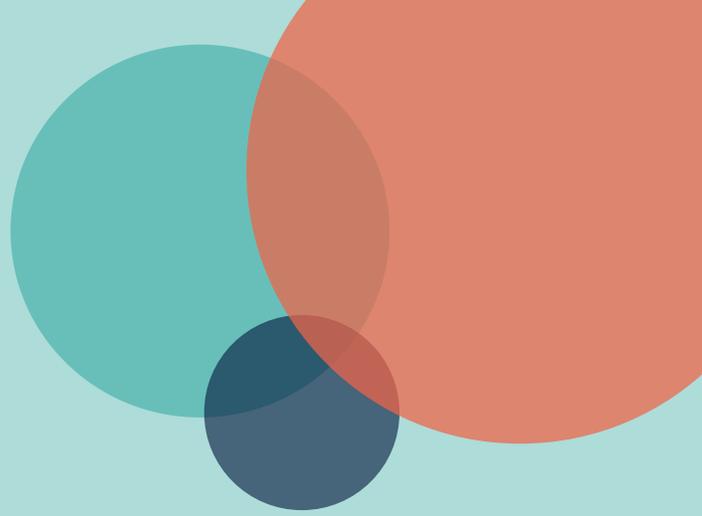


funding eliminated contractual positions for mental health, health, disabilities, and parent engagement to address individual child and family needs.”

FIGURE 11.

Of these priorities, please indicate the three that are, in your opinion, the most important to provide:





APPENDICES

A.	SURVEY INSTRUMENT	20
B.	WRITE - IN COMMENTS	23
C.	ADDITIONAL CHARTS	30

APPENDIX A:

SURVEY INSTRUMENT

1. Is your program located on a reservation or tribal land?

Yes/No

2. Strong working relationships are critical to the success of Head Start Programs. Please identify the level of collaboration between the local EHS/HS program and the community partner:

High	Moderate	Limited	No collaboration	Non Applicable
1. LEA agencies-transitions		11. Family shelters		19. Parenting/grand parenting classes
2. Part B (3-5) Agency		12. Youth shelters		20. Libraries/museums
3. Part C (0-3) Agency		13. Transitional housing		21. Early childhood coalition efforts
4. Child Care Licensing		14. Local health department		22. Home visiting programs
5. Child Protective Services		15. Community health centers		23. FOCUS
6. Domestic violence agency		16. Pediatric practices/clinics		24. State/PED Pre-K
7. Food pantries		17. Mental health/counseling services		25. Substance/opioid awareness and/or treatment programs
8. WIC		18. Infant Mental Health Services		
9. TANF				
10. Medicaid				

3. On a scale of 1-10, where 10 is the highest, and 1 is the lowest, how high are the needs in your community in regards to substance misuse?

4. What are the needs in regards to substance misuse?

Please list your community?

5. Is your program currently being supported by any agency promoting substance/opioid treatment programs?

Yes/No

If yes, what agency/organization?

What barriers are there, if any, to accessing these substance/opioid services?

6. How do you see your EHS/HS program embedded into the new Early Childhood Education and Care Department?

7. Is your program participating in the EHS-CC partnership?

Yes/No

8. If your program is not participating in the EHS-CC partnership, please share a reason as to why not.

9. The state has implemented the FOCUS program; which is a QUALITY RATING SYSTEM that provides consultation, monitoring services and is free of charge. As a rule, Head Start is required to participate in a quality rating system. Is your program currently participating in FOCUS?

Yes/No

- a. What has been your experience with FOCUS?
- b. Challenges?
- c. Successes?
- d. Is your program utilizing a different quality rating system? Please specify.

10. Identify specific types of training and areas of greatest need for staff professional development.

11. Has your program utilized the state scholarship system for your staff professional development?

Yes/No

How many of your staff has benefited from this scholarship?

12. What are the most important professional development areas for your staff to focus on in the next year? Please choose up to three. (If you indicate "other" please specify.)

- a. Understanding and navigating the state-wide professional development system.
- b. Connecting to training opportunities to train employees within Head Start/Early Head Start.
- c. Connecting to training and consultation on the STARS quality rating program.
- d. Understanding the availability of state scholarships for professional development for Head Start.
- e. Connecting with higher education institutions to increase the number of Head Start teachers, teacher assistants, and education managers who meet the required specifications.

13. What are the most important areas to focus on in the next year in order to increase collaboration between Head Start Programs and child care to improve quality and reduce barriers for early childhood programs? (Choose up to three options. If you indicate "other" please specify.)

- a. Collaboration between state education agencies and state childcare licensing agencies to improve the standards of quality and wrap around services
- b. Additional linkages between Head Start, local childcare resource and referral agencies, and the Early Childhood Education and Care Department
- c. Additional information about child care quality improvement and licensing initiatives
- d. Collaboration between EHS/HS and the state childcare programs for continuity of services.
- e. Collaboration between the governor's office, Child Care Resource and Referral system, and HS/ EHS to promote quality early education programs.

- 14. What are some of the barriers your program may encounter that prevent smooth transitions? Please explain.**

What would you like to see improve in relation to school transitions?

- 15. Has your program developed a memorandum of understanding with the local education agency?**

Yes/No

If not, what are the barriers? Please explain.

- 16. Please indicate the level of impact addressing each of these priorities has on your EHS/HS program and the families and children you serve (ranking from 1-5):**

- a. Child welfare (protective services)
- b. Family literacy
- c. Health services
- d. Services to children with disabilities
- e. Services to children experiencing homelessness
- f. Services to children of incarcerated parents
- g. Services to children of deported parents
- h. Services to children of deceased parents
- i. Services to children raised by kinship

- 17. Of these priorities, please indicate the three that are, in your opinion, the most important to provide:**

- a. Child welfare (protective services)
- b. Family literacy
- c. Health services
- d. Services to children with disabilities
- e. Services to children experiencing homelessness
- f. Services to children of incarcerated parents
- g. Services to children of deported parents
- h. Services to children of deceased parents
- i. Services to children raised by kinship

Of the three choices selected, does your program have adequate access to resources and a partnership with agencies that will support their needs? Please explain.

- 18. Please provide your contact information if you would like the Head Start Collaboration Director to contact you for follow up.**

APPENDIX B:

WRITE - IN COMMENTS

4. What are the needs in regards to substance misuse?

- Education on substance misuse for individuals/families, identifying alternative behavioral strategies to offset misuse, and limited community resources for mental, behavioral, and social emotional services for children and families.
- To provide more education to families regarding misuse. In our community I have not seen or noticed the severity of substance but do know it takes place therefore how can we bring more awareness.
- It is hard to say since we serve 4 Communities and parents are not open to self-identify. I would say education on the effects and resources where to get help.
- Resources for families to go to or call that are experiencing substance misuse or have a family member who is misusing substances.
- Understanding medical marijuana as well as prescribed medication and opioids
- Treatment facilities for care and detox (In patient 30 days or more)
- Jicarilla Behavioral Health Department at Jicarilla Service Unit
- Program that support families with family members that are using
- Treatment, counseling, educational programs and assistance.
- outpatient services and AA also lack of therapists.
- Better options to treat parents with small children
- Awareness, education, prevention and treatment
- I not fully aware of use per Head Start
- Information, training counseling
- Informing more families
- Counseling, Treatment
- Education

Please list your community.

- Curry
- Bernalillo County, Rio Arriba and Taos
- Mora County & Colfax County
- Alamo
- Dona Ana
- Bernalillo
- Valencia, Socorro, McKinley, Cibola
- Pueblo of Laguna
- Northern part of New Mexico
- Pueblo of Jemez
- Las Cruces
- Dulce, New Mexico
- Cochiti, Santa Ana, Zia Pueblos
- Bernalillo County
- Grant County
- San Felipe Pueblo
- Lincoln County, NM

5. Is your program currently being supported by any agency promoting substance/opioid treatment programs?

If yes, what agency/organization?

- Alamo Health Center
- All are short term
- Community Care Services in our community
- Los Lunas Community Wellness Council
- Each Head Start community have wellness centers.
- Our organization has Behavioral Health Component as we are part of Non Profit Clinic Organization
- POJ Behavioral Health Program

What barriers are there, if any, to accessing these substance/opioid services?

- Awareness of services available for children and families and income eligibility to access services.
- just trying to connect families with these services, that families follow up
- Confidentiality in a small community where everyone knows everyone
- There are a limited amount of resources available in our area
- number of facilities VS number needing the treatment
- HIPAA - do not know families affected by the crisis
- They are small, full and are not readily available
- Prior notices of upcoming events or meetings.
- Lack of resources, education and awareness
- There is sometimes a long wait for access
- Lack of Resources, Families in denial
- Lack of services, lack programs
- Access to resources
- None

6. How do you see your EHS/HS program embedded into the new Early Childhood Education and Care Department?

- I would like to partner with NM Pre-K more to provide blended classrooms of both Head Start and Pre-K instead of it being separated by program so we can provide higher quality services to children and families in our community
- A partner with a voice and being support. Not just considered a number in the process. Acknowledgment that we are an asset to the state and the educational system and that our children are part of New Mexico's kids.
- Stronger collaborative partnership platform to support professional development of educators, licensing and accreditation, child and family outcomes, etc.
- Working collaboratively to establish continuity, common vision, and collective resources to benefit all early childhood families in New Mexico.
- I don't as they are a State program, and we are tribal. The only thing they can do is weaken self-governance
- An active participant in all aspects. Working together to meet the needs of New Mexico Children.
- We are not embedded because we are tribal and are not inclusive state level decision making.
- In early stages. We were not informed with State PED/PreK process - gaining trust now.
- By targeting those families in need, providing on-going services.
- This will support wrap around services for families and children
- I see our program as participating fully with the department.
- Working together toward common goals for our entire State,
- I feel included and collaboration is getting stronger

- seamless transitions/ system
- I don't know yet
- Not sure

7. Is your program participating in the EHS-CC partnership?

If yes, please share successes or challenges?

- We did have a child care partnership grant but dissolved it in 2017. The childcare partner wanted a higher cost per child than what the program could fund and they didn't want to follow our regulations and performance standards in order to improve their facility.
- Challenges as it is difficult for profit to have the minds of non-profit (following all EHS requirements has been challenging). Successes there are CC partners that do share our vision and mission of EHS so this has supported in finding the right partner.
- Very early stage as we are fed/tribal funded and CC is State funded / braided funding?
- Accommodating to family and community needs. Funding can be challenging
- We have a good partnership and have made positive strides.

8. If your program is not participating in the EHS-CC partnership, please share a reason as to why not.

- lack of facility to apply for EHS and CC is not part of tribal organization. There is no collaboration between HS and CC and CC staff is not supported to attend tribal education department events such as retreats and professional development days.
- Have not established partnerships, as I am several months new to the program. However I am looking into set relationships already in place.
- Reluctance to have to adhere to 2 different sets of expectations. Inability to comply with both.
- Lack of communities wanting to partner and the lack of support.
- We just started providing EHS services in our 4 communities.
- We do not have a Early Head Start Program in our community
- Applied for funding twice and did not receive the grant.
- Our program decided not to apply for the EHS-CC funding
- Strengthening current program infrastructure.
- We did once before and never again
- WE are not an EHS program
- N/A
- n/a

9. The state has implemented the FOCUS program; which is a QUALITY RATING SYSTEM that provides consultation, monitoring services and is free of charge. As a rule, Head Start is required to participate in a quality rating system. Is your program currently participating in FOCUS?

a. What has been your experience with FOCUS?

- Our program struggled in the beginning because the consultants did not understand Early Head Start and also the there was a lot of turnover. But now we have a wonderful consultant, Matthew Hernandez who works with us weekly and truly understands Early Head Start and assists us in being able to incorporate the FOCUS program within our Early Head Start. He has been a huge blessing to our staff and our program.
- There is no follow through by FOCUS to complete their end of the agreement. Meeting scheduled with no follow through. Statements as that we are exempt as we are in a school system.
- Great learning and growth opportunities that are aligned with Head Start expectations. Teachers are deepening their understanding, and child growth is happening.
- In the past we were part of FOCUS, then there were some changes and we have not had any visits. We need to apply.

- As I am new to this position, I am still becoming familiar with FOCUS and will be implementing it going forward.
- People who come out and tell us what to do, but don't bother understanding the culture and barriers.
- A great experience. The coach is wonderful with her guidance and help in this process.
- I have only seen the previous documentation and have not seen recent interaction
- I don't have any experience with FOCUS because we are NAEYC accredited.
- Good process but Head Start programs are low priority.
- Using FOCUS has been going well for the Program
- Currently working with them to get accredited
- For the most part positive
- none

b. Challenges?

- Our program provides services to 4 communities it worked in some centers and not at others. Too many changes and different support and requirements from the different FOCUS staff assigned to the centers. There was not any consistency from FOCUS staff.
- We had it in the past but was challenging due to duplication of documentation.
- No contact made yet to our learning center by coordinators
- Access to the FOCUS process, Head Starts are low priority
- Aligning HS Standards and the New Mexico Els
- Time to complete the trainings.
- It was difficult starting up
- Compliance concerns
- The whole process.
- Please see above
- Still learning
- N/A

c. Successes?

- We have successfully been able to participate in the FOCUS program and we have completed our star three and are currently working on our star four
- We will now work with them as they have changed the requirements that include EHS so it will be easier for all staff.
- Would be a success as we do our best to support all services to benefit the students
- Deeper knowledge, alignment with other preschool programs, child growth
- Prek Centers have gone through this process are FOCUS accredited
- Alignment of the HS Outcomes and NM Els in a rubric for evaluations
- Many train the trainer opportunities
- Resources provided
- Making progress
- None.
- None
- N/A

d. Is your program utilizing a different quality rating system? Please specify-

- No
- No
- No
- Teaching Strategies Gold, School Readiness Goals, other assessments.

- We are working on NAEYC Accreditation
- Program Performance Standards.
- Yes, NAEYC accreditation
- Indian Health Services
- Yes, NAEYC
- CLASS
- No

10. Identify specific types of training and areas of greatest need for staff professional development. Intentional teacher-child interactions, language development for children birth to five, social-emotional for birth to five.

- LETRs face to face, more Pyramid Model with emphasis on challenging behaviors and inclusion
- Child development, Working with children with challenging behaviors, Parent Involvement
- Continuing Education - long-distance learning for certification and college degree
- Provide more training on FOCUS, Coaching, and building education.
- Pregnant Mom's, continuing ed., STEAM, Practice Based Coaching
- TS Curriculum, CLASS, PDP (credentials), Safety/Supervision
- Knowing the Why and Social Emotional with young children
- Child health and responsive caregiving components
- We are spending time on Psychological First Aid
- Trauma, Behaviors (Mental/Infant Mental Health)
- Obtaining required Certifications and Degrees
- identifying strategies, behavior management
- trauma-informed practices or ACES
- Trauma informed staff, CLASS
- Teacher/child interactions
- Stem , Class

11. Has your program utilized the state scholarship system for your staff professional development? How many of your staff has benefited from this scholarship?

- 5
- 5
- I am not sure if the program has used the state scholarship system
- We are new to this information
- Unknown new director
- 6-8 each year
- over 50
- N/A
- 15
- 0
- 4
- 7

12. What are the most important professional development areas for your staff to focus on in the next year? Please choose up to three. (If you indicate "other" please specify.)

"Other" responses included:

- Trauma informed practices or ACES
- Bridging the e-communication gap for long-distance learning
- Continuing education in Early Childhood.

13. What are the most important areas to focus on in the next year in order to increase collaboration between Head Start Programs and child care to improve quality and reduce barriers for early childhood programs? (Choose up to three options. If you indicate “other” please specify.)

- Increase the collaboration with our Head Start Program and the Child Care Program in our Community
- Training and education options for potential staff
- Inclusion in activities with others
- Assistance if requested to incorporate a child care resource center

14. What are some of the barriers your program may encounter that prevent smooth transitions? Please explain.

- Children transitioning from Early Head Start to another early childhood center (Head Start, Pre-K, childcare, etc.) is a challenge because of the lack of place for children to go. Head Start can only enroll them when they turn three if we have an opening and if they qualify with their income.
- I feel that transition meetings held with PED are more reflective of the standards PED requires over those of head start
- Receiving School having their calendar full with testing and other academic matters
- The understanding my LEA's on this process and their true involvement.
- lack of support for children coming from language immersion program
- Just having Head Start available to our children transitioning out
- School participation and kinder teachers and school administrators
- new staff and overall understanding of the HSPS for transitioning
- NONE with Silver Schools. No collaboration with Cobre Schools
- Parent Involvement or the lack of partnerships
- We have a good relationship with the schools
- Distance, limited applicant pool, internet
- Head Start sites at distant locations.
- change management, time constraints
- None

What would you like to see improve in relation to school transitions?

- state school does not understand the HS/EHS learning model - it is very disconnected from the student - more compassion and one-on-one for students entering Kindergarten
- Public schools open and willing to collaborate with Head Starts and work with Head Start to transition children into Kindergarten.
- For the PED programs in our counties to become more familiar with the services Head Start offers and better support efforts
- increase site visits, more personal connections and interest between receiving schools
- See schools more involved in age appropriate learning, not traditional styles
- Increased collaboration between local LEAs and HS/EHS programs.
- Formalized transitions between Head Start and Kinder
- Revising MOU/MOA's, connecting with Governing Board
- More collaboration from receiving school
- more support for language and culture
- Same collaboration across the county
- A more invested interest.
- More Involvement
- N/A

15. Has your program developed a memorandum of understanding with the local education agency? If not, what are the barriers? Please explain.

- No continuity within the LEA's system (principals, superintendents, etc.)
- Yes we have on with Silver Schools, NO not with Cobre
- Limited manpower, position vacancies for the program.
- Not all memorandums are up to date.
- We are within the same district

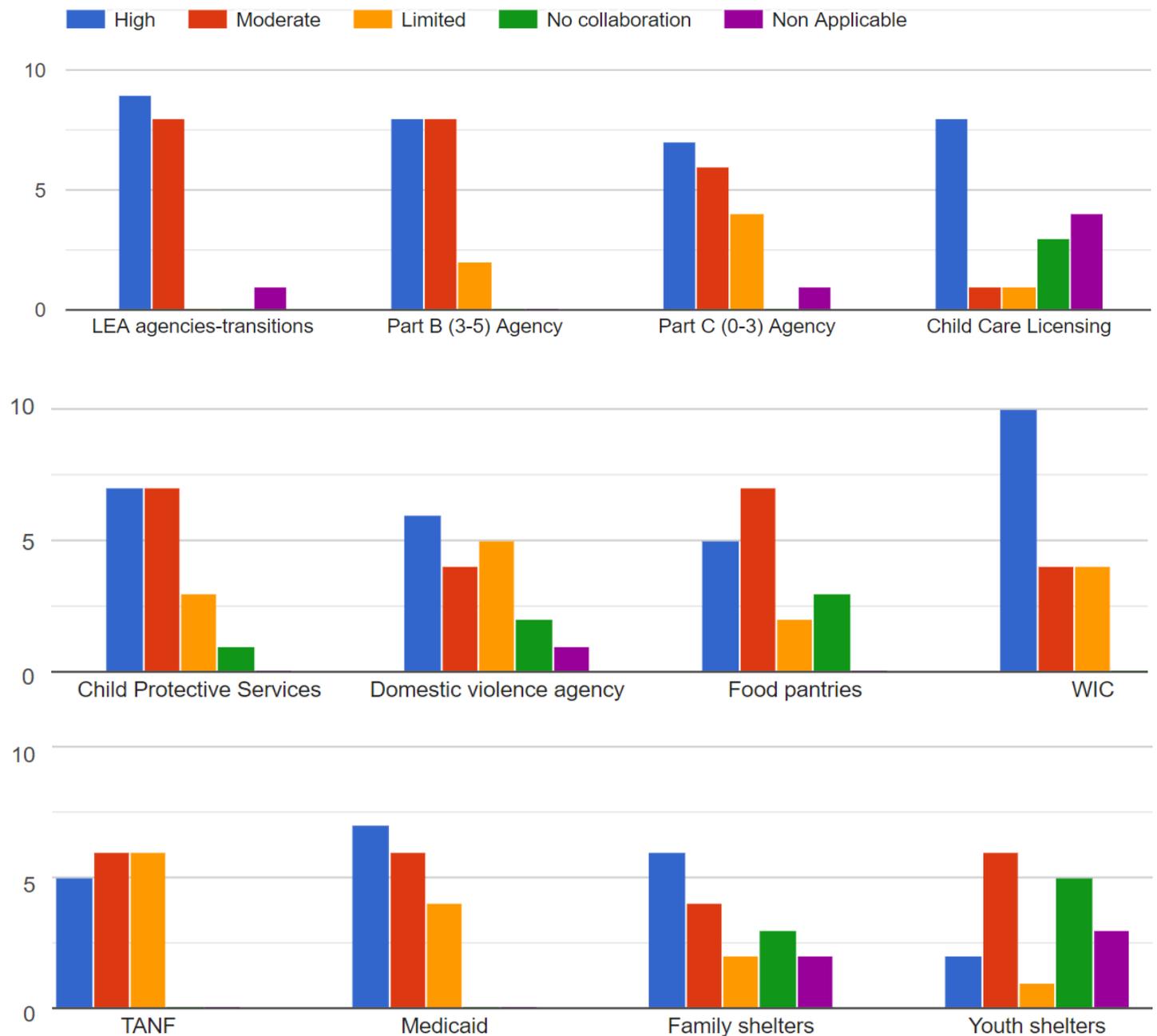
17. Of these priorities, please indicate the three that are, in your opinion, the most important to provide: Of the three choices selected, does your program have adequate access to resources and a partnership with agencies that will support their needs? Please explain.

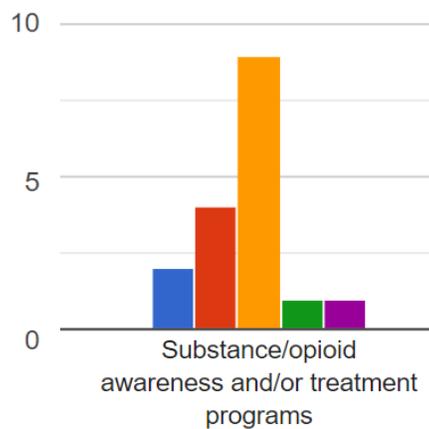
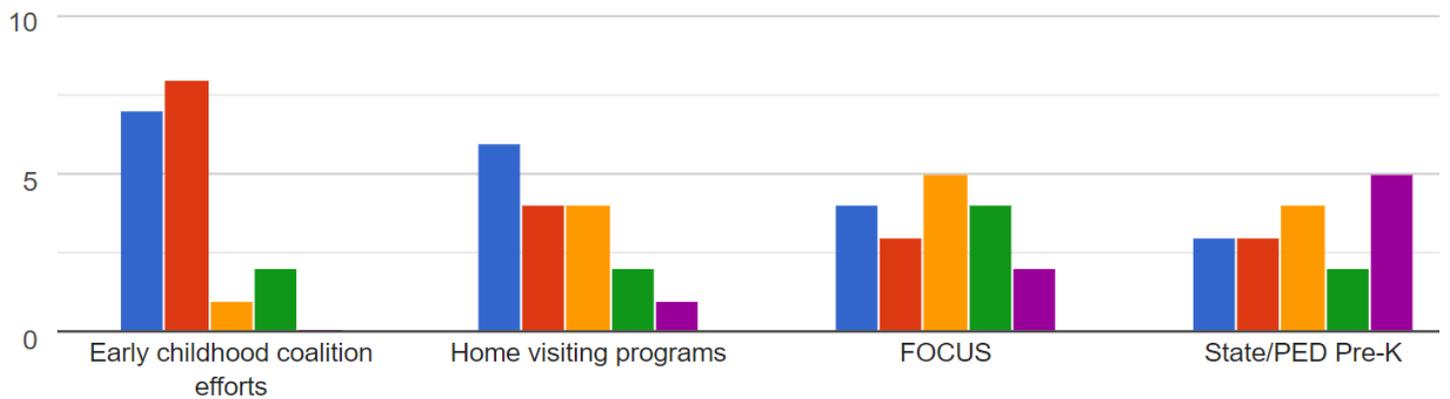
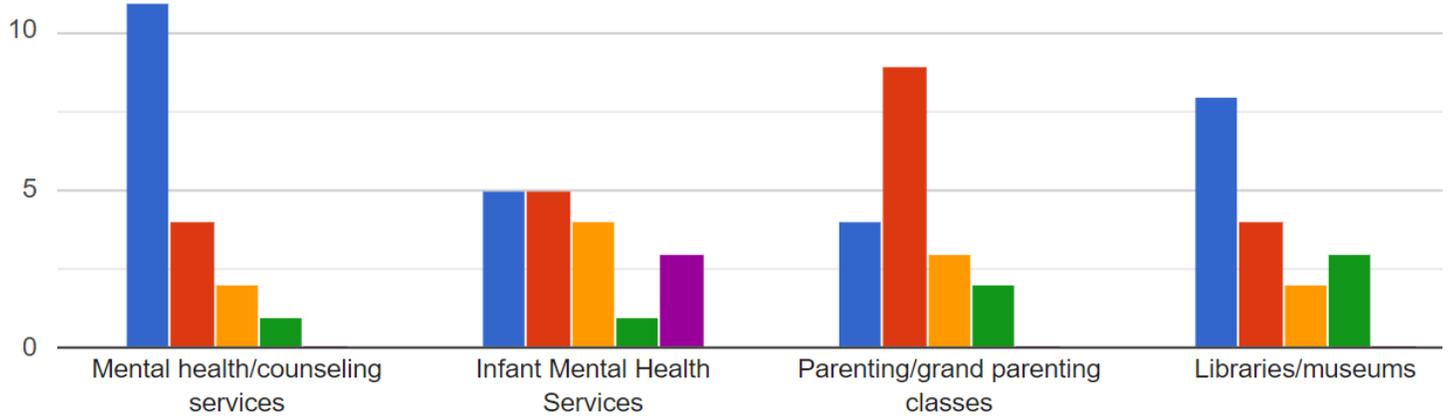
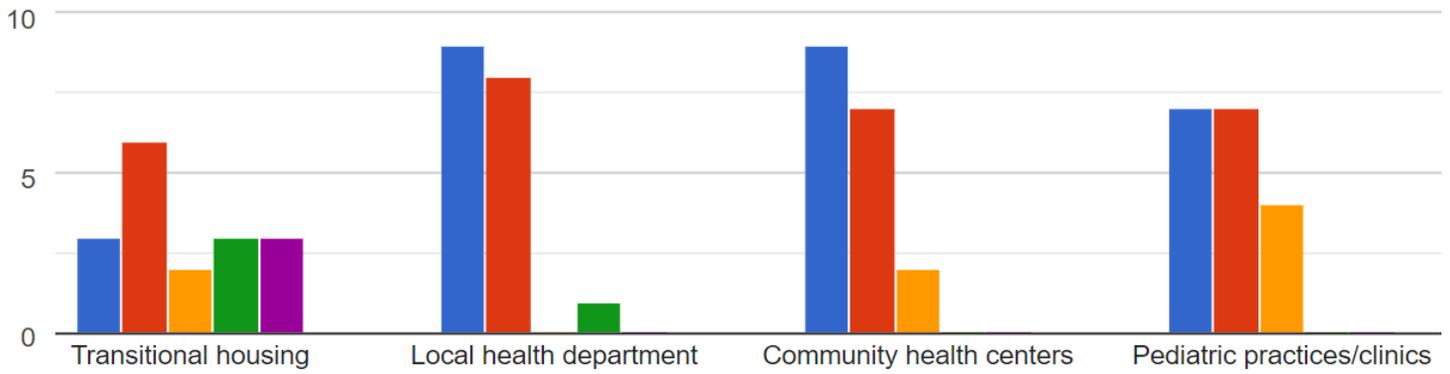
- Yes for children with disabilities and child protective services. We do not have a pediatrician in our area so a lot of our families go to our family practitioners in the area and they get overloaded with children and families. Doctors are not releasing physicals without the bloodwork so it has been difficult to reach our 90 day requirements because of this.
- Our learning center is connected to the local health service unit and the school district has impactful resource for disabilities. Protective service is always challenged with consistency, access and availability of service providers.
- Our program has adequate access to resource that are need. I three selected above are what I see in needed however I do believe all above priority are important. In our program those are just low to none that I have seen or aware of.
- Due to acquisition of competitive funding via Office of Head Start, a decrease in funding eliminated contractual positions for mental health, health, disabilities, and parent engagement to address individual child and family needs.
- Access to resources is extremely limited due to illiteracy, geographical location and quality of services available
- Each Head Start program site, has qualified staff that sets family setting goals regarding the choices clicked.
- We have partnerships, but there are limited partnerships available for children in kinship relationships
- We provide the services that are available in grant county as well as parenting and support groups.
- Yes, collaboration and support that we receive from the agencies that provide these services.
- somewhat I would like more resources, training and collaboration with these agencies
- Yes, we have our local agencies whom provide the service to our program
- No, there are either no services or the lack of willingness to partner.
- We have MOUs with Social services as well as public health services
- no, the need is increasing every year
- Not all
- Some
- Yes
- yes

APPENDIX C:

LOCAL COLLABORATION

Strong working relationships are critical to the success of Head Start Programs. Please identify the level of collaboration between the local EHS/HS program and the community partner:





HEAD START

NEEDS ASSESSMENT

2020