Arkansas Head Start
State Collaboration Office

Needs Assessment

April 2009

TABLE OF CONTENTS

Executive Summary

The purpose of the Arkansas Head Start State Collaboration Office is to create a visible presence at the state level, which can assist in the development of significant, multi-agency and public private partnerships between Head Start and the state. The Arkansas Head Start State Collaboration Office was established in 1996. The Arkansas Head Start State Collaboration Office funding in Arkansas flows to the Department of Human Services-Division of Child Care/Early Childhood Education and is housed with the Arkansas Head Start Association.

This report, entitled Arkansas Head Start State Collaboration Office Needs Assessment, 2008-2009, presents findings from a survey of staff and directors representing all 22 Head Start, Early Head Start, and Migrant-Seasonal Head Start programs in Arkansas. The purpose of the survey was to gather information from Head Start programs with specific focus on cooperation, coordination, and collaboration within nine key activity areas: 1) health care, 2) services for children experiencing homelessness, 3) welfare/child welfare, 4) child care, 5) family literacy services, 6) services for children with disabilities, 7) community services, 8) education, divided into 8A) publicly funded Pre-K partnership development and 8B) Head Start transition and alignment with K-12, and 9) professional development. This report was prepared by Dr. Dana Gonzales and is funded by the Arkansas Head Start State Collaboration Office, Arkansas Department of Human Services-Division of Child Care and Early Childhood Education through a grant from the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start.

The needs assessment was distributed electronically by SurveyMonkey. Two programs completed paper copies, which were manually entered by Dr. Gonzales. The initial survey link was emailed in November 2008. Reminder email notices were sent in November through February. Data collection was completed by in March 2009. Since the responsibility for each of the nine activity areas is shared, multiple individuals within programs completed the needs assessment. Results from the quantitative questions are presented as frequencies. The open-ended responses were analyzed using qualitative methods and open coding.

The Needs Assessment report will be used to develop a strategic plan to address local collaboration issues. While many of the identified issues in the report are addressed in the current management plan (strategic plan), special emphasis will be placed on the following categories as the current plan is updated: Health Care, Services for Children Experiencing Homelessness, Child Care, Family Literacy Services, and Professional Development.

Note: While the Migrant Head Start Programs serve families with needs associated with frequent moves and employment, the centers reported similar challenges, barriers and needs as Head Start Programs.

For more information, please contact the Arkansas Head Start State Collaboration Office at 501-371-0740 or through the website at www.arheadstart.org.

Introduction

Arkansas Head Start State Collaboration Office

The Arkansas Head Start State Collaboration Office plays an important role in helping our state make progress in improving the lives of young children and families. The Collaboration Office assists with relevant state initiatives and brings the support and perspective of Head Start to the development of a comprehensive early childhood system in Arkansas.

These partnerships:
- Help build early childhood systems and access to comprehensive services for all low-income children;
- Encourage widespread collaboration between Head Start and other appropriate programs, services, initiatives, and augment Head Start's capacity to be a partner in state initiatives on behalf of children and families; and
- Facilitate the involvement of Head Start in the development of state policies, plans, processes and decisions affecting the Head Start target population and other low-income families.

The following purposes of the Head Start State Collaboration Office are defined in Public Law 110-134 "Improving Head Start for School Readiness Act of 2007":
- Assist Head Start agencies to collaborate with entities involved in State and local planning processes to better meet the needs of low-income children from birth to school entry, and their families;
- Assist Head Start agencies to coordinate activities with the State agency responsible for administering the State program carried out under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858 et seq.) and entities providing resource and referral services in the State, to make full-working-day and full calendar year services available to children;
- Promote alignment of curricula used in Head Start programs and continuity of services with the Head Start Child Outcomes Framework and, as appropriate, State early learning standards;
- Promote better linkages between Head Start agencies and other child and family agencies, including agencies that provide health, mental health, or family services, or other child or family supportive services, such as services provided under section 619 or part C of the Individuals with Disabilities Education Act (20 U.S.C. 1419, 1431 et seq.); and
- Carry out the activities of the State Director of Head Start Collaboration authorized by law

Head Start, Early Head Start, and Migrant/Seasonal Head Start

Arkansas Head Start, Early Head Start, and Migrant and Seasonal Head Start programs serve almost 11,000 children and families and employ almost 2,400 staff in Arkansas. The 22 programs are operated by a variety of grantees: eleven community action programs, one public school, nine single or multi-purpose non-profits, and one state university system.

Arkansas Head Start programs provide comprehensive services to low-income children three to five years of age and their families in all 75 Arkansas Counties. One of the most important missions is to teach young children and their parents the benefits of early literacy and family reading as well as meeting the needs of the children and families through a wide array of services. There are 19 Head Start grantees in Arkansas serving 9,950 children and families. Services are provided through 250 centers and 15 home based program options. Of the 250 Head Start centers in Arkansas, 91 offer full day-full year services, 124 offer full day-part year services, and 35 offer part day (less than 6 hours) programs. These centers house 547 Head Start classrooms.

Arkansas Early Head Start programs serve pregnant women and children birth to three years of age. The program helps our youngest children by helping them develop a strong sense of self and begin to learn necessary skills for later school success. There are 10 Early Head Start grantees serving 688 children and families. Seven of the Early Head Start programs are administered by Head Start grantees and three are stand-alone Early Head Start grantees. Services are provided through 44 Early Head Start centers with 124 classrooms as well as two home base programs.

Arkansas Migrant and Seasonal Head Start programs serve children birth to five years of age and their families. The migrant program serves families who move from one geographic location to another to engage in agricultural work. The seasonal program serves families engaged primarily in seasonal agriculture labor who have not changed their residence in the last two years. Community Action Program for Central Arkansas serves as the lead grantee with two delegate grantees in Arkansas. They serve 400 children and families. Services are provided through six Migrant and Seasonal Head Start centers and 34 classrooms.

Data Source:

The state totals are calculated from data provided from local programs annually to the Arkansas Head Start Office. The data for this section was obtained from the 2007-2008 Arkansas Head Start Totals at
http://www.arheadstart.org/start/ARKANSAS%20HEAD%20START%20TOTALS0708.pdf.

Head Start/Early Head Start/Migrant-Seasonal Head Start Map Key

	Agency	Headquarters	Counties Served
	Arkansas Human Development Corporation Early Head Start	Hot Springs	Garland
	Black River Area Development Corporation Head Start /Early Head Start	Pocahontas	Clay, Lawrence, Randolph
	Central Arkansas Development Council Head Start	Malvern	Clark, Hot Spring, Pike, Montgomery, Saline
	Child Development, Inc. Head Start/Early Head Start/Migrant-Seasonal Head Start	Russellville	Arkansas, Conway, Desha (Migrant Head Start Only) Franklin, Johnson, Lincoln, Logan, Lonoke, Perry, Polk, Pope, Scott, Yell
	Cleveland County School/Cleveland County Head Start	Rison	Cleveland
	Community Action Program of Central Arkansas Head Start/Migrant-Seasonal Head Start	Conway	Cleburne, Faulkner, White
	Community Services Office, Inc. Head Start	Hot Springs	Garland
	Community Development Institute Serving Northeast Arkansas Head Start	Jonesboro	Craighead, Crittenden, Cross, Greene, Jackson, Lee, Poinsett, St. Francis, Woodruff
	Community Development Institute Early Head Start	Little Rock	Pulaski
	EOA of Washington County Head Start/Early Head Start	Fayetteville	Washington
	Families and Children Together, Inc. Head Start/Early Head Start	El Dorado	Calhoun, Columbia, Dallas, Ouachita, Union
	Head Start Child and Family Services, Inc. Head Start/Early Head Start	Van Buren	Crawford, Sebastian
	Jefferson Comprehensive Care Services Head Start	Pine Bluff	Grant, Jefferson
	Mid Delta Community Services Head Start	Helena	Monroe, Phillips, Prairie
	Mississippi County Arkansas EOC Head Start/Early Head Start/Migrant-Seasonal Head Start	Blytheville	Mississippi
	Newton County Special Services Corporation Early Head Start	Jasper	Newton
	Northcentral Arkansas Development Council Head Start	Batesville	Fulton, Independence, Izard, Sharp, Stone
	Northwest Arkansas Head Start Human Services Head Start	Rogers	Benton, Carroll, Madison
	Ozark Opportunities, Inc. Head Start	Harrison	Baxter, Boone, Marion, Newton, Searcy, Van Buren
	Southeast Arkansas Community Action Corporation Head Start	Warren	Ashley, Bradley, Chicot, Desha, Drew
	Southwest Arkansas Development Council Head Start	Texarkana	Hempstead, Howard, Lafayette, Little River, Miller, Nevada, Sevier
	UAMS Head Start/Early Head Start	Little Rock	Pulaski

Needs Assessment Objectives

Arkansas children and families should have access to services and supports that enhance and improve their quality of life and opportunities for success. The Arkansas Head Start State Collaboration Office Needs Assessment identifies strengths and weaknesses in collaborating with local programs to obtain needed services and supports for children and families.

The Head Start Act (as amended December 12, 2007) requires the Head Start State Collaboration Offices (HSSCOs) to conduct a needs assessment of Head Start grantees in the State (including Early Head Start grantees) in the areas of coordination, collaboration alignment of services, and alignment of curricula and assessments used in Head Start programs with the Head Start Child Outcomes Framework and, as appropriate, State Early Learning Standards. The Head Start Act also requires the HSSCOs to use the results of the needs assessment to develop a strategic plan outlining how they will assist and support Head Start grantees in meeting the requirements of the Head Start Act for coordination, collaboration, transition to elementary school and alignment with K-12 education. HSSCOs must also annually update the needs assessment and strategic plan and make the results of the needs assessment available to the general public within the State.

The purpose of the Needs Assessment was to gather information from Head Start and Early Head Start programs to determine priority areas for local collaboration efforts. This will help the Arkansas Head Start State Collaboration Office determine how to better assist local Head Start and Early Head Start programs in improving collaboration with local community partners. The specific focus of the needs assessment was determining levels of cooperation, coordination, and collaboration within nine key activity areas:

- Health care
- Services for children experiencing homelessness
- Child welfare
- Child care
- Family literacy services
- Services for children with disabilities
- Community services
- Education, divided into:
    - Publicly funded Pre-K partnership development
    - Head Start transition and alignment with K-12
- Professional development

The Needs Assessment covers the period from January 1, 2008 through December 31, 2008. The needs assessment was distributed electronically by SurveyMonkey. Two programs completed paper copies, which were manually entered by Dr. Gonzales. The initial survey link was emailed in November 2008. Reminder email notices were sent in November through February. Data collection was completed by in March 2009. Since the responsibility for each of the nine activity areas is shared, multiple individuals within programs completed the needs assessment. The survey included three parts for each of the content areas.

Part One asked Head Start and Early Head Start programs to rate the extent of their involvement with various service providers/organizations related to the content area. This part used the following 4-point Likert scale and definitions to reflect the progress in relationship building at that point in time: No Working Relationship - (little/no contact), Cooperation - (exchange info/referrals), Coordination - (work together), and Collaboration - (share resources/ agreements)

Definitions:

- ***No working relationship-***You have little or no contact with each other (i.e.: you do not: make/receive referrals, work together on projects/activities, share information, etc.)

- ***Cooperation-***You exchange information. This includes making and receiving referrals, even when you serve the same families.

- ***Coordination-***You work together on projects or activities. Examples: parents from the service providers' agency are invited to your parent education night; the service provider offers health screenings for the children at your site.

- ***Collaboration-***You share resources and/or have formal, written agreements. Examples: co-funded staff or building costs; joint grant funding for a new initiative; and MOU on transition, etc.

Part Two asked Head Start and Early Head Start programs to indicate the level of difficulty your program has had engaging in each of a variety of activities and partnerships. A 4-point scale of difficulty was used, ranging from "Not At All Difficult" to "Extremely Difficult." The purpose of this part was to assist in identifying challenges experienced in building successful partnerships at the local and state levels to support the delivery of quality education and comprehensive services to children and families.

Part Three included open-ended questions at the end of each section of the survey instrument. This section gave Head Start and Early Head Start programs the opportunity to:
- Document any remaining concerns that were not covered in the survey
- Document what is working well in their program
- Indicate if any of these successful strategies/activities might be helpful to other programs.

A review of the data responses for each key activity area is presented in the Summary Results section of the report. The highest frequency response is shaded in blue in each table. A summary of key findings are presented in the Areas for Improvement section. A copy of the survey instrument is included in Appendix I. Frequency distributions for each of the areas of the needs assessment representing the nine activity areas are presented in Appendix II. Transcripts of the open-ended responses are also included in the Appendix II.

Survey Results

Health Care

Respondents were asked to rate the extent of their involvement during the past 12 months with each of the following health care providers/organizations and to indicate if they would like more involvement with each respective provider/organization.

The majority of respondents indicated they have a working relationship with all health care providers/organizations. For example, 95.5% of the agencies indicated they <u>do</u> have a working relationship with medical home providers, local agencies providing mental health prevention services, WIC, and nutrition services. All agencies reported a working relationship with public health services. Four agencies indicated that they have no working relationship with child health education providers or state agencies providing mental health prevention and treatment services. Three agencies have no working relationship in the following areas: agencies/programs that conduct mental health screenings, parent health education providers, community health centers, and programs/services related to children's physical fitness and obesity prevention. The high number of programs indicating no working relationship with home-visiting providers could be attributed to the lack of home-visiting programs throughout the state.

	Collaboration (share resources/ agreements)	Coordination (work together)	Cooperation (exchange info/referrals)	No working relationship (little or no contact)
A. Medical home* providers	18.2% (4)	22.7% (5)	54.5% (12)	4.5% (1)
B. Dental home* providers for treatment & care	22.7% (5)	27.3% (6)	40.9% (9)	9.1% (2)
C. State agency (ies) providing mental health prevention and treatment services	27.3% (6)	31.8% (7)	22.7% (5)	18.2% (4)
D. Local agencies providing mental health prevention and treatment	50.0% (11)	27.3% (6)	18.2% (4)	4.5% (1)
E. Agencies/programs that conduct mental health screenings	45.5% (10)	22.7% (5)	18.2% (4)	13.6% (3)
F. WIC (Women, Infants Children)	18.2% (4)	36.4% (8)	40.9% (9)	4.5% (1)
G. Other nutrition services (e.g., cooperative extension programs, university projects on nutrition, etc.)	54.5% (12)	22.7% (5)	18.2% (4)	4.5% (1)
H. Children's health education providers (e.g., Child Care R&R, community-based training)	13.6% (3)	36.4% (8)	31.8% (7)	18.2% (4)
I. Parent health education providers	22.7% (5)	31.8% (7)	31.8% (7)	13.6% (3)
J. Home-visiting providers	13.6% (3)	22.7% (5)	31.8% (7)	31.8% (7)
K. Community Health Centers	40.9% (9)	22.7% (5)	22.7% (5)	13.6% (3)
L. Public health services	40.9% (9)	22.7% (5)	36.4% (8)	0.0% (0)
M. Programs/services related to children's physical fitness and obesity prevention	18.2% (4)	36.4% (8)	31.8% (7)	13.6% (3)

When asked to rate the level of difficulty in accessing health care services during the past 12 months, very few reported it as "extremely difficult". The majority found it was "not at all difficult" or "somewhat difficult".

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Linking children to medical homes	40.9% (9)	54.5% (12)	4.5% (1)	0.0% (0)
B. Partnering with medical professionals on health-related issues (e.g., screening, safety, hygiene, etc.)	31.8% (7)	50.0% (11)	9.1% (2)	9.1% (2)
C. Linking children to dental homes that serve young children	31.8% (7)	36.4% (8)	27.3% (6)	4.5% (1)
D. Partnering with oral health professionals on oral-health related issues (e.g., hygiene, education, etc.)	54.5% (12)	27.3% (6)	13.6% (3)	4.5% (1)
E. Getting children enrolled in CHIP or Medicaid	63.6% (14)	36.4% (8)	0.0% (0)	0.0% (0)
F. Arranging coordinated services for children with special health care needs	38.1% (8)	47.6% (10)	9.5% (2)	4.8% (1)
G. Assisting parents to communicate effectively with medical/dental providers	22.7% (5)	54.5% (12)	18.2% (4)	4.5% (1)
H. Assisting families to get transportation to appointments	33.3% (7)	42.9% (9)	4.8% (1)	19.0% (4)
I. Getting full representation and active commitment on your Health Advisory Committee	33.3% (7)	28.6% (6)	28.6% (6)	9.5% (2)
J. Sharing data/information on children/families served jointly by Head Start and other agencies re: health care (e.g., lead screening, nutrition reports, home-visit reports, etc.)	40.9% (9)	27.3% (6)	22.7% (5)	9.1% (2)
K. Exchanging information on roles and resources with medical, dental and other providers/ organizations regarding health care	45.5% (10)	31.8% (7)	22.7% (5)	0.0% (0)

Other health care issues: Several themes emerged from the open response section when programs were asked to describe any other issues regarding health care for the children and families in the program.

These themes included:
- Shortage of primary care health providers
- Lack of access and transportation to health care
- Shortage of pediatric dentists and family dentists serving young children

Two programs identified the lack of lead screening as an issue. Complete transcripts of responses are presented in Appendix II.

Services for Children Experiencing Homelessness

When asked to rate the extent of agency involvement with service providers and organizations during the past 12 months, a significant number of agencies reported no working relationships in each area. The majority of providers reported no working relationship with local McKinney-Vento liaison (76.2%) and Title I Director (85.0%). Almost half of respondents reported no working relationship with local housing agencies and planning groups, while 28.6% reported no working relationship with local agencies serving families experiencing homelessness.

	Collaboration (share resources/ agreements)	Coordination (work together)	Cooperation (exchange info/referrals)	No working relationship (little or no contact)
A. Local McKinney-Vento liaison	4.8% (1)	0.0% (0)	19.0% (4)	76.2% (16)
B. Local agencies serving families experiencing homelessness	14.3% (3)	23.8%(5)	33.3% (7)	28.6% (6)
C. Local housing agencies and planning groups	4.8% (1)	14.3% (3)	33.3% (7)	47.6% (10)
D. Title I Director	0.0% (0)	0.0% (0)	15.0% (3)	85.0% (17)

Respondents were asked to indicate the extent to which implementation of the following policies was difficult. The majority of agencies indicated "not at all difficult" to: A.) align the Head Start program definition of homelessness with the McKinney-Vento Act; B.) implement policies and procedures to ensure homeless children are identified and prioritized for enrollment; C.) allow homeless families with children to apply, enroll and attend Head Start; and E.) engage with community partners in training and planning activities. There were a number of respondents who found it difficult or extremely difficult to obtain sufficient data on the needs of homeless children, enter into a MOU with local entities, and coordinate with LEA to develop outreach and support activities.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Aligning Head Start program definition of homelessness with McKinney-Vento Homeless Assistance Act	61.1% (11)	33.3% (6)	0.0% (0)	5.6% (1)
B. Implementing policies and procedures to ensure that children experiencing homelessness are identified and prioritized for enrollment	68.4% (13)	15.8% (3)	5.3% (1)	10.5% (2)
C. Allowing families of children experiencing homelessness to apply to, enroll in and attend Head Start while required documents are obtained within a reasonable time frame	57.9% (11)	36.8% (7)	0.0% (0)	5.3% (1)
D. Obtaining sufficient data on the needs of homeless children to inform the program's annual community assessment	5.3% (1)	57.9% (11)	15.8% (3)	21.1% (4)

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
E. Engaging community partners, including the local McKinney-Vento Liaison, in conducting staff cross training and planning activities	50.0% (9)	22.2% (4)	11.1% (2)	16.7% (3)
F. Entering into an MOU with the appropriate local entity responsible for managing publicly funded preschool that includes a plan to coordinate selection priorities for eligible children, including children experiencing homelessness	36.8% (7)	31.6% (6)	15.8% (3)	15.8% (3)
G. In coordination with LEA, developing and implementing family outreach and support efforts under McKinney-Vento and transition planning for children experiencing homelessness	42.1% (8)	26.3% (5)	26.3% (5)	5.3% (1)

Other issues pertaining to services for children experiencing homelessness: One area of concern expressed by programs was limited data on the number of children who are homeless and available resources in the community. One reason expressed for lack of identification was family concerns about losing children if they are identified as being homeless.

Welfare/Child Welfare

When asked to rate the extent of involvement with each of the following service providers and organizations during the past 12 months, the majority of respondents indicated there level of relationship as either cooperation, coordination, or collaboration in the following areas: TANF, employment and training and labor services, economic and community development councils, child welfare agencies, and services to support foster care families. However, 52.9% of respondents indicated no working relationship with the Children's Trust Fund agency. This may be due to the fact that The Children's Trust Fund Agency in Arkansas does most of its work at the state level.

	Collaboration (share resources/ agreements)	Coordination (work together)	Cooperation (exchange info/referrals)	No Working Relationship (little/no contact)
A. TANF agency	25.0% (5)	25.0% (5)	45.0% (9)	5.0% (1)
B. Employment & Training and Labor services agencies	23.8% (5)	19.0% (4)	52.4% (11)	4.8% (1)
C. Economic and Community Development Councils	15.0% (3)	40.0% (8)	35.0% (7)	10.0% (2)
D. Child Welfare agency	19.0% (4)	23.8% (5)	52.4% (11)	4.8% (1)
E. Children's Trust agency	5.9% (1)	11.8% (2)	29.4% (5)	52.9% (9)
F. Services and networks supporting foster and adoptive families	20.0% (4)	35.0% (7)	40.0% (8)	5.0% (1)

When asked to indicate the extent to which each of the following was difficult during the past 12 months, only 1 respondent found it extremely difficult to obtain information and data for community assessment and planning activities. In all seven areas, the majority of respondents found it not at all difficult to work with other entities.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Obtaining information and data for community assessment and planning	57.1% (12)	38.1% (8)	0.0% (0)	4.8% (1)
B. Working together to target recruitment to families receiving TANF, Employment and Training, and related support services	57.1% (12)	38.1% (8)	4.8% (1)	0.0% (0)
C. Implementing policies and procedures to ensure that children in the child welfare system are prioritized for enrollment	85.7% (18)	14.3% (3)	0.0% (0)	0.0% (0)
D. Establishing and implementing local interagency partnerships agreements	61.9% (13)	33.3% (7)	4.8% (1)	0.0% (0)
E. Facilitating shared training and technical assistance opportunities	47.6% (10)	38.1% (8)	14.3% (3)	0.0% (0)
F. Getting involved in state level planning and policy development	61.9% (13)	14.3% (3)	23.8% (5)	0.0% (0)
G. Exchanging information on roles & resources with other service providers regarding family/child assistance services	81.0% (17)	19.0% (4)	0.0% (0)	0.0% (0)

Other welfare/child welfare issues: Many programs indicated that they connect well with child welfare and other welfare providers in obtaining needed services for children and families. One of area of concern was in the area of finacial assistance for kinship caregivers.

Child Care

The next question asked respondents to rate the extent of involvement with each of the following service providers and organizations during the past 12 months. Again, the majority of respondents indicated a working relationship; however, there were agencies that had no working relationship in each category.

	Collaboration (share resources/ agreements)	Coordination (work together)	Cooperation (exchange info/referrals)	No Working Relationship (little/no contact)
A. State agency for Child Care	28.6% (6)	33.3% (7)	28.6% (6)	9.5% (2)
B. Child Care Resource & Referral agencies	20.0% (4)	40.0% (8)	30.0% (6)	10.0% (2)
C. Local child care programs (full year/day)	20.0% (4)	15.0% (3)	35.0% (7)	30.0% (6)
D. State or regional policy/planning committees that address child care issues	20.0% (4)	30.0% (6)	25.0% (5)	25.0% (5)
E. Higher education programs/services/ resources related to child care (e.g., lab schools, student interns, cross-training)	33.3% (7)	42.9% (9)	4.8% (1)	19.0% (4)

When asked to rate the extent to which each of the following was difficult during the past 12 months, the majority indicated no difficulty in sharing data or information on children that are jointly served (assessments, outcomes, etc.) and exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment. However, the majority indicated a degree of difficulty in the following areas: aligning policies and practices with other service providers, assisting families to access full-day, full year services and establishing linkages/partnerships with child care providers.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Establishing linkages/partnerships with child care providers	33.3% (7)	47.6% (10)	19.0% (4)	0.0% (0)
B. Assisting families to access full-day, full year services	35.0% (7)	45.0% (9)	15.0% (3)	5.0% (1)
C. Aligning policies and practices with other service providers	28.6% (6)	42.9% (9)	23.8% (5)	4.8% (1)
D. Sharing data/information on children that are jointly served (assessments, outcomes, etc.)	57.1% (12)	38.1% (8)	4.8% (1)	0.0% (0)
E. Exchanging information on roles and resources with other providers/ organizations regarding child care and community needs assessment	57.1% (12)	38.1% (8)	4.8% (1)	0.0% (0)

Other child care issues: One theme that emerged was the lack of available child care and infant/toddler programs in communities. Another issue was the affordability and lack of funding for extended care. Although, some programs have worked with the state to access resources for extended care through the child care assistance program.

Family Literacy Services

Next, agencies were asked to rate the extent of involvement with each of the following service providers/organizations during the past 12 months. Over half of respondents indicated no working relationship with the Department of Education, Title I, Part A Family Literacy services. More than 76.2% of respondents indicated no working relationship with museums and Even Start. This is due to the fact that few communities have access to museums. The Even Start programs throughout the state have diminished due to lack of funding. One third of respondents also indicated no relationship with school libraries and reading readiness programs.

	Collaboration (share resources/ agreements)	Coordination (work together)	Cooperation (exchange info/referrals)	No Working Relationship (little/no contact)
A. Dept. of Ed Title I, Part A Family Literacy	0.0% (0)	15.0% (3)	30.0% (6)	55.0% (11)
B. Employment and Training programs	30.0% (6)	20.0% (4)	45.0% (9)	5.0% (1)
C. Adult Education	33.3% (7)	28.6% (6)	28.6% (6)	9.5% (2)
D. English Language Learner programs & services	14.3% (3)	38.1% (8)	33.3% (7)	14.3% (3)

E. Services to promote parent/child literacy interactions	33.3% (7)	42.9% (9)	23.8% (5)	0.0% (0)
F. Parent education programs/services	33.3% (7)	42.9% (9)	23.8% (5)	0.0% (0)
G. Public libraries	47.6% (10)	23.8% (5)	23.8% (5)	4.8% (1)
H. School libraries	19.0% (4)	23.8% (5)	23.8% (5)	33.3% (7)
I. Public/private sources that provide book donations or funding for books	42.9% (9)	28.6% (6)	14.3% (3)	14.3% (3)
J. Museums	9.5% (2)	0.0% (0)	14.3% (3)	76.2% (16)
K. Reading Readiness programs	10.0% (2)	20.0% (4)	35.0% (7)	35.0% (7)
L. Higher education programs/services/ resources related to family literacy (e.g., grant projects, student interns, cross-training, etc.)	20.0% (4)	25.0% (5)	35.0% (7)	20.0% (4)
M. Providers of services for children and families who are English language learners (ELL)	9.5% (2)	23.8% (5)	42.9% (9)	23.8% (5)
N. Even Start	4.8% (1)	9.5% (2)	9.5% (2)	76.2% (16)

When asked to rate the degree of difficulty in the following activities, it is significant to note that no agencies reported it as extremely difficult to conduct the activities. Almost all respondents rated it not at all difficult or somewhat difficult in equal ratios.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Recruiting families to Family Literacy Services	33.3% (7)	47.6% (10)	19.0% (4)	0.0% (0)
B. Educating others (e.g., parents, the community) about the importance of family literacy	42.9% (9)	42.9% (9)	14.3% (3)	0.0% (0)
C. Establishing linkages/partnerships with key literacy providers	50.0% (10)	50.0% (10)	0.0% (0)	0.0% (0)
D. Establishing linkages/partnerships with key local level organizations/programs (other than libraries)	50.0% (10)	40.0% (8)	10.0% (2)	0.0% (0)
E. Incorporating family literacy into your program policies and practices	95.2% (20)	4.8% (1)	0.0% (0)	0.0% (0)
F. Exchanging information with other providers/organizations regarding roles and resources related to family literacy	50.0% (10)	50.0% (10)	0.0% (0)	0.0% (0)

Other family literacy issues: One theme that emerged was the lack of parent participation in planned family literacy activities. One program indicated that inviting parents and community volunteers to read to children in the classrooms has been an asset as well as national initiatives.

Services for Children with Disabilities

When asked to evaluate the working relationship with organizations providing services to meet the needs of children with special needs, the majority of respondents indicated at least a cooperative relationship with all the entities except university college programs. These responses may be due to the lack of existing programs in all areas of the state and a misunderstanding about which entity serves as the Arkansas UCED. Partners for Inclusive Communities (UCED) is very active in working with local Head Start programs in a variety of ways.

	Collaboration (share resources/ agreements)	Coordination (work together)	Cooperation (exchange info/referrals)	No Working Relationship (little/no contact)
A. State Lead Agency for Part B/619	40.0% (8)	20.0% (4)	5.0% (1)	35.0% (7)
B. Local Part B/619 providers	47.4% (9)	21.1% (4)	10.5% (2)	21.1% (4)
C. State Education Agency—other programs/services (Section 504, special projects re: children with disabilities, etc.)	45.0% (9)	30.0% (6)	15.0% (3)	10.0% (2)
D. State Lead Agency for Part C	45.0% (9)	25.0% (5)	10.0% (2)	20.0% (4)
E. Local Part C providers	40.0% (8)	35.0% (7)	5.0% (1)	20.0% (4)
F. Federally funded programs for families of children with disabilities (e.g., Parent Training & Information Center, Family Voices, Maternal and Child Health, Protection & Advocacy agency, Special Medical Services, etc.)	10.5% (2)	31.6% (6)	42.1% (8)	15.8% (3)
G. State-funded programs for children with disabilities and their families (e.g., developmental services agencies)	30.0% (6)	35.0% (7)	30.0% (6)	5.0% (1)
H. University/community college programs/services related to children with disabilities (e.g., University Centers for Excellence on Disability/others)	10.0% (2)	10.0% (2)	20.0% (4)	60.0% (12)
I. Non-Head Start councils, committees or work groups that address policy/program issues regarding children with disabilities (e.g., State /Local Interagency Coordinating Council, preschool special education work/advisory group)	15.0% (3)	55.0% (11)	20.0% (4)	10.0% (2)

When asked to rate the level of difficulty in accessing the services for families of children with disabilities, the majority of respondents felt it was not at all difficult.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Obtaining timely evaluations of children	42.9% (9)	42.9% (9)	4.8% (1)	9.5% (2)
B. Having staff attend IEP or IFSP meetings	81.0% (17)	14.3% (3)	4.8% (1)	0.0% (0)
C. Coordinating services with Part C providers	57.9% (11)	21.1% (4)	10.5% (2)	10.5% (2)
D. Coordinating services with Part B/619 providers	66.7% (12)	16.7% (3)	5.6% (1)	11.1% (2)
E. Sharing data/information on jointly served children (assessments, outcomes, etc.)	78.9% (15)	15.8% (3)	5.3% (1)	0.0% (0)
F. Exchanging information on roles and resources with other providers/ organizations regarding services for children with disabilities and their families	78.9% (15)	15.8% (3)	5.3% (1)	0.0% (0)

Other services for children with disabilities issues: Many programs discussed involvement with local ICC's and involvement by disability providers on Head Start Health Advisory Committees have been a tremendous asset to their program. Some programs mentioned challenges in working with Part C providers.

Community Services

Respondents were asked to document the extent of the relationship with organizations providing services or resources to prevent or address child abuse and neglect. Approximately one in five respondents had no working relationship with private resources to address these issues. All Head Start and Early Head Start programs had an established relationship with providers of child abuse and prevention treatment services.

	Collaboration (share resources/ agreements)	Coordination (work together)	Cooperation (exchange info/referrals)	No Working Relationship (little/no contact)
A. Law Enforcement	9.5% (2)	42.9% (9)	38.1% (8)	9.5% (2)
B. Providers of substance abuse prevention/treatment services	19.0% (4)	42.9% (9)	28.6% (6)	9.5% (2)
C. Providers of child abuse prevention/treatment services	30.0% (6)	55.0% (11)	15.0% (3)	0.0% (0)
D. Providers of domestic violence prevention/treatment services	23.8% (5)	28.6% (6)	42.9% (9)	4.8% (1)
E. Private resources geared toward prevention/intervention (faith-based, business, foundations, shelters, etc	20.0% (4)	30.0% (6)	30.0% (6)	20.0% (4)
F. Providers of emergency services (e.g., Red Cross, state agency responsible for large-scale emergency plans)	28.6% (6)	38.1% (8)	28.6% (6)	4.8% (1)

When asked to rate the level of difficulty accessing or establishing these linkages, the agencies indicated these were not difficult. In all of the categories, none of the agencies felt it was extremely difficult. In three of these same categories, none of the respondents felt it was difficult to establish these linkages.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Establishing linkages/partnerships with law enforcement agencies	70.0% (14)	30.0% (6)	0.0% (0)	0.0% (0)
B. Establishing linkages/partnerships with public resources (state, county, city, etc.) regarding prevention/treatment services	52.6% (10)	47.4% (9)	0.0% (0)	0.0% (0)
C. Establishing linkages/partnerships with private resources (e.g., faith-based, foundations, business) regarding prevention/treatment services	60.0% (12)	25.0% (5)	15.0% (3)	0.0% (0)
D. Partnering with service providers on outreach activities for eligible families	70.0% (14)	30.0% (6)	0.0% (0)	0.0% (0)
E. Obtaining in-kind community services for the children/families in your program	60.0% (12)	30.0% (6)	10.0% (2)	0.0% (0)
F. Sharing data/information on children/families served jointly by Head Start and other agencies re: prevention/treatment services	52.6% (10)	42.1% (8)	5.3% (1)	0.0% (0)
G. Exchanging information on roles and resources with other providers/ organizations regarding community services	57.9% (11)	31.6% (6)	10.5% (2)	0.0% (0)

Other community services issues: Several programs indicated a lack of resources for services in their communities as an issue. On the other hand, many Head Start programs indicated that involvement of their staff in community coalitions and activities was important in developing partnerships.

Education: Publicly funded Pre-K programs

When asked to report the extent of involvement with each of the following service providers or organizations during the past 12 months, a minority of providers 2 (11.1%) indicated no MOU with local entities for managing publicly funded preschool programs. Half of respondents noted no working relationship with the state funded pre-k program in Arkansas, which could include stand-alone Early Head Start programs.

	Collaboration (share resources/ agreements)	Coordination (work together)	Cooperation (exchange info/referrals)	No Working Relationship (little/no contact)
A. Memorandum of Understanding (MOU) with the appropriate local entity responsible for managing publicly funded preschool programs in the service area of your agency which includes plans to coordinate activities, as described in 642(e) (5)(A)(i)(ii) (I-X), and a review of each of the activities.	44.4% (8)	16.7% (3)	27.8% (5)	11.1% (2)
B. No publicly funded pre-k in this state Check "no working relationship"	25% (2)	12.5% (1)	12.5% (1)	50% (4)

Head Start programs are required to have an MOU with publicly-funded Pre-K programs in their service areas. The MOU must include a review of, and plans to coordinate, as appropriate, 10 areas/activities. When asked to rate this relationship, agencies again indicated this was not at all difficult with the exception of the provision of services to meet the needs of working parents. In four of the areas, no one rated the relationship as extremely difficult. These areas are: service areas, staff training, communication and parental outreach, and provision and use of facilities.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Educational activities, curricular objectives and instruction	57.9% (11)	10.5% (2)	26.3% (5)	5.3% (1)
B. Information, dissemination and access for families contacting Head Start or other preschool program	68.4% (13)	5.3% (1)	21.1% (4)	5.3% (1)
C. Selection priorities for eligible children served	57.9% (11)	10.5% (2)	26.3% (5)	5.3% (1)
D. Service areas	68.4% (13)	5.3% (1)	26.3% (5)	0.0% (0)
E. Staff training, including opportunities for joint staff training	47.4% (9)	26.3% (5)	26.3% (5)	0.0% (0)
F. Program technical assistance	44.4% (8)	27.8% (5)	16.7% (3)	11.1% (2)
G. Provision of services to meet needs of working parents, as applicable	36.8% (7)	31.6% (6)	26.3% (5)	5.3% (1)
H. Communications and parent outreach for transition to kindergarten	73.7% (14)	10.5% (2)	15.8% (3)	0.0% (0)
I. Provision and use of facilities, transportation, etc.	57.9% (11)	26.3% (5)	15.8% (3)	0.0% (0)

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
J. Other elements mutually agreed to by the parties to the MOU	55.6% (10)	16.7% (3)	22.2% (4)	5.6% (1)

Other issues with publicly funded Pre-K programs: While collaboration with the Arkansas Better Chance programs has improved, there are several areas of the state that still have challenges to overcome.

Education: Head Start Transition and Alignment with K-Partnership Development

When asked to rate the extent of involvement with local education agencies (LEAs) during the past 12 months, no programs indicated no working relationships, while 83.3% indicated collaboration.

	Collaboration (share resources/ agreements)	Coordination (work together)	Cooperation (exchange info/referrals)	No Working Relationship (little/no contact)
A. Relationship with Local Education Agencies (LEAs) regarding transition from Head Start to kindergarten	83.3% (15)	11.1% (2)	5.6% (1)	0.0% (0)

When asked to rate the level of difficulty, on average less than 2 (10%) of respondents felt it was extremely difficulty. The majority felt it was not at all difficult to engage with local education agencies.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Coordinating with LEAs to implement systematic procedures for transferring Head Start program records to school	75.0% (15)	20.0% (4)	0.0% (0)	5.0% (1)
B. Ongoing communication with LEAs to facilitate coordination of programs (including teachers, social workers, McKinney Vento liaisons, etc.)	68.4% (13)	21.1% (4)	5.3% (1)	5.3% (1)
C. Establishing and implementing comprehensive transition policies and procedures with LEAs	80.0% (16)	15.0% (3)	0.0% (0)	5.0% (1)
D. Linking LEA and Head Start services relating to language, numeracy and literacy	78.9% (15)	15.8% (3)	0.0% (0)	5.3% (1)
E. Aligning LEA and Head Start curricula and assessments with Head Start Child Outcomes Framework	78.9% (15)	15.8% (3)	0.0% (0)	5.3% (1)
F. Aligning Head Start curricula with state Early Learning Standards	84.2% (16)	5.3% (1)	5.3% (1)	5.3% (1)
G. Partnering with LEAs and parents to assist individual children/families to transition to school, including review of portfolio/records	75.0% (15)	20.0% (4)	0.0% (0)	5.0% (1)
H. Coordinating transportation with LEAs	53.3% (8)	26.7% (4)	6.7% (1)	13.3% (2)

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
I. Coordinating shared use of facilities w/LEAs	81.3% (13)	6.3% (1)	0.0% (0)	12.5% (2)
J. Coordinating with LEAs regarding other support services for children and families	68.4% (13)	21.1% (4)	0.0% (0)	10.5% (2)
K. Conducting joint outreach to parents and LEA to discuss needs of children entering kindergarten	66.7% (12)	22.2% (4)	0.0% (0)	11.1% (2)
L. Establish policies and procedures that support children transition to school that includes engagement with LEA	70.6% (12)	23.5% (4)	0.0% (0)	5.9% (1)
M. Helping parents of limited English proficient children understand instructional and other information and services provided by the receiving school.	55.6% (10)	33.3% (6)	5.6% (1)	5.6% (1)
N. Exchanging information with LEAs on roles, resources and regulations	66.7% (12)	16.7% (3)	5.6% (1)	11.1% (2)
O. Aligning curricula and assessment practices with LEAs	66.7% (12)	11.1% (2)	16.7% (3)	5.6% (1)
P. Organizing and participating in joint training, including transition-related training for school staff and Head Start staff	72.2% (13)	11.1% (2)	11.1% (2)	5.6% (1)

Other issues in Head Start transition and alignment with Kindergarten partnership development: The open response section demonstrates no further areas of concern. There seem to be excellent partnerships in this area.

Professional Development

When asked to rate the level of interaction with institutions of higher education or other professional development providers, the majority of respondents reported coordination or collaboration with the organizations.

	Collaboration (share resources/ agreements)	Coordination (work together)	Cooperation (exchange info/referrals)	No Working Relationship (little/no contact)
A. Institutions of Higher Education (4 yr)	23.8% (5)	42.9% (9)	28.6% (6)	4.8% (1)
B. Institutions of Higher Education (less than 4 year)(e.g., community colleges)	19.0% (4)	52.4% (11)	23.8% (5)	4.8% (1)
C. On-line courses/programs	0.0% (0)	38.1% (8)	28.6% (6)	33.3% (7)
D. Child Care Resource & Referral Network	4.8% (1)	19.0% (4)	47.6% (10)	28.6% (6)
E. Head Start T & TA Network	28.6% (6)	52.4% (11)	9.5% (2)	9.5% (2)
F. Other T & TA networks (regional, state)	23.8% (5)	47.6% (10)	19.0% (4)	9.5% (2)
G. Service providers/organizations offering relevant training/TA cross-training opportunities	4.8% (1)	66.7% (14)	23.8% (5)	4.8% (1)

When asked to rate the degree of difficulty accessing these institutions, very few programs indicated it was extremely difficult. Again, a majority of programs indicated that it was not at all difficult or somewhat difficult.

	Not at All Difficult	Somewhat Difficult	Difficult	Extremely Difficult
A. Transferring credits between public institutions of learning	31.6% (6)	47.4% (9)	10.5% (2)	10.5% (2)
B. Accessing early childhood education degree programs in the community	47.6% (10)	28.6% (6)	19.0% (4)	4.8% (1)
C. Accessing T & TA opportunities in the community (including cross-training)	40.0% (8)	55.0% (11)	5.0% (1)	0.0% (0)
D. Accessing scholarships and other financial support for professional development programs/activities	25.0% (5)	55.0% (11)	20.0% (4)	0.0% (0)
E. Staff release time to attend professional development activities	23.8% (5)	33.3% (7)	38.1% (8)	4.8% (1)
F. Accessing on-line professional development opportunities (e.g., availability of equipment, internet connection, etc.)	52.4% (11)	33.3% (7)	14.3% (3)	0.0% (0)
G. Exchanging information on roles and resources with other providers/ organizations regarding professional development	55.0% (11)	35.0% (7)	10.0% (2)	0.0% (0)

Other professional development issues: Several themes emerged pertaining to professional development.

These themes included:
- Lack of appropriate and available degrees for Pre-K and Infant/Toddler Teachers
- For staff pursuing bachelor degrees, distance is a barrier due to the limited number of four year institutions offering appropriate degrees.
- Financial resources to support professional development

Areas for Improvement

The information gathered in the needs assessment will be used to update the current management plan for 2009-2010 and develop a five year strategic plan. Based on the responses of the needs assessment, agencies are successfully collaborating in the majority of primary areas. However, themes were identified in the key activity areas for further consideration.

1. Health Care:
- Strengthen collaboration with medical home providers, dentists, mental health prevention and treatment providers and programs
- Improve collaboration with WIC

2. Services for Children Experiencing Homelessness:
- Obtain sufficient data on the needs of homeless children to inform the program's annual community assessment
- Coordination with LEAs

3. Welfare/Child Welfare:
- The need to increase awareness of Children's Trust Agency collaboration

4. Child Care:
- Collaboration with local child care programs for full-year, full-day services
- State or regional policy/planning committees that address child care issues

5. Family Literacy Services:
- Coordination with the Dept. of Education, Title I, Part A, Employment and Training programs, and Adult Education
- Services for reading readiness
- Services for English language learners

6. Services for Children with Disabilities:
- Collaboration with university and community college programs
- Federally funded programs for families of children with disabilities

7. Community Services:
- Domestic violence prevention and treatment
- Substance abuse prevention and treatment
- Resources geared toward prevention and intervention

8a. Education: Publicly funded Pre-K
- Provision of services to meet the needs of working parents
- Coordination with services to assist parents with limited English

8b. Education: Head Start Transition and Alignment with K-Partnership Development:
- Coordination with services to assist parents with limited English
- Coordinating transportation with other LEAs

9. Professional Development:
- Child Care Resource and Referral Network
- Online-courses and programs

Conclusion

The Arkansas Head Start State Collaboration Office will use the needs assessment report to update the current management plan and develop a five year strategic plan to address the issues identified in the report. The Arkansas Head Start State Collaboration Office will work with the Arkansas State Based TA System and will involve state-level partners as well as the Head Start community in the development of the strategic plan. The Arkansas Head Start Association will review the plan and provide recommendations for approval.

While many of the identified issues are addressed in the current management plan (strategic plan), special emphasis will be placed on the following issues as the current plan is updated:

- **Health Care:** Objectives will be developed pertaining to additional educational awareness for health providers about the importance of lead screenings as a component of EPSDT.
- **Services for Children Experiencing Homelessness:** Special emphasis will be placed on developing linkages with local LEA's Homeless Liaisons and other local resources.
- **Child Care:** The Arkansas Head Start State Collaboration Office will work closely with the Division of Child Care and Early Childhood Education in coordination of opportunities for extended and summer care through the American Recovery and Reinvestment Act.
- **Family Literacy Services:** Objectives will be included to increase the awareness of local programs about national family literacy initiatives and to link local programs with family literacy resources in their community.
- **Professional Development:** The Arkansas Head Start State Collaboration Office will promote local linkages between Head Start programs and the Child Care Resource and Referral Network. Another focus will be working in partnership with Division of Child Care and Early Childhood Education in the development of the Birth through Pre-Kindergarten Teaching Credential.

The needs assessment will be conducted annually to assess changes in the levels of collaboration. The results will be used to determine if revisions should be made to the strategic plan.