

HEAD START PROGRAMS IN MARYLAND

2019 Program Information and Needs Assessment Report for the State of Maryland

Prepared by the Maryland Head Start Association

July 1, 2019

There are 56 Head Start Programs in Maryland. This number includes 20 Head Start Programs and 36 Early Head Start Programs.

Agency Types	
Community Action Agencies (CAA)	16
Government Agency (Non-CAA)	6
Private/Public For-Profit	2
Private/Public (Non-CAA) (e.g., church or non-profit hospital)	28
School System	4
Total	56

Agency Descriptions	
Delegate Agency	20
Grantee that directly operates program(s) and has no delegates	32
Grantee that maintains central office staff only and operates no program(s) directly	4
Total	56

Total Cumulative Enrollment	
Total cumulative enrollment	11,327
Children	11,118
HS Children	8,561
EHS Children	2,557
Pregnant Women (EHS)	209

Programs in the state of Maryland received federal grant funds totaling \$96,292,139 to service Head Start (HS) families, Early Head Start (EHS) families and EHS-Child Care Partnerships.¹ All programs follow the national Head Start Performance Standards (HSPPS) for providing quality services to children and families. Grantees and delegate agencies as shown above, include public school districts, community action agencies (CAAs), local government agencies which are not CAAs, private non-profits, and organizations with faith-based affiliations.

In addition to the base federal grants, Head Start grantees are required to provide 20% of the program budget from non-federal share, or in-kind, sources. The collective in-kind goal of Maryland Head Start Programs is over \$19 million.

One of the local contributions to Head Start programs comes from supplemental State funds through the Maryland State Department of Education (MSDE). MSDE makes available grants to expand the number of high quality, comprehensive, programs available to children across the State. In 2017-2018, the appropriation for the Head Start and Early Head Start Supplemental was \$1.8 million.

MSDE's Division of Early Childhood has also helped promote Head Start participation in the Maryland Quality Rating Improvement System known as Maryland EXCELS. Around the State, the Division of Early Childhood's Quality Support Specialists and the Maryland Child Care Resource and Referral Network technical assistance staff have worked with Head Start programs to facilitate their enrollment.

The **Improving Head Start for School Readiness Act of 2007**, requires that each year *“the State Director of Head Start Collaboration shall conduct an assessment that addresses the needs of Head Start agencies in the State with respect to collaboration, coordination and 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.”*

¹ *Maryland State Fact Sheet* [PDF]. (2019). National Head Start Association. Available at: https://drive.google.com/file/d/19PtA2s_NGjCkqgvu60ERTB8HX8vCqIRg/view?usp=sharing

METHODOLOGY

In 2018, the Head Start State Collaboration Office (HSSCO) continued to work with MHSA on their five federal priorities which are:

1. Partner with State Childcare Systems emphasizing the Early Head Start-Child Care Partnership (EHS-CC) Initiatives
2. Work with the State efforts to collect data regarding early childhood programs and child outcomes
3. Support the expansion and access for high quality, workforce and career development opportunities for staff
4. Collaborate with State Quality Improvement Systems (QRIS)
5. Work with State School Systems to ensure continuity between Head Start and Kindergarten Readiness Assessment (KRA)

Surveys and discussions were conducted with Head Start and Early Head Start programs across the State, online, during the 2019 Program Governance and 2019 General Membership Meeting, 2019 Winter Health Institute, 2019 MHSA Spring Conference, Directors Meetings and during Regional Town Hall meetings. Respondents were asked open ended questions to determine the needs of the state pertaining to a specific priority.

Collection of Data

- Discussions were held at quarterly Director and planning meeting on 1/10/2019, 2/13/2019, 3/21/2019, 5/10/2019
- Directors attended Regional Town Hall meetings on the following dates
- Surveys and Discussions were distributed and facilitated at the 2018 Program Governance, 2018 General Membership meeting, the 2019 Winter Health Institute from 2/20/2019 – 2/22/2019 and 2019 Spring Conference from 5/7/2019 – 5/10/2019
- Information was also gathered during committees such as Public Policy and Training and Technical Assistance.
- Information was gathered during monthly TAP calls with the OHS Training and Technical Assistance Network.

Participating Programs

Allegany County Human Resources
Associated Catholic Charities Carroll Co.
Associated Catholic Charities Harford Co.
Board of Education Calvert County
Board of Education St. Mary's Co.
Catholic Charities Head Start, Baltimore City
Catholic Charities Head Start/Early Head Start, Carroll County
Community Action Council of Howard County
Dayspring Head Start
Family Services Inc.
Garrett County Community Action Committee, Inc. Head Start
Head Start of Washington County
Mayor & City Council of Baltimore City

Maryland Family Network
Maryland Rural Development Corp.
Montgomery County, Maryland Government
Regional S. Lourie Center
Shore Up! Inc.
SMTCCAC, Inc. Head Start
Young Men's Christian Association of Frederick Co.
YMCA of Central Maryland, Anne Arundel
YMCA of Central Maryland, Baltimore City
YMCA of Central Maryland, Baltimore County

The development of this needs assessment was based on reoccurring themes noted in the responses. Respondents also gave input to the most important issues impacting our region and strategies to either build on the strength of those priorities or to mitigate the challenges.

Priority Needs and Strategies to Address Them

Partner with State Childcare Systems emphasizing the Early Head Start-Child Care Partnership (EHS-CC) Initiatives.

Early Head Start staff and Child Care partners report similar needs to those of the 2018 assessment with professional development as the primary need. EHS Partners and Head Start programs report a need for training in fiscal management and transitioning from EHS to Head Start. They also report there is a need for potential partner programs to understand the complexities of the EHS-CC Partnership before they plan to partner with a program. Another need indicated by partners and programs, is the need for funding to

support quality, i.e. teacher education, higher wages, curriculum, facility, furniture, etc. MHSA also found it is necessary to increase the awareness of Head Start, the EHC-CC Partnership initiative, and the benefits of partnering to Child Care programs.

Strategies to Address the Need

Goal	To prepare and assist Head Start, Early Head Start, and Child Care programs to participate in EHS-CC Partnerships to improve services.
Objective 1	Support and create projects and trainings that educate HS, EHS and Child Care programs on the EHS-CC Initiative
Strategies	<ul style="list-style-type: none"> • Partner with Region 3 Training and Technical Assistance, MSDE and the Maryland State Child Care Association (MSCCA) to provide training on the EHS-CC initiative at MHSA and MSCCA conferences; especially in the areas of fiscal management and transitions. • Share information and updates on the EHS-CC initiatives from the Office of Head Start with all stakeholders. • Continue to update the EHS-CC Partnership resource page on MHSA website. • Promote collaboration with the Child Care Training Institute to design training tracks for Child Care providers that are interested in partnering with Head Start program (HS and EHS) to expand EHS. • Training with EHS-CC Administrators and Child Care partners on the 2016 HSPPS • Offer information workshops in MHSA zones to prepare potential Child Care programs to partner with EHS • Create and distribute literature that promotes Head Start and Child Care partnerships. • MHSA will participate in networking opportunities such exhibitor tables at events and by providing workshops at conferences for Child Care programs.
Objective 2	Support Funding to ensure the EHS-CC Partnerships are sustainable.
Strategies	<ul style="list-style-type: none"> • Continue to advocate for funding from the Office of Head Start, MSDE, and other funding sources. • Ensure programs and partners are informed on any funding opportunities regarding EHS-CC Partnerships.

Work with the State efforts to collect data regarding early childhood programs and child outcomes.

According to the Head Start State Level Program Information Report, programs in Maryland use the following management information systems:²

Name	Locally Designed	Web Designed	Number of Programs
CAP 60	No	Yes	2
ChildPlus/ChildPlus.net	No	Yes	6
COPA (Child Outcome, Planning and Administration/Assessment)	No	Yes	10
EmpowOR	No	Yes	5
MCPS Head Start Database	Yes	No	1
PRO 2000	Yes	Yes	2
PROMIS (Program, Resources and Outcomes Management Information System, Cleverex, MyHeadstart)	No	Yes	26

While 100% of programs report the use of a management information system, many do not use the systems to their full potential. With heightened data collection and analysis requirements by the HSPPS, some programs are experiencing an increased workload. A bridge between systems would help to reduce the workload when children transfer between Head Start programs or to the Local Education Authority (LEA). There is a substantial need for a state identifying number for Head Start children to ensure data is collected and reported correctly.

Respondents also seek professional development, shared resources, and collaborative opportunities to learn how to analyze data and broaden the Maryland Head Start communities focus on what data needs to be collected, analyzed, and disseminated. Respondents also report the need for an annual report that documents the growth and development of EHS and HS children throughout the state of Maryland.

² *Program Information Report (PIR) Summary Report -2018-State Level* [PDF]. (2018). Office of Head Start. Available at: https://drive.google.com/open?id=19PtA2s_NGjCkqgvu60ERTB8HX8vCqIRg

Strategies to Address the Need

Goal 1	To continue to support the State efforts to collect data and track outcomes for children.
Objective 1	Collaborate with stakeholders to ensure the data collected is accurate
Strategies	<ul style="list-style-type: none"> • Continue to create opportunities to bring all stakeholders together to discuss the collection and reporting process. Develop a network or work group of Data Administrators or staff that input data. • Continue to advocate for a state identifying number for Head Start programs. • Work with MSDE to ensure EHS/HS voice and story is clearly expressed in the development of an annual report that will document data that shows the growth of children in programs such as Early Head Start and Head Start, Judy Centers, Child Care, and Family Child Care. • Provide an Annual Report that reports and analyzes Head Start data on a statewide level. • Conduct statewide meetings with Data Managers or other data personnel from each program to discuss and plan for the proper collection of data. • Develop an Annual Growth report that will document the growth of Head Start families from the time they enter Head Start to the time they leave. • Develop literature with tidbits of information about Head Start
Objective 2	To work with all stakeholders to explore ways to reduce the data entry burden on programs.
Strategies	<ul style="list-style-type: none"> • Explore creating bridges or upload links to assist with data entry between Head Start programs and the state system. • Work with MSDE to bring together management system leaders to discuss ways for MSDE's EARS system and their systems to communicate. Recruit Head Start programs to provide feedback and pilot new developments.

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

The HSPPS increased educational requirements for Head Start staff. Programs must ensure newly hired staff meet these requirements. Section 1302.91 (e) (6) of the HSPPS requires home visitors have a minimum of a home-based CDA credential or comparable credential.³ EHS and HS Directors recommend the development of a CDA equivalent credential for Home Visitors. Respondents continue to mention the benefits of the CDA coursework counting towards a degree.

Currently, statewide networks or advisory groups exist for Early Childhood Education and Health. Similar groups for Head Start staff that work in areas such as Family Engagement, Transportation, Finance, etc. will benefit joining such a network. Also, venues for Teachers, Teachers Assistants, Nutrition Aides, and Bus Drivers; staff that normally are not able to attend such events due to the demands of the classroom will increase the quality of work for those employees by providing them a forum to share strategies and resources. There is a need for training outside of classroom hours for staff that are not able to leave the classroom.

Head Start staff and leaders continue to report the need for better collaboration opportunities with universities to support staff credentials and use Head Start programs to help train potential teachers. Respondents also expressed the need for an increased teacher pool with high quality teachers. During Regional Town Hall meetings, Director meetings and phone conferences, Head Start staff and directors expressed concern about the Commission on Innovation and Excellence in Education’s Blueprint for Maryland Future (*which includes Universal Pre-K*) and opportunities available to Head Start.

Strategies to Address the Need

Goal 1	Continue to contribute to the coordination of a statewide professional development system for all professions that work with the zero to five communities.
Objective 1	Support projects and initiatives that enhance the education and professional development of all Head Start staff
Strategies	<ul style="list-style-type: none">• Promote resources on the MHSA website that list professional development opportunities.• Survey Head Start, Early Head Start and Child Care partners to determine training needs.• Provide tracks/workshops/train the trainer at institutes and conferences that allow participants to receive professional certificates.• Work with MSDE, colleges and universities or other entities to develop a CDA equivalent credential for Home Visitors.

³ *Head Start Program Performance Standards* [PDF]. (2016). Office of Head Start. Available at: <https://eclkc.ohs.acf.hhs.gov/hslc/hs/docs/hspss-final.pdf>

Objective 2	To continue to work with two and four-year colleges to improve degree opportunities for Head Start staff
Strategies	<ul style="list-style-type: none"> • Promote the development of HS and EHS educational cohorts for CDA and AA degree opportunities. • Work with MSDE to explore options to allow CDA coursework to count towards a degree.

Goal 2	Increase collaborations and partnerships with colleges and universities across the state of Maryland
Objective 1	Educate colleges and universities on Head Start and its impact on the community
Strategies	<ul style="list-style-type: none"> • Create a one sheet specifically for colleges and universities that discusses Head Start, the programs impact and how a partnership will benefit the entire community. • Conduct information sessions in the community or with specific colleges or universities to inform them about Head Start and the programs impact.
Objective 2	Work with colleges and universities to develop a program that will allow their students to use EHS and HS classrooms as a training ground.
Strategies	<ul style="list-style-type: none"> • Meet with colleges and universities and assess why they have not used Head Start programs for field placement, observations, or in other capacities. • Create a workgroup that will develop a statewide uniform program that will allow HS and EHS classrooms to be part of an educational development track (field placement for Early Childhood Educators).

Goal 3	To expand learning opportunities for Head Start staff that work in areas such as Transportation, Finance, Nutrition Aides and other staff that may be under-represented at conferences/workshops, etc.
Objective 1	Provide learning venues to engage under represented staff.
Strategies	<ul style="list-style-type: none"> • Provide training/workshops during hours scheduled around classroom time and within regions of the State to lessen the travel burden for staff. • Develop groups, networks and online forums for under-represented staff to share strategies and resources. • Provide funding for substitutes to allow staff to participate in workshops and conferences provided by MSDE and MHSA. • Work with colleges or universities to develop or provide online workshops, seminars, or webinars to create more flexible professional development opportunities.

Goal 4	Continue to expand the learning opportunities for Family Advocates and EHS Home Visitors
Objective 1	Support the State and OHS initiatives to expand Parent, Family, and Community Engagement Framework
Strategies	<ul style="list-style-type: none"> • Increase training offered to Family Advocates and Home Visitors at the MHSA Fall and Spring Conference. • Partner with Maryland Family Network and MHSA to promote and train staff to facilitate “Parent Cafes” throughout the State. • Develop a Family Engagement Network or Workgroup.
Objective 2	Increase trainings that focus on working with low income families.
Strategies	<ul style="list-style-type: none"> • Survey Family Advocates, EHS Home Visitors and other family engagement staff to determine their training needs. • Partner with other agencies in the State that offer trainings for staff that work with low income families.

Goal 5	Support MSDE in projects that will provide additional learning opportunities for Head Start staff
Objective 1	Continue to support MSDE in the implementation of the Pre-School Development Grant (PDG)
Strategies	<ul style="list-style-type: none"> • Provide opportunities for MSDE to update the Head Start community on the PDG. • Work with MSDE to help collect data from Head Start staff, parents, etc. through surveys, discussions, etc. • Through PDG, help develop, implement and provide learning opportunities for Head Start staff.
Objective 2	Prepare Head Start staff to capitalize on opportunities that may become available through the Commission on Innovation and Excellence in Education’s Blueprint for Maryland’s Future (EEBMF)
Strategies	<ul style="list-style-type: none"> • Work with MSDE to provide updates on EEBMF to Head Start staff. • Education on areas of EEBMF that impact Head Start. • Information/presentations/workshops opportunities that may be available to Head Start programs through EEBMF. • Assistance to help Head Start programs capitalize on opportunities provided by EEBMF.

Collaborate with State Quality Improvement Systems (QRIS)

Directors continue to report a difficult process for programs to become approved or reach levels, especially for programs with multiple sites. Respondents believe Head Start programs should begin at a level higher than 1 due to the requirements of the HSPPS. Allowing Head Start programs to start at a higher level will ease the workload to meet the requirements of QRIS. Programs are having trouble accessing training and support. The Blueprint for Maryland’s Future (EEBMF), developed by the Commission on Innovation and Excellence in Education, proposes that programs must participate in MD EXCELS on a level 3 with a plan to reach level 5 in order to participate in the mixed delivery system. There are Head Start programs still not participating in MD EXCELS or not on level 3.

Goal 1	Reduce the amount of burden to using MD Excels (QRIS) and promote its use throughout the State.
Objective 1	Support the use of MD EXCELS QRIS system
Strategies	<ul style="list-style-type: none"> • Educate Head Start programs on the importance of MD EXCELS pertaining to EEBMF. • Create a campaign urging Head Start programs to participate in MD EXCELS and reach level 3. • Provide a dedicated page to MD EXCELS on the MHSA Website. • Post updates and resources on the MHSA page and through social media, email, conferences and meetings. • Continue to update HS programs on the “New Performance Standard” proposal related to participation in the QRIS.
Objective 2	Support the creation of a process that lessens the burden of approval, especially for programs with multiple sites.
Strategies	<ul style="list-style-type: none"> • Facilitate meetings to address how MD EXCELS program can become more user friendly to Head Start and Child Care programs that have multiple sites. • Advocate for coordination between State agencies that work with Early Childhood programs. • Work with MD EXCELS for the creation of a process that reduces duplication of information for programs with multiple sites. • Advocate for a Head Start track within EXCELS programs. <ul style="list-style-type: none"> - Research models from neighboring states. - Align Head Start quality measures with MD EXCELS quality measures. • Support the training of Program Coordinators, Quality Assurance Specialists, and Technical Assistance Specialists specifically for Head Start programs through MHSA. • Work with MD EXCELS to develop a Head Start specific workgroup.

Work with State School Systems to ensure continuity between Head Start and Kindergarten Readiness Assessment (KRA)

Concerns reaming among Head Start programs with the results of the Kindergarten Readiness Assessment (KRA). According to KRA results, only 32% of Head Start children are ready for Kindergarten.

Program directors continue to have concern that children are not being captured as Head Start students when they attend both Pre-K and Head Start, therefore, bringing into question the validity of the results. Respondents believe the issue lies with the data collection method. Head Start students do not receive a state identifier number as do children who attend Pre-K. This number allows students to

be tracked in the state system before they enter Kindergarten, identifying prior care providers. Instead, to recognize a student as attending Head Start, the parent or staff must transfer a document to the public schools through a process that is not standard across the State.

Directors report that programs need support to align their child outcome assessments with the KRA and recognize the need for continuous quality improvement amongst Head Start programs. Some programs are not using state approved curriculum and identify the lack of funding as a reason they have not switched to an approved curriculum.

Goal 1	To promote collaboration between Head Start programs, Childcare Partners and the State School System to ensure success for all children in school readiness.
Objective 1	To ensure Head Start programs have an understanding of the KRA goals.
Strategies	<ul style="list-style-type: none"> • Work with Judy Centers and Maryland Family Network to create networking opportunities for Early Childhood Educators from Head Start, Child Care and the Public School together. • Provide workshops discussing KRA to Head Start programs at conferences, workshops, and meetings in 4 zones of the state. • Link to KRA on the MHSA website to help programs remain informed and updated.
Objective 2	Support the creation of a system that ensures an accurate collection of KRA data.
Strategies	<ul style="list-style-type: none"> • Work with HSCCO to support programs to align their child outcome assessments with KRA. • Work with HSCCO to develop a recommended transition process from Head Start to Kindergarten. • Continue to advocate for a state identifier for each Head Start child.
Objective 3	Promote the continuous quality improvement of Head Start programs.
Strategies	<ul style="list-style-type: none"> • Promote the use of a state approved curriculum. • Keep programs aware of state and other funding that can be used for quality improvement. • Provide training and institutes, workshops, webinars, etc. about quality improvement.

Regional Priorities for 2019-2020

Strengthen the Health and Well-Being of families and staff through the professional development, networking and resource sharing of Head Start programs and staff throughout the state of Maryland.

During a meeting with the Office of Head Start Training and Technical Assistance Network, the Maryland Head Start State Collaboration Office and other Association leaders, it was derived that Health and Well-Being is an issue that is impacting the entire Region 3 Head Start community (Maryland, Delaware, Pennsylvania, West Virginia, Virginia, and Washington, D.C.).

After reviewing the needs and trends in Maryland at Director meetings, through surveys and other meetings it was recommended that the Maryland priorities align with Region 3. As a result, MHSA and HSCCO decided to address Health and Wellness as a regional priority for Maryland. While the institutes, conferences, workshops, and programming will cover over-arching themes such as physical, mental, social and emotional health, the needs also suggest that we need to address incarceration, substance misuse, financial literacy, emergency preparedness and homelessness.

Incarceration

It is estimated that on any given day, approximately 90,000 children in the State of Maryland have a parent under some form of correctional supervision-parole, probation, jail or prison in Baltimore City. Most children that have one incarcerated parent live in the communities where:

- 47% of the residents are unemployed
- 17% of the residents are on public assistance
- 26% did not complete high school
- 14% of the houses are vacant or abandoned⁴

The Maryland Department of Safety and Correctional Services reports 22,976 inmates in 2011, which is the most current data collected.⁵ According to the Baltimore Sun, this number has been on the rise since 1980.⁶ With more than 11,000 low-income families accessing Head Start services, it is inevitable many of these families will have parents that are leaving home to enter a prison institution or re-entering the home from a prison institution.⁷ The impact of incarceration on children and families includes family instability, higher rates of child welfare involvement, and post-traumatic effects such as hypervigilance, feelings of despair and powerlessness, and poor academic outcomes.⁸

50% of respondents the respondents to surveys and discussion indicated they do not have a specific plan or strategy to work with parents that are re-entering the community from incarceration. Other programs reported that family services staff assist with housing, social services, education, and job referrals.

⁴ *Children and Families Affected by Incarceration*. (n.d.). Retrieved June 14, 2017, from http://goc.maryland.gov/incarceration/#_ftn2

⁵ *Maryland Department of Public Safety and Correctional Services*. (n.d.). Retrieved April 05, 2017, from http://dpscs.maryland.gov/publicinfo/pdfs/stats/final/institutional_sup_stat.shtml

⁶ *Maryland prisons: Time for reform*. (2011, August 12). Retrieved April 05, 2017, from http://articles.baltimoresun.com/2011-08-12/news/bs-ed-prisons-report-20110811_1_prison-population-prison-system-criminal-justice

⁷ *Program Information Report (PIR) Summary Report -2018-State Level* [PDF]. (2017). Office of Head Start. Available at: https://drive.google.com/open?id=1kFIb8_RixZYIbYJK-cLqIFNaQawBPS89

⁸ *Children and Families Affected by Incarceration*. (n.d.). Retrieved June 14, 2017, from http://goc.maryland.gov/incarceration/#_ftn2

Additional concerns relate to how a family transitions with the returning parent and the ability of that parent to visit, volunteer, and become involved with the child at the center due to criminal charges, and custody issues.

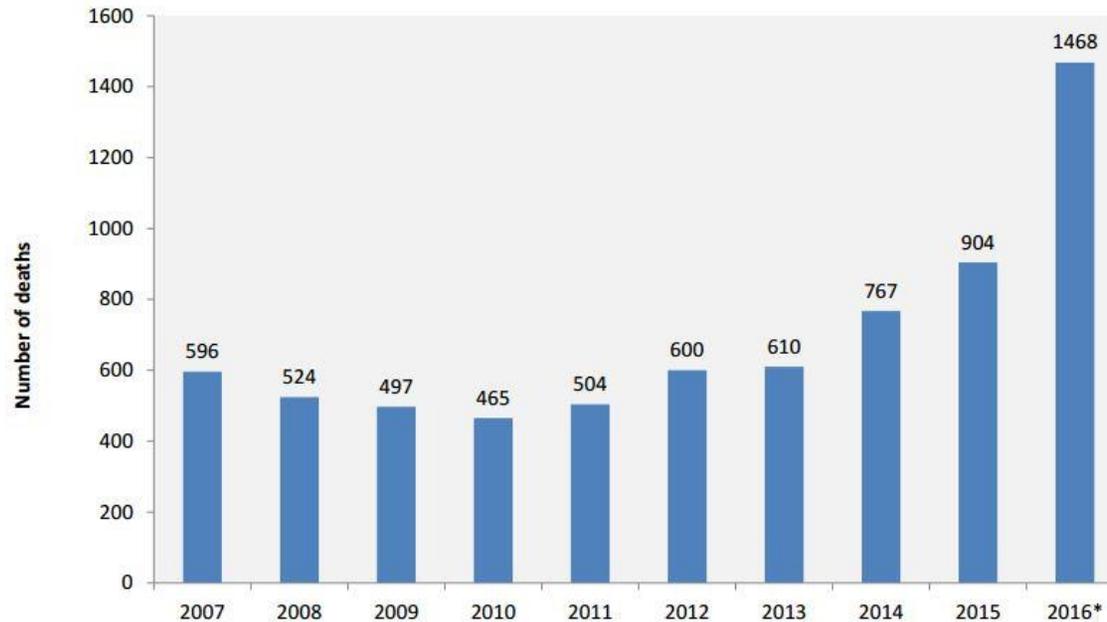
Addressing the Need

Goal 1	To support school readiness by strengthening positive parent and child relationships between a child and a parent, especially fathers who are incarcerated, on probation or on parole.
Objective 1	Develop a network of community partners and collaborators to assess need, provide professional development and assistance to early child care professionals who are working with families dealing with incarceration.
Strategies	<ul style="list-style-type: none"> • Reach out to programs throughout the state to survey their willingness to participate the network. • Conduct a meeting with participating programs to discuss the purpose of the network. • Create a schedule of meetings with participating partners. • Develop a strategic plan to move forward with the networks purpose.
Objective 2	Support family services workers to assist them with the transition of families with a parent entering prison or re-entering the home.
Strategies	<ul style="list-style-type: none"> • Survey family service workers to assess their needs. • Develop a list of resources family service workers can use to assist their families. • Strategize the development of a guide or program family services workers can use to work with families in transition.

Substance Misuse

As of September 2016, Maryland reported 1,468 deaths from drug intoxication which is 62% higher than all of 2015. The graph below illustrates a 316% rise in unintentional intoxication deaths in Maryland from 2010 to 2016.

Figure 1. Total Number of Unintentional Intoxication Deaths Occurring in Maryland from January-September of Each Year.*

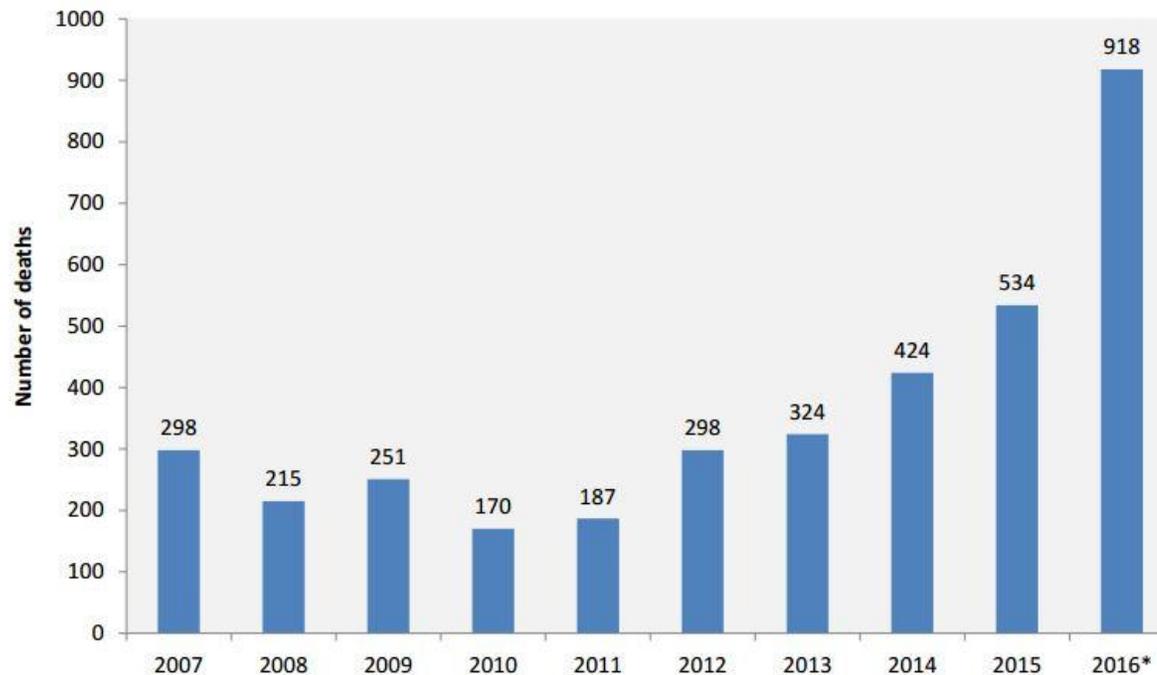


Graph from the Drug and Alcohol Related Intoxication Deaths in Maryland Report; *Report as of September 2016⁹

⁹ *Drug and Alcohol Related Intoxication Deaths in Maryland* [PDF]. (n.d.). Baltimore: Department of Health and Mental Hygiene. Available at: https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Documents/Quarterly%20report_2016_Q3_final.pdf

918 of the 1,468 deaths were heroin-related and 317 related to prescription opioid abuse. Like the overall number of unintentional intoxication deaths, Maryland has experienced a constant and significant rise in heroin-related deaths since 2010. The graph below illustrates these figures.

Figure 2. Number of Heroin-Related Deaths Occurring in Maryland from January through September of Each Year.*



Graph from the Drug and Alcohol Related Intoxication Deaths in Maryland Report; *Report as of September 2016¹⁰

¹⁰ Ibid.

These statistics indicate a need for training and resources to help family service workers and teachers support families dealing with substance abuse.

Addressing the Need

Goal 2	To support, advocate and partner with programs in efforts to provide resources, education, advocacy and access to care surrounding Substance Abuse
Objective 3	Improve access to training, education, and resources that will assist staff in working with families dealing with Mental Health and Substance Misuse issues.
Strategies	<ul style="list-style-type: none"> • Provide professional development resources on the MHSA website. • Partner with the Department of Mental Health and Hygiene, Children’s Mental Health Matters and Maryland’s Early Childhood Mental Health and the Office of Head Start Training and Technical Assistance Network to provide training and resources on Mental Health and Substance Misuse at workshops, conferences, institutes, and meetings. Naloxone training and/or resources to find Naloxone training. • Continue to engage local and state community providers to participate in roundtable discussions and networking forums to discuss program needs, policies and procedures. Including an online forum for networking and resources. Promote Before Its Too Late campaign. • Recruit and support trainers for Substance Exposed Newborn Curriculum.

Financial Literacy

According to the 2017 Head Start Program Information Report, 86% of families either have income 100% below the federal poverty guideline or receive public assistance such as TANF or SSI. With family partnership goals such as furthering their education, financial security or home ownership, it is essential for Head Start parents and families to learn financial literacy. After discussion with Head Start directors and leaders, for staff to assist families in this area, they must also receive financial literacy education. In alignment with

the first outcome of the Parent, Family, and Community Engagement Framework which is Family Well-Being - Parents and families are safe, healthy, and have increased financial security; MHSA will prioritize financial literacy.

Addressing the Need

Goal 3	Provide opportunities for families and staff to increase their knowledge of financial literacy
Objective 1	Develop a consortium of Financial Literacy leaders to strategize methods to provide financial literacy training.
Strategies	<ul style="list-style-type: none"> • Invite potential partners, collaborators, and Head Start professionals to participate in the group • Plan a schedule of meeting times with the • Develop a plan to address the financial literacy need throughout Maryland
Objective 2	Provide learning opportunities through programs, workshops and financial institutes.
	<ul style="list-style-type: none"> • Establish at least three Head Start programs willing to participate in a pilot program with the Maryland Council on Economic Education that will offer the opportunity for the programs to participate in the Stock Market Game. • Participating programs will be the host site for financial literacy institutes. • Continue to offer financial literacy workshops at institutes and conferences.

Emergency Preparedness

With the increased occurrence of crisis events taking place across the nation, and even close to home, a school shooting took place in Southern Maryland in 2017; it has become imperative to incorporate emergency preparedness into every Head Start programs policies and procedures.

Addressing the Need

Goal 4	Assist early childhood programs to be prepared for emergencies/crisis and help staff and families deal with the aftermath of a crisis
Objective 1	Improve access to training, education, and resources that will assist programs to prepare for emergencies/crisis and work with staff and families in the aftermath of a crisis.
Strategies	<ul style="list-style-type: none">• Provide emergency preparedness preparation resources on the MHSA website.• Partner with the Office of Head Start Training and Technical Assistance Network, The National Center on Health and the Maryland State Department of Education to provide training and professional development at institutes and workshops.• Prepare a list, guide, or network of partners across the state that can assist a program during the time of crisis• Create a Health Managers Network to help determine the health and wellness needs of the state.

Homelessness

According to the United States Interagency Council on Homelessness, as of January 2018, Maryland had an estimated 7,144 experiencing homelessness on any given day. Public School data reported to the U.S. Department of Education shows an estimated 16,267 public school students experiencing homelessness. (Maryland Homelessness Statistics, n.d.) To provide programming and assistance to families experiencing homelessness, Dr. Deborah Bergeron, the Director of the Office of Head Start, introduced the "Home at Head Start" campaign challenging Head Start programs to enroll more families experiencing homelessness.

Addressing the Need

Goal 5	Assist early childhood programs in learning how to identify and work with homeless families
Objective 1	Improve access to training, education, and resources that will assist programs to prepare, identify and work with homeless families.
Strategies	<ul style="list-style-type: none">• Work with the Health Managers Network to develop a list resources regionally and statewide.• Continue to provide panel discussions to help raise awareness, discuss needs, strategies and resources to help programs work with homeless families.• Provide workshops and training related to homelessness at institutes and conferences.• Ensure staff is updated and trained on McKinney-Vento Act.

Strategic Plan Overview

Priority 1 - Partner with state child care systems emphasizing the Early Head Start-Child Care Partnership (EHS-CC) Initiatives

MHSA will continue to prepare and assist Head Start, Early Head Start and Child Care programs to expand EHS-CC Partnerships and improve services. To accomplish this goal, MHSA will partner with programs in the state that support the childcare community in Maryland, create development tracks at MHSA workshops, conferences and institutes and advocate for continued funding on a Federal and State level to improve the quality of care.

Childcare providers will be invited to attend MHSA conferences and be provided resources to support their attendance. MHSA will provide training and development on fiscal management and transitions, as well as offer information workshops for childcare programs interested in EHS-CC Partnerships. MHSA continue to update the webpage dedicated to EHS-CC Partnership, create literature that promotes Head Start and Child Care partnering, and participate in networking opportunities such as attending child care events as exhibitors and providing workshops at Child Care conferences.

Priority 2 - Work with the State efforts to collect data regarding early childhood programs and child outcomes

MHSA will continue to support the state efforts to collect data and track outcomes for children. To do so, MHSA will create opportunities for all stakeholders, including database providers to meet and discuss the data collection processes and develop a network of database administrators that will meet at specified intervals throughout the program year to share resources, tips and ideas.

MHSA will continue to work with stakeholders to explore ways to reduce the data entry burdens on programs across the State by working on the development of a bridge to assist with data entry between Head Start programs and the state system. MHSA will advocate for a state identifying number for Head Start children to ensure the accurate collection of data on Head Start children and work with MSDE to ensure EHS/HS voice and story is clearly expressed in the development of an annual report that will document data that shows the growth in programs such as Early Head Start and Head Start, Judy Centers, Child Care, and Family Child Care. MHSA will provide an Annual Report and Growth Report that reports and analyzes Head Start data on a statewide level and documents the growth of families from the time they enter Head Start until they leave, respectively.

Priority 3 - Support the expansion and access for high quality, workforce and career development opportunities for staff.

MHSA will continue to contribute to the coordination of a statewide professional development system for all professions that work with the zero to five communities by supporting projects and initiatives that enhance the education and professional development of all Head Start staff and other early childhood educators. To do so, MHSA will promote professional development by posting resources and training opportunities on the MHSA website and provide tracks, workshops, and train the trainer programs at conferences that allow participants to receive professional certificates. MHSA will also work with MSDE to develop a CDA equivalent credential for Home Visitors.

MHSA will also continue to work with two and four-year colleges to improve degree opportunities for Head Start and other early childhood staff. To do so, MHSA will work with MSDE to explore options to allow CDA coursework to count towards a degree. MHSA will also advocate for and bring stakeholders together to create a workgroup that will develop a statewide, uniform program that includes HS and EHS classrooms as part of an educational development track (field placement for Early Childhood Educators) in colleges across the state.

MHSA will work to expand learning opportunities for Head Start staff in the areas Transportation, Finance, Nutrition Aides and other areas that may be under-represented at conferences and workshops. To do so, MHSA will provide learning opportunities for these staff by providing workshops and training around classroom hours and in regional areas that are accessible or through online methods; developing groups and forums for the staff to network, and by providing funding for substitutes.

MHSA will continue to expand learning opportunities for Family Advocates and EHS Home Visitors by supporting the State and OHS initiatives to expand the Parent, Family, and Community Engagement Framework, and by increased training that focuses on work with low-income families. To do so, MHSA will increase training offered at conferences and continue to partner with the Maryland Family Network to provide Parent Café's and develop a family engagement network or workgroup.

MHSA will also increase collaboration with colleges and universities by educating colleges and universities on Head Start and its impact on the community and by working with colleges and universities to develop a program that will their students to use EHS and HS classrooms as a training ground.

MHSA will work with MSDE on the PDG to help collect and provide data that will help to improve professional development across all early childhood platforms. MHSA will also work with MSDE to ensure Head Start programs are updated on the Blueprint for Maryland's Future and are aware of professional and funding opportunities that may become available.

Priority 4 - Collaborate with State Quality Improvement Systems (QRIS)

MHSA will continue to work to reduce the amount of burden to using the MD EXCELS (QRIS) and promote its use throughout the state. To do so, MHSA will provide updates on MD EXCELS via the MHSA website by providing a dedicated page to MD EXCELS, and through meetings, conferences and institutes. MHSA will work with MSDE to research QRIS and Head Start alignment models from neighboring states and align Head Start quality measures with MD EXCELS quality measures. The goal is to allow a successful Head Start monitoring help programs reach a specific MD EXCELS level. MHSA will prepare a crosswalk and recommend a starting level based on the crosswalk. MHSA will advocate for the training of Program Coordinators, Quality Assurance Specialists, and Technical Assistance Specialists specifically to support Head Start programs and a work with MD EXCELS to develop a Head Start specific workgroup. MHSA will work with MSDE to develop a campaign encouraging Head Start programs to participate in MD EXCELS and reach a level 3, making them eligible to participate in the Blueprint for Maryland's Future.

Priority 5 - Work with State School Systems to ensure continuity between Head Start and Kindergarten Readiness Assessment (KRA)

MHSA will continue to promote the collaboration between Head Start programs, Childcare Partners, and the State School System to ensure success for all children in school readiness. MHSA will assist Head Start programs to understand KRA goals; support the creation of a system that provides an accurate collection of KRA data, and promote the continuous quality improvement of Head Start programs.

To do so, MHSA will do the following:

- Continue to use the KRA and CLASS data to offer training at the MHSA Fall Conference, meetings and stand-alone workshops and partner with Judy Centers and Maryland Family Network to create networking opportunities for all professionals that work in Early Childhood Education.
- Continue to support the KRA by providing a venue for Head Start programs to learn about KRA – website page, conferences, workshops, and meetings, working with HSCCO to support programs to align their child outcome assessments with KRA and

to develop a recommended transition process from Head Start to Kindergarten. MHSA will continue to advocate for a state identifier for each Head Start child.

- Promote the continuous quality improvement of Head Start programs.
- Provide workshops discussing KRA to Head Start programs at conferences, workshops, and meetings.
- Link to KRA information on the MHSA website to help programs remain informed and updated.

Regional Priority

MHSA will strengthen the Health and Wellness of families through the professional development, networking and resource sharing of Head Start programs and staff throughout the state of Maryland. MHSA institutes, conferences, workshops, and programming will cover over-arching themes such as physical, mental, social and emotional health, but also specifically address incarceration, substance abuse, financial literacy, and emergency preparedness

Incarceration

MHSA will support school readiness by strengthening parent and child relationships between a child and a parent, especially fathers incarcerated, on probation or parole. MHSA will develop a network of community partners and collaborators to assess need, provide professional development and assistance to early child care professionals who are working with families dealing with incarceration. MHSA provide resources to support family services workers that will assist them with the transition of families with a parent entering prison or re-entering the home.

Substance Misuse

MHSA will support, advocate, and partner with programs in efforts to provide resources, education, advocacy and access to care surrounding Substance Abuse. MHSA will work to improve access to training, education, and resources that will assist staff in working with families dealing with Mental Health and Substance Abuse issues. To do so, MHSA will provide professional development resources on the MHSA website, partner with programs such as - the Department of Mental Health and Hygiene, Children's Mental Health Matters and Maryland's Early Childhood Mental Health - to provide training and resources on Mental

Health and Substance Abuse at workshops, conferences, and meetings; and engage local and state community providers in participating in roundtable discussions to address the Mental Health, and Substance Abuse needs regionally.

Financial Literacy

MHSA will provide opportunities for families and staff to increase their knowledge financial literacy by developing a consortium of financial literacy leaders to strategize methods to provide financial literacy training and by providing learning opportunities such as financial institutes and by implementing the Stock Market game.

Emergency Preparedness

MHSA will assist early childhood programs to be prepared for emergencies/crisis and help staff and families deal with the aftermath of a crisis by improving the access to training, education, and resources. MHSA will provide emergency preparedness preparation resources on the MHSA website, prepare a list, guide or network of partners across the state that can assist a program during the time of crisis. MHSA will also partner with the Office of Head Start Training and Technical Assistance Network, The National Center on Health and the Maryland State Department of Education to provide training and professional development at the MHSA Health Institute.

Homelessness

MHSA will work with the Health Managers Network to develop a list resources regionally and statewide that will assist programs in working with homeless families. MHSA will also provide panel discussions to help raise awareness, discuss needs, strategies and resources on homelessness. Through workshops, institutes and conferences, MHSA will provide workshops and training related to homelessness and the McKinney-Vento Act.