



NATIONAL HEAD START ASSOCIATION

Public Witness Testimony of Yasmina Vinci

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Submitted to:

Subcommittee on Labor,
Health & Human Services,
Education, and Related
Agencies
Senate Committee on
Appropriations

Addressing:

FY 2019 Appropriation
Head Start and Early Head
Start
Administration for
Children and Families,
Department of Health and
Human Services

Dear Chairman Blunt, Ranking Member Murray, and Members of the Subcommittee,

On behalf of the Head Start community, thank you for the opportunity to submit written testimony regarding funding for Head Start and Early Head Start (collectively “Head Start”) in FY19. The National Head Start Association (NHSA) respectfully requests that the Subcommittee allocate **\$10,810,095,000** for programs within the Office of Head Start.

Tremendous thanks are also due to this Subcommittee and the entire Congress for continued significant and sustained support for early childhood education. I have received appreciation from Head Start programs from coast-to-coast and as far away as Alaska and Puerto Rico for your efforts to bolster our workforce, expand duration, and support Head Start programs recovering from the 2017 hurricane season. While work remains, these efforts have not and will not be forgotten.

In building on the meaningful FY17 and FY18 investments, the Head Start community has four distinct funding recommendations for the coming fiscal year and a request for congressional assistance in resolving an acknowledged regulatory flaw. These investments include additional resourcing in: 1) support of the workforce, 2) locally directed quality improvement funds; and 3) a continued commitment to extending the duration of services. Unique to this year, NHSA also requests needed funds (\$250,000,000) to support programs grappling with opioid and substance abuse. Finally, while the Head Start Program Performance Standards (HSPPS) have ushered in many excellent changes, a flaw in the evaluation process for Designated Renewal System (DRS) has unfortunately snagged and crippled solid, well-performing programs. Each of these priorities is further discussed below:

1) Support Quality Workforce: Within the sum provided, NHSA recommends the allocation of **\$233,600,000** (including \$16,600,000 for Early Head Start-Child Care Partnership grantees) in FY19 for Workforce Investments through a cost-of-living adjustment in line with the Consumer Price Index-Urban.



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The Head Start workforce is at the core of Head Start's success. Without home visitors, teachers, family service workers, education coordinators, and all those who create the vibrant, successful programs within communities across the country, Head Start simply would not thrive. Without adequate investment in our workforce, Head Start will continue to suffer from detrimental rates of staff turnover as quality, dedicated staff leave for jobs that can better support their families. The outcomes that Head Start creates for children and families is inextricably tied to programs' ability to retain and develop quality staff, and it is the Head Start community's hope that this importance is reflected by the Subcommittee's FY19 funding decisions.

2) Promote Quality Improvement: To complement workforce investments and the expansion of services and duration, NHSA recommends that **\$339,500,000** be allocated for Quality Improvement Funds (QIF) in FY19.¹ As outlined in the 2007 Head Start Act, these funds may be used for increasing duration of services to better support working families, train staff, improve community-wide coordination, enhance classroom environments, and strengthen transportation safety. In FY19, these funds would serve to meet the already existing needs of Head Start programs across the country while providing the flexibility to address local priorities.

While programs must meet the same rigorous bar of quality and common threads of continuous quality improvement run throughout the community, no two Head Start programs are alike. Each program must adapt its services to meet the unique needs of its communities and families. Similarly, federal support and funds must also include adequate flexibility for programs to invest in critical, local priorities. QIF was authorized with this exact purpose in mind. In Alabama, for example, St. Clair County Head Start seeks to use QIF to support infrastructure investments. In addition to the stellar services it provides directly to children and families, this rural Head Start program offers significant support to the surrounding area, such as their partnership with a local automotive plant to provide certification classes to parents to meet employment eligibility.. However, inadequate facility space limits success and keeps over 60 children on a waitlist for Head Start participation. In unique instances such as these, to meet an acute need, QIF dollars could go a long way.

3) Extend Duration: For programs to meet the needs of working families and fulfill the duration mandate by 2021, additional funding will be needed in Fiscal Years 19 and 20.² Based on the information offered in the regulatory impact analysis done by the Office of Management and Budget, NHSA recommends an increase of **\$374,000,000** in FY19 to make necessary progress towards meeting the requirement. In 2016, revised HSPPS called for the extension of the duration of classroom hours, based on strong research evidence. In FY16 and FY18, Head Start received increased funding to better serve working families through extended duration of services. The

¹ Per the Head Start Act, funds appropriated to Head Start should include no less than 4.5 percent set aside for Migrant and Seasonal programs, and no less than 3 percent for American Indian/Alaska Native programs.

² 45 CFR Chapter XIII RIN 0970-AC63 Head Start Program Performance Standards, Preamble Part II



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FY16 extended duration funds (\$294,000,000) were met with overwhelming interest and appreciation by programs across the nation, as is expected when the FY18 extended duration grants become available.

4) Addressing Substance Abuse and Addiction: Separate and apart from the NHSA FY19 Head Start Recommendation is an FY19 request for specific assistance to respond to the tremendous challenge of opioid, methamphetamine, and prescription drug abuse. Because of Head Start’s unique whole family and multi-generational model, Congress should leverage the interwoven relationship between families and Head Start staff, the current on-the-ground efforts, and long-trusted embedded services, with an FY19 Office of Head Start investment of \$250,000,000 to combat the scourge of opioid, addiction, substance abuse, and Neonatal Abstinence Syndrome (NAS)—affecting children and families across the nation. These funds will provide additional resources for more than 20,000 children and their families in existing Head Start programs.

Head Start grantees, particularly those in severely impacted opioid regions, need training and programming support to identify signs of home drug use, respond to children exhibiting increased developmental and behavioral challenges, and skills to intervene with families and children grappling with the many dimensions and tragedies of opioid addiction. Examples of successful interventions and partnerships led by Head Start exist in communities across the country—such as the targeted home-visiting program at Meeting Street in Boston or the Allentown, Pennsylvania based SafeStart which serves children who are born suffering from NAS and their families by providing high-impact child-teacher ratios, treatment transportation, routine home visits, and specialized mental health and addiction counseling for the whole family.

Other Head Start programs have seen similar impacts of opioids and addiction on their communities, but lacking local or philanthropic resources are unable to recreate similar models. Central Missouri Community Action in Osage County, is a prime example of this. This highly-regarded, rural area Head Start program serves children and families impacted by substance misuse and addiction, but currently is unable to tailor care to adequately respond. With additional funds, however, they would be able to expand trainings and supports for home visitors to spot the signs of substance abuse and follow reporting protocols. Further, additional funds could be used to establish a family-focused, trauma-informed mental health program.

With such targeted funding, Head Start can help reduce the societal costs of drug abuse by supporting the healthy development of drug-exposed children, helping these children “catch-up” to their peers while providing interventions for parents and families. Intervention at these early stages can provide real opportunities for these children and their families to succeed while simultaneously resulting in monumental societal cost savings in the judicial, child welfare, and education systems. Based on input and insight from Head Start programs across the nation, NHSA will be releasing a report later this summer that details the role Head Start is currently playing and



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with additional supports and resources, could play in supporting children victimized by opioids. We look forward to sharing this document with Congress soon.

Head Start programs in communities across the country routinely face hard choices, pitting necessary investment in staff against increasing enrollment against implementing further quality improvements. These investments in FY19 will allow local programs to make critical improvements while *also* expanding services to more children and extending hours based on community needs.

5) DRS Ten Percent Provision Reform: Authorized in 2007 and first implemented in 2011, the Designated Renewal System (DRS) was intended to strengthen Head Start. While DRS overall has been welcomed by the Head Start community and is considered to be successful, one specific provision - the lowest 10 percent provision of the CLASS condition - has been found to be ineffective and continues to unfairly burden Head Start programs. Following the previous Administration's report in November 2016 detailing flaws in the 'lowest ten percent' provision of the CLASS condition, the current Administration released a December 2017 "Request for Comments" to adjust the condition. NHTA submitted comments, which were signed by more than 3,250 programs, organizations, and individuals, encouraging the Administration to quickly amend DRS before any additional grantees are unfairly impacted. While the Head Start community appreciates the Administration's leadership in recognizing flaws in the DRS rubric, the pace of correction is worrisome. NHTA encourages the Congress to continue to pressure the Administration to resolve this issue before additional programs are evaluated using a flawed system.

In closing, the Head Start community understands the challenges that the Subcommittee faces in the FY19 appropriations process, and we are deeply grateful for the commitment shown by Congress to keep early learning, and Head Start in particular, a priority. FY18 provided remarkable funding, support, and stabilization and the Head Start community is grateful. We agree that sound investment in children today will lead to the success and betterment of our nation for generations to come. As an established vehicle of change for entire families, Head Start represents an unparalleled opportunity for Congress to invest in our country's children, families, and future, and NHTA looks forward to working closely with the Subcommittee to realize this opportunity.

Sincerely,

A handwritten signature in cursive script that reads "Yasmina Vinci".

Yasmina Vinci
Executive Director