NATIONAL HEAD START ASSOCIATION

Supporting the Head Start Workforce & Consistent Quality Programming

Notice of Proposed Rulemaking

**Deeper Dive Part 1:
Workforce, Mental Health, Health, Services to Pregnant Women and People**

November 29, 2023

Goals for Today

- To further unpack what's in this sweeping NPRM, and identify the biggest issues, opportunities, and challenges
- To deepen understanding of the NPRM enough to inform your responses to the survey, and contribute your opinions to aggregated Head Start input
- To acknowledge the genuine challenges presented by this NPRM – both a lack of funding + significant implementation burdens

IMPORTANT: Take notes! You should leave today more informed so you have context for filling out the survey. Including highlighting where more clarity is needed.

Workforce

- Wages
- Progress Towards Parity
- Pay Scale for All
- Minimum Pay Floor
- Employer Funded Staff Benefits
- Staff Wellness

Workforce - Wages

NPRM states:

- "Head Start programs nationwide are experiencing a severe shortage of staff positions……..***urgent action*** and change are needed to stabilize the workforce to ensure the future viability of Head Start programs nationwide
- In the absence of additional appropriations, ***slot loss is an acceptable tradeoff*** in order to improve staff compensation and other staff supports
- A 7-year ramp-up for full implementation of the new wage requirements will allow ample time for programs to prepare for implementation. ***"Due to the long implementation timeline, reductions in the number of children served would not be realized immediately or soon after the effective date of a final rule and would only occur in future years in the absence of additional funding"***

Workforce - Wages

- Urgent action and change are needed ***yet*** 7 year ramp-up is proposed for full implementation
- Slot loss is an acceptable tradeoff to improve staff compensation ***yet*** due to the long implementation timeline, **reductions** in the number of children served would **not be realized immediately** or soon after the effective date of a final rule and would **only occur in future years** in the absence of additional funding

Questions - **Is the messaging confusing? Can you wait 7 years to achieve parity? If the increased funding doesn't happen in 2024 or 2025 what options do you have to move towards parity?**

Workforce - Progress to Pay Parity for HSP and EHS Teachers

NPRM states:

- Requires programs to make **measurable progress towards** pay parity for Head Start preschool teachers and EHS teachers with kindergarten through 3rd grade teachers
- To demonstrate **progress to pay parity,** by August 1, 2031, a program must ensure each Head Start teacher receives an annual salary that is at least comparable to the salary paid to preschool teachers in public settings………

Question - If "progress towards pay parity" equates to reaching pay that is comparable to public pre-K, would this have a significant impact on teacher retention?

Workforce - Progress to Pay Parity for Other Education Staff

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NPRM states:

- By August 1, 2031 programs must make measurable progress towards pay parity for all other education staff who work directly with children (assistant teachers, home visitors, family child care providers) and,
- Provide an annual salary to these **other education staff positions comparable to Head Start teachers but adjusted for role, responsibilities, qualifications and experience**
- Head Start teacher salaries should serve as an anchor for salaries for other education staff and are not simply compared to and set at the same levels as salaries for other potentially lower paid staff in school based settings

Workforce - Progress to Pay Parity for Other Education Staff

- These proposed requirements suggest that other education staff should not simply be compared to potentially lower paid staff in school-based settings such as aides and paraprofessionals.
- OHS's intention that programs ensure wage scales are not drastically different between education staff based solely on degrees or credentials, particularly for positions that have the same or similar responsibilities. E.g.- home visitor with bachelor's and similar experience with a teacher who has a bachelor's should be paid the same

Question: Is the proposed approach to raising the salaries of other education staff similar to what programs do now? Are there significant cost implications?

Workforce - Pay Scale for All and Minimum Pay Floor

By August 1 , 2031

- Pay scale for all staff that promotes salaries comparable to similar services in relevant industries in their geographic area. E.g., if a HS health staff holds a nursing degree, and provides similar services to a nurse in a healthcare setting, you could use the nurse's salaries to set the HS health staff's salary
- Establish a salary floor or minimum **pay sufficient to cover basic costs** of living in your geographic area

Question: If you are not a single purpose agency, how would this impact staff in other programs within your agency?

Workforce - Proposed Employer Funded Staff Benefits

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NPRM proposes to define **full-time staff** as those working **30 hours or more per week. Several proposed benefits will apply to full-time staff and include:**

- Healthcare: employer sponsored or facilitate enrollment in Healthcare.gov Marketplace, the appropriate State specific marketplace or Medicaid
- Paid sick leave
- **Paid** family leave consistent with FMLA, regardless of the number of employees
- Short-term behavioral health services (3 to 5 visits annually)
- Paid vacation or personal leave

Workforce - Proposed Employer Funded Staff Benefits

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U.S. Bureau of Labor Statistics consider full-time workers as those who usually work 35 hours or more.

For purposes of the Affordable Care Act, the IRS considers any employee who works 30 hours per week to be full-time.

Questions:

- **Should OHS mandate number of hours a HS employee must what work to be considered full-time?**
- **Does 30 hours per week align with your current definition of full time?**
- **Could it create challenges for your agency or tribe?**
- **Would this result in hiring more part-time positions?**

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Workforce - Employer Funded Staff Benefits Retirement Saving Plan (RSP)

Requiring programs to offer a RSP is not a proposed requirement; however, OHS is considering adding RSP to the list of required benefits for full-time staff and seeks your input.

Questions:

- **Should OHS require programs to offer a retirement savings plan?**
- **Should OHS prescribe how much a program should contribute to a full-time employee's retirement savings plan?**
- **If your program doesn't offer a retirement savings plan, would a mandate to offer one increase staff retention and recruitment?**

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Workforce: Staff Wellness

NPRM proposes three prescriptive requirements:

- 15 minute breaks for staff working 4 to 6 hours and 30 minute breaks for staff working 6 or more hours
- Offer unscheduled 5-minute wellness breaks for teaching staff
- Provide access to adult size furniture in classroom- chairs or desks depending on what classroom layout allows

Questions:

- **Did OHS get it right, go too far or not far enough?**
- **Will these proposed changes require additional staffing such as "floaters"?**
- **Is adult furniture in the classroom key to staff wellness? Do adult desks pose safety concerns?**
- **Does this undermine leadership autonomy or trust?**

Mental Health Services

NPRM states-

- “We know that the mental health of children is intertwined with the mental health of the adults that care for them”.
- “Proposed changes are needed to leverage and build on Head Start’s capacity to promote wellness and prevent future mental health challenges for HS, children, families and staff”.

Mental Health Services

- ERSEA – Suspension
- Health Program Services
- Service to Enrolled Pregnant Women and People

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Mental Health Services - Suspension

NPRM states-

"Goal of suspension should always be for the child to return to the least restrictive and most integrated educational environment safely and expediently."

- Proposed definition- suspension must be only used as a last resort where there is a ***serious threat*** that ***has not been reduced*** or eliminated and the program needs time to put additional appropriate services in place.

Mental Health Services - Suspension

NRPM does not place a limit on the length of a temporary suspension; however, suspension should not be used repeatedly or indefinitely. Significant increases are proposed related to activities, documentation and responsibilities that the program, including staff, mental health consultants, **Multidisciplinary Mental Health Team*** and others must take-

- **Prior** to making a decision to temporarily suspend a child
- **During** the time the child is suspended
- **Re-entry** back to the HS setting or transition to a more appropriate setting

Questions- Did OHS get this right? Would your program need to make significant changes, including hiring new staff to meet these heightened requirements?

**Multidisciplinary Mental Health Team is new and will be discussed under Health Services.*

Health Program Services

Multidisciplinary Team for Mental Health

Frequency of Mental Health Consultation

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Health Program Services- Multidisciplinary Team

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Must have a Multidisciplinary Team responsible for mental health responsible to:

- Develop and implement mental health efforts and supports not related to consultation, and to facilitate communication across service areas and systems in Head Start.
- Coordinate supports for adult mental health and well being including engaging in nurturing and responsive relationships with families
- Engage families in home visiting services, and promote staff health and wellness
- Participate in discussions before a program determines whether a temporary suspension of a child is necessary

Health Program Services-Multidisciplinary Team

Must have a Multidisciplinary Team responsible for mental health responsible to:

- Facilitate coordination and collaboration between mental health and other relevant program services, including education, disability, family engagement
- Conduct annual assessment of program's approach to MH consultation to ensure it meets the needs of children and adults
- Ensure all children receive adequate screening and follow up and parent receives referrals to access services for social, emotional, behavioral or other mental health concerns

Health Program Services- Multidisciplinary Team

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NPRM states-

Multidisciplinary means the involvement of two or more separate disciplines or professions that actively work in tandem with parents to provide supports for children, and families. A mental health team may be comprised of a family service worker, teacher, mental health manager, disability coordinator, and health specialist. The list is not intended to be exhaustive, and the intent is for programs to have flexibility in the composition of the Multidisciplinary Team responsible for mental health.

Question:

What would be the composition of the Multidisciplinary Team you would establish to meet these requirements?

Are there concerns with the suggestion that the team be made up of existing staff?

Health Program Services

NPRM proposes to change the language regarding mental health consultation from **“schedule of sufficient and consistent frequency”** to **“no less than once a month”**

NPRM states - minimum monthly frequency provides a **regular enough schedule** of services to allow for opportunities to embed the consultant into the program and therefore provide more effective services.

Questions: What would a monthly model look like for your program? Is once a month adequate?

Services to Enrolled Pregnant Women and People*

Services to Enrolled Pregnant Women and People are addressed in two distinct parts of the NPRM and include ***several*** critical revisions to strengthen the prenatal and postpartum supports, information and other services that enrolled pregnant women, people and other family members must be offered.

In addition, there are two new requirements that warrant close attention.

- To enhance program accountability by requiring programs ***to track and record information*** on service delivery for enrolled pregnant women and people, including those received via referrals to community partners
- To identify and ***reduce barriers to healthy pregnancy outcomes*** based on the information and data collected on this population ***and provide services to help reduce barriers to healthy maternal and birthing outcomes for each family, including services that address disparities across racial and ethnic groups***

Services to Enrolled Pregnant Women and People

Due to the importance of these two proposed requirements, it is with great certainty they will be in the final rule.

Questions:

- **Do you have a documentation and tracking system that can easily capture this information or do you need to build a new system?**
- **Is your program prepared today to help reduce inequities in maternal and infant morbidity and mortality? If not, how do you educate staff about barriers to healthy pregnancy outcomes and what data or information is necessary to individualize responsive supports to pregnant women and people?**

Services to Enrolled Pregnant Women and People

Why are these two proposed requirements so important?

1) **Requires programs to track/document services to pregnant women and people (Effective date 120 days after final publication of rule)**

- Information about individual services to pregnant women and people is essential to validate use of Federal funds to serve pregnant women and people.
- Informs ongoing conversations program staff have with pregnant women or people about their needs before and after the baby is born
- OHS needs to be able to verify enrollment numbers and understand services provided to pregnant women and people

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Services to Enrolled Pregnant Women and People

Why are these two proposed requirements so important?

2) Requires identification and reduction of barriers to healthy pregnancy outcomes (Effective date: 180 days after final publication of rule)

- Early prenatal care is key for optimal outcomes for pregnant women and newborns
- Inadequate access to quality health care, systemic racism, and disparities in social determinants of health may contribute to disparities in healthy pregnancy and birth outcomes for many pregnant women and people from racial and ethnic minority groups
- Head Start is in a unique position to support pregnant women and people by identifying, understanding, and addressing barriers to healthy pregnancies

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How You Can Engage

- ➔ Fill out the survey, which opens today.
- ➔ Register for Friday's webinar: Deep Dive Part 2
- ➔ Engage with your state association leadership for additional opportunities for discussion
- ➔ Submit questions and comments – both NPRM and how NHSA can best support you during this process – here: go.nhsa.org/NPRMwebinarQA

NHSA's Timeline

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Nov. 18 - Jan. 1: Submit questions and comments directly: go.nhsa.org/NPRMwebinarQA

Nov. 20 Webinar 1: How Head Start Responds to the NPRM and First Look

Nov. 29 Webinar 2: Workforce Supports, Mental Health, and Prenatal Services

Nov. 29 Survey opens

Dec. 1 Webinar 3: Enhanced Oversight, Reporting, and Additional Provisions

Dec. 12 Survey closes

Jan. TBD Webinar 4: Reviewing draft comments

Early Jan Circulate draft comment letter for feedback; gather signatures on comment letter and/or encourage individual letters

Jan. 19 Comments due