



Head Start / EHD Leaders Discussion Guide

As outlined in the Notice of Funding Opportunity HRSA-20-047, all current recipients of funding for the Early Hearing Detection and Intervention Program are required to address the following requirement (as well as others):

“Develop a state/territory plan to expand infrastructure, including data collection and reporting, for hearing screening for children up to age 3 by the end of year 2. This plan should outline the resources, key stakeholders, partnerships, and services necessary to implement the plan. A public health approach that aligns with other public health and/or service programs within the state should be proposed as well as the role of the EHD Program (i.e., partnering and collaborating with Maternal and Child Health programs, such as but not limited to the Title V Children and Youth with Special Health Care Needs (CYSHCN) Program; newborn bloodspot screening program; Maternal, Infant, and Early Childhood Home Visiting Program; Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Early Head Start; and Family-to-Family Health Information Centers).”

The importance of collaboration between EHD and Head Start is underscored by the fact that Head Start represents a potential system in which children from traditionally under-served populations who remain unidentified as being deaf or hard of hearing may be identified as a result of receiving hearing screenings associated with their participation in Head Start and, subsequently, begin to access supports and services. It is estimated that 3-6 children per 1000 may have late onset hearing loss identifiable subsequent to the newborn period. Additionally, there may be children who were lost to follow-up from newborn screening or children with congenital hearing loss who did not receive newborn screening for various reasons. Children in any of these circumstances will benefit from closer collaboration between Head Start and EHD.

Head Start is a federal program that promotes school readiness for children in low-income families by offering educational, nutritional, health, social, and other services. One of the largest programs serving low-income infants and young children, Head Start includes preschool programs for children 3 - 5 years of age, and **Early Head Start** programs for children 0 - 3 years of age. Additionally, **Migrant Head Start** and **American Indian/Alaska Native Head Start** programs serve children 0 - 5 years of age in their respective populations. Since its beginning in 1965, Head Start has served over 35 million children. Currently Early Head Start and Head Start programs are found in every state, each of which is required by Head Start Performance Standards to ensure that every child receives an annual hearing screening using an evidence-based method. A precise screening methodology is not specified, permitting for changes in best practice to evolve over time without the need for updating the Standards. Given this, the

involvement of state and local experts in operationalizing the Performance Standards is critical, especially in technical areas like hearing screening.

Each local Early Head Start grantee (program) is a direct recipient of federal Office of Head Start funding. Before making contact with individual programs within a State, it can be helpful to contact the Head Start State Collaboration Office (HSSCO). This office coordinates with other state systems and may assist you in disseminating information and establishing connections with individual community-based programs. While HSSCO's do not have oversight authority pertaining to individual Early Head Start or Head Start programs at the local program level, they can help you learn about the Head Start infrastructure, programmatic components, how to locate various programs in your state and to facilitate connections and share information about state level activities or information sharing opportunities. They may also help establish any formal collaboration agreements you may wish to enter into with individual community programs.

About Head Start Collaboration Offices

The creation of State and National Collaboration Offices is authorized by [Section 642B\(a\)\(2\)\(A\) of the Head Start Act](#). The purpose of the Head Start State and National Collaboration Offices is to guide the work of all collaboration offices. Since 1990, the Administration for Children and Families (ACF) has awarded Head Start collaboration grants to support the development of multi-agency and public and private partnerships at the state and national levels. A [national annual report](#)[PDF, 1.2MB] and [summary of the annual report](#)[PDF, 308KB] are completed each year to summarize the work of the Head Start Collaboration Offices (HSCOs).

HSCOs exist "to facilitate collaboration among Head Start agencies...and entities that carry out activities designed to benefit low-income children from birth to school entry, and their families." They provide a structure and a process for the Office of Head Start (OHS) to work and partner with state agencies and local entities. Together, these partners work to leverage their common interests around young children and their families to formulate, implement, and improve state and local policy and practices.

These partnerships are intended to:

- Assist in building early childhood systems*
- Provide access to comprehensive services and support for all low-income children*
- Encourage widespread collaboration between Head Start and other appropriate programs, services, and initiatives*
- Augment Head Start's capacity to be a partner in state initiatives on behalf of children and their families*
- Facilitate the involvement of Head Start in state policies, plans, processes, and decisions affecting target populations and other low-income families*

Methods of Coordination

The methods by which HSCOs coordinate and lead efforts for diverse entities to work together include:

- **Communication** – Convene stakeholder groups for information sharing, planning, and partnering, and serve as a conduit of information between Regional Offices and state and local early childhood systems.
- **Access** – Facilitate Head Start agencies' access to and utilization of appropriate entities so Head Start children and families can secure needed services and critical partnerships are formalized.
- **Systems** – Support policy, planning, partnerships, and implementation of cross agency state systems for early childhood, including the State Advisory Council, that include and serve the Head Start community.

Scope of Work

OHS has prioritized the goals of the HSCO to guide their work. The six priorities include:

1. *Partnering with state child care systems emphasizing the Early Head Start-Child Care (EHS-CC) Partnership Initiative*
2. *Working with state efforts to collect data regarding early childhood programs and child outcomes*
3. *Supporting the expansion and access of high-quality workforce and career development opportunities for staff*
4. *Collaborating with State Quality Rating Improvement Systems (QRIS)*
5. *Working with state school systems to ensure continuity between Head Start and Kindergarten Entrance Assessment (KEA)*
6. *Any additional regional priorities*

Above excerpt taken from: <https://eclkc.ohs.acf.hhs.gov/about-us/article/about-head-start-collaboration-offices>

Given that Head Start is not directed at the state level, there can be considerable variability in practices across programs within a given state. However, some states have coalesced around different initiatives, including hearing screening and may have already made progress in establishing exemplary hearing screening practices that can be highlighted for other early care and education programs to emulate. To determine the status of hearing screening and follow-up practices in your state, consider starting by meeting with the Head Start State Collaboration Office.

Potential Discussion Questions for State EHDI and Head Start State Collaboration Office Directors

1. How many of each of the following types of Head Start programs exist in our state and how many enrollment slots are there in each:

	# of grantees/programs	# of slots
Early Head Start (0-3)		
Head Start (0-5)		
Migrant Head Start (0-5)		
American Indian/Alaska Native (0-5)		

2. What is known about the status of hearing screening and follow-up practices in these programs?
3. Has there been any training or technical assistance activities on the topic of hearing screening and follow-up that you are aware of?
 - If so, who was involved?/ Who was the provider of the services?
 - What was the nature of it?
4. What collaborations currently exist between Head Start and other early care and education programs or providers?
 - Is there any relevance between hearing screening and these other collaborations that should be considered in terms of outreach, technical assistance or training, or data sharing between the EHDI system and other systems?
5. What meeting opportunities (either virtual or live) exist for Head Start grantees in the state?
 - Who organizes these?
 - What opportunities exist for sharing and/or gathering?
 - Is there any data collection planned whereby information about current hearing screening and follow-up practices could be collected?
 - If we wanted to collect information about current practices and/or needs pertaining to hearing screening and follow-up, what would be the best mechanisms to consider?
 - What activities is the National Head Start Association or the State affiliated Head Start Association engaged in in the state such as conferences or other events?
6. Are there any Head Start programs in the state that are viewed as leaders or models for others?
 - What hearing screening methods are currently being used?
 - How might initial collaborations with model programs lend to an expansion of evidence-based hearing screening practices across other Head Start grant recipients.

This guide was developed by the National Center for Hearing Assessment and Management (NCHAM) at Utah State University. Since 2001, NCHAM has served as the National Technical Resource Center (NTRC) for all state-based Early Hearing Detection and Intervention (EHDI) programs in the United States. The work of the EHDI NTRC is funded in part by a cooperative agreement (U52MC04391) from the [Maternal and Child Health Bureau \(MCHB\)](#) of the [Health Resources and Services Administration \(HRSA\)](#) at the United States Department of Health and Human Services.