



STRATEGIC PLAN 2025-2026

<p>~198,000 Children under 5 in poverty in Florida</p>	<p>39,802 Funded enrollment slots across 128 programs</p>	<p>4 Strategic Priority Areas guiding this plan</p>
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ABOUT THIS PLAN

The Florida Head Start State Collaboration Office (HSCO) serves as the primary connector between Florida’s 128 Head Start programs and the state’s broader early childhood systems. Located within the Florida Department of Education’s Division of Early Learning and funded by the Office of Head Start through the University of North Florida, HSCO’s mandate is to build partnerships, coordinate systems, and strengthen the infrastructure that Florida’s most vulnerable young children and their families depend on.

This 2025-2026 Strategic Plan is built directly from the findings of the 2025-2026 HSCO State Needs Assessment, including state and federal data, the 2025 PIR, the 2026 FHSA and HSCO Compensation and Benefits Study, and structured focus groups with Head Start Directors, Disabilities Services staff, and Mental Health Services staff. It is organized around the three intersecting content areas that the assessment identified as the most urgent and actionable priorities for HSCO’s collaboration and systems-building work:

<p>MENTAL HEALTH</p> <p><i>Build early childhood mental health infrastructure, expand consultation access, and support families in crisis</i></p>	<p>DISABILITIES</p> <p><i>Strengthen the IDEA evaluation pipeline, close Florida's disability identification gap, and improve LEA coordination</i></p>	<p>WORKFORCE</p> <p><i>Advocate for compensation equity, expand credentialing pathways, and strengthen staff wellness and retention</i></p>
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These three areas are not siloed – the assessment makes clear they are deeply interconnected. Staff burnout is fueled by the same growing behavioral and developmental needs that strain mental health and disability services. Workforce shortages limit mental health consultation coverage and disability evaluation capacity. Family barriers to service access cut across all three domains. This plan reflects those connections and positions HSCO’s collaborative role at the system level, where it can have the greatest impact.

HSCO’s Role: Systems-Level Collaboration

HSCO is not a direct service provider. It does not employ caseworkers, run classrooms, or conduct evaluations. Its value is in what it uniquely can do: convene partners across agencies and sectors, build formal agreements that improve coordination, use data to surface statewide patterns and promote change, and connect the on-the-ground realities of Head Start programs with the policy levers that exist at the state level. The strategies in this plan are designed with that role in mind – focused on the partnerships, protocols, infrastructure, and advocacy that HSCO is positioned to lead, and that individual grantees and programs cannot accomplish on their own.

Guiding Principles for This Plan

- Evidence-grounded:** Every strategy is tied to specific data findings from the 2025-2026 Needs Assessment
- Systems-focused:** HSCO operates at the level of systems and infrastructure — not direct service delivery
- Representative:** Rural communities, agricultural families, children experiencing homelessness, and children in foster care receive explicit attention throughout
- Actionable and accountable:** Each priority area includes specific activities, measurable metrics, named partners, and a two-year timeline
- Connected to federal alignment:** All three priority areas directly correspond to OHS national priorities and the HSCO's established priority framework

The Landscape of Need

The 2025-2026 State Needs Assessment presents a clear and urgent picture of where Florida’s Head Start program is under pressure and where HSCO’s role as a systems convener is most needed. The following data snapshots are drawn directly from the assessment and provide the evidentiary foundation for this plan’s three priority areas.

Mental Health

Florida (2025 PIR)	National Benchmark
<ul style="list-style-type: none"> 11.6% of families received mental health services 	<ul style="list-style-type: none"> 14.0% nationally (all programs); 15.2% Early Head Start only
<ul style="list-style-type: none"> 65.2% of eligible staff received mental health consultation (1,444 did not) 	<ul style="list-style-type: none"> National data not reported; reflects documented shortage of credentialed early childhood MH consultants in Florida
<ul style="list-style-type: none"> 18.9% of families received emergency/crisis intervention (7,870 families) 	<ul style="list-style-type: none"> 26.6% nationally; 29.5% for Early Head Start — a gap of 7.7 to 10.6 points
<ul style="list-style-type: none"> 328 children diagnosed with ASD; 128 with ADHD — both increasing 	<ul style="list-style-type: none"> ASD-related service demand increasing nationally; FL programs report waitlists exceeding provider availability
<ul style="list-style-type: none"> 22% of pregnant women enrolled in EHS received mental health interventions (117 of 531) 	<ul style="list-style-type: none"> Maternal mental health directly linked to infant social-emotional development — a critical service gap

Focus group voice: *“Waitlists for therapists routinely exceed provider availability. Families in acute crisis frequently have few clear pathways to timely support. Some district-operated programs have at times suspended or expelled children under 5, in direct conflict with the Head Start Program Performance Standards (HSPPS).”*

Disabilities

Florida (2025 PIR)	National Benchmark / Concern
<ul style="list-style-type: none"> FL Head Start Preschool disability ID rate: 6.5% 	<ul style="list-style-type: none"> National average: 14.8% — Florida is approximately half the national rate
<ul style="list-style-type: none"> FL Early Head Start disability ID rate: 4.4% 	<ul style="list-style-type: none"> National EHS average: 14.3% — a gap of 9.9 percentage points
<ul style="list-style-type: none"> 4,670 children referred for IDEA evaluation in 2025 (up 14% from 2023) 	<ul style="list-style-type: none"> Referrals growing every year, reflecting increasing developmental complexity among enrolled children
<ul style="list-style-type: none"> 39% of referred children (1,841) did not receive an evaluation 	<ul style="list-style-type: none"> 883 pending; 376 diverted to RtI; 374 parent refusals (often logistical, not intentional)
<ul style="list-style-type: none"> RtI diversions more than doubled: 174 (2023) to 376 (2025) 	<ul style="list-style-type: none"> Concern that LEA changes to PESE process are diverting children away from IDEA evaluations they are entitled to receive

<ul style="list-style-type: none"> • 5,184 children with IEPs or IFSPs in 2025 (up from 4,756 in 2023) 	<ul style="list-style-type: none"> • Growth reflects improved identification — but significant unmet need remains given FL's gap to national rate
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Focus group voice: *"Long timelines from referral to evaluation. Few Early Steps/Part C providers in some counties, families must travel long distances. FDLRS is no longer part of the referral process, leaving navigation gaps. Inconsistency across LEAs is significant."*

Workforce

Florida Head Start Workforce Data	Context and Implication
<ul style="list-style-type: none"> • 17.5% annual staff turnover rate (PIR); 21.1% instructional staff (FHSA Comp Study) 	<ul style="list-style-type: none"> • Exceeds sustainable levels for high-quality ECE; disrupts child-teacher relationships foundational to development
<ul style="list-style-type: none"> • 46% vacancy replacement gap: nearly half of vacated positions unfilled within the year 	<ul style="list-style-type: none"> • 208 education vacancies unfilled 3+ months — stretching remaining staff, increasing burnout risk
<ul style="list-style-type: none"> • 204 education staff left specifically for higher compensation 	<ul style="list-style-type: none"> • Average preschool teacher salary: ~\$28,350/year (\$13.63/hr.); Head Start receives no state funding supplement
<ul style="list-style-type: none"> • Average annual salary increase: 1.3% in 2025 (down from 4.5% in 2023) 	<ul style="list-style-type: none"> • Real compensation decline when inflation is factored in; \$15/hr. minimum wage in Sept 2026 creating wage compression
<ul style="list-style-type: none"> • 31% of programs applied to reduce funded enrollment — up 15 points since 2023 	<ul style="list-style-type: none"> • Workforce shortages are directly reducing program capacity to serve eligible children
<ul style="list-style-type: none"> • Staff interest in IMH Endorsement high; cost and funding restrictions are barriers 	<ul style="list-style-type: none"> • Especially blocked for county government-operated programs; a structural barrier to professional growth

Focus group voice: *"Teachers are overwhelmed — not just by pay, but by the behavioral complexity in classrooms without adequate support. Experienced teachers are leaving because of the emotional toll, not just the wages. Programs implementing staff wellness initiatives but can't offset structural economic pressures."*

STRATEGIC PRIORITIES AND IMPLEMENTATION FRAMEWORK

STRATEGIC PRIORITY 1 Expand Early Childhood Mental Health Infrastructure and Consultation Access	
Problem Statement	<ul style="list-style-type: none"> Florida’s early childhood mental health system lacks the workforce, infrastructure, and community-based capacity to meet the needs of children and families enrolled in Head Start. Only 11.6% of families received mental health services – below the 14.0% national average – and only 65.2% of eligible staff received mental health consultation, leaving more than 1,400 classroom teachers and home visitors without the specialist support they need. Focus groups described the families in acute need with few clear pathways to timely help, waitlists routinely exceeding provider availability, and children under five being suspended in district-operated programs in conflict with HSPPS.
HSCO’s Role	<ul style="list-style-type: none"> HSCO cannot hire mental health consultants for programs – but it can build the infrastructure those consultants are embedded in. HSCO’s role is to: 1) convene state and community mental health partners to expand the supply of early childhood-specialized providers; 2) strengthen Mental Health and Health Services Advisory Committees so they include active mental health and medical professionals; 3) promote for policy alignment with HSPPS; 4) reduce barriers to the Infant Mental Health Endorsement for Head Start staff; and 5) connect and collaborate with state and local entities.
Objectives	<ul style="list-style-type: none"> 1.1 Connect programs to the Infant Mental Health Endorsement (IMHE) for Head Start staff across all program types, including county-operated programs 1.2 Strengthen Mental Health/Health Services Advisory Committee (MHSAC) participation statewide to ensure meaningful representation from mental health and medical professionals 1.3 Document and disseminate promising program practices for mental health consultation, family crisis support, and ASD-related services across the grantee network
Key Activities	<ul style="list-style-type: none"> Conduct a statewide mapping of early childhood mental health consultation providers by county – identifying deserts, shortages, and IMH-credentialed professionals Work with T.E.A.C.H., FHSA, and higher education partners to create a funded pathway for Head Start staff to obtain the IMH Endorsement Audit HSAC participation across grantees; develop tools and guidance to help programs strengthen HSAC composition and meeting quality Convene a cross-program mental health learning community to document and share practices such as CARD utilization, structured SOS meetings, and maternal mental health referral protocols Connect programs with the Center for Autism and Related Disabilities (CARD) for ASD consultation and staff support resources

STRATEGIC PRIORITY 2


Strengthen Florida's Early Childhood Disability Identification and Services Pipeline

<p>Problem Statement</p>	<ul style="list-style-type: none"> Florida's disability identification rates are approximately half the national average, 6.5% for Head Start Preschool and 4.4% for Early Head Start, compared to 14.8% and 14.3% nationally. This is not because Florida's children have fewer developmental needs; it is because Florida's IDEA evaluation and service pipeline is under-resourced and varies dramatically by geography. In 2025, 39% of children referred for evaluations did not receive one – including 883 with pending evaluations and 376 diverted to RtI. RtI diversions have more than doubled since 2023 (from 174 to 376). HSCO will monitor this trend closely in partnership with state organizations and Head Start programs. Access to Early Steps (Part C) services is limited in some counties.
<p>HSCO's Role</p>	<ul style="list-style-type: none"> HSCO cannot conduct evaluations, but it can convene the system that does. HSCO is uniquely positioned to bring LEAs, Early Steps (Part C), FDOE's Bureau of Exceptional Education, and Head Start grantees to the same table, build shared protocols and agreements, monitor troubling trends like RtI diversion rates, and advocate for the evaluation capacity and service infrastructure Florida's children are entitled to receive. HSCO can also build grantee capacity through disability micro-credentialing pathways and family engagement tools that address the informational and logistical barriers that contribute to parent refusals.
<p>Objectives</p>	<ul style="list-style-type: none"> 2.1 Establish a statewide monitoring mechanism for RtI diversion trends to ensure children are not redirected away from IDEA evaluations they are entitled to 2.2 Connect disability services coordination between Head Start programs and LEAs to create formal agreements and shared protocols 2.3 Collaborate with partners to work towards a Disabilities micro-credential for Head Start teachers who do not hold state teaching certification
<p>Key Activities</p>	<ul style="list-style-type: none"> Convene a statewide Head Start–LEA Disabilities Coordination Workgroup, including FDOE BEESS, Early Steps, selected LEAs, and FHSA, to develop shared referral, evaluation, and data-sharing protocols Partner with Early Steps (Part C) to develop a structured dialogue process for improving coordination between EHS programs and Part C services, including a Part C-to-Part B transition guide Develop and disseminate a Family Engagement Toolkit for disability services, addressing the logistical and informational barriers that drive parent refusals, including transportation guides, multilingual materials, and family-friendly disability awareness content Work with T.E.A.C.H. and higher education partners to develop or expand a Disabilities micro-credential pathway accessible to non-certified Head Start teachers Document and share promising practices from programs that have successfully reduced evaluation wait times or improved LEA collaboration

STRATEGIC PRIORITY 3

Strengthen the Early Childhood Workforce Through Compensation Advocacy, Credentialing, and Stability

<p>Problem Statement</p>	<ul style="list-style-type: none"> Florida's Head Start workforce is in crisis, and it is a structural crisis that no individual program can solve. The annual instructional staff turnover rate is 21.1%. Nearly half of vacated positions go unfilled within the program year. Average preschool teacher salaries of ~\$28,350/year (\$13.63/hour) fall far below what research shows is needed for stability and quality. The September 2026 \$15/hour minimum wage increase will compress pay differentials for experienced staff, eroding one of the key incentives programs have used to reward longevity. The average annual salary increase dropped to 1.3% in 2025, a real pay cut when inflation is factored in. Meanwhile, 31% of programs have applied to reduce funded enrollment, meaning the workforce crisis is directly reducing the children who can be served. Staff also need specialized skills, in infant mental health, disabilities, and behavioral intervention, that are difficult and costly to access, particularly for staff in county-operated programs with funding restrictions.
<p>HSCO's Role</p>	<ul style="list-style-type: none"> HSCO cannot set wages for Head Start programs, but it can create the conditions for change. HSCO's role is to: (1) build the evidence base and make the public case for compensation equity through data, policy briefs, and advocacy partnerships; (2) expand accessible, funded credentialing pathways that build specialized skills and create career ladders within Head Start; (3) facilitate the system-level alignment needed to bring Head Start wages into parity with comparable public education positions; (4) connect programs with existing workforce incentive resources (T.E.A.C.H., WAGES, career pathway workgroups); and (5) amplify the promising wellness and retention practices that Florida's grantees have developed so other programs can adopt them.
<p>Objectives</p>	<ul style="list-style-type: none"> 3.1 Build and publish the evidence base for Head Start compensation equity in Florida through an annual workforce report and policy advocacy brief 3.2 Connect programs to access to T.E.A.C.H. scholarships, WAGES supplements, and other workforce incentive resources for Head Start staff across Florida 3.3 Work towards accessible credentialing pathways in high-need specializations: infant-toddler development, Infant Mental Health Endorsement, disability services, and behavioral intervention 3.4 Document and disseminate effective staff wellness and retention models from Florida's grantees to support statewide adoption
<p>Key Activities</p>	<ul style="list-style-type: none"> Convene an HSCO Workforce Development Workgroup with representation from FHSA, T.E.A.C.H., higher education, and grantee directors to coordinate statewide workforce strategies Publish an annual HSCO Workforce Report tracking turnover, compensation, vacancy rates, wage compression trends, and credentialing access, using PIR data, the FHSA Compensation Study, and BLS statewide data Develop a Compensation Equity Policy Brief quantifying the wage gap between Head Start teachers and comparable public school/VPK positions, and modeling the cost of closing it, for use in federal and state advocacy Partner with T.E.A.C.H. Early Childhood Florida to increase scholarship uptake among Head Start staff, including identifying and removing barriers for county government-employed staff

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- Participate actively in the Informal Career Pathway Workgroup to reduce credential barriers, build stackable pathways, and support Head Start parents entering the ECE workforce
 - Work with community colleges and state universities to expand availability of affordable specialization coursework in infant-toddler development, disabilities, behavioral intervention, and early childhood mental health

IMPLEMENTATION INFRASTRUCTURE

How HSCO Operates

All three strategic priorities are implemented through HSCO’s core functions: convening cross-sector partners, building formal agreements, and shared protocols, using data to surface statewide patterns and drive collaboration, and connecting the on-the-ground experience of grantees with the policy and system levers that exist at the state level.

Annual Review and Learning Cycle

Quarter	Activity
Q1 Fall	<ul style="list-style-type: none"> Partner kick-off sessions for each priority area; review baseline data; confirm Year 1 workplans and partner commitments
Q2 Winter	<ul style="list-style-type: none"> Mid-year progress check across all three priority areas; update workplans; identify emerging issues for partner attention
Q3 Spring	<ul style="list-style-type: none"> Annual data collection and analysis (aligned with PIR submission); draft Annual Progress Report; convene priority-area learning sessions with grantees
Q4 Summer	<ul style="list-style-type: none"> Publish Annual Progress Report; present findings to FHSA and state partners; initiate planning for following year; update needs assessment data

Cross-Cutting Commitments

All three strategic priorities are implemented with explicit attention to the populations and geographies most at risk of being left behind:

- Rural communities: Specialty provider shortages, LEA capacity gaps, and limited credentialing access are most acute in rural Florida. Strategies in all three priority areas include rural-specific approaches, county-level mapping, telehealth consultation models, and mobile or cohort-based credentialing options.
- Agricultural families: Shorter enrollment windows make disability referral completion and mental health service continuity especially difficult. HSCO will work with Agricultural Head Start grantees to develop tailored protocols.
- Children experiencing homelessness: 2,742 children enrolled in 2025, a population with elevated mental health, disability, and stability needs. HSCO maintains active partnership with McKinney-Vento State Coordinator and Regional Navigators.
- Children in foster care: 431 children enrolled in 2025. HSCO coordinates with DCF and its partners to ensure Head Start programs have the support they need to serve children involved in the child welfare system.
- Dual language learners: 20,393 DLL children served in 2025. All family-facing materials and tools developed under this plan will be available in multiple languages.

State and Federal Alignment

This Plan's Priority	OHS Federal Priority	HSCO Priority Area
<ul style="list-style-type: none"> Mental Health Infrastructure 	<ul style="list-style-type: none"> Priority 2: State system partnerships and integration 	<ul style="list-style-type: none"> Align early care and education services across agencies
<ul style="list-style-type: none"> Disability Identification Pipeline 	<ul style="list-style-type: none"> Priority 3: Reaching children and families with the greatest need 	<ul style="list-style-type: none"> Coordinate with school systems for continuity and alignment
<ul style="list-style-type: none"> Workforce Development and Compensation 	<ul style="list-style-type: none"> Priority 4: Competitive wages, staff wellness, and workforce quality 	<ul style="list-style-type: none"> Expand access to high-quality workforce and career development
<ul style="list-style-type: none"> Data infrastructure supporting all three 	<ul style="list-style-type: none"> Priority 5: Program infrastructure, data systems, and CQI 	<ul style="list-style-type: none"> Use data on early childhood programs to guide decision-making

CONCLUSION

The 2025-2026 State Needs Assessment is not a description of programs falling short. It is a description of programs doing exactly what they were designed to do, serving Florida's most vulnerable children and families, within a system that needs an improved infrastructure to fully support them. The mental health providers are not there. The evaluation capacity is not there. The wages are not there. There is a need for system-wide improvement support.

That is the work HSCO was created to do. Not to deliver services directly, but to build the infrastructure, the partnerships, the protocols, the advocacy, the data, that makes it possible for programs to deliver those services well. This Strategic Plan is grounded in the specific, evidence-based findings of the 2025-2026 assessment. It reflects what the data say, what program staff and directors described in focus groups, and what the children and families enrolled in Florida's Head Start programs need from the system that is supposed to support them.

HSCO will carry out this plan in close partnership with FHSA, FDOE, state health and human service agencies, local education agencies, institutions of higher education, and the grantees and communities doing this work every day. Progress will be reported annually, measured against clear baselines, and used to refine the work going forward. The children in Florida's Head Start classrooms deserve no less.