



NATIONAL HEAD START ASSOCIATION

Fiscal Year 2020 Recommendations
Head Start & Early Head Start
HHS – ACF – OHS

	FY 2018 Enacted	FY 2019 Enacted	FY 2020 NHSA Recommendation
Head Start and Early Head Start Base Grant	\$8,823,095,000	\$9,233,095,000 ^c	\$9,408,095,000
Cost of Living Adjustment (COLA)	\$216,000,000 ^a	\$150,000,000 ^a	\$191,000,000^a
Quality Improvement Fund (QIF)/Trauma-Informed Practices	\$0	\$0	\$900,000,000
Early Head Start-Child Care Partnerships (EHS-CCPs) and EHS Expansion	\$755,000,000	\$805,000,000	\$805,000,000
Total	\$9,863,095,000^b	\$10,063,095,000	\$11,113,095,000

^{aa} This includes COLA funding for EHS-CCPs.

^{bb} This total includes \$260,000,000 for extending in-class hours.

^{cc} This number is an estimate based on previous years.

The Head Start and Early Head Start community (collectively referred to as ‘Head Start’) is deeply appreciative of Congress’ sustained bipartisan commitment to expanding access to high-quality early childhood experiences for our nation’s most vulnerable children and critical supports for their families. In FY19, Head Start received \$10,063,095,000. The increase from FY18 was concentrated on a cost of living adjustment (+\$150,000,000) and the expansion of Early Head Start (+\$50,000,000). While these welcome increases will have a visible, positive impact at the local level, the number of children affected by addiction and trauma who require specialized care and attention continues to be on the rise. As a result, Head Start program directors face persistent challenges to retain quality staff with adequate experience and training, and keep pace with rising healthcare, facility, and program management costs.

For FY20, the National Head Start Association (NHSA) recommends total funding for Head Start at \$11,113,095,000 to meet existing needs—a meaningful increase of \$1.05 billion will address critical program improvements, equip staff with a trauma-informed approach, extend in-class duration where desired, and help retain a quality, experienced workforce. All funds appropriated to Head Start in FY20 should include a minimum of 4.5% set aside for Migrant and Seasonal programs and 3% for American Indian/Alaska Native programs, per the Head Start Act. Specifically, NHSA recommends the following:

- 1. Workforce Investment (+\$191,000,000)** – All Head Start grantees struggle to retain quality staff. Teacher turnover directly impacts the quality of services and continuity of care. Investing in workforce quality through a Cost of Living Adjustment (COLA) is the most pressing, daily need for programs across the country. Congress has continually recognized this need. NHSA recommends \$191,000,000 (which includes funds for Early Head Start-Child Care Partnership grantees) in FY20 for workforce investments through a formula-based, across-the-board COLA in line with the 12-month Consumer Price Index-Urban that was released in January 2019 (1.9%).

For questions, please contact Tommy Sheridan at 703.739.7560 or tsheridan@nhsa.org

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2. Quality Improvement Fund (QIF)

- a. **Program Improvements (+\$155,000,000)** – As authorized in the 2007 Head Start Act, QIFs may be used for a number of program-specific needs, including increasing duration of services to better support working families, staff training, improving community-wide coordination, facility improvements, enhancements to classroom environments, and the strengthening of transportation safety. QIFs are designed to meet needs that already exist through providing the flexibility to address specific, dire local priorities, all with a goal of improving program performance.
- b. **Trauma-Informed Practices (+\$745,000,000)** – One of the top priorities Head Start programs have identified is the ability to meet increased challenges stemming from childhood trauma, parental addiction, community violence, or any number of adverse childhood experiences. Considered part of the QIF, this need is estimated to require \$745,000,000. This funding would be used to address trauma-related needs, including the following:
 - i. **Staff Training** – While ongoing training for early educators is expected and reinforced, staff—from the bus drivers to the front office staff to lead teachers—increasingly must have the ability to identify signs of addiction, address the complex challenges that addiction and trauma create for young children, respond to developmental delays, and support families coping with new challenges. Head Start program directors routinely cite a dearth of available and affordable specialized training to meet these complex needs and execute on Head Start’s mission to support increased stability and success for enrolled children and families. To supply onsite professional development for program staff regarding trauma-informed care, **Head Start recommends \$26,500,000.**
 - ii. **Mental Health Consultation** – While all programs provide some amount of mental health consultation, these hours are insufficient and dependent on the availability of funding—often limited by the availability and cost of specialized personnel. Further investment in part-time mental health consultants would increase Head Start’s community outreach and cost-effectively utilize resources. In order to double the number of mental health consultant hours from 40 hours per grantee, per month to 80 hours, **Head Start recommends \$161,000,000.**
 - iii. **Additional Staffing for Preschool Classrooms** – Whether it is the effect of increasing community violence, the far-reaching effects of a growing drug epidemic, or the result of instability in a child’s home or community, Head Start teachers have had to address an increase in challenging behaviors in the classroom. In order to not only ensure the safety of all children in a classroom but also to have the capacity to provide individualized, high-quality care to all children, including those with higher needs, three- and four-year old Head Start classrooms need resources to reduce the teacher-to-child ratio. In order to provide a third staff member in every Head Start preschool classroom across the nation, enabling programs to maintain high-quality learning environments and providing teachers with the means to specifically triage and positively address young children impacted by trauma, **Head Start recommends \$557,500,000.**