



NATIONAL HEAD START ASSOCIATION

Analysis of the Designation Renewal System

Cohorts One to Three

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National Head Start Association

The National Head Start Association is a non-partisan, not-for-profit organization committed to the belief that every child, regardless of circumstances at birth, has the ability to succeed in life. NHS A is the voice for more than 1 million children, 200,000 staff and 1,600 Head Start grantees in the United States.

Our vision is to lead - to be the untiring voice that will not be quiet until every vulnerable child is served with the Head Start model of support for the whole child, the family and the community – **and to advocate** – to work diligently for policy and institutional changes that ensure all vulnerable children and families have what they need to succeed. **Our mission is to coalesce, inspire, and support the Head Start field as a leader in early childhood development and education.**





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Center for Policy, Data, and Research

A strong and sustainable future for Head Start will mean the success of generations of children who might otherwise struggle throughout their lives. Their future success rests on the knowledge, commitment and collaboration of families, programs, researchers, and policymakers.

To that end, the mission of the Center for Policy, Data, and Research is to **curate knowledge about Head Start to support Head Start programs as leaders** and to **share their wisdom and experience** widely; to **generate new analyses and reflections** on program and policy priorities; and to **strengthen dialogue and collaboration** between Head Start practitioners and researchers.



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Agenda

- History and Design of DRS
- Design and Implementation Issues
- Demographics Across Cohorts
- Competition Outcomes for Programs
- Outcomes for Communities
- Broad Effects on Head Start
- Conclusions
- Discussants
- Questions





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History

- 2007 Reauthorization called for grantees who were “not delivering high-quality” to compete for new 5 year grants
- 2010 NPRM for Designation Renewal proposed 25% of grantees would compete each year based on 8 triggers
- 2011 Final Rule removed the 25% requirement but introduced the 10% threshold part of the CLASS trigger
- First cohort announced in December 2011 – 129 grantees
- Second cohort announced in January 2013 – 125 grantees
- Third cohort announced in February 2014 – 103 grantees
- An evaluation is underway, with results expected in 2016

Note: the fourth cohort was announced this past winter but has not yet begun the application process and is not included in the following analyses

Note: American Indian/Alaska Native grantees with deficiencies or concerns go through a separate process to strengthen quality and are not included in the following analyses

DRS Triggers

The Final Rule on Designation Renewal spells out seven triggers that cause programs to go into competition:

- A deficiency on a review conducted under Section 641A
- Failure to establish program goals for improving the school readiness of children and take steps to achieve those school readiness goals
- Low CLASS scores as described in 1307.3(c) – either below set thresholds on the three domains of CLASS or in the lowest 10% of programs monitored in a given year
- Revocation of a License to Operate
- Suspension by the Office of Head Start
- Debarred from receiving state or federal funds for Disqualified from CACFP
- Audit finding of being at risk of failing to continue functioning as a Going Concern

Trigger	Cohort One*	Cohort Two	Cohort Three
Deficiency	129	83	52
School Readiness Goals	0	0	0
CLASS – Below Thresholds	0	9	18
CLASS – Lowest 10%	0	46	50
Revocation of License	0	1	0
Suspension by OHS	0	0	0
Debarment from Funds	0	0	0
Failure as a Going Concern	0	2	4
Total Programs in DRS	129	125	103

*The School Readiness and CLASS triggers were not implemented for cohort one. The Deficiency trigger was retroactive 2 ½ years for cohort one.

Design and Implementation Issues

- Deficiency trigger – unequal deficiencies
- CLASS trigger – inconsistent 10% cut-offs
- Inconsistent relationship between triggers and systemic “low-quality”
- Delays in forecasts, funding opportunities, negotiations, and announcements
- Changing process for 5 year grants
- Successful development of Birth to Five application design



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Demographics Across Cohorts

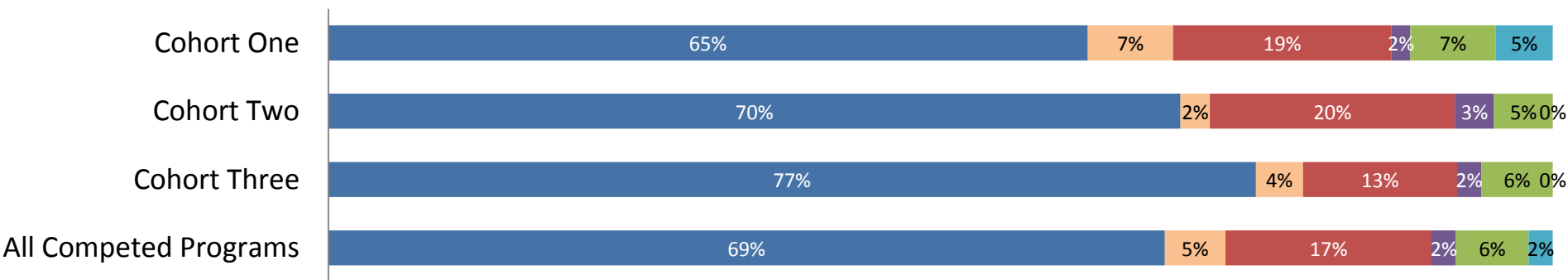
- Despite state and regional variation in the rates at which programs have competed, programs in competition are generally reflective of the Head Start field as a whole in terms of:
 - Program auspices (non-profit, community action, school system, government agency)
 - Program size
 - Grants held (EHS, HS, MSHS)
 - Racial, ethnic, and linguistic diversity of children served
- With the exceptions that:
 - Early Head Start-only grantees have been less likely to go into competition
 - Grantees with lower levels of BA teachers seem more likely to compete for low Instructional Support scores
- Information is not currently available to examine cost per child are it relates to competition, but this may play a role.



Competition Outcomes for Programs

- Overall, about 74% of grantees in the first three cohorts of DRS have had their grants restored in full or in part
- About 17% of the grantees in these three cohorts have lost their grants
- About 8% have had their service area competed a second time
- Why so high?
 - Particularly with questionable triggers, some programs can easily demonstrate they are high-quality
 - Commitment and knowledge of Head Start make many organizations the best competitors in their communities

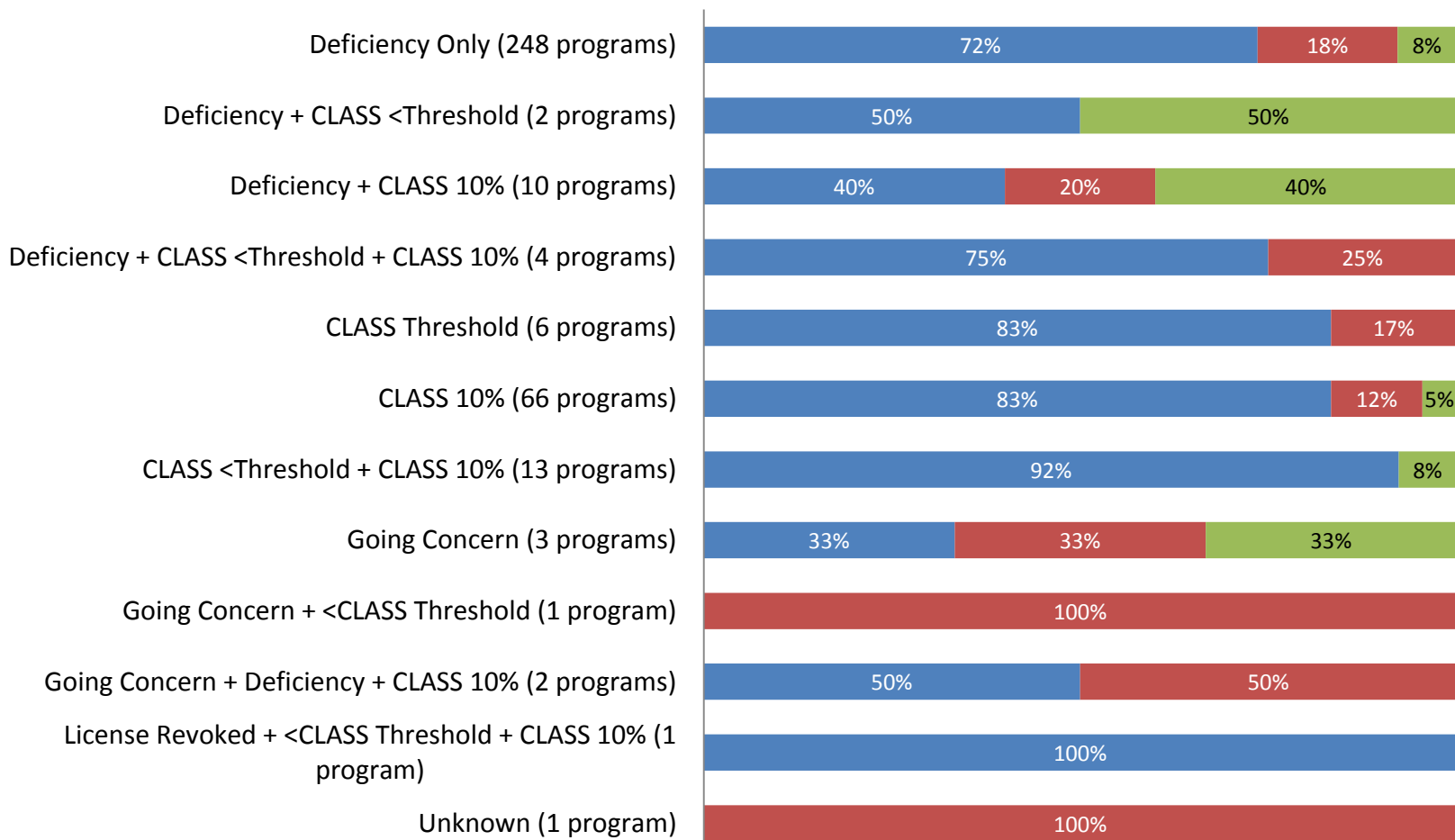
Comparison Across Cohorts for DRS Outcomes



Competition Outcomes for Programs by Trigger(s)

DRS Outcomes by Trigger(s) - All Cohorts

■ Grant Restored in Full or In Part ■ Grant Lost or Relinquished ■ Grant Competed Again



Competition Outcomes for Programs with Deficiencies

DRS Outcomes by Single/Multiple Deficiencies - All Cohorts

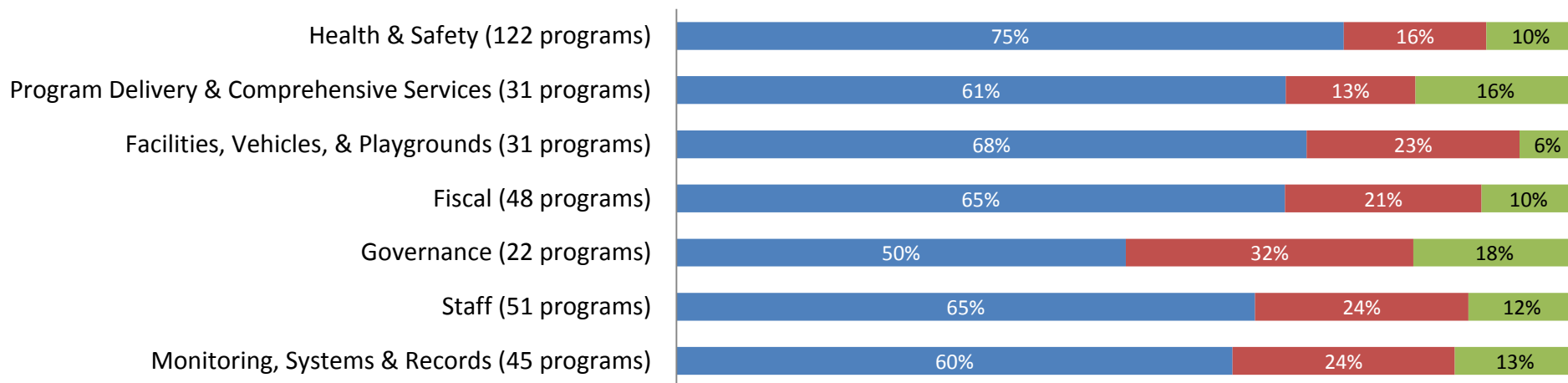
■ Grant Restored in Full or In Part ■ Grant Lost (or Relinquished) ■ Grant Competed Again



Note: Grantees with immediate deficiencies also appear in the rows for single or multiple deficiencies

DRS Outcomes by Deficiency Type - All Cohorts

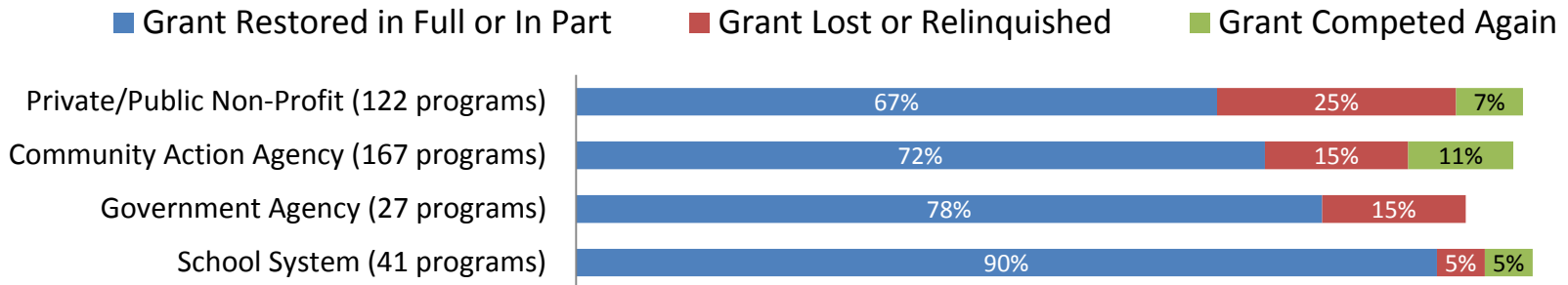
■ Grant Restored in Full or In Part ■ Grant Lost (or Relinquished) ■ Grant Competed Again



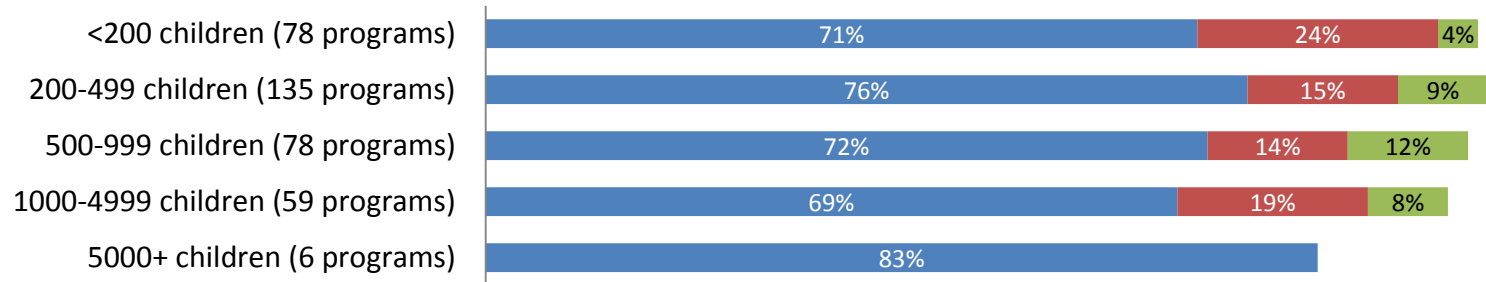
Note: Grantees with deficiencies in multiple areas are included in multiple rows.

Competition Outcomes for Programs by Program Features

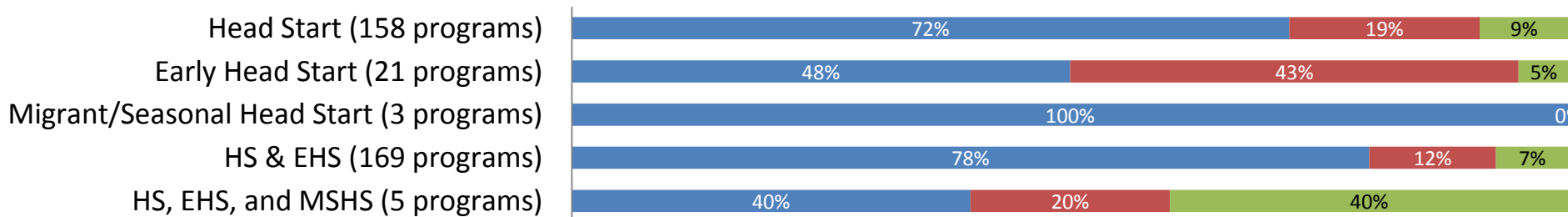
DRS Outcomes by Program Auspices



DRS Outcomes by Program Size



DRS Outcomes by Types of Grants Held

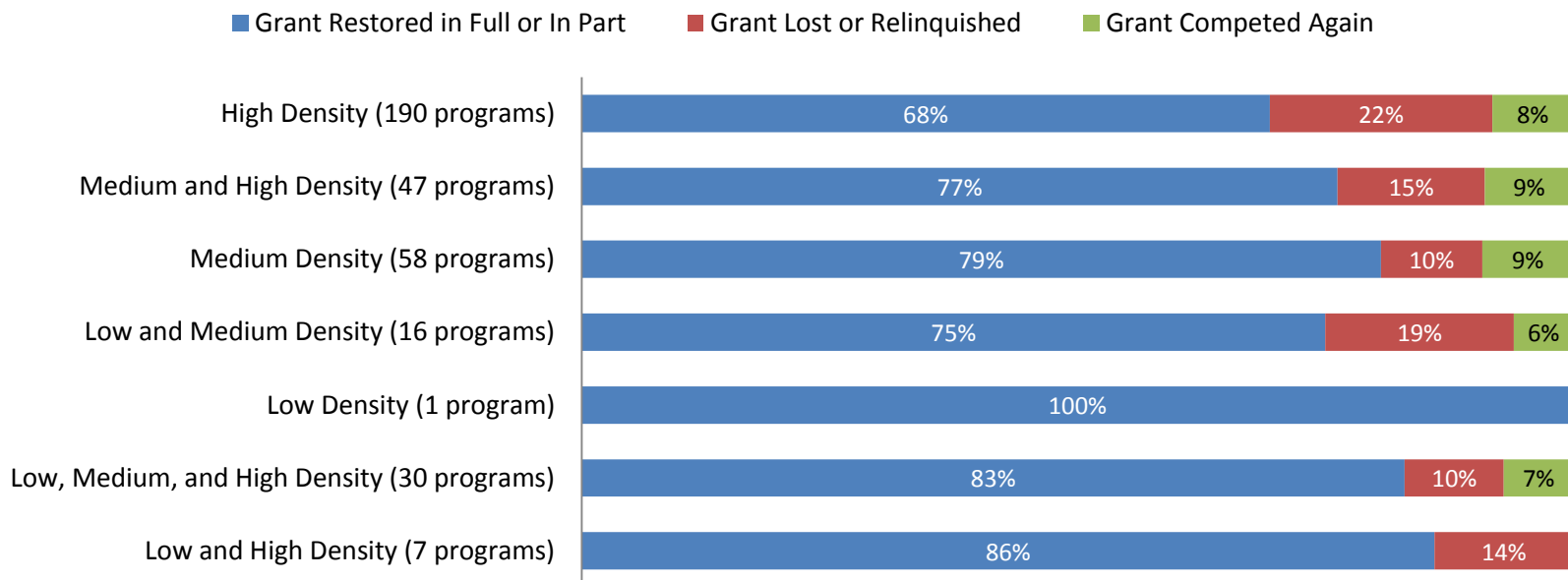




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Competition Outcomes for Programs by Population Density

DRS Outcomes by Population Density of Counties Served



Rural-Urban Continuum Codes		
High Density	1	Metro - Counties in metro areas of 1 million population or more
	2	Metro - Counties in metro areas of 250,000 to 1 million population
	3	Metro - Counties in metro areas of fewer than 250,000 population
Medium Density	4	Nonmetro - Urban population of 20,000+, adjacent to a metro area
	5	Nonmetro - Urban population of 20,000+, not adjacent to a metro area
	6	Nonmetro - Urban population of 2,500-19,999, adjacent to a metro area
	7	Nonmetro - Urban population of 2,500-19,999, not adjacent to a metro area
Low Density	8	Nonmetro - Completely rural or < 2,500 urban population, adjacent to a metro area
	9	Nonmetro - Completely rural or <2,500 urban population, not adjacent to a metro area

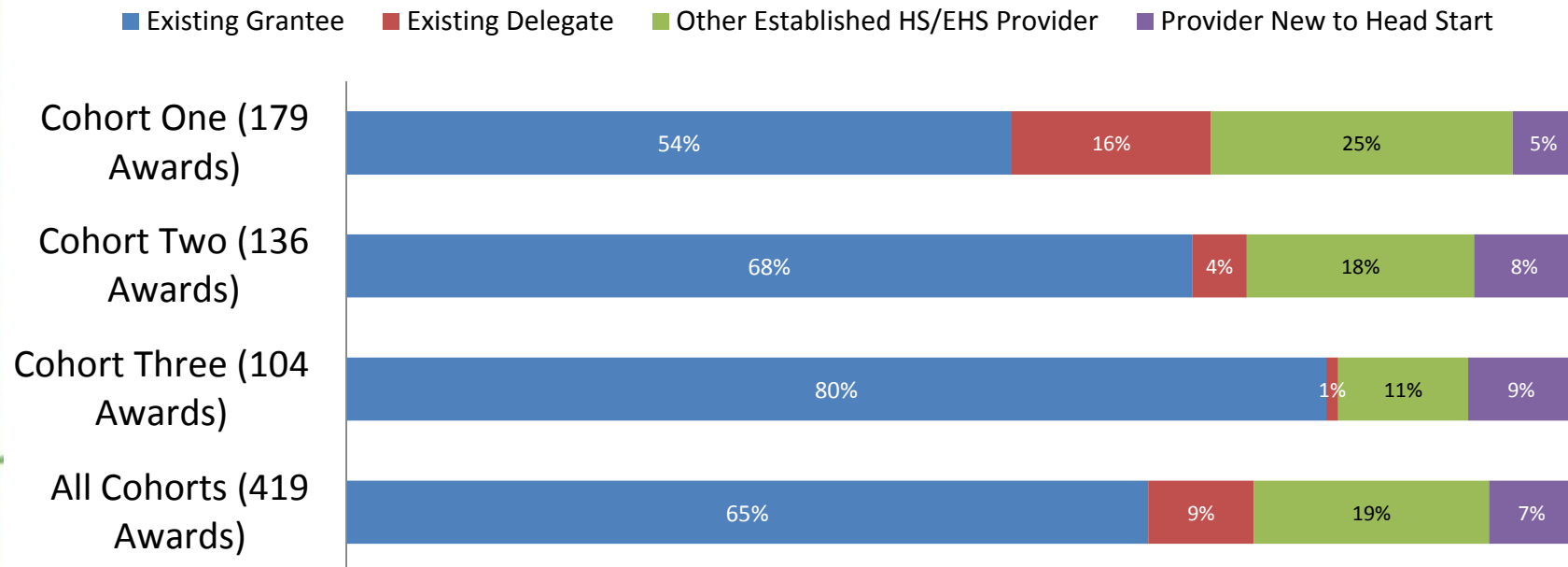


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Outcomes for Communities

- In addition to examining the experience of the grantees going into competition, it is important to examine the impact on communities
- Because the number of awards made may be different than the number of grantees in competition analyses of awards are conducted separately from analyses of grantees entering DRS
- Overall, between 72 and 81% of awards for each cohort have gone to incumbent grantees or delegates and the majority of the rest have gone to other established Head Start or Early Head Start providers

Competition Outcomes for Communities





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Broad Effects on Head Start

- Changing levels of quality
 - Decreasing deficiencies, increasing CLASS scores
 - On-going evaluation about program behavior
 - No data available about changes in particular communities
- New grantees
 - 29 total, only 15 awarded before this past summer
 - Out of 29, 15 school systems and 14 non-profits
- Competition and morale
 - Competition with former friends and partners
 - Constant stress across all programs
 - Focus on compliance rather than innovation or research
- Lessons for Local Design
 - Birth to Five flexibility



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Conclusions

Over the first three years of implementation of the Designation Renewal System, about a quarter of Head Start, Early Head Start, and Migrant/Seasonal Head Start grantees entered competition, and the majority of these grantees demonstrated through the competitive process that they were the best organizations in their communities to provide Head Start services to children and families.

- The Designation Renewal System does not yet fully meet Congressional intent of targeting competition at struggling programs.
- Basic reforms are needed to make the Designation Renewal System consistent, reasonable, and predictable.
- Conceptual reforms are needed to support programs in working toward high-quality, not compliance.



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Future Reforms

The National Head Start Association welcomes further dialogue and discussion about the Designation Renewal System and future reforms and remains committed to supporting the Head Start field in providing the highest-quality services to the children, families, and communities who need them most.

Planning for Reform

- Input and ideas from the Head Start community
- Lessons from the DRS evaluation
- On-going discussions as we prepare for Head Start reauthorization



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Discussants

- Ruth Friedman
- Wade Horn
- Monica Ortiz





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Want to share *Analysis of the Designation Renewal System: Cohorts One to Three* with colleagues at home? Find it online at go.nhsa.org/DRSanalysis.

Join us on social media! The conference hashtag is **#NHSA15** and we encourage you to include **@NatlHeadStart** in your conversations.

Questions? E-mail Emmalie at edropkin@nhsa.org.