



MINNESOTA HEAD START ASSOCIATION, INC.

HELPING HEAD START FAMILIES MEET THEIR CHILDREN'S MENTAL HEALTH NEEDS *2007 PROGRESS SUMMARY*

Head Start programs across Minnesota are developing their capacity and skills to identify and address mental health concerns in the early childhood period thanks to grant support from the ***Bush Foundation***, ***Medica Foundation*** and the ***State Head Start Collaboration Office, Minnesota Department of Education***. Since 2004, the Minnesota Head Start Community has dedicated time and resources to a Statewide Action Plan focused on improving quality screening and education, professional development and mental health consultation and services within Head Start. We are pleased to share highlights of Head Start's progress toward its goal to help all families meet their children's mental health needs.

QUALITY SCREENING AND EDUCATION

- In 2004, only 2 of Minnesota's 35 Head Start programs reported using a separate standardized social/emotional screening tool. In 2007, all Minnesota programs have been trained to administer the ASQ:SE (Ages and Stages Questionnaire: Social-Emotional) and all but one program has completed mental health screening on children enrolled in the 06/07 school year.
- Broad use of the ASQ:SE within Head Start has helped parents understand their children's behavior and social-emotional needs as illustrated by stories from the field (**see back**).
- Since 2004, the annual number of Head Start children that have been referred to a mental health professional for a diagnostic assessment has more than doubled (242 in '04 compared to 493 in '07).
- This year, Head Start piloted a parent education approach that holds great promise and is available to all programs for the 2007/08 school year.

PROFESSIONAL DEVELOPMENT

- In 2006, 53% of Head Start teachers statewide participated in regional training around MACMH's Guide to Early Childhood Mental Health. Teachers request more training and support to understand children's social-emotional needs and new approaches around reflective supervision and practice.
- Over 50% of Head Start's Mental Health Consultants have attended DC 0-3 training thanks to a partnership with the Division of Children's Mental Health, MN Department of Human Services and the Minnesota Department of Health.
- MHSA sponsored its 3rd Annual Summer Institute on Early Childhood Mental Health on June 5-6, 2007 at the College of St. Benedicts to encourage mental health system-building and "best practice" – 80% of programs participated.

MENTAL HEALTH CONSULTATION AND SERVICES

- An extensive assessment of how Head Start programs use their mental health resources (2007) suggests changes for the way Head Start engages mental health consultants, including:
 - More emphasis on reflective consultation and supervision.
 - Requiring consultants use recent diagnostic procedures including DC 0-3.
 - Engaging mental health agencies with ability to provide third-party billing services.
 - Providing group consultation for mental health consultants to enhance skills and services.



Mental Health Screening Outcomes Actual Stories from the Field

The following stories from Minnesota Head Start agencies illustrate how social/emotional screening has impacted the lives of Head Start children, families, and staff.

Story 1: Bridging students and families to effective and appropriate services

A four-year old male Head Start student was displaying challenging behaviors in the classroom—having difficulty transitioning, becoming upset with little triggers, screaming and throwing himself on the floor. For the first month of class, he required one-on-one attention from his teacher. The child passed his developmental screening. In September, his parents were asked to complete the ASQ:SE. Results showed an elevated score. The mental health consultant was contacted and asked to observe the students in the classroom with elevated scores. Based on the observation, the consultant encouraged the family to contact a mental health professional for a psychological evaluation and to re-screen for special education. The Head Start agency approved an extra staff member for the classroom until the evaluation was complete. Two months later, the student had been diagnosed with Autism Spectrum Disorder. The child is receiving special education services, occupational therapy, and a personal care attendant (PCA) in the classroom. His family is participating in the filial therapy program offered at Head Start.

Story 2: Screening as a mental health talking piece

Head Start staff had concerns about a five-year old student's ability to cope with strong emotions and function in the classroom. The student previously had been removed from several daycares, and this was his first placement in Head Start. The student's parents did not understand nor share the concerns that the staff identified. The teachers administered the ASQ:SE during a home visit. As the parents were completing the screening tool, they identified several problem areas for their child. They began to ask the teacher several questions. The teacher was able to use the ASQ:SE results and questions as a "talking piece" to introduce the concept of mental health. Through this initial meeting, Head Start staff built a positive relationship with the family. They worked together to develop a behavior support plan and to seek services that include mental health consultation and a DC 0-3 diagnostic assessment.

Story 3: Giving Parents a Voice to Share Concerns, Find Answers

A two-year-old student involved in a home-based Early Head Start program passed the developmental screening and, although referred, did not qualify for special education services. His mother expressed concern about her son's temper tantrums and processing difficulties. Upon completing the ASQ:SE, the mother was able to elaborate on her concerns. She met with the mental health consultant and the ASQ:SE results were shared. The consultant recommended assessment by an occupational therapist and the student's pediatrician. Those assessments indicated vision problems. The student now wears glasses and receives vision therapy and special education services for his disability. His parents are in contact with a mental health professional for behavior management techniques. ASQ:SE gave the mother "a voice" to share her concerns and a vehicle to explore other possible causes for his behavioral issues beyond "defiance."