Developmental and Health Services in Head Start Preschools: A Tiered Approach to Early Intervention

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The authors have no conflicts of interest to disclose.

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Received for publication August 10, 2012; accepted December 18, 2012.

ABSTRACT

OBJECTIVE: To describe a tiered approach to identifying and addressing developmental and health concerns among low-income preschool children in Head Start.

METHODS: Analytic sample consisted of 3- to 5-year-old Head Start students (n = 1171) from 14 centers in Los Angeles County serving predominantly Latino families during 2008–2009. All Head Start students were screened for developmental and health concerns and assigned to 1 of 3 tiers of intervention need: Tier 1 children needed only the usual Head Start curriculum, Tier 2 children needed targeted interventions (excluding special education), and Tier 3 students received special education services. Logistic regressions were used to analyze predictors of each tier, with screening results and sociodemographic variables as covariates.

RESULTS: Sixty-nine percent of children were in Tier 1, 25% in Tier 2, and 6% in Tier 3. Tier 2 children most commonly needed mental health services and were less likely than those in Tier 1 to be from primarily English-speaking homes (odds ratio = 0.6, $P < .01$). Tier 3 children were significantly less likely to be female than Tier 2 children (odds ratio = 0.4, $P < .05$).

CONCLUSIONS: More than one-quarter of low-income children not in special education may need targeted interventions, particularly mental health services. Although Head Start agencies are required to identify and address these needs, many other early education and clinical settings do not. Establishing screening and intervention guidelines for this intermediate-risk group represents a key policy gap for the child health and education systems.

KEYWORDS: developmental screening; early childhood development; early intervention; Head Start program

ACADEMIC PEDIATRICS 2013;13:145–151

WHAT'S NEW

This article describes an intermediate-risk tier of 3- to 5-year-old children with health, developmental, and behavioral concerns identified in the Head Start program whose needs may often be unmet in other systems of care.

INTRODUCTION

ALTHOUGH PARENTS OF an estimated 40% of children from birth to age 5 report having concerns about their children's health, development or behavior,[1] formal intervention services typically are provided only for a small subset of children who represent the most severely affected. For instance, only 4%–5% of children from birth to age 5 are reported by their parents to have a written intervention plan such as an Individual Family Service Plan or Individual Education Plan through Parts B or C of the Individuals with Disabilities Education Act (IDEA, P.L.108-446).[1] Although little is known about the specific needs and outcomes of children whose parents report concerns but who are not enrolled in services, evidence suggests that they are at risk for worse developmental and educational outcomes,[2,3] representing a potentially large source of preventable socioeconomic disparity and lost productivity. Outside of the early intervention entitlement programs mandated by the IDEA, no defined service pathways exist for children with intermediate developmental risks, potentially leaving a large group of families with unmet needs.

In numerous studies researchers have shown that the child health care system often does not adequately address the developmental and social-emotional needs of many young children and their families. Despite guidelines from the American Academy of Pediatrics that all young children should be screened by their health providers for developmental delays at specific ages,[4] studies have estimated that, at most, only approximately one-half of young children are actually screened.[5–7] Even when practices make concerted efforts to increase screening rates, follow-up and referrals to interventions are substantially limited by a number of practice-level and family-level barriers.[8,9] These systemic challenges probably contribute to underidentification of delays and underenrollment in services—only an estimated 10% of children younger than the age of 2 who are at risk for developmental delays are actually receiving early intervention services.[10]

Because clinical settings may not always address the developmental and behavioral needs of young children and families, early care and education settings such as child care programs and preschools may be vital community venues for early detection and intervention. Head Start, a federally funded preschool program for 3- to 5-year-old children from low-income families, provides developmental screening and other preventive health care services. The Head Start Program Performance Standards require that all children have comprehensive health and developmental screening during the first 45 days of each school year, followed by services provided by Head Start or community referrals when concerns are identified.[11,12]

This requirement stimulated an innovative local school district-Head Start partnership that attempts to address the large gaps in screening, referral and services for early childhood health and development. In 2008, a large urban public school district partnered with a large Head Start grantee to introduce a tiered system of screening and intervention designed to capture an intermediate-risk group of children who raised developmental concerns but did not meet criteria for special education. The tiered system included developmental screening for all children; targeted interventions for children with identified developmental, behavioral, or health concerns; and special education referrals for those most severely affected. The school district-Head Start collaboration included joint decision-making, with district staff participating in the Head Start weekly multidisciplinary team meetings to review cases in which concerns were identified during the screening process and throughout the school year. Targeted services included a district-run group speech and language intervention, in addition to health, mental health, education, developmental, and social services facilitated by Head Start specialists. This comprehensive, tiered approach to screening, decision-making, and referrals is illustrated in Figure 1.

This study uses child-level data to describe relationships among screening results, sociodemographic variables, and assignment to tiered intervention services in this large Head Start agency as a way to shed light on the distribution of developmental risk among low-income children. The study objectives were to examine the numbers of children in each tier and to describe each tier in terms of developmental screening results, services received, and sociodemographic variables.

METHODS

SAMPLING AND DATA SOURCES

From the initial sample of all children who were enrolled in the local Head Start program during 2008–2009 (n = 1461), we excluded children who were withdrawn from the program within the first 45 days (n = 176) as well as those who were already enrolled in special education before the first day of the school year (n = 114). The resulting sample of 1171 children represents those students who were eligible to undergo the process of developmental screening and new referrals to services.

Demographic variables were obtained from the Head Start agency's computerized enrollment database and included dates of enrollment and termination (if applicable), the child's gender, date of birth, reported race or ethnicity, annual household income, primary home language, and number of parents in the household. As part of the routine process of developmental screening, all children were screened by classroom teachers during a home visit within 45 days of enrollment. Finally, lists of referrals to intervention services were obtained from

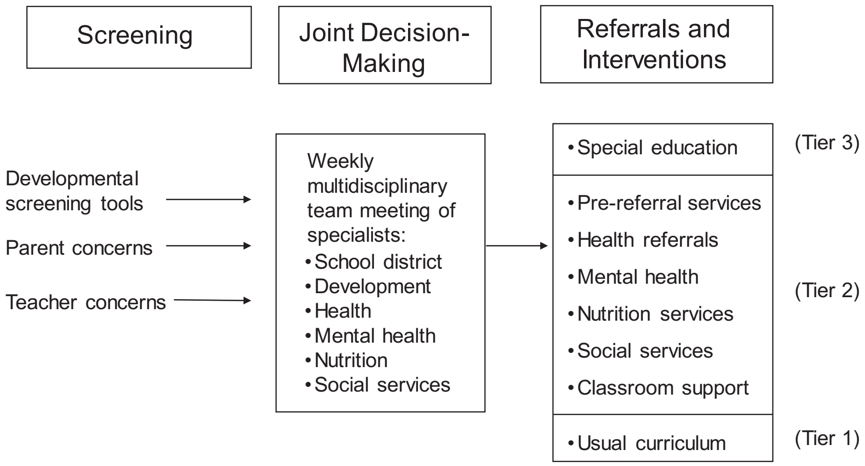

Figure 1. *Model for screening, joint decision-making, and intervention services in Head Start.*