MIGRANT & SEASONAL HEAD START (MSHS)
The Migrant Seasonal Head Start (MSHS) program is one of the largest community based service providers in the nation, offering a wide range of education and support services to migrant and seasonal Children, ages birth to Compulsory school age, and their families each year.
Profile: MSHS programs

广泛的服务交付模式：
- 中心基地和家庭托儿

服务对象：从出生到强制性入学年龄的儿童

项目每天运营8至14小时，每周工作5天，并在收获季节最繁忙时开放周六

超过50%的接受服务的儿童是婴儿到3岁
Profile: MSHS Families

- Low income: meet Federal Poverty Guidelines
- More than half of the families’ income comes from agricultural work
- Families move from one community to another in search of agricultural work
- Primarily Spanish speaking. Families also speak English or indigenous language from Mexico - Mixteco, Trique or Zapoteco
- 75% of the families are a two-parent households
- 76% have less than high school education
- Over 90% of both parents work
Approximately

- 87% of the MSHS children have a “Dental Home”
  - During the time they are enrolled with MSHS
- 85% of the MSHS children who are enrolled in SCHIP and other Health Insurance, and are **certified to be Medicaid eligible**
- 87% are up to-date on their EPSDT services
- 91% have of the children 3-5 years of age received dental screening
- 91% of infants and toddlers received dental EPSDT screenings
Source of Care

- Community Health Center: 77 centers
- Private Practitioner: 74 centers
- Public Health Dept.: 16 centers
- Mobile Van: 10 centers
- Dental School: 2 centers
Challenges working with a Community Health Center

(most reported to least)

- Limited appointments: difficulty scheduling within mandated timelines and for follow-up care (particularly for treatment, considering the short cycle for migrant care).

- Completion of care/follow-up visits and being required to schedule multiple appointments (won’t complete multiple treatments in one visit).

- Lack of bilingual staff and services.
<table>
<thead>
<tr>
<th>No pediatric dentistry services or sedation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inability to provide treatment for extensive cases when follow-up services are needed</td>
</tr>
<tr>
<td>Parents unable to accompany child due to work obligations (lack of after hours appointments)</td>
</tr>
<tr>
<td>Distance for families to travel</td>
</tr>
<tr>
<td>Lack of transportation</td>
</tr>
<tr>
<td>No CHCs located in some areas of service</td>
</tr>
<tr>
<td>Receiving documentation from the CHC (does not allow for case management)</td>
</tr>
<tr>
<td>Coordinating billing processes for children without Medicaid</td>
</tr>
<tr>
<td>Lack of communication with Head Start center</td>
</tr>
<tr>
<td>Extensive time required to complete paperwork – and is sometimes complicated/difficult</td>
</tr>
<tr>
<td>Won’t see young children</td>
</tr>
</tbody>
</table>
Challenges working with a Private Practice

(most reported to least)

- Limited availability of appointment times
- Private practices do not accept Medicaid
- Cost of treatment
- Shortage of pediatric providers in the area
- Language barriers
- Limited access in remote areas
- Lack of communication between private practices and Head Start Centers
- Fees for canceled appointments
Challenges working with a Dental School

- Location of dental schools (none in remote areas)
- Language barriers
- Will provide exams only and not treatment
- Will not provide treatment to undocumented children
- Cannot work out a payment arrangement
- Dental school break is the same time as the height of migrant season
Head Start staff member who negotiates oral health care

The most common title for the staff member who negotiates oral health care is **Health and Disabilities Coordinator**.

The following titles were also reported:

- **Health Services Specialist**
- **Health and Nutrition Manager**
- **Child Health Manager**
- **Early Intervention Specialist**
For Further Information Contact

Guadalupe Cuesta, Director
National Migrant & Seasonal Head Start Collaboration Office
1875 Connecticut Ave. NW
Washington DC 20009

202.884.8005
gcuesta@aed.org