Missouri Ozarks Community Action

Head Start

Mental Health Services Plan

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Mental Health Services Plan

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SUBJECT: CHILD MENTAL HEALTH

PERFORMANCE OBJECTIVE: MENTAL HEALTH SERVICES 1304.24 (a)

PERSON RESPONSIBLE: MENTAL HEALTH/DISABILITY SERVICES SPECIALIST

OPERATIONAL PROCEDURE:

1. Grantee and delegate agencies must work collaboratively with parents for issues related to parent education by:
   i. Soliciting parental information, observations, and concerns about their child’s mental health;
      1. At the time of enrollment, the Family Advocate secures the following forms for each admitted Head Start child’s record that the Mental Health/Disability (MH/D) Specialist will review for any mental health concerns and for any Follow-up needed with the family:
         a. Preschool Physical Exam
         b. Health History Form
         c. Any agency referral forms for on-going health/mental health concerns
The Family Advocate will also review and consult with the family on any mental health concerns obtained from the parent.

Parents are asked to give (or deny) written permission for their child to undergo developmental (including social/emotional) screening that is administered to all Head Start children within the first 45 calendar days of enrollment. Parents are informed concerning the results. Further evaluation would require additional written parental approval.

The Program's Mental Health Consultant makes mental health observations of all Head Start classrooms during the fall and spring. Parents will be contacted concerning any mental health concerns from this observation concerning their child and their participation is essential when discussing any further action needed.

Parents may also ask for mental health services for their child. The availability of the Mental Health Consultant and/or other referrals will be discussed with the family on an individual basis.

ii. Sharing staff observations of their child and discussing and anticipating with parents their child’s behavior and developments, including separation and attachment issues;

1. Individual child’s mental health concerns are discussed with the parent(s):
   A. during home visits made by classroom teacher
   B. during discussion of progress reports by classroom teacher
   C. during completion of family partnership agreements by
      the Family Advocate who is working with the family
   D. when action is indicated
   E. following a classroom observation made by a member of the Head Start
      Administrative staff at the request of the classroom teacher.

iii. Discussing and identifying with parents appropriate responses to their child’s behaviors;
1. Teachers, other Head Start staff and mental health professionals work with parents to promote mentally healthy development in every child in the program as follows.

   a. Through informal means, teachers can model positive methods of child guidance for parents while providing a safe and welcoming classroom for the children to grow and learn. It is the goal of teachers and staff to form an alliance with parents by listening and responding appropriately to their concerns. This will also provide a natural means to freely discuss normal child development and positive strategies for parent-child interaction. Though a more formal means, Head Start Administrative Staff or mental health professionals provide training on child development and other pertinent topics throughout the year.

   b. Through activities and lessons (Positive Behavior Support) taught in the classroom that foster healthy emotional, cognitive and social development for all the children in the program. (Teachers or caregivers receive input into their mental health curricula from the Educational Specialist, the MH/DIS Specialist, the Mental Health Consultant and Others.)

IV Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program;

1. A better understanding and positive attitude toward mental health will be fostered among staff and parents.
2. The mental health component of the HS program will be outlined during Parent Orientation.

3. The opportunity for parents to obtain individual assistance will be emphasized.

4. Teachers informed regularly, consulted with and provided information on establishing supportive relationships with parents.

v. Helping parents to better understand mental health issues;

1. The Center produces a newsletter that regularly incorporates mental health topics submitted by the staff or others.

2. Parents will be assisted with accessing community mental health resources as requested or needed.

3. Workshops are provided by the Family Advocate during the year which includes topics of child development, positive behavior support and stress relief.

vi. Supporting parents’ participation in any needed mental health interventions;

1. Parents are given the opportunity to meet with the classroom teacher and other Head Start staff to discuss any mental health related concerns and any needed interventions.

2. Parents may seek mental health intervention following contact by the FA to discuss the family partnership agreement.

3. Teachers may refer a child to the MH Specialist, which provides an avenue to support parents in participating in services.

2. Grantee and delegate agencies must secure the services of mental health professionals on a schedule of sufficient
frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child’s mental health;

I. Mental Health Consultant

   a. Consultant agreement with is updated annually.

ii. Duties of Mental Health Consultant

   a. Assist in planning mental health program
      1. Child and classroom assessment
      2. Examine needs and resources of individual children
      3. Set expectations for program pertaining to individual children
      4. Evaluate program benefits for each individual target child

Mental Health Services Plan

b. Staff and Parent Training
   1. Develop ongoing training
   2. Conduct training or help arrange for speakers

c. Observe Children/ make recommendations

d. Advise and/or assist in developmental screening and assessment

e. Provide special help for children with atypical behaviors

f. Advise in the utilization of community resources

g. Orient, counsel and support parents while developing plans
h. Refer for diagnostic examination to confirm that emotional problems do not have a physical basis.

iv. Prevention

a. Provide staff training on designated topics as needed
b. Provide parent training on designated topics
c. Assist in screening process to ensure early identification of children in need
d. Conduct classroom mental health observations by Mental Health Consultant in each classroom in the fall and spring
e. Conduct individual child mental health observation with parent permission

v. Intervention

a. Provide special help for children and families with atypical behaviors
b. Develop observation report and share with parent and staff the results of observation
c. Provide/Refer child and family to outside agency for needed assistance
d. Provide ongoing consultation to staff who works with children who have been evaluated and referred for mental health services.

vi. Confidentiality

a. Folders pertaining to each program area are kept in every Head Start child's student record. Mental health materials pertaining to a particular child will be filed in the mental
health folder in that child’s record. All student files are kept in a locked file cabinet that is found in the Head Start Center’s office.

3. Mental Health Program services must include a regular schedule of onsite mental health consultation involving mental health professional, program staff and parents on how to;

   i. Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children

      a. The MH/DIS Specialist and Mental Health Consultant will work with other program staff to ensure the delivery of corresponding interventions that enable the early prevention, identification and treatment of any problem that could hinder the child’s healthy mental development.

      b. Mental Health Curriculum: Positive Behavior Support Curricula which promotes social and emotional learning for pre-schoolers. This program is designed to reduce impulsive and aggressive behavior in children, teach social and emotional skills, and builds self-esteem. PBS teaches: empathy, impulse control, problem-solving and anger management. To encourage family support, PBS can be utilized to introduce parents to the same skills their children are learning at school – empathy, impulse control, problem solving, and anger management.
Teacher Referral

1. When the classroom teacher/Head Start staff suspect mental health concern, the MOCA Head Start Mental Health Observation form can be submitted to the MH/DIS Specialist. which denotes on the form whether the matter has or has not been discussed with the parent and if not, why.

2. The MH Observation FORM documents observations which warrant mental health referral although the form may also be used to document other concerns.

3. Upon receiving the MHO FORM, the MH/DIS Specialist will contact the teacher for any additional information or clarification of the situation. Two courses of action may be taken.
   A. If the teacher would like another opinion, she/he may ask that the MH/DIS Specialist or other administrative staff member makes a classroom Observation. In this case, the parent will be contacted if further observation or intervention is needed.
   B. If an observation is requested of the Mental Health Consultant, the teacher and/or the DIS/MH Specialist will contact the parent either at school, by phone or letter to explain the referral and to obtain written parental permission for individual mental health observation by the consultant.

4. Upon receiving parental consent for observation, an appointment is made by the Family Advocate teacher and MH/DIS Specialist with the MH Consultant for the observation.
5. Upon completion of the observation, the mental health consultant compiles a report with recommendations.

6. An appointment is made with the parent(s), MH/DIS Specialist, classroom teacher, and mental health consultant to present the report and recommend follow up/ special services/ referral to an outside agency.

7. Depending upon the recommendation and parental approval, the teacher, parent and/or MH/DIS Specialist will implement the follow up plan.

c. Parent Referral

1. Parent(s) can initiate the referral process by either speaking with the teacher or any HS staff, thereby initiating a referral and consult with the MH Specialist and/or MH Consultant.

ii. Promote children’s mental wellness by providing group and individual staff and parent education on mental health issues;

a. Efforts will be made to enhance the child’s parents’ and staff’s understanding of child growth and development, recognition of individual differences and the necessity of a supportive environment for healthy development.

1. Trainings will be provided on topics including child growth and development, abuse and neglect, substance abuse, ways to foster positive self-esteem and positive behavior and additional mental health topics of interest to parents and staff.

2. Mental health information will be regularly included in the parent newsletter that is sent home to each Head Start family.
3. Children’s mental health wellness will be addressed in the classroom using mental health activities found in curricula, books, other resources and Positive Behavior Support Program.

4. Literature and staff development will be provided for Head Start staff throughout the school year.

iii. Assist in providing special help for children with atypical behavior or development;

a. MH Consultant and MH Specialist can address underlying mental health concerns.

b. Upon enrollment, parents either give or deny approval for their child to undergo developmental screenings. The Dial-3 screening tool is administered initially to all enrolled children by the Head Start teachers (or other HS staff). Children who have an initial abnormal score, will be referred for evaluation. Parental permission is secured prior to the evaluation. The results may indicate that the child needs services at which time the parents would be requested to attend an initial placement meeting in which the services would be explained and a Behavior Plan developed for the child. The LEA Pre-School Liaison facilitates the placement/services as mandated under Federal disability legislative guidelines. (See Disability Services Plan for more detail.) The MH/DIS Specialist’s role in these cases becomes one of advocacy, record keeping and monitoring of services. Note, however, that one of the areas for service eligibility concerns children with severe emotional/behavioral disability.

In this case, the Mental Health Consultant may provide the psychological Evaluation needed and participate in the treatment plan.
C For children exhibiting atypical behavior that cannot be addressed by conventional classroom supervision and who, if referred, do not meet eligibility criteria for disability services through the LEA, an Individual Behavior Plan may be developed to provide extra help for the child or group of children. Specifically, this could be help with such matters as impulse control, self-esteem, socialization skills, etc. With parental approval, the Behavior Plan could be developed with the help of the Mental Health Consultant. Services are provided by the Mental Health Consultant.

iv. Utilize other community mental health resources as needed.

a. A local community resource book compiled by Family Advocates that includes mental health resources is made available to each family when their child enrolls in Head Start.

b. Referrals can be made to community mental health resources by the MH/DIS Specialist and Mental Health Consultant with parent permission.

SPECIAL SERVICES MEETINGS AND PROCEDURES

Policy: To ensure that all children’s individual needs are met to strengthen the child’s growth and development. Head Start Performance Standards, Sec. 1304.24

1. Staff receives orientation regarding purpose of team meeting with Mental Health Consultant.

2. Initial Mental Health Observation Forms:
   a. Review form at staff orientation.
   b. Review at first MH Observation Meeting.
c. Procedure for teachers:

1. Involve child in solution.
2. Develop a plan for the child for in the classroom.
3. Discuss with parents, extend the plan to home.
4. If no improvement, discuss with parents again and inform completing Initial MH Observation Form and making referral for consultation with Mental Health Consultant, obtain consent for Individual observation.
5. Complete MH Observation Form and forward along with completed consent form and Dial-3 to Mental Health Observation consultant.
6. Present information to the MH Consultant.
7. Mental Health Director will arrange classroom observation with Mental Health Consultant and inform Center Director, Area Supervisors and teachers as soon as possible.
8. Teachers will advise parent of impending observation date.
9. Mental Health Consultant will confer with teacher and provide oral and/or written report of observation.
10. Parents will be informed of results of observation by phone, by teacher or by Mental Health Services Coordinator or Mental Health Consultant and invited to meet with teacher, Mental Health Consultant and Mental Health/Disability Services Coordinator in order to confer with parents and expand any classroom plan that may be developed into the home.

3. Remind teachers that the Behavior Plan is to be in child’s folder.

4. IEP’s and Behavior Plans
   a. Teachers should be able to relate how they are individualizing lesson plans to meet IEP/Behavior Plan goals. What are they doing to implement in classroom, how rare they re-enforcing it in classroom?
   b. How often are they conferring with therapists, are notes in the child’s file?
c. How are they documenting progress? They need to show in notes or files what they are doing with observations and tracking.

1. Are social skills and self-help skills included in curriculum?

d. Is each child’s progress reviewed and noted

e. Therapists provide progress reports to classroom teachers.

5. Examples of individualization

   A. 4x8 cards in centers with activities to remind teachers/assistants what things to do – i.e., making friends in each center, put books in each center to remind of activities, individual behavior charts, without identifying child.

   B. Pictures for transition.

   C. Chart for smiley faces with 1, 2, or 3 warnings.

   D. Stamp on hand – good day.

   e. Checklist for parents to fill out re: strengths, goals, behaviors want to work on.

   F. Can be on-going week to week and can add to.

      6. Therapists provide anecdotal notes or on-going commentary to the teacher on child’s progress or goals so that classroom lesson plans can incorporate individualization. Anecdotal notes are used to ensure individualization.

7. Advise Mental Health/Disability Services Coordinator of communication with parents that can assist with.

8. Steps in screening process;

   a. Dial-3 Screening completed within 45 days of enrollment on all children in HS program.

   b. Abnormal screening results in referral to LEA for evaluation.

8. Classroom observation by Mental Health Consultant will be done to assist teachers with providing children with a quality program to meet individual needs.
a. MH Consultant will confer with teachers re: general classroom management and structure providing input, suggestions and recommendations.

B. MH Consultant will provide a written report to the MH Services Coordinator re: classroom observation.

c. Copy of observation will be provided to Education specialist and classroom teacher.

d. If needed, MH Consultant, MH Services Coordinator and Education Specialist will meet to plan strategy for implementation of MH Consultant’s recommendations/modifications in the classroom, and then a meeting with the teacher will be arranged.

1. Goals with implementation dates will be developed.

2. Follow up will be made by, MH Services Coordinator, and MH Consultant on a monthly basis, or as needed.

MENTAL HEALTH REFERRAL

GUIDELINES FOR TEACHERS

Questions:

1. Does the child have a greater number of problems than others his/her age?

2. Is the child’s behavior generally appropriate to the circumstances which he/she is a part of?

3. Is the child’s behavior generally appropriate for his/her age?

4. Are there real difficulties in the child’s environment?

5. Has there been a radical change in the child’s behavior?

6. How severe is the problem? (Does it happen on a consistent basis?)
7. Is the child at an age that renders him/her more vulnerable to the problem? (The preschool child, for example, may be more likely than the older child to experience divorce as a personal abandonment and loss of love and blame him/herself.)

Children with the following behaviors need to be referred to the Mental Health/Disability Services Coordinator (If these behaviors occur, even if feel you handled situation, please report):

- Withdrawn • Secretive, uncommunicative
- Uncooperative • Extremely Immature
- Aggressive • Extremely Sensitive
- Belligerent • Poor eye contact
- Isolated • Constantly in need of reassurance
- Moody • Physically or sexually inappropriate
- Irritable • No apparent organic cause for aches & pains
- Frequently frightened • Resistant to being touched or hugged

SPECIAL SERVICES REFERRAL PROCESS

For children demonstrating Social, Emotional or Behavior difficulties.

**STEP 1:** At the beginning of the year, each teacher performs his/her own “screening” process, which may include:

- Observation of children over time.
- Discussions with parents.
- Implementation of classroom strategies.
- Creative Curriculum checklist.
Keys here are collecting all relevant information (i.e., Does the child have a hearing problem? Is there a new baby in the family? What motivates the child?) and trying to address the child’s needs through positive behavior management practices. The purpose of this step is to determine if a child’s behaviors are within a “normal range” for their age group, or in fact represent a “special need.”

**STEP 2:** If Step 1 efforts reveal that a child is displaying:

A. a significant motor, perceptual or language deficit,

B. problems related to a difficult family situation,

C. problems significant enough that classroom interventions have not worked at addressing social, emotional or behavior difficulties.

Complete a Mental Health Observation FORM, ASSESSMENT CONSENT FORM, Dial-3 and inform the Head Start Mental Health/Disability Services Coordinator. Present information to mental health Consultant about the child’s behaviors (i.e., what are they? When do they occur? How have you addressed them? What discussions have you had with the parents? Their response?) will be of significant importance.

**STEP 3:** Based on the particular needs of the child, the center staff will take the information and decide who can best serve the child. If the child’s problem is primarily related to social, emotional or behavioral issues one of the following resources can be utilized to assist the child:

Head Start Mental Health Consultant, LEA or Mental Health Community

Private Counselors/ Psychologists/ Psychiatrists