MOCA Head Start

Missouri Ozarks Community Action, Inc

2013

Mental Health Services Plan

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(a) Mental health services

(1) Grantee and delegate agencies must work collaboratively with parents by:

   (i) Soliciting parental information, observations, and concerns about their child’s mental health;

   At the time of enrollment, the Family Advocate secures the following forms for each admitted Head Start child’s record that the Mental Health Consultant will review for any mental health concerns and for any follow-up needed with the family:

   a. Physical Exam
   b. Health History Form
   c. Any agency referral forms for on-going health/mental health concerns.

   The Family Advocate will review and consult with the family regarding any mental health concerns obtained from the parent.

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

   The program’s Mental Health Consultants make mental health observations on all Head Start classrooms during the fall and the spring. Parents are contacted concerning any mental health concerns from these observations. Parental participation is essential when discussing any further actions that might be needed.

   Parents may request 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 development, including separation and attachment issues;

   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 Individualized Family Partnership Agreement 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 behavior;

Teachers, Mental Health Consultants and other Head Start staff work with parents to promote mentally healthy development in every child enrolled in the program through:

a. informal means where teachers 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 Head Start staff to form an alliance with parents by listening and responding appropriately to their concerns. This will provide a natural means to freely discuss typical child development and positive strategies for parent-child interaction. Through more formal means, Mental Health Consultants and other Head Start staff provide training on child development and other pertinent topics throughout the year.

b. activities and lessons (Positive Behavior Support) taught in the classroom that fosters healthy emotional, cognitive and social development for all enrolled Head Start children. Teachers receive input into their mental health curricula from the Director of Education/Professional Development, the Disabilities Coordinator, the Mental Health Consultants and other Head Start staff.

(iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program;
A better understanding and positive attitude toward mental health will be fostered among Head Start staff and parents. The mental health component of the Head Start program will be outlined during Parent Orientation. The opportunity for parents to obtain individual assistance will be emphasized. Teachers inform regularly, consult with and provide information on establishing supportive relationships with parents.

(v)  **Helping parents to better understand mental health issues;**

Head Start centers produce a newsletter that regularly incorporates mental health topics that are submitted by Head Start staff or others. Parents are assisted with accessing community mental health resources as requested or needed. Workshops are provided topics on child development, positive behavior support and stress relief as well as other topics.

(vi)  **Supporting parents’ participation in any needed mental health interventions;**

Parents are given the opportunity to meet with classroom teachers and other Head Start staff to discuss any mental health related concerns and any needed interventions. Parents may seek mental health intervention following contact by the Family Advocate to discuss the Individualized Family Partnership Agreement. Teachers may refer a child to the Mental Health Consultant who may provide 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)  **Duties of Mental Health Consultant**

The Mental Health Consultant will assist in planning the mental health program, assessment of enrolled children and classrooms, examine needs and resources of individual children, set expectations for program pertaining to
individual children and evaluating program benefits for each individual target child.

(ii) Mental Health Service Plan

(a) Staff and Parent Training

1. Develop ongoing training
2. Conduct training or help arrange for speakers

(b) Observe children/make recommendations

(c) Advise and/or assist in developmental screening and assessment

(d) Provide special help for children with atypical behaviors

(e) Advise in the utilization of community resources

(f) Orient, counsel and support parents while developing plans

(g) 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 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 results with parent and staff

(c) Provide/refer child and family to outside agency for needed assistance

(d) Provide ongoing consultation to staff who work with children who have been evaluated and referred for mental health services

(vi) Confidentiality

(a) Section pertaining to each program area are kept in every enrolled child’s student record. Mental health materials pertaining to a particular child will be filed in the mental health section of the child’s record. All student files are kept in a locked file cabinet in the Head Start centers.

3. Mental health program services must include a regular schedule of on-site mental health consultation involving the 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 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 preschoolers. This program is designed to reduce impulsive and aggressive behaviors in children, teach social and emotional skills, and build 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 that their children are learning in the Head Start classroom- empathy, impulse control, problem solving, and anger management.
TEACHER REFERRAL

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

2. The Mental Health Observation form documents observations which warrant mental health referral, although the form may also be used to document concerns.

3. Upon receiving the Mental Health Observation form, the Mental Health Consultant will contact the teacher for any additional information or clarification. Two courses of action may be taken:

   a. If the teacher would like another opinion, the teacher may ask the Mental Health Consultant or other administrative staff member to make 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 will contact the parent either at school or by phone or letter to explain the referral and to obtain written parental permission for individual mental health observation by the Mental Health Consultant.

4. Upon receiving parental consent for observation, an appointment is made by the Family Advocate, teacher and Mental Health 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, Mental Health Consultant and classroom teacher to present the report and recommend follow up, special services and/or referral to an outside agency.

7. Depending upon the recommendation and parental approval, the teacher, parent and Mental Health Consultant will implement the follow up plan.

(c) Parent Referral

   a. Parents can initiate the referral process by either speaking with the teacher or any Head Start staff, thereby initiating a referral and consult with the Mental Health 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 MOCA Head Start family.

3. Children’s mental health wellness will be addressed in the classroom using mental health activities found in curricula, books, Positive Behavior Support program and other resources.

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

(iii) Assist in providing special help for children with atypical behavior or development:

(a) Mental Health Consultant 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 MOCA Head Start teachers or other 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 Local Education Agency pre-school liaison facilitates the placement/services as mandated under the Federal disability legislative guidelines. (See Disability Service Plan for more details.) The Mental Health Consultant and the Disabilities Coordinator’s role in these cases become one of advocacy,
record keeping and monitoring of services. Note, however, that one of the areas for service eligibility concerns children with severe emotional/behavior disability.

In this case, the Mental Health Consultant may provide the psychological evaluation and participate in the treatment plan.

(c) For children exhibiting atypical behaviors 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 Individual 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 include 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 Mental Health Consultant and/or Disabilities Coordinator with parental permission.

SPECIAL SERVICES MEETINGS AND PROCEDURES

Policy: To ensure that all children’s individual needs are met in order to strengthen the child’s growth and development.

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

2. Initial Mental Health Observation form:

   a. Review form at staff orientation.

   b. Review at first Mental Health Observation meeting.

   c. Procedures for teachers:

      1. Involve child in solution.
2. Develop a plan for the child in the classroom.

3. Discuss with parents, extend plan to home.

4. If no improvement, discuss with parent again, inform parents that teacher will complete Mental Health Observation form and make referral for consultation with Mental Health Consultant, obtain parental consent for individual observation.

5. Complete Mental Health Observation form, forward with completed consent and DIAL-3 to the Mental Health Consultant.


7. Mental Health Consultant will arrange classroom observation and inform Site Supervisor, Area Supervisor and teacher of observation date 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. Parent will be informed of results of observation by teacher and/or Mental Health Consultant and invited to meet with teacher, Mental Health Consultant and Disabilities Coordinator in order to confer and expand any classroom plan that may be developed for the home.

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

4. IEPs and Individual Behavior Plan:
   a. Teachers should be able to relate how they are individualizing lesson plans to meet IEP/Individual Behavior Plan goals. (What are they doing to implement this lesson in the classroom? How are they re-enforcing it in the 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 skill included in curriculum?
   d. Is each child’s progress reviewed and noted?
e. Mental Health Consultants 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. Mental Health Consultants 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 Consultant and/or Disabilities Coordinator of communication with parents that they can assist with.

8. Steps in screening process:

a. DIAL-3 screening completed within 45 days of enrollment on all children in Head Start program.

b. Abnormal screening results in referral to Local Education Agency for evaluation.

9. Classroom observation by Mental Health Consultant will be done to assist teachers with providing children with a quality program to meet individual needs.

a. Mental Health Consultant will confer with teachers on general classroom management and structure by providing input, suggestions, and recommendations.

b. Mental Health Consultant will create a written report.

c. Copy of observation will be provided to Director of Education, Disabilities Coordinator and classroom teacher.
d. If needed, Mental Health Consultant, Disabilities Coordinator and Director of Education will meet to plan strategies for implementation of Mental Health Consultant’s recommendations/modifications in the classroom. Then, a meeting with the teacher will be arranged.

1. Goals with implementation dates will be developed.

2. Follow-up will be made by the Mental Health Consultant, Disabilities Coordinator and Director of Education 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 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 at the Mental Health Consultant and Disabilities Coordinator (If these behaviors occur, even if you feel you handled the situation, please report):

- Withdrawn
- Secretive
- Uncommunicative
- Uncooperative
- Extremely immature
- Aggressive
- Extremely sensitive
- Belligerent
- Poor eye contact
- Isolate
- Constantly in need of reassurance
- Moody
- Physically or sexually inappropriate
- Irritable
- No apparent organic cause for aches and 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:

   a. Observation of children over time
   b. Discussions with parents
   c. Implementation of classroom strategies

Teaching Strategies 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 Support. 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 present 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 behavioral difficulties.

Complete a Mental Health Observation form, Assessment Consent form, DIAL-3 and inform the Head Start Mental Health Consultant and Disabilities Coordinator. Present information to Mental Health Consultant about 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, Local Education Agency and Mental Health Community, Private Counselors, Psychologists and/or Psychiatrists.