Mental Health Overview
Head Start

GENERAL PLAN/APPROACH:
Mental Health uses a preventative model to encourage healthy children and families. Our goal is to promote positive experiences for children. We want to build on each child’s strengths, to build self-esteem, and positive and trusting relationships. Health and developmental history information is gathered at registration by the family advocate and at the initial home visit by the teacher. At the initial home visit the teacher and parent complete a Behavioral Screening. Throughout the year a Child Development Specialist (CDS) conducts classroom and individual child observations to address any mental health concerns present within the classroom. The CDS and Head Start staff debrief after observations. Head Start staff, the CDS, and parents work closely together to determine if a child and family is in need of professional Mental Health services.

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<tr>
<th>HEAD START PROGRAM PERFORMANCE STANDARD:</th>
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<tr>
<td>1304.20(b)(1)-Child Health and Development Services</td>
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<tr>
<td>1304.24(a)(1)(i)-1304.24(a)(3)(iv)-Children’s Mental Health Services</td>
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PROCEDURES:

A) Initial Home Visit
The Behavior Screening Ages and Stages Questionnaire-SE (ASQ-SE) is completed with the parent during the initial home visit. The questionnaire and home visit provides an opportunity to: 1) get the parents perspective of their child’s social emotional development, 2) inform the teacher about the child’s social emotional well being, 3) increase the parents awareness of the impact they can have on their child’s social emotional development through discussing preventative approaches, and 4) inform parents of Mental Health information and services

B) Teacher Observation
Once the child begins school the teacher will observe the child in the classroom setting. Staffings on each child occur on a regular basis in each classroom. Teachers and teacher assistants debrief on a regular basis to review the day and plan for the next day. In addition, the teacher and family advocate review the child and family during classroom staffings in order to have an integrated continuous plan. If there are concerns, the teacher and family advocate will first look at the classroom environment and review what is happening with the family. Classroom staffings are followed by consultations on specific children where there are concerns.
C) CDS Observation(s)

The CDS comes into the classroom for Classroom Observations a minimum of two times per program year. These observations begin in October and then again in late January. The CDS notes overall classroom concerns as well as individual, staff, and child concerns. These observations are followed by a debrief session which addresses the concerns noted with follow-up suggestions. CDS also does individual observations and meets with parents as requested by the Head Start staff and/or parent(s). Before individual observations are completed, the teacher or family advocate will speak with the parent and obtain a Release of Information. If a CDS has specific concerns, they may recommend a referral to a local Mental Health agency or physician for specific assessments.

D) Health

Health Observation forms are available from the Health Department (see Health Department procedures) when the concern about a child’s behavior is health related (i.e., medications).

E) Curriculum and Child Guidance Planning

Head Start staff follows the Teaching Strategies Gold curriculum and assessment system, of which includes a social/emotional domain. They also use in their classrooms the social emotional curriculum called Second Step. These tools help assess the individual social emotional needs of children, as well as offer guidance to create and implement individual goals.

Phases I and II of our Child Guidance system addresses the overall classroom and the individualization for children with concerns. To address a child’s specific needs a phase 2 Child Support Plan is implemented.

Phase III and IV of our Child Guidance System utilizes the CDS to write a specific plan for the individual child to address the unique needs of the child. These plans are written with staff and parent(s) as part of the team. The Education Supervisor oversees Phases III & IV to ensure implementation of the plan, assist as needed, and schedule follow-up meetings.

F) Parent Information

In keeping with a preventative approach to mental health, the families should be introduced to the Mental Health program early in the program year. Family advocates are to present at least one Mental Health meeting/training topic during the school year. These may be more effective and cost efficient if centers consolidate together to provide these meetings.

Parents may meet with a CDS for specific issues/concerns. The CDS may refer the family elsewhere for on-going treatment. The family advocate assists parents in making these referrals.

G) Treatment Services and Options

A variety of treatment services may be used for children and their families. The type of treatment service is determined by the agency and the consultant. The CDS makes recommendations but it is the mental health agency and professional that makes the determination of what will be provided. The most common is individual or family therapy.