Mental Health Overview

GENERAL PLAN/APPROACH:

Southern Oregon Head Start (SOHS) uses a preventative model to encourage healthy children and families. SOHS builds on each child’s strengths, their self-esteem, and promotes positive experiences and positive and trusting relationships. Health and developmental history information is gathered at registration and at the initial home visit. At the initial home visit, our Head Start (HS) teachers and Early Head Start (EHS) specialists complete a Behavioral Screening for each child with the parent. Throughout the year, a Mental Health Consultant, also referred to as a Child Development Specialist (CDS), conducts classroom and individual child observations to address any mental health concerns present within the classroom. The CDS and SOHS staff debrief after observations. SOHS 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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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 home visit and questionnaire 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 and Specialist Observations

Once the child begins school, the teacher or specialist will observe the child in the classroom. SOHS staff debrief on a regular basis to review the current day and plan for the next day. More comprehensive debriefs by staff occur during staffings. Staffings are a place to discuss strengths, concerns, the child’s behavior in the classroom, as well as what is happening at home and action plans are put in place to address any concerns identified.
C) CDS Observation(s)

The CDS comes into the classroom for Classroom Observations a minimum of two times per program year. First observations begin in October and second observations begin 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 staff and/or parent(s). Discussion with parent and an ROI must be obtained before individual observations are completed. 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 Services Department (see Health Services Department procedures) when the concern about a child’s behavior is health related (e.g., medications).

E) Curriculum and Child Guidance Planning

SOHS teaching staff provide a curriculum that is enriched with tools for developing social emotional skills and building positive relationships. Teaching Strategies Gold is an assessment system used by staff, which includes a social/emotional domain. These tools help assess the individual social emotional needs of children, as well as offer guidance to create and implement individual goals. HS teachers and their Education Supervisor may develop an Individual Child Guidance Plan for children who exhibit patterns of challenging behavior. These plans are reviewed every month in order to monitor progress and make any changes to the plan that may be necessary in order to better meet the needs of the child.

F) Parent Information

In keeping with a preventative approach to mental health, families are introduced to the SOHS Mental Health program early in the program year, receiving information about curriculum and their center’s CDS. HS family advocates and EHS specialists will discuss with parents community mental health resources and trainings when concerns arise. Family advocates present at least one in-house Mental Health meeting/training topic during the school year at their HS centers.

Parents may meet with a CDS for specific issues/concerns. The CDS may refer the family elsewhere for on-going treatment.

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.

HS family advocates and EHS specialists assist parents in completing mental health referrals. When a child is in referral or receiving services, HS family advocates and EHS specialists are required to follow up once a month with parents on where the family is in the referral process or how the therapy is going, and document these notes in our data system.