

MENTAL HEALTH SERVICES

Subject: Mental Health Services

Policy: Services will be provided for children, parents, and staff to address behavioral, social emotional or mental health concerns for the children and adults.

Policy Council Approval: 4/23/24

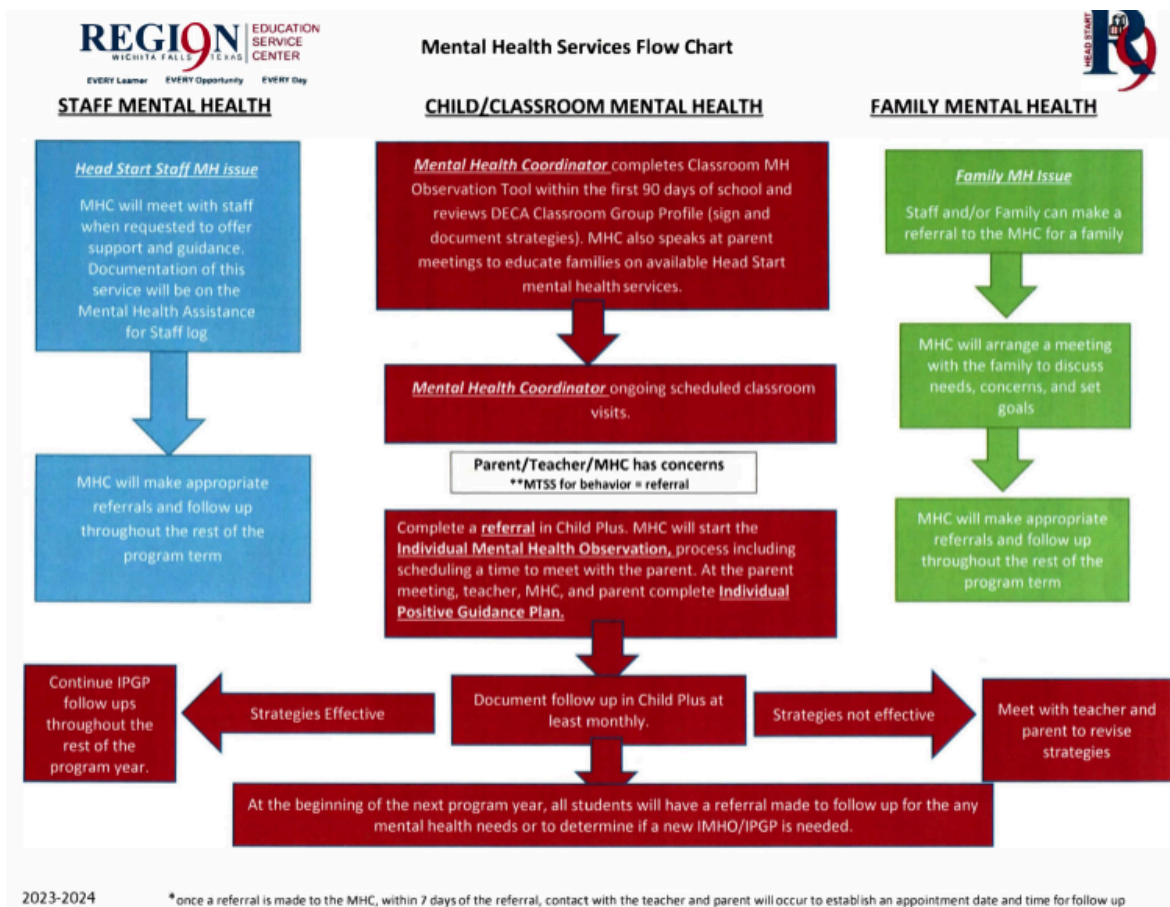
ESC Board Approval: 4/24/24

Related Regulations: 1302.45, 1302.46

Operational Procedures:

1. A program must ensure all mental health coordinators (MHC) are licensed or certified mental health professionals. A program must use mental health coordinators with knowledge of and experience in serving young children and their families, if available in the community.
2. In the event that the MHC does not meet the appropriate health professional qualification requirements, staff will consult with the grantee staff immediately upon completion of individual observations and individual positive guidance plans for oversight, consultation, and signature approval to ensure compliance.
3. Head Start parents will sign the Mental Health Consent for Head Start Mental Health/Behavioral Services at enrollment which will be signed electronically in Child Plus. This form allows the MHC to observe the child in the classroom, and provide strategies/interventions as needed to the staff and family.
4. The MHC will address any behavioral concerns expressed by the parent at enrollment, identified during enrollment or classroom observation, or in the form of a Mental Health Referral by the classroom teacher/staff member.
5. MHC will work to improve classroom management and teacher practices through documented strategies that include using classroom observations and consultations to address teacher and individual child needs, while creating physical and cultural environments that promote positive mental health and social and emotional functioning.
6. The MHC, along with classroom staff, will work to implement strategies on the Individual Positive Guidance Plan (IPGP) to identify and support children with mental health and social and emotional concerns.
7. Teaching staff will implement IPGP strategies in the classroom setting and provide feedback to MHC regarding whether strategies need to be continued or updated according to classroom routines and child's needs. IPGP will be printed and kept with the lesson plan.
8. Classroom Mental Health (CMH) will be documented in the lesson plan at least one time weekly.
9. Targeted Mental Health (TMH) will be documented in the lesson plan at least one time weekly for children with an Individual Positive Guidance Plan (IPGP).
10. In the event that a child needs to be restrained: child's behavior must be a safety concern for self or others, staff providing the restraint must be trained according to required district procedures, and documentation must reflect the event and strategies in place to prevent repeated incidences (Individual Positive Guidance Plan must be developed with staff and parent). Parents must be notified. Use of safe physical restraint should be used rarely, only for brief periods, and related to safety.

11. The MHC will assist the teaching staff by facilitating the completion of the DECA and implementing DECA strategies to address areas of concern.
12. Teaching staff is responsible to know and implement the DECA strategies to improve classroom/child behavior.
13. Staff will address prevalent child mental health concerns, including internalizing problems such as appearing withdrawn and externalizing problems such as challenging behaviors, and helping both parents and staff to understand mental health and access mental health interventions, if needed.
14. Upon request, the Mental Health Coordinator (MHC) will meet and discuss with each parent any concerns he/she may have about their child entering Head Start, regarding problem behavior, social skills, separation anxiety, development issues, special needs, and available resources. The MHC will attempt to meet the needs of the parent, child, and family.
15. The MHC will observe children as concerns arise and follow the Mental Health Services Flow Chart (see below).
16. When a child is brought to the MTSS committee for behavior, a referral will be made and the Mental Health Services Flow Chart will be followed.
17. The MHC will seek guidance from mental health or child development professionals as needed and/or requested by teachers, parents, or student support/intervention teams to fully support the child and family.
18. Staff will limit suspension and prohibit expulsion as described in 1302.17.
19. Staff will ensure that all components of the Region 9 Head Start Mental Health Monitoring Tool and Classroom Mental Health Observation Form are compliant.



MENTAL HEALTH SERVICES

Subject: Mental Health Schedule

Policy Council Approval: 4/23/24

ESC Board Approval: 4/24/24

Policy: The Mental Health Coordinator (MHC) will follow a schedule to ensure that all classrooms are visited frequently and consistently, promoting a partnership with staff and families.

Related Regulations: 1302.45

Operational Procedures:

1. The MHC will post a schedule in each classroom that will be visible to teachers, Head Start staff, and parents. The schedule will outline the dates and times that the MHC will be in each classroom (minimum of 1 hour weekly) during the school year. Rural site times may vary (but will be 7 hours minimum a month) due to travel times. The MHC will notify any changes in their schedule via phone call, email, or text. Posted schedules will be initialed/signed to document mental health consultation visits. Another option to document classroom visits will be a QR code scanning in and out of the classrooms. This system will require an end of the month meeting with the teacher and mental health workers where both sign acknowledging agreement.
2. During classroom visits, the MHC will collaborate with Head Start staff to address and identify mental health problems that children, parents, or Head Start staff may be encountering.
3. The MHC will collaborate with the teacher to address and identify problems that students are having with mental health and behavioral issues.
4. MHC will continue ongoing discussions with staff to assist in identifying any issues that may arise related to child mental health, including any observations or concerns.
5. Once the referral is made to the MHC, within 7 days of referral, contact with the teacher and parent will occur to establish an appointment date and time for follow-up.
6. Ongoing documentation will be kept in Child Plus under the Transaction Tab. All strategies will be updated on the developed Individual Positive Guidance Plan (IPGP) to ensure that all who enter the classroom are aware of most current strategies to use. IPGP will be printed and kept with the current lesson plan.
6. Referrals will be made to outside agencies for counselling according to the Mental Health Services Flow Chart.

MENTAL HEALTH SERVICES

Subject: Mental Health Referrals

Policy: Referrals will be made to the Mental Health coordinator (MHC) by Head Start staff or parent/guardian in response to behavioral or mental health concerns about a child.

Policy Council Approval: 4/23/24

ESC Board Approval: 4/24/24

Related Regulations: 1302.45

Operational Procedures:

1. When an in-house referral is received, the Mental Health Coordinator (MHC) will review the child's folder and discuss the behavioral and mental health concerns with the child's teacher, and other appropriate Head Start staff. When a child is brought to MTSS for behavior concerns, a mental health referral will be initiated.
2. The MHC will observe the child in the classroom setting, following the Mental Health Services Flow Chart.
3. The MHC will schedule a conference or home visit with the parents and teacher to discuss/assess the needs of the child/family and behavioral concerns. At this meeting, the MHC, teacher, and parents will create and implement an Individual Positive Guidance Plan (IPGP). Once this is in place, and all agree to utilize the IPGP to help with behavioral concerns, monthly follow-up will begin. A follow-up meeting will be scheduled to evaluate the progress of the behavioral concern as needs arise. This will include ongoing consults with the Mental Health Monitor, as appropriate. The team will determine if the guidance plan is successful, and if any revision is necessary.
4. The MHC will work with the family, teacher, and child:
 - to ensure continued support
 - offer guidance and encouragement
 - make outside referrals, as needed and appropriate
 - maintain contact with the teacher regarding progress and effectiveness of the guidance plan
 - promote a goal of helping the child to be successful in the Head Start program
5. If the child's mental health issue and/or behavior problem does not improve with the intervention of the MHC and the implementation of the IPGP, the case will be presented to the Student Support/Intervention Team (MTSS) for further suggestions, interventions, and recommendations. The MHC will continue ongoing discussions with the Mental Health Monitor, as appropriate.
6. The MHC will work with the student, teacher, and family throughout the year or until satisfactory improvement is achieved to resolve the mental health concerns of the child.
7. Staff will enter documentation into Child Plus utilizing the Child Plus Mental Health Transaction Tab.
8. MHC will ensure that children returning for their second enrollment year receive follow-up early in the year to promote overall success and communication with the new classroom environment.
9. Children that are returning for their second year will be observed for up to 6 weeks and a determination will be made to either continue with the current plan (IPGP) or to discontinue the current plan (IPGP), with supporting documentation in Child Plus.

MENTAL HEALTH SERVICES

Subject: Mental Health Observations

Policy: Mental health services will be provided through observation and follow-up to support a program-wide culture that promotes children's mental health, social and emotional well-being, and overall health.

Policy Council Approval: 4/23/24

ESC Board Approval: 4/24/24

Related Regulations: 1302.45

Operational Procedures:

1. The Mental Health Coordinator (MHC) will observe each classroom setting throughout the school year on a schedule of sufficient and consistent frequency, minimum of 1 hour weekly. Rural site times may vary due to travel times (with a minimum of 7 hours monthly).
2. The Classroom Mental Health Observation Tool will be completed within the 90 days of the school year and will be reviewed with the teaching staff upon completion.
3. The MHC will review the Classroom DECA Report with the teacher, provide strategies to promote positive classroom mental health and both teacher and MHC will sign the report.
4. Each child will be observed in the classroom setting. As concerns arise, the MHC will document the observation regarding unusual, exceptional or normal behavior patterns, as well as the development of age-appropriate social skills, and mental health needs.
5. MHC will develop a partnership with staff and families in a timely and effective manner, while helping provide understanding of mental health and access to outside resources as needed.
6. The documentation will be entered into the Child Plus database.
7. Concerns regarding the child's observation will be discussed with the teacher and parents to provide assistance, guidance, or follow-up as needed.
8. The teacher, parents and Head Start staff will meet regularly to develop/follow-up with the Individual Positive Guidance Plan. They will track progress and make changes as needed.

MENTAL HEALTH SERVICES

Policy Council Approval: 4/23/24

Subject: Mental Health Training/Resources for Parents and Staff ESC Board Approval: 4/24/24

Policy: Mental health services will include parent education on mental health issues and access to resources.

Related Regulations: 1302.46

Operational Procedures:

1. The Mental Health Coordinator (MHC) will work with the families of the Head Start student to recognize the mental health needs of the family and provide information on community services that can meet specific needs of the child and family.
2. Head Start staff will assist families in locating community services and resources. Resources will include the resource number 211, the nationwide information and referral system number.
3. The MHC will provide parents with information regarding agencies that serve the community for crisis intervention for various needs of parents, families, and children dealing with such issues as alcohol/drug addiction, depression, and other mental health disorders.
4. The Mental Health Coordinator (MHC) will offer information and resources that provide the parents with information and trainings, by encouraging Head Start families to attend the parenting classes and parent meetings.
5. Staff will utilize the Social/Emotional Books to Support Classroom Mental Health book list to promote mental health literacy within the classroom.
6. The parenting classes and parent meeting trainings will provide information/resources/strategies to help parents learn how to effectively deal with behavioral problems and promote positive parenting skills.
7. The MHC will provide ongoing support to staff throughout the school year to provide information regarding dealing with children with mental health issues.
8. Ongoing support and resource information will also be provided for staff regarding their own mental health issues. The MHC will keep documentation regarding mental health services to the Head Start staff on the Mental Health Assistance for Staff Log, which will be confidential.
9. Culture of Safety procedure will be in place. All classrooms will have the Culture of Safety card posted and staff will receive training on the process during staff meetings.

MENTAL HEALTH SERVICES

Subject: Mental Health Wellness

Policy Council Approval: 4/23/24

ESC Board Approval: 4/24/24

Policy: The program will make mental health and wellness information available to all staff members and provide opportunities for staff to learn about mental health, wellness, and health education.

Mental health services will include parent education on mental health issues and access to resources.

Related Regulations: 1302.46

Operational Procedures:

1. Staff will provide an initial health examination. Re-exams will take place every five years.
2. Staff receive communicable disease training and complete the communicable disease screener every year.
3. The program will provide regularly opportunities for all staff to learn about mental health, wellness, and health education regarding issues that may affect their job performance and their well-being.
4. Staff are trained and supported in implementing Conscious Discipline which has strategies for adults to recognize their own triggers, calm themselves, manage their emotions, and be in charge of their own inner state before they can positively interact with other adults and children. Staff will strive to use the Conscious Discipline model for creating an optimal, healthy school family climate.
5. Health Service Advisory Committee will meet to review data from staff surveys and help inform staff about health, mental health, and wellness topics. Their focus is on fostering a culture of health and wellness for staff, children, and families.
6. Staff will be trained to utilize their mental health consultant when needed.
7. Staff will be trained to use the Culture of Safety procedure to promote confidentiality and an avenue to reach out to the mental health consultant of their choice.
8. Staff will receive mental health tips and strategies every Monday (Mindfulness Monday) via Remind 101 from the Head Start Coordinator.