

Purpose: Mental health services are provided for staff, parents and students throughout the school year. Mental health services allow for identification and early intervention in problems that may interfere with the emotional, cognitive and social growth and development of children. Parents and staff will develop positive attitudes toward mental health services and in acquiring the necessary skills and knowledge to understand and to deal more effectively with common development and behavior problems seen in children.

Responsibility for Implementation & Documentation:

- Mental Health Consultant

Responsibility for Monitoring:

- Monthly: Disabilities/Mental Health Staff
- Semi-Annually: Grantee Disability/Mental Health Coordinator

Instruments Used: ASQ: Social Emotional/DECA

Identification of a Mental Health Consultant:

Mental Health Consultant is chosen by designated staff at each agency. Interviews are held with the MHC's to determine if they are the best fit for their program based on the needs of the program and families and the qualifications of the mental health consultant. The chosen Mental Health Consultants' work will consist of the job description identified in the Mental Health Scope of Services (Exhibit A). Once the MHC is identified and they agree to provide the services described in the MHSS, they will complete a required contract. This contract can be month to month (suggested for new MHC), a program year or 12-month contract. This is to be determined by the designated staff responsible. This contract must be updated upon expiration. Do not allow the contract to expire. Any services provided during expiration of the contract are not valid. Before MHC begins services, you must obtain:

- MHC contract
- MHC resume
- MHC license (must be current)

Description of Services (but not limited to):

Annual Mental Health Planning Session: This meeting is held to discuss the schedule of the mental health consultant to perform classroom/individual observations and staff/parent trainings for the program year prior to rendering services. There needs to be representatives from other content areas such as education, disabilities, management (directors or site managers), parent involvement, and family support. (*Exhibit B*).

Parent Orientation: An orientation session must be conducted by the end of October to orient and assist parents in achieving the objectives of the HS/EHS Performance Standards mandating mental health services.

Parent Education: Parent education session will be held in the form of a workshop determined at the Planning session. Issues that should be addressed include but are not limited to: 1) atypical infant/toddler and child development, 2) social emotional development in young children, 3) parenting issues and child abuse/neglect and community violence.

General Classroom/Group Observation and consultation and feedback: There will be at least two classroom/group observations or observation of caregiver and infant/toddler interaction in the home or center. After each observation, there must be consultations and discussions with the teacher, MH coordinator and/or home visitor to review the results.

Social Emotional (Behavior) IFSP/IEP Consultation: For children with emotional/behavior disorder that have an IFSP or IEP, the MHC must support the classroom staff, home visitors and parents in order to ensure that the children's social emotional needs are being met.

Individual Observation: An individual observation consists of the MHC observing a child in the classroom or other group settings. There are to be conducted on children who have not been diagnosed/referred as disabled by who display behavior that may indicate special needs or concerns.

Staff Development and Assistance: Staff development and assistance session will be held in the form of a workshop determined at the Planning session. Trainings should include but not be limited to services related to general mental health issues and specific needs of children, and to help staff identify and plan for individual needs of those children identified and displaying atypical behavior.

Parent Consultation: Is an opportunity for parents to obtain individual assistance throughout the program year.

Crisis Intervention Counseling: A family in crisis will be referred to the mental health provider after staff has determined that the family requires professional psychological support and intervention.

Ante and Post-Partum Assessment for Pregnant Mothers: An assessment of pregnant mothers to determine whether she should be referred for medical evaluation is required.

Screening and Referral:

Screening Tool: An ASQ: SE/DECA is the screening tool used to monitor the development and social emotional function of a child.

- Upon initial enrollment/entry all children should be screened with the ASQ: SE or DECA within the first 45 calendar days of the child's start date.
- Annual social emotional screenings will be completed for ALL returning children (including children with an IFSP/IEP).
- Returning children should be screened each returning year between July 1 and August 31.
- For DECA, follow prescribed guidance from research team. If DECA cannot be completed for unforeseen circumstances in 45 days, an ASQ: SE must be conducted to meet the required 45-day timeline.
- The ASQ-SE should be administered in a parent conference format with the parent and teacher answering questions on the ASQ-SE questionnaires together. The teacher's role is to support the parents' understanding of the questions by providing clarification of the items needed. During this step, the teacher and parent discuss differences they have in their observations of the child's development (may not be applicable with new child when completed on initial home visit).
- If a child scores above the cutoff for the ASQ: SE or DECA, the internal referral process should be followed (See Referral Procedures). **A referral to the MHC for an individual observation should be determined at that time.** Feedback should be provided immediately following the observation. Please include parent. MHC should provide parent consultation and staff consultation at this time. The consultations may be ongoing if needed. MHC will provide next steps at parent/staff consultations.
- Develop an implementation plan with MHC (*Exhibit D See Social Emotional Implementation Plan*).
- If child needs outside referral for mental health services, the MHC will refer child out to receive services. Otherwise, MHC will provide strategies for classroom staff to implement for the child to meet their social emotional concerns identified.
- For those children who have an active IEP, the ESI-R screenings is not necessary; only the ASQ: SE or DECA must be completed.

Data Input:

Any information regarding a specific child should be stored in the child's mental health file to protect confidentiality. Services offered to families that support the parent and are not specific to a concern about their child should be placed in their family service file. General documentation such as the classroom observations, trainings offered, etc. should be filed in the mental health site binder. Input all status updates of referral in Child Plus and tracking sheet. (*Exhibit C & D*)