

Lower Columbia College Head Start/EHS/ECEAP
Mental Health
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Lower Columbia College Head Start/EHS/ECEAP
Mental Health Policy and Procedure

Policy

The Mental Health Specialist will support a program-wide culture that promotes children and families' mental health, social and emotional well-being, and overall health.

Procedure

I. Training, Consultation and Child/Family Staffing

Mental Health Specialist:

- Available for consultations and staffing. Services documented in ChildPlus with next steps shared.
- Provide information related to mental health for parent groups and other staff meetings.
- Meets for regularly scheduled reflective practice and consultation.
- Monitors EPDS (Edinburgh) needs and completes a CFDS consultation at 12-14 weeks postpartum (see FS/PI 16h).
- Update social and emotional intervention strategies (MH 1a1).
- Can answer questions and/or support employees in accessing their private insurance and/or Employee Assistance Program for their own social/emotional needs upon request.

II. Supporting Social/Emotional Support Needs

If staff, parent or provider have a concern about a child's behavior and/or social/emotional development, the following will occur:

- Discuss concerns with Parent.
- Discuss concerns with Area Manager.
- Discuss general class supports through regular coaching meetings.
- Document areas of concern in case management/assessment (Developmental Assessment Child Plus, ELMS, MSYS 2e-Area Manager).
- If child has an IEP/IFSP, email Disability Specialist for coordination of care with school district provider and CC Area Manager, Coach, School Readiness Specialist, and Mental Health Specialist.
- Teams should reference Coordination of Services Policy and Procedure (MSYS 2e, MSYS 2e3) for guidance with significant and/or ongoing concerns.
- When challenging behaviors are present the Area Manager will utilize Coordination Summary Checklist (Flow of Coordination) Supporting Students with Safety Needs/Challenging Behaviors (MSYS 2e2).

Request for Social/Emotional Support from Mental Health Team

- Staff can request a consult with Mental Health Specialist about concerns anytime by phone or e-mail.
- To request a Mental Health Social/Emotional Observation/Assessment. Use the Mental Health Checklist (MH 2a) to guide process and what is submitted (MH 2a, MH 3a, MH 4a, MH 5a).
- Parent consults are also available. To request a parent consultation, complete MH 5c. Parent consultations are available as opportunity to share concerns and partner in problem solving. The Mental Health Specialist will contact parent/guardian to schedule. The Mental Health Specialist will coordinate with the DST as needed.
- Submit all mental health forms by interoffice mail or send a secure file/message through LCC toolbox to Mental Health Specialist.

- **Exceptions to Process:** A consult with Mental Health Specialist and/or request for a Mental Health Social/Emotional Observation/Assessment is required for the following:
 - Child has severe/significant unsafe behavior towards self, others or environment. (Children with one physical intervention (EDUC 5b) will have an Individual Care Plan developed. This will be initiated by the area manager after notifying child care licensing of the intervention. The Mental Health Specialist will work with area managers and specialists for completing Individual Care Plan.)
 - Child has difficulty with social/emotional and/or self-regulation skills beyond what is expected for their age.
 - Parent is expressing concerns related to their own social/emotional needs and/or their role in supporting their child.
 - Child is withdrawn and/or nonverbal.
 - A parent, pediatrician, school district, area manager, content specialist requests observation.
 - A social/emotional potential delay is indicated from screenings and/or a referral for observation and/or Individual Care Plan is required to support a referral to school district.

- **Consider a staff consult for the following, Child and/or Caregiver has:**
 1. A mental health diagnosis or social/emotional concern with unmet needs or need for coordination.
 2. Suspected autistic spectrum traits/disorder, or unmet sensory needs.
 3. Concerns about access to diversity informed and culturally attuned services and/or environments.
 4. Unmet needs related to grief/loss (parental separation, incarceration, military deployment, immigration, divorce, etc.).

- **Mental Health Social/Emotional Observation/Assessment Process**
 A staff person or parent/guardian can request individual observations in the classroom or during a home visit. Children identified with unsafe behaviors and/or are in crisis will be prioritized ahead of all other referrals/observation. Staff will be notified if any observations need to be rescheduled.

Mental Health Specialist:

1. Observes student in class, home/community within 20 working days of receiving referral (MH2a).
2. Offer feedback from observation with the DST.
3. Follows the lead of the IEP/IFSP and support staff and/or parent/guardian in their implementation of this plan. Coordinates/partners care with school district or Part C providers.
4. Reviews any written plans with the DST within 10 days of observations. Provide staffing opportunities to develop short term strategies.
5. Support and plan with the DST to review the observation information in ways that support parent/guardian. Document plan in ChildPlus.
6. Update Individual Care Plans and/or meet for problem solving as requested by parents or DST.
7. Coordination with Early Childhood Coach will occur to support teachers with general/classroom strategies related to individual child/family needs.
8. Staff document discussion of staffing and/or Individual Care Plan in case management and provide regular updates to progress.

III. General Classroom and/or Socialization Activity Observation

Mental Health Specialist:

- Consult about general classroom and/or socialization activity dynamics through staff consultation and brief observation. Ideas for coordination will be documented in ChildPlus module and collaboration will occur.
- Coordinate with the School Readiness Specialist, Disability Specialist and Coaches in regularly scheduled meetings or processes related to ECERS/CLASS plans and children identified with concerns.
- Follows up when Disability Specialist refers to mental health social/emotional supports related to ASQ SE2 scores and/or staffing plan.

IV. Referral to LEA or Part C Agency

Head Start/ECEAP (DISA 2a)

If a referral to Local Education Agency (LEA) is needed, the following will occur:

Mental Health Specialist:

1. Staffs concerns with the Disabilities Specialist.
2. Staff with the Disability Specialist and share supportive documents. Documents and information can be forwarded to the school with completed ROI. Examples: data tracking sheets, case management, sensory checklists, and/or Individual Care Plan.
3. Disabilities Specialist will notify LEA of referral and/or staffing need and share supportive documents (DISA 2b).
4. The DST will notify parent/guardian about staffing decision, share results and plan.
5. The LEA will contact the parent/guardian to gain consent for services.
6. The DST will assist the LEA if necessary. (See the Referral and Evaluation Policy/Procedure DISA 2a, DISA 2a1)

Early Head Start

If a referral to Part C is needed, the following will occur:

Mental Health Specialist:

1. Will contact the Disabilities Specialist who will initiate the referral process.
2. The Disability Specialist will complete the Progress Center Referral Form (DISA 2a1) with parent permission and supportive documents attached (DISA 2b2). They will also notify the School Readiness Specialist of referral status.
3. Upon parent consent for further assessment, Progress Center will evaluate the child.
4. Evaluation results will be shared with Early Head Start.

V. Referral to PCP for Protein Snack

1. The MH Specialist creates an Individual Care Plan with Parent/Guardian and DST with protein request included. DST verify that release for PCP is current. The Individual Care Plan provides specific details on when and why a protein snack is needed.
2. Once permission is obtained from PCP a plan with food service for protein will be made in partnership with teacher and coach.

VI. Accessing Counseling Services for Parent and/or Family

- The DST can offer information and referrals for counseling services. The Mental Health Specialist is available to support referral as needed. The DST will invite the parent/guardian to sign a release of information for any current mental health provider.
- Document any children (and parents for EHS) enrolled in counseling in the family services tracking forms of ChildPlus and plan with family ways to collaborate developmental updates with their provider.

VII. Process for Receiving Mental Health Records from Outside Providers

When mental health records from outside providers are received the Health Coordinator will enter a note into the health tab of ChildPlus and document the following information:

1. Name of the Mental Health Agency/Contact that sent records.
2. Date of Records (print date) and Date Records Received.
3. Email to Direct Service Team sharing that records are being forwarded to Mental Health Specialist (name) for review and that an update has been made in the Health Service tab in ChildPlus.
4. The Mental Health Specialist will review the information and create a note in the ChildPlus Mental Health tab that summarizes coordination information to support the student/family. An email will be forwarded to the DST.
5. The Mental Health Specialist will securely store the mental health document. If the Direct Service Staff would like to review the information further for support or coordination, they can contact the Mental Health Specialist to arrange the best way.

**Lower Columbia College Head Start/EHS/ECEAP
Intervention Strategies**

Child's Name: _____ Birthdate: _____ LOC ID: _____

Teacher/EHS Staff: _____ Family Advocate: _____ Coach: _____

Quality Classroom Indicators and In-Home Supports				
<i>You can use this chart to guide some ideas and thoughts for children in their classroom and/or home.</i>				
	Strategy	What ones have I tried or want to try in a different way?	How did it work? Did I document how it went?	Things I want to remember and/or share with child's team.
1.	What is used to designate closed centers/areas? (Ex. Stop signs)			
2.	Do learning centers/areas have clear boundaries?			
3.	Are materials in centers/areas adequate to support number of children playing?			
4.	How are limits given for the number of children in centers/areas?			
5.	What is used for transition warnings?			
6.	Are transitions planned with engaging activities and wait times for children minimized?			
7.	Do children have access to pictures of parents/guardians and/or other meaningful comfort items and is this available all day?			
8.	How is a visual schedule used throughout the day?			
9.	Is seating assigned during circle time activities OR during in-home tasks			
10.	Is seating assigned during table time activities?			
11.	What are the tools most often used for redirection? (Ex. 5 words or less, physical prompts, visual pictures, modeling)			

	Strategy	What ones have I tried or want to try in a different way?	How did it work? Did I document how it went?	Things I want to remember and/or share with child's team.
12.	How are school family jobs assigned? OR what jobs/tasks are assigned in home?			
13.	What expectations are visually posted and how are they used?			
14.	How long do your circle times last? OR home activities/tasks?			
15.	Are there visual ways that feelings are referenced?			
16.	What ways are indoor movement activities offered?			
17.	What ways are sensory activities offered?			
Conscious Discipline				
18.	Is altering tone and words used? (examples: calm tone, few words, slower pacing)			
19.	Is a noticing progress plan used (i.e. way that regularly notices and celebrates children's attempts and accomplishments)?			
20.	Are connect activities regularly practiced? (examples: I Love You rituals, Greetings/Goodbyes, modeling that develops a special ways of starting and ending school days.)			
21.	Are calming strategies taught when children are not upset? (Example: deep breathing techniques, using the Safe Space in classroom or Home with adult support, using Feeling Buddies,)			
22.	What concrete ways are used to teach limits for safety? (Examples: tell children what is wanted, Use MAP: Model, Add Visual, and Practice).			

	Strategy	What ones have I tried or want to try in a different way?	How did it work? Did I document how it went?	Things I want to remember and/or share with child's team.
23.	<p>Is Conscious Discipline phrases and language used often: (Examples: Describe what you see: (Examples: "It looks like there is a problem." "I see your hands pulling on a toy with your friend." "I see your head down and you are sitting all alone.") Name the feeling you think they are having: (Examples: "You seem frustrated." "You seem disappointed.") Acknowledge what was wanted: (Examples: "You were really wanting to have a turn at using that toy." "You wanted to play with something or someone and they said no." "You were hoping")</p>			
24.	<p>Is a safe place available for the purpose of self-regulation? For children that are not yet able to self-regulate or use the center on their own, is there a space for an adult to be in the center with the child to coach them through the process and/or co-regulate? (Safeplace examples include feeling buddies, Shubert/Sophie materials, breathing icons, sensory tools, social stories, and comfort items)</p>			
Curriculum Modification				
25.	<p>Is alternative seating used? (3-sided chairs, standing instead of sitting, or individualized seating option)</p>			
26.	<p>Is alternate activity provided during circle time OR alternate activity provided during challenging tasks at home.</p>			

	Strategy	What ones have I tried or want to try in a different way?	How did it work? Did I document how it went?	Things I want to remember and/or share with child's team.
27.	Are sensory items offered to children during waiting periods? Are visuals available to show how to use sensory items (example: visual/social story).			
28.	Is changes in lighting used to assist children with transitions or calm? (Reminder: FAC1 1r: policy shares that children and adults will be able to read without eye strain in using environment).			
29.	Is adjusting background noise used as a calming technique? (Examples: adjusting music, having periods of calming rhythms, instrumental, music or no background music depending on class dynamics.)			
30.	Are individual picture/visual cues used with children who need assistance in following rules and routines?			
31.	Are Choice Cards used to remind of expectations and offer various ways children can gain power in positive ways in classroom.			
32.	Are problem solving visual strategies that offer children reminders of ways to resolve conflict and manage strong emotions used. (Examples: : Visual Timers, Finish Box, Choice Boards, Problem Solving Notebooks, key rings of problem solving ideas, We Care kits/Friendship kits with problem solving choices available).			
33.	Are weighted sensory items used (examples: weighted stuffed animal or lap pad.)			

Embedded Learning				
	Strategy	What ones have I tried or want to try in a different way?	How did it work? Did I document how it went?	Things I want to remember and/or share with child's team.
34.	Are social stories used? (Examples: Conscious Discipline books (Sophie, Schubert stories), Boardmaker and the Vanderbilt CSEFEL website, Vanderbilt CSEFEL https://depts.washington.edu/hscenter/teacher-tools)			
35.	Are preventive sensory break movements regularly offered? (Examples: animal walks, balance breaks, yoga movement, wall pushups. Aiming active movement every hour)			
36.	Is small group time adjusted in specific ways (example: time limit, size, alternative job)			
37.	Is opportunities provided to allow child to practice skills within activities?			

Lower Columbia College Head Start/EHS/ECEAP
Community Collaboration Procedures for Mental Health

Procedures for collaborating with community mental health partners and facilitating services at LCC/Head Start/EHS/ECEAP:

1. Community mental health partners connect first with program Mental Health Specialists before providing any type of services at centers.
2. Staff will support community mental health professionals in connecting with program Mental Health Specialists. Staff will obtain contact information and forward information to Mental Health Specialists via email or with information to Community Mental Health Provider form (MH 1a3) and cc area manager. By email, forward: person's name, agency represented, phone, and the child's name/location ID.

Process of approval/mutual agreement of services:

1. Mental Health Specialist will confirm that there is a release in place and/or work with DST to obtain current release.
2. Mental Health Specialist will contact provider and/or parent about request and document request.
3. Mental Health Specialist will staff information with direct service staff to coordinate need and request staff to complete permission to observe form as needed (MH3a).
4. Mental Health Specialist will record observations in case management, document mental health staffing's and share information with staff who work with student/family.
5. Mental Health Specialist will work with direct service staff to set up a meeting to create a plan for how the mental health provider will work with the student in the program setting. The meeting will include people working with student: family, mental health provider, direct service staff, other invited people/specialists supporting child.
6. The Family Child Support Plan will contain clear agreed upon goals identifying ways for the service provider to work with the child in the program setting. The plan will include the mode, length and duration of visits. It will include the plan for communicating information about the visits, plan updates, reviews and determine who to share the plan with. This would include if and how the provider may share items specific to their organization with the direct service team.
7. An Individual Care Plan will be completed and will include parent's permission for services (MSYS 2a).
8. As needed the community mental health provider will observe the student in the program setting prior to services beginning and review the Family Child Support Plan goals. Staff will support the provider in understanding program processes and have materials available to implement the shared Family Child Support Plan goals.
9. Community Mental Health providers will provide an appointment schedule for those that will be held at the center with direct service staff/area manager and MH specialists by email. This schedule will be forwarded to staff at front desk by the lead teacher/family advocate.
10. Approved providers will check in at front desk upon arrival, be provided a program visitor badge to wear, and then invited to go to the classroom. The visitor badges can be returned to the front desk or to lead teacher.
11. The mental health provider will sign into the classroom consultation notebook and share any consultant update at end of visit.
12. Staff are guided by the following: Community mental health provider services happen within the context of the classroom routines with program direct service staff being responsible for direct supervision, safety and supporting children with hygiene needs.

Information to Community Mental Health Provider

To: _____

From: _____

Please contact one of our LCC Head Start/EHS/ECEAP Mental Health Specialists prior to beginning services at any of our locations- Lower Columbia College (East and West buildings), Broadway Learning Center, Barnes Elementary Modular, Castle Rock Elementary Modular, Memorial Park, and Teen Center (RAL Annex).

Either Mental Health Specialist can assist you:

- Kelcie Cannon (360) 578-6831, kcannon@lowercolumbia.edu

We value you as our community mental health partner and would like to coordinate with you in supporting our shared child/family. We are holding in mind the important role you play in so many of our shared children/families lives.

Date: _____

To: _____ Kelcie From/Name of Staff _____

Date of Contact: _____

Contact Person's Name: _____

Agency Represented: _____

Release of Information on File: _____

Phone Number: _____

Child's Name: _____

Location ID: _____

Additional Information:

Obtain information from person contacting you. (Forward information to Mental Health Specialist via email/form. Keep copy for records/cc area manager with information.)

LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Mental Health Checklist

Child's Name: _____

LOC ID: _____

Staff Name: _____

Instructions: When there is a concern regarding a child's behavior and/or social/emotional development complete and date items 1-6 within 5 working days.

- _____ 1. When a child is referred for a Mental Health Social/Emotional Observation/Assessment the Teacher and/or Family Advocate will discuss the concern with their Area Manager and review ideas from MH 1a1.
- _____ 2. The Teacher or CFDS have consulted with their Coach about general classroom/environment dynamics. Name of coach: (Share MH 1a1 ideas in coaching meetings together).
- _____ 3. The Teacher, Family Advocate and/or CFDS have contacted the parent/guardian to discuss the concern. Date of contact with parent/guardian: _____
- _____ 4. The parent has granted permission and has completed the following forms:
 - _____ (MH 3a) Parent/Guardian Permission for Mental Health Social/Emotional Observation/Assessment
 - _____ (ERSEA 1d) Parent/Guardian Permission to Reveal or Obtain Confidential Information are current for releases to be included in observation
- _____ 5. (MH 4a) Teacher, Family Advocate and/or CFDS completes the Parent Interview for Mental Health Social/Emotional Observation/Assessment paperwork.
- _____ 6. Teacher, Family Advocate or CFDS have completed the Mental Health Social/Emotional Observation/Assessment Request (MH5a).
- _____ 7. Teacher, Family Advocate or CFDS attached copies of the forms and forward to Area Manager (MH 1a1, MH 2a, MH 3a, MH 4a, MH 5a).
- _____ 8. Area Manager will review the referral packet for completion and will then forward to Mental Health Specialist.
- _____ 9. Area Manager will contact the Mental Health Specialist via e-mail to request a Mental Health Social/Emotional Observation/Assessment and cc a copy of the email to the referring staff, Child Development Specialist, and Disabilities Specialist. Date of email: _____

Lower Columbia College Head Start/EHS/ECEAP
Parent/Guardian Permission for Mental Health Social/Emotional Observation/Assessment

I grant my permission to the Mental Health Specialist/and or Behavior Specialist to observe my Head Start/EHS/ECEAP child in the school and/or home setting for the purpose of further problem solving/coordination. Any written summaries of observations will be filed in my Child's site file. This information will be kept confidential and only myself and the Head Start/EHS/ECEAP staff will have access to said file unless I give permission.

Parent/Guardian Signature

Date

Child's Name

Lower Columbia College Head Start/EHS/ECEAP
Autorización de los Padres de Familia/Tutores
para una Observación/Evaluación de Salud Mental Social/Emocional

Otorgo mi autorización para que el Especialista de Salud Mental y/o el Especialista de Comportamiento observe a mi niño en Head Start/EHS/ECEAP ya sea en la escuela o el hogar, con el propósito de una mayor coordinación/resolución de problemas. Cualquier resumen escrito de las observaciones será archivado en el expediente de mi hijo en el Centro. Esta información se mantendrá confidencial y sólo yo y el personal de Head Start/EHS/ECEAP tendremos acceso a dicho expediente a menos que yo dé mi permiso.

Firma del Padre/Tutor

Fecha

Nombre del Niño

LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Parent/Guardian Interview for Mental Health/Social/Emotional Observation/Assessment

Child's Name: _____ Date: _____

Teacher/CFDS: _____ LOC ID: _____

1. Tell me how you think your child learns best. How can you tell when they are really interested in something?

2. What do you think are your child's favorite play activities (ideas: quiet play, active play, turn taking, playing next to another)?

3. Do they play with children outside of school? Do they participate in any team or community groups?

4. What things are going well for your child (situations, routines)?

5. What are some struggles? Can you tell us what has worked at home for your child when you are working with this struggle?

6. What do you do to comfort them when they are upset?

7. What are some goals you have for your child right now? Do you have some ideas about how we can support you in these goals?

8. What ideas do you have for how we can best support them when they are here?

9. Is there anything else you would like us to know about you and your child or family?

Involved in planning meeting:

Family:

Team Member

Date

LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP

Entrevista de padres/tutores para una evaluación/observación socioemocional/de salud mental

Nombre del niño: _____ Fecha: _____

Maestro/CFDS: _____ LOC ID: _____

1. Dígame cómo cree que su hijo aprende mejor. ¿Cómo sabe que algo le interesa mucho?

2. ¿Qué cree usted que son las actividades favoritas de su hijo? (por ejemplo: juegos quietos, juegos activos, juegos con turnos, jugar al lado de otro niño)

3. ¿Juega con otros niños fuera de la escuela? ¿Participa en un equipo de deportes o grupo de la comunidad?

4. ¿Qué cosas van bien para su hijo? (situaciones, rutinas)

5. ¿Cuáles son algunos de sus retos? ¿Nos puede decir qué ha funcionado para su hijo cuando usted se enfrenta con este reto en casa?

6. ¿Qué hace usted para consolarlo cuando esté triste o molesto?

7. ¿Qué son algunas metas que usted tiene ahora para su hijo? ¿Tiene ideas acerca de cómo podemos ayudarle a alcanzarlas?

8. ¿Qué sugerencias nos puede dar para que podamos ayudar mejor a su hijo cuando está en la escuela?

9. ¿Hay algo más que usted quiere que sepamos acerca de usted, su niño o su familia?

Participantes en la reunión de planeación:

Familia:

Miembro del equipo

Fecha

(C: 07/99; R: 09/2020)

LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Mental Health/Social/Emotional Request for Observation/Assessment

Date: _____ Staff: _____

Child's Name: _____ Birthdate: _____

Parent/Guardian Name(s): _____

Parent/Guardian Telephone: _____

Who is the Primary Care Provider and Clinic? _____

Other community providers working with child: _____

Reason for Referral *(What are some challenges for child or for the team in supporting child? What are things child is struggling with, not able to do, or doesn't have access to?)*

What would you like your teacher team to be able to do for this child/family?

Is the child currently on an IEP/IFSP? Yes No

If yes, in what area? _____

Does child have a chronic medical condition? Yes No

If yes, name of condition: _____

Current Medications: _____

Known Diagnosis: _____

Child's Strengths – What are some strengths for child in home and school?

LOC ID: _____

**Lower Columbia College Head Start/EHS/ECEAP
Parent/Guardian Consult**

Date: _____ Staff: _____

Child's Name: _____ Child's Birthdate: _____

Parent Name: _____

Parent/Guardian Telephone: _____

Best time to reach parent: _____

Concerns: _____

Is the child currently on an IEP/IFSP? Yes No

If yes, in what areas? _____