

Early Childhood Development and Health Services

Abbreviations used in service area plans

Board of Directors	Board
Policy Council	PC
Executive Director	Ex. Dir.
Program Director	Prog. Dir.
Fiscal Director	Fiscal
Human Resource/Fiscal Assistant	HR
Maintenance/Custodians	Custodian
Data Encoder/Program Assistant	Tech.
Executive Secretary/Receptionist	Secretary
Program Nutrition Specialist	Nutrition
Program Health and Safety Specialists	H & S
Program Behavioral/Mental Health Specialist	MH
Program Family and Community Partnership Specialists	FCP
Education Managers	Ed. Mgr.
Program Disabilities/Transition Specialist	Disabilities
Assistant Cook	Asst. Cook
Cook	Cook
HS Teachers	Teacher
HS Teacher Assistants	T. Asst.
HS Home Visitor and EHS Home Visitor	HV
Disabilities/Transition Coordinator	Dis. Coord.
Transportation Coordinator	Trans. Coord.
Mental Health Consultant	MHC
Management Team (Directors, Managers, All Specialists)	Management Team

1304.24 Child Mental Health

Head Start

P.S. #	Performance Standard	Implementation	Responsible	Time Frame	Documentation
<p>1304.24(a)(1) (i)</p>	<p>(i) Mental Health services. Grantee and delegate agencies must work collaboratively with parents (see 45 CFR 1304.40(f) for issues related to parent education) by: Soliciting parental information, observations, and concerns about their child’s mental health;</p>	<p>Communication with parents is an ongoing process from the time parents receive an application until the child is no longer enrolled. Starting at the time of enrollment parents are informed of the available mental health services. The MHS is available to answer any questions or concerns during this time. To start gathering information about the child, an ASQ/SE is completed at enrollment, with the input from the parents.</p> <p>The MHS attends orientations, to further the collaborations between OCDC staff and families. Mental Health Consultant may attend orientations in all areas also. OCDC staff is sensitive to each family, and will make use of every contact to better acquaint themselves with the child and their family. Staff shares observations and information with the Behavior Mental Health Specialist after any interaction with the family. Parents have a variety of opportunities to contact program staff to discuss their child’s</p>	<p>MHS FCP H and S HV MHC</p>	<p>From time of Application until child is no longer in EHS</p>	<p>Family Mental Health Information Form</p> <p>Family Partnership Survey</p> <p>Logging in child’s file/ Child Plus</p> <p>Home Visit or Conference Checklist.</p> <p>Physical Exam Form</p> <p>Health History</p> <p>Nutrition Survey</p> <p>Social / Emotional / Behavior Plan</p>

		<p>behavior, development and any other concerns. These opportunities include, but are not limited to:</p> <ul style="list-style-type: none"> • Family Partnership Agreement Surveys • Home visits • Conferences • Parent Meetings <p><u>Application</u> Information gathering begins with application. As parents are applying they share information about their family and the needs of their child. The application itself allows the program to find out information about the family that could affect mental health i.e. health issues, housing, employment, and family situations that could be causing stress for the enrolled child.</p> <p><u>Enrollment</u> is completed individually with each family. The staff person doing the enrollment will solicit information from the parent and/or observations of the child by using:</p> <ul style="list-style-type: none"> • General discussion and observation • Health History • Physical Exam • Nutrition Screening 			
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		<p>Questionnaire</p> <ul style="list-style-type: none">• ASQ/SE• Family Mental Health Information Form: <p>MHS meets with each family individually at enrollment, and has them complete the Family Mental Health Information Form. The form asks specifically if the family has any concerns about their child's behavior. It also asks if the child has received or is receiving mental health services, if they have a mental health diagnosis, and if so, do they take a medication related to the diagnosis. It also asks if parents/guardians are using or seeking mental health services. The final two questions ask if there are circumstances with the family that would help us understand the child and whether there is a need for information on a topic relating to behavior and mental health. MHS goes over the form to discuss any information the family has given.</p> <p><u>Orientation</u></p> <p>Parents can meet with the Mental Health Specialist about themselves or their child. Parents offer information and find out about mental health</p>			
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		<p>services OCDC has available.</p> <p><u>Family Partnership Agreements</u> are completed by teachers/home visitors at the first home visit. Parents share mental health concerns and needs about themselves or their child. Information is given to FCP staff and shared with specialists individually and/or collectively at a program staffing.</p> <p><u>Home Visits and Parent/Teacher conferences</u> Parents and teachers share information or concerns at this time. Social/ Emotional screenings will be reviewed with families during conferences or home visits. Any goals written on the FPA are reviewed at this time.</p> <p><u>Mental Health Screenings</u> All children are screened with a mental health screening tool within 45 days of enrollment. Children in a center based option are screened with the DECA and children in a combination option or home based option are screened with the ASQ/SE. The total score is recorded as well as individual answers. The open ended questions that inquire about any</p>			
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		<p>concerns or worries the parent has, help the MHS know how to provide any needed assistance.</p> <p>An individual <u>Social/Emotional/Behavior Staffing</u> may be called with parents to share information about their child. This is a time to make a behavior plan for the child who may include counseling or ideas of ways work with the child at home and at school. The staffing will include the child's teacher, home visitor, MHS, MHC, Ed. Manager, Program Director and disabilities staff.</p> <p>When a child is referred to the MHC, the MHC will meet with family to obtain information about the child and family (strengths and needs) and establish goals for the family.</p>			
1304.24(a)(1)(ii)	(ii) Sharing staff observations of their child and discussing and anticipating with parents their child's behavior and development, including separation and attachment issues;	<p>Parents are encouraged to discuss changes and concerns in their child's behavior or development with staff at any time.</p> <p>Staff will share and discuss child observations with parents/guardians:</p> <ul style="list-style-type: none"> at Enrollment or Orientation if the child is displaying an obvious behavior such as hyperactivity or extreme 	<p>MHS</p> <p>Home visitor</p> <p>Staff doing enrollment</p>	<p>Throughout enrollment in HS</p>	<p>Lesson Plans</p> <p>Ages and Stages: social and emotional Screenings</p> <p>Information given to parents with each Ages and stages screening which tells them about normal development and also activities for</p>

		<p>shyness, or the parent mentions a concern about the child either verbally or written on the Family Mental Health Information Form.</p> <ul style="list-style-type: none"> • at Conferences when sharing the results of DECA mental health screenings with parents. • at Parent Trainings and Support Groups. • when MHS gives information on Social/Emotional Activities and Development with each new Ages and Stages screening • at individual Social/Emotional/Behavior Staffings which include the parent and our staff • when staff communicates with parent by phone, call contact note, or e-mail 			<p>that particular age</p> <p>Notes from social/emotional/behavior “staffing” and consequent Behavior Plan</p> <p>Logging in child’s file and Child Plus</p>
1304.24(a)(1)(iii)	(iii) Discussing and identifying with parents appropriate responses to their child’s behaviors;	<p>The MHS will provide training and informational brochures about age appropriate responses to children’s behavior to parents.</p> <p>Collaboration and family support opportunities occur through:</p>	<p>MHS</p> <p>MHC</p> <p>HV</p> <p>Disabilities</p>	Ongoing throughout enrollment.	<p>Logging in child’s file and Child Plus</p> <p>Parent newsletter</p> <p>Parent training flyer</p> <p>Social/Emotional/Behavior staffing</p>

		<p><u>Family Mental Health Information Form</u> When MHS goes over the completed form at enrollment there is often an opportunity to discuss a child’s behavior and possible responses. As the year goes on, MHS will check back with parents in the classroom, at socializations or by phone to follow-up on child’s progress.</p> <p><u>Orientation</u> Generally at orientation each specialist has a table set up with a poster describing their component. MHS is available to meet and talk with parents as they come through, and also has handouts on various topics such as parenting, biting, toilet training etc. MHC is available to visit with parents as well.</p> <p><u>Classroom, Home Visits and Conferences</u> Teachers and Home Visitors usually have close relationships with their families because see them often. There are numerous opportunities for observing parents and children, and teaching appropriate responses. The teacher/home visitor acts as a liaison between MHS and parent. MHS is available to attend a home visit or conference with Teacher/home visitor or alone when there is a</p>	Dis. Coord.		notes and plan Family Partnership Agreement and follow-up Training Record Family Mental Health Information form and follow-up Monthly Report
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		<p>need for support and education. MHS spends time observing in the classrooms during general observations of the class, when eating with the children 1-2 times a week, when asked to observe a certain child or classroom due to concerns or to follow up on a mental health screening that indicates concern.</p> <p><u>Parent Newsletters and Handouts</u></p> <p>MHS writes an informational piece for the newsletter 1 or 2 times a year on topics that help parents understand best practice for raising a preschool child. Parents are given general information about normal social/emotional development and appropriate social/emotional activities with each new Ages & Stages: Social and Emotional Screening. The parents of Center Base children are given DECA information that discusses the three protective factors-initiative, self control and attachment and describes to parents how they can help their children be stronger in these areas. Individualized information will be handed out when requested from teachers/ home visitors on specific topics. Some examples might be sharing, the value of</p>			
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		<p>play, or swearing.</p> <p><u>Ages and Stages: Social Emotional Screening</u></p> <p>When parents answer the questions on the ASQ: SE and go over the results they become more familiar with what is normal and sub-normal in regard to social/emotional development for their age child. This process brings up discussion on appropriate responses.</p>			
1304.24(a)(1)(iv)	(iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program;	<p><u>Modeling</u></p> <p>OCDC staff will model good relationships for children and parents in the ways in which they interact with families in their homes, in the classroom, at socializations and parent meetings, as well as how they interact with fellow staff. The environment in the classroom, and at socializations and parent meetings will be safe and age appropriate, and therefore an example to families.</p> <p><u>Home visits</u></p> <p>Home Visits are done weekly, monthly or several times a year (depending on program option) which allows OCDC staff the opportunity to observe the children and families in their natural surroundings. If a</p>	<p>MHS</p> <p>Home Visitor</p> <p>MHC, if referred</p>	Ongoing throughout the enrollment year.	<p>Parent meetings and trainings</p> <p>Training records</p> <p>OCDC newsletters</p> <p>Logging in child's file and Child Plus</p> <p>Family Partnership Agreements</p> <p>Mental Health referral form</p> <p>Lesson plans</p> <p>.</p>

		<p>concern arises teacher/home visitor may use this time to teach, discuss or model the appropriate response.</p> <p><u>Discipline</u> Staff model and teach appropriate discipline techniques for parents to use at each developmental age. The emphasis is on teaching rather than punishment. Positive parenting techniques include structure and rules, redirection, offering of choices, conflict resolution and relaxation techniques.</p> <p><u>Parent Meetings/Trainings</u> MHS will plan and implement parent meetings on a topic of the parents' choice in the mental health area at each OCDC site. This will be done a minimum of one time a year, depending on parent needs.</p>			
1304.24(a)(1)(v)	(v) Helping parents to better understand mental health issues; and	OCDC believes that mental health is a component of every child and family member enrolled in the Head Start Program. Therefore, mental health is an ongoing learning experience; not only a diagnostic issue. It encompasses emotions, relationships, interactions with others and the environment.	MHS MHC	Ongoing throughout enrollment year.	<p>Training records</p> <p>Mental Health referral form</p> <p>Monthly reports</p> <p>Information about Mental health Services given to parents at</p>

		<p>OCDC wants to offer children and families new ideas and ways to handle life situations.</p> <p>OCDC staff, with the guidance of the MHS, will share information on mental health topics with children and families. This will be done through newsletter articles, brochures, videos, books, activities in the classroom and handouts on how families can support the classroom activities. Parent education classes, such as “Common Sense Parenting”, parent lead groups and other trainings will be offered.</p> <p>If additional services are needed a child will be referred to a Mental Health Consultant. The MHS will make an observation, share the concern with the parent, make the referral, and be an advocate for the family in obtaining and sustaining the services.</p>			<p>Enrollment and Orientation</p> <p>Logging in child’s file and Child Plus</p> <p>Mental Health Tracking Form</p>
1304.24(a)(1)(vi)	(vi) Supporting parents’ participation in any needed mental health interventions.	<p>Parents will be informed at enrollment of the Mental Health Services that OCDC provides. Once it has been established that a mental health intervention is needed, parents are assisted by the MHS in choosing an appropriate service. OCDC has agreement with Mental Health</p>	<p>MHS</p> <p>MHC</p> <p>Home Visitor</p>	<p>Ongoing throughout enrollment.</p>	<p>Mental Health Services handout given at enrollment</p> <p>Logging in the child’s file and Child Plus</p> <p>Fiscal records</p>

		<p>counselors that allow for the parent to access their services through OCDC. Schedules for such services are shared with families. In Pierre the professional counselor is available for services Monday through Thursday as parents schedule. In Onida (Sully Co.) the counselor is available on Thursday pm, in Highmore (Hyde Co.) the counselor is available on Monday all day and Thursday am, in Murdo the counselor is available all day Monday, and in White River (Mellette Co.) the counselor is available Monday through Thursday.</p> <p>Parents may be referred to that counselor, or they may choose to work with any counselor of their choice available in their area. MHS will complete the Behavioral Health Referral Form with parent and assist in completing any other required paperwork. Once family services have begun, the MHC generally allows the family to choose when and where services will be provided-home, school or counselor's office. OCDC is able to provide financial assistance as payer of last resort according to the established process: 1) a need for mental</p>			<p>Mental Health Referral Form</p> <p>Crisis fund documentation</p>
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		<p>health service is identified, 2) determination made as to availability of Medicaid or insurance, 3) community resources are investigated, 4) parents request assistance, 5) documentation is placed in the child's file, and fiscal records in fiscal office.</p> <p>OCDC has a Mental Health Services budget for children's mental health services. For adults needing counseling services MHS will assist the family in researching funding. The Mental Health Specialist will follow-up on all referrals to ensure services.</p>			
1304.24(a)(2)	<p>(2) Grantee and delegate agencies must secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health; and</p>	<p>OCDC employs a Program Behavior/Mental Health Specialist. The MHS is mentored by a Licensed Mental Health Provider. An agreement between Capital Area Counseling Service (community mental health center in Pierre) to provide mentoring and counseling services to families in the program is reviewed annually. The Pierre area counselor is available Monday through Thursday to provide services to children and families. These services may take place in the family's home or at the OCDC center or at the</p>	MHS	Ongoing through school year.	<p>Personnel records</p> <p>Mental Health Service agreements</p> <p>Service Tracking Form</p> <p>Logging in child's file and Child plus</p>

		<p>MHC’s office. Appointments are scheduled to meet the needs of the families. The Mental Health Counselor and OCDC MHS meet on a weekly basis, each Friday morning to review and discuss on-going and needed services to families.</p> <p>Capital Area Counseling serves all of the counties we serve except Mellette in their catchment area. A counselor is available to provide weekly services in Jones, Sully and Hyde counties from CAC. An agreement with Southern Plains Behavioral Health Services is in place to provide services in the White River area (Mellette Co). OCDC has agreements with several other qualified MH professionals who may be a referral source if families prefer. Agreements with all the mental health professionals are updated yearly. They are signed by all parties. Roles of everyone involved are clearly indicated, as well as monetary reimbursements.</p> <p>OCDC’s MHS enhances the services of the counselors by completing a social/emotional activity in all classrooms once a month. Activities will include</p>			
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		<p>reading a book regarding friendship, feelings, or emotional regulation as well as a classroom activity.</p> <p>Supplemental/educational information regarding parenting topics will be sent home to parent's home via flyers, newsletters, etc. Topics may include sleep, discipline, fun activities, consistency and routines, but are not limited to.</p>			
1304.24(a)(3)	(3) Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health professional, program staff, and parents on how to:	<p>MHS will attend Enrollments in Pierre, Jones Co., Hyde Co., Sully Co., and Mellette Co. and meet with each family and complete the Family Mental Health Information Form with them. MHS will discuss any needs or concerns that are indicated at that time.</p> <p>MHS will attend Orientations at each site to discuss OCDC's Mental Health services for families as well as the Mental Health screenings (DECA, ASQ/SE) that are used for all enrolled children. MHS will have brochures available on different topics, but also be available to visit with families, provide education and facilitate referrals to Mental Health Consultant if necessary.</p> <p>MHS will be available at the Onida Center (Sully Co.) on the</p>	MHS MHC	Ongoing through time of enrollment	<p>Service Tracking Form</p> <p>Logging in child's file and Child Plus</p> <p>IFSP</p>

		<p>1st Wednesday of each month, the Highmore Center (Hyde Co.) on the 2nd Wednesday of each month, and the Murdo Center (Jones Co.) on the 3rd Thursday of each month. MHS will be at the sites to observe children, assist teachers with any mental health concerns and be available to meet with parents.</p> <p>MHS will attend the parent meetings /orientations at all sites. MHS will provide mental health training to all OCDC sites during the month of October. The topic of the training will be decided by the parent groups in each site.</p> <p>During the rest of the program year, MHS will attend parent meetings in Jones Co. in November, White River parent meeting in December, Onida parent meeting in January, Highmore parent meeting in February, and Pierre parent meeting in March to provide further parenting information, to follow up on any needs or concerns and to provide ongoing mental health education and support. The schedule will be shared with parents through newsletters, postings at sites, the website and facebook.</p> <p>MHS will make referrals for</p>			
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		<p>families and assist them in completing any needed paperwork.</p> <p>MHS will attend IEP meetings, when invited, for children in our program with social/emotional/behavioral concerns.</p> <p>If the home visitor, teacher or family should request the MHS to attend a home visit or meet with a family individually to answer any questions or concerns they can request those services anytime.</p>			
<p>1304.24(a)(3) (i)</p>	<p>(i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children;</p>	<p>When an individual child is identified as having a behavioral and/ or mental health concern, his/her teacher/home visitor will inform MHS about the situation or they may discuss the situation at a program staffing. Staffings are held on all children three times during the program year. The Mental Health Specialist may then:</p> <ul style="list-style-type: none"> • observe the child in the classroom, at a socialization or at home visit • contact child's parent to visit about the concern. • set up a social/emotional/behavior staffing to discuss the situation with teacher/home visitor, 	<p>MHS</p> <p>Home Visitor</p> <p>MHC</p> <p>Ed. Mgr.</p> <p>Disabilities</p> <p>Dis. Coord.</p>	<p>Ongoing throughout enrollment.</p>	<p>Logging in child' file or Child Plus Curriculum Plan</p> <p>Lesson Plan</p> <p>Staffing Form</p> <p>Social/Emotional/Behavior Staffing notes and plan</p> <p>Observation documentation</p>

		<p>Disabilities staff, MHS and sometimes parents and MHC.</p> <ul style="list-style-type: none"> • have parents, teachers and daycare providers complete a Taylor Hyperactivity Screening if the child is notably hyperactive, inattentive, or impulsive (in this way we can compare the child’s behavior in both environments) • follow-up on suspicion of abuse and/or neglect per OCDC procedure • work with parent, teacher and child when child is having separation anxiety by providing reassurance to both, and education to parent • refer to MHC for counseling if concern is consistent and parent is in agreement <p>Program staffings three times a year allow MHS to discuss, respond and follow-up with staff and MHC on behavior and mental health concerns.</p>			
1304.24(a)(3)(ii)	(ii) Promote children’s mental wellness by providing group and individual staff and parent education on mental health issues;	Mental Health Specialist will provide OCDC staff members with mental health information at Pre-service training, staff	MHS MHC Home Visitor	Pre-service, ongoing throughout enrollment year	Pre-service records & attendance sheets EAP agreement

		<p>meetings and education meetings.</p> <p>Monthly fliers will be sent out to all families regarding parent topics. Weekly educational “tidbits” will be provided to teachers to share with families in their newsletters.</p> <p>OCDG has an Employee’s Assistance Program which provides counseling for each employee and their family members as needed.</p> <p>OCDG staff has been trained on the Conscious Discipline approach numerous times, as well as other trainings such as Love and Logic. Staff also receives information at state and regional Head Start conferences and other trainings that become available.</p> <p>Individual staff training occurs when staff signs up for trainings on their own and are approved to attend. There are numerous websites that can be referred to i.e. CSFEL, ECLKC, and others. Education also can be obtained by consulting with the MHS or MHC. MHS is mentored by MHC and also by a LCSW who she meets with 1-2 times per month.</p> <p>Parents receive mental health information from:</p> <ul style="list-style-type: none"> • parent trainings (both 			<p>Personnel training records</p> <p>Parent training flyers</p> <p>Training record</p> <p>Community parent training information</p> <p>Monthly report</p>
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		<p>trainings that we provide and outside speakers)</p> <ul style="list-style-type: none">• visiting with MHS• from MHC if child/family has been referred for services• general information given to all parents concerning normal social and emotional development, separation, screenings, parenting and more.• information that is more specific to the needs of the family that have been identified on FPAs,, screenings, at staffing, on Family Mental Health Information Forms , at home visits or any time that family inquires about a concern.• by attending parent/ mental health trainings in the community. OCDC informs parents about Common Sense Parenting, Responsive Parenting and Sibling Readiness classes offered in the community, as well as NAMI meetings, support groups and other training opportunities.			
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<p>1304.24(a)(3) (iii)</p>	<p>(iii) Assist in providing special help for children with atypical behavior or development; and</p>	<p>Developmental & Social/Emotional screenings are completed on each child in the program. MHS will meet with teachers to explain results and give suggestions on ways to support the child. Suggestions may include activities, books, words to use with that child, etc. Concerns of children will also be discussed at program staffings which are held three times a year. If the child has a low score on the developmental screening, they will be referred to the LEA for further testing and possible services.</p> <p>If the child has a social/emotional/behavior concern, the MHS will attend the IEP meetings to become more informed, to support the parents and advocate for the child.</p> <p>If a child has atypical behavior, MHS/MHC will:</p> <ul style="list-style-type: none"> • observe the child in the classroom, at home, at a socialization or parent meeting • contact parents to assess and discuss situation • visit with teacher/home visitor and /or Disabilities staff about strategies or aids to try, or ideas for making the 	<p>MHS Disabilities Dis.Coor. Home Visitor</p>	<p>As needed throughout enrollment.</p>	<p>Behavior Staffing notes and plan</p> <p>Logging is the child's file and Child Plus</p> <p>Training record</p> <p>Mental Health Referral form</p> <p>!FSP</p> <p>Developmental and Social/Emotional screening results</p> <p>Observation Documentation</p> <p>Monthly Report</p>
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		<p>classroom or socialization setting more suitable for the child</p> <ul style="list-style-type: none"> • provide family with information in the form of books, children’s books, brochures, handouts, audio or DVD materials • refer child/family to mental health services with MHC • have a staffing to discuss behavior with teacher, MHS, Disabilities, Ed Coor, and possibly parent and/or MHC. Develop a holistic plan and set a time to review the plan. • MHS is available to visit with teachers/ home visitors about children/families as needed, in order to give support and brainstorm ideas • MHC is available to give assistance with a child if parent has agreed to services 			
	(iv) Utilize other community mental health resources, as needed.	OCDC has agreements with Capital Area Counseling Service (community mental health center in Pierre) to provide a counselor who works	MHS Ex. Dir. Prog. Dir.	Agreements are reviewed and updated yearly. Ongoing	MH Provider agreements Mental health referral forms and records

		<p>with enrolled children and families at our Center, in their homes, or the providers office. The counselors at CACS are able to bill Medicaid. OCDC also has agreements with several counselors in a private agency in Pierre.</p> <p>OCDC has an agreement with Southern Plains Behavioral Health Services (community health center in Winner) to provide services to families in the White River, Mellette service area. Missouri Shores Domestic Violence Resource Center is a resource that we use for families who need a safe place away from abusive family members. They are able to provide shelter, mental health counseling and support for adults and children, and legal assistance. Urban Indian Health is another resource for mental health services and prescribing of medication. A sliding fee scale is used to determine billing at UIH.</p>		throughout enrollment year	Logging in the child's file and Child Plus
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