# Lower Columbia College Head Start/EHS/ECEAP Mental Health Table of Contents

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**Lower Columbia College Head Start/EHS/ECEAP Classroom/Home/Pals Intervention Strategies**

If submitting this form for a mental health observation, please use the following key to share what is currently occurring related to the strategy for your classroom.

1. Use daily/currently
2. Use few times a week
3. Use only with specific children (list) ___________________________
4. Used a few times
5. Don’t use anymore (why?) ___________________________

<table>
<thead>
<tr>
<th>Classroom Intervention Strategy</th>
<th>Currently occurring in your classroom (use number from key)</th>
<th>List / Why? What? (if required)</th>
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<tbody>
<tr>
<td>1. Stop signs to be used to designate closed centers/areas.</td>
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<tr>
<td>2. Limit number of children in an area.</td>
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<td>3. Use a visual that shows the limit for number of children in an area.</td>
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<td>4. Use visual times with children to assist with beginnings and endings.</td>
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<td>5. Use 3-sided chairs at circle time or individualized seating option.</td>
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<td>6. Sensory items are offered to children during waiting periods. Visuals are available to show how to use sensory items (how to use a fidget).</td>
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<td>7. Pictures of parents/guardian are available on the first day of school and always available where child can access in class or home.</td>
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<td>8. Have a clearly posted visual schedule at their level of the classroom/home routine and you refer to it throughout the day.</td>
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<td>9. Use soft lighting as a way to assist children with transitions, calming, lowering the energy in the classroom. (See FACI 1r)</td>
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<tr>
<td>10. Adjust background music as a calming technique. (May include having periods of calming rhythms, instrumental, music or no background music depending on class dynamics.)</td>
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<tr>
<td>11. Use individual picture/visual cues with children who need assistance in following rules and routines.</td>
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<tr>
<td>12. Use Choice Cards to remind of expectations and offer various ways child can gain power in positive ways in classroom.</td>
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<tr>
<td>14. Provide preventive sensory strategies, i.e., crawl like a snake, jump in place 20 times, use a hip pity hop, trampoline, wall pushups, etc. Do this on a regular schedule, every 45–60 minutes.</td>
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<tr>
<td>15. Assign seating at circle and table time that is clearly designated.</td>
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<td>16. Think strategically with whom you place children by, both adults and other children.</td>
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<td>17. Use 5 words or less to redirect.</td>
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<tr>
<td>18. Flip-It</td>
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<tr>
<td>19. Acknowledge and label children’s feelings. Refrain from saying things like “<strong>If you don’t get the job you want, we don’t throw a fit because you’ll get one tomorrow.</strong>” This type of comment denies children’s real emotional responses. Instead, recognize and validate the feeling. “I can see you are really sad because you didn’t get the job you wanted today”.</td>
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<tr>
<td>20. Provide every child with a job each day. This helps children develop feelings of responsibility and pride in accomplishments.</td>
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<td>21. Provide children with a strategy that they can use when frustrated, disappointed and angry, i.e., deep breathing techniques, using the Safe Space in classroom or Home with adult support, using Feeling Buddies or I Feel I Choose boards in safe space. Children can also be provided</td>
<td></td>
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Reference: DECA Strategy Book/Conscious Discipline
<p>| | |</p>
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<tbody>
<tr>
<td>22.</td>
<td>Introduce strangers/visitors to the classroom. Have pictures in the classroom of visitors who will be in the classroom frequently. Use the class greeter job to provide a model for children to practice greeting visitors in safe ways and practice healthy boundaries.</td>
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<tr>
<td>23.</td>
<td>Give transitional warning; give individual transitional warning to children who need it.</td>
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<tr>
<td>24.</td>
<td>Have feeling charts posted in the classroom and refer to them. Use feeling books every day.</td>
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<tr>
<td>25.</td>
<td>Bombard children with praise that helps them feel ownership such as “I bet you are really proud of yourself, look how well you did.” Look for areas of progress and use activities that build school family including help visuals such as the kindness tree, we wish you well, managing frustration, and Celebration Kit rituals.</td>
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<tr>
<td>26.</td>
<td>Connect with students regularly with use of I love you rituals to build relationships and create greater patterns of predictability. (Use them for Greetings/Goodbyes. Use modeling and develop special ways of starting and ending school days. Use visuals to remind.)</td>
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<tr>
<td>27.</td>
<td>Consciously staying regulated and calm, using a soft and calm voice when redirecting children and/or assisting children in staying regulated.</td>
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<tr>
<td>28.</td>
<td>Consider doing a circle time as a small group activity, dividing up the class into three groups, according to their ability to stay/attend in circle. Children who have the most difficulty can stay for 1 – 3 minutes and practice the skills they need in order to attend, while children who have the ability to attend for 10-15 minutes will have that opportunity.</td>
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<tr>
<td>29.</td>
<td>Consider doing circle in 2 groups if not doing circle as a small group activity, again dividing them up according to ability.</td>
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<tr>
<td>30.</td>
<td>Teach relaxation and calming strategies daily in your circle time. (Examples: Balloon Breathing, Drain, Pretzel, Star)</td>
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<tr>
<td>31.</td>
<td>Provide sensory activities daily during free choice, using the sensory table and painting.</td>
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<tr>
<td>32.</td>
<td>Use problem solving visual strategies that offer children reminders of ways to resolve conflict and manage strong emotions. Various visuals include: Visual Timers, Finish Box, Problem Solving Notebooks, key rings of problem solving ideas, We Care kits/Friendship kits with problem solving choices available.</td>
</tr>
</tbody>
</table>
| 33. | Use Conscious Discipline language and strategies with children:  
  a. Remember first you and then them. Breathe and Download Calm.  
  b. Use DNA: Describe, Name, Acknowledge self-regulate.  
    i. **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.”)  
    ii. **Name the feeling you think they are having:** (Examples: “You seem frustrated.” “You seem disappointed.”)  
    iii. **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” will change depending on what children offer. Use some time as children become ready to offer words to move to problem-solving visual systems or verbal ideas to help them reconnect to class routine. |
| 34. | Other: |
Cowlitz County Resources: Mental Health and Substance Abuse Treatment  
www.greatriversbho.org

Columbia Wellness
- Families should have insurance and income information available when they call. State medical is preferred; other insurances will need to be verified and may result in a longer wait before their intake appointment.
- Families can call directly to set up an appointment by calling (360) 423-0203. There are several counselors able to complete Infant Mental Health intakes.
- Children (ages 0-18) services are seen at 720 – 14th Avenue, Longview.
- The legal guardian will need to be present at the child intake.
- Adults are most often seen at the 921 – 14th Avenue address. Interested adults can come without an appointment Monday through Wednesday from 8:00AM to 12:00PM on a first come, first served basis.
- Adults also can call for appointments, (360) 423-0203.
- There are 24-hour crisis support services by calling (360) 425-6064.

Community House on Broadway (CORE Health): 748 – 14th Avenue; PO Box 403, Longview
- CORE Health provides client-driven mental health treatment for children and adults through individual therapy, group support, peer counseling, and case management services. Services are community-based, high intensity, flexible, and coordinated through a wraparound team approach.
- Hours: Monday through Friday, 9:00AM to 5:00PM, (360) 200-5419
- Accepted Payment: Medicaid Only
- Observations in school and home based on child/family needs
- Peer Support for Parents and Children

Northwest Psychological Resources: Call (360) 414-8600 or 888-313-8600. A receptionist will answer the phone. Ask to make an appointment for an intake. You will be transferred to one of six intake people and the following will occur:
- The intake person will discuss with the family the concern and determine the urgency of need.
- If the need is emergent, an appointment can usually be made within 24 hours.
- Non-emergency appointments are usually made within one week.
- If a specific type of counseling is desired, ask to speak to Beth McNabb, office manager, who will match the family with the appropriate therapist.
- Families who have Washington State Basic Health Insurance (CHPW or Molina) can be seen at Northwest Psychological Resources with a referral from their PCP. They also offer discounted fees as low as $35.00 per session.

Children’s Home Society of Washington (childrenshomesociety.org) 360-695-1325 – Offices in Woodland but able to provide home based services to families in Cowlitz County.
- **Child-Parent Psychotherapy (CPP)** is a specialized treatment for children aged 0-5 who have experienced at least one traumatic event and express emotional or behavioral
MH 1a2

problems. CPP will: Therapy aims at Support and strengthen the relationship between a child and his or her caregiver.

- **The Triple P – Positive Parenting Program®** Children’s Home Society offers Triple P for families with children between ages 2-12.

**Grant Funded Services for Children and Families**

**Counseling Services and Associates Sexual Assault Prevention and Treatment Program:**
- Have the family call (360) 577-8871 and leave a message on the answering machine. Specify in the message whether this is an emergency situation. The family will get a call back, usually within 48 hours.
- An appointment is usually scheduled within one week; sooner if it is an emergency situation.
- Services offered include: brief individual and family therapy for adults and children, group therapy for adults and children, support groups, and professional education.
- Services are primarily for individuals without health insurance or someone who has been unable to access these specialized services.

**Social/Emotional Related Resources**

**Youth and Family Link**
- Youth and Family Link is a private non-profit agency, serving Cowlitz County kids and families. The mission of the agency is to promote positive change in a child and family’s life by engaging and linking them to resources that will result in success in school, having positive friends, a healthy home life, and being involved in positive activities. The goals for Youth and Family Link are to link or connect the kids and families to the services and resources that will allow them to be less dependent on the social service system; to help kids overcome barriers to increase school attendance, improve school performance, have a positive social life with friends and activities, and have a positive family life. The primary goal of Link is to engage and connect clients to resources so they will use services in the most beneficial manner and to help them become self-sufficient. Most of the services provided by Link staff occur outside of the office setting. Services are provided in the community, school and at home. Staff meets with the child and family in their home, school, or social setting that is most accessible and amendable to them.
- Referrals to Youth and Family Link can be made by anyone either by phone or in person. Intake coordinators are typically available to take referrals as calls come in. If an intake coordinator is not available, he/she will contact the referral source within 24 hours. Depending on the needs and eligibility, the family will be referred to the appropriate program. Then they are assigned to an engagement specialist and will be contacted by their new Link staff to complete the intake within 2 days. Please call (360) 423-6741 to make a referral or visit the Youth and Family Link building at 907 Douglas Street, in Longview.

**Lifeworks: The Arc of Cowlitz County:** 906 New York Street, Longview, WA 98632
- 360-425-5494
- Facilitated sensory plan in sensory gym. Children ages 0-5. Parent/guardians can self-refer. Services are provided at no cost.

(C: 06/10; R: 09/17)
Mental Health Procedure Flow

A Social/Emotional need is identified for a Student/Family/Class

Are impacts significant to Student, Family, Class, Staff? (severe/extreme/withdrawn behaviors or presenting with complex family needs)

Yes

Parent Consult can be scheduled to explore parents concerns.

Yes/No

Referrals for mental health services may be offered, follow up with parent, possible individual observation in classroom or home based on needs.

Possible Child/Family Staffing for coordinating student/family needs.

Parent Consult can be scheduled to explore parents concerns.

Review classroom strategies (MH 1a1) with coach. Together determine if any environmental/general class changes are recommended.

Discuss concerns with Mental Health Specialist. Together determine plan for further supports, strategies, referrals or conversations.

Are impacts significant?

Yes

MH Consultant facilitates Child/Family Support Plan. Additional supports may be presented in CAST meetings/case presentation as needed.

Possible Child/Family Staffing for coordinating student/family needs.

Follow up EHS consultation or Reflective Supervision.

Yes/No

Are there continued concerns? Need to follow up?

Reviews of Child/Family Support Plan with parent involvement with DST. MH Specialist facilitates Child/Family Staffing to include other natural supports/community providers until concerns addressed. Follow up with observations for improvement with strategies.

No


Possible Child/Family Staffing for coordinating student/family needs.

Follow up EHS consultation or Reflective Supervision.

Possible Child/Family Staffing for coordinating student/family needs.

Follow up EHS consultation or Reflective Supervision.

Contact parent and share concerns. Permission needed before individual observation occurs. Release signed.

DST will staff concerns with Area Manager

Follow Mental Health Checklist (MH 2a/MH 2a1) to submit observation paperwork.

(MH 4a) Teacher, Family Advocate and/or CFDS completes the Parent Interview for Mental Health/Behavioral Observation/Assessment paperwork. Follow procedure on item 4 on MH 5a.

Forward completed paperwork to Area Manager who will forward to MH Specialist. Observation occurs. Review of observations will occur. See Mental Health Policy & Procedure.

Start Observation Process
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 and Child/Family Staffing
- The Mental Health Specialist is available for consultations/staffing, utilizing mental health form MH7a. The staffing will determine if a request for further social/emotional support is needed.
- Early Head start mental health specialist meets with staff twice monthly for regularly scheduled reflective practice and problem solving.
- Early Head Start Mental Health Specialist will facilitate monthly case presentations for Early Head Start.
- The Mental Health Specialist will provide information related to mental health for parent groups and other staff meetings as requested.
- Either the private insurance and/or the Employee Assistance Program can be utilized for personal consultation for classified, part-time hourly and exempt staff.

(Note: Explorers Grant Specialists- Mental Health Specialist through Columbia Wellness and Behavior Specialist will be providing mental health services to sites as assigned)
(Child and Family Team may include Teacher, Family Advocate, CFDS, Area Manager, Coach, Disabilities Specialist, Family Engagement Specialist, Health Specialist, Child Development Specialist and Mental Health Specialist.)

II. Request for Social/Emotional Support from Mental Health team
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. Follow plan.
- Review (MH 1a1) with Coach. Provide date of review on MH2a.

Additional supports that may occur:
- Schedule a Mental Health staffing with Mental Health Specialist to reflect about concerns.
- Request a Mental Health Social/Emotional Observation/Assessment. Use the Mental Health Checklist (MH 2a) to guide process and what is submitted. Give copy of Mental Health Checklist (MH 2a) to Disabilities Specialist.

- Exceptions to process: Consult with Mental Health Specialist and/or request an Mental Health Social/Emotional Observation/Assessment for the following:
  Child:
  - Has severe/significant unsafe behavior towards self, others or environment;
  - Has difficulty with social/communication
  - Has suspected to have an autistic spectrum disorder.
  - A parent, pediatrician, school district, area manager, content specialist requests observation/assessment.
  - Is a withdrawn and/or nonverbal child.
  - A social/emotional potential delay is indicated from screenings. A referral for observation is required and potential Family/Child Support Plan to support a referral for school district.
• **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.

1. The Mental Health Specialist will observe student in class, home/community within 20 working days of receiving referral (MH2a).
2. Children identified with unsafe behaviors and/or are in crisis will be prioritized ahead of all other referrals/observations. Staff will be notified if any observations need to be rescheduled.
3. The Mental Health Specialist will offer feedback from observation with the Child and Family Team.
4. The Mental Health Specialist will review the written report with the Child and Family Team within 10 days of observations. A Mental Health Staffing will be offered to develop short term strategies while observation documents are being completed.
5. The Child and Family Team will contact the parent/guardian to schedule a time to review the observation/assessment. The parent is welcome to bring other supports and other community members.
6. The Mental Health Specialist, parents or Child and Family Team may choose to schedule a Mental Health staffing or a Family/Child Support Plan meeting to guide support. The meetings can include parent, community agencies supporting family, and Child and Family Team members.
7. If any of the strategies identified for student are general classroom strategies the coach will be informed and assist if needed.
8. Staff will document discussion of staffing and/or Family Child Support Plan in Child Plus and provide regular updates to progress.

**III. General Classroom Observation**

- The Mental Health Specialist will make a general classroom observation as requested by e-mail. E-mail mental health specialist and cc. coach, child development specialist, area manager, and disabilities specialist with request. The purpose of an observation will be to give feedback, support or make recommendations. These will be shared in written form with the child and family team.
- The Mental Health Specialist will coordinate with the Child Development Specialist, Disability Specialist and Coaches in regularly scheduled meetings or processes related to ECERS/CLASS plans and children identified with concerns.
- **Early Head Start Classroom Site Visit Observations:**
  - The Mental Health Specialist will provide one general observation of each Early Head Start center-based classroom. The Mental Health Specialist will attend home-based parent-child activity group (socialization) monthly and provide feedback during the course of the year.
  - The purpose of these observations is to ensure that the setting promotes good mental health, healthy adult-child relationships, and positive self-esteem for children. Among the issues considered are 1) Child/Family Development Specialist interactions, 2) supporting infant/toddler behavior and development, 3) positive environment, 4) communication/interactions, and 5) training/technical assistance recommendations.
  - The Mental Health Specialist conferences with staff after the classroom observation and submits a written report to the staff person and the EHS Area Manager.
- **Early Head Start Mental Health Specialist will review all Ages & Stages Social/Emotional and make recommendations as needed to support infants/toddlers social emotional development. Staff will provide the Mental Health Specialist with a copy of the back page scores for all children and a copy of the ASQ/SE Protocol for children where the score indicates a concern.**
IV. Referral to LEA or Part C Agency

**Head Start**
If it is determined by the mental health specialist through observation that a referral is needed to the Local Education Agency to have the child assessed for Social/Emotional/Behavior delays the following will occur:
1. The Mental Health Specialist will staff the concerns with the Disabilities Specialist.
2. The Disabilities Specialist will notify the Local Education Association (LEA) and share the concerns and documents supporting referral including data tracking sheets, case management and Family/Child Support Plan.
3. Disabilities Staffing Form will be completed along with a copy of the Family/Child Support plan and the data tracking sheets will be included with the referral.
4. The Child and Family Team will notify parent/guardian about staffing decision, share results and plan.
5. The Local Education Agency (LEA) will contact the parent/guardian to gain consent for services.
6. The Child and Family Team will assist the LEA if necessary. (See the Referral and Evaluation Policy/Procedure)

**Early Head Start**
If it is determined that a referral is needed to the Part C (Progress Center) Agency to have the child assessed for Social/Emotional/Behavior/Developmental delays the following will occur:
1. If the MH Specialist has identified a concern, she will contact the Disabilities Specialist who will initiate the referral process to the Local Part C agency.
2. The Early Intervention Referral Form will be completed by the Disability Specialist. Screening and necessary paperwork will be attached and referral packet will be sent to Progress Center upon parent consent. Child Development Specialist will be notified when children are in 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
If it is determined that a referral is needed to the child’s PCP for a protein snack during class time the following will occur:
1. The MH Specialist will complete a Family/Child Support Plan with Parent/Guardian and Child and Family Team. At this time, verify that release for PCP is current.
2. The Family/Child Support Plan will provide specific details on when and why a protein snack is needed.
3. The MH Specialist will send the Family/Child Support Plan to Health Specialist and send an e-mail to notify her that a letter of request for snack is needed.
4. Health Specialist will send letter to PCP.
5. Once permission is obtained from PCP a plan with food service for protein will be made in partnership with teacher and coach.

VI. Parent/Guardian Consult
- If a parent requests a consultation the Family and Child Team will complete the Parent/Guardian Consult (MH 5c). Parent consultations are generally one time services to consult about social/emotional and mental health concerns about a child, parent or other family member to gain support and/or referral.
- Send MH 5c to the Mental Health Specialist via mailbox. The Mental Health Specialist will contact parent/guardian to schedule. The Mental Health specialist will coordinate with the Child and Family team as needed and update needed information in Child Plus.
VII. Accessing Counseling Services for Parent and/or Family

- The Child and Family Team can offer information and referrals for counseling services (MH1a2). The Child and Family team will invite the parent/guardian to sign a release of information for current mental health provider.
- When the Child and Family Team is assisting the parent/guardian in the referral a release of information is required. Document referral and place copy in appropriate places in site file. Follow up to see if referral met need. Share updates on Children Receiving Counseling MH8a. If the referral did not meet the need the Child and Family Team can contact the provider and advocate for family/child and/or follow up with the Area Manager, Mental Health Specialist or Family Engagement Specialist for problem solving.
  - The Family Advocate, Teacher and/or CFDS will support the parent/guardian as needed. All copies of the above forms will be placed in the appropriate section of the child’s site file and results documented in case management on ChildPlus.
  - Document the referrals given on ChildPlus and follow-up in a timely manner to ensure that the parent was able to access the resources to which they were referred and that the services are meeting their need(s) and that the parent was able to access the resources. Document in case management.
- Document on the Children Receiving Counseling Form (MH 8a) and attach this form to the EOM Report for your Area Manager.
- If the referral did not meet the need, the staff should:
  - Discuss with the Area Manager.
  - Contact the agency to advocate on behalf of the family.
  - Give additional referrals using the Resource Directory.
  - Utilize the Specialists (in-house and contracted) to brainstorm additional referrals, which would be appropriate.

VIII. Replying to information requests from outside providers

If an outside provider requests information from a child/family team member regarding the social/emotional well-being of child and/or parent/guardian the following must occur: (examples of requests include information for CASA worker/Guardian Ad Litem, ADHD screening/Vanderbilt, DSHS case-worker, non-custodial guardian, social security, etc.)

1. Make sure a current release of information is in place for this agency/individual making the request.
2. Schedule a Mental Health Staffing with Mental Health Specialist, Disabilities Specialist, and Area Manager to identify which items regarding social/emotional well-being will be shared and how the information will be shared.
3. Share approved information identified.

IX. Services specific to Early Head Start

If a child is aging out of the Early Head Start Program (turned age 3), prior to their readiness to exit program, a Mental Health Staffing Form will be completed for the purpose of “transition.” A recommendation to stay enrolled in services will be written with a specific plan of action for a successful transition out of the program in a timely manner. This plan will be presented to CAST for approval. If denied typical transition will occur.

Policy complies with Head Start Performance Standards 1302.45, 1302.46 (1iv), 1302.46 (2), 1302.17
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.

____ 2. The Teacher or CFDS have consulted with his or her Coach to review the Intervention Strategies (MH 1a1) to determine if any environment changes may be recommended. Date of review: __________ Name of coach: ________________

____ 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, or have signed a release to allow the Columbia Wellness Mental Health Specialist to observe. A report will be written, shared, and filed in my Child’s site file. This report 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 Signature                        Date

__________________________________
Child’s Name

Lower Columbia College Head Start/EHS/ECEAP
Permiso de Padre de Familia/Tutor
para una observación/evaluación socioemocional/de salud mental

Doy mi permiso al Especialista en la Salud Mental y/o el Especialista en el Comportamiento para observar a mi niño de Head Start/EHS/ECEAP en la escuela o el hogar, o he firmado una autorización para permitir que un especialista en la Salud Mental de Columbia Wellness observe a mi niño. Un reporte será escrito, compartido y colocado en el expediente de mi niño. Este reporte se mantendrá confidencial y sólo yo y el personal de Head Start/EHS/ECEAP tendremos acceso al expediente a menos que yo dé mi permiso.

__________________________________  ____________________________________
Firma del Padre/Tutor                        Fecha

__________________________________
Nombre del Niño

(C: 07/05; R: 07/17)
LOWER COLUMBIA COLLEGE HEAD START/EHS/ECAEP
Parent/Guardian Interview for Mental Health/Social/Emotional Observation/Assessment

Child’s Name: ___________________________ Date: __________________
Teacher/CFDS: __________________________ LOC ID: ________________

1. Tell me about your child and any social/emotional concerns at home, school or community.

2. How long have you had these concerns? Where/when do they occur?

3. Do you have any ideas why the concerns happen? Is there something you think he/she is trying to obtain or avoid?

4. In what situations or during what routines does your child function well?

5. What helps your child calm when he/she has big feelings/unsafe actions?
   - Child calms independently within ________ minutes.
   - Child calms with help from adult within ________ minutes.

6. What things are you doing related to the concerns that seem helpful to your child?

7. What helps your child feel physically safe? What helps your child feel emotionally safe?

8. What helps your child build friendships?

9. What type of activities and play does your child participate in with other children outside of school? What ages are those children?

10. Is there anything else you would like us to know about your child’s development, special circumstances, and/or family changes for your child?

Interviewer Signature

Distribution: White – Site File   Yellow – Mental Health Consultant   (C: 07/99; R: 07/17)
Entrevista de padres/tutores para una evaluación/observación socioemocional/de salud mental

Nombre del niño: ____________________________________________ Fecha: ____________________
Maestro/CFDS: ____________________________________________ LOC ID: ____________________

1. Hábleme de su niño y las dudas que usted tiene acerca de asuntos socioemocionales en el hogar, la escuela o la comunidad.

2. ¿Hace cuánto tiempo ha tenido usted estas dudas? ¿Dónde o cuándo ocurren estos asuntos socioemocionales?

3. ¿Tiene usted algunas ideas sobre la causa de estos asuntos? ¿Cree que hay algo que él/ella quiere obtener o evitar?

4. ¿En qué situaciones y durante qué rutinas funciona bien su niño?

5. ¿A su niño, qué le ayuda a tranquilizarse cuándo él/ella tiene sentimientos fuertes o hace acciones inseguras?

   El niño se tranquiliza por sí mismo dentro de _________ minutos.
   El niño se tranquiliza con la ayuda de un adulto dentro de _________ minutos.

6. ¿Qué hace usted con relación a estos asuntos que parece ayudar a su niño?

7. ¿A su niño, qué le ayuda a sentirse seguro físicamente? ¿Qué le ayuda a sentirse seguro emocionalmente?

8. ¿A su niño, qué le ayuda a formar amistades?

9. ¿Qué tipo de actividades y juegos hace su niño con otros niños fuera de la escuela? ¿Cuántos años tienen esos niños?

10. ¿Hay algo más que usted quisiera que supiéramos acerca del desarrollo de su niño, sus circunstancias especiales y/o cambios en su familia?

Firma del Entrevistador ______________________________ Fecha ________________

Distribution: White – Site File   Yellow – Mental Health Consultant   (C: 07/99; R: 07/17)
# LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP

**Mental Health/Social/Emotional Request for Observation/Assessment**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Staff:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Child’s Name:</th>
<th>Birthdate:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Telephone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Who is the Primary Care Provider and Clinic?</th>
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<table>
<thead>
<tr>
<th>Other community providers working with child:</th>
</tr>
</thead>
</table>

Detail reason for referral *(i.e. Including classroom challenges and how child functions within classroom)*

<table>
<thead>
<tr>
<th>What need or message is the child trying to communicate in an unhelpful way?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What would you like your teacher team to be able to do for this child/family?</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is the child currently on an IEP/IFSP?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Does child have a chronic medical condition?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

<table>
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<tr>
<th>Current Medications:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Known Diagnosis:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Child’s Strengths – In what ways does the child function well? (provide as many strengths as possible):</th>
</tr>
</thead>
</table>
Lower Columbia College Head Start/EHS/ECEAP
Parent/Guardian Consult

Date: ____________________________  Staff: ____________________________
Child’s Name: ____________________  Child’s Birthdate: ____________________
Parent Name: _____________________  Address: _________________________
Parent/Guardian Telephone: ________________________________
Best time to reach parent: ________________________________

Concerns: _______________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________
____________________________________________________________

Is the child currently on an IEP/IFSP?  ☐ Yes  ☐ No
If yes, in what areas? __________________________________________
Lower Columbia College Head Start/EHS/ECEAP
Family/Child Support Plan

Name: _______________________________ Birthdate: ____________________ LOC ID: ____________

Parent(s)/Guardian(s): _____________________________________________________________

Meeting Date: ____________________ Mental Health Consultant: ________________________

Strengths:

Considerations:

Areas of Growth/Needs (social/emotional needs, family support, classroom support, transition):
Calling for Help Action: Unsafe, Hurtful, not Helpful

<table>
<thead>
<tr>
<th>Wanted Action</th>
</tr>
</thead>
</table>

Strategies Identified at this Meeting:

Next Steps (Who/When):
Embedded learning and data tracking

Who else would you like to share this plan with?

Meeting Attendees:
Name: ____________________________ Title: ____________________________ Date: __________

______________________________  ____________________________  ______________________
______________________________  ____________________________  ______________________
______________________________  ____________________________  ______________________
______________________________  ____________________________  ______________________
______________________________  ____________________________  ______________________
Child’s Name: ___________________________ Birthdate: _________________ LOC ID: _______

Parent(s)/Guardian(s): ________________________________________________________________

Meeting Date: _________________ Mental Health Consultant: ________________________________

Strengths and Progress:

Updated Considerations:

Teacher Report on Embedded Learning and Data Tracking:

Areas of Growth/Needs (social/emotional needs, family support, classroom support, transition):
<table>
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<tr>
<th>Calling for Help Action: Unsafe, Hurtful, not Helpful</th>
<th>Wanted Action</th>
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<td></td>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Strategies Identified at this meeting: Who/When:

Next Steps:
Embedded Learning and Date Tracking

Who else would you like to share this plan with?

Present at Meeting:
Name: __________________________ Title: __________________________ Date: ______________
_____________________________ __________________________ ______________
_____________________________ __________________________ ______________
_____________________________ __________________________ ______________
_____________________________ __________________________ ______________
_____________________________ __________________________ ______________
_____________________________ __________________________ ______________

(C: 08/14; R: 07/17)
LOWER COLUMBIA COLLEGE HEAD START/EHS/ECEAP
Mental Health Staffing Form

Child’s Name: ___________________________ Birthdate: ______________ Date: ______________
Parent/Guardian Name: __________________ LOC ID: __________________
Teacher/EHS Staff: ___________________ Family Advocate: ______________ Area Manager: __________________
Purpose: Consultation _____ Staffing _____ Transition _____ Content Area Support Team (CAST) Staffing _____

Concerns:

**Recommended Plan of Action/Who’s Responsible/Timeline:**

Meeting Attendees:
Name: ___________________________ Title: ___________________________ Date: ______________
__________________________________________ ___________________________ ______________
__________________________________________ ___________________________ ______________
__________________________________________ ___________________________ ______________
__________________________________________ ___________________________ ______________
__________________________________________ ___________________________ ______________

Distribution: White: Site File Yellow: Mental Health Consultant

(C: 07/99; R: 07/17)
**Lower Columbia College Early Head Start**

**Parent/Children Receiving Counseling**

LOC ID: ____________________  Advocate: ________________________________

Please keep a running list of parents/children who are receiving counseling in the program. This list should include those children already receiving counseling when they enroll in the program and those referred during the year by the DST, parent or physician. Please see example for information to share. Please invite parent to sign a release of information with medical health provider if not already completed and one for the mental health agency/therapist. **Please update monthly and turn in copy with EOM to Area Manager by the 5th of each month.**

<table>
<thead>
<tr>
<th>Parents/Children Receiving Counseling in Community</th>
<th>Date Referred/Referred by?</th>
<th>Organization Referred To/Therapist</th>
<th>Signed Release of Information</th>
<th>Date Parent/Child Began Counseling/Notes</th>
<th>Follow Up Notes</th>
<th>(Exit Notes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Student Name 09/16/2014 Referred by Head Start Advocate</td>
<td>Happy Home Counseling</td>
<td>Yes/No Limits on Release</td>
<td>Child has intake 10/01/14 will f/up in Oct. for result</td>
<td>11/14 F/U Child assigned to Mrs. Sunshine for therapy.</td>
<td>Yes/No</td>
<td>Example: Completed counseling in 1/2014</td>
</tr>
</tbody>
</table>

Please circle the present month this form is being turned in:

Please keep a running list of children who are receiving counseling in the program. This list should include those children already receiving counseling when they enroll in the program and those referred during the year by the DST, parent or physician. Please see example for information to share. Please invite parent to sign a release of information with medical health provider if not already completed and one for the mental health agency/therapist.

*Please update monthly and turn in copy with EOM to Area Manager by the 5th of each month.*

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<td>Yes/No Complete counseling in 1/2014</td>
</tr>
</tbody>
</table>

Please circle the present month this form is being turned in:

Lower Columbia College Early Head Start  
Mental Health Referral Tracking Form  

LOC ID: __________________ Home Visitor: ____________________________ Month/Year: ____________________________

In the columns below, please list the mothers who have completed the Edinburgh Depression Screening. If subsequent screenings were deemed necessary, please list those as well and include any follow-up that occurred.

<table>
<thead>
<tr>
<th>Names of People Screened in Edinburgh</th>
<th>Date Screening Completed</th>
<th>Follow-up Needed (yes/no)</th>
<th>Rescreening Completed Date</th>
<th>Follow-up Items/Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Jilly Doe</td>
<td>12/31/99</td>
<td>Yes</td>
<td>01/31/2000</td>
<td>Mother referred to physician.</td>
</tr>
</tbody>
</table>

Please circle the present month this form is being turned in:

EHS supports infant mental health as well as all other areas of a child’s development.

This means that, “We are here for parents, to help and support them in their baby’s healthy social and emotional development”.

We do this by:
- Helping parents have a close and loving relationship with their baby.
- Providing assistance and support to parents as they work toward getting their needs met.
- Sharing information on the growth and development of infants/toddlers.
- Helping parents find out about community resources and how to use them to meet the needs of their family.

How is our time spent with families?

Supporting loving and responsive caregiving routines.
For babies, learning about themselves and everything else, happens when they are with their parents or caregivers doing daily routines . . . eating, holding, diaper changing, dressing, exploring and playing, having conversations, and bedtimes. When a parent and a baby repeat and share these day-to-day routine times of being sensitive to each other and responding, their relationship is strengthened in very positive and meaningful ways. Routines keep families strong.

Promoting protective factors for infant/toddlers.
Research indicates that young children who are resilient, have positive parent/child interactions that supports the development of trusting relationships and a sense of security. Strengthening the protective factors of parent/child relationships, initiative, and the ability to self-regulate promotes resiliency, supports and enhances healthy social-emotional development, and the ability to build secure attachments throughout childhood and into adulthood.

Helping parents understand their baby’s unique development and temperament.
This helps parents be able to “hold in mind” or think about their baby a lot, especially about the baby’s thoughts, feelings and development. The baby’s needs come first to feel safe, secure, and well cared for. This is the foundation of healthy parent/child attachment.

Spending time watching parent/child videotapes and talking about your relationship with your baby or toddler.
Staff may do videotaping in their time with parents and babies/toddlers. The videotapes are of familiar caregiving routines, i.e., feeding, dressing, bathing and playing. Together, staff and parents watch video segments, discuss ways that you and your child interact with each other, and identify areas parents may want to improve in their relationship with their child.

Talking about specific things parents can do with their child that helps them feel successful as parents.
Together, parents and EHS staff observe how each child is growing and developing. We include parents in their child’s play, exploration, and child centered experiences. We support parent in dealing with the challenges of parenting their baby/toddler. Together, they keep learning to understand each baby’s feelings, needs and interests, and finding out what works best in
responding and adapting to them. Our Mental Health Consultant comes into the center on a regular basis to do observations and give guidance and support to staff.

**Early Head Start reflective practices are to support staff in doing relationships well.**
The EHS Specialists participate in regular individual reflective supervision with the Mental Health Consultant. The purpose of these scheduled times is to provide staff with support and guidance to help them continue to become more competent and effective in their work with families. This gives staff a time to look at, think about, and explore feelings about their work. Staff discuss the details of their observations of babies/toddlers and parents. These sessions offer a safe place to bring questions, gain shared understanding, and get regular guidance and support needed to continue doing this intensive work.
Lower Columbia College Early Head Start
Mental Health Observation

LOC ID: ________________________  EHS Staff Present: ______________________________
Date: ________________________  Time: ______________________________
Volunteer(s) Present: ____________________________________________________________
Special Circumstances: __________________________________________________________
# of Children: ____________________  Absentees: ______________________________
# of Parents: ____________________  □ Center-based  □ Socialization Groups
Copies to: ______________________________

Comments:

Caregiver/Child Interactions
Supporting Infant/Toddler’s Behavior and Development

Positive Environment

Interactions

____________________________________  _______________________
Mental Health Consultant            Date

(C: 04/10; R: 08/12)
Caregiver/Child Interactions
- Caregiver is attentive and responsive to child’s needs.
- Caregiver respects individual child’s temperament, needs and developmental level.
- Separation issues are identified and addressed.
- Opportunities are available to address needs of individual child.
- Strategies are available to assist children with special needs.
- Childrearing practices from the home are followed or negotiated.
- Positive, nurturing relationships between child and caregivers are evident.
- Individual children’s needs are recognized and addressed.

Supporting Toddler’s Behavior and Development
- Building trust
- Fostering independence
- Encouraging self-control by limit-setting
- Positive guidance techniques are used
- Variety of ways are used to identify child’s strengths and abilities
- Providing individual and group experiences
- Individual children’s temperament is addressed

Positive Environment
- Planning for routines and transitions
- Providing opportunities for creative self-expression
- Activities / material are age and developmentally appropriate
- The environment is adjusted to meet the needs of children

Interactions
- Time is provided for parents and staff to interact
- Parents observations / input is encouraged
- Parent participation is encouraged / supported
- Parent education opportunities are available
- Parents are interacting with their child(ren)
- Parents are interacting with each other