## Lower Columbia College Head Start/EHS/ECEAP
### Mental Health
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## Quality Classroom Indicators and In-Home Supports

<table>
<thead>
<tr>
<th>Strategy</th>
<th>List what is used or answer with yes/no</th>
<th>Does this help the majority of the children in the class? (Yes/No)</th>
<th>Does this help for this child? If no, what happens?</th>
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</thead>
<tbody>
<tr>
<td>1. What is used to designate closed centers/areas? (Ex. Stop signs)</td>
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<td>2. Do learning centers/areas have clear boundaries?</td>
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<td>3. Are materials in centers/areas adequate to support number of children playing?</td>
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<td>4. How are limits given for the number of children in centers/areas?</td>
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<td>5. What is used for transition warnings?</td>
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<td>6. Are transitions planned with engaging activities and wait times for children minimized?</td>
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<tr>
<td>7. Do children have access to pictures of parents/guardians and/or other meaningful comfort items and is this available all day?</td>
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<tr>
<td>8. How is a visual schedule used throughout the day?</td>
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<td>9. Is seating assigned during circle time activities OR during in-home tasks</td>
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<td>10. Is seating assigned during table time activities?</td>
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<td>11. What are the tools most often used for redirection? (Ex. 5 words or less, physical prompts, visual pictures, modeling)</td>
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<tr>
<td>12.</td>
<td>How are school family jobs assigned? OR what jobs/tasks are assigned in home?</td>
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<td>13.</td>
<td>What expectations are visually posted and how are they used?</td>
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<td>14.</td>
<td>How long do your circle times last? OR home activities/tasks?</td>
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<td>15.</td>
<td>Are there visual ways that feelings are referenced?</td>
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<td>16.</td>
<td>What ways are indoor movement activities offered?</td>
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<td>17.</td>
<td>What ways are sensory activities offered?</td>
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<td>18.</td>
<td>Is altering tone and words used? (examples: calm tone, few words, slower pacing)</td>
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<td>19.</td>
<td>Is a noticing progress plan used (i.e. way that regularly notices and celebrates children’s attempts and accomplishments)?</td>
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<td>20.</td>
<td>Are connect activities regularly practiced? (examples: I Love You rituals, Greetings/Goodbyes, modeling that develops a special ways of starting and ending school days.)</td>
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<tr>
<td>21.</td>
<td>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,)</td>
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<tr>
<td>22.</td>
<td>What concrete ways are used to teach limits for safety? (Examples: tell children what is wanted, Use MAP: Model, Add Visual, and Practice).</td>
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</table>

**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).
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<tr>
<td>23. Is Conscious Discipline phrases and language used often:</td>
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<td><strong>(Examples: Describe what you see:</strong></td>
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<td>(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.”)</td>
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<td><strong>Name the feeling you think they are having:</strong></td>
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<td>(Examples: “You seem frustrated.” “You seem disappointed.”)</td>
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<td><strong>Acknowledge what was wanted:</strong></td>
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<td>(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”)</td>
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<td>24. Is a safe place available for the purpose of self-regulation?</td>
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<td>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)</td>
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<tr>
<td><strong>Curriculum Modification</strong></td>
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<td>25. Is alternative seating used? (3-sided chairs, standing instead of sitting, or individualized seating option)</td>
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<td>26. Is alternate activity provided during circle time OR alternate activity provided during challenging tasks at home.</td>
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<tr>
<td>27.</td>
<td>Are sensory items offered to children during waiting periods? Are visuals available to show how to use sensory items (example: visual/social story).</td>
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<td>28.</td>
<td>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).</td>
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<td>29.</td>
<td>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.)</td>
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<td>30.</td>
<td>Are individual picture/visual cues used with children who need assistance in following rules and routines?</td>
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<td>31.</td>
<td>Are Choice Cards used to remind of expectations and offer various ways children can gain power in positive ways in classroom.</td>
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<td>32.</td>
<td>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).</td>
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<td>33.</td>
<td>Are weighted sensory items used (examples: weighted stuffed animal or lap pad.)</td>
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<td>Strategy</td>
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<tr>
<td>34. Are social stories used? (Examples: Conscious Discipline books (Sophie, Schubert stories), Boardmaker and the Vanderbilt CSEFEL website/Head Start Center for Inclusion, Vanderbilt CSEFEL <a href="https://depts.washington.edu/hscenter/teacher-tools">https://depts.washington.edu/hscenter/teacher-tools</a></td>
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<td>35. Are preventive sensory break movements regularly offered? (Examples: animal walks, balance breaks, yoga movement, wall pushups. Aiming active movement every hour)</td>
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<td>36. Is small group time adjusted in specific ways (example: time limit, size, alternative job)</td>
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<td>37. Is opportunities provided to allow child to practice skills within activities?</td>
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</table>
Lower Columbia College Head Start/EHS/ECEAP
Mental Health Resources (Children’s Resources-Emphasis 0-5)

Cowlitz County Resources: Mental Health and Substance Abuse Treatment
www.greatriversbho.org

**Columbia Wellness:** 360-423-0203 – 720 – 14th Avenue (Child and Family) Longview
- 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 also can call for appointments, 360-423-0203.
- There are 24-hour crisis support services by calling 360-425-6064.

**CORE Health:** 360-200-5419 – 748–14th Avenue, 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
- https://www.corehelahtservices.org/our-services

**Northwest Psychological Resources:** 360-414-8600 or 888-313-8600 – 945–11th Ave., Longview
- Families who have Washington State Basic Health Insurance (CHPW or Molina) can be seen at Northwest Psychological Resources with a referral from their PCP and therapist availability.
- A receptionist will answer the phone. Ask to make an appointment for an intake. An intake coordinator will verify insurance, talk to you about concern and determine if there is a therapist who can meet the need. They have therapists who are available to work with children age 5 and above.

**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.
Lower Columbia College Head Start/EHS/ECEAP
Mental Health Policy & Procedure

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.

Are impacts significant?

Yes

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

Follow up EHS consultation or Reflective Supervision.

Yes

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

Are there continued concerns? Need to follow up?

Yes

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.

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

Possible Recommendation for Individual Observation

Possible Recommendation for Observation Process

Review of observations will occur. See Mental Health Policy & Procedure.

Forward completed paperwork to Area Manager who will forward to MH Specialist.

Follow procedure on item 4 on MH 5a.

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.

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

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

DST will staff concerns with Area Manager.

Start Observation Process

Yes/No

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

Possible Recommendation for Observation Process

Possible Recommendation for Observation Process

Are there continued concerns? Need to follow up?

Yes

Start Observation Process

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

Parent Consult can be scheduled to explore parents concerns.

DST will staff concerns with Area Manager

Parent Consult can be scheduled to explore parents concerns.


MH 1a

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

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

DST will staff concerns with Area Manager

Follow procedure on item 4 on MH 5a.

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.

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Follow procedure on item 4 on MH 5a.

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.
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
• The Mental Health Specialist is available for consultations and staffing, utilizing mental health form MH7a. The staffing will determine if a request for further social/emotional support is needed.
• 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.
• Early Head Start Mental Health Specialist meets with staff twice monthly for regularly scheduled reflective practice and consultation.
• Early Head Start Mental Health Specialist will facilitate monthly reflective supervision and case presentations for Early Head Start Teen Center.

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:
  o Discuss concerns with Parent
  o Discuss concerns with Area Manager. Follow plan.
  o Review (MH 1a1) with Coach. Provide date of review on MH2a.
  o Document areas of concern in case management/assessment (TSG, Child Plus).

Additional supports that may occur:
  o Schedule a Mental Health staffing with Mental Health Specialist to reflect about concerns.
  o 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 a 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 will staff the classroom observation and submits a written report to the staff person and the EHS Area Manager.
- Staff will provide the Disability Specialist with a copy of the back page ASQ-SE scores for all children and a copy of the entire ASQ-SE Protocol for all children where the score indicates a concern. These documents will be uploaded in ChildPlus. The Early Head Start Mental Health Specialist will review all Ages & Stages Social/Emotional forms and make recommendations as needed to support infants/toddlers social emotional development. This information will be accessed by ChildPlus report maintained by Disability Specialist.
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. The Mental Health Specialist will fill out the letter of request and attach in email to the Health Specialist.
5. Health Specialist will send letter to PCP.
6. 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 any 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 the referrals given in case management and follow-up in a timely manner to ensure that the parent/guardian was able to access the resources to which they were referred. 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.
• Document follow-up in case management and end of month reporting.

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?

Intervener Signature __________________________ Date ____________________
(C: 07/99; R: 08/18)
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

(C: 07/99; R: 08/18)
Date: ___________________________ Staff: ___________________________
Child’s Name: ___________________________ Birthdate: ___________________________
Parent/Guardian Name(s): ___________________________
Address: ___________________________
Parent/Guardian Telephone: ___________________________
Who is the Primary Care Provider and Clinic? ___________________________
Other community providers working with child: ___________________________
Detail reason for referral (i.e. Including classroom challenges and how child functions within classroom)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
What need or message is the child trying to communicate in an unhelpful way?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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 – In what ways does the child function well? (provide as many strengths as possible):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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

Child’s Name: _______________________________ Birthdate: ________________ LOC ID: ________
Teacher/CFDS: ____________________________ Family Advocate: ______________________ Area Manager: ______________________
Parent(s)/Guardian(s): ________________________________
Meeting Date: ________________ Mental Health Consultant: ______________________ Purpose (see checked below)
Observation Summary _____ Family/Team Update Summary ____ Coordination Summary Update ____ Class/Strategy Matrix ______

Child’s Strengths:
Considerations:
Areas of Growth/Needs (social/emotional needs, family support, classroom support, transition):

<table>
<thead>
<tr>
<th>Calling for Help Action: Unsafe, Hurtful, not Helpful</th>
<th>Wanted Action</th>
</tr>
</thead>
<tbody>
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</table>

Recommended strategies to support social/emotional goals:

Next Steps (Who/When):
Embedded learning and data tracking: ChildPlus/TSG Other: __________________________

Parent/Guardian would like plan shared with the following: Name(s) _____________________________ None at this time: __
Involved in plan. Meeting dates involved.
Name: ____________________________________________________________________________
Title: ____________________________________________________________________________
Specific Date: ____________________________________________________________________

(C: 08/02; R: 08/18)
Lower Columbia College Head Start/EHS/ECEAP
Family/Child Support Plan Update

Child’s Name: ________________________________  Birthdate: _______________  LOC ID: ________
Teacher/CFDS: ______________________  Family Advocate: ______________________  Area Manager: ______________________
Parent(s)/Guardian(s): ____________________________________________________________
Meeting Date: _______________  Mental Health Consultant: ______________________________ Purpose (see checked below)
Observation Summary _____  Family/Team Update Summary ____  Coordination Summary Update ____  Class/Strategy Matrix _____

__________________

Child’s Strengths:
Considerations:
Areas of Growth/Needs (social/emotional needs, family support, classroom support, transition):

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</tbody>
</table>

Recommended strategies to support social/emotional goals:

Next Steps (Who/When):
Embedded Learning and Date Tracking: ChildPlus/TSG  Other: ______________________________

Parent/Guardian would like plan shared with the following:  Name(s) ________________________________  None at this time: ___
Involved in plan. Meeting dates involved.
Name: ____________________________  Title: ____________________________  Specific Date: ____________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

(C: 08/14; R: 08/18)
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: ___________________________

___________________________ ___________________________ ___________________________
___________________________ ___________________________ ___________________________
___________________________ ___________________________ ___________________________
___________________________ ___________________________ ___________________________
___________________________ ___________________________ ___________________________
___________________________ ___________________________ ___________________________

(C: 07/99; R: 08/18)
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</td>
<td>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 Example: Completed counseling in 1/2014</td>
</tr>
</tbody>
</table>

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


(C: 07/15)
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:  


(C: 11/10; R: 07/15)
Lower Columbia College Early Head Start
Infant Mental Health Philosophy

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

Pg. 2

(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