# CSI HEAD START PROGRAM

## SECTION K: MENTAL HEALTH

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The following will be incorporated into the overall monitoring systems.

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<td>1302.91 (e)(8)(ii)</td>
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CSI HEAD START PROGRAM

The CSI Head Start/Early Head Start Program uses the following plan to assure that all educational requirements of the Head Start Performance Standards are met for all children and families. The Education Specialist; Center Coordinators/Lead Teachers; and teaching staff will work in coordination with other service area staff, school principals, other district staff, parents, and Community Partners to provide a holistic and complete array of services for Head Start/Early Head Start children.

### Mental Health Service Plan

<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
<th>Responsibility</th>
<th>Documentation</th>
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<tbody>
<tr>
<td>1. To support a program-wide culture that promotes children’s mental health, social and emotional well-being, and overall health, a program must: Obtain parental consent for mental health consultation services at enrollment</td>
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<tr>
<td>Ongoing</td>
<td>Family Advocates Teaching Teams Mental Health Consultant</td>
<td>□ Child health history □ Family contact notes; □ Home visits; □ Parental Authorizations</td>
<td></td>
</tr>
<tr>
<td>2. To support a program-wide culture that promotes children’s mental health, social and emotional well-being, and overall health, a program must: Provide supports for effective classroom management and positive learning environments; supportive teacher practices; and, strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns;</td>
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<tr>
<td>Ongoing</td>
<td>Teaching teams Mental Health Consultant/Counselor</td>
<td>□ Family contact notes; □ home visit notes; □ referrals; □ requests for services; □ MHP progress notes; □ parent training plan; □ special initiatives (crisis responses, management, developmental milestones)</td>
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<td>3. In helping both parents and staff to understand mental health and access mental health interventions, if needed</td>
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<td>August-July</td>
<td>Teaching teams Education Specialist Mental Health Specialist Mental Health Consultant</td>
<td>□ Family contact notes; □ mental health care plans; □ training agendas; □ community resources and referrals</td>
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<tr>
<td>Activity</td>
<td>Timeframe</td>
<td>Responsibility</td>
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<tr>
<td>4. Secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant is available to partner with staff and families in a timely and effective manner 1302.45 (a)(2)</td>
<td>Ongoing</td>
<td>Mental Health Specialist Mental Health Consultant Counselor</td>
<td>☐ Mental Health contracts and written agreements; ☐ intervention plans; ☐ family contact notes; ☐ policies and procedures; ☐ classroom observations and reports</td>
</tr>
<tr>
<td>5. Mental health consultants. A program must ensure mental health consultants assist: (1) The program to implement strategies to identify and support children with mental health and social and emotional concerns; (5) In helping both parents and staff to understand mental health and access mental health interventions, if needed 1302.45 (1)(5)</td>
<td>Ongoing</td>
<td>Education Specialist Mental Health Specialist Mental Health Consultant Teaching Teams</td>
<td>☐ Mental Health contracts; ☐ Training schedules; agendas; sign-in sheets; ☐ mental health intervention plans and referrals; ☐ family contact notes; ☐ MHP progress notes; ☐ Community resource and informational brochures; ☐ IEP’s</td>
</tr>
<tr>
<td>6. Build community partnerships to facilitate access to additional mental health resources and services, as needed.) 1302.45 (a)(4)</td>
<td>Ongoing</td>
<td>Education Specialist Mental Health Specialist Mental Health Consultant Teaching Teams</td>
<td>☐ Workshop agendas/sign in sheets; ☐ Community resource directory; ☐ family contact notes; ☐ mental health contracts</td>
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Revised 06/01/2017

Mental Health K-ii
<table>
<thead>
<tr>
<th>Activity</th>
<th>Timeframe</th>
<th>Responsibility</th>
<th>Documentation</th>
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</thead>
</table>
| 7.       | Ongoing   | Mental Health Specialist, Mental Health Consultant, Education Specialist, Asst. Director |  - Mental Health notes  
         |           |                |  - Observation notes  
         |           |                |  - Behavior plan  
         |           |                |  - Referral to outside resources  |
CSI HEAD START PROGRAM

Subject: Children's Mental Health Overview
Program: Head Start
Approved: Executive Director, Policy Council
          Executive Board

Section: Mental Health

POLICY:
Mental health is an important part of the overall health and well-being, growth and development of young children. Promotion of mental health is incorporated into all components of the Head Start program and is integrated through daily activities.

PROCEDURE:
Examples of integrated activities that promote children's mental health are as follows:

1. The program Conscious Discipline helps to ensure a caring school family atmosphere at the Head Start/Early Head Start centers. Self-confidence, independence, and self-esteem is promoted by encouraging children to try new activities, praising both attempts and successes, and maintaining a classroom environment that provides love, security, consistency, and motivation for children.

2. Mental health is incorporated into the curriculum through the Second Steps Curriculum.
   a. Mental health activities are integrated in the classroom curriculum on a weekly basis and are documented on lesson plans.

3. Parents are encouraged and supported in helping their children through appropriate take-home activities, and by teaching parents how to encourage their children. The Disabilities/Mental Health Specialist, Education Specialist, and Mental Health Consultant and Counselor work closely in providing both group workshops and individual assistance (teaching staff).

4. Parents are also provided information on child and family mental health issues. Parents are given printed information, Mental Health Tid-bit, throughout the year as appropriate.

5. Staff, Mental Health Consultants and parents share information, observations, and concerns related to children's mental health. Mental Health Consultant/Head Start staff provides direct services and/or appropriate referral for children and families when needed. Examples of services/referrals are as follows:
   a. The program secures the services of Mental Health professionals/consultants on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about mental health.
   b. CSI Head Start provides staff and parents with an understanding of child growth and development, an appreciation of individual differences, and the need for a supportive environment. As responsible adults gain a more thorough understanding and realistic expectations of a child, they are better equipped to nurture the child and build the child's confidence and independence through positive reinforcement, successes, and achievements.

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Mental Health K-1
CSI HEAD START PROGRAM

Children's Mental Health
Overview Page 2

c. Through screening and daily observation, early identification and early intervention is possible for problems that interfere with a child's development. If a child is displaying atypical behavior, the mental health professional/consultant/counselor will request permission if not given at enrollment from the parent/legal guardian to conduct a mental health assessment performed by a licensed clinical social worker.

d. Through collaboration, enrolled children and families receive needed services to prevent, alleviate or manage situations affecting children.

e. Abuse and neglect are of primary concern in both the physical and mental well-being of children. Parents and staff are provided training on children's identification of abuse/neglect through workshops, individual intervention and printed information. Suspected cases of abuse/neglect are addressed immediately as required by law.

f. The Head Start program provides a global program for the children as well as the parents, through the integration of all Head Start Components by providing comprehensive service delivery.

g. The Health Services Advisory Committee may be of assistance in locating community mental health resources.
POLICY:
It is the policy of Head Start to ensure Mental Health concerns are identified.

PROCEDURE:
1. Classroom Observers (Head Start Counselor, Mental Health Consultant; Specialists) will conduct classroom observations on all classrooms.
2. The Classroom Observer will consult with the Classroom Teacher regarding any child(ren) that he/she may have identified during the classroom observation to gather any information that may explain the child’s behavior.
3. After the discussion with the Classroom Teacher, the Classroom Observer may determine that the child(ren) may need further assessment to confirm behavioral and/or conduct issues.
4. The Classroom Teacher will complete the Pre-Referral Behavior Evaluation Checklist (EHS 302) and the In-House Referral form for any child(ren) who were identified during the Classroom Observation.
5. The Classroom Observer will attach the In-House Referral form and Pre-Referral Behavior Evaluation Checklist to the Classroom Observation so he/she can send it to the Coordinator, Counselor, Mental Health Consultant and Mental Health/Disabilities Specialist.
6. The Consultant, Counselor or Family Advocate will get permission to receive services (EHS 1005) completed on each child listed if the parent(s) did not give permission at enrollment.
OBSERVATION EXAMPLE
Classroom Observation Assessment

County Head Start

Observer:____________________

Teacher:__________________________

___________________________ is a three-year-old white male that is clean and dressed appropriately. His teacher asks that he be observed for a possible conduct disorder. He bites others and is constantly bothering others; disrupting the class. The teacher notes that he bites other students and leaves the work area and crawls around under the tables picking at other students. He will not stay in line with the other students. He runs off and does what he wants to do and refuses directives from the teacher.

I observed _________________ in the class for an hour. He constantly picked at others. He could not sit still and attentively. He lies over on other students aggravating them. He continuously made annoying noises requiring the teacher to stop what she was doing and redirect him.

_____________________ expressed anger when the teacher put a note on him to take home and he tore it off and tore it up. It was apparent that ______________ ’s socialism/interaction and behaviors were notably impaired with regard to that of individuals of comparable age and level of development.

Following a brief discussion with the teacher, it was determined that this student was in need of further assessment to confirm behavioral and conduct lessons.

Miss ______________________ appeared to be genuinely concerned for the students in her care. Her ability to manage this class empathetically and appropriately nurture the children was impressive.

Signature _______________
Observer
Child’s Name: ___________________________  Age: ____________________  Sex: _______
(Year/Months)

Center:  Classroom #:  Teacher: ________________

<table>
<thead>
<tr>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
<th>ITEM</th>
<th>COMMENTS</th>
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<td>Avoids interaction with other children and/or teachers.</td>
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<td>Fails to participate verbally or physically in group situations.</td>
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<td>Expresses concerns or worries about school or home.</td>
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<td>Physically hurts other children and/or teacher.</td>
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<td>Engages in self-destructive behavior (e.g. hits, scratches, or bites self).</td>
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<td>Engages in inappropriately sexually related behaviors.</td>
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<td>Does not obey teacher’s classroom rules.</td>
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<td>Refuses to share or allow other people to play.</td>
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<td>Is overly destructive with toys or other material.</td>
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<td>Indicates that he/she is not happy through physical expressed (e.g., temper, tantrums, etc.)</td>
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<td>Demands a lot of adult attention.</td>
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<td>Shows awareness of the feelings of others by saying such things as “She’s sad” or “You’re angry”.</td>
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<td>Expresses own feelings by saying such things as “I’m sad” or “I’m happy”.</td>
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<td>NEVER</td>
<td>SOMETIMES</td>
<td>OFTEN</td>
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<td>Engages in self-stimulating behavior (e.g., hair twisting, nail biting, etc.)</td>
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<td>Has a shorter temper span than most other children in the classroom.</td>
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<td>Is restless or overactive</td>
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<td>Clings to adults</td>
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<td>Rarely smiles, giggles or laughs</td>
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<td>Jumps from one task to another.</td>
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<td>Can do things for himself/herself?</td>
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<td>Shows affection for familiar adults</td>
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<td>Is patient</td>
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<td>Cooperates with others</td>
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<td>Uses offensive language</td>
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<td>Becomes upset or cries easily</td>
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<td>Tries new activities</td>
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<td>Trusts familiar adults</td>
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Teacher’s Signature: ____________________________ Date: ____________________________
CSI HEAD START PROGRAM

Subject: Staff/Parent Referral
Program: Head Start/ Early Head Start
Approved: Executive Director, Policy Council,
Executive Board

Section: Mental Health

POLICY:

A program must ensure mental health consultants assist in helping both parents and staff to understand mental health and access mental health interventions, if needed.

PROCEDURES:

1. Our Health program offers at least 3 EAP sessions per year to all Head Start program staff/parents.

2. Please complete Staff/Parent Referral form and submit it to the Head Start Mental Health Consultant or Head Start Counselor.

3. The Head Start Mental Health Consultant and/or Counselor will schedule a counseling session with the staff person or parent under strict confidentiality.

4. The Head Start Mental Health Consultant and/or Counselor will site only the number of EAP sessions provided each month on monthly report to document services completed.

NOTE: See next page regarding EAP
CSI HEAD START PROGRAM

EMPLOYEE ASSISTANCE PROGRAM (EAP)

As part of the contents with the Head Start Agencies, our mental health professional functions as an Employee Assistance Program for the Agency staff. From time to time, the Consultant may be called upon to provide counseling to staff members and/or their families. This may be either informal or formal. If in the context of an informal session, the Consultant determines that the staff member is in need of additional counseling, the counselor may refer the staff member to another provider or continue to see the staff member as the Consultant determines appropriate.

Clinical notes for these sessions are confidential between client and Consultant or Counselor, and notes will not be shared/released without expressed written consent of the client.

The Consultant or Counselor should at all times be aware of conflict of interest issues; if in doubt, seek supervision from the Program Director.
CSI HEAD START PROGRAM

STAFF/PARENT REFERRAL TO MENTAL HEALTH CONSULTANT/COUNSELOR

Name: __________________________________________

Address: ______________________________________________________________________________

City:________________________ State: __________________________ Zip:_____________________

Telephone:________________________ Work:______________________________

Center: ________________________________________________________________________________

Age: _________

Number of Children: _________________________________________________________________

Marital Status: _______________________________________________________________________

Briefly state your reason for needing counseling: ____________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

What day or days will be convenient for you to talk with the mental health consultants? ________

____________________________________________________________________________________

All information will be kept strictly Confidential.

Please send information to: Head Start Mental Health Consultant
Concerted Services, Inc.
P.O. Box 1965
Waycross, GA 31502

Revised 06/01/2017
EHS 1003

Mental Health K-9
CSI HEAD START PROGRAM

Subject: Permission to Receive Services
Program: Head Start
Approved: Executive Director, Policy Council,
            Executive Board

Section: Mental Health

POLICY:

To support a program-wide culture that promotes children’s mental health, social and emotional well-being, and overall health, a program must provide supports for effective classroom management and positive learning environments; supportive teacher practices; and, strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns.

PROCEDURES:

1. On all children who are referred to receive mental health services, the Mental Health Consultant, Counselor and Head Start/Early Head Start staff will have the parent/legal guardian ONLY sign the Permission to Receive Services form (EHS 1005) if permission was not given at enrollment. If the child is a Medicaid or Peach Care recipient, the Mental Health Consultant or Counselor will complete the bottom portion of the form and attach a copy of the Medicaid/Peach Care card for outside referrals.

Revised 06/01/2017

Mental Health
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Permission to Receive Services

My child, __________________________ has my permission to be seen for a mental health assessment performed by a Licensed Counselor OR Mental Health Consultant at my child’s Head Start/EHS Center. I understand that the results of the assessment will be discussed fully with me at the conclusion. I also agree to have my child participate in ongoing counseling services if the Counselor believes it may be in my child’s best interest to do so. I understand that all information obtained in the assessment will remain strictly confidential with the exception that notes will be provided to the Head Start Mental Health Specialist as required by law. I understand that the Consultant or Counselor may consult with the Head Start teacher about behavioral interventions with my child. I understand this authorization will stay in effect for one year after the date I sign below. I also understand that I may rescind this authorization, in writing at any time.

I, the undersigned, am either the parent or legal guardian of the above named child.

Parent or Guardian’s Name ONLY (Please Print): _______________________________

Signature _______________________________ Date: ____________________________

Home Phone Number: ____________________________________________________

Child’s Name: ___________________________________________________________

Child’s Home Address: __________________________________________________

SSN: __________________________ Date of Birth: _____________________________
CSI HEAD START PROGRAM

Subject: Child Assessment
Program: Head Start
Approved: Executive Director, Policy Council, Executive Board
Section: Mental Health

POLICY:

It is Head Start’s policy to ensure that the children’s overall health and well-being are at their best by promoting mental health into all components of the Head Start program and by securing mental health professionals that will complete assessments on children that have been referred and parental consent obtained if permission was not given at enrollment.

PROCEDURES:

1. After the Consultant/Counselor obtains the Permission to Receive Services form, the Consultant/Counselor will conduct Child Assessments on all children that have been referred to receive services from the Mental Health Consultant and/or Counselor.

2. The Center Coordinator/Lead Teacher will send the "Notification of Meeting" Letter (EHS 1009) to the parent/guardian to inform them when their appointment has been set up to meet with the Mental Health Consultant and/or Counselor. This letter can be used for the first initial assessment or for the follow-up assessment.

3. A copy of the Child Assessment will be given to the Head Start Mental Health Consultant and Counselor.

4. The Mental Health Consultant and/or Counselor will review the Child Assessment.

5. The Mental Health Consultant and/or Counselor will discuss any questions and/or concerns with the Mental Health Specialist and staff referring the child.

6. The Mental Health Consultant and/or Counselor will file Child Assessments along with any other pertinent documentation concerning the child’s impairment at his/her office in a locked file cabinet.
CSI HEAD START PROGRAM

Example
Child Assessment

Child’s Name: __________________________________Date: ________________________

Child’s Date of Birth: ____________________________ Current Age: 5 years and 1 month

Center: ____________________________________________ County Head Start

I. FAMILY INFORMATION:

____________ is a five-year-old African American female who currently lives with her maternal grandmother, ____________, who also provided the information for this assessment. ____________’s parents, her mother ______________, was and 18 year old African American female who is deceased. _______________ was killed in an altercation with her estranged husband in ___________. The child’s father ______________, is a 24 year old African American male and has a mental disorder and has not been involved in the child’s life. The stepfather, ________________, a 27-year-old African American male, is currently incarcerated secondary to the conviction of murder in the death of the child’s mother. _____________ is an only child. Another significant individual in the child’s life is ______________, a 23-year-old African American female, who is the child’s aunt. The children stay with _______________ at night and some weekends while the grandmother works. The grandmother is now the legal guardian of the child. _______________ is in her late thirties. _______________ states that the child has a good relationship with her and with _______________.

II. DEVELOPMENTAL FACTORS:

The grandmother denies that the biological mother used any substances during her pregnancy. She states that as far as she knew the pregnancy was planned, but the father left immediately after hearing that the mother was pregnant. She states that the mother did not have any medical conditions or problems during the pregnancy. She states that the child was born several weeks early at approximately 36 weeks. The child weighed six pounds and three ounces. There was a normal delivery with no complications and the mother and the child remained in the hospital for approximately three days after delivery.
CSI HEAD START PROGRAM

EXAMPLE- Child Assessment
Page two

The child sat alone at approximately six months at which time she also started to crawl, walked at seven months, was talking in simple sentences at two and one half years. The grandmother states that she was toilet trained at two years; but there has been some bed-wetting for approximately for three or four weeks after the death of the child’s mother. The most traumatic event in the child’s life was the death of her mother. The mother was brutally murdered in front of her child out in the front yard of the mother’s home. According to the grandmother, the child did witness this event and the child has had significant nightmares. The teacher states that the child has nightmares even at school sometimes at nap time. She would wake up and state that she had a dream of her mother. The child’s overall health has been good. The grandmother states that she has not had any surgeries or hospitalization since birth. The grandmother states she had some allergies, but those seem to have cleared up. The grandmother states that the child’s only visits to the emergency department have been for infrequent nosebleeds.

III. PREVIOUS PSYCHATRIC HISTORY:
The grandmother states that the child had been seen by a counselor at _______ but the counselor was only seeing the child approximately one time per month, and the grandmother stated that she wanted the child to be seen at the Head Start center, since it would be easier for her. She would not have to take off from work to carry the child to counseling sessions. The Consultant talked with the grandmother concerning this and stated that this would have to be approved by the child’s primary physician. The grandmother did call the primary physician and explained the situation. She did receive a verbal order for this to happen.

IV. UNMET FAMILY MENTAL HEALTH NEEDS:
The grandmother stated that the child’s mother had attempted suicide in ____. She overdosed when she was 13 or 14 years old and this occurred after a neighbor had molested the mother. The Consultant does believe that the grandmother could benefit from some counseling to assist her dealing with the death of her daughter and also to assist her in dealing with the raising of a five-year-old child.
CSI HEAD START PROGRAM

EXAMPLE- Child Assessment
Page three

V. CURRENT FUNCTIONING: (Mental Status)

The child was seen immediately after the session with the grandmother. The child’s mental status is that she is oriented in all spheres. The child has above average intelligence. Her appearance was clean, neat and she was appropriately dressed for her age and for the climate. She has a very good cooperative attitude. Her behaviors are good even though she is somewhat hyper at times. Her speech is good. She has an above average vocabulary. There does not seem to be any perceptual distortions. The child does state that at times she has dreams about her mother and has conversations with her mother. This seems to be normal based on the child’s witnessing the mother’s death. She does not seem to have any problems in the areas of through processes or content. During this session her mood was upbeat. Her affect was appropriate for the situation and she seems to have good impulse control.

During the session, the child seemed to avoid talking about her mother. The Consultant was very cautious and gently tried to probe the child to find out the extent of her anxiety over her mother’s death. When the Consultant did start talking about the mother, the child would become anxious and would attempt to change the conversation. The Consultant will go slowly and probing and allowing the child to start developing a good trusting relationship before he will attempt to do this probing again. The teachers state that at times the child does wake up during naps and has nightmares. The grandmother confirmed that this does happen at home. Based on the child’s experiences and behaviors at this point, the Consultant believes that the best diagnosis for the child at this point is Adjustment Disorder with Depressed Mood and Grief.

VI. FAMILY SPIRITUAL/ CULTURAL/ RELIGIOUS BELIEFS:

The grandmother states that she does consider herself a spiritual person. She attends a _____________ Baptist church at least three times per month. The grandmother states that she and the child’s parents were raised in rural South Georgia and they are a part of that culture. The grandmother states that the mother of the child was the second of three children raised by her.

VII. ASSESSMENTS OF STRENGTHS AND WEAKNESSES:

The child is very articulate and has an above average vocabulary and seemingly above average intelligence. The child’s weaknesses include at times she does act out in class and has been involved in some altercations but these are minor.
CSI HEAD START PROGRAM

EXAMPLE- Child Assessment
Page Four

The family strengths are that the grandmother and aunt are very attentive to the child’s needs and have established a very loving environment for the child to grow up in. the family weaknesses are, of course, that both biological parents are absent and the child, up to this point in her life, has been raised in a somewhat violent environment.

VIII. DSM IV DIAGNOSIS:

Axis I: 309.00 Adjustment Disorder with Depressed Mood and Grief
Axis II: None
Axis III: None
Axis IV: Absent biological parents. The mother of the child was murdered in front of the child. The biological father has a mental disorder and the stepfather, who had been the father figure for the child for approximately one year before the death of the child’s mother, is now incarcerated for the murder of the mother.
Axis V: Current GAF=55

IX. RECOMMENDATIONS

1. Individual counseling with the child one time every two weeks to assist the child in dealing with the violent death of her mother. This will include grief counseling.
2. Parenting sessions with the grandmother to assist her in developing the strategies needed to deal with this child and also to assist in dealing with the mother’s death.
3. Frequent consultation with the Head Start center staff to assist them in developing the strategies and understanding the child’s behaviors as it relates to the violent death of the mother.

Signature: ________________________________ Date: ___________________________
CSI HEAD START PROGRAM

Subject: Procedure for Child Therapist Schedule form
Program: Head Start
Approved: Executive Director, Policy Council, Section: Mental Health

POLICY:

To support a program-wide culture that promotes children’s mental health, social and emotional well-being, and overall health, a program must secure mental health consultation services on a schedule of sufficient and consistent frequency to ensure a mental health consultant and/or Counselor is available to partner with staff and families in a timely and effective manner;

PROCEDURES:

1. Each child therapist will visit the Center Coordinator’s office before beginning therapy visits. The therapist will sign-in and receive a visitor’s pass.
2. After therapy visits, the therapist will complete a Schedule Form.
3. The Schedule Form will list the date of the next visit by the therapist and any children and/or parent/guardian the therapist expects to see on the date of the next visit.
4. A copy of the Schedule Form will be left with the Center Coordinator/Lead Teacher who will distribute copies to the Family Advocate, Education Specialist, and Mental Health Specialist.
CSI HEAD START PROGRAM

Therapist Schedule Form

Schedule For: ___________________________  Center: ________________________________

Date _______________________________

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Need to See Parent</th>
<th>Comments</th>
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CSI HEAD START PROGRAM

Subject: Procedures for Head Start Clinical Note
Program: Head Start
Approved: Executive Director, Policy Council,

Section: Mental Health

Policy: To support a program-wide culture that promotes children’s mental health, social and emotional well-being, and overall health, a program must provide supports for effective classroom management and positive learning environments; supportive teacher practices; and, strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns.

Procedure:

1. The Mental Health Consultant will complete a Head Start Clinical Note on each child after each counseling session.

2. The Head Start Clinical Note will provide the Teacher with classroom intervention and instructions for the parents.

3. A meeting will be scheduled with the parents to share the instructions for home.

4. The Mental Health Consultant and/or Counselor and the Teacher will collectively consult about the child’s progress and any other concerns about the child’s impairment with the Center Coordinator/Lead Teacher who distributes the Clinical Note to teaching staff, transportation staff, and Family Advocate.

5. The Center Coordinator/Lead Teacher will initial the Clinical Note to document knowledge of the strategies used in the classroom for each child.

6. The Center Coordinator/Lead teacher will provide a copy of documentation of each child’s progress monthly to the Education Specialist and Mental Health/Disabilities Specialist.

7. At any point, if the Mental Health Consultant and/or Counselor feels a child needs to be referred for additional services, he/she will do so within the community.

Revised 06/01/2017
CSI HEAD START PROGRAM

HEAD START CLINICAL NOTE

Child’s Name: __________________________ Date: _________________

Center: ________________________________

Teacher: ________________________________

Clinical Note:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

**Center Coordinator/Lead Teacher Initial

I have discussed/reviewed/documentated strategies with classroom staff as required. _____

Classroom Interventions:

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
CSI HEAD START PROGRAM

HEAD START CLINICAL NOTES
Page 2

Parent Instructions: ____________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Other: _______________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Revised 06/01/2017 Mental Health
EHS 1007 K-21
POLICY:

The Disabilities/Mental Health Specialist, Head Start Counselor and/or Mental Health Consultant will secure on-going training for Head Start staff and parents.

PROCEDURE:

1. At the beginning of the school year, the Disabilities/Mental Health Specialist with the Mental Health Consultant and/or Counselor will coordinate training in the levels of intervention.
   
   a. Prevention: The promotion of positive mental health practices for children, families and staff.
   
   b. Identification and referral of children, families or staff that may be in need of help.
   
   c. Treatment: When a need is diagnosed by a professional, Head Start assists children, families and staff to get help they need.

2. The Disabilities/Mental Health Specialist will facilitate additional training and assistance to staff and parents throughout the program year.
CSI HEAD START PROGRAM

Subject: Refusal of Authorization for Health Services
Program: Head Start
Approved: Executive Director, Policy Council, Executive Board
Section: Mental Health

POLICY:

Staff obtain parental consent for mental health consultation services at enrollment. The parent can change his or her refusal at enrollment and sign a permission for services at a later time. When a child is referred by staff and the families refuse services from the Mental Health Consultant or Counselor, the families’ refusal for services will be documented.

PROCEDURES:

1. If parents raise concerns about recommended procedures, the Health Specialist, Mental Health Specialist, Family Advocate or other appropriate Specialist will speak with them about why they refuse treatment and to describe the benefits and reasons for the recommended procedures.

2. If parents express discomfort working with a provider or have concerns regarding services, the Family Service Worker, Mental Health Specialist, or appropriate Specialist assumes the role of “Liaison” between parents and the provider.

3. If all attempts have been made to get the parent to give authorization, refusal must be documented on the Refusal of Authorizations for Health Services, EHS 221.
CSI HEAD START PROGRAM

Subject: Mental Health Services at Enrollment
Program: Head Start
Approved: Executive Director, Policy Council,
Executive Board

Section: Mental Health

POLICY:

The teaching staff and/or other staff completing the Parental Authorization and Agreements (FCP 621, G-29) will get parents to initial the form allowing Mental Health observation and services with the child attending Early Head Start or Head Start centers.

PROCEDURE:

1. At home visits, the teaching staff will have parents read and initial the Parental Authorization and Agreements (FCP 621, G-29). If a parent refuses to initial the mental health permission statement, the teacher will document by highlighting that initial box.

2. The teacher will take the completed authorization form to Center Coordinator/Lead Teacher. The Center Coordinator/Lead Teacher will make a copy. The teacher will keep the original while a copy is sent to the Mental Health Counselor and the Family Advocates.

3. The family advocate will upload the Parental Authorization and Agreements (FCP 621, G-29) to the child’s mental health tab in Childplus as an attachment so they can see if any of the families have refused services or observations on their child.

Revised 06/01/2017

Mental Health

K-24
CSI HEAD START PROGRAM

Subject: Monitoring Classroom Behavior Program
Program: Head Start
Approved: Executive Director, Policy Council, Executive Board
Section: Mental Health

POLICY: The Mental Health Consultant, Head Start Counselor, QAMs, Center Coordinators/Lead Teachers and Mental Health Specialist will use the Conscious Discipline Checklist during the school year to monitor if the classrooms was following instructions and strategies given to help create a positive classroom atmosphere.

PROCEDURES:

1. At the beginning of the observation of the classrooms by Mental Health Consultant and Head Start Counselor and Lead Teacher/Center Coordinator, they will monitor and fill out the Conscious Discipline checklist for use of positive interactions in the environment.

2. Once the checklist is filled out, the staff member (listed in step 1) completing the form will send it to the Mental Health/Disabilities Specialist.

3. An overall review will be analyzed and classrooms showing no evidence of following Conscious Discipline strategies will be given additional role modeling and training as needed.
# Conscious Discipline Teacher Checklist

**Name of Site:** _________________________  
**Observer:** _______________________________

<table>
<thead>
<tr>
<th>Teaching Staff: ___________________________</th>
<th>Room Number: ___________________________</th>
<th>Date: _____</th>
<th>Date: _____</th>
<th>Date: _____</th>
<th>Date: _____</th>
<th>Date: _____</th>
<th>Comments</th>
</tr>
</thead>
</table>

**Make a check mark ✓ on all that apply.**

- Teacher used proper eye contact.
- Teacher was present and in close proximity with the child (listening)
- Teacher is playful with child.
- A calming touch was observed between teacher and child
- The teachers were observed using breathing techniques: STAR, drain, balloon and pretzel.
- A Safe Place was present and identified in the classroom
- The teachers involve children in the greeting ritual:
  - No greeting ritual was observed
  - With at least two choices for greeting children
  - With at least three or more choices for greeting children
| Teaching Staff: _______________________________ | Date: _____ | Date: _____ | Date: _____ | Date: _____ | Date: _____ |
| Room Number: ________________________________ | Time: _____ | Time: _____ | Time: _____ | Time: _____ | Time: _____ | Comments |

Did the teachers involve children in I love you rituals:
- No I love you ritual was observed.
- Once ritual observed during time frame
- Two times or more ritual during time frame

How often did the teachers use feeling cards:
- Did not see them used
- At least once during time frame
- More than one time during time frame

ADDITONAL COMMENTS: ___________________________________________________________________________________________________