



Mental Health Screening

Regulation Reference:

(1999) 45 CFR 1304.20(d); 1304.20(b)(3)

Policy:

Each child receives an appropriate screening to identify concerns regarding their behavioral and emotional skills. Two forms constitute the Mental Health screening. The Provider Observation of Health and Behavior form serves as a basis for identifying problems such as health or behavior that may have become evident after completion of the initial medical evaluation. For Head Start-Early Head Start, the DAYC-2 Social-Emotional Domain Checklist is completed within 45 days of child's enrollment. The Mental Health Staff coordinates and implements mental health services.

Procedure:

1. The Provider completes the Observation of Health and Behavior Form and the DAYC.2 Social Emotional Domain Checklist on each child within 45 days of enrollment. The Program Calendar or the Provider Timeline, depending on when the child enters the EHS-HS FCC program, assists the Provider in adhering to this deadline.
2. The DAYC-2 Social Emotional Domain Checklist is completed by Head Start and Early Head Start parents during summer health screening. Parents of children who did not complete this checklist should do so within 45 days of enrollment.
3. The Provider submits the completed forms to the Mental Health Staff for review. The DS Staff tracks receipt of these forms manually and through ChildPlus reports.
4. The Mental Health Staff reviews both forms, signs, and dates where appropriate.
5. Based on these reviews, the Mental Health Staff determines which child (children) requires further observation.
6. EHS-HS FCC Staff observes the child and consults with the Providers and/or parents. These observations are recorded on the back of the Provider's completed form (Observation of Health and Behavior Form), signed and dated. These forms are submitted to the Mental Health Staff.
7. Based on these observations and consultations, children requiring further observation are referred to the Mental Health Consultant by the Mental Health Coordinator.
8. Prior to referral, the Mental Health Staff contacts the parent to sign the Request for Parental Permission to Observe form.

9. The Mental Health Staff speaks with the Provider and/or parent and observes the referred child.
10. Based on these observations, the Mental Health Consultant makes recommendations about further evaluations and/or training, counseling, etc. The Mental Health Consultant submits these recommendations to the Mental Health Staff.
11. The Mental Health Staff assures that proper follow-up and services are conducted.
12. All documentation of services and observations are placed in the appropriate section in each child's file. The Mental Health Staff or Data Entry staff enters the information into the ChildPlus software.



JCCDC EHS-HS FCC

Observation of Health and Behavior Forms

Child's Name: _____ S: M F Birthdate: _____

Observations	Describe what you have seen
1. General condition (Eating habits, nutrition, hygiene, skin condition, posture, emotional status, toileting):	
2. General Behavior (alert, responsive, attentive, restless, fearful, shy, aggressive, cooperative, obedient, activity level):	
3. Behavior at Play (Socially active, solitary, interested, coordinating/gross & fine, excitable, tires easily, withdrawn):	
4. Performance (memory, achievement, interest, reasoning, pride in performance, attitude, ability to concentrate/distractibility)	
5. Perceptual Status (vision, hearing, speech, understanding, eye/hand coordination):	
6. Other Factors Noted (for example, recurring disease, frequent absences, separation behavior):	
7. What is your opinion of this child? _____ appears normal for age _____ specific problems as noted	
Provider's Signature: _____ Date: _____	
8. Provider's Comments:	
9. Initial review signature Disabilities Services Staff: _____ Date: _____	
Observation Date: _____ Signature: _____ (Write additional comments on back)	



Referral for Counseling Services

Regulation Reference:

(1999) 45 CFR 1304.20(a)(1) 1304.20 (e)(1)(2)

Policy:

EHS-HS FCC provides education and other appropriate interventions including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place families at risk. These services are free to families. The Disabilities Services and F&CP Coordinators work together to ensure these services are available to families in need.

Procedure:

1. Referrals for families in need of counseling are received in the following ways:
 - Providers call F&CP staff or Mental Health Coordinator with a concern about a child/family, and complete the In-House Referral form.
 - A member of the family or adult requiring services contacts EHS-HS FCC staff.
 - EHS-HS FCC staff member identifies the need for services.
2. Depending on the need and age of the family member, services may be provided through this agency or provided by referring the child/family member to another agency. Head Start funds must be the funds of last resort. Prior to utilizing any fund set aside for mental health services the Mental Health Staff attempts to find resources free of charge in the community. This also assists families with their continuity of care.
3. If the concern is for a EHS-HS FCC program child, the Mental Health Staff works with appropriate staff and child/family members in conjunction with the Mental Health Consultant to provide suitable services. F&CP staff assists as required with this process.
4. If adult members of the family are in crisis situation, the Mental Health Staff contacts the Mental Health Consultant. Before contacting the Consultant, the Mental Health Staff discusses the need with the Executive Director. The Consultant assists the staff in either providing counseling or suggesting appropriate available services. Often the needs of the adult not in crisis can be met through referrals without contacting the Mental Health Consultant.
5. All component staff meets as necessary to discuss the mental health needs of the family requiring services. Through these collaborations and discussion, a plan of action is developed and documented on a transaction form. (See F&CP).
6. A listing of mental health providers is available from the United Way Resource Directory; these listings are included in the annually updated EHS-HS FCC Program Parent Handbook and Community Resource Directory. Each enrolled child's family receives this directory and instructions on its use.



On-Site Mental Health Observations

Regulation Reference:

(1999) 1304.24(a)(3)(i-iii)

Policy:

The Mental Health Staff conducts two on-site Mental Health Observations in collaboration with the Mental Health Consultant. These observations occur during the fall and spring of the program year. Observations are documented and used to design and implement mental health program practices responsive to the identified mental health concerns of individual children or groups of children. The Disabilities/Mental Health Staff meets as needed with the Mental Health Staff to discuss any concerns he/she may have as a result of observations or referrals.

Procedure:

1. The Executive Director, Mental Health Staff, and Mental Health Consultant meet to schedule on-site mental health observations.
2. The Mental Health Staff notifies the Provider by memorandum prior to the on-site observation.
3. The Mental Health Coordinator uses the Building a Prevention Strategy-Best Practices Inventory as the observation instrument.
4. After the Mental Health Staff completes the observations, he/she meets individually with each Provider to discuss findings and make suggestions for enhancing the EHS/HS FCC environment to be responsive to the mental health needs of children.
5. The Mental Health Staff also reports findings to the Executive Director. The Executive Director may call an inter-component meeting to brainstorm and to develop strategies to assist specific Providers with identified concerns. The Mental Health Consultant may be called to assist with this planning.
6. Completed Best Practices Inventories are filed in the Mental Health Coordinator office.



JCCDC EHS-HS FCC
Request for Parental Permission to Observe

Date: _____

Re: _____

Dear Parent/Guardian:

The JCCDC Early Head Start Family Child Care Program would like to recommend your child for observation by a professional mental health consultant. The observation will include a review of your child's record and a discussion with your child's Provider.

The mental health services provider will be _____. They will schedule a time with your child's Provider to observe your child's Family Child Care. You will be contacted to arrange a meeting after the observation is completed to address your concerns and determine if further services are recommended. This service is being offered in an effort to address your child's emotional and behavioral needs and provide the parent/guardian and the provider with suggestions for working with the child at home and in the Family Child Care.

Please sign the bottom portion of this form and return it to your child's provider. If you wish to arrange a conference to discuss the observation of referral procedures, please call (205) 933-1095.

Sincerely,

Mental Health Staff

I agree to the observation and authorize the release of records and exchange of information between the JCCDC EHS-HS FCC Program and _____

Parent/Guardian Signature: _____

Date: _____ Phone #: _____