

**Migrant & Seasonal Head Start**

# **Mental Health Services Checklist**

**Supporting  
MSHS mental  
health programs**



**Migrant & Seasonal Head Start (MSHS)  
Technical Assistance Center  
TAC-12**

Academy for Educational Development  
1825 Connecticut Avenue, NW  
Washington, DC 20009  
Telephone 202.884.8475  
Fax 202.884.8732



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Contract with DHHS/ACF/OHS/Migrant and Seasonal  
Program Branch



## **AED's Migrant and Seasonal Head Start Technical Assistance Center (TAC-12)**

### **Mission Statement**

The Migrant and Seasonal Head Start Technical Assistance Center (TAC-12) is committed to supporting Migrant and Seasonal Head Start programs in their continuing effort to provide the highest quality early childhood services to farm worker families. TAC-12 fosters quality technical assistance by capitalizing on strengths and working collaboratively with programs.



## **AED's Center for Early Care and Education**

### **Mission Statement**

AED's Center for Early Care and Education strives to enhance the lives of all under represented, at-risk children and families through research, technical assistance support, knowledge and provision of innovative strategies within early childhood programs throughout the United States. We are committed to supporting special populations within Head Start and the larger child care community in their continual process to improve services to low-income children and families. We strive to help all children enter school ready to learn.

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## Introduction

### Mental Health

This is a checklist of suggested systems, policies and procedures for supporting Mental Health and wellness services within Migrant & Seasonal Head Start programs. This checklist was developed in accordance with the Head Start Program Performance Standards and represents a comprehensive best practice model.

### Philosophy Statement

In this checklist you will find indicators from a variety of domains. This is because mental health is multi dimensional and cuts across all aspects of the Head Start Program. It is important to understand that consultations and services provided by mental health professionals need to be effectively utilized, but are not the only avenue for promoting good mental health within Head Start. Opportunities to promote mental health in Head Start are contained in every casual conversation and in every event and activity within the program. Every aspect of the daily classroom routines, including meal times and free play times, are designed to promote mental health in children by promoting healthy success in these developmental domains, thus supporting children in acquiring good self-esteem and confidence in themselves and their abilities (self-confidence). Positive self-esteem and self-confidence then becomes an internal source of self- respect and strength and supports children in positively addressing life challenges and realizing their full potential. Thus, Head Start programs recognize that healthy adult-child relationships are a key foundation for social and emotional competence in young children. This can be accomplished through the implementation of a Mental Health program that is focused on families, children and staff.



**MENTAL HEALTH SERVICES CHECKLIST**  
**How to Use this Checklist**

**How to Use this Checklist**

This Mental Health Checklist was designed to assist programs in reviewing their mental health service area from a systematic, integrated approach to delivering comprehensive, seamless services to Migrant and Seasonal Head Start families and children. Throughout this checklist, you will find statements and/or questions that relate specifically to the Head Start Performance Standards, as well as best practices and/or strategies to enhance your mental health service area. Therefore, it is important to keep in mind that those items with a Head Start Program Performance Standard number\* are mandated requirements and the other items are suggested practices and/or strategies.

The Migrant and Seasonal Head Start Mental Health Checklist can be used in several different ways, i.e., in your program. For example:

1. The self-assessment team takes section by section, i.e. screening to monitor the implementation of mental services at the center level and/or use the checklist to monitor the central administration implementation of mental health services, i.e. training on child abuse and neglect.
2. The information gathered from the checklist could be used to develop policies and procedures around mental health services.
3. The checklist may assist programs in identifying gaps in services by utilizing the “follow up action steps” located at the end of each page.
4. The Mental Health Professional section could assist you in developing your Mental Health Professional “scope of services.”
5. The program could use the checklist to develop and/or improve their current mental health services plan.
6. Incorporate Appendix (A-B) as part of your annual program self-assessment.
7. Appendix (C) can be shared with families as a resource and other staff members to gather additional information on mental health awareness.

Your program might want to consider using this checklist on a quarterly basis. This will help your program to continuously enhance your current practices in the area of Mental Health.

\*This checklist is not inclusive of all the Head Start performance standards around Mental Health. Please refer to the actual Head Start Performance Standards for additional standards.



Screenings

Screenings		
Yes	No	
<input type="radio"/>	<input type="radio"/>	A. Formal screenings are conducted which address several developmental domains including: social, emotional, sensory, cognitive and behavioral. 1304.20(b)(1)
<input type="radio"/>	<input type="radio"/>	B. Files for children (0-5) indicate that screenings for developmental, sensory, and behavioral concerns are completed within 30 days of entry into the program?
<input type="radio"/>	<input type="radio"/>	C. All screenings include information from multiple sources that are sensitive to a child’s cultural background, language, and age (developmental level). 1304.20(b)(3)
<input type="radio"/>	<input type="radio"/>	D. All screenings include all aspects of each child’s development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child’s typical behavior. 1304.20 (b) (3), 1304.24(a)(1)(ii), 1304.51(c)(1-2), 1308.6(b)
<input type="radio"/>	<input type="radio"/>	E. Screenings and other on-going parent contacts provide opportunities to solicit information from parents regarding any observations or concerns about their child’s mental health. 1304.24(a)(1)(i)
<input type="radio"/>	<input type="radio"/>	F. Familiarize parents with the use of and rationale for all health and developmental procedures. 1304.20(e)(2)
<input type="radio"/>	<input type="radio"/>	G. Develop ongoing procedures to identify any new or recurring developmental concerns including emotional and behavioral patterns. 1304.20(d)
<input type="radio"/>	<input type="radio"/>	H. Consult with parents immediately when health or developmental problems are suspected. 1304.20(e)(1)

**Follow-up Action Steps:**

## The Mental Health Professional

The Mental Health Professional		
Yes	No	
<input type="radio"/>	<input type="radio"/>	A. There is a regular schedule of on-site Mental Health Consultation. 1304.24(a)(3)
<input type="radio"/>	<input type="radio"/>	B. Mental health services must be supported by staff or consultants who are licensed or certified mental health professionals with experience and expertise in serving young children and their families. 1304.52(d)(4)
<input type="radio"/>	<input type="radio"/>	C. Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children. 1304.24(a)(3)(i)
<input type="radio"/>	<input type="radio"/>	D. Promote children’s mental wellness by providing group and individual staff and parent education on mental health issues. 1304.24(a)(3)(ii)
<input type="radio"/>	<input type="radio"/>	E. Assist in providing special help for children with atypical behavior and development. 1304.24(a)(3)(iii)
<input type="radio"/>	<input type="radio"/>	F. Utilize other community mental health resources, as needed. 1304.24(a)(3)(iv)
<input type="radio"/>	<input type="radio"/>	G. Mental Health Professionals provide guidance on how to use screening results that indicate a need for further evaluation/assessment. 1304.20(b)(2)
<input type="radio"/>	<input type="radio"/>	H. The schedule of on-site Mental Health visits and consultations are of sufficient frequency to allow for timely and effective identification of and intervention in family and staff concerns about a child’s mental health. 1304.24(a)(2)

**Follow-up Action Steps:**

## The Mental Health Professional

The Mental Health Professional (continued)	
Yes	No
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

A. During the on site consultation, the Mental Health Consultant, in conjunction with parents and staff, can assist with:

- Designing and implementing program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children.
- Assist the program with accessing and utilizing other community resources as needed.
- Provides case consultation and support, as needed, to all program staff and parents e.g., offering in classroom coaching/mentoring, facilitating teacher support groups, routine staff meetings, group consultations and support for family services staff, management staff, education staff, parents, facilitating peer support meetings, etc.

**Follow-up Action Steps:**

## The Mental Health Professional

Suggested Ways To Use The Mental Health Professional		
Yes	No	
<input type="radio"/>	<input type="radio"/>	A. Share information with parents about developmental milestones, and any observations of interest or concern with regards to the child’s development.
<input type="radio"/>	<input type="radio"/>	B. Provide counseling and support services to parents, or referrals to appropriate outside agencies as needed.
<input type="radio"/>	<input type="radio"/>	C. Provide on-going support and consultation to classroom staff in order to address behavioral and/or other mental health related issues. Sharing resources and information for meeting children’s needs in the program and at home.
<input type="radio"/>	<input type="radio"/>	D. Provide guidance and assistance in the selection and implementation of social/emotional screenings.
<input type="radio"/>	<input type="radio"/>	E. Make referrals for comprehensive mental health assessments/evaluations.
<input type="radio"/>	<input type="radio"/>	F. Provide expertise and advice as part of case management meetings.
<input type="radio"/>	<input type="radio"/>	G. Support teachers in their observations and help teachers design, analyze and make use of their observations.
<input type="radio"/>	<input type="radio"/>	H. Provide consultation to teacher around the children’s behavior and development.
<input type="radio"/>	<input type="radio"/>	I. Provide program level consultation to managers, supervisors, and staff.

**Follow-up Action Steps:**

## The Mental Health Professional

### A Systems Approach To Using The Mental Health Professional

Yes	No	
<input type="radio"/>  <input type="radio"/>  <input type="radio"/>  <input type="radio"/>	<input type="radio"/>  <input type="radio"/>  <input type="radio"/>  <input type="radio"/>	<p>There is a system in place in order Mental Health consultant to provide feedback and engage in dialogue and information sharing with parents and staff on how to:</p> <p>A. provide support and information on children who display atypical behavior or engage in developmentally inappropriate/concerning activities and/or behavior.</p> <p>B. assist staff and parents in identifying situations of atypical behavior and/or recognizing developmental challenges that require treatment.</p> <p>C. help provide multi-faceted support to children and families, including making appropriate referrals for services, participating in home visits, observing classrooms and/or group socialization activities.</p> <p>D. support teachers in implementing classroom mental health strategies, including incorporating mental health activities into the curriculum, addressing children with challenging behaviors and problem solving classroom mental health issues.</p>

**Follow-up Action Steps:**

**Mental Health and Wellness**

<b>Mental Health and Wellness (Social and Emotional Development) For Infants and Toddlers</b>		
<b>Yes</b>	<b>No</b>	
<input type="radio"/>	<input type="radio"/>	A. The individualized program and early intervention services include completed and current Individualized Family Service Plans that contain goals promoting self-esteem and feeling of self-competence. 1304.20(f)(2)(i - iii), 1308.19, 1304.41(C)(2), 1304.41(c)(1)
<input type="radio"/>	<input type="radio"/>	B. The infant and toddler curriculum supports development by focusing on relationships, respect, and responsiveness of the child development services. 1304.21(b)(1)(i)
<input type="radio"/>	<input type="radio"/>	C. The infant and toddler curriculum is developed keeping in mind that the social and emotional development of infants and toddlers is based upon their relationship with their caregivers. Infant and toddler classrooms support each child’s emotional and social development by:
<input type="radio"/>	<input type="radio"/>	• Ensuring continuity of care with one consistent caregiver.
<input type="radio"/>	<input type="radio"/>	• Supporting family culture and home language.
<input type="radio"/>	<input type="radio"/>	• Ensuring that when a majority of the children speak the same language, at least one classroom staff member or family child care provider interacting regularly with the children speaks their native language. 1304.52(g)(2)
<input type="radio"/>	<input type="radio"/>	• Communicating frequently with the family about the child.

**Follow-up Action Steps:**

**Mental Health and Wellness**

**Mental Health and Wellness (Social and Emotional Development) For Infants and Toddlers**

(continued)

Yes	No	
<input type="radio"/>	<input type="radio"/>	A. Encouraging family involvement within the program to increase staff understanding of the home culture and routine. 1304.21(b)(1)(ii), 1304. 53(b)(1)(i-vii)
<input type="radio"/>	<input type="radio"/>	B. Adults support the social and emotional development of infants and toddlers by providing an environment that: <ul style="list-style-type: none"> <li data-bbox="401 626 1430 659">• Is safe, secure, and nurtures positive relationships with peers and adults.</li> <li data-bbox="401 716 1514 748">• Encourages the development of self awareness, autonomy, and self expression.</li> <li data-bbox="401 805 1902 870">• Responds to children’s behaviors associated with fears or needs (For example: children are fed when hungry, changed when wet, cuddled and consoled consistently, played with, interacted with, etc).</li> <li data-bbox="401 911 1969 976">• Supports the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express himself or herself freely.</li> <li data-bbox="401 1016 1944 1081">• Promotes the physical development of infants and toddlers, which enhances self-confidence, independence and autonomy.</li> </ul>

**Follow-up Action Steps:**

**Mental Health and Wellness**

Mental Health and Wellness (Social and Emotional Development) For Infants and Toddlers (continued)		
Yes	No	
<input type="radio"/>	<input type="radio"/>	A. Is staffed with adults who use gentle assistance, observation, interaction, talking, gesturing and nurturing. 1304.21(b)(2)(i-ii), 1304.21(b)(3)(i-ii)
<input type="radio"/>	<input type="radio"/>	B. Adults provide opportunities for children to experience feelings of security and attachment and success by:
<input type="radio"/>	<input type="radio"/>	• Encouraging curiosity and confidence in exploring the environment.
<input type="radio"/>	<input type="radio"/>	• Feeding infants when they are hungry and comfort them when they are distressed.
<input type="radio"/>	<input type="radio"/>	• Supporting and encouraging infants through the use of observations, interactions, gentle holding, talking and gesturing with them.
<input type="radio"/>	<input type="radio"/>	• Encouraging exploration and independence and control through the provision of a secure and physically safe environment.
<input type="radio"/>	<input type="radio"/>	• Nurturing the individuality of infants and toddlers by giving them choices and by providing opportunities for them to do things for themselves. 1304.21(b)(1)(ii)

**Follow-up Action Steps:**

## Infant and Toddler Feeding

Infant and Toddler Feeding		
Yes	No	
<input type="radio"/>	<input type="radio"/>	A. Infants and toddlers receive food appropriate to his/her nutritional needs, developmental readiness, and feeding skills. 1304.23(b)(1)(iv)
<input type="radio"/>	<input type="radio"/>	B. All meals and snacks periods are appropriately scheduled and adjusted where necessary to ensure that individual children’s needs are met. 1304.23(b)(1)(vii)
<input type="radio"/>	<input type="radio"/>	C. Effective systems are in place to ensure that to the greatest extent possible, infants and toddlers who need it are fed “on demand.” 1304.23(b)(1)(vi)
<input type="radio"/>	<input type="radio"/>	D. Concrete steps have been taken to establish on-going collaborative relationships with community organizations (including mental health organizations) in order to:
<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> <li>Promote access for children and families.</li> </ul>
<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> <li>Ensure Head Start and Early Head Start programs are responding to community needs. 1304.41(a)(2)(i-iii)</li> </ul>

**Follow-up Action Steps:**

**Mental Health and Wellness**

<b>Mental Health and Wellness (Social and Emotional Development) For Preschool Children</b>		
<b>Yes</b>	<b>No</b>	
<input type="radio"/>	<input type="radio"/>	A. The curriculum supports each child’s social and emotional development by: providing individualized activities and interactions that are designed to promote children’s social skills, communication skills, physical skills and to enhance feelings of self-esteem, self-confidence and self-efficacy. 1304.53(a)(3), 1304.21(c)(1)(i-vi)
<input type="radio"/>	<input type="radio"/>	B. The child development approach, philosophy, policies, forms and procedures for preschoolers supports the uniqueness of each child’s social and emotional development. 1304.53(a)(3), 1304.21(c)(1)(i-vi)
<input type="radio"/>	<input type="radio"/>	C. Mental health is incorporated into daily activities and curriculum by:
<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> <li>Assisting children in the development of mentally healthy habits and attitudes about mental health through a wide variety of experiences.</li> </ul>
<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> <li>Incorporating aspects of mental health on a daily basis through activities such as; talking about feelings, adult modeling of appropriate behaviors and problem solving, preparing children for health and dental examinations (reducing fears), encouraging role playing and reading books related to mental health, and health experiences, engaging children in conversations and dramatizations regarding concerns, fears, or issues identified by the children themselves.</li> </ul>

**Follow-up Action Steps:**

**Mental Health and Wellness**

**Mental Health and Wellness (Social and Emotional Development) For Preschool Children (continued)**

Yes	No	
		<p>The program creates a base from which children increase their confidence, initiative, and ability to develop positive social relationships by:</p> <ul style="list-style-type: none"> <li data-bbox="352 513 1136 545">A. Providing an environment of acceptance for each child.</li> <li data-bbox="352 602 1062 634">B. Showing respect for children’s feelings and ideas.</li> <li data-bbox="352 691 1203 724">C. Recognizing and nurturing children’s friendships with peers.</li> <li data-bbox="352 781 1436 813">D. Designing activities that support children’s interactive or social-dramatic play.</li> <li data-bbox="352 870 1843 902">E. Encouraging self control by setting clear, consistent limits and having clear expectations. 1304.21(a)(3)(i)(C)</li> <li data-bbox="352 959 1329 992">F. Modeling effective communication and conflict resolution techniques.</li> <li data-bbox="352 1049 1535 1081">G. Equipping the environment with multiple sets of materials, in order to reduce conflict.</li> <li data-bbox="352 1138 1560 1170">H. Encouraging children to resolve their own conflicts with adult support, when necessary.</li> <li data-bbox="352 1227 1793 1260">I. Helping individual children manage stressful situations and events. 1304.21(c)(1)(iv), 1304.21(a)(1)(iii)</li> </ul>

**Follow-up Action Steps:**

**MENTAL HEALTH SERVICES CHECKLIST**  
**Children with Disabilities**

<b>Children with Disabilities</b>		
<b>Yes</b>	<b>No</b>	
<input type="radio"/>	<input type="radio"/>	A. The program implements an individualized program and early intervention services for all children with disabilities and their families. 1304.20(f)(2)(i-iii), 1304.41(c)(1), 1308.19, 1304.41(c)(2).
<input type="radio"/>	<input type="radio"/>	B. In order to support the mental health and wellness of children with disabilities, children with special needs are included in all aspects of the Head Start/Migrant and Seasonal Head Start program, i.e., curricula, classroom routine, field trips, parent events, social gatherings, etc. 1304.21(a)(1)(ii), 1304.21(a)(5)(iii), 1304.20(f)(1), 1304.21(c)(2)
<input type="radio"/>	<input type="radio"/>	C. There is a system in place to assist children identified with a disability to work with the mental health professional and the content area expert in disabilities to: <ul style="list-style-type: none"> <li>• Support parents and staff in gaining access to community agencies.</li> <li>• Ensuring that the Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP) is properly implemented. 1308.19, 1308.21, 1308.19, 1308.21</li> </ul>
<input type="radio"/>	<input type="radio"/>	D. Referrals are made to the Local Education Agency for children who are not eligible for special education services but whom either the classroom teacher or parents have identified as having behavioral issues. (The child’s parent state their concerns and request for special education in writing or orally.)
<input type="radio"/>	<input type="radio"/>	E. There is a system in place to address a child with an identified disability whose behavior impedes his or her learning or that of others, considerations for intervention (when appropriate) include; strategies, including positive behavior interventions and supports to address that behavior.

**Follow-up Action Steps:**

**MENTAL HEALTH SERVICES CHECKLIST**  
**Environment and Curriculum**

Environment and Curriculum		
Yes	No	
		The work environment is positive and the conduct of all staff promotes the mental health of children and families by:
<input type="radio"/>	<input type="radio"/>	A. Respecting and promoting the unique identity of each child and family.
<input type="radio"/>	<input type="radio"/>	B. Refraining from stereotyping on the basis of gender, race, ethnicity, culture, religion, family composition or disability.
<input type="radio"/>	<input type="radio"/>	C. Providing constant supervision (children are never left alone). 1304.52(h)(1)(iii)
<input type="radio"/>	<input type="radio"/>	D. Using positive methods of child guidance.
<input type="radio"/>	<input type="radio"/>	E. Never engaging in corporal punishment, emotional or physical abuse, or humiliation.
<input type="radio"/>	<input type="radio"/>	F. Methods of discipline never involve isolation, the use of food as punishment or reward, or the denial of basic needs.

**Follow-up Action Steps:**

**MENTAL HEALTH SERVICES CHECKLIST**  
**Environment and Curriculum**

<b>Environment and Curriculum (continued)</b>		
<b>Yes</b>	<b>No</b>	
<input type="radio"/>	<input type="radio"/>	A. An accepting environment that supports and respects gender, culture, language, ethnicity and family composition. 1304.21(a)(1)(iii)
<input type="radio"/>	<input type="radio"/>	B. Classroom environment, policies and practices respect the developmental and emotional stages of toilet training. 1304.21(a)(1)(v)
<input type="radio"/>	<input type="radio"/>	C. Organization and use of materials and environmental design supports and reflects the community, the culture, language, and ethnicity of the child(ren) and families. 1304.21(a)(1)(iii)
<input type="radio"/>	<input type="radio"/>	D. Classroom environment, policies and practices demonstrate, through actions, a genuine respect for each child’s family, culture and life style. 1304.53(b)(1)(ii)
<input type="radio"/>	<input type="radio"/>	E. The program fosters and incorporates safety awareness and injury prevention for each child by:
<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> <li>Involving children in the development and enforcement of rules of safety in order to increase their safety awareness and to help them feel involved.</li> </ul>
<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> <li>Use of “teachable moments” to discuss safety... addressing situations in which the child may feel embarrassed, unsafe or uncomfortable. 1304.22(d)(1) &amp; (2)</li> </ul>

**Follow-up Action Steps:**

**MENTAL HEALTH SERVICES CHECKLIST**  
**Environment and Curriculum**

<b>Environment and Curriculum (continued)</b>		
<b>Yes</b>	<b>No</b>	
<input type="radio"/>	<input type="radio"/>	A. Effective systems are in place to assist parents in communicating with their physician regarding the effects of the medication on the child, (i.e. lethargy, moodiness, aggressiveness, or physical reactions such as rashes). 1304.22(C)(5), 1304.20(e)
<input type="radio"/>	<input type="radio"/>	B. Effective systems are in place to record changes in a child's behavior that have implications for drug dosage or type (i.e. lethargy, moodiness aggressiveness, or physical reactions such as rashes). 1304.22(C)(5), 1304.20(e)
<input type="radio"/>	<input type="radio"/>	C. Record keeping system provides accurate and timely information regarding children, families and ensures appropriate confidentiality. 1304.51(g)
<input type="radio"/>	<input type="radio"/>	D. The curriculum is adapted and individualized. Activities are tailored and the physical environment is modified based on screenings and observation results to support each child's learning style, individual characteristics, strengths and needs. 1304.21(a)(1)(ii), 1304.21(a)(5)(iii), 1304.20(f)(1), 1304.21(c)(2)
<input type="radio"/>	<input type="radio"/>	E. Parents are included as an integral part of the process of planning and implementing curriculum, sharing knowledge of children, and in reviewing the effectiveness of the curriculum. 1304.21(a)(2)(i), 1304.40(e)(1), 1304.51(a)(1)
<input type="radio"/>	<input type="radio"/>	F. Child development and education services provide opportunities for children to gain the social and emotional skills and competence necessary to be prepared for success and future life challenges. 1304.21(a)(1)(i)

**Follow-up Action Steps:**

MENTAL HEALTH SERVICES CHECKLIST  
**Environment and Curriculum**

Environment and Curriculum (continued)		
Yes	No	
<input type="radio"/>	<input type="radio"/>	A. Classroom environment and educational experiences support the social and emotional development of each child by:
<input type="radio"/>	<input type="radio"/>	• Assisting children to build trust in self and others.
<input type="radio"/>	<input type="radio"/>	• Fostering independence through opportunities to take initiative, make meaningful choices, and to learn consequences of decision-making.
<input type="radio"/>	<input type="radio"/>	• Encouraging self control by setting clear, consistent limits and having realistic expectations.
<input type="radio"/>	<input type="radio"/>	• Encouraging respect for the feelings and rights of others.
<input type="radio"/>	<input type="radio"/>	• Supporting and respecting the home language, culture, and family composition of each child in ways that support the child's health and well-being.
<input type="radio"/>	<input type="radio"/>	• Ensuring opportunities for creative self-expression through activities such as art, music, movement, and dialogue.
<input type="radio"/>	<input type="radio"/>	• Planning for routines and transitions so that they occur in a predictable and unrushed manner according to each child's needs. 1304.21(a)(3)(ii)
<input type="radio"/>	<input type="radio"/>	• Promoting interaction and language use among children and between children and adults. 1304.21(a)(3)(i)(A-E); 1304.21(a)(4)(ii-iii), 1304.52(h)(1)(iii), 1304.52(h)(1)(iv)

**Follow-up Action Steps:**

**Child Abuse and Neglect**

Child Abuse and Neglect		
Yes	No	
<input type="radio"/>	<input type="radio"/>	A. Child Abuse and Neglect prevention training provided for staff and volunteers. 1304.52(k)(3)(i), 1301.31(a)(4) and (b)(2)(i-iii)
<input type="radio"/>	<input type="radio"/>	B. Child Abuse and Neglect prevention training provided for parents and fosters a helpful rather than punitive attitude. 1301.31(a)(4) and (b)(2)(i-iii)
<input type="radio"/>	<input type="radio"/>	C. System in place for informing parents with regards to community resources including those related to child abuse and neglect prevention and Mental Health. 1304.40(b)(1)(i)(ii)
<input type="radio"/>	<input type="radio"/>	D. A system is in place that provides education and opportunities for parents to participate in counseling programs or to receive information on Mental Health issues that place families at risk e.g., substance abuse, child abuse, domestic violence, community violence, etc. 1304.40(b)(1)(i)(ii)
<input type="radio"/>	<input type="radio"/>	E. Support system in place for parents, and staff and children to address personal, social and emotional and relationship issues during and after a child abuse and neglect report is made to the Child Protective Agency. 1304.41(a)(2)(v)&(vi), 1304.52(k)(3)(i)

**Follow-up Action Steps:**

**Child Abuse and Neglect**

<b>Child Abuse and Neglect (continued)</b>		
<b>Yes</b>	<b>No</b>	
<input type="radio"/>	<input type="radio"/>	A. Program ensures pregnant women have access to Mental Health and other needed community services, including substance abuse prevention and treatment services on an on-going basis. 1304.40(c)(1)(i-iii)
<input type="radio"/>	<input type="radio"/>	B. Programs provide pregnant women and other family members, as appropriate, with prenatal education on fetal development including:
<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> <li>• Risks from smoking and alcohol usage.</li> </ul>
<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> <li>• Possible complication during labor and delivery.</li> </ul>
<input type="radio"/>	<input type="radio"/>	<ul style="list-style-type: none"> <li>• Post-partum recovery including information on maternal depression. 1304.40(c)(2)</li> </ul>

**Follow-up Action Steps:**

## Mental Health Education and Training

Mental Health Education and Training		
Yes	No	
<input type="radio"/>	<input type="radio"/>	A. System is in place to make Mental Health and Wellness information available to staff regarding concerns that may affect their job performance. 1304.52(j)(3)
<input type="radio"/>	<input type="radio"/>	B. A mental health education program is established and provides:
<input type="radio"/>	<input type="radio"/>	• A variety of group opportunities for parents and program staff to identify issues related to children’s mental health. Individual opportunities for parents to discuss mental health issues related to their child and family with program staff.
<input type="radio"/>	<input type="radio"/>	• A way to identify strengths, as well as challenges facing families and individual children.
<input type="radio"/>	<input type="radio"/>	• Involves parents in the planning and implementation of any mental health interventions with their children. 1304.40(f)(4)(i-iii)
<input type="radio"/>	<input type="radio"/>	C. Group and individual training/education is provided to staff including; professionals and paraprofessionals who provide special education, general education, early intervention and related services, including the area of Mental Health. 1304.24(a)(3)(ii)
<input type="radio"/>	<input type="radio"/>	D. Group and individual training/education is provided to parents in the area of Mental Health.

**Follow-up Action Steps:**

## Written Mental Health Plan

Written Mental Health Plan		
Yes	No	
<input type="radio"/>	<input type="radio"/>	A. The written mental health services plan has been updated so that services respond to Community Assessment data and meet the current needs of children and families. 1304.51(a)(iii) and 1305.3 C(6)

**Follow-up Action Steps:**

# Appendix



## Appendix A: Mental Health Prism Core Question



QUESTION 11. MENTAL HEALTH	STANDARDS
<p>How does the grantee implement a comprehensive system of mental health prevention and intervention to children and families including providing mental health awareness and education to staff?</p> <p>How does the grantee ensure that:</p> <ul style="list-style-type: none"> <li>the program is designed and managed to ensure that the service of a mental health professional (or professionals) is on a regular schedule of sufficient frequency to ensure the timely and effective identification of and intervention in family and staff concerns about a child?</li> <li>other community mental health resources are used as needed?</li> <li>each child receives an appropriate and timely (within 45 days of the child’s entry into the program) screening to identify, using multiple sources of information, and address any behavioral, social, emotional concerns?</li> <li>the staff work with parents to discuss and identify appropriate responses to their children’s behavior including how to strengthen nurturing, supportive environments and relationships in the home and at the program?</li> <li>parents receive mental health education on issues that place families at risk (including, for pregnant women, education and referrals if needed for maternal depression and substance abuse) and other appropriate intervention, including opportunities to participate in counseling programs?</li> <li>parents, program staff and the mental health professional design and implement program practices that are responsive to the identified behavioral and mental health concerns of an individual or group of children including providing special help to children with atypical behavior?</li> </ul>	<p>1304.20(a)(1)(ii)-1304.20(a)(1)(iv);                      1304.20(b); 1304.20(c)(1); 1304.20(d);                      1304.20(e)(2)-1304.20(e)(3);                      1304.20(f)(1); 1304.21(a)(3)(i);                      1304.21(b)(1)(i)-1304.21(b)(1)(ii);                      1304.21(b)(2)(i);                      1304.21(c)(1)(iii)-1304.21(c)(1)(vi);                      1304.24; 1304.40(b);                      1304.40(c)(1)(iii); 1304.40(c)(2);                      1304.40(f)(1); 1304.40(f)(4);                      1304.41(a)(1)-1304.41(a)(2);                      1304.41(c)(1)(ii); 1304.51(a)(1)(iii);</p>
<ul style="list-style-type: none"> <li><i>REFER TO</i>—Information about mental health services gathered from the Family Group Interview.</li> <li><i>OBSERVE</i>—Centers and/or family child care homes for evidence of supporting children’s mental health needs; staff and child interactions.</li> <li><i>INTERVIEW</i>—Relevant community partners (i.e. mental health professionals; mental health referral sources); focus families; mental health staff; family service staff; education staff and management about how the mental health plan is developed and implemented; how progress is monitored; how atypical behavioral needs are addressed; how families are involved in mental health service; how families and staff receive information related to mental health; and whether mental health services meet families expectations and circumstances.</li> <li><i>REVIEW</i>—The Mental Health Protocol; the grantee’s plan for mental health services; mental health contract and/or memorandum of agreements with mental health professionals or agencies if applicable; mental health professional’s qualifications; child and family service records; training plan or training agendas (any evidence of training and/or educational opportunities for parents and staff re: mental health); relevant individual child or family plans (IFSPs, IEPs); and results from behavioral screenings.</li> </ul>	

## Appendix A: Mental Health Core Prism Question

**Question 11. Mental Health.** How does the grantee implement a comprehensive system of mental health prevention and intervention to children and families including providing mental health awareness and education to staff?

<i>NOTES ON ISSUES, QUESTIONS, AND FOLLOW-UP</i>

## Appendix B: Mental Health Prism Protocol



### Mental Health Services Protocol

#### 1. Program Planning and Management for Quality Mental Health Services

How does the grantee ensure that the program is designed and managed to ensure that the service of a mental health professional (or professionals) is on a regular schedule of sufficient frequency to ensure the timely and effective identification of and intervention in family and staff concerns about a child?

##### 1.A Coordination with Community Mental Health Resources

How does the grantee ensure that other community mental health resources are used as needed?

#### 2. Early Identification of Children's Mental Health Needs

How does the grantee ensure that each child receives an appropriate and timely (within 45 days of the child's entry into the program) screening to identify, using multiple sources of information, and address any behavioral, social, emotional concerns?

#### 3. Parent Involvement in Children's Mental Health

How does the grantee ensure that staff works with parents to discuss and identify appropriate responses to their children's behavior including how to strengthen nurturing, supportive environments and relationships in the home and at the program?

#### 4. Mental Health Education and Intervention for Parents

How does the grantee ensure that parents receive mental health education on issues that place families at risk (including for pregnant women education and referrals if needed for maternal depression and substance abuse) and other appropriate intervention, including opportunities to participate in counseling programs?

#### 5. Special Help for Children's Individualized Mental Health Needs

How does the grantee ensure that parents, program staff, and the mental health professional design and implement program practices that are responsive to the identified behavioral and mental health concerns of an individual or group of children including providing special help to children with atypical behavior?

## Appendix B: Mental Health Prism Protocol

### Mental Health Services Protocol Worksheet

#### 1. Program Planning and Management for Quality Mental Health Services

##### How does the grantee ensure that:

- **the program is designed and managed to ensure that the service of a mental health professional (or professionals) is on a regular schedule of sufficient frequency to ensure the timely and effective identification of and intervention in family and staff concerns about a child?**

1304.24(a); 1304.24(a)(3)(ii)

**1304.21(c)(1)(iii); 1304.51(a)(1)(iii); 1304.51(g)-(h)(1); 1304.51(i)(1); 1304.52(a)(1); 1304.52(a)(2)(ii); 1304.52(b)(1); 1304.52(d); 1304.52(d)(4); 1304.52(j)(3); 1304.52(k)(1); 1308.18(b)**

##### Document Review:

- Review any contracts, or employee job descriptions for mental health professionals. Look for:
  - any posted on-site schedule of the mental health professional;
  - evidence that program is self-assessment has resulted in modifications to the contract, when necessary; and
  - evidence that the mental health professional has license/certification and experience and expertise serving young children and their families (per 1304.52(d)(4)). If the program has been unsuccessful in locating a mental health professional with birth to three expertise, is there evidence that shows how the program is supporting the MH provider to engage in learning experiences in the area of infant mental health?
- Review job descriptions or contracts for evidence of staff and parent input on the services the mental health professional provides. Note any evidence of opportunities to staff and parents to share their mental health or behavioral concerns about their child with the mental health professional.
- Review any interagency agreements with community partners providing mental health services for the program.
- Review records of mental health services provided.
  - Do administrative/policy records demonstrate attention to and support of mental health services? (Records of policy council, budgets, staffing, training).
  - Does the program is self-assessment address the usefulness, sufficiency, and timeliness of the mental health service?

## Appendix B: Mental Health Prism Protocol

### Interview:

- Ask staff about their access to the mental health professional (including frequency of assistance for mental health promotion activities, as well as in times of crisis). What do they know about the type of mental health services available? How would they request mental health information/assistance for a child or family they serve? How timely are services accessed and/or is consultation provided? How is mental health integrated into the curriculum?
- Interview parents to determine if any mental health related concerns they have had have been responded to in a timely manner, i.e. have their children received timely and effective intervention for any mental health related concerns?
- Interview the Disabilities Services Coordinator to determine how the mental health professional has collaborated with the Disabilities Services Coordinator?
- Interview with mental health professional regarding their role.
  - How are you involved in the planning/review of mental health services?
  - Is the schedule of services frequent enough to be familiar with the program, staff, and needs of children and to provide the consultation and services needed in a timely fashion?
  - How has the program responded to any recommendations you have made on program-wide practices that could improve mental health services?
  - How are you involved in mental health promotion activities?

### Observation:

- If possible, observe a consultation to direct service staff (teacher/home visitors, etc.).
- Review information from classroom observations regarding teacher's knowledge/skill in addressing behavioral/mental health concerns and in practices that promote mental health.

**Appendix B: Mental Health Prism Protocol**

**1. Program Planning and Management for Quality Mental Health Services**

How does the grantee ensure that: the program is designed and managed to ensure that the service of a mental health professional (or professionals) is on a regular schedule of sufficient frequency to ensure the timely and effective identification of and intervention in family and staff concerns about a child?

	<b>SUGGESTED SOURCES</b>	<b>ACTUAL SOURCES</b>
<b>Documents Reviewed</b>	Contracts or employee job descriptions Posted schedule for mental health professional Interagency agreements with community partners Records of mental health services provided Program service plans Self-assessment	
<b>Persons Interviewed</b>	Staff about access to mental health professional Parents Mental health professional Mental health manager or supervisor who has responsibility for mental health	
<b>Program Services Observed</b>	If possible, consultation to direct service staff Information from classroom observations	

**Relevant Regulations (1304.24(a)(2); 1304.24(a)(3)-(ii))**

**1304.24 Child mental health.**

(a) Mental health services (2) Grantee and delegate agencies must secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child’s mental health; and (3) Mental health program services must include a regular schedule of onsite mental health consultation involving the mental health professional, program staff, and parents on how to: ...(ii) Promote children’s mental wellness by providing group and individual staff and parent education on mental health issues;

## Appendix B: Mental Health Prism Protocol

### 1.A. Coordination with Community Mental Health Resources

How does the grantee ensure that:

- other community mental health resources are used as needed?

1304.24(a)(3)-(2); 1304.41(a)(2)(ii)

1304.41(a)(1)-(2); 1304.41(c)(1)(ii)

#### Document Review:

- Review program service plans.
- Review any interagency agreements with community partners providing mental health services for the program.
- Review lists of members on any relevant advisory committees to note possible community mental health resources as partners (e.g., Health Services Advisory Committee). If relevant, review meeting minutes to note evidence of community mental health resources participating as partners.

#### Interview:

- Interview community partners, and ask policy groups about planning and coordination with mental health resources.
- Interview family service staff and the mental health professional on their knowledge of relevant mental health community services.
  - Do they have specific knowledge necessary to make a successful referral?
  - Has the program identified partners who have special a focus such as domestic violence, substance abuse, maternal depression, and infant mental health?
  - Has the program sought partners with cultural competence in mental health services for families from diverse cultures?
  - Is staff knowledgeable of resources, including insurance systems that must be navigated to secure more extensive mental health services?
  - Is the mental health professional knowledgeable/experienced in coordinating with community mental health providers?

#### Observation:

- Observe any relevant displays or available materials for families providing information and education on community mental health resources.

**Appendix B: Mental Health Prism Protocol**

**1.A. Coordination with Community Mental Health Resources**

- How does the grantee ensure that: other community mental health resources are used as needed?

	<b>SUGGESTED SOURCES</b>	<b>ACTUAL SOURCES</b>
<b>Documents Reviewed</b>	Program service plans Interagency agreements with community partners Resource lists of community services for specialized services (e.g. domestic violence, substance abuse, mental health, crisis intervention) Lists of members on any relevant advisory committees	
<b>Persons Interviewed</b>	Community partners Policy groups Family service staff	
<b>Program Services Observed</b>	Relevant displays or available materials for families on mental health resources	

**Relevant Regulations (1304.24(a)(3)(iv); 1304.41(a)(2)(ii))**

**1304.24 Child mental health.**

(a) Mental health services (3) Mental health program services must include a regular schedule of onsite mental health consultation involving the mental health professional, program staff, and parents on how to: ... (iv) Utilize other community mental health resources, as needed.

**1304.41 Community Partnerships**

(a) Partnerships (2)Grantee and delegate agencies must take affirmative steps to establish ongoing collaborative relationships with community organizations to promote the access for children and families to community services...including: (ii) Mental health providers.

## Appendix B: Mental Health Prism Protocol

### 2. Early Identification of Children's Mental Health Needs

#### How does the grantee ensure that:

- **each child receives an appropriate and timely (within 45 days of the child's entry into the program) screening to identify, using multiple sources of information, and address any behavioral, social, emotional concerns?**

**1304.20(b)(1)-(3)**

**1304.20(a)(1)(ii)-(iv); 1304.20(d); 1304.20(f)(1); 1304.21(a)(3)(i)(A)-(E); 1304.21(b)(1)(i)-(ii); 1304.21(b)(2)(i); 1304.21(c)(1)(iv)-(vi)**

#### Document Review:

- Review record of completing screening within required time frame.
- Review how decisions on need for further evaluation are made, communicated with parents, and tracking of the receipt of services.
- Review record keeping – does the program protect confidentiality and yet promote use of information by those who need to know it and apply it?
- Review records to determine how multiple sources of data are used to identify and address social, emotional, and/or behavioral concerns (other sources of data may include: developmental history, health history, observations, family functioning, family input, etc.).
- Review screening tool for reliability and validity (i.e. does the screening tool appropriately screen for social, emotional, and behavioral concerns?).

#### Interview:

- Interview the mental health professional to determine how the screening instruments are selected, used, how effective they are and how the results of the screening are used to inform practice.
  - -Did the selection of the screening tool and the interpretation of the screening results take into consideration factors related to cultural, linguistic, and age appropriateness?
  - -How does the program ensure timely referrals for further assessment and treatment if needed?
  - -How does the mental health professional solicit and share ideas on how to address children's mental health needs (with staff and parents)?
- Interview teachers to determine how the program supports children's emotional and social development; how the home language is supported and respected; and how emotional security is promoted for infants and toddlers.
- Interview Early Head Start teachers to determine evidence of consistent teachers over an extended period of time.

## Appendix B: Mental Health Prism Protocol

### Observation:

- If possible, ask a person involved in the screening procedure to demonstrate the screening.
- Record-keeping system – how do you protect confidentiality and promote use of information needed?
- Observe information related to social/emotional development on the Classroom Observation Form item #4.
- Observe teacher/child interaction for examples of respectful and responsive communication to encourage the development of trust, self-esteem, and identity - these may include smiling at the child, comforting an infant in distress, providing reassurance, acknowledging the child's feelings, encouraging problem solving and cooperation.
- Observe the teachers setting age-appropriate limits.

**Appendix B: Mental Health Prism Protocol**

**2. Early Identification of Children’s Mental Health Needs**

How does the grantee ensure that: each child receives an appropriate and timely (within 45 days of the child’s entry into the program) screening to identify, using multiple sources of information, and address any behavioral, social, emotional concerns?

	<b>SUGGESTED SOURCES</b>	<b>ACTUAL SOURCES</b>
<b>Documents Reviewed</b>	Records of screening (including multiple sources of information, Screening tool Records of screening follow- up Curriculum Procedures to identify new or recurring concerns	
<b>Persons Interviewed</b>	Mental health professional Teachers Managers	
<b>Program Services Observed</b>	If possible, watch demonstration of screening, Record-keeping system, Classroom Observation Form	

**Relevant Regulations (1304.20(b)(1); 1304.20(b)(2); 1304.20(b)(3))**

**1304.20 Child health and developmental services.** (b) Screening for developmental, sensory, and behavioral concerns.

(1) In collaboration with each child’s parent, and within 45 calendar days of the child’s entry into the program, grantee and delegate agencies must perform or obtain linguistically and age appropriate screening procedures to identify concerns regarding a child’s developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills (see 45 CFR 1308.6(b)(3) for additional information). To the greatest extent possible, these screening procedures must be sensitive to the child’s cultural background. (2) Grantee and delegate agencies must obtain direct guidance from a mental health or child developmental professional on how to use the findings to address identified needs. (3) Grantee and delegate agencies must utilize multiple sources of information on all aspects of each child’s development and behavior, including input from family members, teachers, and other relevant staff who are familiar with the child’s typical behavior.

## Appendix B: Mental Health Prism Protocol

### 3. Parent Involvement in Children's Mental Health

#### How does the grantee ensure that:

- **staff works with parents to discuss and identify appropriate responses to their children's behavior including how to strengthen nurturing, supportive environments and relationships in the home and at the program?**

**1304.24(a)(1)(i)-(vi)**

**1304.20(c)(1); 1304.20(e)(2)-(3); 1304.40(f)(1); 1304.40(f)(4)(i)-(iii)**

#### Document Review:

- Review service plans for mental health for evidence of parent education and support to strengthen environments and relationships.
- Review child records for parent participation on any needed mental health interventions.
- Review staff handbook, training, procedures for information on child guidance with particular attention to information on age appropriate social behaviors, varying temperaments, realistic behavioral expectations for young children, setting appropriate limits and opportunities to encourage self-discipline.
- Review parent education materials and training agendas/attendance rosters (including materials and training topics to help parents better understand mental health issues and identify appropriate responses to children's behavior).
- Review home visitor protocols/curricula.

#### Interview:

- Interview teachers and home visitors to determine how they and parents share positive approaches on responding to/guiding children's behavior.
  - Does the program help parents to understand the range of behaviors they might experience with their child, and when there may be cause for concern? Does the program help parents to understand how their own mental health is connected to and impacts on their child's mental health?
- Interview family service, teaching staff and parents to determine how staff assists parents to strengthen relationships and environments.
- Interview family service, teaching staff and parents to determine parent's active involvement in their children's mental health services. Interview the mental health professional to determine how she/he solicits and shares ideas on how to address children's mental health needs (with staff and parents)?

## Appendix B: Mental Health Prism Protocol

### Observation:

- Observe how home visitors encourage/support parents to respond to their children in a way that supports the development of trust, self-esteem and identity.
- Observe family service and/or teachers with parents (if possible) to see evidence of staff sharing child observations and/or discussing and anticipating with parents their child's behavior and development.
- Does the program have space for meetings with parents which allow privacy conducive to discussing sensitive issues?

**Appendix B: Mental Health Prism Protocol**

**3. Parent Involvement in Children’s Mental Health**

How does the grantee ensure that: staff works with parents to discuss and identify appropriate responses to their children’s behavior including how to strengthen nurturing, supportive environments and relationships in the home and at the program?

	<b>SUGGESTED SOURCES</b>	<b>ACTUAL SOURCES</b>
<b>Documents Reviewed</b>	Program service plans Staff handbook, training, procedures Parent education materials Training agendas Home visitor protocols/curricula	
<b>Persons Interviewed</b>	Teachers Home visitors Parents Family Service Staff	
<b>Program Services Observed</b>	Teacher/child interaction Home visitors encouraging parents Family service workers, teachers, and home visitors providing, sharing, and soliciting information from parents about children’s mental health and development	

**Relevant Regulations (1304.24(a)(1)(iii); 1304.24(a)(1)(i)-(vi))**

**1304.24 Child mental health.**

- (a) Mental health services. (1) Grantee and delegate agencies must work collaboratively with parents (see 45 CFR 1304.40(f) for issues related to parent education) by: (i) Soliciting parental information, observations, and concerns about their child’s mental health; (ii) Sharing staff observations of their child and discussing and anticipating with parents their child’s behavior and development, including separation and attachment issues; (iii) Discussing and identifying with parents appropriate responses to their child’s behaviors; (iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program; (v) Helping parents to better understand mental health issues; and (vi) Supporting parents’ participation in any needed mental health interventions.

## Appendix B: Mental Health Prism Protocol

### 4. Mental Health Education and Intervention for Parents

#### How does the grantee ensure that:

- **parents receive mental health education on issues that place families at risk (including, for pregnant women, education and referrals if needed for maternal depression and substance abuse) and other appropriate intervention, including opportunities to participate in counseling programs?**

**1304.40(b)(1)(ii)(1); 1304.40(c)(1)(iii); 1304.40(c)(2)**

**1304.24(a)(3)(ii); 1304.40(b)(1); 1304.40(b)(2); 1304.40(f)(1); 1304.40(f)(4)(i)-(iii)**

#### Document Review:

- Review the schedule of parent education activities for content related to mental health services. Were these covered: substance abuse, domestic violence, mental health issues for pregnant women?
  - How were topics and presenters selected? Are there any evaluation/satisfaction reports? Did parents regard education activities as useful? Did the program conduct any follow-up activities with individuals or groups of parents?
- What procedures are in place to prompt or guide program staff serving pregnant women on mental health concerns including maternal depression?
- Review any relevant resource books or lists of counseling programs, support groups, community resources, and/or prevention programs. Determine how the staff works with parents to identify and continually assess referrals, services, and resources to ensure they are responsive to individual family interests and goals.
- Review relevant child/family records to see evidence of referrals for families for counseling, substance abuse treatment, maternal depression, etc.

#### Interview:

- Interview family service staff; probe on how they have been trained/supported in identifying and responding to mental health concerns for parents/families and how they follow-up with families to determine whether referrals met families' expectations and circumstances.
- Interview with focus family: Are mental health issues covered in parent education? Does the family perceive the Head Start program as a safe and caring place where they can raise possible mental health concerns their family may be facing with the expectation the program will try to help them?

## Appendix B: Mental Health Prism Protocol

### Observation:

- Do information displays communicate that the program is interested and able to provide support on mental health concerns, including domestic violence, substance abuse, etc.?
- Does the program have space for family services/meetings which allow privacy conducive to discussing sensitive issues?
- Observe a parent support/education meeting and note opportunities provided to address mental health topics including preventive education, reducing risks, and accessing mental health services.
- Observe home visit for attention/responsiveness to mental health issues facing families.

**Appendix B: Mental Health Prism Protocol**

**4. Mental Health Education and Intervention for Parents**

How does the grantee ensure that: parents receive mental health education on issues that place families at risk (including, for pregnant women, education and referrals if needed for maternal depression and substance abuse) and other appropriate intervention, including opportunities to participate in counseling programs?

	<b>SUGGESTED SOURCES</b>	<b>ACTUAL SOURCES</b>
<b>Documents Reviewed</b>	Schedule of parent education activities List of trainings offered to parents Program service plans Relevant resource books or lists of counseling programs Relevant child/family records	
<b>Persons Interviewed</b>	Family Partnership staff Focus family	
<b>Program Services Observed</b>	Information displays Program space for confidential meetings Parent support/education meeting Home visit	

**Relevant Regulations (1304.40(b)(1)(ii); 1304.40 (c)(1)(iii); 1304.40(c)(2))**

**1304.40 Family partnerships.** (b) Accessing community services and resources. (1) Grantee and delegate agencies must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family’s interests and goals, including: (ii) 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, such as substance abuse, child abuse and neglect, and domestic violence; (c) Services to pregnant women who are enrolled in programs serving pregnant women, infants, and toddlers. (1) Early Head Start grantee and delegate agencies must assist pregnant women to access comprehensive prenatal and postpartum care, through referrals, immediately after enrollment in the program. This care must include: (iii) Mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed. (2) Grantee and delegate agencies must provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression).

## Appendix B: Mental Health Prism Protocol

### 5. Special Help for Children's Individualized Mental Health Needs

#### How does the grantee ensure that:

- **parents, program staff and the mental health professional design and implement program practices that are responsive to the identified behavioral and mental health concerns of an individual or group of children including providing special help to children with atypical behavior?**

**1304.24(a)(3)(i)**

#### **1304.24(a)(3)(iii)**

#### **Document Review:**

- Do program plans/documents describe a systematic approach to addressing mental health that clearly communicates to staff and parents what services are available and how to access them? Is there a system in place for mental health screenings and assessment? Is there a system of referral and follow-up that incorporates the mental health needs of infants and toddlers?
- Are there reports from the mental health professional, based on observations of classroom/home visiting practices that provide mental health guidance for staff/parents on improving mental health practices?
- Are there contingency plans for addressing mental health issues associated with traumatic events affecting the program, for enrolled families, or in the wider community? Are their contingency plans for psychiatric emergencies for i.e., child/adult threatening or attempting to harm self or others?
- Do IEPs/IFSPs include behavioral/mental health services for children with disabilities who have these needs?
- Review any individualized plans or reports related to mental health or behavioral concern for a child and/or group of children (this may include behavior or treatment plans, report recommendations, classroom charts, individualized visual schedules, etc.).

#### **Interview:**

- Interview staff to identify the process for screening and assessment of the mental health needs of individual children.
  - How would you request and receive mental health consultation on child guidance techniques for a child with identified concerns?
  - Do staff and parents understand and recognize the interconnectedness of adult and infant/toddler mental health?
  - How does the mental health professional solicit and share ideas on how to address children's mental health needs (with staff and parents)?
- For a child who has been identified as needing individualized mental health /behavioral services:

## Appendix B: Mental Health Prism Protocol

- Have you received training, extra supervision, mental health consultation on addressing the mental health/behavioral needs of this child? Describe this. Was it helpful? Adequate? Describe the family involvement. What is the record-keeping system for referrals and tracking provision of services? Who follows-up on referrals?

### **Observation:**

- Observe children and teacher's behaviors to note any relevant evidence of program practices that are responsive or not responsive to the behavioral or mental health needs of the children.
- If possible observe any consultation between the mental health professional and parents and/or staff. Note any evidence of parent and staff providing input into the design or implementation of mental health services. Note evidence of parents or staff sharing their concerns with the mental health professional.

**Appendix B: Mental Health Prism Protocol**

**5. Special Help for Children’s Individualized Mental Health Needs**

How does the grantee ensure that: parents, program staff and the mental health professional design and implement program practices that are responsive to the identified behavioral and mental health concerns of an individual or group of children including providing special help to children with atypical behavior?

	<b>SUGGESTED SOURCES</b>	<b>ACTUAL SOURCES</b>
<b>Documents Reviewed</b>	Program service plan Reports from mental health professional Contingency plan for addressing mental health issues IEP/IFSP Individualized plans	
<b>Persons Interviewed</b>	Program staff Parents	
<b>Program Services Observed</b>	Children and teacher’s behaviors If possible, consultation between mental health professional and parents and/or staff	

**Relevant Regulation (1304.24(a)(3)(i))**

**1304.24 Child mental health.** (a) Mental health services (3) Mental health program services must include a regular schedule of on-site mental health consultation involving the mental health professional, program staff, and parents on how to: (i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children;

## Appendix C: Mental Health Resource List



### Mental Health Resource List

#### HEAD START BUREAU

##### Head Start Information and Publications Center (HSIPC)

<http://www.headstartinfo.org>

Head Start Information and Publication Center (HSIPC), a service of the Head Start Bureau, supports the Head Start community and other organizations working in the interest of children and families by providing information products and services; conference and meeting support; publication distribution; and marketing and outreach efforts.

##### The Head Start Path to Positive Child Outcomes

<http://www.headstartinfo.org/pdf/hsoutcomespath28ppREV.pdf>

The context for discussing Head Start Child, Family, and Program Accomplishments and Outcomes is reviewed. The Outcomes Framework identifies Domains, Domain Elements and specific Indicators of Children's Skills.

##### The Head Start Leaders Guide to Positive Child Outcomes

<http://www.headstartinfo.org/pdf/HSOutcomesguideFINAL4c.pdf>

By offering a picture of what a high quality Head Start program looks like in action and in detail, this guide will help Head Start agencies improve the effectiveness of their services. The guide is intended to assist education managers and program directors lead efforts to implement the Head Start Program Performance Standards and to prepare children for success in school. Teaching practices that support children's learning and development are identified for each of the domains in the Head Start Child Outcomes Framework; adaptations for individual children are incorporated.

##### Resources for Professionals: A Community of Support for Infant/Toddler Mental Health

<http://www.headstartinfo.org/pdf/ResourcesforPro.pdf>

This toolkit provides readers with comprehensive resources and information about developing systems for mental health services within the Head Start program and community. Resources make connections between Head Start community and other mental health services providers clear and offer resources and strategies for enhancing services to infants, toddlers and young children with mental health issues and their families.

## Appendix C: Mental Health Resource List

### **Responding to the Mental Health Needs of Infants, Toddlers and Families (Early Head Start Program Strategies)**

**<http://www.headstartinfo.org/pdf/EHS/mpsmentalhealth.pdf>**

Using real life strategies, this guide offers practical connections between the Performance Standards and mental health services within Early Head Start programs.

### **Head Start Bulletins**

#### **Bulletin #73: Child Mental Health**

**[http://www.headstartinfo.org/publications/hsbulletin73/cont\\_73.htm](http://www.headstartinfo.org/publications/hsbulletin73/cont_73.htm)**

**<http://www.headstartinfo.org/pdf/ChildMentalHealth-Final.pdf>**

This comprehensive Head Start Bulletin provides information and resources regarding mental health services delivered to infants, toddlers, and young children in Head Start and Early Head Start Programs and their families. Articles cover such topics as infant mental health, developing relationships, separation, stress, brain development, maternal depression, violence and others.

### **Head Start Training Guides:**

#### **Promoting Mental Health**

**[http://www.headstartinfo.org/publications/mental\\_health/contents.htm](http://www.headstartinfo.org/publications/mental_health/contents.htm)**

**[http://www.headstartinfo.org/pdf/Promoting\\_Mental\\_Health/Promoting\\_Mental\\_Health.pdf](http://www.headstartinfo.org/pdf/Promoting_Mental_Health/Promoting_Mental_Health.pdf)**

Providing a broad understanding of mental health from the perspective of the child, family, and staff person, this guide provides a comprehensive training resource for individuals working with mental health issues in Head Start Programs. The three modules in the guide illustrate the importance of understanding the concept of mental health, the child from a holistic perspective, and the staff members' own perceptions and stress.

## Appendix C: Mental Health Resource List

### MENTAL HEALTH RELATED RESEARCH

**Maternal Depression A Review of Current Literature (October 2000) [http://www.acf.dhhs.gov/programs/opre/ehs/mental\\_health/reports/mdepression/mdepression\\_title.html](http://www.acf.dhhs.gov/programs/opre/ehs/mental_health/reports/mdepression/mdepression_title.html)**

The mental health of a parent impacts a child's development in the ways in which attachment, stimulation, and relationships grow over time. This literature review summarizes findings regarding the impact of maternal depression on young children and provides insights into prenatal and postpartum depression. Research regarding assessment, impact, prevention and treatment is also included.

**Research to Practice: Depression in the Lives of Early Head Start Families: Early Head Start Research and Evaluation Project (January 2003)**

**[http://www.acf.hhs.gov/programs/opre/ehs/ehs\\_resrch/reports/dissemination/research\\_briefs/4pg\\_depression.html](http://www.acf.hhs.gov/programs/opre/ehs/ehs_resrch/reports/dissemination/research_briefs/4pg_depression.html)**

Depression is common in low-income families and, in many cases, depression is linked with poorer child outcomes. The Early Head Start Research and Evaluation Project, a rigorous random-assignment evaluation of 3001 children and families in 17 programs around the country collected information on maternal and paternal depressive symptoms. Findings on what was learned about depression in the lives of Early Head Start families are presented with a brief summary of the role Early Head Start plays in addressing mental health needs and rationale for the importance of addressing mental health.

**Clinical Interventions to Enhance Infant Mental Health: A Selective Review. National Center for Infant and Early Childhood Health Policy at UCLA by Zeanah, P, Stafford B, Zeanah, C. (2005)**

**<http://www.healthychild.ucla.edu/PUBLICATIONS/IMH%20Evidence%20Review%20FINAL.pdf>**

Funded by the Maternal and Child Health Bureau (MCHB), the National Center for Infant and Early Childhood Health supports federal, state and local early childhood agendas and assists Maternal Child Health agencies to play an important role in the development of comprehensive, integrated early childhood service systems. The Center develops and disseminates strategic planning tools as well as reports and policy briefs on topics relating to the improvement of early childhood services for all children.

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### OTHER MENTAL HEALTH RESOURCES

#### **The Research and Training Center on Family Support and Children's Mental Health <http://www.rtc.pdx.edu/>**

With funding from the National Institute on Disability and Rehabilitation Research (NIDRR), U.S. Department of Education, and the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services promotes effective community-based, culturally competent, family-centered services for families and their children who are or may be affected by mental, emotional or behavioral disorders. Among RTC publications of particular interest (available for download at <http://www.rtc.pdx.edu/pgPublications.php> ) are:

- Management Strategies for Positive Mental Health Outcomes: What Early Childhood Administrators Need to Know, by B.L. Green, M.C. Everhart, & L. Gordon, 2004.
- Mental Health Consultation in Head Start: Selected National Findings (Mental Health Services Survey Report) by B.L. Green, M.C. Everhart, M.G. Gettman, & L. Gordon, 2003
- Getting your money's worth: What early childhood directors should know about working with mental health professionals, an article in the Summer, 2004, issue of the RTC's journal Focal Point. (<http://www.rtc.pdx.edu/PDF/fpS0403.pdf>)

#### **The Center on the Social and Emotional Foundations for Early Learning <http://www.csefel.uiuc.edu/>**

This national center is focused on strengthening the capacity of child care and Head Start programs to improve the social and emotional outcomes of young children. The Center develops and disseminates evidence-based, user-friendly information to help early childhood educators meet the needs of the growing number of children with challenging behaviors and mental health challenges in child care and Head Start programs. The Center on the Social and Emotional Foundations for Early Learning is funded by Head Start and the Child Care Bureau in the U.S. Department of Health and Human Services. Center products include:

- What Works Briefs: (<http://www.csefel.uiuc.edu/whatworks.html>) Summaries of Effective Practices for Supporting Children's Social-Emotional Development and Preventing Challenging Behaviors. The Briefs describe practical strategies, provide references to more information about the practice, and include a one-page handout that highlights the major points of the Brief. (See, for example, The Role of Time-Out in a Comprehensive Approach for Addressing Challenging Behaviors of Preschool Children <http://www.csefel.uiuc.edu/briefs/wwb14.pdf> )
- Training Modules: (<http://www.csefel.uiuc.edu/modules.html>) Training materials designed based on input gathered during focus groups with program administrators, T/TA providers, early educators, and family members about the types and content of training that would be most useful in addressing the social-emotional needs of young children. The content of the modules is consistent with evidence-based practices identified through a thorough review of the literature.

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### Early Head Start National Resource Center (NRC) @ ZERO TO THREE

#### [www.zerotothree.org](http://www.zerotothree.org)

The EHS NRC and its parent organization ZERO TO THREE has a strong focus on infant mental health and relationship-based work. A number of their journals have been dedicated to infant mental health and family mental health. Some examples of the NRC and Zero to Three's work on infant mental include, but, are not limited to:

- Zero To Three, July 2004, Vol. 24, No. 6, Mental Health Consultation to Infant-Family Programs: The Early Head Start Experience. Available for order at: <http://www.zerotothree.org/bookstore/pubDetails.cfm?pubID=2571>
- Zero to Three, June/July 2002, Vol 22, No. 6, Perinatal Mental Health: Supporting New Families Through Change and Vulnerability.
- Zero To Three, August/Sept. 2001, Vol. 22, No.1., Infant Mental Health and Early Head Start: Lessons for early childhood programs. Available for order at: <http://www.zerotothree.org/bookstore/pubDetails.cfm?pubID=2529>
- Early Head Start Tip Sheet: What does Infant Mental Health (IMH) mean? And, how do EHS programs implement quality IMH services? [http://www.headstartinfo.org/infocenter/ehs\\_tipsheet/tip22.htm](http://www.headstartinfo.org/infocenter/ehs_tipsheet/tip22.htm)
- Infant Mental Health Forum Oct. 23-24, 2000 [http://www.acf.dhhs.gov/programs/opre/ehs/mental\\_health/reports/imh\\_report/imh\\_report\\_toc.htm](http://www.acf.dhhs.gov/programs/opre/ehs/mental_health/reports/imh_report/imh_report_toc.htm)
- Pathways to Prevention: A comprehensive guide for supporting infant and toddler mental health (<http://www.headstartinfo.org/pdf/Pathwaysto.pdf>) illustrates one approach to capacity building through consultation. PTP was developed as an "intensive training experience" that paired participating EHS and Migrant and Seasonal Head Start (MSHS) programs with an infant mental health consultant. Post evaluation data show that despite challenges, all 24 EHS programs that participated in the effort experienced some level of success in moving toward the goals they set for themselves.
- Hope and Healing: A Caregiver's Guide to Helping Young Children Affected by Trauma, by Kathleen Fitzgerald Rice and Betsy Groves McAlister, 2005, Available for order at:

<http://www.zerotothree.org/bookstore/index.cfm?pubID=2601&source=X006>

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### Education Development Center

<http://ccf.edc.org>

- Exemplary Head Start Mental Health Systems by Philip Printz, Amy Borg, Ann Morse, Janet Price, and Christine Whitner, 2004, (available by calling (617) 969-7100)
- A Look at Social, Emotional, and Behavioral Screening Tools for Head Start and Early Head Start, by Philip H. Printz, Amy Borg, and Mary Ann Demaree, available to download at <http://ccf.edc.org/PDF/screentools.pdf> Philip Printz 1-800-225-4276 x2349
- Strategies to Support the Emotional Wellness of Children, Families, and Staff: Finding from a Head Start Mental Health Task Force, by Amy Borg and Martha Irwin, 2002, available at <https://secure.edc.org/publications/prodView.asp?1517>
- A Look at Service Integration Between Early Head and Family-Centered Early Supports and Services by Margaret C. O'Hare and Philip H. Printz, 2003, available at [www.ccf.edc.org](http://www.ccf.edc.org)

## STANDARDS AND REGULATIONS

### Head Start Program Performance Standards

<http://www.acf.hhs.gov/programs/hsb/performance/index.htm>

The Head Start Regulations, Title 45 of the Code of Federal Regulations, Parts 1301 through 1311, state the required operating procedures and services that Head Start programs are to provide to the children and families they serve. Program Guidance for Parts 1304 and 1308 is included. The Head Start Program Performance Standards available through the Head Start Information and Publication Center (HSIPC) was published in 2002.

### Head Start Program Performance Standards on Services for Children with Disabilities

<http://www.acf.hhs.gov/programs/hsb/performance/1308/1308.htm>

### Code of Federal Regulations

<http://www.gpoaccess.gov/cfr/index.html>

This site provides the Code of Federal Regulations (CFR) for the Head Start Performance Standards in their most current version. The files can be searched for and downloaded by Title, Part, and Section (or Subpart). These documents do not contain the guidance material that is included in the publication issued by HSIPC.

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### Head Start Act

<http://www.acf.hhs.gov/programs/hsb/budget/headstartact.htm>

The “Head Start Act” is Title VI, Subtitle A, Chapter 8, Subchapter B of the Omnibus Budget Reconciliation Act of 1981, PL97-35 (8/13/81). Minor amendments to this Act were made by the “Technology-Related Assistance for Individuals With Disabilities Amendments of 1993,” PL 103-218 (3/9/94). This Act was most recently reauthorized, through fiscal year 2003, by the Coats Human Services Amendments of 1998, PL105-285 (10/27/98).

### PRISM MONITORING INFORMATION

#### Program Review Instrument for Systems Monitoring (PRISM)

<http://jasmine.eainet.com/prism/index.html>

This site contains general information on PRISM including training information and manuals.

#### Program Review Instrument for Systems Monitoring (PRISM) Guide 2005

[http://www.headstartreviews.com/docs/2005prismguide-1\\_50.pdf](http://www.headstartreviews.com/docs/2005prismguide-1_50.pdf)

This manual is designed to address an audience that includes PRISM team leaders, reviewers, and grantees.

#### PRISM All Instruments 2005

<http://www.headstartinfo.org/pdf/2005PRISMInstrument.pdf>

The PRISM Instrument contains interview protocols, checklists, and observation instruments to be used during a PRISM review.

#### Mental Health Reviewer Qualifications and Job Description

<http://www.headstartreviews.com/MHquals.asp>

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### GENERAL ACCOUNTABILITY OFFICE (GAO) REPORTS

**<http://www.gao.gov>**

The General Accountability Office is the audit, evaluation, and investigative arm of Congress. GAO examines the use of public funds, evaluates federal programs and activities, and provides analyses, options, recommendations, and other assistance to help the Congress make effective oversight, policy, and funding decisions. The reports are available through the GAO Web site.

**<http://www.gao.gov/new.items/d05176.pdf>**

GAO Report to Congressional Requestors, Comprehensive Approach to Identifying and Addressing Risks Could Help Prevent Grantee Financial Management Weaknesses, February 2005.

### ADDITIONAL WEB RESOURCES

#### **National Institutes of Mental Health**

**<http://www.nimh.nih.gov/healthinformation/childmenu.cfm>**

#### **Substance Abuse and Mental Health Services Administration's National Mental Health Information Center**

**<http://www.mentalhealth.samhsa.gov/child/childhealth.asp>**

#### **National Dissemination Center for Children with Disabilities**

**<http://www.nichcy.org/index.html>**

#### **Council for Exceptional Children**

**<http://www.cec.sped.org/>**



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TAC-12**

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