

Role of The Mental Health Consultant

Head Start Program Performance Standards

§ 1302.45 (b)

Policy

A program must ensure the Mental Health Consultant (MHC) assists:

- The whole program to promote children’s mental health, social-emotional development, and overall wellbeing.
- All staff to identify and support individual children with mental health and social-emotional concerns.
- Teachers and other classroom staff to improve and develop teaching practices to promote positive mental health and social-emotional development in all children.
- Home Visitors to promote children’s mental health, social-emotional development, and positive parent-child relationships.
- Staff and families to understand infant and early childhood mental health and social-emotional development and access mental health interventions as needed.
- Both staff and families to develop a deeper understanding of mental health including how to access supports and services as needed.

Consultation & Coaching

For Children and Families in Head Start and Early Head Start Center-Based Programs:

There are several ways the MHC can assist in supporting infant/early childhood mental health and social-emotional development.

For individual children and their families when a Mental Health Referral has been submitted (see **Developmental & Mental Health Referrals P&P**) the MHC can do the following:

- Conduct an individual child observation in the classroom, using the **Mental Health Observation and Recommendation Worksheet**. The MHC will observe the child’s interactions with peers and staff, behaviors of concern, emotional states and possible triggers and stressors for the child. The MHC will provide recommendations to classroom staff to support the child’s emotional learning and to teach positive interactions and behaviors.
- Consult with the Teacher and parent(s)/guardian(s) to identify and understand a child’s individual mental health and social-emotional needs. The MHC will recommend strategies for staff and families to implement to support the child’s mental health and social-emotional development. This consultation may happen in person, over the phone or over an online video call platform such as Zoom.
- Consult Teachers and classroom staff about developing activities (i.e., transitions, circle time, mealtime conversations) that support the child’s mental health and social-emotional development. The MHC can also join Coordinated Care Meetings, IFSP meetings, Home Visits, and conferences.

Community Action Head Start Washington County, Oregon

- Collaborate with the Teacher, classroom staff and parent(s)/guardian(s) to develop **Individual Support Plans** for children. The MHC will update the **Individual Support Plan** as needed.
- Consult with parent(s)/guardian(s) about strategies for home that support the child's mental health and social-emotional development.
- Upon request from the family, facilitate referrals to external agencies or programs for mental health or parenting support.
- Participate in Coordinated Care Meetings as requested by Teachers and families.
- Following a classroom observation, virtual meeting, consultation, or Coordinated Care Meeting, the MHC will document activities and services in Child Plus under the Mental Health Tab, in the 'Progress Notes' section following a classroom observation, virtual meeting, consultation, or Coordinated Care Meeting.

For general/whole classroom consultation:

- For each center-based classroom, conduct two informal observations per year. Additional observations may be conducted upon request from classroom staff.
- As requested by Teachers and classroom staff, consult on implementation of Pyramid Model Strategies to support the social-emotional development of all children.
- As requested by Teachers and classroom staff, provide coaching to build up their ability to intentionally teach social-emotional skills to young children and to create classroom environments that support the mental health and social-emotional development of all children.

For Children and Families in the Early Head Start Home-Based Program:

There are several activities that the MHC can engage in to assist in supporting infant/toddler mental health and social-emotional development.

For individual children and their families when a Mental Health Referral has been submitted (see **Developmental & Mental Health Referrals P&P**):

- In collaboration with the Home Visitor, complete the **Home Visitor & MHC Planning Form**. The purpose of this form is to identify the family's strengths and values, as well as the strengths and social-emotional needs of the child. The Home Visitor and MHC will use this form to plan their activities for the Home Visit.
- Attend Home Visits to support the Home Visitor and parent(s)/guardian(s) in developing strategies to support the child's mental health and social-emotional development, as well as strategies for strengthening the relationship between the child and the parent(s)/guardian(s).
- Collaborate with the Home Visitor and parent(s)/guardian(s) to develop **Individual Support Plans** for individual children. The MHC will update the **Individual Support Plan** in Child Plus, as needed.
- Provide consulting and feedback to the Home Visitor after the Home Visit to recommend strategies for supporting the mental health and social-emotional development of the child as well as supporting the relationship between the child and the parent(s)/guardian(s).
- Upon request from the family, facilitate referrals to external agencies or programs.
- Following a Home Visit, the MHC will document their activities in Child Plus under the Mental Health Tab under the "Progress Notes" section.

For general Home-Based consultation:

- Observe 2 Socializations each program year, using the **Socialization Observation Form**. The purpose of the observation is for the MHC to observe the practices of the Home Visitors. Specifically, the social-emotional focus of the activities provided and how the Home Visitors

Community Action Head Start Washington County, Oregon

support positive social interactions among children. The MHC will schedule time to provide feedback to the Home Visitors after the Socialization.

- Hold regular weekly office hours.
- Visit Home Based offices monthly.
- Consult to Home Visitors serving pregnant parents on practices that support secure attachment, recovery from prenatal and postpartum depression, and strong parent-infant relationships.

For the Program as a Whole:

Teachers, Home Visitors, Assistant Teachers, Classroom Aides, Family Service Assistants, Education Specialists, Behavioral Specialists, Bus Drivers and Monitors, Program Area Supervisors, Program Assistants, Component Supervisors and Managers may also consult with the MHC on other topics related to mental health and emotional wellbeing. These include but are not limited to:

- Responding to parent(s)/guardian(s) experiencing crisis.
- Working with parent(s)/guardian(s) and children who have experienced trauma.
- Staff wellness and self-care.

Coordination of Care

With Teachers and Classroom Staff

On the first meeting either in person or over a virtual platform, the MHC and Teachers will collaborate to determine preferred methods of communication and best opportunities (time of day, space, activities) for observations.

The MHC will notify the Teacher through email at least one week prior to an in-class observation. They will call or email the Teacher if they are unable to attend a same day obligation. Teachers will call or email the MHC if there is a specific child observation scheduled for that day and the child is absent.

Following an individual child observation or a whole class observation, the MHC will coordinate time to provide feedback to Teachers and classroom staff outside of their scheduled class time.

With Home Visitors

Home Visitors, the Home Visitor Program Area Supervisor, the Disabilities & Mental Health (D&MH) Supervisor, and the MHC, will meet once a year all together in the fall to review goals, train on D&MH program procedures, and engage in team building.

With Behavioral Specialists

For children in center-based programs who receive a Mental Health Referral, when additional support for behavior is needed, the MHC will coordinate with the Behavioral Specialist for the site as part of the child's **Individual Support Plan**. The MHC and Behavioral Specialist will check in weekly to discuss the progress of individual children as well as strategies to suggest to staff and parent(s)/guardian(s).

The Behavioral Specialist is responsible for documenting visits to support children in the Mental Health Tab of Child Plus. The MHC is responsible for updating the **Individual Support Plan** as needed.

When a classroom is receiving support from the Prevention or Intervention Team, as outlined in the **Prevention & Intervention Team P&P**, the MHC will attend meetings to discuss strategies and give feedback to promote positive mental health and social-emotional development of the whole class. The MHC will also schedule a consultation with the staff to discuss adult wellness and regulation. Any staff member may request additional consultations.

With Families

Community Action Head Start Washington County, Oregon

When a Mental Health Referral is received for a child enrolled in a center-based program, the MHC will make time to contact the family personally for introductions. The MHC will explain their role to the family and learn the family's concerns and goals for their child as well as the best method to communicate with them in the future.

When working with a family in either center-based programs or the Home-Based program, the MHC will follow up with any resources requested by the family. This can include reaching out to the Behavioral Specialists with requests for specific visual aides or social stories and connecting the family with additional information on mental health and social-emotional development.

With Northwest Regional Education Service District (NWRESD) Staff

For children who are receiving services from both NWRESD and LifeWorks NW, the MHC will collaborate with the ESD Service Coordinator and Teacher/Home Visitor to determine strategies to support the child in meeting mental health, social-emotional and developmental goals. The MHC may attend any meetings the NWRESD Service Coordinator has scheduled with the Teacher/Home Visitor to ensure a collaborative approach to supporting the child and family.

Whole Program Support and Collaboration

Trainings

The MHC will be welcome to attend any pertinent trainings hosted by Head Start. The D&MH Supervisor will provide the MHC with ongoing information about upcoming trainings.

Trainings for both staff and families may be facilitated or require participation of the MHC on an as-needed basis. The MHC can also present at Family Events, as requested.

Referral Team

The MHC will attend any Referral Team meetings hosted by Head Start. The goal of Referral Team is to discuss systems, methods of service delivery, and opportunities to strengthen partnership among Community Action Head Start and partners at NWRESD and LWNW and takes place 2 times over a program year.

TPOT/TPITOS Observations

The MHC will participate in completing TPOT observations of 1/3 of the program in the Fall and Spring. They will participate in completing TPITOS observations of all center-based EHS teachers.

Ending Services for Children

The MHC will attempt to provide at least 3 consultations to parent(s)/guardian(s) and 3 consultations to a Teacher/Home Visitor for each child referred to mental health consultation. Once the 3 consultations have been completed, the MHC will talk with the parent(s)/guardian(s) and the Teacher/Home Visitor about the options of continuing MHC services, ending services, and/or referring the child/family to an outside organization.

The MHC will email the D&MH Supervisor when the parent(s)/guardian(s) wish to discontinue services. The D&MH Supervisor will document discontinuation of services in Child Plus.