



## **Mid-America Head Start**

### **ChildPlus Mental Health Procedure Manual**

July 2018

# Social Emotional Screening

The performance standards require screening of all children for social emotional and behavioral concerns within 45 days of the child's entry in the program. These screenings are tracked under the **Education Module** as an education event. To track completion of these screenings, open the navigator, select participants and select the Education tab.

- Select Add Event
- Select EHS or HS Social Emotional

The screenshot displays a software interface for managing patient records. On the left, a 'Participants (21)' list includes names and dates. The main area shows the profile for 'Alcides Escobar', a female child with a date of birth of 8/19/10. The 'Education' tab is highlighted in the top navigation bar. Below the navigation, there are tabs for 'Events', 'Requirements', and 'Health Information'. The 'Health Events' table shows two completed events: 'Health History (30 days)' and 'Nutrition Screening (30 days)' on 04/15/14. An 'Add Health Event' dialog box is open, showing a dropdown menu with 'HS Social Emotional (45 days)' selected. A red circle highlights the 'Add Event' button in the dialog box.

Exp.	Event Type	Date	Status
✓	Health History (30 days)	04/15/14	Completed
✓	Nutrition Screening (30 days)	04/15/14	Completed

Needs Eval.	Needs Tx	Received Tx

- **Status:** Select Passed First Screening
- **Description:** Enter the name of the screening tool used i.e. DECA, ASQ-SE or Dial-4.
- **Results:** Enter Complete
- **Check Parent/Guardian has been notified** box.
- **Agency Worker:** Enter your name
- **Provider:** Enter your delegate's name.
- **Provider Type:** enter appropriate provider

Application Enrollment Family Services Health Immunizations Disability Mental Health Birth Transportation Education Attendance PIR

Events Requirements Health Information

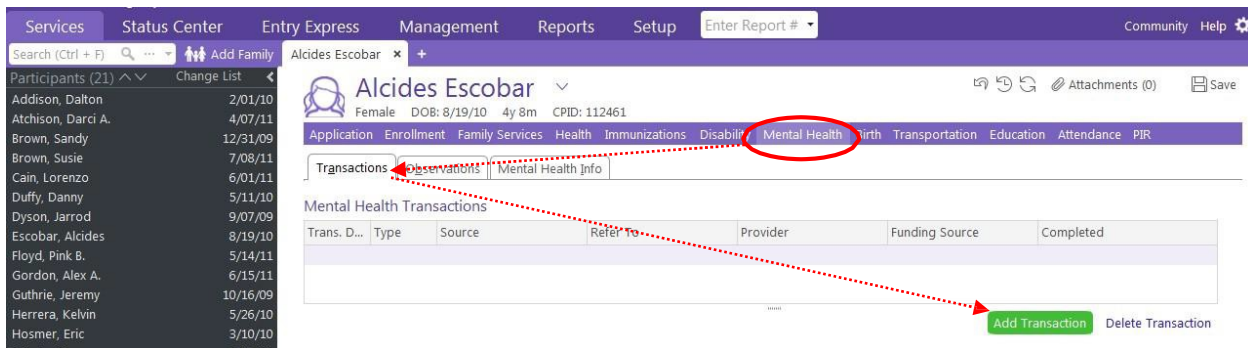
Save and Close Cancel Add

▼ Event Details for this HS Social Emotional (45 days)

Scheduled Date	<input type="text"/>	Health Needs:	<input type="checkbox"/> Referral
Event Date <sup>PIR</sup>	9/15/14 <input type="text"/>		<input type="checkbox"/> Follow-Up Assessment - C.29a <sup>PIR</sup>
Expires	9/15/20 <input type="text"/>		<input type="checkbox"/> Formal Evaluation - C.29a <sup>PIR</sup>
Status	Passed First Screening		<input type="checkbox"/> Treatment
Description	DECA		<input type="checkbox"/> Treatment for a Diagnosed Chronic <sup>PIR</sup> Condition C.8.a
Results	Complete		
Agency Worker	Kabrick, Pam	Parental Notification	<input checked="" type="checkbox"/> Parents/Guardians Notified
Provider	Kansas City Public School	Who was notified	<input type="text"/>
Provider Type	Head Start Staff	By whom	<input type="text"/>
Funding	Free - No Cost	Date Notified	<input type="text"/>
Estimated Cost	0	Time Notified	<input type="text"/>
Actual Cost	0		

## Adding a Mental Health Record

This is the only place where transactions and observations concerning an individual child's mental health are tracked. These items are not tracked in the health screens. To enter information, open the navigator, select participant, choose Mental Health.



### Transactions Tab - Documenting a Transaction:

**Select:** Add Transaction

**Enter:** Transaction Date- Date that referral is received from MH person

**Select:** For each transaction completed, select

Transaction Type:

- **Follow up-** can be anything related to the follow up on an outside referral.
- **Referral-** includes all referrals, either internal or to outside providers.
- **Treatment** – includes any action related to in-house therapeutic treatment

Status: the Status of the current Transaction being added

- **Evaluation Complete, No Treatment Needed:** Use as a **Treatment Status Code** only, not a transaction.
- **In Treatment Process:** Choose this code as soon as a referral is received. Referral in this case means a formal or informal request from staff or parents. Continue to keep this code as long as strategies are being worked on through in-house Head Start Mental Health Staff and/or by an outside Mental Health Provider. Track changes in the treatment process by adding transactions and changing the transaction status.
- **Needs Appointment:** Can be used for an in house appointment or clinical appointment
- **Needs Observation:** Don't use as a treatment status, only as a transaction code.
- **No Show:** Can be used for an in house appointment or clinical appointment
- **Parent Refused Treatment:** Use as a treatment status only, not a transaction.
- **Referred, Failed 1<sup>st</sup> Screening:** Do not use this code
- **Referred, Failed 2<sup>nd</sup> Screening:** Do not use this code
- **Treatment Completed:** Use as a **Treatment Status Code** only, not a transaction.
- **Treatment Current/Up to Date:** Do not use this code
- **Treatment Scheduled After Program Close:** Use this code when an appointment has been scheduled to occur over the summer in a part day/9 month program or when an appointment has been scheduled to occur after a child has transitioned to Kindergarten.

Completion Date:

- Fill out only when treatment status is “Treatment Completed” and child no longer requires treatment.
- To enter completion data you must “add transaction” and complete all tabs **except** “refer to”.
- The transaction date will be the date of the meeting to determine that treatment is no longer needed.
- The completion date is the actual date that treatment stops. Nine month staff can enter this date as the last day of school.

Source:

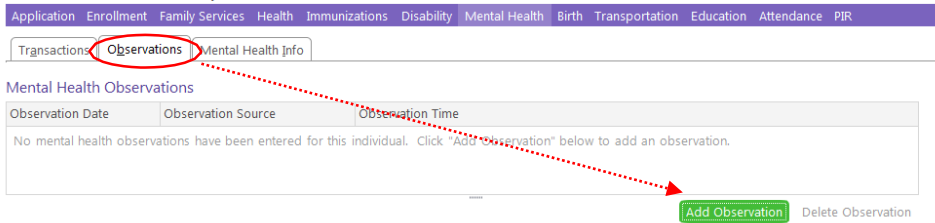
- **Consultant:** Any other outside provider
- **Mental Health Staff:** Head Start mental health staff
- **Teacher:** Classroom teacher, Home Base staff or parent request (specify in notes if other than teacher)

Refer to: (do not fill this in unless the transaction is a referral)

- **County Health Department:** referrals for physical health issues when child has no medical home
- **Disability Specialist:** Head Start Disabilities staff or outside disability provider
- **Head Start:** other head start staff
- **Mental Health Center:** referrals to Mental Health Center
- **Mental Health Specialist:** all in house mental health staff
- **Private Physician:** referrals for physical health issues to child’s medical primary care physician

## Observation Tab - Documenting an Observation:

- **Select:** Add Observation



- **Observation Date:** Enter the date of observation
- **Total Minutes Observed:** Enter total minutes observed
- **Recommendation Date:** date the recommendation was completed
- **Summary Date:** Date observation occurred
- **Source:** Enter the source
  - **Consultant:** Any other outside provider or contracted MH person
  - **Mental Health Staff:** Head Start mental health staff
  - **Teacher:** Don't use

Observation Date	<input type="text"/>	Summary Date	<input type="text"/>
Recommendation Date	<input type="text"/>	Source	<input type="text"/>
Total Minutes Observed	<input type="text"/>		

- **Recommendation Notes:** - i.e. “provided teacher with classroom strategies” or “will do referral to outside provider”
- **Summary notes:** A brief summary only
- **Time Stamp:** Whenever notes are entered, always click time stamp

Observation Date	<input type="text"/>	Summary Date	<input type="text"/>
Recommendation Date	<input type="text"/>	Source	<input type="text"/>
Total Minutes Observed	<input type="text"/>		
Recommendation Notes	<input type="text"/>		
Summary Notes	<input type="text"/>		

## Mental Health Info/PIR data tab

1. **Select** the current treatment status
2. **Select** Responsible Staff: select the name of the person who is responsible for mental health services or the mental health consultant for your program.
3. **Enter** the classroom teacher information
4. **Check** the Consultant Assigned box and enter the name of the mental health consultant. For some programs this might be a contracted mental health professional from Spofford or another mental health agency.
5. **Check** the box for parent permission signed and enter the date. You must have permission from the parent or guardian for a mental health focused observation (this must be evidenced in the hard file).

The screenshot shows a software interface with a purple navigation bar at the top containing the following tabs: Application, Enrollment, Family Services, Health, Immunizations, Disability, Mental Health, Birth, Transportation, Education, Attendance, and PIR. Below the navigation bar, there are three sub-tabs: Transactions, Observations, and Mental Health Info. The 'Mental Health Info' sub-tab is active. Underneath, there is a section titled 'Mental Health Information' with a downward-pointing arrow. This section contains several input fields: 'Treatment Status' (a dropdown menu), 'Responsible Staff' (a dropdown menu), and 'Teacher' (a text input field). To the right of these fields are two checkboxes: 'Consultant Assigned' and 'Parent Permission Signed'. Next to the 'Consultant Assigned' checkbox is a 'Consultant' text input field. Next to the 'Parent Permission Signed' checkbox is a 'Date' text input field with a calendar icon.

## PIR data

**Consultation:** A meeting or discussion with mental health professional to obtain advice does not mean a mental health referral was facilitated.

1. **Consult with program staff about the child's behavior/mental health:** Does not mean you have to have referral.
2. **Provide 3 or more consultations with staff during program year**
3. **Consult with parent/guardian about the child's behavior/mental health:** Does not mean you have to have referral.
4. **Provide 3 or more consultations with parent/guardian about the child's behavior/mental health.**
5. **Provide an individual mental health assessment:** Enter **Yes** if referred to in-house Mental Health Staff.
6. **Facilitate a referral for mental health services:** Enter **Yes** if referred to outside Mental Health source.
7. **Was the child referred for services outside of the program during the year.** Enter **Yes** if referred to outside Mental Health source.
8. **If so, did the child receive mental health services during the program year:** Enter **Yes** if services received from an outside source.

▼ PIR - Partnerships Head Start 2014-2015 (Dropped 9/18/14)

Partnerships Head Start 2014-2...	Dropped 9/18/14	ABC Center • Classroom 1 AM
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Did a Mental Health professional ...

No Consult with program staff about the child's behavior/mental health? <sup>PIR</sup>

No Provide 3 or more consultations with staff during program year? <sup>PIR</sup>

No Consult with parent/guardian about the child's behavior/mental health? <sup>PIR</sup>

No Provide 3 or more consultations with parent/guardian during program year? <sup>PIR</sup>

No Provide an individual mental health assessment? <sup>PIR</sup>

No Facilitate a referral for mental health services? <sup>PIR</sup>

Mental Health Referrals:

No Was the child referred for services outside of the program during the year? <sup>PIR</sup>

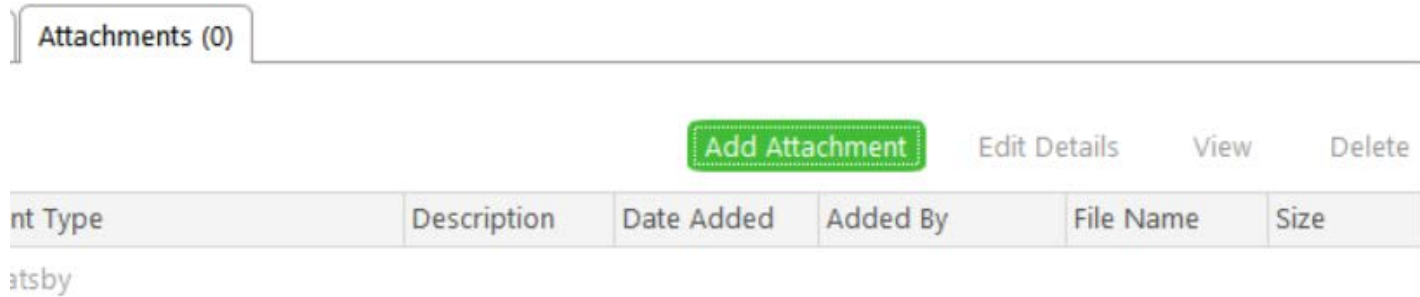
No If so, did the child receive mental health services during the program year? <sup>PIR</sup>



## Attachment Options

For direct service providers that choose to attach documents in the Mental Health module

Select the Attachment tab, Add an Attachment



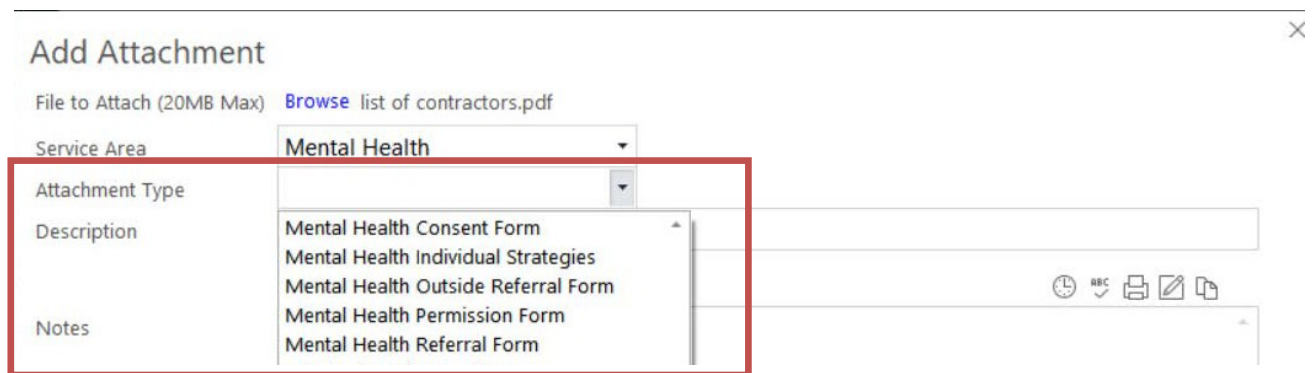
Attachments (0)

[Add Attachment](#) [Edit Details](#) [View](#) [Delete](#)

Attachment Type	Description	Date Added	Added By	File Name	Size

Choose the file you wish to upload from your documents

Select the Attachment Type



Add Attachment

File to Attach (20MB Max) [Browse](#) list of contractors.pdf

Service Area: Mental Health

Attachment Type:   
Mental Health Consent Form  
Mental Health Individual Strategies  
Mental Health Outside Referral Form  
Mental Health Permission Form  
Mental Health Referral Form

Description:   
Notes:

Description-enter information to meet the need of your agency

Notes-enter notes to meet the need of your agency