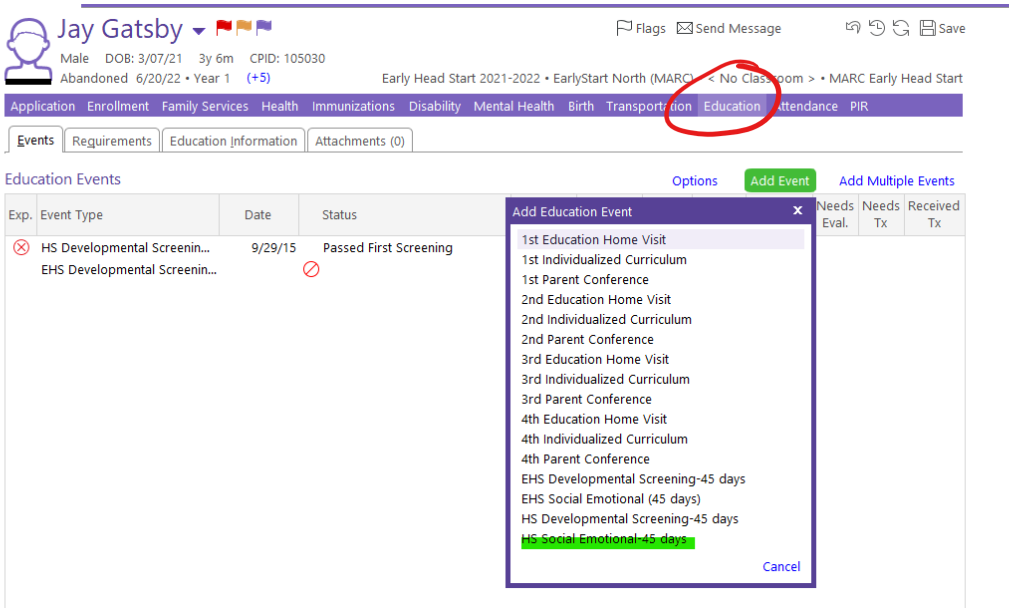
# Mid-America Head Start

## ChildPlus Mental Health Procedure Manual

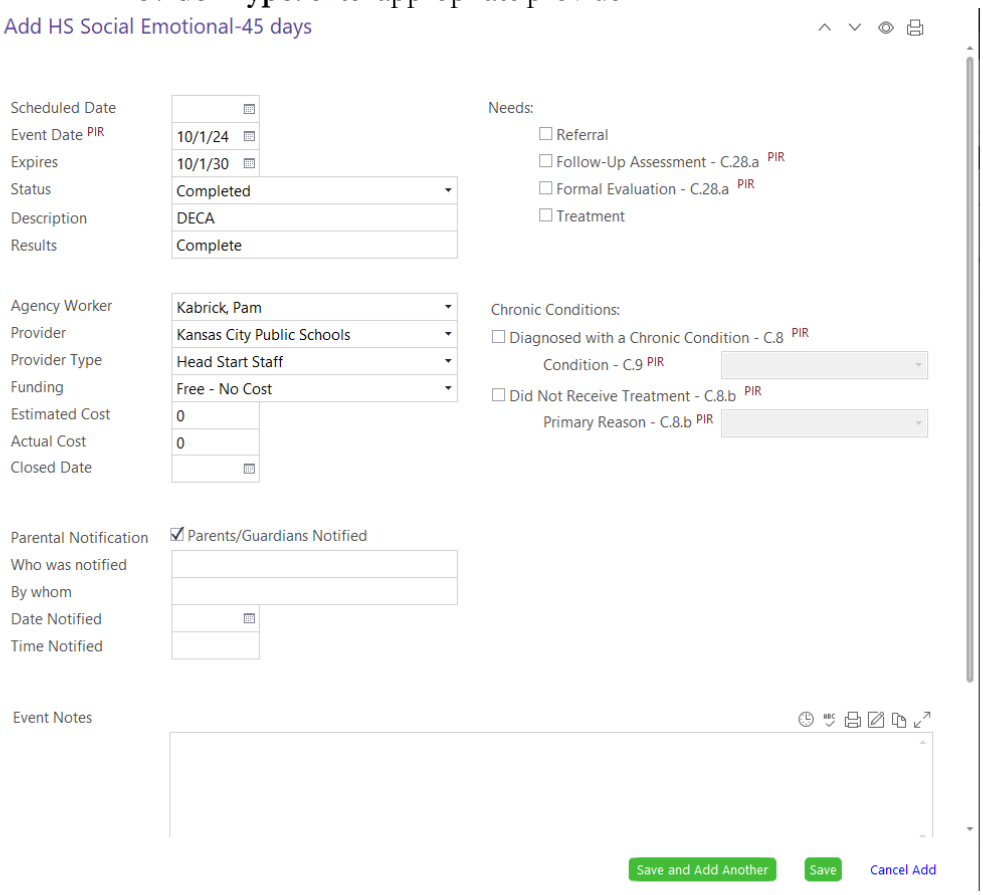
# Social Emotional Screening

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

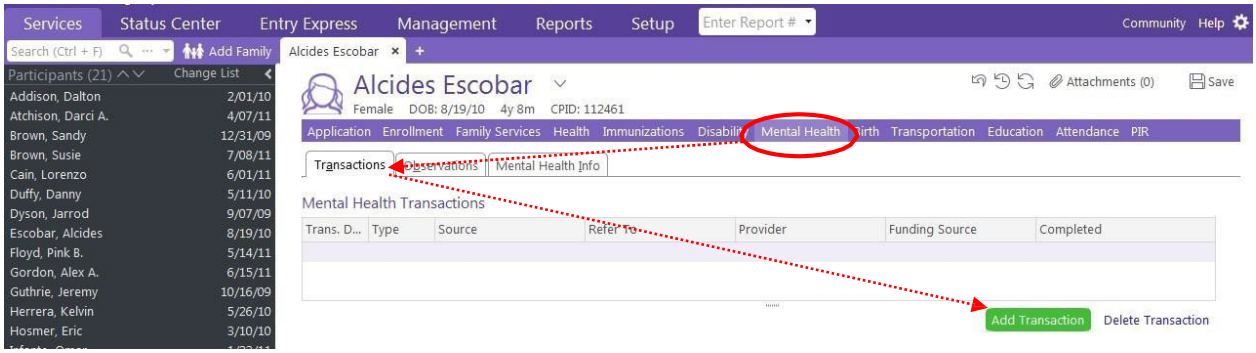


- **Status**: Select Completed
- **Description**: Enter the name of the screening tool, DECA.
- **Results:** Enter Complete
- **Check** Parent/Guardian has been notified box.
- **Agency Worker**: Enter your name
- **Provider:** Enter your program's name.
- **Provider Type:** enter appropriate provider



# 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.
- **Referra**l- 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 1st Screening:** Do not use this code
- **Referred, Failed 2nd 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:

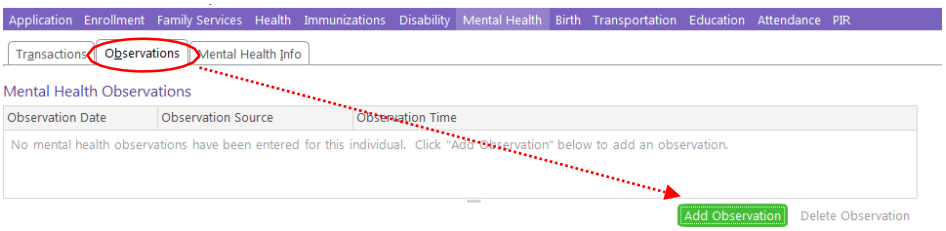
- **Consultant:** Any other outside provider
- **Mental Health Staff:** Head Start mental health staff
- **Teacher:** Classroom teacher, Home Base staff or parent request (specify in notes if other than teacher)

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

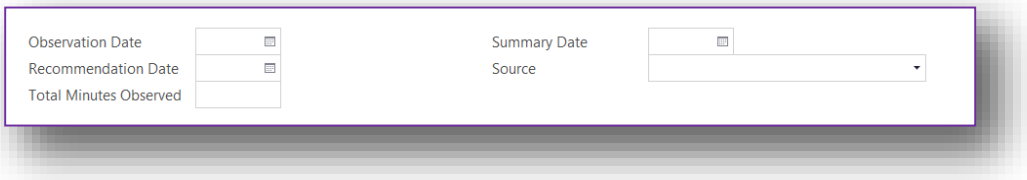
- **County Health Department:** referrals for physical health issues when child has no medical home
- **Disability Specialist:** Head Start Disabilities staff or outside disability provider
- **Head Start**: other head start staff
- **Mental Health Center:** referrals to Mental Health Center
- **Mental 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:

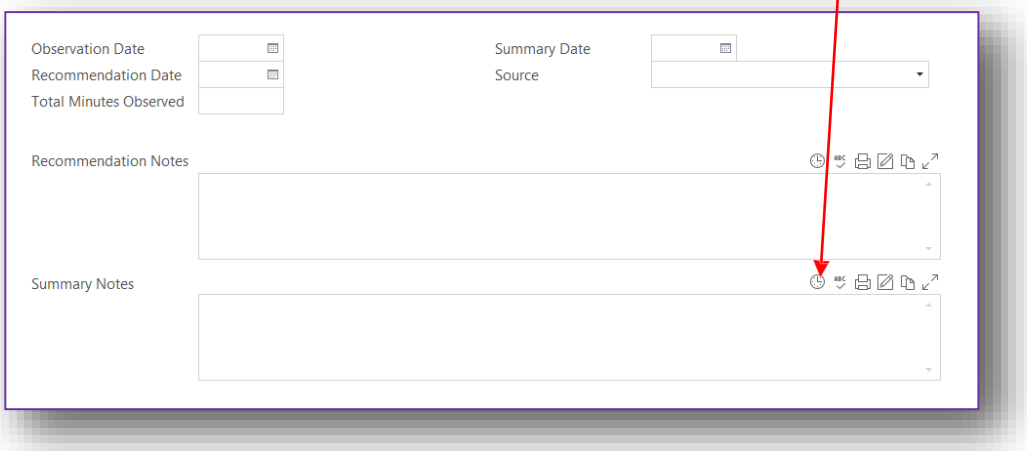
- **Select**: Add Observation




- **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

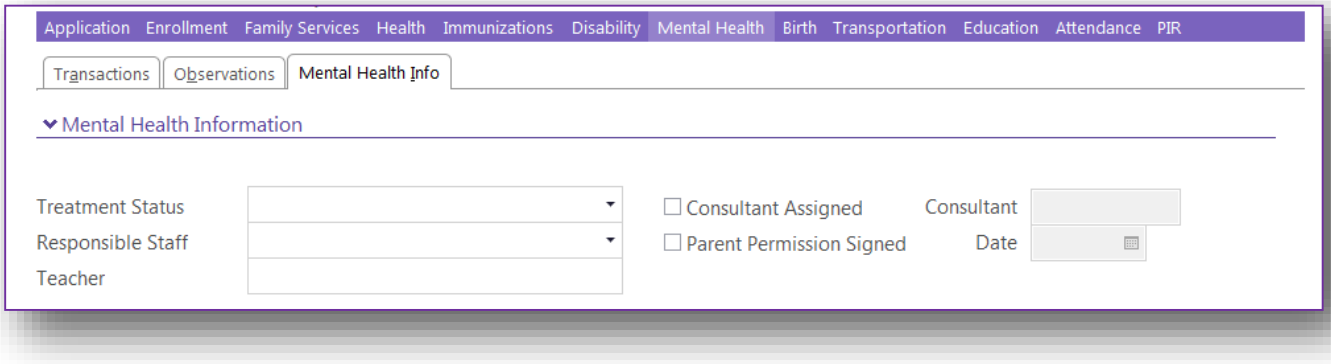



- **Recommendation Notes:** - i.e. "provided teacher with classroom strategies" or "will do referral to outside provider"
- **Summary notes:** A brief summary only
- **Time Stamp:** Whenever notes are entered, always click time stamp



## Mental Health Info/PIR data tab

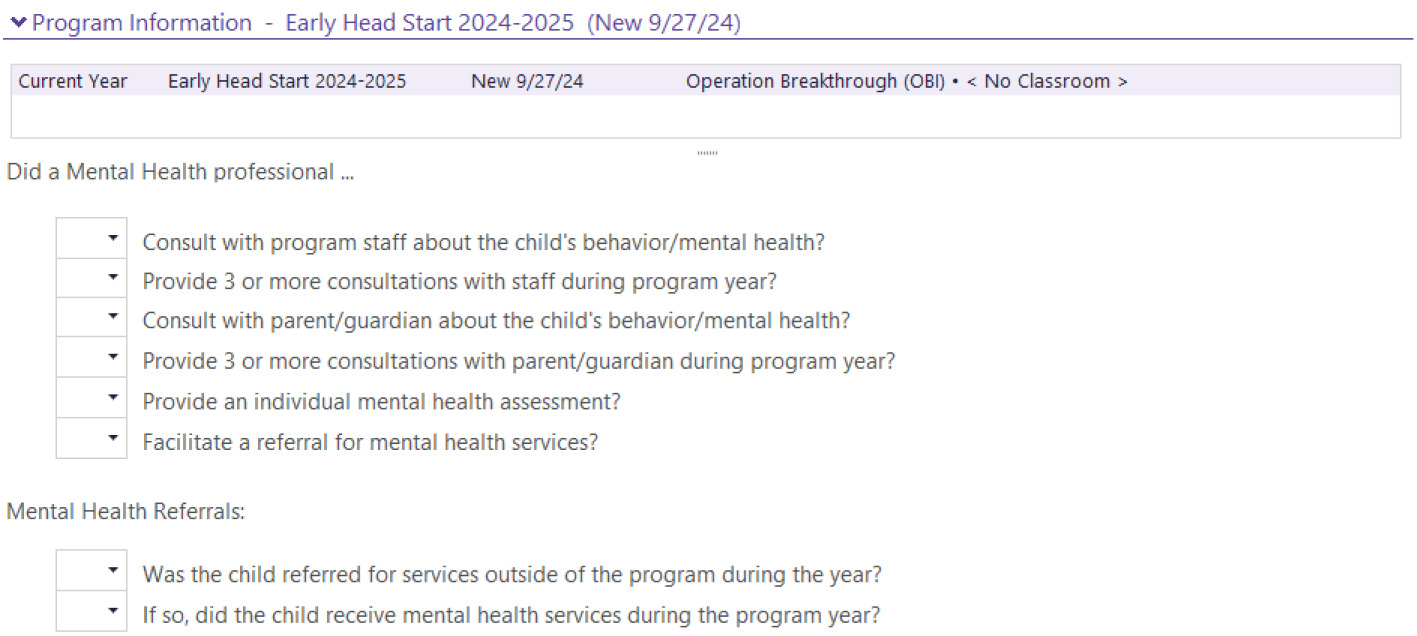
1. **Select** the current treatment status
2. **Select** Responsible Staff: select the name of the person who is responsible for mental health services or the mental health consultant for your program.
3. **Enter** the classroom teacher information
4. **Check** the Consultant Assigned box and enter the 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).



# PIR data

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

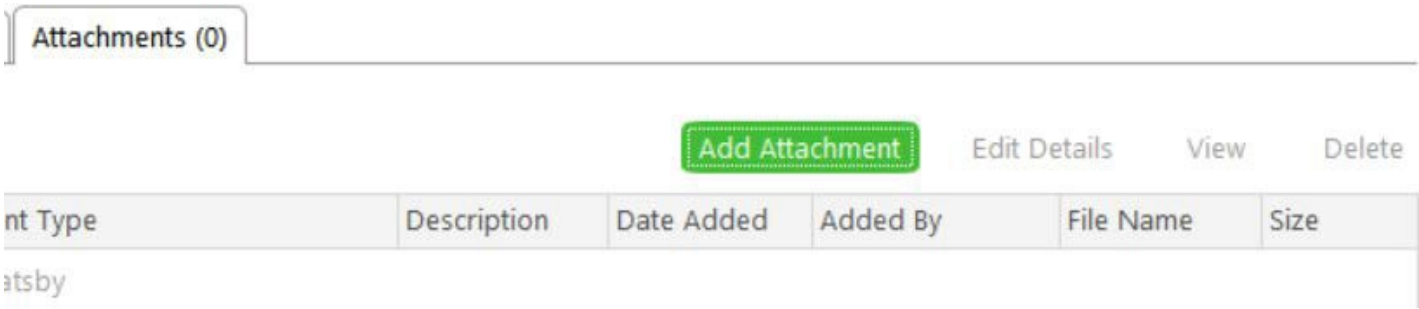
- **Consult with program staff about the child's behavior/mental health**: Does not mean you have to have referral.
- **Provide 3 or more consultations with staff during program year**
- **Consult with parent/guardian about the child's behavior/mental health**: Does not mean you have to have referral.
- **Provide 3 or more consultations with parent/guardian about the child's behavior/mental health.**
- **Provide an individual mental health assessment: ( Assessment-informal/formal collection of collateral information. )** Enter **Yes** if referred to internal Mental Health Staff.
- **Facilitate a referral for mental health services**: Enter **Yes** if referred to outside Mental Health source.
- **Was the child referred for services outside of the program during the year**. Enter **Yes** if referred to outside Mental Health source.
- **If so, did the child receive mental health services during the program year:** Enter **Yes** if services received from an outside source.



# Attachment Options

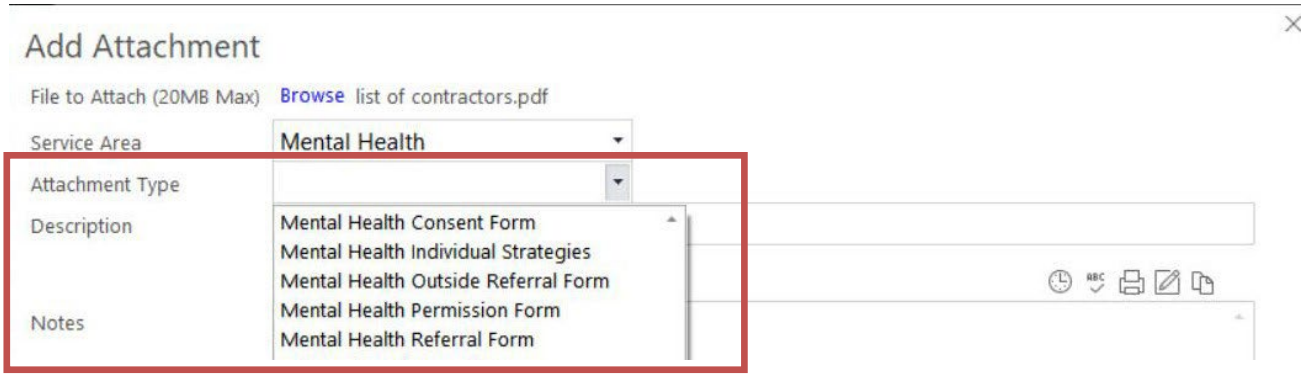
For direct service providers that choose to attach documents in the Mental Health module

Select the Attachment tab, Add an Attachment




Choose the file you wish to upload from your documents

Select the Attachment Type




Description-enter information to meet the need of your agency

Notes-enter notes to meet the need of your agency