

Service Area: Mental Health

CLASSROOM OBSERVATIONS

POLICY:

In order to provide all children with quality mental health and social and emotional well-being, the mental health specialist observes each classroom with the intent to promote positive mental health in each classroom, and assist in developing strategies unique to individual child needs.

PROCEDURE

1. The Mental Health Specialist observes each classroom with the first 120 days of school and completes the TPOT Short form (see attached) and a Classroom Observation Record.
2. The Mental Health Specialist makes at least one more visit to each classroom following the initial observation.
3. When Education Specialists, Program Manager or other staff members request a classroom observation, this classroom's observation becomes the priority for next observation.
4. Following a classroom observation, the Mental Health Specialist discusses strengths and concerns with the teacher and have them sign to document the discussion.
5. The Mental Health Specialist provides copies of the TPOT and Classroom Observation Record to the Education Specialists. This record includes names of students that require further monitoring.

STAFF EXPECTATIONS

1. Communicate with the Mental Health Specialist at a minimum of monthly to review virtual students.

RELATED DOCUMENTS

- TPOT Short Form
- Classroom Observation Record

TPOT—Short Form

Teacher's Name: _____ Classroom: _____

Date of Observation: _____ Activities Observed: _____

Start of Observation: _____ End of Observation: _____ # Adults Present: _____ # Children Present: _____

1.	Learning centers have clear boundaries (physical).	YES	NO
2.	The classroom is arranged such that all children in the classroom can move easily around the room.	YES	NO
3.	The classroom is arranged such that there are no large, wide open spaces where children could run.	YES	NO
4.	There is an adequate number and variety of centers of interest to children and to support the number of children (at least 4 centers; 1 center per every 4 children).	YES	NO
5.	Materials in all centers are adequate to support the number of children allowed to play.	YES	NO
6.	Materials/centers are prepared before children arrive at the center or activity.	YES	NO
7.	Classroom rules or program-wide expectations are posted, illustrated with a picture or photo of each rule or expectation, limited in number (3-5), and stated positively (all have to be true to score a yes).	YES	NO
8.	A visual schedule for the day is posted with pictures.	YES	NO

Score each item based on how often it occurs, using the following rubric:

1 = Never **2** = Rarely **3** = Sometimes **4** = Almost Always

9.	Teacher directed activities are less than 20 minutes.	1	2	3	4
10.	Transitions are chaotic.	1	2	3	4
11.	During transitions, all children are actively engaged, including children who are waiting for the next activity.	1	2	3	4
12.	Teachers have conversations with children about children's interests and ideas.	1	2	3	4
13.	Teachers' tone in conversations with children is positive, calm, and supportive.	1	2	3	4
14.	Teachers join in children's play.	1	2	3	4
15.	Children are reminded of posted behavior expectations.	1	2	3	4
16.	Teachers are prepared for activities before the children arrive at the activity.	1	2	3	4
17.	Children are engaged during group activities	1	2	3	4
18.	Teachers assist individual children in selecting activities and in becoming engaged.	1	2	3	4
19.	Teachers comment on children's appropriate behavior, skills, or activities.	1	2	3	4
20.	Teachers tell children what to do rather than what not to do.	1	2	3	4
21.	Teachers adapt group directions to give additional help to children who need more support.	1	2	3	4
22.	Children are reprimanded for engaging in problem behavior (teacher says, "no," "stop," "don't").	1	2	3	4
23.	Children are threatened with an impending negative consequence that will occur if problem behavior persists.	1	2	3	4
24.	Teachers support children in learning to manage their anger.	1	2	3	4
25.	When children have problems, teachers help children generate solutions.	1	2	3	4
26.	Teachers support children in learning how to solve problems.	1	2	3	4
27.	Teachers encourage interactions between children during play or activities.	1	2	3	4
28.	Teachers help children enter into and maintain interactions with peers.	1	2	3	4
29.	Emotions are discussed in the classroom.	1	2	3	4
30.	Teachers reprimand children for expressing their emotions.	1	2	3	4
31.	There is evidence of regular communication with families about the individual needs of their children.	1	2	3	4
32.	Interactions between adults (e.g., lead teacher, families, and co-workers) are respectful and positive.	1	2	3	4
33.	Children seem happy and content and are engaged in exploring their environment.	1	2	3	4
34.	Teachers and other adults (e.g., families and volunteers) seem happy.	1	2	3	4

35. What percentage of the observation was spent in teacher-directed activities? _____

COMMENTS:

- **Meaningful Relationships**

- **Directions**

- **Encouragement**

- **Feelings & Emotions**

- **Strengths**

- **Suggestions**

- **Plan**

Classroom Observation Form

Classroom: _____ Teachers: _____ Date & Time: _____

During each portion of the day, record instances of challenging behavior. For the first instance of a particular behavior, write the initial for that behavior in the box. For the second instance of behavior, circle the letter. Note additional instances of behavior.

<p>P = Physical Aggression (hitting, kicking, scratching, biting, pushing, etc.)</p> <p>D = Disruption (yelling, screaming, noise making, tantrums) DR = Disrespect (taking someone else's toy, teasing, cursing, not following directions, etc.)</p> <p>W= Wandering, Not Engaged</p> <p>U = Upset (crying, sad, etc)</p>	<p>E= ENGAGED – Actively participating in current activity</p> <p>S = SAFE-Walked in the hall, kept feet on the floor TEAM</p> <p>P = PLAYER-Helped another child, cleaned up his/her mess, came to group activity</p> <p>R = RESPECTFUL-Followed directions, used polite language, listened when others talked</p>
--	---

Time	Child's Name						
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
Comments:							

Service Area: Mental Health

MENTAL HEALTH COUNSELING REFERRALS

POLICY:

To ensure the child's mental health and social and emotional well-being, the Mental Health Specialist must build community partnerships to facilitate access to additional mental health resources and services, as needed.

PROCEDURE

1. The Mental Health Specialist compiles a list of community mental health agencies that serve the ages 0-5 and identify their specialties.
2. The Mental Health Specialist provides a copy of the list to teaching staff and Education Specialists at the beginning of the year and when changes are made to the list.
3. Parents are given the Community Mental Health Resource list in the following instances:
 - a. Following a Child Talk Meeting and intensive therapy services are recommended.
 - b. As part of the therapeutic intervention identification meeting as defined in Mental Health Counseling P&P.
 - c. All providers information will be provided to parents/guardians with recommendations highlighted based on matching need and specialties.
4. Teachers believing a student would benefit from mental health counseling talk to their Education Specialists. If Education Specialist concurs, he/she contacts Mental Health Specialist via email or during weekly meeting to discuss the referral.
5. If a parent requests information about mental health providers, teachers and/or staff refer them to the Mental Health Specialist to help facilitate appropriate referrals.

Service Area: Mental Health

MENTAL HEALTH COUNSELING

POLICY

To ensure each child's mental health and social and emotional well-being, mental health counseling services are available to staff and family to provide short-term therapy. Mental health consultation is also to be provide to assist in general understanding mental health and to access appropriate mental health interventions. All above services must be provided on a sufficient and consistent schedule to ensure delivery in a timely and effective manner.

PROCEDURE

STUDENT COUNSELING:

1. All parents sign limited consent for developmental screening and consultation with Mental Health Specialist.
2. Parents receive a phone call within 24 school hours following emergency intervention with the Mental Health Specialist. Emergency intervention is defined as: Removal from the classroom by the Mental Health Specialist following a situation where student engaged in behavior that was unsafe towards self or others.
3. Identification of students needing therapy:
 - a. Child Talk Meeting
 - b. Parents request therapy services
4. The Mental Health Specialist conducts a therapeutic intervention identification meeting with the parents of students identified as benefiting from short-term therapy services.
 - a. Parents must sign a consent for treatment prior to beginning treatment.
 - b. Parents and Mental Health Specialist identify treatment goals.
 - c. Type and frequency of treatment (individual, family or group) is identified.
 - d. Parents must sign documenting their understanding that information obtained in therapy can be used when making education and classroom recommendations but are otherwise considered privileged information.
5. Therapist contacts parents once a month to report upon progress. Parents are encouraged to contact Mental Health Specialist as often as desired.

6. Parents have the right to revoke consent for treatment at any time.

STAFF COUNSELING

1. Mental Health Specialist is available to staff for emotional support and short-term therapy services.
2. Staff must sign a consent for treatment prior to on-going short-term therapy services beginning.
3. Staff may set an appointment with Mental Health Specialist before or after school hours or drop-in to office.
4. All conversations labeled as “therapy services” are confidential and will not be shared with others without consent.
5. Staff have the right to revoke consent for treatment at any time.

VIRTUAL STUDENT COUNSELING

1. In the event of school wide virtual learning, parents will receive a letter informing them that virtual therapy services are available and instructions on how to request therapy.
2. Any students enrolled in virtual schooling will receive a letter of introduction including services available by Mental Health Specialist and how to access them.
3. The Mental Health Specialist will conduct a therapeutic intervention identification meeting with the parents of students prior to beginning virtual therapy services.
 - a. Parents must sign a consent for treatment prior to beginning treatment.
 - b. Parents and Mental Health Specialist will identify treatment goals.
 - c. Type and frequency of treatment (individual, family or group) will be identified.
 - d. Parents must sign documenting their understanding that information obtained in therapy can be used when making education and classroom recommendations but are otherwise considered privileged information.
 - e. Parent must be present for virtual therapy sessions unless otherwise discussed with Mental Health Specialist.
4. Parents have the right to revoke consent for treatment at any time

VIRTUAL STAFF COUNSELING

1. In the event of school wide distance learning, staff receive a letter informing them that virtual therapy services are available and instructions on how to request therapy.
2. All conversations labeled as “therapy services” are confidential and are not shared with others without consent.
3. Staff have the right to revoke consent for treatment at any time.

RELATED DOCUMENTS

- Consent for Treatment



Monica Miller, LMHC (MH#13814)
Early Childhood Mental Health Specialist - Baker Center
311 E. Charlotte Ave, Punta Gorda, FL 33950
941-575-5470 ext. 2018

Date: _____ Student DOB: _____

I give permission for my child _____ to receive short-term solution focused mental health services at _____ through the Baker Center program. This one on one service is provided free of charge through Baker and is designed to assist in developing successful classroom behavior.

I understand:

_____ Any information obtained through the therapy will also be used for educational strategies and support.

_____ I will be updated at least once a month by Ms. Miller but also have the right to contact her at any time for a progress update.

_____ Sessions will be _____ times a month for 20-30 minutes in duration, up to 10 sessions.

_____ The focus of the sessions will be

- Anger Management
- Social Skills
- Problem Solving Skills
- Appropriate methods of getting needs met
- Other _____

_____ If at any time it is believed that more intensive services are needed, I will be contacted with a referral for outpatient mental health therapy.

This consent is valid through the _____ School Year.

Parent/Guardian Signature

Date

Service Area: Mental Health

PARENT COLLABORATION

POLICY

To support the family's health, nutrition, and mental health needs, the Mental Health Specialist will collaborate with parents to offer programs that provide education on a variety of topics including but not limited to parenting classes, mental health issues and general health education.

PROCEDURE

1. Mental Health Specialist will host monthly parent information sessions titled "Let's Talk About..." on topics of mental health, behavior management, nutrition and medical information.
2. Parents will be given the option of attending Nurturing Parenting Classes throughout the year.
 - a. These classes will cover topics of Healthy Expectations (understanding age appropriate behaviors), Empathy, Discipline, Family Roles, and Power & Independence.
 - b. Child care will be provided during these classes.
3. Mental Health Specialist will introduce both "Let's Talk About..." and "Nurturing Parenting Class" to parents at orientation.
4. Mental Health Specialist and Family Advocates will meet to discuss pregnant mothers, including but not limited to parenting class enrollment, stress management and post-partum depression.
5. Quarterly newsletters will be distributed to parents and made available to read on the webpage with additional information about social, emotional and developmental milestones.

Service Area: Mental Health

REFERRAL PROCESS

POLICY:

In order to provide early intervention related to student's mental health concerns, atypical behaviors and/or development, the Mental Health Specialist will meet with staff and parents to identify and discuss issues and concerns related to child mental health & social emotional well-being.

PROCEDURE

1. Mental Health Specialist will work with education team throughout referral process to offer ongoing support to parents.
2. Mental Health Specialist will administer ConnersEC Assessment and/or SEAM as appropriate.
 - a. Teachers are expected to return ConnersEC Assessment booklet or SEAM within 7 working days of receiving it.
 - b. ConnersEC will be scored within 10 days of BOTH teacher and parent booklets being returned to Mental Health Specialist.
 - c. Mental Health Specialist will provide copies of Comparative Report and Assessment Reports to Disability Coordinator.
 - d. Teachers are expected to meet with Mental Health Specialist and parents to review Comparative Report and Assessment Reports generated from ConnersEC.
3. Mental Health Specialist will assist parents in completing Social Developmental History when requested by Education Specialist, teacher or Disability Specialist.

RELATED DOCUMENTS

1. ConnersEC Assessment Booklet
2. Social Emotional Assessment Measure (SEAM)

Service Area: Mental Health

SECOND STEP PROGRAM/SOCIAL EMOTIONAL LEARNING

POLICY:

In order to ensure the social and emotional development of each child the social emotional learning curriculum Second Step will be implemented in each three and four-year-old classroom.

PROCEDURE:

1. Each 3-year-old and 4-year-old classroom will be equipped with a Second Step™ Activity Box and necessary replacement parts.
 - a. Each teacher is to sign an inventory sheet at the beginning of the year indicating they have received the classroom box and all components are present.
2. The Mental Health Specialist will train any new 3- or 4-year-old staff.
3. Mental Health Specialist will review important skills and problem solve delivery issues during 3-year-old and 4-year-old teacher meetings.
4. Mental Health Specialist will share tips for implementation through email.
5. Teachers are expected to fill out a weekly Second Step Lesson Plan and returns it to their Education Specialist and Mental Health Specialist.
6. Teachers are expected to present Second Step Chapters during each school week with students in attendance for at least 3 days of class.
 - a. Teachers should include daily time for Second Step at the same time each week.
 - b. Failure to use Second Step curriculum will be documented as part of the Education Support Team Meeting.
7. Mental Health Specialist will observe Second Step in each classroom regularly to ensure the program fidelity.
8. Following observation, Teachers and Mental Health Specialist will fill out Weekly Theme Reflection Log and discuss evaluation.
9. Copies of Observation Form and Reflection Log will be provided to other members of education team.
10. Mental Health Specialist will discuss themes with students throughout the year.

ONLINE PROCEDURE

1. Teachers and Mental Health Specialist will discuss Social Emotional Learning progress during monthly phone calls.
2. Teachers are expected to present Second Step Parenting materials to students and families during weekly contact.

RELATED DOCUMENTS

- Weekly Plan
- Weekly Theme Observation Form
- Weekly Theme Reflection Form

Service Area: Mental Health

STAFF DEVELOPMENT

POLICY:

To ensure the mental health, social and emotional well-being for all center wide, the Mental Health Specialist will be available to staff to address mental health concerns, including internalizing child's problems and/or triggered issues resulting from student's challenging behaviors. The Mental Health Consultant will help staff to understand mental health issues and access mental health interventions, if needed.

PROCEDURE

1. Mental Health Specialist will be available to lead a book club discussion group throughout the year.
 - a. Mental Health Specialist will create opportunities for discussion and highlight relevant topics.
2. Mental Health Specialist will present to staff regarding mental health issues once a year at professional development days or during staff meeting.
3. Mental Health Specialist will provide ongoing training based on student or classroom need.
4. Mental Health Specialist will create a yearly theme based on mental health wellbeing.
 - a. Deliver monthly activities related to theme via email or staff meeting.
 - b. Create incentives for participate in mental health wellbeing activities.

Service Area: Mental Health

STUDENT CARE PLAN FOLDER

POLICY:

To ensure the consistent and effective delivery of services unique to a child's mental health, social and emotional needs, a Student Care Plan Folder will be placed in each classroom detailing the behavior plan specifics for any teacher substituting in the classroom to read and utilize.

PROCEDURE

1. After a Student Care Plan is created, the Mental Health Specialist will place a copy in a folder marked Student Care Plan. This folder will be placed in a conspicuous place in the classroom.
2. Teachers and/or staff members entering the classroom to engage with the student for an extended length of time are expected to read the Student Care Plan.
3. Teachers and/or staff members are expected to implement Student Care Plan interventions. Questions regarding how to implement SCP are to be directed first to the lead staff in the classroom and then to the Mental Health Specialist.

Service Area: Mental Health

STUDENT OBSERVATIONS

POLICY:

To ensure the mental health and social and emotional and developmental well-being of the child, the Mental Health Specialist will observe students in their classroom and consult with teachers, parents and other relevant professionals to determine the need for an individualized classroom management plan that promotes positive mental health.

PROCEDURE

1. Once a teacher identifies a social, emotional or behavioral concern they will work with their Education Specialist to collect preliminary data.
2. After the Education Specialists has worked with the teacher to collect data, they will request a detailed observation from the Mental Health Specialist either during weekly meetings or via email.
3. When the Mental Health Specialist observes a student during a classroom observation that elicits concerns, she will discuss the concerns with the teacher and inform the Education Specialist as well. The Education Specialists will follow up with the teacher.
4. Mental Health Specialist will conduct individual observation on using either Developmental Milestones & Competency Ratings (from DC0-5) or data collection.
5. Mental Health Specialist will share observations and recommendations at the Child Talk Meeting or other scheduled meeting with Education Specialist and teachers.

VIRTUAL SCHOOL PROCEDURE

1. Teachers, Specialists, Family Advocates and/or Program Manager can refer students/families to Mental Health Specialist for:
 - a. Mental Health concerns. Student should be referred if a parent believes there is a mental health issue or student has been diagnosed with mental health diagnosis and parents need more help addressing the student's needs.
 - b. Social/Emotional concerns. Student should be referred if parent reports concerns about student's ability to socialize or exhibiting strong emotional reactions, including managing feelings related to pandemic and medical issues.
2. Mental Health Specialist will call parents/guardians to discuss student and family's mental health needs. Mental Health Specialist will work with parent to gather data

using either Developmental Milestones & Competency Ratings (from DC0-5) or data collection.

3. Mental Health Specialist will maintain ongoing contact with family to meet their needs, including but not limited to once a month follow up contact unless family discontinues services with Mental Health Specialist. Plan will be documented in Student Care Plan.
4. Referral source will receive a copy of Student Care Plan or outcome of services.

RELATED DOCUMENTS:

- Developmental Milestones & Competency Ratings