



Disabilities & Mental Health Operating Procedures Manual

*Aligned with the 2016 Head Start
Program Performance Standards*

(Standards 1302.45 -1302.46)

(Standards 1302.50 -1302.53)

(Standards 1302.70 -1302.72)

(Standards 1302.20 -1302.24)

(Standards 1302.60 -1302.63)

(Standards 1302.60 – 1302.63)

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I. Introduction

Community Services of Northeast Texas, Inc. (CSNT) provides Disability and Mental Wellness services to children and families in accordance with Head Start Program Performance Standards 45 CFR 1301 - 1305.

Mental Health is a positive state, not just the absence of mental illness. Head Start's vision regarding mental wellness is to build collaborative relationships among children, families, staff, and mental health professionals in order to enhance awareness and understanding of mental wellness. This is all done by encouraging development, self-control, respect, relationships, building trust, fostering independence and even supporting and respecting the home language, culture, and family composition.

Under the legislation of IDEA provisions of special education services, interagency collaboration and program coordination for state and federal programs, e.g., Department of Education are required.

Community Services of Northeast Texas, Inc. Head Start will assist in the responsibility in monitoring of guidelines, training activities for parents and staff, working with the school districts and outside agencies, and serving on community boards whose mission is to work with children with identified needs. Any questions or concerns should be directed to the Head Start Director and/ or Disability/ Mental Health Specialist at the main office.

II. Identification of Needs and Assessments

A. Disabilities (Standard 1302.12 and 1302.14(b))

Selection and Enrollment

Head Start

The Head Start Program must maintain procedures established for selection and enrollment of children with disabilities. Through the year, the Disability/Mental Health Specialist plans collaboratively with staff to locate, recruit, and enroll children with *identified* needs, if the child meets Head Start requirements; and the program has space even if the ten percent enrollment is already met.

Texas Education Agency (TEA) (Standard 1302.60-63)

(a) Special education services. To be eligible to receive special education services, a student must be a "child with a disability," as defined in 34 Code of Federal Regulations (CFR), §300.8(a), subject to the provisions of 34 CFR, §300.8(c), the Texas Education Code (TEC), §29.003, and this section. The provisions in this section specify criteria to be used in determining whether a student's condition meets one or more of the definitions in federal regulations or in state law.

(b) Eligibility determination. The determination of whether a student is eligible for special education and related services is made by the student's admission, review, and

dismissal (ARD) committee. Any evaluation or re-evaluation of a student shall be conducted in accordance with 34 CFR, §§300.301-300.306 and 300.122. The multidisciplinary team that collects or reviews evaluation data in connection with the determination of a student's eligibility must include, but is not limited to, the following: (1) a licensed specialist in school psychology (LSSP), an educational diagnostician, or other appropriately certified or licensed practitioner with experience and training in the area of the disability; or (2) A licensed or certified professional for a specific eligibility category defined in subsection (c) of this section.

B. Procedure

1. Head Start ensures children enrolled are not denied due to severity or type of disabilities.
2. Staff provides a variety of placement options for children with special needs, such as dual enrollment, half-day placements and full inclusion.
3. The Family Service Worker works collaboratively with the Disability/Mental Health Specialist to make sure slots are available in order to meet ten percent of our enrollment are eligible children with special needs.

C. Assessments (Screening & Evaluation)

1. After enrollment, each child is screened for developmental skills in the areas cognitive, motor, speech, emotional, and social.
2. A health history is taken on each child, parents arrange for vision, hearing and physicals to be completed.
3. The Family Service Worker at each campus assists each family in completing an acceptance packet for students that will be enrolled in Head Start. The Family Service Worker notes any health, education, social or parent concerns, attended ECI, if child has an IEP, and refer them to the proper content Specialist for further services, if needed.
4. Children receive screenings/assessments within forty-five days of enrollment. (ESI Ages and Stages)

Note: Enrolled children that fail initial screenings and Non-English speaking children can be allowed to become familiar with the classroom environment for three weeks before a re-screened is completed by the appropriate staff. Since the screening tool is in English, translators are used when needed, to determine eligibility for further services

III. RTI (Response to Intervention)

Appropriate Professionals and Licensed Education Agencies, such as Speech Pathologists, Diagnosticians, and Therapist evaluate children to determine eligibility for services upon receiving referral form. Disability will be referred as soon as parent consent is obtained to the appropriate agency. This information will be documented on the referral form.

A. Referral Form

As documents are collected, they are placed in a yellow folder. They are then copied and given to the ISD representative. At the Pre-ARD meeting the packet is delivered to the ISD and is noted in the file.

B. The Referral Process

C. Staff Responsibilities

See Job Descriptions for the positions listed below:

Disability/Mental Health Specialist

Mental Health Advocate

Family Service Administrator

Family Service Worker

Campus Director

Teacher

D. Special Services File

1. A copy of the child's goal sheet listed on the IEP is obtained from the LEA. This documentation is kept in the child's green folder located behind the child's file in a locked file cabinet and the Child Plus database system.
2. The remainder of the ARD documentation is kept with the LEA and can be viewed by authorized staff, when needed.
3. Classroom staff keep a folder in the classroom with a copy of the goals and objectives from the IEP.
4. Teachers use the Individualization Plan to document individualization for students that have an IEP. Child Plus ID numbers are used for confidentiality of individual children.

IV. Mental Health Services

The primary focus of the Mental Health content area of the CSNT Head Start Program is to provide a full range of mental health services. The Mental Health Professional addresses this area initially, by evaluating each Head Start classroom to ensure that the environment is a safe-free environment. Also, to ensure the children's activities are age appropriate, and they have a good relationship with their caregivers and peers.

A. MENTAL HEALTH SCREENINGS (Standard 1302.32 (a) and 1302.45)

Procedures

1. Mental Health Professional conducts classroom observations of all Head Start classrooms, at a least once a year in the fall. Observation reports are used to assist

- staff in creating a nurturing, positive classroom environment. Intervention recommendations for children with special needs or atypical behavior are provided after an in-depth evaluation has been completed and parent approval has been obtained. Community Services Head Start staff are expected to be involved in the assessment of mental health needs.
2. Mental Health Professionals provide information that assist staff and parents in understanding normal child development and common problems in children, when needed. Some of the areas where information is given include classroom management, child development, communication skills, and handling of stress. The second level of intervention is focused on children exhibiting severe inappropriate emotions and behaviors. The classroom staff refers children with atypical behavior to the Mental Health Advocate.
 3. Upon referral, the Education Team or the Mental Health Professional observe and offer suggestions on how inappropriate behaviors can be remedied.
 4. If the behavior persists, the Mental Health Professional completes an in-depth evaluation and Behavior Intervention Plans as needed. In order to avoid an inaccurate diagnosis, the Mental Health Professional must observe the child properly in his/her normal environment; and use unbiased multiple diagnostic instruments. Information is kept in a blue folder behind the child's file in a locked file cabinet and the Child Plus database system.
 5. The Mental Health Professional provides ongoing professional training and assistance to campus staff and parents, when needed.
 6. The behavior goals are developed by the Mental Health Profession with input from the Head Start Staff at the parent meeting.
 7. Meetings are held periodically with staff and parents to discuss progress for children receiving services.
 8. The Educational and/or Disability/ Mental Health Specialist monitor the implementation for progress, problems, or concerns on an on-going basis.
 9. Mental Health Professionals conduct evaluations of children needing further assessments in the following areas: Physical, Coordination, Sensory, Emotional, Sensory, and Social Development.
 10. Classroom strategies are given to teaching staff by professionals and/or providers for children with atypical behavior or development

B. SEVERE EMOTIONAL/BEHAVIORAL DISORDER (Standard 1302.45 and 1302.60-63) Procedures

1. If a child scores below average on social/self-help skills on the Dial 4, Ages and Stages-SE or parent/staff has concern for behavior; the child's behavior is carefully monitored in the classroom by Education and Mental Health Advocate and Mental Health Professional. Efforts to rule out class management issues are made by providing behavior guidelines or tips to be used in the classroom by the Education Team/class teacher.
2. The CIT team at the campus develop a Behavior Intervention Plan, if necessary. (Reference HSPPS 1302.17 and 1302 Subpart E – Family and Community Engagement Program Services)

V. Health Impairment/Diagnostic Evaluation (Standard 1302.45 & 1302.60-63)

Procedure

1. Only children diagnosed with severe health conditions and functional limitations from appropriate Medical or Health Practitioners will be enrolled for special services.
2. Children are not enrolled for special education without a diagnosis. Children reported with health impairments, such as asthmatic, epileptic, or other health condition cannot be enrolled for special education without diagnostic reports from authorized professionals.
3. To secure diagnostic reports for Health impairments, child are referred to the Health Coordinator. Parent consent must be obtained before information is exchanged.

VI. The Goals of Individual Services

Disabilities (Standard 1302.60-63)

- A. Implementation of special services by Community Services Head Start Program are in accordance with the Head Start Program Performance Standards 1302.61-1302.63.

Goals:

- To ensure re-screening of children with low developmental screening scores, using Dial 4, when referred by Education staff.
- To provide special education or related services necessary to foster the maximum development of each child; and to facilitate participation in the regular Head Start Program, unless the services are being provided by the local education agency (LEA) or some other agency.
- To develop inter-agency agreements with the LEA'S and other agencies in carrying out the following activities for children with special needs: Child Find; procedures for services; ARD meetings; resource sharing; and other mutually agreed upon items.
- Individual differences of children by providing a supportive environment. To coordinate educational activities that will be suitable for each child's developmental level.
- To utilize the existing community resources (when available) to the greatest extent relative to the needs of the individual child.

- To enroll and maintain at least ten percent of Head Start enrollment as children with identified needs in the following categories, according to the grant, as required by 45-CFR 1302.14(b); and Texas Education Code, Title 19, Part 2, Chapter 89, Rule §89.1040

(c) Eligibility definitions.

1. CSNT Head Start will follow the provisions set forth by IDEA and the Texas Education Code Chapter 89. Adaptations for Special Populations Subchapter AA. Commissioner's Rules Concerning Special Education Services. Within these regulations, the 13 conditions that designate a disability are listed along with eligibility criteria.

B. Mental Health (Standard 1302.45)

Mental Health services are provided in accordance with the Head Start Program Performance Standards in 45 CFR 1301 - 1305. There is a three-level approach to the service delivery: (1) mental wellness services; (2) intervention services to children with emotional and/or behavioral problems; and (3) services to children with other identified needs.

Goals:

- Assist all children participating in the Program with emotional, cognitive and social development toward the overall goal of social competence coordination with the Education Program and other related activities.
- Provide staff and parents with an understanding of child growth and emotional/social development, appreciation for individual differences in a supportive environment.
- Work toward prevention of; and early intervention, when a child exhibits emotional/behavioral challenges, which interfere with the child's social development, and develop a positive attitude toward mental health services.
- Utilize community resources to the greatest extent possible to serve children with problems that prevent them from coping with their environment.
- Provide children with identified needs necessary mental health services, which will ensure that they are offered an opportunity for all available benefits with their families through participation in the Program.

- Provide ongoing training to staff to improve prevention and intervention skills for children with identified needs and their families.

VII. Diagnostic Criteria for Reporting

Before a child is formally enrolled for special education, the Disability/Mental Health Specialist ensures appropriate certified or licensed professionals who work with these children must have diagnosed all children reported in the following categories.

Auditory Impairment (AI), Autism (AU), Deaf-Blindness (DB), Intellectual Disability (ID), Multiple Disabilities(MD), Orthopedic Impairment (OI), Other Health impairment (OHI), Learning Disability (LD), Speech Impairment (SI), Traumatic Brain Injury (TBI), Visual Impairment (VI), Non-Categorical Early Childhood (NCEC) - (Reference TEA website)

VIII. Implementation of Special Services and Mental Health Program (Standard 1302)

Mental Wellness Methods for Children

The following methods are used to provide mental health wellness to all Head Start children.

Classroom Mental Wellness

Mental wellness is implemented in the classroom through the implementation of Conscious Discipline. Conscious Discipline is a part of the curriculum and effective teaching practices.

Mental Health Professionals

1. Mental Health Professionals observe classrooms once a year and provide technical assistance to classroom teachers on classroom management.
2. Mental Health Professionals provide training to staff on Mental Health topics, as needed.
3. Parents complete Ages and Stages Questionnaire- Social Emotional upon enrollment. The screener is evaluated and discussed with the parent.
4. When indicated, children will receive follow-up observations that may lead to a referral.

A. Mental Health for Parents

1. At enrollment, parents are given information if needed on the types of mental health services available in Head Start.
2. Parents are given a Parent Handbook during orientation and Family Service Workers assist them with accessing any services needed through local resources.

B. Records (Standard 1302.20-.24)

Throughout the school year, the Disability/Mental Health Specialist and Mental Health Advocates have access to records of evaluations, assessments, referrals, follow-up reports, contracts, training agendas and sign in sheets, including mental health records, that are kept in locked file cabinets at the Campus and through the Child Plus Database System. Confidentiality of records is maintained at all times. CSNT Head Start follows FERPA or IDEA where applicable. (See **FERPA implementation in the Standard Operating Procedures**)

IX. Admission, Review, Dismissal (ARD) (Standard 1302.60-63)

The Disability/Mental Health Specialist and/or Mental Health Advocate collaborate with the LEA to schedule meetings for children diagnosed to discuss child's Admission, Review, and Dismissal from special services. This meeting is to be conducted for children with identified needs, at least once a year or as needed for the following reasons:

1. To discuss the child's specific assessment results, strengths, and weaknesses
2. To officially enroll the child into the special services program
3. To dismiss the child from the special services program

X. Social Services/Parent Involvement

1. Children with disabilities are included in the full range of services provided to all Head Start children and their families, as required by HSPPS 1302.60-63). Mental Health/Disabilities Specialist ensures all services identified on the Individualized Education Plans are provided. The Family Service Worker completes and uses the Family Partnership Agreement (FPA) to identify family needs, and refers the families to available resource services in the community.
2. HSPPS require involvement of parents for children with special needs and that parent needs are met by the Family Service Worker.
3. The Disability/Mental Health Specialist and Mental Health Advocates ensure that:

- a. Information on child/parent development is provided.
- b. Support to families entering from infant/toddler programs is provided.
- c. Opportunities to observe activities in the classroom and suggestions for home follow-up activities are provided.
- d. Parents are given some information on parent's rights and available community programs/resources.
- e. Parents are encouraged to volunteer at the Head Start Campus.
- f. Ongoing coordination of recruitment, referrals, staffing and case management of children families.

XII. Staff Responsibility

See Human Resources Job Descriptions

XIII. Transition (Standard 1302.70-72)

- A.** Staff will follow transitions procedures to ensure a smooth transition for children with disabilities into Head Start, and from Head Start to the next placement:
- Identifying the agencies serving infants/toddlers, and establishing the transition procedures into Head Start.
 - Establishing transition procedures from Head Start into the school districts.
 - Conducting inter-agency staff and parent training and site visits.
 - Preparing child program summaries for transition

Staff are involved with the children, families and local education agencies to assure continuity of services after children leave the Head Start Program, as required by HSPPS. Appropriate steps may be taken to continue collaborative agreements with local education agencies to facilitate special services efforts. Periodic contact with the family and school should be made to determine how children have adjusted and progressed.

B. Public School Transition

Eligible children with identified needs are transitioned into public schools by the Disabilities Specialist. Transition activities begin in spring of each year. Listed below is the transition plan for children with disabilities.

1. Education Team along with support staff and public school officials, plan field trips to kindergarten class after January. The trip consists of a tour of school, lunch at school, and interaction with kindergarten children, *if available*.
2. A transition meeting is held with parents of children with special needs who are eligible for transition into public school. The Disability/ Mental Health Specialist, Mental Health Advocates, and LEA and support staff inform the parents of their continued rights of free and appropriate education and any special services parents deemed necessary.
3. Family Service Workers and classroom staff notify parents of the date and time of kindergarten enrollment. If parents or guardians want information released to the School District, they must sign *Consent to Release of Records* Form.
4. Eligible children are properly reevaluated by the local education agency to ensure appropriate placement. Parents are educated and guided by local education agency staff when choosing placements.

Once a child with special needs has been transitioned into the public school of his /her choice, Family Services will follow-up with the family to ensure that no further information is needed from Head Start and that child has successfully transitioned. At this point, the Head Start program ends services for that child. Head Start maintains collaborative inter-agency agreements with the school districts, outlining the responsibilities of Head Start. When required information is received by the school district, Head Start is informed of the child's placements.

Early Childhood Intervention (ECI) and Early Head Start Transition

Children birth to three years old with identified needs are transitioned from the early childhood programs into Head Start after their third birthday.

1. Referrals are made by ECI and Early Head Start six months prior to the child's 3rd birthday and the following information is needed:
Application/enrollment forms, proof of income diagnostic reports, IFSP, and completed progress reports.

The Family Service Worker notifies parents/guardians of children who do not meet Head Start poverty guidelines in writing. They are usually advised to check with their school districts- Child Find for enrollment.

XIV. Disability & Mental Health Folders (Standards 1303.20-24)

Files containing special education documents are maintained at the Campus in a locked file for each child. All document transfers must follow the policies set forth by CSNT through the Family Education Rights and Privacy Act and guidelines followed by IDEA. Concerns and updates are documented in the Child Plus database system under Disability/Mental Health.

A. Documents contained in the Special Services Folder

(See Special Services File Information in FORMS)

B. Staff Responsibility for Special Services Files

1. Mental Health Advocate creates the Special Services file(s) located at the Campus as well as inputting information into the Child Plus Database System, as appropriate.
2. Special Services Files contain consent forms, screenings, evaluations, IEPs, and copies of information sent to the Mental Health Advocates, as well as any other documentation pertaining to the child's special needs.
3. Disability/ Mental Health Specialist monitors files and tracks implementation of services for children receiving special services.
4. Only authorized staff will have access to information concerning children receiving special services.

C. Folders

1. Yellow folders are used to indicate the beginning of the Referral Process.
 - i. Information is transferred to the green folder after all paperwork is completed and the ARD is finalized.
 - ii. Information is transferred to the child's main file if no diagnosed disability is found.
2. Green folders are created for children with a diagnosed disability.
3. The green folders are kept in a locked file cabinet at the Campus. The goals from the IEP, progress of how the child is meeting those goals and information on implementation of special services are kept in these files. The IEP, goals, and ARD signature page will be uploaded into Child Plus under the disability section.
4. Teachers document classroom implementation of goals on the individualization plan.

5. The Mental Health Advocate ensure that teachers have a copy of the IEP goals. Disability/Mental Health Specialist, Mental Health Advocates and Curriculum Director assist in concerns and questions.
6. Goals are documented on individual children through the Individualization Plan.
7. Blue Folders are used for Mental Health information.

XV. Community Partnerships (Standard 1302.53)

Relevant services are provided for children with identified needs through Collaborative and Interagency Agreements. The Disability/Mental Health Specialist maintains these agreements annually or as the need arises.

XVI. Campus Intervention Team: Step-by-Step – Special Services

Parent, Teacher, Campus Director has a serious concern regarding a student's academic progress, abilities and/or behavior and wants to refer this student to the HSCIT (Head Start Campus Intervention Team).

1. After all classroom screenings have been completed, Teacher will inform the Mental Health Advocate that a concern has been identified for the child.
2. Mental Health Advocate will then contact the local LEA to inform them that a concern has been identified, and LEA will complete a screening on the child.
3. If the child fails the screening, LEA will then inform Mental Health Advocate to move forward with full referral process.
4. Mental Health Advocate will then meet with parents to complete all required paperwork and Campus Staff will collect Dial 4, Circle, Hearing and Vision, Attendance, Home Language Survey, Classroom Observations, Parent input and other testing documents or IFSP. Once all paperwork and data are collected, the Team will decide to move forward with referral to LEA.
5. All collected paperwork is then submitted to LEA and a Pre-ARD is held.

XVI. Campus Intervention Team: Step-by-Step – Mental Health

Parent, Teacher, Campus Director has a serious concern regarding a student's academic progress, abilities and/or behavior and wants to refer this student to the HSCIT (Head Start Campus Intervention Team).

1. Teacher has concern – Contact Campus Director, document in Child Plus and email to Mental Health Advocate.
2. Mental Health Advocate will email the Curriculum Director and Disability/Mental Health Specialist that concern has been identified.
3. If behavior is severe and could cause harm to self, other children and/or staff, Mental Health Advocate will schedule a Parent Meeting to discuss safety issue.
4. Mental Health Advocate will schedule the Curriculum Director to observe student.
 - a. If Curriculum Director documents that the teacher needs assistance with the child's behavior – the Education Specialist will mentor/coach the teacher on behavior management
 - b. If the Curriculum Director sees the same concern as the teacher, the MHA will get consents from the Parent to move forward in the process.
 - c. If the Curriculum Director does not see any issues in the classroom with the child's behavior or the teacher's interactions with the child, the Campus Director or Teacher will follow-up with the parent on things that will be done in the classroom to alleviate the behavior
5. Observation from Mental Health Provider with notes from observation provided to MHA.
6. After observation by Mental Health Provider, meeting with CSNT staff – MHA, CD, Curriculum Director, Mental Health/Disability Specialist, will be conducted to prepare for Parent Meeting
7. Parent Meeting is conducted to start services – Parent, Teacher, MHA/FSW, & Mental Health Provider