

Developing and Implementing a Programwide Vision for Effective Mental Health Consultation

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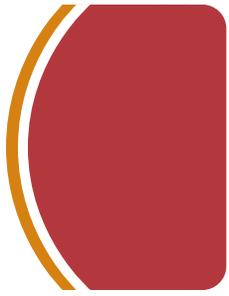


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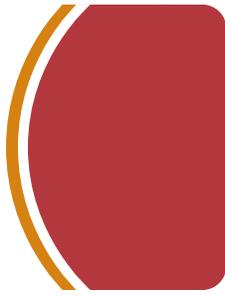
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Introduction

This toolkit is intended to support Head Start and Early Head Start administrators in their efforts to develop and implement a vision and strategic plan for a programwide approach to mental health and mental health consultation. Program administrators will learn how to ensure more effective mental health consultation by facilitating staff-consultant relationships and providing support and oversight to mental health consultants. This toolkit will also provide administrators with ideas and tools to help plan and sustain effective mental health consultation in their programs. Administrators will learn how to write strong job descriptions and contracts for mental health consultants; how to build effective mental health teams or committees to guide and sustain the work of the consultant; and how to implement effective quality assurance and quality improvement feedback loops for consultation services.



Developing a Mental Health Vision

Research has suggested that Head Start/Early Head Start programs with a “vision” that guides their mental health services and approach are likely to have more positive outcomes. While the Head Start Performance Standards provide a foundation for the required components of mental health services, administrators are responsible for working with families, staff, and community providers to create a programwide vision of mental health services. This vision should include implementing the Performance Standards in a way that meets the mental health and wellness needs of the unique children, families, staff, and communities in your program. When program administrators work with families, staff, and community members to develop a shared vision of mental health within the organization, they create a program environment in which there is a common understanding of the approach to mental health services that can be implemented across program components. A shared vision of mental health is a foundation for effective mental health services.

What Does a Mental Health Vision Look Like?

A programwide vision of mental health services provides a common understanding of the program’s definition of mental health; the general approach to mental health; the roles of staff, consultants, and administrators in implementing a mental health perspective; and the goals and desired outcomes of mental health services. That common understanding is shared throughout the organization.

A programwide vision of mental health includes:

A common understanding of “mental health.” A common understanding of the term “mental health” is an important aspect of having a shared vision of services. Because of the stigma associated with the term mental health, and cultural differences in how mental health is conceptualized, it is essential that Head Start administrators work closely with families, staff, and communities to develop a common understanding of child and adult mental health that takes into account cultural and linguistic viewpoints. Programs without a shared vision may use a variety of terms (behavioral health, social-emotional health, emotional well-being, or social competence, to name a few) without ever coming



to consensus about what is meant by these terms. Regardless of the term used, it is important that there is a shared definition, and that this definition reflects a prevention-oriented, holistic, wellness-focused approach. Further, it is important to recognize that mental health develops in infancy and continues to impact well-being throughout the lifespan.

Zero to Three has developed a working definition of early childhood mental health that can be used as a beginning point for developing a common understanding of the term mental health. According to Zero to Three, early childhood mental health refers to “a young child’s (birth to five years) ability to: experience, control, and express emotion; form close and secure personal relationships; and explore their environment” — all of which occurs within the context of family, community, and cultural expectations for young children.

Effective, integrated mental health consultation. A key component of a mental health vision is the vision for mental health consultation. Mental health consultants (MHCs) should partner with programs to support the overall mental health vision. However, it is important to remember that consultation is necessary but not sufficient for good mental health outcomes. How to integrate the consultant into the program as someone who partners with staff and families is an important part of the mental health vision.

A holistic approach to mental health. A holistic approach to mental health in Head Start and Early Head Start incorporates a mental health perspective into all aspects of the program, including education, health, nutrition, disability, and social services, as well as staff wellness. Through this holistic approach, positive mental health for young children and their families does not occur in isolation from the child and family’s physical, emotional, social, cognitive, occupational, and spiritual well-being. In addition, staff wellness is an essential component for supporting the mental health of children and families. Again, it is important to see how the MHC supports this holistic approach and to avoid viewing the consultant as “the” person working on mental health.

Clear roles for families, staff, consultants, and administrators. The programwide vision of mental health must include clearly articulated roles for how families, staff, and administrators support the mental health perspective within the program. In developing the vision for mental health services, the administrator can help the program articulate the roles and responsibilities of families, staff, administrators, and MHCs. Clearly articulated roles will help to ensure that vision is implemented across program components. An underlying message in the program’s vision should be that “mental health is everybody’s business.”

Goals and outcomes of the mental health approach. Defining program goals and outcomes is a key component of a programwide shared vision of mental health. A shared vision that includes clearly articulated goals and outcomes provides a roadmap for families, staff, and administrators to understand how children, families, staff, and the program will benefit from the mental health services. The next section of this toolkit, “Building a Mental Health-Specific Strategic Plan,” provides guidance on developing goals and outcomes.



A shared vision. The vision for mental health services within a Head Start/Early Head Start program should be a shared vision that is developed and agreed upon by families, staff, and administrators. Because of staff and consultant turnover, training of program staff and MHCs is key to maintaining a shared vision of mental health across time. Administrators should keep in mind that because of their differing perspectives, administrator and staff perceptions may diverge. Therefore, administrators should include program staff and families in developing the programwide vision of mental health. A few indicators that a program has a shared vision of mental health include:

- A written mission or vision statement for mental health services.
- A written explanation of the philosophy or theoretical approach to mental health consultation.
- Program staff or family members who use phrases from the mission statement often.
- Program staff and families who are able to describe the program's approach to mental health in similar ways.

Defining a “Mental Health Perspective”

Programs with a mental health perspective integrate mental health principles throughout the education, health, disability, nutrition, and social services components of Head Start and Early Head Start, while creating an organizational environment that supports, values, and promotes staff wellness. Rather than placing the responsibility of mental health services and staff wellness solely on the MHC or mental health/disabilities coordinator, programs with a mental health perspective distribute the responsibility for implementing the programwide vision for mental health services across staff, administrators, and MHCs. Consequently, families, staff, and administrators work together with a common, shared vision of mental health services that supports the social and emotional development of children and their families and the well-being of program staff. Finally, a mental health perspective values the promotion of positive mental health for all children, families, and staff; prevention services for children and families who are at risk of mental health challenges; and intervention for children and families of children who are experiencing mental health challenges.

Leadership Role in Developing/Maintaining a Shared Vision

Head Start and Early Head Start program administrators play a key role in developing and maintaining a shared vision of mental health services. Administrators who value early childhood mental health create an early childhood environment that is informed by a mental health perspective and is responsive to the mental health needs of children, families, and staff. A leadership team that values mental health is essential for promoting a mental health perspective across all program components and for helping families and staff share the program's vision of mental health. This is essential for modeling positive relationships between MHCs and staff. It will also create an environment where staff and families understand early childhood mental health in a nonstigmatizing way, and how it is related to all aspects of child development.



Administrators can take a strong leadership role in developing and maintaining a shared vision of mental health services by:

- Creating a mental health mission statement through the strategic planning process.
- Engaging families, staff, and community members in creating a mental health strategic plan and revising that plan regularly.
- Integrating a mental health perspective into program policies and procedures.
- Incorporating the mental health mission statement, the mental health strategic plan, and the mental health policies and procedures into new staff orientation.
- Providing ongoing staff development on topics related to early childhood mental health.
- Creating space and opportunities for staff, families, and MHCs to develop relationships.
- Modeling positive relationships with the MHC.
- Developing community partners who support the program’s vision of mental health services.
- Using creative and flexible approaches to expand the resources available for mental health supports to children, families, and staff.
- Valuing and supporting staff wellness.

Self-Awareness Activity: How Clear Is My Vision?

As an administrator, your vision for mental health services and consultation is important, although the ultimate vision for the program should be something created collaboratively. Knowing your own vision and being able to articulate it will help you to understand how your vision fits with program staff and families and where it may differ. It will also help you identify gaps in your own knowledge or understanding of mental health that might suggest your own areas for professional development or education in the mental health area. Take a few minutes to answer the following questions. You may want to save your answers for use in your strategic planning process.

1. How would you define “mental health”?
2. What does it mean to have a “mental health perspective” in your program?
3. What do you see as your role in your program’s mental health services?
4. What do you hope to accomplish with your program’s mental health services and approach?
5. As you reflect on your own understanding of children’s mental health, what do you feel are the gaps in your knowledge? What continuing education or resources might help you to address these gaps?



Building a Mental Health-Specific Strategic Plan

As an Early Head Start/Head Start administrator, one of your jobs no doubt includes facilitating a strategic plan for your program. But does your program's strategic plan include a section dedicated to implementing a mental health vision? Having a programwide vision and a specific strategic plan that outlines goals, objectives, and strategies for ensuring effective, high-quality mental health services is one of the keys to having an effective program.

STEP 1: Make a Commitment and Provide Leadership

The first step toward developing a mental health strategic plan is to make an informed commitment to the planning process. What does this mean? First, understand that a strategic plan is not something that you, as the administrator, develop by yourself. To be effective, you will need to implement a collaborative, participatory planning process. Collaborative management means that as administrator, you are sharing some of the decision-making power with staff and families. The benefit to this in strategic planning is that there will be a broader commitment to the goals and activities that emerge, which will ultimately help make the plan more successful.

Time commitment: Strategic planning takes time and effort. However, we recommend setting up a series of no more than four two-hour meetings to work on the initial strategic plan. To guide you in organizing those four two-hour meetings, Steps 3 through 7 of this strategic planning process each represent one strategic planning meeting. This can help the group to focus and be productive in moving toward the concrete goal of having a written plan developed in a timely way. Ideally, these meetings will be no more than a month apart, or the group can lose momentum. As the leader, you know how to best make this work in your program. In your leadership role, it is important for you to demonstrate the importance of dedicating time to the planning process by attending these meetings yourself, and by helping to ensure staff release time and family support so that the team can fully participate.



STEP 2: Build a Strong Planning Team

You will need to identify a team to participate in planning. Ideally the team should include:

1. Yourself as the administrator.
2. Your mental health services/disabilities component manager.
3. Representatives from your teaching staff.
4. Representatives from other direct service staff who are interested in working on mental health planning (this could include family advocates, home visitors, bus drivers, kitchen staff, etc. — remember, mental health is everybody’s job!).
5. Parent representatives from your policy council or other interested parents.
6. A community member from your mental health advisory board.
7. Optional: You may want to include a mental health consultant in this process. However, be aware that one thing that may emerge are identified weaknesses in your current consultation arrangements, or even dissatisfaction with the consultant himself/herself. However, if you have a strong relationship with a consultant who is open to feedback and input about his/her role in the program, you may want to include this person in the planning process.

An effective planning team usually includes no more than eight individuals. Someone who has strong facilitation skills and (ideally) has done strategic planning before should agree to act as the team facilitator.

ACTIVITY Who’s on Your Team?

Make a list below of the people you will invite to be part of your mental health strategic planning process.

ROLE	NAME	ALTERNATE NAME
1. Mental health/disabilities component manager		
2. Teaching staff		
3. Other direct service staff		
4. Parent		
5. Community member		
6. Mental health consultant (optional)		
7. Anyone else?		



It is important that the members of the planning team understand and value a holistic approach to mental health services. Planning team members should also be familiar with best practices in mental health consultation. We recommend that before the meeting, team members review the information about the key ingredients of effective mental health consultation included in [Tutorial 3: The Effective Mental Health Consultant](#) on the Center for Early Childhood Mental Health Consultation (CECMHC) website. Another good resource for general early childhood mental health services in Head Start/Early Head Start is *What Works: A Study of Effective Mental Health Consultation Programs*. You will want to spend some time at the first meeting developing a common understanding of what is meant by “mental health” that is developmentally appropriate and incorporates cultural considerations. In addition, the discussion should address the importance of support for child, family, and staff mental health through a programwide approach.

STEP 3: Articulate the Program Vision for Mental Health Services (Strategic Planning Meeting 1)

At this stage, you’ve already learned about the importance of having a vision for mental health services that includes having everyone understand what is meant by “mental health” in your program; developing a holistic approach to mental health that addresses the relationships of child, family, and staff wellness; clear roles for families, staff, consultants, and administrators; and a clear statement of expected goals and outcomes for your mental health approach. Now it is time to work on making this vision clear and translating it into an actionable strategic plan, with input from the team members.

In your first two-hour strategic planning meeting with your full team, we recommend starting by developing a written vision statement for your mental health services that identifies the overarching approach to mental wellness in your program — an “imagined future” that you are striving for. It should articulate your philosophy or theoretical approach to mental health within your agency and should reflect the guiding principles of children’s mental health. A vision statement states the values (or guiding beliefs) and the purpose of the mental health services within your organization. Get group consensus on this written vision statement, and use it as a “touchstone” for developing your strategic plan — everything else in the strategic plan should be related to helping your program achieve this vision.

Once you have an agreed-upon vision statement, develop a plan for sharing it broadly with the rest of your staff. As you learned in the last section, “Developing a Mental Health Vision,” it is essential that everyone — from bus drivers and cooks to the executive director — understand what you are trying to achieve in terms of mental wellness.



STEP 4: Assess Your Program’s Current Mental Health and Consultation Services and Set Goals and Outcomes (Strategic Planning Meeting 2)

Working from the overarching vision statement, your second strategic planning meeting should focus on setting goals and objectives for your mental health approach. Your overarching vision is likely to be very broad. As you develop your strategic plan, you will want to select a few more targeted goals, and then develop a set of specific objectives for each goal. Remember, **goals** tell you what you want to achieve, but not how you are going to get there. **Objectives** are specific, measurable, actionable, realistic, and time-limited (SMART). Objectives are statements of things that your program can do or achieve in a relatively short time frame (you may want to have some objectives for the current program year, and some for upcoming years). When you accomplish your objectives, you will know you have had success in doing the activities outlined in your strategic plan.

Your MHC, and how you structure that role and the consultant’s relationships with staff, will be critical to helping your program achieve its goals. Make sure your program goals include goals related to supporting child, family, and staff mental health. You might try developing a goal for each one of these (child, family, staff). It’s OK to develop a “big list” of goals; in fact, that kind of brainstorming can be important in getting everyone on board and excited about the planning process. Ultimately, though, you’ll want to focus your strategic plan on a manageable number of goals, each supported by a set of actionable objectives.

One way to begin to develop a list of program goals is to ask your team (and perhaps other staff members as well) to complete the [ECMHC Program Needs Assessment Survey](#), available on the CECMHC website. This online survey asks a series of questions about your program’s current approach to mental health and the services provided by the MHC. Each individual who completes the survey will receive a printout that shows how their ratings of your program’s mental health services and consultation compares to currently recommended best practices. The report also includes resources for learning how to strengthen components of the program that might be in need of improvement. While each individual’s perspective may be different, if each member of the team completes the Needs Assessment, this will give the team ideas for prioritizing specific program areas for goal-setting in your strategic plan.

Once you have completed the online version of this survey, you will receive an individualized list of training materials, links, and other resources that can help your program address any challenges identified. We suggest that your program use these for ongoing discussions and quality improvements.



ECMHC Needs Assessment Program Information Survey

1. What is your program name? _____
2. How many different individual mental health consultants (MHCs) does your program currently work with (for Early Head Start and Head Start classrooms only)?
 Total MHCs _____ (Select: 1, 2, 3, 4, 5, 6, 7, 8+)
3. Does your program regularly work with mental health interns (students) who work with or are supervised by the MHC?
 Yes
 No (skip to question 6)
4. How many mental health interns (students) does your program regularly work with?
 Number of mental health interns _____ (Select: 1, 2, 3, 4, 5, 6, 7, 8+)
5. About how many hours per week does each intern work?
 Number of hours per week _____ (Select: 0-5, 6-10, 11-15, 16-20, 21-24, 25-30, 30-35, 35+)
6. Which one of the following best describes why you don't work with interns?
 No local training program to provide interns.
 No qualified supervisor can be located.
 Too much hassle/too labor-intensive.
 Just haven't figured out how it might work for our program.
 No reason/haven't thought about it.
 Other (please specify): _____

7. For each individual MHC that works with your Early Head Start and Head Start children and staff, indicate the level of effort (hours per week) that each MHC works, and how long that person has worked with your program as an MHC.

	Hours per week	Number of years worked as MHC for program
Mental Health Consultant 1	_____	_____
Mental Health Consultant 2	_____	_____
Mental Health Consultant 3	_____	_____
Mental Health Consultant 4	_____	_____
Mental Health Consultant 5	_____	_____
Mental Health Consultant 6	_____	_____

Thinking about the number of children, classrooms, and staff that are currently supported by the MHCs listed previously (regardless of funding source), tell us:

8. Number of Children Served
 (Select: None, 1-25, 26-50, 51-75, 76-100, 101-200, 201-300, 301-400, 401-500, 501-600, 600+)
 How many slots does your program have for infants (0-1) and pregnant women? _____
 How many slots does your program have for toddlers (ages 1-3)? _____
 How many slots does your program have for preschool children (ages 4-5)? _____
 How many purely home-based slots does your program have? _____



ECMHC Needs Assessment Program Information Survey (continued)

9. Number of Classrooms
(Select: None, 1-5, 6-10, 11-15, 16-20, 21-24, 25-29, 30-34, 35+)
How many total infant classrooms does your program have? _____
How many total toddler (1-3 years old) classrooms does your program have? _____
How many total preschool-aged (4-5 years old) classrooms does your program have? _____
10. Number of Staff
(Select: 1-9, 10-19, 20-29, 30-39, 40-49, 50+)
How many total teaching staff (including assistants and aides) does your program have? _____
11. How many physically distinct sites or centers does your program have? _____
(Select: 1-5, 6-10, 11-15, 16-20, 21-25, 26-30, 31-34, 35+)
12. Do you consider your program to be:
 Mostly rural.
 Mostly urban.
 Mostly suburban (outlying area surrounding an urban location).
 Mixed urban and rural.
13. About how many children/families does your program serve who speak English either not at all or as a second language (ESL)? *Check one only.*
 More than 80% of our children/families are ESL or non-English-speaking.
 More than 50% of our children/families are ESL or non-English-speaking.
 25%-49% of our children/families are ESL or non-English-speaking.
 6%-24% of children/families are ESL or non-English-speaking.
 Our program serves fewer than 5% ESL children.
14. What language is spoken by the most of your ESL/non-English-speaking families? *Check one only.*
 Spanish.
 Russian/Eastern European.
 Vietnamese.
 Mandarin/other Chinese.
 Other Asian/SE Asian language (*describe*): _____
 Native American/Alaska Native/other tribal language (*describe*): _____
 Other language (*describe*): _____
15. Which of the following best describes how your MHC(s) work with non-English-speaking families?
Check all that apply.
 We have at least one MHC who speaks a language other than English that is commonly spoken by our families.
 We use hired translators to help the MHC communicate with non-English-speaking families.
 We use other HS/EHS staff to translate/help the MHC communicate with non-English-speaking families.
 We use another strategy. (*Please describe*): _____
 Our MHC is not able to communicate (either directly or through translators) with non-English-speaking families.

**ECMHC Needs Assessment Program Information Survey (continued)**

16. Are any of your program's MHCs employees of this Head Start program or grantee agency? That is, are they employed as a Head Start program staff member?
- Yes
 - No
17. Does your agency subcontract for any mental health consultation services?
- Yes
 - No
18. Does your mental health consultation contract or job description describe any specific skills, knowledge, or training that your MHCs must have?
- Yes
 - No
 - Do not have a contract or job description for the MHC. (*skip to question 23*)
19. Would you be willing to be contacted so that we can invite you to share your contract/job description with the Center for Early Childhood Mental Health Consultation?
- Yes
 - No
20. Which of the following are specified in the MHC contract or job description?
- No educational qualifications specified.
 - Bachelor's degree or higher required.
 - Master's degree or higher required.
 - Ph.D., Psy.D., MD, or higher required.
21. Is your MHC required to be a licensed or certified mental health professional?
- Yes
 - No
 - Not sure
22. Are any of the following specialized knowledge areas specified in your MHC contract or job description as desired characteristics? *Check all that apply.*
- No specialized knowledge requirements.
 - Typical and atypical child development.
 - Child psychopathology.
 - Separation and attachment disorders.
 - Cultural competency.
 - Adult mental health issues.
 - Maternal depression.
 - Knowledge of mental health issues in infants/toddlers.
 - Child trauma.
 - Substance abuse.
 - Developmental disabilities in children.
23. Does your program implement a standardized curriculum specifically designed to support children's social-emotional development (e.g., Second Step)?
- Yes
 - No (*skip to question 25*)
24. Are you satisfied with this curriculum in terms of ease of use and effectiveness?
- Yes
 - No



ECMHC Needs Assessment Program Information Survey (continued)

25. Do your staff regularly screen children using a standardized instrument for identifying social-emotional and behavioral problems or delays?
- Yes
 - No *(skip to question 27)*
26. Are you satisfied with this screening tool in terms of ease of use and effectiveness?
- Yes
 - No
27. Does your program currently have any active interagency agreements to facilitate referrals to community mental health providers?
- Yes
 - No
28. Does your program currently have any active interagency agreements to facilitate referrals to community substance abuse providers?
- Yes
 - No
29. Do you feel you have been successful in obtaining additional/supplemental funding to support mental health consultation for your program?
- Yes
 - Somewhat
 - No
30. Would you be interested in learning more about how to obtain/supplement funding to support mental health consultation in your program?
- Yes
 - No
31. Do you regularly provide feedback to the MHC(s) you work with about the quality and/or effectiveness of their services?
- Yes
 - No
32. Which of the following do you think are the biggest challenges for you in implementing effective mental health consultation services? Please choose the two biggest challenges at your program:
- Staffing (ability to find, hire, retain skilled consultants).
 - Lack of clarity around what the MHC's role should be/how to use this person most effectively.
 - Staff feel they do not really need the services of the MHC.
 - Lack of resources to pay for a sufficient amount of consultation.
 - Lack of time to focus programmatically on mental health issues and consultation.
 - Other *(please describe)*: _____
33. In what areas might you want additional technical assistance or resources around early childhood mental health consultation?



Once your planning team has completed the ECMHC Program Needs Assessment Survey, you can use the results to generate a list of areas where your program needs to be strengthened, and to write goals and objectives for what you would like your mental health services and approach to accomplish. It is likely that there may be far more of these goals and objectives than you can reasonably expect to accomplish within a year. Therefore, the next step in developing the strategic plan is to prioritize your goals and identify specific strategies for what you plan to accomplish, and when.

STEP 5: Prioritize, Strategize, and Plan Next Steps (Strategic Planning Meeting 3)

Your third strategic planning meeting should focus on prioritizing objectives, strategizing, and planning for next steps. One of the pitfalls of doing a strategic plan is being overwhelmed by having too many things that you'd like to accomplish, and goals that are so broad that they seem almost impossible to achieve (e.g., “all children happy and healthy”). This is where it is important to prioritize the things the group has discussed. You may want to keep a list of goals or objectives that are not prioritized, so these ideas can be revisited as you begin to accomplish what you prioritize in your plan. Identifying the priority goals and objectives can be done in a variety of ways. Your group may be able to discuss and quickly come to consensus if there are a few things that emerge as clear priorities from the needs assessment process. If your group generates a lengthy laundry list, however, you may want to use a more formal process, such as giving each group member three to five colored stickers to use to identify his or her top priorities. Those items that receive the most “sticker votes” can then be incorporated into the strategic plan.

If your group has identified a single goal for child, family, and staff wellness, you may want to have some objectives within each of these goal areas as part of your strategic plan to ensure a holistic approach.

Begin to identify strategies for achieving your goals and objectives. Strategies are what you are going to need to do in order to accomplish objectives — they are the “how” part of the plan. Sometimes these are called “activities.” For each objective, ask the group, “What do we need to do to accomplish this?” For your mental health strategic plan, strategies may include things that MHCs can do (e.g., visit classrooms on a monthly basis to provide coaching to teachers), things that program staff can do (e.g., learn specific techniques for redirecting children’s behavior), things that community partners can do (e.g., establish interagency referral agreements), and things that are required of the administrator or leadership (e.g., change policy or procedure).

Along with the identified strategies, make the strategic plan actionable by indicating **who** will be responsible for each strategy, and establish a **timeline** for when the task should be accomplished. It is likely that your plan will include some strategies that can be implemented almost immediately; others may take more time to accomplish. Be **realistic** in setting your timelines, given the other things that your staff may have to do. Make sure everyone is clear about what he or she is committing to, including deadlines for completion. If your strategies are effective, you should begin to incorporate them into your program policies and procedures.



Example Mental Health Strategic Plan				
Objective	Action Item/Strategy	Who's Responsible	Targeted Completion Date	Progress Notes and Update Dates
1. Determine and implement desired mental health consultation.	Get training on capacity-building approaches for early childhood mental health consultation.	Management team	2012-13	Received 9/12; planned for 1/13
	Gather input from staff on MHC needs.	Strategic planning group	Fall 2012	Completed
	Develop mental health mission statement.	Strategic planning group	Fall 2012	Completed
2. Develop additional resources for direct mental health service to high-need children.	Develop other community resources beyond current mental health provider.	Mental health manager, administrator	Jan. 2013 and ongoing	Mental health/disabilities manager meeting with CCMH to explore options
	Write grants for more direct mental health services for children.	Administrator, partner with community mental health	Ongoing	Need to develop a plan to identify requests for proposal
	Consider having a university or other intern.	Mental health manager, MHC	Feb. 2013	Need to identify appropriate university contact
3. Acquire capacity to provide space for confidential mental health meetings with families.	Inventory each center to identify available space for confidential meetings.	Center managers	Jan. 2013	Completed
	Provide "do not disturb" signs at each center.	Center managers	Jan. 2013	Completed
	Consider white noise machines if needed at centers.	Center managers	Jan. 2013	Not needed



Example Mental Health Strategic Plan (continued)				
Objective	Action Item/Strategy	Who's Responsible	Targeted Completion Date	Progress Notes and Update Dates
4. Increase parent access to mental health services in more rural areas.	Work with partners to provide on-site adult mental health services at Head Start locations.	Mental health manager, administrator	Fall 2013	Initial meeting with community MHP; follow-up scheduled
	Write grant to support transportation for parents to get to mental health provider, especially to initial required meeting.	Administrator, transportation manager	Fall 2013	Grant submitted to local foundation 2/12
5. Maximize MHC support to staff.	Prioritize MHC time in classrooms.	MHC, administrator	Fall 2012; revisit strategic plan 2013	Changes in place 2012-13
	Develop ways to facilitate staff-MHC communication to make the most of MHC classroom visits.	MHC, education coordinator	Fall 2012; revisit SP 2013	Changes in place 2012-13
	Improve response time of MHC to requests for help.	MHC, education coordinator	Fall 2012; revisit strategic plan 2013	Changes in place 2012-13
	More staff training by MHC; include drivers in trainings.	Management team, MHC	2012-2013	Several scheduled 2012-13
	Provide ongoing clarification of role of the MHC.	Management team, MHC	Ongoing	Ongoing
6. Maximize staff peer support and exchange of ideas.	Use increased supervision time to discuss mental health issues of families and children.	Center managers	Fall 2012	Ongoing
	Dedicate time for "case consultation" on teacher/family advocate training days.	Education coordinator, family services coordinator, MHC	Spring 2013	



Example Mental Health Strategic Plan (continued)				
Objective	Action Item/Strategy	Who's Responsible	Targeted Completion Date	Progress Notes and Update Dates
7. Help parents better understand children's mental health issues.	Offer at least two parent classes or support groups annually focused on mental health-related topics.	Family services coordinator	Ongoing	Maternal depression support group scheduled to start fall 2012
	Have MHC do parent training on mental health issues annually.	Administrator, MHC	Ongoing	Parent training scheduled spring 2012
	Offer stress reduction/support groups for parents.	Management team	2013	On hold until 2014
8. Increase the level of cultural competency of mental health services and approach.	Seek out external trainer to provide training on mental health issues for Hispanic families.	Mental health manager	2013	Scheduled for 2013 preservice
	Continue to reach out to access resources to improve cultural competency.	Management team	Ongoing	Need to revisit/refine this objective
	Refine model for supporting MHC to work effectively with non-English-speaking families.	Bilingual staff, mental health manager, MHC	Ongoing	Need to implement a team to work on this for 2013-2014
9. Create more within-program resources for mental health.	Organize on-site literature so that it is more accessible to staff (an "approved" bibliography).	Identify a student intern and/or volunteers to do this	Spring 2013	
	Have materials or brochures available at each site for frequently asked questions (bed-wetting, nail-biting, thumb-sucking, autism, bullying, etc.).	Contact community partners for materials	Spring 2013	
	Make sure materials (above) are translated into needed languages.	Family services manager	Spring 2013	



STEP 6: Plan for Regular Review and Updates (Strategic Planning Meeting 4)

Without a doubt, the biggest problem with developing a strategic plan is the failure to use that plan as a living document that guides program development. Don't let this happen to your mental health strategic plan! Your final strategic planning meeting should focus on developing a specific, time-limited approach to revisiting the plan, reviewing accomplishments, and training new staff and MHCs about the strategic plan. We recommend that you schedule a follow-up meeting no more than two months after you finalize your initial plan to check in and monitor progress, and to help brainstorm or problem-solve any barriers that emerge. You may even want to identify a separate group of individuals who can act as an "implementation team" for the strategic plan. An implementation team meets regularly to ensure that progress is being made and to oversee the implementation of key strategies. Regular check-in meetings are essential to ensure progress is made and to regularly update the strategic plan. At these meetings, it will be important to evaluate progress and to revisit, as needed, specific objectives or activities that may be more or less difficult to implement.

Finally, once the plan is developed, it is essential that all program staff, MHCs, and policy council members receive training or continuing education on working with the mental health strategic plan. Doing so will help your program maintain a shared vision for mental health and ensure that the steps you have outlined for how to achieve that vision are broadly understood among all program staff and families. Research has shown that programs in which staff feel there is a shared vision for mental health may be more successful in supporting mental health outcomes.

ACTIVITY Where Do I Need Planning Support?

As you think about starting mental health-specific strategic planning, you may feel you need more information or support — either about mental health more broadly, specific issues or topics relevant to your program's situation, or more-general support for effective planning. Brainstorm a list below, thinking about what additional resources or information you need to feel confident in your ability to do effective strategic planning for mental health.

Where might you find these resources? Below, list two or three resources that you plan to seek out in the next few weeks to help strengthen your skills in this area:

1. _____
2. _____
3. _____

3

Foundations for Implementing A Successful Strategic Plan

As your program begins the process of implementing a mental health strategic plan and making changes in the consultation process, it is important to make sure that your organization is truly ready to support positive change. Research has found that in order for mental health consultation to be effective, staff and families must be ready to be partners in the consultation process. Staff who are ready to participate in consultation are staff who are not threatened by a consultant coming into their classroom, who are open to learning from the consultant, and who are interested in working collaboratively with the consultant to identify new strategies and ways to facilitate success for children and families. One of the key ways to build readiness in your program is through your leadership role, making sure that you communicate to staff that:

- Consultation is normative — something that supports all staff.
- Consultation is not punitive — it does not mean staff are not doing their jobs well.
- Consultants are “part of the Head Start team,” helping to make sure the program services best meet children’s needs.
- Consultants are not here to “fix” children, but rather to partner with staff to help support a holistic mental health approach.
- Consultants are available to staff when they need them and ready to respond to questions and requests.

It is important to recognize that staff may carry preconceived notions about mental health that may negatively impact their willingness to work with the consultants. Administrators must communicate and educate staff about the consultants’ role in supporting holistic mental health approaches and to help eliminate stigma around the concept of mental health.



ACTIVITY Is Your Program Ready for Consultation?

Review each of the items below, and indicate whether each statement is true for yourself and for your staff. If any of these things are not true for either yourself or your program, you may need to work on these issues so that your program can benefit maximally from consultation.

As a administrator, are you:	Check if Yes
1. Prepared to provide staff time for partnership and consultation activities?	
2. Willing to engage in a reflective strategic planning process about how to best meet the mental health needs of families, children, and staff?	
3. Realistic about your expectations for consultation and what consultation can do?	
4. Able to adopt an improvement-oriented perspective, including collecting and reviewing data and continually making changes to your program to improve services?	
5. Willing to allow consultants regular time in the classrooms?	
6. Willing to provide time for staff and consultants to meet outside the classroom?	
7. Philosophically committed to including all children in classroom-based services?	
8. Committed to professional development of staff?	
9. Willing to reach out to community partners to expand and facilitate access to community mental health resources?	
10. Committed to supporting staff wellness?	

Do you feel your staff are:	Check if Yes
1. Willing to accept support from the mental health consultant?	
2. Willing to engage in a reflective strategic planning process about how to best meet the mental health needs of families, children, and staff?	
3. Realistic about their expectations for consultation and what consultation can do?	
4. Clear in their understanding about the role of the consultant?	
5. Open to partnering with the consultant to develop new/different ways to work with children and families?	
6. Willing to allow consultants regular time in their classrooms?	
7. Willing to take time to meet with consultants outside the classroom?	
8. Philosophically committed to including all children in classroom-based services?	
9. Committed to their own professional development?	
10. Willing to see supporting children's mental health as part of their job?	



Family Readiness for Consultation

Families must be ready for consultation as well. Family members (as well as others) often have preconceived notions about what “mental health” means and may be resistant to bringing in a mental health consultant to work with them and their child. Especially when working across cultural boundaries, it is important to work closely with parents so that they understand that having an MHC work with them doesn’t mean they are not good parents. As administrator, you play an important role in helping to reduce the stigma that is sometimes associated with the words “mental health” and in working with your program staff to find ways to educate and communicate with families about the role of the consultant. One way to do this is by creating and communicating the program’s shared vision, as described in Section 1. Another good strategy is to invite your MHC to make a presentation (ideally, this could be a co-presentation with a trusted member of program staff) at a “parent night” event and/or policy council meeting. This presentation should include information about your program’s broader, more holistic approaches and definition of mental health and should describe the consultant’s role in the program.

Family readiness also includes a commitment on the part of the family to working with the consultant on things that may be challenging either in the classroom or at home. Families may be more ready for consultation if they feel that their voices are heard and that they have been involved in/communicated with about issues involving their child. Families may also be more ready to accept consultation if they view the consultant’s presence in the classroom as normative and not stigmatizing. To the extent that part of the consultant’s role is supporting all children, this will help parents be more accepting if more-targeted intervention approaches are required.

Structuring and Supporting the MHC-Staff Relationship

In a national study of mental health consultation in Head Start programs, researchers found that the single most important factor related to positive consultation outcomes was the quality of relationships between and among consultants, staff, and parents. These relationships were even more important than how much consultation was being provided, or the frequency of consultation services. As administrator, you can build the foundation for these relationships by hiring a consultant with the characteristics, competencies, and approach to service delivery that best fit the needs of your program (see [Tutorial 3](#) on the CECMHC website), and by making sure that the formal contracting or hiring arrangements include a clear statement of key activities and lines of communication that support positive, collaborative relationships.

Some programs hire MHCs through subcontracts (either with individuals or with other organizations). Other programs hire MHCs directly as program staff. Whatever approach you use, you will want to make sure there is a detailed contract or job description that includes the types of services and activities you expect the MHC to provide, and the amount of time expected. By specifying different kinds of activities, you set the stage for how staff and families will interact with the consultant (and vice versa). It is important to include these in the job description or contract, but once the consultant is hired, you will want to create opportunities to discuss these collaboratively with the consultant.



Consider the following activities that can support collaborative relationships and facilitate positive staff-consultant relationships:

- Have the MHC provide regular formal training to staff.
- Build in regular (at least monthly is ideal) time in each classroom.
- Build in time for the MHC to attend staffing/family review meetings.
- Allow staff to have email or other access so that they can contact the MHC directly with questions or concerns.
- Emphasize in the contract that the majority of the consultant's time should be spent doing staff- and program-level consultation — rather than pullout activities or direct therapy.
- Consider having the MHC lead staff wellness activities, such as a staff support group.
- Involve your consultant in the development and maintenance of the mental health strategic plan.

Consider these activities that can facilitate parent-consultant relationships:

- Have your consultant schedule time in the classrooms during drop-off/pickup.
- Have your consultant provide at least one presentation at a policy council or parent event.
- Have your consultant facilitate group-based parent services related to early childhood mental health (e.g., parent-infant attachment groups, parent education groups, etc.).
- Have your consultant write articles for your program newsletter about supporting positive mental health and well-being — make sure he or she signs his or her name to these contributions.
- Have your consultant available to go on home visits with staff to facilitate consistency in how parents and staff are working with children.

Equally important is that staff and families understand who the consultant is and how they should work with the consultant. For families, ask the MHC to write a generic letter of introduction describing himself or herself and his/her role in the program. Make sure the letter is informal and consistent with the program's vision for mental health services. You may want to co-sign this letter with the MHC.

Work with your program supervisors and managers to make sure that staff understand the role of the consultant and the expectations for partnership that are part of the consultative process. Staff should also understand and be comfortable with the activities that the consultant will be engaging in and know what the parameters are for direct access to the consultant with questions or concerns. [Tutorial 2: Defining Early Childhood Mental Health Consultation and the Consultant Role](#), available on the CECMHC website, contains information about the consultant role and process.



Support and Oversight for the MHC

Support and oversight of the MHC is a very important process in establishing an effective mental health services program, but it is often overlooked by program administrators. It is particularly important to provide clear support and supervision when your program partners with a mental health professional who is unfamiliar with Head Start, Early Head Start, or early childhood care and education. The consultant is entering an unfamiliar system that is often very different from the mental health system in which he or she works. Because the mental health system and the Head Start/Early Head Start systems are so different, program administrators can play a key role in supporting the MHC in this new role. There are three forms of support and supervision that we will discuss: administrative supervision, clinical supervision, and collegial support.

Administrative supervision. Whether working as an employee of the agency or as a contracted consultant, MHCs need direct supervision from an employee within the Head Start or Early Head Start program. Your program should determine the best individual to provide this supervision. Administrative supervision provides the MHC with a direct contact person within the agency who can provide information and support about the program's vision and strategic plan for mental health, policies and procedures, and the program's structure. The administrative supervisor could work closely with the consultant to establish important policies and procedures, such as the consultation referral process, the consultant's role in supporting staff wellness, or the activities that the consultant will engage in within the program. The administrative supervisor may also need to act as a liaison between the consultant and the staff by facilitating relationships and modeling the value of the consultant within the program. Another important part of administrative supervision is collaborating with the consultant to review information and feedback about outcomes of, and satisfaction with, the consultation services. This might include reviewing individual child-level data, collecting parent or staff satisfaction surveys, and/or reviewing program data on classroom expulsion rates.

Clinical supervision. Clinical supervision refers to supervision of mental health professionals regarding their work as a mental health professional. Clinical supervision is very important for mental health professionals, so that they have the opportunity to reflect on their practice, discuss and problem-solve ethical issues, and develop their knowledge and skills. All MHCs who work with Head Start or Early Head Start programs should receive consistent, ongoing clinical supervision that takes place at a mutually agreed-upon and regularly scheduled time — regardless of whether the consultant is an employee of the program or is contracted to provide services.

Because clinical supervision should be provided by mental health professionals who have post-master's degree experience in mental health, who are licensed in the state of practice, who have an understanding of the role of the mental health professional within the Head Start/Early Head Start program, and who have knowledge of community resources, it is unlikely that a Head Start employee will be able to provide clinical supervision for the consultant. However, Head Start administrators play a key role in ensuring that MHCs are receiving outside clinical supervision.



Collegial support. Many Head Start MHCs, especially MHCs providing services in rural areas, have never spoken to or met another Head Start/Early Head Start MHC. In fact, rural MHCs may have little to no access to other mental health professionals who work with young children and their families. Yet collegial support is so very important.

Head Start and Early Head Start administrators can play a key role in developing supportive relationships among MHCs. Consider creating an MHC partnership with other mental health programs in your community, region, or state. Through the MHC partnership, you could introduce your MHC to other consultants, and they could share ideas, resources, tips, and strategies. Remember that MHCs who feel connected and supported are likely to stay with your program.

ACTIVITY Supporting and Supervising the Program's Consultant

Take a few minutes to reflect on the following questions. How, in your role as program administrator, can you ensure that your consultant receives quality support and supervision?

1. Who currently provides administrative supervision to your MHC? How could current administrative supervision be improved?
2. How often does the MHC receive clinical supervision, and from whom? You may need to talk to your MHC about whether they feel they are getting adequate and effective clinical supervision.
3. What opportunities does your MHC have to connect with other MHCs? How could you support the consultant to develop these relationships?

4

Hiring, Job Descriptions,
and Contracts

Head Start Performance Standards offer programs considerable latitude in how they work with mental health consultants and relatively little specific guidance about who should be hired, what these individuals should do, and how to structure the work of the consultants. However, research and practice in the area of mental health consultation have begun to identify consultation approaches that may be more effective in Head Start settings. Administrators can support effective early childhood mental health consultation by establishing the administrative structures, procedures, and policies that reinforce these best practices.

Head Start programs differ in such basic areas as how they employ or work with MHCs. Some Head Start programs directly employ a mental health professional to provide early childhood mental health consultation services, while others contract with a mental health professional who is self-employed or employed by an outside agency or organization. A Head Start program that directly employs a mental health professional to fulfill the role of an MHC will need to create a job description that specifically outlines the qualifications, roles, and responsibilities of the individual as an employee of the Head Start program. In contrast, a Head Start program that contracts for early childhood mental health consultation services will need to solicit services through a request for proposal (RFP) that outlines the types of services that are being sought. Then, once an agency or individual is identified to provide the early childhood mental health consultation services, the Head Start program will need to create a contract, which is a formal agreement between the program and the contracted MHC or agency outlining the scope of services to be provided by the contracted MHC.

Job descriptions and contracts are both essential documents for implementing, supporting, and evaluating the work of the MHC. Through the job description and the contract, the Head Start program conveys the program's vision of mental health services that was developed through the [strategic planning process](#). The documents then become a roadmap for the MHC in creating and implementing early childhood mental health consultation services that reflect the agency's vision for mental health. They can also be useful for communicating the roles and responsibilities of the MHC to program staff



who will be partnering with the MHC. The Head Start program can also use the job description or contract to evaluate the degree to which the MHC is providing the types of consultation services that the program intended.

Components of a Good Job Description

Whether you are writing a contract or hiring a consultant directly, it pays off to write a detailed job description. It is essential that the job description for the MHC reflects your Head Start program's vision for mental health services. The job description should clearly articulate a description of the MHC job and the [skills, knowledge, and abilities of the MHC](#). See page 30 for a good sample job description for an early childhood MHC, keeping in mind that the specific characteristics that you may need in your program may differ somewhat.

There are several components of a good job description (your agency may have additional required sections depending on your specific human resource policies). See [UCLA's Guide to Writing Job Descriptions](#) for general information about developing good job descriptions.

- 1. Description of the work to be performed.** The description of the job should include a summary statement, the duties and tasks to be performed, and the degree of supervision.
 - i. **Summary statement.** The summary statement provides a synopsis of the major purpose of the MHC position and its role within the Head Start program. State in two to three sentences what the primary role of the MHC will be in your program.
 - ii. **Duties and tasks.** "Duties" are the major subdivisions of work performed by the MHC, while tasks define the methods, procedures, and techniques by which duties are carried out. Tasks articulate what is done, how it is done, and why it is done. You will want to provide a fairly detailed account of the types of activities and tasks that your MHC will be asked to provide (see Tutorial 3 on the CECMHC website for examples of key activities). Major subdivisions of work might include things like: (1) staff training; (2) parent training; (3) classroom observations; (4) in-class consultation and coaching; (5) individualized child- and family-centered consultation; and (6) individual child screening, assessment, and referral. If possible, you may want to assign a proportion of the MHC's allocated time to each of the expected duties (e.g., 10 percent staff training; 15 percent parent training, 50 percent in-class observation and consultation, etc.

"Tasks" are the specific activities within these categories that the consultant may be expected to engage in. It is important to be as specific as possible about the required tasks for the MHC. For example, if you will want the MHC to provide training on mental health-related topics twice per year, specify this in the job description. If training happens more often, be clear about expectations for this.

When the consultant or someone else reads the job description, they should be able to formulate a fairly specific picture of how they will be spending their time with your program, and the kinds of activities that are most central to the job.



iii. **Degree of administrative and clinical supervision.** Describes the way in which MHC duties are assigned and supervised, when the position is reviewed, and how it is reviewed. Distinguish between “administrative supervision” — that is, who will the MHC report to within the Head Start program, and who will be responsible for overseeing and monitoring the work done within your program, and “clinical supervision” — who will oversee the clinical work that the consultant does with families and children. Providing adequate supervision and support for the MHC has been shown to be a characteristic of effective consultation programs, so it is important to be clear about how and how often the consultant will be supervised, and by whom. Consultants may need to have additional clinical supervision, so the job description should indicate whether this will be provided by Head Start or by another agency.

2. Description of the required and preferred skills, knowledge, and abilities of the MHC.

The second major component of the job description provides a listing of the required and preferred knowledge, skills, and abilities for the MHC. Federal performance standards provide a starting point for thinking about the required or recommended qualifications for the MHC, stating, “Mental health services must be supported by staff or consultants who are licensed or certified mental health professionals with experience and expertise in serving young children and their families” (1304.52(d)(4)). (For more information about recommended qualifications for an effective MHC, see [Tutorial 3](#) on the CECMHC website.) You will need to decide, based on your specific programmatic context, which characteristics are required versus preferable. For example, a program that services predominantly Spanish-speaking families and children may *require* a bilingual/bicultural MHC, while one that has a small number of these families may *prefer* someone with this particular skill set. A consultant serving a program that includes infants and toddlers as well as preschoolers may require knowledge and experience in working with infant attachment, while this may not be important for a program that services only preschool-aged children.

Knowledge, skills, and abilities might fall in the following categories:

- **Knowledge** refers to the core content areas in which you expect the consultant to have had training and/or experience, keeping in mind that performance standards require experience and expertise in working with young children and their families. Core content areas might include infant and early childhood mental health, including the underlying causes of challenging and troubling behaviors, attachment relationships, typical and atypical child development, best practices and evidence-based practices and curricula in working to support young children’s social-emotional development, knowledge of how mental health services and concepts differ across different cultures, knowledge of the mental health service delivery system, and knowledge of Head Start program models and approaches.
- **Skills** are those specific behaviors that you would like the MHC to be able to demonstrate, including the ability to build strong, collaborative relationships; to conduct observations of children and environments and use the results of these observations to set goals and develop individualized plans; to partner and work collaboratively with staff and families; to work as



Sample Job Description

HEAD START PROGRAM Early Childhood Mental Health Consultant

POSITION DESCRIPTION

Summary

The early childhood Mental Health Consultant (MHC) is responsible for providing early childhood mental health consultation support to Head Start staff, children, and families. The MHC will provide a broad range of services, including early childhood mental health consultation in classrooms and through home visits; training and coaching staff; screening, assessment, and referral services; promotion and marketing of group services; and providing parent trainings. The MHC will also collect data, maintain records, and support compliance in all facets of Head Start Performance Standards and state regulations.

Duties & Tasks

1. General Classroom Observations, Consultation, and Coaching (40%)
 - Visit each classroom at least once a month.
 - Provide child development information related to social-emotional development and mental health.
 - Provide guidance to staff on selecting, implementing, and interpreting social-emotional screening and assessment tools and findings.
 - Provide guidance and model developmentally appropriate activities for children and effective ways to work with and support young children.
 - Provide written and oral observations and strengths-based feedback to classrooms on an annual basis.
 - Meet with classroom teams to review classroom observations and develop and implement plans as needed.
2. Staff Training (10%)
 - Support, coordinate, and provide staff trainings related to social-emotional and mental health issues at least once per quarter.
3. Programmatic Consultation (5%)
 - Participate in weekly staff team meetings.
 - Participate in the development and implementation of mental health program and policy.
4. Parent Training (5%)
 - Recruit participants for at least one parent training per year.
 - Coordinate and facilitate parent training.
5. Individualized Child- and Family-Centered Observations and Consultation (20%)
 - Conduct observations and assessments of individual children as assigned or referred for consultation.
 - Meet with families to consult on child and family needs and create or follow up on plans to support these needs.
6. Individual Child Screening, Assessment, and Referral (5%)
 - Conduct standardized developmental, behavioral, and/or social-emotional screens and assessments for individual children as assigned or referred for consultation.
 - Provide child and family referral and follow-up to community services.
7. Home Visiting (10%)
 - Conduct home visits to support the mental health needs of families and children.
 - Provide guidance and model developmentally appropriate activities for children and effective ways to work with and support young children.
8. Other (5%)
 - Participate in regular supervision with Administrator and clinical supervisor.
 - Contribute to federal, state, and local reporting requirements.



Sample Job Description (continued)

SUPERVISION

The MHC will report to the Head Start Administrator, who will assign and oversee the work of the MHC. Supervision meetings will occur on a weekly basis between the Administrator and the MHC. Performance evaluations will be conducted at six and 12 months post-hire, and annually thereafter. The MHC will also participate in biweekly clinical supervision with a licensed professional, who is contracted with the Head Start site.

KNOWLEDGE

- Demonstrated understanding of infant and early childhood mental health.
- Demonstrated understanding of differences in mental health services and concepts across cultures.
- Demonstrated knowledge of child mental health services system.
- Demonstrated experience with clinical documentation.
- Experience formulating and writing assessments and support plans, preferably for young children.
- Experience with evidence-based practices and curricula to promote early childhood mental health is desirable, e.g., Incredible Years, Parents as Teachers.
- Knowledge of Head Start is desirable.

SKILLS

- Build and maintain strong, collaborative relationships with service providers and families.
- Partner with providers as a member of a diverse team.
- Lead and facilitate provider training and/or parent education groups.
- Conduct standardized screens and assessments, preferably for young children.
- Use results of screens and assessments to guide work with families, set goals, and develop individualized plans.
- Refer providers and families to appropriate community services.
- Communicate effectively with diverse groups both verbally and in writing.
- Organize tasks and manage time effectively.

Education and Training

- Master's degree required, preferably in social work, psychology, counseling, or related field.
- Clinical license highly desirable.
- Minimum of two years direct experience in a mental health setting providing prevention services and/or mental health therapy to children and families.
- Certification as Qualified Mental Health Professional (QMHP) preferred.
- Bilingual/bicultural English-Spanish strongly preferred.

OTHER REQUIREMENTS

- Ability to manage physically active children ages 3 to 5, including guiding, pursuing, restraining, and withstanding sudden movements.
- Ability to occasionally lift up to 50 pounds.
- Must have valid driver's license and proof of insurance or must have acceptable alternative transportation.
- Maintain first aid and CPR certification.
- Maintain compliance with Criminal History Registry.



part of a team to support children and families; and to motivate and engage staff and family members. Practical skills such as writing and documentation skills, organizational skills, self-management skills, the ability to efficiently manage time, and communication skills may also be included.

- **Abilities** most often reflect the extent of experience that the MHC has in particular areas, such as number of years of training or experience providing consultation services, working in early childhood settings, or type of degree required for the position. Typically, MHCs in Head Start will have at least a master’s degree in social work, counseling, psychology, or a related field. Performance standards require the MHC to have a certificate or license from the appropriate governing board in his or her state and discipline, and having a clinical license is recommended.
- i. **Other requirements.** Be sure to include in the job description any other requirements, such as valid driver’s license, criminal background check, CPR certification, or other things that are required for this position. A description of the physical requirements is also usually included (such as the ability to work with active children ages 3 to 5, and any required lifting or other physical activities).

ACTIVITY Job Description Checklist

Spend a few minutes thinking about where your program is now in terms of the quality of your current mental health consultant job description or contract. Complete the following checklist to assess where your job description or contract may need improvement. For each item below, think about whether you: (1) need to write or add this component; (2) need to improve this component; or (3) are satisfied with the detail and content of this component.

	Need to Write	Needs Improvement	Looks Good
Job summary statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of general duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of specific tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allocation of time for duties/tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of administrative supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of clinical supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required or preferred content knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required or preferred specific skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required or preferred abilities or experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required or preferred training/education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other identified requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



What to Include in a Request for Proposal for Mental Health Consultants

If you are seeking an agency or individual to provide contracted early childhood mental health consultation services, you will need to develop and circulate a request for proposal (RFP). The RFP, like the job description, should be very clear about the type of consultation you are seeking (required activities and approach) as well as the basic qualifications and skills required. The starting point for a good RFP is a solid job description. For a sample RFP for consultation services, see page 35. This [sample RFP](#) is also available online. A good RFP should include:

- Contact information for the Head Start program/agency, including an individual to contact with questions about the RFP (or process for submitting questions).
- Background description of your Head Start program and its approach to mental health services and supports for children and families. You will want to include information that can help potential applicants understand your program's model and approach to working with children and families.
- Scope of services — essentially, the duties and tasks to be performed, as specified in the job description.
- Expected deliverables — a detailed list of the required products that the MHC is expected to complete, including completed screenings and/or assessments, documentation of MHC activities or time spent, and any other written reports or documentation that are expected.
- Expected time schedule — when services will be provided including frequency and duration of various activities. These should be specified in your job description, and should include the proportion of MHC time spent on various activities, frequency of various key activities such as classroom observations, time spent or number of visits to classes per month or other time interval, specified numbers of meetings with staff or trainings provided, etc. Also, make sure to include a deadline with a specific date and time for submitting proposals and an estimated time when applicants should expect a response.
- Description of qualifications — description of the applicant's knowledge, experience, and training in regard to desired qualifications and services (include required and preferred qualifications from the job description).
- Cost of services/reimbursement — you may want to include the amount you are willing to pay for services and a range of possible/maximum fees, or ask the applicant to present a bid or estimate for what they believe it will cost to provide the desired services.
- Description of requested response. What do you want the applicant to include or describe in their response to the RFP? What is most important to your program? Areas that you might want to ask for in the written response include:
 - Approach to requested services — a description of how the applicant would provide the requested services, including relevant similar work and the applicant's approach to children's mental health and to implementing effective mental health consultation in Head Start.
 - Approach to working with culturally, socially, and economically diverse families and staff.



- A description of how the contracted agency will ensure continuity of service from the same individual/consultant. Turnover within the mental health field is often quite high, and given the importance of relationships to the consultation process, it is important to look for evidence that a contracted agency or individual will be able to provide ongoing services to your program for at least a year, preferably longer.
- References for similar work.
- Cost estimates.
- Criteria for evaluating responses to the RFP. You will need to include a description of how the applicants' response to the RFP will be evaluated and scored. You may want to assign a certain number of points to those elements of the response that are described above, or come up with a weighted system that reflects what is particularly important to your program. Aspects of consultation that you might consider evaluating and scoring include: (1) ability to partner/build relationships with staff/families; (2) cultural sensitivity/responsiveness; (3) understanding of the program's vision/approach to mental health services; (4) experience doing [program- and child-level consultation](#); and (5) experience working with young children in child care/early education settings. Depending on your program's specific needs, you may want to weight different criteria more or less heavily.

What to Specify in the Consultant's Contract

The contract is a formal agreement between the Head Start program and the MHC that specifies the scope of services, or exactly what services the MHC will provide. The contract should reiterate and further specify the services described in the RFP once you have identified a contracting agency or individual. More detailed information about building a service contract can be found [online](#).

The scope of services for the MHC could include all the descriptions of required and expected services from the RFP, adjusted depending on the specific responses, deliverables, timelines, cost arrangements, and services to be provided by the selected contractor. Additionally, the contract should include:

- A description of how the contract work will be coordinated and supervised (e.g., expected frequency of meetings with Head Start staff member who is monitoring the contract, point of contact or liaison with the Head Start program, name and contact information for anyone outside of Head Start who is supervising the MHC, and expected level of communication with that individual).
- A description of how the Head Start program will be involved in selecting or hiring the consultant.
- A statement of expectations around consultant turnover, specifically that the contracted agency will attempt to provide continuity of services from the same consultant throughout the contract period (although sometimes turnover is unavoidable).



Sample Request for Proposal

Request for Proposal Head Start Program Early Childhood Mental Health Consultation

Submit Proposals by [Time], [Month, Day, Year] to:

Head Start Program
[Contact Name]
[Address, City, State Zip]
[Fax]
[Email]

*Please contact [Contact Name] with any questions at:
[Phone Number] or [Email] by
[Time], [Month, Day, Year]*

Announcement Date will be [Day, Month, Year]

INSTRUCTIONS

*Please read this entire Request for Proposal (RFP).
Submit a proposal that addresses each area outlined in the Response Requirements and Scoring
Criteria section below to the contact named above by the due date named above.*

PROGRAM DESCRIPTION

Our Head Start Program is a comprehensive child development program. Our approach to mental health services and supports for children and families is supportive, nonjudgmental, strengths-based, and culturally and linguistically responsive and sensitive. Our program is family-centered and -driven and relies on developing collaborative partnerships between families and staff. We employ a combined model of preschool with family services and outreach.

POSITION DESCRIPTION

The early childhood Mental Health Consultant is responsible for providing mental health consultation and support to Head Start staff, children, and families. The MHC will perform a broad range of services, including early childhood mental health consultation in classrooms and during home visits; training and coaching of staff; parent training; and screening, assessment, and referral services for children and families. The MHC will also collect data, maintain records, and support compliance in all facets of Head Start Performance Standards and state regulations.

Duties and Tasks

1. General Classroom Observations, Consultation and Coaching (40%)
 - Visit each classroom at least once per month.
 - Provide child development information to staff related to social-emotional development and mental health.
 - Provide guidance to staff on selecting, implementing, and interpreting social-emotional screening and assessment tools and findings.
 - Provide guidance and model developmentally appropriate activities for children and effective ways to work with and support young children.
 - Provide written and oral observations and strengths-based feedback to classrooms on an annual basis.
 - Meet with classroom teams to review classroom observations and develop and implement plans as needed.



Sample Request for Proposal (continued)

2. Staff Training (10%)
 - Support, coordinate, and provide staff trainings related to social-emotional and mental health issues at least once per quarter.
3. Programmatic Consultation (5%)
 - Participate in weekly staff team meetings.
 - Participate in the development and implementation of mental health program and policy.
4. Parent Training (5%)
 - Recruit participants for at least one parent and one parent-child group per year.
 - Coordinate and facilitate parent and child groups.
5. Individualized Child- and Family-Centered Observations and Consultation (20%)
 - Conduct observations of individual children as assigned or referred for consultation.
 - Meet with families to consult on child and family needs and create or follow up on plans to support these needs.
6. Individual Child Screening, Assessment, and Referral (5%)
 - Conduct standardized developmental, behavioral, and/or social-emotional screens and assessments for individual children as assigned or referred for consultation.
 - Provide child and family referral and follow-up to community services.
7. Home Visiting (10%)
 - Conduct home visits to support the mental health needs of families and children.
 - Provide guidance and model developmentally appropriate activities for children and effective ways to work with and support young children.
8. Other (5%)
 - Participate in regular supervision with administrator and clinical supervisor.
 - Contribute to federal, state, and local reporting requirements.

SCHEDULE

Early childhood mental health consultation services are provided within a 40-hour work week and a flexible schedule, which may include some early morning or evening work. This request for proposal (RFP) will award a contract for a 12-month period.

QUALIFICATIONS

Knowledge

- Demonstrated understanding of infant and early childhood mental health.
- Demonstrated understanding of differences in mental health services and concepts across cultures.
- Demonstrated knowledge of child mental health services system.
- Demonstrated experience with clinical documentation.
- Experience formulating and writing assessments and support plans, preferably for young children.
- Experience with evidence-based practices and curricula to promote early childhood mental health is desirable, e.g., Incredible Years, Parents as Teachers.
- Knowledge of Head Start is desirable.

Skills

- Build and maintain strong, collaborative relationships with Head Start staff and families.
- Partner with providers as a member of a diverse team.
- Lead and facilitate trainings for parents and staff.
- Conduct standardized screens and assessments, preferably for young children.



Sample Request for Proposal (continued)

- Use results of screens and assessments to guide work with families, set goals, and develop individualized plans.
- Refer providers and families to appropriate community services.
- Communicate effectively with diverse groups both verbally and in writing.
- Organize tasks and manage time effectively.
- Organize and document assessment and screening results and use for ongoing quality improvement.

Education and Experience

- Master's degree required, preferably in social work, psychology, counseling, or related field.
- Clinical license highly desirable.
- Minimum of two years direct experience in a mental health setting providing prevention services and/or mental health therapy to children and families.
- Certification as Qualified Mental Health Provider (QMHP) preferred.
- Bilingual/bicultural English-Spanish strongly preferred.

Other Requirements

- Ability to manage physically active children ages 1 to 5, including guiding, pursuing, restraining, and withstanding sudden movements.
- Ability to occasionally lift up to 50 pounds.
- Must have valid driver's license and proof of insurance or must have acceptable alternative transportation.
- Maintain first aid and CPR certification.
- Maintain compliance with Criminal History Registry.

SUPERVISION

The early childhood Mental Health Consultant will report to the Head Start Administrator, who will assign and oversee the work of the MHC. Administrative supervision meetings will occur on a weekly basis between the Administrator and MHC. Performance evaluations will be conducted at six and 12 months post-hire, and annually thereafter. The MHC will also participate in biweekly clinical supervision with a licensed professional, who is contracted with the Head Start site.

REIMBURSEMENT

Reimbursement for services awarded by this contract will range from \$[Dollar Amount] to \$[Dollar Amount], depending on experience and qualifications.

RESPONSE REQUIREMENTS AND SCORING CRITERIA

Contact Information of Submitting Individual/Organization (Required)

- a. [Organization Name, if applicable]
- b. [Contact Name]
- c. [Address, City, State, Zip]
- d. [Phone Number]
- e. [Email]

Service Approach (20 points)

Please describe how you would provide the services detailed in the Position Description within the context outlined in the Program Description, specifically addressing (a) prior relevant experience, including your experience with programmatic — and child- and family-centered — consultation, (b) your approach to promoting children's mental health, including your work with young children in child care or other early education settings, and (c) your approach to effectively implementing mental health consultation in Head Start, including your ability to partner and build relationships with families and staff.



Sample Request for Proposal (continued)

Cultural Responsiveness (10 points)

Please describe your experience working with culturally, socially, and economically diverse families and staff.

Continuity of Services (10 points)

Please describe how you will ensure continuity of service from the same mental health consultant by including your plan for supporting their professional development, supervision, and retention.

References (5 points)

Please include letters and contact information from three (3) references who can comment on your ability to provide similar services as described in this RFP.

Cost Estimate (5 points)

Please submit a budget, including the direct and indirect costs for the early childhood Mental Health Consultant.

Résumé (Required)

Please include the résumé of the early childhood Mental Health Consultant.

- A description of how and when the MHC’s performance of the contract will be evaluated (see Section 6, “Accountability and Continuous Quality Improvement”). Remember that for contracted work, evaluation of performance must be based on what is specified in the contract.
- A statement that clearly states that modifications to the type and frequency of services can be made, and a process for making those modifications. This is important to ensuring that the consultation services can be adjusted based on emerging program and family needs.
- Reimbursement/billing procedures and amounts.
- Time period for services.
- Other legally required information for contracting, depending on your agency’s requirements.

Contract appendices might include:

- Early childhood mental health consultation service site location — a description of the Head Start centers where the early childhood mental health consultation services are to be provided. Should include contact information for each center.
- Services by service site — a description of which services provided in the contract will be provided at each of the centers listed in the service site locations.

You can review a [sample contract](#) on the following page and on the CECMHC website.



Sample Contract

Head Start Program Early Childhood Mental Health Consultation

TERMS OF AGREEMENT:

1. General Provisions

- a. This Agreement will cover children currently enrolled in Head Start Program.
- b. Contractor shall provide an itemized monthly invoice.

2. Scope of Services

- a. General Classroom Observations, Consultation, and Coaching
 - i. Visit each classroom at least once per month.
 - ii. Provide child development information related to social-emotional development and mental health.
 - iii. Provide guidance and model developmentally appropriate activities for children and effective ways to work with and support young children.
 - iv. Provide written and oral observations and strengths-based feedback to classrooms on an annual basis.
 - v. Meet with classroom teams to review classroom observations and develop and implement plans as needed.
- b. Staff Training
 - i. Support, coordinate, and provide staff trainings related to social-emotional and mental health issues at least once per quarter.
- c. Programmatic Consultation
 - i. Participate in weekly staff team meetings.
 - ii. Participate in the development and implementation of mental health program and policy.
- d. Parent Training
 - i. Recruit participants for at least one parent and one child group per year.
 - ii. Coordinate and facilitate parent and child groups.
- e. Individualized Child- and Family-Centered Observations and Consultation
 - i. Conduct observations of individual children as assigned or referred for consultation.
 - ii. Meet with families to consult on child and family needs and create or follow up on plans to support these needs.
- f. Individual Child Screening, Assessment, and Referral
 - i. Provide guidance to staff on selecting, implementing, and interpreting social-emotional screening and assessment tools and findings.
 - ii. Conduct standardized developmental, behavioral, and/or social-emotional screens and assessments for individual children as assigned or referred for consultation.
 - iii. Provide child and family referral and follow-up to community services.
- g. Home Visiting
 - i. Conduct home visits to support the mental health needs of families and children.
 - ii. Provide guidance and model developmentally appropriate activities for children and effective ways to work with and support young children.
- h. Other
 - i. Participate in regular supervision with Administrator and clinical supervisor.
 - ii. Contribute to federal, state, and local reporting requirements.



Sample Contract (continued)

3. Responsibilities and Duties of Contractor

- a. To provide Head Start Program with proof of certification and/or licensure, if applicable, through the duration of this Agreement.
- b. To provide Head Start Program with a single point of contact for scheduling, receiving services, billing, and the fiscal component of this Agreement.
- c. To provide Head Start Program with documentation of biweekly Clinical Supervision, including name and contact information of Supervisor.
- d. To participate in planning for the execution of services listed as well as participating in program planning when expertise in Mental Health is needed or required.
- e. To make every effort to follow up with families referred for services within one (1) week and provide documentation of these efforts.
- f. To submit monthly invoices by the 5th of the following month for service performed in the prior month, allowing enough time for appropriate documentation of services.
- g. To assure that all invoices include:
 - i. Date of Service
 - ii. Category of Service
 - iii. Number of Hours billed for each category
 - iv. Any correlating In-Kind amount for billing services
- h. To assure that staff, parents, and children receive appropriate referrals when they are in need of additional services and/or evaluations beyond the scope of what the Contractor can provide.
- i. To provide the following services in an ethical as well as culturally and linguistically appropriate manner:

Service	Maximum Number of Hours Allotted
i. General Classroom Observations, Consultation, and Coaching	832
ii. Staff Training	208
iii. Programmatic Consultation	104
iv. Parent Training	104
v. Individualized Child- and Family-Centered Observations and Consultation	416
vi. Individual Child Screening and Assessment as Assigned or Referred for Consultation and Referral to Community Services	104
vii. Home Visiting	208
viii. Other, Including Supervision and Reporting	104

- a. Maximum Number of Contractor Hours for this Term is 2080 across twelve (12) months.



Sample Contract (continued)

j. Cost or Pricing

Service	Reporting Period
i. Contractor Hourly Service Rate	
ii. Contractor Service Hours for This Period	
iii. Subtotal (i + x + ii)	
iv. Estimated Travel Costs for This Period	
v. Maximum Amount for This Period (iii + iv)	

k. Head Start Program Responsibilities

- a. Provide Contractor with an orientation to Head Start Program.
- b. Provide Contractor with a single point of contact for scheduling.
- c. Provide regular meetings between Head Start Administrator and Contractor for Program Supervision and contract monitoring.
- d. Provide annual performance evaluation for Contractor based on the Scope of Services and Responsibilities and Duties of Contractor as outlined in this Agreement.
- e. Work with the Contractor to develop an appropriate referral process
- f. Support Contractor with contacting families if Contractor is having difficulties setting up appointments with families.
- g. Arrange logistics, e.g., room reservations and setup of area, for trainings conducted by Contractor with adequate notice of these needs.
- h. Agree to pay Contractor \$[] per hour for all services provided under this Agreement.
Hours to include:
 - i. Time spent at Head Start Program.
 - ii. Time spent meeting with families in their homes.
 - iii. Time allotted for writing reports and Supervision.

NOTE: This is not an all-inclusive list but provides a guideline for payment made to Contractor for certain activities.
- i. When required by Head Start Program, Head Start Program agrees to reimburse Contractor for mileage expenses. Such mileage reimbursements will be made at the prevailing rate per mile as outlined in Head Start Program Travel Policies.

APPENDICES:

- 1. Head Start Program description and site location.
- 2. Services by site, if applicable.



Hiring and Interviewing: What to Look For

If you are searching for a new MHC, it is important to bring potential candidates in for one or more in-person interviews. It is highly recommended that you include parents and direct service staff on the hiring committee for the MHC, even if you are subcontracting services from a mental health agency. If you are subcontracting with another agency for MCH services, you should specify in the contract that your agency will play a role in hiring and/or selecting the individual to provide consultation. Interviews should ideally include both general questions about experiences and skills, as well as “hypotheticals” — examples of particular scenarios with children, families, and staff that consultants might encounter in your program. Sample interview questions and hypothetical interview scenarios can be found below and [online](#).

Interview Questions

Head Start/Early Head Start Program Early Childhood Mental Health Consultant Interview Questions

APPLICANT _____ DATE _____

REVIEW _____

Questions

1. How has your education and experience prepared you to work with expectant families, infants, and children between ages birth to 3 and their families in our home-visiting program?
2. How has your education and experience prepared you to work with children ages 4 and 5 and their families who are participating in our classroom program?
3. How do you see your role as far as working with Head Start staff?
4. Tell us more about why you applied for this position.
5. What is your approach to children’s mental health?
 - a. What theories, models, values, and/or data guide your work?
 - b. Specifically, what is your approach as far as promoting social and emotional development, addressing concerns and challenging behavior, and supporting staff and families?
6. Describe how you work within a team.
 - a. What are your strengths?
 - b. What are some challenges in working with a team?
7. Describe how you would begin building relationships with Head Start staff and families.
8. Please describe your experience using observation as part of your developmental and/or clinical formulation. What skills do you have that would enhance your ability to conduct observations of a child in a classroom environment?
9. Head Start families come from a range of backgrounds. What is your experience working with diverse socioeconomic and cultural groups?



Interview Questions (continued)

10. This position will require a great deal of autonomy in designing your schedule and managing a case load. Describe your strategies to help keep yourself organized and prioritize the various demands of the work.
11. What kind of experience do you have with collecting and reporting program data for local, state, or federal funding agencies?
12. Is there anything else you would like to share?
13. Do you have any questions about this position or the agency?

Hypothetical Scenarios

1. While observing in a classroom, you noted that the assistant teacher was using negative language when redirecting a child. How would you address this?
2. A child has been referred to you because the teacher has expressed concerns that the child is aggressive and cannot successfully enter play with other children. His parents are both native Spanish speakers and the teacher thinks the child understands English pretty well.
 - a. What are some of the things you might address with classroom staff?
 - b. What do you envision your home visit with the parents would look like?
3. A family has reluctantly agreed to home visits but you haven't even been able to complete the first one because the last three times you have scheduled with them, they have called to cancel at the last minute.
 - a. What do you plan to do next?
 - b. How would you approach this situation?
4. Over the past month, you have seen a large increase in the number of challenging behaviors in the classroom and are beginning to have a hard time supporting the intense needs of both teachers and parents.
 - a. What would you do if you started to feel overwhelmed by the job?
 - b. What would you need to feel supported?
5. In the past, the Head Start program has attempted to provide parent education classes but has not had much luck with attendance. Usually only two or three parents show up each week. You are beginning to plan for a new parent education group and would like to improve attendance and retention.
 - a. What strategies will you use to recruit parents?
 - b. What will you plan to do to get parents to attend groups?

Making the Contract or Job Description a Living Document

Once you have written a good job description or contract, it is important to review these documents periodically and to make adjustments as needed given the program's emerging needs. Contracts can be cumbersome and difficult to change, unless they have been written in a way that allows some flexibility and periodic review. Language that describes how consultation services will be reviewed and modifications in the types and/or frequency of various activities is key to making sure consultation can meet emerging needs of the program. As a living document, the



contract or job description should be flexible enough to allow for changes as the early childhood mental health consultation services provided by the consultant grow and change over time.

In addition, if the Head Start program’s vision of mental health services changes over time, those changes should be reflected in the contract or job description. Ideally, you will want to build in specific time points for reviewing the contract and making adjustments based on ongoing program needs assessment and implementation of the early childhood mental health consultation services. A good time to do this is at an annual performance or contract review with the consultant. Administrators should consider having a policy requiring annual input from families, staff, and the MHC at the end of the school year that includes reflection on any needed or desired adjustments in consultation services.

ACTIVITY Exploring Your Program’s Priorities and Values

Because no one can ever find the “perfect” consultant, it is important to think carefully about the top three to five things that you believe are the most important characteristics, qualifications, or skills for the consultant that you are hiring or contracting. For each area, also jot down ideas for how you might build competencies in these areas if you find someone who is highly qualified but lacks certain characteristics.

TIP: You might want to use this exercise with a hiring committee, or with your mental health-specific strategic planning team, asking each person to write down his or her top three to five priorities as a way to come to consensus about what is most important before reviewing applications or interviewing candidates.

Thinking about your program’s individual needs, culture, strengths, and challenges, what are the three to five most important characteristics for an effective mental health consultant?	How could you support or develop this area in a consultant that you hired in your program?
1.	
2.	
3.	
4.	
5.	

5

Building and Using a Mental Health Work Group

The Head Start Performance Standards require all grantees to implement a Health Services Advisory Committee (HSAC) as well as additional service advisory committees that address both program and community needs. An important addition to your HSAC is a “mental health work group”: a team of individuals committed to developing, implementing, and sustaining the mental health-related services and supports within a Head Start/Early Head Start program. The typical mission of this work group is to provide oversight, guidance, and continuing review of mental health-related services and supports in your program. Reviews of programs with effective mental health consultation approaches suggest that having such a work group can greatly strengthen the quality of your program’s vision of mental health services and approaches. Regardless of whether the mental health work group is a stand-alone committee or a subcommittee of the larger HSAC, it is important that there is coordination and communication between these two groups.

Earlier in this toolkit you reviewed the recommendations for utilizing a strategic planning team to develop a mental health strategic plan that can serve as a framework for a comprehensive vision of mental health services within your program. After completing the strategic planning process, the focus of the strategic planning team could shift toward taking ownership over the plan and putting it into action. As a result, the strategic planning team can transform into the mental health work group.

The mental health work group will need to meet regularly (at least once a month), so that planning can be put in place and momentum and group cohesion established. A functional committee needs an effective and organized convener or chairman/chairwoman who can move the group through the planning process and who will be responsible for setting meeting agendas, facilitating meetings, and ensuring that the group is actively engaged in a series of meaningful activities focused on furthering the mental health vision with mental health services and supports in your program. If your program does not already have a mental health work group or advisory committee, consider forming one now.



When forming such a committee, it is important to consider your overall program structure — such as how many physically distinct centers or sites you have, how the program communicates and implements programwide policy at the center level, and how information about successes and challenges experienced by staff “on the ground” are best communicated to program management. Larger programs may need to make sure that physical centers or locations are represented on the mental health work group or that there is a clear system for communicating information between the centers and the work group. Critical to the effectiveness of this work group is that it (1) has a strong leader and committed membership who are actively engaged; (2) has a clear and meaningful plan of action that guides work group activities; and (3) establishes clear ways to communicate the work group’s plan, activities, and recommendations more broadly to program leadership, staff, and families.

Group leadership. Make sure that the committee has a strong group leader who has the skills needed to facilitate a reflective yet action-oriented approach. The leader needs to be committed to the mental health work group and willing to take the time needed to convene and organize meetings, set agendas, work to engage participants, facilitate meetings, and do follow-up as needed. Often the most appropriate leader is the individual who is directly responsible for mental health/mental health consultation services at the management level. Some programs may have a mental health consultant on staff who plays a broader role in the mental health services and supports who may be most appropriate.

Developing a plan of action. As stated earlier, the best starting point for the mental health work group is a well-developed mental health strategic plan that clearly reflects your program’s mental health vision. A good strategic plan will include both short- and long-term goals that the mental health work group will address. You may need to spend some time at an initial meeting of the work group identifying and prioritizing the parts of the strategic plan to work on first. Keep the team moving forward on activities and make sure committee members are engaged in an ongoing process of working toward specific goals for the mental health services and supports.

Communication. Consider the following possible ways to facilitate communication between the mental health work group and program staff, leadership, and families:

- Post the program’s mental health vision and strategic plan as well as regular updates somewhere accessible on your program’s website, or use readily available “sharing” software such as [Dropbox](#) or [Google Docs](#) to allow Web-based access.
- Develop a brief list of key actions/decisions/next steps at the end of each mental health work group meeting to distribute to all staff via email.
- Have a report from the work group as a standing agenda item at policy council, HSAC, leadership team, and staff meetings. Identify key individuals to make these reports at the end of each mental health work group meeting.
- Email brief meeting minutes to staff and other interested stakeholders.
- Invite specific program staff to share their ideas, experiences, and concerns with the group.



ACTIVITY How Would a Mental Health Work Group Fit in My Program?

Head Start programs are often overloaded with committees, work groups, and other structures that can sometimes seem burdensome instead of productive. Some committees start off with enthusiasm but lose momentum over time. To have an effective mental health work group, give some thought to how to most efficiently build off existing structures in your program, and what makes sense for you and your staff and families. Start by completing the table below.

Possible Existing Structures and Tools	Things to Consider	Possible Actions
Health Services Advisory Committee (HSAC)	How can you coordinate the work of the mental health work group with the HSAC?	
Policy council	How will you involve parents/policy council in your mental health work group?	
Staff wellness committee	Do you have a wellness committee? Think about integrating this work into your mental health work group.	
Mental health strategic plan	If you don't have one, think about developing one!	
Mental health needs assessment	If you don't have one, think about doing one!	
Community needs assessment	What information from the community needs assessment can support the work of the mental health work group?	
Training plan	Are there training needs for mental health on the training plan?	
Program work plan for mental health	If your program has a work plan, does it adequately address ongoing mental health services/supports?	





Strategies for Identifying and Engaging Key Team Members

Ideally, the mental health work group should be comprised of a variety of individuals who are involved with your program's mental health consultation services, including teachers, parents, community partners, and consultants. Mental health work groups should incorporate diverse voices, such as:

- Staff who represent diverse roles across your program.
- Staff who are responsible for mental health consultation, social-emotional development, and staff wellness.
- Staff who represent geographically distinct centers or sites.
- Staff who represent the cultural and ethnic backgrounds of the families you serve.
- Staff who represent home-based and center-based components of your program.
- Staff who represent any different specific programs within your agency (e.g., Early Head Start, Migrant Head Start, etc.)
- Parents of children who have been recipients of mental health/mental health consultation services at Head Start.
- Key community partners who play an important role in providing early childhood and family mental health services in your community, such as a mental health provider or a peer navigator for families with children who experience emotional and behavioral challenges.

As in all Head Start governance, parents and family members have a key role to play in the mental health work group. Because family involvement is central to Head Start, it is very important to have meaningful inclusion of Head Start parents whose children experience social-emotional or behavioral challenges, or other mental health issues. It is important to recognize, however, that involving family members in policy-level work requires careful planning about how to support parents and ensure meaningful involvement.



Key Activities for the Mental Health Work Group

The primary function for the mental health work group is to provide guidance and oversight for mental health/mental health consultation services and supports within your Head Start/Early Head Start program. This can include a wide variety of activities depending on where your program is in terms of implementing mental health services and supports.

Once you have established a mental health strategic plan and a vision for mental health services (see Sections 1 and 2), the mental health work group can provide oversight to the strategic plan, taking responsibility for ensuring that planned activities are implemented, progress is reviewed, and that the plan remains a “living document” that guides mental health services and supports. Some of the things that the committee might also engage in are:

- Developing, maintaining, and reviewing the mental health strategic plan.
- Engaging in mental health consultation [needs assessment](#).
- Overseeing hiring and/or contracting of MHCs, including developing RFPs, contract specifications, job descriptions, and interviewing candidates.
- Developing and implementing a plan for disseminating the vision for mental health services across program components.
- Developing and implementing a training plan for mental health across program components, including identifying staff and family training needs and how these will be met.
- Developing and implementing quality improvement and monitoring systems for mental health/mental health consultation services in your program.
- Reviewing information collected through quality improvement efforts and making recommendations for program improvements.
- Identifying and engaging other community partners to support mental health services in your program and in the community.
- Providing a link between Head Start and other child-serving systems that also address children’s mental health (child welfare, early care and education, homeless education, developmental pediatricians, special education, etc.).
- Developing, implementing, and overseeing staff wellness activities and approach.
- Responding to community events that may impact the mental health of program staff and families (e.g., function as a crisis response team).



ACTIVITY **Committing to a Mental Health Work Group**

In order for a mental health work group to be successful, there needs to be strong commitment and leadership for the group. Take a few minutes and think about what would be the biggest benefits to having such a group in your program. Then, identify the challenges that you may need to address in making such a group successful.

TIP: It might be a good idea to have all members of your mental health work group do this activity at one of the first group meetings, to discuss what is most important and how the group can maintain momentum.

What are the top three most important benefits of having an active mental health work group in your program?

1.
2.
3.

What are the biggest challenges in setting up or maintaining a mental health work group in your program? How can you address these challenges?

Challenges	Strategies to Overcome Challenges
1.	
2.	
3.	



Accountability and Continuous Quality Improvement

This section is intended as an introduction to the concepts of accountability and quality improvement related to mental health consultation. Please download the [*Early Childhood Mental Health Consultation: An Evaluation Tool Kit*](#) for a more detailed guide to evaluating your mental health consultation services.

Head Start administrators and mental health consultants have important roles in developing and implementing accountability and quality improvement procedures. Accountability establishes the degree to which the MHC and the program are implementing the early childhood mental health consultation services outlined in the job description or contract, which should be consistent with existing policies and procedures, program work plan, and the Head Start Performance Standards. Head Start administrators are responsible for ensuring that the mental health services provided to the program by the MHC are those that are outlined in the MHC's job description and/or contract. On the other hand, the MHC is responsible for holding the program accountable for providing the agreed-upon supports and structures necessary for implementing effective consultation.

Head Start administrators can implement accountability measures for MHCs using multiple strategies. First, administrators should utilize administrative supervision sessions with the MHC to discuss the degree to which the MHC is engaging in the activities and responsibilities as outlined in the job description and/or contract. Second, it is important to have a well-established plan for the MHC to document consultation activities. The documentation plan should detail the measures to be used, a timeline for data collection, and the process for reviewing the data. Measures for documenting MHC accountability can be developed from a variety of sources, such as the MHC job description or contract, the Head Start Performance Standards, and the Head Start program information report. Examples of MHC accountability measures might include:

- Number of formal classroom observations completed by the MHC.
- Number of children who received direct coaching or support from the MHC.
- Number of children who were the focus of consultation between the MHC and program staff.



- Number of home visits attended by the MHC.
- Number of children for whom the MHC provided an individual observation or mental health assessment.
- Number of children for whom the MHC facilitated a referral for mental health services.
- Number of staff and parent trainings provided by the MHC.
- Amount of time MHC is spending on the following: working directly with children, staff, and families; observing individual children or classrooms; developing relationships with staff; attending team meetings; attending other meetings; providing trainings; recordkeeping.

Program accountability for supporting mental health consultation is equally important. Not only does the MHC have responsibilities to the program; the program also has responsibilities for supporting the MHC. The MHC can provide important information to Head Start administrators regarding the degree to which the program is providing the structure and supports needed to build effective consultation services. Some areas that could be monitored to ensure that programs are providing these structures and supports include:

- Does the MHC have adequate space for providing MHC services (such as a private area where they can provide confidential consultation services to teachers, children, and parents)?
- Do the teachers have opportunities for meeting with the MHC built into their schedule?
- Are the number of hours allocated to the MHC sufficient for accomplishing the expected activities?
- How many hours of Head Start administrative supervision is the MHC receiving?
- How many hours of clinical supervision is the MHC receiving?

Regular reports (at least monthly) from the consultant to the designated Head Start supervisor should include the information that is most important to ensuring that the consultant is, in fact, delivering the types of services that the program believes to be important — ideally, based on a systematic program [needs assessment](#) and strategic planning process.

To be useful and meaningful, however, your program will need to have clear feedback and review processes for collecting, reflecting on, and using the information. The supervision process is an ideal place for these issues to be discussed and to generate ideas and strategies to strengthen services further.

Accountability, or the degree to which the MHC and the program are implementing the specified number and type of early childhood mental health consultation services, is a necessary but not sufficient component of quality improvement. The goal of quality improvement is to examine the content and quality of early childhood mental health consultation services within the program to determine if the MHC services are achieving the expected outcomes of the consultation services, and to make improvements to the program based on the findings. While counting such things as number of children served by the consultant, number of hours spent coaching teachers in classrooms, or number of screenings/referrals made is important and relatively straightforward to



ECMHC — Consultant Monthly Activities Report Program Level/General Consultation Activities*

Complete this form each month, compiling the number of hours or events within each category.

Staff Name: _____ **Site:** _____

Reporting for the **Month/Year** of: _____ *(Please use separate sheet for each site.)*

On-site consultation total hours for month	HRS.
On-site classroom hours for month	HRS.
On-site home visitation hours for month	HRS.
REFERRALS and INFORMATION: Indicate below the number of unduplicated parents, children, teachers, and administrators who received any one referral to outside services or agencies during this month.	
Parents	
Child	
Teachers/staff	
Administrators (director, supervisor)	
Parent Individualized Contacts: Indicate the number of unduplicated parents and families with whom you had individual meetings, home visits, or other individual contact during this month.	
Home visits	
Parent meetings	
Child Individualized Contact: Indicate the number of unduplicated children with whom you provided individualized screening, assessment, or support (including targeted support in the classroom) during this month.	
Individual child screening or assessment as assigned or referred for consultation	
Individualized child support	
Program Level Consultation: Indicate below the number of times you provided each of these types of consultation during this month.	
General classroom/milieu observations	
General classroom interventions, modeling, support	
Meetings with staff to discuss classroom management, environment, etc.	
Meetings with staff to discuss particular children or families (child- and family-centered)	
Meetings with staff to support staff wellness/stress reduction	
Formal trainings for staff	
Formal trainings for parent groups	
Teacher/staff rapport-building activities	
SYSTEM CONSULTATION (Administrator, Director, Home Provider, Child Care Resource and Referral)	
Consultation re: program/site planning, program work groups, strategic plans	
Collaboration/integration activities with administrators (mental health policy, approach, services)	
COMMUNITY OUTREACH	
Community education about mental health	
Recruiting families for parenting groups (Parent Nights)	
Promoting Head Start services with community organizations (child care sites, staff meetings)	
Community Trainings: <i>(Please list each Topic, Site, and Date presented)</i>	# of Staff Trained

Describe any other activities of note this month: _____

*Adapted from Morrison Child & Family Services' Early Childhood Program *Consultant Monthly Activities Report* (Portland, OR, 2011).



document and monitor, these types of indicators provide little information about whether the consultation is working effectively. A broader quality improvement strategy is needed to better determine if consultation services are meeting the needs of children, families, and staff — and if not, to identify areas in need of strengthening.

Most importantly, quality improvement strategies should take the approach that all individuals, practices, and services can benefit from ongoing review, feedback, and improvement efforts. Data collected as part of a quality improvement effort needs to be regularly reviewed, reflected on, and used to inform practice. Effective consultation programs need to have a clear plan for quality improvement that includes the kinds of information to be collected, who is responsible for collecting it, and how the information will be shared and used for ongoing improvement. After developing the initial strategic plan for your program’s mental health approach, developing and monitoring a quality improvement plan is a key function for your program’s mental health work group.

Outlined below are several outcome areas for mental health consultation that may be important to monitor as part of your program’s ongoing quality improvement efforts, including: child outcomes, family outcomes, staff/classroom outcomes, and program outcomes. Outcomes that are most important for your program to monitor should be decided based on your strategic plan and the intended goals of consultation services.

It is important to note that this approach for continuous program improvement does not strive to achieve a high level of scientific rigor that would involve the use of comparison groups or other strategies to determine whether the mental health services and consultation “caused” specific outcomes. This strategy relies on collecting and using various types of information to determine whether there is evidence that children, families, staff, and programs show outcomes consistent with those that the mental health approach and services is intended to achieve, and to inform ongoing program practice.

Example outcomes for quality improvement efforts are described below. *Early Childhood Mental Health Consultation: An Evaluation Tool Kit* is an excellent source of tools that measure each of these four domains.

Staff/classroom outcomes. Because consultation is fundamentally rooted in the quality of consultant-staff relationships and is designed to build teacher capacity for working with mental health and social-emotional concerns, collecting data from staff as part of quality improvement efforts is extremely important. Quality improvement measures for determining the degree to which mental health consultation results in improved teacher or staff outcomes might examine staff’s satisfaction with the MHC, the quality of the staff and consultant relationship, reduced staff stress, improved emotional climate of the classroom, and improved teacher’s classroom management skills. For a measure of staff-consultant relationships and perceived value of consultation, see page 55. A brief staff survey conducted at identified points in the program year would provide useful data for continuous quality improvement.



Mental Health Services Satisfaction Survey for Staff*

These questions are about your work with the Mental Health Consultant. Please **circle only one answer** for each item.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
1. The mental health consultant (MHC) works as a partner with me to meet children and families' needs.	1	2	3	4
2. The MHC values my input about children and families.	1	2	3	4
3. The MHC seems like another member of the Head Start team, not like an outsider.	1	2	3	4
4. The MHC is available to me when I need him/her.	1	2	3	4
5. The MHC makes time for me when I have questions or concerns.	1	2	3	4
6. Our MHC helps parents understand the importance of responding to children's nonverbal cues.	1	2	3	4
7. Our MHC helps parents learn how to promote healthy attachment.	1	2	3	4
8. Our MHC has taught our families a variety of techniques to deal with fussy babies.	1	2	3	4
9. Our MHC helps children with challenging behaviors.	1	2	3	4
10. Our MHC helps families know how to cope with children's challenging behaviors.	1	2	3	4
11. Our MHC helps me to feel less stress.	1	2	3	4
12. I do my job better because of the MHC.	1	2	3	4
13. Our MHC helps me to communicate better with parents about mental health issues.	1	2	3	4
14. Our mental health consultation services are in need of improvement.	1	2	3	4
15. Our MHC is knowledgeable about early brain development.	1	2	3	4
16. Our MHC knows how to help parents observe and respond to nonverbal communication.	1	2	3	4
17. Our MHC is knowledgeable about how to support expectant families	1	2	3	4
18. Our MHC is knowledgeable about how to support early parent-infant attachment.	1	2	3	4
19. Our MHC is knowledgeable about typical infant routines like sleeping and feeding schedules.	1	2	3	4
20. The MHC works well with young children.	1	2	3	4
21. The MHC is knowledgeable about children's typical and atypical developmental progress.	1	2	3	4
22. The MHC is knowledgeable about family dynamics and relationships.	1	2	3	4
23. Overall, I am satisfied with the services provided by the MHC.	1	2	3	4
24. The MHC has an understanding of the needs and issues of families living in poverty.	1	2	3	4
25. The MHC has good relationships with parents.	1	2	3	4
26. The MHC works closely with parents to develop strategies to meet children's needs.	1	2	3	4
27. The MHC expresses an awareness of his/her own cultural norms, and how these might differ from the cultural experiences of some children and their families.	1	2	3	4
28. The MHC demonstrates cultural sensitivity when working with families.	1	2	3	4



Mental Health Services Satisfaction Survey for Staff (continued)

These questions are about the type and frequency of mental health consultant contractual activities. Please **circle only one answer** for each item.

	Never	Sometimes	Always
1. The MHC guides staff in selection, administration, and understanding of individual children’s mental health/developmental screenings with staff at least one to two times per year.	1	2	3
2. The MHC conducts in-depth or follow-up assessments of individual children who have been identified through screening within 30 days and referred for consultation	1	2	3
3. The MHC contributes to planning for all children with identified social-emotional/behavioral challenges (e.g., Individualized Education Programs).	1	2	3
4. The MHC makes referrals for children or families to community services when they are needed.	1	2	3
5. The MHC meets with staff teams to discuss children and families at least every other month.	1	2	3
6. The MHC provides direct therapeutic/counseling services for children as needed and according to the contract for services and agency policy.	1	2	3
7. The MHC helps families access direct therapeutic/counseling services for children as needed.	1	2	3
8. The MHC provides formal training to staff one to two times per year.	1	2	3
9. The MHC has talked or met with parents in a group setting at least one time in the past six months or two times per year.	1	2	3
10. The MHC provides ongoing support to staff for their own well-being (e.g., staff wellness).	1	2	3
11. The MHC provides direct therapeutic services to adults/families (e.g., does counseling) as needed and according to the contract for services and agency policy.	1	2	3
12. The MHC helps parents to access direct therapeutic/counseling services for themselves as needed.	1	2	3
13. The MHC goes on home visits as needed.	1	2	3
14. The MHC conducts routine observations of parent-infant interactions.	1	2	3
15. The MHC regularly goes on home visits to support and coach parents around parent-infant interactions.	1	2	3

*Adapted from Green, B.L., et al., “Mental Health Services Survey,” *Topics in Early Childhood Special Education* 26, no. 3 (2006): 142-152.



Observational measures of the classroom environment and the quality of teacher-child interactions are becoming widely used in Head Start/Early Head Start programs. The [Classroom Assessment Scoring System \(CLASS\)](#) is widely used in Head Start programs to assess classroom quality; the [Pyramid Infant Toddler Observation Scale \(TPITOS\)](#) is used to observe adult behaviors for supporting infants and toddlers; and the [Teaching Pyramid Observation Tool \(TPOT\)](#) is used to assess the quality of teacher/child interactions in preschool classrooms. Such tools can serve multiple purposes, by providing structured and valid tools for MHCs to use for conducting classroom observations that can be used to inform their work with staff, and to monitor the ways that classroom environments change over time. Depending on your program, you could ask consultants to complete follow-up observations, or have the consultant's administrative supervisor or another staff member trained to utilize the tool take responsibility for follow-up assessments to monitor outcomes. Either way, these tools can provide useful information for continuous quality improvement.

Child outcomes. Most early childhood mental health consultation strategies ultimately aim to improve children's social-emotional and behavioral outcomes. Quality improvement efforts might include monitoring child outcomes for children who receive targeted mental health consultation services to document whether these children experience fewer internalizing and externalizing behaviors, improved pro-social behaviors, or fewer days absent from Head Start after working with the consultant. Regular monitoring of children's positive/pro-social behaviors as well as negative/disruptive behaviors both before and after receiving consultation could be useful to know whether strategies being implemented by the consultant and/or teachers are effective. Child-specific information such as number of behavior incidents could be tracked, as well as tracking increases in positive/pro-social behaviors. Programs might also want to track such things as whether children who are identified as needing outside supports or services for mental health-related needs are successfully linked to these services, and that parents feel that their needs in these areas are being successfully addressed.

Family outcomes. To determine if mental health consultation services are helping families, programs might examine family satisfaction with the MHC, the quality of the family's relationship with the MHC, or the degree to which families have reduced levels of parenting stress or increased parenting confidence after receiving consultation services. Brief surveys that identify what parents would like to learn from the consultant and whether the consultation met their expectations could also be useful in knowing if services meet families' needs. An example satisfaction survey can be found on page 58.



Mental Health Services Satisfaction Survey for Parents*

These questions are about your work with the mental health consultant. Please **circle only one answer** for each item.

	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree
1. The mental health consultant (MHC) works as a partner with me.	1	2	3	4
2. The MHC values my input about my children and family.	1	2	3	4
3. The MHC has helped me learn how to support my children.	1	2	3	4
4. The MHC helps me to feel less stress.	1	2	3	4
5. The MHC is knowledgeable about families and children like mine.	1	2	3	4
6. Overall, I am satisfied with the services provided by the MHC.	1	2	3	4
7. I have a good relationship with the MHC.	1	2	3	4
8. The MHC shows respect for my family's way of doing things, and our traditions and values.	1	2	3	4

9. Thinking about the ways you have worked with the MHC, what has been most helpful to you or your children?

*Adapted from Green, B.L., et al., "Mental Health Services Survey," *Topics in Early Childhood Special Education* 26, no. 3 (2006): 142-152.

Program outcomes. Finally, quality improvement measures might examine changes that happen at the overall program level after receiving consultation services. Program-level measures might include collecting information on things like the number of times children are removed from classrooms for safety reasons, the amount of time teachers spend attending to behavioral concerns in a period of time, the frequency and number of successful mental health referrals for adults and children, and increased staff retention.

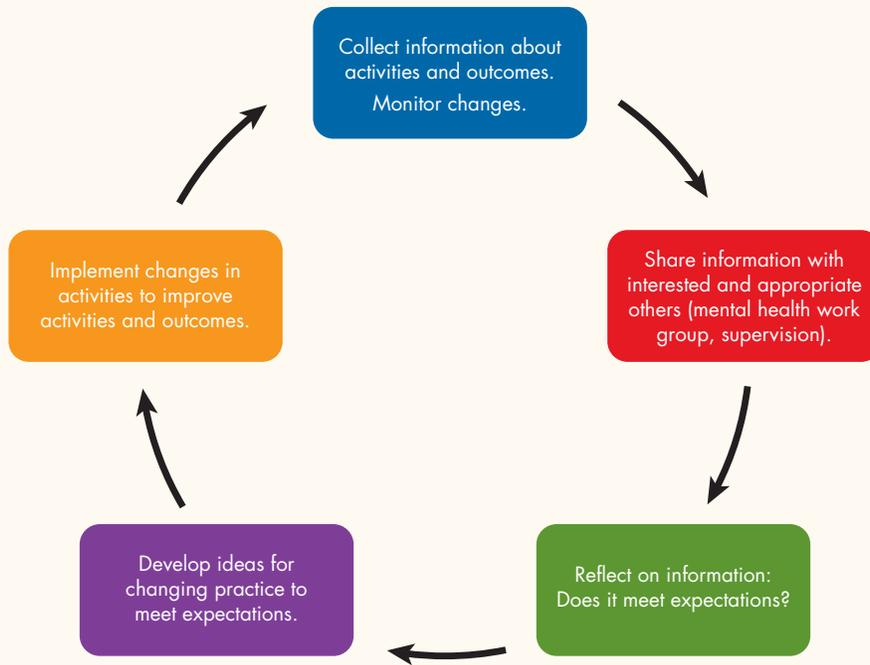


Strategies for Building Feedback Loops Between Staff, Consultants, and Leadership

One of the most important, but often overlooked, components of ongoing quality improvement efforts is establishing the appropriate mechanisms for sharing information between key individuals and groups and ensuring that there are feedback loops in place for incorporating the information collected into ongoing program practices. There are a number of different ways that feedback loops might be established in your Head Start program. As described above, regular administrative supervision meetings between the designated Head Start staff and the MHC provides one avenue for sharing information about what consultants are doing, how the program can support their work, and what outcomes are being achieved through the program's mental health services and approach. For more information on supervision of the MHC, see [Tutorial 4](#) on the CECMHC website. Another mechanism for formal feedback is the annual review, which we recommend for both employed (staff) consultants as well as contracted consultants, as a formal opportunity to assess the quality and effectiveness of consultation. Monitoring that the consultant is doing what he or she is expected to do is a key role for the administrative supervisor, and generally not an appropriate role for teaching staff, parents, or others. However, these others, especially in the role of the mental health work group, can play an important role in shaping and guiding the consultants' work to ensure that the consultation best meets the needs of children, families, and staff.

As a program administrator, it is important for you to think about how to best put into place clear ways for information about the amounts, types, and outcomes of consultation to be shared and discussed with appropriate groups of people within the program, and to provide a forum for discussing how to continually improve the effectiveness of consultation. Figure 1, on page 61, shows a general model for sharing feedback and using that feedback for improving practice. You will need to determine the specific types of information that will be collected, how often and with whom it will be shared, and how the information will be used to drive practice that makes the most sense for your program.

If you have established a mental health work group that is overseeing your program's mental health-specific strategic plan, this group provides a logical forum for discussing the type of information needed to determine whether the program is achieving short- and long-term goals related to improving mental health consultation, services, and supports. This group could be responsible either for regularly reviewing information collected by the Head Start program and consultant (e.g., number of referrals, TPITOS or TPOT, results of developmental screenings (behavioral/social/emotional) and other child-specific information, CLASS observations, MHC activity reporting for periodically soliciting feedback from teachers or parents about their experiences with the MHC, and for discussing this information with consultants and other program staff to determine if there are areas in need of strengthening. It is important in doing this work, however, that concerns of a personal nature (e.g., "The consultant was rude to me") are

**FIGURE 1** A Feedback Loop Model for Continuous Quality Improvement

shared in a different forum, preferably through supervision. The mental health work group discussions of quality improvement should focus on the effectiveness of the consultation activities, program approach, and success of services — discussion of the characteristics of the consultant himself/herself is more appropriate for administrative supervision. It is also important to remember that consultation is an interactive process and that staff and families play an important role in the effectiveness of consultation services. The mental health work group should make sure to understand how the context and other stakeholders involved in the consultation services influence effectiveness as well and include recommendations about the entire consultative process — not just the consultant — in any recommended practice changes.

In addition to the mental health work group, it is important to share information about what the consultants are doing and related outcomes with other stakeholders such as the program's leadership team, staff, parents, and policy council on a regular basis. A brief written report may suffice, although ideally such a report would be presented by the consultant or consultants to allow face-to-face discussion of the results.



What to Do When Problems with Consultation Are Identified

Ideally, if you have processes in place for regular one-on-one meetings between the consultant and a Head Start supervisor, as well as regular reporting to other formal groups such as the mental health work group, the leadership team, policy council, and board and other staff meetings, you will be able to identify any concerns or challenges in your program’s mental health approach and services quite early, before serious performance or other problems emerge. One of the benefits of establishing these feedback loops and having clear communication that focuses both on activities and outcomes is that concerns and areas for improvement are identified early and more easily addressed. Continuous quality improvement is based on the premise that all practices can be improved and takes the approach that all staff benefit from continuous feedback that leads to positive growth and improved practice. Your role as an administrator is to make sure that this feedback is regular, early, constructive, and growth-oriented — and is not focused on finding fault or assigning blame.

However, it is possible that through the process of engaging in programwide needs assessment and strategic planning focused on your consultative model, you will need to make fundamental changes in how consultation services are being delivered or who is delivering them within your program. Having the “right” consultant — one who is a good fit for your program’s needs and who understands your consultative model and approach to mental health — is essential. Ultimately, it is the responsibility of the administrator to determine when continuous quality improvement efforts failed to lead to the desired changes and more fundamental programmatic changes are therefore required.



Additional Resources and References

The table below lists programmatic areas where administrators should ensure that policies are developed to guide program practices. The specific policies for your program can also be translated into your program's work plan for monitoring and accountability.

Areas for Policy Development for Mental Health Consultation	Links and Resources	Head Start Performance Standards
Roles/responsibilities of the mental health consultant; e.g., working collaboratively with parents and staff, regular schedule of on-site consultation, ongoing communication with parents, training activities	http://www.ecmhc.org/tutorials/defining/mod2_0.html http://www.ecmhc.org/tutorials/defining/mod1_0.html	1304.24(a) (1)(i-vi) 1304.24(a) (3)(i-iv) 1304.20(b) (2) 1304.20(c) (1) 1304.40(f) (1) 1304.40(f) (4)(i-iii) 1304.52(j)(iii)
Roles/responsibilities of teaching and other staff in working with the mental health consultant	http://www.ecmhc.org/tutorials/developing/mod3_0.html	1304.20(b)(3)
Governance/organizational role and composition of the mental health work group	http://www.ecmhc.org/tutorials/effective-consultation/mod2_0.html	1304.41(b)
Hiring or contracting the mental health consultant	http://www.ecmhc.org/tutorials/effective-consultation/mod1_0.html	1304.24(a)(2) 1304.52(d)(4)
Monitoring and accountability for consultation services	http://www.ecmhc.org/tutorials/effective-consultation/mod3_0.html	1304.51(g) 1304.51(h)(i-ii) 1304.51(i)(2) 1304.52(h)(i-iv)
Supervision of the mental health consultant	http://www.ecmhc.org/tutorials/effective-consultation/mod3_0.html	1304.52(h)(i-iv)



Areas for Policy Development for Mental Health Consultation	Links and Resources	Head Start Performance Standards
Mental health strategic plan initiatives	http://www.ecmhc.org/tutorials/developing/mod2_0.html	1304.51(a) (1)(i-iii)
Confidentiality issues related to the mental health consultant	http://www.hhs.gov/ocr/privacy/hipaa/faq/index.html http://csefel.vanderbilt.edu/pdf/rs_ecmhc.pdf	1304.41(a) (1) 1304.51(g)
Referrals and relationships with external/community agencies for mental health services/supports	http://www.promoteprevent.org/publications/prevention-briefs/element-4-mental-health-services Example Memorandum of Understanding for mental health services http://www.healthandwelfare.idaho.gov/Portals/_Rainbow/Manuals/FACS/ITP_eManual/MOU_CMH_Infant_%282%29.pdf	1304.40(b)(1) 1304.41(a) (1) 1304.41(a) (2) (i)
Involvement in transition planning for children	http://www.rtc.pdx.edu/PDF/presT2K_Tampa_Final_02.21.08.pdf http://strengtheningfamilies.net/images/uploads/pdf_uploads/LenoxHill.pdf	1304.41(c) (1)(ii)

The following websites and other references can provide more information about each topic listed:

Positive Behavior Intervention Support and Implementing the TPITOS and TPOT

<http://www.challengingbehavior.org>

http://www.wcwcw.com/earlychildhood/PEC2011/PBIS_goes_to_Preschool.pdf.

TPITOS

<http://www.pbisnetwork.org/wp-content/uploads/2010/10/TPITOS-tool-March-06-09.pdf>

TPOT

http://www.cde.state.co.us/early/downloads/PBS/TPOT_Revised_02-08.pdf

CLASS

<http://www.brookespublishing.com/store/books/pianta-class/index.htm>

General Strategic Planning

A useful website on strategic planning processes can be found at

http://managementhelp.org/plan_dec/str_plan/str_plan.htm

Collaborative Management Styles

Bloom, Paula J. *Circles of Influence*. New Horizons, 2000.

Helgesen, S. *The Web of Inclusion*. Currency/Doubleday, 1995.



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Green, B.; Everhart, M.C.; Gordon, L.; and Friesen, B. *Management Strategies for Positive Mental Health Outcomes: What Early Childhood Administrators Need to Know*. Research and Training Center on Family Support and Children's Mental Health, Portland State University, 2004.

Duran, F.; Hepburn, K.; Irvine, M.; Kaufmann, R.; Anthony, B.; Horen, N.; and Perry, D. *What Works? A Study of Effective Early Childhood Mental Health Consultation Programs*. Georgetown University Center for Child and Human Development, 2009.

Technical Assistance Center on Social Emotional Intervention. [“Program-Wide Adoption of the Pyramid Model.”](#)

Green, B.L.; Everhart, M.; Gordon, L.; and Garcia-Gettman, M. “Characteristics of Effective Mental Health Consultation in Early Childhood Settings: Multilevel Analysis of a National Survey.” *Topics in Early Childhood Special Education* 26, no. 3 (2006): 142-152.

Cohen, E., and Kaufmann, R. K. *Early Childhood Mental Health Consultation*. DHHS Pub. No. CMHS-SVP0151. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2005.

Hepburn, K.S.; Kaufmann, R.K.; Perry, D.F.; Allen, M.D.; Brennan, E.M.; and Green, B.L. *Early Childhood Mental Health Consultation: An Evaluation Tool Kit*. Washington, DC: Georgetown University, Technical Assistance Center for Children's Mental Health; Johns Hopkins University, Women's and Children's Health Policy Center; and Portland State University, Research and Training Center on Family Support and Children's Mental Health, 2007.

Johnston, K., and Brinamen, C. *Mental Health Consultation in Child Care: Transforming Relationships Among Directors, Staff, and Families*. Zero To Three Press, 2006.

Mincic, M.; Smith, B.J.; and Strain, P. *Administrator Strategies that Support High Fidelity Implementation of the Pyramid Model for Promoting Social-Emotional Competence and Addressing Challenging Behavior*. Technical Assistance Center for Social Emotional Intervention, Issue Brief, 2009.