
HEAD START PERFORMANCE STANDARDS W/ MENTAL HEALTH FOCUS

This list represents a variety of Head Start Performance Standards that include some aspect of mental health; however, it is not exhaustive of every standard that may include mental health.

MENTAL HEALTH

1304.24 Child Mental Health Services. Head Start embraces a vision of mental wellness. The objective of 45 CFR 1304.24 is to build collaborative relationships among children, families, staff, mental health professionals and the larger community, in order to enhance awareness and understanding of mental wellness and the contribution that mental health information and services can make to the wellness of all children and families.

1304.24 (a)(1) Grantees must **work collaboratively with parents** by:

- (i) Soliciting parental information, observations, and concerns about their child's mental health;
- (ii) Sharing staff observations of their child and discussing and anticipating with parents their child's behavior and development, including separation and attachment issues;
- (iii) Discussing and identifying with parents appropriate responses to their child's behaviors;
- (iv) Discussing how to strengthen nurturing, supportive environments and relationships in the home and at the program;
- (v) Helping parents to better understand mental health issues; and
- (vi) Supporting parents' participation in any needed mental health interventions.

1304.24 (a)(2) Grantee...**must secure the services of mental health professionals on a schedule of sufficient frequency to enable the timely and effective identification of and intervention in family and staff concerns about a child's mental health;**

1304.24 (a)(3) Mental health program services must include a **regular schedule of on-site mental health consultation** involving the mental health professional, program staff, and parents on how to:

- (i) Design and implement program practices responsive to the identified behavioral and mental health concerns of an individual child or group of children;
- (ii) Promote children's mental wellness by providing group and individual staff and parent education on mental health issues;

- (iii) Assist in providing special help for children with atypical behavior or development; and
- (iv) Utilize other community mental health resources, as needed.

OTHER RELATED STANDARDS

Access to Ongoing Care and Preventive and Primary Health Care

1304.20 (a)(1) In collaboration with the parents and as quickly as possible, but no later than 90 calendar days from the child's entry into the program, must:

- (i) **Make a determination as to whether or not each child has an ongoing source of continuous, accessible health care.** If a child does not have a source of ongoing health care, grantee and delegate agencies must assist the parents in accessing a source of care;
- (ii) **Obtain from a health care professional a determination as to whether the child is up-to-date** on a schedule of age appropriate preventive and primary health care which includes medical, dental and mental health. Such a schedule must incorporate the requirements for a schedule of well child care utilized by the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program of the Medicaid agency of the State in which the operate, and the latest immunizations recommendations issued by the Centers for Disease Control and Prevention, as well as any additional recommendations from the local Health Services Advisory Committee that are based on prevalent community health problems:
 - (A) For children who are not up-to-date on an age appropriate schedule of well child care, grantee and delegate agencies must assist parents in making the necessary arrangements to bring the child up-to-date;
 - (B) For children who are up-to-date on an age appropriate schedule of well child care, grantee and delegate agencies must ensure that they continue to follow the recommended schedule of well child care; and
 - (C) Grantee and delegate agencies must establish procedures to track the provision of health care services.
- (iii) **Obtain or arrange further diagnostic testing, examination, and treatment** by an appropriate licensed or certified professional for each child with an observable, known or suspected health or developmental problem; and
- (iv) **Develop and implement a follow-up plan** for any condition identified in 1304.20(a)(1)(ii) and (iii) so that any need treatment has begun.

Screening

1304.20(b)(1) In collaboration with each child's parent, and within 45 calendar days of the child's entry into the program, grantee **must perform or obtain linguistically and age appropriate screening procedures** to identify concerns regarding a child's developmental, sensory (visual and auditory), behavioral, motor, language, social, cognitive, perceptual, and emotional skills.

1304.20 (b)(2) Grantee must **obtain direct guidance from a mental health or child development professional** on how to use the findings to address identified needs.

1304.20(b)(3) Grantee must **utilize multiple sources of information on all aspects of each child's development and behavior**, including input from family members, teachers, and other relevant staff who are familiar with the child's typical behavior.

Follow-Up

1304.20 (c)(1) Grantee must **establish a system of ongoing communication** with the parents of children with identified health needs to facilitate the implementation of the follow-up plan.

IEPs/IFSPs

1304.20 (c)(4) Grantee must assist with the provision of related services **addressing health concerns in accordance with the Individualized Education Program (IEP) and the Individualized Family Service Plan (IFSP).**

Ongoing Care

1304.20 (d) In addition to assuring children's participation in a schedule of well child care, as described in section 1304.20 (a) of this part, grantee and delegate agencies must **implement ongoing procedures by which EHS and HS staff can identify any new or recurring medical, dental, or developmental concerns so that they may quickly make appropriate referrals.** These procedures must include: periodic observations and recordings, as appropriate, of individual children's developmental progress, changes in physical appearance (e.g., signs of injury or illness) and emotional and behavioral patterns. In addition, these procedures must include observations from parents and staff.

Parent Involvement

1304.20(e)(1) **Consult with parents immediately** when child health or developmental problems are suspected or identified;

1304.20(e)(2) **Familiarize parents with the use of and rationale for all health and developmental procedures** administered through the program or by contract or agreement, and obtain advance parent or guardian authorization for such procedures. Grantee and delegate agencies also must **ensure that the results of diagnostic and treatment procedures and ongoing care are shared with and understood by the parents;**

1304.20(e)(3) Talk with parents about how to **familiarize their children in a developmentally appropriate way and in advance about all of the procedures they will receive** while enrolled in the program;

1304.20(e)(4) Assist parents...to enroll and participate in a system of ongoing family health care and encourage parents to be active partners in their children's health care process; and,

1304.20(e)(5) If a parent or other legally responsible adult refuses to give authorization for health services, grantee and delegate agencies must **maintain written documentation of the refusal.**

Individualization

1304.20 (f)(1) Must use the information from the screenings for developmental, sensory, and behavioral concerns, the ongoing observations, medical, and dental evaluations and treatments, and insights from the child's parents to help staff and parents **determine how the program can best respond to each child's individual characteristics, strengths, and needs.**

Child Development

1304.21(a)(3) Grantee must support social and emotional development by:

- (i) **Encouraging development** which enhances each child's strength by:
 - (A) **Building trust;**
 - (B) **Fostering independence;**
 - (C) **Encouraging self-control** by setting clear, consistent limits, and having realistic expectations;
 - (D) **Encouraging respect** for the feelings and rights of others; and
 - (E) **Supporting and respecting the home language, culture and family composition** of each child in ways that support the child's health and well-being;
- (ii) **Planning for routines and transitions** so that they occur in a timely, predictable and unrushed manner according to each child's need.

1304.21(b)(1)(i) Grantee's program of services for infants and toddlers must encourage:

- (i) The **development of secure relationships** in out-of-home care settings for infants and toddlers by having a limited number of consistent teachers over an extended period of time. Teachers must demonstrate an understanding of the child's family culture and, whenever possible, speak the child's language
- (ii) **Trust and emotional security** so that each child can explore the environment according to his or her developmental level;

1304.21(b)(2)(i) Grantee must **support the social and emotional development of infants and toddlers by promoting an environment that: Encourages the development of self-awareness, autonomy, and self-expression**

1304.21(c)(1)(iii) Grantee, in collaboration with parents, **must implement a curriculum that integrates all educational aspects of the health, nutrition, and mental health services into program activities;**

1304.21(c)(1)(iv) Ensures that the program environment **helps children develop emotional security and facility in social relationships**

1304.21 (c)(1)(vi) Provides each child with **opportunities for success** to help develop feelings of competence, self-esteem, and positive attitudes towards learning.

Confidentiality

1304.22(b)(3) Grantee **must request that parents inform them of any health or safety needs of the child** that the program may be required to address. Programs must share information, as necessary, with appropriate staff regarding accommodations needed in accordance with the programs' confidentiality policy.

Nutritional Services

1304.23(b)(1)(iii) All children in morning center-based settings who have not received breakfast at the time they arrive at the Early Head Start or Head Start program **must be served a nourishing breakfast.**

1304.23 (b)(1)(vi) For 3- to 5- year-olds in center-based settings or other Head Start group experiences, foods served must be **high in nutrients and low in fat, sugar, and salt.**

Meal Service

1304.23 (c) Grantee **must ensure that nutritional services in center-based settings contribute to the development and socialization of enrolled children** by providing that:

- (1) A variety of food is served which broadens each child's food experiences;
- (2) Food is not used as punishment or reward, and that each child is encouraged, but not forced, to eat or taste his or her food;
- (3) Sufficient time is allowed for each child to eat;
- (4) All toddlers and preschool children and assigned classroom staff, including volunteers, eat together family style and share the same menu to the extent possible;
- (5) Infants are held while being fed and are not laid down to sleep with a bottle
- (6) Medically-based diets or other dietary requirements are accommodated; and,
- (7) As developmentally appropriate, opportunity is provided for the involvement of children in food-related activities.

Accessing Community Services and Resources

1304.40 (b)(1) Grantee must work collaboratively with all participating parents to identify and continually access, either directly or through referrals, services and resources that are responsive to each family's interests and goals, including:

- (i) Emergency or crisis assistance in areas such as food, housing, clothing and transportation;

- (ii) Education and other appropriate interventions, including opportunities for parents to participate in counseling programs or to receive information on mental health issues that place families at risk, such as substance abuse, child abuse and neglect, and domestic violence

Services to Pregnant Women

1304.40 (c)(1) Services to pregnant women who are enrolled in programs serving pregnant women, infants, and toddlers.

- (1) Early Head Start grantee **must assist pregnant women to access comprehensive prenatal and postpartum care**, through referrals, immediately after enrollment in the program. This care must include:
 - (i) Early and continuing risk assessments, which include an assessment of nutritional status as well as nutrition counseling and food assistance, if necessary;
 - (ii) Health promotion and treatment, including medical and dental examinations on a schedule deemed appropriate by the attending health care providers as early as possible, and
 - (iii) Mental health interventions and follow-up, including substance abuse prevention and treatment services, as needed.
- (2) Grantee **must provide pregnant women and other family members, as appropriate, with prenatal education on fetal development (including risks from smoking and alcohol), labor and delivery, and postpartum recovery (including maternal depression).**

Parent Involvement in Child Development and Education

1304.40 (e)(3) Grantee must provide opportunities for parents to enhance their parenting skills, knowledge, and understanding of the educational and developmental needs and activities of their children and to share concerns about their children with program staff.

Parent Involvement in Health, Nutrition and Mental Health Education

1304.40(f)(1) Parent involvement in health, nutrition, and mental health education. Grantee and delegate agencies must **provide medical, dental, nutrition, and mental health education programs for program staff, parents, and families.**

1304.40(f)(4)(i-iii) Grantee must ensure that, at a minimum, the mental health education program provides, at a minimum:

- (i) A variety of group opportunities for parents and program staff **to identify and discuss issues related to child mental health,**
- (ii) Individual opportunities for parents to **discuss mental health issues** related to their child and family with program staff; and
- (iii) The active involvement of parents in **planning and implementing any mental health interventions for their children.**

Newborn Visit

1304.40 (i)(6) Grantee and delegate agencies serving infants and toddlers **must arrange for health staff to visit each newborn** within two weeks after the infant's birth to ensure the well-being of both the mother and the child.

Partnerships

1304.41(a)(1) Grantee and delegate agencies must take an active role in community planning to encourage strong communication, cooperation, and the sharing of information among agencies and their community partners and to improve the delivery of community services to children and families in accordance with the agency's confidentiality policies. Documentation must be maintained to reflect the level of effort undertaken to establish community partnerships

1304.41(a)(2)(i) Grantee and delegate agencies must take affirmative steps establish ongoing collaborative relationships with community organizations to **promote the access of children and families to community services that are responsive to their needs**, and to ensure that Early Head Start and Head Start programs respond to community needs, **including mental health providers**.

Transitions

1304.41(c)(1)(ii) Grantee must establish and maintain procedures to support successful transitions for enrolled children and families from previous child care programs into EHS or HS and from HS into elementary school...These procedures must include...**Outreach to encourage communication** between Early Head or Head Start staff and their counterparts in the schools and other child care settings including principals, teachers, social workers and health staff to facilitate continuity of programming.

Program Planning

1304.51 (a)(1)(i-iii) Grantee must develop and implement a systematic, ongoing process of program planning that includes consultation with the...and must include:

- (iii) The **development of written plans for implementing services** in each of the program areas covered by this part (e.g., Early Childhood Development and Health Services, Family and Community Partnerships, and Program Design and Management)

1304.51(g) Grantee must **establish and maintain efficient and effective record-keeping systems** to provide **accurate and timely information regarding children, families** and staff and must **ensure appropriate confidentiality** of this information.

1304.51 (h) (1-2) Grantee must **establish and maintain efficient and effective reporting systems that generate periodic reports** of financial status and program operations in order to control program quality, maintain program accountability, and advise governing bodies, policy council groups, and staff of program progress; and, generate official reports for Federal, State, and local authorities, as required by applicable law.

1304.51 (i)(2) Grantee must **establish and implement procedures for the ongoing monitoring** of their own Early Head Start and Head Start operations, as well as those of each of their delegate agencies to ensure that these operations effectively implement Federal regulations.

Human Resources Management

1304.52 (d)(4) Mental health services **must be supported by staff and consultants who are licensed or certified mental health professionals** with experience and expertise in serving young children and families.

1304.52 (h)(1)(iv) Grantee **must ensure that all staff, consultants, and volunteers abide by the program's standards of conduct.** These standards must specify that they will use **positive methods of child guidance and will not engage in corporal punishment, emotional and physical abuse, or humiliation.** In addition, they will not employ methods of discipline that involve isolation, the use of food as punishment or reward, or the denial of basic needs.

1304.52 (j)(3) Grantee and delegate agencies must **make mental health and wellness information available to staff** with concerns that may affect their job performance.

Standards on Services for Children with Disabilities

1308.19 Developing individualized education programs (IEPs). When Head Start provides for the evaluation, the multidisciplinary evaluation team makes the determination whether the child meets the Head Start eligibility criteria. The multidisciplinary evaluation team must assure that the evaluation findings and recommendations, as well as information from developmental assessment, observations and parent reports, are considered in making the determination whether the child meets Head Start eligibility criteria.

1308.21 Parent participation and transition of children into Head Start and from Head Start to public school.