NYC Early Childhood Mental Health Network

Assessment Tools

Training Manual

NYC Department of Health and Mental Hygiene

January 6, 2017

TABLE OF CONTENTS

About this Manual

This manual describes the assessments the New York City Department of Health and Mental Hygiene (DOHMH) requires its contracted Early Childhood Therapeutic Centers (ECTCs) to administer.

The assessment tools will be completed as part of treatment and consultation services.

The manual includes

- Detailed protocols for administering and documenting the assessment tools
- Copies of the tools

The tools and protocols described in this manual are limited to those required by DOHMH. This manual does NOT represent a comprehensive list of assessments and protocols needed to provide high quality service. Clinicians should rely on their clinical judgment and follow best practices in every patient care plan.

If you have questions about this manual or the protocols described, please contact:

Claudia Vargas
Project Director, Early Childhood Mental Health Services
Bureau of Children, Youth, and Families
NYC Department of Health and Mental Hygiene
Tel: 347-396-7906
Email: cvargas2@health.nyc.gov

Overview of Assessment Tools Required by DOHMH

Service associated with tool	Name of tool	When assessment is used	
		Before service begins (pre-assessment)	After service begins (post-assessment)
MENTAL HEALTH TREATMENT	**Devereux Early Childhood Assessment** (DECA)	During intake	At 6- month treatment plan update OR at discharge if discharge occurs prior to 6-month treatment plan update
	Parenting Stress Index-4, Short Form (PSI-SF)	During intake	At 6- month treatment plan update OR at discharge if discharge occurs prior to 6-month treatment plan update
	Patient Health Questionnaire-9 (PHQ-9)	During intake	
	Adult Adverse Childhood Experiences Questionnaire (ACE)	During intake	
	NYS OMH Family Assessment of Care Survey (FACS)		At 6- month treatment plan update OR at discharge if discharge occurs prior to 6-month treatment plan update
MENTAL HEALTH CONSULTATION (MHC)	**Classroom Demographic Form**	During initial assessment of classroom	
	Classroom Observation Tool	During initial assessment of classroom	At end of MHC period
	Classroom Strengths and Difficulties Questionnaire	During initial assessment of classroom	At end of MHC period
	Devereux Early Childhood Assessment (Case-specific only)	During initial assessment of child	At end of MHC period
	ECMHC Administrators' Impact Survey		At end of MHC period
	ECMHC Teacher Impact Survey		At end of MHC period

TREATMENT TOOLS AND PROTOCOLS

TREATMENT: INTAKE

The following assessments must be completed during the intake process:

1. Devereux Early Childhood Assessment (DECA)
    a. Complete **ONE** of the following versions, based on child's age:
        i. DECA-Infant (age 1- <18 months)
        ii. DECA-Toddler (age 18- <24 months)
        iii. DECA-Clinical (age 2 – 5 years)

2. Parenting Stress Index-4, Short Form (PSI-SF)

3. Patient Health Questionnaire-9 (PHQ-9)

4. Adult Adverse Childhood Experiences Questionnaire (ACE)

Devereux Early Childhood Assessment (DECA)

Description

This tool assesses protective factors and screens for potential risks in the social and emotional development of young children.

Based on the child's age, the clinician must choose ONE version of the DECA to administer.

- If the child is 1- <18 months old, use the **DECA-Infant**
- If the child is 18- <24 months old, use the **DECA-Toddler**
- If the child is 2-5 years old, use the **DECA-Clinical**

Administration

When to administer this assessment: During the intake process for a new patient 1 month - 5 years.

Who this assessment is administered to: A primary caregiver completes this form.

How to administer this assessment: Self-administered on paper or entered online.

How to describe this assessment to primary caregivers: "Your responses to this set of questions will allow us to understand your child's strengths, as well as the types of behaviors that are of concern to you. Knowing both will help us plan services that build on his/her strengths while also targeting his/her specific emotional or behavioral needs."

Scoring

Who scores this assessment: The clinician.

How to score this assessment: Follow the DECA manual and explanations in the DECA webinar.

How to interpret the results: Follow the DECA manual and explanations in the DECA webinar.

How to review the results with the primary caregiver: Follow the DECA manual and explanations in the DECA webinar.

How to document the scores for DOHMH: Individual scores (raw scores and T-scores for subscales and total score) will be reported to DOHMH via the web-based Provider Portal. Please keep copies of assessments completed prior to the launch of the Provider Portal.

DECA-Infant

DECA-Toddler

DECA-Clinical

Parenting Stress Index-4, Short Form (PSI-SF)

Description

This tool evaluates the magnitude of stress in the parent–child system. There are 3 domains: Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI), and Difficult Child (DC), which combine to form a Total Stress scale.

Administration

When to administer this assessment: During the intake process. This may be an intake for a child 0-5 years who is referred with the primary caregiver or an intake for a primary caregiver who is referred for his/her own treatment.

Who this assessment is administered to: A primary caregiver completes this form.

How to administer this assessment: Self-administered on paper or administered by clinician in interview format with primary caregiver.

How to describe this assessment to primary caregivers: "We have learned a lot about the presence of stress in the lives of families with young children and about the need to be sure that parents' stress is addressed and relieved, whenever possible. We are asking you to complete this questionnaire so that we know all the ways we might be helpful to your child and family, and best support the relationship between you and your child. We will share the results with you when we review your child's treatment plan."

Scoring

Who scores this assessment: The clinician.

How to score this assessment: Follow the manual. Briefly, (a) sum the 12 responses for each subscale to get the subscale scores; (b) sum the 3 subscale scores to get the *Total Stress* score; and (c) use the raw scores to determine T-scores and percentile scores.

How to interpret the results: Follow the manual. Briefly, both T-scores and percentiles are used as normative metrics. The primary interpretive framework is percentile based. The normal range of scores is within the 16th to 84th percentile. Scores in the 85th to 89th percentile are considered high. Scores in the 90th percentile and higher are considered clinically significant. Comparison of subscale scores permit for targeted interventions to address particular sources of parenting stress.

How to review the results with the primary caregiver: The clinician can review the level of parenting stress reflected by the Total Stress Score and check back with the parent to see if this rated level of

stress matches parent's self-assessment. If so, and especially if elevated, the clinician can agree with the parent to address this as part of the child/family treatment plan.

How to document the scores for DOHMH: Individual scores (raw scores and T-scores for subscales and total score) will be reported to DOHMH via the web-based Provider Portal. Please keep copies of assessments completed prior to the launch of the Provider Portal.

Parenting Stress Index-4, Short Form (PSI-SF)

Patient Health Questionnaire-9 (PHQ-9)

Description

The Patient Health Questionnaire-9 (PHQ-9) is an assessment tool for depression used by health care professionals. It is quick and easy for patients to complete and for clinicians to score. The PHQ-9 utilizes each of the 9 DSM-4 criteria for Major Depressive Disorder (these are essentially the same as DSM-5), and can be utilized to stratify severity of depression. It has been translated into a number of languages other than English including Spanish. It is written at a 6th grade reading level.

Administration

When to administer this assessment: During the intake process. This may be an intake for a child 0-5 years who is referred with the primary caregiver or an intake for a primary caregiver who is referred for his/her own treatment.

Who this assessment is administered to: A primary caregiver completes this form about their own symptoms – it is important to assure caregiver understands this form is not about child symptoms if they are at the clinic for a child intake. Parents will generally need some orientation to the rationale for conducting this screening as part of their child's assessment (see below).

How to administer this assessment: Traditionally, this is self-administered by the patient on paper, although literacy issues and clinical judgment about what works best for the parent will sometimes mean that a clinician completes the form with the primary caregiver.

How to describe this assessment to primary caregivers:

If introducing the PHQ-9 on paper - "Depression is a common problem for many parents. Parents may not recognize they have depression or that treatment for depression will help them and their child. We want to assist you in getting help for depression if you need it. For this reason, we are asking all the parents who come to the clinic to respond to the following questions. Your child's clinician will confidentially review your answers with you."

If introducing the PHQ-9 as part of interview - "Most of the evaluation today has been focused on what you are noticing with your child. Of course, that's why you are here, but parent health is extremely important for young children - so we ask every parent who brings a child to our clinic some questions, too. One of the most common health problems facing parents is depression. I'd like to take a minute to go through the questions on this form with you about this topic."

Scoring

Who scores this assessment: The clinician.

How to score this assessment: Briefly, each of the 9 items is scored from 0-3, and the 9 items are summed to provide a total severity score ranging from 0-27. For additional information, please go to http://www.phqscreeners.com/ and look for the Instruction Manual.

How to interpret the results:

- Score of 0-4 is usually normal
- Score of 5-9 minimal or mild symptoms
- Score of 10-14 moderate depression
- Score of 15-19 moderately severe depression
- Score greater than 20 severe depression

How to review the results with the primary caregiver: "When I add up the answers you gave me, I see that the total is ____. That number often means that the person completing the form is (not/mildly/moderately/severely) depressed. How do you think that applies to the way you are feeling?"

No/minimal/mild symptoms

- Use your clinical judgment about whether this score is accurate
  - Don't forget question 9
- Psychoeducation – these are symptoms of depression, if you have more in future you should talk to me or one of your healthcare providers
- Wellness strategies – it's ok to take time for self-care, spend time with supportive friends and family members, ask them for help sometimes
- Decide if you will re-screen at some point
  - You may want to check again soon especially if upper end of score range

Moderate depression

- Everything from above
- Plus discuss need for support and/or treatment
  - What does mom think would be helpful?
  - Add more pleasant activities to daily routine
  - Make plans to connect with people in support system
  - Relaxation activities to help manage stress
  - Could CPP or dyadic treatment be helpful enough?
  - If referral indicated, where can you refer?
- Follow-up
  - Re-screening intervals

Severe depression

- Everything from above
- Plus parent probably needs treatment so discuss options
  - Psychotherapy such as Cognitive Behavioral Therapy (CBT) or Interpersonal Psychotherapy (IPT)
  - Support or psychotherapy groups
  - Medication – some are ok to take even while breastfeeding or pregnant
    - Maternal depression during pregnancy has associated with negative outcomes especially if severe
  - Social supports – including referrals you could make

- Follow-up
  - Re-screening and encourage engagement especially if parent has not yet accepted referral

How to document the scores for DOHMH: The total number of PHQ-9's administered are reported to Public Health Solutions (PHS) monthly via the ePNR portal. Individual total scores will be reported to DOHMH via the web-based Provider Portal. Please keep copies of assessments completed prior to the launch of the Provider Portal.

Patient Health Questionnaire-9 (PHQ-9)

Adult Adverse Childhood Experiences Questionnaire (ACE)

Description

There are 10 types of childhood adversity measured in the ACE Questionnaire. Five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who's an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment.

Administration

When to administer this assessment: During the intake process. This may be an intake for a child 0-5 years who is referred with the primary caregiver or an intake for a primary caregiver who is referred for his/her own treatment.

Who this assessment is administered to: A primary caregiver completes this form.

How to administer this assessment: Self-administered on paper or administered by the clinician in interview format.

How to describe this assessment to primary caregivers: "The following questions are very personal in nature and ask about your childhood. We ask these questions because we know that our experiences growing up are very important. They affect our physical and emotional health and also influence the way we care for and think about our own children. Your answers to these questions are confidential and will allow us to provide the appropriate services and supports for you and your child."

Scoring

Who scores this assessment: The clinician.

How to score this assessment: Each type of adversity counts as one; add up the "Yes" answers to get the total ACE Score.

How to interpret the results: The ACE score is meant as a guideline and as a proxy for a trauma screen. It provides information about the burden of stress experienced by the parent in his/her childhood and therefore gives some information about potential stress in the parenting role or in the parent-child relationship. If the primary caregiver experienced other types of toxic stress over months or years, then those would likely increase his/her and his/her child's risk of health consequences.

How to review the results with the primary caregiver: The clinician can review with the parent the number of adversities a parent has endorsed, particularly if there are 4 or more. The clinician can

validate that parent had a number of very difficult circumstances as a child and can inquire if he/she has ever received mental health or other support services to address these. If the parent agrees this is important, or impacts on his/her relationship or interaction with child, the clinician can indicate this will be addressed in child/family treatment plan.

How to document the scores for DOHMH: Individual ACE scores will be reported to DOHMH via the web-based Provider Portal. Please keep copies of assessments completed prior to the launch of the Provider Portal.

Adult Adverse Childhood Experiences Questionnaire (ACE)

TREATMENT: AT 6-MONTH TREATMENT PLAN UPDATE (or discharge if discharge occurs prior to 6-month treatment plan update).

The following assessments must be completed at 6-month treatment plan update (or discharge if discharge occurs prior to 6-month treatment plan update):

1. Devereux Early Childhood Assessment (DECA)
    a. Complete **ONE** of the following versions, based on child's age:
        i. DECA-Infant (1- <18 months)
        ii. DECA-Toddler (18- <24 months)
        iii. DECA-Clinical (2-5 years)

2. Parenting Stress Index-4, Short Form (PSI-SF)

3. Family Assessment of Care Survey (FACS)

Devereux Early Childhood Assessment (DECA)

Description

This tool assesses protective factors and screens for potential risks in the social and emotional development of young children.

Based on the child's age, the clinician must choose ONE version of the DECA to administer.

- If the child is 1- <18 months old, use the **DECA-Infant**
- If the child is 18- <24 months old, use the **DECA-Toddler**
- If the child is 2-5 years old, use the **DECA-Clinical**

Administration

When to administer this assessment: When updating the treatment plan 6 months after intake of a patient 0-5 years old or at discharge (if that occurs prior to the 6 month treatment plan update).

Who this assessment is administered to: A primary caregiver completes this form.

How to administer this assessment: Self-administered on paper or entered online or administered by the clinician in interview format.

How to describe this assessment to primary caregivers: "Your responses to this set of questions will allow us to take a look again at your child's strengths, as well as to see if there has been reduction in the behavioral concerns noted at the beginning of our work together. Both of these will permit us to continue to plan ways to best meet his or her individual needs."

Scoring

Who scores this assessment: The clinician.

How to score this assessment: Follow the DECA manual and explanations in the DECA webinar.

How to interpret the results: Follow the DECA manual and explanations in the DECA webinar.

How to review the results with the primary caregiver: Follow the DECA manual and explanations in the DECA webinar.

How to document the scores for DOHMH: Individual scores (raw scores and T-scores for subscales and total score) will be reported to DOHMH via the web-based Provider Portal. Please keep copies of assessments completed prior to the launch of the Provider Portal.

DECA-Infant

DECA-Toddler

DECA-Clinical

See pages 8-10 of this manual for copies of the tools.

TREATMENT: AT 6-MONTH TREATMENT PLAN UPDATE (or discharge if discharge occurs prior to 6-month treatment plan update).

Parenting Stress Index-4, Short Form (PSI-SF)

Description

This tool evaluates the magnitude of stress in the parent–child system. There are 3 domains: Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI), and Difficult Child (DC), which combine to form a Total Stress scale.

Administration

When to administer this assessment: When updating the treatment plan 6 months after intake or at discharge (if that occurs before the 6 month update) of a patient 0-5 years old or a primary caregiver of a child 0-5 years old who received his/her own treatment.

Who this assessment is administered to: A primary caregiver completes this form.

How to administer this assessment: Self-administered on paper or administered by clinician in interview format with primary caregiver.

How to describe this assessment to primary caregivers: "The following set of questions asks you about any stresses you may be experiencing as a parent of a young child. As we discussed when you last completed this questionnaire, one of our goals is to reduce stressors to the extent possible. After you complete the questions, we'll review it like we did before and talk about whether you think it's an accurate assessment of how you are feeling now. This will also give us a chance to think about whether treatment has been helpful with parenting stress."

Scoring

Who scores this assessment: The clinician.

How to score this assessment: Follow the manual. Briefly, (a) sum the 12 responses for each subscale to get the subscale scores; (b) sum the 3 subscale scores to get the *Total Stress* score; and (c) use the raw scores to determine T-scores and percentile scores.

How to interpret the results: Follow the manual. Briefly, both T-scores and percentiles are used as normative metrics. The primary interpretive framework is percentile based. The normal range of scores is within the 16th to 84th percentile. Scores in the 85th to 89th percentile are considered high. Scores in the 90th percentile and higher are considered clinically significant. Comparison of subscale scores permit for targeted interventions to address particular sources of parenting stress.

How to review the results with the primary caregiver: Clinician should compare results of this re-administration of the PSI-SF to the initial one, and should note any significant change – positive or negative. Clinician should provide feedback to caregiver about improvement or reduction in parenting stress as an important marker and check in to see if parent, in fact, feels a reduction in stress. If so, clinician can check back to see if caregiver attributes this to the therapy and thereby endorses an extension of the existing treatment plan. If the change in scores reflects increased parental stress, clinician should discuss with caregiver and consider possible changes or additions to the treatment plan.

How to document the scores for DOHMH: Individual scores (raw scores and T-scores for subscales and total score) will be reported to DOHMH via the web-based Provider Portal. Please keep copies of assessments completed prior to the launch of the Provider Portal.

Parenting Stress Index-4, Short Form (PSI-SF)

Family Assessment of Care Survey (FACS)

Description

This survey provides family/patient feedback on the services provided by the ECTC.

Administration

When to administer this assessment: At the time of the 6 month treatment plan update (or at discharge if treatment is completed prior to the 6 month update) of a patient 0-5 years old.

Who this assessment is administered to: A primary caregiver completes this form.

How to administer this assessment: The clinician provides a paper copy of the survey to the primary caregiver. Once completed, the primary caregiver places the survey in a drop box on-site at the ECTC. NOTE: The TTAC will send the correctly formatted FACS form to each ECTC. DO NOT USE THE COPY INCLUDED IN THIS MANUAL AS THE FORMATTING WILL BE CHANGED.

How to describe this assessment to primary caregivers: "This survey is your opportunity to let us know if you have been satisfied with the therapy we have provided for your family. We greatly value your honest opinions; they help us serve families like yours better. This is a confidential survey; you do not need to provide your name or contact information on the form."

Scoring

Who scores this assessment: The TTAC.

How to score this assessment: TTAC will collect the surveys after they are completed by the primary caregivers.

How to interpret the results of this assessment: The TTAC and DOHMH will analyze the results and provide summaries to the ECTCs. Results will be used for quality assurance and training purposes.

How to review the results with the primary caregiver: The results will not be reviewed with primary caregivers.

How to document the scores for DOHMH: The TTAC will report the results to DOHMH.

Family Assessment of Care Survey (FACS)

CONSULTATION TOOLS AND PROTOCOLS

Please note that there is specific identifying information that MUST be included on EVERY form used in mental health consultation.

Please see Appendix A for definitions of these identifiers.

CONSULTATION: BEFORE THE FIRST VISIT TO EARLYLEARN (EL) CENTER/SITE

Before the First Visit to the EL Program:

- DOHMH provides list of priority EL sites to each provider agency, based on the results of the Early Childhood Mental Health Consultation (ECMHC) Survey sent to EL programs and discussed with ACS Division of Early Care.

- The ECTC Program Director (PD) contacts the EL Program Director at each site to set up an in-person meeting at the EL site. ECTC PD asks for all relevant leaders to be present (e.g., the Educational Director). If another Mental Health Consultant works at the site, includes that person.

CONSULTATION: FIRST VISIT TO EARLYLEARN CENTER/SITE

The following protocols/tools are for use during the first visit to an EarlyLearn (EL) center/site:

1. First Visit Planning Guide
2. First Visit - Helpful Information
3. Discussion Guide for First Visit
4. Partnership Agreement

These tools are to guide ECMH Network providers in starting services for early childhood mental health consultation (ECMHC) in EarlyLearn (EL) center-based programs.

First Visit Planning Guide

- The ECTC Program Director (PD) and Mental Health Consultant visit the EL site.
- The PD takes the lead in discussing the early childhood mental health consultation service they are offering, using the suggested *First Visit- Helpful Information* and questions in the *Discussion Guide* to discuss the goals and activities of the consultation that will be provided.
- Explain that you will develop a joint written *Partnership Agreement* with the program. This is an agreed upon plan for the consultation, including goals, frequency, responsibilities, etc.
- If the Consultation Goals or focus are unclear, you may offer an observation/needs assessment to identify the focus of the consultation.
- Review the *Partnership Agreement* form with the EL Program Director and complete it together. If the EL Program already has a Mental Health Consultant onsite, be sure to include that person in the process.
- If needed, the PD and Mental Health Consultant visit the site a second time to finalize and sign the *Partnership Agreement*.
- The Mental Health Consultant gives a copy of signed *Partnership Agreement* to the EL Program Director.

First Visit - Helpful Information

Adapted from the presentations of Drs. Neil Horen and Gil Foley.

Programmatic Consultation for Staff and Programs

- Works in collaboration with program leadership to assess and address issues related to a program's structure, policies, procedures, professional development, philosophy and mission as they relate to supporting young children's social emotional development
- Focused on the whole program

Child- and Family- Centered Consultation

- Addresses the factors that contribute to an individual child and/or family's difficulties engaging in an early childhood setting or program
- Typically provided to staff and families about concerns related to an individual child
- Impacts one child/family

Roles and Responsibilities of Mental Health Consultant

- Supports staff in addressing individual challenges that affect work
- Provides crisis stabilization
- Works with families on resolving behavioral challenges
- Refers to mental health services or other social services, when indicated

Getting Off to a Good Start: High Quality Service

- Clarify roles and expectations up front
- Prepare written agreements
- Widespread communication
- Integrate into EL program
- Attend activities/events
- Make EL program-level accommodations

Components of Early Childhood Mental Health Consultation

- Preconditions:

- Solid program infrastructure: Leadership, defined model, evaluation
- High quality services
- Building a working alliance (mutuality of endeavor)
- Helper rather than authority: There is no place for hierarchy in consultation
- Collaborator rather than expert-mutuality and reciprocity
- Generative solutions through collective problem solving
- Engage the classroom team: Network
- Engage the family from the start and include them as members of the team
- Promote a posture of: Wondering, authentic interest and reflection

- Support the consultees as holders of valuable knowledge and agents of change

- Framing, assessing and defining the presenting concerns

- Collect data from all constituents
- Observe
- Complete any formal or informal assessments
- Understand from another's subjective experience
- Consider all levels of influence and contributions from the child, parent, relationship, teacher/caregivers (functioning of classroom team), peers, environment (emotional climate), history (trauma, chronic stress, environmental/relational stressors)

- Collaborative problem solving, formulation and intervention

- Sufficient time for meeting with classroom team, family and all relevant "voices"
- Reflection
- Develop strategies that are clear, operationalized and have relevance for home as well as school
- Review and draw from evidence-based resources
- Establish clearly defined duration and intensity of intervention; goals, objectives and expected outcomes; implementation/fidelity

- Implementation/coaching

- Modeling
- Reflective coaching
- Heighten reflective function
- Parallel process
- Reflective supervision/follow-up
- Use of video analysis

- Outcome assessment

- Goal attainment scaling
- Formal and informal measures
- Changes in classroom practices promoting social-emotional competence
- Generalization of intervention and treatment effect
- Functioning of classroom team
- Parental appraisal

(Duran, et al., 2009; Cohen & Kaufman, 2005; Johnston & Brinamen, 2012)

Discussion Guide for First Visit to EarlyLearn Site

1. What are the reasons for your interest in mental health consultation?
2. What are the issues/areas of focus where support is needed?
3. Do you have a mental health consultant providing services at your site? If so how often?
4. What experiences (if any) has your program had with mental health consultation?
5. What strategies have you tried to address the issues/areas of focus?
6. What do you hope the Consultant will bring to your program? Your staff? You as the director/supervisor?
7. Are you as the director/education supervisor committed to finding a time to meet with the consultant on a regular basis?
8. We are available to conduct observations to recommend focus/goals for consultation. Would you like us to do that?
9. How do you plan to provide time (and coverage if needed) for teachers to meet with the consultant on a regular basis? (e.g., during naptime, end of day, prep time, etc.)?
10. How often/in what ways does the director and/or education supervisor communicate with teachers?
11. How often are directors/supervisors able to spend time in classrooms?
12. What trainings are teachers receiving this year? Any specific curricula (e.g., Incredible Years, Parent Corps, Trauma Smart, etc.) being used in those trainings?
13. What do you think your teachers do well?
14. What do you think your teachers need support with?

This question list is meant as a <u>guide for discussion</u> and to explore needs, expectations and readiness of the program you will be consulting to.

This is not a comprehensive list and not all questions may be relevant.

Date:
Center/Site ID (i.e. Early Learn ID):
MHC ID:
ECTC Agency Name:

Partnership Agreement Between *(enter ECTC name)*
And
(enter EarlyLearn program name)

(Enter ECTC name) and *(enter EarlyLearn program name)* have agreed to work collaboratively to ensure quality mental health supports are available to children and families enrolled in *(enter EarlyLearn program name)*. *(Enter ECTC name)* will provide a master's level mental health consultant/clinician (i.e., a Mental Health Consultant) to *(enter EarlyLearn program name)* to provide mental health consultation services to the EarlyLearn site from *(enter start date)* to *(enter end date)*.

Mental health consultation is a "problem solving and capacity building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and an early care and education provider and/or family member" (Georgetown University Center for Child and Human Development, August 2009, adapted from Cohen & Kaufmann, 2005).

As part of this agreement, the *(enter ECTC name)* Mental Health Consultant will work closely with staff to best serve children and families using one or more of the following:

- **Case Specific Consultation**: provide guidance and discussion regarding specific children.
- **Classroom and Programmatic Consultation**: provide teaching and program staff with guidance and discussion around mental health /social-emotional development issues in order to support the incorporation of a mental health based perspective into their work in the classroom and the setting as a whole. The focus is to assist staff to foster positive learning and development, promote each child's social and emotional well-being, build relationships with children, and communicate with parents.
- **Staff development**: Provide staff development plan/activities as needed, in conjunction with the EL site staff, based on issues and requests that arise at the sites.

The EarlyLearn Program Leadership and (*enter ECTC name***) agree to work toward the following goals during the period of Mental Health Consultation:**

1. _____
2. _____
3. _____

Based on these goals, the Mental Health Consultant will conduct the following activities – Select all that apply

☐ **Screening /Assessment/Referral (case specific)**
- ☐ Conduct individual screenings of a child/children
- ☐ Conduct screening with an individual caregiver/family related to a specific child
- ☐ Conduct a home visit related to assessment of a particular child
- ☐ Conduct a more in-depth assessment of an individual child
- ☐ Make referral of a child or family to mental health and other community services

☐ **Screening and Assessment (programmatic)**
- ☐ Conduct group (classroom) screenings and observation
- ☐ Conduct more in-depth classroom-wide assessments of children after they have been screened

☐ **Program planning (case specific)**
- ☐ Develop service plan for an individual child with special needs (e.g., IEPs)
- ☐ Develop written intervention plan for a specific child
- ☐ Meet with staff teams to discuss a specific child or family

☐ **Program Planning (programmatic)**
- ☐ Meet with staff teams to talk about general classroom or other issues

☐ **Direct Service/Intervention (case specific)**
- ☐ Provide direct therapeutic/counseling service to an individual child and/or family
- ☐ Use an evidence-based practice with a child
- ☐ Conduct play therapy with an individual child or dyad
- ☐ Talk with parents about their child
- ☐ Conduct a home visit to discuss a specific child
- ☐ Model an intervention for caregiver/family related to a specific child
- ☐ Evaluate or modify intervention strategies implemented by caregiver/family for a specific child

☐ **Direct Service/Intervention (programmatic)**
- ☐ Use/implement a curriculum/evidence-based practice classroom/program-wide
- ☐ Model an intervention for caregivers/families in the program

☐ **Staff Development (programmatic)**
- ☐ Attend management team meetings
- ☐ Provide formal training to program teachers
- ☐ Provide informal training and assistance to teachers or other staff
- ☐ Provide support to staff for their own well-being
- ☐ Provide program wide training/workshop

☐ **Other, please specify**: _____

In order to deliver these services, the Mental Health Consultant will provide _____ *(enter number)* hours of service (check one) ☐ Per week ☐ Per month

The services will be provided (check all that apply):

☐ In-person at (*enter EarlyLearn program name*)
☐ In-person at child's home
☐ Over the phone
☐ Over video chat
☐ Other, please specify _____

Number of slots (children) in the EL program: _____

As part of this agreement, *(Enter EarlyLearn program name)* agrees to perform the following activities to ensure the effectiveness of mental health consultation services:

- Provide the Mental Health Consultant with an orientation to the program/site.
- Create/allow time for staff/teachers to be available to meet with the Mental Health Consultant and facilitate the connection and coordination between staff/teachers and Mental Health Consultant.
- Create/allow time for Program leadership to be available for biweekly (or ideally weekly) meetings with the Mental Health Consultant to discuss programmatic issues and progress toward goals.
- Collaborate with the Mental Health Consultant to make connections with families of children in case-specific consultation.
- For case-specific consultation, ensure the parents are informed and consent is obtained for mental health consultation for the specific child, including that unidentified information will be shared with the funder for quality improvement and training purposes.
- With the support of the Mental Health Consultant, assist in completion of pre and post assessments for classrooms and for children who receive case specific consultation, as well as feedback surveys from program staff about the quality of the consultation. This information will be shared with the funder for quality improvement and training purposes.

Mental health consultation services to the (*enter EarlyLearn program name*) will be **coordinated by** (*enter name of EarlyLearn staff*) **in collaboration with** (*enter name of ECTC mental health consultant's name*).

Agreed and approved by:

_____
(*enter EarlyLearn Program Name*)

_____ _____ _____
(*enter signer's name and title*) (*enter signer's signature*) (*Date*)

_____
(*enter ECTC name*)

_____ _____ _____
(*enter signer's name and title)* *(enter signer's signature* **CONSULTATION:**

INITIAL ASSESSMENT OF THE CLASSROOM

(Both Case-specific and Programmatic)

For both case-specific and programmatic consultation, the following tools must be used during the initial assessment of the classroom:

1. Classroom Demographic Form
2. Classroom Observation Form (DOHMH will select this at a later stage)
3. Classroom Strengths and Difficulties Questionnaire (SDQ)

Classroom Demographic Form

Description

This form describes the classroom that receives the programmatic or case-specific consultation.

Administration

When this form is completed: Prior to beginning case-specific or programmatic consultation.

Who completes this form: The Mental Health Consultant completes this form with the help of the EL teacher.

How to complete this form: On paper.

How to describe this form to the EarlyLearn teacher: "This information is used to help us understand the classroom context. It will help us provide the best consultation services to you and families."

Scoring

Who scores this form: Not scored.

How this form is scored: Not scored.

How to use the information on this form: The information on this form should be used to help guide consultation activities. The information will also be used by DOHMH for program evaluation purposes.

How to review the information with the EL teacher: This form is completed with the help of EL staff. The Mental Health Consultant should ensure the EL staff confirms all the information in the form.

How to document the information for DOHMH: A copy of this form will be submitted to DOHMH via email upon request. Once the Provider Portal is launched, this information may be included.

Classroom Demographic Form

CLASSROOM DEMOGRAPHIC FORM

Date:
EarlyLearn Agency and Program Name:
Center/Site ID (i.e. Early Learn ID):
Class ID:
MHC ID:
ECTC Agency Name:
Name of Teacher providing information:

Number of teachers in this classroom: _____

Main teacher's number of years of experience: _____

Number of children in this classroom: _____

# of male students: _____ # of female students _____

Age of the youngest and oldest child in the class:

Youngest: _____ Oldest: _____

Race/Ethnicity of students (please place the # of students on the line):

	Number
American Indian/Alaska Native	
Asian	
Black or African American	
Hispanic	
Middle Eastern or North African	
Native Hawaiian or Other Pacific Islander	
White	
Bi-/multi-racial	
Other	

Classroom Observation Form

NOT INCLUDED IN JAN 6, 2017 TRAINING

Description

This tool will assess the mental health climate/environment of the classroom that is the focus of either case-specific or programmatic consultation. DOHMH will select the assessment tool and train consultants on it at a later date.

Classroom Strengths and Difficulties Questionnaire

Description

This assessment describes the classroom that is involved in case-specific or programmatic consultation. Data on behavioral difficulties are aggregated at the classroom level, yielding an index of behavioral concerns for each class as well as an index of impact/burden.

Based on the age of the children in the classroom, the Mental Health Consultant must choose ONE version of the Classroom SDQ to complete.

- If the children are < 36 months, use the **Infant/Toddler Classroom SDQ**
- If the children are 3-5 years old, use the **Preschool Classroom SDQ**

Administration

When to complete this assessment: Prior to beginning case-specific or programmatic consultation.

Who completes this assessment: The Mental Health Consultant completes this in collaboration with the classroom teacher.

How to complete this assessment: The Mental Health Consultant will need to first work with the teacher and/or administrator at the site to establish a 15-20 minute appointment to meet with the teacher outside of the classroom to complete this form together.

Administering the assessment

- Have the teacher hold the prompt card (see below) with the two questions
- Go systematically through each child in the classroom, asking the teacher to rate the degree of difficulty and the degree of burden
- Circle the appropriate score for each child as you go
- Ask for teacher comments at end

How to describe this assessment to EL staff: "The purpose of this form is two-fold. First, it gives us a way to start a conversation about how you think things are going in your classroom now and how many children are struggling. Second, it provides a baseline so we can compare later on how the classroom has improved."

Scoring

Who scores this assessment: The Mental Health Consultant.

How to score this assessment: This questionnaire provides 2 scores: A Classroom Behavioral Difficulties Index and a Classroom Behavioral Difficulties Index.

Classroom Behavioral Difficulties Index: Each child is scored 0-3, where 0 = no difficulty, 1 = minor difficulty, 2 = definite difficulty, and 3 = severe difficulty. These scores are summed for all children in the class and the sum is divided by the total number of children in the class for an index of classroom-level behavioral difficulties.

Classroom Burden Index: This is scored similarly where 0=not at all; 1=a little; 2=a medium amount; 3= a great deal.

Follow instructions at bottom of chart and see example provided.

How to interpret the results of this assessment: The Index will range from 0-3. Higher score is more concerning. The information on this form should be used to help guide consultation activities. The information will also be used by DOHMH for program evaluation purposes.

How to review the results with the EL staff: Explain to the teacher that the index scores range from 0-3, with higher numbers indicating more problems. Ask teacher whether the index scores make sense. Ask teacher to reflect on goals for the classroom a few months from now.

How to document the scores for DOHMH: The two index scores will be reported to DOHMH via the web-based Provider Portal. Please keep copies of assessments completed prior to the launch of the Provider Portal.

Classroom SDQ
Prompt Cards for Teachers

INFANT/TODDLER STRENGTHS AND DIFFICULTIES CLASSROOM QUESTIONNAIRE
For Teacher

Please reflect on each of the children in your classroom and answer the following question:

Do you think that [*child name*] has difficulties in any of the following areas: emotions, regulation, behavior or relationships with family, caregivers or peers?

Answer choices:	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties

If YES, do the difficulties put a burden on you or the class as a whole?

Answer choices:	Not at all	A little	A medium amount	A great deal

PRESCHOOL STRENGTHS AND DIFFICULTIES CLASSROOM QUESTIONNAIRE
For Teacher

Please reflect on each of the children in your classroom and answer the following question:

Do you think that [*child name*] has difficulties in any of the following areas: emotions, concentration, behavior or being able to get along with other people?

Answer choices:	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties

If YES, do the difficulties put a burden on you or the class as a whole?

Answer choices:	Not at all	A little	A medium amount	A great deal

Infant/Toddler Classroom SDQ

Preschool Classroom SDQ

CONSULTATION: INITIAL ASSESSMENT OF THE CHILD (For <u>case-specific</u> consultation only)

The following protocols/tools must be completed during the initial assessment of a child who is the focus of case-specific consultation:

1. Verify that teacher/EL center/site received consent from primary caregiver

2. Devereux Early Childhood Assessment (DECA)

    a. Complete **<u>ONE</u>** of the following versions, based on child's age:
        i. DECA-Infant (age 1- <18 months)
        ii. DECA-Toddler (age 18- <24 months)
        iii. DECA-Clinical (age 2 – 5 years)

These protocols/tools are specific to case-specific consultation and are NOT needed when providing programmatic consultation.

Devereux Early Childhood Assessment (DECA)

Description

This tool assesses protective factors and screens for potential risks in the social and emotional development of young children.

Based on the child's age, the clinician must choose ONE version of the DECA to administer.

- If the child is 1- <18 months old, use the **DECA-Infant**
- If the child is 18- <24 months old, use the **DECA-Toddler**
- If the child is 2-5 years old, use the **DECA-Clinical**

Administration

When to administer this assessment: Before beginning case-specific mental health consultation about a child 0-5 years old.

Who this assessment is administered to: The child's EarlyLearn teacher completes this form.[1]

How to administer this assessment: Self-administered on paper or entered online.

How to describe this assessment to the EarlyLearn staff/primary caregiver: "Your responses to this set of questions will allow us to understand this child's/your child's strengths, as well as the types of behaviors that are of concern to you. Knowing both will help us figure out strategies that build on his/her strengths while also targeting his/her specific emotional or behavioral needs."

Scoring

Who scores this assessment: The Mental Health Consultant.

How to score this assessment: Follow the DECA manual and explanations in the DECA webinar.

How to interpret the results: Follow the DECA manual and explanations in the DECA webinar.

How to review the results with the EL staff/primary caregiver: Follow the DECA manual and explanations in the DECA webinar.

How to document the scores for DOHMH: Individual scores (raw scores and T-scores for subscales and total score) will be reported to DOHMH via the web-based Provider Portal. Please keep copies of assessments completed prior to the launch of the Provider Portal.

[1] If the teacher cannot complete the DECA, ask the child's primary caregiver to complete the DECA.

DECA-Infant

DECA-Toddler

DECA-Clinical

CONSULTATION: AFTER EVERY CONSULTATION SESSION

After every case-specific and programmatic consultation session, the following form must be completed:

1. Consultation Note

Consultation Note

Adapted from: Early Care and Education Consultation Note Form (Lingras & NYCCD, 2015)

Date:
EarlyLearn Agency and Program Name:
Center/Site ID (i.e. Early Learn ID):
Class ID:
MHC ID:
ECTC Agency Name:

Time Spent Providing Consultation (in min):_____

Number of Children in Classroom: _____

EL staff/parent/caregiver receiving consultation: Name(s):

_____

Programmatic Consultation:

[ ] Meeting with Site Director - List topic/objective: _____

[ ] Meeting with Ed. Supervisor/Teachers - List topic/objective: _____

[ ] Meeting with Other Site Supervisor(s) (i.e. Disability Coordinator, Social Work, etc.): _____

[ ] Planning/activities for site goals - describe: _____

Main/ Established Goal(s) for Programmatic Consultation:

Notes from Programmatic Consultation Meeting/Activities and Goals:

Activities Performed - Programmatic Consultation (check all that apply):

[ ] Screened Group or Classroom of children

[ ] In-depth class-room wide assessments of children after they have been screened

[ ] Observation/Building rapport

[ ] Met with staff teams to talk about general classroom issues

[ ] Used curriculum/evidence-based practice classroom/program-wide (please specify name _____)

[ ] Modeled an intervention for caregivers/families from across the program

[ ] Met Management team

[ ] Formal training to program teachers

[ ] Informal training and assistance to teachers or other staff
[ ] Support to staff for their own well-being
[ ] Program wide training/workshop
[ ] Strategies for relationship building w/ children
[ ] Strategies for behavior management/challenging behavior
[ ] Strategies for emotion regulation support
[ ] Strategies for relationship building w/ parents
[ ] Strategies for language development
[ ] Guidance on physical space/presence
[ ] Guidance on Rules/Routines
[ ] Guidance on developmental expectations
[ ] Guidance on transitions (activities, warnings, etc.)
[ ] Discussed mental health issues (trauma, separation, loss, etc.)
[ ] Supported development of teaching team
[ ] Goal setting; follow-up; and/or general meeting with teacher/teaching team

Summary: **[ ] Significant improvement in teacher's classroom management [ ] Stable progress**

Plan: **[ ] Continue consultation [ ] Obtain/Share resources (describe):_____**
[ ] Meet with supervisor/director [ ] Other steps (describe):
_____

<u>Activities Performed - Case-Specific Consultation</u> (can be with teacher or specific child/parent)

Child's Name: (first name) _____ (last name) _____

Child's ID: _____

Child's DOB: (MM/DD/YYYY) _____

Parent's Name: (first name)_____(last name) _____

Teacher/EL Center/Site obtained consent from primary caregiver ☐

[ ] Screened child
[ ] Screened caregiver/family member
[ ] Home visit
[ ] In-depth assessment of an individual child
[ ] Referred child or family member to mental health or other community services
[ ] Developed service plan for a child with special needs (e.g., IEPs)
[ ] Developed written intervention plan for a child
[ ] Met with staff teams to discuss a child or family member
[ ] Provided direct therapeutic/counseling service to a child and/or family member
[ ] Provided evidence-based intervention to a child and/or family member (specify name _____)
[ ] Provided non-evidence-based intervention to a child and/or family member
[ ] Talked with parents about their child
[ ] Modeled an intervention for caregiver/family related to a specific child

Case-Specific Note:

***Add additional pages for other case-specific consultations conducted during this visit.**

Facilitators and Barriers to Progress/Change

Briefly list up to 3 major accomplishments or "breakthroughs":

_____

_____

Briefly list up to 3 barriers to progress:

_____

_____

Guidelines for completing the Consultation Note:

Use one form per day per consultation (e.g. if you meet with director and then with teacher, use 2 notes)

Definitions:
- EarlyLearn Agency and Program Name = Agency running the EarlyLearn program and name of EarlyLearn program
- Center/Site ID (i.e. EarlyLearn ID) = Agency's EarlyLearn ID
- Class ID = site identifier created using the EarlyLearn ID, 1st initial of the main teacher's name, and last name of the teacher (e.g. 572153_M_Jones)
- MHC ID = Mental Health Consultant identifier created using first name and last name of the Mental Health Consultant (e.g. Larry_Love)
- ECTC Agency Name = ECTC providing mental health consultation

General:
- Time spent should be listed in minutes and aggregated across the day (e.g. if you spend an hour in the morning and 15 minutes speaking with a teacher during a meeting, and another half hour in the afternoon, you would write 105 min.).
- Number of Children = Present the day of consultation
- Program Goals = as identified and established with either Program Leadership or Individual teacher during the Partnership Agreement

Programmatic Consultation:
- This is for administrative meetings with supervisors and/or directors/ teachers or other staff
- Meetings with supervisors should be taking place regularly (ideally weekly) in order to facilitate sustainability and consistency on days when consultants are not present
- Make sure to indicate all staff involved in meeting as "participants" at the top of the page
- During the first few weeks, feel free to use the "Observation/building rapport" option as you are getting comfortable in the classroom. Later, you should be focusing on more specific content.
- Summary section notes either significant improvements (feel free to detail in personal notes) or stable progress. If neither applies (i.e., backslide happened), note that in personal notes on back or in barriers section, as relevant.
- If there are additional details that you think are important, please add them in the box at the end of the classroom consultation section.
- Be sure to complete Plan section

Case-specific Consultation:
- This will generally be speaking with a teacher/team/supervisor <u>about a specific child</u> (i.e. behavior plan, child-specific behavioral challenges, interventions/strategies, etc.)
- If the skill is something that is more broad/applicable to the classroom, note under classroom consultation rather than case-specific
- Be sure to note if a referral is needed/made so that this can be tracked
- If you speak with a parent or consult with a teacher/team/supervisor about how to have a conversation with a specific parent, that can be noted under case-specific (make sure to also include the child's name)
- If you consult about more than 1 child during this consultation visit, use additional pages to record the notes.

Accomplishments/Barriers:
- This section is designed to capture and track strengths and challenges of your work.

CONSULTATION: AT THE END OF THE CONSULTATION PERIOD

After the consultation period, as specified in the *Partnership Agreement*, the following assessments must be completed:

1. Devereux Early Childhood Assessment (DECA; case-specific only)
    a. Complete **ONE** of the following versions, based on child's age:
        i. DECA-Infant (age 1- <18 months)
        ii. DECA-Toddler (age 18- <24 months)
        iii. DECA-Clinical (age 2 – 5 years)

2. Classroom Observation Form (to be determined)

3. Classroom Strengths and Difficulties Questionnaire (SDQ)

4. ECMHC Administrators' Impact Survey

5. ECMHC Teacher Impact Survey

Devereux Early Childhood Assessment (DECA)

Description

This tool assesses protective factors and screens for potential risks in the social and emotional development of young children.

Based on the child's age, the clinician must choose ONE version of the DECA to administer.

- If the child is 1- <18 months old, use the **DECA-Infant**
- If the child is 18- <24 months old, use the **DECA-Toddler**
- If the child is 2-5 years old, use the **DECA-Clinical**

Administration

When to administer this assessment: At the end of the consultation period for case-specific mental health consultation with a child 2-5 years old.

Who this assessment is administered to: The child's EarlyLearn teacher completes this form.[2]

How to administer this assessment: Self-administered on paper or entered online.

How to describe this assessment to the EarlyLearn staff/primary caregiver: "Your responses to this set of questions will allow us to take a look again at this child's/your child's strengths, as well as to see if there has been reduction in the behavioral concerns noted at the beginning of our work together. Both of these will permit us to continue to plan ways to best meet his or her individual needs."

Scoring

Who scores this assessment: The Mental Health Consultant.

How to score this assessment: Follow the DECA manual and explanations in the DECA webinar.

How to interpret the results: Follow the DECA manual and explanations in the DECA webinar.

How to review the results with the EL staff/primary caregiver: Follow the DECA manual and explanations in the DECA webinar.

How to document the scores for DOHMH: Individual scores (raw scores and T-scores for subscales and total score) will be reported to DOHMH via the web-based Provider Portal. Please keep copies of assessments completed prior to the launch of the Provider Portal.

[2] If the teacher cannot complete the DECA, ask the child's primary caregiver to complete the DECA.

DECA-Infant

DECA-Toddler

DECA-Clinical

See pages 51-53 of this manual for copies of the tools.

Classroom Observation Form

NOT INCLUDED IN JAN 6, 2017 TRAINING

Description

This tool will assess the mental health climate/environment of the classroom that is the focus of either case-specific or programmatic consultation. DOHMH will select the assessment tool and train Mental Health Consultants on it at a later date.

Classroom Strengths and Difficulties Questionnaire (SDQ)

Description

This assessment describes the classroom that is involved in case-specific or programmatic consultation. Data on behavioral difficulties are aggregated at the classroom level, yielding an index of behavioral concerns for each class as well as an index of impact/burden.

Based on the age of the children in the classroom, the Mental Health Consultant must choose ONE version of the Classroom SDQ to complete.

- If the children are < 36 months, use the **Infant/Toddler Classroom SDQ**
- If the children are 3-5 years old, use the **Preschool Classroom SDQ**

Administration

When to complete this assessment: At the end of the consultation period.

Who completes this assessment: The Mental Health Consultant completes this in collaboration with the classroom teacher.

How to complete this assessment: The Mental Health Consultant will need to first work with the teacher and/or administrator at the site to establish a 15-20 minute appointment to meet with the teacher outside of the classroom to complete this form together.

Administering the assessment

- Have the teacher hold the prompt card with the two questions
- Go systematically through each child in the classroom, asking the teacher to rate the degree of difficulty and the degree of burden for each chart
- Circle the appropriate score for each child as you go
- Ask for teacher comments at end

How to describe this assessment to EL staff: "This information is used to help us understand improvements in the classroom context since we started consultation services several months ago. After we complete this questionnaire, we will compare it to the questionnaire we did at the beginning of consultation to assess the progress that has been made in classroom behavior problems and classroom burden."

Scoring

Who scores this assessment: The Mental Health Consultant.

How to score this assessment: This questionnaire provides 2 scores: A Classroom Behavioral Difficulties Index and a Classroom Behavioral Difficulties Index.

Classroom Behavioral Difficulties Index: Each child is scored 0-3, where 0 = no difficulty, 1 = minor difficulty, 2 = definite difficulty, and 3 = severe difficulty. These scores are summed for all children in the class and the sum is divided by the total number of children in the class for an index of classroom-level behavioral difficulties.

Classroom Burden Index: This is scored similarly where 0=not at all; 1=a little; 2=a medium amount; 3= a great deal.

Follow instructions at bottom of chart and see example provided.

How to interpret the results of this assessment: Index should range from 0-3. Higher score is more concerning. The information on this form should be used to help guide consultation activities. The information will also be used by DOHMH for program evaluation purposes

How to review the results with the EL staff: Remind the teacher that the index scores range from 0-3, with higher numbers indicating more problems. You can also discuss with the teacher what has contributed to any changes that have occurred and what he/she will continue to think about in the classroom as consultation wraps up. The information will be used for program evaluation purposes.

How to document the scores for DOHMH: The two index scores will be reported to DOHMH via the web-based Provider Portal. Please keep copies of assessments completed prior to the launch of the Provider Portal.

Classroom SDQ
Prompt Cards for Teachers

INFANT/TODDLER STRENGTHS AND DIFFICULTIES CLASSROOM QUESTIONNAIRE
For Teacher

Please reflect on each of the children in your classroom and answer the following question:

Do you think that [*child name*] has difficulties in any of the following areas: emotions, regulation, behavior or relationships with family, caregivers or peers?

Answer choices:	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties

If YES, do the difficulties put a burden on you or the class as a whole?

Answer choices:	Not at all	A little	A medium amount	A great deal

PRESCHOOL STRENGTHS AND DIFFICULTIES CLASSROOM QUESTIONNAIRE
For Teacher

Please reflect on each of the children in your classroom and answer the following question:

Do you think that [*child name*] has difficulties in any of the following areas: emotions, concentration, behavior or being able to get along with other people?

Answer choices:	No	Yes – minor difficulties	Yes – definite difficulties	Yes – severe difficulties

If YES, do the difficulties put a burden on you or the class as a whole?

Answer choices:	Not at all	A little	A medium amount	A great deal

Infant/Toddler Classroom SDQ

Preschool Classroom SDQ

ECMHC Administrators' Impact Survey

Description

This assessment allows the EL Program Director to provide feedback regarding the consultation services received.

Administration

When to complete this assessment: At the end of the consultation period.

Who completes this assessment: The EL Program Director.

How this assessment is completed: The TTAC emails the survey to the EL Program Director. The Director completes the survey online.

How to describe this assessment to EL staff: The TTAC will communicate directly with EL staff.

Scoring

Who scores this assessment: This assessment is reviewed and scored by the TTAC.

How to score this assessment: The TTAC scores the responses.

How to interpret the results: The information will be used to improve MHC services and protocols.

How to review the results with the EL staff: The information provided on the assessment will not be reviewed with EL staff.

How to document the scores for DOHMH: The TTAC will report the scores to DOHMH and the ECTCs.

ECMHC Administrators' Impact Survey

ECMHC Teacher Impact Survey

Description

This assessment allows the EL teacher to provide feedback regarding the consultation services received.

Administration

When to complete this assessment: At the end of the consultation period.

Who completes this assessment: The EL teacher who received consultation services.

How this assessment is completed: The TTAC emails the survey to the EL teacher. The teacher completes the survey online.

How to describe this assessment to EL staff: The TTAC will communicate directly with EL staff.

Scoring

Who scores this assessment: This assessment is reviewed and scored by the TTAC.

How to score this assessment: The TTAC scores the responses.

How to interpret the results: The information will be used to improve MHC services and protocols.

How to review the results with the EL staff: The information provided on the assessment will not be reviewed with EL staff.

How to document the scores for DOHMH: The TTAC will report the scores to DOHMH and the ECTCs.

ECMHC Teacher Impact Survey

APPENDIX

Appendix A. Identifying information to insert on Consultation Forms

The following information MUST be included on EVERY form used in mental health consultation:

Date:
EarlyLearn Agency and Program Name:
Center/Site ID (i.e., EarlyLearn ID):
Class ID:
MHC ID:
ECTC Agency Name:

Definitions

Date= Date the consultation visit or assessment was performed.

EarlyLearn Agency and Program Name= both the agency's name and the Center/site name

Center/Site ID (i.e., EarlyLearn ID)= Agency's EarlyLearn ID . Ask the EL Center/site for their EarlyLearn ID. If they do not know the ID, use the list provided by DOHMH to find their ID.

Class ID= site identifier created using the EarlyLearn ID, 1st initial of the teacher's name, and last name of the teacher (e.g., 572153_M_Jones)

MHC ID= Mental Health Consultant identifier created using first name and last name of the Mental Health Consultant (e.g., Larry_Love)

Child ID= ECTC Agency Name (see below), 1st initial of Mental Health Consultant's first name and 1st initial of Mental Health Consultants last name, 1st initial of case-specific child's first name and 1st initial of case-specific child's last name (e.g., ABC_LL_MK)

ECTC Agency Name= ECTC agency name, abbreviated as shown below:

- ABC
- CCNY
- JBFCSBX
- JBFCSBK
- NSIDE
- OHEL
- SIMHS