

## Introducing the New Head Start Program Performance Standards

### Overview: Health

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Dr. Blanca Enriquez: Welcome to this overview on how the new Performance Standards address Health Services. I want to introduce Marco Beltran and Sangeeta Parikshak as they describe the new Standards related to health, nutrition, mental health and safety.

Sangeeta Parikshak: I am very happy to be here with you today. We are going to be talking about the Health Services section of the new Head Start Performance Standards. And as we all know, health is very crucial to a child's growth and development, as well as their school readiness. So this section actually has a lot of different pieces to it, so Marco is going to kick us off today and talk a little bit about the overarching changes that were made from the previous rule.

Marco Beltran: So the Health Program Services Standards can be found in Subpart D, Section 1302.40 through 1302.47. We updated the Program Performance Standards related to health, oral health, nutrition, mental health, family support services as it relates to Health Services area, and safety. The core Health Services from the previous Performance Standards were maintained including screening, ongoing care and follow-up care.

We further strengthened the requirements with an emphasis on oral health and parent education health issues. We updated the mental health requirements to reflect best practice, to ensure programs use Mental Health Services to improve classroom management, and to support staff in effectively addressing challenging behaviors. We also streamlined the Program Performance Standards to make it easier for programs to find what they need and to implement the programs as we want them to do.

Sangeeta: So, Marco, when you talk about screenings, can you talk a little bit about maybe some of the changes that we have seen regarding developmental screenings?

Marco: So the screening as it relates to developmental screenings, the requirement in the previous Performance Standards was that programs had to do developmental screening within 45 days of the child entering the program. That particular requirement has been moved from the Health Services area to the Education Program Services area.

What has been maintained as it relates to developmental screening in the Health section is the piece related to tracking and the piece related to follow-up. Other than that, the other pieces related to screening that are maintained within the Health Services piece is screening related to hearing and vision.

Sangeeta: Okay, thank you. So we also know that parent engagement is actually a core value for Head Start, correct?

Marco: Correct.

Sangeeta: So we have parent engagement weaved throughout the Standards. Marco, can you talk a little bit about how communication and collaboration with parents is discussed in this section?

Marco: The Standards require programs to collaborate and communicate with parents about their children's health in a linguistically and culturally appropriate manner, to communicate with them about the health related concerns in a timely manner as well.

They also require programs to obtain advanced authorization from parents for all health and developmental procedures that are administered by the program, and this includes such things as developmental screenings and/or hearing and vision screening and for sharing policies for health emergencies.

Sangeeta: And then as far as some of the other parent's support pieces, we have some in here that are still required as have been previously. So we have that "programs are still required to determine a child's source of care, to support parents in ensuring children are up to date both for their preventative as well as primary medical care and oral care, oral health care, and to support parents to ensure children receive ongoing necessary care." Can you talk a little bit about what are some of the changes in that area?

Marco: So although programs have been required in the past to determine if a child has health insurance, the new requirement is that it must be done within 30 days of the first day of class or the first home visit, and if the child does not have health insurance, programs are now required to support families in accessing that health insurance. There are new requirements also related to, what we did, we clarified extended follow-up care where appropriate, and we also clarified the use of program funds for medical and oral health services.

And lastly, the new requirements are included/related or we included/related to speak to the use of program funds for diapers and formulas.

Sangeeta: And regarding oral health requirements, Marco, can you talk a little bit about the changes in that section?

Marco: Yes, this is what I consider our new, small but mighty section. As we have done in the past, we continue to require programs to promote effective oral health hygiene with daily tooth brushing, but the new Standard related to oral health practices are more direct and clear from our previous Standards. Where we used to say stuff, where we used to say that staff must promote effective dental hygiene among children in conjunction with meals, so it was really hidden within the nutrition requirements in the previous Standards.

Sangeeta: So if it's not in the Nutrition section, can we talk a little bit about that section?

Marco: Yes, so this section includes nutrition service requirements including how much food should be offered, and requirements for supporting breastfeeding. It also includes requirements about the use of funds, and also making safe drinking water available to children during the program day. It's something that did not exist in the previous Standards. So this is a really nice example of what we were trying to achieve with the Performance Standards.

This section in the past used to be a fairly long section that was very, very detailed, and now it's a very small section that just kind of gets to the point, and I think it's an easy read, or easier read for the programs.

So as we move away from the nutrition Section and we move into the Mental Health Section, Sangeeta, I am really interested, considering that you are a mental health expert, I am really interested in the mental health requirements and how they were updated to reflect best practice and to ensure programs use Mental Health services to improve classroom management, and to support staff in effectively addressing challenging behaviors. Can you tell us more about that?

Sangeeta: Sure, so what we are really trying to do in this section is kind of change the discussion around child mental health. And we have added some new terminology here. So now this section is Child Mental Health and Social and Emotional Wellbeing. And really what we are trying to do is reduce the stigma around mental health, and to really educate people to say, child mental health is really just about social and emotional development, which is the cornerstone of school readiness. And so you'll see that terminology weaved throughout the regulations.

We also have talked about mental health consultation, and what mental health consultants should be doing in the program. So how they should be assisting people at various levels in the program including directors as well as parents as well as other staff who may need some help around challenging behaviors or around internalizing disorders such as withdrawn behaviors, for example.

We also have talked about the qualifications of a mental health consultant, so this can be found in staff qualifications, which is 1302.91. But in general we have just clarified that a mental health consultant should be licensed or certified mental health professional, and if possible, and we know that it's not always possible in all communities, but if possible, we would want that person to also have experience working with young children.

We also talk about utilization of a mental health consultant, and how they should be utilized on a schedule of sufficient and consistent frequency. And a big piece in here that's new is about obtaining parental consent. So we say that when a child is first enrolled in the program, that a parent should be given a consent form to utilize mental health consultation services if they so choose.

And that's part of, kind of this larger culture shift that we are trying to make around mental health, to say that mental health consultation is not for a child that may be having challenging behaviors or acting out, but instead is for all parents and to assist staff at all levels. And finally, this section also links back to suspension and expulsion, which is 1302.17, where we talk more specifically in another video about how mental health consultants can be utilized.

Marco: So we have been talking a lot about children. So, can you talk to me about Family Support services for health, nutrition, and mental health?

Sangeeta: So this section also clarifies the range of topics that programs must offer for parents. So this includes home health and safety practices, so here we are talking about lead exposure and tobacco exposure, for example, healthy eating, so the negative health consequences of sugar-sweetened beverages. We talk about breastfeeding support as a potential topic as well as parental mental health. So this is treatment options for substance use as well as child mental health and social and emotional wellbeing.

And child mental health is in this section as well, because this is about educating parents around typical and atypical development. We also address in this section the need to help parents access health insurance, both for themselves as well as for their families. So, Marco, now we are going to talk about, the best for last, I guess, the last section, which is one of the largest sections, right? which is Safety.

Marco: So as she said, this is the largest section in the Health Program Standards. This section includes requirements for strong safety practices, and procedures that will ensure the health and safety of all children. We moved away from prescribing extensive detail when it is unnecessary to maintain a high standard for safety. Instead, we allow programs' flexibility to adjust their policies and procedures according to the most up to date information about how to keep children safe.

A good example of this are medication administration. In the previous Standards, we gave a lot of information about what programs needed to do in order to address this particular Standard. In this Performance Standards, we are less prescriptive, we give less detail, which brings to bear the piece that we want programs to own the policies and procedures, and institute them for themselves.

The section also includes health and safety requirements for facilities, equipment, materials, background checks, safety training, safety procedures, administrative safety procedures, and disaster preparedness plans.

Sangeeta: So it's sound, overall, the health section has a lot of different pieces, but what the new Performance Standards have tried to do is really clarify what is most important, bring everything together in one place, and make it more accessible.

Marco: Exactly.

Sangeeta: Okay, great, thank you so much for being here with me today.

Marco: Thank you. [Music]