

Tri-County Community Council, Inc.
Head Start/Early Head Start

Part: 1302 Program Operations
Subpart: D- Health Program Services
Section: 1302.45 Child Mental Health and Social & Emotional Well Being
Subject: Response to Behavioral and Mental Health Concerns

Policy

Tri-County Head Start will guide Teachers, Family Service Staff and Home Visitors when a special accommodation is needed for any child enrolled in the program. This procedure details the responsibilities and steps to be taken when necessary. Challenging behaviors will be tracked using Behavior Incident Report System from National Center for Pyramid Model Innovations.

Requests for support and referrals should be made as soon as possible to ensure that the child may receive timely services.

Procedure

1. Teaching staff and Family Service Advocates will talk with the child's family about any concerns they have about their child's mental health/behavior/development. Staff should be talking with the family and seeking their guidance.
2. After the child's first two weeks, staff will begin documenting challenging behaviors by using a Behavioral Incident Report (BIR) or an accident report.
3. If a child is already working with mental health services, staff should request that the parent or guardian sign a release of information so that Head Start/Early Head Start can work in unison with the mental health provider when needed.
4. Challenging behaviors can be divided into three levels of severity. Disruptive behaviors interfere with learning but are not directly harmful. Dangerous behaviors are potentially harmful. Very dangerous behaviors have a high likelihood of causing serious harm.
5. All behaviors falling under the dangerous or very dangerous categories must have an accident report. Disruptive behaviors should be documented using the Behavioral Incident Report. All observations should be non-judgmental and descriptive of the event only.
6. The child's parent/guardian and Mental Health Coordinator must be notified the same day of a dangerous or very dangerous behavior occurring by phone or in person.

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7. Any staff member may submit a request for support directly to the Mental Health Coordinator when a child exhibits challenging behaviors. The Mental Health Coordinator will discuss the request with the center, and health or education coordinators.
8. Copies of BIRs and accident reports will be collected by the Family Service Advocates and forwarded to the Mental Health Coordinator as needed but no longer than once per week and the data will be entered into the BIRS.
9. Staff may request that the Mental Health Consultant observe the classroom and environmental, curricular, and classroom routine will be evaluated for factors that may trigger or reinforce inappropriate behaviors of the child.
10. A staffing should be scheduled with the parents/guardians, teacher, center director, and any other staff member that may contribute to the development of an informal plan to address challenging behaviors when they present minor problems. It is the classroom staff's responsibility to implement the steps developed in the plan.
11. For children who display repetitive and continuous challenging behaviors or up to three dangerous or very dangerous behaviors, a staffing will be held with the Teaching Staff, Mental Health Coordinator, and Center Director to determine if the child needs a mental health observation.
12. The parents/guardians will be consulted by mental health coordinator or center staff to see if they will agree to professional observation. Staff will discuss the availability of behavioral health services with the family and create a referral for observation.
13. The Devereux Early Childhood Assessment (DECA) should be administered to assist in developing a formal action plan for the child's behavior if it continues to escalate. The results will be used in a multi-disciplinary meeting. Please refer to the Administration of Devereux Early Childhood Assessment policy.
14. If behaviors continue despite previous interventions, a multi-disciplinary staffing will be held with the parent/guardian, teacher or family services staff, education staff, health staff, center director, mental health consultant (if applicable) and program director. The purpose of this staffing will be to develop a formal plan to modify behavior. It is the classroom staff's responsibility to implement the steps developed in the plan.
15. The child may be referred to a service agency by using the Providing Information, Support and Referrals for Children and Families policy.
16. Within the first 45 calendar days of a child entering Head Start or Early Head Start, center staff will complete health screens including dental, hearing, and vision (90 days), the Battelle Assessment, and parents will complete the Ages & Stages Assessment. Staff may make recommendations for referrals at the time of the screening, in partnership with the parents/guardians.

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17. In urgent cases where the child's behavior is of particular concern or that child or other children are in danger and needs to be addressed immediately:
 - a. Teaching teams may begin the teacher's portion of the DECA.
 - b. Staff should contact the Mental Health Coordinator immediately for quick response.
 - c. The Mental Health Coordinator will meet with the teaching team to observe the child and create/revise an action plan as soon as possible. The Mental Health Coordinator may also complete a DECA for the child.
 - d. The parent, teacher, and Mental Health Coordinator along with the incident report(s), action plan, DECA, and observation reports will be brought to the staffing committee which may include teacher, family services staff, education staff, health staff, center director, mental health consultant (if applicable) and program director.
 - e. The mental health consultant may be requested immediately.
 - f. Support will be given to the family for any professional or specialist recommended referral or transition, agreed to by the staffing committee.
 - g. The Mental Health Coordinator and Family Service Worker will support families in making the transition to mental health services.

18. Children or Families in need of immediate psychiatric assistance will be provided a phone and private area to speak with a mental health hotline.

19. Families who need immediate psychiatric assistance and who can be transported to the mental health facility may be provided assistance with transportation to the nearest facility.

20. If a family member is a danger to themselves or others – call 911 for immediate assistance.

Confidentiality and Sensitivity to Mental Health

The Confidentiality Policy must be followed by all staff. Mental Health can be a very sensitive issue with families. Be supportive and understanding to families' fears and uncertainties. Reassure families that by obtaining mental health services that they are not faulty, but need assistance just as they would with any other issue in their life (i.e., seeking medical treatment due to a physical illness)