

Mental Health Crisis Plan

The purpose of this plan is to provide wraparound support to teachers, students and classmates in a student crisis situation. Anticipated outcomes include: mitigation of secondary trauma, support among peers for both staff and students, and an overall trauma-informed proactive approach to mental health crisis.

The members selected for the crisis plan are represented by two administration/social work staff, two certified teachers and three classified staff. The roles assigned were based on each individual's identified strengths, ability to remain self-regulated in intense situations and upon their ability to connect and calm other staff. The staff selected "get" trauma informed care and most have significant ACE scores along with high resiliency levels.

The idea behind the plan is that if we flood the crisis situation with support and authentic help, the situation is more manageable and the ramifications less traumatic as we intend to avoid retraumatization and ensure that all students have the opportunity for repair with their teacher and peers. This plan also eliminates a repetitive triggering effect between staff and student.

****This plan is age/developmentally appropriate for preschool children and would require modifications in the "Crisis Determination" section based on age of students served.****

Staff Member	Role- Function
Tosha	Student Support
Sarah- Team Leader	Class Support
Shanna- Team Leader	Class Support
Kayla	Teacher Support
Kim	Teacher Support
Amber- Team Leader	Class Support
Megan	Student Support

Crisis Determination (for the purposes of this plan only)

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Classroom staff is to become familiar with the Crisis Determination criteria so that in the intense moment quick decision can be made to avoid escalating the situation.

A Crisis IS...	A Crisis is NOT...
<ul style="list-style-type: none"> ● A child endangering themselves or others to include self-harming and realistic thoughts, behaviors or statements that cause significant concern (hitting repeatedly to harm, jumping/climbing on shelves and not able to be redirected). ● A situation that requires a teacher to place an immediate DCF report (significant trauma report from child, injuries etc.) ● Major staff dysregulation (yelling, crying in front of students, physically shaking or out of control) ● Significant behaviors (cursing, screaming etc., running outside of the classroom or playground area) that disrupt any learning from being possible in the classroom after teacher intervention and redirection has failed. ● When sexual activity is witnessed by staff or students. (Aggressive humping behaviors, overt sexual acts including groping). ● Staff or student witnesses imminent danger or threat to cause harm to staff or student that could reasonably happen (displays a gun, knife). ● Witnessing DIRECT VERBAL THREAT by ANY ADULT AT ANY TIME. 	<ul style="list-style-type: none"> ● A child that hits, runs, climbs, out of first reaction to a situation, place, or person. ● A situation that requires a non-immediate DCF report due to neglect or overall concern for the child or family member. ● A staff member that needs coverage to deal with a personal matter. ● A staff member that is tired and needs a break. ● A child that screams or curses at first reaction to a situation, place, or person. ● A child that refuses to join in a classwide activity or expectation (defiance). ● A child that needs to practice classroom volume control, or body regulation. ● When nudity occurs, (curiosity in the restroom), masturbation, sexual talk that can be easily used in a teachable moment that would benefit the student(s). ● A child that makes an aggressive verbal statement to intend harm on another student (I'm going to beat you up, I'm going to shoot you, my dad is going to beat you up..etc).

Action Plan:

All staff must be familiar with the action plan even if they are not a designated Crisis Team Member. Classroom coverage will need to be provided by neighboring classrooms.

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If Crisis then:	If not determined immediate crisis then:
<ol style="list-style-type: none"> 1. Call or have staff call office. 2. Office will record crisis start time and announce for crisis team to report directly to room. 3. ALL CRISIS MEMBERS WILL REPORT TO THE ROOM IF IN THE BUILDING. Report to the office if school wide crisis to get administration direction. 4. Interventionists (or other support staff) will report to neighboring classrooms to assist in coverage. 5. Crisis Team Leader will designate and assure roles are filled. 6. Crisis Team Leader will check with office and report to regular duty after crisis complete. Office will report end time on crisis log. 7. Administration (Shanna) will determine who will make contact with parent(s). 	<ol style="list-style-type: none"> 1. Record/document occurrence of behavior at time of behavior. Continue to document what redirections are used and failing. 2. File DCF and/or concern sheet as soon as normal duties allow. 3. Attend Concern meeting if requested. 4. Include parent after interventions have failed repeatedly.
<p>If student displays nudity or sexualized behavior, report to Shanna or Administration in her place within the duty day for direction on parent contact EVEN IF NOT A CRISIS and fill a concern sheet.</p> <p>REMEMBER: Concern sheets should be submitted on any concern not just those that may or may not qualify as a "crisis."</p>	

Expectations of all Staff and Team members

All Staff will	All crisis team members will
<ul style="list-style-type: none"> • Remain calm and provide a safe environment for your students. Shut your door if close to the room in crisis. 	<ul style="list-style-type: none"> • Remain calm, record time of call, and return to normal duty.

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<ul style="list-style-type: none"> • Send staff to neighboring classrooms to provide coverage for crisis team staff members that are available. • Remain active and engaged with all students to minimize the exposure. • Acknowledge other student's reaction to the crisis. Offer a unity activity for inquisitive students (Wish them well). Participate in a classwide meeting to discuss feelings of students after crisis exposure. • Provide ongoing support to one another. • Remain confidential, avoid sharing or asking too much information that doesn't pertain to your regular duties. 	<ul style="list-style-type: none"> • Report directly to the room announced over the intercom. Team leader will send staff back to rooms after all functions are covered. • Provide brief written documentation of actions and interventions offered and the outcome of intervention in google docs. Documentation is best done as close to event occurring as possible, but can wait until normal duty day allows. • Provide ongoing support to persons exposed to crisis and communicate with team leaders and each other. • Remain confidential, communicating only with team members when necessary.
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Definition or Role Functions:

Student Support	Team Leader-Class Support	Teacher Support
<ul style="list-style-type: none"> • Provide direct regulatory support to student(s) directly involved. • If necessary, move child outside of room to minimize exposure to other students in the classroom. • Later facilitate some kind of repair. • Provide additional team support as needed. 	<ul style="list-style-type: none"> • Assure that all functions are filled and excuse other team members to regular duty. • Check in with classroom staff and students that were indirectly exposed to the crisis. • Regulate classroom atmosphere assuring personal safety throughout the duration of the crisis and all staff members are returned to normal duties. • Provide additional team support as needed. • Team Leader is encouraged to facilitate a class "family" meeting 	<ul style="list-style-type: none"> • Provide direct regulatory support to staff members directly involved. • Move outside of the view of ALL students to minimize exposure to other staff and students- even if just to debrief, catch your breath and get regulated. • Perform required actions with the staff member directly involved. (Make Report, etc). • Provide additional team support as needed. • Check in with crisis teacher later in day

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	to reflect on the crisis situation to determine how repair needs to happen and how peers can support student in crisis upon return to classroom.	or evening to ensure they are participating in self-care and are okay.
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A debriefing session will take priority at the next Concern Sheet Meeting to include the crisis team members involved as well as the classroom staff.

Concern Sheets serve as our documentation trail as well as, line of communication for student in need.

The newly released Head Start Performance Standards now states under 1302.17. Suspension and expulsion: “

(a) Limitations on suspension. (1) A program must prohibit or severely limit the use of suspension due to a child’s behavior. Such suspensions may only be temporary in nature.

(2) A temporary suspension must be used only as a last resort in extraordinary circumstances where there is a serious safety threat that cannot be reduced or eliminated by the provision of reasonable modifications.

(3) Before a program determines whether a temporary suspension is necessary, a program must engage with a mental health consultant, collaborate with the parents, and utilize appropriate community resources – such as behavior coaches, psychologists, other appropriate specialists, or other resources – as needed, to determine no other reasonable option is appropriate.

(4) If a temporary suspension is deemed necessary, a program must help the child return to full participation in all program activities as quickly as possible while ensuring child safety by:

(i) Continuing to engage with the parents and a mental health consultant, and continuing to utilize appropriate community resources;

(ii) Developing a written plan to document the action and supports needed;

(iii) Providing services that include home visits; and,

(iv) Determining whether a referral to a local agency responsible for implementing IDEA is appropriate.

(b) Prohibition on expulsion. (1) A program cannot expel or unenroll a child from Head Start because of a child’s behavior.

(2) When a child exhibits persistent and serious challenging behaviors, a program must explore all possible steps and document all steps taken to address such problems, and facilitate the child’s safe participation in the program. Such steps must include, at a minimum, engaging a mental health consultant, considering the appropriateness of providing appropriate services and

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supports under section 504 of the Rehabilitation Act to ensure that the child who satisfies the definition of disability in 29 U.S.C. §705(9)(b) of the Rehabilitation Act is not excluded from the program on the basis of disability, and consulting with the parents and the child's teacher, and:

(i) If the child has an individualized family service plan (IFSP) or individualized education program (IEP), the program must consult with the agency responsible for the IFSP or IEP to ensure the child receives the needed support services; or,

(ii) If the child does not have an IFSP or IEP, the program must collaborate, with parental consent, with the local agency responsible for implementing IDEA to determine the child's eligibility for services.

(3) If, after a program has explored all possible steps and documented all steps taken as described in paragraph (b)(2) of this section, a program, in consultation with the parents, the child's teacher, the agency responsible for implementing IDEA (if applicable), and the mental health consultant, determines that the child's continued enrollment presents a continued serious safety threat to the child or other enrolled children and determines the program is not the most appropriate placement for the child, the program must work with such entities to directly facilitate the transition of the child to a more appropriate placement.

Therefore, Sheldon Child Development Center and Pine Ridge Prep will NOT participate in the practices of suspension or expulsion of preschool-aged children.