

# **Mental Health and Behavioral Supports for NC Pre-K Children**

Legislative Oversight Committee on  
Health and Human Services.

February 25, 2016

# **NC Pre-K Program Goals**

To ensure that NC Pre-K children with challenging behaviors are supported by responsive, trained instructional staff in partnership with appropriate and available community resources.

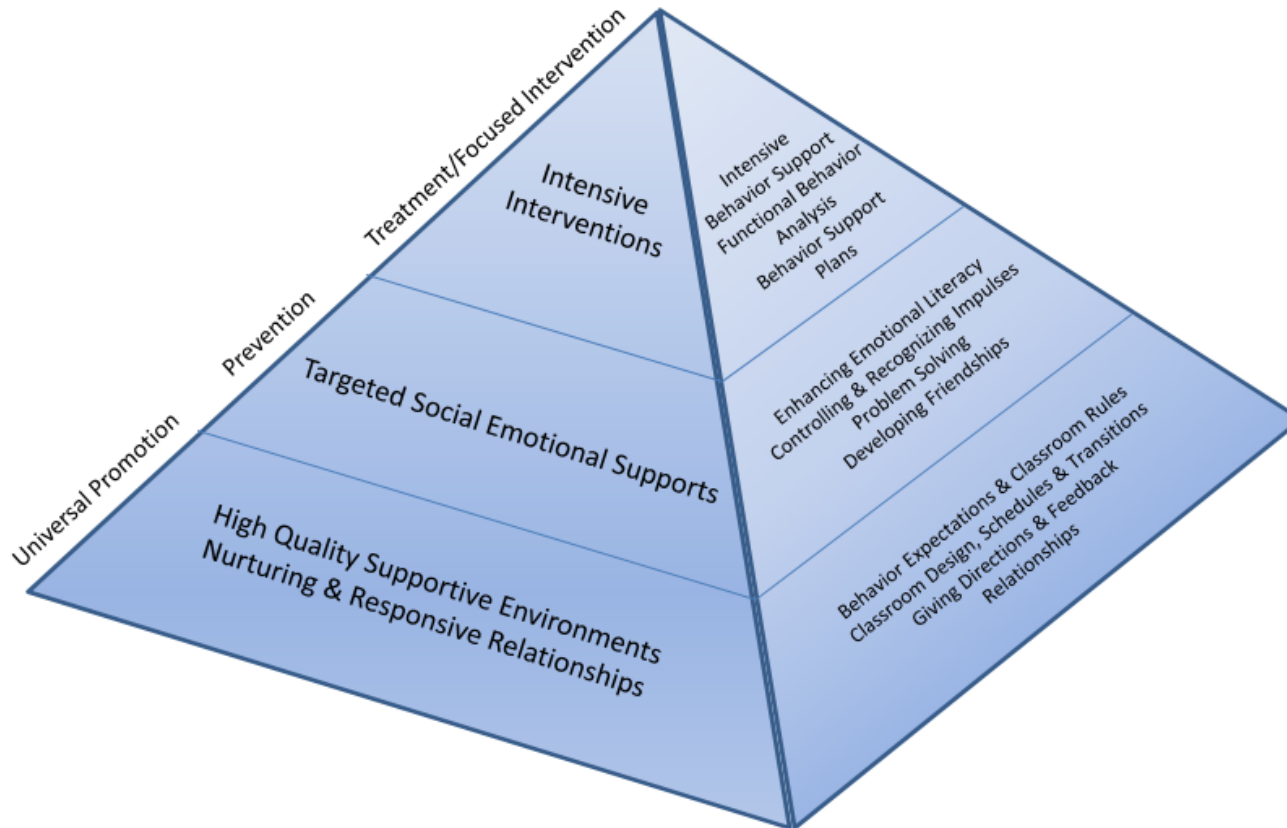
# Tasks

- Equip the early childhood workforce to implement effective teaching practices that support social-emotional developing and prevent challenging behaviors.
- Identify emerging early childhood mental health programs, and systems that facilitate collaboration with early childhood programs.

# Important Considerations

- US DHHS and US DOE Policy Statement on Expulsion and Suspension in Early Childhood Settings
- NC Institute of Medicine (NCIOM) : Growing Up Well: Supporting Young Children's Social-Emotional Development and Mental Health in North Carolina

# Recommended Professional Development Model



# **An Accountable System that.....**

- Provides teachers with effective professional development and measures teacher implementation.
- Tracks teacher fidelity.
- Accounts for child outcomes for all children enrolled in classes that receive this training.

# Recommendations

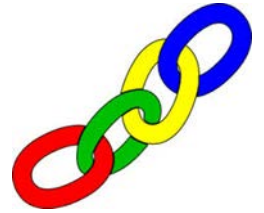
- Prioritize professional development for early childhood workforce, with special emphasis on the NC PreK Program, using the culturally responsive pyramid teaching practices that promote social-emotional development and prevent challenging behaviors:
  - adheres to the principles of professional development and
  - incorporate the NC Foundations for Early Learning and Development ,
  - and the NC Professional Teaching Standards.

# The “Other” Problem

*“While some young children’s challenging behaviors are developmentally appropriate and effectively addressed by adult vigilance and the use of appropriate guidance procedures the NCIOM task force recognized that some cases involve persistent challenging behaviors that require mental health service support.”*



# Coordinating with Early Childhood Mental Health



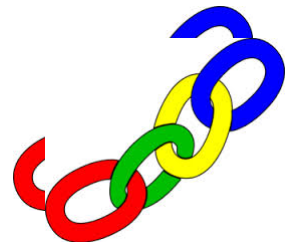
Emerging mental health resources e.g.,

- Child-Parent Psychotherapy
- Child First
- Positive Parenting Program (Triple P)
- NC Families United (family partners)

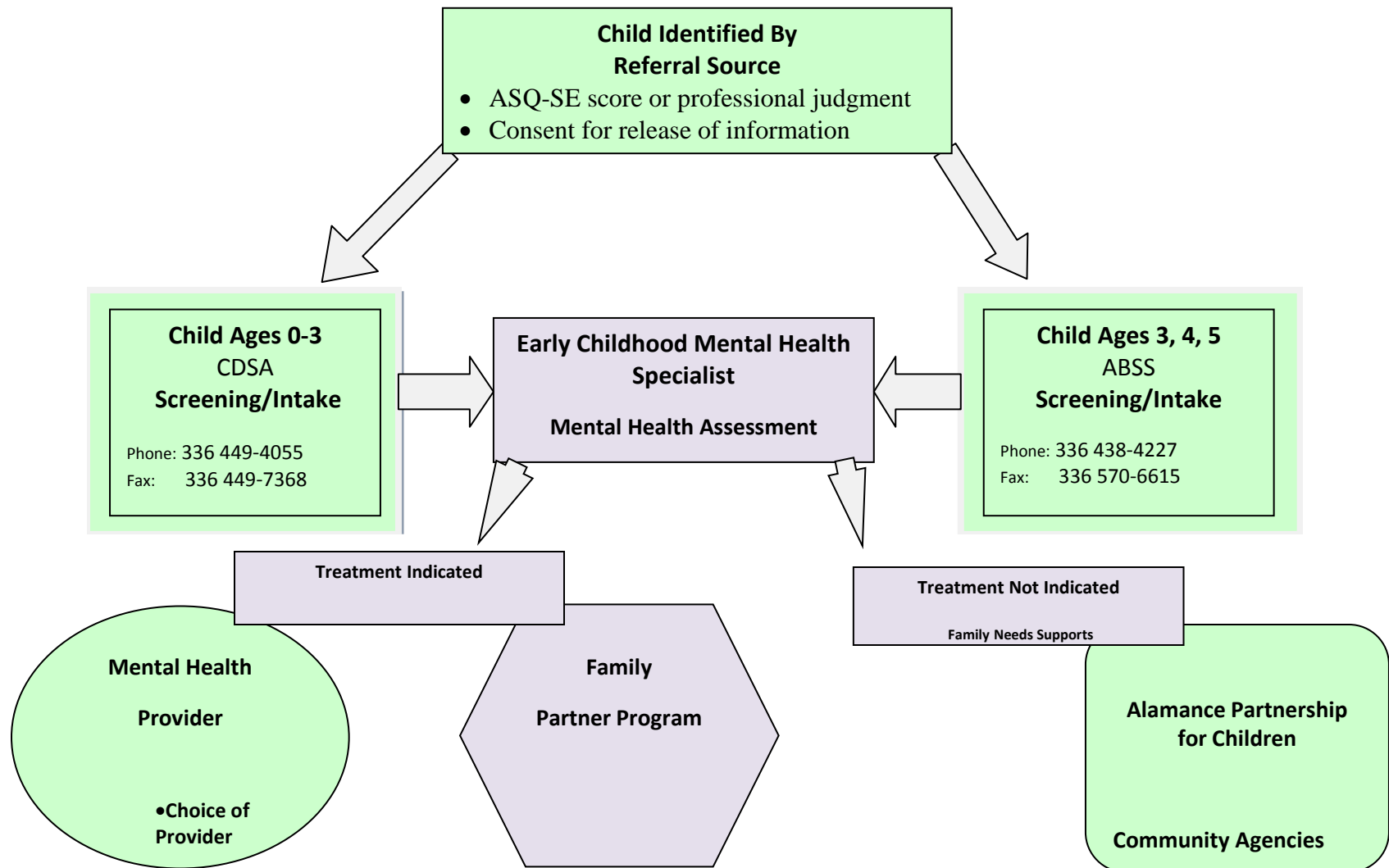
# A System of Care Model

Alamance Alliance <http://www.alamancesoc.org/>

- Community collaborative (model MOU) done through the local interagency coordinating council
- Universal referral process and form



# Two Portals of Entry





## Referral Process for Children 3-5 years of age

Referral made to the Pre-Kindergarten Exceptional Children's Program

Behavioral/Mental Health

Developmental Concerns

Katie Cox, MSW, LCSW: Pre-K School Social Worker

Contact Referring Person

Observation/Ages and Stages Questionnaire:  
Social Emotional; CBCL for Teachers

Provision of SEFEL strategies  
based on individual behaviors of  
child presenting concerns

Referral for Psychological  
Evaluation/Possible Mental Health Services

Care Coordination during referral process  
(includes PPP, TF-CBT, CPP, case  
management, advocacy, EC referral)

**Pre-Kindergarten Evaluation Team:**  
Psychologist, EC Teacher,  
Speech/Language Pathologist, Related  
Services Coordinator, Pre-K  
Disabilities Coordinator, Audiologist,  
Social Worker

Screening (screening clinics or  
appointment dependent on type of  
referral)

Evaluation

Eligibility Placement meeting for  
related services/itinerant services

# Recommendations

- Promote a coordinated and integrated “system of care” that is for children birth through five, and links community early childhood programs to the early childhood mental health system.