Children with Challenging Behavior

2007 Report to the Colorado State Legislature

"Colorado has a large group of committed stakeholders interested in promoting the social, emotional and behavioral skills of young children in order to prevent more serious mental health problems in later childhood and to increase school success."[1]

Why are we concerned about young children with challenging behavior?

- Because children who are identified as hard to manage at ages 3 and 4 have a high probability (50:50) of continuing to have difficulties into adolescence (Campbell & Ewing, 1990; Egeland et al., 1990; Fischer, Rolf, Hasazi & Cummings, 1984);

- The correlation between preschool-age aggression and aggression at age 10 is higher than that for IQ (Kazdin, 1995);

- Early appearing aggressive behaviors are the best predictor of juvenile gang membership and violence (Reid, 1993); and

- When aggressive and antisocial behavior has persisted to age 9, further intervention has a poor chance of success (Dodge, 1993).

When children are demonstrating persistent social, emotional and/or behavioral difficulties, as expressed through a "pattern of persistent behavior that interferes with learning and social relationships" (definition of challenging behavior used in recent study), they need to be identified early and offered early intervention services in typical environments like their homes, child care facilities and pediatricians' offices.

Research has indicated that this is a significant issue to be concerned about, that there are costs of failing to address the challenging behaviors and that positive outcomes can be expected from early intervention services that address challenging behaviors within a "systemic" approach for all children and their families (see Attachment #1: "Facts About Young Children with Challenging Behaviors," Center for Evidence-Based Practice, www.challengingbehavior.org).

A "Joint Resolution Concerning Young Children with Challenging Behaviors" (Attachment # 2) was passed by the Colorado State Legislature in 2006 requesting that the Early Childhood and School Readiness Commission authorize a study on the issue of challenging behaviors for children under age six. The Resolution supported the need to determine the status of children with "challenging behavior" in Colorado and to ensure support to the caregivers who work with them. The Colorado Division of Child Care recognized the importance of the issues identified by stakeholders (and in the Resolution) and, in March 2006, funded JFK Partners at the University of Colorado at Denver Health Sciences Center to identify the extent of social, emotional and behavioral difficulties in children in licensed early care and education settings and to develop related recommendations.

[1] Hoover, Sarah. (June 2006). "Report to the Division of Child Care for Supporting an Environmental Scan and Study of Current Status of Children with Social, Emotional and Behavioral Concerns and the Providers Who Support Them."

Policy Lessons from the Field, Policy Goal and Recommendations from this Study

Policy Lessons from the Field:
What is the extent of the problem?
What do we know?
What do we still need to find out?

"Nationally, and particularly in Colorado, there have been limited useful data on children with social, emotional and/or behavioral concerns, even though data collection can serve many purposes related to supporting these children and their caregivers. As has been identified in the Policy Brief compiled by Laurie Beckel, Staff Director for Colorado's Early Childhood and School Readiness Commission, (Attachment #3) "the best policy approach to address the needs of young children with social/emotional/behavioral concerns begins with a clear understanding of the problem based upon accurate data."[2]

Accurate data are important. We need a clear picture on the prevalence of children with these concerns and the resources that the caregivers of these children have available to them. Questions that need to be answered for Colorado:

- What are the unmet needs of families and early childhood providers? What impact do adult risk factors like poor health or poverty have on children's emotional development?
- Is there a correlation between spending long hours in poor quality child care and an increase in challenging behaviors?
- How many Colorado children are affected by these issues? Is that number increasing, decreasing or remaining the same?
- What is the most cost effective way to address the problem; i.e., to promote emotional resilience in young children?

While we can assume that there is a strong need for training and education of early care and education providers, their supervisors, and families on strategies for helping children learn to get along well together, control their anger, and solve problems, it is difficult to assess the professional development needed without knowing the current "lay of the land." Knowing more about Colorado's young children and their adult caregivers will help identify **effective** promotion, prevention and intervention strategies (Attachment #4) and address the needs.

Policy Goal:

By 2012, through effective statute and regulation and with adequate funding, all children under age 8 will benefit from best practice strategies that promote positive social and emotional development; all "at risk" children under age 8 will have best practice prevention strategies available to them; all 0-8 year old children evidencing "challenging behavior" will have access to environments, caregivers and interventionists utilizing best practice strategies.

[2] Ibid

Context for recommendations:

- Family members are necessary partners in the scope of all recommendations;
- Recommendations are made at a time when the knowledge base of effective practices has been greatly expanded;
- Recommendations are made with the recognition that policies are needed to scale-up effective practices to serve all children and families in Colorado;
- All recommendations are made within a "systems-building" context (ECSR Commission and Smart Start Colorado – Attachments # 5 and #6);
- Utilize funding and policy mandates from all relevant systems currently serving young children to guide the development of the "system;" and
- The intent is to utilize existing leadership for implementation at the state and local levels (Early Childhood Councils and Resource and Referral Network) as these are already linked to a broad community/school readiness agenda.

Recommendation #1:

State Level Implementation

Within the frame of the Smart Start Colorado Early Childhood System, develop a state-wide early childhood mental health plan that allows for services and supports at the promotion, prevention and intervention levels and seeks an adequate funding strategy for all three levels. This system will address:

- Including family members/caregivers in this effort;

- Training and support for the early care and education community, families and other providers of services to young children using evidence based practices and strategies to ensure the social-emotional competence of Colorado's children (the Smart Start Office of Professional Development will take responsibility for this component of the plan – see Attachment #7);

- Developing a coordinated system to screen children birth through age five and to develop consistent referral procedures for services in the context of family, culture and community;

- Creating a comprehensive system for providing mental health assessment and treatment for children birth through age five and their families in need of services;

- Developing public policies that support the promotion of healthy social-emotional development through prevention, early intervention and treatment for children birth through age five;

- Building on the current funding the financial investments necessary to support the healthy social-emotional development of all of Colorado's young children through promotion, prevention and intervention;

- Developing an ongoing assessment of the resources and capacity to implement this system with a set of annual benchmarks over the next five years;

- Funding a plan for collecting the data relevant to tracking the results of the plan at the promotion, prevention and intervention levels of the system (this will include child, family and teacher outcomes, workforce issues and financial investments);

- Tying all funding to accountability (quality provider standards determined at the promotion, prevention and intervention levels) and implementation of evidence-based practices;

- Including an ongoing mechanism for utilizing the data across the system for "data-driven decision-making;"

- Raising public awareness of the mental health needs of children from birth and the consequences of poor social-emotional development; and

- Engaging the Blue Ribbon Policy Council (Attachment #8) for this scope of work.

Recommendation #2:

Early Childhood Mental Health Policy Analysis and Quality Improvement Recommendations

Complete a documentation audit of all current policies (federal, state and local) that are related to funding and promoting mental health in young children. This audit will include:

- Early Periodic Screening Diagnosis and Treatment (EPSDT),
- Child Abuse Protection and Treatment Act Regulations,
- Individuals with Disabilities Act (IDEA - Part C and Part B),
- Colorado Medicaid Capitation Program for Mental Health,
- SB 101 – School Medicaid,
- Colorado CHP+,
- Private insurance,
- Applicable waivers obtained under the Consolidated Child Care Pilot Program, and
- Funding and data requirements of state and federal funds building upon Results Matter .

Recommendation #3:

State Funded Matching Fund

Develop a state funded 1:1 matching fund (to federal, local or private dollars) that will be made available for community investments in the promotion, prevention and intervention levels utilizing best practices, standards and data collection.

Additional Background: The Colorado Study

From April through June 2006, JFK Partners collaborated with Colorado Foundation for Families and Children to complete a statewide survey of the social, emotional and behavioral concerns of young children and the needs and supports available to early care and education staff who provide care for these children.

"The original objectives of this work were to:

1. Convene a Stakeholders' Group to guide the information needs regarding children with social, emotional and behavioral concerns and the caregivers who support them.

2. Convene a Design Team to:
    a. develop and implement a plan for assessing the needs of children with mental health concerns and the caregivers who support them; and
    b. conduct relevant data mining and/or data collection activities regarding children with challenging behavior in Colorado.

3. Conduct a comprehensive literature, policy and legislative review regarding the importance and relevance of data collection with this target population;

4. Identify ongoing data collection needs for the state of Colorado regarding this target population;

5. Conduct a survey of state system costs for ongoing data collection as identified in #4; and

6. Determine best practices including practice standards for promotion, prevention and intervention strategies.

Our anticipated outcomes were to ensure that:

1. Comprehensive survey results exist that identify:
    a. key questions that stakeholders need answered regarding the identified population of young children in Colorado;
    b. data sources and data collection systems that currently exist; and
    c. gaps in data.

2. Point-in-time prevalence data exist on children with social-emotional-behavioral concerns that are severe enough to impact care;

3. Point-in-time prevalence data exist on the needs of providers/caregivers of children with mental health concerns;

4. Policy and program recommendations are made;

5. Ongoing data collection recommendations are made;

6. Cost survey of ongoing data collection is completed;

7. Recommendations regarding outcomes 1-6 above are compiled in preparation to submit to the Early Childhood and School Readiness Commission at the August 2006 meeting; and

8. Report on all of the above to the state legislature in 2007."[3]

Please see completed report (Attachment #9).

Findings

What We Heard from the Field:

Please see attached PowerPoint file (Attachment #10) for the presentation that was developed, including data highlights. A draft analysis of the data was shared at a public hearing with stakeholder groups on June 28, 2006, after which input was incorporated and the data underwent a comprehensive review in preparation for finalizing the survey results and recommendations. This report was then shared at the Blue Ribbon Policy Council for Early Childhood Mental Health on July 18, 2006, and the Early Childhood and School Readiness Commission on July 20, 2006.

Overview of Findings from this Study:

- ✓ Respondent Overview: Settings Reported (unduplicated) -
  Licensed Center: 534 (39,964 children)
  Family Child Care Home: 541 (5,280 children)

- ✓ Funding Sources for Child Care Settings (duplicated count - multiple funding sources could be identified)
  Parent pay/Tuition
  Colorado Child Care Assistance Program
  Colorado Preschool Program
  Schools/Education (public)
  Private Foundation/Private Grant
  Head Start

- ✓ Average Teacher: Child Ratios: (mean across centers and ages)

[3] Ibid

Child care centers 1:7
Family child care homes 1:8

✓ Scope of the Problem in Colorado:

- 77% of the respondents report that the percentage of young children with challenging behavior is not decreasing;

- 70% feel the severity of challenging behaviors is not getting better;

- During the past 12 months, 453 children under the age of six were removed from an early care and education setting for challenging behaviors ((*10 in 1,000 of reported 0-6 enrollment were removed in CO whereas in the national study by Yale, 7 out of every 1,000 removed nationwide in publicly funded pre-school*);

- 10 in 1,000 is more than 3 times the rate of expulsion in Colorado's K-12 system (Yale study reported a national rate that is also 3 times the rate of K-12 expulsions nationally);

- Percent of Programs with at least One Removal:
  Centers: 30%
  Family Child Care Homes: 24%;

- Removal Rate of Children with Challenging Behaviors:
  Of all children identified with challenging behaviors, 89 of every 1,000 children are removed from care;

- 77% of the respondents report that the percentage of young children with challenging behavior is not decreasing;

- 70% feel the severity of challenging behaviors remains the same;

- Top 3 Children's Behaviors Having Negative Impact on Staff:
  Irritable, mad or easily frustrated
  Disrespectful, defiant
  Hurts self or others;

- Top 3 Challenging Behaviors for Children Removed from Care:
  Hurts self or others
  Disrespectful, defiant
  Inappropriate language; yells or screams; and

- Impact on Staff Well-Being:
  More than **50%** of respondents said that children with challenging behavior in their care are having a negative impact on staff's well-

being; of these, **28%** said challenging behaviors impact ALL of their staff.

- ✓ Staff Access to Consultative Supports:
  Programs reporting access to ongoing consultative support also reported low staff turnover and program access to clinical expertise mitigates removals from care.

- ✓ Children in settings with special education services(IFSP's or IEP's):
  Family Child Care reported a rate of **52 per 1,000 children** who have **I**FSPs/IEPs
  Child Care Centers reported a rate of **47 per 1,000 children** who have IFSPs/IEPs

- ✓ Some Sites Utilize Best Practices Related to Children's Healthy Social and Emotional Development including:

  - Strategies in the context of positive relationships, supportive environments and individualized interventions (Attachment #11 : Center for the Social, Emotional Foundations of Early Learning; www.CSEFEL.org);

  - Mental Health Consultation (Attachment #12 : Mental Health Consultation in Early Care and Education by JFK Partners 2006; Core Knowledge and Competencies); and

  - Parent involvement.

- ✓ Other relevant data:
  Colorado Child Health Survey, a 2005 survey, reported over 21% of parents of children age 6 and under surveyed indicated that they are concerned about difficulties with their child's emotions, concentration, behavior, or getting along with others. Of these parents, 79% have never accessed counseling or treatment.

- ✓ Need to continue Ongoing Data Collection:

- Committed funding to Colorado Child Health Survey questions on social/emotional concerns, and addition of question on removal from care (Project BLOOM);

- Ongoing support of Qualistar provider survey questions regarding access to, and need for, mental health supports, knowledge and consultation (begun through JFK Partners in 2006);

- Public commitment to the collection of data on workforce capacity, best practices, and child removals from care;

- Part C and Part B data collection on child eligibility and services delivered related to social and emotional difficulties and the Results Matters Project at CDE;

- Collection of data from Community Mental Health Centers on Early Childhood Mental Health Specialists (Attachment #?) which will include child and family specific data as well as consultation and training information;

- Colorado Client Assessment Record information for Medicaid children;

- Information supplied by Early Childhood Councils and their local Resource and Referral Network; and

- EPSDT data on formal screenings including social-emotional.

Report prepared by:

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Staff Director, Early Childhood and School Readiness Commission

Special thanks to Sarah Hoover, Abby English Waldbaum and other members of the Design Team for components of this report and to the committed stakeholders who continue to advocate for the needs of all of Colorado's children.

Attachments:

Attachment #1:	"Facts About Young Children with Challenging Behaviors," Center for Evidence-Based Practice, www.challengingbehavior.org)
Attachment #2:	"Joint Resolution Concerning Young Children with Challenging Behaviors"
Attachment #3:	Policy Brief by Laurie Beckel
Attachment #4:	Promotion, Prevention, Intervention Triangle (schematic)
Attachment #5:	Early Childhood and School Readiness Commission
Attachment #6:	Smart Start Colorado
Attachment #7:	Smart Start Office of Professional Development
Attachment #8:	Blue Ribbon Policy Council
Attachment #9:	"Report to the Colorado Division of Child Care for Supporting an Environmental Scan and Study of Current Status of Children with Social, Emotional and Behavioral Concerns and the Providers Who Support Them" by Sarah Hoover, Ed.M.
Attachment #10:	Children with Challenging Behavior Study Power Point
Attachment #11:	Center for the Social, Emotional Foundations for Early Learning; www.CSEFEL.org)
Attachment #12:	Mental Health Consultation in Early Care and Education by JFK Partners 2006; Core Knowledge and Competencies

Center for Evidence-Based Practice: Young Children with Challenging Behavior
www.challengingbehavior.org

IDEAs that Work

Facts About Young Children with Challenging Behaviors

What is the SIGNFICANCE of the issue?

- These children have a tremendous risk of school failure and adult lives characterized by violence, abuse, loneliness, and anxiety (McCord, 1978; Olweus, 1991).
- The developmental course is predictably negative for those who are "non-treated" or "poorly-treated" (Lipsey & Derzon, 1998; Patterson & Fleishman, 1979; Wahler & Dumas, 1986).
- Early appearing behavior problems in a child's preschool career are the single best predictor of delinquency in adolescence, gang membership, and adult incarceration (Dishion, French, & Patterson, 1995; Reid, 1993).
- If challenging behaviors are not altered by the end of the third grade, it appears that they should be treated as a chronic condition, hopefully kept somewhat in check by *continuing and ever more costly* intervention (Dodge, 1993).
- The absence of one comprehensive service delivery system dictates the need for systems of care – weaving together multiple existing services or programs into a cohesive, collaborative system. Evidence exists to show that interlocking and interconnected systems of care have been effective with older children and adults (Smith & Fox, 2003).
- The database on service utilization is sparse making it difficult to compare and contrast different approaches to identification, screening, referral and access to service (Fixsen, Powell & Dunlap, 2003).

What are the COSTS of failing to address these challenging behaviors?

- Children who grow into adolescence with challenging behaviors are likely to drop out of school, be arrested, abuse drugs and alcohol, have marginalized adult lives, and die young (Lipsey & Derzon, 1998; Walker, Colvin, & Ramsey, 1995).
- There is evidence to show that young children with challenging behavior are more likely to experience:
  - early and persistent peer rejection (Coie & Dodge, 1998);
  - mostly punitive contacts with teachers (Strain et al., 1983);
  - family interaction patterns that are unpleasant for *all* participants (Patterson & Fleishman, 1979);
  - school failure (Tremblay, 2000; Kazdin, 1993), and;
  - high risk of fatal accidents, substance abuse, divorce, unemployment, psychiatric illness, and early death (Coie & Dodge, 1998; Kazdin, 1985).

What POSITIVE OUTCOMES can be expected from early intervention services that address these challenging behaviors?

- Decreased risk of withdrawal, aggression, non-compliance, and disruption (Strain & Timm, 2001).
- Treatment impact on fears, phobias, depression, anxiety, hyperactivity, conduct, and obsessive-compulsive disorders.
- Positive peer relationships including understanding of friendship, cooperation, and sharing (Denham & Burton, 1996).
- Increased self-control, self-monitoring, and self-correction and improved social-emotional health (Webster-Stratton, 1990).
- Academic success (Walker, et al., 1998).
- Reduced risk for teen pregnancy, juvenile delinquency, and special education placement (Strain & Timm, 2001).

References: Facts About Young Children with Challenging Behaviors

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Second Regular Session
Sixty-fifth General Assembly
STATE OF COLORADO

DRAFT

LLS NO. R06-0810.01 Jane Ritter

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SENATE JOINT RESOLUTION

CONCERNING YOUNG CHILDREN WITH CHALLENGING BEHAVIORS.

WHEREAS, According to nationally recognized current research, the period from birth to five years of age is the most crucial time for a child's brain development and for the promotion of social, emotional, and behavioral skills; and

WHEREAS, For young children, the development of healthy social and emotional skills is the foundation that supports emerging skills in all other areas; and

WHEREAS, A child who is identified as being difficult to manage before entering kindergarten has a high probability of continuing behavioral difficulties into adolescence; and

WHEREAS, When aggressive and antisocial behaviors in a child persist beyond nine years of age, intervention has a poor chance of success; and

WHEREAS, Young children with challenging behaviors are at a developmental disadvantage, particularly in the area of "school readiness", which refers to the skills and competencies needed for a child

to succeed in school; and

WHEREAS, New research conducted in all fifty states shows that children under five years of age with challenging behaviors are expelled from child care settings at rates that exceed that of student expulsions in elementary and secondary education combined; and

WHEREAS, In 2004, nine percent of Colorado pre-school teachers reported expelling at least one child from a child care setting. Colorado's expulsion rate of 5.2 expulsions per 1,000 children enrolled in pre-school programs ranks 26th among the 40 states that fund pre-school programs, and is twice the rate of student expulsions in elementary and secondary grades combined throughout the state; and

WHEREAS, In a national sample, 86 percent of kindergarten teachers polled said that the time they devote to dealing with the disruptive behaviors of poorly prepared children and helping them to catch up has a negative effect on the progress of well-prepared children; and

WHEREAS, Behavioral problems that appear in children during the years from birth to five years of age are the single best predictor of delinquency in adolescence, gang membership, and adult incarceration; and

WHEREAS, A broad coalition of early childhood educators is working to understand the scope of this problem and is dedicated to partnering with parents, early care providers, and educators to provide solutions to the problem of children with challenging behaviors; and

WHEREAS, Early childhood educators are committed to increasing public awareness of this issue and promoting recognition by the public that early intervention is a successful solution to encouraging school readiness and lifelong success; now, therefore,

Be It Resolved by the Senate of the Sixty-fifth General Assembly of the State of Colorado, the House of Representatives concurring herein:

That the General Assembly requests the Early Childhood and School Readiness Commission to:

(1) Authorize a study on the issue of challenging behaviors for children under five years of age;

(2) Provide a report to the Sixty-sixth General Assembly during the 2007 regular session addressing the scope of the problem of children with challenging behaviors and recommend best practices and economically feasible approaches with demonstrated positive outcomes for young children under five years of age and their families;

(3) Make recommendations for ongoing data collection pertinent to the issue; and

(4) Determine the fiscal costs and benefits of serving these children throughout the state of Colorado.

Be It Further Resolved, That copies of this Joint Resolution be sent to Governor Bill Owens, the chair and vice-chair of the Early Childhood and School Readiness Commission, and the executive directors of Smart Start Colorado.

Young Children with Challenging Behavior: A Policy Brief for Action

Prepared by Laurie Beckel, MA,LPC, Staff Director
Colorado Early Childhood and School Readiness Commission
October 2005

"There is mounting evidence showing that young children with challenging behavior are more likely to experience early and persistent peer rejection, mostly punitive contacts with teachers, family interaction patterns that are unpleasant for all participants, and school failure." (Center for Evidence-Based Practice: Young Children with Challenging Behavior, 2003)

The scope of this issue, young children in early care and education settings whose challenging behavior becomes a barrier to receiving quality services, is anecdotally reported as being a serious problem but the hard data are lacking. Colorado is not reporting this information currently in any of the publicly funded early childhood programs. These programs, Colorado Preschool Program, Colorado Child Care Assistance Program, School Readiness Quality Program, Part C and B of IDEA, do not require the reporting of information about these children by the local programs.

Colorado's Early Childhood and School Readiness Commissioners have heard concerns about these children and their families and would like to develop an effective policy approach that will begin to address the concerns of these children. However, the best policy approach begins with a clear understanding of the problem based upon accurate data. Several Colorado departments are responsible for programs that deliver early care and education to Colorado's young children. A "system-build" component would need to be designed that had the necessary mandate for collecting the data across programs at the local level. The data to be collected would include:

- Children disenrolled from programs for challenging behavior
- Demographic information about these children
- Referrals for additional services i.e. Child Find, mental health and outcomes
- Numbers of children in Part C with Attachment or Regulatory Disorder
- Numbers of children in Part B with Serious Emotional Disturbance on IEP
- Children enrolled in programs with challenging behaviors
- Community resources available for these children and their families

In checking with both the Department of Human Services Child Care Division (CCCAP and School Readiness Quality Program) and the Colorado Department of Education (CPP, Part C and B), these sources have indicated that legislation would be required to collect this data. There would be a fiscal impact of this legislation requiring an appropriation that under the current budgetary situation would become a serious barrier to having the legislation passed. A private funding partner could facilitate passage of the legislation and help Colorado develop a plan for a systematic response to these children and their family's needs.

The Foundation for Social and Emotional Well-Being in Young Children As Promoted by Harambe Colorado

Intervention

Support and treatment for families, caregivers, and young children with more intensive emotional and behavioral needs

- Child-focused and parent-child-focused therapies
- Intensive community-based strategies (therapeutic child care, family support groups, crisis and respite services)
- Coordinated system of care

Prevention

Enhancing the child's environment and relationships to promote social and emotional competence thereby reducing the need for more intensive services

- Age-appropriate social and emotional skills for young children in their natural environments (home, child care and education settings)
- Staff development and parent skills training
- Ongoing consultation to parents and early care and education professionals
- Identification of children with more intensive needs

Promotion

Creating the foundation for social and emotional well-being

- Pregnancy, birth, and family support systems; universal developmental screening
- Responsive, sensitive child-caregiver interactions and relationships
- Healthy and supportive environments to meet the emotional needs of all children and their families and caregivers
- Healthy sense of competence, mastery, and self-esteem for all children

Harambe Colorado Goal:
"To develop the state and community infrastructure for fiscal and service strategies to promote the social, emotional and behavioral health in young children and their caregivers as part of a school-readiness agenda."

"Harambe Colorado is a group of early childhood mental health advocates who have been together for the past 10 years. The group was originally called Good Start Harambe members organized the first "For Love of Children" gathering February 14, 2001. Harambe@comcast.net

Colorado
Early Childhood and School Readiness Commission

The Early Childhood and School Readiness Commission, created by House Bill 04-1277, has focus on priority areas utilizing the specialized knowledge and expertise of the many champions in Colorado in the fields of early care and education, health and medical home, social/emotional development and mental health and family support and parent education. This Commission has taken seriously the legislative charge to create a comprehensive early childhood system. Five pieces of legislation for the 2007 session have come out of the Commission's work this past 1 ½ years. Successful passage of these bills will create the next Early Childhood Commission and statewide local early childhood councils and the continuation of the work necessary to create the system envisioned by Smart Start Colorado.

The Commission bills are as follows:

- "Early Childhood Commission"
  Senate sponsor: Senator Williams
  House sponsor: Representative Todd
- "Monitoring Visits Child Care Facilities"
  House sponsor: Representative Todd
  Senate sponsor: Senator Shaffer
- "Early Intervention Coordinated Services Payment"
  Senate sponsor: Senator Shaffer
  House sponsor: Representative Todd
- "Early Childhood Councils"
  House sponsor: Representative Solano
  Senate sponsor: Senator Williams
- "Investigation of Family Child Care Provider"
  Senate sponsor: Senator Williams
  House sponsor: Representative Solano

Members of the Commission

Senator Suzanne Williams, co-chair

Kathryn Hammerbeck, co-chair

Cheryl Caldwell

Karen Beye

Sheila Groneman

Kara Heide

Representative Tom Massey

Senator Josh Penry

Steve Bates

Representative Nancy Todd

Ophelia Mejia

Jennifer Vasquez

Mary Parsons

Cliff Richardson

Senator Brandon Shaffer

Representative Judy Solano

Anne Keire

Commission meetings are held on the third Friday of each month from noon-2pm in the Capitol (SCR 356). Please contact Laurie Beckel (Lbeckel@coloradofoundation.org or 303-837-8466 X130) for more information. For further information: www.coloradofoundation.org.

About Smart Start Colorado: (www.smartstartcolorado.org)

This is the start of a statewide commitment to young children that will pay off in high school, college and beyond.

Scientific research is very clear: the more children learn before the age of 8, the more successful they will be at 18... at 28... at 38... Smart Start Colorado is the smartest way to pool our resources, our thinking and our people to make sure our children get off to the best start. We are a single, simple resource that will help parents, educators, businesses and advocates find out what is available and how to be involved. We are a movement of committed professionals and parents determined to make Colorado the best place to raise a family.

This is the start of less red tape and more prepared children.

Throughout Colorado, there are a multitude of resources to help children learn the things they need to know to be successful. But parents are often lost in the maze and professionals often do not have the resources they need to deliver the best programs. Smart Start Colorado aims to better coordinate and streamline the myriad efforts so that communities, families and children get what they need, when they need it.

This is the start of great organizations working as a team for the good of our youngest citizens.

Smart Start Colorado partners are state and local early childhood councils, agencies, organizations and associations working together to create a better system of early childhood supports and services for children birth to age eight and their families.

Smart Start Colorado Office of Professional Development

The Smart Start Colorado Office of Professional Development (OPD) is the statewide entity responsible for implementing the professional development goal of the Smart Start Colorado Strategic Plan by enhancing the knowledge, skills and professional advancement of early childhood professionals. We provide the following to individuals, community organizations and state agencies:

- Information and resources;
- Career development advising;
- Data reports and needs assessments;
- Assistance in creating professional development plans.

The OPD takes a multi-disciplinary approach to professional development, working across the four domains of Smart Start Colorado:

- Early childhood mental health;
- Child health/medical home;
- Parent education and family support;
- Early childhood education.

Research has shown that the professional development of providers is correlated to high quality early childhood programs and improved child outcomes. We are working to ensure that all trainings related to early childhood are of high quality, are culturally competent, are based on research-based best practices, have consistent content that leads to a career path, and are provided by qualified trainers.

Early childhood professional credentialing and the early childhood online program are part of the Smart Start Colorado Office of Professional Development. After opening our doors in the spring of 2006, our initial plans include: completing an environmental scan of current training opportunities, updating the Core Knowledge Standards (what early care & education professionals should know and be able to do) and aligning them with program standards and outcomes, and promoting our services through www.SmartStartColorado.org.

Our work is supported by an Advisory Board which reflects the various domains. An early childhood mental health specialist will be hired to begin the work of developing early childhood mental health core knowledge standards, tracking training, provide technical assistance to communities and to explore options for creating an early childhood mental health credential.

The OPD works with strategic partners including the Early Childhood & School Readiness Commission, the Clayton Foundation, Qualistar Early Learning, the Colorado Departments of Education, Human Services, Public Health and Environment, and the Colorado Commission on Higher Education.

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Ready for school - Ready for life
www.SmartStartColorado.org

Mission Statement

The Blue Ribbon Policy Council's mission is to craft public policies and implementation strategies that support the social and emotional well-being of young children and their families. The Council's youth, family members, legislators, university partners, state agencies, health/mental health providers, and system of care leaders cooperatively address the policy barriers that arise in attempting to create a seamless system of care. Because we want to ensure that policy development is valuable at the local level, recommendations are tied to practical experience in communities. Outcomes from these policy recommendations encourage changes on the state level in areas such as reimbursement and Medicaid funding

Vision Statement

Purpose of the Council: We are a group of early childhood champions who use our knowledge and leadership to ensure that:

We utilize three early childhood mental health projects, Project BLOOM, Harambe Colorado, and Kid Connects, for expertise and guidance, and for our projects to draw on the knowledge of the Council

We create public policies and implementation of such policies that support the social/emotional well-being of young children and their families

We ensure that the principles of systems of care for young children guide the work we all do for the mental health of young children in Colorado

Values/Principles

Consistently approaching problems from the family perspective is one of the shared values and objectives of many of the agencies represented on the Council.

Goals

The Blue Ribbon Policy Council for Early Childhood Mental Health goal has been to increase awareness in early childhood mental health. Our focus areas have been in funding, system of care, and policy.

Planned Activities

Development of an Early Childhood Mental Health Toolkit as an online and print resource to support education and awareness of the cost-benefit of early intervention, and the need for successful integration of primary and behavioral health care.

Ongoing Activities

Quarterly meetings of the Council and ongoing monitoring of and recommendations regarding early childhood mental health policy activity in Colorado.

Past Activities (Reports, projects, changes to policy)

http://www.tapartnership.org/news/Oct04/field.htm

Website/Contact Information

Claudia Zundel, CDHS, Division of Mental Health, claudia.zundel@state.co.us, 303/866-7528
Penny Gonnella, Department of Public Health and Environment, penny.gonnella@state.co.us, 303/692-2362
Tracy Kraft-Tharp, Kid Connects, tkth@aol.com, 303/421-2787
Sarah Hoover, JFK Partners/University of Colorado at Denver and Health Sciences Center. sarah.hoover@uchsc.edu, 303/315-2152

Subcommittees

Funding, System of Care, and Policy have been subcommittee areas of the council.

Members

With over 35 members, the Council brings together representatives from early childhood mental health, family members and policymakers.

Members as of November, 2006:

Bruce Atchison	Colorado Children's Campaign
Steve Bates	CO Dept of Human Services, Office of Children, Youth and Families Service
Adoree Blair	Family Member
Carol Breslau	The Colorado Trust
Christine Collins	Alliance
George DelGrosso	Colorado Behavioral Healthcare Council
Tom Dillingham	HCPF/Child Health Plan Plus Division (CHP+)
Kelly Dunkin	The CO Health Foundation
Jose Esquibel	CDPHE/Interagency Issues for Prevention Systems
Megan Floyd	CO Federation of Families For Children's Mental Health
Jerry Frangas	Colorado State Legislature
Rhonda Goodman	Family Member
Chris Habgood	Mental Health Association of Colorado
Anna Jo Haynes	Mile High Montessori
Beverly Hirsekorn	Colorado DD Council
Rebecca Karlin	Office of the Governor Policy Initiatives
Moe Keller	Colorado State Legislature
Karen Knoll-Moran	OFA/CCB/Region VIII
Bill Kottenstette	Office of Lt. Governor
Lorraine F. Kubicek	OMNI Institute
Jennifer Landrum	Project BLOOM staff
Linda Meredith	CO Head Start Assoc. / Comm Partnership for Child Dvlpmt
Sandy Petersen	Zero to 3

Teri Pinney	CDPHE, PSD-CASH-A4
Steve Poole, MD	The Children's Hospital
Corry Robinson	Univ. of CO Health Sciences Center, JFK Partners
Jeanne Rohner	Mental Health Association of Colorado (New Address)
Lisa Roy	The Piton Foundation
Beverly Solomon	Family Member
Barbara Smith, Ph.D.	UCD/Center for Evidence Based Practices in Early Learning
Dave Smith	Colorado Dept. of Education
Debbie Stafford	Colorado State Legislature
Steve Tool	Health Care Policy & Finance
John VanDenBerg	President
Kathy Watters	CDPHE-HCP, PSD-HCP-A4

Inclusion of Family Members

There are seven family members invited to sit on the Council, and consumer and family representation from the Colorado Federation of Families for Children's Mental Health. Council meetings have included a contemporary family issue in a Colorado Community to ground the policy topics to local community issues.

Support (financial and in-kind)

The conveners of the Blue Ribbon Council provide financial and in-kind support (CDHS Division of Mental Health, Project BLOOM, Kid Connects, Harambe Colorado).

Authority

Project BLOOM , Kid Connects, Harambe Colorado and CDHS Division of Mental Health convene the Blue Ribbon Policy Council for Early Childhood Mental Health. While there is no legislative or statutory mandate for this Council, each project has included in its formal structure the Council as a policy body

Partnerships with other planning groups

Smart Start Colorado through the Early Childhood State Systems Team
Colorado System of Care Collaborative

Progress on Partnerships with Other Planning Groups

Potential Future Partnership Opportunities

Sources

The Blue Ribbon Policy Council convening project staff

Colorado's System of Care for early Childhood" Linking Systems, Practice, and Policy in Early Childhood Intervention website. Retrieved on July 5, 2006 from: http://www.tapartnership.org/news/Oct04/field.htm

Report to the Colorado Division of Child Care for Supporting an Environmental Scan and Study of Current Status of Children with Social, Emotional and Behavioral Concerns and the Providers who Support Them

Submitted by JFK Partners at the University of Colorado at Denver and Health Sciences Center

Lead contact/Principal Investigator: Sarah Hoover, Ed.M.

June, 2006

Early childhood programs play an increasingly significant role in children's healthy emotional, social and cognitive development. Caregivers outside the home are in positions where they need to provide environments that support a child and family's development and resilience. As early care and education programs expand to provide nurturing environments for the emotional as well as cognitive development of young children, it is important for the caregivers to have resources to confidently address children's (and families') needs, particularly when the needs are complex.

Colorado has a large group of committed stakeholders interested in promoting the social, emotional and behavioral skills of young children, preventing more serious problems through early identification, and intervening with best practices in natural settings when children are demonstrating persistent mental health difficulties. In response to concerns expressed by these stakeholders, a "Joint Resolution Concerning Young Children with Challenging Behaviors" was passed by the Colorado State Legislature in 2006 requesting that the Early Childhood and School Readiness Commission authorize a study on the issue of challenging behaviors for children under age six.

The Resolution supported the need to determine the status of children with "challenging behavior" in Colorado and to ensure support to the caregivers who work with them. The Colorado Division of Child Care recognized the importance of the issues identified by stakeholders and in the Resolution, and in March 2006 funded JFK Partners at the University of Colorado at Denver and Health Sciences Center to identify the extent of children with social, emotional and behavioral difficulties in licensed early care and education, and to develop related recommendations.

Nationally and particularly in Colorado, there has been limited well-collected and/or well-used data on children with social, emotional and/or behavioral (s/e/b) concerns, even though data collection can serve many purposes related to supporting these children and their caregivers. As has been identified in the Policy Brief compiled by Laurie Beckel, Staff Director for Colorado's Early Childhood and School Readiness Commission, the best policy approach to address the needs of young children with s/e/b concerns begins with a clear understanding of the problem based upon accurate data.

Accurate data on the prevalence of children with s/e/b concerns and the resources that the caregivers of these children have available to them is important in understanding how many children in Colorado are effected by these issues, and whether that number is increasing, decreasing or remaining the same. Additionally, knowing more about

Colorado's young children will help identify effective prevention and intervention strategies, and address the needs of families and early childhood providers as well as individual children. While we can assume that there is the strong need for training and education of early care and education providers, their supervisors, and families on strategies for helping children learn to get along well together, control their anger, and solve problems, it is difficult to assess the professional development needed without knowing the current "lay of the land".

JFK Partners has partnered with the Colorado Foundation for Families and Children and completed a statewide survey of the social, emotional and behavioral concerns of young children and the needs and supports available to early care and education staff who provide care for these children.

The original objectives of this work were to:

1. Convene a Stakeholders' Group to guide the information needs regarding children with social, emotional and behavioral concerns and the caregivers who support them
2. Convene a Design Team to:
    a. develop and implement a plan for assessing the needs of children with mental health concerns and the caregivers who support them
    b. conduct relevant data mining and/or data collection activities regarding children with challenging behavior in Colorado
3. Conduct a comprehensive literature, policy and legislative review regarding the importance and relevance of data collection with this target population
4. Identify ongoing data collection needs for the state of Colorado regarding this target population
5. Conduct a survey of state system costs for ongoing data collection as identified in #4
6. Determine best practices including practice standards for promotion, prevention and intervention strategies.

Our anticipated outcomes were to ensure that:

1. Comprehensive survey results exist that identify:
    a. key questions that stakeholders need answered regarding the identified population of young children in Colorado
    b. data sources and data collection systems that currently exist
    c. gaps in data
2. Point-in-time prevalence data exist on children with social-emotional-behavioral concerns that are severe enough to impact care
3. Point-in-time prevalence data exist on the needs of providers/caregivers of children with mental health concerns
4. Policy and program recommendations are made
5. Ongoing data collection recommendations are made
6. Cost survey of ongoing data collection is completed
7. Recommendations regarding outcomes 1-6 above are compiled in preparation to submit to the Early Childhood and School Readiness Commission at the August 2006 meeting.

Progress on the objectives and outcomes above are as follows:

Convene a Stakeholders' Group to guide the information needs regarding children with social, emotional and behavioral concerns and the caregivers who support them

JFK Partners' Principal Investigator for this initiative, Sarah Hoover, worked in partnership with Laurie Beckel, Staff Director to the Early Childhood and School Readiness Commission to convene two opportunities for stakeholder input, one during the planning phase of this initiative, and a follow up meeting for presenting the results. Stakeholders included public human service agency representatives (from the Colorado Department of Education, Division of Child Care, Division of Mental Health Services and Department of Public Health and Environment), non-profit organizations, early care and education providers and administrators, policymakers, researchers and family members. Stakeholders, including the Blue Ribbon Policy Council for Early Childhood Mental Health, have been invited to participate in the development of specific policy recommendations to present to Colorado's Early Childhood and School Readiness Commission.

Convene a Design Team to:

1. ***develop and implement a plan for assessing the needs of children with mental health concerns and the caregivers who support them***
2. ***conduct relevant data mining and/or data collection activities regarding children with challenging behavior in Colorado***

In March, 2006 a Design Team was convened, and the work of this team primarily involved developing the content and methodology for a survey for early care and education providers across Colorado, and assisting in organizing and presenting the survey results[1]. The team initially looked at the various current data collection mechanisms in Colorado on the social, emotional and behavioral health of young children and the providers that support them. While we discovered that there are a number of data collection activities that exist, there was not a unified data source that captured the status of children with challenging behaviors and the needs/supports of their caregivers. The Design Team members were contracted for their work through June 30, 2006. Though their consultation to the design has ended, several Team members have volunteered to continue to be engaged as important stakeholders.

Conduct a comprehensive literature, policy and legislative review regarding the importance and relevance of data collection with this target population

Our interest in the issues of these children and their care environments is not an isolated interest, and there has been national recognition of the importance of collecting data on how children are faring, and the supports caregivers have available to them. As increased attention has been paid to the issue of children with social, emotional and behavioral difficulties, work has begun to strengthen survey methodologies, develop common indicators and address the challenges of comparing data. However, even with the emerging recent research on preschool expulsions, the lack of data on the nature and prevalence of challenging behaviors can be highlighted as a major concern and barrier to effective policy making. Particularly in Colorado, shortcomings in consistent and comprehensive reporting on children with difficult behavior in early care and education environments can lead to inaccurate

[1] Design Team members and their affiliation are listed at the end of this report

data collection, and such unreliable information might lead to lack of (or poor) policy change. Colorado needs an ongoing source of reliable data on children's social, emotional and behavioral well-being, as lack of this data may limit the availability of relevant information as a basis for policy-making. Sound public policy and program implementation requires reliable, relevant information on which to base it (The Child Health and Development Institute, 2003). Through our partnership with the Colorado Foundation for Families and Children, a member of our Design Team conducted a literature and study review related to the prevalence and outcomes of young children with social/emotional difficulties, challenging behavior and serious emotional disturbances (a level of mental health concern that typically needs specialized interventions) and the impact of these issues on their early care and education, including removals/expulsions from care. This scan of the literature can be found in Table 1.

Identify ongoing data collection needs for the state of Colorado regarding this target population

Through this initiative, the Colorado data sources for information on children with social, emotional and behavioral difficulties were reviewed. While a variety of data collection activities exist, many of them are tied to mandates and have little flexibility in the type or quantity of data that can be collected. The need was identified to develop a consistent way to measure the status of the population of children of concern in this initiative on an ongoing basis. Recommendations for the type of data and potential mechanisms for data collection follow in the Outcomes section of this report.

TABLE 1: Related Studies and Literature Regarding Children with Social, Emotional and Behavioral Concerns and Serious Emotional Difficulties (Compiled by Abby English Waldbaum, University of Denver)

Study	Author	Key Findings	Other	Additional Info
Prekindergarteners Left Behind: Explusion Rates in State Prekindergarten Systems (May, 2005)	Walter S. Gilliam, PhD Yale University Child Study Center	Preschoolers are being expelled from school at rates exceeding those of K12. In Colorado, 9% of teachers expelled at least one student. Colorado has an overall rate of 5.2 expulsions per 1,000 enrolled, twice the rate of K12 expulsions.	Teachers in public or Head Start program significantly less likely to report expelling a child than in for-profit agencies (11% v. 40-50%). Likehood of expelling was greater with: increased class size; the proportion of three-year olds mixed with four-year olds was higher; higher self-report of teacher stress; boys 4.5x as likely as girls to be expelled	Data collected as part of the National Prekindergarten Study (NPS)
Early Childhood Care Expulsion Prevention Project (March, 1999)	Grannan, Carlier, & Cole	A rate of 27.5 explusions per 1,000 children were found in the Detroit area; low reponse rate		
Prekindergarten Expulsion and suspension: Rates and predictors in one state (in press)	Gilliam & Sharhar	A rate of 27.4 per 1,000 children enrolled in Massachusetts, a rate of more than 34 times the rate of expulsions for children K-12 in Massachusetts and more than 13 times the national K-12 rate		

Preventing and Treating Challenging Behavior in Young Children http://education.umn.edu/ceed/projects/preschoolbehavior/	Minnesota Behavior Project with Mary McEvoy, Education Psychology professor		Project goal is to assist schools in developing transdisciplinary teams that provide technical assistance to early educators and families in addressing challenging behavior of young children. Project focuses on two main areas of training: functional behavioral assessments and proactive and comprehensive interventions.	Sponsored by the U.S. Department of Education and Minnesota's Department of Children, Families and Learning
Head Start: Challenges and training needs. *Journal of Early Intervention,* 20(1), 1-13.	Buscemi, Bennett, Thomas & Deluca (1995)	Increasing number of preschoolers are engaging in challenging behaviors in multiple settings		
Effective behavioral support for socially maintained problem behavior. *Challenging behavior of persons with mental health disorders and severe developmental disabilities* (1999)	Reichle, Davis, Freeman & Horner	Challenging behavior is one of the greatest stumbling blocks in providing inclusive educational services to preschoolers		
Elementary and Secondary School Survey: 2000 (ESSS)	National Center for Educational Statistics, 2001	Survey of district-level adminstrators for all of the nation's over 92,000 public K-12 schools	Used for explusion rate comparative data in Gillman study	
Assessing Relational and Physical Aggression Among Preschool Children	McEvoy, Estrem, Rodriguez, & Olson (2003)	All three assessment methods rated boys as more physically aggressive than relationally aggressive and girls as more relationally aggressive than physically	Compares three methods of assessing RA and PA: teacher rating scale, a peer nomination measure, and direct observation measure	

		aggressive		
The Children and Youth We Serve: A National Picture of the Characteristics of Students with Emotional Disturbances Receiving Special Education	Wagner, Kutash, Duchnowski, Epstein, and Sumi (2005)	Children and youth with emotional disturbances (ED) have serious and multiple impairments that include an array of emotional disabilitites, poor communication skills and low academic achievement.	There is a considerable gap between initial identification of problems and the onset of service delivery; a high rate of suspension and expulsion; and an unstable school environment. Parents of children with ED work harder to secure services and are less satisfied with those services.	Used data from the Special Education Elementary Longitudinal Study and the National Longitudinal Transition Study-2. Average age when child first started having difficulty problem w/ ED: 4.6 yrs
Early Elementary-Aged Children with Challenging Behaviors: Legal and Educational Issues Related to IDEA and Assessment	Conroy & Davis (2000)	Cites research suggesting that 10-15% of preschool-aged children demonstrate behavioral problems; that at least 6% of children served in Head Start demonstrate significant behavioral concerns; and that only 17.4% of the children identified as "seriously emotionally disturbed" have been identified by 9 years old.	Implications of the research cited is that half ot he preschool and elementary aged children who are eventually identified as demonstrating significant behavioral disorders are not receiving services until they are 12 years old.	Outlines disciplinary provisions of IDEA 1997 and notes that such provisions are both legally and pratically applicable to preschool and elementary aged children.

Study of Aggression in Children in Child Care	National Institute of Child Health and Human Development (2001)	Study of behavior in young children found more aggression in kindergartners who had attended child care than their home-care peers	Subsequent studies report that the disruptive behavior seen in day care kids appears to dissipate by third grade; other research shows that high quality programs can actually reduce behavior problems (National Institute for Early Education Research, 2003)	
Preschool Programs Best Way to Curb Bullying	Tremblay (2003)	High-quality preschool programs are more likely the cure for, not the cause of, bullying behavior.	Tremblay asserts that aggression is an inborn human trait and that parents, teachers, and other adults need to teach children how to moderate and control their aggressive impulses. If children don't learn ways to regulate their aggresion at preschool age, they may suffer lifelong problems trying to control their behavior.	Similar results found in research from Britain's Department of Education study that collected data on 2800 children who attended preschool programs and from Maruitius, an island in the Indian Ocean.
Promoting Children's Social and Emotional Development Through High-Quality Preschool	Boyd, Barnett, Leong, Bodrova & Gomby (2005) Policy paper from the National Institute for Early Education Research	Kindergarten teachers report that more than half of their students arrive unprepared to learn, a problem that occurs in part because many preschool teachers lack appropriate training in early childhood development and behavior issues.	Report says preschoolers who do not receive social-emotional instruction cannot pay attention, remember information on purpose, or function socially in a school environment, making them difficult to manage and often rejected by peers.	

State Efforts to Evaluate the Effects of Prekindergarten: 1977 to 2003	Gilliam & Zigler, Yale University Child Study Center	Typically, there are two different ways that states invest in prekindergarten services: through their own prekindergarten systems or through Head Start in their state.	State kindergarten programs serve over 980,000 preschoolers in about 55,000 classrooms. As of 2000, state-funded systems surpassed Head Start as the leading provider of preschool services with an annual aggregate budget of $2 to $3 billion.	Only five states evaluated program impacts on children's behavior problems. Report lists outcomes assessed and instruments used in evaluations.
Other studies listed in resolution:				
	Dishion, French & Patterson, 1995: Reid, 1993	Early appearing behavior problems in a child's preschool career are the single best predictor of delinquency in adolescence, gang member, and adult incarceration		
	Webster-Stratton, 1997	The proporation of preschool children meeting the clinical criteria for the diagnosis of Oppositional Defiant Disorder ranges from 7% to 25% of children in the U.S.		
	Dodge, 1993	When aggressive and antisocial behavior has persisted to age 9, further intervention has a poor chance of success		

	Campbell & Ewing, 1990; Egeland et all, 1990; Fischer, Rolf, Hasazi, & Cummings, 1984	Children who are identified as hard to manage at ages 3 and 4 have a high probability (50:50) of continuing to have difficultites into adolescence		
	U.S. Department of Education, 1994	Students with SED miss more days of school than do students in all other disability categories		
Other studies listed in resolution, cont.:				
	U.S. Department of Education, 2002	More than half of students with SED drop out of grades 9-12, the highest rate for all disability categories		
	Jay & Padilla, 1987	Of those students witih SED who drop out of school, 73% are arrested within five years of leaving school		

Conduct a survey of state system costs for ongoing data collection as identified in Objective #4

As noted above, many state agency data collection activities are tied to the mandates from the funders of these agencies. While this initiative was limited in time and funding in its ability to do a comprehensive analysis of cost for ongoing data collection, there are specific issues that have been identified as next steps for state systems to consider, along with data collection recommendations which are identified in the Outcomes section of this report.

Issues to consider in cost of ongoing data collection[2]:

1. Data collection methods
   There are a variety of ways to collect data, and the methods may vary in cost. The purpose of the data collection, and the type of information expected from the data are important considerations when determining the data collection method(s).
2. Sources of data
   The provider of information can impact cost of collecting data. Early care and education providers, parents and program administrators are all potential sources of information. Certain sources of information may be easier to reach through certain types of data collection methods. Colorado has in place some mechanisms to access some sources of information and these mechanisms should be inventoried to determine if they reach the sources that can best respond to specific questions about prevalence and issues related to children with social, emotional and behavioral difficulties and the care they receive. Some ways of collecting data include large samples, and some include small groups which represent the diversity of a larger group. Sources of data which include all possible respondents are going to produce more reliable results, but are often more cost-prohibitive and labor-intensive.
3. Expertise required
   Designing data collection methods such as surveys, or developing questions to include in existing databases and analyzing the results of these surveys or questions may require evaluation that comes from outside the agency that is collecting the data, or specific expertise within the agency. The need for this type of expertise should be considered when looking at costs for data collection activities.
4. Management information systems (MIS) requirements
   Information systems can be developed for one-time data collection, or ongoing data collection. Additionally, existing information systems may be modified to store data, however in discussions with state agency representatives, this appeared to be a challenging option. The recommendations in the Outcomes section include current data collection opportunities that include existing MIS systems.

Determine best practices including practice standards for promotion, prevention and intervention strategies

[2] Based on review of evaluation and database studies, including the Harvard Family Research Project Out-of-School Time Program Evaluation Database

The information collected from this initiative has generated some initial practice recommendations (see Outcomes), and will be used to guide ongoing development of practice standards for promoting healthy social and emotional development, preventing social, emotional and behavioral difficulties for children at-risk or in at-risk environments, and intervening when social, emotional and/or behavioral challenges are identified.

Progress on Anticipated Outcomes of Initiative

The following outcomes are addressed in this section:

1. Comprehensive survey results exist that identify:
    a. key questions that stakeholders need answered regarding the identified population of young children in Colorado
    b. data sources and data collection systems that currently exist
    c. gaps in data
2. Point-in-time prevalence data exist on children with social-emotional-behavioral concerns that are severe enough to impact care
3. Point-in-time prevalence data exist on the needs of providers/caregivers of children with mental health concerns

Methodology

In March, 2006, a stakeholder meeting, and subsequently a Design Team, was convened to provide guidance to the process of survey development, distribution and analysis. It was determined that while there were specific questions that needed to be asked to directly respond to the Joint Resolution regarding prevalence of children with challenging behavior in Colorado, there were other related issues of importance that the Design Team determined were critical elements in scanning the environment that could be assessed through this survey process and would help to develop a more complete picture of the status of children, the caregivers who support them, and the overall milieu.

Several survey questions were framed based on questions that have been developed and asked nationally regarding preschool expulsions and behavioral challenges, with modifications to ensure that usable responses would be obtained the project goals would be met. The questionnaire is attached to this report.

For this survey process, 6216 licensed and legally exempt early care and education program directors or administrators were identified by Qualistar Early Learning's child care resource and referral database. This population represents all currently licensed or exempt providers in Colorado (licensing requirements and exemption are determined by the Colorado Department of Human Services, Division of Child Care). Paper questionnaires were mailed to program directors/administrators with a letter describing the background of the survey. Review of programs' access to electronic mail indicated that a very small number of providers had email addresses, therefore a paper survey was developed and sent through U.S. mail to providers. Included with the survey was an opportunity to enter a drawing for a library of 50 books for the entrant's program. Entries were separated from returned surveys immediately

upon receipt, and 10 programs were drawn to receive the book libraries from Scholastic Books. Survey were returned via self-addressed stamped reply envelopes, with a response rate of 17% (1075 usable surveys returned). Returned surveys were scanned using Teleform software, with the data then exported into an Access database, with SPSS used for further analysis. A comprehensive Teleform verification process was conducted, which included review of the scanned forms and the export process.

Respondent overview

Of the 1075 respondents, 485 were identified as Licensed Centers, 534 Family Child Care Homes, and 56 as Head Start. Survey respondents' anonymous identifier number was matched to the type of setting to which they are identified in the Qualistar database as a verification step for provider setting. Of the surveys sent, 2586 were sent to Licensed Centers, and 3630 were sent to Family Child Care Homes. Because Head Starts can be either Centers or Homes and are not broken down by the category of Head Start in the Qualistar data to which the survey ID numbers were matched, it is not known how many Head Start providers received the survey.

Respondents could select multiple descriptors for their setting, and a duplicated count indicated:

Family Child Care Homes: 541
Center Based: 534
Non-profit: 263
For-profit: 178
Faith-based: 91
Head Start: 56
Legally Exempt from Licensing: 2

Program Directors were asked their years of experience in the field of early care and education. Sixty-three percent of the respondents indicated having more than 10 years of experience, 19% having 6-10 years, and 16% with 1-5 years.

Directors reported on the number of children in care under the age of 6 during the past 12 months. Sixty-eight percent of these children were between the ages of 3 and 6, 22% between 18 months and 36 months old, and 10% were under the age of 18 months.

What We Heard from the Field

Please see attached Powerpoint for the presentation that was developed, which includes data highlights. A draft analysis of the data was shared with stakeholder groups on June 28, 2006, after which input was incorporated and the data underwent a comprehensive review in preparation for rolling out the survey results and recommendations. This presentation was shared at the Blue Ribbon Policy Council for Early Childhood Mental Health on July 18, 2006, and the Early Childhood and School Readiness Commission on July 20, 2006.

Providers were asked questions about the types of behaviors that children demonstrate in their programs that were considered "challenging," as well as the changes in severity of behaviors and percentage of children with difficult behaviors over the past 12 months. Providers were given choices of types of behaviors, based on behaviors identified in the Child Behavior Checklist. While the questions were asked about "challenging behaviors", they reflected social and emotional issues as well, such as depression, concentration, and uneasiness in a group setting. Over half of the respondents identified that challenging behaviors are not improving in number or severity. Over 20% said they are getting worse.

Of the children under age 6 who were described in the responses to the survey, 11% of them were reported as having challenging behaviors. Four-hundred-fifty-six children were removed from care during the past 12 months due to behaviors. This indicates that 10 out of every 1000 children are being removed from centers, child care homes and Head Start programs every year due to behavioral challenges that perhaps could be prevented. When compared to the Colorado K-12 expulsion rate of 2.6 children per 1000, the early care and education removal rate is more than three times higher than K-12.

The rate of removals was highest in family child care homes (35 out of every 1000 removal rate) Table 2 shows the removals by setting.

Table 2

	Total Enrolled	Total Removals from this Setting	Rate per 1000
Family Child Care	5,569	193	35
Licensed Center	36,759	237	6.4
Head Start	3,637	26	7.1
Total	45,965	456	10

The removal rate did not vary with statistical significance across settings (centers, homes and Head Start). For this and other data, statistical analyses were run and is available upon request, and will be included in discussion of these results where such documentation is needed.

Providers were asked to identify the specific types of challenging behaviors that they see in children under age 6. The behavior that was identified most frequently was "irritable, mad or frustrated easily," with the second most frequent behavior of "hurting self or others." These two behavior groupings were also prioritized as the top two types of challenging behavior seen in both Center and Child Care Home settings. The behaviors that were identified as having the highest negative impact

on staff were 1) “irritable, mad or easily frustrated;” 2) “disrespectful, defiant;” and 3) “hurts self or others.” Respondents were also asked to identify the behaviors of most concern for those children removed from care due to challenging behavioral issues, and among all respondents these behaviors appeared most frequently in the following order: 1) “hurts self or others;” 2)”disrespectful, defiant;” and 3) “inappropriate language, yells or screams.”

From the responses to the questions identified above, providers indicated that children identified as disrespectful or defiant, and those who hurt themselves or others not only had an impact on staff, but also had an impact on the child (and the child’s family) in the form of removal from child care. Behaviors such as these are perhaps two of the more difficult externalizing behaviors with which providers of early care and education struggle; they are ones that may feel threatening and unsafe. As policies and practices move forward in supporting these providers and enhancing the environments in which they work, it is critical to help create environments that feel safe for the caregivers and for the children in care.

Directors were asked to identify the types of responses that their staff have to the behaviors that they identified as most disruptive to the program. Directors could write in up to three responses, and were not provided with a fixed set of choices. While there are several valuable ways to review the qualitative responses to this question, directors’ responses were assessed for each unique response they gave. If a provider identified that “redirecting” was the same strategy they stated that their staff uses for all three responses to behaviors, this type of strategy was counted once. The following show the types of responses staff have to difficult behaviors, in order of the number of providers that identified that type of response:

- Talking (257)
- Redirect (224)
- Time out (110)
- Hug, cuddle, rock, comfort (87)
- Remove (from group, from area, from situation) (84)
- Talk to parents (37)
- Positive reinforcement or guidance (37)
- Ignore (31)
- Encouragement (29)
- Discuss (25)
- Find out why (18)
- Consequences (16)
- Teach (4)
- Modify environment (4)

Children’s social, emotional and behavioral difficulties can not be looked at in isolation of the context in which these children spend much of their time. The early care and education staff that support these children need appropriate tools and strategies to create quality, supportive, healthy and safe environments for the children in their care. When providers are stressed, do not have supports, or when their strategies for intervention may not match the type of issues children are

presenting, this can directly impact the children. The types of responses identified above indicate that the more proactive strategies such as teaching and modifying the environment are reported less frequently than strategies such as "time out" or "redirecting." As the workforce continues to develop, best practices for preventing and intervening with social, emotional and behavioral difficulties need to be guaranteed as part of the core knowledge and competencies of providers.

Directors were asked in this survey whether children with challenging behavior have a negative impact on their well-being, and the extent to which staff are impacted. Fifty percent of directors reported that children's challenging behaviors have a negative impact on staff's well-being, and of these, 28% indicated that every staff member in their program is impacted in a negative way by children with challenging behavior.

This survey also included questions related to the kinds of consultative supports that staff have available to them, and the kinds of issues and supports that they would like to see their staff learn more about. Programs reporting the highest access to ongoing consultative supports also described their programs as having the lowest staff turnover.

Removal rates from early care and education programs were significantly related to ongoing access to consultants with expertise in mental health and/or behavioral interventions. The odds of children under age 6 being removed from care due to behavioral issues decreases significantly when staff report having this kind of consultative access. Additionally, analysis of the survey responses show that we can expect the number of removals to decrease with ongoing access to consultation.

Directors were asked about what issues/supports they would like to have their staff learn more. The most frequently identified issue was "problem solving strategies for children with challenging behavior," followed by "helping to create effective child/parent/teacher interactions."

Outcomes 4 through 7 are addressed in the following section:

Policy and Practice Recommendations

A full set of policy recommendations will be developed and presented to Colorado's Early Childhood and School Readiness Commission based on a policy development committee that will convene in August, 2006. The following are general recommendations that propose a framework for any actions taken towards reduction in children removed from care in Colorado, and in empowering caregivers to ensure early care environments support children's social and emotional development.

Recommendation 1: State/Research Partnerships

Foster relationships between state agencies and entities that do research/data collection (universities, non-profits, "think tanks", etc) to connect state agencies' research needs with the interests and capabilities of researchers.

Recommendation 2: Model of Promotion, Prevention and Intervention

Ongoing formalized recognition of the value of, and funding for, training models that support teaching strategies in the context of positive relationships, supportive environments and individualized interventions. The Smart Start Colorado Office of Professional Development should promote training and enhance workforce development opportunities for early care and education providers that follow a model of:

- ensuring strategies for promoting mental health and social/emotional well-being and building healthy, quality early care and education environments;
- preventing social, emotional and behavioral problems through evidence-based strategies and best practices; and
- intervening when child-specific issues are identified, with individualized approaches that support the specific child, his/her family, and the early care and education provider(s) who care for the child

Recommendation 3: Mental Health Consultation in Early Care and Education

Expansion of best-practice models of mental health consultation statewide in natural settings through public support of sustainability strategies for funding; and embedding of mental health consultation competencies in the Smart Start Colorado Office of Professional Development and pre-service training opportunities.

Recommendation 4: Parent and Caregiver Empowerment

Empowering parents/caregivers through awareness of and access to social, emotional and behavioral supports; and helping caregivers to understand the causes of social, emotional and behavioral difficulties, and to match intervention strategies with the causes of behaviors.

Recommendation 5: Social/Emotional Knowledge and Competencies

Recognizing the value of and formally supporting social, emotional and behavioral knowledge and competencies for early childhood educators based on evidence and best practices.

Ongoing Data Collection Recommendations (and cost, where known)

1. Ongoing private and/or public annual support of Colorado Child Health Survey questions regarding social, emotional and behavioral concerns, and addition of question on removal from care. Purchase of one question on this survey is $1200, and additional questions are $1000 per question. The Colorado Department of Public Health and Environment also charges an 18.2% indirect rate.
2. Ongoing private and/or public support of Qualistar provider survey questions regarding access to and need for mental health supports, knowledge and consultation (begun through JFK Partners in 2006). Initial cost of adding these questions on to the provider survey was $4,878 however the cost may be lower in the future because some of the cost associated with this was for development of the questions and adding them to the data collection system.
3. Public commitment to the collection of data on workforce capacity, best practices, child removals from care, mental health issues and related services through the following mechanisms:

a. The Smart Start Colorado Office of Professional Development may be a logical home for retrieving and storing data on the workforce (capacity, needs, access to supports, etc), and for promoting practices that support early childhood educators in enhancing children's healthy social and emotional development.
b. Colorado has recently authorized state general fund expenditures to support early childhood mental health specialists in each community mental health center in the state. This presents a significant opportunity for Colorado's Division of Mental Health Services to collect data on the targeted early childhood service population of these positions through the community mental health system.
c. Part C and Part B of the Individuals with Disabilities Education Act require data collection activities to monitor the population of children served through the state's early intervention and special education systems. As Part C (serving children age birth to 3 and their families) includes attachment and regulatory disorders as qualifying criteria for Part C services, it would be beneficial to collect Part C data on eligible children that qualify based on these social/emotional criteria, as well as the services and supports these children receive.
d. It behooves the state to have a systematic data collection process to identify the prevalence of children removed from care due to social, emotional and behavioral challenges, and to embed this element into its child care quality improvement process

Survey Design Team Members

- **Laurie Beckel**, MA/LPC, Colorado Foundation for Families and Children
- **KaraAnn M. Donovan**, MSPH, Epidemiologist & Statistician, Children and Youth with Special Health Care Needs Section, Colorado Department of Public Health & Environment
- **Sarah Davidon Hoover**, EdM, JFK Partners, University of Colorado School of Medicine, Department of Pediatrics, UCDHSC
- **Gail E. Joseph**, PhD, University of Denver
- **Lorraine F. Kubicek**, PhD, Program for Early Developmental Studies/UCDHSC
- **Cordelia Robinson**, PhD, RN, Professor of Pediatrics and Psychiatry, Director JFK Partners; University of Colorado School of Medicine, UCDHSC
- **Ken Seeley,** EdD, President, Colorado Foundation for Families and Children
- **Phillip S. Strain**, PhD, Professor of Educational Psychology, University of Colorado at Denver and Health Sciences Center
- **Abby English Waldbaum**, MA, University of Denver

Early Care and Education Director/Administrator Survey

1. How many years of experience in early care and education do you have?
   - ☐ 1-5
   - ☐ 6-10
   - ☐ more than 10

2. What is the highest education level that you have completed?
   - ☐ Less than high school
   - ☐ High school
   - ☐ Associates
   - ☐ Bachelors
   - ☐ Masters
   - ☐ PhD

3. Which of the following describes the early care and education setting in which you work, and the funding source(s) for children in your program? (check all that apply)

Setting	Funding
☐ Licensed center-based	☐ Parent pay/Tuition
☐ Licensed family child care home	☐ Head Start
☐ Legally exempt from licensing	☐ Colorado Preschool Program
☐ Faith based	☐ Colorado Child Care Assistance Program
☐ For-profit	
☐ Non-profit	☐ Schools/Education (public)
☐ Head Start	☐ Private Foundation/Private Grant

4. How many direct service staff/teachers work in your facility/program? _____

5. How many children attend your facility/program? _____

6. Over the past 12 months, how many children have been enrolled in your facility/program for the following ages:
   - _____ 0-18 months
   - _____ 18 months-36 months
   - _____ 3 years-6 years

For the following questions, challenging behavior is defined as a repeated pattern of behavior that interferes with optimal learning and positive relationships. Please answer the following questions based on children *under age 6* in your facility/program.

7. Over the last 12 months, which specific types of challenging behaviors have you seen in children under age 6?
(Check all that apply)

- ☐ Hurts self or others
- ☐ Bullies
- ☐ Threatens to hurt self or others
- ☐ Excessive worry or panic, anxious
- ☐ Property destruction
- ☐ Irritable, mad or frustrated easily
- ☐ Inhibited, withdrawn, uneasy in a group
- ☐ Excessive demands and attention-seeking; clingy
- ☐ Excessive whining or crying; difficult to console
- ☐ Inappropriate language; yells or screams
- ☐ Unusual fears
- ☐ Feelings easily hurt
- ☐ Unable to share
- ☐ Steals
- ☐ Makes self-deprecating comments
- ☐ Inability to concentrate
- ☐ Sad, unhappy or depressed
- ☐ Disrespectful, defiant
- ☐ Others (please specify)

_____
_____
_____

8. Considering all the behaviors marked above, rank the top three in terms of their negative impact on staff and the program in general. (Enter numeric rank of 1, 2, and 3 next to the top 3 behaviors)

____Hurts self or others
____Bullies
____Threatens to hurt self or others
____Excessive worry or panic, anxious
____Property destruction
____Irritable, mad or frustrated easily
____Inhibited, withdrawn, uneasy in a group
____Excessive demands and attention-seeking; clingy
____Excessive whining or crying; difficult to console
____Inappropriate language; yells or screams
____Unusual fears
____Feelings easily hurt
____Unable to share
____Steals
____Makes self-deprecating comments
____Inability to concentrate
____Sad, unhappy or depressed
____Disrespectful, defiant
Others (please specify and indicate rank)
_____
_____
_____

9. For each of the top three behaviors listed above, briefly describe how staff most often address these concerns.

Staff Responses

Behavior 1:

Behavior 2:

Behavior 3:

10. During the last 12 months, how many children under age 6 with challenging behaviors have you experienced in your program? _____

11. Over the last 12 months would you say that the percentage of children under age 6 with challenging behavior in your program has:

- ☐ Reduced
- ☐ Stayed about the same
- ☐ Increased

12. Over the last 12 months would you say that the severity of the challenging behaviors you see in children under age 6 has:

- ☐ Reduced
- ☐ Stayed the Same
- ☐ Increased

13. During the last 12 months how many children under age 6 have been removed from your setting because of challenging behaviors?

- ☐ None
- ☐ One
- ☐ Two
- ☐ Three or more (please specify number if possible) _____

14. Of the children under age 6 who have been removed from your setting because of challenging behaviors, what were the challenging behaviors of most concern? (Check all that apply)

- ☐ Hurts self or others
- ☐ Bullies
- ☐ Threatens to hurt self or others
- ☐ Excessive worry or panic, anxious
- ☐ Property destruction
- ☐ Irritable, mad or frustrated easily
- ☐ Inhibited, withdrawn, uneasy in a group
- ☐ Excessive demands and attention-seeking; clingy
- ☐ Excessive whining or crying; difficult to console
- ☐ Inappropriate language; yells or screams
- ☐ Unusual fears
- ☐ Feelings easily hurt
- ☐ Unable to share
- ☐ Steals
- ☐ Makes self-deprecating comments
- ☐ Inability to concentrate
- ☐ Sad, unhappy or depressed
- ☐ Disrespectful, defiant
- ☐ Others (please specify)

_____

_____

15. If known, how many children in your facility/program have an IFSP (Individualized Family Service Plan for children age 0-3) or an IEP (Individualized Educational Plan for children age 3-6)? _____

16. What do you think is the role of the child's parent in strategies to address challenging behavior? (Check all that apply)

- ☐ Provide information to staff about the occurrence of the behavior in other settings
- ☐ Dialog with staff about potential triggers of the behavior
- ☐ Acknowledge that the behavior is causing challenges in the classroom
- ☐ Work with staff to develop a plan to decrease the behavior
- ☐ Agree to implement some strategies at home to help reduce the behavior
- ☐ Help to develop strategies to use at home to help reduce the behavior
- ☐ Other _____

17. How many staff indicate that challenging behaviors are having a negative impact on their well-being?

☐ None	☐ Some	☐ Many	☐ All

18. What (if known) has been the percentage of turnover in your staff in the past 12 months? _____%

19. Where do staff go to access information/help with challenging behaviors?

☐ Peers ☐ Administrators ☐ Consultant(s)	☐ Internet ☐ Training ☐ Other (please specify) _____

20. Do staff have access to ongoing consultative support in their program such as the supports listed in the table below for the challenging behavior?:

Yes	No	
		Understanding child development and appropriate behavior and expectations for children under age 6
		Helping to create effective child/parent/teacher interactions
		Assessing and making changes to the classroom/group environment to promote positive interactions and experiences
		Mentoring on building the social/emotional skills of children
		Classroom/group assessment, screening and referrals
		Individual child assessment, screening and referrals
		Problem solving strategies for children with challenging behaviors
		Assistance in working with program administration around classroom and child/family needs
		Clinical expertise in mental health and/or behavioral interventions

21. Of the following, what would you like to see your staff learn more about? (check all that apply)

- ☐ Understanding child development and appropriate behavior and expectations for children under age 6
- ☐ Helping to create effective child/parent/teacher interactions
- ☐ Assessing and making changes to the classroom/group environment to promote positive interactions and experiences
- ☐ Mentoring on building the social/emotional skills of children
- ☐ Classroom/group assessment, screening and referrals
- ☐ Individual child assessment, screening and referrals
- ☐ Problem solving strategies for children with challenging behaviors
- ☐ Assistance in working with program administration around classroom and child/family needs
- ☐ Clinical expertise in mental health and/or behavioral interventions

Children with Challenging Behavior: A Survey of Licensed Early Care and Education Settings in Colorado

Overview of Survey Results

JFK Partners

University of Colorado at Denver and Health Sciences Center

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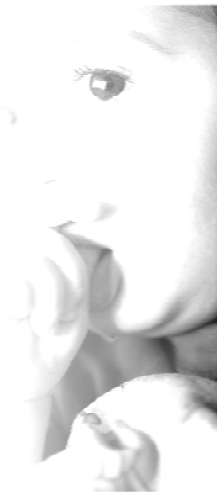
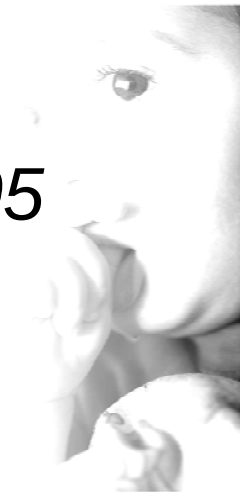


"Long before they form their first words or attempt the feat of sitting up, they are already mastering complex emotions—jealousy, empathy, frustration—that were once thought to be learned much later in toddlerhood."

Newsweek, August 15, 2005



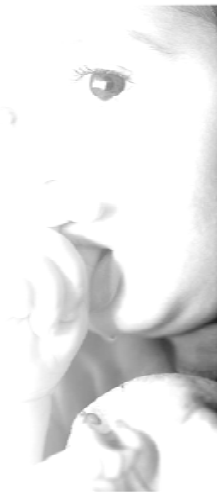
What are the Issues?

What is the nature and extent of the social, emotional and behavioral difficulties of young children in early care and education settings?

Are children with social, emotional and behavioral difficulties being removed from early care and education?

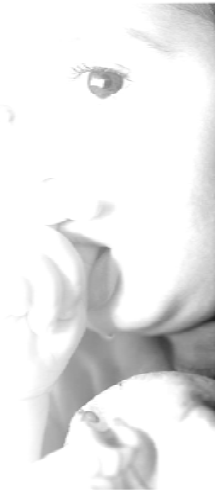
What are the challenges faced in these settings by providers as well as parents?

Colorado has had limited data to reflect the scope of these issues – what ongoing data do we need to collect?



Survey Partnerships and Recognition

- Colorado Department of Human Services/Division of Child Care
- JFK Partners at the University of Colorado at Denver and Health Sciences Center
- The Colorado Foundation for Families and Children
- Survey Design Team
- Qualistar Early Learning
- Invest in Kids
- Early care and education providers across Colorado
- Early Childhood and School Readiness Commission



Survey Design Team

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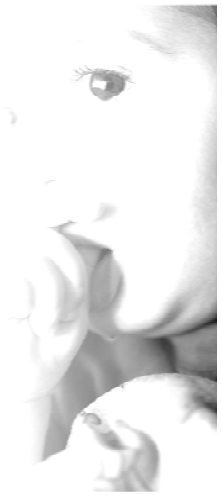
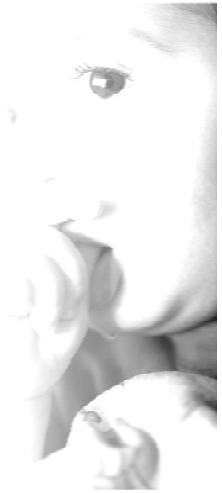


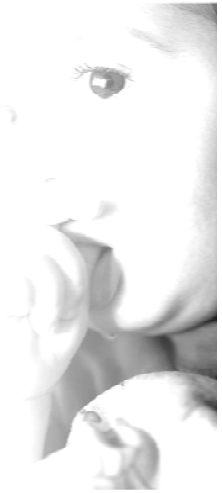
Background of Initiative

- In September 2005, the Early Childhood and School Readiness Commission heard compelling testimony from parents on the difficulty in receiving help for children with social, emotional and behavioral difficulties
- Walter Gilliam's research on pre-K expulsion rates nationally and in Colorado raised concerns
- Winter 05-06, ECSR Commission convened stakeholder meetings regarding legislation on children with challenging behavior
- January 2006 Joint Resolution developed in lieu of bill; April 2006 passed both House and Senate



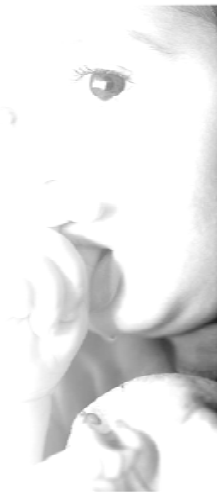
Background of Initiative

- March 2006, JFK Partners/UCDHSC received funding from the Colorado Division of Child Care to convene a Design Team and survey Colorado providers to discover the scope of social, emotional and behavioral issues related to children in care and the providers who support them



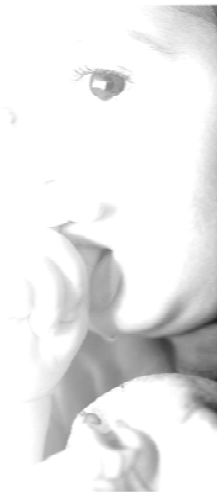
Walter S. Gilliam
Yale University Child Study Center

- nationwide study of 3,898 pre-kindergarten classrooms, representing 40 states
- preschools expel seven out of every 1,000 children enrolled
- rate is 3 times higher than that for their counterparts kindergarten through 12th

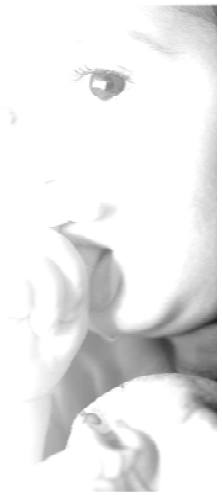


Methodology

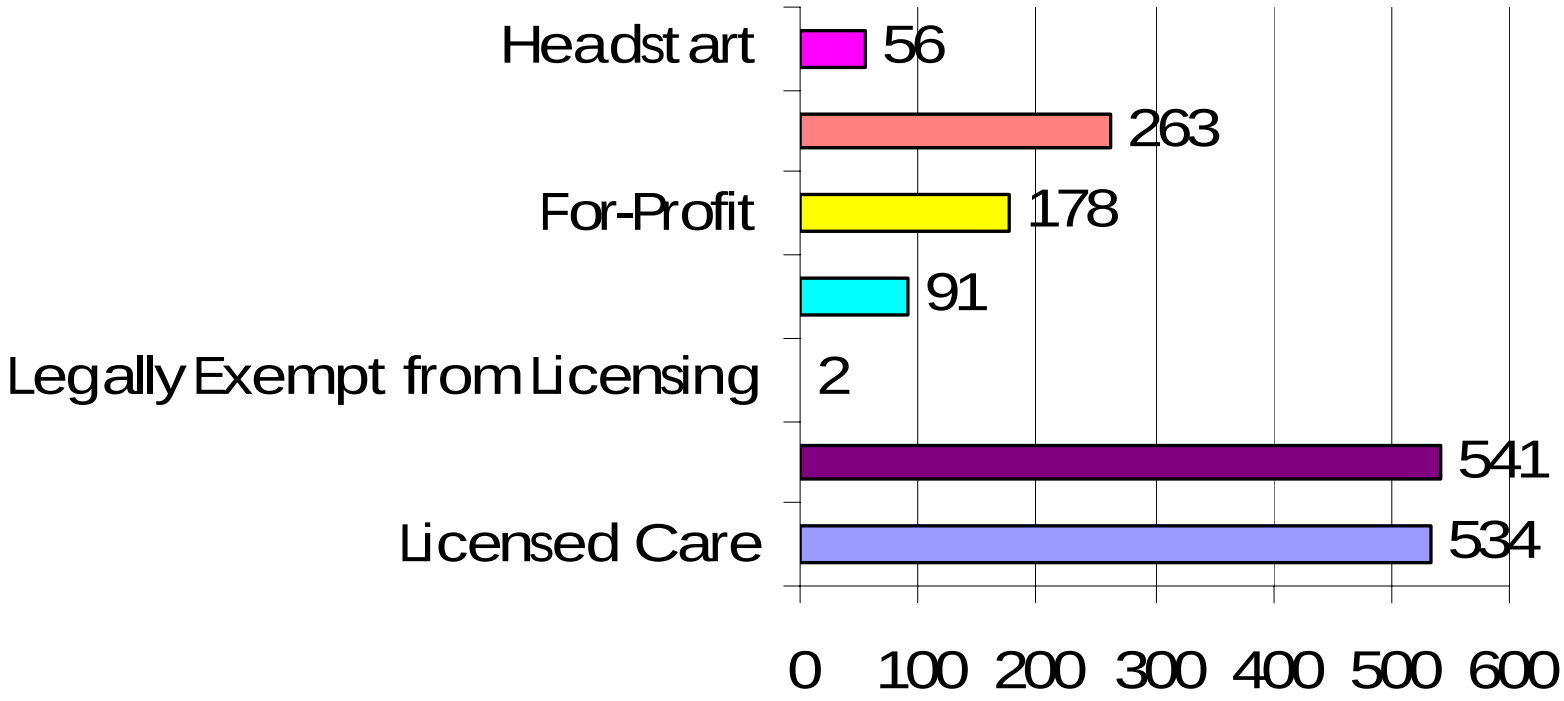
- 6216 surveys sent statewide via regular mail to licensed and legally exempt child care directors and/or administrators
- 1075 with usable responses
- Labor intensive review and verification of surveys
- Analyzed by provider type (center based and family child care home)
- Definitions of provider types are available

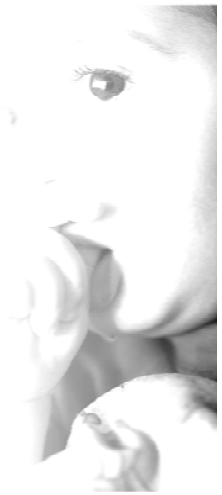


Respondent Overview



Settings (Duplicated count – provider type could include multiple options)

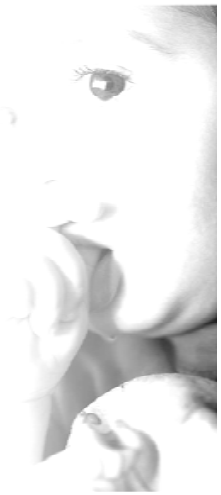




Settings Reported (unduplicated)

Licensed Center: 534 (39,964 children)

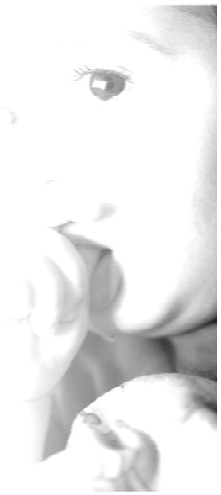
Family Child Care Home: 541 (5,280 children)



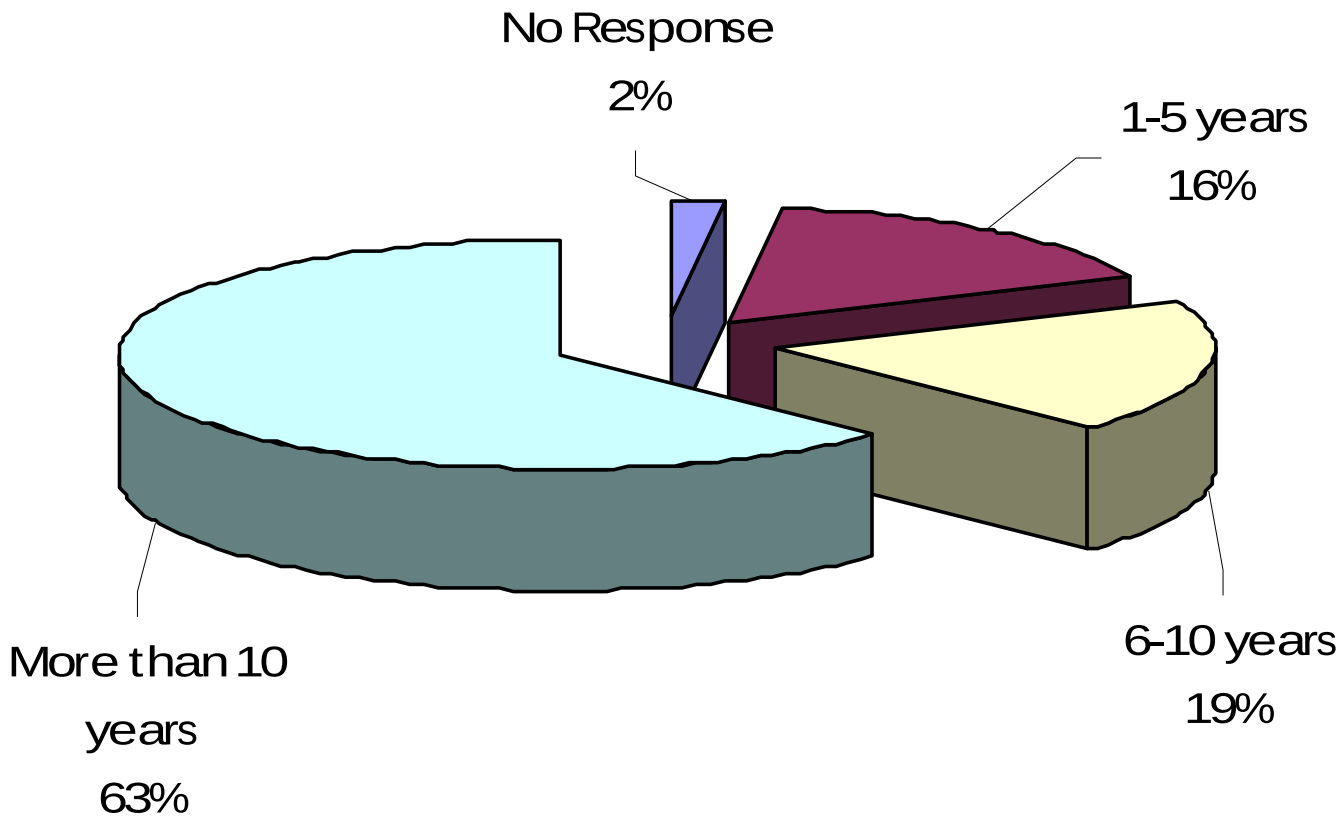
Funding Sources (duplicated count - multiple funding sources could be identified)

Fifty different variations of funding for programs, 43 blended sources and 7 single sources

- Parent pay/Tuition (n=877; 91%)
- Colorado Child Care Assistance Program (n=331; 34%)
- Colorado Preschool program (n=161; 17%)
- Schools/Education (public) (n=99; 10%)
- Private Foundation/Private Grant (n=76; 8%)
- Head Start (n=68; 7%)



Experience of Respondents

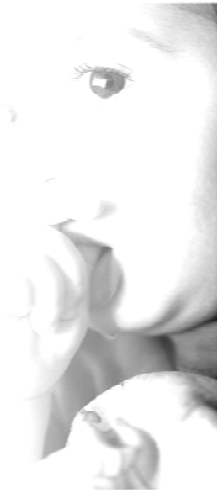


Average Teacher:Child Ratios*

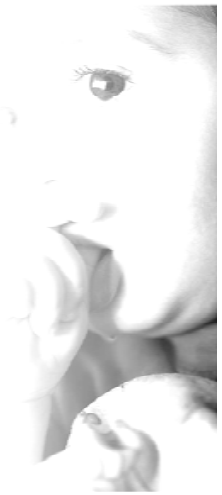
Child care centers 1:7

Family child care homes 1:8

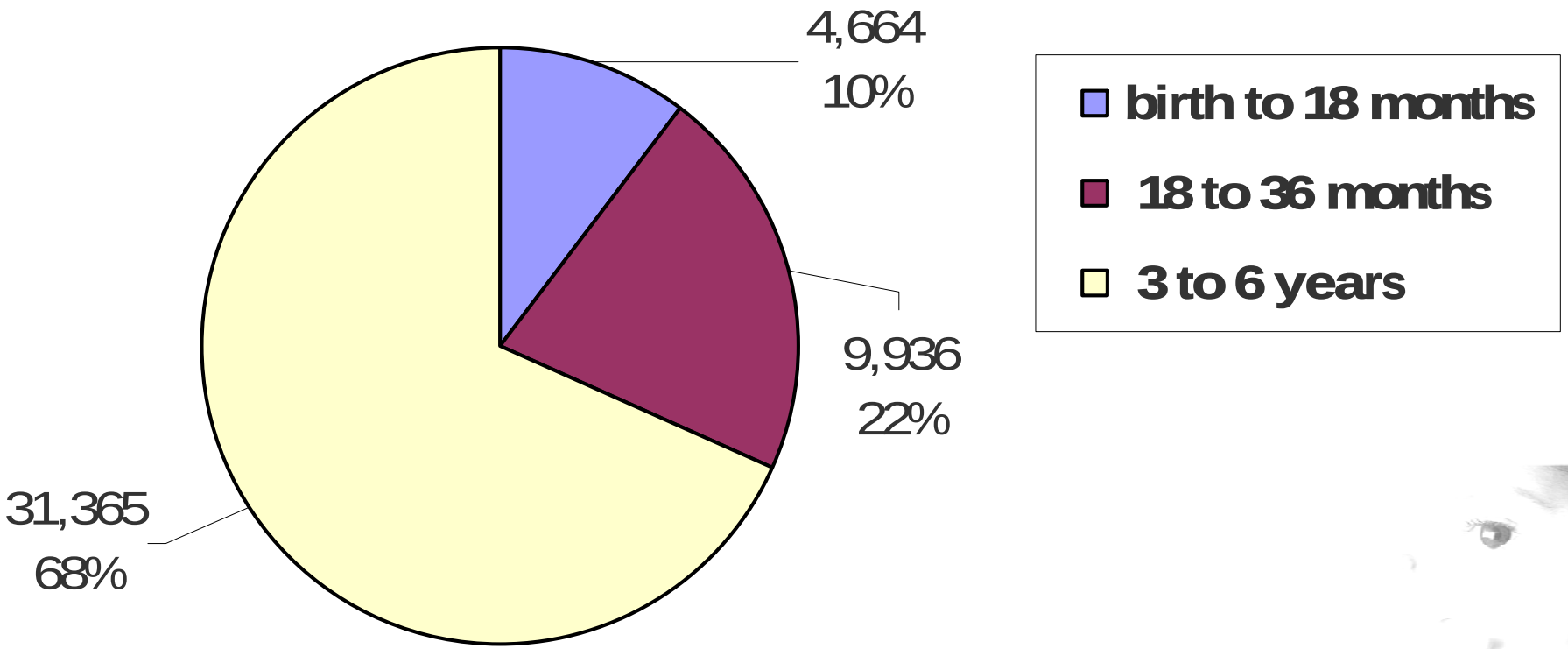
*Across all age groups. This is to give a general overview of settings, and it is important to note that teacher:child ratios have different mandated requirements for different age groups



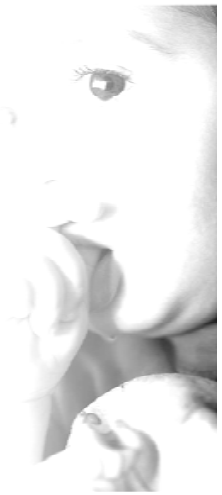
Preliminary Findings



Children Under Age 6 Reported in Care Over Past 12 Months



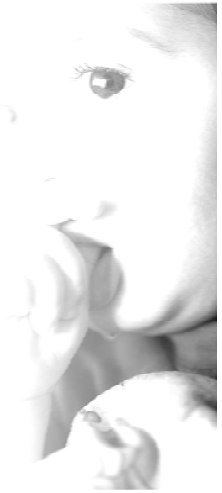
Total children under age 6 reported through survey = 45,965 Total enrollment under age 6 in licensed/exempt care in Colorado = 96,549 (Qualistar, June 2006)



Scope of the Problem in Colorado

- 77% of the respondents report that the percentage of young children with challenging behavior is not decreasing

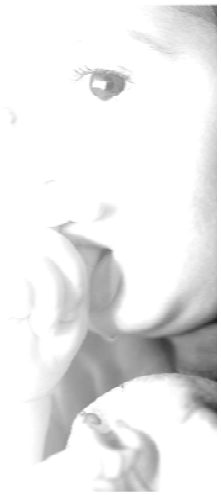
- 70% feel the severity of challenging behaviors is not getting better



Children Under Age 6 with Challenging Behavior

5,086

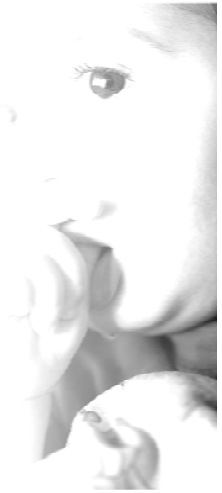
(11% of total children reported enrolled under age 6)



Children Removed from Setting

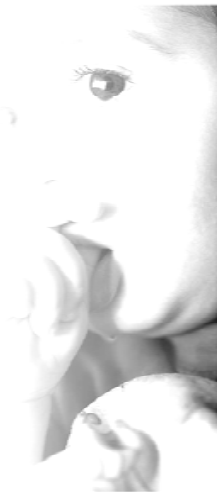
- During the past 12 months, 453 children under the age of six (*10 in 1,000 of reported 0-6 enrollment*) were removed from an early care and education setting for challenging behaviors (*Yale study identified 7 out of every 1,000 removed nationwide in publicly funded pre-school*)

- 10 in 1,000 is more than 3 times the rate of expulsion in Colorado's K-12 system (Yale study reported a national rate that is also 3 times the rate of K-12 expulsions nationally)



Children Removed by Type of Setting

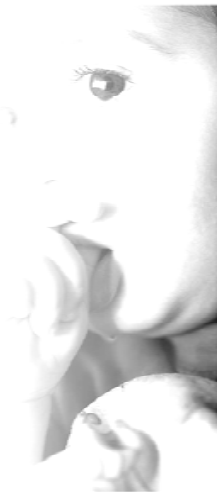
	Total Enrolled under age 6	Number Removals from this Setting	Rate per 1000
Family Child Care	5,688	198	35
Licensed Center	40,277	255	6
Total	45,965	453	10



Percent of Programs with at least One Removal

Centers: 30%

Family Child Care Homes: 24%



Removal Rate of Children with Challenging Behaviors

Of all children identified with challenging behaviors, 89 of every 1000 children are removed from care

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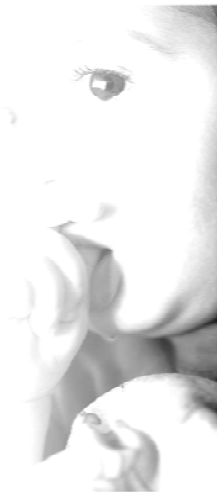
Child Care Centers

72 of every 1000

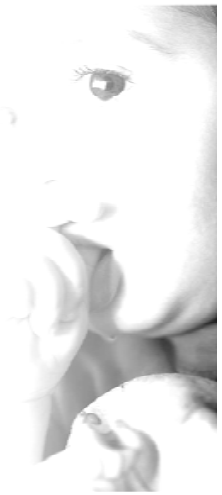
Family Child Care Homes

129 of every 1000



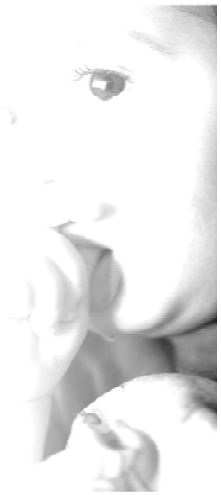
Types of Challenging Behaviors Across All Settings

- Irritable, mad or frustrated (*f*=680)
- Hurts self or others (*f*=540)
- Excessive demands (*f*=537)
- Disrespectful; defiant (*f*=517)
- Unable to share (*f*=506)
- Inappropriate language (*f*=477)
- Feelings easily hurt (*f*=476)
- Excessive whining or crying (*f*=474)
- Bullies (*f*=449)
- Property destruction (*f*=364)
- Inability to concentrate (*f*=364)
- Threatens to hurt self or others (*f*=256)
- Sad, unhappy; depressed (*f*=219)
- Steals (*f*=206)



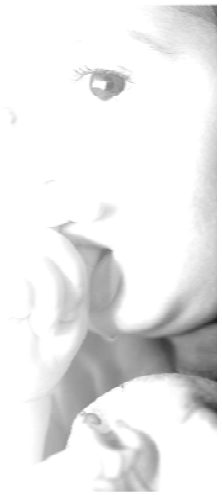
Types of Challenging Behaviors in Center-Based Settings

- Irritable, mad or frustrated (*f*=340)
- Hurts self or others (*f*=267)
- Excessive demands (*f*=258)
- Disrespectful; defiant (*f*=255)
- Unable to share (*f*=237)
- Excessive whining or crying (*f*=236)
- Feelings easily hurt (*f*=233)
- Inappropriate language (*f*=232)
- Inability to concentrate (*f*=206)
- Bullies (*f*=200)
- Property destruction (*f*=174)
- Inhibited or withdrawn (*f*=153)
- Threatens to hurt self or others (*f*=138)
- Excessive worry or panic (*f*=128)
- Sad, unhappy; depressed (*f*=124)
- Steals (*f*=109)
- Unusual fears (*f*=61)
- Makes self-deprecating comments (*f*=47)



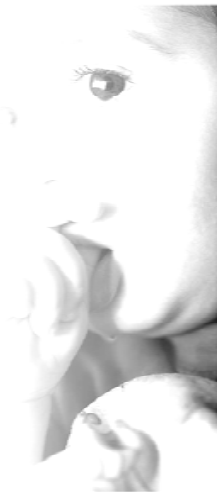
Types of Challenging Behaviors in Family Child Care Home Settings

- Irritable, mad or frustrated (*f*=301)
- Hurts self or others (*f*=245)
- Excessive demands (*f*=242)
- Unable to share (*f*=241)
- Disrespectful; defiant (*f*=228)
- Excessive whining or crying (*f*=209)
- Feelings easily hurt (*f*=209)
- Inappropriate language; yelling (*f*=209)
- Bullies (*f*=200)
- Property destruction (*f*=167)
- Inability to concentrate (*f*=132)
- Inhibited or withdrawn (*f*=114)
- Threatens to hurt self or others (*f*=100)
- Excessive worry or panic (*f*=100)
- Steals (*f*=82)
- Sad, unhappy; depressed (*f*=74)
- Unusual fears (*f*=49)
- Makes self-deprecating comments (*f*=30)



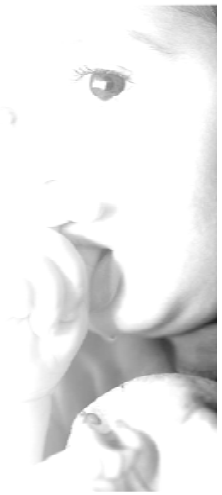
Top 3 Children's Behaviors Having Negative Impact on Staff

- Irritable, mad or easily frustrated
- Disrespectful, defiant
- Hurts self or others



Top 3 Challenging Behaviors for Children Removed from Care

- Hurts self or others
- Disrespectful, defiant
- Inappropriate language; yells or screams

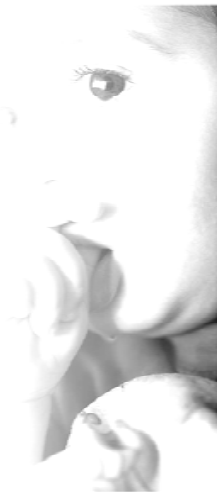


Types of Provider Responses to Challenging Behavior

(Number indicates number of providers indicating this type of response)

- Talking to/discussing with child (299)
- Redirect (224)
- Time out (110)
- Hug, cuddle, rock, comfort (87)
- Remove (from group, from area, from situation) (85)
- Talk to/meet with parents (39)
- Positive reinforcement or guidance (37)
- Ignore (31)
- Encouragement (29)
- Find out why (18)
- Consequences (16)
- Teach (4)
- Modify environment (4)

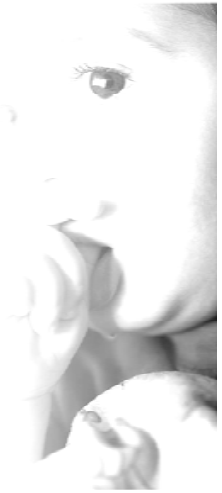
Ensuring the right tools for the challenges



Child Care Center Provider Responses to Challenging Behavior

(Number indicates number of providers indicating this type of response)

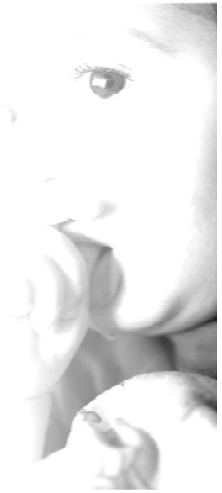
- Talking to/discussing with child (151)
- Redirect (127)
- Remove (from group, from area, from situation) (57)
- Hug, cuddle, rock, comfort (39)
- Time out (34)
- Talk to/meet with parents (23)
- Positive reinforcement or guidance (21)
- Encouragement (17)
- Ignore (15)
- Consequences (8)
- Find out why (6)
- Modify environment (2)
- Teach (1)



Family Child Care Home Provider Responses to Challenging Behavior

(Number indicates number of providers indicating this type of response)

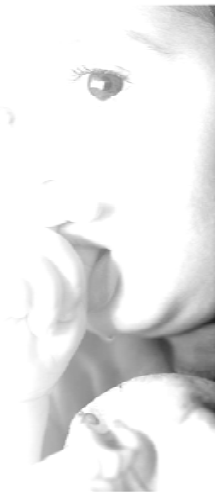
- Talking to/discussing with child (148)
- Redirect (97)
- Time out (76)
- Hug, cuddle, rock, comfort (48)
- Remove (from group, from area, from situation) (28)
- Talk to/meet with parents (16)
- Positive reinforcement or guidance (16)
- Ignore (16)
- Encouragement (12)
- Find out why (12)
- Consequences (8)
- Teach (3)
- Modify environment (2)



Impact on Staff Well-Being

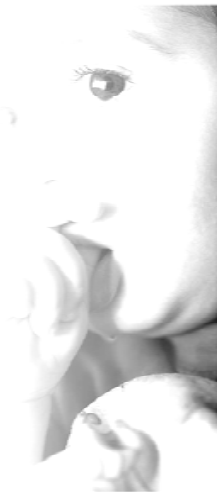
More than **50%** of respondents said that children with challenging behavior in their care are having a negative impact on staff's well-being

Of these, **28%** said challenging behaviors impact ALL of their staff



Staff Access to Consultative Supports: Staff Turnover

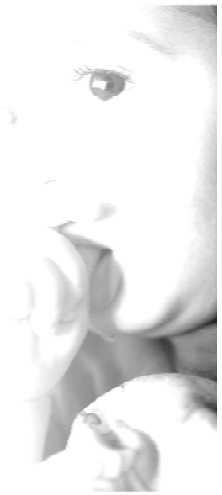
Programs reporting access to ongoing consultative support also reported low staff turnover



Program Access to Clinical Expertise is Protective Against Removals from Care

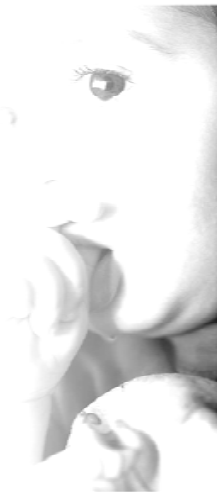
There is a significant relationship between access to mental health consultation and removals from care.

Children under the age of 6 are less likely (in number and probability) to be removed from early care and educational settings because of challenging behaviors when staff report having access to clinical expertise in mental health and/or behavioral interventions.



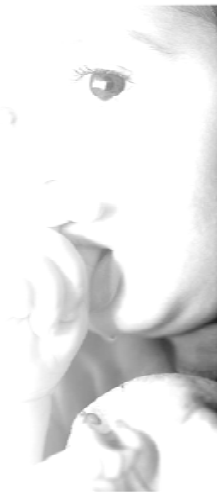
Mentoring in Child Care Centers

Access to mentoring on building the social/emotional skills of children is protective against having 1 or more removals from child care centers

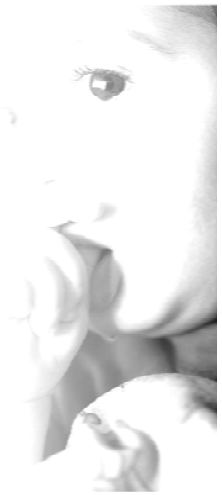


Individualized Family Service Plans or Education Plans

- Family Child Care reported a rate of **52 per 1000 children** who have IFSPs/IEPs
- Centers reported a rate of **47 per 1000 children** who have IFSPs/IEPs

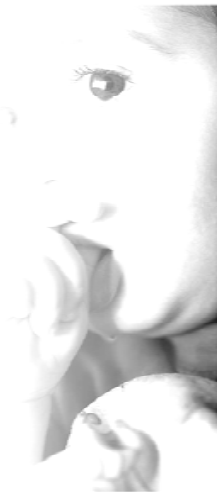


Best Practices Related to Children's Healthy Social and Emotional Development



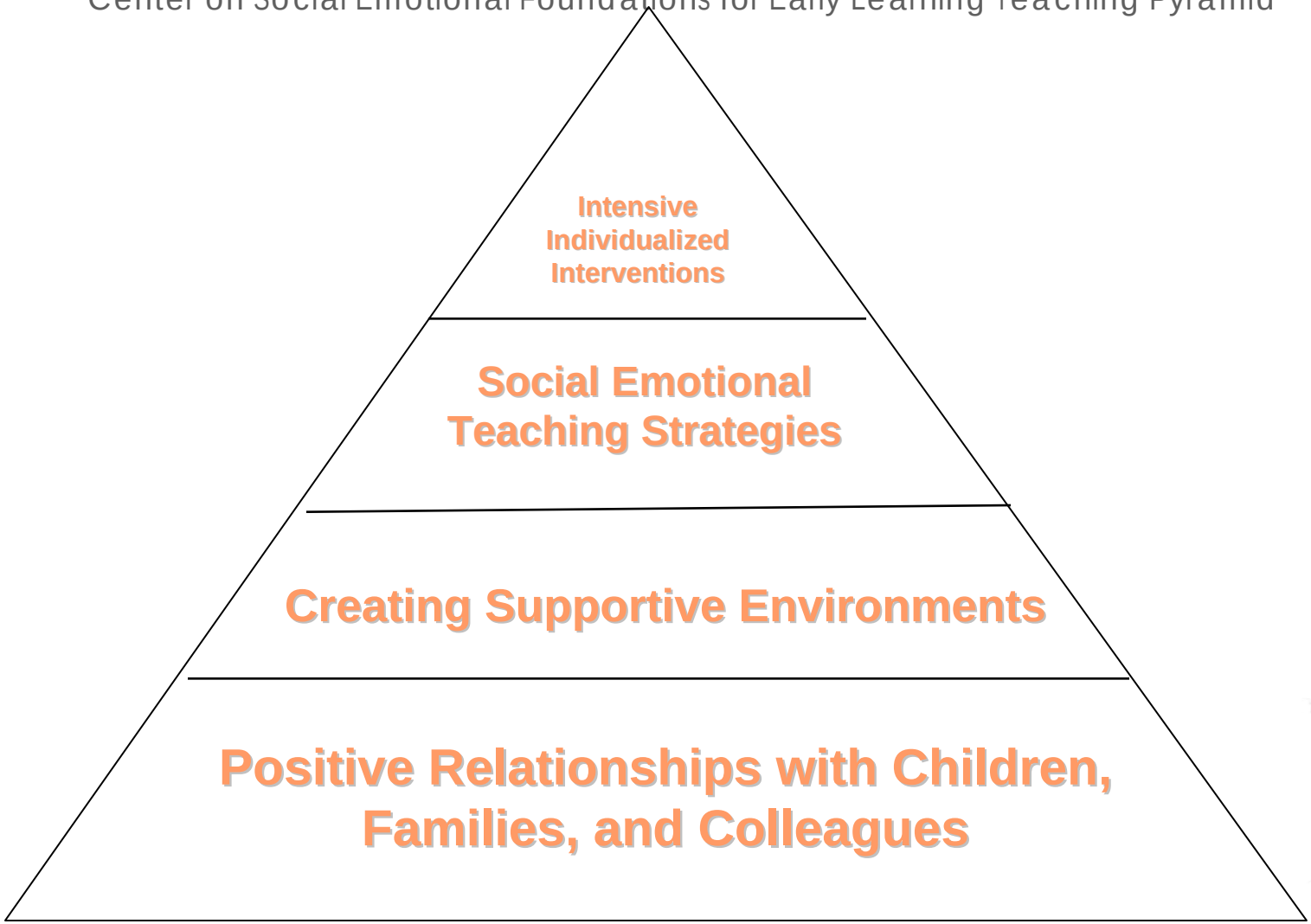
Best Practices

1. Strategies in the context of positive relationships, supportive environments and individualized interventions
2. Mental health consultation
3. Parent involvement



Strategies in the context of Positive Relationships, Supportive Environments and Individualized Interventions

Center on Social Emotional Foundations for Early Learning Teaching Pyramid



from *Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003*

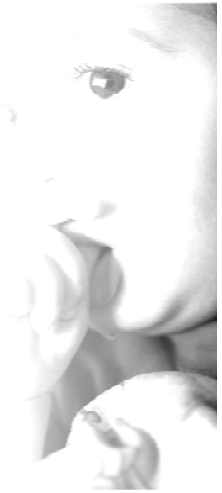
Mental Health Consultation

- Mental health consultation in child care settings has shown decreases in internalized and externalized behaviors in children
- Data suggest that mental health consultation reduces the level of problematic behavior in young children (Brennan et al, March 2005b)
- Gilliam study concludes that the likelihood of expulsion decreases as access to classroom-based mental health consultation increases
- This study confirms that access to mental health consultation reduces the likelihood and number of removals from care due to challenging behavior

Building Relationships with Parents

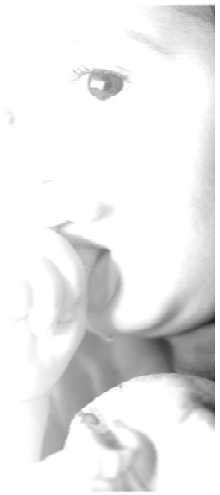
Some examples:

- Learning and Growing Together: Partnering with Parents
- Incredible Years
- Regional Intervention Program

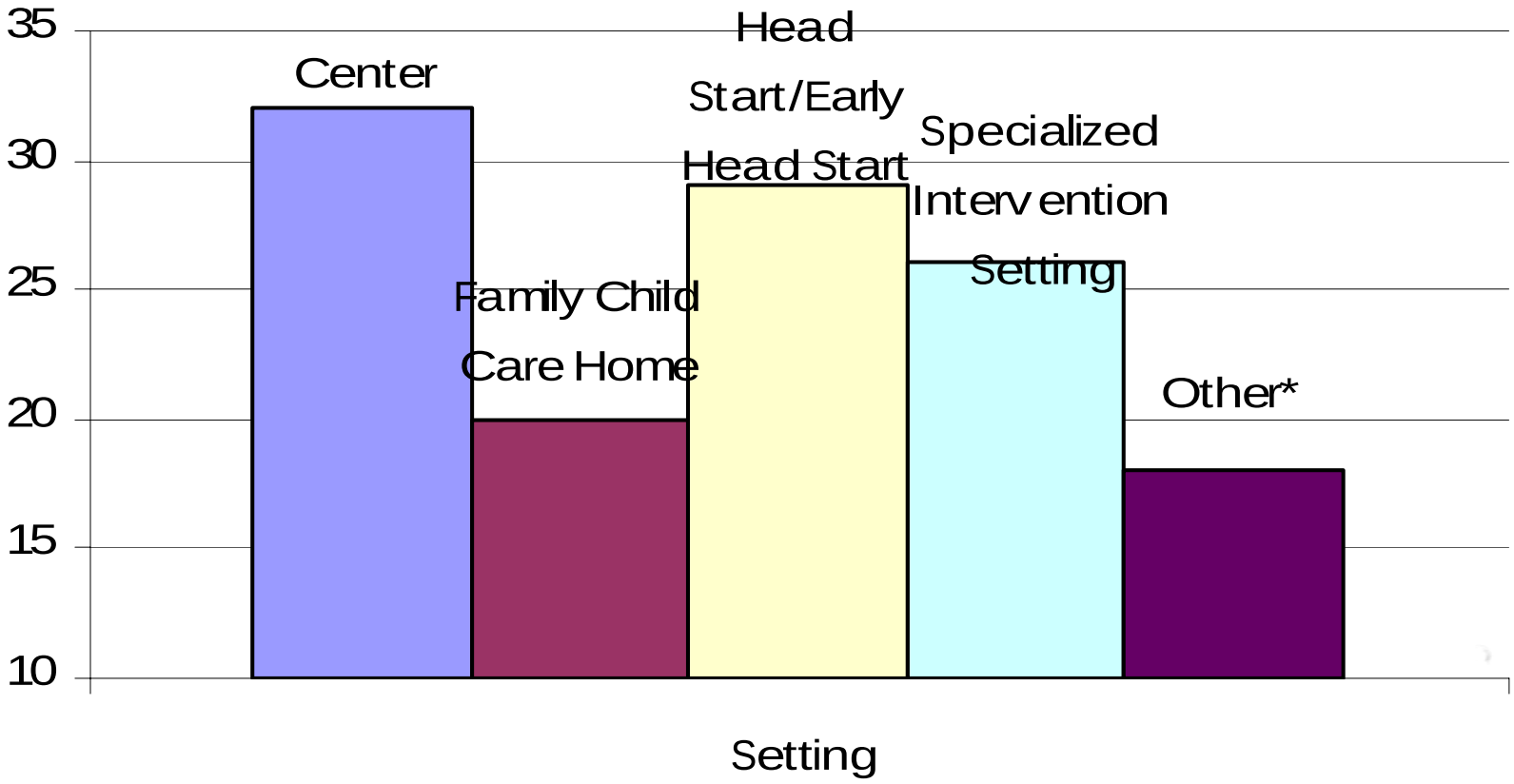


Relevant Data

Other Colorado data significant to the discussion and recommendations



Settings where Mental Health Consultation is Occurring



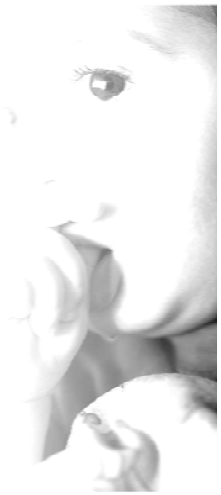
*Other settings were primarily identified as school/preschool

(Hoover, S., JFK Partners/UCDHSC Mental Health Consultation in ECE Survey, 2006)

Funding Sources for Consultation in ECE in Colorado*

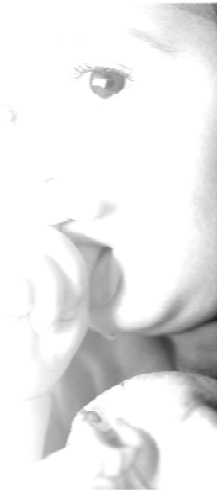
1. Public Grant Funds (including Head Start, Education and TANF)
2. Medicaid
3. Private/Foundation
4. Private Insurance
5. Private Pay

*ibid



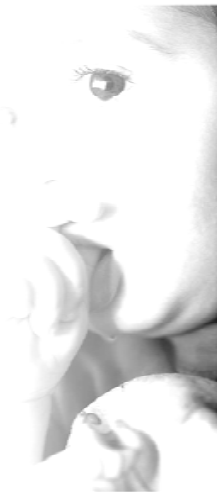
Colorado Child Health Survey

- In 2005 survey, over 21% of parents of children age 6 and under surveyed indicated that they are concerned about difficulties with their child's emotions, concentration, behavior or getting along with others
- Of these parents, 79% have never accessed counseling or treatment



Opportunities for Ongoing Data Collection

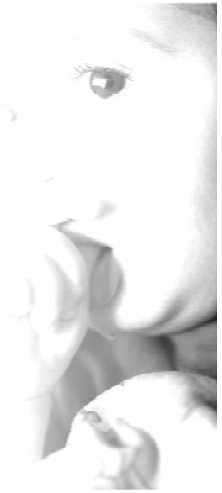
- Committed funding to Colorado Child Health Survey questions on social/emotional concerns, and addition of question on removal from care
- Ongoing support of Qualistar provider survey questions regarding access to and need for mental health supports, knowledge and consultation (begun through JFK Partners in 2006)
- Public commitment to the collection of data on workforce capacity, best practices, and child removals from care
- Part C and Part B data collection on child eligibility and services delivered related to social and emotional difficulties
- Collection of data from Community Mental Health Centers on early childhood mental health specialists' service population



Other Recommendations

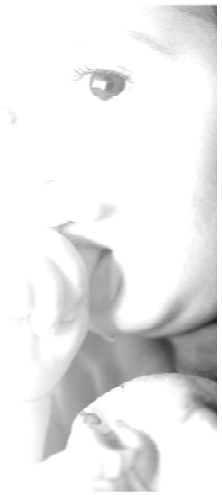
Build a comprehensive system of care that supports children's social and emotional needs in Colorado through:

- Formal support (funding and recognition of value) of Teaching Pyramid training as a conceptual framework and for skill-building in Colorado
- Expansion of reflective, relationship-based mental health consultation statewide (via Consultation Toolkit for sustainability strategies) in natural settings
- Ensuring EPSDT is being used for screening, diagnostic processes and treatment related to early childhood mental health – and relevant data is collected
- Empowering parents/caregivers through awareness of and access to social, emotional and behavioral supports



Other Recommendations (continued)

- Ensuring non-stigmatizing messages are delivered to caregivers (normalizing social, emotional and behavioral issues, and no shaming or blaming)
- Helping caregivers to understand the causes of social, emotional and behavioral difficulties, and to match intervention strategies with the causes
- Recognizing the value of and formally supporting social, emotional and behavioral knowledge and competencies based on evidence and best practices for early childhood educators



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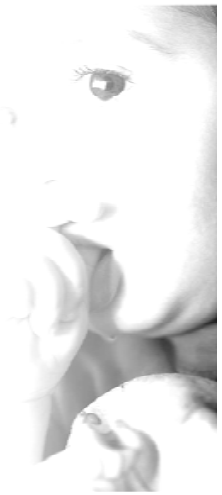
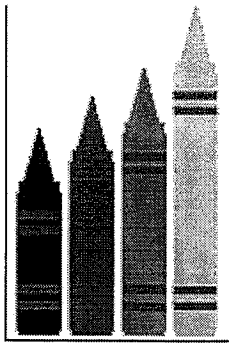
And how are the children?





Center for Evidence-Based Practice: Young Children with Challenging Behavior

Second Annual Policy Makers' Summit: November 23, 2004

Challenges and Recommendations

The participants broke into small groups with a charge to develop two or three "Big Ideas" or strategies for overcoming the challenges to the evidence-based practices that were summarized earlier and for scaling up the use of evidence-based practices. The five areas of challenges to services were identified from surveys and focus groups of state and local stakeholders as:

- Eligibility and Diagnosis Policies
- Finance Policies
- Lack of Collaboration
- Lack of Effective Services
- Knowledge, Skills and Beliefs
- Addendum to Recommendations

The small groups identified the following strategies to overcome the challenges and scale up the use of effective, evidence-based practices for promoting social emotional development and prevent and address challenging behavior.

Strategies for Overcoming Challenges Related to *Eligibility and Diagnosis*

1. **Develop Diagnostic System** -Articulate and develop a "diagnostic system" that takes into account the unique needs of young children. The fact that children are "growing and developing" adds complexity to the issues of establishing eligibility and framing questions for diagnosis and assessment that the ICD and DSM taxonomies cannot address. New developments that should be considered in this regard are the DC-0-3 and WHO International Classification of Function – child version. These systems have promise for yielding information and coding that could drive a reimbursement structure.
2. **Improve Assessment Process** -Assessment services (screening, diagnosis, treatment) should be informed by the perspectives of multiple disciplines; physical, mental, allied health and also by those people, in addition to their parents, who are with them daily (i.e. teachers, childcare). The time costs for collection of adequate information across settings needs to be studied and fair reimbursement

rates for their time costs need to be applied. Responsibilities for collecting information need to be clarified and assumptions about costs need to be tested against actual experience. The goal of assessment is reliable, coherent, culturally competent description of a child's strengths and needs to inform an individualized plan. To that end, all sources of information need to be synthesized and adequate time (time=money) needs to be allocated.

3. **Increase Information Sharing** -There needs to be ways to share information across all those involved in a child's life. Parents and "providers" need to be involved and have access to all of the information relevant to their child's health, development, well being.
4. **Find Ways to Reduce Stigma-** Research needs to be conducted on how to minimize the stigma that appears to be inherent in a "mental health" or "challenging behavior" diagnosis.

Strategies for Overcoming Challenges Related to *Finance Policies*

1. **Improve Insurance Coverage** -Create mental health parity in private and public insurance coverage for young children. Also integrate functions of Medicaid and SCHIP to elevate mental health services for young children to a level of higher importance comparable, for example, to immunizations.
2. **Child as Point of Entry-** Make available mental health treatment for young children based on child as point of entry for the family with treatment plans and definitions including other family members.
3. **Utilize Resources-** Map all funding sources with key stakeholders represented and, involve these stakeholders in figuring out how to use existing resources which includes private health insurance, Medicaid/SCHIP (with particular attention to Medicaid waivers) non-traditional players (e.g., business) and Head Start and Child Care subsidy dollars.
4. **Examine Legislation and Initiatives-** Work with existing legislation to maximize benefits. For instance, figure out how to fund the new CAPTA amendments to support increased referrals to Part C and maximize EPSDT by enforcing provisions regarding early intervention and mental health. Also support initiatives and services that are not confined to individual child funded services only and/or place special emphasis on identifying promising practices at federal and state levels (the Early Childhood Comprehensive Systems (ECCS) Initiative, Maternal and Child Health Bureau/HRSA, currently underway is one example).

Strategies for Overcoming Challenges Related to *Lack of Collaboration*

1. **ECE Community and Families-** We need improved collaboration between the ECE community and the families of children with challenging behavior including key players such as early intervention, Mental Health, parents, and parent organizations. Rather than place blame or make families feel stigmatized, organizations need to create a support system for dealing with the challenging behaviors, effectively determining eligibility, and providing quality outreach services. It is imperative that this system takes into account the diversity (linguistically, economically and racially/ethnically) of their clients and makes everyone feel comfortable and welcome. Various professionals who work with families and provide services for children from birth through school age need adequate training in challenging behavior. Social emotional development must be normalized, and greater stress must be placed on a family wellness model.
2. **Social Marketing** - Positive messages like "Healthy Children Ready to Learn" will encourage families to access the support services available to them. The messages must be delivered by individuals who are trusted in their respective communities. Advice and collaboration from Madison Avenue firms as well as trusted messengers from within the community should be used. Resources are needed to support this goal.
3. **Poverty** -The role that poverty plays in regard to mental health and overall well-being must be recognized and, consequently, it is essential that we break down the barriers between the concepts of "physical" and "mental" health. Questions like "how does resilience differ in families that are poor?" need to be answered.

Strategies for Overcoming Challenges Related to *Lack of Effective Services*

1. **Identify Existing Effective Programs-** Figure out what is "out there" from the perspective of parents and professionals. Once this is determined, decide if these existing services are effective.
2. **Disseminate and Scale-Up-** Examine model programs and determine ways to make this information accessible to all communities and programs. Scale-up awareness of the "teaching triangle" r and other effective practices through dissemination of training. Make the message applicable to different audiences.
3. **Transportability-** We need to understand how evidence-based practices work in different types of communities.

Strategies for Overcoming Challenges Related to *Knowledge, Skills and Beliefs*

1. **Disseminate knowledge -** Send information about the importance and impact of challenging behavior in young children directly to key individuals and organizations (leaders, funders, policy-makers, legislators) in an effort to gain their support for systems development and ongoing research. Develop a national campaign of awareness that provides guidance on the effective/critical program and systems components needed to support children. Develop a national marketing campaign with a message broadcast in the media that links the importance of social-emotional development to school readiness including a national web site of all information related to promoting children's development. Find ways to encourage federal agencies to partner with national organizations and join the TA centers in an effort to scale up dissemination efforts to all disciplines. Use a common language (e.g., social-emotional vs. mental health or challenging behavior).
2. **Provide Training -** With a particular emphasis on "front-line" providers/clinicians, develop a technology-based training package with broad appeal (web, distance ed) to provide professional training/workforce development for all disciplines working with young children. Provide incentives to states to build a system of training and TA.
3. **Develop Cadre of Trained Professionals -** Create a new cadre of trained professionals who can guide ECE program personnel, social-emotional development specialists as well as reach out to medical societies to influence health care professionals. Create an informed parent network that can guide, teach, and support other families.

Addendum to Recommendations

The Social Security Administration has a set of criteria it uses to define various disabilities in children (and in adults). However, because the SSI program is actually administered by individual states, the process by which children are assessed and determined to be disabled varies by state. What it means is that children living in certain states are more likely to be found to be disabled (and thus to get SSI, Medicaid and/or other services) than those living in other states. I don't know (and would be interested in hearing) what the argument is for the status quo, but I would recommend that the Social Security Administration be required to standardize its assessment process, in order to make it (1) clearer and easier for clinicians to perform evaluations and (2) fairer for children and families

Mental Health Consultation in Early Care and Education Settings Core Knowledge and Competencies A Self-Evaluation Checklist

Mental Health Consultation in Early Care and Education Resource and Sustainability Toolkit

JFK Partners
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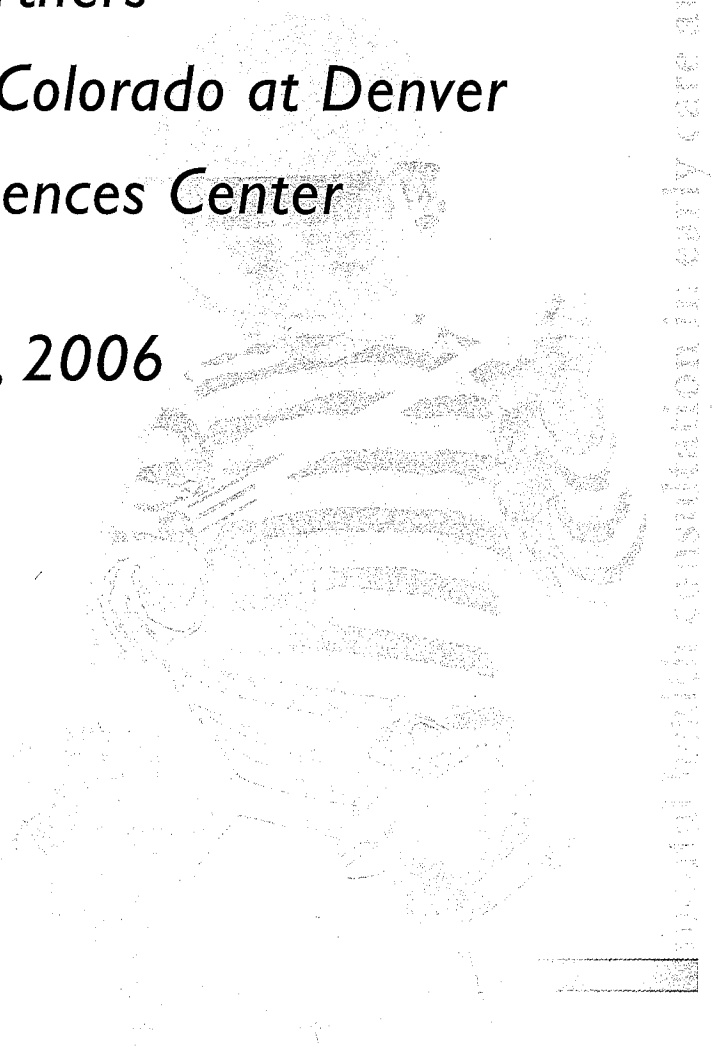

Mental Health Consultation in Early Care and Education Settings
Core Knowledge and Competencies
A Self-Evaluation Checklist

The availability of an appropriate workforce is critical to the delivery of mental health consultation in early childhood settings. Consultants need to have knowledge and skills specific to early childhood mental health, early care and education, typical and atypical child development and behavior, and working in a consultative role. The following self-evaluation checklist describes competencies that professionals need to provide effective mental health consultation in early childhood settings.

The competencies have been divided into three categories: Program Consultation, Child-Specific Consultation, and Clinical Intervention. This format highlights the different skill sets required to provide consultation at the program level versus the child- and family-centered level. Both Program Consultation and Child-Specific Consultation are considered necessary components of a mental health consultation program. Clinical Interventions may or may not be provided by the mental health consultant, depending on factors such as the parameters of the program, the program's resources for treatment activities, funding parameters that restrict consultation to prevention activities, or complex clinical presentation. While providing these clinical treatment interventions may be beyond the expertise of the consultant, recognizing the need for additional support is an important dimension of the consultant's work. As such, consultants should be knowledgeable about various clinical intervention approaches so that they are able to recognize the need for and make appropriate referrals.

The competencies describe the range of skills needed by a mental health consultant. Not every skill will be needed in every setting in which a consultant may work. In all cases, the role of the consultant is to complement, not supplant, other services which may be provided by a variety of professionals in the early care setting. Because mental health consultation takes place in settings with varied resources, the skills utilized by the consultant will also vary, depending on the availability of other staff and resources to fill the range of roles and responsibilities to address families' needs. The competencies define the range of skills that a mental health consultant needs while programs dictate which of the skills will be most important for a mental health consultant working within their setting. While the limited amount of literature available suggests that mental health consultants should be state-licensed mental health professionals (Cohen and Kaufmann, 2000), professionals from other disciplines may also have the skill sets to perform some of the responsibilities often delivered by the mental health consultant, particularly related to issues such as enhancing the early care and education environment, understanding early childhood development, or developing behavioral interventions.

This self-evaluation checklist provides early childhood mental health consultants and administrators an opportunity to consider the skills and practices to be used and developed by professionals engaging in mental health consultation at both the program and individual levels. This tool may be used to assist programs in defining the role of the mental health consultant for their program, developing a job description, and interviewing and hiring consultants. The checklist may also be used to assess professional development needs for an individual consultant or for a program as a whole, or by supervisors to chart professional development as consultants gain knowledge and skills over time. Further, this tool may assist faculty who train future mental health, social work, and other professionals in assuring that their pre-service curriculum includes opportunities for students to develop competencies related to consultation in early care and education settings.