

# Evidence Based Practices to Reduce Suspension and Expulsion in Early Learning

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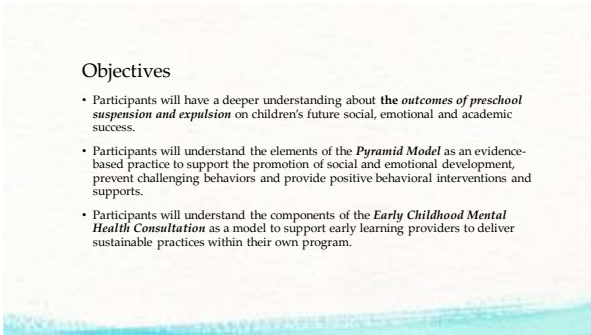
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## Objectives

- Participants will have a deeper understanding about the *outcomes of preschool suspension and expulsion* on children's future social, emotional and academic success.
- Participants will understand the elements of the *Pyramid Model* as an evidence-based practice to support the promotion of social and emotional development, prevent challenging behaviors and provide positive behavioral interventions and supports.
- Participants will understand the components of the *Early Childhood Mental Health Consultation* as a model to support early learning providers to deliver sustainable practices within their own program.

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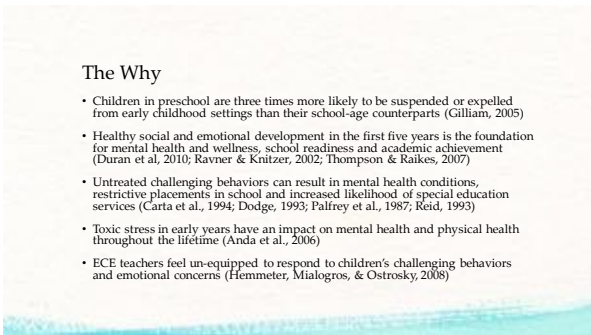
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## The Why

- Children in preschool are three times more likely to be suspended or expelled from early childhood settings than their school-age counterparts (Gilliam, 2005)
- Healthy social and emotional development in the first five years is the foundation for mental health and wellness, school readiness and academic achievement (Duran et al, 2010; Ravner & Knitzer, 2002; Thompson & Raikes, 2007)
- Untreated challenging behaviors can result in mental health conditions, restrictive placements in school and increased likelihood of special education services (Carta et al., 1994; Dodge, 1993; Palrey et al., 1987; Reid, 1993)
- Toxic stress in early years have an impact on mental health and physical health throughout the lifetime (Anda et al., 2006)
- ECE teachers feel un-equipped to respond to children's challenging behaviors and emotional concerns (Hemmeter, Mialogros, & Ostrosky, 2008)

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The What

- Early Childhood Mental Health and Wellness Program (ECMHWP)
  1. Early Childhood Mental Health Consultation
    - The Georgetown Model of Early Childhood Mental Health Consultation for School-Based Settings, 2016
  2. Pyramid Model for Promoting the Social Emotional Competence of Infants and Young Children
    - Fox, Dunlap, Hemmeter, Joseph, & Strain, 2003

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The How  
Early Childhood Mental Health Consultation

- The Georgetown Model of ECMHC for School-Based Settings (2016) is an evidence-informed, multi-level intervention with mental health professionals
- Mental health consultants form a *collaborative* relationship with teachers, staff and families in early care and education settings to *build the capacity* to:
  - Promote social and emotional competencies
  - Prevent challenging behaviors
  - Help to address contextual and cultural factors which impact behavior
  - Provide intervention strategies and supports
  - Link to clinical supports

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ECMH Consultation Continued:

- Practice-Based Principles of ECMHC (Kaufmann et al., 2012)
  - Relationship-based
  - Collaborative
  - Individualized
  - Culturally and linguistically responsive
  - Grounded in developmental knowledge
  - Evidence-informed
  - Data-driven
  - Delivered in natural settings
  - Spans the continuum from promotion through intervention
  - Integrated with community services and supports

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ECMH Consultation continued:

- ECMHC Theory of Change
  - Tenets of Consultative Stance (Johnston & Brinamen, 2006)
    - Relationship focused
  - Practice Based Coaching
  - Parallel process between ECE Staff and Consultant
  - Bi-Weekly "Collaborative Problem Solving"
- ECMH Consultants
  - High levels of education, training, and experience (master's or above, active license, three or more years of post-master's work with young children)
  - IECMHC Competencies
    - Role of consultant, foundational knowledge, equity and cultural sensitivity, reflective practice, specific child and family focused consultation, general classroom and home focused consultation, programmatic consultation, systemic orientation

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The How  
**Pyramid Model** for Promoting the Social Emotional Competence of Infants and Young Children (Fox, Dunlap, Henmeyer, Joseph, & Strain 2003)




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Orange County's  
 Early Childhood Mental  
 Health & Wellness Program

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Goals of ECMHWP

- Early care and education providers deliver research-based practices which promote children's social and emotional development, prevent challenging behaviors and identify early mental health needs.
- Parents and ECE providers have a strong, responsive relationship with each other to support the social and emotional development and mental well-being of children.
- Children have access to responsive adults in a nurturing environment to develop their resiliency and social-emotional well-being.
- The systems that support young children are more closely integrated and linked.

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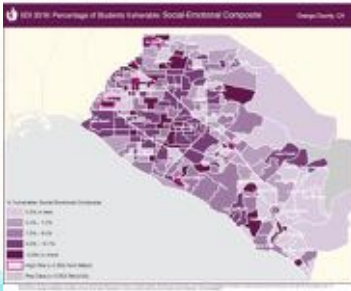
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Target Programs - Early Development Index



Bridging the Gap

ECMHWP provides services to those programs who do not have access to teacher training and coaching. Focus on private, faith-based, non-profit, & family childcare programs throughout the county.

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Blended program inclusive of ECMH Consultation and Pyramid Model

- **Structure:**
  - *Steering Committee* (Public and Private):
    - CHOC Children's First 5 OC, Orange County Department of Ed, Children's Home Society, Regional Center of Orange County, Orange County Association for the Education of Young Children, CSUF Social Science Research Center & Child & Adolescent Studies, Orange County Health Care Agency
  - *Program Manager:* manages all aspects of program to ensure fidelity to practices and sustainability
  - *Mental Health Consultants:* facilitate a system of care utilizing the ECMH tenants of consultation and Pyramid Model practices
  - *Community Stakeholders:* Agencies committed to providing resources, referrals, and/or direct service to parents, providers and young children to support mental health and wellness in early childhood
    - Resource and referral agencies
    - Direct service agencies

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- Funding (public and private)
  - CHOC Children's Foundation
  - First 5 CA: Capacity Building Grant
  - Mental Health Services Act (MHSA) Grant
  - CalOptima Grant (pending)
- Program Design
  - Best practices utilizing ECMH consultation and Pyramid Model
  - Fidelity to practices
  - Sustainability
    - Free or low-cost resources
    - Increase capacity of providers to implement practices without the use of an external consultant

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**Steps of Implementation**

- Initiation
- Exploration of Needs
- Collaborative Plan of Action
- Implementation of Action Plan
- Transition Planning
- Post Implementation

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**Step 1: Initiation**

- Initiation form: provides basic program information & readiness of program engagement
- Provider Questionnaire: provides baseline information on staff knowledge and skill in social and emotional development, challenging behavior, connection to mental health services
- Participation Guidelines and Commitment Form: outlines the purpose, history and expectation of ECMHWP
- Parent Information Letter: explains the ECMHWP and includes passive consent
- Foundational materials: Tenants of ECMH consultation and Pyramid Model practices

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### Step 2: Exploration of Needs

- Needs assessment
  - Program-wide
  - Classroom
  - Individual child/family
- Release of information/consent forms
- Review of Records/Data
  - Previously collected screenings, assessments, data
    - ASQ, ASQ-SE, DRDP, CLASS, Etc.
- Observations/Data collection/Pre-assessments related to needs assessment

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### Observation/Data Collection/Pre-Assessments

- Program Wide
  - Early Childhood Benchmarks of Quality (EC-BoQ) (Fox, Hemmeter, Jack, Binder, 2017)
  - Cultural Responsiveness Companion (Wiemersstrom, Stengena, Allen, McIntosh, Smith, 2018)
  - EC BoQ for Family Childcare Providers (Family Child Care Homes PW PBS BoQ)
- Classroom
  - Teaching Pyramid Observation Tool (TPOT)
  - The Pyramid Infant Toddler Observation Scale (PITIOS, 2009)
- Individual/Family
  - Ages and Stages Questionnaire (ASQ)\*
  - Ages and Stages Questionnaire – Social Emotional (ASQ-SE)\*
  - Social Emotional Assessment Measure (SEAM)\*
  - Strengths and Difficulties Questionnaire (free on-line)
  - Parent Report of Children's Abilities – Self Efficacy (PARCA-SE)
  - \* (M. E. Beitchman, D. Young, S. Young, S. Young, & G. Young, 2012)
  - Adverse Childhood Experiences (ACEs) (free on-line)
  - Prevent, Teach, Reinforce for Young Children (PTR-YC)\*
  - Prevent, Teach, Reinforce for Families (PTR-Families)\*
  - Devereux Early Childhood Assessment – Preschool (DECA-P)

\* Brookes Publishing

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### Step 3: Collaborative Action Plan

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### Step 4: Implementation

- Implement steps outlined in action plan
- Practice-Based Coaching model
  - National Center on Quality Teaching and Learning, 2014
  - Practice-Based Coaching Collaborative Partnerships
- Education, training, resources, referrals
  - Community based referrals/providers
    - Parent Education
    - Provider Education
    - Clinical Assessment
    - Referral to Regional Center/School District
    - Clinical Services




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### Step 5: Transition Planning

- Post-Assessments (based on pre-assessments)
- Teacher Questionnaire
- Parent Questionnaire
- Provider Questionnaire – Post
- Transition and Sustainability Plan

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### Step 5: Transition Planning

The form includes a header for 'Early Childhood Mental Health and Wellness Program' and several tables for tracking transition activities and outcomes.

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### Step 6: Post Implementation

- Three-month and six-month follow-up
  - Review Transition and Sustainability Plan
  - Provide resources, referrals, coaching
- Communities of Practice
  - Monthly
  - Providers within the cohort of the ECMHC
  - Collaborative Problem Solving

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Early Childhood Mental Health and Wellness Program

### Outcomes & Evaluation

- Contracted services
  - Social Science Research Center through California State University, Fullerton
  - The Olin Group
- Goals, objectives, actions and measurements
  - Data system
- Phase 1 report due out in March
- Ongoing evaluation

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Early Childhood Mental Health and Wellness Program



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