Pennsylvania Early Childhood Mental Health Consultation Program

Annual Report
2012-2013

Submitted By:
Michele Walsh, M.S.W., L.S.W. ECMH Project Manager
Jennifer Murphy, M.S. ECMH Coordinator
Brandy Fox, M.S.W., L.C.S.W. ECMH Coordinator

Pennsylvania Key
200 North 3rd Street, 3rd Floor
Harrisburg, PA 17101-1511
www.pakeys.org / 717-213-2063

KEYSTONE STARS
Reaching higher for
quality early learning

Table of Contents

Preface

In the first few years of life children experience rapid cognitive, social and emotional development. This development is critical for their future, contributing to school readiness and productivity as adults. National studies estimate that between 9.5 percent and 14.2 percent of children age 0–5 experience mental health issues — also known as social-emotional development problems —that negatively affect their everyday functioning, development and school readiness (Brauner & Stephens, 2006). Because early childhood development is so important to a child's future, providing prevention services for young children who need them is one of the best ways to reduce the chance of later problems at school, at home and in their communities.   Simply stated, a child's early experiences set the stage for how they relate to other children, how they relate to adults, how they manage feelings, and how they feel about themselves.

Early Childhood Mental Health Consultation (ECMHC) has emerged as an effective strategy for supporting young children's social and emotional development and addressing challenging behaviors in early care and education settings (Gilliam & Shahar, 2006). Early childhood mental health consultation aims to strengthen the capacity of staff, families, programs, and systems to promote positive social and emotional development as well as prevent, identify, and reduce the impact of mental health problems among children from birth to age 6 (Kaufman et. al., 2012). ECMHC involves a professional consultant with infant/early childhood mental health (ECMH) expertise working collaboratively with early care and education staff, programs and families. Consultation focuses on enhancing the quality of young children's social and emotional affective environments, as well as the needs of individual children. In contrast to direct therapeutic services, which may label a child, ECMHC offers an indirect approach to reducing problem behaviors in young children and, more broadly, promoting positive social and emotional development.

A systematic review of more than 30 evaluations of early childhood mental health consultation conducted across the country showed evidence that these programs can lead to improvements

in child behaviors, changes in teacher attitudes and behaviors, and characteristics of the early childhood settings associated with higher quality care (Brennan, et al., 2008; Perry, et al. 2010). Reductions in staff turnover and expulsions from child care were also seen across many of these studies. In addition, Gilliam (2005) reported that prekindergarten programs with on-site early childhood mental health consultants had lower rates of expulsion than those without access to this service.

Introduction

Early childhood mental health is defined as the developing capacity of the young child to experience, regulate and express emotions, form close and secure interpersonal relationships and explore the environment and learn – all in the context of family, community, and cultural expectations for young children (Zero to Three, 2003). Young children's "mental health" refers to emotional wellbeing and positive social development from birth through age 5 (Nelson & Mann, 2011). Early childhood mental health is influenced by:

- Biological/genetic factors
- The quality of adult relationships
- Care-giving environments
- Community context

This report details the work of the Pennsylvania Early Childhood Mental Health (ECMH) Consultation Program for the 2012-2013 fiscal year based on three program goals:

1. Reduce the number of children expelled from childcare due to behavior challenges
2. Increase understanding among early care and education practitioners and families of social-emotional development and its impact on educational success, and
3. Link and bridge systems and services of behalf of a child, family, and program.

"The emotional, social, and behavioral competence of young children is a strong predictor of academic performance in early elementary school." (Zero to Three, 2003)

History of Early Childhood Mental Health in Pennsylvania

In February 2006, the BUILD Infant-Toddler Task Force issued a report with recommendations in three focus areas, one of which was to improve social-emotional outcomes for young children in Pennsylvania.

The recommendations were to:

- *Develop leadership within the Department of Public Welfare to spearhead socio-emotional health*
- *Coordinate increased communication regarding the importance of socio-emotional health in state programs that serve families with infants and toddlers*
- *Assure efforts to identify infants and toddlers at risk for developmental delays*
- *Increase awareness of family support programs to help at-risk families with Infants and toddlers*

Pennsylvania's response to these recommendations was to develop the Early Childhood Mental Health Consultation (ECMHC) Program. The ECMHC program began as the Infant/Toddler Mental Health Project, a grant-funded pilot in 2006 with a focus on supporting early care and education teachers in meeting the social and emotional needs of children ages birth through three years who were exhibiting concerning behaviors. The mental health consultants work to increase efforts among early care and education practitioners to retain children with challenging behaviors in the classroom, identify children with behaviors that may indicate increased risk for social-emotional and/or developmental delays. Once a child is identified, consultants work to build the capacity of parents and teachers to meet the social-emotional needs of the child, reduce challenging behaviors, to establish collaborative relationships with other child-serving systems, and to assist families with accessing more intensive services when indicated.

Early Childhood Mental Health Consultation Program Model

Since 2006, the project has evolved into a statewide program funded by the Office of Child Development and Early Learning (OCDEL) with the task of addressing the social emotional needs of children birth to five. The Early Childhood Mental Health Consultation program is open to all state-registered and or certified early care and education facilities enrolled in Keystone STARS, Pennsylvania's program to promote continuous quality improvement in early learning and school-age environments. The program is administered by each of the six Regional Key contractors. The Regional Keys are responsible for supporting early care and education practitioners in their effort to offer quality programs.

The ECMH Consultation Program is a child-specific consultative model which addresses the social-emotional development of young children within their early care and education (ECE) program. Services are provided at the request of the director or teacher and with the permission of the child's parent or guardian. The program includes an array of customized services that are based on the Pyramid Model for Promoting the Social Emotional Competence of Young Children (Center on the Social-Emotional Foundations for Early Learning).

The Pyramid Model is designed to help organize a variety of evidence-based approaches, activities, and practices focused on young children's healthy social and emotional development. Consultants work directly with the child's teachers and parents to increase their capacity to understand and address the child's developmental needs. Research supports ECMH Consultation as an effe ctive approach to promoting social-emotional competence in young children. Brennan and his colleagues (2006) found that children in classrooms that received consultation showed greater improvement in social-emotional development and decreased problem behaviors than children in comparison groups that received no consultation. Within the same report there is evidence that as a result of consultation teachers felt more competent and effective and that they were more attuned to the needs of children. Finally, programs were found to benefit from ECMHC in studies that reported lower staff turnover and fewer children expelled for behavior. The following information details Pennsylvania's ECMHC Program impact on similar factors known to increase social-emotional competence of young children.

Design

The ECMH Consultation program is implemented by the six Regional Keys with oversight from the Pennsylvania Key and OCDEL. In FY 2012-2013 the program employed twelve full-time and

four part-time ECMH consultants. ECMH consultants are Masters-level professionals with strong educational backgrounds in mental health, child development and early education.

Consultation services include:

- Child-specific mental health consultation to early childhood programs such as observation, developmental screening, team planning, creation of individualized strategies and coaching;
- Targeted professional development to address program-specific needs such as problem identification, referral processes, classroom management strategies, and the promotion of healthy social and emotional development; and
- Referrals to community based providers (mental health, early intervention, physical health) and assistance with access to more intensive services to meet the child's and/or family's needs.

The ECMH Consultation program is an essential component of Pennsylvania's Keystone STARS Quality Rating Improvement System (QRIS). The quality of the early care and education environment is positively affected by the on-site coaching and assistance of the ECMH consultant.

"My experience working with the consultant was wonderful. She was very helpful and willing to listen to everything we had to say. She met with the family to get them involved and help them in any way she could. Working together with the consultant has helped not only the child but also the family and teachers." –ECE practitioner

The focus on teacher-child-parent interactions and approaches to promote social-emotional competence serves to enhance the program's effectiveness in preparing young children for academic success. Additionally, ECMH consultation is shown to modify teacher practices by building teacher confidence, increasing the use of more

Summary of FY 2012-13 Services

384 early learning facilities in **51** counties were visited by an ECMH consultant.

583 individual children received child-specific consultation as requested by early care and education staff.

353 referrals were made to community-based agencies for more intensive services for a child or family.

Each month, averages of 2108 children were in classrooms with teachers receiving ECMH consultation.

Each month an average of 289 ECE teachers received on-site ECMH consultation.
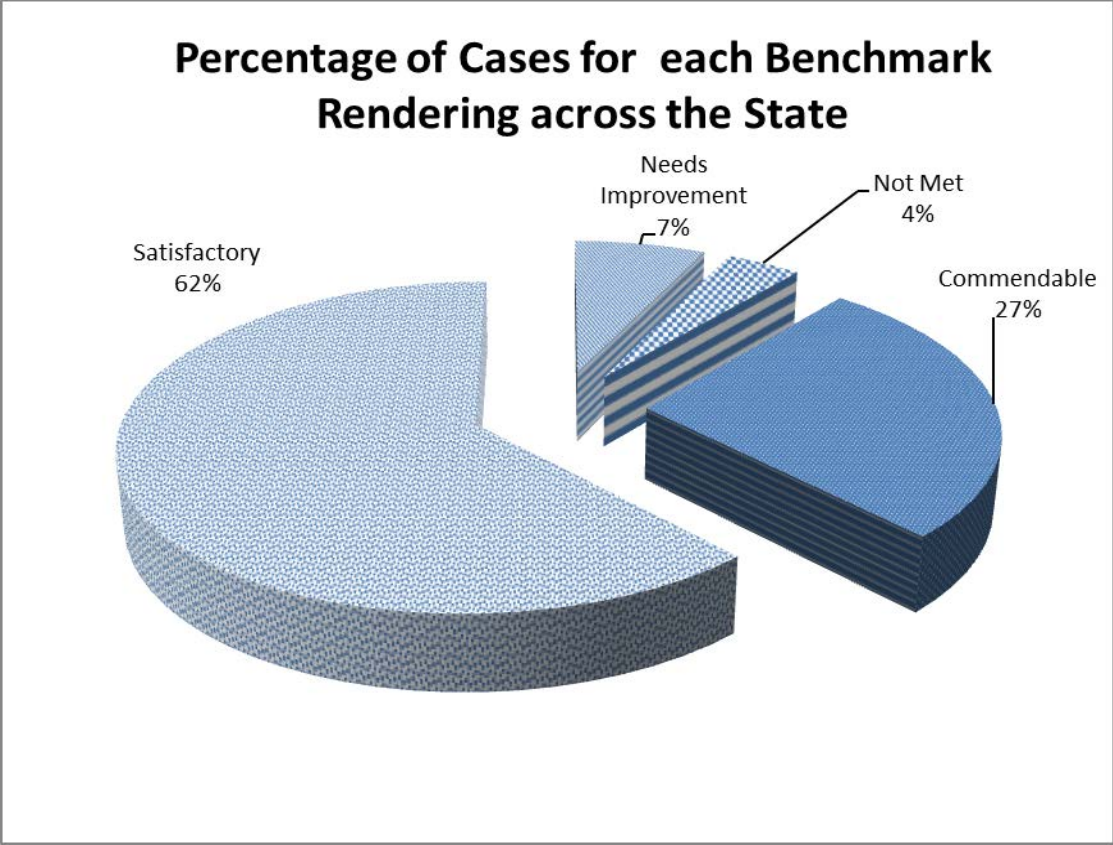
positive classroom strategies, increasing the use of praise, and utilizing more effective limit-setting strategies (Dickstein, 2009).

Children referred to ECMHC receive a social-emotional screening using the Ages and Stages Questionnaire: Social-Emotional™ (ASQ: SE). This screening is completed by the child's teacher, as well as the child's parent/guardian, in most cases. The consultant also administers the Arnett Caregiver Interaction Scale. This scale looks at the quality of the interaction between the child and the teacher. The results from all screening conducted are discussed with the child's caregivers. Screening results coupled with observations from all team members, inform the creation of an action plan which includes next steps for all participants. For the consultants next steps may include on-site coaching, recommendations for adjustments to the environment, delivery of professional development sessions, sharing of resources, and/or potential referrals to other community services.

Evaluation

The ECMH Consultation Program uses three methods of project evaluation: demographic and programmatic data collected by ECMH Consultants; results from the ECMHC Program Feedback Survey completed by directors and teachers who received consultation; and ECMHC case file review. Both data collection and ECMHC Program Feedback Surveys have been used since the program's inception. ECMHC Quality Assurance Case File Review was introduced in pilot phase in FY 2011-2012 to apply consistent expectations for accountability and quality in the delivery of ECMHC services across the Commonwealth.

One hundred fifty-four ECMH case files were evaluated using the Early Childhood Mental Health Program Quality Assurance Checklist during fiscal year 2012-2013. The checklist provides indicators based on the ECMH Program Manual. Each indicator has a benchmark target and is assigned one of the following renderings: Commendable, Satisfactory, Needs Improvement, or Not Met based on the completion of the indicator. The following table indicates the percentage of case files for each benchmark rendering:

Percentage of Cases for each Benchmark Rendering across the State

- Satisfactory 62%
- Needs Improvement 7%
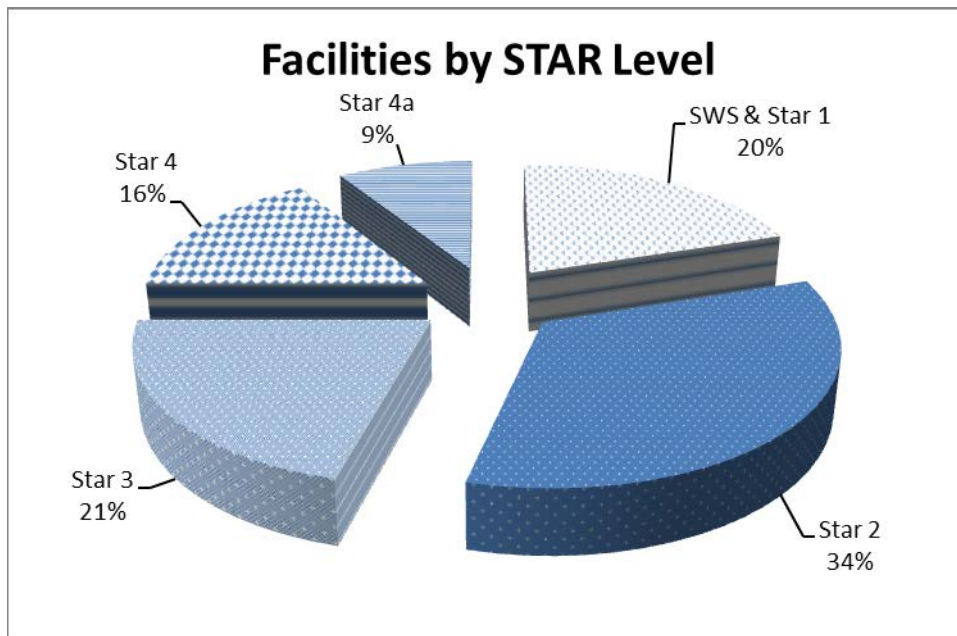- Not Met 4%
- Commendable 27%

The Quality Assurance (QA) review showed 89% of case files that met or exceeded benchmark (satisfactory or commendable). This is a significant improvement from FY 2012-11 (increase from 57%). The review also demonstrated that the consultants, across the state, improved adherence to the Program Manual and ECMHC policy and procedures. Following the QA review, each Regional Key was provided with a report of the Quality Assurance findings. The report included action steps for specific areas where a need for improvement was identified.

The remainder of this report provides a summation of the demographic data and accomplishments of Pennsylvania's Early Childhood Mental Health Consultation program during the 2012-2013 fiscal year.

ECMH Consultation Program Demographic Data

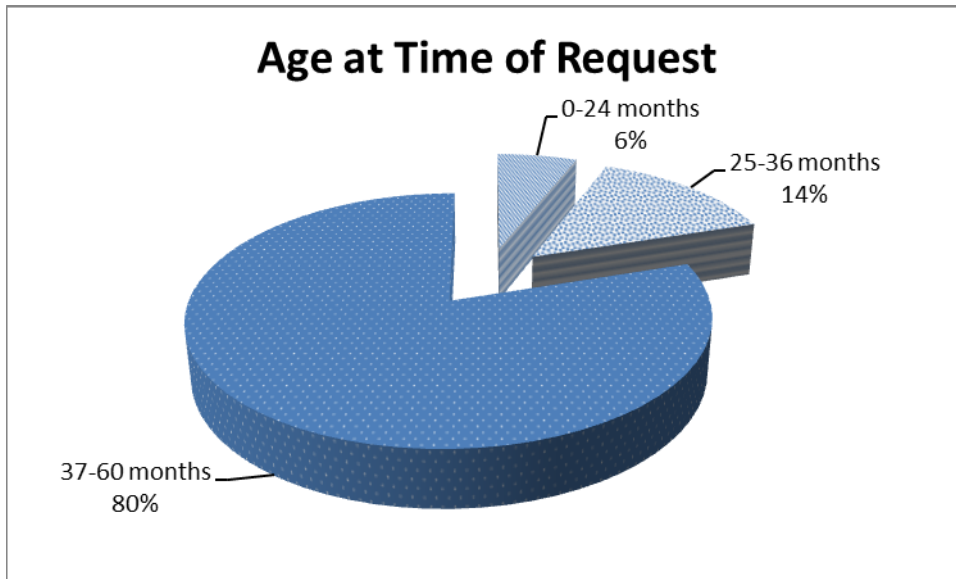### Early learning facilities reached (n=384)

Consultation was provided primarily in center-based (97%) versus family or group (3%) facilities. For the third year in a row STAR 2 facilities had the highest request for service rate at 34%. However, there was a 7% increase in referrals from STAR 3 facilities this fiscal year. This increase corresponds with the introduction of the Rising STARS initiative. Rising STARS focuses on access to the highest quality services for hard to reach / hard to serve children and families by providing supports to providers as they move up the quality scale to STAR 3 and 4 levels. Additionally, the implementation of the Rising Stars Initiative discontinued the Start with Stars (SWS) quality level in January of 2013. The SWS program percentage indicated in the chart below is for those programs receiving ECMHC from July 1 2012 to January 2013.

Facilities by STAR Level

Star 4a 9%
SWS & Star 1 20%
Star 4 16%
Star 3 21%
Star 2 34%

Requests for service for child-specific consultation for children (n=583)
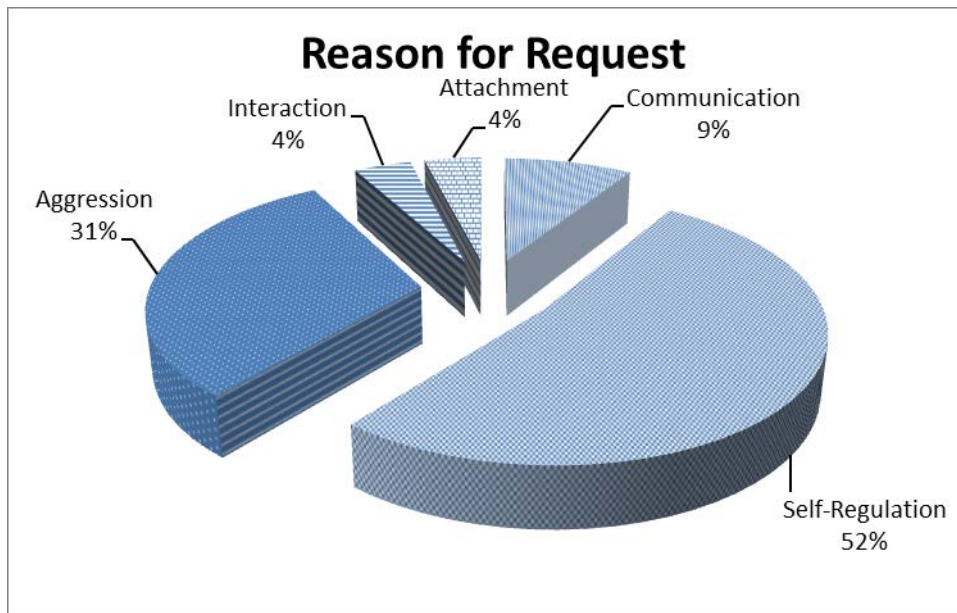
ECMHC services were most often requested for children over age three years. There was a 7% increase in referrals for children thirty-seven to sixty months this fiscal year. This may be attributable to phenomenon found in research which stated that caregivers had a greater

understanding of social and emotional developed in preschoolers and a more limited understanding of typical social and emotional development in infants and toddlers (Ciervo & Lerner, 2010). The ECMH consultants have also observed that caregivers appear to be more focused on "school readiness" with children ages three and four. This results in more of a focus and understanding on addressing children's behavior challenges in order to prepare them to attend kindergarten.

Age at Time of Request

0-24 months
6%

25-36 months
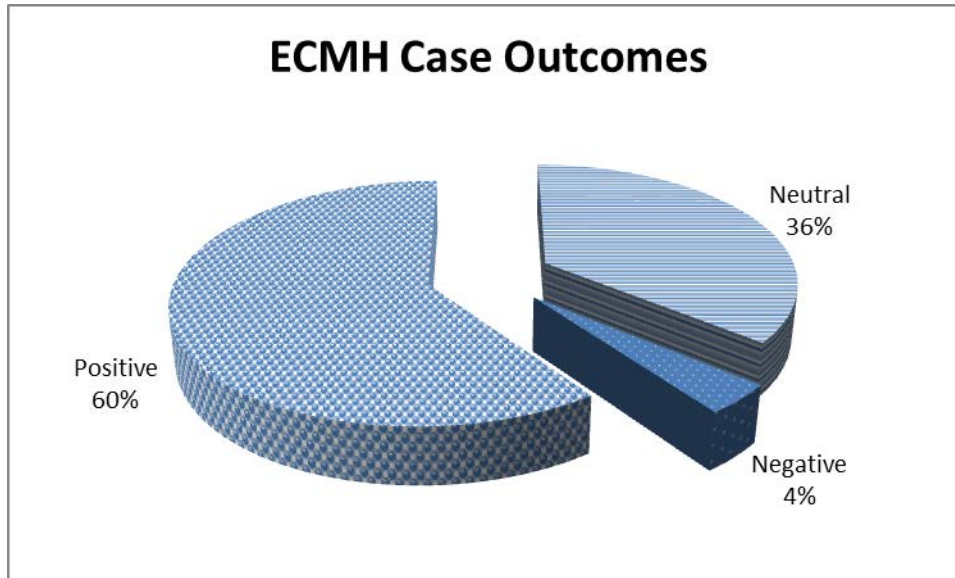14%

37-60 months
80%

Reason for Request of ECMHC

When requesting consultation services, teachers or directors indicate the reason for request from a list of possible concerns. Most requests were made for externalizing behavior concerns, such as aggression (31%) and self-regulation (52%). Self-regulation and aggression make-up over 80% of all requests for services, these reasons make sense when considering the majority of children serviced by ECMHC are preschool age. This is an age where teachers become concerned about externalizing behaviors and their impact on school readiness (Fox & Smith, 2007).
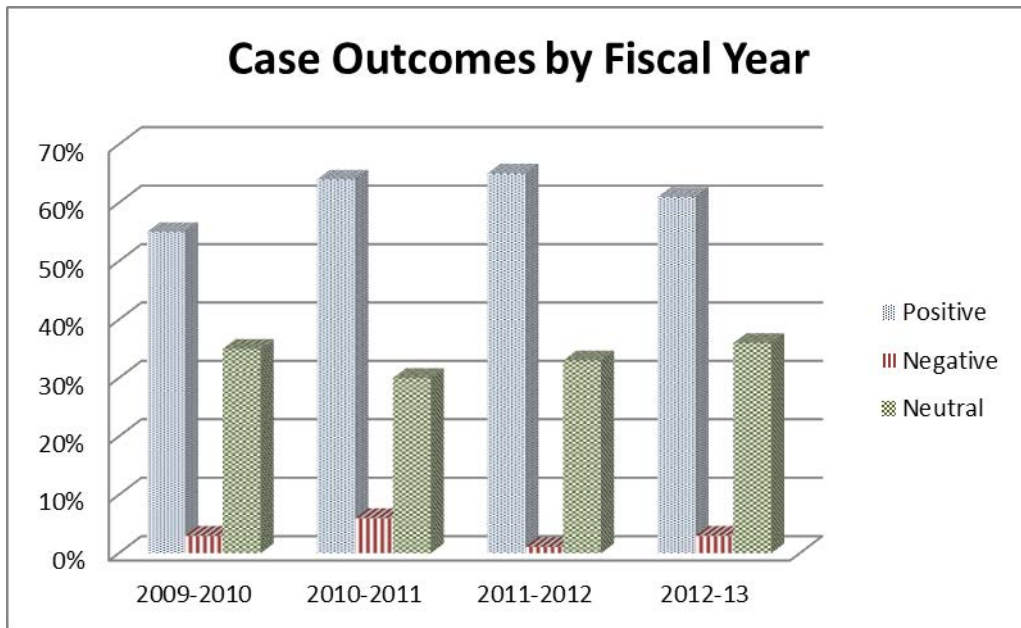
Reason for Request

Reason for Request

Interaction 4%

Attachment 4%

Communication 9%

Aggression 31%

Self-Regulation 52%

ECMH Consultation Program Goals

Goal 1: Reduce the number of children expelled from child care due to behavior issues

National studies demonstrate the effectiveness of early childhood mental health consultation in decreasing the likelihood of expulsion for children with challenging behaviors (Gilliam & Shahar, 2006). Through ECMH consultation, ECE practitioners gain new perspectives, skills, and strategies, which promotes early childhood mental health, addresses current challenging behaviors and can prevent future concerns that might arise (Kaufman, et. al., 2012). It has been shown that teachers who receive on-site consultation are about 50% less likely to expel a child as a teacher without this support (Gilliam, 2005). The ECMH consultant works collaboratively with early childhood educators and parents to understand the nature of children's behavior, to identify strengths that can be built upon and ultimately to help everyone feel more capable of meeting the children's needs and teaching social-emotional competence. The chart depicts outcomes of consultation as: Positive –goals were met or the child was accepted for additional services; Neutral – case closed for reasons unrelated the child's behavior; Negative –the child was asked to leave the facility due to challenging behaviors.

ECMH Case Outcomes

Positive 60%

Neutral 36%

Negative 4%

In FY 12-13 60% had a positive outcome, a five percent decrease from FY 11-12. Thirty-six percent (36%) were closed when the child left the program for reasons other than the child's behavior (neutral outcome), which has remained consistent since 2009. These reasons have included, but are not limited to, family relocating, family employment reasons, and the child entering school-age programming. Cases closed due to expulsions increased from 1% in FY 11-12 to 5% this fiscal year. The increase in expulsions can be attributed to a correlation with the increase in the number of referrals ECMH consultants received for children ages thirty seven to sixty months. Early care and education teachers continue to report that disruptive behaviors, such as prolonged tantrums, physical aggression, and property destruction, are one of the greatest challenges they face (Quesenberry et. al., 2011) which can impact expulsion rates (Gilliam, 2005). It is possible that caregivers are more likely to perceive the overt challenging behavior of an older child as more worthy of expulsion than the more internalizing or covert challenging behaviors of a younger child. The ECMH consultants have observed more tolerance of infants or toddlers challenging behavior.

Case Outcomes by Fiscal Year

Goal 2: Increase the understanding of social and emotional development and its impact on educational success

The ECMHC Program Feedback Survey provides ECE professionals with an opportunity to report impact of consultation services on their understanding of social and emotional development at the end of consultation of services. For the current fiscal year, 147 responses were secured; a 32% response rate. The response rate has improved from 29% during the previous fiscal year which may be attributed to intentional follow up by consultants/Regional Keys with regard to closed ECMHC cases.   Survey results indicate:

- 97% of respondents indicated they had an excellent or good understanding of the possible reasons for the child's challenging behavior following ECMH Consultation, remaining relatively constant with last fiscal year.
- 94% indicated that they have an excellent or good understanding of new methods to address challenging behaviors following consultation, an increase from 89% last fiscal year.
- 97% of respondents indicated they had an excellent or good understanding of children's social emotional needs following ECMH consultation, an increase from 93% last fiscal year.

According to current research, we know that a child's early experiences determine the course of children's social-emotional development, which in turn affects early learning, behavior, relationships, and the ways in which children react and respond to the world around them throughout their lives (Zero to Three, 2012). Professional development opportunities provided

by ECMH in child care programs and in the community, can help practitioners support social and emotional development, prevent behavioral problems, support relationships with families, and identify early warning signs of developmental/behavioral concerns (Zero to Three, 2009). This goal is acomplised in two ways: provision of professional development to the ECE field at conferences and professional development events and on-site technical assistance to ECE professionals receiving ECMHC services. ECMH consultants provided 233 hours of professional development to early care and education professionals during Fiscal Year 2012-2013. Professional development sessions conducted by ECMH consultants addressed:

- Early Childhood Brain Development
- Inclusion of all children
- Challenging Behavior
- Building collaborative relationships with families
- Providing responsive care
- Positive Behavior Support
- Social-emotional development
- Cultural Competence

Each of the Regional Keys offered numerous professional development events for early care and education program directors, including those specifically related to the use of the Ages and Stages Questionnaire™. Use of these screening tools increases appropriate identification of children with potential delays. The ASQ offers a mechanism to understand and discuss children's development objectively and includes developmentally appropriate activities for caregivers to do with their children. ASQ screening kits are provided to those programs that participate.

> **Social Emotional Professional Development Sessions**
> **Conducted at Statewide Events:**
>
> Infant Toddler Symposium, Program-wide PBIS Implementers Forum, PBIS Behavior Institute
> 4th Annual Infant Mental Health Conference, Early Childhood Education Summit

Goal 3: Link and bridge systems and services on behalf of a child, family and program

ECMHC is part of a larger, community-based system of services and supports to help children and families. The ECMHC program often bridges the gap and promotes engagement between the ECE facility and community resources across the State of Pennsylvania. ECMH consultants help facilitate links to appropriate services for children who need them and provide information to practitioners and families about community resources.

- 353 referrals for children and their families were made to community – based resources for more intensive services.
- Of those referred, 51% of referrals were accepted for service, with 5% pending approval as of June 30, 2013 and 25% were not pursued due to parent/guardian decision.
- 45% of referrals were for children's mental health services (including Parent Child Interaction Therapy (PCIT)
- 36% were referred for Early Intervention services, 19% were for infant/toddler and 81% were for preschool services
- 151 hours of Resource and Referral support was provided by ECMH consultants in addition to hours spent on individual cases.

In the ECMHC Program Feedback Surveys, teachers and directors were asked about the effects of the ECMH consultation program on identifying and accessing appropriate services for young children and families. Ninety-seven percent (97%) of respondents with cases where a referral was made regarded ECMH consultants as very or somewhat helpful with accessing services for children. Seventy-nine percent (79%) of the responding teachers and directors rated their knowledge of the resources available to children and families in their community at excellent or good as a result of working with the ECMH consultant.

Early Childhood Mental Health Consultation Program Positive Impact

The ECMH Consultation Program positively impacts dozens of early childhood education facilities and hundreds of children and early childhood teachers each year. In FY 12-13, ECMH consultants provided much needed information regarding social and emotional development of young children to other providers in the community. During the course of the fiscal year, ECMH consultants provided services in 51 of the commonwealth's 67 counties.

The greatest impact was the retention of 272 children in their early care and education settings, children who when referred to ECMHC were at risk of expulsion. In a national random-controlled study, ECMHC was assessed as an effective means for reducing disruptive classroom behaviors that are likely causes of prekindergarten expulsion (Gilliam, 2005). In addition, successful consultation improves staff competence and confidence in working with children with challenging behaviors, reduces staff member's stress levels and turnover rates, as well as improves overall program quality (Raver et. al, 2009; Duran et. al, 2009; Brennan et. al, 2008, Johnston & Brinamen, 2006). This stability is critical to children's mental health, to the mental health and quality of life for their families, and to the positive relationship between children and their caregivers. The most effective way to support children's mental health is by supporting the adults who care for them. ECMH consultants support positive relationships between parents and children, parents and teachers, and teachers and children, because it is within these relationships that development and learning unfolds.

On-site Consultation Impact

The PA ECMH consultation model has historically provided child-specific consultation within a child care classroom/setting. Within the child-specific consultation model, the mental health consultant works with the early care and education provider and a child and their family to address the behaviors of concern in an individual child. However, coaching and other on-site, individualized professional development strategies (consultation, mentoring, and technical assistance) have emerged as promising strategies to support the application of new teaching strategies and overall quality improvement among practitioners in early care and education settings (Isner, et. al., 2011). Therefore, during fiscal year 2012-2013 the ECMH consultation program piloted a blended consultation program model. The Blended ECMH Model Pilot Project was developed using current research regarding best practice on creating change, to address recommendations made in the *Final Report: Early Childhood Mental Health Services in Pennsylvani*a prepared for the William Penn Foundation in February 2011 by The OMG Center for Collaborative Learning. OMG made the following recommendations:

- Use of professional development sessions that focus on developmentally appropriate behaviors and when practitioners should have cause for concern, so as to reduce accessing ECMH consultative services when the child may resolve the behavior naturally.
- Increase the amount of information disseminated to Keystone Stars facilities regarding strategies that can easily be implemented w/o consultative services to address developmentally appropriate behaviors in the ECE setting.

The piloted model included specific programmatic professional development sessions, intended both to improve the overall quality of the classroom environment, as well as to build staff capacity to address problematic behaviors being exhibited by more than one child. This was accomplished by providing a core set of professional development modules, Center on the Social Emotional Foundations for Early Learning (CSEFEL) Preschool or Infant module 1, in order to build workforce effectiveness in a sample of sites where ECMHC is delivered.

Social Emotional Screening Impact

To promote the use of social emotional and developmental screening, 147 early care and education teachers participated in ASQ and ASQ: SE professional development sessions conducted by ECMH consultants. This professional development is an essential tool in assisting programs in meeting the STARS 2 standard to conduct age appropriate screening on all children within 45 calendar days of their entry into the program. The practice of universal screening is consistent with a prevention approach, the foundation of the Pyramid Model (Henderson & Strain, 2009). Additionally, high quality professional development and technical assistance helps to ensure implementation fidelity of screening tools that promote the social-emotional wellbeing of children in the early learning environment (Cooper & Vick, 2009).

According to ECMHC Program Feedback Surveys: 82% of the children referred for ECMH consultation were screened by ECE practitioners using the ASQ: SE prior to the start of ECMHC services, an increase from 70% last fiscal year. When the child has not already been screened the screening is administered by the ECMH consultants. Consultants review the screening results with caregivers and teachers. Research shows when teachers have a better understanding of healthy social-emotional development it aides in their ability to distinguish

which children need additional services and which would benefit from increased social-emotional promotion in the classroom.

Continuous Quality Improvement of PA ECMH Consultation Program

The ECMHC Program constantly strives to make improvements that enhance the quality of services provided to early care and education teachers, children and their families. One of the ways this is done is through data-based decision making. The ECMHC Program collects and uses data to inform and improve practices. The vision for ECMHC during FY 2013-2014 include the following modifications, as a result of the data collected:

Operational Definitions for Reason for Referral

Development and inclusion of operational definitions on the ECMHC Request for Services form to assist ECE practitioners in accurately identifying a child's challenging behavior.

Blended ECMHC Model

In response to data indicating the need for a more program-wide approach to addressing challenging behaviors a blended model of consultation will be implemented and available to all facilities participating in ECMHC. The Blended ECMHC model includes specific programmatic professional development sessions, intended both to improve the overall quality of the classroom environment, as well as to build staff capacity to address problematic behaviors being exhibited by more than one child. This will be accomplished by providing a core set of professional development modules, Center on the Social Emotional Foundations for Early Learning (CSEFEL) Preschool or Infant Module 1, in order to build workforce effectiveness in sites where ECMHC is delivered upon agreement of ECE facility leadership.

New Screening Tools

ECMH Consultants began using four additional screening tools; Teaching Pyramid Observation Tool, short form (TPOT-S), Teaching Pyramid Infant-Toddler Observation Scale, short-form (TPITOS-S), Strengths and Difficulties Questionnaire (SDQ), and Job Stress Inventory (JSI) with facilities participating in the blended-model pilot. Data was collected on the use of all screening tools used within ECMHC and the level to which the tools informed practice. During the FY 13-

14, these four screening tools will be implemented to better measure the we absolu related to ECMH consultation. ECMHC will discontinue the use of the Arnett screening tool. The new screening tools will be utilized pre- and post- consultation which will allow for measurement of change specifically related to the ECMHC Program Goals and The CSEFEL Pyramid Model, on which the ECMH project is based.

Reflective Practice

Lastly, as part of the ECMHC CQI, a version of Reflective Supervision will be provided to ECMH consultants within the current construct of the ECMHC Program's collaborative relationship with the Office of Mental Health and Substance Abuse Services (OMHSAS), Reflective Learning Groups (RLG) will be provided to ECMH Consultants during fiscal year 2013-14. The RLG structure will allow ECMH consultants to explore experiences, discuss topics, and engage in a process of providing support to each other. The goals of the RLG are the following:

- Helping to better understand the ECE staff, children, and families.
- Assisting the consultants in becoming more aware of their own reactions and responses (transference/counter transference)
- Examine cases and develop new ways of intervening

"Our experience with ECMHC has been wonderful. The ECMHC program is absolutely necessary, in my professional opinion, for the children that struggle with emotional/social and behavioral issues in Early Childhood there are no other options. These children are at risk, and much too often they end up being dismissed from center after center. The ECMHC program really does help these children and gives them a greater chance of starting school where they need to be."   *-ECE Director*

References

Brauner, C.B.; Stephens, B. C. 2006. Estimating the Prevalence of Early Childhood Serious
    Emotional/Behavioral Disorder: Challenges and Recommendations. Public Health
    Reports 121: 303-310

Brennan, E. M., Bradley, J. R., Allen, M. D., & Perry, D. (2008). The Evidence Base for Mental
    Health Consultation in Early Childhood Settings: Research Synthesis Addressing Staff and
    Program Outcomes. *Early Education and Development*, v19 n6 p982-1022.

Child Care Aware (2012). *Parents and the High Cost of Childcare: 2012 Report.*
    www.naccrra.org.

Cooper, J. & Vick, J. (2009) Promoting Social-emotional Wellbeing in Early Interventions
    Services: A Fifty-state View. National Center for Children in Poverty.

Dickstein, S. (2009). Early Childhood Mental Health in Child Care Settings. Providing Early
    Childhood Mental Health Services in Non-Mental Health Settings, a Clinical Perspectives
    presentation at the Annual Meeting of the American Academy of Child and Adolescent
    Psychiatry in (Honolulu, Hawaii, November).

Duran, F., Hepburn, K., Irvine, M, Kaufmann, R., Anthony, B., Horen, N., & Perry, D. (2009).
    What works? A study of effective early childhood mental health consultation programs.
    Washington, DC: Georgetown University Center for Child and Human Development.

Fox, L., & Smith, B. J. (2007). Issue Brief: Promoting social, emotional and behavioral outcomes
    of young children served under IDEA. Challenging Behavior. Available at:
    http://www.challengingbehavior.org/do/resources/documents/brief_promoting.pdf

Gilliam, W.S., & Shahar, G. (2006). Preschool and child care expulsion and suspension: Rates
    and predictors in one state. *Infants and Young Children*. 9:228-245.

Gilliam, W.S. (2005). *Prekindergarteners left behind: Expulsion rates in state prekindergarten
    programs* (Abbreviated as Foundation for Child Development Policy Brief Series No. 3)*.*
        Available at: http://www.fcd-us.org/usr_doc/ExpulsionComplete Report.pdf

Henderson, J., & Strain, P. (2009). *Roadmap to effective intervention practices screening for
    social emotional concerns: Considerations in the selection of instruments*. Tampa,
    Florida: University of South Florida.

Johnston, K. & Brinamen, C. (2006). *Mental health consultation in child care: Transforming relationships among directors, staff and families*. Washington, DC: Zero to Three.

Kaufman, R., Perry, D., Irvine, M., Duran, F., Hepburn, K., & Anthony, B. (2012). *Creating Practice Based Principles for Early Childhood Mental Health Consultation Services.* Georgetown University Center for Child and Human Development. Available at: http://gucchd.georgetown.edu/projects/ECMHC_Principles_P2.pdf.

Lerner, C., & Ciervo, L. (2010). Parenting young children today: What the research tells us. *Zero to Three.* v30 n4 p 15.

Nelson, F., & Mann, T. (2011). Opportunities in public policy to support infant and early childhood mental health: The role of psychologists and policymakers. *American Psychologist, 66*(2), 129-139.

Parlakian, R., & Adams, E. (2010). This will be her last day: Supporting infants, toddlers, and their families as they transition out of child care. *Zero to Three.* V30 n4 p 15.

Perry, D.; Allen, M.; Brennan, E.; & Bradley, J. (in press). The evidence base for mental health consultation in early childhood settings: Research synthesis addressing child behavioral outcomes. *Early Education and Development.*

Perry D., Kaufman, R. & Knitzer, J., (Eds.) (2007). *Social and Emotional Health in Early Childhood: Building Bridges Between Services and Systems.* Baltimore: Brookes Publishing.

Quesenberry, A., Hemmeter, M., & Ostrosky, M. (2011) Addressing Challenging Behaviors in Head Start: A Closer Look at Program Policies and Procedures. Topics in Early Childhood Special Education 2011 30: 209

Raver, C. (2002). Emotions matter: Making the case for the role of young children's emotional development for early school readiness. Social Policy Report of the Society for Research in Child Development, 16(3), 1-20.

Raver, C.; Jones, Stephanie M.; Li-Grining, C.; Zhai, F.; Metzger, M.; Solomon, B. (2009). Targeting children's behavior problems in preschool classrooms: A cluster-randomized controlled trial. Journal of Consulting and Clinical Psychology, Vol 77(2), Apr 2009, 302-316.

Zero to Three (2012). Making It Happen: Overcoming Barriers to Providing Infant-Early Childhood Mental Health. Washington, DC: Zero to Three Policy Center.

Zero to Three (2009). Laying the Foundation for Early Development: Infant and Early Childhood Mental Health. Washington, DC: Zero to Three Policy Center.

Zero to Three (2003). Assuring school readiness by promoting healthy social and emotional development. Washington, DC: ZERO TO THREE Policy Center.