

Final Report and Abstract

1. PURPOSE OF PROJECT AND RELATIONSHIP TO THE SSA TITLE V MATERNAL AND CHILD HEALTH (MCH) PROGRAMS:

The overarching goal of the Child Care Health and Mental Health Consultation Network of Rhode Island is to improve the health and developmental outcomes of young children in child care. The Child Care Health and Mental Health Consultation Network of Rhode Island (the Network) was created to address the need for a stronger model and system of health and mental health consultation for child care providers and families who use child care. The purpose of the project is threefold: to provide health and mental health consultation to child care providers in Rhode Island, to help child care providers connect families with appropriate services, and to create stronger and more functional connections between currently fragmented programs, such as child care, medical homes, and Early Intervention. The project is located within the Rhode Island Department of HEALTH, which is the state's Title V agency (Appendix 1). The Network was designed and developed to be closely connected to MCH programs within the Department and the Team within which it is staffed. The program was developed under the state MCH priority to increase the health and safety of children in child care. It was also submitted in partnership with the Rhode Island chapter of the American Academy of Pediatrics and has remained closely connected to this entity, working in collaboration throughout the project period. A member of the Rhode Island Chapter of the American Academy of Pediatrics participates on the Advisory Board and staff have worked closely with the RI chapter to engage pediatricians in the project, speaking at meetings, providing trainings and conducting on site technical assistance as requested.

The Child Care Health and Mental Health Consultation Network of Rhode Island has three main components and has reached its goals and objectives. The three components of the

project are mental health consultation to child care providers, health consultation to child care providers and supporting child care providers to implement systems of developmental screening.

2. GOALS AND OBJECTIVES:

The goals and objectives were designed to be closely aligned with Maternal and Child Health programs within the Health Department (HEALTH) as well as programs that serve young children but are managed by other state or community agencies.

Goal #1: Develop infrastructure to support accessible and effective health and mental health consultation for child care providers in Rhode Island.

Obj. 1.1. Pediatricians, child mental health specialists, and other key stakeholders will be actively involved in the development of the Child Care Health and Mental Health Consultation Network of Rhode Island and will provide ongoing support to the project.

Obj. 1.2. Develop and support a Network of five child care health consultants by January 2009. Increase the number of CCHCs participating in the Network in each successive year of the project.

Obj. 1.3. Develop and support a network of two child care mental health consultants by January 2009. Increase the number of CCMHCs participating in the Network in each successive year of the project.

Obj. 1.4. Develop a sustainable funding mechanism to support statewide child care health and mental health consultation by March 2011.

Obj. 1.5. Review and revise state licensing regulations and policies to support high-quality child care health and mental health consultation.

These objectives were specifically designed to meet the overall goals of the project and MCH/Title V priority. In the second year of the grant the models of consultation were developed and implemented with input from pediatricians, child mental health specialists, state agency

representatives, and child care providers. Objective 1.2 was accomplished in year 3, and RI currently has 5 Child Care Health Consultants linked to Network activities, three of these attended the National Training Institute for Child Care Health Consultants (NTI). RI also created and staffs a hotline to respond to health concerns that operates from noon to 1 PM each day and is staffed by a health consultant who is a pediatric RN. Objective 1.3 was accomplished in year 2; currently trained consultants have provided services in 14 child care centers. The Network overall shows positive impact on standardized evaluation measures. Funding is secure to support this project with four mental health consultants and at least 1 child care health consultant until 2013. The additional funding is through an agreement with the Rhode Island Department of Human Services using quality funds from the Child Care Development Block Grant. The achievement of these goals directly impact the progress toward making child care healthier and safer for children. As of the close of this grant, objective 1.5 is partially completed. The Department of Children Youth and Families (DCYF), the state's licensing agency, agreed in 2007, to adopt the health consultation model developed by the Network as part of the new licensing regulations. Due to state budget and staffing cuts, it is unclear when center based child care regulations will be formally revised. Currently, centers who wish to participate in the fee for service model of health consultation can request a waiver from current licensing regulations and utilize this model.

Goal #2: Increase child care provider's knowledge and ability to support young children's healthy development and improve the quality of child care environments.

Obj. 2.1. After one year of participation in the Network, 75% of child care classrooms will have increased their score on the Infant and Toddler Environment Rating Scale, the Early Childhood Environment Rating Scale, or the Family Day Care Rating Scale by at least one interval.

Increase in scores will be sustained or improved after two years of participation in the Network.

Obj.2.2. After six months of participation in the Network, 90% of child care providers will have health policies consistent with the Caring for Our Children: National Health and Safety Performance Standards Guidelines for Out-of-Home Child Care Programs.

Obj. 2.3. Decrease the number of children excused from child care programs due to behavioral challenges or special health care needs by 50% after one year of participation in the Network.

Objectives 2.1 and 2.2 were met in year 3 and continue to be achieved. In year 4, baseline scores on these measures were obtained in 36 classrooms and scores significantly improved (3.29→4.31) after one year of participation in the Network (Appendix 2). Child care providers participating in the health consultation component of the Network must agree, as a condition of participation, to review and revise their health policies to be consistent with Caring for Our Children. Upon six months participation, policies are reviewed and updated; if at that review they are not consistent with Caring for Our Children the health consultant assists the center staff in doing this. Objective 2.3 was also reached in year 3. As a requirement of participation, each child care center participating in the Network reports the number of children asked to leave the center during the time that they are receiving Network services. Evaluation results showed that at the conclusion of one year of involvement with the Network, on average, the rate of exclusion was reduced by 50% while the consultants were working in classrooms. Increasing the stability of children's participation in child care directly, positively impacts their learning and social emotional development leading to more positive long term outcomes.

Goal #3: Identify children at risk for poor developmental outcomes and connect these children and families to the medical home and other developmental intervention services.

Obj 3.1. 70% of children in child care programs participating in the Network will receive periodic, standardized developmental screening.

Obj. 3.2. 100% of children identified as at-risk for poor developmental outcomes through child care programs participating in the Network will be referred to developmental intervention services.

Obj.3.3. 75% of children referred to developmental intervention services in child care programs participating in the Network will receive services within 45 working days of referral.

Objective 3.1 was reached in year 2 and was consistently met through the project period. Currently 50 child care programs are participating in Watch Me Grow RI, the project supporting developmental screening in child care settings and there is a 100% screening rate for the children in these centers using standardized screening tools. Objective 3.2 was also met in year 2 and continues to be achieved. To date, 100% of children who were identified as at-risk have been referred to developmental intervention, or other appropriate services. Child care providers refer primarily to the child's primary care provider, however if a referral is made directly to another service the primary care provider is notified in writing. There is no way to measure whether objective 3.3 was met because although children referred to Early Intervention (EI) must be evaluated within 45 days, this is not true for all services in the state.

Increasing the capacity of programs to do developmental screening means that children's problems can be identified and addressed at the earliest possible point. It also supports child care providers in learning about child development. In addition, the system of linking with a child's pediatrician as soon as an issue is found leads to better collaboration between child care providers, parents and primary care providers.

Goal #4: Improve collaboration and coordination between child care providers, medical homes, and other community resources to ensure child and family access to needed health, behavioral health, and other services to promote health and development.

Obj 4.1. Develop effective communications strategies and referral protocols between child care providers and medical homes by September 2006.

Obi 4.2. After six months of participation in the Network, 90% of children will have complete and up-to-date medical files (including immunization record, health history, and documentation of the child's medical home).

Obi 4.3. After one year of participation in the Network, 80% of child care providers will report satisfaction in their ability to refer children and families to health, behavioral health, and community services.

Obi 4.4. 70% of families in child care programs participating in the Network will report satisfaction in accessing services they were referred to by their child care provider or the child care health and/or mental health consultant.

Objective 4.1 was reached in year 2. The Network worked with child care providers and primary care providers to develop referral protocols and mechanisms. When a screening instrument is completed the child care provider discusses the results with the child's parents, informs them that the results will be faxed to the child's primary care provider, and encourages the child's parent to discuss any concerns with the primary care provider. Objective 4.2 was reached in year 3 and continues to be achieved. As a component of the Network health consultation model, Child Care Health Consultants assess the completeness of children's medical files. Health consultants also teach child care providers about the importance of having complete health and developmental information for all children. In 2009 data from focus groups of child care providers showed that those who participated reported an overall increase in satisfaction about their ability to refer families to services after participating in the Network. Parents who were surveyed indicated mixed responses about the satisfaction after referral to services. RI has a documented shortage of family support and parent education services and some of these mixed responses were likely due to differences in where parents were referred. At this time the project is not able to capture that information.

3. METHODOLOGY:

Research demonstrates that participation in high-quality child care and early education programs improves long-term health and developmental outcomes for young children, whereas poor quality care compromises child development. High-quality child care programs have standards and regulations that support adequate facilities, health and safety, physical and cognitive development, and social-emotional development. Child care health and mental health consultation is a proven strategy for enhancing the overall quality of child care environments and for improving child care providers' ability to support young children's optimal development.

The Child Care Health and Mental Health Consultation Network of Rhode Island provided program-level child care health and mental health consultation for child care centers and family child care homes in Rhode Island that that was based on best practices and current research in the fields of early childhood health, behavioral health, development, and education.

RI invested resources in sending nurses to the National Training Institute to receive training in an evidence based health consultation curriculum. Mental Health Consultants also provided consultation based on an evidence based model. The child care health and mental health consultants worked collaboratively and on-site with child care providers to increase providers' knowledge, skills, and abilities in providing optimal care for young children. Consultants assisted providers in creating physical and relationship-based environments that promote children's health and well-being. Consultants:

- Assessed needs within the child care setting/family child care home
- Educated and provided Technical Assistance to child care staff about appropriate and culturally-competent health, safety, behavioral, and developmental practices
- Provided guidance to child care providers on communicating with and engaging families, including ethnically and linguistically diverse families

- Educated child care providers and families about community services and facilitated referrals to these services (Early Intervention, Parent Education, Family Support, Basic housing and other needs
- Served as a link between child care, families, medical homes, developmental and behavioral health services, as well as other community resources

The Child Care Health and Mental Health Consultation Network of Rhode Island developed a model of consultation, based on best practice and implemented it with center based child care and family child care providers in RI. Child care providers receive a year of technical assistance, and training with a qualified mental health or health consultant to increase the quality of care in their center. The Network was initially piloted in Washington County RI, which is in the southern end of the state and throughout the process of the project has served child care centers statewide.

In addition, project staff worked with staff from Bradley Hospital who had financial management expertise to develop a fee-for-service model of child care health consultation and made it available to child car providers in RI in the Spring of 2010.

4. EVALUATION

The evaluation of the Network included both process and outcome evaluation measures. Process evaluation measures included items such as: meetings held regularly, completed materials developed and disseminated, number of children and staff participating in the project, development of a fee for service model for child care health consultants, and results of project disseminated. The outcomes evaluation was contracted to Bradley Hospital and there were three main outcomes measured related to the overall goal of the project and the title V priorities. These were , did the project results in fewer exclusion of children from child care due to behavior projects and were child care environments healthier and safer for children on standardized

assessments, were child care providers able to purchase child care health consultants services through a fee - for- service model.

5. RESULTS/OUTCOMES:

The overarching goal of the Network of Rhode Island is to improve the health and developmental outcomes of young children in child care through supporting stronger, evidence based models and systems of health and mental health consultation to child care. The Child Care Health and Mental Health Consultation Network of Rhode Island was successful in achieving its goals of providing health and mental health consultation to child care providers in Rhode Island, helping child care providers connect families with appropriate services, and creating stronger and more productive connections between currently fragmented programs, such as child care, medical homes, and intervention services.

The mental health consultation component of the Network was fully implemented in 2007, since that time 158 classrooms in child care centers received services, reaching a total of 1841 children and 403 staff. The evaluation of mental health consultation shows that after participation in the project scores in standardized assessments demonstrate an increase in overall quality and decrease in the number of children excused due to behavior problems (Appendix 2).

On site health consultation to child care centers began in March 2008. To date, 14 child care centers have participated, reaching approximately 68 staff members and 322 children. Since 2007, RI supported 4 individuals to attend the National Training Institute for Child Care Health Consultation (NTI). In the fall of 2010 HEALTH supported a RI training and trained 13 nurses and 2 licensing staff in the NTI model of CCHC. CCHC staff also hold quarterly CCHC Network meetings and participate in the HCCNE collaboration. In the Spring of 2010 a Fee for Service model of health consultation was released, based at Bradley Hospital. Currently 7 centers are participating in this model.

Watch Me Grow Rhode Island (WMGRI), the developmental screening component of the Network, continues to expand. The system of developmental screening relies on both primary health care providers and child care providers to assess children's development at specific points in time and refer the family to appropriate services if a need is identified. Through WMGRI, 50 child care centers are conducting standardized developmental screening, and 84 pediatricians/family practice physicians, in 25 primary health care offices, are conducting standardized developmental screening. Coordination between the Network activities and WMGRI facilitates linkages between child care providers and primary care physicians, and assures service providers that there will be resources available to meet child and family needs identified through developmental screening

The Advisory Board for The Network, and other early childhood projects meets monthly. The board that advises the Network, also provides advisory capacity for the Early Childhood Comprehensive Systems project (Successful Start), the Nurse Family Partnership home visiting grant, and RI LAUNCH (Linking Actions for Unmet Needs in Children's Health). The activities associated with all of these funding streams, projects, and advisory structures are part of a larger system of services for young children. This structure has been effective in maximizing resources, ensuring that activities are coordinated and will support the ability to track long term outcomes for children.

6. PUBLICATIONS/PRODUCT

1. A Parent's Guide to Developmental Screening (Parents)
2. Referral Protocols (Primary care and child care providers)
3. Mental Health and Child Care Survey (child care providers)
4. Mental Health Brochure (child care providers)
5. Models of Health Consultation and Mental Health Consultation (consultants)
6. AHEC Training model (multidisciplinary providers)

7. APHA-WMGRI slide presentation (professional audience)
8. Local community referral sources (Primary care and child care providers)
9. Executive Summary (Advisory Board/Other partners)
10. *Characteristics of Child Care Associated with Expulsion from Preschool*, Samantha Wilson, Medical College of Wisconsin, Rebecca Silver, Susan Dickstein, Christine Low, Stephanie Shepard, Kate Nielson, and Ronald Seifer Bradley/Hasbro Children's Research Center & Warren Alpert Medical School of Brown University: Submitted
11. Dickstein, S. Child Care Mental Health Consultation. Presented at the American Academy of Pediatrics 2008 National Conference and Exhibition, section of Early Education and Child Care. Program Title: Pediatrician and Child Care Partnerships the Improve outcomes for Children, Boston (October 2008)
12. Dickstein, S. Model Program: RI Child Care Support Network. In: Partnering to address Mental Health Concerns in Early Education and Child Care Webinar. (March 2009)

7. DISSEMINATION OF RESULTS:

Staff from the Network have presented at state and national conferences, see above for list of research, at both academic and professional meetings, such as the national American Academy of Pediatrics annual meeting, the RI chapter of the American Academy of Pediatrics meetings, and the Zero to Three annual meeting. Presentations have been made on Webinar, including for the Early Childhood Comprehensive State Systems Grantees, the National Academy of State Health Policy, and others. Information is also disseminated to the Permanent Legislative Commission on Child Care, the Child Care Exchange Community meetings and has been distributed to other state and national partners as requested.

8. SUSTAINABILITY

Currently RI has blended funds to create a sustainable funding mechanism for Mental Health consultation, including using funds from the Quality Set Aside of the Child Care

Development Block grant, Title V, and the State Early Childhood Comprehensive Systems Grant. Contracts are in place to sustain activities through 2013. In early 2012 staff will need to begin meeting to determine how these efforts should continue, as separate contracts or integrated with some other quality projects in the State. In addition, RI staff will pursue additional funding for this project to determine whether mental health consultation can be supported through billing insurers.

The collaborations built during the inception of this project and sustained through the integration of the work will facilitate the ongoing support for the Network activities. Collaboration and coordination with key partners and programs has been essential to the success of the Network. Linkages established both within the Title V agency and with outside partners have allowed for blending funding, coordinating efforts, and ensuring a more comprehensive system of early childhood services. The Network is an integral component of Successful Start, Rhode Island's Early Childhood Comprehensive Systems (ECCS) initiative. When Successful Start developed a strategic plan and set priorities, these included health and mental health consultation to child care providers. The Successful Start goals and objectives are supported by and coordinated with state and community-based partners and initiatives.

ANNOTATION

The purpose of this project is to increase health and mental health services provided through child care settings to families, which is currently an unmet need in Rhode Island. The project will develop and implement a high-quality model of child care health and mental health consultation for child care centers and family child care homes in Rhode Island that is based on best practices and current research in the fields of early childhood health, development, and education.

Well-trained health and mental health consultants will work collaboratively with child care providers to develop environments that best support children's healthy physical, cognitive, and social-emotional development. This will be accomplished through building an infrastructure that supports consultation, through developing new partnerships, identifying new resources, and realigning existing resources. As part of a pilot project, direct consultation services will be provided and evaluated

KEY WORDS:

Access to Health Care, Children with Special Health Care Needs, Child Care, Medical Homes, Children, Early Childhood Development, Emotional Health, Families, Preventive Health Care

Abstract

Project Title: Child Care Health and Mental Health Consultation of RI
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Project Period: 03/01/2006-02/28/2011
Total of Grant Awarded: \$125,000

PURPOSE OF PROJECT: To improve the health and developmental outcomes of young children in child care through supporting stronger, evidence based models and systems of child care health and mental health consultation.

GOALS AND OBJECTIVES: *Goal 1:* Develop infrastructure to support accessible and effective health and mental health consultation for child care providers in Rhode Island

Objectives: Develop and support a Network of five child care health consultants and two child care mental health consultants by January 2009 and develop a sustainable funding mechanism to support statewide child care health and mental health consultation by March 2011

Goal 2: Increase child care provider's knowledge and ability to support young children's healthy development and improve the quality of child care environments

Objectives: After six months of participation in Network, 90% of child care providers will have health policies consistent with the Caring for Our Children , and the number of children excused

from child care programs due to behavioral challenges or special health care needs will be decreased by 50% after one year of participation.

Goal 3: Identify children at risk for poor developmental outcomes and connect these children and families to the medical home and other developmental intervention services

Objectives: 70% of children in child care programs participating the Network will receive periodic, standardized developmental screening and 100% of children identified as at-risk for poor developmental outcomes in child care programs participating in the Network will be referred to developmental *intervention services*

Goal 4: Improve collaboration and coordination between child care providers, medical homes, and other community resources to ensure child and family access to needed health, behavioral health, and other services to promote health and development

Objectives: Develop effective communication strategies and referral protocols between child care providers and medical homes by September 2006 and after one year of participation in the Network, 80% of child care providers will report satisfaction in their ability to refer children and families to health, behavioral health, and community services.

METHODOLOGY: The Child Care Health and Mental Health Consultation Network of Rhode Island provided program-level child care health and mental health consultation for child care centers and family child care homes in Rhode Island that that was based on best practices and current research in the fields of early childhood health, behavioral health, development, and education.

EVALUATION: Using indicators and performance measures of both process and outcome, project staff evaluated activities, using standardized tools, throughout the five year project period. Both process and outcome evaluations were used to track progress towards.

RESULTS/OUTCOMES: Over the five years, The Network has provided mental health consultation services to 158 classrooms, health consultation to 14 child care centers and

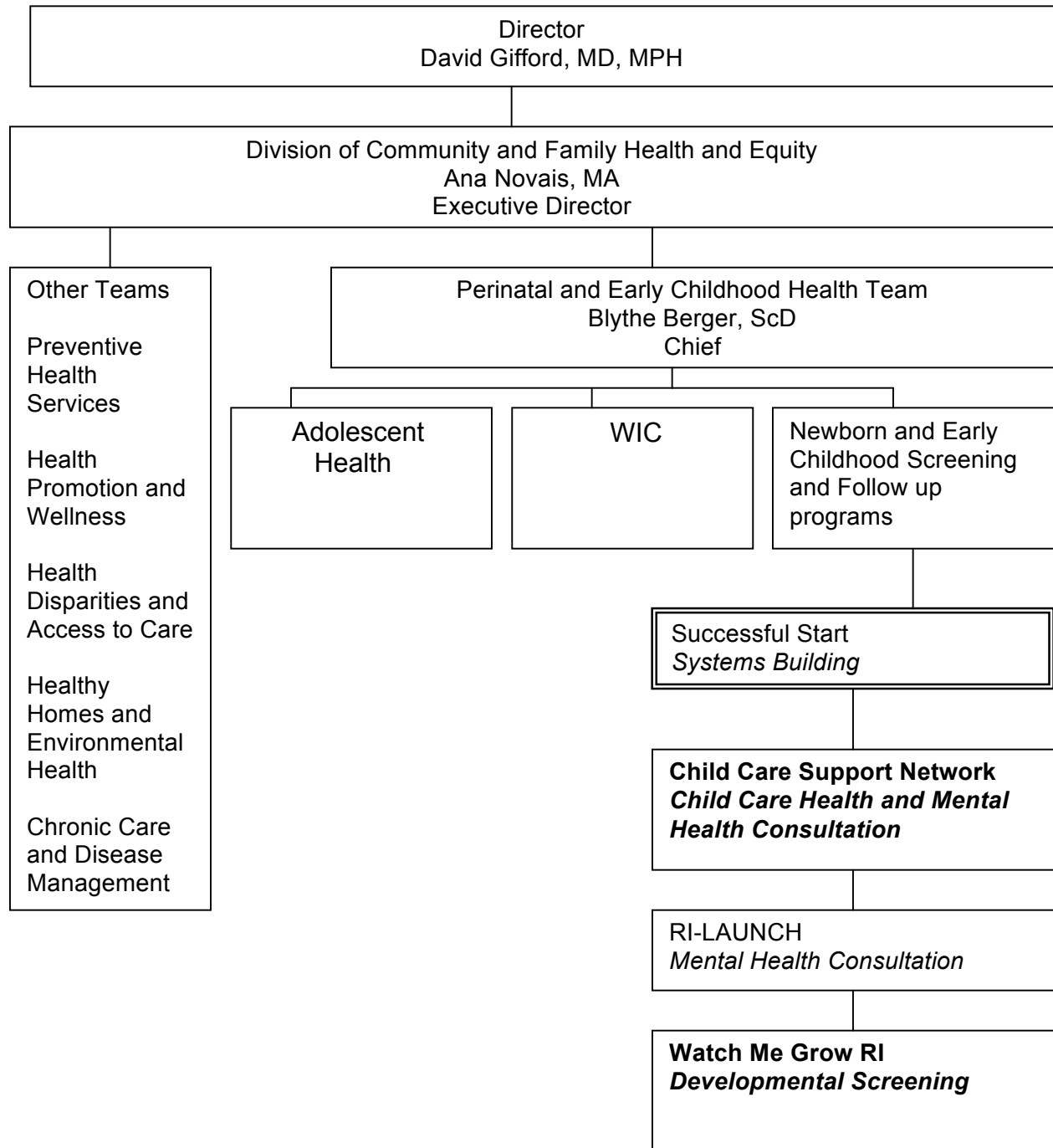
implemented developmental screening in 50 sites. Evaluation activities showed that the child care centers that participated in Network services had increased quality on standardized measures.

PUBLICATIONS/PRODUCTS: The Network developed a number of products to assist both families and providers to understand the importance of developmental screening and how to implement developmental screening, including A Parent's Guide to Developmental Screening, Referral Protocols and a Mental Health Brochure. In addition, several reports and presentations were made to audiences of different types, including the American Academy of Pediatrics and the American Public Health Association.

DISSEMINATION/UTILIZATION OF RESULTS: Staff have presented information about the Network at state and national conferences, in national and local Webinars, and at RI meetings to share the results of the project and provide education about the integration of public health with other early childhood serving sectors.

SUSTAINABILITY: Currently RI has blended funds to create a sustainable funding mechanism for Mental Health consultation, including using funds from the Quality Set Aside of the Child Care Development Block grant, Title V, and the State Early Childhood Comprehensive Systems Grant. Contracts are in place to sustain activities through 2013.

Appendix 1 Home Visiting Project Organizational Chart





Appendix 2

Child Care Support Network Early Childhood Mental Health Consultation Year 4 Progress Report

What is Early Childhood Mental Health?

Young children rely on their relationships with caregivers for healthy development. Positive child care and family relationships are crucial for the promotion of early childhood mental health.

Early Childhood Mental Health is a field that promotes emotional and social competence in young children. Good mental health means the young child can experience, regulate, and express emotions appropriately; form close and secure relationships; and explore, engage, and learn through play.

Understanding early childhood mental health problems is complex. Symptoms may vary from child to child (for example, one child may be withdrawn or distracted, while another is aggressive or anxious). The child's behavior may be linked to challenges the child experiences in his/her relationships. Symptoms may also be related to disruption in a child's routines, such as sleep and eating.

CCSN-Early Childhood Mental Health Consultation

How can Early Childhood Mental Health Consultation help in child care programs?

Early Childhood Mental Health Consultants help child care providers to create quality learning environments that support healthy development in young children. Mental Health Consultants develop on-going relationships with child care providers, assess the unique needs of each child care program, and work together on a regular basis to establish and sustain child care environments that meet the mental health needs of the children served.

Mental Health Consultants may work with a program to:

- Prevent "crises" related to challenging child behaviors
- Establish effective communication among child care staff about developmental expectations and mental health needs of children in care
- Support effective family engagement
- Structure optimal learning environments that nurture the child's emerging relationships, skills, and development
- Create positive and supportive work environments

What do Mental Health Consultants do?

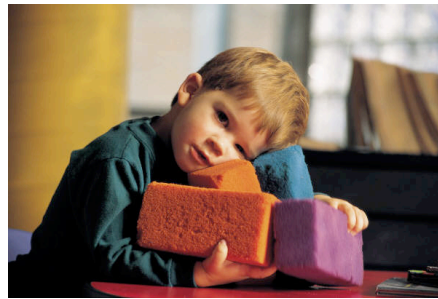
Mental Health Consultants (MHCs) conduct on-site consultation in child care settings throughout RI. MHCs from Bradley Hospital Early Childhood Clinical Research Center and Providence Center Early Childhood Institute offer a variety of services to assess the needs of the child care

program and to intervene in a meaningful way. MHC is provided for a period of 12 months. During this time, CCSN Mental Health Consultants work with programs to:

- Develop program improvement plans based on systematic understanding of classroom functioning
- Provide in-service staff training workshops on topics related to early childhood mental health
- Facilitate staff review of challenging child behaviors and developmental concerns to recommend program enhancements (such as child behavior plans or community engagement needs)
- Foster programmatic mentoring and supervision
- Support effective parent engagement
- Offer direct classroom-based engagement to support optimal classroom environments, behavior management practices, and individualizations strategies.
- Potential to offer evidence-based Parent Training and Teacher Training programs

Who is Eligible to Participate in CCSN?

Center-based child care centers throughout RI that: 1) are not currently working with a Mental Health Consultant; and 2) serve high rates of children who receive a DHS child care subsidy.



What does the CCSN Program Evaluation involve?

Child Care Support Network (CCSN) supports systematic evaluation of mental health consultation activities:

- Evaluators conduct classroom observations pre- and post-MHC, using standardized tools including ECERS-R and ITERS.
- Child care staff complete questionnaires about child care characteristics and teaching practices
- Evaluators conduct classroom observations again one year after end of CCSN MHC services
- Annual summary provided

Results from year 4 (2010)

- **7 sites were enrolled with a total of 36 classrooms, 79 staff, 408 children**
- **Significant improvement in environmental scale (ERS) ratings ($t=2.32$, $p<.05$): pre-MHC (mean=3.29, $sd=.63$) to post-MHC (mean=3.66, $sd=.87$)**
- **Significant improvement in Classroom MAP ratings in 3 areas— environment/supports, promotion of behavior and learning, and parent involvement ($t=4.42$, $p<.001$): TOTAL scores pre-MHC (mean=2.41, $sd=.48$) to post-MHC (mean=3.08, $sd=.59$)**

Child Care Support Network is funded by the Rhode Island Department of Human Services, the Rhode Island Department of Health and the Maternal and Child Health Bureau, and Healthy Tomorrows Partnerships for Children