The Costly Consequences of Not Being Socially and Behaviorally Ready by Kindergarten

Thursday, September 15, 2016
2 pm ET / 1 pm CT / Noon MT / 11 am PT
Deborah Gross is Leonard and Helen Stulman Endowed Professor in Psychiatric and Mental Health Nursing and is best known for her work in promoting positive parent-child relationships and preventing behavior problems in preschool children from low-income neighborhoods. At Johns Hopkins, she holds joint appointments at the School of Nursing, the Department of Psychiatry and Behavioral Sciences in the School of Medicine, and the Department of Mental Health in the Bloomberg School of Public Health. Previously, as associate dean for research and a department chair at Rush University College of Nursing, Dr. Gross and colleagues developed the innovative Chicago Parent Program, which improves parenting behavior and reduces child behavior problems.
Amie Bettencourt is the ChiPP Project Director at the Fund for Educational Excellence, adjunct faculty member in the Johns Hopkins School of Public Health and Johns Hopkins School of Nursing, and an affiliate faculty member of the Baltimore Education Research Consortium. She earned her Ph.D. in Clinical Psychology from Virginia Commonwealth University and completed her postdoctoral training in Prevention Science in the Johns Hopkins School of Public Health, Department of Mental Health. Prior to joining the ChiPP Project, she worked as a program evaluation specialist for Baltimore City Public Schools in the Office of Achievement and Accountability. In this role, she directed administration and analysis of the district’s annual school climate survey and conducted evaluations of district initiatives for which she has received several awards from the Council for Great City Schools and the American Educational Research Association.

Bettencourt’s research interests focus on the prevention of problem behaviors in youth, with a particular focus on identifying malleable risk and protective factors associated with the development of problem behaviors, and examining the impact of evidence-based interventions on reducing or preventing the development of such behaviors within low-income populations.
Molly Yost is the LAUNCH Together Technical Assistance and Policy Manager at Early Milestones Colorado. Prior to joining Early Milestones, Molly worked as a policy specialist at Clayton Early Learning where she led policy development and advocacy efforts to support Colorado's youngest children and their families, including nationally recognized legislative reform to improve the state's child care assistance program. She also served as research and special projects manager in the Office of Lt. Governor Joe Garcia where she advanced several statewide governance and data efforts including Colorado’s Race to the Top–Early Learning Challenge Fund grant application under the Early Childhood Leadership Commission, Colorado's Early Childhood State Advisory Council. Molly holds a Bachelor’s degree in political science from Kenyon College and was also a member of the Denver Metro Chamber Leadership Foundation’s Impact Denver Class of 2014.
Noelle Hause is an Irwin Harris Infant Mental Health Fellow graduate and has provided and administered infant and early mental health services for over 30 years. She is the Young Child Wellness Coordinator for the Project LAUNCH Weld Systems Navigation Project in Weld County. Additionally, Noelle serves as Program Director for North Range Behavioral Health where she clinically supervises children and families seeking mental health services, prenatal to 8. A variety of evidence-based and promising practices are implemented including: Parent Child Interactional Therapy (PCIT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Child-Parent Psychotherapy (CPP), Promoting Maternal Mental Health, Incredible Years Small Therapy Groups and Systems’ Navigation services. Featured in the Colorado Health Foundation – Health Elevations Spring 2011 feature article: What's Working: Connecting All the Dots Early Outreach Tackles Youngsters' Total Needs, Noelle, in an early childhood mental health specialist role, emphasized a holistic approach in addressing very young children’s physical, developmental and emotional needs early when therapy and intervention can have “a dramatic impact”. Additionally, Noelle serves as adjunct faculty for the University of Northern Colorado’s Department of Special Education – Early Childhood.
The Costly Consequences of Not Being Socially and Behaviorally Ready by Kindergarten: Associations with Grade Retention, Receipt of Academic Support Services and Suspensions/Expulsions

AMIE BETTENCOURT, PHD
THE FUND FOR EDUCATIONAL EXCELLENCE
DEBORAH GROSS, DNSC, RN, FAAN
JOHNS HOPKINS SCHOOL OF NURSING
Impact of Poverty on Children’s Social, Emotional, and Behavioral Wellbeing

Social, emotional, and behavioral difficulties are now among the most prevalent problems causing chronic disability in US children.

These problems are more than twice as likely to occur among children living in poverty.

Top Chronic Health Conditions in US Children

1. Speech problem
2. Learning disability
3. ADHD
4. Other mental, emotional, or behavior Problem
5. Other developmental problem
6. Asthma/breathing problems

Impact of Poverty on Behavior and Learning

Poverty increases the likelihood that children will be exposed to multiple adverse childhood experiences (ACE’s)

Children exposed to 2 + ACEs are:
- Almost 3 times more likely to be retained in grade
- About 2 times more likely to be diagnosed with ADHD or other behavior problems
“The Risk Gap”*

In Baltimore City,
- Over 85% of school children live in poverty
- Over 30% of children are exposed to 2+ ACEs

In a survey of Baltimore high school students:
- 43% of students witnessed violence at least weekly
- 39% had known someone killed before reaching adulthood

The Social-Behavioral Risk Problem

In 2015, 52% of Baltimore City Public Schools’ kindergarteners were assessed as not socially-behaviorally ready to learn

Social-behavioral skills develop before children enter kindergarten
What are Social-Behavioral Skills?

Sometimes referred to as “non-cognitive skills”

Includes:
- Social information processing skills
- Executive functioning skills
- Emotional regulation skills
What are Social-Behavioral Skills?

Social information processing skills
- Process and label emotions
- Appropriately respond to their own and other people’s emotions
What are Social-Behavioral Skills?

Executive functioning skills
◦ Attend to tasks,
◦ shift attention in response to expectations,
◦ inhibit socially inappropriate responses,
◦ process, remember and use information
What are Social-Behavioral Skills?

Emotion Regulation Skills
- Manage emotions such as frustration, anger, and stress
Study Purpose

Understand the impact of not being socially-behaviorally ready for kindergarten on 3 costly academic outcomes:

- Being retained in grade
- Receiving services and supports through IEP or 504 Plan
- Being suspended or expelled

To inform early intervention efforts for strengthening children’s social-behavioral skills prior to and during transition to kindergarten
The Sample

Retrospectively followed 2 cohorts of kindergarteners in Baltimore City Public Schools:

- Cohort 1 (n = 4,462): enrolled Fall 2007 through 3rd grade (SY 2010-11)
- Cohort 2 (n = 4,602): enrolled Fall 2009 through 3rd grade (SY 2012-13)

- Only included students who remained in Baltimore City Schools up to 4th grade and had Social-behavioral readiness scores in kindergarten

- 51-52% Boys
- 86-88% African American
- 80-90% FARMS
- 80-83% Attended formal school before Kindergarten (e.g., PreK, Head Start)

FARMs = Free & Reduced Price Meals.
The Measure of School Readiness

• Maryland Model for School Readiness (MMSR)
• Administered to all kindergarten students in Baltimore
• Measures 7 domains of kindergarten readiness
  • Language Literacy
  • Mathematical Thinking
  • Scientific Thinking
  • Social Studies
  • Physical Development
  • The Arts
  • **Personal and Social Development**
• MMSR scores: “Fully Ready” or “Not Ready” (“Developing” or “Approaching”)

Johns Hopkins School of Nursing The Fund for Educational Excellence
The Method

Analyses controlled for other variables linked to school-readiness and our outcomes:

- Student gender and race/ethnicity
- Chronic absence in kindergarten
- English Language Learners
- Qualified for FARMS in kindergarten
- Attended formal preschool (Head Start, pre-K, other day care)
- Other 6 MMSR school readiness domains
- School-level differences

FARMS = Free & Reduced Meals.
Data Analysis

Analyzed the two cohorts separately to examine generalizability: Can we get the same results across two different cohorts of students?

Examined short and long-term effects of social-behavioral readiness on academic outcomes:

1) Impact of social-behavioral readiness on Kindergarten outcomes
2) Impact of social-behavioral readiness on outcomes by 4th grade

Data analyzed using multi-level logistic regression
Children who were not socially-behaviorally ready for school were more likely to:

- Be male
- Come from low-income families
- Have not attended formal preschool (e.g., preK or Head Start)
- Be chronically absent from school
Likelihood of Being Retained in Grade by Readiness Level

After controlling for school and student characteristics and all other school readiness domains, students not socially-behaviorally ready were:

- 80% more likely to be retained at the end of Kindergarten
- 40-60% more likely to be retained during next 3 years of school
Likelihood of Receiving Services/Supports by Readiness Level

After controlling for school and student characteristics and all other school readiness domains, students not socially-behaviorally ready were:

- Not more likely to receive services and supports through an IEP or 504 plan in Kindergarten
- 50-80% more likely to receive such services and supports during next 3 years of school
Likelihood of Being Suspended/Expelled by Readiness Level

After controlling for school and student characteristics and all other school readiness domains, students *not* socially-behaviorally ready were:

- Up to 7 times more likely to be suspended/expelled at least once in kindergarten

- Up to 2.7 times more likely to be suspended/expelled at least once during next 3 years of school
Impact of Being Male

After accounting for school and student characteristics and all school readiness domains, boys were more likely to be:

- Retained in kindergarten and at least once during the next 3 years of school
- Receive services/supports through an IEP or 504 plan in kindergarten and at least once during the next 3 years of school
- Suspended/expelled in kindergarten and at least once during the next 3 years of school
Discussion: The High Cost of Not Being Socially and Behaviorally Ready for School

Recent estimated per pupil costs for:

**Grade Retention:**
- $11,153/student/year (U.S. Department of Education, 2013)

**IEP and 504 Plan Services:**
- Cost vary by needs and disabilities
- Average $10,000/student/year (Bartik, 2011; National Education Association, 2002-2015)

**Suspension/expulsion:** Relevant costs include:
- Staff time addressing behavioral incident
- Lost school funding from student’s absence
- Lost parent wages
Discussion: The Role of Parents

Since social-behavioral skills develop long before school entry, we need to better understand how to help families before children enter school.

Parents are central to their children’s social-behavioral readiness.
Discussion: Impact on Teachers

When so many children struggle with behavior, learning is diminished for all students.

Teachers can become demoralized.
Important to Note Study Limitations

Sample bias: not all students are included in this analysis because they were not tested or left the district before 4th grade

Possible measurement bias: MMSR social-behavioral ratings rely heavily on teachers’ report of student behavior

Other factors not measured or controlled may contribute to risk for outcomes (e.g., parent’s education level, neighborhood stress)

Exposure to different types of preschools programs not controlled
Conclusion

Although preschool linked to better outcomes, not being socially-behaviorally ready for kindergarten still affected later outcomes.

Results are consistent with other research showing:
- Early vulnerabilities of boys growing up in poverty
- Impact of poverty on learning starts early

This study extends prior work by showing unique contribution of social-behavioral readiness to three costly academic outcomes.
What Can We Do to Improve Children’s Social-Behavioral Readiness?

4 types of early interventions shown to strengthen children’s social-behavioral skills:

- **Behavior management support for teachers:** formal professional development and 1-to-1 consultation w/ behavior specialist
- **Mental health consultation:** staff consultation and brief family focused intervention
- **Social skills training for children:** curricula on social skills provided directly to children in the classroom
- **Parenting programs:** strengthening parenting capacities for supporting their children’s social-behavioral competence

Purpose: To strengthen parenting, promote children’s social-behavioral readiness, and improve academic outcomes

Using the Chicago Parent Program*
- 12 2-hour sessions

Schools with >90% FARMs; >90% students African American or Latino

Offered to Pre-K parents

Uses conditional cash transfers to boost participation

(*Disclosure: Dr. Gross is the developer of the Chicago Parent Program)

FARMs = Free & Reduced Meals.
Preliminary Results
(n=9 schools; 213 parents)

Who enrolled?
• 69% African American
• 27% Latino
• 70% have a high school diploma/GED or less
• 67% report household incomes <$20,000/year

Impact on child behavior problems:
• 48% drop in the number of children with high rates of behavior problems
• 61% report that concerns about their child are “much better than before”
• 69% report attending the program helped “a lot” with relationships other than with their child
• 75% feel “much more confident” talking to their child’s teacher about child’s behavior at home
• 96% report that programs like this make them feel valued by their child’s school
Impact of Conditional Cash Transfers

Parents receive bank debit card at enrollment
$15/session attended; $5/homework turned in
Maximum earned = $230 (Average payout = $119)
73% said extra money a motivator to sign up
96% said the most important reason for signing up was wanting to be a better parent; wanting help with parenting
80% of parents who signed up attended the program
Parent engagement levels during group sessions high
The Future of the ChiPP Project: Imbedding into Pre-K and “Judy Centers”

- Judith P. Hoyer Early Child Care and Education Enhancement Programs (“Judy Centers”)
- Written into Maryland law in May 2000 (Annotated Code of Maryland, Education Article, §5-215)
- Located in public schools serving high-need communities
- Provide a range of services to children birth-5 years and their families
- Funded through a combination of public, private, and local sources
- Judy Centers are accredited
- Currently, 52 Judy Centers in Maryland; 13 in Baltimore City (more planned for AY 2017)
- Sustaining the ChiPP Project involves imbedding into Pre-K and Judy Centers
Take-home Points

1. Growing up in urban poverty is having devastating effects on young children’s social and behavioral readiness to learn.

2. Social-behavioral readiness skills are first learned before children enter school, in the context of a strong parenting relationship.

3. Although preschool enrichment and teacher development programs are important, we still need to invest more in strengthening parenting capacities.

4. School-based parenting programs can benefit families if they are evidence-based, strength-based, and relevant to the issues faced by parents raising young children in urban poverty.

5. “Judy Centers”--written in state law, supported by public and private dollars, focused on supporting parents--are an innovative and replicable strategy for addressing the problem.
Thank you

FOR MORE INFORMATION, PLEASE CONTACT AMIE BETTENCOURT (ABETTEN3@JHU.EDU) OR DEBBIE GROSS (DEBGROSS@JHU.EDU)

FOR A COPY OF THE FULL REPORT: HTTP://BALTIMORE-BERC.ORG/CATEGORY/PUBLICATIONS
Innovative Solutions to Improving Behavioral and Developmental Outcomes for Young Children and Families

A Colorado Case Study

September 15, 2016
Understanding the Challenge

• **10 out of every 1,000** children were removed from Colorado licensed child care settings, compared to a K-12 expulsion rate of nearly **3 per 1,000** students.

• Approximately **17%** of young children under age 5 experience some type of emotional or behavioral problem, yet **less than half** of these issues are detected before entering school.

• **26.5%** of Colorado parents have concerns about their children’s emotions or behavior, but only a fraction get mental health supports.

• **Half** of adult mental illnesses begin before age 14.
State-Level Leadership & Vision
Early Childhood Colorado Framework
Early Childhood Mental Health State Plan

VISION

all children and families are valued, socially and emotionally healthy, and their relationships are thriving

COLORADO local and state systems

CONTINUUM OF SUPPORTS
promotion • prevention • intervention • treatment

RELATIONSHIPS
caregivers • professionals

FAMILIES

CHILD

COLORADO’s Early Childhood Mental Health Strategic Plan: An Innovative Portfolio of Solutions
Endorsed by the Colorado Early Childhood Leadership Commission 9/15

STRATEGIC PLAN PRIORITIES

A long-term sustainable financing approach exists for Colorado’s early childhood mental health system.

Coordination and alignment exists across systems that promotes and extends collaboration and integration.

Colorado’s early childhood workforce has the capacity and expertise defined through knowledge, skills, experiences, and the support necessary to promote child and family mental health and well-being.
Public/Private Enthusiasm & Investment
Colorado Turning Points

2008
- SAMHSA Project LAUNCH
- Early Childhood Colorado Framework

2010
- Weld County Systems Navigation (Project LAUNCH)
- Early Childhood Leadership Commission (State Advisory Council)

2013
- Early Childhood Mental Health Environmental Scan
- ECMH Funders Network
- Office of Early Childhood

2014
- Colorado Project LAUNCH w/ Adams County as Local Pilot
- State Innovation Model
- Early Childhood Mental Health Director
- Project LAUNCH Replication Planning

2015
- EC Mental Health State Plan Refresh
- EC Colorado Framework Refresh
- Young Minds Matter: Mental Health Policy Brief
- LAUNCH Together
Project LAUNCH Framework as Model

Source: http://www.healthysafechildren.org/project-launch-framework
Local Innovation Informs Policy & Systems Change
Screening and Assessment EXAMPLE
Project LAUNCH: Weld Systems Navigation

Identified Gap
• Lack of consistent, standardized, developmental screening practices

How can we enhance practices?
• Implement consistent, standardized, electronic developmental screen practices
• Provided recommended Periodicity Schedule of recommended screens (American Academy of Pediatricians)
• Provide training and technical assistance
• Provide infant and early childhood mental health consultation to primary care and behavioral health providers and families
• Provide resources
• Embed screening practices within well child visits and the flow of the office setting
Identified Gap
• Lack of consistent, standardized, developmental screening practices
• Lack of behavioral health knowledge, supports and services/medical home

How can we enhance practices?
• Implement consistent, standardized, electronic developmental screen practices.
• Provided recommended Periodicity Schedule of recommended screens (American Academy of Pediatricians)
• Explore and provide billing codes and rules
• Provide training and technical assistance
• Provide resources
• Embed screening practices within well child visits and the flow of the office setting
• Provide infant and early childhood mental health consultation to primary care providers and families through co-location.
Mental Health Consultation in Early Care and Education EXAMPLE
Project LAUNCH: Weld Systems Navigation

**Identified Gap**
- Lack of early identification in various different cultures, specifically the refuge population
- Lack of family engagement in behavioral health
- Lack of behavioral health knowledge, supports and services

**How can we enhance practices?**
- Implement consistent, standardized, electronic developmental screen practices via home visitors who are members of the specific population being served
- Provide training and technical assistance
- Provide resources and referrals
- Embed screening practices and consultation within the HIPPY visit
Identified Gap
• Lack of maternal mental health home visiting services
• Lack of nurses’ knowledge of mental health

How can we enhance practices?
• Provide maternal mental health consultation to nurses
• Provide reflective supervision to nurses focused on the mother/baby relationship within the context of past trauma and other experiences
• Provide direct mental health services through home visiting to women as appropriate
Family Strengthening EXAMPLE
Project LAUNCH: Weld Systems Navigation

Identified Gap
• Lack of evidence based family strengthening practices and treatments
• Lack of relationship focused practices specifically related to trauma

How can we enhance practices?
• Provide evidence based trainings to strengthen relationships
• Provide coaching, mentoring and appropriate supervision to sustain and embed these practices
• Collect data related to changes in provider practice, family outcomes and cost analysis for case load management, billing purposes and sustainability
Project LAUNCH: Weld Systems Navigation
Collective Impact: Systems Outcomes

• Increase in shared vision, mutual respect, understanding and trust between partners, Members reported viewing collaboration as in their self-interest.

• Partners developed shared sustainability priority areas: screening/assessment, workforce development, mental health consultation and replication

• Shift in attitude and desire to become trauma informed and family strengths based.
Increases in:

- Children’s socio-emotional and behavioral health and development
- Knowledge of the impact of toxic stress and trauma on children’s physiology and brain development
- Knowledge of how to buffer the impact of toxic stress
- Knowledge of the available options for follow-up services for children with mental or behavioral health issues
- Use of screening and/or assessment of children ages 0-8
- Use of screening/or assessment tools with parents of children 0-8
- Use of evidence based prevention and intervention practices
- Number of professions obtaining Infant Mental Health Endorsement
Project LAUNCH: Weld Systems Navigation
Collective Impact: Family Outcomes

- 12,353 Children and Adults Screened
- 1996 Family Mental Health Consultations
- 167 children and caregivers received enhanced home visiting with mental health consultation
- 800 families received evidence based treatment services
- 50 families received enhanced case management through use of the Systems Navigation Model in which parents reported increases in family empowerment and 100% satisfaction with services
Policy Priorities

- Advance integration of mental health services and supports in health care and educational settings through delivery system changes, payment reform and practice transformation.

- Develop and fund robust infrastructure to support a statewide screening, referral and care coordination model.

- Invest in workforce capacity development to (1) increase the number of qualified mental health professionals and (2) expand professional development and training opportunities that enhance the skills of professionals in the field.

- Develop a comprehensive statewide navigation system to connect caregivers, families and children to referral and mental health resources, including supports for crisis situations.

- Support innovative practices, programs and approaches, scaling those that are making a demonstrable difference and find ways to embed them into the core work of public agencies serving children.
Q&A
Molly Yost
Technical Assistance & Policy Manager, LAUNCH Together
Early Milestones Colorado
myost@earlymilestones.org

Noelle Hause EdD, LPC, IMH-E® (IV)-C
Infant Mental Health Mentor, Clinical
Young Child Wellness Coordinator, Project LAUNCH
North Range Behavioral Health
noelle.hause@northrange.org
Questions?
An archived version will be available shortly, please visit: www.ncsl.org/research/human-services/costly-consequences-not-socially-ready-by-kindergarten.aspx

Learn more about NCSL’s Early Care and Education project: ncsl.org/research/human-services/early-care-and-education.aspx

We hope to see many of your Dec. 6-9, 2016 in Washington, D.C. for the Capitol Forum: http://www.ncsl.org/meetings-training/2016-ncsl-capitol-forum.aspx

Connect with NCSL Staff:

• Robyn Lipkowitz, program director, Children & Families Program robyn.lipkowitz@ncsl.org / 303-856-1420
• Alison May, staff coordinator / Children & Families Program / alison.may@ncsl.org / 303-856-1473
• Julie Poppe, program manager, Children & Families Program julie.poppe@ncsl.org / 303-856-1497
The Costly Consequences of Not Being Socially and Behaviorally Ready by Kindergarten

Thursday, September 15, 2016
2 pm ET / 1 pm CT / Noon MT / 11 am PT