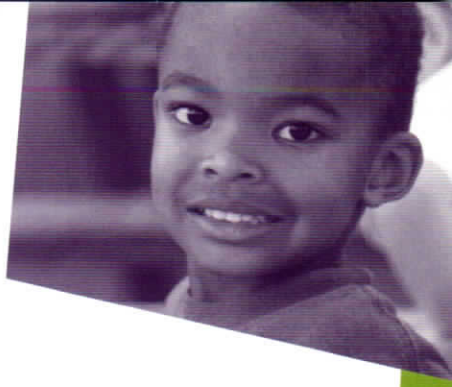

Coordinated Social-Emotional Supports

An Essential Ingredient for School Success

An extensive review of research by the National Academy of Sciences indicates three qualities needed for school success: intellectual skills, motivation to learn, and socio-emotional capacity.[1] While the first two qualities receive a great deal of attention, the third is often overlooked. A common misperception is that preschool children who exhibit challenging behaviors will outgrow them on their own. Disagreeing, Dr. Jane Knitzer asks: "If 25% of adolescents are at risk of not living, working, learning, and participating fully in their community, do you think it is a coincidence that the usual and customary figure we hear about young children not being ready to enter school and succeed is 25%?"[2]

One in five children in the United States has been diagnosed with a mental, emotional, or behavioral disorder. Seventy percent of those children are ***not*** receiving appropriate treatment.[3] The consequences are enormous. Preschool-age children with poor social skills are more likely to have greater difficulty with peer acceptance and developing mutual friendships. And, poor social-emotional development sets the stage for poor learning performance, as well as a lifetime of emotional problems.[4]

Many states are developing initiatives to address this growing concern among young children. Florida, for example, devised an Infant Mental Health Strategic Plan.[5] Connecticut has a statewide system of 11 mental health consultants for early education and care settings and is planning to pilot, in fall 2006, a multidisciplinary system of consultation that would include a team of health, education, and special education consultants.[6]

Massachusetts Efforts: Pieces of the Puzzle

The challenges of children's social-emotional health in Massachusetts are particularly striking. Massachusetts is ranked as the ninth highest in the nation in Pre-K expulsion.[7] A recent study found that 34% of preschool children in five Central Massachusetts child care agencies had clinically significant behavior problems.[8] State and community-based agencies have made numerous efforts to address these concerns, but several challenges persist:

- **The programs are not universally accessible or sustainable.** Current services in Massachusetts are primarily provided through time-limited grants and programs with very specific eligibility guidelines. Of the 388 Massachusetts school districts, there are mental health services through Community Partnership grants in only 42 communities, and mental health services through Early Education and Care grants in only 16. The funding for 27 Department of Education Early Childhood Mental Health grants was recently reallocated to other issues. Early Intervention programs are available for eligible children in the birth-to-three population, but are not uniformly strong in mental health services. Head Start and Early Head Start provide limited mental health services for income-eligible children. For school-age children, there are scattered mental health services in some schools and after-school care programs. The Department of Mental Health and the Boston Public

A common misperception is that preschool children who exhi

Health Commission have partnered with seven health centers in the Greater Boston area for child mental health services.

- **Scattered services, not a system.** Despite efforts to bring services to the local communities, Massachusetts does not have a consistent, coordinated system of services for children and families. A family in one community may be able to find services, but if they move to the next town, they may not be able to access the same services. In some cases, they may find services for a three-year-old, but not for a toddler. Services in languages other than English are nearly impossible to find. Mental health services for children are spread across many different systems such as community mental health centers and the juvenile justice and child welfare systems. Each agency works within its own set of policies and regulations, and all struggle with barriers such as high costs, workforce shortage, and the stigma associated with treating mental illness.
- **Lack of family and caregiver supports.** There is anecdotal evidence that parents are missing work when their children are suspended or expelled due to behavior issues. Families report feeling unsupported and powerless. Children receive inconsistent care, which escalates behavioral problems, resulting in serious problems later in life. These children do ***not*** arrive at school ready to learn and often require costly special education services. Child care staff turnover is increasing because providers feel ill-equipped and unsupported in dealing with these complex challenges.

Mental Health Consultation Works

There is evidence that a mental health consultation model is highly effective for children and that it saves taxpayer dollars. Mental health consultation involves a clinician who is trained to work with early childhood staff and families to prevent, identify, treat, and reduce the impact of mental health problems among young children and their families.[9] According to the Yale study, access to regular classroom-based mental health consultation decreases the likelihood of expulsion significantly.[10]

On a local level, Together for Kids in Central Massachusetts has demonstrated that, as a result of targeted mental health consultation services, children's aggressive and maladaptive behavior decreased substantially, while their physical development and self-help skills improved. Their interventions average 22 hours per child[11] and their work yields benefits of approximately $1.67 to $2.23 (for every one dollar invested) in reduced special education costs one year later.[12] In Lowell, Children's Support Services, funded by the Community Partnerships for Children, provides case management as well as behavioral health consultation and specially trained paraprofessionals. They have followed children to second grade and see sustained improvement in behavior and significantly fewer referrals to special education for behavioral issues alone.[13]

Overall Recommendation

Massachusetts must create a coordinated, multidisciplinary, culturally competent system of social-emotional supports. This recommendation will require leadership, coordinated funding, and specialized staffing.

1 **LEADERSHIP:** We recommend that within state government, the Department of Early Education and Care (EEC) be designated as the lead agency held accountable for coordinating a comprehensive, sustainable, multidisciplinary infrastructure of mental health supports for young children. This department has shown leadership in committing funding to behavioral health initiatives and serves the entire targeted birth-to-school-age population in child care and

other settings. With this designation, we urge EEC to commit itself to the following elements of a coordinated system:

- A sustainable infrastructure that builds on existing models and trained clinicians
- Standardized evidence-based best practices
- Expanded capacity addressing geographic, cultural/linguistic, and age-specific gaps
- Networking for sharing best practices, coordination of the infrastructure, and information access points for families
- Professional development and training
- Data collection of utilization of mental health services, costs, and short- and long-term outcomes for children, family, and providers

2 **COORDINATED FUNDING:** "There is no one funding stream targeted to young children facing social and emotional threats to school readiness."[14] The price tag for comprehensive mental health consultation for the 58,500[15] children currently estimated in EEC-subsidized care is estimated at $17.26 million dollars, based on the rate of $1.13/child/child care day or $295/child/year.[16] Funding a system of mental health services will require extensive coordination among government agencies as well as with Medicaid and private insurers. To start, we recommend that the lead agency:

- Work to expand third-party reimbursement for services in child care settings provided by licensed mental health providers
- Establish an interagency mechanism to:
  - Reallocate and braid existing and new state dollars
  - Create a flexible pool of funding that can pay for services not paid by insurance, such as preventative services and training

3 **SPECIALIZED STAFFING:** An immediately actionable first step would be to identify funding for the central person to the local multidisciplinary teams we envision – 15 to 20 mental health professionals placed across all regions of Massachusetts. This will cost approximately $1.5 to $2 million and can be achieved through the coordination of existing scattered resources. The roles of this mental health consultant would include:

- Assessing and matching needs to existing community resources
- Offering regular training
- Providing on-site technical assistance and coaching to child care staff
- Linking third-party reimbursable clinicians to those children and families needing intensive counseling or treatment
- Collecting data

A Final Word

As EEC builds its infrastructure and develops a five-year plan, it must build a strong, long-term emphasis on positive social-emotional development and prevention of behavioral concerns into all the elements of its infrastructure: standards and guidelines, assessment, workforce development, resource and referral, and parent involvement and support. Only when all of these recommendations are in place and children have stable, supportive environments in which to grow and learn will we be truly able to ensure that our youngest citizens are entering schools ready to learn.

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16 Warfield

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