



Ready, Set, Together!

Supporting Early Childhood Social and Emotional Development Across the Commonwealth

Introduction

Research supports that social and emotional development works hand in hand with early learning and education gains in young children.² Massachusetts has recognized the importance of social and emotional learning as well as early childhood mental health consultation as best practices in the field of early childhood development. Current programs are aimed at identifying and addressing early behavioral challenges, especially among low-income and highly vulnerable families. Nevertheless, existing supports continue to be both insufficient in meeting the demand for services and inaccessible to several geographic areas across the state such as the Cape and the Islands. This paper outlines the challenges of promoting children's social and emotional health in Massachusetts and offers recommendations on how Massachusetts can more effectively respond to all children throughout the Commonwealth during difficult economic times.

“From birth to age 5, children rapidly develop foundational capabilities on which subsequent development builds. In addition to their remarkable linguistic and cognitive gains, they exhibit dramatic progress in their emotional, social, regulatory, and moral capacities. All of these critical dimensions of early child development are intertwined....”¹

The Massachusetts Challenge

Illustrating the challenges faced in Massachusetts are reports that Massachusetts has the ninth highest expulsion rate among prekindergarten students in the nation.³ In the four years since these reports were written, Massachusetts has maintained or created a number of early childhood mental health initiatives. While these programs have a demonstrated impact for children, families, and early educators who are able to access them, *programming continues to be inaccessible to children in many towns and communities across the state.*

Findings: What Massachusetts is Doing

1. While the Massachusetts state legislature has recognized the importance of early childhood mental health consultation services by establishing a line item in the Fiscal Year (FY) 2007 state budget and increasing the line item in subsequent years, *the FY 2010 funding has been dramatically reduced* due to the state's current fiscal challenges. There continues to be a significantly growing demand for mental health services, and several areas across the state do not have access to state-supported early childhood mental health programming.
2. Limited funding does not provide for preventative and universal access to mental health supports in every region. As a result, many communities often have to respond to challenges as they arise or are unable to, thus leaving children and families behind.



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3. Currently, the Department of Early Education and Care (EEC) provides early childhood mental health grants in all six regions across the state; however, not all grantees service neighboring towns and cities within their respective regions. Current formulas for assessing community conditions and needs tend to award services to communities showing the highest concentration of population, often not recognizing our more rural and isolated communities.
4. A 2007 report, "Behavioral/Mental Health Specialists in Early Education Programs," by Glenwood Research,⁴ found that existing services in Massachusetts need to be improved and recommended the following steps, among others, to do so: funding and opportunities to bill services to insurance and other sources, professional development, cultural responsiveness, parent involvement, referral options for children with intensive mental health needs, and emphasis on continuing cross-agency collaboration with partners.
5. Although the state struggles with a persistent achievement gap that puts into perspective the need to support children as early and as often as possible, the primary focus for education continues to be on didactic learning approaches and MCAS results.
6. The 2008 "Steps Forward"⁵ report by the Massachusetts Early Education and Care and Out-of-School-Time Workforce Development Task Force defined key elements of a professional development system and crafted next steps for the delivery of the required 40 hours of orientation during the first two years of employment. The Task Force's current recommendation is to convene a training on "Guiding and Interacting with Children and Youth" in Year 2 of this orientation. While the Task Force has done an excellent job integrating social and emotional competencies for early and out-of-school-time educators, postponing this training to Year 2 would be a missed opportunity to reinforce classroom management and individual child behavioral challenges as well as to prevent teacher burnout early on.
7. EEC has issued a new grant for communities for FY 2010. This new grant is the consolidation of: Community Partnerships, Massachusetts Family Network, and Parent Child Home Program and Joint Family Support Program grants. Like these grants, the new Coordinated Family and Community Engagement Grant builds on local infrastructure of supports and services in the community. These grants ensure that all families with young children, especially those with the greatest educational need and experiencing multiple risk factors, have access to supports within their community. The required local early childhood governing council of stakeholders, including parents, will continue to develop innovative approaches to comprehensive planning, coordination, and delivery of local family access and community engagement services to support young children and their families.
8. In January 2009, Massachusetts State Representative Ruth Balser and State Senator Steven Tolman introduced *An Act For Coordination of Children's Mental Health Services*. This legislation is intended to establish reimbursement to mental health clinicians for collateral consultations and improve the quality of care available to children covered by private insurance (House Docket No. 1439/Senate Docket No. 905). The extension of reimbursement for collateral contact by private insurances would allow for more resources to become available to provide or expand services to meet the needs of more children.

Findings: Glimpses into Best Practices

To explore opportunities for positive change in Massachusetts, we examined what other states are doing to strengthen social emotional development statewide, and looked for current practices and opportunities within the Commonwealth to address this issue.

Vermont's Children's Upstream Project (CUPS)⁶

Vermont's statewide early childhood mental health system has components from which Massachusetts might learn.

There are Five Major Building Blocks in Vermont's system:

- Strategic planning
- Interagency partnerships
- Maximized and flexible funding
- Prepared work force
- Outcome evaluation

Vermont begins their early childhood mental health work by focusing on prevention rather than primarily intervention. Vermont found that strong local partnerships and a collaborative plan for local implementation would best address early childhood mental health services. Serving children where they are and where they already receive other services (e.g., health care, childcare, community) increases access to care and support for families and providers.

Vermont's results: Children were happier, more involved with parents and less aggressive. Parents gained an understanding of parenting, felt better about themselves and their family's future, and increased support and strength in marital relationships. Larger systems achieved a reduction in child and family involvement as consumers of mandated services, and improved understanding within agencies about mental health needs of young children and their families.⁷

The Center on the Social and Emotional Foundations of Early Learning

We are further encouraged by the fact that Massachusetts has recently been awarded recognition and support by The Center on the Social and Emotional Foundations of Early Learning (CSEFEL) and has been designated a CSEFEL State.

The CSEFEL Pyramid Model for Promoting the Social and Emotional Development of Infants and Young Children is a conceptual framework of evidence-based practices in the areas of social skills and challenging behavior.

CSEFEL uses the Teaching Pyramid Model in four levels:

- Effective Workforce
- Promotion approach addressing Nurturing and Responsive Relationships and High Quality Environments
- Targeted Social Emotional Supports
- Individualized and Intensive Intervention

The broad goal of CSEFEL is to provide an intensive training and technical assistance initiative in Massachusetts to foster the professional development of the early care and education workforce by (1) convening an interagency, collaborative work group to develop policies, procedures, and mechanisms to sustain the Pyramid Model; (2) training trainers and coaches to build the capacity of the workforce and support local implementation; (3) identifying three local programs to serve as sites that demonstrate the effectiveness of the Pyramid Model; and (4) evaluating outcomes.⁸

While Massachusetts has made some positive strides in advancing social and emotional development in early childhood with several of its initiatives, current public investments in this area are severely underfunded. Additionally, *initiatives are limited in scope and do not reach all regions leaving many children, families, and communities under served.*

Recommendations

1. Ensure that the social and emotional needs of children and families in all regions of the state are being reached by:

- Preserving and promoting funding of the early childhood mental health consultation line item (3000-6075)
- Requiring that all future mental health consultation grantees provide services to respective EEC regions across the state
- Utilizing the Commonwealth's newly awarded CSEFEL Grant model to deliver prevention ideology of social and emotional development

- Advocating for the extension of collateral contact reimbursement from private insurances under *An Act For Coordination of Children's Mental Health Services* (House Docket No. 1439 / Senate Docket No. 905)

2. Prioritize and strengthen the importance of social and emotional well-being in current initiatives by:

- Prioritizing the Massachusetts Core Competency for "Guiding and Interacting with Children and Youth" during Year 1 of orientation for all entrants into the early childhood and out-of-school time work force
- Strengthening the role that the Massachusetts Department of Early Education and Care Coordinated Family and Community Engagement Grants (Fund Code 237) can play in promoting social and emotional well-being of children within respective communities
- Prioritizing culturally and linguistically competent practices in all state early childhood mental health initiatives

CONCLUSION

We must strive to meet the needs of children not only in early care and education settings, but also where families live and work, including "hard-to-reach" communities in rural and urban sectors and within the various cultures and languages of all our children.

"Ultimately, the 'system' is what happens on the ground, at the local level. If local systems are not in place, state Early Childhood Comprehensive Systems (ECCS) initiatives will not achieve their goals for improving children's health, education, and well-being."

Massachusetts has responded to the diverse needs of our children with evidence-based programs; however, our state's response has only addressed pockets of our communities, never reaching all children. As Massachusetts struggles to build a system that works for every child, action steps need to be taken so that the social and emotional wellness of all of our children is not only the fabric of our early learning systems, but also the heart of our Commonwealth.

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Endnotes

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