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# INFLUENCE OF BEHAVIORAL CONCERNS AND EARLY CHILDHOOD EXPULSIONS ON THE DEVELOPMENT OF EARLY CHILDHOOD MENTAL HEALTH CONSULTATION IN COLORADO

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ABSTRACT: This article examines how the Colorado study *Children With Social, Emotional and Behavioral Concerns and the Providers Who Support Them* (S.D. Hoover, 2006) was used to advance a statewide agenda for early childhood mental health consultation in Colorado. The study involved a survey of licensed childcare providers throughout the state asking about the behavior of children in their care and their responses to that behavior. Exclusion of children from early care and education settings due to challenging behavior was found to be a significant problem taking a toll on families, children, and early care and education providers. Importantly, results from the survey indicated that the rate of exclusion of children from care due to challenging behavior was lower for family childcare providers who had access to mental health consultation. Recommendations are offered regarding the infrastructure needed to sustain mental health consultation capacity in early care and education settings, and related policies and practices.



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Since the mid 1990s, early care and education professionals, state-agency policymakers, and the Colorado legislature have had a focused interest in providing support for young children, their families, and their early care and education providers related to children's social, emotional, and behavioral health. The precipitating concern was reaching children with mental health issues early. The literature at that time, though limited, supported the promise of early intervention (Heller & Coen, 1996). The Perry Preschool Program, work at the Yale Child Study Center, and other national projects all demonstrated cost savings resulting from early intervention (Heller & Coen, 1996).

As increasing national attention was paid to the issue of young children with social, emotional, and behavioral difficulties, work was begun to strengthen survey methodologies, develop common indicators, and address the challenges of comparing data. Despite the increase in national research on preschool expulsions (Gilliam, 2005), there was a lack of research, and therefore consistent data, on the nature and prevalence of challenging behaviors and expulsions in Colorado. This lack of data was highlighted as a major concern and a significant barrier to promoting sound public policy and implementing programs that appropriately and effectively supported children, their parents, and their providers.

In an effort to build on earlier efforts, and reflecting Colorado's commitment to early childhood social, emotional, and behavioral health, the Colorado Department of Human Services

Additional supporting information may be found in the online version of this article.

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**INFANT MENTAL HEALTH JOURNAL**, Vol. 33(3), 246–255 (2012)

DOI: 10.1002/imhj.21334

was successful in obtaining a number of federal grants and opportunities. The first was *The Policy Academy on Developing Systems of Care for Children With Mental Health Needs and Their Families* (2001; http://gucchdtacenter.georgetown.edu/Activities/PolicyAcademies.html). The second was a state innovation grant from the Assistant Secretary of Planning and Evaluation of the U.S. Department of Health and Human Services (2001) which expanded an early intervention pilot model to include family childcare homes and health screenings. The third was *Project BLOOM* (2002), a Comprehensive Community Mental Health Services for Children and Their Families program cooperative agreement administered through the Substance Abuse and Mental Health Services Administration (SAMHSA) focusing on children birth through age 5 years. These opportunities, and the work that ensued, helped to create robust program models, increase the number of state champions for early childhood mental health, and lay the groundwork for completing the *Children With Social, Emotional and Behavioral Concerns and the Providers Who Support Them* study that is the subject of this article.

Despite significant accomplishments, Colorado still needed a source of data on childcare-provider perceptions about the prevalence of young children with social, emotional, and/or behavioral concerns and about the resources providers currently had to address these concerns to begin to understand how Colorado children, their families, and their providers were affected by these issues. Knowing more about the characteristics of Colorado's young children also was considered essential to identifying effective prevention and intervention strategies and addressing the needs of children, their families, and their providers. While it was assumed that all would benefit from general training and education about strategies to help children learn to get along well together, control their anger, and solve problems, it also was assumed that further study would be required to identify more specific needs.

In response to these concerns, a *Joint Resolution Concerning Young Children With Challenging Behaviors* was passed by the Colorado State Legislature in 2006 (Senate JR 06–015) requesting that Colorado's Early Childhood and School Readiness Commission authorize a study on the issue of challenging behaviors for children under age 6 years. The Resolution supported the need to determine the status of children with "challenging behavior" in Colorado and to ensure support for the caregivers who work with them. The Colorado Division of Child Care recognized the importance of these issues and, in March 2006, commissioned a statewide study entitled *Children With Social, Emotional and Behavioral Concerns and the Providers Who Support Them* (Hoover, 2006) to identify the extent of children with social, emotional, and behavioral difficulties in licensed early care and education settings and to develop related recommendations.

Evidence has been developing that supports early childhood mental health consultation as an effective strategy in reducing problem behaviors and the risk of preschool expulsion as well as improving provider skills and the quality of early care and education programs (Brennan, Bradley, Allen, & Perry, 2008; Gilliam & Shahar, 2006). This article examines how the *Children With Social, Emotional and Behavioral Concerns and the Providers Who Support Them* survey was used to advance a statewide agenda for early childhood mental health consultation in Colorado. In this study, licensed childcare providers throughout the state were asked about the behavior of children in their care and their responses to that behavior. Results and policy implications are discussed within the historical context of early childhood mental health consultation in Colorado.

## METHOD

### *Survey*

A survey of licensed early care and education programs was conducted in March 2006 in response to the Colorado Legislative Resolution calling for information about the prevalence of challenging behaviors among preschool-aged children. The 21-question survey was designed by a nine-member, multidisciplinary Survey Design Team with expertise in early childhood development, challenging behavior, research, and public policy. The survey was intended to provide a more complete picture of the status of children, the providers who care for them, and the overall milieu in the state, and to gain insight into early care and education providers' experiences with and responses to challenging social, emotional, and behavioral interactions while children are in their care.

Several survey questions were framed based on questions that had been developed and asked nationally regarding preschool expulsions and behavioral challenges (Gilliam, 2005). Other questions of particular relevance to Colorado also were included to ensure that relevant responses would be obtained and that the project goals would be met. Except for one open-ended question regarding staff response to challenging behavior, all other questions required either a multiple-choice or yes/no answer. A copy of the survey is included as supporting material in the online edition of the journal.

### *Procedure*

For this survey process, 6,216 licensed and legally exempt early care and education program directors (2,586 centers and 3,630 Family Child Care Homes) were identified from a statewide childcare resource and referral database. This database contained currently licensed providers, or providers legally exempt from licensing in Colorado (Licensing requirements and exemptions are determined by the Colorado Department of Human Services, Division of Child Care, but may include providers such as Family Child Care Homes serving only one child, those that primarily provide religious instruction, or childcare programs that are licensed by another agency.) Paper surveys were mailed to the program directors with a letter describing the background of the survey. Surveys were mailed rather than sent electronically since so few providers had e-mail addresses. Sites were given advance notice of the survey in a newsletter from Colorado's childcare resource and referral network. Programs had 2 weeks to complete and return their survey.

Surveys were returned via self-addressed and stamped reply envelopes. A total of 1,075 surveys were returned (a 17% response

**TABLE 1.** *Years of Experience and Educational Level of Directors of Child Care Centers and Family Child Care Homes*

| | Child Care Center | | Family Child Care Home | | Total | |
|---|---|---|---|---|---|---|
| | *n* | % | *n* | % | *n* | % |
| Surveys Sent | 2,586 | 42 | 3,630 | 58 | 6,216 | 100 |
| Respondents | 534 | 21 | 541 | 15 | 1,075 | 17 |
| Years of Experience | | | | | | |
| No Response | 11 | 2 | 10 | 2 | 21 | 2 |
| 1–5 years | 54 | 10 | 124 | 23 | 178 | 16 |
| 6–10 years | 102 | 19 | 103 | 19 | 205 | 19 |
| >10 years | 368 | 69 | 206 | 56 | 125 | 64 |
| Level of Education of Director | | | | | | |
| No Response | 10 | 2 | 10 | 2 | 20 | 2 |
| High School/GED | 48 | 9 | 271 | 50 | 323 | 30 |
| Associate's degree | 128 | 24 | 124 | 23 | 258 | 24 |
| Bachelor's degree | 224 | 42 | 114 | 21 | 333 | 31 |
| Graduate degree | 123 | 23 | 22 | 4 | 140 | 13 |

**TABLE 2.** *Total Enrollment and Age Grouping of Children by Type of Setting*

| | Child Care Center | | Family Child Care Home | | Total | |
|---|---|---|---|---|---|---|
| | *n* | % | *n* | % | *n* | % |
| <18 months | 3,473 | 9 | 1,191 | 21 | 4,664 | 10 |
| 18–35 months | 7,761 | 19 | 2,175 | 38 | 9,916 | 22 |
| 36–72 months | 29,043 | 72 | 2,322 | 41 | 33,520 | 68 |
| Total Enrollment | 40,277 | 88 | 5,688 | 12 | 45,965 | 100 |

rate). Note that in Colorado, childcare providers may keep active licenses even when they are not actively providing care. Providers who are not active caregivers but who maintain active licensure received surveys, but it is likely that they did not complete them; this information was not identifiable in the survey process. Surveys delivered by regular mail typically have response rates between 10 and 30% (NCS Pearson, 1997). Some research has indicated that surveys of programs typically receive substantially lower return rates than do surveys of individuals, with 15% return rates sometimes reaching a level of acceptability (Baldauf, Reisinger, & Moncrief, 1999; Tomaskovic-Devey, Leiter, & Thompson, 1994). Note that although the response rate was 17%, this survey represented 48% ($n = 45{,}965$) of the total number of children ($N = 96{,}549$) in licensed childcare in Colorado at the time.

Returned surveys were scanned using TeleForm software, and the data were exported into an Access database. A comprehensive TeleForm verification process was conducted, which included review of the scanned forms and the export process. Included with the survey was an opportunity to enter a drawing for a 50-book library for the respondent's program. Entries were separated from returned surveys immediately upon receipt, and 10 programs were drawn to receive the book libraries from Scholastic Books. Analysis was completed using spss (V. 18) and SAS software (copyrights, SAS Institute, Inc)

## RESULTS

### *Respondent Overview*

Survey respondents' anonymous identifier number was matched to the type of setting with which they were identified in the childcare resource and referral database as a verification step for provider setting. As noted earlier, 2,586 surveys were sent to Child Care Centers, and 3,630 surveys were sent to Family Child Care Homes. A total of 1,075 surveys were returned; 534 were from Child Care Centers, and 541 were from Family Child Care Homes. Note that while the majority of those who returned a survey responded to every question, some did not. Table 1 shows the number and percentages (where applicable) of total surveys sent and total surveys returned, as well as total years of experience and educational level of respondents for Child Care Centers and Family Child Care Homes.

Based on the 1,075 returned surveys, the total number of children reported as in care during the preceding 12 months was 45,965 children. Of these children, 40,277 (88%) were in Child Care Centers, and 5,688 (12%) children were in Family Child Care Homes. These centers and homes were asked to report the number of children enrolled by age group. Numbers and percentages of children by age group and type of setting are shown in Table 2.

**TABLE 3.** *Challenging Behaviors and Number of Providers Who Observed Them in Their Settings During the Past Year*

| | Child Care Center ($n = 534$) | | Family Child Care Home ($n = 541$) | |
|---|---|---|---|---|
| Challenging Behavior | *n* | % | *n* | % |
| No response | 55 | 10 | 57 | 11 |
| Hurts self or others | 290 | 54 | 250 | 46 |
| Bullies | 222 | 42 | 227 | 42 |
| Threatens to hurt self or others | 154 | 29 | 102 | 19 |
| Excessive worry or panic, anxious | 142 | 27 | 100 | 18 |
| Property destruction | 192 | 36 | 172 | 32 |
| Irritable, mad or frustrated easily | 375 | 70 | 304 | 56 |
| Inhibited, withdrawn, uneasy in a group | 17 | 32 | 116 | 21 |
| Excessive demands and attention-seeking, clingy | 291 | 54 | 245 | 45 |
| Excessive whining or crying; difficult to console | 261 | 49 | 213 | 39 |
| Inappropriate language; yells or screams | 263 | 49 | 214 | 40 |
| Unusual fears | 65 | 12 | 49 | 9 |
| Feelings easily hurt | 262 | 49 | 214 | 40 |
| Unable to share | 262 | 49 | 244 | 45 |
| Steals | 120 | 22 | 86 | 16 |
| Makes self-deprecating comments | 55 | 10 | 32 | 6 |
| Inability to concentrate | 229 | 43 | 135 | 25 |
| Sad, unhappy, or depressed | 143 | 27 | 76 | 14 |
| Disrespectful, defiant | 285 | 53 | 232 | 43 |
| Others | 31 | 6 | 55 | 10 |

For the survey, challenging behavior was defined as "a repeated pattern of behavior that interferes with optimal learning and positive relationships." Providers were asked about the number of children in their care who exhibit challenging behaviors, the types of challenging behaviors that they had seen over the past 12 months as well as changes in their frequency and severity, staff response to children's challenging behaviors, and frequency of and reasons for removal from care.

### *Type, Prevalence, and Severity of Challenging Behaviors*

Overall, providers reported that during the past 12 months, 5,086 (11%) of the 45,965 children under age 6 years in their care exhibited challenging behavior. The percentage of children identified as exhibiting challenging behaviors varied by setting and was 9% for Child Care Centers and 27% for Family Child Care Homes. The corresponding rate of identification for children with challenging behaviors was found to vary significantly by setting, with a rate of 88 per 1,000 children for Child Care Centers and 270 per 1,000 children for Family Child Care Homes, $\chi^2 = 92.53$, $df = 1$, $p < .001$.

Providers were given choices of specific types of challenging behavior based on a modified list of behaviors identified in the Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2000). While the questions asked about "challenging behavior," they also reflected social and emotional issues such as depression, concentration, uneasiness in a group setting, and inability to share. Table 3 lists specific types of challenging behaviors and the number and percentage of providers who reported observing them in their settings during the preceding 12 months. Providers were allowed to select as many categories that applied.

As is illustrated in Table 3, the three most common challenging behaviors reported by providers in both Child Care Centers and Family Child Care Homes were (a) irritable, mad or frustrated easily; (b) hurts self or others; and (c) excessive demands and attention-seeking, clingy.

Of all the challenging behaviors listed in Table 3, providers were asked to identify and then rank their top three in terms of negative impact on their staff and their program in general. In response, 23% rated "hurts self or others" as having the most negative impact; 14% rated "disrespectful, defiant;" and 10% rated "irritable, mad or frustrated easily" as having the most negative impact on their staff and their program.

### *Prevalence and Severity of Challenging Behaviors*

Overall, in response to a question regarding changes in the *prevalence* of challenging behavior, 22% reported that the percentage of children under age 6 years with challenging behavior had decreased, 53% reported that the percentage had stayed the same, and 20% reported that the percentage had increased over the past 12 months. The corresponding percentages for Child Care Centers were 20, 52, and 22%, respectively. For Family Child Care Homes, the corresponding percentatges were 24, 53, and 18%, respectively.

With regard to the *severity* of challenging behaviors, overall, 29% indicated that the severity of children's challenging behaviors

**TABLE 4.** *Removal Rates Due to Challenging Behavior per 1,000 Children*

| Type of Setting | No. of Children Enrolled | Rate per 1,000 Children |
|---|---|---|
| Child Care Center | 40,277 | 6 |
| Family Child Care Home | 5,688 | 35 |
| Total | 45,965 | 10 |

over the past 12 months had decreased, 42% indicated that it had stayed the same, and 23% indicated that the severity had increased. The corresponding percentages for Child Care Centers were 25, 43, and 26%, respectively. For Family Child Care Homes, the corresponding percentages were 32, 41, and 21%, respectively.

### *Removals from Centers and Family Child Care Homes*

Rates of removal were calculated based on the number of children under 6 years of age in the programs of providers who responded. Directors were asked to report on all early care and education programs that they administered, which may include multiple classrooms or programs. Removal rates are reported based on a rate per 1,000.

Overall, providers reported that 453 of the 45,965 children under 6 years in their care (10 per 1,000 of the reported 0–6 enrollment) had been removed from their setting during the last 12 months specifically due to challenging behavior (The question about removals was asked in a way that would restrict the response to removals due to challenging behaviors and not for other reasons.) Rate of removals was significantly higher for Family Child Care Homes (35 per 1,000) than it was for Child Care Centers (6 per 1,000), $\chi^2 = 23.27$, $df = 1$, $p < .001$ (see Table 4).

To further explore the differences in removal rates between Child Care Centers and Family Child Care Homes, removal rates by years of experience were examined for each setting. For Family Child Care Homes, providers with 5 or less years of experience had a significantly higher rate of removals (69 children per 1,000) than did providers who had 6 or more years of experience (26 per 1,000), $\chi^2 = 30.6$, $df = 2$, $p < .001$. For Child Care Center providers, this difference was not significant. Rate of removals was 7 children per 1,000 for those who had 5 or less years of experience as well as for those who had 6 to 10 years of experience. The rate was slightly lower (6 children per 1,000) for those who had more than 10 years of experience.

Removal rates by years of education also were examined for each setting. Family Child Care Home providers with a master's degree had significantly fewer removals (10 children per 1,000) than did those who had less education (36 children per 1,000), $\chi^2 = 21.02$, $df = 3$, $p < .001$. For Child Care Center providers, educational differences were not significant. Rate of removals was 5 children per 1,000 for providers with a master's degree and 7 children per 1,000 for those who had a bachelor's degree or less education.

For those children who were removed because of challenging behaviors, percentage of total responses indicated that the challenging behaviors of most concern were "hurts self or others" (10%), "disrespectful, defiant" (8%), and "inappropriate language, yells or screams" (6%), "property destruction" (6%), "irritable, mad or frustrated easily" (6%), and "bullies" (5%).

### *Staff Response to Challenging Behaviors and Staff Well-Being*

Survey recipients also were asked to describe how their staff typically responded to the challenging behaviors identified earlier as having the most negative impact on their staff and program (i.e., "hurts self or others," "disrespectful, defiant," and "irritable, mad or frustrated easily"). This was an open-ended question, and providers could write up to three strategies, one for each of these three challenging behaviors.

While there were several ways to review the qualitative responses to this question, the decision was made to count each unique strategy a provider gave once. For example, if a provider identified "redirecting" as the strategy that their staff used for all three of these challenging behaviors, this strategy was counted only once. Overall, providers indicated that the most common staff responses to these challenging behaviors were "talking to/discussing with the child" (27%), "redirecting" (23%), and "time-out" (11%). Corresponding percentages for Child Care Center providers were 30 and 25%, respectively, and 11% for "remove (from group area, or situation)." Corresponding percentages for Family Child Care Homes were 30, 20, and 16%, respectively. When asked, 50% of providers (68% Child Care Centers; 33% Family Child Care Homes) indicated that challenging behaviors were having a negative impact on the well-being of some to all of their staff. Overall, 14% of providers (10% Child Care Centers; 18% Family Child Care Homes) said that children's challenging behaviors were impacting *all* of their staff.

Common resources for information and help with challenging behaviors included training (79% for Child Care Centers; 75% for Family Child Care Homes), peers (78% Child Care Centers; 55% Family Child Care Homes), administrators (88% Child Care Centers; 9% Family Child Care Homes), the Internet (40% Child Care Centers; 38% Family Child Care Homes), and consultants (44% Child Care Centers; 16% Family Child Care Homes). When asked what they would like their staff to learn more about, the most frequent response from both Child Care Center providers (76%) and Family Child Care Home providers (60%) was "problem solving strategies for children with challenging behaviors."

### *Positive Effect of Access to Clinical Expertise*

For Family Child Care Home providers who removed at least one child during the past 12 months, their overall rate of removal for the

year was significantly related to their access to clinical expertise in mental health and/or behavioral interventions. The removal rate was 21.5 children per 1,000 for those who had access to expert consultation as compared to 39.1 for those who did not, $\chi^2 = 5.11$, $df = 1$, $p < .02$. Rate of removal for Child Care Center providers did not vary with access to expert consultation, $\chi^2 = .002$, $df = 1$, $p < .96$.

## DISCUSSION

In 2006, a statewide survey of early care and education programs was conducted in response to a legislative resolution requesting information about the prevalence of challenging behaviors among preschool-aged children in Colorado. We will first discuss the results of the survey before moving on to its impact and related recommendations.

Of those children under the age of 6 years who were described in the survey responses, 11% of them were reported as having challenging behaviors. The percentage of children with challenging behaviors was reported to be three times higher for Family Child Care Homes than it was for Child Care Centers. Several factors may have influenced this reported difference. Family childcare programs may be especially suitable for accepting children with varying levels of need because they already maintain a flexible program to meet the needs of multi-age groups. However, Family Child Care Homes may lack the resources, peer support, and networking that Child Care Centers have, so children with behaviors typical for young children might be perceived as having behavioral challenges and might pose a particular strain on Family Child Care Homes.

Half of the providers indicated that challenging behaviors were having a negative impact on the well-being of some to all of their staff. In order, the three behaviors that were identified as having the highest negative impact on staff were "hurts self or others," "disrespectful, defiant," and "irritable, mad or frustrated easily." When asked what they would like their staff to learn more about, the majority of both Child Care Center and Family Child Care Home providers responded, "problems solving strategies for children with challenging behaviors."

Four hundred fifty-three children were removed from care due to challenging behaviors during the 12 months prior to the survey. Thus, 10 of every 1,000 children were removed from Child Care Centers and Family Child Care Homes due to behavioral challenges that might have been prevented. When compared to the Colorado K–12 expulsion rate of 2.6 children per 1,000, the early care and education removal rate is more than three times higher than the K–12 rate. Family Child Care Homes had a rate of removal that was nearly six times higher than that in Child Care Centers, yet the likelihood of removing at least one child from care due to challenging behavioral issues was very similar across both types of settings.

Of the 534 Child Care Centers whose providers responded, 32% ($n = 172$) had at least one child removed. Of the 541 Family Child Care Homes 27% ($n = 144$) had at least one child removed. It is of interest that the percentage of Child Care Centers and Family Child Care Homes that actually remove children is similar for both types of settings, although the rate of removal is almost six times higher in Family Child Care Homes than that in Child Care Centers.

From the responses to the questions related to the types of behaviors that children were exhibiting in care, providers indicated that children identified as disrespectful or defiant and those who hurt themselves or others not only had an impact on staff but also had an impact on the child (and the child's family) in the form of removal from childcare. Behaviors such as these are perhaps two of the more difficult externalizing behaviors with which providers of early care and education struggle, and may contribute to an environment that does not feel safe. Providers also identified behaviors such as "sad, unhappy, or depressed" (27%), and "inhibited, withdrawn, or uneasy in a group" (32%) as problematic. These types of behaviors demonstrate less overt behaviors that can still be challenging to children and providers, and must be supported and addressed. As policies and practices move forward in supporting these providers and enhancing the environments in which they work, it is critical to help create trusting relationships and consistent environments for the caregivers and for the children in care that support externalized as well as internalized concerns.

Children's social, emotional, and behavioral difficulties cannot be looked at in isolation of the context in which these children spend much of their time. The early care and education staff who support these children need appropriate tools, resources, and strategies to create quality, supportive, healthy, and safe environments for the children in their care. When providers are stressed or do not have supports or the skills to effectively address the issues children are presenting, children are adversely affected. The results of this study indicate that proactive strategies such as teaching and modifying the environment are used less frequently than are reactive strategies such as "time-out" or "redirecting." As the workforce continues to develop, best practices for prevention and intervention related to social, emotional, and behavioral difficulties need to be guaranteed as part of the core knowledge and competencies of providers. In addition, based on our own research and experiences as well as growing national evidence (Hepburn, Kaufmann, Perry, Allen, Brennan, & Green, 2007), we conclude that consultative resources for childcare staff are an important component of a comprehensive and an integrated early childhood system. Consultants were identified as an important source of information for 30% of responding childcare providers.

### *Impact and Recommendations*

Family Child Care Home providers in this study identified that access to specialized mental health consultation made a significant difference in their ability to maintain children with difficult behaviors in their programs, and almost one third of all respondents to this study indicated that consultation as a general practice is a useful way to get information. While characteristics and core

features of early childhood mental health consultation have been studied (Hepburn et al., 2007; Johnston & Brinamen, 2006), little has been published regarding the system-infrastructure elements needed to support mental health consultation on a large scale. Based on the findings of this survey and the existing literature, Colorado has identified four aspects of policy and practice that are necessary to sustain an early childhood mental health consultation infrastructure: (a) Infrastructure for Mental Health Consultation in Early Care and Education; (b) State and Research Partnerships; (c) Model of Promotion, Prevention, and Intervention; and (d) Social/Emotional Knowledge and Competencies.

• *Infrastructure for Mental Health Consultation in Early Care and Education.* To sustain consultation as a model of practice that can support providers in preventing and addressing challenging social, emotional, and behavioral issues, it is essential to expand best-practice models of mental health consultation statewide through sustainable funding of consultation and the inclusion of mental health consultation competencies into consultant training programs and preservice training.

*Emphasis on Family Child Care Homes*. This study indicated a higher expulsion rate for Family Child Care Homes. Colorado's Department of Human Services implemented a three-region Early Childhood Mental Health Consultation program using funds from Colorado's Temporary Assistance to Needy Families State Strategic Use Funds initiative. The goal of the program was to develop capacity and facilitate the removal of a major barrier to parents becoming self-sufficient; that is, allowing them to maintain stable employment by reducing the likelihood that children with social, emotional, and behavioral challenges are expelled from childcare settings. In the Denver metropolitan area, there was a focus on services to Family Child Care Homes. A comprehensive evaluation occurred (Kubicek, 2010) using the *Early Childhood Mental Consultation: An Evaluation Toolkit* (Hepburn et al., 2007) for guidance. Sustainable and efficient models of consultation to Family Child Care Homes are currently being developed.

*Tools to support capacity-building and sustainability*. In 2006, Colorado developed a toolkit to support mental health consultation in early care and education. The toolkit, *Mental Health Consultation in Early Care and Education: A Resource and Sustainability Toolkit for Providers* (Hoover & Stainback-Tracy, 2006), served to complement Colorado's expanding knowledge of the impact of social, emotional, and behavioral difficulties in childcare settings. Although Colorado's work on mental health consultation had been progressing for many years, there had not been a comprehensive set of resources and strategies compiled to support funding, professional development, and capacity-building for mental health consultation to childcare. The toolkit brought together information gathered from the experiences of Colorado's consultation initiatives as well as new information to build and sustain the consultation workforce. The toolkit has been a valuable resource to build capacity and increase access to consultants of early childhood mental health and has been used to train new mental health consultants. To date, over 200 people have been trained in the use of the toolkit, with over 600 toolkits disseminated. In addition, a competencies questionnaire was used to guide the training and technical assistance to new consultants in a large-scale mental health consultation program and to help meet the needs that childcare providers were expressing related to accessing problem-solving strategies for children with challenging behaviors.

*Early childhood specialists.* Bolstered by the results of the *Children With Social, Emotional, and Behavioral Concerns and the Providers Who Support Them* study (Hoover, 2006) as well as earlier work, Colorado's Early Childhood Specialist program was fully implemented in 2006. The Early Childhood Specialist program placed at least one full-time specialist at each one of the 17 public mental health centers in Colorado. This position was created with great flexibility, allowing specialists to provide both direct treatment and consultation to childcare settings and the community. This funding provided at least a skeleton workforce across the state dedicated to early childhood and able to provide a limited level of consultation, contributing to the development of a statewide infrastructure for mental health consultation. In 2009, the early childhood specialists provided in-depth services to 975 children. Those 975 children represent 5% of the population in need, as estimated by the 2008 *Behavioral Health Prevalence Estimates for Colorado* study commissioned by the Colorado Division of Behavioral Health; in that study,18,476 children at 300% of poverty and below were estimated to need clinical services (Western Interstate Commission for Higher Education, 2008).

*Strategic planning that includes elements of an infrastructure.* In Fall 2008, Colorado's Blue Ribbon Policy Council released *Colorado's Strategic Plan for Early Childhood Mental Health* (Zundel & Hoover, 2008). Informed by the *Children With Social, Emotional and Behavioral Concerns and the Providers Who Support Them* study (Hoover, 2006), that plan considered the problem of removals from childcare and recommendations for a statewide infrastructure for mental health consultation in early care and education settings as a promising strategy to address the issue of expulsion. A committee of the Blue Ribbon Policy Council has been working on childcare rules for Family Child Care Homes and Child Care Centers related to mental health consultation, including the development of a resource guide for Family Child Care Homes to encourage the use of mental health consultants to meet provider training requirements. In 2009, the committee refined core elements of an early childhood mental health consultation infrastructure, which are: (a) collaboration across systems; (b) evaluation and monitoring; (c) financing; (d) governance and administrative structure; (e) public will (including awareness, outreach, and communication); (f) services and supports (including models and key elements of mental health consultation); (g) workforce development; and (h) technology/data. This committee is looking at local and state considerations in the development of an infrastructure to support mental health consultation, and policies

that may be needed to promote consultation as a valuable and successful model of practice. Recommendations have been drafted within each infrastructure element, which identify what actions are needed, and by whom, to support statewide mental health consultation, and continue to work on these recommendations as we finalize the infrastructure framework for consultation.

• State and Research Partnerships

This study as well as the subsequent program and policy changes could not have occurred without the relationships among several key child-serving state agencies and university faculty, among other important partners. Research, education, and policy interacted to ensure that the study was relevant, and findings were shared and used to create and sustain effective programs to support children's social, emotional, and behavioral health. The alliance among the Colorado State Legislature, the Colorado Department of Human Services, and the University of Colorado School of Medicine facilitated the study and enabled programs and policies to reflect study findings. In states that have sustained mental health consultation beyond a provisional project as well as in Colorado's early childhood mental health consultation initiatives, there has been an investment by one or more state agencies. For state funders and stakeholders to make informed and appropriate decisions regarding funding and human-resource priorities, they need access to data related to child and program outcomes, program capacity, and expulsion/removal rates. It is imperative that early childhood partners foster relationships between state agencies and entities that do data collection and research, such as that which occurred for this study to connect state agencies' research needs and funding priorities with the interests and capabilities of researchers.

• Model of Promotion, Prevention, and Intervention

Responses captured in this survey underscore the need for a tiered approach to supporting children's social and emotional health that builds environments that provide tools for the early childhood workforce to take a supportive stance in understanding children's behavior. Colorado has formally recognized the value of a public health approach to socioemotional health that places activities designed to improve child behavioral health in the context of positive relationships, supportive environments, and individualized interventions. The Colorado Department of Human Services, Divisions of Child Care, Behavioral Health, and Developmental Disabilities have funded a Center for Social Emotional Competence and Inclusion to promote training and enhance workforce development opportunities for early care and education providers. These opportunities follow a model of (a) ensuring strategies for promoting mental health and social/emotional well-being and building healthy, quality early care and education environments; (b) preventing social, emotional, and behavioral problems through evidence-based strategies and best practices; and (c) intervening when child-specific issues are identified, with individualized approaches that support the specific child, his or her family, and the early care and education provider(s) who care for the child. As states fund and formalize models of professional development, inclusion, and early intervention, including mental health consultation, they must consider a tiered model that supports all children. Many locally developed and national evidence-based approaches and curricula in place in Colorado support this tiered approach. These include Early Childhood Education Cares (University of Colorado, Denver), Learning in Nurturing Communities, The Incredible Years, The Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children, Second Step, and Tools of the Mind (Metropolitan State College of Denver). Other training efforts such as the Brazelton Touchpoints Approach and Expanding Quality in Infant and Toddler Care (Colorado Departments of Education and Human Services) also teach caregivers strategies to address social and emotional issues. In addition, early childhood specialists at each of Colorado's publicly funded mental health centers provide clinical support to childcare providers assisting with intervention related to specific children and their families. While all of these programs have been shown to be effective in reducing children's challenging behaviors and increasing teacher effectiveness, only mental health consultation has been presented in the literature as an alternative to preschool expulsion (Gilliam, 2008; Perry, Dunne, McFadden, & Campbell, 2008).

• Social/Emotional Knowledge and Competencies

In developing an infrastructure to support mental health consultation, it is imperative to consider the importance of a knowledgeable early care and education provider workforce regarding young children's socioemotional development and mental health if we expect consultants to be accepted and sustained in early care and education settings. It is important for early childhood leaders to recognize the value of formally supporting a social, emotional, and behavioral core knowledge base for early childhood educators based on evidence and best practices. This study raises awareness of the need for childcare providers to have an understanding of and the ability to promote young children's social and emotional development as well as provide targeted supports and interventions to respond to and mitigate challenging behavior. Colorado developed the *Evidence-Based Competencies for Promoting Social and Emotional Development and Addressing Challenging Behavior in Early Care and Education Settings* (Project BLOOM Professional Development Steering Committee, 2007) as the accepted set of competencies for early care and education providers in our state, and these have been embedded into Colorado's community college early childhood education foundation courses. In addition, the state is ensuring that there are preservice and inservice training and professional-development opportunities that contain material that reflects the core knowledge identified earlier. Recent rule changes to the Volume of Child Care Facility Licensing *Colorado Rules Regulating Family Child Care Homes* (2009) mandate that Family Child Care Home providers receive a minimum of 3 hr of training in children's social and emotional development per year, which may be met through the resources that a mental health consultant could offer.

Colorado has developed a self-evaluation checklist of competencies for mental health consultation based on a literature review, expert opinion, and a survey of Colorado's identified mental health consultants (Hoover & Stainback-Tracy, 2006). Mental health consultants need cross-disciplinary training that is not widely

available (Cohen & Kaufmann, 2005), and these competencies were developed to outline cross-disciplinary skills and core knowledge for program consultation, child/family-specific consultation, and clinical intervention. The checklist also may be used to assess professional-development needs for an individual consultant or for a program as a whole, or by supervisors to chart professional development as consultants gain knowledge and skills over time. Further, this tool may assist faculty who train future mental health, social work, and other professionals who may serve in a consultative role in assuring that their preservice curricula include opportunities for students to develop competencies related to consultation in early care and education settings. The use of this tool facilitates consistency in expectations and practice of early childhood mental health consultants.

### *Limitations*

The results of this survey represent responses from a limited group of childcare providers to one set of questions at one point in time. It will be important to replicate this survey in the future to determine if responses by childcare providers remain stable or if changes are observed in patterns of staff preparation, access to consultation, and ability to prevent and respond to perceived child behavioral challenges.

Because almost half of the children in childcare were represented by 17% of the childcare providers in the state, this suggests that providers who serve fewer children in their care were less likely to return their surveys. While the survey was sent to more Family Child Care Home providers (58%) than to Child Care Centers (42%), more Child Care Centers returned surveys (21%) than did Family Child Care Home providers (15%). Nevertheless, this survey is a good representation of childcare providers in Colorado, as respondents represent providers for 48% of children in childcare in this state.

### *Conclusion*

Colorado's high childcare expulsion rate of more than three times the K–12 rate is concerning to state leaders. While the data from Gilliam's (2005) study, *Prekindergarteners Left Behind: Expulsion Rates in State Prekindergartener Systems*, looked only at public preschool, the *Children With Social, Emotional and Behavioral Concerns and the Providers Who Support Them* (Hoover, 2006) study suggests that private Child Care Centers and Family Child Care Homes also are removing children from their care at high rates, and have a need for mental health consultation. Almost half of the respondents in this study were Family Child Care Homes. Their higher rates of expulsion and the positive correlation between a lower rate of removal related to their access to clinical expertise in mental health and/or behavioral interventions highlight the need for new models of mental consultation to be developed to support Family Child Care Home settings.

Respondents to the survey were largely experienced (64% with 10 or more years of experience), yet they still expressed a need for mental health consultation and support. In particular, Family Child Care Home providers, despite being a generally experienced workforce, demonstrated a benefit from having access to a consultant with behavioral expertise. Note that those with access to mental health consultation generally reported lower staff turnover.

The study data not only provided needed evidence for supportive state leaders but also helped strengthen the necessary partnership with two key state divisions, the Division of Child Care and the Division of Behavioral Health, to collaboratively respond to the issues identified and to participate in joint planning to support an infrastructure for an early childhood mental health system of care which includes mental health consultation as an essential element.

Some local Colorado communities have conducted similar follow-up studies in their counties to obtain data for local decision making. The state study did capture information by zip code so comparisons were possible. One question that remains is whether the efforts launched after this survey have made a difference in the rate of expulsions. Studies such as this need to be repeated on a regular basis if they are to have a long-term impact on state policy.

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