



Maine Social and Emotional Learning & Development Project

REPORT TO THE JOINT STANDING COMMITTEE ON EDUCATION & CULTURAL AFFAIRS OF THE MAINE LEGISLATURE



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THANK YOU

The Maine Children’s Growth Council and the Maine Children’s Alliance would like to recognize the dedicated and comprehensive work of our national partners at the Ounce of Prevention Fund, the National Center for Children in Poverty, and ZERO TO THREE.

For over the past year, these national groups have worked with experts and stakeholders in Maine to help move Maine’s Social Emotional Learning and Development project forward. Their expertise and commitment have been essential.

We would also like to thank Carole Martin for her facilitation and guidance during this project and the staff of the Maine Children’s Alliance.

Executive Summary

Maine’s children are the foundation of our future prosperity. With appropriate preparation, today’s children will come of age ready to participate successfully in society. The need for public support of young children’s cognitive skill development has been long established, but public policies have not kept pace with research from developmental science that shows how critical social-emotional skill development is to academic success.

The science is clear that the brain is an integrated organ. Cognitive and social-emotional skills develop together—they are neither learned nor used in isolation.

The brain’s architecture is shaped during a child’s early years, establishing a sturdy or shaky foundation for all of the learning and development that follows. Efforts to support the development of both cognitive *and* social-emotional skills deserve more attention in the design and functioning of early care and education programs.

Research is also clear that when early childhood programs emphasize both academic and social-emotional skills, these programs see a range of positive outcomes including reductions in children’s problem behaviors, improved classroom climate, and reduced teacher stress.

The Maine Legislature’s Joint Standing Committee on Education and Cultural Affairs commissioned this report because of concerns that a high number of very young children across Maine are being suspended or expelled from early care and education settings, including preschools, child care centers, family child care homes, and Head Starts. One study of state prekindergarten programs (Gilliam, W.S. 2005) showed that Maine has one of the highest expulsion rates in the country.

This report examines what is happening in Maine, what child care providers and teachers are experiencing in their child care homes and classrooms, and what we can do to address the concerns that young children in Maine are not consistently receiving the support they need to develop *all* the skills they need to be able to start school on time and succeed academically.

Here is a summary of the recommendations from the Social and Emotional Learning and Development Project’s Ad Hoc Committee. The Committee’s highest priority is the first recommendation listed next.

EXAMPLES OF SOCIAL-EMOTIONAL SKILLS

- › Collaboration
- › Communication
- › Emotional Management
- › Interpersonal Skills
- › Persistence

SUMMARY OF OUR RECOMMENDATIONS

1. Implement a state-wide **Early Childhood Consultation program**. Early Childhood Consultation is a free, voluntary service in which mental health professionals who also have early childhood expertise help teachers collaborate with parents to promote children’s social and emotional skill development and manage challenging behaviors. Our goal is to begin work on a pilot program in September 2017 that would include an evaluation of the pilot. After the evaluation of the pilot program, we plan to roll out the service to five counties in FY 2018, an additional six counties in FY2019, and the remaining five counties in FY 2020.

Early Childhood Consultation has demonstrated improvements in teacher-child interaction and classroom climate, reductions in young children’s problem behavior and increases in their social skills, prevention of expulsion, less work missed by families and lower parenting stress, and decreases in teachers’ stress and rates of turnover.

2. Create a partnership with the Technical Assistance Center on Social-Emotional Intervention (TACSEI) in order to expand our state’s capacity for **professional development**.
3. Leverage and coordinate federal, state, and local funding for **parent engagement**.
4. Develop and implement consistent **screening and assessment** tools for three-to-five-year-olds, using the same process the Developmental Screening Initiative used to implement screening and assessment for zero-to-three-year-olds.
5. Establish the *Help Me Grow (HMG)* system in Maine. *HMG* is a systems-level initiative that connects early learning providers, health care providers, and child-serving state and local agencies to help families find medical homes and access timely developmental screening and assessment for their young children. Maine Quality Counts for Kids has already completed the planning to bring *HMG* to Maine.
6. Develop voluntary guidelines for suspension and expulsion that rely on evidenced-based practices for use by early childhood programs.

RECOMMENDATIONS FOR FUTURE IMPLEMENTATION

There are some goals that we cannot make meaningful progress toward until a statewide Early Childhood Mental Health Consultation program is in place. These are:

7. Develop model policies and procedures for all licensed early care and education programs to limit the use of involuntary withdrawal of children in early childhood education programs.
8. Develop policies and procedures to limit suspension and expulsion for all publicly-funded early care and education settings.

Introduction

BACKGROUND

In 2015 the Maine Legislature’s Joint Standing Committee on Education and Cultural Affairs commissioned state agencies that serve young children to gather and analyze data about the social-emotional development of Maine’s young children. Specifically, the Committee sought a better understanding of:

1. The extent to which young children with challenging behaviors are disrupting their own and others’ learning, and
2. How well Maine’s current programs are supporting children’s social and emotional growth.

To address these two directives we organized our work around a **survey** of early learning teachers about their experiences of children with challenging behavior and a review of the Maine **landscape** of resources available to teachers and families.

PARTICIPATING AGENCIES:

- › Department of Education (DOE)
- › Department of Health and Human Services (DHHS)
- › Maine Children’s Growth Council (MCGC)

The agencies, with the support of the Maine Children’s Alliance, formed the Social and Emotional Learning and Development (SELD) project, named an *ad hoc* committee, involved stakeholders, and partnered with three national organizations to help collect and analyze data:

- › National Center for Children in Poverty (NCCP)
- › Ounce of Prevention Fund (The Ounce)
- › Zero to Three

RATIONALE FOR SOCIAL-EMOTIONAL SUPPORT

Our purpose in gathering information and making this report is to promote evidence-based practices in early care and learning settings, practices shown by child development research to promote social and emotional growth in young children.

The Collaborative of Academic, Social and Emotional Learning (CASEL) has identified five core competencies that children need to master in order to get along well with other children and adults.

- › Self-Management
- › Self-Awareness
- › Social Awareness
- › Relationship Skills
- › Responsible Decision Making

While promoting social-emotional growth, we also want to see the use of suspension and expulsion to deal with children’s challenging behavior reduced and eventually discontinued.

Removing children from healthy early learning environments is counterproductive. Children who are removed typically migrate into unregulated settings where they are less likely to receive the screening and assessment that might identify disabilities and/or serious mental health issues and lead to a plan for getting them back on track before they start school.

A Note About Nomenclature: We recognize that most adults do their best to teach and support the growth of the children in their care. Thus, we use “teacher” and “provider” interchangeably.

SUMMARY OF THE “VOICES” SURVEY FINDINGS

The survey of Maine’s early care and education teachers shows that they commonly encounter young children with serious challenging behavior. “Challenging behavior” was defined for survey respondents as a repeated pattern of behavior that interferes with a child’s ability to play, learn, and get along with others, i.e. actions and language that are considerably more problematic than the occasional distress or upsets all young children experience. Examples of challenging behaviors include, hitting, throwing things, biting, refusing to cooperate or follow directions, name calling, and refusing to eat. Survey highlights:

- › 92% of the 471 teachers participating in the survey reported having at least one child with challenging behavior in the past 12 months.
- › On average teachers reported having five children with challenging behavior.
- › More than half of the teachers stated that the challenging behavior they deal with has at least some negative impact on other children’s learning and safety.
- › Teachers also reported on their awareness of adverse circumstances faced by the families of children with challenging behaviors. Almost half reported knowledge of families dealing with health and mental health problems, substance abuse or domestic violence.

- › One in four teachers reported that children with challenging behavior were removed from an ECE setting when a parent, teacher, or both concluded the setting could not meet the child’s needs. Only 19 percent of teachers indicated that children with challenging behavior were moved to programs/settings that are likely to be regulated.
- › The majority of teachers, 55 percent, reported that children were likely to move to unregulated programs/settings after leaving their program/setting due to challenging behavior.

When asked about what would help them address children’s challenging behaviors,

- › 61% favored professional development opportunities to help them address children’s challenging behavior and promote positive social-emotional growth.
- › 57% wanted on-site assistance from specialists.
- › 48% hoped for increased support to help families with poverty-related problems, substance abuse, mental health and other challenges.

The survey offers a glimpse into the complexity of addressing challenging behavior on a broad scale. Some teachers have more training than others. Some children have disabilities or developmental delays, while others experience adverse circumstances. The review of the landscape of Maine’s child-oriented services complements the survey data. Together the survey and landscape review point to a range of solutions to meet the needs of Maine’s youngest citizens.

SUMMARY OF MAINE “LANDSCAPE” REVIEW

In all the programs and agencies we contacted, we found dedicated people committed to providing quality care and education for Maine’s young children. In general, we observe two areas for improvement that our recommendations address:

1. Maine lacks a cadre of trained specialists across the state who can coach and guide teachers to provide positive support for all children and manage the challenging behaviors of a few.
2. The programs that do exist to support teachers and children are not funded adequately to respond to the needs identified by providers and teachers.

Social & Emotional Development: The Maine Landscape

OUR APPROACH

Our common goal as a diverse group of stakeholders is to promote evidence-based practices that assist teachers and parents in supporting the social and emotional development of young children in their care. When parents and teachers work together to provide positive support for young children, challenging behavior diminishes.

We investigated six inter-related domains that touch the social and emotional development of young children and vetted our findings with a large group of stakeholders.

We were fortunate to have child development experts from three national organizations on our team to share their knowledge about best practices, derived from research, across several domains of practice. We also had a conference with Walter Gilliam, Ph.D., an expert in suspension/expulsion prevention from the Yale Center on Child Development and Social Policy.

**Early Childhood
Mental Health
Consultation**

Early Childhood Mental Health Consultation (ECMHC) is a free, voluntary service in which mental health professionals who also have early childhood expertise help teachers collaborate with parents to promote children's social and emotional skill development and manage challenging behaviors.

**Professional
Development**

In our context, Professional Development refers to *in-service* development opportunities that are available to early learning teachers across a variety of settings (as opposed to *pre-service* training that teachers receive in post-secondary education.)

Parent Engagement

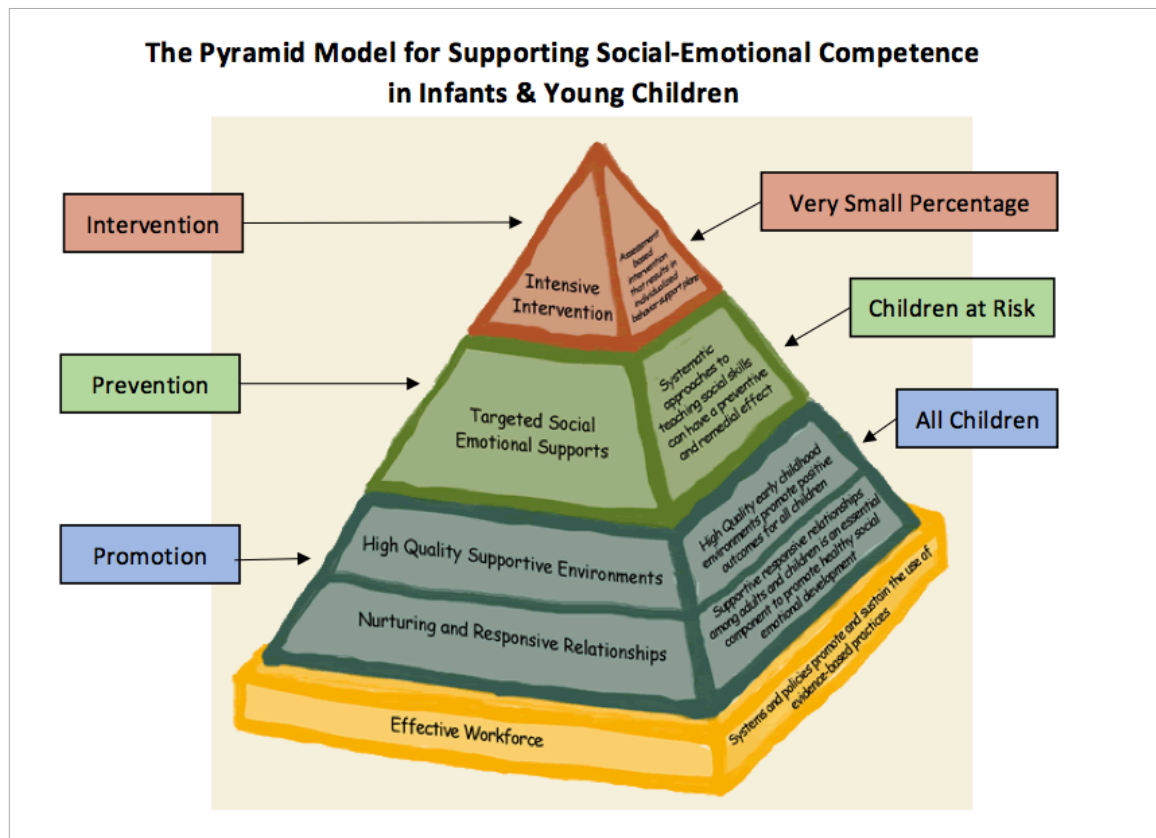
When parents are responsive and nurturing, children receive the support they need to develop socially and emotionally, but this doesn't always happen naturally. Teaching parents how to support their children benefits children and their families.

**Screening and
Assessment**

Social-emotional screening and assessment identifies children who are experiencing delays or difficulties in developing social-emotional competencies, so that teachers can plan learning activities and involve parents in helping their child(ren) get back on track with their peers.

Public Policy	Using policy to discourage suspension and expulsion complements the systematic encouragement of practices that promote social-emotional growth.
Early Childhood Special Education	In our context, Special Education refers to the federally funded Early Intervention Services provided by Maine’s Child Development Services (CDS).

Our expert consultants urged us toward systems thinking as a way to make the best use of every federal dollar Maine receives and every dollar the state invests in early childhood supports. The Pyramid Model (Fox, L. 2003.) represents a systematic approach to delivering positive support to young children across the state and in a variety of early learning settings.



The model is inspired by public health thinking in which delivery of services is organized around universal **promotion** of healthy habits, **prevention** measures targeted to people at risk for poor health outcomes, and **intervention** for a relatively small percentage of people for whom promotion and preventative efforts are not sufficient.

Likewise, the model for supporting social-emotional growth in young children calls for the largest investment in universal promotion of nurturing relationships in safe and supportive environments, both at home and in care. This is the blue tier.

Children who are at risk for developing challenging behavior need extra social-emotional support. For example, while all young children require explicit instruction in social skills, some children are likely to require instruction in discrete skills such as self-regulation, initiating and maintaining interactions, and friendship skills. (Green tier.)

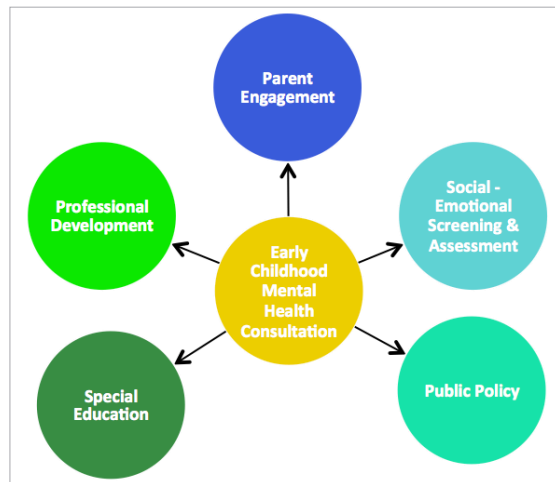
When the lower tiers of the pyramid are eventually in place, only about four percent of children (Sugai, G., et. al. 2000) require intensive, personalized intervention to deal with persistent challenging behavior (Red tier.)

Maine does not yet have the foundation to implement the Pyramid Model fully, but it is an aspirational model that can guide our thinking toward a more systematic approach to the challenges we face in providing high-quality care and learning to all our state’s children.

As we talked about how to set priorities for our work together, we quickly came to the realization that a state-wide Early Childhood Mental Health Consultation program would provide the most leverage to improve the experiences of children in all early learning settings.

Early childhood mental health consultants bring professional expertise to the state that supports people working in all the other domains. ECMH consultants can:

- › Provide one-on-one coaching to teachers.
- › Help teachers plan interventions for children with persistent challenging behavior.
- › Contribute to professional development curricula.
- › Support teachers to engage parents effectively.
- › Assess the special needs of children who are screened for social-emotional competencies.



EARLY CHILDHOOD (MENTAL HEALTH) CONSULTATION (ECMHC)

ECMH consultants provide guidance and support to help staff and families in early care and education programs across systems promote young children’s social-emotional development and prevent, identify, or reduce mental health challenges. (Cohen, E. and R. Kaufmann, 2005.) This behind-the-scenes approach to improving the capacity of providers and families is distinct from providing direct clinical mental health services. Consultation services are voluntary and offered at no cost to the program or family. ECMHC services can be provided in any early learning setting, including:

- › Child care
- › Early Learning Centers
- › Head Start
- › Public Preschool
- › Early Intervention and
- › Home Visiting

KEY RESEARCH FINDINGS

ECMHC has been linked to numerous benefits (The Raine Group, 2014):

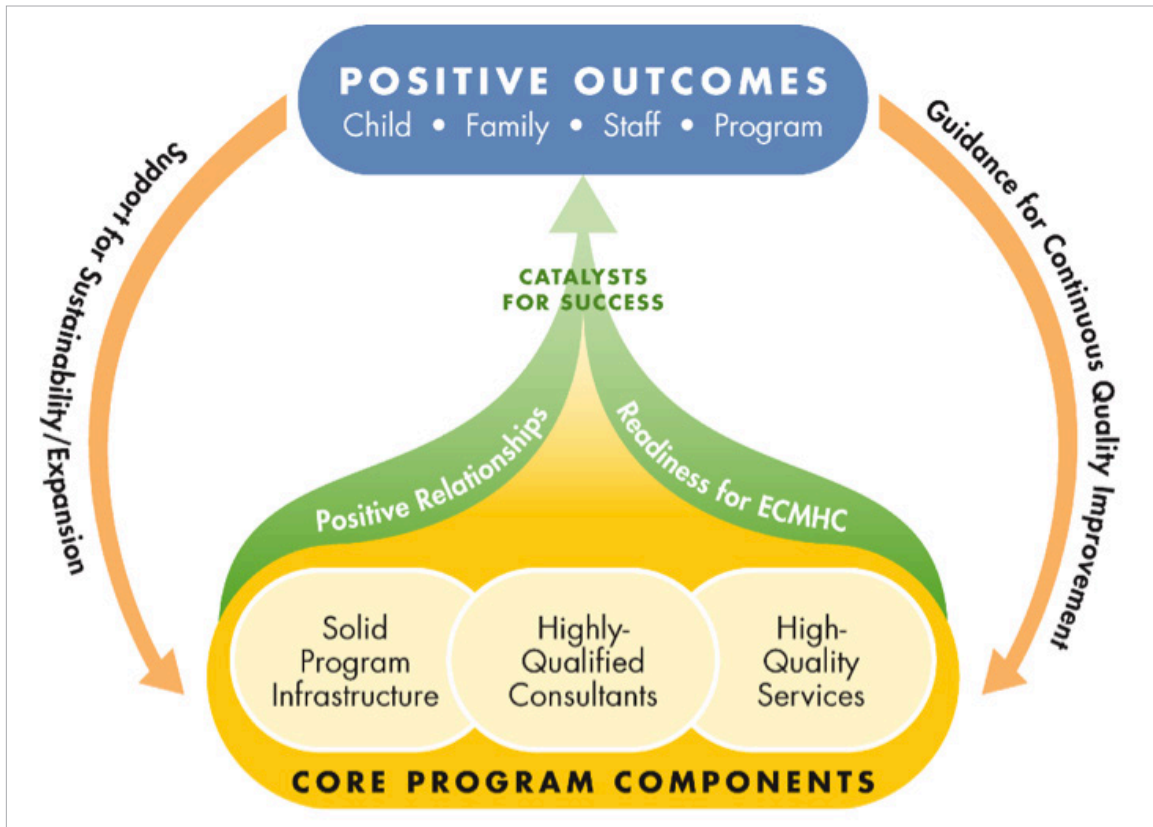
- › Children’s social skills improve
- › Challenging behavior occurs less frequently
- › Children and teachers have higher quality interactions
- › Classrooms become more positive
- › Parents miss work less
- › Teacher turnover rates decline
- › Teachers resort to suspension and/or expulsion less frequently

The last point is especially important for young children of color because they tend to be suspended and/or expelled at a higher rate than white children. (U.S. Department of Education Office for Civil Rights, 2014.)

BEST PRACTICES

At least thirteen states have ECMHC programs, each tailored to their government structures.

The Center for Child and Human Development at Georgetown University (GUCCHD) developed the framework below (Duran, F. et al, 2009) which shows how ECMHC program leaders can leverage positive professional and community relationships to prepare a community for ECMHC and initiate a virtuous cycle in which positive child and family outcomes generate support for sustained funding as well as feedback that enables continuous improvement.



A checklist on the following page provides more detail about desirable core program components. It may be useful for the organizational design of Maine’s consultation program, writing job descriptions, and setting service standards.

Early Childhood Mental Health Consultation Checklist (Duran, F., et al. 2010.)

1. Strong Program Infrastructure
 - a. Qualified leadership
 - b. Clear model design
 - c. Sustainable funding
 - d. Community outreach and engagement
 - e. Effective partnerships with all state agencies that serve children & families

2. Highly-Qualified Mental Health Consultants
 - a. Knowledge of
 - i. Typical and atypical child development
 - ii. Infant/early childhood mental health
 - iii. Maine’s service systems and community resources
 - b. Multicultural and linguistic competence
 - c. Skills and Experience
 - i. Working one-on-one, with groups, with children and adults
 - ii. Communicating effectively
 - iii. Developing specific strategies for individuals and families
 - iv. Creating strong, healthy relationships with program staff, children and families

3. High-Quality Services
 - a. Comprehensive services
 - i. Child-Focused
 - ii. Classroom-Focused
 - iii. Program-Focused
 - b. Variety of activities
 - i. Information gathering
 - ii. Education for teachers and families
 - iii. Emotional support
 - iv. Referrals to other services

CHILD-FOCUSED

When a child’s behavior is of concern, the consultant helps teachers and staff address the child’s particular needs. The consultant may also work with the family and make referrals to community resources.

CLASSROOM-FOCUSED

The consultant coaches the classroom teacher to provide more social-emotional support for all children in the classroom via observation, modeling & feedback.

PROGRAM FOCUSED

The consultant works with program administrators to develop policies & procedures that benefit both children and adults.

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION IN MAINE

The Community Caring Collaborative provides the Early Childhood Consultation and Outreach (ECCO) service to children 0 – 8 years in Washington County. Services are available at no cost to child care centers, Head Start, preschool, early elementary classrooms, and in families' homes. The ECCO consultant observes the environment and helps develop plans to improve outcomes for all children or an individual child, including those with behavioral or developmental challenges. The service focuses on skill-building for staff and families to help the child develop coping and regulatory skills. ECCO also offers training on trauma, toxic stress, and substance abuse to child-serving agencies.

Maine Roads to Quality (MRTQ) Professional Development Network (PDN) offers voluntary consulting services state-wide to child care providers, Head Start programs, and public preschool programs—as funding allows. Technical assistance consultants work with programs on a variety of issues, including social-emotional development and children with challenging behaviors. Consultants can access additional supports from specialty consultants such as those with ECMH expertise. When there are child-specific concerns, specialty consultants can co-consult and/or provide direct consultation to a program. Consultation is voluntary and is based on a 4-month plan with options for renewal. Limited funding has meant that some consultations take place via telephone.

In partnership, **MRTQ** and **UMaine Center for Community Inclusion & Disability Studies (CCIDS)** have been piloting intensive consultation with a large child care center. Using the 30-hour Inclusive Child Care Curriculum as the foundation, staff and directors receive 10 weeks of training as well as on-site consultation. Pilot funding came from Maine's Department of Health and Human Services Office of Child and Family Services. MRTQ and CCIDS are currently looking at replicating the model in other areas and seeking additional funding.

PROFESSIONAL DEVELOPMENT

The effective workforce that serves as the base of support for young children’s positive experiences (yellow tier) is made possible by Professional Development. Early learning teachers who have received training and individualized coaching can easily create the supportive environments in which they nurture and form responsive relationships with the children in their care.

Ideally, Maine will progress over time toward an integrated system of Professional Development, the purpose of which is to make sure all teachers are able to promote the social and emotional development of all the children in their care.



It is not expected that early learning teachers will be able to respond to children who need extra support (green tier) or intensive intervention (red tier) alone. Rather, the desired outcome is that all teachers would be able to recognize children who need more support than an early learning setting can provide *and* have access to early childhood consultants who can help them plan and carry out interventions.

We know from the “Voices” survey that Maine’s early learning teachers have varying educational backgrounds and certifications. Many, but not all, have some college education in which they had the experience of serving as student teachers. Teachers with the best *pre-service* preparation learned about and practiced creating rapport with families and helping children develop coping skills and positive communication habits.

At one time it was common practice to think that training alone would suffice for ongoing *in-service* professional development, but recent research (National professional development center on inclusion, 2011.) has demonstrated that training alone is not sufficient.

BEST PRACTICES

Four modes for professional learning and improvement have been found to strengthen knowledge, skills, and dispositions; support learning and growth in daily practice; and facilitate continuous improvement.

Training courses, workshops, and conferences help teachers develop knowledge about what a practice is and why it is important.

Supports for transferring knowledge to practice, such as job aids, **on-site coaching**, mentoring, consultation and technical assistance, help teachers apply knowledge to their daily work.

Collaborative, job-embedded professional learning routines, such as peer learning teams, study groups, and interdisciplinary meetings help teachers deal with the complexities and stressors of teaching, break down isolation, and challenge one another's thinking, beliefs, and practice. Collaboration strengthens professional dispositions and creates a culture where teachers value self-reflection and continuous learning and improving together.

Reflective supervision and feedback gives supervisors or coaches the opportunity to provide emotional, organizational, and instructional supports to focus on teachers' learning and growth.

EFFECTIVE COACHING**Links coaching to group training.**

This allows teachers to practice what they've learned in the presence of a supportive expert who can help them progress to a deeper understanding.

Delivers coaching in-person or by video.

Coaches must be experienced in early education and trained to implement educational models with fidelity. Coaching should include:

- › Models backed by research to support children's social-emotional development
- › How to address challenging behavior
- › Observing the teacher and giving feedback

Customizes delivery for the needs of the teacher/program.

The length, frequency, and duration of coaching can and should vary based on the teacher's or program's goals. For example, coaching to help teachers manage severe, persistent challenging behaviors will likely require more and longer sessions than responding to a less complex situation.

MAINE'S PROFESSIONAL DEVELOPMENT LANDSCAPE

Maine Roads to Quality Professional Development Network (MRTQ-PDN) is a collaborative partnership among Maine Roads To Quality (MRTQ), the University of Maine's Child Care Choices Referral Database, and the Center for Community Inclusion and Disability Studies (CCIDS). MRTQ-PDN offers a broad range of online, face-to-face, and hybrid model **group training sessions** around the state on a yearly basis. Many of the trainings are 30 hours, delivered in three-hour weekly modules spanning almost the full length of a typical semester course. MRTQ-PDN awards training hours, which articulate with Maine community college requirements and training certificates.

MRTQ-PDN uses a “triage approach” to consultation with teachers. As necessary, MRTQ-PDN consultants can call on specialists who have expertise in areas such as early childhood mental health, facilitating inclusion, and health.

Penquis Valley Head Start uses the evidence-based *Conscious Discipline Comprehensive Self-Regulation* program that combines social and emotional learning with discipline and guidance. One study found that 63 percent of pre-kindergartners who received *Conscious Discipline* training were no longer considered “at risk” as a result. (Hoffman, L. L. et al, 2009.)
(http://consciousdiscipline.com/downloads/research/2014_new_research_summary--FINAL.pdf)

The **Portland Defending Childhood Initiative** (PDC) offers a violence prevention program. PDC has successfully implemented the Committee for Children’s *Second Step: Early Learning Classroom-Based Social Skills* curriculum in Portland and Cumberland County Head Start locations and proposes to expand the program to all Head Start classrooms in Maine.
(http://www.cfchildren.org/second-step/early-learning/gclid/cjwkeiaia_9nfbrcsurz7y_px8xosjaauqvkc5xxsfqy7tntmadosfz2qfua0hq1sfukjwuw5ogfuhroc857w_wcb)

Second Step helps classroom teachers develop young children’s social, emotional, communication, problem-solving, and critical thinking skills to increase their social competence and reduce challenging behaviors.

The **Maine Resilience Building Network** (MRBN) offers periodic and on-request Professional Development for early childhood professionals on Adverse Early Childhood Experiences (ACEs) and resilience curriculum, in partnership with Maine Behavioral Health and THRIVE. Currently there is no formal approach to offering credit for this training.
(<http://maineaces.org/wp/>)

Maine Association for Infant Mental Health offers continuing education credits and certificates of attendance for group training through an annual statewide conference and a three-day course, *Introduction to Infant Mental Health: Issues and Practice*, a number of times over the course of a year. The Association has a web-based training on early brain development that is currently under review. No on-site coaching or technical assistance is available.

PARENT ENGAGEMENT

'Family engagement' refers to the systematic inclusion of families in activities and programs that promote children's development, learning, and wellness, including in the planning, development, and evaluation of such activities, programs, and systems. (Office of Head Start, 2011.)

The statement above touches on the complexity involved in creating an effective parent engagement strategy. Parents are decision-makers whose autonomy we must respect. Some parents, however, could serve their children well by improving their own parenting skills. Effective parent engagement thus depends on a professional early childhood workforce with exquisite relationship skills and access to behavioral specialists. The stakes are high because more and more early childhood experts are seeing parent engagement as a central strategy for preparing young children for school and for life.

KEY RESEARCH FINDINGS

Studies that investigate links between positive child outcomes and different types of parent involvement point to a general understanding that warm, nurturing, and responsive parenting are associated with children's social-emotional growth and wellbeing. Some examples:

- › Early parent-child relationships have powerful effects on children's emotional well-being, (Dawson, G., & Ashman, S. B., 2000.) their basic coping and problem-solving abilities, and their future capacity for relationships. (Lerner, R. M. et al, 2002.)
- › Through positive interaction with their parents, children learn skills they need to engage with others and succeed in different environments. (Rogoff, B., 2003.)
- › In one study preschool children whose mothers exhibited greater warmth to them exhibited stronger self-regulation skills in later years. (Colman, R. A. et al 2006.)
- › Numerous studies have shown that self-regulation skills help children learn in school. (McClelland, M. M. & C. E. Cameron, 2012.)
- › A number of studies have also demonstrated that everyday parent-child activities—such as reading, conversing, and talking about emotions—are linked to later school success.

The fact that activities like these occur naturally in some families gives us reason to hope that, by offering basic parenting skill development, we can point parents toward achievable goals and the very rewarding experience of seeing their children succeed socially and academically.

BEST PRACTICES

Effective parent engagement depends on making **professional development** opportunities and **mental health consultation** services available to early learning teachers.

Professional development activities should focus on:

- › Giving parents' opportunities to see, practice, and receive feedback on social-emotional learning strategies they can use at home, and
- › Offering multiple opportunities for parents to interact with teachers, all tailored to the needs of parents. Some examples are
 - » Brief classroom appearances by parents
 - » Parent-teacher conferences
 - » Home visits by teachers
 - » Notebooks and other aids to document and reinforce positive parenting activities
- › Connecting families to community resources that can help them get their basic needs met if they are going through adverse circumstances.

PARENT ENGAGEMENT IN MAINE

The **Maine Resilience Building Network** provides training and technical assistance to early childhood programs emphasizing the barriers to social-emotional development posed by adverse childhood experiences (ACEs). MRBN also provides training in local communities for parents, but limited resources do not allow for widespread or frequent training.

MRBN is starting a Train the Trainer initiative that will build capacity in local communities to offer training in building resilience.

The **Maine Children's Trust** uses the Parent Café model in its statewide training for directors and educators serving on **Child Abuse and Neglect Prevention Councils**.

Regional **Child Abuse and Neglect Prevention Councils** can also receive training assistance from the Maine Children's Trust to offer an introductory training, "Strengthening Maine Families," to child care providers that helps them help parents develop protective factors.

SOCIAL-EMOTIONAL SCREENING AND ASSESSMENT

It is critically important to identify young children who are experiencing delays or difficulties in developing social and emotional competencies as early as possible so they can get the help they need to get back on track with their peers. An effective screening and assessment program recognizes the child as part of a family and takes into account the family's needs, resources, and support structure.

BEST PRACTICES

A statewide system for social-emotional screening should function to

- › Ensure that all children are screened at appropriate developmental intervals
- › Eliminate duplication of efforts and
- › Refer families to community-based resources based on their child's needs.

An effective screening program must:

- › Use valid and reliable screening and assessment tools
- › Involve parents and gather information about a child across multiple environments.
- › Consider cultural sensitivities, including language and other cultural norms.

SOCIAL-EMOTIONAL SCREENING AND ASSESSMENT IN MAINE

Many of Maine's youngest children already receive routine social-emotional screening and assessment in their early care and learning settings.

Early Head Start centers must follow Head Start standards and regulations, which require that a child receive social-emotional screening within 45 days of enrollment and at prescribed developmental stages thereafter. Screeners incorporate information from parents and use their assessments to place children in appropriate classrooms and refer families to community services as required.

Department of Education Public Preschools must screen children within 30 days of enrollment. Parents are included in the process if social-emotional needs are detected and are referred to Maine Child Development Services (CDS) if their child needs an Individual Education Program (IEP).

Child Development Services Early Intervention Program provides IDEA Part C services to infants and toddlers and their families. If a child is eligible for Early Intervention services, the family's support structure, concerns, and priorities are also assessed.

The **Developmental System Integration** (DSI) project is an interagency partnership, led by Maine Quality Counts, whose purpose is to coordinate developmental screening for children ages 0 to three across parenting programs, early care and education providers, and health care providers to reduce duplication of efforts and make sure results are shared among a child's providers.

POLICIES THAT ADDRESS SUSPENSION AND EXPULSION

Removing children with challenging behaviors from early learning environments that are designed to foster their healthy development is counterproductive. Involuntary withdrawal impedes the process of identifying and addressing the root cause(s) of the behavior problems. Having a child suspended or expelled can also exacerbate the stress on families living through adverse circumstances, and the adverse circumstances some families experience may be one cause of a child's challenging behavior. In recognition of the complexity of this dynamic, Federal guidelines urge states to take action in all of the domains we address in this report.

<https://www2.ed.gov/policy/gen/guid/school-discipline/policy-statement-ece-expulsions-suspensions.pdf>

KEY RESEARCH FINDINGS

Suspension and expulsion should be choices of last resort, but research shows that these practices are in common use.

- › The first nationwide study to focus specifically on preschool expulsion found that preschoolers were expelled at more than three times the rate of K-12 students. Gilliam, W.S. (2005, May.)
- › Ten years later, data from the U.S. Department of Education indicate that African-American boys make up 19 percent of male preschool enrollment, but 45 percent of male preschoolers suspended more than once.

BEST PRACTICES

Ideally, Maine would establish a universal policy restricting the use of suspension and expulsion that could be uniformly applied across all early learning settings. In reality, the systems that would be necessary to instantiate a universal policy are not yet in place and probably won't be for the foreseeable future. A checklist for an effective **program-level policy** appears below.

CHECKLIST FOR A PROGRAM-BASED POLICY

- › Avoid language commonly used in the criminal justice system that inappropriately labels children
- › Comply with Federal civil rights laws
- › Outline appropriate responses for teachers and administrators when challenging behavior occurs. Responses should include:
 - » Communicating with families
 - » Consultation with mental health specialists
 - » Taking steps to evaluate root causes, e.g. a developmental delay, disability, or mental health issue
- › Establish procedures for
 - » Collecting and using data for decision-making
 - » Monitoring the fidelity of implementation of evidence-based practices
 - » Providing effective intervention to children with behavior support needs
- › Define the necessary steps and components of a transition plan
- › Severely limit or eliminate expulsion, suspension, and involuntary withdrawal, except in extraordinary situations that threaten the safety of the child and other children
- › Communicate policy and procedures clearly to everyone involved in a child's care

PREVENTING SUSPENSION AND EXPULSION IN MAINE

Policies and Procedures

Social-emotional development is addressed in **Maine's Early Learning and Development Standards** and the **Maine Infants & Toddlers Learning Guidelines**.

In partnership, **Maine Roads to Quality** (MRTQ) and CCIDS have been piloting an intensive consultation approach with a large child care center. Using the 30 hour Inclusive Child Care Curriculum as the foundation, staff and directors received 10 weeks of training as well as on-site consultation. It was funded as part of the MRTQ funding through Maine Department of Health and Human Services Office of Child and Family Services. They are looking at replicating the model in other areas and seeking additional funding.

The **MRTQ** Memorandum of Agreement articulates that when a program is receiving collaborative consultation, the program works to transition a child and not expel him or her from a program.

Head Start and **Early Head Start** programs in Maine follow the Head Start Performance Standards which generally exclude the use of suspension and expulsion.

Data Capture

The **MRTQ** Professional Development Network (PDN) Training Needs Assessment collects data on topics most needed and requested. Historically, the topic of social and emotional and behavioral health has been one of the top priorities.

The Center for Community Inclusion and Disabilities Studies (CCIDS) at the University of Maine documents parent-practitioner calls in its database.

EARLY CHILDHOOD SPECIAL EDUCATION

- › Early Intervention Services (Part C)
- › Preschool Special Education (Part B, Section 619)
- › Childhood Abuse Prevention and Treatment Act (CAPTA)

KEY REGULATIONS

The federal Individuals with Disabilities Education Act (IDEA) funds and regulates both Early Intervention Services (Part C) and Preschool Special Education (Part B, Section 619.) Maine's Child Development Services (CDS) department administers both services.

Part C funding assists states to implement comprehensive, multidisciplinary, interagency, statewide systems to make early intervention services available to all children with disabilities from birth through age two. The goal of these services is to support the development of infants and toddlers with disabilities, minimize possible developmental delay, and reduce educational costs by minimizing the need for special education services as children with disabilities reach school age.

Although federal law governs many provisions related to Part C services, much flexibility has been left to the states. States set their own eligibility criteria and decide whether to cover children at risk for disabilities (in addition to those who have disabilities).

Part B of the IDEA act funds states to assist them to provide a "free appropriate public education," to children ages three through 21 with disabilities who are in need of special education and related services. Section 619 of Part B applies to children ages three through five, if they meet the definition of a child with a disability based on fourteen federally established disability categories.

CAPTA requires states to assess and respond to the developmental needs of children under age three who have suffered abuse or neglect.

BEST PRACTICES

The National Research Council and the Institute of Medicine recommend that every infant and toddler referred to a child welfare agency for evaluation of *suspected* abuse or neglect be automatically referred for developmental-behavioral screening under IDEA Part C. Recent reauthorizations of both CAPTA and IDEA Part C provide for such referrals. (Shonkoff, J. & D. Phillips, editors. 2000.)

MAINE LANDSCAPE FOR SPECIAL EDUCATION

Maine's Child Development Services has a long history of using Positive Behavior Intervention and Support (PBIS) in its programs. The Pyramid Model is one example of a PBIS system. To reduce suspensions and expulsions, Maine's Office of Special Services (OSEP) is piloting a statewide initiative during the current school year (2016-17) to promote the use of PBIS practices. Programs for four year olds are included.

In the past year Child Development Services(CDS) and the Department Health and Human services (DHHS) have worked to improve their partnership. Before this effort, only about nine percent of referrals of children with substantiated experience of abuse or neglect came to CDS for IDEA Part C screening from the DHHS. As a result of their combined effort, CDS now receives virtually all of its referrals for these cases from DHHS. DHHS is also referring more infants and toddlers with special health needs.

The federal government requires that social-emotional data be generated for every child who receives service under Part C Early Intervention or Part B/619 Special Education for at least six months. Maine uses the Child Outcome Survey to comply with this requirement. This data could also be used by the state to set and track goals for improving social-emotional skills among children who receive care under Part C and B/619 services.

<http://www.maine.gov/doe/cds/guidance/childoutcome/index.html>

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The Voices of Maine's Early Care and Education Teachers: Results of Our Social-Emotional Survey

This report presents findings from a survey of Maine's early care and education teachers and providers that was designed to gather information about early care and education (ECE) teachers' and providers' experiences related to young children with challenging behavior. The survey also asked teachers and providers about what resources and strategies are needed to help them address the needs of young children with challenging behavior and promote their positive social-emotional development.

All lead preschool teachers in licensed center-based child care, Head Start/Early Head Start, and preschool programs, and family child care providers in Maine who could be reached by a working email, were invited to participate in the survey. The survey was administered through Qualtrics, a secure online data collection system. Maine's state child care and preschool education state administrators and an association of Head Start directors provided the email lists. Lead center-based teachers were contacted through center directors who were asked to forward survey invitations, while family child care providers received the invitations directly. The email invitation to participate as well as an attached information sheet about the study provided a link to the survey on Qualtrics. Reminder emails that were sent to programs helped increase the number of completed surveys. In order to further increase participation, funds were secured to provide a \$15 Amazon gift card to teachers who completed the survey. Programs were notified that the incentive would also be provided to those who had previously completed the survey and requested the card. Researchers used a protocol for sending the gift card to new and previous survey completers that maintained confidentiality. This protocol allowed storage and analysis of the survey responses without any information that could identify programs or respondents.

The results of the survey are described in the following sections that address these questions:

- › What are the key characteristics of programs and teachers?
- › How many children with challenging behavior do teachers have in their classrooms or child care homes in the course of a year?
- › How common are different types of challenging behaviors?
- › What are the consequences of challenging behaviors?
- › What are the family circumstances of children with challenging behavior?

- › How do teachers currently address challenging behaviors and what barriers do they face?
- › What supports do teachers believe will help them address the needs of children with challenging behavior?

In the sections that follow, we refer to center-based teachers and home-based child care providers as “teachers” both for convenience, and in recognition of the supports for early learning and development that most adults try to provide for children across different types of early care and education settings.

RESULTS

What are the key characteristics of programs and teachers?

Teachers who submitted surveys work (n=471) across the range of rural to urban settings in the state. Most teachers and providers (54%) are in small cities, towns, or villages, defined as places with populations of 1,000 to 9,999 residents. Others are in rural towns (18%) with populations under 1000 residents, cities (17%) with populations of 10,000 to 20,000 residents, and large cities (11%) with populations over 20,000 residents. Teachers from four types of programs are represented in the sample¹.

- › 34% are from center-based child care (this group also includes child care nursery school and child care-preschool partnerships)
- › 31% are family child care providers
- › 24% are from Head Start programs (this group includes Head Start, Early Head Start, Head Start-preschool partnerships and Head Start-child care centers)
- › 10% are from school-based public preschools

Overall, education levels are higher in center-based compared to family child care settings where roughly twice the number of providers have Bachelors and Masters degrees or higher. About three times the percentage of teachers in school-based public preschool programs have Masters degrees compared to teachers in Head Start programs where about a quarter have an associate’s degree, CDA, or some college. See **Table 1** for complete results. The highest percent of teachers with an Early Childhood Teacher Certificate Birth to Age 5 is in school-based public preschools (59%), with Head Start Programs showing the second highest percent of teachers with this credential (39%). More than fifty percent of teachers across center-based and family child care settings and Head Start programs have Maine Roads to Quality credentials. See **Table 2** for complete results.

¹ Less than 1% did not identify their program.

Table 1. Teachers' Education Level by Type of Program

	<i>Center-based Child Care Programs</i>	<i>Family Child Care Providers</i>	<i>Head Start Programs</i>	<i>School-based Public Preschool</i>
Master's degree or higher	13%	7%	11%	35%
Bachelor's degree	40%	18%	62%	63%
Associate degree, CDA Credential, or some college	43%	55%	26%	2%
HS graduate or GED	4%	20%	0	0

Table 2. Teachers' Certifications by Type of Program

	<i>Center-based Child Care Programs</i>	<i>Family Child Care Providers</i>	<i>Head Start Programs</i>	<i>School-based Public Preschool</i>
Requirements for the Early Childhood Teacher Certificate Birth to Age 5 (081)	10%	2%	39%	59%
Requirements for the Early Elementary Endorsement K-3 (029)	3%	1%	10%	17%
Teacher of Students with Disabilities (0 to age 5) (282)	13%	2%	12%	17%
Maine Roads to Quality credentials	63%	58%	69%	15%
I have no certifications	21%	31%	7%	7%

Longer work hours were reported by family child care providers compared to teachers in all other programs. Nearly all family child care providers (95%) reported having children in their programs for more than 8 hours a day (10 hours on average), while most teachers in other programs (81%) reported having children for 8 hours or less a day.

Most teachers report that they have four or more years of experience teaching children under age six. A small percentage have more experience teaching older children, and four percent report inexperience (i.e. less than four years) with children under age six as well as with children age six and older:

- › 93% of teachers reported having four or more years of experience teaching children under age six
- › 2% of teachers reported having more years of experience teaching children six and older than children under age six

How many children with challenging behavior do teachers have in their classrooms or family child care homes in the course of a year?

“Challenging behavior” was defined in the survey as “a repeated pattern of behaviors that interfere with the child’s ability to play, learn, and get along with others.” Teachers reported on the prevalence of challenging behaviors among children in their classroom or family child care settings over the past 12 months, which might include children from the previous school year.

A high percentage of teachers – 92 percent – reported having at least one child with challenging behavior; on average, teachers reported that five children had challenging behavior. The percentage of teachers reporting children with challenging behavior varied by age of children in the classroom or family child care setting, with the highest percentage for teachers of preschoolers.

- › Among teachers of infants, 21% identified at least one infant with challenging behaviors; on average, they report 1 infant with challenging behavior
- › Among teachers of toddlers, 69% identified at least one toddler with challenging behaviors; on average, they report 3 toddlers with challenging behavior
- › Among teachers of preschoolers, 86% identified at least one preschooler with challenging behaviors; on average, they report 5 preschoolers with challenging behavior
- › Among teachers of children over age five, 52% identified at least one child over age five with challenging behaviors; on average, they report 3 children over age five with challenging behavior

How common are different types of challenging behaviors?

As shown in **Table 3**, sizable percentages of teachers report that several types of challenging behaviors are “very common” or “fairly common.” The challenging behaviors that the highest percentages of teachers reported as “very common” were among the most potentially disruptive to activities and routines: “Hitting, throwing things, pushing, biting;” “extremely active, impulsive, has trouble engaging appropriately in class activities;” and “refuses to cooperate, including will not clean-up, will not follow directions.” At the same time, about a quarter to half the teachers also reported that challenging behaviors often associated with more withdrawn children are “fairly common” or “very common” in their ratings of “sad behavior including crying, withdrawn, not wanting to participate” and “appears worried and easily frightened.”

Table 3. Percent of Teachers Rating Different Challenging Behaviors as “Very Common,” “Fairly Common” and “Not Very Common”

TYPES OF CHALLENGING BEHAVIORS	<i>Very Common</i>	<i>Fairly Common</i>	<i>Not Very Common</i>
Hitting, throwing things, pushing, biting	34%	33%	30%
Extremely active, impulsive, has trouble engaging appropriately in class activities	32%	35%	31%
Refuses to cooperate, including will not clean-up, will not follow directions	26%	38%	34%
Sad behavior including crying, withdrawn, not wanting to participate	16%	33%	48%
Name calling, threatening others, angry words	14%	26%	57%
Appears worried and easily frightened	6%	20%	72%
Refuses to eat or feed	3%	11%	83%

What are the consequences of challenging behaviors?

When teachers were asked about different negative impacts of children’s challenging behaviors in their classrooms or family child care settings, about one-third of teachers reported that children’s challenging behaviors had “quite a lot of negative impact” on the “teacher’s ability to attend to the needs of the other children.” As shown in **Table 4**, almost 40 percent or more of teachers reported that challenging behavior had at least “some negative impact” on four other features of the early care and education setting – other children’s ability to learn, other children’s feelings of security and well-being, other children’s safety, and teachers’ feeling of well-being.

Table 4. Percent of Teachers Rating Impacts of Challenging Behaviors on Different Features of ECE Settings

FEATURES OF THE EARLY CARE AND EDUCATION SETTING	<i>Quite a lot of negative impact</i>	<i>Some negative impact</i>	<i>Very little or no negative impact</i>
Teachers’ ability to attend to the needs of the other children	33%	41%	24%
Other children’s ability to learn (or explore, if babies/toddlers)	22%	52%	24%
Other children’s feelings of security and well-being	18%	41%	38%
Other children’s safety	17%	41%	39%
Teachers’ feeling of well-being	14%	37%	46%

Teachers reported on the number of children with challenging behaviors who left their classroom under three different conditions: 1) **Parents told staff** they were leaving because the program could not meet the child’s needs; 2) **Staff told parents** the child must leave because the program could not meet the child’s needs; or 3) **Parents and staff agreed** the child must leave because the program could not meet the child’s needs. Overall, 25 percent of teachers reported that children with challenging behavior were removed from their class or family child care setting under any of these three conditions; on average, teachers reported that two children with challenging behavior were removed.

Across these three conditions:

- › 8% of teachers reported that children with challenging behavior were removed when parents told staff they were leaving because the program could not meet the child's needs; on average, they reported one child with challenging behavior was removed
- › 10% of teachers reported that children with challenging behavior were removed when staff told parents the child must leave because the program could not meet the child's needs; on average, they reported two children with challenging behavior were removed
- › 15% of teachers reported that children with challenging behavior were removed because parents and staff agreed the program could not meet the child's needs; on average, they reported two children with challenging behavior were removed

Among the different program types, center-based Child Care, Child Care Nursery School, and Child Care Preschool Partnerships have the highest percentage of teachers (42 percent) reporting that at least one child with challenging behavior left their program; on average they reported the removal of two children. See **Table 5** for complete results.

The condition described in the survey as the removal of children with challenging behavior, "staff told parents child must leave because the program could not meet the child's needs," can be considered "involuntary dismissal" of children, or "expulsion." Teachers reported involuntary dismissal of preschoolers at much higher rates compared to other age groups. Among the teachers who reported involuntary removal of children, 84% were reporting the removal of preschoolers (two preschoolers on average), 26% were reporting the removal of children over five (one child over five years on average) and less than 5% were reporting the removal of infants and toddlers.

Among the teachers who reported the removal of children with challenging behavior for any reason, 81% were reporting the removal of preschoolers (two preschoolers on average), 16% were reporting the removal of children over five (two children over five years on average), 14% were reporting the removal of toddlers (two toddlers on average) and 2% were reporting the removal of infants (one infant on average).

Table 5. Percent of teachers reporting the removal of children with challenging behavior across different early care and education settings

	<i>Center-based Child Care, CC Nursery School, & CC Preschool Partnership</i>	<i>Head Start, Early Head Start, & Head Start Partnerships</i>	<i>Family Child Care</i>	<i>School based Public Preschool</i>
Percent of Teachers	42%	18%	15%	13%
Average number of children who left setting	2	2	2	1

Teachers also identified another group of children that leave classrooms and family child care homes; these are children whose parents remove them due to concerns about the challenging behavior of *other* children. Sixteen percent of teachers reported that this happened for at least one child. The highest percent are in center-based child care programs; 23 percent of teachers in center-based child care reported that, on average, 2 children were removed due to the parent’s concerns about the challenging behavior of children’s peers. See table **Table 6** for complete results.

Table 6. Percent of teachers reporting the removal of children across different early care and education settings due to the challenging behavior of peers

	<i>Center-based Child Care, CC Nursery School, & CC Preschool Partnership</i>	<i>Head Start, Early HS, & HS Preschool Partnership</i>	<i>Family Child Care</i>	<i>School based Public Preschool</i>
Percent of Teachers	23%	13%	11%	9%
Average number of children who left their program	2	1	1	1

Teachers also reported on the types of settings that children moved to when they were removed from their programs or family child care settings due to challenging behavior. They were asked to estimate the percent of programs that were regulated. Most teachers (55%) reported that when children with challenging behavior leave their program or family child care homes, not many are likely to move to regulated settings; they estimated that “0 - 25%” of the settings

children move to are regulated. Only 19 percent of teachers indicated that children move to programs/settings that are likely to be regulated, reflected in their response that “75-100%” of the settings children move to are regulated.”

What are the family circumstances of children with challenging behavior?

Teachers reported on their knowledge of whether children with challenging behavior were experiencing certain adverse family circumstances and also whether they received Child Development Services (CDS) due to a disability or developmental delay. A high percentage of teachers reported that children with challenging behaviors face adverse child and family experiences.

- › 49% of teachers reported that children’s families have health, mental health, substance abuse, or domestic violence challenges; on average, they reported 4 children in families with these circumstances
- › 44% of teachers reported that children’s parents have serious financial problems (e.g., may have trouble with child care co-pays, asked program staff for information about food or housing assistance); on average, they reported 5 children in families with these problems
- › 33% of teachers reported that children have been or are currently in foster care; on average, they reported 2 children in foster care
- › 15% of teachers reported that children are currently homeless; on average, they reported 1 child who is homeless
- › 63% of teachers reported that children receive Child Development Services (CDS); on average, they reported 4 children who receive child development services

How do teachers currently address challenging behaviors and what barriers do they face?

Teachers varied in their use of different practices when children demonstrated challenging behavior:

- › 75% of teachers reported that they request a special meeting with parents to discuss child’s behavior
- › 60% of teachers reported that they recommend/facilitate referral for Child Development Services Evaluation (evaluation for Early Intervention Services for children up to age three and evaluation for Preschool Special Education for children age 3 to 5 years)
- › 40% of teachers report that they request a consultation with an early childhood mental health specialist
- › 35% of teachers report that they request assistance from other program staff
- › 15% of teachers report that they request that parent pick child up early from the program

When asked about barriers to addressing children’s challenging behavior, three of the most reoccurring comments highlighted:

- › The challenge of the CDS referral process (e.g., “a lengthy process,” “a lot of paper work,” “slow to evaluate”)
- › The scarcity of qualified early childhood behavioral specialists leading to long waiting periods before securing a consultation and limited time available for consultations
- › The need for greater support in working with parents who may have difficulty with a referral to CDS or other resource, including parents who fear that a child will be stigmatized for behavioral concerns or services to address them, or who disagree that their child has demonstrated challenging behaviors in the early care and education setting

What supports do teachers believe will help them address the needs of children with challenging behavior?

Among the different types of support listed on the survey, a high percentage of teachers identified “group training,” “on-site consultation,” and “increased support for families” as ones that could help them address the needs of children with challenging behavior:

- › 61% of teachers selected increased opportunities for group training on how to support young children’s social-emotional development and how to address challenging behavior
- › 57% of teachers selected increased access to early childhood specialists who can visit the classroom or family child care setting and provide consultation about strategies for helping children with challenging behavior
- › 48% of teachers selected increased support for families such as staff to help families access services that address housing, mental health, substance abuse problems and other challenges
- › 34% of teachers selected a curriculum that has a strong focus on children’s social-emotional development
- › 21% of teachers selected additional staff

CONCLUSION

Results of the survey suggest that Maine’s early care and education teachers and providers commonly encounter young children with serious challenging behaviors. More than half of the teachers voiced the view that these behaviors have at least some negative impact on other children’s learning and safety. One in four teachers reported that children with challenging behavior were removed from an ECE setting when a parent, teacher, or both concluded the setting could not meet the child’s needs, and children typically did not move into another regulated setting. Almost half of the teachers also reported caring for children with challenging behaviors who live in families that experience adverse circumstances, including health and mental health problems, substance abuse or domestic violence. When asked about what would help them address children’s challenging behaviors, almost half the teachers recommended increasing supports to families to help them with poverty-related problems, substance abuse, mental health and other challenges. Over half of the teachers also recommended increased opportunities for group training and on-site assistance from specialists who can provide consultation to help teachers address children’s challenging behavior and promote positive social-emotional development of young children. Overall, the results tell a compelling story of a multi-faceted problem and potential approaches to addressing it that could increase the well-being and opportunities for school success for large numbers of Maine’s youngest citizens.

Recommendations and Next Steps for Implementation

The Social and Emotional Learning and Development Project's Ad Hoc Committee submits the following recommendations. The Committee's highest priority is the first recommendation listed below

1. Establish a statewide voluntary **Early Childhood (EC) Consultation Program** to provide supports and guidance for early care and education (ECE) teachers and providers serving infants and young children in center and home-based child care, Early Head Start, Head Start, and public preschool settings who are experiencing significant and persistent challenging behaviors that put them at risk of learning difficulties and removal from early learning settings.

- › The EC Consultation program will provide early care and education teachers and providers with access to consultants with both early childhood and mental health expertise who will work on-site to guide and coach them in the use of evidence-based strategies that reduce challenging behaviors in children and promote social-emotional growth, as well as provide guidance to parents about children's behavioral difficulties.
- › EC Consultation has demonstrated improvements in teacher-child interaction and classroom climate, reductions in young children's problem behavior and increases in their social skills, prevention of expulsion, less work missed by families and lower parenting stress, and decreases in teachers' stress and rates of turnover.
- › With the goal of **implementing a pilot EC Consultation Program by September 2017**, designate a lead public or private entity (or public-private partnership) as "Lead organization or partnership" (possibly Maine Children's Growth Council in partnership with the Department of Education, Department of Health & Human Service, and Maine Children's Alliance) to work with the national **Center of Excellence for Infant and Early Childhood Mental Health Consultation**, and other key stakeholders in Maine, in the design of the EC Consultation program model.
 - » EC Consultation Program models should build on current models in Maine and elsewhere, including the Early Childhood Consultation and Outreach Program (ECCO) in Washington County, Maine Roads to Quality consultations, and the Connecticut Early Childhood Consultation Partnership.

- › Enhance cross-sector **Professional Development capacity** in Maine by exploring a partnership with the Technical Assistance Center on Social-Emotional Intervention for Young Children.

[\(http://challengingbehavior.fmhi.usf.edu/\)](http://challengingbehavior.fmhi.usf.edu/)

Provide resources for an organization to develop specific goals and activities with the goal of finalizing a contract with this Center.

- › The lead organization or partnership should ensure that **Maine Roads to Quality Professional Development Network** is fully coordinated and integrated with supports from the new EC Consultation Program. For example, establishing linkages between individualized on-site coaching for teachers and caregivers to other forms of professional development such as group training and communities of practice so teachers can practice applying new knowledge and skills in the presence of a supportive consultant who can scaffold their learning.
- › Include a data system in the model's design, including resources and supports for collecting and analyzing data on implementation and selected outcomes, e.g., dismissals from programs and reductions in challenging behavior based on child screening data, to promote accountability and well-targeted continuous quality improvement activities.
- › Include a plan for establishing a pipeline of qualified EC consultants with specialized knowledge, skills, and experience to effectively coach teachers, caregivers, and program directors to promote young children's healthy social and emotional health and decrease serious and persistent challenging behaviors.
- › Allocate funds to roll out the EC Consultation Program pilot in September 2017, as well as to evaluate implementation processes and outcomes to inform expansion.
 - » Explore using CCDF quality funds for this purpose, which is highlighted in Maine's state CCDF plan.
http://www.maine.gov/dhhs/ocfs/ec/occhs/child_care/FY2016-2018%20CCDF%20Maine%20State%20Plan.pdf
- › A phased plan for full implementation is recommended starting with five counties implementing the selected model in FY 2018, representing a mix of urban and rural counties. An additional six counties would be implemented by FY 2019; and statewide implementation by FY 2020 for the remaining five counties.

NEXT STEPS

1. Designate a lead public or private entity (or public-private partnership) as “Lead organization or partnership to design the EC Consultation program model for Maine.
2. Study national and in-state models on early childhood mental health consultations to develop recommendation(s) for state implementation, training and technical assistance.

ADDITIONAL RECOMMENDATIONS

2. Leverage and coordinate federal, state, and local funding available for supporting family engagement. Federal opportunities include Child Care Development Fund quality dollars, Title I Funds reserved for parent engagement, and individuals with Disabilities Education Act (IDEA) discretionary grants for Parent Training and Information Centers and Community Parent Resource Centers.

Next Steps

- 1) Request that Departments review current use of these funding sources and opportunities to increase family engagement with these funds and to report to Education and Health & Human Services Committees.

3. Develop and implement a consistent screening and assessment tools for 3-5-year-olds across early childhood systems. Contract with a partner to develop screening/assessment tools for 3-5 year-olds, utilizing the process that the Developmental Screening Initiative had for the 0-3 screening instrumentation, determine valid and reliable instruments for use by early childhood personnel serving preschool age children, provide training on the recommended instruments, and pilot the instruments in several locations with a cross section of early childhood practitioners.

Next Steps

- 1) Study and consider promoting the utilization of the Maine Integrated Youth Health Survey for kindergarten entry purposes.
- 2) Incorporate the screening required for public preschool programs.
- 3) Use the definitions from the Developmental Screening Initiative re: screening, evaluation, and assessment.

4. Establish the **Help Me Grow (HMG)** system in Maine to strengthen screening and early identification of children’s developmental delays and behavior difficulties, and link families to early intervention, parent support and education, and communities’ capacity to help young children and their families thrive. *HMG* does not provide direct services. Rather, it is an efficient and effective system that assists states to identify at-risk children and helps families find existing community-based programs and services for children through age eight.

Next Steps

- 1) Maine Quality Counts has already completed a comprehensive planning process, resulting in a set of recommendations at

<http://helpmegrownational.org/includes/resource/MAINEwebsite.pdf>

5. Develop expulsion and suspension voluntary guidance that can be used by Maine’s early childhood care and education programs and/or are at the individual program level that communicate evidence-based practices. Once Early Childhood Consultation supports are available statewide, develop voluntary guidance to include policies and procedures that address expulsion and suspension in publicly-funded school and community-based early care and education settings.

Next Steps

- 1) Request that the Departments of Education and Health & Human Services jointly:
 - a. Develop voluntary guidance that communicates evidence-based practices to reduce expulsions and suspensions of young children with persistent challenging behaviors served in Maine’s early care and education settings.
 - b. The voluntary guidance should address: how temporary suspension measures should be used as a last resort; that the determination of safety threats should be based only on actual risks and objective evidence; and define the steps that constitute appropriate transitioning of a child with challenging behavior, which would not be considered expulsion.
 - c. Once Early Childhood Consultation supports are available statewide, develop model policies and procedures for all licensed early care and education programs to limit the use of expulsion, suspension, and involuntary dismissal with no transition plan of children in early childhood education programs.
 - d. Identify methods to obtain data regarding ongoing suspension, expulsion and consultation services in order to monitor impact of supports, modifications, improvements, etc.

6. Examine transition planning systems with school district kindergarten teachers and leaders to coordinate with early care and education providers and parents, especially for children who continue to exhibit severe and persistent challenging behaviors.

Next Steps

- 1) Further examination by early childhood personnel on transition procedures into public preschool and from public preschool into kindergarten.

Appendix 1: Promising Strategies Implemented in Federal, State, and Public-Private Partnership Programs

EARLY CHILDHOOD MENTAL HEALTH CONSULTATION

Federal Program

- › In October 2015 the U.S. Department of Health and Human Services launched the **Center for Excellence for Infant and Early Childhood Mental Health Consultation** (IECMHC) (<https://www.samhsa.gov/iecmhc>) The Center supports states, tribes and communities in developing the capacity for programmatic mental health consultation.

State Programs

At least thirteen states have implemented some form of ECMHC program. A 2016 report from Zero to Three provides a description of these programs. Zero to Three, (2016). Early Childhood Mental Health Consultation: Policies and Practices to Foster the Social-Emotional Development of Young Children.

<https://www.zerotothree.org/resources/1694-early-childhood-mental-health-consultation-policies-and-practices-to-foster-the-social-emotional-development-of-young-children>

Early Childhood Mental Health Curricula

Some states programs are combining early childhood mental health curricula with consultation.

- › **The Incredible Years** (www.incredibleyears.com) is a curriculum with modules for parents, teachers, and children. Its goal is to promote emotional, social, and academic competence and to prevent, reduce, and treat behavioral and emotional problems in young children. Parents learn appropriate responses to children’s needs, while teachers develop ways to improve environments and relationships in the classroom.
- › **Second Step** (www.cfchildren.org) is a violence prevention curriculum designed to increase social competence in children. Consultation programs in **California, Illinois,** and **North Carolina** are using this integrated approach with positive results.

PROFESSIONAL DEVELOPMENT

- › **Washington** launched its **Early Achievers Institutes** as a component of its Quality Rating and Improvement System (**QRIS**). In addition to classroom training and coaching, can participate in peer learning, practicing positive behavior support, individualizing instruction, and fostering resiliency and wellness in young children. QRIS. Providers can also receive technical assistance from regional infant/toddler

consultants and consultations with early childhood mental health experts.

The University of Washington also provides training to child care licensing staff, coaches, and technical assistance staff who support Early Achievers participants on quality observation tools, curricula, and effective behavior guidance and management practices. The State also has a cadre of public preschool specialists who provide ongoing mentoring and consultation to its public preschool program coaches.

PARENT ENGAGEMENT

Federal Programs and Guidelines

- › The Head Start Parent, Family, and Community Engagement (PFCE) Framework serves as a road map for progress in achieving the kinds of outcomes that lead to positive and enduring change for children and families. It outlines program foundations and areas that family engagement activities should be integrated across to achieve the outcome that children are ready for school and sustain development and learning gains through third grade.

(<https://eclkc.ohs.acf.hhs.gov/hslc/tta-system/family/framework>)

- › The federal Every Student Succeeds Act (ESSA) mandates that school districts receiving Title I funding must set aside at least 1 per cent of its funds for parent and family engagement activities and involve parents in discussions spending priorities. Activities might include staff training, disseminating information, and collaborating with community-based organizations or businesses.

Parent Education Curriculum

The Incredible Years Parenting Programs focus on strengthening parenting competencies and fostering parent involvement in children’s school experiences, to **promote children’s academic, social and emotional skills** and **reduce conduct problems**. The parenting programs are grouped according to age: babies (0-12 months), toddlers (1-3 years), preschoolers (3-6 years), and school age (6-12 years).

(<http://www.incredibleyears.com/programs/parent/>)

Exemplary State Programs

- › The **Kansas** Parent Information Resource Center works to promote parent engagement through an annual parent engagement conference, technical assistance to schools and ECE programs, and resources to higher education programs. Its training and technical assistance includes support in developing family engagement action plans that build on state performance indicators. It also develops resources for parents directly including a booklet called “Social-emotional and Character Development: What Families Need to Know.”

(<https://ksdetasn.org/kpirc>)

- › The **Nebraska** Center for Research on Children, Youth, Families and Schools developed the Getting Ready Intervention to support and increase parents' development of nurturing skills such as warm and sensitive engagement. Teachers completed ten home visits over the span of two years and promoted positive behavior through supportive discussion, observation, and modeling.

(<http://www.cyfs.unl.edu/>)

Screening and Assessment

- › **Head Start** programs across the country use screening and assessment practices outlined in the *National Head Start Program Performance Standards and Regulations*

(<http://eclkc.ohs.acf.hhs.gov/policy>.)

These standards and regulations emphasize including the family in both the screening and assessment process. The standards and regulations also warn against misidentifying children with social emotional needs based on cultural background and language barriers.

- › Twenty three states have implemented the **Help Me Grow** model. It is focused on identifying children with social-emotional concerns and connecting them with appropriate, community-based services (as opposed to costly and medically intensive treatment). Help Me Grow emphasizes early detection and relies on existing state networks of community organizations to connect families to developmental screening.

POLICIES THAT ADDRESS SUSPENSION AND EXPULSION

Federal Programs

- › The 2014 reauthorization of the **Child Care Development Block Grant** and the new State CCDF Plan explicitly ask states whether there is a policy in place about suspension and expulsion and how states are communicating these policies to relevant parties such as providers and parents.
- › The 2015 revisions to the **Head Start Performance Standards** (HSPS) strengthened and made more explicit existing policies to address suspension and expulsion in Early Head Start and Head Start programs.

Examples of Systems-Level Policies Enacted by States²

- › **Connecticut** and **New Jersey** enacted state legislation that applies to publicly-funded ECE settings.
- › **Pennsylvania** disseminated a policy statement covering all publicly-funded ECE settings.

Other states have developed policy guidance and embedded in:

- › Child care licensing standards-**Colorado**
- › Child care provider agreements-**Arkansas**
- › Policy handbook-**Chicago Public Schools**
- › Public preschool program contracts-**New York City**
- › Public preschool program standards/regulations-**Arkansas, District of Columbia**
- › Quality Rating & Improvement System (QRIS) standards-**Washington**
- › Social Emotional Development training provided to all Preschool Development Grant-funded classroom staff-**Connecticut**

Exemplary State Programs:

- › **Arkansas Better Chance for School Success** – Arkansas’ state-funded pre-k program has had a long-standing expulsion prevention policy that outlines necessary steps to be taken before considering exclusionary practices. Steps include observation from a professional, incident documentation, implementation of environmental modifications, engagement with parents, and referral to community services.

The **Arkansas** Director of the Division of Child Care and Early Childhood Education convened a cross-systems workgroup (state preschool, CCDF, child care licensing, QRIS, and more) to address suspension and expulsion. Part of this work included aligning the **Arkansas Better Chance** (ABC) policy with other programs, starting with child care, and including explicit policies in the child care center participant agreements. Arkansas is also launching a new suspension and expulsion data tracking and technical assistance system for ABC.

- › **Colorado Child Care Rules** – Revisions to the state’s child care rules in 2015 included a component that directs programs to “outline how decisions are made and what steps are taken prior to the suspension, expulsion or request to parents or guardians to withdraw a child from care due to concerns about a child’s behavioral issues.”

² Administration for Children and Families, Department of Health and Human Services, *State and Local Action to Prevent Expulsion and Suspension in Early Learning Settings*. https://www.acf.hhs.gov/sites/default/files/eecd/state_and_local_profiles_expulsion.pdf

EARLY CHILDHOOD SPECIAL EDUCATION

A Public-Private Partnership Pilot

- › CAPTA requires states to assess and respond to the developmental needs of children under age three who have suffered abuse or neglect. The **Massachusetts** Department of Children and Families has partnered with Part C services, Brandeis University, and other agencies to pilot a program that extends Part C services to include any child age three or under living in a household where a report has been made on behalf of any other family member. This approach recognizes the traumatic impact on infants and toddlers living in homes where neglect, abuse, or violence are occurring.

Appendix 2: Timeline of SELD Project Activities

TIMELINE OF EARLY LEARNING SETTINGS TEACHER AND PROVIDER SURVEY

Date	Activity
October 9, 2015	Completed final version of survey with input from Maine project members
October 14, 2015	Submitted application to Institutional Review Board
December, 2015	Sent out surveys to Preschool, Child Care, Head Start sites
December, 2015	Sent follow-up requests to sites to complete survey
June 6, 2016	Previewed survey results for stakeholders at SELD Project ad hoc committee meeting
September 14, 2016	Presented survey results at 2016 Social Emotional Learning & Development Conference

TIMELINE OF POLICY LANDSCAPE AND RECOMMENDATIONS

Date	Activity
<i>Preparation Phase</i>	
August 2015	Connected with federal Administration for Children and Families (ACF) experts and Dr. Walter Gilliam, leading national expert, to discuss the project.
September 2015	Reviewed potential frameworks and formats for topic-specific policy landscapes.
<i>Phase 1: Social Emotional Learning and Development - Informing Maine's CCDF State Plan</i>	
September 2015	Reviewed Child Care and Development Fund (CCDF) State Plan Pre-Print, letter from committee, & August 6, 2015 meeting notes to guide template to address CCDF State Plan requirements related to the social emotional learning and development of young children and prevention of suspension & expulsion.

October 2015	Developed chart that cross-walked CCDF State Plan requirements pertaining to social emotional development and learning and preventing suspension and expulsion and the evidence-based policies and practices described in the federal Office of Child Care’s September 8 th Information Memorandum on this topic. Shared with Maine DHHS Office of Child and Family Services’ Child Care team staff.
November-December 2015	To inform the Council’s recommendations to the Joint Education Committee & the state CCDF Plan regarding approaches that prevent expulsion, suspension and other exclusionary discipline practices & policies that support a continuum of integrated social emotional learning and development opportunities for young children, developed draft guiding principles on involuntary dismissal (expulsion) and voluntary dismissal of children from birth through grade two in licensed early care and education programs for discussion at Nov. and Dec. 2015 Maine Children’s Growth Council (MCGC) meetings.
January 1	Provided brief summaries of best practices and state examples to inform Maine’s CCDF Plan in the areas related to early childhood consultation, an intervention that teams a mental health professional with early childhood professionals to improve the social, emotional and behavioral health of children in early care and education programs, and prevention of suspension & expulsion.
<i>Phase 2: Social Emotional Learning and Development – Broader Policy Landscape Support Systems</i>	
December 2015 – April 2016	<p>Developed six policy landscape templates to collect information from key informants in Maine regarding existing statutory language, regulations, program standards, funding sources, administrative data, and current practices directly related to the social and emotional growth and behavioral needs of young children. Templates were completed and submitted. The topics of the six templates were:</p> <p>The following topic areas were prioritized:</p> <ul style="list-style-type: none"> › professional development focused on SE learning & development; › early childhood consultation; › expulsion & suspension; › child screening/assessment for social-emotional problems/strengths; › parent engagement; and › Early Childhood Special Education (Parts C & B under Child Development Services).

April – August 2016	Developed short papers with the Council related to the Joint Education Committee request to inform the Council’s recommendations. Briefs included research informed strategies (core components of and examples of effective strategies), high-level findings of Maine landscape, recommendations for consideration, and guiding questions. The briefs mapped on to the same topics of the policy templates and formed the basis of the report shared at the 2016 Social Emotional Learning & Development Conference which ad hoc members discussed in breakouts.
Summer – Fall 2016	Worked with SELD Project Design Team to draft recommendations for consideration based on policy landscape and survey results.
Fall 2016	Meet with full MCGC and ad hoc members to finalize recommendations and outline of final report.
	Circulate draft report to MCGC members and other key stakeholders for feedback.
	Produce final report to MCGC to submit to the Joint Education Committee.

TIMELINE OF MEETINGS

Date	Activity
January 7, 2015	Early Childhood Social Emotional Development Convening The Maine Children’s Alliance invited a group of approximately 40 people together to explore issues surrounding social emotional development in children. The group formed in response to increased reporting of the expulsions and children exhibiting challenging behaviors that impact an entire classroom or child care setting.
April 28, 2015	The Joint Standing Committee on Education and Cultural Affairs (“the Committee”) convened a public hearing on LD 1118, a Resolve to Establish the Study Commission on the Social Emotional Learning and Development of Maine’s Young Children. http://www.mainelegislature.org/legis/bills/bills_127th/billtexts/SP039001.asp
May 7, 2015	The Committee held a work session on LD 1118.
June 30, 2015	The Committee submitted a letter to Maine Department of Education (MDE) and Maine Children’s Growth Council (MCGC) establishing ad hoc committee on the SELD Project.

August 6, 2015	<p>SELD Project Kickoff Ad Hoc Meeting (Augusta, ME)</p> <p>MCGC and MDE convened a group of 30 ad hoc members comprised of Growth Council members, state administrators, providers, and national partners to review the project focus and tasks outlines outlined in the Committee letter and begin to develop the work plan.</p>
October 5, 2016	<p>MCGC Meeting</p> <p>National partners [Ounce of Prevention Fund (the Ounce); National Center on Children in Poverty (NCCP); and ZERO TO THREE (ZTT)] outlined the planning progress to date with members of the Growth Council, including a policy landscaping process and the teacher and provider survey. Also discussed convening a “Steering Committee” to lead project, which became the SELD Project Design Team.</p>
November 2, 2015	<p>MCGC Meeting</p> <p>Dr. Sheila Smith from NCCP updated Growth Council members about the status of the survey and Margie Wallen from the Ounce facilitated a discussion about suspension and expulsion policies, informed by federal and state expertise.</p>
November 17, 2015	<p>SELD Project Steering Committee/Design Team Meeting</p> <p>Group reviewed the November Growth Council meeting and discussed proposed priority areas identified for policy landscape portion of the project, the creation of policy templates, and plans for the pending Growth Council meeting.</p>
December 7, 2015	<p>MCGC Meeting</p> <p>During the social emotional portion of the meeting, the Growth Council members learned about the Portland Defending Childhood project from Barrett Wilkinson, received an update on the survey, and reviewed the policy landscape priority areas.</p>
December 15, 2015	<p>SELD Project Design Team Meeting</p> <p>Group discussed the proposed process and timeline for the policy landscape templates, reviewed two of the created templates on SED Promotion & Suspension and Expulsion and Parts B & C, and planned for future Growth Council meetings.</p>
February 22, 2016	<p>SELD Project Design Team Meeting</p> <p>The project stakeholders reorganized the operating processes of the project, with a smaller Design Team to lead the project going forward.</p>
March 1, 2016	<p>MCGC submitted on behalf of the project team an interim report to the Joint Standing Committee on Education and Cultural Affairs.</p>
March 29, 2016	<p>SELD Project Design Team Meeting</p> <p>The core team continued to review and flesh out project timelines and processes related to the survey and policy landscape.</p>

April 5, 2016	<p>MCGC Meeting</p> <p>Growth Council co-chair Peter Lindsey gave an update on the project status at the meeting and members suggested appropriate Maine stakeholders to fill-in and complete the six policy landscape templates. Dr. Sheila Smith gave a status update on the survey completion rates.</p>
April 15, 2016	<p>SELD Project Design Team Meeting</p> <p>Group reviewed suggested Maine stakeholders for the policy templates, updated the project timeline, and began planning for the September 2016 Conference.</p>
April 21, 2016	<p>The SELD Project was featured in an US Department of Health and Human Services, Administration for Children and Families report profiling state and local areas addressing the social emotional development of young children and preventing suspensions and expulsions. See <i>“State And Local Action To Prevent Expulsion And Suspension In Early Learning Settings: Spotlighting Progress In Policy And Supports.”</i></p> <p>https://www.acf.hhs.gov/sites/default/files/eecd/state_and_local_profiles_expulsion.pdf</p>
May 20, 2016	<p>SELD Project Design Team Meeting</p> <p>Team outlined the agenda for the June 6th stakeholder meeting, confirmed the date of the September 2016 meeting, and reviewed the status of the policy template completion and next steps for completing policy landscape briefs.</p>
June 6, 2016	<p>SELD Project Ad Hoc Meeting (Augusta, ME)</p> <p>Approximately 35 members gathered to hear preliminary results of the provider survey and ask questions to Dr. Sheila Smith from NCCP. The SELD Project Design Team also presented a review of the project activities completed to date and outlined the steps to be taken including the September 2016 Conference.</p>
June 10, 2016	<p>SELD Project Design Team Meeting</p> <p>Team debriefed the June 6th meeting and continued planning for the September 2016 Conference and completion of policy landscape briefs.</p>
July 19, 2016	<p>SELD Project Design Team Meeting</p> <p>A status update of the policy template completion was provided and the team discussed two draft policy briefs in order to inform the structure of the remaining four.</p>
August 9, 2016	<p>SELD Project Design Team Meeting</p> <p>The team reviewed the six draft policy briefs and outlined next steps for finalizing into the report shared at the 2016 September Conference.</p>

September 14, 2016	<p>2016 Social Emotional Learning & Development Conference (Freeport, ME)</p> <p>Over 130 stakeholders gathered at the Harraseeket Inn for a full-day event featuring national expert, Dr. Walter Gilliam from the Yale Center for the Study of the Child as the keynote speaker. The conference agenda included:</p> <p>Welcome and Context Setting</p> <p>MCGC Social-Emotional Provider Survey: Key Findings (Dr. Sheila Smith, NCCP)</p> <p>Keynote: Insights from Across the Nation (Dr. Walter Gilliam, Yale)</p> <p>Lessons from the Field: Maine Panel Discussion (Barrett Wilkinson, Suelyn Santiago, Sandy Warden, Liz Neptune, Julie Redding, Jami Pollis)</p> <p>Proposing Recommendations to Promote the Healthy Social Emotional Learning and Development of Young Children and Families in Maine Breakout</p> <p>Interactive Gallery Walk</p>
October 7, 2016	<p>SELD Project Design Team Meeting</p> <p>Team debriefed the September meeting and began planning next steps for incorporating feedback into recommendations to the Legislature to be included in the project’s final report.</p>
November 7, 2016 and December, 5, 2016	<p>SELD Ad Hoc Committee Meeting</p> <p>Ad Hoc Committee and MCGC members meet to inform SELD Project policy recommendations for the final report to the Joint Standing Committee on Education and Cultural Affairs.</p>

DEVELOPMENTAL SURVEILLANCE

Recognizing children who may be at risk for developmental delays through a gathering of history, observation, parental concerns and documentation of changes over time.

Routinely performed on a periodic and inter-periodic basis utilizing observation, parent input, and documentation of changes over time (e.g., AAP Bright Futures, SWYC).

Conducted by medical practices, PHN/CHN, Early Care/Development/Education Programs (Maine Families, Early Head Start licensed family- and center-based child care).

Ideally conducted for all children 0-3 in multiple settings in partnership with parents and other caregivers on an inter-periodic basis according to the AAP Periodicity Schedule

DEVELOPMENTAL SCREENING

The administration of a brief standardized tool aiding the identification of children at-risk of a developmental disorder

Conducted on a periodicity schedule using ASQ, PEDS or BIDIST

Performed/facilitated by medical practices, CDS/Part C, PHN/CHN, Early Care/Development/Education Programs (Maine Families, Early Head Start licensed family- and center-based child care).

Conducted for all children 0-3 according to the AAP Periodicity Schedule

DEVELOPMENTAL EVALUATION

Utilizing a standardized or norm-referenced diagnostic instrument to determine the existence of a delay or disability, to identify the child's strengths and needs in one or more areas of development (i.e., communication) and to determine the scope, intensity and duration of a therapeutic service should a delay be identified.

Conducted on an inter-periodic basis utilizing a standardized or norm-referenced instrument.

Performed by CDS/Part C, medical sub-specialists, SLP, OT, PT, Social Workers, Behavioral Health

Conducted for children 0-3 who have been referred as a result of screening and/or parental or medical practice concerns

DEVELOPMENTAL ASSESSMENT

An ongoing process that includes collecting, synthesizing and interpreting information about children from several forms of evidence of the child's learning, growth, and development over a period of time. The assessment process identifies a child's unique strengths and needs in developmental domains (cognitive, language, approaches to learning, social-emotional, physical) allowing for learning opportunities to be tailored to individual children. Assessment methods can be both formal and informal and typically include standardized testing, observations and parent input.

Conducted periodically once the initial assessment is complete. Examples include AEPS, HELP, IDA, Gesell, MSEL, TPBA

Performed by CDS/Part C, medical sub-specialists, SLP, OT, PT, Social Workers, Behavioral Health

Children ages 0-3 in early care and education settings including Early Head Start/Head Start, child care, home visiting programs as part of curriculum and individualized planning as well as children who have been identified as having developmental concerns, which result in an IFSP with targeted goals to meet at certain timelines

EDUCATIONAL ASSESSMENT

Conducted periodically once the initial assessment is complete. Some examples of formal child educational assessment systems used in early childhood settings include: Teaching Strategies GOLD, Work Sampling System, High Scope COR.

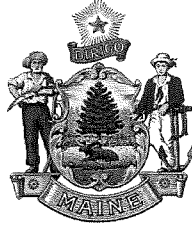
Performed by CDS/Part B, SLP, OT, PT, Social Workers, Early Care/Development/Education Programs (Maine Families, Early Head Start licensed family- and center-based child care), Behavioral Health

Children ages 3-5 in early care and education settings including Head Start, child care and preschool programs as part of curriculum and individualized planning as well as children who have been identified as having developmental concerns, which result in an IEP with targeted goals to meet at certain timelines

SENATE

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STATE OF MAINE
ONE HUNDRED AND TWENTY-SEVENTH LEGISLATURE
COMMITTEE ON EDUCATION AND CULTURAL AFFAIRS

June 30, 2015

Tom Desjardin
Acting Commissioner
Maine Department of Education
23 State House Station
Augusta, ME 04333

Newell Augur
Peter Lindsay
Maine Children's Growth Council
c/o Augur & Associates
5 Wade Street
Augusta, ME 04330

Dear Commissioner Desjardin, Mr. Augur and Mr. Lindsay:

On April 28, 2015, the Joint Standing Committee on Education and Cultural Affairs (the "Committee") held a public hearing on LD 1118, a Resolve to Establish the Study Commission on the Social Emotional Learning and Development of Maine's Young Children, and on May 7 the Committee held a work session on the bill. At the public hearing and work session we received testimony that the Department of Education, with the Department of Health and Human Services (together, the "Department") and the Maine Children's Growth Council could pursue the objectives of this bill without enacting legislation. Accordingly, we write to formally request your cooperation in achieving those objectives.

The Committee respectfully requests that the Department and the Maine Children's Growth Council collaborate to establish an ad hoc committee to examine the social emotional learning and development of Maine's young children. The ad hoc committee should include, but not be limited to, representation from the Department; the Maine Children's Growth Council; organizations that promote child welfare, children's mental health and early childhood advocacy; persons with experience in Medicaid benefits; a pediatrician; and a representative of the child care industry.

The Committee finds that there is an increase in children's challenging behavior, which may be leading to a corresponding increase in expulsions and other requests that children leave the classroom without an attempt to address the behavioral issues or find support for placement in another appropriate setting. This is a national problem that has elicited a joint statement from the U.S. Departments of Education and Health and Human Services regarding expulsion in preschool programs; it is important that Maine take a closer look at the causes and possible remedies to this problem.

We request that the ad hoc committee gather data related to the voluntary and involuntary dismissal and exclusionary discipline practices with regard to young children through grade two; gather information regarding practices and procedures available to educators and staff for professional development; and gather information regarding classroom supports available to educators for addressing children's behavioral needs. This work should include general information regarding existing law and policy directly related to the social and emotional growth and behavioral needs of young children. We further request that the ad hoc committee review the data and information gathered to specifically examine the following:

1. Parent or caregiver education that promotes young children's social emotional learning and teaches effective responses to behavioral challenges;
2. Appropriate training and preparation for early childhood educators and staff to support children in social and emotional development;
3. The current level of educator and support staff competencies in addressing children's behavioral needs without using exclusionary discipline practices;
4. Currently available evidence-based intervention techniques available to educators and staff for addressing children's behavior needs;
5. Methods of implementing collaborative practices among early childhood services providers and public school educators and staff; and
6. The extent to which there are regional differences in demographics that affect the incidence of voluntary or involuntary dismissals in the statewide population.

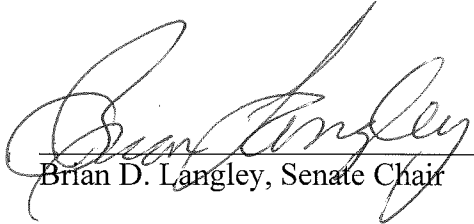
The Committee also requests that the ad hoc committee consider making recommendations regarding training for early childhood educators and staff to support and teach young children skills for healthy social emotional learning and development; techniques and approaches that prevent expulsion, suspension and other exclusionary discipline practices; changes in the preparation of early childhood educators that facilitate an understanding of how to teach children social emotional skills and the management of behaviors; methods and guidelines for the ongoing collection of data to monitor the expulsion, suspension and exclusionary discipline practices with regard to young children; model policies relating to the social emotional learning and development of children; changes to law and policies that will support a continuum of integrated social emotional learning and development opportunities for young children; how early childhood programs and public schools can collaborate and ensure that a system is developed that efficiently utilizes limited resources and provides continuity of care for young children moving between programs and schools; and parent education that promotes young children's social emotional growth and effective responses to behavioral challenges.

In the process of this work it is anticipated that the ad hoc committee will be supported by national and local early childhood partners who can assist in the development of a carefully designed survey that will collect baseline information about exclusionary practices, staff perceptions of the prevalence of child behavior problems, and available supports, such as professional development and consultation, to promote children's social emotional health and address behavioral problems. We understand that the National Center on Children in Poverty, Ounce of Prevention, and Zero to Three have already expressed their willingness to participate in this project. We further understand that the extent of the work completed depends upon available funding.

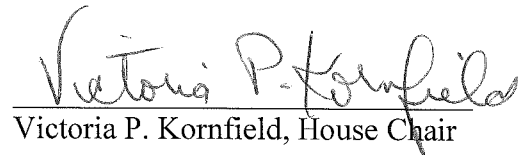
Finally, the Committee requests an interim report of the work undertaken by the ad hoc committee by December 1, 2015.

Thank you for your willingness to take on this important project. We look forward to hearing about your progress in December.

Sincerely,



Brian D. Langley, Senate Chair



Victoria P. Kornfield, House Chair

cc: Members, Joint Standing Committee on Education and Cultural Affairs

The Maine Children's Alliance
advocates for sound public
policies and best practices
to improve the lives of all
Maine's children, youth and
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