Early Childhood Consultation Partnership: Results across Three Statewide Random-Controlled Evaluations

EXECUTIVE SUMMARY

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The Early Childhood Consultation Partnership (ECCP) was created in 2002 as Connecticut's statewide early childhood mental health consultation system, a program funded by the Connecticut Department of Children and Families that provides early childhood mental health consultants to offer assistance and coaching to early education and child care providers wherever a request has been made. The program is freely available to all early education and child care providers, both public- and private-funded, throughout the entire state of Connecticut.

The ECCP service model is 12 weeks long, with 4 to 6 hours of classroom-based consultation per week provided by one of several supervised masters-level consultant supported by ECCP, plus a week-16 follow-up visit. The intervention is manualized and menu-driven based on individualized needs of teachers and classrooms. ECCP provides both classroom-specific consultation (focusing on improving teacher-child and teacher-teacher interactions, classroom behavior management, and overall program quality, including teacher and director supports) and child-specific consultation (focusing on improving teacher classroom behavioral and social-emotional strategies, parent partnerships, and community service referrals for specific children). A process evaluation of ECCP, conducted during the programs first year of operation, indicated good fidelity to the program's goals in both child- and classroom-specific services, as well as high levels of teacher satisfaction.

ECCP COSTS AND COMPARISONS TO ALTERNATIVES

ECCP has grown in budget, numbers of classrooms and children served, and scope, since its creation in October 2002. During FY 2003 (program year 1), ECCP served 128 children and 72 classrooms, with a total budget of $605,886. During FY 2014 (program year 12), ECCP served 395 children and 217 classrooms, with a total budget of $2,270,475. Total costs per service hour were computed for fiscal years 2007 through 2014, during which time these unit costs decreased from $284 per hour to a much more efficient $190 per hour. Child-specific services cost about $2,000 per child, far less than other prevalent responses to challenging classroom behaviors initiated by schools, such as special education placement and grade retention.

METHODS

The impact of ECCP was evaluated in three statewide random-controlled trial (RCT) evaluations – two RCT evaluations in preschool centers (Evaluations 1 and 2) and one small-sample pilot RCT in infant/toddler centers (Evaluation 3). Evaluation 1 was conducted during FY 2005 and FY 2006 and Evaluations 2 and 3 were conducted during FY 2009 and FY 2010. Sample sizes for the three evaluations consisted of classrooms receiving classroom-specific services, as well as children receiving child-specific services (Evaluation 1: 43 treatment and 42 control classes, 75 treatment and 69 control children; Evaluation 2: 44 treatment and 44 control classes, 73 treatment and 76 control children; Evaluation 3: 17 treatment and 18 control classes, 15

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treatment and 17 control children). Additionally, in Evaluations 2 and 3, effects of ECCP were evaluated for randomly-selected peers who were not the recipients of child-specific services (Evaluation 2: 85 treatment and 88 control peers; Evaluation 3: 26 treatment and 31 control peers). Although early childhood mental health consultation systems exist in several states across the nation, currently ECCP is the only one to have been evaluated in rigorous random-controlled evaluations.

RESULTS

Classroom quality. Across all three evaluations, no statistically significant impacts were found for any measure of classroom quality or teacher-child interactions obtained by objective condition-blind raters. Overall, the 3-month version of ECCP appears to be too brief to create changes in teacher behaviors that can be detected by outside objective raters that are condition-blinded.

Target Child Behaviors. Results of teacher ratings of target children's challenging behaviors showed significant impacts for both evaluations of preschoolers, but not for the small-sample pilot evaluation of toddlers in infant/toddler programs. In both Evaluations 1 and 2, teachers rated preschoolers receiving ECCP as less hyperactive and oppositional and less likely to engage in other challenging classroom behaviors. In Evaluation 3, effect sizes were suggestive of decreased hyperactivity for toddlers, but the sample size was too small to detect this as statistically significant. Although these positive findings were present based on teacher ratings, no significant differences were noted by objective raters who were blinded as to treatment or control condition. Also, ECCP resulted in greater levels of home-school collaboration and family involvement for both preschoolers (Evaluation 2) and toddlers (Evaluation 3) receiving child-specific services.

Random peer behaviors. In Evaluation 3, randomly-selected toddlers who were not the focus of ECCP child-specific services were rated by teachers as more socially competent and possessing greater resiliency skills. Also, effect sizes suggested decreased behavior problems for randomly-selected toddlers in ECCP treatment classes, but the sample size was too small to detect this as a statistically significant finding. This finding was not present for randomly-selected preschoolers in Evaluation 2.

CONCLUSIONS AND RECOMMENDATIONS

As measured by the most rigorous methods possible, ECCP is a highly successful and impactful intervention for improving child behavioral outcomes and improving family involvement in early care and education programs. Additionally, ECCP's costs are modest in comparison to common school-based alternative responses to classroom behavioral challenges, such as special education placement and grade retention. Although existing research does not support the effectiveness of either special education placement (especially self-contained services) and grade retention, both carry a significantly higher per-child cost than ECCP – about $12,575 for special education and $14,425 for grade retention, compared to about $2,000 for ECCP. Five recommendations are offered.

First, ECCP should continue to be offered to all early care and education programs within Connecticut. Positive findings were noted across a variety of program types and age groups, supporting ECCP's currently wide availability within Connecticut.

Second, any potential changes to ECCP's structure and process should be avoided or undertaken with great care. Results of these three random-controlled evaluations indicate that ECCP is highly effective in its current state of operation. ECCP's strength of evidence for effectiveness is unique among early childhood mental health consultation systems across the nation and among all support programs within Connecticut.

Third, Connecticut should consider conducting or funding a needs study to determine the true need for ECCP services across the state. ECCP is currently a *responsive* intervention. A needs study using anticipated rates (as opposed to referral rates) of challenging behaviors could yield a more accurate number of the programs for which ECCP could be beneficial, as well as indicate program types and geographic areas where ECCP is being underutilized.

Fourth, Connecticut should consider implementing a statewide system of universal screening for mental health needs among children in early care and education settings and creating a statewide referral system for ECCP, in order to encourage greater utilization of ECCP services and better identify children with internalizing behaviors (extreme anxiety, sadness, shyness, etc.) who currently are not being provided ECCP services due to a lack referrals.

Fifth, any future studies of the effectiveness of ECCP should augment, rather than replicate, the findings from the three evaluations presented here. Any future effectiveness studies should focus on either (a) exploring ECCP's effects in infant/toddler programs with large enough sample sizes to detect non-trivial effects, (b) examining the effects of ECCP on classroom quality and teacher-child interactions during the more intensive center-wide services offered by ECCP, or (c) contrasting ECCP's effectiveness in different levels of duration and intensity to better understand the dosage of ECCP needed to maximize impacts or create further cost efficiencies to the already highly effective ECCP model.