



# Healthy Futures

Year Four Evaluation of  
Early Childhood Mental  
Health Consultation

BY THE DISTRICT OF COLUMBIA  
DEPARTMENT OF BEHAVIORAL HEALTH

**PREPARED BY:**

Anna E. Davis, BA  
Deborah F. Perry, PhD

Georgetown University  
Center for Child and Human Development  
3300 Whitehaven Street, NW, Suite 3300  
Washington, DC 20007

SEPTEMBER 30, 2014

# Executive Summary

The Washington D.C. Department of Behavioral Health (DBH) recently completed the fourth year of implementing an evidence-informed mental health consultation project in 26 community-based child development centers (CDCs). Entitled Healthy Futures, this project is based largely upon the Early Childhood Mental Health Consultation (ECMHC) model developed by the Georgetown University Center for Child and Human Development (Cohen & Kaufmann, 2005; Duran et al., 2009). In Healthy Futures, four full-time, licensed mental health professionals provide CDCs with a range of on-site consultation services geared toward building the capacity of directors and staff to reduce challenging child behaviors and promote positive social-emotional development. Two types of intensive consultation services are offered:

- **Programmatic consultation**, focused on building the capacity of the teachers on behalf of all children in their classes.
- **Child-specific consultation**, focused on those young children in need of individualized services as well as facilitating referrals for community-based services.

DBH contracted with the Georgetown University Center for Child and Human Development (GUCCHD) to perform an external evaluation of the Healthy Futures project. This year, evaluation data were gathered from the consultants and teachers who received programmatic consultation in the CDCs. Additional data were collected about the children who were referred for child-specific consultation from their parents and teachers. Data were gathered from July 2013 to June 2014. Key findings from all analyses include:

- Overall 1,361 children had access to high-quality mental health consultation services in community CDCs throughout DC, with an emphasis on allocating services to Wards 7 and 8.
- While the expulsion rate for the first three years of the evaluation has been consistently below the national average of 6.7 children per 1,000 (Gilliam, 2005), this year was a landmark year with no expulsions in any of the CDCs receiving ECMHC services.
- There was excellent penetration of Healthy Futures services: consultants were active in almost 90% of the 131 classrooms in the 26 CDCs.
- In 28 classrooms, teachers received intensive programmatic consultation and classroom plans were developed. At baseline and follow-up, consultants observed these classrooms and completed the Arnett Caregiver Interaction Scale (CIS), an observational measure of classroom climate. Statistically significant improvements were seen from baseline to follow-up in the emotional climate of the classrooms that received programmatic consultation; specifically, teachers demonstrated more positive relationships with children and overall higher-quality interactions, as well as reduced detachment and punitive behaviors (see Figure 7).

- In addition, 52 children received individualized child-specific consultation. At baseline and follow-up, each child's parent and/or teacher completed the Devereux Early Childhood Assessment (DECA). Based on data from the 39 children with teacher-reported data at baseline and follow-up, these children demonstrated significant improvements in behavioral concerns, initiative, attachment, self-regulation, and total protective factors after 3-4 months of consultation (see Figures 5-6).
- This year, the Healthy Futures team implemented universal screening to assess the overall burden of behavioral difficulties in the sample. According to teacher-report, 14.5% of the children had a behavioral concern. This prevalence rate is consistent with other published reports (e.g., Gross, Sambrook, & Fogg, 1999).
- Of note, improvements in the classroom climate that resulted from intensive programmatic consultation were associated with significant reductions in the extent of problem behavior in that classroom. This finding suggests that consultation that is focused on changing the classroom environment can impact the behavior of children in this classroom—which underscores the efficiency of ECMHC as an intervention.
- There was also evidence of a generalized effect of intensive child-specific consultation. In addition to the expected improvements in the target children, classrooms in which one or more students received child-specific consultation showed a greater decrease in the total number of children that the teacher reported with severe behavior difficulties. This suggests that the behavior management tools that teachers acquire from working with a consultant on one child's behavior likely impact other children in that classroom with challenging behaviors (see Figure 8).
- Consistent with prior years, almost a third of the classrooms experienced a change in the lead teacher from baseline to follow-up. Interestingly, teacher turnover was significantly lower in classrooms that received intensive consultation—whether programmatic, child-specific, or both.

## Summary and Synthesis

- In its fourth year of implementation, the Healthy Futures program has demonstrated a consistent pattern of positive findings across multiple domains: changes in teachers' behavior led to changes in the classroom climate and reductions in children's problem behaviors.
- For children who received individualized consultation, parents and teachers both reported increases in protective factors and reductions in problem behaviors.
- The addition of a universal screening protocol in all 131 classrooms provided important prevalence information about the levels of behavioral concerns in young children attending the 26 CDCs served by Healthy Futures. These data were also important in telling the story of the generalized effects of ECMHC on the behavioral well-being of all 1,361 children served in these programs.