

Healthy Futures

YEAR **5**

**Evaluation of Early Childhood
Mental Health Consultation**

BY THE DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH



PREPARED BY:

Anna E. Davis, B.A.
Deborah F. Perry, Ph.D.

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

SEPTEMBER 30, 2015

Executive Summary

The Washington D.C. Department of Behavioral Health (DBH) recently completed the fifth 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 this model, four full-time, licensed mental health professionals provide CDCs with on-site intensive consultation services using an embedded model. Each consultant is assigned to a group of CDCs and provides weekly visits throughout the calendar year.

The ECMHC services provided to CDC directors, teachers and families are designed to build their capacity for reflection about young children's relationships with adults and other children, enhance their skills in addressing challenging child behaviors, and promote positive social-emotional development and a positive classroom climate. ECMHC services have traditionally been described as either programmatic or child-specific, where programmatic consultation aims to build the capacity of teachers on behalf of all children in their classrooms and child-specific consultation provides individualized services to children identified as having behavioral difficulties. However, this distinction becomes somewhat less clear in practice as child-focused versus teacher-focused work often blends together.

The Georgetown University Center for Child and Human Development (GUCCHD) performs the annual, independent evaluation of the Healthy Futures project. This year, evaluation data were gathered from children enrolled in the CDCs receiving ECMHC, as well as from the consultants, teachers, and parents. Data were collected between October 2014 and May 2015. Key findings from this year's evaluation include:

- 1,366 young children in 130 classrooms in 26 CDCs had access to consultation. CDCs were located throughout the District, with a concentration in Ward 8.
- This year, only two children were expelled from any of the CDCs in the sample. Consistent with the four previous years of the Healthy Futures project, the expulsion rate of the CDCs being served was consistently below the national average of 6.7 children per 1,000 (Gilliam, 2005). This finding underscores the importance of ECMHC in providing CDC staff with skills and resources to handle difficult child behaviors and to limit expulsions.
- Across the sample, 15% of children had a behavioral concern, according to their teachers. These behavioral concerns were primarily externalizing, including disruptive behavior.
- Among the 54 children involved in child-specific consultation, teachers reported statistically significant reductions in their behavioral concerns and improvements in their self-regulation, initiative, and total protective factors after 3-4 months of consultation.

- Teachers who received programmatic consultation demonstrated significantly more positivity during interactions with children, as well as reduced permissive and punitive behaviors.
- This year's evaluation sought to quantify the amount of consultation that is necessary to achieve a range of positive outcomes. Dose was quantified in a variety of ways to determine which factors were the strongest predictors of change.
 - Because of attrition in consultants, some CDCs did not get a full year of ECMHC services.
 - Activity logs were analyzed to quantify: number of visits to each classroom; hours in classrooms; time spent with directors and parents; and time spent training staff.
 - Some CDCs receive a half-day of consultation weekly, whereas others receive a full day.
 - Some teachers have been working with the same consultant for two or more years, while others have not.
- Results of the dose analyses suggested the following:
 - A full year of consultation significantly predicted classroom- and individual-level improvements in behavioral concerns. Classrooms with a full year of consultation showed reductions in teachers' reports of the level of behavioral concerns in their classroom from the fall to the spring; but in the absence of a full year of consultation, the classroom-level burden of behavioral concerns actually increased. At the individual level, each child was more likely to show improved behavior in the spring if he/she was in a classroom with a full year of consultation.
 - The greater the number of consultant visits to a classroom, the higher the number of students per classroom who improved from fall to spring, and the greater the odds of an individual child improving from fall to spring. The same positive relationship was seen for the number of parent-consultant meetings and director-consultant meetings.
 - Classrooms in which the teacher and consultant had been working together for at least two years showed greater improvements from fall to spring than did classrooms in which the teacher-consultant relationship was less well established.
 - Two variables were associated with a decreased likelihood of having a different teacher in the spring: receiving child-specific consultation and having a longer teacher-consultant relationship.
- Lessons learned and recommendations:
 - The consistent pattern of findings from the five years of Healthy Futures implementation in the District of Columbia by the Department of Behavioral Health demonstrates that high quality ECMHC is associated with:
 - Lower than expected levels of expulsion
 - Improvements in children's resilience and reductions in behavior problems, for children who are identified for child-specific services
 - Improvements in the classroom climate, as measured by several different tools and approaches
 - Increased stability in the child care workforce.
 - Given the legislation that passed the City Council in 2015 banning expulsions for publicly funded pre-kindergarten students, District policy makers should explore ways to scale up this high quality program so that other early childhood professionals can benefit from ECMHC services.