

## Program Report Card: Early Childhood Consultation Partnership (ECCP®) /DCF

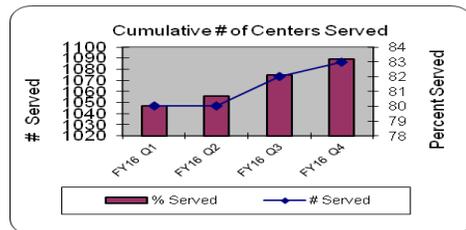
**Program Purpose:** ECCP is prevention and early identification program designed to reduce risk factors associated with suspension and expulsion of preschool children in early childhood care and education settings by working with teachers, parents, and early childhood care and education centers; thus maintaining the continuity of their early care and education environments/opportunities.

**Contributes to Population Quality of Life Result:** Ready by Five and Fine by Nine: All Connecticut children are healthy and ready for school success at age 5, contributing to a reduction over time in Connecticut's achievement gap at Grade 4.

**National Contributions:** 2007 & 2010 Walter Gilliam of Yale Child Study conducted 3 rigorous, randomized-controlled evaluations of ECCP. Results demonstrated statistically significant and meaningful decreases in teacher-rated externalizing or acting-out behavior problems in the classroom, as a result of ECCP services. 2008 ECCP was selected as one of 6 programs across the country to be involved in a Georgetown University Study: Early Childhood Mental Health Consultation as an Evidenced-Based Practice. 2015 ECCP has been selected to join the National Expert Workgroup of the Center of Excellence for Infant and Early Childhood Mental Health Consultation, - SAMHSA and HRSA and ACF.

### How Much Did We Do?

% of unduplicated early care and education centers receiving ECCP services.



#### Story Behind the Baseline:

There are 1,314 centers in Connecticut that are eligible (serving children aged birth to five) for ECCP services. The graph shows unduplicated centers served cumulatively over the last 4 reporting quarters, and demonstrates a clear measure of ECCP progress toward serving 100% of all eligible centers. As of July 2016, ECCP has served 1089. This is 14 additional centers not previously served in the last 13 years. To date ECCP has served approximately 83% of all of Connecticut's eligible early care and education centers.

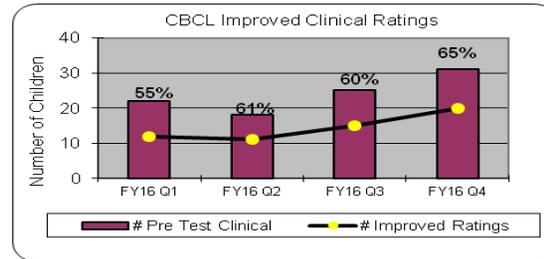
#### Proposed Actions to Turn the Curve:

ECCP is unique in that it provides for universal access to the high quality evidence based Early Childhood Mental Health Consultation (ECMHC) services for any child birth to five, throughout CT. ECCP will continue to make available services to populations that are in high need to address disparities by enabling those children who need its services most to be retained in high quality ECE centers.

Trend: ▲ Yes; Trend should continue to rise only slightly as ECCP has been immersed within a majority of the public and private funded ECE settings.

### How Well Did We Do It?

Parent Report: Clinical Ratings (CBCL)



#### Story Behind the Baseline:

Clinical treatment is often based on the findings of the Child Behavior Checklist (CBCL). Within ECCP over the last 4 reporting quarters 101 of 317 of children have pre-test scores within the clinical-borderline range of the CBCL. While ECCP is a prevention program, it is evident that parental pre-test ratings of clinical symptoms indicate a high number of children scored within the clinical –borderline clinical range on the CBCL. In spite of the severity of their scores, ECCP has helped to improve ratings on average by 59% over this reporting period. For those children needing more intensive clinical services than ECCP, the program makes referrals, with follow-up assistance, for higher levels of treatment. (Note ECCP Data across any 4 consecutive reporting quarters does not follow typical trends due to seasonal changes to ECE settings).

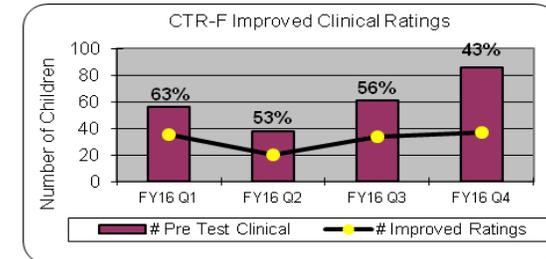
#### Proposed Actions to Turn the Curve:

ECCP will work closely with families to integrate more intensive Child Actions Plans within both the home & early care/education programs. Through these plans ECCP will increase their focus on referrals to clinically based treatment programs to match the high clinical need evident in many of these children.

Trend: ◀▶ Flat/ No Trend; ECCP Functioning Optimally

### How Well Did We Do It?

Teacher Report: Clinical Ratings (CTR-F)



#### Story Behind the Baseline:

Teacher reports of changes in children's behavior are measured by pre/post administration of the Child Teacher Report Form (CTR-F). Based on teacher ratings, 243 of 323 (75%) of the children screened within the ECCP services were found to score within the clinical & borderline clinical range at the pretest. As demonstrated over the last four reporting Quarters ECCP has helped to improve ratings by (127 of 243) 52%, an impressive finding since ECCP is prevention and not a clinical program. Given the severity of behaviors teachers are reporting in these children, and based on the results of the rigorous evaluation by Yale, these percentages indicate ECCP has a significant & meaningful impact upon the children they serve. (Data across any 4 consecutive reporting quarters does not follow typical trends due to seasonal changes to ECE settings).

#### Proposed Actions to Turn the Curve:

ECCP will continue to average at or above this 50% baseline for any 4 consecutive reporting quarters. The ECCP has been deemed an evidenced-based, best practice program demonstrated by Gilliam's rigorous evaluation and as reflected in the improvement percentages of the CTR-F.

Trend: ◀▶ Flat/ No Trend; Optimal Functioning

## Program Report Card: Early Childhood Consultation Partnership (ECCP)

**Program Purpose:** ECCP is prevention and early identification program designed to reduce risk factors associated with suspension and expulsion of preschool children in early childhood care and education settings, thus maintaining the continuity of their early care and education environments/opportunities.

**Contributes to Population Quality of Life Result:** *Ready by Five and Fine by Nine: All Connecticut children are healthy and ready for school success at age 5, contributing to a reduction over time in Connecticut's achievement gap at Grade 4.*

### Is Anyone Better Off?

Percent of children not suspended or expelled following participation.



#### Story Behind the Baseline:

The preschool expulsion rate in CT was 12.48 per every 1000 children, the 9<sup>th</sup> highest rating in the country (Gilliam 2005). Children are referred to ECCP because they are at risk of suspension-expulsion. At 1 month follow-up, an ave. of 100% Q4 and 100% FY of children who received ECCP services were not suspended/expelled from their early care and education setting. At 6 month follow-up, an average of 95% Q4 and 97% FY were not suspended or expelled. The chart above represents a breakdown of percentages by Reporting Quarter over the last 4 quarters where 1 and 6 month follow up data were available.

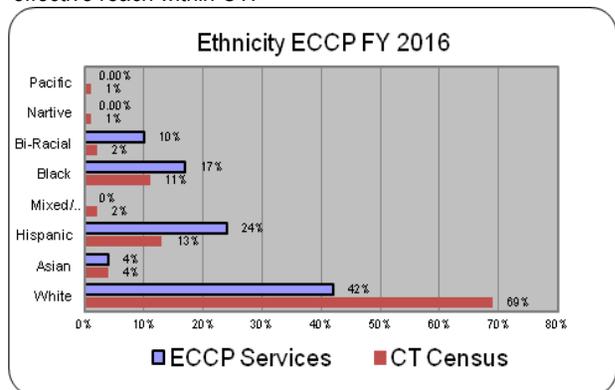
#### Proposed Actions to Turn the Curve:

ECCP is called in to work with children who are at risk of suspension/expulsion. Despite the severity of the behaviors and social-emotional problems these children present with, ECCP continues to increase the likelihood that the child will be maintained in his/her childcare setting. ECCP will continue to increase the capacity of teachers to better manage at risk children and to effectively partner with families.

Trend: ◀▶ Flat/ No Trend; ECCP Functioning Optimally.

### Who Did We Serve?

FY 2016 Percent of ECCP service delivery based on ethnicity compared to CT 2013 Census, demonstrating ECCP's effective reach within CT.



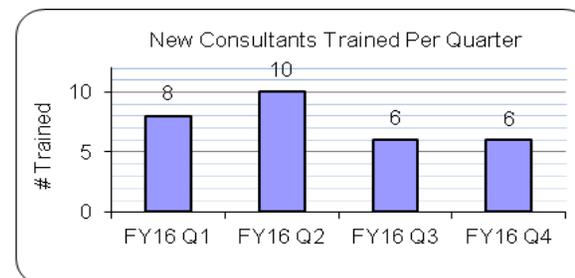
#### Story Behind the Data:

ECCP's capacity to provide evidence based services to the ethnically diverse populations across Connecticut is represented in the graph above. The graph compares ECCP services delivered in FY 2016 by ethnicity, to the ethnic breakdown in CT based on the 2013 census. The graph represents ECCP's statewide presence, while also demonstrating ECCP's work in prioritizing supports for children of color who may be more likely to have been suspended or expelled.

Exclusionary discipline practices occur at high rates in early care and education settings and at even higher rates for young children of color. ECCP is a statewide program that provides universal access to any child birth to five in the state. It is an evidence based model with proven effectiveness in reducing challenging behaviors that typically lead to suspension or expulsion. ECCP seeks to reduce racial/ethnic disparities by supporting that all young children have the opportunity to remain in high quality early care or education settings, especially those children who need it most.

### How Do We Prepare Our Workforce? Early Childhood Mental Health Consultants

ECCP prepares master's level professionals to enter the Early Childhood Mental Health Consultation workforce.



#### Story Behind the Data:

Early Childhood Mental Health Consultation (ECMHC) is an emerging field. Currently there are no formal higher education programs that prepare professionals for the role of an ECMHC.

ECCP® has developed a training curriculum to prepare professionals for their role as an ECMH consultant. The training curriculum is competency based and includes ECMHC delivery strategies that are effectively implemented across the statewide ECCP® program. Additionally, ECCP provides program model training which serves to enhance fidelity to the ECCP® evidence based model of ECMHC. Over this last quarter ECCP trained 6 new ECCP Consultants in preparation for the quality delivery of the evidence based Early Childhood Mental Health Consultation (ECMHC) services.

ECCP® provides an intensive training program to develop the workforce for the statewide ECCP® consultation program.

Trend: ▲ Yes; ECCP has provided ECMHC and ECCP Model Training to prepare an increasing number of professionals for the field; This should later average est.2-4.