Children with Challenging Behavior
2007 Report to the Colorado State Legislature

“Colorado has a large group of committed stakeholders interested in promoting the social, emotional and behavioral skills of young children in order to prevent more serious mental health problems in later childhood and to increase school success.”

Why are we concerned about young children with challenging behavior?

- Because children who are identified as hard to manage at ages 3 and 4 have a high probability (50:50) of continuing to have difficulties into adolescence (Campbell & Ewing, 1990; Egeland et al., 1990; Fischer, Rolf, Hasazi & Cummings, 1984);
- The correlation between preschool-age aggression and aggression at age 10 is higher than that for IQ (Kazdin, 1995);
- Early appearing aggressive behaviors are the best predictor of juvenile gang membership and violence (Reid, 1993); and
- When aggressive and antisocial behavior has persisted to age 9, further intervention has a poor chance of success (Dodge, 1993).

When children are demonstrating persistent social, emotional and/or behavioral difficulties, as expressed through a “pattern of persistent behavior that interferes with learning and social relationships” (definition of challenging behavior used in recent study), they need to be identified early and offered early intervention services in typical environments like their homes, child care facilities and pediatricians’ offices.

Research has indicated that this is a significant issue to be concerned about, that there are costs of failing to address the challenging behaviors and that positive outcomes can be expected from early intervention services that address challenging behaviors within a “systemic” approach for all children and their families (see Attachment #1: “Facts About Young Children with Challenging Behaviors,” Center for Evidence-Based Practice, www.challengingbehavior.org).

A “Joint Resolution Concerning Young Children with Challenging Behaviors” (Attachment # 2) was passed by the Colorado State Legislature in 2006 requesting that the Early Childhood and School Readiness Commission authorize a study on the issue of challenging behaviors for children under age six. The Resolution supported the need to determine the status of children with “challenging behavior” in Colorado and to ensure support to the caregivers who work with them. The Colorado Division of Child Care recognized the importance of the issues identified by stakeholders (and in the Resolution) and, in March 2006, funded JFK Partners at the University of Colorado at Denver Health Sciences Center to identify the extent of social, emotional and behavioral difficulties in children in licensed early care and education settings and to develop related recommendations.

1 Hoover, Sarah. (June 2006). “Report to the Division of Child Care for Supporting an Environmental Scan and Study of Current Status of Children with Social, Emotional and Behavioral Concerns and the Providers Who Support Them.”
Policy Lessons from the Field, Policy Goal and Recommendations from this Study

Policy Lessons from the Field:
What is the extent of the problem?
What do we know?
What do we still need to find out?

“Nationally, and particularly in Colorado, there have been limited useful data on children with social, emotional and/or behavioral concerns, even though data collection can serve many purposes related to supporting these children and their caregivers. As has been identified in the Policy Brief compiled by Laurie Beckel, Staff Director for Colorado’s Early Childhood and School Readiness Commission, (Attachment #3) “the best policy approach to address the needs of young children with social/emotional/behavioral concerns begins with a clear understanding of the problem based upon accurate data.”

Accurate data are important. We need a clear picture on the prevalence of children with these concerns and the resources that the caregivers of these children have available to them. Questions that need to be answered for Colorado:

• What are the unmet needs of families and early childhood providers? What impact do adult risk factors like poor health or poverty have on children’s emotional development?
• Is there a correlation between spending long hours in poor quality child care and an increase in challenging behaviors?
• How many Colorado children are affected by these issues? Is that number increasing, decreasing or remaining the same?
• What is the most cost effective way to address the problem; i.e., to promote emotional resilience in young children?

While we can assume that there is a strong need for training and education of early care and education providers, their supervisors, and families on strategies for helping children learn to get along well together, control their anger, and solve problems, it is difficult to assess the professional development needed without knowing the current “lay of the land.” Knowing more about Colorado’s young children and their adult caregivers will help identify effective promotion, prevention and intervention strategies (Attachment #4) and address the needs.

Policy Goal:

By 2012, through effective statute and regulation and with adequate funding, all children under age 8 will benefit from best practice strategies that promote positive social and emotional development; all “at risk” children under age 8 will have best practice prevention strategies available to them; all 0-8 year old children evidencing “challenging behavior” will have access to environments, caregivers and interventionists utilizing best practice strategies.

2 Ibid
Context for recommendations:

- Family members are necessary partners in the scope of all recommendations;
- Recommendations are made at a time when the knowledge base of effective practices has been greatly expanded;
- Recommendations are made with the recognition that policies are needed to scale-up effective practices to serve all children and families in Colorado;
- All recommendations are made within a “systems-building” context (ECSR Commission and Smart Start Colorado – Attachments # 5 and #6);
- Utilize funding and policy mandates from all relevant systems currently serving young children to guide the development of the “system;” and
- The intent is to utilize existing leadership for implementation at the state and local levels (Early Childhood Councils and Resource and Referral Network) as these are already linked to a broad community/school readiness agenda.

Recommendation #1:

State Level Implementation

Within the frame of the Smart Start Colorado Early Childhood System, develop a state-wide early childhood mental health plan that allows for services and supports at the promotion, prevention and intervention levels and seeks an adequate funding strategy for all three levels. This system will address:

- Including family members/caregivers in this effort;
- Training and support for the early care and education community, families and other providers of services to young children using evidence based practices and strategies to ensure the social-emotional competence of Colorado’s children (the Smart Start Office of Professional Development will take responsibility for this component of the plan – see Attachment #7);
- Developing a coordinated system to screen children birth through age five and to develop consistent referral procedures for services in the context of family, culture and community;
- Creating a comprehensive system for providing mental health assessment and treatment for children birth through age five and their families in need of services;
- Developing public policies that support the promotion of healthy social-emotional development through prevention, early intervention and treatment for children birth through age five;
- Building on the current funding the financial investments necessary to support the healthy social-emotional development of all of Colorado’s young children through promotion, prevention and intervention;
- Developing an ongoing assessment of the resources and capacity to implement this system with a set of annual benchmarks over the next five years;

- Funding a plan for collecting the data relevant to tracking the results of the plan at the promotion, prevention and intervention levels of the system (this will include child, family and teacher outcomes, workforce issues and financial investments);

- Tying all funding to accountability (quality provider standards determined at the promotion, prevention and intervention levels) and implementation of evidence-based practices;

- Including an ongoing mechanism for utilizing the data across the system for “data-driven decision-making;”

- Raising public awareness of the mental health needs of children from birth and the consequences of poor social-emotional development; and

- Engaging the Blue Ribbon Policy Council (Attachment #8) for this scope of work.

**Recommendation #2:**

**Early Childhood Mental Health Policy Analysis and Quality Improvement Recommendations**

Complete a documentation audit of all current policies (federal, state and local) that are related to funding and promoting mental health in young children. This audit will include:

- Early Periodic Screening Diagnosis and Treatment (EPSDT),

- Child Abuse Protection and Treatment Act Regulations,

- Individuals with Disabilities Act (IDEA - Part C and Part B),

- Colorado Medicaid Capitation Program for Mental Health,

- SB 101 – School Medicaid,

- Colorado CHP+,

- Private insurance,

- Applicable waivers obtained under the Consolidated Child Care Pilot Program, and

- Funding and data requirements of state and federal funds building upon Results Matter.
Recommendation #3:

State Funded Matching Fund

Develop a state funded 1:1 matching fund (to federal, local or private dollars) that will be made available for community investments in the promotion, prevention and intervention levels utilizing best practices, standards and data collection.

Additional Background: The Colorado Study

From April through June 2006, JFK Partners collaborated with Colorado Foundation for Families and Children to complete a statewide survey of the social, emotional and behavioral concerns of young children and the needs and supports available to early care and education staff who provide care for these children.

“The original objectives of this work were to:

1. Convene a Stakeholders’ Group to guide the information needs regarding children with social, emotional and behavioral concerns and the caregivers who support them.

2. Convene a Design Team to:
   a. develop and implement a plan for assessing the needs of children with mental health concerns and the caregivers who support them; and
   b. conduct relevant data mining and/or data collection activities regarding children with challenging behavior in Colorado.

3. Conduct a comprehensive literature, policy and legislative review regarding the importance and relevance of data collection with this target population;

4. Identify ongoing data collection needs for the state of Colorado regarding this target population;

5. Conduct a survey of state system costs for ongoing data collection as identified in #4; and


Our anticipated outcomes were to ensure that:

1. Comprehensive survey results exist that identify:
   a. key questions that stakeholders need answered regarding the identified population of young children in Colorado;
   b. data sources and data collection systems that currently exist; and
   c. gaps in data.

2. Point-in-time prevalence data exist on children with social-emotional-behavioral concerns that are severe enough to impact care;
3. Point-in-time prevalence data exist on the needs of providers/caregivers of children with mental health concerns;

4. Policy and program recommendations are made;

5. Ongoing data collection recommendations are made;

6. Cost survey of ongoing data collection is completed;

7. Recommendations regarding outcomes 1-6 above are compiled in preparation to submit to the Early Childhood and School Readiness Commission at the August 2006 meeting; and

8. Report on all of the above to the state legislature in 2007.”

Please see completed report (Attachment #9).

Findings

What We Heard from the Field:

Please see attached PowerPoint file (Attachment #10) for the presentation that was developed, including data highlights. A draft analysis of the data was shared at a public hearing with stakeholder groups on June 28, 2006, after which input was incorporated and the data underwent a comprehensive review in preparation for finalizing the survey results and recommendations. This report was then shared at the Blue Ribbon Policy Council for Early Childhood Mental Health on July 18, 2006, and the Early Childhood and School Readiness Commission on July 20, 2006.

Overview of Findings from this Study:

- Respondent Overview: Settings Reported (unduplicated) -
  - Licensed Center: 534 (39,964 children)
  - Family Child Care Home: 541 (5,280 children)

- Funding Sources for Child Care Settings (duplicated count - multiple funding sources could be identified)
  - Parent pay/Tuition
  - Colorado Child Care Assistance Program
  - Colorado Preschool Program
  - Schools/Education (public)
  - Private Foundation/Private Grant
  - Head Start

- Average Teacher: Child Ratios: (mean across centers and ages)

3 Ibid
Scope of the Problem in Colorado:

- 77% of the respondents report that the percentage of young children with challenging behavior is not decreasing;
- 70% feel the severity of challenging behaviors is not getting better;
- During the past 12 months, 453 children under the age of six were removed from an early care and education setting for challenging behaviors (10 in 1,000 of reported 0-6 enrollment were removed in CO whereas in the national study by Yale, 7 out of every 1,000 removed nationwide in publicly funded pre-school);
- 10 in 1,000 is more than 3 times the rate of expulsion in Colorado’s K-12 system (Yale study reported a national rate that is also 3 times the rate of K-12 expulsions nationally);
- Percent of Programs with at least One Removal: Centers: 30% Family Child Care Homes: 24%;
- Removal Rate of Children with Challenging Behaviors: Of all children identified with challenging behaviors, 89 of every 1,000 children are removed from care;
- 77% of the respondents report that the percentage of young children with challenging behavior is not decreasing;
- 70% feel the severity of challenging behaviors remains the same;
- Top 3 Children’s Behaviors Having Negative Impact on Staff: Irritable, mad or easily frustrated Disrespectful, defiant Hurts self or others;
- Top 3 Challenging Behaviors for Children Removed from Care: Hurts self or others Disrespectful, defiant Inappropriate language; yells or screams; and
- Impact on Staff Well-Being: More than 50% of respondents said that children with challenging behavior in their care are having a negative impact on staff’s well-
being; of these, 28% said challenging behaviors impact ALL of their staff.

✓ Staff Access to Consultative Supports:
Programs reporting access to ongoing consultative support also reported low staff turnover and program access to clinical expertise mitigates removals from care.

✓ Children in settings with special education services (IFSP’s or IEP’s):
Family Child Care reported a rate of 52 per 1,000 children who have IFSPs/IEPs.
Child Care Centers reported a rate of 47 per 1,000 children who have IFSPs/IEPs.

✓ Some Sites Utilize Best Practices Related to Children’s Healthy Social and Emotional Development including:
  - Strategies in the context of positive relationships, supportive environments and individualized interventions (Attachment #11: Center for the Social, Emotional Foundations of Early Learning; www.CSEFEL.org);
  - Mental Health Consultation (Attachment #12: Mental Health Consultation in Early Care and Education by JFK Partners 2006; Core Knowledge and Competencies); and
  - Parent involvement.

✓ Other relevant data:
Colorado Child Health Survey, a 2005 survey, reported over 21% of parents of children age 6 and under surveyed indicated that they are concerned about difficulties with their child’s emotions, concentration, behavior, or getting along with others. Of these parents, 79% have never accessed counseling or treatment.

✓ Need to continue Ongoing Data Collection:
  - Committed funding to Colorado Child Health Survey questions on social/emotional concerns, and addition of question on removal from care (Project BLOOM);
  - Ongoing support of Qualistar provider survey questions regarding access to, and need for, mental health supports, knowledge and consultation (begun through JFK Partners in 2006);
  - Public commitment to the collection of data on workforce capacity, best practices, and child removals from care;
  - Part C and Part B data collection on child eligibility and services delivered related to social and emotional difficulties and the Results Matters Project at CDE;
• Collection of data from Community Mental Health Centers on Early Childhood Mental Health Specialists (Attachment #?) which will include child and family specific data as well as consultation and training information;

• Colorado Client Assessment Record information for Medicaid children;

• Information supplied by Early Childhood Councils and their local Resource and Referral Network; and

• EPSDT data on formal screenings including social-emotional.

Report prepared by:

Laurie Beckel
Staff Director, Early Childhood and School Readiness Commission

Special thanks to Sarah Hoover, Abby English Waldbaum and other members of the Design Team for components of this report and to the committed stakeholders who continue to advocate for the needs of all of Colorado’s children.
Attachments:

Attachment #1: “Facts About Young Children with Challenging Behaviors,” Center for Evidence-Based Practice, www.challengingbehavior.org

Attachment #2: “Joint Resolution Concerning Young Children with Challenging Behaviors”

Attachment #3: Policy Brief by Laurie Beckel

Attachment #4: Promotion, Prevention, Intervention Triangle (schematic)

Attachment #5: Early Childhood and School Readiness Commission

Attachment #6: Smart Start Colorado

Attachment #7: Smart Start Office of Professional Development

Attachment #8: Blue Ribbon Policy Council

Attachment #9: “Report to the Colorado Division of Child Care for Supporting an Environmental Scan and Study of Current Status of Children with Social, Emotional and Behavioral Concerns and the Providers Who Support Them” by Sarah Hoover, Ed.M.

Attachment #10: Children with Challenging Behavior Study Power Point

Attachment #11: Center for the Social, Emotional Foundations for Early Learning; www.CSEFEL.org

Attachment #12: Mental Health Consultation in Early Care and Education by JFK Partners 2006; Core Knowledge and Competencies