## How Do We Know What's Working: Embracing Data & Assessment in State Expulsion Prevention Strategies

QRIS CONFERENCE SESSION 407

JULY 16, 2018

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## Today's Session...

Be grounded in the research and explore drivers of expulsion

Address the question: how do we know if we are reducing and preventing exclusionary practices?

- Role of State Policy
- 4 "P's of Data"
- Colorado and Arkansas State Examples

Apply through Small Group Activities

## Introductions

### **Program Leader's Guide**

Remove from activities that include other children

Remove in the short-term or limit the time a child attends the program

Dismiss a child permanently

Encourage families to voluntarily terminate services, "soft expulsion"

### **Caring for Our Children**

Terminating enrollment because of challenging behavior or health condition

Reductions in the amount of time in attendance at the setting Other services are limited on the basis of challenging behaviors, e.g. denying outdoor time, withholding food, and using food as a reward or punishment

# Research Tells Us

## Why

Suspension and expulsion are stressful and negative experiences in themselves that can impact child outcomes

Expulsion or suspension early in a child's education predicts later expulsion or suspension in school

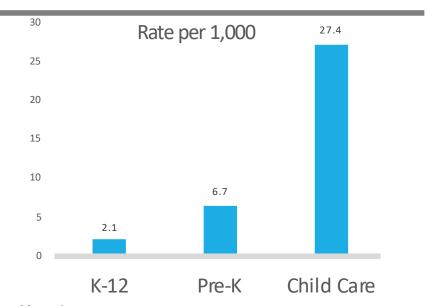
Young students who are expelled or suspended are as much as **10 times** more likely to:

- Drop out of high school
- Fail a grade
- Be incarcerated



### **How Often**





10.4% of Pre-K teachers expelled 1 or more in past year

Gilliam, WS & Shahar, G (2006). Preschool and child care expulsion and suspension: Rates and predictors in one state. Infants and Young Children, 19, 228-245.

Gilliam, WS (2005). Prekindergarteners left behind: Expulsion Rates in state prekindergarten programs. PCD Policy Brief, Series No. 3. Available: www.ziglercenter.yale.edu/publications/briefs.html

### Who

Boys 3½ times more likely than girls

4-year-olds 50% more likely than 3-year-olds

Black children expelled at 2x the rate of White children; 5x the rate of Asian children

Black children make up 18% of preschool enrollment, but 48% of preschoolers suspended more than once

Latino and Black boys combined represented 46% of all boys in preschool, but 66% of all boys suspended

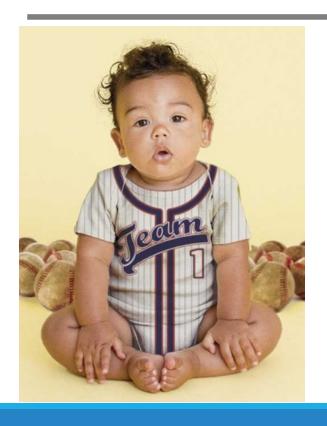
Girls who are Black, Native Hawaiian, or Pacific Islander represent 30% or more of all out-of-school suspensions than girls who are White, Latina, and Asian

Regardless of the study, there are significant disparities by race

These risks are multiplicative

Gilliam, WS (2005). Prekindergartners left behind: Expulsion Rates in state prekindergarten programs Civil Rights Data Collection: Early Childhood Education – March 2014

### Infant Toddler



A study in Chicago found that 42% of birth to three child care programs expelled at least one child in the previous year because of behavior

A 2017 study in Philadelphia found that 26% of child care programs had expelled at least one child in the past year and that toddlers were just as likely as preschoolers to be asked to leave the child care setting

## How do we understand the problem?

#### **Our Point of View**

Expulsion is not a child problem, this is about adult decisions

A solution focused on children and not changing anything about how we work with children and families will perpetuate current trends in expulsion rates

It is not a single-factor problem - requires a multi-pronged approach

Need to address the racial disparities in the earliest years

# Four Drivers of Expulsion to Consider

# Driver 1: Structural Quality

# What increases the likelihood of expulsion?

- High teacher-child ratios
- High teacher stress / Feeling hopeless
- Private and faith-based child care
- Long school day
- Too little structure
- Too restrictive structure
- No consistent ongoing availability of a mental health consultant

# Voices from the Field: Implication for Organizational Capacity

- Programs unable to be reflective regarding their role in children's behavior
- Responding to other parents' reactions
- Afraid of losing staff who are hard to replace and need to maintain ratios, quality requirements, etc.
- Scared or do not like the child's parent(s)
- This training won't work with this child
- Belief that there must be a better program out there to meet this child's needs...

# Driver 2: Lack of Knowledge of Child Development

### Knowledge of Child Development Needed

Social-emotional development occurs in context of family, community and cultural expectations

Challenging behavior is a part of typical child development and offers "touch points"

Cross-cultural differences in children's expression and interpretation of emotions, e.g. anger, shame, exuberance of positive emotions

Expulsion and suspension can pathologize child behavior and increase disparities

### Knowledge in Child Developed Needed

### Workforce needs knowledge and skills to

- Understand how children's emotional responses may reflect cultural expectations and learning
- Communicate classroom expectations in a child's first language
- Support social-emotional learning
- Examine their own cultural socialization and practices
- Distinguish concerning behaviors from developmentally appropriate behaviors

NSECE study found only 20% of providers reported receiving training on facilitating social-emotional growth in the past year

# Driver 3: Racial Disparities in Discipline

# Understanding Racial Disparities in Discipline and Expulsion Rates

Disproportionate levels of discipline by race

Mixed impact when background information on familial stressors is made available

At kindergarten entry, Black and White parents equally rated their children's persistence, approaches to learning, and social interactions, but teachers rated Black students as having a distinct disadvantage relative to White students

Underprepared early learning teachers are more likely to use punitive and rejecting disciplinary techniques

Bias as One Explanation for Racial Disparities

Above the Surface:
Conscious/Reflective effortful,
slow, logical, calculating, limited
resources

Below the Surface:
Unconscious/Reflex automatic,
fast, intuitively-driven, emotional
stereotypic, large resources



# Bias as One Explanation for Racial Disparities

https://nyti.ms/2jSAhZe

## Other Related Explanations

Cultural discontinuity

Negotiating conflict cross-culturally

Goodness-of-fit

Lower expectations

Perception of threat

"Protection" from harsh world / preparation for bias

**Explicit bias** 

### **Driver 4: Trauma Behavior Connection**



Approximately 10 to 14 percent of children from birth to age 5 experience emotional, relational, or behavioral disturbance

Children experiencing trauma arrive at school less ready to learn

Exposure to violence can diminish concentration, memory, organizational, and language abilities

Quality of early learning settings is even more important

## Why does this feel complex?

Subjectivity in what behavior is considered challenging

Many types of exclusionary practices

Program characteristics may provoke or contribute to children's behaviors

Increased understanding of why racial disparities exist

Lack of supports for an underprepared workforce

# How do we know if our strategy is reducing and preventing exclusionary practices?

## To answer this question...

Consider the policy options for a state strategy

Explore the "4 P's" of Data

Learn from Colorado and Arkansas

### POSSIBLE COMPONENTS OF A STATE STRATEGY B



### Goal

Governance

State Goals and Road Map

**Data** 

### **Policy**

State Policy & Protocols on Expulsion

Policies related to Program Characteristics

**Child Care Assistance** 

Work Conditions

### **Supports**

**Hotline/Triage** 

Training & Coaching

IECMH Consultation

**QRIS** 

Alignment of TA Providers

### **Services**

Developmental Screening & Referral

Early
Intervention &
Special
Education

Health, Mental Health, and Family Support

**Cross-cutting: Family Partnerships and Racial & Gender Equity** 

## What impact are we trying to measure?

- •Shifting attitudes from "the child is doing something wrong..." to "what is the child's behavior trying to tell me?"
- Changing adults to ask: What is my role? What is being triggered in me? What could I be doing differently? Where can I get additional help and reflections?
- Measuring changes in adult and child behavior.

## Types of Data

**Prevalence** 

**Program** 

**Process** 

**Progress** 

### Prevalence

### Establishing a baseline to measure change

### **Identifying trends**

- *Children characteristics*: race, gender, age, home language, disability, behaviors of concern, etc.
- Program characteristics: type of program, ratios, class/group size, length of program day, QRIS rating, participation in PD, access ECMH consultation, staff well-being and work conditions, etc.

### Addressing soft expulsion

Implication for how you ask about exclusionary practices

### **Program**

Developmentally appropriate practices, e.g. schedule, routines, transitions, learning centers, toys, curriculum, building relationships

Teaching social-emotional skills and responding to common challenging behaviors

Staff feeling supported and competent in responding to children

Supporting children with more significant concerns

### **Process**

What support was delivered
Who delivered the support
To whom they delivered the support

### For example

- # of referrals
- Where referral came from
- Who were they assigned
- Status of case completion
- Dose of intervention (type and how long, etc.).

### **Progress**

### **Program & staff outcomes**

- Changes in program policies and practices
- Changes in staff/teacher knowledge and skills
- Changes in staff/teacher well-being, satisfaction
- Extent of communication and partnerships with families
- Supporting children in program

#### **Child & family outcomes**

- Changes in social emotional knowledge and skills
- Changes in presenting behaviors
- Connections to additional supports
- If transitioned out of the program, changes in type or quality of care

#### Improve effectiveness of supports over time

# Introduction to Colorado

# Colorado's long approach to social emotional support for young children in child care



### Colorado's effort and course of action

2016: Child Care Rule Revisions were adopted

How providers are supported to improve practices around social emotional development

Methods and approaches to reducing suspensions & expulsion

Improving partnerships with families when children present with challenging behaviors.

Pushback from providers during public comment on collecting realtime data on expulsions



## Exact Rule Language in the Policies and Procedures Section

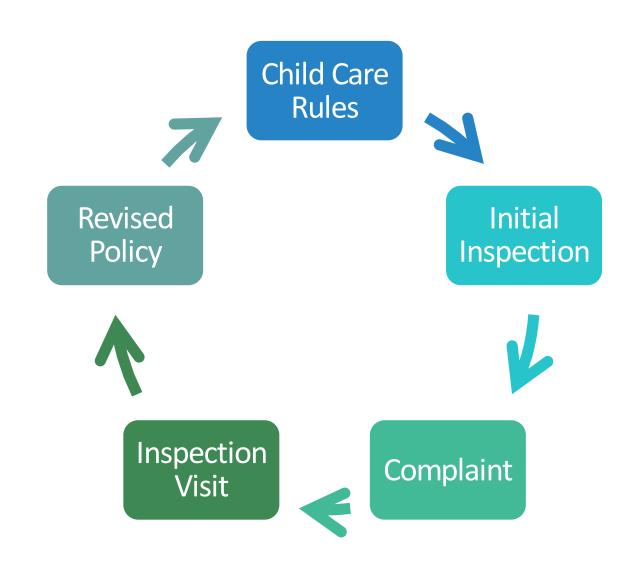
#### "Providers must:

- Cultivate positive child, staff, family relationships,
- Create and maintain a socially & emotionally respectful care environment,
- Implement teaching strategies to support positive behavior and S/E competence,
- Convene a team based approach to reducing challenging behaviors and preventing suspensions & expulsion
- Demonstrate access to ECMH consultant or other specialist as needed."



## What the licensing unit tell us:

- Grateful for the attention to S/E, but we don't know how to advise
- Inspectors may not be up to date on latest science of attachment, trauma, support
- Questions about remediation of violation: what's in a good plan?



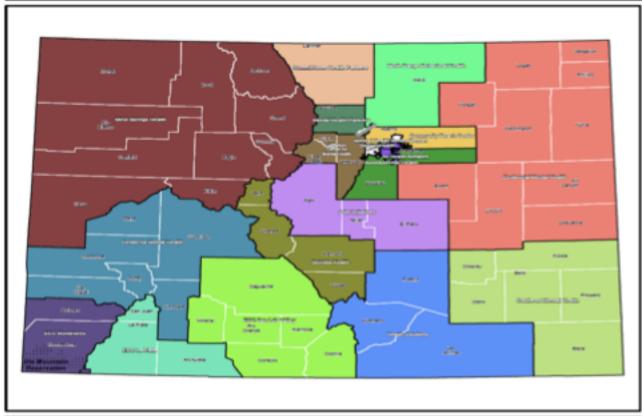
### State system support

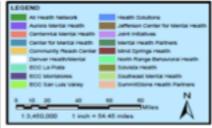
Long history of early childhood mental health consultation in Colorado



- Pilots first legislated in 1997
  - Early evaluation focus on the concept of expulsions
- 2006 State funded (general funds) for 17 FTE
- Kid Connects: Boulder, CO
  - What Works 2008
  - Early evaluation interest on ecmhc to mitigate risk of expulsion

#### **ECMH Specialist's Regions (April 2017)**





Data Sources: ECMH Agencies (CDHS, 3817) Licensed Facilities (CDHS, April Counties (US Census Bureau, 2	26, 2017)	
Coordinate System: NAC63 UTM Zone 15N 5/25/2016 QT	AV	COLORADO

ECMH Region	FTE	Centers	
All Health Network	1.00	ACRES OF THE PARTY.	30
Aurora Mental Health	2.50		13
Centennial Mental Health	2.00		- 12
Center for Mental Health	2.00		-
Community Reach Center	2.00	_	17
Deriver Health	3.00	296	13
ECC La Plata	0.75	34	2
ECC Montejores	1.00		-
ECC San Luis Valley	2.00	30	1
Health Solutions	2.00	_	-
Jefferson Center for	-8.33	_	_
Mental Health	2.00	204	22
Joint Initiatives	2.00	_	32
Mental Health Center			_
Derwer	2.00	296	13
Mental Health Partners	2.00	-	12
Mind Springs Health	2.00	_	18
North Range Behavioral			
He aith	2.50	80	17
Solvista Health	2.00	_	1
Southeast Mental Health	1.00	30	1
SummitStone Health	-		
Partners	2.00	114	19
TOTAL	33.75		_
Cata Nation Contains + Day Care Contain Horne, Day Care Horne A. Large Day Co.	and Pres	PROOF TOTAL	- Day Co

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### Capitalizing on National Momentum

Granted legislative spending authority for CCDF to double the size of our state's consultation program to **34 FTE** 



### Colorado's Planned Data Collection

#### Prevalence

- Age, Gender, Race
- QRIS rating
- Reason for referral
- \*Suspension /expulsion survey

#### **Program**

 Baseline CHILD© to inform practice

#### Process

- Utilizations including time spent in classrooms, activities
- Referral Source
- Case closure

#### **Progress**

- Pre-post assessments of:
  - CHILD©
  - DECA
  - Risk of expulsion
- Expulsion Outcome

# Introduction to Arkansas

## Arkansas's Efforts to Reduce Suspension and Expulsion

Plan development

Roll-out of new policy and 'BehaviorHelp' triage and support system

Experience/data/lessons learned to date

## Arkansas Expulsion and Suspension Workgroup

Influenced by federal guidance

Multi-disciplinary Workgroup

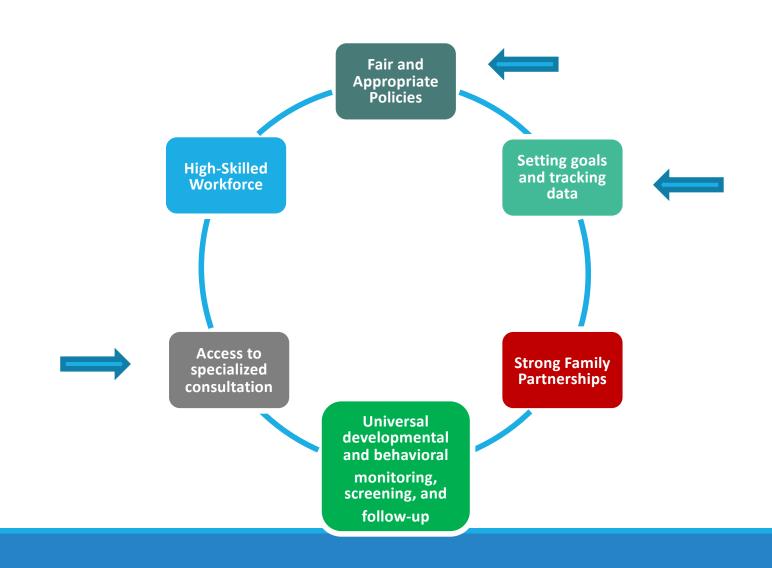
First meeting held on January 7, 2015.

#### Internal to DHS/DCCECE:

- Licensing
- QRIS
- State-funded Pre-K Program
- CCDF Unit/Family Support

#### **External Partners:**

- DHS Division of Behavioral Health
- Professional Development Contractors (trainers, TA, ECMHC)
- Experienced ECE Professionals
- Special Education
- Head Start Collaboration
- Project Launch





### New Policies & Supports

Longstanding DHS/DCCECE policy limits suspension and expulsion for children enrolled in state pre-k programs

- "No child shall be expelled without permission from the DCCECE"
- New monitoring and support efforts started in 2015; expanded in 2016

Similar policy rolled out July 1, 2016 for programs receiving child care vouchers

Informed by the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children



Source: Center for the Social and Emotional Foundations of Early Learning, <a href="https://www.vanderbilt.csefel.edu">www.vanderbilt.csefel.edu</a>

## You Can't Ask for What You Don't Know You Need

#### Challenges:

- Perception that the 'problem' lies within the child
- Little understanding of connection between behavior and child's experiences/environment
- Belief that \_\_\_\_ won't work with THIS child

Identified need for single point of entry and on-site support

## Identifying Providers of Specialized Supports

Who is going on-site that knows about:

- Developmentally appropriate practice
- Teaching social-emotional skills
- Responding to common behavioral challenges
- Supporting children and families with more significant behavioral and emotional concerns

Identified TA providers and ECMH Consultants

### **BEHAVIORHELP**

Tier 3: Behavior frequent and extreme and/or identified trauma history or multi-system involvement;

**Early Childhood Mental Health Consultation** 

Tier 2: Behavior described as more serious and/or teacher frustration is high;

Short term TA by team of experts in developmentally appropriate practice and/or social-emotional supports

Tier 1: Concerns described sound developmentally normal and frustration is not excessively high;

**DCCECE Specialists share information and resources** 

Provider/Parent complete online form and interview with DCCECE staff

Development of Individualized Teacher Training Plan As Needed



### **Triage Specialists**

Staff of the DHS/Division of Child Care and Early Childhood Education

All have other roles (family support, pre-k specialist, etc.)

Receive online requests for support and complete structured phone interview

Provide support or assign to TA or ECMHC

Attend weekly staffing with TA and ECMHC leadership

## Data Gathering in Triage

What do we know about the **center** (licensing history, QRIS rating, type of center)?

What do we know about the **teacher** (training, experience, how long with child, etc.)?

What else are we hearing (frustration level, 'red flags' related to behavior management, etc.)?

What is known about the **child/family** (child care history, behavior, difficult experiences, etc.)

### **Technical Assistance**

Provided by professional with experience in developmentally appropriate practice and strategies to support social-emotional development

Services are flexible and short-term (usually 2-10 visits)

Focused on building skills of teacher and creating a more supportive classroom environment

### Mental Health Consultation



#### Provided by licensed mental health professional

#### Visits occur 1 to 2 times per week for 3 months

- Meet with parent/teacher/director
- Observe and assess child in the classroom setting.
- With teacher, develop individual child behavior and classroom management plans.
- Screenings and referrals for community resources for child/family.
- Support teacher in implementation of support plan.
- Provide support for the well-being of the teacher/director

### Planned Data Collection

#### Prevalence **Progress Program Process** • Surveys on TPOT Utilization by Teacher suspension child and satisfaction Case closure and center Expulsion consultant demographic expulsion feedback outcome practices • Pre-post • Surveys on Referral type assessment challenging Service of behavior behavior in records Consultant classrooms Teacher perception of progress experience

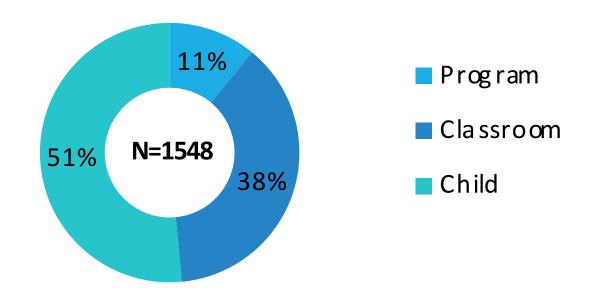
## First Activity

## **Debrief Activity**

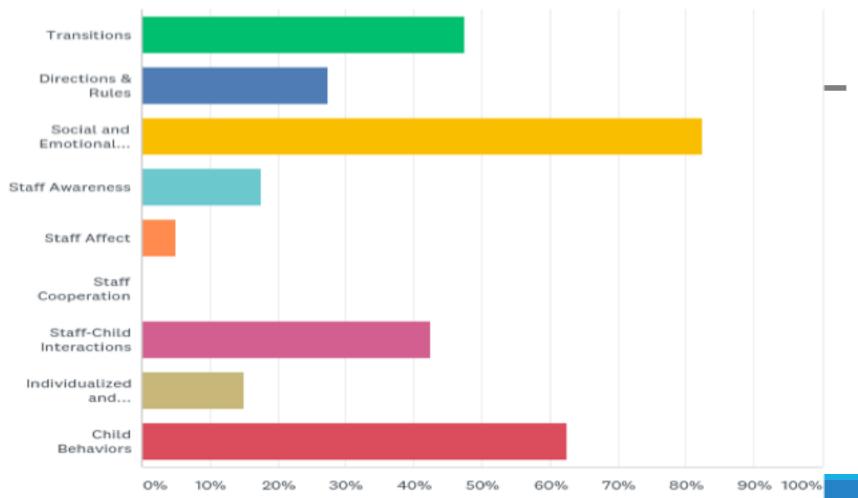
## Break

# Where is Colorado's story today?

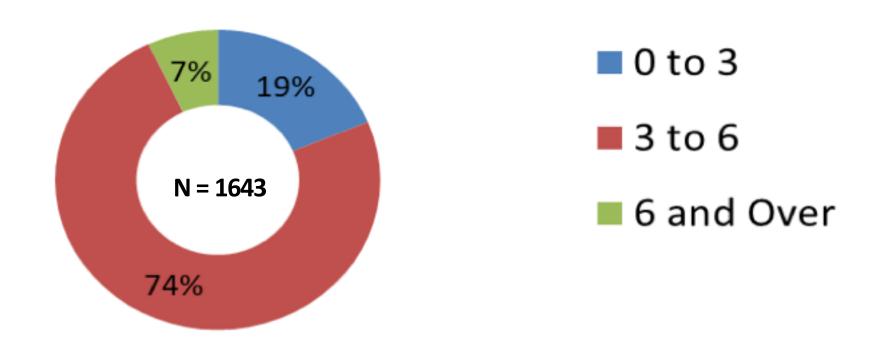
### **ECMH Consultation by Level of Focus**



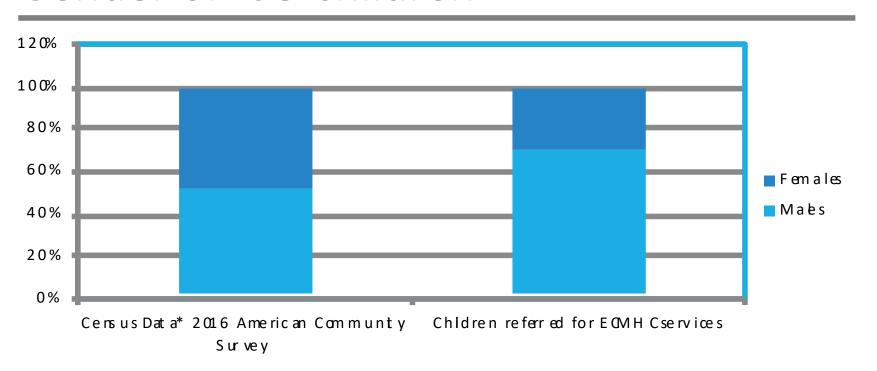
#### **Top Themes of Consultation Focus based on PreK CHILD© Results**

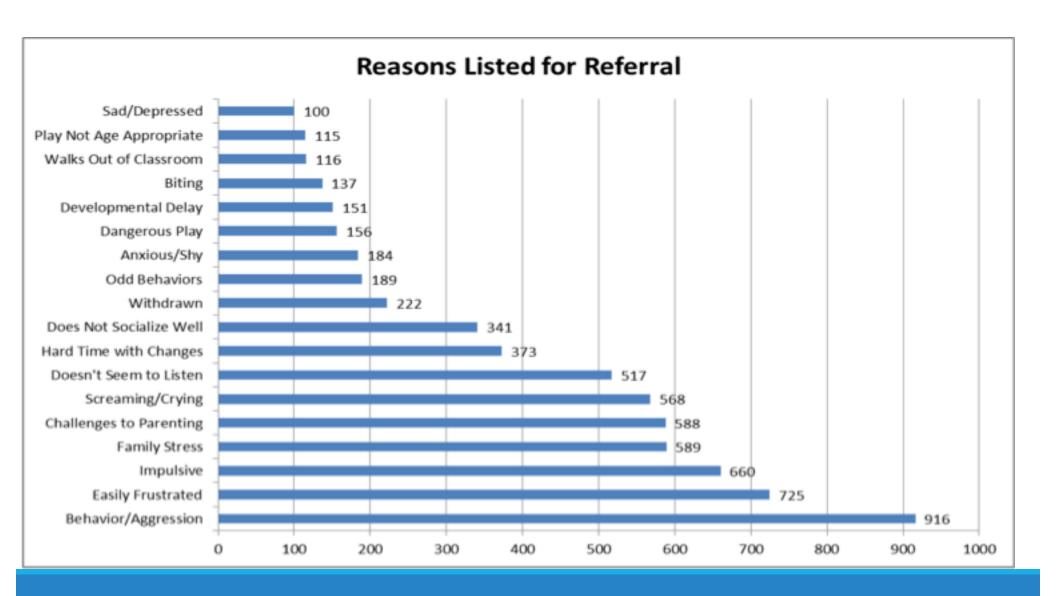


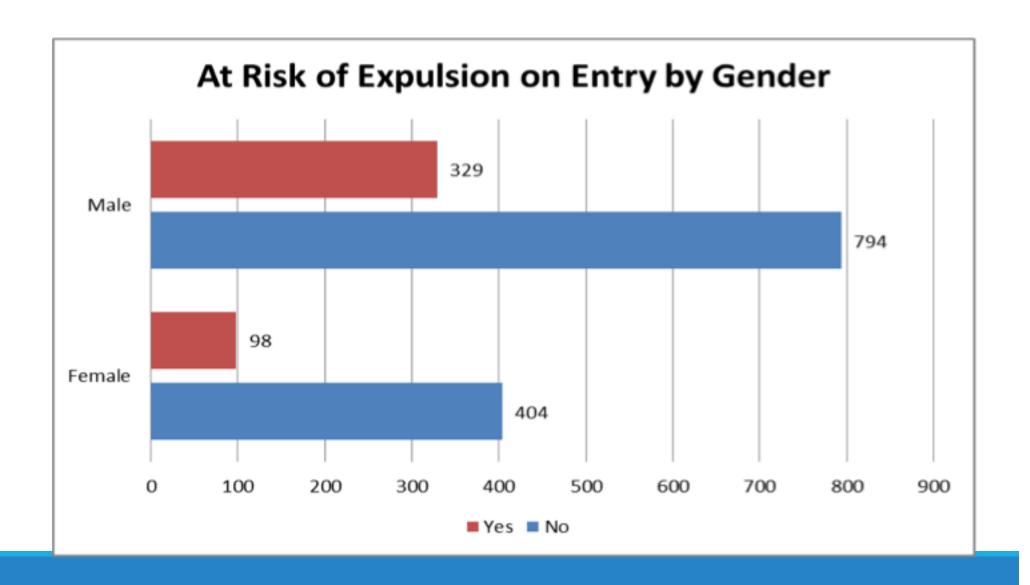
## Number of EMCH child-focused cases by age group

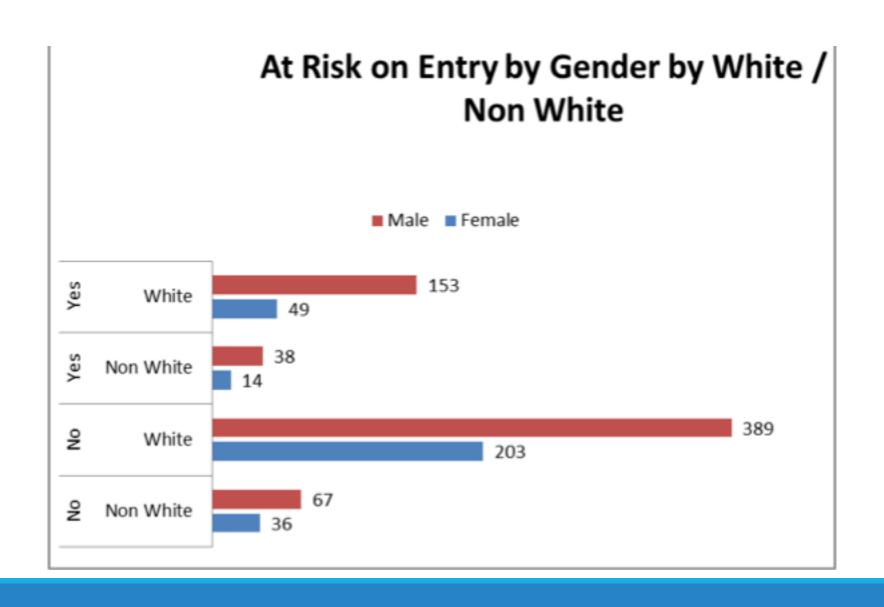


### Gender of CO children

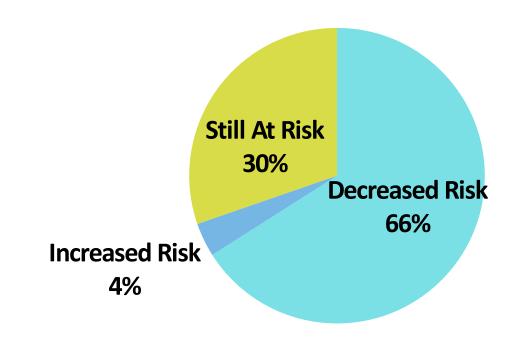








## Change in Risk Status for those at Risk of Expulsion on Entry



### How CO uses the data?

Prevalence: We will use expulsion survey data to establish baseline rates and eventually look changes in rates

Program: Informing training needs for providers based on trends in classrooms assessments

Process: Looks at utilizations, activities. Have used data from the last 18 months to establish a model for CO's ECMHC

Progress: Making the case for continued and expanded investments for ECMHC. This is important for both public and private funds.



Race & ethnicity of children, staff & parents

Suspensions- How to quantify?

Differential adherence to child care rules:

 (i.e.:What does access to a mental health consultant really mean?)

## The next horizon for CO's data system

- Adding a "Close date" for services ©
- Data analysis reports: what do utilizations tell us about impact and change (dosage & intensity)
- •What works for who under what conditions?
- Capturing missing time away from work / school for parents (important 2gen factor)
- Info on tie to licensing policies

## Key activities just underway:

Administering CO
Suspension &
Expulsion mixed
methods study

Working with licensing to develop guidance to use on initial visits to guide policy planning

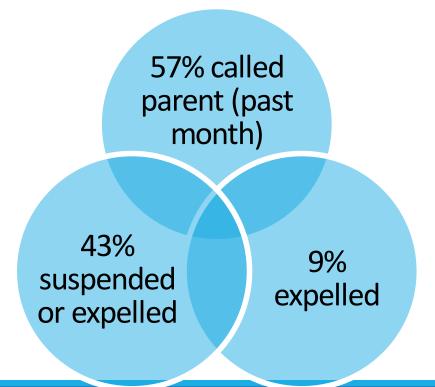
Requiring course on Impact of Bias for all CO consultants

# Where is Arkansas story today?

## BehaviorHelp

Data and Lessons Learned July, 2016 – June 2018

## Prevalence of Problem

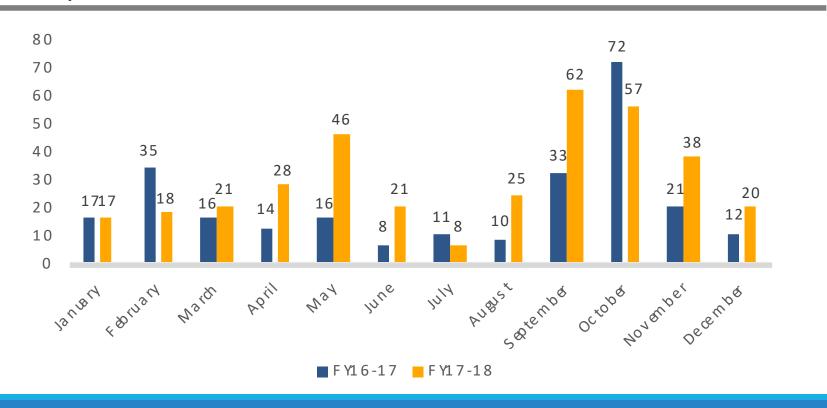


## Program data

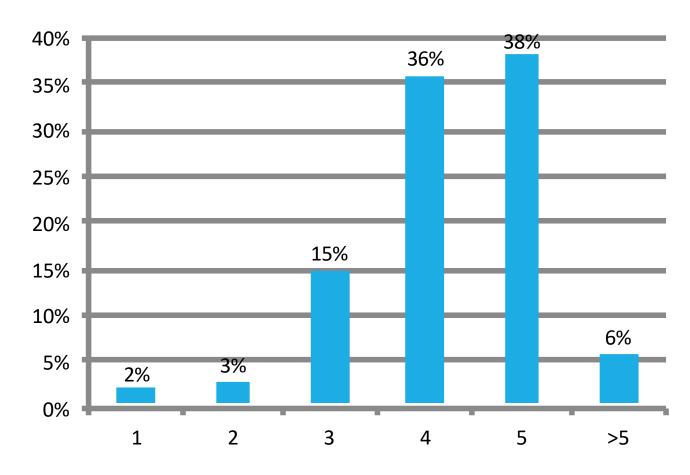
Opportunities to Strengthen Supportive Practice	Percent of
	Classrooms
Transitions are chaotic	65%
No posted/illustrated rules or expectations	62%
Emotions are never or rarely discussed in classroom	56%
No visual schedule	54%
Teachers never or rarely support children in managing anger	39%
Teacher never or rarely support children in learning to solve problems	39%
Teachers never or rarely join in children's play	27%

## **Process Data**

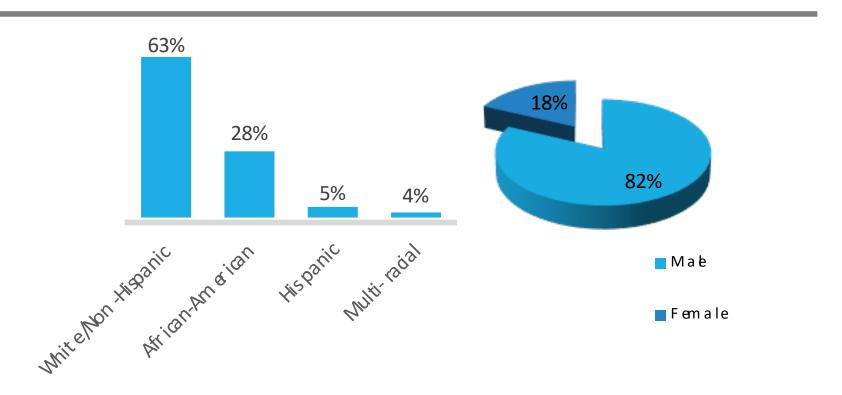
# **BehaviorHelp Referrals by Month** (n = 626)



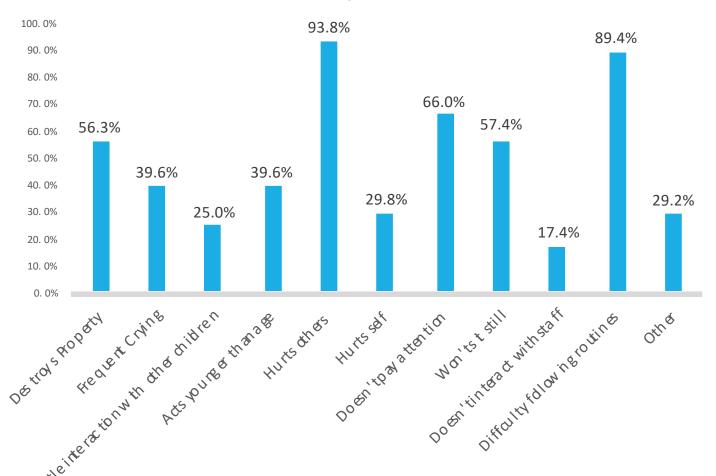
#### **BEHAVIORHELP REFERRALS BY AGE**



## White Males Majority of Those Referred



## Behavior Description



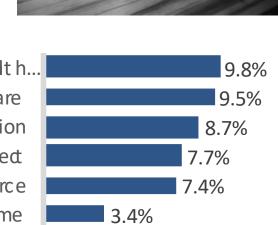
#### Trauma

## 37% known at intake 52% known by case

closure Parent behavioral heat h... Foster care Parental incar cer at ion 8.7% Abuse/neglect 7.7% Parental divorce 7.4% Domestic violencein home 3.4%

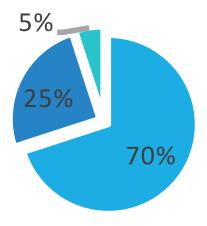
Loss of byed one

Serious illness /injur y



2.4%

## BehaviorHelp Triage

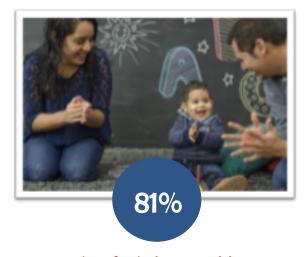


- Tec hnic al Assistance
- Mental Health Consultation
- Both



 Teacher received help in a reasonable amount of time after making Help Request





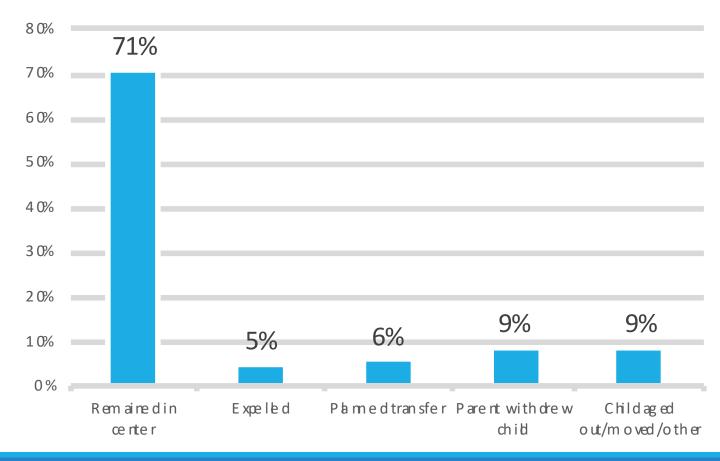
 Teacher feels better able to manage behavior concerns because of support received.

 BehaviorHelp staff respected teacher's knowledge/opinions.



## Progress Data

## Case Closed!



#### Child Behavior

- •Average child externalizing behaviors were well above the clinically significant range at pre-test
- •The frequency of the behaviors decreased significantly from pre-post test



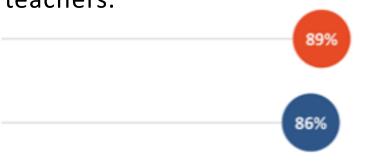
I would describe my partnership with the BehaviorHelp team as rewarding and educational. My coach helped me with ideas for the classroom, ways to communicate with my parents, and she showed me some techniques I used personally. I would recommend the BehaviorHelp team to any of my colleagues.

Participants said they would use

BehaviorHelp again and would

recommend BehaviorHelp to other

teachers.



## How We Are Using the Data

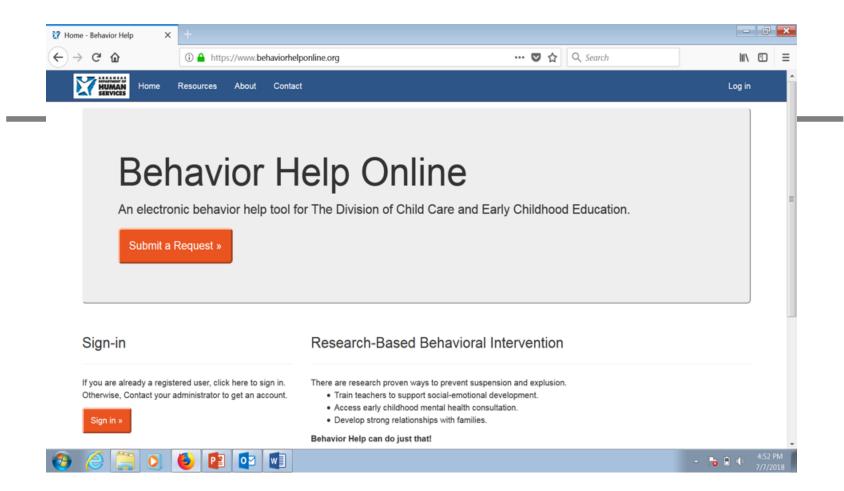
2 years in.....

Process data has helped us understand provider utilization patterns and drives conversations around staffing and outreach efforts

Program data is helping us identify training needs for ECE professionals in the state

Progress data has helped us advocate to continue and expand

Prevalence data....too soon to tell!



#### **Support Request**

Center Name:

Center Address:

Center City:

Center County:

School District:

Better Beginnings level: Select



Center: Test Site 700

Case #: 506

Opening forms

Closing forms

Other

Name Saved

Support Request 
✓
Interview 
✓
SDQ
TPITOS

TPOT

Classroom Behavior 
Observation

BH Site Visit

BH Strategy Plan

Name Saved
SDQ Post

Behavior Help Closure Form

Name Saved

Case Transfer Form

## Data System Lessons

Who are your users?

Pilot/Refine your data elements before building database

Allow time for discussion of data sharing needs, data sharing agreements and privacy issues

**Expect delays** 

Train, Train - helping professionals are not research staff

Budget for change

# Activity

# Debrief and Closing

#### Reflections

#### Prevalence, Program, Process, Progress

Start where you have momentum or what you need first Use data

- To get the supports programs need
- To support CQI and better target supports
- To make the case for expansion of programming

Look at the data you have & other places to get data, e.g. parents

Always give data analysis to those who gave you data

### **Contact Information**

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