

**Sussex Early Childhood Council (SECC) - Monthly Council Meeting
in partnership, with
Sussex County Health Coalition (SCHC)**



Meeting Minutes – May 22, 2018

Easter Seals, 1st Floor Conference Room
Georgetown, DE 19947
10:00 am to 11:30 am

***SECC MISSION:** The mission of the Sussex Early Childhood Council is to promote the highest quality comprehensive early childhood system for Sussex's young children and their families by Providing Leadership and advocacy through collaboration among families, communities, providers and schools.*

***ELAT MISSION:** The Early Learning Collaboration identifies issues and needs of young children in the community and collaborates with our partners to provide them the support through training, education, and resources.*

Welcome & Introductions: Christine Hoeflich-Olley, called the meeting to order. Karen Schreiber requested a review of the minutes. Motion to approve minutes made by Donna Snyder-White, motioned was seconded by Toni Dickerson and were approved as presented.

Attendees: Christine Hoeflich-Olley, Donna Snyder-White, Toni Dickerson, Mary Moor, Daphne Evans, Anne Atkinson, Tom Atkinson, Melissa Walter, Christine Stoops, Stephanie Wagner, Casey Christophel, Rhonda Mercie, Hannah Cassidy, Schlonn Hawkins, Jere Hutson, John Fisher-Klein, Kelly Stanley, Cristina Machin, Stephen Kastner Barbara Johnson, Cheryl Doucette, Lisa Coldiron

Action Items:

This group should re-visit reaching out to the Districts to see what specific programs are offered by Child Find (who is Cindy's replacement?). Jay Owens may be able to help get some district involvement.

Guest Speaker: Mary Moor and Sussex County Team: Kelly Stanley, Cristina Machin, Stephen Kastner

Early Childhood Mental Health Consultation (ECMHC) in Delaware

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Mary brought power point presentation with her but requested that this be an open discussion.

What is Early Childhood Mental Health Consultation in Delaware?

- Onsite consultation, coaching, training and professional development from clinically licensed individual consultants provided to early learning professionals within early care and education settings – capacity building and problem-solving framework.
- Provides tools and strategies necessary for behavior management in the classroom to ultimately reduce incidents of disruptive behaviors and enhance social and emotional skills for children birth to 5 years.
- Collaborative partnership with early care and education providers.
- # of consultants statewide: 8 in New Castle; 3 in Kent and 3 in Sussex counties. Bilingual capacity in each county.
- Many young children experience clinically significant emotional and behavioral difficulties – can create classroom disruption
- Difficulties can be severe enough to warrant the child's removal from their early learning program
- Provides competency-based staff training and coaching on how to work with children with challenging behaviors and enhance social and emotional skills in all young children. Proven to reduce teacher stress.

Goals:

- Develop problem-solving strategies to reduce incidents of disruptive classroom behaviors:

- Strengthen skills of teaching staff to work with children who have social and emotional challenges
- Decrease suspensions and expulsions
- Promote staff wellness
- Reduce teacher and caregiver stress; and provide information and support to assist families.

Core Components:

- Child-specific consultation
- Classroom-wide consultation
- Skill-based training for classroom teachers
- Program-wide training
- Teacher Child Interaction Training (TCIT)
- Child-Adult Relationship Enhancement (CARE)
- Family-Training

Reasons to request ECMHC:

- Aggressive Behaviors: hitting, kick, biting, choking, pushing, poking, pulling hair, spitting, throwing things with directional intent.
- Attachment Issues: does not seek familiar adults for comfort, displays very little emotion or is emotionally dependent, wariness/on-guard, fearfulness, rejection or avoidance of touch.
- Self-Regulation Concerns: tantrums, inconsolable “fussiness” or irritability, incessant crying, poor impulse control, inability to comfort/calm self, and limited coping skills.
- Communication Concerns: limited or no communication (including non-verbal), lack of language that is considered developmentally appropriate.
- Interaction Concerns: withdrawn, difficulty playing, sharing or exchanging materials with others, difficulty taking turns, little interest in sights, sounds and touch.
- Overall Program Support: service can have reaching impacts across the entire program through training activities that strengthen staff competencies in social and emotional development and teaches practices that build better relationships with children.

Making the Most of ECMHC:

- ECMHC promotes young children’s social and emotional development and addresses children’s challenging behavior by providing teacher support
- ECMHC develops problem-solving strategies to reduce incidents of disruptive classroom behaviors that can be applied long after the consultation ends and with other children.
- ECMHC strengthens skills of teaching staff to work with children who have social and emotional challenges.

What ECMHC “isn’t: ECMHC is primarily an indirect service – it is NOT a direct service with children but rather works with program staff and can assist families in linking to direct services. The ECMHC service does not include: formal diagnostic evaluation; individual, family, staff therapy or family support groups.

Accessing ECMHC Services:

- ECMHC is a free service available to licensed early learning programs. Priority is given to:
 - Programs with a significant proportion of children whose care is assisted through the State of Delaware’s Purchase of Care program
 - Programs enrolled Delaware Stars
- Primary work is with teachers/classrooms serving children 2-5 years of age
There is no labeling, no insurance, it is just working with the teacher – giving strategies that can be used with the entire classroom
- Staff turnover is high, new teachers need support quickly. We give them strategies and coaching for what they are seeing. Consultants help the teacher reduce stress.
- the consultants stay for 60 to 90 minutes, consultants get positive feedback from the teachers.
- Directors are in a difficult position in understanding when to call someone in. Example: Is my teacher venting or is there an urgent need? The sooner we can get in to help, the better for everyone and the more successful the outcome. Patterns that children develop are trickier to break
- There is a lot of communication between the consultant and the teacher
- Family meetings are helpful, and the consultant can guide families to services/resources.

- There has been rumors that the wait list is long... this is not true. Centers can apply for consultant services
 - Staff training for teachers/staff within the program
 - Family Training
 - Teacher – child interaction training throughout the year
 - Child-adult enhancement training (6 hr. QA training that is provided)
- Classroom wide consultation
 - Sometimes parental consent is difficult to acquire
 - A child specific case impacts the whole classroom
 - Sometimes it can be for classroom management
- Do you see an increase in “team effort” behaviors?
 - We now know much more about ACES and trauma informed care and Sensory integration issues
 - We can bring awareness and assist in what is happening with these kids
 - It takes time, strategies need to be developed and it takes time to change behaviors
- Part of our efforts is around staff wellness and self-care
 - We have seen a reduction in teacher and caregiver stress
 - This impacts better work with children.
 - The data collected indicates what stress level a teacher is at and if she/he is managing the behavior within the classroom ... sometimes behavior may stay the same, but the teacher is now able to manage that situation
 - Sometimes it is validating for a teacher to hear that a specific child needs a referral or outside assistance
- Are you appropriately used in Sussex?
 - The three consultants have a typical caseload in Sussex
 - Would like to see the family programs utilized more
 - Birth – 5
 - Goal is to increase compacity and to increase social-emotional skills for children
 - Typical length of time with a center?
 - On average, with a single child, 4-6 months
 - Often, we will begin with one case and then another will open, and we will stay
 - Once we get called in, we do one or two observations as well as meet with the Director and the teacher – then an action plan is developed, presented and implemented. It may take 3-4 weeks to get started because relationships need to be developed
 - Will help with IEP referrals
 - It helps to have an EC mental help consultant
 - We do NOT diagnose
 - We empower the program, teacher and director regarding mental health, will provide information – there is no insurance required, no paperwork, no labeling
 - We have worked with some Kindergarten kids in special situations and must begin early in the school year
 - Crisis therapists will work with K-1-2 kids
 - What help will there be for children that have to be removed from the classroom? The system has moved away from day treatment for young children
 - Sun Behavioral Health is now offering services for younger children as a result of SCHC meetings
 - We also help parents understand what services are available
 - This group should re-visit reaching out to the Districts to see what specific programs are offered by Child Find (who is Cindy’s replacement?) Jay Owens may be able to help get some district involvement.
 - There is new energy around systemic change to tighten connections and smoother transitions touch points, Dr. Walker calling for more transparency
 - Fall? Dr. Janet Hickman from Georgetown K Center may be helpful here.

- Services are available for any licensed early learning care center – we are not limited to POC or Stars programs
 - How can the coalition help?
 - This program would benefit from messaging to directors from Karen Schreiber and other directors.
 - 90% success rate from getting children suspended from the classroom
- **Statewide DECC/ESSA Updates**
 - Ed Council playing a role
 - Readiness teams and panel discussion around developmental screenings
 - Belvie shared statistics
 - OEL shared PAT is celebrating 30 years in Dec. so May 9th is Parents as Teachers Day as determined by the Governor
 - June 12 meeting – special council meeting in NCC around CCDF plan and community needs assessment and resource mapping – Christine will share with Cheryl
 - In Sept., this meeting will combine with DECC – so date and time will change
- **ColIN update**
 - PE series, three separate Parent Empowerment series will be provided as well as Developmental Screenings (first one is June in Seaford)
 - Christine is looking for 2 other partners to host at their site for the middle to end of summer and in the fall
 - Parents will be with RAD staff member while the children will be in an activity
 - Baby bags are being sent out – Nanticoke to provide SCHC with demographic info
 - Bags are in English, Spanish and French Creole
 - Postcard to engage mother
 - Info about VROOM
 - Info about how to get more books mailed to them
 - Developmental fun/family/food
 - Bringing developmental screening into every event
 - July will be ColIN gathering of 13 states; Bring Power Point of what is being done
- **ELAT training and Conference**
 - Is an August conference needed?
 - Limited trainings for Directors
 - Would fall be a good time for this conference? When is it needed? When to have it?
 - DAYCEE has a conference June 2nd
- **Policy Change?**
 - We need to be more legislatively active
 - August/September may be a good time to invite legislators
 - We need to be prepared with agenda, bullet points, data.
 - Most legislators support us, they are already onboard
 - How do we better partner?
 - Around a topic or just having appropriate conversations?
 - Must be prepared and lined up

Meeting Adjourned:

Next meeting will be June 26, 2018, 10:00 am, Easter Seals conference room.