

BEST BEGINNINGS ADVISORY COUNCIL MEETING

Wednesday, July 11, 2012

Public Comment: In accordance with 2-3-103 (1), MCA, the Department will hold a public comment period. Please note that this is the public's opportunity to address the work of the Best Beginnings Advisory Council.

AMERICANS WITH DISABILITIES ACT: The Department of Public Health and Human Services is committed to providing meeting access through reasonable accommodation under the Americans with Disabilities Act. Please contact the Early Childhood Services Bureau at 444-0548.

Agenda

<u>TIME</u>	<u>ITEM</u>
10:00	Welcome! Housekeeping. (Parking Pass and Parking Lot) Review Agenda. Best Beginnings Advisory Council Updates Debbie Hansen – Best Beginnings Coordinator
11:15	Share Point Training Sarah Adams – ECSB Administrative Assistant
12:00–1:15	Lunch
1:15	CSEFEL Pyramid Model Training Christy Hill Larson – State CSEFEL Coordinator
3:00	Break
3:15	Presentation on Best Beginnings Questions from April meeting Dianna Frick – Family and Community Health Bureau
4:45	Public Comment

Individual Items

Welcome

- Debbie Hansen reviewed the agenda.
- Debbie Hansen reviewed committee reports (Power Point available under “Resources”).
- Dianna Frick gave a presentation on Community Council Updates (Power Point available under “Resources”).
- Colette Box reported on work at her center in Kalispell.

Share Point Training

- Sarah Adams gave a Power Point presentation regarding Share Point (access to this Power Point is available to Best Beginnings Advisory Council members under the Share Point site).
- Key information from presentation:
 - Each user will need to fill out an OM-300B form to gain access to the site.
 - A login ID will be assigned, and emailed to the user's provided email along with an initial logon password, which will need to be changed when the user first logs in.
 - Each user should also read the consent attachments as they are signing that they agree to the policies.

- Add the Share Point homepage to your favorites for easy access.
- Follow the appropriate naming convention.
- Set email alerts so you receive a notification when documents are added to certain folders.

CSEFEL Pyramid Model Training

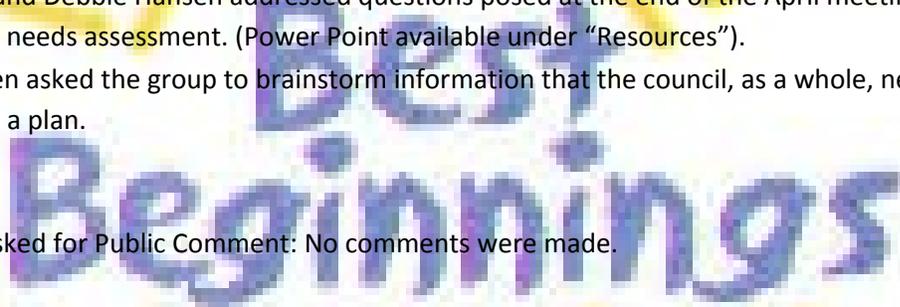
- Christy Hill-Larson presented (Power Point available under “Resources”).
- Christy Hill-Larson gave handouts related to the presentation (handouts available under “Resources”).
- Christy Hill-Larson showed a video from www.vanderbilt.edu/csefel on current practices with the Pyramid Model.
- Jamie Palagi spoke about Bal Swan Children’s Center (located in Colorado) and how they are successfully integrating multiple services for children in one location and successfully using the Pyramid Model.
- Christy Hill-Larson presented several resources and materials available on various websites (list of sites available under “Resources”).

Presentation on Best Beginnings Questions from April meeting

- Dianna Frick and Debbie Hansen addressed questions posed at the end of the April meeting regarding the needs assessment. (Power Point available under “Resources”).
- Debbie Hansen asked the group to brainstorm information that the council, as a whole, needs to know to form a plan.

Public Comment

Debbie Hansen asked for Public Comment: No comments were made.



BEST BEGINNINGS ADVISORY COUNCIL MEETING

Thursday, July 12, 2012

Public Comment: In accordance with 2-3-103 (1), MCA, the Department will hold a public comment period. Please note that this is the public's opportunity to address the work of the Best Beginnings Advisory Council.

AMERICANS WITH DISABILITIES ACT: The Department of Public Health and Human Services is committed to providing meeting access through reasonable accommodation under the Americans with Disabilities Act. Please contact the Early Childhood Services Bureau at 444-0548.

Agenda

<u>TIME</u>	<u>ITEM</u>
8:30	Welcome Council Discussion Regarding Needs Assessment
10:30	Best Beginnings Advisory Council Share
11:45-12:45	Working lunch Presentation "Three Core Concepts in Early Brain Development" Sara Groves – SCOPA Chairperson
12:45	Committee Work
2:45	Committee Reports Requiring Council Attention
3:15	Next meeting dates Tasks and/or requests
3:30	Public comment Meeting Adjourned

Individual Items

Discussion on Grant Funding

- In response to a question posed at the end of the first day, Jamie Palagi opened the day by refreshing the group on the specific grant requirements and expected responsibilities of the Best Beginnings Advisory Council. Jamie Palagi responded to the group's related questions and facilitated open conversation among the group.

Committee Work

- The group split up and spent time working within their committees.

Three Core Concepts in Early Brain Development

- Sarah Groves gave a presentation (Power Point available under "Resources").

Committee Reports

- Committees gave reports on what they discussed during their work time.

Public Comment

Debbie Hansen asked for Public Comment: No comments were made.

Next Meeting Date

October 3rd and 4th

Meeting Adjourned

**WHAT HAS BEEN GOING
ON?**



HIGHLIGHTS

COMMITTEE WORK



- **All committee chairs have submitted a committee report which will be emailed to all members.**

PROFESSIONAL DEVELOPMENT



- Helped fund a meeting of current STARS to Quality coaches in Butte in May.
- Lots of interest and enthusiasm.
- Libby Hancock to report more.

SCOPA COMMITTEE



- Decision and training on Share Point for internal communication.
- Create a brochure or one-page document that summarizes BBAC. Resource will target the general public, with facts and information about the BBAC.
- Sara Groves to report more.

HIGH QUALITY EARLY CARE



- Helped support a meeting for STARS to Quality providers in Butte in May.
- Decision on field test.
- Jamie Palagi to report more.

FAMILY SUPPORT



- Planned a CSEFEL webinar for members.
- Participated in a collaboration information meeting regarding children with special needs.
- Deborah Neuman to report more.

SOCIAL EMOTIONAL COMMITTEE



- Added a new committee member, Mick Leary, Bureau Chief from Program Bureau.
- Coordinated with Montana Healthy Teen Parenting grant coordinator to offer PIWI (parents interacting with infants) to CCR&R coaches and Part C early intervention providers.
- State selected by Federal Office of Child Care to receive TA around cross systems work using the Pyramid Model.
- Christy Hill Larson to report more.

HEALTH COMMITTEE



- **Assembling information regarding education and training available in regards to physical activity and nutrition guidelines.**
- **Gathering data from state sources in regards to dental care services.**
- **Shelly Meyer to report more.**

Best Beginnings Coordinators



- Continue to provide support.
- Coordinators sharing materials.
- Time together is very beneficial in relationship building.

COMMITTEE EXPENDITURES



- The STARS to Quality joint meeting was funded by the High Quality Early Care and Education Committee and the Professional Development Committee.
- Total of meeting: \$24, 322.95
- Balance: \$200,677.05

IMPORTANT VISIT



- ECCS Region VIII Project Manager and MIECHV representative
- Met with Jamie Palagi and Debbie Hansen
- Jamie Palagi gave a brief history of ECCS in Montana
- Reported on council work and how ECCS work is intertwined.

PARTNERSHIP



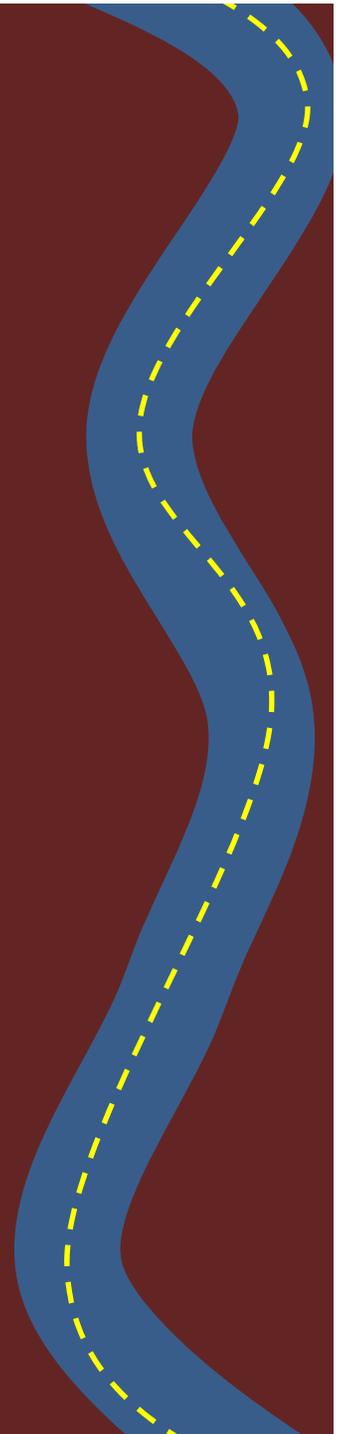
- Reported on MIECHV ID work.
- Traveled to Lake Co. to attend a joint council meeting between Lake County and Confederated Salish and Kootenai Tribe where Dianna Frick and I presented.
- Attended a home visiting site visit with Lake County.
- Very informational and rewarding.



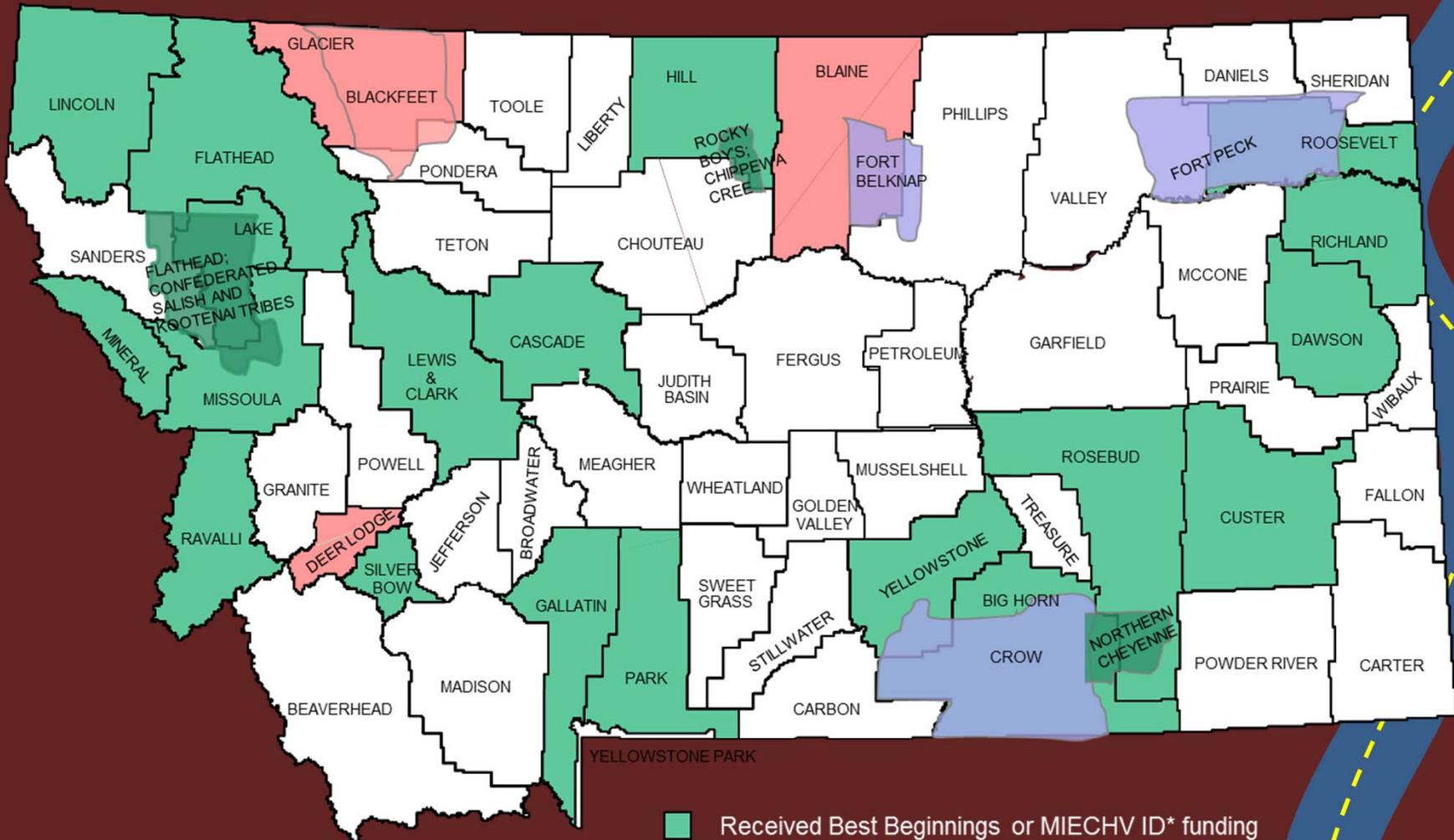
• QUESTIONS

Content

- Best Beginnings Community Coalitions Update
- Community support
- May collaboration workshop
- Year 2 of MIECHV ID funding
- Long-term goal



Best Beginnings Community Coalitions

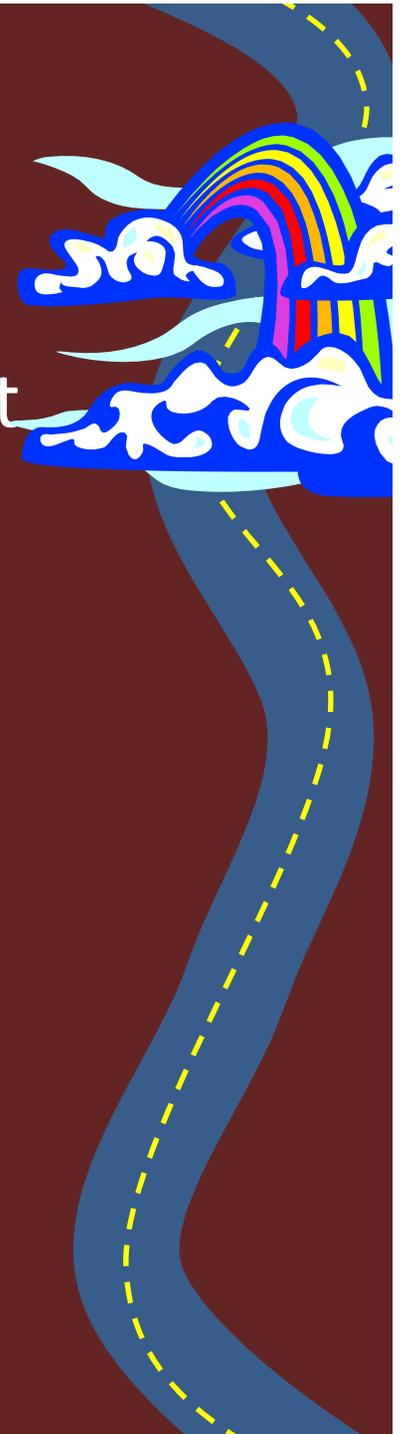


- Received Best Beginnings or MIECHV ID* funding
- In application process for funding
- Eligible for MIECHV ID funding; no application
- No MIECHV ID or Best Beginnings funding

*MIECHV ID: Maternal, Infant, and Early Childhood Home Visiting Infrastructure Development

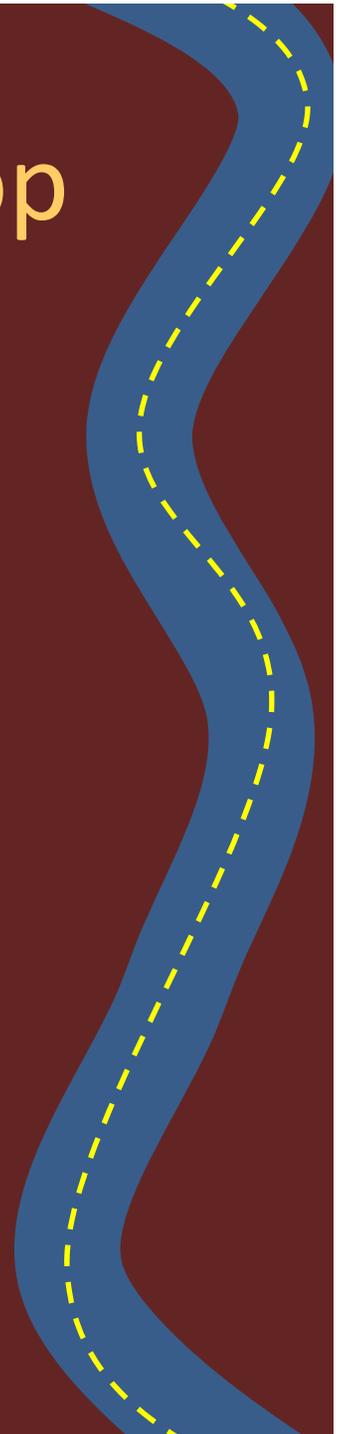
Community Support

- Full spectrum of coalition development
- Relationship building
 - State and communities
 - Among communities
 - Within communities
- Karen Ray
- Flexibility



May Collaboration Workshop

- Community discussions
- Assessment contractors
- Karen Ray
 - Advanced collaboration
- Mini-universities
- Question and answer



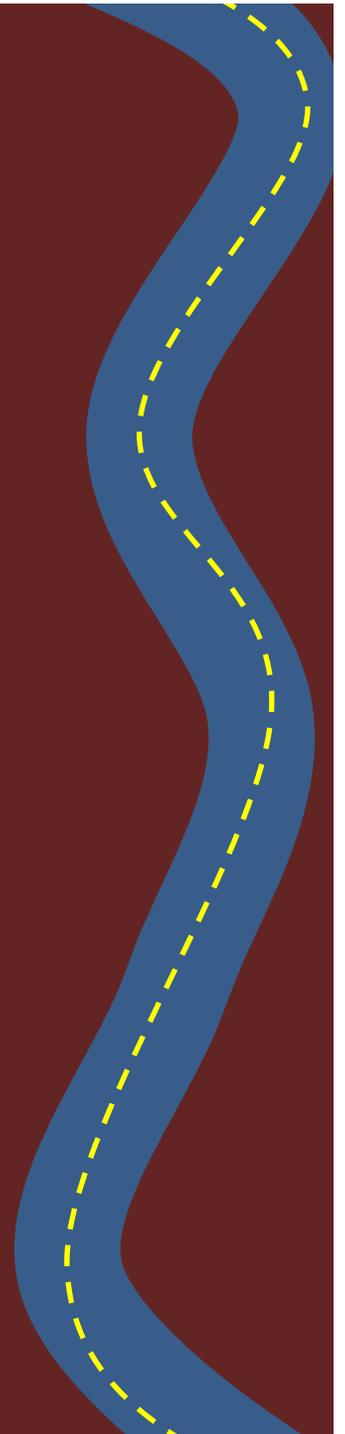
What is required?

Why?

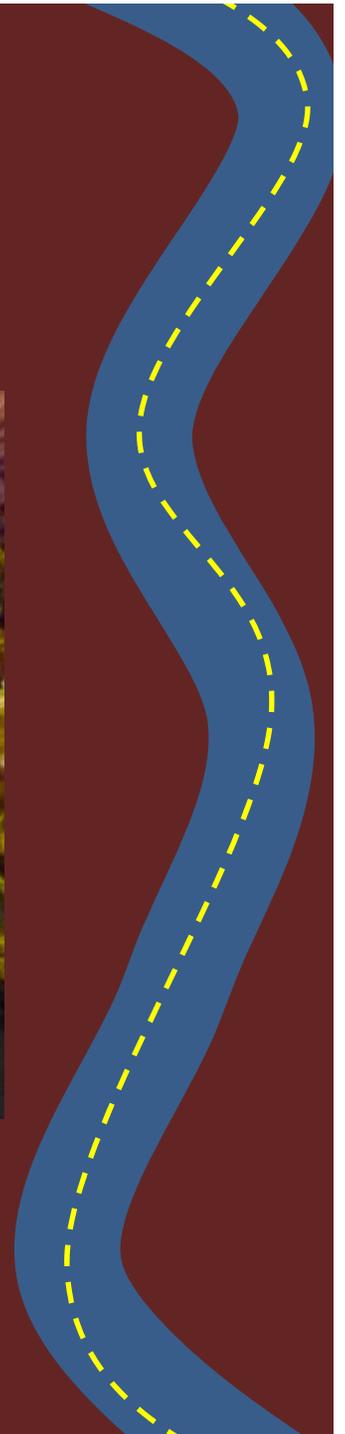
	To provide technical assistance/ID general questions and issues	Best practice for community collaboration	Evaluation	To meet state/federal grant requirements/ track progress	Sustainability	Establish and support strong early childhood systems	Support strong home visiting programs
Meeting minutes	X		X	X	X		
Letters of commitment from leadership	X	X	X		X	X	X
Letters of commitment from council members	X	X	X		X	X	X
Governance structure		X			X	X	X
Council membership				X	X	X	X
Council coordinator	X			X			
Workplan	X		X	X			
Quarterly report	X		X	X			
Tie workplan to BB goals and objectives					X	X	X
Assessment: Needs		X	X	X	X	X	X
Assessment: Community Collaboration Tool		X	X	X	X	X	X
Assessment-Home Visiting Tool		X	X	X	X	X	X
Plan	X	X	X	X	X	X	X

Common Topics

- Logistical...”How does this work in a practical way?”
- Assessments
 - Access to information
 - Local versus State
 - Discussion of future sharing
- Governance structure
- Letters and buy-in from partners

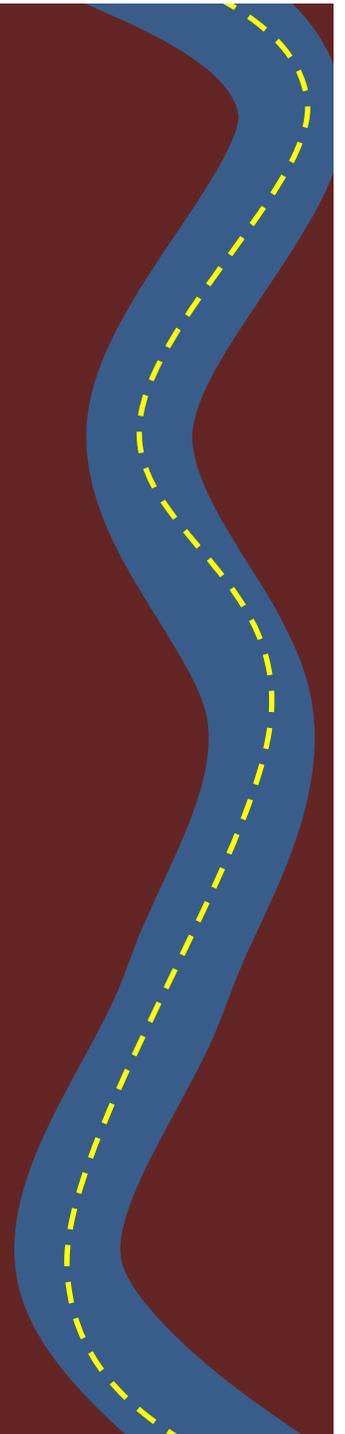


Addressing the Tangles

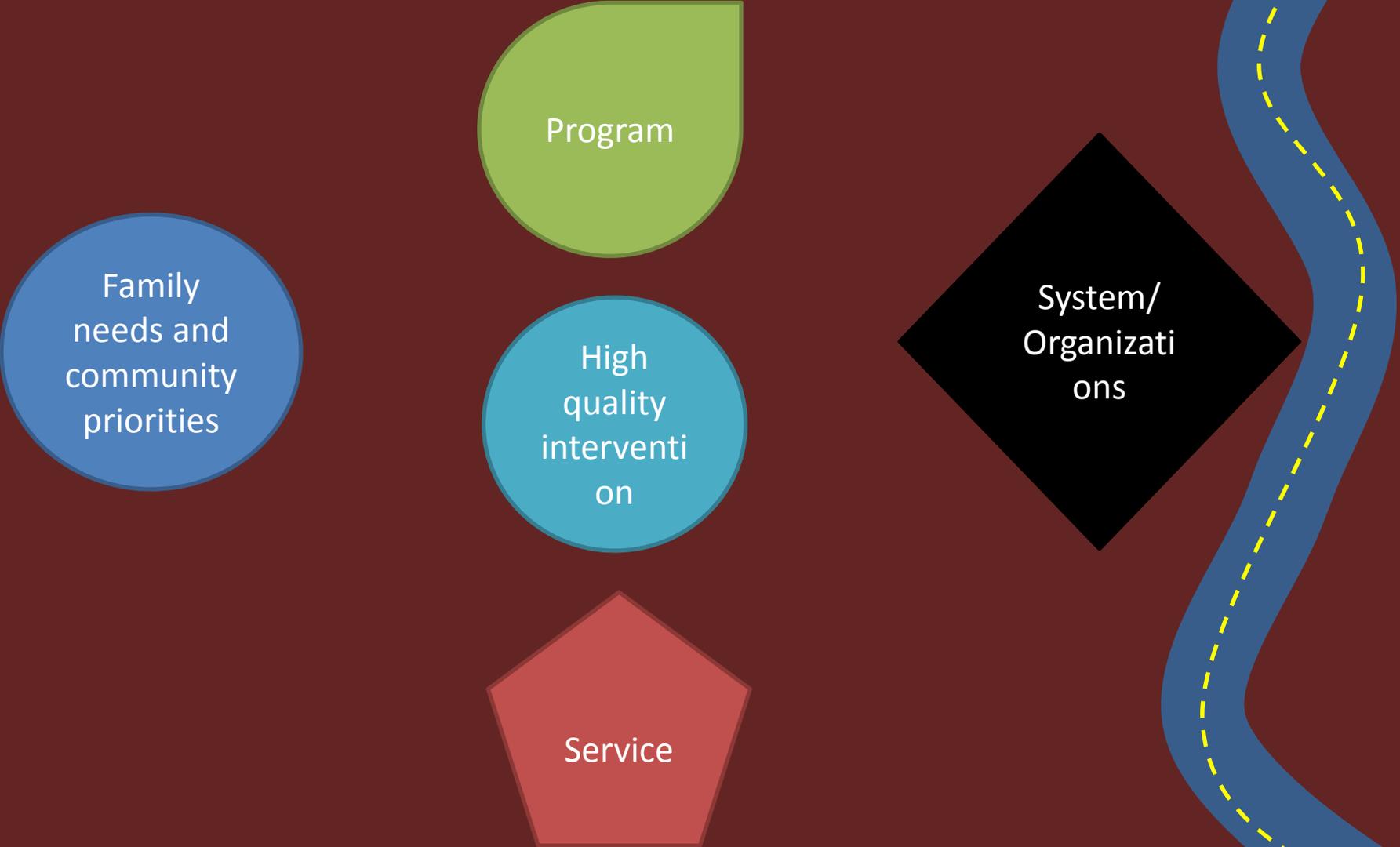


Year 2 MIECHV ID Funding

- Application template by end of July
 - Brief
 - Plan for year
 - Budget and budget narrative
- Funding October 1 – Sept. 30, 2013



Long-term Goal



Family
needs and
community
priorities

Program

High
quality
interventi
on

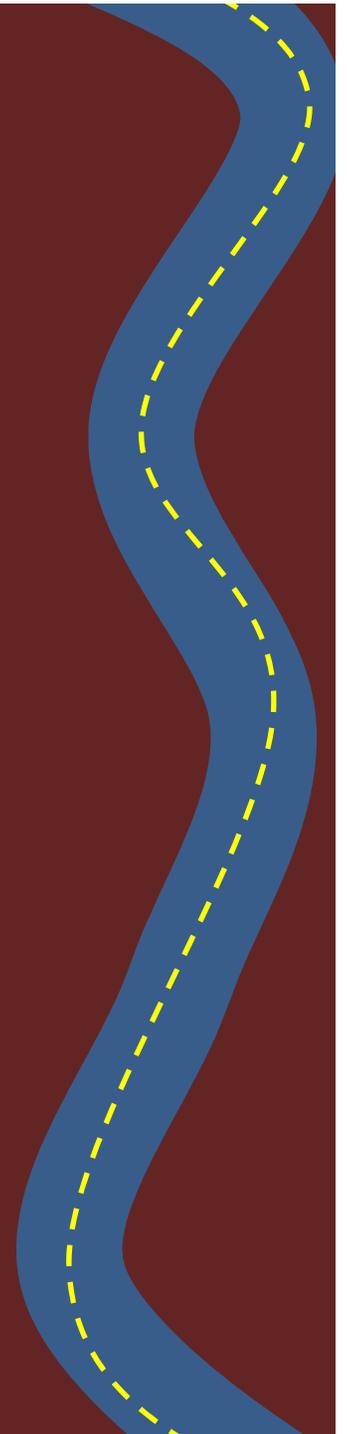
Service

System/
Organizati
ons

Long-term Goal



Early childhood organizations/systems that support high quality programs that meet the needs of children and families



Challenges to Using Evidence Based Practices to Promote Children’s Social Emotional Development and Address Challenging Behavior

Focus groups of early childhood training and technical assistance providers, direct service personnel, program leadership, and family members revealed challenges to using evidence based practices to promote young children’s social emotional development and address challenging behavior. The categories of challenges and corresponding examples are listed below.

Category of Challenge	Examples of Challenge
<p>Lack of Knowledge/Skill</p>	<ul style="list-style-type: none"> • Limited awareness of evidence based practices/resources by staff/consultants • Insufficient preservice and inservice training for early childhood educators, staff, pediatricians, and mental health professionals in topics such as positive behavior support or developmentally appropriate practices • Inconsistent beliefs about what works • Referrals/expulsions that could have been avoided with more knowledge/skills • Confusion over roles/responsibilities among programs, staff, consultants • Confusion about terms: mental health, challenging behavior, social emotional development, intervention, prevention, promotion, etc. • Lack of trained providers • High turnover in staff • Inadequate parent materials and education opportunities • Inappropriate use of medications • Lack of a diagnostic, assessment, referral, intervention link • Poor quality of programs resulting in challenging behavior • Lack of understanding about link between literacy and social emotional skills • Insufficient administrative support for evidence based practices (priorities, knowledge, infrastructure) • Lack of attention to social emotional development in programs • Lack of supervision (follow-through, etc.) • Lack of supervisor training information in evidence based practices and supervision skills • Inadequate and inaccessible professional development mechanisms • Lack of knowledge by mental health providers about young children • Lack of understanding that social development needs to be taught • Lack of resources for substitute teachers, etc. • Inappropriate use of mental health consultants • Lack of effective teaming skills

Category of Challenge	Examples of Challenge
<p>Beliefs and Attitudes</p>	<ul style="list-style-type: none"> • Inappropriate expectations for young children; personal beliefs about children, families, behavior • Stigma of labels • Inconsistent beliefs about what works • Referrals/expulsions that could have been avoided with more knowledge/skills • Confusion over roles/responsibilities among programs, staff, consultants • Inappropriate use of medications • Insufficient partnering with parents • Lack of administrative support for evidence based practices (priorities, knowledge, infrastructure) • Lack of attention to social emotional development in programs • No long-range commitment to improving practice and systems • Inappropriate blame placed on children and families • Lack of understanding that social development needs to be taught • Inappropriate use of mental health consultants
<p>Lack of Adequate Fiscal Resources and Procedures</p>	<ul style="list-style-type: none"> • Insufficient staff development resources • Insufficient money and time • Insufficient resources in the community for children and families • Ineffective reimbursement/payment procedures • Too many families in poverty and not enough resources and supports for them • Restricted access to high-quality programs for families • Lack of resources for substitute teachers, etc.
<p>Lack of Collaboration within the Program, with Families, and within the Community</p>	<ul style="list-style-type: none"> • Lack of collaboration in the community resulting in gaps and duplication • Lack of a single point of entry and a collaborative system for families • Inadequate partnering/coordination between programs/agencies, staff and families, forms, procedures, etc. • Staff not participating in decision making

Leadership Strategies for Addressing Challenges to Using Evidence Based Practices to Promote Young Children's Social Emotional Development and Address Challenging Behaviors

You can use the following strategies to help overcome challenges that may prevent you from implementing an evidence based practice. Evidence based practices are important because they promote young children's social emotional development and address challenging behaviors.

Challenge: Lack of Knowledge and Skills

Strategies

- Identify resources on evidence based strategies
- Develop staff development plans
- Provide ongoing supervision and mentoring
- Implement collaborative training and TA with staff families, consultants, trainers, and leadership
- Develop vision and commitment to using evidence based practices and resources

Challenge: Beliefs and Attitudes

Strategies

- Conduct frequent, structured meetings to discuss beliefs and attitudes
- Enlist the support of someone proficient in facilitating discussions about beliefs
- Ensure that concerns are not tied to misunderstanding of terms (establish consensual terms)
- Recognize that beliefs are affected by information
- Provide resources and opportunities to talk with people who have implemented the practice
- Provide incentives and recognition for attempts at using evidence based practices

Challenge: Inadequate Fiscal Resources and Procedures

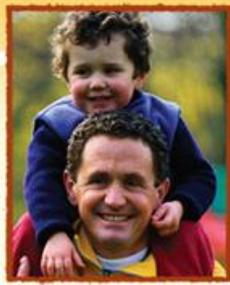
Strategies

- See "Administrator's Essentials"
(<http://www.dec-sped.org/recommendedpractices/adminessen.pdf>)
- Establish resource-sharing with other programs to reduce duplication
- Establish community-wide collaboration to address resource and fiscal policy issues (see below)

Challenge: Need for Collaboration with Programs, Families, and Communities

Strategies

- Implement Collaborative Planning Model (Smith, 2003). Use stakeholder teams to make program decisions—include staff, families, etc.
- Engage in collaborative planning with the community
- Develop a community-wide system of care for young children and their families
- Action Planning Form



CSEFEL Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children

***Best Beginnings Advisory Council
July 11, 2012
Helena, MT***

Reflections on Concerns & Visions

- Take 5 minutes to complete the questionnaire

CSEFEL

- National Center focused on promoting the social emotional development and school readiness of young children birth to age 5.
- Jointly funded by the Office of Head Start and the Office of Child Care, under the auspices of the Administration on Children, Youth and Families at the U.S. Department of Health and Human Services.



Center on the Social and Emotional
Foundations for Early Learning

CSEFEL

- Vanderbilt University
- University of Illinois
- University of South Florida
- University of Colorado at Denver and Health Sciences Center
- Georgetown University Center for Child and Human Development
- ZERO TO THREE



Center on the Social and Emotional
Foundations for Early Learning

Primary Partners

- NAEYC



- NACCRRA



- DEC



- NASMHPD



- NABE



- NHSA



Center on the Social and Emotional
Foundations for Early Learning

CSEFEL

- Analyze and synthesize the research on the social emotional development of low-income children and translate the findings into materials that are practical and accessible.
- Engage in intensive T/TA to selected states, territories and/or tribal partners to foster professional development that sustains the use of effective practices at the local level.
- Disseminate evidence-based practices and materials via an interactive website.



Center on the Social and Emotional
Foundations for Early Learning

Understanding the Pyramid Model



Center on the Social and Emotional
Foundations for Early Learning



CSEFEL Definition of Social Emotional Development

The developing capacity of the child from birth through five...

- to form close and secure relationships;
- experience, regulate, and express emotions in socially and culturally appropriate ways; and
- explore the environment and learn - all in the context of family, community, and culture.

CHALLENGING BEHAVIOR

- Any repeated pattern of behavior that interferes with learning or engagement in pro-social interactions with peers and adults.
- Behaviors that are not responsive to the use of developmentally appropriate guidance procedures.
- Prolonged tantrums, physical and verbal aggression, disruptive vocal and motor behavior, property destructions, self-injury, noncompliance, and withdrawal.

Key Social Emotional Skills Needed for School

- Confidence
- Capacity to develop good relationships with peers and adults
- Concentration and persistence on challenging tasks
- Ability to effectively communicate emotions
- Ability to listen to instructions and be attentive
- Ability to solve social problems

How Can We Get There?

Capacity to:

- Form relationships
- Express emotions
- Self-regulate
- Explore with security
- Develop “emergent” emotional literacy

Capacity to:

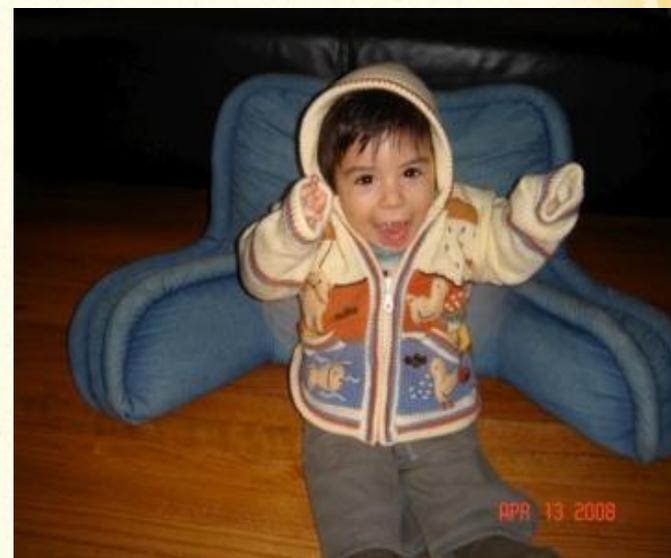
- Feel confidence/competence
- Develop relationships
- Make friends
- Persist
- Follow directions
- Be emotionally literate
- Manage emotions
- Be empathetic

Birth

Five

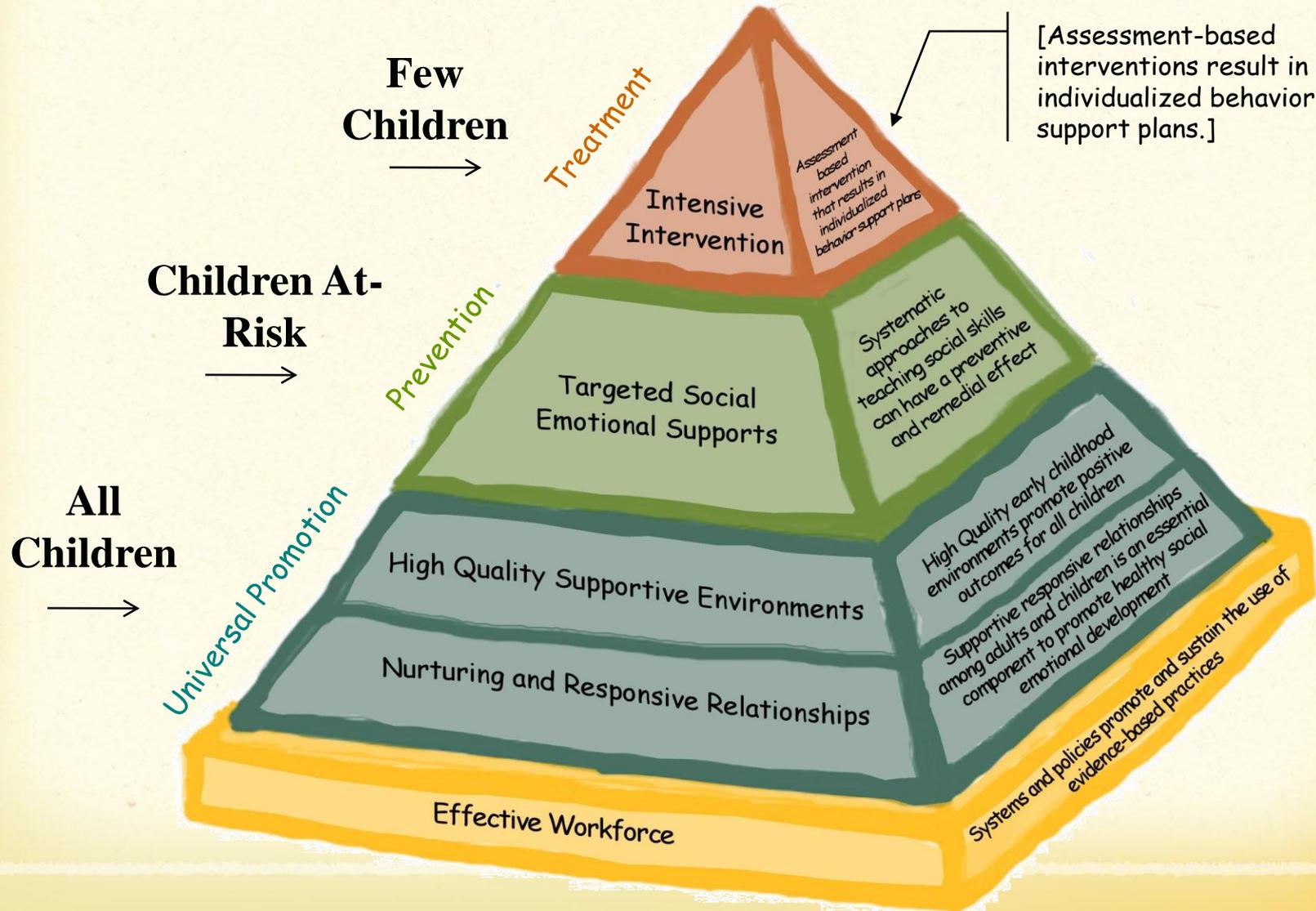
Key Points about the CSEFEL Pyramid Model

- Most social/emotional development and behavior is promoted through positive preventive measures
- Most children's behavior and development does not require intensive intervention



Shared by Miriam Santiago

The Pyramid Model: Promoting Social Emotional Competence in Infants and Young Children



Community/System-Level

**Children with
Delays & Persistent
Challenges**

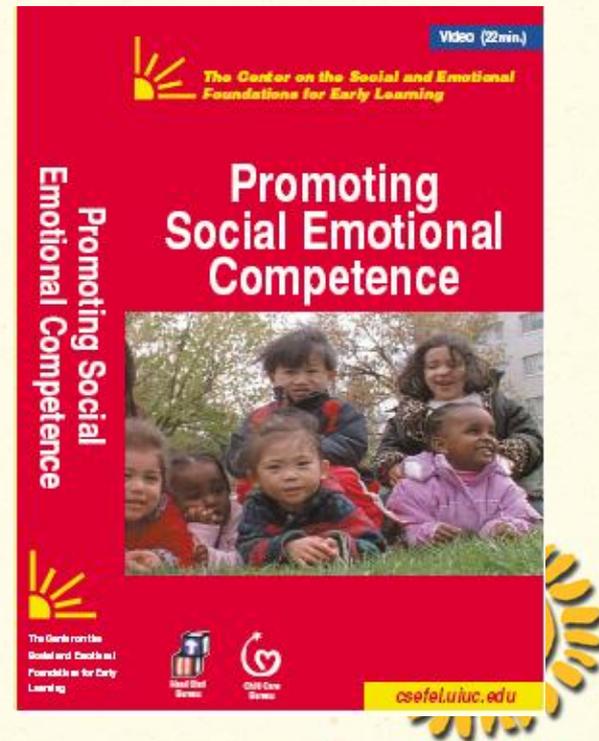
**(Family-Centered Intervention Focused on
Targeted Outcomes)**

**Children at-Risk
(Parenting Support and Education, Health Care,
Home Visiting, Quality Early Care, Family
Supports and Services, Screening and
Assessment, Service Coordination and Case
Management, Mental Health Consultation, etc.)**

**All Children
(Nurturing Relationships, Health Care, Parent
Education, Screening, Quality Early Care, etc.)**

- **Promoting Social Emotional Competence” Video**

- 26 minute video
- Overview of Framework
- English and Spanish
- open captioning



Center on the Social and Emotional
Foundations for Early Learning

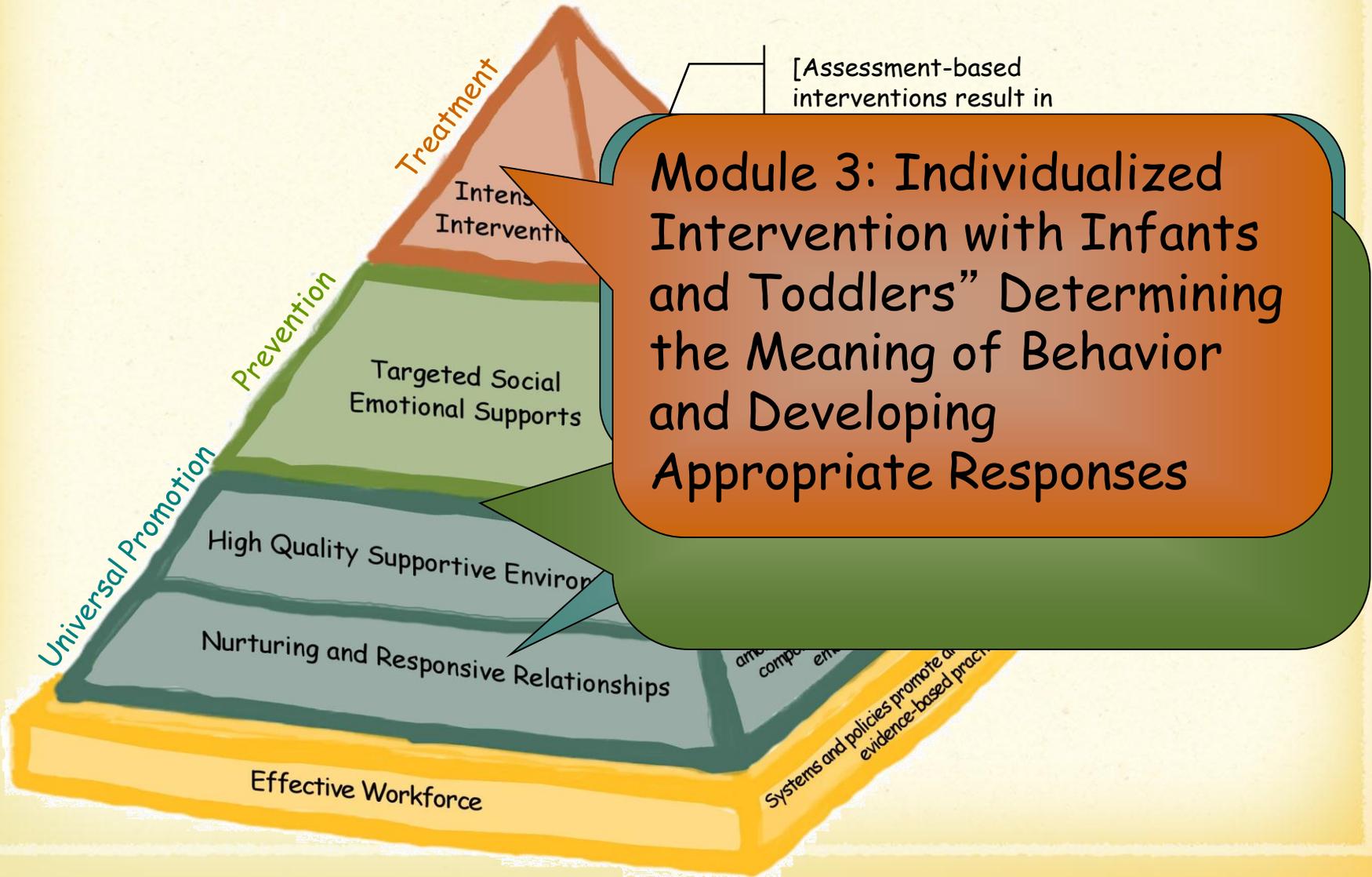
Resources & Materials

EVIDENCED BASED

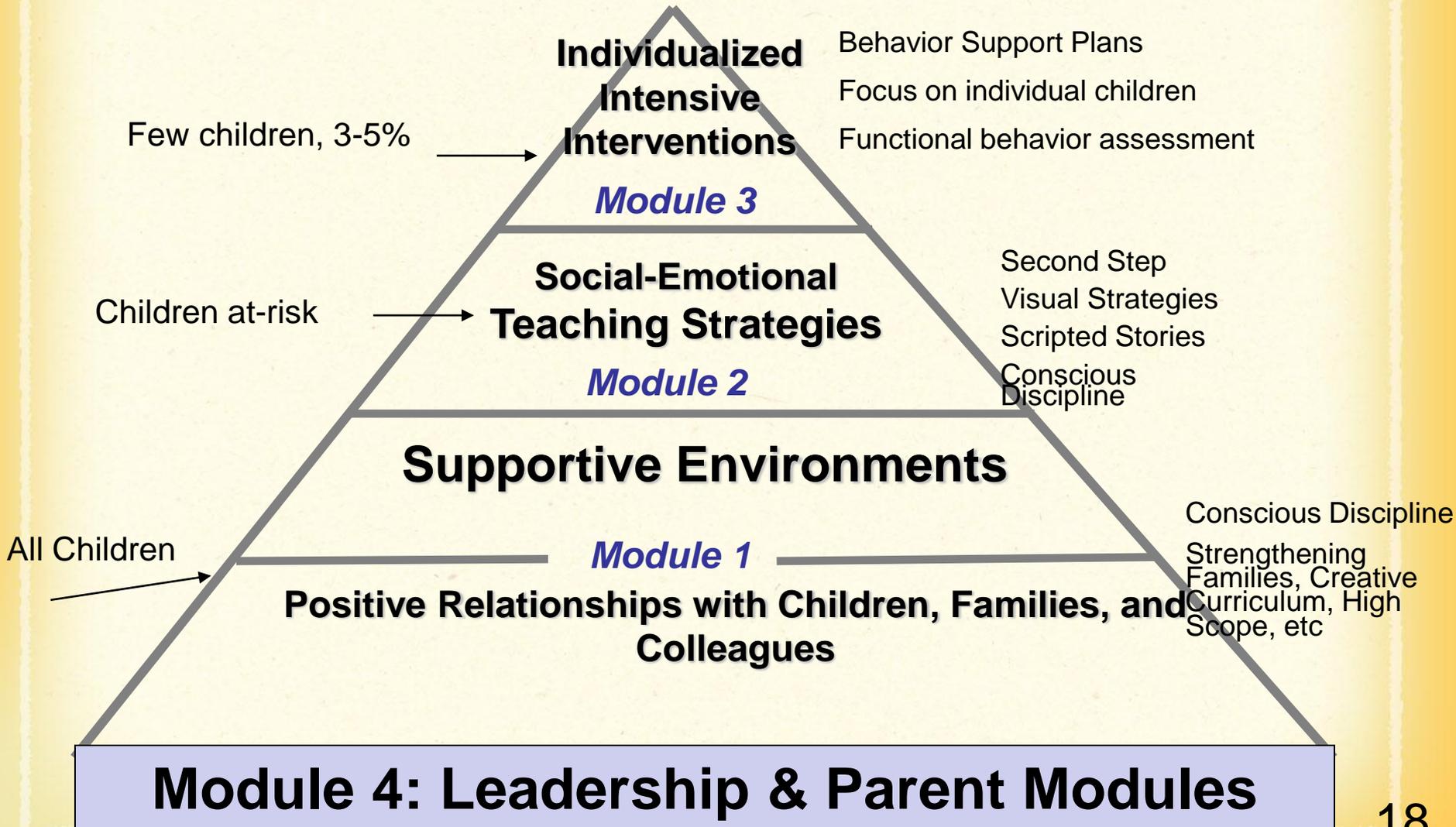
- Preschool Training Modules
- Infant/Toddler Training Modules
- Preschool Parent Modules
- Parents Interacting with Infants
- Leadership Module
- Training Kits
- What Works Briefs
- Videos
- Practical Strategies
- Book Nooks
- Social Stories
- Tucker Turtle

All of the CSEFEL & TACSEI Materials are free

The Pyramid Model: Promoting Social Emotional Competence in Infants and Young Children



The Pyramid to Promote Social & Emotional Competence



Data Driven Decision Making

- TPOT (Teaching Pyramid Observation Tool)
- TPITOS (Teaching Pyramid Infant/Toddler Observation Scale)
- PBS Benchmarks of Quality
- Behavior Incident Reports (BIRS)
- Inventory of Practices
- Ages and Stages Question: Social Emotional (ASQ:SE)

Coaching

- Model for applying best practices related to learning theories for coach workforce development
- Critical for the replication of evidence-based practices
- Supports and requires skill-based learning; requires the demonstration of these skills for fidelity



Coaching Impact

Joyce and Showers, 2002

	OUTCOMES % of Participants who Demonstrate Knowledge, Demonstrate New Skills in a Training Setting, and Use New Skills in the Classroom		
TRAINING COMPONENTS	Knowledge	Skill Demonstration	Use in the Classroom
Theory and Discussion	10%	5%	0%
...+ Demonstration in Training	30%	20%	0%
...+ Practice & Feedback in Training	60%	60%	5%
...+ Coaching in Classroom	95%	95%	95%

Pyramid Model in Montana

- Preschool Modules developed and HS programs received training
- OPI--Montana Behavioral Initiative-- developed a preschool early childhood strand that includes training and support for preschool programs.
- Infant/Toddler Modules were developed—EHS had train the trainer opportunities.
- Parent Modules were developed
- Leadership Module developed—presented to a statewide audience before the launch of STARS

- Best Beginnings STARS to Quality selected the Pyramid Model to support social/emotional development and school readiness.
- 2-8 hour tracks on the CSEFEL Pyramid Model were offered at the 2009 Early Childhood Conference.
- The University of Great Falls has provided community wide CSEFEL Pyramid Model training for three years.
- CCR&R Professional Development Specialists (trainer/coachers) received 2 weeks of train the trainer intensive on the CSEFEL Pyramid Model and materials.
- CCR&R Professional Development Specialists received Strength-Based Coach training

- Part C Providers received training and Strength-based Coaching
- OPI Early Reading First consultants used CSEFEL materials in professional development opportunities and training to their grantees.
- STARS Child Care Programs have received extensive training on the Pyramid Model and are receiving coaching to support implementation of the model.
- One early childhood licensed mental health center is using the pyramid model and early childhood mental health consultation to provide services to HS/EHS programs.

- Healthy Montana Teen Parenting Grant provided PIWI training to grantees and partners this past month.
- Montana was selected as a state to receive cross systems technical assistance on the Pyramid Model.

Challenges to Effective Practices

Four Categories of Challenges:

1. Lack of knowledge/skills
2. Beliefs/Attitudes
3. Lack of collaboration within Program staff, with families, within communities
4. Lack of adequate fiscal resources, policies/procedures

- a) On your own, rate these 4 categories.
- b) Write a #1 by the category you believe to be the most challenging.
- c) Choose 2, 3, & 4, with 4 being the least challenging.
- d) Then discuss your ratings & examples of each with a small group.

Handout

Challenges to Effective Practices

Four Categories of Challenges:

1. Lack of knowledge/skills
2. Beliefs/Attitudes
3. Lack of collaboration within Divisions (staff), with families, within communities
4. Lack of adequate fiscal resources, policies/procedures

How can each challenge be addressed within the context of your work?

Community/System-Level

**Children with
Delays & Persistent
Challenges**

**(Family-Centered Intervention Focused on
Targeted Outcomes)**

**Children at-Risk
(Parenting Support and Education, Health Care,
Home Visiting, Quality Early Care, Family
Supports and Services, Screening and
Assessment, Service Coordination and Case
Management, Mental Health Consultation, etc.)**

**All Children
(Nurturing Relationships, Health Care, Parent
Education, Screening, Quality Early Care, etc.)**

WEB RESOURCES

- www.vanderbilt.edu/csefel
- www.challengingbehavior.org
- www.zerotothree.org
- <http://depts.washington.edu/hscenter/>
- <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching>

Questions?

data

Questions

&

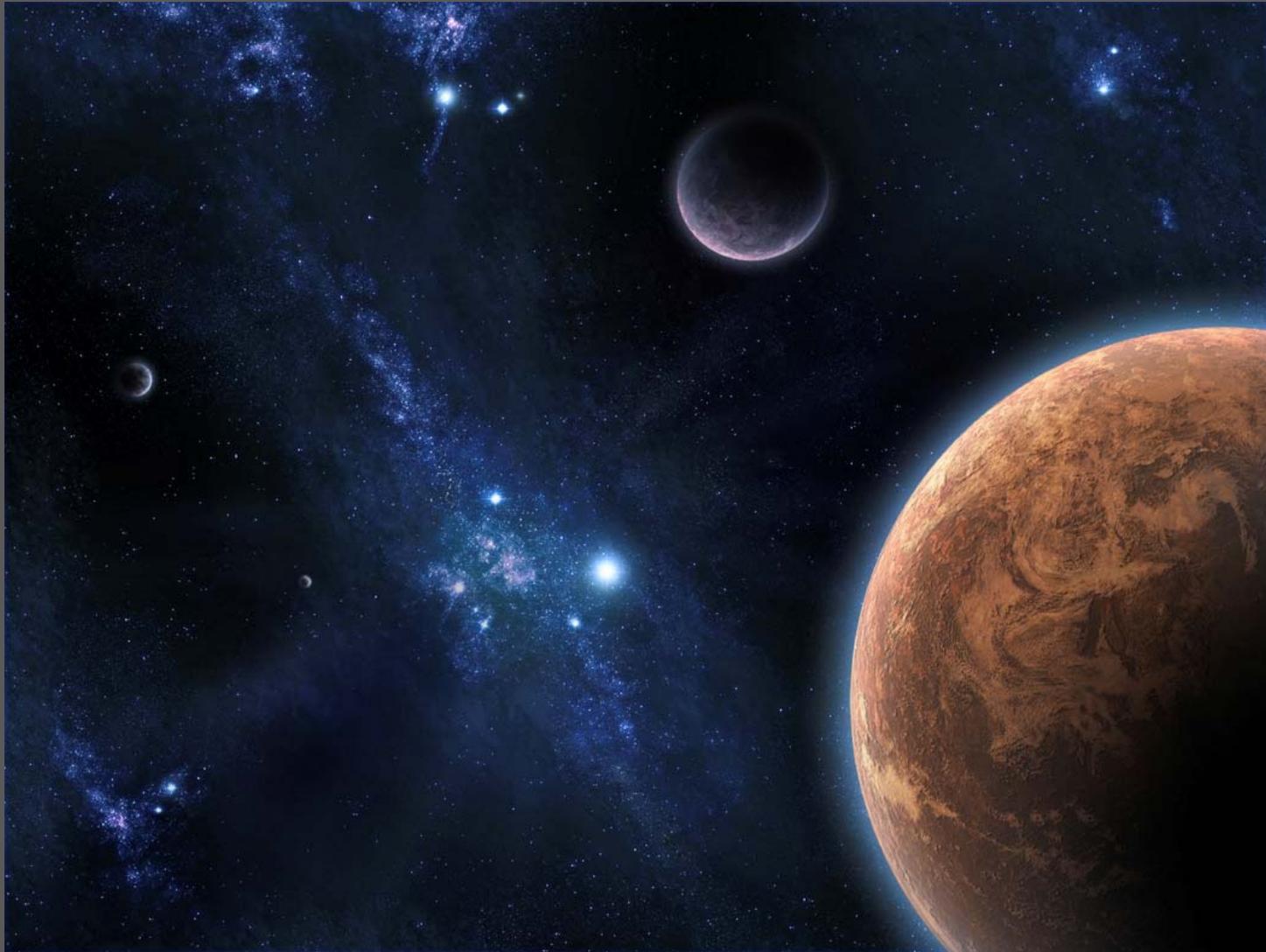
Assessment

next steps



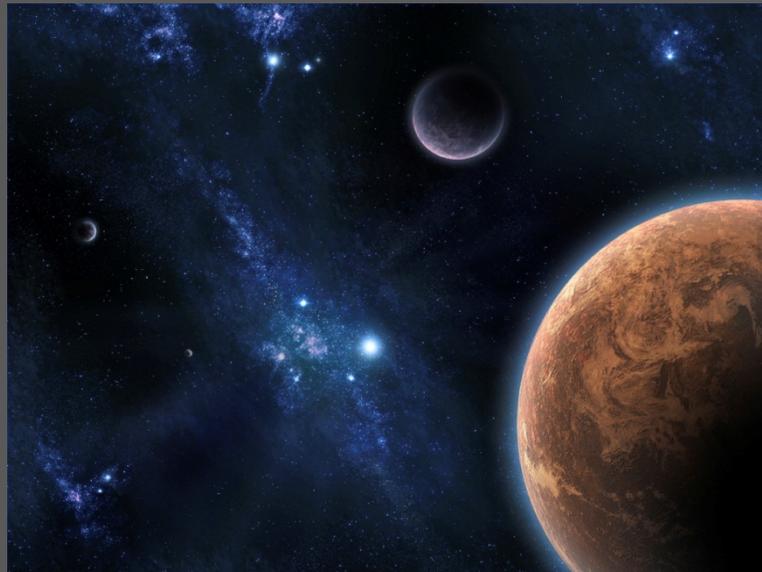
Where are the data on children
not in the system?

A:



A:

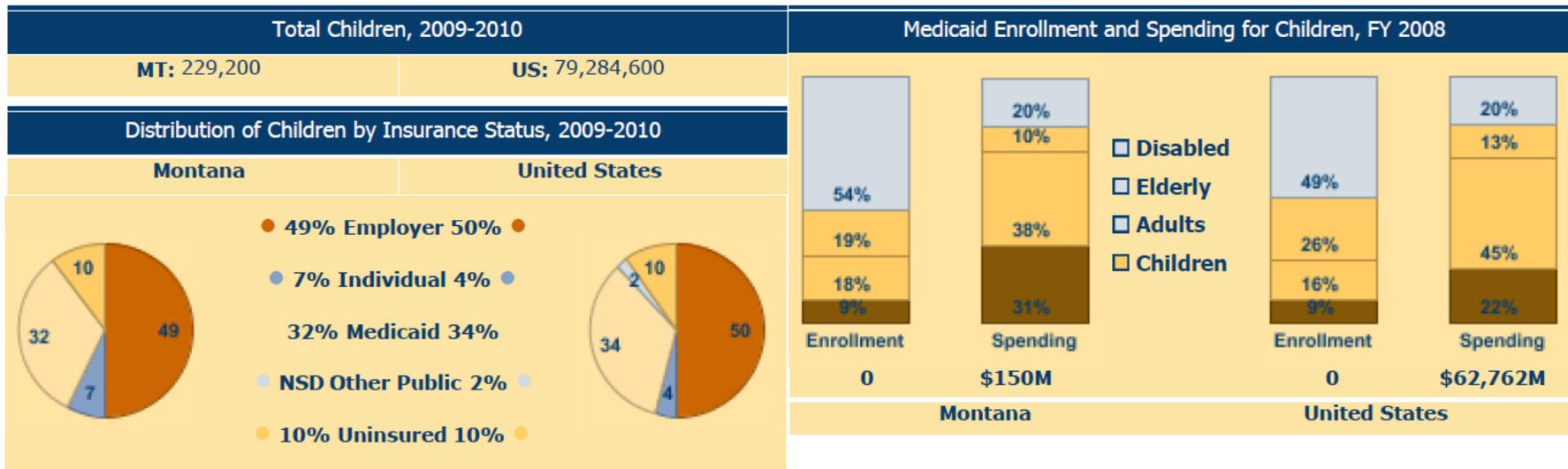
Start with the basics



Montana & United States



Children's Health Fact Sheets



	Number		Percent		Notes
	MT	US	MT	US	
Demographic Profile, 2009-2010					
Children (0-18)	229,200	79,284,600	24	26	% of total residents
Poor Children	55,000	22,023,200	24	28	% of total children
Children by Race/Ethnicity					
White	187,000	43,312,600	82	55	% of total children
Black	NSD	11,159,000	NSD	14	% of total children
Hispanic	11,300	18,328,200	5	23	% of total children
Other	27,000	6,484,800	12	8	% of total children
Children by Citizenship Status					
Citizen	228,500	77,073,500	100	97	% of total children
Non-Citizen	NSD	2,211,200	NSD	3	% of total children
Health Status Indicators					
Number of Infant Deaths	86	28,059	6.5	6.8	per 1,000 live births
Child Death Rate	22	19	-	-	per 100,000 children (1-14)
Teen Death Rate	80	62	-	-	per 100,000 teens (15-19)



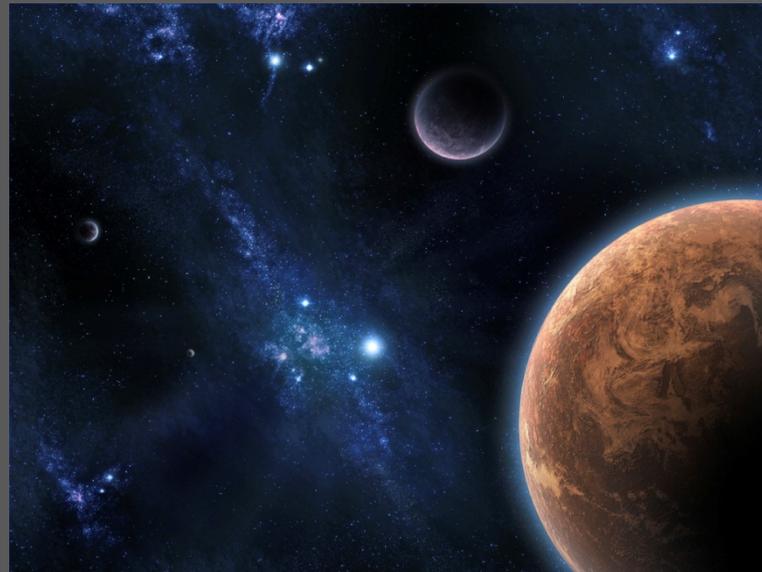
We need data that are more
general/less specific.

A:

Clarify purpose:

*What are the key questions we want to answer
with the assessment?*

*What will we do with the assessment
outcomes?*



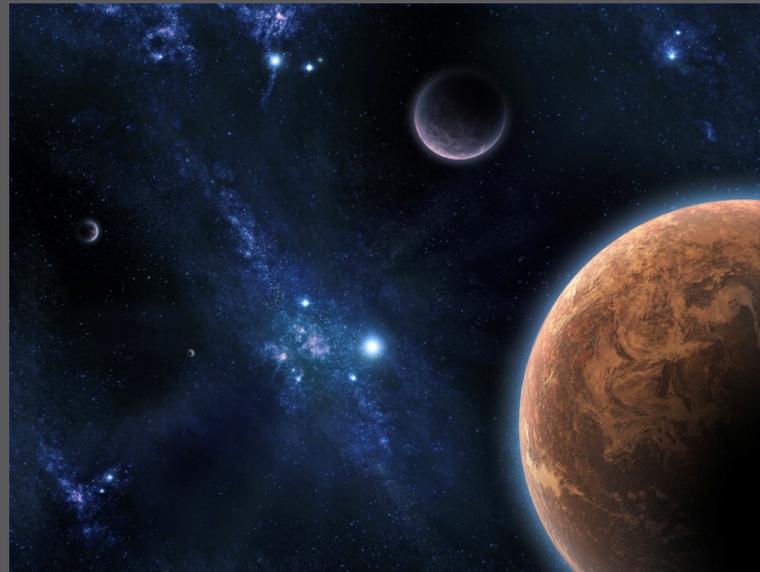
A:

Clarify purpose:

Initial list of risks?

Synopsis of Montana population of kids 0-5?

*Summary of early childhood programs
available?*





Where is the early child care data, besides for Head Start?

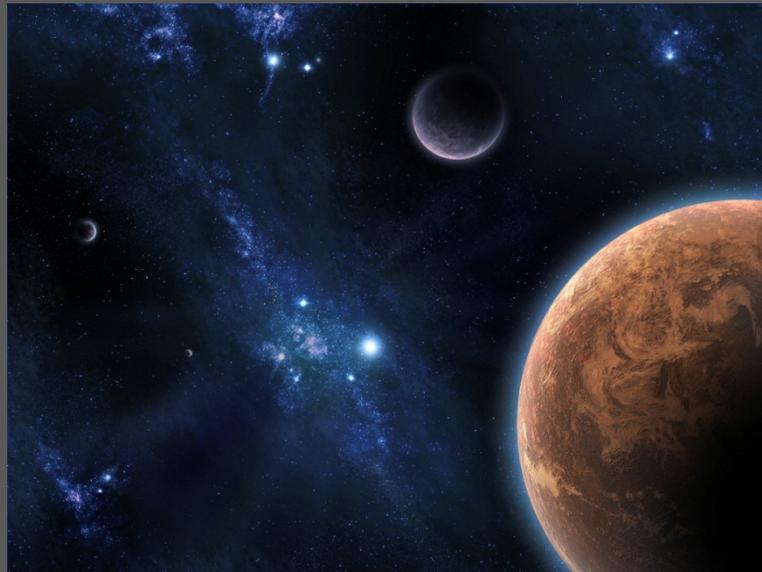
A:

Develop specific questions when possible:

Number of licensed child care providers?

Number of children enrolled in child care?

Definition of quality child care?





We need more information on
specific topics.

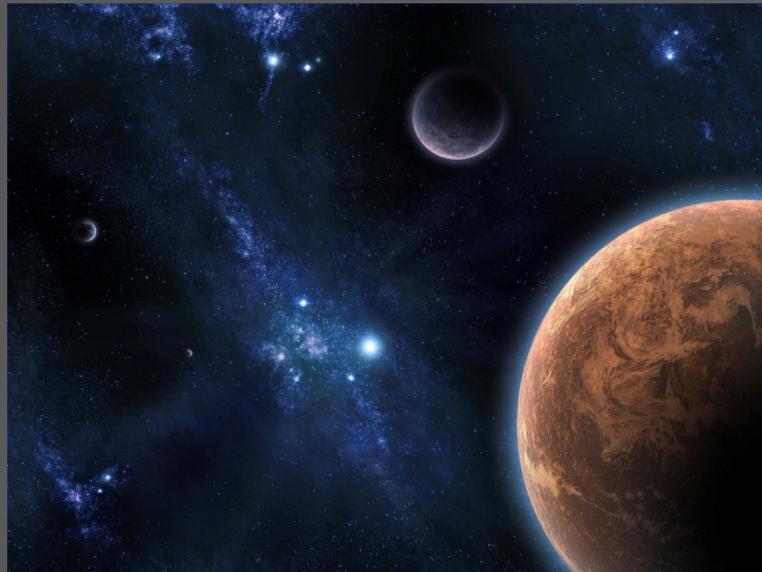
A:

Develop specific questions when possible:

Example: we want more information on preconception health

<http://www.dphhs.mt.gov/publichealth/mcheper/documents/PreconceptionHealth.pdf>

http://50.57.217.98/pdf/mtfactors/Final_BRFSS_BirthDefects_Winter2011_WEB.pdf

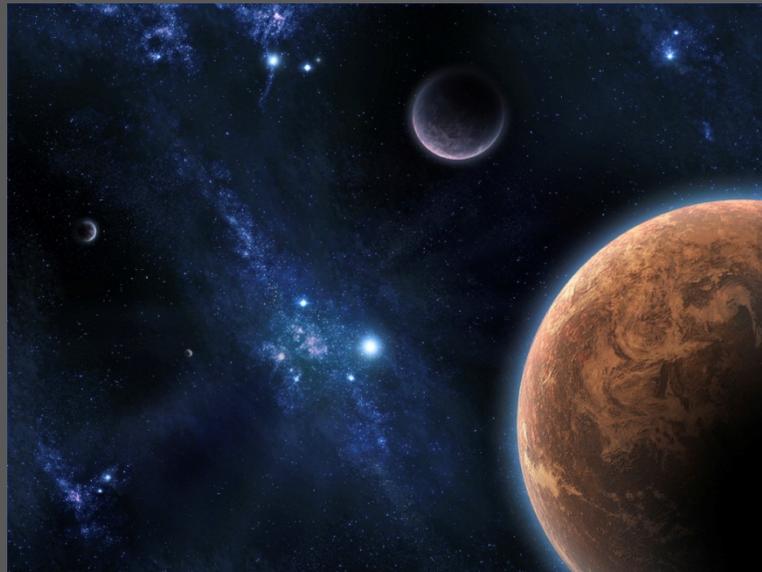




Where are the data on tribal communities and other specific populations?

A:

Acknowledge the gaps and
limitations





How is family support defined?
Is there a list of family support
programs?

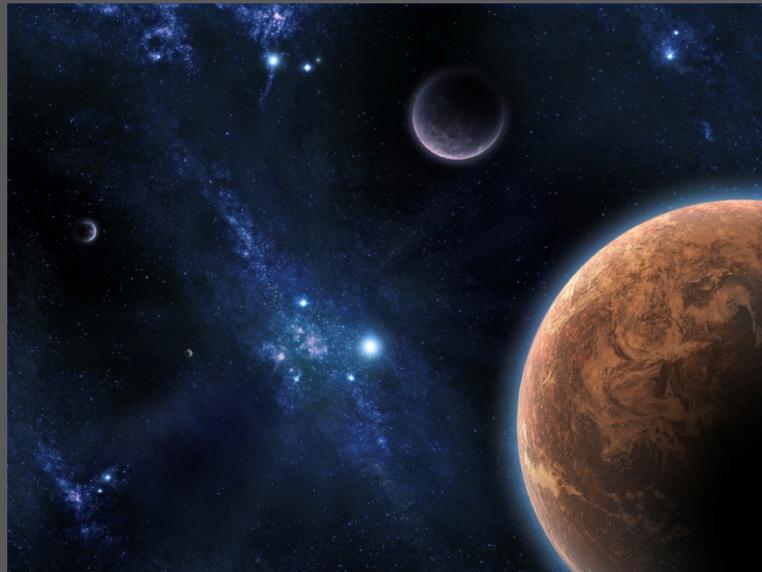
What information is there on types
of support besides economic?

A:

Define terms and concepts:

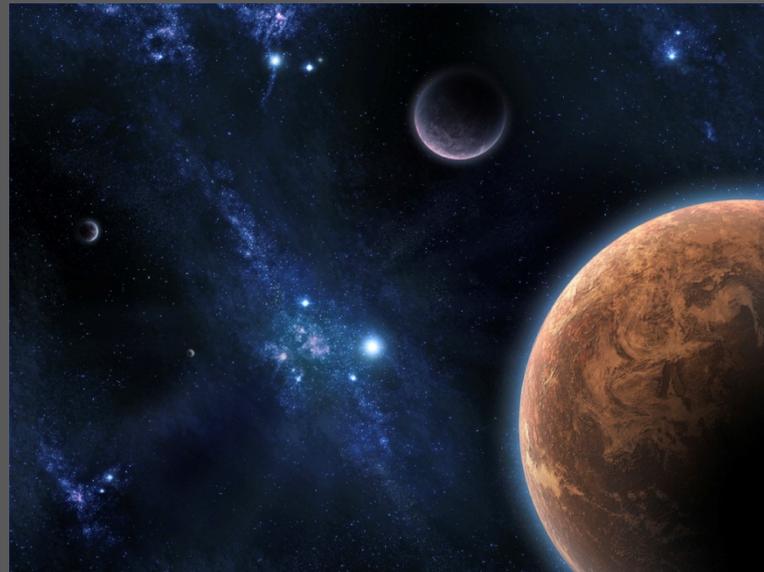
How does the council define family support?

What other sources of support besides economic could be included?



A:

Use knowledge and expertise of
council and committee members:
*What do you consider family support
programs?*





Data that are current and relevant.

A:

Current and relevant are relative:

“Current” may be several years old.

*Discussion may be necessary to determine
context and relevance.*





Where are services being provided?
Can services be mapped or
identified through a systematic
approach?

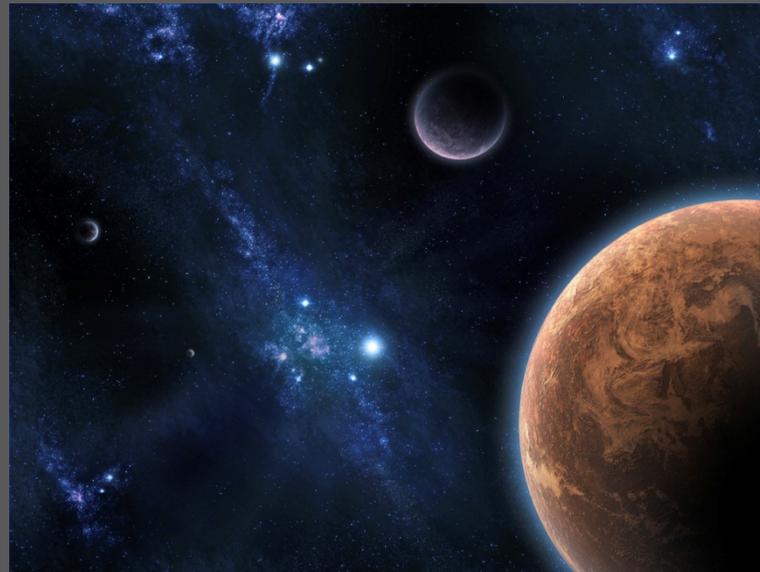
A:

A list or map of services may be useful:

Who will collect?

Who will map?

Who will update?





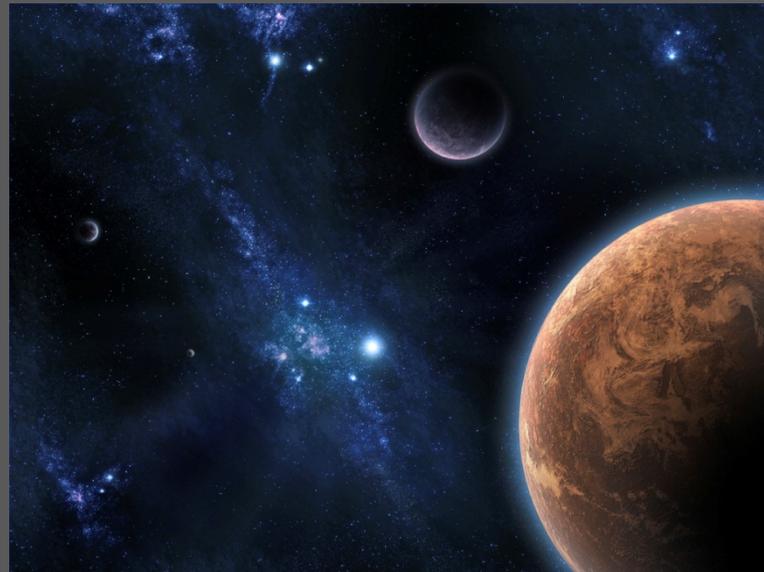
How do we get information from the parents' perspective about what is and isn't working?

A:

Focus groups, interviews, surveys,
connections with existing parent
groups, etc.:

Focused topics

Data can be more in-depth

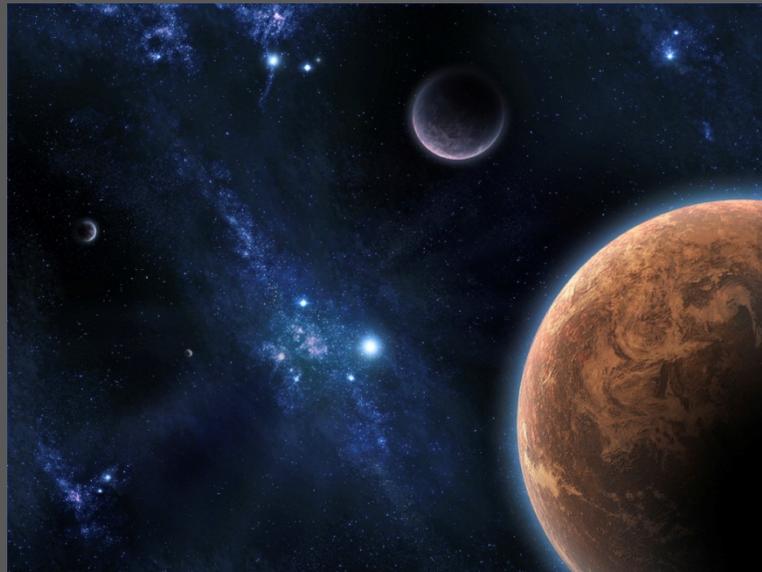




Is it easy to understand and
retrieve data?

A:

Depends.





Tracking kids in communities.

A:



Overall

- Start with the basics
- Define purpose
- Ask specific questions
- Recognize gaps and limitations
- Define terms and concepts
- Use your resources
- Current and relevant are relative
- Accessible and useful information on early childhood is the ideal



Start with the basics

Who?

How many?

Where?



Define purpose

What is the purpose of the assessment?

Why do you want the information?

What will you do with it?



Ask specific questions

Be specific with questions when possible.

Can always expand later.

Narrow down; prioritize.



Recognize limitations and gaps

Perfection is unrealistic.

Gaps can be informative.

Don't allow gaps and limitations to
derail the purpose and project.



Define terms and concepts

Orients everyone to what you mean.

Easier to revisit later.

Use expertise of stakeholders.



Use your resources

Start with what you know; what is available.

Lots of knowledge on the council and committees.



Current and relevant are relative

Rarely are data available exactly as we want them.

Data from years ago may still be useful.

Data context may require discussion.



Accessible, useful information on early childhood is the ideal

Takes work.

A process.

Community-level and state-level
components.

Commitment of partners is key.

Identified additional data/questions

- What service needs do children with special health care needs have?
- What information is available on children's oral health?
- What type of data summaries are available on children's mental health?
- What data are there on homeless families/children other than data from Head Start?

Example: Smoking during pregnancy

- Data indicates it is a problem?
- Committee thinks it is a priority?
- Council thinks it is a priority?
- High quality interventions available?
- Able to track it over time?
- Determine plan for how to address: policies?
New programs?

Center on the Social Emotional Foundations for Early Learning (CSEFEL) Pyramid Model

Primary Partners:

- NAEYC: National Association for the Education of Young Children
- NACCRRA: National Association of Child Care Resource and Referral Agencies
- DEC: Division for Early Childhood (Council for Exceptional Children)
- NASMHPD: National Association of State Mental Health Program Directors
- NABE: National Association of Bilingual Education
- NHSA: National Head Start Association

Evidenced-based practices:

- Evidence-based practice refers to the use of interventions and supports that have research documenting their effectiveness. The identification of evidence-based practices promotes the use of approaches that are linked to positive outcomes for children and families. Practices that are considered evidence-based are ones that have been demonstrated as effective within multiple research studies that document similar outcomes. Dunst, Trivette, and Cutspec (2002) offer the following operational definition of evidence-based practice that is particularly meaningful for the field of early education and intervention.
- Evidence-based practices are *“Practices that are informed by research, in which the characteristics and consequences of environmental variables are empirically established and the relationship directly informs what a practitioner can do to produce a desired outcome.”*

CSEFEL definition of Social and Emotional Development:

The term social emotional development refers to the developing capacity of the child from birth through five years of age to form close and secure adult and peer relationships; experience, regulate, and express emotions in socially and culturally appropriate ways; and explore the environment and learn – all in the context of family, community, and culture. (Adapted with permission from ZERO to THREE's definition of infant mental health, 2001.)

Definition of Challenging Behavior:

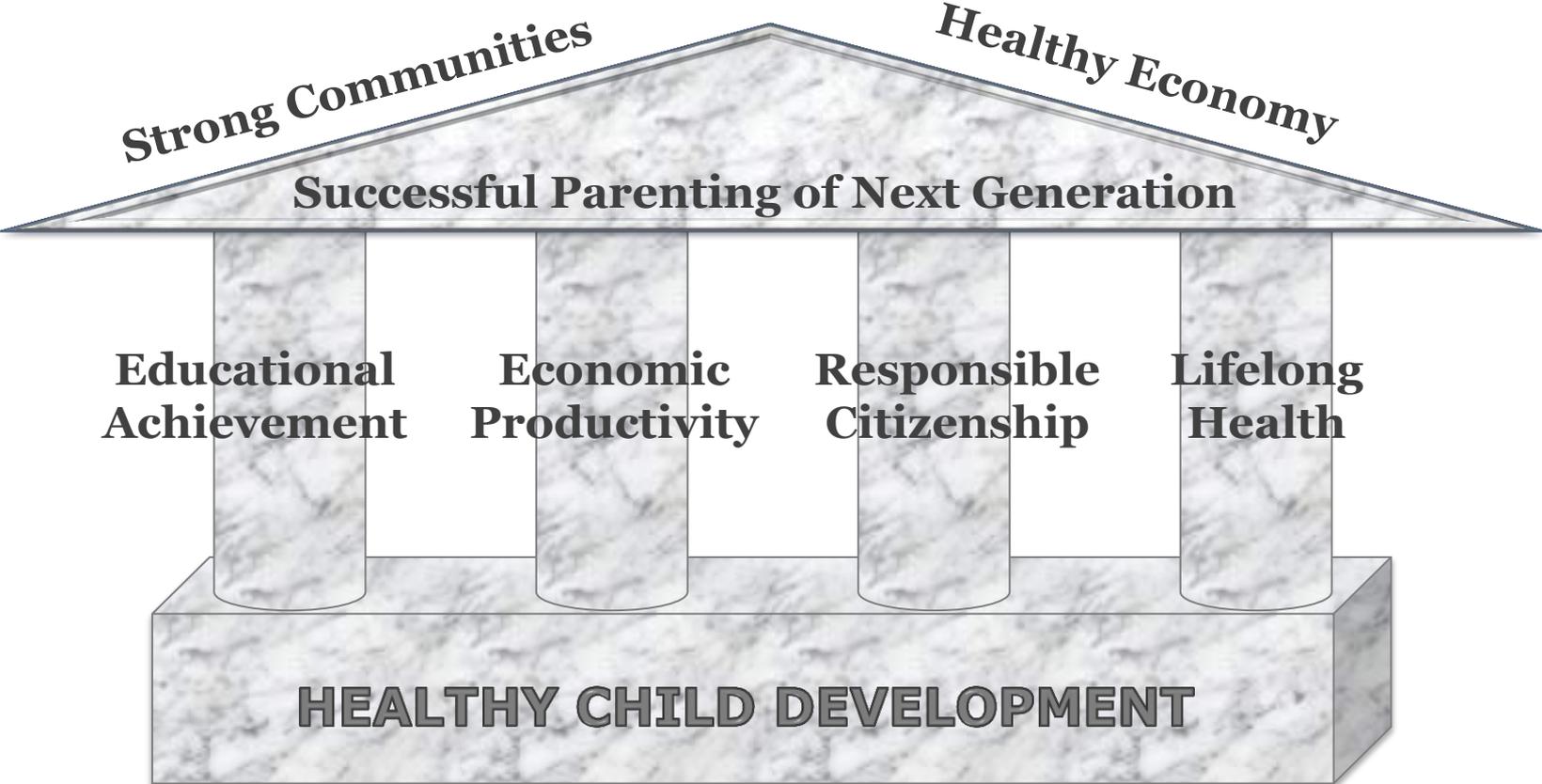
- Any repeated pattern of behavior that interferes with learning or engagement in pro-social interactions with peers and adults.
- Behaviors that are not responsive to the use of developmentally appropriate guidance procedures.
- Prolonged tantrums, physical and verbal aggression, disruptive vocal and motor behavior, property destructions, self-injury, noncompliance, and withdrawal.

PBS: Positive Behavior Supports

PBIS: Positive Behavior Interventions and Supports

Three Core Concepts in Early Brain Development

The Foundation of a Successful Society is Built in Early Childhood



Three Core Concepts of Development

1 Brain Architecture Is Established Early in Life and Supports Lifelong Learning, Behavior, and Health

2 Stable, Caring Relationships and “Serve and Return” Interaction Shape Brain Architecture

3 Toxic Stress in the Early Years of Life Can Derail Healthy Development



Three Core Concepts in Early Development

1 Experiences Build Brain Architecture

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

Center on the Developing Child  HARVARD UNIVERSITY

Brain Architecture Supports Lifelong Learning, Behavior, and Health

- Early experiences shape brain architecture.
- Simple skills come first; more complex skills build on top of them.
- A strong foundation in the early years improves the odds for positive outcomes and a weak foundation increases the odds of problems later in life.



Experiences Shape Brain Architecture

700 neural connections per second in the early years



Birth

Image source: Conel, JL.

Three Core Concepts in Early Development

2 Serve & Return Interaction Shapes Brain Circuitry

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

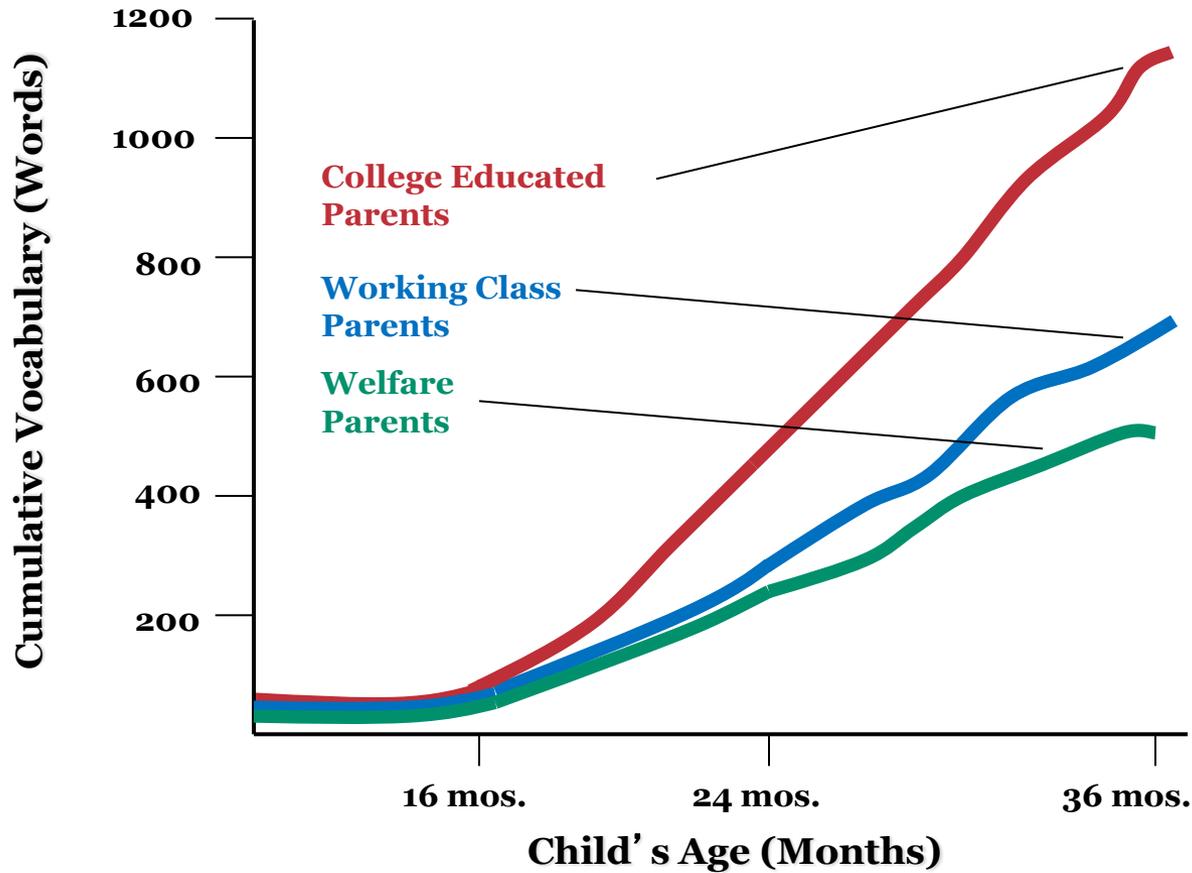
Center on the Developing Child  HARVARD UNIVERSITY

Serve & Return Builds Brains and Skills

- Ongoing, reliable interaction with trusted adults is essential for the development of healthy brain circuits.
- Systems that support the quality of relationships in early care settings, communities, and homes help build brain architecture.



Barriers to Educational Achievement Emerge at a Very Young Age



Data Source: Hart & Risley (1995)

Graph Courtesy: Center on the Developing Child at Harvard University

Three Core Concepts in Early Development

3 Toxic Stress Derails Healthy Development

NATIONAL SCIENTIFIC COUNCIL ON THE DEVELOPING CHILD

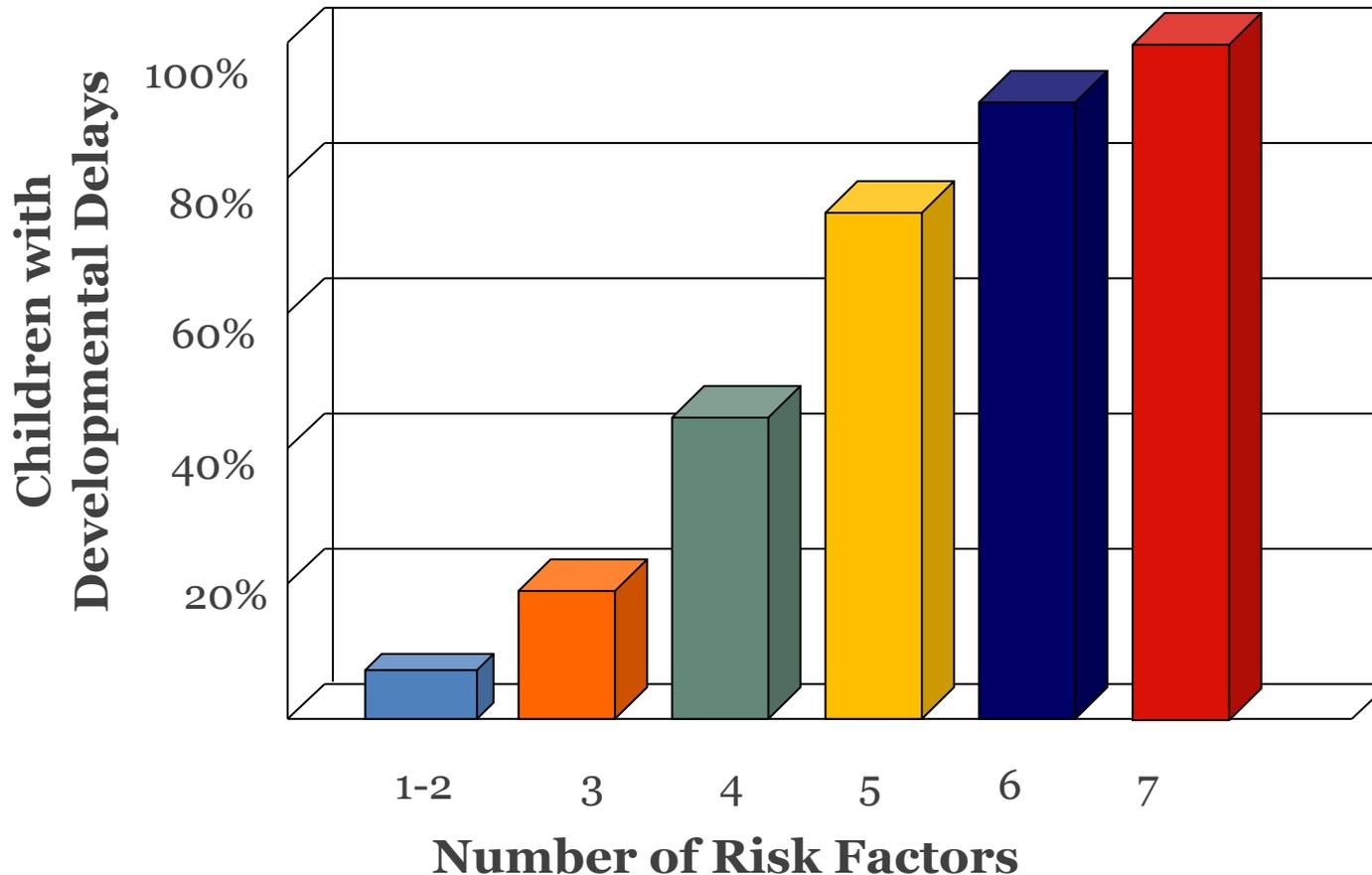
Center on the Developing Child  HARVARD UNIVERSITY

Relationships Buffer Toxic Stress

- Learning how to cope with moderate, short-lived stress can build a healthy stress response system.
- Toxic stress—when the body’s stress response system is activated excessively—can weaken brain architecture.
- Without caring adults to buffer children, toxic stress can have long-term consequences for learning, behavior, and both physical and mental health.

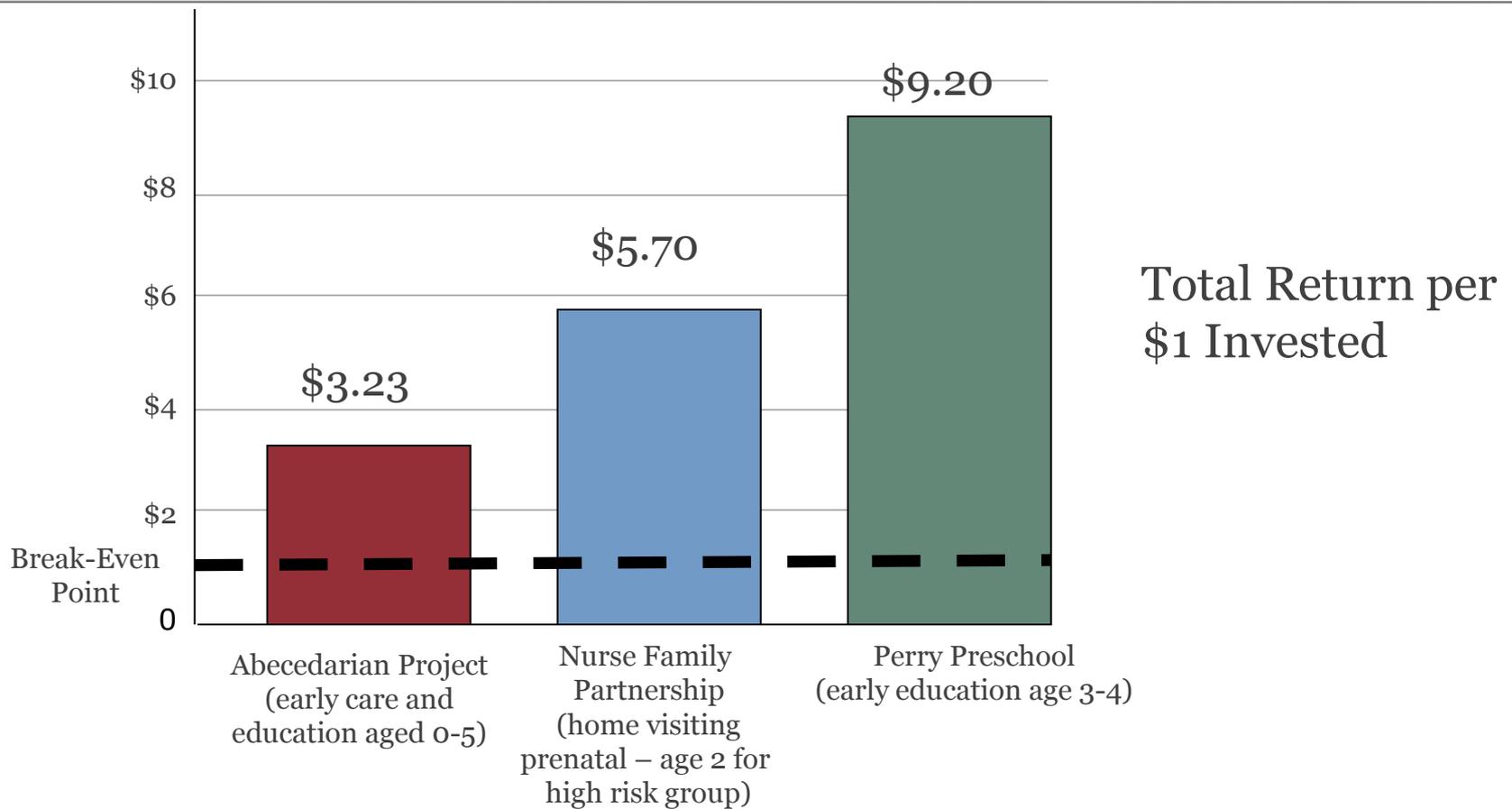


Significant Adversity Impairs Development in the First Three Years



Data Source: Barth, et al. (2008)

Quality Early Care and Education Pays Off: Cost/Benefit Analyses Show Positive Returns



Data Sources:

Karoly et al. (2005)

Heckman et al. (2009)

Keys to Healthy Development



A balanced approach to emotional, social, cognitive, and language development, starting in the earliest years of life.

Supportive relationships and positive learning experiences that begin with parents but are strengthened by others outside the home.



Highly specialized interventions as early as possible for children and families experiencing significant adversity.

For more on the science:
www.developingchild.harvard.edu

For more on business champions:
www.ReadyNation.org

Links to Assessments

- Maternal and Child Health Needs Assessment:
<http://www.dphhs.mt.gov/publichealth/mchepi/assessment.shtml>
- Maternal and Child Health Epidemiology website:
<http://www.dphhs.mt.gov/publichealth/mchepi/>
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Needs Assessment:
<http://www.dphhs.mt.gov/publichealth/homevisiting/miechv.shtml>