

ESTABLISHMENT OF AN INTERDISCIPLINARY CONSULTATION NETWORK FOR EARLY CHILDHOOD PROGRAMS

Policy Brief prepared for the:
Early Childhood Research & Policy Council
Accountability and Research Work Group

Description of the Strategy

A key aspect of any infrastructure that guarantees high quality, healthy and nurturing learning experiences is ensuring that early childhood staff are kept informed of current standards of practice and that they have ready access to materials, resources and guidance available for implementing current standards of practice. Additionally, early learning, especially early learning for children at risk of school failure, requires teachers and caregivers to have knowledge of standard practices across several disciplines. For this reason, the materials, resources and guidance of multiple disciplines must be consistently available to teachers and caregivers to guide their work.

An **interdisciplinary consultation network**¹ is an approach that is used to bring the supports of specialists from several fields to early learning settings. Typically this will include consultants in the fields of health, mental health and oral health, education and disability services, social work and family support, and, in programs serving meals, nutrition. In Connecticut, regulations for licensed child care centers and groups homes require that they have identified consultants in health, education, dental, social services, and, for programs serving meals, nutrition. Consultants typically operate independently on an entrepreneurial basis and the cost of entering into contract with consultants is included in program budgets. Larger programs may utilize consultants enough to employ them as part-time or full-time staff. Many consultants contract with a number of private and public early care and education programs for children from birth through school-age.

Consultation in the area of health is the most developed and is designed to ensure the health and safety of early care settings, to utilize early care as a point of access for health care and health insurance, to monitor regular health screenings, to facilitate inclusion through the use of health care plans, and ideally to address issues of staff health. The promotion of the role of health consultation was one of three major goals of the national Healthy Child Care America Campaign begun in 1996. HCCA established a national training institute (NTI) at the University of North Carolina School of Public Health, which created a best practice curriculum and training for trainers in health consultation in early care settings. HCCA also promoted the implementation of *Stepping Stones National Standards for Health and Safety in Child Care* through health consultation and made available to them the resources of the National Resource Center for Health and Safety in Child Care in Denver at the University of Colorado. Connecticut has several NTI certified trainers, has sponsored annual training since 2002, and now has over 100 *trained* health consultants, including a number of school nurses, practicing in the state

¹ Early childhood consultation models and progress in strengthening consultation in Connecticut are discussed in a report entitled *Building a Multidisciplinary System of Early Childhood Consultation in Connecticut* (Farmington, CT: Child Health and Development Institute of Connecticut, 2005). Online at <http://>

and impacting literally tens of thousands of CT children each year. Additionally, because we are fortunate to have a national leader in the field of health consultation on the faculty of Yale School of Nursing, the outcomes of training has been evaluated extensively and results indicate clearly an enhancement of practice and improved health outcomes for children. Also, Connecticut has created a national model of training in medication administration that improves the capacity of programs to be inclusive of children with special health care needs. Health consultants can participate in several national databases for resource sharing.

Consultation in the area of education is least developed in Connecticut. Although generic modules of the annual consultant training have been offered to consultants in the field of health, participation has been almost exclusively limited to Education Managers in Head Start programs who are accustomed to working within the context of a team. The curriculum content for education consultants still need to be strengthened to include clear methods of guidance for implementation of the CT Preschool Benchmarks and Preschool Assessment Framework and in literacy and other curricular models that the SDE wishes to promote for preschool-aged children. Standards articulated in by NAEYC can be included in mentoring, too. Additionally, when the CT Early Learning Guidelines for infants and toddlers are complete, guidance methods for implementation will be needed as well as guidance in use of the various curricula for this age group. Also, education consultant training should include content in developmental assessment of children birth to age five and whatever the new CT Kindergarten Assessment is developed. Both SDE and DSS have begun directing resources to this area but much more needs to be done.

Also, social service consultation is not well developed although it is required by state regulations and could be valuable to children and their families when economic and family support resources are needed. Presently, families are connected with resources through referrals to community agencies and through agency partnerships. However, programs serving families with complex needs may find it helpful to have a social service consultant who can address eligibility issues on site and help parents access community services. Development in the area of social services consultation needs to be explored further. It is possible that the DSS Human Services Infrastructure (HSI) can be engaged in some way.

Consultation in the area of mental health has begun to be made available through the Early Childhood Consultation Partnership (ECCP) funded by the state. ABH, the organization under contract with DCF and SDE to coordinate this network of 13 mental health consultants across the state, has developed its own training, some of which is offered in coordination with the annual health consultant training, however most is designed in-house to meet the specific training and supervision needs of the ABH network. Although state regulations do not require identified mental health consultants for all licensed centers and group homes, many programs have used consultation from professionals in the mental health field and they are a required support for Head Start programs. It would be useful to connect the ABH network of mental health consultants with the mental health professionals providing consultation independently through training and networking efforts to guide best practice similar to the design used for health

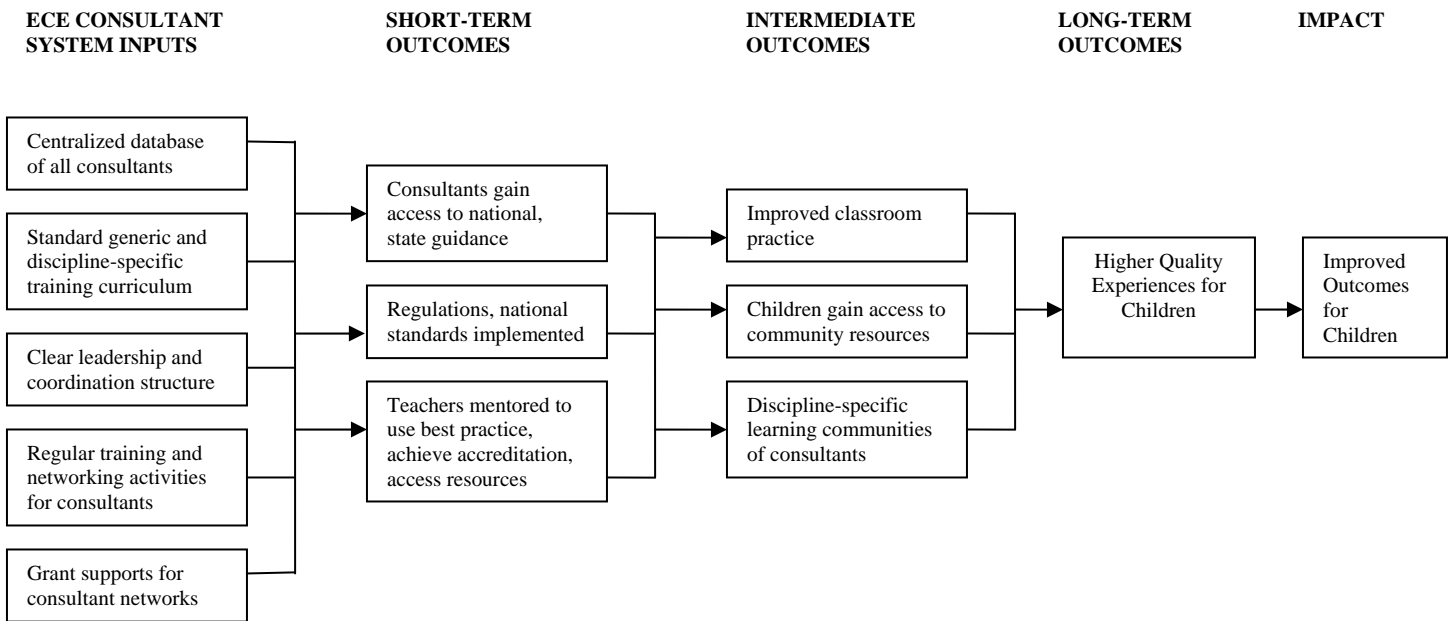
consultants and needing to be developed for education consultants. A coordinated structure to support all mental health consultant would ensure that these consultants have best practice materials readily available and are using strategies compatible with and complimentary to and in some cases proxies for health and education consultation practices, including state policies regarding benchmarks, assessments and learning guidelines.

Ongoing consultation in health and education, backed up as needed by consultation in mental health, will ensure the use of preferred practices throughout the state that are individualized to meet the full range of needs of both children and classrooms and result in high quality and better outcomes for children.

Designing an Interdisciplinary Early Childhood Consultation System

In a logic model leading to child outcomes, the Interdisciplinary Early Childhood Consultation Network would contribute as follows:

Interdisciplinary Early Childhood Consultation Network Logic Model



In designing an Interdisciplinary Early Childhood Consultation System there are several steps that will need to be taken. First, a plan for maintaining a centralized database of consultants will need to be completed. Second, training content for education, mental health, and social services consultants will need to be articulated. Education consultation content is the most critical. It may also be helpful to better clarify roles and activities for nutrition and dental consultants. Third, a centralized leadership and coordination infrastructure will need to be identified and put into statute to organize work and create clear priorities, work plans and financial support. Fourth, plan for regular training and networking activities will need to be developed and implemented, including the annual

interdisciplinary consultant training that provides as orientation to consultants as well as basic discipline-specific standards and resources. Fifth, a funding plan will be needed to support public early childhood programs with the resources to engage consultants to the extent necessary to ensure high quality programs and positive outcomes for children.

Current State of Affairs

Specialist supports from the various disciplines are made available to early childhood in different states and communities using diverse titles and roles. Consultants can be called mentors, technical assistance providers, and even coordinators or managers of services in particular disciplines, such as Education and Disabilities Managers in some Head Start programs. Head Start and US Military child care are the largest early childhood systems that use consultant networks to support classroom practices. The New Jersey Department of Education uses a team model of consultants from the various disciplines throughout its state preschool program and the state of Rhode Island uses a portion of their Child Care Development Funds to contract with local agencies to employ interdisciplinary teams to provide child-level and program-level consultation to publicly funded early childhood programs serving children birth to five.

Connecticut currently has regulations requiring child care centers and groups homes to enlist the consultant services in health, education, dental, social services, and when serving meals, nutrition, however, there is no state funded infrastructure to support any aspect of implementing this public policy. In the area of health consultation, DPH has a small contract with the CT Nurses' Association (CNA) using ECP funds to continue offering consultant training annually, in partnership with other New England states and using the UNC NTI curriculum. CNA maintains a limited database of all consultants who have completed the training. Although the state supports a network of mental health consultants through ECCP, its infrastructure for training and support is free standing and presently mental health is not one of the disciplines for which licensed centers and group homes must engage a consultant. Also, it is possible that as a result of greater attention to consultation in the primary disciplines of health and education, the demand for mental health consultation will decrease since many requests for mental health consultation are related to health and education practices.

Early childhood programs located in the public schools are not required to comply with state child care licensing so they are not required to utilize consultant services. Several SDE initiatives have provided mentors to local programs for targeted purposes for limited periods of time, e.g. literacy. However, again, coordination has been within very narrow parameters and has not contributed to an ongoing infrastructure for discipline-specific capacity building or interdisciplinary coordination and system building.

Presently, there is no mechanism for providing ongoing mentoring or consultation to local programs to ensure full implementation and individualization of the Connecticut Preschool Benchmarks or the Connecticut Preschool Assessment Framework. As regards health and safety, while schools can take advantage of school nursing resources, there is no statewide capacity to encourage the use of health consultants in community settings and therefore no guidance for the full implementation of the National Standards for

Health and Safety in Child Care. Consultation and mentoring supports to local programs to individualize for children with special health care needs and disabilities are likewise lacking.

The Accreditation Facilitation Project provides consultation and technical assistance focused on obtaining NAEYC Accreditation, which is one aspect of guidance important to achieving quality in early childhood programs. However, this project also has limitations on its parameters and is not designed to provide ongoing consultation across multiple disciplines.

Assets

Connecticut has been providing annual training of health consultants in which directors and consultants in other disciplines have been involved since 1999. DPH has the capacity to identify all consultants identified by licensed centers and group homes in the required disciplines. Through Healthy Child Care Connecticut, which ended in 2005 there were a number of activities to bring consultants together to learn more about their needs and the needs of the directors who utilize their services. CHDI and the Head Start State Collaboration Office at DSS have consistently contributed funds for activities aimed at developing curriculum and building capacity at the state and local levels. National models and informational resources are available to build on and to use to support state priorities. Connecticut is seen as a leader in the area of both discipline-specific and interdisciplinary consultation, having presented numerous times at national meetings, participating on national think tanks on development of model policy, and publishing journal articles and the CHDI report that have been cited widely.

DPH is adding a performance measure to the state maternal and child health plan on health consultation and has begun to work closely with CNA to grow an infrastructure for health consultants in the state. CNA is offering annual training to consultants using the UNC NTI curriculum and engaging consultants from all disciplines in generic portions of the training. Designated a lead within the agency for health consultation activities.

Within DPH Community Based Regulations, a database is continuing to be developed of consultants identified by providers. DPH regulations staff are working toward regulatory changes that will articulate the credentials, roles and activities of consultants in greater detail. DPH public hearings are presently being held on these regulatory changes.

DSS is in the process of piloting and will soon finalize Early Learning Guidelines for programs serving infants and toddlers that align with the CT Preschool Benchmarks and will be adaptable to both center-based and family-based early care. Infant Toddler Specialists (education consultants) will guide providers on implementing ELGs. Through the work of the Head Start State Collaboration and Healthy Child Care CT, DSS has supported the development of training and coordination systems for health, education and mental health consultants and will include consultation as a component of the planned pilots for hub services for children birth to five in center-based and family-based settings.

Thorough SERC, SDE is now planning to partner with DSS and DMR to articulate content for education consultant training and practice and to begin capacity building activities including training and networking support. SDE has begun to commit funds toward this effort.

CHDI has been generously supporting aspects of consultant training, training evaluation, and system building since 2002. CHDI is now working on the development of a pilot for the interdisciplinary model that has gained national attention and may be successful in attracting other states in a multi-state design and private funds. The articulation of education consultation in CT would greatly enhance the success of this pilot effort.

Recommendations and Policy Decisions

There are several decisions that the State will need to make to create a cohesive and effective interdisciplinary early childhood consultation system. These will build on a number of progressions that have already been achieved.

Recommendation: Design and implement an Interdisciplinary Consultation System for Early Childhood

1. Create an operating consortium of key state agencies and their contracting organizations that will be guided by an advisory council of constituents who can flesh out design and leadership infrastructure.
2. Obtain commitment from DSS, SDE, DMR and DPH to endorse consultation as a strategy for meeting agency goals for high quality care, to collaborate through the consortium on implementation, to develop a database of consultants that can be shared across agencies, and to pool resources wherever possible for efficiency.
3. Develop discipline-specific content in education and mental health, comparable to the high quality and comprehensive modules in generic consultation and health to be used in alignment with the present annual consultant training and engaging multidisciplinary teams of consultants to strengthen their discipline-specific practices as well as their practice as interdisciplinary teams.
4. Develop a realistic funding plan using both pooled resources and new funds for incremental implementation in both center-based and family-based settings for children birth to age five and consider adding school-aged children since child care extends into elementary years and the same regulations apply.
5. Establish parity and sharing with school-based programs, taking advantage of the resources that both public schools and community settings have to offer.
6. Integrate Head Start and Early Head Start systems for technical assistance, discipline-specific management and coordination, and comprehensive services to maximize resources and align standards of practice.

Policy Decisions:

1. Will the further development of implementation strategies for existing regulations require regulatory changes or statutory action, e.g., with respect to consultant credentials, roles, and activities or regarding designation of lead and coordinating state agencies, and how will this be achieved?
2. What timetable for implementation is needed?

3. What funding will be required to continue development of database, coordinating infrastructure, ongoing training and networking activities both discipline-specific and interdisciplinary in nature?

Discussion:

Connecticut has regulations requiring community providers to have consultants from various disciplines and research shows the positive impact of consultant supports on program quality and child outcomes. However, Connecticut has no infrastructure to support implementation of the state's regulations requiring consultants. There are pieces to build upon but a concerted effort, including Cabinet endorsement and clear leadership, will be needed to achieve full and successful implementation of an interdisciplinary early childhood consultation system in the state.