



RHODE ISLAND RECOMMENDATIONS FOR ENSURING SUCCESSFUL PARTICIPATION IN EARLY CHILDHOOD PROGRAMS:

MEETING THE SOCIAL-EMOTIONAL NEEDS OF RHODE ISLAND'S YOUNGEST LEARNERS

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This document was created to provide recommendations that, if implemented, will allow all young children in Rhode Island the opportunity to successfully participate in high-quality early childhood programs. The reality is that young children who experience social-emotional challenges may require additional resources to participate fully. Without adequate support for the children, their families, and the programs that serve them, many children will continue to struggle during these early years. In some programs, children may be so disruptive that they are suspended or expelled. The implementation of a coordinated, comprehensive, and seamless system of supports will ensure that each child, birth through kindergarten entry, will receive the necessary assistance to take part and flourish in high-quality early childhood programs.

The development of these recommendations is the first step in establishing actionable initiatives to ensure all children enter kindergarten ready to learn.

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* In addition to the contributions of the workgroup members, the recommendations were enhanced through a comprehensive feedback process that included various community stakeholders.

RHODE ISLAND STATE RECOMMENDATIONS

1 Early Childhood (EC) Education Foundation

- A. Consider the adoption of an early childhood multi-tiered system of support (MTSS) which includes:
- An evidence-based social-emotional curriculum/model and best practices that are aligned with the Rhode Island Early Learning and Development Standards (RIELDS) and are embedded throughout the daily classroom routine
 - Alignment with national early childhood standards (i.e., Zero to Three, DEC, NAEYC, RI Association for Infant Mental Health Competency Guidelines/ Early Childhood Mental Health Competencies)
 - Recognition of families as full-team members, with meaningful participation in all aspects of the program
 - Awareness of structural bias and a focus on equity
 - Focus on the significance of early relational health
 - Acknowledgment of toxic stress, trauma, and the use of relationship-based trauma-informed systems
 - Understanding of how to include all young learners in the inclusive learning community
 - Knowledge of medical conditions and disabilities that may impact development
 - Recognition of early signs of behavioral health concerns
 - Steps to ensure timely intervention and prevention of further complications, including how and when to access Early Intervention (EI) and Early Childhood Special Education (ECSE), KIDS CONNECT, infant and early childhood mental health consultation (e.g., SUCCESS) and high-intensity programs
 - Measures to ensure fidelity of implementation
- B. Ensure that all early care and education professionals are provided with the necessary professional development, training, and ongoing on-site technical assistance, coaching, supervision, and support to implement the MTSS and curriculum identified above.
- C. Partner with Institutions of Higher Education (IHE's) to ensure that early childhood curricula include requirements that prepare pre-service teachers to support children with social-emotional and mental health needs.

2 Behavioral Health Supports

- A. Given the current research, accepted best practices and the escalating incidence of young children with significant social-emotional needs, consider revising the KIDS CONNECT certification standards to include:



- A streamlined application process
- Concurrent referrals to Early Intervention (EI) or Early Childhood Special Education (ECSE)
- An efficient and adequate funding mechanism
- Staff qualifications and wages that ensure high-quality services/supports
- Consideration of a minimum acceptable BrightStars rating
- Individualized tiered levels of support, based on a child's changing needs
- Reimbursement based on the level of support
- Expanded access within high-quality EC programs
- Availability of infant and early childhood mental health consultation (IECMHC)
- Actions to examine and address implicit bias based on race

2 Behavioral Health Supports (Continued)

- Shared plans of care with EI and ECSE personnel, as well as mental health professionals
 - Family partnerships
 - EOHHS notification before expelling a child
 - A mechanism to measure outcome measures
 - Access to services for non-Medicaid eligible children
- B. EI and ECSE programs will screen, evaluate, and consider social-emotional development when determining eligibility for services, as required by the Individuals with Disabilities Education Act (IDEA).
- C. EI and ECSE will ensure that all children with developmental delays or disabilities can actively and successfully participate in high-quality general education early childhood programs by supporting educators in embedding the necessary instruction into everyday classroom activities.
- Routines-Based Home Visiting (RBHV) for children birth-3
 - Rhode Island's Itinerant Early Childhood Special Education (RI-IECSE) service delivery model for children 3-5
 - Learning opportunities for professionals and families to ensure consistency between home and school
- D. Rhode Island will investigate and develop a comprehensive and seamless wrap-around system of behavioral health services that ensures that children with intensive social-emotional needs receive the necessary supports to successfully participate in early care and education programs including:
- A statewide system of behavioral health screening and procedures to identify children and families who need support related to social-emotional development (inclusive of children and families in crisis, either due to child's social-emotional needs or to family circumstances, such as children with a history of abuse or neglect)
 - Efficient and standardized procedures for a prompt response when children and families are identified via screening or other means, including completion of evaluations, consultations, and access to services including:
 - Coordinated referrals to EI and ECSE
 - Increased access to evidence-based secondary and tertiary prevention services and programs to address identified needs
 - Increased access to child and family-focused, classroom-focused, and program-focused infant and early childhood mental health consultation (IECMHC) to reduce the necessity for placement in high intensive programs
 - Increased access for children and their families to outpatient service providers (e.g., therapists, psychologists, psychiatrists) with specialized training in evidence-based infant and early childhood mental health treatment
 - Support for emergency services that are tailored for young children and their families
 - Collaboration and shared plans of care with EI, ECSE, KIDS CONNECT, IECMHC (e.g., SUCCESS), Family Home Visiting, and other relevant service providers, with special consideration for children in substitute care
 - Access to aligned high intensive programs for all children who cannot currently take part in EC programs, including services that support the transition back to EC programs
 - A requirement for Rhode Island's in-state private health insurance companies to fund supportive and preventative services for children who are not Medicaid eligible





RHODE ISLAND STATE RECOMMENDATIONS CONTINUED

3 State Policy/Systems

- A. Rhode Island will implement the Reducing Suspension and Expulsion Practices as outlined in the U.S. Department of Health and Human Services & U.S. Department of Education's Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings.
- B. Rhode Island will identify strategies to promote the use of Primary Caregiving and Continuity of Care as a framework for supporting young children, birth to kindergarten entry, across a variety of early care and education programs.
- C. Rhode Island will consider the research and funding needed to reduce class size and improve adult to child ratio as it influences children's social-emotional development.
- D. Rhode Island will identify actions to examine and address implicit bias based on race.
- E. Rhode Island will investigate the barrier that transportation presents in accessing early care and education and necessary supports.
- F. Rhode Island will continue to enhance and utilize an ECE data system that is linked with other state and program data systems and supports to strengthen the ability to analyze the data longitudinally from birth through high-school graduation.
- G. Rhode Island Medicaid & private health insurers will expand the recognition of acceptable diagnoses within DSM-5 (i.e., unspecified disorder) and the DC: 0-5™ Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood.



NEXT STEPS

To accomplish these recommendations, subgroups, including the necessary stakeholders, will need to be formed to flesh out the details of these recommendations and to define the required action items for completing the work. Additional work is necessary to attend to the full continuity of care for young children with social-emotional needs. Examples of issues to be addressed include strong foundational supports for all children, increased coordination among levels of care and programs, and addressing workforce and service delivery systems issues (e.g., specialized training in evidence-based, early childhood mental health consultation, prevention, and intervention practices.)