



# Charting a Course

A CHILD AND FAMILY POLICY WEB CONFERENCE SERIES

**School Readiness and Success: Improving Children's Social and Emotional Development**  
May 17, 2007

## Audience Q&A Session

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Vijay Ganju Ganju - 12:26 pm

Q: What do you mean by implementation fidelity?

Seth Bernstein - 12:26 pm

A: By implementation fidelity, we mean that the program is delivered in the way it was designed in order to reach the intended outcomes.

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Anita Platt - 12:22 pm

Q: Seth, can you please elaborate on what you mean by "organizational culture matters." Can you give an example?

Seth Bernstein

A: Whenever a program or an initiative is being implemented, its success is influenced by the collaborating organizations' mission, vision and values. For example, if a school based initiative focusing on social and emotional well-being is being implemented within an elementary school setting, yet the Principal does not believe that those elements are important to children's success in school, the program will likely be harder to implement and show positive outcomes.

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Oji Eggleston - 12:22 pm

Q: Do you work with the school systems to establish metrics used to 'grade' a kid's progress; and how do you establish which metrics are most important?

Seth Bernstein

A: In selecting the program outcomes, the process included school personnel, including a School Board member, the Superintendent, Principal, Student Services Director and Teachers. We collectively decided which outcomes to measure (improved attendance, decreased discipline, improved social/emotional development, etc.), based on what was important from the educational and social services perspective.

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Wanda Elliott - 12:23 pm

Q: Who serves on your school-based team, how often do you meet and what types of PD does your district offer?

Seth Bernstein

A: The School District Superintendent has mandated that each of the 170 schools in Palm Beach County, Florida, have a School Based Team. The team is based on literature out of UCLA by Drs. Howard Adelman and Linda Taylor. Locally, the team is comprised of the guidance counselor, school administrator, school social worker (Behavioral Health Professional), school nurse, exceptional student education coordinator, parent liaison and teacher. Community agency representatives are present when needed. The teams meet at least twice per month, and are focused on prevention and early intervention efforts to assist students before a referral for special education is considered. The team is concerned with student's social, emotional, behavioral, physical and academic needs.

The school district has a staff member responsible for the implementation and ongoing development of the teams, and provides technical assistance as needed. Guidance Counselors and the Behavioral Health Professionals meet at least twice per year for trainings. There are other separate professional development trainings offered throughout the year as well.

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Norine McCarten - 12:19 pm

Q: What percentages of behavioral difficulties in the classroom are treated with medication?

Seth Bernstein

A: This has become a challenging question to answer since many medications are now available in longer acting doses (e.g., stimulants), given by parents in the morning and not by the school nurse. There does appear to be a trend though that more younger children are being treated with medications.

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Loren Miller - 12:16 pm

Q: I'd like to hear more about challenges to engaging parents & follow-ups w/ referrals. Re: findings of the CBHI evaluation: Did children improve grades and behavior in comparison to others from that school? Loren Miller, Director IMPACT, Family Resource Center, NYC

Julie Spielberger - 12:25 pm

A: The evaluation design did not allow us to directly compare children who received services from the BHP with those who did at the same school. Children who received services tended to be those with more need so they would not necessarily show as much improvement as children with less need, but, again, we were not able to assess the progress of individual children. One other finding related to parent engagement, it

appeared that parents were more likely to follow up with referrals to school-based services—perhaps because they were more comfortable with them or found them more convenient—than community-based services.

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Ethel Mertz - 12:26 pm

Q: Are you working with local Head Start Programs who are required by law to provide mental health screenings and community resources referrals?

Elaine Zimmerman

A: Yes.

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Linda McCart - 12:26 pm

Q: How do we get a copy of the report that Elaine mentioned was released this week on data from consultation?

Elaine Zimmerman

A: Contact Liz Bicio, ECCP Program Manager, (860) 704-6198

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Sarah Patton - 12:28 pm

Q: Funding is always an issue. I assume Florida and Connecticut's DPH & DMH is funding these programs and behavioral health consultants? Who is paying for the trainings?

Elaine Zimmerman

A: Both programs are funded through the State of Connecticut. The Early Childhood Mental Health Consultation Program (ECCP) is funded through the Department of Children and Families (child welfare agency), while Help Me Grow is funded through the Connecticut Children's Trust Fund.

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Cathy Boston - 12:28 pm

Q: Where did you obtain the emergency department statistics? Is there a national database that records purpose of ED visits?

Elaine Zimmerman

A: From a local newspaper article. There's no national database of which we're aware.

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Deidre Harris - 12:28 pm

Q: Is there a private mental health provider that links up with the child care providers or the state?

Elaine Zimmerman

A: The Early Childhood Consultation Partnership (ECCP) is centrally managed by Advanced Behavioral Health (ABH) a private, nonprofit, Behavioral Health Management Company. ABH sub-contracts with 10 nonprofit community based Behavioral Health Providers for the 20 full-time, Early Childhood Mental Health Consultant positions. The consultants provide services to early-care and education centers throughout the state.

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Deanna Handel - 12:23 pm

Q: This is a question for Dr. Bernstein: What strategies did you undertake to build cultural competency into your program?

Seth Bernstein - 12:29 pm

A: Regarding cultural competency of staff, there are local trainings regarding this topic that are dynamic and interactive. Also, having staff that represent the community is vital.

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Milly Burrows - 12:45 pm

Q: What is the funding source for the Child First and Help Me Grow and Consultation Partnership systems?

Elaine Zimmerman

A: Funding comes from the state to the Connecticut Children's Trust Fund, a state agency in Connecticut.

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Stephanie Harris - 12:16 pm

Q: What are some examples of curriculums used in child care settings? Stephanie Harris - Smart Start - Wilmington, NC

Seth Bernstein - 12:30 pm

A: Our community uses various curriculums in early care and education settings, and has focused its efforts on High Scope.

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Doreen Diehl - 12:31 pm

Q: What mental health screening instrument are you using?

Elaine Zimmerman

1. Conners Teachers Rating Scale
  2. Social Skills Rating System
  3. Pre School Expulsion Risk Measure
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Kathy Hubbard - 12:29 pm

Q: For Elaine: How did you gain support from the pediatricians and get them to adopt the screening system? Kathy Hubbard, United Way of Dane County, Madison WI

Elaine Zimmerman

A: The Help Me Grow program received funding from the Commonwealth Fund ([www.cmwf.org](http://www.cmwf.org)) for two years of research on promoting development through Child Health Services. The results of the grant are on the Commonwealth Foundation web site, under Help Me Grow. A manual for any state looking to replicate can also be accessed on the site. The support for the program by pediatricians has several components. Help Me Grow is a system that supports practices and saves them time. It is free and we connect families who have children at-risk for developmental delays and do not meet eligibility criteria for program (e.g. early intervention, preschool special education).

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Sheila Bazemore - 12:32 pm

Q: Are samples of materials (including assessment instrumentation, curricula, etc.) available for other states?

Elaine Zimmerman

A: The Early Childhood Consultation Partnership (ECCP) is in the process of developing a program manual that will serve as a guide for other states interested in the Early Childhood Mental Health Consultation model. This will contain samples of the programs paperwork, assessment tools used, and program components.

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Ofelia Wattley - 12:34 pm

Q: Virginia Beach Department of Human Services. Seth, can you speak more about the teacher-child rating scale and where could we find additional written information?

Seth Bernstein

A: The Teacher Child Rating Scale (TCRS) was developed by the Children's Institute in Rochester, New York. It is a 32-item, teacher-completed instrument that provides data on four factors: Peer Socialization, Assertiveness, Task Orientation and Behavior Control. It is an appropriate tool to use with elementary age students. Additional information can be obtained at [www.childrensinstitute.net](http://www.childrensinstitute.net).

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Arlene Stewart - 12:34 pm

Q: Where does an early intervention/kindergarten teacher start? I am not aware of any program like this in PA. I am extremely aware, however, of the needs in the children I work with.

Seth Bernstein

A: Well, you've already started by being aware of the issues children deal with and by asking for assistance. In many communities, the first places to consult with are community mental health centers, mental health associations, nonprofit social service organizations, information hotlines, or pediatricians. The school guidance counselor, school psychologist or nurse may also be of assistance in seeking support for your students and their families.

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Sonia Jizrawi - 12:38 pm

Q: To clarify do they use the ASQ-SE or the ASQ?

Seth Bernstein

A: In Palm Beach County, Florida, we currently use the Ages & Stages Questionnaire (ASQ) and not the one focusing on social and emotional development solely.

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Phyllis Levine - 12:41 pm

Q: Can you post the lists of measures, rating scales, and assessment tools to the group via email? Thanks. Phyl Levine, SRI International

Julie Spielberger

- Teacher-Child Rating Scale (TCR-S) screening tool developed by the Children's Institute at the University of Rochester
  - Social Rating Scale (SRS)
  - School District data on absences, disciplinary referrals, grades, grade retention, SRI Interactive (second grade reading test), and in third grade, state standardized test (FCAT)
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Loren Miller - 12:43 pm

Q: I would very much like to see the parent questionnaires. Thx!

Julie Spielberger

A: Please contact Julie Spielberger directly via e-mail ([julies@uchicago.edu](mailto:julies@uchicago.edu)) for a copy of the parent questionnaire.

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Loren Miller - 12:28 pm

Q: What does the Ages and Stages Child Development Kit consist of?

Elaine Zimmerman - 12:51 pm

1. A four-month questionnaire (earliest it starts)
  2. Pre-paid envelope to send HMG results
  3. Consent form; results go back to doctor; activity sheet.
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Joan Scott - 12:28 pm

Q: Why did you chose four months before you give the kits and what is in them?

Elaine Zimmerman - 12:52 pm

A: The Ages & Stages starts at four months and goes through 60 months of age.

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Cathy Andrade - 12:32 pm

Q: How did the "Bridgeport Example" evaluate Child Protective Services referrals and other long-term outcomes? Evaluation staff from FIRST 5 Santa Clara County (California).

Elaine Zimmerman - 12:55 pm

A: We conducted a randomized trial, as part of the Starting Early Starting Smart - Prototype, funded by SAMHSA. The outcomes were assessed by research staff at both 6 and 12 months.

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Kristi Koumjian - 12:36 pm

Q: You mentioned many of the positive outcomes of the Child FIRST program (child and parent). What tool(s) were used to measure the outcomes of this program?

Elaine Zimmerman - 12:57 pm

A: Multiple assessment tools were used, depending on the domain which was being assessed. Parent stress was assessed with the Parent Stress Index. Child emotional development was assessed with the ITSEA. Maternal depression was assessed with CES-D.

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Mary Scaff - 12:32 pm

Q: How do you identify families for the Bridgeport program? Have you studied families released from these programs?

Elaine Zimmerman - 12:58 pm

A: We have followed those children in our randomized trial at 6 and 12 months. That is where our data comes from.

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Q. Can you give us some additional information about engaging policy-makers and incorporating social and emotional readiness into state standards.

Julie Spielberger

A: Illinois has done this and someone at the Illinois State Board of Education should be able to elaborate on this work. The Collaborative for Social Emotional Learning (CASEL) at the University of Illinois, which has developed classroom curricula, is a good source of information. In general, I think policy-makers are getting the message but it is not as easy to measure social and emotional readiness and although there are some good assessment tools, they are not used in the same way as standard academic measures like grades and test scores are used.

Another key resource for policy-makers, educators, clinicians and researchers is the University of Maryland's Center for School Mental Health's web site at <http://csmha.umaryland.edu>.