



integrated health & mental health consultation

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## **Early Care Site Readiness Assessment**

Kid Connects is a unique integrated health and mental health consultation program that works on-site in child care centers and family child care homes throughout our county. Effective partnerships are key to the success of early childhood mental health consultation programs. In order to establish a successful Kid Connects program, it is essential to select early care sites that are ready for implementation of such a program.

There are many different implementation issues to review when initiating a mental health consultation program in an early childhood setting. Some are macro-level concerns such as the state of readiness of the setting and some can be considered micro-level concerns as in alliance-building strategies with staff and families. Each of these involves contributions from all partners in the collaboration including the setting director, the consultation program director, and the consultant. Paying attention to the needs and responsibilities of each of the partners will pave the way for successful implementation and service delivery.

It is essential to assess the state of readiness of the child care setting prior to initiating services. By understanding the capacities and limits, the role structure, and the stated as well as the as-yet undefined needs, good decision making can occur. There may be times after such careful consideration when the partners come to the conclusion that all the necessary elements are not yet in place to begin.

This tool is designed to help Kid Connects programs make the best decisions in selecting child care program partners that are particularly ready to incorporate and benefit from mental health consultation. This document can be utilized to check areas of readiness and areas that may need to be addressed in preparing a center to receive the Kid Connects model of early childhood mental health consultation.

Once a Kid Connects program is underway, administrators may also use this tool for additional purposes. For example, the readiness and un-readiness checklists could be used to evaluate improvements related to mental health consultation services, providing insight about progress towards mutually established goals— perhaps program practices were ripe for improvement at the beginning of implementing consultation services, but now current practices in supporting social/ emotional development and managing challenging behaviors are age-appropriate and effective. If this change seems sustainable, it may be time to begin phasing out consultation services. On the other hand, if, despite a reasonable effort to establish an effective consulting relationship, a site does not demonstrate any progress over time upon review of the baseline readiness results, it may be an indication that the program is not benefiting from Kid Connects services. This may suggest a change in approach is necessary, including the possibility of accelerating the discontinuation of mental health consultation.

Included in this document:

- a) Descriptions of key considerations in readiness of an early care site
- b) A page to capture basic program information
- c) A structured interview to assess readiness, along with a page to summarize conceptualizations of interview responses
- d) A checklist for site readiness indicators
- e) A checklist for indicators of un-readiness
- f) A guide for determining whether a site is ready enough to initiate a mental health consultation program or whether un-ready aspects should be addressed first

Key considerations in the readiness of a child care center / site include:

1. **Administrative Support for MH Consultation** -- The lynchpin for success of early childhood mental health consultation is the relationship with the director. It is very important to ascertain motivation, commitment, and availability of the director.
2. **Current Practices** — early care programs have established philosophies and approaches for promoting social emotional development, addressing challenging behaviors, and considering expulsions. There is also an established culture associated with relationships between staff and home. Look for a site with room to grow, and openness to learning and growing, in these areas. Assess what the strengths and challenges are in current practices.

Paying particular attention to disenrollment / expulsion history and practice can guide education, interventions and evaluation activities. Many settings are reluctant to expel either because of policy or philosophy and yet there are other ways which result in families feel compelled to leave. This is an important area of exploration and documentation.

3. **Flexibility of Programming to Incorporate MH Consultation** -- There are a number of major benefits of early childhood mental health consultation, including staff learning about early relationships, effective methods of promoting social and emotional development, and the integration of health and mental health. It is also important that current practices for managing challenging behaviors are not overly fixed. Though turnover can be rampant in this industry, there needs to be sufficient stability in a setting to make use of consultation. Multiple questions can be asked to begin to look at this dimension of readiness. To be effective, consultation requires time with staff for training, modeling appropriate interactions, reflective communication, joint meetings with parents, evaluation activities.
4. **Readiness for Partnership with MH Consultation** -- Partnership relies on relationships, and this requires a level of stability of staffing and administration. It also requires a positive orientation toward partnership, and successful experiences with other partnerships would be especially indicative of readiness. Consultation is a specific practice with key components that differs greatly from other quality improvement efforts, frameworks or curriculums. Settings will have had varying exposure to the practice. Establishing what's known and what other resources are either in place or have been tried will enhance the understanding of the setting.

**Use this page to document basic program information.**

**Child Care Program Name:**

Address:

Director Name:

Phone number:

e-mail:

**Demographics.** We need to know specifics about the children being served. Some funders of consultation set out parameters for the children they want programs to reach, including lower income children, children of an underserved ethnic/cultural group, or children of certain ages.

Setting Capacity/ Enrollment

Child Enrollment Information

Males \_\_\_\_\_ Females \_\_\_\_\_

Age Groups:

Ethnicity of enrolled children

Second Language Learners-Languages Spoken

Child Care Subsidy Enrollment

Special Needs Enrollment-Specifics

Other enrollment category, including at-risk children (foster children, children living in homeless/domestic violence shelters/teen parents)

**Setting Information.** We need to determine the kind of program offered to children (part-day, extended hours, non-traditional hours) to understand the group care demands on the children, as well as formulating ideas about when the consultant will be able to implement strategies. Space for the consultant to make confidential phone calls and have meetings with children and families needs to be determined.

Hours of operation, including closures/ summer changes

Space Availability for consultation activities

Ratios

Number of classrooms

Philosophy of transitions (determinants of moving to another classroom, grouping of children during low census, etc)

Notable environmental factors/features

## Structured Interview

*Instruction:* Begin by giving an overview of your program, including information about the practice of mental health consultation, and any time frames about program decisions and getting started. Then, interview the director, using an open-ended question format to facilitate identification of areas of readiness and areas that need to be addressed in getting a program ready to benefit from mental health consultation. Use the questions below as a guide. Please capture descriptions and conclusions about baseline practices based on responses from the interview.

**I will ask you some questions to understand how your program addresses social and emotional development in context of your overall programming.**

### Interactions

- In interacting with children, what tools or strategies do the *staff* at this center use (feelings charts, circle time, group curriculum, behavior interventions) to support social and emotional development?
- How did they learn about these methods?
- Are there gaps in the methods you currently use? Please explain.
- Please finish this sentence: "We use \_\_\_\_\_ *curriculum* (if any) in our setting to support social and emotional development and we choose this one because ....."
- Please finish this sentence: "To *support positive teacher/child interactions* with regards to social and emotional development, I feel the teachers need more information on:..."
- "I know about interactions in the classroom because ...."
- Please complete "I notice this about interactions in my center/home"

## **Environment**

- Please tell me the ways the following statement is true or not true for your center or program:  
“Our classroom environments promote and support children of all ages in social / emotional and overall development.”
  
- Please finish this sentence “With regards to social and emotional development, staff says or feels our environments.....” Do you as the director agree with that statement?
  
- What environmental challenges does this setting face in implementing activities that promote social-emotional development, or development overall?
  
- In the past year, what percentage of your staff has left their positions? Please tell me a little about your ideas regarding staff turnover or retention.
  
- Have you had an environmental rating? Are you currently receiving any coaching, resources, or training as a result of your rating?

## **Parent/ Home connections**

- In this setting, does staff carry out parent-teacher conferences for every child? Is the area of social/emotional development discussed during the conference?
  
- What tool, if any, is used to structure the format of parent-teacher conferences?

- Describe current practices regarding parent communication and connection. Does this meet yours/parents needs?
- What information or education in any area of parenting or child development (or others) have parents requested that has not been provided?
- How would you go about promoting the services of a mental health consultant to families?

### **Expulsion and at-risk protocols**

- Do you have a policy regarding expulsions? How is it communicated to new staff/families?
- What are the main reasons why you might expel a child?
- Centers/homes sometimes feel they must expel a child because of continued biting or aggression, sexualized play or contact with others, inconsolable child. Do you have experience with these kinds of situations and how have they been handled?
- How many times in the past year have you expelled a child?



- Are there situations where you feel a child is “at-risk” of being expelled? Please describe your recent experiences with this? How was this experience for the parents of the at-risk child?
- What has kept you from expelling a child in any circumstance?
- Please describe your current approaches to challenging behaviors. Are you satisfied with how they are working?
- We ask that Kid Connects partners be willing to hold off on expelling a child while consultant works with your staff and the family to respond to the concern. How does that fit into your program or philosophy?
- What might you share with staff or other families about this commitment?

**Also assess:**

- Please comment on your interest in mental health consultation, including what expectations you have at this time regarding consultation, your flexibility and willingness to reflect, learn, and make changes
- Familiarity/utilization of community resources-- Tell me about some of the community resources available for families you serve, or for your program or staff. How do you utilize these? Are there programs you might access but haven't?

- Please tell me about any other initiatives or supports you have used to improve your support of social emotional development, family engagement, program quality, etc. Reflect on what's worked and what has not been so helpful.
  
- Readiness for partnership with mental health and health providers—let's talk about your readiness, and your staff and program readiness for new partnerships—with consultants and specifically with mental health and health. Do you have any relationships with any health partners in the community? What is that history and current involvement? How would you like to see that improved?

## **Rating Site Readiness for MH Consultation**

Instruction: After interviewing the early care site director and, perhaps, observing the program and staff, the Kid Connects reviewer should use the next pages to check the areas of positive readiness (this page) and the areas of un-readiness (next 2 pages). Please check below all statements that are true for this site, as you have assessed it. Note any areas you are lacking information and use them as a cue to follow up on those areas. When you are done, you will have a picture of how ready the site is for consultation and in what areas. The more statements checked the more ready the site is!

### **Indicators of site readiness for early childhood mental health consultation:**

#### **Administrative Support for MH Consultation**

- Administrative staff demonstrates interest in mental health consultation
- Administrative staff has realistic expectations about mental health consultation, how soon to expect change, scope of interventions
- Administrative staff is flexible and prepared to make time for partnership activities, including participating in consultation meetings, staff training, working on program evaluation
- Administrative staff is committed to providing staff time to receive regular consultation
- Administrative staff is willing to engage in a reflective process as it relates to relationships with children, families and other staff members.

#### **Current Practices**

- Current practices in supporting social/ emotional development could be improved upon, with consultation
- Staff-home connections could benefit from consultation and support
- Current approaches to challenging or concerning behaviors could be improved upon, with consultation
- Administrator and staff would be willing to hold off on expelling a child if a consultant was able to work with your staff and the family to respond to the concern

#### **Flexibility of Programming to Incorporate MH Consultation**

- Staffing patterns are adequate to support time for consultation, learning new skills, program evaluation activities, etc.
- Professional development of staff is routinely supported
- Staff take advantage of professional development opportunities
- Previous change efforts have been successful

#### **Readiness for Partnership with MH Consultation**

- There is longevity among staff and turnover is not excessive
- There is stability and strong partnership capacity at the program director level
- Child care connections with parents/ home are positive
- The program makes time for staff to receive consultation
- The program provides year-round care for children
- There is strong interest in partnering with mental health and health care providers to improve quality of care for children, even if it means more work or changing well-known practices

**Indicators of Un-readiness**— areas that may need to be addressed in preparing a site to be ready to benefit from early childhood mental health consultation. Consider addressing 2 or 3 of the identified areas for a limited period of consultation to see if adequate shifts can be made. Re-assess readiness to determine if you will move forward with the full program.

*Instruction:* Below, please check all statements that are true for the site as you have assessed it. Note any for which you need more information and call or visit to answer those. When you are done, you will have a list of areas in which the site is less ready.

### **Administrative Support for MH Consultation**

- Administrative staff is only interested in mental health consultation if it does not require effort on administrative or other staff time
- Administrative staff has unrealistic expectations about mental health consultation (e.g. expecting consultants to pull children out and do something to improve their behavior and then return them to the classroom)
- Administrative staff is unable or unwilling to make time for partnership activities, such as consultation meetings and working on program evaluation
- Administrative staff is unwilling or unable to allow staff time to receive consultation
- Administrative staff is either unwilling or does not have the authority to implement agreed-upon strategies
- Administrative staff demonstrates little interest in learning more about social emotional development or different management approaches, or engaging in a reflective process as it relates to relationships with children, families and staff

### **Current Practices**

- Current practices in supporting social/ emotional development cannot be improved upon through consultation, either because they are already consistently excellent or they are too rigidly fixed in the culture
- Current approaches to challenging or concerning behaviors cannot be improved upon through consultation, either because they are already consistently excellent or they are too rigidly fixed in the culture
- Administrator and staff are committed to using expulsion and would be unwilling to commit to work with a consultant on alternatives

## **Flexibility of Programming to Incorporate MH Consultation**

- Staffing patterns are inadequate to support time for consultation, learning new skills, program evaluation activities, etc.
- Little to no professional development of staff occurs – it is not routinely supported or staff don't take advantage of professional development opportunities
- Previous change efforts have been unsuccessful due to site's efforts

## **Readiness for Partnership with MH Consultation**

- There are high levels of staff turnover
- The director is new and needs more time to establish relationships within the program before emphasizing changes
- The child care environment is chaotic as evidenced by lack of daily routine, highly inconsistent staffing patterns, absence of support for teaching staff, site philosophy
- There is instability or weak partnership capacity at the program director level
- Child care connections with parents/ home are weak or adversarial
- The program does / will not make time for staff to receive training or consultation
- The program breaks for months at a time, impeding progress of partner relationships and incorporation of new practices

## Interpreting the Results— Is this Site Ready?

There is no one simple answer or formula to determine whether a site is ready for early childhood mental health consultation. However, a review of interview results, the readiness checklist, and the un-readiness checklist will provide much information and guidance in deciding whether the time is right for this site to start a mental health consultation program and, if not, what the site could improve or change in order to become ready to provide this invaluable resource to the children and families served by the program.

In developing your conclusions about whether a site is ready, please consider the following steps:

1. First, if anything on the interview felt like a red flag, triggering your feeling that “this organization is not ready,” identify for yourself what the problem was and consider how to articulate it for yourself and for the site. Then consider if it is something that the site could change if desired and discuss with the program director. For example, it is not uncommon for a director to have unrealistic expectations about mental health consultation at first. However, if the director is open to learning more about how it works, this readiness issue may be worked through very successfully.
2. Then, look through the list of readiness items checked—the more items checked, the more ready the site is! Congratulate the director on all the ways the program is strong and ready for consultation. Also note which items are not checked and consider how necessary they are before starting a mental health consultation program. Think about how the readiness issues that are not quite *there* may be shaped in order for the site to become ready.
3. Look through the list of un-readiness items checked -- the more items checked, the less ready a site is. The list will provide you the basis for a plan to help the site become ready. Experience would suggest that you not attempt to begin the mental health consultation while: a) the administrative is unsupportive or lacks the authority to implement change; b) staff turnover is excessive; or c) the program feels highly chaotic. In these cases, you may provide the site with guidance and support to improve their readiness, but should not set them up for failure by instituting a program that cannot succeed because of the institutional conditions.