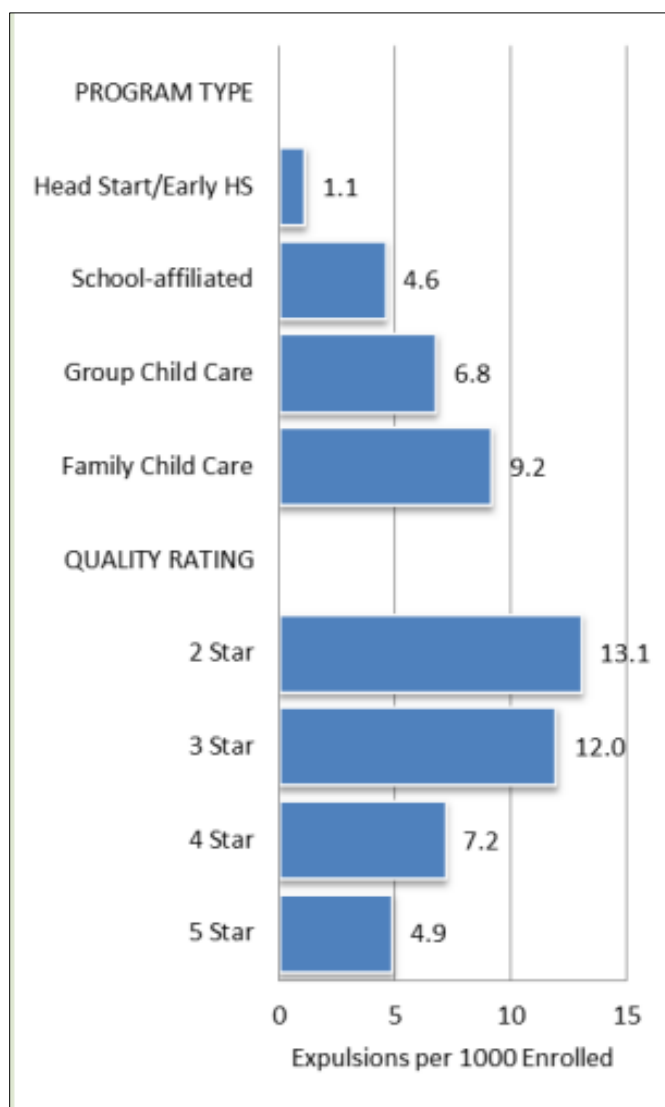


Proposed Infant and Early Childhood Mental Health Consultation Request for Proposals (RFP)

The Challenge

A 2015 survey of child care programs in Wisconsin showed that nearly 30% of all programs surveyed had expelled a child in the past year. Higher expulsion rates were reported for boys, African American children and children on child care subsidies. Family child care programs and those with lower star ratings reported expulsions at a higher rate than other programs (see below).

Expulsions per 1000 Kids in Child Care



Public schools are not permitted to expel children in their early childhood programs. However, they are permitted to suspend children of any age for a period of time and expel older children. Overall, early childhood suspensions in Wisconsin public schools have been declining since 2011. However, racial disparities exist in public school suspension, as well. White students are expelled at approximately a 1% rate while African American students are expelled at a 10.05% rate. Additionally, students who are economically disadvantaged are suspended at a higher rate than their non-economically disadvantaged counterparts are.

To decrease suspension and expulsion rates, many schools have added specialized systems and services. They include positive behavior interventions or socio-emotional curricula and interventionists hired to assist students with challenges, and coach or train teachers in effective strategies to understand and best meet these students' needs. **This same help is not widely available to child care programs.**

Background

Over the past 18 months, the Child Care Unit and the Early Childhood Care and Education Committee (ECCEC) have been exploring current information and research related to suspension and

expulsion rates, and increasingly severe behavior challenges in accredited centers who serve children and families impacted by chronic trauma

The Unit has funded center training and internal professional development aimed at increasing knowledge and skills in areas of child and family mental health, including the impact of Adverse Childhood Experiences, Trauma Informed Care, secondary trauma and related issues of poverty and race. We have contracted with individual consultants to work with child care programs to build their staff knowledge and improve their skills in working with high-needs children and families. Specialists have participated in community Trauma Informed Care initiatives and provide provided Trauma Informed Care training, and regularly pursue training to building foundational knowledge and expertise to use in center consultation.

During this time, the State of Wisconsin has also been exploring the creation of a model for infant and early childhood mental health consultation through a collaborative working group. Staff from the Unit participate on that working group. Other states and communities have planned and implemented infant and early childhood mental health consultation programs or pilots that have shown success in decreasing expulsion of children from child care and improving child success in building social-emotional skills to “bounce back” (or rebound) from traumatic experiences, and manage ongoing chronic stressors.

While our strategies thus far have helped, in order to better address the increasing scope and intensity of these issues, we need to make infant and early childhood mental health consultation more widely available to child care programs.

Proposal

We are proposing to administer this RFP in order to create a pilot program that would provide infant and early childhood mental health consultation to a small number of accredited child care centers in Madison.

Child Care Unit staff will convene a working group of local and state experts, in addition to consulting with other states and communities that have programs in place, to help us create an RFP and the outline of a pilot program. The working group will provide guidance to inform the RFP which we anticipate to release in the summer of 2019 for implementation in 2020.

We anticipate the mental health specialist(s) in the pilot program will work collaboratively with Child Care Specialists in participating programs to provide ongoing consultation, support and training as well as response to specific incidents that arise in programs. We are looking to create a flexible model to meet the needs of diverse child care programs rather than funding multiple child care programs or consultants to do slightly different models in each program. We would aim to create a model that could be expanded or duplicated in other communities.

Funding Source

Funding for this RFP would come from underspending in the Tuition Assistance budget. This has been approximately \$250,000 per year in both 2017 and 2018. Although eligibility changes implemented in 2018 have helped a small number of families access accredited care, the income eligibility criteria remain at a level, which leaves many families who need it most (those under 200% of the federal poverty level) without access to this program.