



BehaviorHelp: Supporting Teachers So Children Can Reach Their Potential!

2019 Update



TABLE OF CONTENTS

EXECUTIVE SUMMARY	2
THE PROBLEM OF SUSPENSION & EXPULSION	3
THE CALL TO ACTION	3
THE ARKANSAS RESPONSE	4
THE BEHAVIORHELP SYSTEM	4
REACHING THE STATE	6
DESCRIPTION OF REFERRALS	6
Description of Children Referred	6
Description of Classrooms Served	8
Classroom Strengths and Opportunities to Improve Supports for Social-Emotional Development	9
PREVENTING SUSPENSION & EXPULSION	9
Teacher Perception of Change in Child Behavior	10
DISMANTLING DISPARITIES.....	10
Demographics of Children Served	10
Disparities in Expulsion Outcomes.....	12
SATISFACTION WITH BEHAVIORHELP SERVICES	14
Comments from Those Receiving BehaviorHelp Services:	15
CASE STUDIES*	15
Project PLAY Early Childhood Mental Health Consultation	15
ASU Technical Assistance.....	16
LESSONS LEARNED and QUALITY IMPROVEMENT EFFORTS.....	16
BEHAVIORHELP SUPPORT PARTNERS	17
MEMBERS OF ARKANSAS' SUSPENSION & EXPULSION PREVENTION WORKGROUP	18
REFERENCES.....	18

EXECUTIVE SUMMARY

In the United States, children in early care and education (ECE) settings are being suspended or expelled at alarming rates. There is also growing evidence that specific groups of children may be disproportionately suspended and expelled from ECE settings, with older preschool children, boys, and African Americans at greater risk. The long-term effects of preschool suspension and expulsion are significant, including school failure, behavior problems, and even adult incarceration.

In 2014, the U.S. Departments of Health and Human Services and Education released a joint policy statement urging states to take action to reduce and soon eliminate the practice of suspension and expulsion in ECE settings. Arkansas' Suspension and Expulsion Workgroup, convened by the state's Department of Human Services/Division of Child Care and Early Childhood Education (DHS/DCCECE), worked to revise existing policies within the state, requiring prior approval for children's dismissal from ECE programs that are state funded and/or accept federally-funded child care assistance. In addition, the workgroup designed BehaviorHelp, a single point-of-entry support system for teachers struggling to manage challenging behaviors in the classroom. Those in need of assistance can now receive key training, technical assistance, and mental health consultation resources by one of three agencies in the state: DHS/DCCECE, the University of Arkansas for Medical Sciences (Project PLAY), and A-State University—Jonesboro (Technical Assistance). These supports are classroom or child specific, geared to meet the needs of each individual case referred.

IN FY'19, BEHAVIORHELP SERVED THE TEACHERS OF 552 CHILDREN AT 306 CENTERS IN 59 COUNTIES.

Since BehaviorHelp began in 2016, 1195 BehaviorHelp requests were received related to challenging classroom behavior. Teachers requested help to better support children who ranged in age from 1 to 10 years of age, and most referrals involved male children (82%). More than half of these children (54%) had experienced difficult or traumatic events such as abuse or neglect, divorce, and parent incarceration. Most referrals were related to behaviors that teachers described as aggressive and disruptive in the classroom.

BehaviorHelp cases were assigned to either the ASU technical assistance team (73%), Project PLAY (26%), or were worked jointly between agencies (1%). Of the 1143 cases that BH has *closed* since, **only 3% of children were expelled (n = 34)**. Teacher surveys revealed high levels of satisfaction with BehaviorHelp; **80% of those surveyed agreed they would recommend BH services to others**.

Our experiences with BehaviorHelp confirm that suspensions and expulsions are symptoms of multi-faceted, complex problems in our schools and communities. An array of supports are needed to assist teachers in designing classroom environments that support the social and emotional development of all children, prevent challenging behaviors from emerging, and accommodate children who have unique needs.

THE PROBLEM OF SUSPENSION & EXPULSION

The success of young children in early care and education (ECE) settings is closely tied to their social and emotional development. As children progress through early childhood, it is important for them to learn skills such as how to get along with others, listen and follow directions, and identify and manage their emotions. However, data suggests that most early childhood classrooms include at least one child with significant social, emotional, or behavioral issues. In the United States, approximately 10–20% of preschool children in the U.S. have some type of emotional or behavioral problem. The recent National Survey of Children’s Health found that 22% of children ages 2–8 in Arkansas have a diagnosed mental, behavioral, or developmental disorder—the highest rates in the nation¹.

Without intervention, children with such social and emotional delays are at risk of suspension and expulsion as well as problems in later childhood. In fact, children who are suspended or expelled are more likely to have long-term negative outcomes, including teen pregnancy, substance abuse, school failure and drop-out, and even incarceration²⁻⁴. Further, when young children are excluded from the classroom, we miss the opportunity to identify and address their needs, which often include developmental delays or disabilities and experiences of trauma or serious family stressors. We also lose the chance to increase the capacity of teachers to build children’s social and emotional skills and manage challenging classroom behavior.

THE CALL TO ACTION

Because of growing concerns about the negative consequences of suspension and expulsion, in 2014, the U.S. Departments of Health and Human Services and Education released a joint policy statement recommending that states and programs take action to reduce and ultimately eliminate suspension and expulsion⁵. Recommendations in this policy statement fall into six areas:



Establishing fair and appropriate practices.



Ensuring a highly skilled workforce.



Increasing access to specialized supports.



Strengthen family partnerships.



Implement universal developmental and behavioral screening.



Set goals and track data.

THE ARKANSAS RESPONSE

Upon the release of the joint U.S. Department of Health and Human Services and U.S. Department of Education Policy Statement on Expulsion and Suspension, the Director of the Arkansas Department of Human Services/Division of Child Care and Early Childhood Education (DHS/DCCECE) convened a workgroup to develop a plan to reduce suspension and expulsion in ECE programs in Arkansas. The workgroup was comprised of multiple units of the DHS/DCCECE, various university partners, professional development providers, professionals with experience as ECE administrators, and more.

The state's workgroup reviewed existing policy that limits expulsions in state funded pre-k settings. The policy stated that "No child shall be dismissed from the program for behavior without prior approval from DHS/DCCECE." In 2016, DHS/DCCECE expanded this policy to also cover about 1,000 ECE providers that accept child care assistance (vouchers/subsidy). Head Start and Early Head Start programs have long had non-expulsion policies built into their federal performance standards.

The workgroup utilized both in person and online strategies to spread the word about the negative impacts of suspension and expulsion on young children and their families, the policy change, and the state's new ECE provider support system—BehaviorHelp. These efforts were renewed in 2018 to ensure providers are aware of both the policy and the supports available.

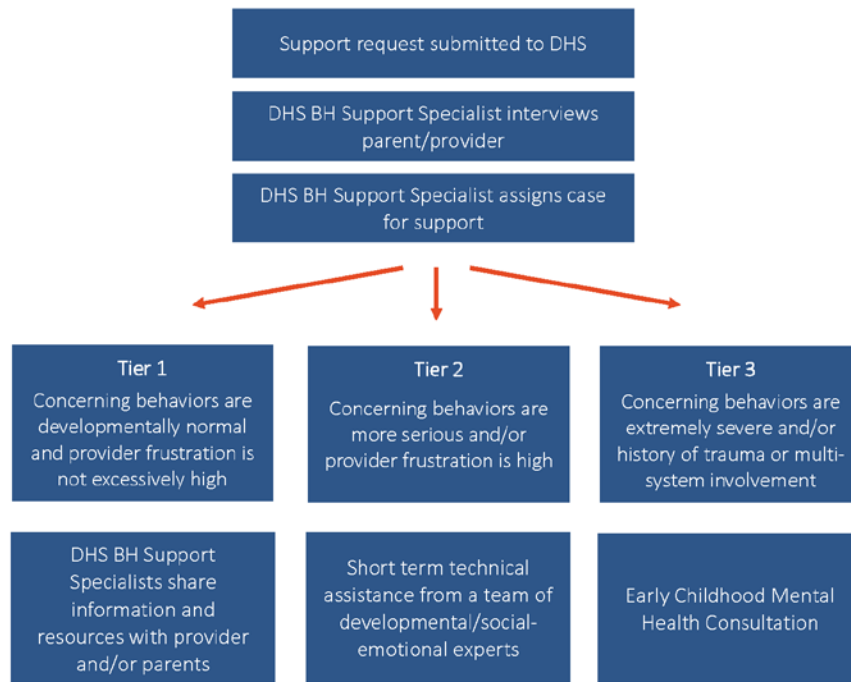
THE BEHAVIORHELP SYSTEM

Arkansas' BehaviorHelp (BH) system was designed by the state's Suspension and Expulsion Prevention Workgroup to provide a single point-of-entry to access support for teachers experiencing behavioral challenges in the classroom. Launched July 1, 2016, the system coordinates key training, technical assistance, and mental health consultation resources in the state with a goal of helping ECE providers quickly and easily access the support that is likely to best match their needs. Requests for support can be submitted by teachers, parents, child welfare caseworkers, and others through a brief online BH support request form. It is important to note that while BH requests might be initiated because of concerns around an individual child, the support system is aimed at building the skills of teachers to support *all* children and families, including those in their class whose behavior may be challenging.

Launched July 1, 2016, BehaviorHelp coordinates key training, technical assistance, and mental health consultation resources.

BehaviorHelp is a multi-tiered approach to services and includes team members from DHS/DCCECE, Arkansas State University—Jonesboro (ASU), and the University of Arkansas for Medical Sciences (Project PLAY). Initial child referrals are received by BH Support Specialists with the DHS/DCCECE. These specialists then contact the person submitting the request to complete a phone interview. The BH Support Specialist then decides the most appropriate next steps for referral to help support the teacher. Next steps can include assistance via phone or email by DHS/DCCECE staff, assignment to a BH Technical

Assistance Provider (through Arkansas State University) for on-site short term assistance, or assignment to on-site early childhood mental health consultation (through Project PLAY).



If a case is assigned to Arkansas State University Technical Assistance (Tier 2), the ECE professional would receive the following supports:

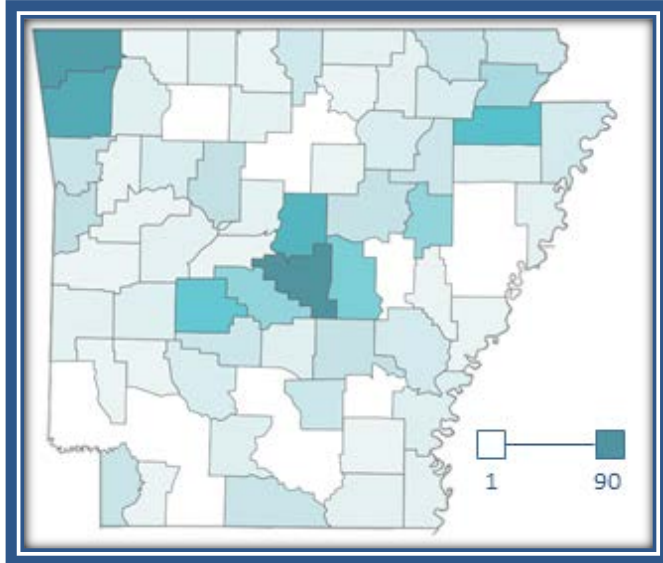
- Initial visit to observe the classroom, teacher, and environment.
- Between 2 and 10 additional classroom visits (or more if needed) to assist the teacher in implementing strategies designed to strengthen the quality of the classroom environment, support social and emotional learning, and reduce behavior concerns in the classroom.
- Identification of additional appropriate professional development opportunities.

If a Project PLAY Early Childhood Mental Health Consultant (Tier 3) is assigned, supports could include:

- Observation of classroom, teacher, environment, and child referred.
- Developmental, social, and emotional screening.
- Partnering in development of individualized plans to support caregivers in managing challenging behaviors and strengthening social and emotional supports in the classroom.
- Weekly classroom visits for approximately three months to assist teachers in implementing new strategies and techniques and support the well-being of the teacher.
- Partnership with parents to facilitate consistency between home and school.
- Training and information sharing on topics such as childhood trauma, managing disruptive behaviors, and emotional literacy.
- Referrals to community resources, if needed, for further assessment and treatment.

REACHING THE STATE

Utilization of the BehaviorHelp system increased by almost 50% in its third year as centers across the state have become more aware of these supports.



IN FY18-19, BEHAVIORHELP SERVED THE TEACHERS OF:

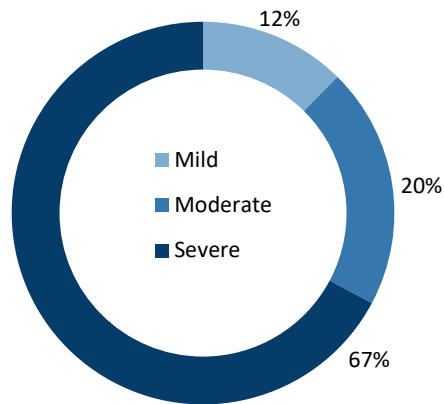
- 552 CHILDREN
- AT 306 CENTERS
- IN 59 COUNTIES.

DESCRIPTION OF REFERRALS

Description of Children Referred

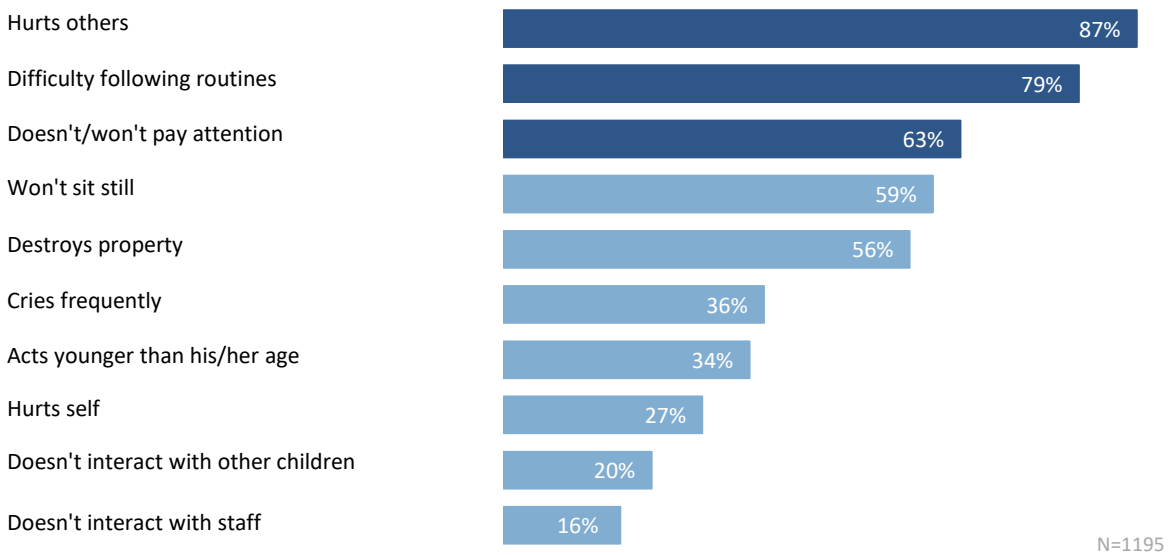
Since BehaviorHelp began in July 2016, the program has served 1195 children across the state and data presented below are inclusive of children served across all program years. Often times, the center director made the initial contact to request help (45%). Other times, it was a teacher, parent, mental health professional or caseworker. Those requesting assistance indicated children were demonstrating an average of five challenging behaviors (see next page).

Teacher frustration with child behaviors was high.

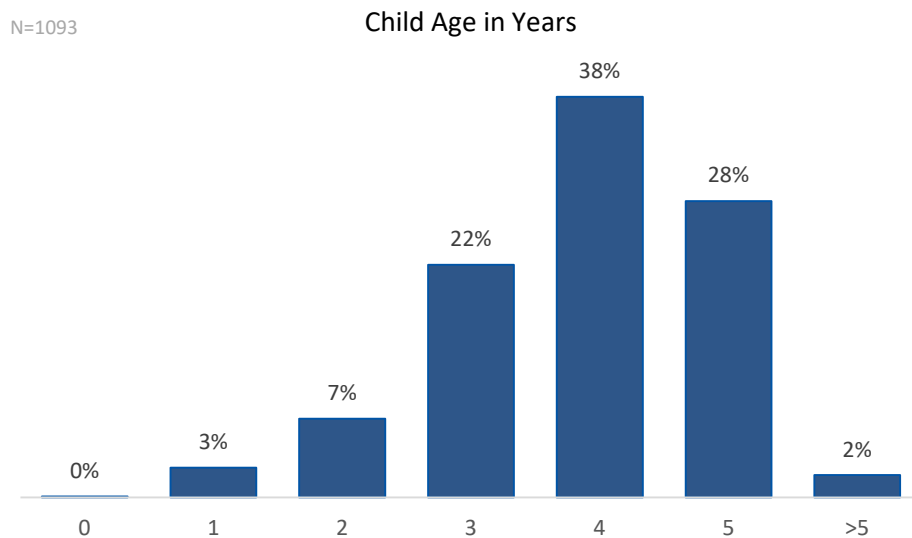


N=1022

Reports often indicated children harmed others and had difficulty following routines and paying attention.



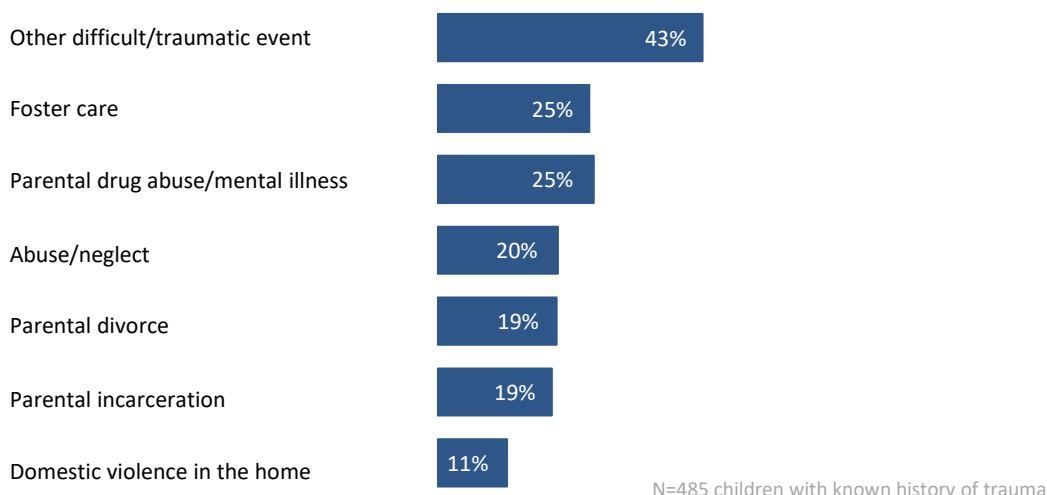
While the system was primarily designed to serve children birth to five, some referrals were accepted for children enrolled in after-school or summer programs (2%). Referrals involved children ranging in age from 1 to 11 years of age ($M=3.91$, $SD=1.21$), though most were between the ages of 3 and 5. **Most referrals involved male children (82%)**. In terms of race/ethnicity, the **majority of children were non-Hispanic Caucasian (63%)**, followed by non-Hispanic African American (24%) and multi-racial (9%). Just 3% of families were of Hispanic ethnicity. Reports indicated that **11% of the children referred were currently in foster care**. Families received support for children's care from a variety of funding sources, including ABC (37%), CCDF or Foster Care Voucher (22%), Head Start/Early Head Start (11%) and other sources (28%), including private pay, Medicaid, etc.



Children who exhibit behaviors that teachers find challenging to manage in the classroom are often survivors of trauma, have developmental delays, or are in need of stronger positive relationships with adults in their lives. In year 2, we began gathering data on the special needs of children and since then have found that 22% had an Individualized Education Plan, 13% were receiving support from the local educational cooperative, and **44% were receiving services such as speech, occupational, or physical therapy.**

Upon initial referral to BehaviorHelp, almost half (49%) of children referred had reportedly gone through recent changes in their life. Center staff also indicated that 44% of children had experienced difficult or traumatic events, including DHS involvement, divorce, parent incarceration, and other difficult experiences (i.e., parent separation, deployment, witness to violence). Sometimes throughout the course of the case, however, evidence of trauma was discovered in children initially not thought to have experienced difficult life events. By case closure, **the proportion of children who were reported to have experienced trauma rose to 54%.**

Among children whose history of experiencing a traumatic event was known at intake, the experiences below were most common:



Description of Classrooms Served

Centers receiving assistance from BehaviorHelp were mostly Level 3 Better Beginnings sites (62%). Staff utilized the Teaching Pyramid Observation Tool (TPOT) in their initial observations of classrooms in which teachers were requesting help for managing challenging behavior (for infant-toddler classrooms a different tool was utilized). The TPOT is designed to align with the Pyramid Model for Supporting Social Emotional Competence in Infants and identifies tiered classroom practices that support children’s development and reduce challenging behavior in the classroom. Selected results from the TPOT are shown below, highlighting existing strengths as well as opportunities to strengthen classroom practices so that fewer emotional and behavioral challenges emerge.

Classroom Strengths and Opportunities to Improve Supports for Social-Emotional Development

Strengths

- **61% of teachers support children in problem-solving.**
- **70% of teachers support children in managing anger.**
- **95% of classrooms have at least 4 learning centers.**
- **86% of teachers have conversations with children.**
- **95% of teachers use positive, calm tones.**



Opportunities to Improve

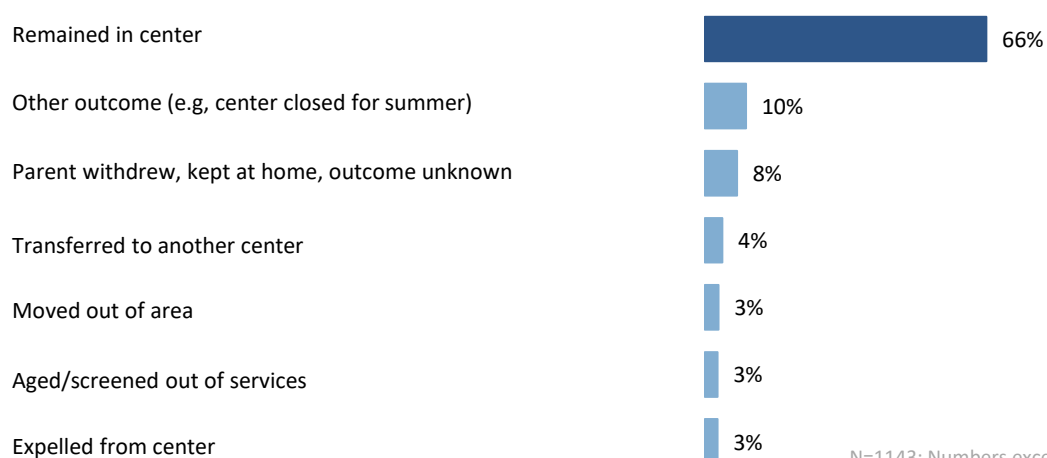
- **58% of teachers rarely discuss emotions in classroom.**
- **62% of teachers do not remind children of behavioral expectations.**
- **65% of classrooms have chaotic transitions between activities.**
- **53% of classrooms have no visual schedule for the day.**
- **27% of teachers rarely join children's play.**

PREVENTING SUSPENSION & EXPULSION

BehaviorHelp cases were assigned to either the ASU technical assistance team (73%), Project PLAY (26%), or were worked jointly between agencies (1%). These numbers exclude the cases that were not assigned outside of DCCECE for various reasons (attempts to contact school were unsuccessful, parent had already moved child, etc.). In some cases, ASU and Project PLAY staff also collaborated with early childhood special education professionals.

Of the 1143 cases that the BH team has *closed* across both fiscal years, **only 34 children were expelled (3%)**. Most children (66%) remained in the center that initiated the BH referral, with 84% of those still in the same classroom as intake. Other children were transferred to another center (4%). The remaining children changed centers due to parent choice, aging out or graduating, or moving out of the area.

At the time their case closed, most children **remained in the ECE center**.



N=1143; Numbers exceed 100% if multiple outcomes were marked.

Teacher Perception of Change in Child Behavior

When a child-specific case was opened through Project PLAY, teachers were asked to complete the Strengths and Difficulties Questionnaire (SDQ), a 25-item screening tool designed to assess children's behavior in five key areas: emotional difficulties, conduct problems, hyperactivity, peer relationships, and prosocial behaviors. The average scores for children referred to BehaviorHelp were higher than SDQ normative data (with prosocial scales lower than the norm), indicating the severity of behaviors exhibited by children referred to BehaviorHelp services. However, as seen below, children's behavior saw significant improvements from over the course of the three-months of Project PLAY consultation with the teacher. **Total SDQ scores improved significantly, and teachers reported a significant decline in the impact of the children's challenging behaviors on the classroom.**



Significant decrease in conduct & hyperactivity problems such as:

- Often fights with other children.
- Often argumentative with adults.
- Constantly fidgeting or squirming.



Significant increase in prosocial behaviors such as:

- Considerate of other people's feelings.
- Shares readily with other children.
- Often offers to help others.

DISMANTLING DISPARITIES

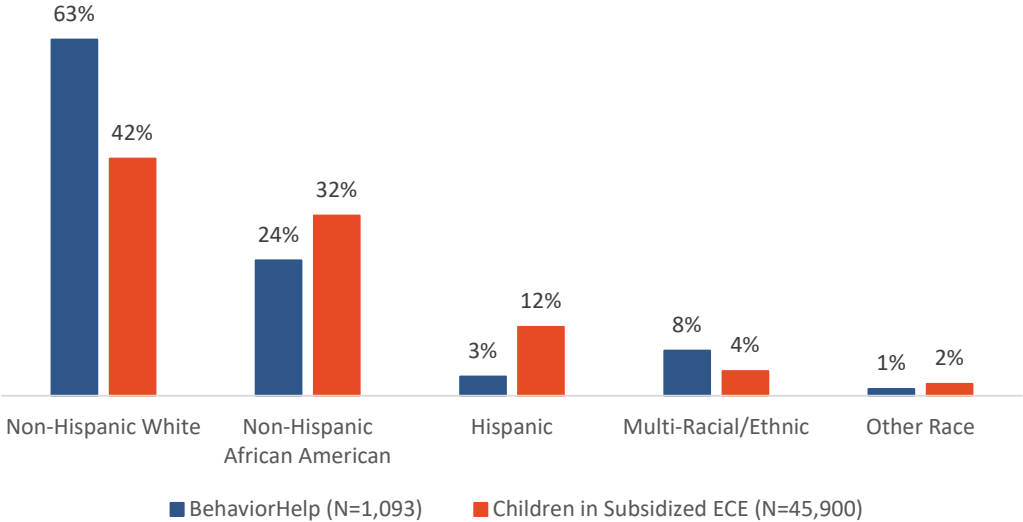
National data point to clear patterns of gender and racial disparities with regard to preschool suspensions and expulsions. Recent research has revealed that older preschool aged African American boys are disproportionately more at risk of suspensions and expulsions.⁶ In state preschool systems, African American boys make up 18% of all preschoolers enrolled; however, they comprise 48% of all children with multiple suspensions.⁷ We felt it important, as a result, to explore potential disparities within our own BehaviorHelp sample in Arkansas. Our summary below examines possible disparities based on race/ethnicity, gender, and foster care status.

Demographics of Children Served

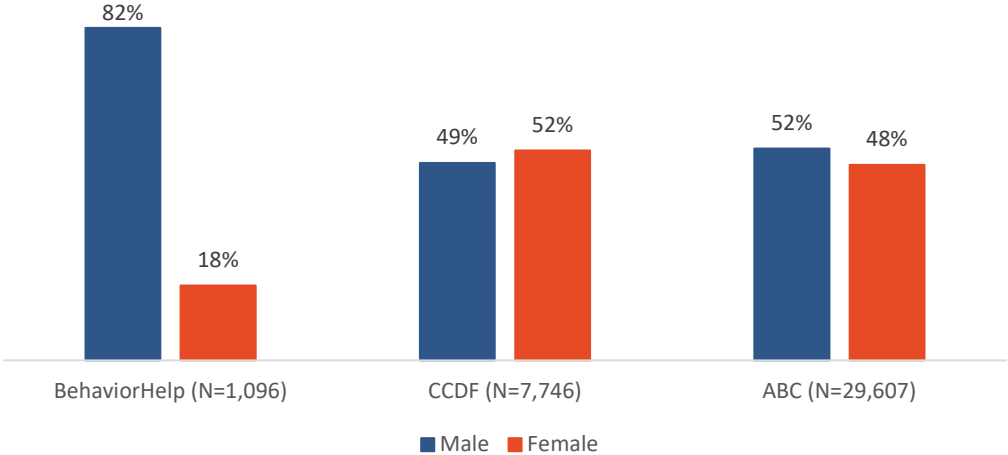
We first sought to explore how our BehaviorHelp sample compares demographically to children receiving services through state and federally funded programs in Arkansas, including CCDF vouchers, ABC, and EHS/HS funds. When possible, comparison data was gathered through ABC and CCDF state data systems, as well as Head Start program information reports. As we address the results from these comparisons below, please note that sample sizes of some racial and ethnic groups were too small to analyze. As a result, we focus this report on categories of Hispanic, non-Hispanic White, non-Hispanic African American, and multi-racial/ethnic. Additionally, please note that BehaviorHelp race/ethnicity, gender, and foster care status were all obtained from the referral source, not necessarily from the child's parent or legal guardian.

In Arkansas, children in funded pre-k programs (such as Head Start/Early Head Start, ABC, and CCDF) are fairly diverse with regard to race, ethnicity, and gender. Within our BehaviorHelp sample, however, almost two-thirds of all children referred were non-Hispanic White (63%), and most were boys (82%).

More than two-thirds of children referred to BehaviorHelp were non-Hispanic White. Children in other funded pre-k programs in the state are more racially and ethnically diverse.



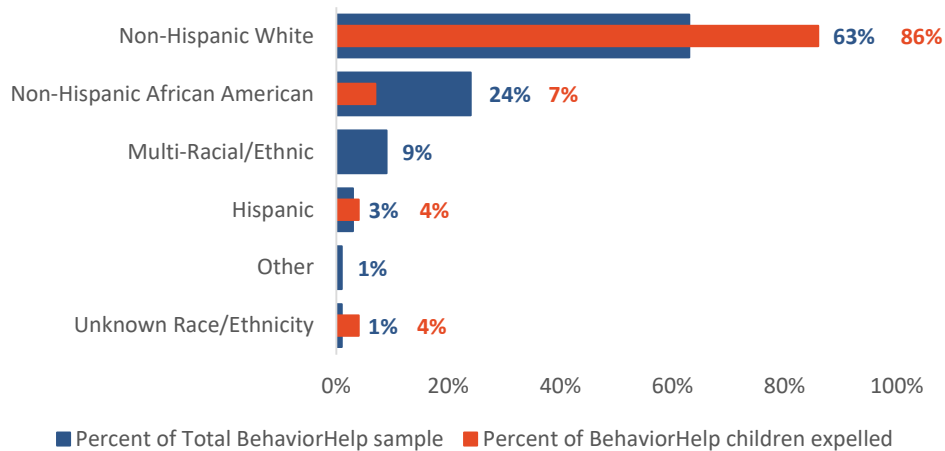
While children in Arkansas CCDF and voucher funded pre-k programs were more evenly divided with regard to gender, children referred to BehaviorHelp were predominately male.



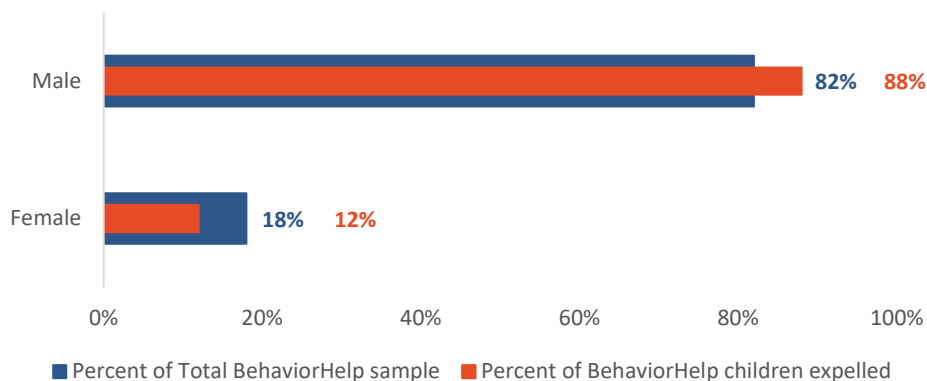
Disparities in Expulsion Outcomes

Since BehaviorHelp began in 2016, only 34 out of 1195 children (3%) receiving BehaviorHelp services have been expelled. Our ability to statistically explore disparities in expulsion outcomes is limited because the number expelled is extremely small. Though national research indicates that African American children are most at risk of expulsion, children referred to BehaviorHelp were predominately non-Hispanic White, and **most BehaviorHelp expulsions involved non-Hispanic White children as well.** Non-Hispanic White children made up 63% of children referred to BehaviorHelp and comprised 86% of children expelled. Of non-Hispanic African American children referred to BehaviorHelp, 0.8% were expelled, compared to 3.4% of children of other racial/ethnic backgrounds. **While boys are over-represented in BehaviorHelp enrollment, they do not appear to be significantly more likely to be expelled than girls referred to BehaviorHelp.**

Non-Hispanic White children make up 63% of BehaviorHelp referrals and 86% of expulsions.

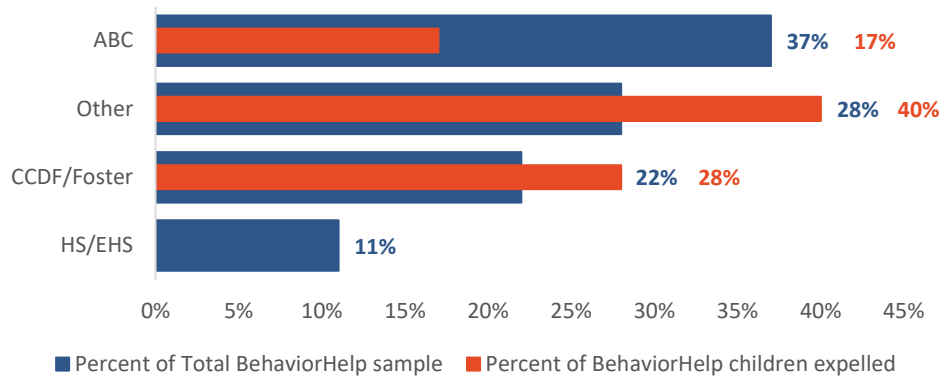


Though boys were more likely to be referred to BehaviorHelp, there do not appear to be significant differences in expulsion rates by gender.



Though more than a third of all children referred to BehaviorHelp were in ABC funded pre-k slots, **40% of children expelled were in privately funded or EIDT facilities.** This disproportionality may have occurred because ABC standards mandate that children cannot be suspended or expelled from ABC programs without prior approval from the Division’s ABC Administrator or Program Specialist.⁸ Privately funded childcare centers are not held to the same standards.

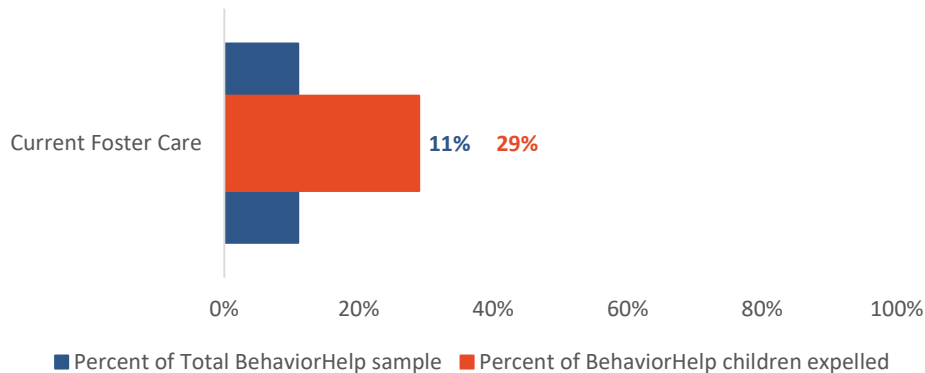
Though most BehaviorHelp referrals came from ABC funded programs, children in slots at other (e.g., privately funded) childcare facilities were more likely to be expelled.



Data from the Arkansas Department of Human Services indicates that at the end of FY18, 4,482 children were in foster care in the state. Most of these children were 2-5 year olds (23%). About two-thirds were White (64%), and slightly more than half were male (51%).⁹

Keeping in mind the small number of total children expelled, it appears **a disproportionate number of foster children were expelled, happening at a rate more than four times that of children who were not currently in the foster care system.** Of our total sample, 97 children were currently in foster care at the time of interview. While foster children comprised 11% of the total sample, they represent 29% of all BehaviorHelp expulsions. Looking at it another way, children in foster care within our sample were expelled 8% of the time, compared to 2% of children not in foster care. Interestingly, when analyzing data from teacher reported surveys of children’s behavior for children with child-specific cases through Project PLAY, we found no significant differences in severity and frequency of behaviors when comparing children in foster care to those not in care.

Children in the foster care system represented 11% of BehaviorHelp referrals and 29% of expulsions.



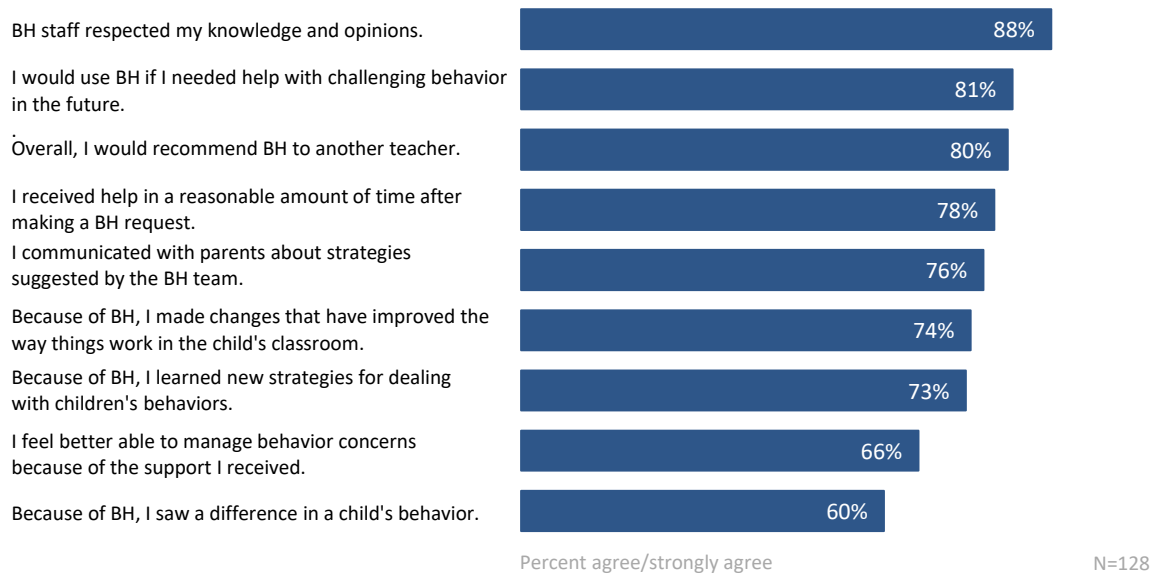
Because of the high rates of trauma among our referrals, the BehaviorHelp team and partners have worked to develop new approaches for teacher training in trauma-informed care practices, as well as coordinated efforts to prevent secondary trauma among BehaviorHelp staff. We continue to work to develop a stronger referral network of trauma-trained mental health professional (outside of Project PLAY) who can provide direct therapeutic services that go beyond classroom consultation.

SATISFACTION WITH BEHAVIORHELP SERVICES

Developing a positive relationship with ECE provider agency staff, parents, and other partners/service providers is key to successful intervention. As part of the evaluation component of BH, an online survey was developed to assess client satisfaction with the services they received. Electronic surveys were sent out to the person with whom consultants worked the most during the BH process. Response rates were lower than desired, which is not uncommon for web-based surveys.

As seen below, BehaviorHelp clients noted high satisfaction with the system, with 81% and 80% of those surveyed stating they would use BH again and recommend BH services to others, respectively. They also indicated that BehaviorHelp staff respected their knowledge and opinions (88%). Additionally, most felt they learned new strategies and techniques and were able to communicate those strategies with parents as well. While most ECE providers (60%) reported improvements in children's behavior, it is important to note that it is not always the child's behavior that needs to change – at times providers may simply need information to know that some behavior is developmentally normal in group care settings.

Overall, ECE providers receiving services from BehaviorHelp felt supported and better equipped to handle future challenging behaviors.



Comments from Those Receiving BehaviorHelp Services:

“Our school was in constant contact with a member of ASU's team supporting us with Conscious Discipline techniques. We were very appreciative of the quick response of the team and their willingness to support us through this process. We are still in contact with ASU, speaking several times a week through email or in person.”

“We first were assigned an A-State representative who did what she could but quickly realized the situation warranted Project PLAY. We did take away many good universal skills from working with A-State. Project PLAY, more than anything, validated the teachers needs and helped them feel they were not alone in their difficulties. There were several good suggestions made for the teachers to try, and modeling was very beneficial. It also helped to have the parent interaction with the PLAY consultant to help buffer a tense situation.”

CASE STUDIES*

Project PLAY Early Childhood Mental Health Consultation

BehaviorHelp received a referral for a 5 year old boy named David. The adults in David's lives were concerned about his level of aggressive behavior, and he had recently been placed on medication. He refused to remain in the classroom when the parent brought him to school and would kick the teachers when they tried to keep him safe. David only played independently, avoiding interaction with peers, and cried several times during the day. A Project PLAY mental health consultant was assigned to the case and scheduled to meet with the director, teacher, and parent prior to the initial observation. On that day, David refused to enter the classroom and ran from his parent multiple times in the building.

The mental health consultant, parent, and teacher collaborated to develop a nurturing drop-off routine to help David settle into the classroom each morning. The mental health consultant helped the teacher support David when upset by consistently offering two choices until he made a decision. The parent began to use the same approach at home. After meeting with the parent several times, the consultant learned about the family's economic needs, of which the teacher was not fully aware. As a result, the teacher was able to provide support and linkages to resources for the parent. In the classroom, the mental health consultant and the teacher worked on helping David increase his social interactions with peers through the use of social stories and modeling skills in centers. At the end of the consultation period, David was no longer running from the classroom, and he had begun to engage in both parallel and collaborative play in several centers. He responded positively to limit setting both at home and at school.

ASU Technical Assistance

José's teacher, Ms. Elizabeth, contacted BehaviorHelp for assistance managing José's challenging behaviors. José had difficulty with transitions and was physically aggressive toward his peers, hitting, biting, and kicking them when upset. Other unsafe behaviors were also a concern, as José frequently ran from staff and vomited when he became angry. The TA consultant began by modeling social-emotional strategies for the teachers, such as calm down techniques, discussing and labeling of feelings, and joining children's play. Then she identified strategies that would be likely to help all children in the classroom, including José. The consultant encouraged Ms. Elizabeth to personally connect with each child daily and to make additional efforts to aide José during transition times. With help from his teacher, José also worked hard to build relationships with his peers, beginning to use his words to enter into play. Before long, Ms. Elizabeth, José, and the class as a whole started to practice self-regulation techniques and began labeling feelings and emotions. Each classroom visit showed José using more skills and helping others use them, too.

*Names and other identifying information have been changed to protect the privacy of teachers and families.

LESSONS LEARNED and QUALITY IMPROVEMENT EFFORTS

Our experiences with BehaviorHelp confirm that suspensions and expulsions are symptoms of multi-faceted, complex problems in our schools and communities. We have seen that sometimes behavior concerns are exacerbated by the classroom environment or nature of the relationships in the classroom. For example, lack of structure and chaotic transitions, expectations for children that exceed their developmental level, and high rates of teacher turnover that limit the opportunity for nurturing relationships can all contribute to children's behaviors. Other times, children's behavior is a symptom of an unmet child need, a developmental delay, or emotional problems in the aftermath of experiences of trauma. Regardless, challenging behavior in the classroom is a serious challenge for teachers, directors, and parents. We continue to expand and refine our collaborative efforts to meet the needs:

- In 2019, DHS/DCCECE funded the development of Array, a partnership between Arkansas State University Childhood Services (A-State) and the University of Arkansas for Medical Sciences (UAMS) with collaborators from around the state, including the University of Arkansas Early

Care and Education Programs (UA ECEP) and Dawson Education Cooperative. Array was funded to organize and implement a continuum of collaborative services to improve the quality of social-emotional supports in early childhood education programs in designated state regions. Through the following activities, we anticipate that Array will bring long-term solutions to ECE providers and will be a key support to BehaviorHelp. Array is designed to:

- Provide a point of entry to training and coaching resources in the social-emotional domain.
- Coordinate across professional development providers and state partners to meet regional needs.
- Identify the most pressing needs of early care and education programs and match training to that need.
- Offer implementation support and coaching to enhance likelihood of sustainable change.
- DHS/DCCECE also supported new trauma informed care pilot initiatives yielding promising results, as well as the development of new online training modules for teachers on the topic of trauma.
- Recognizing the need to support children with developmental delays and disabilities in inclusive settings, the DHS/DCCECE is engaging in new efforts to build capacity and desire among ECE providers to support inclusive practices.

BEHAVIORHELP SUPPORT PARTNERS



MEMBERS OF ARKANSAS' SUSPENSION & EXPULSION PREVENTION WORKGROUP

- Arkansas Department of Human Services/Division of Child Care and Early Childhood Education
 - Licensing and Accreditation Unit
 - Arkansas Better Chance
 - Family Support
 - Director's Office
- Arkansas Department of Human Services/Division of Behavioral Health Services
- Arkansas Department of Education/Special Education
- Head Start Collaboration Office
- Project LAUNCH
- University Partners
 - Arkansas State University—Jonesboro
 - University of Arkansas for Medical Sciences
 - University of Arkansas—Fayetteville
- Out of School Network
- Arkansas Advocates for Children and Families

REFERENCES

- ¹ Bitsko, R.H., Holbrook, J.R., Robinson, L.R., Kaminski, J.W., Ghandour, R., ... Smith, C. (2016). Health Care, Family, and Community Factors Associated with Mental, Behavioral, and Developmental Disorders in Early Childhood — United States, 2011–2012. *MMWR. Morbidity and Mortality Weekly Report*, 65(9), 221–226. DOI: 10.15585/mmwr.mm6509a1
- ² American Psychological Association, Zero Tolerance Task Force Report (2008). Are zero tolerance policies effective in schools? An evidentiary review and recommendations. DOI: 10.1037/0003-066X.63.9.852
- ³ Lamont, J.H., Devore, C.D., Allison, M., Ancona, R., Barnett, S.E., Gunther, R. ... & Young, T. (2013). Out-of-school suspension and expulsion. *Pediatrics*, 131(3), e1000-e1007. DOI: 10.1542/peds.2012-3932
- ⁴ Raffaele Mendez, L.M. (2003). Predictors of suspension and negative school outcomes: A longitudinal investigation. *New Directions for Youth Development*, 2003: 17–33. DOI:10.1002/yd.52
- ⁵ U.S. Departments of Health and Human Services and Education (2014). *Policy statement on expulsion and suspension policies in early childhood settings*. Retrieved from <https://www2.ed.gov/policy/gen/guid/school-discipline/policy-statement-ece-expulsions-suspensions.pdf>
- ⁶ Gillam, W.S., & Shahar, G. (2006). Preschool and child care expulsion and suspension: Rates and predictors in one state. *Infants & Young Children*, 19, 228-245. DOI: 10.1097/00001163-200607000-00007

⁷ U.S. Department of Education Office for Civil Rights. (2014). Civil rights data collection: Data snapshot (Early childhood education).

⁸ Arkansas Division of Child Care and Early Childhood Education. (2016). *Arkansas Better Chance Program Manual*. Retrieved from <https://humanservices.arkansas.gov/images/uploads/dccece/ABC%20Program%20Manual.pdf>

⁹ Arkansas Department of Human Services, Research and Statistics Office of Finance. (2018). *2018 Statistical Report*. Retrieved from https://humanservices.arkansas.gov/images/uploads/resources/2018_Statistical_Report.pdf