

Interim Human Services Committee on Behavior Health

January 5, 2016

Roughrider Room, State Capitol

Chairman Hogan and Members of the Committee,

I am Linda Reinicke, Program Director for Child Care Aware of North Dakota, a statewide program managed by Lutheran Social Services of North Dakota. Representative Hogan asked that I talk about child care behavioral health issues and recommend possible solutions. Child Care Aware has, over the last four years, delivered limited inclusion support to child care providers. I will share observations, data and recommendations from this service, but before that, I'd like to provide an overview of Child Care Aware to give context to our work with providers.

About Child Care Aware

The ND Department of Human Services funds Lutheran Social Services of ND to manage Child Care Aware. We train and support ND's 1,350 licensed child care programs, help parents find child care and work with communities to address their child care challenges. Collectively, ND's 1,350 licensed providers (a workforce of 5,000) care for approximately 30,000 children. In 2015, Child Care Aware

1. Helped 191 individuals start their new child care programs adding 2,847 new spaces
2. Conducted 86 face-to-face trainings attended by 1,629 participants and made available 92 on-line courses with 32,644 completions
3. At the request of the provider, conducted 948 on-site visits to provide technical assistance
4. Helped 1,931 families find care for 2,599 children

For the purpose of today's discussion, I want to focus on # 3, Child Care Aware's consultation work with providers. Child Care providers contact us when they have an interest in improving their programs or when they experience challenges managing their programs or, as we see routinely, working with a child with special needs or behavior challenges.

In 2013, the Legislature approved \$750,000 (for the biennium) to support child care providers working with children with special needs; \$350,000 for two inclusion specialists and \$400,000 for grants to hire additional staff and purchase appropriate equipment. The same amount was approved in 2015.

In the last six months, the Child Care Aware's two inclusion specialists served 89 programs through on-site and phone technical assistance. This impacted 204 children. SEE ATTACHMENT. Additionally, the data shows

- 56% of providers operated programs in their homes and 44% centers
- (page 2) 34% of children impacted were under 36 months of age
- 39% of children exhibited behavioral challenges
- 106 development screenings conducted (completed with parent permission)

To dive deeper into the 39% behavior challenges, the inclusion specialists see *screaming uncontrollably for an hour at a time, leaving bite marks and scratches that bleed, urinating in inappropriate places, stabbing another child in the eye with a pencil, shouting obscenities and threatening to kill another child, sitting on another child and choking/hitting him, pushing over desks and table, spitting at other children, kicking/hitting/pushing child care provider, running away (out of the building and down the street).*

The last chart on the attachment, lays out the grant distribution in allowable categories;

- Under staffing, 33 applicants requested \$455,144. 28 grants were approved at \$378,534
- Under equipment, 25 applicants requested \$55,576. 17 grants were approved at 18,500

Providers need more hands-on-deck when caring for children with special needs and behavior challenges.

The Key Issues

1. Providers do not have the capacity (staff, skills, knowledge and equipment) to care for some children with identified and unidentified behavior challenges. The same child who attends pre-school special services in the local public school, where trained teachers and an aid teach children in small groups, go to child care the other 30 hours a week where one untrained staff cares for a large group of children
2. Parents of a child struggling in child care find themselves in the untenable position of "putting up" with inadequate care or moving their child again and again in hopes of finding a better child care fit. Consequently, children, who can least adapt to changes in care settings or new caregivers, move from program to program. Child Care Aware staff has noted children, even toddlers, in three different care settings in less than a year.

3. Children spend **half a childhood** in child care. An infant enrolled in child care today will spend 12,000 hours with a child care provider(s), more time than the child will spend in elementary school and high school (combined). When a child spends half-a-childhood in an inadequate care setting, challenging behavior becomes more entrenched and more difficult to address by the time the child begins formal education

Recommendations

1. Increase funding for child care inclusion services. This data represents the tip of the ice berg. Child Care Aware’s inclusion specialists do a phenomenal job responding to consultation requests, but they find themselves triaging visits—the most vital first. Also, in order to respond to all requests, they clock a great deal of windshield time. Growing the number of inclusion specialist affords more time to respond to more requests and in a timely manner
2. Look to child care to deliver early mental health screening (could assist in addressing Section 4 of SB 2048). Child care offers a veritable treasure trove of opportunity for early identification and treatment of mental health issues at the very onset of problems. In 2015, Child Care Aware partnered with Prevent Child Abuse ND to pilot early screening in child care settings. Through this partnership, Child Care Aware acquired the tools to implement mental health screenings in child care settings
3. Mandate child care providers be included in the development of all Individual Education Plans to include challenging behavior. **Half a childhood** happens under the provider’s watch. Not capitalizing on the tremendous amount of time in a child’s early development means missed opportunities
4. Adjust the Child Care Assistance rates to better finance providers who caring for children with special needs. Simply put, specialized care costs more. Right now, the providers subsidize this care out of their own pocket or the care lacks in quality not enriching the child’s life

Thank you for allowing me to testify today. I ask that you invite Missi Baranko, one of the inclusion specialists, to the podium. She will make this data come alive. I stand for any questions.

Linda Reinicke

Child Care Aware Program Director

Lutheran Social Services of ND

701-226-2510 lreinicke@lssnd.org

Child Care Providers Caring for Children with Special Needs



July 2015 - December 2015

Child Care Aware of ND provided technical assistance to 89 child care providers regarding 204 children.

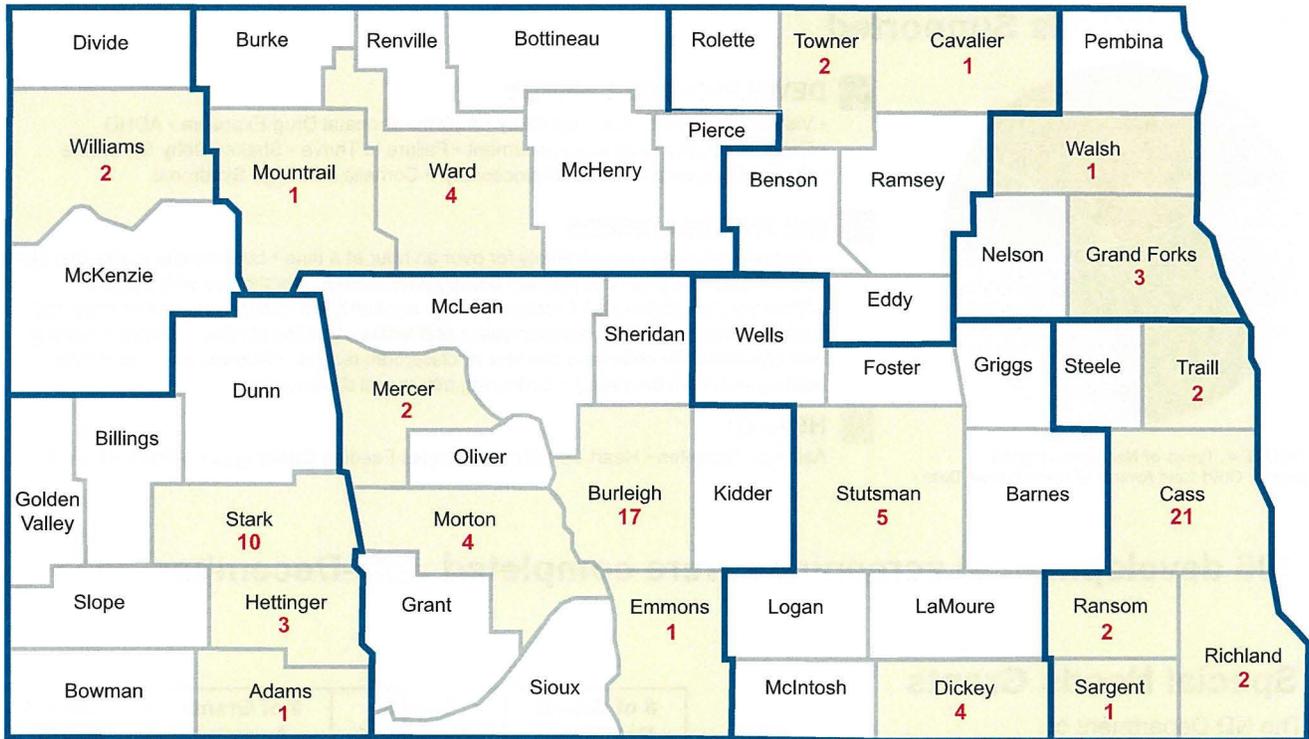


FIGURE 1: Number of providers who received technical assistance.
Source: Child Care Aware® of North Dakota Data

Types of Child Care Settings Supported

- FAMILY - 18%
- CENTER - 37%
- Unlicensed - 1%
- GROUP - 37%
- PRESCHOOL - 7%

Children with special needs were supported through **89** on-site face-to-face visits and **183** phone, email or video conferencing sessions.

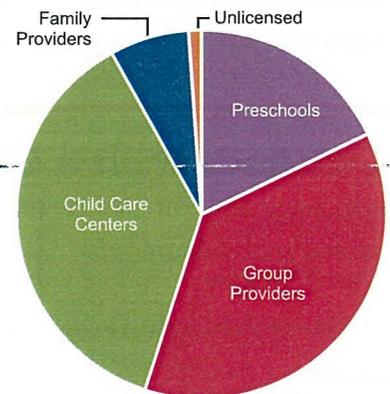


FIGURE 2: Types of Child Care Settings Supported
Source: Child Care Aware® of North Dakota Data

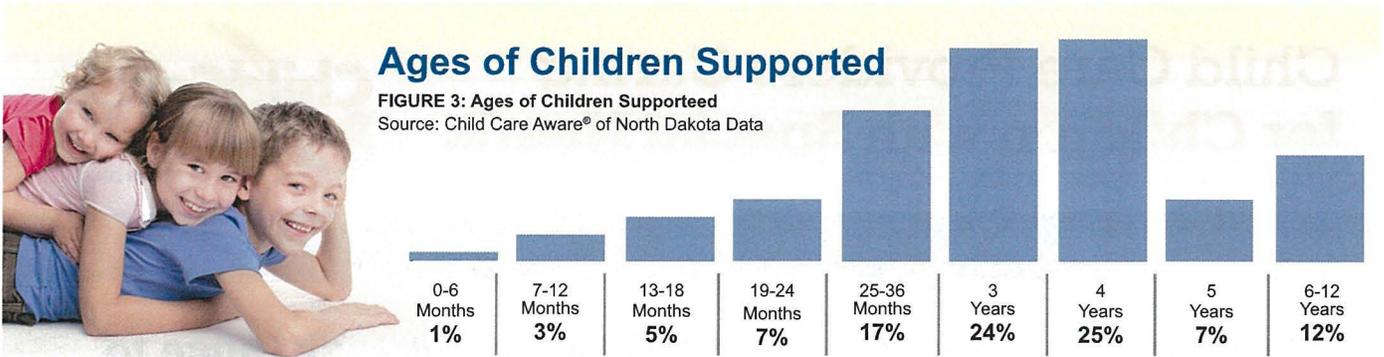


FIGURE 3: Ages of Children Supported Source: Child Care Aware® of North Dakota Data

Types of Needs Supported

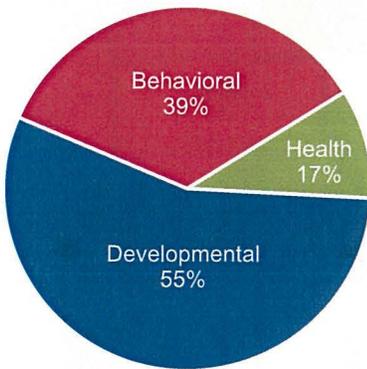


FIGURE 4: Types of Needs Supported Source: Child Care Aware® of North Dakota Data

DEVELOPMENTAL NEEDS

- Vision Impairment • Cerebral Palsy • Autism • Prenatal Drug Exposure • ADHD
- Down syndrome • Hearing Impairment • Failure to Thrive • Shaken Baby Syndrome
- Speech/Language Delay • Plagiocephaly • Cornelia de Lange Syndrome

BEHAVIORAL NEEDS

- Screaming/Crying uncontrollably for over an hour at a time • Leaving bite marks that bleed
- Urinating in inappropriate places • Stabbing another child in the eye with a pencil
- Shouting obscenities and threatening to kill another child • Sitting on another child and choking/hitting him • Pushing over desks and tables • Spitting at other children • Kicking/hitting/pushing the child care provider or classroom teacher • Running away (out of the building and down the street) • Scratching others until drawing blood

HEALTH

- Asthma • Diabetes • Heart Condition • Allergies Feeding Challenges • Seizure • Eczema

106 developmental screenings were completed July-December, 2015

Special Needs Grants

The ND Department of Human Services funded grants to help providers purchase special needs equipment or hire additional staff to better care for children with special needs.

	# of Grants Requested	Total \$ Requested	# of Grants Awarded	Total \$ Awarded
For Additional Staff*	33	\$458,144	28	\$378,534
For Equipment	25	\$ 55,576	17	\$ 18,800
TOTAL		\$ 513,720		\$397,334

*For additional staff to accommodate children with special needs.

FIGURE 5: Special Needs Grants | Source: Child Care Aware® of North Dakota Data

Connect with a Child Care Aware® Inclusion Specialist

Missi Baranko
 missi@ndchildcare.org
 701-934-5964

Mari Quittschreiber
 mari@ndchildcare.org
 701-936-5740

www.ndchildcare.org/providers/special-needs