

Barbara Bowman Leadership Fellows

Cohort

2018-2019

The Early Childhood Leadership Academy is pleased to present the policy memos developed by the 2018-2019 Cohort of the Barbara Bowman Leadership Fellows Program.

**Policy
Memos**



2018-2019 Barbara Bowman Leadership Fellows

Named after one of Erikson's co-founders, Barbara T. Bowman, the Barbara Bowman Leadership Fellows program is designed to enrich the perspective and enhance the capacity of diverse child advocates who are committed to advancing racial equity through early childhood policy.

Special Acknowledgements



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Barbara T. Bowman

We are honored to have the program named after one of Erikson Institute's founders, Barbara Taylor Bowman. Barbara's legacy as an education activist, policy adviser, and early childhood practitioner matches the characteristics of the fellows this program aims to attract. Furthermore, her dedication to ensuring that diversity and equity are mutually reinforced provides the framework that supports the entire program experience.

Erikson Institute

This effort draws from Erikson Institute's mission-driven work to ensure a future in which all children have equitable opportunities to realize their full potential through leadership and policy influence. Special thanks to President and CEO, Geoffrey A. Nagle for his deep commitment to the program.

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Access

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PROBLEM

During the 2017 fiscal year, 388,050 children in the state of Illinois (out of a total of 2,059,796 children) were eligible for Child Care Assistance Program (CCAP) benefits based upon family income levels and work status. Of those eligible, just 131,310 children were enrolled in the program (33.8%), a decline in enrollments when compared to enrollment percentage averages during the five-year period from Fiscal Years (FY) 2013 – 2017 (39%) and the ten-year period from FY 2008 – 2017 (43%).

Percent of Eligible Children Enrolled in CCAP (FY 2008 – 2017)¹

IL FY	CCAP Eligible Children Based Upon Income and Employment	CCAP Children Enrolled	% of Eligible Children Enrolled
2008	375,300	172,300	46%
2009	400,559	174,500	44%
2010	377,999	168,000	44%
2011	397,700	173,100	44%
2012	400,292	171,000	43%

¹ Child eligibility data come from U.S. Census microdata extracted from IPUMS USA. To estimate income eligibility, a constant 185 percent of the federal poverty level was used throughout even though the income ceiling in some of the 168 months from 2004 through 2017 was 50 percent, 162 percent or 200 percent of the federal poverty level. Illinois Child Care Assistance (CCAP) participation data come from the Illinois Department of Human Service's Illinois Annual Child Care Reports <http://www.dhs.state.il.us/page.aspx?item=59281> available by fiscal year. The average monthly children with CCAP for a fiscal year was used and numbers reflect all ages birth to age 13.

IL FY	CCAP Eligible Children Based Upon Income and Employment	CCAP Children Enrolled	% of Eligible Children Enrolled
2013	390,608	163,250	42%
2014	384,052	168,215	44%
2015	390,724	179,323	46%
2016	400,597	127,708	32%
2017	388,050	131,310	34%
		10-Year Average (FY08 - FY17)	42%
		5-Year Average (FY13 - FY17)	39%

To frame the issue in dollars and cents, Illinois appropriated \$1,004,299,288 in funding for CCAP in FY2017. Of that amount, a total of \$904,324,800 of this funding was spent (90%), meaning that *just under \$100,000,000* was left unspent that could have been used to provide valuable and needed assistance to eligible families.

With new senior leadership at the Illinois Department of Human Services (IDHS), it is imperative to investigate the root causes of the low and declining rate of enrollment in CCAP to implement what will likely be a multiprong strategy aimed at increasing the number of eligible families enrolled in the program.

CAUSE

Various factors account for the low and declining enrollment among eligible families over the last decade. One of these factors is the antiquated, cumbersome, and paper-intensive CCAP application process itself. Based upon internal data collected by *Illinois Action for Children*, the rate of CCAP-associated cases classified internally as what is known as a “pended state,” has been around 25 percent over the last few years. The most common reason that cases are pended is due to missing the required supporting documentation to complete the enrollment process. During the week of May 20, 2019 – May 24, 2019, 29.4% of applications resulted in cases being pended due to issues and

lack of supporting documentation (surpassing the rates of other documents triggering a pended status).² Cases that are placed in a pended state result in delays to the overall application process, meaning that it takes that much longer for applicants to learn if they have been successfully enrolled in CCAP as well as delays in receiving needed support.

Another challenge for families who seek to enroll in the program can be attributed to the lack of an online option to apply for CCAP benefits. In Illinois, it is currently possible for residents to apply online for various State benefits. For example, the Applications for Benefits Eligibility (ABE) website³ allows residents to apply for assistance for various services, such as Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), and Medicaid. The ABE website is relatively user-friendly. Another example, Illinois Joblink,⁴ provides job seekers with access to a variety of employment resources. This website is intuitive and allows for quick access to a wealth of employment opportunities.

There is no similar type of streamlined online application tool for CCAP. The CCAP section of the Illinois Department of Human Services website⁵ presents applicants with two options for applying for the program; the first option is labeled “Apply Online” and the second option is to use a “Paper Application.” Clicking on either link eventually takes the applicant to the same place: a fillable PDF form that can then be printed out or submitted online. However, the online option does not allow the user to submit supporting documentation required for the application. Additionally, it is not clear where the completed form is routed after it is submitted. The overall process of completing the online form is arduous and not user-friendly when compared to other online services offered by the State. In a day and age when user-friendly online services are commonplace and expected the current process presents is a needless barrier for increasing enrollment in CCAP.

SOLUTION

IDHS needs to address inefficiencies in the application process and leverage

² Data collected by Illinois Action for Children’s internal workflow management data system.

³ <https://abe.illinois.gov>

⁴ <https://illinoisjoblink.com>

⁵ <http://www.dhs.state.il.us>

technology that will provide more streamlined options to eligible families to facilitate greater participation in CCAP. Four recommendations are presented to address this problem.

Recommendation #1: Streamline the Application Process and Paperwork

IDHS needs to identify and address inefficiencies in the application process, resulting in a streamlined process that is far less laborious for families. This effort must include revising the current 17-page application form and any related documentation.

Recommendation #2: Tap Linkages to Streamline Enrollment Across Benefits Programs

Consideration must also be given to identifying “cross-enrollment” opportunities across various State of Illinois benefits programs. Cross-enrollment refers to using information collected during the process of enrolling in one program and using that information to assist families in enrolling for other programs for which they might also be eligible. The result is a streamlined process that can potentially boost enrollment rates as well as new benefit opportunities for families while also mitigating the hassles associated with having to use the duplicative information to complete different application forms.

In a report published in 2017 by the *Center on Budget and Policy Priorities*, a case is made for policymakers and administrators to identify so-called “linkages” between benefits programs in order to provide additional opportunities for potentially eligible families and streamline the enrollment process:

“A *linkage* is an existing federal eligibility rule that permits or requires one program to adopt in whole or in part another program’s eligibility findings at the initial application stage to allow the applicant to bypass some or all of the eligibility determination process to reduce duplicative information gathering.”⁶

In the case of child care subsidies, the *Center on Budget and Policy Priorities* identifies so-called “streamlined linkages” between the Child Care and Development Fund (CCDF) and three other federal benefits programs: Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Temporary Assistance

⁶ Center on Budget and Policy Priorities. (2017). *Opportunities to Streamline Enrollment Across Public Benefit Programs*, pg. 4. Retrieved from: <https://www.cbpp.org/research/poverty-and-inequality/opportunities-to-streamline-enrollment-across-public-benefit>

for Needy Families (TANF). These streamlined linkages allow for the potential elimination of steps in the application process by “allowing enrollment in one program to satisfy some eligibility requirements for another program.”⁷

The report goes on to illustrate the power of these linkages by citing the example of free school meals available for all children in households receiving SNAP benefits. In 2008, it was determined that 29% of children eligible for enrollment in free school meals programs under SNAP were actually receiving this benefit per school district rules that required automatic enrollment (using data matching) as opposed to requiring formal applications. After bonus funding tied to performance measures established by Congress in 2010, the rate of enrollment in free school meals programs increased dramatically, with automatic enrollment increasing from **71% to 91%** since 2008.⁸

Illinois should create a linkage system where any family eligible for SNAP, Medicaid, or TANF is automatically eligible for CCAP. Illinois should have a technological infrastructure in place where a family can be referred to the Child Care Resource and Referral system to help find a child care provider if needed, and for the family’s child care eligibility to be finalized.

Recommendation #3: Customer-friendly Online Application Options

IDHS must identify ways in which to make greater use of technology to enhance the application process. A true online means of applying for enrollment in CCAP is imperative and would not be without precedent. For example, various other states allow families to apply for child care assistance online, often in conjunction with other programs:

- In Wisconsin, families are invited to apply for the Wisconsin Shares Child

⁷ Center on Budget and Policy Priorities. (2017). *Opportunities to Streamline Enrollment Across Public Benefit Programs*, pg. 10. Retrieved from: <https://www.cbpp.org/research/poverty-and-inequality/opportunities-to-streamline-enrollment-across-public-benefit>

⁸ Center on Budget and Policy Priorities. (2017). *Opportunities to Streamline Enrollment Across Public Benefit Programs*, pg. 6. Retrieved from: <https://www.cbpp.org/research/poverty-and-inequality/opportunities-to-streamline-enrollment-across-public-benefit>. The report also cites Quinn Moore et al., Direct Certification in the National Lunch Program: State Implementation Progress, School Year 2014–2015, U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, December 2016, <https://fns-prod.azureedge.net/sites/default/files/ops/NSLPDirectCertification2015.pdf> and similar reports for earlier school years, as well as Madeleine Levin and Zoë Neuberger, “Improving Direct Certification Will Help More Low-Income Children Receive School Meals,” Food Research and Action Center and Center on Budget and Policy Priorities, July 25, 2014, <http://www.cbpp.org/research/improving-direct-certification-will-help-more-low-income-children-receive-school-meals>

Care Subsidy Program through the state’s ACCESS website⁹;

- In Missouri, families can apply for the Child Care support program using the state’s myDSS website¹⁰;
- In the state of Washington, families apply for assistance from the Child Care Subsidy Program via Washington Connect¹¹; and,
- In North Dakota, families utilize the North Dakota Department of Human Services web portal¹² to enroll in that state’s Child Care Assistance Program.

Common characteristics of these four websites (and likely other, similar websites around the country) include:

- A user-friendly, modernized online experience, complete with helpful documentation and assistance;
- Tools for determining eligibility before applying;
- Easy access to other services besides child care support via the same website; and,
- Good use of marketing to promote the program and raise awareness among potentially eligible families (including awareness regarding the opportunity to apply online).

IDHS must take a similar approach as these states, providing for a true, user-friendly, online means of applying for CCAP assistance. Ideally, applicants should have access to other services besides CCAP through a single unified portal. At a minimum, IDHS can take advantage of the existing ABE website to serve as this unified portal that allows for entry into the CCAP enrollment process, providing a “one stop shop” experience for users.

According to the Pew Research Center, as of 2019, 74 percent of Americans own a computer workstation or laptop, and 52 percent Americans own a tablet device indicating high likelihood that Illinois families could benefit from an efficient online means of applying for CCAP benefits.¹³

⁹ <https://access.wisconsin.gov>

¹⁰ <https://dss.mo.gov/fsd/child-care.htm>

¹¹ <https://www.washingtonconnection.org>

¹² <http://www.nd.gov/dhs/eligibility/index.html>

Recommendation #4: Mobile Applications for Enrollment

In the spirit of customer service and innovation, IDHS should also consider a mobile option for CCAP applications. According to the Pew Research Center, as of early 2019, 96 percent of Americans now own a cell phone, and 81 percent of Americans now own a smart phone.¹⁴ As of June 2019, 37 percent of Americans are using smart phones as their primary means of accessing the Internet,¹⁵ and this percentage is trending upwards. As smartphones become more affordable, it is logical to assume that a greater number of families would be interested in using an application to apply for CCAP as well as other services. At a minimum, IDHS should take steps to ensure that responsive design is incorporated into any Web-based CCAP application mechanism so that families seeking assistance can easily do so through their smartphone's browser. Responsive design will allow for better rendering of the website via a smartphone browser, eliminating navigation barriers that are commonplace when it comes to rendering traditional web pages in the smaller smartphone browser environment. However, a true, free, downloadable app could provide families with another avenue for applying for CCAP assistance.

To get the most use out of an improved online application tool, IDHS must also consider the targeted marketing and promotion of this tool to raise awareness of this option.

OUTCOME

A cumbersome application process and the lack of effective, user-friendly, and easily accessible online tools for applying for CCAP are barriers for eligible families seeking to enroll in CCAP. Through a combination of streamlining the current process and documents, including the use of linked data from other benefits programs, as well as leveraging technology in the form of online applications and mobile apps, families will face less of a burden when applying for CCAP benefits. This will, in turn, allow more families to enroll in the program and take advantage of invaluable assistance that is underutilized.

¹³ Retrieved from: <https://www.pewinternet.org/fact-sheet/mobile/>

¹⁴ Ibid

¹⁵ Retrieved from: <https://www.pewinternet.org/2019/06/13/mobile-technology-and-home-broadband-2019/>

PROBLEM

Perinatal depression is the presence of a mental disorder that occurs during pregnancy and after childbirth. It affects about one in seven women each year throughout the United States.¹ There is a higher prevalence of the disorder among women of color with income below the federal poverty level.² The disease is considered two-generational – meaning it affects both mother and child. This is an early childhood issue that must be addressed given that, annually, one in nine (11 percent) infants are born to a mother experiencing severe depression and living in households with economic challenges.³

In Illinois alone, 1 in 5 mothers experience perinatal depression – totaling 30,000 women per year.⁴ If untreated, the results can cost public sector systems and the overall economy in the short- and long-term. For families with limited economic resources, it also can hinder their ability to break the cycle of poverty. Research not only validates a prevalence of depression for Black and Latinx mothers living in households earning 200 percent above the federal poverty line, but also a higher rate of untreated perinatal depression compared to White women.⁵ This can reinforce the cycle of poverty as well as lead to negative outcomes for families of color.

Perinatal depression has been shown to negatively affect a mother and her

¹ Curry, Susan J. “Interventions to Prevent Perinatal Depression US Preventive Services Task Force Recommendation Statement.” *JAMA*, 12 February 2019, jamanetwork.com/journals/jama/fullarticle/2724195

² Szilagyi, Peter G. et al. “Low-income Urban Mothers Have High Rate of Postpartum Depression.” *University of Rochester Medical Center*, 18 February 2010, <https://www.urmc.rochester.edu/news/story/2760/low-income-urban-mothers-have-high-rate-of-postpartum-depression.aspx>

³ Vericker, Tracy, et al. “Infants of Depressed Mothers Living in Poverty: Opportunities to Identify and Serve.” *The Urban Institute*, August 2010, <https://www.urban.org/sites/default/files/publication/29086/412199-Infants-of-Depressed-Mothers-Living-in-Poverty-Opportunities-to-Identify-and-Serve.PDF>

⁴ “Postpartum Depression in Illinois.” *idph.illinois.gov*
dph.illinois.gov/sites/default/files/publications/publicationsowhfspostpartum-depression-factsheet_1.pdf

⁵ Karras, Tula. “PMADs – Such as PPD and Anxiety – in African American Moms.” *Seleni Institute*, 12 March 2018, www.seleni.org/advice-support/2018/3/16/pmads-such-as-ppd-and-anxiety-in-african-american-moms

child's health and well-being. The disorder is strongly associated with maternal morbidity and mortality, as it is a predictor of the onset of heart disease, stroke, and certain types of cancer.⁶ Babies with mothers who are experiencing depression are more likely to be born prematurely and with low birth weight. This disorder also affects a mother's ability to effectively support her family and nurture her child, putting babies at risk of being neglected. If placed in the child welfare system as a result of maltreatment and neglect, the lifetime cost per child is about \$210,012.⁷ Evidence also proves that the lack of adequate nurturing from these mothers can have "lasting effects on [children's] brain architecture and persistent disruptions of their stress response systems." It has been linked to early childhood cognitive, learning, and social-emotional delays.⁸ There are short- and long-term costs associated with these delays. The cost of providing special education interventions to a student is 1.3 times more than a student who does not need this service.⁷

Without treatment, perinatal depression accumulates substantial costs to the mother, child, and society versus the costs associated with treatment.⁷ For example, mothers with perinatal depression are less likely to be employed full-time, leading to lower household income. Less earned income can lead to participation in Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Women, Infants and Children (WIC).

Furthermore, mothers with perinatal depression struggle to secure and maintain employment. If employed, they have a higher degree of absenteeism and reduced productivity in the workplace. The estimated cost of lost work performance as a result of the disorder is \$44 billion per year.⁹ They also may not take advantage of assistance offered to them in an effort to improve their chances for higher income opportunities. The disorder not only prevents the mother from achieving financial gain, it affects her ability to create pathways for her child to attain financial success. Since the disorder is two-generational, if a

⁶ Kessler, Ronald. "The Costs of Depression." *Psychiatric Clinics of North America*, 1 March 2012, <https://www.ncbi.nlm.nih.gov/pubmed/22370487>

⁷ Sontag-Padilla, Lisa, et al. "Maternal Depression: Implications for Systems Serving Mother and Child." *RAND.org*, 2013, https://www.rand.org/pubs/research_reports/RR404.html

⁸ Schmit, Stephanie, et al. "Maternal Depression: Why It Matters to an Anti-Poverty Agenda for Parents and Children." *CLASP.org*, 20 March 2014, <https://www.clasp.org/publications/report/brief/maternal-depression-why-it-matters-anti-poverty-agenda-parents-and-children>

⁹ "Postpartum Depression Linked to Higher Health Care Costs." *Psych Central*, 9 April 2012, <https://psychcentral.com/news/2012/04/10/postpartum-depression-linked-to-higher-health-care-costs/36891.html>

mother is not treated it impedes her ability to end the cycle of poverty and the effects are felt by her child. The mental well-being of Black and Latinx mothers must be a critical concern with any anti-poverty agenda and efforts to mitigate societal costs that come along with families living at or below the federal poverty level.⁸

The estimated annual economic cost of not treating one mother and her child is \$22,647. For mothers, these numbers include lost income and cost of low work productivity. For children, these numbers include treating low birth weight, future income of babies who experience complications as a result of low birth weight, cost of premature deliveries, loss of future income due to delayed brain development, cost to the justice system, and loss in tax revenue of both mother and child.¹⁰ Using this figure, the estimated annual economic costs for the 30,000 mothers in Illinois who experience perinatal depression would be \$679,410,000. The high costs of not treating it are seen over the short and long term. However, appropriate treatment has benefits that are seen in the short-term – from pregnancy through the first year of childbirth – and they are lower than the costs of leaving depression untreated.

CAUSE

Black and Latinx women are not being treated for perinatal depression for several reasons. As a result of a history of racial bias, some Black and Latinx women worry about disclosing their symptoms to their healthcare provider for fear of being perceived as mentally unstable and having their child(ren) taken from them.¹¹ They have also expressed confidentiality concerns when disclosing their mental health issues to providers they are not familiar with.¹² Healthcare providers are reluctant or not properly trained to identify the risk factors to adequately screen, diagnose, and effectively treat the disorder.

Cultural factors also play a role in preventing Black and Latinx women from receiving treatment. Evidence suggests that the “strong Black woman” ideology

¹⁰ Diaz, Jose Y., et al. “Cost of Untreated Maternal Depression.” *Wilder Research*, October 2010, <https://www.wilder.org/wilder-research/research-library/cost-untreated-maternal-depression>

¹¹ Lara-Cinisomo, Sandraluz, et al., “Increasing Diagnosis and Treatment of Perinatal Depression in Latinas and African American Women: Addressing Stigma Is Not Enough.” *Women’s Health Issues*, 18 January 2018, [https://www.whijournal.com/article/S1049-3867\(17\)30555-8/fulltext](https://www.whijournal.com/article/S1049-3867(17)30555-8/fulltext)

¹² West-Bey, Nia, et al. “Young Women of Color and Mental Health.” CLASP.org, 4 December 2018, <https://www.clasp.org/publications/fact-sheet/young-women-color-and-mental-health>

discourages some of them from expressing their feelings with healthcare professionals. In the same vein, the Latinx woman's cultural practice of *marianismo* – sacrificing herself and putting her family first – will also prevent them from seeking treatment. Women of color see treatment as “...a white woman's privilege and luxury” that they cannot afford.¹¹ Along with these cultural beliefs, they are likely to describe their symptoms as physical rather than psychological. A depressed woman of color might say she is experiencing physical pain instead of feelings of intense sadness. Understanding stigma and cultural beliefs of these women is important in the accurate identification and treatment of depression. “Maternal mental health has a very white face.”⁵ As long as it does, women of color will continue to be left behind in terms of treatment based on a lack of proper education about maternal mental health as well as longstanding cultural beliefs and ideals.

SOLUTION

Eliminating the treatment disparity of Black and Latinx women suffering from depression starts with the healthcare industry. Healthcare providers must be deliberate in their approach with identifying mothers who are most at risk, removing negative perceptions, understanding cultural factors that influence treatment, and working to establish trust.

Healthcare providers need to undergo extensive training on perinatal depression to recognize the symptoms. In addition, they must receive cultural diversity training to understand the differences that women of color experience and how to respond to their maternal mental health needs. Mothers who demonstrate multiple high-risk factors, can be identified and properly screened, diagnosed, and treated during pre-natal and well-child visits. Healthcare systems could be more proactive and providers should be trained to ask the right questions during screening, so they can begin to understand that, due to cultural factors, diagnosing perinatal depression does not consist of a one-size-fits-all method.

Lastly, healthcare providers can aim to establish trust with their patients by educating them about the symptoms, and creating a safe space for them to talk without fear of being labeled as “crazy” or feeling threatened.¹¹ Evidence supports that mothers who received treatment felt that it helped. Treating it as early as possible is crucial for ensuring that women have a chance to break the negative effects of the disorder.

Health insurance coverage also plays a huge role in treatment. Twenty-five percent of mothers earning less than 200 percent above the poverty line are uninsured. Studies demonstrate comparable treatment rates for mothers who are covered by Medicaid and mothers who are privately insured.¹³ Continued insurance coverage throughout a mother's first year postpartum is essential to ensuring that she has access to support and understanding during the most critical period of her child's life.

OUTCOME

For women who are most at risk of experiencing perinatal depression, there are significant benefits for identifying them and accurately diagnosing, and treating their depression. Some of these benefits include:

- Improved health and well-being of mothers and their children reduces maternal mortality and morbidity, low birth weight infants, and the stress caused by lack of proper nurturing.
- The ability for mothers to secure and maintain employment is increased – leading to greater income potential.
- Economic costs to public sector systems are reduced by mitigating the need for programs such as Early Intervention, TANF, and WIC.
- Cycles of poverty – prevalent in both the Black and Latinx communities – are reduced.

Perinatal depression is not only a public health crisis for mothers it is a barrier to quality of life for their children. Until greater focus is given to the maternal health of all mothers including those most at risk, money spent on early education programs will only benefit children who are lucky enough to overcome the many systemic constraints and preventable negative consequences placed on them from birth.

¹³ McDaniel, Marla, et al. "Depression in Low-Income Mothers of Young Children: Are They Getting the Treatment They Need?" *The Urban Institute*, April 2013, <https://www.urban.org/sites/default/files/publication/23546/412804-Depression-in-Low-Income-Mothers-of-Young-Children-Are-They-Getting-the-Treatment-They-Need-.PDF>

PROBLEM

At least 15 million children in the U.S. live in households with parents who have major or severe depression.¹ Parental depression is particularly common in families who participate in Head Start (HS) and Early Head Start (EHS), due in part to risk factors related to limited access to resources.² This is also true for postpartum women.³ In one study, nearly half (48 percent) of mothers of EHS-eligible children reported symptoms consistent with depression. In twelve percent of these women, depression was chronic (i.e. they experienced low moods for long periods of time, sometimes years).⁴ Another study found that 18 percent of fathers with children enrolled in EHS had similar symptoms when their children were two years old and 16 percent were still depressed when their children were three years old.⁵ In addition to the physiological and psychological tolls depression imposes on parents as individuals, it also makes the role of parenting more challenging.⁶

HS/EHS-eligible children face socioeconomic factors that can have a negative impact on their learning and overall development. When their parents

¹ National Research Council and Institute of Medicine. (2009). *Depression in Parents, Parenting, and Children: Opportunities to Improve Identification, Treatment, and Prevention*. Committee on Depression, Parenting Practices, and the Healthy Development of Children. Board on Children, Youth, and Families. Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

² Gelaye, B., Rondon, M. B., Araya, R., & Williams, M. A. (2016). Epidemiology of maternal depression, risk factors, and child outcomes in low-income and middle-income countries. *The Lancet Psychiatry*, 3(10), 973–982.; Mazure, C. M. (1998). Life Stressors as Risk Factors in Depression. *CLINICAL PSYCHOLOGY*, (3), 291.

³ Sepowitz, R. (2015). Utilization of psychiatric services by postpartum women in a predominantly minority, low-socioeconomic-status urban population. *Community Mental Health Journal* 51, 275-280.

⁴ Rafferty, Y., Griffin, K.W., & Robokos, D. (2010). Maternal Depression and Parental Distress among Families in the Early Research and Evaluation Project: Risk Factors in Family Setting. *Infant Mental Health Journal*, (5), 543.

⁵ Administration for Children and Families [ACF]. (2002). *Making a difference in the lives of children and families: The impacts of Early Head Start programs on infants and toddlers and their families*. Washington, DC: U.S. Department of Health and Human Services.

⁶ Downey, G., & Coyne, J. C. (1990). Children of depressed parents: An integrative review. *Psychological Bulletin*, 108(1), 50–76.

experience depression or other social-emotional stressors, the negative impact tends to be exacerbated.⁷ Consequently, their children are at risk for increased health, behavioral and developmental problems.⁸ Infants, for example, tend to exhibit poorer mental and motor development, higher levels of withdrawal and irritability, and more difficulty with emotional regulation, impulsivity and cooperation than their peers who are not exposed to maternal depression.⁹

Unfortunately, parents of HS/EHS-eligible children do not have adequate access to mental health services inside or outside of the early childhood system. Ironically, parents of children who participate in these programs are being underserved by the systems they frequent the most. Currently, there is very little or no use of depression screening tools at early childhood centers nor during family home visits. Additionally, community health centers and primary care settings consistently under-diagnose these parents both because they tend to report symptoms less often, and because their care providers ask about their mental state less often.¹⁰ Clearly, both early childhood and education systems are uniquely positioned to fill-in the gaps and address this critical need.

CAUSE

Parental depression disproportionately affects families with limited access to resources and those who are also HS/EHS-eligible for a number of reasons. Environmental circumstances and conditions commonly experienced by these families, such as poverty, low education attainment, single parenthood, recent immigration, and citizenship status make them more likely to experience depression.¹¹

⁷ Sharkins, K., Leger, S., & Ernest, J. (2017). Examining Effects of Poverty, Maternal Depression, and Children's Self-Regulation Abilities on the Development of Language and Cognition in Early Childhood: An Early Head Start Perspective. *Early Childhood Education Journal*, 45(4), 493–498.

⁸ Cornish AM, McMahon CA, Ungerer JA, Barnett B, Kowalenko N, & Tennant C. (2006). Maternal depression and the experience of parenting in the second postnatal year. *Journal of Reproductive & Infant Psychology*, 24(2), 121–132.; Downey & Coyne, 1990

⁹ Field, T. (1995). Infants of Depressed Mothers, 1-13. *Infant Behavior & Development: An International and Interdisciplinary Journal*, Volume 18: 1. (January-March 1995).

¹⁰ Hodgkinson, S., Godoy, L., Beers, L. S., & Lewin, A. (2017). Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting. ; Sepowitz, (2015).

¹¹ Anderson, G. R. (2017). *Postpartum Depression: Prevalence, Risk Factors and Outcomes*. Hauppauge, New York: Nova Biomedical ; Köhler, C. A., Evangelou, E., Stubbs, B., Solmi, M., Veronese, N., Belbasis, L., Carvalho, A. F. (2018). Mapping risk factors for depression across the lifespan: An umbrella review of evidence from meta-analyses and Mendelian randomization studies. *Journal of Psychiatric Research*, 103, 189–207. ;

As previously mentioned, these parents have limited or no access to screening and mental health supports through their children’s early care education centers. Most screening tools or interventions used in these settings are focused primarily on the child or, occasionally, on the whole family system; rarely are they directed specifically and exclusively to the parent(s). Barriers to services and support from community health and primary care fall under three main categories.¹²

Treatment Setting Barriers to Care	Personal Barriers to Care	Social Barriers to Care
<ul style="list-style-type: none"> • Facility’s hours of operation • Wait times • Short visit times • Language(s) spoken • Accessibility (proximity/location) 	<ul style="list-style-type: none"> • Transportation • Schedule • Immigration status • Child care • Finances • Previous experiences 	<ul style="list-style-type: none"> • Stigma • Community support • Lack of support • Race • Culturally appropriate tools

SOLUTION

A recent literature review of depression screening and treatment for under-resourced women across settings found that successful methods incorporated home visitors and accounted for social, personal, and setting barriers to improve access.¹³ EHS/HS programs can integrate depression screening for parents into the mandatory home-visit process for enrolled families.

Potochnick, S. & Perreira, K. (2010). Depression and anxiety among first-generation immigrant Latino youth: Key correlates and implications for future research. *Journal of Nervous and Mental Disease*. 198(7):470-477 ; Gelaye et al. (2016) ; Mazure (1998).

¹² Hodgkinson (2017) ; Sepowitz, (2015) ; Sacks, R. M., Greene, J., Burke, R., & Owen, E. C. (n.d.). Mental Health Care Among Low-Income Pregnant Women with Depressive Symptoms: Facilitators and Barriers to Care Access and the Effectiveness of Financial Incentives for Increasing Care. *ADMINISTRATION AND POLICY IN MENTAL HEALTH AND MENTAL HEALTH SERVICES*

¹³ Hansotte, E., Payne, S. I., & Babich, S. M. (2017). Positive postpartum depression screening practices and subsequent mental health treatment for low-income women in Western countries: a systematic literature review.

In a small clinical trial that integrated mental health practices with standard Early Head Start home visiting services, there was a decrease in depressive symptoms and an increase in sustained participation in the intervention for participating mothers. It is believed that through home visitors the program not only became more accessible to mothers, but their specific needs were met too.¹⁴ Head Start family support staff are uniquely situated to support and develop trusting relationships with parents. Subsequently, this creates opportunities to initiate culturally sensitive conversations with them about mental health, easing the assessment implementation process.

The Mental Health Outreach for Mothers (MOMS) Partnership based out of New Haven, Connecticut, has also developed an extensive needs assessment tool designed specifically for pregnant women, mothers, and other female caregivers with limited access to resources. By seeking to understand their needs and matching them with the right services through the partnership, participants experienced decreases in depressive symptoms and parenting stress.¹⁵

Based on the successes of these programs, Head Start can launch a pilot program implementing the MOMS program needs assessment tool. This includes training for all family support staff who are part of the pilot. Funding for the pilot could be drawn from the Training and Technical Assistance funds that are provided through all HS/EHS grants.

In this pilot, mothers who show signs of depression, as defined by the MOMS assessment, are referred to appropriate mental health services in their communities. In addition, HS/EHS family support staff and mental health consultants follow up with recommended mental health services as part of ongoing support and relationship building. Based on the pilot's success, HS can then consider requiring this intervention in all funded programs.

OUTCOME

Studies clearly show that assessing the needs of parents specifically, and doing so in an in-home setting, improve outcomes. They are more likely to be diagnosed and treated for depression, resulting in decreased symptoms and

¹⁴ Beeber LS, Holditch-Davis D, Belyea MJ, Funk SG, & Canuso R. (2004). In-home intervention for depressive symptoms with low-income mothers of infants and toddlers in the United States. *Health Care for Women International*, 25(6), 561–580.

¹⁵ <https://medicine.yale.edu/psychiatry/moms/>

stress. These interventions can also increase the number of hours a week parents work and lessen the number of workdays they miss.¹⁶

The positive effects of early screening and referring caretakers to mental health services through early childcare home visits can also positively affect children. Parents who received treatment in the 2004 clinical trial increased their positive interactions with their children. The MOMS Partnership found that children of their participants attended more days of school than children of non-participants. A new study found that children in HS who miss ten percent or more of the school year have fewer gains in academics than their peers who attend preschool more regularly.¹⁷ Integrating parent-focused assessment and screening tools in HS/EHS home visits present a significant opportunity to improve outcomes through an accessible intervention option that builds upon existing processes and systems.

¹⁶ Ngo, V. K., Sherbourne, C., Bowen Chung, Lingqi Tang, Wright, A. L., Whittington, Y., Miranda, J. (2016). Community Engagement Compared With Technical Assistance to Disseminate Depression Care Among Low-Income, Minority Women: A Randomized Controlled Effectiveness Study. *American Journal of Public Health, 106*(10), 1833–1841. <https://medicine.yale.edu/psychiatry/moms/what/research.aspx>

¹⁷ Society for Research in Child Development. (2017, May 16). Children in Head Start who miss more preschool show fewer academic gains. *ScienceDaily*. Retrieved June 12, 2019 from www.sciencedaily.com/releases/2017/05/170516080821.htm

Society for Research in Child Development

PROBLEM

African American children are not diagnosed with autism as quickly as their white peers. According to the Centers for Disease Control (CDC)¹, as well as research done by Martell Teasley, an associate professor in Florida State's College of Social Work who conducted a comprehensive review of research literature on autism and African American children, many children are diagnosed with autism at around four years of age, for African American children, the diagnosis usually comes 18 to 24 months later.² According to the research, the first two years are a crucial stage in brain development because it is when children learn many of their basic social and language skills; such as, engaging in conversations and play. A delay in proper diagnosis of autism and early interventions can have a major impact.

Autism is constantly in the media spotlight as our nation watches experts trying to find the causes and a cure. Presently, 1 in 68 American children live with autism and, for many, daily life is a constant struggle. While it is a challenge for many families, the data, research, and many personal testimonies suggest that African Americans face additional barriers.³

Further, the research suggests that even *when* African American children do get a referral and present to healthcare professionals with symptoms of autism, they are often misdiagnosed as having another condition, specifically, Attention Deficit Hyperactivity Disorder (ADHD), a behavioral disorder. This misdiagnosis of ADHD, a condition diagnosed based on antisocial behavior, leads to the dangerous assumption that African American children are just "bad" or "misbehaving."⁴

¹ <https://www.dc.gov/ncbddd/autism/addm-community-report/differencesin-children.html>

² <https://www.ncbi.nlm.nih.gov/pubmed/21707353>

³ <https://www.thecolorofautism.org/>

⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2861330/>

CAUSE

A 2007 University of Pennsylvania study affirmed that African American children who are on the autism spectrum are 5.1 times more likely to be misdiagnosed as having a behavioral disorder and/or a late diagnosis. In some instances, the suggested treatment is incorrect and may not benefit the child. Furthermore, misdiagnoses of autism in African American children and the wrong treatment, can worsen the condition.

A social stigma attached to mental health issues within the African American community may also add to the problem of late diagnosis. Many African American parents find it hard to accept that their child is autistic. Even when the disorder is diagnosed, there may be a reluctance to use treatment services. The community tends to shy away from anything that may resemble psychosis. There is a preponderance of misinformation and a lack of outreach. A recent study from Georgia State University found that their parents reported fewer concerns about behaviors like delayed speech and repetitive actions, even though their children showed a greater severity with these symptoms overall.⁵

Another obstacle is that many parents in the African American community do not have, or maintain, a family doctor they see regularly. Due to prevalence of medical models in public clinics with rotating doctors, many African American children may see different physicians throughout their childhood. It is also important to note that African American children may require longer and more intensive interventions when the diagnosis is delayed. Even when appropriately diagnosed, critical autism services are not covered by Medicaid, such as ABA (Applied Behavior Analysis).⁶

As the incidence rate of autism continues to grow, institutions and scientists are missing an incredible opportunity to study a unique and distinct demographic on the autism spectrum: African American children. Without intentional inclusion into research studies, it can complicate efforts to advance knowledge of the disorder and it perpetuates health disparities for African American children with autism.

⁵ <https://www.ncbi.nlm.nih.gov/pubmed/29100475>

⁶ <https://www.ncbi.nlm.nih.gov/pubmed/23776121>

Most of the autism genetics research has focused almost exclusively on white children. In fact, it is rare to find a study that includes African Americans; as a result, the findings may not be applicable to them. This dearth of research has an impact on diagnosis and services and fuels the gaps, obstacles and challenges that many children of color face.⁷ If scientists and/or researchers do not have a clear understanding of the nuances that have an impact on African American kids, it becomes increasingly difficult to apply effective, culturally appropriate treatment.

SOLUTION

The solution to the racial service gap with African American children living with autism is focused on three areas: early intervention, the dissemination of culturally relevant and sensitive information for African Americans about autism, and early and accurate diagnosis. Intentional policy to educate families can assure African American parents that autism is not a psychosis. Further, it can reassure African American parents that their children with autism, with the right supports and interventions, can live full and happy lives. To operationalize this solution, outreach must include the following:

- Provide extensive information, education and empowerment to African American families, and early childhood, school age and health care professionals on the importance of an early and accurate diagnosis.
- Improve the relationships among African American families, early childhood providers, and doctors to create opportunities for early interventions. Specifically, there needs to be an improvement in delivering timely and accurate referrals.
- Provide training through workshops/classes for parents to feel comfortable using appropriate terms when consulting with the doctor about autism and services.
- Require training for teachers, counselors, and social services staff to better understand the signs of autism.
- Increase access to critical autism services and to ensure coverage by Medicaid.

⁷ <https://undark.org/article/invisibility-black-autism/>

- Expand and include greater racial/ethnic diversity in research studies, specifically African American children. Ensure that public and private funding prioritizes representation of the racial and/or ethnic diversity of the community living with autism.
- Implement a more customized, culturally sensitive approach to providing support and accurate information to primary care doctors.
- The Department of Human Services can provide culturally competent sensitivity training to healthcare professionals and a hotline to help parents navigate diagnosis and healthcare systems.
- Train health care professionals to better engage Black families, by providing culturally relevant treatment like church and family, and express empathy in our community.⁸

OUTCOME

Based on the above solution proposals, the following are expected outcomes:

- Close the diagnosis gap by race by improving dialogue between doctors, school officials, legislators, community leaders and African American families through the use of universal terms understood by all parties to effectively diagnose the child.
- Empowered African Americans families with increased knowledge and awareness of their child's behavior and improved ability to effectively communicate their concerns to medical officials.
- More customized, culturally relevant approaches that will provide significant support and accurate information for the family, child's primary care doctor, and other service providers.
- Create a research database for identifying and serving African American children living with autism.

⁸ <https://journals.sagepub.com/doi/abs/10.1177/1043659616662316?journalCode=tcna>

PROBLEM

The City of Chicago is one of the largest early childhood program grantees in the United States. In 2018, the Chicago Public Schools (CPS) system delivered Head Start preschool services to approximately 17,670 students, ages 3 to 5.¹ Children entering CPS preschool programs, whether transitioning from the Early Intervention (EI) system or directly from home, and who may have some form of developmental delay, language or learning disability, are delayed in receiving instructional and social services because they have not been clearly identified when entering CPS.

The Individuals with Disabilities Education Act (IDEA) Parts B and C, guide states and local school systems in determining eligibility and providing services to children with disabilities.² Although the transition plan guidelines are clearly stated, it is unclear how these guidelines translate into practice between the Early Intervention (EI) system, CPS, and the City of Chicago Department of Family Support Services (DFSS) for children with developmental needs. The lack of clarity could negatively affect the emerging socio-emotional and academic development of the child. When school-based programs do not have a clear picture of the child's developmental history from birth to age three, or if there is not a coordinated system in place to facilitate collaboration between agencies, it could contribute to further delay in the child's trajectory of learning and development.

Children who receive EI services up until age three are not automatically eligible for early childhood special education services from ages three to five, as different rules and regulations apply to the two systems. The change goes from family-focused services of early intervention (Part C) where the parents are expected to make decisions regarding the services their child receives until age

¹ <https://pdfs.semanticscholar.org/9384/91940f3438c8b6f8d0cc3161b6aa1de8ab8f.pdf> (Accessed On: 05/04/2019)

² <https://www.understood.org/en/school-learning/your-childs-rights/basics-about-childs-rights/individuals-with-disabilities-education-act-idea-what-you-need-to-know> (Accessed On: 05/04/2019)

three, to the child-centered education programs (Part B) when children enter school-based programs at age three, and the school assumes the primary educational responsibility.³

Chicago Public Schools and Early Intervention programs have their own procedures and regulations, and because the two systems' services are misaligned, it makes it difficult for school-based providers to determine placement at the preschool level. Not to mention that families who speak languages other than English may not be aware of the enrollment and class placement process, and may find it difficult to articulate their child's needs. In addition, parents new to the educational system may not understand what is expected of them, nor how to gain knowledge to ensure their child receives the proper services. Successful transitions happen when the educational systems collaboratively work with parents work together to determine the child's needs and the transition process.

CAUSE

There is a lack of coordination and streamlined communication among the educational systems and the families of children entering preschool needing special education services. Since 2012, children attending neighborhood CPS early childhood programs have been filtered through the Chicago Early Learning (CEL) application and verification process. However, children identified with a developmental delay, who enter through the Office of Diverse Learners and Social Services (ODLSS), and those transitioning from EI are more often placed in schools equipped to accommodate the child's need. This sometimes requires bussing outside of their neighborhood schools.

Some of the causes are:

- misdiagnoses due to lack of proper transition procedures from EI;
- improper classroom placement due to ability/language barrier;
- parental misinformation on child's development, and bilingual development; and
- lack of communication between the family and the school personnel, and/or, especially between the two systems.

³ <http://www.handsandvoices.org/articles/education/law/transition.html> (Accessed On: 05/04/2019)

A lack of preparation and communication on the part of each of the educational systems, along with the lack of parental information, appear to be the leading causes of improper placement or delayed services. Children under age three receive services under Part C of the Individuals with Disabilities Act (IDEA). Once a child is three, service availability is determined according to Part B of IDEA. The intent of the IDEA law is to provide for a “smooth transition” between Part C early intervention and Part B early childhood special education.⁴

Early intervention services end on the child’s third birthday and Early Childhood Special Education services cannot begin until the child has been determined eligible for special education and the parents have consented to begin services in a preschool setting.⁵ Nonetheless, the lack of understanding leaves families without clarity on the steps to take in order to receive proper services. This can also be viewed as a parental and child rights issue – in which children have the right to an appropriate education, which does not happen if the transition does not occur.⁶

School personnel and service providers know the importance of appropriate placement in order for the child to receive services that meet their needs; however, the lack of communication between systems is a significant barrier.

SOLUTION

There is professional development and documentation on the transition plan from EI to CPS offered through various educational and professional outlets.⁷ The fact that they are not mandatory creates inconsistencies and confusion regarding where responsibility lies among the service providers and the school system. Therefore, we need common messaging across all providers.

One solution is to mandate that CPS school-wide administrative, EI and DFSS agencies collaborate in professional development workshops, webinars, and/or modules annually in order to establish efficient, effective, and consistent partnerships.

Another “quick win” is for CPS to create an interagency transition team to work

⁴ https://www.isbe.net/Documents/Transition_QA1.pdf (Accessed On: 05/04/2019)

⁵ <https://www.bettergov.org/news/critics-cps-special-ed-policy-is-delay-and-deny> (Accessed On: 05/04/2019)

⁶ <https://www.brookings.edu/articles/early-childhood-development-the-promise-the-problem-and-the-path-forward/> (Accessed On: 05/04/2019)

⁷ <http://www.cps.edu/Pages/TransitionServices.aspx> (04/27/2019)

alongside EI. The goals would be articulation between staff of the sending and the receiving schools/programs. This would develop an effective transition plan inclusive of checklists and goals for each child.

Yet another solution would be to empower parents – they need to have a better understanding of the steps involved in entering the preschool educational system. This could be accomplished by establishing a parent support network, hosting regular community fairs and/or expos that help parents learn how to navigate the systems serving their children. The development of a parental handbook that provides access to information about the school system and preschool protocols, as well as overall expectations, is an asset.

OUTCOME

Agency and school personnel, families, service providers, and policy makers, all play a part in raising the expectation of proper placement in early childhood programs. Increased communication and collaboration between and within agencies to support the efficient and accurate placement of students with special education services also raise the bar for program success and child outcomes. Parents can make better decisions because they are more informed on the differences of EI and CPS school-based programs and special education supports. Empowered parents are advocates and can ensure their children always receive needed and warranted support as they enter school systems. Ultimately, children stand to benefit the most when provided with appropriate and differentiated supports as early as possible.

Systems Alignment/Coordination

Catherine Enright

Director of Early Childhood
Childserv

PROBLEM

Under Illinois State Board of Education's (ISBE) Prevention Initiative 0-3 (PI) Program, a family connected to PI's Home Visiting (PIHV) services cannot simultaneously access PI's Center-Based (PICB) child care, without losing their connection to their initial Parent Educator through Home Visiting. Although this arrangement was designed to avoid duplication of services, it counterintuitively injures families by failing to preserve established, supportive relationships between parents and Home Visitors. Internal ISBE Prevention Initiative rules need to be changed to allow families to remain with their original Home Visitor while simultaneously accessing the center-based program of their choosing.

Those families starting out in PIHV have a proven relationship with their Home Visitor, who is often that parent's formative link to community support. Home Visitors created a rapport and a unique system of support that operates on the parent's schedule. They not only provide parents with quality child development information, but also address basic needs and personal goals. These goals usually include employment and locating quality childcare. The Home Visitor and parent work together over the course of several months to identify resources and achieve these goals.

However, when the school or childcare facility of choice receives PICB funding, the parent and home-visiting program are notified that the family will have to drop from their original program if they wish to continue services at the center. Hence, parents and children lose connection to their initial support system and are expected to cultivate an entirely new relationship with a Home Visitor associated with the center.

Parents do not realize that by enrolling their child in a center-based program, they are unintentionally making themselves ineligible for the program they

currently benefit from. They are often frustrated by this unexpected and forced transition and feel they are being penalized for making quality childcare choices.

In FY17, the most current year on record, 148 community agencies and school districts received funding through PI for either home-visiting or center-based interventions and serviced a total of 13,190 caregivers and 12,934 children.¹ Evidence from ChildServ's program suggests about 10 percent of families face this issue every program year. If ChildServ is an indicator, this issue could potentially have an impact on over 1,200 children and their families who could benefit from services. Arguably, this number may further increase with additional funding and slots allocated to both center- and home-based programs throughout Illinois. Overall, the expansion of PI programs offers increased opportunity for families, but it also poses a dilemma: as both programs expand, so too does the potential program overlap, pitting established supports against needed child care.

CAUSE

The disruption in the continuity of care between home- and center-based interventions has its greatest impact on families with trauma history. As an enrollment requirement for PIHV, families must live in a high-poverty school district or have other significant life stressors, such as being a teen parent, having a child with a developmental delay, being a Youth in Care, or being homeless.² These challenges may represent examples of, or results of, trauma – often chronic or historical.

According to the Harvard Center of the Developing Child and The National Child Traumatic Stress Network, acute and chronic stress interrupts brain development; can severely limit a child's executive functioning and ability to self-regulate; and makes them less likely to be employed and able to care for themselves and others as an adult.³ However, while adverse childhood experiences (ACEs) and trauma can impair learning and emotional growth, protective factors, in the form of supportive relationships, can heal damaged

¹ Illinois State Board of Education Early Childhood Division. (July 2018). *Prevention Initiative Biennial Report Fiscal Years 2016 and 2017*. Springfield, IL: Early Childhood Division.

² Illinois State Board of Education Early Childhood Division. (2016). ISBE PIHV Eligibility Form. Early Childhood Division.

³ Mader, J. (2018, June 22). *How trauma and stress affect a child's brain development*. Retrieved March 15, 2019, from The Hechinger Report.

neural pathways and create resilience.⁴ Parents and children experiencing trauma require supportive and consistent relationships to heal and thrive.

Home-visiting helps families build the relationships that will change their lives. However, as current research affirms, families that have experienced trauma – as many families in PIHV have – are deeply and negatively affected by transitions that remove a trusted, supportive relationship.⁵ Hence, for some families, transitioning from PIHV to PICB can actually be counterproductive and even trigger a relapse in progress.⁶

SOLUTION

As an internal rule within PI, ISBE has almost complete control over its solution. Prevention Initiative rules should be changed to allow families to remain with their original Home Visitor when accessing PICB child care. ISBE's Student Information System (SIS) can be augmented to distinguish between home-visiting and center-based PI providers, and allow children, newly enrolled in center-based care, to receive the home-visiting component through their original agency. ISBE PI also needs to create protocols for program staff related to coordinating a family's continuity of care. Interested center-based programs can be encouraged to sub-contract their home-visiting component to home-based agencies to foster greater cooperation between the modalities and complement each other's expertise. With parent permission, Home Visitors can share visit records with center-based staff and be involved in parent-teacher conferences – enhancing the effectiveness of both modalities.

OUTCOME

Allowing families to stay with their original Home Visitor while accessing PI center-based programs would create a fluid continuum of support for families experiencing powerful stressors; this can result in enhanced outcomes for parents and their young children. The benefits to both families and program

⁴ Center for Trauma Training. (2018). The ARC Framework. *The ARC Framework: Treating Complex Trauma & Building Resilience in Children & Adolescents*. Center for Trauma Training.

⁵ Sotero, M. (2006). A Conceptual Model of Historical Trauma: Implications for Public Health Practice and Research. *Journal of Health Disparities*, 19-20.

⁶ National Child Traumatic Stress Network. (2019, March 23). *Trauma Informed Care > Families and Trauma > Introduction*. Retrieved from <https://www.nctsn.org>: <https://www.nctsn.org/trauma-informed-care/families-and-trauma/introduction>

staff would be multi-faceted. Home- and center-based programs could better align learning objectives and strategies through formalized partnerships. Likewise, parents would receive consistent, encouraging relationships to boost their resilience and help them navigate complex systems. With the guidance of well-adjusted parents, children will be more likely to succeed at school and life – realizing the ultimate goal of PI. Additionally, this could yield a decreased need for center-based Parent Educators, which might save overall cost. It would allow families to remain with their original Home Visitor and produce lasting benefits to parents, children, staff members, and society at large.

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PROBLEM

The primary function of a state-funded home visiting program is to provide families with positive social-emotional support. It also functions to increase academic achievement and provide positive social behavior. It reduces their emotional problems particularly when they are part of a comprehensive and a coordinated system of services.

The Illinois State Board of Education (ISBE) requires Prevention Initiative (PI) 0-3 home visiting programs to select a field test that measures at least one of their five key parenting outcomes. The field test includes questions concerning substance abuse, breastfeeding, mental health/depression, domestic violence, and parenting behaviors. ISBE recommended the Parenting Interaction with Children Checklist of Observation (PICCOLO) test for home visiting program as one of their approved measures. This tool is inappropriate for the program because it appears to be biased.

In the Pembroke Early Education Program, observations using PICCOLO resulted in labeling negative developmental parenting behaviors on 27 of the 35 Black, Latinx and Native American families, suggesting a racial bias. Conversely, these racial/ethnic groups represent a disproportionate share, 55 percent, of the population under age three living at 200 percent above the federal poverty line. Furthermore, the instrument has the following limitations:

- no accounting for observations on infants from four-to-nine months of age; and
- lacked areas to record interactions illustrating encouragement and affection.

CAUSE

Studies show that PICCOLO is a valid tool to measure caregiver's interaction

with children in a child care setting but not in a home visiting program.¹ The tool does not look at the child in the context of family nor takes into consideration cultural norms. Results do not highlight parents' strengths nor promote positive parenting.

Funding from the ISBE Early Childhood Block Grant for PI serves fewer than ten percent of income-eligible families (expectant or with children birth to age three). Consequently, large-scale parenting interventions in the United States show limited results with children's cognitive or behavioral skills.² Parenting is difficult even in the best of circumstances, and when coupled with other life stressors, it becomes even more challenging. Language barriers, geographic and social isolation, poverty, and parents' own adverse childhood experiences (ACEs) can present obstacles that can compromise their ability to fully support their child's development during these critical years.³

SOLUTION

The State of Illinois needs to ensure that home visiting programs are culturally competent, responsive to the needs of all families, and provide professional developmental training for staff to effectively administer and monitor the program. In order to retain and support diverse populations, the State should ensure that home visiting initiatives are selecting appropriate data collection tools to measure their program outcomes and account for diverse populations. The tool should interpret behavior for all social economic, and culture backgrounds that lead to more support and nurturance.⁴

The State Home Visiting Task Force should continue to make recommendations to review and evaluate all curricular and assessment effectiveness for home visiting programs. Illinois should adopt specific policy priorities to include outcomes for home visiting programs that are unique to the cultural experience of its diverse population. Policymakers should work to increase funding and expand services for Early Childhood Block Grant recipients in order to reach

¹ Lori A. Roggman (2013), Parenting interactions with children: checklist of observations linked to outcomes: PICCOLOTM

² National Center for Infant, Toddlers and Families (2014). The Research case for Home Visiting; Retrieved from <https://www.zerotothree.org/resources144the-research-case-for-home-visiting>.

³ DiLauro, Elizabeth (2012), Reaching Families Where They Live: Supporting Parents and Child Development through Home Visiting. <http://www.zerotothree.org/resources/997>

⁴ Ibid

more eligible families.

OUTCOME

The first three years of a child’s life are critical for laying a strong foundation for healthy development that will have an impact on success in school and adulthood. Decisions about state funding and policy related to home visiting are critical in supporting this sensitive period of development.

Building on existing State efforts to improve outcomes for families with limited access will provide a pathway contributing to racial equity. With greater attention to the way the State system defines success and sensitivity to its diverse population, there is the potential to promote change at all levels – political, environmental, fiscal, and administrative.

PROBLEM

Currently, there are no built-in mental health and behavioral services within the Illinois Child Care Resource and Referral system (CCR&R, the system). Early care and education professionals need specialized mental health training and consultation when caring for children. Yet, recent studies demonstrate there is a lack of these services available to meet the demand.

Children living with trauma and complex family situations encounter classrooms without adequate support and training by mental health consultants, resulting in teacher frustration, burnout, and frequent staff turnover. In Illinois, there are approximately 150,000 births annually and, according to the Center Disease Control and Prevention, one-in-six children between the ages of 2-8 years (17.4 percent) had a diagnosed mental, behavioral or developmental disorder.¹

Best practices that could support providers working in child care centers and home-based care are neither sufficient, nor implemented consistently across the state to meet the needs of young children.

CAUSE

The CCR&R system lacks adequate mental health consultants, training, and services to help early care and education professionals and children in their classrooms. This resource gap leads to a myriad of negative consequences. If teachers do not have access to mental health and behavior consultation, training and services, children's well-being and, therefore, preparedness for school success is compromised.

Implicit bias is also mitigating factor, which include the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner. Recently, the Yale Child Study Center identified implicit racial bias among early

¹ <https://www.cdc.gov/childrenmentalhealth/data.html>

educators as a likely source of the disproportionate punishment received by Black boys. Black Children represent 18 percent of preschool enrollment, but 48 percent of children receiving more than one out-of-school suspension.² These underlying biases need to be addressed through training and consultation as they can lead to unfair expectations and practices in disciplining children, and have lasting effects on life outcomes.³ Challenging behavior is typical in a growing and developing child. When the training and mental health resources are unavailable to their child care and service providers, it can manifest into a problematic situation.

In June 2019, Kate Zinsser released the Evaluation Report of the Implementation of Illinois Public Act 100 -105. When her team surveyed and interviewed providers who run programs licensed by the state to serve 3- and 4-year-olds, one-third reported inaccurate information about the law. Furthermore, the lack of children's mental health consultation services contributed to the problem. There was consensus about the benefits of consultation, yet several challenges were also cited. Specifically, 29.4 percent referenced the significant wait time and a limited number of consultants available. Some of the administrators surveyed noted that they had to wait several months before receiving services of a consultant.⁴

SOLUTION

Support for children's mental health needs to be embedded into the CCR&R system as contracted positions along with dedicated funding to meet current needs. The state needs to provide adequate children's mental health support services not only with respect to PA 100-105 implementation, but for all teachers, care givers, and program providers. Provisions need to be embedded in the CCR&R system to support and train staff to help children who experience trauma and exhibit behavior challenges.

² <https://www.google.com/search?q=Gilliam+expulsion&oq=Gill&aqs=chrome.0.69i59j69i57j0l4.3800j0j8&sourceid=chrome&ie=UTF-8>

³ Zinsser, K.M., Silver, H.C., Hussaini, Q., & Zulauf, C.A. (2019). Evaluation Report of the Implementation of Illinois Public Act 100 - 0105: Early childhood programs' knowledge of and responses to the 2018 expulsion legislation. University Chicago

⁴ <https://chalkbeat.org/posts/chicago/2019/06/12/a-law-made-it-harder-to-expel-illinois-preschoolers-but-its-been-slow-to-catch-on/>

In 2017, a pilot model began with three entities receiving funding:⁵

Agency ID	Grantee Name	Start Date	End Date	Amount
FCSXI04949- FCSXI04949	Chaddock	7/1/2018	6/30/2019	\$ 1,565,000
FCSXI04948- FCSXI04948	Illinois Action for Children	7/1/2018	6/30/2019	\$ 550,000
FCSXI04950- FCSXI04950	Community Coord Child Care	7/1/2018	6/30/2019	\$ 85,000

Chaddock Foundation is a consultant model from an external agency (serving 14 CCR&R agencies across the state). While the quality of their expertise is excellent, they are not members of provider teams, generally have less accountability, and do not receive the same training and understanding of their roles and responsibilities.

Illinois Action for Children and Community Coordinated Child Care are both Illinois Child Care Resource and Referral agencies. Both report that they prefer having their own mental health consultants on staff as a part of their team.

Illinois Action's director of consultation services stated that the embedded children's mental health consultation model was successful, comprehensive, and has increased quality as their staff specialists and mental health consultants have worked as a cohesive team.

Researchers identified a trend between programs that rate high on a state quality scale and frequency of expulsions. That is, programs rated "gold" — the highest rating — tended to work with children rather than expel them. The correlation between the specialists and the mental health professionals embedded in their program is paramount in supporting best practices for children.⁶

OUTCOME

Embedding children's mental health and behavioral services into the CCR&R system will increase state **efficiencies** both structurally and financially. Having

⁵ <https://govappsqa.illinois.gov/gata/csfa/Program.aspx?csfa=1225>

⁶ Zinsser, K.M., Silver, H.C., Hussaini, Q., & Zulauf, C.A. (2019). Evaluation Report of the Implementation of Illinois Public Act 100 - 0105: Early childhood programs' knowledge of and responses to the 2018 expulsion legislation. University Chicago

children’s mental health housed within the CCR&R system insures a fiscally responsible and comprehensive system to address the needs of both child care providers and children.

This contract policy change will raise **service quality** by more consistently delivering provider training.

Adequate and appropriate training can increase **equity**. Children’s mental health professionals can be trained on cultural sensitivity, child development and implicit biases.

A policy to build in children’s mental health and behavioral supports into the state CCR&R system can result in:

- Informed training and consultation for early care and educators designed to address trauma-informed care, social-emotional learning, cultural competencies, and racial bias;
- Increased developmental screening referrals to the Early Intervention and school districts for further evaluation;
- Increased continuity of care for children experiencing trauma;
- Increased teacher retention;
- Creation of a feedback loop to what children’s mental health and behavioral specialists are experiencing in the field and implementing best practices to support educators; and
- Increases in savings by reducing overhead and monitoring to a third party.

PROBLEM

The diverse array of funding streams for Home Visiting (HV) has resulted in an incoherent system lacking the governance necessary to address issues of quality, access, and equity in a systemic way.

Illinois' major HV funders represent two federal and two state streams. These include the Maternal Infant and Early Childhood Home Visiting Program (federal), Illinois Head Start Association (federal), Department of Human Services (state), and Illinois State Board of Education (state). The lack of authority and accountability across these funding streams has led to inefficiencies and lost opportunities to conduct the activities necessary to make the system-level decisions that could have the most impact and leaves the HV system unable to fully participate in the early childhood system.

Two of the major HV funders, the Illinois State Board of Education (ISBE) and the Maternal Infant and Early Childhood Home Visiting Program (MIECHV), have had success coordinating some aspects of HV – including aligning professional development and program monitoring – but efforts to align with other funders and in other areas, such as data collection and reporting, have fallen short. For example, since the State's fiscal year 2015, the HV funders have collaborated to combine data to estimate service levels including unduplicated counts and demographics of those served. The results are inefficient and incomplete due to the data constraints and lack of consistency.

Illinois' mixed delivery system adds to the complexity of the HV system. Many programs blend and braid funding streams and implement more than one HV model. As a result, programs must interpret and manage multiple – and sometimes conflicting – requirements. A program that blends its funding must manage and document different professional development requirements for each home visitor depending on the funder and model requirements. A blended program may also undergo more than one monitoring site visit. Preparing for site visits takes a significant amount of time and are scheduled over the course of several days. If professional development and monitoring policies and

procedures could be streamlined by the HV funders, the HV staff would be able to spend less time managing the HV administration and could focus on providing the best possible services to families including innovations to grow the field.

Data collection and reporting due to multiple funding streams are particularly burdensome for HV staff. For example, there is no one collection standard and staff may be required to report using more than one system – this can require entering client information several times. As a result, a significant amount of time and energy is spent on data entry and management.

Illinois MIECHV surveyed twelve program supervisors who estimated their home visitors spend upwards of 15 hours per week on data entry. This equates to 40 percent of their time. Supervisors cited two to three different data systems their program uses concurrently; across the state, there are at least seven different data systems in use. Managing these multiple requirements and systems takes time away from working directly with families.

Illinois MIECHV has had between 30-36 percent turnover every year in the HV workforce. In the MIECHV 2016 Annual Survey, home visitors reported their “personal commitment and making a difference in the lives of families” as the most compelling factors to continuing to stay in the field. Overburdening home visitors by making them juggle competing requirements pulls them away from focusing on family needs and from the reason that compels them to stay in the workforce. From an equity lens, it is often the programs in under-resourced communities that are most affected.

CAUSE

The multiple HV funding streams are expected to work in partnership with each other but without a clear mandate, collaboration only occurs on a surface level and silos remain, which result in “fragmentation, uneven quality, and inequity in programs and services” both at the state and community level.¹

The investment and reach of home visiting services in Illinois are significant. It is estimated over 19,000 children access services each year from over 300 home visiting programs² in 85 of Illinois’ 102 counties.³ In State Fiscal Year 2017, the

¹ Regenstein, E. and Lipper, K. A Framework for Choosing a State-Level Early Childhood Governance System. (May 2013). Retrieved from: www.buildinitiative.org

² ISBE, DHS, GOECD MIECHV, Head Start Collaboration Office (2018) Illinois Home Visiting Funder Report.

Illinois HV funders reported spending a total of \$134,705,609. This investment has the potential to grow with a SFY20 proposed expansion of \$12.5 million for the Infant -Toddler set aside (which includes HV) to the Early Childhood Block Grant. Even with this considerable investment and sizeable system, Illinois has no agreed-upon standards regarding qualifications of service providers, definitions and reporting of quality service delivery, quality assurance, sustainability, data collection, and system building.

The HV field is multifaceted, and there are numerous stakeholders involved in the provision of services. In addition to state and federal agencies, there are five national HV models in use in Illinois, each with its own national organization, community collaboratives, researchers/evaluators, and private funders. Each player has its own individual goals, objectives, and information sought. Even though there have been several national initiatives to standardize HV – such as the MIECHV benchmarks and the PEW Data Initiative – no single process or set of requirements have been adopted by the broader field.

An “effective model of governance should create coherence among policies and services”, but the current governance and mixed delivery systems are fragmented and lacks the authority necessary to make the funders coordinate in a meaningful way.⁴ The Illinois Early Learning Council (ELC) is a public-private partnership that serves as the advisory body for the early childhood system. The HV Task Force (HVTF), a standing committee of the ELC, is charged with advancing a comprehensive vision for HV, increasing coordination between programs at the state and local levels, as well as between HV and all other publicly-funded services for families.⁵ The HVTF has made great strides moving the field forward, but both it and the ELC lack the “authority and accountability over core functions” to move to true system alignment.⁶

SOLUTION

Illinois should pass an HV Accountability Act. The specifics of the legislation can be determined through an “agreed bill process” that would include input from

³ <https://www.erikson.edu/policy-initiatives/risk-reach/> (retrieved May 15, 2019)

⁴ See footnote 1 for source

⁵ <https://www2.illinois.gov/sites/OECD/EarlyLearningCouncil/Pages/default.aspx> (retrieved May 15, 2019)

⁶ Illinois P20 Council Education and Workforce Data Task Force. (2019, March). Recommendations to the Illinois P20 Council by the Education and Workforce Data Task Force on Building a P-20W Information System to Fuel Improvement. Draft.

the ELC, the HV funders, and other key stakeholder – and especially home visitors and parents. Including them in the process will be vitally important to ensuring the cultural and linguistic needs of families in communities frequently overlooked are included. Illinois legislative leaders have encouraged the agreed bill process and several major bills of this type have moved through the legislature.⁷

The law can strengthen coordination by establishing a lead agency – potentially the Governor’s Office of Early Childhood Development – that would have authority to provide oversight and lead decision-making regarding the HV system. The law should also include the development of a comprehensive plan for the coordination of HV programs within the early childhood system to ensure quality service delivery and sustainable growth addressing the following key elements (adapted from Virginia’s Plan for Home Visiting):⁸

- Qualified service providers
 - Adopt core set of competencies and required training for all HV staff.
 - Adopt Gateways Family Support Specialist professional certification for HV.
- Quality Service Delivery/Model Fidelity
 - Adopt Core set of standards and outcome indicators for programs.
 - Adopt “Home Visiting Quality Rating Tool”⁹ as monitoring tool and framework.
- Quality Assurance
 - Adopt uniform reporting format for all state and federally funded HV including strategies to facilitate shared data collection and reporting capacity.
 - Conduct regular joint statewide needs assessments to identify gaps in

⁷ Regenstein, E. Illinois: The New Leader in Education Reform? (2011, May). Retrieved from: https://cdn.americanprogress.org/wp-content/uploads/issues/2011/07/pdf/illinois_education.pdf

⁸ Early Impact Virginia. (2017). Virginia’s Plan for Home Visiting: A Proposed Framework. Draft.

⁹ Korfmacher, J; Laszewski, A; Sparr, M; Hammel, J. (2013). Assessing Quality in Home Visiting Programs. *Zero to Three*, v33 n3 p10-16.

home visiting service network.

- Sustainability
 - Identify common contract language and deliverables for home visiting programs, consistent funding practices, and coordination of the HV “Request for Proposal” process.
 - Support the development and maintenance of the home visiting system including professional development, quality assurance, quality improvement, and evaluation.
- System Building
 - All relevant, child-serving public agencies participate in statewide home visiting planning and evaluation activities through HVTF and ELC membership.

OUTCOME

A Home Visiting Accountability Act would bring much needed coherence to the HV field in Illinois and will result in positive outcomes at both the state and local levels. The consistency across funding streams will give state leaders the information needed to make data-driven decisions. Leaders will be able to accurately determine where the funding dollars are going, who is being served, what outcomes are being achieved, and the gaps – making the system more efficient and responsive.

At the local level, the administrative burden on HV staff would be reduced. This would allow home visitors to spend more time making a difference in the lives of the families they serve, shifting their focus to the reason why they choose to stay in the field, which in turn, could lead to a more stable workforce with less turnover.

Since 2008, 22 states -- including New Mexico, Maryland, Virginia, Rhode Island, Oklahoma, and Texas-- have set precedents by enacting legislation to better define and align their HV systems.¹⁰ The State of Virginia is investing \$850,000 of TANF funds over two years to strengthen its HV system by hiring three full-time staff, including a director, an evaluator, and training lead.¹¹ Through their

¹⁰ http://www.ncsl.org/Portals/1/Documents/legisbriefs/2018/August/homeVisiting_Aug2018_31_v02.pdf (retrieved May 15, 2019)

¹¹ Early Impact Virginia. [PowerPoint Slides]

efforts, these states can now tell the story of HV through a state-wide lens and can demonstrate the collective benefits of HV.

Illinois is considered a leader in early childhood. A unified, aligned, and efficient HV system achieved through a HV Accountability Act would provide the state the full picture of HV, make it easier for HV programs to provide the highest quality services and advance Illinois' status as a leader in early childhood even further.

PROBLEM

Families affected by substance use disorder (SUD) need comprehensive supports but rarely receive them. This is especially true in cases severe enough to warrant investigations into termination of parental rights, since such services are not embedded into the processes of traditional child welfare courts. Moreover, the timeframes offered by such courts for family reunification are generally incompatible with ongoing recovery modalities.

For children who enter temporary protective custody due to caregiver SUD, the conventional path for case resolution calls for the matter of family reunification to be adjudicated by a dependency court. In such cases, the purpose of these proceedings is to determine the placement that is most conducive to a child's safety and well-being—not to create the positive conditions that will foster such a placement. Thus, judges may threaten sanctions on the caregiver to mitigate the very real risk that substance use poses to children; adjudications generally offer no supports for the recovery process.¹

The lack of comprehensive support services has been exacerbated by the opioid crisis. With the child welfare system experiencing more serious caseloads and higher rates of caseworker turnover, staff have reported both receiving less training on what resources are available and a shortage of services to refer families to.²

CAUSE

A recent research series from the U.S. Department of Health and Human Services once again highlighted the link between caregiver SUD and involvement in the child welfare system. The series showed that counties with

¹ Marlowe, D., & Carey, S. (2012). Research Update on Family Drug Courts. National Association of Drug Court Professionals.

² Radel, L., Baldwin, M., Crouse, G., Ghertner, R., & Waters, A. (November 2018). Medication-Assisted Treatment for Opioid Use Disorder in the Child Welfare Context: Challenges and Opportunities. ASPE Research Brief.

higher rates of drug overdose hospitalizations and deaths also have higher child welfare caseloads, and that children who enter the welfare system with an SUD caregiver had more complex and severe experiences of abuse and neglect.³ Furthermore, although a range of evidence-based treatment options – including medication-assisted treatment, family therapy, home visiting, recovery coaching, and supportive housing – have been shown to support faster and more sustained resolution of such cases,^{4,5} assessments for and referrals to such services are often inconsistent.

In traditional child welfare courts, addressing the contributing factor of SUD is a secondary consideration often left solely to the caregiver. Those who choose to seek treatment must navigate programs that rarely include family-centered services, particularly in residential treatment and in rural areas.⁶ Families trying to overcome challenges are faced with two systems that fundamentally operate in isolation: a child welfare system that is not structured to support long-term substance use recovery, and a substance use treatment system that is not designed with the needs of children and families in mind.

According to the 2017 National Survey of Children’s Health, an estimated 120,512 children in Illinois have lived with a person who misuse alcohol or drugs. Indeed, in cases of substantiated child abuse and neglect, national rates for caregivers with SUD have been estimated to be as high as 80 percent.⁷ The state’s child welfare system is increasingly tasked with elements of SUD treatment and recovery. As a result, the 2017 Illinois State Opioid Action Plan calls upon all state agencies – and the Department of Children and Family Services (DCFS) in particular – to provide access to coordinated, comprehensive services.

SOLUTION

Supportive models of treatment and recovery for families in the child-welfare

³ Radel, L., Baldwin, M., Crouse, G., Ghertner, R., & Waters, A. (March 2018). Substance Use, the Opioid Epidemic, and the Child Welfare System: Key Findings from a Mixed Methods Study. ASPE Research Brief.

⁴ Marlowe et al., 2012.

⁵ Development Services Group, Inc. 2016. “Family Drug Courts.” Literature review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.

⁶ Radel et al., November 2018.

⁷ Green, B., Furrer, C., Worcel, S., Burrus, S. M., & Finigan, M. W. (2009). Building the Evidence Base for Family Drug Treatment Courts: Results from Recent Outcome Studies. *Drug Court Review*, 6(2), 53-82.

system impacted by SUD have demonstrated success in improving both child outcomes and reunification rates.⁸ One promising example is Family Treatment Courts (FTCs), which were specifically developed to address the complex needs of such families.

FTCs, using a family-centered approach, are specialized courts designed with the overarching goal of reducing the risk of child abuse or neglect by addressing the caregiver's SUD. In these courts, non-criminal cases of child abuse and neglect are overseen by a judge in collaboration with an interdisciplinary team made up of staff from the office of the public defender, child welfare agencies, social service agencies, substance use treatment providers, and housing and employment supports as needed. The wrap-around services offered through FTCs are evidence-based and trauma-informed, according to national FTC guidelines. Participation in such courts is voluntary, and the treatment period is generally 12-18 months.^{9,10} Court hearings are often more informal compared to traditional models and also take place more frequently so the treatment team may provide regular support to participants.

Since their inception in the 1990s, FTCs have been evaluated for impact on child outcomes and for cost-effectiveness. In a recent literature review of nine methodologically sound evaluations of 12 FTCs nationwide, participants had, statistically, significantly better outcomes compared to traditional courts in caregiver SUD treatment completion, decreased time in out-of-home care for involved children, higher rates of family reunification, lower rates of termination of parental rights, and lower rates of caregiver criminal arrests. Average net cost savings from FTCs range are estimated at between \$5,000 to \$13,000 per family.¹¹

Illinois has already taken steps to offer such comprehensive services. Building upon a pilot by the Circuit Court of Cook County, the Department of Children & Family Services received expansion funding in 2015 to establish the Cook County Family Treatment Court with the goal of serving 80 families by the end of the grant period in 2018. Although the project evaluation is not yet complete, anecdotal evidence suggests that it offers a more supportive environment for participants and higher rates of completing SUD treatment.

⁸ Radel et al., November 2018.

⁹ Marlowe et al., 2012.

¹⁰ Illinois Department of Children and Family Services. (2015). Family Treatment Court Procedures.

¹¹ Marlowe et al., 2012.

Additionally, comprehensive services and recovery supportive models such as those provided through FTCs have been shown to be effective in addressing the racial disproportionality that exists at every level of the child welfare system in Illinois.¹² For example, between 2010 and 2016, the Illinois Alcohol and Other Drug Abuse (AODA) demonstration project showed that providing wrap-around services to foster children from drug-involved families led to faster rates of family-reunification and higher rates of stable reunification. Crucially, the project found that African American families who worked with a recovery coach were just as likely to achieve reunification as White families, while African American families who did not receive this support were significantly less likely to be reunified.¹³ In this case, the supportive model effectively erased the racial disparity that persists at every level of the child welfare system. Moreover, the intervention generated approximately \$10,587,000 in savings and 1,318 caregivers were helped.¹⁴

OUTCOME

FTCs will help Illinois better serve families where caregiver SUD is severe enough to potentially result in termination of parental rights. Furthermore, there are already dedicated funding streams for FTCs through the Substance Abuse and Mental Health Services Administration and potential resources from State Targeted and Opioid Response funds. These grants can provide seed funding, training, and technical assistance to establish FTCs in counties with high rates of substance use disorder and substantiated cases of child abuse and neglect. By adopting this holistic and strengths-based approach to child welfare, Illinois will connect families with the ongoing supports needed to move towards reunification and recovery.

¹² Illinois State University: Children & Family Research Center. (2019). DCFS Racial Disproportionality for Children Age 0 to 5 in Illinois. Urbana, Illinois.

¹³ Ryan, J. (2017). *Illinois Alcohol and Other Drug Abuse Waiver Demonstration*. University of Michigan, School of Social Work.

¹⁴ Ibid.

Workforce Pipeline

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PROBLEM

All children, regardless of race or ethnicity, deserve the chance to graduate from high school, attend college, and achieve their greatest potential. Today, Black and Latinx students are left at a significant disadvantage as early as pre-kindergarten when trying to attain these goals.

The National Center for Education Statistics reported that the national average high school graduation rate is 84 percent, with White and Asian students above the mean at 88 and 91 percent respectively. Black and Latinx students fall below the mean at 76 percent and 79 percent. In the state of Illinois, the disparity is even greater with the graduation rate of White students upwards of 15 percent higher than that of Black students (Fig. 1).¹ This problem can be remedied in part with one minor shift in policy that promotes equitable access to teacher preparation by eliminating systemic barriers currently preventing more Black and Latinx individuals from becoming teachers. The State of Illinois should eliminate the test of basic skills for prospective teachers.

Not only is there a teacher shortage in Illinois but also a racial representation disparity among those teachers. While the general Illinois population is three quarters White, there are significant percentages that identify as Black (14.6

¹ Public High School Graduation Rates. (2019, May). Retrieved June 14, 2019, from https://nces.ed.gov/programs/coe/indicator_coi.asp.

percent) and Latinx² (17.3 percent).³ Of the nearly 130,000 full-time teachers in the state, however, there are disproportionately fewer Black (5.8 percent) and Latinx (6.2 percent) teachers as compared to the general population suggesting that, more often than not, Black and Latinx students could go through all their educational experiences without being taught by a single teacher of the same race or ethnicity.⁴

When examined closely, “the impact of having a same-race teacher on students’ long-term educational attainment” can be significant. In the Tennessee STAR class-size experiment, Black students assigned to a Black teacher in grades K-3 were seven percent more likely to graduate from high school and 13 percent more likely to enroll in college than their peers in the same school not assigned to a Black teacher. By ensuring that every student in the State of Illinois experiences being taught by a teacher of the same race, ethnicity, culture, or linguistic background, high school graduation and college-bound rates can increase by nearly 30 percent.⁵

CAUSE

The test of basic skills, required by state law, is one of the biggest barriers affecting potential future teachers of color from entering the profession. The current test of basic skills is called the Test for Academic Proficiency (TAP). Its expressed use is to measure basic proficiency in the core subjects of Reading Comprehension, Language Arts and Writing, and Mathematics. Students of color who are interested in becoming teachers score disproportionately lower than White students on the test. The passage rates shown in Figure 1, coupled with recent research, imply that the test is implicitly racially biased and does not predict whether someone will be a quality teacher.

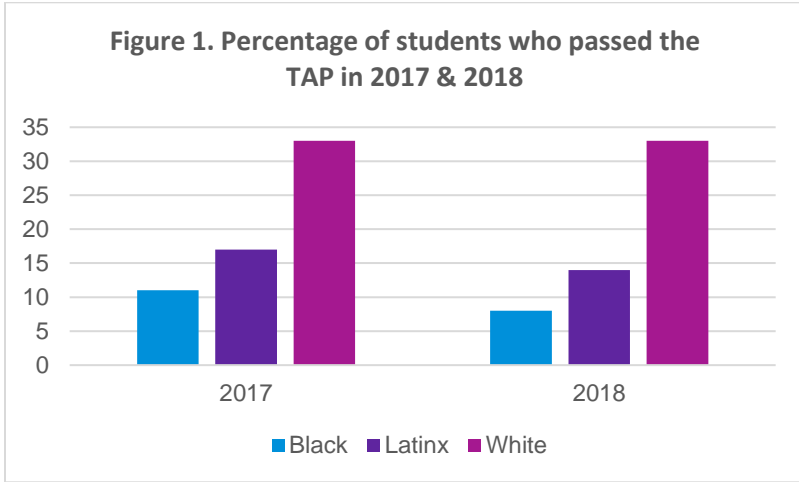
² Note that Latinx/Hispanic is considered ethnicity and may overlap with White/Black race identification.

³ U.S. Census Bureau QuickFacts: Illinois. Retrieved June 14, 2019, from <https://www.census.gov/quickfacts/fact/table/il/RHI725217>.

⁴ Illinois Report Card 2017-2018: Demographics. Retrieved June 14, 2019, from <https://www.illinoisreportcard.com/state.aspx?source=teachers&source2=teacherdemographics&Stateid=IL>.

⁵ Gershenson, Seth, et. al. (2018, November 09). The Long-Run Impacts of Same-Race Teachers. Retrieved June 14, 2019, from <https://www.nber.org/papers/w25254>; Aina, M. (2019, January 11). To Get To College, It Helps Black Students To Have A Black Teacher Early On. Retrieved June 14, 2019, from <https://www.npr.org/2019/01/11/682194015/-black-teachers-helps-black-students-get-to-college>.

Below is a sample of test passage rates.⁶



The Illinois State Board of Education (ISBE) and the Illinois General Assembly decide, both through legislation and administrative rules, how teacher licensing occurs. In July 2012, the State recognized the ACT and SAT as an equivalency for the TAP:

- ACT equivalent – a score of 22 with a writing score of six
- SAT equivalent – a score of 1110 plus a minimum of 26 on the writing and language portion

Between 2015 and 2016 the average ACT score for Chicago Public Schools (CPS) was an 18.⁷ It was consistently below 18 for previous years.⁸

CPS test scores are relevant here because it is the biggest and most diverse school district in Illinois with 36.6 percent Black and 46.7 percent Latinx students. Based on CPS average ACT scores, most students in the district would not be able to substitute their ACT/SAT scores for the TAP and would be excluded from the teaching profession recruitment pool.

Research shows that the test of basic skills has no correlation to how effective a

⁶ Retrieved June 14, 2019 from, <https://www.isbe.net/Documents/tap-2018-quarter-1.pdf>;
https://www.isbe.net/Documents/TAP_PassRates400_20170101_20170331.pdf.

⁷ School Data: Average ACT Scores. Retrieved June 14, 2019, from <https://cps.edu/SchoolData/Pages/SchoolData.aspx>.

⁸ Ibid.

person is in the classroom.⁹ Similarly, recent research draws into question the validity of ACT and SAT scores being predictors of success in college, so much so that many institutions of higher education are moving toward modifying their admission requirements. Because neither the TAP nor ACT/SAT are indicators of a quality teacher, the state should remove it as a gate-keeping measure for those interested in becoming a teacher. Further, there are checks in place that actually measure teacher quality that can and will continue to be used to ensure teacher quality.

SOLUTION

As a single high-stakes measure, TAP is neither an adequate tool to determine whether candidates could successfully complete college-level coursework nor is it a viable predictor of the ability to be an effective teacher. ISBE should strike the requirement in the school code effectively eliminating the test in its entirety. Currently, the General Assembly passed two pieces of legislation to either suspend the TAP for five years and identify an alternative (HB423) or remove it in its entirety (SB1952). Both bills await signature of the Governor to become law. Either way, ISBE can explore a more holistic and comprehensive set of measures to evaluate individuals who have completed an accredited licensure program. In order to obtain a Professional Educator License, every candidate must complete student teaching, graduate from a pre-approved program, pass content-based tests, and pass the EdTPA.¹⁰ Positive evaluations, completion rates, and scores on those measures will guarantee that the State of Illinois maintains its high-quality standards but does **NOT** discriminate against students of color. Ultimately, institutions of higher education are the entities charged with preparing students to be future teachers, and they have a vested interest in ensuring the admittance of candidates who will be capable of successful completion.

OUTCOME

By eliminating the test, a proven barrier to entrance for potential teacher candidates, ISBE opens the door for more students of color, specifically Black

⁹ See Mendez, E. & Vonderlack-Navarro, R. (2018). Rethinking Teacher Entry: Responding to Research, Latino Policy Forum.

¹⁰ Illinois Teacher Certification and Licensing Guide 2019. Retrieved June 14, 2019, from <https://www.teachercertificationdegrees.com/certification/illinois/>.

and Latinx, to pursue being a teacher. Increasing the number of Black and Latinx pre-service candidates naturally leads to a larger pool of teachers to draw from, therefore mitigating the teacher shortage. Additionally, this pool would be dramatically more diverse and ensure that more students see teachers at the head of their class who look like them, sound like them, and/or have shared cultural experiences.

Along with the increased chances of Blacks and Latinxs being taught by someone who is more reflective of their own identity, students are more likely to have improved academic outcomes, including increased rates of high school graduation and college enrollment. Additionally, shared racial, cultural, and linguistic characteristics strengthen relationships between teachers and families. Therefore, eliminating the TAP will increase the pool of diverse educators leading improved educational outcomes for students of color.

PROBLEM

The lack of a qualified workforce creates stressful work environments that not only lead to staff burnout and turnover, but also have an impact on the quality of services provided to children and families. According to the 2017 Illinois Early Childhood Workforce Survey Report, 66 percent of respondents reported that open positions led to teacher burnout, while 51 percent indicated that program quality suffers as a result of unfilled positions.¹

It is most commonly understood that compensation, including pay and benefits, is ranked as the top barrier linked to early childhood workforce challenges in Illinois. The second largest barrier identified by survey respondents is ensuring that a well-prepared workforce is in place. “Survey respondents reported a need for a larger pool of qualified candidates (with the required degrees, credentials and experience), including those with specialized skills and trainings, such as bilingual candidates and candidates trained to work with children with special needs.”² Another interesting outcome of the survey pointed to the need for a match between applicants and the communities being served.

High-quality early learning programs form the pillars in local communities that not only assist children in reaching developmental milestones, but also provide tremendous social support for families. However, when primary care-giving relationships are marked with high turnover, inconsistency, and prolonged negative stress, the long-term impact on children and families is severe.

CAUSE

Early childhood systems in Illinois are disconnected, resulting in variability in

¹ Main, C., Yarbrough, K.W. and Patten, B. (2018). “Voices from the Front Lines of Early Learning: 2017 Illinois Early Childhood Workforce Survey Report.” Chicago, IL: UIC College of Education.

² Ibid.

credential requirements. For example, the Department of Children and Family Services' qualifications for teachers³ differ from those for teachers outlined in the Head Start Performance Standards.⁴ Both differ from those listed for Preschool for All programming.⁵ Most higher-level credential requirements are linked to federal and state funded programs. As these programs expand in local communities, so does the need for more early learning professionals, particularly those with credentials who can meet qualifications outlined by funders.

Programs with more financial support are often better able to compensate professionals. The pay scale varies greatly from one agency to the next, providing more leverage to early learning professionals with additional credentials. This factor contributes to turnover – professionals make lateral moves from one organization to the next for better compensation packages. Nevertheless, increasing pay alone does not solve the fact that there are simply not enough professionals to fill the number of open vacancies in programs throughout Illinois.

Another Illinois workforce report cites, “Data on the education levels of the early childhood workforce continually reveal that most of the cultural and linguistic diversity in the workforce exists among educators with fewer qualifications. These individuals are critically important to quality programming and need to be provided with more opportunities to increase their education and earn credentials.”⁶ Additionally, the percentages of students of color in early learning environments is on the rise. This upward trend is expected to continue in the years ahead, increasing the need for professionals of color to reflect the backgrounds of the students and families served in communities.

SOLUTION

Innovative solutions are needed to combat this extremely complex and multifaceted issue. Solutions are needed that further develop the existing workforce and, at the same time, attract new entrants to the field. A few

³ https://www2.illinois.gov/dcf/aboutus/notices/documents/rules_407.pdf

⁴ <https://eclkc.ohs.acf.hhs.gov/policy/45-cfr-chap-xiii/1302-91-staff-qualifications-competency-requirements>

⁵ <https://www.isbe.net/Documents/Early-Childhood-Licensure.pdf>

⁶ Main, C. and Yarbrough, K.W. (2018). “Transforming the Early Childhood Workforce: A Call to Action for the State of Illinois.” Chicago, IL: UIC College of Education; Illinois Governor’s Office of Early Childhood Development.

organizations in Illinois are already on the cutting edge in developing innovation solutions to support this idea. The 2019 Society of Community Research and Action offers three separate accounts of how some organizations built collaborative partnerships to grow early learning professionals and support the unique needs of their surrounding communities.⁷ All concepts used variations of the *Grow Your Own* framework and reflected the idea that to build a diverse workforce, perhaps communities must grow their own.

Conceptually, *Grow Your Own Teachers Illinois* grew from the work of Chicago community organizations in neighborhoods with limited economic resources who identified high teacher turnover and a cultural disconnect between teachers and their students as key barriers to sustaining school improvement and student achievement. The program uses pre-identified selection criteria to recruit educators, parents, and community members of color who are committed to teaching in under-resourced schools where they live. Participants receive ongoing professional development, tuition assistance, and emergency support to help cover the cost of books, childcare, and transportation. They may attend partner universities or one of their own choice with an approved traditional teacher preparation program.

To hire and retain more diverse classroom staff and with the support Truman College, University of Illinois at Chicago (UIC) and other community partners, Chicago Commons developed Pathways for Parents with three goals in mind:

- creating a pipeline of new teaching staff that was reflective of the communities served;
- ensuring that this diverse pipeline is familiar with the Reggio-Emilio education philosophy and practices used in Chicago Commons programming; and
- providing its client-parents with access to job training and deeper involvement to their children's learning.⁶

Chicago Commons used a selection questionnaire to assist with recruiting participants. Seven students in the first cohort of Pathways for Parents, which began in January of 2018, finished their last class in May 2019. They earned nine child development credit hours and recently received scholarships from City

⁷ Zinsser, K.M., Main, C., Torres, L., and Connor, K. (2019). "Patching the Pathway and Widening the Pipeline: Models for Developing a Diverse Early Childhood Workforce in Chicago.

Colleges of Chicago to continue their education in the Fall. Chicago Commons successfully developed new entrants into the field who are culturally and linguistically competent and live in the surrounding communities of its Early Education programs. Additionally, the organization is now able to reap the benefits of hiring members of the newly qualified early childhood workforce.

Programs like Pathways for Parents cannot be successful without articulation agreements with Truman College and UIC. There is a need for agreements with *all* City Colleges. By increasing these alliances, other community-based organizations can host more educational opportunities on-site; offer cohorts through which staff and parents obtain higher-level credentials together; and promote collaboration and strengthen relationships.

Cohorts can be formed to receive training during agency hours of operation, therefore reducing commute time and the need for child care. Offering in-person, classroom-like settings at organization sites goes beyond the traditional walls of a local college or university and provides an attractive learning environment. This approach brings new entrants into the field, helps to increase retention of adult education learners in community colleges, and provides a place where hands-on classroom experience can be obtained.

OUTCOME

If implemented at scale, benefits to the suggested solutions include increased diversity in candidates whose background reflects those of the students enrolled in a given program. They often speak the same language, embrace similar customs, and create a foundation for deepening relationships between students, teachers, and families. Additionally, educators drawn from the community bring a wealth of knowledge regarding events, potential partnerships, and local happenings. These educators are often rooted in the surrounding neighborhood and passionate about ensuring positive outcomes for children and families. Likewise, educators are more strongly connected to programs, have taken the time to invest in them, and are more committed to staying with the program from year to year.

PROBLEM

As Illinois makes greater investments to expand early care and education programming, we need to expand the pipeline of qualified teachers. Specifically, an additional \$50 million has been appropriated for FY20 for the Early Childhood Block Grant to significantly increase the number of high-quality, publicly-funded early care and education programs. However, the need for qualified early childhood lead teachers will also grow, making it even more challenging to fill teacher roles from a limited pool.

Assistant teachers who have demonstrated the aptitude and passion for this work and are currently working in early childhood classrooms can play a major role in building a skilled pipeline, but multiple barriers exist that impede their potential to obtain the necessary credentials. One specific obstacle is the inability of many to take an unpaid leave from their employment to fulfill the student teaching requirement.

Currently, Illinois Administrative Code 25.620 specifies that individuals who have worked in the classroom for at least one year are eligible for compensation.¹ By amending administrative regulations to allow all individuals, regardless of the length of time in the classroom, to receive compensation during the student teaching requirement, Illinois could take a dramatic step in building the lead teacher pipeline.

CAUSE

The Shortage of Qualified Lead Teachers

The Illinois State Board of Education (ISBE) reported 1,407 vacancies in K-12 teaching positions during the 2017-2018 school year. The need for qualified teachers will continue to grow with a projection of 12,626 teachers needed to

¹ Illinois Administrative Code 25.620.

fill positions for 2019-2020.² The Teach Illinois: Strong Teachers Strong Classroom report indicates that ISBE historically addressed teacher shortage issues through legislative and regulatory changes.³ However, school districts and community-based programs continue to experience difficulty staffing early childhood classrooms despite these changes.

Fewer individuals are choosing to enter the early childhood field and, as a result, the pool of potential candidates to fill available slots is extremely limited. Voices of the Front Lines of Early Learning 2017 Early Childhood Workforce Survey Report revealed that it takes 11 weeks to fill a preschool position and 13 weeks to fill an infant toddler position. Additionally, sixty-six percent of survey respondents reported that filling these positions was extremely difficult or very difficult.⁴

The teacher pipeline shortage is especially acute with meeting the growing needs of families of color and/or those living in poverty. According to the National Center for Children in Poverty, 19 percent of Illinois children under 18 years of age live in families with incomes below the Federal Poverty Line. Additionally, the student of color population has increased from 46 to 52 percent. However, the percentage of teachers of color has remained steady at 15 percent. Overall, Illinois has recorded major growth in populations of color since 1970. The number of people who are Black, Latinx or Asian has increased with nearly 35 percent of all Illinoisans comprising one of these three categories.⁵ The 2010 Census shows that, from 2000-2010, there was an increase of 32 percent in the number of persons who identified as Latinx.

This demographic shift highlights the need to remove barriers to early childhood teacher credentialing in order to build a stronger pipeline of teachers with specialized skills and knowledge to address the growing racial, cultural, and linguistic diversity needs of young children. The Voices of the Front Lines Survey confirmed that 42 percent of the respondents require bilingual teachers for their early childhood program and 47 percent require special education

² Retrieved from <http://www.isbe.net/edsupplydemand>

³ Illinois State Board of Education's (ISBE) Teach Illinois Strong Teachers Strong Teachers Strong Classrooms (Rep.)

⁴ Data from Voices of the Front Lines of Early Learning 2017 Early Childhood Workforce Survey Report (Yarbrough, Main, & Patten, 2017) (Rep.)

⁵ Here's How Illinois Demographics Have Changed Over 50 Years, 2017 (Rep.)

teachers.⁶ More than half of those who expressed the need for these specialized teachers indicated that finding them was extremely difficult or very difficult.

The Obstacles to Becoming a Lead Teacher

The greatest barriers to hiring a lead teacher in a preschool program relate to compensation and qualifications.⁷ More specifically, the top barriers are: applicants' desire for higher pay that is possible in another work environment; applicants not meeting the education requirements; applicants not having the necessary experience; and applicants not having the required teaching license.

Assistant teachers already working in the field are ideal and natural candidates to build a robust pipeline to fill lead teacher positions. However, to obtain a Professional Educator's License (PEL), a required credential for teacher licensure, the individual must engage in a four-month student teaching assignment following the completion of their college-level coursework. Teacher assistants are already earning a relatively low wage and many cannot afford to forego 16 weeks of pay to fulfil the student teaching requirement. This obstacle stands in the way of candidates who could increase the lead teacher pipeline.

If the assistant teacher already works in an early childhood setting and must step down to fulfil the student teaching requirement, it creates additional burdens for both the individual and the school. The student teacher temporarily loses income and may ultimately lose employment. Due to the statewide teacher shortage, the school may have trouble filling the open positions—and given the average time it takes to hire early childhood teachers, may not be able to fill it within the timeframe when the student teacher is out. If the position does not get filled in a timely manner, other staff members who have the appropriate qualifications must step into the classroom and teach in addition to fulfilling other work responsibilities.

Additionally, there is an unnecessary disruption in services from the perspective of children when an assistant teacher must leave their job to student teach. This lack of continuity in the classroom has the potential to stunt or delay social-emotional and cognitive development for children. Considerable evidence points to the role of strong attachment between children and caregivers, which

⁶ Data from Voices of the Front Lines of Early Learning 2017 Early Childhood Workforce Survey Report (Yarbrough, Main, & Patten, 2017) (Rep.)

⁷ Ibid.

form the basis of healthy social-emotional development, within high-quality early childhood programs.⁸

SOLUTION

Illinois Administrative Code 25.620 currently allows “candidates to receive credit and compensation as a teacher if the candidate has at least one year of experience in a school or community-based early childhood setting and the student teaching is conducted with his or her current employer and meets the requirements of his or her preparation program.” ISBE is currently proposing to strike all language in the administrative code regarding the issue of student teacher compensation.

To promote greater access, ISBE should modify the language to be more inclusive to support all individuals who have worked in the early childhood classroom irrespective of length of time. While eliminating specific compensation language technically means that all student teachers are eligible to be compensated, it is less likely that schools and community-based centers will consider paying student teachers without the specific language in the administrative code permitting the compensation for all student educators. Coincidentally, legislation recently passed in the General Assembly to address this issue and is awaiting Governor Pritzker’s signature to codify it in law.

Considering the need to build a robust pipeline, limiting compensation to only those individuals who have worked in a workplace for at least one year creates an obstacle for individuals who have worked in the classroom for a shorter time frame and unable to afford the loss of four months of pay. Compensation is particularly important for those who serve in communities where access to resources is more limited for families. Assistant teachers who work in these communities often are representative of the demographic of the children in the early childhood classrooms and have the linguistic and cultural competency to meet needs of the children and families they serve. Shelley Bromberek-Lambert, chief reimagination officer with the YWCA of Metropolitan Chicago, sums it up by saying, “we can’t afford to turn anyone who is interested in becoming a lead teacher away, especially with the low wages early childhood teachers are paid

⁸ “Relationship Duration in Infant Care: Time With a High-Ability Teacher and Infant-Teacher Attachment.” *Early Childhood Research Quarterly*, Vol. 8, No. 3, 309-325 (Raikes, 1993).

and the critical need to build the pipeline.”

OUTCOME

Enabling teachers, regardless of how long they have been in a specific early childhood setting, to complete their student teaching requirement while continuing to work and receive compensation will have an impact in myriad ways. An overall societal benefit is that the pipeline for lead teacher positions will expand with candidates who already have classroom experience as assistant teachers and have the passion for working in the early childhood field. Additionally, they often have the linguistic and cultural competencies that reflect the diversity of the families in schools. While culture is often perceived in schools as celebrations of people, traditions and customs of different groups, it also comprises everyday experiences, people, events, smells, sounds, and habits of behavior that characterize students’ and educators’ lives. A teacher who understands the breadth of culture can help students and their families more clearly, shape local policies and practice ways that helps students achieve success.⁹

Assistant teachers who can navigate the process of obtaining their PEL, without a loss of income, will have the opportunity to expand their career trajectory and earning capacity. The combined average wage of an assistant preschool teacher in a licensed childcare program and school-based program is \$10.47 and the average wage of an assistant infant-toddler teacher is \$10.13. On average, a lead preschool teacher earns 37 percent more than an assistant teacher and a lead infant-toddler teacher earns 19 percent more.¹⁰ Imagine the impact of earning \$4 more per hour as a lead preschool teacher or almost \$2 more as a lead infant-toddler teacher. That equates to an additional \$80-\$160 in income per week.

The positive outcomes for the school or community-based center are that they can retain valuable employees and the assistant teacher position remains whole while the student teaching assignment is completed. Because the center or

⁹ Diversity Toolkit: Cultural Competence for Educators, 2019

¹⁰ Data from Voices of the Front Lines of Early Learning 2017 Early Childhood Workforce Survey Report (Yarbrough, Main, & Patten, 2017) (Rep.)

school will need to pay the salary of an assistant teacher, there is not an additional financial cost if the student teacher continues to receive compensation. Childcare centers that have employed teacher assistants anecdotally claim that they lose long-time staff members when they are required to leave to student teach in another school or center. When teachers leave for any length of time, they are less likely to return.

Most important is the impact on children and their families. Care continuity is maintained for children when a student teacher can fulfill the requirement in the classroom where they have been working. Stable relationships with caring adults foster nurturing relationships in a child's early years and helps them to form a secure attachment from which future learning can build. When caregivers foster attachment relationships with infants and toddlers that are nurturing, individualized, responsive and predictable, they are supporting the development of healthy brain architecture that provides a strong foundation for the child's immediate and future learning, behavior and health.¹¹

The overall benefits of enabling teachers to receive compensation during student teaching, regardless of how long they have been employed in the early childhood setting, are many. Retaining a teacher who knows the community and the early childhood setting can have an enduring impact. The teachers will benefit because they will have the opportunity to improve their careers and maintain or achieve self-sufficiency, schools and centers will benefit by having a pipeline of qualified teachers available, and most importantly children and their families will benefit when they receive the critical care and support they need to put them on the road to life-long success.

¹¹ The Ounce of Prevention (Building Birth-to Five Systems of Continuity of Care) (Reidt-Parker & Chainski) (Rep.)

Workforce Preparation

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PROBLEM

Child welfare and court professionals who have an essential role in the lives of maltreated infants and toddlers do not receive sufficient training and ongoing education in early childhood and developmentally appropriate practices to meet children's needs. As the first point of contact in the lives of very young children, these professionals can play a key role assessing, referring and ensuring these children are connected to interventions. Research has long indicated that maltreatment and negative foster care experiences can have lifelong implications if not properly addressed.¹

Nearly half of all children who suffer child abuse in the United States are under the age of five. Infants and toddlers comprise more than a quarter (28 percent) of all children who are abused and neglected and three-quarters of those who die from abuse and neglect yearly. Data from the 2017 Administration for Children and Families report indicate infants had the largest increase in victimization rate of all ages in the past five years. These young children are most likely to be removed from their homes and placed in foster care. Thirty-one percent who entered foster care in 2017 were younger than three years old and represented the largest single group of children entering the child welfare system. African American children experienced abuse and neglect at rates that are nearly double those for white children. These differences are generally attributed to various community and societal factors, including poverty, reporting and investigation.²

¹ www.cascw.umn.edu

² www.acf.hhs.gov/sites/default/files/cb/cm2017.pdf.

Child maltreatment during infancy and early childhood has immediate consequences including problems with attachment, cognitive development, and emotional self-regulation. Long-term negative outcomes include school failure, juvenile delinquency, relationships, substance abuse and poor health as an adult.³

The number of young children in need of child welfare services is alarming. Upon entering foster care, it is critical to their well-being that they encounter a system attuned to their rapid development and unique needs. Infants and toddlers are in a sensitive period of development that provides the foundation for learning, behavior and health.⁴ Unfortunately, children who experience maltreatment do not always receive needed developmental and mental health interventions. A 2017 study of the well-being of 700 children and youth (261 were age 0 to 5) in the care of the Illinois Department of Children and Family Services (DCFS) indicated that, on the Ages and Stages Questionnaire (ASQ), a standardized caregivers measure of children's capabilities, more than one-fifth of children either showed signs of a possible developmental delay or had scores that suggested the child could benefit from monitoring in the communication, gross motor, and fine motor domains. Findings further indicated 68 percent who were in the delay/monitoring range on the ASQ Fine Motor Skills scale were more likely to receive a developmental intervention compared to 39 percent who scored in that same range on the Communications scale and did not receive any intervention.⁵

Early identification and developmentally-informed interventions are vital for young children who have, or at risk for, delays. When concerns are identified early, research shows that the long-term negative effects on their language, cognitive, motor and social-emotional development can be mitigated. In addition, the need for special education services later in life can potentially be reduced.⁶ Without specialized training and ongoing education, child welfare and court professionals may have difficulties identifying early development concerns and linking children to these critical interventions.

³ <https://www.zerotothree.org/resources/725-securing-a-bright-future-maltreated-infants-and-toddlers>

⁴ <http://developingchild.harvard.edu/resources/child-welfare-systems>

⁵ Cross, T.P., Tran, S., Hernandez, A., & Rhodes, E. (2019). *The 2017 Illinois Child Well-Being Study Final Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign

⁶ <https://www.zerotothree.org/resources/218-changing-the-course-for-infants-and-toddlers>

CAUSE

Child welfare has historically focused on assessing safety and permanency for young children in foster care. While these are essential priorities, it is equally as important that the system has the capacity to ensure that their health and developmental needs are assessed and addressed. Brain science is not new to child welfare, and while the system has made significant gains in many areas, there is still an ongoing struggle to integrate early child development knowledge into practice. A recent brief from the Center on the Developing Child at Harvard University draws attention to translational opportunities for brain science in a child welfare context. It emphasizes areas where child welfare can change practices based on research integration on the impact of maltreatment on development.⁷

In 2013, Zero to Three in partnership with Child Trends conducted a research survey designed to understand which states have policies and practices to address the special developmental needs of maltreated infants and toddlers. The findings revealed only 25 of 46 states reported having required training for front-line welfare staff on development and developmentally appropriate practices to meet the needs of these very young children. Four of the 46 states required this training for judges and attorneys. Illinois is one of the states that reported not requiring training for child welfare or court professionals.⁸ Yet, in 2017, 40 percent of children in DCFS care were five years old or younger.⁹

Young children who enter foster care experience disruptions and maltreatment during a time when maintaining attachment relationships is a key biological and developmental need.¹⁰ The trauma histories, their resulting consequences, and the fact that the median length of stay for a child aged three-to five years who entered care in 2014 was 33 months suggests foster parents must receive training in a range of domains to build their capacity to nurture and support the well-being of young children who reside in their care.¹¹ While the research has long supported the need for foster parent training, findings from the Zero to Three survey indicate only 22 of 46 states require foster parents to participate

⁷ www.ddcf.org/globalassets/child-well-being/16-1013-center-on-developing-child_childwelfaresystems.pdf

⁸ www.zerotothree.org/resources/218-changing-the-course-for-infants-and-toddlers

⁹ Cross, T.P., Tran, S., Hernandez, A., & Rhodes, E. (2019). The 2017 Illinois Child Well-Being Study Final Report. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign

¹⁰ Zeanah CH, Berlin LJ, Boris NW. Practitioner review: clinical applications of attachment theory and research for infants and young children. *J Child Psychol Psychiatry*. 2011; 52:819–833.

¹¹ www.aclu-il.org/en/cases/bh-v-sheldon

in training on developmentally appropriate practices for maltreated infants and toddlers.¹²

Federal actions have historically recognized the vulnerability of young children in the welfare system and the importance of early identification of developmental problems. The Child Abuse Prevention Treatment Act (CAPTA) and referral to Part C of the Individuals with Disabilities Act (IDEA) are two laws requiring states to have procedures for screening and, if necessary, referrals to intervention evaluations and services for children under age three. The research survey identified barriers that child welfare systems encountered when trying to ensure that infants and toddlers were referred to Early Intervention under Part C of IDEA. Survey responses from more than 23 states indicated that a moderate/significant barrier to accomplishing this was birth parents' lack of familiarity with Part C services and policies. In addition, parents lacked training to identify developmental needs. No states reported that training on early childhood development is required for birth parents of abused and neglected infants and toddlers.¹³

SOLUTION

- 1) The Illinois Department of Children and Family Services should embed early child development and developmentally appropriate practices in existing training programs:
 - a) Foundational training is required for new child welfare caseworkers and supervisors. The curriculum should expand to include: neuro-development; the impact of trauma on child development; recognizing developmental delays; promoting stability; concurrent planning; and engaging families of infants and toddlers.
 - b) The impact of training and the application of newly acquired knowledge and skills can be extended with coaching. The DCFS Field Implementation Support Program that is based on a skill-based coaching model should be expanded. The program to support the requirement of caseworkers' and supervisors' participation in field coaching for nine months should be implemented. Opportunities to receive foundational training in real-world context should be widely publicized. (Coaching in Child Welfare).

¹² <https://www.zerotothree.org/resources/218-changing-the-course-for-infants-and-toddlers>

¹³ Ibid.

- 2) The Illinois Department of Children and Family Services should collaborate with Erikson Institute to restructure its previously implemented Learning Collaborative Model for required quarterly training and professional development:
 - a) Existing partnership between DCFS and Erikson Institute expands to support ongoing, required professional development on core knowledge of early childhood development. Under the Fostering Connections to Success and Adoptions Act of 2008, States can utilize title-IVE monies at a seventy-five percent reimbursement rate to train private agency staff who are contracted to perform services for the child welfare agency, attorneys, guardians ad litem, court personnel, court appointed special advocates, as well as foster and adoptive parents.¹⁴
- 3) Approaches that focus on behavioral parenting skills and promote healthy child development should be implemented to reduce the recurrence of child abuse and neglect. DCFS can scale up existing interventions:
 - a) Statewide expansion of the Nurturing Parenting Program as a required training for all birth parents can be supported. This is a family-centered program designed for the prevention and treatment of child abuse and neglect. Birth parents and their children birth-to- five years old participate in a 16-week competency-based curriculum that has a group-based and home-coaching component. The program sessions focus on remediating the five parenting patterns known to form the basis of maltreatment.
 - b) The statewide expansion of the Nurturing Parenting Program can serve as a requirement for all foster parents. The caregiver/foster parent version delivers eight-sessions for families who are providing care to infants and toddlers within the welfare system. Each session offers important information about early development, attachment, the effects of trauma and adversity, and how to manage the stress of being a foster parent.
- 4) DCFS should increase partnerships among child welfare agencies and court systems which have been critical in child welfare progress and have great potential to promote social and emotional well-being for children:
 - a) Expand Safe Babies Court Teams in Illinois (SBCT). This program has

¹⁴ Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services (ACYF). (2012). Social and emotional well-being, trauma, screening and assessment, evidence-based and evidence-informed practices

been implemented in Cook County, Illinois and is a research-based, systems-change approach grounded in developmental science. It is designed to improve child welfare and judicial systems responsiveness to the needs of maltreated infants and toddlers. Its goals include educating judges, attorneys, welfare workers, birth parents, foster parents, service providers, and community stakeholders about the unique developmental needs of young children. This approach has an emphasis on well-being, and it is shown to have significant impact on achieving permanency in a more timely manner. The SBCT approach has been recognized by the California Clearinghouse Evidence-Based for Child Welfare as demonstrating promising research practice.¹⁵

OUTCOME

There are many ways that child welfare systems can integrate a focus on a developmental approach in their work. A qualified and stable workforce serves as the foundation of child welfare delivery. However, reorienting a child welfare system toward a developmental approach requires the inclusion of specific knowledge on the science of early development in the training and ongoing education of child welfare and court professionals.

Building the capacity of the child welfare system and all the adults whom children rely on to respond effectively to the needs of maltreated children is complex work. As child welfare systems continue to rethink how to improve safety and permanency, strengthening child well-being must remain a priority.

Early experiences matter. The first years of children's lives set the stage for their developmental trajectories. Infancy and early childhood present a window of opportunity to ensure that children are on track to reaching their full potential. Implementation of the proposed solutions, is an investment in cultivating a high-quality workforce and offers a powerful cost-effective opportunity to change the life trajectories of maltreated children.

¹⁵ <https://www.cebc4cw.org>

PROBLEM

PreK and Kindergarten teachers in Chicago Public Schools (CPS) are not currently receiving on-going, school-based training and consultation to recognize and respond to the needs of students experiencing trauma. It is critical for educators to not only understand the impact trauma has on their young students' cognitive and social-emotional development, but also to have access to consistent, high-quality consultation within the school setting to implement best practices in their classrooms.

In too many Chicago neighborhoods, violence is a fact of life, and young children's exposure to violence is distressingly common. Research indicates that 83 percent of youth living in urban settings experience one or more traumatic events during childhood and adolescence.¹ These events include—but are not limited to—gun violence, psychological maltreatment/neglect, physical abuse, sexual abuse, domestic violence, homelessness, incarceration of parent/caregiver, and/or death of a loved one. While the number of young children exposed to traumatic events is difficult to measure, it is disproportionately higher in communities with increased rates of violence and poverty.

Early childhood experiences have a powerful impact on a child's health and brain development.² When Adverse Childhood Experiences (ACEs) trigger toxic stress, the resulting biological changes lead to learning challenges, behavioral and health problems, and physical illness.³

Students spend more than 1,000 hours with their teacher in a typical school year. PreK and K teachers are often the first point of contact with the school

¹ Seal, D., Nguyen, A., & Beyer, K. (2014). *Youth Exposure to Violence in an Urban Setting*. Milwaukee, WI: Urban Studies Research.

² About Adverse Childhood Experiences, Centers for Disease Control and Prevention (CDC), retrieved from <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>

³ Ibid.

system for children and families, and the first responders when it comes to trauma and mental health issues. Research shows that children who build positive relationships with their early childhood teachers are not only more successful during the school year, but also have fewer behavior problems and better academic outcomes through 8th grade.⁴

When teachers are not adequately trained to recognize and respond to trauma and do not have the time or space to engage in reflective practice, they are less likely to form a strong bond with their students, understand the root causes of behavior, and respond in a supportive way.⁵ This can lead to exclusionary or punitive responses, suspensions, and expulsions which further exacerbate the trauma children are experiencing. In addition, inadequate training can cause strained relationships between the school and family.

Exclusionary or punitive responses disproportionately impact students of color and children from communities that have higher rates of violence and poverty. A study published in *Sociology of Education* that analyzed a data set of more than 60,000 schools in more than 6,000 districts found that schools with relatively larger minority and economically disadvantaged populations were more likely to implement criminal justice-oriented disciplinary policies — such as suspensions and expulsions— and less likely to connect them to psychological or behavioral care.⁶

CAUSE

CPS does not currently provide ongoing, school-based trauma consultation and training to PreK and K teachers, who can have a long-term impact of the trajectory of their students' social-emotional development, academic success, and life outcomes.

If CPS teachers do receive professional development on trauma-informed practices, it is typically through a traditional half- or full-day workshop offered by the CPS Office of Social Emotional Learning or the Center for Childhood

⁴ Hamre, Bridget & Pianta, Robert (2001) Early Teacher-Child Relationships and the Trajectory of Children's School Outcomes Through 8th Grade, *Child Development* Vol. 72 No. 2.

⁵ Mader, Jackie (2019). 50,000 preschoolers are suspended each year. Can mental health training for teachers make a difference? NBC News, retrieved from www.nbcnews.com/news/us-news/50-000-preschoolers-are-suspended-each-year-can-mental-health-n962691.

⁶ Ramey, David (2015). The Social Structure of Criminalized and Medicalized School Discipline, *Sociology of Education*.

Resilience at Lurie Children’s Hospital. However, CPS teachers have reported inadequacies with these limited, one-off trainings: some teachers were not aware they even existed or how to access them; others who were aware they existed were not always able to attend. Those who did attend reported there was little to no follow-up afterwards to help coach them through real-time implementation.

Research shows that short, one-off trainings often don’t change teacher practice and have minimal impact on student behavior and achievement.⁷ Studies demonstrate that when professional development merely describes a skill to teachers, only ten percent can transfer it to their practice. However, when teachers are consistently coached through the process, 95 percent can implement the practice.⁸ Effective professional development programs are shown to require anywhere from 50 to 80 hours of instruction, practice, and coaching before teachers arrive at mastery.⁹

There has been growing recognition around the importance of mental health consultation across the city and state:

- The Illinois Early Childhood Mental Health Partnership provides consultation to six childcare sites across the state, serving children ages 0-3.
- The Chicago Department of Family and Support Services (DFSS) provides mental health consultation to all Head Start/Early Head Start programs in Chicago.
- The nonprofit organization Juvenile Protective Association (JPA) provides social-emotional learning (SEL) consultation to select K classrooms in CPS and charter schools through the Connect2K initiative.
- CPS is currently implementing Healing Trauma Together, a comprehensive initiative to address the impacts of trauma in ten high schools, which includes a teacher consultation component.

However, there is no current initiative within CPS to provide *ongoing*, school-based trauma consultation to PreK/K teachers. In fact, many PreK and K teachers within CPS have requested coaching and consultation to develop their

⁷ Yoon, Kwang, et al. (2007). Reviewing the Evidence on How Teacher Professional Development Affects Student Achievement, Institute of Education Sciences.

⁸ Joyce, B. & Showers, B. (1982). The coaching of teaching. *Educational Leadership*, 40 (1), 4-10.

⁹ Yoon et al., 2007.

skills and understanding of working with young children experiencing trauma, especially those who are exhibiting challenging emotional or behavioral symptoms as a result.

SOLUTION

As CPS moves toward implementing Social & Emotional Learning & Restorative Practices and away from traditional punitive discipline, and also strives to implement Public Act 100-105—a state law that prohibits the expulsion of infants, toddlers, and preschoolers from early childhood settings—trauma consultation for teachers is critical to ensuring the district meet its objectives. In order to truly change practice in the earliest grade levels in the community areas where children are most likely experiencing higher rates of trauma, CPS must begin by providing PreK/K teachers access to *ongoing* coaching and consultation so they are able to build positive, supportive relationships with students and their families.

CPS should select 10 pilot schools where PreK/K teachers will receive weekly confidential classroom observation, coaching and consultation sessions. Consultants are licensed social workers with training and expertise in child psychology, special education, and clinical social work. To ensure they are viewed as a member of the school team rather than as outside observers or evaluators, the consultant has a designated office space at the school and meets with PreK/K teachers during protected prep time each week.

During weekly sessions, the consultant models play-based, trauma-informed classroom lessons using developmentally appropriate language and tools. The consultant also engages in classroom observation and shares feedback with the teacher. During confidential consultation sessions, teachers have the opportunity to ask questions about issues they are experiencing, including classroom management, family engagement, mental health and behavior, and relationship-building with students who have experienced trauma. For students requiring support or services beyond what the teacher can provide, the consultant assists with referrals and clinical coordination. The consultant also helps PreK/K teachers process their own secondary trauma by listening to them talk through their challenges, guiding them through self-reflection, and offering advice and support.

Pilot schools will be selected based on some of the following indicators:

- Incidence of shootings (within a 1-mile radius surrounding the school)
- School climate scale scores
- Students experiencing homelessness
- School counselor/social worker to student ratio (fewer staff per student)
- Lower attendance rates and higher truancy rates

Pilot schools will also be in community areas that were selected for Universal Prekindergarten (UPK). These schools will have access to funding for mental and behavioral health services through the Preschool for All Expansion (PFAE) Grant, which is geared at expanding high-quality, full-day preschool programs for four-year-olds in high-need communities.

Several school districts around the country have employed the teacher consultation model with promising results. In Portland, public elementary schools have partnered with the “Building Community Resilience” collaborative at The George Washington University to launch a wraparound-services program, which includes trauma-informed training and support to all staff and faculty. For children who require additional support, there are established health centers within the schools where they can receive behavioral-health services. This program has resulted in a seven percent reduction in suspensions and a seven percent increase in attendance for K-8 students.¹⁰

Teacher consultation has also proven to be highly effective in CPS Kindergarten classrooms that have partnered with JPA’s Connect2K initiative. Ninety-seven percent of teachers reported that consultation had a positive impact on their classroom environment; 85 percent said they were better able to understand and respond to students’ challenging behavior; and 82 percent reported it had a positive impact on their approach to working with parents.¹¹ Perhaps most notably, 100 percent of teachers said they felt listened to and supported through consultation; 77 percent said their job satisfaction increased; and 62 percent reported reduced job-related stress.

This initiative to provide trauma consultation to PreK/K teachers in 10 schools is just a starting point given budget and workforce development implications.

¹⁰ Building Community Resilience: Portland, Oregon, retrieved from <https://publichealth.gwu.edu/sites/default/files/downloads/RedstoneCenter/Portland%20BCR%20MidYear%202017%20Snapshot%20-%20Final.pdf>.

¹¹ JPA C2K – FY19 Mid-Year Teacher Feedback Summary.

Teacher consultation can yield a significant return on investment by preparing PreK/K teachers to recognize and respond to trauma and in turn, build stronger relationships with all their students and families.¹² Ultimately, all CPS staff, students, and families can benefit from a comprehensive, school-wide, trauma-informed model that not only includes teacher consultation, but also other supports and services including universal screening, training for administrators and staff, school-based mental health services (individual, small group and family therapy), and family support groups. CPS can conduct an evaluation of this pilot program to identify challenges and best practices around implementation to guide expansion and replication.

OUTCOME

Consultation will provide teachers a more comprehensive understanding of trauma and its impact on students and families, helping them develop real-time interventions and trauma-informed classroom environments that more effectively support students' social-emotional development. For children who require additional support or services beyond what the teacher can provide, the consultation model ensures children and families will be connected to appropriate providers.

The long-term impact of this policy can have the following results:

1. PreK/K teachers in communities experiencing the highest rates of poverty and violence are better equipped to recognize and respond to trauma experienced by their students;
2. PreK/K teachers have the time, space, and support to engage in self-reflective practice and address their own secondary trauma, which decreases burnout and increases job satisfaction and retention;
3. PreK/K students, including those with emotional or behavioral symptoms, experience more positive relationships with their teachers and more supportive experiences during their initial years in school; and
4. Parents and caregivers of PreK/K students feel more supported by and connected to their child's teacher, leading to stronger family engagement from an early age.

¹² Phillippo, Kate, *School-Based Mental Health: The Promise of Access, the Puzzle of the School Setting*, Loyola University Chicago.

The 2018-2019 Barbara Bowman Leadership Fellows



Eliza Bryant

Director, Academic Programs and Enrichment
Big Shoulders Fund

Bryant is the director of academic programs and enrichment for Big Shoulders Fund, an independent charitable organization that supports Chicago Catholic schools serving low-income communities. She oversees nearly 40 initiatives that increase school capacity for growth. In this role, she has worked in partnership with Erikson Institute to generate and implement programming for early childhood teachers, classroom aides, and their principals to build a strong vision for teaching and learning in and across their classrooms.

Previously, she was a first- and second-grade teacher in Chicago Public Schools. Bryant went on to become a full-time instructional coach, focusing on helping teachers increase confidence and capacity around mathematics at all grade levels. This work expanded her perspective on education across different sectors – public, charter, private and religious – and helped her to re-envision her philosophies on educational access. She holds her bachelor’s degree in history from the University of Chicago, and a master’s degree from the University of Chicago’s Urban Teacher Education Program.



Verónica Cortez

Early Childhood Staff Attorney
Sargent Shriver National Center on Poverty Law

Cortez is the early childhood staff attorney at the Sargent Shriver National Center on Poverty Law. She worked at the Mexican American Legal Defense and Educational Fund where she conducted advocacy work in the areas of voting rights and education and litigated in the areas of employment and immigrant rights. She also externed for Judge Virginia M. Kendall (U.S. District Court for the Northern District of Illinois) and served as the Public Interest Law Institute intern at the Chicago Legal Clinic's Pilsen office.

She received a bachelor's degree in international relations and Hispanic studies from Brown University and a J.D. from Chicago-Kent College of Law. She is a founding member of Mujeres Latinas en Accion's Young Professionals Advisory Council, and currently serves as a mentor to Cristo Rey Jesuit High School alumni, Hispanic Lawyers Association of Illinois law students and students in the Ford Next Generation Learning network.

Catherine Enright

Director of Early Childhood
ChildServ



Catherine Enright serves as the director of early childhood programs at ChildServ since May 2015. Before that, she was ChildServ's health coordinator. For two years, Enright worked as a home visitor with families from low-income households on Chicago's west and south sides, as well as, southern Cook County and Lake County.

She attended undergrad at UW-Madison, majoring in political science with a minor in religious studies and African studies. She also has a master's in public health from Tulane University.

She studied abroad in Kenya, interning at an orphanage run by the Hari Krisna in Kisumu. Enright also worked with a local hunger-prevention project and the Obama campaign before a two-year service assignment with the Peace Corps where she was stationed in Mtakataka, Malawi as a community health volunteer.



Jeffrey Gawel

Chief Information Officer
Illinois Action for Children

Gawel is currently the chief information officer at Illinois Action for Children, an organization dedicated to promoting the quality and accessibility of child care and early child education. He oversees the operations and strategic growth of the organization's technology and data infrastructure.

Since 2003, Gawel has also been an adjunct lecturer in the University of Illinois at Chicago Master of Public Administration program, and since 2017, has been the program's director of data and performance improvement initiatives. He also owns JMG Consulting, providing technology and data services and solutions for government and non-profit organizations.

Previously, he was the systems implementation director at Chapin Hall Center for Children at the University of Chicago and senior director of information and technology at the Metropolitan Pier & Exposition Authority. Gawel received his master of public administration degree from the University of Illinois Chicago in 1998. He is certified as a project management professional and is a certified scrum master.



Linda A. Green-Terrell

Prevention Initiative 0-3 Director
Pembroke Early Education Program

Green-Terrell currently serves as the prevention initiative 0-3 director at the Pembroke Early Education Program/ Pembroke Community Consolidated School District #259.

She brings a wealth of early childhood experience, having served on many levels of organizational leadership. She was on the Metro Kindergarten Commission, a site director at St. Martin De Porres Day Care, a child development associate training advisor for National Association for the Education of Young Children, and a state-level presenter for the Elementary and Secondary Education Act of 1965 and No Child Left Behind. She was also featured on the NBC Nightly News "Giving Works" segment.

She holds a bachelor's degree in applied science human resource and a master's in business administration from Olivet Nazarene University.



Wannetta Kinsey

Manager, Child Care Assistance Program Support Services
Illinois Action for Children

Wannetta Kinsey currently serves as the manager of Child Care Assistance Program (CCAP) Support Services at Illinois Action for Children, ensuring that parents who are not able to afford childcare services receive quality care from providers who are enrolled in the CCAP program.

In this role, she establishes detailed organizational procedures that allow staff to serve families and child care providers in the most efficient and effective manner possible. With more than a decade of experience serving the early childhood community, Kinsey is committed to ensuring children and families have access to high-quality education and care regardless of their race, background, or socioeconomic status.

She received her bachelors in psychology from Roosevelt University and her master of business administration from North Park University.



Sherri L. Moore

Statewide Program Director
IB3 Title IV-E Waiver and Early Childhood Court Teams
Department of Children & Family Services
University of Illinois Urbana-Champaign School of Social Work

Moore currently serves as the program director for the Illinois Early Childhood Court Team Initiative and the Birth through Three Title IV-E Waiver Demonstration Project. She promotes the practice of child well-being, and administers programs that increase the awareness about the impact of trauma and adversity on very young children. She has more than 25 years in the child welfare field, serving in various program management roles for developmentally-focused parent training programs and evidence-based interventions.

Prior to that, she developed curriculum for the Illinois Model of Supervisory Practice and led the implementation of a field-coaching program to enhance the capacity of the child welfare workforce. She was a caseworker at Ada. S. McKinley Community Services and has worked as an education coordinator, program supervisor and a director of specialized foster care. She holds a bachelor's degree in psychology and a master of social work degree from Chicago State University.



Rodrigo Paredes Ceballos

Director of Family Engagement
Chicago Commons

Rodrigo Paredes Ceballos is currently working as the Chicago Commons family engagement director overseeing the Two-Generation and Family Hub programs. He is a social worker and civic engagement strategist with extensive international experience working with local and national organizations, social movements and groups in South and North America.

He has pioneered and implemented programs in areas of family engagement, adult education, community development, social justice and human rights. In his time in Chicago, Paredes Ceballos has worked on forging innovative approaches in the areas of housing, education, immigration, community development and coaching in diverse neighborhoods around the city.

He has a bachelor's degree in social work from Instituto Profesional Diego Portales in Concepción, Chile.



Marianne Pokorny

Senior Manager of Strategic Engagement
YWCA Metropolitan Chicago

Pokorny currently serves as a senior manager of strategic engagement at the YWCA Metropolitan Chicago, where she is committed to securing access to high-quality early education for all children. In her role, she has served as a community systems development coach, developing cross-sector partnerships to create an early care and education framework, and building connections between early education, home visiting, school systems, parents and community partners.

Pokorny serves in leadership roles for several early childhood collaborations and is on the board of Hinsdale Community Service. She was a teacher and advocate at MarkLund Children's Home, held many roles in birth-to-three home visiting programs in DuPage County, and was a recruitment and retention manager at the YWCA's Child Care Resource and Referral program.

She has a bachelor's degree in education from Benedictine University and a master's degree in counseling from Concordia University. She also holds a Type 73 school counseling certification.



Emily Powers

Staff Counsel and Director of PreK-K Transitions Program
Business & Professional People for the Public Interest (BPI)

Powers is a staff attorney and policy advisor at Business & Professional People for the Public Interest (BPI) in the Education & Early Learning and Justice Reform programs. She manages the PreK-Kindergarten Transitions Program in Altgeld-Riverdale, which aims to improve the transition that children make into kindergarten. She also launched a partnership with the Juvenile Protective Association to help teachers develop trauma-sensitive classrooms.

A graduate of Northwestern University School of Law, she externed with the Illinois Attorney General's Office, the City of Chicago Law Department, the Center on Wrongful Convictions of Youth, the Illinois Department of Children and Family Services Inspector General's Office, and Equip for Equality, where she specialized in special education law. She also worked in U.S. Senate Majority Leader Harry Reid's "War Room" press office and spent three years as a Truman-Albright Fellow with D.C. Public Schools.

She holds a bachelor's degree in English and political science and a thesis in playwriting from the University of Nevada-Las Vegas Honors College.



Lesley Schwartz

Maternal, Infant and Early Childhood Home Visiting Project Director
Illinois Governor's Office of Early Childhood Development

Schwartz is the project director for Maternal, Infant and Early Childhood Home Visiting (MIECHV) and a licensed clinical social worker with a graduated administrative history. She has experience in developing prevention and early intervention programs, research, credentialing, database development, public education campaigns, and direct service.

Over the past 13 years, in her roles as a program coordinator, supervisor, manager and director, she has worked to build collaborations to provide seamless community services between home visiting, infant mental health, domestic violence, and substance abuse.

She holds a bachelor of science in social work and a master's degree in social work from Illinois State University.



Karina Slaughter

Senior Director of Programs
Chicago Commons

Slaughter is currently senior director of programs at Chicago Commons. She oversees the four core early education centers and 11 community partner programs, serving over 940 children 0-5 years of age and 67 school-age students. Previously, she served in a couple of positions at One Hope United, including director of programs in Early Learning and Child Development and child development director for Bridgeport Child Development Center II.

Prior to that, she was director for a privately-owned child care center, supervising all aspects required to open and operate a new center-based program. She worked for five years in marketing and business management before beginning her work in early learning.

Slaughter graduated from Hampton University with a bachelor of science in marketing and holds an entrepreneurial program certificate from the Joseph School of Business. She is also a graduate of Erikson Institute with a master of science in child development and specialization in administration.



Barbara Szczepaniak

Vice President for Programs
DuPage Foundation

Szczepaniak works for the DuPage Foundation where she provides oversight for all of the Foundation grant programs. She works with the Foundation's board of trustees, grant committee and staff to develop and implement initiatives aimed at raising the quality of life for DuPage residents. She previously served as executive director of the Elmhurst School District 205 Foundation for Educational Excellence for 11 years and has several years of experience in the human resources field.

She serves on several county-wide boards and committees including the DuPage Federation on Human Services Reform, DuPage Homeless Continuum of Care, DuPage Workforce Investment Board, and Impact DuPage.

She holds a bachelor of science degree in speech communications and a minor in public relations from Illinois State University.



Debra Vines

Executive Director
The Answer Inc.

Vines is founder and executive director of The Answer Inc., an organization she established in 2007 in response to her own experience as a mother with a son diagnosed with Autism. The organization provides case management/referral services, recreation, and resources for families with individuals who have Autism or other developmental disorders. Under her leadership, The Answer Inc. has developed evidence-based programs such as the Spectrum University Tutoring Program and Music N Me, which have made significant changes in the lives of students.

She is the recipient of several awards including the Women's Black Expo Phenomenal Woman Vanguard of Health Award, Arc of Illinois Leadership Award, and the Hillside Commission Dr. Martin Luther King Dream Award. She is the host of The Answer Inc. Show, and serves on the Senator Kimberly A. Lightford's Women Committee, as well as, the boards of Bellwood Chamber of Commerce and Targeting Autism.



Oriana Wilson

Head Teacher/Site Director
Edwards Center for Young Learners

Since 2009, Wilson has served as the head teacher for the Edwards Center for Young Learners in Chicago Public Schools. Under her leadership, her team received the Award of Excellence for Linguistically and Culturally Appropriate Practices in ExceleRate Illinois in 2016. She began her career as a kindergarten teacher and transitioned to teaching middle school. After 12 years in the classroom, she joined the Edwards School as the bilingual specialist.

She was one of 25 U.S. teachers selected to participate in the Nanjing Foreign Language School Teacher Exchange Program in Nanjing, China. She has taught English as a Second Language at City Colleges of Chicago, and in her years at Chicago Public Schools.

She holds a bachelor's degree in communications from the University of Illinois at Chicago and dual master degrees from Chicago State University in bilingual/bicultural education and educational administration.



Julia Zhu

Community Systems Policy Director
Illinois Governor's Office of Early Childhood Development

Zhu serves as the community systems policy director in the Governor's Office of Early Childhood Development. Most recently, Zhu was the early childhood programs analyst at Children's Home + Aid, and also interned with the Ounce of Prevention's Illinois policy team.

She was previously a community coordinator with FIRST 5 California, an early childhood initiative that emphasizes early care and education for children prenatal through age 5 and their families to optimize early childhood development and reduce childhood poverty. Zhu engaged in community outreach to parents and new families in underserved communities.

She held an associate teacher permit and has experience in both infant/toddler and preschool classrooms. She received her master's in public policy and bachelor's degrees from the University of Chicago.



For full bios on the Barbara Bowman Leadership Fellows and to learn how fellows apply knowledge gained from the program to their work, download the **Erikson Institute-Policy and Leadership app** from the Apple and Google Play stores onto your mobile device.

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