USFSP UNIVERSITY OF SOUTH FLORIDA ST. PETERSBURG

FAMILY STUDY CENTER

MIDTOWN EARLY CARE AND EDUCATION COLLABORATIVE PILOT 2017-2018

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EXECUTIVE SUMMARY

The Midtown Early Care and Education Collaborative, or the "Project" was designed and implemented by the Family Study Center of the University of South Florida St. Petersburg and funded by the Florida state Legislature beginning July 1st, 2017. The Project was an endeavor to align the early educational experiences of children in South St. Petersburg by supporting an early care and education collaborative in partnership with community organizations addressing early learning and local child care centers acting as"feeder" sites to St. Petersburg's failing elementary schools.

Precipitating Factors

The Project targeted the highest risk centers in South St. Petersburg already serving the community's most under resourced families to address an area of critical importance to school readiness and school success repeatedly disregarded by early care and education curricular programming; the impact of trauma, toxic stress, poverty and social stressors on the developing child's social-emotional and behavioral development. St. Petersburg children and families have social and economic challenges that create particular environments of toxic stress including poverty, community violence, substance use and intergenerational trauma that debilitates parenting capacity and inhibits parental responses to young children's needs.

Project Goals

The goals of the Project were to mitigate the impact of trauma, toxic stress, developmental delay, and relationship, behavioral and emotional disorders to promote on-time development and school readiness. This was to be accomplished through a collaborative to capitalize on the community integration of effective, leading-edge supports that would wrap around early care and education centers. Among the innovations were teacher training instructional technical assistance, trauma-informed early care practices, early childhood mental health consultation, infant-family mental health interventions, classroom coaching, and family engagement and father involvement initiatives, all embedded in the construct of a community partnership to further ensure the success of the interventions provided through the Project.

Project Overview

The interventions were provided to six child care centers in south St. Petersburg that serve children ages 6 weeks to 6 years prior to kindergarten entry. The sites served a total of approximately 350 children. Three of the sites received all of the planned interventions, along with funding for capital improvements to enhance their environments and functionality. Three of the sites did not receive the additional funding but received the mental health services, training and supports. All six sites contracted with the Early Learning Coalition of Pinellas County, the "ELC", to serve children who receive subsidized child care funding from the state, and participated in a quality improvement project with the ELC that was augmented for them to include the interventions, training and service offered through the Midtown Project as a means to maximize services from both to reach similar goals. The impact of the Project intervention was measured in four ways: 1)pre and post assessment of classroom quality indicators, 2)pre and post

assessment of teacher learning, 3)staff observation of changes in center functioning and 4) pre and post assessment of child functioning.

Project Supports/Processes

The goals of the project were adopted by a group of individuals representing multiple professional agencies serving families of young children in south St. Petersburg known as the Midtown Early Care and Education Collaborative, or "Collaborative". The group was fully invested in the promotion of school readiness factors among young children, through the development of the planned strategies outlined in the Project. The Collaborative was made up of professionals representing various sectors of child and family wellness to create a partnership within the community to support and guide the implementation of the Project from beginning to end. Child care sites were selected to participate by the Collaborative through a careful vetting process that included a detailed application, matrix summary and interviews to determine a final ranking. The top ranked six sites were chosen to participate in the project; three were titled Pilot sites and three were titled Partner sites. The sites that ranked in the top three were named the Pilot sites that received all of the services and supports outlined in the Project, as well as funding for capital improvements for their centers. The next three sites in the ranking were named the Partner sites that received a lower dosage of services and support and did not not receive the funding for capital improvements for their centers. The partnership between the Family Study Center and the ELC maximized resources to allow for the additional three Partner sites to participate in the Project and expand the impact to more families and children. In the final summation, five of the six sites completed the Project for one full year with one site failing to finish due to Director illness that necessitated a departure from all quality improvement projects. All five sites demonstrated success through both documented and observed changes in the overall quality of their programs, and more specifically, in their knowledge of responsive caregiving techniques and the transformation of their teaching strategies to support that new understanding.

Project Interventions: Training

Formal teacher training was offered throughout the Project as a main focus to bring about change in the daily experience of the child in the classroom. All staff from each center participated in once monthly two-hour teaching and learning workshops offered in a central community location for a total of 20 hours at the conclusion of the Project. The workshops included topics such as Coparenting, Trauma Based Behavior and Infant Family Mental Health. An important tenet of the Project was to recognize and validate that teachers in the field of early childhood education typically make very low wages and do not often get paid for additional training hours. The inclusion of stipends for teachers for training was an important investment to ensure attendance and investment for the full year and encourage a group transformation in teaching strategies. The results were determined through a combination of observation by Family Study Center staff and pre and post surveys that indicated a significant increase in learning and understanding of new strategies that included new language as demonstrated across the board in all of the sites.

Project Interventions: Infant Family Mental Health Consultation Services

A combination of formalized, thought-provoking education sessions along with the presence of an informed Infant Family Mental Health Consultant, or "IFMHC" in the centers over the first year proved to have greater impact to the centers participating in the Project. An IFMHC was hired for each of the two sets of sites to provide classroom observation and consultation within the context of mental health and the social emotional development of children under age six. Both IFMHC's were licensed mental health clinicians with experience working with very young children and their families. The role of the IFMHC was to provide classroom support to teachers and to center Directors related to subjects discussed in monthly training sessions. The focus was on examining and improving the relationships and interactions between teachers and children, and between teachers and families. The results of this intervention were determined through a combination of observed and documented changes or improvements in teacher interactions with children. All five of the sites that completed the Project either maintained or improved their scores from pre to post testing on the state approved assessment that measures the quality of interactions initiated by teachers with their children.

Project Interventions: Infant Mental Health Interventions

A long term issue prevalent in the field of education has been the over diagnosing and labeling of minority students in both the preschool and public school environment. This is an issue currently being addressed by the Pinellas County School District in their "Bridging the Gap" Strategic Plan to utilize other responses to intervention than an immediate referral for evaluation. A focus of the Project was on the expansion of the school district's response to over-identification of minority students with varying mental health diagnosis through the provision of scaffolded responses first. The provision of intensive training and Infant Mental Health Consultation Services demonstrated to teaching staff that through coparenting efforts, changes in responses to children with trauma based behavior and increased understanding of infant and child mental health that referrals for formalized evaluations decrease over time. This was evident in the Project as only twelve children were actually referred for additional counseling services out of the total of over 500 that were served.

Project Interventions: Child Assessments

The Family Study Center and the Collaborative sought to examine data relevant to the social and emotional competencies of the children at the outset and conclusion of the Project. In addition to data that was gathered to measure the overall improvement in quality for each center through pre and post classroom assessments, and observations and teacher training data, the children were fully assessed both pre and post Project by their teachers for social and emotional skill, protective factors, emotional regulation and behavior concerns. This data was used to drive the planning of the Project as it identified not only the functioning of the children in the participating

centers but also provided insight into the understanding of teachers to properly assess the children. The post testing indicated improvements in areas related to teacher reflection and understanding of trauma, along with verbal recognition of these factors in later training meetings and reflective supervision with FSC Staff. The results of the child assessment data supports the theory that while some children may show some improvements in the areas of social and emotional skills that were measured, it also indicates a change in teacher recognition of the subject matter that lends itself to varied assessment improvement results..

Project Interventions: Community Partnerships

The Project was grounded in community partnerships through the development of the Collaborative that brought together invested individuals representing different child and family serving agencies or local businesses to meet at least monthly to design, plan, guide, support and direct the Project services. This was followed by a concerted effort to reach out to other local agencies to promote the Project, bring about recognition of how to support the early learning population to increase school readiness rates and improve learning and functioning for children throughout their school experience. The investment in partnerships extended among the Committee to maximize resources among the partners in ways not thought of previously to deliver new and thoughtful activities and supports to the centers and make available information for accessing additional resources that will be sustainable after the Project is completed.

Project Interventions: Family and Father Engagement:

A main thrust of the pedagogy delivered to the teaching and leadership staff through formal workshops and onsite coaching and consultation was in recognizing the significance of engaging families, specifically Fathers, in the practices of the child care centers. This was introduced primarily through formalized training and discussed with the center Directors in follow up large group and individual meetings. The transition to creating or improving family engagement practices included an evaluation of current practices and collaborative discussion of ways to make improvements. These included daily customs among teachers that could be fostered or developed as well as formalized policies and procedures to be developed. Additionally, the Committee worked to find ways to support these practices within already existing programs in the local community that were never previously accessed.

Project Interventions: Capital Improvements:

The Project allowed for a combination of research based interventions as well as funding directed at making environmental improvements for three of the sites in the Project. This was part of the original proposal to allow for the opportunity for centers operating in the poorest sections of the county to make major repairs and improve classrooms to contribute to improvements to the center quality overall. Through the partnership formed with the local ELC three additional centers were added to the Project to receive the interventions but not additional funding. This allowed for an unplanned comparison of the two sets of centers to determine if environmental changes would make a difference in the quality as measured in this Project. While

it is expected that any improvement to the physical environment or purchase of new materials for learning lends itself to an increase in perceived quality, there was no demonstrated evidence of improved outcomes for the sites that received the funding.

Project Summary:
The Midtown Project employed a multi-pronged approach embedded in the support of the collaborative that included the provision of infant and family mental health consultation, formalized teacher training, family and father engagement strategy initiatives, community partnerships and wrap around supports. The interventions were offered through a coordinated effort and resulted in significant advances in the overall quality of the early learning programs that participated in the Project. Improvements were documented in all four areas measured by the Project and exceeded expectations for the short timeframe of one year of service. An examination of data was included in three of the four measurements and the fourth included observations documented by FSC staff throughout the project that indicated substantial improvements in teacher understanding and shifts in methods.

Similar endeavors in the local area have offered singular interventions and had limited success without long term or sustainable improvements. The Midtown Project provided early learning programs with access to multiple resources within their own community that could be accessed in perpetuity, as well as the advancement of their own practices based on an investment in coaching and training that had an impact program wide, and connecting each program to one another for community wide impact. The achievements realized through the Project are long lasting, include teacher transformation, and include the recognition of improved strategies that have been implemented program wide to five early learning centers. These programs will continue to serve the county's most underrepresented minority families with newly formed practices grounded in excellence in an effort to make permanent changes to the ways in which the community partners with its own families to invest in improved learning outcomes and change the trajectory of those families for years to come.

I. Project Background

USF-St. Petersburg's Family Study Center has had long-standing community partnerships to promote well-being and quality care and education for local young children and their families. Recently, with funding from the state legislature, the Family Study Center and our local early childhood colleagues initiated the Midtown Early Care and Education Collaborative as a quality improvement project. By working on-site with child care centers in the Midtown area of south St. Petersburg, the project's leaders and participants sought to enhance services and promote longer-term school readiness using several targeted strategies. Overall, the plan was to strengthen how children's social emotional needs are met and how social an school adjustment are enhanced

in child care centers, in particular for child whose families are challenged by adverse life circumstances.

Teams of Consultants, Mentors and Trainers worked with Directors and Teachers in six child care centers; there were two levels of intensive of services and resources provided. e. Services provided to three "Pilot Sites" included eight hours per week of onsite infant/early childhood mental health consultation, onsite coaching as needed, formalized training, family engagement activities and environmental/classroom improvements. The services provided to three "Partner Sites", while less intensive, included two hours per week of onsite infant/early childhood mental health consultation and onsite coaching as needed, in addition to formalized training and family engagement activities. In total, the centers served over 350 children during the pilot period.

Early in the initiative, the project identified a care set of complementary and innovative implementation strategies and data collection measures. The strategies were:

a) Infant/Early Childhood Mental Health Consultation
b) Infant-Family Mental Health Interventions
c) Formalized Training
d) Child Assessment: pre and post data collection
e) Community Partnerships
f) Family Engagement and Father Involvement Initiatives
g) Environmental/Classroom Improvements

The next section of this report details the selection process for choosing center participants and the efforts coordinated with community partners to launch and implement the project.

II. Collaborative Committee

The crux of the Midtown project was the development of partnerships to provide the structural supports and ongoing connections with and for the participating centers to reach success and sustain it in perpetuity. The provision of services was not meant to function independently but within the construct of a group of partners operating as The Midtown Early Care and Education Collaborative Committee, hereinafter referred to as the "Collaborative" to provide oversight, support, guidance, and ultimately, accountability. The goals outlined by the Collaborative included the creation of authentic connections with invested agencies and individuals in the local area that could support and bolster the advances of the project long after the intervention was completed.

The project itself began with the announcement of the funding for the endeavor and an open invitation to local agencies, their representatives, and individuals with a vested or personal interest in the wellbeing of infants, young children and their families living in the Midtown area to join the Collaborative. The proposed functions were to provide oversight and guidance to the

project staff at USF, connect with the community at large, identify new partnerships and available resources to benefit the project, and develop strategies to sustain the good work generated throughout the year.

In the first three months of the project, 29 individuals representing 23 different local businesses and agencies joined the cause through the Collaborative to improve quality in local early learning programs for enhanced child and family outcomes. Members primarily represented agencies that served young children and their families in various capacities including child welfare, early childhood education, foundations, private businesses, the county taxation district to fund juvenile services, the local Community College, and early intervention programs.

Initially, the group participated in designing the services and activities to be used in the project along with FSC staff. This included developing criteria for selecting sites, defining staff roles, vetting applicants, defining application guidelines, outlining service plans, recommending training topics and learning goals, promoting public communications, and educating other partners on the goals of the project. Members of the Collaborative met bi-monthly in the first quarter to develop and finalize these activities in order to build the foundation of focus for the project in the context of community. The majority of representatives live and work in the Midtown area and not only have professional interest in the success of such an effort, but a personal investment as well. The creation of every document and strategy was either created or approved by the Collaborative within the first quarter to ensure local contribution to the direction and scope of the project and embed the true needs of the targeted area into the service provision. Collaborative members met monthly thereafter to review the activities of the project and make suggestions for addressing barriers or delineating new strategies as needed.

An innovative component of the project was incorporated early on as a recommendation from community members; to engage highly successful local child care business owners as educational mentors for the Directors of the participating sites. Their role was to provide educational consultation services to the project, including USFSP Team members, and mentoring to the early childhood centers and educators in the pilot. The Mentors acted as representatives of the Early Childhood profession and local community to support early care and education sites, inform decisions around cultural competence, and provide feedback on the relevance and integrity of the project.

Three local Mentors were engaged to provide guidance and mentorship to the project. They are recognized as local experts in the field of early childhood, considered leaders and advocates for children and other early childhood professionals in the African American community, and have demonstrated success delivering quality child care in the Midtown area as documented by local oversight agencies. All three Mentors are the founders and leaders of the D.R.E.S.S. Committee: Directors Reaching for Excellence in South St. Petersburg; an initiative to bring other child care

center owners and directors together to advocate in the community for their needs and to represent their field at various other collaboratives. They are lifelong residents of the area served by this project and sit on various other committees and collaboratives as representatives of the early childhood field. They are named Officers with the Concerned Organization for the Quality Education of Black Students or "COQEBS" School Readiness Committee that includes stakeholders in the south St. Petersburg community working together to ensure that children ages birth to five are ready for school. Jointly the Mentors possess the unique mix of technical expertise, education, and position in the community to act as Mentors to the Midtown project given their background, alignment with the community, education, and business success in the field of early childhood education. This was developed as a thoughtful and careful approach to further enhance cultural sensitivity and local wisdom to be embedded within the structure of the partnerships and the services provided.

Both the construct of the Collaborative and the establishment of Educational Mentors were vital to ensuring the Midtown project be connected to the community that it sought to transform. It is only through efforts made in partnership with the people living and working in the Midtown area that any intervention or service be truly effective and to experience authentic change for the better.

III. Site Selection

A total of six child care sites serving over 350 high-risk children and their families were chosen to take part in the 2017-18 pilot project. All sites were selected through a careful, multi-step process that was initiated and implemented through the work of the Collaborative. During the initial planning sessions it was discussed by Collaborative members that many child care providers in the county participate in a statewide quality improvement plan regulated by the state Office of Early Learning. The Performance Funding project, or "PFP" is administered through the local Early Learning Coalition , or "ELC" of Pinellas County. It requires that the child care center sign a contract with the ELC for one fiscal year and stipulates that:

- The Center participate in a pre and post evaluation that measures the quality of interactions between the teacher and children using the CLASS Assessment tool
- The CLASS assessment score remain the same or increase for each year of participation
- A majority of teaching staff remain employed during the program year
- All center staff and leadership participate in 20 hours of training per year offered by the ELC in specific areas, i.e., mental health, classroom management, environment.
- The center receive onsite coaching to improve areas specific to the CLASS

Participating centers are organized into tiers of quality that indicate a reimbursement rate for each child in their center who receives subsidized child care funding. As a center advances in each tier, their reimbursement rates increase as an incentive to increase quality as it relates

specifically to teacher interactions with children in the classroom. Centers that maintain a high enrollment of children receiving child care subsidies can benefit greatly by participating in the PFP to increase revenue and continue to pursue ongoing increases over time.

Following discussion of the potential to maximize resources through a partnership with the ELC, project staff met with their leadership, along with staff from the state Office of Early Learning to discuss ways to partner. It was determined that if participants chosen for the Midtown project were also participating in PFP, they would have the option of receiving their training and coaching from the Midtown project staff, rather than doing both. This would allow centers to actively pursue quality improvements through partnering agencies and benefit from both projects with some support leveraged between both agencies.

A major advantage to a collaboration with the local ELC was the ability to increase the number of centers served in the project. The original plan was to serve three centers in the project and measure the impact of the intervention before and after the one year service period. The relationship with the ELC allowed the Family Study Center to expand the project to serve three additional sites, as Partner Sites, that would receive a modified version of the services offered to the Pilot Sites. This strategy allowed for expansion of the services and increased the impact in the community. It also provided an opportunity to compare the two sets of centers to determine whether the different "dosages" of services and funding would have an impact on quality improvement, and if a focus on Infant and Family Mental Health for quality improvement yielded better results against other providers in the county that made improvements through other means offered through the local ELC only.

The Collaborative also decided at that time that applicant sites would be ranked according to an evaluation rubric to keep the process transparent and objective. The three top-rated sites would become the Pilot Sites and be afforded the aforementioned services and supports. The next three sites in the ranking would become the Partner Sites. The following outlines the application process;

Step 1. Application: At the outset of the project, the Collaborative met bi-weekly to complete a Request For Proposal (RFP) application. The RFP was circulated among early childhood centers in a targeted six-code area of South St. Petersburg, known by city officials as Midtown. Informational flyers were hand delivered to over 30 centers operating in the target area. The RFP and information for application was listed on the USFSP Family Study Center webpage; two email blasts were also sent by the local Child Care Licensing Board to all licensed child care sites that operated within the identified zip codes to invite them to apply.

Step 2. Review: A total of 11 applications were received for consideration in July of 2017. The Collaborative identified selection criteria and created an evaluation matrix to use for assessing applications. Selection criteria were divided into two sections:

Section I: - Checklist
Location in a targeted zip code zone
Number of children enrolled

Number of children enrolled with subsidized child care funding
Percentage of children enrolled who lived in the Midtown targeted zip codes
Assigned Tier if participating in the PFP

Section II: - Scoring Rubric Review of Application
Impact to community based on range of ages (infants to preschool)
Applicant's documented pursuit of excellence through other programming
Applicant's standing with local regulatory agencies as indicated in application (citations, fines, etc.)
Applicant's determination to pursue other resources for support or funding as documented in the application
Applicant's perception of the importance of the project and understanding of high quality based on their description in the application
Strengths identified as advantages and assets as described in the application
Applicant's identified priority needs as they relate to the likelihood of success, i.e., superior = low/reasonable needs, below average = high/unreasonable needs
Applicant's activities, actions and systems in place to engage/develop relationships with parents
Severity of barriers to effective relationships identified by the application, in relation to potential for success through this project, i.e., parents have limited resources that can be successfully addressed in this project = 4.
Efforts identified by the applicant to help families with multiple stressors parents, i.e., more than 4 actions = excellent, more than 3 actions = above average, etc.
Stumbling blocks identified by the applicant for becoming a high quality program, i.e., severity of barriers; significant barriers or severe barriers = 1
Applicant's description of their team's motivation to participate in quality improvements.
Applicant's additional information that supports their application

Step 3.Evaluation: project staff and Collaborative members read applications and completed the evaluation matrix. They also visited the sites for interviews and observations to gather further information and impressions, which augmented the rubric review. Each question on the rubric could range from a score of five (highest) to one (lowest). Following the evaluation by the Collaborative members, applicants with the highest total scores were ranked in order from one to eleven. This list was presented to the Collaborative for final review.

Step 4. Mentor Recommendations: The three Educational Mentors reviewed the top finalists together with project staff. They then made final recommendations based on each center's licensing history and operations, as documented in public records. The six sites selected, comprising the three Pilot Sites and three Partner Sites (in order), were as follows:

1) Community Preschool
2) Delores M Smith Academy
3) Starling School and Day Camp
4) Young Achievers Preschool
5) Academy of Learning Preschool

6) St. Petersburg Pediatrics Preschool

Step 5. ELC Contract: The final six sites were all participating in the PFP through the local ELC. After notification of award, each agreed that their efforts to improve quality through training would be replaced by the training curriculum offered through the Midtown project. Each site also agreed to terms outlined in their contracts with the ELC that they would participate in 20 hours of training through the Midtown project and that they would be eligible to receive onsite coaching and consultation services from project staff. The expectation was that this arrangement would help to improve their CLASS Assessment scores at the end of the year in order that they might either remain in or potentially advance to the next Tier of reimbursement from the state Office of Early Learning, in addition to receiving the benefits of enhancing outcomes and improving quality for the children in their care through the Midtown project efforts.

Step 6. Notification: In August of 2017, all applicants chosen for the project were notified by phone, by email, and by letter. Directors or owners of sites that were not chosen were contacted by phone and informed directly of the decision also. Site visits were made within one week to all site participants by project staff to welcome them to the project. At this time, participants were provided with an orientation packet that included an overview of the project background, goals, strategies, and contact information for project staff, Educational Mentors and other project participants. A preliminary outline was shared inviting participants to an orientation meeting and training event for an overview of the project and plans moving forward . The meeting was open to all Directors/owners and their teaching staff, from all six centers. This meeting was held on September, 2017 at the St. Petersburg College Midtown Center.

IV. Key Area of Effort and Findings

In this section, strategies and methods used by the Midtown project are summarized along with key findings from observation and project reports, child assessment data and teacher training evaluation. Each section details individual strategies employed throughout the project.

IV.a. Formalized Training

In accordance with an agreement between the Family Study Center (FSC) and the Early Learning Coalition (ELC) of Pinellas County, all teaching staff and Directors participating in the Midtown project completed 20 hours of formalized training to satisfy requirements of quality improvement programs for both the ELC and the project. Trainings occurred monthly in the evenings and included meals for attendees. Since the centers typically closed at 5:30 or 6:00 pm the training events were held from 6:30 – 8:30 each month.

The Pinellas County Child Care License Board requires that all child care providers complete ten hours of training per year for a center to remain licensed to care for young children. Additional hours of training can reflect Center and staff motives to improve quality, enhance learning

environments, increase center revenue. and promote professionalism among the ranks. Teachers engage with young children all day and are paid poorly; typically receiving minimum wage. They must balance the demands of their own families, furthering their education, and -- particularly for those living in and around the project targeted zip code zones -- the burdens and stressors associated with low socioeconomic status. Projects that require additional training hours over and above the regular 40 hour work week are most effective when compensation is included or other ways are considered to compensate the center staff for time off. Recognizing this and understanding the importance of assuring teacher attendance at trainings, teachers were compensated at $25 per hour for time they devoted to training throughout the project.

An added benefit for teaching staff participating in the project was the awarding of Continuing Education Units or CEU's recognized by the Florida Association of the Education of Young Children or FLAEYC, a subsidiary of the National Association for the Education of Young Children, or NAEYC. These credit units are required for many teachers and Directors in early learning programs in order to maintain their credentials and pursue higher education. The CEU's were offered for free to the participants through the project, at a savings of up to $50 per class.

Training topics were discussed and approved by the Collaborative and modified as needed during the project year to respond to needs as they arose in the centers. In some cases, a specific pattern of need was identified in all or a majority of centers and that topic was identified as priority for a training session in place of an original topic. Additionally, feedback was requested from participants in regular internal meetings, and general discussions were held with center Directors on ways to enhance or improve training sessions to meet the needs of the staff.

All training workshops were drafted in advance and submitted for review and approval by the state of Florida Office of Early Learning (OEL) to meet its requirements of the PFP training curriculum implemented statewide. The training proposals were approved at the outset of the project by the OEL and submitted back to the Collaborative for final approval.

Workshops were offered in two hour sessions each month from a variety of presenters including University staff, FSC Staff and the Educational Mentors assigned to the project. University and FSC Staff included mental health clinicians, Psychology and Education Ph.D.'s, and specialists. Training topics were designed to address infant and family mental health, social and emotional development, trauma informed practices, and teacher relationships with children and families The final training topics included the following:

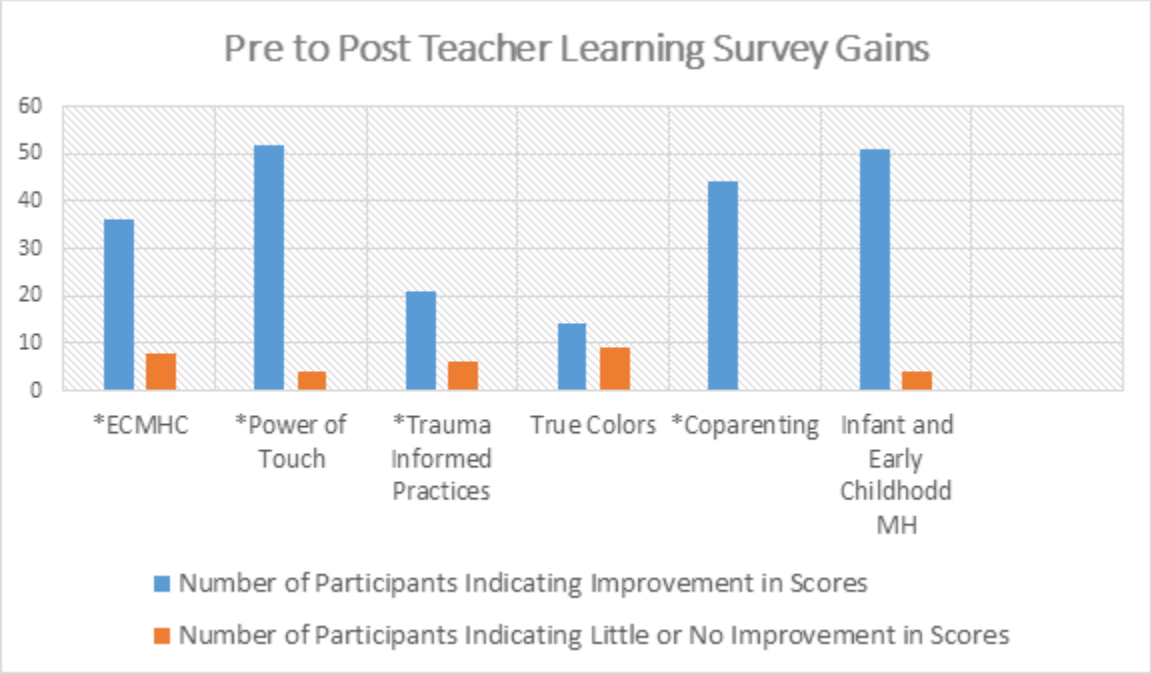
1. Infant Family Mental Health Consultation Services
2. Trauma Informed Care in Early Learning
3. Relationship Based Caregiving *
4. Wellness: Understanding Your Own Mental Health *
5. Nurturing: The Power of Touch
6. Co-Parenting and Family Engagement

7. Infant & Early Childhood Mental Health
8. Believe and Your Students Will Succeed / Teacher Dispositions: Bridging the Gap *
9. True Colors: Discovering Our Personality Traits & Teaching Styles
10. Know Thyself…Learn Your Nurturing Style Teaching Quotient and Explore New Ways to Engage Children *

Teachers were provided with pre and post surveys for six of the ten workshop to evaluate their understanding of the subject matter before and after the presentation of material. Four of the workshops indicated above as * were process oriented to allow teachers to relate their own thoughts and experiences to their teaching styles, perceptions and attitudes in the classroom and were not indicative of pre and post surveys.

The six workshops listed above that included pre and post learning gains surveys utilized a variety of delivery methods that included powerpoint presentations, lecture, small and large group discussion, individual and group scenario activities, and questions and answers sessions. Participants were provided with surveys to assess their level of understanding of the concepts and information prior to each workshop and completed the same survey at the conclusion of the training, or in some case, the following month, to determine the gains made in learning. This was done for four of the workshops to evaluate learning over time and in relation to the consultation services provided as an overlay to the training , rather than immediately following the receipt of information. The results indicated substantial learning gains were made in all six events.

Figure 1. Pre and post learning gain survey results for six workshops indicate major improvements across the board. Scores indicate substantial gains for all events and 100% improvement in the Coparenting workshop.The four events that included administration of a post survey one month after the completion of the workshop are identified with * and show major gains as well. This indicates considerable gains after one month of receiving onsite consultation services to support the training material.



These results are indicative of improved understanding of material and subjects at the time of and shortly following each workshop. The purpose of waiting one month to administer the gains survey in four of the workshops was to evaluate the effect of delivering the information in conjunction with the consultation services over the next month. In all four instances, the gains were significant despite the period of time following the workshop and indicate the impact of combining the training and consultation services as a method to ensure better overall implementation.

III. a. Early Childhood Mental Health Consultation

The infusion of Early Childhood Mental Health Consultation services into the project was considered to be the major component to ensuring improved outcomes as they related to quality in the participating sites. Historically, early learning centers in the targeted area have had access to a variety of onsite coaching and intervention program services directed towards specific behavior concerns or to address singular ways to make improvements to the environment. These are typically short term services and often related to one child through a referral to such a program. In some instances, programs in the county have been able to offer center-wide services with the intent to make sweeping changes to the entire organization through the education, training and some onsite consultation for teaching staff, but not often. Over the years, early learning educators have reported that training is only the first step to transforming teaching methods and requires classroom coaching to be successful in implementing that which was learned in a workshop. Funding has been a barrier to nonprofit agencies offering either of those

services to early learning centers and they are often limited to one or the other. The Midtown project offered a blending of interventions that have proven successful in limited ways within the early learning community, but infused together for greater impact. The combination of onsite Early Childhood Mental Health Consultation, formalized training, Director support and mentoring, and center wide communication and translation of the model offered a multi-tiered approach to promoting change in the centers.

The model for Early Childhood Mental Health Consultation seeks to partner with all of the caregivers in the life of each child within the framework of the early learning center. This is done through capacity building with the adults in the life of each child to work together for improved outcomes. This advancement of the coparenting model works only through a partnership amongst the adults operating together with guidance and support from an early childhood mental health professional. In the Midtown project, two Early Childhood Mental Health Consultants or ECMHC's were hired to provide the onsite consultation to the centers. Both are licensed clinicians with years of experience working with children birth to six and their families and one Consultant holds a Doctorate in counseling and was able to provide additional leadership and guidance to the team.

Both the Pilot Sites and the Partner Sites received support and consultation from an assigned ECMHC. The Pilot Sites were identified as the top three centers in the selection process that evaluated them as having the highest needs, the lowest resources, and the greatest potential for impact. Those sites received consultation services from their assigned Consultant one full day per week. The Partner SItes were identified as the bottom three centers in the selection process as having a lower level of need and higher level of resources. Those sites received consultation services from their assigned Consultant for two to three hours per week.

The first meeting of all participants of the project included all teaching staff, Directors and owners of participating sites. The meeting included an introduction to the ECMHC assigned to each site group and an overview explaining their role and purpose for each site. Each site was provided with materials, resources and information on the ECMHC model and a contact sheet for accessing support and services from the staff at the FSC. The meeting provided an informative educational format with dialogue among the participants to ensure a greater chance for understanding the project, specifically, the role of the ECMHC.

As the project advanced it was determined that despite these efforts at providing information and education on the role of the ECMHC, and ongoing visits and consultation services there was misunderstanding across the board among teaching staff as to what the relationship should be. Project staff and Mentors then responded by initiating meetings with all of the Center Directors to discuss the concept further and seek ways to foster the partnership. Video clips and references about the model were also offered to Directors and teaching staff to view and discuss. Despite that effort, the strength of the relationships between staff and the ECMHC was limited for much

of the year and did not begin to develop and grow until the end of the final quarter. The following section summarizes the findings of the efforts in both sets of sites.

III.b.1. Pilot Sites

Since the aim of the ECMHC is to build the capacity of caregivers to effectively support the social and emotional skills of children, it is imperative that the model be collaborative and relationship based with all caregivers at the centers, including parents. The FSC team planned to advance rapport and developing trusting relationships with staff at the centers first as the key to ensuring proper implementation, and as outlined as best practice in resources presenting the model nationwide. (Georgetown University Early Childhood Mental Health Consultation: (https://www.ecmhc.org/). Access to each site was designated through the owner and/or Director of the site and planned in meetings prior to the first visit. Additional information was provided to the designee for each site on how to work with and access services from their ECMHC to be shared with staff to better understand their role.The assigned ECMHC arranged weekly visits to each center through the Director or owner in advance and maintained that schedule throughout the project year. Staff were introduced and a brief explanation was provided in those initial meetings to outline the immediate plans for the first weeks to reduce anxiety and ensure that teachers were informed of the process as well.

Observation of the center as a whole required classroom visits for short periods of time and simply working alongside teachers to build relationships with staff, children and parents. Flyers were drafted in the first month to provide a general overview of the project, an introduction of the Consultant and included their picture to post at each school for parents to know and understand what was happening in the classroom. The ECMHC spent the first 2 months working to build relationships and trust with staff through this process to begin delivering consultation to staff within that context.

All three centers were identified with the highest indicators of critical needs for the children and families they served, along with the lowest access to resources in their applications. The first center, Starling School and Day Camp #1 is family owned and has been in business for over forty years with a small staff that included some family members and a few other positions that experienced high turnover. The average enrollment is 70 children who represent 98% African American background and almost 100% receive subsidized child care funding from the state through the ELC of Pinellas. They are located in the heart of Midtown and well known by the community; in both the very poor sectors as well as the wealthier sectors of that area due to their long standing business and family relationships.

The second center, the Delores M. Smith Academy, was new but the owner had run a family child care business for 17 years before realizing her dream to open a center. The owner was highly motivated to achieve excellence and quality in the program and had a history of accessing many services, applying for many grants and funding opportunities, and enrolling the entire staff

in extensive education classes. The population of that center was just under 30 children, representing 99% African American and 95% in subsidized child care funding.

The third center, Community Preschool, was located at the opposite end of the Midtown region and the first two centers, operating as a non-profit agency with a Board and a Director in place for almost 30 years. Several of the staff had been onsite for over ten years but staff turnover was also a problem at the center. The population was a mix representing approximately 50% caucasian, 25% African American and 25% Hispanic, Pacific Islander, other. The identified rate of families enrolled in the state subsidized child care funding program was 95%. The center has a long history in the community, and is well versed in the availability of options for early intervention services. In spite of this strength, the center struggled with stability in the classrooms due to their willingness to enroll children who had been expelled from other sites due to behavior and acceptance of referrals for children with disabilities and extensive emotional needs from the school system and other early intervention programs. This presented a burden to the teaching staff who were limited in their experience and capacity to work with children responding to trauma or a diagnosis of an emotional, learning or behavior disorder.

At about the third month of the project, it was noted by both ECMHC and project staff that the level of trust was not developing as planned in most of the sites. While some staff were able to embrace the project and feel comfortable with staff, more of them were notably resistant. Despite numerous and varied attempts to build rapport through onsite visits, support, observation, translation of information, several workshops and meetings, center staff in most of the sites appeared uniformly resistant to developing relationships with people outside of their own center. It was noted by project staff that teachers were often reluctant to share openly about their thoughts and feelings, engage in general conversations about personal life, and presented as quite formal and guarded in many of the interactions with project staff. It was specifically noted by the ECMHC in the Pilot sites that the criteria presented in their applications that indicated the highest level of need related to poverty, crime rates and trauma inducing factors prevalent in the neighborhoods surrounding the center, were also an indicator in the difficulty with building relationships with staff working in those sites and living in those neighborhoods as well.

Many of the teaching staff live in the areas surrounding the centers that are located in the Midtown area and have been identified by city and county officials as having some of the highest factors related to poor socioeconomic circumstances such as high crime rates, drug and alcohol addiction, high infant mortality rates, low educational outcomes, and other trauma-related circumstances. These issues impact not only the children and families attending the centers in the Midtown area, but the employees of those sites as well. Many teachers are struggling with low wages typically associated with the early learning field, poor housing options in the area, juggling work and family responsibilities, and general life struggles. This profoundly impacted the depth and breadth of the relationship between center staff and project staff. While the center Director and owner were the ones to apply to participate in the project and worked to rally the

troops, often the teachers were not as invested in the success of the center and not as committed to the project as they were asked to be.

Another issue that affected the efforts to build relationships is that historically, outsiders visiting the centers have been from regulatory agencies that are dispatched to evaluate quality, investigate reports, issue fines, audit records, or write reports that affect funding or licensure. This had a tremendous effect on the level of confidence center staff had in the project staff and their ability to develop meaningful connections for providing valuable consultation. Early childhood teachers are often trained or exposed to practices that prioritize efforts to protect themselves and their peers from accusations related to licensing regulations. They are fearful of being cited or reprimanded for making a mistake in the presence of outside service providers and primed to be limited in their candor or focus mostly on perfunctory activities to meet perceived standards.

All of these factors combined were recognized early on as a barrier to major advances in the centers, but a consideration also for all early learning programs that struggle with comparable issues given a similar opportunity. While some teachers may not experience the same level of financial pressures in other communities, they may harbor the same distrust and fears of outside agencies coming into their programs, even if it is offered with an explanation of all the benefits and advantages that were provided by the Midtown project. It is important to note that despite this barrier, it was critical to explore the options for providing consultative services within the context of mental health services and supports in such an environment as a pilot in order to prepare the field moving forward for analogous interventions.

While the Pilot Sites in the project experienced many of the issues cited above, the teams worked with the Educational Mentors and the center Directors on strategies to expand the relationships with teaching staff. It was recommended that the ECMHC begin the consultations with teachers identified as struggling by the center Director and prepare them through preliminary team meetings and group conversations first to break the ice. The ECMHC spent additional time in the classrooms with the teachers identified by the Director to gather information and complete observations that were documented throughout the project. Following observations, the ECMHC would engage in reflective conversations with the teachers to encourage them to think about a specific incident or exchange with a child and relate it to the information shared in the monthly workshops. The model is to allow the teacher to reflect on the interaction and formulate questions for themselves about biases, preconceived notions, assumptions and feelings to arrive at a new conclusion about the interaction. Often the ECMHC will offer another strategy or two as an option to consider and discuss how that might look if employed by the teacher and what internal barriers may be impeding their use of other strategies. The ECMHC shares the generalities of these consultations with the Director as needed during each visit, but at least weekly to provide an update on progress and provide a uniformed support system for making changes.

While the development of deeply trusting relationships between center staff and project staff was never realized in this project, it was expanded throughout the year and developed into a more functional discourse over time. One major factor that was identified in the Pilot was that the service delivery of one day per week, while more than what the centers had ever experienced before, was not sufficient to bridge the gap between teachers and Consultants for optimal outcomes. The best practice for the ECMHC model is to incorporate the Consultant into the daily functions of the center; weekly visits allowed for too much time in between each visit and a loss of connectivity with activities and staff through the week. The most ideal implementation of the model would integrate the ECMHC into the staffing structure on a daily basis for the best outcomes. This was not possible in the Midtown project but provides a marked recommendation for future programming that involves onsite consultation.

The changes in teaching methods and strategies experienced by center Teachers in all three Pilot sites varied slightly across the board, but as a whole was identified through observation and feedback by the teachers themselves. Many of them were limited in their knowledge and understanding of trauma in both themselves and young children prior to the project, but developed a moderate level of understanding after the project. This was demonstrated in their pre and post learning surveys, as well as in the development of a new group language in the centers, with parents and with one another. It was noted in workshops held in the last quarter of the project that teachers were conversing with a better understanding of how trauma affects children and families and within the framework of a relationship based caregiving structure that was not their natural language at the outset of the project. Teachers also participated in numerous self assessments of their perceptions, beliefs and attitudes about children and families, as well as trauma assessments for themselves through the Adverse Childhood Experiences Survey/ACES that allowed them to link their own traumatic life experiences to those associated with the children they serve. (https://www.cdc.gov/violenceprevention/acestudy/index.html). These exercises in self-assessment, workshop topics and the self-reflection offered through the consultation process provided them with the pivotal opportunity to make changes in their thinking and then to their methods and interactions with the children in their care.

The Pilot Sites experienced the highest dosage of consultation services and thus experienced the highest levels of transformation in their thinking and understanding of the importance of developing meaningful and supportive relationships with children. This was evidenced by observations in the classroom, teacher feedback, and finally through the CLASS Assessments administered by the local ELC to measure the quality of those relationships. All three Pilot Sites were evaluated with the CLASS and advanced one full tier in the quality rating system over the year in the project which exceeded the goals of maintaining their tier levels. The resulting tier advancement put them into a higher reimbursement category to allow them to collect more revenue for every child in their center that receives public assistance from the state for subsidized child care. This is estimated to be 85% of the children in all three sites across the board and resulted in a substantial revenue gain for each.

III. b. 2. Partner Sites

The Partner sites in the project received a lower dosage of consultation services with a planned amount of two to three hours per week. This was offered through the same means as that of the Pilot sites that included Director guidance, team meetings and regular visits and observations. Although the Pilot and Partner sites received different degrees of consultation services, the staff from all six sites participated equally in the monthly workshops and benefitted from the same level of education and training to be supported through the consultative process. The method of delivery for consultation services varied slightly between the two sets of project sites due to the difference in dosage between the two; Pilot sites receiving one full day of services per week and Partner sites receiving about two hours per week of services.

As a result of the number of hours that were available to the three Partner sites, the Consultant, Directors, and project staff determined the best protocol for providing services within the limited capacity would be to support the leadership directly rather than focusing on staff consultations. The ECMHC spent some time observing classrooms and getting a general idea of the center dynamics, staff strengths and areas of development and then worked directly with the Directors of each site to maximize the intervention.

The centers in the Partner Sites were not in very close proximity to one another within the Midtown area and were quite different in population and staffing. The fist site, Young Achievers Preschool, was managed daily by the owner and the majority of staff had been employed for over ten years with very well established relationships and a history of higher quality than the other centers. The population of the children and families served was very diverse with about 60% representing caucasians and the other 40% representing African American and Hispanic populations.

The second center, Academy of Learning, also served a similar service population make-up, with a long-standing owner but with a new Director and a high turnover of staff, specifically in the Voluntary Pre-K (VPK) room. This created a burden on the entire team to cover the needs of that classroom and meet testing standards for children entering kindergarten to avoid probation for the center. The center staff was experiencing higher levels of stress and were limited in their ability to embrace the Midtown project as fully as intended by the center owner. The center served approximately 50 children representing varying backgrounds; with 50% representing caucasians and the other 50% representing African American and Hispanic populations.

The third center, St. Petersburg Pediatrics that later became Magnolia Day School, was the largest of all the centers, serving over 140 children representing approximately 60% African American, 30% caucasian and 10% other backgrounds. This center experienced a large staff turnover as well, but operated under the leadership of an experienced Director and Assistant Director with an excellent working relationship. Despite that this center was assessed at having a lower level of need in the selection process, their ability to benefit from the consultation services

was limited with over 25 teaching staff. The majority of the consultation was directed towards the Directors of the centers and responding to management issues as they related to improving family relationships, understanding mental health needs of children and staff, and generalized quality improvement recommendations.

The crux of the consultative service to the Partner sites rested heavily on support directly to the leadership and in responding to crisis situations throughout the week. While the ECMHC may visit the school for an hour to consult with the Director on an issue in a classroom or to make staffing decisions, there was likely a return later in the week for an emergency consultation to manage a loss in staffing or respond to a child behavior situation. While this did not follow the prescription for the ECHMC model with more hours onsite in tandem with the teaching staff, it was provided in earnest to measure the full effect of such an intervention given limited funding or time in a similar situation. The relationships developed between the center Directors and the Consultant were stronger in the Partner sites than those developed between the Consultant and all of the teaching staff in the three Pilot sites simply as a result of the application to one Director versus many teachers.

The third Partner site in the project, Magnolia Day School, experienced a major change during the course of the intervention and withdrew from services. The Director of that site became ill and was hospitalized and was not longer able to continue participating in any outside services or projects in March, 2018. This impacted the number of children and families who were able to benefit from the intervention for the full year and affected the pre and post assessment data, but their participation for seven months allowed for fourteen hours of training for teaching staff and provided over 70 hours of onsite consultation hours.

The changes in teaching methods and strategies experienced by center teachers in the two remaining Partner sites was perceived to be impacted more by the training and workshop experiences than by the consultation services. This was due to the limited capacity for service hours offered to teachers directly for the Partner sites and offered indirectly through the Directors as an alternative. Since the application criteria identified the three Partner sites of having less critical needs as a whole than the three Pilot sites, it was expected that they would experience less of an increase in quality. One site exceeded the expectation by advancing one whole tier through the CLASS Assessments administered by the ELC of Pinellas county, and one site met the expectation by maintaining their tier that was already at a high level as recognized by the ELC. The third site did not receive the final evaluation. Staff in both sites demonstrated an increase in knowledge and understanding of the importance of building social and emotional competencies in young children through the development of relationships with them and their families, as indicated by their pre and post learning surveys, feedback and discussion in workshops.

Overall, the application of the ECMHC services proved to be successful in bringing about program wide change. Of the final five sites that completed the project, four of them improved their CLASS Assessments scores substantially enough to advance to the next tier of quality in the state performance program, and one maintained their good standing. This is considered to be a result of the combination of the intensive trainings in infant and family mental health topics, support and translation of information from project staff, supplemental materials, and the consultation services that transformed teaching styles to align with indicators of quality. This was evident in the CLASS Assessment results that evaluate the quality of interactions between teachers and children that were the main focus of the trainings and consultation services offered in the project.

III.c. Infant-Family Mental Health Interventions

Early Childhood Mental Health Consultation services are meant to solve problems and build capacity among teachers to engage parents and coparents to better support children within the context of the early learning program. The intervention is completely collaborative in nature and requires the ability to make and maintain relationships with every caregiver across the life of the child engaging with the child care center; the teacher, parent(s), other family members. The consultation is provided by a mental health clinician who can leverage those relationships for the best outcomes within the early learning system and reduce the impact of mental health issues among children separate from clinical or therapeutic treatment remedies. This method does not preclude referrals for additional services, but is done separately or in conjunction with, and not provided by the same mental health professional for the best outcomes.

In alignment with this methodology, the Midtown project endeavored to provide more direct access to mental health services to children and families in need of evaluations with immediacy. Through referrals to FSC's Infant and Family Center, clinicians acting as the Consultants for the Midtown sites would refer to each other to ensure that (1) the referral was responded to quickly and (2) clinicians could provide additional therapeutic support to the family. Throughout the duration of the project, there was a low number of referrals generated to the clinicians for follow up evaluations and mental health services for a total of twelve. This is due in part to the level of service provided onsite through the consultation process and the inclusion of all caregivers throughout the process to engage them to support children in managing crises or trauma related behaviors. Through the development of knowledge and skill related to supporting children and families through coparenting efforts, the need for additional services was negated to an extent. Though over 350 children and their families were impacted through the activities of this project, a very small number in comparison actually required referral for additional services due to the effectiveness of the onsite Consultation practices that equipped teachers and families with the skills and knowledge to respond better to children's needs.

III.d. Child Assessment: pre and post data collection

The Midtown project sought to bring about change for over 350 children and their families who attended the participating early learning programs through the transformative education of the teaching staff, early childhood mental health consultation, family engagement practices, and collaborative community partnerships. The three Pilot sites received funding to improve their environments through repairs and improvement purchases along with one full day a week of consultation services, whereas the Partner sites received a lesser dosage of consultation services and were not funded additionally for capital improvements. The variance of the intervention was an unknown factor in predicting outcomes for all six sites, although it was predicted that the Pilot sites would experience increased performance outcomes simply based on the level of investment. The interventions provided in the project were measured in four capacities:

1. CLASS Assessments - to measure the quality of teacher to child interactions
2. Teacher pre and post learning surveys
3. Observations and feedback by project and Mentor staff
4. Child Assessment Pre and Post Data

The first three measurements have been outlined herein and have indicated improvements in all areas; with the strongest evidence of advancements in the CLASS Assessment results revealing improvements in four out of five sites and retention of quality in one site. Individual child assessments were also conducted on all children enrolled in the six sites at the beginning of the project who were still enrolled at the end of the project: October to May. With attrition rates in the centers averaging 30-40% as reported by the Directors throughout the year, as well as the loss of the sixth center in the final quarter of the project, the total number of children assessed fell into the range of 150.

The goal of the assessments was to measure the level of the children's social and emotional skill sets as well as the teacher's perceptions of the children's abilities before and after the intervention. The tool used to asses the children was the Devereaux Early Childhood Assessment or DECA.. It is a one page form that can be answered by a teacher or a parent to identify a child's capacity and competencies in several areas. It was chosen by the team based on ease of use, the fact that assessment criteria is directly linked to the education material presented in the teacher workshops, and because it offers testing in 3 different age ranges; infants, toddlers and preschool age children, the. The tool is categorized into two areas: (1) total protective factors that included initiative, attachment/ relationships, and self-regulation, and (2) behavior concerns.

Initially, both parents and teachers were asked to complete assessments. This was done through parent events held at each site to introduce the project. Colorful flyers of information about the project were distributed, parent and child art activities were offered, also known as a "make and take", refreshments were available, and assistance was offered by the team to help parents complete the assessments. Tangible rewards for completing the documents such as free passes and memberships to the local children's museum were also given out to families at the parent events. Despite these efforts along with follow up activities in the afternoons when parents arrived to pick up their children, as well as reminders and frequent requests, the total number of parent assessments did not exceed 25 for all six sites. The site staff and Directors reported throughout the project that formalized parent engagement has been historically unsuccessful and that parents are often resistant to completing forms and documents even if it is required or to their benefit. Through observation and conversation with parents and center staff, project staff theorized that families who live in chaotic or stressful life situations are heavily focused on surviving day to day and are ambivalent about activities they may qualify as unnecessary to the function of their daily lives. In fact, the persistence of unknown people asking to extract information from families, or even in conjunction with the teachers and Director through the use of any recommended strategy or soft approach also yielded avoidance and outright refusal, which threatened the cohesion of the intervention that sought to bring families and educators together. Thus, the decision was made early in the project to gather assessment data from the teachers only to help them to identify the children's varying levels of social and emotional development and to provide a screening snapshot of how the teachers rate the children before and after the intervention. The assessments were to be used as a tool for the teaching staff and serve as supplementary assessment information, rather than acting as the primary benchmark of the success of the project.

As referenced above, outcomes for the project were measured in several areas and the child assessments were not the primary method to determine if the intervention was beneficial. Given the very short timeframe to assess the impact of the intervention the likelihood of significant improvements was low, however, some improvements were seen. More importantly the assessment process allowed the teachers to gain a clearer understanding of the factors related to social and emotional skills, i.e., self-regulation, attachment, etc. and the specific ways to measure those capacities in the children they worked with. For example, the assessment poses questions for infants about their ability to make and hold eye contact, indications of enjoying cuddling, and adaption to routine changes. These indicators provided a sort of guideline for the teaching staff to know what skills the children they interact with every day need to develop and build. It was used by project staff to erect a frame of reference for teachers to look for deficits in those skills among the children in their classroom and start to seek ways to improve competencies. The ECMHC was able to associate criteria on the assessment with behaviors in the classroom that demonstrated emerging or mastered social or emotional skills in individual children to help

teachers recognize and identify areas that needed support. This recognition grew over time and allowed teachers to properly analyze and classify child performance to mastery of skill.

Overall, the study population showed improvements in Total Protective Factors (Figure 1) and decreases in Behavioral Concerns (Figure 2) with three out of five schools identifying improvements in the evaluation of children's TPF's. In evaluating the results in each school, it is significant to note that despite that overall report on improvements ,the results were skewed between the Pilot sites and the Partner sites. Two of the Pilot sites and one of the Partner sites indicated an increase in the Total Protective Factors (TPF) and one of the Pilot sites and one of the Partner sites indicated the opposite The varied results from pre to post testing can be characterized as a representation of teacher growth and development rather than a definitive increase in actual social and emotional skills for the children. This was determined by the project team and the participants in the project to be indicative of the varying degrees of learning and understanding related to how children function. In other words, the assessment results were more an indication of the adults' ability to properly assess the children's functioning and relate it to what they learned in educational workshops. The final assessments were likely a more accurate assessment of function than the pre-assessments simply based on teacher education.

Figure 1. Total Protective Factors (TPF) in 3 to 5-year-old functioning (initiative, attachment/relationships, and self-regulation) improved in 3 of the 5 pre-schools in the study.

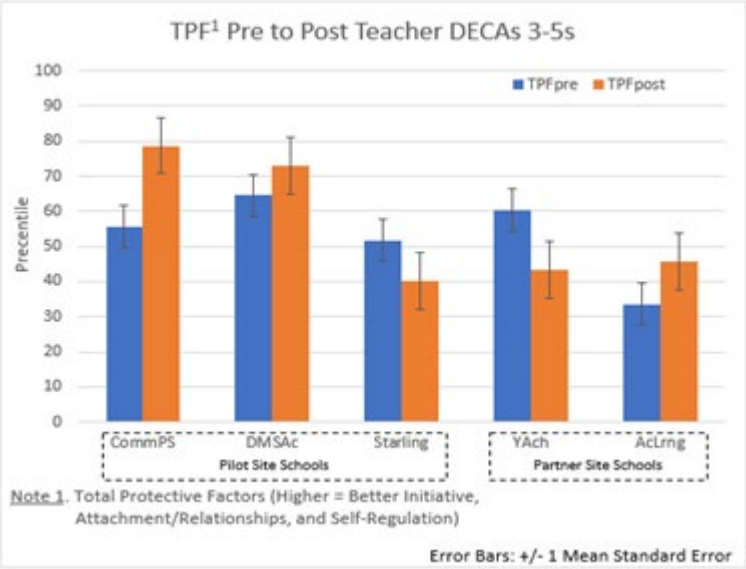
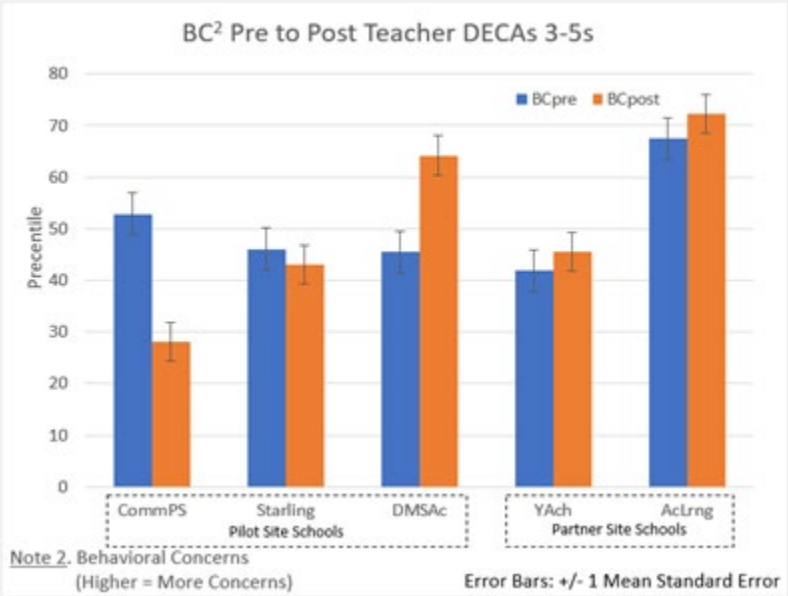


Figure 2. Behavioral Concerns for these children increased in two of the schools over the course of the study while the other three schools reported either moderate to slight improvement or no change over the same period.



Pairwise Pre to Post DECA TPF and BC Score comparisons of 3 to 5-Year-Olds in all 5 Schools

*TPF^*	*TPF^{V}*	*No Change*	*Total*
3 7	*3 3*	*2*	
51.4%	*45.8%*	*2.8%*	*100.0%*

*BC^*	*BC^{V}*	*No Change*	*Total*
2 9	*39*	*4*	
40.3%	*54.2%*	*5.6%*	*100.0%*

Table 1. The overall summative change by child from pre to post-test is shown. On a child by child basis across all 5 schools that participated in the study 51.4% improved in protective behavioral functioning and 54.2 percent demonstrated fewer behavioral concerns, some by a significant margin.

Although it is notable that there were overall improvements when evaluating the results by the children as a whole across all five sites, it is also important to recognize the difference in results between the sites without a discerning cause or pattern. The prediction would be that the Pilot

sites and Partner sites would remain congruent given the comparable consultation and training hours, and differences in funding for capital improvements, however, that was not the case. As referenced above the emerging conclusion for the contrast in test scores is related primarily to teacher growth and understanding of the material that allowed them to better evaluate their students' functioning and skills. This can possibly be contributed to differing levels of education, skills and experience among all of the teaching staff in each of the five schools and individual abilities to understand and apply the training and consultation to their work.

IV. e. Community Partnerships

The foundation of the project was in the Collaborative to provide support, guidance and oversight. The goal of the committee was to find ways to connect the participating centers with ongoing community supports and equip them with knowledge on how to access services in the future. Many of the committee members offered in-kind donations to support the project such as college classroom space, community meeting rooms, referral and resource lists for additional services, recognized credit for training hours, family activities on site, family workshops and access to programs with a financial value.

Partnerships were formed to maximize resources in the community that were already in existence but not leveraged by the selected sites. For example, the local children's museum joined with the FSC to develop family event nights at the programs to introduce the Midtown project and offer free passes and memberships to families for participating in the assessment process. This strategy proved to engage over 300 children in the events and provided them with access to the museum for free visits, access to programs and scholarships, and limited memberships to explore all the museum has to offer. 150 three-month memberships were provided to five of the schools; the value of each membership is $50. Over 300 individual passes were distributed to families with a value for each pass of $50.

Additionally, the local school board partnered with the project to offer a parent workshop with four school board employees to present information on transitioning children into kindergarten and included access to the county website to actually complete registration. Other non profit agencies made presentations to teachers at the monthly meetings about free educational programs and services available to them that included a local Reading Bus that visited two of the sites to read stories to children and offer costumed characters to interact with families in a fun family event.

The access to the school board employees and regulatory agencies that offered recognition of training hours was valuable to center participants in that they will continue to access those contacts to for future best practices. They also developed personal relationships with one another and their Mentors to access information about services and funding in the community and to stay informed about changes to the laws and regulations that impact their operations. The connection with other supportive agencies in the area has lead to a listing that they can access each school

year to enhance their curriculum and lead to other resources they were not aware of before the project.

IV. f. Family Engagement and Father Involvement Initiatives

The efforts towards engaging families and fathers was focused in two areas: (1) creating a culture of family partnerships in the daily routine of each center with teachers and parents, and (2) fostering opportunities to develop those relationships in formalized functions. The training material was all provided within the framework of the coparenting model that recognizes all adults participating in the wellbeing of the child should be recognized, engaged and partnered with in the early learning education environment. It is the cornerstone of the infant family mental health modality of treatment that exercises therapy and or consultation through and with all of the primary caregivers of a child to ensure they are working well together for the sake and benefit of the child. The initial aim of the workshops was in helping teachers in the project to understand and fully grasp the concept of their role in coparenting as the first step in working closely with family members.

It was noted that five of the six sites were extremely limited in their comfort level, abilities and practices for engaging with families to help children be as successful as possible. This was identified as being grounded in a number of reasons that included, fear of talking to parents, lack of experience, Director resistance to allowing staff to engage, a history of bad interactions with parents, poor skills, limited training and very little guidance or role modeling on how to partner with parents. Furthermore it was observed by the project staff that many parents were in turn, visibly resistant to engaging in conversations with staff on a daily basis. This could be due in part to busy schedules, limited time, distractions such as other children, phones and personal issues, and a pervasive distrust of others in a community where privacy and secrecy are highly regarded to ensure protection from unknown parties in the life of struggling families.

This was all part of the process in proceeding with the attempts at creating a coparenting model within this community. The most important function was to build something that was acceptable and realistic given all of the variables discovered along the way. The model for implementing the value of coparenting in the six sites would vary from school to school, but more importantly, differ entirely from other regions or the nation as the issues and dynamics for families in the Midtown area are unique and, therefore, require unique applications.

The method for building a coparenting model within the project began first with supporting and educating the Directors individually following group workshop sessions on the topic. This was key in getting their buy-in to allowing staff to start engaging with parents at all with the support and guidance of the ECMHC. The first steps were to offer family nights at the centers with

project staff leading the activities and encouraging teachers to simply join in and talk and have fun with parents to begin to develop relationships. These were conducted in all six sites and allowed the parents to just sit and chat with the teachers while their children made crafts or enjoyed snacks and share more openly with one another. Many of the parents stayed for longer periods of time and took the opportunity to talk more extensively about an emotional or behavioral issue they were handling at home and how to work together with the teacher on helping overcome the problem. Parents were encouraged to follow up and talk further with teachers, come to more events, and engage the ECMHC for support or even referrals if necessary.

Following the parent night events, it was necessary to introduce small steps for many of the teaching staff to just learn the names of the family members who dropped off and picked up their children. Project staff also offered hints like jotting names along attendance sheets or creating "my family" posters for the classrooms. Once they felt more comfortable just engaging in the day to day conversation with the family and finally identifying names and roles of each in the life of each child in their classroom, the real work could begin.

In several of the sites the Directors were very reticent about allowing staff to talk with parents directly to form partnerships for fear they they would say the wrong thing, make a mistake or upset a parent. The thinking of some of the Directors was that they had more experience, skill and education to better represent the center and by allowing teachers to engage in the practice, they would essentially be giving up control of their center and risking their reputation. This was also a product of the high staff turnover rates in all of the centers. Although several of them had employed a core group of staff for many years, or even their own family members, many of the positions had high turnover rates. The response from the Directors was to limit the ways in which teachers could talk to and engage with parents. This was an excellent opportunity for the Educational Mentors to provide some support and guidance to the center leaders. This resistance resulted in phone conversations, site visits, and months of onsite training and consultation to Directors to consider ways they could support their teaching staff to build relationships through the lens of coparenting. After many months of support and trainings, most of the Directors agreed that the tenets of the coparenting model made good sense and would lead to better outcomes, but were still very tentative to allow their staff to do more than talk with parents about general classroom issues.

The goal to incorporate family partnerships and foster a spirit of coparenting in the learning community of the project was not fully realized as a result of years of fear and self-protection among the staff and resistance from Directors. There was, however, a shift in thinking at the conclusion of the project that was demonstrated through new language and some actions in the classroom to partner with parents. This was also evident in conversations with Directors who

came to recognize the value in fostering a coparenting center over time. The one year timeframe did allow for a metamorphosis in thinking and believing that when teachers and parents work closely together in a cooperative way that the benefit is to not only to the child, but to themselves as they can maximize their efforts through unity.

The next step towards conformity of the process would be in expanding that understanding with more prescriptive training and coaching with teachers to become more fluent in their skills and develop a comfort level that leads to second nature. The result of the efforts of the project were seen in the transformed thinking and understanding of why coparenting works. The next step would be to provide instruction and support on how coparenting works in ways that are more advanced than what was practiced in the first year. Teachers were able to engage with families in routine family events and activities and began to incorporate ways to simply talk and connect with them daily, but were not ready to begin engaging with them about ways to manage bigger issues such as behavior or social and emotional concerns. While it is promising that a shift in thinking occurred among staff and more importantly, among the Directors to begin to work in this direction, the vision of a fully functioning coparenting model active in each center was not fully realized. It is through ongoing support and consultation offered in the second year of the project that the integration of coparenting could become the standard in the Midtown sites participating in the project moving forward.

IV. g. Environmental/Classroom Improvements

As outlined herein, the Pilot sites were chosen based on the results of their applications that indicated they had the highest needs, and the lowest resources available to them. This included limited opportunities for capital improvements to their learning centers and difficulty accessing better learning materials and equipment. While it goes without saying that all six of the sites could have benefitted from the funds to make improvements to their centers, the goal of the project was to apply differing modes of intervention within a construct of mental health support and services for better outcomes. A secondary aim was to evaluate the outcomes for the best results and make recommendations moving forward for the early learning community.

The three Pilot sites were given an equal budget amount for center repairs and improvements that fell within five deliverables for the Project. Each site completed a summary of their requests that included various building repair estimates, operating equipment replacement estimates, curriculum material purchases, and classroom enhancement items from a national educational supply chain. Center Directors met with Project staff to review all purchases and provide additional details or explanation as needed. The Project Deliverables were divided into five sections that included purchases as well as direct payments to teaching staff for stipends and workshop attendance and are described below:

Deliverables:
D.1. Training Stipends/Staff Merit Incentives/Director Stipends
D.2 Curriculum Supplies, Materials, Developmentally Appropriate Toys, Nutrition
D.3. Capitol and IT Improvements
D.4. Increased Capacity
D.5. Teaching Staff for increases capacity classrooms or new hires

Project staff was responsible to monitor the budget, spending and check distribution for the centers and make onsite visits to guarantee repairs as noted in the requests. Each center provided receipts, invoices and documentation to support all purchases except teacher stipends that were guaranteed by Project staff in monthly tracking sheets and invoices.

Two of the Pilot sites were experiencing major repair needs in many areas; they each had roofing, flooring, plumbing and electrical issues that were threatening their ability to remain open. Both of them needed to replace kitchen equipment to continue serving food and meeting health inspection requirements. Once center was in need of an in ground grease interceptor as required by city officials to be replaced after 20 years, despite that the kitchen does not fry food. This was at a cost of over $10,000 and lead to the need to replace the front walkway and support columns.

Over and above the immediate repairs, there were multiple improvements to be made to walls, floors, windows and playground equipment including old, rusted fencing and playscapes. Each center also used funding to replace old classroom furniture and equipment and purchase new materials that support the state required curriculum.

In one site, the Delores M. Smith Academy, the center was brand new and repairs were not an issue. The goal for that center was in responding to the issue of extremely low capacity for infants throughout the entire county that has been identified as a major part of the ELC annual strategic plan to expand. The center is also quite small and has a lower overall capacity that would be increased by 21 children with the addition of an infant building adjacent to the existing structure. The funding in this case was used to design and build an addition to the center to increase capacity, serve infants in an area that has very low options for placement, make adjustments to increase classroom sizes in the existing structure, and bring in new materials and furnishings to begin serving babies immediately.

The classroom and overall center improvements contributed to an increase in the morale among teaching staff and alleviated daily stressors and major inconveniences that impacted the daily functions of the classrooms. Teachers were better able to focus on the quality of their interactions

with children and families and their teaching modalities as opposed to managing leaky toilets and preparing food in inappropriate spaces. The Delores M. Smith Academy expansion allowed for an increase in enrollment, the hiring of new staff, the expansion of the program and an overall increase in quality that was perceived and embraced by residents in the areas. The availability of space to serve 21 infants is also a critical response to the county's limited access to infant child care and meets a tremendous need. This aspect of the Project was an indicator of quality improvement without a need to quantify the results.

In gauging the effect of the capital improvements it is necessary to look not only at the four measurements used in the Project, but also to examine the responses of center employees, the children and the families as well. Project staff was able participate in family events and be available during parent pick up times to engage in conversation about the Project and the changes happening around the school. The response of both parents and teachers were extremely positive and hopeful. They represented a general sense of hope and promise about the future for the programs and excitement about being a part of it. Not only did the improvements create an atmosphere of positivity, it allowed the centers to shift focus towards learning new teaching methods and strategies and utilize new materials to deliver advanced lessons.

Aside from anecdotal information and impressions, the quantifiable results from the measurements outlined in the project were not designed to determine the direct effects of the capital improvements. Despite that, results in two areas of measurement did indicate overall improvements in quality for all three of the Pilot sites. These include the CLASS Assessment for all three Pilot sites that exceeded expectations, observations by project staff of overall quality in each center, and child assessment results that showed an increase in the areas measured as well as improvements in the evaluation skills of the teaching staff. This represents an indirect relation between the capital improvements and the increase in quality among the three Pilot sites.

VII. Considerations and Implications for the Future

The Midtown Early Care and Education Collaborative Project sought to transform the early learning practices of six child care sites in south St. Petersburg through the infusion of infant and family mental health services, training and support in an area experiencing significant trauma related factors to improve outcomes for over 350 children and their families. The intervention design for all six sites included four major components; (1) Formalized training, (2) Early Childhood Mental Health Consultation, (3) Family and Father Engagement, and (4) Community Partnerships. For three of the sites, identified as Pilot sites, the intervention incorporated more hours of early childhood mental health consultation and funding for capital improvements. Three other sites, the Partner sites, did not receive any funding and received less hours of onsite consultation. The variance in the intervention allowed for comparisons between the two sets of programs for changes in quality and outcomes. Six sites participated in the project from August

of 2017 to March of 2018; one site terminated their participation at that point and the other five sites completed the program through July of 2018.

This quality improvement project was embedded into current community structures and dynamics through partnerships with local individuals and agency representatives seeking to contribute to the efforts of such an endeavor. The Midtown Early Care and Education Collaborative Committee was created and sustained throughout the project that included 29 community members to provide oversight and support to the project and staff. Additional guarantees of community embeddedness were made through the acquisition of three Educational Mentors who were noted early childhood leaders and advocates in the local community to provide support to the center participants and guidance to Project staff.

The measurements employed to evaluate the success of the intervention included four methods: (1) the CLASS Assessment to measure the quality of teacher to child interactions, (2) teacher pre and post learning gains surveys, (3) observations and feedback by project and Mentor staff, and (4) child assessment pre and post data. Quantifiable and anecdotal results are available for all five of the six sites that completed the entire year of service within the Project. These results are summarized below:

(1) The CLASS results showed that four of the five sites experienced marked improvements over the year to advance to the next tier of quality as designated by the state of Florida Office of Early Learning. The fifth site was already at a high tier level prior to the intervention and was able to maintain that level. The advancements in tier are indicative of an improved level of quality as it relates specifically to teacher and child interactions. This demonstrates a substantial impact to the understanding and implementation of relationship based caregiving that was at the heart of training and consultation delivered by the Project intervention.
(2) The teacher pre and post learning surveys were administered to teachers for six of the ten workshops provided throughout the year. The other four trainings did not incorporate a pre and post learning survey. All six trainings with surveys indicated a considerable increase in understanding and knowledge as a result of the training provided. Of those six trainings, four of them had the post surveys administered one month after the completion of the training to evaluate the effect of the training in conjunction with the onsite consultation service and indicated solid gains as well.
(3) Observations and feedback by project and Mentor staff were made both onsite during consultations, during workshops, and in conversations with families, staff and Directors. The overall conclusions of the success of the project include serious considerations for working with and providing interventions in communities where both families and teachers living in the area are heavily burdened with low income and other trauma-

inducing factors associated with poverty. This was noted to be a major factor in delivering the services and required reconfiguration of service delivery several times throughout the service period. Through ongoing discussion with community representatives and the Mentors it was determined that one barrier to reaching complete transformation of center practices was the limited timeframe to establish authentic and productive relationships with staff. This translated to the limitations in teachers being able to connect strongly with parents to establish coparenting practices as well. The final synopsis is that many successes were achieved and improvements in quality were realized across the board, however, more time is required to advance the relationships and build upon new learning and skills to reach the next level of quality possible in an early learning program.

(4) The child pre and post assessment data indicated improvements in two areas. These include improvements in child competencies in social and emotional skill sets as measured by the DECA, and improvements in the skills of the teachers to better assess the children's performance. This is revealed in the variance in results that showed an overall increase in skills in the area of total protective factors and a slight decrease in behavior concerns across the board for all of the children assessed before and after the intervention in all five schools. Further inspection of the data showed deviations in those advancements in one Partner site and one Pilot site, which is suggestive of the acquisition of knowledge and skills by teachers who participated in intensive training related to understanding factors presented in the DECA assessments.

A combination of assessment data results, anecdotal information, collaborative discussion and general observation and impressions leads to the conclusion that the application of infant and family mental health services provided through a multi-tiered approach resulted in meaningful changes and advances in the quality for the early learning programs that participated in the Midtown project. The progression of quality within a limited time frame of ten months can be attributed to the four pronged approach to infusing mental health services and supports that included training, onsite consultation, community support and family engagement practices. Providing any singular service to an early learning program can and has historically yielded improvements in specific areas and will continue to be the mode of support available to child care agencies in the region due to funding limitations. This project offered the opportunity to evaluate the impact of combining services and supports together in one planned activity for better outcomes in more than one area. Clearly, the results indicate the benefits of combining services in several areas and the effects of providing program wide supports rather than singular activities. The most valuable conclusion made by participants and staff of the project pertain to the implementation of intensive social emotional driven supports system wide within the context of poverty and trauma not only for the families served, but also for teachers and staff working in the centers. This discovery brought about shifts in service delivery, and approaches that

responded more appropriately to the needs of families and teachers for better results. All of the changes in service implementation were grounded in staff feedback and Mentor guidance to ensure that all of the participants of the project were properly represented through cultural awareness, and the possibility of meeting them where they were was more assured.

Considerations for future projects that seek to improve the quality of early learning centers such as those in the Midtown project and thus, the outcomes for the children enrolled in those centers includes; (1) ensuring that the project is grounded in community partnerships to ensure representation and culturally sensitive guidance, (2) provision of multiple service approaches with training and onsite consultation being the primary vehicles for transformation, (3) careful consideration of the state of functioning for each center through the assessment of teachers and staff at the outset of the project to make appropriate adjustments to approach and relationship building efforts before the project begins and (4) substantially increasing the time allotted for effort in transformative projects that include the need for exploring emotional needs and functioning of children, families and staff and building relationships to two years minimum and three years as the ideal.

Overall the goals of the Midtown Project were met and exceeded in that 350 children and their families experienced improved educational services from the centers they were enrolled in. This is represented by the teachers who developed knowledge and skills related to understanding and assessing their needs better, adjusting their teaching strategies to respond to underlying trauma and emotional deficits, an increase in the delivery of learning activities that were grounded in enhanced teacher to child interactions and a better understanding of how to engage families to begin to develop a coparenting model within their educational systems. The outcomes for children can be seen in the improved classroom assessment scores, and the fact that they now enjoy a more stable, supportive and responsive classroom environment that will prepare them for the rigors of entering kindergarten and building their resiliency through enhanced social and emotional competencies they will continue to develop as they move through the preschool experience.