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INFORMATION MEMORANDUM

To: State, Territorial, and Tribal Lead Agencies administering child care programs under the Child Care and Development Block Grant (CCDBG) Act, as amended, and other interested parties.

Subject: State policies to promote social-emotional and behavioral health of young children in child care settings in partnership with families.

References: The Child Care and Development Block Grant Act of 1990, as amended, 42 U.S.C. § 9858 *et seq.*, as further amended by the Child Care and Development Block Grant Act of 2014, Pub. L. No. 113-186; U.S. Departments of Health and Human Services and Education Policy Statement on Expulsion and Suspension in Early Childhood Settings (2014)¹

Purpose: This Information Memorandum provides guidance to encourage Lead Agencies to adopt policies that promote the social-emotional and behavioral health of young children in partnership with families. States should consider these recommendations as they prepare their Child Care and Development Fund (CCDF) State plans. Appendix 1 offers several free publicly available resources states can use in their efforts.

Background: CCDF provides block grants to states, territories, and tribes to support low-income working families through child care assistance for children age birth through 13 and to promote children’s learning by improving the quality of child care and education and afterschool care programs. On November 19, 2014, President Barack Obama signed the Child Care and Development Block Grant Act of 2014 into law, which reauthorized CCDF. The new law makes expansive changes focused on improving the health and safety of children in child care, improving subsidy policy for families and providers, promoting consumer education, and improving the overall quality of child care and afterschool programs to support children’s development and learning.

¹ U.S. Department of Health and Human Services and Education (2015). Policy statement on expulsion and suspension policies in early childhood settings. https://www.acf.hhs.gov/sites/default/files/ece/expulsion_suspension_final.pdf

The CCDBG Act of 2014 makes several references to children’s social-emotional and behavioral health. States are required to provide consumer education information to families, the general public, and, where applicable, providers. That information must include their “*policies regarding the social-emotional and behavioral health of young children, which may include positive behavioral intervention and support models and policies on expulsion of preschool-aged children, in early childhood programs receiving [CCDF] assistance.*”² The law also includes the use of CCDF quality enhancement funds for professional development, including effective behavior management strategies and training that promotes children’s social-emotional development.

In addition, in 2014, the U.S. Departments of Health and Human Services and Education jointly released a policy statement addressing expulsion and suspension in early learning settings and highlighting the importance of social-emotional and behavioral health. The policy statement affirms the Departments’ attention to social-emotional and behavioral health and includes several recommendations to states and early childhood programs, including child care programs, to assist in their efforts.³

At the same time, ACF recognizes that strategies to attain improved outcomes for young children must include parents and families. Supporting families, through a two-generation strategy, is central to fostering children’s social-emotional and behavioral health. A critical component of promoting the success of two generations of strategies is strengthening the parent-child relationship. Research shows that positive parenting and securely attached parent-child relationships result in a host of positive child outcomes, including emotional wellbeing, social competence, basic coping and problem solving skills, behavioral development, and school success.^{4,5,6} In addition, parent and family wellness, education levels, and employment, all of which influence the parent-child relationship, are also predictive of children’s long-term outcomes.^{7,8} Child care providers see parents and families every day and are well situated to be trusted sources of support and information on opportunities to promote children’s social-emotional and behavioral development, parenting skills, and on accessing services that can bring

² Pub. L. No. 113-186, § 5(b)(2)

³ U.S. Department of Health and Human Services and Education (2015). Policy statement on expulsion and suspension policies in early childhood settings. https://www.acf.hhs.gov/sites/default/files/eecd/expulsion_suspension_final.pdf

⁴ Dawson, G., & Ashman, S. B. (2000). On the origins of a vulnerability to depression: The influence of the early social environment on the development of psychobiological systems related to risk for affective disorder. *Effects of Early Adversity on Neurobehavioral Development*, 31, 245-279.

⁵ Lerner, R. M., & Castellino, D. R. (2002). Contemporary developmental theory and adolescence: Developmental systems and applied developmental science. *Journal of Adolescent Health*, 31(6), 122-135.

⁶ Cook, G. A., Roggman, L. A., & Boyce, L. K. (2011). Fathers' and mothers' cognitive stimulation in early play with toddlers: Predictors of 5th grade reading and math. *Family Science*, 2(2), 131-145.

⁷ Dubow, E. F., Boxer, P., & Huesmann, L. R. (2009). Long-term effects of parents’ education on children’s educational and occupational success: Mediation by family interactions, child aggression, and teenage aspirations. *Merrill-Palmer quarterly (Wayne State University. Press)*, 55(3), 224.

⁸ Hernandez, D., & Napierala, J. (2014). Mother’s education and children’s outcomes: How dual generation programs offer increased opportunities for America’s families. Foundation for Child Development.

important resources into the family (e.g., food assistance, rental assistance, financial assistance).

Neuroscientists confirm that the first 5 years of a child's life are critical for building the early foundation of learning, health, and wellness needed for success in school and later in life.⁹ Research indicates that the social-emotional development of young children is a central component of development. Children learn through social interactions with the adults and peers in their lives; this is especially true for very young children. Studies indicate that social-emotional development is robustly associated with learning, school readiness and achievement, and long-term life outcomes.¹⁰ Social skills developed in infancy and early childhood are built upon and used across the life course. Preschoolers with strong social-emotional skills and behavior regulation, facilitated by securely attached relationships, tend to have higher attention skills and develop better early literacy, vocabulary, and math skills.¹¹ These benefits continue into the school years, as children with a strong social-emotional base experience greater academic success and wellness¹²; and even into adulthood, with a recent study finding that kindergartners who demonstrate greater social competence may be more likely to reach higher levels of education and higher-paying jobs, while those that demonstrate weaker skills are more likely to drop out of school, abuse drugs and alcohol, and need government assistance.¹³

Children need basic social awareness and skills, fostered by trusting adults, to engage in and learn from social interactions. Learning becomes much more difficult when children do not have a strong social-emotional foundation. This may manifest in challenging behaviors, poor self-regulation and engagement, and difficulties with peer relationships, which may stand in the way of development and learning and worsen into more serious issues later in life.

Social-emotional development is fostered through securely attached relationships; and learning, by extension, is fostered through frequent cognitively enriching social interactions within those securely attached relationships. Studies indicate that securely attached children are more advanced in their cognitive and language development, and show greater achievement in school.¹⁴

⁹ National Research Council and Institute of Medicine (2000) *From Neurons to Neighborhoods: The Science of Early Childhood Development*. Committee on Integrating the Science of Early Childhood Development, Jack P. Shonkoff and Deborah A. Phillips, eds. Board on Children, Youth, and Families. Commission on Behavioral and Social Sciences and Education. Washington, DC.: National Academy Press.

¹⁰ Shala, M. (2013) The Impact of Preschool Social-Emotional Development on Academic Success of Elementary School Students. *Psychology*, 4, 787-791. Doi: 10/4236/psych.2013.411112.

¹¹ McClelland, M. M., Cameron, C. E., Connor, C. M., Farris, C. L., Jewkes, A. M., & Morrison, F. J. (2007). Links between behavioral regulation and preschoolers' literacy, vocabulary, and math skills. *Developmental psychology*, 43(4), 947.

¹² Payton, J., Weissberg, R., Durlak, J., Dymnicki, A., Taylor, R., Schellinger, K., & Pachan, M. (2008). The positive impact of social and emotional learning for kindergarten to eighth grade students: Findings from three scientific reviews. Collaborative for Academic, Social and Emotional Learning. <http://www.lpfch.org/sel/PackardES-REV.pdf>

¹³ Damon E. Jones, Mark Greenberg, and Max Crowley. (2015). Early Social-Emotional Functioning and Public Health: The Relationship Between Kindergarten Social Competence and Future Wellness. *American Journal of Public Health*.

¹⁴ See West, K.K, Mathews, B.L., & Kerns, K.A. (2013) Mother-child attachment and cognitive performance in middle childhood: An examination of mediating mechanism. *Early childhood research quarterly*, 28(2), 259-270. See also, IJzendoorn,

In 2011, roughly 13 million children under the age of 5 were in some type of child care arrangement for an average of 33 hours a week.¹⁵ Child care providers play a significant role in ensuring that these children have positive social and emotional development. Unfortunately, many child care providers do not have the necessary professional development opportunities to foster children's social-emotional development and behavioral health. According to the 2012 National Survey of Early Care and Education, only 20 percent of early childhood teachers and providers serving children under age 5 reported receiving specific training on facilitating children's social and emotional growth in the past year.¹⁶ Early childhood teachers repeatedly report that coping with challenging behavior is their most pressing training need.¹⁷ Research has found that delivering behavior training to early childhood teachers and providers results in more positive classroom climates, higher teacher sensitivity, and stronger behavior management skills.¹⁸

The rate of expulsion of young children from early childhood education settings may be a consequence of the lack of specialized training and professional development for early childhood educators on promoting children's social-emotional development and appropriately managing behavioral difficulties. In 2014, Secretaries Burwell and Duncan issued a Policy Statement on Expulsion and Suspension Policies in Early Childhood Settings with guidance on supporting the early childhood system to prevent suspensions and expulsions and assist children's positive social-emotional development.¹⁹ Expulsion and suspension early in life predict expulsion and suspension later in school, indicating that this cycle may start early and be long lasting.

Guidance: States must focus attention on this domain of development by establishing appropriate policies for implementing evidence-based practices. Below are several examples of policies and practices that can aid states in these efforts, including building workforce capacity, implementing statewide consultation and coaching models, establishing appropriate expulsion policies, attending to continuity of care and ratio policies, and strengthening quality rating systems and

M.H., Dijkstra, J., & Bus, A.G. (1995). Attachment, Intelligence, and Language: A Meta-analysis. *Social development*, 4(2), 115-128; de Ruiter, C., & van IJzendoorn, M.H. Attachment and cognition: A review of the literature. *International journal of education research*, 19(6), 525-540.

¹⁵ Laughlin, Lynda. 2013. Who's Minding the Kids? Child Care Arrangements: Spring 2011. Current Population Reports, P70-135. U.S. Census Bureau, Washington, DC. At <https://www.census.gov/prod/2013pubs/p70-135.pdf>

¹⁶ U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning Research and Evaluation (2010-2015). National Survey of Early Care and Education.

<http://www.acf/hhs.gov/programs/opre/research/project/national-survey-of-early-care-and-education-nsece-2010-2014>

¹⁷ Yoshikawa, H. & Zigler, E. (2000) Mental health in Head Start: New directions for the twenty-first century. *Early Education and Development*, 11, 247-264. See also Fox, L. & Smith, B.J. (2007) Issue Brief. Promoting social, emotional, and behavioral outcomes of young children served under IDEA. Challenging Behavior, Retrieved from http://challengingbehavior.fmhi.usf.edu/do/resources/documents/brief_promoting.pdf

¹⁸ Raver, C. C., Jones, S. M., Li-Grining, C. P., Metzger, M., Champion, K. M., & Sardin, L. (2008). Improving preschool classroom processes: Preliminary findings from a randomized trial implemented in Head Start settings. *Early Childhood Research Quarterly*, 23(1), 10-26.

¹⁹ U.S. Department of Health and Human Services and Education (2015). Policy statement on expulsion and suspension policies in early childhood settings. https://www.acf.hhs.gov/sites/default/files/ece/expulsion_suspension_final.pdf

early learning guidelines. It should be noted that the following is not a checklist of required activities, but rather a menu of policy options that the Lead Agency should strongly consider when developing their state plans and policies to support young children.

Build Workforce Capacity: Teachers and support staff are the most critical ingredients of high-quality early learning programs. In concert with the recommendations provided by the National Academies of Sciences 2015 report, *Transforming the Workforce for Children Birth Through Age 8*,²⁰ and the federal policy statement on expulsion and suspension prevention, child care providers working with children under 5 should have a thorough understanding and demonstrated competencies in child development, including forming securely attached relationships, supporting children’s social-emotional and behavioral health, setting developmentally appropriate behavioral expectations, and managing challenging behaviors.

The reauthorized CCDBG Act requires states to establish professional development and training requirements and requires ongoing annual professional development that reflects current research and best practices to meet the developmental needs of children, specifically noting social-emotional and behavior intervention models. In addition, states may use their quality funds to:

- ***Strengthen Workforce Preparation Programs:*** States should ensure that early childhood educator preparation and other training programs incorporate the latest research-informed content on social-emotional development, trauma, family engagement, child screenings and referrals to specialized services, and positive behavioral guidance and provide ample opportunities to implement the content in practicum experiences. Student evaluations should assess demonstrated competencies in promoting children’s social-emotional development, family and community engagement, and managing challenging behavior.
- ***Enhance Entry-Level Personnel Requirements and Credentials:*** Many states have established their own entry-level early childhood certifications, which may include credentials and postsecondary degrees. States should require that staff have demonstrated competencies in fostering children’s social-emotional development and appropriately managing challenging behavior, and include training and professional development in such competencies with entry-level and more experienced staff.
- ***Require Social-Emotional and Behavioral Health Pre-Service Training:*** According to the 2011 child care licensing study, only 13 states required the topic of positive behavior management, guidance, or discipline to be addressed in mandatory staff orientation. At the same time, the most

²⁰ Institute of Medicine (IOM) and National Research Council (NRC). 2015. *Transforming the workforce for children birth through age 8: A unifying foundation*. Washington, DC: The National Academies Press.

frequently reported training need, as self-reported by teachers, is managing children's challenging behaviors. Using inappropriate discipline strategies can result in serious physical or emotional harm to young children. These factors, combined with the high prevalence of challenging behavior, particularly of young children, warrant state policies that require programs to include this topic in new staff orientation trainings, pre-service supervision, and in-service trainings.

- ***Requiring Social-Emotional and Behavioral Health In-Service Professional Development:*** States should ensure that early childhood staff have opportunities for continuous professional development (through training, coursework, coaching, and mentoring) that includes the knowledge and skills to promote children's social-emotional and behavioral development, implement positive behavior management, conduct regular screenings, and refer children for evaluations and further services, as appropriate.
- ***Enhance Skills of the Early Childhood Workforce to Recognize Signs of Trauma:*** States should ensure that child care programs train their staff to recognize behaviors typical of young children who have experienced trauma and have the skills and competencies to create settings that are responsive to the needs of traumatized children. Training topics may include identifying trauma in young children, developmental and behavioral screening, fostering social-emotional development, implementing positive behavior management strategies, fostering secure attachments with young children, delivering culturally competent services, and building self-reflective strategies to identify and correct potential biases in interactions with children and their families.

Establish Statewide Consultation or Coaching Models: The federal policy statement on expulsion and suspension prevention and the National Academies of Sciences' 2015 report *Transforming the Workforce for Children Birth Through Age 8*,²¹ recommends that all program staff should have access to specialists or consultants, such as early childhood mental health consultants. The models below are allowable uses of CCDF quality enhancement funds due to their focus on enhancing the workforce's development in promoting children's social-emotional and behavioral development.

- ***Statewide Early Childhood Mental Health Consultation:*** States can leverage federal, state, and private funding to implement statewide early childhood mental health consultation (ECMHC) systems. ECMHC is a multi-level preventive intervention that teams mental health professionals with people who work with young children and their families to improve their social-emotional and behavioral health. Research has found that ECMHC is effective in increasing children's social skills, reducing children's challenging behavior, preventing preschool suspensions and expulsions, improving child-

²¹ Institute of Medicine (IOM) and National Research Council (NRC). 2015. *Transforming the workforce for children birth through age 8: A unifying foundation*. Washington, DC: The National Academies Press.

adult relationships, and identifying child concerns early. The model has also been found effective in reducing teacher stress, burnout, and turnover, which have been previously associated with increased risk of expelling and suspending young children and may interfere with stable and healthy attachment relationships.²²

- ***Statewide Networks of Infant-Toddler Specialists and Inclusion Specialists:*** States can develop, strengthen, or expand infant-toddler specialist and inclusion specialist networks. These networks can be instrumental in providing technical assistance to programs on issues related to social-emotional and behavioral development, including forming securely attached relationships, managing challenging behaviors, and supporting children's social-emotional development.
- ***Statewide Models of Age-Appropriate Positive Behavior Intervention and Supports:*** States can establish statewide systems of age-appropriate Positive Behavior Intervention and Supports (PBIS). PBIS is a multi-tiered framework that promotes social and academic success. The framework is implemented by a qualified behavioral consultant, who, in partnership with a state, school, or program team, establishes policies and procedures intended to build teacher and administrator capacity to support children's social-emotional, behavioral, and academic development.

Establish Expulsion and Suspension Policies: Under the CCDBG Act, states are required to share consumer education information with families, the general public, and providers, as appropriate, on a range of issues, including policies that promote the social-emotional and behavioral health of young children. These policies should include policies on expulsion and suspension of young children.

The federal policy statement on expulsion and suspension prevention strongly encourages states to establish statewide policies, applicable across settings, including publicly and privately funded early childhood programs, that promote children's social-emotional and behavioral health and eliminate or severely limit the use of expulsion, suspension, and other exclusionary discipline practices. Exclusionary measures should be used only as a last resort in extraordinary circumstances where there is a determination of a serious safety threat that cannot otherwise be reduced or eliminated by the provision of reasonable modifications.²³ Should a situation arise where there is documented evidence that all possible interventions and supports recommended by a qualified professional

²² See Gilliam, W.S. (2007). Reducing Behavior Problems in Early Care and Education Programs: An Evaluation of Connecticut's Early Childhood Consultation Partnership. IMPACT series, Child Health and Development Institute, Farmington, CT.; Hepburn, K.S., Perry, D.F., Shivers, E.M., & Gilliam, W.S. (2013) Early childhood mental health consultation as an evidence-based practice: Where does it stand? *Zero to Three*, 33, 10-19.

²³ Determination of safety threats should be based on actual risks, best available objective evidence, and should not be based on stereotypes or generalizations. In addition to other applicable civil rights laws, if the child has a disability and is receiving services under IDEA, the State should ensure that additional applicable procedural safeguards and requirements, per the IDEA, are met. The State is responsible for nondiscrimination on the basis of disability in its programs in compliance with Title II of the ADA and Section 504 of the Rehabilitation Act.

have been exhausted and it has been determined that transitioning a child to another program is necessary for the well-being of the child or his or her peers, the state should encourage programs to take a series of documented steps to ensure a smooth transition into another setting that offers a rich social and learning context.²⁴ These policies may be included in state child care licensing regulations, as some states have done.

Establish Continuity of Care Policies: The CCDBG Act requires states to grant families minimum 12 month eligibility periods before eligibility status is re-determined. This provision helps protect working parents and promotes children’s continuity in a program. Securely attached and stable relationships are critical to children’s social-emotional development, behavioral health, and learning. Children form important attachments to caregivers with whom they spend a significant amount of time, such as child care providers. Children can only form these secure attachments if their providers are consistent over time.

In many child care programs, however, children are rotated within the program, between classrooms and caregivers too often, interfering with stability, children’s ability to form strong, reliable, and securely attached relationships with a provider, and providers’ abilities to understand and read individual children’s cues accurately. States should provide technical assistance to directors and programs to help them decrease children’s unnecessary transitions between classrooms or providers. Each child should be assigned a primary caregiver who is responsible for establishing a secure relationship with that child. Further, programs should aim to keep children with their providers and in their classrooms as long as possible, but no less than one year. Providers should ensure that when children do move from one setting or provider to another, there is a smooth transition and continuity of developmentally appropriate experiences and family engagement. Programs may consider implementing “practicing toddler groups,” where infants visit their future classrooms and providers, accompanied by their current provider, several times in advance of their transition.

Implement Universal Developmental and Behavioral Screening: The CCDBG Act requires states to provide consumer education information on developmental and behavioral screening, including information on existing resources and services the state can deploy to promote developmental and behavioral screenings, and how families or providers can utilize such resources. All children should receive a developmental and behavioral screening on a recommended schedule to identify possible delays and concerns early. Some children may require a more thorough evaluation by specialists and additional services and supports. States should ensure that all providers are knowledgeable on how to access state and local resources to support developmental and behavioral screening, and make appropriate referrals to specialists, as needed, to ensure that children receive the services and supports they need as early as possible. States

²⁴ U.S. Department of Health and Human Services and Education (2015). Policy statement on expulsion and suspension policies in early childhood settings. https://www.acf.hhs.gov/sites/default/files/ece/expulsion_suspension_final.pdf

should reference the free publicly available tools on the [Birth to Five: Watch Me Thrive website](#).

Ensure Ratios and Group Size Policies are Appropriate: Small ratios and group sizes are important to the social-emotional and behavioral health of young children, particularly infants and toddlers. States should establish and enforce appropriate ratio and group size policies. The newly reauthorized CCDBG Act requires states to have standards for CCDF providers regarding group size limits and appropriate child-to-provider ratios based on the age of children in care. Ratios should be small enough so that providers have ample time to form securely attached relationships with each child, be familiar enough with each child to read and understand their cues, respond promptly and reliably to each of their needs, and engage in individualized social-emotional learning opportunities throughout the day. Group sizes should be small enough to manage an organized and chaos-free learning environment and meet the individualized learning, developmental, and safety needs of all children.

Strengthen State Quality Rating Frameworks and Early Learning

Guidelines: State quality rating frameworks should include indicators that cover social-emotional and behavioral health at each tier or level in their framework. Indicators may include sequenced professional development on social-emotional development, developmental screening, and engaging families; program-wide access to specialized supports like early childhood mental health consultants; appropriate policies on expulsion and suspension; use of evidence-based curricula focused on social-emotional and behavioral development; the use of valid and reliable assessment tools to measure family engagement, such as the [Family-Provider/Teacher Relationship Quality](#) measure; appropriate developmental and behavioral screening and follow up of children; and collaborations with other community-based service providers that offer additional services or supports to children with social-emotional or behavioral difficulties and their families.

States should also ensure that their early learning guidelines include social-emotional and behavioral health. The CCDBG Act requires states to implement early learning and development guidelines describing what children should know and be able to do, appropriate from birth to kindergarten entry, covering the essential domains of child development. The Act also provides that states may

use CCDF quality improvement funds both for developing, implementing, or enhancing a tiered quality rating system, and for developing or implementing early learning guidelines.

/s /

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APPENDIX 1: Resources for States on Supporting Children’s Social-Emotional Development

Administration for Children and Families Expulsion and Suspension Resource Page
<http://www.acf.hhs.gov/programs/eecd/child-health-development/reducing-suspension-and-expulsion-practices>

HHS-ED Federal Policy Statement on Expulsion and Suspension
https://www.acf.hhs.gov/sites/default/files/eecd/expulsion_suspension_final.pdf

Birth to Five: Watch Me Thrive!
<http://www.acf.hhs.gov/programs/eecd/child-health-development/watch-me-thrive>

Family and Provider/Teacher Relationship Quality Measures
<http://www.acf.hhs.gov/programs/opre/research/project/development-of-a-measure-of-family-and-provider-teacher-relationship-quality-fptrq>

15 Minute In-Service Suites: Engaging Interactions and Environments
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/teaching/practice/iss-library.html>

Head Start National Center on Parent, Family, and Community Engagement
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/fcp>

Head Start National Center on Cultural and Linguistic Responsiveness
<http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic>

Supporting Mental Health Consultation
<http://www.acf.hhs.gov/programs/eecd/child-health-development/reducing-suspension-and-expulsion-practices>

Center for Early Childhood Mental Health Consultation
<http://www.ecmhc.org/>

Early Childhood Mental Health Consultation: Research Synthesis
http://csefel.vanderbilt.edu/documents/rs_ecmhc.pdf

What Works? A Study of Effective Early Childhood Mental Health Consultation Programs
http://gucchdtcenter.georgetown.edu/publications/ECMHCStudy_Report.pdf
<http://gucchd.georgetown.edu/products/78366.html>

Roadmap to Statewide Implementation of the Pyramid Model
http://challengingbehavior.fmhi.usf.edu/do/resources/documents/roadmap_6.pdf

State Planning Resources: Center on the Social and Emotional Foundations for Early Learning
http://csefel.vanderbilt.edu/resources/state_planning.html

State Work and Resources: Technical Assistance Center on Social Emotional Intervention
<http://challengingbehavior.fmhi.usf.edu/communities/TACSEIstates.htm>

Technical Assistance Center on Social Emotional Intervention
<http://challengingbehavior.fmhi.usf.edu/>

Positive Behavior Interventions and Supports State Coordinator Network
<https://www.pbis.org/pbis-network>

Positive Behavior Interventions and Supports Technical Assistance Center
<http://www.pbis.org/>

SAMHSA National Child Traumatic Stress Initiative
<http://www.samhsa.gov/child-trauma>

National Child Traumatic Stress Network
<http://www.nctsn.org/>