CLINICAL SCHOLARS

A Robert Wood Johnson Foundation program

Photo Credit: David Crane/CHA

Toolkit for Whole Child Health in Preschool

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ABOUT THE PROGRAM

Clinical Scholars is a national leadership program of the Robert Wood Johnson Foundation led by the University of North Carolina at Chapel Hill.

ABOUT THE TOOLKIT

This toolkit is intended as a guide for integrating diverse disciplines to address holistic wellness along a range of indicators and with multiple levels of intensity in the preschool setting, resulting in a more equitable distribution of health and wellness services to young children. Additionally, we hope this guide will inspire cross-agency and cross-discipline collaboration to develop an approach tailored that best meets the needs of each specific community. For more information, contact: lara.sando@providence.org

Toolkit for Whole Child Health in Preschool

Over 20% of children entering kindergarten in Santa Monica have been identified as "at-risk" or "vulnerable" in social-emotional development.[1] This data also shows a discrepancy in access to services in communities of lower socio-economic status and racial and ethnic minorities. The trend is highly concerning, given that a young child's social-emotional development is the foundation on which they learn to navigate the world and is critical to their ability to adapt in school, form successful relationships, and later maintain a job and become a contributing member of society.[2]

Social emotional deficits in early childhood have lasting effects throughout life – children do not simply "outgrow" the effects of early adversity. Toxic stress early in life can cause changes in brain structure and damage physiological functioning across bodily systems.[2] Adverse Childhood Experiences (ACEs) are strongly associated with health risk behaviors, and negative health outcomes later in life,[3] including elevated risk of depression, high inflammation levels, metabolic risk markers, anti-social behavior, and linguistic, cognitive and social-emotional difficulty.[4,5,6] Further, a lack of holistic intervention leads to risk on school readiness measures. Children who enter kindergarten already behind their peers struggle to catch up throughout their school career, widening the achievement gap throughout the lifespan. The effects of childhood experiences are broad-reaching and cascade to a child's whole body throughout their whole life.[1]

The wicked problem we targeted is the long-term societal and personal impact of unaddressed psycho-neurobiological health concerns in early childhood related to lack of awareness, public funding, and political support, and further compounded by siloed approaches and fragmented programming. We believe this is most evident in the lack of school readiness for children entering kindergarten.

A tiered, interdisciplinary approach to preschool wellness

The Pinwheel Project addresses this wicked problem by laying the foundation for life-long health in the early childhood years through a partnership between Providence Saint John's Child and Family Development Center and Santa Monica-Malibu Unified School District (SMMUSD)/Child Development Services. We have created a unique program of early intervention in the preschool years that provides layers of support for each young child, family, and teacher. Our interdisciplinary model combines the disciplines of mental health, physical health, occupational therapy, and nutrition. Consultants from each of these disciplines integrate their skills and philosophies to deliver a holistic, tiered program that provides universal intervention to all children and supportive guidance to school personnel, focused intervention to children and families with similar health and wellness needs, and individual intervention to children and families with a need for greater support in one or more health domains.

"If the police find me, I'll get to be with my dad in prison."

At four years old, this boy had already expressed a hopeless future in his first months in a Santa Monica preschool. Unfortunately, there are too many children experiencing similar traumatic circumstances in the Santa Monica preschools, which ultimately lead to negative health, academic, and social-emotional outcomes. This illuminates the impact of early childhood experiences and the incredible need for early intervention.
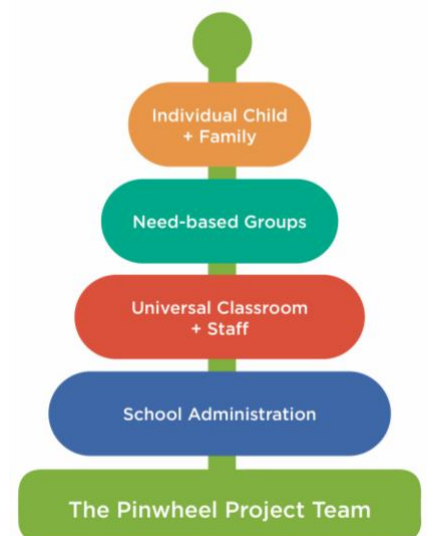
Planning

In Maya's work in the preschools, she realized there was a complex problem in which children received services only depending on the funding source for their preschool enrollment. So, a child may have a need for a supportive health service in preschool, but due to their funding source, be ineligible to receive that service and be unable to pay to receive that service privately or through insurance. Maya, Lara, and Matt had been collaborating to develop innovative ways to address the mental health needs of these children in the gaps when the opportunity for the Clinical Scholars program came along. This provided the impetus to develop a comprehensive plan to address the various health needs that were going unmet in children who did not have financial resources to address them either privately or through the educational environment. Our research uncovered a complex web of inequity and challenges resulting in the current, fractured system.

From here, our vision grew to consider what a holistic wellness program could be in preschool – supporting not only individual children, but the classroom as whole, school staff, families, and the broader community. We began to envision our project as a hub, bringing together an entire community to reshape the way we understand health and support a culture of health from the earliest ages at the individual and communal levels. With this vision guiding us, we sought partnerships with other like-minded professionals of diverse disciplines to begin building our team.

TEAM COMPOSITION

- *Lara Sando, PhD: Project Lead and Clinical Psychologist
- *Matthew Ruderman, PhD: Lead Consultant and Clinical Psychologist
- *Maya Lindemann, RN/BSN: School Lead and Registered Nurse
- Mental Health Consultants: Allison Mininsky, LCSW; Francine Ortega, LCSW; Rocío Bravo, PsyD; Whitney Sturdy, PsyD; Julia Socolovsky, LMFT
- Karen Carrey, OTR/L: Occupational Therapy Consultant
- Brooke Dekofsky, RD: Nutrition Consultant and Registered Dietician
- Laura Kainsinger, MPH: Nutrition Education Consultant
- SMMUSD Child Development Services: Susan Samarge-Powell, EdD, Director; Reham Dabash, Assistant Director
- Lisa Margolis, LCSW: Director of Early Childhood Services at Providence Saint John's Child and Family Development Center

FUNDING

In addition to the $105,000 per year received through the Clinical Scholars program, additional funding resources included funding from the Los Angeles County Department of Mental Health (LAC-DMH), in-kind donations of time and employee benefits from Providence Saint John's CFDC (CFDC) and SMMUSD, and donations of time and services from community partners. Mental Health Consultation time was billed to LAC-DMH, which covered half the cost of the services and the RWJF-CS funds covered the remaining half. CFDC provided in-kind donations of employee benefits for consultants and administrative staff, as well as the time of consultants and fellows to work on the project outside of the classrooms. SMMUSD provided the in-kind donation of all of Maya's time spent on the project. RWJF-CS funds were also used to cover the cost of the occupational therapy consultation, nutrition education groups, and materials used for classroom consultation, project meetings and events, and parent group facilitation. Additional resources included services provided by the Jules Stein Mobile Eye Clinic and the Venice Family Clinic Virtual Dentist Home Program. Community partners also provided opportunities for consultation and collaboration, which was provided free of charge.

COMMUNITY AND PARTNERSHIPS

Community partners were involved in the project in two primary ways: 1) visioning, providing feedback, and support and advocacy for the program, and 2) providing services as part of implementing the program. The Building Blocks for Kindergarten and Early Childhood Task Force provided a sounding board where we could share our ideas and receive feedback from professionals with diverse backgrounds in the field of early childhood education and childcare. These groups shared our vision for addressing issues of equity in preparing children to enter kindergarten. Additionally, individuals from these groups connected with us outside of the main meeting to provide opportunities to disseminate our ideas and collaborate with others. For instance, one group (Child360) initially connected with us through the Task Force meetings, but eventually led to a joint grant proposal to bring elements of our two programs together to address equity in kindergarten readiness in South Los Angeles. This connection also led to additional networking opportunities, including The Pinwheel Project team receiving an invitation to conduct a seminar through the Center for Nonprofit Management, where our ideas were shared with agency leads and entrepreneurs from all over Los Angeles County.

Additionally, we involved our community partners in providing direct services to preschoolers through our program. For example, Maya's long-standing community relationships resulted in ongoing free eye exams provided through the UCLA Jules Stein Mobile Eye Clinic and free dental exams provided by the Venice Family Clinic Virtual Dental Home Program. Additional benefits to the program through community partners included nutrition education groups for parents, occupational therapy consultation services, participation in the annual Arts and Literacy Festival, and preliminary research analyses.

KEY SKILL SETS

For this approach, we needed team members who brought some or all of the following skills:

- Strong communication skills
- Desire and ability to collaborate well with others, within and across disciplines
- Strong understanding of trauma physiology and psychology
- Expertise in individual health disciplines and ability to integrate information from other disciplines
- Ability to multitask different roles and responsibilities
- Flexibility and ability to think on one's feet
- Engagement with stakeholders to elicit buy-in to vision and logistics of program
- Ability and opportunity to connect into community networks
- Skills in data analysis and synthesis

Project work

Our tiered consultation model builds layers of support that radiate up toward the child and allow school staff and our team to collectively identify and address needs.

- Universal: All children in the classroom benefit from interventions used, such as implementation of social-emotional curricula, wellness screenings, adjusting the physical environment of the classroom, providing teacher coaching and support in addressing common classroom challenges, and providing input to program administrators in designing policies that impact teachers, children, and families.

- Focused: Children with similar needs benefit from focused interventions, such as nutrition and parenting groups for children at risk of obesity, small peer groups for children to grow in their social skills, and sensory activities for children with similar sensory needs.

- Individual: Children and families with a higher level of need benefit from more intensive interventions, such as targeted case management, individual and family therapy, individualized physical health or nutrition plans, individual behavior plans, and referrals to outside service providers in the community.

Our work relies heavily on the partnership of community agencies. We cannot overstate the importance of initiating, cultivating, and sustaining relationships among stakeholders in order to successfully develop a sustainable program.

INITIATE: ENGAGING STAKEHOLDERS AND COMMUNITY PARTNERS

Pinwheel lead team engaged with community partners and the stakeholders to identify and evaluate community and program needs as well as available resources. A stakeholder analysis is a crucial step in establishing a common understanding and goals around collectively addressing a determined need. In our case, we identified a large gap in mental health access. Stakeholders such as school administration, teachers, and parents need to buy-in to the proposed project and frequent communication, reflection, and assessment to ensure the project is indeed meeting the needs or if needs have shifted. Over time in our project, we shifted from providing direct mental health care to more preventative teacher support. Create a plan and schedule to regularly check in with stakeholders. Our core Pinwheel Team met bi-weekly and quarterly with administrative stakeholders.

Stay engaged with community partners. There is a wealth of resources out there, the more engaged you are, the better connected to those resources you will be. By staying engaged with community partners, we were able to network with, promote, and benefit from complementary services.

CULTIVATE: CREATE SHARED GOALS, PLAN, AND TIMELINE

A shared understanding in goals of the project is important to a successful partnership. It serves to provide clarity and reduce frustrations from misunderstandings. Once you have established shared goals, you can move into planning on how to meet them. In the Pinwheel project we determined our shared goal was to provide integrated, collaborative, and holistic wellness to the preschool setting. Our plan was then to build upon existing health resources such as physical
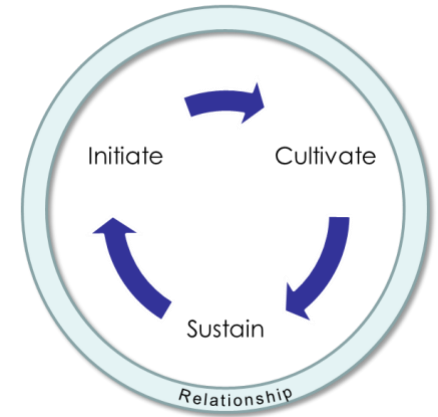
TIMELINE

- **Year 1** – Initiate consultation program in each classroom in SMMUSD with emphasis on mental health consultation as the foundation. Gather initial data to inform the research program. Link with community partners to begin developing interdisciplinary, interagency collaboration.

- **Year 2** – Cultivate mental health consultation efforts and further develop the relationships and approach. Begin interdisciplinary consultation by introducing occupational therapy, and integrating with nutrition and physical health. Develop a more robust research program with the aim to demonstrate efficacy of the project through data collection and analysis. Perform program evaluation.

- **Year 3** – Develop sustainability plan, including seeking additional funding. Draw conclusions based on research. Further strengthen community collaboration and interdisciplinary consultation.

health (medical, dental, hearing & vision) and nutrition services to include mental health and sensory consultation weekly in each classroom.

A timeline should include when, how, and who is responsible for implementing what at each stage. When developing a timeline, consider the needs, resources and constraints of each of the stakeholders. For example, understanding when teachers are overwhelmed with assessments helps plan for a better received implementation. The timeline doesn't have to be perfect and may change frequently. Even so, it provides a guide and shared understanding of implementation. Remember to include check-ins with stakeholders and points of evaluation and reflection.

CULTIVATE: IMPLEMENTATION

We started by piloting a mental health consultant at one site with 3 classrooms. During this time, we continued to foster relationships, particularly with administrative stakeholders. The mental health consultants had already been providing staff trainings at meetings and this continued. After a year, we expanded to two-thirds of the classrooms receiving mental health consultants weekly. During this time, the consultant lead met weekly with school stakeholders, particularly nursing services to coordinate and assess referrals. Once we were able to secure funding, we expanded the mental health consultation into all the classrooms. We were still missing a key part of one of our goals, sensory support from an OT, as we had yet to find someone within our budget. Eventually, in the second year of our grant funding we were able to secure an OT consultant.

SUSTAIN: EVALUATION, REFLECTION, AND INTEGRATION

Evaluation serves to ensure that the work you are doing is indeed meeting your established shared goals. In our case, evaluation is two-fold: individual student outcomes and program-wide classroom social emotional skills. Through scheduled evaluation, you can see if the resources you are using are having the intended outcomes, are they improving the wellbeing of students, are teachers/administration satisfied with how the program is implemented. With evaluation data, stakeholders can reflect on what is working well and what may need adjustment and once again create shared goals for implementation.

There were many evaluation tools required by the state for the preschool to complete. In working together we were able to identify desired data that was already being collected and organize it in a useful manner. The more we could utilize existing data, the less burdensome it would be for parents and teachers completing the evaluations and thereby maintain positive relationships. We then were able to see what information we still needed and determine the most effective way to obtain it. Following data analysis, you will have compelling information to show the efficacy of your program as you seek additional funding.

ADDITIONAL PARTNERSHIPS

- Building Blocks for Kindergarten Workgroup: Advisory Committee
- Santa Monica Early Childhood Task Force: Collective of Community Partners
- City of Santa Monica, Health and Human Services Division
- Venice Family Clinic Virtual Dental Home Program
- UCLA Jules Stein Vision Program
- Connections for Children: Resource and Referral Agency for Early Childhood Education and Childcare
- Cindy Miller-Perrin, PhD: Research Consultant and Clinical Psychologist
- Taylor Akason: Research Assistant
- Shuli Lotan, LCSW: School Mental Health Coordinator, Santa Monica-Malibu Unified School District

## Evaluation and dissemination

The overarching goals of the Pinwheel Project was to create a sustainable, ecological, and interdisciplinary consultation program that addresses the various needs of developing children and their families. In order to measure and track outcomes, our team in collaboration with our community partner developed an evaluation plan. The plan entailed immediate, intermediate, and long-term goals, as well as the measures and tools to achieve them. Here is an example below:

IMMEDIATE	MEASURES	TOOLS
Interdisciplinary service provision	Self-report from team members	Monthly and quarterly team meetings
Increased identification of at-risk children	Number of referrals provided to consultants	ACEs* Questionnaire, Monthly team meeting
INTERMEDIATE	MEASURES	TOOLS
Increased access to wellness service providers	Number of children receiving services	Bi-monthly team meeting
Improved communication between systems of care and community partners	Self-report from community partners	Survey administered to community partners
Increased parent and teacher understanding of holistic wellness in early childhood	Parent self-report, teacher report	Survey administered to parents and teachers
LONG-TERM	MEASURES	TOOLS
Increased teacher competency in social-emotional interactions	Quality of teacher-child interactions	CLASS*, Focus groups
Increased sense of support by teachers	Teacher report	Focus groups
Improvement in child wellness indicators	Child/parent scores on wellness tools	DRDP*, ASQ*, ASQ-SE*

See table below for measure definition and description

DATA COLLECTION

To evaluate outcomes, a tiered approach was adopted. The data collection plan, including measures used and timelines, was developed in partnership with school district administrators. Baseline wellness information was collected for individual children and the classroom environment to assess key domains prior to service implementation. Measures included various developmental and classroom assessments, as well as a trauma screener. These were selected in collaboration with the school district in an effort to reduce the burden of measure completion on teachers and families. For an example of the measures we used, see table below.
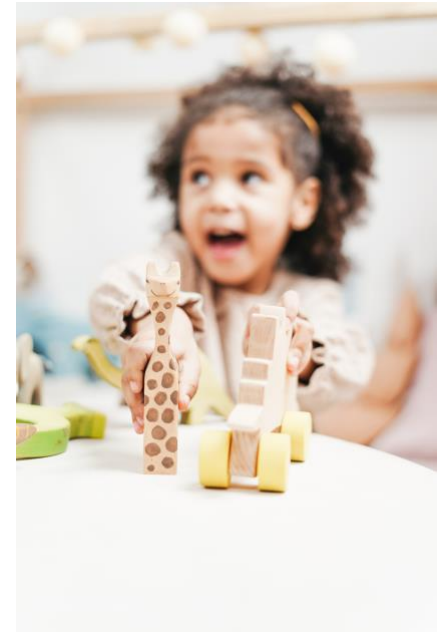
"You always smile at me… **I like to dance and sing with you** on the rug."
– Preschooler

CHILD WELLNESS MEASURES	DESCRIPTION
Adverse Childhood Experience Questionnaire (ACE Questionnaire)	A survey developed to assess adverse childhood experiences and used to help identify at-risk children. Administered at baseline only.
The Ages & Stages Questionnaire and The Ages & Stages Questionnaire: Social-Emotional (ASQ & ASQ:SE)	A developmental screener assessing various areas of development, including social-emotional milestones. Administered at various time points.
The Desired Results Developmental Profile (DRDP)	A developmental assessment already administered in SMMUSD preschool classrooms and used to determine kindergarten readiness in the domains of self-regulation, social-emotional development, language development, cognition, and physical development. Administered at various time points.
TEACHER MEASURES	**DESCRIPTION**
Classroom Assessment Scoring System (CLASS)	A research-based analysis and coaching method designed to improve teaching in the areas of instructional support, classroom organization, and emotional support in preschools. Administered at various time points.
Focus Groups	Focus groups intended to gather information about teacher experiences with the consultation model.

KEY MESSAGES

- Preschool consultation
- Prevention and early intervention
- Community-School partnership
- Transdisciplinary, whole child care
- Kindergarten readiness
- Trauma-informed care
- System level change in early childhood education

WEBSITE

The Pinwheel Project:

providence.org

Quarterly review meetings were scheduled to further assess the program, and annual end of the year surveys were administered to collect feedback. Additionally, focus groups with teachers were developed to gather information about the impact of the program and areas for improvement to better support teachers, families, and children. Of note, prior to initiating data collection, a proposal was submitted to the local institutional review board (IRB) for approval to conduct research with minors. Additionally, an advisory board comprised of parents and community members was utilized to discuss and incorporate findings.

DISSEMINATION

Preliminary findings from The Pinwheel Project were disseminated through various outlets, primarily through engagement with stakeholders and existing relationships. For example, an advisory board member connected The Pinwheel Project to a local radio outlet and the project was included in a national report generated through the host institution. Additionally, members of The Pinwheel Project submitted proposals to various conferences, including posters, presentations, and symposiums.

Challenges, successes, and lessons learned

It has been challenging to secure funding as part of a sustainability plan for our consultation work. This is an ongoing endeavor as we continue to build connections with people who may have resources, leverage the resources of Saint John's Foundation (our host institution) to do fundraising, and explore opportunities to bill to the Department of Mental Health. Managing expectations of the different systems we were embedded in was an ongoing learning process. For example, balancing the needs of our host institution and other entities like Head Start. We developed policies and procedures across the team, protocols for reporting information, and a method of exchanging information between sites and our agency to ensure all requirements were being met.

Our consultation approach is based on research and builds upon existing models. We spent considerable effort developing a shared vision, operationalizing it, and differentiating from other models. To aid this process, we reached out to other models to learn how they rolled out their systems and better understand their approach, and then modeled our concretization process accordingly. When one of our team members transitioned to a new role and was no longer at the preschool on a day to day basis, this presented some initial obstacles. As a team, we worked to increase communication and better include additional parties, like the new school nurse. With others transitioning in and out, there was a need for flexibility, adaptation, and efficient and ongoing communication.

SUCCESSES

We fully implemented our project in 11 sites with 18 classrooms, including all 4 disciplines. Our consultation model reached over 350 children and their families, teachers and assistant teachers, and school administration.

"Thank you for spending extra time with my son to help him learn how to make friends, **he's excited to go to school.**"
– Parent of Preschooler
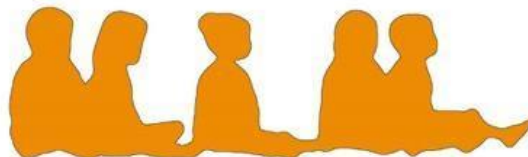

40 children served in individual interventions

100 children served in targeted interventions

350 children served in universal interventions

In addition, we gained a tremendous amount of community buy in and support. Several champions in the community are actively engaged in helping us develop a sustainability plan because they want to see this project continue to continue supporting local families. We presented our project at a number of community events (RAND conference, Center for Nonprofit Management). We have done well at leveraging our resources and partnerships to serve children and families (vision, dental, hearing, nutrition) as well as disseminate and spread knowledge (LA Unified School District, UCLA, and Child360).

LESSONS LEARNED

- Inter/intrapersonal understanding and awareness impact leadership development. Self-work is critical.

- It is imperative to know your audience and cater your message accordingly.

- Leaders need to get up on the balcony to see the dance floor periodically, a key element of Adaptive Leadership. By doing so, you can get a birds eye view and better see the big picture, as well patterns and the flow of the work.

- Work culture is a product of the language people use and the behaviors that accompany those words. Using a Tribal Leadership lens, it is important to understand our team and transition from unhelpful language and behaviors to a higher-performance, less stressful, and more fun work setting. For our team specifically, it was shifting from an "I am great" to "We are great" mindset emphasizing a shared vision, core values, and interdependent strategies.

- When building authentic partnerships, it is important to honor the "territory" of other agencies and be mindful of politics. In doing so, there is a need to balance relationships inside and outside the agency, particularly related to funding.

- It is important to ensure buy in at all levels of the work, both within the agency and outside in the community. This will help to build inroads.

- Opportunities arise from fostering and investing in relationships, which requires being strategic about who you invest your time and energy towards. Identifying who in the community is a natural connector/conduit is of great benefit

- It is important to persevere and continue to move forward, particularly when facing doubt and uncertainty. We learned to view "failure" as information guiding our decisions, not as actual failure. The obstacle is the way.

- Our guiding force was commitment to each other and trusting in the process.

- In order for our project to be successful, our team needed to be successful. This required growth in communication, boundary-setting, and compromise. We found these to be key components to teamwork.

SHIFTS IN THINKING

- *Shifting from "me" thinking to "we" thinking along the lines of Tribal Leadership has really shifted the way I do one-on-one supervision with staff and lead the team.* – Dr. Lara Sando

- *You don't ever have a finished project, you're constantly growing and evolving. There's a pressure to do everything at once, and it's important to prioritize, triage, and narrow the focus.* – Dr. Matthew Ruderman

- *Becoming more understanding of the people we work with, with greater awareness of their personality factors and types, even if we don't exactly know which type they are. Using the Enneagram, Change Type Indicator, Foursight, MBTI to inform managerial and collaborative strategies.* – Maya Lindemann, RN, BSN

Recommendations

Rather than duplicating our project, our wish is that you would use this as a roadmap to determining the needs and resources in your community in addressing your specific wicked problem. Rather than focusing on the content of what we've done, learn from the process by which we approached our own wicked problem. Come together and build your team, focus on relationships within and outside the team, and trust your unfolding process.

GETTING STARTED

Before starting your work, conduct a community needs and resources assessment, and build and leverage partnerships in the community to address these needs. Focus on finding the right people for your team and develop a shared vision. Do not underestimate the power and importance of your relationships, both on your team and in the community.

BEST PRACTICES

- Integrate Reflective Practice and Trauma-Informed Care into every discipline consulting in the classroom.

- Collaborate fully and equally with your community partners and recipients of the services you provide, including establishment of an advisory committee to drive decision-making of the project.

- Develop a strategy to truly integrate the work and philosophies across disciplines in order to best support the target population in a holistic manner.

- Establish regular meeting times and channels of communication, including group norms and expectations.

- Show up for your community partners in the situations and spaces that are important to them, which may have nothing to do with your project. This builds a true partnership and relationship, which is the foundation for effective collaboration.

- Be open to the humbling process of developing a program and the learning that comes through that.

"Early Childhood Educators function as teachers, peers, artists, co-learners, librarians, doctors, protectors, cinematographers, record-keepers, parent educators and…therapists for all of our beloved students.

As non-clinicians, there is only so much we can do for a young person struggling with mental health concerns. To have **access to our consultant on a weekly basis has dramatically changed the nature of our response to behavior challenges or emotional crises**, as well as our protocol for professional mental health information and services. This is palpable in our daily rhythm and invaluable in my opinion."

– Preschool Teacher

Appendix

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MARKETING MATERIALS

Preschool Wellness Consultation

The Pinwheel Project is rooted in the power of whole child care throughout early development to nurture healthy human beings and build momentum for lifelong success. We are a team of transdisciplinary professionals with a shared vision to create systems level change in early childhood education, driven by the understanding that a young child's social-emotional development is the foundation on which they learn to navigate the world and is critical to their ability to adapt in school, form successful relationships, maintain jobs, and become contributing members of society. Our mission is to establish our tiered consultation model and transdisciplinary, whole child approach as standard classroom practice to ready all children for Kindergarten.

Addressing Equity

We are innovating early childhood education processes and addressing equity gaps to ensure that all preschoolers—especially those with the highest needs and greatest obstacles—receive the support they need to thrive. Entering Kindergarten with a strong foundation of physical and social-emotional health is one of the best predictors of a prosperous, healthy future. We collaborate with administration, teachers, parents, and students to address issues of inequity and ensure each child receives the support they need both in and outside of the classroom, to prepare them for kindergarten.

Upon starting the school year, one of our preschoolers verbalized a hopeless future, "If the police find me, I'll get to be with my dad in prison." Sadly, preschoolers are 3 times more likely to be expelled than children in K-12, further solidifying a delinquent path. This calls for innovative approaches to early intervention.

Whole Child Approach

We bring a whole child approach to preschool education in an effort to nurture young beings from head-to-toe, inside-and-out. The outcome is thriving children with Kindergarten readiness, emotional intelligence, foundational life skills and momentum for success. By nature of the relationship-based approach to our work, we build partnerships with the individuals in roles integral to a preschooler's full development, providing them support and guidance as they shape these young lives. Our multi-faceted, holistic approach intervenes at universal, focused, and individual levels and integrates multiple disciplines—mental health, occupational therapy, nutrition education, and physical health—allowing us to assess and care for each child's wellness and identify how best we can support and empower them and their parents and teachers.

A partnership between Providence Saint John's Child and Family Development Center and Santa Monica-Malibu Unified School District/Child Development Services

The Pinwheel Project
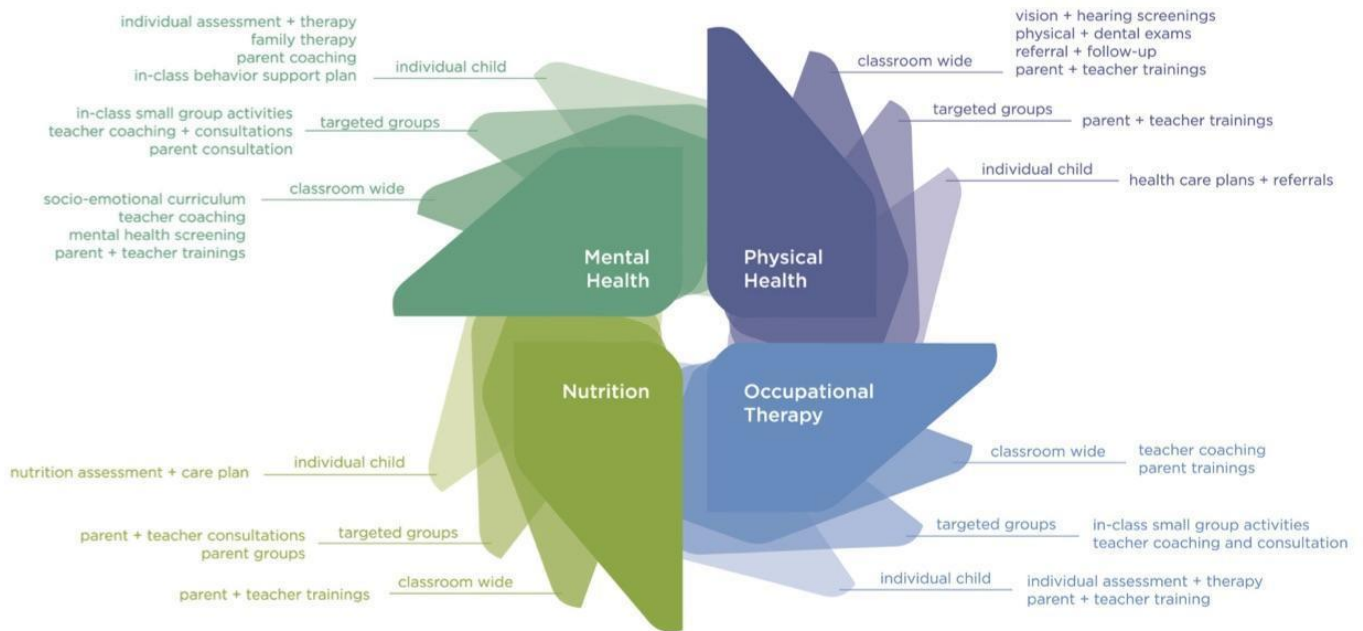
Tiered Model

Our tiered consultation model builds layers of support that radiate toward the child and allow school staff and our team to collectively identify and address their individual needs in the areas of mental health, physical health, nutrition, and sensory integration.

Universal Level: All children in the classroom benefit from interventions used, such as implementation of social-emotional curricula, wellness screenings, adjusting the physical environment of the classroom, providing teacher coaching and support in addressing common classroom challenges, and providing input to program administrators in designing policies that impact teachers, children, and families.

Focused Level: Children with similar needs benefit from focused interventions, such as nutrition and parenting groups for children at risk of obesity, small peer groups for children to grow in their social skills, and sensory activities for children with similar sensory needs.

Individual Level: Children and families with a higher level of need benefit from more intensive interventions, such as targeted case management, individual and family therapy, individualized physical health or nutrition plans, individual behavior plans, and referrals to outside service providers in the community.

For more information, please contact : Lara Sando, PhD (Program Coordinator)
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A partnership between Providence Saint John's Child and Family Development Center and Santa Monica-Malibu Unified School District/Child Development Services

The Pinwheel Project
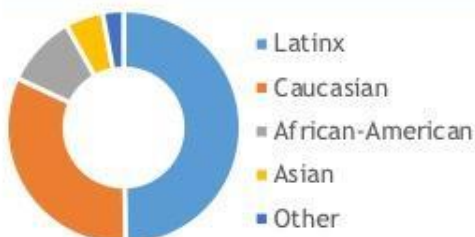## a whole child approach to preschool

The Pinwheel Project is a partnership between Providence Saint John's Child and Family Development Center and Santa Monica-Malibu Unified School District/Child Development Services

Our Local Community

Approximately **69%** of children during the 18-19 academic year received state or federal subsidies to attend preschool

- Full Cost
- Subsidy
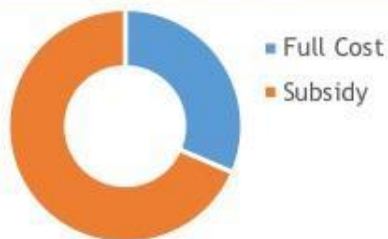
Approximately **68%** of children during the 18-19 academic year identified as Latinx, African-American, Asian, or Other

- Latinx
- Caucasian
- African-American
- Asian
- Other

40 children served in individual interventions

100 children served in targeted interventions

400 children served in universal interventions

Information at a Glance

20% Children "vulnerable" or "at-risk" in social emotional development entering Kindergarten

7 Early childhood mental health consultants

18 Classrooms receiving consultative support

12 Families receiving intensive mental health services

50 Teachers receiving consultative support

Impact and Testimonials

As non-clinicians, there is only so much we can do for a young person struggling with mental health concerns. To have access to Julia on a weekly basis has dramatically changed the nature of our response to behavior challenges or emotional crises, as well as our protocol for professional mental health information and services. This is palpable in our daily rhythm and invaluable in my opinion. - Teacher

"You always smile at me...I like to dance and sing with you on the rug." - Child

"Thank you for spending extra time with my son to help him learn how to make friends, he's excited to go to school." - Parent

hours in classrooms per week **29**

hours in classroom per year **1073**