

I. Executive Summary

The Charge

A growing body of research on early childhood social-emotional development, including work at the Harvard Center for the Developing Child, the Adverse Childhood Experiences Study, and the Robert Wood Johnson 2015 study on social competence in young children, is indicating that social-emotional competence in very young children is the best predictor of future adult success. The North Carolina Infant/Young Child Mental Health Association is dedicated to making sure that every child has the opportunity to achieve future adult success by supporting early social-emotional development.

It is clear from the research and supporting data that a much expanded and more knowledgeable early childhood mental health work force is needed in North Carolina to achieve this success. The 2012 “Growing Up Well: Supporting Young Children’s Social-Emotional Development and Mental Health in NC” study completed by the NC Institute of Medicine, at the request of the NC Legislature, recommended that the North Carolina Infant/Young Children Mental Health Association (NCIMHA) take the lead in working with other state agencies and organizations to “Develop the Workforce that Provides Social-Emotional and Mental Health Services and Supports” (Recommendation 2.5).

The Response: The Planning Process, Work to Date, and Recommendations

In response to this charge, NCIMHA spearheaded a broad and inclusive statewide process of research, planning, development, and review to determine specific needs within the state’s early childhood development workforce and to develop and prepare for implementation of solutions. NCIMHA appointed a steering committee to establish a Workforce Development Project consisting of dedicated early childhood stakeholders to lead the effort. The Steering Committee obtained financial support from the Alamance Alliance for Children and Families (through SAMHSA grant funding), hired a part-time researcher to coordinate the work, convened a Core Group of representatives from leading agencies and programs interested in the charge, and launched this year-long initiative.

After a thorough review of the literature, best practices, and the work on this issue in other states, the Core Group determined that the focal point of the planning discussions should be *exploration of the adoption of cross disciplinary social-emotional core competencies for early childhood workers and professionals*. It also determined that the process should be broadly and deeply

NCIMHA Workforce Development Project:
Developing a System of Social-Emotional Competencies
To Support North Carolina's Early Childhood Workforce

inclusive of those in all early childhood disciplinary areas, including parents, and of all geographic areas within the state. The Steering Committee then convened nine focus groups, three regional cross disciplinary stakeholders group meetings, and four meetings of the Core Group to address benefits, challenges, and potential strategies for adopting cross disciplinary social-emotional competencies.

Goals Established and Work to Date

In the summer of 2015, after receiving this comprehensive array of input and garnering wide-ranging engagement in the initiative from a large stakeholder base, it became apparent that, despite the challenges of implementing such a system, there is broad support for working to adopt a system of competencies as a first step to enhancing and expanding the early childhood mental health workforce in North Carolina. The resulting goals adopted by the NCIMHA board, and work to date in those goal areas are:

<p>Long Term Goal: Establish a system of social-emotional core competencies for early childhood workforce practitioners by 2018</p>
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Short Term Goals and Accomplishments:

- ***Justification of Need:*** *Clarification of the status of the existing ECMH workforce compared to the current and projected child/family population needs.* Intensive research has been done throughout the project period to better assess the current status of North Carolina's early childhood workforce in relation to the current and projected mental health status of infants and young children. The tremendous need for early childhood workforce development quickly became evident as noted below:
 - Based on the Egger and Angold's (2006) average rate of 19.5% in North Carolina's birth to five year-old population, the number of infants, toddlers and preschoolers at risk for mental health problems is estimated to be 141,264 children.
 - Though estimates are approximate, the current trends of risks among the infant and young child populations and the projections of state programs indicate that more practitioners will be needed. For example, the NC Pre-Kindergarten Program advocates for at least one mental health professional for each of the 91 local agencies that administer the Program. Likewise, the NC Head Start and Early Head Start office suggests similar expansion for its 56 local administering agencies. The NC Infant-Toddler Program has fewer than 100 FTEs representing specialty personnel (e.g., psychologists, social workers, occupational therapists)

NCIMHA Workforce Development Project:
Developing a System of Social-Emotional Competencies
To Support North Carolina's Early Childhood Workforce

who could contribute expertise on social and emotional problems of the target child population.

- Alamance County, the only NC county DSS to have comprehensively instituted a trauma screen for all CPS referrals, has noted that 33%, or more than 600 children annually, are positive for trauma exposure.
 - Training is needed both for new graduates into the early childhood mental health workforce, who will require pre-service preparation, and for practitioners already on the job in a variety of disciplines, who will require in-service training. Identification of the competencies necessary to do the job is an essential step to ensure that infants and young children receive the services that they and their families need.
 - The existing credentialing requirements for the various professions and personnel positions that serve infants and young children in North Carolina typically refer to knowledge or skill about the “social-emotional” domain in children. However, the plethora of requirements are program-specific and not coordinated across programs.
 - Additionally, the “state of the art” within early childhood mental health continues to change rapidly with, for example, evidence about the effects of trauma and toxic stress on brain development and behavior, more effective teaching and intervention strategies, social media and technology, and the role of the physical environment. Transfer of new knowledge and techniques to practice must be addressed in the preparation and on-going training of competent professionals.
- ***Core Competencies:*** *Development of written competencies for infant, toddler and early childhood mental health practitioners.* Various core competency systems were extensively researched and reviewed, including those of the 25 states currently implementing such systems, and implementation work has focused on utilizing and further refining the Alamance Alliance for Children and Families Early Childhood Mental Health Competencies system. Work has included an expert review of this system with recommendations for modifications, and consultation and training with the Minnesota Association for Infant and Early Childhood Mental Health. Minnesota has adopted the Michigan ECMH Competency System. Michigan’s system has been adopted by 19 states, making it the most widely utilized ECMH competency system in the US. The Alamance Alliance for Children and Families Early Childhood Mental Health Competencies include the following 8 knowledge domains: 1) Parenting, Caregiving, Family Functioning, and Parent-Child Relationships; 2) Child Development: Infant, Toddler and Preschool Age Children; 3) Biological and Psychosocial Factors Impacting Outcomes; 4) Risk and Resilience; 5) Observation, Screening, and Assessment; 6)

NCIMHA Workforce Development Project:
Developing a System of Social-Emotional Competencies
To Support North Carolina's Early Childhood Workforce

Diagnosis and Intervention; 7) Interdisciplinary/Multidisciplinary Collaboration; and 8) Ethics.

- ***Piloting and Implementation:*** *Drafting of strategies to pilot the system of competencies in a number of locations in NC, including at least one higher education setting and one in-service staff development setting.* A basic model for implementation has been developed and potential pilot locations identified.
- ***Messaging:*** *Drafting of strategies to raise community awareness and buy-in for developing the ECMH workforce and a system of competencies.* Strategies are being defined to raise community awareness and support for developing the ECMH workforce and for the system of core competencies.
- ***Sustainability:*** *Identification of resources to sustain the efforts stated in the other short-term goals, in order to establish a system of competencies that North Carolina's public agencies will adopt by June 30, 2018.* Funding mechanisms have been explored, a funding proposal has been developed, and discussions are occurring with various funders and state agency representatives. Work is continuing on identifying and accessing additional sources.

Recommendations for Action

Much work has been done but much remains to be done to ensure that every child in North Carolina has the opportunity to build the social-emotional competence that leads to future adult success. Key next steps include:

- Developing pilot sites and implementing 3 – 4 programs covering pre-service and in-service curricula;
- Evaluating the outcomes of the pilot sites;
- Developing a training model to teach and promote the competencies;
- Continuing work with stakeholder groups to promote implementation; and
- Furthering work with essential state agencies and associations to explore how to integrate the core competencies into existing credentialing systems.

The Project Steering Committee has developed early childhood workforce solutions that are grounded in a system of core competencies developed through research and broad stakeholder input, and the Project is gathering statewide momentum toward building a stronger early childhood workforce. Continuing this work is crucial for implementing our state's

NCIMHA Workforce Development Project:
Developing a System of Social-Emotional Competencies
To Support North Carolina's Early Childhood Workforce

recommendations for supporting young children's social-emotional development and mental health and helping every child achieve his/her potential. In 2016, the Project has partnered with a variety of higher education and in-service training sources:

- Developing pilot sites and implementing 3 – 4 programs covering pre-service and in-service curricula;
- Evaluating the outcomes of the pilot sites;
- Developing a training model to teach and promote the competencies;
- Continuing work with stakeholder groups to promote implementation; and
- Furthering work with essential state agencies and associations to explore how to integrate the core competencies into existing credentialing systems.

In 2016, the following initiatives represent activity to build North Carolina's system of social-emotional competencies.

Negotiating for **Race to the Top** funding to:

- Cross walk B-K curriculum to embed competencies as needed, and provide training for Birth - Kindergarten higher education faculty to help them understand how they might teach to the competencies, through the University of North Carolina at Greensboro.
- Add competencies to the "North Carolina Foundations for Early Learning and Development" online modules that focus on social-emotional development, through the Early Learning Network of the Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill.
- Develop an In-Service Training Model/Curriculum to teach and promote the competencies, through Encouraging Connections.
- Review how to apply the National Implementation Research Network (NIRN) framework for piloting and implementation of innovations.

Focus the NCIMHA's 2016 annual conference on workforce development.

NCIMHA Workforce Development Project:
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We appreciate the work of participants of the
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* We also appreciate the time and expertise shared by the focus group participants, regional meeting participants, and other stakeholders in 2015.

We gratefully acknowledge the generous contribution of time, expertise, and commitment given by so many to our NCIMHA Workforce Development Project. Your efforts enable us to further our vision that every infant, toddler and young child in North Carolina will grow up within nurturing relationships and supportive environments that provide the basis for emotional, cognitive and social capacities necessary for healthy future development.

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