



**TASK FORCE ON THE MENTAL HEALTH, SOCIAL, AND EMOTIONAL
NEEDS OF YOUNG CHILDREN AND THEIR FAMILIES
DECEMBER 15, 2011
10:00-3:00**

Attendees

Members: Marian Earls (co-chair), Beth Melcher (co-chair), Rosie Allen, Karen Appleyard Carmody, John Ellis, Catharine Goldsmith, Jill Hinton, Judy McKay, Laura Muse, Janice Petersen, William Purcell, Dawn Rochelle, Terrie Shelton, Jean Smith, Joseph Turner

Steering Committee and NCIOM Staff: Melissa Johnson, Marcia Mandel, Pam Silberman, Adele Spitz-Roth, Berkeley Yorkery

WELCOME AND INTRODUCTIONS

Beth Melcher, PhD, Assistant Secretary for Mental Health, Developmental Disabilities, and Substance Abuse Services Development, North Carolina Department of Health and Human Services, Co-chair

Workforce Overview and Strategies for Workforce Development

Terri L. Shelton, PhD, Vice Chancellor Research and Economic Development, Carol Jenkins, Mattocks Distinguished Professor, University of North Carolina at Greensboro

Adele Spitz-Roth, MS, Consultant, Alamance Alliance for Children and Families

Ms. Spitz-Roth and Dr. Shelton presented information about the current workforce, types of professionals in the workforce, competencies needed by the workforce, pathways to professional development, challenges to implementing pathways, and the benefits of a tiered certification system for the workforce.

A range of professionals are needed and all need training on social-emotional development. There are education, training and development needs at all levels—from those working with all children, to those working with children and families with moderate needs, to those working with children and families with severe needs.

A copy of their presentation is available here: [Workforce Overview and Strategies for Workforce Development](#).

Selected questions and comments:

- Training requires spending time with a mentor who can provide supervised practice. Concerns: (1) Not enough mentors available (2) Many institutions may have only one expert/mentor – so the program falls apart when the expert leaves (e.g., professor at university)/
- Need psychologists and others to have training in developmental delays and impact – not just on normal child development. Social-emotional development should not be parsed out of training on development. We need to look at the framework of development. Social-emotional health is the foundation that supports physical development
- Agencies used to be able to bill for interns providing services. Only way to get good at tasks is to do them with decreasing supervision. But, their services are not reimbursable once mentor is out of the room. The lack of money is reducing the number of slots available for training. *Potential recommendation:* need funding to support billing for training interns to do tasks. Might consider finding a mechanism for giving a degree prior to the internship, so the interns are considered post-grad – and thus could bill.
- Clinical base vs community base – how do we create and compensate for internship opportunities within community? We need a connection from academic /training institutions to community organizations. How do we support this in private structures that have billing demands?

NC AHEC and the Mental Health, Social, and Emotional Needs of Young Children and Their Families

Kelly Blasky, MPH, Director, Mental Health and Aging Education, Charlotte AHEC

Lisa Littlejohn, MBA, MA, NCC, LPCA, Education Specialist, Mental Health and Aging, Charlotte AHEC

Of the nine area health education centers, four of them have a mental health focus. Ms. Blasky and Ms. Littlejohn reviewed child-focused activities of the four AHECs with a mental health focus. In two years, 4,658 participants attended conferences on young child mental health related topics through the regional AHEC training programs. They emphasized that AHECs respond to the needs of health professionals in their area and that they have statewide training capacity through the nine partnerships.

A copy of their presentation is available here: [NC AHEC and the Mental Health, Social, and Emotional Needs of Young Children and Their Families.](#)

Selected questions and comments:

- Why does the Charlotte AHEC focus on children's mental health: Began with responding to needs for Z-Five group. Then community started coming forward with other needs.
- General funding for AHEC: Some are partnered with hospitals or Universities. State and federal grants through state program office. State funding put toward infrastructure: facilities and salaries for personnel to create programs. Staff have to find external funding to support programs, so programs have to be self-supporting.

CHIPRA Quality Demonstration Grant

Marian F. Earls, MD, FAAP, Medical Director, Guilford Child Health, Inc.

Dr. Earls reviewed the North Carolina CHIPRA Demonstration grant. North Carolina was one of 10 states awarded a CHIPRA grant. The grant provides \$9 million over five years to improve the quality of children's medical care. As part of the grant, there is a new set of quality indicators for children that include several that relate to young children's social and emotional development. Also as part of the grant, 12 practices are part of an intensive medical home project that focuses on behavioral and social-emotional development. Other parts of the grant include implementing pediatric electronic health records, a new provider portal that allows providers to see all types of care the child is receiving and identify gaps in care.

Discussion of Recommendations

The Task Force spent the remainder of the meeting discussing draft recommendations.