# RHODE ISLAND
# EARLY LEARNING COUNCIL

March 22, 2017
10:00 a.m. - 1:00 p.m.
*Save the Bay*

EARLY LEARNING RI

# Meeting Agenda

**Welcome, Opening Remarks, and Meeting Overview**

**Child Care/Early Learning Program Licensing**

**Improving Access to Early Learning Programs for Young Children Experiencing Homelessness**

- McKinney-Vento, ESSA
- Family Home Visiting
- CCDBG
- Head Start

**Policy & Program Updates**

- State Pre-K
- RI College/CCRI Credit Articulation Agreement
- FY18 Budget and Pending Legislation
- UHIP Update

**Infant & Early Childhood Mental Health**

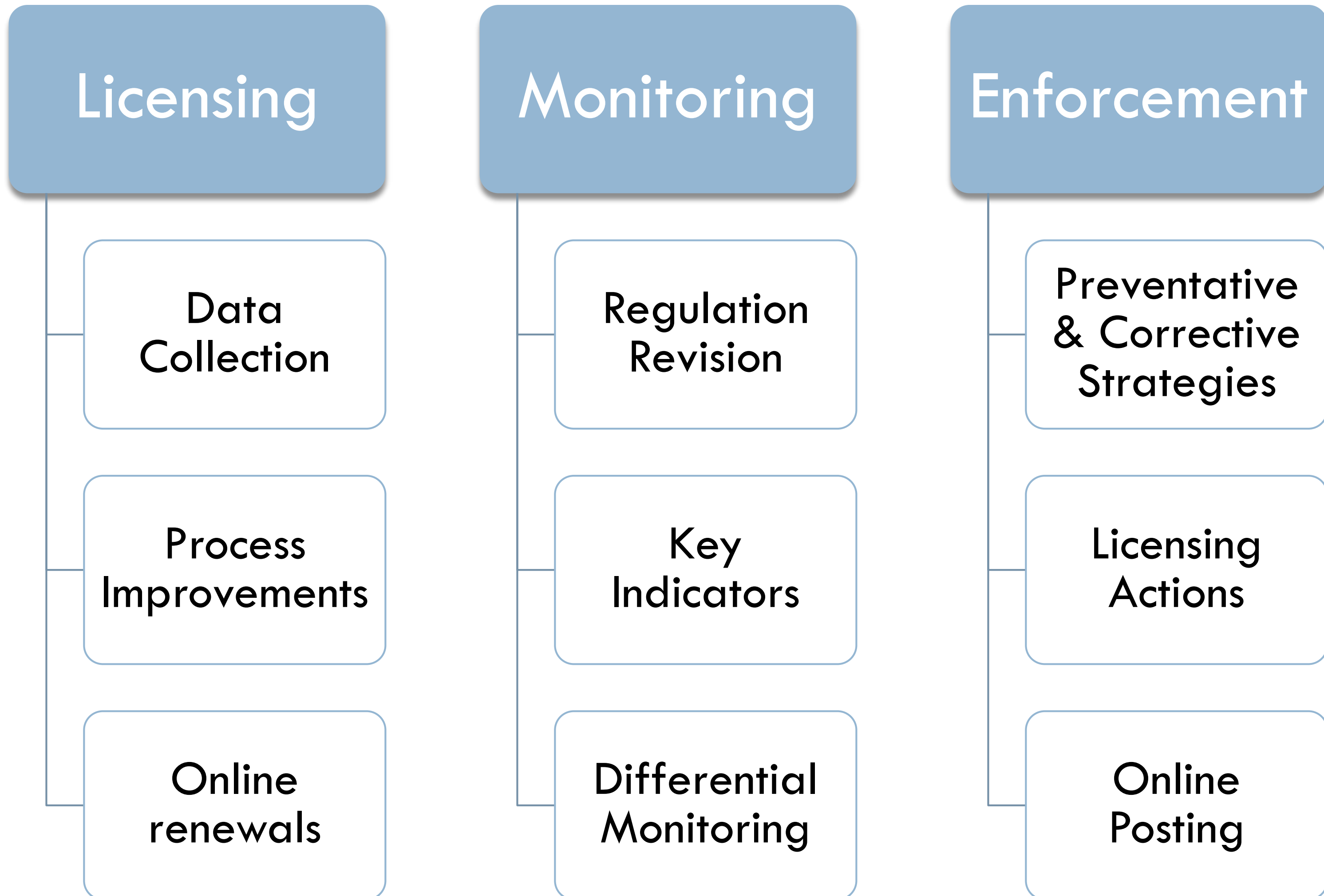
- Discussion: Identifying common challenges for early learning programs serving children birth through 8

**Public Comment**

**Next Steps**

Child Care/Early Learning Program Licensing

# Child Care Licensing



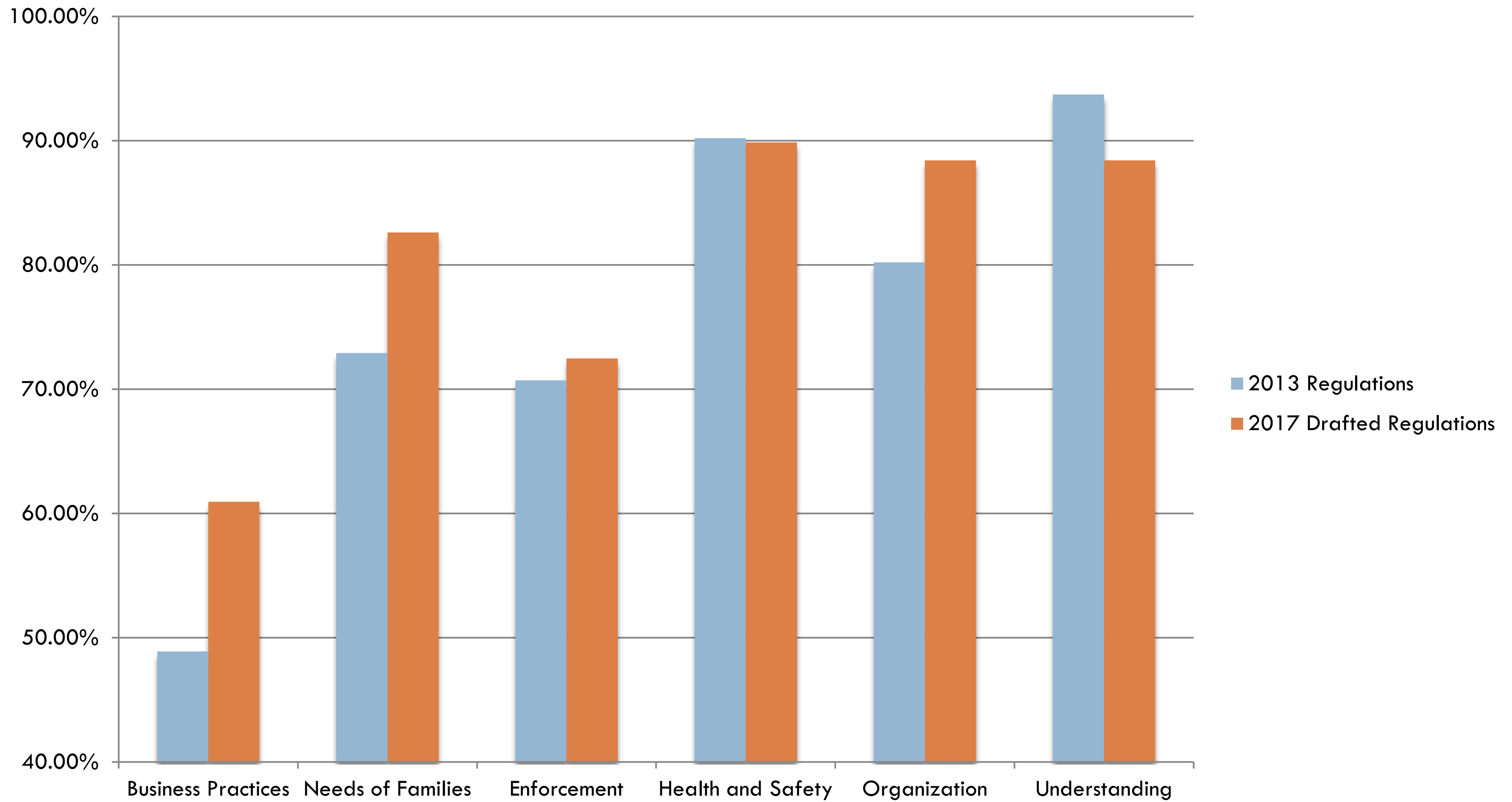
# Child Care Regulation Revisions

- 17 Statewide Listening Tours
- Online survey (current regulations)
- Meetings with Exceed Partners
- Internal revisions
- Initial meeting with ORR
- Advanced Notice of Proposed Rulemaking
- Online survey (drafted regulations)
- Provider focus group

# Child Care Regulation Revisions

- Maintaining the Exceed alignment
- Applying regulations to 400+ programs
- Combining child care and school age regulations
- Making adjustments for what wasn't working
- Deciphering intent of feedback
- Balancing the vision

# Online Survey Comparison



# Regulation Timetable

## Next Steps

- Guidance Document
- Provider training/information
- Family Child Care Home Regulations

Young Children & Homelessness

## A person in the U.S. is most likely to experience homelessness in the **first year of life**.[1]

A person is next most likely to experience homelessness at ages 1–5.[1]

## **Almost half of children** in shelter are under age 6.[2]

More than 150,000 very young children stay in shelters each year, and even more are sharing housing with others due to economic hardship.[2]

## Homelessness during pregnancy and in the early years is **harmful to children's development**.[3]

Pregnant women experiencing homelessness are less likely to receive adequate prenatal care[4] and their children are at increased risk for low birth weight.[5]

# Ending Family Homelessness

**Areas for Action:**

- Develop a **coordinated entry system** with the capacity to assess needs and connect families to **targeted prevention assistance** and **temporary shelter**
- Ensure interventions and assistance are tailored to the needs of families with children:
  - Provide **rapid re-housing** assistance
  - Increase access to **affordable housing**
  - Direct **service-intensive housing interventions** to highest need households
- Improve linkages to **mainstream systems** to help families gain access to resources (employment, benefits, child care, etc.)
- Use **evidence-based practices** to serve families experiencing and at risk of experiencing homelessness (e.g. trauma-informed services, early childhood home visiting and early childhood education)

# Children Experiencing Homelessness & Early Childhood Programs

**Common enrollment/service barriers:**

- Lack of awareness (hidden problem, difficult outreach)
- High mobility of families
- Transportation
- Lack of eligibility documents (health records, birth certificates, proof of income)

**October 2016 Joint Policy Statement:** U.S. Department of Health and Human Services, U.S. Department of Housing and Urban Development, U.S. Department of Education (available at www.earlylearningri.org)

**October 2016 Aligning Early Childhood Programs to Serve Children Experiencing Homelessness: A Comparison of Preschool, Head Start, and Child Care Regulations:** National Association for the Education of Homeless Children and Youth (available at www.earlylearningri.org)

# McKinney-Vento Homeless Assistance Act's
## (Education for Homeless Children and Youth (EHCY) program)

- Originally passed in 1987.
- Reauthorized in 2015 by the Every Student Succeeds Act (ESSA).
  - ESSA Amendments take effect October 1, 2016.
- Works hand-in-hand with Title IA and other federal education programs.
- $85 million authorized funding to SEAs.
  - Largest percentage increase of all federal education programs.
  - SEAs award competitive subgrants to LEAs.

# The McKinney-Vento Act
## amended by the Every Student Succeeds Act of 2015

Provides students experiencing homelessness with protections and services to ensure they can enroll in and attend school…(ensures they remain in school of origin, provides transportation, removes barriers)

The amendments to the McKinney-Vento Act (in red) went into effect on **October 1, 2016**

- ESSA State plans must describe procedures to ensure that preschoolers experiencing homelessness have access to public preschool programs administered by the State educational agency or local educational agency.

# The McKinney-Vento Act
## amended by the Every Student Succeeds Act of 2015

Transportation:

- LEAs must provide transportation to and from the school/preschool of origin, including until the end of the year when the student obtains permanent housing, at a parent's or guardian's request (or at the liaison's request for unaccompanied youth).
- If staying in the same LEA, that LEA must provide or arrange transportation to the school of origin.
- If crossing LEA lines, both LEAs must determine how to divide the responsibility and share the cost, or they must share the cost equally.

# The McKinney-Vento Act
## amended by the Every Student Succeeds Act of 2015

Enrollment in Preschool:

- State McKinney-Vento plans must describe procedures that ensure that homeless children have access to public preschool programs administered by the SEA or LEAs.

  11432(g)(1)(F)(i)

- Preschools are included in the school of origin definition.

  11432(g)(3)(I)

- Liaisons must ensure access to Head Start, early intervention (IDEA Part C), and other preschool programs administered by the LEA.

  11432(g)(6)(A)(iii)

# The McKinney-Vento Act
## amended by the Every Student Succeeds Act of 2015

School of origin is the school attended when permanently housed or school in which last enrolled, including a preschool. 11432(g)(3)(I); Guidance N4; Fed. Data Guide

- Publicly-funded program for children 0-5 for which the LEA is a financial or administrative agent, or is accountable for providing early childhood education.
- Preschools operated, administered or funded by an LEA, including those funded by Title I or similar government grants.
- Head Start program receiving LEA funding or for which the LEA is the grant recipient.
- Preschool special education.
- LEA funded or administered home-based early childhood services.

# What is Rhode Island's Family Home Visiting?

- Match parents with trained professionals to provide them with information, guidance, and support during pregnancy and throughout the first years of a child's life.
- Relationship-based
- Focused on the parent-child relationship
- Culturally responsive and respectful
- No-cost
- Voluntary
- One short-term and three evidence-based, long-term family home visiting models
- Thirteen local implementing agencies
- Statewide

# Rhode Island's Family Home Visiting Models

First Connections

Enrollment: prenatally- 3 years
Duration: until 3 years

Enrollment: first time mom less than 28 weeks pregnant
Duration: until 2 years

Enrollment: prenatally- 3 months
Duration: until 4 years

Enrollment: prenatally- 2 years
Duration: until 4 years

# How Does Family Home Visiting Support Homeless Families?

- Prioritize families that are homeless for family visiting services. Homeless families are a priority population for the federal home visiting program.
- Seeks to improve the lives of young, at-risk children – a goal that is broadly shared by homeless providers.
- Reduce the risk of poor health outcomes and delayed development of young homeless children and the risk of family separation due to child welfare involvement.
- Strengthen the family functioning of a very vulnerable subset of low-income families.
- Capacity to assess needs and connect families to targeted prevention when possible and link to temporary shelter as needed.
- Support families in keeping their children safe, no matter where they are staying.
- Link families to the benefits, supports and community-based services to achieve and maintain housing stability.
- Identify and implement effective prevention methods to help families avoid homelessness.
- Support families in planning for and prioritizing their expenses, including housing.
- Utilize Local Implementation Teams to better understand housing challenges and resources for families by community.
- **The visits can take place in families' homes, in shelters, or in other community settings that are convenient for families.**

# Child Care & Development Block Grant

The CCDBG Act of 2014 requires:

- Procedures to permit enrollment of children experiencing homelessness prior to completion of all required documentation (including grace periods for compliance with immunization and other health and safety requirements)
- Training and technical assistance on identifying and serving homeless families
- Specific outreach to families experiencing homelessness.
- Coordination with programs working with children experiencing homelessness
- Lead Agencies to collect and report whether a CCDF family is experiencing homelessness

# Child Care & Development Block Grant

In September of 2016, the CCDBG Final Rule clarified:

- The definition of homeless to be consistent with the McKinney-Vento Act
- Children experiencing homelessness shall be given priority for services.
- Lead Agencies are required to coordinate with other relevant agencies to help families receiving services during a grace period comply with immunization and other health and safety requirements

# Early Head Start & Head Start

- EHS and HS have a long standing commitment to children and families experiencing homelessness.
- This commitment continued in the new HS regulations issued September 2016.
  - Annual Community Needs Assessment provides the road map for priority, outreach and recruitment efforts.
  - Children that are homeless are categorically eligible for EHS and HS, with increased flexibility for paperwork requirements.
  - Programs throughout the state have built connections with shelters and housing support programs.
  - Last year we supported 100 kids and families who reported a homelessness status to us.
  - When possible programs will arrange transportation and/or modify requirements in order to support families.

State Policy & Program Updates

# RI State Pre-K Program Overview

- Lottery
- Mixed gender and income (formula) delivery model
- Mixed delivery across settings
- Grantee quality (CECE and SPK)
- Competitive RFP process
- State and Federal Funds (PDG)

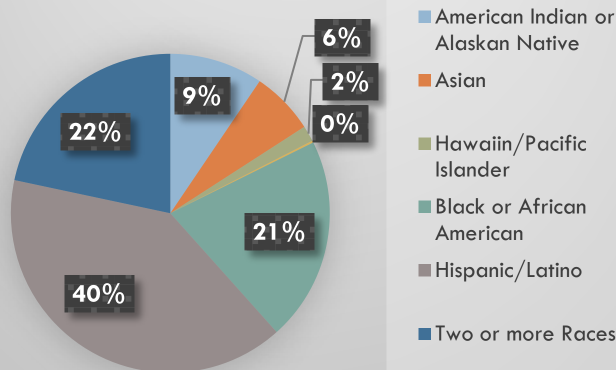
Total FY 17 Budget: $10,910,293.96

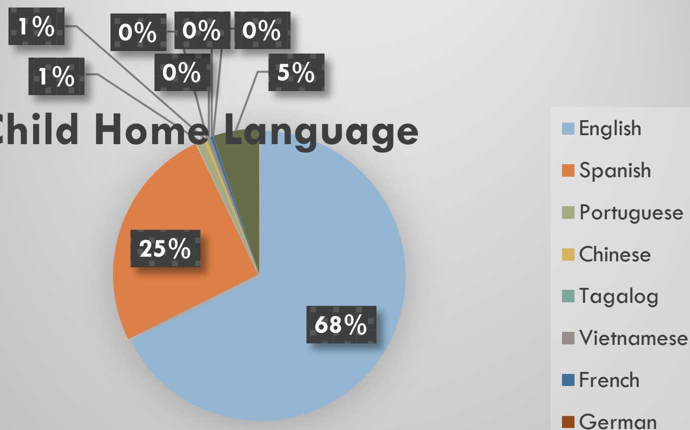
State: $5,160,000.00 Federal: $5,750,293.96

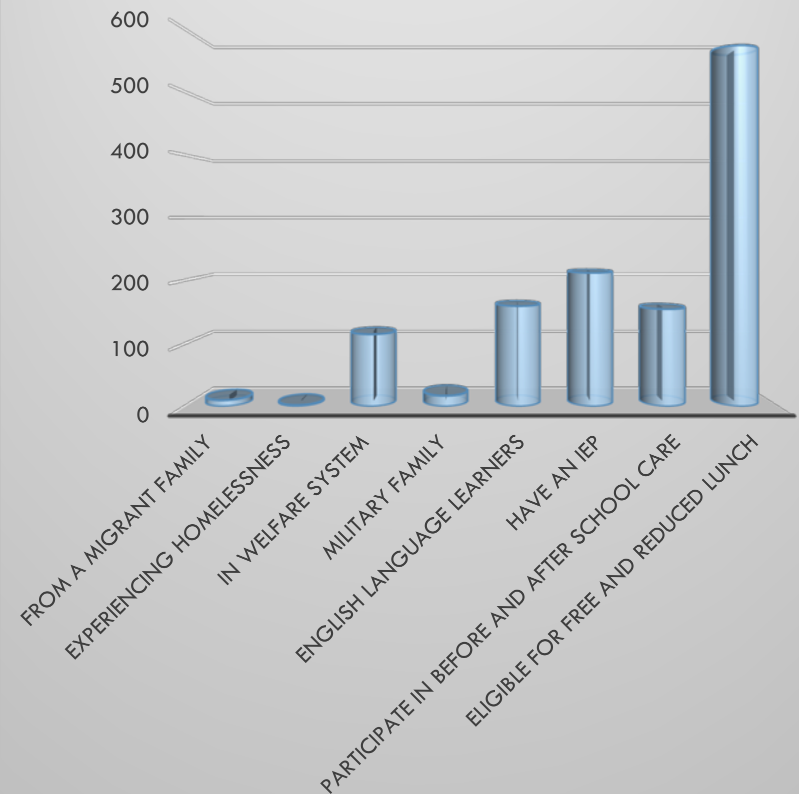
# RI State Pre-K 2016-2017 School Year

- 32 programs
- 56 classrooms
- 11 communities (Central Falls, Cranston, East Providence, Johnston, Newport, North Providence, Pawtucket, Providence, Warwick, West Warwick, and Woonsocket)
- Serving 1,008 children

# RI State Pre-K Child Demographics Data



# RI State Pre-K New Initiatives

- Coordinated data sharing around recruitment and capacity with Head Start
- Strengthening Pre-K to K Transitions
- Comprehensive Services System
- Ongoing strengthening and streamlining of Monitoring
- New PD offerings

# CCRI to RIC Program Transfer Plan

B.S. in Early Childhood Education

| General Education Requirements | |
|---|---|
| CCRI | RIC |
| ENGL 1010 Composition | FYW 100 |
| ARTS, MUSC, OR Language Elective: MUSC 1170 | MUSE 241 (Major Requirement) |
| ENGL Literature Elective – Choose One:<br>ENGL 1040, 1200, 1230, 1290, 1370, OR 2040 | GEN LIT 173 |
| MATH: MATH 0600 for Proficiency or MATH Elective<br>***It is recommended students complete MATH 143 at RIC through Inter-Institutional Agreement | MATH 143 |
| PSYC 2010 General Psychology | GE-SB PSYC 110 |
| PSYC 2030 Developmental Psychology | Elective |
| PSYC 2070 Educational Psychology | CEP 315 (Major Requirement) |
| Science Elective – Choose One: | GE-NS |
| SOCS 1010 or SOCS 2040 | Free Elective |
| Two Social Science/Foreign Language Electives | Modern Language 101 & 102 (RIC Second Language Requirement) |

| Major Requirements | |
|---|---|
| CCRI | RIC |
| HMNS 1010 Intro to Helping & Human Services | ECED 290 Early Childhood Education & Social Work |
| HMNS 2100 Child Growth & Development Skills | ECED 302 Early Childhood Development, Birth to Eight |
| HMNS 1210 Field Experience & Seminar I – Child Dev | General Elective |
| HMNS 2120 Curriculum for Young Children **AND** HMNS 2140 Guiding Children's Behavior | ECED 303 Creating an Early Childhood Learning Community |
| HMNS 2310 Field Experience & Seminar II – Child Dev | Free Elective |
| HMNS 2070 Characteristics & Needs of Special Populations | Free Elective |
| HMNS 2150 Parent & Child Relations | **ECED 332 Building Family, School, & Community Partnerships** |
| HMNS 2140 Field Experience & Seminar III – Child Dev | Free Elective |
| HMNS 2900 Human Service Capstone | Free Elective |

## Students May Also Complete the Following Courses

| CCRI | RIC |
|---|---|
| HMNS 2080 Case Study Develop for Special Needs Educators | SPED 300 (WITH HMNS 2070) Introduction to the Characteristics & Education of Children & Youth with Disabilities |
| HMNS 2190 Infant/Toddler Care: Methods & Materials **AND** HMNS 1080 Health, Nutrition, & the Young Child | ECED 419 Early Care and Education, Birth to Three Years |
| HMNS 2060 Foundations of Teaching and Learning **AND**<br>HMNS 2710 Diversity and Cultural Competency Skills (Requires a grade of B or higher in each course) | FNED 346 Schooling in a Democratic Society |

# May 2017 Articulation Meeting

- Sign articulation for new CCRI Infant Toddler course with RIC ECED 419
- Propose articulation for new RIC Health and Wellness for the Young Child with CCRI Health and Wellness course

# FY18 Governor's Budget & Early Learning

- $1.1 million increase for State Pre-K
- $390K increase for state funded Head Start
- $1 million increase for CCAP to improve access to high-quality infant and toddler care
- Commitment to implementing new provisions from 2014 CCDBG reauthorization (graduated phase-out, 12 month eligibility, 3 month job search, infant/toddler prioritization, and expanded outreach to serve young children who are homeless)
- $200K increase for RIDE to begin implementing Kindergarten Entry Profile
- $2.5 million for English Language Learners in K-12

# 2017 Pending Legislation

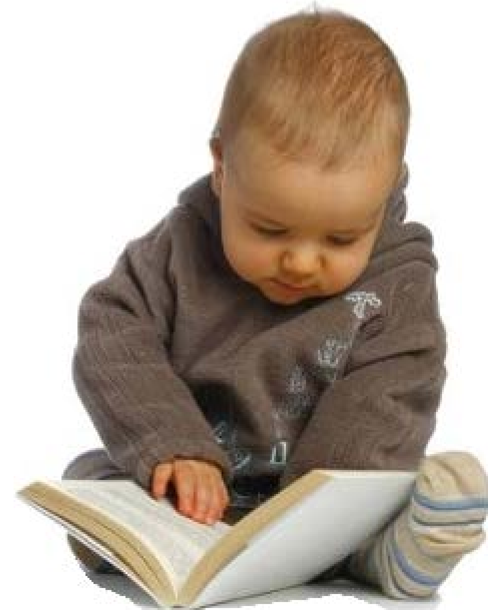
- Remove sunset of cliff effect policy from CCAP (may be a budget article)
- Increase CCAP reimbursement rates by 5%
- Establish a tiered reimbursement rate system for CCAP with minimum increase of 5% and increases at each star level
- Restore CCAP eligibility for families up to 200% FPL
- Amend2016 RI Family Home Visiting Act to ensure services for pregnant and parenting teens and young families in the child welfare system
- Establish Early Childhood Innovation Fund

UHIP Update

## Findings from the Infant/Family Workforce Self-Assessment

# Infant Mental Health: Celebrating babies and those who care for them!

- The developing capacity of the child 0-5 years of age
- to form close and secure relationships;
- to experience, manage, and express a full range of emotions;
- and to explore the environment and learn
- all in the context of family, community, and culture



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# Infant Mental Health Perspective: What about the baby?

- The birth of a baby offers the hopefulness of a new relationship, growth and change
- A baby always has something to say
- A baby remembers the earliest relationship experiences

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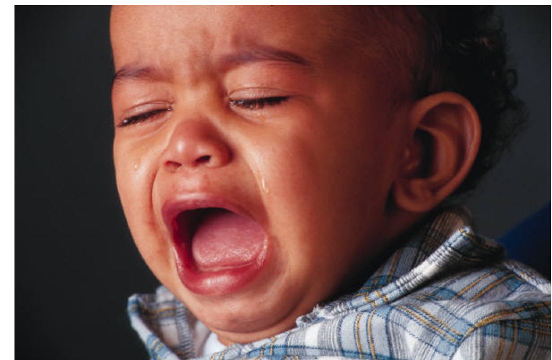
# Infant Mental Health Principles: Early Experiences Matter

- **In the first 1000 days the foundation for the future is laid**
- Baby's brains take it ALL in…
- Family stress and toxic caregiving environments impact the baby's nervous system and stress hormone systems that can damage developing brain architecture and lead to lifelong problems in learning, behavior, and physical/mental health (Shonkoff, 2016).
- Babies are good at showing us when they are suffering…



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# Breaking the Cycle of Adversity

Creating the right conditions for infant and early childhood development is critical to <u>prevent</u> the need to address problems later on.

Science of "serve and return" is clear:

Babies REQUIRE
Positive, Nurturing, Committed Relationships
to thrive

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# Infant Mental Health-Informed Work: It's Everybody's Business!

- Thorough understanding of IMH principles is crucial
  - to guide ALL work that involves infants' optimal development and social/emotional well being
  - at ALL levels of focus: Promotion, Prevention, Intervention
- IMH principles apply for work in early care & education, home visiting, early intervention, health care (pediatrics, nursing, psychiatry), behavioral health care, child welfare/foster care/courts, etc.—whenever a baby is involved.

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# Infant/Family Workforce Skills Gaps

Despite evidence suggesting the critical impact of relationships on healthy outcomes, we face substantial challenges in building, training, and sustaining a skilled infant/family workforce that is well versed in "relational health"

(Shonkoff, 2016; IOM's Transforming the Workforce 0-8, 2015)

It's challenging to truly listen to a family's story…and to keep the baby in mind.

*When the workforce is not supported, program quality suffers…*

*and our most vulnerable infants, toddlers, and families suffer*

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# RI-IMH Professional Competencies®

| Area of Expertise: | As Demonstrated by: |
|---|---|
| **1.Theoretical Foundations** | Working knowledge of important theoretical foundations |
| **2. Law, Regulation, Agency Policy** | Understanding of implications of laws and regulations |
| **3. Systems Expertise** | Understanding of human service delivery system, impact on infants, young children and families, ability to navigate those relevant systems |
| **4. Direct Service Skills** | Observation and listening; screening and assessment; responding with empathy; treatment planning; advocacy, etc. |
| **5. Working with Others** | Ability to build and maintain relationships as the foundation of working in the field, as well as mentoring, collaborating and resolving conflict |
| **6. Communicating** | Active listening, speaking effectively, writing clearly |
| **7. Critical Thinking** | Analyze information, exercise sound judgment, maintain perspective, etc. |
| **8. Reflection** | Contemplation, curiosity, and self-awareness critical to process the emotional content of the work; understand the power of parallel process; effective use of supervision |

# RI-IMH Endorsement®

- An internationally recognized workforce development system that identifies standardized IMH competency requirements for infant/family professionals
- Informs and affirms each professional's specialized education, work experiences, trainings, and reflective supervision/consultation experiences
- Reflects RI's commitment to supporting a high quality workforce that integrates IMH practices in all programs that serve infants, toddlers and families.
- To date, over 1,700 people have earned IMH Endorsement® (5 in RI!)

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# RI-IMH Endorsement® Eligibility

| Requirements: | I<br>Infant Family Associate | II<br>Infant Family Specialist | III<br>Infant Mental Health Specialist | IV<br>Infant Mental Health Mentor |
|---|---|---|---|---|
| **Education** | High School Grad/GED, CDA, or Associate's degree AND/OR minimum 2 years in the infant, early childhood, and family field | Bachelor's or Masters degree AND minimum 2 years in the infant, EC, and family field | Masters or Post Graduate degree AND minimum 2 years post MA in infant, EC, family field | Masters, Post Graduate, Doctorate, Post Doctorate AND minimum 3 years post MA in infant, EC, family field |
| **In-Service** | Minimum 30 hours | Minimum 30 hours | Minimum 30 hours | Minimum 30 hours |
| **Code of Ethics** | Signed | Signed | Signed | Signed |
| **Reflective Supervision or Consultation** | N/A | Minimum 24 clock hours within a 1-2 year time period while working with infants, toddlers, and families | Minimum 50 clock hours within a 1-2 year time period while working with infants, toddlers, and families | Clinical: Minimum 50 clock hours within a 1-2 year period while working with infants, toddlers, families.<br>Policy/Research/Faculty: None |
| **Reference Ratings** | Three (3) from current program supervisor, teacher, trainer, consultant or parent/service recipient | Three (3):<br>1.Current program supervisor, teacher, trainer, consultant or parent/service recipient<br>2.Person providing reflective supervision/consultation<br>3.Supervisor, teacher, trainer, consultant or colleague | Three (3):<br>1.Current program supervisor, teacher, trainer, consultant or parent/service recipient<br>2.Person providing reflective supervision/consultation<br>3.Spervisor, teacher, trainer, consultant, colleague, supervisee | Three (3):<br>Specific to applicant's role |
| **Exam Required?** | No | No | Yes | Yes (ALL) |

# RI Infant/Family Workforce Survey

- Purpose: Document the IMH knowledge and work experiences of RI's infant/family workforce.
- Better understand the needs for additional academic, professional development, and reflective practice opportunities that would support the diverse professionals who comprise the infant/family workforce in RI.

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# Survey

- 175 participants (64% response rate)
- 166 offered complete data
- 4 community-based social service agencies
- Electronic format
- Self assessment

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# Determining Endorsement® level

- Demographics
  - Current Role
  - Education
  - CDA (yes/no)
  - Certificate from I/TMH program (yes/no)
  - Years paid work experience
- Self Assessment of Endorsement Level: We offered descriptions of the 4 Endorsement® levels, and asked participants to decide which one most closely matched their experiences.
- **21 participants (13%) reported "not yet eligible"**

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# Perceived Levels of RI- IMH Endorsement® (n=145)

| Level | % | Description |
|---|---|---|
| Level I: Infant Family Associate | 17% | Caregivers who are in a position to strengthen the social-emotional development of infants/young children (2 years experience/AA or CDA) |
| Level II: Infant Family Specialist | 50% | Providers who have primary focus on social-emotional needs of infants/young children with attention to the child's relationships (2 years post BA providing services that promote I/ECMH) |
| Level III: Infant Mental Health Specialist | 23% | Providers whose role includes intervention or treatment of the child's primary caregiving relationships (2 years post grad supervised work providing culturally sensitive relationship focused I/ECMH services) |
| Level IV: Infant Mental Health Mentor | 10% | Clinical/Policy/Research or Faculty |

# RI Workforce Training/Support
# IMH Competency #1: Theoretical Foundations

| | **I Infant Family Associate n=25** | **II Infant Family Specialist n=72** | **III Infant Mental Health Specialist n=34** | **IV Infant Mental Health Mentor n=14** | **Average** |
|---|---|---|---|---|---|
| Academic | 46% | 49% | 57% | 61% | **53%** |
| In-Service Training | 60% | 62% | 61% | 50% | **58%** |
| Paid Work Experience | 46% | 62% | 61% | 50% | **55%** |
| Receive RS/C | 30% | 37% | 50% | 31% | **37%** |
| Not Yet | 6% | 9% | 8% | 4% | **7%** |

# RI Workforce Training/Support
# IMH Competency #2: Law, Regulation, Policy

| | I<br>Infant Family Associate<br>n=25 | II<br>Infant Family Specialist<br>n=72 | III<br>Infant Mental Health Specialist<br>n=34 | IV<br>Infant Mental Health Mentor<br>n=14 | Average |
|---|---|---|---|---|---|
| Academic | 22 | 36 | 47 | 47 | **38%** |
| In-Service Training | 73 | 62 | 61 | 52 | **62%** |
| Paid Work Experience | 36 | 57 | 60 | 54 | **52%** |
| Receive RS/C | 25 | 35 | 33 | 11 | **26%** |
| Not Yet | 5 | 10 | 10 | 2 | **7%** |

# RI Workforce Training/Support
# IMH Competency #3: Systems Expertise

| | I<br>Infant Family Associate<br>n=25 | II<br>Infant Family Specialist<br>n=72 | III<br>Infant Mental Health Specialist<br>n=34 | IV<br>Infant Mental Health Mentor<br>n=14 | Average |
|---|---|---|---|---|---|
| Academic | 18 | 24 | 35 | 43 | **30%** |
| In-Service Training | 50 | 56 | 62 | 46 | **54%** |
| Paid Work Experience | 32 | 60 | 82 | 79 | **63%** |
| Receive RS/C | 24 | 30 | 43 | 29 | **32%** |
| Not Yet | 26 | 10 | 3 | 0 | **10%** |

# RI Workforce Training/Support
# IMH Competency #4: Direct Service Skills

| | I Infant Family Associate n=25 | II Infant Family Specialist n=72 | III Infant Mental Health Specialist n=34 | IV Infant Mental Health Mentor n=14 | Average |
|---|---|---|---|---|---|
| Academic | 4 | 42 | 56 | 49 | **45%** |
| In-Service Training | 68 | 60 | 63 | 57 | **62%** |
| Paid Work Experience | 59 | 72 | 79 | 64 | **69%** |
| Receive RS/C | 34 | 38 | 47 | 34 | **38%** |
| Not Yet | 1 | 5 | 7 | 4 | **4%** |

# RI Workforce Training/Support
# IMH Competency #5: Working with Others

| | I<br>Infant Family Associate<br>n=25 | II<br>Infant Family Specialist<br>n=72 | III<br>Infant Mental Health Specialist<br>n=34 | IV<br>Infant Mental Health Mentor<br>n=14 | Average |
|---|---|---|---|---|---|
| Academic | 33 | 29 | 47 | 39 | **37%** |
| In-Service Training | 62 | 50 | 57 | 46 | **54%** |
| Paid Work Experience | 59 | 79 | 81 | 76 | **74%** |
| Receive RS/C | 41 | 47 | 57 | 39 | **46%** |
| Not Yet | 0 | 4 | 4 | 1 | **2%** |

# RI Workforce Training/Support
# IMH Competency #6: Communicating

| | **I Infant Family Associate n=25** | **II Infant Family Specialist n=72** | **III Infant Mental Health Specialist n=34** | **IV Infant Mental Health Mentor n=14** | **Average** |
|---|---|---|---|---|---|
| Academic | 56 | 55 | 56 | 64 | **58%** |
| In-Service Training | 44 | 40 | **98** | 36 | **55%** |
| Paid Work Experience | 60 | 79 | 82 | 83 | **76%** |
| Receive RS/C | 37 | 30 | 51 | 36 | **39%** |
| Not Yet | 0 | 2 | 0 | 0 | **<1%** |

# RI Workforce Training/Support
# IMH Competency #7: Thinking

| | I<br>Infant Family Associate<br>n=25 | II<br>Infant Family Specialist<br>n=72 | III<br>Infant Mental Health Specialist<br>n=34 | IV<br>Infant Mental Health Mentor<br>n=14 | Average |
|---|---|---|---|---|---|
| Academic | 36 | 39 | 67 | 43 | **46%** |
| In-Service Training | 51 | 32 | 50 | 39 | **43%** |
| Paid Work Experience | 51 | 78 | 87 | 86 | **76%** |
| Receive RS/C | 39 | 43 | 57 | 30 | **42%** |
| Not Yet | 1 | 3 | 1 | 0 | **1%** |

# RI Workforce Training/Support
# IMH Competency #8: Reflection

| | I<br>Infant Family Associate<br>n=25 | II<br>Infant Family Specialist<br>n=72 | III<br>Infant Mental Health Specialist<br>n=34 | IV<br>Infant Mental Health Mentor<br>n=14 | Average |
|---|---|---|---|---|---|
| Academic | 27% | 30% | 49% | 39% | **36%** |
| In-Service Training | 43% | 34% | 46% | 42% | **41%** |
| Paid Work Experience | 50% | 73% | 68% | 56% | **62%** |
| Receive RS/C | 37% | 41% | 55% | 43% | **44%** |
| Not Yet | 0 | 5% | 10% | 4% | **5%** |

# Raising a Collective Voice: Build a Bridge for Babies

- We need to narrow the knowledge and skills gap:
  - Increase community awareness of the importance of IMH principles and relationship-based practices in all programs serving vulnerable infants/toddlers and families
  - Offer relevant IMH resources/trainings/reflective practice supports aligned with IMH competencies
  - Establish coordinated systems that acknowledge specialized skills and competencies
- We need to work together across systems to support RI's infant/family workforce — our babies can't wait!

RIAiMH
Rhode Island Association for Infant Mental Health

Public Comment

# 2017 Council Calendar

All 2017 Early Learning Council Meeting are at Save the Bay

- June 28, 2017, 10:00 a.m. to 1:00 p.m.
- September 20, 2017, 9:00 a.m. to 12:00 p.m.
- December 13, 2017, 9:00 a.m. to 12:00 p.m.