House Bill 376 Workgroup
Public Comment

October 9, 2013

Hi, my name is Ariel Del Bosque-Gonzales. I am the Director of a childcare center in South Austin. We know that higher reimbursement rates will be given to providers that are Texas Rising Star or have a national accreditation, but I believe the centers that will receive higher reimbursement rates should also be in good standing with Child Care Licensing. Some centers have many licensing violations, and are surprisingly still Texas Rising Star providers. Also, some quality programs that will qualify a center for these higher rates do not hold centers to the same level of accountability as Texas Rising Star or national accreditations. I just want to make sure that the higher reimbursement rates are going to providers that really do provide quality care.

Dobbs, Regan

From: Catherine Mason <cmason6@hot.rr.com>
Sent: Sunday, October 06, 2013 8:38 AM
To: TRS Workgroup 376
Subject: Texas Rising Star Certification.

To whom it may concern:

My name is Catherine Mason. I retired from Central Texas College as Department Chair of the Early Childhood Program. . I attended the first meeting of CDA in Dallas in 1976. I designed the CTC program in 1979-81, writing the curriculum, and planned the lab school. When I retired in l998, I made sure that the Lab School was NAEYC accredited. The accreditation was never renewed by my successor but is now going through the process.

I owned a private center in 1999 located on two acres of land. It was designed and went through national accreditation in one year in an old renovated house. I built a model play area, including a large garden, including a butterfly garden and more. It was designed to be a model for centers who were small, struggling and had little knowledge or training on how to put together something that was 'quality child care with trained staff'. Many items had to be purchased but most times were made by staff. I took pictures, made slides, and, eventually had a DVD made of how to meet Natiional Standards on a low income.

I have extensively trained Head Start and Military child care personal both in the U.S. and Germany under the CTC Child Development Program. It has been my privilege to conduct workshops internally, nationally. state and local for over 40 years. I was Texas EC Teacher Educator of the year 1997 and Phi Delta Capa recipent for the Central Texas Chapter in l998. Since late l980 I have and still serve as a CDA Representative. I am not bilingual but have traveled extensively as a CDA Rep.

In the past year. I have served as a CDA Rep in several TEXAS RISING STAR CENTERS who are under contract with The Work Force. I have concerns for and about candidates being pushed to complete CDA training before they are ready. Some are and some are definitely not. It makes it tough on a Rep to determine why and how they slipped through the system at the point they are scheduled for assessment. Trainers really need to weed out and delay signing off on any readiness form.

My heart is still in Early Childhood, and I have great concerns for child care provided in private centers. The Work Force Texas Rising Star is a great way to start. My concern is allowing too much, too soon, too anxious to make whoever look good for funding while directors and staff are still giving poor quality child care on a day to day basis with lots of new equipment they do not know how to use.

Sincerely,

Catherine Mason
cmason6@hot.rr.com
cmason@kpletv.org
254-554-3683 (w)
254-289-8419 (c)
P.O. Box 11031
Killeen, Texas 76542

TEXAS ASSOCIATION FOR
INFANT MENTAL HEALTH

Advocating and Educating
on Behalf of Texas Babies

1199 S. Beltline Road, Suite 100
Coppell, Texas 75019

Phone: 972-906-2696
Fax: 972-906-2780
Website: www.taimh.org

TAIMH Executive Committee
President
Kenneth Graves, Ph.D.
Treasurer
Ira Einsohn
Secretary
Mary Greene

TAIMH Board of Directors
Barbie Brashear
Daisy Cano
Gary M. Cole
Janie Cook
LaNelle Ethridge
Holly Gursslin
Jeanette Goodman, ECEd, IMH-E(II)
Susan Peek Hoff
Annabel Hoffman, JD
Helen Holman
Stacey Jourdain, ex-officio
Claire Merkl, ex-officio
Lisa Oglesby Rocha, MSSW
Jeremy Smith
Kristi Taylor, JD
Grace White, RN, ex-officio

TAIMH Advisory Board
Stephanie Allen-Adams, M.Ed.
LaShonda Y. Brown
David Cross, Ph.D.
Rick Davis, Ph.D.
Ronda Deso, S.P.
Callie Emery, M.D., P.A.
Liz Francis, M.S., ECEd., IMH-E(IV)
Ernie Gotts, Ph.D.
Liz Heyne, M.S., PA-C
Pam Hiam
Sarah Hinshaw-Fusilier, Ph.D.
Arminta Jacobson, Ph.D.
Martha Jarmon, LCSW
Sandra Lamm, M.S.
Cindy M. Myers, Ph.D.
James D. Norcross, MD
Margaret Tresch Owen, Ph.D.
Cindy Patrick, MBA
Karyn Purvis, Ph.D.
Nancy Soll Shosid, MD
Deborah Weatherston, Ph.D.
Judy Willgren, M.Ed

Executive Director
Sadie Funk
sfunk@taimh.org

TAIMH'S mission is to promote the healthy emotional development of infants, toddlers and their families.

October 9, 2013

Testimony for the Texas Rising Star Workgroup

My name is Sarah Crockett and I am the Education Coordinator for the Texas Association for Infant Mental Health. I would like to thank you for allowing me to submit testimony this morning about how to improve the quality of child care in Texas. The Texas Association for Infant Mental Health (TAIMH) is the only non-profit in Texas that focuses specifically on birth to three year-olds. TAIMH is a statewide organization whose mission is to increase awareness of the critical importance of the first three years of life.

As an advocate for best practice on behalf of very young children, I am excited to about the opportunity to have this important conversation and I am appreciative of the work that has already been done. I want to start off by commending the work of the Texas Early Learning Council over the last three years and their great efforts to move Texas child care forward. I want to specifically mention the Infant and Toddler Early Learning Guidelines, the Council's recommendations for developing a statewide Quality Rating and Improvement System for Texas and their partnership with the Texas Early Childhood Professional Development System, which helped to produce a revamped Trainer Registry, a Workforce Registry and an Early Childhood Career Lattice. This work has set the foundation for today's conversation about the Texas Rising Star System.

TAIMH would like to comment on improving the overall system and on the requirements for Texas Rising Star Mentors and Assessors. First, we believe that it is critical for the Texas Workforce Commission to set clear standards and requirements for each of the 28 Workforce Boards to follow as they spend the 2% of funds that are set aside for quality. Currently, each of the Boards spends this money differently and operates differently, which makes it very difficult to assure that quality services are being provided and supported across the state. This is an opportunity for program standards and program accountability to be defined and distributed in a centralized manner, which will help to create a more uniform quality service delivery system across the state. While we recognize that some Workforce Boards receive fewer funds than others, having centralized standards will help ensure that even regions who receive fewer funds are spending those funds in ways that promote best practice and improve the quality and support given to child care centers in their area.

We also believe that Texas Rising Star Mentors and Assessors should possess backgrounds and expertise to effectively provide training and technical assistance to child care teachers and directors in order to help them better serve the families in their care and improve the overall quality of child care in Texas. There are several groups in Texas who already have this expertise and should be considered to serve in this role. For example, Child Care Health Consultants are

trained by the Texas Association for the Education of Young Children and must have a minimum of a 4-year degree in an early childhood related field and go through extensive training to work in child care settings and with providers. TAIMH also has an Endorsement system for Infant Family Specialists, which requires a minimum of a 4-year degree, at least 30 hours of training and at least 2-years of experience in the field. The Endorsement system is nationally recognized, endorsed by Zero to Three and is currently adopted in 17 other states. Several other states, including Michigan and Wisconsin, require this Endorsement designation for individuals who work in a similar role to Texas Rising Star Mentors and Assessors. We would also encourage you to consider the Core Competencies for Coaches and Mentors, which is currently being developed and will eventually be integrated into the Texas Early Childhood Professional Development System. With all of these robust resources and groups in Texas, TAIMH strongly encourages the workgroup to consider using them as a basis for the minimum qualifications for Texas Rising Star Mentors and Assessors. I brought several copies of the requirements for Endorsement as an Infant Family Specialist for your review, along with copies of the competencies for Endorsement at each designation offered.

We are so excited to see Texas looking seriously at improving quality in child care and I would be happy to serve as a resource and provide any assistance that I can to help this workgroup strengthen the care that our youngest citizens receive.

Thank you so much!

Sarah Crockett

Sarah Crockett, MSW
TAIMH Education Coordinator
scrockett@taimh.org
512-550-9626

TEXAS ASSOCIATION FOR INFANT MENTAL HEALTH

TAIMH ENDORSEMENT (IMH-E®) REQUIREMENTS
INFANT FAMILY SPECIALIST

Continuing Endorsement Requirements:

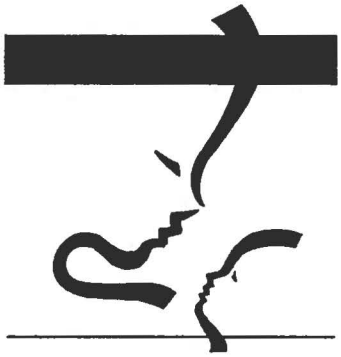
Education:	Minimum of Bachelor of Arts (BA), Bachelor of Science (BS), Bachelor of Social Work (BSW), Bachelor of Nursing (BSN); and including Master of Arts (MA), Master of Science (MS), Master of Social Work (MSW), Master of Education (Med), Master of Nursing (MSN), official transcript.
Training:	Minimum 30 clock hours of relationship-based education and training pertaining to the promotion of social-emotional development and/or the practice of infant mental health. Applicants will include as many hours as necessary to document that competencies (as specified in Competency Guidelines) have been met.
Work Experiences:	Minimum two years paid, post Bachelor's, professional work experience providing services that promote infant mental health. Work experience meets this criterion as long as the applicant has: 1. Served a minimum of 10 families of infants/toddlers (birth to 36 months) and, 2. A primary focus of the services provided is the social-emotional needs of infant/toddler and, 3. Services include attention to the relationships surrounding the infant/toddler.
Reflective Supervision/Consultation:	Minimum 24 clock hours within one to two year timeframe, post-bachelors, relationship-based, reflective supervision or consultation, individually or in a group while providing services to infants, toddlers and families. Provider of reflective supervision/consultation must meet endorsement requirements at Level III or IV-Clinical. For Bachelor's-prepared Level II applications, reflective supervision/consultation that meets criteria for Endorsement may come from a Master's-prepared professional who has earned Level II.
Professional Reference Ratings:	Total of three professional reference ratings from: 1. One from current program supervisor, teacher, trainer or consultant. 2. One from person providing reflective supervision/consultation. 3. Third rating may be from another supervisor, teacher, trainer, consultant or from a colleague. Please note: At least one rating must come from someone endorsed at Level II, III, or IV.
Code of Ethics & Endorsement Agreement:	Signed
Documentation of Competencies:	Professional portfolio will document that competencies have been adequately met through course work, in-service training, and reflective supervision/consultation experiences. Written examination not required for applicants seeking Endorsement at Level II.
Professional Membership:	Membership in TAIMH or another state infant mental health association.
Education and Training:	Minimum of 15 clock hours per year of relationship-based education and training, pertaining to the promotion of social-emotional development and/or practice of infant mental health (e.g. regional training, related course work at colleges or universities, infant mental health conference attendance). Documentation of training hours submitted with membership renewal.
Professional Membership:	Annual renewal of membership in TAIMH.

Continuing Endorsement Recommendations:

Reflective Supervision:	TAIMH recommends that all Endorsed professionals seek reflective supervision or consultation.

Copyright © 2002 MI-AIMH as Adapted by TAIMH

TAIMH ENDORSEMENT FOR CULTURALLY SENSITIVE, RELATIONSHIP-FOCUSED PRACTICE PROMOTING INFANT MENTAL HEALTH



TEXAS ASSOCIATION FOR
INFANT MENTAL HEALTH

TAIMH's mission is to support the healthy emotional development of infants and their families.

TEXAS ASSOCIATION FOR
INFANT MENTAL HEALTH

TAIMH's mission is to support the healthy emotional development of infants and their families

TAIMH ENDORSEMENT
INTRODUCTION

The Texas Association for Infant Mental Health (TAIMH) is an interdisciplinary, professional organization established to nurture and promote the optimal development of infants, toddlers, and families through relationship-based training and advocacy efforts. Incorporated in 1985, TAIMH has offered support to individuals and groups in the field of Infant Mental Health for over 20 years. The Professional Education Committee's "Food For Thought" series and "The TAIMH Institute" provide integral training opportunities throughout the region. The Biennial Infant Advocacy Conference is designed to recognize and build more confident, skillful providers. Even the TAIMH Newsletter is distributed by email for parent and professional ease of access.

TAIMH has an annual membership of over 125 infant and family professionals and three affiliate Chapters, West Texas, Hill Country, and North Texas. We are all indeed proud to be growing as the role model for Infant Mental Health training in Texas.

TAIMH is pleased to announce that it is expanding its professional activities to include the TAIMH Endorsement for Culturally Sensitive, Relationship-Based Practice Promoting Infant Mental Health. The TAIMH Endorsement is competency-based and will focus on infants and children from birth to five-years-old and their families. The intent of the TAIMH Endorsement is to recognize the professional development of infant and family service providers within the diverse and rapidly expanding field. Endorsement by the Texas Association for Infant Mental Health will verify that an applicant has attained a specified level of functioning and understanding based on a set of competencies that have been identified and agreed upon by hundreds of professionals, service providers, faculty members and policy makers in the infant, young child and family field.

The TAIMH Endorsement will offer individuals working with infants, young children and families a professional development plan that focuses on knowledge, best practice skills, and supervised work experiences that lead to increased ability, confidence and credibility within the field. Of additional importance, the TAIMH Endorsement will inform prospective employers, agencies and peers about culturally sensitive, relationship-based practice promoting infant and early childhood mental health. Those who earn the TAIMH Endorsement will be recognized for their education, training, leadership roles and work experiences.

A Brief Overview

There are four levels of competency within the TAIMH Endorsement:

1. Infant Family Associate
2. Infant Family Specialist
3. Infant Mental Health Specialist
4. Infant Mental Health Mentor

Each level recognizes the educational experiences, in-service training experiences, and work experiences appropriate for best service outcomes for infants, toddlers, and families.

Steps to Endorsement

There are five or six steps to the TAIMH Endorsement Process depending on the Level of Endorsement:

1. Inquiry
2. Application
3. Preparation of a Portfolio
4. Documentation of Competencies
5. Written Examination at Levels 3 & 4
6. Endorsement

©Copyright 2002 MI-AIMH As Adapted by TAIMH

The process begins when a potential candidate calls or emails the TAIMH Endorsement Center to inquire about Endorsement. The office will send a general Endorsement brochure and a Preliminary Application. The candidate then returns the Application, along with the application fee, to the TAIMH Endorsement Center. Upon review of the application, the Endorsement Center confirms at which level the candidate is qualified to apply and forwards the informational packet to the candidate, including Competency Guidelines for that level. A TAIMH advisor will be assigned to the candidate at that time. The candidate will then create his/her professional portfolio and arrange (if applying at Level 3 or 4) to take the written examination.

The portfolio consists of a list of all educational experience accompanied by official transcripts for all college courses, degrees and/or certificates; a list of all in-service training experiences (relevant to culturally sensitive, relationship-based practice promoting infant mental health); a list of all paid work experiences with/related to infants, young children, caregivers and families; reflective supervision experiences (as appropriate); three professional reference ratings; and a signed Code of Ethics.

The written exam is a 3-hour exam offered twice a year and is based on the identified competencies at Levels 3 & 4.

Following completion of the written exam, a three-member panel will review the exam and professional portfolio. The panel then makes recommendations to the Committee regarding endorsement.

TAIMH encourages continuing professional growth and development for all members. The Association requires providers who have successfully completed the TAIMH Endorsement at all levels to continue membership in TAIMH and to participate annually in 15 hours of culturally sensitive, relationship-based training experiences that promote infant mental health practice and to have 6 hours of ongoing reflective supervision annually at Levels 1 and 2, and 12 hours of ongoing reflective supervision annually at Levels 3 and 4.

Prerequisite Requirements:
(1) Membership in TAIMH or another state infant mental health association.
(2) Training/Education as specified and related to infants, young children, parents, other caregivers and families.
(3) Experience working with infants, young children, parents, or other caregivers and families.

TAIMH ENDORSEMENT COMMITTEE

Ann Wood, M.Ed., Co-Chairperson
Barbara Einsohn, M.S., EIS, CIMI, Co-Chairperson
Stephanie Allen-Adams, M.Ed.
Joan Cooksey
Carol Duncan, LCSW
Liz Francis, M.S./ECEd.
Jeanette Goodman, M.ECEd.
Susan Hoff, B.A.
Patty Miller, M.S., CCLS. CIMI
Cindy Myers, Ph.D., OTR
Marnie Stone, B.A., EIS
Barbara Moss, M.S. CCC-SLP/A, Executive Director
Betty Ablon, M.SW
Sally Carmen, RN, MSN, CPNP
Ana DeHoyos-O'Conner, M.A.
Jan Finch, LCSW, ACSW, Ph.D.
Brenda Frizzell, M.S.,LPC, CCFC
Janet Hallman, Ph.D
Arminta Jacobson, Ph.D., CFLE, CFCS
Jim D. Moss, LMSW-ACP, DCSW
Judy Rostad, B.S., M.Ed.
Paula Tarver, Med. LMSW

ACKNOWLEDGEMENTS

The Texas Association of Infant Mental Health gratefully acknowledges the assistance of The Michigan Association of Infant Mental Health in designing this Endorsement. We thank MI-AIMH for their vision and leadership in the field of Infant Mental Health.

©Copyright 2002 MI-AIMH As Adapted by TAIMH

Table of Contents

LEVEL 1, INFANT FAMILY ASSOCIATE
- Introduction 1
- Theoretical Foundations 2
- Law, Regulation & Agency Policy 2
- Systems Expertise 3
- Direct Service Skills 3
- Working with Others 4
- Communicating 4
- Thinking 4
- Reflection 5

LEVEL 2, INFANT FAMILY SPECIALIST
- Introduction 6
- Theoretical Foundations 7
- Law, Regulation & Agency Policy 7
- Systems Expertise 8
- Direct Service Skills 8
- Working with Others 9
- Communicating 9
- Thinking 10
- Reflection 10

LEVEL 3, INFANT MENTAL HEALTH SPECIALIST
- Introduction 11
- Theoretical Foundations 12
- Law, Regulation & Agency Policy 13
- Systems Expertise 13
- Direct Service Skills 14
- Working with Others 15
- Communicating 15
- Thinking 16
- Reflection 16

©Copyright 2002 MI-AIMH As Adapted by TAIMH

LEVEL 4, INFANT MENTAL HEALTH MENTOR

Introduction 17
Theoretical Foundations 18
Law, Regulation & Agency Policy 19
Systems Expertise 19
Direct Service Skills 20
Working with Others 21
Leading People 21
Communicating 22
Thinking 22
Reflection 22
Administration 23
Research and Evaluation 23

GLOSSARY 24

©Copyright 2002 MI-AIMH As Adapted by TAIMH

Texas Association for Infant Mental Health

Competency Guidelines

LEVEL 1, INFANT FAMILY ASSOCIATE

INTRODUCTION

The Level 1 Competency Guidelines were developed by the TAIMH Association for Infant Mental Health to clearly describe the areas of expertise, responsibilities, and behaviors that demonstrate competency at this level.

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Theoretical Foundations Knowledge Areas *pregnancy & early parenthood* *infant & young child development and behavior* *Infant/young child & family-centered practice* *relationship-based practice* *family relationships & dynamics* *attachment, separation & loss* *cultural competence*	*For infants, young children, and families referred and enrolled for services:* • Informally (and in some cases, formally) observes and assesses the infant/young child, parent, and parent-infant/young child relationship to identify landmarks of typical child development behavior and healthy, secure relationships • Supports and reinforces parent's ability to seek appropriate care during pregnancy • Supports and reinforces parent strengths, emerging parenting competencies, and positive parent-infant/young child interactions • Demonstrates awareness of conditions that optimize early infant brain development • Recognizes conditions which require the assistance of other service providers; refers these situations to the supervisor • Shares with families an understanding of infant and family relationship development • Applies understanding of cultural competence to communicate effectively, establish positive relationships with families, and demonstrate respect for the uniqueness of each client family's culture

Law, Regulation & Agency Policy
Knowledge Areas
ethical practice
government, law & regulation
agency policy
	• Exchanges complete and unbiased information in a supportive manner with families and other team members
	• Practices confidentiality of each family's information in all contexts, with exception only when making necessary reports to protect the safety of a family member (*e.g.*, Children's Protective Services, Duty to Warn, etc.)
	• Maintains appropriate personal boundaries with infants/young children and families served, as established by the employing agency
	• Promptly and appropriately reports harm or threatened harm to a child's health or welfare to Protective Services after discussion with supervisor.
	• Accurately and clearly explains the provisions and requirements of federal, state and local laws affecting infants/young children and families (*e.g.*, Part C of IDEA, child protection, child care licensing rules and regulations) to families
	• Shares information with non-citizen families and service agencies about the rights of citizen children of non-citizen parents
	• Personally works within the requirements of :
	  o Federal and state law
	  o Agency policies and practices
	  o Agency code of conduct

©Copyright 2002 MI-AIMH As Adpated by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Systems Expertise Knowledge Areas *service delivery systems* *community resources*	• Assists families to anticipate and obtain the basic requirements of living & other needed services from public agencies and community resources • Collaborates and communicates with other service agencies to ensure that the child(ren) and family receives services for which they are eligible and that the services are coordinated • Helps parents build the skills they need to access social support from extended family, neighbors, and friends needed and as available in the community • Makes families and service providers/agencies aware of community resources available to families during pregnancy and the child's early years
Direct Service Skills Knowledge Areas *observation & listening* *screening & assessment* *responding with empathy* *advocacy* *life skills* *safety*	*For infants, young children, and families referred and enrolled for services:* • Establishes trusting relationship that supports the parent(s) and infant/young child in their relationship with each other, and that facilitates needed change • Uses example, encouragement, and own life experience to: o Empower families to becomes socially and emotionally self-sufficient o Create nurturing, stable infant/young child-caregiver relationships • Provides direct care and teaching/developmental activities to children and families with multiple, complex risk factors to help ensure healthy pregnancy outcomes and the optimal development of the child in all domains (physical, emotional, cognitive) • Participates in formal and informal assessments of the infant's/young child's development, in accordance with standard practice • Formally and informally observes the parent(s) or caregiver(s) and infant/young child to understand the nature of their relationship, developmental strengths, and capacities for change • Provides information and assistance to parents or caregivers to help them: o Understand their role in the social and emotional development of infants/young children o Understand what they can do to promote health, language and cognitive development in infancy and early childhood o Find pleasure in caring for their infants/young children • Promotes parental competence in: o Facing challenges o Resolving crises and reducing the likelihood of future crises o Solving problems of basic needs and familial conflict **Note:** In some agencies, this may be the responsibility of the supervisor/Level 2 practitioner. • Advocates for services needed by child(ren) and families with the supervisor, agencies, and programs • Recognizes environmental and care giving risks to the health and safety of the infant/young child and parents, and takes appropriate action

©Copyright 2002 MI-AIMH As Adpated by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Working with Others	
Skill Areas *building & maintaining relationships* *supporting others* *collaborating* *resolving conflict* *empathy & compassion*	• Builds and maintains effective interpersonal relationships with families and professional colleagues by: o Respecting and promoting the decision-making authority of families o Understanding and respecting the beliefs and practices of the family's culture o Following the parents' lead o Following through consistently on commitments and promises o Providing regular communications and updates • Works with and responds to families and colleagues in a tactful and understanding manner • Collaborates and shares information with other service providers and agencies to ensure the safety of the infant/young child and effective, coordinated services, and to promote awareness of relationship-based approaches to working with children • Works constructively to find "win-win" solutions to conflicts with colleagues (*e.g.*, interagency, peer-peer, and/or supervisor-supervisee conflicts)
Communicating	
Skill Areas *listening* *speaking* *writing*	• Actively listens to others; asks questions for clarification • Uses appropriate non-verbal behavior and correctly interprets others' non-verbal behavior • Communicates honestly, sensitively, and empathically with families, using non-technical language • Obtains translation services as necessary to ensure effective communication with families who do not speak English • Writes clearly, concisely, and with the appropriate style (business, conversational, etc.) in creating notes, reports, and correspondence
Thinking	
Skill Areas *analyzing information* *solving problems* *exercising sound judgment* *maintaining perspective* *planning & organizing*	• Sees and can explain the "big picture" when analyzing situations • Sees and can explain the interactions of various factors • Assigns priorities to needs, goals, and actions • Considers difficult situations carefully • Evaluates alternatives prior to making decisions • Integrates all available information and consults with others when making important decisions • Generates new insights and workable solutions to issues related to effective relationship-based, family-centered care • Defines, creates a sequence for, and prioritizes tasks necessary to perform role and meet the needs of families • Employs effective systems for tracking individual progress, for assuring follow up, and for monitoring the effectiveness of service delivery as a whole

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Reflection	
Skill Areas *contemplation* *self awareness* *curiosity* *professional/personal development* *emotional response*	• Regularly examines own thoughts, feelings, strengths, and growth areas • Seeks the ongoing support and guidance of the supervisor to: o Ensure that family progress and issues are communicated and addressed o Determine actions to take o Help maintain appropriate boundaries between self and families • Seeks a high degree of agreement between self-perceptions and the way others perceive him/her • Remains open and curious • Identifies and participates in appropriate learning activities • Keeps up-to-date on current and future trends in child development and relationship-based practice • Uses reflective practice throughout work with infants/young children and families to understand own emotional response to infant/family work • Understands capacity of families to change. • Recognizes areas for professional and/or personal development

©Copyright 2002 MI-AIMH As Adpated by TAIMH

Texas Association for Infant Mental Health

Competency Guidelines

LEVEL 2, INFANT FAMILY SPECIALIST

INTRODUCTION

The Level 2 Competency Guidelines were developed by the Texas Association for Infant Mental Health to clearly describe the areas of expertise, responsibilities, and behaviors that can demonstrate competency at this level.

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Theoretical Foundations Knowledge Areas *pregnancy & early parenthood* *infant & young child development and behavior* *Infant/young child & family-centered practice* *relationship-based, therapeutic practice* *family relationships & dynamics* *attachment, separation & loss* *disorders of infancy/early childhood* *cultural competence*	*For infants, young children, and families referred and enrolled for services:* • During observations and assessments, identifies emerging competencies of the infar and young child within a relationship context • Supports and reinforces parent's capacity to seek appropriate care during pregnancy • Supports and reinforces each parent's strengths, emerging parenting competencies, and positive parent-infant/young child interactions and relationships • Helps parents to: o "See" the infant/young child as a person, as well as all the factors (playing, holding, teaching, etc.) that constitute effective parenting of that child o Derive pleasure from daily activities with their children • Shares with families realistic expectations for the development of their infants/young children and strategies that support those expectations • Demonstrates familiarity with conditions that optimize early infant brain development • Recognizes risks and disorders of infancy/early childhood conditions which require the assistance of other professionals from health, mental health, education, and child welfare systems • Shares with families an understanding and appreciation of family relationship development • Applies understanding of cultural competence to communicate effectively, establish positive relationships with families, and demonstrate respect for the uniqueness of each client family's culture
Law, Regulation & Agency Policy Knowledge Areas *ethical practice* *government, law & regulation* *agency policy*	• Exchanges complete and unbiased information in a supportive manner with families and other team members • Practices confidentiality of each family's information in all contexts with exception only when making necessary reports to protect the safety of a family member (*e.g.*, Children's Protective Services, Duty to Warn, etc.) • Maintains appropriate personal boundaries with infants/young children and families served, as established by the employing agency • Promptly and appropriately reports harm or threatened harm to a child's health or welfare to Protective Services • Accurately and clearly explains the provisions and requirements of federal, state and local laws affecting infants/young children and families (*e.g.* Part C of IDEA, child protection, child care licensing rules and regulations) to families, child or foster care staff, community-based programs • Shares information with non-citizen families and service agencies about the rights of citizen children of non-citizen parents • Personally works within the requirements of: o Federal and state law o Agency policies and practices o Professional code of conduct

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Systems Expertise Knowledge Areas *service delivery systems* *community resources*	• Assists families to anticipate, obtain, and advocate for concrete needs & other services from public agencies and community resources • Actively seeks resources to address child and family needs • Works collaboratively with and makes referrals to other service agencies to ensure that the child(ren) and family receives services for which they are eligible and that the services are coordinated • Helps parents build the skills they need to access social support from extended family, neighbors, and friends needed and as available in the community • Makes families and service providers/agencies aware of community resources available to families
Direct Service Skills Knowledge Areas *observation & listening* *screening & assessment* *responding with empathy* *advocacy* *life skills* *safety*	*For infants, young children, and families referred and enrolled for services:* • Establishes trusting relationship that supports the parent(s) and infant/young child in their relationship with each other, and that facilitates needed change • Provides services to children and families with multiple, complex risk factors • Formally and informally observes the parent(s) or caregiver(s) and infant/young child to understand the nature of their relationship, developmental strengths, and capacities for change • Conducts formal and informal assessments of infant/young child development, in accordance with established practice • Effectively implements relationship-based, therapeutic parent-infant/young child interventions that enhance the capacities of parents and infants/young children • Provides information and assistance to parents/or caregivers to help them: o Understand their role in the social and emotional development of infants/young children o Understand what they can do to promote health, language and cognitive development in infancy and early childhood o Find pleasure in caring for their infants/young children • Nurtures the parents' relationship with each other, if one exists; alternatively, helps the custodial parent manage appropriate contact with the non-custodial parent • Promotes parental competence in: o Facing challenges o Advocating on behalf of themselves and their children o Resolving crises and reducing the likelihood of future crises o Solving problems of basic needs and familial conflict • Advocates for services needed by children and families with the supervisor, agencies, and programs • Recognizes environmental and care giving risks to the health and safety of the infant/young child and parents, and takes appropriate action

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Working with Others Skill Areas *building & maintaining relationships* *supporting others/mentoring* *collaborating* *resolving conflict* *empathy & compassion*	• Builds and maintains effective interpersonal relationships with families and professional colleagues by: o Respecting and promoting the decision-making authority of families o Understanding and respecting the beliefs and practices of the family's culture o Following the parents' lead o Following through consistently on commitments and promises o Providing regular communications and updates • Works with and responds to families & colleagues in a tactful and understanding manner • Provides positive, specific feedback to encourage and reinforce desired behaviors and interactions in families • Assists families to develop the skills they need to become their own advocates • Models appropriate behavior and interventions for new staff as they observe home visits • Encourages parents to share with other parents (*e.g.* through nurturing programs, parent-child interaction groups, etc.) • Collaborates and shares information with staff of child care, foster care, community-based programs, and other service agencies to ensure effective, coordinated services • Works constructively to find "win-win" solutions to conflicts with colleagues (*e.g.*, interagency, peer-peer, and/or supervisor-supervisee conflicts) • Provides emotional support to parents/caregivers and children when sad, distressed, etc.
Communicating Skill Areas *listening* *speaking* *writing*	• Actively listens to others; asks questions for clarification • Uses appropriate non-verbal behavior and correctly interprets others' non-verbal behavior • Communicates honestly, sensitively, and empathetically with families, using non-technical language • Obtains translation services as necessary to ensure effective communication with families who do not speak English • Writes clearly, concisely, and with the appropriate style (business, conversational, etc.) in creating notes, reports and correspondence

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Thinking	
Skill Areas *analyzing information* *solving problems* *exercising sound judgment* *maintaining perspective* *planning & organizing*	• Sees and can explain the "big picture" when analyzing situations • Sees and can explain the interactions of various factors • Assigns priorities to needs, goals, and actions • Considers difficult situations carefully • Evaluates alternatives prior to making decisions • Integrates all available information and consults with others when making important decisions • Generates new insights and workable solutions to issues related to effective relationship-based, family-centered care • Defines, creates a sequence for, and prioritizes tasks necessary to perform role and meet the needs of families • Employs effective systems for tracking individual progress, for assuring follow up, and for monitoring the effectiveness of service delivery as a whole
Reflection	
Skill Areas *contemplation* *self awareness* *curiosity* *professional/personal development* *emotional response*	• Regularly examines own thoughts, feelings, strengths, and growth areas; discusses issues, concerns, actions to take with supervisor, consultants or peers • Consults regularly with supervisor, consultants, peers to understand own capacities and needs, as well as the capacities and needs of families • Seeks a high degree of agreement between self-perceptions and the way others perceive him/her • Remains open and curious • Identifies and participates in learning activities related to the promotion of infant mental health • Keeps up-to-date on current and future trends in child development and relationship-based practice • Uses reflective practice throughout work with infants/young children and families to understand own emotional response to infant/family work and to recognize areas for professional and/or personal development

©Copyright 2002 MI-AIMH As Adapted by TAIMH

Texas Association for Infant Mental Health

Competency Guidelines

LEVEL 3, INFANT MENTAL HEALTH SPECIALIST

INTRODUCTION

The Level 3 Competency Guidelines were developed by the Texas Association for Infant Mental Health to clearly describe the areas of expertise, responsibilities, and behaviors that demonstrate competency at this level.

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Theoretical Foundations Knowledge Areas *pregnancy & early parenthood* *infant & young child development & behavior* *Infant/young child & family-centered practice* *relationship-based, therapeutic practice* *family relationships & dynamics* *attachment, separation & loss* *psychotherapeutic & behavioral theories of change* *disorders of infancy/early childhood* *mental and behavioral disorders in adults* *cultural competence*	*For infants, young children, and families referred and enrolled for services:* • Supports and reinforces parent's capacity to seek appropriate care during pregnancy • Identifies both typical and atypical development during pregnancy, infancy and early childhood, through formal observation, assessment, and in day-to-day interactions with the infant/young child and family • Provides information, guidance and support to families related to the development and care of infants/young children to further develop their parenting capabilities and the parent-infant/young child relationship; ensures that the information is provided in the family's language • Develops service plans that take into account each infant's/young child's and family's unique needs, desires, history, lifestyle, concerns, strengths, resources, cultural community and priorities • During observations and assessments, identifies emerging competencies of the infant and young child within a relationship context • Supports and reinforces each parent's strengths, emerging parenting competencies, and positive parent-infant/young child interactions and relationships • Helps parents to: o "See" the infant/young child as a person, as well as all the factors (playing, holding, teaching, etc.) that constitute effective parenting of that child o Derive pleasure from daily activities with their children • Shares with families realistic expectations for the development of their infants/young children and strategies that support those expectations • Demonstrates familiarity with conditions that optimize early infant brain development • Recognizes risks and disorders of infancy/early childhood conditions which require treatment and/or the assistance of other professionals from health, mental health, education, and child welfare systems • Shares with families an understanding and appreciation of family relationship development • Applies understanding of cultural competence to communicate effectively, establish positive relationships with families, and demonstrate respect for the uniqueness of each client family's culture • Accurately interprets information from informal and formal observations and assessments to identify capacities and strengths, as well as developmental delays and/or emotional disturbance in infants and young children served • Accurately interprets information from informal and formal observations and assessments to identify capacities and strengths, as well as relationship disturbances, disorders, and risks in early childhood families • Develops service plans that take into account each infant's/young child's and family's unique needs, desires, history, lifestyle, concerns, strengths, resources, and priorities • Provides services that reinforce and nurture the caregiver-infant/young child relationship • Engages in parent-infant/young child psychotherapy to explore issues (including attachment, separation, loss) that affect the development and care of the infant/young child.

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Law, Regulation & Agency Policy Knowledge Areas *ethical practice* *government, law & regulation* *agency policy*	• Exchanges complete and unbiased information in a supportive manner with families and other team members • Practices confidentiality of each family's information in all contexts with exception only when making necessary reports to protect the safety of a family member (*e.g.*, Children's Protective Services, Duty to Warn, etc.) • Maintains appropriate personal boundaries with infants/young children and families served, as established by the employing agency • Promptly and appropriately reports harm or threatened harm to a child's health or welfare to Protective Services • Accurately and clearly explains the provisions and requirements of federal, state and local laws affecting infants/young children and families (*e.g.*, Part C of IDEA, child protection, child care licensing rules and regulations) to families, child or foster care staff, community-based programs • Shares information with non-citizen families and service agencies about the rights of citizen children of non-citizen parents • Personally works within the requirements of: o Federal and state law o Agency policies and practices o Professional code of conduct
Systems Expertise Knowledge Areas *service delivery systems* *community resources*	• Assists families to anticipate, obtain, and advocate for concrete needs & other services from public agencies and community resources • Actively seeks resources to address child and family needs • Works collaboratively with and makes referrals to other service agencies to ensure that the child(ren) and family receives services for which they are eligible and that the services are coordinated • Helps parents build the skills they need to access social support from extended family, neighbors, and friends needed and as available in the community • Makes families and service providers/agencies aware of community resources available to families

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Direct Service Skills Knowledge Areas *observation & listening* *screening & assessment* *responding with empathy* *treatment planning* *developmental guidance* *supportive counseling* *parent-infant/toddler psychotherapy* *advocacy* *life skills* *safety*	*For infants, young children, and families referred and enrolled for services:* • Establishes trusting relationship that supports the parent(s) and infant/young child in their relationship with each other and facilitates change • Works with the parent(s) and the infant/young child together, often in the home, in accordance with accepted practice • Observes the parent(s) or caregiver(s) and infant/young child together to understand the nature of their relationship, developmental strengths, and capacities for change • Conducts observations, discussions, and formal and informal assessments of infant/young child development, in accordance with established practice • Observes and articulates the infant's and parent's perspectives within a relationship context • Recognizes and holds multiple viewpoints, *e.g.*, the infant, the parent, the service provider • Interprets and synthesizes information (including family perceptions and priorities) from observations, discussions, and formal and informal assessments to: o Identify and feed back to the parent(s) or caregiver(s) the strengths, capacities, needs, and progress of the infant/young child and family/caregiver(s) o Develop mutually agreed upon service plans incorporating explicit objectives and goals o Formulate clinical recommendations that guide best practice • Effectively implements relationship-based, therapeutic parent-infant/young child interventions that enhance the capacities of parents and infants/young children • Helps parents identify goals and activities that encourage interaction and that can be woven into the infant's/young child's and family's daily routines • Uses multiple strategies to help parents or caregivers: o Understand their role in the social and emotional development of infants/young children o Understand what they can do to promote health, language and cognitive development in infancy and early childhood o Find pleasure in caring for their infants/young children • Promotes parental competence in: o Facing challenges o Resolving crises and reducing the likelihood of future crises o Solving problems of basic needs and familial conflict • Uses toys, books, media, etc., as appropriate to support developmental guidance • Diagnoses disturbances or disorders of infancy and mental illness in family members, as appropriate, using available diagnostic tools (*e.g.*, Diagnostic Manual – 4 (DSM4) , Diagnostic Classification (DC-0 to 3) • Attends and responds to parental histories of loss as they affect the care of the infant/young child, the parent's development, the emotional health of the infant/young child, and the developing relationship • Recognizes environmental and care giving threats to the health and safety of the infant/young child and parents, and takes appropriate action • Secures literature/brochures in families' language(s)

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Working with Others Skill Areas *building & maintaining relationships* *supporting others/mentoring* *collaborating* *resolving conflict* *empathy & compassion*	• Builds and maintains effective interpersonal relationships with families and professional colleagues by: o Respecting and promoting the decision-making authority of families o Understanding and respecting the beliefs and practices of the family's culture o Following the parents' lead o Following through consistently on commitments and promises o Providing regular communications and updates • Works with and responds to families & colleagues in a tactful and understanding manner • Provides positive, specific feedback to encourage and reinforce desired behaviors and interactions in families • Encourages parents to share with other parents (*e.g.*, through nurturing programs, parent-child interaction groups, etc.) • Provides emotional support to parents/caregivers and children when sad, distressed, etc. • Assists families to develop the skills they need to become their own advocates • Models appropriate behavior and interventions for new staff as they observe home visits • Collaborates and shares information with staff of child care, foster care, community-based programs, and other service agencies to ensure effective, coordinated services • Works constructively to find "win-win" solutions to conflicts with colleagues (*e.g.*, interagency, peer-peer, and/or supervisor-supervisee conflicts)
Communicating Skill Areas *listening* *speaking* *writing*	• Actively listens to others; asks questions for clarification • Uses appropriate non-verbal behavior and correctly interprets others' non-verbal behavior • Communicates honestly, sensitively, and empathetically with families, using non-technical language • Obtains translation services as necessary to ensure effective communication with families who do not speak English • Writes clearly, concisely, and with the appropriate style (business, conversational, etc.) in creating notes, reports and correspondence

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Thinking	
Skill Areas *analyzing information* *solving problems* *exercising sound judgment* *maintaining perspective* *planning & organizing*	• Sees and can explain the "big picture" when analyzing situations • Sees and can explain the interactions of various factors • Assigns priorities to needs, goals, and actions • Considers difficult situations carefully • Evaluates alternatives prior to making decisions • Integrates all available information and consults with others when making important decisions • Generates new insights and workable solutions to issues related to effective relationship-based, family-centered care • Defines, creates a sequence for, and prioritizes tasks necessary to perform role and meet the needs of families • Employs effective systems for tracking individual progress, for assuring follow up, and for monitoring the effectiveness of service delivery as a whole
Reflection	
Skill Areas *contemplation* *self awareness* *curiosity* *professional/personal development* *emotional response*	• Regularly examines own thoughts, feelings, strengths, and growth areas; discusses issues, concerns, actions to take with supervisor, consultants or peers • Consults regularly with supervisor, consultants, peers to understand own capacities and needs, as well as the capacities and needs of families • Seeks a high degree of agreement between self-perceptions and the way others perceive him/her • Remains open and curious • Identifies and participates in learning activities related to the promotion of infant mental health • Keeps up-to-date on current and future trends in child development and relationship-based practice • Uses reflective practice throughout work with infants/young children and families to understand own emotional response to infant/family work and to recognize areas for professional and/or personal development

©Copyright 2002 MI-AIMH As Adapted by TAIMH

Texas Association for Infant Mental Health

Competency Guidelines

LEVEL 4, INFANT MENTAL HEALTH MENTOR

INTRODUCTION

The Level 4 Competency Guidelines were developed by the Texas Association for Infant Mental Health to clearly describe the areas of expertise, responsibilities, and the behaviors that demonstrate competency.

In both the Impact Map and the Competency Detail, you'll notice alphabetic codes in parentheses besides certain Competencies. These codes indicate the specific area(s) of responsibility that the competency most directly impacts, as follows:

- **C** Core Responsibilities
- **S** Clinical Supervision, Consultation & Training
- **T** Teaching, Research & Evaluation
- **P** Policy/Program Administration

For example, the code "C" beside "Working with Others" indicates that this competency group directly impacts the Core Responsibilities area.

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Theoretical Foundations Knowledge Areas *pregnancy & early parenthood* *infant & young child development and behavior* *Infant/young child- & family-centered practice* *relationship-based, therapeutic practice* *family relationships & dynamics* *attachment, separation & loss* *psychotherapeutic & behavioral theories of changes* *disorders of infancy/early childhood* *mental & behavioral disorders in adults* *cultural competence* *adult learning theory & practice* *statistics* *research & evaluation*	*May practice each of the following oneself, but more importantly nurtures these skills in novice practitioners, students, clients and other colleagues. All are **C** and/or **S**:* • Identifies both typical and atypical development during pregnancy, infancy and early childhood, through formal observation, assessment, and in day-to-day interactions with the infant/young child and family • Provides information, guidance, and support to families related to the development and care of infants and young children to further develop their parenting capabilities and the attachment relationship • Demonstrates expertise regarding the conditions that optimize early infant brain development • Provides interpreters and literature in languages that meets community's needs • Accurately interprets information from informal and formal observations and assessments to identify capacities and strengths, as well as developmental delays and/or emotional disturbance in infants and young children served • Accurately interprets information from informal and formal observations and assessments to identify capacities and strengths, as well as relationship disturbance, disorders, and risks in early childhood families • Develops service plans that take into account each infant's/young child's and family's unique needs, desires, history, lifestyle, concerns, strengths, resources, and priorities • Provides services that reinforce and nurture the caregiver-infant/young child relationship • Engages in parent-infant/young child psychotherapy to explore issues (including attachment, separation, loss) that affect the development and care of the infant/young child. • Recognizes conditions which require the assistance of other professionals from health, mental health , education, and child welfare systems • Shares with families an understanding of family relationship development, with sensitivity to cultural differences *Typically demonstrates these skills oneself:* • Applies understanding of cultural competence to communicate effectively and establish positive relationships with a wide range of people and organizations, and demonstrate respect for the uniqueness of each family's culture and practices **(C)** • Writes articles, books, manuals on infant mental health principles and practice **(T)** • Designs, develops, and delivers effective learning interventions as part of conferences, workshops, university courses and other opportunities to educate on effective infant mental health principle and practice **(T)** • Monitors or evaluates service process and outcomes **(S, T)** • Designs, leads, and manages research projects intended to increase the body of knowledge on infant mental health, early development, and effective interventions **(T)** • Develops or impacts policy and practice intended to increase the extent or effectiveness of infant mental health interventions **(P)**

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By

Law, Regulation & Agency Policy
 	
Knowledge Areas
ethical practice
government, law & regulation
agency policy
	*All are **C, S, T** and **P**:*
	
	• Models the exchange of complete and unbiased information in a supportive manner with families, colleagues, other practitioners, students, agency representatives, legislators and others
	• Models and coaches the maintenance of confidentiality of each family's information in all contexts with exception only when making necessary reports to protect the safety of a family member (*e.g.*, Children's Protective Services, Duty to Warn)
	• Models and coaches colleagues regarding the maintenance of appropriate personal boundaries with infants/young children and families served
	• Models and provides coaching to novice service providers in the negotiation of the dual roles of family advocate and infant/young child advocate in situations in which an infant's/young child's health and safety may be at risk
	• Models and coaches respect and advocacy for, and the upholding of, the rights of infants, young children, and families
	• Accurately and clearly explains the provisions and requirements of federal, state, and local laws affecting infants/young children and families (early intervention, child protection) to families, students, practitioners, infant mental health programs, community groups, etc., including the rights of citizen children of non-citizen parents
	• When consulting/providing expert testimony to agencies, programs, legislative bodies, and service systems, develops conclusions and recommendations that reflect the needs and best interests of the infant/young child within the context of the family
	• In all activities, personally models working within the letter and spirit of:
	  o Federal, state, and local law
	  o Agency policies and practices
	  o Professional code of conduct

Systems Expertise Knowledge Areas *service delivery systems* *community resources*	*All are **C, S, T** and **P**:* • Provides advice and referral information to colleagues, practitioners, agencies, community organizations, and families on the services available through the formal service delivery systems (Protective Services, Department of Education, Community Mental Health, etc.) and through other community resources (*e.g.*, churches, food banks, day care centers, family members, friends, other families) • Bases consulting advice and recommendations on an expert knowledge of the formal service delivery systems and community resources • Receives on-going in-service training on cultural competence in regards to service delivery

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise

Direct Service Skills

Knowledge Areas

observation & listening
screening & assessment
responding with empathy
treatment planning
developmental guidance
supportive counseling
parent-infant/toddler psychotherapy
advocacy
safety
reflective clinical supervision

As Demonstrated By

*For Level 4 professionals focused on Clinical Supervision and/or Training-models, coaches and otherwise instructs in the following competencies (**S, T**):*

- Establishes trusting relationship that supports the parent(s) and infant/young child in their relationship with each other, and facilitates change
- Works with the parent(s) and infant/young child together, primarily in the home, in accordance with accepted practice
- Observes the parent(s) or caregiver(s) and infant/young child together to understand the nature of their relationship, culture, developmental strengths, and capacities for change
- Conducts observations, discussions, and formal and informal assessments of infant/young child development, in accordance with established practice
- Interprets information (including family perceptions and priorities) from observations, discussions, and formal and informal assessments to:
  - Identify and feed back to the parent(s) or caregiver(s) the strengths, capacities, needs and progress of the infant/young child and family/caregivers
  - Develop mutually agreed upon service plans incorporating explicit objectives and goals
- Effectively implements relationship-based, therapeutic parent-infant/young child interventions that enhance the capacities of parents and infants/young children
- Helps parents identify goals and activities that encourage interaction and that can be woven into the infant's/ young child's and family's daily routines
- Uses multiple strategies to help parents/caregivers:
  - Understand their role in the social and emotional development of infants and young children
  - Understand what they can do to promote health, language and cognitive development in infancy and early childhood
  - Find pleasure in caring for their infants/young children
- Promotes parental competence in:
  - Facing challenges
  - Resolving crises and reducing the likelihood of future crises
  - Solving problems of basic needs and familial conflict
- Uses toys, books, media, etc., as appropriate to support developmental guidance
- Diagnoses mental illness in family members, as appropriate, using available diagnostic tools (*e.g.*, DSM-4, DC-0 to 3)
- Attends and responds to parental histories of loss as they affect the care of the infant/young child, the parent's development, the emotional health of the infant/young child, and the developing relationship
- Recognizes environmental and care giving threats to the health and safety of the infant/young child and parents, and takes appropriate action
- Enables supervisees to use the supervisory/consultative relationship to reflect upon direct work with families, including:
  - Observation of own feelings and thoughts regarding the selection and use of clinical interventions in various settings
  - Effects of treatment relationships and of specific interventions

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Working with Others Skill Areas *building & maintaining relationships* *supporting others* *coaching & mentoring* *collaborating* *resolving conflict* *crisis management* *empathy & compassion* *consulting*	All are Core Responsibilities **(C)**: • Builds and maintains effective interpersonal relationships with a broad range of people: families, colleagues, agency and community representatives, and/or legislators, as the individual role requires by: o Being proactive in establishing connections o Sharing information o Partnering on projects (*e.g.*, research, publication, program development, legislation, education initiatives) o Identifying and reaching out to cultural families not being served or being under-served • Deals with all people in a tactful and understanding manner • Provides a safe and supportive supervisory relationship in which the supervisee can explore ideas, reflect about cases, and grow • Actively participates and works cooperatively with interagency teams, planning committees, and ongoing work groups • As an expert resource, provides guidance and feedback, often in one-on-one mentoring relationships, to novice practitioners, graduate students, and other colleagues as requested • Models and coaches strategies for identifying "win-win" solutions to conflicts and for improving families' ability to resolve conflicts themselves, with sensitivity to cultural differences • Models and coaches sensitive, caring approach to families served • Provides expert advice, testimony, and/or recommendations to programs, agencies, legislative bodies, service systems, taking into account needs, goals, context, and constraints to: o Help develop policy & procedure that support relationship-based work o Advocate for policy, program, and/or system improvements o Obtain funding
Leading People Skill Areas *motivating* *advocacy* *developing talent*	*All are **S**, **T** and **P**:* • Models personal commitment and empathy in all aspects of the practice of infant mental health • Uses influencing and persuading skills, backed by own and others expert knowledge, to promote effective infant mental health principles, practice, and programs • Coaches novice practitioners, students, colleagues, reporting employees, clients in a range of skills to help them become: o Highly effective infant mental health practitioners/professionals o Positively contributing human beings o Culturally aware individuals

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Communicating Skill Areas *listening* *speaking* *writing* *group process*	*All are **S, T** and **P**:* • Actively listens to others; clarifies others' statements to ensure understanding • Appropriately uses and interprets non-verbal behavior • Communicates honestly, professionally, sensitively, and empathetically with any audience • Demonstrates clarity, focus, accuracy, and diplomacy when speaking at workshops, meetings, conferences, legislative sessions, committee meetings • Writes clearly, concisely, and with the appropriate style (business, conversational, etc.) in creating books, articles, research, Web content, grant applications, instructional and meeting materials, reports, and correspondence • Effectively facilitates small groups (*e.g.*, interdisciplinary or interagency teams)
Thinking Skill Areas *analyzing information* *solving problems* *exercising sound judgment* *maintaining perspective* *planning & organizing*	*Practices each of the following oneself, but also nurtures these skills in novice practitioners, students, clients, and other colleagues (**S, T** and **P**) :* • Sees and can explain the "big picture" when analyzing situations • Sees and can explain the interactions of various factors • Assigns priorities to needs, goals, and actions • Considers difficult situations carefully • Evaluates alternatives prior to making decisions • Integrates all available information and own expertise in making decisions • Generates new insights and workable solutions to issues related to effective relationship-based, family-centered care • Defines, creates a sequence for, and prioritizes tasks necessary to perform role and achieve goals (especially goals related to complex, organizational initiatives) • Employs effective systems for tracking progress and assuring follow-up
Reflection Skill Areas *contemplation* *self awareness* *curiosity* *professional/personal development* *emotional response*	*Practices each of the following oneself, but also nurtures these skills in novice practitioners, students, clients, and other colleagues. All are **C** and **S**:* • Regularly examines own thoughts, feelings, strengths, and growth areas; discusses issues, concerns with supervisor or mentor • Seeks a high degree of congruence between self-perceptions and the way others perceive him/her • Consults regularly with others to understand own capacities and needs, as well as the capacities and needs of families • Encourages others (peers, supervisees, et al.) to examine their own thoughts, feelings, and experiences in determining actions to take • Remains open and curious • Uses results of reflection to identify areas for personal development; identifies and participates in value-added learning activities • Keeps up-to-date on current and future trends in infant/young child development and infant mental health practice

©Copyright 2002 MI-AIMH As Adapted by TAIMH

COMPETENCY DETAIL

Area of Expertise	As Demonstrated By
Administration Skill Areas *program management* *program development* *program evaluation* *program funding*	*For Level 4 professionals focused on Policy/Program Administration (all are **P**):* • Manages one's organization from the perspective of relationship-based service and infant/young child- and family-centered practice • Identifies opportunities and needs for program improvements, expanded services, and new services • Partners with agencies, programs, legislative bodies, and/or service systems to develop new programs and/or achieve program improvements • May take the lead in realizing new programs/improvements • Establishes and monitors process and outcomes measures for continuous quality improvement; feeds information back to staff • Assists agencies, programs, legislative bodies, and service systems in obtaining funding, including grant development and preparation • Advocates for funds/programming for effective service delivery to families outside of the dominant culture • Promotes research for program improvements in regards to multi-cultural service delivery
Research and Evaluation Skill Areas *study of infant relationships & attachment* *study of infant development and behavior* *study of families*	*For Level 4 professionals focused on Teaching, Research and Evaluation (all are **T**):* • Generates research questions that promote infant mental health • Generates new knowledge and understanding of infants, parents, caregivers and relationship-based practice based on sound research • Assists programs and agencies in measuring outcomes related to the optimal well-being of infants, toddlers, families and their caregiving communities • Generates research that reflects cultural competence in the infant-family field • Applies research findings to culturally sensitive, relationship-based practice promoting infant mental health • Shares his/her generated knowledge with other via publication and/or presentations in/at infant-family related books, journals, and conferences

©Copyright 2002 MI-AIMH As Adapted by TAIMH

GLOSSARY

Attachment: An emotional bond between a parent/primary caregiver and infant that develops over time and as a result of positive careseeking behaviors (*e.g.*, crying, smiling, vocalizing, grasping, reaching, calling, following) and responsive caregiving (*e.g.*, smiling, talking, holding, comforting, caressing).

Candidate: a professional/service provider who has applied for the TAIMH Endorsement at Levels 1, 2, 3, or 4.

Candidate's Waiver: an agreement signed by an endorsement candidate waiving the right to review professional reference forms.

Children's Protective Services: a state-wide system to prevent or treat the abuse and neglect of children within the Family Independence Agency.

Collaborate: Work willingly with other direct service providers, parents, community agencies, faculty, and other professionals to obtain, coordinate, and research services that effectively nurture infants and families.

Competency Guidelines: Describe specific areas of expertise, responsibilities and behaviors that are required to earn the TAIMH Endorsement at Level 1 (Infant Family Associate), Level 2 (Infant Family Specialist), Level 3 (Infant Mental Health Specialist), and Level 4 (Infant Mental Health Mentor). Areas of expertise, very generally described here, include theoretical foundations; law, regulation and policy; service systems; direct service skills; working with others; communicating; reflection; and thinking.

Consultation: an opportunity for professionals/service providers to meet regularly with an experienced infant mental health professional to examine thoughts and feelings in relationship to work with infants, toddlers, and families.

Cultural Competence: The ability to observe, understand and respond, appreciating individual capacities and needs of infants, toddlers and families with respect for their culture, including race, ethnicity, values, behaviors and traditions.

Cultural Sensitivity: The ability to respect and acknowledge differences in beliefs, attitudes and traditions related to the care and raising of young children, remaining open to different points of view and approaching families with respect for their cultural values.

Early Childhood-Related Professional: a professional/service provider who works with infants and very young children (birth to five years). Examples include a child care provider, an early head start teacher, a family support specialist, a home visitor, a maternal support specialist, and an infant mental health specialist.

Endorsement: Recognition and documentation of competency within the infant and family field.

Family-Centered Practice: the infant and family professional/service provider's ability to focus on the infant or toddler within the context of the family and to respect the family's strengths and needs as primary.

©Copyright 2002 MI-AIMH As Adapted by TAIMH

Infant Family Associate: a professional/service provider who meets the requirements for TAIMH Endorsement at Level 1.

Infant Family Specialist: A professional/service provider who meets the requirements for TAIMH Endorsement at Level 2.

Infant Mental Health: An interdisciplinary field dedicated to promoting the social and emotional well-being of all infants, toddlers, and families within the context of secure and nurturing relationships. Infant mental health services support the growth of healthy attachment relationships in early infancy, reducing the risk of delays or disorders and enhancing enduring strengths.

Infant Mental Health Mentor: a professional/service provider who meets the requirements for TAIMH Endorsement at Level 4.

Infant mental health specialist: a professional/service provider who meets the requirements for TAIMH Endorsement at Level 3.

Intensive In-Service Training: training experiences that offer opportunities for discussion and reflection about the development, behavior or treatment of infants and toddlers within the context of the family; full day training experiences or training over time, e.g., 6 hours monthly for 6 months; 3 hours monthly for 12 months.

Mentor: an experienced infant mental health professional who offers guidance, support and learning opportunities to professionals/service providers within the infant and family field. An Infant Mental Health Mentor meets the requirements for TAIMH Endorsement at the highest level, Level 4.

TAIMH Endorsement Advisor: a professional/service provider who meets the requirements for endorsement at Levels 2, 3, or t, is a member of TAIMH, and who agrees to guide an endorsement candidate through the TAIMH Endorsement process.

TAIMH Endorsement Committee: members identified by the TAIMH President and Executive Board to develop the endorsement for infant and family professionals/service providers for the association.

Observation: the infant and family professional/service provider's ability to describe what he/she sees when working with infants and families and to examine and reflect on the meaning of those observations with a colleague or supervisor/consultant.

Professional Development Plan: an individual approach to professional growth within the infant and family field that encourages the fulfillment of requirements for the TAIMH Endorsement through education, training, and supervised work experiences.

Reflective: Self aware, able to examine one's professional and personal thoughts and feelings in response to work within the infant and family field.

Reflective practice: Able to examine one's thoughts and feelings related to professional and personal responses within the infant and family field.

Relationship-based practice: Values early developing relationships between parents and young children as the foundation for optimal growth and change; directs all services to nurture early developing relationships within families; values the working relationship between parents and professionals as the instrument for therapeutic change; values all relationship experiences, pas and present, as significant to one's capacity to nurture and support others.

Service Plan: a plan for family guidance, support and intervention that is discussed and mutually agreed upon by a professional/service provider and parent(s).

Supervision: a learning experience in which a professional/service provider meets regularly with an experienced infant mental health professional to examine professional and personal thoughts and feelings in relationship to work in the infant and family field.

©Copyright 2002 MI-AIMH As Adapted by TAIMH

Preparing for the TAIMH Endorsement Examination

Part I – Multiple Choice Questions
Part II – Response to Clinical Vignettes

What Should You Study?

1. Your work experiences with infants and toddlers and families, where you are working from a relationship-based perspective to promote infant mental health, are crucial.
2. Your experience of reflective supervision is a second important guide.
3. Your study of the following topics, learned in a university program, through in-service trainings and self study is the third component:
    a. Attachment theory and early relationship development.
    b. Caregiving practices and caregiving behaviors.
    c. Family, parenting and child care issues.
    d. Infant and toddler development in all domains: social, emotional, cognitive, language, and physical.
    e. Temperament.
    f. Indicators of risk and capacity in infancy, early childhood, and early parenthood.
    g. Infant mental health practice.
    h. Infant mental health assessment and treatment approaches.
    i. Cultural diversity.
    j. Pregnancy and childbirth.

©Copyright 2002 MI-AIMH As Adapted by TAIMH

October 9th, 2013

PUBLIC COMMENT

Provided to the Texas Rising Star Workgroup
By
Texas Association for the Education of Young Children.

Good Morning. My name is Jackie Taylor and I am the Program Director for the Texas Association for the Education of Young Children, Project Coordinator for T.E.A.C.H. Early Childhood ® TEXAS Project and Training Coordinator for Healthy Child Care Texas.

Texas Association for the Education of Young Children is a professional organization with nearly 2,000 members who represent all areas of the field of early care and education across Texas. Texas AEYC is an affiliate of the National Association for the Education of Young Children, which has more than 90,000 members across the nation.

Texas AEYC would like to provide comment on the revisions to Texas Rising Star and to commend the work completed by the Texas Early Learning Council to help strengthen the Quality Rating and Improvement System (QRIS) in Texas.

Texas Rising Star is a key component of a Quality Rating and Improvement System for Texas. Texas AEYC has provided a position paper that provides recommendations on how Texas Rising Star and other components can complete a comprehensive QRIS in Texas. Since my time is limited for this public testimony, we will include this paper as an addendum to our testimony.

The Texas Early Learning Council, over the last 3 years, has made tremendous strides in creating many components of a QRIS for Texas. The components include the Early Learning Guidelines for Infant, Toddlers and Twos, revising the Core Competencies for Practitioners and Administrators, revising the Trainer Registry and creating a workforce registry as well as developing a career lattice for the early education industry. The work completed by the Texas Early Learning Council has created a very strong framework for a QRIS in Texas.

Texas Rising Star Mentors and assessors should possess the background, knowledge and skills to provide training, technical assistance and mentoring to programs in order to help improve the quality of care in Texas. We are fortunate to have a host of already established groups that can and should be considered as mentors and assessors. Rather than re-invent the wheel, Texas AEYC encourages the workgroup to consider using established groups of training and technical assistant specialists to provide mentoring, training and technical assistance to programs and also to align data collection systems so we can track how much T/TA is happening across our state.

Texas AEYC encourages the Workgroup to consider the following groups when determining minimum qualifications for TRS Mentors and assessors:

• **Child Care Health Consultants** - HHSC - Healthy Child Care Texas - Child Care Health Consultants have a minimum of a 4 year degree in health and early education related fields and go through extensive training to prepare them to work with early education programs;
•**Infant Mental Health Specialists** - Texas Association of Infant Mental Health trains Infant Mental Health Specialists to work with infants and toddlers on social and emotional issues;
• **State T/TA Specialists for Head Start;**
•**Local Resource and Referral TTA staff** – Many local R&R's such as Collaborative for Children in Houston have staff that are trained in providing T&TA to programs in their respective communities.
•**Master Trainers in the Texas Trainer registry housed at the** Head Start State Collaboration Office.
Other groups to consider include:
• **State Pre-K Integration specialists - Education Service Centers**
•**Local Workforce Board Child Care Specialists** – Many Local Workforce Boards, such as Capital Area, employ trained mentors already. Many of these folks are also child care health consultants and have other specialized trainings.
• **Texas School Ready Mentors.**

The common minimum qualifications in all these groups are a minimum of a 4 year degree with a specialization in Early Childhood Education. This should be the criteria to consider.

Texas AEYC would also like to encourage the workgroup on director and staff qualifications and training to align Texas Rising Star criteria with the state's Career Lattice. More detailed information can be found in our addendum to this testimony. T.E.A.C.H. Early Childhood is included as one mechanism for helping teachers reach higher levels of education in many states that have a T.E.A.C.H. project. In addition to CDA and Associate degree scholarships, we have recently awarded our first Bachelors degree scholarships in Texas, and we are now offering scholarships to Directors. With the support of the Texas Workforce Commission CCDF funds, we can expand our offering to cover other levels of education to help programs in improving the quality of care for early education staff.

In addition, QRIS should require the use of research and evidenced-based assessment tools and curriculum. Other states have an approved list of assessments that are used to inform instruction, and programs that utilize the approved assessments are given additional consideration toward the next step in the QRIS.

Finally, Texas AEYC would like to encourage the workgroups to consider criteria established in National accreditation standards, such as National Association for the

Education of Young Children (NAEYC) accreditation, as components for 4 and 5 star centers.

Texas AEYC is excited to see Texas moving forward on this wonderful system and look forward to providing any assistance we can to make the Early Childhood Workforce in Texas the best it can be.

Quality Rating and Improvement Systems (QRIS): A Framework for Texas 2013 Update

What is a QRIS?

A Quality Rating and Improvement System (QRIS) is a systematic approach used to improve and communicate the level of quality in early childhood programs to parents, policy makers and the general public. A well-designed QRIS rates the quality of early childhood settings (Head Start, Child care, and Pre-K, Family Child Care, School-Age Care) through site visits and off-site data collection, eventually boiling their results down to typically **1 to 4or 5-star reviews** that can be used by parents to determine the best places to enroll their children. A QRIS is not just about ratings or a stand-alone program to improve quality, it is a unique tool for system reform that has the potential to reach programs that serve a wide range of children and are financed by many public and private sources, including parent fees. Part of a QRIS is providing technical assistance and financial incentives-such as grants and teacher scholarships to reward and encourage quality improvements. National studies typically recognize 5 criteria that should be present in QRIS systems:

- **standards;**
- **accountability measures;**
- **program and practitioner outreach and support;**
- **financing incentives; and**
- **parent and consumer education efforts.**

The Improving Head Start for School Readiness Act of 2007 required governors to designate or establish a State Advisory Council on Early Childhood Education and Care to improve the quality, availability, and coordination of services for children from birth to school entry. Governor Perry established the Texas Early Learning Council(TELC) in late 2009 to improve school readiness in Texas through targeted strategies stemming from the Council's four priority areas:

- Parental Outreach and Communications
- Early Childhood Workforce and Professional Development
- Collaborations and Standards
- Data Systems and Quality Rating and Improvement Systems

Over the course of three years, the Council has financed this system in Texas through an investment of $11.4 million in American Recovery and Reinvestment Act (ARRA) funds to improve key aspects of early care and education in Texas. The Council has made great strides in creating an infrastructure to support an early childhood system in Texas. However, this system needs sustainability to continue supporting the Early Childhood Workforce in Texas. This paper is designed to highlight the momentous work done over the past three years and provide recommendations for continued sustainability for this system in Texas.

The chart below outlines the 5 recognized priority areas and provides recommendations for both state and private investments to sustain this system in Texas.

QRIS Element	What do we have in Texas?	Recommendations for Sustainability
Program Standards Program standards define specific quality criteria for early care and education programs to reach for each level. Well designed program standards encompass all program standards starting with licensing minimum standards and should also include Head Start Performance Standards and NAEYC Accreditation Standards. Typical QRIS standards provide a **tiered measure** for programs to work towards higher quality and typically include **2-5 tiers**. **Each tier builds upon each other** and moves beyond the level of basic child care licensing standards. Strong and well functioning QRIS provides incentives to programs as they achieve higher standards. **Provider Standards** Each early childhood professional needs certain knowledge and the ability to demonstrate certain competencies in order to make a positive impact on the lives of young children and their families. Core knowledge refers to specific, basic concepts that early childhood professionals should learn and understand. **Core competencies** refer to an individual's demonstrated skills and abilities.	**The Texas Rising Star Provider (TRS) certification** is a process for improving the quality of child care services provided in Texas. The TRS Provider certification system provides graduated levels of certification as providers meet progressively higher certification requirements. TRS is housed at the Texas Workforce Commission (TWC) as a voluntary tool for provider implementation by local workforce development boards (Boards). In State Fiscal Year (SFY) 2002 and 2003, TWC recommended to the Legislature to eliminate the performance measure, that required Boards to meet a percentage of child care vendors who have met TRS (designated vendor) criteria at 39%. By SFY 2004, the performance measure was eliminated. Texas was one of the first states in the nation to **develop core competencies for Practitioners, Administrators and Trainers** in the mid 1990's. NAEYC standards influenced the development of the current Texas Core Knowledge & Skills Areas (CKA) for Practitioners, and, the TELC has revised these core competencies for not only practitioners, administrators and trainers, but has created core competencies for mentors and coaches, becoming one of the first states in the nation to have core competencies and skills for all four professional groups. In addition, the TELC has improved upon the current list to include breaking down competencies into introductory, intermediate, and advanced levels. The revised core competencies for Texas includes a self-assessment tool to assess the competency level of practitioners. (To learn more, visit http://earlylearningtexas.org/media/7768/tecpds%20paper_final.pdf)	1. House Bill 376 filed by Representative Mark Strama, provides for higher reimbursement rates for greater than the maximum rate established for a provider who is not a Texas Rising Star Program provider, provides for a system for quality child care for children under five years of age that encourages child care providers to voluntarily meet the certification criteria of the commission's Texas Rising Star Program and requires technical assistance. HB376 also establishes a Texas Rising Star Program review work group to propose revisions to the commission's rules on the Texas Rising Star Program. 2.Recommend Texas Workforce Commission re-establish the Performance Measure that requires Local Workforce Boards to meet a percentage of 40% of child care vendors who have Texas Rising Star (Designated Vendor) Status. 3. Provide state/federal funding to support and sustain the infrastructure of the Texas Early Childhood Professional Development System, housed at the Texas Head Start State Collaboration office, to ensure core competencies can be reviewed, revised as needed and implemented on a state-wide, voluntary basis.
Accountability Measures and **monitoring processes** are used to determine how well programs meet QRIS standards and assign ratings. Most States conduct monitoring of compliance with standards for their QRIS annually. Other states monitor programs for licensing and overall QRIS compliance three times per year, although environment rating scale (ERS) assessments are conducted only once every 3 years.	**Monitoring of programs** to ensure QRIS compliance, while not in place on a statewide level, is occurring in some communities around the state. Most of these initiatives utilize Child Care and Development Funds (CCDF) as part of the quality set-aside to hire trained staff to provide monitoring, mentoring and coaching to programs. However, a professional development system for early childhood in Texas is fragmented and does not provide for a cohesive, data driven system based on assessed needs leading to	4. Create a statewide model of monitoring QRIS that local programs can implement using both state and local dollars. Provide funding on a state level to train a cadre of local monitors that can support programs in rural areas and parts of the state with limited funding.

QRIS Element	What do we have in Texas?	Recommendations for Sustainability
Personnel and training registries are a component of the qualifications, credentials, and pathways element of a professional development system. A registry collects, tracks, acknowledges, and manages workforce data. This data can help identify trends in training participation and achievement of credentials or movement along a career lattice, and inform decision making regarding workforce policies and investments. A registry can also produce records that can validate qualifications or ongoing professional development for accreditation, a quality rating system/quality rating and improvement system, wage incentives, and credentials. In some States, the registry is the system used to verify provider qualifications to meet State licensing requirements. Approval of training and trainers is one method of ensuring appropriate and meaningful professional development activities are occurring in line with the philosophy and direction of the professional development system. A combination of approved content and research-based core Knowledge and Skills for each age group can help ensure that trainings and coursework are high quality. A **training approval** system is a set of standards that training must meet, usually linked to core knowledge and principles of adult learning. A **trainer approval** system is a set of standards and qualifications for those who offer training.	positive outcomes. The **Texas Trainer Registry**, a component of the **Texas Early Care and Education Professional development System (TECEPDS)** provides a quality assurance measure for ensuring those who provide training meet minimum standards for trainers in early childhood. Trainer Levels are assigned to each trainer based on their level of education, expertise and experience **Workforce Registry**: The Texas Early Learning Council has developed a voluntary workforce registry. The **workforce registry** is a web-based database where early childhood professionals can store and access their education and employment history, as well as the professional development hours they have accrued. This registry should also capture and report on the **Career Ladder** level of individuals and the qualifications suggested for the early childhood workforce by occupation, role, program, and funding source. **Career Lattice** - The Texas Early Learning Council (TELC) has developed a **career lattice** that can be used by the early childhood professionals in Texas to identify levels of progression from entry level and upwards, based on an early childhood professional's education, experience, and ongoing training. The Career Lattice encourages professionals to attain credentials and degrees and to plan their educational pathway to support personal and professional growth. Additionally, professionals can advance levels on the career lattice by gaining more professional experience, or obtaining additional education credentials, such as a child development associate (CDA) degree, bachelor's degree, or beyond. Ideally, professionals will use this information to guide their professional development in the future and market themselves to employers and parents.	5. Fully fund the Texas Early Care and Education Professional Development System to support the sustainability of monitoring and maintaining all components of the System to include, but not limited to: • Maintaining and monitoring Registered Trainers in the Texas Trainer Registry. • Maintaining and monitoring the Workforce Registry to include periodic data reports to support targeted professional development. • Dissemination and outreach to educate the Early Childhood Workforce, parents and others in Texas on the TECEPDS. 6. Align Teacher qualifications in Texas Rising Star with the states Career Lattice to show higher progression of education and experience as a program moves through each star level. For example: **1 Star** = Licensing minimum standards for teacher and director qualifications. High School diploma and 24 clock hours of training. **Entry Level on the Career Lattice** **2 Star**= Licensing Minimum standards and 30 clock hours of training. **Level 1 and 2 on the Career Lattice** **3 Star** = At least 3 credit hours of college related to ECE and/or CDA Current and valid. **Level 3 and above on the Career Lattice.** **4 Star** = Associate degree or higher with at least 12 hours in ECE. **Levels 4 and above on the Career Lattice.** **5 Star** – Bachelors degree in ECE or related Fielda and at least 12 credit hours related to ECE. **Levels 5 and above on the Career Lattice**

QRIS Element	What do we have in Texas?	Recommendations for Sustainability
	The **T.E.A.C.H. Early Childhood ® TEXAS** database tracks the participation of those awarded scholarships through a database which tracks not only credential and higher education attainment, it provides important demographic data such as wages, grade point average, compensation and turnover rate. For more information, visit www.texasaeyc.org/teach.	7..Support state funding for Professional development and higher education such as the T.E.A.C.H. Early Childhood ® Texas Project at $200, 000 annually in state/federal funding to provide scholarships counseling and outreach to early childhood professionals statewide through CDA, Associate degree and Bachelor degree scholarships.
Program and Practitioner Outreach Support for providers, such as training, mentoring, and technical assistance, are included to promote participation and help programs achieve higher levels of quality.	**Training, Mentoring and Technical Assistance** is occurring in larger communities all across the state of Texas. While some programs, particularly in the larger cities in Texas, have access to these initiatives, many rural communities are left out and have no access to resources. Additionally, those receiving assistance in many communities must be tied to some other initiative/program such as Head Start, subsidized child care or Texas School Ready certification. Training, technical assistance and support should be available to all programs across the state regardless of affiliation and be linked with a cohesive system of assessment and evaluation. . outcomes. Existing data systems and annual workforce reports can inform Training and technical assistance and align with documented needs. The TELC funded a unique project focusing on home-based care. The **Beginning Education: Early Education at Home** (BEECH). The key elements of BEECH include: •A two-year randomized control trial study involving English-speaking home-based child care providers •An online, 20-session professional development course created to meet the unique needs of home-based providers •Trained mentors for 1/3rd of the study participants •Reaching 180 home-based providers over a two-year period in the Houston area In addition to the two-year study of English-speaking home-based child care providers, the Council is also funding an additional research study of Spanish-speaking providers. BEECH en Español will study the effectiveness of the BEECH interventions for Spanish-speaking providers. To support mentoring in early childhood programs, the Council will produce a **toolkit of successful coaching and mentoring** strategies for early care and education professionals so that programs can set-up in-house mentoring programs to	8. House Bill 376 requires each local workforce board to provide technical assistance to Texas Rising Star Program providers and to providers seeking certification under the Texas Rising Star Program In addition to technical assistance, provide funding both locally and on a statewide level to contract with approved trainers, mentors and TA specialists to work in local communities and travel to rural communities and provide targeted training and technical assistance base on documented needs. Utilize **established** cadres of training and technical assistant specialists to provide high quality training and technical assistance to programs and to report data to a statewide data collection infrastructure: • **Child Care Health Consultants**-HHSC-Healthy Child Care Texas - http://www.healthychildcaretexas.org/ •**Infant Mental Health Specialists** - Texas Association of Infant Mental Health, http://www.taimh.org/ •**Local Resource and Referral TTA staff** - Texas Association of Resource and Referral Agencies, http://www.taccrra.net/ •**Registered and Master Trainers** - Head Start State Collaboration Office, http://www.uth.tmc.edu/tececds/index.html • **State Pre-K Integration specialists Pre-K Education Service Centers** – TEA, http://www.tea.state.tx.us/index2.aspx?id=25769805550&menu_id=865&menu_id2=794 •**Local Workforce Board Child Care Specialists** – TWC - http://www.twc.state.tx.us/dirs/wdbs/wdbcontacts.html • **Texas School Ready mentors** - http://www.childrenslearninginstitute.org/our-programs/program-overview/TX-school-ready/

QRIS Element	What do we have in Texas?	Recommendations for Sustainability
	support their staff. The Council has developed and implemented a **statewide public awareness campaign** to increase awareness of school readiness among parents and early childhood professionals in Texas.	For more information on the Public awareness Campaign , visit http://earlylearningtexas.org/public-outreach-campaign.aspx
Financial incentives, such as tiered subsidy reimbursement, scholarships and incentives for obtaining higher education, are awarded to programs and providers when quality levels are achieved.	**Tiered Subsidy Reimbursement** Under the TRS system, while the Boards have the option of offering higher reimbursement rates for those who are 2, 3, or 4 star level, many Boards provide the same reimbursement rate regardless of level. Additionally, many communities are forced to ignore quality efforts to strengthen TRS in order to meet child care enrollment performance measures for direct care mandated by the Legislative Budget Board. Also, current reimbursement rates do not actually reflect the true cost of child care and often place reimbursement at less than 75% of the actual cost. **Scholarships** T.E.A.C.H. Early Childhood is a national initiative aimed at providing scholarships to help pay for tuition reimbursement, incentives and bonuses to those achieving higher education. T.E.A.C.H. would align with a career lattice providing a clear path for assisting the child care workforce in achieving a higher education. The Texas Association for the Education of Young Children (TAEYC) has received acclamation support from several state organizations to house the TEACH program in Texas. Please see the TEACH Early Childhood® Texas document.	9. Conduct annual or biennial Compensation and Workforce studies which take into account all programs in our state and truly reflect the actual cost of child care in Texas. 10. Require Boards to use reimbursement rates at the minimum of 75th percentile level of market rate survey for the Board area. 11. Provide tiered reimbursement rates for those improving quality through Texas Rising Star. 12.Support annual funding for Professional development and higher education such as the T.E.A.C.H. Early Childhood ® Texas Project at $200, 000 annually in state/federal funding to provide scholarships counseling and outreach to early childhood professionals statewide through CDA, Associate degree and Bachelor degree scholarships.
Parent/Consumer Education efforts. Most QRIS award easily recognizable symbols, such as stars, to programs to indicate the levels of quality and inform and educate parents. Needs Assessments are conducted periodically to assess needs of both child care and workforce professional development needs in each state. This information informs the public, policymakers and the state about the quality of the Early childhood workforce and the industry in order to inform planning and targeting limited resources to where they are most needed. Outreach to the public is established as a way to inform parents, policymakers and the	**Texas Rising Star** is an easily recognizable symbol that can be used to educate parents on which programs achieve higher levels of quality. In addition Texas needs to develop a marketing plan to educate parents on quality child care. While many parent education initiatives are being implemented in our state, they do not tie together the system for recognizing quality early childhood education in all programs birth through eight. The **Parental Outreach and Communications Subcommittee** of the Texas Early Learning Council led the effort to conduct a thorough initial and ongoing needs assessment on the quality and availability of early childhood education and care and engage in targeted outreach to	13. Continue to fund outreach efforts conducted by the Texas Early Learning Council and create a website linked to Child Care Licensing that provide parents with an easy way to determine quality programs.

QRIS Element	What do we have in Texas?	Recommendations for Sustainability
public of the resources available to determine the best programs that meets their child care needs.	underrepresented and special populations. These Needs assessments were conducted in 2012 and were released to the public in November 2012. **Texas Community Campaign for School Readiness:** The Council supported four communities to implement a cutting-edge, population-based school readiness assessment tool, the Early Development Instrument (EDI). The EDI is a comprehensive, community-level, measure of early development and school readiness for young children. Four communities, led by local community agencies United Way of Southern Cameron County, United Way of El Paso County, United Way of San Antonio and Bexar County, and North Texas Area United Way. The goal is that these four communities will utilize the EDI data to inform the creation of long-term, sustainable, and responsive systems to better meet the needs of young children at a community level. To learn more about this work visit http://earlylearningtexas.org/tccsr.aspx	14. Continue to support EDI in communities throughout the state as an assessment tool for measuring the school readiness and consider implementing other evidenced and research based tools such as the C.L.A.S.S. and the Environmental Rating scales to determine benchmarks for Training and technical assistance with programs.

Why is a statewide QRIS a good Investment?

QRIS is a market-based approach to improving quality in early childhood settings, by giving parents (the consumers) comparable information about provider quality that they can use when making decisions about early education and child care. As states move toward building early education systems, QRIS provides a way to institutionalize collaboration among various stakeholders with interest in improving early childhood quality, including teachers, researchers, government programs, and community leaders. When states link QRIS to existing quality initiatives, such as those that utilize child care subsidies, they can ensure that taxpayer dollars are being used to support and encourage high-quality programs. For Texas, QRIS implemented on a statewide level would provide consumers, parents, taxpayers and legislatures a way to measure quality and determine how tax dollars are being spent and if the initiatives being implemented are effective. Basically, it provides a roadmap to ensure quality dollars are being spent in areas that are shown to be the weakest. Though the work of the Texas Early Learning Council, Texas has made tremendous progress in developing and implementing components of the QRIS for Texas. Through Federal funding provided through the Improving Head Start for School Readiness Act of 2007, the Council , sub-committees and subject matter experts have accomplished creating, revising, and implementing many of the major components lacking in our state and should be applauded for utilizing an approach to ensure the public had opportunities for feedback on the initiatives. It is up to the state to recognize the work done and continue building the QRIS system for Texas through dedicated funding so the Early Childhood Workforce can continue to provide the much needed services for working parents thus supporting the overall economy of our great state.

Resources:

The **Texas Early Learning Council** has developed reports and papers on the initiatives created since the inception of the Council in 2008. To read these reports, go to http://earlylearningtexas.org/

T.E.A.C.H. Early Childhood ® TEXAS – T.E.A.C.H. Early Childhood ® TEXAS is housed at the Texas Association for the Education of Young Children. www.texasaeyc.org/teach

Child Care and Development Fund State Plan 2013 - www.twc.state.tx.us/twcinfo/ccdfstateplan13.doc

National Association for the Education of Young Children (NAEYC) - www.naeyc.org

NAEYC designed the Early Childhood Workforce Systems Initiative's with the purpose to assist states in developing, enhancing, and implementing policies for an **integrated early childhood professional development system** for *all* early childhood education professionals working with and on behalf of young children.

T.E.A.C.H. Early Childhood National. http://www.childcareservices.org/ps/teach.html

The **Compendium of Quality Rating Systems and Evaluations** report, which provides detailed information about QRIS for States to use when developing their child care system improvement efforts. It includes two parts: (1) a descriptive comparative analysis of key programmatic and evaluation elements of QRIS, and (2) comprehensive individual profiles of each of the QRIS nationwide. This combination provides both a comprehensive analytic assessment of QRIS elements as well as comparison of QRIS characteristics across the country. http://www.acf.hhs.gov/programs/opre/cc/childcare_quality/index.html#reports

About Texas AEYC:

Founded in 1966, the mission of the Texas Association for the Education of Young Children (Texas AEYC) is **to** provide opportunities for professional growth and to broaden public awareness on early care and education issues affecting the lives of children and families. TAEYC is committed to promoting professional development and evidence-based best practices in early childhood education. At TAEYC we recognize the early years set children up for all future educational success, and we are committed to furthering our mission, vision and values. Texas AEYC is affiliated with 16 local AEYC Affiliates across the state of Texas, Southern Early Childhood Association and the National Association for the Education of Young Children.

For more information, please contact Jackie Taylor, Texas AEYC Program Director, at 800-341-2392 or taeyc@texasaeyc.org.