Aligning Higher Education Programs With Field-Developed Core Competencies in Children’s Behavioral Health: A System of Care Initiative in New Hampshire

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Background

Since the 1980s, the system of care framework (Stroul & Friedman, 1986, 2010) has been promoted nationally and in the states to improve services for children and youth with serious behavioral health concerns and their families. Implementation of the system of care values and principles—family-driven/youth-guided practices and culturally and linguistically competent community-based supports and services—represents a significant change in the ways in which behavioral health treatment and services are organized and delivered and the ways in which providers are trained (Burns, 2010). Although the system of care framework seeks to remove the silos among child-serving systems such as children’s mental health, juvenile justice, child welfare, and education, higher education programs continue to be primarily discipline focused (Barwick, 2011; Cannata & Hoge, 2012; Hoge et al., 2005). In effect, there are few university or college programs or initiatives where cross-disciplinary practice is promoted within a system of care.

The emphasis on family-driven planning and evidence-based/evidence-informed practices also represents a significant challenge to the child-serving workforce by increasing the complexity of what providers need to know and the skills they must have. To address this challenge, several states have adopted core competencies that delineate the basic as well as advanced knowledge and skills required to adequately serve children and youth with behavioral health challenges and their families. The need for core competencies in the behavioral health field has been well documented and is one of five priority areas in the development of a system of care (Hoge et al., 2007; Huang et al., 2004; Stroul et al., 2010). Core competencies are the key components of any effort to improve service delivery and ensure continuous improvement of the workforce.

This paper focuses on a cross-disciplinary effort that resulted in the creation of the New Hampshire Children’s Behavioral Health Core Competencies for the Children’s Behavioral Health Workforce in New Hampshire and on the ways in which those competencies have been used to influence changes in college undergraduate and graduate curriculums. In particular, department chairs and directors at three institutions in New Hampshire describe how the core competencies were used in crosswalk activities by their faculty at college and university undergraduate and graduate programs in community mental health and mental health counseling, psychology, school psychology, and counselor education. This paper describes the resulting changes in curriculums, internship requirements and sites, and faculty responses in several of the programs. It ends with a description of future directions for this college-level work in New Hampshire.

The New Hampshire Children’s Behavioral Health Core Competencies and Workforce Initiative

In 2010, with support from a private foundation and driven by a statewide group of diverse stakeholders with the goal of using system of care values and principles to transform New Hampshire’s system of supports for emotionally and behaviorally challenged youth and their families, New Hampshire formed the New Hampshire Children’s Behavioral Health Collaborative (NHCBH Collaborative, 2013). The NHCBH Collaborative developed a statewide plan (the NHCBH Plan) and used the system of care framework (Stroul & Friedman, 2010) to articulate objectives in five main strategic categories: (1) children’s behavioral health policy, (2) service, (3) funding, (4) advocacy, and (5) workforce. At the same time that the NHCBH Collaborative was formed, the children’s program directors from New Hampshire’s 10 community mental health centers recognized a need to develop a framework to (1) support and improve the consistency and quality of services to children, youth, and families statewide, (2) retain qualified staff, and (3) sustain evidence-informed practices.

The directors worked with New Hampshire’s Endowment for Health to form a team that included the New Hampshire Department of Health and Human Services, the Granite State Federation of Families for Children’s Mental Health (GSFFCMH), the National Alliance on Mental Illness New Hampshire (NAMI NH), and the Institute on Disability at the University of New Hampshire. Between December 2010 and January 2012, the team researched core...
competencies from other states, worked with an expert on the New Hampshire Children’s Behavioral Health Workforce, drafted a set of core competencies, disseminated document drafts, and continuously revised the document based on feedback from mental health center staff, community organizations, training providers, state leaders, youth, and family members. The New Hampshire Children’s Behavioral Health Core Competencies (NHCBH Core Competencies) were completed in 2012 and have been disseminated widely among mental health, child welfare, early childhood, and education providers in New Hampshire.

As part of the NHCBH Collaborative’s plan, the New Hampshire Children’s Behavioral Health Workforce Network (NHCBH Workforce Network) was formed from the children’s mental health group with a mission to address the training needs of all individuals who work with children, youth, and their families. The NHCBH Workforce Network is facilitated by staff at the Institute on Disability of the University of New Hampshire and is currently organized around eight active subgroups: (1) Pre-Service, (2) Institutions of Higher Education, (3) Evidence-Based Practices, (4) Family- and Youth-Driven Wraparound Practice, (5) YouthMOVE Peer-to-Peer Training, (6) Multi-Tiered Systems of Support, (7) Youth Mental Health First Aid, and (8) the New Hampshire Mental Health Centers’ Children’s Directors.

In 2012, New Hampshire received a system of care planning grant and then a three-year implementation grant. These grants have provided support for all system transformation efforts, including workforce. The NHCBH Core Competencies have served as the basis for identifying currently available training as well as planning for expanded, comprehensive training opportunities for the larger community supporting children and youth with behavioral health challenges and their families.

The New Hampshire Children’s Behavioral Health Core Competencies

The New Hampshire Children’s Behavioral Health Workforce Leadership Team developed core competencies by first looking at competencies in behavioral health and infant mental health developed in other states, including Alaska, California, Maryland, Ohio, and Vermont. The group also received consultation from Joan Dodge, a national expert from Georgetown University’s Center for Child and Human Development, and reviewed the literature related to the behavioral health workforce (e.g., Hoge et al., 2005; Huang et al., 2004; Rivard et al., 2007). The group then decided to structure its competencies in seven domains and three levels. The domains are (1) Family Driven and Youth Guided Practice, (2) Cultural and Linguistic Competence, (3) Childhood Development and Disorders, (4) Screening, Assessment, and Referral, (5) Treatment Planning, Interventions, and Service Delivery, (6) Systems Knowledge and Collaboration, and (7) Quality Improvement, Professionalism, and Ethics.

The second goal focused on the development and delivery of a social work course for graduate and undergraduate students in social work, psychology, and education.

IHE workgroup developed three primary goals to guide its work:
1. The first goal focused on affecting programs of study using the core competencies and system of care values and principals as a framework.
2. The second goal focused on the development and delivery of a social work course for graduate and undergraduate students in social work, psychology, and education.
3. The third goal focused on influencing internships to increase the number of cross-discipline, cross-agency experiences for graduate and undergraduate students using a system of care framework.

The IHE workgroup used a planning template to articulate activities for each goal, including activities, timelines, and persons responsible.

The NHCBH Core Competency Crosswalks

Beginning in the fall of 2012, the IHE workgroup developed the idea of soliciting the interest of college and university programs in reviewing the NHCBH Core Competencies against their programs of study. Using a request for proposal (RFP) process, and offering each program that was selected a small stipend of $2,500 to cover the costs of staff time and materials, the workgroup sent out a letter and application to more than 30 college and university undergraduate and graduate programs in New Hampshire, Southern New Hampshire University, New England College, and Plymouth State University as well as a cultural and linguistic competency trainer, a staff member from the state’s child protection agency, and one representative each from NAMI-NH and YouthMOVE NH, the state chapter of an advocacy organization composed of youth with lived experience. The
programs or curriculums to review, and conducted its crosswalk. At the time, the RFP did not require any particular procedures or protocols, instead allowing each institution to choose how to examine its coursework against the core competencies.

In May 2013, two members of the IHE workgroup met with the team in each institution that conducted the crosswalk, using a set of guiding questions such as: “What professional standards are governing your program?” “What values underlie your program of study?” “Where is your program of study/curriculum aligned with core competencies and system of care values and principles?” and “Where is your program not aligned with or has gaps when compared with the core competencies and system of care values and principles?” Over the course of a two- to three-hour meeting, rich discussions took place between the IHE workgroup and institution team members about the state system of care initiative, the NHCBH Collaborative, and other cross-system/cross-discipline efforts. In addition, both programs of study conducted detailed crosswalks of several of their courses with the specific domains and skills articulated in the NHCBH Core Competencies. The IHE team members took notes during the meetings, and each institution articulated next steps for addressing gaps or needs in their programs relative to the core competencies.

The IHE workgroup solicited and awarded one proposal per year during the 2013–2014 and 2014–2015 academic years. For both years, programs at Plymouth State University responded, and the university conducted crosswalks with its school psychology and counseling programs in the first year and its special education program in the second year. As with the first crosswalks, there were rich discussions that resulted in new awareness about the NHCBH Collaborative, cross-disciplinary practice, and access to new resources for the programs, such as information about state and federal personnel preparation grants. What follows is a description of the first crosswalks from the perspective of the college programs.

The Crosswalk at Southern New Hampshire University

Southern New Hampshire University’s Graduate Program in Clinical Mental Health Counseling (formerly the Graduate Program in Community Mental Health and Mental Health Counseling, PCMH) participated in a crosswalk of the NHCBH Core Competencies to its curriculum in the spring and summer of 2013. Faculty in the program found the experience to be invaluable in revisiting and recommitting together to the mission and values of the program, as well as for reviewing the curriculum for its relevance in preparing counselors to work in systems of care serving children, youth, and families nationally. PCMH’s mission is to develop the clinical and leadership skills of future clinical mental health and addictions counselors. The program is unique in that it also seeks to: (1) prepare counselors to work in public and private mental health settings in order to promote successful outcomes for adults and for children, youth, and families with mental health and addictions issues, (2) be highly accessible to working adults, including current behavioral health service providers, and (3) increase the number of people in recovery and family members of people in recovery prepared to work as master’s level clinical mental health and addictions counselors. Participating in a crosswalk of the NHCBH Core Competencies provided the opportunity to evaluate how well the current curriculum serves that mission.

PCMH offers a master of science degree in clinical mental health counseling, with specializations in integrated mental health and addictions treatment for children, youth, and families or for adults. The program began in the mid-1990s at Trinity College of Vermont and moved to Southern New Hampshire University in 2001. It is currently offered in a weekend format at four sites in Alaska, Maine, New Hampshire, and Vermont and at two sites in Wisconsin. Cohorts of students study together one weekend a month across the calendar year. Because of the program’s highly accessible format, the majority of students are current service providers in behavioral health agencies, people in recovery, or others interested in becoming counselors. The curriculum is aligned with the standards set by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), and the program is currently pursuing CACREP accreditation. In addition, the curriculum has been informed from the start by a set of core competencies developed with input from the counseling profession, service providers in the mental health and addictions fields, former and current service recipients, and family and advocacy organization representatives. These core competencies reflect the program’s recovery and resilience orientation, its person- and family-centered approach, its integrated approach to mental health and addictions treatment, and its desire to remain up to date with both national counseling standards and emerging best practices in the behavioral health field.

In the spring of 2013, the PCMH completed the crosswalk of its curriculum to the New Hampshire Children’s Behavioral Health Core Competencies. The careful and broad approach taken to developing the NHCBH Core Competencies makes them relevant across all the sites where the program is offered. The crosswalk provided an opportunity to revisit the original competencies that informed the program, review the PCMH curriculum, identify areas for improvement, and ensure that the program remains up to date in preparing counselors to work in systems of care for children, youth, and families. The PCMH brought together four core faculty and six adjunct faculty who teach regularly for the program, particularly in the child, youth, and family specialization. The faculty
reviewed each domain, the competencies under each domain, and each level of competency (foundational, intermediate, and advanced).

The PCMH faculty found the collaborative process of review to be extremely valuable for revisiting the mission and values of the program and for ongoing improvement of course content. Overall, PCMH found that the program’s curriculum and values align well with the NHCBH Core Competencies. The competencies are well covered in the course work, and the values underlying the competencies are reflected throughout the curriculum. Particular areas of strength found within the program were family and youth engagement, person-centered practice, and organizational leadership and systems change.

In terms of improvement, faculty noted that, although the competencies are well represented in the current curriculum, course syllabi can continue to add and adapt content to improve their relevance to the current needs of the behavioral health field. As mental health and physical health become better integrated, and as the differences between children and families served in private practice and in agency settings dissolve, it is increasingly important that counselors are knowledgeable about the children’s system of care and the competencies relevant to work within that system of care. Faculty recommended using the competencies as an ongoing resource, to look more deeply at course syllabi and to see how the competencies are reflected in course objectives, texts and readings, assignments, case studies, and so forth. To give an example, one member of the faculty, who teaches the course on Organizational Leadership and Systems Change, added additional content on how organizations may address linguistic and cultural competence and improved the curriculum related to family and youth participation on boards, in policy development, and in program evaluation. Faculty also noted that, although students assess themselves on similar competencies in their practicum and internship experiences, there is more to be done to link the curriculum and competencies to the program’s internships.

Similar to the work of the NHCBH Network, Southern New Hampshire University’s Graduate Program in Clinical Mental Health Counseling is currently the recipient of a grant from the Vermont Department of Mental Health to be the seed organization for the Vermont Cooperative for Practice Improvement and Innovation (http://vtcpi.org). The Vermont Cooperative is intended to be a resource for the behavioral health workforce, in order to “inspire hope, wellness, resilience, and recovery for Vermonters experiencing mental health and substance use conditions.” The Vermont Cooperative includes community agencies, private providers, peer and family organizations, and academic institutions. It provides training, education, coaching, and consultation to help agencies, programs, and individuals implement and improve practice to help the people they serve. One of the earliest requests from Cooperative members was that our alumni move into clinical and organizational leadership roles, both in their home states and nationally. In the spirit of true collaboration, our graduate program is both informed by and, in turn, informs the field, and we know that we will continue learning from our participation in the New Hampshire Network’s Higher Education initiatives.

The Crosswalk at New England College

In 2013, the Psychology Department at New England College (NEC) in Henniker, New Hampshire, was evaluating the way psychology was being taught at the

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for the development of a core orientation for new direct service staff, and the NHCBH Core Competencies will be an important resource in that development. The program expects to find many additional opportunities to use NHCBH Core Competencies to improve the knowledge and skills of its graduate counseling students and, in turn, the knowledge and skills of the behavioral health workforce.

Participating in the crosswalk of the NHCBH Core Competencies affirmed the program’s mission and past experience. As Dr. Cioffiari reports:

Academic counseling programs and programs designed to offer practice improvement for the behavioral health workforce have much to contribute to and learn from each other. The NHCBH Core Competencies are an excellent resource to help persons in academic institutions and the behavioral health field talk with each other about the most relevant knowledge and skills for the future workforce. We hear frequently from our students that the combination they bring of excellent grounding in clinical mental health counseling, along with knowledge and skills in the area of addictions and the knowledge and skills reflected in the NHCBH Core Competencies, make them outstanding interns. We know institution. The college had determined that it would incorporate a more hands-on experiential learning approach as it set out to redesign its bachelor of psychology program curriculum. A main focus would be to better prepare NEC students for jobs in the human services field.

The opportunity for NEC’s participation in the crosswalk with the NHCBH Core Competencies came at the perfect time. NEC’s Psychology Department examined the core competencies, developed a matrix-type grid for each area of the competencies (see Table 1), and compared each competency to the school’s existing courses to determine if its students were being taught the skills and knowledge that employers were valuing as they considered new hires. In the spring of 2013, the faculty that conducted the competency crosswalk met with two members of the IHE workgroup and discussed various findings from the exercise, including the need for greater emphasis on cultural and linguistic competency and for increasing relationships with local mental health centers in New Hampshire for internship experiences.

In 2014, the NEC Psychology Department chair and faculty redesigned one of its psychology program concentrations to incorporate NHCBH Core Competencies at the foundational level. The new psychology major with a human services concentration was intended to better prepare students in
that program of study to be well equipped for their chosen profession once they graduated and to require less employer-sponsored training once these graduates entered the workforce.

The NEC Psychology Department has also increased its focus on community mental health and abnormal and child psychology, as well as on social, cultural, and linguistic competencies. More case studies and role playing were introduced into the classroom to better teach these competencies. Some courses were more focused on specific competencies, thus allowing more in-depth study and greater understanding. Additionally, students are now encouraged to participate in at least one internship and one or two practicums as part of their program of study to ensure that they are exposed to “real life” experiences where they have an opportunity to apply the knowledge they have gained from their course work. Currently, NEC is planning to design a multitiered internship program that will give students more access to various areas in their field of study and will introduce them to the ways in which specific competencies are applied in the workplace.

Since making the changes to its curriculum and incorporating the NHCBH Core Competencies into the school’s psychology course work, NEC has found that more of its graduates are being employed as behavioral

### Table 1: Foundational Level: Domain 2—Cultural and Linguistic Competence

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technicians and case managers. Many are working in residential treatment programs. NEC has also seen an increase in its bachelor’s degree graduates gaining acceptance into respected graduate programs, an accomplishment that the department chair attributes, at least in part, to the redesign of its program.

The Crosswalk at Plymouth State University

Plymouth State University (PSU) is centrally located in a rural New Hampshire community at the base of the White Mountain National Forest. One of the primary missions of the PSU is to provide service to the community. During the spring of 2014, the Counselor Education and School Psychology Department engaged in a process to study the alignment of the NHCBH Core Competencies with the curriculum standards of three PSU graduate programs. The department’s hope was to identify curriculum areas it might be able to augment to support the mission of the NHCBH Collaborative. The department hoped to increase the Counselor Education and School Psychology Department faculty and students’ understanding of statewide behavioral health initiatives and existing systems of care. Further, it carefully examined its field experiences to evaluate the opportunities available for interns to demonstrate these competencies during their field experiences.

PSU followed the same process that was used at New England College and at Southern New Hampshire University. Each of the university’s three graduate programs have external professional standards to which they adhere, adding a deeper layer of assessment to the crosswalk. The School Psychology Program is accredited by the National Association of School Psychologists (NASP) and aligned with the NASP 2010 Domains of Practice. The School Counseling and Clinical Mental Health Counseling Programs are accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Two of the programs meet the New Hampshire Department of Education standards, and all three programs meet the standards established by the Council for the Accreditation of Educator Preparation (CAEP). The university then compared the program standards and course requirements with the NHCBH Core Competencies.

PSU used the same matrix as New England College and Southern New Hampshire University to crosswalk its programs. The faculty found that discipline-specific language required some interpretation. Although the faculty learned that the programs do address most of the NHCBH Core Competencies, they were also able to identify four areas that could be improved.

1. The faculty found that the school psychology program needed to address risk assessment more thoroughly and to place greater emphasis on populations identified as high risk. This is interesting in that this was also identified as an area in need of improvement by the NASP Program Approval Board during a review in 2014.
2. The faculty found that all three of the PSU programs needed to place a greater emphasis on supervision training.
3. The faculty found a need to increase collaboration with state agencies, including family and clients in the process using evidence-based interventions.

The Special Education Program at PSU conducted the crosswalk in 2015, which led to cross-disciplinary discussion and collaboration. Faculty from School Psychology and Education/Special Education discussed new ways to collaborate in two areas: (1) diversity in development, and (2) knowledge and understanding of mental health disorders. Students enrolled in the Special Education Program now participate in the organization of the Counselor Education and School Psychology Department’s annual Diversity Institute. These students are also welcome to enroll in coursework that will increase their knowledge of behavioral health needs. The faculty and department chairs are seeking to conduct additional crosswalks within PSU to facilitate even greater collaboration.

These three crosswalks have prompted collaboration among colleagues from other institutions with the system of care as the focal point.
Future Work
Recommendations for highly qualified professionals to work with training faculty and adjunct staff to prepare
encies provide a helpful framework for focal point. The NHCBH Core Compe-
institutions with the system of care as the focal point. The NHCBH Core Competencies provide a helpful framework for training faculty and adjunct staff to prepare highly qualified professionals to work with children, adolescents, and families with behavioral health needs. The feedback from faculty indicates that the core competencies are specific, measurable, and observable. The overarching goal is to increase graduate students’ knowledge and awareness of youth- and family-driven care.

Recommendations for Future Work
The development of tools such as the NHCBH Core Competencies provides a critical foundation for shared understanding, guidelines for quality practice, and standards for measuring high-quality practice, as well as a means for cross-disciplinary workforce development, practice, and collaboration. The specific, observable, and measurable set of knowledge and skills that are articulated in the core competencies has allowed for the development of deep and focused conversations and has contributed to the development of online training modules and guided specific practice reform within community agencies and college programs. Further, the two-year process of developing the core competencies, including practitioner, family, cultural competency experts, and youths’ voices, was in itself an important intervention and created buy-in for dissemination of the core competencies. The use of a community of practice (Wenger & Snyder, 2000) approach has allowed for multiple perspectives to be heard and included in all aspects of the work.

The college and university program crosswalks with the NHCBH Core Competencies produced tangible, unique, and significant results for each college program. In addition to the curriculum redesign described above, the University of New Hampshire, New England College, and Plymouth State University have invited YouthMOVE members to present to their classes, and New England College and the Institute on Disability at the University of New Hampshire have taught a new course based on system of care values and principles and have established new relationships with community behavioral health providers. Plymouth State University learned about the Health Resources and Services Administration grant opportunities as well as a means for cross-disciplinary

References