

Submission date: February 11, 2020

Program/s in this review: Children's Mental Health Graduate Certificate (CMH-GCRT)

Specialized accrediting agency (if applicable): None

Campuses where the program is delivered: Anchorage

Members of the program review committee:

- Patricia Sandberg, Ph.D., Professor of Psychology, University of Alaska Anchorage (ANC)
- Eric Murphy, Ph.D., Director and Professor of Psychology, University of Alaska Anchorage (ANC)

1. **Centrality of Program Mission and Supporting Role (700 words or less)**

Describe:

- Relevancy of the program;

The Children's Mental Health graduate certificate (CMH-GCRT) is relevant to the expressed needs of the Alaska's **workforce stakeholders**. It originated in 2010 as a result of a two-year UA Behavioral Health Alliance (BHA) project with representatives of the Alaska mental health workforce that identified a shortage of graduate level children's mental health practitioners. It was developed by UAA faculty members from Psychology, Social Work, and Special Education departments.

The CMH-GCRT, while administered by Psychology, Social Work, and Special Education, offers students within any behavioral health discipline to address the mental health needs of children and families. The CMH-GCRT enhances **employment opportunities** for graduates after completing a specialization in children's mental health.

- Any role the program plays in supporting other academic programs;

By its very nature and design, the CMH-GCRT plays a role in supporting other academic programs. The original creators designed two types of coursework for the certificate: *Area requirements* and *Program requirements*. *Area requirements* include any graduate courses in the student's chosen discipline that meet the content requirements for one of three defined Areas. This supports program courses in the students' own academic disciplines that are specifically related to children's mental health. *Program requirements* originally consisted of two Courses. They were PSY/SWK/EDSE A691 CMH Systems of Care and PSY/SWK/EDSE A677 CMH Seminar (taken twice). While *Area Requirement* courses vary widely across disciplines, the *Program Requirement* courses provide integration and interprofessional training.

The CMH-GCRT has grown slowly as a GCRT while its cornerstone required course (CMH-Systems of Care) has become an interprofessional elective for graduate programs in Social Work, Nursing, Psychology, Justice, Education, and Public Health. Both the original design of the certificate program and the popularity of its interprofessional required course support these numerous academic programs. Additionally, the CMH-GCRT supports the MS Clinical Psychology (MSCP) program at UAA by providing additional elective coursework and specific specialization for MSCP students seeking to enter the workforce in children's mental health.

- Partnerships with outside agencies, businesses, or organizations;

The CMH-GCRT graduate certificate has informal partnerships with many agencies, businesses, and organizations seeking graduate level training for CMH employees. This is demonstrated by the two cornerstone courses requiring each student to choose a CMH Stakeholder in the community to research; and an employee to interview. During just the last two summers, 18 community stakeholders (such as ACMHS, OCS, DJJ, Military child/family support systems, etc.) were involved with interviews with CMH Systems of Care or CMH Seminar students. As a result of these interviews, community stakeholders/employers became more aware of the CMH-GCRT and students became acquainted with potential employers.

- Specific workforce development and employment opportunities relevant to the program;

The CMH-GCRT forms a pipeline for behavioral health workforce development. It has been recognized and appreciated by major agencies with statewide services, like Anchorage Community Mental Health Services (ACMHS). In a recent letter from ACMHS, Joshua Arvidson, MSS., LCSW (Clinical Director, Child and Family Services at Anchorage and Fairbanks Community Mental Health; Principal Investigator, Alaska Child Trauma Center at ACMHS) said the following of the students who graduated from the MS Clinical Psychology program. (A majority of the MSCP students Mr. Arvidson has employed at ACMHS are also graduates of the CMH-GCRT). “The Master of Science in Clinical Psychology Program at UAA is an essential partner for us. Our experience has been that the graduates of this program are well prepared to provide direct services to children and families. In our trauma, early childhood, outpatient and transition age youth programs, we hire and employ more graduates from the Master of Science in Clinical Psychology Program at UAA than from any other graduate program inside or outside Alaska. Our experience has been that the program provides a solid educational foundation and excellent clinical training, to future master’s level practitioners.”

Recently the CMH-GCRT’s interprofessional team has revised the CMH-GCRT based on stakeholder’s identifying a need to include training focused on infant/early childhood mental health (I/ECMH). Revisions and the addition of a new graduate level I/ECMH course have targeted this additional workforce development need.

- Sources of extramural support and funding for the program;

The CMH-GCRT was originally funded by the Alaska Mental Health Trust Authority.

- Any high demand job designation for the program.

The CMH-GCRT was created at the request of **Alaska mental health workforce** representatives to fill a gap in academic preparation. The CMH-GCRT as a “high demand” job designation because it addresses a critical need in Alaska’s behavioral health workforce.

2. Program Demand (including service to other programs), Efficiency, and Productivity (7 year trend; 1400 words or less)

Analyze the 2020 Program Review data provided in the attached data sheet. Provide clarifications or explanations for any positive or negative trends indicated by the data. Include the extent to which tuition, fees, extramural funding, and other external sources cover the cost of the faculty.

Positive/Negative Trends

While the IR data is mostly accurate, it does not reflect the unique design of the CMH-GCRT and its interconnectedness to the discipline programs it serves. We have been tracking graduates of the CMH-GCRT since its inception and have added clarifying information below. The IR data tracks only the two *Program Requirement* courses for this program. Because of the unique design, shared administration, and variety of courses required for the *Area Requirement* courses, it is difficult to answer many of the questions directly.

Seven Year Certificate Trends

The number of graduates shows a decreasing trend. When we began delivering this unique program we encountered some obstacles to student success that have since been resolved. Some early applicants discovered they could not participate in the on-campus courses with their other school/work obligations. Therefore, we have created an online pathway to certificate completion (see Section 3).

Credits Per Degree

There is a slight decrease in the number for credits per certificate due to programmatic changes. For example, students graduated from the program with 14 credits in AY 2013-2016. Now, however, the average number of credits is 12. All CMH-GCRT students have the same course requirements. However, the CMH-GCRT Team decided the requirement of two 1-credit CMH-Seminar courses had become redundant (similar interprofessional experiences were happening in CMH-Systems of Care). The Seminar requirement was reduced to one 1-credit CMH-Seminar course and then, last fall, we eliminated the CMH Seminar requirement altogether. Unique activities in the CMH seminar course (stakeholder interviews, etc.) have been integrated into the CMH Systems of Care course.

Seven Year Majors/Program Enrollment Trend

The number of majors in the CMH-GCRT graduate certificate program has remained constant during the review period.

Course Pass Rates (677/691 only)

The pass rate for these two required courses is greater than 96%. The other coursework (*Area Requirements*) are electives and not reflected in the IR data.

Internal Demand (677/691 only)

The IR table shows demand for these courses (691/677) has been from students in MS Clinical Psychology, MS Counseling (UAA/UAF), Dietetics, Early Childhood, Public Health, Social Work and Special Education, as well as from CMH-GCRT. As noted in Section 1, the unique interprofessional nature of this program creates a demand for the CMH-Systems of Care course as students discover its value for employment in the children's mental health workforce.

Seven Year Student Credit Hours (SCH) Production Trend (677/691 only)

The 677/690 courses tracked in the IR data reflect only a portion of the SCH production for CMH-GCRT. First, the 677 CMH-Seminar course was offered gradually less often before it was removed. Also the Area

Requirements comprise 9 of the required courses that are not represented in the IR data. Looking at graduates alone, this means 19 students took 9 credits each (171 SCH) that may or may not have been included in coursework required for their graduate degree.

As mentioned above, these two CMH-GCRT courses have included other students who were taking the courses as electives. The CMH-GCRT coordinator (Dr. Sandberg-Psychology) worked with the budget administrator (Dr. Sirles-Social Work) to schedule required classes when CMH-GCRT students needed them. At the beginning, the program was funded by an Alaska Mental Health Trust Authority grant and we provided the required courses even with low enrollments. Later, when the grant was finished, we made decisions based on student need/success and sometimes cancelled a course to reschedule when more program students were ready. When resources were limited for offering a required course, we arranged for Directed Study (no compensation) for required courses (approximately 10 times) so students could graduate in a timely manner.

SCH/FTEF (677/691 only)

In general, the SCH/FTEF shows a decreasing trend. We believe this is due to resource constraints. For example, we have not been able to deliver the required courses on a regular basis until 2019. As a result, the SCH production per FTEF has gone down.

Enrollment/Full Time Equivalent Faculty (FTEF) (677/691 only)

In general, the Enrollment/FTEF shows a decreasing trend. As with SCH/FTEF (see above), we believe this is due to resource constraints. Due to the unique design of the program, it is difficult to deliver the curriculum on a regular basis. In the past four years, there has not been a Social Work faculty member available to teach the required courses. For several years Dr. Sandberg offered the CMH-Systems of Care and CMH-Seminar courses as Directed Study so students could graduate successfully. In the last two years, Dr. Sandberg has been funded by Social Work to teach these as summer courses. These online, asynchronous, summer offerings have been well attended and we expect enrollments to continue to be healthy.

FTES/FTEF (677/691 only)

In general, the FTES/FTEF shows an increasing trend as a function of year. As a result, the CMH-GCRT program has been more efficient.

Class Size (Average Class Size) (677/691 only)

The number of CMH students attending the required classes is generally small; however, courses are also attended by non-CMH students seeking a meaningful elective that addresses interprofessional competencies in the CMH-workforce. Therefore, the IR data underestimate the number of students attending the required classes.

Cost/SCH

The IR data overestimates the Cost/SCH because it does not include the non-CMH-GCRT students attending the courses. Additionally, the cost of offering the CMH-GCRT program is greatly reduced by its overlap with courses already being offered by the students' individual disciplines (Area Requirements) and our thoughtful scheduling of the required courses to maximize availability and student success.

Tuition Revenue/SCH

Again, tuition revenue for this program is not limited to these two required courses. The program has recently (November, 2019) been updated so there are 6 credits of required Program Requirement courses and 6 credits of Area Requirement courses. The Program requirements are PSY/SWK/EDSE A691 CMH Systems of Care and a selective choice (offered every other year) between PSY A638 Child Clinical Psychology and PSY

A620 Advanced Infant Early Childhood Mental Health. The Area Requirements will be a family systems-oriented course and one elective (from any discipline) that is focused on CMH.

External Demand

Note: There are no "Post UAA Award NSC Data" for this program.

- Include the extent to which tuition, fees, extramural funding, and other external sources cover the cost of the faculty.

Since 2014, the CMH-GCRT program generated \$166,712 in tuition revenue and cost \$145,292. The 100% efficiency of the program is 1.15 and the 80% efficiency is .92. Please note that these cost/revenue estimates do not include the 9 credits of coursework that is required from the students' own disciplines, which makes the CMH-GCRT accessible and affordable to students from many disciplines.

3. Program Quality, Improvement and Student Success (1500 words or less)

Comment on the program's quality, referring back to the data in question #2 when applicable. Consider:

- Specialized accreditation process and status;

There is no accreditation associated with this certificate program. The CMH Team advises students/graduates on presentation of this specialized certificate in their Resume/CV and in job interviews. The Team has also done outreach to stakeholders to establish the CMH-GCRT as a desired credential.

The current CMH-GCRT faculty team is Drs. Sandberg (Psychology), Allen (Social Work), and Harvey (formerly SOE; now Psychology). Dr. Harvey is leading the expansion of the CMH-GCRT's focus to include Infant/Early Childhood Mental Health. There is a new certification of competency in this field for employees at all levels. The CMH-GCRT can become a vital source for people seeking the knowledge needed to test for this competency certificate.

- Currency of the curriculum;

The CMH-GCRT is current and it attracts students from several disciplines including Psychology, Social Work, and Early Childhood Development. In the winter of 2017, with the shortage of available faculty to teach the required courses, a new CMH-Systems of Care course was designed and updated to be an online, asynchronous version of PSY/SWK/EDSE-691 and 677. In general, graduate programs have very intensive schedules and it is more attractive to fill required elective slots with program content that enhances professional skills. The increasing focus on interprofessional collaboration has made a summer CMH Systems of Care course a positive choice, even for students not seeking the CMH-GCRT. In addition, CMH-professionals in any field can benefit from this graduate coursework. Interprofessional training is destined to grow beyond its present demand.

- Innovative program design;

The CMH-GCRT is innovative. The unique structure of this program was originally designed for all CMH-GCRT students to take 5 credits of *Program Requirements* and 9 credits of *Area Requirements* from their own disciplines or across disciplines. This represents the interprofessional aspect of the program as well as the discipline-driven specificity of the knowledge and skills gained.

The CMH-GCRT was the first to create a program based on discipline-cross-listed required courses. Some other behavioral health programs have included these courses as electives and there has been an increase in student from a variety of professional fields enrolling in the required courses. The **diversity** of students in these courses has also increased (this was not represented in the IR data). While the majority of CMH-GCRT students are white, multicultural heritage is increasingly represented.

Another unique feature of the program that is not evident in the IR data is that, in the early years of the CMH-GCRT, we collaborated with a variety of course instructors. Those courses focused on more general mental health populations, but the instructors were willing to tailor the major assignments so the program students could focus on children's issues within that course. These were then approved by the coordinator and petitioned for inclusion in the Study Plan.

More recently, we have tailored an independent study option around the non-credit LEND (Leadership Education in Neurodevelopmental and Related Disabilities) program. When a LEND/CMH student was focused on CMH activities the coordinator worked with the LEND coordinators to create activities and research for a graduate level Independent Study course based on the LEND knowledge and activities. These alternatives (and others) are not represented within the IR data.

- Availability and indications of quality of distance offerings;

The CMH-GCRT is currently available as a high quality distance offering. The online *Program Requirements* were designed with Quality Matters training and in coordination with their creator, who has a long history of online course development expertise.

Course availability is now improved so *Program Requirements* are offered completely online, asynchronous, and in the summer semesters. *Area Requirements* can be completely online based on student choices. Students can still consult the program coordinator or any CMH Team member about substituting courses for credit.

- Program Student Learning Outcomes assessment:
 - Describe your key findings, actions taken to improve student learning, and evidence that these actions are working.

The creators of the CMH-GCRT identified eight core competencies named by nationally recognized CMH graduate programs across the United States. These categories were as follows: principles of systems of care, principles and theories in child development, diversity and cultural understanding, safe and nurturing environments, establishing healthy relationships, assessment and intervention, family systems and parenting, and professional ethics and practice. Student Learning Outcomes for the CMH graduate certificate were developed based on this research.

The original CMH graduate certificate Student Learning Outcomes were as follows:

- practice within the legal and ethical parameters of the profession;
- identify children and their families who are at risk;
- assess and intervene properly with children and families who are at risk;
- apply a variety of theories and methods of assessment and intervention in their practice;
- understand systems of care as they apply to children's mental health and;
- assess, document, collaborate, and intervene with resources and services for children's mental health

In 2019 these were revised to include an expanded focus including I/ECMH practitioners as well as the original CMH-behavioral health practitioners.

These new (current) Student Learning Outcomes are as follows:

- Demonstrate application of legal and ethical parameters across disciplines.
- Foster collaborative relationships with families using relationship-based, family-centered practices.
- Identify and implement culturally-responsive methods of screening and assessment in infant/early childhood and or children's mental health.
- Apply theoretical knowledge to choose and implement evidence-based, culturally-responsive interventions and methods of evaluation in infant/early childhood and/or children's mental health.
- Describe systems of care and interprofessional practice related to children's mental health
- Engage in reflective practice within one's own discipline.

The final activity of the *Program Requirement* courses is the review of course and program SLOs. Feedback from these, course evaluations, and feedback from graduates has indicated success in reaching these outcomes.

- How well the program is doing on Student Success and what it is doing to facilitate it.

As discussed above, CMH-GCRT students engage community stakeholders for research and interviews. There is no Internship, practicum, or field course aspect to the CMH-GCRT

- Student support (advising)

The coordinator handles all advising and pre-application questions. The CMH Team is advised and/or consulted for complicated questions.

- Student accomplishments

We maintain a high level of connection with the graduate students and have had many incidental conversations about the high value of the program in their search for CMH employment after graduation. Recently, one graduate of the CMH-GCRT program provided feedback on the value of the program:

"Receiving my certificate in children's mental health has helped me tremendously in my career. It has helped me understand resources available in our community, how to work with families, and how to provide the best evidence based interventions for children...Having the certificate has provided me with the opportunities to be more competitive in the hiring process as a mental health professional. I have had supervisors tell me how they would like to make having the certificate in children's mental health mandatory for some positions in the work field..."

4. Program Duplication / Distinctiveness (300 words or less)

- Identify and address program duplication

There is no duplicate of the CMH-GCRT. There is no other program in the UA system, or in Alaska, like it. Its unique design supports other programs throughout the UA system by including appropriate course work from the students' chosen discipline. It also supports the acquisition of Interprofessional Competence in the workforce.

5. Summary Analysis (500 words or less)

- Strengths of your program/ideas moving forward.

The Children's Mental Health Graduate Certificate is a **highly valuable** program for advanced training in children's mental health and interprofessional collaboration in **Alaska's workforce**. It was created at the request of Alaska mental health workforce representatives to fill a gap in academic preparation. We believe the interprofessional focus and growing visibility in the community give it an ongoing place in UA graduate education. In addition, this program's unique design shares the cost of providing the program (*Area Requirements* taken in the students' own disciplines), and provides high quality electives to any discipline promoting training in CMH and Interprofessional Collaboration.

Recently, Dr. Harvey (Psychology) has added an exciting new facet to the program. She is engaging community partners to expand the focus of the CMH-GCRT to include I/ECMH. This arena has grown quickly. The state of Alaska has developed Infant Mental Health competency and endorsement programs for people providing care to young children. While maintaining the original broad focus of the program, this will add a target population that is seeking training for these competency/endorsement qualifications. This year, Dr. Harvey will be providing more leadership in the CMH-GCRT. Directors of both Psychology and Social Work programs have been supportive of the new expansion of the program to include I/ECMH.

Mary Dallas Allen (Social Work) has increased the number of Social Work students seeking CMH coursework. While MSW graduate coursework has an intense and demanding schedule that leaves little time for an accompanying Graduate Certificate, increasing numbers of Social Work students are taking the CMH-Systems of Care course and Child Clinical Psychology as electives in their programs. In addition, the team plans to recruit more applicants from the community workforce now that all CMH-GCRT coursework can be done online.

We believe this program is "ahead of its time." The increasing integration of physical/mental health in Primary Care has increased the demand for graduates who understand interprofessional collaboration. The decreasing budget for state and federal programs focused on child/family health makes it more critical that physical/behavioral health students graduate with an understanding of systems of care and how stakeholders interact with each other. Our aspiration for this program is that it continues to grow, adapt, and respond to this **workforce demand** as it provides a high quality family/child mental health workforce for Alaska.