

## **Strategies to Promote the Mental Health and Well-being of Children, Families, and the Early Care and Education Workforce**

Glenna Davis: Hello, and welcome everyone to the strategies to promote the mental health and well-being of children, families, and the early care and education workforce webcast. It is now my pleasure to turn the floor over to our moderator for today, Dr. Jennifer Oppenheim. Dr. Oppenheim, the floor is yours.

Dr. Jennifer Oppenheim: Thank you, Glenna. I am so pleased to welcome all of you to this webinar on behalf of the Office of Early Childhood Development in the Administration for Children and Families. We have a wonderful and inspiring webinar planned for you today. We will begin with opening remarks from the Secretary of the Department of Health and Human Services, Xavier Becerra, and the Principal Deputy Assistant Secretary of the Administration for Children and Families, Jeff Hild. They will both share some reflections on the importance of early childhood mental health as we celebrate Children's Mental Health Awareness Day today.

They will also be announcing the release of brand new ACF resources that are being made available for the first time today. Resources which are designed to support you in your work to promote the mental health and well-being of children, families, and the early childhood workforce. You will meet three exceptional state, tribal, and local early childhood experts who are leading efforts to integrate mental health supports into their programs and communities, and we'll have a panel discussion with the three of them. We've packed a lot into our webinar today. I will get us started by handing the mic to Principal Deputy Assistant Secretary Jeff Hild.

Jeff Hild: Thank you so much, Jenn, and it's so wonderful to be with you. All 969 of you, here, today, as you know, is Children's Mental Health Day, this past Tuesday. Next week is Mental Health Awareness, Week, and this whole month is Mental Health, Awareness Month, and you'll hear from me. A little bit later, but right now, I have the real honor and privilege of introducing, our secretary, Xavier Becerra.

He's the 25th secretary at HHS, the first Latino, and I would tell you, he's done more in this role to eliminate stigma, around mental health and increase access and supports, for individuals and families than any secretary. Before him and he has challenged us all the operating divisions to move from a system that treats illness and responds to disparity to one that invests in well-being and thriving families. And that has challenged us to go further, to do more, to reach populations we haven't before, and to talk to people in a way that they understand and to infuse equity into everything we do. A lot of the good work you're going to hear about today is a direct result of his leadership. Mr. Secretary, I'll turn the floor over to you.

Xavier Becerra: Jeff, to you and the team that has worked so hard at administration for Children and Families. Jenn, thank you so much for the work doing it. Put this on and certainly to everyone who's joining, big kudos for the work that you've done. Thank you for getting through the pandemic. Thank you for helping us launch this after we left the public health emergency and had to go back to doing business as we were accustomed. Very important, especially for our kids. This is an important month. This is an important day, Children's Mental Health Awareness Day, and we've got some announcements as well.

We want to continue to work with you. Can I simply say as secretary, but more importantly as a father, actually as a son as well, who had to live in a home where we didn't have a whole lot, parents didn't have opportunities to access a lot of mental health services or, or even just generally health services, as we were growing up, watching my daughters grow, keeping them healthy, now seeing them as adults who are thriving. It's so important to make sure people get to live a holistic life where health is surrounding them at every turn.

We want to be there at HHS to make sure that that's the case, that there's no turn, there's no coming up around the bend where you're going to get broadsided by something you were not expecting, whether as a parent or as an individual. We think we have a pretty good recipe for how to do this and that is partnering with you. Those who do this every day because your parents because your caregivers, and we believe that we have something to offer. Thank you so much for joining with us today. I do think it's important to announce on this very important day of children's mental health awareness that we are getting ready to launch guidance that will give you better tools to know what we offer and how we can team up with you to work closer with you to address these the mental health needs of our kids.

We're doing everything we can from proposing rules as we just are getting ready to do on Head Start. That would not only try to increase the pay of workers within Head Start, which is something critically needed, but also offer additional mental health services as a result of this new rule and resources that would be made available so that we can help kids and their parents as well as the workforce. I don't think it's any surprise to anyone that some of the most stressed individuals today, when it comes to our children, are the people we ask to care for them.

They're the ones that are trying to be careful with our children, make sure they help teach them the best they can — help them grow up. And at the same time, you have to figure out on the salary that they're making, how they get to do the same for their own family. Very tough. We want to be there to help in every way we can to make sure that people have the peace of mind when it comes to doing their work and raising their kids. Please consider us partners in every endeavor you take. I always tell the team never do mild when you're given a chance to be in a leadership position where you could make a difference for others. I would urge the same to you. You know what we need to do. You know how our kids can stay healthy. Never do it mildly because we have to be there for them.

Today we know they're crying out for help. America's crying out for help. When nine out of ten Americans tell you that our country is experiencing a mental health crisis. We have a lot we need to do. We're going to be there, whether it's helping launch the nationwide, lifeline, 988, to make sure everyone could have that entry point to get the health healthcare services they need. Whether it's helping establish these certified community behavioral health centers that are 24/7 critical care when you need it, not just nine to five, or whether it's trying to boost the wages of a workforce that's so overtaxed. And doing so much for us.

We're going to try to be there with you. Consider us partners, we want in, and from the very beginning, you had a set. Hello. I appreciate your letting me join. I know you're going to have a good session. Jeff and Jenn, I will turn it back over to you. Thank you very much for letting me join.

Jeff: Thank you so much, Secretary. Folks can see, when that leadership, comes from the top, like we have here at HHS, we're going to get really good stuff done. Thank you, Secretary. I'm going to get us going here. I think folks are familiar with the Administration for Children and Families or ACF, which I helped to lead. We're responsible for federal programs that promote the economic and social well-being of children, families, individuals, and communities all across this country. Along with our partners across and the entire federal government. We at ACF are strongly committed to integrating behavioral health supports and services into programs that people and families across this country rely on everyday, including social services and our early childhood programs.

And for us, that means meeting people where they are, working with trusted partners and supporting the workforce. And this is such a priority for us here at ACF, because we know that early childhood is the critical period for brain development, as well as for parental and caregiver attachment and that early relational health that can drive wellness, well into childhood and adulthood. It's important for everyone who supports young children and their families. Whether that's a pediatrician, an early childhood educator, and so on, to understand that mental health is important from birth.

We had the opportunity to meet with some families a couple weeks ago who were here in D.C. as part of Strolling Thunder, which is one of my favorite terms for an advocacy organization, and parents who had really young children who were struggling with mental health and the need to have supports and interventions for those families with very young kids. And so, when we work with young Children and their families, we have that unique opportunity to help identify, developmental, social, emotional, and behavioral challenges early, intervene if needed, and mitigate to prevent, any, future, behavioral health disorders, while building that resilience and that strong foundation, for children's healthy development and well-being.

At ACF, we're working to integrate mental and behavioral health services into the places where we know our youngest kids are spending their time. Whether that's with a parent or family member at home, supported by an early childhood home visitor, in a family childcare home, a Head Start program, or in a public pre-K setting. We're doing this, in a number of ways, some of

which the secretary touched on, one is through, updating and improving regulations like the recently proposed, rule change to the Head Start program performance standards, which are intended to better integrate mental health into every aspect of the Head Start program.

We're addressing behavioral health through funding opportunities, such as the new preschool development grants, birth through five, renewal grant notice of funding opportunity, which was, just released, earlier this week and has a priority focus on mental health. And we're advancing this priority through technical assistance such as the new tribal home visiting brief, navigating seasons of change that highlights stories of how tribal, home visiting programs are supporting, wellness. And I think we just dropped the link to the NOFO, in the chat. Next slide, please.

And we do this through developing and sharing new policy guidance, which we hope will support, all of you — the early childhood leaders across this country, in your work to promote the mental health and well-being of the children and families, in your states, in your tribes, in your territories. In your communities and in your programs, and that includes attending to the critically important well-being of the early childhood workforce, that supports, those, children. The new guidance, which you'll hear about today, which was developed in collaboration with partners across federal government, is really designed to support ACF-funded early childhood programs. And the partners they work with to help infants, toddlers, preschoolers, and school-age children to grow, learn, and thrive.

As you continue, in your important work, we hope you'll take advantage of the resources we've developed to advance behavioral health integration. You can visit our website, which you can see here, on this slide. I'm sure we're going to drop that link. Into the chat, so you'll have it, and you can use those, resources to learn more about, all of our efforts to support behavioral health integration across many of our ACF offices and programs. Thank you again, all so much, for being here with us today. I love that people are voting with their feet here, and over 1,200 folks, on the webinar, I think just, shows, the interest and the impact that this work, can have on the kids and the families and the communities that we serve. Jenn, I'm going to hand it back, over to you to do a deeper, dive into the new guidance and thank you so much for your, leadership in getting this guidance, out into the world. Thanks.

Jenn: Thank you so much, Principal Deputy Assistant Secretary Hild. So honored to have you here with us today. And indeed, I am now going to take this opportunity to do a little bit of a deeper dive into this new guidance, which I am really thrilled to be talking with you all about. As our esteemed speakers have mentioned, ACF has just released a suite of four informational Memoranda, or IMs, one for each of ACF's primary early childhood programs. The Child Care and Development Fund, Head Start, Preschool Development Grants, Birth through Five, and Tribal Home Visiting Program. Each IM is tailored specifically to the program's funding requirements, regulations, and goals. And was developed in close partnership with program leaders.

The IMs are intended to provide concrete actionable steps that tribal, territorial, and local program leaders can take to better support the mental and behavioral health needs of children, families, and staff. In developing these IMs, we recognize that all of you who work in this field have many demands on your time and competing priorities and that's why the IMs are designed to make you aware of existing materials resources, initiatives, and partners who can help you in your efforts to promote mental health.

We also understand that grant recipients and early childhood partners across the country vary a lot in terms of the kinds of approaches, that work in your particular programs and communities, and also vary considerably in terms of access to resources and culturally and linguistically appropriate resources and human resources like mental health professionals. That is why each IM outlines a wide range of recommendations with strategies and suggested activities that vary in complexity and scope. Essentially providing a sort of menu for programs to choose from based on where you are in your current efforts.

If you're a state, tribal, territorial program leader wanting to take some initial steps to reduce stigma around mental health for families and staff or build skills in the workforce related to trauma-informed approaches to care, there are ideas and suggestions for you. If you're a state, tribal organization or a program that's been innovating to address behavioral health issues for years, you will find suggestions for addressing equity and data gaps, ideas for sustaining effective strategies, and advancing policy to move your, for your work forward as well.

While each IM is tailored to a somewhat different audience, each of these four programs, all four IMS's share some common elements. All four include recommendations that are intended to address the mental health and well-being of young children, families, and the early care and education workforce. Because we know that the well-being of all three is intertwined and impacted by the others, it's really our hope that programs will consider ways to address the behavioral health needs of all of these groups. Also, all four IMS's include recommendations that span a continuum of supports and services.

These include mental health promotion efforts, such as sharing information with families and providers about children's developmental milestones, sharing and using resources that reduce stigma surrounding mental health and substance use challenges, and providing supports for workforce wellness. The IMs also recommend best practices in prevention and family strengthening, including things like implementing curricula in childcare programs that help develop children's social and emotional skills, parenting programs that can be implemented in early childhood settings, and strategies for increasing access to infant and early childhood mental health consultation.

And all of the IMs include strategies for increasing access to behavioral health services and supports. We know that many early childhood programs struggle to meet the needs of children and families experiencing serious mental or behavioral health challenges, and families that are facing health, social, or economic crises that sometimes lie at the root of behavioral health problems. The IM's put forward a number of strategies which are designed to increase access to

behavioral health care and social and economic supports. We really hope that when you read through these guidance documents and talk with your program staff and families about their most pressing mental health needs that you will find resources that will help you make real progress and promoting well-being.

And we hope that you'll return to the IMs again and again over time as your programs and your children grow and thrive. ACF's program staff, technical assistance providers, and other partners across the federal government are ready and excited to support your efforts. Now we're going to turn to our wonderful panel of experts representing a state children's cabinet, a tribal home visiting program, and a Head Start program. We're going to hear from each of them about ways they've addressed the unique mental health challenges in their communities. And then we'll have a chance to talk with them together in a panel discussion.

If you have questions that you want to pose to our panelists as you're listening, feel free to drop them in the Q& A box. We'll try to address one or two later in our webinar. But before we hear from our first panelist, we're going to take a break from talking and share a beautiful PSA that was developed by the Intertribal Council of Michigan that elevates the importance and power of these special moments shared by caregivers and young children.

[Video begins]

Children don't need perfect parents. They need parents and grandparents to make time, listen, be curious, and love them unconditionally. It's our job to care for and spend time with our children so they realize their gifts and use them to help others and all our people. Childhood is sacred. Make time with your child sacred by being active, playful, and true. This is how we heal the future. To learn more, go to [itcmi.org/launch](http://itcmi.org/launch).

[Video ends]

With that powerful message, it is my pleasure to introduce our first panelist, Josie Babcock, who is the Tribal Home Visiting Data and Reporting Manager at the Intertribal Council of Michigan which is a grant recipient of the Tribal Maternal Infant and Early Childhood Home Visiting Program. Josie is an enrolled member of the Sioux St. Marie Tribe of Chippewa Indians. Josie, that beautiful PSA that you shared with us that was created with resources was created with resources from an Indigenous Project Launch grant from the Substance Abuse and Mental Health Services Administration. Can you tell us a little bit more about how the Intertribal Council of Michigan was able to build bridges across these two efforts, Indigenous Project Launch and the Tribal Home Visiting Program, to support home visitors and families?

Josie Babcock: Sure, thank you so much, Jennifer and I'm so glad that we could all watch that PSA to get us started. Next slide please. Like Jennifer mentioned, my name's Josie. I work at the Intertribal Council of Michigan. I'm located in the Eastern Upper Peninsula of Michigan in Sault St. Marie. I currently work on our Tribal Home Visiting Project Team, but prior to stepping into this role, I worked on Project iLaunch, through which ITC partnered with four tribal

communities in the Upper Peninsula of Michigan and our statewide home visiting network to provide direct services, resources, and professional development opportunities centered around young child and caregiver mental health.

Our work with the home visiting network really centered on creating and sharing mental health resources and providing opportunities for training. This included providing the opportunity for home visitors to become credentialed in infant mental health, to have ongoing access to online resources like Conscious Discipline, GoZen, Cognito, and receive trainings on ACEs. We also provided in-person self-care and mindfulness activities at our quarterly in-person meetings with our home visitors that they could then take back to their communities. We work to increase access to reflective supervision for home visitors across the state, and we created and shared and archived our Childhood is Sacred materials like you just saw.

Next slide, please. Our Childhood is Sacred campaign, was a really large component of our iLaunch program, especially at the height of the pandemic, when we really had to think of new ways to reach our families when we were mostly at home and unable to do our community outreach like we had before, childhood is sacred came from our traditional practices and our parenting practices that really center children at the center of our communities and our daily lives. Each of the three campaigns within the Childhood is Sacred tagline, feature 32nd PSA posters that you can see here and billboards that were put up throughout our communities across the upper peninsula. As you saw during the PSA before this, our first PSA really is centered on, the greatest gift that we can give to our children, which is our time.

The tagline, be active, be faithful, be true, reminds us to be present and to focus on spending time with our children so that they can realize their gifts to share with their community. Our second campaign, as you can see in the center, really focused on fatherhood. And this is a result of listening to our communities that there was a really big need to feature and reach our fathers. We worked on this campaign with a family from the Hannaville Indian community to develop messaging around the huge impact fathers can have when they stay involved in their children's lives. Lexi Gajic, the father in this PSA, worked with us to create a digital story on fatherhood and the role that fathers can play in infant safe sleep.

Our last and third iteration of the Childhood is Sacred campaign, what came together through a collaboration with the Michigan ACE Initiative. After hearing from our communities that we really needed strength-based messaging around resiliency, we looked to our youth. My coworker Michelle and I attended community events and we really asked youth, when they're feeling stressed, when they're feeling down, when they need a safe space, what did that look like for them? Where did they go? And three themes emerged. Connection to others, connection to nature, and connection to culture. The PSA focuses on building resiliency in these three ways.

Voiced by tribal youth, it reflects their ideas of what resiliency means. Along with the PSA posters and billboards, my coworker Michelle Leis developed a toolkit for this campaign that included all of the campaign messaging and materials, and also practical, culturally informed

ways that teachers, caregivers, and home visitors can share and participate with families in making connections. For easy access for our home visitors, all of these materials are archived on our website. Digital stories can be found on our YouTube channel, and all the making, making connection materials are shared on the MyACE initiative digital platform as well, just to ensure that these resources live on longer than the iLaunch programming and are always there for them to access.

Jenn: Thank you so much, Josie. I can see from the chat that people are eager to access those resources and they are just beautiful. Thank you. Our next speaker is Dr. Donna Barrow. Let me introduce you to Dr. Donna Barrow, who is director of Rutland County Head Start and Early Head Start in Rutland, Vermont. Donna has advanced degrees in special education and more than 25 years of experience teaching, conducting research, coaching, and consulting on a range of topics that include infant and toddler mental health, early intervention, and special education.

Donna, when you first started at Rutland County Head Start, your program was facing significant challenges retaining staff and educators in part because of the mental health issues that children were experiencing. Can you tell us about some of those challenges and how your program was able to address them?

Donna Barrow: Sure. Thank you. Yes, I'm the director of Rutland County Head Start and Early Head Start, and that is in Rutland County, Vermont. Next slide please. I started my position in fall of 2022 in October after the school year had started. When I came into the program, like many Head Start and early childhood and even educational programs across the country, we were experiencing extreme unmet mental health needs and special ed needs and that resulted in behavioral challenges in the classroom.

It impacted our enrollment. It impacted our staffing, back in fall 2022. We were at 31% enrollment. We were at 27%, staffing. We only had one lead teacher who was credentialed. And we had a manager working as a teacher and we had a teacher on waiver. The unmet needs were so great that in every classroom, there were daily evacuations. There were increased behavioral reports. Children were extremely dysregulated. Our classrooms are ages 5, so they're mixed age preschool classrooms. The challenges that we face then are similar to what we face now. 25 to 30% of our children have individualized education plans, so they have special ed plans.

50% have mental health plans with a mental health diagnosis. That's mostly related to trauma and adverse childhood experiences. Our teachers were met with these challenges. And there are, because we're a rural area, one of the conditions is that there are, long delays often in evaluations and often there aren't service providers. Last I heard in our county, there isn't an audiologist. When we do our 45 hearing screens, if we had failed hearing screens, we have to work with parents to travel often an hour or more away. In the face of these challenges, I ended up reaching out to a local university, Castleton University.



One other challenge that we're having right now is, we're having a homelessness crisis, a housing crisis. The little graph on the bottom shows you that our, enrolled homeless children have doubled since last year and we anticipate this to increase. Currently, we have 25% of our children are experiencing homelessness. In the first phase, my management team and I reached out to the local university, Castleton University. Originally, we went to see if we could recruit teachers, and, three of the professors and the director, when I shared our, challenges, they, partnered with us and they brought some amazing, innovative, approaches to helping us deal with some of our — particularly the behavioral challenges at that time.

We did a hybrid functional assessment were. One of the professors actually taught a class and with parents' consent, a child who's having extreme challenges where we're not going to be able to find someone to do a functional assessment. They did a hybrid where they taught a class around this child's assessment and our Teaching team worked with the professor and so did her classroom via zoom. We also had another professor do program-wide behavior training that was appropriate for Head Start classrooms and Head Start teachers. And then we did a mural project that was a partnership that included the children and the teachers and the Castleton students. This really helped us elevate mental health as a program and budget priority.

Towards the end of, last year, we had an all-team meeting with one of the professors, and after the professor, heard the despair and the anger and just the frustration of mostly the teaching team about how do we serve these behavioral challenges, the professor came to me and said, Donna, I wish we could do what you need, but like, we can't, you need more. And, she said, you really need more mental health support for this program.

As a result of that advice and the work we had done, we continued our partnership with Castleton, but we decided to prioritize budgeting and program goals towards mental health. Our education manager developed a four-week in-service where we brought staff back partly for retention, but also for receiving mental health training around interpersonal neurobiology, around children's behavior and ACEs, worked on classroom design, so universal supports were in place.

Then we consulted with two different mental health consultants. We also had done a change of scope. We began serving infants and toddlers this year as well. In addition to meeting the community need, we really saw that as a mental health strategy because we know if we can work with families and provide our Head Start wraparound services from birth, then we're really setting a very strong foundation.

That was also a priority for us. We engaged our partner agency, Rutland Mental Health, and one of theirs. Psychologist Lauren Norford to be our infant toddler mental health consultant, and she did Circle of Security training, which is a responsive caregiving training with all of our teachers, and it's offered to parents within our infant program, and then she does regular reflection, group reflection meetings with our classroom teams. We did the same thing for our preschool programs up to 10 hours a week. We brought in an expert in preschool and multi-

tiered systems of support and positive behavior support to do consultation around individual children's behaviors. But also doing those reflective, team meetings.

We are still gathering data, on the effects. As you can see from the little chart below, our enrollment, really increased when we, started offering infant toddler and offering this training and so did our staffing. We are now at 95% of our enrollment and our staffing's at 100%. That's one bit of data. But we know it's a long journey. We feel that we still have more to do. We have had active supervision incidents since we've, I mean, this is the reality. The homeless question. We're continuing to be dedicated to mental health and serving families and children within that model. And that's all I have.

Jenn: Thank you, Donna. That is just such a rich story and, and very realistic. I'm sure people are really relating to everything you say, and it's so impressive how you were able to, layer so many supports, and we'll hear more about that hopefully in our panel. But now it is my pleasure to introduce our third and final panelist, Marty Elquist. Marty is the director of Nevada's National Geographic. This is Children's Cabinet's Early Childhood Programming. The Children's Cabinet is a statewide nonprofit that partners with Nevada's Child Care and Development Program to increase access to and quality in early childhood services.

Marty, we know that many families and many members of the early care and education workforce, in fact, struggle with economic instability, housing and food insecurity, and lack of access to health and behavioral health care services. Thank you. And all of these things can really impact the mental health of adults and children. You and your partners in Nevada have been taking some really novel approaches to increase access to economic and behavioral health supports in early care and education programs. Can you tell us more about that?

Marty Elquist: Yes, thank you, Jennifer. And thank you so much for inviting me so I can share, our progress and our success with our community health worker in early childhood settings program. Like many of us on the call, we saw the struggles of our families with young children significantly increased during COVID. But thankfully, pre COVID, we were already developing the concept of community health workers in early childhood settings as a solution to helping families access the services, they need without having them go to five different places. We really wanted to serve families where they were every day, and they're picking up and dropping off their Children.

We address this approach through an early childhood systems lens, to address the early education needs economic security. Health and mental health and other family supports like access to food and housing. Previous slide, please. In the development of the program, we also recognize that our early childhood workforce also has significant resource needs. And the program was designed to also provide supports to the workforce as well as parents and young children. We worked with the Nevada Community Health Worker Association and our Nevada Certification Board to create an early childhood endorsement for community health workers in Nevada. And that endorsement is also a pathway for a CHW2 certification.

It was also provided an opportunity for professional development within the community health worker profession. And our early childhood, Endorsement includes training on mandated reporting, motivational interviewing, child development, child abuse and neglect, toxic stress, child wellness, early learning brain science, ages and stages, early childhood education, the different settings, curricula what supports are provided, through early childhood professionals, nutrition, and education. Health trauma-informed practice, diversity, equity, and inclusion. And in addition, we also train our community health workers on, providing health, mental health, wellness resources, in addition to Medicaid and SNAP benefits. It is a very robust training. We launched the program in the middle of COVID.

We partnered with our Division of Welfare and Supportive Services, Child Care and Development Fund Administrator, to put this program in place as a response to the significant resource needs that families were facing. In addition to what we are hearing in the field, the resource needs of the workforce to come back to work and, to support them, to stay and hopefully, open more classrooms. Like many of us on the call, there was significant capacity shortages, because folks weren't returning because they had resource needs. We also designed the program to do process evaluation from the beginning.

Through the pilot, we did have some design tweaks and then our first full year we implemented the new design and we are in the second complete full year and we continue the process evaluation will end September 30th. We have so much rich data, both quantitative and qualitative that helps continue to improve the program. We started with 10 community health workers in the Las Vegas area. We are now statewide. We have 21 full-time staff, 18 of which are community health workers.

The cost to operate the program is about 1.5 million a year. And some quick, stats there in, in fiscal year 22, 23, we are in 99 early childhood centers. We had 54 provider, case plans. That we were supporting the workforce with and 103 comprehensive family plans and then a fiscal year to date. We are in 205 childcare sites. We have 413, provider comprehensive plans and 245 family plans. We are serving more, of our workforce. As you can see, then we are families who are, attending our childcare, settings, but I don't think we anticipated that our clients were going to be significantly more providers than families, but here we are.

And I think that mirrors what's going on in our workforce that many of us know and help our workforce support every single day. In addition, in fiscal year 23, we provided 1,278 resources to parents and providers. Fiscal year to date, in fiscal year 24, it's 3,067. And this program runs, our fiscal year on this program runs through September 30th. We're having tremendous leaps and bounds in, in those that we're serving as well as the resources that we are distributing. So far, we've seen reduced stigma and an increased willingness, in our participants for accessing mental health services for requesting and accessing, we have had reports of a significant reduced stress and increased financial stability.

We have parents report their increased ability to focus on their Children, and that's both the, the workforce who are parents as well as our, our parent clients, that are not part of the workforce, their parents utilizing the childcare, and then, increased comfort in talking and communicating openly about health and, related issues. I'll wrap up this part of the presentation with just a quote from a director, and she reports, "it's made the teachers more present, because they are being heard and their needs are being met. It's the circle, then the teeth, the children's needs are also being met. They help support the teachers so then I can focus on the parents and the business. It's taking that resource support piece out for me. They relieve the stress for the teachers so I can focus on other things." Thank you.

Jenn: Thank you so much, Marty. And maybe we can leave your website up here for a minute as we transition. Really amazing to hear about the work you're doing. I think the, the growth and the need really speak for themselves. And this is such an exciting new area of work. In fact, it's really exciting to know that what you were describing and also other strategies that our panelists talked about are pretty much all reflected in our new policy guidance released today. Thank you for bringing those powerful practices to life for us. And learn more by checking out your website. Now we're going to shift slightly and pose a few questions to our panelists. I'll have all of you come on camera and I'll throw a couple questions your way.

One of the things that we know usually comes to mind for folks when they hear examples of work, like what the things you all have presented, is how can I do this in my community with the limited funds that I have. Let's talk about some of the ways that you all have funded these efforts and also how you've been able to build and rely on partnerships to help make this work possible and successful. Donna, maybe we can start with you.

Donna: The partnership piece, I really realized how valuable the partnership with higher ed is and how, that brought in a level of, expertise and they're dedicated to community service. Most recently we did a, one of the professors is teaching a creative arts and expression class at our site. And two of our teachers are enrolled in getting credit. The Castleton students are there and then we bring our children in. And I think that the community college and college partnership.

It's just, there's just so much value to that as for funding. When I came in, we had some carryover resources from COVID money and from some other funding that because of the workforce crisis, we had additional money and we got approval to use that. We got a lot of support from our agency and from the office of Head Start in the, in this endeavor, and that gave us time to pilot. We prioritize that. Those additional resources and, now we know we need it and now we're doing fundraising and, looking at state and, and other sources for mental health programming.

Jenn: I think something really powerful in your presentation was showing, as you said, you were had a chance to pilot and then you can collect data that really helps tell the story and make the case compellingly.

I don't know if anyone else wants to speak to that question before we move forward.

Marty: Yeah, I can speak to that too. Thank you, Jennifer. I absolutely agree. Because we were able to launch this program with SIRSA dollars and now continuing with ARP discretionary, those funds do end, as we all know, September 30th. And although there have been increases in the regular Child Care and Development Fund Block Grant, we expanded a lot of different programs to address a lot of different needs in our state. And so, it's not just the community health worker program that we have to sustain, it's You know, several other programs.

And so, we started the process evaluation the same time we launched the program because we knew that we were going to have to show a very robust data in order to continue this program, whether it be with the Child Care and Development Fund. Or have to prepare to write a grant to access different funds for the continuation of this program. We are hoping, fingers crossed, that there will be, enough to get at least a portion of the program in there. But we're looking at philanthropic dollars, different grants, you know, you know what we all do in nonprofits and human services, you scour, right? Any way that we can keep this program going.

We know that we won't be able to include, we have a pretty robust resource funds. So, if there's diapering needs or, gas cards, you know, things like that, that parents need, we have a resource fund that we can use now. But, you know, unfortunately, when you look at continuation of funding, sometimes you have to strip away some of those, I don't want to call it fluff because they're essentials, but some of those pots of funds for resources. Thank you.

Jenn: Thanks, Marty. Josie, I don't know if you want to add anything or we'll move to the next question.

Josie: No, it's okay. I think I was nodding my head the entire time. Just completely agreeing. Yeah, we continue to look for, to look for funds and really listen to our home visiting network for what is needed. And right now, one thing for sure is more resources around health literacy. So, we reached out for some philanthropic funds for that. And just continuing our work in that way.

Jenn: Yep, thank you both for mentioning philanthropy and grant funds and I'll just put a little plug in for the IMs which also have lots of suggestions for potential federal funding, other federal funding sources that may be available or programs that you may be able to leverage. free, services or partner with to further your efforts. Let's move to another question. Another way that early childhood programs can promote mental health sustained, sustainably, which is a big topic we're talking about, is through investing in building the skills and expertise of the workforce which you all have touched on.

This can be really effective in particular in this area because a lot of supports that promote the resilience and well-being of young children and also adults can be delivered by non-mental health clinicians who receive specialized training. I'm wondering if any of you want to elaborate further on, some of the things you've done to support your staff's understanding of mental health topics. Josie, maybe we'll come back to you.

Josie: Sounds good. I think we go about this in a couple of ways. And one thing that we really try to center in all of our work is like sustainability and, and building that trust with our community partners, and those that we reach out to help create resources. One thing we learned during the pandemic. During the pandemic and continue to do is like archiving all of our resources. Like I mentioned, we do have a wisdom keeper series that we have on our website and on YouTube. And this has like digital stories and teachings from early childhood staff, but also trusted tribal members that go into an array of topics. And those are always available.

We also learned towards the end of I launch, we heard from our home visitors, like what a great need we have in the state of Michigan for those that can provide reflective supervision. And that's something that we really tried to focus on at the end of, or at the beginning of 2023 till today. And so, we were able to have a handful of staff and a local tribal, home visitor, be trained in providing reflective supervision. And not only do I think this helps us meet our home visitors where they're at, and they get us a little bit closer to the hands-on work that our home visitors do everyday.

And we can have those conversations and support them in that way. But it also provides us with a handful more reflective supervisor supervisors that can ingrain our culture in that practice now and kind of have it in our circle and be able to provide it for our network ourselves. Which in our state is a huge increase because I believe in the upper peninsula of Michigan, we had one reflective supervisor prior to this training and now we have four or five, which is, which is huge and something we're really excited for to be able to fill those gaps for our home visitors. Thank you.

Jenn: And a really important practice that, I think all of you have talked about that really supports the well-being of the staff as well.

Donna: Yeah, and we also have a shortage of reflective supervisors, too, in the state of Nevada. And another stimulus project we are able to launch is in order to increase those Across all sectors, home visitors, early childhood professionals, home intervention, all the way to clinicians, to increase those that are endorsed in infant and early childhood mental health, we had to be a part of the alliance. I think many of us on the call today have probably gone through that process or looked into it.

It's lengthy and it takes a lot of dedication and it is expensive. I've probably said this 27,000 times through COVID. It's the silver lining of COVID. With those funds, we are able to get this infrastructure in place. We could have an association for infant early childhood mental health, who were really close to achieving our 501c three nonprofit. The Children's Cabinet is the umbrella organization for the association right now, but we want to spin it off to so it can be independent of the Children's Cabinet, but now we are.

Again, I mentioned system approach with our community health workers, but also with infant early childhood mental health. We firmly believe that anybody working with families with young children need to have knowledge and infant early childhood mental health, it is at the

center of our system. And it's absolutely critical that in order for us to do that we needed an association where that lives and to have, you know, an endorsement not to say that. An early childhood professional who gets endorsed an infant early childhood mental health. We're not saying that they can then be a clinician. It's just that they have competency there. And we are training reflective supervision within our state. And so, we can grow capacity there and hopefully be, not reliant on other state or professionals outside of the state of Nevada to come in and provide that practice. Thank you.

Jenn: That's wonderful. Thank you for elaborating on that and the importance of, and an example of how you can really train a very diverse workforce, to have the foundation of knowledge in infant early childhood mental health to really elevate practice. I was going to try and squeeze in one more question, but I think we're probably getting close to the end of our time. I want to thank our panelists one more time. You were all amazing. Josie, Donna, Marty, we're so grateful you made time to share your work with us today. I think it's what speaks most loudly to folks in the field. Thank you.

In our last few minutes together, I just want to remind you again where you can find this new policy guidance. It's available on the ECD webpage and for each of the ACF early childhood programs, each of the four will be, [www.acf.org](http://www.acf.org). posting it soon as well. Also, a reminder that this new guidance is just one of many efforts that ACF's early childhood programs are engaged in related to mental health. Stay tuned in the coming weeks and months as we continue to offer webinars, events, and resources to help states, tribes, territories, and local programs implement the recommendations in the IMs.

Also, TA is available to grant recipients through your program TA centers, federal project officers, and regional programs specialists. And anyone who participated today can email us directly at [earlychildhooddevelopment@acf.hhs.gov](mailto:earlychildhooddevelopment@acf.hhs.gov) with questions. Lastly, I just want to thank you, thank you, thank you for your participation today and for recognizing the importance of early childhood mental health on Children's Mental Health Awareness Day 2024. Thank you for being with us. Many, many thanks to all of our speakers and especially our grantee panelists and have a great day.