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## INFORMATION MEMORANDUM

**TO:** Preschool Development Grant Birth through Five grant recipients

**SUBJECT:** Using PDG B-5 to Promote the Mental Health and Well-being of Children, Families, and the Early Care and Education Workforce

**REFERENCES:** This grant program is authorized by section 9212 of the Every Student Succeeds Act, Public Law 114-95 (December 10, 2015), 42 U.S.C. 9831 note.

**Purpose:** The purpose of this Information Memorandum (IM) is to provide recommendations to Preschool Development Grant (PDG) Birth through Five (B-5) Planning and Renewal grant recipients (“recipients”) on key strategies for promoting the mental health and well-being of children, families, and the early care and education (ECE) workforce. This IM does not include any changes to the Office of Early Childhood Development’s interpretation of how PDG B-5 funds can be used but clarifies allowable uses for supporting mental health.

**Background:** The purpose of the PDG B-5 grant program is to strengthen the state’s integrated ECE system to prepare low-income and disadvantaged children to enter and have a seamless and high-quality early childhood experience from birth to kindergarten and into elementary school. In the service of this goal, states and territories invest in strengthening the early childhood workforce, expanding access to high-quality ECE programs, and collaborating with partners to enhance coordination across the early childhood system.

To integrate mental health supports effectively into state and territorial ECE systems, it is important to first understand and destigmatize what is meant by “mental health.” Young children’s mental health, often referred to as infant and early childhood mental health (IECMH), is not mental illness. Rather, it is the same as [social and emotional development](#) and well-being. It is a child’s capacity to express and regulate emotions, form trusting relationships, explore, and learn — all in the cultural context of family and community. IECMH approaches should support every child’s development of social and emotional skills, in addition to providing specialized supports for the up to 20 percent of children under the age of five who experience social and emotional difficulties.<sup>i</sup>

Many PDG B-5 priorities either directly or indirectly promote the mental health and well-being of young children, families, and the ECE workforce. This may include meaningfully engaging and involving families in the development of program policies and procedures, increasing attention to the needs of children with or at risk for disabilities, reducing the use of suspensions and expulsions and improving disciplinary practices, and incorporating trauma-informed approaches to care. While conducting or updating the Comprehensive Statewide B-5 Needs Assessment, grant recipients may have identified

mental and behavioral health needs of young children, their families, and the ECE workforce. Many grant recipients also directly support activities that focus on improving mental and behavioral health outcomes as part of the B-5 Statewide Strategic Plan.

Despite the investments states and territories are making to identify and address the mental health needs of children and their caregivers, the number of children and adults experiencing mental and behavioral health challenges continues to exceed the availability of services and supports needed. Childhood mental health concerns were on the rise prior to the COVID-19 pandemic, and the pandemic has not only resulted in increased incidence of behavioral challenges and stress-related disorders in young children,<sup>ii</sup> but it has also exacerbated and highlighted disparities in access to mental health care for children of color.<sup>iii</sup> Recent data suggest that nearly half of the U.S. population lives in behavioral health workforce shortage areas (even higher when infant and early childhood mental health expertise is required), and the majority of psychologists report having no openings for new patients and longer waitlists than before the pandemic began.<sup>iv</sup> Furthermore, the behavioral health workforce is not demographically representative nor equitably available to all children and families.

**Guidance:** PDG B-5 grant recipients are encouraged to review the full spectrum of strategies and recommendations detailed in this IM in collaboration with partners across the early childhood system. Grant recipients are encouraged to assess how activities within the Statewide B-5 Strategic Plan currently address unmet mental and behavioral health needs in your state or territory and consider opportunities to integrate recommended strategies into your PDG B-5 initiatives, strengthening the overall early childhood mental health system of care.

This IM aligns with and builds on the [\*Joint The U.S Department of Education \(ED\) and The U.S Department of Health and Human Services \(HHS\) Dear Colleague Letter\*](#) and the [\*HHS Letter on Children's Mental Health\*](#), both published in 2022. The recommendations in this IM align with allowable program activities for PDG B-5. Your PDG B-5 federal project officer and technical assistance specialist are available to discuss how specific strategies of interest could be incorporated into your PDG B-5 work.

The recommendations in this IM are organized to align with and span the array of services and supports that make up a comprehensive early childhood mental health system of care. This includes mental health promotion, prevention, and treatment activities. Within these broad categories, specific recommendations are offered for grant recipients to consider:

- I. Mental health promotion** – for example, providing families with high-quality, culturally appropriate information about mental health, improving access to social emotional screening and referrals, and professional development on early childhood mental health, potential impacts of trauma, and workforce well-being.
- II. Prevention and family strengthening services and supports** – for example, implementing social and emotional learning curricula, parenting programs, and infant and early childhood mental health consultation; and
- III. Access to behavioral health treatment** – for example, integration of behavioral health services in ECE settings, partnerships to increase access to clinicians with specialized training to serve young children and families, and access to community health workers and family navigators to assist families and ECE staff in meeting basic needs.

The recommendations in the Attachment of this IM are numerous and range from strategies that can be accomplished with limited resources to ones that may require more involved partnerships and leveraged funding. PDG B-5 recipients can play a critical role in a jurisdiction-wide effort on mental health, convening partners across the early childhood system to identify both short- and long-term priorities and

develop plans to pilot, implement, and sustain efforts based on recommendations in this IM. Key partners could include Child Care and Development Fund (CCDF) lead agencies, children's behavioral health, home visiting, Head Start programs, Head Start Collaboration Offices, primary care, Tribal behavioral health, Indian Health Service, maternal and child health, public health, child welfare, education, Bureau of Indian Affairs, and early intervention and special education services and supports.

Training and technical assistance to support you in implementing mental health efforts is available through the PDG B-5 TA Center.

/s/

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Richard Gonzales  
Federal Program Manager,  
Preschool Development Grants Birth through Five Program

*Attachment:*

- Strategies and Opportunities for Using PDG B-5 to Promote the Mental Health and Well-being of Children, Families, and the Early Care and Education Workforce

## ATTACHMENT

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## I. INCREASE MENTAL HEALTH PROMOTION

**STRATEGY 1. Work with partners across the early childhood system to ensure that families have access to information about children’s social and emotional development and the importance of parental well-being and early caregiving relationships.**

PDG B-5 grant recipients are in a unique position to increase understanding about mental health given the program’s cross-sector and collaborative approach and the state- and territory-wide reach. PDG B-5 grant recipients can play a key role in ensuring that information about children’s social and emotional development, [positive childhood experiences](#), and the importance of attending to adult behavioral health and early caregiving relationships is widely available, is high-quality and linguistically and culturally appropriate for all families, and is disseminated through all early childhood partners at the state or territory level and in communities. Grant recipients can also ensure meaningful family engagement in all aspects of message and materials development and dissemination. Specifically, PDG B-5 grant recipients are strongly encouraged to:

- **Analyze data from your existing comprehensive Statewide B-5 Needs Assessment to identify both the reach of and any outstanding needs for dissemination of high-quality, linguistically, and culturally appropriate materials** on social and emotional development of young children, parental behavioral health, and the importance of early caregiving relationships. If this data is not already included in your Needs Assessment, identify how this data might be collected.
- **Develop strategies to address gaps in availability and/or dissemination of mental-health related materials** and incorporate these into your comprehensive Statewide B-5 Strategic Plan. Invest in partnerships that can increase the availability of such resources, such as collaboration with your state’s [Act Early Ambassador](#) to support state- or territory-wide dissemination of [Learn the Signs. Act Early](#) resources on developmental monitoring and follow up. The Centers for Disease Control and Prevention (CDC)’s [Essentials for Parenting Toddlers and Preschoolers](#) includes many free resources for families and [Birth to Five: Watch Me Thrive](#) offers resources and information to support developmental and behavioral screening. The CDC and American Academy of Pediatrics (AAP) have an extensive array of resources for caregivers of [children who have experienced trauma](#), as well as information on preventing [adverse childhood experiences \(ACEs\)](#) and promoting positive childhood experiences. Where relevant, partner with your state’s [aRPy Ambassador](#)<sup>v</sup> to disseminate information about the [Division for Early Childhood \(DEC\) Recommended Practices \(RPs\)](#) for families and providers who work with young children who have or are at risk for developmental delays or disabilities.
- **Raise awareness and reduce stigma.** Partner with organizations that provide training and materials that help normalize conversations about mental health, reduce stigma related to seeking help for mental health or substance use concerns, and help caregivers understand how attending to their own mental health promotes the well-being of young children in their care. For example, PDG B-5 grant recipients can disseminate informational materials on maternal mental health (such as the National Institute of Child and Human Development (NICHD)’s [Mom’s Mental Health Matters](#) campaign), as well as ensuring widespread awareness of the Health Resources and Services Administration (HRSA)-funded [National Maternal Mental Health Hotline](#). Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) funds the [Statewide Family Network program](#) which supports family-led organizations to provide information, outreach, and support to families raising children with serious mental health challenges. Grant recipients can work with partners at the state or territory level to develop strategies for making these materials and resources available across the ECE system (for example, to center and family-based child care providers, home visiting programs, Part B and C programs, etc.).
- **Include families, providers, and other community partners from diverse cultural and linguistic backgrounds as collaborators** in planning, creating, and disseminating mental health

awareness messages, activities, and resources, including strategies to combat stigma and reach families and ECE providers with behavioral health needs.

- **Partner with the National Technical Assistance Center for Grandfamilies and Kinship** to raise awareness about (and share resources to address) the needs of families in which grandparents, other older relatives, or other individuals are raising young children. In many cases, children in such living arrangements have experienced traumatic events that resulted in separation from parents that could put them at increased risk for experiencing mental health challenges. The [Grandfamilies and Kinship Support Network](#) (National TA Center), funded by the Administration for Community Living (ACL), provides technical assistance and training to government agencies, states, Tribes, territories, and service providers to develop coordinated approaches to improve services and supports for relatives raising young children.
- **Partner with and support the work of the Mental Health Champion in your state or territory (where relevant).** CDC and ACL jointly created the [Mental Health Champions Program](#), currently consisting of champions in 11 states and one territory, working on a range of projects to improve cross-sector coordination, promote mental health through awareness and training, implement prevention strategies such as parenting groups and screening practices, and strengthen partnerships.
- **Encourage early childhood partners to share and promote resources that support adult mental health and well-being,** including the [988 Suicide and Crisis Lifeline](#) and the SAMHSA [Treatment Locator](#). Work with Tribal leaders in your jurisdiction to ensure that these resources, along with resources specifically tailored to Native American audiences (such as the [StrongHearts Native Helpline](#) and [We R Native Crisis Text Line](#)) are widely disseminated to ECE providers and families with young children.

## **STRATEGY 2. Work with partners across the ECE system to increase access to social-emotional screening for all young children with referral and follow-up as needed.**

Universal social-emotional screening is a critical component of promoting early childhood mental health. Although screening happens in a variety of early childhood settings, data show that the majority of children do not receive developmental screening in early childhood, and even fewer receive social-emotional screenings.<sup>vi</sup> PDG B-5 grant recipients can play a critical role in improving social-emotional screening practices within ECE settings and in improving coordination across early childhood providers to ensure that screening concerns are addressed through appropriate referral and follow up. More specifically, PDG B-5 grant recipients are encouraged to:

- **Analyze data from your existing comprehensive Statewide B-5 Needs Assessment to identify gaps in social-emotional screening in your state or territory.** (If the B-5 Needs Assessment is currently being revised or updated, ensure that data on social-emotional screening practice is included in data collection efforts). Data on social-emotional screening should include screenings across the early childhood system, such as in home visiting, early care and education, pediatric primary care, IDEA Part B and C, and other community-based programs.
- **Apply an equity lens in data analysis and decision-making.** PGD B-5 Needs Assessment data can be used to inform decisions about investing resources, including where to focus on improving screening practices and systems. For example, data analysis might include an assessment of disparities in access to social-emotional screening and/or rates of behavioral health issues across different demographic groups and communities. Needs assessment data can help to identify remote or under-resourced ECE programs with limited access to training and technical assistance on social-emotional screening; communities where screening rates are particularly low and/or rates of early childhood mental health issues are high; as well as communities where social-emotional screening practices could be improved through better coordination to facilitate appropriate referrals and

follow-up. Grant recipients are encouraged to include families and early childhood partners in data analysis and decision-making.

- **Incorporate strategies to address gaps in social-emotional screening practice into your comprehensive Statewide B-5 Strategic Plan.** For example, consider offering training and technical assistance to ECE programs to support implementation of social-emotional screening practices using valid and reliable screening tools. Alternatively, consider supporting the implementation or expansion of initiatives that offer developmental screening and facilitate referrals for young children and families to address social and health needs, such as [Help Me Grow](#) and/or [Healthy Steps](#), ensuring collaboration between these community- and primary care-based efforts and ECE providers.
- **Work with state or territory IDEA Part C and B program leads to strengthen collaboration between ECE programs and Part C and B programs at the local level.** Collaboration with Part C and B programs is critical to ensuring that ECE providers have clear processes for referring children for further assessment when developmental concerns arise.
- **Work to improve Medicaid policy and/or practice supporting payment for social-emotional screening.** More than half of states cover social-emotional screening as part of well-child visits under Medicaid;<sup>vii</sup> however, primary care providers are not always aware of this policy, nor are they always trained or encouraged to incorporate social-emotional screening using validated screening tools into regular practice and to bill for this service. Similarly, providers may need guidance and information about [coverage of developmental and behavioral health screening through Medicaid's Early and Periodic Screening, Diagnostic, and Treatment \(EPSDT\)<sup>viii</sup> benefit](#). Grant recipients should work with partners in Medicaid, behavioral health, and health care to support efforts to improve, or improve implementation of, Medicaid policy in this area.
- **Partner with the State or Territory's HRSA-funded Title V Maternal and Child Health Services Block Grant and Early Childhood Comprehensive Systems** leads to explore opportunities to fund the building or strengthening of developmental screening and referral systems, including social-emotional screening.

### **STRATEGY 3. Offer training and professional development to increase skills and knowledge in the ECE workforce related to children's mental health.**

An important aspect of the PDG B-5 program includes supporting the ECE workforce. PDG B-5 grant recipients can play a critical role in building capacity of the ECE workforce to promote mental health, appropriately identify children exhibiting signs of mental health challenges (and recognizing that, for many but not all children, these may be related to trauma responses), and create nurturing and responsive learning environments that help all children to thrive. One essential way to support the workforce is through creating professional development opportunities that lead to inclusive, culturally, and linguistically appropriate, and trauma-informed care. It is especially important that state- or territory-wide efforts to build workforce competencies and knowledge are equitable and reach all ECE providers. PDG B-5 grant recipients are encouraged to:

- **Analyze data in your existing comprehensive Statewide B-5 Needs Assessment** that helps identify gaps in training and professional development offerings related to mental health and creating trauma-informed approaches and environments for the ECE workforce. Collaborate with ECE system leaders to identify opportunities to strengthen training for the ECE workforce and incorporate these into your comprehensive Statewide B-5 Strategic Plan.
- **Partner with the Child Care and Development Fund (CCDF) lead agency and children's behavioral health lead to pilot additional approaches to address mental health-related training and professional development needs of the ECE workforce.** For example:



- **Consider mental health and trauma-focused training opportunities that could be available to ECE programs.** Partner with the Head Start Collaboration Office and/or explore offerings from the SAMHSA-funded [National Child Traumatic Stress Network](#) and the [National Training and Technical Assistance Center for Child, Youth, and Family Mental Health \(NTTAC\)](#). Local children’s behavioral health agencies and state associations for infant mental health may also have professional development offerings on fundamental principles of infant and early childhood mental health (IECMH) and trauma-informed care that can be tailored and made available to the ECE workforce.
- **Support trainings and dissemination of resources focused on [compassion fatigue](#), [secondary traumatic stress](#), and self-care strategies** that promote wellness and reduce stress, burnout, and turnover in the ECE workforce.
- **Consider scholarships to ECE providers and staff** who would like to obtain certification in IECMH to build knowledge and expertise.
- **Help ensure access to professional development opportunities that promote the use of positive behavior management strategies and equitable disciplinary practices**, raising awareness of the harmful impacts of discrimination and prejudice on mental health, and the ways that [implicit bias](#) can lead to inequities in how staff interpret and respond to children’s behaviors.
- **Lead a coordinated effort to increase access to [reflective supervision](#) for ECE supervisors and staff.** Access to high-quality and regular reflective supervision can be instrumental in enhancing feelings of support and safety for staff, and creating a shared experience of problem-solving, self-reflection, and thinking, particularly in working through intense or challenging situations. Reflective supervision can also serve as an opportunity to explore behavior management approaches and create space for examining implicit biases and how these can contribute to inequitable disciplinary practices.

#### **STRATEGY 4. Promote ECE workforce mental health and well-being.**

A well-compensated and supported ECE workforce is a necessary foundation for high-quality and stable child care programs and the capacity to support the mental health and well-being of children and families. The PDG B-5 program has prioritized a focus on the well-being of the ECE workforce, understanding that adults who are struggling with behavioral health challenges may be less available to provide the responsive and nurturing care that optimizes child development. Offering ECE staff and supervisors access to high-quality and ongoing reflective supervision and other activities to prevent secondary traumatic stress are essential to retaining a healthy workforce and preventing burnout and turnover. PDG B-5 grant recipients can contribute to supporting the mental health and wellness of the ECE workforce through:

- **Partnering with other early childhood leaders (e.g., health and behavioral health agencies, Head Start Collaboration Offices) and trusted messengers (e.g., Child Care Resource and Referrals, provider associations and networks) to emphasize the importance of supporting staff wellness**, destigmatizing mental health help-seeking through public awareness campaigns, and ensuring that culturally appropriate and multilingual resources are available to inform ECE program leaders and staff of the strategies and available resources that can strengthen workforce well-being. For example, a recent CDC science blog on [Supporting Mental Health in the Workplace](#) includes a wide variety of resources on workforce well-being.
- **Partnering with CCDF lead agencies to increase the availability of staff wellness teams in ECE programs**, particularly those in historically marginalized communities and serving large populations of children and families experiencing trauma and adversity. Staff wellness teams can assess and gather input about workforce mental health challenges, develop and implement plans to



respond to those needs, and provide ongoing training, peer support, and other opportunities to foster mental health and wellness. (Examples include offering reflective supervision, mindfulness training, and peer mentoring programs). PDG B-5 grant recipients can partner on efforts to establish staff wellness teams and evaluation efforts to assess both the effectiveness and cost-effectiveness of different approaches to staff wellness to help build evidence that informs future funding.

- **Partnering with CCDF lead agencies to invest in strategies to increase support for ECE providers and staff, particularly for family child care providers.** Support strategies might include the development of staffed family child care networks – many of which offer activities such as peer support groups and peer mentoring to increase shared knowledge and reduce isolation. Other strategies include apprenticeships, communities of practice, and reflective practice groups facilitated by an infant and early childhood mental health consultant. PDG B-5 grant recipients may be able to partner with CCDF lead agencies to increase the availability of these supports, as well as contributing to evaluation activities to assess effectiveness and cost-effectiveness of different workforce wellness strategies.

## II. INCREASE PREVENTION AND FAMILY STRENGTHENING SERVICES AND SUPPORTS

### **STRATEGY 5. Support implementation of evidence-based prevention approaches for young children in ECE and community-based settings (e.g., social emotional learning curricula).**

Studies have demonstrated a number of positive educational and social outcomes associated with social emotional learning (SEL) curricula in ECE settings, including strengthening responsive and nurturing teacher-child interactions and effective classroom management.<sup>ix</sup> SEL approaches support the healthy social and emotional development of all children and have been found to be particularly effective in reducing problem behaviors and building social and emotional skills among young children with emerging behavioral concerns.<sup>x</sup> The June 2022 [\*Dear Colleague Letter on Social-Emotional Development and Mental Health\*](#) encourages early childhood leaders to leverage and incentivize high-quality, responsive environments. PDG grant recipients can help increase access to high-quality and responsive learning environments through helping ECE programs to implement social-emotional learning approaches, particularly in creating more equitable access to these approaches in communities with the highest needs and/or fewest resources. Some strategies to consider include:

- **Supporting access to training in, and implementation of, evidence-based SEL approaches for ECE staff across the state or territory,** including participation in ongoing coaching and fidelity monitoring activities designed to ensure high-quality implementation and sustainability. Work with families, caregivers, ECE staff, and other community members to identify curricula that foster the development of early social and emotional skills and support the cultural and linguistic diversity and values of the families and communities being served.
- **Prioritizing SEL curriculum implementation in communities with large numbers of children at risk for poor mental health outcomes.** Use the PDG B-5 Statewide Needs Assessment to identify communities and/or programs with the highest rates of risk factors associated with poor mental health outcomes in young children (such as high rates of suspensions and expulsions in early childhood settings, and children experiencing poverty, child maltreatment, or homelessness). As needed, consider other federal or local data sources that might support decision-making, such as the [National Survey of Children's Health](#), [National Health Interview Survey](#), [America's Children: Key National Indicators of Well-being](#), the [Social Vulnerability Index](#), and the [American Community Survey](#). (See [Appendix](#) for more information).

**STRATEGY 6. Help families to access evidence-based and evidence-informed parenting programs, including within ECE settings.**

Evidence-based and evidence-informed, culturally appropriate parenting programs help parents and other caregivers adopt nurturing and responsive parenting practices and positive discipline techniques, reduce stress, and result in decreased disruptive behaviors in children and improved cognitive skills and later school achievement. Parenting groups also increase caregivers' feelings of social support.<sup>xi</sup> Offering parenting programs within ECE settings (either through bringing in clinicians to facilitate, or through training ECE staff) may reduce stigma associated with seeking mental health services and has the potential to increase family engagement. Because some parenting programs can be led by trained, non-clinical providers (including ECE staff, home visitors, and other community-based providers), they create access to mental health supports in a range of accessible non-clinical settings. PDG B-5 grant recipients can support more widespread adoption of parenting programs across the state or territory through:

- **Piloting opportunities for community-based mental health clinicians and trained facilitators to offer evidence-based parenting programs on-site in ECE programs.** PDG grant recipients can collaborate with parenting program developers, local behavioral health agencies, [Head Start Collaboration offices](#), and/or state infant mental health associations to identify providers or clinicians who are trained in culturally-appropriate, evidence-based parenting programs, and can facilitate connections with ECE programs locally or regionally for implementation.
- **Supporting ECE providers to get trained in and implement evidence-based and evidence-informed parenting programs.** This can be particularly helpful for ECE programs that do not have access to community-based clinicians or trained facilitators but have interest in offering parenting groups, and for implementation of curricula that can be facilitated by trained ECE staff. Support should include training as well as ongoing coaching, fidelity monitoring, and other activities required by the program developer.
- **Collaborating with state or local behavioral health organizations, Part C or B programs, home visiting programs, and [Parent Training and Information Centers](#) or [Family Resource Centers](#)** to support widespread implementation of parenting groups in community-based locations. Work with partners – including families – to develop strategies for successful referral to and engagement in community-based parenting programs for families, ensuring that offerings are culturally and linguistically appropriate and promoted using inviting and non-stigmatizing language.
- **Piloting other group opportunities for families to build social support and connections while sharing parenting wisdom and challenges.** Some examples include facilitated drop-in peer support and play groups, family discussion groups, and [parent cafes](#). Consider ECE or community-based programs (including shelters housing families) for implementation of these pilots.
- **Piloting Grandfamily Support Groups in ECE programs or communities with a large number of grandfamilies raising young children.** Partner with the [Grandfamilies and Kinship Support Network](#) for technical assistance and resources such as the [Grandfamily Support Groups: Seven Tips for Getting Started Tip Sheet](#).
- **Partnering with Medicaid to support payment for family participation in group parenting programs.** Currently, roughly 15 states report that Medicaid pays for parent participation in parenting groups, including a handful that do not require a child to have a mental health diagnosis (States vary in terms of requiring use of an evidence-based program).<sup>xii</sup> Work with other early childhood leaders (e.g., in behavioral health, child welfare, Part C and B, etc.) to explore whether this policy could be incorporated into your state or territory Medicaid plan; or if already existing, support providers trained in parenting programs to successfully bill for this service in order to increase availability and sustainability of this support for families. Recent [Centers for Medicare](#)

[and & Medicaid Services \(CMS\) guidance](#) should make this even more viable for ECE programs located within school settings. (See [Appendix](#) for more information.)

#### **STRATEGY 7. Increase equitable access to high-quality infant and early childhood mental health consultation.**

Infant and early childhood mental health consultation (IECMHC) is a powerful tool for supporting early childhood educators in creating environments that promote the social and emotional development of young children. IECMHC is a prevention-based approach that pairs a mental health consultant with adults who work with infants and young children in a variety of child and family programs, including child care, preschool, home visiting, and early intervention. Mental health consultants help strengthen adults' capacities to support the healthy social and emotional development of young children, as well as partner with child care staff and families to address specific developmental or behavioral concerns when these arise. Mental health consultants also work with ECE programs to support staff wellness, build knowledge related to behavioral health and reflective capacity, and address implicit bias.<sup>xiii</sup> Mental health consultants support ECE staff and providers in developing alternative approaches to suspensions and expulsions, which have significant negative consequences for children's mental health and disproportionately impact boys and children of color.<sup>xiv</sup> As PDG B-5 programs are comprehensive in focus (state-/territory-wide and cross-sector), and emphasize system and infrastructure-building, they are strategically positioned to be impactful in supporting efforts to increase equitable access to IECMHC services through supporting the implementation, expansion, improvement and/or sustainability of IECMHC programs. PDG B-5 grant recipients are strongly encouraged to support IECMHC efforts through:

- **Partnering with the lead on IECMHC in the state or territory** to understand where IECMHC is happening already, and how it can be expanded to more ECE and other programs (e.g., home visiting, Part C and B programs, child welfare, and primary care). Grant recipients can contact the SAMHSA-funded [National Center of Excellence for IECMHC](#) for support to identify the IECMHC lead in their area.
- **Supporting the development or implementation of a state or territory-wide IECMHC Strategic Plan**, with involvement of early childhood leaders at the state or territory-level, as well as families, ECE providers, and a diverse array of community partners. A strategic plan can serve as a roadmap to creating equitable access to IECMHC services across the state or territory, including attention to key foundational components, such as model development, workforce development (including core training and competencies), equitable access, data and evaluation, and sustainable financing strategies.
- **Supporting ongoing efforts or new pilots to build the IECMHC workforce so that more ECE programs have access to mental health consultation.** This could include, for example, support for the training of more mental health clinicians interested in obtaining certification to become IECMH consultants and added incentives to recruit bilingual consultants and/or those living and working in historically marginalized or underserved communities. Consider partnering with local behavioral health agencies and colleges or universities to create IECMHC practicum placements, internships, externships, and courses that build a pipeline for IECMHC professionals.
- **Supporting training of experienced mental health professionals who can serve as reflective supervisors** so that all IECMH consultants have access to regular, ongoing, and high-quality reflective supervision.
- **Piloting strategies to increase the reach of IECMHC**, such as the creation of a web-based centralized point of entry or warmline for accessing IECMHC services, a virtual IECMHC program, and/or a statewide database of consultants that ECE programs can search.

- **Piloting a partnership with the state or territory’s child welfare agency** to offer IECMHC to caseworkers, supervisors, and managers. Some states have also prioritized IECMHC services to children involved in the child welfare system in ECE settings.
- **Partnering with other state and territory leads (such as children’s behavioral health, home visiting, Part C and B, and child welfare) to braid or layer funding to support IECMHC.** In many states, braided or layered funding across early childhood agencies has facilitated establishment and expansion of a statewide IECMHC system.

### III. INCREASE ACCESS TO BEHAVIORAL HEALTH TREATMENT

#### **STRATEGY 8. Help families (and the ECE workforce) address basic needs and access health and behavioral health care services.**

When families are struggling with economic, food, or housing insecurity, and lack of access to health care, it can significantly and negatively impact mental health. PDG B-5 grant recipients coordinate partnerships at the state/territory and/or local levels that help to connect families with services they need to support their children’s healthy development. These same supports (e.g., housing, food, and income services) are often unmet needs for ECE staff as well. In addition, PDG B-5 grant recipients improve the quality of existing programs through better integration of services and strengthening referral networks. Some specific recommendations for how PDG B-5 grant recipients can further reach these goals include:

- **Piloting opportunities for community health workers to be located within and accessible to ECE programs.** Community Health Workers (as well as family navigators, promotores, and peer support specialists) can help address economic and social stresses experienced by families and ECE staff and can facilitate greater access to community-based behavioral health services. PDG grant recipients may be able to partner with organizations that have received [HRSA Community Health Worker Training Program \(CHWTP\)](#) grants as one approach to identifying trained community health workers to embed in early childhood settings, and further explore opportunities to partner.
- **Promoting warmlines and online tools (such as websites and apps) that serve as single points of access for families with young children.** Some states, territories, and communities have websites and warmlines that offer a wide range of assistance to families – including more tailored resources for families with young children. Others offer websites that provide access to mental health consultation, parenting supports, and other early childhood mental health services and information. PDG grant recipients may be able to contribute to the creation, expansion, and/or effective promotion of such efforts among early childhood programs and families.
- **Partnering with HRSA-funded [Healthy Start](#) Project Directors to connect all ECE programs with Healthy Start programs in their communities.** Healthy Start staff can be embedded in child care programs and other community-based settings, providing information and assistance with accessing services for both families and staff. ECE programs can participate in Healthy Start Community Action Networks so they in have the greatest access to a wide range of programs offering health and social supports.
- **Supporting the implementation and expansion of initiatives to create more integrated systems for families with young children,** such as [Help Me Grow](#) networks, ensuring that both center-based ECE programs and family child care providers are connected participants in these networks.
- **Develop additional strategies and resources for ECE programs** to facilitate successful referrals to community-based organizations addressing economic supports and basic needs provision for families, which are structurally critical to support effective parenting and reduce mental health concerns.

**STRATEGY 9. Partner with health and behavioral health agencies and other early childhood leaders to increase access to mental health treatment for children, families, and the ECE workforce.**

Even when strong mental health promotion and prevention strategies are in place, some children and adult caregivers will experience mental or behavioral health challenges that require more intensive and specialized treatment and supports. Accessing needed services is often difficult and requires culturally and linguistically appropriate outreach as well as addressing potential barriers such as stigma, cost, and logistical challenges. Further, on top of behavioral health workforce shortages in many places across the country, there is an even greater shortage of providers with the specialized training to support early childhood mental health utilizing evidence-based, trauma-informed, and multigenerational approaches. However, there are strategies that can greatly improve this situation. [Previous guidance](#) to early childhood leaders recommends integration of mental health services into non-stigmatized settings such as primary care, early childhood education, family resource centers, and other community-based settings. This IM identifies ways that PDG B-5 recipients can increase access to treatment – through exploring opportunities for co-located treatment, increasing the availability of specially-trained IECMH clinicians, linking ECE programs with community-based clinicians, health care providers, and federal grant recipients offering treatment services, and reducing barriers to treatment for ECE staff. Specifically, PDG B-5 grant recipients are encouraged to:

- **Work with state and territory partners in health and behavioral health to identify communities with high rates of children at risk for poor mental health outcomes and low rates of access to developmentally, culturally, and linguistically appropriate treatment so that resources can be prioritized for these communities.** Utilize PDG B-5 Statewide Needs Assessment data on the mental and behavioral health needs of young children, their families, and the ECE workforce. If these data have not been included, develop a strategy for collecting this information from partners or through accessing existing datasets. (See [Appendix](#) for more information and examples.)
- **Work with state and territory partners to create opportunities to embed clinicians offering IECMH evidence-based treatments in ECE programs, including two-generational approaches that focus on family well-being and parent-child relationships.** For example, partner with children’s behavioral health leads, Indian Health Service and other Tribal health providers, [National Child Traumatic Stress Initiative](#) grantees, and/or state associations for infant mental health to identify clinicians with the appropriate training. [Children’s Mental Health Initiative](#) or [Circles of Care](#) grantees, and [Project LAUNCH](#) and [Infant and Early Childhood Mental Health grantees](#) can also serve as partners who may have experience with integrated care in early childhood settings.
- **Collaborate with state and territory partners in health and behavioral health to build workforce capacity to meet the mental health needs of young children, families, and the ECE workforce.** For example, HRSA’s [Early Childhood Comprehensive Services \(ECCS\)](#) grant program funds can be used to strengthen the IECMH workforce. (ECCS is currently funded in 20 states.) Partner with the state or territory’s children’s mental health director, and/or SAMHSA Community Mental Health Services Block Grant (MHBG) Point of Contact, to determine whether MHBG funds can be used to train clinicians in IECMH evidence-based treatments for children with serious emotional disturbances (SED). Explore other sources of funding that can be allocated to training more clinicians in IECMH evidence-based treatments, such as Project LAUNCH, and/or Children’s Mental Health Initiative grants. State leaders can also support institutions of higher education in seeking funding through HRSA’s [Behavioral Health Workforce Education and Training - Children, Adolescents, and Young Adults Program](#).
- **Work with partners in behavioral health and the state or territory Medicaid agency to raise awareness among IECMH providers about the state’s or territory’s Medicaid policy regarding payment for dyadic treatment for families with young children.** Currently, 38 states have Medicaid policies that pay for dyadic treatment,<sup>xv</sup> but behavioral health providers may not be



aware or set up to bill for this service. Improving policy, increasing awareness, and/or providing technical assistance and billing guidance to providers are examples of strategies that could enable more programs (e.g., Early Intervention Part C and B programs, school-based behavioral health programs, or mental health clinicians embedded in ECE programs) to offer dyadic treatment and increase access for more families with Medicaid coverage.

- **Collaborate with state or territory leads in children’s behavioral health, public health, child welfare, and Medicaid to leverage funding for mental health supports for children and families through the [Family First Prevention Services Act \(FFPSA\)](#).** The FFPSA gives state, territory, county, and Tribal child welfare agencies the ability to receive 50 percent reimbursement for federally approved services for children at imminent risk of out-of-home placement and their caregivers. PDG B-5 leads can review the state’s or territory’s five-year [FFPSA Plan](#) to understand which preventive services are covered and work with partners to ensure that programs are taking maximum advantage of this opportunity to fund preventive mental health supports for families with young children, particularly in communities that experience the greatest disparities in access to behavioral health services. PDG B-5 leads and state partners can also make use of technical assistance from the [Child Welfare Capacity Building Center for States](#), including through contacting the state or territory [liaison](#) from the Center to learn what activities are already underway in child welfare agencies to provide access to behavioral health services for young children and families. (See [Appendix](#) for more information.)
- **Collaborate with the state or territory CHIP agency to explore allocating a portion of Children’s Health Insurance Program (CHIP) funding to implement a health services initiative (HSI) focused on the mental health needs of young children and families.** States have used HSI’s to help fund a number of public health efforts, including home visiting, parenting education services and supports, school-based mental health services, and behavioral health treatment for children.
- **Partner with the state or territory Medicaid agency and state and local education agencies to offer guidance, technical assistance, and other forms of support to ensure that ECE programs in school settings benefit from increased access to behavioral health treatment,** including through operationalizing [2023 Guidance](#) from the Centers for Medicare & Medicaid Services (CMS) designed to make it easier for all schools to receive payment for delivering Medicaid-covered services - including behavioral health care for children enrolled in Medicaid and the Children’s Health Insurance Program (CHIP). Recently updated [Frequently Asked Questions \(FAQ’s\)](#) from CMS may also help states with operationalizing this guidance.
- **Foster connections with SAMHSA [Project AWARE](#) grantees and HRSA-supported health centers with school-based service sites,** and work with these programs to ensure that ECE providers in their jurisdictions (including family child care providers) are aware of and can access behavioral health services for young children and families for which they are eligible. Health center school-based service sites help to facilitate access to essential services for students, family members and other members of the community. (See [Appendix](#) for additional resources and information.)
- **Work with state or territory partners in behavioral health and child welfare to strengthen collaboration and integrated services for families experiencing substance use challenges** and where young children have been impacted by in utero or environmental exposure to opioids and other substances. Identify Administration for Children and Families (ACF)-funded [Regional Partnership Grants](#) in your state or territory which support interagency collaborations and promote mental health-related services for families with young children. (These include peer recovery coaching, parenting and family strengthening programs, in-home parenting support for families, and related evidence-based practices). Make use of technical assistance from the [National Center on Substance Abuse and Child Welfare \(NCSACW\)](#), which supports Regional Partnership grantees

and other early childhood providers. They offer virtual technical assistance, including sharing examples of successful programs across states to expand best practices nationwide.

- **In states with a HRSA-funded [Infant Toddler Court Program \(ITCP\)](#), partner with the State Coordinator** to ensure that ECE providers are connected to community-based infant toddler court teams that offer a wide range of services to families with young children at risk for or experiencing maltreatment (including economic supports, family supports, and mental and physical health care). PDG B-5 grant recipients can participate on the ITCP State Advisory Group, and work with ITCP statewide coordinators to increase collaboration between ECE and child welfare systems.
- **Work with CCDF, behavioral health, health, and other state partners to leverage resources that provide increased access to treatment for ECE providers and staff.** For example, access to navigators to help child care staff find affordable treatment and enroll in health insurance plans with behavioral health coverage; participation in statewide employee assistance programs; and funding to pay for time-limited treatment or treatment co-payments for child care staff with behavioral health needs.



## IV. APPENDIX – RESOURCES TO SUPPORT RECOMMENDATIONS

The Appendix includes a variety of resources that support the promotion of mental health and well-being of children, families, and the early care and education workforce. Examples include different funding streams and supports from initiatives, programs, and agencies that support early childhood development and family well-being.

The Appendix is by no means exhaustive but includes examples of best and promising practices that are research- and/or evidence-based. Specific mention of organizations does not imply endorsement by ACF, the U.S. Department of Health and Human Services, or the U.S. government.

### I. INCREASE MENTAL HEALTH PROMOTION

**STRATEGY 1. Work with partners across the early childhood system to ensure that families have access to information about children’s social and emotional development and the importance of parental well-being and early caregiving relationships.**

- [“Learn the Signs. Act Early”](#) is a CDC initiative that provides [free materials](#) and resources to help families and early childhood professionals promote developmental monitoring and screening activities, track developmental milestones, and recognize signs of developmental concerns. With family-friendly resources available in print, online, and via [CDC’s Milestone Tracker App](#), information can be integrated into systems efforts to help families and professionals learn the signs of social-emotional development and encourage them to act early to access screening and additional services when they have any questions or concerns. Almost every state and territory has an [Act Early Ambassador](#) who can work with PDG grant recipients and other early childhood partners to develop a strategy for disseminating materials.
- [Birth to Five: Watch Me Thrive](#) is an initiative of the U.S. Departments of Health and Human Services and Education that offers [information about research-based developmental screening tools](#), as well as [tailored guides](#) for a range of early childhood providers with suggestions for how to talk to families about the importance of screening, how to make use of screening results (including where to go for help), and how to select the most appropriate screening tool for the population served. There is also a printable [developmental screening passport](#) that early childhood providers can give to families to empower them to track and share their child’s screenings and developmental progress in early childhood.
- [Screening for Adverse Childhood Experiences in Children: A Systematic Review](#) is a report that explores the correlation between screening for adverse childhood experiences (ACEs) for early identification or intervention and the improvement of outcomes for children. The report found that there is limited evidence that screening for ACEs improves outcomes.
- [Essentials for Parenting Toddlers and Preschoolers](#) is a free, online resource for parents and caregivers of 2- to 4-year-olds developed by the CDC which provides information on positive parenting strategies. The website includes articles, “Frequently Asked Questions” answered by parenting experts, videos, and free print resources.
- The [aRPy Ambassador Program](#), co-led by the Early Childhood Technical Assistance Center through a Department of Education cooperative agreement, aims to support the use of the [DEC Recommended Practices](#) by practitioners and families. The DEC Recommended Practices provide guidance on early intervention and early childhood special education practices related to better outcomes for young children with disabilities and/or delays, their families and the personnel who serve them.
- [The Grandfamilies and Kinship Support Network](#) is a national technical assistance center that provides technical assistance and training to government agencies, states, Tribes, territories, and

service providers to develop coordinated approaches to improve services and supports for families. They have developed tip sheets and fact sheets to raise awareness and understanding and have an [extensive resource library](#) that addresses the needs of diverse populations and highlights best practices from across the country.

- The [Mental Health Champions Program](#) is a pilot program that expanded from six Champions in 2020 to 12 champions in 2022. The current 12 Champions work within 11 states and territories as liaisons to CDC's children's mental health work and positive parenting resources. You can read more about the scope of each champion's work on the [CDC's website](#).
- HRSA funds the [National Maternal Mental Health Hotline](#) which provides free and confidential support (in English and Spanish) before, during, and after pregnancy.
- [SAMHSA's Mental Health Technology Transfer Center \(MHTTC\) Network](#) has information and links to a wide range of resources, webinars, and free trainings on maternal mental health on the [Perinatal Mental Health page](#). SAMHSA also has a webpage with [Resources for Parents and Caregivers](#).
- The [Mom's Mental Health Matters Initiative](#) from NICHD at the National Institutes of Health (NIH) provides extensive information about depression and anxiety during pregnancy and postpartum, including signs and symptoms, risk factors, and treatment options. They also have [materials \(such as posters and postcards\)](#) that can be ordered and disseminated by child care providers, as well as an [Action Plan for Depression and Anxiety Around Pregnancy](#) which serves as a checklist to help a woman determine if what she is feeling is anxiety or depression and whether she should seek help.
- The CDC's reproductive health resource page on [Depression During and After Pregnancy](#) provides information about perinatal depression and links to find effective treatment and community resources such as Postpartum Support International, the National Suicide Prevention Lifeline, and the National Alliance on Mental Illness.
- The 2021 Office of Head Start [webinar on Identifying and Addressing Maternal Depression](#) offers guidance on screening, increasing staff comfort in talking about mental health, and supporting parents experiencing depression in early care and education settings.
- [The Statewide Family Network \(SFN\) grant program](#) funded by SAMHSA enhances the capacity of statewide mental health family-controlled organizations. SFN grantees provide individual peer support, information and assistance, support groups, trainings, and services to families caring for children with mental health needs.
- SAMHSA has a number of national helplines and free resources to help individuals – including families and child care providers – access behavioral health treatment. These include the [988 Suicide and Crisis Lifeline](#), and the [Treatment Locator](#). Child- and family-serving programs can order free printed posters and other materials from [SAMHSA's store](#).
- [Stronghearts Native Helpline](#) 1-844-7NATIVE (762-8483) is a safe, anonymous, and confidential domestic and sexual violence helpline for Native Americans and Alaska Natives, offering culturally appropriate support and advocacy. The Helpline was funded in part through a grant from the Administration on Children, Youth and Families' Family and Youth Services Bureau.
- [The Native Crisis Text Line](#) connects those seeking support with a trained counselor by texting the word "NATIVE" to 741741. The Native Crisis Text line is led by We R Native, which is supported, in part, with funds from the Indian Health Service, the Minority AIDS Initiative Fund, and by a Garrett Lee Smith suicide prevention grant from SAMHSA.
- [Should I be concerned? Understanding and talking about mental health with your child](#) is a video about parenting and signs of mental health concerns in children. It features parents and caregivers

from around the country who talk about how they noticed and responded to their child's mental health concerns. This video highlights federal resources about mental health and where to get help.

- [Talking about mental health: Tips for parents and caregivers from young people](#) is a tip sheet created by young people who have experienced mental health challenges. Youth share what has helped and what they wish parents and caregivers would say and do when talking about mental health. The tip sheet also includes links to additional resources. ACF also has a webpage dedicated to [Mental Health Resources for Parents and Caregivers](#).
- The American Academy of Pediatrics (AAP) created a variety of resources and infographics to help families and caregivers learn [how to address parenting challenges when their families or children have experienced trauma](#). These resources are designed to help parents and caregivers understand how early trauma may have affected their children. There are also a variety of resources and articles that provide information related to Adverse Childhood Experiences, trauma, and resilience.
- The CDC provides information to prevent [adverse childhood experiences \(ACEs\)](#) and supports to promote positive childhood experiences. The resources include a training that provide insights and skills to prevent ACEs for families and educators.

**STRATEGY 2. Work with partners across the ECE system to increase access to social-emotional screening for all young children with referral and follow-up as needed.**

- [Healthy Steps](#): Healthy Steps Specialists in pediatric primary care practices offer developmental, social-emotional, and behavioral screening for all young children (birth to 3), screening for family needs, care coordination, parenting support, and consultation for children and families. PDG B-5 grant recipients can help ensure that other early childhood programs are connected with [Healthy Steps sites](#) in their communities. There are currently Healthy Steps sites in 24 states and the District of Columbia, and more than 200 primary care practices.
- [Help Me Grow](#) (HMG): Many communities and some states have a [Help Me Grow system](#) for helping families with young children to access resources in their communities, including screening and referrals. Partnering with [HMG network affiliates](#) can ensure that all early childhood providers are aware of the services HMG offers, which may include training child care staff on social emotional screening and making use of screening results, and/or conducting screenings and facilitating referrals of children and families for a wide range of health and social needs.
- [Medicaid Policies to Help Young Children Access Key Infant-Early Childhood Mental Health Services: Results from a 50-State Survey](#) is a 2023 report that shares results from a 50-state survey asking Medicaid agency leaders about Medicaid policies related to IECMH services and supports. The report provides detailed information about the variety of ways that state Medicaid policies support IECMH screening, diagnosis, and intervention services, including parenting and dyadic treatment approaches to care.
- [HRSA's Title V Maternal and Child Health Services Block Grant \(Title V\)](#) is one of the largest Federal block grant programs, and a key source of support for promoting and improving the health of mothers and children. The purpose of the Title V Block Grant program is to create [federal/state partnerships](#) that enable states and territories to address the health services needs of mothers, infants, and children, including children with special health care needs, and their families.
- The [Early Childhood Comprehensive Services \(ECCS\)](#) program builds maternal and early childhood systems of care that include health systems and promote early developmental health and family well-being. ECCS awardees increase coordination and alignment between maternal and child health systems at state and community levels, including organizations, programs, and services in the mental health sector.

- [Supporting Social-Emotional and Mental Health Needs of Young Children Through Part C Early Intervention: Results of a 50-State Survey](#): This report examines features of states' Part C Early Intervention programs that help them identify and serve infants and toddlers with social-emotional delays and mental health conditions.

**STRATEGY 3. Offer training and professional development to increase skills and knowledge in the ECE workforce related to children's mental health.**

- [National Training and Technical Assistance Center for Child, Youth, and Family Mental Health \(NTTAC\)](#) provides training and technical assistance that supports systems-level change and advancement of evidence-based, culturally responsive practice at no cost to participants. The goal of NTTAC is to support systems of care that are trauma informed and increase access to evidence based mental health supports.
- SAMHSA's [National Child Traumatic Stress Initiative \(NCTSI\)](#) raises awareness about the impact of trauma on children and adolescents. Through this initiative, the [National Child Traumatic Stress Network \(NCTSN\)](#) was created to bring together a collaborative network of experts to further the development and dissemination of evidence-based clinical interventions for systems that serve children, adolescents, and families. Members and affiliates of (NCTSN) have expertise in the identification and treatment of child trauma, and can be partners in identifying appropriate, high-quality professional development resources and trainings for diverse populations, including training on trauma and trauma-informed care best practices for early childhood settings. The National Child Traumatic Stress network also offers [resources](#) and [trainings](#) on a wide range of topics, including strategies to prevent, recognize and address secondary traumatic stress, which may be experienced by early childhood providers caring for children affected by trauma.
- The Department of Education's Readiness and Emergency Management for Schools (REMS) Technical Assistance Center has created a comprehensive list of [Resources on Trauma-Informed Care for Schools Before, During, and After Possible Emergency Events](#).
- Reflective Supervision is a regular, collaborative practice that focuses on the supervisory relationship as a parallel process and offers a reflective space for early childhood providers to examine how their own thoughts, feelings, and values are affecting their work with families. Resources for early childhood providers include:
  - Head Start Early Childhood Learning and Knowledge Center (ECLKC) created a resource titled [Tips on Becoming a Reflective Supervisor and a Reflective Supervisee](#) that includes information sheets to support the ECE workforce on using the reflective supervision practice in their work.
  - The National Center on Early Childhood Development, Teaching, and Learning hosted a webinar titled "[Reflective Supervision in Action!](#)" as part of their Education Manager Series. Dr. Sherryl Scott Heller, editor of *A Practical Guide to Reflective Supervision*, explores strategies to implement reflective supervision in Head Start programs, in-person and remotely.
  - The National Center on Early Childhood Development, Teaching, and Learning hosted a webinar titled "[Using Reflective Supervision to Build Capacity](#)". The webinar outlines information for supervisors and staff on how reflective supervision can be used to build reflective capacity for education staff and improve program quality and practice.

**STRATEGY 4. Promote ECE workforce mental health and well-being.**

- [Staffed Family Child Care Networks](#) are community-based programs with paid staff that provide services and resources to affiliated family child care providers. The [Office of Child Care](#) has a variety of resources to implement and coordinate a family child care network.

- [Infant/Toddler Workforce Wellness: Focusing on Wellness is Critical for Early Childhood Professionals](#): resources for child care providers looking to reduce stress and prioritize their own wellness.
- [Mental Health and Wellness Resources](#) is a curated list from the Office of Child Care that contains resources for child care providers to support both their own mental health and the mental health of the children they serve.
- [Total Worker Health®: A Guide to Worksite Wellness and Safety in the Child Care Setting](#) is a comprehensive toolkit based on CDC evidence for child care center leaders and staff to learn safe and healthy skills for themselves and learn how to be healthy role models for the children they see every day.
- [Supporting Mental Health in the Workplace](#) is a CDC/NIOSH Science blog that discusses workplace strategies to support worker mental health and well-being and organizational success.
- The Department of Education's Readiness and Emergency Management for Schools (REMS) Technical Assistance Center hosted a webinar on [Understanding Educator Resilience and Developing a Self-Care Plan](#) which provides educators with information on the concepts of resilience and compassion fatigue, and the impact of stress, burnout, and compassion fatigue on the education environment, as well as ways to identify signs and symptoms of compassion fatigue and concrete steps for developing a professional self-care plan.

## II. INCREASE PREVENTION AND FAMILY STRENGTHENING SERVICES AND SUPPORTS

### STRATEGY 5. Support implementation of evidence-based prevention approaches for young children in ECE and community-based settings (e.g., social emotional learning curricula).

- The [Head Start CARES \(Classroom-based Approaches and Resources for Emotion and Social skill promotion\) demonstration](#) sponsored by the Office of Head Start and the Office of Planning, Research and Evaluation tested three approaches to enhancing children's social-emotional development on a large scale within the Head Start system and found positive impacts on a range of children's social-emotional outcomes and teaching practices. The three social-emotional enhancements that were tested were (1) the Incredible Years Teacher Training Program, (2) Preschool PATHS (Promoting Alternative Thinking Strategies), and (3) Tools of the Mind—Play.
- The following are examples of national surveys and datasets that can help PDG B-5 program leaders and partners make data-informed decisions about priority populations for implementing mental health supports and services:
  - [The National Survey of Children's Health](#) is a household survey that is funded by HRSA and conducted by the Census Bureau each year. The survey provides national and state level data for key measures of child health and well-being for children from birth to age 17, including for example, school readiness, mental and behavioral health conditions, and access to community-based services.
  - [The National Health Interview Survey \(NHIS\)](#) monitors the health of the civilian non-institutionalized U.S. population and is one of the major data collection programs of the National Center for Health Statistics (NCHS) at the CDC. It is a cross-sectional household survey that includes information on illnesses, injuries, chronic conditions, health insurance coverage (or lack thereof), utilization of health care, and other health topics. Data can be analyzed by demographic and socioeconomic characteristics.
  - [America's Children: Key National Indicators of Well-Being, 2023](#), is an example of the annual report compiled by the Federal Interagency Forum on Child and Family Statistics. It includes 41 indicators of children's well-being drawn from Federal statistics in seven domains: family and



social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. It is designed to be accessible to broad audiences.

- [The Social Vulnerability Index](#). The CDC/Agency for Toxic Substances and Disease Registry (ATSDR) Social Vulnerability Index uses U.S. Census data to determine the social vulnerability of every census tract in the U.S. (Census tracts are defined as subdivisions of counties for which the Census collects statistical data). The SVI ranks each tract on 16 social factors, such as poverty, lack of vehicle access, and crowded housing. This makes the database useful for looking at risk and vulnerability at a very localized level.
- [The American Community Survey](#) (ACS) is collected by the Census Bureau and includes social, economic, housing, and demographic data at the state, county, census tract, and zip code levels. New data is released annually, and data tables and data profiles are available for use by the public and can be customized by users.

**STRATEGY 6. Help families to access evidence-based and evidence-informed parenting programs, including within ECE settings.**

- [Parent Training and Information Centers \(PTIs\)](#) serve parents of children of all ages (birth to 26) and all types of disabilities. These [centers](#) provide training and information that meets the needs of families of children with disabilities.
- [Community Parent Resource Centers \(CPRCs\)](#) are parent training and information centers operated by local parent organizations that help ensure underserved families of children with disabilities (including low-income families, parents of children who are English learners, and parents with disabilities) have the training and information they need to participate effectively in helping their children. [Community parent resource centers](#) are required to establish cooperative partnerships with the parent training and information centers in their states.
- [Parent Cafes](#): Many communities have implemented parent cafes with funding and other supports from state or local health and mental health departments, grants from SAMHSA (Project LAUNCH), or family resource centers and other community organizations. Learn more in the [March 2020 Children’s Bureau brief](#) on approaches to strengthening protective factors in child welfare.
- [The Grandfamilies & Kinship Support Network](#) is a national technical assistance center funded through ACL, whose mission is to improve supports and services for grandfamilies and kinship families. The Network offers free technical assistance and resources to government agencies and nonprofit organizations in states, Tribes, and territories. In January 2024, the Network published a [tip sheet for starting grandfamily support groups](#).
- In 2023, & CMS released [Delivering Services in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming](#). The guide describes new flexibilities (and consolidates existing guidance) designed to make it easier for schools to receive payment for delivering Medicaid-covered services. States can adopt flexibilities outlined in the guide to reduce the administrative burden for schools, making it easier to get paid for covered health services delivered to children enrolled in Medicaid and CHIP. FAQs are also [available here](#). CMS and the Department of Education joined together to create [The Technical Assistance Center \(TAC\)](#), which seeks to provide technical assistance, resources and support on the federal funding available for school-based physical and behavioral health services and expand the capacity of State Medicaid agencies, local education agencies (LEAs), and school-based entities to provide greater assistance under Medicaid.

**STRATEGY 7. Increase equitable access to high-quality infant and early childhood mental health consultation.**

- [The National Center of Excellence for Infant and Early Childhood Mental Health Consultation](#) curated a [resource page](#) of IECMHC materials. The resources available can help enhance efforts to build access to mental health consultation and reach more children and families, including support for the workforce. PDG grant recipients can reach out to the Center of Excellence (CoE) for [technical assistance](#) in identifying current IECMHC efforts in your state or territory, or to strategize about how to further develop IECMHC initiatives in your area. The CoE has a dedicated section of its website focused on sustainability, including modules focused on policy, financing, champions and partnerships, and communications and messaging. Examples of specific resources include:
  - Brief entitled [Financing Guidance for Infant and Early Childhood Mental Health Consultation](#)
  - Video entitled [“Systems: Funding Streams and Strategies, and Overcoming Barriers to Promote Success”](#)
  - [A resource page](#) discussing strategies, successes, and challenges of identifying and implementing policies to support IECMHC.

### III. INCREASE ACCESS TO BEHAVIORAL HEALTH TREATMENT

#### **STRATEGY 8. Help families (and the ECE workforce) address basic needs and access health and behavioral health care services.**

- The Office of Recovery at SAMHSA developed the [National Model Standards for Peer Support Certification](#). A primary goal outlined within this strategy is accelerating the universal adoption, recognition, and integration of the peer mental health workforce across all elements of the healthcare system.
- The [Healthy Start \(HS\) program](#) at HRSA invests in communities to improve health outcomes before, during, and after pregnancy. Local HS projects help reduce racial and ethnic differences in rates of infant death and maternal health outcomes. Services include prenatal and post-partum care, screening, and referral to services for depression and interpersonal violence; outreach and case management to link parents with social services and educational programming such as parent skill building; immunizations and health education; and training for community partners. In 2023 there were [111 HRSA-funded HS programs across the nation](#). See the [Healthy Start Fact Sheet](#) to learn more.

#### **STRATEGY 9. Partner with behavioral health agencies and other early childhood leaders to increase access to mental health treatment for children, families, and the ECE workforce.**

- The [Circles of Care](#) program is administered by SAMHSA’s Center for Mental Health Services (CMHS) and is a three-year discretionary grant for AI/AN communities. The primary goals of the Circles of Care grant program are to (1) plan for the development of a community-based system of care model for children with mental health challenges and their families, and (2) to develop local capacity and infrastructure to assist Tribal communities in obtaining funding and resources to implement a system of care model to improve the mental health and wellness of their children, youth, and families.
- [Project LAUNCH](#): This SAMHSA grant program increases access to social-emotional screening, family support and education groups, IECMHC, and infant and early childhood mental health treatment. There are a variety of professional development training opportunities for early childhood professionals in states, Tribes, and communities served through these grants.
- The [Behavioral Health Workforce Education and Training- Children, Adolescents, and Young Adults \(BHWET-CAY\) Program for Professionals grant from HRSA](#). The purpose of the BHWET-CAY Program is to increase the supply and distribution of behavioral health providers in rural and



underserved communities to address the behavioral health needs of children, adolescents, and young adults (ages 16-25).

- HRSA's [Pediatric Specialty Loan Repayment Program](#) offers medical educational loan repayment to clinicians who agree to provide 3 years of full-time pediatric medical subspecialty care, pediatric surgical specialty care, or child and adolescent behavioral health care including mental health and substance use disorder prevention and treatment services. Participants must provide health services in an approved site serving a Health Professional Shortage Area, Medically Underserved Area, or Medically Underserved Population.
- SAMHSA's [Project AWARE](#) grant program leverages partnerships to implement mental health related promotion, awareness, prevention, intervention, and resilience activities to ensure that school-aged youth have access and are connected to appropriate and effective behavioral health services.
- HRSA Health Center Program School-Based Services and [School Based-Service Expansion](#) grants support local partnerships between schools and health centers to provide children and youth the comprehensive physical and mental health care they need. HRSA-supported health centers provide comprehensive primary care services through permanent, fixed service delivery sites, temporary locations, mobile units, and service delivery sites located in or proximate to schools. Health center school-based service sites help to facilitate access to essential services for students, family members and other members of the community. [Find a Health Center](#) provides information about where health centers are located in each community. The [Children's Health and Education Mapping Tool](#) from the School Based Health Alliance enables health, education, and other stakeholders to identify each other at a local level and develop new partnerships.
- The [HHS School-Based Health Services resource list \(March 2022\)](#) is an expansive compendium of resources for educators grouped topically and including early care and education, emergency response, behavioral health and trauma, social determinants of health, and health care coverage.
- [Regional Partnership Grants \(RPG\)](#) are administered by the ACF Children's Bureau to improve the well-being of children affected by parental substance use disorders. The projects support interagency collaborations and integration of programs, services, and activities designed to increase the well-being, improve the permanency, and enhance the safety of children who are in, or at risk of, out-of-home placements as the result of a parent or caregiver's substance use disorder.
- [National Center on Substance Abuse and Child Welfare \(NCSACW\)](#) provides technical assistance to RPG grantees. Technical assistance focuses on cross-systems collaborative capacity; program sustainability; trauma-informed and culturally responsive evidence-based and evidence-informed services for children, parents, and family members; family-centered substance use and mental health disorder treatment and recovery support services; and lasting systems change.
- [In-Depth Technical Assistance \(IDTA\): Infants with Prenatal Substance Exposure](#) – is a report developed by NCSACW that analyzed the TA provided to Connecticut, Kentucky, Minnesota, New Jersey, Virginia, and West Virginia. The six sites focused on building collaboration and linkages across child welfare, mental health, and substance use treatment, medical communities, and early intervention systems, and they included other key stakeholders. The objective was to improve outcomes for infants with prenatal substance exposure, their mothers, and families.
- The [Child Welfare Capacity Building Center for States](#) is part of a collaborative funded by the Children's Bureau at ACF to provide support to state and territorial child welfare agencies and their partners. The Center for States helps agencies to deliver services that are grounded in racial equity, follow evidence-based processes and practices, and keep children, youth, and families safe and thriving. There are 10 who serve as single points of contact for all Center activities within their regions.

- [Infant-Toddler Court Program – National Resource Center](#) is a grant from HRSA to expand research-based infant toddler court teams. This grant’s purpose is to change child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families.

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- <sup>v</sup> The "RP" in aRPY stands for recommended practices as in the Division for Early Childhood's 66 recommended practices. An aRPY Ambassador is an early childhood professional from a variety of fields who acts as a disseminator of information about the DEC RPs.
- <sup>vi</sup> Hirai, A. H., Kogan, M. D., Kandasamy, V., Reuland, C., Bethell, C. (2018). Prevalence and variation of developmental screening and surveillance in early childhood. *JAMA Pediatrics*, 172(9):857–866. doi:10.1001/jamapediatrics.2018.1524
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- <sup>viii</sup> The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. (Medicaid.gov, 2024).
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- <sup>xiii</sup> Center of Excellence for Infant and Early Childhood Mental Health Consultation (2022). Status of the Evidence for Infant and Early Childhood Mental Health Consultation (IECMHC). <http://www.iecmhc.org/documents/CoEEvidence-Synthesis.pdf>
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