

Junta del Comité de Política ~ Policy Committee Meeting

Salón de Conferencias de MSHS – MSHS Second Floor Conference Room

Videoconferencia ~ Video Conference

[Click Here to Join Zoom Meeting](#)

13 de junio, 2024 ~ June 13, 2024

6:00 p.m. - 6:30 p.m. Firmas/Hojas de Asistencia

Sign-in/Attendance Records

Agenda

- 1) **Bienvenida/ Welcome:** Juana Martinez, presidenta/President 6:30 - 6:35 p.m.
a) Establecer *quórum*/Establish Quorum

- 2) **Periodo de Comentario Público/Public Comment Period*** 6:35 – 6:45 p.m.
Los primeros diez minutos están reservados para miembros del público para dirigirse al Comité de Política sobre temas de interés del público que esté dentro de la materia de jurisdicción del comité./ The first ten minutes of the meeting are reserved for members of the public to address the Policy Committee on items of interest to the public that are within the subject matter jurisdiction of the committee.

- 3) a) **Agenda:** repaso, cambios, adiciones/ review, changes, and additions 6:45 – 7:00 p.m.
Asunto de acción / Action item
b) **Repaso del acta (minutas)/ Review of Minutes**
1. Junta del 2 de mayo de 2024
May 2, 2024 Meeting
Asunto de acción / Action item

- 4) **Reporte de los miembros del Consejo de Política – Juntas Fuera de Temporada** 7:00 - 7:05 p.m.
Report from Policy Council Members – Off Season Meetings 5 min.

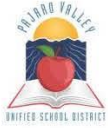
- 5) **Reporte de la directora del programa – Director’s Report** 7:05 - 7:15 p.m.
(vea el reporte escrito incluyendo el tema de seguridad y prácticas de supervisión/
see written report including safety and supervision practices) 10 min.
Juana Martínez, presidenta/President

- 6) **Reporte Financiero/Financial Report** 7:15 - 7:35 p.m.
(incluyendo reporte de alimentos servidos en los centros, gastos de tarjetas de crédito y reporte de inscripción/
including center meals, credit card expenditures and enrollment report?
Jose Rocha, supervisor de operaciones del programa/Program Operations Supervisor

- 7) **Solicitud de Costo de Vida 2024-2025/2024-2025 COLA Application** 7:35 - 8:00 p.m.
Jose Rocha, supervisor de operaciones del programa/Program Operations Supervisor
Asunto de acción / Action item

PAJARO VALLEY UNIFIED SCHOOL DISTRICT
Migrant & Seasonal Head Start Program

- 8) **Comunicaciones de la Oficina de Head Start/Communications from the Office of Head Start** 8:00 - 8:10 p.m.
- Nuevas disposiciones de elegibilidad para los programas para Indígenas Estadounidenses y Nativos de Alaska/New Eligibility Provisions for American Indian and Alaska Native programs [ACF-OHS-PI-24-03]
 - Nuevas disposiciones de elegibilidad para los Programas Head Start para Migrantes y Trabajadores de Temporada/New Eligibility Provisions for Migrant and Seasonal Head Start programs [ACF-OHS-PI-24-04]
 - Estrategias y recomendaciones para apoyar la salud mental/Strategies and Recommendations for Supporting Mental Health [ACF-OHS-IM-24-01]
- 9) **Reporte de Enlaces de la Mesa Directiva - Board of Trustees Liaison Report** 8:10 – 8:15 p.m.
Kim DeSerpa y Georgia Acosta **5 min**
- 10) **Preguntas/Otros ~ Questions/Other** 8:15 – 8:20 p.m.
- 11) **Fecha de la próxima junta:** 8:20 – 8:25 p.m.
jueves, 11 de julio de 2024 – Salón de la mesa directiva, **Hora: 7:00 p.m.**
Next Meeting Date:
Thursday, July 11, 2024 – Board Room, **Time: 7:00 p.m.**
- 12) **Clausura – Adjournment** 8:25 – 8:30 p.m.
Asunto de acción/ Action item
- * Periodo de Comentario Público - Reglas**
El público será limitado a tres minutos. Atención es llamada al hecho de que el Comité tiene prohibido por ley tomar alguna acción en temas discutidos que no estén en el orden del día. Ninguna conclusión adversa será tomada si el Comité no responde al comentario público en este tiempo./ Speakers shall be limited to three minutes. Attention is called to the fact that the Committee is prohibited by law from taking any action on matters discussed that are not on the agenda. No adverse conclusions should be drawn if the Committee does not respond to the public comment at this time.



Junta del Comité de Política
jueves, 2 de mayo de 2024

ACTA

1. **Bienvenida:**

Siendo las 6:35 p.m. la presidenta del Comité de Política, Juana Martínez, dio comienzo a la junta dando la bienvenida a los presentes. Se estableció el *quorum* con 5 miembros.

2. **Período de Comentario Público:**

No hubo.

3. **a) Agenda:**

La Sra. Juana Martínez dio lectura a la agenda. Se agregó un anuncio en el punto 10. Con esta adición, la agenda fue aprobada por unanimidad dando la moción la Sra. Ana María Cervantes y siendo secundada por el Sr. Zenón Hernández.

b1.) Repaso del Acta

Se repasó el acta del 11 de abril, 2024. No habiendo correcciones, el acta fue aprobada por unanimidad dando la moción el Sr. Zenón Hernández y siendo secundada por la Sra. Ana María Cervantes.

4. **Reporte de los Miembros del Consejo de Política – Juntas Fuera de Temporada**

El consejo de política no ha tenido reuniones, por lo tanto, no hubo reporte. La siguiente junta será el 8 de mayo, 2024.

5. **Reporte de la Directora del Programa (ver reporte escrito)**

Reporte de mayo de 2024

Inscripción de niños

Se ha terminado el periodo de inscripción masiva y se han llenado los espacios disponibles en centros y casas. Se seguirán aceptando solicitudes preliminares. En el centro Buena Vista se han inscrito 32 niños.

Personal

El 17 de abril se llevaron a cabo entrevistas para puestos vacantes de maestras y personal de servicios a las familias. El primer día de trabajo para las maestras fue el 1 de mayo.

Contratos

Se han confirmado 383 espacios con las proveedoras que estarán contratando con el programa este año. Se continuará visitando los hogares de posibles proveedoras.

Calendario de Actividades y Servicios

Se están llevando a cabo las orientaciones de padres. Las proveedoras tuvieron sus entrenamientos de pretemporada el 20 y el 27 de abril. El entrenamiento para todo el personal será el lunes, 6 de mayo.

Monitoreo

No hemos tenido visitas de monitoreo en las últimas semanas.

Seguridad y Prácticas de Supervisión

El programa tiene asegurado fondos para reemplazar el cerco del perímetro de Freedom. Esto ayudará a controlar el vandalismo.

El sitio web de la Oficina de Head Start ofrece información sobre temas de prácticas de seguridad con niños pequeños: <https://eclkc.ohs.acf.hhs.gov/es/practicas-de-seguridad>.

6. Reporte Financiero

José Rocha, supervisor de operaciones del programa, y Miguel Morales, tesorero del comité de política, repasaron el reporte financiero final del 2023-2024 y el reporte de marzo 2024. Se repasó el reporte de fondos básicos que es el presupuesto principal del programa, los gastos hasta la fecha y el balance del presupuesto. El porcentaje gastado del presupuesto de fondos básicos en marzo fue del 2.66%. También reportó que no se ha generado fondos no federales. Además, José y Miguel repasaron los siguientes reportes: el reporte del presupuesto de Entrenamiento y Asistencia Técnica, el reporte de la tarjeta de crédito, el reporte de los alimentos servidos en los centros y el resumen mensual de datos programáticos.

7. Solicitud de Expansión 2024-2025

Angelica C. Rentería, repasó la narrativa de la solicitud de expansión.

La solicitud incluye:

- Aumentar 8 días de servicios en los centros y 12 en las casas de cuidado infantil familiar.
- Aumentar el número de días de servicios en el centro Buena Vista para que se provea el mismo número de días que los centros del programa.
- Contratar un “coach” de integración para apoyar a las proveedoras de casas de cuidado infantil familiar.
- Incrementar el número de días de trabajo para una especialista de casas de cuidado infantil familiar y dos miembros del personal de servicios a la familia.
- Contratar a un profesional en la salud mental.
- Agregar una cuarta comida para los niños, ya que los niños reciben 12 horas de servicios.

La Sra. Elisa V. Morales dio la moción para aprobar la solicitud de expansión 2024-2025, fue secundada por el Sr. Zenón Hernández y aprobado por unanimidad.

8. Comunicaciones de la Oficina de Head Start

Se repasó la siguiente comunicación de la Oficina de Head Start:

- Aumento de financiamiento de Head Start para el año fiscal 2024 (AF2024) [ACF-OHS-PI-24-02].

9. Reporte de Enlace de la Mesa Directiva

No hubo.

10. Preguntas/Otros

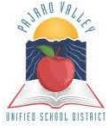
Se pidieron voluntarios para participar en el panel de entrevistas que se llevará a cabo el martes, 7 de mayo. Los siguientes miembros del Comité de Política se dieron de voluntarios: Juana Martínez, Elisa V. Morales, Ana María Cervantes y Rocío Contreras.

11. Fecha de la Próxima Junta

La fecha de la próxima junta será el jueves, 20 de junio del 2024 a las 6:30 p.m. en el salón de conferencias del programa.

12. Clausura

La junta se dio por terminada a las 7:38 p.m. dando la moción la Sra. Ana María Cervantes, siendo secundada por el Sr. Zenón Hernández y aprobada por unanimidad.



Policy Committee Meeting
Thursday, May 2, 2024

MINUTES

1. **Welcome:**

At 6:35 pm, the president of the Policy Committee, Juana Martínez, began the meeting by welcoming those present. A *quorum* was established with 5 members.

2. **Public Comment Period:**

There were no public comments.

3. **a) Agenda:**

Mrs. Juana Martínez read the agenda. An announcement was added to item 10 on the agenda. With this addition, the agenda was unanimously approved as moved by Mrs. Ana María Cervantes and seconded by Mr. Zenón Hernández.

b1.) Review of the Minutes

The minutes of April 11, 2024 were reviewed and no corrections were made. The minutes were approved unanimously as moved by Mr. Zenón Hernández and seconded by Ms. Ana María Cervantes.

4. **Report from Policy Council Members – Off Season Meetings**

The policy council has not meet, therefore, no report was given. The next meeting will be May 8, 2024.

5. **Director's Report (see written report)**

May 2024 Report

Child Enrollment

The program's mass registration period has ended and the available spaces in centers and homes have been filled. Preliminary applications will continue to be accepted. A total of 32 children have been enrolled at the Buena Vista center.

Staff

Interviews were held on April 17 for vacant teacher and family services staff positions. The first day of work for teachers was May 1.

Contracts

A total of 383 slots have been confirmed with the providers that will be contracting with the program this year. We will continue visiting the homes of potential providers.

Calendar of Activities and Services

Parent orientations are being held. The providers had their preservice training on April 20 and 27. Training for all staff will be on Monday, May 6.

Monitoring

We have not had monitoring visits in recent weeks.

Safety and Supervision Practices

The program has secured funding to replace the perimeter fencing at Freedom. This will help control vandalism.

The Office of Head Start website offers information on topics relating to safe practices with young children: <https://eclkc.ohs.acf.hhs.gov/es/security-practices>.

6. Financial report

José Rocha, Program Operations Supervisor, and Miguel Morales, Treasurer of the Policy Committee, reviewed the final financial report for 2023-2024 and the report for March 2024. The basic budget report was reviewed, including expenses to date and the budget balance. The percentage spent from the basic budget in March was 2.66%. They also reported that no non-federal funds have been generated. Additionally, José and Miguel reviewed the following reports: the Training and Technical Assistance budget report, the credit card report, the center meals and snacks report, and the monthly programmatic data report.

7. Expansion Application 2024-2025

Angelica C. Rentería, reviewed the narrative of the expansion application.

The application includes:

- Increasing 8 days of services in the centers and 12 in family child care homes.
- Increasing the number of days of services at the Buena Vista center so that the same number of days is provided as the program sites.
- Hiring an instructional coach to support family child care home providers.
- Increasing the number of work days for a family child care home specialist and two family services staff members.
- Hiring a mental health professional.
- Adding a fourth meal for children, as children receive services for 12 hours a day.

Mrs. Elisa V. Morales moved to approve the 2024-2025 expansion application, it was seconded by Mr. Zenón Hernández and approved unanimously.

8. Communications from the Office of Head Start

The following communication from the Office of Head Start was reviewed:

- Fiscal Year 2024 (FY2024) Head Start Funding Increase [ACF-OHS-PI-24-02].

9. Board of Trustees Liaison Report

There were no reports.

10. Questions/Other

Volunteers were asked to participate in the interview panel that will take place on Tuesday, May 7. The following members of the Policy Committee volunteered: Juana Martínez, Elisa V. Morales, Ana María Cervantes and Rocío Contreras.

11. Next Meeting

The next meeting will be Thursday, June 20, 2024 at 6:30 pm in the program conference room.

12. Adjournment

The meeting adjourned at 7:38 p.m., as moved by Mrs. Ana María Cervantes, seconded by Mr. Zenón Hernández and approved unanimously.



Migrant and Seasonal Head Start Program



Director's Report

June 2024



Child Enrollment

During the month of May we enrolled and placed 522 children. Program staff continues accepting preliminary applications. We have 366 children on the waiting list and we continue participating in recruitment events.

Finances

For current expenses, see written report.

Non-Federal Share

For details, see written report.

Program Information Report

For details, see written report.

Staffing

Interviews for Family Services Advocates were held and two were hired, their first day of work was May 20th. We will continue with the hiring process until we secure adequate personnel for all sites. We are still waiting for a license to open the Freedom site.

Contracts - Includes Family Child Care Providers

We have secured 423 slots in 61 Family Child Care Homes for June. An increase of 40 from May. We continue conducting site visits to potential Providers' homes.

Safety and Supervision Practices

Grantee staff conducted health and safety visits the week of May 20-24. Most of the FCCHs and all centers were visited. There are no concerns.

Learn about safety practices with young children by accessing the Head Start website: eclkc.acf.hhs.gov/browse/topic/safety-practices where you can select appropriate topics according to the topics of your interest.

Calendar of Activities and Services

Linda Cooper, Head Start Specialist for Region XII visited three Family Child Care Homes and the Freedom site on May 21. She was very impressed with the quality of the home environments and the site.

Monitoring

No other monitoring activities were conducted in the past few weeks.

For additional information call (831) 728-6955 and request to speak to the Director





Programa Head Start Migrante y de Temporada



Reporte de la Directora

Junio 2024



Inscripción de Niños

Durante el mes de mayo hemos inscrito y colocado un total de 522 niños. El personal continúa aceptando solicitudes preliminares. Tenemos 366 niños en la lista de espera y continuamos participando en eventos de reclutamiento.

Finanzas

Para gastos actuales, vea el reporte escrito.

Porción No Federal

Para más detalles, vea el reporte escrito.

Reporte de Información Programática

Para más detalles, vea el reporte escrito.

Personal

Se llevaron a cabo entrevistas para personal de servicios a la familia y se emplearon dos. Su primer día de trabajo fue el 20 de mayo. Continuaremos con el proceso de empleo hasta asegurar personal adecuado para todos los centros. Aún estamos esperando la licencia para abrir el centro Freedom.

Contratos - Incluye Proveedores de Cuidado Infantil Familiar

Hemos asegurado 423 espacios en 61 Casas de Cuidado Infantil Familiar para comenzar en junio. Un incremento de 40 espacios desde mayo. Continuamos realizando visitas a los hogares de posibles proveedoras.

Seguridad y Prácticas de Supervisión

Personal de la agencia concesionaria condujo visitas de salud y seguridad a casi todas las casas de FCCH y a todos los centros durante la semana del 20-24 de mayo. No hay preocupaciones.

Aprenda acerca de prácticas de seguridad con niños pequeños accediendo a la página web de Head Start:

eclkc.acf.hhs.gov/es/practicas-de-seguridad.

Ahí usted podrá seleccionar temas apropiados de acuerdo a los temas de su interés.

Calendario de Actividades y Servicios

Linda Cooper, Especialista de Head Start para la región XII visitó tres casas de cuidado infantil familiar y el centro Freedom el 21 de mayo. Ella estaba muy impresionada con la calidad de los ambientes de aprendizaje en las casas y en el centro.

Monitoreo

No ha habido otras actividades de monitoreo en las últimas semanas.

Para más información llame al (831) 728-6955 y solicite hablar con la Directora



2024-2025

April

FINANCIAL REPORT

Includes:

- **Credit card expenditures**
 - **Center meals**
 - **Enrollment**
-

Reporte Financiero

Abril

2024-2025

Incluye:

- **Gastos de tarjeta de crédito**
- **Alimentos servidos en los centros**
 - **Inscripción**

PROGRAMA HEAD START MIGRANTE Y DE TEMPORADA
Distrito Escolar Unificado del Valle de Pajaro
Reporte Financiero del 2024-2025
Fondos Basicos

Abril del 2024

	Presupuesto Aprobado	Total de Gastos Previos	Total de Gastos Actuales	Total de Gastos a la Fecha	Balance Actual de Presupuesto	Porcentaje Gastado del Presupuesto
6a Personal	\$ 4,077,633	\$ 152,312	\$ 212,824	\$ 365,136	\$ 3,712,497	8.95%
6b Beneficios	\$ 2,888,423	\$ 138,097	\$ 172,365	\$ 310,462	\$ 2,577,961	10.75%
6c Viajes fuera del area	\$ 29,400	\$ 5,004	\$ 3,115	\$ 8,119	\$ 21,281	27.61%
6d Equipo (Mas de \$5,000)	\$ -	\$ -	\$ -	\$ -	\$ -	
6e Articulos y Suplementos	\$ 235,729	\$ 1,169	\$ 6,820	\$ 7,990	\$ 227,739	3.39%
6f Contratos (Pagos de proveedores)	\$ 3,655,458	\$ -	\$ -	\$ -	\$ 3,655,458	0.00%
6g Renovaciones	\$ -	\$ -	\$ -	\$ -	\$ -	
6h Costos del Distrito/Administrativos	\$ -	\$ -	\$ -	\$ -	\$ -	
6h Otros Servicios/Costos de Operacion	\$ 363,281	\$ 2,361	\$ 8,127	\$ 10,488	\$ 352,793	2.89%
6j Costos Indirectos	\$ 407,451	\$ 10,822	\$ 14,598	\$ 25,419	\$ 382,032	6.24%
6k Total	\$ 11,657,375	\$ 309,765	\$ 417,849	\$ 727,614	\$ 10,929,761	6.24%

Fondos No Federales

	Presupuesto Aprobado	Total Previamente Generado	Total Actualmente Generado	Total Generado a la Fecha	Balance Actual del Presupuesto	Porcentaje del Presupuesto Generado
Total de Fondos No Federales	\$ 2,926,678	\$ 6,695	\$ 7,361	\$ 14,056	\$ 2,912,622	0.48%

Costos Administrativos

	Presupuesto Aprobado	Total de Gastos Previos	Total de Gastos Actuales	Total de Gastos a la Fecha	Balance Actual del Presupuesto	Porcentaje Gastado del Presupuesto
Total de Costos Administrativos	\$ 1,386,457	\$ 50,116	\$ 51,705	\$ 101,821	\$ 1,284,636	7.34%

Otros Ingresos

	Reclamos Previos	Reclamos Actuales	Total de Reclamos a la Fecha	N/G**
Programa de Comida	\$ -	\$ -	\$ -	\$ -
Interés	\$ -	\$ -	\$ -	\$ -
Otro (especificar)	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -

Comidas

	Desayuno	Almuerzo	Bocadillo	Total
Cantidad de comidas para el mes	\$ -	\$ -	\$ -	\$ -

MIGRANT HEAD START
Pajaro Valley Unified School District
2024-2025 Financial Activity Report
Basic Funds

April 2024

	Approved Budget	Total Previous Expenses	Total Current Expenses	Total Expenses To Date	Current Budget Balance	Percent of Budget Spent
6a Personnel	\$ 4,077,633	\$ 152,312	\$ 212,824	\$ 365,136	\$ 3,712,497	8.95%
6b Fringe Benefits	\$ 2,888,423	\$ 138,097	\$ 172,365	\$ 310,462	\$ 2,577,961	10.75%
6c Travel (Out of Area)	\$ 29,400	\$ 5,004.07	\$ 3,115	\$ 8,119	\$ 21,281	27.61%
6d Equipment (over \$5,000/unit)	\$ -	\$ -	\$ -	\$ -	\$ -	
6e Supplies	\$ 235,729	\$ 1,169	\$ 6,820	\$ 7,990	\$ 227,739	3.39%
6f Contracts (Provider Payments)	\$ 3,655,458	\$ -	\$ -	\$ -	\$ 3,655,458	0.00%
6g Renovations	\$ -	\$ -	\$ -	\$ -	\$ -	
6h District Administrative Fees	\$ -	\$ -	\$ -	\$ -	\$ -	
6h All Other Services/Oper. Expenses	\$ 363,281	\$ 2,361	\$ 8,127	\$ 10,488	\$ 352,793	2.89%
6j Indirect Costs	\$ 407,451	\$ 10,822	\$ 14,598	\$ 25,419	\$ 382,032	6.24%
6k Total	\$ 11,657,375	\$ 309,765	\$ 417,849	\$ 727,614	\$ 10,929,761	6.24%

Non-Federal Funds

	Approved Budget	Total Previous Generated	Total Current Generated	Total Generated To Date	Current Budget Balance	Percent of Budget Generated
Total Non-Federal Share	\$ 2,926,678	\$ 6,695	\$ 7,361	\$ 14,056	\$ 2,912,622	0.48%

Administrative Costs

	Approved Budget	Total Previous Expenses	Total Current Expenses	Total Expenses To Date	Current Budget Balance	Percent of Budget Spent
Total Administrative Costs	\$ 1,386,457	\$ 50,116	\$ 51,705	\$ 101,821	\$ 1,284,636	7.34%

Other Income

	Previous Claim	Current Month	YTD Claim	N/G**
Food Program	\$ -	\$ -	\$ -	\$ -
Interest	\$ -	\$ -	\$ -	\$ -
Other (Specify)	\$ -	\$ -	\$ -	\$ -
Total	\$ -	\$ -	\$ -	\$ -

Meals

	Breakfast	Lunches	Snacks	Total
Number of Meals for the Month	\$ -	\$ -	\$ -	\$ -

PROGRAMA HEAD START MIGRANTE Y DE TEMPORADA
Distrito Escolar Unificado del Valle de Pajaro
Reporte Financiero del 2024-2025
Fondos de Entrenamiento y Asistencia Tecnica

Abril del 2024

	Presupuesto Aprobado	Total de Gastos Previos	Total de Gastos Actuales	Total de Gastos a la Fecha	Balance Actual del Presupuesto	Porcentaje Gastado del Presupuesto
6a Personal	\$ -	\$ -	\$ -	\$ -	\$ -	
6b Beneficios	\$ -	\$ -	\$ -	\$ -	\$ -	
6c Viajes fuera del area	\$ 4,200	\$ 5,968	\$ -	\$ 5,968	\$ (1,768)	142.09%
6d Equipo (Mas de \$5,000)	\$ -	\$ -	\$ -	\$ -	\$ -	
6e Articulos y Suplementos	\$ 22,141	\$ -	\$ 1,051	\$ 1,051	\$ 21,090	4.75%
6f Contratos (Pagos a proveedores)	\$ -	\$ -	\$ -	\$ -	\$ -	
6g Renovaciones	\$ -	\$ -	\$ -	\$ -	\$ -	
6h Costos del distrito/administrativos	\$ -	\$ -	\$ -	\$ -	\$ -	
6h Otros servicios/costos de operacion	\$ 21,270	\$ -	\$ 1,934	\$ 1,934	\$ 19,336	9.09%
6j Costos Indirectos	\$ 1,724	\$ 216	\$ 108	\$ 324	\$ 1,400	18.80%
6k Total	\$ 49,335	\$ 6,184	\$ 3,094	\$ 9,278	\$ 40,057	18.81%

MIGRANT HEAD START
Pajaro Valley Unified School District
2024-2025 Financial Activity Report
Training and Technical Assistance Funds

April 2024

	Approved Budget	Total Previous Expenses	Total Current Expenses	Total Expenses To Date	Current Budget Balance	Percent of Budget Spent
6a Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	
6b Fringe benefits	\$ -	\$ -	\$ -	\$ -	\$ -	
6c Travel (Out of Area)	\$ 4,200	\$ 5,968	\$ -	\$ 5,968	\$ (1,768)	142.09%
6d Equipment (over \$5,000/unit)	\$ -	\$ -	\$ -	\$ -	\$ -	
6e Supplies	\$ 22,141	\$ -	\$ 1,051	\$ 1,051	\$ 21,090	4.75%
6f Contracts (Provider Payments)	\$ -	\$ -	\$ -	\$ -	\$ -	
6g Renovations	\$ -	\$ -	\$ -	\$ -	\$ -	
6h District/Administrative Fees	\$ -	\$ -	\$ -	\$ -	\$ -	
6h All Other Services/Oper. Expenses	\$ 21,270	\$ -	\$ 1,934	\$ 1,934	\$ 19,336	9.09%
6j Indirect Costs	\$ 1,724	\$ 216	\$ 108	\$ 324	\$ 1,400	18.80%
6k Total	<u>\$ 49,335</u>	<u>\$ 6,184</u>	<u>\$ 3,094</u>	<u>\$ 9,278</u>	<u>\$ 40,057</u>	18.81%

**Pajaro Valley Unified School District
Migrant and Seasonal Head Start Program**

**2024-2025 CREDIT CARD EXPENDITURES REPORT
REPORTE DE LOS GASTOS DE LA TARJETA DE CREDITO 2024-2025**

This credit card expenditure report partially satisfies Head Start Performance Standard # 1301.2(b)(2), 1302.102(d)(1)(i) and Head Start Act section 642(d)(2) to provide various reports to the Governing Board and Policy Committee.
Este reporte de gastos de tarjetas de crédito satisface parcialmente el requisito establecido según la Norma de Ejecución # 1301.2(b)(2), 1302.102(d)(1)(i) y la Ley de Head Start, sección 642(d)(2) de proporcionar varios reportes a la Mesa Directiva y al Comité de Política.

Date of Purchase Fecha de Compra	Purpose Propósito de la Compra	Amount Spent Cantidad Gastada
2/24/2024	Professional Development/Desarrollo Profesional	\$ 4.85
2/24/2024	Professional Development/Desarrollo Profesional	\$ 54.85
3/5/2024	Travel and Conference/Viajes y conferencias	\$ 35.00
3/5/2024	Travel and Conference/Viajes y conferencias	\$ 35.00
3/5/2024	Travel and Conference/Viajes y conferencias	\$ 35.00
3/5/2024	Travel and Conference/Viajes y conferencias	\$ 35.00
3/5/2024	Travel and Conference/Viajes y conferencias	\$ 35.00
3/5/2024	Travel and Conference/Viajes y conferencias	\$ 35.00
3/5/2024	Travel and Conference/Viajes y conferencias	\$ 35.00
3/8/2024	Risk and Safety/ Riesgo y seguridad	\$ 8.55
3/9/2024	Travel and Conference/Viajes y conferencias	\$ 35.00
3/9/2024	Travel and Conference/Viajes y conferencias	\$ 35.00
3/9/2024	Travel and Conference/Viajes y conferencias	\$ 35.00
4/17/2024	Risk and Safety/ Riesgo y seguridad	\$ 39.96
	Total credit card expenditures from March 1, 2024 to April 30, 2024 Total gastado en tarjetas de crédito del 1 de marzo del 2024 al 30 de abril del 2024	\$ 423.21

PAJARO VALLEY UNIFIED SCHOOL DISTRICT
DISTRITO ESCOLAR UNIFICADO DEL VALLE DE PAJARO

MIGRANT & SEASONAL HEAD START PROGRAM
PROGRAMA HEAD START MIGRANTE Y DE TEMPORADA

2024/2025 SEASON CENTER MEAL REPORT
REPORTE DE ALIMENTOS EN LOS CENTROS TEMPORADA 2023/2024

This meal report partially satisfies Head Start Performance Standard # 1301.2(b)(2), 1302.102(d)(1)(i) and Head Start Act Section 642(d)(2) to provide various reports to the Governing Board and Policy Committee.

Este reporte de alimentos satisface parcialmente el requisito establecido según la Norma de Ejecución # 1301.2(b)(2), 1302.102(d)(1)(i) and Head Start Act Section 642(d)(2) de proporcionar varios reportes a la Mesa Directiva y al Comité de Política.

No reports are provided November through April each year when centers are closed

No se proporcionan reportes entre noviembre y abril (centros cerrados)

Pajaro Valley Unified School District - Migrant and Seasonal Head Start

Enrollment Report- Reporte de Inscripción

From/ De 3/01/2024 through/hasta el 03/31/2024

This enrollment report partially satisfies Head Start Performance Standard # 1301.2(b)(2), 1302.102(d)(1)(i) and Head Start Act section 642(d)(2) to provide various reports to the Governing Board and Policy Committee.

Este reporte de inscripción satisface parcialmente el requisito establecido según la Norma de Ejecución # 1301.2(b)(2), 1302.102(d)(1)(i) y la Ley de Head Start, sección 642(d)(2) de proporcionar varios reportes a la Mesa Directiva y al Comité de Política.

NUMBER OF CHILDREN CURRENTLY ENROLLED NUMERO DE NIÑOS ACTUALMENTE INSCRITOS		
Centers Centros	Family Child Care Homes Casas de Cuidado Infantil	Total Enrollment Total de Niños Inscritos
<p>No children are being served between March and April, centers and Family Child Care Homes are closed</p> <p><i>No estamos sirviendo niños entre los meses de marzo y abril, los centros y las casas de cuidado infantil están cerrados</i></p>		

CUMULATIVE ENROLLMENT – INSCRIPCION ACUMULADA		
Centers Centros	Family Child Care Homes Casas de Cuidado Infantil	Total Cumulative Enrollment Total de Niños Acumulados

CHILDREN WITH DISABILITIES BEING SERVED - Niños con Discapacidades que reciben o han recibido servicio

Center Children with IEP's Niños en centros con IEP's	Center Children with IFSP's Niños en centros con IFSP's	FCCH Children with IEP's Niños en Casas de Cuidado Infantil con IEP's	FCCH Children with IFSP's Niños en Casas de Cuidado Infantil con IFSP's	Total Number of children with disabilities Número total de niños con discapacidades

OFICINA DE EDUCACIÓN DEL CONDADO DE STANISLAUS
Head Start Migrante y de Temprada
2024-2025
COMPARACIÓN DE PRESUPUESTO
COLA

Nombre de la Agencia Delegada/Subcontratada: Distrito Escolar Unificado del Valle de Pájaro

	Presupuesto Anual	Cambios Netos	Presupuesto Anual con COLA
6a Personal	4,077,633	99,246	4,176,879
6b Beneficios	2,888,423	33,670	2,922,093
6c Viajes	29,400	-	29,400
6d Equipo > \$5,000	-	-	-
6e Materiales	235,729	-	235,729
6f Contratos	3,655,458	130,497	3,785,955
6g Renovaciones mayores/construcción	-	-	-
6h Otros	363,281	-	363,281
Total Costo Directo	11,249,924	263,413	11,513,337
6i Indirecto @ 4.04% 4%	407,451	10,536	417,987
Total	11,657,375	273,949	11,931,324

Explicación de la variación/cambios solicitados:			Cambios
6a	Aumento Neto:	5 % de COLA basado en aumentos previamente negociados para ciertas posiciones.	99,246
6b	Aumento Neto:	Costos de beneficios relacionados con los aumentos negociados de los salarios.	33,670
6c	No hubo cambio:	-	-
6d	No hubo cambio:	-	-
6e	No hubo cambio:	-	-
6e	No hubo cambio:	-	-
6f	Aumento Neto:	Aumento a la tasa de reembolso para los niños de 3 años en casas.	130,497
6g	No hubo cambio:	-	-
6h	No hubo cambio:	-	-
6i	Aumento Neto:	Aumento al costo indirecto debido al cambio de fondos en general.	10,536
Total			273,949

Sección de Aprobación	
Director de la Agencia de Head Start:	Fecha:
Director Ejecutivo de la Agencia:	Fecha:
Aprobación del Comité de Política:	Fecha:
Aprobación de la Mesa Directiva:	Fecha:
Director del Destinatario:	Fecha:

Nota: Cualquier cambio a la categoría 6d requiere la Forma de documentación para la licitación. Para cualquier renovación/repación refiérase a la forma requerida lista de verificación de contratistas.

**STANISLAUS COUNTY OFFICE OF EDUCATION
Migrant & Seasonal Head Start
2024-2025
BUDGET COMPARISON
COLA**

Delegate/Subcontractor Agency Name: Pajaro Valley Unified School District

	Refunding Budget	Net Changes	Refunding Budget w COLA
6a Personnel	4,077,633	99,246	4,176,879
6b Fringe	2,888,423	33,670	2,922,093
6c Travel	29,400	-	29,400
6d Equipment > \$5,000	-	-	-
6e Supplies	235,729	-	235,729
6f Contracts	3,655,458	130,497	3,785,955
6g Major Renovations/Construction	-	-	-
6h Other	363,281	-	363,281
Total Direct	11,249,924	263,413	11,513,337
6i Indirect @ 4.04% 4%	407,451	10,536	417,987
Total	11,657,375	273,949	11,931,324

Explanation of requested variance/changes:

		Changes
6a	Net Increase: 5 % COLA based on previously negotiated increases for certain positions.	99,246
6b	Net Increase: Benefit costs related to negotiated increases on salaries.	33,670
6c	No Change -	-
6d	No Change -	-
6e	No Change -	-
6e	No Change -	-
6f	Net Increase: Increased FCCH reimbursement rates for 3 year olds.	130,497
6g	No Change -	-
6h	No Change -	-
6i	Net Increase: Increase to Indirect due to overall change in funding.	10,536
Total		273,949

Approval Section	
Agency Head Start Director:	Date:
Agency Executive Director:	Date:
Policy Committee Approval:	Date:
Board Approval:	Date:
Recipient Director:	Date:

**Note: Any changes to category 6d require the Bid Documentation Form.
For any Renovations/Repairs refer to the required Contractors Checklist Form.**

Nuevas disposiciones de elegibilidad para los programas para Indígenas Estadounidenses y Nativos de Alaska

eclkc.ohs.acf.hhs.gov/es/policy/pi/acf-ohs-pi-24-03

Nuevas disposiciones de elegibilidad para los programas para Indígenas Estadounidenses y Nativos de Alaska ACF-OHS-PI-24-03

U.S. Department
of Health and Human Services

ACF
Administration for Children and Families

1. **Núm. de registro:** ACF-OHS-PI-24-03
2. **Fecha de emisión:** 05/13/2024
3. **Oficina originaria:** Oficina de Head Start
4. **Palabras clave:** elegibilidad; AIAN; Indígena Estadounidense y Nativo de Alaska; Ley de Asignaciones Consolidadas; año fiscal 2024

Instrucción del Programa

A: Todos los destinatarios de las subvenciones de Head Start, incluido Head Start, Early Head Start, Asociaciones entre Early Head Start y Cuidado Infantil, oficinas de colaboración y Centros Nacionales

Tema: Nuevas disposiciones de elegibilidad para los programas para Indígenas Estadounidenses y Nativos de Alaska

Instrucción:

El 23 de marzo de 2024, el presidente Biden firmó la [Ley de Asignaciones Consolidadas Adicionales de 2024 \(Ley Pública 118-47\) \(en inglés\)](#), que destina fondos asignados para el año fiscal (AF) 2024 a varios departamentos y agencias federales. Este proyecto de ley de gastos financia los programas Head Start durante el resto del año fiscal. Los cambios en los fondos de la Oficina de Head Start (OHS) para el año

fiscal 2024 se detallan en una Instrucción del Programa (PI, sigla en inglés) por separado, [ACF-OHS-PI-24-02](#). Esta PI describe los cambios en los criterios de elegibilidad para los beneficiarios de Head Start de la Región XI, indígenas estadounidenses y nativos de Alaska (AIAN, sigla en inglés) en la Sección 238 de la Ley de Asignaciones Consolidadas Adicionales de 2024.

La OHS colabora regularmente con las tribus para comprender las circunstancias especiales de los programas Head Start para AIAN. Durante las consultas regulares, los líderes tribales y los administradores tribales de Head Start han indicado que las tribus deben tener poderes discrecionales para determinar qué niños son elegibles y deben tener prioridad para los servicios de Head Start. Después de este cambio histórico en los estatutos, la OHS considera que las tribus, en la mayor medida posible, deben determinar qué niños de sus comunidades se beneficiarían más de los servicios de Head Start.

Aplicación de la nueva disposición de admisibilidad

Esta disposición especifica que en el año fiscal 2024, y durante los años siguientes, los programas para AIAN tienen la discreción de considerar la elegibilidad para los servicios de Head Start independientemente de los ingresos. Esta disposición se aplica a los programas operados por una tribu india según se define en la Ley de Head Start, 42 U.S.C. 9801, o designados por una tribu india para operar en su nombre. Esta nueva formulación se aplica tanto a los niños tribales como a los no tribales en el área de servicio de un programa para AIAN. Esta ley conducirá al aumento del número de niños en las comunidades tribales que son elegibles para recibir servicios de Head Start y participar en actividades que promuevan su cultura y su idioma nativos.

Según las regulaciones de Head Start recogidas en 45 CFR §§ [1302.14](#) y [1302.11\(b\)](#), los programas para AIAN deberán seguir aplicando criterios de selección cada año para matricular a los niños de su área de servicio que más se beneficien de los servicios de Head Start. Estos criterios de selección deben sopesar la priorización de los participantes en función de las necesidades identificadas en la evaluación de las necesidades de la comunidad. Los criterios pueden, a discreción del programa, darles prioridad a los niños de familias en las que un niño, un miembro de la familia o un miembro del mismo hogar pertenece a una tribu indígena. Los programas no tienen que actualizar sus criterios de selección en este momento. Sin embargo, si un programa opta por cambiar sus criterios de selección en respuesta a la nueva disposición de la Sección 238, debe consultar y obtener la aprobación de su cuerpo directivo y su Consejo de Políticas. De esta manera el programa puede comenzar a utilizar los criterios actualizados. Además, todos los programas deben incluir sus criterios de selección en la solicitud anual de reembolso.

Según la Sección 238, los programas Head Start para AIAN ya no tienen que cumplir con los requisitos de ingresos para ser elegibles. Esto significa que los programas para AIAN no tiene que recopilar información sobre los ingresos de las familias para fines de elegibilidad. Sin embargo, si un programa para AIAN decide utilizar los ingresos como parte de sus criterios de selección para apoyar la toma de decisiones con respecto a las familias más necesitadas, en consecuencia deberá recopilar información sobre los ingresos familiares.

Esta nueva ley entra en vigor de inmediato. Se aplicará este año fiscal y en los años venideros. Sin embargo, no se debe interrumpir la matrícula de ningún niño que actualmente esté en un programa tribal de Head Start para acomodar a las nuevas matrículas que puedan calificar en función de este cambio.

Detalles adicionales sobre los requisitos de elegibilidad, reclutamiento, selección, matrícula y asistencia (ERSEA)

Debido a este cambio estatutario, las Normas de Desempeño del Programa Head Start (HSPPS, sigla en inglés) sobre elegibilidad ahora reflejan algunos requisitos obsoletos. Para actualizar las HSPPS, la Oficina de Head Start (OHS) debe participar en un proceso de elaboración de normas.

Mientras tanto, cuando exista una discrepancia entre la Ley de Asignaciones Consolidadas Adicionales de 2024 y los requisitos de elegibilidad existentes en las HSPPS, los programas para AIAN deben seguir la nueva disposición legal de la Sección 238. Por ejemplo, ya no se exige que los programas tribales verifiquen la elegibilidad en función de los ingresos ni que mantengan registros de elegibilidad por ingresos ([45 CFR §1302.12\(i\),\(k\)](#)).

Si bien esta nueva ley cambia los requisitos de elegibilidad de ingresos, quedan otras HSPPS para la elegibilidad, el reclutamiento, la selección, la matrícula y la asistencia. Por ejemplo, los programas deben seguir cumpliendo con los requisitos de elegibilidad por edad ([45 CFR §1302.12\(b\)](#)). De acuerdo con [45 CFR §1302.13](#), los programas deben desarrollar e implementar un proceso de reclutamiento diseñado para informar activamente a todas las familias dentro del área de reclutamiento sobre la disponibilidad de los servicios del programa, y para alentarlos y ayudarlos a solicitar la admisión. También se mantienen las normativas existentes de matrícula ([45 CFR §1302.15](#)) y asistencia ([45 CFR §1302.16](#)).

Como se enfatiza en la Sección 238, un programa tribal puede, a su discreción, usar criterios de selección para darles prioridad a los niños de familias en las que un niño, un miembro de la familia o un miembro del mismo hogar pertenece a una tribu indígena y se beneficiaría del programa Head Start. Los criterios de inscripción de miembros tribales se describen en las constituciones tribales, en los artículos de incorporación o en las ordenanzas. Estos criterios varían de una tribu a otra, por lo que [no existen requisitos uniformes de membresía \(en inglés\)](#). Las tribus tienen autoridad para definir sus requisitos de membresía tribal y para determinar cómo usarán esos requisitos para los criterios de selección de Head Start.

Tenga en cuenta que las orientaciones del ACF-IM-HS-23-02 Elegibilidad de los Indios Indígenas Estadounidenses y Nativos de Alaska (AIAN) a través del TANF tribal ya no es relevante. Los programas para AIAN ya no deben cumplir con los requisitos de elegibilidad por ingresos, incluida la elegibilidad para el programa Head Start por estar recibiendo asistencia pública.

Datos y presentación de informes

El [Informe de Datos Actualizados del Programa \(PIR, sigla en inglés\)](#) de la OHS proporciona datos exhaustivos sobre los servicios ofrecidos, el personal, los niños y las familias atendidos en los programas de Head Start y Early Head Start en todo el país. Todos los destinatarios y delegados de las subvenciones deben presentar un PIR anualmente. El PIR 2024-2025 se actualizará para reflejar estos cambios en la política de elegibilidad para AIAN. El 9 de mayo, la OHS emitió unas orientaciones para los destinatarios de subvenciones sobre cómo presentar el PIR 2023-2024 para aquellos programas para AIAN que consideran que las familias son elegibles según la nueva formulación de la Sección 238 durante este año programático.

Revisión

La Ley de Head Start requiere una revisión federal periódica de todos los programas Head Start. Los destinatarios con próximas [revisiones](#) durante el año fiscal 2024 serán monitoreados de acuerdo con estos cambios en la política de elegibilidad para AIAN. Los protocolos de revisión del año fiscal 2025 reflejarán estos cambios.

Iniciativa para una matrícula completa

La OHS brindará orientación adicional sobre cómo esta nueva disposición afectará la Iniciativa para una matrícula completa (FEI, sigla en inglés). La OHS planea extender la flexibilidad a los destinatarios de subvenciones para AIAN que participen en la FEI para darles tiempo a implementar esta nueva ley.

Proceso de cambio en el alcance

Esta nueva disposición de elegibilidad no afectará las solicitudes de cambio en el alcance que ya han sido aprobadas e implementadas. Si tiene preguntas sobre una solicitud de cambio en el alcance, comuníquese con su oficina regional.

Capacitación y asistencia técnica (TTA) y apoyo continuo

Con esta nueva ley, muchos recursos y materiales disponibles para los programas del [Centro de Aprendizaje y Conocimiento en la Primera Infancia \(ECLKC, sigla en inglés\)](#) deben actualizarse. Llevará tiempo eliminar las discrepancias entre el sitio web y la nueva disposición.

La OHS alienta a los destinatarios a continuar usando el sistema de TTA, incluidos los [cuatro Centros Nacionales](#) y la red de TTA de la Región XI, para recibir apoyo. El sistema de TTA apoya al personal del programa en la prestación de servicios de calidad a niños y familias. El sistema de TTA ofrece apoyo a nivel nacional, regional y de destinatario. Si bien cada nivel tiene funciones distintas y únicas, están diseñadas para complementarse entre sí.

La OHS prevé que los programas tendrán preguntas sobre estos cambios. Todos sus comentarios y comunicaciones a lo largo de este proceso de implementación serán bienvenidos. Pronto se informará de oportunidades específicas para hacer comentarios a través del proceso de consulta tribal. Envíe sus preguntas sobre estos cambios a AIANHeadStart@acf.hhs.gov.

La OHS agradece su colaboración en la implementación de este importante cambio para que más familias de las comunidades tribales sean elegibles para los servicios de Head Start. Gracias por el trabajo que realizan en nombre de los niños y sus familias. Espero que podamos continuar trabajando en estrecha colaboración.

/ Khari M. Garvin /

Khari M. Garvin
Director
Oficina de Head Start

Ver la Instrucción del Programa en versión PDF:

[Nuevas disposiciones de elegibilidad para los programas para Indígenas Estadounidenses y Nativos de Alaska](#) (38.45 KB)

[« Descarga de responsabilidad sobre las traducciones al español](#)

Documento histórico

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log Number: ACF-OHS-PI-24-03	2. Issuance Date: 05/13/2024
	3. Originating Office: Office of Head Start	
	4. Key Words: Eligibility; AIAN; American Indian and Alaska Native; Consolidated Appropriations Act; Fiscal Year 2024	

PROGRAM INSTRUCTION

TO: All Head Start recipients, including Head Start, Early Head Start, Early Head Start-Child Care Partnerships, Collaboration Offices, and National Centers

SUBJECT: New Eligibility Provisions for American Indian and Alaska Native programs

INSTRUCTION:

On March 23, 2024, President Biden signed the [Further Consolidated Appropriations Act, 2024 \(Public Law 118-47\)](#), which provides fiscal year (FY) 2024 appropriations for several federal departments and agencies. This spending bill funds Head Start programs through the remainder of the fiscal year. The Office of Head Start (OHS) funding changes for FY 2024 are detailed in a separate Program Instruction (PI), [ACF-OHS-PI-24-02](#). This PI describes changes to eligibility criteria for Region XI, American Indian and Alaska Native (AIAN) Head Start recipients in Section 238 of the Further Consolidated Appropriations Act, 2024.

OHS regularly engages with tribes to understand the special circumstances of AIAN Head Start programs. Through regular consultation, tribal leaders and Tribal Head Start administrators have indicated that tribes should be able to exercise appropriate discretion in determining which children should be eligible and prioritized for Head Start services. Following this historic statutory change, OHS affirms that tribes — to the maximum extent possible — should determine which children in their communities would most benefit from Head Start services.

Implementation of the New Eligibility Provision

This provision specifies that in FY 2024, and every year after, AIAN programs have the discretion to consider eligibility for Head Start services regardless of income. This provision applies to programs operated by an Indian tribe as defined in the Head Start Act, 42 U.S.C. 9801, or designated by an Indian tribe to operate on its behalf. The new language applies to both tribal and non-tribal children in an AIAN program’s service area. This law will increase the number of children in tribal communities who are eligible to participate in Head Start services, including opportunities to participate in activities that engage their Native language and culture.

In accordance with the Head Start regulations at 45 CFR §§[1302.14](#) and [1302.11\(b\)](#), AIAN programs are still required to annually establish selection criteria to enroll children in their service area who would benefit most from Head Start services. These selection criteria must weigh the prioritization of participants based on needs identified in the community needs assessment. The criteria may, at the program's discretion, include prioritizing children in families where a child, a family member, or a member of the same household is a member of an Indian tribe. Programs do not need to update their selection criteria at this time. However, if a program opts to change its selection criteria in response to the new provision in Section 238, it must engage in consultation with and obtain approval from its governing body and policy council. The program can then begin using the updated criteria. Additionally, all programs must include their selection criteria in their annual refunding application.

Per Section 238, AIAN Head Start programs no longer have income requirements for eligibility. This means that AIAN programs do not need to collect income information from families for the purposes of eligibility. However, if an AIAN program decides to use income as part of its selection criteria to support making determinations regarding families most in need, it should collect family income information accordingly.

This new law is effective immediately. It applies this fiscal year and for all future years. However, no child who is currently served in a Tribal Head Start program should have their enrollment disrupted to accommodate new enrollees who may qualify based on this change.

Additional Details on Eligibility, Recruitment, Selection, Enrollment, Attendance (ERSEA) Requirements

Due to this statutory change, the Head Start Program Performance Standards (HSPPS) on eligibility now reflect some outdated requirements. To update the HSPPS, OHS must engage in a rulemaking process.

In the interim, where there is misalignment between the Further Consolidated Appropriations Act, 2024, and existing HSPPS eligibility requirements, AIAN programs should follow the new statutory provision in Section 238. For example, tribal programs are no longer required to verify eligibility based on income or maintain income eligibility records ([45 CFR §1302.12\(i\),\(k\)](#)).

While this new law changes income eligibility requirements, other HSPPS for eligibility, recruitment, selection, enrollment, and attendance remain. For example, programs must still adhere to age eligibility requirements (45 CFR §1302.12(b)). Per [45 CFR §1302.13](#), programs must develop and implement a recruitment process designed to actively inform all families within the recruitment area of the availability of program services, and to encourage and assist them in applying for admission. Existing enrollment ([45 CFR §1302.15](#)) and attendance ([45 CFR §1302.16](#)) regulations also remain.

As emphasized in Section 238, a tribal program may, at its discretion, use selection criteria to give priority to children in families where a child, a family member, or a member of the same household is a member of an Indian tribe and would benefit from the Head Start program. Tribal membership enrollment criteria are outlined in tribal constitutions, articles of incorporation, or

ordinances. The criteria vary from tribe to tribe, so [uniform membership requirements do not exist](#). Tribes have the authority to define their tribal membership requirements and how they will use those requirements for Head Start selection criteria.

Please note that guidance under ACF-IM-HS-23-02 American Indian and Alaska Native (AIAN) Eligibility Through Tribal TANF is no longer relevant. AIAN programs no longer must adhere to income eligibility requirements, inclusive of Head Start program eligibility due to receipt of public assistance.

Data and Reporting

The OHS [Program Information Report \(PIR\)](#) provides comprehensive data on the services provided and staff, children, and families served by Head Start and Early Head Start programs nationwide. All grant recipients and delegates are required to submit a PIR annually. The 2024–2025 PIR will be updated to reflect these changes to AIAN eligibility policy. OHS issued guidance to grant recipients on May 9 on how to submit the 2023–2024 PIR for those AIAN programs that deem families eligible per the new language in Section 238 during this program year.

Monitoring

The Head Start Act requires periodic federal review of all Head Start programs. Recipients with upcoming FY 2024 [monitoring reviews](#) will be monitored according to these changes to AIAN eligibility policy. FY 2025 monitoring protocols will reflect these changes.

Full Enrollment Initiative

Additional guidance will be forthcoming from OHS about how this new provision will impact the Full Enrollment Initiative (FEI). OHS plans to extend flexibility to AIAN grant recipients in the FEI to allow time to implement this new law.

Change in Scope Process

This new eligibility provision will not impact Change in Scope applications that have already been approved and implemented. If you have questions about a change in scope request, please reach out to your regional office.

Training and Technical Assistance (TTA) and Ongoing Support

With this new law, many resources and materials available to programs on the [Early Childhood Learning and Knowledge Center \(ECLKC\)](#) need to be updated. It will take time to align the website with the new provision.

OHS encourages recipients to continue to use the TTA system, inclusive of the [four National Centers](#) and the Region XI TTA network, for support. The OHS TTA system supports program staff in delivering quality services to children and families. The TTA system offers support at the

national, regional, and recipient levels. While each level has distinct and unique functions, they are designed to complement each other.

OHS anticipates that programs will have questions about these changes. We welcome your feedback and communication throughout the implementation process. Specific opportunities to provide feedback through the Tribal consultation process will be shared soon. Please send your questions about these changes to AIANHeadStart@acf.hhs.gov.

OHS is grateful for your partnership in implementing this important change so that more families in tribal communities are eligible for Head Start services. Thank you for the work you do on behalf of children and their families. I look forward to our continued partnership.

/ Khari M. Garvin /

Khari M. Garvin
Director
Office of Head Start

Nuevas disposiciones de elegibilidad para los Programas Head Start para Migrantes y Trabajadores de Temporada

eclkc.ohs.acf.hhs.gov/es/policy/pi/acf-ohs-pi-24-04

Nuevas disposiciones de elegibilidad para los Programas Head Start para Migrantes y Trabajadores de Temporada ACF-OHS-PI-24-04

U.S. Department
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ACF
Administration for Children and Families

1. **Núm. de registro:** ACF-OHS-PI-24-04
2. **Fecha de emisión:** 05/13/2024
3. **Oficina originaria:** Oficina de Head Start
4. **Palabras clave:** Elegibilidad; MSHS; Head Start para Migrantes y Trabajadores de Temporada; Ley de Asignaciones Consolidadas; Año fiscal 2024

Instrucción del Programa

A: Todos los destinatarios de las subvenciones de Head Start, incluido Head Start, Early Head Start, Asociaciones entre Early Head Start y Cuidado Infantil, oficinas de colaboración y Centros Nacionales

Tema: Nuevas disposiciones de elegibilidad para los Programas Head Start para Migrantes y Trabajadores de Temporada

Instrucción:

El 23 de marzo de 2024, el presidente Biden firmó la [Ley de Asignaciones Consolidadas Adicionales de 2024 \(Ley Pública 118-47\) \(en inglés\)](#), que destina fondos asignados para el año fiscal (AF) 2024 a varios departamentos y agencias federales. Este proyecto de ley de gastos financia los programas Head Start durante el resto del año fiscal. Los cambios en los fondos de la Oficina de Head Start (OHS) para el año

fiscal 2024 se detallan en una Instrucción del Programa (PI, sigla en inglés) por separado, [ACF-OHS-PI-24-02](#). Esta PI describe los cambios de los requisitos de elegibilidad para los destinatarios de los Programas Head Start para Migrantes y Trabajadores de Temporada (MSHS, sigla en inglés) de la Región XII en la Sección 239 de la Ley de Asignaciones Consolidadas Adicionales de 2024.

La nueva disposición amplía las oportunidades para que los programas MSHS presten servicios de manera más eficaz a las familias para las que fueron diseñados. La rica historia agrícola de nuestra nación siempre se ha caracterizado por la increíble resiliencia de los trabajadores agrícolas y sus familias. Los programas MSHS se enorgullecen de apoyar el legado de estas familias y ofrecer nuevas oportunidades para las generaciones futuras.

Aplicación de la nueva disposición de admisibilidad

Esta disposición especifica que en el año fiscal 2024, y todos los años posteriores, los programas MSHS pueden prestar servicios a cualquier niño elegible por edad que tenga un miembro de la familia cuyos ingresos provengan principalmente del empleo agrícola según se define en la Sección 3 de la Ley de Protección de Trabajadores Agrícolas Migrantes y de Temporada (29 U.S.C. 1802), independientemente del ingreso familiar total.

De acuerdo con la normativa de Head Start de 45 CFR §§[1302.14](#) y [1302.11\(b\)](#), se requiere que los programas establezcan anualmente criterios de selección que sopesen la priorización de los participantes en función de las necesidades identificadas durante la evaluación de las necesidades de la comunidad. Los programas MSHS deben seguir cumpliendo con estos requisitos y usar criterios de selección para matricular a los niños que más se beneficiarían de sus servicios y dar prioridad a los hijos de familias de trabajadores agrícolas migrantes. Los programas no tienen que actualizar sus criterios de selección en este momento. Sin embargo, si un programa opta por cambiar sus criterios de selección en respuesta a la nueva disposición de la Sección 239, debe consultar con su cuerpo directivo y su consejo de políticas y obtener su aprobación. De esta manera el programa puede comenzar a utilizar los criterios actualizados. Además, todos los programas deben incluir sus criterios de selección en la solicitud anual de reembolso.

Una característica única de la elegibilidad para los servicios de MSHS es una conexión familiar con el empleo agrícola. Para ser elegible y participar en un programa MSHS antes de la aprobación de esta disposición, las familias tenían que demostrar que sus ingresos provenían principalmente del trabajo agrícola, además de cumplir con la elegibilidad de ingresos u otros criterios para los servicios de Head Start. Sin embargo, cada vez es menos común que el trabajo agrícola sea la principal fuente de ingresos de una familia. Hoy en día hay menos disponibilidad y estabilidad en el trabajo agrícola debido a los fenómenos meteorológicos impredecibles y a los salarios más altos en otras industrias.

Esta nueva ley aborda estas barreras y a su vez mantiene la conexión de los programas MSHS con el trabajo agrícola. Ahora, un niño es elegible si al menos los ingresos de un miembro de la familia provienen principalmente del trabajo agrícola. Para determinarlo, el programa debe verificar que más del 50 % de los ingresos de la persona provengan del trabajo agrícola. La nueva disposición también reitera el requisito de que los programas MSHS den prioridad a las familias de trabajadores agrícolas que se beneficiarían más de sus programas, especialmente las familias de trabajadores agrícolas migrantes que se han mudado con frecuencia en los últimos dos años para realizar trabajos agrícolas.

De acuerdo con la Sección 239, para fines de elegibilidad, los programas MSHS ahora están obligados a recopilar información sobre los ingresos de un solo miembro de la familia para determinar si los ingresos de la persona provienen principalmente del trabajo agrícola. Sin embargo, si un programa MSHS decide utilizar los ingresos como parte de sus criterios de selección para apoyar la toma de decisiones con respecto a las familias más necesitadas, debe recopilar información sobre los ingresos de toda la familia en consecuencia.

Esta nueva ley entra en vigor de inmediato. Se aplicará este año fiscal y en los años venideros. Sin embargo, no se debe interrumpir la matrícula de ningún niño que actualmente esté en un programa MSHS para acomodar a los nuevos niños matriculados que puedan calificar en función de este cambio.

Detalles adicionales sobre los requisitos de elegibilidad, reclutamiento, selección, matrícula y asistencia

Debido a este cambio estatutario, las Normas de Desempeño del Programa Head Start (HSPPS, sigla en inglés) sobre elegibilidad ahora reflejan algunos requisitos obsoletos. Para actualizar las HSPPS, la Oficina de Head Start (OHS) debe participar en un proceso de elaboración de normas.

Mientras tanto, cuando exista una discrepancia entre la Ley de Asignaciones Consolidadas Adicionales de 2024 y los requisitos de elegibilidad existentes en las HSPPS, los programas MSHS deben seguir la nueva disposición legal de la Sección 239. Por ejemplo, los programas MSHS ya no están obligados a cumplir con los requisitos de elegibilidad de ingresos según [45 CFR §1302.12\(c\)](#). Sin embargo, estos programas aún están obligados a verificar la elegibilidad según 45 CFR §1302.12(f) en función de los ingresos de un miembro de la familia que provienen principalmente del empleo agrícola.

Si bien esta nueva ley cambia los requisitos de elegibilidad de ingresos, quedan otras HSPPS para la elegibilidad, el reclutamiento, la selección, la matrícula y la asistencia. Por ejemplo, los programas deben seguir cumpliendo con los requisitos de elegibilidad por edad (45 CFR §1302.12(b)). Según [45 CFR §1302.13](#), los programas también deben desarrollar e implementar un proceso de reclutamiento diseñado para dar información activamente a todas las familias dentro del área de reclutamiento sobre la disponibilidad de los servicios del programa y animarlos y ayudarlos a solicitar la admisión al programa.

Tenga en cuenta que, como se enfatiza en la Sección 239, un programa MSHS debe seguir dándoles prioridad durante la matrícula a las familias migrantes que se mudan varias veces dentro de un período de 2 años. También se mantienen las normativas existentes de matrícula ([45 CFR §1302.15](#)) y asistencia ([45 CFR §1302.16](#)).

Definiciones

Este nuevo texto estatutario no cambia la definición de *familia* en las HSPPS existentes. La definición de *familia migrante* ahora es obsoleta, en parte debido a que una familia migrante ya no necesita tener un ingreso familiar que provenga principalmente del empleo agrícola. En su lugar, la familia debe tener un miembro cuyos ingresos provengan principalmente del empleo agrícola y que este corresponda a más del 50 % de los ingresos de esta persona.

El término *empleo agrícola* (29 U.S.C. § 1802 (3)) significa empleo en cualquier servicio o actividad incluida en las disposiciones de la Sección 3 (f) de la Ley de Normas Laborales Justas de 1938 ([29 U.S.C. 203 \(f\)](#)) ([en inglés](#)) o la sección [3121 \(g\) del título 26](#) ([en inglés](#)), como la manipulación, plantación, secado, empaquetado, embalaje, procesamiento, congelación o clasificación antes de la entrega para el almacenamiento de cualquier producto agrícola u hortícola en su estado no manufacturado. De acuerdo con las prácticas actuales, los programas deben aplicar esta definición de acuerdo con sus criterios de evaluación y selección de las necesidades de la comunidad.

Datos y presentación de informes

El [Informe de Datos Actualizados del Programa \(PIR, sigla en inglés\)](#) de la OHS proporciona datos exhaustivos sobre los servicios ofrecidos, el personal, los niños y las familias atendidos en los programas de Head Start y Early Head Start en todo el país. Todos los destinatarios y delegados de las subvenciones

deben presentar un PIR anualmente. El PIR de 2024-2025 se actualizará para reflejar estos cambios en la política de elegibilidad de los programas MSHS. El 9 de mayo, la OHS publicó una guía para los destinatarios de subvenciones sobre cómo presentar el PIR de 2023-2024 para aquellos programas MSHS que consideren que las familias son elegibles según el nuevo texto de la Sección 239 durante este año programático.

Revisión

La Ley de Head Start requiere una revisión federal periódica de todos los programas Head Start. Los destinatarios a quienes se les realice la revisión del año fiscal 2024 próximamente, serán monitoreados de acuerdo con estos cambios en la política de elegibilidad para los programas MSHS. Los protocolos de revisión del año fiscal 2025 reflejarán estos cambios.

Iniciativa para una matrícula completa

Próximamente, la OHS proporcionará directrices adicionales sobre cómo esta nueva disposición afectará a la Iniciativa para una matrícula completa.

Proceso de cambio en el alcance

Esta nueva disposición de elegibilidad no afectará las solicitudes de cambio en el alcance que ya han sido aprobadas e implementadas. Si tiene preguntas sobre una solicitud de cambio en el alcance, comuníquese con su oficina regional.

Capacitación y asistencia técnica (TTA) y apoyo continuo

Con esta nueva ley, muchos recursos y materiales disponibles para los programas del [Centro de Aprendizaje y Conocimiento en la Primera Infancia \(ECLKC, sigla en inglés\)](#) tendrán que ser actualizados. Llevará tiempo eliminar las discrepancias entre el sitio web y la nueva disposición.

La OHS alienta a los destinatarios a continuar usando el sistema de TTA, incluidos los [cuatro Centros Nacionales](#) y la red de TTA de la Región XI, para recibir apoyo. El sistema de TTA de la OHS apoya al personal del programa en la prestación de servicios de calidad a los niños y las familias a nivel nacional, regional y de los destinatarios. Si bien cada nivel tiene funciones distintas y únicas, están diseñadas para complementarse entre sí.

La OHS prevé que los programas tendrán preguntas sobre estos cambios. Todos sus comentarios y comunicaciones a lo largo de este proceso de implementación serán bienvenidos. Pronto se informará de oportunidades específicas para hacer comentarios. Envíe sus preguntas sobre estos cambios a MSHeadStart@acf.hhs.gov.

La OHS agradece su colaboración en la implementación de este nuevo cambio para que más familias sean elegibles para los servicios de Head Start para Migrantes y Trabajadores de Temporada. Gracias por el trabajo que realizan en nombre de los niños y sus familias. Espero que podamos continuar trabajando en estrecha colaboración.

/ Khari M. Garvin /

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Oficina de Head Start

Ver la Instrucción del Programa en versión PDF:

[Nuevas disposiciones de elegibilidad para los Programas Head Start para Migrantes y Trabajadores de Temporada](#) (41.57 KB)

[« Descarga de responsabilidad sobre las traducciones al español](#)

Documento histórico

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log Number: ACF-OHS-PI-24-04	2. Issuance Date: 05/13/2024
	3. Originating Office: Office of Head Start	
	4. Key Words: Eligibility; MSHS; Migrant and Seasonal Head Start; Consolidated Appropriations Act; Fiscal Year 2024	

PROGRAM INSTRUCTION

TO: All Head Start recipients, including Head Start, Early Head Start, Early Head Start-Child Care Partnerships, Collaboration Offices, and National Centers

SUBJECT: New Eligibility Provisions for Migrant and Seasonal Head Start programs

INSTRUCTION:

On March 23, 2024, President Biden signed the [Further Consolidated Appropriations Act, 2024 \(Public Law 118-47\)](#), which provides fiscal year (FY) 2024 appropriations for several federal departments and agencies. This spending bill funds Head Start programs through the remainder of the fiscal year. The Office of Head Start (OHS) funding changes for FY 2024 are detailed in a separate Program Instruction (PI), [ACF-OHS-PI-24-02](#). This PI describes changes to eligibility requirements for Region XII, Migrant and Seasonal Head Start (MSHS) recipients in Section 239 of the Further Consolidated Appropriations Act, 2024.

The new provision expands opportunities for MSHS programs to more effectively serve the families they were designed to serve. Our nation’s rich agricultural history has always featured the incredible resilience of farmworkers and their families. MSHS programs take great pride in supporting the legacy of these families and offering new opportunities for future generations.

Implementation of the New Eligibility Provision

This provision specifies that in FY 2024, and every year after, MSHS programs can serve any age-eligible child who has one family member whose income comes primarily from agricultural employment as defined in Section 3 of the Migrant and Seasonal Agricultural Worker Protection Act (29 U.S.C. 1802), regardless of total family income.

In accordance with the Head Start regulations at 45 CFR §§[1302.14](#) and [1302.11\(b\)](#), programs are required to annually establish selection criteria that weigh the prioritization of participants based on needs identified in the community needs assessment. MSHS programs must still follow these requirements and use selection criteria to enroll children who would benefit most from their services, prioritizing the children of migrant farmworker families. Programs do not need to

update their selection criteria at this time. However, if a program opts to change its selection criteria in response to the new provision in Section 239, it must engage in consultation with and obtain approval from its governing body and policy council. The program can then begin using the updated criteria. Additionally, all programs must include their selection criteria in their annual refunding application.

One unique characteristic of MSHS eligibility is a family connection to agricultural employment. To be eligible for a MSHS program before the passage of this provision, a family had to show that their income came primarily from agricultural labor, in addition to meeting income eligibility or other criteria for Head Start services. However, it has become increasingly less common for agricultural work to be the primary source of a family's income. Agricultural work has become less available or stable due to unpredictable weather events and higher pay in other industries.

This new law addresses such barriers while maintaining the MSHS connection to agricultural work. Now, a child is eligible if at least one family member's income comes primarily from agricultural work. To make this determination, a program must verify that more than 50% of the individual's income comes from agricultural work. The new provision also reiterates the requirement that MSHS programs prioritize farmworker families who would benefit most from their programs — especially migrant farmworker families who have relocated frequently within the past two years to pursue agricultural work.

Per Section 239, for the purposes of eligibility, MSHS programs are now required to collect income information from only one family member to determine whether the individual's income comes primarily from agricultural work. However, if a MSHS program decides to use income as part of its selection criteria to support making determinations regarding families most in need, it should collect income information from the entire family accordingly.

This new law is effective immediately. It applies this fiscal year and for all future years. However, no child who is currently served in a MSHS program should have their enrollment disrupted to accommodate new enrollees who may qualify based on this change.

Additional Details on Eligibility, Recruitment, Selection, Enrollment, and Attendance Requirements

Due to this statutory change, the Head Start Program Performance Standards (HSPPS) on eligibility now reflect some outdated requirements. To update the HSPPS, OHS must engage in a rulemaking process.

In the interim, where there is misalignment between the Further Consolidated Appropriations Act, 2024, and existing HSPPS eligibility requirements, MSHS programs should follow the new statutory provision in Section 239. For example, MSHS programs are no longer required to adhere to income eligibility requirements under [45 CFR §1302.12\(c\)](#). However, these programs are still required to verify eligibility under 45 CFR §1302.12(f) based on the income of one family member coming primarily from agricultural employment.

While this new law changes income eligibility requirements, other HSPPS for eligibility, recruitment, selection, enrollment, and attendance remain. For example, programs must still adhere to age eligibility requirements (45 CFR §1302.12(b)). Per [45 CFR §1302.13](#), programs also must develop and implement a recruitment process designed to actively inform all families within the recruitment area of the availability of program services and encourage and assist them in applying for admission to the program.

Please note, as emphasized in Section 239, a MSHS program is still required to prioritize migrant families who move multiple times within a two-year period for enrollment. Existing enrollment ([45 CFR §1302.15](#)) and attendance ([45 CFR §1302.16](#)) regulations also remain.

Definitions

This new statutory language does not change the definition of *family* in the existing HSPPS. The definition of *migrant family* is now outdated, in part — a migrant family no longer needs to have a family income that comes primarily from agricultural employment. Rather, the family must have one family member whose income comes primarily from agricultural employment, which is operationalized as more than 50% of one family member's income is derived from agricultural employment.

The term *agricultural employment* (29 U.S.C. § 1802 (3)) means employment in any service or activity included within the provisions of Section 3(f) of the Fair Labor Standards Act of 1938 ([29 U.S.C. 203\(f\)](#)) or section [3121\(g\) of title 26](#), such as the handling, planting, drying, packing, packaging, processing, freezing, or grading prior to delivery for storage of any agricultural or horticultural commodity in its unmanufactured state. In accordance with current practice, programs should apply this definition consistent with their community needs assessment and selection criteria.

Data and Reporting

The OHS [Program Information Report \(PIR\)](#) provides comprehensive data on the services provided and staff, children, and families served by Head Start and Early Head Start programs nationwide. All grant recipients and delegates are required to submit a PIR annually. The 2024–2025 PIR will be updated to reflect these changes to MSHS eligibility policy. OHS issued guidance to grant recipients on May 9 on how to submit the 2023–2024 PIR for those MSHS programs that deem families eligible per the new language in Section 239 during this program year.

Monitoring

The Head Start Act requires periodic federal review of all Head Start programs. Recipients with upcoming FY 2024 monitoring reviews will be monitored according to these changes to MSHS eligibility policy. FY 2025 monitoring protocols will reflect these changes.

Full Enrollment Initiative

Additional guidance will be forthcoming from OHS about how this new provision will impact the Full Enrollment Initiative.

Change in Scope Process

This new eligibility provision will not impact Change in Scope applications that have already been approved and implemented. If you have questions about a change in scope request, please reach out to your regional office.

Training and Technical Assistance (TTA) and Ongoing Support

With this new law, many resources and materials available to programs on the [Early Childhood Learning and Knowledge Center \(ECLKC\)](#) will need to be updated. It will take time to align the website with the new provision.

OHS encourages recipients to continue to use the TTA system, inclusive of the [four National Centers](#) and the Region XI TTA network, for support. The OHS TTA system supports program staff in delivering quality services to children and families at the national, regional, and recipient levels. While each level has distinct and unique functions, they are designed to complement each other.

OHS anticipates that programs will have questions about these changes. We welcome your feedback and communication throughout the implementation process. Specific opportunities to provide feedback will be shared soon. Please send your questions about these changes to MSHeadStart@acf.hhs.gov.

OHS is grateful for your partnership in implementing this new change so that more families are eligible for Migrant and Seasonal Head Start services. Thank you for the work you do on behalf of children and their families. I look forward to our continued partnership.

/ Khari M. Garvin /

Khari M. Garvin
Director
Office of Head Start

Estrategias y recomendaciones para apoyar la salud mental

eclkc.ohs.acf.hhs.gov/es/policy/im/acf-ohs-im-24-01

Estrategias y recomendaciones para apoyar la salud mental

ACF-OHS-IM-24-01

U.S. Department
of Health and Human Services

ACF
Administration for Children and Families

1. **Núm. de registro:** ACF-OHS-IM-24-01
2. **Fecha de emisión:** 05/09/2024
3. **Oficina originaria:** Oficina de Head Start
4. **Palabras clave:** Salud mental; Salud conductual; Desarrollo social y emocional

Memorando de Información

A: Todos los destinatarios de subvenciones de Head Start

Tema: Estrategias y recomendaciones para apoyar la salud mental

Información:

PROPÓSITO:

Este Memorando de información (IM, sigla en inglés) destaca las Normas de Desempeño del Programa Head Start y las estrategias relacionadas para integrar los apoyos de salud mental en todos los programas Head Start.

ANTECEDENTES:

Los programas Head Start, incluidos los programas preescolares, los programas Early Head Start, los programas para migrantes y estacionales, y los programas para indígenas estadounidenses y nativos de Alaska, tienen una larga historia de brindar servicios integrales junto con los servicios de educación temprana. Apoyan una cultura en todo el programa que promueve la salud mental y el bienestar social y

emocional de los niños. La salud mental de los niños es fundamental para el bienestar familiar, el desarrollo saludable general de los niños y el éxito a largo plazo.¹ En los últimos años, los programas Head Start han expresado la necesidad de recibir orientación sobre cómo ser más intencionales en la integración de los [apoyos de salud mental \(en inglés\)](#) en los programas. Esta necesidad es resultado de información que muestra un aumento en los problemas de comportamiento y desarrollo, un incremento en las tasas de rotación del personal y una disponibilidad limitada de servicios especializados de salud mental. Este IM proporciona estrategias de salud mental basadas en evidencia y recursos asociados que pueden ayudar a abordar estos desafíos como parte de un esfuerzo renovado de las agencias federales de financiamiento de la primera infancia a fin de integrar los apoyos de salud mental en los programas.

Para integrar los apoyos de salud mental de manera efectiva en los programas Head Start, es importante primero comprender y desestigmatizar lo que se entiende por "salud mental". La salud mental de los niños pequeños, a menudo denominada Salud mental en la primera infancia (ECMH, sigla en inglés), no es una enfermedad mental. En realidad, es lo mismo que el [desarrollo y el bienestar social y emocional](#). Es la capacidad de un niño para expresar y regular emociones, construir relaciones de confianza, explorar y aprender, todo en el contexto cultural de la familia y la comunidad. Los enfoques de la ECMH deben apoyar el desarrollo de habilidades sociales y emocionales de todos los niños, además de proporcionar apoyos especializados para hasta el 20 por ciento de los niños menores de 5 años que experimentan dificultades sociales y emocionales.²

Fortalecer el enfoque en la salud mental es particularmente apropiado dada la misión del programa Head Start de brindar servicios a los niños y familias más vulnerables y romper el ciclo de la pobreza. Las personas que viven en vecindarios con altos niveles de pobreza a menudo tienen menos acceso a recursos y apoyos de alta calidad en comparación con las personas que viven en vecindarios con bajos niveles de pobreza y, como resultado de esto, es más probable que tengan peores resultados de salud mental.³ Además, las familias de raza negra, indígenas y de color (BIPOC, sigla en inglés)⁴ y las familias en áreas remotas o rurales tienen menos acceso a servicios de salud mental y de ayuda por consumo de sustancias.⁵ Las familias BIPOC, incluidas las familias de comunidades tribales, se ven afectadas de manera desproporcionada por el estrés crónico resultante del racismo estructural y el trauma histórico, lo que restringe aún más el acceso a los servicios en los que pueden confiar.⁶

Los programas Head Start desempeñan un papel vital en el tratamiento de la ECMH y la reducción de las disparidades en la ECMH, ya que se centran en el niño en su totalidad y se asocian con las familias y las comunidades. Los esfuerzos centrados en la familia, en particular, garantizan que la salud mental de los niños continúe recibiendo apoyo a largo plazo, después de que los niños hagan la transición al jardín de infantes. Muchos programas Head Start ya han adoptado [diversas estrategias](#) para abordar la ECMH. Los programas apoyan el bienestar de la familia y el bienestar del personal, lo que garantiza que los cuidadores estén bien equipados para apoyar la ECMH. Estos apoyos directamente al niño fortaleciendo las relaciones con los cuidadores receptivos, como los [padres \(en inglés\)](#) y el [personal de la primera infancia \(en inglés\)](#), que es la base de la ECMH. Brindan entornos estables y enriquecedores en los que los niños pueden aprender y practicar habilidades sociales y emocionales de manera segura, y se asocian con las familias para hacer lo mismo en casa. El personal de Head Start establece relaciones de confianza con las familias y los socios dentro de la comunidad para identificar y aprovechar los recursos. Estos pasos hacen que sea más probable que los apoyos de salud mental satisfagan las necesidades de las familias y marquen la diferencia.

ORIENTACIÓN:

Si bien existen muchas maneras en que se puede dar apoyo a la salud mental en los programas Head Start, es importante que los programas adopten un enfoque integral e integrado de salud mental en la primera infancia que promueva la salud mental de niños y adultos, evite que se desarrollen preocupaciones y apoye la

identificación y remisión temprana de tratamientos cuando sea necesario. Brindar apoyo de salud mental en forma continua y homogénea⁷ garantiza que cada niño y familia reciba el nivel adecuado de atención. Esta forma continua y homogénea incluye lo siguiente:

1. **Promoción de la salud mental:** un enfoque destinado a fortalecer los aspectos positivos de la salud mental y el bienestar y centrado en preparar a los niños y las familias para el éxito.
2. **Servicios y apoyos de prevención:** un enfoque destinado a reducir la probabilidad de futuros trastornos en la población general o en las personas identificadas como en riesgo de presentar un trastorno.
3. **Acceso al tratamiento de salud mental:** las intervenciones se realizan a personas que siguen estando en riesgo después de participar en servicios de prevención o que han sido diagnosticadas con un trastorno mental.

La Oficina de Head Start (OHS, sigla en inglés) continúa alentando enfáticamente a los destinatarios de las subvenciones a utilizar los fondos de mejora de la calidad disponibles para todos los destinatarios de las subvenciones de Head Start, Early Head Start, Head Start para indígenas estadounidenses y nativos de Alaska, Head Start para migrantes y trabajadores de temporada, y de asociaciones de Early Head Start con el Cuidado infantil a fin de apoyar estas estrategias e invertir en apoyos de salud mental en todas las funciones y áreas de servicio del programa. Las sugerencias de usos permitidos de los fondos para el mejoramiento de la calidad según se especifica en la Ley de Head Start se pueden encontrar en la [Instrucción del Programa para el aumento de financiamiento de Head Start para el año fiscal 2023 \(en inglés\)](#).

En el caso de las Oficinas de Colaboración Estatal de Head Start y los destinatarios que trabajan en estrecha colaboración con los estados, podría ser de interés revisar la [guía del programa relacionada](#).

Estas estrategias respaldan la calidad del programa y describen los recursos que pueden ayudar a los programas a cumplir con las Normas de Desempeño del Programa Head Start aplicables.

Aumentar la promoción de la salud mental

1. Tener un enfoque en los determinantes sociales de la salud, o las condiciones en las que las personas nacen, crecen, viven, trabajan y envejecen, puede conducir a mejores resultados de salud mental y prevenir futuras enfermedades mentales. A fin de promover condiciones sociales que apoyen el bienestar familiar, como la seguridad familiar, la salud y la estabilidad económica, se alienta a los programas a desarrollar enfoques innovadores de dos generaciones que aprovechen las asociaciones comunitarias y aborden las necesidades prevalentes de los niños y las familias ([45 CFR §1302.50\(a-b\)](#)). Para lograrlo, los programas pueden:
 - Crear asociaciones auténticas con las familias utilizando la [Serie Desarrollo de asociaciones con las familias](#) como guía. Los programas pueden apoyar la salud mental y el bienestar de la familia mediante el uso de la evaluación familiar y el proceso de asociación para ayudar a las familias con los factores que les producen más estrés en la vida.
 - Actualizar el proceso de admisión del programa con las familias para incluir conversaciones específicas sobre la salud mental, tales como las percepciones de las familias sobre la salud mental y abordar la posible estigmatización. Incluir información sobre apoyos de salud mental en el programa, como [servicios de consulta de salud mental](#) y recursos y apoyos disponibles en la comunidad.
 - Establecer [reuniones formales e informales con las familias](#) con la intención de apoyar la salud mental de la familia. Por ejemplo, dedique tiempo durante las conferencias de padres y maestros para discutir cómo les está yendo a las familias, cree un buzón para que los padres comuniquen discretamente sus necesidades al personal y dedique tiempo en cada reunión de padres a actividades de bienestar.

- Invite al consultor de salud mental a presentarse en los eventos del programa, como una "jornada de puertas abiertas" para explicar el compromiso del programa Head Start en apoyar la salud mental. Esta es una oportunidad para familiarizar a los padres con los servicios de salud mental disponibles para ellos, incluido el papel del consultor de salud mental y cómo se utiliza la consulta a lo largo del programa.
2. Para promover el bienestar familiar, los programas deben colaborar con los padres de familia proporcionando servicios de apoyo a la educación en salud mental. Estos servicios incluyen oportunidades para que los padres aprendan sobre la atención saludable durante el embarazo y la etapa de posparto que abarca opciones de tratamiento de salud mental y de consumo de sustancias ([45 CFR §1302.46\(a\)](#)). Para lograrlo, los programas pueden:
- Ofrecer oportunidades para que las familias se conecten para [hablar sobre el desarrollo de sus hijos](#), cómo están lidiando con posibles factores estresantes y qué recursos están utilizando. Cree un grupo de padres, ya sea virtualmente o en persona, que sirva como un espacio para que estos expresen sus emociones, pensamientos y sentimientos. Para obtener orientación sobre cómo facilitar esta actividad, consulte [Dirigir las reuniones y los grupos de padres en línea](#).
 - Proporcionar capacitación y oportunidades para que los padres aprendan sobre la salud, el bienestar y la salud mental de los niños (pueden ser capacitaciones presenciales, virtuales, recursos, folletos, etc.), así como el desarrollo de relaciones y entornos seguros, estables y enriquecedores. Por ejemplo:
 1. Solicitar al consultor de salud mental que brinde sesiones grupales de bienestar con los padres. En estas sesiones se incluye información sobre los recursos de la comunidad y cómo acceder a ellos.
 2. Invite a oradores de agencias de salud mental y consumo de sustancias para brindar charlas sobre salud mental y consumo de sustancias.
 - Hable periódicamente con las familias sobre cómo brindarles apoyo para su propia salud mental y bienestar, por ejemplo mediante materiales educativos sobre cómo [reducir el estrés y comprender la depresión](#).
 - Para las mujeres embarazadas y las familias que esperan un bebé matriculadas en los servicios de Early Head Start, incluya un control de bienestar mental durante la [visita del recién nacido](#) que los programas proporcionan a cada madre y bebé dentro de las dos semanas posteriores al nacimiento del bebé ([45 CFR §1302.80\(d\)](#)). Estos controles de bienestar mental están dirigidos a los padres o miembros de la familia que cuidan al niño y pueden incorporarse a un control de salud diario. Considere la posibilidad de incorporar pruebas diagnósticas de la salud mental en adultos, incluida la [depresión](#) y el [consumo de sustancias](#), con la orientación adecuada de un profesional de la salud mental.
3. Para promover el bienestar del personal, los programas deben poner a disposición información sobre salud mental y bienestar con respecto a cuestiones que podrían afectar su desempeño laboral; a su vez, deben proporcionar al personal oportunidades programadas periódicamente para aprender sobre salud mental, bienestar y educación para la salud ([45 CFR §1302.93\(b\)](#)). Para lograrlo, los programas pueden:
- Implementar políticas, procedimientos y estrategias identificados para apoyar el bienestar del personal que se basen en los datos del programa, como los descritos en [Fomento del bienestar de todo el personal de la fuerza laboral de Head Start, ACF-IM-HS-21-05](#)). Es importante recopilar comentarios del personal sobre su [bienestar](#) y [satisfacción laboral](#), así como estrategias de bienestar, para determinar si se necesitan ajustes o mejoras.
 - Proporcionar a los líderes del programa una capacitación básica para apoyar la salud mental de la fuerza laboral, por ejemplo, a través de la [Red Nacional de Estrés Traumático Infantil \(NTCSN, sigla en inglés\)](#). La NTCSN ofrece recursos y capacitaciones sobre una amplia gama de temas, incluidas estrategias para prevenir, reconocer y abordar el estrés traumático secundario, que podr[ían experimentar el personal de Head Start que atiende a niños afectados por traumas.

- Considere la posibilidad de establecer comunidades de práctica o grupos de [supervisión reflexiva](#) que ayuden a los directores y gerentes a centrarse en la creación de entornos seguros y comunicaciones que transmitan al personal que es seguro expresarse y recibir apoyo en caso de que experimenten problemas de salud mental.
 - Promover los servicios de asistencia a los empleados y crear una cultura para abordar el estigma de buscar ayuda por razones de salud mental. Concientizar a los empleados sobre los apoyos de salud mental gratuitos o de bajo costo disponibles, como los beneficios incluidos en los planes de seguro médico.
4. A fin de promover el bienestar infantil, un programa debe asegurarse de que el personal, los consultores, los contratistas y los voluntarios implementen estrategias positivas para apoyar el bienestar de los niños ([45 CFR §1302.90\(c\)\(i\)](#)). Para facilitar la implementación de estrategias positivas, los programas pueden:
- Capacitar al personal, a consultores, contratistas y voluntarios para que tengan conocimientos básicos de estrategias adecuadas según el nivel de desarrollo a fin de apoyar comportamientos positivos. Dado que las expectativas de desarrollo y las estrategias adecuadas podrían diferir según la edad y las habilidades de desarrollo de un niño, el personal que trabaja con [niños en edad preescolar](#) también podrían beneficiarse de una comprensión básica de cómo apoyar a los [bebés y niños pequeños](#).
 - Asegurarse de que el personal entienda que [seguir la iniciativa de los niños](#) en las actividades de juego estructurado es una forma impactante de comprender las habilidades de desarrollo de los niños, identificar y ofrecer atención positiva a sus fortalezas y practicar habilidades de autorregulación en un entorno controlado.
 - Garantizar que los entornos de aprendizaje estén diseñados para apoyar la autorregulación de los niños. Esto podría incluir la creación de "[espacios acogedores](#)" que sean claramente visibles para la supervisión de un adulto donde los niños puedan ir si se sienten abrumados. Del mismo modo, se pueden crear espacios con actividades o materiales sensoriales que funcionen como lugares para expresar energía. Este tipo de espacios están diseñados para que los maestros puedan seguir observando al niño o los niños que se encuentran allí, al mismo tiempo que les brindan los apoyos necesarios para autorregularse.
 - [Asociarse con las familias para comprender el desarrollo](#), el estilo de comunicación, las fortalezas y el [temperamento](#) de cada niño con el fin de establecer rutinas predecibles, estrategias de transición y expectativas de comportamiento apropiadas para el nivel de desarrollo de los niños en el programa.

Aumentar los servicios y apoyos de prevención

5. Para apoyar el desarrollo social y emocional continuo de los niños, los programas deben proporcionar apoyos para una gestión eficaz del aula y entornos de aprendizaje positivos; prácticas docentes de apoyo; y estrategias para apoyar a los niños con conductas desafiantes y otros problemas sociales, emocionales y de salud mental ([45 CFR §1302.45\(a\)](#)). Para lograrlo, los programas pueden:
- Implementar un enfoque de [participación de todo el equipo](#) multidisciplinario que trabaje en conjunto en su programa para apoyar la salud mental de los niños. Este equipo puede estar compuesto por personas que ya trabajan con el niño o la familia en todas las disciplinas. El beneficio de contar con un equipo de profesionales con múltiples perspectivas (es decir, salud mental, primera infancia, educación especial, servicio familiar, salud, nutrición, etc.) es que garantiza el enfoque más integral para apoyar las necesidades de los niños y sus familias.
 - Por ejemplo, considere formas de integrar enfoques centrados en la prevención, como el [Modelo piramidal \(en inglés\)](#), con apoyos de salud mental, tales como las consultas de salud mental.
 - Busque orientación directa de un profesional de la salud mental o del desarrollo infantil para asegurarse de que los hallazgos de la evaluación del desarrollo requerida en la disposición [45 CFR §1302.33](#), incluidas las evaluaciones sociales y emocionales, se utilicen al hacer una

- remisión para determinar si el niño es elegible para los servicios a través de [IDEA](#) o la [sección 504 de la Ley de Rehabilitación](#). Mientras los programas esperan una evaluación de elegibilidad y posibles servicios, los programas pueden considerar un [enfoque individualizado](#) a fin de apoyar comportamientos positivos y [enseñar nuevas habilidades](#).
- Revise el currículo educativo de su programa para asegurarse de que ofrezca oportunidades de [aprendizaje social y emocional](#) adecuadas, incluidas experiencias de aprendizaje planificadas intencionalmente para ayudar a practicar habilidades de autorregulación. Si nota que muchos niños en el grupo necesitan apoyo para el desarrollo social y emocional, dedique algún tiempo a incorporar intencionalmente más de aquellas experiencias y actividades en su currículo que apoyen estas habilidades. Incluya estas actividades y apoyos en sus rutinas diarias y revíselos según sea necesario para asegurarse de que los niños desarrollen habilidades en esta área.
 - Implementar un enfoque a nivel de sistemas que permita regular a los adultos, tal como el sistema "Tap-In/Tap-Out"⁸ cuando un miembro del personal educativo se sienta frustrado, abrumado o desregulado. Esta estrategia permite que un miembro del personal educativo convoque a otro miembro del personal de una lista predeterminada para que cubra la clase. El primer miembro del personal educativo sale de la clase y participa de estrategias que le permitan acceder a un estado de calma antes de volver al entorno de aprendizaje.
6. La consulta de salud mental para bebés y niños de la primera infancia (IECMHC, sigla en inglés) es un enfoque basado en la prevención. Los consultores de salud mental trabajan con los líderes, el personal y las familias de Head Start para apoyar el desarrollo social y emocional saludable de los niños. Los destinatarios de las subvenciones han compartido que puede ser difícil conseguir consultores de salud mental, especialmente en las zonas rurales. Algunas estrategias para fomentar el acceso a las consultas de salud mental incluyen lo siguiente:
- Alentar al personal existente a utilizar los beneficios educativos, tales el apoyo para el pago de matrícula y cuotas educativas en pos de la mejora de competencias profesionales del consultor de salud mental. Estas y otras estrategias se describen en la disposición [ACF-IM-HS-22-06 Estrategias para estabilizar la fuerza laboral de Head Start](#).
 - Comunicarse con organizaciones de salud mental y otros programas para la primera infancia a fin de identificar posibles socios para los servicios de consulta de salud mental. Por ejemplo, pregunte a otros programas locales de Head Start o de la primera infancia, programas de visitas domiciliarias y oficinas estatales o tribales de [cuidado y educación de la primera infancia](#) cómo encuentran consultores de salud mental. Pregúnteles a los pediatras locales, a las clínicas de salud comunitarias y a los hospitales a los que remiten a niños y adultos para que reciban servicios de salud mental. Luego de identificar posibles socios, comuníquese con ellos para orientarlos sobre el papel de la consulta de salud mental en los programas Head Start y explore posibles colaboraciones.
 - Priorizar la búsqueda de un profesional de la salud mental que esté familiarizado con las familias de su programa o comunidad. Su programa Head Start puede ayudarlos a aprender sobre el desarrollo infantil, el cuidado grupal, la cultura de su programa, las [HSPPS](#) relevantes y el IECMHC.
 - Considerar la posibilidad de implementar enfoques tales como la [visita de telesalud o la consulta a distancia](#), especialmente en las zonas rurales, mientras se realizan esfuerzos para desarrollar la capacidad de consulta de salud mental en persona.⁹
 - Consulte el [mapa interactivo de consultores \(en inglés\)](#) del sitio IECMHC.org.
7. Para garantizar que los consultores de salud mental participen en actividades centradas en la prevención, los programas deben asegurarse de que el consultor de salud mental colabore, como mínimo, con los requisitos enumerados en la disposición 45 CFR §1302.45(b). Para lograrlo, los programas pueden:
- Proporcionar oportunidades de desarrollo profesional para el personal durante la incorporación y periódicamente luego de esta. Por ejemplo, el [curso del iPD sobre la Consulta de salud mental para bebés y niños en la primera infancia](#) puede garantizar que todo el personal comprenda que el IECMHC es una manera de aumentar la capacidad de los adultos para

apoyar el bienestar social y emocional del niño, en lugar de un enfoque de intervención o tratamiento directo.

- Utilizar la experiencia del consultor de salud mental a nivel programático, además de asesorar a nivel de niños, familias y aulas específicas. Por ejemplo, el consultor de salud mental puede ayudar a los líderes y al personal del programa a explorar estrategias para mejorar los sistemas que apoyan el bienestar del personal. También pueden ayudar a diseñar políticas y procedimientos para todo el programa relacionados con los apoyos de salud mental, tales como la disciplina positiva o las prácticas de detección y evaluación.

Acceso a servicios de salud mental

8. Los programas deben crear asociaciones comunitarias para facilitar el acceso a servicios de salud mental adicionales según sea necesario (45 CFR §§1302.45(a)(4), [1302.53\(a\)\(2\)](#), 1302.80(c)). Para lograrlo, los programas pueden:
 - Consultar con su Comité Asesor de Servicios de Salud sobre las oportunidades locales y las posibles asociaciones. Identificar los fondos de subvenciones disponibles en su comunidad local que están designados para apoyar la salud mental en la primera infancia. Por ejemplo:
 1. Asociarse con las [Clínicas Comunitarias Certificadas de Salud Conductual \(CCBHC, sigla en inglés\)](#) locales. Las CCBHC están diseñadas para garantizar el acceso a una atención integral coordinada de la salud conductual. Las CCBHC están obligadas a atender a cualquier persona que solicite atención para la salud mental o por consumo de sustancias, incluida la atención apropiada para el nivel de desarrollo de niños y jóvenes, independientemente de su capacidad de pago, lugar de residencia o edad.
 2. Aprovechar a los trabajadores de salud comunitarios, los navegadores familiares, los [promotores](#) y los especialistas a fin de reducir el estigma de la salud mental y brindar apoyo a las familias que navegan por los sistemas de salud mental y otros sistemas que abordan los determinantes sociales de la salud.
 - Utilizar recursos que ofrezcan experiencia en prácticas de salud mental basadas en la cultura, tales como asociarse con curanderos tribales para conectar a las familias con las formas tradicionales de curación.
 - Establecer asociaciones con colegios y universidades locales que puedan brindar servicios de salud mental con escala variable de precios a través de sus clínicas de capacitación en salud mental. Una escala variable es una estructura de tarifas flexible o un sistema que requiere el pago en función de la capacidad de pago de cada cliente.
 - [Facilitar el acceso comunitario \(en inglés\)](#) a actividades de enriquecimiento que puedan proteger y promover la salud mental de los niños y las familias (es decir, actividades deportivas, eventos culturales, organizaciones religiosas, mercados de agricultores y grupos de juego).
 - Evaluar las [barreras para obtener servicios de salud mental \(en inglés\)](#) y proporcionar apoyos basados en esta evaluación para facilitar el acceso. Ejemplos de esto podrían incluir brindar transporte desde el programa a las clínicas o proporcionar a las familias espacios privados equipados con la tecnología adecuada para acceder a los servicios de salud mental a distancia.

Estas estrategias de salud mental basadas en la evidencia pueden ayudar a los programas Head Start a integrar intencionalmente los apoyos de salud mental en todo el programa. Pueden abordar los desafíos que enfrentan los programas, tales como los problemas de comportamiento y desarrollo, el cansancio del personal y la disponibilidad limitada de servicios especializados de salud mental. El apéndice adjunto incluye recursos más específicos para respaldar estas recomendaciones.

La Oficina de Head Start (OHS, sigla en inglés) continuará trabajando con los programas para apoyar la salud mental de los niños, las familias y el personal de los programas Head Start. Dirija cualquier pregunta sobre el contenido de este MI a su oficina regional de OHS.

Gracias por todo lo que hacen en nombre de los niños y las familias.

Atentamente,

/ Khari M. Garvin/

Khari M. Garvin
Director
Oficina de Head Start

Ver el Memorando de Información en versión PDF:

[Estrategias y recomendaciones para apoyar la salud mental](#) (211.88 KB)

Notas al pie

1. <https://www.acf.hhs.gov/ecd/policy-guidance/dear-colleague-social-emotional-development-and-mental-health>

2. Comité del Consejo Nacional de Investigación y el Instituto de Medicina. Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities (Prevención de trastornos mentales, emocionales y conductuales en jóvenes: avances y posibilidades). Washington, DC: National Academies Press; 2009.

3. Brauner, C. B., y Stephens, C. B. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorders: Challenges and recommendations (Estimación de la prevalencia de trastornos emocionales o conductuales graves en la primera infancia: desafíos y recomendaciones). *Informes de salud pública*, 121(3), 303-310.

3. <https://www.acf.hhs.gov/ecd/policy-guidance/dear-colleague-social-emotional-development-and-mental-health>

4. Rafla-Yuan, E., Moore, S., Carvente-Martinez, H., Yang, P. Balasuriya, L., Jackson, K., McMickens, C., y Ropbles-Ramamurthy, B. (2022). Striving for equity in community mental health: Opportunities and challenges for integrating care for BIPOC youth (Luchar por la equidad en la salud mental comunitaria: oportunidades y desafíos para integrar la atención de los jóvenes BIPOC). *Clínicas psiquiátricas para niños y adolescentes de América del Norte*, 31(2), 295-312.

5. Morales, D. A., Barksdale, C. L., y Beckel-Mitchener, A. C. (2020). A call to action to address rural mental health disparities (Un llamado a la acción para abordar las disparidades en la salud mental de zonas rurales). *Revista de ciencias clínicas y traslacionales*, 4(5), 463-467.

6. Winters M-F. Black Fatigue: How Racism Erodes the Mind, Body, and Spirit (Fatiga de raza negra: cómo el racismo erosiona la mente, el cuerpo y el espíritu). 1ª ed. Berrett-Koehler Publishers; 2020. [Mental-Health-Facts-for-American-Indian-Alaska-Natives.pdf \(psychiatry.org\) \(en inglés\)](#) (Hechos sobre salud mental para indígenas estadounidenses y nativos de Alaska) Gone, J. P., & Trimble, J. E. (2012). American Indian and Alaska Native mental health: Diverse perspectives on enduring disparities (Salud mental de los indígenas estadounidenses y nativos de Alaska: diversas perspectivas sobre las disparidades duraderas). *Revista anual de psicología clínica*, 8, 131-160.

7. Purgato M, Uphoff E, Singh R, Thapa Pachya A, Abdulmalik J, van Ginneken N (2020). Promotion, prevention and treatment interventions for mental health in low- and middle-income countries through a task-shifting approach (Intervenciones de promoción, prevención y tratamiento de la salud mental en países de bajos y medianos ingresos a través de un enfoque de transferencia de tareas). *Epidemiology and*

Psychiatric Sciences (Epidemiología y Ciencias Psiquiátricas) 29, e150, 1–8. <https://doi.org/10.1017/S204579602000061X>

8. Venet, A. S. (2019, 13 de septiembre). *The evolution of a trauma-informed school* (La evolución de una escuela con atención orientada al trauma). Edutopia.

9. [Resumen de políticas de servicios de salud mental para niños | CSELS | Salud Rural | CDC](#).

Terry-Leonard et al (2022). Consulta de salud mental en primera infancia: Breve informe de adaptaciones en el entorno virtual de aprendizaje. [ECMHCvirtualAdaptations_v6.pdf \(iecmhc.org\) \(en inglés\)](#).

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Documento histórico

ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	
	1. Log No: ACF-OHS-IM-24-01	2. Issuance Date: 05/09/2024
	3. Originating Office: Office of Head Start	
	4. Key Words: Head Start, Early Head Start, Mental Health, Behavioral Health, Social and Emotional Development	

INFORMATION MEMORANDUM

TO: All Head Start Grant Recipients

SUBJECT: Strategies and Recommendations for Supporting Mental Health

PURPOSE: This Information Memorandum (IM) highlights the Head Start Program Performance Standards and related strategies for integrating mental health supports across all Head Start programs.

BACKGROUND: Head Start programs, including preschool programs, Early Head Start programs, Migrant and Seasonal programs, and American Indian and Alaska Native programs, have a long history of providing comprehensive services alongside early education services. They support a program-wide culture that promotes children’s mental health and social and emotional well-being. Children’s mental health is foundational for family well-being, children’s overall healthy development, and long-term success.¹ In recent years, Head Start programs have called for guidance on how to be more intentional in integrating [mental health supports](#) into programs. These calls stem from a reported rise in behavioral and developmental concerns, higher rates of staff turnover, and limited availability of specialized mental health services. This IM provides evidence-informed mental health strategies and associated resources that can help address these challenges as part of a renewed effort across federal early childhood funding agencies to integrate mental health supports into programs.

To integrate mental health supports effectively into Head Start programs, it is important to first understand and destigmatize what is meant by “mental health.” Young children’s mental health, often referred to as early childhood mental health (ECMH), is not mental illness. Rather, it is the same as [social](#)

¹ <https://www.acf.hhs.gov/ecd/policy-guidance/dear-colleague-social-emotional-development-and-mental-health>

[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. ECMH 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 5 who experience social and emotional difficulties.²

Strengthening the focus on mental health is particularly appropriate given the Head Start program's mission to serve the most vulnerable children and families and break the cycle of poverty. Individuals living in high-poverty neighborhoods often have less access to high-quality resources and supports compared to individuals living in low-poverty neighborhoods, and are more likely to have worse mental health outcomes as a result.³ Furthermore, Black, Indigenous, and People of Color (BIPOC) families⁴ and families in remote or rural areas have less access to mental health and substance use services.⁵ BIPOC families, including families in tribal communities, are disproportionately affected by chronic stress resulting from structural racism and historical trauma, which further narrows access to services they can trust.⁶

Head Start programs play a vital role in addressing ECMH and reducing disparities in ECMH, because they focus on the whole child as well as partner with families and communities. Family-focused efforts in particular ensure children’s mental health continues to be supported in the long-term, after children transition to kindergarten. Many Head Start programs have already adopted [diverse strategies](#) to address ECMH. Programs support family well-being and staff-wellness, which ensures caregivers are well equipped to support ECMH. They directly support the child by strengthening relationships with responsive caregivers, such as [parents](#) and [early childhood staff](#), which is the foundation of ECMH. They provide stable, nurturing environments in

² National Research Council and Institute of Medicine Committee. Preventing mental, emotional, and behavioral disorders among young people: progress and possibilities. Washington, DC: National Academies Press; 2009. Brauner, C. B., & Stephens, C. B. (2006). Estimating the prevalence of early childhood serious emotional/behavioral disorders: Challenges and recommendations. *Public health reports*, 121(3), 303-310.

³ <https://www.acf.hhs.gov/ecd/policy-guidance/dear-colleague-social-emotional-development-and-mental-health>

⁴ Rafla-Yuan, E., Moore, S., Carvente-Martinez, H., Yang, P. Balasuriya, L., Jackson, K., McMickens, C., & Ropbles-Ramamurthy, B. (2022). Striving for equity in community mental health: Opportunities and challenges for integrating care for BIPOC youth. *Child and Adolescent Psychiatric Clinics of North America*, 31(2), 295-312.

⁵ Morales, D. A., Barksdale, C. L., & Beckel-Mitchener, A. C. (2020). A call to action to address rural mental health disparities. *Journal of clinical and translational science*, 4(5), 463-467.

⁶ Winters M-F. Black Fatigue: How Racism Erodes the Mind, Body, and Spirit. 1st ed. Berrett-Koehler Publishers; 2020. [Mental-Health-Facts-for-American-Indian-Alaska-Natives.pdf \(psychiatry.org\)](#)

Gone, J. P., & Trimble, J. E. (2012). American Indian and Alaska Native mental health: Diverse perspectives on enduring disparities. *Annual review of clinical psychology*, 8, 131-160.

GUIDANCE: which children can safely learn and practice social and emotional skills, and partner with families to do the same at home. Head Start staff build trusting relationships with families and partner within the community to identify and leverage resources. These steps make it more likely that mental health supports will meet the needs of families and make a difference.

Although there are many ways mental health can be supported in Head Start programs, it is important for programs to develop a comprehensive, integrated early childhood mental health approach that promotes child and adult mental health, prevents concerns from developing, and supports early identification and referrals for treatment when needed. Using a continuum⁷ of mental health supports ensures every child and family receives the appropriate level of care. This continuum includes:

- I. **Mental health promotion** – An approach aimed at strengthening positive aspects of mental health and well-being and is focused on setting children and families up for success.
- II. **Prevention services and supports** – An approach aimed at reducing the likelihood of future disorders in the general population or for people who are identified as at risk of a disorder.
- III. **Access to mental health treatment** – Interventions are delivered to people who continue to be at risk after engaging in prevention services or have been diagnosed with a mental disorder.

The Office of Head Start (OHS) continues to strongly encourage grant recipients to use quality improvement funds available to all Head Start, Early Head Start, American Indian and Alaska Native Head Start, Migrant and Seasonal Head Start, and Early Head Start-Child Care Partnership grant recipients to support these strategies and invest in mental health supports across roles and program service areas. Suggestions of allowable uses for quality improvement funds as specified in the Head Start Act can be found in the [FY 2023 Head Start Funding Increase Program Instruction](#).

For Head Start State Collaboration Offices and recipients closely working with states, it may be of interest to review [related program guidance](#).

Strategies and Recommendations to Support Mental Health

These strategies support program quality and describe resources that can help programs comply with applicable Head Start Program Performance Standards.

⁷ Purgato M, Uphoff E, Singh R, Thapa Pachya A, Abdulmalik J, van Ginneken N (2020). Promotion, prevention and treatment interventions for mental health in low- and middle-income countries through a task-shifting approach. *Epidemiology and Psychiatric Sciences* 29, e150, 1–8. <https://doi.org/10.1017/S204579602000061X>

INCREASE MENTAL HEALTH PROMOTION

1. A focus on social determinants of health, or the conditions in which individuals are born, grow, live, work, and age, can lead to better mental health outcomes and prevent future mental illness. To promote social conditions that support family well-being, such as family safety, health, and economic stability, programs are encouraged to develop innovative two-generation approaches that leverage community partnerships and address prevalent needs of children and families ([45 CFR §1302.50\(a-b\)](#)). To achieve this, programs can:
 - Create authentic partnerships with families using the [Building Partnerships with Families Series](#) as a guide. Programs can support family mental health and well-being by using the family assessment and partnership process to help families with their biggest life stressors.
 - Update the program’s intake process with families to include targeted discussions on mental health, such as the families’ perceptions about mental health and addressing potential stigma. Include information on mental health supports in the program, such as mental health consultation services and resources and supports available in the community.
 - Establish formal and informal [check-ins with families](#) with the intent to support family mental health. For example, build in time during parent-teacher conferences to discuss how families are doing, create a drop-box for parents to discreetly communicate their needs to staff, and devote time in every parent meeting to wellness activities.
 - Invite the mental health consultant to introduce themselves at program events, such as an “Open House” to explain the Head Start program’s commitment to supporting mental health. This is an opportunity to familiarize parents with the mental health services available to them, including the role of the mental health consultant and how consultation is used throughout the program.

2. To promote family well-being, programs must collaborate with parents by providing mental health education support services. These services include opportunities for parents to learn about healthy pregnancy and postpartum care that encompasses mental health and substance use treatment options ([45 CFR §1302.46\(a\)](#)). To achieve this, programs can:
 - Offer opportunities for families to connect to [talk about their child’s development](#), how they are coping with potential stressors, and what resources they are using. Create a parent group, either virtually or in person, that serves as a space for parents to express their emotions, thoughts, and feelings. For guidance on facilitating this activity, refer to [Leading Online Parent Meetings and Groups](#).
 - Provide training and opportunities for parents to learn about children’s health, well-being, and mental health (i.e., in person trainings, virtual trainings, resources/handouts, etc.), as well as developing safe, stable, and nurturing relationships and environments. For example:
 - i. Use the mental health consultant to provide group wellness sessions with parents. In these sessions include information on resources in the community and how to access these resources.

- ii. Invite speakers from mental health and substance use agencies to give talks about mental health and substance use.
 - Regularly check in with families about providing supports for their own mental health and well-being, such as education materials on [reducing stress](#) and [understanding depression](#).
 - For pregnant women and expectant families enrolled in Early Head Start services, include a mental wellness check during the [newborn visit](#) that a program must provide to each mother and baby within two weeks after the infant's birth ([45 CFR §1302.80\(d\)](#)). These mental wellness checks are geared towards the parent or family members caring for the child and can be incorporated into a daily health check. Consider incorporating screenings for adult mental health, including [depression](#), and [substance use](#), with appropriate guidance from a mental health professional.
3. To promote staff well-being, programs must make mental health and wellness information available to staff regarding issues that may affect their job performance and must provide staff with regularly scheduled opportunities to learn about mental health, wellness, and health education ([45 CFR §1302.93\(b\)](#)). To achieve this, programs can:
- Implement identified policies, procedures, and strategies to support staff wellness that are informed by program data, such as those described in [ACF-IM-HS-21-05 Supporting the Wellness of All Staff in the Head Start Workforce](#). It is important to gather feedback from staff on their [well-being](#) and [job satisfaction](#), as well as wellness strategies, to determine if refinements or improvements are needed.
 - Provide program leaders with foundational training in supporting workforce mental health such as through the [National Child Traumatic Stress Network \(NCTCSN\)](#). The NCTCSN 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 Head Start staff caring for children affected by trauma.
 - Consider establishing communities of practice or [reflective supervision](#) groups that help directors and managers focus on creating safe environments and communications that convey to staff that it is safe to disclose and receive support if and when they experience mental health challenges.
 - Promote employee assistance services and build a culture to address the stigma of seeking help for mental health reasons. Raise employee awareness around free or low-cost mental health supports available, such as benefits included in health insurance plans.
4. To promote child well-being, a program must ensure staff, consultants, contractors, and volunteers implement positive strategies to support children's well-being ([45 CFR §1302.90\(c\)\(i\)](#)). To facilitate implementation of positive strategies, programs can:
- Train staff, consultants, contractors, and volunteers to have basic knowledge of developmentally appropriate strategies to support positive behaviors. Since developmental expectations and appropriate strategies may differ depending on a child's age and developmental skills, staff working with [preschool-age children](#), may still benefit from a basic understanding of how to support [infants and toddlers](#).

- Ensure staff understand that [following children’s lead](#) in structured play activities is an impactful way to understand children’s developmental skills, identify and offer positive attention to their strengths, and practice self-regulation skills in a controlled environment.
- Make sure learning environments are designed to support children’s self-regulation. This could include creating “[cozy spaces](#)” that are clearly visible to adult supervision where children can go if they are feeling overwhelmed. Similarly, spaces can be created with activities or sensory materials as places to express energy. These types of spaces are designed so that teachers can still observe the child or children who are in them, while also providing them the needed supports to self-regulate.
- Partner with families to understand the development, communication style, strengths, and [temperament](#) of each child in order to establish predictable routines, transition strategies, and developmentally appropriate behavioral expectations for children in the program.

INCREASE PREVENTION SERVICES AND SUPPORTS

5. To support children’s ongoing social and emotional development, programs must provide supports for effective classroom management and positive learning environments; supportive teacher practices; and strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns ([45 CFR §1302.45\(a\)](#)). To achieve this, programs can:
 - Implement an [all-hands-on deck](#) approach by creating a multidisciplinary team that works together in your program to support children’s mental health. This team can be comprised of individuals that already work with the child or family across disciplines. The benefit of having a team of professionals with multiple perspectives (i.e., mental health, early childhood, special education, family service, health, nutrition, etc.) is that it ensures the most comprehensive approach to support the needs of a child and family.
 - i. For example, consider ways to integrate prevention-focused approaches such as the [Pyramid Model](#) with mental health supports such as mental health consultation.
 - Seek direct guidance from a mental health or child development professional to ensure that findings from developmental screening and assessment required in [45 CFR §1302.33](#), including social and emotional screenings, are used when making a referral to determine if the child is eligible for services through [IDEA](#) or [section 504 of the Rehabilitation Act](#). While programs wait for an eligibility evaluation and possible services, programs can consider an [individualized approach](#) to support positive behaviors and teach new skills.
 - Review your program’s educational curriculum to ensure it offers appropriate [social and emotional learning](#) opportunities, including intentionally planned learning experiences to help practice self-regulation skills. If you notice that many children in the group need social and emotional development support, spend some time intentionally embedding more of the experiences and activities from your curriculum that support these skills. Work these activities and supports into your daily routines and revisit them as needed to ensure children are developing skills in this area.

- Implement a systems-level approach for adult regulation such as the “Tap-In/Tap-Out” system⁸ when an education staff member is feeling frustrated, overwhelmed, or otherwise dysregulated. This strategy allows for education staff to engage another staff member from a predetermined list to “tap-in” and cover the class. The education staff member can then “tap-out” and engage in strategies for accessing a calm state before returning to the learning environment.
6. Infant and early childhood mental health consultation (IECMHC) is a prevention-based approach. Mental health consultants work with Head Start leaders, staff, and families to support children’s healthy social and emotional development. Grant recipients have shared that it can be challenging to obtain mental health consultants, particularly in rural areas. A few strategies for building mental health consultation access include:
- Encourage existing staff to use educational benefits, such as tuition and fee support, to work towards mental health consultant qualifications. These and other strategies are described in [ACF-IM-HS-22-06 Strategies to Stabilize the Head Start Workforce](#).
 - Reach out to mental health organizations and other early childhood programs to identify potential partners for mental health consultation services. For example, ask other local Head Start or early childhood programs, home visiting programs, and state or tribal [early care and education offices](#) how they find mental health consultants. Ask local pediatricians, community health clinics, and hospitals where they refer children and adults for mental health services. After identifying possible partners, reach out to orient them to the role of mental health consultation in Head Start programs and explore potential collaborations.
 - Prioritize finding a mental health professional who is familiar with the families in your program or community. Your Head Start program can help them learn about child development, group care, the culture of your program, relevant HSPPS, and IECMHC.
 - Consider implementing approaches such as [telehealth or remote consultation](#), especially in rural areas, while efforts to build capacity for in-person mental health consultation are underway.⁹
 - Consult IECMHC.org’s [interactive map of consultants](#).
7. To ensure mental health consultants engage in prevention-focused activities, programs must ensure the mental health consultant assists, at a minimum, with the requirements listed in 45 CFR §1302.45(b). To achieve this, programs can:
- Provide professional development opportunities for staff during onboarding and periodically after. For example, the [Foundations of Infant and Early Childhood](#)

⁸ Venet, A. S. (2019, September 13). *The evolution of a trauma-informed school*. Edutopia.

⁹ [Mental Health Services for Children Policy Brief | CSELS | Rural Health | CDC](#)

Terry-Leonard et al (2022). Early childhood mental health consultation: Brief report of adaptations in the virtual learning environment. [ECMHCvirtualAdaptations_v6.pdf \(iecmhc.org\)](#)

- [Mental Health Consultation iPD Course](#) can ensure that all staff understand that IECMHC is a way to grow the capacity of adults to support the child’s social and emotional well-being, rather than a direct intervention or treatment approach.
- Use the expertise of the mental health consultant at a programmatic level, in addition to consulting at the level of specific children, families and classrooms. For example, the mental health consultant can help program leaders and staff explore strategies for enhancing systems that support staff well-being. They can also help design program-wide policies and procedures related to mental health supports, such as positive discipline or screening and assessment practices.

ACCESS TO MENTAL HEALTH TREATMENT

8. Programs must build community partnerships to facilitate access to additional mental health services as needed (45 CFR §§1302.45(a)(4), [1302.53\(a\)\(2\)](#), 1302.80(c)). To achieve this, programs can:
 - Consult with your Health Services Advisory Committee on local opportunities and potential partnerships. Identify grant funds available in your local community that are designated to support early childhood mental health. For example:
 - i. Partner with local [Certified Community Behavioral Health Clinics](#) (CCBHCs). CCBHCs are designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, including developmentally appropriate care for children and youth, regardless of their ability to pay, place of residence, or age.
 - ii. Leverage community health workers, family navigators, [promotores](#), and peer specialists to reduce mental health stigma and provide support to families navigating mental health systems and other systems that address social determinants of health.
 - Use resources that offer expertise in culturally grounded mental health practices, such as partnering with tribal healers to connect families to traditional ways of healing.
 - Build partnerships with local colleges and universities that may provide sliding scale mental health services through their mental health training clinics. A sliding scale is a flexible fee structure or payment system that asks a client to pay based on their ability to do so.
 - [Facilitate access to community](#) enrichment activities that can both protect and promote child and family mental health (i.e., sporting activities, cultural events, religious organizations, farmers’ markets, and play groups).
 - Assess [barriers to obtaining mental health services](#) and provide supports based on this assessment to facilitate access. Examples could include providing transportation from the program to clinics or providing families with private spaces equipped with appropriate technology to access tele-mental health services.

These evidence-informed mental health strategies can support Head Start programs in intentionally integrating mental health supports across their program. They can address challenges programs face such as behavioral and developmental concerns, staff burnout, and the

limited availability of specialized mental health services. The accompanying [appendix](#) includes more specific resources to support these recommendations.

OHS will continue to work with programs to support the mental health of children, families, and staff in Head Start programs. Please direct any questions about the content of this IM to your OHS regional office.

Thank you for all you do on behalf of children and families.

Sincerely,

/ Khari M. Garvin/

Khari M. Garvin
Director
Office of Head Start

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 child care 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, HHS, or the U.S. government.

MENTAL HEALTH PROMOTION

STRATEGY 1. A focus on social determinants of health, or the conditions in which individuals are born, grow, live, work and age, can lead to better mental health outcomes and prevent future mental illness. To promote social conditions that support family well-being, such as family safety, health, and economic stability, programs are encouraged to develop innovative two-generation approaches that leverage community partnerships and address prevalent needs of children and families (45 CFR §1302.50(a–b)).

- Resources on the ECLKC to support programs in understanding and addressing broader social conditions and events that impact mental health include:
 - The [Mental Health and Wellness chapter](#) of the Health Manager Orientation Guide describes the importance of social determinants of health and equity as it relates to mental health.
 - The [Head Start Heals Campaign](#) is a collection of resources on the ECLKC describing how to support the mental health of children and families, particularly when children and families are exposed to traumatic events or situations that overwhelm their ability to cope.
 - [Family Support and Well-being](#) is a collection of resources on the ECLKC for ensuring family members are safe, healthy, and have chances for educational advancement and economic mobility.
 - [Building Partnerships with Families](#) is a four-module learning series to enhance knowledge and practice about engaging families using strengths-based attitudes, relationship-based practices, and reflective practice. This professional development course accessible for free on the Individualized Professional Development Portfolio with continuing education units awarded for completion.
 - [Family Engagement and Cultural Perspectives: Applying Strengths-based Attitudes tool](#), can be used as part of training and reflective practice and supervision.
 - [Check In and Partner with Families](#) offers relationship-based competencies to support family engagement, recognizing that partnering with families supports child and family well-being.
 - [Challenges and Benefits of Making Parent Connections](#) provides strategies for connecting with parents.
- Resources on the ECLKC to support partnerships with families around mental health include:

- [Family Connections: A Mental Health Consultation Model](#) provides preventative, systemwide mental health consultation and training approach for staff. These resources and training modules support staff to work with families dealing with parental depression and related adversities, with children in classrooms and in the home, and to engage and support parents struggling with adversities.
- [Infant and Early Childhood Mental Health Consultation: Information for Families](#) provides an overview of mental health consultation for families.
- [Leveraging Sources of Resilience to Support Mental Health](#) webinar discusses the importance of finding, understanding, and elevating sources of resilience to support mental health, with a focus on racially and ethnically diverse and under-resourced communities.
- Other resources to support family relationships and partnerships include:
 - [Information for Caregivers on Infant and Early Childhood Mental Health Consultation](#) is a one-page resource to help caregivers learn about the benefits of infant & early childhood mental health consultation.
 - [ACF Video Series on Early Childhood Social Emotional Development and Mental Health and Caregiver Well-being](#) is a series of short videos spotlighting the importance of robust social emotional development and mental health support strategies within programs serving young children and their families.
- Potential partnership opportunities for Head Start programs include:
 - [Healthy Start programs](#) are Health Services and Resources Administration (HRSA) grant recipients situated in many communities and can work as partners with Head Start programs. Healthy Start programs seek to improve health outcomes before, during, and after pregnancy. Local Healthy Start programs match families with a care coordinator, who then develops personalized plans that can include prenatal and post-partum care, mental health and substance use screening, intimate partner violence screening, and linkages to other services such as assistance with transportation and housing. Every Healthy Start project also has a Healthy Start Community Action Network to increase awareness of and partnerships with a wide range of programs offering health, behavioral health, and social supports. As of 2023, there were [111 Healthy Start projects](#); some Healthy Start grant recipients already collaborate with Head Start programs.

STRATEGY 2. To promote family well-being, programs must collaborate with parents by providing mental health education support services, including opportunities for parents to learn about healthy pregnancy and postpartum care that encompasses mental health and substance use treatment options (45 CFR §1302.46(a)).

- Resources on the ECLKC that support families during pregnancy, infancy, and the transition to parenthood can be found in the [Pregnancy](#) collection, including:
 - [The Newborn Visit: Information for Early Head Start Staff](#) describes and provides tips for the newborn visit.
 - [Head Start Services as a Maternal Health Intervention](#) webinar includes information on maternal depression and conversations on health equity in maternal health.
 - [Connecting All Parents with Perinatal Mental Health Services](#) webinar addresses the unique needs of specific birthing people — such as LGBTQI+ people,

- indigenous people, immigrants, and refugees — who may benefit from specialized or tailored mental health resources during and after pregnancy.
- These resources support screenings for [depression](#) and [substance use](#).
 - Other resources to promote healthy pregnancy and postpartum care and support families experiencing perinatal mental health challenges include:
 - The [Perinatal Mental Health](#) page provides basic information on perinatal mental health and links to a wide range of resources, webinars, and free trainings. It is developed by the Substance Abuse and Mental Health Services Administration (SAMHSA)'s [Mental Health Technology Transfer Center Network](#). SAMHSA also has a webpage with [Resources for Parents and Caregivers](#).
 - The [Mom's Mental Health Matters Initiative](#) provides extensive information about depression and anxiety during pregnancy and postpartum, including signs and symptoms, risk factors, and treatment options. It is developed by the National Institute of Child Health and Human Development (NICHD) at the National Institutes of Health (NIH). They have [materials \(such as posters and postcards\)](#) that can be ordered and disseminated by Head Start programs.
 - The [Action Plan for Depression and Anxiety Around Pregnancy](#) serves as a checklist to help identify and seek help for anxiety and depression from the NIH.
 - [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. It is developed by the Centers for Disease Control and Prevention (CDC).
 - Resources on the ECLKC that support family engagement activities include:
 - [Talking with Families about Their Child's Development](#) provides strategies to partner with families in ongoing conversations about growth and development.
 - [Leading Online Parent Meetings and Groups](#) resource offers examples to consider before, during, or after leading online parent activities.
 - [Family Engagement in Early Care and Education Learning Series](#) modules guide early childhood professionals to consider how the relationships they build with families can support positive parent-child relationships, learn how to use reflective practice as one strategy to enhance work with families, and explore how larger systems and cultural contexts influence family engagement. This resource includes modules on understanding children's behavior as communication and responding with families to developmental concerns.
 - [Partnering with Families to Support Inclusion: Part 1](#) webinar offer strategies that program staff can use to support families to learn about and act on developmental concerns.
 - [Supporting Social and Emotional Well-being](#) is a collection of resources that can inform professional and parental development.
 - Other resources to help families understand their child's development and mental health include:
 - [Essentials for Parenting Toddlers and Preschoolers](#) is an online resource for parents of 2- to 4-year-olds which provides information on positive parenting strategies. The website includes articles and FAQs answered by parenting experts, videos, and free print resources developed by the CDC.

- [“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 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.
- The [aRPy Ambassador Program](#) identifies individuals who can help Head Start programs and families implement the [Division of Early Childhood \(DEC\) Recommended Practices](#): a set of research-based best practices for working with young children with disabilities or delays, their families, and the personnel who serve them. The program is co-led by the Early Childhood Technical Assistance Center (ECTA) through a Department of Education Office of Special Education Programs cooperative agreement.
- [Healthy Steps: Healthy Steps 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](#).
- Potential partnership opportunities for Head Start programs to promote healthy child development and mental health include:
 - [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. Where applicable, Head Start programs can partner with [Healthy Steps sites](#) in their communities to coordinate care for families. There are currently Healthy Steps sites in 24 states and the District of Columbia, and more than 200 primary care practices.
- Resources on the ECLKC to support a family’s own mental health include:
 - Several materials designed for use with families, including materials on [reducing stress](#), [understanding depression](#), [taking care of yourself](#), and [coping with grief and loss](#).
 - [Fathers, Families, and Mental Health](#) is a webinar that explores how to best support the family system by learning about the unique experiences of fathers, appropriate screening tools and interventions, and the impact of the father on the family.

- [Understanding Addiction and Substance Use Stigma: What You can Do to Help](#) provides information on substance use disorders and how to support those impacted by substance use.
- [Strategies to Support Families Who May Be Experiencing Domestic Violence](#) provides resources for staff working with families who may be experiencing intimate partner violence.
- [Should I be concerned? Understanding and talking about mental health with your child](#)
- [Talking about mental health: Tips for parents and caregivers from young people](#)
- [Mental Health Resources for Parents and Caregivers](#).
- Various helplines have been developed to provide free and direct mental health support to individuals, including staff and families:
 - HRSA funds the [National Maternal Mental Health Hotline](#) which provides free and confidential support (in English and Spanish) before, during, and after pregnancy.
 - SAMHSA has a number of national helplines and free resources to help individuals access behavioral health treatment that can be made available to families. These include:
 - [Findtreatment.gov](#) offers a confidential and anonymous resource for persons seeking treatment for mental and substance use disorders in the United States and its territories.
 - [988 Suicide and Crisis Lifeline](#) offers free and confidential support for people in distress, 24/7.
 - [National Helpline](#) offers treatment referral and information
 - [Disaster Distress Helpline](#) offers immediate crisis counseling related to disasters, 24/7.
 - 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 Native Crisis Text Line](#) connects those seeking crisis support with a trained counselor by texting the word “NATIVE” to 741741.

STRATEGY 3. To promote staff well-being, programs must make mental health and wellness information available to staff regarding issues that may affect their job performance and must provide staff with regularly scheduled opportunities to learn about mental health, wellness, and health education ([45 CFR §1302.93\(b\)](#)).

- [Promoting Staff Well-being](#) is a collection of resources on the ECLKC website to support staff wellness and mental health, including:
 - [Cultivating Wellness: 8 Dimensions of Staff Well-being](#) offers early childhood program staff strategies to cultivate their health and well-being. This professional development course accessible for free on the Individualized Professional Development Portfolio with continuing education units awarded for completion.
 - [Managing Stress with Mindful Moments](#) offers resources such as breathing and movement exercises.

- [You Make the Difference Posters](#) can be displayed to help staff find inspiration and practical strategies to reduce stress.
- [Promoting Organizational Staff Wellness](#) webinar explores how to build an organizational and program-wide culture of wellness.
- [Practical Strategies for Improving Staff Wellness](#) webinar discusses practical strategies for nurturing staff's well-being and hear about ideas and resources to build wellness into their everyday routines.
- [Tips to Support Family Services Staff Wellness](#) is a resource that offers program strategies for leaders and supervisors and self-care tips for family services professionals and home visitors.
- [Staff Wellness for Home Visitors](#) webinar explores the importance of staff wellness and professional boundaries in home-based settings.
- [Strengthening Trauma-Informed Staff Practices](#) brief outlines different strategies to strengthen trauma-informed practices for staff.
- [Promoting Healing and Resilience with Staff and Families](#) webinar offers ideas and strategies for creating trauma-informed and healing-centered interactions before, during, and after traumatic events.
- Resources on the ECLKC that focus on ensuring workforce job satisfaction and engagement include:
 - [Improving Head Start Workforce Compensation, Wellness, and Career Advancement](#), Office of Head Start staff discussed strategies related to compensation, benefits, and well-being.
 - [Improving Staff Wellness and Job Satisfaction](#) webinar explores meaningful self-care strategies that improve wellness and job satisfaction and help staff perform their job with resilience.
 - [Using Brain Science to Inspire and Motivate Education Staff](#) webinar explores how to create and sustain motivation and commitment to high-quality service, even when the work is challenging and at times stressful.
 - [Tips on Becoming a Reflective Supervisor and a Reflective Supervisee](#) includes information sheets to support the workforce in using reflective supervision practices.
 - [Using Reflective Supervision to Build Capacity](#) 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.
- Other resources to support Head Start workforce well-being and mental health include:
 - [Psychological First Aid](#) resources are designed to reduce the initial distress caused by traumatic events and to foster short- and long-term adaptive functioning and coping. Psychological First Aid is developed by The National Child Traumatic Stress Network and National Center for PTSD.
 - [Infant/Toddler Workforce Wellness: Focusing on Wellness is Critical for Early Childhood Professionals](#) offers resources for child care providers looking to reduce stress and prioritize their own wellness, curated by Office of Child Care.
 - [Mental Health and Wellness Resources](#) contains resources for child care providers to support both their own mental health and the mental health of the children they serve curated by the Office of Child Care.

- 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 \(NCTSN\)](#) 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.
 - [Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals](#), from NCTSN For example, [Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals](#), describes how individuals experience secondary traumatic stress (STS), how to identify STS, and strategies for prevention and intervention. NCTSN was created through SAMHSA’s National Child Traumatic Stress Initiative.
 - [Trauma-Informed Care for Schools Before, During, and After Possible Emergency Events](#) resources are created by the Department of Education’s Readiness and Emergency Management for Schools (REMS) Technical Assistance Center.
 - [Understanding Educator Resilience and Developing a Self-Care Plan](#) is a webinar which provides educators with information on the concepts of resilience and compassion fatigue, and the impact of stress and burnout 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. It was developed by the Department of Education’s Readiness and Emergency Management for Schools Technical Assistance Center.
 - [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.

STRATEGY 4. A program must ensure staff, consultants, contractors, and volunteers implement positive strategies to support children’s well-being and prevent and address challenging behavior (45 CFR §1302.90(c)(i)).

- Resources on the ECLKC on positive strategies to support children’s behaviors include:
 - [Infant/Toddler Positive Behavior Support](#) and [Preschool Positive Behavior Support](#) from the Pyramid Model Framework are webinars from the Teacher Time series focused on building relationships, emotional literacy, problem-solving and relationship skills, responding to persistent challenging behavior, and more.
 - [Engaging Interactions and Learning Environments](#) in-service suites are a professional development resource that include several resources for social and emotional support, well-organized classrooms, and instructional interactions. Several suites have additional materials that have been specifically designed for programs with American Indian and Alaska Native populations.

- [Following Children’s Lead](#) is a webinar on social and emotionally intelligent ways in which teachers can engage children in learning.
- [Understanding and Managing Children’s Behavior](#) Tip sheet offers information on supporting children who need more help managing strong emotions by developing and using an Individual Support Plan (ISP).
- [Mindfulness Practices with Children](#) provides audio recordings of mindfulness practices with the Sesame Street Muppets.
- Resources on the ECLKC to help families understand child development include:
 - [Introduction to Temperament](#) is an ECLKC resource providing an overview of what temperament is, including the nine common traits that can help to describe a child’s temperament and how they react to and experience the world. This form can be used by families to help understand where their child falls on the [Temperament Continuum](#).
 - [Positive Solution for Families: Routine Guide](#) is a resource for families of children 2-5 years old. It offers suggestions and strategies to prevent, teach, and respond, to the challenging behavior a child may be having.
- The National Center on Pyramid Model Innovation’s resource library includes several resources on positive behavior supports, such as:
 - [Pyramid Model Practices Implementation Checklist for Preschool \(2-5 years\) Classrooms](#) this checklist highlights high quality practices to support nurturing and responsive relationships; high quality, supportive environments; teaching social-emotional skills; and addressing challenging behavior.
 - [Taking a Break: Using a Calm Down Area at Home](#) resource to support families in creating environments that support a child’s self-regulation at home.
 - [Help Us Calm Down: Strategies for Children](#) visual support that can be used in learning settings.
- Other programs that offer resources to support parenting and help families understand and promote their child’s development include:
 - [Introduction to Temperament](#) is an ECLKC resource providing an overview of what temperament is, including the nine common traits that can help to describe a child’s temperament and how they react to and experience the world. This form can be used by families to help understand where their child falls on the [Temperament Continuum](#).
 - [Positive Solution for Families: Routine Guide](#) is a resource for families of children 2-5 years old. [Parent Training and Information Centers \(PTIs\)](#) serve families of children (birth to 26) and inclusive of all 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. [CPRCs](#) 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](#) offers free technical assistance and resources to government agencies and nonprofit organizations in states, tribes, and territories to improve supports and services for grandfamilies and kinship families. For example, this [tip sheet discusses starting grandfamily support groups](#). The network is funded through the Administration for Community Living (ACL).
- [Thriving and Healthy Kids: We All Have a Role to Play in Promoting Positive Childhood Experiences](#) is a resource website created by ACF and CDC in partnership with parent leaders and the American Academy of Pediatrics and Prevent Child Abuse America. The resources were developed to help individuals learn more about how they can use existing strategies and resources to play a role in preventing adversity and promoting positive experiences so children can thrive.

PREVENTION SERVICES AND SUPPORTS

STRATEGY 5. To support children’s ongoing social and emotional development, programs must provide supports for effective classroom management and positive learning environments; supportive teacher practices; and strategies for supporting children with challenging behaviors and other social, emotional, and mental health concerns (45 CFR §1302.45(a)).

- Resources on the ECLKC to support multidisciplinary team approaches include:
 - [All Hands-on Deck: Partnering with Infant and Early Childhood Mental Health \(IECMH\) Consultants to Implement the Pyramid Model](#) is a resource from the National Center for Pyramid Model Innovations and highlights different ways an IECMH consultant can directly support Pyramid Model implementation.
 - The [Crosswalk of Infant Early Childhood Mental Health Consultation and Pyramid Model Coaching: Building Capacity in Early Childhood for the Promotion of Social and Emotional Health](#) supports visualization of the unique and complimentary aspects of IECMH consultation and the Pyramid Model.
- Resources on the ECLKC on individualizing approaches for children, include:
 - [IDEA](#) resource collection offers information related to the federal law that guarantees early intervention and early childhood special education services for children with disabilities from birth to age 5.
 - [Section 504 of the Rehabilitation Act](#) is a federal statute that prohibits discrimination based on disability in certain programs, including those that receive Federal financial assistance. Section 504 requires these programs to provide qualified individuals with disabilities, including preschool-aged children, equal opportunity to participate in the program. Programs that provide preschool education must also take into account the needs of qualified preschool-aged children with disabilities in determining the aids, benefits, or services to be provided.

- [Highly Individualized Practices Series](#) is a webinar series that offers effective strategies for teachers, home visitors, and coaches to use when supporting children with disabilities or suspected delays.
- [The Inclusion Lab App](#) is a mobile application designed to help disability service coordinators, education managers, and coaches support education staff to provide highly individualized instruction for young children with disabilities or suspected delays.
- [Understanding and Managing Children’s Behaviors: Individual Support Plans \(ISP\)](#) this ECLKC resource offers strategies, resources, and a process for developing an ISP.
- [Developing a Neutralizing Routine](#) is a resource that supports a plan for how to address challenging behavior when it occurs to ensure responses to the behavior does not escalate it and aims to neutralize the effects of implicit bias on decision making.
- [Social Emotional Learning](#) is a collection of resources on the ECLKC such as webinars and 15-minute in service suites. Social and emotional learning begins with positive relationships, supportive learning environments, actively teaching social emotional skills, and understanding behavior including challenging behavior.

STRATEGY 6. Infant and early childhood mental health consultation (IECMHC) is a prevention-based approach. Mental health consultants work with Head Start leaders, staff, and families to support children’s healthy social and emotional development. Grant recipients have shared that it can be challenging to obtain mental health consultants, particularly in rural areas.

- Resources on the ECLKC to support programs to access mental health consultants include:
 - [Infant and Early Childhood Mental Health Consultation and Your Program](#) is a resource collection that includes information about how to choose and use an IECMH consultant, how to deliver effective IECMH consultation services.
 - The ECLKC offers [Tips for Offering Effective Mental Health Consultation in Ever-changing Contexts](#). This resource explores strategies and tips Head Start programs can use to build strong IECMH consultation services, including using technology as a substitute or supplement to in-person services.
- [Early care and education offices](#) are state or local entities that oversee early care and education programs and services. Programs can reach out to offices to identify potential partners for mental health consultation services.
- Resources to help identify mental health consultants developed by the Center of Excellence (CoE) for IECMHC include:
 - [Infant and Early Childhood Mental Health Consultation Hiring Guidance](#)
 - Infant and [Early Childhood Mental Health Consultation Workforce Development Plan Overview](#)
 - Virtual Community [interactive map of consultants](#) who self-identify as infant and early childhood mental health consultants

STRATEGY 7. To ensure mental health consultants engage in prevention-focused activities, programs must ensure the mental health consultant assists, at a minimum, with the requirements listed in 45 CFR §1302.45(b).

- Resources on the ECLKC on mental health consultation activities include:

- [Foundations of Infant and Early Childhood Mental Health Consultation](#) offers a detailed learning experience for mental health consultants and anyone who currently uses or wants to learn more about Infant and Early Childhood Mental Health Consultation. This professional development course accessible for free on the Individualized Professional Development Portfolio with continuing education units awarded for completion.
- The [Infant and Early Childhood Mental Health Consultation](#) section of the Health Managers Orientation Guide describes the role, services, and supports of a mental health consultant.
- The CoE for IECMHC has several resources to support mental health consultants to engage in prevention-focused activities, tailored to specific needs or early childhood populations, including:
 - [Racial Equity Toolkit](#) is a collection of videos, tools, and resources that can help consultation systems, leaders, and practitioners in building capacity for understanding race and systemic racism, bias, and culturally responsive practices.
 - [Equity in IECMHC: Looking back, looking forward](#) is a webinar that features a panelist of practitioners who are meaningfully advancing the work of equity in IECMHC, including an example how a community developed their own IECMH consultants
 - [Making a Difference: Maternal Depression](#): This video describes how maternal depression affects infants and toddlers, and how IECMH consultants can build the capacity of home visitors and early care and education staff to address maternal depression. This video includes highlights from a webinar presented on 3/27/18.
 - [Considerations for Providing Infant and Early Childhood Mental Health Consultation in Early Care and Education Settings to Support Children in Foster Care](#) is a brief that explains how infant and early childhood mental health consultation can mitigate the challenges children in foster care face, as well as the challenges that early childhood education teachers and other program staff face in providing the best possible care for them.
 - [Family Engagement: Explore IECMHC Strategies for Enhancing Family Engagement](#) webinar highlights the family engagement framework developed by the National Center on Parent, Family and Community Engagement. The webinar features examples of how IECMH consultants can support enhanced family engagement in early care and education programs.
 - [Beyond the 101: Providing IECMHC to Infant Toddler Caregivers](#) is an e-learning module that explores the needed shifts in thinking and perspective when providing IECMHC in settings serving primarily infants and toddlers.

ACCESS TO MENTAL HEALTH TREATMENT

STRATEGY 8. Programs must build community partnerships to facilitate access to additional mental health services as needed (45 CFR §§1302.45(a)(4), 1302.53(a)(2), 1302.80(c))

- Resources on the ECLKC to support community engagement include:

- The [Engaging Community Partners to Support Mental Health](#) section of the Health Manager Orientation Guide describes mental health specific considerations for community engagement to support mental health.
- [Strategies and Examples for Community Partnerships](#) is a resource that outlines how Head Start programs can work with community partners to support positive outcomes for children and families.
- Resources on the ECLKC relevant to culturally grounded mental health approaches include:
 - [Mental Health and Equity](#) webinars highlight the importance of understanding, affirming, and supporting nondominant ways of responding to mental health challenges and raise awareness about the effect of historical trauma on mental health and how to reduce barriers of bias.
 - [Head Start Programs, Indigenous Families, and Addiction](#) links to a video series that discusses the most important concepts and facts regarding addiction, explores the experience of many Indigenous people, and uncovers how to make substance use recovery support more responsive.
- Resources on the ECLKC that support access to mental health treatment information and referrals:
 - [Finding a Mental Health Provider for Children and Families in Your Early Head Start/Head Start Program](#) offers guidance in identifying mental health providers who best meet a family's needs, culture, and personality and ideas to overcome barriers.
 - [Facilitating a Referral for Mental Health Services for Children and their Families](#) is a brief that offers Head Start program staff guidance on special considerations for [making and supporting successful referrals](#).
- Other resources to support engagement with community mental health partners include:
 - [Certified Community Behavioral Health Clinics \(CCBHCs\)](#) are designed to ensure access to coordinated comprehensive behavioral health care. This SAMHSA resource outlines the history and background of CCBHCs, offers information about expansion grants and certification criteria, as well as technical assistance and resources. Visit the [CCBHC locator page](#) to view an interactive map and downloadable PDF list of CCBHCs by state.
 - Visión y Compromiso offers information on the roles of [promotores](#) and community health workers.
 - The [Find a HRSA Health Center](#) tool provides information about where HRSA-supported health centers are located in each community. These 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 partners 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 Administration for Children, Youth, and Families Children’s Bureau (CB) 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 and community partners 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.
- The [Child Welfare Capacity Building Center for States](#) is part of a collaborative funded by the CB 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 [Child Welfare Capacity Building Collaborative Liaisons](#) who serve as single points of contact for all Center activities within their regions.
- [Infant-Toddler Court Program – National Resource Center](#) grants change child welfare practices and improve the early developmental health and well-being of infants, toddlers, and their families by expanding research-based infant toddler court teams.
- Resources relevant to providing culturally grounded and responsive mental health services from SAMHSA include:
 - The [Improving Cultural Competence Treatment Intervention Protocol](#) guide helps professional care providers and administrators understand the role of culture in the delivery of mental health and substance use services. It describes cultural competence and discusses racial, ethnic, and cultural considerations.
 - [Racial Equity and Cultural Diversity Resource Collection](#) webpage includes a compilation of products and resources on cultural responsiveness, racial equity, and cultural diversity for the mental health workforce.
 - [Information on IECMHC and Tribal Nations](#) is a web page created to support programs, local governments, and tribal nations in creating better services and systems for their infants, toddlers and young children and their families through Infant and Early Childhood Mental Health Consultation program.