



January 19, 2023

Khari Garvin  
Director  
Office of Head Start  
330 C Street, S.W.  
Mailstop 4301  
Washington, DC 20201

The Honorable Jeff Hild  
Acting Assistant Secretary  
Administration for Children and Families  
U.S. Department of Health & Human Services  
330 C Street, S.W.  
Washington, DC 20201

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health & Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

RE: Supporting the Head Start Workforce and Consistent Quality Programming ([0970-AD01](#))

*Submitted electronically via regulations.gov.*

Dear Director Garvin, Secretary Hild, and Secretary Becerra:

NAMI appreciates the opportunity to submit comments in support of the proposed rule, "Supporting the Head Start Workforce and Consistent Quality Programming." NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization and is dedicated to building better lives for people affected by mental illness. Throughout our 40-year history, NAMI has fought for dignity, fairness, and equity for people with mental illness. We know that access to mental health care is essential for people to successfully manage their mental health condition, get on a path of recovery, and live healthy, fulfilling lives.

The Head Start program provides critical services to support the mental health and wellbeing of children and families. NAMI applauds the Administration for Children and Families' (ACF) efforts

to prioritize mental health throughout Head Start programs. NAMI believes the proposed changes to focus on mental health throughout staff benefits, program services, training, and consultations will improve staff retention and the quality of early care and education for Head Start families and we encourage ACF to finalize these provisions. As discussed below, NAMI recommends that multidisciplinary teams addressing mental health concerns prioritize cultural competency and humility, and include staff with lived experience. We recommend that mental health consultations take place in a timely manner, and also encourage ACF to ensure mental health services are accessible to families who are not English proficient.

## Background

### **Early Education, Identification, and Mental Health**

Early identification and effective treatment can be life-changing for children with mental health conditions because childhood and adolescence are critical periods for mental health, and there is strong evidence that links the mental, social, and emotional health of students to their academic achievement<sup>i</sup>. Unfortunately, far too often, there are long delays before families get the help they need. Programs like Head Start, which provides early education and other comprehensive services to low-income children from birth to age 5, play a vital role in providing or connecting children and families to needed mental health services. Head Start Programs offer a unique opportunity for early identification, prevention, and interventions that serve children where they already are. This is especially true for communities of color and other underserved communities. When we invest in children's mental health to make sure they can get the right care at the right time, we improve the lives of children, youth, and families.

A skilled early care and educator workforce is critical to supporting the emotional and developmental outcomes of young children. Yet to ensure that educators can provide high-quality education and care, we must also ensure that educators have a quality work environment where they feel supported. Unfortunately, early childhood educators face many challenges in their day-to-day work life, meeting increasing demands and expectations of their role. They also face challenges such as long work hours, low salaries, and limited opportunities for professional development. The consequences of these challenges are reflected in high levels of emotional exhaustion and work-related stress, high staff turnover, and poor educator mental health and wellbeing<sup>ii</sup>. Unfortunately, many early childhood educators delay or forgo seeking mental health care because they do not have the additional time, support, or resources to do so.

## NAMI Comments

### **Supporting the Mental Health and Wellness of the Head Start Workforce**

NAMI strongly supports the proposed rule's new emphasis on mental health throughout the Head Start program. We believe that integrating mental health more fully into every aspect of program services will benefit children, families, and program staff alike, creating a more sustainable program. Providing affordable behavioral health services, and expanding access to

mental health consultants, will help ensure that educators feel supported personally and professionally, which in turn helps the mental health needs of participating children and families.

NAMI supports the enhanced staff benefits that would prioritize the mental health care of staff by requiring short-term behavioral health services for full time staff for free or minimal cost. We have heard time and time again about the financial barriers to accessing care, especially for low-wage employees. Providing affordable access to mental health care is particularly important given the high prevalence of mental health conditions among front line workers<sup>iii</sup> and educators<sup>iv</sup>.

ACF requests comments on new requirements for brief unscheduled 'wellness breaks' for staff to support stress management, improve well-being, reduce turnover, and improve staff retention and quality of services. NAMI supports these requirements and believes that wellness breaks can help normalize the conversation around mental health and create a greater willingness to seek help if educators need more intensive supports. We do not have a position on the length or ideal frequency of these wellness breaks, but recommend that the proposal ensure that Head Start programs take educator input into account, and create an environment that is supportive of taking wellness breaks.

### **Improving Health and Mental Health Services within Head Start Programs**

NAMI agrees with the proposed changes to include mental health in the title of various programs, committees, and efforts to ensure that mental health is considered an integral part of health. We believe these changes will also destigmatize mental health for staff, children, and families.

As part of improving prevention and early intervention, NAMI supports the new requirements to add regular mental health screenings to align with the purpose and intent of the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Medicaid benefit. This is in line with NAMI's position<sup>v</sup> on mental health screening and will help ensure that any mental health concerns are caught early on when intervention is most effective. NAMI also appreciates the proposed changes that would clarify the role of Head Start in helping families navigate the mental health system. We often hear from our NAMI state organizations and local affiliates about how challenging navigating these systems can be, and how these challenges pose one of the major barriers to mental health care access.

NAMI appreciates changes in the proposal to clarify the role of the mental health consultant, reduce administrative barriers to obtain consultation services, incorporate the mental health consultant as part of a broader multidisciplinary team, and broaden the pool of eligible consultants. We believe that these changes will help teachers and families address any mental health concerns that might be interfering with a child's ability to learn and thrive in Head Start

programs. The proposed multidisciplinary teams would include the mental health consultant and other key staff such as a family service worker, teacher, disability service coordinator and health specialist. NAMI recommends that the proposal encourage these multidisciplinary teams to undergo cultural competency and humility training, and include staff with lived experience of mental health and/or substance use disorders. Since the multidisciplinary team is also responsible for coordinating supports for the mental health and wellbeing of staff, parents and families, having staff with lived experience can help facilitate identification of mental health needs, and increase the likelihood that individuals follow through with mental health care referrals.

We believe that the multidisciplinary teams should be culturally, racially and ethnically diverse to better meet the needs of a wide array of children and families, and encourage ACF to emphasize this to Head Start Programs. We appreciate that the proposed rule attempts to help increase diversity by allowing professionals who are in the process of obtaining licensure to apply for mental health consultation roles. Additionally, as we emphasize the importance of diversity, we also recognize the need for translation services and other supports to be available for families who are not English proficient.

In the proposal, ACF notes that experts from SAMHSA's Center of Excellence in Infant and Early Childhood Mental Health Consultation recommend that mental health consultation services should be provided at least every other week, and asks for feedback on the frequency of consultations services in Head Start. We acknowledge ACF's concern that size of individual programs and community may impact the frequency of consultation; however, we recommend that ACF create standards for Head Start that are consistent with SAMHSA's recommendation. It is important that families in Head Start programs receive consultation services in a timely manner, consistent with these established national recommendations.

Finally, NAMI supports the proposed changes that would include mental health discussions during newborn visits and expand access to mental health supports and referrals not only to pregnant women and new moms, but to additional partners and family members. We believe that targeting additional family members during this critical period has the potential to improve health outcomes for the entire family.

Thank you for the opportunity to provide comments on this important issue. NAMI is grateful for the many proposals within this rule to support the mental health needs of educators, children and families. We strongly believe these critical changes will improve prevention and early interventions that will reduce negative mental health outcomes down the road. If you have any questions or would like to discuss this issue, please do not hesitate to contact Jennifer Snow, NAMI National Director of Government Relations and Policy at [jsnow@nami.org](mailto:jsnow@nami.org).

Sincerely,



Hannah Wesolowski  
Chief Advocacy Officer  
NAMI

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<sup>i</sup> Damon E. Jones, Mark Greenberg, and Max Crowley, "Early Social-Emotional Functioning and Public Health: The Relationship Between Kindergarten Social Competence and Future Wellness," *American Journal of Public Health*, Vol. 105, No. 11, November 2015, <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2015.302630>.

<sup>ii</sup> Deborah Phillips, Lea J. E. Austin and Marcy Whitebook, "The Early Care and Education Workforce," *The Future of Children*, Vol. 26, No. 2, Fall 2016, <https://www.jstor.org/stable/43940585>; Pearl Avari, Amy R. Napoli, and Holly Hatton-Bowers, "Decreasing Burnout and Promoting Well-being among Early Childhood Educators," *Neb Guide G2333: Youth and Families, Healthy Living*, July 2021, <https://extensionpublications.unl.edu/assets/pdf/g2333.pdf>; Lara Corr *et al*, "Early Childhood Educator Mental Health: Performing the National Quality Standard," *Australasian Journal of Early Childhood*, Vol. 42, No. 4, December 1, 2017, <https://journals.sagepub.com/doi/10.23965/AJEC.42.4.11>.

<sup>iii</sup> Mental Health America, "The Mental Health of Healthcare Workers in Covid-19," 2020, <https://mhanational.org/mental-health-healthcare-workers-covid-19>.

<sup>iv</sup> Annemarie H. Hindman and Andres S. Bustamante, "Teacher Depression as a Dynamic Variable: Exploring the Nature and Predictors of Change Over the Head Start Year," *Journal of Applied Developmental Psychology*, Vol. 61, March-April 2019, <https://www.sciencedirect.com/science/article/abs/pii/S019339731830145X>.

<sup>v</sup> NAMI, "Mental Health Screening," <https://www.nami.org/Advocacy/Policy-Priorities/Improving-Health/Mental-Health-Screening>.