



ADMINISTRATION FOR  
**CHILDREN & FAMILIES**

Early Childhood Development | 330 C Street, S.W., Washington, DC 20201  
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June 14, 2022

**To:** State, territorial, tribal, and local policymakers and administrators of systems, agencies, and programs responsible for young children’s health and well-being, social-emotional development, and early learning.

**Subject:** Working to ensure that all young children and their caregivers have access to high-quality resources that equitably support social-emotional development and mental health.

Dear Colleagues:

The U.S. Departments of Health and Human Services (HHS) and Education (ED) are working together to ensure that all young children and their caregivers have access to high-quality resources that equitably support social-emotional development and mental health. Social-emotional development and mental health are foundational for family well-being and children’s healthy development and early learning, and are associated with positive long-term health, educational, and well-being outcomes.

Early childhood systems and programs play a vital role in supporting the social-emotional development and mental health of children and families. Early childhood systems and programs refers to the full range of systems and services that interact with young children and their families. This includes early care and education programs, two-generation programs, family support programs, and child welfare, social, health and behavioral health service systems. These support systems and services are particularly important when children and families experience contexts or situations that may overwhelm their ability to cope, including discrimination, the COVID-19 pandemic, food insecurity, housing instability, and exposure to child abuse and neglect, interpersonal and community violence, or other traumatic events. Protective factors such as strong, trusting relationships with adults and safe, stable family and community environments can help develop children’s ability to cope with stress and promote healthy child development. A comprehensive, equitable, and culturally informed early childhood system is integral to support child, family, and community health and well-being.

HHS and ED believe that early childhood systems should work collaboratively to equip all early childhood professionals (i.e., early educators, health providers, and family-support providers) with the tools to support and promote the social-emotional development and mental health of young children and their families. State and local policymakers and administrators of child and family-serving systems, agencies, and programs should ensure equitable access to a continuum of social-

emotional and mental health supports and services for all children. Systems that serve young children and their families should work to address family economic insecurity, barriers to preventive care, and implementation of evidence-based interventions and services. These systems should also address the needs of children and families of color in underserved communities,<sup>1</sup> children and families whose first language is not English, children who have experienced maltreatment, children with developmental delays and disabilities, children who experience homelessness, and families experiencing poverty.

In service of the above goals, HHS and ED developed four recommendations to complement the October 2021 ED report on [Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs](#). This 2021 report identified seven recommendations to increase the capacity of states, districts, schools, programs, and institutions of higher education to provide social, emotional, and behavioral health support and improve outcomes for children and students. The ED report was developed to assist a wide range of school- or program-based mental health support across early childhood, K-12 schools, and higher education settings. In this letter we focus on the application of a targeted set of recommendations to the systems and services that work together to meet the needs of young children from the prenatal period through age 5 and their families. The four recommendations with suggested action steps are:

1. Implement evidence-based practices that support positive social-emotional development and mental health for all children and wellness for every caregiver.
2. Prioritize workforce wellness and enhance workforce capacity to identify and respond to children's and families' social-emotional and mental health needs.
3. Leverage policy and funding to increase access to social-emotional and mental health support and reduce barriers to access.
4. Use data to promote equitable implementation and outcomes.

The joint HHS-ED recommendations included in this letter are intended to set a vision for stronger collaboration and coordination across early childhood systems and programs; raise awareness of the importance of social-emotional development and mental health for young children; encourage early childhood programs and other services and systems that interact with young children and their families and caregivers to prioritize access to the full continuum of social-emotional and mental health supports and services; and provide resources, guidance, and recommendations on approaches that communities, states, tribes, and territories can use to promote and support young children's social-emotional development and mental health.

Thank you for your commitment to serving young children and families.

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<sup>1</sup> Based on Executive Order 13985: The term "underserved communities" refers to populations sharing a particular characteristic, as well as geographic communities, that have been systematically denied a full opportunity to participate in aspects of economic, social, and civic life. See: <https://www.federalregister.gov/documents/2021/01/25/2021-01753/advancing-racial-equity-and-support-for-underserved-communities-through-the-federal-government>

Sincerely,

/KH/

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Deputy Assistant Secretary for Early Childhood Development

Administration for Children and Families

U.S. Department of Health and Human Services

/KN/

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Deputy Assistant Secretary

Delegated the authority to perform the functions and duties of the

Assistant Secretary for the Office of Special Education and Rehabilitative Services

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**RECOMMENDATION 1: Implement evidence-based practices that support positive social-emotional development and mental health for all children and wellness for every caregiver.**

Universal promotion and prevention strategies help support the development of positive social-emotional skills and mental health in young children. Universal supports may include access to preventive care, health and developmental screenings, and enriching early learning activities in early childhood care and education settings that build developmentally appropriate skills. Some children and families may need additional supports or tailored early interventions to strengthen social-emotional skills, including those delivered at home and focused on the early parent-child relationship.

**Provide access to preventive care for all children.** Preventive health care services enable providers to promote children’s well-being, including physical and mental health, and may prevent disease later in life. Regular, consistent preventive care can help providers work with families to identify concerns early on, provide effective interventions, and reduce the likelihood of negative health outcomes ([CDC, 2014](#), [Office of the Surgeon General, 2021](#)). Prevention efforts can also promote protective factors by providing parent support and supporting early relational health, early literacy, and universal social-emotional development.

*Action Steps:*

- Invest in systems and approaches that increase access to preventive, integrated services. For example, this [roadmap](#) provides strategies and recommendations to increase collaboration among the Title V Maternal and Child Health Block Grant, home visiting, and early childhood systems within states and jurisdictions. Key strategies include having a shared vision of an integrated early childhood system, [aligning funding opportunities](#), supporting cross-system trainings to build collaboration, improving family engagement, and engaging the community in systems-building efforts.
- Ensure early childhood systems screen for health insurance status and connect children and families to primary preventive care in a [medical home](#).
- Amplify whole-family health and mental health promotion supports and preventive interventions. Support caregiver mental health and connect parents to behavioral health services and supports.
- Build the capacity of pediatric providers to support children with behavioral health needs and connect families to the necessary resources to support parental and caregiver behavioral health. For example, the [Pediatric Mental Health Care Access](#) program funds state and regional networks of pediatric mental health care teams to provide behavioral health focused telehealth consultation, training, resources, and referrals to pediatric primary care providers.

**Examples of Integrating Services**  
Home visiting programs can consider [coordinating and co-locating](#) with pediatric primary care providers to promote child health and well-being. [Nutrition and health services](#) for young children and families can be coordinated across Head Start; Women, Infants, and Children program (WIC); child care; and food programs.

[Fostering Social and Emotional Health through Pediatric Primary Care](#) describes evidence-based programs that could be applied in pediatric primary care settings to support parents in fostering their child’s social-emotional development

**Conduct routine and comprehensive screening to identify, and respond to, children with social-emotional, mental health, or developmental needs.** Screening can be conducted and coordinated across primary care, early childhood care and education, school, home visiting, or community-based settings.

*Action Steps:*

- Review and assess policies around [developmental screening](#) to ensure that screening for mental health and social-emotional needs are included as part of regular, universal developmental screening. These recommendations are consistent with goals and objectives outlined in [Healthy People 2030](#).
  - Screen for children’s mental health, caregiver mental health, early relational health, and social determinants of health.
  - Ensure that providers across settings know what [screening tools](#) are available, have the training to administer those tools, and know who to refer to if concerns are identified on screening.
  - Ensure approaches meet the needs of all families and communities and are accessible, and developmentally, culturally and linguistically appropriate.
- Develop coordinated, family-centered intake and referral systems that meet whole-family needs.
- Implement the American Academy of Pediatrics’ national health promotion and prevention initiative Early Childhood [Bright Futures Guidelines](#) in primary care, in coordination with community partners. These guidelines provide theory-based and evidence-driven guidance for all preventive care screenings and well-child visits.
- Support the implementation of trauma-informed approaches and two-generation approaches.

In primary care settings, a child’s health care provider helps parents and caregivers to identify their child’s developmental milestones and monitor whether a child is developing on schedule. [Learn the Signs Act Early](#) helps families to track their child’s development and act early if they identify concerns.

**Program Highlight**  
ED’s interdisciplinary personnel preparation grant program, Erikson Institute in Chicago, Illinois, prepares Developmental Therapy (DT) and Social Worker-Infant Early Childhood Mental Health (SW-IECMH) providers to engage in interdisciplinary, evidence-based practices to meet the needs of infants and toddlers with disabilities and their families. This program provides interprofessional training to DT and SW-IECMH scholars, so they gain competencies in child development; early intervention (EI); interprofessional, trauma-focused EI; and developmentally informed, relationship-based

**Implement the full continuum of evidence-based social-emotional supports to equitably meet the needs of all young children.**

*Action Steps:*

- Support the implementation and dissemination of evidence-based practices. For example, [Infant and Early Childhood Mental Health Consultation](#) and the [Pyramid Model](#) are evidence-based practices that support young children’s social-emotional and mental health.
- Support early childhood systems in accessing necessary organizational resources, personnel, and administrative supports.
  - Leverage and incentivize high-quality, [responsive environments](#).

- Work across sectors to build capacity of mental health providers that can support the early childhood system, deliver mental health promotion, and provide more intensive interventions as necessary.
- Provide implementation supports to enable success and sustainability. For example, this [Resource Guide for Developing Integrated Strategies to Support the Social Emotional Wellness of Children](#) from the Administration for Children and Families’ (ACF) Office of Child Care describes key implementation strategies for implementing and delivering evidence-based programs and initiatives.
- Include social-emotional development in early childhood care and education [quality standards](#).
- Assess and evaluate the implementation of evidence-based models across contexts and populations. Strengthen the evidence base of emerging and innovative practices and practice-informed, culturally driven interventions.

**Support caregiver and family wellness.**

Young children’s mental health is greatly influenced by their environments and relationships with adults ([National Council on the Developing Child, 2010](#)). Caregivers’ own mental health shapes their ability to engage in nurturing interactions and use developmentally appropriate practices (Smith & Granja, 2021). Environmental and contextual factors also impact the mental health of caregivers and children.

*Action Steps:*

- Enhance access to [two-generation approaches](#) like Head Start, [home visiting](#), and [Project LAUNCH](#) that address the needs of parents and children together and build family well-being.
- Prioritize caregiver and family wellness, including support for caregiver mental health and prevention of abuse and neglect. Peer support programs can help to connect families through shared experience. The Children’s Bureau within ACF developed a [Prevention Resource Guide](#) that includes tip sheets and other information on promoting protective factors and supporting parents and caregivers.
- Promote access to [social and economic supports for families](#).
- Develop policies and funding to support [access to child care](#).
- Raise up parent and caregiver voices to ensure family-centered approaches. Develop parent leadership opportunities at planning and policymaking tables, including in all aspects of research, program development, and evaluation. Enhance access to peer supports.

**RECOMMENDATION 2: Prioritize workforce wellness and enhance workforce capacity to identify and respond to children’s and families’ social-emotional and mental health needs.**

The early childhood workforce includes a range of professionals that work together to support children and families, including early childhood educators, early interventionists, home visitors, health care providers, mental health specialists, child welfare providers, and family support professionals. There is a severe workforce shortage of providers equipped to support young children’s mental health.<sup>2</sup>

**Support and promote workforce well-being.**

A healthy, well-compensated, and supported early childhood workforce is critical to ensuring the successful implementation of evidence-based mental health promotion strategies and subsequent health and well-being outcomes for children and families. Research has shown that quality in early childhood education is associated with staff psychological well-being and positive organizational climate.

*Action Steps:*

- Assess workforce well-being. For example, Head Start [recommends](#) that programs periodically assess strengths and needs of staff by gathering data directly from both current and prospective staff. Programs can also create a [Staff Wellness Action Plan](#) that gathers information from staff about program strengths and needs around staff wellness.
- Support a living wage for the early childhood workforce and increase access to health benefits and paid family leave. Head Start provides [recommendations for programs](#) to recruit, train, and retain qualified staff with staffing schedules and benefits that support educator well-being, the creation of a culture of belonging, highlighting what drives staff motivation, and collaborating with community partners to enrich the early care and education workforce.
- Support and incentivize the development and implementation of wellness programming for the early childhood workforce.
  - Promote habits of connection and create and normalize habits of physical and mental wellness. For example, programs can ensure staff have a dedicated space to take breaks and eat meals during the day, increase peer-to-peer learning opportunities, or encourage staff to incorporate physical activity and healthy options into daily work routines.
  - Reflective supervision and mental health consultation are supports that can bolster well-being and provider capacity.
- Provide [organizational resources](#) to enable the early childhood workforce to be effective. Facilities should be well-maintained and in good condition.
  - In schools and early childhood education settings, organizational resources are critical to meet the needs of young children. This includes appropriate

**Example of Workforce Support**  
As part of their [enhanced home visiting](#), Project LAUNCH supports home visitors through reflective supervision and case consultation and provides training on the social-emotional well-being and behavioral health of young children and families.

<sup>2</sup> White House Fact Sheet. (2022). <https://www.whitehouse.gov/briefing-room/statements-releases/2022/03/01/fact-sheet-president-biden-to-announce-strategy-to-address-our-national-mental-health-crisis-as-part-of-unity-agenda-in-his-first-state-of-the-union/> and Child Trends, (2021). <https://www.childtrends.org/publications/a-national-agenda-for-childrens-mental-health>

compensation, adequate professional development, sufficient staff capacity, and classroom environments that are safe, warm, inviting, and culturally appropriate. Absent these organizational resources, educators may experience elevated levels of work-related stress that lead to burnout and attrition.

**Invest in workforce preparation and capacity building across the early childhood systems.**

Workforce supports that can bolster the capacity to support and promote children’s social-emotional well-being and mental health include high-quality pre-service preparation, in-service professional development, coaching, and supervision. Workforce capacity building should be multifaceted and cross-sector, inclusive of education, health and mental health, and social services.

*Action Steps:*

- Support equitable access to educational and preparation programs through connections with local institutions of higher education (community colleges, 4-year colleges and universities), including minority serving institutions.
- Recruit and support workers from underserved communities.
- Support the development of training and technical assistance and facilitate access to these professional development opportunities.
  - Ensure a sufficient supply of experts throughout the state that families and providers can call on for support.
- Increase the diversity of the early childhood workforce so the workforce is representative of the children and families served by the early childhood system.
- Support the full range of providers across the early childhood workforce who can respond and support mental health (i.e., pediatricians and pediatric health providers, early childhood educators, child care providers, home visitors, mental health consultants, child welfare providers, behavior specialists, etc.).
- Encourage data and information sharing across systems and through multidisciplinary teams as allowable and work with technical assistance centers to determine what, whether and how data may be shared under applicable laws. For example, child welfare providers can help identify the social-emotional and mental health needs of young children involved with the child welfare system and refer for specialized services as appropriate. Mental health consultants can support early childhood providers across settings to increase access to preventive social-emotional and mental health services. [Medicaid](#) and [CHIP](#) programs can be used to cover and pay for mental health and substance use services.

**Program Highlight**

[New Hampshire’s State Personnel Development Grant \(SPDG\)](#) focuses on improving social-emotional outcomes for preschool children with disabilities through the implementation of the Pyramid Model (PM) framework. New Hampshire’s efforts foster the development of state and local infrastructure to implement the PM, including a master cadre of PM trainers and coaches, and provide a continuum of supports to ensure effective workforce development through preservice programs in institutions of higher education (IHEs). Granite State College and Plymouth State University have been engaged in embedding the PM Framework into their preservice early childhood teacher preparation programs since 2019. Their work prepares preservice teachers with the knowledge and skills needed to enter the workforce prepared to improve the social emotional outcomes of young children ages birth to 5 years old, including those with disabilities.



### **Federally funded technical assistance centers and supports**

These centers provide technical assistance to grantees or other entities. There are also a number of resources and other tools available on the websites for free to everyone. Visit the website for more information.

- [Center of Excellence for Infant and Early Childhood Mental Health Consultation](#)
- [Center to Improve Social and Emotional Learning and School Safety](#)
- [Early Childhood Technical Assistance Center](#)
- [National Center on Early Childhood Development, Teaching, and Learning](#)
- [National Center on Early Childhood Quality Assurance](#)
- [National Center on Health, Behavioral Health, and Safety](#)
- [National Center for Pyramid Model Innovations](#)
- [National Child Welfare Workforce Institute](#)
- [National Training and Technical Assistance Center for Child, Youth, and Family Mental Health](#)
- [Quality Improvement Center on Workforce Development](#)

**RECOMMENDATION 3: Leverage policy and funding to increase access to social-emotional and mental health support and reduce barriers to access.**

Children and families currently face barriers to accessing mental health supports, including complicated and burdensome systems, limited supply of qualified mental health providers, and stigma that prevents families from seeking services. State, territorial, tribal, and local policymakers and administrators of systems, agencies, and programs can leverage policy and funding to promote wellness and support families in meeting their social-emotional and mental health needs.

*Action Steps:*

- Increase understanding of, and appreciation for, mental health and mental health challenges, including the use of appropriate language in communications and messaging.
  - Raise up family and community voices to identify solutions that will improve access to quality mental health care and strengthen family partnerships. Create and highlight opportunities for parent leadership.
  - Access and promote free resources to families and the workforce.
- Advance coordinated intake and referral systems that include mental health screening and supports.
  - For example, family resource centers, centralized access points, navigation services, and universal home visiting can help families get connected to services.
- Integrate mental health services into non-stigmatized settings such as primary care, early childhood education, family resource centers, and other community-based settings that families go to for support.
- Build capacity and resources to communicate with families for whom English is not their first language.
- Examine existing policies that can contribute to or be harmful to social-emotional and mental health.
  - Implement policies to support inclusion and implementation of effective and evidence-based social-emotional and mental health practices. Integrate trauma-informed care, community-based prevention, and strengths-based approaches into programs.
  - Implement policies that address sources of stress for young children and families, including those that address poverty and basic needs and promote economic well-being. Two-generation programs, wraparound care, peer support programs, and access to family-centered substance use treatment and mental health services can help to meet family needs.
  - Evaluate policies that may lead to harm for children and their families. For example, removal from a parent and placement in foster care can be traumatic for both the child and parent. States and localities can review policies to ensure that family separation is reserved for situations necessary to protect the child’s safety and limited in length to reduce further damage to the family’s well-being.
- Leverage existing funding that support social-emotional mental health and expand funding options for social-emotional and mental health services. For example, this [guide](#) highlights

Hub models of [coordinated service](#) emphasize family-focused service coordination and reduce barriers to access for families. Hub models can take a “no wrong door” approach with streamlined intake processes, co-location of partners, and joint case management. Some hubs also include a case manager or navigator to connect families directly to partner organizations.

opportunities to support states in leveraging the Title V Maternal and Child Health Services Block Grant and Medicaid to promote social-emotional development.

- Work across sectors to lower costs for mental health care.
  - Use funding to build workforce capacity to support social-emotional well-being and mental health.
  - Develop and implement policies that provide sufficient reimbursement for dyadic interventions and other evidence-based interventions.
  - Develop policies that support reimbursement to providers for preventive care in the absence of formal mental health diagnoses. For example, the Family First Prevention Services Act provides public child welfare agencies the option to receive reimbursement under the Title IV-E Prevention Services for eligible children and families to access evidence-based treatment and prevention programs in mental health and substance use disorder, and in-home parenting supports to support families and prevent unnecessary entry into foster care.
- Promote opportunities to coordinate, align, and leverage funding from the American Rescue Plan Act of 2021 and other COVID-19 relief, including for Long COVID, to advance early childhood social-emotional and mental health.
    - Layer and braid funds, to the extent allowable under applicable laws, to build a local or statewide (or territory-wide or tribal nationwide) infrastructure of social-emotional and mental health supports.

The Family First Prevention Services Act's [Toolkit for States](#) aims to help states develop a plan for Title IV-E prevention services and plan a comprehensive array of services to prevent foster care placement by braiding Title IV-E prevention services reimbursement with Medicaid and other funding.

American Rescue Plan Act funds can be used to:

- Hire mental health providers in [Child Care and Development Fund programs](#)
- Address the [early childhood workforce shortage](#)
- Expand [Pediatric Mental Health Care Access](#)

## RECOMMENDATION 4: Use data to promote equitable implementation and outcomes.

High-quality data are critical to help early childhood systems, states, providers, and programs make decisions that will ensure families receive needed services and engage in data-driven policy decision making. An integrated data system can also help to ensure that programs and services are increasing equity and equitable distribution and can identify opportunities to reduce systemic barriers that families have faced in accessing high-quality services that promote social-emotional well-being and mental health.

### Action Steps:

- Build the policies and systems that support an early childhood system-wide data infrastructure to collect and review program-, provider-, and system-level data around positive social-emotional and mental health metrics.
  - Facilitate community-driven engagement to support community, family, and provider leadership and voice in data system development. Use family engagement tools and platforms that generate data.
  - Develop and enhance [integrated data systems and data infrastructure](#).
  - Develop and promote policies that support data interoperability.
  - Share data (when allowable) across systems. ACF has developed a [Confidentiality Toolkit](#) which provides resources for sharing data across HHS-funded programs. ED has developed a [crosswalk](#) that identifies confidentiality requirements under the Individuals with Disabilities Education Act (IDEA) and the Family Educational Rights and Privacy Act (FERPA).
- Use existing statewide or local data, including publicly available data sets such as the [National Survey of Children's Health](#) and the [National Survey of Child and Adolescent Well-Being](#), to explore trends in social-emotional development and drive future data collection efforts. [Healthy People 2030](#) also includes population data that can be useful. Engage parents, early childhood leaders and workers, and other key stakeholders in these discussions.
  - Promote community-level data such as the [Social Vulnerability Index](#) to guide community capacity building efforts and meet community needs.
- Enhance data linkages and technology to support integrated, family-centered systems. For example, universal screening tied to an integrated data system could increase family-centered service linkage. In Los Angeles County, the Department of Children and Family Services developed [an electronic referral system](#) to increase the Head Start enrollment of children in foster care.
- Support early childhood education programs in using data to document the needs and progress of children, including the identification of key measures and goals to inform decisions and track progress.
- Collect and analyze data on relevant indicators and disaggregate data to measure equity. Key indicators to advance equity include data that can answer questions related to access to and quality of services, the experience children and families have in services, and outcomes

#### Example of Data Tool

The [Well-Visit Planner](#) is a research-based online tool and data dashboard that helps parents to prioritize their needs and concerns in advance of well visits, so providers can customize the visits to family needs. The tool also provides families with information and resources tailored to their priorities and needs. Data from the Well Visit Planner can be used with other professionals who work with families to provide targeted supports. The Well-Visit Planner is available for 4, 6, 9, 12, 15, and 18-month and 2, 3, 4, 5, and 6-year well visits.

for young children. Analysis of the data may suggest possible root causes and structural or social determinants of inequities, and the inappropriate or discriminatory use of discipline in early childhood education programs and inclusion indicators within early childhood care and education.

- Use data to promote accountability and continuous quality improvement.
  - The [Center for IDEA Early Childhood Data Systems](#) as well the U.S. Department of Education provide [resources](#) for building integrated data systems and using data for quality improvement while protecting privacy as required by the IDEA and FERPA.