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INFORMATION MEMORANDUM

TO: Tribal Maternal, Infant, and Early Childhood Home Visiting program grant recipients

SUBJECT: Opportunities for the Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program to Promote the Mental Health and Well-being of Children, Families, and the Tribal MIECHV Workforce

REFERENCES: The Tribal MIECHV program, funded by a six percent legislative set-aside to the overall MIECHV appropriation authorized by Section 511 of Title V of the Social Security Act (42 U.S.C. § 711(h)(2)), provides grants to Tribal entities to develop, implement, and evaluate home visiting programs for pregnant women and families with children from birth to kindergarten entry in American Indian and Alaska Native (AI/AN) communities.

Purpose: The purpose of this Information Memorandum (IM) is to provide recommendations to Tribal MIECHV grant recipients about key strategies for promoting the mental health and well-being of children, families, and the Tribal MIECHV workforce. The Tribal MIECHV Notices of Funding Opportunity indicate that grant recipients must support the mental health of children and families, including through the provision of infant and early childhood mental health consultation.ⁱ This IM identifies specific and actionable activities that recipients can undertake to support mental health and clarifies allowable uses of grant funds for these purposes.

Background: The MIECHV program is administered by the Health Resources and Services Administration (HRSA) in partnership with the Administration for Children and Families (ACF). States and jurisdictions receive funds to deliver evidence-based home visiting services to communities. Several awardees serve Tribal populations within their state MIECHV programs; for example, in fiscal year 2023, eight state MIECHV programs were serving Native families. The Tribal MIECHV program is funded through a six percent legislative set-aside to the overall MIECHV Program. Tribal MIECHV provides grants to Tribal entities to implement high-quality, culturally, and linguistically appropriate, evidence-based home visiting programs in AI/AN communities to support the healthy development, resilience, and well-being of AI/AN children and families. Home visiting staff honor the strengths and traditions of families and recognize struggles – including experiences of generational and [historical trauma](#) and discrimination – that have harmed and resulted in mental health and substance use challenges for many AI/AN families.

The COVID-19 pandemic impacted AI/AN communities disproportionately in terms of economic hardship, employment disruption, death, and social isolation,ⁱⁱ resulting in increased rates of emotional distress and behavioral health challenges.ⁱⁱⁱ These adversities were experienced by families and home visiting staff alike. When parents and other caregivers of young children are struggling with behavioral health challenges,^{iv} it can interfere with the ability to provide nurturing and responsive caregiving, and the risks of developmental and behavioral problems and child maltreatment increase.

At the same time, AI/AN communities have cultural and spiritual teachings, traditions, and wisdom that guide and support families in healing, reconnecting, and replenishing resilience. Home visitors play an important role as partners with families in this process; however, the challenging nature of this work necessitates attention to home visitor well-being, too. When home visitors are given the resources and support to be well themselves, they are in a better position to help families achieve home visiting goals.

The trusted relationship that home visitors have with families positions them well to provide emotional and concrete supports and linkages to behavioral health services. Helping parents to address behavioral health needs not only strengthens individual wellness but is deeply interconnected with healthy child development and family well-being. Yet home visitors may require additional training to feel comfortable and confident talking with families about their behavioral health needs – and exploring options for additional support – while caring for their own well-being. Tribal MIECHV grant funds can be used for many activities that promote the mental, emotional, and spiritual well-being of families and the home visiting workforce, including infant and early childhood mental health consultation, which can support the reflective capacities of home visitors.

Guidance: The Administration for Children and Families (ACF) encourages Tribal MIECHV grant recipients to support the mental, emotional, and spiritual well-being of children, families, and the workforce by implementing some or all of the recommendations provided here. If funds have not been budgeted previously for mental health-related activities, you are encouraged to talk to your federal project officer about how best to incorporate these into your plans. In addition, Tribal MIECHV technical assistance providers can help support implementation of many activities.

Recommendations (described in detail below) include activities in three key areas:

- I. Mental health promotion** – for example, providing culturally affirming messaging and information about mental health, making optimal use of screenings and assessments to identify behavioral health needs, and training and resources for home visitors that increase capacity to promote mental, emotional, and spiritual wellness;
- II. Prevention and family strengthening services and supports** – for example, incorporating a parenting curriculum supplement to the selected evidence-based home visiting model, and implementation of infant and early childhood mental health consultation; and

III. Access to behavioral health treatment – for example, through partnerships with mental health and substance abuse providers that reduce barriers to care and create more coordinated and comprehensive early childhood systems.

The recommendations in the attachment that follows, and the examples in the Appendix, are organized to span an array of services and supports that are part of a comprehensive early childhood mental health system of care. Not all recommendations will be appropriate for each grant recipient. Specific mention of organizations or resources does not imply endorsement by ACF, HHS, or the U.S. government. Grant recipients can evaluate these recommendations in light of the strengths, resources, and highest priority needs experienced by the families and communities served. Implementation of new activities should include consideration of staff, family, and community partner input (as well as guidance from the federal project officer and technical assistance providers as needed).

/s/

Moushumi Beltangady
Federal Program Manager,
Tribal Maternal, Infant, and Early Childhood Home Visiting
Program

Attachment:

- Strategies and Opportunities for the Tribal MIECHV Program to Promote the Mental Health and Well-being of Children, Families, and the Tribal MIECHV Workforce

ATTACHMENT

Strategies and Opportunities for the Tribal MIECHV Program to Promote the Mental Health and Well-being of Children, Families, and the Tribal MIECHV Workforce

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I. INCREASE MENTAL HEALTH PROMOTION

STRATEGY 1. Provide information for families about parental well-being, children’s social and emotional development, child and family resilience, and the importance of early caregiving relationships.

As trusted partners with families, home visitors have the opportunity to provide information about mental health, promote activities that support healing and wellness, and offer resources for available services and supports. Home visitors can also be influential in reducing stigma or shame that parents and other caregivers may feel about seeking help for behavioral health issues and can underscore how this is a way that they can care for the well-being of their young children. Raising awareness about developmental milestones and early signs of delay or

disability in young children is also critical. Some activities to consider in order to strengthen messaging about mental health include:

- **Provide (and if necessary, develop) materials that help destigmatize mental health,** offering culturally grounded and affirming language and messages about mental, emotional, and spiritual well-being. Acknowledge impacts of historical and intergenerational trauma and identify and highlight cultural traditions and practices that foster healing and resilience.
- **Work with community partners to weave mental health promotion practices and messages into cultural activities for families.** Support cultural events that strengthen parental well-being, reduce isolation, and create opportunities for families to engage in traditional practices that honor children, share cultural knowledge and language, and provide opportunities for nurturing caregiver-child interactions.
- **Share resources that emphasize the interdependence of adult and child well-being.** For example, partner with the Tribal behavioral health agency or the [Association for Infant Mental Health](#) in your state (which may have resources that can be culturally adapted), and/or work with Tribal elders or healers who can share traditional teachings that highlight how attending to parental mental, emotional, and spiritual healing and well-being promotes the wellness of the next generation.
- **Disseminate materials and resources that support adult mental health and well-being.** For example, information about national resources for adults experiencing behavioral health challenges such as the [National Maternal Mental Health Hotline](#), [StrongHearts Native Helpline](#), [We R Native Crisis Text Line](#), [988 Suicide and Crisis Lifeline](#), and Substance Abuse and Mental Health Services Administration (SAMHSA)'s [Treatment Locator](#). (See [Appendix](#) for additional information). ACF also has a [webpage](#) dedicated to behavioral health information for tribes.
- **Increase access to information about children's social and emotional milestones and strategies for identifying and responding to developmental and behavioral concerns.** For example, share materials from the Center for Disease Control and Prevention (CDC)'s "[Learn the Signs. Act Early.](#)" initiative, and the [Birth to Five: Watch Me Thrive](#) resources to help families and early childhood professionals promote developmental monitoring and screening activities, track developmental milestones, and recognize signs of developmental concerns. Consider partnering with the Tribal^v or state [Act Early Ambassador](#) who can support efforts related to education, screening, and referral for developmental or behavioral concerns.
- **Provide information to help identify and support young children with or at risk for disabilities.** Many states have an [aRPy Ambassador](#)^{vi} who can support families of young children who have or are at risk for developmental delays or disabilities. The aRPy Ambassador can provide information to Tribal home visiting staff on implementing best practices in the care for children with disabilities (e.g., the [Division for Early Childhood \(DEC\) Recommended Practices \(RPs\)](#)). These organizations and individuals may need to partner with Tribal MIECHV grant recipients to adapt materials to incorporate cultural wisdom and practices.

For additional resources related to raising awareness and reducing stigma, see the [Appendix](#). For further discussion of behavioral health challenges facing Tribal communities and examples of

ways that Tribal MIECHV home visitors partner with families in understanding and addressing these challenges, see the [Navigating Seasons of Change](#) issue brief.

STRATEGY 2. Increase effective implementation of evidence-based social-emotional and behavioral health screening.

Tribal MIECHV requires screenings and observational assessments, including those involving parental mental health challenges and parent child interactions. Grant recipients sometimes report that this is a challenge, which is not surprising given that home visitors also report that mental health topics are among the most difficult to discuss with families.^{vii} Efforts to support screening administration can be impactful for staff and families (this might include, for example, increasing training and support in use of tools). Offering supports to home visitors related to evidence-based screening and assessment can help to increase accurate identification of behavioral health issues, support collaborative conversations with families about their challenges and how best to address them, and help home visitors identify new resources to promote healing and health. Home visiting programs should consider the following:

- **Conduct an assessment of current screening practices to identify where additional supports could strengthen implementation and outcomes.** Review current screening practices and protocols to identify: (1) any gaps in screening related to behavioral health that are creating missed opportunities to support family well-being (e.g., children’s social and emotional development, parental depression, anxiety, and stress, parenting behaviors and parent/child interactions, domestic violence, and/or substance misuse); (2) any domains in which home visitors are currently screening for behavioral health but screening rates are low; (3) any additional training needed to increase home visitor comfort and confidence in administering, interpreting, and sharing results of screens and assessments with families; and (4) adaptations to make screening and assessment protocols more culturally-aligned. Grant recipients should gather input from home visitors, families, and cultural advisors (when appropriate) to get a comprehensive picture of where more support or adaptations to the process, protocols, or screening tools is needed.
- **Partner with individuals who can support the home visiting team to strengthen behavioral health or parent child interaction and attachment screening practices.** Examples include an infant and early childhood mental health consultant, professionals trained in the specific screening tools that are creating a challenge (e.g., someone recommended by the developer of the screening instrument who has knowledge of your Tribal community), and/or your technical assistance specialist. Also consider partnering with cultural advisors, Tribal elders, or Tribal healers who practice traditions rooted in indigenous knowledge of mental health and parenting practices. Examples of activities to support screening include developing new resources (such as talking points, self-reflection tools, or referral lists); looking at the alignment (or misalignment) between screening instruments and traditional wisdom and culturally appropriate language related to child development and behavioral health; and/or activities such as role playing in groups or in supervision to address staff concerns or questions related to the purpose of screening, sharing screening results, and follow-up when concerns are identified.
- **As needed, strengthen partnerships with other local early childhood and family-serving programs that offer screening, referrals, and support.** Examples include

primary care providers, community social service agencies that offer screening and referral for families with young children, Individuals with Disabilities Education Act (IDEA)^{iv} Part [B](#) and [C](#) programs, and/or your [Tribal behavioral health agency](#). Through these partnerships, grant recipients can build relationships that will facilitate successful referrals and coordination related to screening and follow-up services for families, including helping partners to be better prepared to offer culturally respectful services for families, improve service connections, and reduce duplication of services.

For an example of using a mental health consultant to support screening practices in a Tribal MIECHV program, see the [Navigating Seasons of Change](#) issue brief.

STRATEGY 3. Provide training and professional development that builds home visiting program staff capacity to promote mental health and wellness among families, and attend to their own mental, emotional, and spiritual well-being.

Home visitors are often a source of support and connection for families, many of whom are struggling with considerable challenges, including historical and intergenerational trauma, dislocation and family separation, and discrimination. Home visitors frequently encounter parents and other caregivers experiencing behavioral health issues but may not have sufficient training to confidently identify, talk about, and help address these issues. Families may be fearful, wary, or otherwise reluctant to discuss or seek support for behavioral health concerns. Since many home visitors enter the profession without prior mental health work experience or training, providing professional development for staff on behavioral health topics is critical.^{viii} It is equally important to support staff in processing their own natural reactions to this intense work and care for their own well-being. Integrating practices like high-quality and ongoing [reflective supervision](#), and activities to prevent secondary traumatic stress, are essential to retaining a healthy workforce and preventing burnout and turnover. The following activities are intended to support home visiting programs in this area:

- **Identify additional training needed to increase home visitors' knowledge of behavioral health issues.** Talk with or survey staff about behavioral health (as well as related parenting and child development) topics that create the biggest challenges for them in working with families. Identify and prioritize areas for additional training and support.
- **Consider partnerships to support professional development for staff.** Two potential sources of behavioral health-related training that home visiting grant recipients can request free of charge are [SAMHSA's Tribal Training and Technical Assistance Center](#) (e.g., Mental Health First Aid and Applied Suicide Intervention Skills Training), and the [National Native Children's Trauma Center](#), which offers foundational trainings on trauma, prevention, and healing, including trainings on secondary traumatic stress, self-care, and fostering resilience. Other potential partners who may be able to identify mental health and trauma-focused training and professional development opportunities for home visiting staff include state organizations that offer training on infant mental health, [Project LAUNCH](#), [Infant and Early Childhood Mental Health](#), [National Child Traumatic Stress Initiative \(NCTSI\)](#) and/or Preschool Development Grant Birth to 5 grants recipients.
- **Provide training focused on supporting effective communication with families.** Some home visiting staff may benefit from training curricula designed to enhance skills

for communicating with families, particularly about behavioral health needs, and in ways that support home visitors' own reflective capacities and well-being. Examples of approaches used in some Tribal communities and home visiting programs include [Brazelton Touchpoints](#) training, [motivational interviewing](#), and [Facilitating Attuned Interactions \(FAN\)](#).

- **Assess the need for specialized training to become more skillful and comfortable working with families experiencing substance misuse.** With training, home visitors can be instrumental in helping families overcome stigma associated with substance misuse, increase social supports, find treatment options (particularly family-focused treatment options), and develop [strategies for parenting infants and young children who have been exposed to substances](#) – incorporating both emerging and traditional knowledge.
- **Consider scholarships for home visiting staff interested in deepening infant and early childhood mental health knowledge,** for example through obtaining infant or early childhood mental health certification. Home visiting programs may be able to offer trainings that help staff meet requirements for certification.
- **Conduct a review of program schedules, policies, and procedures to ensure that all home visiting staff are receiving regular and high quality reflective supervision.** Reflective supervision can provide critical support and safe space for home visitors to reflect on and manage their own emotional responses, especially when working with families experiencing trauma and other behavioral health challenges, but reflective supervision needs to be both high quality and implemented consistently.^{ix} This may require home visiting programs to invest in additional training and support for supervisors and staff.
- **If needed, obtain additional reflective supervision training for supervisors.** Programs may be able to access in-person or online training, mentoring, coaching, or communities of practice to support supervisor skills. Consider partnering with other Tribal MIECHV grant recipients to create a reflective supervision peer group to facilitate high quality practice and growth, and/or talk with technical assistance specialists about additional training and technical assistance options. Grant recipients may also wish to consider utilizing mental health consultants to offer training and ongoing support to supervisors or offer group reflective supervision for staff.
- **Share resources and implement strategies for preventing, assessing, and addressing secondary traumatic stress and practicing self-care,** such as the [National Child Traumatic Stress Network Fact Sheet on Secondary Traumatic Stress for Child Serving Professionals](#) and [Head Start webinar on staff wellness](#).

Additional discussion and examples of approaches to ensuring effective training and support for the well-being of the Tribal MIECHV workforce can be found in the issue brief [Purposefully Investing in the Tribal Home Visiting Workforce](#).

II. INCREASE PREVENTION AND FAMILY STRENGTHENING SERVICES AND SUPPORTS

STRATEGY 4. Help families access effective parenting programs by incorporating curriculum supplements to the selected evidence-based home visiting model.

Parenting curricula offer one way to support the well-being of families with less stigma than other mental health interventions and the benefit of social support and connection. Some parenting curricula are implemented universally, while others are designed for individuals who are at risk of or struggling with behavioral health or parenting challenges. Both variations can enhance parenting practices and resilience, offer new skills and perspectives, and provide peer support – particularly when they are designed or adapted to incorporate Indigenous practices and traditions. Tribal MIECHV funds can be used to incorporate an evidence-based or evidence-informed parenting curriculum as a supplement to an evidence-based home visiting model if it is a good cultural fit (please talk with your federal project officer about this possibility). Grant recipients are encouraged to consider the following approaches:

- **Train home visitors in implementation of an evidence-based parenting curriculum.** Training may also include providing ongoing support through coaching, fidelity monitoring, and supervision. For example, some Tribal MIECHV grantees have been trained in and implemented the [Fatherhood is Sacred, Motherhood is Sacred](#) parenting curriculum. [Mothers and Babies](#) is a preventive intervention for perinatal depression that has been adapted specifically for implementation in Tribal home visiting programs.
- **As an alternative to training home visiting staff to facilitate parenting curricula, partner with a mental health provider or expert trained in the parenting curriculum** to lead or co-facilitate parenting groups in partnership with your home visiting team. Possible partners to support this work include an infant and early childhood mental health consultant, Tribal behavioral health or family health care provider, or another staff or community member who meets qualifications set by the program developers to serve in the role.
- **Consider offering other group opportunities for parents and other caregivers to build social support and connections while sharing parenting wisdom and challenges.** Some examples include facilitated drop-in peer support and play groups, parenting discussion groups, or [parent cafes](#).

See the Tribal MIECHV issue brief [Precious Moments: Tribal Home Visiting Programs Support Families During Pregnancy and Postpartum](#) for examples of grant recipients implementing and adapting curricula to meet the needs of pregnant women and families, including those struggling with depression.

STRATEGY 5. Increase access to high-quality infant and early childhood mental health consultation (IECMHC).

Infant and early childhood mental health consultants can support home visiting programs in a number of ways, including training to augment the knowledge of home visiting staff, support addressing a family’s behavioral health challenges, help linking families with treatment, and/or support for home visitors’ own experiences of secondary trauma, burnout, and stress. However, programs may encounter difficulties identifying a consultant available to work with them, especially a consultant with knowledge of the local culture and community. Some potential activities to increase access to IECMHC include:

- **Partner with Indian Health Service behavioral health clinicians and/or behavioral health providers in tribes operating healthcare services under an Indian Self-Determination and Education Assistance Act (ISDEAA), 25 U.S.C. 5301 *et. seq.*, agreement**, particularly AI/AN providers, who either have IECMHC training or are interested in opportunities to develop this expertise. Clinicians working with SAMHSA-funded [Children’s Mental Health Initiative](#) or [Circles of Care](#) grants may also be interested in developing consultation skills and expertise.
- **Talk with interested clinicians about obtaining IECMHC training**; for example, through working with the SAMHSA-funded [National Center of Excellence for IECMHC](#) to develop a training plan (including using the free resources and technical assistance offered through the Center) or through facilitating connection with an AI/AN IECMH consultant, an IECMH consultant with expertise providing consultation within Tribal communities, and/or a consultant with expertise in consulting with home visiting programs willing to serve as a mentor to AI/AN trainees.
- **If located within a state with an existing statewide IECMHC system, connect with leaders to explore opportunities** to either identify a current consultant who can begin working with the home visiting program, or opportunities for a clinician within the Tribal community to participate in ongoing IECMHC training. It is also possible that non-clinicians from the Tribal community who have IECMH experience may be good candidates for consultation training and mentoring. Other potential avenues for finding consultants include through state organizations focused on infant mental health, or through partnerships with [Project LAUNCH](#) or [Infant and Early Childhood Mental Health](#) grants funded by SAMHSA – both of which include IECMHC as a component of service delivery.
- **For IECMH consultants coming into the community with limited cultural knowledge or experience**, identify a cultural guide or mentor who can help the consultant build cultural competency and support their development and readiness to work effectively with families and home visiting staff.

See [Appendix](#) for resources. For further discussion of how Tribal MIECHV grant recipients might utilize IECMHC to support families and the home visiting workforce, see the [Navigating Seasons of Change](#) issue brief.

III. INCREASE ACCESS TO BEHAVIORAL HEALTH TREATMENT

STRATEGY 6. Enhance cross-program collaboration to improve access to culturally appropriate behavioral health treatment services for children and families (including dyadic interventions for young children and primary caregivers).

Tribal MIECHV grant recipients are expected to collaborate with partners to develop and improve the early childhood system of supports for families. As such, grant recipients are encouraged to consider recommendations that strengthen working relationships with behavioral health providers – particularly AI/AN providers with training in culturally adapted infant and early childhood mental health and intergenerational treatment approaches – and contribute to developing a more culturally grounded, developmentally appropriate, and strengths-based system of mental health care. Specific activities to consider include:

- **Build or strengthen partnerships with local behavioral health providers, including [Indian Health Service](#) or Tribal healthcare [providers](#).** Ensure that these providers are aware of supports such as the training and teleconsultation services of the [IHS TeleBehavioral Health Center of Excellence \(TBHCE\)](#), the [TBHCE Indian Children’s Program](#)^x, and the [Pediatric Neurodevelopmental and Behavioral Health Consultation Clinic](#) which offers free consultation on a range of developmental and intellectual disorders.
- **Partner with local behavioral health providers to raise awareness about the behavioral health needs of families with young children,** including providers who are willing to get trained in infant and early childhood mental health treatment models. Examples of developmentally appropriate evidence-based models that have been adapted for use with Native American populations include “Honoring Children, Making Relatives” (an adaptation of Parent-Child Interaction Therapy), and “Honoring Children, Mending the Circle” (an adaptation of Trauma-focused Cognitive Behavioral Therapy).
- **Pursue opportunities for local behavioral health providers to become known and trusted by staff and families in the home visiting program.** For example, behavioral health providers could:
 - **Offer trainings for home visitors on behavioral health topics,** optimally with a focus on cultural and traditional understandings and ways of healing (e.g., trauma, perinatal depression, anxiety, and psychosis, suicide prevention, infant and early childhood mental health, substance use prevention, fetal alcohol spectrum disorders, opioid use disorder, neonatal abstinence syndrome, etc.).
 - **Lead workshops for families on behavioral health topics** (see above), especially incorporating traditional practices and wisdom into approaches to supporting parent-child attachment, maternal mental health, early childhood social and emotional development, etc.
 - **Partner to offer treatment services in the office of the home visiting program** (if applicable) or in another community-based program that is accessible and inviting to families (e.g., one day/week).
 - **Work with home visitors to create protocols for a warm hand-off when treatment referrals are needed** and families are receptive, which could include a joint meeting with a home visitor, behavioral health provider, and parent/family to create a bridge for the family from home visiting to treatment. In addition, checking in with families after a referral has been made to learn about their experiences can signal support and provide a place to talk further about any fears or concerns about seeking help.
 - **Work with home visitors to identify resources or funding to help overcome logistical barriers to behavioral health treatment for families,** such as transportation or child care. Explore telehealth options as another way to increase access for families.
- **Build or strengthen partnership with the Tribal child welfare program** to better meet the mental health needs of families participating in home visiting who are at risk for or experiencing child welfare involvement. If mental health supports for young families are currently lacking, partner to explore opportunities for training and technical assistance through organizations such as the [Center for Native Child and Family Resilience](#), whose mission includes partnering with Tribal communities to increase access to preventive and

holistic services for families experiencing trauma and involved with Tribal child welfare systems. Funding for preventive mental health activities (such as implementation of Positive Indian Parenting groups), may be available through the [Families First Prevention Services Act](#). (See [Appendix](#) for additional information).

- **For Tribal MIECHV grant recipients in a state with a HRSA-funded [Infant Toddler Court Program \(ITCP\)](#), consider partnering with the community or state coordinator** to support families participating in home visiting who are at risk for or experiencing child maltreatment. ITCP/Safe Babies community-based teams provide a wide range of services to families, including case management, access to resources, economic supports, family supports, and mental and physical health care. Home visitors can work with the ITCP community coordinator to access care for a family in need and/or support linkages to services for a child/family participating in an ITCP. Home visitors or program managers can also join the ITCP Active Community teams. States with ITCP grants are encouraged to partner with Tribes and Tribal and Urban Indian organizations in their work. The ITCP National Resource Center has partnered with the [National Indian Child Welfare Association](#) to provide technical assistance and is currently working with HRSA on adaptation of the approach for work in Tribal communities.
- **In Tribal communities with a (past or present) [Children’s Mental Health Initiative](#) or [Circles of Care](#) grant, ensure that Tribal MIECHV staff are working with community partners to elevate the needs and interests of families with young children** to help build a system of care that is culturally and developmentally appropriate to meet the needs of families participating in home visiting. Alternatively, Tribal MIECHV grant recipients might consider working with community partners to apply for a SAMHSA [Children’s Mental Health Initiative](#) or [Circles of Care grant](#) to further strengthen the mental health system of care.

APPENDIX: RESOURCES TO SUPPORT RECOMMENDATIONS

The Appendix includes a variety of resources that support the mental health and well-being of children, families, and the home visiting workforce, organized by the strategies listed in the information memorandum. The Appendix is by no means exhaustive but includes examples of best practices that are research- and/or evidence-based. Specific mention of organizations or resources does not imply endorsement by ACF, HHS, or the U.S. government. In addition, some resources are not designed for Tribal communities and will require consideration of whether and how they can be adapted to be culturally appropriate. ACF welcomes feedback on any additional tools or resources that would be beneficial to Tribal communities.

I. INCREASE MENTAL HEALTH PROMOTION

Strategy 1. Provide information for families about parental well-being, children’s social and emotional development, child and family resilience, and the importance of early caregiving relationships.

- [Stronghearts Native Helpline](#) 1-844-7NATIVE (762-8483) is a safe, anonymous, and confidential domestic and sexual violence helpline for AI/AN individuals, offering culturally appropriate support and advocacy. The Helpline is funded in part through a grant from the Administration on Children, Youth and Families’ Family and Youth Services Bureau.
- [The Native Crisis Text Line](#) connects those seeking support with a trained counselor by texting the word “NATIVE” to 741741. The Native Crisis Text line is led by We R Native, which is supported, in part, with funds from IHS, the Minority AIDS Initiative Fund, and by a Garrett Lee Smith suicide prevention grant from SAMHSA.
- [SAMHSA](#) developed the [988](#) Suicide and Crisis Lifeline [Partner Toolkit](#) to ensure that states, territories, Tribes, crisis centers, and other partners have a clear understanding of the 988 Lifeline and how it works. Programs can order free printed posters and other materials from [SAMHSA's store](#) to encourage awareness of the Suicide and Crisis Lifeline.
- [SAMHSA’s Mental Health Technology Transfer Center \(MHTTC\) Network](#) has information and links to a wide range of resources, webinars, and free trainings on maternal mental health on the [Perinatal Mental Health page](#). SAMHSA also has a webpage with [Resources for Parents and Caregivers](#).
- [ACF's Behavioral Health Information for Tribes](#) webpage highlights numerous resources for Tribal communities, families, and organizations working in Tribal communities to learn more about mental health and substance use disorders and tools to support prevention, treatment, and recovery from behavioral health conditions.
- [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.
- [Learn the Signs. Act Early](#) is an initiative of the CDC 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. Almost every state and a few Tribal communities have an [Act Early Ambassador](#) who can work with Tribal MIECHV programs to identify or possibly adapt materials to be culturally appropriate for families.
- [Birth to Five: Watch Me Thrive](#) is an initiative of the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Education (ED) that offers [information about research-based developmental screening tools](#) and includes a [tailored guide for home visitors](#) with suggestions for how to talk to families about the importance of screening and guidance for making use of screening results. There is also a printable [developmental screening passport](#) that home visitors can give to families to empower them to track and share their child's screenings and developmental progress in early childhood.
- The [aRPy Ambassador Program](#), co-led by the Early Childhood Technical Assistance Center (ECTA) through a Department of Education cooperative agreement, aims to support the use of the [DEC Recommended Practices](#) by practitioners and families. The DEC Recommended Practices provide guidance to practitioners and families about ways to improve learning outcomes and promote development of children (0-5) who have or are at-risk for developmental delays or disabilities. The ECTA Center developed a suite of free resources to support practitioners, families, and providers in the use of the DEC Recommended Practices, including a [Practice Guide for Families](#).
- [Our Culture Makes Us Stronger](#) is a video developed by ACF that features young Indigenous people in the community of Akwesasne who share how their connection to their culture has contributed to their wellbeing.
- The Children's Bureau and the Center for Native Child and Family Resilience created a [Cultural Guide for the Development of Tribal Child Welfare Products](#). The guide is intended to be used by those who are creating tools and products for Tribal communities. Tool developers can use the guide to ensure that the products they are developing are culturally relevant and competent.
- [Screening for Adverse Childhood Experiences in Children: A Systematic Review](#) is a report that explores the correlation between screening for adverse childhood experiences (ACES) for early identification or intervention and the improvement of outcomes for children. The report found that there is limited evidence that screening for ACEs improves outcomes.
- The American Academy of Pediatrics created a variety of resources and infographics to help families and caregivers learn [how to address parenting challenges when their families or children have experienced trauma](#). These resources are designed to help parents and caregivers understand how early trauma may have affected their children. There are also a variety of resources and articles that provide information related to ACEs and resilience.

- The CDC offers a range of information to prevent [ACEs](#) and supports to promote positive childhood experiences. The resources include a training that offers families and educators skills to prevent ACEs.

Strategy 2. Increase effective implementation of social-emotional and behavioral health screening.

- [Supporting Social-Emotional and Mental Health Needs of Young Children Through Part C Early Intervention: Results of a 50-State Survey](#): This report examines features of states' IDEA Part C Early Intervention programs that help them identify and serve infants and toddlers with social-emotional delays and mental health conditions.
- HRSA's [Health Center Program](#) supports a network of nearly 1,400 health centers that provide affordable, accessible, and high-quality primary health care to underserved communities at more than 15,000 sites, which includes routine developmental screening for children and care coordination with community programs.
- HRSA-funded [Transforming Pediatrics for Early Childhood](#) resource hubs work with primary care practices to offer early developmental promotion and comprehensive screening services, with a focus on children's social and emotional development and relational health. Hubs support pediatric primary care providers to coordinate screenings and follow-up with other family-serving programs, such as Tribal MIECHV, and operate in eight states, including Chickasaw Nation.

Strategy 3. Provide training and professional development that builds home visiting staff's capacity to promote mental health and wellness among families and attend to their own mental, emotional, and spiritual well-being.

- [SAMHSA's Tribal Training and Technical Assistance Center](#) offers training and technical assistance on mental and substance use disorders, suicide prevention, and mental health promotion using the Strategic Cultural Framework.
- HRSA's Institute for Home Visiting Workforce Development and the Jackie Walorski Center for Evidence-Based Case Management is a cooperative agreement that was awarded in September 2023 to support the workforce in state, Tribal, and local home visiting programs. The goals include improving the quality of MIECHV services, supporting home visitor professional development and well-being, and reducing the costs and disruption associated with frequent staff turnover and re-training. This will be accomplished through providing both technical assistance to home visiting programs and professional development opportunities for home visitors and supervisors.
- [Mental Health Awareness Training grants](#) provide funding for training for individuals to understand and recognize signs and symptoms of mental disorders. The training also demonstrates how to safely deescalate crisis situations. This grant program is open to Tribal applicants and has awarded grants to several Tribal organizations.
- [Psychological First Aid](#) is an interactive online course from SAMSHA and the National Child Traumatic Stress Network (NCTSN) that creates a simulation where the trainee takes on the role of provider after a disaster. The modules include tips, videos, activities, and lessons that allow participants to learn how to best support others during a disaster.

- [National Native Children’s Trauma Center](#) is part of SAMHSA’s NCTSN. The center provides training and technical assistance that is trauma-focused for AI/AN children and families through culturally responsive approaches. This includes training and technical assistance to Tribal, federal, state, and private agencies on the impacts, prevention, and mitigation of childhood traumatic stress, along with other forms of training and technical assistance that align with trauma-informed principles.
- [Project LAUNCH](#): This SAMHSA grant program increases access to social-emotional screening, parenting support and education groups, IECMHC, and infant and early childhood mental health treatment. There are a variety of professional development training opportunities for early childhood professionals in states, tribes, and communities served through this grant program.
- SAMHSA’S [National Child Traumatic Stress Initiative \(NCTSI\)](#) provides information and resources for children and families who have faced traumatic events. NCTSI also provides technical assistance opportunities for professionals seeking training and information on childhood trauma. One resource of potential interest is the [2023 Indigenous Peoples Day poster](#) which describes trauma-focused activities and offerings conducted by network centers working with Tribal communities.
- [National Center on Substance Abuse and Child Welfare](#) is a training and technical assistance center jointly funded by ACF and SAMHSA that has a mission of improving services and systems working with families affected by substance use and co-occurring mental health disorders and child abuse or neglect. The center supports agencies and child and family serving professionals to develop or enhance policies, practices, and procedures that improve child and family outcomes and promote their social and emotional well-being.
- [Facilitating Attuned Interactions \(FAN\)](#) is an approach to family engagement and reflective practice that is used widely in home visiting and other child- and family-serving systems. The developers of FAN collaborated with consultants representing different Tribal communities and cultures (Diné, Ojibwe/Tlingit, and Sisseton Wahpeton Oyate) to create an Indigenous FAN that weaves Indigenous values into the FAN tool and training curriculum. In January 2024, the training was piloted with home visiting programs in Minnesota and will be piloted with the Head Start program at Taos Pueblo later in 2024.
- [Motivational Interviewing](#) is a collaborative approach that is designed to strengthen personal motivation and commitment by eliciting and exploring a person’s reasons for change within an accepting and compassionate context. The technique was developed by William R. Miller and Stephen Rollnick. Several Tribal MIECHV grant recipients are offering trainings for home visitors on this method. An example of a home visitor using motivational interviewing can be found on the [Head Start/ECLCK website](#).
- The [Brazelton Touchpoints Approach to Family Engagement](#) is an evidence-based professional development model that supports home visiting professionals in engaging with families through a strength-based mindset. The program supports healthy partnerships between families and the family-facing professional. The program focuses on 13 touchpoints during the first 3 years of a child’s development. The knowledge and training of the touchpoints can reduce negative interactions that hinder visits with families and child development.

- Reflective Supervision is a regular, collaborative practice that focuses on the supervisory relationship as a parallel process and offers a reflective space for home visitors to examine how their own thoughts, feelings, and values are affecting their work with families. The report titled [Reflective Supervision: What We Know and What We Need to Know to Support and Strengthen the Home Visiting Workforce](#) summarizes findings from a review of existing literature on reflective supervision within home visiting and adjacent fields; presents a conceptual model of reflective supervision in home visiting; and includes a scan of existing materials to promote or assess reflective supervision.
- [Supporting the Development of Young Children in American Indian and Alaska Native Communities Who Are Affected by Alcohol and Substance Exposure](#) is an HHS Policy Statement that supports early childhood programs and Tribal communities by providing recommendations for promoting the health and development of AI/AN children, prenatal to age 8, who have been exposed to alcohol or substances during pregnancy, or who are affected by parent or caregiver substance misuse during early childhood.
- [Purposefully Investing in the Tribal Home Visiting Workforce](#): This Tribal MIECHV issue brief describes the current tribal home visiting workforce and highlights innovative approaches tribal home visiting grant recipients have used in recent years to prioritize investments in their staff.
- The American Academy of Pediatrics created a variety of resources and infographics to help families and caregivers learn [how to address parenting challenges when their families or children have experienced trauma](#). These resources are designed to help parents and caregivers understand how early trauma may have affected their children. There are also a variety of resources and articles that provide information related to ACES, trauma, and resilience.
- HRSA developed a brief titled “[State-Tribal Collaboration in Home Visiting: Lessons Learned for Improving Data Collection and Utilization](#)” as a result of HRSA technical assistance for state MIECHV programs who partner with Tribes. The brief was published in February 2021 and provides recommendations for states to strengthen their collaboration with Tribal home visiting programs around data practices. The principles of transparency, ongoing communication, and reciprocal relationships were highlighted by state MIECHV awardees and technical assistance providers as critical to achieving a collaborative focus on data collection, management, and reporting. This collaborative approach can be enhanced by the development of memoranda of understanding and fostering relationships through data sharing and building trust.
- [Navigating Seasons of Change](#): This Tribal MIECHV issue brief provides examples of how home visiting programs are using professional development to build skills like active listening (through training in motivational interviewing and reflective supervision).

State MIECHV Program Highlights:

- [Best Start for Kids](#), an initiative in King County, Washington, established a 10-month Black Indigenous People of Color (BIPOC) Community of Leaders in Reflective Practice (BIPOC CoL) to support home visitors and other child- and family-serving workforce members to build their reflective practice capacity. Over 82 individuals participated in the community of practice.
- Colorado’s [Enhanced Home Visiting program](#) hosts quarterly mindfulness and wellness consultations for home visiting teams in addition to professional

development opportunities. The 2-hour wellness consultation focuses on secondary trauma and mindfulness. The sessions are centered in psychoeducation and provide skill-building activities for the home visiting teams.

- In [Louisiana, MIECHV-funded programs](#) are required to participate in an initial training on the foundations of infant mental health. This is supplemented by quarterly in-service trainings about mental health, which are developed at the state level by regional infant and early childhood mental health supervisors and delivered to home visiting teams by mental health consultants. All consultants receive training from Tulane University's Institute for Infant and Early Childhood Mental Health.

II. INCREASE PREVENTION AND FAMILY STRENGTHENING SERVICES AND SUPPORTS

Strategy 4. Help families access effective parenting programs by incorporating curriculum supplements to the selected evidence-based home visiting model.

- [Positive Indian Parenting](#) (PIP) was designed to support families in remembering and engaging with their cultural traditions. A storyteller from the program works with parents to share lessons; the parent or caregiver will be able to apply the teachings and oral lessons to communicate with their children. PIP draws on historic Native child-rearing practices related to storytelling, cradleboards, harmony, lessons of nature, behavior management, and the use of praise. It also addresses the historic impact of boarding schools, intergenerational trauma, and grief, and forced assimilation on parenting. PIP is strengths-based, conveying a message that AI/AN ancestors' wisdom is a birthright for Native parents.
- [Fatherhood Is Sacred, Motherhood is Sacred](#) is a 12-session parenting program/curriculum developed by the Native American Fatherhood and Families Association. The program is dedicated to supporting mothers and fathers by teaching core principles and practices to strengthen their parenting skills. The program is developed with culturally relevant practices and delivered in both virtual and in-person settings.
- [Mothers and Babies](#) is an evidence-based preventive intervention that focuses on preventing post-partum depression by encouraging more engagement with pleasant activities, improving social support, and promoting healthier ways of thinking. A cultural adaptation was created through a collaboration between equity consultants, community maternal and child health professionals, and Tribal members. The adaptation reflects local Tribal culture and applies cultural teachings and practices into the model.^{xi}
- [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.

Strategy 5. Increase access to high-quality infant and early childhood mental health consultation (IECMHC).

- The [Center of Excellence for Infant and Early Childhood Mental Health Consultation \(IECMHC\)](#) has a variety of resources to support Tribal communities with building a IECMHC system. For example:
 - [Key IECMHC Resources for Tribal Communities](#) is a resource compendium that includes information for consideration when working within Tribal communities to support IECMHC.
 - [Information for Caregivers on Infant and Early Childhood Mental Health Consultation](#): a one-pager to help caregivers learn about the benefits of infant and early childhood mental health consultation. This resource lays out the importance of supporting young children’s mental health needs and how IECMH consultants can support the adults in a young child’s life and is designed to be shared in early childhood education settings and with families.
 - [Equity in IECMHC Webinar Series: Webinar 2 — Culture, Identity, and History as Sources of Strength and Resilience for Tribal Communities](#) examines issues of racialized inequities and bias in early care and education experiences for Tribal communities, explores traditional practices and their role in healing and resilience, examines the commonalities of IECMHC and traditional practices; and identifies practices and policies to strengthen cultural responsiveness in IECMHC for Tribal communities. Includes Tribal presentations and examples. [Slides and handouts](#) are also available.

III. INCREASE ACCESS TO BEHAVIORAL HEALTH TREATMENT

Strategy 6. Enhance cross-program collaboration to improve access to culturally appropriate behavioral health treatment services for children and families (including dyadic interventions for young children and primary caregivers).

- [Indian Health Service \(IHS\)](#) is the agency that provides federal health services to AI/ANs (with many Tribes operating services through an ISDEAA self-governance contract or compact with IHS). IHS administers a variety of behavioral health programs in many communities under the IHS [Division of Behavioral Health](#). The [IHS Division of Behavioral Health](#) has four branches, one of which includes the [TeleBehavioral Health Center of Excellence \(TBHCE\) Indian Children’s Program](#). The goal of this program is to equip healthcare providers working in the IHS, Tribal, and Urban Indian Health system with training and education needed to provide care for AI/AN youth with Autism Spectrum disorder, Fetal Alcohol Spectrum disorder, and other neurodevelopmental disorders. The [Pediatric Neurodevelopmental and Behavioral Health Consultation Clinic](#) offers free consultation on a range of developmental and intellectual disorders.
- [Center for Native Child and Family Resilience \(CNCFR\)](#) is a technical assistance center funded by the Children’s Bureau at ACF. The center’s mission is to raise awareness of Tribally engaged prevention and intervention efforts. The center partners with Tribes to provide [resilience-based program resources](#) and training opportunities. CNCFR has a [catalog of programs](#) available to Tribal communities.
- The [Child Welfare Capacity Building Center for Tribes](#) is a federally funded center that supports AI/AN child welfare programs to build staff capacity, enhance programs, and improve child welfare practice and performance. The Center offers an array of products

and tools, peer networking activities, and individualized expert consultation – all available at no cost.

- [The Family First Prevention Services Act](#) enacted as part of Public Law (P.L.) 115—123, gives state, county, and Tribal child welfare agencies the ability to receive 50 percent reimbursement for federally approved services for children at imminent risk of out-of-home placement and their caregivers. (Information on approved Title IV-E Prevention Program 5-Year plans can be found [here](#)).
- The [Circles of Care](#) program is administered by SAMHSA’s Center for Mental Health Services and is a 3-year discretionary grant for AI/AN communities. The primary goals of the Circles of Care grant program are to (1) plan for the development of a community-based system of care model for children with mental health challenges and their families, and (2) to develop local capacity and infrastructure to assist Tribal communities in obtaining funding and resources to implement a system of care model to improve the mental health and wellness of their children, youth, and families.
- [Children’s Behavioral Health – Promising Practices in Tribal Communities](#) is a detailed list of resources identified during the ACF, SAMHSA, and IHS two-part webinar series focusing on the behavioral health of children in Tribal communities.

OTHER RESOURCES:

Some Tribal home visiting issue briefs have been highlighted within this IM; these and others can be found [here](#). Issue briefs focus on different topics, provide background information, and include grantee practice examples and recommendations for action. For instance:

[Strong Staff and Family Relationships: The Heart of Tribal Home Visiting Programs](#) This issue brief—based on interviews with Tribal MIECHV families and grantees—focuses on the importance of engagement and the innovative approaches that grantees are using to help families fully commit to participation in the program. These approaches include building staff capacity to successfully engage families; ensuring that home visiting is a beneficial fit for the families; and engaging families in ways that are most meaningful to them.

[Sustaining a Light of Hope for Families How Tribal Home Visiting Programs Persevere Despite COVID-19 Challenges](#) This issue brief—based on interviews with three Tribal MIECHV grantees—provides many examples of ways that programs can creatively help families sustain hope, adopt practices that support staff well-being, and adapt to changing circumstances in ways that may serve other programs in other situations.

ⁱ Tribal Maternal, Infant, and Early Childhood Home Visiting Program: Development and Implementation Grants, HHS-2023-ACF-ECD-TH-0187

ⁱⁱ National Council of Urban Indian Health. (2022, May). American Indian/Alaska Native data on COVID-19 [infographic]. NCUIH.org. https://ncuih.org/wp-content/uploads/COVID-AI-AN-Info-doc_NCUIH_D072_V4.pdf.

ⁱⁱⁱ Haskins, C., Noonan, C., MacLehose, R., Buchwald, D., & Manson, S. M. (2023). COVID-19 pandemic effects on emotional health and substance use among urban American Indian and Alaska Native people. *Journal of psychosomatic research*, 172, 111424. <https://doi.org/10.1016/j.jpsychores.2023.111424>

^{iv} Behavioral health includes the promotion of mental health, resilience, and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along

with their families and communities. In the context of early childhood, our primary focus is on early childhood mental health, or social and emotional development.

^v Three states—Alaska, California, and New Mexico—have Tribal Act Early Ambassadors.

^{vi} The "RP" in aRPY stands for recommended practices as in the DEC's 66 recommended practices. An aRPY Ambassador is an early childhood professional from a variety of fields who acts as a disseminator of information about the DEC RPs.

^{vii} Ferguson, D., Smith, S., Granja, S., Nguyen, U. S., Burstein, J., Atkins, N., and Lasala, O. (2023). Promoting Infant-Early Childhood and Parent Mental Health in Home Visiting Programs Serving Diverse Families: Promising Strategies to Support Child and Family Well-Being. National Center for Children in Poverty, Bank Street Graduate School of Education.

^{viii} Ferguson, D., Smith, S., Granja, S., Nguyen, U. S., Burstein, J., Atkins, N., and Lasala, O. (2023). Promoting Infant-Early Childhood and Parent Mental Health in Home Visiting Programs Serving Diverse Families: Promising Strategies to Support Child and Family Well-Being. National Center for Children in Poverty, Bank Street Graduate School of Education.

^{ix} For a detailed review of the existing literature, and materials to assess and promote reflective supervision in home visiting, see: West, A., Madariaga, P., & Sparr, M. (2022). Reflective supervision: What we know and what we need to know to support and strengthen the home visiting workforce (OPRE Report No. 2022-101). Office of Planning, Research, and Evaluation; Administration for Children and Families; U.S. Department of Health and Human Services.

^x IHS Division of Behavioral Health has four branches, one of which includes the TeleBehavioral Health Center of Excellence (TBHCE) Indian Children's Program. The goal of this program is to equip healthcare providers working in the IHS, Tribal, and Urban Indian Health system with training and education needed to provide care for American Indian/Alaska Native youth with Autism Spectrum Disorder, Fetal Alcohol Spectrum Disorder, and other Neurodevelopmental disorders.

^{xi} Ward EA, Iron Cloud-Two Dogs E, Gier EE, Littlefield L, Tandon SD. Cultural Adaptation of the Mothers and Babies Intervention for Use in Tribal Communities. *Front Psychiatry*. 2022 Feb 17;13:807432. doi: 10.3389/fpsy.2022.807432. PMID: 35250665; PMCID: PMC8891558.