



ADMINISTRATION FOR
CHILDREN & FAMILIES

Early Childhood Development | 330 C Street, S.W., Washington, DC 20201
www.acf.hhs.gov/ecd

Dear Colleague Letter

Date: May 31, 2023

To: State, territory, tribal and community grant recipients administering the Child Care and Development Fund program; Head Start programs; Tribal Home Visiting programs; and Preschool Development Grant Birth Through Five

Subject: Opportunities to Support the Mental Health and Well-being of the Early Care and Education Workforce

Dear Colleagues,

Early childhood educators and service providers fill important roles in their communities, facilitating children's healthy development and early learning, supporting parents and families, and implementing practices that promote program quality, health, and safety. Over the last several years, the early childhood community experienced unprecedented levels of stress, and many early childhood educators and providers continue to experience heightened stress, burnout, exhaustion, and depressive symptoms.

Persistent challenges in the early childhood sector—including staff shortages and turnover, program closures, and low wages and lack of benefits—significantly impact the mental health of the early care and education (ECE) workforce. The rise in mental health concerns among children further contributes to declines in staff wellness. Recent surveys of the ECE workforce identify significant proportions of staff experiencing mental health issues. One study found that 66 percent of ECE staff surveyed experienced moderate to high levels of stress.ⁱ

President Biden recently called for the expansion of mental health supports for the care workforce in the [Executive Order on Increasing Access to High-Quality Care and Supporting Caregivers](#), highlighting the importance of ECE staff well-beingⁱⁱ and access to mental health supports for the workforce as critical to the ECE system. This letter builds on that directive to support the well-being of the workforce by highlighting opportunities, strategies, and resources that ECE leaders from local programs, tribal communities, states, and territories should leverage to promote early childhood educators' and providers' mental health.

Strategies to Support Staff Wellness

Last year, the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Education released a [joint letter](#) highlighting key strategies and actions that state and local leaders can take to address the social and emotional development and mental health of young children and their caregivers, including the ECE workforce. In 2021, the Office of Head Start

issued an Information Memorandum focused on *Supporting the Wellness of All Staff in the Head Start Workforce*. These documents encourage ECE programs across settings to:

- Assess workforce well-being and solicit staff feedback to inform staff wellness plans that incorporate mental health and physical activities into regular work routines.
- Make mental health and wellness information available to staff and provide regular opportunities to learn about mental health, wellness, and health education including through in-service professional development.
- Provide competitive wages, benefits (e.g., paid leave, health care), employee assistance programs, and other incentives to support retention.
- Cultivate a healthy work culture that fosters a sense of belonging, respect, and trust by providing peer-to-peer support; opportunities for staff to make decisions and lead; and increase self-knowledge and efficacy, including through reflective supervision, early childhood mental health consultation, and mentoring.
- Improve work environments by providing adult-sized furniture in classrooms, dedicated spaces for peer-to-peer connections that are inviting and comfortable, opportunities to take “wellness breaks” when needed, healthy snack and meal options for staff, and opportunities for exercise.

Infant and Early Childhood Mental Health Consultation

ECE programs can leverage [infant and early childhood mental health consultation \(IECMHC\)](#) to support the mental health of the workforce. In addition to promoting the social and emotional development of young children, mental health consultants support staff wellness both by helping ECE professionals use new approaches in their work with children and families and by creating opportunities for educators and providers to reflect on and process their experiences at work, including feelings of stress, burnout, anxiety, or exhaustion.ⁱⁱⁱ There is [evidence](#) that IECMHC can increase ECE staff’s confidence and decrease stress and turnover when the consultants are well-trained and provide support in a timely, responsive, and ongoing fashion.

American Rescue Plan funds in the Child Care and Development Fund (CCDF) and Head Start can be used to improve existing mental health support for staff. In addition to leveraging federal funds^{iv}, states have passed legislation or invested state funds to establish or grow their IECMHC programs, and some states are using Medicaid^v or exploring the use of a Health Services Initiative to pay for IECMHC services.^{vi} If you are interested in connecting your ECE program with IECMHC services, start with your state’s office of early care and education, Head Start Collaboration Office, and/or CCDF administrator. You can also contact the [Center of Excellence for Infant and Early Childhood Mental Health Consultation](#) to facilitate a connection. The Center for Excellence also has resources on potential [federal funding sources for IECMHC](#).

Access to Health Care

Access to affordable health insurance is foundational to securing mental health supports and treatment when needed. However, early childhood educators are 50 percent more likely to be uninsured than the general population, and three times more likely to be uninsured than K-12 educators.^{vii}

During the COVID-19 pandemic, certain Medicaid requirements and conditions were temporarily waived to help prevent people from losing health coverage. States are now in the process of reviewing eligibility for everyone in Medicaid and the Children's Health Insurance Program (CHIP). This is the first time that many individuals and families have been through this process, so many need help navigating the steps to take to renew or find new coverage. Also, children may still be eligible for Medicaid or CHIP even if their parents are no longer eligible, so it is important to return any forms from the state Medicaid agency in a timely manner even if someone believes they are no longer eligible. Resources are available to help ECE staff renew Medicaid coverage or transition to other coverage if they are no longer eligible, and we encourage you to share these with educators (see Medicaid and CHIP Eligibility Renewals Communications Toolkit in both [English](#) and [Spanish](#)).

If staff no longer qualify for Medicaid or CHIP, they can enroll in affordable health coverage through the Health Insurance Marketplace®, even outside of the Open Enrollment Period. Importantly, all insurance plans in the Marketplace must cover behavioral health services, including psychotherapy, counseling, and inpatient services.^{viii} In December we highlighted [steps you can take](#) to help early childhood educators access health coverage. Learn more at [HealthCare.gov](#).

Earlier this month, HHS launched a new website, [FindSupport.gov](#) to help individuals navigate toward better behavioral health, such as how to ask for help, how to help others, and how to search for a health care professional or support program that meets your needs regardless of insurance status.

States, communities, and ECE programs have stepped up over the years to support the well-being of the ECE workforce, and you can find a range of examples and approaches [here](#). At the Administration for Children and Families (ACF), we are committed to supporting the ECE workforce to thrive as individuals and in their work with young children and families. For more resources and actions you can take in your local program, state, territory, or tribal community, please visit ACF's [Early Childhood Behavioral Health](#) webpage or reach out to your regional office or federal project officer.

Sincerely,

Katie Hamm, Deputy Assistant Secretary, Office of Early Childhood Development, ACF, HHS

Khari M. Garvin, Director, Office of Head Start, ACF, HHS

Dr. Ruth Friedman, Director, Office of Child Care, ACF, HHS

ⁱ Elharake JA, Shafiq M, Cobanoglu A, Malik AA, Klotz M, Humphries JE, et al. (2022) [Prevalence of Chronic Diseases, Depression, and Stress Among US Childcare Professionals During the COVID-19 Pandemic](#). Prev Chronic Dis, Vol 19.

ⁱⁱ Workforce well-being can be defined in many ways, but generally refers to early care and education (ECE) staff's mental and physical health and how it shapes their engagement, job satisfaction, and overall quality of life.

ⁱⁱⁱ Smith, S., & Lawrence, S. (2019). [Early care and education teacher well-being: Associations with children's experience, outcomes, and workplace conditions: A research-to-policy brief](#). Child Care & Early Education Research Connections.

^{iv} Common funding sources for IECMHC include federal grants such as the Child Care and Development Fund, Preschool Development Grants (birth to five), Head Start/Early Head Start grants, Mental Health Block Grant, the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, and [Project LAUNCH \(and I-LAUNCH for American Indian/Alaska Native communities\) and Infant Early Childhood Mental Health grants from the Substance Abuse and Mental Health Services Administration](#).

^v Center of Excellence for Infant & Early Childhood Mental Health Consultation (2021). [Funding Infant and Early Childhood Mental Health Consultation as a Medicaid Prevention Direct Service: Michigan's Approach](#). Georgetown University Center for Child and Human Development.

^{vi} California Children's Trust, First 5 Center for Children's Policy (2022). [Proposal for An Early Childhood Health Services Initiative in California: An Opportunity to Expand Preventive Supports for Young Children](#).

^{vii} Rudich, J., Sugar, S., Chien, N., Peters, C., & Sommers, B. (2021). [Assessing Uninsured Rates in Early Care and Education Workers](#). Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services.

^{viii} See: [Mental health and substance abuse health coverage options | HealthCare.gov](#)