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Training District of Columbia Family Leaders to

Become Community Health Workers
and
Support Infant, Early Childhood & Family Mental Health

Policy and System Opportunities in Washington, DC

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Executive Summary

Children and families in Washington, DC, along with the entire nation, continue to be afflicted by a mental health[1] crisis. Yet, concrete and attainable solutions exist at a systemic level. These include:

- expanding and diversifying the mental health workforce
- improving families' ability to effectively connect to services
- supporting the mental health of parents and caregivers
- focusing on infant, early childhood and family mental health

By continuing to include a broader array of providers than have historically been valued and recognized by systems, DC can embrace an innovative and more diverse mental health care workforce for children and families that can be utilized efficiently, effectively, and earlier in the care continuum. This includes leveraging the power of families and peers as paraprofessionals in the mental health care of children, which also can be an economic driver, generating jobs for Washingtonians. Studies have repeatedly found paraprofessionals to be effective in assisting people with mental health conditions to connect to, engage in, and be active participants in different types of services across the continuum of care.[2] Evidence also points to the efficacy of paraprofessionals in addressing child and family mental health, including infant and early childhood mental health.[3] The infant and early childhood period is one of the most consequential in a person's life, with positive and negative experiences and relationships affecting lifelong health, mental health, education and economic outcomes. Paraprofessionals also provide an opportunity to continue expanding mental health beyond the confines of clinics, and into community-based settings frequented and trusted by families. By supporting families with knowledge about infant and early childhood mental health and child development, and helping them to navigate systems to get connected to care and community resources, we can contribute to a new trajectory of health and mental health equity in the District.

The Early Childhood Innovation Network (ECIN) and Georgetown University have created a novel solution to address these challenges and opportunities through creation of a **vocational training program that teaches basic community health worker competencies, layered with specialization in infant, early childhood and family mental health skills.** Graduates obtain a credential with the skills to be a community health worker and work in a variety of public and private sectors in DC and the surrounding metropolitan area.

This brief provides background on the critical role of community health workers and their ability to profoundly impact the mental wellbeing of the District's children and families. Information is also provided about the *Certificate in Infant and Early Childhood Mental Health: Family Leadership* training program. The brief concludes with considerations and opportunities for policymakers and system leaders to advance policies, financing and funding mechanisms, and workforce development that deepen the inclusion and sustainability of local community health workers who can effectively support family mental health.

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Community Health Workers: A Critical Workforce

Community health workers play an essential role in advancing public health. According to the American Public Health Association, a community health worker (CHW) is a "…frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served."[4] Community health workers are seen as the bridge between health care systems and the community, and are used within the workforce to improve health outcomes, quality and access to care, equity, health literacy, and cultural competency; address social determinants of health, health disparities, and stigma; and help reduce health care costs.

Typical roles of CHWs usually include chronic disease management and prevention, education, care coordination, connection to services, social support, community outreach and health promotion and advocacy. Education and training requirements for CHWs vary across states and organizations. Although many states have adopted the APHA's definition of a CHW, there are currently no nationally recognized standards for CHW education or certification. Many states have professional networks and associations that provide membership and training opportunities to CHWs.

The National Association of Community Health Workers' Six Pillars of Community Health Workers provides a comprehensive overview of CHWs, their long-standing history and effectiveness, and the capacity and needs for sustainability:[5]

Unique Workforce:

- Community Health Workers (CHWs) are a one-of-a-kind group of public health workers. CHWs as a profession have a designated workforce classification by the US Department of Labor, and are recognized health professionals by the Affordable Care Act. When the COVID-19 pandemic began, the US Department of Homeland Security deemed CHWs essential and critical infrastructure workers. With a unique set of core competencies recognized by local, state, and federal governmental organizations, CHWs are an underappreciated, yet crucial, workforce that promote social justice and help to achieve health equity and wellbeing for all.

Community-Based Workforce

- CHW work is grounded in and committed to community advocacy, capacity building and relationship. Trust, respect, and dignity for all human beings is at the center of who they are and what they do. CHWs' compassion and commitment to families and communities where they live and serve is largely due to shared life experience. CHWs are leaders within and of community-based organizations and nonprofits, and are central to all efforts that seek to address clinical and community integration and the social determinants of health.

Historic and Diverse Workforce

- The origins of the CHW workforce in the United States goes back hundreds of years. Their strength is their diversity across language, culture, faith, race, and gender, and their history as healers and advocates, community health representatives, promotores, aunties, outreach workers, peers and dozens of other work titles. As a reflection of the country they call home, they are diverse in ethnicity, language, and culture — the majority of CHWs are female people of color.

Cross-Sector Workforce

- CHWs work to reduce barriers and build capacity for people to achieve whole health and wellbeing, which requires consideration of the social determinants of health, and they play a critical role in addressing these social determinants. CHWs work with other CHWs who are working within different sectors to integrate the needs of individuals. They work in food security and social work, cancer, HIV and substance abuse treatment, and many other specialties. They participate in advocacy and support groups, as well as education, mental health, housing, workforce development, immigration and voting rights organizations.

Proven Workforce

- Over 60 years of evidence exists of the effectiveness of CHWs, as confirmed in a numerous randomized control trials, systematic reviews, and ROI studies of CHW interventions.[6] They have proven themselves in a variety of fields, including maternal and child health, behavioral health and recovery, chronic disease and community violence interventions, immunization, oral health, and other areas. CHWs are also increasingly recognized for contributions to addressing racial equity and the social determinants of health — by connecting individuals to basic needs and by organizing communities to address inequitable social conditions.

Precarious Workforce

- CHWs are a majority female workforce. And given their racial, ethnic, and gender identities, they are among the lowest paid among other public health professionals. CHW-led organizations remain dependent upon short term grants instead of sustainable reimbursement models. National and state policies, health systems and providers are inconsistent in their recognition and integration of CHWs' professional roles, and they lack national and state level data to track and describe trends in career pathways, training, diversity, and impact across interventions and organizations.

Community Health Workers and Mental Health

Background

Community Health Workers are uniquely situated to contribute to mental health. A systematic review on the use of CHWs to address mental health disparities demonstrated that CHWs can reduce stigma and increase patient engagement associated with accessing mental health services through providing case management, follow up and referrals, empowering patients, and supporting the delivery of evidence-based mental health practices.[7] Additionally, using CHWs and other paraprofessionals to integrate mental health services into communities has been shown to encourage adherence to treatment and increase the likelihood of positive clinical outcomes. Mental Health America notes the numerous ways the research literature shows how CHWs have been effectively incorporated into mental health interventions, both nationally and internationally,[8] including: conducting outreach to help individuals access care;[9] supporting mental health treatment delivery through case management and promotion of patient adherence to treatment;[10] and providing lower levels of care to patients with lower acuity symptoms so that mental health professionals can provide a higher level of care to patients with more severe needs.[11] Training opportunities are also becoming more available, such as the National Council for Mental Wellbeing's behavioral health training for community health workers, which is a one-day group-based skill-building program.[12]

In the context of mental health, significant attention has been paid to similarities and differences among community health workers and peer support specialists, the latter being individuals who typically have specific, lived experience with mental health conditions and/or substance use disorders. Both utilize their experience, combined with formal training. Recent research notes that traditionally, CHWs share a community and a sociocultural sense of peer status with the persons they serve and have been described as cultural peers.[13] Peer support specialists share a peer status with those they serve that is based on their experience living with an illness or health condition and promoting wellness and recovery.[14] At times, these may intersect, and a community health worker may share peer status of community, culture and/or a mental or behavioral health condition. While outside the scope of this brief, both roles are critical in numerous systems of care, each can be deployed effectively to improve health outcomes, and both can benefit from continued policy focus/attention.[15]

Advancing Child and Family Mental Health with Community Health Workers[16]

Research is growing on the importance of family-focused approaches to address child and youth mental health needs. Parent mental health and child mental health influence each other; addressing parent mental health needs and building parenting skills benefits children.[17] Parent mental health difficulties contribute to child and adolescent mental health challenges through a range of mechanisms, including modeling and impaired parenting skills. Addressing symptoms in parents can have an important positive effect on the mental health of their children, from infants and toddlers to young adults. Yet, challenges remain: the shortage of mental health professionals, particularly acute in under-resourced communities, continues to limit access to clinical care. Furthermore, clinical care that is available may be lacking in cultural humility and compatibility, limiting its effectiveness and acceptability for the communities being served.[18]

Interventions delivered by community health workers (and other peer professionals) offer a promising strategy to address these challenges. Trained CHWs can help parents to identify their own mental health problems, offer psychoeducation and social support, encourage help-seeking, and reduce barriers to accessing care. CHWs and peers can provide social support, parenting guidance, and practical assistance in navigating child-serving systems focused on mental health, education, juvenile justice, child welfare, and substance use treatment.

A significant opportunity exists to continue the integration of community health workers, and other peer paraprofessionals, into child and family mental health systems of care, and broader community settings frequented by children and families.

Advancing Equity through Community Health Workers[19]

Despite the high prevalence of mental health problems in pediatric populations and the development of effective interventions, utilization of and engagement with services remain low, with 80% of children in need of services not receiving them. Rates of service access are even lower among African American and Latino families, likely due to underdiagnosis in many cases. Beyond the cultural factors and stigma that may lead individuals to prefer informal support, many people from marginalized groups have a historically-grounded mistrust of the medical system, with ongoing

systemic racism further preventing access for those who seek treatment. Even when families initiate mental health treatment, barriers to accessing basic social service needs, including lack of transportation and housing insecurity, are likely to affect mental health service utilization for low income and underserved families.[20]

Incorporating community health workers, and other peers, into family mental health services is a promising strategy to facilitate access and retention, and address mental health inequities, because CHWs and peers are uniquely suited to:

- enhance intervention acceptability
- address common barriers by establishing trusting relationships with families
- foster successful connection of families to necessary and appropriate resources
- offer a wide range of services (e.g. psychoeducation, motivation enhancement, care coordination)
- provide services that are potentially easier to scale and of lower-cost compared to treatment by a licensed mental health professional
- provide health promotion or prevention strategies so that families with emergent or subclinical needs are supported without needing to navigate clinical services. This allows those with greater technical skill to serve families with the highest clinical needs and alleviate strain on the current mental health system.[21]

Additional equity opportunities emerge by expanding the mental health workforce umbrella, such as through the strengthening of pathways for enhanced economic security.

A Unique Opportunity to Positively Impact Lifelong Health and Mental Health: Bridging Infant and Early Childhood Mental Health and Community Health Workers

"Most potential mental health problems will not become mental health problems if we respond to them early." –Center on the Developing Child at Harvard[22]

Infant and early childhood mental health (IECMH) refers to the social, emotional, and behavioral area of development in infants and young children under 5 years old. Strong social and emotional health is the foundation of all other areas of development in the first years of life, affecting social, physical, cognitive and communication development. Healthy social and emotional health is linked to school success, as well as to future productivity, and also to physical and mental health throughout the life course.[23] Experts regard IECMH as a cornerstone to healthy, lifelong development, especially when grounded in the child's racial, cultural, and linguistic identities. Because infants and young children learn and develop within the context of relationships, parents and other caregivers are vital influencers of a child's healthy development. [24] [25]

IECMH develops through responsive, consistent, and nurturing caregiving. A baby's interaction with their caregivers (biological parents, adoptive parents, foster parents, grandparents, child care providers, etc.) has the most significant influence on their mental health. The mental health of infants and young children is closely intertwined with their parents' and other caregivers' mental

health. Therefore, attention must also be given to the parents' and caregivers' physical, social, emotional, and mental wellbeing, as adult mental health challenges are often felt and experienced by infants and young children.[26] Often, the best way to support an infant or young child is by addressing the mental health needs of their parents and caregivers, and also by deploying two-generational interventions, which include both young children and their parents or other caregivers. These types of interventions strengthen the parent-child relationship, improve outcomes, and with appropriate supervision and training, can be delivered by non-clinicians.[27] Also essential is delivering care where young children and families spend their time – at home, in early care and education programs, in health care settings, and in their local neighborhoods.[28]

From a systems perspective, IECMH offers a range of supports and services on four levels of intensity: promoting healthy social-emotional development for all young children, preventing challenging behaviors through parenting and other caregiver support and home visiting programs, identifying concerns, delays, and behavioral challenges through screening and evaluation, intervening to address family risk factors such as abuse and neglect, substance use disorder, domestic violence, and parental mental health issues, and treating to address parent–child relationships when there is a clinically significant impact on the child and their family. IECMH includes a variety of direct and indirect services to young children, their families, and other caregivers.[29]

An intentional intersection between the fields of community health workers and infant and early childhood mental health has the potential for transformation at the child, family, multi-generational, community, and system levels. States and localities are taking notice and action:

- In Nevada, The Children's Cabinet established the Early Childhood Community Health Worker Program to serve families in Las Vegas and Reno.[30] The CHWs facilitate access to services by addressing social determinants and are equipped with tools and education to provide brief interventions, offer non-traditional counseling, and share the appropriate health education and resources to ensure timely emotional/social support that is culturally appropriate for individuals and families facing challenges in accessing available health and social services. After identifying the needs of a family or individual, CHWs offer resources, provide trainings, and connect families with pediatricians and telehealth providers. Ultimately, CHWs help ensure necessary supports and services are in place in early childhood settings.
- In an outpatient setting in New York City, an Early Childhood Community Health Worker program filled a clinical care gap in addressing psychosocial needs during the perinatal period. Research results indicated that families receiving services from the Early Childhood Community Health Worker had a decrease in psychosocial stress and an increase in protective factors, namely social support and knowledge of positive parenting. Other outcomes included improved expertise and capacity to successfully connect families with services, and improved completion of referrals and associated goals for maternal depression.[31]
- In Washington, DC, a unique and novel training approach was developed to foster an infant, early childhood and family community health workforce.[32] More information is provided in the next section.

An Innovative Solution in Washington, DC:
Certificate in Infant and Early Childhood Mental Health: Family Leadership

Infant and early childhood is one of the most critical time periods to have a skilled individual(s) who parents and caregivers trust, who has shared cultural understanding, who has competencies in early childhood and family mental health, and can support parents through knowledge building, navigation, and advocacy. Recognizing the need and opportunity, the Early Childhood Innovation Network and Georgetown University developed an innovative training program to develop a new generation of community health workers: the Online Certificate in Infant & Early Childhood Mental Health: Family Leadership.

Overview and Requirements: This unique certificate program in Family Leadership prepares caregivers of young children as front-line peer support and community health workers. Through instruction from local and national experts over 9 months, participants develop the core competencies of a community health worker, with knowledge specialization in infant, early childhood, and family mental health. The certificate program prepares participants to work in their own communities to promote resilience in families by connecting parents, children, and caregivers to resources and fostering family strengths with high quality practices in IECMH prevention, promotion, and support.[33] The only required educational background is a high school diploma or GED. Students from anywhere in the United States can apply and participate since the course is conducted online.

Recognizing the crucial intersection of community health workers and mental health, ECIN has developed usage of the term "community mental health worker." While ECIN utilizes this particularly in the context of a training program focused on infant and early childhood mental health, there is opportunity for growth, in both practice and policy, of community mental health workers across the field of mental health, in clinical settings, in community settings, and other places that families frequent.

Curriculum. The following components comprise the Infant and Early Childhood Mental Health: Family Leadership Certificate Program. Students learn core community health worker competencies, as well as specialized training in infant and early childhood mental health (see Appendix A).

- Professional Training:
    - Students receive classroom instruction, academic support, professional success coaching, and hands-on practicum resources
    - Online competency-based modules concentrate on paraprofessional pathways into the mental health profession
    - Foci include public health, infant and early childhood development, and family mental health
- WellBeing Techniques:
    - Content includes self-care, mindfulness, and occupational wellbeing techniques
    - Wellbeing mentorship with a clinical psychologist helps participants develop personalized wellbeing plans

- Apprenticeship Opportunities:
    - Apprenticeship opportunities in health care, child welfare, faith-based institutions, Head Start, schools, etc.
    - Employers are sponsored, and students receive paid, on-the-job training while applying skills in the workforce

Service Settings: Community health workers with infant and early childhood mental health training have skills that are relevant in numerous industries and settings including:

- Early Care and Learning
- Education and K-12 Schools
- Pediatric Primary Care/Health Care
- Child Welfare
- Human Services
- Home Visiting
- Mental Health and Behavioral Health
- Community Based Organizations
- Faith Based Organizations

Benefits: Positive impacts are afforded to numerous groups:

- Students
    - Gain practical experience by integrating coursework content with hands-on experiences
    - Obtain a credential
    - Improved pathway to increased economic security for themselves and their families
- Families and Communities
    - Enhanced mental health workforce with the skills, knowledge, and motivation to effectively promote and support infant and early childhood mental health and family resiliency
    - Broadened and diversified mental health workforce
    - Increased access to mental health promotion and prevention services
- Employers
    - Opportunities to upskill current workforce, and train new workers
    - More support to alleviate strained workforces in mental health and other family-serving sectors

Success and Impact: Since the program launched in 2021, the retention rate is 92%, and students from approximately 12 states, covering rural, urban and suburban regions, have participated from across the United States.

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Advancing Sustainability of CHWs: National and District of Columbia Policy Landscape[34]

Given the impact of community health workers, states have a strong interest in sustaining, developing, and partnering with this workforce. According to the National Academy for State Health Policy, state policymakers are more intentionally engaging with CHW partners and allies to develop strategies to sustain the workforce. A growing number of states are using Medicaid levers to pay for CHW services, aligning Medicaid approaches with other funding mechanisms, and advancing professional development standards, training, and certification to pay for CHW services.[35]

The following provides a brief overview of these areas from a national perspective, as well as the District of Columbia's status.

Medicaid Approaches[36]

States are utilizing a variety of strategies to leverage Medicaid in a concerted sustainability effort. These include:

- Medicaid State Plan Amendments:
  - Increasingly, states have opted to make CHW services reimbursable under Medicaid state plans through a State Plan Amendment. States submit state plan amendments (SPAs) to the Centers for Medicare & Medicaid Services (CMS) to request permissible program changes, make corrections, or update their Medicaid state plan with new information. A SPA, if approved, results in a permanent change in the state Medicaid program.[37] As of December 2023, 15 states have approved State Plan Amendments (SPAs), with several others indicating that a SPA is in development or that there is a legislative mandate to introduce one in the future.
- Medicaid 1115 Waivers:
  - The 1115 waiver is commonly used by states to test new delivery and payment mechanisms during a temporary (but renewable) demonstration period of 3-5 years. A number of states have pursued a Section 1115 waiver as a pathway to secure Medicaid funding for CHWs. States have a significant amount of flexibility in what they can do through this option, which have included supporting CHW activities for specific populations or fund managed care organizations (MCOs) to pilot CHW interventions.[38]
- Medicaid Managed Care Organizations:
  - A few states encourage, allow, or require Managed Care Organizations (MCOs) to offer CHW services by hiring CHWs or contracting with CHW employers (often community-based organizations). Another strategy that can be used by state Medicaid offices and health plans in securing sustainable and long-term coverage of CHW services are Medicaid administrative expenditures.
  - Through this payment model, health plans with Medicaid contracts either directly employ CHWs or pay other CBOs for CHW services and treat these as administrative expenditures for services that are not approved as "medically necessary" but are essential to support the overall health and wellbeing of Medicaid patients.[39]

District of Columbia Status:[40]

- DC does not reimburse separately for CHW services through its Medicaid program.
- Some services are incorporated into the federally qualified health center prospective payment system.
- The District also utilizes community health workers as a part of the My Health GPS/Health Homes program. My Health GPS is a District program focused on embedding interdisciplinary teams into the primary care setting to deliver care coordination to Medicaid beneficiaries, enrolled in either Fee-For-Service or Managed Care, with multiple chronic conditions, including primary, acute, behavioral health, and long-term services. A State Plan Amendment to update the Health Homes Payment Methodologies was approved in December 2018. The Health Home model roles include a care coordinator/ Bachelor of Social Work and a peer navigator/community health worker. CHWs are covered through payments to primary care teams participating in My Health GPS.
- DC's Medicaid Managed Care Organizations also employ CHWs in varying roles.

Certification[41]

While not every state has chosen to pursue certification, around half of states have opted to define standard qualifications for CHW services through certification programs that are either implemented by the state or another entity, such as a state CHW association or third-party certification board. Of note, there is a growing interest in certification programs led by state CHW associations, which are uniquely situated to understand workforce needs and key qualifications.

CHW certification, or in some cases a state-recognized training curricula, remains a central approach to defining CHW qualifications for Medicaid reimbursement — and Medicare reimbursement as well. The 2024 Medicare Physician Fee Schedule added a CHW benefit for Medicare beneficiaries.

District of Columbia Status:

- DC currently does not require certification (as of December 2024).
- DC Health is contemplating legislation that would likely address issues such as scope of practice and certification for community health workers.

Definition of a CHW[42]

At the state and federal level, there is increasing interest in ensuring that the CHW workforce is defined accurately and consistently to support hiring practices and program design that match the lived experiences and skills of CHWs. CHW definitions serve both educational and regulatory purposes and are a key first step in supporting broader understanding about how CHWs fit into the health care and public health landscape.[43] Many states that have a CHW definition use or adapt the American Public Health Association (APHA) definition, which was developed with input from CHWs across the nation: A community health worker is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A community health worker also builds individual and

community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.[44]

District of Columbia Status:

- DC currently does not have a codified definition of CHWs.

Policy Opportunities and Levers in Washington, DC

Policymakers and system leaders that serve children and families in the District of Columbia have numerous opportunities to advance systemic inclusion and sustainability of community health workers, including CHWs with infant, early childhood and family mental health training.

The following recommendations provide impactful opportunities for all branches of DC government and the private sector to continue working towards equitable mental health systems and other child and family-serving systems that promote mental wellbeing.

- **Include DC CHWs in Policy Decisions and Processes**
  - Community Health Workers, and the DC Community Health Worker Association, should be fully included in any policy decisions and processes that will impact the CHW profession in Washington, DC.

- **Advance Sustainable Incorporation of CHWs in DC's Health Care Ecosystem**
  - CHWs in the District of Columbia are largely sustained through grants, philanthropy, and operational budgets at the organizational level.
  - Particularly with health and mental health care workforce shortages, now is the time to move towards more sustainable funding models, including leveraging Medicaid. Considerations include:
    - Advance local legislation that would codify an equitable pathway towards voluntary certification. Legislation should balance safety and oversight without being administratively burdensome for CHWs or organizations, and should not contribute to further workforce strain or policy complexity.
    - Establish a working group with key government, public and private partners to determine the policy approach(es) and timeline(s) for achieving Medicaid reimbursement for CHWs in the District.
    - Explore innovative opportunities with DC Medicaid Managed Care Plans (MCPs) to utilize CHWs with infant, early childhood and family mental health training.
    - Continue to advance supportive policies and reimbursement of interventions that can be delivered by trained non-clinicians, including CHWs, such as the recent addition to the DC Medicaid Fee Schedule of the infant and early childhood mental health intervention, Attachment and Biobehavioral Catchup.

- **Consider Allowing CHW Core Competency Training and Specialization to Occur Simultaneously**
    - If DC codifies a scope of practice, competencies and certification process for CHWs, the District should consider providing an opportunity for CHWs to gain basic core competency training and a specialization in tandem. This would reduce time and economic burden for CHWs.

- **Ensure Professional Oversight Board has CHW Expertise**
    - If DC moves towards CHW certification, a professional board will likely be required for oversight, or a third party could administer oversight. In the case of a professional board, it is critical that the professional board has ample CHWs. Alternatively, a dedicated CHW professional board could be created, a solution instituted by other states.

- **Build the Skillset of Existing Workforces that Engage with Families**
    - Existing public and private workforces that interface with young children and families would benefit from training and enhancing their skillset in the CHW and mental health competencies offered by the *Certificate in Infant and Early Childhood Mental Health: Family Leadership*.
    - Funding for workforce and/or professional development could be utilized to pay for the Certificate training for individuals in a variety of roles in the public and private sectors.
    - Creative and expansive thinking regarding the organizations, local government agencies, and job types that can upskill workers is critical. Supporting infant, early childhood and family mental health must be rooted in community, and move beyond the confines of clinical walls and traditional health care entities and roles.
    - Setting examples include, but are not limited to: early learning centers, schools, recreation centers, houses of worship, pediatric primary care, hospitals, FQHCs, mental health clinics, Family Success Centers, home visiting programs, human service agencies, family court, and libraries.
    - Local government agency examples include, but are not limited to: Child and Family Services Agency, Department of Behavioral Health, DC Health, Department of Human Services, Department of Health Care Finance/Managed Care Plans, DC Public Schools and Charter Schools, Metropolitan Police Department, Office of the Attorney General, Office of Neighborhood Safety and Engagement, Office of the State Superintendent of Education.

- **Establish Formal and Informal Partnerships with the *Certificate in IECMH: Family Leadership* Program**
    - Numerous opportunities exist for public and private organizations and agencies to establish formal and/or informal partnerships with the *Certificate in Infant and Early Childhood Mental Health: Family Leadership*.
    - Examples include establishing regular internship, practicum, and/or apprenticeships opportunities for students enrolled in the Certificate program,

building pipelines for qualified graduates to enter existing jobs, and creating thought partnerships to vision new roles and job categories for Certificate graduates.

Contact:
To learn more about the *Certificate in IECMH: Family Leadership* please contact:
Arrealia Gavins
Director of Early Learning Practice
Early Childhood Innovation Network (ECIN)
Department of Child and Adolescent Psychiatry
MedStar Georgetown University Hospital
Email: Arrealia.C.Gavins@medstar.net

APPENDIX A:

The Online Certificate in Infant & Early Childhood Mental Health: Family Leadership Program Competencies

- Advocacy Skills
- Community Outreach & System Engagement
- Motivational Interviewing & Communication Skills
- Promote Healthy Lifestyles/Healthy Eating Active Living (HEAL)
- Individual & Community Assessment Skills
- Behavioral Health Integration
- Virtual Learning & Telehealth
- Service Coordination & Navigation Skills
- CHW Health Insurance Basics
- Documentation & Organizational Skills
- Healing-Centered Engagement & Capacity Building Skills
- Education & Facilitation Skills
- Professional Conduct, Interpersonal Education & Relationship Skills
- Connecting Communities with Supporting Health Professionals
- Public Health; Social Determinants of Health
- IECMH Foundation Knowledge
- Cultural Competency, Humility, Equity & Inclusion
- Reflective Practice and Practice Transformation
- Child- And Family-Focused Peer Support
- Competency-Based Practicum
- Evaluation & Research Skills
- Current & Emerging Health Issues

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[1] For purposes of this paper, usage of the wording "mental health" is broadly inclusive of the many terms used in the field, including, but not limited to, behavioral health, mental health promotion, prevention and early intervention, and mental health and substance use disorders.
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