

Head Start Forward: East Coast Migrant Head Start

Tabitha: We are excited to introduce to you the members of the East Coast Migrant senior executive team. Joining us today is Christine Alvarado, Chief Innovation Officer; Javier Gonzalez, Chief Operations Officer; Steven Mayne, Chief Financial Officer; and John Menditto, Chief Legal Officer and Head Start Director. Today, we've invited East Coast Migrant to share with us their program's approach to keeping staff mentally well and also physically safe. We'll just start with the questions, Christine, and please share with us how your program identified staff mental health and wellness needs during the pandemic.

Christine Alvarado: Thank you, Tabitha. As way of background, we reopened for center-based services in June of 2020. When we did that, we were asking staff to step into the unknown. We spent several weeks and months preparing to operate and with the best knowledge background from CDC, all of the states we operated in, but we knew we needed to provide a lot of extra support for our staff during this time. We're multi-state. We operate in 49 locations. We already have good communication systems in place, but we knew that these communication systems at the center level, at the state level and the corporate level needed to go into hyperdrive to make sure that our staff not only had the most current information because things were changing rapidly, but also to make sure they had reassurance.

When we didn't know, we shared with them, we didn't know. We will try to find out for you. Everyone needed reassurance. We needed to wrap our arms around each other during this really, really scary time to make sure that we were staying on mission and providing services for our children, whose families are essential workers and needed care.

Based on the information that was coming up from the centers, we knew that they were tremendously stressed – completely committed – but everything was more difficult from enrolling children, to changing diapers, to preparing meals. Everything was more difficult. We put into place three major strategies to support staff as we saw them becoming increasingly stressed. Let me add that not only our children and families were experiencing stress and difficult situations, many of our staff come from the community that we serve. We're also a lot of difficulty, a lot of tragedy in their own families and communities, so we knew we needed to support them.

One of the most important strategies would be put into place the end of the season in our upstream, our northern programs with something called caring for those that care. At the end of the season, after again, tremendous dedication staff were stressed, they were exhausted, they were tired. We knew we needed to do something to help them process out the year. We developed this initiative that provided our staff with a day of wellness activities, and they got to choose what they wanted to do. It was a big meal. It could have been yoga. It could have been Zumba ... could have been mindfulness walks all facilitated by a mental health consultant. We also had mental health consultants available for a full day to do group sessions at any variation that the staff wanted to do and then an additional day and sometimes two days to do individual consultations with staff. I'm really happy to share with you that 39% of our staff took advantage of those into individual consultations. This is a community that isn't always receptive of mental health supports. We thought that that was a great, great success. Of that group, an additional 38% took advantage of additional support that we made available to them outside referrals.

We also provided two days of extra paid leave for center directors who were on the front lines every day, getting it done and told them go get a massage, go spend time with your family, but relax. That was really, really effective. We had great feedback, and staff were ready to come back to work after that. Another really important – not necessarily intervention, but an enhancement – that we did was for support for our staff in crisis and mental health supports on an ongoing basis.

We really ramped up our trauma informed practice, refreshed it. We made sure that all of our staff and all of our local leaders knew that they had access to a menu of resources from our insurance providers, mental health supports to employee assistance program, to local mental health consultants. and anything else that staff wanted to do. When we did have a death in the community or a difficult situation with families. We knew where they were happening because we kept data on COVID for every community where we operate. We really zoomed in on them and provided them with support and coordination for those efforts.

Another super important initiative we put into place was our respite week. When our staff were completely exhausted and hit the wall, we knew we needed to do something. Javier is going to share a little bit about this really important initiative.

Javier Gonzalez: Yes, thank you, Christine and Tabitha and Marco. Respite week was an innovative initiative that our leadership team took on in response to the feedback that we were getting from our centers – where our staff were also highly committed – were in need of a mental break. This respite week was brought on to our senior leadership was approved and implemented in a staggering manner to align this week with the local school systems spring break so that we would minimize the impact of our centers being closed on our families.

It would allow our staff to also have that time to reenergize, take a step back, take a deep breath, spend time with their families ... in some cases even mourn and the impact of COVID on their immediate or extended family. This was something that had never been done in the history of East Coast Migrant history project. It was very, very well-received. Great positive feedback from our staff that also they did not ask for ... we knew that they needed. The feedback that we received as a result of that was very positive. We saw the difference at the return after that week, that staff were ready to hit the home stretch of the Florida season with a very ... much more energetic attitude.

Christine: It really helped them to refocus, and we do believe that it helped with staff retention as well. All three of these initiatives, we had great feedback after surveys and staff felt cared for. They knew that we knew that they needed our support. I would also add that our members of our senior executive team and other leadership in the organization, it was out in the centers to the extent that it was possible during this time fully masked geared up, but providing that extra support and listening to what our staff needed.

Tabitha: You know, Marco ... I need to ... Dr. Beltran, you know something that really resonated during this conversation was when I believe it was Christine ... She said we did something that we'd never done before, you know? It just speaks to the program being responsive. They couldn't do business as usual, but they had to be innovative in their approaches to making sure staff had the mental health supports, they needed to provide quality services.

Marco: It seems like you guys were on the same trajectory that we were on. I think from the office perspective, as we started to embark, and as we're trying to figure out what to do from the onset, we were really focused on mitigation strategies, right? What are those things that we need to do to like keep our kids safe in the classroom? That's what our focus, as it seems that as we started to move along in this process, you were kind of doing the same thing and you quickly realized that a big focus was that of staff wellness, which is what we realized. We had to figure out how to integrate mental health staff wellness into the conversations where we were talking about mitigation strategies as programs were returning to in-person services. There was a lot of alignment there.

I think one of the things that we try to do a lot as we figured that out was that in order to fulfill that, or in order to address that communication became a really key component. You seem to have done that with the communication reassurances and addressing this notion that staff were really stressed. You were trying to figure out how to do that. It was really treat by one thing though, although you were doing some innovative work, which I think was great.

You also kind of look back at what are those things that were working in the past and you figured out how to enhance them. I think your trauma approach work, which was one of those things that you knew worked for you, and then you looked at it and you figured out how to [Inaudible] in order to move forward. I really appreciate it. I think that's one of those things that we, we kind of get lost in sometimes. Sometimes we start to try to look at the innovation and try to do something new and we forget that we've been doing stuff really well. It seems that you kind of honed in on those things that you were doing really well and figured out how to make them a lot better. Thank you for doing that.

I want to turn to John, John, can you describe the program's approach to vaccine outreach and promotion for staff

John E. Menditto: Marco, I thank you so much for the question. Providing center-based services, Marco, throughout the pandemic, raised many, many challenges. However, with the arrival of the safe and effective COVID-19 vaccines in the late winter and early spring, we were so optimistic that we were going to get back to a normal operating environment really soon. We did also know that there was going to be reluctance on the part of some staff to receive the vaccine. We engaged in a very, very robust and intense public relations campaign to celebrate the opportunity to be vaccinated.

We asked all of our leaders throughout East Coast, especially our center directors to take images of themselves when they got their jab. Then, we posted it up onto our social media pages, which is one of our very effective communication tools. We shared those images through our internal communication environments as well. We took great pride in celebrating each individual vaccination event that occurred.

Despite our intense push, our vaccination rates, Marco, remained very low throughout the spring. By the time we got to our quarterly board of director meeting and our policy council meeting in late April, we were reporting to our board and our policy council that our vaccination rates for our center staff were 34%. That number at that time was lagging below even national averages for vaccination rates. In consultation with our board and our policy council, they asked us to really redouble our efforts to figure out strategies that would work to get our staff vaccinated. For us, what that meant was that we needed to mandate for all of our employees receive a COVID-19 vaccine, as individuals would have an opportunity to apply for an exemption to the vaccine, if they felt like they qualified for such an exemption, but otherwise, we would need them to apply to receive a vaccine.

Over the course of time, from May 24th to today, we went from a vaccination rate of 34% to a vaccination rate of 88%, which is something that we're very, very proud of. Now, we still have 12% of our workforce who are not vaccinated. For that, those staff were working on an individualized assessment of whether those individuals, based upon their job duties, based upon their risk of contact with our children ... Again, remembering our children cannot be vaccinated against COVID-19. We're making individualized assessments of whether those individuals will be able to keep their exemption or whether they'll need to transition to either becoming vaccinated or tremendously ... unfortunately, we'll need to transition to another employer where it's you know, they're where they would not be working with East Coast in the future.

All of these decisions that we've been made in this area have really been data driven decisions we've been making within East Coast every week, since the pandemic started, we prepare an analyzed on a county-by-county basis for every county in which we're serving children, the rates of COVID-19 spread. That gets circulated among our senior leadership team. We make decisions based upon that.

Right now, as I think probably most programs are aware as a result of the delta variant, many, many counties throughout the country – and certainly within our service areas – we're seeing extremely high rates of infection. Because of that, that's really driving this push that we've had at East Coast Migrant Head Start project to get our workforce vaccinated.

Marco: It seems that you figured out how to do something that we're getting a lot of questions about within the office. We usually get two questions is ... One, "Are we going to require vaccines from the federal perspective?" and then two, "Can grantees require their employees to have the vaccine?" I know based on what we're hearing from the field that this is a really extremely difficult kind of decision for grantees to kind of embark on knowing that there's going to be folks that are not vaccine confident to go out and get a vaccine, but it seems that you kind of laid out and you looked at the data and you really emphasize those things that were really important to you as an agency in order to maintain the health and safety of the children in your program. That's really ...

John: Marco, let me interject. I mean, one of the things that we've found and again, and some of this is from our senior leadership team has been in our centers. We've been talking with our center staff, talking with our center directors. We've been hosting virtual town hall events, where all our employees have had opportunities to engage with our senior leadership team as we've made this decision. One of the things that's been remarkable to me is how many of our employees who are not confident about the vaccine really appreciated our decision to mandate it to the field because that was the push that they needed to move this being on the fence about the vaccine. "Do I ... Should I take it or should I not take it to actually receiving the vaccine?" Then I know ... Javier, do you want to speak to the supports that we provided to our staff members in terms of paid time off to receive the vaccine?

Javier: I agree, John, thank you. I was going to, and some of the initiatives that have driven the push to the majority of our staff getting vaccinated is rooted in good communication, right? We have to have good communication systems to provide accurate information to our staff. By that we brought the voices of experts from the state level. We've encouraged collaborations with our centers at the local level, to the point where we have hosted vaccination events at each of our centers, our local centers have partnered with the health departments to prioritize our staff for the vaccine that we have a COVID guidance that is updated with the latest CDC and local health department that is distributed on a periodic basis to our staff. They have the latest information available to them. It's not just east goes migrant legal leadership giving these directives, but they're rooted in data. We've also provided

opportunities for staff, the paid time to go get their vaccinations. We've allowed them paid time if they have secondary side effects and have to be out for several days as a result of getting vaccinated to facilitate and promote their vaccination among all the staff.

John: Marco let me ... [Crosstalk]

Christine: This decision was really difficult. What was difficult was the implementation. We know our children can't get vaccinated, and we have a responsibility to do everything we possibly can to maintain safe environments, and it's vaccines. It's also the only way we can protect staff who are working with unvaccinated children. Again, the difficult part has been the implementation and the highly individualized approach to working with staff. Our CEO, Maria Garza, all of our senior staffers center directors have been working with staff on an individual basis. We had several town hall meetings with staff who could ask questions. We had an idea what the themes were and worked with those names, worked with a physician from duke, worked with our state leadership, and really then took it to an individual level. It was so much work on the part of leadership at all levels to really get to where we are right now.

John: Christine, I just wanted to add: We've now transitioned with our vaccine promotion to really promoting it with our parents. We've partnered ... We had a virtual town hall on a with leaders from the consulate of Mexico and the consulate of Guatemala, who spoke to the importance of farm workers to receive the vaccine and the opportunities available to do that. That really is sort of the next phase of our vaccination protocol is really to promote it, the opportunity to become vaccinated with our farm worker parents.

Tabitha: Javier, Christine, Steven, John, and Maria, who was cheering from you, from her office. Thank you so much for sharing your experiences with us. We will now learn from our next grantee about the approaches they used to return to fully in-person services.