

Promoting Substance Use Recovery through Community Partnerships

Nydia Ntouda: On today's webinar, we have Kelli McDermott and Brandi Black Thacker as our presenters. They will introduce themselves today. Kelli.

Kelli McDermott: Hi, everybody. My name is Kelli McDermott. I am joining you from the National Center on Health, Behavioral Health, and Safety. I'm thrilled to see all of you here today. Before we jump in, I want to pass the mic over to my dear colleague, Brandi. I'm thrilled that we are having this conversation together.

Brandi Thacker: Oh my goodness, Kelli. Me too. It's always such an honor to be alongside my colleagues at Health, Behavioral Health, and Safety. I'm thrilled to see many familiar names in the crowd today. Excited to join in the conversation. My name is Brandi Black Thacker. I'm the Director of TTA Development and Strategy for the National Center on Parent Family and Community Engagement. This topic, among many others that are important to you, are very important to us. I'm so excited that we get to collaborate today with each of you. Certainly, Kelli, with you.

Kelli: Thank you. Today, we are wrapping up the Head Start heels substance use recovery theory. This is the third session that we have had discussing this topic. If you haven't been with us in the other sessions, we reviewed utilizing head start spaces to combat stigma around substance use and recovery to promote conversations and screening in a universal way.

We've talked about getting our language updated and professional and non-judgmental and supportive. We have talked about the power of connection and positive relationships to support substance use recovery journeys. Today, we're going to wrap up by thinking about community partnerships together.

Of course, we want to think about how Head Start services can support substance use recovery. This is pretty embedded into what we do every day, but maybe we don't dig deep into this lens, and think about the impact that running a strong head start programming will have on somebody in their recovery journey. We want to think about how we start conversations about referrals. Yes, having these conversations can be tricky.

This has been a running thread through the series. We want to think about how we can move forward into having conversations that feel supportive. Then how we can be prepared when somebody says yes to us. I want to have this conversation. I want to explore resources in my community to pursue recovery. We know where to send them. We want to think about cultivating community partnerships that support substance use recovery, how we develop and maintain those relationships in our communities. We are going to highlight some resources that are available for staff and families on the ECLKC and otherwise.

As we move into the next slide, I want us to just take a breath because that was a lot of things that I just said. We have covered a lot, and we will be continuing to cover a lot. This is a topic

that can be activating. Many of us have experiences with substance use in our personal lives, in our professional lives, in our communities. It hits us in different ways at different times.

Perhaps you're somebody who feels really confident talking about substance use. You have made this part of your practice in your role or in your life. Even with that, if you have a day that is maybe not your best day, different things can hit us in different ways. We want to just acknowledge where we are in this moment and give some grace for ways that we might be showing up.

From the start, our center is working really hard to remain present in these conversations and to give permission to say when things are not feeling super comfortable. In order to do that, you have to assess where you're at in this moment. I'm going to invite you to take some breaths. To find things that feel containing for you. If you have your favorite fidgeting, if you're a leg bouncer or a hair twirl, go ahead and get going with those. Take your pen. Drink your water.

If you want to do some bigger movements, you can roll your neck. You can think about different parts of your body getting situated. I know what it's like to be in programs. By this time of the day, you might have lived a whole day and a half. If you're just sitting down, maybe just sigh into your chair. If you have us and you are moving still, we're happy to be on the journey. I want to acknowledge that there's a lot of things that are probably happening on the other side of the screen here. Stretch your body. If you are on the move, feel free to take a walk, take us with you. We're so thrilled to join you like I said.

I also want to highlight that a lot of times, these topics sit with us long after a webinar is over. We don't want you to sit with that alone. Please find someone you trust to talk to about, what's on your mind. If you feel like you want to do some further reflection, I invite you to do that. If you want to have a mantra, if that feels good for you, I can do hard things is an easy one to remember. Definitely, it can feel relevant in many different ways, including having this conversation, sitting through this webinar, and thinking about ways you might change your practice moving forward. Most of all, we want you to pay attention to where you are right now and figure out the strategies that are going to work best for you as you move through this conversation with us today.

On the next slide, you can see that Head Start has prioritized responding to substance use in a lot of different ways. This became, I think, really well known during the last few years when the opioid crisis was getting a lot of attention. But this stems back to even before that. What we know is that Head Start wants us to think about universal screening practices. This has been a topic in many webinars recently. I'm not going to spend a ton of time on it today. But I just want to highlight that screening for substance use, or anything really, works best when it is universal.

This is not a cherry-picked approach to say, I'm noticing that family over there and I think they could probably benefit from a substance use screening to see if they might be a good candidate for some services in the community. We really want to think about a universal approach. to

embed questions about substance use, interest in joining our recovery community, or treatment services in our everyday work with all families.

We want to think about special considerations for pregnant people and expectant families because there are differences in medical advice, and what's safe and not safe, and some pretty specific ways to support birthing people. If you missed a recent webinar on talking about substance use with expectant families and pregnant people, that should be available on the ECLKC soon. If it's something that you're interested in, I definitely invite you to check that out.

Overall, though, we want to have open, inviting, non-judgmental, and inclusive spaces because that's what reduces stigma around entering recovery. A lot of people think that there's only stigma around substance use itself. But what we know is that stigma is also in the recovery space. We want to make sure that we're inviting people to join us where they are, how they are, and that we'll meet them with open arms.

Lastly, we want to think about using community partnerships as a tool to leverage all of the things that we're talking about on this slide. We can't do this work alone. It is a big job. We need our friends in the community to be there with us as we are embarking on this journey or continuing if it feels like it's something that your program has down pat. We would love to hear from you in the chat if you think this is something where your program could really grow, or if you think you've got some really good practices in place already. We'd love to know that as well.

While we are waiting for people to jump in the chat and let us know, we want to also just highlight this idea of self reflection. We walked through our grounding practices at the very beginning. One of the things that our center is prioritizing, like I said, is lots of opportunities to be present with how you're feeling and how you're experiencing information in real time. This is an opportunity to just walk through a self-reflection process.

While that is helpful sitting in a webinar, it's also really helpful before you're embarking on something stressful at work or hard in your role. We want to just invite you to think about your patterns. What do you do when you are experiencing stress? What are your go-to strategies during those times? Are they working for you?

Sometimes people say, "You know what? I really know what my patterns are. It might not be the best coping patterns/strategies. I want to think about how to change those." Other times people don't really know what their patterns are at all. We're starting more at the beginning. This is really relevant to thinking about how we approach substance use engagement in our community because it can be so activating. Because there are so many layers and many ways that it can touch us.

We want to think about how we respond, how we feel about the way we respond. Do we want to keep it? Or do we want to trade some of it in? How we want to grow. This can be absolutely done one-on-one with yourself. But it can guide conversations and reflection at the program level too. I invite you to just file these questions away.

I see you in the chat saying that there are lots of places you think you can grow in this area. I'm thrilled for you to join in this conversation with us. As we move forward, it would be wonderful if you share with us things that are resonating with you, that feel like you could implement, or ways that you think you might be able to utilize some of these resources as well.

On the next slide, we are going to show a video from the ECLKC. I'm not going to give a whole lot of introduction here actually. I'm just going to have us play it. Then we'll get on the other side.

[Video begins]

[Music plays]

Berta Velilla: I think we have realized that this is an issue that no individual agency can deal with alone.

Robin Gersten: We're seeing a lot more children removed from the home. We're seeing children that are raised by grandparents or aunts or uncles, whose families go into rehab.

Berta: It is an issue that is taxing so many of our systems, schools, law enforcement, children's protective services, public health, mental health, Head Start. And if we all come together and share in our expertise and bring a little peace and strengthen our collaboration, that's the only way that we're going to make a difference. And we're going to get somewhere.

Margie Chastain: We are always trying to build connections with other agencies in the community because we understand that we're not experts in everything, and we can't provide everything that a family might need.

Rosemarie Halt: We have joined what in this area is called the Regional Overdose Prevention Coalition because we know that those resources of the people there can help our clients.

Julie Herrmann: We collaborate regularly with local school districts, with the Board of Developmental Disabilities. We participate regularly on what's called Joining Forces for Children. It's a collective impact initiative run by Cincinnati Children's Hospital. That collaboration is absolutely essential in terms of becoming trauma informed, remaining trauma informed, and providing the best services possible for the community.

Robin: We work with outside mental health agencies. We refer to neurologists, psychiatrists, developmental pediatricians. We work really closely with the public schools.

Rosemarie: We've also got asked by government agencies to be part of their panels. And one thing has led to another. And that joining one organization just connected us to many other people working hard and around substance use disorders. And particularly, the opioid epidemic.

Linda Botelho: We know that families are out there struggling in isolation, as does the individual with a substance use disorder. And we know that in order for families to function, to provide self-care, and to care for their other family members, many times there are other children, they need to know the resources that are available in the community.

Toscha Blalock: It's so complex. What's out in the community is complicated. We try to make sure that they have those connections.

Pauline Carlson: It makes it much more comprehensive that we couldn't do on our own. And we have amazing community partners. That's been really helpful.

Rosemarie: We know more people to call to work with. Again, it's really that networking that I think has been critical for part of our success is being able to help our families.

Berta: It's all about helping the kids and the families that are part of our community.

[Video ends]

Kelli: We always like to know if you can jump into the chat and tell us if that was new for you if you have seen that video before. We're always curious about the reach of services or resources on the ECLKC. We just want to highlight that is a segment of a video on ECLKC. There is also a longer video and a couple other supporting videos for the opioid crisis work that's been done. That said, thank you all so much for letting us in the fact, if you have seen it or not.

But we wanted to highlight that there's a lot of really good work being done. There's some models in place already. We can learn from the collective wisdom that's out there. We don't necessarily need to recreate the wheel. But we also just wanted to showcase that this is there for you to revisit. Like I said, this was a segment of a longer video. There's another one that's almost 10 minutes long. There's additional videos online as well.

Check those out if you are interested. I am going to pass this over to my friend Brandi with the invitation to join us in the chat and just let us know if there was anything in particular that resonated with you about that video. Whether it feels like it's work that you could similarly do in your program, or if it feels like there's a lot of growth that needs to happen first. We want to hear all of those things.

Brandi: I'm so grateful that you're reminding us of this video series. I see that almost all of our colleagues in the chat are acknowledging that this is new for them. The richness and the wisdom only starts there, y'all. That series is really incredible and really impactful as you think about where you would like to focus your energies, where you feel like you need the most support in these conversations. Certainly, you saw a little bit of an expose of that connection to community, which we're going to keep going with right now.

Speaking of resources. On this next slide, at PFCE, we've been busy, as all of you have. We wanted to also remind you of a slate of resources that we've been working on. Golly, it's likely been for about a decade now, to be honest. We've uplifted a few of the resources here for you

from our building partnership series with families. That's over on the ECLKC. Now, you all know how we do. It depends on where you live. The ECLKC all there for you for free in the moments that you find that these might be useful for you.

You can see how this conversation can converge from everything to just regular old conversations to topics that might feel sensitive or even challenging. What we offer here is this almost stepwise progression for you to consider as you're thinking about, Kelli, what you said. Ways to really come alongside your families in ways that honor their journey, with no judgment, no stigma, but really also in support of you as a person who is in this space to hold, not only for yourself, but specifically for our families who are navigating their journey toward recovery.

I just wanted to remind you —I'm going to highlight a couple from that center document, the one on sensitive topics. It is in the handout that Nadia just put in the chat for you. I wanted to highlight a set of concepts that we're calling connected conversations. Now just yesterday, I was on the phone with a mama, who was telling me that she's also a Head Start staff person. She was telling me that at her program, they call these conversations from the heart, which I promptly told her I'm taking with me. All the ways and spaces.

If you look at that next slide, you'll see a little bit about how we categorize these, what we call connected conversations. As it relates to the topic at hand today for families who are on a journey towards substance use recovery, we all have to acknowledge and honor that it is about readiness. We need for families to be ready one of the major things that we need to be able to do is be in the conversation.

What I'm going to offer you on the next slide are some categories to think about with the ways and spaces you may share with families in determining their readiness. Because Kelli, here's to me it's very much ingrained in who and how we are in Head Start. We know that families, to be ready for what we call the, quote-unquote, "warm handoff" need to be deep in relationship with us first.

Before we transition to that conversation about communities and those kinds of connections, I just want to bring up a few really great time-tested tricks, tips, and strategies that we've put to work for us over time that will be likely great information for you. But in the context of this conversation around substance use recovery, I think when you put these to work in a way that specifically focuses on that dialogue, you'll be pleased.

Let's check them out. Let's look at before. Like most of us who do, Kelli, "heart work," we usually take a moment to prepare ourselves for the conversation, maybe our words for the conversation. As Kelli and I, we're preparing for this conversation, I was sharing with her. The thing that is the number one request that we get at our center in terms of things that folks would like us to speak on is, how do I say that? Insert hard topic. Here insert sensitive conversation here. Tell me what to say. Tell me how to say it. Give me a conversation starter.

If we look at the bullets on this slide, you're going to see a few that we offer for you as the helping professional in this space to consider as you're preparing for a conversation, as you think about where the family is in terms of their readiness, and if they are in a place in space where not only they're ready to connect with you but beyond. Let's look at a couple of these.

We always think about the physical space. Certainly, since we have been in a virtual world for the last several years, we're not only thinking about if we had the opportunity to share space and time face-to-face in real life, or as my 10-year-old says, "IRL, mom." I've got so much to learn, Kelli. For those of you that have teenagers, you're going to have to help me out as I figure all these things, acronyms, and all. But we're also now being very thoughtful about how to set up our virtual environment space.

What does that really mean? What does that look like? Are you free of distractions? Can you keep noises down to a minimum? Kelli, I think this is where we need to lean in and get real. If a family is in a place where they are on the verge of sharing something like this that might feel very sensitive and private for them, then we need to be in an area where it's confidential, where we can help them to feel comfortable, where we can honor that confidentiality and privacy that may be necessary in these moments.

As we're thinking about this larger conversation for families who are on their way toward substance use recovery, you can see how that more finite view of the bullets in front of you could really come to life in a different way. Learn about our own perspectives. I think it's really important. I was with a group just a couple of weeks ago. You may notice by my accent that I'm from the country. We have sightings. Wherever you go, there you are. It applies to who you are in the space, in your interactions as well.

Kelli, I like how you said it earlier. If you have an activation, if you feel activated in a conversation, and you know about yourself that this is a set of topics that you may have lived experiences or supported others, then you need to be aware of what might happen for you in your body and your reactions of prepare. Well, if this sort of thing happens to come up, then I'll know I need to phone a friend. Maybe I could ask permission of the family if I could bring in a colleague that could support us both in these moments.

Being able to keep the family as we do. Kelli, we're talking to Head Start colleagues here. I feel a little vulnerable in offering some of these things because we've been doing this for over 50 years. We're really good at this. Just hopefully some confirmations may be a new nugget or as you think about the specific application to substance use recovery.

The other thing that's really critical before is to know a little bit about the family's perspective to be able to honor, not only the readiness, but the willingness of families to share what might feel a little scary. Because you guys know who we are. We have perceived power. Families have to grapple with what that means and what will happen and how we can state and assure them that we can stay in relationship and support the family in a meaningful way as they navigated other systems that may or may not have been as open and supportive as we are. Just keeping in

mind the “walk a mile in someone else's shoe’s” perspective based on their own journey, and what they might be worried about or hopeful for as we think about the family's perspective.

Certainly, in the Before part of this connected heart-to-heart conversation, it's thinking about the families overarching cultures and the structure, the constellations. I mean, we work in communities all over the country that have different ways of being. We have biological family, adoptive family, foster family, chosen family, church family. We have all of these wonderful conglomerations of human beings. We want to make sure that as we navigate these conversations in particular, that we can keep those things close to us as we are always striving to come closer with the family.

Even asking this question, Kelli, I found over time when we get to work directly with families, like that. Tell me about the conglomeration of your family. Do you have a lot of family close? Are you a smaller family? Do folks live out of state? Tell me about the culture, or cultures, that you think are important for us to know about as we get to know you, or we get to think about this topic in particular. It just opens doors that I don't think we're surprised about in Head Start. As families are holding maybe worry or tentativeness in topics like these, it's always really wonderful as a deposit in the relationship to start here.

Jacqueline, I completely agree with your comment. The culture in the worldview is another part that needs to be seen. It's absolutely a critical part of the understanding of how we can come alongside. When we look at the —but Kelli, you know what? It's one of my favorite slides that you guys have created at the health center.

Lets look at that because it talks a lot about language and how it matters. I want to pause here, Kelli, and see what you would offer for this slide as we think about honoring things like Jacqueline said in the chat about culture and worldview, and how we get prepared. We also need to choose words that absolutely hold power, that will not convey anything less than our priority to the people we have the honor to serve.

Kelli: Absolutely. We all know that language is evolving. The ways that we might have learned to talk about substance use and substance use disorders could look different from best practices now. We just want to take a moment to bring everybody up to speed for where we are in this moment in time. It might be an area that you, again, have under your belt really well. It might be an area where there's some room for growth.

I want to give the caveat also that this is for professionals who are trying to reduce stigma in their spaces and in their relationships. This is not to correct someone about how they describe their own experience or identify themselves. Some of the resources that you'll find on the ECLKC in our recovery section are people telling their stories. They might use some of the words that are not that column of this slide. This is a place where we would not intervene and say, oh, actually you need to identify yourself using these words. Out of respect, as professionals, we are going to prefer the say this checkmark side.

Instead of using things like addict or druggie, we are going to use person first language, and highlight substance use disorders. A person with a substance use disorder. Many of you might know, especially as a result of the opioid crisis and the then push to recovery services to be in place, toxicology tests or urinalysis results can come in. A lot of times we are still hearing in a lot of places that they're referred to as clean or dirty, depending on the results. We want to really shift that language to positive or negative for whatever substances they are screening for, either the substances in the results or it is not.

We want to think about medication as a treatment protocol and not a substitution for using substances. One thing that I think has felt surprising to some people is relapse, especially if you're well versed in the theory of change, and relapse as being part of that jargon and clinical wording. Instead of using relapse for picking up a substance, or using when you're in recovery, we want to think of it as having a setback. We don't want to lose that hopefulness and the acknowledgment that someone is still in the recovery space, that they just had a setback. That it gives us lots of good information for how to move forward.

Brandi: Kelli, I really love that the language shift and the acknowledgment in Head Start as well. Let's use PFCE for an example. For those of you that have been around for a minute, you remember the days that we used to call PFCE, Parent Family and Community Engagement, for instance, FCP, Family Community Partnerships. Not only are we having the opportunity here to keep each other up to date in what feels most honoring of families who are on this journey, but also what's out in the big wide world as it relates to this work.

Kelli, I would be remiss if I didn't acknowledge that Austin in Head Start, being the nation's laboratory and all, we have the opportunity to also connect with and bring along our community colleagues. As we've learned, we've often taught others. To me, if you're looking to make connections and either forge new partnerships or strengthen old ones, this is such a gift. Something this small could be such a great gift in the way that you set the tone in how and who we are with families who are on this journey toward recovery.

I have to think about it, Kelli, from the micro to the macro because I think we can all benefit from this. In true fashion, I feel like Head Start, our colleagues across the country are quite wonderfully positioned but also uniquely qualified to take these conversations forward. With all of that, let's look at we talked a little bit before Kelli shared this incredible information about what we would do to prepare with and for our family before we have a conversation. Let's look at the next slide and check out what to do during that.

One of the things that I have to acknowledge that came in through our Q&A from my friend Cheryl over in Minneapolis is the importance of being prepared for the varying levels of responses that you may receive when you open the door for this conversation. In part of that before and getting your physical in that virtual environment ready, it's also readying yourself.

If this then that, what if the family says this thing, am I ready? What do I do if the family sort of offers this part of their story? What should, or could I do to hold the space in that moment for that response? Because any response and shared part of conversation is progress. Any part of

that shared information from a family in these kinds of conversations is a step closer to a deeper relationship and deeper readiness.

Kelli, I can't go forward in the conversation without acknowledging that we know, through the research and the real, that folks who are successful in this journey have a peoples. I say it plural because I really believe in Head Start. We never go anywhere alone. We come with all of our colleagues within the context and construct of the program. We have friends, which is what this conversation is about in the community. When families, or an individual in a family, know that they are surrounded by that kind of support, it changes things. It changes things in a real way.

Let's look at the bullets here on the During. Cheryl, I really appreciate that acknowledgment of helping folks feel really prepared for whatever things may come up in these conversations. As you do that, you can see here, we have about five ideas for you to consider. I love this. One of my mentors a long time ago would say this phrase. She said, "honey, you need to be a guide from a side, not a sage on the stage."

Can anybody give me a little whoop-whoop for that wisdom? I really feel like that's incredibly important. If you let me say it like I want to. I mean, from the country, we would say things like, "You don't should on others." Kelli, I have to spell it because sometimes people think I'm cussing. It's S-H-O-U-L-D. We don't wag our fingers and should or look down our nose at others. We come alongside physically. All things, otherwise, we truly do meet families where they are. We really make a concerted very thoughtful effort to do just that. Guide from the side.

Also, you cannot underscore the importance of asking permission. Picture it, ya'll. You're in the intake. Maybe you've gone beyond and you're in the strengths and needs assessment, as part of your getting to know each other and what the family might want to think about and work toward. You say because Kelli, I heard what you said earlier about universal applications of checking in with folks, all the folks we enroll for instance. Maybe we can say something like, we offer all of our families this information on substance use. And we actually have a couple of partners who support families in recovery, if that's their choice. Do you think it would be OK if we talk about that today?

Kelli: Once we work out, did you see it?

Brandi: Ask permission and explain why. If the family's not ready, they're certainly going to say, "nah, I don't really need that for myself." Then your response can be, well, we offer it for our Head Start families, but sometimes they have people in their family or in their extended network that may need this information. It's here. It's available. If you ever found that you need it for yourself or others, we'll be ready.

I don't want to say it's magical. But it surely does open a door that sometimes doesn't feel that way because we're not asking our colleagues, our family service professional colleagues, for instance, to target anyone that may need the information. We're giving it out in a way that really is supportive of all things and all folks.

Be flexible. I think this just comes standard in our own Head Start charter. If nothing, we're always flexible for and with our families, for and with each other. We pivot when we need to. We take two steps forward, three steps back. It's truly this beautiful dance. That flexibility shows up in so many ways, as it relates to this conversation.

Kelli, I think there's something important here as we acknowledge they had a setback part. When that part of the conversation is normalized, then it takes the worry and the stigma because we know what that cycle can look like. We know that sometimes if we have a setback, we can just give up and say, I have a setback. I'm not going to get back on track because I've already ruined it. I think this flexibility is an absolute gift. Sometimes I think in Head Start, we don't give ourselves enough credit for as wonderful as we are at this.

Let me tell you a couple more things. We're going to talk about the approaches. And then we're going to quickly shift into the community part of these pieces. Be present. What does that mean today, ya'll? I mean, you need to define it. Does that mean screens down? Does that mean genuine eye contact? Does that mean doors closed? Whatever that looks like for you and your families is really important in the during, and the context of this conversation.

If we have to move on to other things and we can't finish the conversation, we can always say that. This is really important to me. I'm realizing I have another person who might be coming in. I don't want them to interrupt. Permission. Would it be OK with you if we reschedule for a longer time very soon so we can follow up? We do it we follow up.

The last thing on this slide is this may be my Achilles heel. We're here. I mean, I'm a great listener, but if you test me with the silence, sometimes I'll feel it in. It's a humble place to be just when you're recognizing your own opportunities for growth. That's how I will sell it today. Use silence and listen. I mean, I'm here to tell you when you really get this, think of one of your best friends in the whole world. Think about how they lean in when you're telling them the hardest thing you're grappling with. The way they listen and really process alongside you.

Even that small act is incredibly powerful. As parents, let's be honest. How many times do we really get at other adult folks who can really sit in a protected space and lean in, and lean in that way? Don't forget the power of the silence and listening. Let's look at After. Kelli, I know you have a couple of things to tell us as we fully transition. As we're thinking about this, we're talking about we can't really connect families with community until we know that they're ready for that. We can't really connect until we know that they're deep in relationship with us. So they trust and believe that we're going to offer them supports that are meaningful, that meet them where they are, and that love them and revere them as much as we do.

After these conversations happen, there are just a couple of bullets we offer here. I already gave you a little highlight of one, which is follow-up. If you say you're going to, do it. I mean, it's just a proper course of building in the context of a larger conversation and the deposits in that relationship. Certainly, the other part that comes forward in this conversation, and the second bullet, is why we're here today. Just to think about as the family is really connecting them to the community resources, and let's not forget, hear, support.

Now in the context of the substance use recovery conversation, some of you have already mentioned in the chat different community groups that may be out there in terms of support and connection and sort of that never-alone idea. I don't want us to forget about the formal community organizations that we can hold within for families. But also that there may be opportunities for us to set up peer support in ways that also make an impact. Based on what we know about when folks have folks, they're more likely to succeed in this journey.

The other thing, Kelli, I'll say here before I turn it over to you for some checking in on the performance standards, because that's critical, I guess is sometimes when families share, for instance, yes, I am on the journey to recovery. I've had some stops and starts, but I wanted to make sure that I shared that with you as we come in to Head Start or early Head start. Sometimes they can regret telling you, or be worried that, like, oh my gosh, I should have never said that. I just met that person. They're going to think I'm awful. They're going to call somebody. I'm going to be punished in some way. They're going to think I'm a bad parent.

It is critical in this aftermath of the conversation that you can make that connection back. You can say, I just enjoyed our conversation yesterday. I want to let you know I was thinking of you. And I promise to follow up. Now, here I am. Because sometimes that nervousness that can come forward after they've had a moment to sleep on it, or after they've really gotten in their mind and gotten worried about, oh my goodness, what have I done? It's just this becomes over-critical, especially in this conversation. The After just has a couple of bullets, but don't let it fool you. It's really critical in terms of the connection for this.

All right. Kelli, what do you want to tell us about the standards and how we are asked to operate in this space in our federal regulation?

Kelli: Yes. I want to ground our conversation a little bit in what's required of us at Head Start. Identifying substance use treatment providers is actually written into the performance standards. You can see this on the slide in front of you. We spend so much time thinking about, how are we going to have conversations with families? How are we going to incorporate universal screening? How are we going to use those examples of asking the question that Brandi said to us so beautifully? And that is also important. We need to be able to do all of those things.

Also on the other side is the importance of being ready when a family says, I want to have this conversation. I am interested in more support. I would like to know what kind of resources are in the area. That's a pitch to us. We want to say, okay, we have this. We have a network of providers or services or partners that is just as well thought out as food pantries and medical homes and all those other things that we work hard to develop relationships around in our communities.

As you move on to the next slide, I want us to highlight that a lot of times people don't know all the different choices for pathways to recovery. This can feel a little bit limiting, or even overwhelming when we're being asked to develop a resource network in your area. Many people, I think, are familiar with this top bullet, which is mutual aid groups. That includes 12-

step-based groups like AA or NA. And it also includes SMART Recovery, which is not a 12-step-based group. As another example, Women for Sobriety can be considered a mutual aid group as well. All of those are easily found online. If you were to say mutual aid groups to support substance use recovery, you can find lots of different choices.

Here recovery support services are being ramped up kind of around the country. Hopefully, we'll be in a neighborhood near you if they're not there already. That's a nice tie-in to what Brandi was talking about in terms of establishing peer supports and really highlighting the difference between formal support and treatment and more informal solidarity-based we're all in the same boat, have lived experience in the same places, but isn't necessarily a 12-step-based group. Because not everybody feels connected to those groups.

We want to think about harm reduction and medication, formalized inpatient treatment. People often think of that as like a rehabilitation facility, or outpatient treatment, which is more like therapy. Or even medical treatment in a medical home can be considered outpatient. Lots of more things are showing up on the internet. If you are in a location where there's just not a lot around you, we know that access is a huge barrier to substance use recovery services. We might be able to find some help on the internet.

We want to think about culturally-specific paths. For example, if you are in a community that's guided by elders and their wisdom, there might be an open support around substance use and recovery. Faith-based agencies often have specialized support for substance use recovery as well. We just wanted to highlight that there are many places that you can look to find the best fit. That most people need a combination of all of these things to enter and maintain their recovery.

There's no one-size-fits-all approach. Having room to individualize wellness and recovery support is best practice. Again, having more than what you need for each person is going to get you a long way. They can pick and choose what feels like the best fit for them. With that, I'm going to push us into the next part of our conversation, which is really digging into steps for engaging community partnerships.

Brandi: Kelli, I'm really grateful that you showed us that previous slide, the pathways to recovery, and gave us a myriad of options to think about. Because when we're talking about what we call engage to community partnerships, they can look very different in terms of the players that we may approach to support this pathway, as you showed us on that last slide.

I have to acknowledge one of my friends and dear colleagues for a long time. Amy Hunter is on the line, and she also works with Kelli at Behavioral Health and Safety. I have the honor to learn from her across many events in a set of discussions that she and the center hosted in support of the opioid crisis. One of the things that kept coming forward for us is we've got to think outside of the box.

Are we partnering, for instance, with the judicial system? Are we partnering with our friends and colleagues in Child Welfare and CPS? How can we together be making sure that, one, folks

know who we are and where we are? There are some people that don't know who we are and where we are and Head Start. I can't even fathom it, but it's true. In those convenings over and over as we brought forward state partners in each of the regions, we had folks in these larger systems that families who are recovering from substance use did not know about Head Start and what we do, and how we can actually be a very critical point and part of that recovery pathway.

Kelli, I think I would slip it to have we thought of all of the friends that we ought to bring to the table? Now, let's get real. We know everything that you guys have been holding and carrying, as you've navigated things like COVID and natural disasters and requirements and staff shortages. We have to acknowledge that everything you've been doing and holding has been a lot. Some of these conversations have rightfully needed to be prioritized and reprioritized.

What we're hoping is that something like what you see on the screen here for this connection to thinking about engaged community partnerships you could put to work for you in more than a few ways. Specifically, as we're talking about today, you'll see one of the resources that we created at PFCE a few years ago called tools for planning community partnerships. There are these six really concrete and follow-along strategies and steps that will help you keep track of who you've reached out to, where. When you go into those conversations, how you can offer a stepwise progression for your partner's consideration.

As it relates to substance use recovery, you first have to identify the partner you're hoping to bring in. Is it someone, Kelli, that was on the list from your previous lot? I'm looking back whether that's faith-based support, whether it's peer recovery support, whether it is some folks in the judicial system. We're trying to say, we can really support families as they're navigating some of these pieces.

Identify who do you think would be most useful and helpful for you and your families based on what you know about, for instance, which substances may be more prevalent at this moment in time than they have been in other moments in time. Which communities they may impact more deeply than others? We have some real opportunity here to zoom in our focus in ways that really support what we know about our families and what we know about our communities.

Once you identify said community partner, we want you to be able to think about the purpose. If you're partnering, let's say, with recovery centers, for instance, or those of you I know several of you have mentioned already, well, I'm from a rural area. I may or may not have access to all these resources. Do not be dismayed. If there's one thing that we've learned in COVID comms is that one of the things each of you did in all your creativity and all your passion and all your perseverance was to seek out online resources that families could access in their home language, in rural areas, in ways that they have never been able to before.

Doors in community partnerships have been opened in literal ways that we have never experienced them. Don't forget that bit because for those of you that are thinking about, well, we don't have anybody local in the county, or the next county over. Let's not be restrained by

that. Restrained. Constrained. Let's not be constrained by that because we have a really great opportunity to see if we can think in outside-of-the-box ways.

A couple of things. You get to define the purpose of the partnership. Think about your partner first. When you get together as a team, think about what your purpose should be. Is that after more support and resources for the families? Is it giving families a preventative option? Is it supporting families who have been in the CPS system? Is it to support your staff and their staff in collaborative training efforts? The world is your oyster. You have many options here.

You assess for each of you your capacity to contribute to this agreed-upon purpose. What can I do? What can you do? This is helpful because it doesn't have any organization or any person inside organizations feel like they have to carry the whole partnership. This agreed-upon opportunity up front is super-duper helpful.

Make sure that we're talking about what success looks like. We have to identify that it doesn't look like an increased number of families who were willing to talk to the recovery center. Does it look like we have more families who connected with their social groups and their peers in these conversations? You get to choose with your partner what that looks and sounds like. And that was step three. Then you get to the good stuff.

Now, I nerd out about this part, Kelli, because I love plans and action steps and such. You get to think about what strategies you're going to do together to get to that end result of the purpose. And you get down in step five to really concretatasm. I'm making up all the words today. Making concrete actually what you're going to do, what they're going to do. Ya'll know the drill in the time frames and who's responsible with what outcome.

Here's my favorite part of all, step six. How do we know that we've done the job we hoped when we get there? What are the opportunities that we hope to see in long-term community impact? You guys know how we did in the five-year project period. We're asked to show our collective impact for and with families and their children. What are the ways, not only that we can think about that in a broader sense, but also that we can show in incredibly hard and important work that you do every day so that folks really truly see the impact that you hold? Kelli, I realize what time it is. It flies when you're having fun. But let me turn it back to you so we can offer a couple more important tidbits here.

Kelli: We want to acknowledge that building community partnerships take some time. You need to figure out who's out there, go through the steps that Brandi has described for us nicely. And we might need something a little bit sooner. We wanted to offer SAMHSA's national helpline. It's available online in English and Spanish. It can help you find services that are local to you and they're at your fingertips. This might also be a good place to start when you're cultivating longer-term partnerships. But if you want something a little more immediate and need a place to look, this is an option.

On the next slide, we have "Take a Breath" poster. We, again, just want to acknowledge that this can be heavy. Having conversations about substance use and wanting to feel like we're

moving the needle and supporting folks who are either interested in entering recovery or working to maintain their recovery is a big job. We wanted to offer a poster for you that you can find online as well. There's a whole stress series available if you feel like that might be a good fit for your program.

I'm also going to highlight an opportunity for folks. I'm putting it in the chat now. There is a conversation guide training popping up shortly, sponsored by our center and Illuminate Colorado, which is one of our partners. It really talks about how to have these conversations specific to substance use in a meaningful way. They are experts around walking that line with Child Protection Services and folks in recovery. If you have questions that are specific to walking that line and navigating those systems, it might be really useful for you.

I'm also going to drop another resource in the chat that talks about the importance of screening for substance use disorders, and how that can look at Head Start. Well, it's not cooperating with very well. OK. I want to highlight this was a conversation that I think we could have had more of and is definitely popping up in our Q&A around what do we do when people we think there might be an issue, but maybe they aren't ready to talk to us about that, or they're not in a place to agree with us?

We want to think about how we have these conversations in a universal way that we are giving families voice and choice to enter into these conversations with us. Ultimately, we're providing information, should they choose to accept it and engage in that conversation with us, to all families. It's not something that we're doing any kind of assessing or screening or sniffing out before we decide whether or not to have that conversation.

On the next slide, we have some summary points for the day that you can peruse later, and we just want to highlight that. Keeping in touch with those community partners that you develop relationships with is best practice. We want to know what's going on with their work, and we want them to know what's going on with us as well on an ongoing regular interval. On the next slide, there are more resources here for you. Some that we discussed in our time together, and others that you can click through later. All of these are available either on the ECLKC or the SAMHSA national helpline that you see at the bottom.

That moves us into an acknowledgment for Black Maternal Health Week in the U.S. is coming up, April 11th. We wanted to just take a moment to make sure, one, that you are aware of it. This is something that's sponsored by the Black Mamas Matter Alliance and is important at Head Start. There are lots of opportunities to engage through reviewing resources and participating in the voices cafe that Oasis is sponsoring. Check it out.

I also want to just take a moment to say that these statistics are really heavy. I apologize that we're pushing through them quickly at this point because of time. But please take care of yourselves if this has caught you off guard or feels like it's hitting you in a way that is activating. If you have time to take a few moments to take some breaths and collect yourselves. We want to acknowledge that the disproportionality of the maternal deaths and infant deaths are very

preventable in many cases, and we need to do a better job. Head Start is stepping up to think about ways that we can support health equity in this space.

I want to just thank you all for being here with us today. I know we are bumping out of time, but we tried to pick up some questions through our live comments. I want to just thank you so much, Brandi, for being here with me. It's lovely as always. With that, I think we are ready to pass it back to you, Nydia.

Thank you. Kelli McDermott and Brandi Black Thacker. It is hard to cram in such great important information in a one-hour time block. You guys did that and picked up as many questions as you could. Thank you so much. Please do not worry if you have more questions. If you didn't get a chance to put your question in, you can go to my peers or write to health@ecetta.info.

The evaluation URL will appear when you leave the Zoom platform. Remember that after submitting the evaluation, you will see a new URL. This link will allow you to access, download, save, print, whatever you need to do with your certificates. Those of you utilizing the Spanish channel, you will receive an additional survey from an NCHBHS email address about the interpretation services today.

For everyone, you can subscribe to our monthly list of resources using the URL that you'll see after the evaluation. And you can find our resources in the health section of the ECLKC or write us. Again, that address is health@ecetta.info. Thank you once again to Kelli McDermott, Brandi Black Thacker, and to all of you for your participation today. Thank you. And Kate, you can close the Zoom platform.