

Alyce Spotted Bear and Walter Soboleff Commission on Native Children

March 12, 2021

Virtual Panel by Webinar: Early Childhood Development Programs as Prevention and Promise

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Commissioners Present:

Vice-Chair Dr. Tami DeCoteau, Anita Fineday, Don, Gray, Dr. Leander R. McDonald, and Elizabeth Morris.

Commissioner Absent:

Carlyle Begay, Dr. Dolores Subia BigFoot, Jesse Delmar, Melody Staebner and Chair, Gloria O'Neill.

Detailees, Staff, and Contractor:

Moushumi Beltangady, Department of Health and Human Services

Ronald Lessard, Department of Education

Eileen Garry, Department of Justice

Tiffany Taylor, Department of the Interior

Lisa Rieger, Cook Inlet Tribal Council

Joshua Franks, Cook Inlet Tribal Council

Miriam Jorgensen, Native Nations Institute of the University of Arizona

Danielle Hiraldo, Native Nations Institute of the University of Arizona

I. Introductions and Welcome

Vice-Chair Tami DeCoteau opened the meeting at 10:00 a.m. AKT, 2:00 p.m. ET with five Commissioners present. Commissioner McDonald provided the invocation and overview of the Commission norms. Appendix – Chat Log.

II. Overview of Commission and Goals of Meeting

[Transcript]

Vice-Chair DeCoteau So, with regards to the Commission, we're an 11-member Commission that was established by Congress to conduct a comprehensive study of all the effects, all the issues affecting American Indians, Alaska Natives, and Native Hawaiian children from prenatal to age 24. The bill that created us was co-sponsored by former Senator Heidi Heitkamp from my state of North Dakota, and also Senator Lisa Murkowski from Alaska.

We do know that Native children and youth experienced severe health and socio-economic disparities, but compared to other racial and ethnic groups in the United States, through federal government, though the federal government has trust

responsibility to provide their education, health and safety of Native children, complex programs and limited resources have not been successful to address the disparities. And to make things worse, federal agencies often lack clear guidance and operate in an uncoordinated way inhibiting the ability to effectively address the needs of children. We also know that the historical trauma and the inter-generational cycles of poverty contribute to the disproportionate health and well-being challenges faced by Native children and families today. And so that that there is also incredible strength and resilience and built built beauty and joy in our Native communities alongside with this hardship. So, it's not just all about hardship and trauma, we know our communities have really great beauty within them. Our Commission was created to address the challenges and build on the strengths of Native communities to find creative ways to change the trajectory for all Native children for the better. We'll be looking over the next couple of years of our Commission, we'll be looking at all issues affecting Native children and youth including health, mental health, education, early childhood development, child welfare, and juvenile justice. And we'll be looking at data and research identifying best practices, and models of collaboration, and then hearing directly from also Native children, communities, leaders, and other experts about how to better support Native children. We'll also be thinking about the issues facing all Native children living in diverse urban rural reservation communities and in families of all racial and cultural backgrounds.

It's really a pretty broad charge but important to make sure that we address all of those areas. Once we've completed our study, we will issue a report to Congress with our recommendations on how to move the needle on the outcomes of Native children in a positive direction. And we know this will take action at the federal level, as well as the state level. And our recommendations will focus on the betterment of the use of existing resources, improved coordination, most accurate data and measures, stronger public and private partnerships, and implementation of best practice. We think we all have a unique opportunity as Commissioners to identify new strategies for lasting solutions. And we rely on all of you who are here today to provide the much needed expertise, guidance and cultural wisdom on how to best address the needs of Native children. We look forward to hearing from you today as expert witnesses on the critical topic of early childhood development and thank you all of our presenters for being here. I understand that before I introduce our first presenter that Ms. Lisa Martin is, had a medical emergency and will not be present today. And so I'm very sorry to hear that I wish her the best. I'm hopeful that we can have her present at a future hearing sometime in the not too distant future as we would still love to hear from her.

III. Panelist: Dr. Michelle Sarche (Lac Courte Oreilles Ojibwe) Centers for American Indian and Alaska Native Health, University of Colorado Anschutz Medical Campus, Colorado School of Public Health.

Vice-Chair So with that, I want to introduce our first presenter today who is Michelle Sarche
DeCoteau from the Centers of American Indian Alaska Native Health at the University of
Colorado Medical Campus. I'm not going to say that word, I'll let you say it because
I'm pretty sure that I will not get it accurate. Anschutz. Okay, medical campus

Colorado School of Public Health. And Michelle if you want to provide more information about your backgrounds that would be helpful. And then please proceed with your, with your topic today.

Dr. Michelle Sarche Yeah, so I'm trying to pull up my slides here and I'm sorry I saw them here before, as a way to share.

Moushumi Beltangady Along the bottom of the screen is a share icon that you should be able to.

Dr. Michelle Sarche Yeah, I see that but I just don't see my slides as an option. I see Jessica slides which I will be sharing. Oh my god. Here we go I found them.

Vice-Chair DeCoteau Yay. Technology is great when it works.

Dr. Michelle Sarche Oh my gosh, I just realized the tricky thing too. I have notes like I might have to share with you. Oh my gosh, is that going to be okay if I share in this format because I have notes that if I share in the regular format, they don't show up.

Vice-Chair DeCoteau Sure, yeah, I know it's tricky especially if your only working off of one screen. So.

Dr. Michelle Sarche Yes I am.

Vice-Chair DeCoteau Yeah, yeah, Dr. Sarche, please go ahead. I know I can see it well.

Dr. Michelle Sarche Okay, great. Thank you, thank you for bearing with me, you can, you can read along with me and I'm sorry to have typed everything out but I just wanted to be sure that my thoughts were clear and straight and I stuck to the time that I have, so bear with me.

Good afternoon everyone. It's wonderful to be here with you today to talk about early development and Native children. My name is Michelle Sarche, I'm a member of the Lac Courte Oreilles Band of Ojibwe in Northern Wisconsin, where my grandmother Rosa LaRonge was born and raised. I'm a clinical psychologist by training and I'm on the faculty, as Dr. DeCoteau shared, at the Centers for American Indian Alaskan Native Health at the University of Colorado, and you got it right, Anschutz Medical Campus in the Colorado School of Public Health where I direct the ACF funded Tribal Early Childhood Research Center. I've had the honor and privilege of partnering with Native communities for nearly 25 years to support research and evaluation that aligns with Tribal community needs and priorities. In my brief remarks to start us off, my goal is to provide a quick snapshot of what early childhood is and why it is such a critical period of development. I won't necessarily be focusing on things that are Native specific, I'm leaving that to the three other witnesses that will be sharing their remarks about their three Tribal Early Childhood

Programs of Head Start, Home Visiting, and Child Care. And let's see, I, I've prepared some responses also to the questions that some of the Commissioners posed by email. We just have those on hand to try to address any of those that might come up during the Q&A.

So, early childhood is the period from birth to age eight. That's sort of the most expansive view that we have of early childhood, but sometimes people think of it as birth to three, birth to five, and certainly would include the prenatal period too for a lot of the work that we do. And it's a period of rapid growth and development for all major systems, including intellectual and cognitive, speech and language, social and relational, emotional, and fine and gross motor, to name just a few. Major developmental theorists such as Piaget, Erickson, and Bowlby, and those are the figures on the screen, you don't have to absorb all of those here. The point is just to show that they've all highlighted the importance of the early years for laying the foundation upon which future development is built. So Piaget, that's the figure up there on the left hand corner, for example, shows the progression of cognitive development that begins in infancy through sensory motor exploration, and proceeds through the elementary years as the capacity for representational thought and logic unfolds, paving the way for abstract reasoning in adolescence. Erickson and Bowlby on the other hand, the two figures, the figure on the right and then at the bottom, show how basic understandings about the self and the self in relation to others emerge, including whether or not our first experiences lead us to feel trust or security in our attachments, and to the world.

To convey the critical importance of the early years, the Harvard Center for the developing child, which some of you may have access there's wonderful resources there, has invoked architecture as a metaphor for brain development, stating that early experiences affect the development of brain architecture, which provides the foundation for all future learning behavior and health. Just as a weak foundation compromises the quality and strength of a house, adverse experiences early in life can impair brain architecture with negative effects lasting into adulthood. As important as early childhood is, it is also important to note that, of course, growth and development happens throughout our lives. However, basic patterns, once established can be hard to change. And that's what this figure shows, early childhood offers a unique window for affecting development in positive or negative ways as the brain is highly responsive to experience. So, that's that blue line and you can see early in life, which is that timeline of development there on the bottom, that's how open our brain is to experience early in life. However, as time goes on, you see that blue line diminishes, and while the brain and ourselves are open to change, the energy required to create that change increases. And so overall, we are just less responsive to change and I think we can all relate to that, in our own lives.

As we know, development does not happen in a vacuum, it happens in relationships as the young child relates to, and is related to by their parents, caregivers, and the world around them. This figure from Sameroff and Fiese's transactional model of development illustrates just that, it's a very powerful figure for me when I first saw this. The child is the cone in the center, close others are depicted by the cylinders

surrounding that cone. The wavy lines depict the ongoing interactions between the child and close others over time. And that space, that white space between the cone and the cylinders circumferences, represents the need for greater other regulation, how others come in and regulate and take care of us early in development on the left, and the capacity for greater self-regulation, as the child grows and as we develop over the course of our lives. The figure is illustrative to me because it shows just how deeply we exist within relationships, we are born utterly dependent on others, and while our capacity for self-regulation grows, we're always dependent on other regulation to some degree. Relationships are critical for all aspects of development, but play a critical particular role when it comes to buffering young children from the effects of stress. I'm sure you've all seen this figure before but I felt that it was important to pull forward here. It is also from the Center for the Developing Child and shows how the nature of the stressor itself, whether it's mild, moderate, severe or severe, and the availability or not of supportive relationships interact to cause the stress response. And those bubbles, that's the stress response. Can stress in the context of supportive relationships, actually be a positive thing for development, yes it can, and is necessary for us all to learn how to navigate stress. Can it be tolerable, yes it can be, but it can also be toxic in terms of the effect that it has on the developing brain and child, physiology, and can impact our bodies and our spirits in very enduring ways.

Children and the close relationships that surround them, also do not exist in a vacuum. They exist within broader systems that shaped children and families and the children and families, and that the children and families also shape. So Bronfenbrenner's bioecological model is a popular way of showing the interplay of individuals, relationships, and systems. However, it has been criticized for leaving cultural values, beliefs, customs, and customs, in that separate outer ring; the macrosystems ring. And as we know cultural values, beliefs, and customs are central to Native children's development. All Native cultures have beliefs and practices that surround young children, protecting and guiding them along the way, and that are embodied in Native language. I always like to use the example of the Lakota word for child, which is "Wakanyeja." And as you all are probably familiar with that term for that word it means sacred little one, or a little holy one, or sacred gift from the creator. And to me, when our word for child reminds us that our little one, our our little holy ones they are gifts from the creator who will deeply guide our interactions with them in positive ways.

Given the critical importance of early childhood for laying the foundation upon which later development is built, it is probably not surprising then that investments in early childhood yield high returns, little literal returns on our dollar investment. Research John, done by James Heckman, and you can go to the website "The Heckman Equation," a professor of economics at the University of Chicago and Nobel Memorial Prize winner, an expert in the economics of human development has shown for every dollar spent on high-quality birth to five programs for children experiencing disadvantage, there's a 13% per year return on that dollar investment, because those children who had those investments made in their early development are less likely to cost society, in terms of remedial education, health, and criminal justice system expenditures, and they are more likely to contribute

through school and career achievement into adulthood. And what this graph shows, is that, so the Y axis is the return on investment. The earlier investments are made, and that's the X axis, the greater the return on our dollars. So there's always a return, but the greatest return is in early childhood.

So, the four of us are here today representing as I share, I shared, three early childhood programs that are repre, are investments in early childhood; Head Start, Home Visiting, and Child Care. I'm going to say a few quick words about each before turning things over to my colleagues who will share what each of these programs have meant to the communities they serve. Head Start serves about 32,000 American Indian and Alaska Native children across the country. About half of whom are in Tribally run Head Start programs, the other half are not in Tribally run programs. Tribally run programs are Head Start grants to federally recognized Tribes and we call that Region 11. A national study of Region 11 Head Start children demonstrated significant gains across the Head Start year in school readiness skills, such as early reading and early math. Currently, about 154 federally recognized Tribes are recipients of Head Start grants.

Tribal Maternal Infant and Early Childhood Home Visiting, or MIECHV grants, are administered by the Administration for Families, so as those Head Start, as part of the broader MIECHV effort funded by HRSA [U.S. Health Resources and Services Administration]. Tribal MIECHV serve prenatal families and children, and families birth to kindergarten entry through a variety of evidence-based home visiting models, such as Parents as Teachers, Nurse Family Partnership and Family Spirit. There have been 48 Tribal MIECHV grants awarded to 30 urban communities, rural reservation communities, and Alaska Native Villages since 2010. In 2019, grantees served 3,428 parents and children, 1,648, in 1,648 families. Since services began in 2012 and until 2019, grantees provided more than 106,000 home visits. A 2016 report to Congress show that the majority of programs improved overall program and individual benchmarks.

Child Care Development Fund, or CCDF grants, are also administered by the Administration for Children. There are 268 tribal grantees who provide center-based, home-based, and relative care to over 300 chose, 300,000 children birth to age 13. So, I hope I met my 10 minute-ish mark. And I know that you wanted to potentially ask each of us questions. We can do that or I'm happy to pass it on to my colleague, Jessica Barnes-nature who's going to talk about home visiting.

Vice-Chair
DeCoteau

Thank you Dr. Sars Sarche that was a really informative presentation. And I know that you had received some questions presenters ahead of time from Commissioner Morris and Commissioner Staebner who is not able to be here today. Yeah, and I appreciate that you address some of those in your presentation, I, I trust that others will also be addressed by the other presenters as well. But I want to just take a couple of minutes here to ask the Commissioners who haven't had a chance to ask questions if they have any specific questions for Dr. Sarche.

Commissioner
Gray

Madam Chair.

Vice-Chair DeCoteau Yes, Commissioner Gray.

Commissioner Gray I, I have a, maybe a statement or or quasi question. You know, as, as New York banned lead-based paint back in the 70s, the lead-based paint kind of migrated West. And, and as the Midwest banned lead-based paint then it kind of migrated into Washington, Oregon, California. And then eventually as those states banned lead-based paint your, your Tribal reservations, and your Alaska Native village, villages, got some phenomenal deals on lead-based paint. And to this day, you can walk into any, or visit any Alaska Native village and find homes coated in lead-based paint. It's always surprised me, and I've always, I'm always a little surprised when I get pushed back that under the Alaska Native Health Consortium, or the IHS, why are we not doing lead-based or lead-based blood draws, or blood draws for testing for, for lead in early childhood development, and it's a, it's a \$1.98 test. If it's negative, phenomenal, but if it's positive, you know, we can start an investigation and find out and, and I don't think that there's any magic bullet around some of our mental health issues, but I can't help but think that there are environmental factors out there that we are just overlooking the obvious.

Dr. Michelle Sarche Yeah, I would agree 110%, I mean environmental justice is huge and it's foundational to health in early childhood. You know, and I think there's certain basic assumptions that we have about what it takes to have, you know, a healthy early childhood. And certainly being free of environmental toxins, is, is one of those basic, I would say human rights. And so, I couldn't agree more. And I would think that in communities that there is the presence of lead-based paint still. That seems like a really, really important policy to make that there is routine screening for lead exposure.

Commissioner Gray Thank you.

Vice-Chair DeCoteau That just, just as a side comment, I had saw a young man in Standing Rock about 12 years ago who was presenting with disorganized behavior and cognition, and we happen to make a referral to medical for a lab panel and hit and he was toxic for lead and that was the purpose of his behaviors and thought problems. Had that not been done, he would have been diagnosed with psychosis and treated inappropriately. So, it is a real thing we think about that being decades ago but it really does happen in our modern world.

Dr. Michelle Sarche Yeah and I think other exposures like, exposure to substances or alcohol prenatally, for example, you know, can cause behaviors that might look like other things like ADHD or what have you. And if we don't do the proper assessment and screening to really figure out what's going on, children are not going to get the services that they need and deserve. And Lana typed in the chat that Head Start does, but screening within the first 45 days of enrollment, and I don't know if that's just in your community Lana, or Head Start in general.

Vice-Chair DeCoteau That's interesting. I think we can make a notation of that as perhaps being a best practice, then, that it ought to be done in all of our Tribally based and reservation-based Head Start programs. Thank you. Okay, moving on to Lana Garcia, of the Pueblo.

Commissioner Morris We're, we're all of us able to ask, ask questions?

Vice-Chair DeCoteau We're gonna, I'm going to ask that you hold your questions till later. We will have some time Commissioner Morris at the end. And all the, all the presenters have received your list of questions and and hopefully we'll be addressing most of them as they speak.

Commissioner Morris Okay, well I had an extra question related to this but I'll wait.

Vice-Chair DeCoteau Okay, thank you, Commissioner Morris.

IV. Panelist: Lana Garcia (Pueblo of Jemez), Manager of the Walatowa Head Start Language Immersion Program for the Pueblo of Jemez

Vice-Chair DeCoteau Ms. Lana Garcia of Pueblo Jemez, please correct me if I am saying this wrong, Walatowa Head Start Program. Ms. Garcia, can you hear us okay?

Lana Garcia Good afternoon. Thank you Commissioners. Yes. [Introduction in Jemez Native language]. Good afternoon Commissioners. My name is Lana Garcia, I'm from the Pueblo of Jemez, and I am the Early Childhood Program Manager. I've had the honor and privilege of managing this program since 2007. Our community, the Pueblo of Jemez, is centrally located in the State of New Mexico, and we're one of 22 Native American Tribes in the state. Our Tribal membership is just under 4,000 and we are a very close tight knit community with an active and vibrant culture. The Jemez language is the only, is only spoken in Jemez Pueblo and it is unwritten, and it identifies us as a Jemez people. Our Walatowa Head Start Language Immersion Program is a community-based program and it serves 68 children and families. Where we, where our mission is to prepare young children for school and life, rooted in culture and traditions to become lifelong learners. Our vision is that every Jemez child will be fluent in the Jemez language and grounded in our traditions and culture. We are fortunate that each one of our early childhood educators are Tribal members and fluent speakers of the Jemez language, and they are passionate about teaching the Jemez language and culture to our most precious resources. We do this so that we can pass on the Jemez way of life for generations to come.

Today, I want to share with you how we as a Jemez people came together in 1999, through our Vision 2010 Community Session to determine what is important, most important to the education of our Jemez people, our community members. From these planning sessions, three themes emerged and have been the core of the Pueblo of Jemez, Jemez's redefining education movement. First is to build capacity within our Tribal members to assume responsible leadership role. Second, to take

ownership over the educational system, schools and program that serve and provide for our children and Tribal members. And third, to redefine education so that Jemez language and culture are the heart of how, where, and what we teach our children to ensure the survival and advancement of our Jemez people. As part of some organizational changes, the Department of Education designed a comprehensive approach to education, which is rooted in Jemez language and culture. This approach begins with our precious infants, toddlers, at the Walatowa Childcare Center. Then onto the Walatowa Head Start Language Immersion Program. Then to our local public charter and Bureau of Indian Education at elementary charter public high school. Various federal agencies, city and landed foundations support [inaudible].

In 2000, the Head Start Program partnered with Arizona State University and funded by the Office of Head Start through American Indian Alaskan Native Head Start Research Center, which is currently now known as the Tribal Early Childhood Research Center at Colorado University in Denver, conducted a research project looking at the status and use of Native languages within Head Start program. And the Office of Head Start supports the teaching and the use of the language. Following the successful and profound impact of the PhotoVoice Research Project, our Pueblo of Jemez Tribal Council passed a resolution to convert our Walatowa Head Start Program to a full language immersion program. This move has allowed the Tribe to work with other Tribes, state, and national partners to influence a major change in federal regulations, which now fully support curriculum delivery and instruction of Native American children in their Native languages, and English, is no longer required. The findings from the community-based participatory research project entitled "Becoming Jemez: Early Childhood Development of Jemez Children," help head start parents to document using cameras, what they believe Jemez children should learn and the ways of teaching them. Three very important questions guided their project and identified the early learning foundations of our Jemez children. These early foundations include cultural knowledge, gender specific knowledge, values, principles, spiritual beliefs, ceremonial knowledge, and finally our "Hemish" language, the mother tongue of our Jemez people. Without these teachings, the Jemez way of life would cease to exist and we believe our children will ensure the continuation of the Jemez life. As the first people of this nation, it is our sovereign right to ensure the survival of our Native languages and cultures, through revitalization and maintenance efforts. The Pueblo of Jemez recognize the importance of beginning our language maintenance efforts within our early childhood program. Through these efforts, the Pueblo of Jemez has reinforced the bold truth that children who know who they are, where they come from, understand the value of contribution to the community community, can and do excel academically. Our children know one another by their Indian name, clan, "Moiety," and where they live. Next slide please. Here's just a little bit of how we teach our children the importance of knowing who they are. Next please.

Our community plays a vital role in the education and raising of young children. For this is the place where our language and culture is very much alive and present. It is where their learning is hands-on and where their presence is embraced and valued. No classroom with the latest technology can replace what is heard, seen, and felt in

our most sacred places of learning. It is where children must learn what is expected of them as contributing members of our community by observing those practicing the Jemez way of life. It is a responsibility of every Tribal member to teach and guide our children. We collaborate with many Tribal programs within our organization, such as social services, behavior health, public health, Natural Resources Department, just to name a few. These programs support us by sending their fluent Tribal members to share important information and knowledge with our children and their family. Next.

The spiritual development of children is a domain that is absent in many early childhood education models. At Walatowa Head Start, it is critical. Our songs, dances, and language are gifts from the Creator, and we must show our gratitude by using them daily, morning, noon, and night. The spiritual connection supports the importance of social and emotional learning and development of our children, which is becoming more evident with the current pandemic. Not being able to gather in our plazas to observe and participate in our traditions, songs, and dances, has been detrimental to our spiritual and emotional connectedness. Children, through our program children are exposed to and they learn traditional dances so they can participate and singing dancing throughout their lifetime. Next.

Our unique, early childhood education program. Oh, you're kind of ahead, sorry. In our unique early childhood education program is supported by the Department of Health and Human Services Child Care Development Fund, and the Administration for Children and Families, and therefore is unique, until the age of five years of age. Once they transition into kindergarten, all that rich learning and knowledge gained by the children and their families in a full language immersion setting is replaced by a standardized monolingual or English based education system. Families who are learning their heritage, language, are no longer supported or encouraged to use Jemez in their home. It is the Tribes desire to implement a seamless education system that prioritize prioritizes the grounding of children in our Jemez language from infancy to secondary school and beyond. It is important that all agencies, align their priorities to support Native language and culture revitalization and maintenance efforts. Next.

It is said that food nourishes the body and the soul, and our food brings our community together. Food is never absent when it comes to our culture and tradition. Children learn to make and eat foods [audio out] the dietitian to ensure healthier ways of enjoying these foods. Honor and respect are important values to our people. Children are taught and shown ways to honor their language, culture, people and overall community. Our connection to our families and our community is our greatest strength and has the greatest positive impact on children's overall development, and their families as well. Children and families who return to their communities experience a learning gap and faced challenges transitioning into our community. The program has had the greatest impact for these families who are able to learn their language and their culture, along with their children. In addition, the parents who do not speak or understand the language, and cannot fully participate in their community, can now connect with their community through their children. And one of the most rewarding stories is hearing that relationships

between grandparents and grandchildren are being nurtured and the generation gap is closing because of language and culture. Principles such as compassion, diligence, participation through dance, singing and drumming, contributions to others in Jemez life, is an integral part of who we are as Jemez people. Like any community, we do have our challenges, and while I do not have statistical information to share, I have first-hand knowledge of the issues our head start families deal with. These issues include substance and drug abuse, domestic violence and abuse, child abuse, and mental health issues. The pandemic has only increased these cases in our community.

We are in the early years of data collection. Assessing fluency continues to be a challenge but thanks to our local educators in our community school collaborating together for the sake of all our children have made our community as they belong to all of us, we work towards creating an assessment that was Tribally driven and authentic. The Jemez language rubric was piloted in 2018-2019. Three data points are collected each year. The focus of our school for the past three years, has been to continue the language immersion approach, after head start into the early elementary years for up to second grade. It is our goal to ensure that transitions and curriculum teaching at each grade level, after head start, build on one another and to continue, reinforce reinforcing their speaking, and increasing fluency at each stage to eventual mastery or grounding in the language, as a first language. Most importantly, our parents, grandparents, extended family members, and community members have demonstrated and captured success through their stories and testimonies.

And one story that I would like to share with you is a personal account of why I feel so strongly that language and culture must be a part of our early childhood education. And this. This story takes place in during Christmas in 2012-2013, where I was observing our annual butter, buffalo dance. And there's this, we have a group of drummers, only male young men are sing, sing for the dances, and I was sitting there. And our Head Start children, our boys were were standing up front with the drummer's singing. And we're listening to the songs, it's beautiful, and next thing I noticed all the adult males started dropping their voices and the Head Start children started raising theirs. And for, I would say, almost a minute or two minutes, our Head Start children, our young boys carried that song. And I thought it was so amazing, so beautiful. And everyone in the audience was just like, didn't understand what was happening, what was going on, like, because there was a, you know like that brief little transition. And you could just hear those children's voices and you could see their faces and just how proud they were, how strong their voices were, and that, and those dancers that were a part of the buffalo dance, continued their dancing, like, like that, it was you know, it was meant to be. And so when I saw this and I turned and I looked at the people's faces, and everybody was just full of smiles and happiness and we were just so proud. And for me as the director here at Head Start, it made me so proud and happy to see that because I knew then, that this is why we do what we do, and why it's so important to have our language and cultures in our school. I'm sorry but I'm, I'm very, it's very important to me. And I hope that I have demonstrated to you the importance of our Native language and cultures being incorporated in our Head Start programs

within our Tribal communities. And I hope that with your influence and support, that we can ensure the survival and maintenance of our Native languages. Thank you very much.

Vice-Chair DeCoteau Ms. Garcia I will remember to say Jemez in the future.

Lana Garcia Thank you.

Vice-Chair DeCoteau But I just want to say a few comments before I open it up to the Commissioners for questions, I literally have goosebumps listening to this presentation. It is so exciting to me as a trauma expert that works with children in Tribal communities. This is what I envision a trauma informed school to look like. What our science says about healing and preventing trauma is incorporated into every aspect of what you have implemented here in this school system and it's really, really impressive. I see this. You know what, what Miss, what Dr. Sarche talked about earlier, was how trauma impacts the brain and development, even down to the child's sense of self. And so when we're thinking about healing programs that incorporate our culture. And the pictures that you provide on your slides were so beautiful, of seeing those children's so proud of being Pueblo of Jemez, and really helping them heal their sense of self and healing. Their, their entire global development through this kind of project and connecting them in really important ways to people in their culture it's really fabulous. And I'm just about to start another trauma inform project that's housed and I may have to call on you to share what you have done in your community. So, thank you so much. I see that we've lost Ms. Garcia's video are you still with us, there we go. Okay, I think she's it's glitchy and a little bit.

I want to just open it up to the Commissioners who may have some additional questions. We'll give about, time for probably one or two questions.

Lana Garcia Thank you.

Vice-Chair DeCoteau Commissioner Fineday.

Commissioner Fineday Thank you, Ms. Garcia, I just want to say thank you to you for this presentation. Your Head Start program is famous throughout Indian country. And I have heard about it in so many presentations. So, I am so thankful to finally meet you in person and hear about it directly. And I think that this is, this is exactly what we're looking for best practices, and we know, we know what works for our children right, we just need to be able to, to have these programs and implement them all throughout Indian country. Thank you so much.

Lana Garcia Yes we do. Thank you. I think.

Vice-Chair DeCoteau Any other questions from Commissioners, before we move on to our next presenter. Okay. Thank you again, Ms. Garcia.

Lana Garcia Thank you so much.

V. Panelists: Jennifer Ratcliffe (Cherokee Nation), Executive Director of the National Indian Child Care Association (NICCA)

Vice-Chair DeCoteau So, next we have Ms. Jennifer Ratcliffe from the National Indian Child Care Association.

Jennifer Ratcliffe Hi everyone. I'm going to pull up my slide deck, but I am very sad to be following Lana because that was very powerful. Thank you, Lana because that was really just amazing.

I'm going to be sharing with you today. Can everyone see my screen, let me just first start with that.

Unknown Yes, I can see it.

Jennifer Ratcliffe I'm going to be. Thank you for having me today. I am very honored to be here to share with you about Child Care and Development Fund [CCDF] Program. I come to you from the land of the Cherokee Nation, I am a citizen, here a single mom of a five year old daughter and we live on a ranch outside of Tulsa, Oklahoma. My background is in public health and I've been an advocate for education and health for Native people for nearly 20-years. I serve as the Executive Director of the National Indian Child Care Association, which is a representative and cadence organizations serving the 265 Tribal CCDF grantees that represent all American Indian, Alaskan Native, and Native Hawaiian communities across the nation.

Today I'm going to share with you a brief overview of what the Child Care and Development Funds Program is and the role of this program plays in child development. The photos you're currently seeing play across the screen is a microcosm of the variety in child care programs across the country. From this very small sampling you can you can begin to see just how diverse all of our programs are. What started out as a Work Support Program has evolved to so much more. Through child care, our children in in safe nurturing, in a safe, nurturing care of our teachers, providers, and caregivers, are building the foundation for a lifetime of achievement and healthy stable relationship. The Child Care Development Fund, the CCDF is what is commonly referred to, is a partnership between the federal and state and Tribal governments, and it's administered by states, territories, and Tribes, with funding from the Department of Health and Human Services through the Administration of Children and Families. Tribes use CCDF funding to provide financial assistance to low income families to access child care so they can work or attend a job training or education program. The CCDF program provides nearly \$400 million to assist families in accessing high quality care and education, and serves over 300,000 American Indians, Alaska Native, and Native Hawaiian children each year. This resource is a critical, it's critical for working families striving to get ahead and build a more prosperous future for our children. I do want to point out quickly on this slide, that the number of children we served is our best guess estimate. I've seen from some, off of the child care data at some point but we don't

actually have good data to be able to share with you and I'm gonna address that a little bit at the very end.

CCDF has approach, as a program has the core tenants of promoting stability of child care and opportunities, and access for children and families, supporting parents and caregivers in achieving job stability on their journey towards increased financial health and well-being, and contributing to a child's development by, and learning by providing safe and nurturing care in stable environments. CCDF is funded through the Child Care and Development Block Grants and is the mix, and as the nature of block grants, its program affords great flexibility within a child care and family support framework to support their communities. Across the country, their various services provide, various services are provided by Tribes, including child care, quality early learning opportunities, access to resources for families and child care providers, research and data on child care within their own infrastructure, training and technical assistance for those providing care, and opportunities to integrate and elevate language and culture within our own early care and education system. There are some basic requirements for families to participate in the program. They have to be Tribal citizens, they must be between the ages, sorry, must be under the age of 13, and the parent or caregiver must be working or in a job training program. Families are then provided care through a center-based child care program, family child care, or in-home child care at rates that are subsidized by the program and a Tribe.

There are a number of benefits for children and families and communities, implementing CCDF program. For children and families the opportunity to participate in the workforce without worry about your, about their children's health and well-being, the stability of the services, and in a child-centered approach that focuses on building strong relationships between children and adults. For Tribes, it's the opportunity to care for their most vulnerable populations and providing these families with access to high quality care, they can start them down a path towards greater achievements in life, and more engaging contributions to their own communities. Young children experience their world as, as an environment of relationships. And Michelle has done this earlier, particularly in the cone referenced that slide that she showed. These relationships affect virtually all aspects of development, and relationships with caring adults are essential to a healthy human development. Through high quality and continuous care that's provided in CCDF programs, we are establishing a foundation that will help children thrive.

We know that research validates the need for taking efforts to achieve the best outcomes for, outcome for the development of children, stable relationships and a safe environment leads to healthy stable children who are free to grow, explore, and learn. And I think, Lana's presentation was just the epitome of an example of how important and crucial these programs are. And I don't know if you heard the little piece that she said about that, that they also brought in CCDF funding to their program. So part of CCDF was helped to make that effort a reality for that program. Another best practice that we're going to talk about a little bit later. CCDF is one program that supports these efforts, as I said in a, in a big piece of a puzzle and in the greater system of early care and education. I would be remiss not to mention

how CCDF and, and especially Tribal CCDF has contributed to the delicate balance with the broader child care community it had to strike over the past year. During COVID, as many of you know, our communities were hit very hard and child care as a field has worked, has virtually crumbled under the duress. But, because of the flexibilities of Tribal seeking gaps we've been able to provide, to help providers more readily than our state counterparts, we heard this over and over again when we reached out to child care communities. And I think it's a huge testament to the value and opportunity for Tribes, and for Tribal child care programs to be a leader in creating a new, stronger, and more reliable, early care and education system.

And I'm just going to close by, by sharing what the incredible opportunity that we have right now with, particularly as it relates to CCDF. Over the past several years, CDBG funding has been increasing across the country for Tribes, and state, but particularly so among Tribal programs. This, plus the COVID stimulus and stabilization funding that has been provided over the past year, Tribes can truly see a comprehensive early childhood education system that will support our family's quest towards self-sufficiency and truly prepare our children for the future. But we have to do it now. We need to come together with our, within our communities and identify what a truly comprehensive system looks like. And look at the opportunities we have in front of us. From all of these systems that we're talking about today and those that are also not represented here, to make this a reality. So with that, I will ask if there are any questions.

Vice-Chair DeCoteau Thank you, Ms. Ratcliffe, that was really a great presentation. Also I'm loving all the photos of those beautiful children. So let's take a few minutes to open it up for questions from Commissioners.

Commissioner Morris Jennifer, this is, this is Elizabeth, Elizabeth Morris. Could you tell me again what the initial CD CDF stands for?

Jennifer Ratcliffe Child Care and Development Funds.

Commissioner Morris Development funds, Okay. And when you attributed with the COVID, was that, were they saying that CCDF is providing that, or the National Indian Child Care Association.

Jennifer Ratcliffe The National Indian Health Care Association is an advocacy organization that works, and supports child care and development funded programs. So the funding is from the Office of Child Care.

Commissioner Morris Okay. Thank you. Thank you.

Jennifer Ratcliffe And Commissioner Morris, your, I, I'm recalling that you had submitted some questions and I did want to briefly touch on that. Because one of the biggest challenges for, particularly as it relates to CCDF is the recognition of all of the challenges that the questions that were submitted previously on and discussed

already today; the lead-based testing, fetal alcohol syndrome and drug exposure, domestic violence and domestic abuse, other abuses, mental health. All of these things are incredibly important, and I, I do want to note that these are all things that CCDF program can and do focus on in their services. But the biggest challenges for us is that we have no systematic way of collecting what those services are, how they're provided, the outcomes that come from them. We don't even, we don't even have a way to identify best practices. Unless the Lana's of the world come to, come out and share what they're doing. Those kinds of questions for us are just nearly impossible to answer in a way of function, and and to be able to showcase you how critical these programs are, and they are. And I don't I don't think any of you would argue that at all. One of the things, one of the recommendations, one of the recommendations, particularly from my perspective, is the need for having that ability to collect data about the services that we have.

Commissioner Morris Okay. Do you have any idea of the percentages that that you're talking about, in, in communities, as well as any examples of methods that are being used to address them?

Jennifer Ratcliffe I don't have any hard facts on, on, I mean our data would probably be best be utilized from just sort of national level data that Michelle would probably know a little bit better, sorry Michelle. And then, you know, I think, to be totally honest, the best practices of how people are addressing these are our programs like Lana, and so I'm gonna let her spoken for herself. But also programs that are really taking a comprehensive look at services. I think, only now have Tribal, have Tribal Child Care Programs really started to explore the breadth of which of of the services in which they can provide. So for example, not, providing child care services but also beyond that, providing family support, supporting the providers who are caring for our children and those programs that have really strong structures around those areas, are the ones that are really thriving. The ones that have, sort of, I think been able to carry through particularly during COVID. But also, you know, highlight just the importance of being expansive in their thought without, without serving the whole ECE system.

Vice-Chair DeCoteau Okay, thank you for that. Just another side comment I know statistically that about eight out of 10 children who Native, or children, just children in general not Native children who end up in foster care are suspected to have in-utero exposure to substances and perhaps the number is even higher than that having discussed earlier the process for screening for lead. I wonder if, if head start programs would think it would be appropriate to place, screen for in-utero substance exposure. In my clinical practice, I see a lot of children who are not ever screened for impacts of substance exposure, and, and then I ended up seeing them usually around puberty, and they're having a wide range of really severe difficulties. And if we had been able to catch that earlier and provide early intervention, perhaps we could have prevented the adolescent difficulties.

Commissioner Morris Agree.

VI. Panelists: Jessica Barnes-Najor, Inter-Tribal Council of Michigan

Vice-Chair DeCoteau Okay, so let us move on to our next presenter. We will have some more time for questions, but I want to make sure that we allow enough time for our presenters also. As I had mentioned earlier Ms. Martin is not able to be here today but Jessica Barnes-Najor is presenting on her behalf, from Michigan State University.

Jessica Barnes-Najor Yes, thanks so much.

Joshua Franks Dr. DeCoteau.

Vice-Chair DeCoteau Yes.

Joshua Franks I apologize, if I could just have folks, it's a friendly reminder to mute your mics if after you're done speaking, so we can hear our presenters. Thank you.

Vice-Chair DeCoteau Go ahead, Jessica.

Jessica Barnes-Najor Okay great, thanks. I, I am not Lisa. Unfortunately, she, as was mentioned before, had a medical emergency, so. So first I want to start off by saying that I'm honored to be here presenting on behalf of Lisa Martin from the Inter-Tribal Council of Michigan. Lisa and the work of the team at Inter-Tribal Council of Michigan, their work is just incredibly inspiring. So, I'm Jessica Barnes-Najor as was mentioned before, I'm a developmental psychologist at Michigan State University, but more importantly, I've been partnering with Inter-Tribal Council of Michigan for over 15 years on a variety of projects. As Michelle mentioned, home visiting programs provide services to families with young children. Those services are provided in the home, or during the pandemic virtually in the home directly to parents or family members to support the capacity of families to guide their young children's development. Precision Home Visiting is a home visiting model that differentiates what works for whom and in what context to achieve very specific outcomes, and it focuses on the components of home visiting services rather than on complex models of home visiting that are administered uniformly so it can be more flexible and adaptive to meet individual family needs. Tribal Home Visiting provides grants to Tribal organizations to develop, implement, and evaluate home visiting programs for American Indian and Alaska Native families. Next slide.

Home visiting supports traditions around pregnancy, birth, and early childhood that are preventative, protective, and provide services that are based in best practice and support children and families to be happy, healthy, and to thrive. Next slide. Unfortunately, we know that Native American mothers and babies are three to four times more likely to die during or after childbirth than our white mothers and babies. Next slide. To begin to address some of these inequities, that's one of the things that we hope home visiting is able to do through these preventative strategies. Home visiting is a prevention strategy used to support pregnant moms

and new parents to promote infant and child health, to foster educational development and school readiness, and to help prevent child abuse and neglect. Across the country, high quality home visiting programs offer vital support to parents as they deal with the challenges of nurturing their children. Home visitors may be trained as nursers, nurses, social workers, or child development specialists, often a combination of all of those, and their visits focus on linking pregnant women with prenatal care, promoting strong parent child attachment and coaching parents on learning activities that foster their child's development and support the parents role as their child's first and most important teacher. Home visitors also conduct regular screenings, like some of the screenings that we've been talking about already and others have already mentioned, to help parents identify possible health and developmental issues. Next slide please.

So, now I'm going to provide a case example. Meet Helen. Helen enters the program during pregnancy to receive early prenatal care and support with navigating, in support with navigating the medical system. She's also interested in screening and assessments to guide the support that she needs for emotional and mental health. As these needs are met, Helen has then ready to receive prenatal and parenting education services to prepare her for childbirth, and links to cultural resources. And any needs identified through the program, can be adapt, address through links to other service providers. Next slide please. Now meet Alyssa, Helens home visitor. Alyssa serves many roles in her work as a home visitor. She is a nurse, social worker, a health education and community health care worker, depending on what the family needs so she can play all of those roles. Alyssa is trained in an evidence-based program model like Family Spirit. She's also trained in lactation consulting, motivational interviewing, depression screening, and infant mental health. Next slide please.

Now welcome baby Joy. When baby Joy enters the world, Alyssa is able to support Helen and Joy immediately, Alyssa supports the family by monitoring baby Joy feeding success, weight gain, her vital signs, and other health and developmental indicators. Alyssa also supports Helens birth recovery process, which some of us know can be quite challenging, right. Monitors for signs of postpartum depression and is on the lookout for further community or health supports that Helen, or her family may need. Next slide.

Over the next few years, Alyssa and Helen will continue to work together as mom and home visitor. Alyssa will support the family by connecting them to cultural programs and information, providing parenting education lessons, and early learning supplements. They will also set goals around nutrition and safety education, as well as supporting breastfeeding and returning to work. In their work together, the family will be connected to community programs like Head Start and child care that we just heard about. And Alyssa will be provided with developmental assessments and referrals to other support, as needed. Next slide please. There are a few other notes that are important to talk about here. It's important that, to understand the home visiting is also for fathers, and for partners, and grandparents, and foster parents, it's for everyone in the family. And also while I just provided a general description of services that home visitor could provide, we

need to understand that many home visitors, work with families with lots of different needs, on a frequent basis. So, our families are often experiencing substance abuse disorders, parents are working to regain custody of their children, parents are trying to address the special health care needs of their children, and families are often dealing with housing and food insecurity. There are a lot of different crises that our families are experiencing, and home visitors are trying to support them through those experiences. Next slide please.

Now, Tribal Home Visiting is critical for our families and that it provides connections to culture and traditions that support family and child health and well-being, and we heard that in the prior presentations as well. The benefits that families experience include connections to culture that really support those improved health outcomes, parenting skills, and connection to other types of services, as well as these really strong collaboration between families and service providers across service providers. And also having access to advocates for health equity. In our own work within our Inter-Tribal Council of Michigan, we identified a gap in culturally grounded supports for families with children ages three to five, that really focus on supporting children's cognitive development. So the Inter-Tribal Council team developed "Gikinawabi," which is a culturally grounded curriculum to fill this gap. Gikinawabi, which means to learn by observing in Ojibwe, follows the traditional ways of supporting young children's growth. And as a result, from rigorous evaluation, we're able to have evidence that children whose families participated in the program in Gikinawabi lessons, experience greater growth in their core academic competencies, which is exciting. Next slide please.

So in closing, I would like to note that many studies have provided evidence of the positive results that Tribal Home Visiting Programs achieved for the children and families who receive the services and the study of Gikinawabi is just one of many. And evaluation results have also really clearly documented that community's value the program services that are provided by Tribal Home Visiting, and that connects with what Lorna had talked about in terms of community's enthusiasm for these culturally grounded services. Unfortunately, as we saw in Michelle's presentation towards the end, only a small percentage of American Indian, Alaskan Native communities are actually have access to Tribal Home Visiting services, when you think about only 30 communities, having access to these services.

Given the fact that there is such strong evidence that Tribal Home Visiting Programs and the unique models, curricula, and approaches that have been developed for use in Tribal communities are effective, it's clear that Tribal Home Visiting should no longer be considered a demonstration or pilot project. Instead, Tribal Home Visiting should be institutionalized as an essential service for families. As a part of this call for Tribal Home Visiting as an essential service, it is important to continue to provide technical assistance and capacity building supports to Tribes in order to continue quality programs and services that really make a difference.

We need the funding, ongoing technical support and flexible program requirements that are critical to ensure the programs can pay staff enough to ensure quality and continuity of care, given this as a program-based on trusted relationships, and the

recognition of the sacredness of pregnancy and children. We also need the support to continue to share knowledge across sectors, or community, academic, and government sectors for all of us to benefit from those lessons learned. And these supports are needed, so that communities can leverage local assets, local knowledge, and other resources to restore their own practices around protecting and nurturing families and young children, as we saw from the Pueblo of Jemez work.

Finally I want to point out that there have been many times that we have learned of a new research finding, or quote new, research finding about what supports positive outcomes and child development that is directly related to traditional teachings and cultural knowledge. For example, many of the recent academic research findings related to epigenetic life-course theory, and the inter-generational impact and nature of trauma, closely reflects many of the Seventh Generations Teaching. The same can be said with a modern practice of motivational interviewing, which maps closely to indigenous values of respect, non-imposition, and autonomy. And so, that's it. Again, I'm sorry that I'm not Lisa, but I'm happy that I'm able to share the message from Inter-Tribal Council of Michigan.

Vice-Chair
DeCoteau Thank you. That was really great Ms. Barnes-Najor. I think one thing COVID has taught all of us, is how important school systems are to communities and how they become a point of contact and a major hub. And, and I think that information about the, the centers being so trusted by the community members is really important as we think about best practices moving forward on how do we support and fund these programs to be points of entry to connect them with other services also. We have some time for questions. Let me first open it up to questions for Ms. Barnes-Najor and see if there's any specific questions for her from the Commissioners before I open it up, just for general Q&A. Ms. Fineday.

Commissioner
Fineday Thank you. Hi, Jessica.

Jessica Barnes-
Najor Hi.

Commissioner
Fineday Hi. I'm in Minnesota, so, so great to hear about the Inter-Tribal Council in Michigan. One of the things that you said caught my ear. And, unfortunately, I know this is not your fault, but many of the federal programs are siloed. There's a new program in HHS, and it's called, Families First Prevention Services Act, you might have heard of it. It becomes effective this October. And it's a prevention program, and states have to submit plans. But the thing that caught my, my attention was your mention of motivational interviewing. Motivational interviewing is already approved as one of the evidence-based services that you can bill for at under HHS, you can bill them for motivational interviewing services and prevention services. Just wondered if you were aware of that.

Jessica Barnes-
Najor Yes, and, and I will say that of all of the tools, you know there a lot of tools that the home visitors are trained in. And the home visitors really enjoy using motivational

interviewing in their work with families, they really see how it, how they are able to support their relationship with families and really build on, on that relationship in ways that are really meaningful and they can start supporting family needs through that tool. So I, I'm happy to, to continue to hear more about the support for motivational interviewing, as, as it really has been a great tool.

Commissioner
Fineday Great, thank you.

Jessica Barnes-
Najor Thanks, and I think you also noted in the, in the chat, you had asked about studies that document positive results of home visiting. And I think Moushumi identified the report on Tribal studies that was available. There is also an entire special issue in the journal about these Tribal Home Visiting Program Evaluation studies, and I know that Michelle has a link to those, and we're happy to provide lots of information about that.

Commissioner
Fineday Thank you so much. I know there's a lot, but I figure you can find it easier than I can. Thank you.

Jessica Barnes-
Najor Absolutely.

Commissioner
Morris Yeah, I appreciate those links as well. Thank you.

VII. Questions and Discussion

Vice-Chair
DeCoteau Dr. Sarche, I see that you commented that the presenters have some unified recommendations to share. Would you like to share them at this time?

Dr. Michelle
Sarche Yeah, actually Jennifer is going to do that and we've touched on a number of them, just naturally.

Jennifer
Ratcliffe All right, yeah, we have. So, hope this will probably go somewhat fast. Let me get them all pulled up here. All right, so the first thing I want to say is that, together the, the panelists that you've heard from today, including Lisa, were discussed together sort of, some joint recommendations that we thought were relevant across the, across the board. So, I volunteered to present, present them to you and we will submit these recommendations as joint testimony from us all in the coming week. And we hope that these recommendations will spark conversations and dialogue today and will also lead to action in the time to come.

So, the first one is a support for a holistic multi-generational approach to child and family well-being, Native belief systems, technology, inter-connectedness of all things. And this belief should be, should guide approaches to supporting young children and families, for the health and well-being of children cannot be separated from that of their parents, the other important adults in their lives and the

community. Following from this are several recommendations. Early Care and Education should include resources to support the health and well-being of parents, and the other important adults in children's lives in their own right. This can include referral to services to support parent and caregiver mental health, and employment, and education. Referrals to services assumes that those that need services are available. So, relatedly a holistic response to supporting young children and families ensures funding for other services, beyond early care and education per se, and within the broader broader community. Such as behavioral health, alcohol and drug abuse, treatment programming, healthy spaces and places to play, recreate and exercise, educational opportunities beyond early childhood, including for the adult learner, adequate housing, jobs skills and training, and economic opportunities just to name a few.

The second is around supporting Native language and culture integration and grounding. As we all know, Native, and Lana very eloquently outlined today, Native culture and language are central to supporting the health and well-being of young children and families. Cultural beliefs and practices provide children and families a sense of place and belonging, provide guidance for how children should be honored, held sacred and treated, and offer guidance for living a life of harmony and balance within ourselves, within, within one another, and with the natural world. And provide a roadmap for living life in a good way following the values and teachings that have been handed down from generation-to-generation. Following from this are several recommendations. Early Care and Education Programs should have the latitude to use grant funds to incorporate Native language and culture into their program. This may include using models or curricula that are not currently considered evidence-base from a Western scientific lens or by including elders or cultural or language teachers who do not necessarily have the degrees and certifications required by performance standards. Second training and technical assistance should support programs desire to integrate and or ground their work in Native cultural language. So, for example guidance on the cultural adaptation of program models or curricula, creating culturally grounded assessment tools, and creating culturally grounded models or curricula from the ground up. Third, create opportunities for peer learning so that programs seeking to do this can learn from the success of others. They're often not roadmap for how to do this so learning from peers is critical, as I mentioned about programs like Lana being kind of, they have to be identified before we know anything about them. Systematically identifying. Sorry next, systematically identifying successful models and best practices that ground ECE in Native languages and cultures and promote the integration of these practices throughout ECE systems and sharing these models broadly. This may include identifying international education models with multi-lingual and cultural baseline system. And finally, promoting and supporting cross-agency coordination and collaboration that prioritizes Native language integration and validation across systems and agencies.

The next recommendations surround supporting the coordination of systems. Young children and families will benefit when they are embedded in a system of care that is comprised of programs and services that communicate with one another, that coordinate services to create synergy rather than duplication, or

working at cross purposes. Various funding streams have supported early childhood systems building in coordination, such as SAMHSA Project Launch, ACF Preschools Development Grants and ACF Tribal Early Learning Initiative. However, this funding usually only reaches a fraction of Tribal communities and its time limited for those future, new Tribal communities to receive it in the first place. Coordination takes time and thoughtful consideration, and it not be a task that is added on to onto, onto an already heavy workload of the Early Care and Education Workforce.

Some of the recommendations for this consideration include identifying and highlighting successful models of Tribal ECE programs and systems that have a holistic systems approach to meeting children and family needs, that are seamlessly braiding funding from many different agencies, like the Jemez Pueblo. Supporting infrastructure planning at the federal and Tribal level to braid funding and work with Tribal communities who want to more fully integrate their ECE programs into a comprehensive ECE system. Improving the coordination of ECE systems at the federal and Tribal levels, including providing time for planning for and implementing systems integration, and supporting a liaison between all ECE agencies to coordinate consultations and program support. And finally, supporting Tribal level efforts to improve coordination among services, including funding staff liaison, whose role would be to promote coordination between systems and program efforts to bridge services.

The next one we want to touch on is around, technical assistance and improvements for the ECE system. Technical assistance providers complaint is very important role in supporting Tribal education, Tribal Early Care and Education Programs. Following are some of the recommendations for strengthening the Tribal assistance networks for Tribal programs. They include improving access to the ECE technical assistance network for Tribal programs, especially and including child care and child welfare. Improving and elevating relationships with, with Tribal, sorry with Tribal organizations supporting ECE programs, including but not limited to the National Indian Head Start Directors Association, the National Indian Child Care Association, the Association of State and Tribal Home Visiting Initiatives, and the National Indian Child Welfare Association.

And, sorry we have two more recommendations, and like I said this is the final. The next one is around supporting ECE staff. Early care and education staff are at the frontlines of early care and education work and it's critical that they are adequately supported as they seek to provide these high quality services. Often to children and families facing multiple challenges, who present with many needs in communities where other supports for children and family well-being may be limited and sometimes when dealing with their own personal challenges. Our recommendations include ensuring a healthy living wage. Preschool educators make 70% of what K through 12 educators make, yet their work is equally important. They should be paid on par with what with other professionals. Supporting educators in their role as a primary support for high needs families, mental health, and overall well-being. Equipping, equipping educators with the skills to manage the complex needs of the families they serve. Instituting policies and ensuring access to resources that support early care and education staff and

well-being. Ensuring early care and education staff have access to the training and degree programs they need to meet professional development goals and requirements. And working to elevate the status of the early care and education workforce, not just through wages but by helping the community at large, including Tribal leaders understand that the critical role they play in nurturing the health and well-being of children, and ultimately the future of the Tribe.

And our slide for, oh sorry our last one, is around growing the field of research in early childhood development in Tribal communities. Research can support all of the above recommendations, yet there are very few research dollars dedicated specifically to growing, to growing our understanding of early child development, care and education in partnership with Tribal communities. National level data on early on early childhood development and early care and education systems is limited, leaving the field with little information to inform national policy and program implementation. These could include, growing the field of researchers who are themselves Native and prepared to conduct the research on early childhood development in partnership with Native communities. Funding and national Tribal child care similar to the national study of Tribal Head Start that has been successfully carried out in 2015 and 2019. Funding, a study to document the need for and availability of early care and education services. And finally, creating a national Tribal early childhood and early care and education research agenda that can guide calls for research proposals which Native and allied researchers can apply. The agenda should include priority areas areas for focus, areas for research and guidance for conducting research-based on indigenous knowledge and ways of knowing. And that concludes those.

Vice-Chair
DeCoteau Thank you. Those are really helpful recommendations, so we appreciate that very much. That leaves us about 25 minutes to open up for general question and answers that the Commissioners may have for any of today's presenters.

Commissioner
McDonald I'll, I'll go, I'll go. I've been sitting, I've been sitting here quiet quiet listening to all the great presentation and the good work that's going on. I especially appreciated the, the Jemez presentation and make them making me cry up here in North Dakota, where where I'm a I'm a singer too. And, and I went to, I've gone to, not at not at any of the Pueblos, but out at Hopi. I had an uncle that was married down there. And, but the, their dances and I see are kind of similar for Pueblos to and what I've seen from there that and I've been down that way but and I see the I know, I don't know the songs or anything but I know the singing part and the dance, holiday dance and I could just. As you're sharing that story I am just seeing it in my mind that what was happening there and that was so, it was so amazing to me that you had to suddenly visualize it. And, that I can see that happening in our own communities here. There's a language mess down here at Standing Rock and they have little tiny guys who are in immersion to, and they're and they're, they're learning our ceremonial songs, and and prayer songs, and just different songs, just social songs. And, but you've shared you've come up and done some of that for us in presentation. And, but I'm just amazed that that when that happens, and how how thats so important for us in regard to our culture to to maintain who we are as people. And and I always wonder is that as a for our language in there are, are, are

the cultures in a language. And if we lose the language, do we lose our culture. Are we are we Dakotas anymore? Are we Indians anymore. Are we Pueblos anymore? Are we, Ojibwe's anymore? You know, so, so, so this is so important to us as regards to our self-identity and that spirituality that comes along with that, in regard to our, in regard to our people's and our individual culture and our clans. It's how that, how we need to to just continue that that works out. I have no questions for you but I just wanted to share that with you that that you touched my heart, that you touched my heart in which you shared.

So before I start crying again, I'm gonna start talking about data here. But on the data part I, I have one question, is there is there a, you know I'm an educator. I'm a President over here at United Tribes Technical College, but we have this national network of higher education institutions and we all go to our annual Higher Learning Commission Conference. And there's all these different types of workshops on finance, financial aid, admissions, accreditation, and, and so that helps us to be better colleges. And so, is there a network like that for, for your group?

Jennifer
Ratcliffe

I'll, I'll start with that, and then let my, my fellow colleagues answer as well. I think one of the biggest challenges in ECE is that there is no single network for anything. There are so many different silos of funding and programs that, and often times this, and particularly at the federal level these programs don't necessarily work together and so when trickles down to the community level, there's the struggle of trying to coordinate them even locally. So I will say that there's not that single network for all of us.

Now I will speak on behalf of child care. We do have a network, a Tribal network. We do provide some sort of services like that, like, my organization does, the National Indian Child Care Association. We do provide some business supports and definitely capacity building for improving child care programs, and we are beginning to embark on how to how to utilize the space in which we're finding ourselves right now to leverage some systems building that will hopefully generate some bridges across what these, what, what my colleagues were talking about today, the programs that they're serving. And bringing some of these ways on opportunities within local communities. So that's what our hope from a child care perspective is, is to start creating more of these networks at a local level so that there is sort of holistic ECE support system. But I'll let the rest of my colleagues share as well.

Dr. Michelle
Sarche

Yeah, there's also, and Lana and Jessica could also speak to this similar to NICCA hosting an annual conference and more professional development opportunities throughout the year. There's the National Indian Head Start Directors Association Annual Conference. And they also have regional meetings throughout the year. But I think in terms of a unified Tribal early childhood practice-based meeting that cuts across all of policies, areas Head Start, home visiting, childcare, and beyond, I'm not aware of one. I'll just say very very briefly that through the Tribal Early Childhood Research Center on the research and data side we do host a conference every other year called the Native Children's Research, Native Children's Research comm Exchange Conference, and you can go to nbrenetwork.org. And that's really focused

on research on native children's development across the lifespan, so it's not early childhood focus but it is one space that we're trying to create momentum on some of these recommendations that we sent you.

Commissioner McDonald Okay. And then I get that, you kind of, you guys kind of answer a little bit, but I just have a, my other one was that I used to work at the National Resource Center on Native American Aging, and we used to do this training and we help folks with community needs assessments. And then then we, and then we took that data and then we aggregated it, aggregated it into, into a national database. And, and and then from there we provided policy recommendations on a national level, from that data. Is there, is there's something like that happening for our group here?

Dr. Michelle Sarche I can speak to that, but our other panelists may want to as well. Yeah, So, through the Administration for Children and Families, Office of Planning, Research and Evaluation or OPRE. And again I can send these two reports to Moushumi as well, and she can share along with all those articles in the Infant Mental Health Journal. But there were, the Tribal the TRC what we call, partnered with ACF as well as Mathematica to pull together two reports that laid out. What we know from existing data on early childhood in Tribal communities, and what we can tell about the needs and the needs for services. You know it's limited. But there are two reports that are a start and offer something to build from. And we're trying to do make some headway on that needs assessment piece also through our Tribal Early Childhood Research Center. And there's a large study of regional, a lot of those are again those are Tribally run Head Start programs. there's 154 of them nationwide, called the Family and Child Experiences survey. It used to be that you could Google AIAN phases, and get to the study website at OPRE. That Google search doesn't work as well anymore. But I'll send a link to the study website as well to Moushumi and she can share that with you. And there's a lot of reports there even at, even though it's focused on head start, there's 1000 children nationwide that we have some data on.

Commissioner McDonald Just based on what has been shared, Madam Chair and Moushumi, that perhaps a policy recommendation is to provide some type of resources in the form of funding to establish something along that lines that that brings all of those resources together, like the National Resource Center on Native American Aging. Because we also the secondary data analysis is there, and for Tribal communities. And then I know if there's something that I don't know what. Usually what usually when you, when we, when we develop policy recommendations, we named a specific agency. We say this is what they, this follows within their mission, we think they should do this. And then we put those things in there so it becomes really specific in regard to the federal entity that should be helping us to do that work. And so, so, along those lines, I think that I throw that out there for consideration with Commissioners. Thank you.

Jennifer Ratcliffe And I would like to quickly add to that. One of the biggest challenges for for the CCDF programs is that we don't have access to any information. There are grantees submit Tribal plans, which outline how they will function over over a three-year period. And then every, so that's every three years, and then every single year they

submit an annual report. And our organization has been trying to access those for the past, since I've been working for NICCA, so the past seven or eight years, years to get an understanding of what, what services our programs are providing and what those outcomes look like at least at least something anecdotally. And we are still, I mean, seven years later we still don't have access to them. So, we literally can't tell you anything about what our programs have, and we don't know. You know like, what is the point of those plans that are written. Are they used by the Office of Child Care? If they're not, it's a 268-page plan. If they're not being used, then why is it 268 pages of information to fill out that never sees the light of day again. And just to converse that, the state plans are accessible and visible, and I don't know how personally access the state versions. But the states can be accessed by people and and reviewed and looked at and national organizations have, several national organizations put out analysis analyses of the state plan. But that's never been done for Tribal plans and we are ready and equipped to do it.

Vice-Chair
DeCoteau Are there other questions from our Commissioner?

Commissioner
Morris Yes.

Vice-Chair
DeCoteau Commissioner Morris, go ahead.

Commissioner
Morris Thank you. I, I, I was very impressed with Lana's program and I and I see that it speaks to the benefit of local communities, close communities making decisions about how they're going to educate and raise their children, and I think across the board, you know, anytime, a close local community, it's the way it should be, it's the way it should be that close, like communities like this should be able to make their own decisions about how to raise their children. I don't necessarily know that that, that, that translates across into diverse communities and communities that are or families that are multi-heritage and they have a lot of different things going on and children have a lot of choices as to, you know what they choose for them personally or how they're going to identify themselves personally, I get very hesitant about saying, you know, this is what all, you know children that have, you know, Native American heritage need, and it's the only way to go. And I get very uncomfortable with absolutes in that sense because children are individuals, and each family is different. But I really, I really agree that in communities like Lana's, absolutely. You know the community should be able to make those decisions. But I, but there's so much to talk about too about quality of life and I don't know. You know. We have so much evidence on so many reservations of the quality of life, the unhappiness, the depression, the trauma, the different things the violence and fetal alcohol. You know, I would say in my own extended family there's definitely a large number of fetal alcohol adults raising fetal alcohol children. And when you're talking about fetal alcohol, you're talking about all of the things that go with that. And then, then it makes sense why they're having the troubles that they're having. So, I I really want to see the evidence of of how various methods, various approaches affect quality of life in the in the long-term and and academics. The

we've we've heard it said that the teaching the Native language improves academics but that's not the evidence I've been seeing in the studies, and so I would really like those links to the studies that you're talking about. Because I've been seeing different studies, where they're actually doing poor, And, so it's important for us to actually be able to assess all the data. And yeah, I would really, I just really want to see all of these studies, so I can make a determination. Thank you.

Vice-Chair DeCoteau Thank you, Commissioner Morris. And I do think Dr. Sarche has quite a bit of information that she's going to forward to Moushumi, that will then be forwarded to the Commissioners.

Commissioner Morris Okay.

Dr. Michelle Sarche And I would just say, Commissioner Morris, we received, you had a lot of questions about different really challenging circumstances in Tribal communities. And I think we've alluded to the the challenges that young children and families face in Tribal communities. And I guess in, in, you know, in all my years of research and then looking specifically into some of the questions that you posed. You know, it's this real challenge like there's this need for national level data that descriptive across diverse Tribal communities so so that we have that again nationally representative data and a number of us on this call we're involved in a study that was designed to provide a nationally representative study of Region 11 Head Start Children, but there's also such critical variation community-to-community that can get lost in those national data.

Commissioner Morris Yeah, and that's. I'm not so sure it needs to be national data. You know my my questions were, my questions on that page were particular to the communities that you are, are working with, you know, Lana's particular community. And I think that that's, that's a much better way to go.

Dr. Michelle Sarche And sometimes local communities don't necessarily have that hard data, you know, people working with young children and families. You know, they know what they see, but it's still sort of anecdotal, they may not be tallying up, you know, all of the numbers but they know kind of qualitatively what they see are the priority issues in their communities. And I guess that's the other thing, and not that your questions are specifically getting at this but if we just look at rates of, you know, concerns, you know, that really doesn't get underneath like, what are the what are the causes that under underlie these concerns. And also, like, you know, the patterns of certain things. So, for example drinking and, drinking in particular during pregnancy, Native women in a variety of studies, maybe less likely to drink than say white women. But their patterns of use, could be more risky. I mean any alcohol during pregnancy is risky, but certain patterns like binge drinking, for example, is more risky. And so, it's really important to look at all of the nuances. And it's also important I think to remember and again I've made this journey in my own research career, it's very easy in working with Tribal communities and looking at Tribal data to be really struck by the challenges that Tribal communities than states and that

needs to be honored. But it's also like, even when you look at just rates of drinking and lifetime experiences alcoholism in Tribal communities, the majority of people have not in themselves had substance use or alcohol use disorders. It's still, it may be greater than the general population, but it's still the minority of people. And so, you know, with respect to drinking, you know, there's also higher rates of abstinence in Tribal communities than in the general US population. So it's just working with data is a really tricky thing and it can be easy, you just have to be careful with the whole story.

Jennifer
Ratcliffe

And I want to also add to that, Commissioner Morris. I appreciate your acknowledgement of the need to hear individual programs or individual community stories. And I think that, I guess, I would also say that that's missing. We, we don't I don't wouldn't even know where to begin to start to identify specific communities that are addressing some of the some of the points that you raised. That, I wouldn't know where to start looking for that. Other than just, you know, a word of mouth of asking. So, I think that that's an effort that we need to put some, some, you know meat behind and sort of pursue. So, I appreciate that comment. Thank you.

VIII. Wrap Up

Vice-Chair
DeCoteau

Great questions and thank you for those responses. We're just about to wrap up, but I just want to ask if anybody else has just a brief question that they didn't get a chance to ask.

I think this was a really great panel today. Thank you so much to the presenters. The information was informative. I think we generated some really good discussion. Your responses to questions was really really helpful. If Commissioners have other questions that went unanswered today or they need further information. You know, if we can just ask those in writing, please. And then, of course, any of the presenters or other attendees can always submit a written testimony to the Commission, that will be taken into consideration and put on official record. So again, I just want to use this time to thank you all for being here today and thank you so much to the presenters. This is really helpful information I think it's a good jumping off point as we consider among our Commission, best practices for recommendations for Congress. Lots of Thank you's happening in the chat so look at those before you sign-off. Otherwise, make a great day, be safe, everybody.

[END OF TRANSCRIPT]

[Transcript completed in-house by R. Gilbert, Department of the Interior]

Appendix

Virtual Hearing March 12, 2021

Chat Log – Early Childhood Development

from Lana Garcia to everyone: 2:30 PM

Head Start provides lead screenings for all children within the first 45 days of school.

from Anita Fineday to everyone: 2:42 PM

Thank you to the Jemez Headstart program, so impressive!

from Leander McDonald to everyone: 2:49 PM

Hau'. This is amazing to hear!

from Anita Fineday to everyone: 2:49 PM

Brings tears to my eyes

from d bigfoot to everyone: 2:51 PM

please note that our ancestors shed tears for us and we are all honored by tears of those who care

from michelle.sarche@ucdenver.edu to everyone: 2:52 PM

so true Dr. DeCoteau! And so beautiful Lana.

from Jennifer to everyone: 2:52 PM

Thank you, Lana -- That was beautiful

from Lana Garcia to everyone: 2:52 PM

im so sorry you are breaking up.

from Jessica to everyone: 2:52 PM

Lana, the work that you and your community have done is outstanding!

from Joshua J. Franks to everyone: 2:54 PM

yes

from Joshua J. Franks to everyone: 2:55 PM

friendly reminder to ask if you could mute your mics if you are not speaking. thank you

from michelle.sarche@ucdenver.edu to everyone: 3:05 PM

We can share some of that data in the Q+A

from tamid to everyone: 3:06 PM

We will have Jessica present next.

from michelle.sarche@ucdenver.edu to everyone: 3:08 PM

Early care and education providers are very trusted by families - so families come to them with these struggles but early care and education providers are not necessarily equipped to help directly so that is one area of support for early care and education staff - knowing how to support families within their role but also get them the additional services they need

from Jennifer to everyone: 3:08 PM

This would be appropriate for child care programs and allowed, I think, with CCDF funding

from Anita Fineday to everyone: 3:20 PM

Can you send us a list of some of the studies which document the positive results of home visiting?

from Moushumi Beltangady (internal) to everyone: 3:21 PM

This website is very helpful: <https://homvee.acf.hhs.gov/>. There is a specific report on tribal studies available at <https://homvee.acf.hhs.gov/publications/tribal-home-visiting>

from michelle.sarche@ucdenver.edu to everyone: 3:21 PM

we also had a set of unified recommendations to share

from michelle.sarche@ucdenver.edu to everyone: 3:24 PM

Right - Infant Mental Health Journal. Happy to send articles to anyone who needs them.

from michelle.sarche@ucdenver.edu to everyone: 3:24 PM

There is also a 17 community cross-site implementation evaluation of Home Visiting underway.

from Moushumi Beltangady (internal) to everyone: 3:25 PM

<https://homvee.acf.hhs.gov/publications/tribal-home-visiting>

from Moushumi Beltangady (internal) to everyone: 3:25 PM

As Jessica mentioned, there is a special Issue of the Infant Mental Health Journal on Tribal Home Visiting.

from michelle.sarche@ucdenver.edu to everyone: 3:27 PM

I'm happy to send all of those articles from IMHJ to you Moushumi and perhaps you can share with the Commission?

from tamid to everyone: 3:28 PM

That would be great. Thank you Dr. Sarchey

from Anita Fineday to everyone: 3:31 PM

Thank you so much for these recommendations, very helpful

from Anita Fineday to everyone: 3:38 PM

Thank you for those words Russ!

from Lana Garcia to everyone: 3:41 PM

is anyone else experiencing delays??

from michelle.sarche@ucdenver.edu to everyone: 3:41 PM

Good here

from tamid to everyone: 3:41 PM
Not that I can tell

from Leander McDonald to everyone: 3:41 PM
good here

from Jennifer to everyone: 3:41 PM
There is also the National Indian Head Start Directors Association that is our sister organization

from Jennifer to everyone: 3:42 PM
I will also add that there is no ECE single voice in the non-Tribal world either.

from Jessica to everyone: 3:42 PM
ncrenetwork.org

from Jessica to everyone: 3:42 PM
Native Children's Research Exchange

from michelle.sarche@ucdenver.edu to everyone: 3:42 PM
www.ncrenetwork.org

from Leander McDonald to everyone: 3:43 PM
Thank you.

from Lana Garcia to everyone: 3:44 PM
I do apologize but my internet connection is very unstable and I am not able to hear your questions or conversations.

from michelle.sarche@ucdenver.edu to everyone: 3:45 PM
Oh darn Lana!

from Moushumi Beltangady (internal) to everyone: 3:45 PM
So sorry, Lana!

from michelle.sarche@ucdenver.edu to everyone: 3:55 PM
https://www.acf.hhs.gov/sites/default/files/documents/ece/tribal_statement_a_s_exposure_0.pdf

from Jennifer to everyone: 3:56 PM
Thank you for this opportunity! It was a pleasure being here and hearing from my colleagues.

from michelle.sarche@ucdenver.edu to everyone: 3:56 PM
YES, really appreciate the opportunity meet.

from Jessica to everyone: 3:57 PM
Thank you!

from Anita Fineday to everyone: 3:57 PM

Thank all the presenters!

from Leander McDonald to everyone: 3:57 PM
Thank you!

from Elizabeth Morris to everyone: 3:57 PM
thank you

from Joshua J. Franks to everyone: 3:57 PM
thank you!