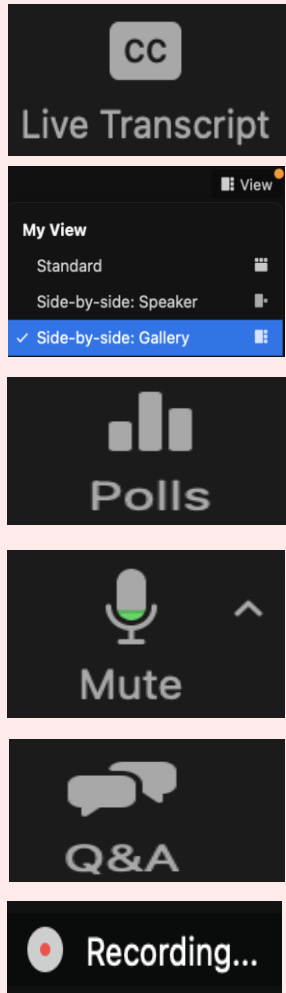


# Webinar Housekeeping

*The webinar will begin shortly*



**Closed captioning** is available during today's webinar. Click the **Closed Caption** icon and select subtitles for a separate page of live captioning.

**American Sign Language (ASL)** is also available during today's webinar. To view ASL interpretation, go to the upper right-hand corner of your Zoom screen, click the View button, and select **Side-by-Side: Gallery view**.

If you are joining by web browser or call-in by phone, some **interactive features (e.g., polling)** may not be **accessible**. Please use the Zoom hosting platform or mobile application in order to participate in these activities.

If you are having audio issues with your computer internet connection, we advise that you call-in using a telephone. Use the **Audio Settings** feature which can be found by **clicking the up arrow** next to the **microphone** to identify the call-in number for your local area.

Use the **Q&A** feature to ask questions to the presenters. You may also chime in and answer questions that have been shared with the group!

A **recording** of the webinar will be e-mailed to all registrants soon.

**Thank you!**



**Infant & Early Childhood Mental Health**  
Technical Assistance Center

# **Celebrating Highlights in Infant and Early Childhood Mental Health:**

**Strategies Supporting IECMH Service Delivery**



GEORGETOWN UNIVERSITY  
**Center for Child and  
Human Development**

**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



**ZERO TO THREE**  
Early connections last a lifetime

# Welcome



**Acknowledgment of Grant Support:** This publication was made possible by Grant Number 1H79SM082070-01 from SAMHSA.

**Disclaimer:** Funding for this conference was made possible (in part) by SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

# Land Acknowledgement

As an institution dedicated to our Jesuit values, Georgetown University recognizes that the land we currently occupy was and still is the homeland of the Nacotchtank and their descendants, the Piscataway Conoy people. We acknowledge that these peoples and many others were forcefully removed and that this University's occupation is fundamentally tied to colonial development. We acknowledge that the consequences of this removal continue to affect these Indigenous communities. We offer our gratitude for the land and her people as we learn, teach, work, and commune.

This University celebrates the resilience, strength, and enduring presence of Indigenous people demonstrated around the world. We are committed to supporting the Indigenous members of our community as we educate ourselves on Indigenous histories, cultures, and issues. This is a reflection of our commitment to the values of *People for Others* as we form our *Community in Diversity*.

– Native American Student Council (NASC)



# Our Reach

# IECMH TA Center Team



Jennifer Drake-Croft  
Eastern Band of the Cherokee  
Tennessee



Callie Silver  
Ute, Eastern Shoshone  
Utah



Negar Zahiri  
Manahoac, Piscataway  
Virginia



Renee Antoine  
Chitimacha, Coushatta, Choctaw  
Louisiana



Michael Rovaris  
Kickapoo, Caddo, Cherokee, Tonawanda  
Texas



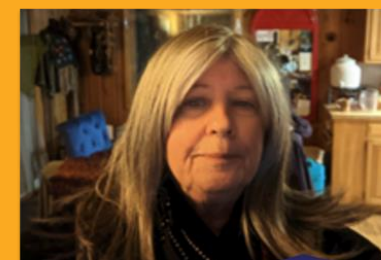
Alison Peak  
Eastern Band of the Cherokee  
Tennessee



Dawn Yazzie  
Dineh, Apache, Hopi  
Arizona



Rosemarie Allen  
Cheyenne  
Colorado



Shannon Crossbear  
Lake Superior Ojibwe  
Minnesota

# IECMH TA Center Team



Lindsay Usry  
Piscataway, Nacotchtank  
Maryland



Julie Cohen  
O'dham, Hohokam  
Arizona



Meghan Schmelzer  
Sauk, Peoria, Mississauga, Anishinabewaki  
Michigan



Therese Ahlers  
Ho Chunk  
Wisconsin



Paola Andujar  
Piscataway, Nacotchtank  
Maryland



Cathy Bodkin  
Monacan  
Virginia



Debbie Cheatham  
Eastern Band of the Cherokee  
Georgia

---

# Let's Take a Poll:

## What is your Primary Professional Role?





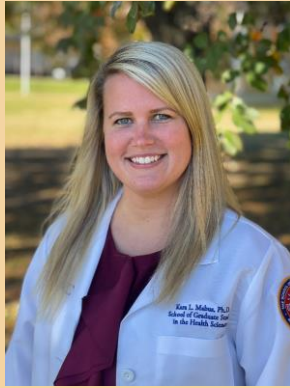


# SETTING THE STAGE

# Presenters



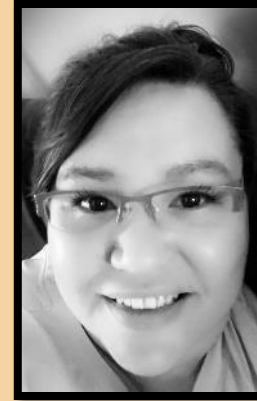
**DR. COURTNEY  
WALKER**  
UNIVERSITY OF  
MISSISSIPPI,  
MISSISSIPPI



**DR. KARA  
MABUS**  
UNIVERSITY OF  
MISSISSIPPI,  
MISSISSIPPI



**AMANDA  
PETERSON**  
RED CLIFF BAND OF  
LAKE SUPERIOR  
CHIPPEWA  
INDIANS,  
WISCONSIN



**JOHANNA  
WILSON**  
RED CLIFF BAND  
OF LAKE SUPERIOR  
CHIPPEWA  
INDIANS,  
WISCONSIN



**STEPHANIE  
NORTON, LCSW**  
MY HEALTH MY  
RESOURCES  
TARRANT COUNTY,  
TEXAS



**DAVID TEDONE,  
LCSW**  
MY HEALTH MY  
RESOURCES  
TARRANT COUNTY,  
TEXAS



# UNIVERSITY OF MISSISSIPPI MISSISSIPPI

# Increasing access to Infant and Early Childhood Mental Health Services in Rural Areas: Lessons from Mississippi



Part of University of Mississippi Medical Center

Courtney S. Walker, PhD  
Assistant Professor, Clinical Psychologist  
Department of Psychiatry

Kara L. Mabus, PhD  
Postdoctoral Research Fellow  
Department of Psychiatry

Dustin E. Sarver, PhD  
Associate Professor, Clinical Psychologist  
Department of Psychiatry

# IECMH in Mississippi

- MS children are disproportionately at-risk for behavioral health concerns due to several risk factors:
  - Highest preterm birth rate (14.2%; March of Dimes, 2021)
    - Jackson, MS (19.6%)
  - Highest percentage babies born at low birthweight (America's Health Rankings, 2022)
- MS infants and toddlers lack access to mental healthcare
  - 80 out of 82 counties are designated as Mental Health Professional Shortage Areas (HRSA, 2021)
- University of Mississippi Medical Center
  - Home to the state's only academic medical center, Children's Hospital, and Level IV NICU

# MS Behavioral Health in Infants and Preschoolers Program (MS BeHIP)

- Substance Abuse and Mental Health Services Administration (SAMHSA) Infant and Early Childhood Mental Health grant
- Develop an evidenced-based continuum of care for Mississippi's highest-risk term and pre-term infants and their families.

# MS Behavioral Health in Infants and Preschoolers Program (MS BeHIP)

- Goal 1: Expand access to mental health care and screening for UMMC high-risk term and pre-term infants and their families.
- Goal 2: Utilizing face-to-face and telehealth modalities, expand the scope of a continuum of care of community mental health services for high-risk infants and children via linkages with empirically validated interventions and supports.
- Goal 3: Utilizing face-to-face and telehealth modalities, expand the scope of a continuum of care for early childhood education center services for high-risk infants and children.
- Goal 4: Utilizing face-to-face and telehealth modalities, provide specialized training for mental health clinicians and trainees on infant/early childhood evidence-based practices and creating opportunities to develop greater expertise in infant/childhood mental health.

# MS Behavioral Health in Infants and Preschoolers Program (MS BeHIP)

- Goal 1: Expand access to mental health care and screening for UMMC high-risk term and pre-term infants and their families.
- Goal 2: Utilizing face-to-face and telehealth modalities, expand the scope of a continuum of care of community mental health services for high-risk infants and children via linkages with empirically validated interventions and supports.
- Goal 3: Utilizing face-to-face and telehealth modalities, expand the scope of a continuum of care for early childhood education center services for high-risk infants and children.
- Goal 4: Utilizing face-to-face and telehealth modalities, provide specialized training for mental health clinicians and trainees on infant/early childhood evidence-based practices and creating opportunities to develop greater expertise in infant/childhood mental health.



# Parent-Child Interaction Therapy (PCIT)

- Evidence-based dyadic treatment for young children (2-7 years old) with behavioral problems
- Two phases (via live coaching)
  - Child Directed Interaction (CDI)
    - Positive parenting skills (PRIDE skills)
    - Child leads play
  - Parent Directed Interaction (PDI)
    - Effective commands
    - Effective timeout procedures

# Transition to Telehealth

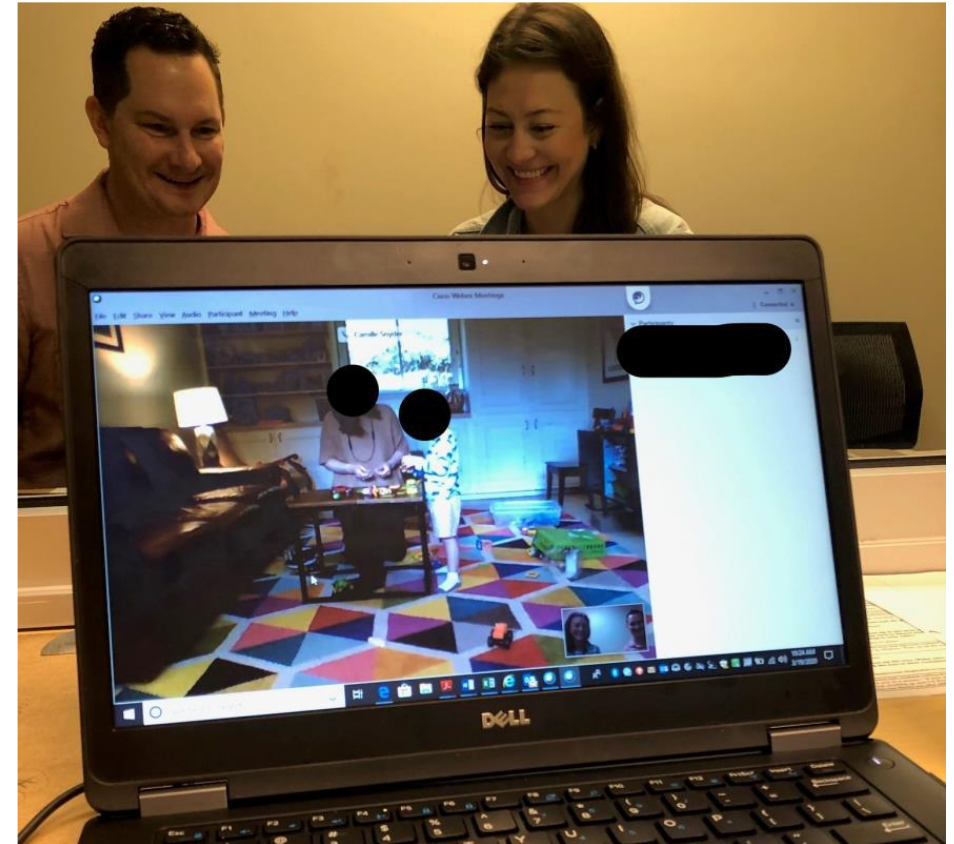
- Requirements for Tele-PCIT
  - Strong, reliable phone and internet connectivity
  - 1 or 2 devices with webcam capabilities
  - Bluetooth earpiece device and/or suitable headphones
  - Valid email address that is easily accessible privately
  - Appropriate toys
  - Clean, safe area for play with child with limited/no distractions

# Challenges

- Access to reliable internet
- Difficulty with technology set-up
- Access to appropriate toys
- Billing for telehealth past emergency use

# Solutions

- Problem solving internet access
- Telehealth Center of Excellence at UMMC
- Tele-PCIT Welcome Packet



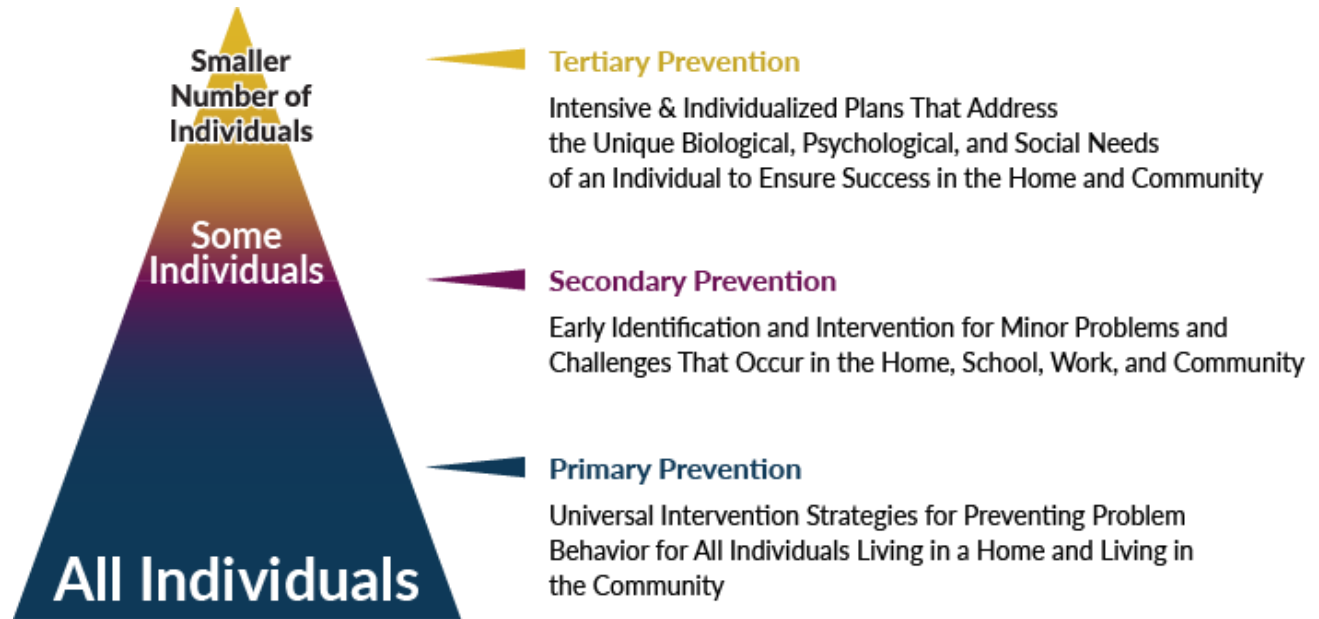
# VIRTUAL CARE TRAINING FOR CHILD- AND FAMILY-SERVING PROVIDERS

Part of University of Mississippi Medical Center



# Child-Adult Relationship Enhancement (CARE)

- Evidence-based preventative approach derived from parenting programs
- Designed to enhance relationship between adults and children at-risk for behavioral problems
- Most appropriate for non-clinical population of children and professionals (e.g., early childhood educators)



(Positive Supports Minnesota, n.d.)

# Mind your Ps and Qs!

## ■ Q skills

- Quash the “Need to Lead”
- Quit unnecessary Questions
- Quiet the criticisms (no, don’t stop, not, and quit)

## ■ P skills

- Praise specific and appropriate skills/behaviors
- Paraphrase appropriate talk
- Point out appropriate behaviors

# CARE: Pre-COVID

	CARE Activities
Step 1	Observation of Current Practices
Step 2	CARE Training
Step 3	Observation of Skills Learned
Step 4	Completion of Follow-up Packet
Step 5	Director Debriefing



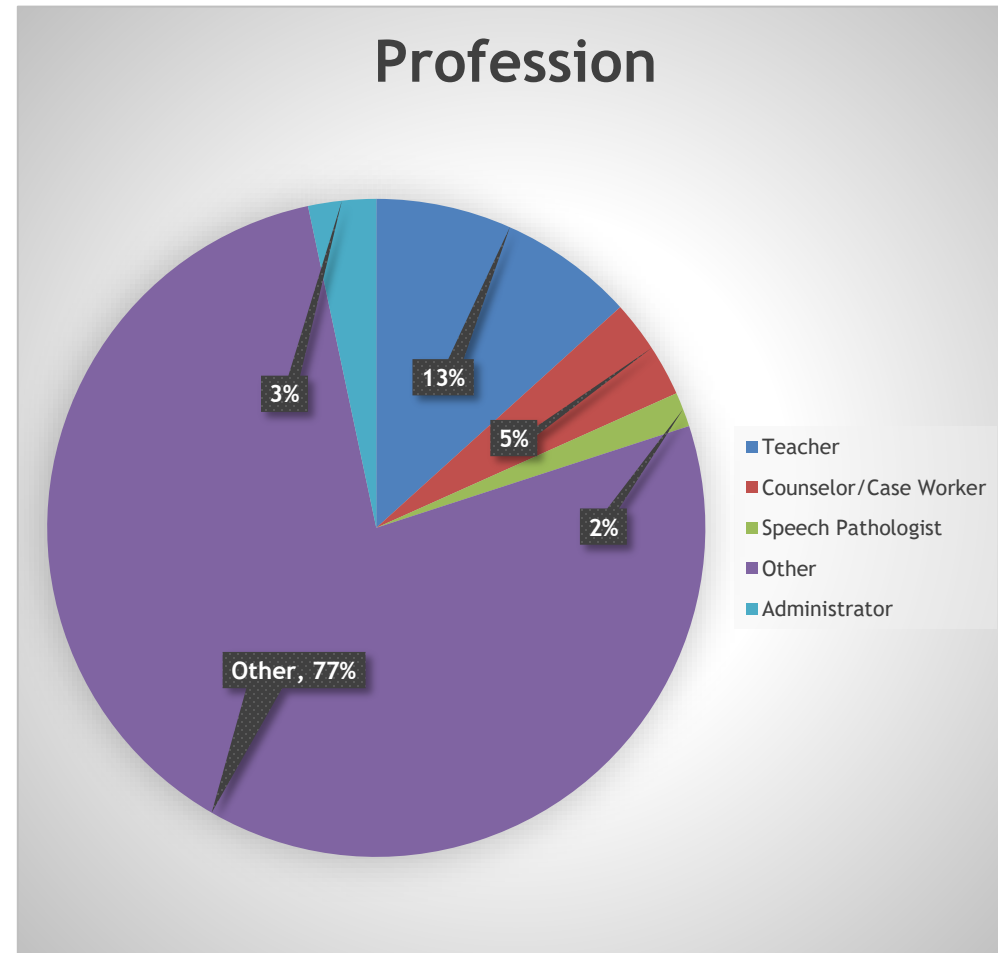
# Virtual Transition

- COVID-19 pandemic required transition to virtual trainings
- Changed training delivery
  - Role play activities
  - No behavior coding of trainees

# Virtual CARE Trainees

	N = 64	%
Gender		
<i>Male</i>	7	11.7
<i>Female</i>	53	88.3
Race		
<i>Black or African American</i>	9	15.3
<i>White</i>	49	83.1
Education		
<i>Bachelors Degree</i>	41	68.3
<i>Masters Degree</i>	16	26.7
<i>HS Diploma</i>	2	3.3

# Virtual CARE Trainees



- Foster Parents
- Home Visitors
- Students in Allied Health
- Audiologists

# Virtual CARE Outcomes

- Virtual CARE trainees reported:
  - Knowledge and skills increased
  - Feeling comfortable in implementing CARE skills on their own

# Facilitators

- Existing tele-conferencing infrastructure
- Increased need for virtual trainings
- Staff support/research assistants
- Didactic format

# Barriers and Solutions

- Technological issues
- Lack of role-play activities
  - Connections with larger CARE network
    - University of Kansas Medical Center



# References

- America's Health Rankings analysis of CDC WONDER, Natality Public Use Files, United Health Foundation, AmericasHealthRankings.org, Accessed 2022.
- Health Resources and Services Administration, Health Professional Shortage Area (HPSA) Find Tool. Retrieved February 22, 2022, from <https://data.hrsa.gov/tools/shortage-area/hpsa-find>.
- National Center for Health Statistics, final natality data. Retrieved February 22, 2022, from [www.marchofdimes.org/peristats](http://www.marchofdimes.org/peristats).



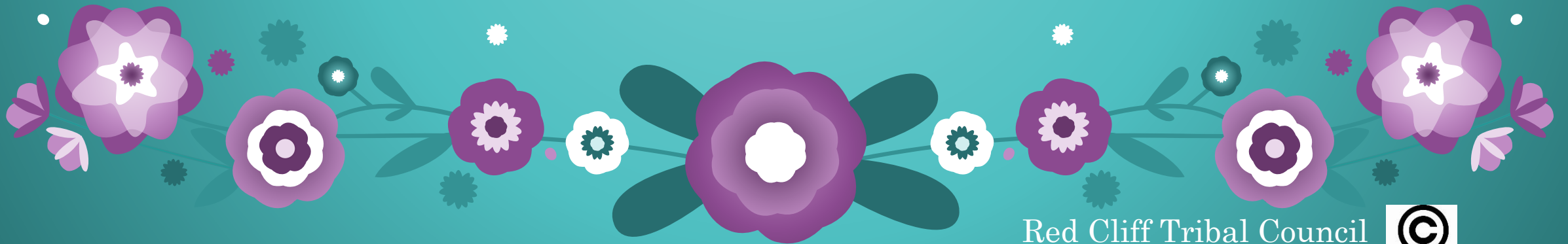
# RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA INDIANS

## WISCONSIN



# Indigenous Traditional Birthing

Red Cliff Band of Lake Superior Chippewa



Red Cliff Tribal Council



# The beginning...building on the LAUNCH vision for traditional births.....

- ❖ In 2016, the Ikwewag of Red Cliff and Bad River met with indigenous midwives and doulas to learn and revitalize traditional birth practices.
- ❖ Our community doulas presented the idea of bringing back traditional indigenous birth practices and ceremonies home back to the Red Cliff reservation and community members to our Tribal Council.
- ❖ The decision for support from our Tribal Council began our community's journey to reclaim our indigenous birth practices.

# Doula has one of the first experiences for a traditional home birth

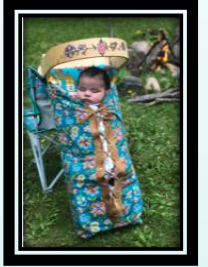
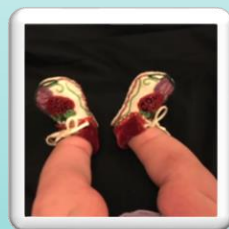


- ❖ **Amaris Andrews:** a mom, a wife, a student midwife, DONA trained birth doula, and formerly a home visitor for the Zaagichigaazowin Home Visiting Program in Red Cliff, WI.
- ❖ After a few years of helping other women with their births, she attended an Indigenous Midwifery Teachings while 6 months pregnant with her 5<sup>th</sup> child. This sparked a light inside and confirmed her wanting of having a home birth with a birth fire.
- ❖ Amaris ultimately decided to have a home birth; her team gathered and prepared during pregnancy and delivery.
- ❖ It was one of the 1<sup>st</sup> birth fires in over a hundred years in Red Cliff, WI.

## Pregnant women are very sacred because she is carrying a new life inside of her

In preparations:

- Bezhigo Asemaa, we offer our asema in prayer – we as well as parents may do this daily
- Moms can sew from ribbon skirts for themselves to wearing during the birthing ceremony. They can also sew their baby girl a ribbon skirt, or baby boy a ribbon shirt and
- Moccasins (infants are given a pair with holes in the bottom as the spirits looking around are taking pity on them).
- Cradleboard (a great resource to parents and is used to keep infants safe, as they learn through visual stimulation, Moss bag and Swing for their babies.
  - Cedar can be gathered during pregnancy and frozen until it is time to be used for the fire.
  - Red raspberry leaf tea is consumed throughout pregnancy to improve iron levels.
  - Ginger perineal packs can be prepared to be used during birth as perineum warm packs.



# What about the father?

- Fathers roles in pregnancy is vital for mom and baby
- Assisting with the assembly of a birth lodge, lighting the fire, tending the fire
- His touch and voice provide comfort and love
- Dad can be singing to baby while using gentle touches with mom to communicate love
- Speaking the language and providing traditional culture.
- The more we involve the fathers from the beginning of pregnancy and all the way through birth; the more attentive and caring the are in postpartum.



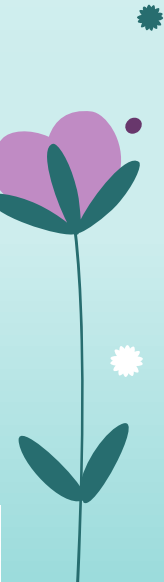
# Traditional Home Birthing

The story of Cupcake Sprinkle's journey



<https://youtu.be/PYrFaGdCcVQ>

Red Cliff Tribal Council

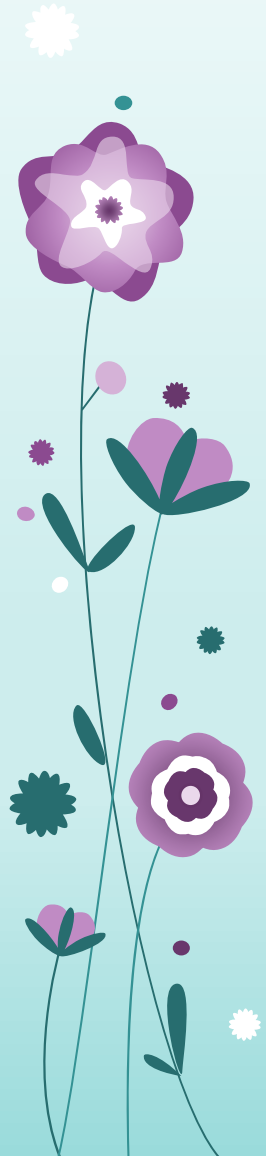


# Honoring the afterbirth, baby, mom and family

- ❖ We save our placentas and give them back to mother earth. It is a special connection between the mother and the child.
- ❖ We bury them in our home community so that baby will always have a place and feel grounded with the land.
- ❖ Our moms have a 4-day feast following their babies' birth to welcome them and celebrate the birth to the community.
- ❖ We bring them gifts of asema (tobacco) and gifts that hold purpose and empower the child's life as they grow. Those gifts can be bows and arrows, axe or chisel, little bag or piece of hide with craft materials (leather, porcupine quills, birch bark, sweet grass), or expensive earrings and/or necklace.
- ❖ When the baby's belly button falls off, we save this in a pouch near us. Elders say, if a child does not have his/her belly button, they will be in constant search for it through their lifetime.
- ❖ At some point parents will seek and offer asema to someone asking for their child's spirit name. This person will help guide the process for a naming ceremony and serve as the child's namesake along with your chosen we'eh's.

# Beauty of Birth, no matter where you deliver....

- Mom and family witness first ceremony, first breath and/or scream
- The family can bring the placenta home from hospital for burial
- The family can bring in dirt for baby's feet
- Ceremonial birth songs
- Drumming
- Drinking the traditional teas
- Some hospitals allow the use of traditional medicines such as burning of sage and sweetgrass





# Any questions?

## Miigwech!

(Thank you!)

**Amanda Peterson-Teschner**

Zaagichigaazowin Home Visitor/Doula

[Amanda.Peterson@redcliff-nsn.gov](mailto:Amanda.Peterson@redcliff-nsn.gov)

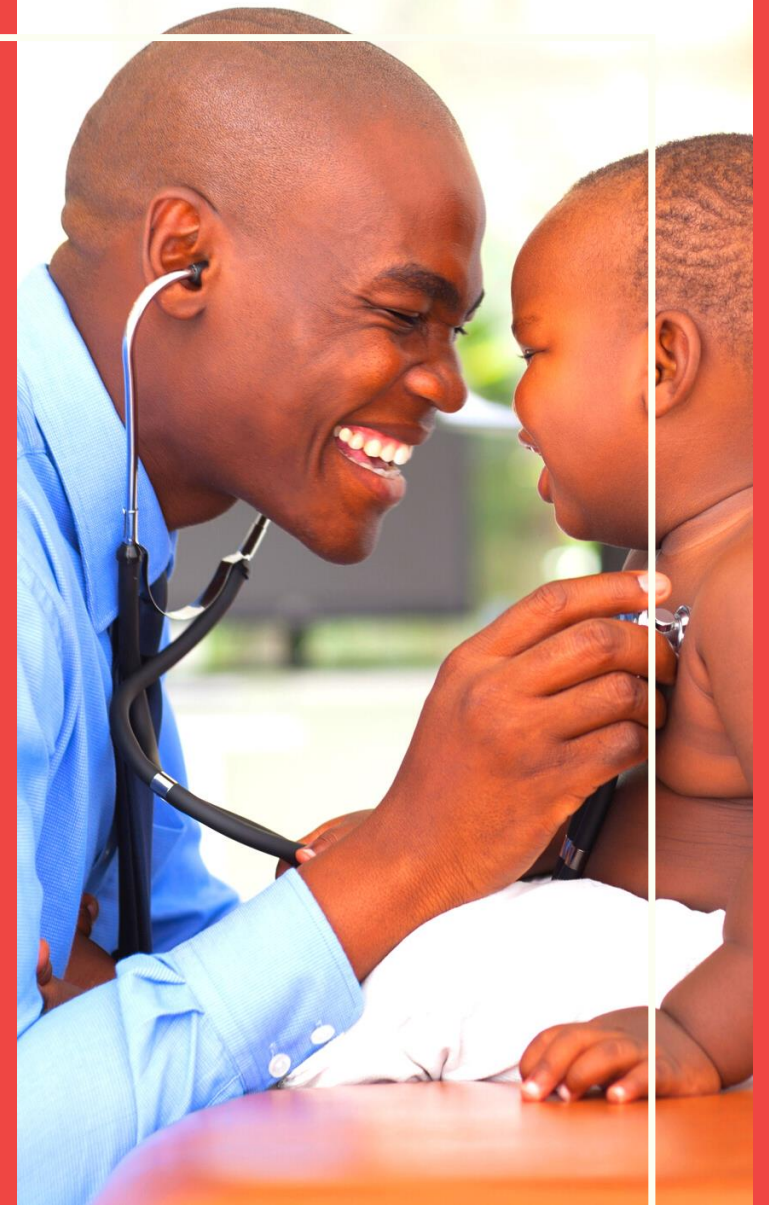
**Johanna Wilson**

Project LAUNCH Director

[Johanna.Wilson@redcliff-nsn.gov](mailto:Johanna.Wilson@redcliff-nsn.gov)



**MY HEALTH MY  
RESOURCES  
TARRANT  
COUNTY  
TEXAS**





# Help Me Grow North Texas & Mental Health Consultation Community

David Tedone, LCSW, Mental Health Consultation Director  
Stephanie Norton, LCSW, Help Me Grow Regional-State Director



Intersect of  
Help Me Grow  
North Texas

&

Infant and Early Childhood  
Mental Health Consultation

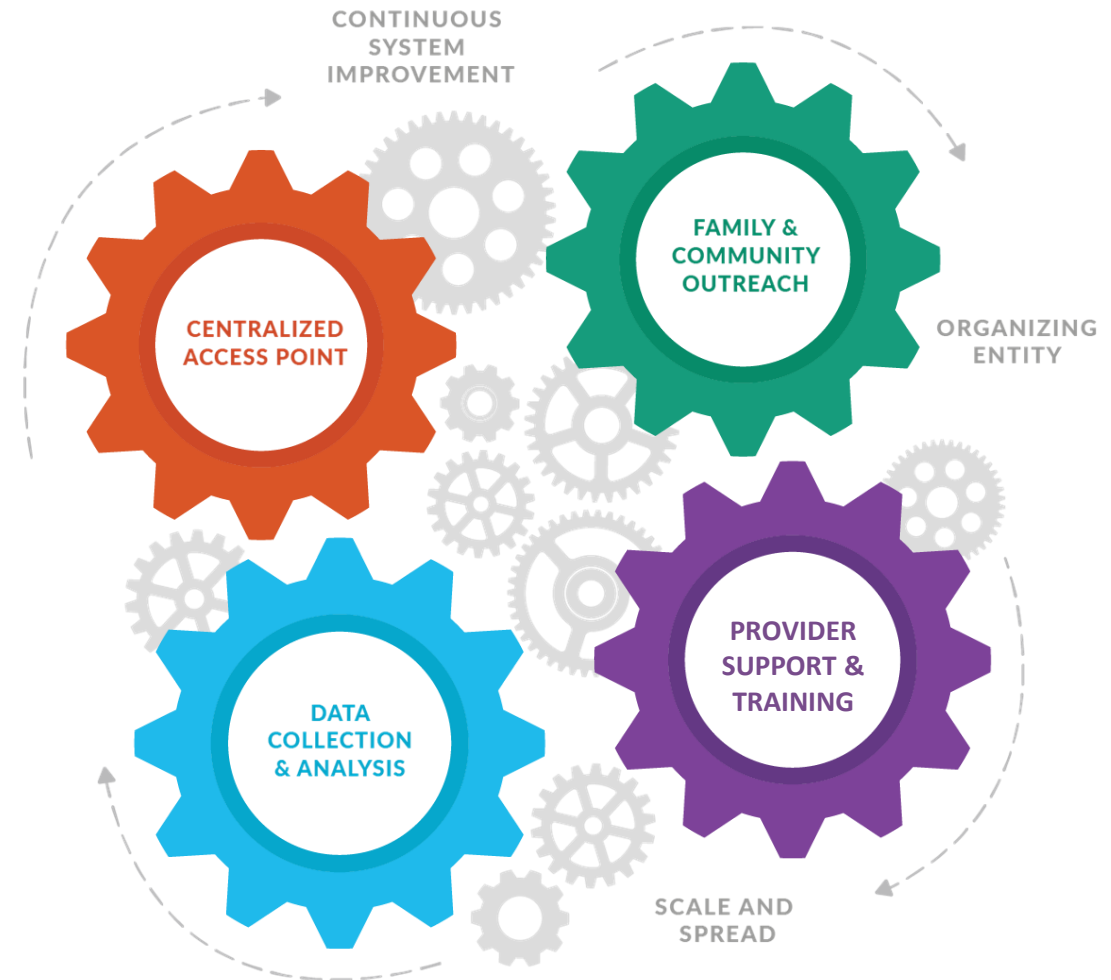


# Help Me Grow System Model

We believe that all children should be able to grow, develop, and thrive to reach their full potential.

Help Me Grow is a model that works to promote collaboration across child-serving sectors to build a more efficient and effective system that promotes the optimal healthy development of young children. When all the organizations working on behalf of young children work together, we can:

- ⚙️ Better prevent or reduce the impact that stress or adversity may have on children and families
- and**
- ⚙️ Increase protective factors that can maximize the well being of children and families.



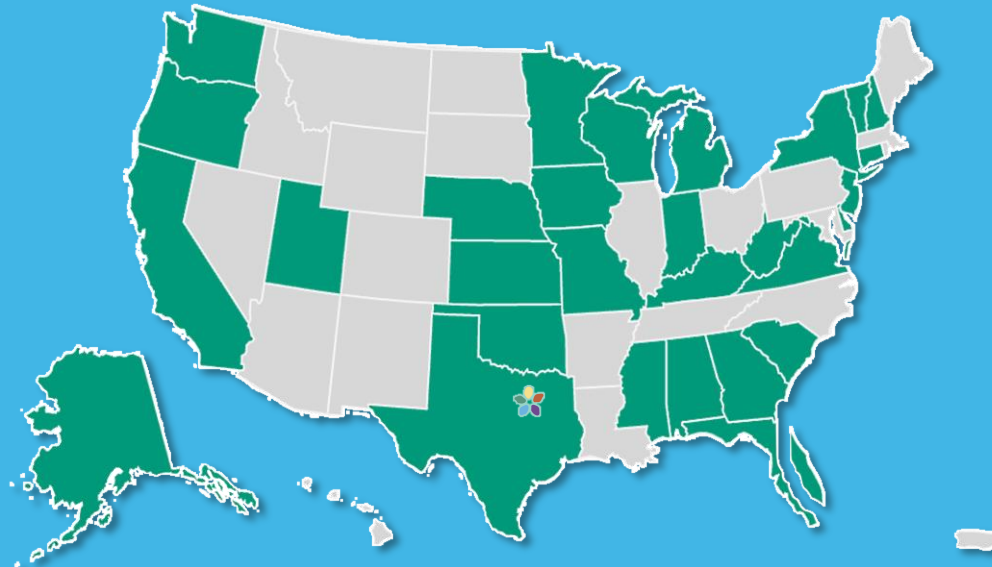
# Fidelity to the Help Me Grow Model

 Centralized Access Point	<ul style="list-style-type: none"><li>• Specialized child development call center</li><li>• Linkage and follow-up</li><li>• Researching resources</li><li>• Real-time directory maintenance</li></ul>
 Family & Community Outreach	<ul style="list-style-type: none"><li>• Engaged community partners</li><li>• Networking</li><li>• Community events and trainings</li><li>• Marketing</li></ul>
 Provider Support & Training	<ul style="list-style-type: none"><li>• Physician champion</li><li>• Provider champions</li><li>• Training on referral and linkage</li><li>• Closing the feedback loop</li></ul>
 Data Collection & Analysis	<ul style="list-style-type: none"><li>• Data monitoring</li><li>• Sharing data across partners</li><li>• Continual quality improvement</li><li>• Community change through data</li></ul>

Key activities to implementing each core component with fidelity to the Help Me Grow model



The Help Me Grow national network currently spans 119 communities across 29 states and Washington D.C



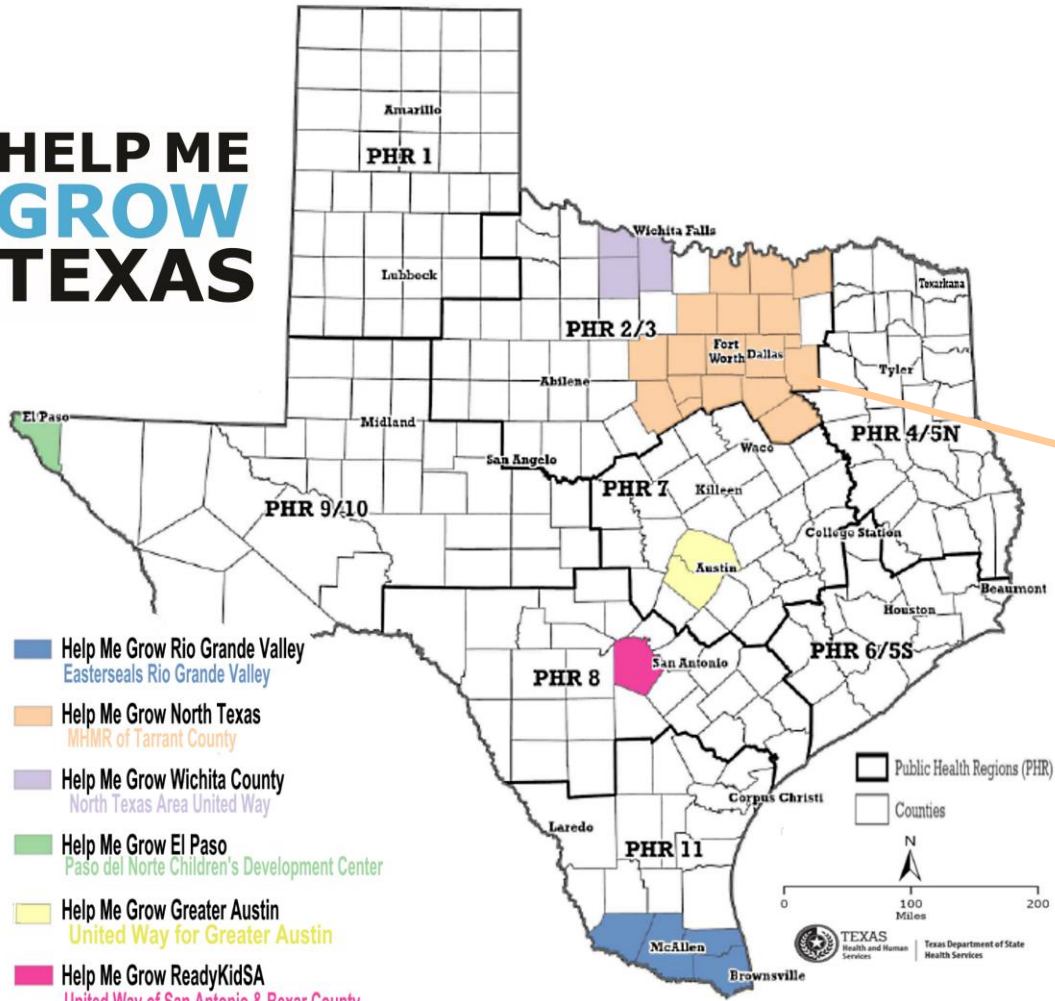
Help Me Grow North Texas was the first affiliation in Texas (2019)



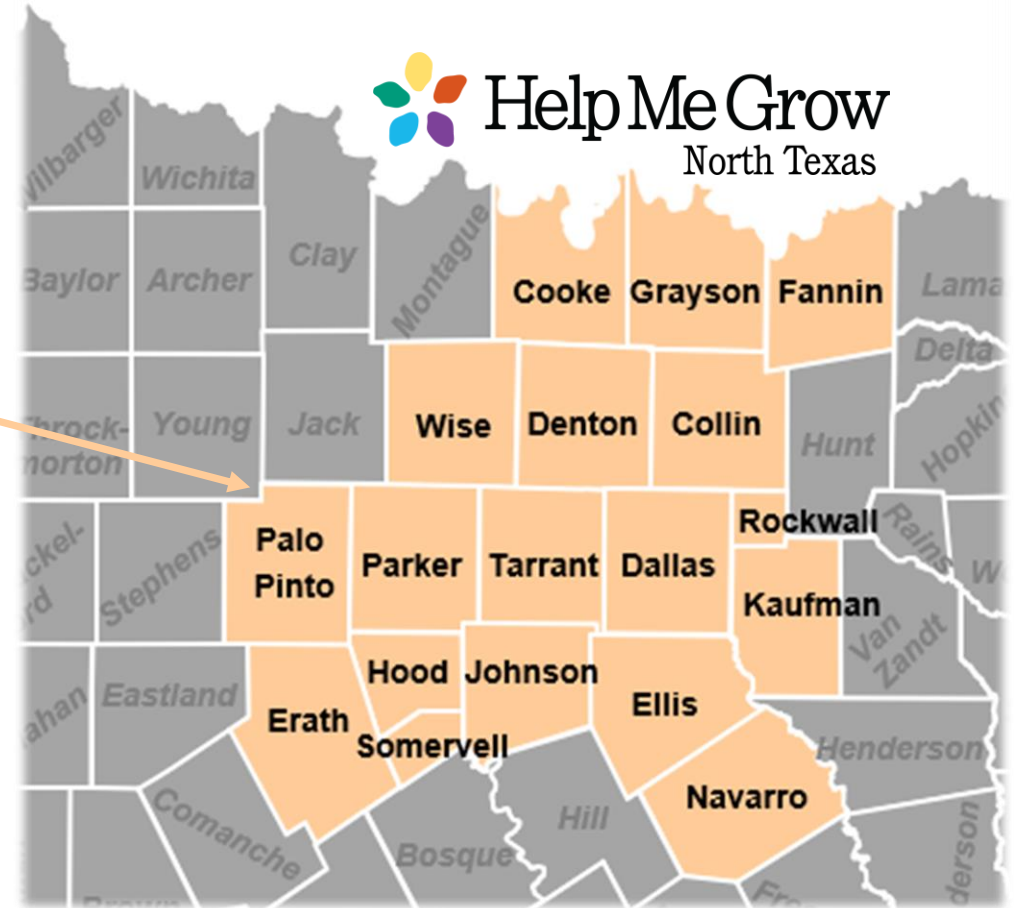
5 additional Texas sites were implemented (August 2020) in El Paso, San Antonio, Austin, Wichita Falls, & Rio Grande Valley

# Help Me Grow North Texas Service Area

**HELP ME  
GROW  
TEXAS**



 **Help Me Grow**  
North Texas





FAMILY RESOURCES ACROSS NORTH TEXAS



**CALL**  Help Me Grow<sup>®</sup>  
North Texas

**844-NTX-KIDS**



We are here to help answer  
your questions and connect  
you to community resources.

Chat with a Help Me Grow  
Navigator, or visit us online at  
[HelpMeGrowNorthTexas.org](http://HelpMeGrowNorthTexas.org)



# Help Me Grow Call Center



1

## Navigation with Connection

Linking families to community resources and supports based on their unique needs

2

## Answers to Questions

Help in answering pregnancy, parenting, and child development questions

3

## Developmental Screenings

Free developmental screenings for every child ages 0 to 6

# Subcommittee Structure

Subcommittees have coordinating co-chairs from across sectors (e.g., childcare, healthcare, education, families, and home visiting).

Membership is drawn from our stakeholder group.



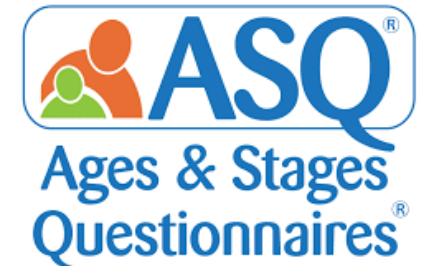
# The Intersect of Help Me Grow North Texas & Mental Health Consultation

## Developmental Screening & Monitoring

- The childcare center completes ASQ screenings with the parent, then
- The parent is referred to Help Me Grow for resources or ECI, if needed.
- If the center needs assistance making the referral, the MHC is available to assist and coach the center how to have the conversation with the parent.

- OR -

- MHCs educate the childcare on HMG, then
- The center simply refers the family to the HMG call center, and
- A Family Navigator conducts the ASQ screenings, shares the results with the caregiver, and makes necessary referrals.



As a state pilot, HMGNTx handles the referral line for ECI of North Central Texas.



# Classroom MHC Funded by SAMHSA



- Referral is received
- MHC is assigned to that specific childcare setting



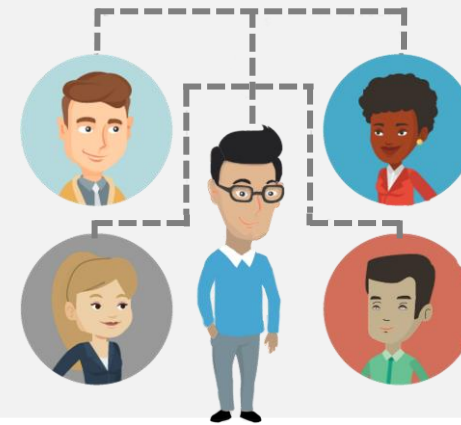
- MHC utilizes an internally-developed questionnaire based on TBRI
- Baseline is established of teacher-children relationships and interactions (emotionally & developmentally)
- With each visit, the MHC updates the questionnaire to see progress (this is our "treatment")



- MHC coordinates with other professionals involved in the setting and addresses challenging behaviors in the classroom



- If a specific child needs a referral to an intervention, the MHC assists with the referral and can support the teacher with completing an ASQ, if needed



- MHC provides beginning and ending incentive packages that contain TBRI specific tools to help address challenging behaviors in the classroom



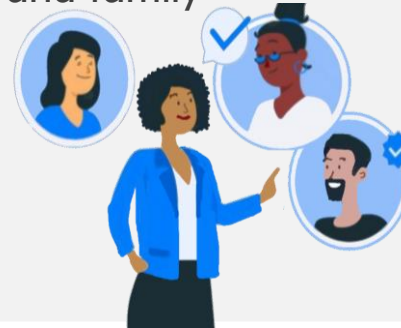
# Family Support Coaching & MHC\*



- Once a referral is received through HMG, a weekly team meeting occurs to staff the new referrals.



- An MHC will be determined to be the best fit for supporting the family and the Family Support Coach, depending on:
  - Experience
  - MHC's scope of practice
  - Presenting characteristics of the child and family



- Once an MHC and a Family Support Coach have been assigned to a case, they work together to support the family through individual and group visits.



thank  
you



David Tedone, LCSW  
MHC Director  
[David.Tedone@mhmrtc.org](mailto:David.Tedone@mhmrtc.org)

Stephanie Norton, LCSW  
Regional-State Director  
[Stephanie.Norton@mhmrtc.org](mailto:Stephanie.Norton@mhmrtc.org)

[www.HelpMeGrowNorthTexas.org](http://www.HelpMeGrowNorthTexas.org)

844-NTX-KIDS



# Q & A Session



# DON'T FORGET!

## EVALUATION SURVEY



### How to use a QR Code:

- Open your camera on your SmartPhone or Tablet.
- Point your camera at the code as if you were going to take a picture (but don't snap a picture).
- Once your camera is able to focus on the image, it will prompt the associated content on the top of the phone which you can then tap.

---

# THANK YOU!



**Infant & Early Childhood Mental Health**  
Technical Assistance Center



# MISSISSIPPI

## Dr. Courtney Walker

Dr. Walker is an Assistant Professor and Clinical Psychologist at the University of Mississippi Medical Center. She obtained her PhD in Clinical Psychology from Mississippi State University in 2018 following completion of her residency at Louisiana State University Health Sciences Center. She is a Harris Infant Mental Health fellow and has clinical expertise in the assessment and treatment of infants and young children. She has served as PI or Co-I on a range of grant-funded projects that center on the dissemination of evidence-based mental health practices in rural communities. Currently, she serves as Co-PI for a SAMHSA Infant and Early Childhood Mental Health (IECMH) grant entitled: MS Behavioral Health for Infants and Preschoolers Program (MS BeHIP). Her research interests include examining the influence of parenting strategies, adverse childhood experiences, and poverty on child neurodevelopmental and behavioral outcomes as well as how child and family resiliency can moderate these relationships.

# MISSISSIPPI

## Dr. Kara Mabus

Dr. Mabus is a postdoctoral research fellow at the University of Mississippi Medical Center in the Department of Psychiatry and Human Behavior. She completed her residency at the University of Mississippi Medical Center and received her PhD in Applied Psychology, with a concentration in Clinical Psychology from Mississippi State University. Broadly, her clinical interests include providing postpartum clinical support to families in NICU, conducting neurodevelopmental evaluations with young children, and providing infant and early childhood mental health treatment. Broadly, Dr. Mabus' research interests include maternal mental health and the impact of social/environmental factors on developmental and behavioral outcomes for NICU infants.

# RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA INDIANS

## Amanda Peterson

Aaniin Boozhoo! Miinwaywayjiwan Ikwe indizhinikaaz, Gigoon nindoodem, Miskwaabikaang nindonjibaa.

Hello! My name is Amanda Peterson-Teschner. I am fish clan, from Red Cliff WI. I was born and raised in Red Cliff with my parents and younger sister. We are a 5th generation commercial fishing family. I now have a family of my own which includes my husband, 2 sons, 3 daughters, 2 dogs, chickens, and bee's. We are a very active family that participates in ceremony, running a family business, and lots of fun.

I have an associate degree in Early Childhood Education. I work in Red Cliff as the Zaagichigaazowin Home visitor and Doula. I walk alongside families on their journey of birth and parenting. We focus on supporting and strengthening families around indigenous teaching, traditional medicines, and incorporate those teachings into an evidence-based curriculum. This is my heart work! I love working with families, being a full circle support, and feel so thankful for my co-workers & community. We are all putting in heart work with our little spirits that will be positive for our next 7 generations.

# RED CLIFF BAND OF LAKE SUPERIOR CHIPPEWA INDIANS

Johanna Wilson

Boozhoo! My name is Johanna Wilson, and I am the Giwiidosendimin Project LAUNCH Director. I was born and raised in Wisconsin within the boundaries of the Red Cliff Band of Lake Superior. I have a B.S. in Health Information Management and I am a first-year bachelor's degree graduate. I have 3 children who keep me very busy; especially when we are making strides to breaking cycles of generational trauma, oppression, mental health stigmas, and societal standards.

Working as part of the Giwiidosendimin team has provided our community the opportunity to bring public awareness about infant and early childhood mental health, reduce stigmas, and provides steps and/or inspiration for healing or a more healthful start for our young one's journeys (starting in womb; traditional birth work). Ojibwe cultural traditions, ceremonies, medicines are a focal point to revitalization and thriving births, postpartum, early childhood growth and beyond.

# TEXAS

## Stephanie Norton, LCSW

Stephanie Norton, LCSW, has worked in the field of Social Work for 30 years and has spent most of her career specifically involved in community mental health with a focus on young children and families. Much of her experience consists of evidenced-based program implementation for community-based nonprofits. Stephanie also has a background in Christian ministry with experience in developing community ministry programs.

Stephanie has been working at My Health My Resources (MHMR) Tarrant for 12 years and currently serves as the Regional-Statewide Director of Help Me Grow North Texas. She currently leads the local implementation involving cross-sector partnerships across an 18-county region as well as involvement in the statewide Help Me Grow Texas expansion efforts through the Department of State Health Services. She currently resides in Fort Worth, Texas, with her husband Jimmy of 29 years. They are enjoying their empty nest together and their new role as grandparents.



# TEXAS

## David Tedone, LCSW

David Tedone is a Licensed Clinical Social Worker born and raised in Keller Texas. David went to Undergrad at Bethel College in Kansas and attended Grad School at Newman University in Kansas. He has worked in the Mental Health field for 9 years and as a therapist for 5 years.