Opportunities for Early Childhood Programs to Support the Well-Being of Families During COVID-19 and Beyond

April 20, 2021, 2:00-3:00 pm ET
Part of the *Early Childhood and Medicaid Innovations Amid COVID-19* webinar series

*Made possible through support from the Robert Wood Johnson Foundation*
Questions?

To submit a question online, please click the Q&A icon located at the bottom of the screen.
This webinar is the second in a series, *Early Childhood and Medicaid Innovations Amid COVID-19*.

The webinar series, made possible by the Robert Wood Johnson Foundation, is spotlighting state efforts to align or innovate early childhood and Medicaid programs to help families with young children find resiliency in the face of the pandemic and beyond.

The series is part of Aligning Early Childhood and Medicaid, a national initiative led by the Center for Health Care Strategies, in partnership with ZERO TO THREE, the National Association of Medicaid Directors, Social Determinants of Health Consulting, and the Public Leadership Group.
Upcoming Webinars in the Series

- Supporting Early Childhood Learning and Development During COVID-19 and Beyond
  » April 27, 2021, 2:00-3:00 pm ET

- To learn more and register, visit www.chcs.org.
Supporting the Well-Being of Families - COVID & Beyond

- Co-create with families
- Build collaborative, aligned systems
- Meet the challenge to think differently
- Use data to inform all partners
- Address equity
Welcome and Introduction: Armelle Casau, PhD, Sr. Program Officer, CHCS

Session Overview and Goals: Catherine Bodkin, LCSW, MSHA, Sr. Technical Assistance Specialist, ZERO TO THREE

American Academy of Pediatrics: Sherri L. Alderman, MD, MPH, IMHM-E, FAAP

Families First: Magda Rodriguez, Director of Programming; Maureen O’Brien, Director of Curriculum & Training

Michigan Maternal Infant Health Program: Janell Troutman, Health Policy Nurse Specialist, Michigan Medicaid, Michigan Department of Health & Human Services; Dan Thompson, Manager of the Perinatal and Infant Health Section at Michigan Department of Health & Human Services

La Cocina: Elizabeth (Buffy) Trent Wolf, PsyD, IMH-E, Clinical Director

Moderated Q&A

Wrap Up
Supporting Infant and Young Children During COVID-19 Times: An Infant Mental Health Approach

Sherri L. Alderman, MD, MPH, IMHM-E, FAAP
Developmental Behavioral Pediatrician Chair,
Council on Early Childhood, American Academy of Pediatrics
The Unknown

- What impact is COVID-19 having on infant and early childhood development?

- Basic Principles That Always Apply:
  - Attunement to the infant or young child’s cues
  - Care for the caregivers is caring for the child
The Unknown

- The impact on infant brain development among those born since COVID started
- The impact isolation is having on preschool-age children (separation from adults and peers)
- The impact stressors (now chronic) are having on individuals, families, and communities
  - Economic
  - Death
  - Fear
  - Violence
  - Hatred
Infants and young children reflect and internalize the climate and conditions of their caregivers, family, and community.
What Can Be Done: Leaning into Basic IMH Principles

1. Read and respond to the infant’s or young child’s cues
   » They are communicating their needs as best as they can
2. Changes in sleep, feeding, stooling, emotional regulation
3. Developmental regression (transient)
4. Withdrawal
   » A quiet child may be suffering
Parallel Process: Caring for the Caregiver
Is Caring for the Baby

- Parents, early care and educational professionals, medical providers
  - Social Determinants of Health
  - Mental health
  - Safety and resources in the workplace
  - Infant Early Childhood Mental Health Consultation
What Can Be Done

- Routines, family traditions, family stories
  - Parental censorship of information
  - We are keeping Grandma’s bubble healthful

- Carefully frame information and conversations

- Watch, listen, and answer questions in a developmentally-informed way

- Admit when you don’t know

- Empathize “Name it to tame it”
What Can Be Done

- Delight in the child; play and imagine together
- Express hope, desires in positive light
- Assure absolute safety and protections
- Self-care
- Trainings and strategies for recognizing and responding to stages of grieving losses
Parents have the power to shape their children's futures and make their communities stronger.
Today, you’ll hear from Families First’s leaders.

Maureen O’Brien
Director of Curriculum & Training

Magda Rodriguez
Director of Programming
OUR VISION

Every parent is strong and supported.

Every child is thriving and resilient.

Every community benefits from the power of parents.
WHAT WE DO

Through our community-based partnerships, we work together to ensure ALL parents can:

1. fully engage in their children’s learning and development

2. bring their lived experiences to advise and improve the local institutions and policies that are vital for their children’s success
OUR APPROACH

Power of Parenting Program
Positive parenting education and support

Parent Leadership Program
Leadership trainings and community projects

Alumni Services
Sustained impact across families, communities & systems
IMMEDIATE (First 2 Months)

PROGRAM ADJUSTMENTS

1. Conducted needs assessment with stakeholders
2. Pivot to virtual delivery for both Parenting and Parent Leadership programs
3. Conducted Zoom training/support for all parents and staff
4. Developed COVID-specific website materials and resources (tips and videos)
5. Adjusted the Parent Leader role to support virtual learning
INNOVATIONS (CONTINUED)

NEW WORLD, NEW METHODS

PHASE 2: ONGOING

WIDER ORGANIZATIONAL ADJUSTMENTS

1. Created space for internal staff to prioritize self-care
2. Solicited additional funding for families
3. Adapted role that partners play in recruitment and retention
4. Implemented communications plan that kept supporters informed
5. Held first virtual fundraiser and exceeded expectations
RESULTS & LESSONS LEARNED

IF YOU BUILD IT, THEY WILL COME!

POP: 19 Programs and 268 parents
PLP: 39 Parent Leaders engaged

• Virtual learning created new opportunities (higher attendance and more dads/partners)
• Importance of incorporating continuous stakeholder feedback to adapt programming
• Investment in building capacity pays off
• Audience has different needs and virtual delivery removes some barriers
WHAT WILL BE CARRIED FORWARD—AFTER COVID

• Offer a mixed-method program delivery
  — Continue virtual programs and return to in-person when safe
• Continue to support parents financially with gift cards
• Weave stress management into the building of all curricula
• Keep an eye on continuous improvement
PARENT LEADERSHIP PATHWAY

Power of Parenting Program

Parent Leaders

Parent Leadership Program

Leadership Fellows

Parent Ambassadors

Broader Community Reach
Maternal Infant Health Program
Michigan Medicaid

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES
Presenters

- Janell Troutman, Health Policy Nurse Specialist, Michigan Medicaid, Michigan Department of Health & Human Services

- Dan Thompson, Manager of the Perinatal and Infant Health Section at Michigan Department of Health & Human Services
Maternal Infant Health Program (MIHP)

- Michigan’s largest evidence-based, statewide home visiting program, funded by Medicaid for all Medicaid-eligible pregnant individuals and infants

- Supports participants to promote healthy pregnancies, positive birth outcomes, and infant health/development

- Identifies and addresses the impact of social determinants of health

- Provides initial assessment, care planning, case management, care coordination, education, psychosocial support and referral to services - all delivered by licensed professionals (RNs, LSWs, RDs, infant mental health specialists and IBCLCs)

- MIHP served 14,538 pregnant and 18,717 infant participants in 2019
Innovations in Services Due to COVID

- In mid-March 2020, the program swiftly pivoted from an in-person visit requirement to allow for telehealth delivery due to the Public Health Emergency (PHE)

- This change occurred through a temporary policy that included other types of Medicaid services that required in-person service delivery and continues to remain an option until further notice

- MDHHS worked quickly to develop provider guidance for documentation requirements and billing and reimbursement
In November 2020, MDHHS developed a survey to gain feedback from MIHP agencies about their experience providing telehealth.

The purpose of the survey:
- Assess provider experience
- Discover provider needs regarding this policy
- Analyze whether this policy should continue beyond the PHE
- Determine parameters for consideration

The survey was electronic and included both multiple choice and free text boxes.

Of the 83 active MIHP agencies, 56 responded.
MIHP Provider Telehealth Survey Results

Positive Themes:

- 80% of providers feel telehealth visits do not reduce program quality

- 86% of providers feel comfortable or very comfortable providing telehealth services

- Almost all program components are deliverable through telehealth

- In certain circumstances, telehealth improves participant and home visitor safety

- Providers reported an increase in participants reporting sensitive information due to the less invasive nature of a telehealth visit compared to an in-person visit (e.g., domestic violence or substance use in the home)
MIHP Provider Telehealth Survey Results - continued

**Telehealth Limitation Themes:**
- Virtual visits do not replace the need for in-person visits
- Inability to assess home environment
- Inability to assess body language, caregiver-infant interaction
- Inequity due to lack of phone or internet access
- About 50% of providers reported technical difficulties from both the provider and participant standpoint, including internet and phone access

**Participant Receptiveness:**
- Agencies reported a variety of answers including participants that would only participate in the program if it was completely virtual, while others asked at each virtual visit when their visitor would be returning to in-person visits
Lessons Learned & Future Plans

- The PHE afforded MDHHS an opportunity to evaluate unique program providers to inform future policy changes and consider parameters such as:
  - Determining appropriateness of telehealth in a home visiting program
  - Documentation requirements for providers
  - Equity issues related to internet and phone access
  - Training for best practices in telehealth delivery
  - The need for flexibility dependent on participant circumstances and provider judgment

- MDHHS will continue program evaluation on the impact of telehealth within MIHP

- MDHHS will facilitate agency collaboration to support MIHP providers and participants and to problem solve during the PHE and beyond
Elizabeth (Buffy) Trent Wolf, PsyD, IMH-E
Clinical Director - La Cocina
La Cocina
Partnering with Latinx Communities across Colorado

“Our Mission:
To dismantle systems of oppression and co-create paths to liberation by providing full access to traditional and non-traditional forms of mental health and health equity support services.”

Our Programs:
By Latinx For Latinx
Mil Dias de Amor
La Cocina 6+
Mind Over Border
Respiro/Florecer

“Todas las revoluciones comienzan en La Cocina.”
– Dolores Huerta
Cultivating Presence during the Pandemic

- Mindfulness and self-awareness as key components of liberation thinking
- Mindfulness trainings and virtual book clubs
- Reflective supervision/consultation
- Intentional space
- Use of technology and social media
The Impact of Mindfulness

“I felt like the mindfulness training that was based on the book was incredibly helpful. It allowed me to have a more in-depth understanding of what true mindfulness and meditation are. This has allowed me to feel more confident when discussing the topic with clients; making clients more receptive to the mindfulness techniques I introduce.”

La Cocina Employee, 2021
The Impact of Mindfulness

“I am realizing where my pain comes from in my body and mindfulness has helped me to focus, look at myself, and be in the present . . . When the dishes are dirty, I no longer care like before. Now I can think more about taking time for myself. Mindfulness has helped me with my health problems. When I do not practice it, all the pains begin.”

La Cocina Client, 2020
The Impact of Mindfulness

“For me, the gift of mindfulness is connected to generating self awareness and seeing clearly, so besides wanting that for myself as a therapist, mother, friend, partner, and colleague, I also ‘wish’ it on my clients. In turn, they often report that becoming more mindful and aware of themselves is the most useful aspect of therapy. In fact, it is liberating because what a relief to become self aware with compassion and lovingkindness!”

La Cocina Leadership, 2021
Moving Forward with Intention

- Investment in Mindfulness
- Intentional Use of Time and Space
- Community Engagement/Participation
Question & Answer
To submit a question online, please click the Q&A icon located at the bottom of the screen.
Wrap Up
Visit CHCS.org to...

- **Download** practical resources to improve the quality and cost-effectiveness of Medicaid services
- **Learn** about cutting-edge efforts to improve care for Medicaid's highest-need, highest-cost beneficiaries
- **Subscribe** to CHCS e-mail, blog and social media updates to learn about new programs and resources
- **Follow** us on Twitter @CHCShealth
Appendix
Resources


- **ZERO TO THREE**: *State of Babies Yearbook 2021* will be released April 22, 2021. [https://www.zerotothree.org/](https://www.zerotothree.org/)


- **ZERO TO THREE**: *American Rescue Plan alignment with babies’ needs* [https://www.zerotothree.org/resources/3921-american-rescue-plan-addresses-5-critical-needs-for-babies](https://www.zerotothree.org/resources/3921-american-rescue-plan-addresses-5-critical-needs-for-babies)

Additional Resources


- **Minnesota Department of Health:** *Supporting Mental Well-being During Covid-19* – an array of resilience tools for individuals, families and communities [https://www.health.state.mn.us/communities/mentalhealth/support.html](https://www.health.state.mn.us/communities/mentalhealth/support.html)


- **Partnerships in Education and Resilience (PEAR)** *Social Emotional Balance During COVID-19: The Clover Model* [https://e754d6d7-4317-4303-9b9d-463c9f23e0c5.filesusr.com/ugd/e45463_5b0831b794d0406c911e317eb7141fbe.pdf](https://e754d6d7-4317-4303-9b9d-463c9f23e0c5.filesusr.com/ugd/e45463_5b0831b794d0406c911e317eb7141fbe.pdf)

Magda Rodriguez  https://www.families-first.org/who-we-are/our-team-old/our-team/magda-rodriguez/

Maureen O’Brien  https://www.families-first.org/who-we-are/our-team-old/our-team/maureen-obrien/

Janell Troutman, MSN, RN: Janell is a Health Policy Nurse Specialist for the Michigan Medicaid program at the Michigan Department of Health and Human Services (MDHHS) and she is focused on Maternal Child Health policy. She has worked as a public health nurse and nurse home visitor in Georgia and Michigan. She received her bachelor’s in nursing from Emory University and Masters of Science in Nursing from the University of Michigan.

Dan Thompson, MA: Dan is Manager of the Perinatal and Infant Health Section at the Michigan Department of Health and Human Services (MDHHS). He oversees several programs, including the Maternal Infant Health Program (MIHP), the state’s largest evidence-based home visiting program. Prior to his role at MDHHS, Dan held senior management and executive-level positions at two statewide healthcare associations and at a large health system. He has a bachelor’s degree from the University of Michigan and a Master’s degree from Michigan State University.

Elizabeth (Buffy) Trent Wolf  Psy.D., IMH-E®: She is a licensed psychologist, specializing in infant and early childhood mental health. As an undergraduate, Dr. Wolf studied psychology, music, and Spanish at the University of Arkansas. She then earned her doctoral degree in Clinical Psychology from Pacific University School of Professional Psychology, where her training focused on Latinx mental health. Driven by a passion for culturally-responsive care, Dr. Wolf completed her pre-doctoral internship at the Center for Multicultural Training in Psychology at Boston Medical Center. Her post-doctoral fellowship at the USC University Center for Excellence in Developmental Disabilities, Children’s Hospital Los Angeles, provided specialized training in infant and early childhood mental health, and Dr. Wolf has obtained the Endorsement for Culturally Sensitive, Relationship-Focused Practice Promoting Infant Mental Health. Dr. Wolf is currently the Clinical Director at La Cocina, a Latinx-led and Latinx-serving nonprofit mental health and social justice agency in Colorado.
Connect with Us

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- Dan Thompson, Manager – Perinatal and Infant Health
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- The MIHP program website:
  - https://www.michigan.gov/mihp/
Somos apoyo, aliento, y esperanza para la comunidad Latinx