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#GLReading

#Funder2Funder

Relationships Matter

Partnering with Families to Support Early Relational Health

July 28, 2020

The logo for The Campaign for Grade-Level Reading, featuring the text "The Campaign for GRADE-LEVEL READING" in a purple box with a black border.

The Campaign for
**GRADE-LEVEL
READING**

Partnering with Families to Support Early Relational Health

Housekeeping Tips

- ✓ Introduce yourself in the Chat box
- ✓ All attendees are participating in Listen Only mode
- ✓ Post your questions in the Q&A box
- ✓ Webinar is being recorded & will be made available
- ✓ Please take the brief evaluation survey during Q&A

Upcoming GLR Learning Tuesdays Webinars:

PARTNER WEBINAR

Connecting Digital Deserts: Some Promising Early Solutions

Tuesday, August 4, 3 p.m. ET/12 p.m. PT

PARTNER WEBINAR

Leveraging the Power of Data and Relationships: Reducing Chronic Absence in Rural Settings

Tuesday, August 11, 3 p.m. ET/12 p.m. PT

PARTNER WEBINAR

Afterschool Opportunities: An Antidote to Learning Loss During COVID-19

Tuesday, August 18, 3 p.m. ET/12 p.m. PT





Partnering with Families to Support Early Relational Health

Goals

- Understand the importance of foundational relationships that are essential for promotion and prevention activities for population-based efforts in child health care and early childhood communities.
- Deepen your knowledge of practices that advance early relational health with equity in child health care, home visiting and early childhood system building.

Presenters



David Willis MD, FAAP
Senior Fellow
Center for the Study of Social
Policy



Dayna Long, MD
Director
Community Health and Engagement,
UCSF Benioff Children's Hospital

Presenters



Mary Mackrain, IMH-E (IV)
Managing Project Director
Education Development Center



Jordana Ash
Director of Strategic Partnerships
Hemera Foundation



Nikki Shearman, PhD
Chief of Strategic Initiatives
Reach Out and Read

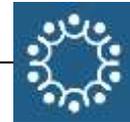


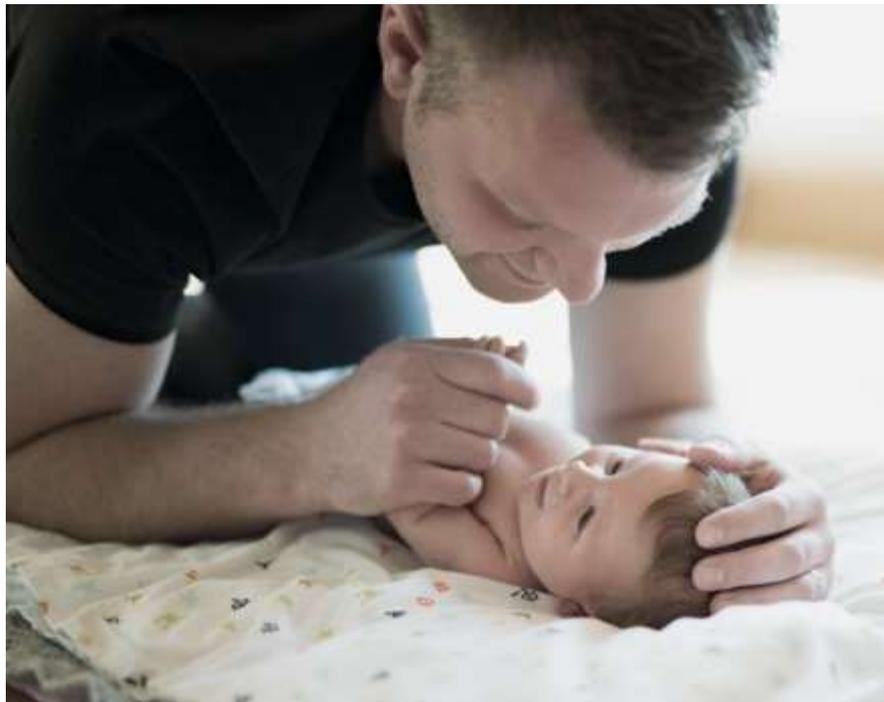
Early Relational Health



**Center for the
Study of
Social Policy**
Ideas into Action

**David W Willis, MD FAAP
Senior Fellow, CSSP**





**A baby's future
starts now.**



The Core Story of Child Development

- Early experiences in life build “brain architecture”
- Children develop in an **environment of relationships**
- Genes and environments interact to shape the architecture of the brain
- Cognitive, emotional and social capacities are inextricably intertwined
- “Toxic stress” and adverse experiences derail healthy child development
- Brain plasticity and the ability to change behavior decrease over time

National Scientific Council on the Developing Child, 2015

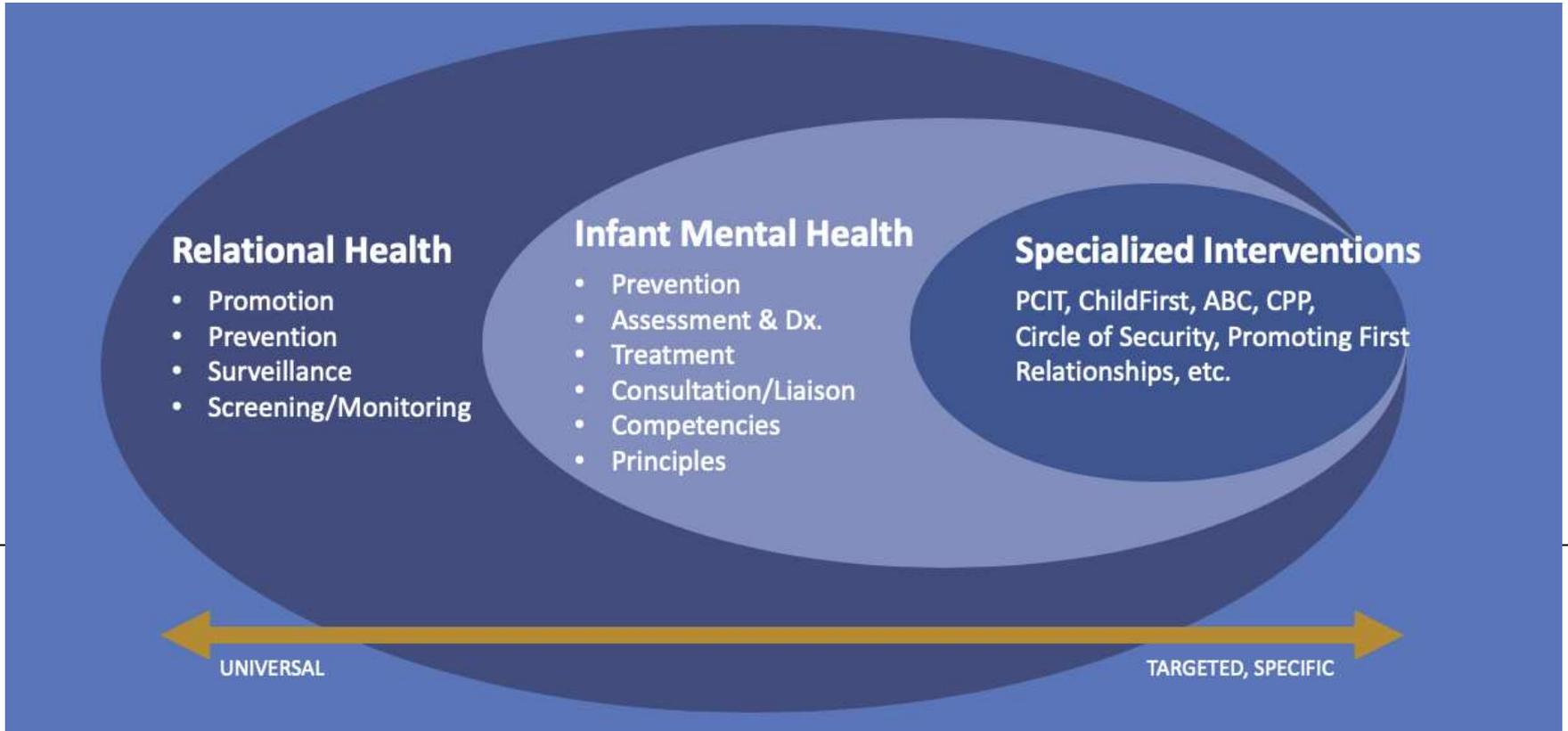


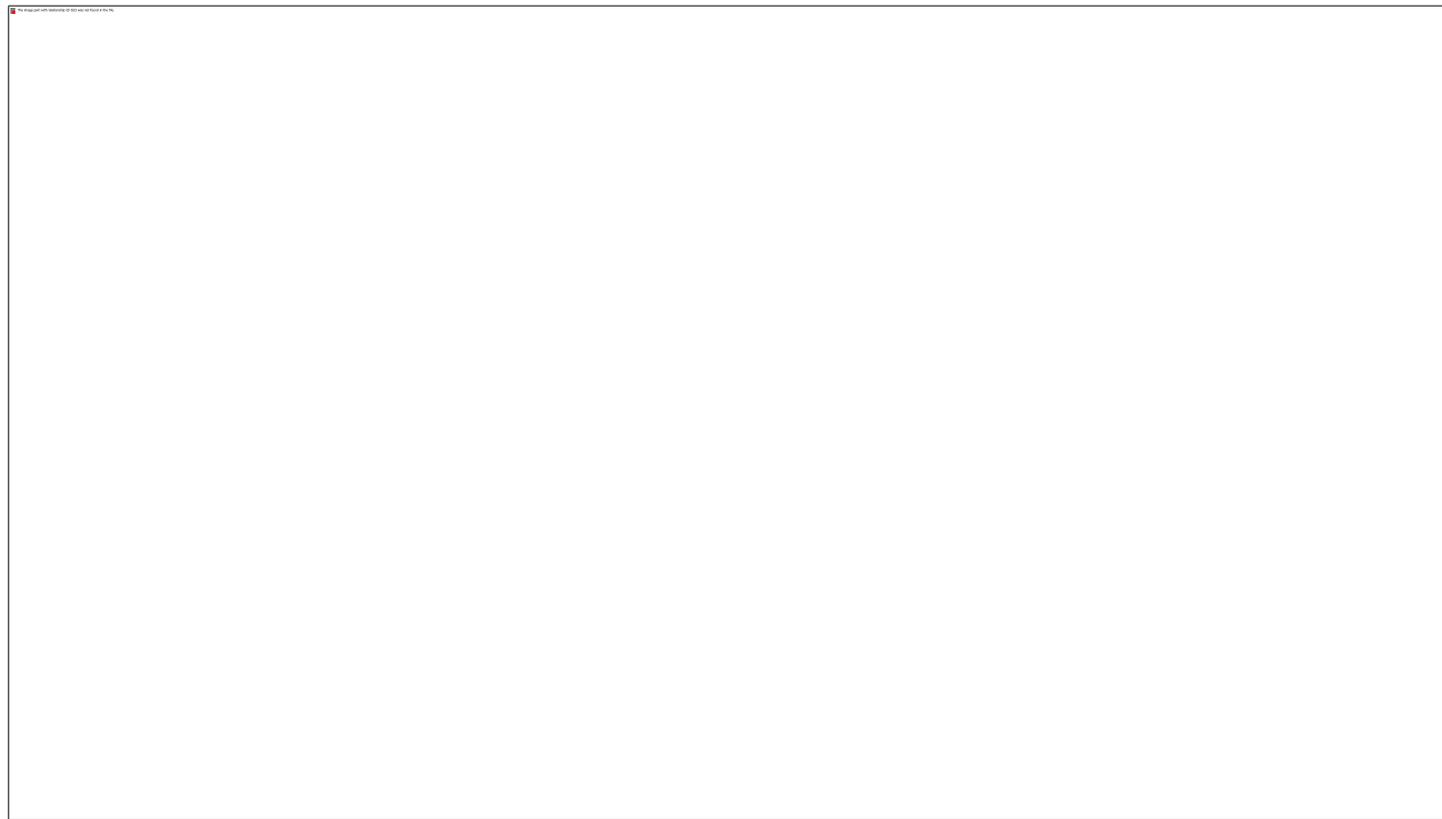
Early Relational Health

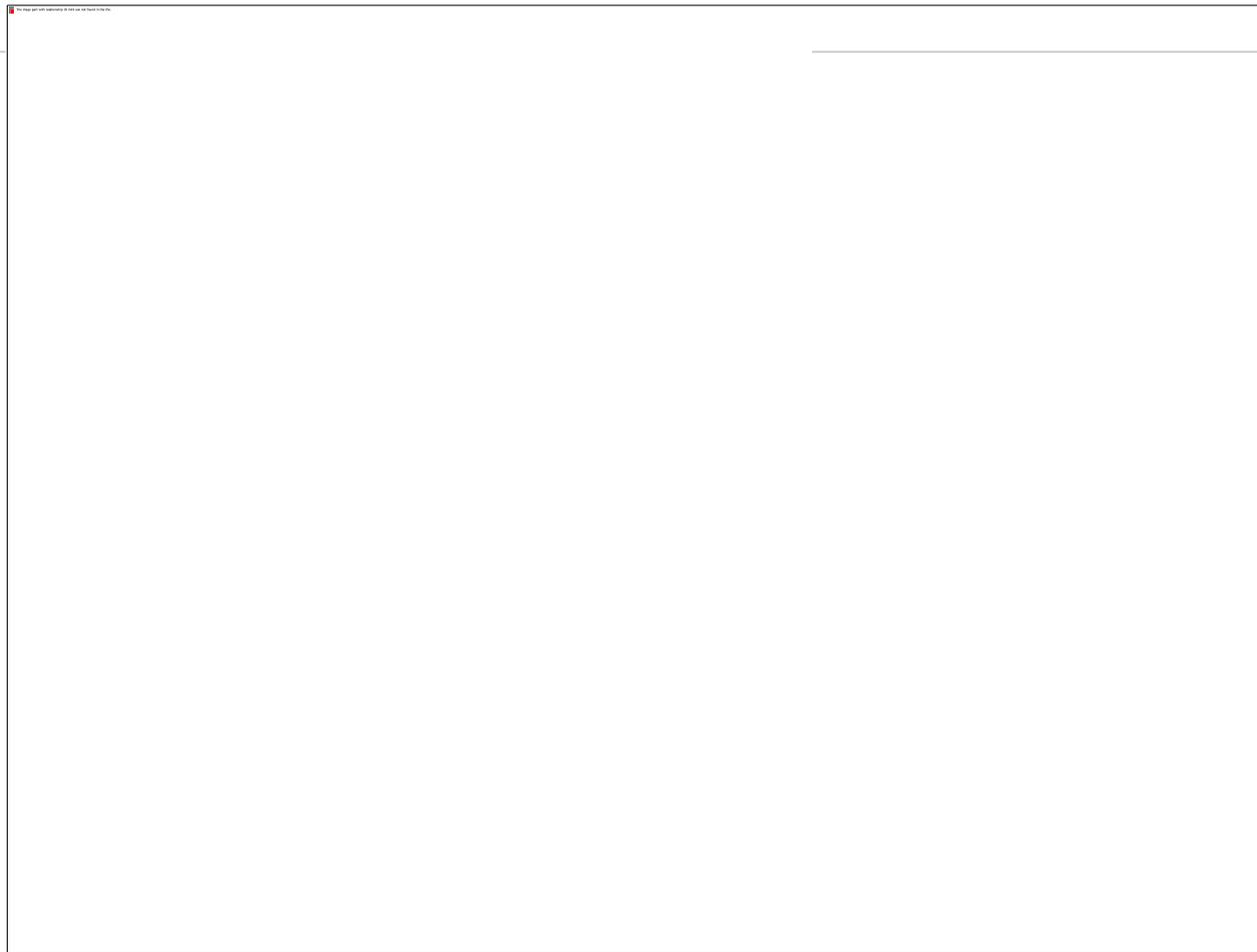
Early relational health describes the positive and nurturing relationships that advance physical health and development, social well-being, and resilience.

Healthy Outcomes from Positive Experiences (HOPE) provides a common language beyond adversity

Early Relational Health









Early Relational Health Development

Mutual Attention 2-3mo



Mutual Engagement 2-3mo



Mutual Responsiveness 2-4 mo.



Mutual Enjoyment 3-5mo



Early Relational Health Development

Mutual Pacing 4-6mo.



Mutual Initiation 7-10 mo.



Mutual Imitation 9-12mo



Shared Goal 15-18mo.



Bio-behavioral synchrony and dyadic neurodevelopment

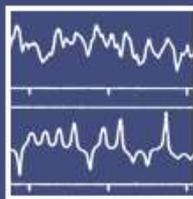
Bio-behavioral synchrony in human attachments



Behavioral Synchrony

Synchronized behavior in gaze, affect, vocal, and touch

Mother-specific
Father-specific



Heart Rate Coupling

Synchronized HR during synchronized interactions



Endocrine Fit

Coordinated OT response following contact

Coordinated cortisol response to stress



Brain to Brain Synchrony

Coordinated brain oscillations in alpha and gamma rhythms

Feldman, Ruth., The Neurobiology of Human Attachments, Trends in Cognitive Science, Feb 2017.



We are advancing a change in mindset that is.....

- Based on the importance of foundational and ongoing relationships
- Arises from listening to families and communities
- About positive relationships, environments, and engagement that promote wellbeing
- Grounded in human dignity and opposition to systemic racism
- Science-based, strength-based, and family-centric
- Not a program or an intervention – it’s an “all-in approach” that partners with communities and with existing successful practices
- Changing what we need from public policies

**Balancing ACEs with HOPE -- a paradigm shift for early childhood, society
and our culture**



EARLY RELATIONAL HEALTH: The power of human connections

Even one human relationship can help us weather adversity and protect our youngest from harm

The power of human relationships comes from simple and ordinary interactions

We do not need to be perfect in every human interaction to be helpful

Winters, D., Li, J., Willis, D., Blog: 2020

Supporting Early Relational Health- Case Studies

July 28th, 2020

Dr. Dayna Long
Co-Director, Center for Child and Community Health
UCSF Benioff Children's Hospital Oakland



From Trauma Transformed

We acknowledge that we are in the midst of unprecedented times.

We acknowledge that we are each holding a multitude of feelings, responsibilities, fear, and joys- at the same time.

We acknowledge that there are many responses to stress and uncertainty- each of them valid.

We acknowledge that there is no better opportunity to practice compassion and collective care than right now. This is the work.

We acknowledge the critical need for reflection, inquiry and prioritization of the most critical needs.



**Our entire staff is
committed to serving
our families and getting
through this pandemic
together**

Life in Clinic to Support Young Children

- Social-emotional and Developmental Screening with baby
- Early Adversity and Trauma screening with preschooler
- Prenatal Family Planning with Teen



Anticipatory Guidance

NOTE

- Note caregiver-child relationship and strengths
- Offer Science
- Tools
- Empowerment



Re-regulation:

Safety:
Routines

Connection:
Relationship

Purpose

California Surgeon General's Playbook: Stress Relief during COVID-19

Our Tools

- 1.Supportive Relationships
- 2.Exercise Daily
- 3.Healthy Sleep
- 4.Nutrition
- 5.Mental and Behavioral Health Support
- 6.Mindfulness, Meditation and Prayer



Thank You



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Early Relational Health and Home Visiting

- Mary Mackrain, Managing Project Director, EDC



Education
Development
Center



Foundational Relationships



“What gets set in early life is one’s deepest beliefs about human relationships. These determine how a person goes about learning, using help and parenting one’s own children.”

-William Shafer

How Can Home Visiting Impact Early Relational Health?



Because of the trusting relationships established between families and home visitors, high-quality home visiting can reduce social isolation, improve early relational health and potentially buffer the effects of early childhood adversity.

-American Academy of Pediatrics

Opportunities to Improve Early Relational Health in Home Visiting and Local Systems





Training and Reflective Support

“Take care of home visitors, so they can take care of families, so they can take care of children.”

- Brenda Jones Harden

In Practice Snapshot: MI

- Part C is aiming to improve social and emotional well-being of young children through their **State Systemic Improvement Plan**.
- More front-line providers are seeking their **Infant Mental Health endorsement**
- Programs are working to leverage cross system funding (education, mental health, childcare) for **group reflective supervision**





Why Surveillance and Screening?

Healthy relationships early in life provide the necessary stability and supports for health and development.

How Can We Put this Into Practice?

- Track and measure surveillance
- Create policy and cross-system training for implementation of early relational health screening tools

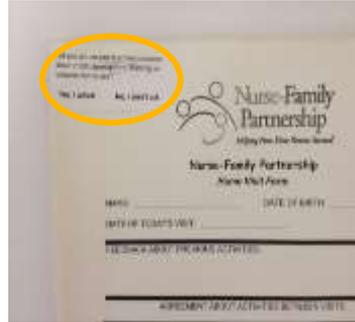
Surveillance and Screening

“What are you and your baby discovering about each other?”

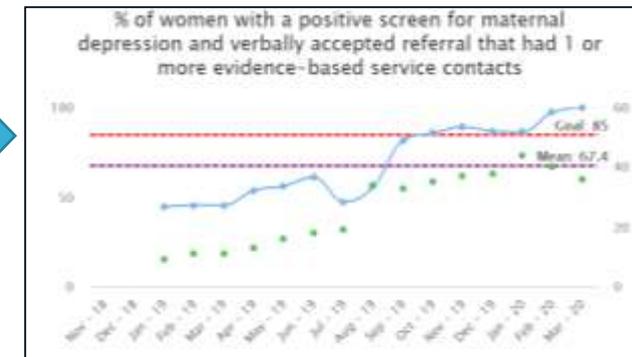
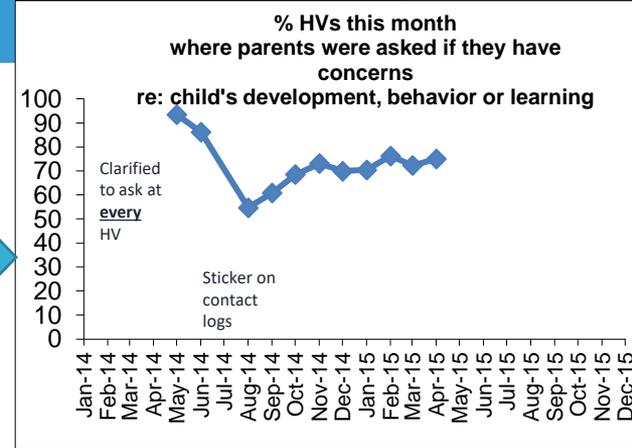
In Practice Snapshot: MIECHV

Maternal Infant and Early Childhood Home Visiting tracks awardee progress on critical measures impacting early relational health and supports CQI efforts to make improvements

- Developmental Surveillance, screening, and referral
- Maternal depression screening and referral
- Parent – Child Interaction



- Screening tracker for each HV discussed weekly in supervision
- Referral Decision tree and established MOUs with primary care
- Internal Mothers and Babies Curriculum
- HV tracks status of referral and engages in 30 day rescreens



Infant and Early Childhood Mental Health Consultation

Home Visiting, Early Education, Primary Care Providers



My mental health consultant has specialized knowledge and skills that I don't have. She has helped me to see things that I didn't pick up on.

I am able to focus more on secure attachment, discipline, and toddler behavior than I was before I had help from a mental health consultant.

- HV-ImpACT Issues and Insights

IECMHC In Practice Snapshot

- **In Alameda County, California**, mental health clinicians work with public health home visiting programs—including Black Infant Health, Healthy Start, Improving Pregnancy, and Your Family Counts—to **mentor and consult on cases with home visitors and to make mental health treatment referrals** as appropriate.
- **Louisiana’s Infant Mental Health Consultation Augmentation** for home visiting has led to the development and implementation of a **statewide training requirement for all home visitors** and the addition of licensed mental health professional as integral members of home visiting teams.

When I feel stuck with a family [reflective group supervision] helps me feel less isolated. The team adds to my professional development and I feel rejuvenated to continue services with a family. And the self-care techniques, we get to practice them ourselves and then model them for families
- Healthy Homes Oregon Home Visitor

Community Coordination

“Every system is perfectly designed to get the result that it does.”

— W. Edwards Deming

Through Complimentary Services,
Health Centers and Home Visiting Programs can:



Coordinated Care In Practice Snapshot: MIECHV HV CoIIN 2.0

Examples of What Works for Home Visiting to Improve Screening and Response

- Decision tree for screening, referral and follow up
- Sample scripts to discuss screening and results
- Tickler system for screening due dates and follow-up

Insights for Healthcare

- Having patients consent to sharing information between healthcare providers and home visiting programs could reduce burden (e.g. duplicative screens) and increase coordination of care.
- Home visitor/parent relationships could be leveraged to improve follow-up visits related to maternal depression care plans.

Coordinated Care In Practice Snapshot: MIECHV HV CoIIN 2.0

Examples of What Works for Home Visiting

- Evidence-based prevention programs implemented by home visitors
- Group work within the health care setting
- Crisis response protocol with a memorandum of understanding with health care providers

Insights for Healthcare

- Partnering with home visiting programs can strengthen the continuum of support and services for treating maternal depression.
- Home Visitors could assist in supporting patient care plans for maternal depression.

What Can You Do To Strengthen These Critical System Drivers for Early Relational Health?



For More Information

Mary Mackrain, Managing Director, EDC

mmackrain@edc.org



Reach Out and Read - *Promotes Early Relational Health*

Defining the Trajectory of Children's Lives



**Positive childhood experiences
define the trajectory of a young child's life**



Pediatric primary care:

- Population-level access to children in the critical early years
- A trusted relationship between clinicians and families with young children

Reach Out and Read:



- A simple model of promotion of positive, language-rich parent/caregiver-child interactions through early literacy
- Foundational integration into millions of routine well-child visits
- Deep connections within pediatric primary care and implementation at thousands of medical clinics
- A proven, scalable infrastructure of support for clinicians that ensures fidelity of practice and connection with the community

The Benefits of the ROR Model

Population Level

91% of children under age 5 see their doctor at least once a year

Evidence-Based

Parents are 2.5 X more likely to read with their children and enjoy reading with their children.

Children's language development is improved by 3-6 months



Foundational Relationships

Promotes positive, language-rich parent/caregiver child interactions through shared reading

Feasible

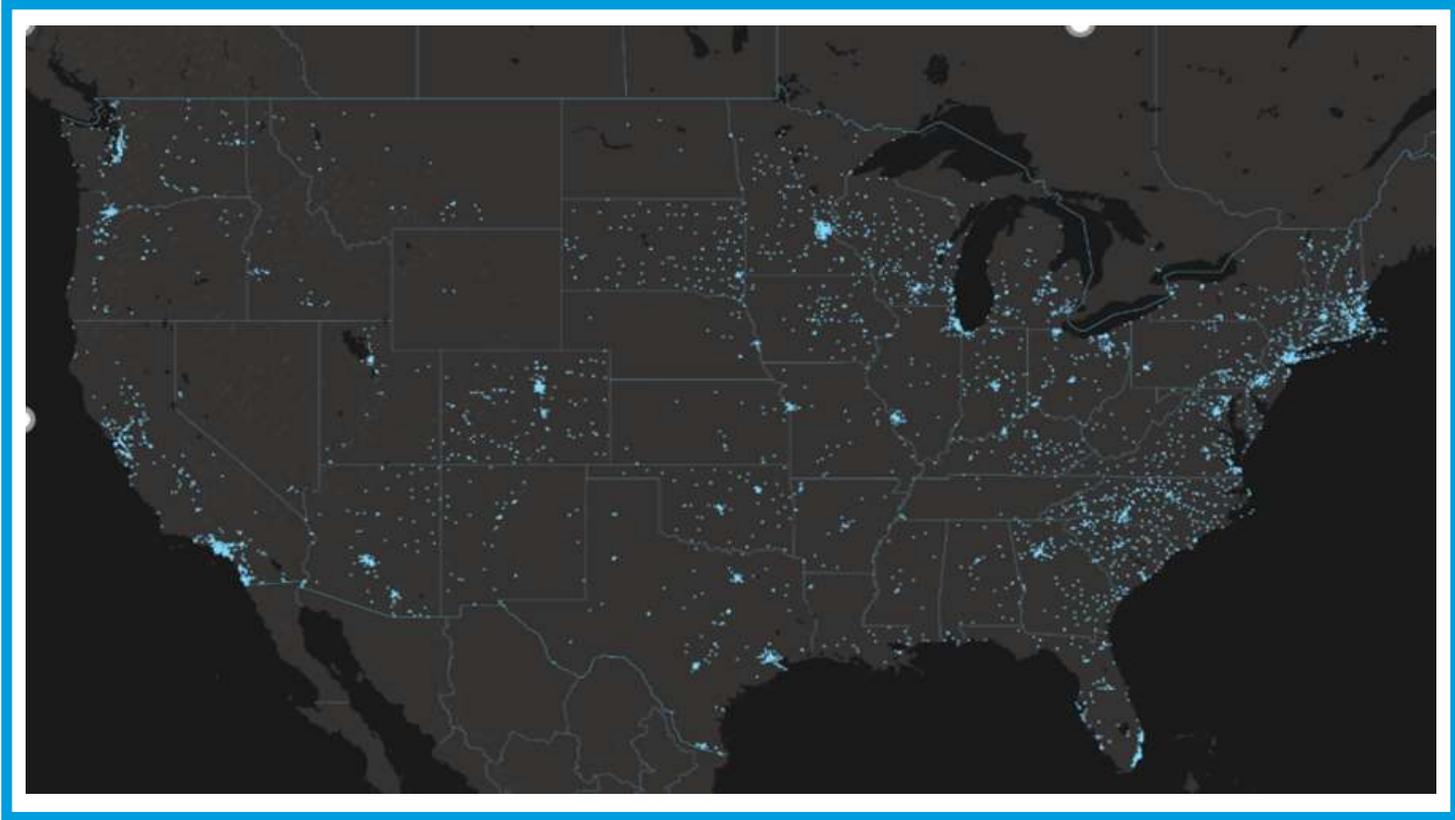
Our growth is organic – clinicians report that it's the best part of the well-child visit

Scaleable

Cost-efficient and supported through an affiliate infrastructure



Implementation in CGLR Communities - We're all over the map



Visit ReachOutandRead.org/find-a-site to see if ROR is implemented in your community

There are challenges to achieving our goals

We recognize that helping families begin and sustain these essential patterns of positive and responsive interactions is complex and challenging





The Next Chapter – *Shaping the future of pediatric healthcare*

Reach Out and Read
will maximize the potential of
pediatric primary care
to support the positive interactions
that foster healthy brain development
during the critical early years
of a child's life.



Our Strategy



Skill-Building



Spread the Word



Policy Design &
Advocacy



Implementation



Research



Skill-Building

Healthcare transformation is driven at a grass roots level by clinicians

Reach Out and Read connects a network of 34,000 clinicians and has deep connections within the pediatric community

We have experience, capacity and technology for widescale skill building

Reach Out and Read will:

- Mobilize our network of providers to demand change that incorporates promotion of foundational relationships into pediatric primary care
- Equip clinicians with skills to effectively promote foundational relationships

Innovative Design





Implementation – *Our Windows and Mirrors* project



It is a priority that program books reflect the widest possible representation of the children and families we serve, with stories that are relevant and engaging, accurately reflect and affirm a diverse range of identities, cultures, and histories, and contain illustrations that are colorful and recognizable to young children.



Spread the Word – *the Reach Out and Read Podcast*



Join us as Dr. Dipesh Navsaria dives into a wealth of varied early childhood health and literacy topics with expert guests examining the many facets of supporting the parent-child relationship as key to early success

July 30 – Diversity in Childhood Literature

Subscribe by visiting ReachOutandRead.org/podcast or find us on Apple, Stitcher, Google Play and Spotify



Nikki.Shearman@reachoutandread.org



Systems Building in the Context of Early Relational Health

Jordana Ash, LCSW

Infant Mental Health-Clinical Mentor®

CGLR- 29 July 2020



HEMERA
FOUNDATION

Areas for consideration of systems thinking

What roles with authority & responsibility can you foster?

- Position of leadership within state government
- Local EC council support
- Partnership w AAP chapters-cross train/co-build

Address Financing/ Delivery/ Access

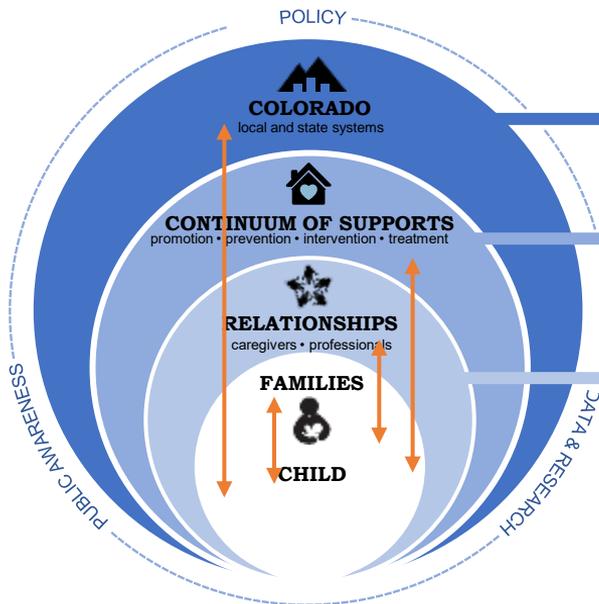
- Creating an inclusive, statewide relational health strategic plan
- Local roundtables, collectives
- Families

It's not all legislation

- Use federal rule making to promote progress in policy & practice at state and local level
- Partner with existing models to build in new supports

VISION

all children and families are **valued**, socially and emotionally **healthy**, and their relationships are **thriving**



Colorado's Early Childhood Mental Health Strategic Plan:

An Innovative Portfolio of Solutions

Endorsed by the Colorado Early Childhood Leadership Commission

STRATEGIC PLAN PRIORITIES

A long-term sustainable financing approach exists for Colorado's early childhood mental health system.

Coordination and alignment exists across systems that promotes and extends collaboration and integration.

Colorado's early childhood workforce has the capacity and expertise defined through knowledge, skills, experiences, and the support necessary to promote child and family mental health and well-being.

RESULTS



Young children develop to their fullest social-emotional potential; form close and secure interpersonal relationships; and are ready to explore the environment and learn.



Adults are knowledgeable about early childhood mental health and development and have the skills and mental well-being necessary to engage in responsive, supportive relationships with and on behalf of young children.



The continuum of supports and services including promotion, prevention, intervention, and treatment promotes early childhood mental health by building safe and healthy relationships and environments.



Local and state systems and the people of Colorado recognize the importance of early relationships and prioritize and support early childhood mental health in young children and families.

Planning Now

- Trust your partners
- Flexible dollars, easily deployed
- Access your network
- Make space for the long view but plant the seeds today



Questions & Discussion

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