



# Thrive by Five Coordinating Council

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Wednesday, May 27, 2020

Webex Meeting

3:30- 5:00 pm

# Agenda

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- 1) Subcommittees
- 2) Reflections from Last Meeting
- 3) Context Setting
- 4) Discussion: Behavioral Health
  - Dr. Lenore Jarvis, Children’s National Health System
  - Dr. Lee Beers, Children’s National Health System
  - Barbara Parks, Department of Behavioral Health
- 5) Other Member Updates
- 6) Additional Comments & Next Steps

# Census 2020

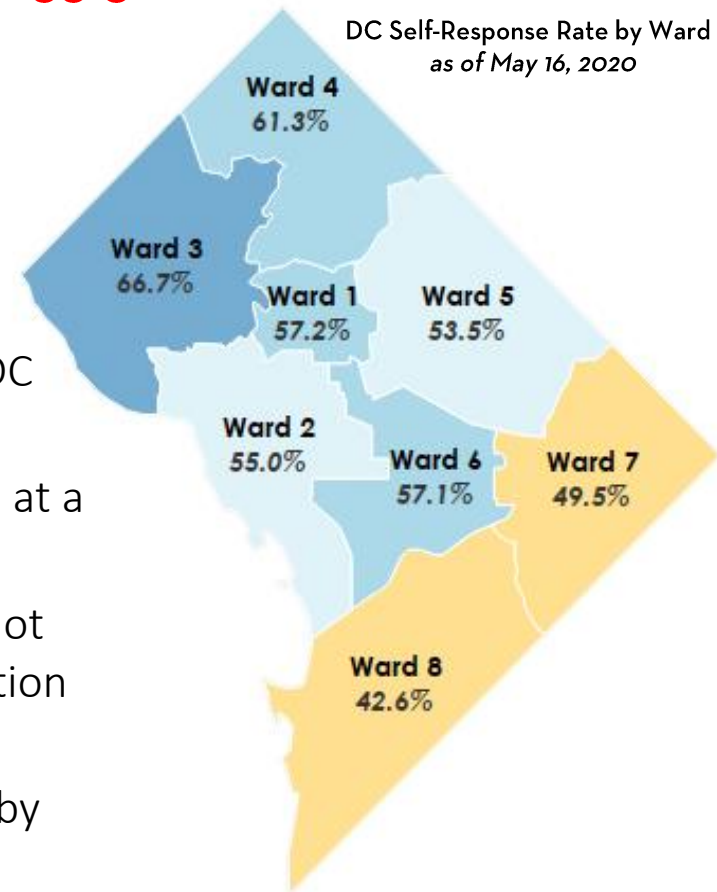
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National Self-Response Rate: 59.5%

**DC Self-Response Rate: 55.3%**

## The Facts:

- Census data impacts housing, education, healthcare, workforce, community planning, transportation, childcare, and more.
- Our response rates are critically low in historically undercounted communities. As of May 16<sup>th</sup>, 45% of DC households still had not responded to the census.
- Children under age 5 are undercounted in the census at a higher rate than any other age group.
- Participation is required by law. Households that do not self respond will be visited in person to have information collected.
- It's not too late to self-respond to the census online, by phone or by mail.



# Subcommittees

Based on conversations we've had in the past, we recognize that slotting subcommittees into neat labels is difficult given the nature of our work. However, understanding the scope of the work ahead, we must make a plan to move forward within smaller work groups.



**1. Systems Navigation:** systems governance; resource supports

**2. Maternal Health:** District's responsiveness to maternal and infant health; Mayor's Maternal and Infant Health Initiative

**3. Early Learning and Development:** child care, child health and development

You should've received a poll for additional meeting dates and subcommittee preference today.

# Reflections from Last Meeting

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## Summary:

- At our March 24<sup>th</sup> meeting, the Chair opened the meeting with a discussion about the Coronavirus (COVID-19) crisis. The Chair offered updates on Thrive by Five DC. Government agencies and organizations provided information about operations statuses, resources, and other relevant updates during the public health emergency.
- Are there any points of discussion from our last meeting that need to be raised? What topics should we add to our parking lot for later?

# Context Setting

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# ReOpen DC

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Thrive by Five heard significant input and feedback from the early childhood education community, including child care providers, families, organizations, and other leaders in the sector.

One of the most common pieces of feedback we received from various stakeholders was the need for mental health supports. Some of those thoughts and recommendations include:

- On-going mental health supports for teachers, staff, and students
- Increased support with behavioral and mental health challenges, particularly for students with disabilities
- Expanded access to telemedicine for behavioral health
- Public health campaign with information and resources about depression, substance use, burnout, etc.

early  
food access  
intervention  
self-management  
mental health  
isolation  
social and emotional learning  
mental illness  
**Behavioral Health**  
violence  
trauma  
decision making  
self-awareness  
character  
education  
self-regulation  
wellness  
balance  
stress  
relationships skills  
internet  
connectivity  
educational opportunities

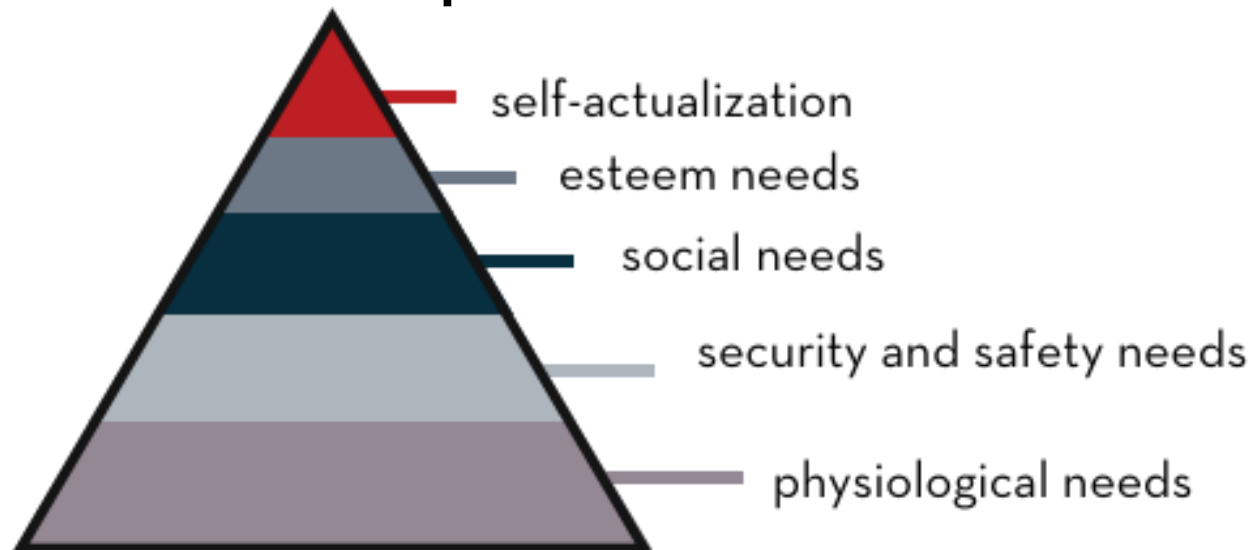


# Maslow's Hierarchy of Needs

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We're all familiar with Maslow's theory on human motivation. Using this theory as a guide, we can argue that now that more residents are able to secure or work toward securing their basic needs, behavioral health supports is the next need to be met for the community at large. However, we also know that needs don't show up in a hierarchy— all of these needs can be acutely felt at once.

**Behavioral health spans each of these levels.**



# Discussion: Behavioral Health

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# Perinatal Mood and Anxiety Disorder (PMAD) COVID Considerations

Lenore R. Jarvis MD, MEd  
Lee Beers MD

Children's National Health System



# Perinatal mood and anxiety disorders (PMADs)

- Most common complication of childbirth in the U.S.
- Associated with poor maternal, infant and family outcomes
- **20%** of postpartum death associated with suicide



# Partners & Fathers



- Less research
- Varied estimates
  - 1.2 % to 25.5 % of fathers experience perinatal depression
- Resources
  - PSI Monthly Chat for Dad's: [postpartum.net/get-help/resources-for-fathers/](https://postpartum.net/get-help/resources-for-fathers/)
  - [postpartumdads.org](https://postpartumdads.org)
  - [postpartummen.com](https://postpartummen.com)

# Who is at Risk?

- Personal History
- Family History
- Financial Difficulties
- Relationship Difficulties
- Unintended Pregnancy
- Infertility, previous pregnancy loss and/or termination
- Recent big life changes
- Lack of Social Support
- Previous Trauma
- NICU / Special Needs Baby
- Type A / Perfectionist
- Sudden d/c of medication
- Problems Breastfeeding

\*However, anyone who has a baby is at risk

# COVID Considerations - Individual

## **Fear**

- In-person prenatal visits and giving birth in the hospital
- Postnatal safety of family and infant
- Newborn in-person visits to pediatrician

## **Loss**

- Inability to have a baby-shower
- Inability to follow desired birth plan
- Inability to have all desired support persons present in birthing suite
- Possibility of maternal/infant separation after birth
- Lack of typical social supports



# COVID Considerations – Contextual Considerations

- Housing instability
- Food insecurity
- Employment and financial concerns
- Childcare concerns – daycare, school
- Lack of social support
- Relationship concerns – incr child abuse, domestic violence



# Organizational Approaches - Screening



# Screening

- ***“PMADs are very common, we want to make sure you are healthy & well”***
- ***“We screen everyone for PMADs”***
  - Universal screening decreases stigma
  - You can’t tell by looking!
- Opportunity for discussion
- Crucial for early detection and treatment

# How to Talk to a Mom

## Continuing the Conversation

- How are you feeling about being a new mother?
- How are you coping with the additional stress of a new baby?
- Are you able to sleep (at night) when the baby is sleeping?
- How is your appetite? Do you *have* an appetite? Are you able to eat?
- Do you have enough energy to do the things you need to do?
- Have you been feeling sad, down or depressed?
- Have you been feeling anxious, worried or afraid?
- Do you find yourself crying a lot/all the time?
- Have you had any thoughts that have scared you?

**\*\* Consider cultural aspects of PMADs**

# When Talking to These Moms

## ***UNIVERSAL MESSAGE***

You are not alone  
You are not to blame  
With help, you will be well

- **NORMALIZE**
- **VALIDATE**
- **PROVIDE HOPE**



# The Path to Wellness

- Changes at Home
- Home Visiting
- Social Support/  
Psycho-Education  
Groups
- Psychotherapy
- Medication

Easier &  
Cheaper



More  
Involved/  
Expensive

# Changes at Home

- Sleep
  - 5 uninterrupted hours
  - Alternative feeding methods
- Help & Support
  - Don't say No!
- Nutrition
  - Healthy snacks
  - Extra calories for nursing
  - Water
- Time alone
  - Walk outside
- Exercise



# Community Approaches



## Community Partnerships

- Addresses mental health integration in pediatric primary care
- Prioritizes perinatal mental health as a factor that impacts healthy child development

## Integrated Care

- Embed a mental health clinician early to provide identification and treatment of PMADs



# Policy Approaches

## Medicaid Reimbursement for Screening

- Secured reimbursement for PMAD screening in primary care

## Federal and Local Advocacy

- 21<sup>st</sup> Century Cures Act
- DC Maternal Mental Health Task Force Act of 2017

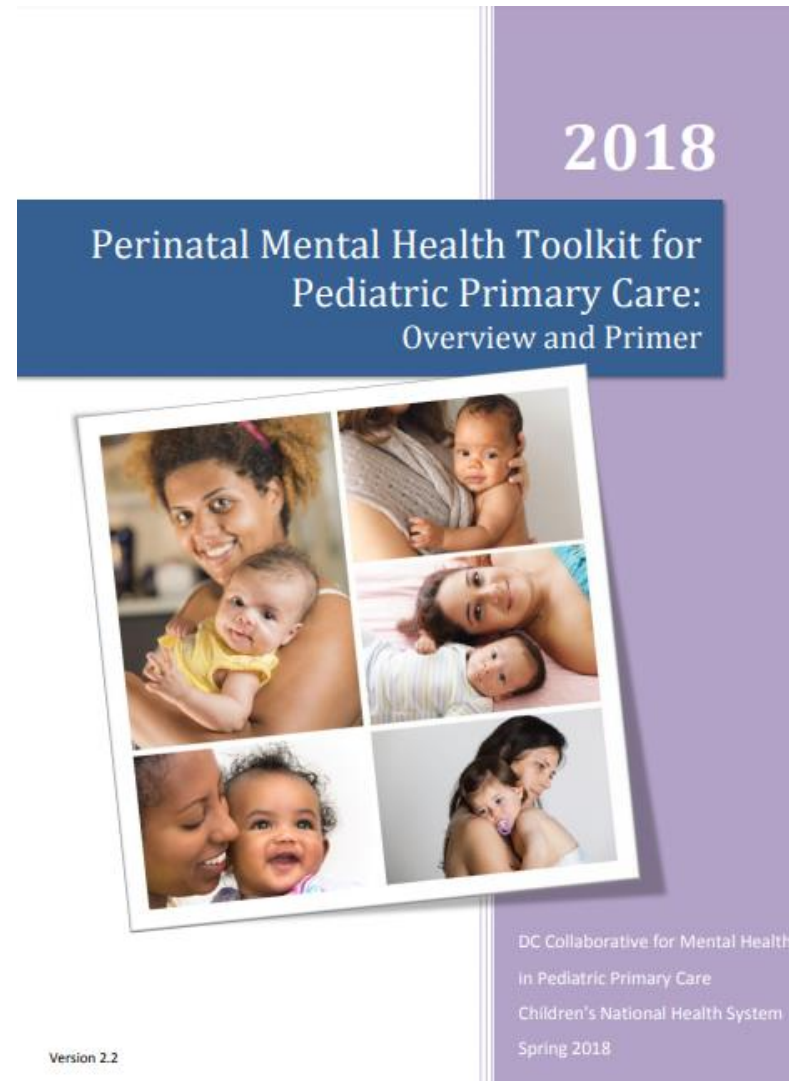




# Resources

## PMAD Screening Toolkit

- Accessible on the DC provider education website
- <https://www.dchealthcheck.net/documents/PMH-Toolkit-V-2-2.pdf>



# Resources

- Child & Adolescent Mental Health Resource Guide with a Perinatal MH resource section:
  - <https://www.dchealthcheck.net/resources/healthcheck/mental-health-guide.html>
- DMV-PMH Resource Guide:
  - <http://www.dmvpmhresourceguide.com/>

# Postpartum Support International (PSI)

[www.postpartum.net](http://www.postpartum.net)

- Provides specific information on support groups and providers by region

Warmline (English & Spanish):

- 800-944-4773

Online Support Groups (English & Spanish):

- Live, participants register – i.e. not forums
- Hosted through [www.supportgroupscentral.com](http://www.supportgroupscentral.com)

Telephone “Chats”

- Moms – Every Wednesday, times vary
- Dads – First Monday of the month, 8:00pm Eastern

# PSI in DMV Region

Postpartum Support International

[www.postpartum.net](http://www.postpartum.net)

“one-stop shopping”

## Maryland

- Postpartum Support Maryland: 240-432-4497,  
[www.postpartummd.org](http://www.postpartummd.org)

## Washington, DC

- Postpartum Support DC: 202-643-7290,  
[www.postpartumdc.org](http://www.postpartumdc.org)

## Virginia

- Postpartum Support Virginia: 703-829-7152,  
[www.postpartumva.org](http://www.postpartumva.org)

# Resource Rich Websites

- **Postpartum Support International**
  - [www.postpartum.net](http://www.postpartum.net)
- **Postpartum Progress**
  - [www.postpartumprogress.org](http://www.postpartumprogress.org)
- **Online PPD Support Group**
  - [www.postpartumdepression.yuku.com](http://www.postpartumdepression.yuku.com)
- **Mass General Women's Mental Health Center**
  - [www.womensmentalhealth.org](http://www.womensmentalhealth.org)
- **The National Institutes of Mental Health**
  - [www.nimh.nih.gov/health/topics/women-and-mental-health/index.shtml](http://www.nimh.nih.gov/health/topics/women-and-mental-health/index.shtml)

# Acknowledgements

CNHS Social Workers

Community Partners:

- March of Dimes
- Postpartum Support International
- Mary's Center
- GWU 5 Trimesters Clinic

# Mental Health Reflections from ED re COVID

## Child Abuse:

- More children requiring hospitalization with injuries, more children with severe injuries, and more fatalities.
  - Significantly fewer children with concerns for sexual abuse.
- Kids just don't have a safe way to disclose.
  - Significant decline in hotline calls.

## Psych Concerns:

- Increasing visits for anxiety, depression, suicidal ideation, and suicide attempts.
  - Reports of increased acuity/severity.



# **2-Generation Approach to Early Childhood Mental Health COVID Considerations**

Lee Beers MD

Children's National Health System

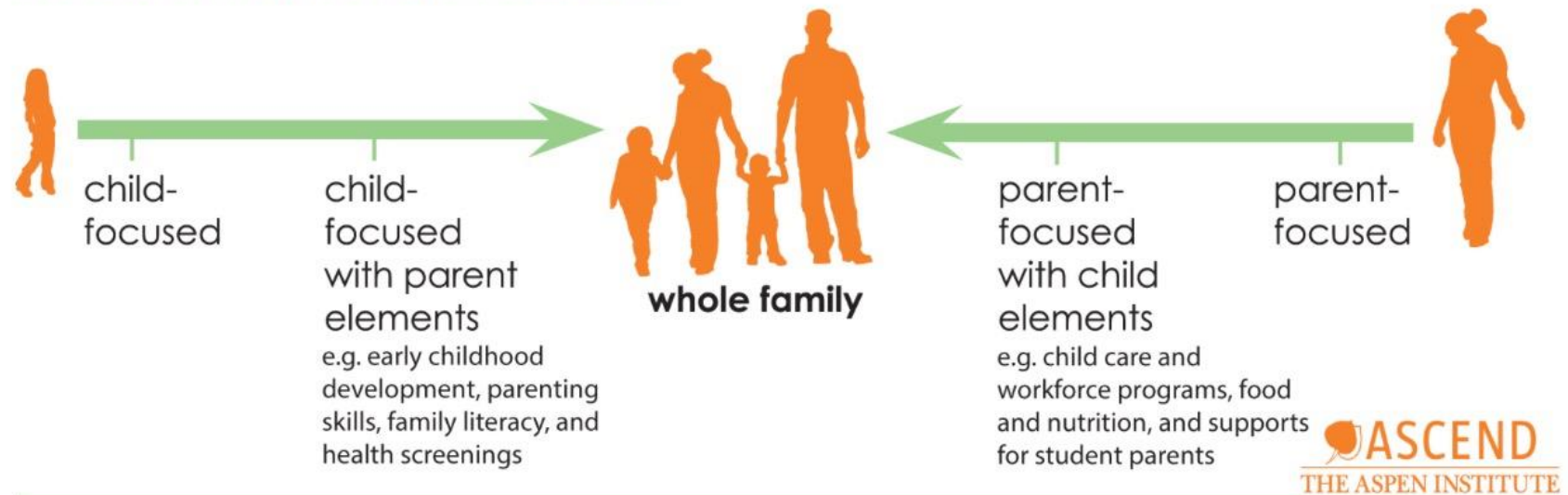


# Impact of trauma and adverse experiences

- 90% of brain development happens before the age of 5
- Long-term impacts on health and development
  - Physical health
  - Mental health
  - Health behavior
  - School performance
  - Executive functioning
- Generational impacts
- Negative impacts can be ameliorated by consistent, supportive and loving relationships

# Importance of a Two-Generational Approach

## The Two-Generation Continuum



What is 2GEN? Ascend: The Aspen Institute Website.  
<http://ascend.aspeninstitute.org/two-generation/what-is-2gen/>.

## social capital

peer and family networks, coaching, and cohort strategies

## early childhood development

Head Start, Early Head Start child care partnerships, preK, and home visiting

## postsecondary & employment pathways

community college, training and certification, workforce partnerships

## health & well-being

mental, physical, and behavioral health, coverage and access to care, adverse childhood experiences, toxic stress

## economic assets

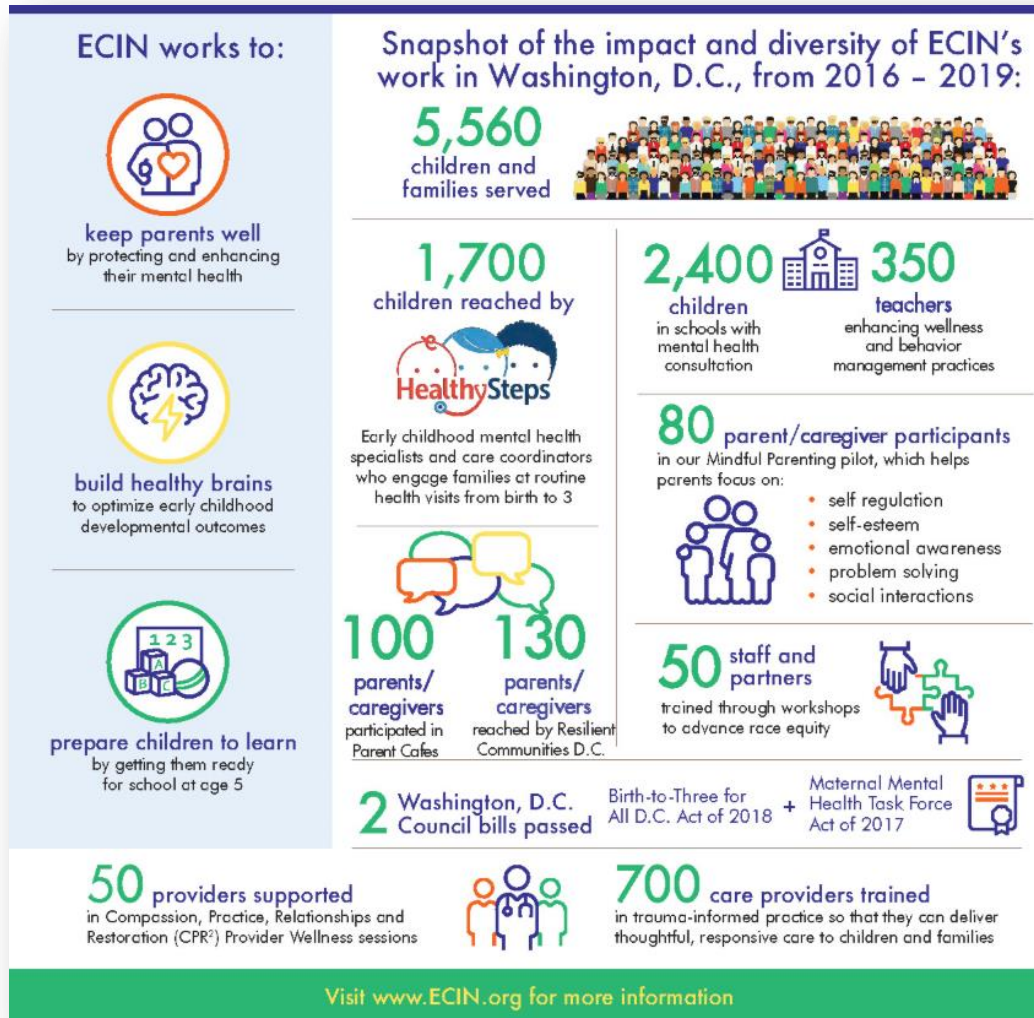
asset building, housing and public supports, financial capacity, transportation

 **ASCEND**  
THE ASPEN INSTITUTE



Children's National™

# Resources--Early Childhood Innovation Network



# ECIN COVID-19 Activities

- Updated Mental Health Resource Guide
  - [https://bit.ly/COVID19\\_MHRG](https://bit.ly/COVID19_MHRG)
- Many activities transitioned/transitioning to virtual
  - HealthySteps
  - Parent Cafes
  - Provider wellness
  - Resilient Communities DC and family support
- Education and advocacy

# DC-MAP (Mental Health Access Program)

- MH consult service via telephone
- Staffed by psychiatrists, social workers, psychologists, and a care coordinator
- For pediatric patients and their caregivers
- Includes focus on ECMH and PMADs

<http://www.dcmmap.org/>

1-844-30 DC MAP

1-844-303-2627

Hours: M-F, 9-5pm

*"Speaking with the psychiatrists from DC MAP has helped me manage patients with difficult mental health diagnoses who otherwise wouldn't get care. They have been a game-changer for me as a primary care pediatrician!"*

Thank you and Questions

# Department of Behavioral Health

Barbara Parks, LICSW

Deputy Director of Children & Youth Services

May 27, 2020

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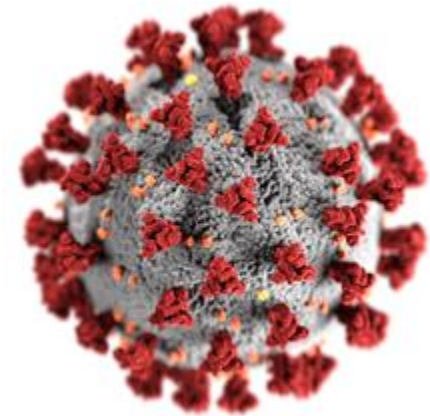


**District of Columbia Department of Behavioral Health**



# Life During COVID-19 Can Be Stressful for Young Children and Families

- Fear of death and illness
- Isolation and disconnection
- Loss of Routine
- Virtual Learning Challenges
- Technology Challenges



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# How does COVID-19 impact children?

"Our Kids are **SAD** and not bad"

Excerpt from Dr. Denese Shervington, CEO of Institute of Women and Ethnic Studies:

<https://www.essence.com/feature/new-orleans-hurricane-katrina-covid-19/>

## Voices of children:

- "I can't see my friends"
- "I won't have a prom or graduation"
- "I can't visit my grandparents and family members"
- "My family isn't getting along and I no place to go"
- "I can't hug"
- "I can't go to school to learn and eat"
- "Distant learning is not helping me to learn"
- "So many people are getting sick and dying"
- "What will happen to me if my parent/parents gets sick and die?"

## Behaviors of children:

- Excessive crying or irritation in younger children
- Excessive worry or sadness
- Unhealthy eating or sleeping habits
- Irritability and "acting out" behaviors in teens
- Difficulty with attention and concentration
- Use of alcohol, tobacco, or other drugs
- Unexplained headaches or body pain

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# Ways To Support Children and Youth

- **Talk to children and youth** about the COVID-19 outbreak.
- **Answer questions** and [share facts about COVID-19](#) in a way that children and youth can understand.
- **Reassure child and youth** that they are safe. Let them know it is ok if they feel upset. Share with them how you deal with your own stress so that they can learn how to cope from you.
- **Talk with parent or guardian about limiting exposure to news coverage** of the event, including social media. Children and youth may misinterpret what they hear and can be frightened about something they do not understand.
- **Work with parent or guardian to develop and keep up with regular routines.** If schools are closed, create a schedule for learning activities and relaxing or fun activities.



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# Easing Children Back Into Schedules and Interactions

- **Describe what the children can expect** - explain that they will continue safe practices (i.e. wearing masks, hand washing, etc.)
- **Be honest** - let children know that will likely not go back to what it was like before; there will be a new “normal” (i.e., fewer children in the classroom, attending school a few days a week)
- **Stick to a routine** – Create a schedule and be consistent with it. For young children it may be helpful to create a schedule with pictures.
- **May notice regression-** When children go back to child development centers or school, parents may notice that their children regress in some areas (e.g., children may become more clingy and drop off may become a challenging time). Validate the child’s feelings, make them feel safe, and reassure them.

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# Providing Support to Young Children and Early Childhood Professionals



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**District of Columbia Department of Behavioral Health**

# What is Early Childhood Mental Health Consultation (ECMHC)?

- “A problem-solving and capacity–building intervention implemented within a collaborative relationship between a professional consultant with mental health expertise and one or more individuals with other areas of expertise -primarily child care, child development, and families –or individuals with child care responsibilities.”

(Cohen & Kaufmann,2000)

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# DC Healthy Futures Model



Healthy Futures is currently in 42 child development centers (CDCs) and 19 home child care providers. Healthy Futures is scheduled to expand to 75 additional CDCs through the Birth to three for All DC legislation.

- Provide coaching and modeling of social-emotional best practices in the classroom
- Engage in programmatic consultation with center directors
- Facilitate early childhood professional development on a variety of early childhood social-emotional topics
- Provide prevention and early intervention activities that support social-emotional wellbeing for children birth to five
- Promote team building and cohesiveness within teaching teams
- Child specific consultation and support for children 0-5 with behavioral needs

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# Modifying Consultation to Meet the Current Needs of Early childhood Educators During the Pandemic

- Modifications for supporting children
  - Virtually engaging with families in age-appropriate social-emotional activities
  - Mindfulness activities with children and families
  - Engaging children in specific social skill building activities (Tucker Turtle, Baby Doll Circle Time)
- Modifications for supporting early childhood educators
  - Facilitating virtual professional development ( self care/resilience building focused)
  - Leading peer self-care groups for early childhood educators
  - Supporting teachers with social-emotional activities within their virtual learning classrooms
  - Leading trauma sensitive classroom discussions and supports including managing grief and loss experienced within the child development centers
  - Providing social-emotional teaching resources to staff

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# Support for Adults and Caregivers During COVID-19



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**District of Columbia Department of Behavioral Health**

# Families Report Experiencing Challenges and Emergent Strengths During COVID -19

## Challenges:

- **Social Distancing** – “Friends and loved ones still want to visit and continue to hold family gatherings such as birthday parties.”
- **Grief and Loss** – “I know of a family who lost 4 family members within 3-Days of each other.” “Families are experiencing heart break, hurt and misery over the loss of love ones, their friends and jobs”
- **Mental Health and Substance Use** – “People are still on the search for drugs. My family member tested positive for COVID-19 and is still is in the street using drugs. ”Self Care isn’t effective because you don’t ever get to stop.
- We’re managing our Mental Health Needs and the children’s Mental Health needs.
- **Food** – “Our families are overwhelmed w/shortage of food and providing 3 meals a day for multiple children”
- **Involvement with multiple Family Serving Agencies** - Our families report that their days are being overwhelmed by numerous calls & zoom appointments with multiple agencies

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# Emergent Strengths

- **Community Support** - “Churches have been blessing people with food and money and our families are very grateful”. “I’ve seen many community organizations donating food and giving back”.
- **Environmental** - “The earth is blessed because we are home.”
- **Social Distancing** - “People are still functioning in places, wearing face masks and practicing social distancing in public.
- **Mental Health Benefits** - “We are being blessed to re-center ourselves and to get clarity”. “I feel more balanced. Not a hustle and bustle to get here and there”. “My self esteem is up. I am able to manage my appointments without having the anxiety of dragging my children to multiple appointments all over town. I feel more accomplished.”
- **Increase Service Engagement** - “Engagement is up. Consumers like it because they don’t have to catch 2 -3 buses to get to services”. “In our parenting workshop we had 5 to 6 attend regularly before our virtual class. Now we have 9-10 attend on average and sometimes all 11 are there and they are very engaged. Some are working and are listening and participating while at work.”

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# Self-care is essential to our mental health and wellness....

1. **Implement a safety schedule for you and your family:** pay attention to any changes in your health, stay home if your sick, take your temperature in the morning before work, call your doctor if your temperature is 100.4 degrees F, practice social distancing.
2. **Maintain a daily schedule**... have a beginning and ending time for work!
3. **Normalize your work activities.** Don't just focus on COVID-19.
4. **Limit media exposure.** Too much creates anxiety even in us!
5. **Recognize the impact social isolation has on you.** Stay connected to family and friends.
6. **Take care of yourself!** We really need you!



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# Helpful Resources for Families

- DC Department of Behavioral Health Access Helpline/Warm Line - Connects individuals to a variety of behavioral health services 1(888)7WE-HELP or 1-888-793-4357
- Drug Free Youth DC website: <https://drugfreeyouthdc.com>
- DC COVID website: <https://coronavirus.dc.gov>
- DC Department of Health: [www.dchealth.dc.gov](http://www.dchealth.dc.gov)
- CDC : [www.cdc.gov](http://www.cdc.gov)
- National Domestic Violence Hotline: 1800-799-7233

## Family Networking and Supports:

- Be Strong Families Webinar Series <https://www.bestrongfamilies.org/covid-19-support>
- **DC Families United!** is a family advocacy initiative addressing the need for increased family partnerships within in the System of Care.
- **Tuesdays Together!** - Weekly Virtual Parent Support conversations for parents and other caregivers - Staying Socially Connected during a time of Social Distancing.

<https://us02web.zoom.us/j/81192094383?pwd=dkQrN0RjU2RMa1ZldmxUY1dtZEdNd409>

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# Helpful Early Childhood Resources

## Programs and Services

- Primary Project
- Healthy Futures
- DC Social Emotional and Early Development Project (DC SEED)
- Parent Infant Early Childhood Enhancement Program (PIECE)



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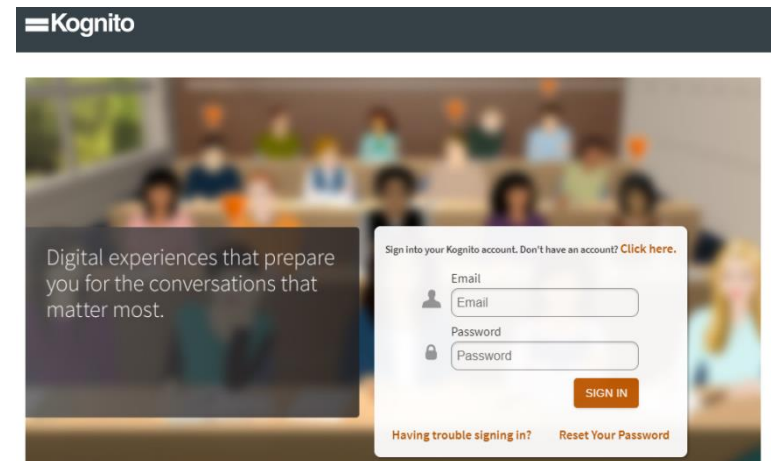
# Positive Parenting Resource

## Kognito: DC Positive Parenting Training

The Positive Parenting Program is an online resource that can be accessed directly by DC parents and caregivers of young children. It can be accessed via any internet-connected mobile device or laptop computer. The resource includes both information and interactive role-play scenarios where learners can practice handling challenging situations with young children.

Steps for accessing the Positive Parenting Program:

1. Go to <https://www.KognitoCampus.com>
2. Sign in / Create your account
3. Enrollment key: dcparents
4. Launch program



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# Positive Parenting Resource



Over the course of 50 minutes, users can gain positive parenting skills, and practice managing common situations with children aged 2-5.

MODULE 1	MODULE 2	MODULE 3
Intro to Positive Parenting	Leaving Home	DC Resources
	Handling a Tantrum	
	Making a Phone Call	
	Teaching Better Behavior (toddlers, 2-3)	
	Teaching Better Behavior (preschoolers, 4-5)	

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# Breakout Session

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We will now move to a breakout session to allow folks to discuss guiding questions based on this afternoon's presentation.

- Groups will have 25-30 minutes.
- Please select one person to serve as a note taker.
- We ask that you all briefly report out some of what was discussed once we reconvene.
- The following questions have been emailed to all meeting attendees. (Please do not feel pressured to respond to all questions!)

# Guiding Questions

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1. How has COVID-19 impacted each of you?
2. How has the impact of mental health shown up in your work? How does it affect the decisions you make professionally?
3. What are the barriers to access or knowledge of resources for mental health services and supports? Are they systemic barriers? Structural?
4. Do you feel your agency is ready to fully support young children and families in “the new normal”?
5. What information do you feel you are missing as an organization?

# Guiding Questions

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6. What resources does your agency/organization provide for early childhood providers and families?
7. While serving families during COVID-19, how has your agency/organization shifted or adjusted your actions based on the mental health needs of the stakeholders you serve?
8. What can you or your agency do individually to help families address these challenges? What would a coordinated effort between agencies look like to address these challenges?
9. What are some “low hanging fruit” changes/recommendations that can be made to support the mental health needs of families?

# Other Member Updates

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# Additional Comments?

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# Meeting Materials

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**Thrive by Five Coordinating Council meeting materials are available via OneDrive.**

Included, you will find:

- Thrive by Five Coordinating Council’s Establishment Order
- Council Meetings folder
  - Contains meeting agendas, minutes, presentations, and other relevant one-pagers
- DC Government Reports
- Other Reference Materials
  - Currently contains DCPCA’s Human-Centered Approach to Improve Reproductive and Maternal Health Outcomes in Washington, D.C.

# Reminder: Future Meeting Dates

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Thrive by Five Coordinating Council meeting dates usually fall on **Wednesdays**.

**Date: July 29, 2020**

Time: 3-5 pm

Location: Virtual

**Date: September 9, 2020**

Time: 3-5 pm

Location: Virtual

**Date: October 28, 2020**

Time: 3-5 pm

Location: Virtual

**Date: December 16, 2020**

Time: 3-5 pm

Location: Virtual

In addition to these full Council meetings, we are proposing two additional meeting dates, one in **June** and one in **August**, for subcommittees to meet. You should've received a poll for additional meeting dates and subcommittee preference today.

# Thank you!

Website: [thrivebyfive.dc.gov](http://thrivebyfive.dc.gov)

Email address: [thrivebyfive@dc.gov](mailto:thrivebyfive@dc.gov)

Twitter/Instagram: [@thrivebyfiveDC](https://www.instagram.com/thrivebyfiveDC)