

Great Start Collaborative of Jackson County

Joint Committee Meeting

March 11, 2021

Zoom Meeting

1:00 – 2:30 P.M.



Present: Brittany Wright, Wendy Bell, Kymalee Gresh, Resha Willis, Becca Hurst, Jackie Barber, Stephanie Denney, John Denney, Cathy Brubaker, Corey Duncan, Jen Houston, Jen Ganzel, Andrea McCabe, Jean Allison, Kelly Sheppard, and Kelly Friedland

Welcome Activity and Introductions

- Completed introductions and shared their favorite pizza place.

Review January Minutes

- Committee reviewed the January minutes.

Pregnancy & Baby Webpage

- This group started brainstorming for a pregnancy and baby webpage in 2020.
- Chrissy used suggestions from the committee to create the webpage.
- Jen Houston sent a lot of developmental information.
- Question if we can track website hits. Kelly Friedland thinks it might be possible through Google Analytics.
- A few parents looked at new part of the website and provided feedback: Can the pediatrician be filtered for those that accept Medicaid vs. those that don't? Adding a link where moms can get information on how to get baby items. A check list for hospital bag for moms. Wellness tips for moms. Meal ideas for older infants. Sensory

activities by age. Information for babies and toddlers on the autism spectrum.

Kindergarten Readiness Kits/Videos

- 1,500 kits were ordered from Lakeshore Learning.
- Will send out an email to elementary principals and superintendents on the number of kits each school is receiving.
- The Superintendent Early Childhood Subcommittee suggested we create videos to explain how to use the kit.
- Early Childhood Specialists are working with GSRP programs to create videos on how to use the kits.
- There will be a QR code in the kits to link to the videos.

Babies Speak Opportunity: Jen Houston

- Jen Houston shared a 2 minute video on the Jackson Hillsdale Infant Mental Health Chapter put together for babies week.
- Had events in Jackson and Hillsdale in 2019 for Babies Weeks.
- This year they put together postcards and posters to promote the message.
- If you are interested in any materials on infant wellness, contact Jen Houston jhouston@highfields.org or Andrea Bricker abricker@integroservices.net.

Bright by Text Marketing

- Some marketing has already gone out on Facebook.
- Asking all community partners to look through hardcopy materials and let Chrissy know what and how many you would like by tomorrow.
- Posters available in English and Spanish.
- Bookmarks available with one side English and the other side Spanish.
- Postcards with one side English and one side Spanish.
- Brittany Wright receives texts for multiple children and has found it super helpful.
- Chrissy will send the social media posts out to the group to share.

- Parents like receiving information via text.

Great Start to Quality/CCN Family Support Program: Brittany Wright

- Child Care Network works with Great Start to Quality work with licensed providers to help families find care and help providers improve the care.
- Also have a Family Support Program that helps families pay for care with scholarships.
- See a lot of families in Jackson that are over the DHHS guidelines but are still struggling to pay for childcare.
- Scholarships normally last about a year.
- Providers go through a process with Great Start to Quality on their level of quality.
- They are rated on a point system and receive a star rating 1-5. The higher the star rating the higher the childcare subsidy reimbursement.
- GSRP programs must also be star rated.
- Families are walked through the process from beginning to end.
- Jackson has 141 licensed childcare providers, but the providers may be taking fewer children by choice.
- There are always waiting lists for infant and toddler care.

Early Childhood Specialist Update

- Still waiting for child data and then will have it aggregated.
- Most of the classrooms have been back face to face since January, and the teachers are reporting the children are a little behind.
- ECSs are working on updating MI Registry for training certificates for the programs.

Great Start Families/Trusted Advisor Work

- Great Start Families have lots of opportunities for learning with Prevention Network, MSU Extension, and MDE.
- 150 boardbooks were donated recently for the Little Free Libraries.
- One of our parents made a connection with Hunt Elementary who is redoing their library and donated books.
- Kelly and Jen presented to 200+ on parent engagement.

- Trusted Advisors are continuing their work in the community to help make families connect to resources.
- Made some connections with GSRP teachers to connect some of their families to resources.
- Trusted Advisors are preparing an authentic engagement video for the community.
- Jen will share the video with the group when it is available.

Community Partner Updates

Kelly Sheppard - GSRP

- Launched the new preschool interest form for the 21-22 school year.
- Can also still enroll children for this year.

Corey Duncan - Family Service and Children's Aid

- In person parent education at Family Service and Children's Aid with safety precautions in place. Are still offering some virtual classes.
- Run for Fun 5k is coming up and Corey will send out the information. It will be starting at Grand River Brewery again this year.

Kymalee Gresh - CAA

- Parent Teacher conferences are wrapping up and analyzing data for outcomes

Resha Willis - Playgroups

- Two families have been constantly coming to virtual playgroup.
- 15-20 craft kits go out a month for families who can not attend virtual playgroup.
- Parent component is not doing as well and was a great offering for parents.

Andrea McCabe - ABC

- Still enrolling children for this year.

Jen Houston - Highfields

- Moving back to more face to face services.
- Receiving more referrals.
- 0-3 program has extended the cohort a few more months for research on infant mental health to make it an evidence based program. Must be 0-2 or prenatal.
- Families need to go through Lifeways to be referred to Highfields or Integro.

Next Meeting: April 8th 1:00-2:30 P.M.

Infant Mental Health Home-Visiting

This model targets infants/toddlers (0-24 months) where immediate or anticipated problems in the parent-infant relationship place the infant/toddler's development at risk. Interventions are designed to promote positive parent-child interaction and to support the development of secure and health attachment relationships. Developing the parent's understanding of past or present difficulties/trauma/losses, frees the parent and makes it possible for them to respond to and appropriately care for their child/children.

Presenting concerns that may be appropriate to refer:

- Infant/toddler demonstrates impaired ability to trust/relate to others
- Infant/toddler is withdrawn, impulsive, or is acting out
- Infant/toddler experienced abuse/neglect/changes in caregiver
- Infant/toddler health or developmental issues (including prematurity and disability)
- Parent with significant depression or other mental illness
- Parent with relationship loss/trauma (ex: grew up in foster care, domestic abuse, etc.)
- Parent indifferent, ambivalent, or hostile toward infant/toddler
- Parent with poor coping skills and childcare practices
- More detailed risk factors attached – see next page

Strategies/Supports offered through the model:

- Resolution of material needs and advocacy for the family
- Empathy and emotional support
- Developmental guidance about infant/toddler behavior and reinforcement of appropriate parenting interactions
- Infant-parent psychotherapy to address risks to the parent-infant relationship and development of the infant/toddler
- Encouragement to use problem solving strategies
- Encouragement to develop support network and use of community resources

Expected outcomes for families who participate:

- Improved attachment relationship
- Fewer behavior problems; more responsive, cooperative behavior
- Increased use of age-appropriate parenting skills
- Less parental stress
- Decreased risk of abuse/neglect
- Increased access/use of community resources and social support network

Risk Factors – consider referral if observe the following characteristics, behaviors, or situations:
(from Infant Mental Health Home Visiting – Supporting Competencies/Reducing Risks p68-69)

The Infant

- Is premature, underweight, failing to gain weight
- Frowns often, appears stressed and irritable
- Appears unresponsive, listless or depressed
- Responds slowly when facial or vocal interaction is attempted
- Exhibits regulatory disturbances
- Appears difficult to comfort when distressed

The Toddler

- May have a suspected delay or disability, emotional disorder or disturbance
- May exhibit sensory processing difficulties
- May be aggressive or withdrawn and unable to interact positively with parents, caregivers or peers

The Parent

- Complains about parenting obligations
- Refers to infant/toddler with derogatory names
- Verbalizes punitive reactions to infant/toddler's demands
- Rarely makes positive statements about the infant/toddler
- Responds slowly and inappropriately to infant/toddler's distress
- Demonstrates little knowledge of infant/toddler needs, expresses unrealistic expectations
- Expresses lack of confidence, inability to cope with situations at home
- Appears depressed
- Verbalizes unwillingness to care for the infant/toddler herself
- Appears anxious, ambivalent, hostile or avoidant
- Appears to be abandoning, or is neglectful of, the infant/toddler

Behavior of the Parent-Infant/Toddler Pair

- Have minimal or no eye contact
 - The parent consistently holds infant in a position that prevents eye contact
- Do not communicate
 - The parent rarely smiles at the infant/toddler or responds to infant's smiles or vocalizations
 - The toddler rarely smiles at the parent or responds to efforts to engage
- Avoid physical contact
 - The parent rarely touches or holds the infant/toddler
 - The parent holds the young infant away from torso when feeding or consistently props the bottle
 - The infant/toddler does not mold toward the parent's body when held
- Seem disinterested in each other
 - The parent allows/prefers others to care for infant/toddler whenever possible, distancing herself
 - The infant/toddler does not follow the parent with gaze

Situations

- The parent is
 - Adolescent by age or behavior
 - Single or divorced
 - Isolated and estranged from family support

- With limited financial resources
 - Subjected to stressors that can impair her ability to nurture
- The parent is experiencing depression, exhibits limitations in physical or mental function or substance abuse
- The parent's ability to relate and care for the infant/toddler is constrained
- The parent appears overwhelmed by parental responsibilities, stressed by economic deprivations or personal and social conflicts
- The parent's traumatic events – unemployment, death, disaster, familial conflict – overshadow the needs of the infant/toddler
- The parent's unresolved grief or loss from past or present relationship experiences (eg, past history of maternal deprivation, or growing up in foster care, or past or present experiences of abandonment/separation/physical abuse/sexual abuse) is interfering with appropriate and affectionate parenting