AGENDA

• Introduction
• Background on IECMH today
• Best Practices and Supporting Workforce Issues in IECMH
• Role of Professional Development and Certificate Programs
OPEN-ENDED QUESTION:

What are some concerns you have related to infant and early childhood mental health in your state?

OR

What is going well?
# CDC Youth and Behavior Risk Survey 2023

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<tbody>
<tr>
<td>Experienced persistent feelings of sadness or hopelessness</td>
<td>28</td>
<td>30</td>
<td>30</td>
<td>31</td>
<td>37</td>
<td>42</td>
<td></td>
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<tr>
<td>Experienced poor mental health†</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>29</td>
<td>–</td>
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<tr>
<td>Seriously considered attempting suicide</td>
<td>16</td>
<td>17</td>
<td>18</td>
<td>17</td>
<td>19</td>
<td>22</td>
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<tr>
<td>Made a suicide plan</td>
<td>13</td>
<td>14</td>
<td>15</td>
<td>14</td>
<td>16</td>
<td>18</td>
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<tr>
<td>Attempted suicide</td>
<td>8</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>9</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Were injured in a suicide attempt that had to be treated by a doctor or nurse</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
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*For the complete wording of YRBS questions, refer to the appendix.

†Variable introduced in 2021.
MENTAL HEALTH CRISIS: NOT ONLY THE TEENS

The Crisis in Children’s Mental Health: What About the Babies?

Joyce Harrison, MD
Emily Aron, MD
Tessa Chesher, DO

1 in 14 children has a caregiver with poor mental health

Emergency department visits related to mental health increased 24% for 5-11 year-olds and 31% for 12-17 year-olds between January and October 2020

THE WHY OF IECMH

Multigenerational: supporting youth and parents

Prevention

Majority of children that experience trauma/maltreatment are in the 0-5 year old age group

Return on investment
CREATING STATEWIDE IECMH SYSTEMS

I. Robust Access to a Continuum of Supports and Services (Promotion, Prevention, Diagnosis, and Treatment)

II. Strong Workforce Capacity & Professional Development

III. Embedding IECMH Across Child-Serving Systems

IV. Comprehensive System-Wide Planning & Infrastructure

V. Properly Financed System

VI. Effective Messaging That Builds Public and Political Will
WORKFORCE ISSUES

Workforce Shortage

Workforce Representation

Mental Health Crisis

Workforce Burnout
SOLUTIONS

• Compensation

• Retention and Growth
  – EXAMPLE: 9.75 child psychiatrists per 100,000, 70% of American counties have NO child psychiatrists, very few among these have expertise in infant and toddler mental health

• Professional Development Opportunities
  – Improves “compassion satisfaction”
  – Must facilitate engagement

• Peer Support

• Career Development
  – Networking, creating community across disciplines
THREE IECMH CERTIFICATES

Community Mental Health Worker

Mental Health Consultation

Clinical
IECMH CERTIFICATE FOR CLINICIANS

Theory

Development

Attachment

Diagnosis and Assessment

Trauma and Resilience

Neuroscience

Evidence-Based Practice

Equity in Practice

Ecology of Early Childhood

Capstone

Leadership Skills

Cultural Humility and Honoring Cultural Wisdom
STRUCTURE

• Synchronous lectures with guest lecturers who are subject experts
  – Mixed lecture and small group discussion
• Asynchronous activities: readings, videos, interviewing a partner, creating a treatment plan
• Capstone: developing a personal mission an vision and beginning to map out a professional pathway
• Case-based discussions
• Office hours throughout for more 1:1 support
OVERALL EVALUATION

Cohort 1

Cohort 2

Q24 - Please rate the course on each of the following:

- Overall evaluation of the course
- Overall effectiveness of the instructor(s)
- Overall effectiveness of the guest lecturer(s)

![Graph showing ratings for Cohort 1 and Cohort 2]
DID THIS CERTIFICATE LEAD YOU TO SEEK OUT ADDITIONAL TRAINING?

Q45 - Did this certificate lead you to seek out additional training (i.e. obtain evidence-based training, obtain additional training on diversity, etc)?

Cohort 1

Q45 - Do you plan to enroll in additional training courses (i.e. obtain evidence-based training, obtain additional training on diversity, etc)?

Cohort 2
Q27 - I have an understanding of how systems and systemic inequities (i.e. history, laws, housing, policing, education, etc) impact the mental health of families, infants, and young children.

Q19 - I have an understanding of how systems and systemic inequities (i.e. history, laws, housing, policing, education, etc) impact the mental health of families, infants, and young children.
Q27 - 27. I have an understanding of how systems and systemic inequities (i.e. history, laws, housing, policing, education, etc) impact the mental health of families, infants, and young children.

Q19 - I have an understanding of how systems and systemic inequities (i.e. history, laws, housing, policing, education, etc.) impact the mental health of families, infants, and young children.
NAME AT LEAST TWO THINGS YOU WILL DO DIFFERENTLY IN YOUR PRACTICE/JOB AS A RESULT OF PARTICIPATING IN THE IECMH CLINICAL CERTIFICATE PROGRAM.

“I will seek IMH endorsement and additional IMH trainings. I have many new resources and increased comfort level with sharing IMH concepts and equity emphases with others.”

“I have identified personal intentions for myself in my work with families (incorporating an equity lens) and feel empowered to raise awareness at a systemic level. I am now more confident about continuing the "grassroots" effort to developing Infant and Early Childhood Mental Health in Iowa.”

“I have a much deeper understanding of how the experiences of the parent prior to birth impact their relationship to their newborn baby. I think this will change how I encounter conversations with parents who have negative relationships/ opinions of their newborn. I also have a deeper respect for the ways that culture or generational trauma may influence parenting choices. I feel like it has helped me to open up ask questions about parenting choices and dig a bit deeper into this with the families that I work with.”

“Will explore opportunities for expanding EBPs, will strive to incorporate more self-reflection.”
“This course gave me the push, the inspiration to move forward and take the next steps intentionally.”

“The contents of this certificate will make me better at my current job. For now, I am content simply striving to be the best I can be at my current role.”

“My professional identity as an I/EC mental health professional began to take shape and has shifted by goals to have a greater impact on I/EC systems and services. I believe it also has increased my knowledge/skills and given me greater recognition so that I can be more effective in those goals.”
FUTURE DIRECTIONS

- Crosswalk with Endorsement for the Clinical Certificate
- Support specific professional groups
  - Ex: MSW students at Howard University
- Partner with more organizations and entities that would like to support professional development of workforce
QUESTIONS

Amy Hunter, LICSW
ah1122@georgetown

Emily Aron
arone@georgetown.edu
USING THE PYRAMID MODEL TO BUILD COMPETENCE IN OUR IECMHC WORKFORCE

Workforce Development Efforts in Maryland

A presentation Delivered @ CYF 2023 Virtual Annual Meeting

Margo Candelaria PhD & Kate Sweeney MSW
University of Maryland School of Social Work
Institute for Innovation and Implementation
Parent, Infant, Early Childhood Team
Our Working Theory

• In Maryland we have a state-wide IECMHC workforce that is multidisciplinary.
• Our state has long supported both PM and Consultation.
• View the PM as a scaffold for those consultants coming into the work less secure with the MH approaches to gain comfort and competence in this part of a consultant’s work.
PM and IECMHC Workforce Overlap in Childcare
Integrating Both Models to Support a Full Service Array for Maryland’s Early Care & Education Services

<table>
<thead>
<tr>
<th>Collaboration Between Systems &amp; Policies</th>
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<tbody>
<tr>
<td>• ECMH Consultation will be integrated into early childhood programs, policies, and legislation to foster cross-agency collaboration and infrastructure development.</td>
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<thead>
<tr>
<th>Financing</th>
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<tr>
<td>• Policymakers and public and private funders will recognize the social and economic value of early childhood mental health consultation and will establish consistent and long-term funding.</td>
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<tr>
<th>Hub Structure</th>
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<tr>
<td>• A central information hub that includes core competencies, practice guidelines, evaluation standards, and resources will be available to all early childhood mental health consultants, policymakers, advocates, and funders.</td>
</tr>
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<thead>
<tr>
<th>Model</th>
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<tr>
<td>• An evidence-based, data-informed, culturally responsive, equitable, and sustained model is adopted based on core components of nationally recognized practices.</td>
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<tr>
<th>Public Will-Building &amp; Communications</th>
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<tr>
<td>• ECMH Consultation will be widely recognized as a preventive intervention to ensure that all young children experience optimal social and emotional development.</td>
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<tr>
<td>• Materials will promote consistency in messaging of the how and why of early childhood mental health consultation.</td>
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<tr>
<th>Research, Data, and Evaluation</th>
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<tr>
<td>• Accessible data from research and evaluation will help move early childhood mental health consultation forward.</td>
</tr>
<tr>
<td>• Payors and evaluators of ECMH Consultation will accept common evaluation and fidelity tools.</td>
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<thead>
<tr>
<th>Workforce Development, Support, and Competencies</th>
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<tr>
<td>• The ECMH Consultation workforce will expand by establishing professional development opportunities that adhere to a core set of competencies, practice guidelines, and minimum standards to meet the needs of programs, providers, communities, states, and tribes.</td>
</tr>
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</table>
Coordination Across the Service Array
Facilitation of Partnerships & Referrals (operationalizing the concepts)

- Meetings, meetings, meetings
  - Local teams & state-leads
  - Messaging to centers/programs, families, funders and workforce
- Data Sharing & Data Systems
- Dissemination of internal referral forms
- Facilitation of team retreats
Reducing the Stigma Falling on Individual Children

• During this time when the needs are universal - how do we support the individual children and their families who are being identified as the source of the problem, while the whole system is in crisis?
  • Sometimes it's both (child needs individualized supports + center/classroom needs coaching)
Tiered IECMHC Approach

- IECMHC Services Aligned with National Pyramid Model Approach
Training Components for IECMHC Workforce Anchored in PM

- PM for Preschool Classrooms
- PM for I&T Classrooms
- TPOT
- TPITOS
- PBC
- Equity

Onboarding Training Series for Maryland’s IECMHC Consultation Workforce

Welcome to the IECMHC workforce for the state of Maryland! We are glad to have you join us in this work. Infant and Early Childhood Mental Health Consultation aims to support children to stay, and be well-supported, within positive educational settings. It also aims to support early care and education providers to gain comfort and competence in addressing challenging behaviors that arise, and this work also aims to address implicit bias and racism that arises in response to behavioral needs, as well as deepen family engagement and involvement.

In this role, you are blending the perspectives of many different disciplines – including early child development, infant mental health, behavioral strategies, family systems theory, components of implicit bias and anti-racism, and many more. While needing to understand the perspective and pedagogy of educators, who are your target. For this reason, we have put together a comprehensive onboarding plan for new consultants joining us in this work within Maryland. There are a mix of asynchronous and live trainings, as well as a range of topics, offering background on the components of this work and certifying you to utilize screeners and assessments for your cases. Following completion of the full series you will receive a certificate, marking the accomplishment of integrating these many components into your work.

Training Details: (If you need all of the below trainings, access them with one enrollment here: https://theinstitute.mysbso.com/?Keyname=IECMHC_Pre-Service_Cohort.9-22)

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<tr>
<th>Training Name</th>
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<th>Registration Link</th>
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<td>Videos on Emotions &amp; Bias</td>
<td>Asynchronous</td>
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<td>DISCA</td>
<td>10/10, 9-12pm</td>
<td><a href="https://theinstitute.mysbso.com/?Keyname=IECMHC_Pre-Service_DISCA.9-22_DISCA.9-22">https://theinstitute.mysbso.com/?Keyname=IECMHC_Pre-Service_DISCA.9-22_DISCA.9-22</a></td>
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Questions before you start? Contact Laura Latta, MHS, Lead Research Project Coordinator, Parent, Infant, Early Childhood Mental Health.
More work to do!

Funded Next Steps:

- First Round of PM Implementation Sites – IECMHC on PM Leadership Team as a model
- Alignment of PM within Childcare Standards
- Development of a PM Practice Guide for Childcare and PreK providers
- Publishing Recommendations of Alignment of PM practices within state’s QRIS system
- Publishing a crosswalk of PM Practice Guide with 4 major PreK curriculum used in Maryland
- Equity Efforts!

- DATA – IECMHC System Build within PIDS
  - Opportunity to illustrate more comprehensively the range and intensity of services that childcare programs are getting now, and need!
    - And who is getting it and where it is and isn’t happening
      - Equity mapping.
Welcome your ideas, questions & thoughts!

You can always reach us @
ksweeney@ssw.umd.edu
and
margo.candelaria@ssw.umd.edu
What is HealthySteps?

An evidence-based, interdisciplinary pediatric primary care program

- Promotes nurturing parenting and healthy development for babies and toddlers particularly in areas where there have been persistent inequities for families of color or with low incomes.

HealthySteps Specialists are integrated into the pediatric team
- Provide short-term behavior/development consultation and referrals
- Intensive services when needed, and support practice screening efforts.
Pediatric Setting: Universal Approach

ACCESS
Almost all families take their babies to see a pediatric primary care provider

TRUST
Parents trust their pediatric primary care provider

ACCEPTED
The pediatric office is a non-stigmatizing setting

FREQUENT
New parents attend 12-13 well-child visits within the first 3 years of life; half occur in the first year
Core Components

- Child Developmental, Social-Emotional & Behavioral Screenings
- Care Coordination & Systems Navigation
- Screenings for Family Needs e.g., PPD, other risk factors, SDOH
- Positive Parenting Guidance & Information
- Child Development Support Line e.g., phone, text, email, online portal
- Early Learning Resources
- Child Development & Behavior Consults
- Ongoing, Preventive Team-Based Well-Child Visits
Tiers of Service Delivery

SERVICES INCLUDE

Ongoing, preventive team-based well-child visits

Child development & behavior consults
Care coordination & systems navigation
Positive parenting guidance & information
Early learning resources

TIER 3
COMPREHENSIVE SERVICES
FAMILIES MOST AT RISK

TIER 2
SHORT-TERM SUPPORT
MILD CONCERNS

TIER 1
UNIVERSAL SERVICES

Child developmental, social-emotional, behavioral screenings
Screening for family needs: maternal depression, other risk factors, social determinants
Child development support line: phone, text, email, online portal
HealthySteps Outcomes

- Screening and Connection to Services
- Timely/Continued Care and Vaccinations
- Breastfeeding and Early Childhood Obesity Prevention
- Child Safety and Risk Factors for Child Abuse and Neglect
- Practice and Provider Impacts
- Maternal Depression
- Social-Emotional Development
- Early Literacy and School Readiness
HealthySteps Advances Health Equity

Ensures More Frequent Screenings, Creates More Opportunities for Prevention

Provides Age-Appropriate Nutritional Guidance

Strengthens Early Social-Emotional Development

Connects Families to Early Intervention Services

Helps Mothers Find Success with Breastfeeding

Ensures Timely Screenings and Referrals for Autism

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Program Savings and Impacted HEDIS Measures
Short-Term Medicaid Cost Savings

**CHILD-FOCUSED INTERVENTIONS**
- Oral health
- Asthma*
- Appropriate use of care for ambulatory sensitive conditions
- Flu vaccine

**ADULT-FOCUSED INTERVENTIONS**
- Breastfeeding
- Postpartum maternal depression
- Intimate partner violence
- Healthy birth spacing
- Smoking cessation

**Annual Savings to Medicaid**

**163% AVERAGE ANNUAL ROI**

Includes analyses at state, health system, and site levels with both well-established and new sites, leveraging the HealthySteps cost savings model developed by Manatt Health.

For every $1 invested in HealthySteps, an estimated $2.63 in savings is realized by state Medicaid agencies each year.

*Asthma is a recently added cost savings intervention and therefore is not captured in the 163% annual ROI calculation.*
## HealthySteps Helps Support Select HEDIS Measures

<table>
<thead>
<tr>
<th>HEDIS Measure</th>
<th>HS Area of Focus/Relevant RCT Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and adolescents’ access to PCPs (12-24 mo., 25 mo. to 3 years)</td>
<td><strong>Well-child visits and immunization rates</strong>&lt;br&gt;• Children were more likely to receive a well-child visit on time&lt;sup&gt;1&lt;/sup&gt;, &lt;sup&gt;2&lt;/sup&gt;, &lt;sup&gt;3&lt;/sup&gt;, &lt;sup&gt;4&lt;/sup&gt;&lt;br&gt;• Children were more likely to receive vaccinations on time&lt;sup&gt;1&lt;/sup&gt;, &lt;sup&gt;3&lt;/sup&gt;, &lt;sup&gt;4&lt;/sup&gt; and 1.4x more likely to be up-to-date on vaccinations by age 21, &lt;sup&gt;2&lt;/sup&gt; 1, 2&lt;br&gt;• Continuity of care was better for both total visits and well-child visits&lt;sup&gt;4&lt;/sup&gt;, &lt;sup&gt;5&lt;/sup&gt;</td>
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<tr>
<td>Childhood immunizations (total 2 years old) all combinations</td>
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<tr>
<td>Well-child visits first 15 months</td>
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<tr>
<td>Well-child visits (3 years)</td>
<td></td>
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<tr>
<td>Annual dental visits (children 2-3)</td>
<td><strong>Oral health and care coordination/systems navigation</strong>&lt;br&gt;• Children were 1.4x more likely to have nonmedical referrals, including for behavior, speech, hearing, child abuse or neglect, and early intervention&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>Weight assessment/counseling for nutrition and physical activity (3 yo)</td>
<td><strong>Parent education/support: Breastfeeding</strong>&lt;br&gt;• Mothers reported feeling more supported to breastfeed&lt;sup&gt;9&lt;/sup&gt; and breastfed longer than the minimum 6 months recommended by the American Academy of Pediatrics&lt;sup&gt;2&lt;/sup&gt;&lt;br&gt;• Children identified as being “at risk” of social-emotional challenges demonstrated lower rates of obesity at age 5 than comparable children who did not receive HealthySteps&lt;sup&gt;10&lt;/sup&gt;</td>
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Intervention drives short-term Medicaid cost savings
## HealthySteps Helps Support Select HEDIS Measures

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<tbody>
<tr>
<td>Ambulatory care – emergency department visits</td>
<td><strong>Parental education/support: Appropriate use of care</strong>&lt;br&gt;• Children were 23% less likely to visit the emergency room for injuries in a 1-year period¹</td>
</tr>
<tr>
<td>Adults’ access to preventative/ambulatory health services</td>
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<tr>
<td>Postpartum care</td>
<td><strong>Parental education: Unhealthy birth spacing</strong>&lt;br&gt;• Mothers were 1.4x more likely to have a nonmedical referral, including for maternal depression¹&lt;br&gt;• Mothers with depressive symptoms were more likely to discuss their symptoms¹, ², ⁴&lt;br&gt;• Providers were more likely to discuss postpartum depression with mothers³&lt;br&gt;• Mothers with depressive symptoms reported fewer symptoms after 3 months in the program⁹</td>
</tr>
<tr>
<td>Flu vaccines for adults</td>
<td><strong>Parental education: Prevention and tobacco, alcohol, and substance use</strong>&lt;br&gt;• Families were 4x more likely to receive information on community resources¹</td>
</tr>
<tr>
<td>Initiation &amp; engagement alcohol and other drug dependence treatment</td>
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<tr>
<td>Medical assistance with smoking and tobacco cessation (18+)</td>
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干预措施驱动短期医疗保险成本节省

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Existing Billing Opportunities for HealthySteps Services

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<thead>
<tr>
<th>SERVICE</th>
<th>CODE</th>
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<tbody>
<tr>
<td>DEVELOPMENTAL SCREENING</td>
<td>96110</td>
</tr>
<tr>
<td>SOCIAL-EMOTIONAL &amp; BEHAVIORAL SCREENING</td>
<td>96127</td>
</tr>
<tr>
<td>MATERNAL DEPRESSION SCREENING</td>
<td>96161</td>
</tr>
<tr>
<td>SOCIAL DETERMINANTS OF HEALTH SCREENING</td>
<td>96160, 96161</td>
</tr>
<tr>
<td>OTHER FAMILY RISK FACTOR SCREENING</td>
<td>96160, 96161</td>
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New Billing Opportunities for HealthySteps Services

As of January 2023: Medicaid established an enhanced rate for well-child visit, sick and follow up visits for team-based care.
Population-based Health Initiative

- Population-based health programs aim to increase private-public collaboration to advance health equity.
- Maryland’s Health Services Cost Review Commission (HSCRC) added HealthySteps to their Maternal and Child Health Funding Plan.
- They will be investing $8M for Medicaid reimbursement each year for 4 programs including HealthySteps (via MCO’s), home visiting expansion, reimbursement for doula services, CenteringPregnancy, and the Maternal Opioid Misuse (MOM) model.
- The MCO’s can apply for the HSCRC funds and MD Medicaid accepted the HealthySteps National Office recommendation to offer an enhanced payment for every well child visit (WCV) that occurs for a child under the age of four for $15.
- Practices could do this by adding a HealthySteps modifier to the well child visit code billed by the primary care provider. This approach minimizes administrative burden for both the plan and the providers. It will be added to the State Plan effective January, 2023.
Mom Power

Mom Power

• 10-session parenting and self-care skills group program for high-risk mothers and their young children (age <6 years old), focused on enhancing mothers’ mental health, parenting competence, and engagement in treatment.

• Attachment-based framework uses metaphor of a tree to support understanding of children’s needs.

• When children feel safe and secure they can “branch out,” grow, and explore the world. They need a strong foundation, or roots, that support the branching out;

Strong Roots Core Components

- Psychoed Attachment-based Parenting Group
- Self-Care
- Core Components
- Enhancing Social Supports
- Practice Parent-Child Interaction
- Connection to Services
Mom Power Results

Mothers who complete Mom Power report:

- Decreased symptoms of depression and posttraumatic stress
- Increased feelings of competence in parenting, and increased ability to identify and respond to their children’s emotional needs
- Brain imaging reveals that mothers who participate in Mom Power show alterations in their brain activity that are consistent with a capacity for greater empathic responding to their own children
Mom Power – Mothers with Substance Use Disorder

100 mothers and babies in residential recovery treatment received Mom Power intervention

Working on Qualitative and Quantitative results!
Thank you!

Questions?
HealthSteps Outcomes Citations


NY Pyramid Model: Juvenile Justice & Opportunities for Youth (DJJOY)

Patty Persell
NYS Head Start Collaboration Director
NYS Council on Children and Families
2023
Pyramid Model
NY Pyramid Model 2021

Implementing Pyramid Model Programs (as of 2021)

- 69 Programs
- 22 Family/Group Family Child Care Programs
- 3,045 Children in PIDS
- 336 Classrooms located in schools, 4410s, and child care centers
  - 3 School Districts
  - 35 School District Classrooms
  - 103 Infant/Toddler Classrooms
  - 198 Preschool Classrooms
Pyramid Model practices for youth parents who are incarcerated
Pyramid Model & DJJOY Youth Parents (Juvenile Justice & Opportunities for Youth)
It used to be that when Tucker got mad, he would hit, kick, or yell at his friends. His friends would get sad and scared.
Tucker now knows a new way to stay calm when he gets mad.

Step 1
He can stop yelling and keep his hands and body to himself!

Step 2
He can tuck inside his shell and take 3 deep breaths to calm down.

Step 3
Tucker can then think of a solution to solve his problem.

Step 4
Tucker helps us with big feelings
Making Tucker with Legos
Pyramid Model Book Nook
Books with Activity Cards

- All Are Welcome
  By Alexandra Pentfold

- And Tango Makes Three
  By Justin Richardson

- Colors of Us
  By Karan Katz

- Crayon Box that Talked
  By Shane Derolf

- Donovan's Big Day
  By Leslea Newman

- Dream Big Little One
  By Vashti Harrison

- Dress Like a Girl
  By Patricia Toht

- Fry Bread: A Native American Family Story
  By Kevin Noble Maillard

- Hair Like Mine
  By Latasha M. Perry

- Holdin' Pott
  By Chandra Ghosh Ippen

- I Am Enough
  By Grace Byers

- Many Colors of Harmeet Singh
  By Supriya Kelkar

- Peter's Chair
  By Ezra Jack Keats

- Princess Hair
  By Sharee Miller

- Skin Again
  By bell Hooks

- Skin Like Mine
  By Latasha M. Perry

- Stand Tall, Molly Lou Melon
  By Patty Lovell

- You Matter
  By Christian Robinson

- You Weren't with Me
  By Chandra Ghosh Ippen
Teaching the Pyramid Model with Legos
NY presented at NTI Conference 2022 & 2023
Roadmap to NYS Pyramid Model Implementation:
For Child Care Centers, Family Child Care and Schools

1. Overview of the Pyramid Model
2. Becoming a Pyramid Model Program
3. Understanding the Application and Pre-Planning Tool
4. A Leadership Coach guides your Team through the steps to become a Pyramid Model Implementation Program

www.nyspyramidmodel.org
Thank you

Stay connected:
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