

The background of the slide is a photograph of the Georgetown University campus. It features a large, multi-arched stone bridge in the foreground, with the university's red brick buildings and a prominent gothic-style tower in the background under a clear blue sky with light clouds.

Infant and Early Childhood Mental Health: Georgetown University Certificate Program

Emily Aron, MD and Amy Hunter, LICSW

Georgetown University Center for Child and Human Development

Medstar Georgetown University Hospital, Dept. of Psychiatry

Georgetown University School of Continuing Studies

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?

RESPONDING TO YOUTH MENTAL HEALTH NEEDS



CDC YOUTH AND BEHAVIOR RISK SURVEY 2023

The Percentage of High School Students Who:*	2011 Total	2013 Total	2015 Total	2017 Total	2019 Total	2021 Total	Trend
Experienced persistent feelings of sadness or hopelessness	28	30	30	31	37	42	
Experienced poor mental health†	–	–	–	–	–	29	–
Seriously considered attempting suicide	16	17	18	17	19	22	
Made a suicide plan	13	14	15	14	16	18	
Attempted suicide	8	8	9	7	9	10	
Were injured in a suicide attempt that had to be treated by a doctor or nurse	2	3	3	2	3	3	

*For the complete wording of YRBS questions, refer to the appendix.

†Variable introduced in 2021.



In wrong direction



No change



In right direction

MENTAL HEALTH CRISIS: NOT ONLY THE TEENS

COMMENTARY

Check for updates

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

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



1 in 6 children aged 2-8 years has a mental, behavioral, or developmental disorder.



1 in 14 children has a caregiver with poor mental health²

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

2. Wolicki SB, Bitsko RH, Cree RA, et al. Associations of mental health among parents and other primary caregivers with child health indicators: Analysis of caregivers, by sex—National Survey of Children's Health, 2016–2018, *Adversity and Resilience Science: Journal of Research and Practice*. Published online April 19, 2021

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

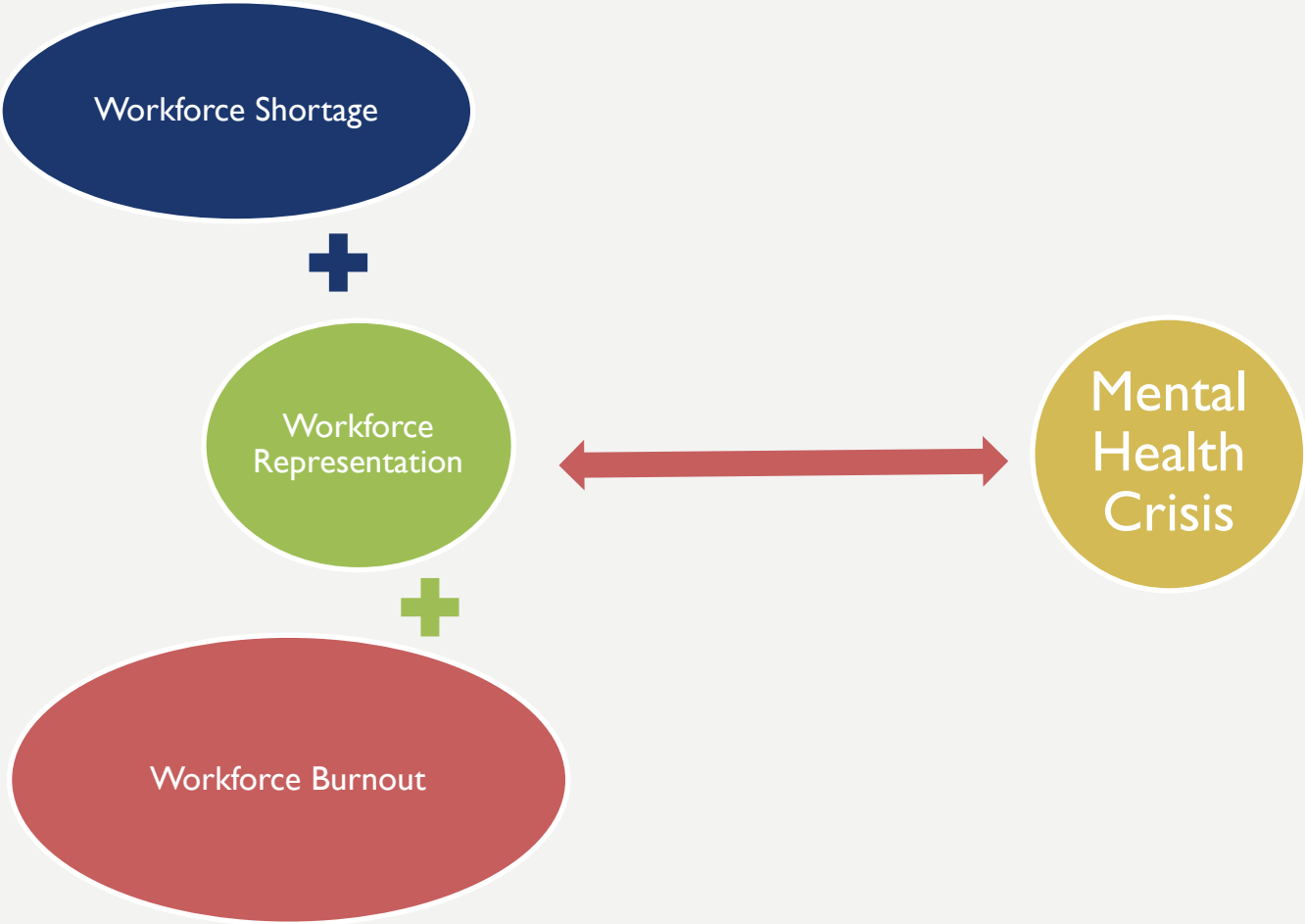
III. Embedding IECMH Across Child-Serving Systems

IV. Comprehensive System-Wide Planning & Infrastructure

V. Properly Financed System

VI. Effective Messaging That Builds Public and Political Will

WORKFORCE ISSUES



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

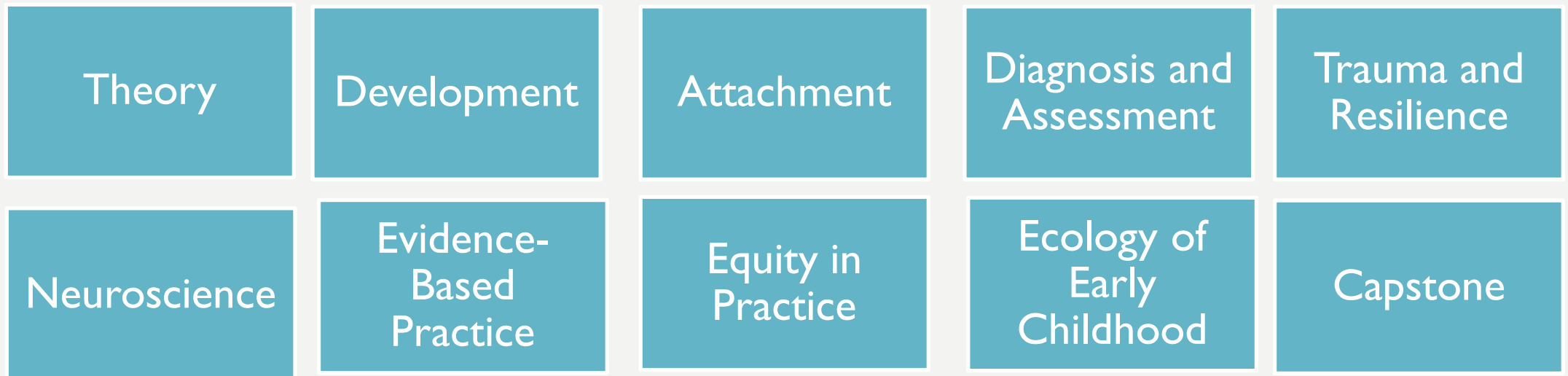
THREE IECMH CERTIFICATES

Community
Mental Health
Worker

Mental Health
Consultation

Clinical

IECMH CERTIFICATE FOR CLINICIANS



Leadership Skills

Cultural Humility and Honoring Cultural Wisdom

STRUCTURE

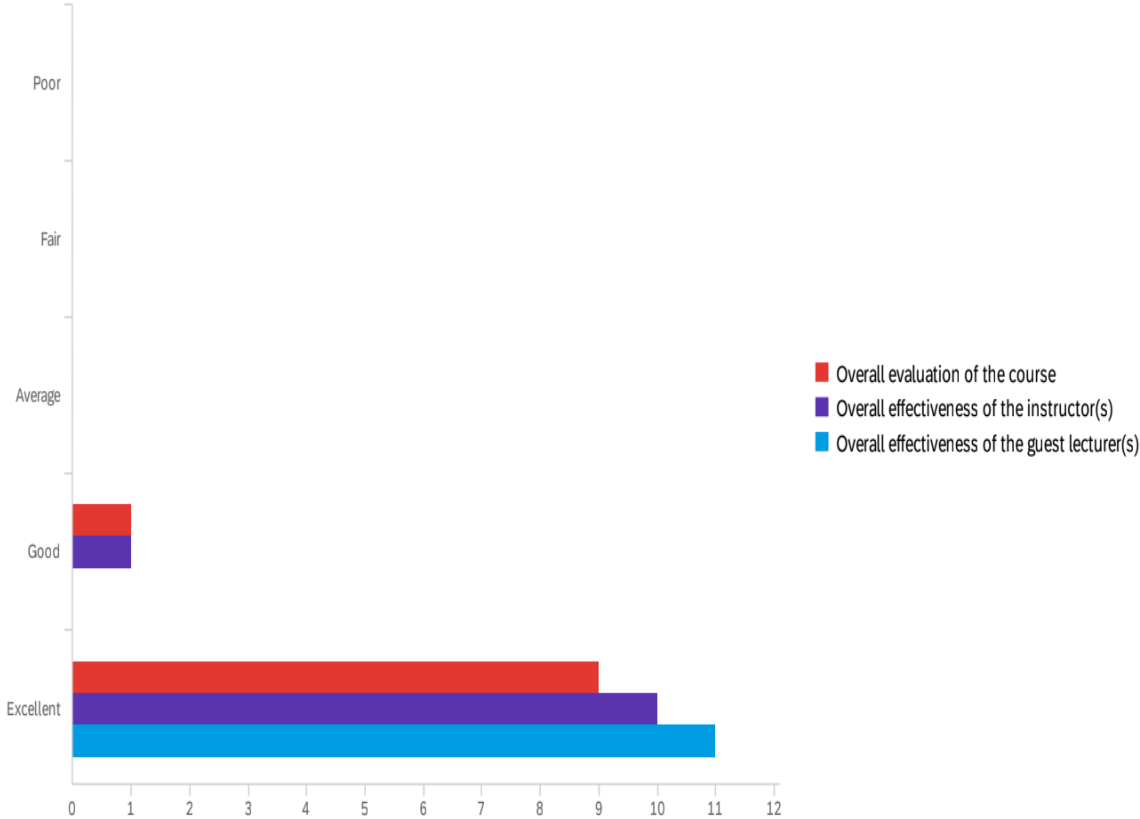
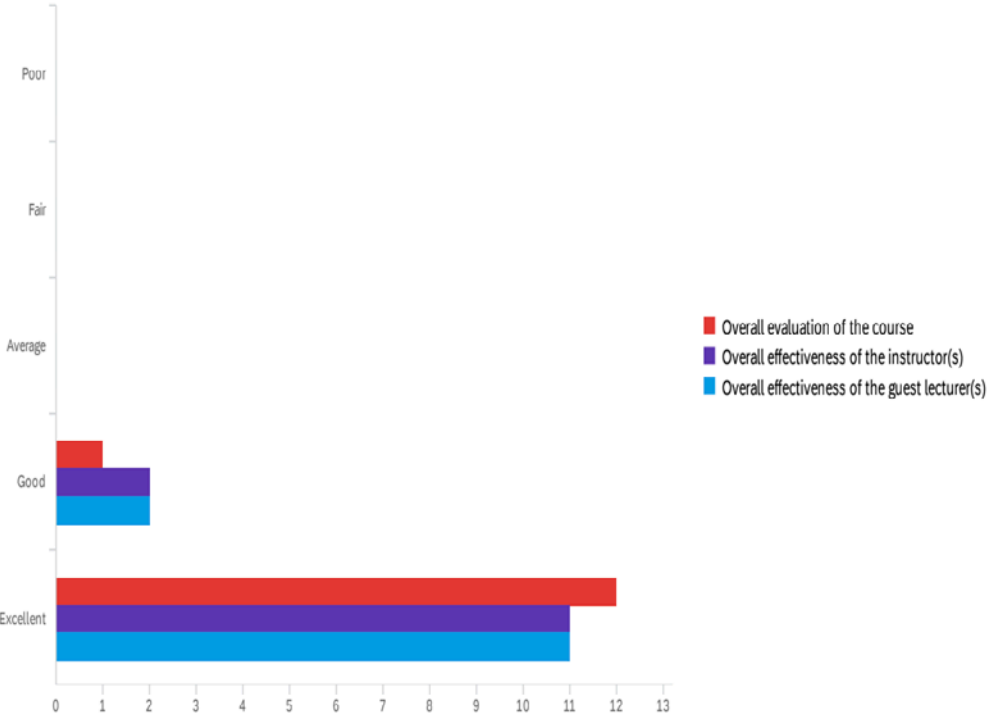
- Synchronous lectures with guest lecturers who are subject experts
 - Mixed lecture and small group discussion
- Asynchronous activities: readings, videos, interviewing a partner, creating a treatment plan
- Capstone: developing a personal mission and vision and beginning to map out a professional pathway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

OVERALL EVALUATION

Cohort I

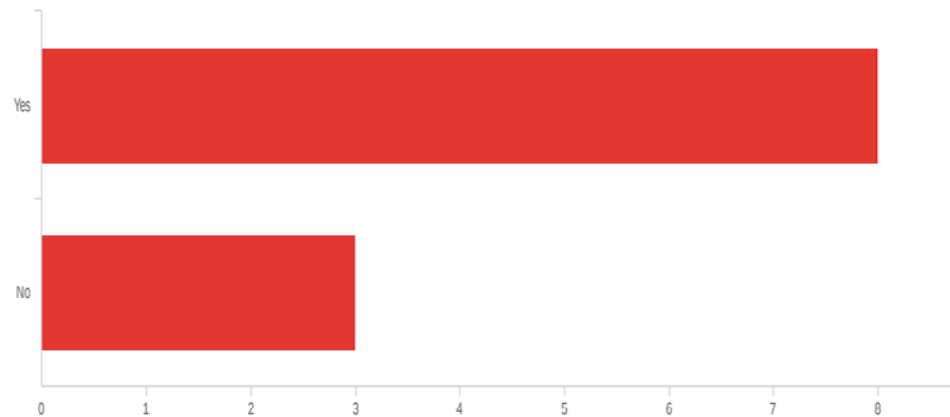
Cohort 2

Q24 - Please rate the course on each of the following



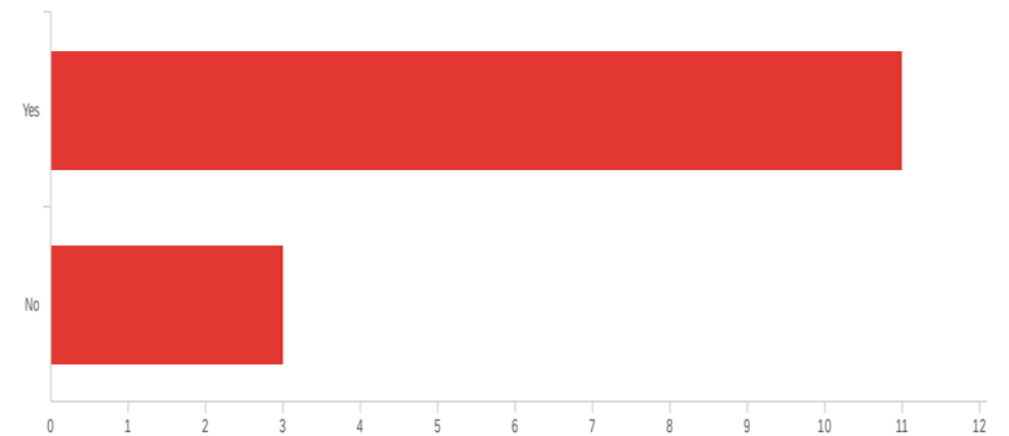
DID THIS CERTIFICATE LEAD YOU TO SEEK OUT ADDITIONAL TRAINING?

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

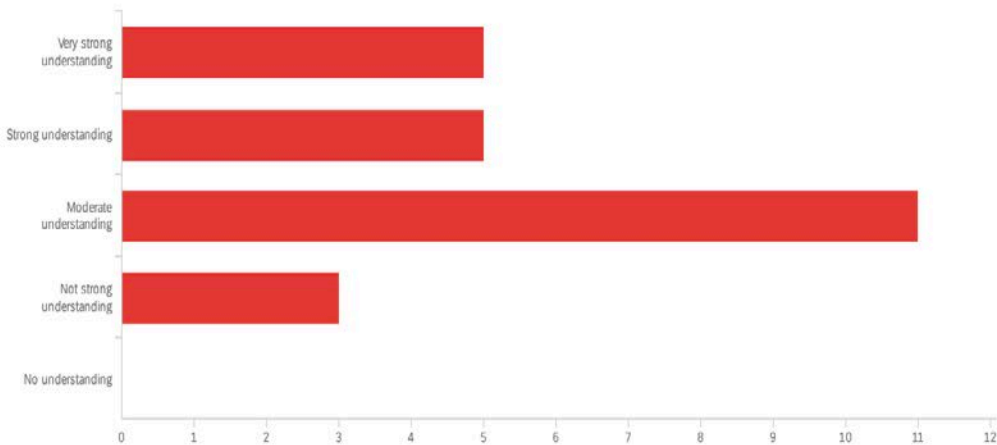
Q45 - Do you plan to enroll in additional training courses (i.e. obtain evidence-based training, obtain additional training on diversity, etc)?



Cohort 2

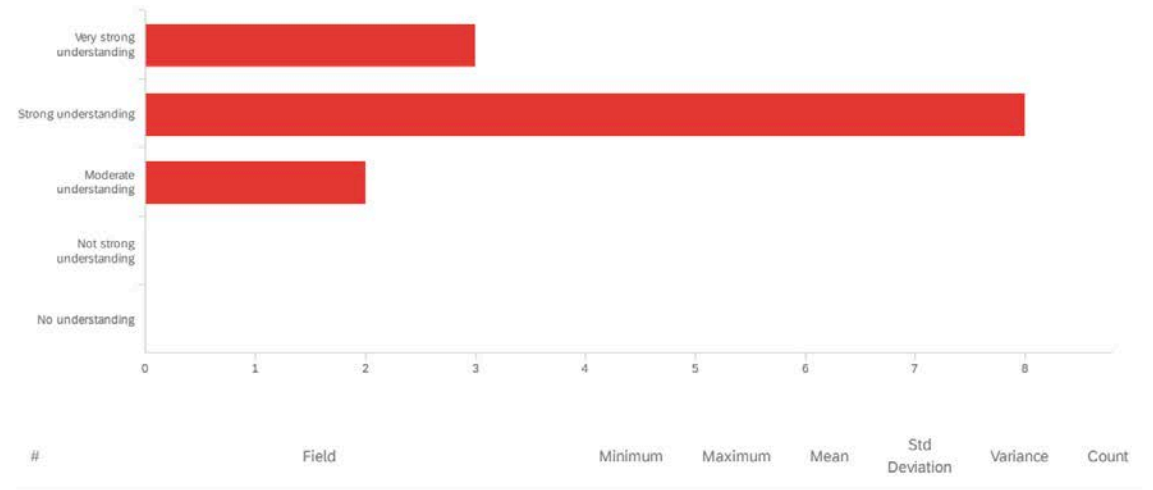
EQUITY AND IECMH (COHORT 1)

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.



pre

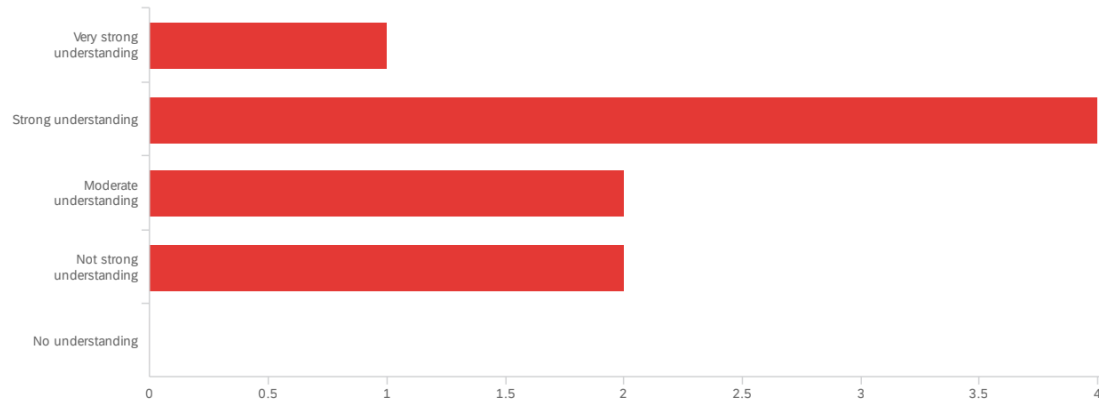
Q19 - I have an understanding of how systems and systemic inequities (i.e. history, laws, housing, policing, education, etc.) impact the mental health of families, infants, and young children



post

EQUITY AND IECMH (COHORT 2)

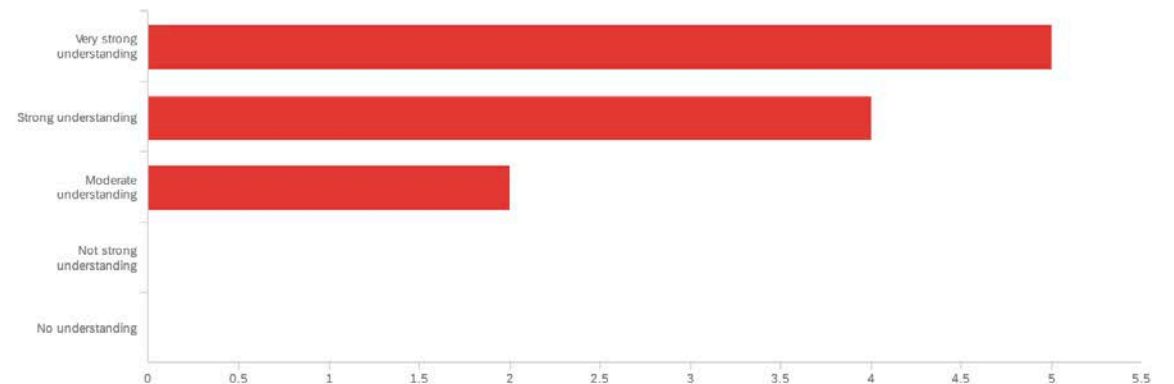
Q27 - 27. I have an understanding of how systems and systemic inequities (i.e. history, laws, housing, policing, education, etc) impact the mental health of families, infants, and young children.



pre

post

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.”

HOW DID COMPLETING THE CERTIFICATE IMPACT YOUR JOB/CAREER/GOALS?

“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



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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

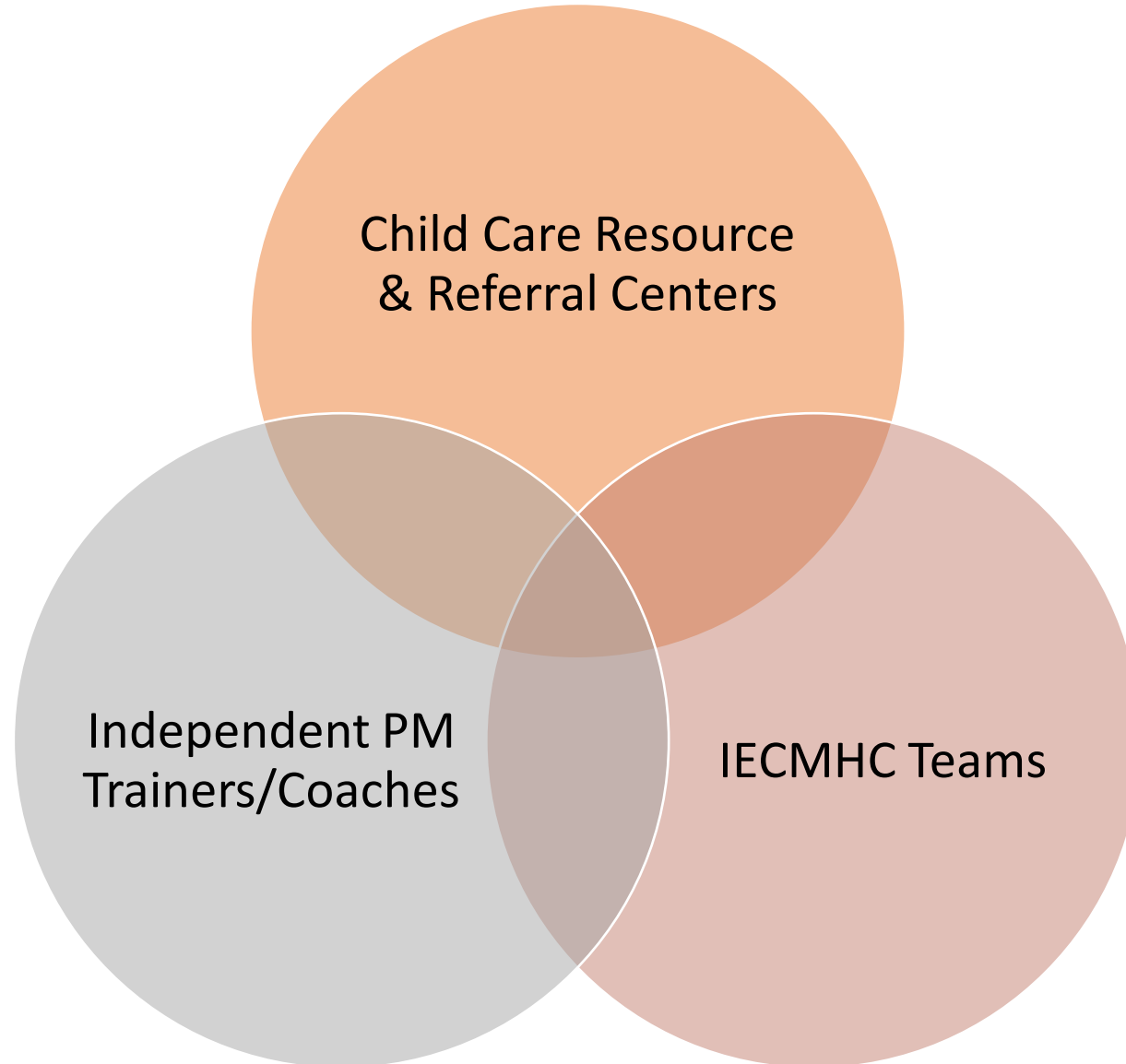


THE MARYLAND CENTER

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

**Collaboration Between
Systems & Policies**

- ECMH Consultation will be integrated into early childhood programs, policies, and legislation to foster cross-agency collaboration and infrastructure development.

Financing

- 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.

Hub Structure

- 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.

Model

- An evidence-based, data-informed, culturally responsive, equitable, and sustained model is adopted based on core components of nationally recognized practices.

**Public Will-Building &
Communications**

- ECMH Consultation will be widely recognized as a preventive intervention to ensure that all young children experience optimal social and emotional development.
- Materials will promote consistency in messaging of the how and why of early childhood mental health consultation.

**Research, Data, and
Evaluation**

- Accessible data from research and evaluation will help move early childhood mental health consultation forward.
- Payors and evaluators of ECMH Consultation will accept common evaluation and fidelity tools.

**Workforce
Development, Support,
and Competencies**

- 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.

Coordination Across the Service Array

CCRC TA, IECMHC & PM Coach Integration Opportunities for sharing and/or internally referring classrooms



PM Implementation Coach



CCRC Coach



IECMH Consultant

This was created by the PBC Team at the University of Maryland School of Social Work and funded by the Maryland State Department of Education's Division of Early Childhood



CCRC Coach

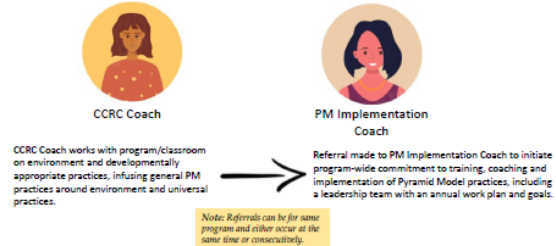
Workforce who is filling this role?	Individuals with expertise in ECE, work experience in childcare and PreK programs and specific education requirements
Focus of intervention?	Childcare staff and program leadership
Topics covered	Works with individual providers, teachers, and programs to participate in quality initiatives and programs (Maryland EXCELS standards, state or national accreditation, CDA, etc.), develop sustainable business operations, startup new programs, comply with child care licensing regulations, utilize appropriate classroom design and instruction, implement curriculum and learning models, support children's development, utilize UDL/inclusionary practices, and develop family engagement models which support all children and families. Coaching can also focus on support to make the environment more socially emotionally and developmentally appropriate (this includes training as well as 1:1 coaching).
Activities to Support	In-Person or virtual coaching utilizing PBC and FAN models (for cases), classroom/program observation; individual or group coaching; training/PD to support goals; learning community community of practice models. This team also makes referrals to IECMHC services when indicated.
Tools for Activities	Developmentally Appropriate Practices and other national models of child development, behavior, learning; Maryland COMAR licensing regulations; state and national accreditation standards; Maryland EXCELS standards including Additional Achievements PBC cycles and FAN; Competency and Skills Framework (MSDE) as well as national models; CLASS and ERS BAS and PAS - all work is documented utilizing case management standards; Pyramid Model framework
Length of time services provided	Can range depending on goals and needs of teachers/ providers or program
How to access services?	Each county is served by 1 of 8 CCRCs; all licensed child care programs including center-based family child care, school-age, Head Start/Early Head Start as well as Public PreK are eligible to participate in services; individuals/entities interested in opening center-based or family child care programs may receive services; some limited supports to high-school based child care programs (typically affiliated with Teen Parent Programs) and the CTE high school students; very limited supports for informal providers; services are generally requested by the teacher, provider, or program depending on the need; some programs are referred for services by OC licensing



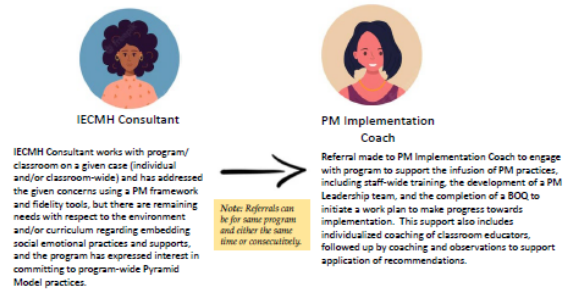
IECMH Consultant

Workforce who is filling this role?	Multidisciplinary workforce with experience and specialized training in ECE settings, child development, mental health. Some staff are clinically licensed in a mental health field, and others have Masters or Bachelors degrees in early childhood education or mental health fields. All IECMHC staff receive ongoing reflective supervision and a series of trainings related to the model and assessments used.
Focus of intervention?	Childcare staff, program leadership and/or child(ren) and family(ies)
Topics covered	Works with childcare staff, program leadership and families around principals of IECMH including typical development, impact of trauma and ACES, IECMH mental health approaches and intervention, and outside referrals as needed. Additionally, gathers data at the program, classroom, and child levels to inform action plans and monitor change.
	On-site observations and assessments of classroom and child, incorporating family data and feedback, development of an action plan with specific goals to address concerns, with ongoing coaching of ECE staff to support adult actions to support behavioral change, with

CCRC & PM Coach Integration
Opportunities for sharing and/or internally referring classrooms



IECMHC & PM Coach Integration
Opportunities for sharing and/or internally referring classrooms



PM Coach & IECMH Consultant Integration
Opportunities for sharing and/or internally referring classrooms



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

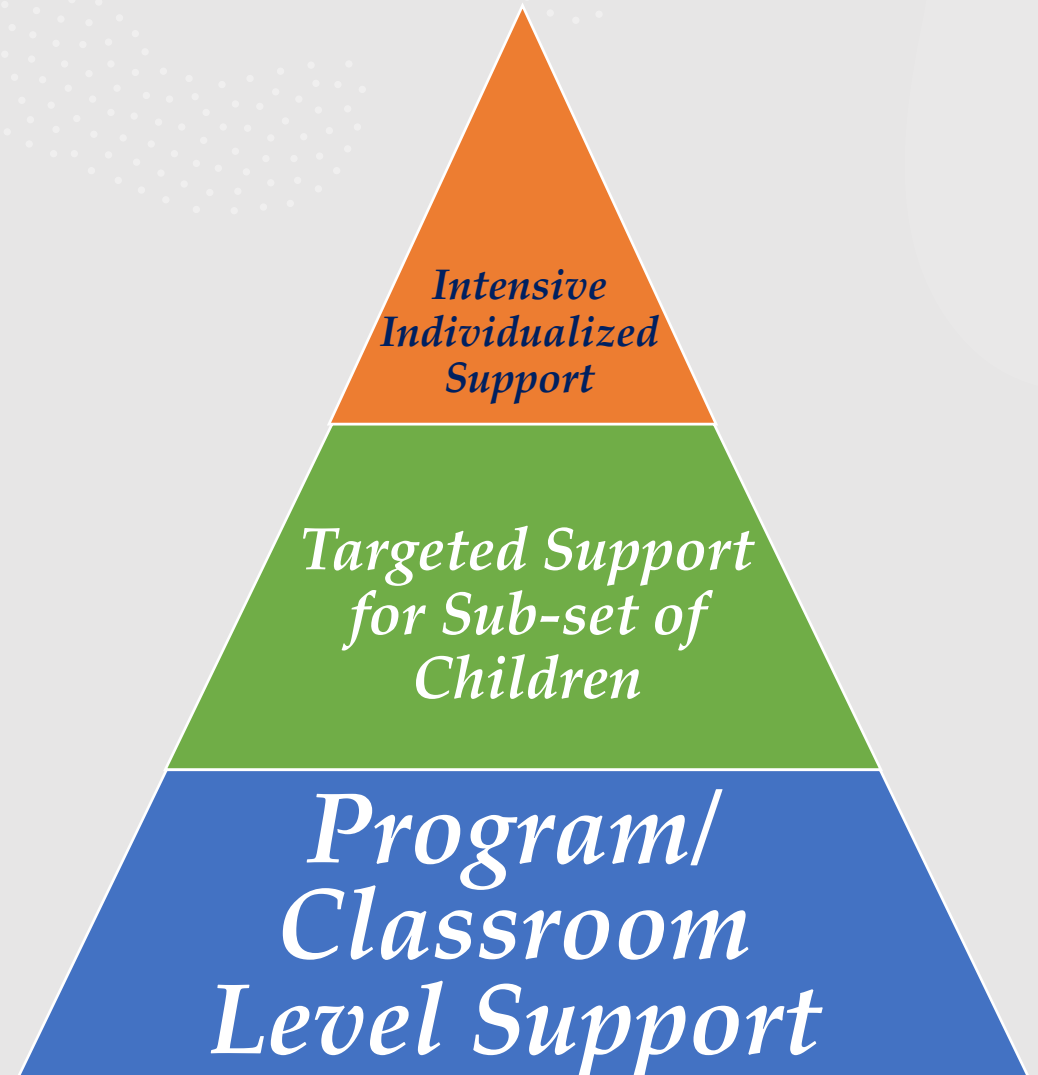


Reducing the Stigma Falling on Individual Children

- 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 IECMH 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 responses 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. All 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.myabsorb.com?KeyName=IECMHC_Pre-Service_Cohort_9-22)

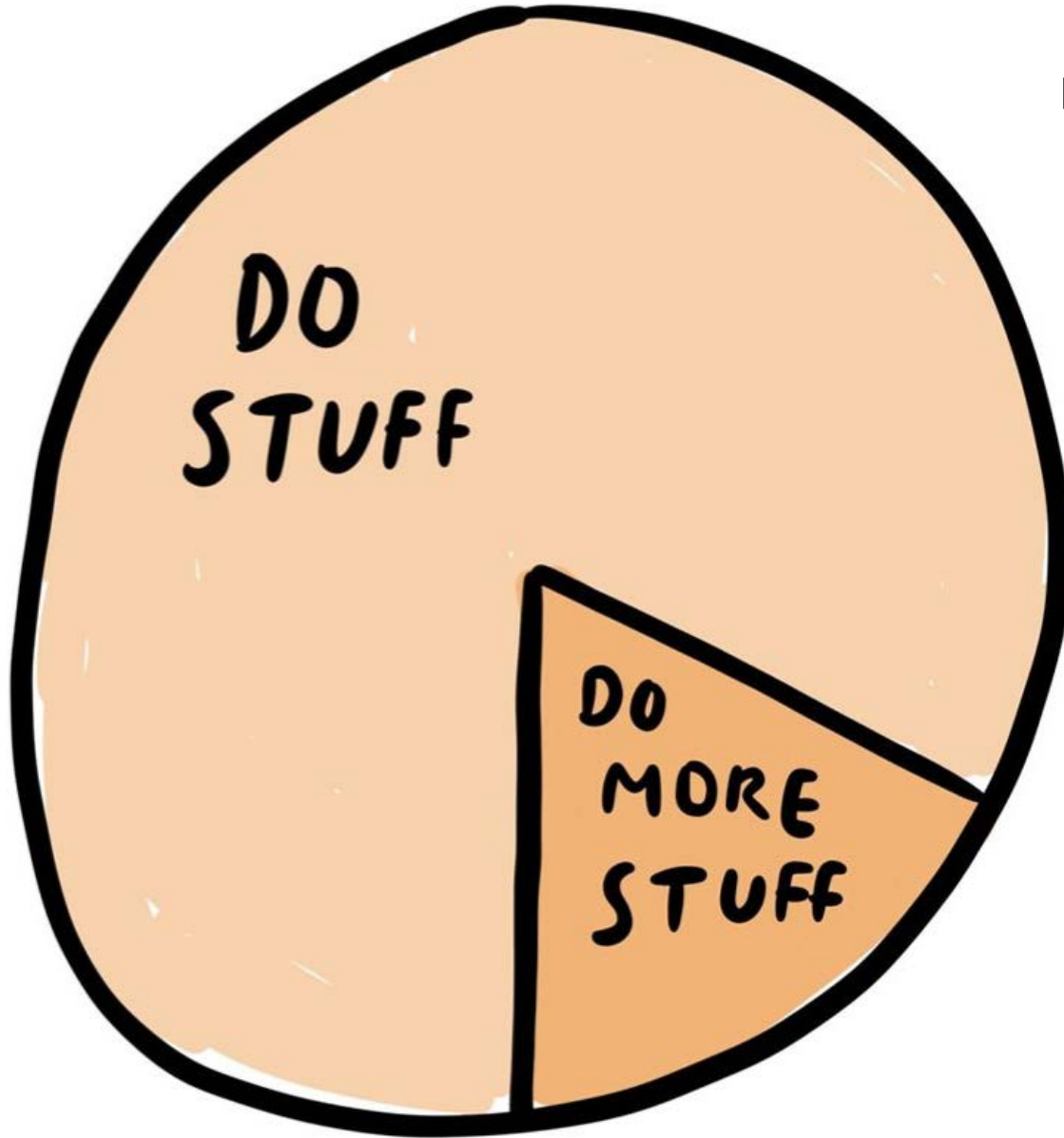
Training Name	Date/Time	Registration Link
IECMHC Foundational Modules & Consultative Stance Tutorial	Asynchronous	https://theinstitute.myabsorb.com?KeyName=IECMHC_Pre-Service_Mods_and_Tutorial
Videos on Expulsions & Bias	Asynchronous	https://theinstitute.myabsorb.com?KeyName=IECMHC_Pre-Service_Bias_Videos
Pyramid Model Training Series (I&T, Preschool, Trauma)	Asynchronous	https://theinstitute.myabsorb.com?KeyName=IECMHC_Pre-Service_Cohort_9-22_DECA https://theinstitute.myabsorb.com?KeyName=IECMHC_Pre-Service_Cohort_9-22_ASQ3 https://theinstitute.myabsorb.com?KeyName=IECMHC_Pre-Service_Cohort_9-22_ASQ_SE
DECA	9/30, 9-12pm	https://theinstitute.myabsorb.com?KeyName=IECMHC_Pre-Service_Cohort_9-22_DECA
ASQ-3	9/28, 9-12pm	https://theinstitute.myabsorb.com?KeyName=IECMHC_Pre-Service_Cohort_9-22_ASQ3
ASQ-SE	9/29, 9-12pm	https://theinstitute.myabsorb.com?KeyName=IECMHC_Pre-Service_Cohort_9-22_ASQ_SE
TPITOS	10/11, 10/12, 10/13	https://theinstitute.myabsorb.com?KeyName=IECMHC_Pre-Service_Cohort_9-22_TPITOS
TPOT	10/25, 10/26, 10/27	https://theinstitute.myabsorb.com?KeyName=IECMHC_Pre-Service_Cohort_9-22_TPOT
PBC	11/8, 11/9, 11/10	https://theinstitute.myabsorb.com?KeyName=IECMHC_Pre-Service_Cohort_9-22_PBC
FAN	11/15, 11/17, 11/18	https://theinstitute.myabsorb.com?KeyName=IECMHC_Pre-Service_Cohort_9-22_FAN
PERM	11/29	https://theinstitute.myabsorb.com?KeyName=IECMHC_Pre-Service_Cohort_9-22_PERM

Questions before you start? Contact Laura Latta, MHS, Lead Research Project Coordinator, Parent, Infant, Early Childhood Mental Health Consultation (PIECMHC) at laura.latta@maryland.gov or call her at (410) 326-7300.

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.umaryland.edu

and

margo.candelaria@ssw.umaryland.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

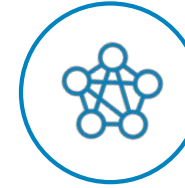
FREQUENT

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



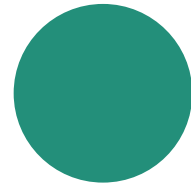
Ongoing, Preventive
Team-Based
Well-Child Visits

Tiers of Service Delivery

SERVICES INCLUDE

TIER 3

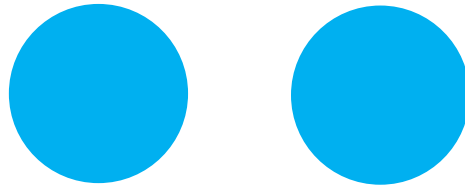
COMPREHENSIVE
SERVICES
FAMILIES MOST AT RISK



Ongoing, preventive team-based well-child visits

TIER 2

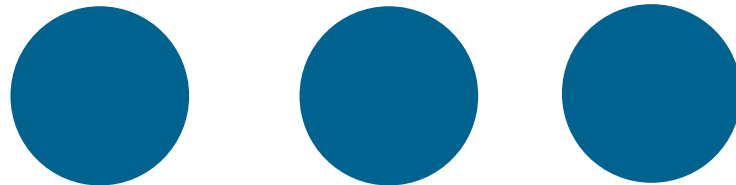
SHORT-TERM
SUPPORT
MILD CONCERNS



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

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



Research & Evidence



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



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

HEDIS Measure	HS Area of Focus/Relevant RCT Outcomes
Children and adolescents' access to PCPs (12-24 mo., 25 mo. to 3 years)	<p>Well-child visits and immunization rates ★</p> <ul style="list-style-type: none"> • Children were more likely to receive a well-child visit on time^{1, 2, 3, 4} • Children were more likely to receive vaccinations on time^{1, 3, 4} and 1.4x more likely to be up-to-date on vaccinations by age 2^{1, 2} • Continuity of care was better for both total visits and well-child visits^{4, 5}
Childhood immunizations (total 2 years old) all combinations	
Well-child visits first 15 months	
Well-child visits (3 years)	
Annual dental visits (children 2-3)	<p>Oral health and care coordination/systems navigation ★</p> <ul style="list-style-type: none"> • Children were 1.4x more likely to have nonmedical referrals, including for behavior, speech, hearing, child abuse or neglect, and early intervention¹
Weight assessment/counseling for nutrition and physical activity (3 yo)	<p>Parent education/support: Breastfeeding ★</p> <ul style="list-style-type: none"> • Mothers reported feeling more supported to breastfeed⁹ and breastfed longer than the minimum 6 months recommended by the American Academy of Pediatrics² • 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 HealthySteps¹⁰



Intervention drives short-term Medicaid cost savings

HealthySteps Helps Support Select HEDIS Measures








HEDIS Measure	HS Area of Focus/Relevant RCT Outcomes
Ambulatory care – emergency department visits	Parental education/support: Appropriate use of care ★
Adults’ access to preventative/ambulatory health services	<ul style="list-style-type: none"> • Children were 23% less likely to visit the emergency room for injuries in a 1-year period¹
Postpartum care	Parental education: Unhealthy birth spacing ★ <ul style="list-style-type: none"> • Mothers were 1.4x more likely to have a nonmedical referral, including for maternal depression¹ • Mothers with depressive symptoms were more likely to discuss their symptoms^{1, 2, 4} • Providers were more likely to discuss postpartum depression with mothers³ • Mothers with depressive symptoms reported fewer symptoms after 3 months in the program⁹
Flu vaccines for adults	Parental education: Prevention and tobacco, alcohol, and substance use ★
Initiation & engagement alcohol and other drug dependence treatment	<ul style="list-style-type: none"> • Families were 4x more likely to receive information on community resources¹
Medical assistance with smoking and tobacco cessation (18+)	



Intervention drives short-term Medicaid cost savings

Existing Billing Opportunities for HealthySteps Services

New Billing Opportunities for HealthySteps Services

	SERVICE	CODE
Existing Billing Opportunities for HealthySteps Services	 DEVELOPMENTAL SCREENING	96110
	 SOCIAL-EMOTIONAL & BEHAVIORAL SCREENING	96127
Existing Billing Opportunities for HealthySteps Services	 MATERNAL DEPRESSION SCREENING	96161
	 SOCIAL DETERMINANTS OF HEALTH SCREENING	96160, 96161
	 OTHER FAMILY RISK FACTOR SCREENING	96160, 96161
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



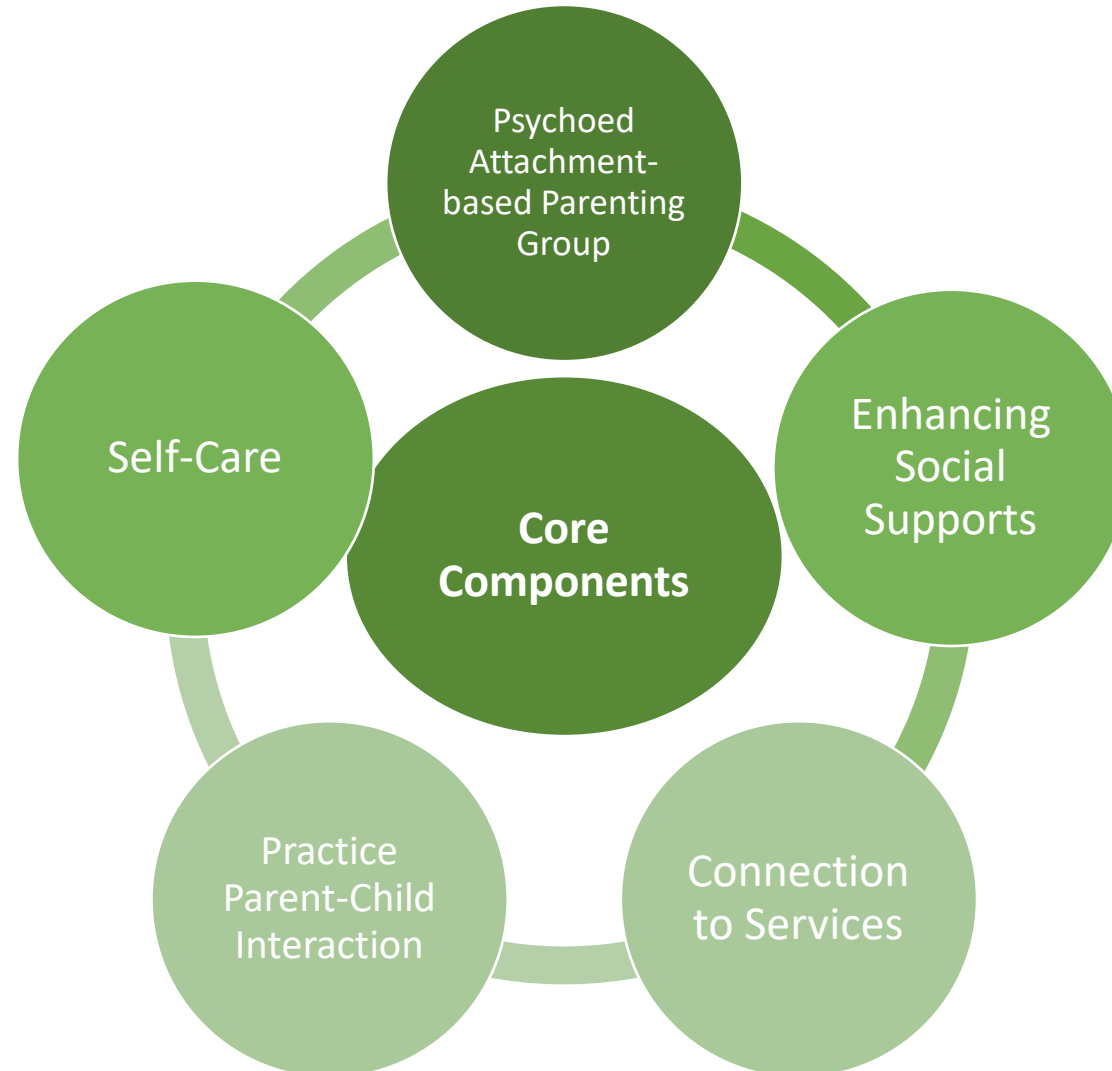
Mom Power

- 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;



-Muzik, M., et al. (2015)

Strong Roots Core Components



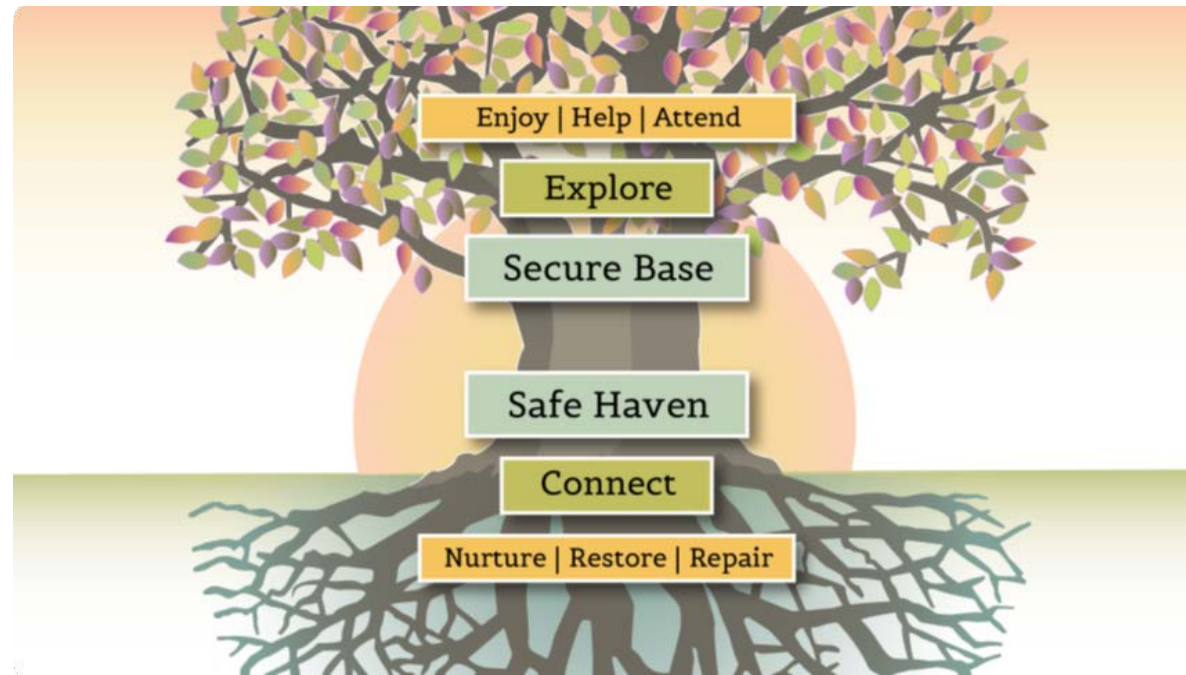


Mom Power Results

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!


The background consists of a dense, overlapping collage of small, rectangular sticky notes in various colors including teal, light blue, yellow, and pink. Each sticky note features a large, bold, black question mark. The text 'Thank you!' is centered in the middle of the image in a white, sans-serif font. A thin white horizontal line is positioned directly below the 'Thank you!' text. Below this line, the word 'Questions?' is written in the same white, sans-serif font.

Thank you!

Questions?

HealthySteps Outcomes Citations

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



Patty Persell

NYS Head Start Collaboration Director

NYS Council on Children and Families

2023

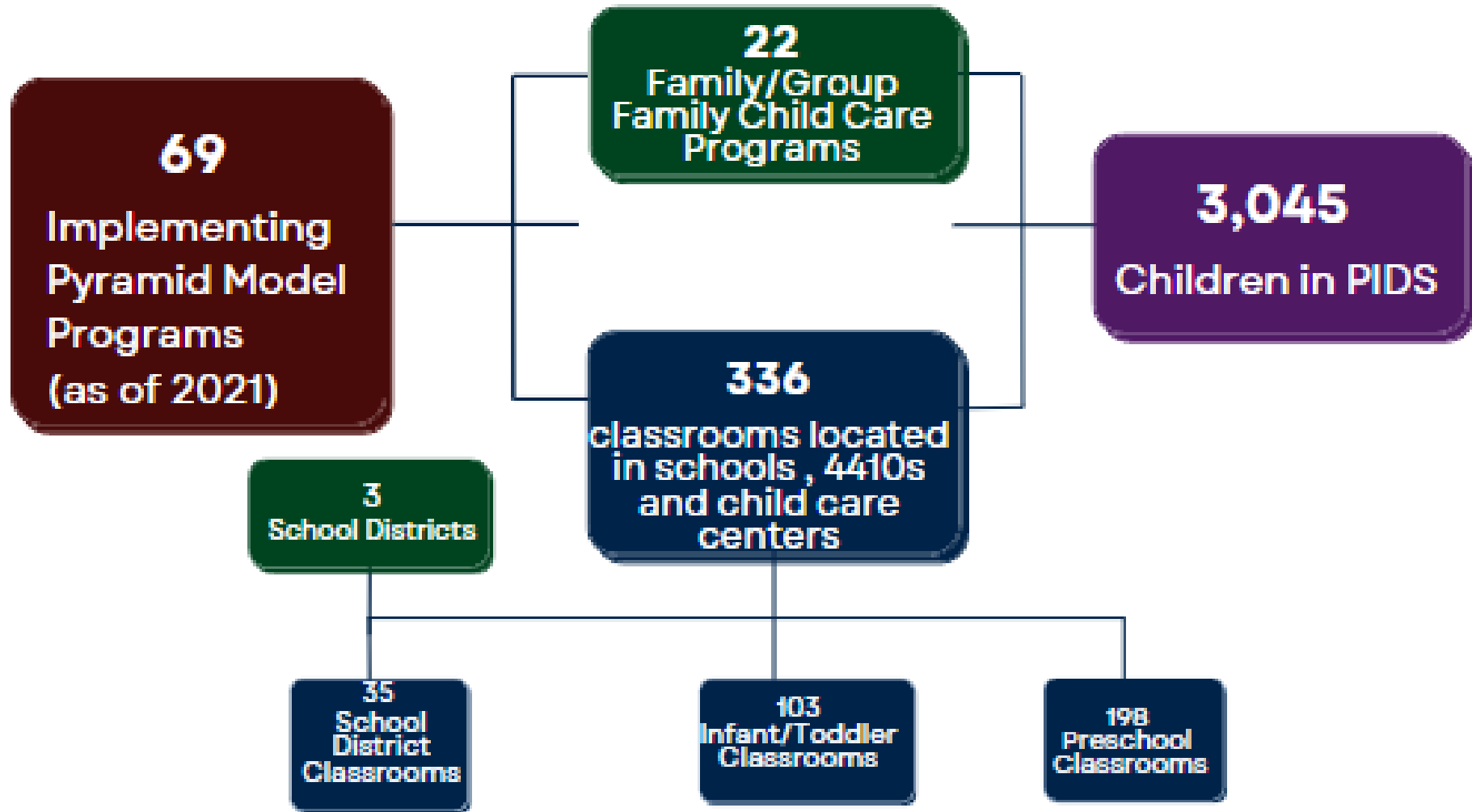




Pyramid Model



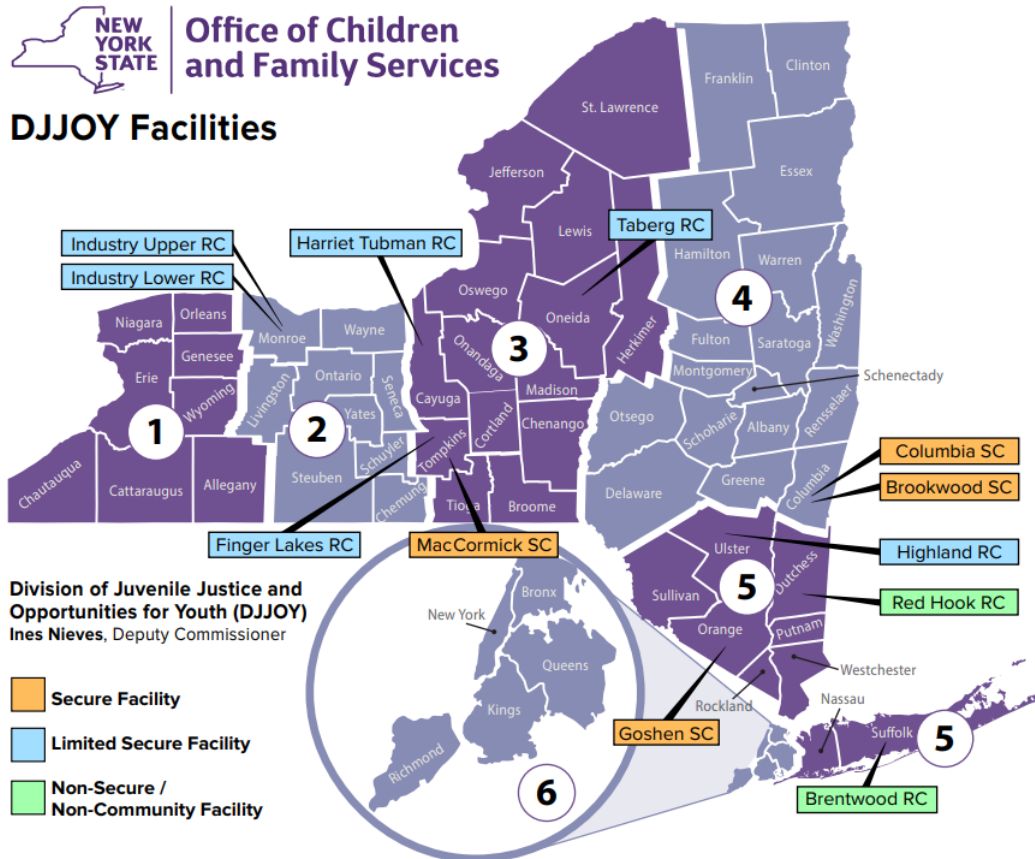
NY Pyramid Model
2021



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.



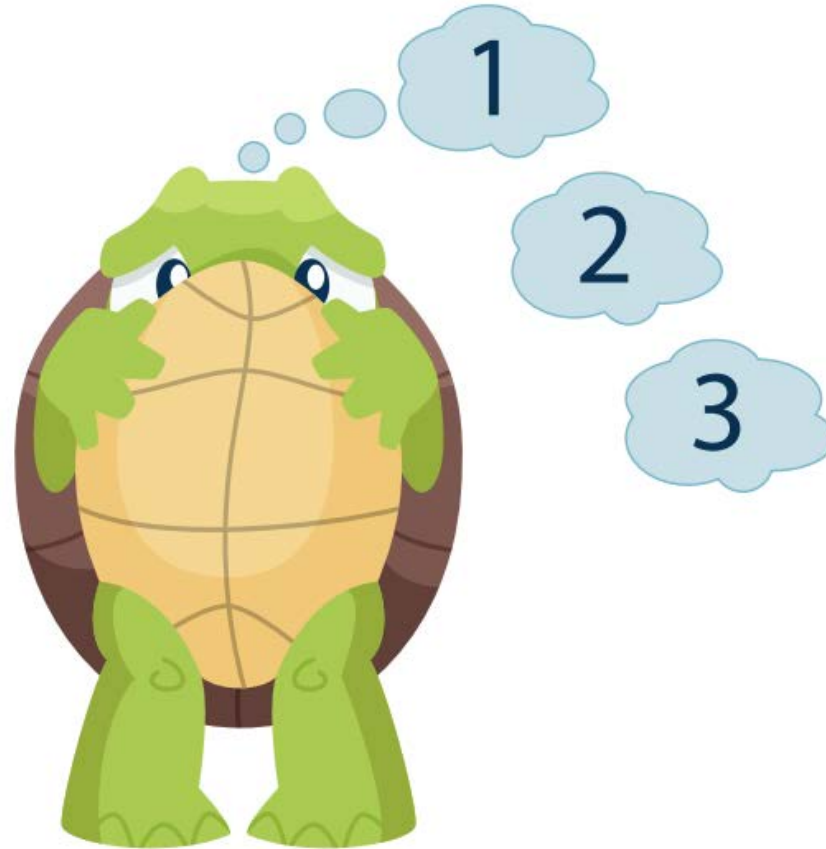
Step 1

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

A scripted story to assist with teaching the "Turtle Technique"



By Rochelle Lentini
March 2005

Tucker Turtle
Takes Time to
Tuck and Think



Tucker helps us with big feelings





Making Tucker with Legos



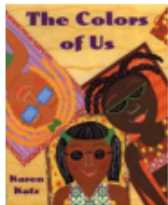
Pyramid Model Book Nook Books with Activity Cards



All Are Welcome
by Alexandra Penfold



And Tango Makes Three
By Justin Richardson



Colors of Us
By Karen Katz



Crayon Box that Talked
By Shane Derolf



Donovan's Big Day
By Leslea Newman



Dream Big, Little One
By Vashti Harrison



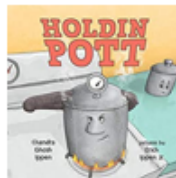
Dress Like a Girl
By Patricia Toht



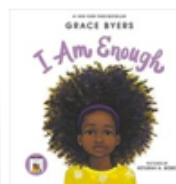
Fry Bread: A Native American Family Story
By Kevin Noble Maillard



Hair Like Mine
By Latashia M. Perry



Holdin Pott
By Chandra Ghosh Ippen



I Am Enough
By Grace Byers



I Love My Hair!
By Natasha Anastasia Tarpley



It's Okay to Be Different
By Todd Parr



Jabari Jumps
By Gaia Cornwall



Julián Is a Mermaid
By Jessica Love



Last Stop on Market Street
By Matt de la Peña



Many Colors of Harpreet Singh
By Supriya Kelkar



Peter's Chair
By Ezra Jack Keats



Princess Hair
By Sharee Miller



Proudest Blue: A Story of Hijab and Family
By Ibtihaj Muhammad



Say Something
By Peter H. Reynolds



Skin Again
By Bell Hooks



Skin like Mine
By Latashia M. Perry



Stand Tall, Molly Lou Melon
By Patty Lovell



Sulwe
By Lupita Nyong'o



Ten Little Fingers and Ten Little Toes
By Mem Fox



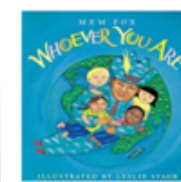
Think Big, Little One
By Vashti Harrison



Try a Little Kindness: A Guide to Being Better
By Henry Cole



We Are Grateful: Otsaliheliga
By Traci Sorell



Whoever You Are
By Mem Fox



You Matter
By Christian Robinson



You Weren't With Me
By Chandra Ghosh Ippen

at Home and School

Flu, or influenza, spreads easily and can make people very sick, especially kids. You can help stop flu!

Flu symptoms include:

Fever or chills, body aches, cough, sore throat, headache, runny or stuffy nose, feeling very tired. Some people, especially children, may have stomach problems and diarrhea. Unlike a cold, the flu comes on very suddenly.

Prevent flu!

- Flu vaccine is the best protection against the flu. It is recommended every year for everyone 6 months and older.
- Getting the vaccine early in the fall means you and your children will be protected when flu season starts.
- Ask people close to your children, like baby sitters and relatives, to get the vaccine, too.
- The vaccine is especially important for people with certain health conditions, like asthma, diabetes, heart or lung conditions because the flu can make them even sicker.

If your child gets the flu:

- Your child will need plenty of rest and lots of fluids.
- Keep your child home from school for at least 24 hours after their fever has gone without using fever-control medicine. This helps avoid giving to others.
- Talk with your child's health care provider before giving a child any over-the-counter medicine.
- Never give your child or teenager aspirin or any medicine that has aspirin in it. Aspirin can cause serious problems.
- If your child gets flu symptoms and is younger than 5 or has a medical condition like asthma, diabetes, or heart or lung disease, call their health care provider. Young children and those with certain medical conditions are at greater risk for getting seriously ill from the flu. Ask their health care provider if they recommend an antiviral drug.
- If you are worried about your child, call their health care provider.

Don't spread flu!

- Wash hands often with soap and water for at least 20 seconds.
- If soap and water aren't available, use an alcohol-based hand sanitizer.
- Cough or sneeze into a tissue or your elbow, not your hands. Dispose of tissues in the trash.
- Avoid touching your eyes, nose, and mouth. That's how germs spread.
- Stay away from people who are sick.

Intensive Intervention

Targeted Social
Emotional Supports

High Quality
Supportive Environments

Nurturing and
Responsive Relationships

Effective Workforce

Kids Express is proud to be

New York State Pyramid Model

Values: All New York State infants, toddlers, young children and their families have the opportunity to thrive and reach their full potential in social-emotional development to promote their success in school.

Overview: Social and emotional well-being sets the foundation for learning and development for toddlers and young children. The Early Childhood Advisory Council, in partnership with the Department of Education, health care, family support and mental health, has developed a framework to help young children and families social and emotional skills. The Department of Education and Families took the lead in bringing together a team of experts to develop the New York State Pyramid Model. This model, in partnership with the Department of Health, will promote the evidence-based framework's proven to be an effective approach to promoting social-emotional development in early care and education.

Goals: The New York State Pyramid Model will:

- Increase the number of early childhood settings that implement the model.
- Support partnerships between early childhood settings and other community organizations.
- Support the implementation of the model.
- Evaluate the effectiveness of the model.

With its emphasis on strong relationships and challenging behaviors in the home and community, the New York State early childhood model is designed to be implemented in a variety of settings.

For more information on the model, visit www.kids-express.org.

All Kids Express Teaching staff are recognized by NY Works for Child Care as our staff at Kids Express and at other sites.

Teaching the Pyramid Model with Legos



NY presented at NTI Conference 2022 & 2023



Where to start with Pyramid Implementation?

Roadmap to NYS Pyramid Model Implementation: For Child Care Centers, Family Child Care and Schools

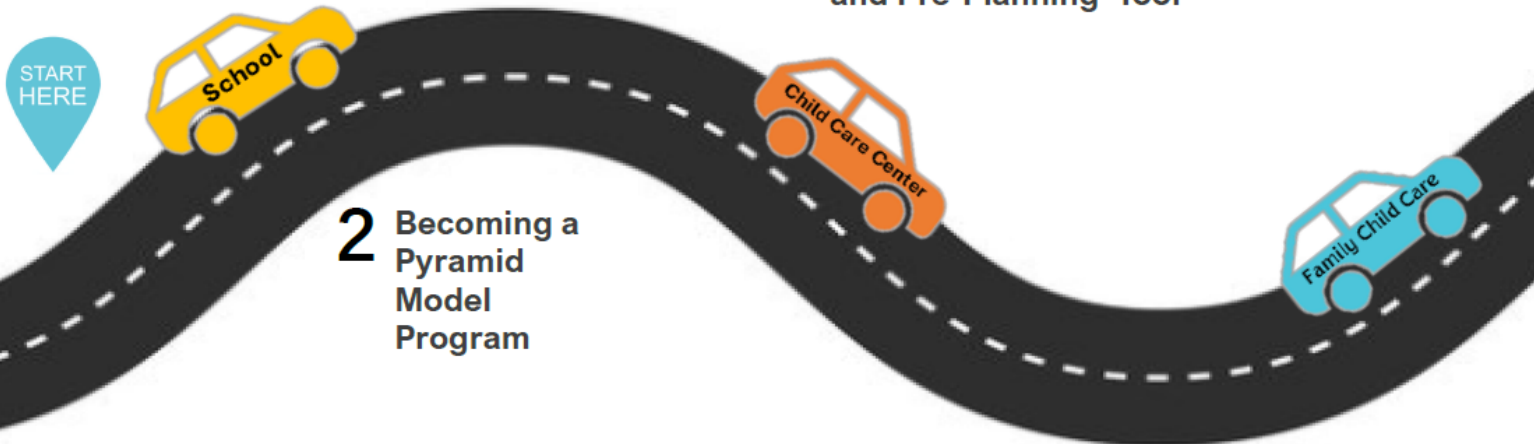
New York State
Pyramid Model



1 Overview of the
Pyramid Model

3

Understanding the Application
and Pre-Planning Tool



2 Becoming a
Pyramid
Model
Program

Scan here



Learn more

4

A Leadership Coach guides your Team
through the steps to become a Pyramid
Model Implementation Program



Follow the NYS Pyramid Model
on Instagram and Facebook



www.nyspyramidmodel.org

Thank you

Stay connected:
Patricia.persell@ccf.ny.go

v



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