

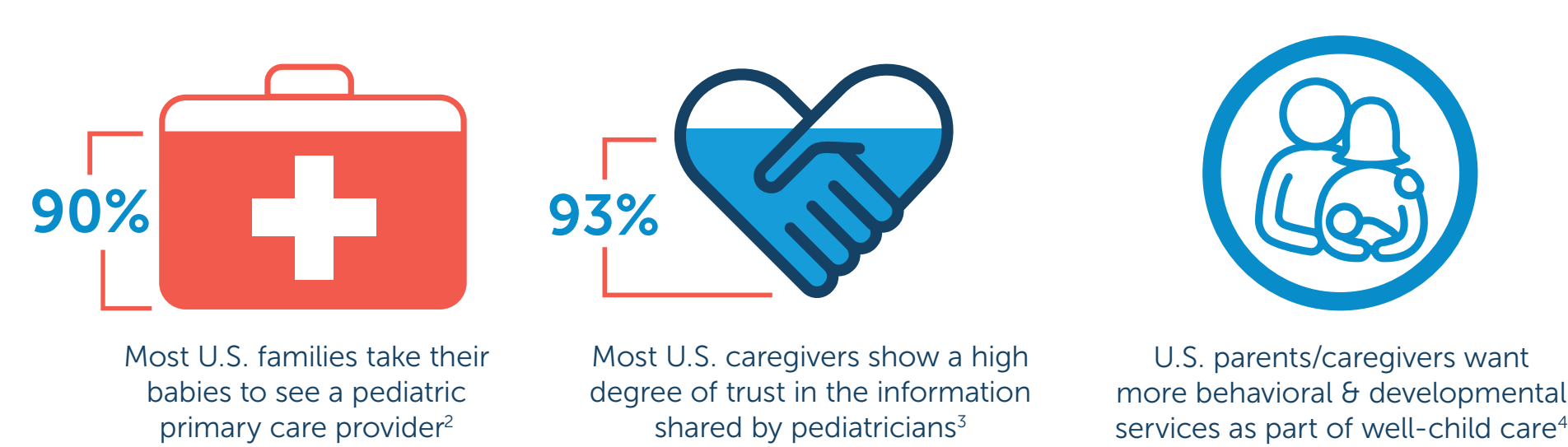
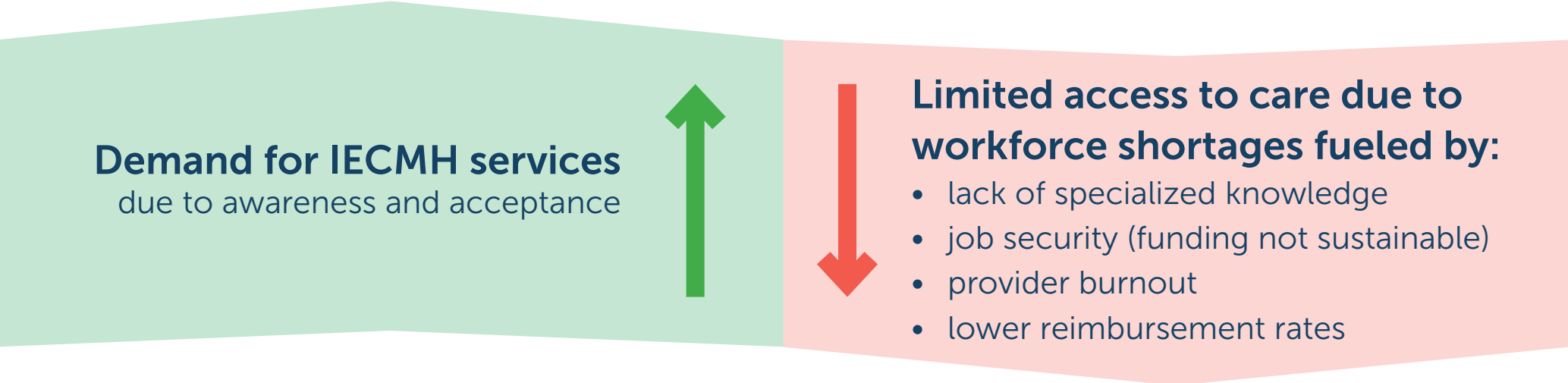
# Population health opportunities in pediatrics to support IECMH prevention: Crosswalk between HealthySteps Specialist and IECMH Consultant Competencies



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## Challenge & Opportunity

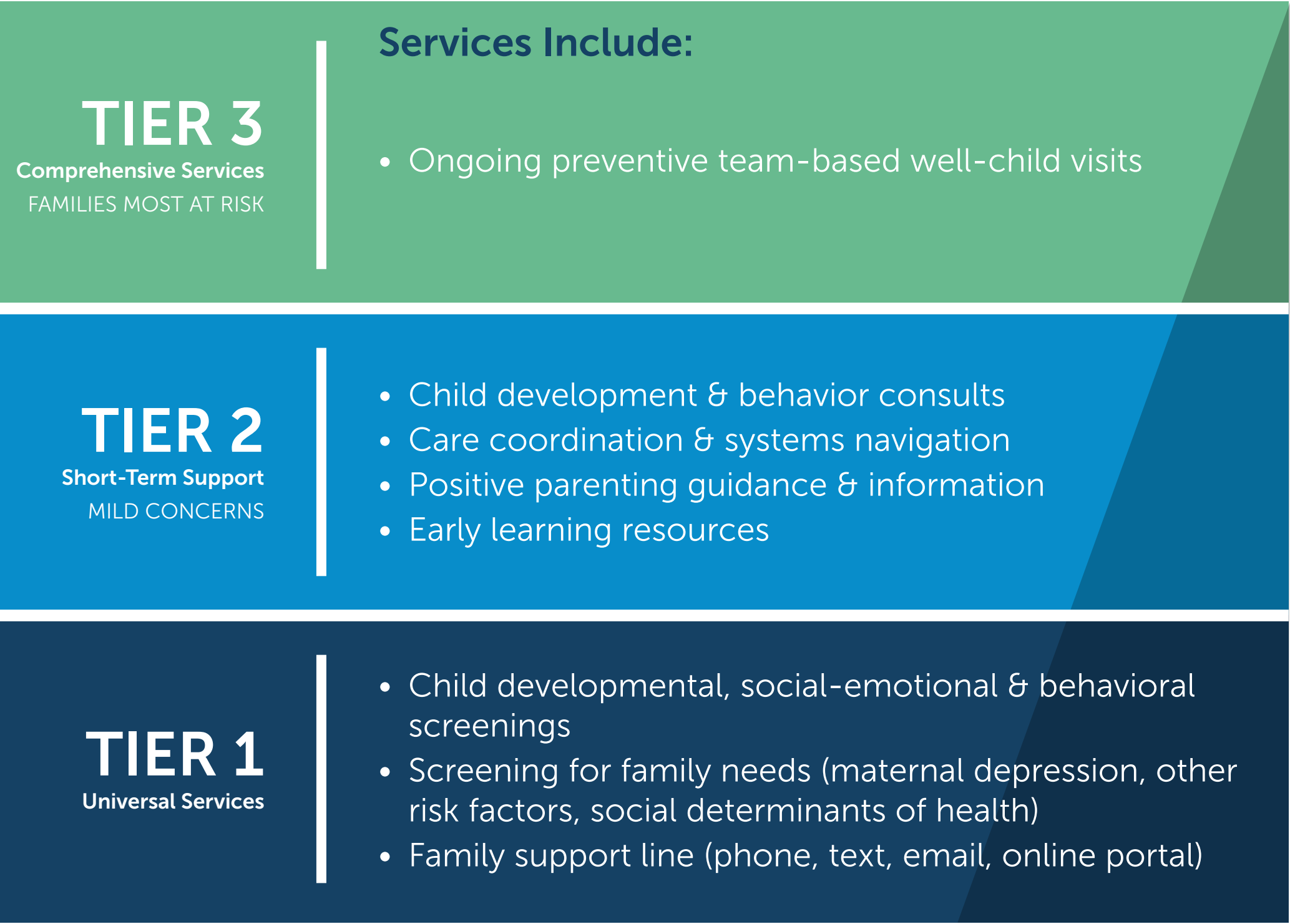
Infant and early childhood mental health (IECMH) services are not population-based. Pediatrics, a population-based system, is often isolated from IECMH, except for referrals. And even when there are referrals, it can be challenging for a family to access IECMH care for their child due to workforce shortages.<sup>1</sup>



## The HealthySteps Model

HealthySteps is an evidence-based, interdisciplinary program that 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.

A **HealthySteps Specialist** (HS Specialist) joins the pediatric team to provide risk-stratified and population-based services.



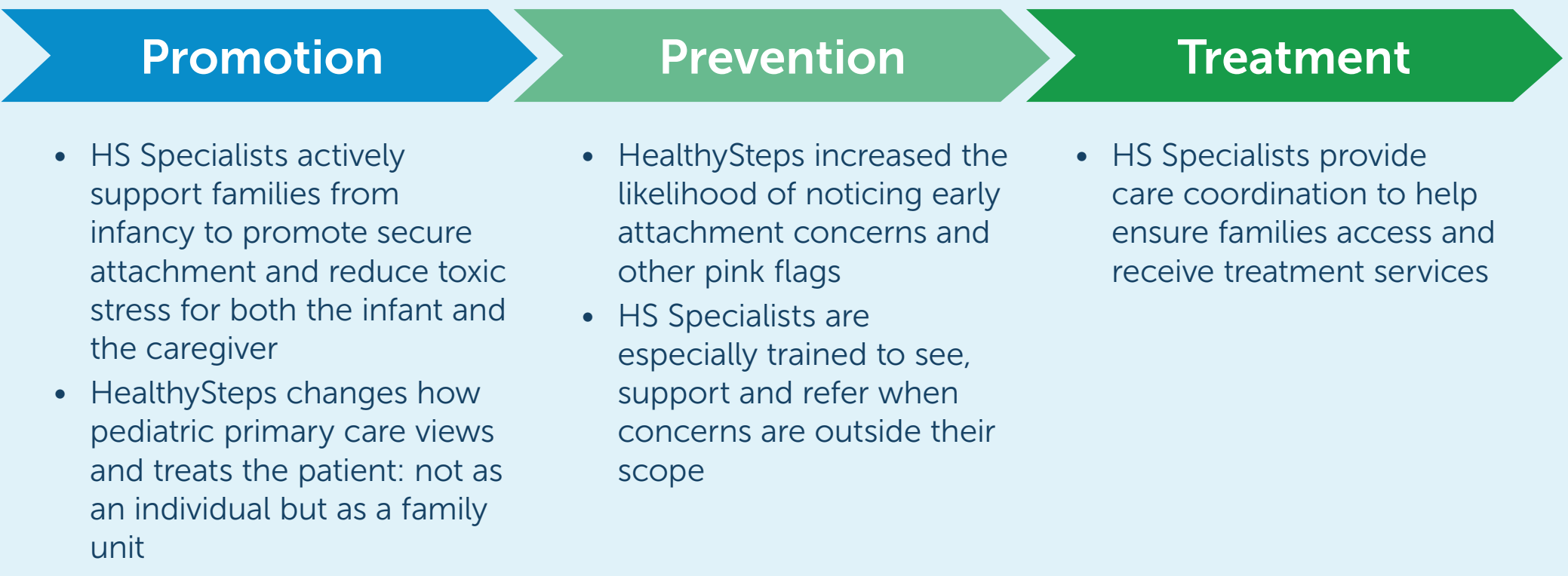
## HealthySteps Outcomes

HealthySteps reached more than 360,000 children in 2022. Research shows:

- Children were 8x more likely to receive a developmental assessment and had significantly higher rates of developmental referrals<sup>5,6,7</sup>
- One HealthySteps site quadrupled its Early Intervention successful referral rate after implementing HealthySteps<sup>8</sup>
- Children whose mothers reported childhood trauma scored better on a social-emotional screening after receiving HealthySteps than comparable children<sup>9</sup>
- One HealthySteps site increased social-emotional screening from 17% to 51% during a one-year period (*emerging evidence*)<sup>10</sup>



## HealthySteps & the IECMH Continuum



## The HealthySteps Specialist Competencies

The Competencies acknowledge the breadth and depth of expertise of this professional role and provide a framework for knowledge and skill development.

Scan the QR code to learn more about the Competencies →

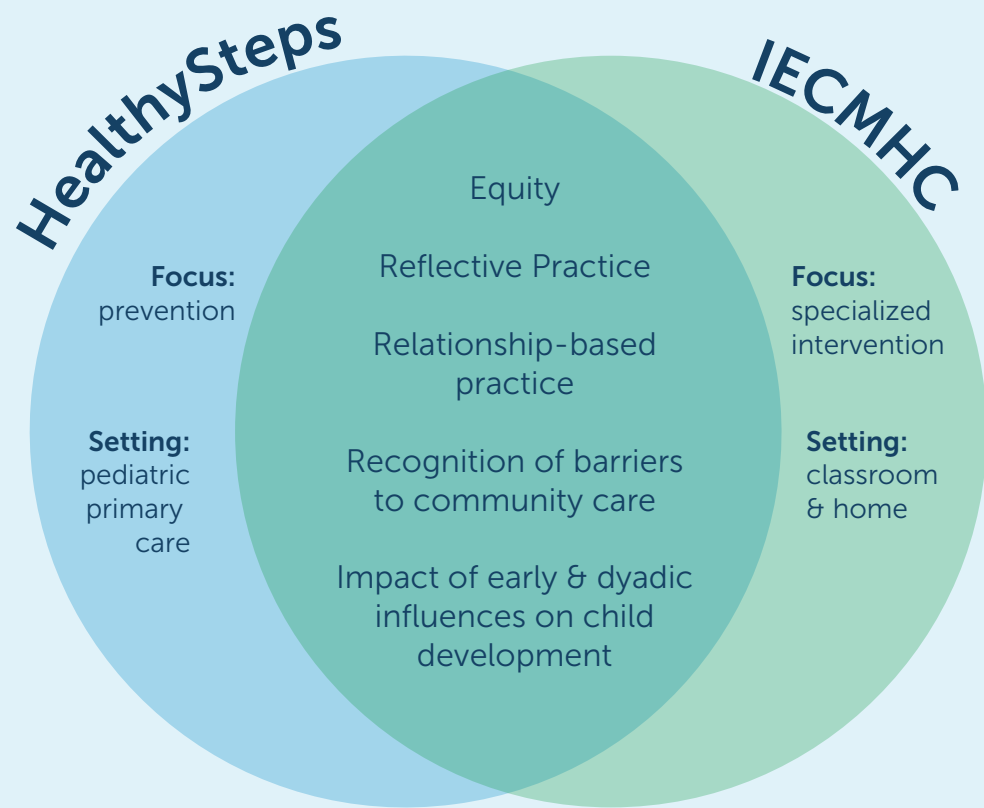


## Crosswalk with IECMH Consultation (IECMHC) Competencies<sup>11</sup>

| HS Specialist Competencies                                      | IECMHC Competencies                                                                  |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------|
| Dispositions                                                    | Role of the IECMHC Reflective Practice                                               |
| Diversity, equity, inclusion, accessibility & belonging (DEIAB) | Equity & cultural sensitivity                                                        |
| Child development & well-being                                  | Foundational knowledge<br>Child & family consultation                                |
| The caregiving relationship                                     | Child & family consultation<br>Classroom/home consultation                           |
| Caregiver & family well-being                                   | Teacher and child well-being                                                         |
| Health care systems                                             | Classroom/home consultation<br>Programmatic consultation<br>Systems-wide orientation |
| Community & early childhood systems of care                     | Child & family consultation<br>Systems-wide orientation                              |

## In Summary

The HS Specialist Competencies expand the IECMH field to include pediatric care and reach vastly more children and families.



<sup>1</sup>Gleason, M. M. (2018). Infant mental health in primary care. In C. H. Zeanah (Ed.), *Handbook of Infant Mental Health, 4th ed.* (pp. 585-598). The Guilford Press. <sup>2</sup>Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. (2019). National Survey of Children's Health data query. <sup>3</sup>Barreto, M., et al. (2018). *National Parenting Survey, ZERO TO THREE*. <sup>4</sup>Coker, T. R., et al. (2009). Low-income parents' views on the redesign of well-child care. *Pediatrics*, 124(1),194–204. doi: 10.1542/peds.2008-2608 <sup>5</sup>Guyer, B., et al. (2003). *Healthy Steps: The first three years: The Healthy Steps for Young Children Program National Evaluation*. <sup>6</sup>Hughes, S., et al. (2014). Impact of Healthy Steps on developmental referral rates. *Family Medicine*, 46(10), 788-791. <sup>7</sup>Chooley, J.W., et al. (2022). Military HealthySteps Pilot Program Outcome Study. *Military Medicine*. Advance online publication. <sup>8</sup>Rhodes, H., et al. (2019, April 24-26). *HealthySteps Program – Taking Steps to Improve Successful Referral to Early Intervention Services in the Primary Care Medical Home* [Poster Session]. Pediatric Academic Societies Meeting, Baltimore, MD. Updated results reported in: The HealthySteps National Office. (2020). Embracing Growth: 2019 Annual Report. <sup>9</sup>Briggs, R. D., et al. (2014). Healthy Steps as a moderator: The impact of maternal trauma on child social-emotional development. *Clinical Practice in Pediatric Psychology*, 2(2), 166–175. <sup>10</sup>Preliminary data from HealthySteps Outcome Pilot Study. <sup>11</sup>Briggs, R. D., et al. (in press). Population health opportunities in pediatrics to support infant and early childhood mental health promotion and prevention: The HealthySteps model. In J.D. Osofsky, H.E. Fitzgerald, M. Keren, and K. Puura (Eds.), *WAIMH Handbook of Infant and Early Childhood Mental Health – Biopsychosocial Factors, Volume One*.