



The HealthySteps Approach: Early Childhood Mental Health, Prevention, and Dyadic Care in Pediatric Primary Care

Rahil D. Briggs, PsyD
National Director

October 21, 2020



HealthySteps

PEDIATRIC CARE • SUPPORTING • PARENTING
A Program of ZERO TO THREE



Who We Are

The New York City Early Childhood Mental Health Training and Technical Assistance Center (TTAC), is funded through ThriveNYC, in partnership with the NYC Department of Health and Mental Hygiene (DOHMH)

TTAC is a partnership between the New York Center for Child Development (NYCCD) and the McSilver Institute on Poverty Policy and Research

- **New York Center for Child Development** has been a major provider of early childhood mental health services in New York with expertise in informing policy and supporting the field of Early Childhood Mental Health through training and direct practice
- **NYU McSilver Institute for Poverty Policy and Research** houses the Community and the Managed Care Technical Assistance Centers (CTAC/MCTAC), which offer clinic, business, and system transformation supports statewide to all behavioral healthcare providers

TTAC is tasked with building the capacity and competencies of mental health and early childhood professionals through ongoing training and technical assistance

<http://www.TTACny.org>



Visit our Website

TTACNY.org
ttac.info@nyu.edu

NYC Early Childhood Mental Health **TTAC** Training and Technical Assistance Center

TTAC is funded by the New York City Department of Health and Mental Hygiene through [ThriveNYC](#).

ASK TTAC 

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Events

Thursday, April 2, 2020

TTAC Webinar: Supporting Families and Caregivers of Infants and Young Children Affected by the COVID-19 Pandemic

Wednesday, May 20, 2020

Beginning at the Beginning: The Foundational Elements of Early Childhood Mental Health Consultation – Part I

Friday, May 29, 2020

Beginning at the Beginning: The Foundational Elements of Early Childhood Mental Health Consultation – Part II

Thursday, June 4, 2020

Beginning at the Beginning: Early Childhood Mental Health Consultation in Infant & Toddler Care – Part III



NYC DOHMH Bureau of Early Intervention E-Learning Modules



Foundations of Social-Emotional Development in Infants and

The Early Childhood Mental Health Network



Get to know the Early Childhood Therapeutic Centers (ECTCs)



AGENDA

Introduction & Model Overview

Evaluation & Evidence

Return on Investment

How to Get Started

My Journey

Q&A



Learning Objectives

Participants will:

1. Learn the rationale for partnering with pediatric primary care, with strategies to begin said partnerships
2. Understand the eight Core Components of the HealthySteps model
3. Review the evidence base and return on investment related to HealthySteps



What is HealthySteps?

An evidence-based, interdisciplinary pediatric primary care program that promotes positive parenting and healthy development for babies and toddlers.

HealthySteps Specialists are integrated into the pediatric team to provide short-term behavior/development consultation and referrals, intensive services when needed, and support practice screening efforts.

Why Pediatrics?

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

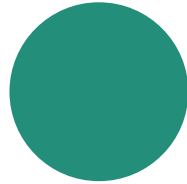


Population-Based, Risk-Stratified Model

TIER 3

COMPREHENSIVE SERVICES

FAMILIES MOST AT RISK

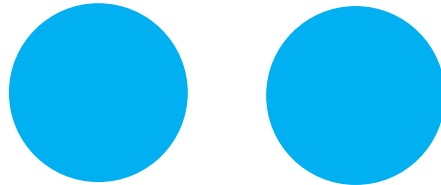


SERVICES INCLUDE

Tiers 1 & 2 Services + Ongoing, preventive team-based well-child visits

TIER 2

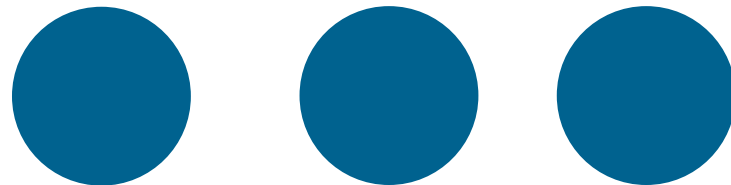
SHORT-TERM SUPPORT
MILD CONCERNS



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 OF HEALTH

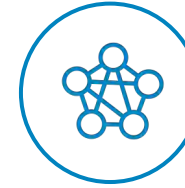
Child development support line

- PHONE, TEXT, EMAIL, ONLINE PORTAL

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



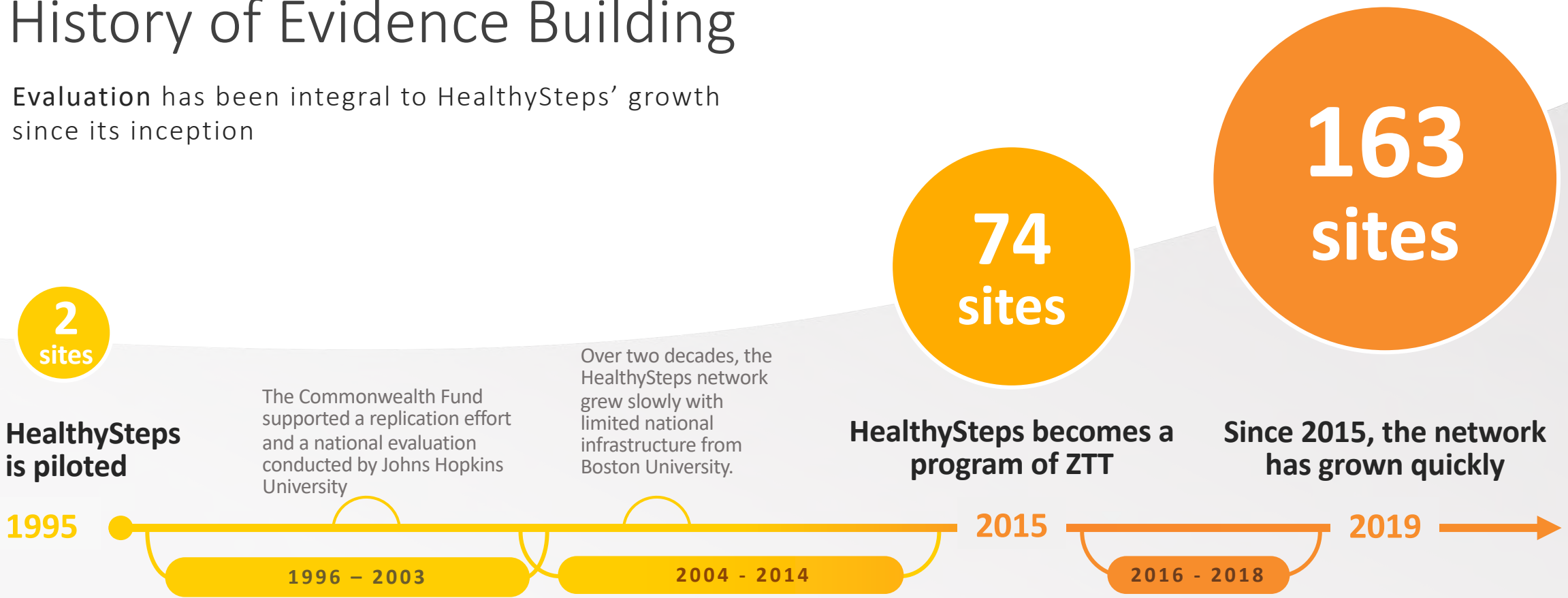
Ongoing, Preventive
Team-Based
Well-Child Visits



Evaluation & Evidence

History of Evidence Building

Evaluation has been integral to HealthySteps' growth since its inception



HealthySteps is piloted

The Commonwealth Fund supported a replication effort and a national evaluation conducted by Johns Hopkins University

Over two decades, the HealthySteps network grew slowly with limited national infrastructure from Boston University.

HealthySteps becomes a program of ZTT

Since 2015, the network has grown quickly

The national evaluation

including an RCT, a quasi-experimental comparison study, and an affiliated non-experimental evaluation are conducted.

Small-scale studies

using quasi experimental and non-experimental methodologies are completed.

An implementation study

across 65 HealthySteps sites is conducted.



Connections to Resources



✓ Families are better connected to services they need

FAMILY NEEDS

- Children were **1.4x more likely to have nonmedical referrals**, including for behavior, speech, hearing, child abuse or neglect, and early intervention¹
- Families were **4x more likely to receive information on community resources**¹
- Parents received more services^{3, 4, 8} and had longer clinic visits⁴

Breastfeeding and Early Nutrition



- ✓ Mothers sustain breastfeeding longer
- ✓ Lower child obesity rates at age 5

BREASTFEEDING

- Mothers reported feeling more supported to breastfeed⁹ and breastfed longer than the minimum 6 months recommended by the American Academy of Pediatrics²
- Mothers were 22% less likely to give newborns water and 16% less likely to introduce cereal by 2-4 months old (too young for solid foods)¹

EARLY CHILDHOOD OBESITY

- 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

Child Health and Development



- ✓ On time visits
- ✓ Up-to-date vaccinations
- ✓ Better parent-child attachment
- ✓ Improved social-emotional development

ON-TIME WELL-CHILD VISITS

- 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}
- Children were **8x more likely to receive a developmental assessment** at 30–33 months¹

BETTER PARENT-CHILD RELATIONSHIPS

- Children whose mothers reported childhood trauma scored **better on a social-emotional screening** after receiving HealthySteps than comparable children who did not receive the program⁶
- One longitudinal analysis indicated that HealthySteps participation was associated with **greater security of attachment and fewer child behavior problems**⁷

Parenting Knowledge and Practices



- ✓ Less likely to use harsh punishment or severe discipline
- ✓ Better understanding of infant development

ADDRESS RISK FACTORS FOR CHILD ABUSE AND NEGLECT

- Parents were **22% less likely** to rely on harsh punishment (yelling, spanking with hand)¹
- Parents were **less likely to use severe discipline** (face slap, spanking with objects)^{1, 2}

BETTER KNOWLEDGE OF INFANT DEVELOPMENT

- Parents were **more likely to notice behavioral cues** and provide age-appropriate nurturing^{1, 4}
- **Families received more anticipatory guidance** that matched their needs^{4,11}
- Twelve key child development and family-specific topics were discussed more frequently³ and parents demonstrated a **better understanding of infant development**⁹

Parent and Physician Satisfaction



- ✓ Parents more satisfied with their care and more likely to stay with the practice
- ✓ Physicians highly satisfied

IMPROVED SATISFACTION AND CONTINUITY OF CARE

- **Continuity of care was better** for both total visits and well-child visits^{4,5}; **Parents were 1.8x more likely to remain with the practice** through 20 months¹¹
- Parents were 2x more likely to report that someone at the practice went out of the way for them, and they were **1.5x more likely to rely on someone in the practice for advice** (rather than friend or relative)¹
- Parents rated their provider as more competent and caring⁴ and were more likely to believe that **the health plan cared about them as a parent**⁹
- **Participating physicians indicated they were highly satisfied with the program** and with the role of the HealthySteps Specialist with parents⁴

Maternal Depression

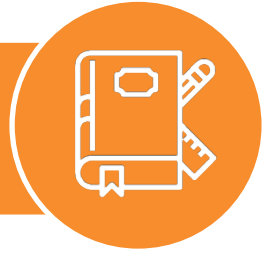


- ✓ Providers more likely to discuss postpartum depression
- ✓ Mothers more likely to share their symptoms
- ✓ Mothers more likely to get the services they need

SCREENING AND FOLLOW-UP FOR MATERNAL DEPRESSION

- Mothers with depressive symptoms were more likely to discuss their symptoms^{1, 2, 4}
- Mothers were 1.4x more likely to have a nonmedical referral, including for maternal depression¹
- Providers were more likely to discuss postpartum depression with mothers³
- Mothers with depressive symptoms reported fewer symptoms after 3 months in the program⁹

Early Literacy and School Readiness



✓ Parents more likely to share books with children, limit TV time

PROMOTE SCHOOL READINESS

- Mothers were **22% more likely** to show picture books to their infants every day¹
- Mothers were **12% more likely** to have read to their infant in previous week⁹
- Beyond 5 years, families were more likely to **report that their child had looked at or read books in the previous week**¹¹
- Parents were more successful in establishing routines, reading to children, and **limiting television viewing time**⁴

Child Safety



- ✓ Fewer injury-related ER visits
- ✓ Reduced risk of SIDS

FEWER EMERGENCY ROOM VISITS

- Children were **23% less likely** to visit the emergency room for injuries in a 1-year period¹
- Mothers were **24% less likely** to place newborns on their **stomachs to sleep**, reducing SIDS risk¹
- Parents scored **higher on an injury control index**, and families were more likely to use stair gates and have access to the local poison control center's telephone number^{2, 9}



Emerging HealthySteps Evidence

Children's National Early Intervention Referrals

When compared to EI referrals without HealthySteps involvement, HealthySteps was:

2x more likely to result in successful EI referral **for children ages 9-10 months**

4x more likely to result in successful EI referral **for children ages 18-19 months**

*Source: Rhodes et al., preliminary data
presented at Pediatric Academic Society, 2019*

Qualitative Look at PCP Perspective at University of Maryland

- Focus group with residents & individual interviews with faculty physicians
- 3-year-old HS program, U of MD Baltimore, Family Medicine

“I can’t say there’s ever a day in clinic when I’m not looking for my HS Specialist”

“...there’s a strong focus in the training in the biopsychosocial model ...the focus often gets overshadowed by medical needs and the disease-oriented approach, but, having people like [the HS Specialist]...it helps them see people in the complex reality that the patient presents. Not just focusing on the disease but their social situations as well, and the psychological components.”

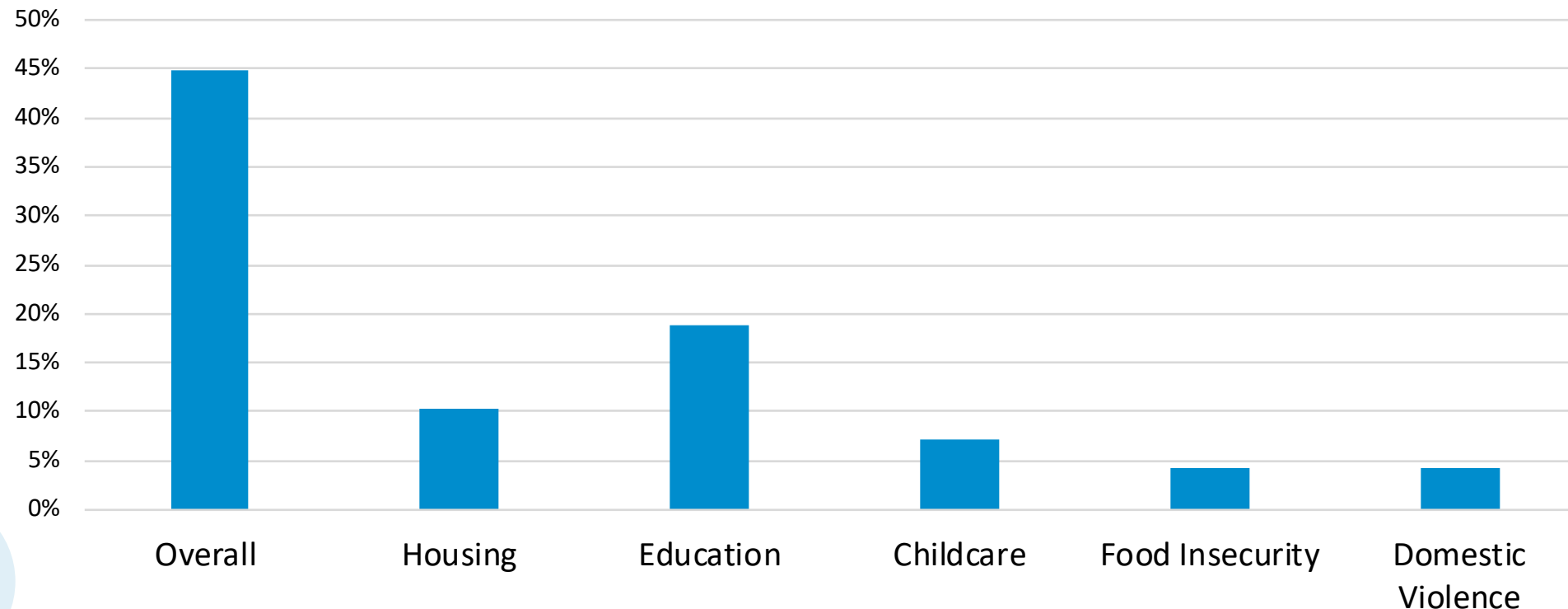
“I’d like to clone our HealthySteps Specialist.”

Source: Davis, A., Vivrette, R., Carter, T., Eberhardt, C., Edwards, S., Connors, K., & Reavis, K. (under review). Impact of Integrated Care for Young Children in Low-Income Urban Settings: Lessons from the Perspective of Primary Care Clinicians.

HealthySteps at Montefiore Community Referrals

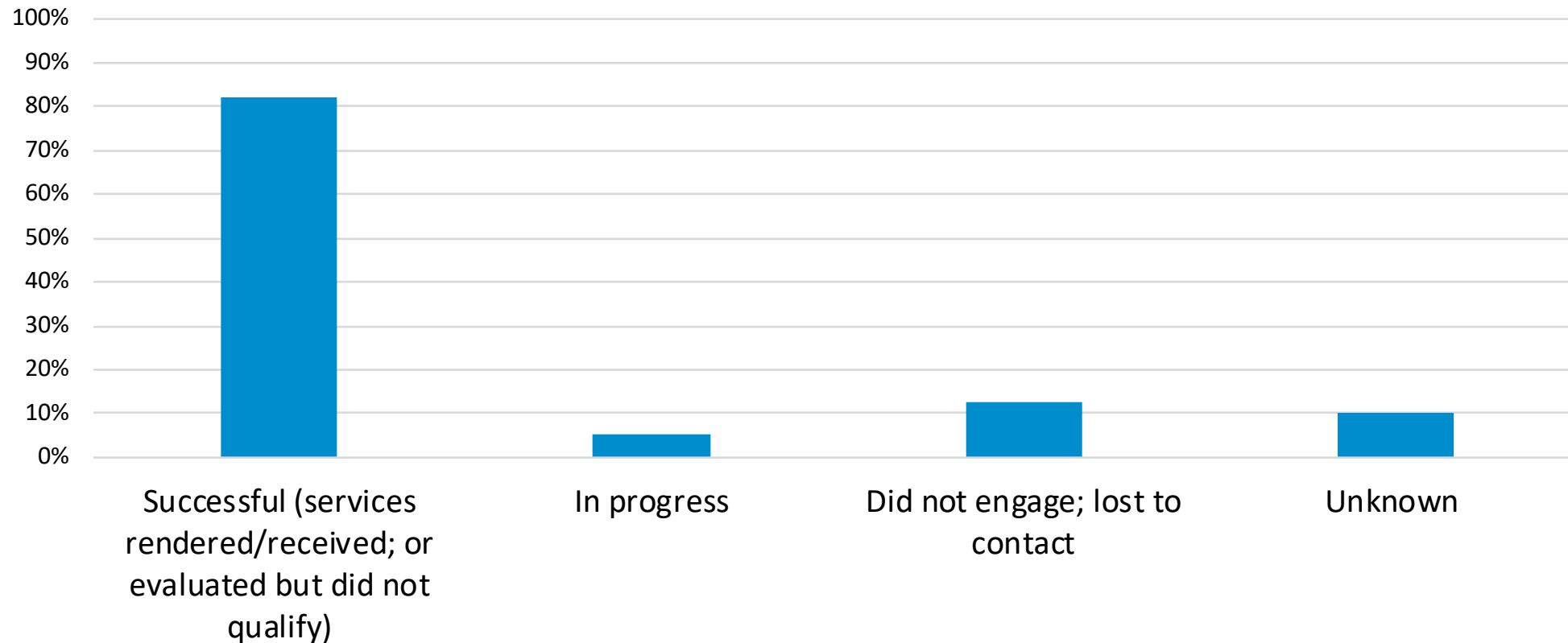
From January 2018 to June 2018, a total of 192 HealthySteps patients were seen. Of these, 86 patients received referrals. Percentage of children with referrals and by type of referral are presented below.

Referrals
January-June 2018



HealthySteps at Montefiore Referral Outcomes

Referral Outcomes
January-June 2018



Source: German, et al., preliminary data (2019)

Lifetime ED Visits (ages 9-11), Tier 3 HealthySteps Patients at Montefiore

	Treatment (n=242)	Control (n=75)
Age	9.47 yrs (SD = 1.51)	11.13 yrs (SD = 0.44)
Gender	54% Female	59% Female
Race	32% Black, 8% White, 3% Asian, 46% Other; 11% missing	43% Black, 4% White, 37% Other; 16% missing
Ethnicity	50% Hispanic; 50% Non-Hispanic	48% Hispanic; 53% Non-Hispanic
Insurance	43% Medicaid, 29% Commercial; 28% Missing	44% Medicaid, 24% Commercial; 32% Missing
ED Visits*	4.67 (SD = 5.08)	7.05 (SD = 8.16)

$p = .043^*$

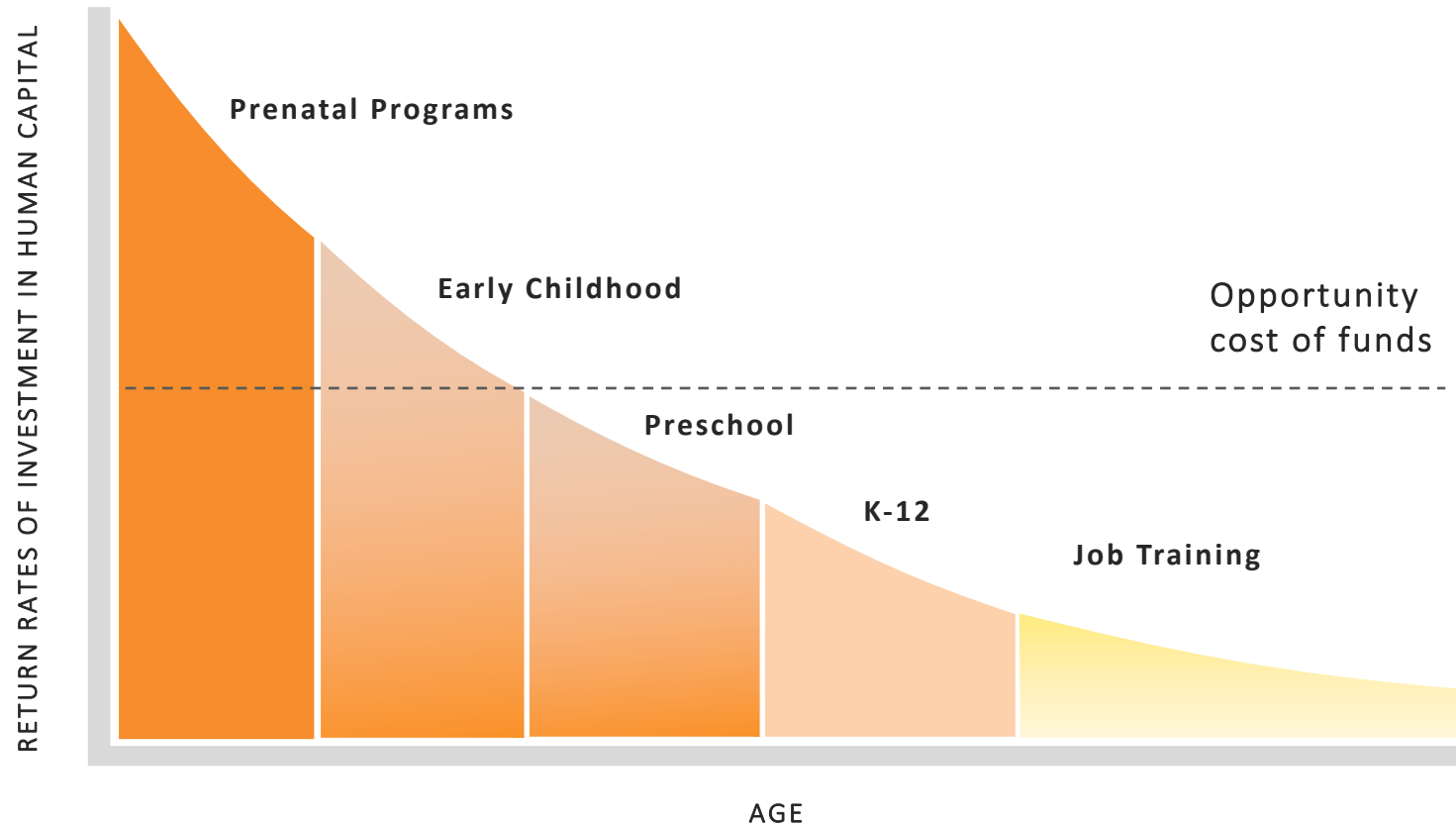
Source: German, et al., preliminary data (2019)



Return on Investment

Early Investments, Greatest Gains

Rates Of Return To Human Capital Investment



Benefits of Early Investment

INCREASES IN

- Children's cognitive and social-emotional development
- Educational performance and graduation rates
- Parental involvement
- Job training and earnings

REDUCTION IN

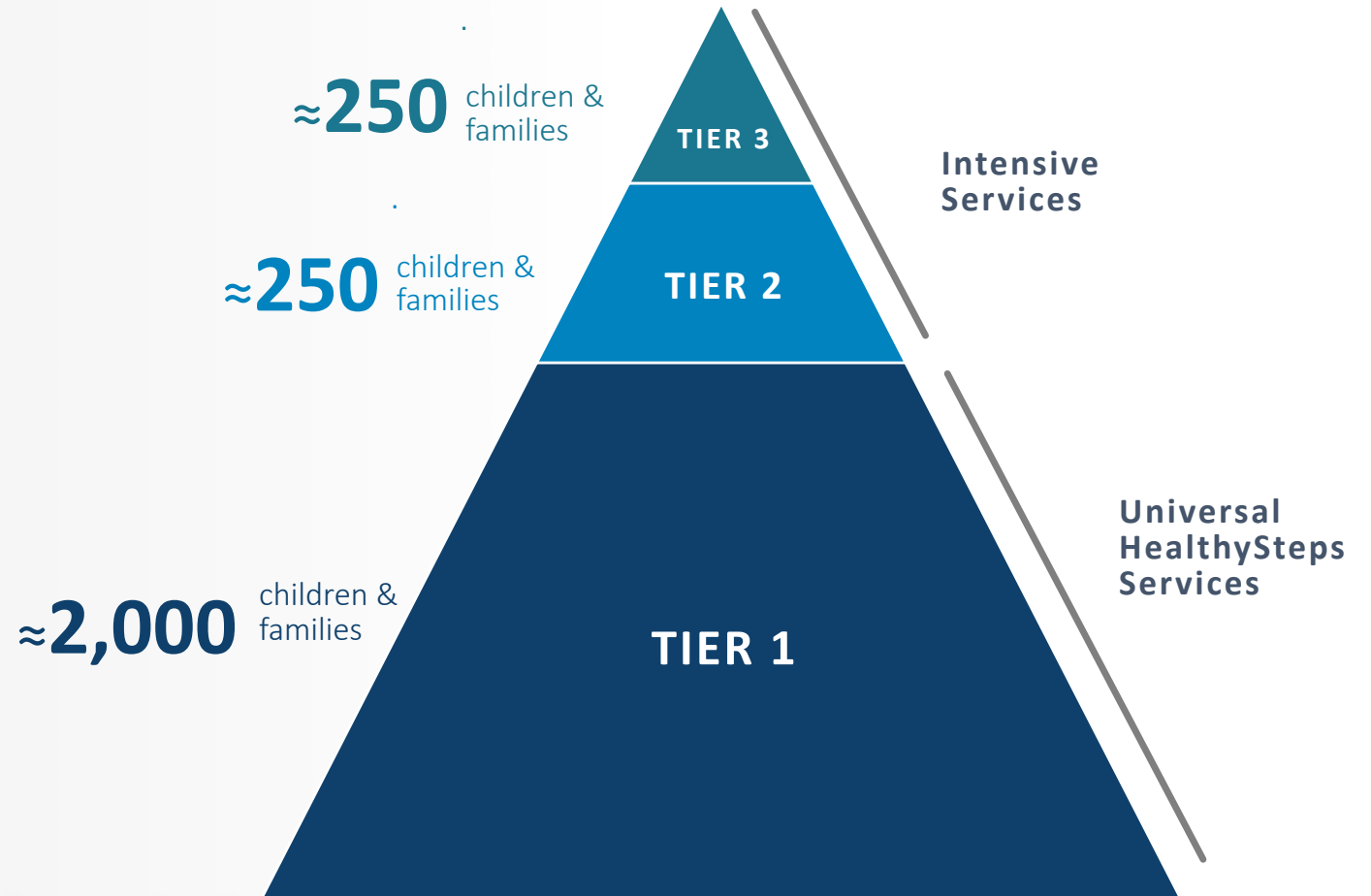
- Juvenile and adult crimes
- Cases of abuse and neglect
- Intimate partner violence
- Welfare dependency
- Special education

Adapted from Heckman, J., "Return on Investment in Birth-to-Three Early Childhood Development Programs", September 6, 2018.

HealthySteps is Cost Effective

When operating at optimal capacity, employing one FTE HS Specialist enables a practice to deliver HealthySteps services **for as low as \$200 per Tier 3 child per year.**

Cost for group training, for all practice employees, is approximately \$25,000 plus trainer expenses; includes technical assistance calls and ongoing National Office support.



Short-Term Medicaid Cost Savings



CHILD-FOCUSED INTERVENTIONS

- Well-child visit and immunization rates
- Oral health
- Inappropriate use of care for ambulatory sensitive conditions



ADULT-FOCUSED INTERVENTIONS

- Breastfeeding
- Postpartum maternal depression
- Intimate partner violence
- Unhealthy birth spacing
- Smoking cessation

Annual Savings to Medicaid

204%

AVERAGE ANNUAL ROI

according to three recent analyses across two states and one site, conducted by the HealthySteps National Office, leveraging the HealthySteps cost savings model developed by Manatt Health.



How to Get Started

Onboarding New Sites



PREPARATION SUPPORT

- Securing funding
- Gaining administrative buy-in (Physician Champion)
- Preliminary implementation planning
- Logistics for HSI



ONSITE TRAINING

- HS Training Institute (now virtual)
- The “what” and the “why” of HS
- Implementation planning
- Clinical practice strategies



TECHNICAL ASSISTANCE

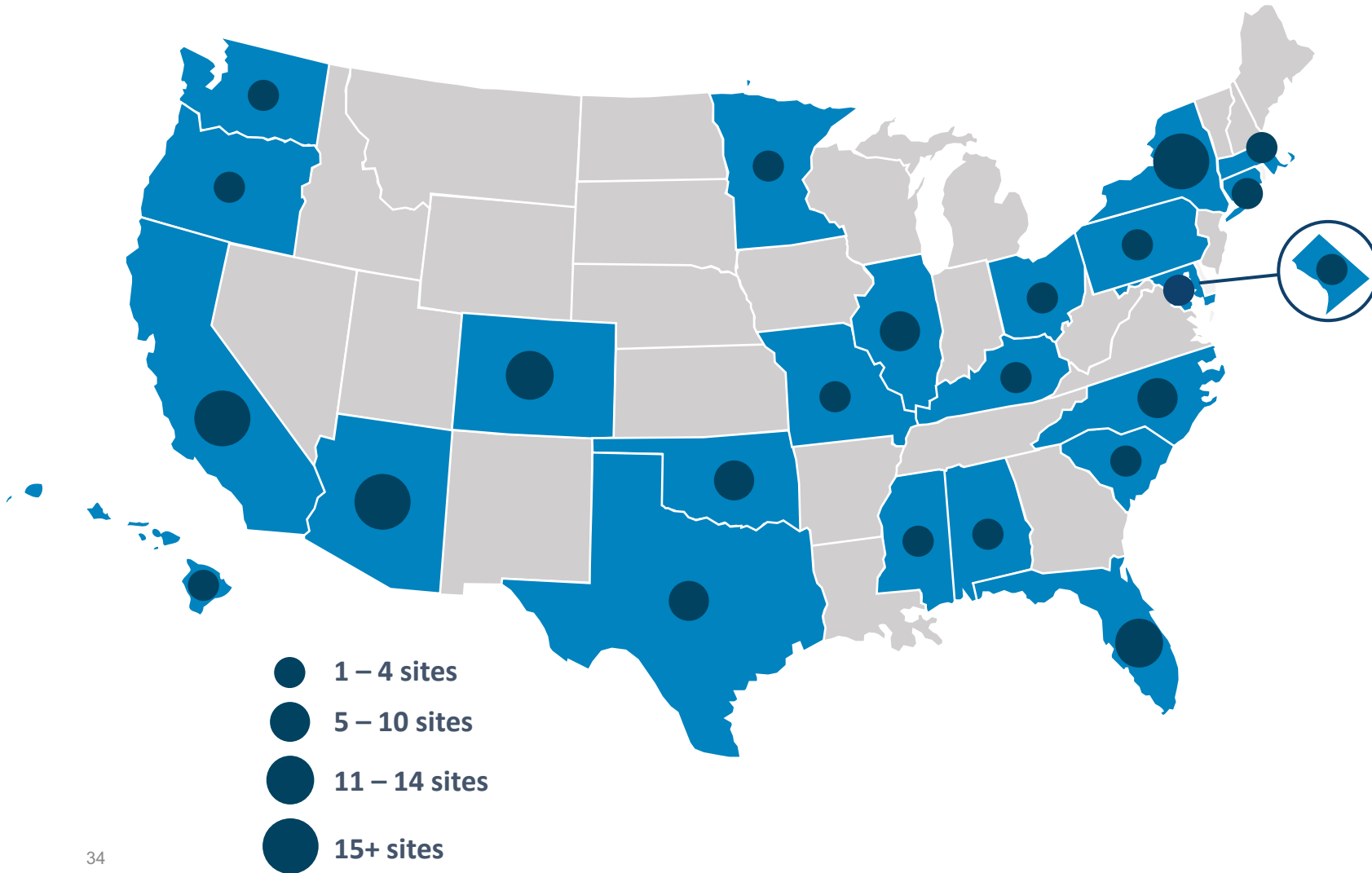
- Six one-hour calls per practice
- Calls occur in the first year following training
- Focus on implementation and clinical challenges



My Journey

September 2020

National Network



170

sites

ACROSS

23

states

Washington, D.C. & Puerto Rico

1,000,000

CHILDREN AND FAMILIES PER YEAR BY 2032

Learn more at
healthysteps.org



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#HealthyStepsZTT





Q&A

HealthySteps Outcomes Citations

Citations

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