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Practice Summary & Implementation Guidance

The Mental Health Outreach for Mothers (MOMS) Partnership®

The MOMS Partnership® is a program model that addresses maternal mental health for pregnant/parenting women who are raising children 0-17 years old. MOMS delivers evidence-based interventions that build skills and social support and uses community-tailored strategies to increase access and engagement.

Cutting-Edge → Emerging → Promising → **Best**

Location	Topic Area	Setting
National	Mental Health & Substance Use	Community, Virtual

Population Focus	Date Added
Women & Maternal Health	April 2026

Contact Information
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Section 1: Practice Summary

PRACTICE DESCRIPTION

The MOMS Partnership is an established program model that addresses maternal mental health needs for women who are pregnant and/or parenting children from infancy through adolescence. Launched in New Haven, Connecticut in 2011, the Mental health Outreach for MotherS or MOMS Partnership was designed as a public health approach to support maternal mental health as a critical element in the pathway to economic and social mobility for mothers facing economic hardship.

Today, the MOMS Partnership has evolved and scaled to new communities and U.S. states under the stewardship of the Elevate Policy Lab at Yale School of Medicine, with evidence-based interventions for women across the parenting lifespan, delivered using strategies that promote accessibility and engagement. The MOMS Partnership model includes:

- **Evidence-based interventions** to support maternal mental health and parenting, which focus on building skills through hands-on learning approaches, such as through cognitive behavioral therapy (CBT) techniques. The cornerstone of the MOMS program is the Stress Management Course in which mothers learn a range of CBT-based skills for managing mood and stress across eight group classes. Cultural and population-specific adaptations of this course are available.
- **Group programming** with a closed-group format, which fosters social connections and support for participants, further strengthening maternal mental health.
- **A co-delivery approach** that blends knowledge of a mental health professional (MOMS Clinician) with the knowledge and relatability of a trained peer (called a Community Mental Health Ambassador in the MOMS model) who brings personal experience and expertise. This co-delivery approach fosters trust and engagement and ensures that interventions are delivered with high quality and high relevance for the community served.
- **Community-based and community-tailored implementation** means that MOMS classes are offered in safe and convenient locations (or online) and through trusted community organizations, and that implementation is adapted and responsive to the local setting/context.

CORE COMPONENTS & PRACTICE ACTIVITES

The MOMS Partnership was designed to provide high-quality mental health support for mothers by integrating evidence-based interventions with strategies to increase accessibility and engagement. Core components and practice activities involve delivery of a MOMS evidence-based intervention, in most cases the MOMS Stress Management Course, along with five key implementation strategies that may be flexibly tailored to the local setting/context: (1) a coordinated and skilled MOMS team, (2) effective engagement methods, (3) reduced barriers to participation, (4) strengthened supports for mothers (in addition to MOMS programming), and (5) data-driven improvement practices..

Core Components & Practice Activities

Core Component	Activities	Operational Details
MOMS Stress Management Course	Delivering the MOMS evidence-based intervention.	*MOMS Stress Management* is a brief (8 classes, 90 minutes/class) group, cognitive-behavioral therapy-based program that teaches a range of skills demonstrated to reduce depressive and anxiety symptoms, reduce stress, and increase social support
Coordinated and Skilled MOMS Team	As a coordinated team, performing MOMS program outreach, promoting engagement, and delivering a high-quality intervention.	The core MOMS team includes four roles: 1) The MOMS Clinician is a trained mental health clinician who co-delivers the intervention; 2) The MOMS Community Mental Health Ambassador (CMHA) is trained peer with shared experience and knowledge of the local community, who co-delivers the intervention and engages mothers in the program; 3) The MOMS Clinical Supervisor provides regular clinical supervision and consultation to the intervention co-instructors; and 4) The MOMS Program Manager supports programming operations.
Effective Engagement	Tailoring MOMS engagement methods to the community/setting.	Strategies designed to engage mothers are customized at each MOMS site. This may include outreach methods, pathways into programming, informed consent processes, incentives for participation, and options for additional supports (and/or events) outside of class time.
Reduced Barriers	Addressing barriers to program participation, by "meeting mothers where they are."	Each MOMS site addresses common barriers to mental health services/participation, towards increasing accessibility and reach of the MOMS program. Strategies address both practical and attitudinal barriers, with particular attention to groups experiencing disproportionately high barriers to health care.
Strengthened supports	Taking a whole-person approach by providing	The MOMS team provides referrals/connections to additional supportive services or resources (outside

	participating mothers with connections to additional supportive services/resources.	of MOMS programming) that a mother may seek for herself or her family. These referrals/connections are typically customized to the MOMS site.
Data-driven improvement practices	Using program data to inform and guide implementation.	MOMS program data is regularly collected from staff and participants and is used to guide local implementation, improve practices, and to refine the MOMS Partnership model at large.

COMMUNITY WELLNESS

The MOMS Partnership program model is committed to "meeting mothers where they are," bringing high-quality mental health support into accessible community locations (as well as online) and into existing organizations within the community, which are known and trusted by community members. The MOMS Partnership has been successfully implemented in partnership with a range of public and non-profit entities, including state and municipal government programs (e.g., TANF and public housing), Federally Qualified Health Centers, local non-profit health organizations, and homeless family shelters. By delivering MOMS programming through community partnership with local agencies, maternal mental health support is integrated into broader family and community services; this helps to shift the perception of mental health support from a specialized clinical service to an accessible, community-based resource. In addition, the MOMS Community Mental Health Ambassadors (CMHAs) play an essential role in anchoring the MOMS program in community, as they bring personal experience and relatability that helps engage groups that may have not participated prior.

EVIDENCE OF EFFECTIVENESS

MOMS Partnership has strong evidence of program effectiveness. A cross-site evaluation of MOMS Partnership programming delivered between 2018-2023 across seven sites provides strong evidence of program effectiveness. Across 76 MOMS intervention groups and 510 participating mothers with varied backgrounds, the MOMS Partnership demonstrated consistent success on both program implementation targets and participant outcomes. The cross-site evaluation utilized a pre-post design to assess participant outcomes, with data collected via participant surveys at three timepoints: baseline (program entry), endpoint (program completion), and 3-month follow-up. Program staff provided ongoing implementation data.

For the overall sample, statistically significant improvements were observed in all four core outcome measures from baseline to endpoint, and the improvements were sustained at three-month follow-up. This included significant decreases in depressive symptoms (CES-D), anxiety symptoms (GAD-7), and perceived stress (PSS-4), as well as significant increases in perceived social support (MOS-SSS). On average, participants reported frequent usage of the CBT-based skills they learned (average ratings of 4.1 on a 5-point scale, indicating "often" using the skills), pointing to high program uptake. The effectiveness of MOMS core implementation strategies

was reflected in high overall rates of enrollment (88% of available seats were filled), attendance (on average 6 out of 8 classes attended), and overall program satisfaction (92.5% “satisfied” or “very satisfied”).

Despite broad variations in site characteristics and settings, and in the types of partners, the implementation of MOMS in the cross-site evaluation was remarkably true to its design (fidelity). When sites were assessed for overall implementation fidelity across fifteen elements, five out of seven sites earned fidelity ratings of High (4 sites) or Moderate-High (1 site), and no site was rated Low. These results attest to feasibility and success of the approach used to bring MOMS to new communities and settings.

Section 2: Implementation Guidance

COLLABORATORS AND PARTNERS

The MOMS Partnership integrates input from multiple collaborators and partners, ranging from organizations and agencies, to the MOMS staff at each site, to the mothers who participate in MOMS programming. This ongoing active collaboration allows for continuous program improvement and innovation.

Practice Collaborators and Partners			
Partner/ Collaborator	**How are they involved in decision-making throughout practice processes?**	**How are you partnering with this group?**	**Does this collaborator have personal experience/come from a community impacted by the practice?**
Partner organizations – such as, public sector, non-profit, and/or community-based agencies	Involved in decision-making throughout the entire planning, setup, and launch processes, as well as in sustainment of programming	Through regular Technical Assistance (TA) meetings during the planning, setup, and launch of services	Most live in the local community they serve (for example, New York City)
Clinical staff (clinicians and clinical supervisors)	Contribute input/feedback that helps guide decision-making from setup to launch to sustainment of programming	Through regular Technical Assistance (TA) meetings during setup, launch, and transition to sustainment	Most live in the local community they serve (for example, New York City)
Community Mental Health Ambassadors (CMHAs)	Contribute input/feedback that helps guide decision-making from setup to launch to sustainment of programming	Through regular Technical Assistance (TA) meetings during setup, launch, and sustainment	Community Mental Health Ambassadors have knowledge of the community served and shared experience, and are oftentimes mothers themselves
MOMS participants	Contribute input/feedback that helps guide decision-making as well as some	Participants provide feedback via their surveys, as well as to	By definition, these are the individuals from the community who engage in

	opportunities for deeper collaboration, such as through focus groups and Parent Voice	MOMS instructors during services	MOMS programming and are impacted by the practice

REPLICATION

The MOMS Partnership was originally developed and evaluated in New Haven, Connecticut, and has since been replicated in multiple locations and U.S. states, including Washington D.C.; Baltimore, MD; Kentucky; New York City; Bridgeport, CT; Western Massachusetts; Vermont; and Bangor, ME. Replication has taken place through partnerships with public sector partners, such as state, municipal, and local government agencies (e.g., TANF programs, public housing), as well as community-based non-profit organizations (e.g., homeless family shelter providers, workforce development programs) and Federally Qualified Health Centers. Replication of the MOMS Partnership is guided by a "fidelity with flexibility" approach, which simultaneously promotes adherence to the model's core components while allowing for tailoring/adaptation to fit community contexts. Among the ways that MOMS has been tailored are cultural and population-specific adaptations of the cornerstone intervention — MOMS Stress Management Course.

Consistently strong results for implementations of the MOMS Partnership model continue to be demonstrated in new evaluations. For example, from 2025-2026, MOMS Stress Management Course was culturally adapted for Spanish-speaking U.S. Latina mothers and field-tested with New York City partners. Results mirror the strong results found in the cross-site evaluation. Specifically, in the sample of 84 Spanish-speaking mothers, MOMS enrollment rates were very high (120% based on 10-seat capacity per group), on average 6 out of 8 classes were attended, 100% of mothers were overall satisfied with the program (i.e., "satisfied" or "very satisfied"), and they reported frequent usage of CBT skills learned (average rating of 4 out of 5, corresponding to "often"). Significant pre-post improvements were found for depressive (CES-D) and anxiety (GAD-7) symptoms, perceived stress (PSS-4), and social support (MOS-SSS), based on validated Spanish-language measures..

INTERNAL CAPACITY

Establishing and training a coordinated MOMS team is a core implementation strategy for successfully delivering MOMS in a local community. There is flexibility in how the MOMS team is staffed — for example, staffing levels (FTEs) can be adjusted based on program scope, or when appropriate, one individual can fill two roles. The table below presents the typical, minimum personnel required to support service delivery. The Elevate team is available to further discuss staffing with any interested team; for more information, contact elevate@yale.edu.

MOMS Team Members		
Position	**Necessary Skills**	**Time Allocated (After Training)**
MOMS Senior Leader(s)	Leadership skills; decision-making ability	Varies based on program scope
MOMS Program Manager	Program management skills (communication, organization, coordination, etc.)	~20% FTE

MOMS Clinician	Clinical skills to provide mental health services/groups; group facilitation skills	~20% FTE
MOMS CMHA	Communication skills; initiative-taking; resource research skills	~50% FTE
MOMS Clinical Supervisor	Clinical skills to provide mental health services/programs; group reflective supervision skills	2-3 hours per week (following training)

PRACTICE TIMELINE

A four-phase approach is used to engage, train, and launch a new MOMS site. Phases include Plan, Build, Launch, and Nurture, all of which involve active collaboration between the local MOMS site and the Elevate Policy Lab (Elevate). Elevate is the steward for the MOMS Partnership and provides all training and technical assistance (TA) in the MOMS model.

Phase: Plan	
Time Needed: 4-6 months (depending on partner(s) readiness and availability)	
Activity Description	**Responsible Party**
Identify partners	Elevate, MOMS site
Confirm interest/readiness/feasibility	Elevate, MOMS site
Define partner roles	Elevate, MOMS site
Sign MOMS agreement	Elevate, MOMS site

Phase: Build	
Time Needed: 2-4 months	
Activity Description	**Responsible Party**
Participate in site visit	Elevate, MOMS site
Identify/hire and train MOMS staff	Elevate, MOMS site
Co-create MOMS implementation manual	Elevate, MOMS site

Phase: Launch	
Time Needed: 6 months	
Activity Description	**Responsible Party**
Launch MOMS programming	MOMS site
Participate in regular implementation calls	Elevate, MOMS site
Iterate on implementation manual	Elevate, MOMS site

Phase: Nurture	
Time Needed: Ongoing	
Activity Description	**Responsible Party**
Transition into Nurture phase	Elevate, MOMS site
Continue MOMS programming	MOMS site
Meet annually	Elevate, MOMS site
Provide raw data annually	MOMS site
Provide annual site-specific evaluation report and MOMS Network data report	Elevate

**Please note that we've structured our timeline differently than AMCHP's standard Implementation Handout format.*

PRACTICE COST

There are annual operating costs for providing MOMS Partnership programming in your community, in addition to one-time costs for the initial Plan, Build, and Launch phase activities. The annual expense categories associated with operating MOMS are detailed in the table below; specific costs vary based on location and on program scope. For more information or to discuss how MOMS could work in your community, contact elevate@yale.edu.

Each local MOMS team determines and adjusts staffing levels (FTEs) based on their target program size. The FTE estimates provided below are estimated to support a team to deliver two MOMS groups at a time (i.e., classes once/week per group; eight groups total per year).

Budget			
Activity/Item	**Brief Description**	**Quantity**	**Total**
Program Manager	~20% FTE	Minimally 1	*
Clinician	~20% FTE	Minimally 1	*
CMHA	~50% FTE	Minimally 1	*
Clinical Supervisor	2-3 hours per week (following training)	Minimally 1	*
Participation incentives	Gift cards, cash, or tangible items	*	*
Assessment incentives	Gift cards or cash	*	*
Curriculum materials/program supplies	Printed participant manuals and general teaching supplies (notebooks, pens, easel pads, etc.)	*	*
Outreach and engagement materials	Flyers, handouts, snacks, meals	*	*
Supports to reduce barriers	Transportation vouchers, childcare (if applicable)	*	*
Technology	Computers for staff	*	*
Technology	Subscription to virtual meeting platform service	*	*

Meeting space for classes	Rental fees (if required)	*	*
MOMS Partnership Network Membership Fee	Annual fee to participate in the MOMS Network and access MOMS programming	1	**
		Total Amount:	*

*Depends on program scope and other local factors
**Begins in Year 2 of MOMS Partnership operations, or when the team enters the Nurture Phase

LESSONS LEARNED

Through implementation and replication of the MOMS Partnership across multiple communities and service systems, several important lessons have emerged that may benefit organizations seeking to adopt the model.

1) **Co-locating access to mental health supports in places where mothers already engage increases access.** There is great value in integrating mental health services into systems/organizations that mothers already engage with — such as community programs, public benefits programs, public housing communities, and family shelters. Delivering the MOMS Partnership in trusted and familiar settings reduces barriers to participation and allows mental health supports to be framed as part of broader goals for health and well-being, social and economic mobility, and flourishing.

2) **Organizational readiness and early sustainment planning helps maximize long-term success for a MOMS Partnership site.** MOMS Partnership implementation across a wide range of organizational contexts has highlighted the importance of assessing organizational readiness to adopt MOMS. Identifying lead partners who will consistently champion and help guide programming decisions and planning early for long-term sustainment of MOMS programming (including a plan to cover ongoing costs) are key.

3) **Flexibility and adaptation are necessary parts of successful implementation of the MOMS Partnership.** Implementing the MOMS model across distinct communities requires a "fidelity with flexibility" approach, maintaining core program components while adapting delivery to meet the unique needs of each community. Flexible strategies, including scheduling and program design, help local teams better engage families facing competing demands and high levels of stress. These adaptations also generate valuable insights that can be shared across the broader MOMS Partnership network..

NEXT STEPS

Building on successful implementation of the MOMS Partnership in multiple communities and contexts, MOMS is expanding to additional locations, partners, and service systems. We're excited to collaborate with partner organizations as we continuously evolve the MOMS model and innovate new strategies for delivering high quality maternal mental health care to communities that can really benefit. For example, there is potential to expand the MOMS CMHA role in future implementations of the model, which may help to simultaneously address mental health provider shortages and common barriers to mental health care. By using a "fidelity with flexibility" approach, we hope to continue to explore new ways to provide accessible, effective mental health supports to mothers.

CONTACT US

- elevate.yale.edu website
- Elevate Policy Lab on LinkedIn

APPENDIX

Browse our flipbook for more information on the MOMS Partnership.