Implementing a Population-Level Approach to Child Maltreatment Prevention by Mobilizing Public Health, Primary Care, and Non-Traditional Partners

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Brief presentation on the implementation of Triple P in North Carolina

- What is Triple P?
- Why is it important to consider parenting at a population level?
- What is happening with Triple P in North Carolina?

Discussion around 3 primary themes

- Importance of collaboration
- Developing a common language
- Integrating a new EBP in work that providers already do
Intensive family Intervention
Broad focused parenting skills training
Narrow focus parenting skills training
Brief parenting advice
Media and communication strategy
Individual Outcomes

• Increased parent skills and confidence
• Increased partner support

• Decreased undesirable child behaviors
• Decreased coercive parenting practices
• Decreased parent stress and depression
Population Outcomes

- Decreased substantiated child maltreatment
- Decreased out-of-home placements
- Decreased hospitalizations
- Decreased child mental health diagnoses
Why do we need a population approach?

Children in the clinically elevated range on the SDQ (N=1500)

$M = 8.2$

Clinical range

$N = 119$

Scores

$N$
What if we moved the population mean down .5SD
Percentage Reduction

scores

Clinical range

$5,255,980

17% reduction

20 Fewer Cases

A potential saving of

$5,255,980
What if we moved the population mean down 1SD

$M = 2.7 \quad M = 5.5 \quad M = 8.2$

$N = 79$

Clinical range
**Percentage Reduction**

A potential saving of $10,511,960

34% reduction

40 Fewer Cases

N = 79

Scores

Clinical range

M = 2.7

M = 5.45

M = 8.2
Learning Collaborative

A learning environment in which participating counties come together to learn, share, plan.

• Best practices – what works
• Challenges – collective problem solving
• Efficiencies
• Based on Triple P Implementation Framework

Support for the Collaborative
• Division of Public Health
• Early Childhood Advisory Council
• Triple P America
• Cabarrus Health Alliance awarded $1.3 Million Grant from NC DHHS
  • 4 years: 2012-2016
  • Capacity building through training and support
• Pioneered local evaluation plan
• 1 of only 2 funded sites to be selected for the Duke Endowment Implementation Evaluation
As many as **30 different agencies** in a single county work together to support common Triple P goals.
Cultural changes in how we work with parents by pulling sectors out of silos and mobilizing non-traditional partners
Individual and System Level Changes

- Positive parenting integrated into agencies to offer in house, eliminating the need to refer out
- Providers given the skills and expertise to work with parents within their scope of work
- Parents hear the same message as all sectors speak a common language using the same EBP
- Mobilizing agencies and providers through incentive program
NC Project LAUNCH Flow Chart & Domains

<<Promotion/Outreach/Social Marketing>>

(1) Well Child Visits

(2) Soc. & Emot., Maternal Depression Screening

(3) Home Visiting Continuum

(4) Early Childhood MH Consultation Across Settings

(5) Family Strengthening

Family Interest

In need of services (positive)

FP & Family talk: goals, strengths, needs & schedule next contact

Engagement & partnership
Help with concrete needs & supports
Home Visiting
Triple P 3
Care coor & sys navigation

Prevention
• Triple P 3
• Assessment, Evaluation
• Brief Interventions
• Triple P 4-5
• CBT

If more intensive services needed referral to: CDSA (0-2) ABSS (3-8) For Clinical Assessment

An array of Positive Parenting Programs TP Levels 3-5

Family-Centered Med Home

Pediatrician

Nurse or Office Manager

Early Childhood MH Specialist

Family Partner

ECMH Team

* (1) Integration/w Primary Care; (2) Soc/Emot Screenings; (3) Home Visiting; (4) ECMH Consultation; (5) Family Strengthening
Developing a Common Language & Approach to promote Positive Parenting for all families of children 0-8

- Social Services
- Public School
- Home Visiting
- Health Department
- NCFU
- MH Provider
- Primary Care
- Hospital
- Child Welfare
- Social Work
- Exception Children
- P for C CDSA Exchange Club
- Child Health CC4C WIC
- Family Partners (support & advocacy)
- Institute for Family Centered Services/MH Provider
- Pediatric P. Care (2)
- Family Practice
- FQHC
- Pediatric Rehab

(+ 2 community)
Questions for Discussion

• What unique barriers do you experience when implementing population level interventions?

• What successes have you experienced with cross collaboration?

• What specific strategies do you employ to mobilize community stakeholders?

• What funding resources exist for population level work?