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

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Roundtable Agenda

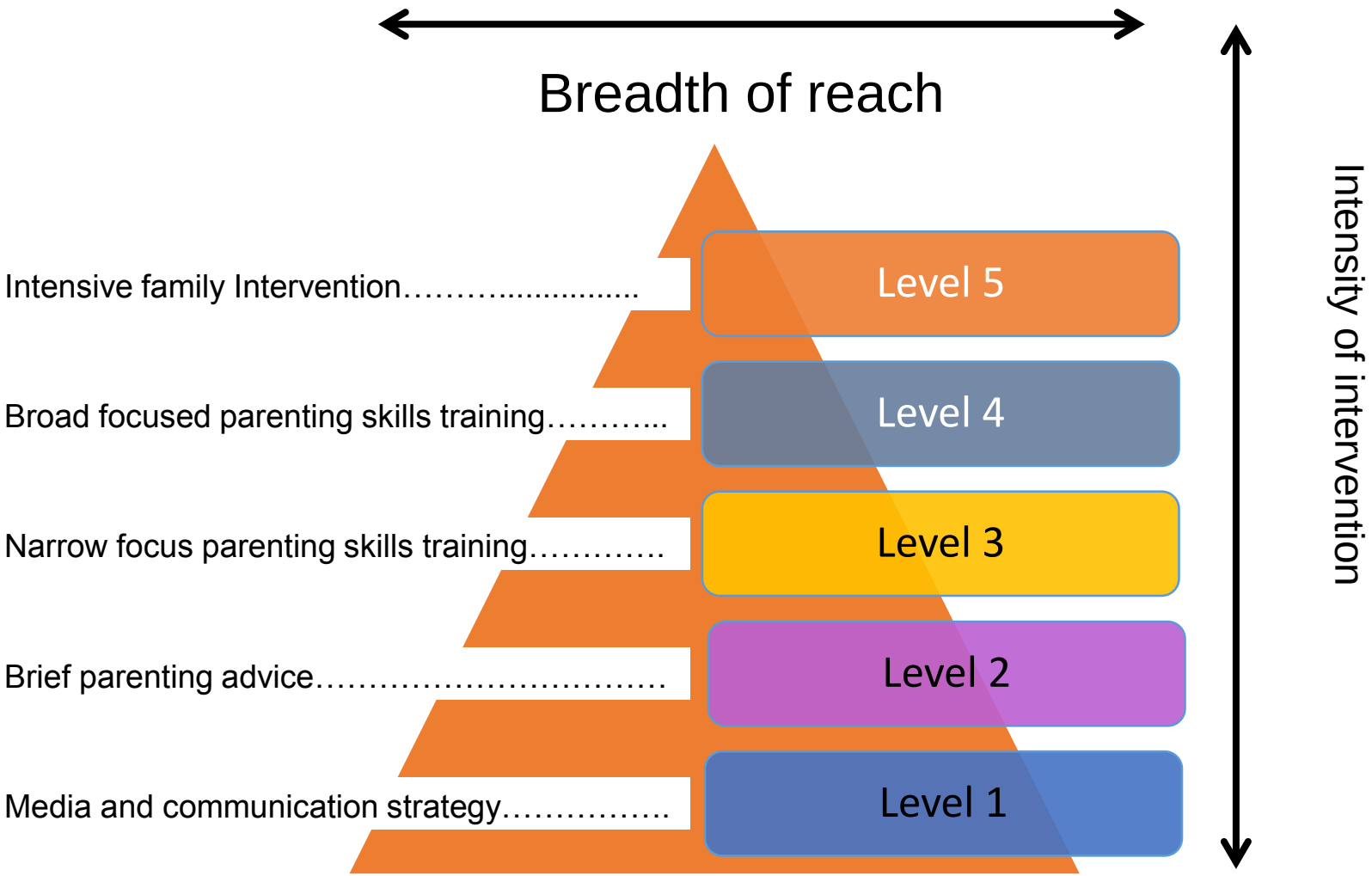
Brief presentation on the implementation of Triple P in North Carolina

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

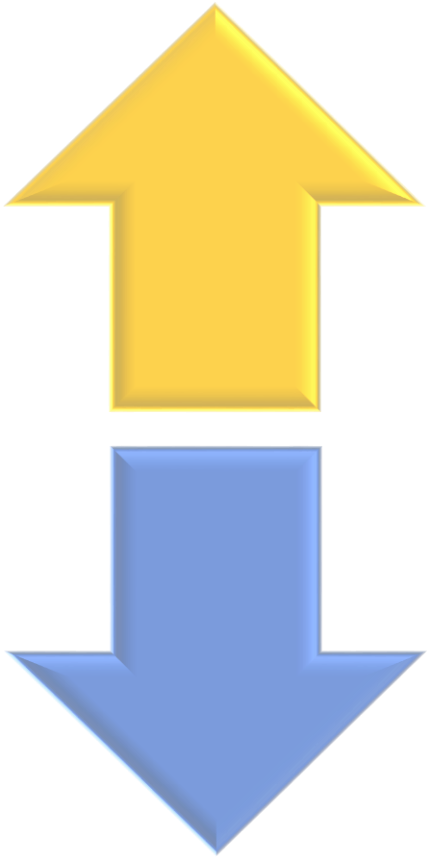
Discussion around 3 primary themes

- Importance of collaboration
- Developing a common language
- Integrating a new EBP in work that providers already do

Triple P System



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

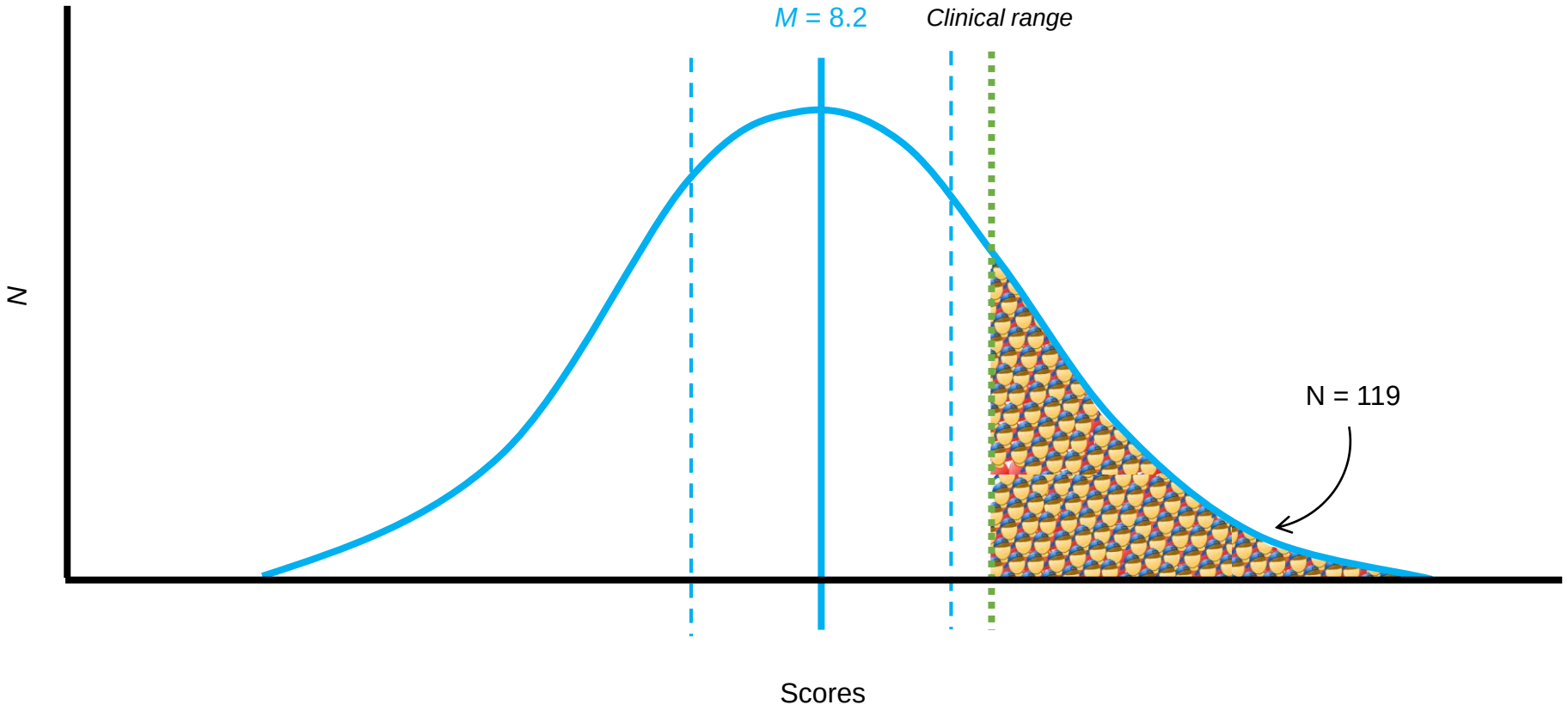
Decreased out-of-home placements

Decreased hospitalizations

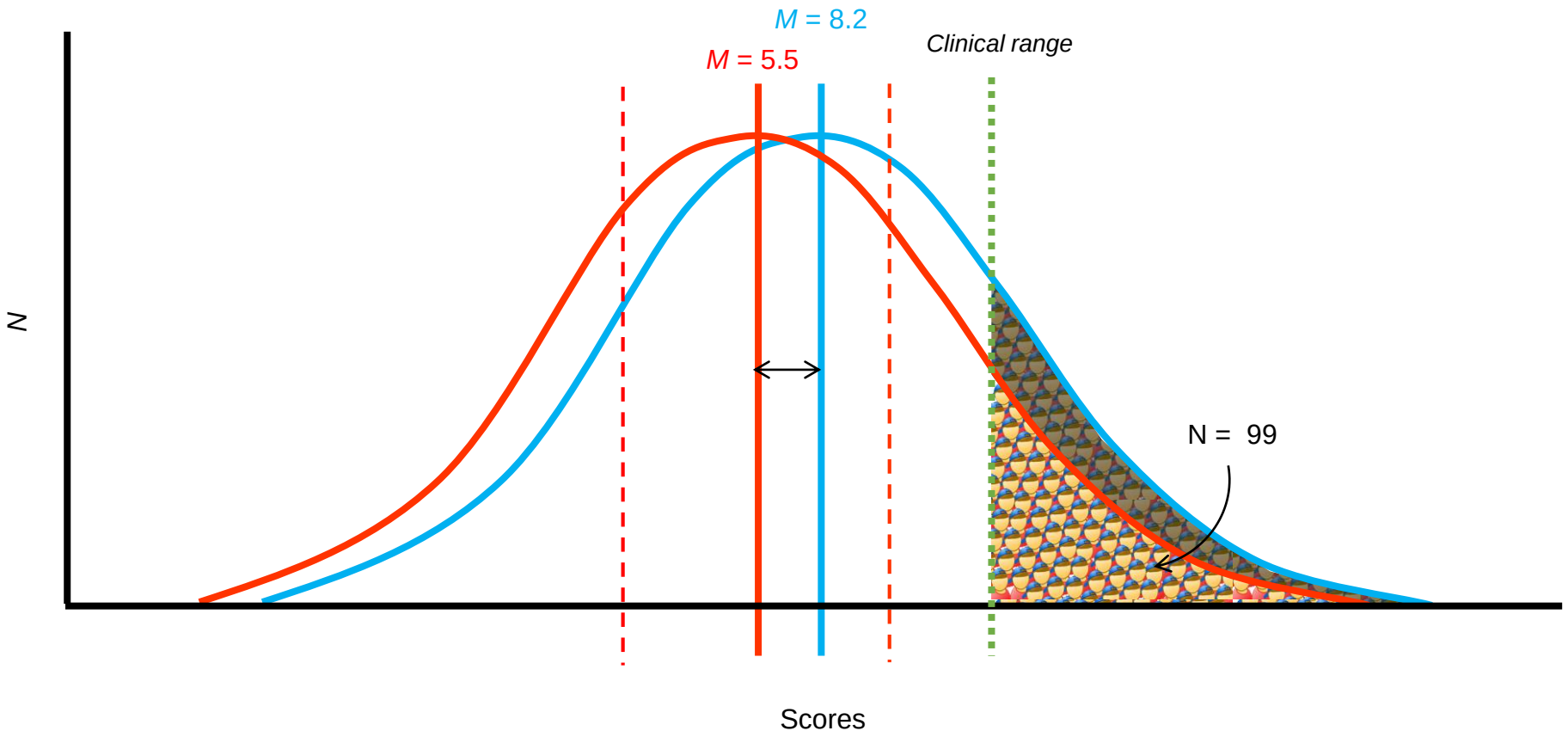
Decreased child mental health diagnoses

Why do we need a population approach?

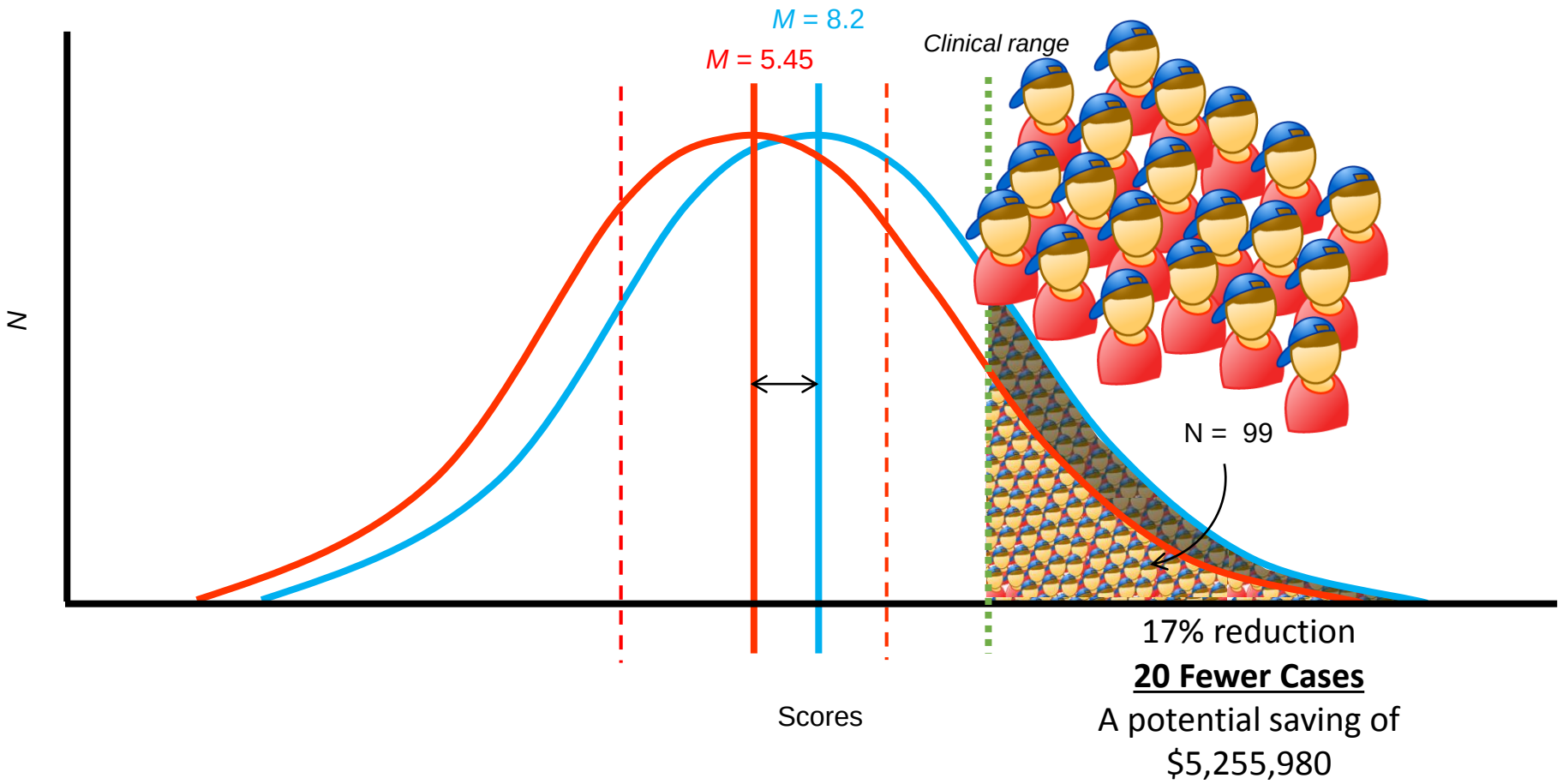
Children in the clinically elevated range on the SDQ (N=1500)



What if we moved the population mean down .5SD



Percentage Reduction

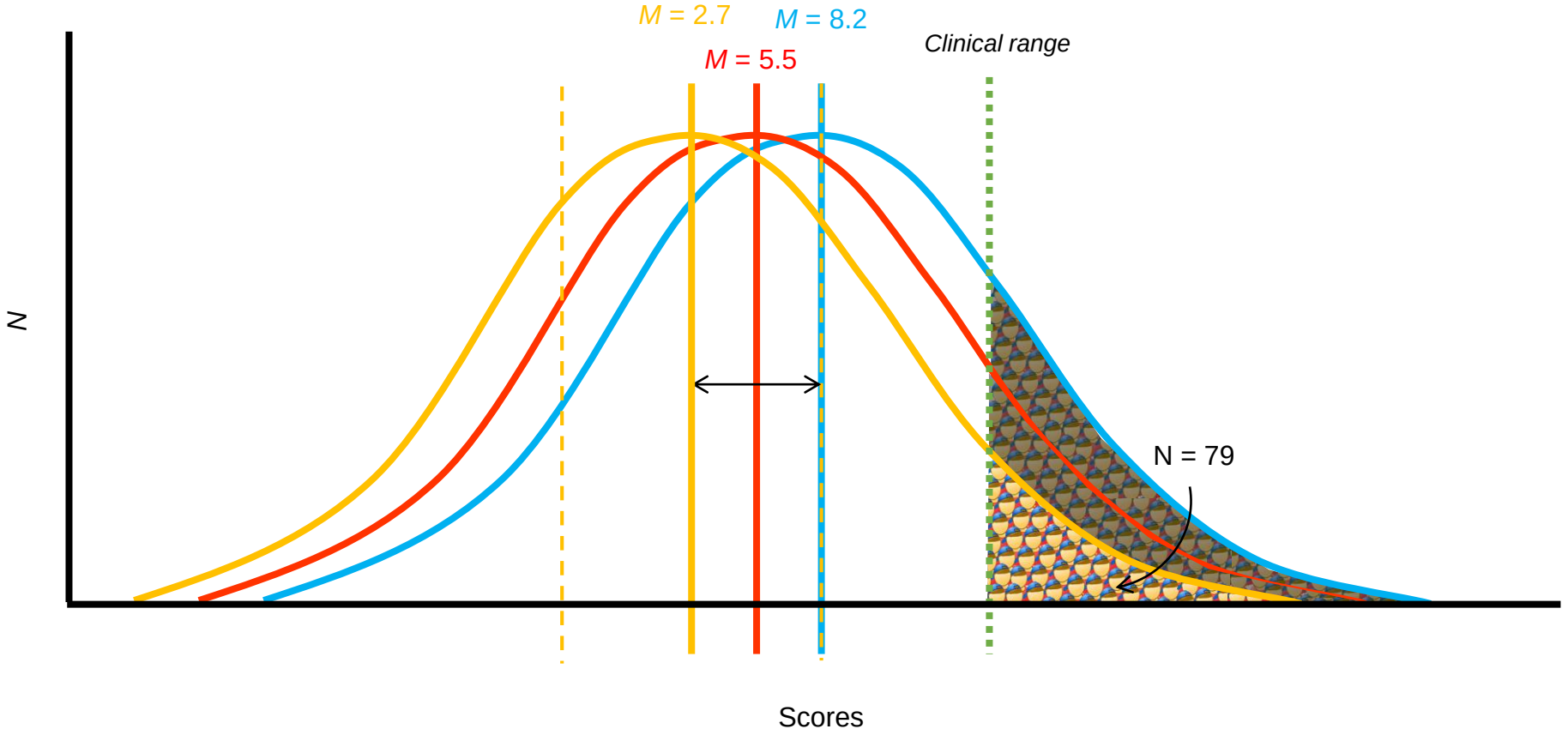


17% reduction

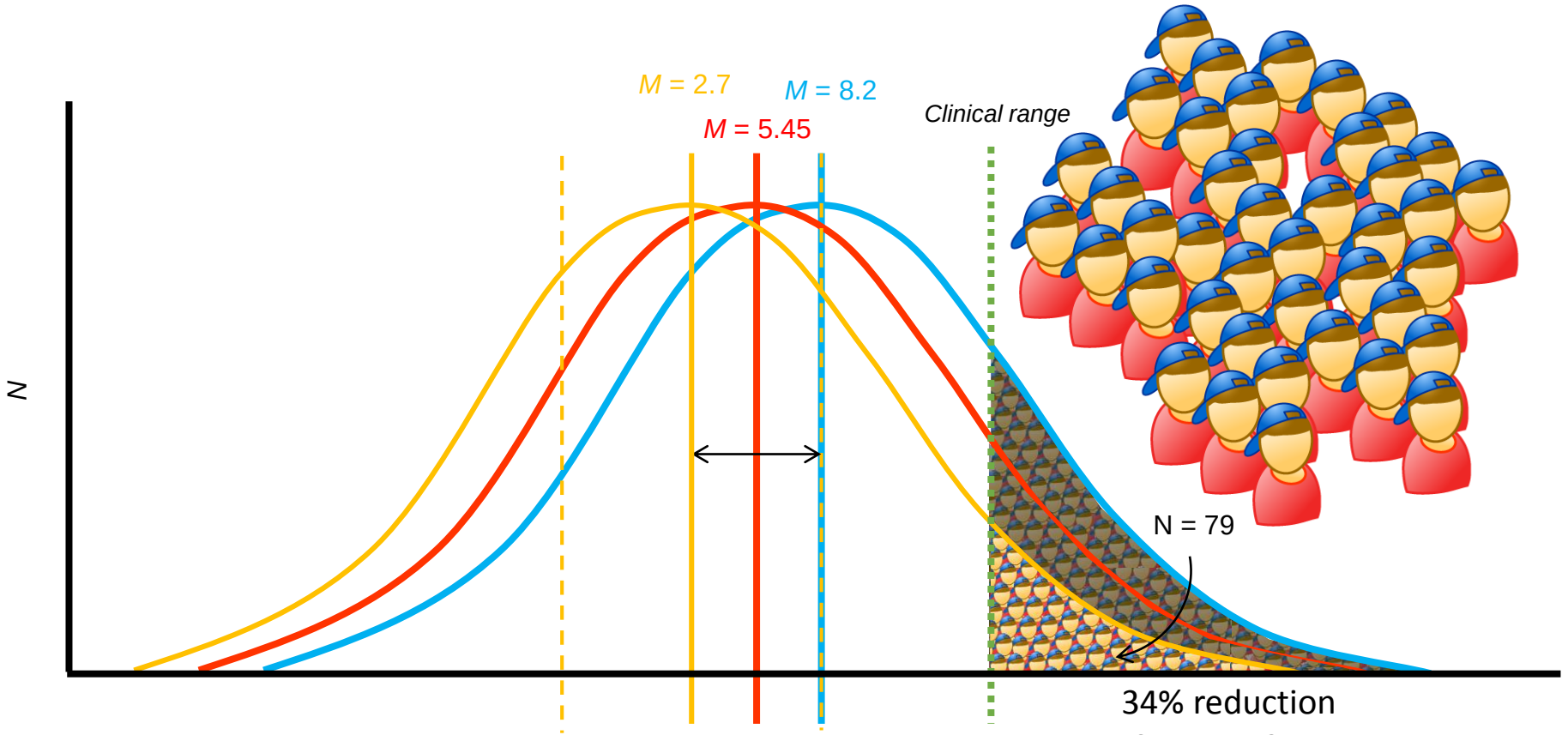
20 Fewer Cases

A potential saving of $5,255,980

What if we moved the population mean down 1SD



Percentage Reduction

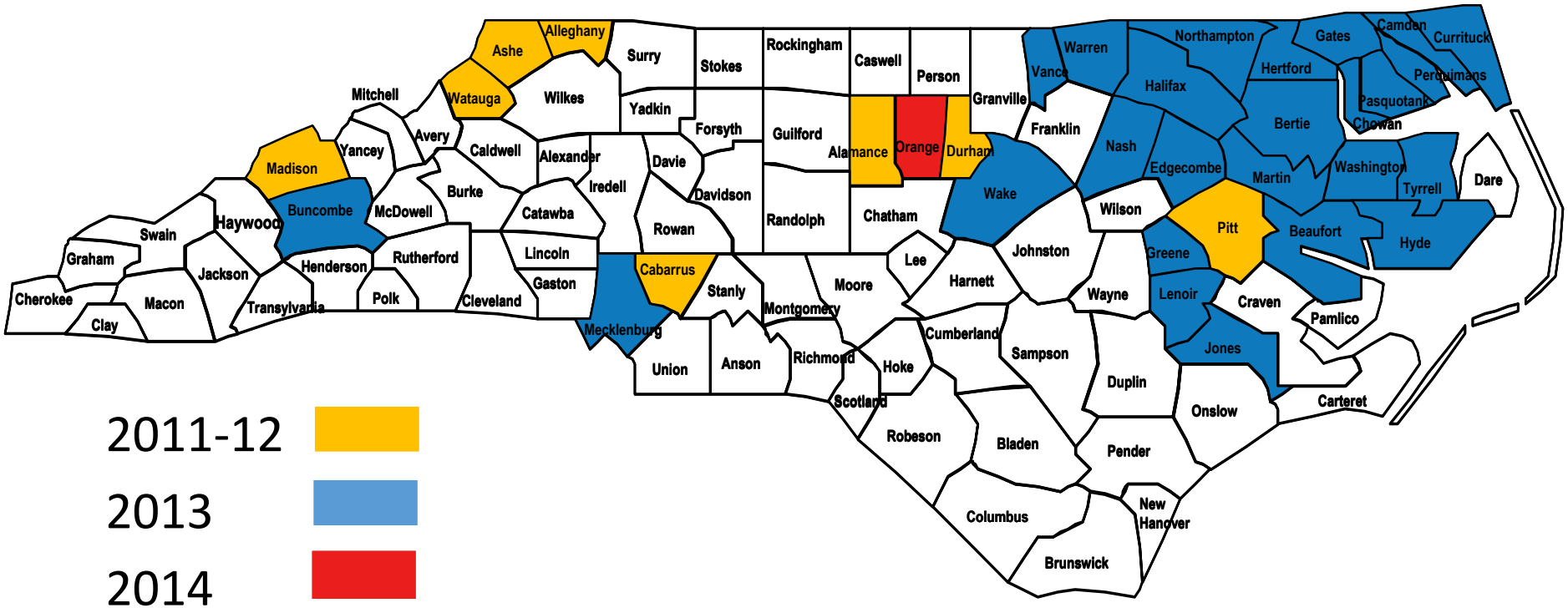


34% reduction

40 Fewer Cases

A potential saving of $10,511,960

NC State Learning Collaborative



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 County

- 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

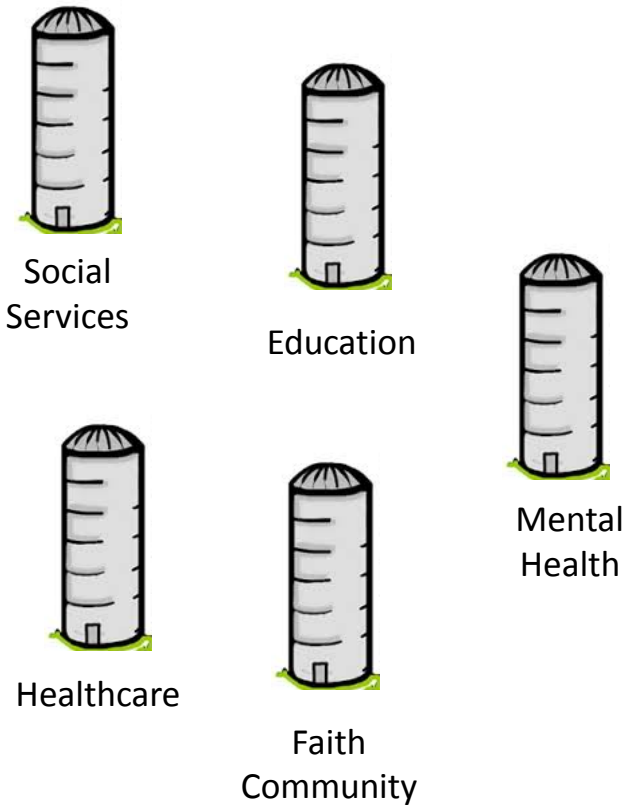
Range of Agency Involvement

As many as **30 different agencies** in a single county work together to support common Triple P goals.

Cabarrus County

Individual and System Level Changes

Cultural changes in how we work with parents by pulling sectors out of silos and mobilizing non-traditional partners



Peer Support

Cabarrus County

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>>

Well Child Visits

(1)

Family-Centered Med Home

(2)

Soc. & Emot., Maternal Depression Screening

Pediatrician

Nurse or Office Manager

Early Childhood MH Specialist

Family Partner

ECMH Team

In need of services (*positive*) + *Family Interest*

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

FP

ECMH

Early Childhood MH Consultation Across Settings

(4)

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

(3)

Home Visiting Continuum

- ✓ **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 Strengthening

(5)

CONVEYER BELT OF SERVICES & SUPPORTS

* (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

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
Social Services	Public School	Home Visiting	Health Department	NCFU	MH Provider	Primary Care	Hospital

(+ 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?