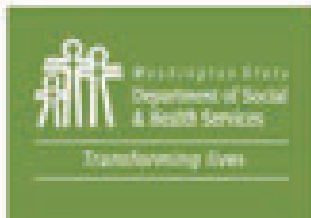


A Comprehensive Approach for Community-Level Parenting Programs: Provider, Policy and Practice Implications

National Prevention Network

November 19, 2015

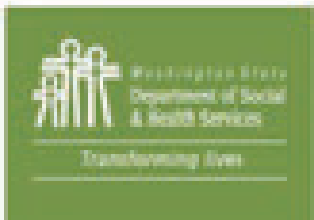


Workshop Objectives

- **Overview Washington Triple P initiatives and why they are important;**
- **Identify barriers to implementation and strategies for overcoming barriers; and,**
- **Provide opportunities for strategy-specific discussion, especially about integration with primary care.**



**A little about
Triple P**



- The Triple P system is an evidence-based mental health promotion approach.
- Its specific strengths are promoting positive parenting and preventing child abuse and neglect.
- The Triple P system consists of five intervention levels, ranging from universal prevention (level 1) to indicated prevention (levels 2 and 3) to intervention (levels 4 and 5). A detailed description of these intervention levels is available at www.triplep.net.



- One population-level study of Triple P showed that the Triple P system may ‘move the needle’ on substantiated child maltreatment, child out-of-home placements, and child maltreatment injuries (Prinz and Sanders, 2009).
- This study is the first to randomize geographical areas and show preventive impact on child maltreatment at a population level using evidence-based parenting interventions.



- Focusing on creating strong families is an important component of building resilient and healthy communities.
- With its multi-level approach to parenting education and family system development, Triple P has applications for universal, selective and indicated populations.



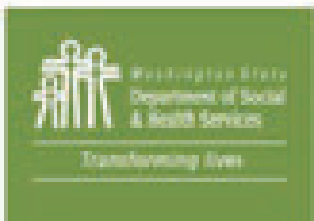
Transforming Lives



Though substance abuse prevention outcomes can be positively inferred from research results to date, there have been no specific studies done to test Triple P's impact on substance abuse.

Transforming
Lives

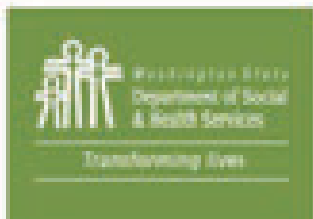
Implementation Story



- Each of the three communities involved in the Rural Triple P Initiative were culturally diverse.
- One contained a larger-than-state-average of American Indians/Alaska Natives.
- Another contained more than five times the state average of Hispanic/Latinos.
- And the final community has higher-than-state-averages for both populations.



- Effective outreach to these populations was a key training and implementation consideration.
- Bilingual (Spanish) providers and American Indian/Alaska Native received the training.
- Additionally, written materials were provided in Spanish where appropriate.
- Finally, public awareness messaging was provided in both English and Spanish.



Selection Process

- Prevention Redesign Initiative Communities
 - Elevated risk indicators
 - Coalitions
- Four applications
 - Letter of Interest
 - Preliminary readiness assessment
- Three accepted
 - Varied on knowledge of program and readiness to implement

Project's Implementation Goals

- Develop a community-level public health approach to support positive parenting
 - Prevention activities
 - Early intervention activities
 - Acute intervention activities
- Provide practitioners with sufficient training to and support to deliver Triple P with frequency and fidelity

Stages of Implementation

Exploration and Adoption

- Goodness of Fit
- Tasks and Timelines

Program Installation

- Training

Initial Implementation

- Provider Support
- Fidelity

Full Operation

- Program fully integrated at different levels

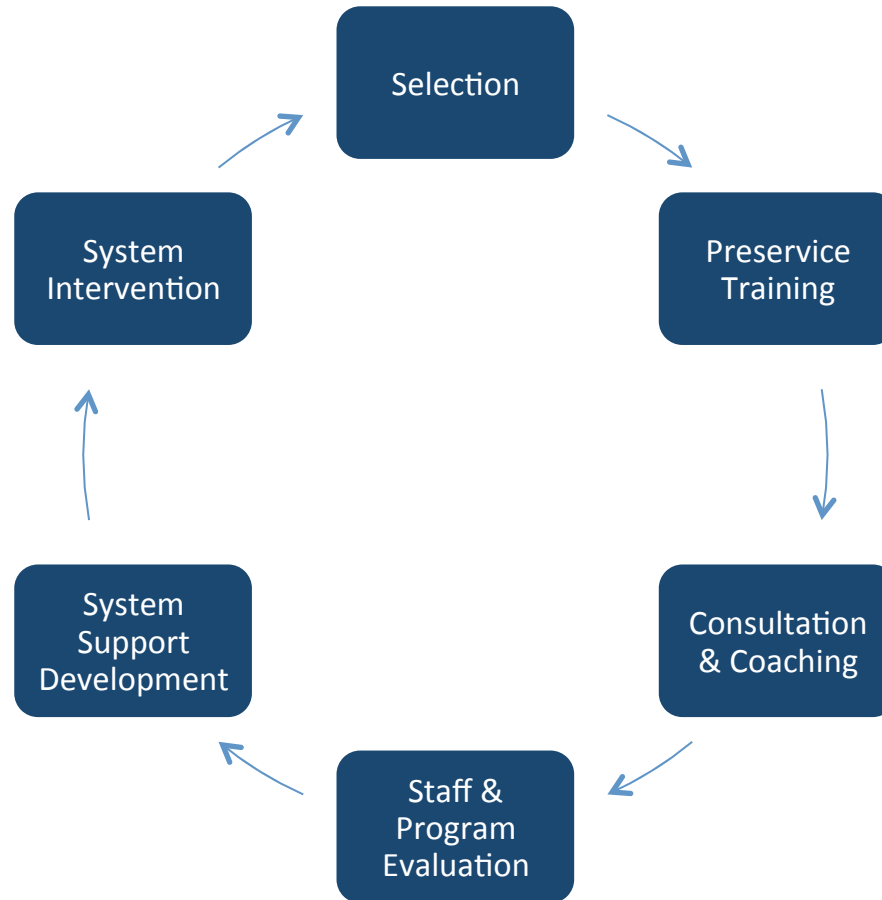
Innovation

- Streamline, refine and/or expand

Sustainability

- Long-term plan to support implementation

Core Components of Implementation



Implementation Technical Assistance

- Operations and Sustainability Guide
 - Orients to implementation science
 - Contains 4 sections
 - Questions to complete and return to project staff
 - Delivered prior to entry into phase of implementation
- Review and feedback

Transforming
Lives

Incorporating Triple P Into Primary Healthcare Settings



High priority – Get primary care providers involved

WHY?

- Parents listen to primary healthcare providers – even if they do not always follow the recommendations.
- Affordable Care Act, Medicaid Expansion and Healthcare Homes – primary care providers can influence trajectory of problems through appropriately timed interventions.
- Interested in well-being of patients.

Barriers for primary care providers

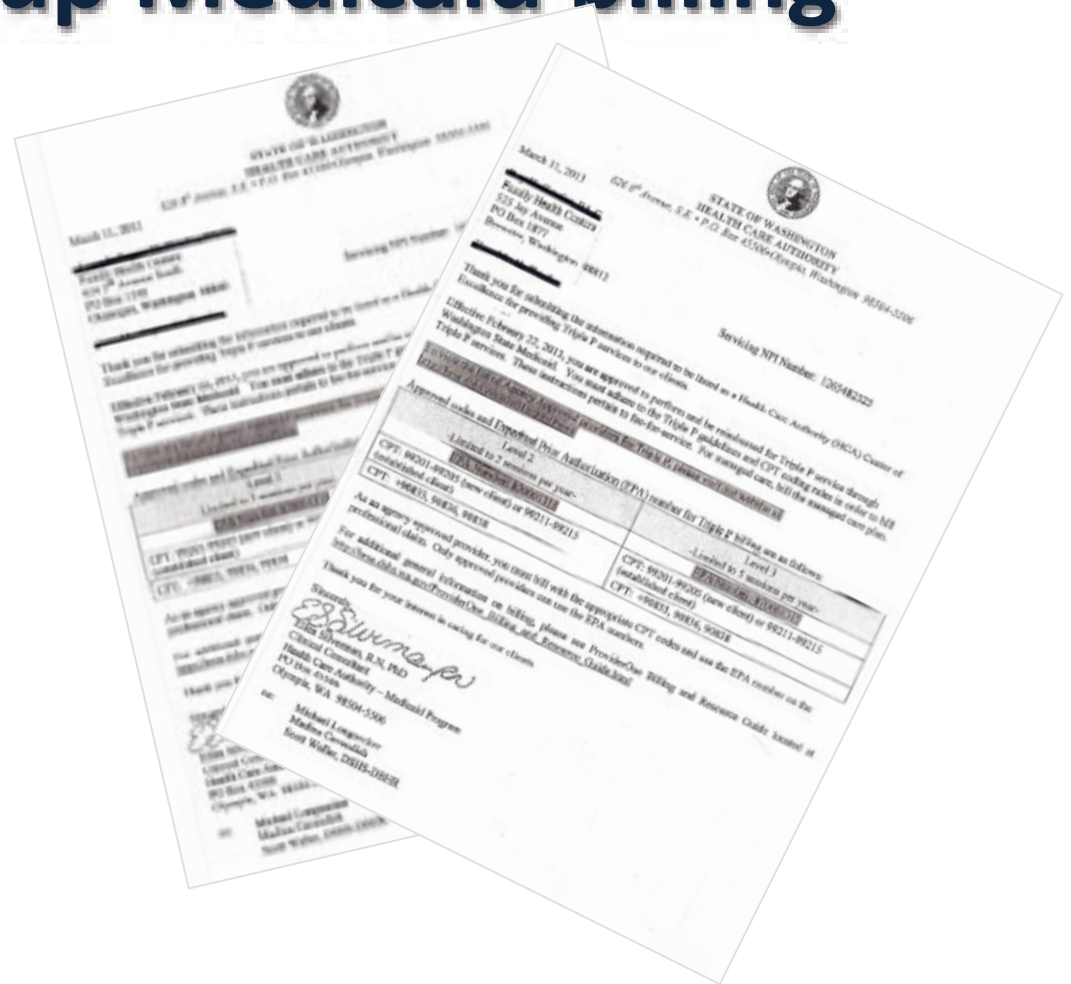
- **Time** – for meetings, for training, for delivery of services, for record-keeping, etc.
- **Medical practices are businesses** – there is little room in the course of a day for non-billable services.

Keys to setting up Medicaid billing

- **State Medicaid medical director** – impact of Triple P in reducing child harm indicators in South Carolina
- **Identification of Medicaid billing codes** – in Washington, Triple P is recognized as a service that can be provided during a normal office visit
- **Referral protocols** - for patients who need more intensive behavioral health support than primary care providers can offer

Keys to setting up Medicaid billing

- **Tie billing to Triple P certification** - after training they get provisional billing authority; certification necessary to retain



Billing process in Washington

- **Provider One** – primary care providers participating in this project bill for Triple P services using specific authorization codes through centralized billing system

Evaluation of Triple P Positive Parenting Program – Rural Initiative

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Project Coordinator: Erin McCormick, MSW, MPH

Research Coordinators: Andrea Negrete, MEd & Cathea Carey

State Partner: Scott Waller, Prevention Integration Lead

Triple P Partners: Randy Ahn, Ph.D. & Courtney Towne

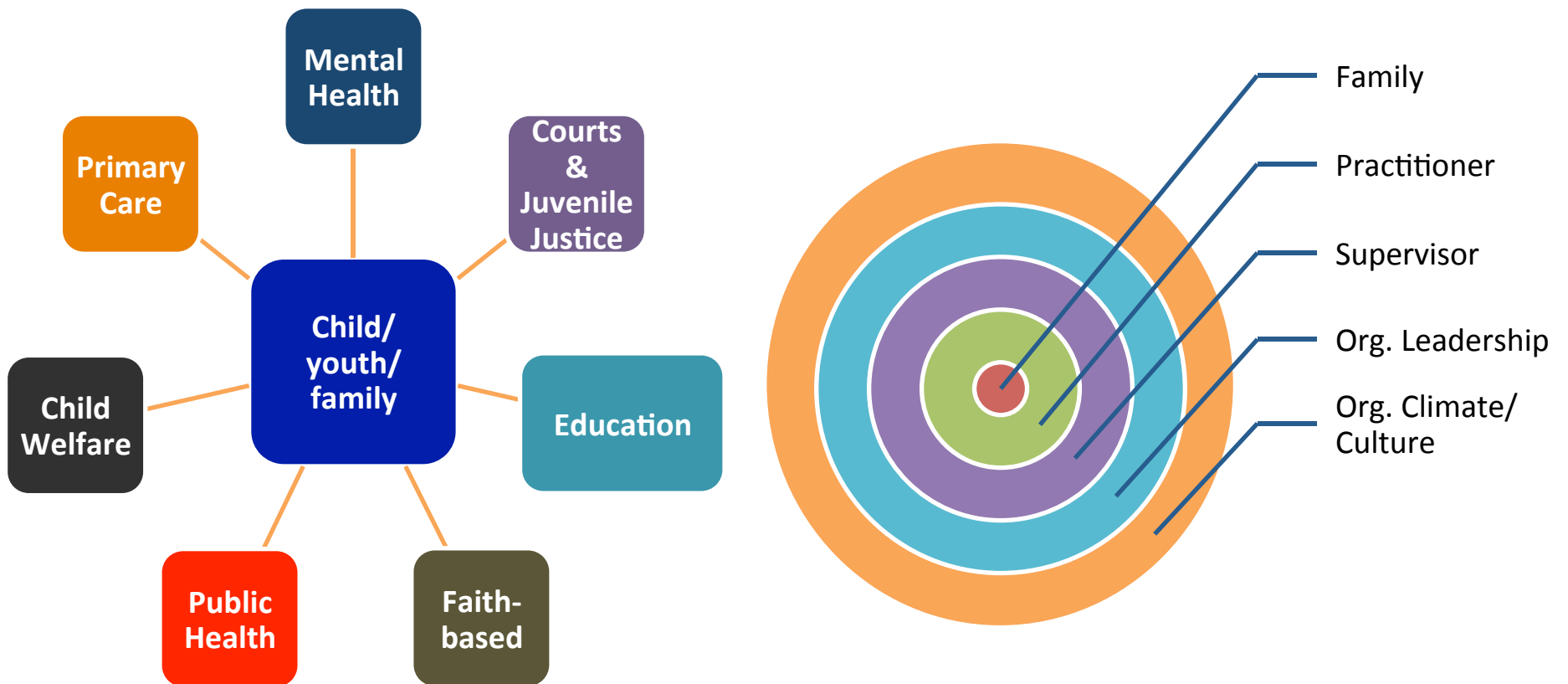


“Truly transforming societies so they ensure nearly everyone’s well-being requires a perspective beyond attention to individuals, families, schools, and peer groups. We have to translate this knowledge into benefits for entire populations.”

–Tony Biglan in *The Nurture Effect* (p.11)



Many systems serve families, and each system has layers



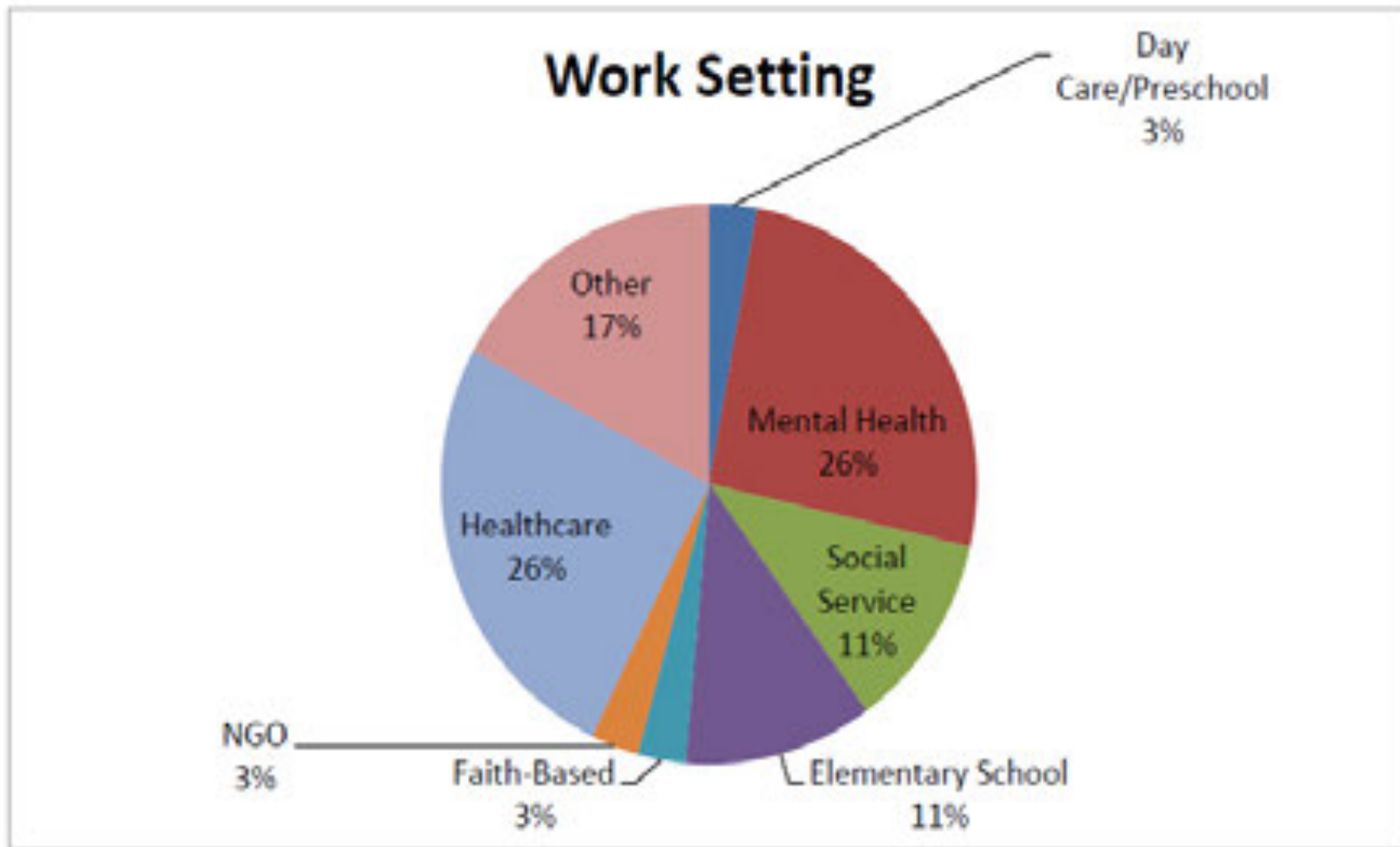
Many potential evaluation focus points

- Ensuring providers deliver effective services
 - Training/workforce development
 - Adherence/fidelity
- Supporting supervisors
- Organizational strategies
- Fiscal and policy strategies
- Social marketing/market demand
- Referral pathways and awareness

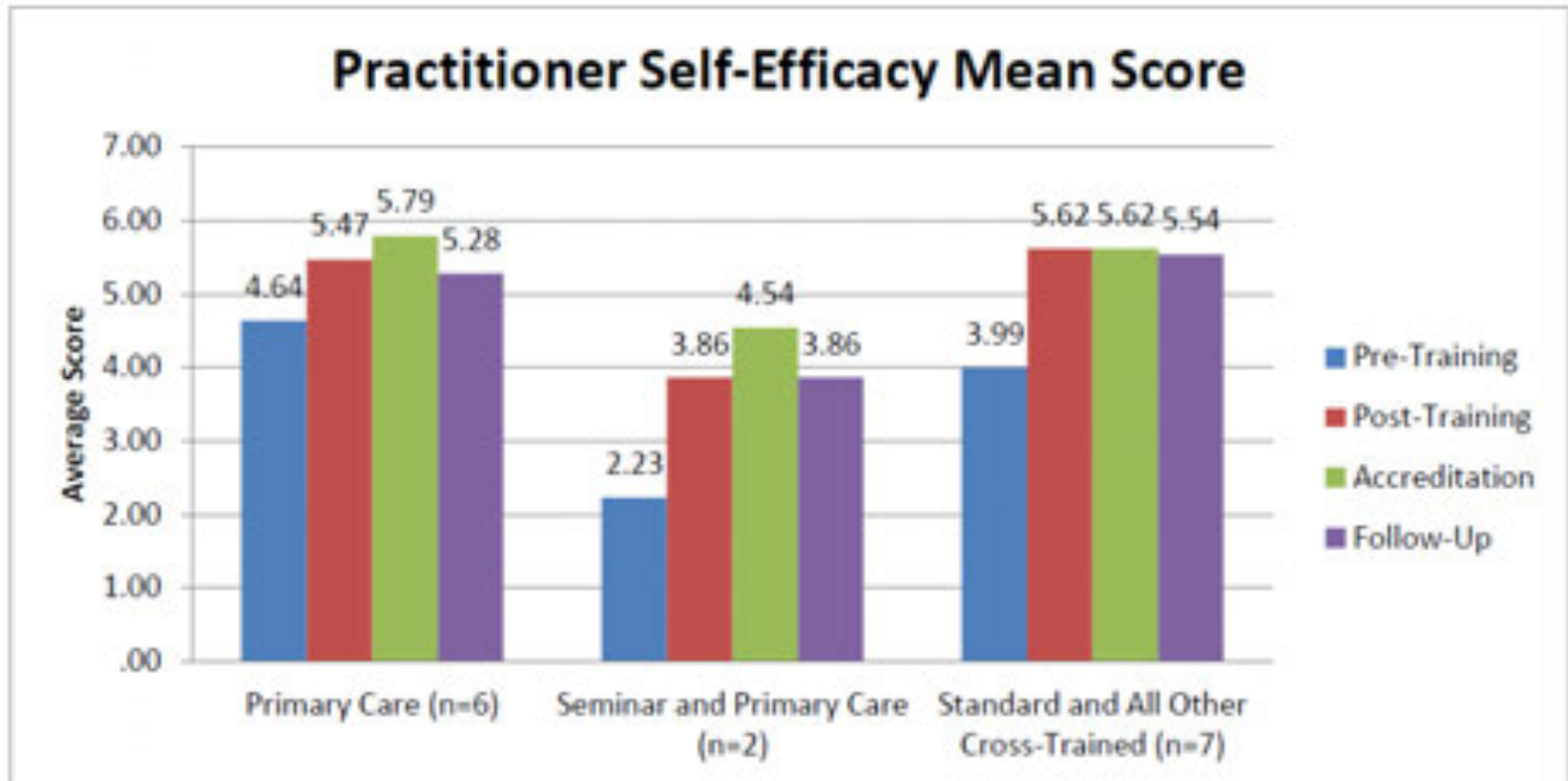
For the rural initiative...

- Evaluation goals
 - Establish feasibility and acceptability
 - Understand any needs for adaptations
 - Determine factors associated with program use
 - Examine 'reach' – what is realistic?
- Evaluation values
 - Pragmatic
 - Inform implementation

Who participated?



Overall, sustained improvement in self-efficacy (among those who used the program)

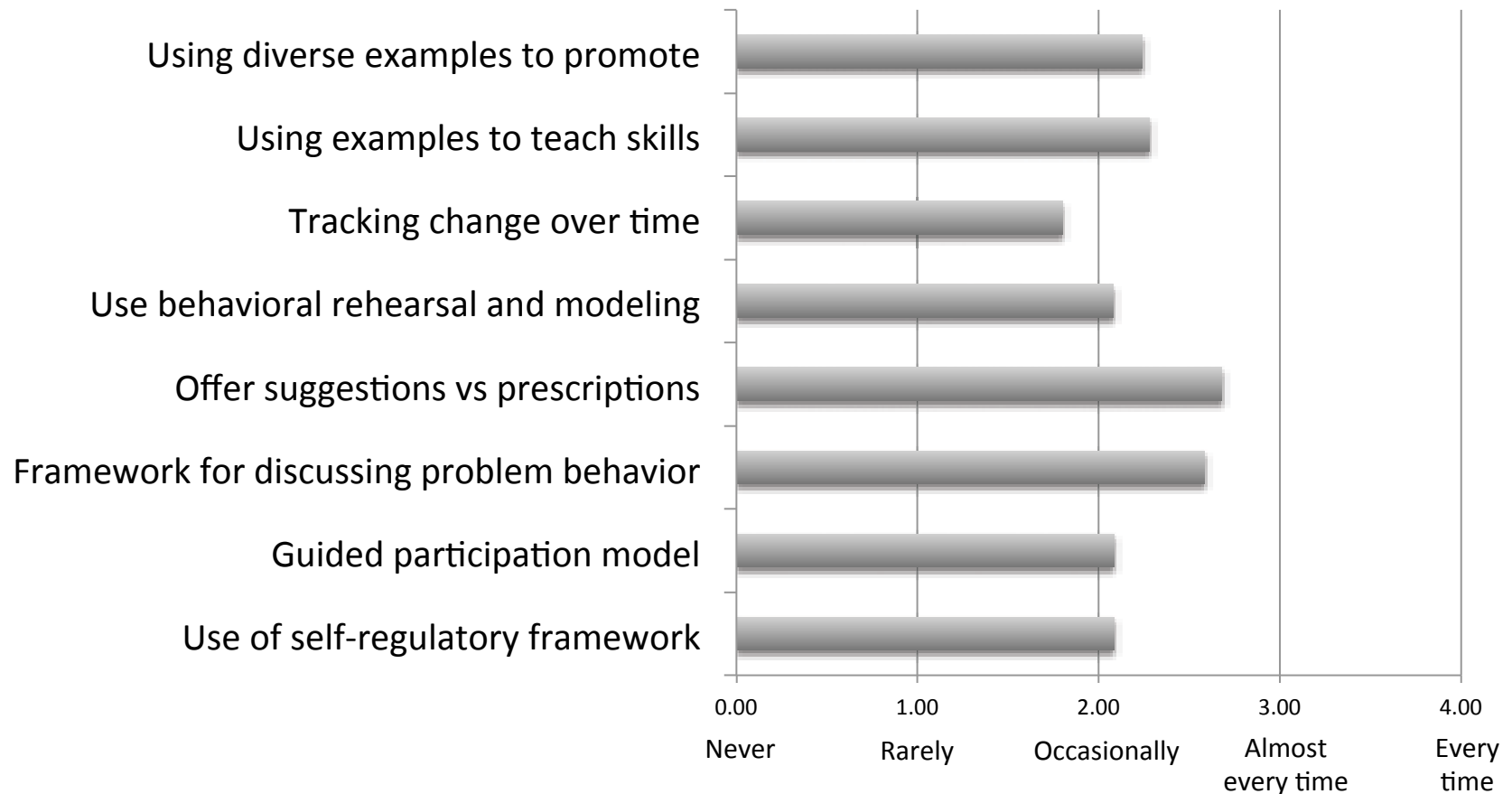


But... limited implementation

- 43 practitioners received training
 - Data at all time points for 37 (86.0%)
- Only 54% reported using Triple P intervention within the first 6 months
 - Adopters tended to have
 - Higher self-efficacy with treatment delivery (OR 3.22, $p=.010$)
 - More favorable attitudes toward evidence-based practices (OR 11.97, $p=.022$)
 - Work in health care settings
 - Factors not associated with implementation (note small sample size)
 - Satisfaction with the training (possible ceiling effect)
 - Prior experience with parent consultation
 - Strength of community referral pathways
 - Type of training received
 - Relatively high adoption by Spanish-language practitioners

Positive contagion? – influence in other areas of work (n=25)

Applications of core components to other areas of work



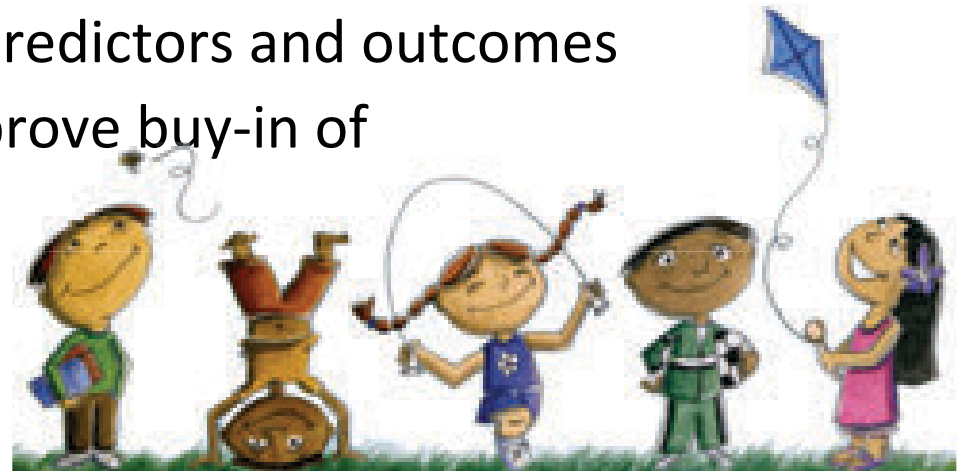
- Lessons learned

- Importance of the community coordinator!
 - One project, many systems
- It's definitely not the "field of dreams"
- There may be more than meets the eye (secondary benefits)
- Importance of training to 'activate' self-efficacy

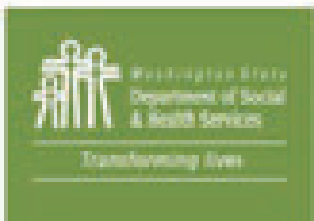


- Next steps: Triple P Urban Initiative

- Intentional focus on PC
- Social network analysis – predictors and outcomes
- Client-level outcomes (improve buy-in of stakeholders)



The Policy Story



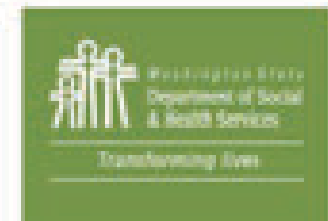
- Training is a critical consideration in evaluating fidelity of implementation. The evaluation results confirm the relationship between training, certification and willingness of providers to actually use the Triple P intervention system.
- Peer networking and consultation needs to be emphasized in future implementations.



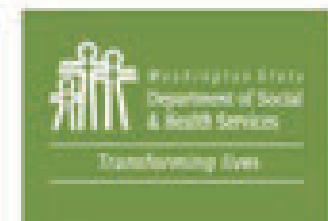
- Primary care providers can be recruited to participate actively in the delivery of parent- and family-intervention services. Further, if they see the value in the service they are willing to take time off from work to receive training.
- In Washington State, services provided by the primary care providers on the project were billable to Medicaid. This approach can be exported to other states.



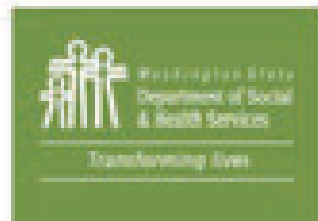
Discussion and Application



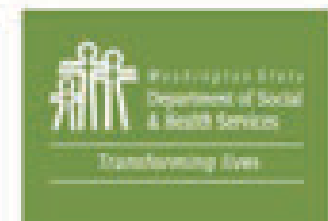
What would it take to implement all or a part of this strategy in your state or community?



Think about healthcare providers in your community. What about this would enhance their current practices?



What would be some incentives to action to get primary care providers to try this? What would be some incentives to get them to maintain?



What about this would resonate with pediatricians and other medical providers that work with youth and their families in your community? How about other service providers like home visitors, behavioral health, etc.



Contact Information

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Thank You!

