

United against chronic disease: Investing in the community's mental and physical health



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Community Challenges

Teen Pregnancy

Child Abuse and Neglect Referrals

Indicated Child Abuse and Neglect

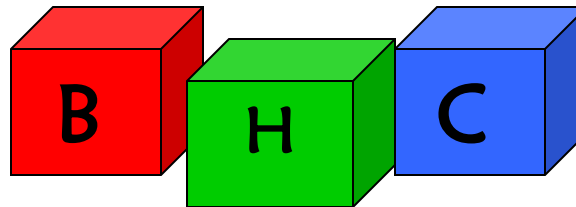
Foster Care Placements

Multi-generational Child Abuse and Neglect

Building Healthy Children (BHC)

“It is easier to build strong children than to repair broken men.”

-- Frederick Douglass

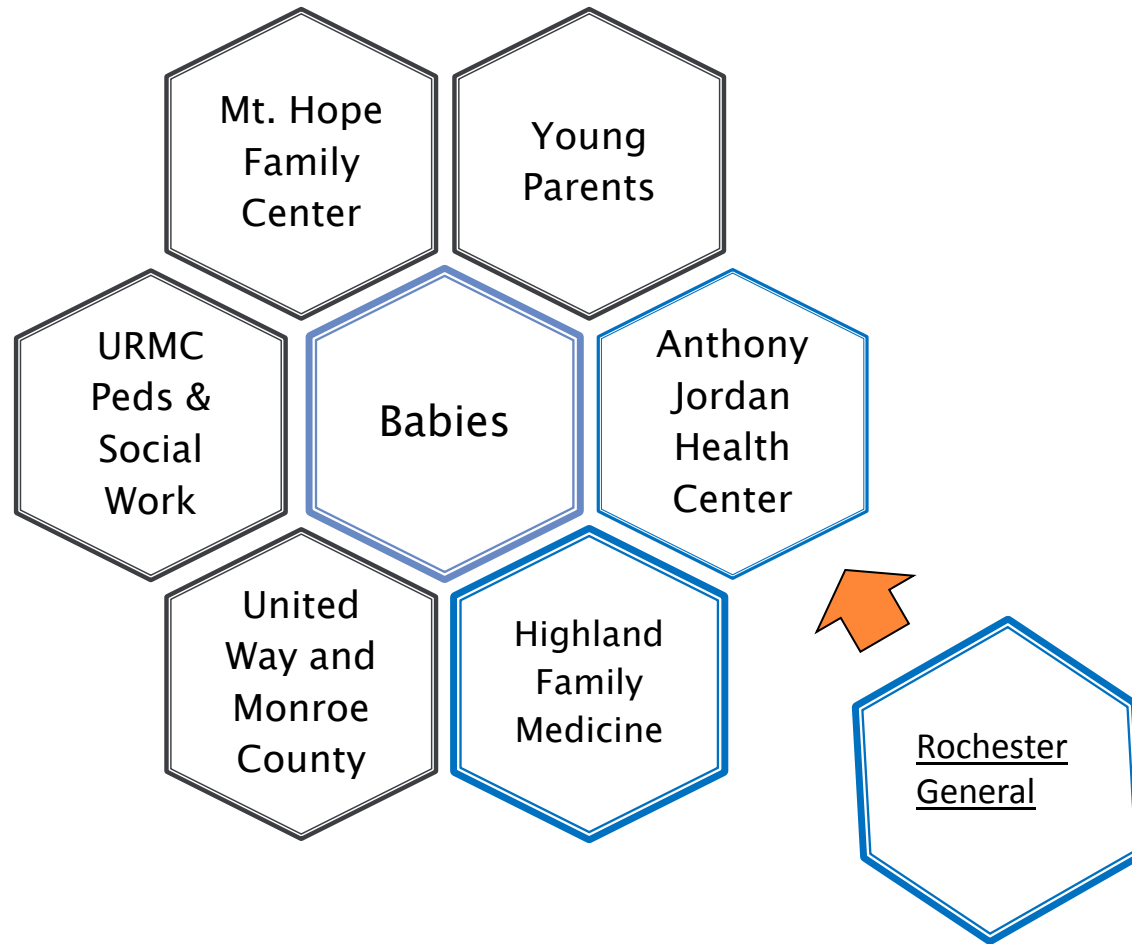


Building Healthy Children

- ▶ Research project with a randomized control trial
- ▶ Began as a pilot project in August of 2007
- ▶ Integrated approach to evidence-based home visitation targeting low-income teen mothers

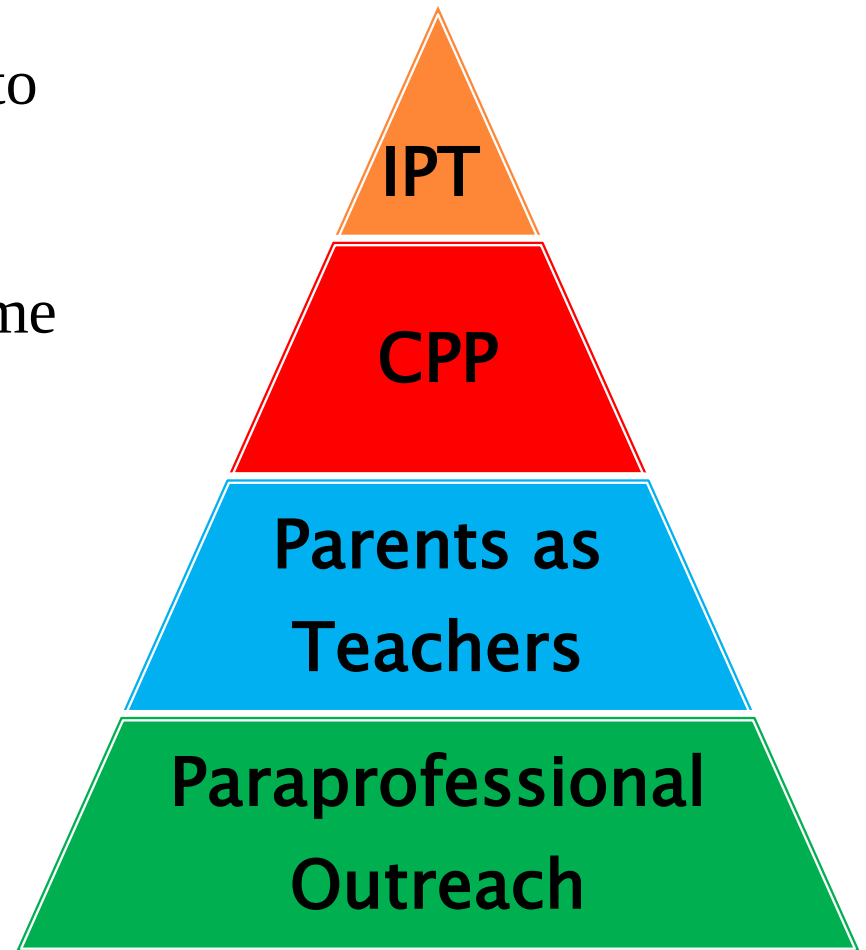


BHC Partners



Building Healthy Children Services

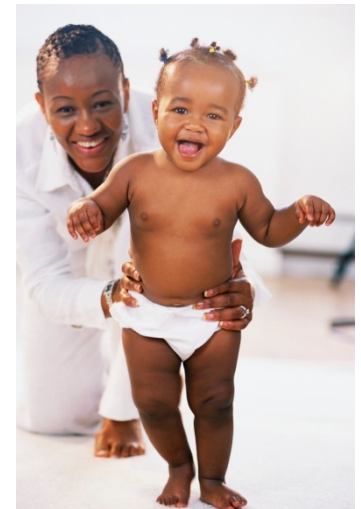
- ▶ Conceptualized as a tiered service pyramid, from global to more specialized & targeted
- ▶ Base of pyramid involves Home Visitation (paraprofessional outreach workers) to identify needs, provide assistance in linking with services, & to be culturally competent & sensitive



Working Off of What We Know

Home visiting to at-risk families, in particular those with psychosocial risks, provides benefits including:

- preventing potential child maltreatment,
- enhancing cognitive development,
- supporting the development of secure attachment in children,
- improving parenting skills and behaviors, and
- improving maternal/child health domains.



Working Off of What We Know

- ▶ Researchers have encouraged home visiting's use as part of a range of strategies including integration with a medical home model in order to enhance and improve early childhood outcomes.
- ▶ Capacity to engage those at risk and retain enrolled families in services is critical to improve population-based outcomes.

Engagement Strategy

Identify all children in the pediatric or family medicine practice who meet criteria for the program and offer enrollment in the program.

- Designate a project social worker to perform recruitment
- Social worker reviews list of all active practice children in the age range to identify those who meet criteria
- Social worker/Outreach worker contacts eligible families and enrolls those agreeable to the program

Engagement/Retention Strategy

Utilize paraprofessional outreach workers to ready families for evidence-based services (based on comprehensive assessment) and retain families in services/treatment

- Assistance in securing essentials of daily living
- Resolving barriers including transportation
- Helping families understand the benefits of services and treatment

Goals and Objectives

Project Specific

- ▶ Reduce child maltreatment and out of home placement.
- ▶ Enhance the parent-child relationship and support emotional security in young children.
- ▶ Increase the physical, social, emotional, and cognitive development of children at risk of maltreatment.
- ▶ Reduce maternal depressive symptoms that may increase risk for child maltreatment and poor emotional security.
- ▶ Enhance parental knowledge of child development.
- ▶ Increase self sufficiency of young mothers.
- ▶ Reduce repeat teen pregnancies.

Who is eligible to participate?

- ▶ Monroe County moms who were UNDER 21 when their first child was born
- ▶ Children who are patients at select pediatric and family medicine practices
- ▶ Families who have NO MORE than two children, and all children must be UNDER the age of 3
- ▶ Children are TANF eligible
- ▶ No CPS involvement in identified family



Services

All participants in the treatment group are eligible to receive evidence-based programming including:

- Parents As Teachers (PAT)
- Interpersonal Psychotherapy (IPT), and
- Child-Parent Psychotherapy (CPP) services.

Families not eligible or not in treatment group are referred to other community-based services.



Pediatric Social Worker

- ▶ Integration of EBHV with the delivery of preventive primary health care for vulnerable children
- ▶ Based in pediatric/family medicine clinics.
- ▶ Ability to identify and screen eligible families.
- ▶ Ability to engage participants as they come in for pediatric care.
- ▶ Ability to document pertinent information into electronic medical record



Interpersonal Psychotherapy (IPT)

- ▶ Offered to mothers who have elevated symptoms of depression
- ▶ Provided by Master's Level therapists working for Mt. Hope Family Center.

What is IPT?

- ❖ A brief psychotherapy supported by evidence-based research
- ❖ Focused on treating depression
- ❖ Time limited (12 weeks, 1 hour sessions)
 - ❖ Asserts that depression is associated with interpersonal relationships and/or events
 - ❖ Aimed at alleviating symptoms and improving client's ability to cope with problems associated with depression

Child –Parent Psychotherapy (CPP)

- ▶ Focuses on the parent-child relationship
- ▶ Offered to BHC treatment families when difficulties with parent-child attachment or trauma are identified
- ▶ Provided by Master's Level therapists working for Mt. Hope Family Center.

What is CPP?

- ❖ Based on John Bowlby's Theory of Attachment
- ❖ A home-based therapy that focuses on strengthening the parent-child relationship
- ❖ Typically one year in length (1 hour weekly sessions)
- ❖ Dyadic sessions held with parent & child
- ❖ Allows the parent & child to gain a better understanding of one another
- ❖ Builds appropriate parental responses to child's emotional expression
 - ❖ Helps the parent gain an understanding of their childhood relationship experiences & the impact on current relationships
 - ❖ Addresses trauma impacting the parent-child relationship

Parents as Teachers (PAT)

- ▶ Masters level Social Workers are utilized due to the complexity of the issues facing this population that regularly become barriers to effective engagement such as domestic violence, past histories of trauma, and mental health concerns.

PAT Services Include:

- ▶ Home visit activities designed to teach parents how to stimulate and strengthen their child's development
- ▶ Development Screenings using Ages and Stages Questionnaires
- ▶ Continual assessment of the child's ability to meet developmental milestones

BHC Outreach Services

- ▶ Provided by Strong Social Work Division Outreach Workers
- ▶ Primary role:
 - to develop a supportive relationship with the family,
 - to engage the family in the recommended BHC services, and
 - to address any basic daily living needs.

Services Include:

- Persistent outreach to engage families
- Supportive Home Visits
- Transportation to appointments
- Assistance with food, baby items, clothing, furniture, housing, childcare, etc.)
- Assistance with accessing DHS and other entitlements
- Assistance with scheduling & following through with well child care visits, immunizations, and medical recommendations/follow-up

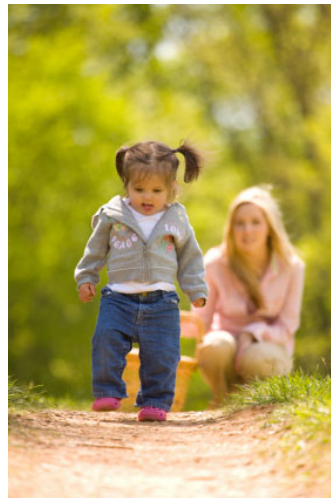
Risk Factors Identified

- ▶ 59% of children are exposed to domestic violence
- ▶ 23% of mothers have reported depressive symptoms
- ▶ 18% of parents have reported current or past criminal history
- ▶ 37% of mothers have an indicated CPS report as a child
- ▶ 19% of mothers report a history of sexual abuse



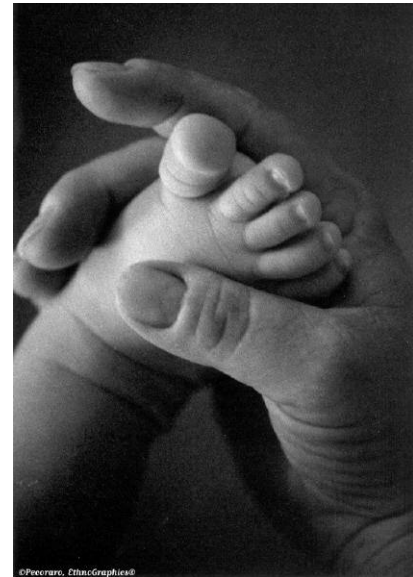
Length of Services

- ▶ Length of services in BHC will vary depending on the needs, goals, and participation of families.
- ▶ Families can stay involved until the identified child reaches age 3.



Outcome Measurement

- ▶ Child Welfare
- ▶ Child Health
- ▶ Maternal Mental Health
- ▶ Self Sufficiency
- ▶ Parent-Child Relationship
- ▶ Parenting
- ▶ Child Development



Outcomes and demographics measured

- Child Birth Weight
- Well Child Visits/Immunizations
- Injuries/Emergency Visits
- Parental employment
- Income level
- Number of adults in the household
- Number of children in the family
- Insurance enrollment
- Repeat pregnancies
- Mobility/Stability via number of moves
- Parental education
- Marital status

Recruitment & Retention

- ▶ Of all eligible families, 75% (N=497) of those approached enrolled in BHC
- ▶ 85% remained enrolled by child age 3

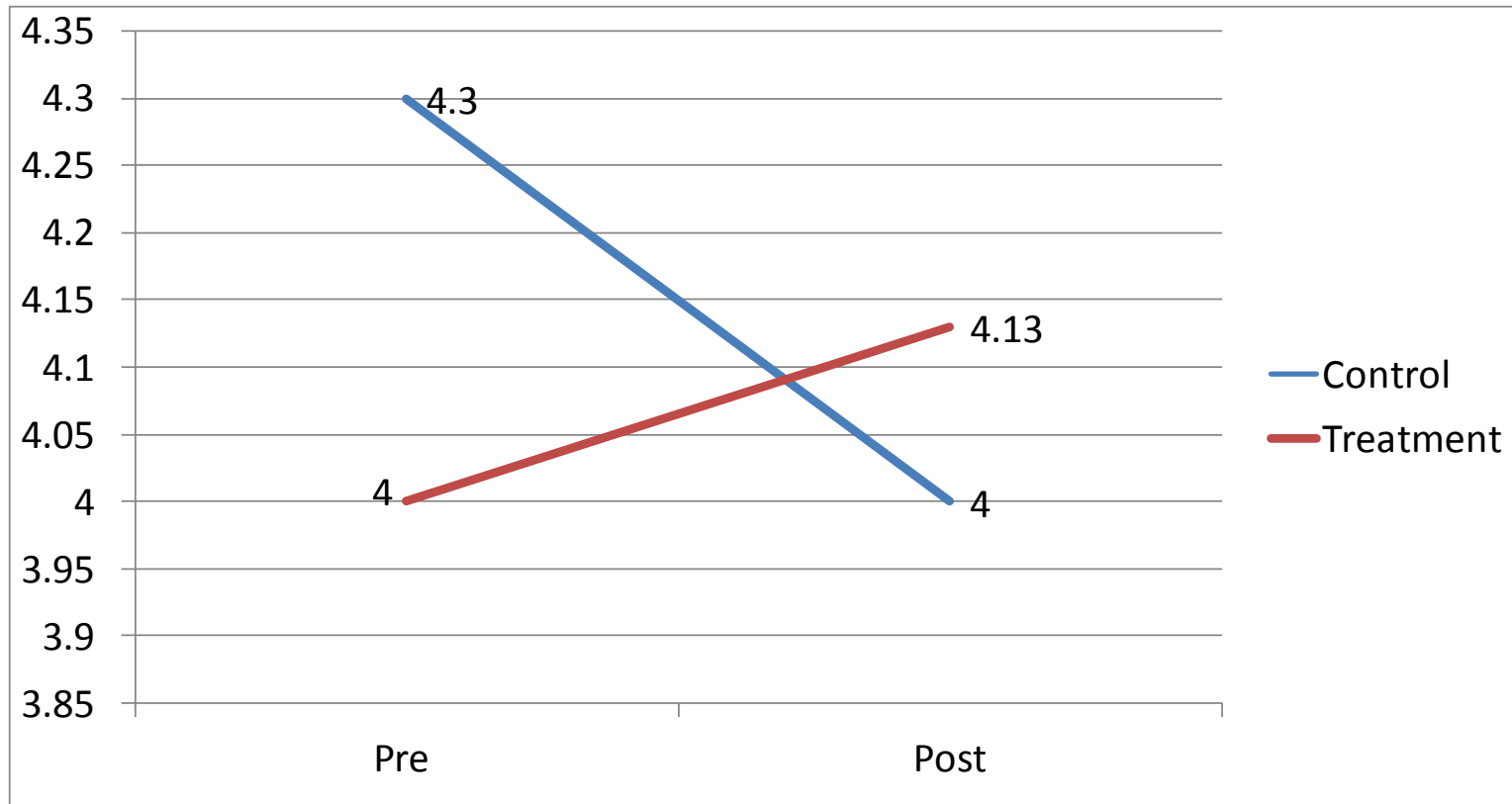


Evaluation

We are still in the process of collecting and analyzing data, however preliminary analyses suggest some positive trends for the treatment group in reporting:

- (1) Increase in family social support over time,
- (2) Lower levels of parent interpersonal difficulties,
- (3) Decreased symptoms of depression post IPT intervention, and
- (4) Decreased parental rigidity.

Social Support: Family Total



$P < .014$; [High Ssup > 3.97]

Results to Date

- ▶ 98% compliance with well child visits in the BHC group vs. 90% in the comparison group
- ▶ 98% avoidance of CPS in the BHC group vs. 95% in the comparison group
- ▶ 97% of BHC graduates continued to avoid CPS indications after services ended



“It takes a Village”