Update From OCFS/DHHS

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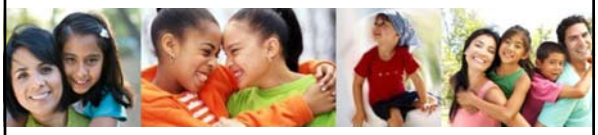
Topics for Today

- Positive Parenting Program (Triple P)
  - Brief description of program
  - Where we stand now
- Trauma Focused CBT
  - Statewide rollout by Community Counseling Center
- LD 338: Antipsychotics in Youth
- LD 716: ADHD Meds in Youth
- Accountable Communities RFA
- Comprehensive Health Assessments for our foster youth



Triple P – Positive Parenting Program

Kickoff Meeting
State of Maine Office of Child and Family Services
June 2013

Randy Ahn, PhD, MLIS
Director or Program Dissemination, West Coast, Triple P America

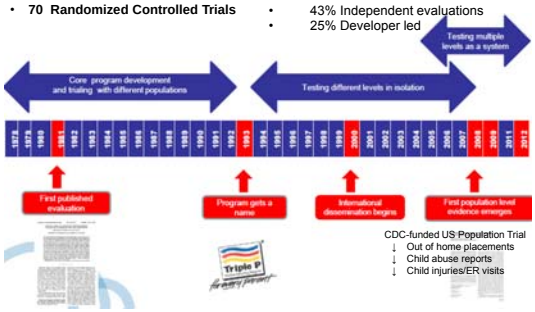
Genesis of Triple P in Maine

- Parenting skills programs can decrease the effects of poverty and decrease/prevent toxic stress
- Therese Cahill-Low, Director of OCFS, had wanted an evidence based parenting skills program that could be implemented community-wide and statewide.
- There are a handful of evidence based parenting skills programs; only one has community wide effectiveness data
- For Pediatricians, Triple P can:
  - Solve a resource/referral problem
  - Assist with goal of public health advocacy

140 Evaluation Studies

- 8 Meta-analyses
- 13 Single subject designs
- 3 Population-level trials
- 43 Effectiveness/service-based trials
- **70 Randomized Controlled Trials**

- 17,577 Families included
- 460 Researchers
- 129 Institutions
- 14 Countries
- 43% Independent evaluations
- 25% Developer led



US Triple P System Population Trial[1]

- 9 Triple P Counties; 9 Care as Usual Counties
- Matched on demographic variables and size
- Prevention of child/family problems
  - 22% fewer out of home placements/year (240 fewer/100,000)[2]
  - 16% fewer hospitalizations/ER visits for child maltreatment injuries/year (60 fewer/100,000)[2]
  - 17% fewer substantiated child abuse cases/year (688 fewer/100,000)[2]
  - Effect sizes ranged from 1.09 to 1.22

1. Prinz, R. J., Sanders, M. : R., Shapiro, C. J., Whitaker, D. J., & Lutzker, J. R. (2009). Population--based prevention of child maltreatment: The U.S. Triple P System Population Trial. *Prevention Science,10(1), 1-12.*
2. Standardized prevention rates per 100,000 children ages 0-8 yrs.

Community-Wide Well-Being Results

- Controlled study:
  - Intervention community: Brisbane
  - Control communities: Sydney and Melbourne
- Parents of 4-7 year old randomly called
  - OIntervention: Brisbane. Control: Sydney and Melbourne
  - Improved Strength and Difficulty Questionnaire (SDQ) scores for 4-7 year olds
- Outcome measure was Strength and Difficulties Questionnaire (SDQ)
- Change in proportion of youth with clinically elevated SDQ Total Difficulties scores:
  - Brisbane: 13.9% to 10.9%
  - Sydney/Melbourne: 9.7% to 10.9%

Triple P is an evidence-based public health approach for improving parenting practices and child welfare outcomes within a population.

Core strategies

- Promoting positive relationships
  Brief quality time, talking to children, affection
- Encouraging desirable behavior
  Praise, positive attention, engaging activities
- Teaching new skills and behaviors
  Modelling, incidental teaching, ask-say-do, behavior charts
- Managing misbehavior
  Ground rules, directed discussion, planned ignoring, clear, calm instructions, logical consequences, quiet time, time-out

Skills are taught using modeling, practice, and self-reflective exercises.

Parents select skills to improve and child behaviors to monitor.

Learning Aids

Parent workbooks
Videos
Tip Sheets
Books/booklets

Five Levels of Triple P Intervention

Public health principle of minimum sufficiency: Families only receive the services that they need and that they desire.

Intensity of Intervention

5. Enhanced/Pathways/Lifestyle/Transitions (3-14 sessions) Behavioral family interventions
4. Standard/Group/Self-Directed/Triple P Online (8-10 sessions) Broad focus parenting skills training
3. Primary Care/Discussion Groups (1-4 sessions) Narrow focus parenting skills training
2. Seminars/Brief Primary Care (single sessions) Information/advice for a specific parenting concern
1. Universal Triple P/Stay Positive Media-based parenting information campaign

Breadth of Intervention
(less intensive interventions can reach an entire population)

Level 3 – Primary Care Triple P

- Brief, flexible parent consultation targeting children with mild to moderate behavioral difficulties
- Typically provided to parents in 1-4 sessions (15-30 minutes in duration)
- Includes active skills training for parents
- May involve face-to-face or telephone contact with a practitioner
- Primary Care Triple P can be delivered in settings where parents commonly receive a range of services (e.g. medical settings, day care centers, schools, family resource centers)

Level 3 – Primary Care Triple P

Sessions Overview

- Session 1: Assessing the Presenting Problem
  Goals: Develop a shared understanding and monitoring plan
- Session 2: Developing a Parenting Plan
  Goals: Develop Specific Plan of Action and Practice
- Session 3: Review of Implementation
  Goals: Fine-tune plan and promote self-sufficiency
- Session 4: Follow-up
  Goals: Final fine-tuning and relapse prevention

Level 4 – Standard Triple P

- A moderately intensive parent program for moderate to severe behavioral or emotional difficulties.
- Delivered to parents as an individual intervention (10 sessions).
- Intervention contains pre-post treatment assessments (e.g. Eyberg Child Behavior Inventory, Parenting Scale).
- Practice sessions, behavioral monitoring tasks, homework, and behavioral rehearsal.

Level 2 – Selected Seminars

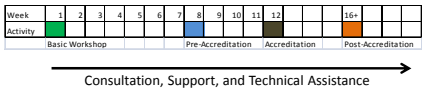
- Selected seminars involve 90 minute seminars for large groups of parents.
- A 'light touch' intervention to provide brief help for parents who are coping well but have one or two concerns with their child's behavior.
- Seminar Series Tip Sheets used in conjunction with presentation

Becoming a Triple P Practitioner

Agency Based

A model training curriculum for agencies:

- Intervention training (cohort of 20 trainees max)
- Pre-accreditation workshop
- Accreditation (quiz and role plays)
- Clinical Support Days/Telephone Consults



Consultation, Support, and Technical Assistance

Open Enrollment

Open enrollment events are scheduled periodically for groups smaller than 20, but are more expensive per trainee.

Trauma Focused CBT

- Community Counseling Center in Portland won a National Traumatic Stress Network (NTSN) grant for statewide rollout
- CCC's partners are Community Health and Counseling Center (CHCS) and Aroostook Mental Health Center
- https://commcc.org/our-programs/maine-childrens-trauma-response-initiative/

TF-CBT: Certification

- National certification has been developed and just released
- Will assist in dissemination with fidelity
- High standards; some previously trained therapists may need to do additional work
- https://rtfweb.wpahs.org/tfcbt/

LD 338: Antipsychotics

- DHHS shall amend its rules…to require that the prescriber perform a timely assessment and ongoing monitoring of metabolic and neurologic variables. AACAP practice parameter.
- Also: (if) beyond the recommended period provide documented justification; but Best Practice Guideline changed
- Prior Auth: probably at 16 weeks and annually
- http://www.mainelegislature.org/legis/bills/bills_126th/billtexts/HP024301.asp

LD 716: ADHD Meds

- DHHS shall convene a work group to review and make recommendations on appropriate prescribing of certain medications for children with ADHD.
- We need to work together as a community to ensure the best assessment and treatment practices possible

http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=HP0488&item=3&snum=126

Comprehensive Health Assessments for Foster Youth

- Model developed by Dr. Steve Meister et al: Pediatric Rapid Evaluation Program (PREP)
- Dr. Carmack and Dr. Ricci's groups do versions of this in Bangor and Portland
- The Request for Proposals (RFP) for CHA's has been delayed.
- Dr. Carmack is leading subcommittee on coordination of care for foster youth
- Foster youth are the most vulnerable youth in our communities; your members are leaders in this; good topic for advocacy

MaineCare Accountable Communities

- Request for Applications recently posted: http://www.maine.gov/dhhs/oms/vbp/accountable.html
- 18% of MaineCare high spenders are 0-17: https://www.maine.gov/dhhs/oms/pdfs_doc/vbp/Highcost_Member_Summary.pdf
- Children's residential (PNMI) was just recently included as an optional accountable cost
- Opportunities/incentives for integration of physical and behavioral care
- How to maximize quality improvement for kids in ACO initiative?