



**S**trengths in **O**vercoming  
**A**dversity thru **R**esiliency

## Data and Research Team (DART)



**90<sup>by</sup>30<sup>o</sup>PLAN**

Reduce Child Maltreatment by **90%** by the year **2030**

# Data and Research Team

Member	Organization	Title
Linda Blanton (co-chair)	Partnership for Children	VP of Planning and Evaluation
Marika Hoeckmann (co-chair)	Department of Public Health	Local Public Health Administrator
Eileen Cedzo	Partnership for Children	Counseling Manager
Keya Elie	Partnership for Children	Data Management Technician
Michelle Hearon	Partnership for Children	Regional Program Administrator
Bernard Jones	Insight Human Services	Program Specialist
Jenny King	Center for Family and Community Engagement (CFFACE)	Training Coordinator/Trainer
Larry Sheets	Cumberland County Sheriff's Office	Detective
Mary Taylor	Cumberland County DSS	Social Work Supervisor

# SOAR 90 x 30 PLAN

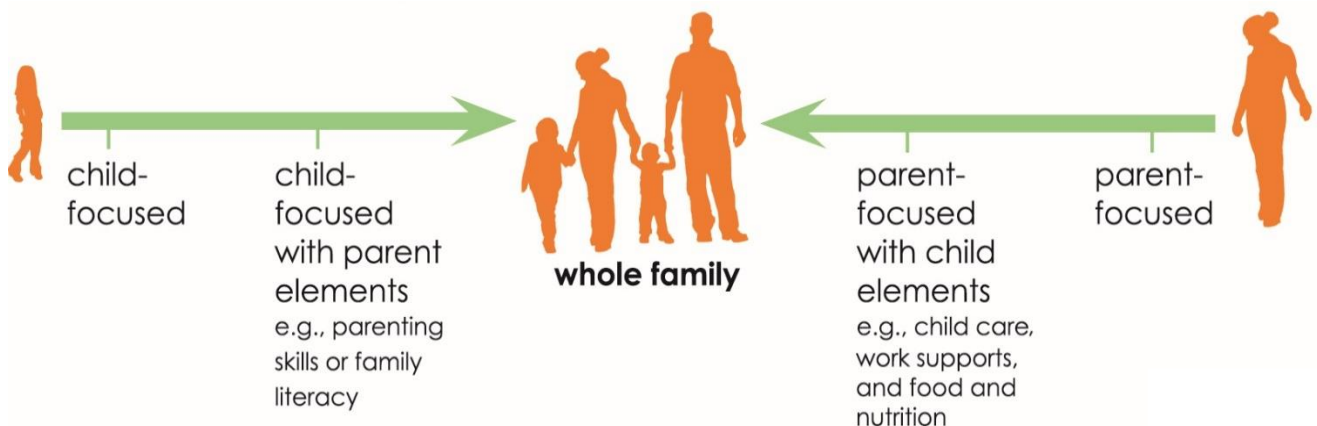
## Impact Areas

### Build The Capacity Of Parents And Prevention Partners

- Increase Social and Emotional Competence of Children
- Build Parental Resilience
- Increase Knowledge Of Parenting And Of Child And Youth Development
- Build Concrete Support in Time of Need
- Broaden Social Networks

### Cultivate Beneficial Prevention-Focused Partnerships

- Collective Action To Reduce Child Protection Risks, Build Assets And Increase Thriving
- Sustainable Networks Of Services And Supports Contribute To Child Protection
- Influence Community To Promote And Support Child Protection



**NEAR-TERM (2018-21) MEDIUM TERM (2021-2025) AND LONG-TERM (2025-2030)**

# SOAR 90 x 30 Impact

- Optimal Child Development
  - Health, Well-Timed Births
  - Health & Development on Track
  - Children Ready to Start School
  - Children Succeeding in School
- Increased Family Strengths
  - Safe at Home
  - Positive Parent/Child Interaction
  - Reading with Children
  - Supports for Families
  - Skilled and Knowledgeable Parents
- Responsive Service System
  - High Quality Learning Environment
  - Trauma-Informed Communities
- Reduced Child Abuse & Neglect
  - 90 x 30

# SOAR DART Framework for Action

## Plan and Make Choices



Engage Allies In Planning



Set Priorities For What To Do



Establish A Theory Of Change



Child Maltreatment Plan

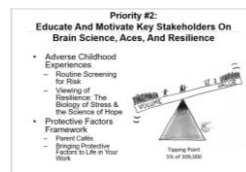
## Implement



Select "Headline" Measures Of Change



Raise Awareness Of Resources For Parents



Educate, Engage and Empower Stakeholders



Demonstrate Impact of Our Work

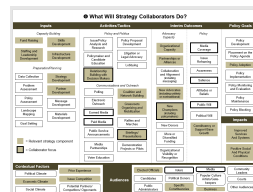
## Track Progress



Establish SOAR 90 x 30 Plan Outcomes And Metrics



Community Response and Priority Referral



Community Engagement Logic Model

Health and Development on Track, Beginning at Birth Measures of Success

Measure	2014	2015	2016	2017	2018	2019	2020
Birth weight	Y	Y	Y	Y	Y	Y	Y
Length at birth	Y	Y	Y	Y	Y	Y	Y
Head circumference at birth	Y	Y	Y	Y	Y	Y	Y
5-minute Apgar score	Y	Y	Y	Y	Y	Y	Y
1-minute Apgar score	Y	Y	Y	Y	Y	Y	Y
Neonatal intensive care unit admission	Y	Y	Y	Y	Y	Y	Y
Neonatal mortality	Y	Y	Y	Y	Y	Y	Y
Neonatal morbidity	Y	Y	Y	Y	Y	Y	Y
Neonatal death	Y	Y	Y	Y	Y	Y	Y
Neonatal intensive care unit stay	Y	Y	Y	Y	Y	Y	Y
Neonatal intensive care unit cost	Y	Y	Y	Y	Y	Y	Y
Neonatal intensive care unit length of stay	Y	Y	Y	Y	Y	Y	Y
Neonatal intensive care unit admission rate	Y	Y	Y	Y	Y	Y	Y
Neonatal intensive care unit admission rate per 1,000 live births	Y	Y	Y	Y	Y	Y	Y
Neonatal intensive care unit admission rate per 1,000 live births (adjusted for race and ethnicity)	Y	Y	Y	Y	Y	Y	Y
Neonatal intensive care unit admission rate per 1,000 live births (adjusted for socioeconomic status)	Y	Y	Y	Y	Y	Y	Y
Neonatal intensive care unit admission rate per 1,000 live births (adjusted for all factors)	Y	Y	Y	Y	Y	Y	Y

Establish Community Indicators

## Feedback Loop



# Our Call to Action

“Child Maltreatment is any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm.”



Annual rate of child victimization (per 1,000 children) for Cumberland County is **12.85** while NC's rate was **10.23**.

Source: 2017 Roadmap of Need

*“Children are the living messages we send to a time we will not see”.*

*~John W. Whitehead, “The Stealing of America”*

# Using Prevention Science to Guide Community Action

## Premise of Prevention Science

- To prevent a problem before it happens, the factors that predict the problem must be changed.

## Advances in Prediction

- Longitudinal studies have identified predictors of child abuse and neglect - **Risk factors.**

# AND

- Predictors of positive outcomes
  - Protective Factors



# Adverse Childhood Experiences

**Adverse Childhood Experiences (or ACEs)** are stressful or traumatic experiences that occur prior to the age of 18.

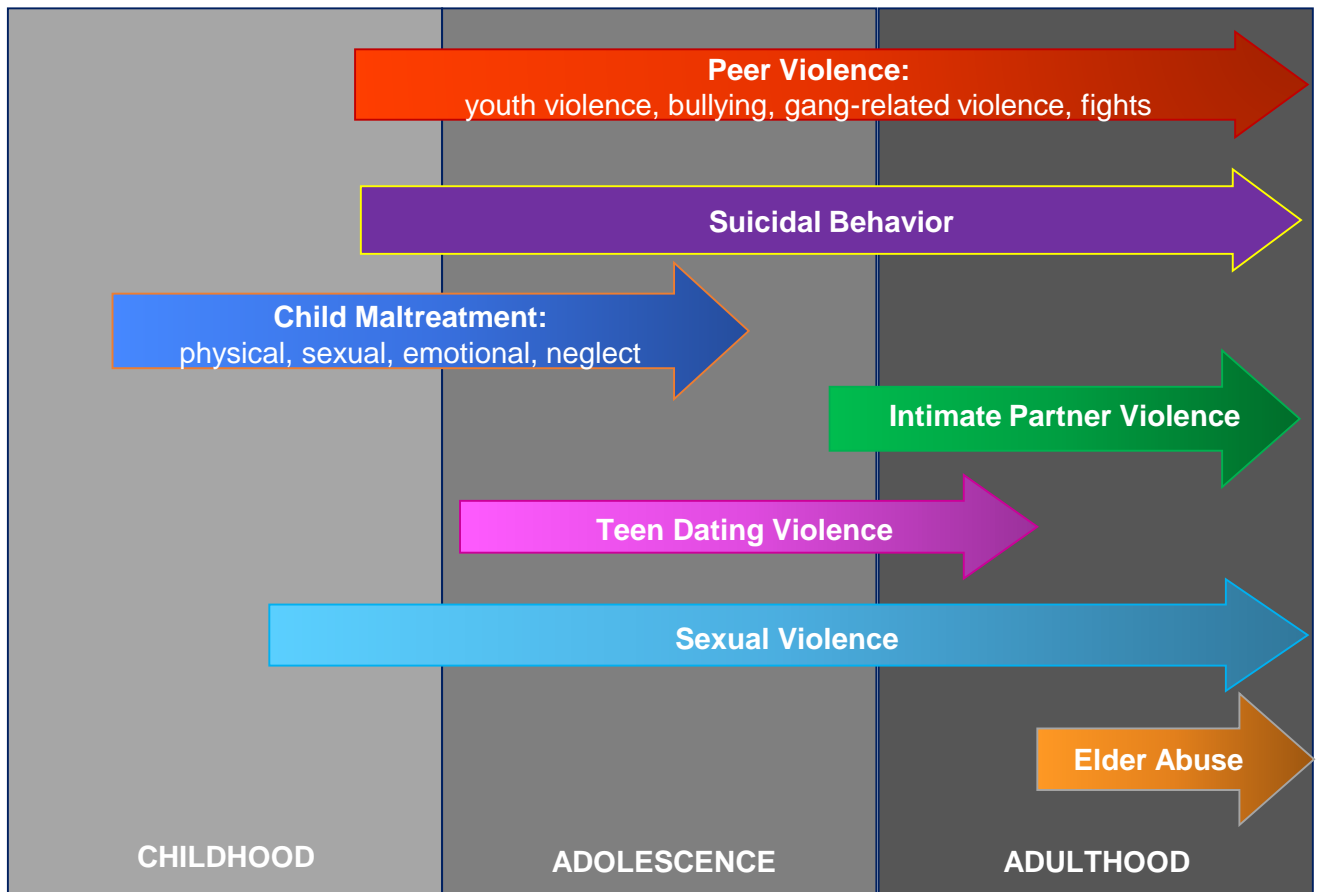
1. Emotional abuse
2. Physical abuse
3. Psychological abuse
4. Sexual abuse
5. Neglect
6. Witnessing domestic violence
7. Household member with mental illness
8. Household member with substance abuse
9. Incarcerated parent
10. Loss of parent

## Cumberland County Parental Adverse Childhood Experience Score

**36%** of adults with three or more adverse childhood experiences (ACEs). Higher numbers of ACEs result in worse health and well-being outcomes throughout life. As the number of ACEs increases, so does the risk for poor academic achievement, poor physical and mental health, substance abuse, financial stress, domestic violence, suicide attempts and unintended pregnancies. Parents struggling with the lifelong impacts of ACEs have less capacity to provide what their children need to succeed.



# Untreated Adverse Early Childhood Events Only Exacerbate Over Time



# Protective Factors for Resilience Trump ACE's Every Time!



## Cumberland County Protective Factors Score

Resilience is the ability to adjust (or bounce back) when bad things happen. Research shows resilience helps reduce the effects of ACEs. Protective factors are internal and external resources that help us to build our resilience.



Nurturing & Attachment



Social Support



Family Functioning



Concrete Support

# Bridging The Chasm

## Trauma Informed Community



**Child  
health  
as it  
stands  
today**

**Involving those who don't yet realize that they are working on issues that represent the "downstream" wreckage of child abuse and neglect--and other adverse childhood experiences--in the effort to bridge the chasm.**

**Routine screening for trauma is needed**

**Child  
health  
as it  
could  
be**



Home visiting to pregnant women and families with newborns



Parenting training programs



Intimate partner violence prevention



Social support for parents



Parent support programs for teens and teen pregnancy prevention programs



Mental illness and substance abuse treatment



High quality child care



Sufficient Income support for lower income families

# A Community Paradigm Shift For Children and Families

- PROBLEM STATEMENT

The existing delivery system acts as a barrier to accessing care and support services for parents and children.

- FAMILY DRIVEN

Emphasize and encourage family involvement with all systems providing services to children and families in order to strengthen the parent's role as an advocate and primary decision maker for their child's continued growth and development.

- PURPOSE

Help service providers and families refer young children to appropriate programs and community services that are designed to support families with children from the prenatal stage through age five

- VISION

Improve the integration of medical, educational, social emotional and developmental services for families while establishing the need for family involvement and family driven care.

- GOAL

Improve the promotion, prevention, transition and treatment of children and families by

- Promoting early intervention
- Helping community partners make appropriate referrals
- Listing available services/resources
- Highlighting age requirements and age transition points
- Emphasizing program collaboration and coordination (blending-braiding-transitioning seamless-uninterrupted)

# Community Response and Priority Referral

## Access To Early Childhood Services

This guide identifies services for children and families from the prenatal stage through age 5. There are 8 categories, beginning with family, then [medical](#), and then moving across the early childhood lifespan. The guide is color coordinated in order to highlight linkages possible referral sources under other categories.



FAMILY (lifespan)



Medical, Dental, and Social  
Emotional Services



Early Intervention System  
(ages 0 through 2)



Services For Preschool Children with  
Disabilities (ages 3 through 5)



Home Visiting  
(prenatal through age 5)



Child Care  
(age 0+)



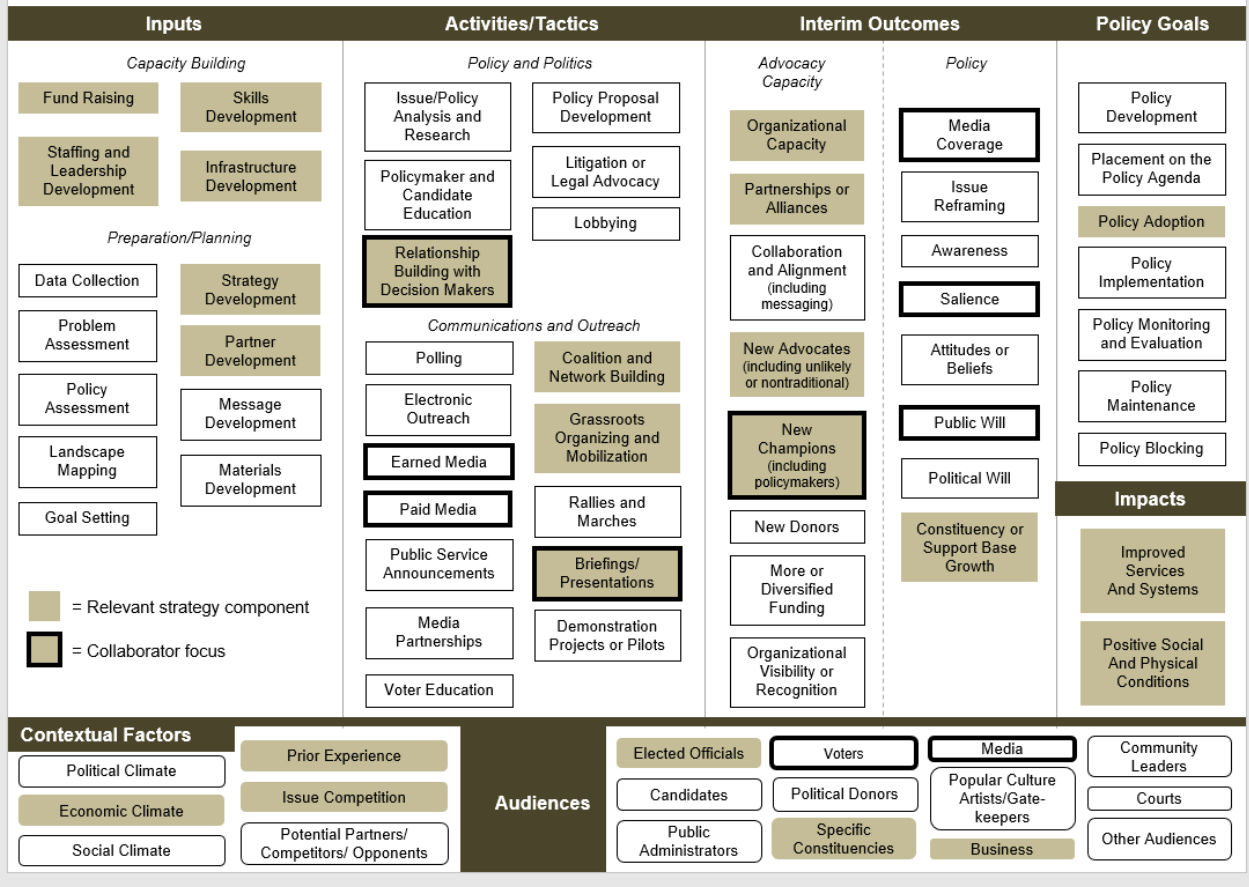
Early Head Start/Head Start  
(prenatal through age 5)



NC Pre Kindergarten

# Community Engagement Logic Model

## ⑥ What Will Strategy Collaborators Do?





# Community Indicators

## *A Framework of Whole Child Measures*

