Assessing Capacity for the Scale-Up of Effective Parenting and Family Support Programs in Community Public Health Collaborations

William Aldridge, Claire Veazey, Desiree Murray

FPG Child Development Institute, University of North Carolina at Chapel Hill

Ron Prinz

Parenting & Family Research Center, University of South Carolina

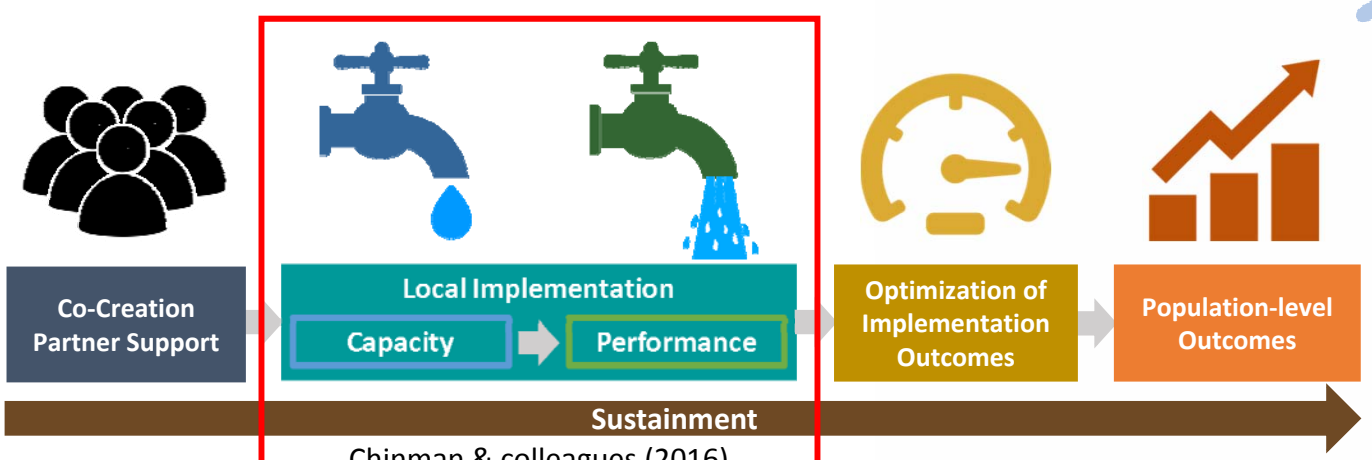
Society for Prevention Research
Annual Meeting
June 2, 2017

THE DUKE ENDOWMENT

UNC FPG CHILD DEVELOPMENT INSTITUTE

NC Health and Human Services

The Importance of Local Capacity



Chinman & colleagues (2016)
Feinberg & colleagues (2008)
Hawkins & colleagues (2002)
Metz & Bartley (2012)
Spoth & Greenberg (2011)

(Integrated Implementation Logic Model: Aldridge, Boothroyd, Veazey, Powell, Murray, & Prinz; 2016, December)

NCIC-TP
North Carolina Implementation Capacity for Triple P

UNC
FPG CHILD DEVELOPMENT INSTITUTE

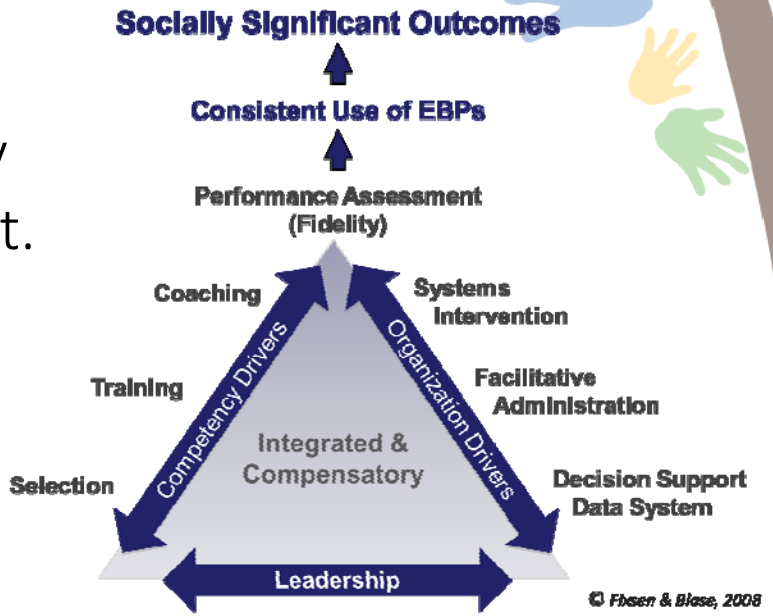
THE DUKE ENDOWMENT

NC Health and Human Services

Measurement of Local Capacity Using Theoretical Frameworks

Few comprehensive measures of implementation capacity, particularly based on theoretical frameworks, exist.

Ensure



Local Implementation Teams (Fixsen, Blase, & colleagues) Local Implementation Infrastructure

NCIC-TP North Carolina Implementation Capacity for Triple P

UNC FPG CHILD DEVELOPMENT INSTITUTE

THE DUKE ENDOWMENT

NC Health and Human Services

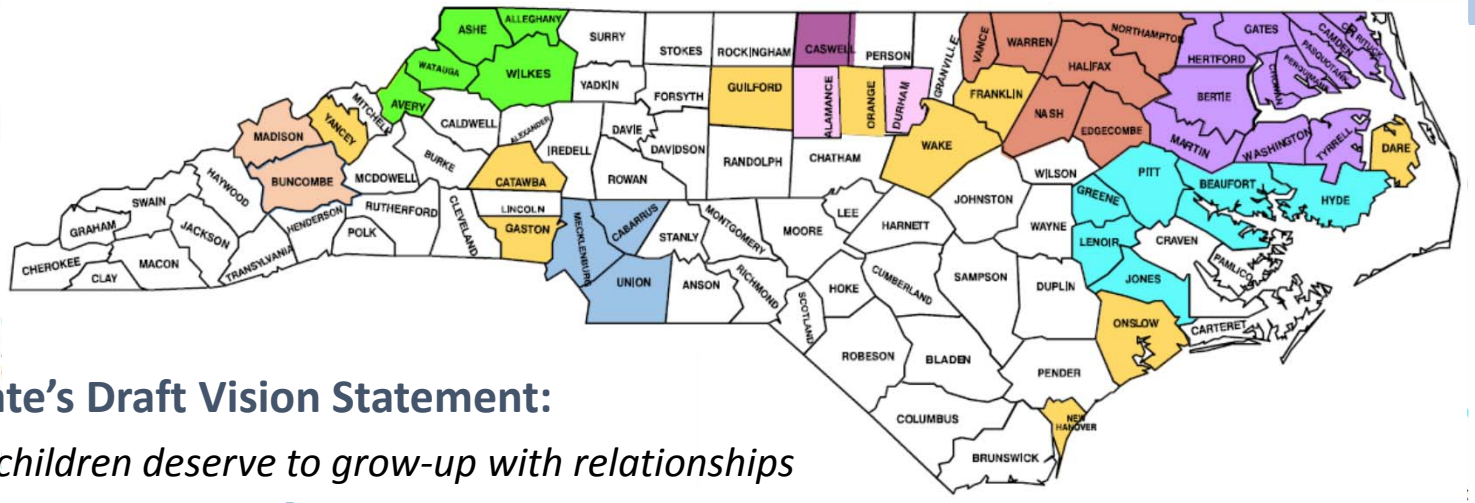
Observing the Connection Between Implementation Drivers & Fidelity

Success Coach Model Case Study

Imp. Component	Time 1	Time 2	Time 3
Selection	1.44	2.00	1.89
Training	1.33	1.50	1.10
Coaching	1.27	1.73	1.83
Fidelity Assessment	0.78	1.34	2.00
Decision Support Data System	0.18	1.36	2.00
Facilitative Administration	1.38	2.00	2.00
Systems Intervention	1.29	1.86	2.00
Average Composite Score	1.1	1.68	1.83
Fidelity (% of cases)	18%	83%	83%

(Metz, Bartley, Ball, Wilson, Naoom, & Redmond, 2014)

Triple P – Positive Parenting Program in North Carolina



State's Draft Vision Statement:

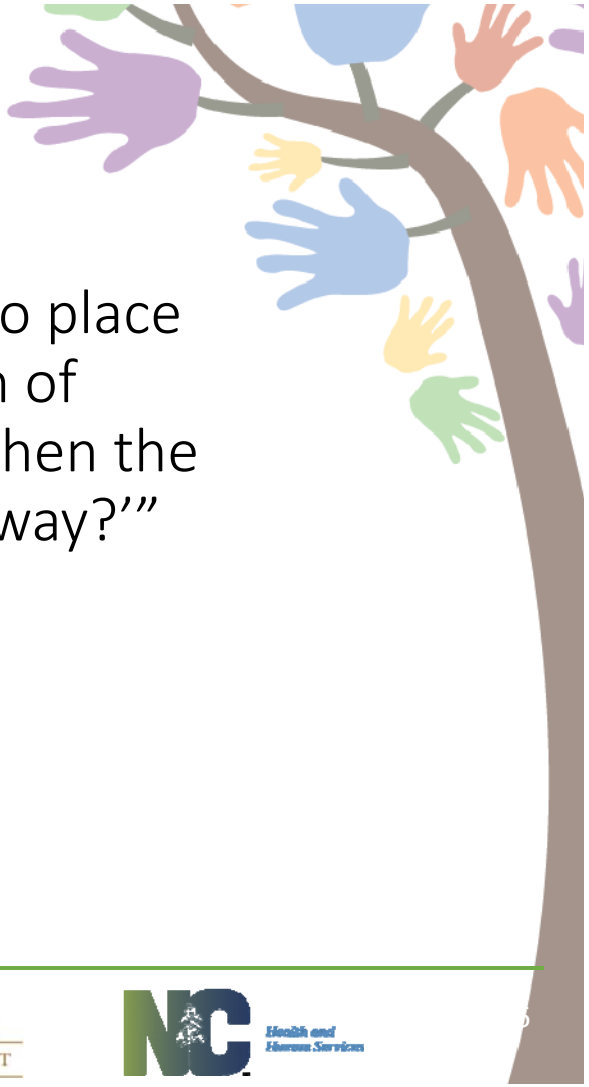
All children deserve to grow-up with relationships and environments that are safe, stable, and nurturing, and promote children's emotional and behavioral health.

NCIC-TP North Carolina Implementation Capacity for Triple P

UNC FPG CHILD DEVELOPMENT INSTITUTE

THE DUKE ENDOWMENT

NC Health and Human Services



"Is the implementation capacity being put into place to sustainably support the Triple P system of interventions, or is this another example of 'when the grant funding goes away, the services fade away?'"

Phil Redmond, Director of Child Care

THE DUKE ENDOWMENT

NCIC-TP
North Carolina Implementation Capacity for Triple P

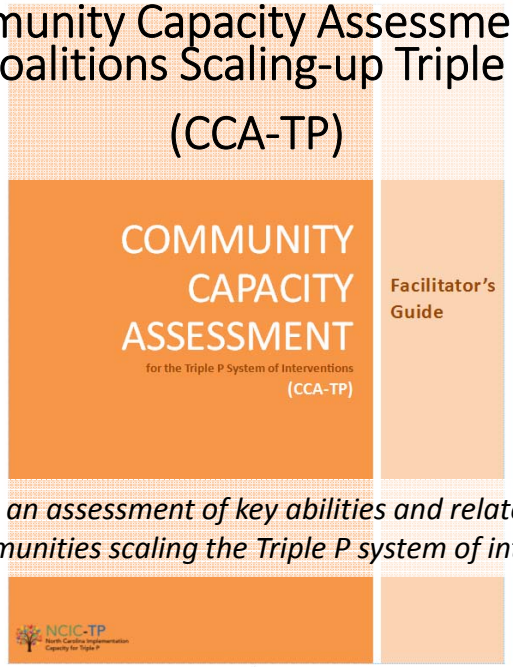
UNC
FPG CHILD DEVELOPMENT INSTITUTE

THE DUKE ENDOWMENT

NC Health and Human Services

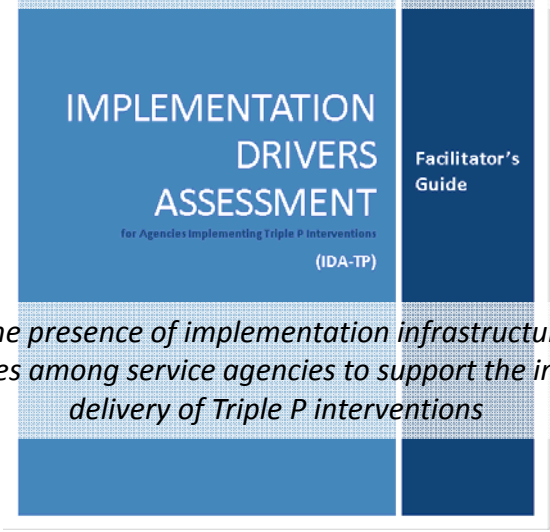
Capacity & Drivers Assessments

Community Capacity Assessment for Coalitions Scaling-up Triple P (CCA-TP)



Provides an assessment of key abilities and related resources in communities scaling the Triple P system of interventions

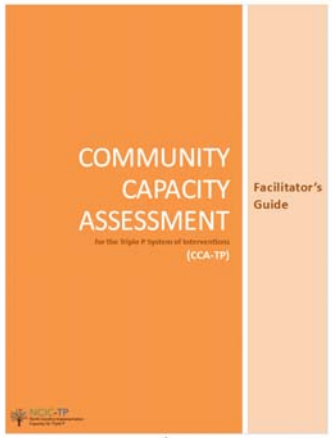
Implementation Drivers Assessment for Agencies Implementing Triple P (IDA-TP)



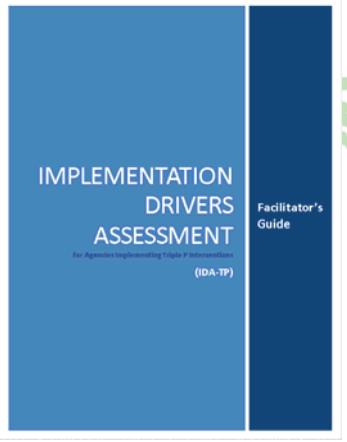
Assesses the presence of implementation infrastructure and best practices among service agencies to support the intended delivery of Triple P interventions

Repeated Assessments & Refinement

Spring & Fall 2014, Spring & Fall 2015



110 items
2-3 hr administration



89 items
1-2 hr administration

NCIC-TP
North Carolina Implementation Capacity for Triple P

UNC
FPG CHILD DEVELOPMENT INSTITUTE

THE DUKE ENDOWMENT

NC Health and Human Services

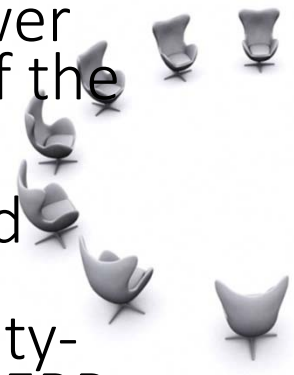
Participants

CCA-TP (Lead Agency)

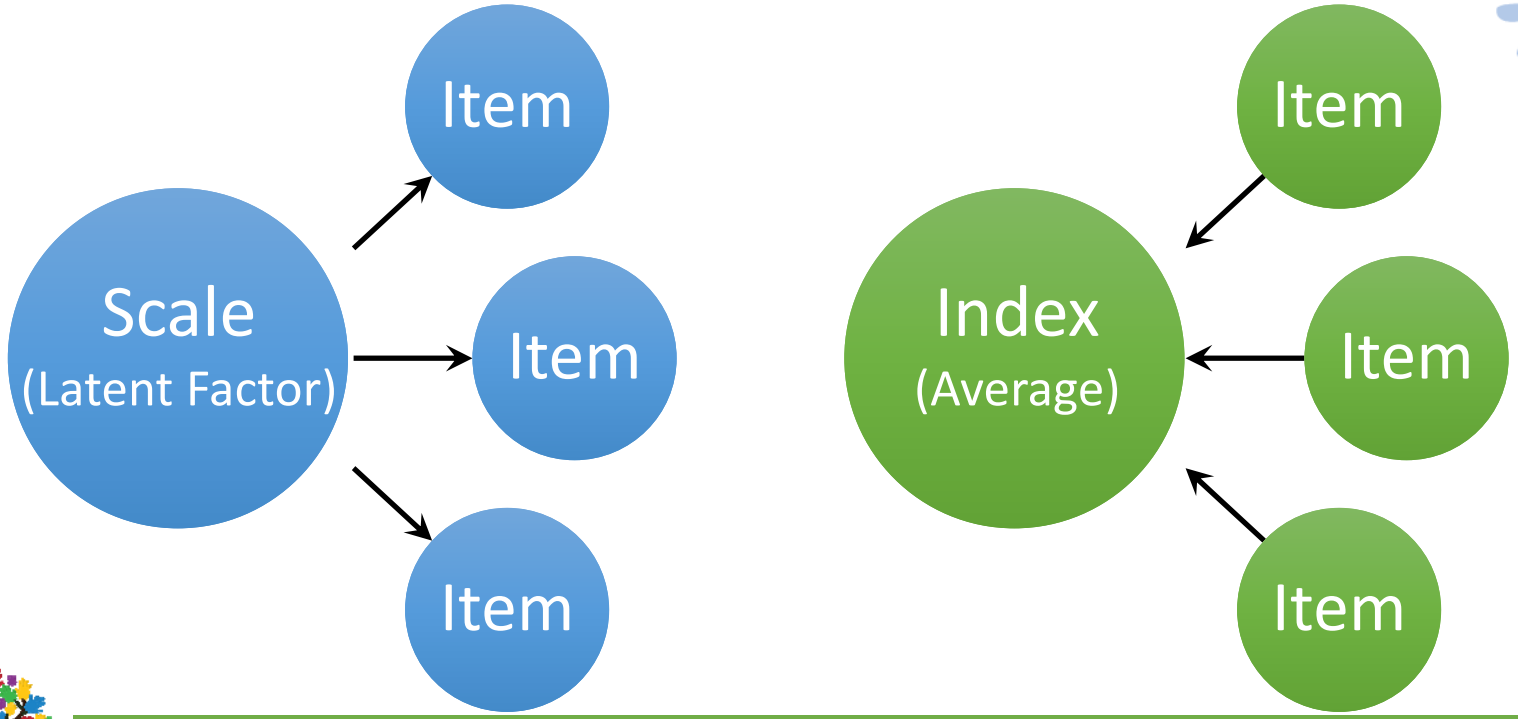
- Lead agency leaders with decision-making power over local scale-up of the EBP
- Lead agency staff and contractors who are supporting community-wide scale-up of the EBP

IDA-TP (Service Agencies)

- Service agency leaders with decision-making power over local implementation of the EBP
- Service agency staff who are supporting local implementation of the EBP *(independent of whether they are delivering the EBP)*

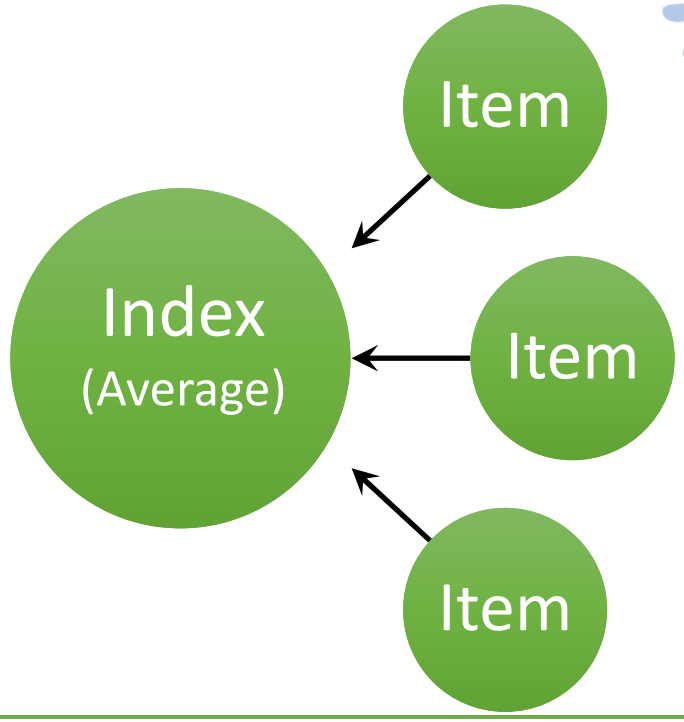


Scale vs. Index



Scale vs. Index

The CCA-TP and IDA-TP are comprised of indices



CCA-TP Indices (Lead Agency)	
Community Leadership Team	
Community Implementation Team	
Prevention System Alignment	
Action Planning	IDA-TP Indices (Service Agencies)
Community Implementation Teams Summary Index	Agency Implementation Capacity Index
Practitioner Recruitment & Selection	Practitioner Recruitment & Selection
Practitioner Training	Practitioner Training
Practitioner Coaching	Practitioner Coaching
Fidelity Assessment	Fidelity Assessment
Decision Support Data System	Decision Support Data System
Facilitative Administration	Facilitative Administration
Systems Intervention	Systems Intervention
Community Implementation Drivers Summary Index	Agency Implementation Drivers Summary Index
Community Sustainability Planning Summary Index	Agency Sustainability Planning Summary Index

Example Items

CCA-TP (Lead Agency)

- (CIT) Each member of the Community Implementation Team has formally allocated time and effort to support Triple P implementation and scale-up (as written into project documents or job description).
- (Coaching) The Community Implementation Team ensures that coaches make use of observational data (in person, audio, or video) as a primary source of information to support Triple P practitioner coaching after their accreditation.
- (DSDS) The Community Implementation Team ensures that agencies have practical and efficient Triple P data collection procedures (built into practice routines, not burdensome).

IDA-TP (Service Agencies)

- (AIC) Each member of the Agency Implementation Team has formally allocated time and effort to support the effective implementation of Triple P (as written into project documents or job description).
- (Coaching) Coaches make use of observational data (in person, audio, or video) as a primary source of information to support Triple P practitioner coaching after their accreditation.
- (DSDS) The agency has practical and efficient Triple P data collection procedures. Specifically, procedures that are built into practice routines, and are not burdensome.

Facilitated Group Assessment
("Modified Consensus" Ratings)

No or Not in Place (0)

No activities or elements of this item are in place and/or have not yet been initiated.

Sometimes or Partially In Place (1)

Some activities or elements of this item are in place and/or initiated.

Yes or Fully In Place (2)

All activities or elements of the item are adhered to and there is clear evidence to support this.

Participating County Characteristics

County 1

- Medium **Urban** & **Rural** Population
- County Triple P Coalition est. **April 2012**
- Lead Agency: **County Health Dept.**
- Total Service Agencies Engaged: **26**
- Variants of Triple P Adopted: **11**
- Number of Trained Practitioners: **123**

County 2

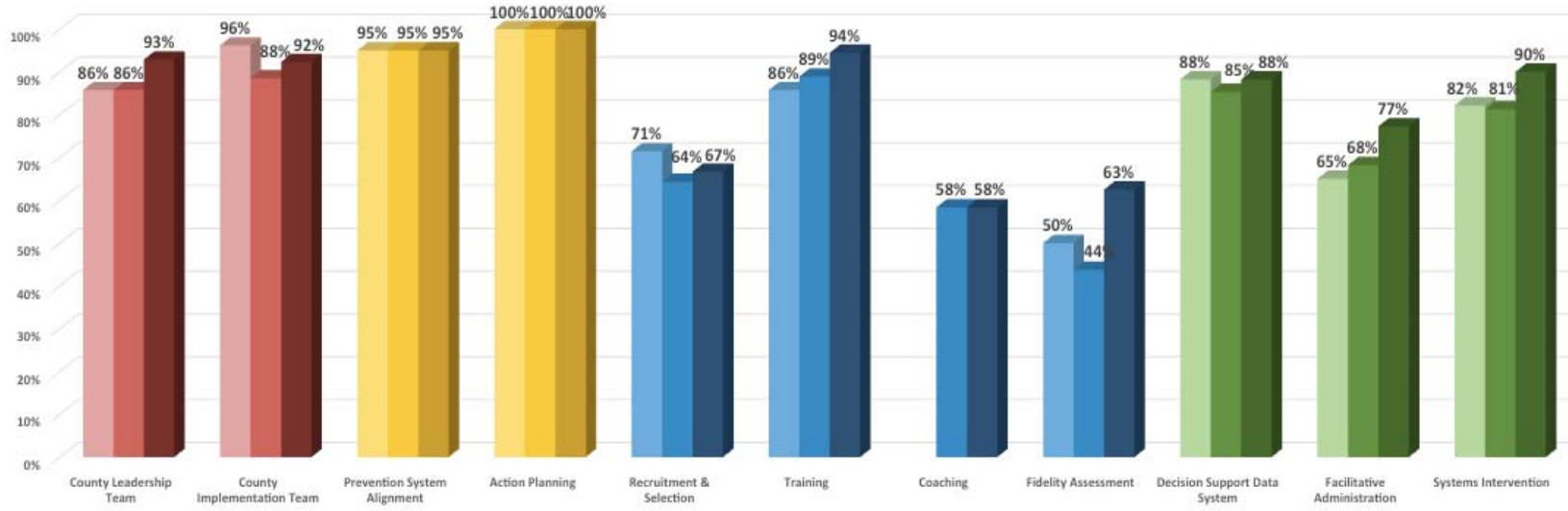
- Large **Urban** Population
- County Triple P Coalition est. **March 2013**
- Lead Agency: **County Health Dept.**
- Total Service Agencies Engaged: **26**
- Variants of Triple P Adopted: **12**
- Number of Trained Practitioners: **106**

NCIC-TP
North Carolina Implementation Capacity for Triple P

UNC
FPG CHILD DEVELOPMENT INSTITUTE

Observing CCA-TP Patterns Across Repeated Assessments (T2-T4)

County 1: Individual Indices



N = 1 lead agency

NCIC-TP North Carolina Implementation Capacity for Triple P

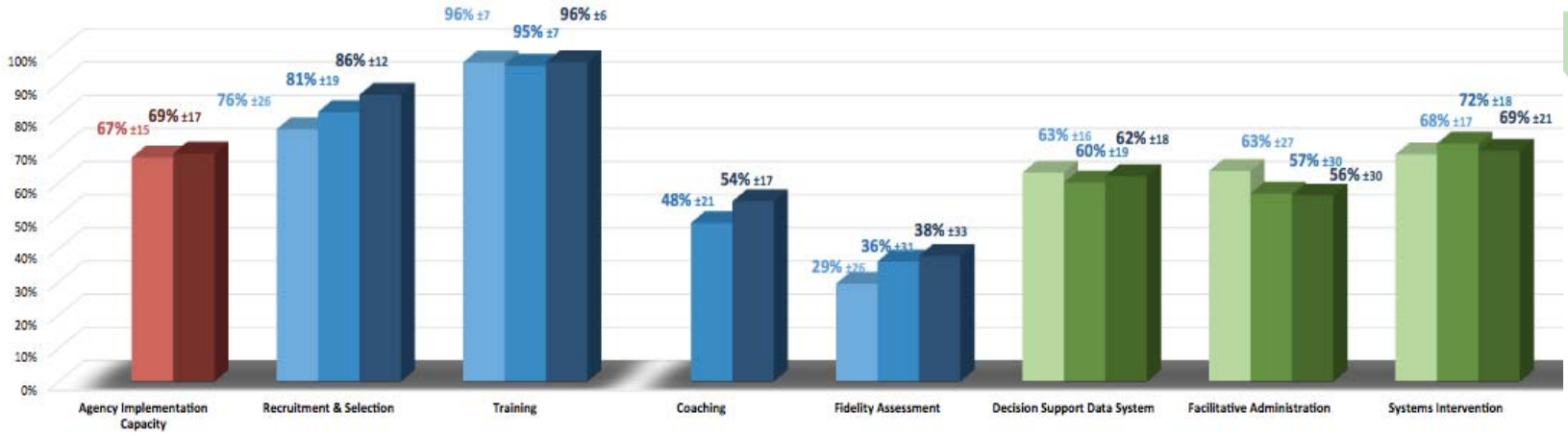
UNC FPG CHILD DEVELOPMENT INSTITUTE

THE DUKE ENDOWMENT

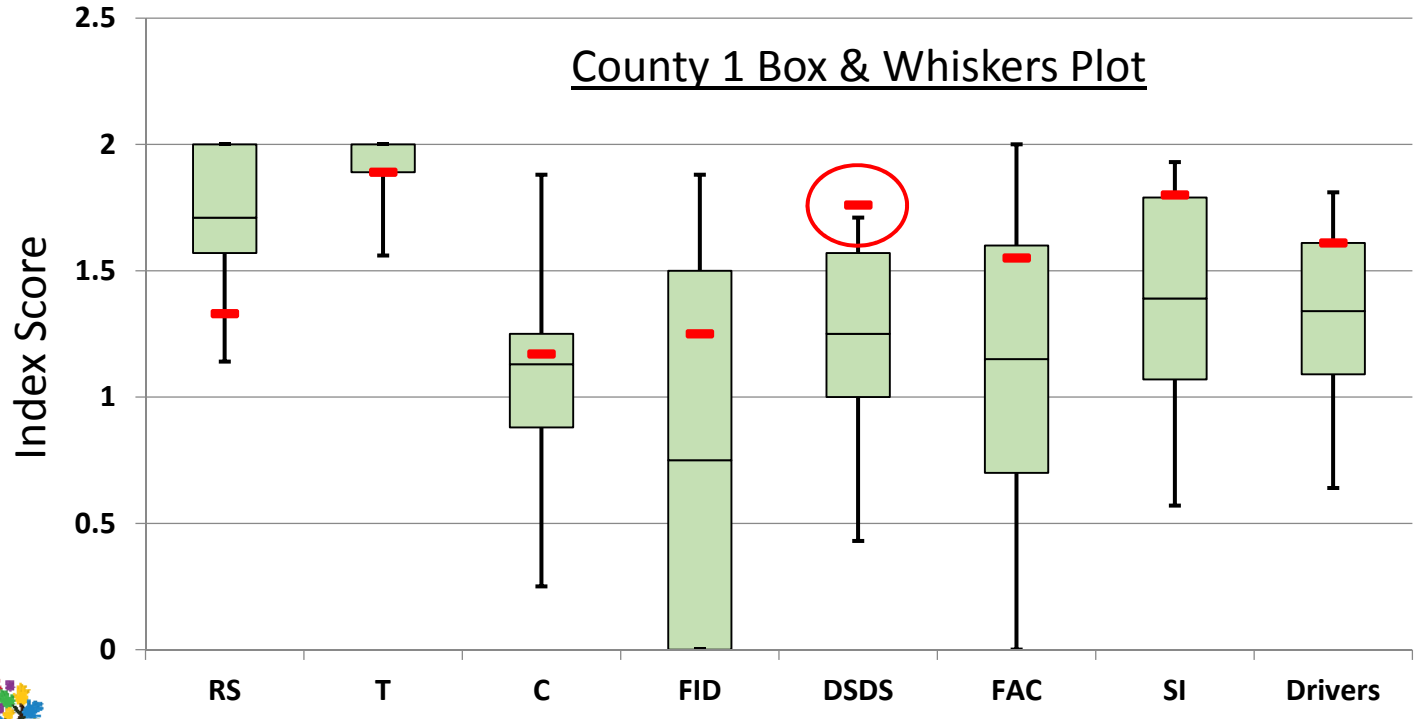
NC Health and Human Services

Observing IDA-TP Patterns Across Repeated Assessments (T2-T4)

County 1: Individual Indices



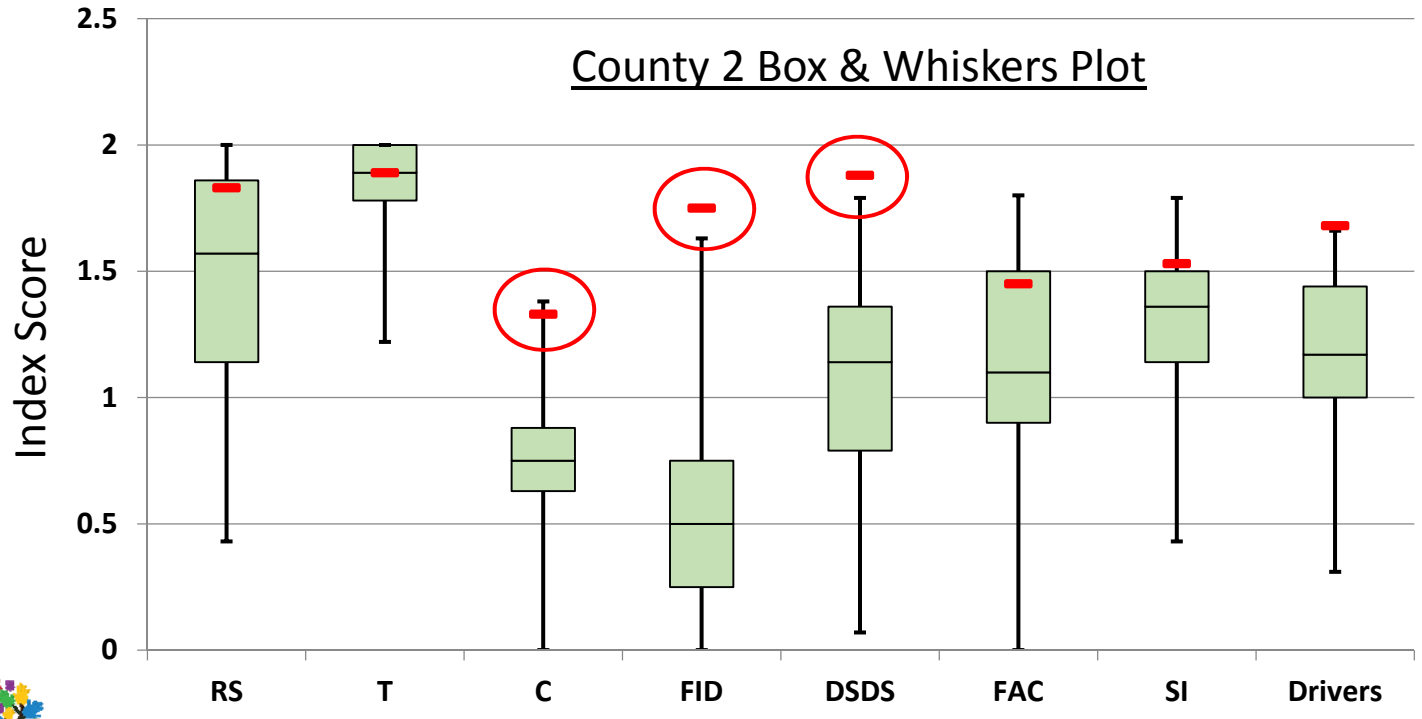
Observing for Possible Predictive Validity:
CCA-TP → IDA-TP @ Time 4



IDA-TP (*n* = 22 of 23)

CCA-TP (N = 1)

Observing for Possible Predictive Validity:
CCA-TP → IDA-TP @ Time 4



IDA-TP (*n* = 17 of 18)

CCA-TP (N = 1)

Follow-up Qualitative Data

- The study team returned to interview agency participants
  - County 1 (*n* = 18 of 23 eligible for follow-up)
  - County 2 (*n* = 13 of 21 eligible for follow-up)
- Question: "In what ways do the findings match your lived experience supporting the implementation and scale-up of Triple P in your county? In what ways do they not match?"
  - Overall agreement with Time 4 index scores, both for lead agency and average of county service agencies
  - Disagreements did not exceed what might be naturally expected

Testing Predictive Validity:
Predicting Agency Sustainment

- Hypothesis 1: The capacity of leadership and the implementation team within a service agency will predict sustainment within the county Triple P coalition.
  - Active agencies, AIC index *m* = 72.5% in place
  - Inactive agencies, AIC index *m* = 52.0% in place
  - *t* = 3.58, *p* = .001

- Hypothesis 2: The amount of sustainability planning within a service agency will predict sustainment within the county Triple P coalition.
  - Active agencies, ASP summary index *m* = 74% in place
  - Inactive agencies, ASP summary index *m* = 10.5% in place
  - *t* = 6.16, *p* = .000

Testing Predictive Validity:
Agency Leadership & Implementation Team Capacity (AIC index)

- Hypothesis 3: Greater agency leadership and implementation team capacity will be associated with greater agency implementation drivers capacity.
  - *n* = 35, *F* = 28.80, *Regr Coeff* = 0.80**, R^2 = 62%

- Hypothesis 4: Greater agency leadership and implementation team capacity will be associated with more favorable agency Triple P implementation climate.
  - *n* = 29, *F* = 1.42, *Regr Coeff* = 0.08, R^2 = 3%

**$p < .001$

NCIC-TP North Carolina Implementation Capacity for Triple P

UNC FPG CHILD DEVELOPMENT INSTITUTE

THE DUKE ENDOWMENT

NC Health and Human Services

Testing Predictive Validity:
Agency Implementation Drivers Capacity (AID Summary Index)

- Hypothesis 5: Greater agency implementation capacity will be associated with a higher percent of active Triple P practitioners within the agency.
  - *n* = 35, *F* = 1.10, *Regr Coeff* = 0.20, R^2 = 1%
- Hypothesis 6: Greater agency implementation capacity will be associated with a higher percentage of agency Triple P practitioners who have delivered Triple P at all.
  - *n* = 29, *F* = 3.09, *Regr Coeff* = 0.12, R^2 = 13%
- Hypothesis 7: Greater agency implementation capacity will be associated with greater average practitioner adherence to Triple P session content within the agency.
  - *n* = 29, *F* = 8.28, *Regr Coeff* = 0.99**, R^2 = 37%

**$p < .001$

NCIC-TP North Carolina Implementation Capacity for Triple P

UNC FPG CHILD DEVELOPMENT INSTITUTE

THE DUKE ENDOWMENT

NC Health and Human Services

Discussion

- Comprehensive measures of implementation capacity
  - Based on theoretical frameworks (Fixsen, Blase & colleagues)
  - Multiple system levels
  - Good indications of reliability and validity
  - May be used to improve local planning or for research and evaluation
- Confidence that these could be adapted for use with other EBPs (originally adapted from instruments that were not program specific)
- Need for additional testing
  - CCA-TP empirical tests of validity
  - IDA-TP with larger sample sizes and more robust fidelity assessment

For More Information

Will Aldridge, Ph.D.
will.aldridge@unc.edu

Ron Prinz, Ph.D.
prinz@mailbox.sc.edu

Visit: http://ncic.fpg.unc.edu

Special Thanks to:

The Duke Endowment
www.dukeendowment.org

Acknowledgements

John Sideris, PhD, Statistician, UNC-CH
Laura Kuhn, PhD, Statistician, UNC-CH
Rebecca Roppolo, MPH, Eval & Imp, UNC-CH

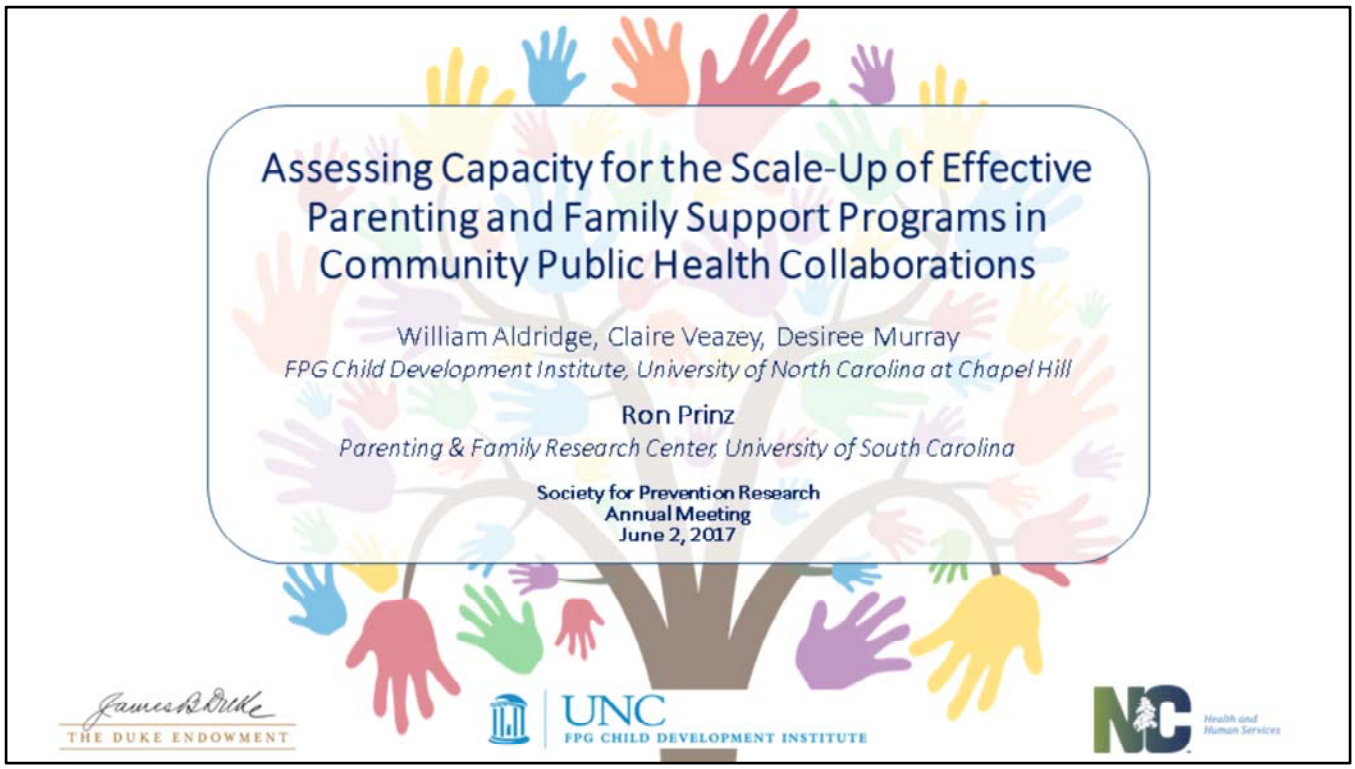
Disclosure: Ron Prinz, Ph.D., is a consultant to Triple P International, which is the technology transfer entity commissioned by the University of Queensland to disseminate the Triple P system, and to the Centers for Disease Control and Prevention, which is involved in implementation/dissemination projects related to Triple P.

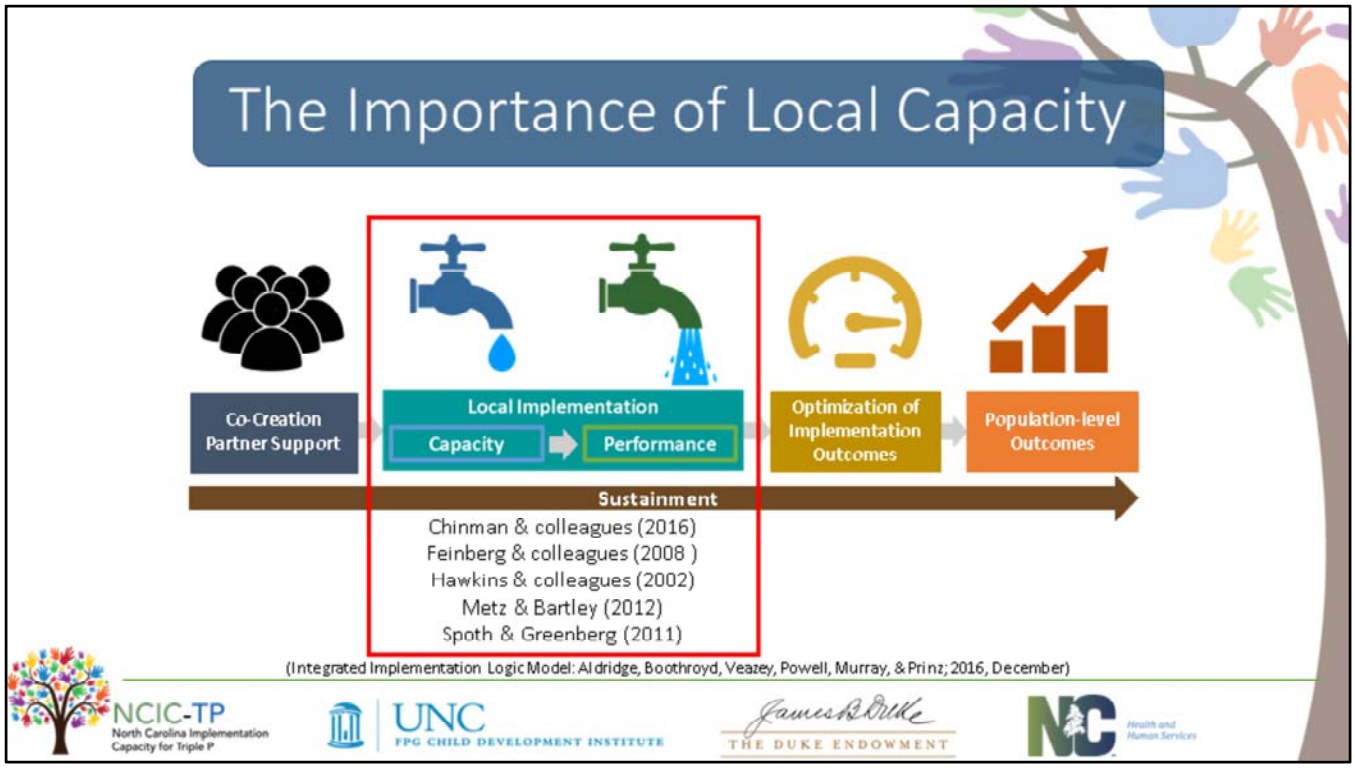
NCIC-TP North Carolina Implementation Capacity for Triple P

UNC FPG CHILD DEVELOPMENT INSTITUTE

THE DUKE ENDOWMENT

NC Health and Human Services


Assessing Capacity for the Scale-Up of Effective Parenting and Family Support Programs in Community Public Health Collaborations
William Aldridge, Claire Veazey, Desiree Murray
FPG Child Development Institute, University of North Carolina at Chapel Hill
Ron Prinz
Parenting & Family Research Center, University of South Carolina
Society for Prevention Research
Annual Meeting
June 2, 2017
THE DUKE ENDOWMENT
UNC
FPG CHILD DEVELOPMENT INSTITUTE
Health and Human Services



Aldridge, W. A., II, Boothroyd, R. I., Veazey, C. A., Powell, B. J., Murray, D. W., & Prinz, R. J. (2016, December). *Ensuring Active Implementation Support for North Carolina Counties Scaling the Triple P System of Interventions*. Chapel Hill, NC: Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill.

Local Implementation Capacity & Performance

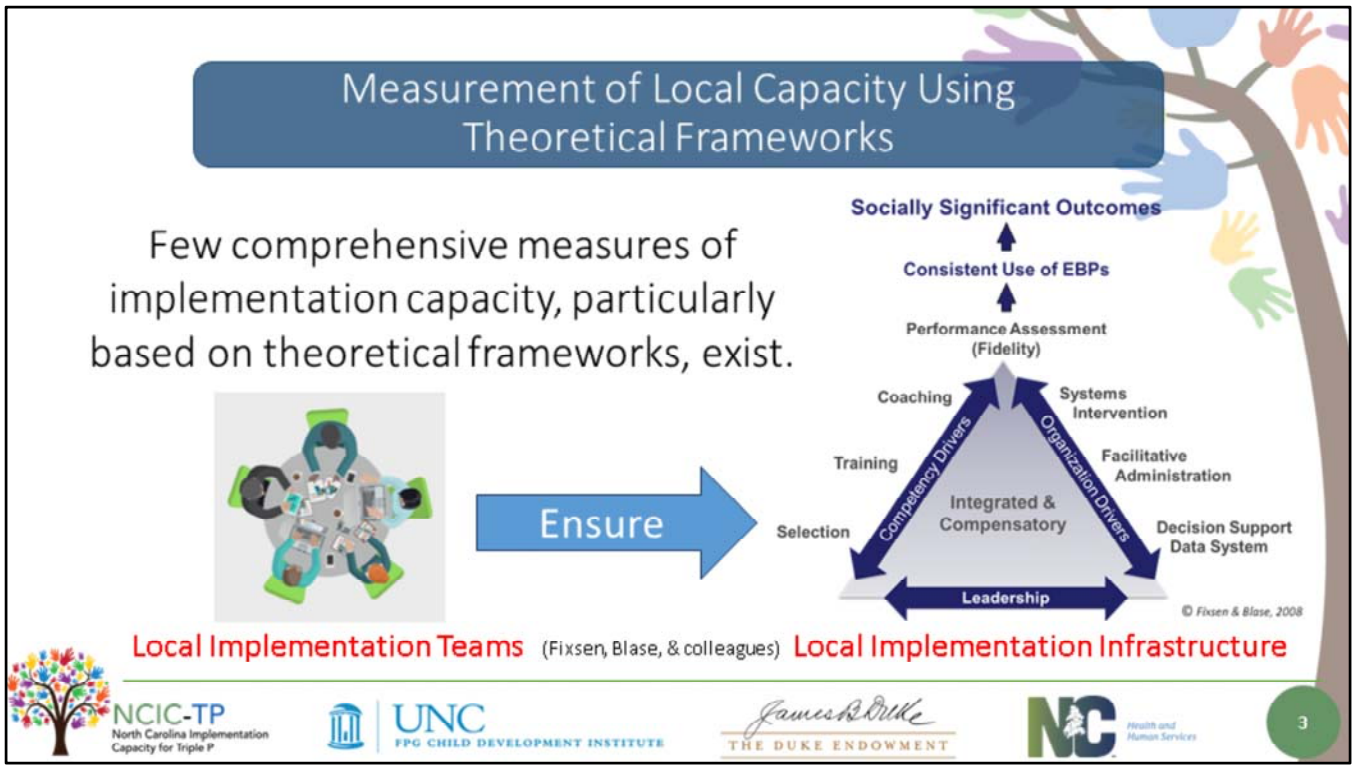
Chinman M, Acosta J, Ebener P, Malone PS, Slaughter ME. Can implementation support help community-based settings better deliver evidence-based sexual health promotion programs? A randomized trial of Getting To Outcomes®. *Implementation Science.* 2016;11(1):78.

Feinberg, M. E., Ridenour, T. A., & Greenberg, M. T. (2008). The longitudinal effect of technical assistance dosage on the functioning of Communities That Care prevention boards in Pennsylvania. *The Journal of Primary Prevention*, *29*(2), 145-165, doi:10.1007/s10935-008-0130-3.

Hawkins, J. D., Catalano, R. F., & Arthur, M. W. (2002). Promoting science-based prevention in communities. *Addictive Behaviors*, *27*, 951-976.

Metz, A., & Bartley, L. (2012). Active Implementation Frameworks for Program Success. *Zero to Three*, *32*, 11-18.

Spoth, R., Greenberg, M., Bierman, K., & Redmond, C. (2004). PROSPER community–university partnership model for public education systems: Capacity-building for evidence-based, competence-building prevention. *Prevention Science*, *5*(1), 31-39.

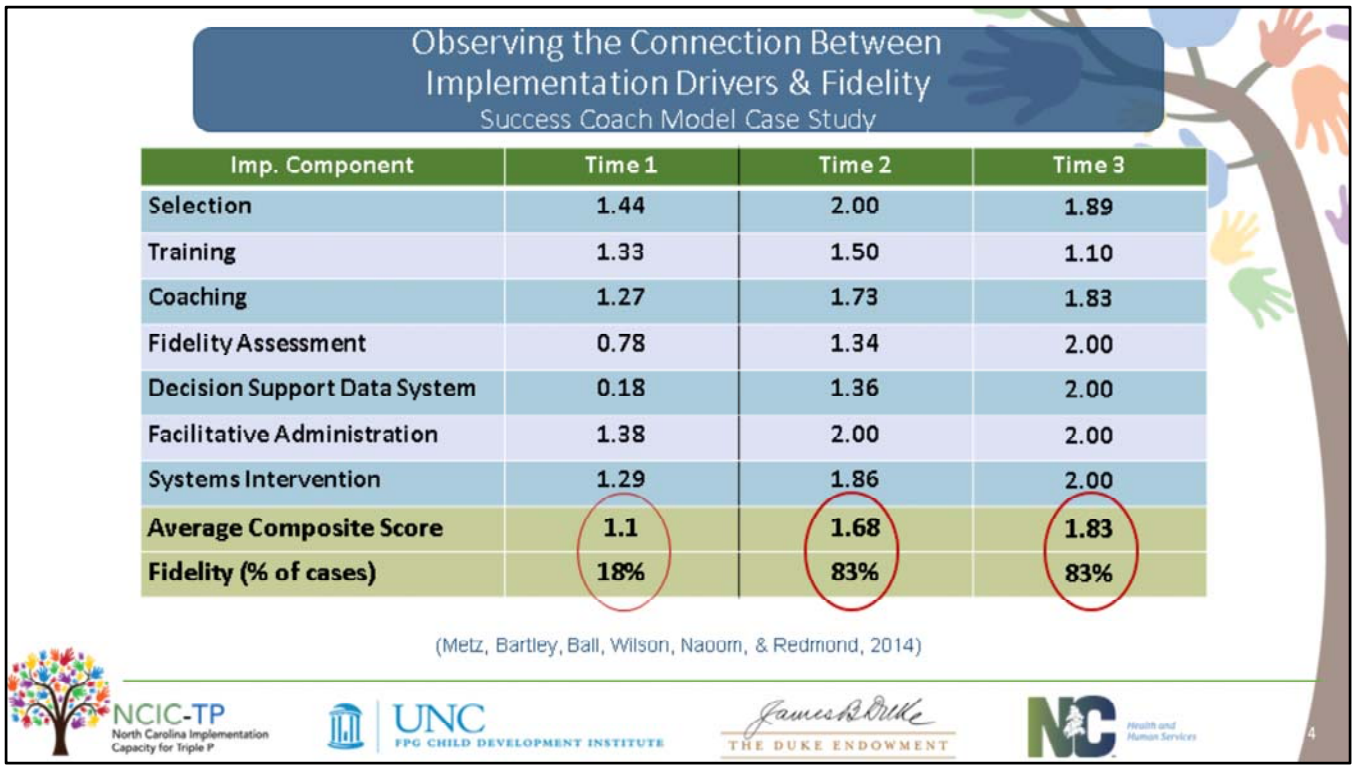


Theoretical framework, from the "Active Implementation Frameworks:" LOCAL IMPLEMENTATION TEAMS ensure LOCAL IMPLEMENTATION CAPACITY, which supports CONSISTENT USE OF EBPs

Fixsen, D. L., Blase, K. A., Naoom, S. F., & Wallace, F. (2009). Core implementation components. *Research on Social Work Practice, 19*(5), 531-540.

Fixsen, D., Blase, K., Metz, A., & Van Dyke, M. (2013). Statewide implementation of evidence-based programs. *Exceptional Children (Special Issue), 79*(2), 213-230.

Metz, A., & Bartley, L. (2012). Active Implementation Frameworks for Program Success. *Zero to Three, 32*, 11-18.



PAGE 3 OF ARTICLE: "The Child Wellbeing Project developed a continuum of postcare services for children and their families in permanent placements that were either evidence based (services have been evaluated and have evidence of effectiveness) or evidence informed (services were developed using information from research and practice). Six services were selected, developed, and implemented: Educational Advocate, Success Coach (home visiting and enhanced case management service), Material Supports, Strengthening Families Program (SFP), parent child interaction therapy (PCIT), and Adoption Support Groups. All six services were well operationalized and included in the third-party evaluation. However, this article will highlight three of the interventions (Success Coach, SFP, and PCIT) to demonstrate how the application of AIF promoted high-fidelity implementation."

Hypothesis: Is a composite score >1.5 the magic number?

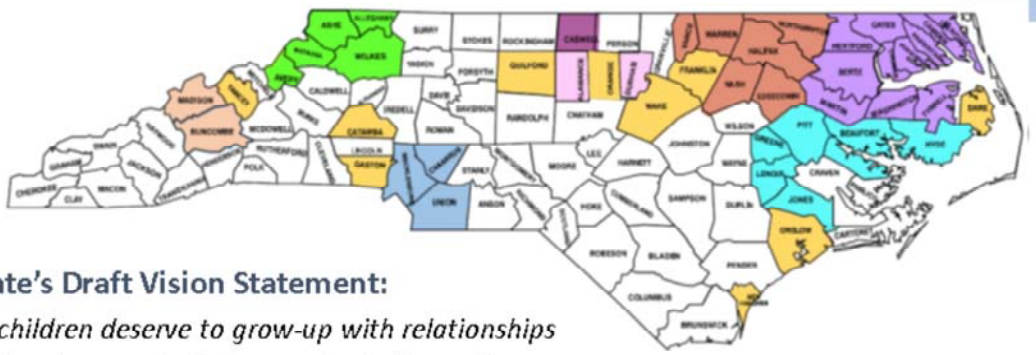
Different metrics used to measure fidelity.

At T1, fidelity criteria were not firmly established. An early indicator of fidelity was whether family assessment data MATCHED goals in Success Plan (the creation of change-focused plans). The goodness of fit between assessments and goal planning were used to assess fidelity in T1.

The T2 and T3 fidelity score was derived from matching notes, (notes detailing what clinicians did with families in the field) with the interventions they checked in the database. Did they do the things they were supposed to do with families? This number is based on the SC service through May 2012.

Metz, Bartley, Ball, Wilson, Naoom, and Redmond (2014). Active Implementation Frameworks for Successful Service Delivery: Catawba County Child Wellbeing Project. ***Research on Social Work Practice*****. Advance online publication.** DOI: 10.1177/1049731514543667

Triple P – Positive Parenting Program in North Carolina



State's Draft Vision Statement:

All children deserve to grow-up with relationships and environments that are safe, stable, and nurturing, and promote children's emotional and behavioral health.

NCIC-TP North Carolina Implementation Capacity for Triple P

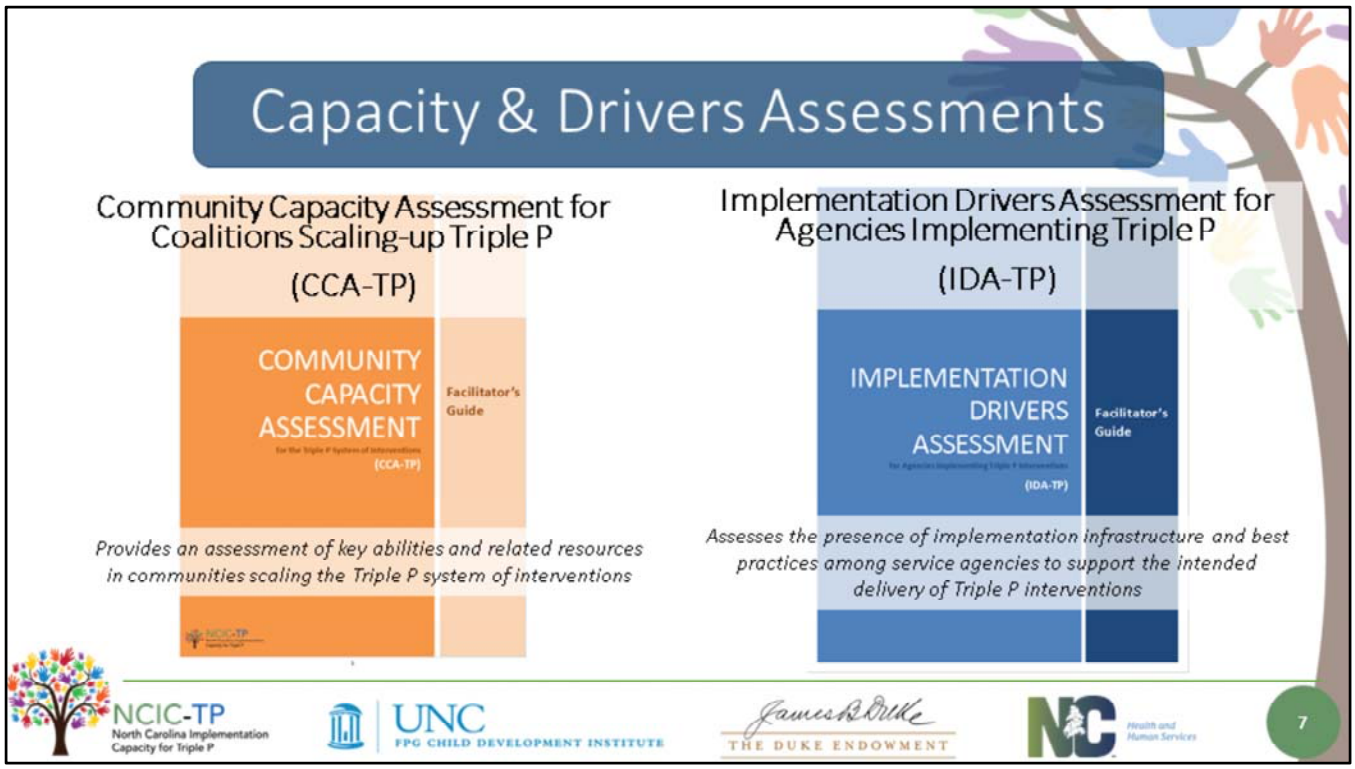
UNC FPG CHILD DEVELOPMENT INSTITUTE

THE DUKE ENDOWMENT

NC Health and Human Services

5


"Is the implementation capacity being put into place to sustainably support the Triple P system of interventions, or is this another example of 'when the grant funding goes away, the services fade away?'"
Phil Redmond, Director of Child Care
THE DUKE ENDOWMENT
NCIC-TP
North Carolina Implementation Capacity for Triple P
UNC
FPG CHILD DEVELOPMENT INSTITUTE
THE DUKE ENDOWMENT
Health and Human Services

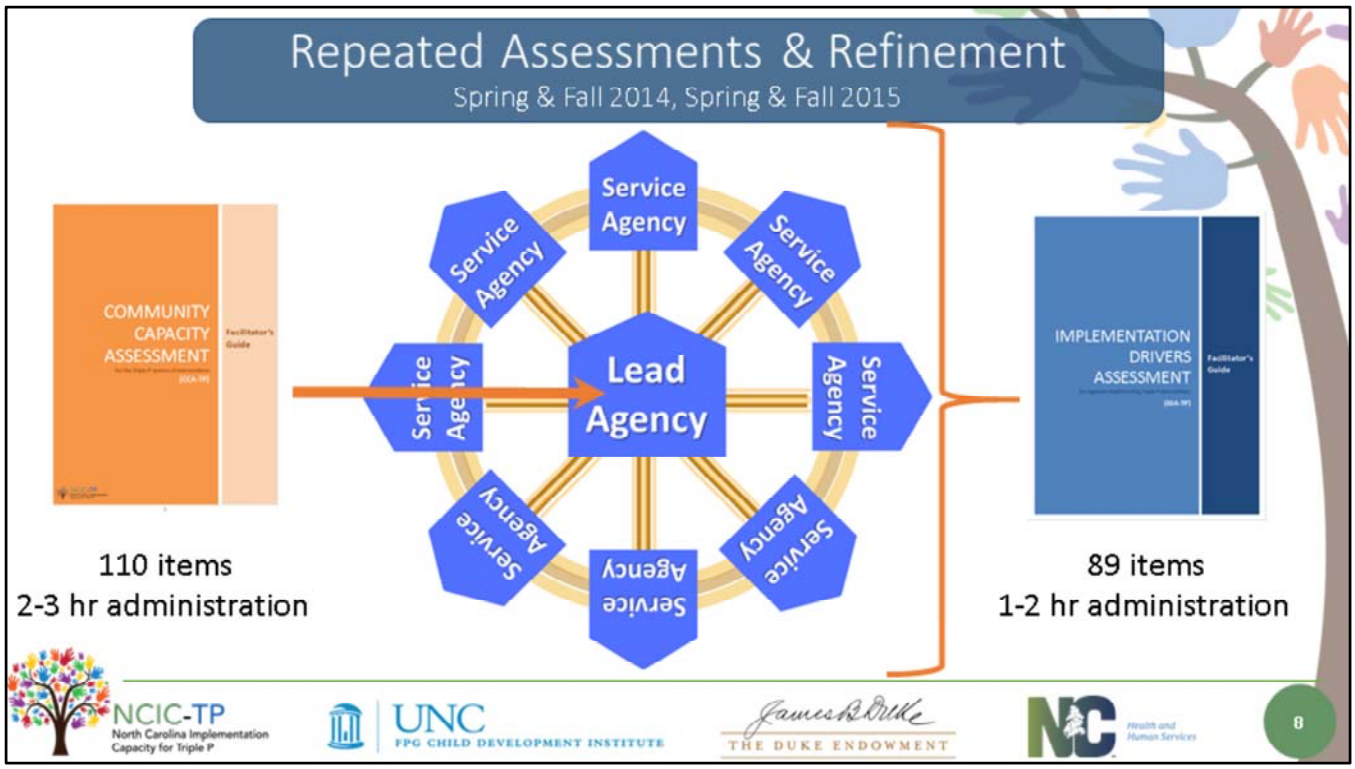


Aldridge, W. A., II, Murray, D. W., Boothroyd, R. I., Prinz, R. J., & Veazey, C. A. (2016, December). *Community Capacity Assessment for the Triple P System of Interventions* (CCA-TP) [Assessment instrument]. Chapel Hill, NC: Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill.

Aldridge, W. A., II, Murray, D. W., Boothroyd, R. I., Prinz, R. J., & Veazey, C. A. (2016, December). *Implementation Drivers Assessment for Agencies Implementing Triple P Interventions* (IDA-TP) [Assessment instrument]. Chapel Hill, NC: Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill.

CCA-TP: was adapted from assessment protocols used to measure the capacity of counties or school districts to effectively support the implementation and scaling of evidence-based interventions (i.e., Duda, Ingram-West, Tadesco, Putnam, Buenerostro, Chaparro, & Horner, 2012; Van Dyke, Fleming, Duda, Ingram-West, Tadesco, Putnam, et al., 2012). The PS-CCA-TP was heavily revised at Time 2 and then refined at Time 3 and Time 4 based on experience facilitating the assessment with county implementation support staff and existing theories of implementation infrastructure and best practice (e.g., Blase, Van Dyke, & Fixsen, 2013; Fixsen, Blase, Naoom, & Wallace, 2009; Metz & Bartley, 2012). Adjustments included clarified item language, simplified scales, and further alignment with identified implementation best practices (i.e., Blase, Van Dyke, & Fixsen, 2013).

IDA-TP: TPIE evaluators relied heavily on previously established implementation drivers assessments and technical assistance tools for the development of IDA-TP items and scales (i.e., Aldridge, Naoom, Boothroyd, & Prinz, 2014; Blase, Van Dyke, Duda, & Fixsen, 2011; Blase, Van Dyke, & Fixsen, 2013; Ogden, Bjørnebekk, Kjøbli, Patras, Christiansen, Taraldsen, et al., 2012; Van Dyke, Blase, Sims, & Fixsen, 2013). At Time 3 and Time 4, the IDA-TP was refined based on available reliability data, experience facilitating the assessment with agency implementation support staff, and existing frameworks of implementation infrastructure and best practices (e.g., Blase, Van Dyke, & Fixsen, 2013; Fixsen et al., 2009; Metz & Bartley, 2012). These later adjustments included clarified item language and further alignment with identified implementation best practices (i.e., Blase, Van Dyke, & Fixsen, 2013). With very few exceptions, these adjustments did not interfere with the comparability of data across these three time points.

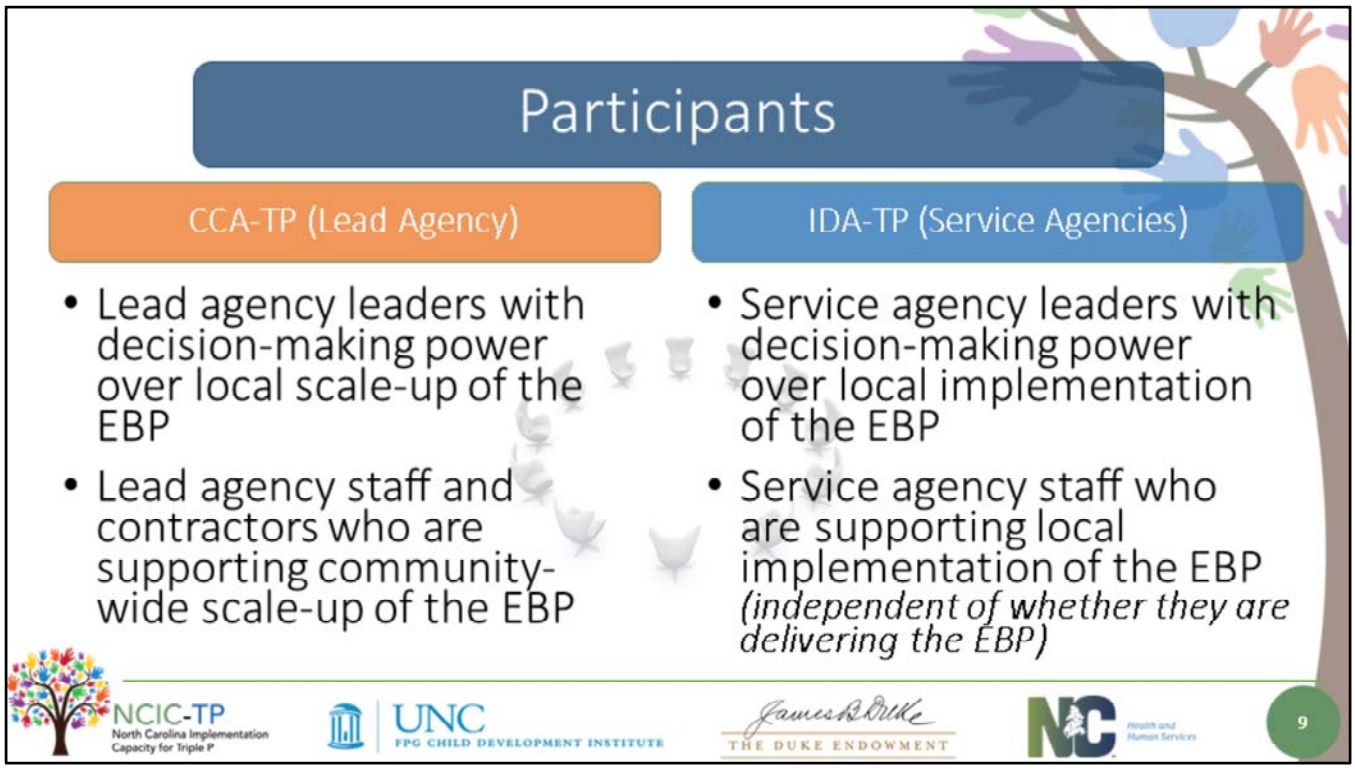


Aldridge, W. A., II, Murray, D. W., Boothroyd, R. I., Prinz, R. J., & Veazey, C. A. (2016, December). *Community Capacity Assessment for the Triple P System of Interventions* (CCA-TP) [Assessment instrument]. Chapel Hill, NC: Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill.

Aldridge, W. A., II, Murray, D. W., Boothroyd, R. I., Prinz, R. J., & Veazey, C. A. (2016, December). *Implementation Drivers Assessment for Agencies Implementing Triple P Interventions* (IDA-TP) [Assessment instrument]. Chapel Hill, NC: Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill.

CCA-TP: was adapted from assessment protocols used to measure the capacity of counties or school districts to effectively support the implementation and scaling of evidence-based interventions (i.e., Duda, Ingram-West, Tadesco, Putnam, Buenerostro, Chaparro, & Horner, 2012; Van Dyke, Fleming, Duda, Ingram-West, Tadesco, Putnam, et al., 2012). The PS-CCA-TP was heavily revised at Time 2 and then refined at Time 3 and Time 4 based on experience facilitating the assessment with county implementation support staff and existing theories of implementation infrastructure and best practice (e.g., Blase, Van Dyke, & Fixsen, 2013; Fixsen, Blase, Naoom, & Wallace, 2009; Metz & Bartley, 2012). Adjustments included clarified item language, simplified scales, and further alignment with identified implementation best practices (i.e., Blase, Van Dyke, & Fixsen, 2013).

IDA-TP: TPIE evaluators relied heavily on previously established implementation drivers assessments and technical assistance tools for the development of IDA-TP items and scales (i.e., Aldridge, Naoom, Boothroyd, & Prinz, 2014; Blase, Van Dyke, Duda, & Fixsen, 2011; Blase, Van Dyke, & Fixsen, 2013; Ogden, Bjørnebekk, Kjøbli, Patras, Christiansen, Taraldsen, et al., 2012; Van Dyke, Blase, Sims, & Fixsen, 2013). At Time 3 and Time 4, the IDA-TP was refined based on available reliability data, experience facilitating the assessment with agency implementation support staff, and existing frameworks of implementation infrastructure and best practices (e.g., Blase, Van Dyke, & Fixsen, 2013; Fixsen et al., 2009; Metz & Bartley, 2012). These later adjustments included clarified item language and further alignment with identified implementation best practices (i.e., Blase, Van Dyke, & Fixsen, 2013). With very few exceptions, these adjustments did not interfere with the comparability of data across these three time points.

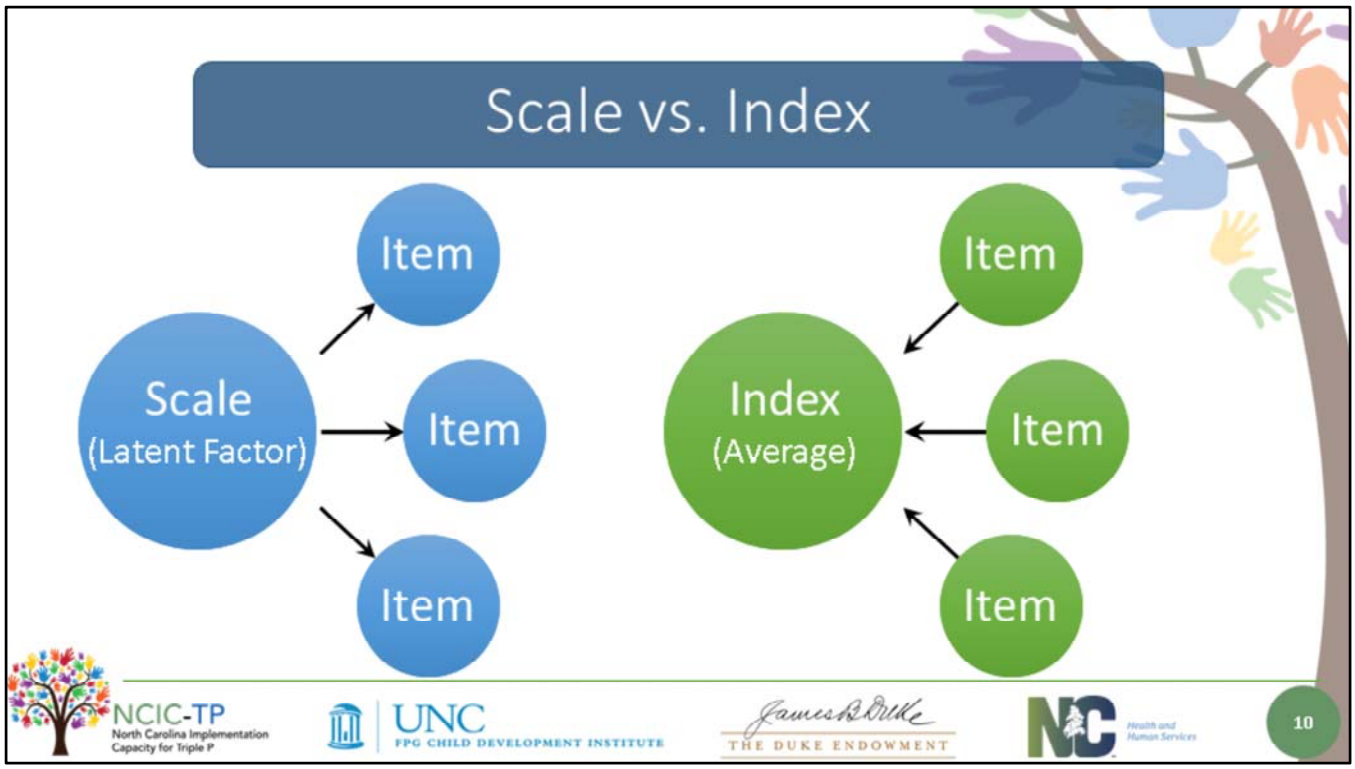


Regardless of formal team names or labels, **CCA-TP** respondents should include:

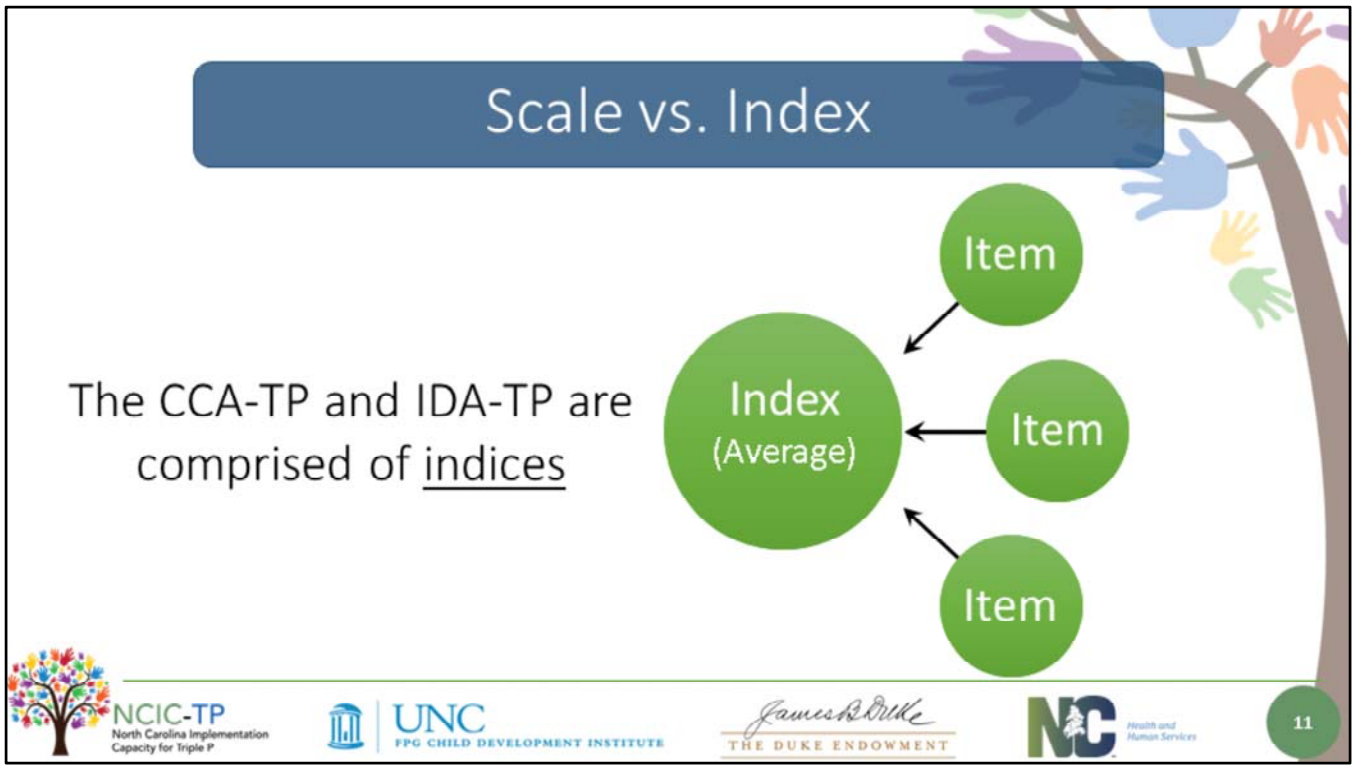
1. community leaders with decision-making power related to the scale-up of Triple P across the community coalition;
2. community-level staff who manage the day-to-day implementation and scale-up of Triple P interventions across the community coalition; and
3. if applicable, community-level staff who:
    - help make decisions related to identifying or selecting agency-level practitioners to be trained in Triple P interventions
    - coordinate or facilitate access to Triple P trainings coordinate or facilitate access to coaching supports for Triple P practitioners after Triple P accreditation
    - are involved in collecting or managing data relative to the implementation of Triple P throughout the community

Regardless of formal team labels, **IDA-TP** respondents should include:

1. agency leaders with decision-making power related to the implementation of Triple P in the agency;
2. agency-level staff who manage the day-to-day implementation of chosen Triple P interventions within the agency; and
3. if applicable, agency-level staff who:
    - help make decisions related to identifying or selecting agency practitioners to be trained in Triple P interventions
    - coordinate or facilitate access to Triple P trainings
    - coordinate or facilitate access to coaching supports for Triple P practitioners after Triple P accreditation
    - are involved in collecting or managing data relative to the implementation of Triple P within the agency



Scale – e.g. IQ
Index – e.g., stock index



As such, inter-item reliability, for example, is not an appropriate indicator of reliability. However, just in case you want to know, did test Cronbach's Alphas where sample characteristics allowed and they were good to strong.

County 1
AIC = 0.83
RS = 0.56 *(sample variance insufficient: m = 86%, sd = 12%)*
T = 0.41 *(sample variance insufficient: m = 96%, sd = 6%)*
C = 0.77
FID = 0.92
DSDS = 0.81
FAC = 0.91
SI = 0.88
DRIVERS SUMMARY = 0.96

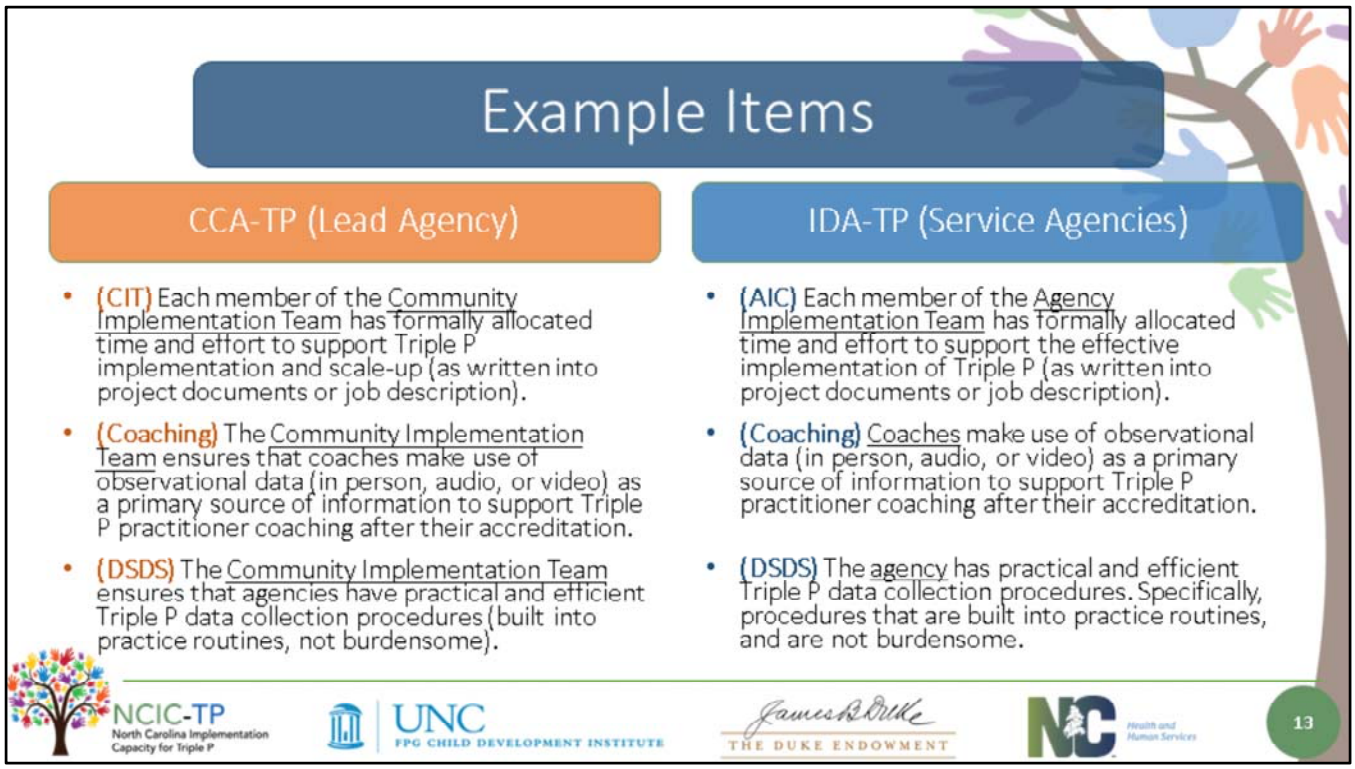
County 2
AIC = 0.84
RS = 0.75
T = 0.41 *(sample variance insufficient: m = 91%, sd = 10%)*
C = 0.76
FID = 0.89
DSDS = 0.88
FAC = 0.91
SI = 0.81
DRIVERS SUMMARY = 0.96

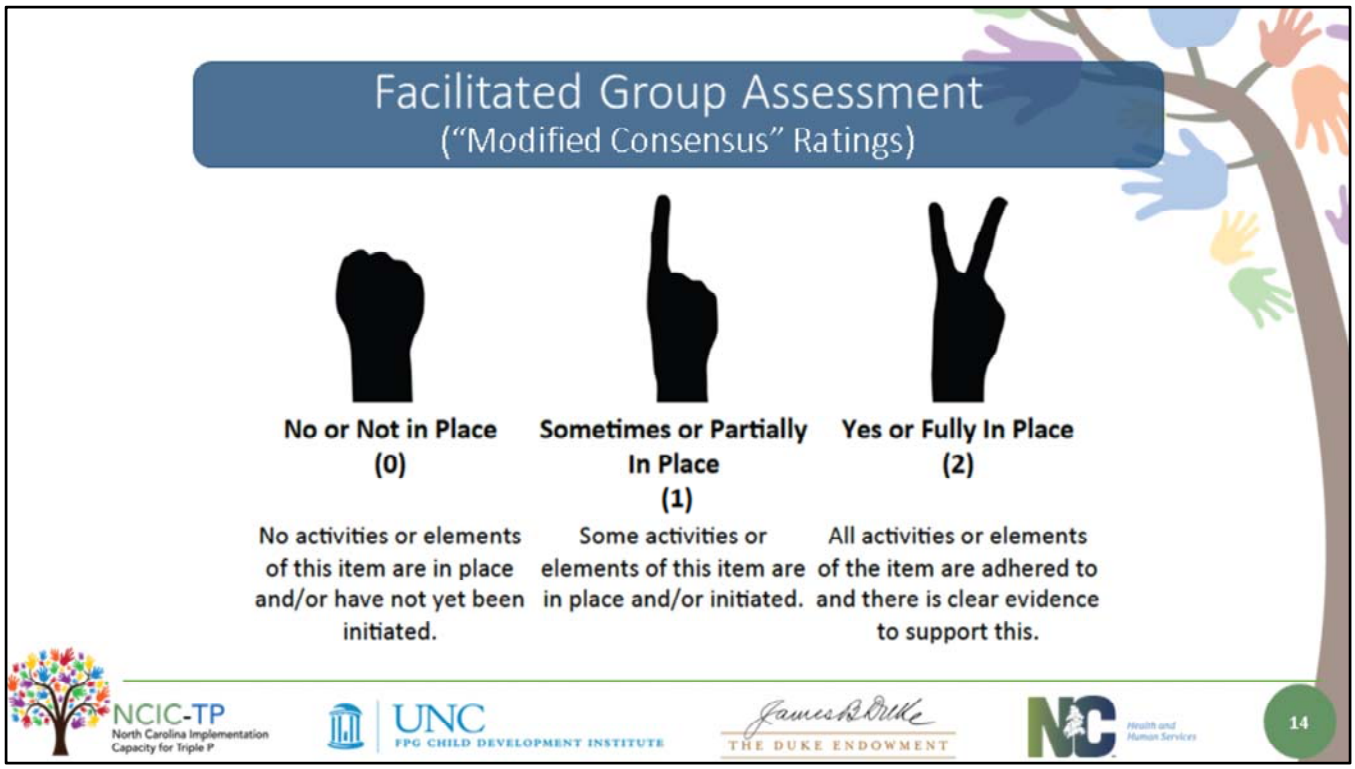
CCA-TP Indices (Lead Agency)	IDA-TP Indices (Service Agencies)
Community Leadership Team	
Community Implementation Team	
Prevention System Alignment	
Action Planning	
Community Implementation Teams Summary Index	Agency Implementation Capacity Index
Practitioner Recruitment & Selection	Practitioner Recruitment & Selection
Practitioner Training	Practitioner Training
Practitioner Coaching	Practitioner Coaching
Fidelity Assessment	Fidelity Assessment
Decision Support Data System	Decision Support Data System
Facilitative Administration	Facilitative Administration
Systems Intervention	Systems Intervention
Community Implementation Drivers Summary Index	Agency Implementation Drivers Summary Index
Community Sustainability Planning Summary Index	Agency Sustainability Planning Summary Index

Sustainability Planning Summary Indices include three items:

- Sustainment plan for involvement of executive leadership (community or agency)
- Sustainment plan for members and coordinator of implementation team (community or agency)
- Overall sustainment plan for financial and programmatic resources to continue scale-up (community) or implementation (agency) of Triple P

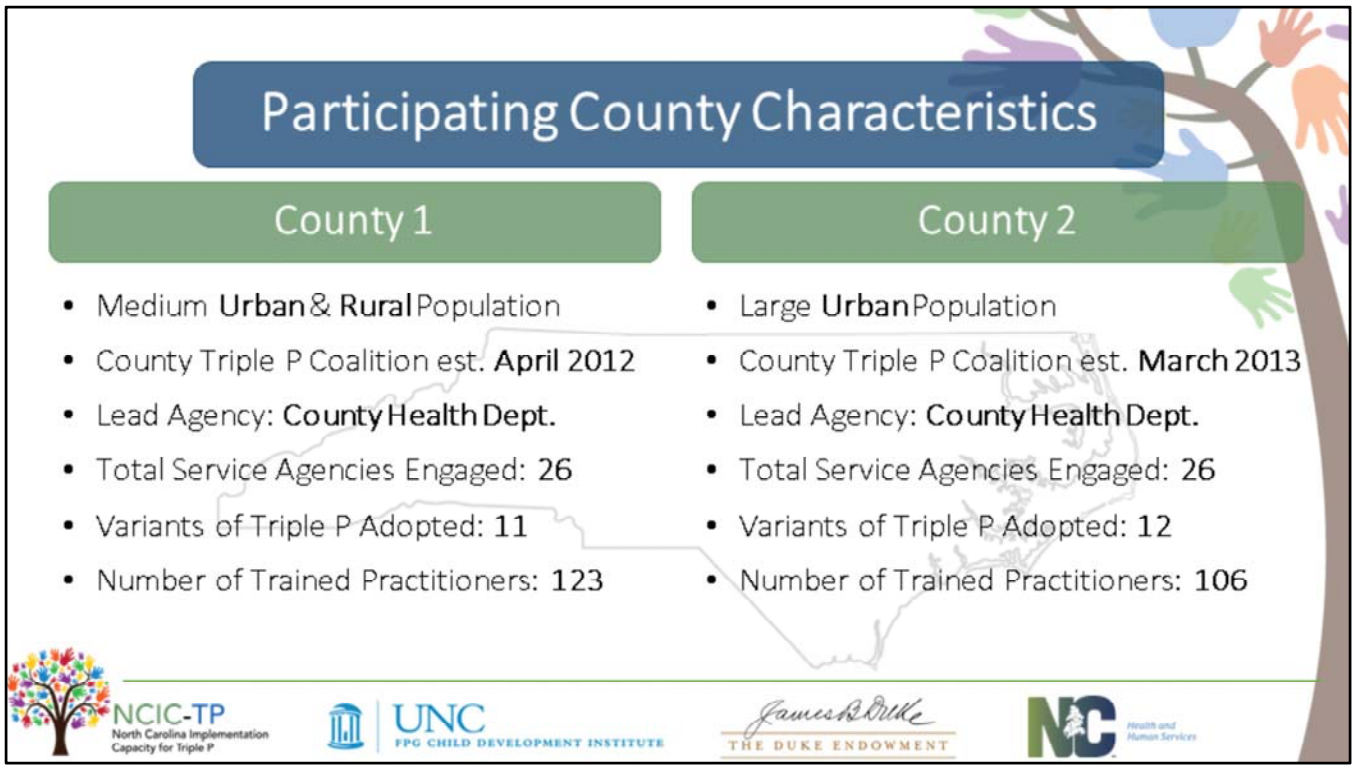
For all three items, the sustainment plan must be documented for a 2 on the 0-1-2 rating scale

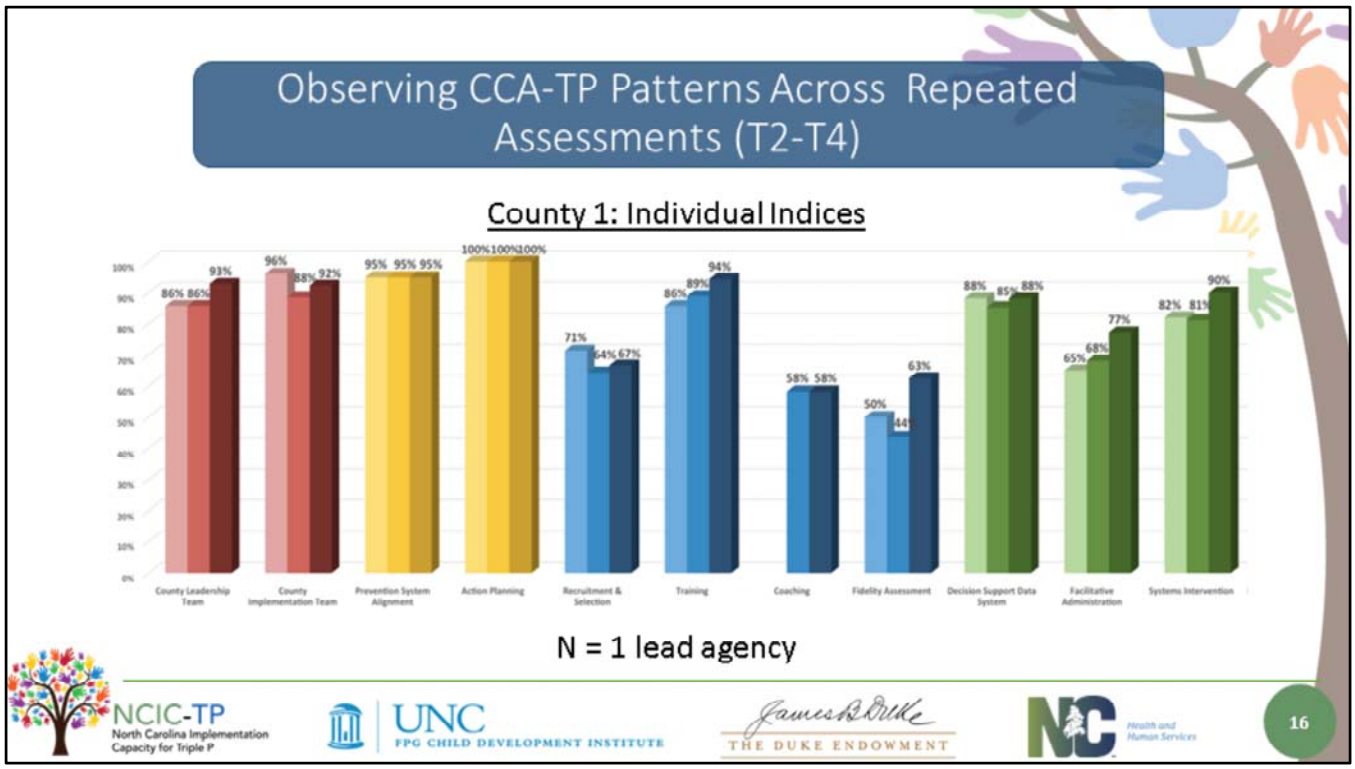

Example Items
CCA-TP (Lead Agency)
(CIT) Each member of the Community Implementation Team has formally allocated time and effort to support Triple P implementation and scale-up (as written into project documents or job description).
(Coaching) The Community Implementation Team ensures that coaches make use of observational data (in person, audio, or video) as a primary source of information to support Triple P practitioner coaching after their accreditation.
(DSDS) The Community Implementation Team ensures that agencies have practical and efficient Triple P data collection procedures (built into practice routines, not burdensome).
IDA-TP (Service Agencies)
(AIC) Each member of the Agency Implementation Team has formally allocated time and effort to support the effective implementation of Triple P (as written into project documents or job description).
(Coaching) Coaches make use of observational data (in person, audio, or video) as a primary source of information to support Triple P practitioner coaching after their accreditation.
(DSDS) The agency has practical and efficient Triple P data collection procedures. Specifically, procedures that are built into practice routines, and are not burdensome.
NCIC-TP
North Carolina Implementation Capacity for Triple P
UNC
FPG CHILD DEVELOPMENT INSTITUTE
THE DUKE ENDOWMENT
13



What is "Modified Consensus"?

"Modified consensus" is reached when all individuals in the group agree to move forward with a single group vote (0, 1, or 2), and can support that vote outside the context of the original group, even if individual members retain or initially had a dissenting vote. Facilitators might build modified consensus by exploring the different initial votes within the group, asking the group to vote again, and, if voting is still not unanimous, asking the minority vote members if they can agree to move forward with the majority vote.


Participating County Characteristics
County 1
Medium Urban & Rural Population
County Triple P Coalition est. April 2012
Lead Agency: County Health Dept.
Total Service Agencies Engaged: 26
Variants of Triple P Adopted: 11
Number of Trained Practitioners: 123
County 2
Large Urban Population
County Triple P Coalition est. March 2013
Lead Agency: County Health Dept.
Total Service Agencies Engaged: 26
Variants of Triple P Adopted: 12
Number of Trained Practitioners: 106
NCIC-TP
North Carolina Implementation Capacity for Triple P
UNC
FPG CHILD DEVELOPMENT INSTITUTE
THE DUKE ENDOWMENT

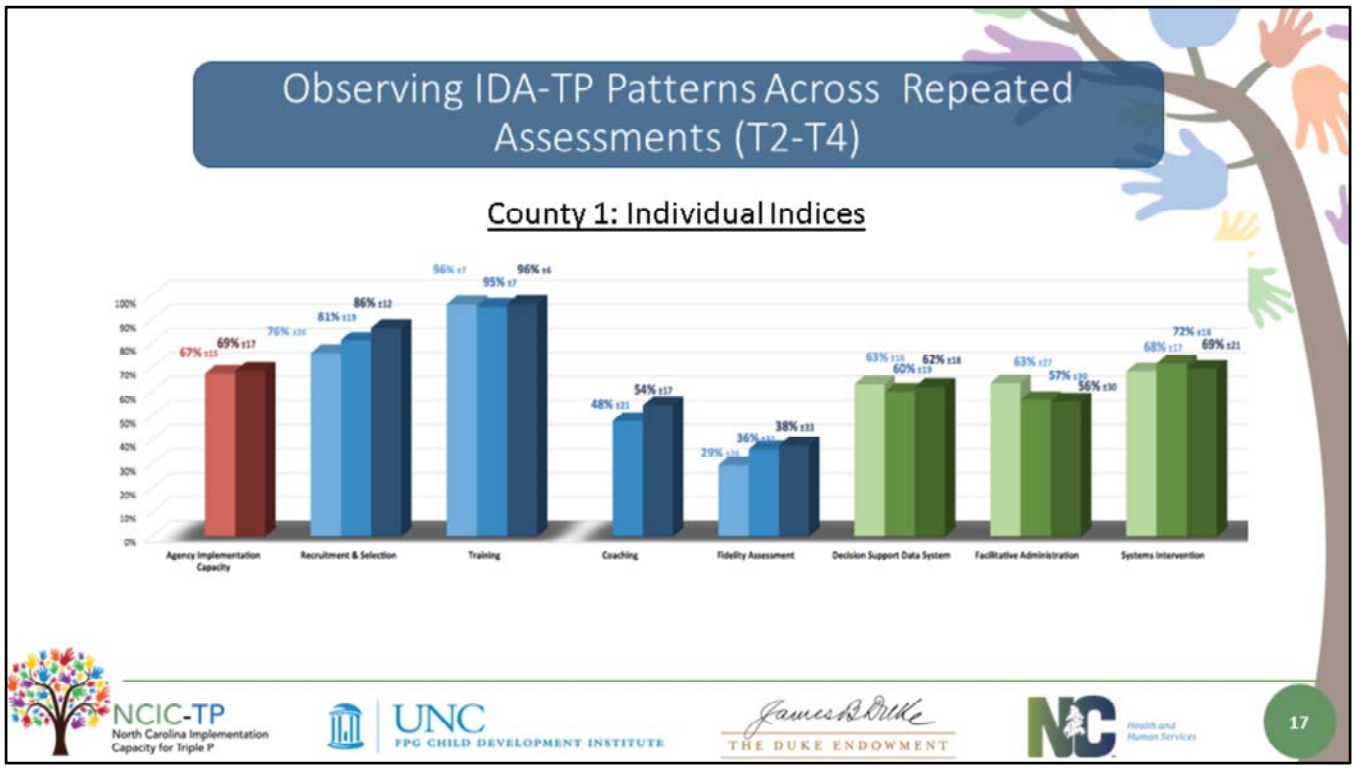


Measures were continually refined over the course of the two year evaluation, leading to stronger connection to theory and stronger psychometrics. However, this also precluded the comparison of data across some time points, particularly time 1.

T2 Coaching Index was changed for T3 and is therefore not directly comparable.

Assessment time points were 6 months apart. This precludes any efforts to examine test-retest reliability. The assessment is too burdensome to administer in such a way as to examine test-retest reliability.

While there is some variability in index averages, this is to be expected within a 6 month window considering (1) true system change an (2) some level of measurement error.

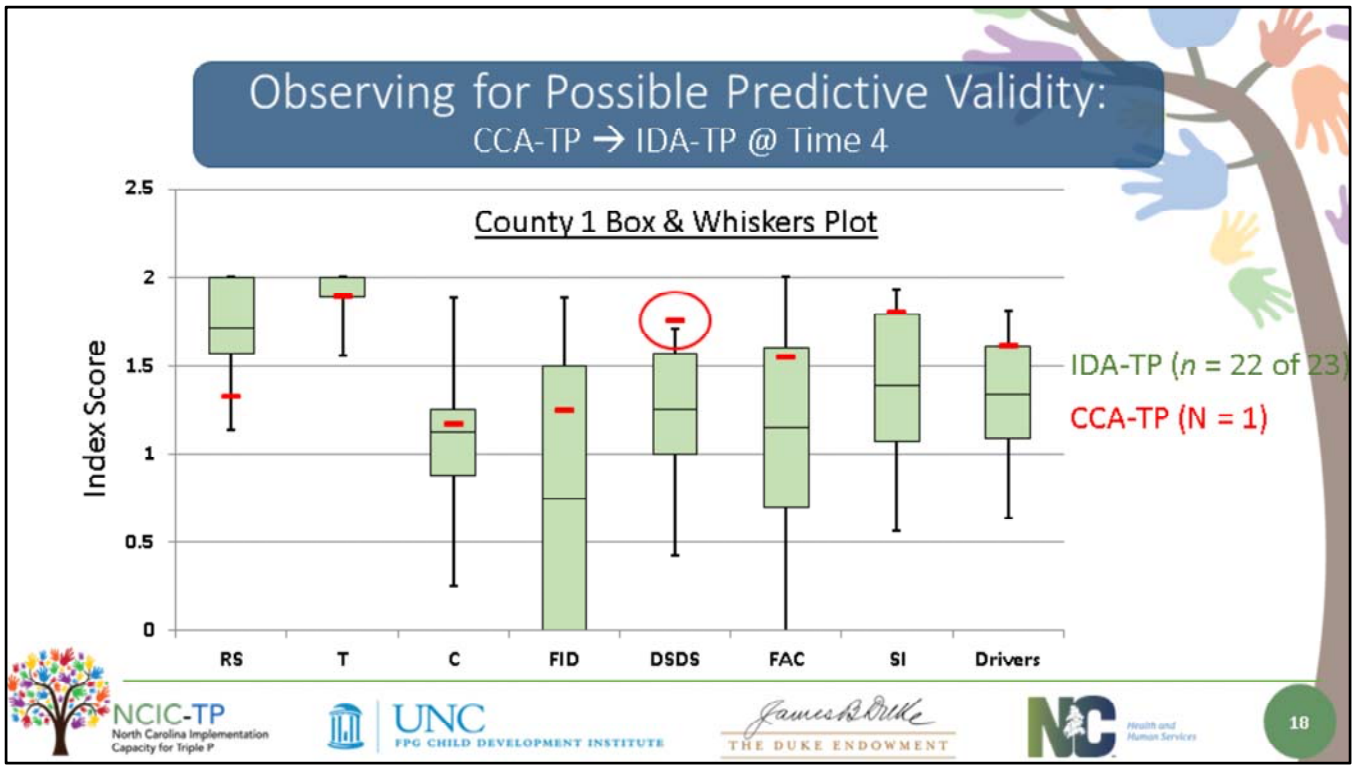


Measures were continually refined over the course of the two year evaluation, leading to stronger connection to theory and stronger psychometrics. However, this also precluded the comparison of data across some time points, particularly time 1.

T2 Agency Implementation Capacity and Coaching indices were changed for T3 and are therefore not directly comparable.

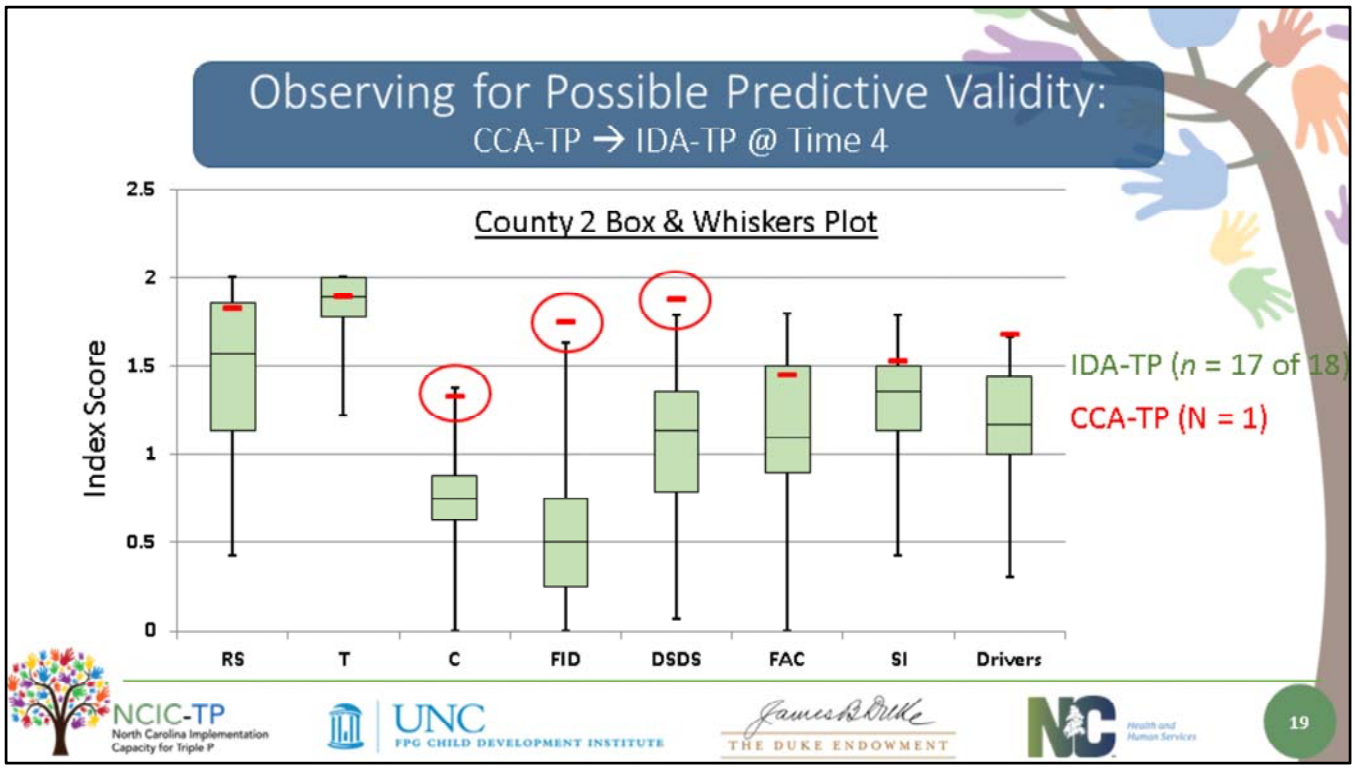
Assessment time points were 6 months apart. This precludes any efforts to examine test-retest reliability. The assessment is too burdensome to administer in such a way as to examine test-retest reliability.

While there is some variability in index averages, this is to be expected within a 6 month window considering (1) true system change an (2) some level of measurement error.



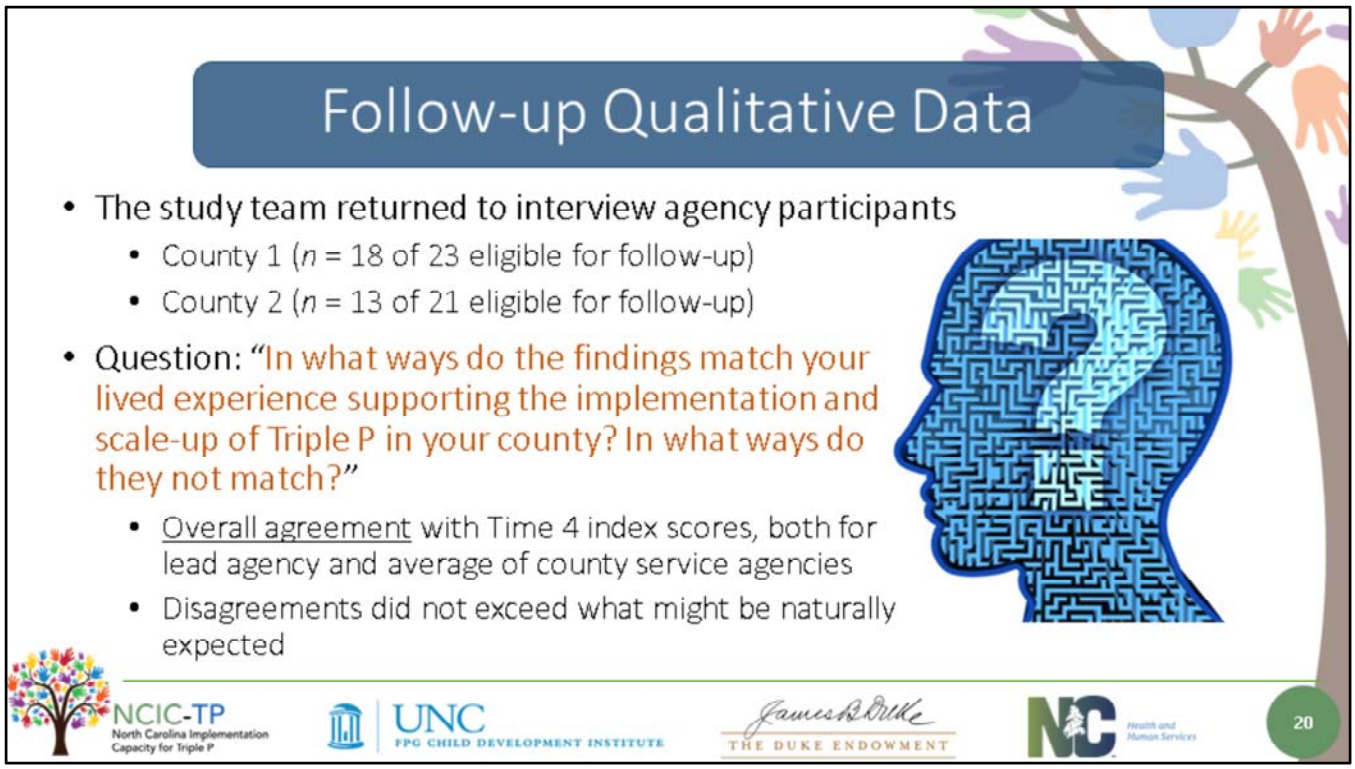
Two observations:

- Agency capacity generally lags behind County capacity
- DSDS was the only index on which the County score was outside the Agency box and whiskers plot. This is likely due to the significant involvement of the lead agency, but not service agencies, in the statewide Triple P evaluation. Data were often collected from county Triple P practitioners without the direct involvement or participation of service agency leaders and implementation team members.



Three observations:

- Agency capacity again generally lags behind County capacity
- DSDS index County score was again outside the Agency box and whiskers plot. This is likely due to the significant involvement of the lead agency, but not service agencies, in the statewide Triple P evaluation. Data were often collected from county Triple P practitioners without the direct involvement or participation of service agency leaders and implementation team members.
- At time 4, a new community implementation team member had JUST been hired and was to devote a significant part of their time to practitioner coaching and fidelity assessment activities. This appeared to create a bit of a halo effect on participant responses in these indices.



Eligibility for participation: County agencies were invited to participate in TPIE-Qualitative even if they were not active in their county Triple P coalition at the time of the qualitative interviews. The only requirement for inactive agencies' participation was that they could make accessible an individual within the agency who was familiar with the agency's efforts to implement Triple P over the previous two years.

County 1: all 23 agencies identified as eligible were still active
County 2: 16 agencies identified as eligible were still active; none of the five eligible inactive agencies participated

Testing Predictive Validity:
Predicting Agency Sustainment

- Hypothesis 1: The capacity of leadership and the implementation team within a service agency will predict sustainment within the county Triple P coalition.
  - Active agencies, AIC index *m* = 72.5% in place
  - Inactive agencies, AIC index *m* = 52.0% in place
  - *t* = 3.58, *p* = .001

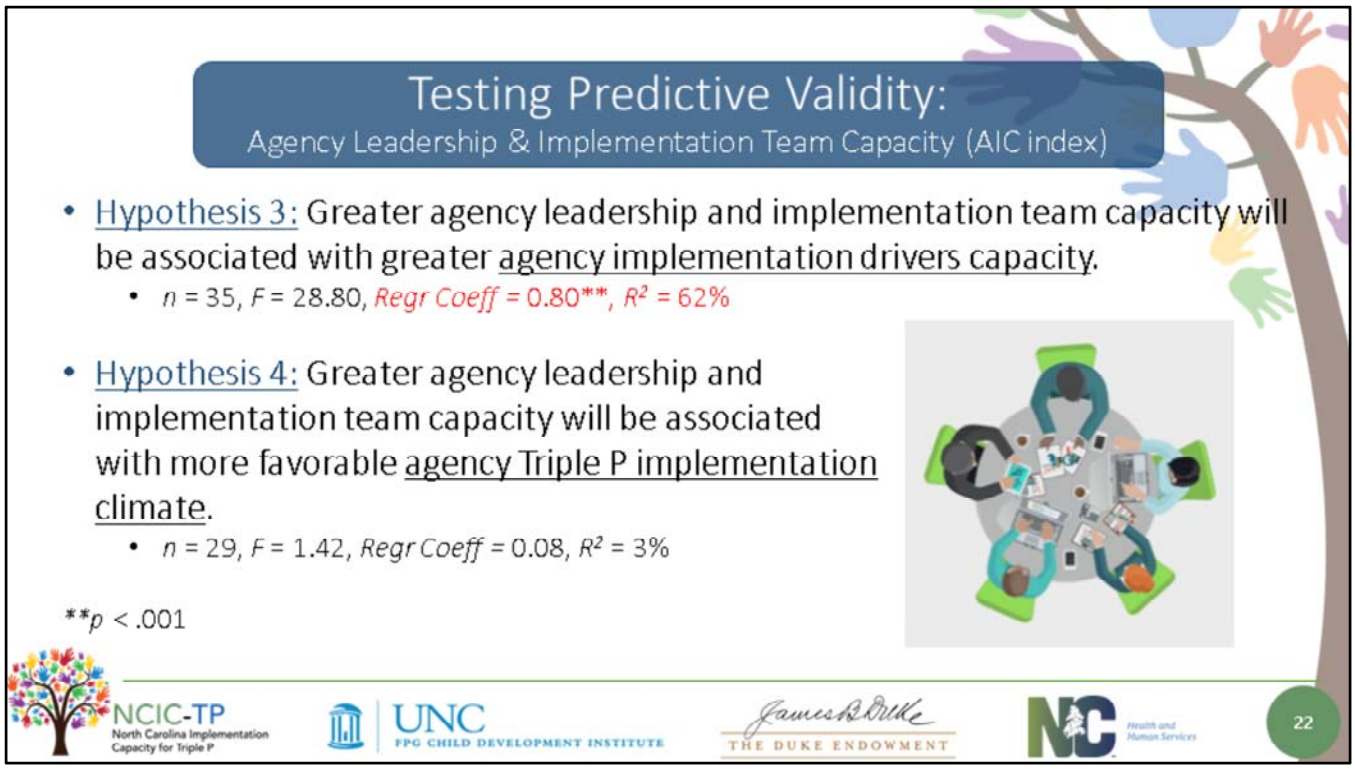
- Hypothesis 2: The amount of sustainability planning within a service agency will predict sustainment within the county Triple P coalition.
  - Active agencies, ASP summary index *m* = 74% in place
  - Inactive agencies, ASP summary index *m* = 10.5% in place
  - *t* = 6.16, *p* = .000

NCIC-TP North Carolina Implementation Capacity for Triple P | UNC FPG Child Development Institute | The Duke Endowment | NC Health and Human Services | 21

Data from last available assessment time point were used for each agency

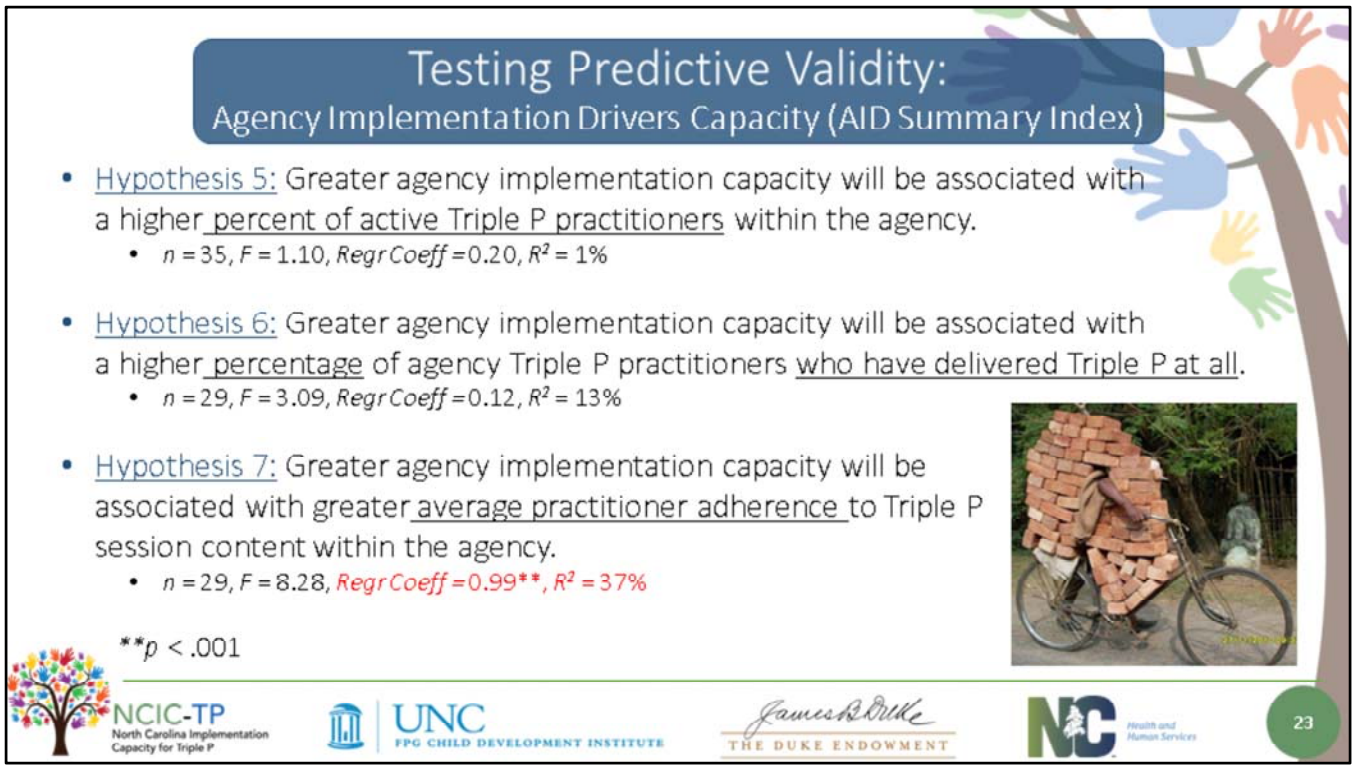
Agency Sustainability Planning Summary Index items

This was just 3 questions that asked: Is there a documented plan to sustain involvement of executive leaders? Of the agency implementation team or coordinator? And has a plan been developed and put in writing to sustain necessary financial and programmatic resources to sustain



Agency leadership and implementation team capacity and agency implementation drivers capacity were highly correlated (*r* = .8)

Note that the sample for this analysis is different from the dataset used for analyses of continuation described above. It includes only T4 data, because this represents the most agencies and uses the most current version of the IDA measure for the TPIE study. The number of agencies included in analysis varies depending on the source of the data –the agency leadership/implementation team or practitioners. *For data obtained from agency leadership/implementation teams (*% active practitioners, IDA Drivers Composite), there are 35 agencies. This excludes 4 newer agencies that did not have practitioners who had been trained for at least 6 months (as this factor was considered important for evaluating delivery-related outcomes) and 2 agencies that did not participate in the agency IDA assessment. *For data obtained from practitioners (e.g.*, percent who had delivered Triple P, average fidelity, and climate) there are 29 agencies; 6 additional agencies were excluded because the practitioner survey response rate was below 60% and therefore considered unrepresentative



Note that the sample for this analysis is different from the dataset used for analyses of continuation described above. It includes only T4 data, because this represents the most agencies and uses the most current version of the IDA measure for the TPIE study. The number of agencies included in analysis varies depending on the source of the data –the agency leadership/implementation team or practitioners. *For data obtained from agency leadership/implementation teams (*% active practitioners, IDA Drivers Composite), there are 35 agencies. This excludes 4 newer agencies that did not have practitioners who had been trained for at least 6 months (as this factor was considered important for evaluating delivery-related outcomes) and 2 agencies that did not participate in the agency IDA assessment. *For data obtained from practitioners (e.g.*, percent who had delivered Triple P, average fidelity, and climate) there are 29 agencies; 6 additional agencies were excluded because the practitioner survey response rate was below 60% and therefore considered unrepresentative

Discussion

- Comprehensive measures of implementation capacity
  - Based on theoretical frameworks (Fixsen, Blase & colleagues)
  - Multiple system levels
  - Good indications of reliability and validity
  - May be used to improve local planning or for research and evaluation
- Confidence that these could be adapted for use with other EBPs
  (originally adapted from instruments that were not program specific)
- Need for additional testing
  - CCA-TP empirical tests of validity
  - IDA-TP with larger sample sizes and more robust fidelity assessment

NCIC-TP
North Carolina Implementation Capacity for Triple P

UNC
FPG CHILD DEVELOPMENT INSTITUTE

THE DUKE ENDOWMENT

Health and Human Services

24

For More Information

Will Aldridge, Ph.D.
will.aldridge@unc.edu

Ron Prinz, Ph.D.
prinz@mailbox.sc.edu

Visit: http://ncic.fpg.unc.edu

Special Thanks to:
The Duke Endowment
www.dukeendowment.org

Acknowledgements
John Sideris, PhD, Statistician, UNC-CH
Laura Kuhn, PhD, Statistician, UNC-CH
Rebecca Roppolo, MPH, Eval & Imp, UNC-CH

Disclosure: Ron Prinz, Ph.D., is a consultant to Triple P International, which is the technology transfer entity commissioned by the University of Queensland to disseminate the Triple P system, and to the Centers for Disease Control and Prevention, which is involved in implementation/dissemination projects related to Triple P.

NCIC-TP North Carolina Implementation Capacity for Triple P

UNC FPG CHILD DEVELOPMENT INSTITUTE

THE DUKE ENDOWMENT