The Triple P Implementation Evaluation
Cabarrus & Mecklenburg Counties, North Carolina

Will Aldridge\textsuperscript{1,2}, Desiree Murray\textsuperscript{1}, Ron Prinz\textsuperscript{2,3}, & Claire Veazey\textsuperscript{1,4}
\textsuperscript{1}FPG Child Development Institute, UNC-Chapel Hill
\textsuperscript{2}National Prevention Science Coalition to Improve Lives
\textsuperscript{3}Parenting & Family Research Center, University of South Carolina
\textsuperscript{4}UNC Gillings School of Global Public Health

North Carolina Triple P State Learning Collaborative
March 2, 2016
The Triple P system of parenting and family support interventions is currently being scaled-up in 33 counties in North Carolina.
“Is the implementation infrastructure 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, The Duke Endowment
Cascading Triple P Support Structures in North Carolina

State Triple P Learning Collaborative

County Implementation Teams

County Implementation Teams

County Implementation Teams

Agency Implementation Leads & Mgrs

Agency Implementation Leads & Mgrs

Agency Implementation Leads & Mgrs

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Agency Practitioner

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Agency Practitioner
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.
12,102 children under 5


Aldridge, Murray, Prinz, Boothroyd, Veazey, & Morgan (2016, March)
70,878 children under 5


Aldridge, Murray, Prinz, Boothroyd, Veazey, & Morgan (2016, March)
<table>
<thead>
<tr>
<th></th>
<th>Cabarrus</th>
<th>Mecklenburg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population of families</td>
<td>26,490</td>
<td>131,097</td>
</tr>
<tr>
<td>Annual funding per child/youth</td>
<td>$6.47</td>
<td>$0.59</td>
</tr>
<tr>
<td># of County Imp. Team members</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Dedicated County Imp. Team FTE</td>
<td>3.25</td>
<td>2.04</td>
</tr>
<tr>
<td># of local agencies engaged</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td># Triple P interventions adopted</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td># trained practitioners</td>
<td>123</td>
<td>106</td>
</tr>
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</table>

# of agencies engaged includes both active and inactive agencies
# of Triple P interventions includes those in the installation, initial implementation, and full implementation stages
# of trained practitioners includes both active and inactive Triple P practitioners in the county

Population of families assumes 1.9 children per family

Cabarrus County, home to the cities of Kannapolis and Concord, offers a mix of urban and rural settings with an estimated population of 192,103 (U.S. Census Bureau, 2015a). The Cabarrus County Triple P Coalition was a member of the first cohort of counties to begin scaling-up the Triple P system of interventions in 2012 with funding from NC DPH. Cabarrus County was initially awarded $325,581 per year for three years to scale-up Triple P, with a fourth year later awarded at the same amount. Given Cabarrus’ estimated population of youth under 18 (50,331; U.S. Census Bureau, 2015a), this translates into approximately $6.47 per youth.

Mecklenburg County, home to North Carolina’s largest city – Charlotte, is North Carolina’s largest county with an estimated population of 1,012,539 (U.S. Census Bureau, 2015b). The Mecklenburg County Triple P Coalition was a member of the second cohort of counties to begin scaling-up the Triple P system of interventions in 2013 with funding from NC DPH. Though Mecklenburg County was also initially awarded $325,581 per year for three years to scale-up Triple P, state budget changes and resulting fiscal decisions resulted in an actual award of $147,000 per year for three years. Given Mecklenburg’s estimated population of youth under 18 (249,085; U.S. Census Bureau, 2015b), this translates into approximately $0.59 per youth, a substantially smaller amount than in Cabarrus County.


Aldridge, Murray, Prinz, Boothroyd, Veazey, & Morgan (2016, March)
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T3 data reported because of the large number of new agencies joining county coalitions at T4; new T4 agencies had little time to experience what might be ideal FTE for agency implementation team members.

**Cabarrus**
- Added 1 new agency at T3 (18→19 total). This new agency was a private practitioner at T2 that took on staff and transformed into an “agency” at T3. Therefore, no “brand new” agencies at T3.
- Added 7 new agencies at T4 (19→26 total), lost 3 agencies (including losing a new agency; 19→23 total active). One new agency at T4 was a private practitioner at T3 that took on staff and transformed into an “agency” at T4. Six new T4 agencies were “brand new” to the Coalition.

**Mecklenburg**
- Added 0 new agencies at T3 (20 total both times). Lost 5 agencies at T3 (including one which transformed from agency to private practitioner; 20→15 total active).
- Added 7 new agencies at T4 (20→26 total), including one “old inactive agency” already counted in the “20” at T3 that transformed back from private practitioner to an agency at T4. Therefore, there were six “brand new” agencies at T4. Lost 4 additional agencies at T4 (minus the inactive agency at T3 to active agency at T4; 15→18 total active).
“Implementation Climate”: N = sample size from total active and inactive

**MECK T3 – [85% of active agencies only]:** Among the five agencies that discontinued participation in the Mecklenburg County Triple P Coalition by Time 3, at least three had unfavorable implementation climates at Time 2 (m = 2.71, 2.14, and 1.57). Practitioners from the other two agencies did not participate in the Time 2 web-based Triple P practitioner survey, which might likewise have indicated that Triple P was a low priority in these agencies. Categorizing these five inactive agencies as “not hospitable,” only 61% of all agencies surveyed or inactive in Mecklenburg might have been considered “hospitable” for Triple P at Time 3.

**CAB T4 – [81% of active agencies only]:** One of the three agencies that discontinued participation in the Cabarrus County Triple P Coalition by Time 4 had an unfavorable implementation climate at Time 3 (m = 2.21). Practitioners from another did not participate in the Time 3 web-based Triple P practitioner survey. The third – a new agency at Time 4 – closed due to financial problems before being able to participate in TPIE assessments. Categorizing the first two inactive agencies as “not hospitable” and excluding the last due to missing data and participation, only 74% of all agencies surveyed or inactive in Cabarrus might have been considered “hospitable“ for Triple P at Time 4.

**MECK T4 – [94% of active agencies only]:** One of the four additional agencies that discontinued participation in the Mecklenburg County Triple P Coalition by Time 4 had an unfavorable implementation climate at Time 3 (m = 2.43). Survey data from Triple P practitioners within the other three agencies suggested that these agencies were “hospitable” for Triple P at Time 3. Categorizing these agencies accordingly and adding in the four still inactive agencies from Time 3, each categorized as “not hospitable“ from Time 2, only 76% of agencies surveyed or inactive in Mecklenburg might have been considered “hospitable” for Triple P at Time 4.

Aldridge, Murray, Prinz, Boothroyd, Veazey, & Morgan (2016, March)
Odds ratio of having only 1 practitioner

Agency Continuation Predictors

Agency Leadership and Implementation Team Capacity
(Percent in Place)

- 72.5% Active
- 52.0% Inactive

$t = 3.58, p = .001$
Agency Continuation Predictors

Sustainability Plans Score (0-6)

<table>
<thead>
<tr>
<th>Active</th>
<th>4.43</th>
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<tbody>
<tr>
<td>Inactive</td>
<td>0.63</td>
</tr>
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</table>

$t = 6.16, p = .000$
Agency Continuation Predictors

Percent of Agencies with Low Climate
(<3 on 1-5 scale)

$\chi^2 = 3.66, p = .056$

Active: 14.3%
Inactive: 44.4%

Odds Ratio: 4.8
“Survey Response Rate” and “Delivery”: N = sample size from total active
“Delivery Adherence”: N = sample size from total delivering

* Among practitioners who had delivered within the past 6 months.

Recollection of most recent session has been utilized in prior work, but is limited by retrospective self-report and lack of practitioner competency assessment

The percentages reported under “Delivery” reflect only the percentage of active practitioners surveyed who had delivered Triple P at all. When both active and inactive practitioners are considered, the percentage of total trained practitioners who were delivering Triple P interventions through their county Triple P coalition at Time 4 is much smaller. For example, extrapolating the delivery percentage at Time 4 across the full population of active practitioners, Cabarrus County had approximately 78 active practitioners who had delivered Triple P out of the 123 total practitioners trained in Triple P since the start of the county Triple P coalition. This translates into approximately a 63% rate of delivering Triple P through the Cabarrus County Triple P Coalition among all trained Cabarrus County Triple P practitioners. Similar methodology carried out with the Mecklenburg County active practitioner population results in approximately a 41% (44 out of 106) rate of delivering Triple P through the Mecklenburg County Triple P Coalition among all trained Mecklenburg County Triple P practitioners at Time 4. These rates are approximate because TPIE evaluators do not know the whether or not Time 4 active practitioners that did not respond to the TPIE web-based Triple P practitioner survey at Time 4 had delivered Triple P.

Aldridge, Murray, Prinz, Boothroyd, Veazey, & Morgan (2016, March)
Population of families assumes 1.9 children per family


<table>
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<tr>
<th>Population</th>
<th>Cabarrus</th>
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<tbody>
<tr>
<td>Overall Population</td>
<td>192,103</td>
<td>1,012,539</td>
</tr>
<tr>
<td>Children under 5</td>
<td>12,102</td>
<td>70,878</td>
</tr>
<tr>
<td>Children under 18</td>
<td>50,331</td>
<td>249,085</td>
</tr>
<tr>
<td>Children Impacted</td>
<td>6374 (12.6%)</td>
<td>8012 (3.2%)</td>
</tr>
<tr>
<td>Approx. Families</td>
<td>26,490</td>
<td>131,097</td>
</tr>
<tr>
<td>Caregivers Contacted</td>
<td>4686 (17.7%)</td>
<td>2943 (2.2%)</td>
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### TPIE Final Recommendations
#### County-level

<table>
<thead>
<tr>
<th>Implementation Capacity</th>
<th>Policies and Practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sufficient county implementation team FTE</td>
<td>• Agencies must commit to 3+ practitioners</td>
</tr>
<tr>
<td>• Develop capacity to increase agencies’ use of best practices related to</td>
<td>• Agencies must commit leadership and agency implementation team resources</td>
</tr>
<tr>
<td>• Coaching Triple P practitioners</td>
<td>• Monitor risk factors for agency discontinuation</td>
</tr>
<tr>
<td>• Fidelity assessment</td>
<td>• Continue to increase reach of Triple P, though this is not just about more training!</td>
</tr>
<tr>
<td>• Organizational implementation drivers</td>
<td></td>
</tr>
<tr>
<td>• Continue to develop and document sustainability plans</td>
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Aldridge, Murray, Prinz, Boothroyd, Veazey, & Morgan (2016, March)
TPIE Final Recommendations
Agency-level

Implementation Capacity

- Ensure appropriately staffed agency implementation teams
- Increase the use of best practices related to
  - Coaching Triple P practitioners
  - Fidelity assessment
  - Gathering, using, and sharing data for decision-making
  - Spreading agency facilitators and addressing barriers to implementation
  - Spreading agency successes and addressing larger systems needs
- Continue to develop and document sustainability plans

Policies and Practices

- Maintain 3+ Triple P practitioners
- Agency leadership demonstrates ongoing commitment to the Implementation of Triple P

Among this collaboration of stakeholders and support systems, there is a need for partnering, active listening, identification and acceptance of adaptive issues, and commitment to move the initiative forward.

For More Information

William A. Aldridge II, Ph.D.
919-966-4713
will.aldridge@unc.edu

Special Thanks to:

The TPIE Team
Ron Prinz, Ph.D., Co-PI, Univ. of South Carolina
Desiree Murray, Ph.D., Co-I, UNC-CH
Claire Veazey, B.A., Eval. Assistant, UNC-CH
Julie McManus, B.A., Proj. Mgr., UNC-CH

TPIE FINAL REPORT:

Declaration: 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.
Case Study: Focus on Implementation Teams

North Carolina Triple P State Learning Collaborative
March 2, 2016
Common Implementation Team
Best Practices

- Implementation Teams consist of **three or more people**, often with an identified **leader** or point person.
- **Collective competencies** (someone on the team has the following):
  - Experience creating and managing organizational change
  - Fluency with Triple P and its effective implementation
  - Fluency with evidence-informed, active approaches to implementation (i.e., what it takes, based on what works)
- Each member has formally allocated and sufficient time and effort
- Document describing the team’s purpose, goals, roles and responsibilities, authority, communications, membership
- **Meet in person** on a regular basis
- Close alignment with leadership
- **Sustainability plan**
Tar Heel County & The Cheerwine Foundation

- Tar Heel County wants to scale-up the Triple P system across their county and approaches The Cheerwine Foundation for resources

- The Cheerwine Foundation
  - Funding criteria: adequately discuss how the county will support the development of quality implementation teams at both county and agency levels.
  - Typical funding: $250,000 per year, 3 years

- Tar Heel County
  - Roughly 50,000 families; more than 40 key family-serving agencies
  - Local health department
    - Will serve as the backbone organization for the county Triple P coalition
    - Limited resources that aren’t already allocated
  - Local agencies’ resources are likewise mostly allocated
Consider

- How might Tar Heel County use the award to invest in county and agency implementation teams while still supporting Triple P rollout?
- How might the Cheerwine Foundation’s emphasis on implementation teams shape the recruitment and selection of initial agencies to join the county Triple P coalition?
- How might funding be used differentially across the 3 year award?
- Are there any opportunities to leverage the initial 3-year grant to seek additional funding?
Example Strategy 1

- Carve out a substantial portion of the annual award to support the equivalent of 3.0 FTE across a first-generation county implementation team within the local health department.
- As a part of joining the county Triple P coalition and obtaining free training for their practitioners, require that the first cohort of local agencies provide in-kind time and effort for first-generation agency implementation teams.
- Focus much of the first year on coalition readiness-building activities while limiting the first round of Triple P training opportunities.
- Leverage the capacity and readiness that is built to seek additional funding for expanding training opportunities, expanding the county Triple P coalition, and sustaining the county implementation team.
Example Strategy 2

• In year 1, bring in a fiscal mapping consultant to work with the county health department and local agencies to find creative ways to locally support county and agency implementation team members.

• Focus much of the first year on coalition readiness-building activities and wait to conduct widespread training until years two and three of the grant.

• A key deliverable at the end of year 1 might be documents detailing the organization of county and agency implementation teams and how they will be locally sustained through existing resources.

• In year two and three, scale-up county practitioner Triple P training opportunities for coalition agencies.

• Leverage the capacity and readiness that is built to seek additional funding for expanding training opportunities and the county Triple P coalition.
Case Study: Focus on Practitioner Coaching after Accreditation

North Carolina Triple P State Learning Collaborative
March 2, 2016
Practitioner Coaching
Best Practices

- The agency has clearly identified who ensures that Triple P practitioners receive coaching after their accreditation. That individual or group is well supported by the agency.
- A written plan is developed or adopted that details expectations for Triple P practitioners to receive coaching after their accreditation. Adherence to that plan is regularly reviewed.
- Among those providing coaching to Triple P practitioners, there is expertise in the key principles, components, skills, and abilities required to effectively deliver Triple P.
- Coaches use multiple sources of data and information to give feedback to Triple P practitioners, including direct observation.
- Data demonstrates practitioners' abilities to deliver Triple P improve as a result of coaching.
- Coaches are provided feedback on their coaching.
Ongoing Coaching to Support Tar Heel County Triple P Practitioners

- Adopting Triple P’s Peer Assisted Supervision and Support (PASS) model.
- **Initial coalition members:**
  - County public health department
  - County social services department
  - Local school district
  - Large community pediatrics clinic
  - Area YMCA association

- **Three initial Triple P trainings**
  - Level 2 Selected Seminar (10 practitioners)
  - Level 3 Primary Care (20 practitioners)
  - Level 4 Group (10 practitioners)

- **Challenges:**
  - Want to ensure coaching includes direct observation (e.g., audio, video, or live), but concerns confidentiality and legal concerns
  - Difficult to coordinate practitioners’ schedules across the five agencies
Consider

- Who will support the development of coaching infrastructure and practices across the county?
- How will you organize PASS meetings across the 40 new practitioners?
- How might concerns about the use of direct observation in coaching be addressed?
- What data might you begin collecting to inform ongoing development of coaching infrastructure and practices across the county?
Example Strategy 1

- Countywide PASS specialist
  - Experience providing evidence-based parenting and family support
  - Experience coaching other practitioners in evidence-based models
  - All Triple P trainings and ongoing support from a Triple P trainer
- Organize peer support meetings in small groups within agencies
  - If no cluster of practitioners for a Triple P intervention in a particular agency, organize meetings across agencies but according to specific Triple P programs
  - Written expectations about when, where, and what will happen during meetings
- Clear countywide consent forms for occasional audio or video taping of Triple P sessions for coaching purposes only
- Ensure that a computer or laptop is available during peer support meetings for playback
- Use practitioner self-report data, fidelity data, and family outcomes to determine whether coaching is improving practice
- Brief quarterly satisfaction surveys regarding peer support
  - Distributed at the end of a peer support meeting
  - Collected by the PASS specialist
Example Strategy 2

- Triple P trainer: facilitate biweekly PASS coaching meetings for 
  newly accredited practitioners in the three months after their 
  accreditation.

- After three months:
  - Organized, small group peer support meetings within agencies
  - If no cluster of practitioners for a Triple P intervention in a 
    particular agency, organize meetings across agencies but 
    according to specific Triple P programs
  - Written expectations about when, where, and what will happen 
    during meetings.
  - County Implementation Team regularly reviews peer support 
    meeting notes to monitor for adherence, quality, successes, and 
    implementation barriers

Among this collaboration of stakeholders and support systems, there is a need for partnering, active listening, identification and acceptance of adaptive issues, and commitment to move the initiative forward.

What do YOU take home from this morning?

Next Steps

- What findings and information did you find the most relevant for your county?
- What are some successes you’re having that other counties might learn from, particularly as related to implementation teams, peer support/coaching, and fidelity assessment?
- What steps might you be able to take to strengthen your implementation capacity?

Support Needed

- What information do you need?
- How might you share your successes related to implementation teams, peer support/coaching, and fidelity assessment?
- What forms of support do you need to strengthen your county implementation capacity, as identified in your next steps?