Data Mapping Worksheet: Grand County DSDS Case Study

What might this look like?

Grand County has been implementing Triple P for two years and recently started providing quarterly coaching sessions for newly accredited practitioners. In addition to data required for state monitoring, they will build additional collection and reporting of (1) <u>fidelity</u> and (2) <u>coaching</u> data. They will also be collecting (3) <u>additional long-term outcomes data</u> that aligns with other community population-health goals. This will help monitor and improve how Grand County supports Triple P practitioners.

Note that each measurement question is identified, a measurement plan outlined, and use for improvement planned.

Data Mapping Worksheet: Recruitment and Selection

Grand County set goals to recruit practitioners for all levels of Triple P. They will be counting the number of practitioners recruited for each level of Triple P and tracking turnover and retention to understand selection outcomes. To understand the quality of recruitment and selection processes, they will also assess selection criteria.

Data Mapping Worksheet: Training

Grand County set goals to train those recruited to deliver all levels of Triple P and are required to report training numbers to the state. They will be counting the number of practitioners trained, the level they are trained to deliver, and will request training data from Triple P America to understand training outcomes of accreditation. To understand the quality of training, they will review data about whether practitioners fully participate in all training activities.

Data Mapping Worksheet: Coaching

Grand County recently started providing quarterly coaching sessions (for example, peer support and/or PASS) for newly accredited practitioners. They will be counting the number of coaching activities and practitioners' ongoing participation. Grand County will be using the Triple P assessment of practitioner skills and abilities to understand this outcome. To assess the quality of coaching, Grand County will be monitoring if information like recruitment and selection data, training data, session checklists, and fidelity assessments, or parent outcomes are used to support coaching.

Data Mapping Worksheet: Fidelity

Grand County will be counting the number of fidelity assessments completed and looking to see if practitioners are delivering Triple P as intended. To understand the quality of this process, they will also determine whether observation data are included in fidelity assessments. As part of their enhanced coaching activities, Grand County will be analyzing fidelity assessments collected by individual practitioners and bringing that information into coaching sessions to improve practitioner skills and abilities to deliver Triple P as intended (listed under coaching outcomes).

Data Mapping Worksheet: Triple P Service Delivery

Grand County will be counting the number of caregivers served by level of Triple P, the number of children in caregivers' families, use of Triple P Online, and caregiver satisfaction; all data required by the state.

Data Mapping Worksheet: Triple P Short-term Outcomes

To understand the difference Triple P is making for families, Grand County is monitoring data collected from Triple P's client satisfaction questionnaire (CSQ) and the parenting experience survey (PES). The state requires reporting of these data, but Grand County is also warehousing these data internally for assessment and data-driven decision making at the local level, as the state does not share back county-specific data reports.

Data Mapping Worksheet: Triple P Long-term Outcomes

To better understand community needs, Grand County is monitoring data collected by the state on child maltreatment investigations, out-of-home foster care placements, and child maltreatment injuries. Additionally, school suspensions for children under 12 were identified as a community priority that aligned with Triple P. Therefore, Grand County is also monitoring this data from the Department of Public Instruction.

For additional ideas on measurement questions, data collection methods, tools, and sources, see the NCIC-TP Local QOM Guidance Brief 2017 or the Triple P Data Resources for Needs Assessment developed by the Children & Youth Branch at the NC Department of Health and Human Services. The Triple P Implementation Framework is another source for additional measurement questions, especially related to quality of your implementation process. The Data Mapping Worksheet appendix has over 75 measurement questions including opportunities to examine equity in your implementation and service outcomes.

Data Mapping Worksheet: Grand County DSDS Case Study

		11 0	Recruitme	nt & Selection			
Data			Reciuitine	III & Selection			Data use and
Data Type	Mea	asurement question	Data point	Collection Method/Tool	Source	Frequency	Data use and improvement
OUTPUTS		How many practitioners are we recruiting and selecting? What level of Triple P will these practitioners plan to deliver?	(1) # Triple P practitioners selected (2) # Triple P practitioners selected by levels	Agency recruitment and selection records	Agency data, data	Monthly	Monthly data meeting
OUTCOMES	(3)	Are we recruiting the right folks to be practitioners?	Practitioner turnover, retention	exit interviews, staff records	Agency data	Twice a year	Quarterly strategic planning session
QUALITY	(4) (5)	Is selection criteria aligned with Triple P goals and principles? Does selection process include observational assessments?	Selection process review and checklist	Agency records review	Agency data	Annually	Agency quality improvement review
			Tra	aining			
OUTPUT		How many practitioners are we training? What level of Triple P are practitioners trained to deliver?	accredited	Agency training records	Agency data, practitioner data	Quarterly	Quarterly strategic planning session
OUTCOMES	(3)	Did practitioners complete training accreditation?	(3) Certification from Triple P America	Training data from Triple P	Triple P training data sent to agencies	Twice a year	Quarterly strategic planning session
QUALITY		practitioners participate Il training activities?	(4) Training includes initial training days, practice delivering Triple P, and accreditation		Agency data	Annually	Quarterly coalition meeting
			Co	aching			
OUTPUTS	(1) (2)	How many coaching activities have occurred? Do practitioners regularly participate?	(1) # one on one coaching sessions, group coaching sessions and peer support sessions.(2) Ongoing participation	(1) NC Triple P MonthlyStaff Activity Report(2) Practitioner records	Agency data	Monthly	Monthly data meeting
OUTCOMES		Is coaching helping to develop the knowledge, skills, and abilities needed to effectively deliver Triple P? Are practitioners delivering Triple P as intended?	(3) Knowledge, skills, and abilities rating(4) Fidelity data	(3) Self-report survey(4) Fidelity assessments	Agency data	Twice a year	Quarterly strategic planning session

QUALITY	(6)	Are data from practitioners' recruitment and selection used to inform coaching? Are data from practitioners' training used to inform coaching? Are other sources of information, like session checklist or parent outcomes, used to support coaching?	Coaching process	Coaching review	Agency data	Annually	Quarterly coalition meeting
			Fi	delity			
OUTPUTS	(1)	How many fidelity assessments are completed?	# fidelity assessments completed	Agency records	Agency data	Monthly	Monthly data meeting
OUTCOMES	(2)	Have enough fidelity assessments been completed?	Progress on # fidelity assessments needed to measure if practitioners are delivering core components of Triple P as intended	Goals for # fidelity assessments	0 ,	Twice a year	Quarterly strategic planning session
QUALITY	(3)	Do fidelity assessments include observation of practitioners' abilities and other sources of information to assess Triple P delivery?	Fidelity assessment process	Fidelity assessment review	Agency data	Annually	Quarterly coalition meeting
			Triple P Se	rvice Delivery			
SERVICE DELIVERY DATAA	(4) (5) (6) (7)	been served by Triple P How many caregivers have received each level of Triple P? Where are these caregivers located across the region? What are the demographics of caregivers receiving Triple P?	(1) # of caregivers served (2) # of children served (3) # caregivers served by levels (4) zip code of caregiver location (5) demographics of caregivers	Caregiver contact records Family background Questionnaire Client satisfaction questionnaire (CSQ)	Agency data, practitioner data CSQ: L2 Brief Primary Care, L3 Primary Care, L4, L5 Group CSQ: L2 Seminar, L3 Discussion TPOL data		Quarterly coalition meeting

	(9) Are caregivers satisfied							
EQUITY	by TPOL? (10) Is there equitable access to Triple P services? (11) Is there equitable delivery for all caregivers? (12) Is there equitable quality for all caregivers?	relative to population (11) # deliveries by demographics relative to population	(9) 5-yr ACS census data by zip code (10-11) 5-yr ACS census data by race/ethnicity Client satisfaction questionnaire (CSQ)	(9-11) ACS census data CSQ		Annual meeting		
	Short-term Outcomes							
OUTCOMES		deal with child behavior; PES2a-e: Ratings of parenting experience, PES3: Parent confidence, PES4: Parenting support (2) CSQ3: Helped parents deal with problems in family (3) CSQ5: How is child's behavior at this point; PES1: Rate difficulty of child's behavior over last 6 weeks; Child Behavior pre/post measurement options	Client satisfaction questionnaire (CSQ) Parenting Experience Survey (PES), the Parent Satisfaction Survey and Parenting Scale Child Behavior: SDQ, ECBI, CBCL-Preschool, CBCL-16, or DBC	Child Behavior: Level 4/5		Annual meeting		
EQUITY	(4) Are short-term outcomes equitable for all caregivers?(5) Are short-term outcomes equitable for all children?	Same as above, by demographics and zip code of caregivers, children (inc. age of child)	Family background questionnaire			Annual meeting		
		Long-teri	m Outcomes					
OUTCOMES	 What is the scope of substantiated child maltreatment in our region? What is the scope of child out-of-home placements in our region? What is the scope of child maltreatment injuries in our region? 	(2) Number of children in custody(3) ICD-9/10 codes for child maltreatment injuries	(1) Archival data of substantiated child maltreatment reports (2) Archival data of out of home foster care placements (3) Archival data emergency room visits indicating child injury	(1-2) Publicly available data from NC FAST county-level data http://ssw.un c.edu/ma/ (3) Data request North Carolina Disease Event Tracking and Epidemiologic Collection Tool http://ncdete		Annual meeting		