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

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The Importance of Local Capacity

Co-Creation Partner Support

Local Implementation
- Capacity
- Performance

Optimization of Implementation Outcomes

Population-level Outcomes

Sustainment
- 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)
Measurement of Local Capacity Using Theoretical Frameworks

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

Local Implementation Teams (Fixsen, Blase, & colleagues) Local Implementation Infrastructure
Observing the Connection Between Implementation Drivers & Fidelity
Success Coach Model Case Study

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

(Metz, Bartley, Ball, Wilson, Naoom, & Redmond, 2014)
All children deserve to grow-up with relationships and environments that are safe, stable, and nurturing, and promote children’s emotional and behavioral health.
“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
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
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 (Latent Factor) -> Item -> Item -> Item

Index (Average) -> Item -> Item -> Item
The CCA-TP and IDA-TP are comprised of indices
<table>
<thead>
<tr>
<th>CCA-TP Indices (Lead Agency)</th>
<th>IDA-TP Indices (Service Agencies)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Leadership Team</td>
<td>[Agency Implementation Capacity Index]</td>
</tr>
<tr>
<td>Community Implementation Team</td>
<td>[Practitioner Recruitment &amp; Selection]</td>
</tr>
<tr>
<td>Prevention System Alignment</td>
<td>[Practitioner Training]</td>
</tr>
<tr>
<td>Action Planning</td>
<td>[Practitioner Coaching]</td>
</tr>
<tr>
<td>Community Implementation Teams Summary Index</td>
<td>[Fidelity Assessment]</td>
</tr>
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<tr>
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<tr>
<td>Community Sustainability Planning Summary Index</td>
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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**
Observing CCA-TP Patterns Across Repeated Assessments (T2-T4)

County 1: Individual Indices

N = 1 lead agency
Observing IDA-TP Patterns Across Repeated Assessments (T2-T4)

County 1: Individual Indices
Observing for Possible Predictive Validity:
CCA-TP → IDA-TP @ Time 4

County 1 Box & Whiskers Plot

IDA-TP (n = 22 of 23)
CCA-TP (N = 1)
Observing for Possible Predictive Validity: CCA-TP → IDA-TP @ Time 4

County 2 Box & Whiskers Plot

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.
  - \( n = 35, F = 28.80, \text{Regr Coeff} = 0.80^{**}, R^2 = 62\% \)

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

\( **p < .001 \)
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.
  - $n = 29$, $F = 8.28$, $Regr \ Coeff = 0.99^{**}$, $R^2 = 37\%$

**$p < .001$**
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

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Rebecca Roppolo, MPH, Eval & Imp, UNC-CH

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**Local Implementation Capacity & Performance**


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


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.


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Aldridge, Veazey, Murray, & Prinz (2017, June)
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.
“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
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, Bjørnebakk, 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.


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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
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.
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

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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
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.
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, \text{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, \text{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, \text{Regr Coeff} = 0.99^{**}, R^2 = 37\%

\( **p < .001 \)

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• 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
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• Need for additional testing
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  • IDA-TP with larger sample sizes and more robust fidelity assessment
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www.dukeendowment.org

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John Sideris, PhD, Statistician, UNC-CH
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