



ICTP
Implementation
Capacity for Triple P

NC Triple P Implementation Evaluations (2014 - 2016)

ICTP Implementation Support Practice Action Guide Series
Action Guide 2



THE
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CHILD DEVELOPMENT INSTITUTE

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Overview

The Implementation Capacity for Triple P (ICTP) Implementation Support Practice Action Guide Series is intended to serve as a comprehensive guide and reference document for current and future Triple P Support System partners in North Carolina and South Carolina. It also serves as a model that can be generalized or adapted by funders, policymakers, and other implementation support providers to support the scale-up of similar programs and practices.

The ICTP Implementation Support Practice Action Guide Series contains three sections:

1. Effective Implementation Systems: Partners and Capacities
2. ICTP Implementation Support Practice Model
3. ICTP Project Infrastructure for Ongoing Learning and Improvement

Effective Implementation Systems: Partners and Capacities consists of:

- Action Guide 1: NC Triple P System Overview
- Action Guide 1 Resource: Support Systems in Action: Alignment of Support Among Triple P America and Intermediary Organizations
- Action Guide 2: NC Triple P Implementation Evaluation
- Action Guide 3: ICTP Integrated Theory of Change

ICTP Implementation Support Practice Model consists of:

- Action Guide 4: ICTP Practice Model: Background & Development
- Action Guide 5: ICTP Practice Model: Foundations
- Action Guide 6: ICTP Regional Implementation Support
- Action Guide 7: Digging Deeper into the Practice Model at the Regional Level
- Action Guide 7 Resource: Cross-Walking Implementation Practice Activities and Improvement Science Methods
- Action Guide 8: ICTP Design & Consultation Support
- Action Guide 9: ICTP Media & Networking Activities

ICTP Project Infrastructure for Ongoing Learning and Improvement consists of:

- Action Guide 10: ICTP Project Infrastructure for Ongoing Learning and Improvement

A Glossary is available that can help navigate key terms in each Action Guide.

In addition, the Practice Activity Deep Dive Resource (PADDR) provides comprehensive information about the 50 practice activities that operationalize the 10 core practice components (CPCs) of the ICTP implementation support practice model, and will be useful beginning with Action Guide 5.

Please refer to the [ICTP Implementation Support Practice Action Guide Series website](#) for links to each Action Guide (each with a brief description), two Action Guide Resources, Glossary, PADDR, and videos from the team.

In 2013, The Duke Endowment was interested in examining the extent to which implementation infrastructure was being put into place to support Triple P success and sustainability in North Carolina. In support of this interest, FPG evaluators conducted a multilevel examination of community Triple P capacity and implementation outcomes in Cabarrus and Mecklenburg counties from January 2014 through December 2015. A follow-up qualitative evaluation was conducted in 2016 to dig deeper into the experiences of community Triple P implementation partners. This Action Guide provides information about the results of these evaluations—the Triple P Implementation Evaluation (TPIE) and TPIE-Qualitative—including strengths, needs, and recommendations made to statewide partners.

TPIE activities focused on (1) community capacities to scale Triple P and (2) the infrastructure within community provider organizations to support Triple P implementation outcomes such as fidelity (i.e., whether Triple P was being delivered as intended), adoption (i.e., whether community providers adopted Triple P), reach (i.e., the extent of participation in Triple P throughout the community), and sustainment (i.e., the continuation of Triple P implementation activities over time). The purpose of TPIE was to inform statewide planning processes for impact and sustainability.

TPIE results highlighted several strengths of community Triple P scaling capacity in Cabarrus and Mecklenburg counties during the evaluation period:

- the capacity of existing community Triple P leadership teams in both counties;
- the capacity of Cabarrus County's existing community implementation team;
- the Triple P practitioner recruitment and selection processes in Mecklenburg County;
- Triple P training processes in both counties, which were directly supported by Triple P America (TPA); and
- Triple P quality and outcome monitoring systems in both counties (defined as decision support data systems, internal policy and practice improvement, and processes for system-level interventions).



TPIE results also identified four areas of implementation capacity in both counties that needed particular attention and further development:

- Triple P leadership and implementation team capacity within community provider organizations,
- Triple P quality and outcome monitoring systems within community provider organizations,
- community capacity and provider infrastructure to support Triple P practitioners' ongoing coaching following accreditation, and
- community capacity and provider infrastructure for Triple P fidelity assessment processes.

In Mecklenburg County, the need for a more well-resourced community implementation team was noted to be especially important given the county's large Triple P coalition and sizable population.

Four risk factors for community Triple P providers' discontinuation of Triple P implementation were identified during TPIE:

- having only one Triple P practitioner within the provider organization (excluding private/independent Triple P practitioners);
- having less developed Triple P leadership and implementation team structures within the provider organization;
- having a less hospitable organizational implementation climate for Triple P, which may be indicative of less leadership and management support for Triple P; and
- having less formalized or documented Triple P sustainability plans within the provider organization.



Follow-up data analyses from TPIE also revealed that greater leadership and implementation capacities predicted, to a large degree, stronger implementation infrastructure and practices within Triple P provider organizations. Separately, stronger implementation infrastructure and practices within provider organizations predicted, to a moderate degree, better adherence to Triple P session protocols among Triple P practitioners.

In late winter and early spring 2016, the TPIE team added a qualitative evaluation component (TPIE-Qualitative) to better understand the findings from the initial implementation evaluation and further improve the planning process for Triple P impact and sustainability. TPIE-Qualitative results reinforced many of the initial TPIE findings and added a handful of additional important points about Triple P scale-up in NC counties, including the need for

- providing more robust, tailored implementation support to communities scaling, and community service providers implementing, Triple P;
- having robust processes at each level of the statewide Triple P system to explore local community service providers' readiness before adopting or installing new features of Triple P implementation;
- using a coalition approach to locally scale Triple P in NC counties;
- ensuring a statewide learning collaborative for county Triple P coordinators; and
- more actively and purposefully involving community members in the Triple P implementation infrastructure and processes.

Based on TPIE and TPIE-Qualitative results, FPG evaluators offered several recommendations for continued support of Triple P system scale-up. Among their recommendations was that community Triple P leadership and implementation teams continue to receive support from their existing funders (which, at the time, was primarily the Division of Public Health, NC Department of Health and Human Services); their program purveyor, TPA; and leadership and staff within local service delivery organizations implementing Triple P.

Moreover, FPG evaluators recognized that community Triple P leadership and implementation teams would benefit from support from a full range of co-creation partners, including

- Triple P researchers and developers in the United States and abroad;
- other regional and state funders, including public agencies and private foundations (e.g., to diversify and sustain funding);
- local community partners, including youth and families receiving community-based Triple P services (e.g., to ensure ongoing cultural and community fit of Triple P interventions and implementation practices); and
- external implementation support providers (e.g., to provide direct, tailored support to community Triple P leaders and implementation teams and facilitate the ongoing development of broader community implementation capacity).

A review of all TPIE and TPIE-Qualitative results and related recommendations are available in final reports, executive briefs, and videos on the [ICTP website](#).

Key Takeaways

- In 2014 and 2015, the North Carolina Triple P Implementation Evaluation (TPIE) was conducted on the Triple P system of interventions in Cabarrus and Mecklenburg Counties.
- TPIE revealed several strengths in both counties related to their community Triple P leadership teams, the Triple P training processes, and the Triple P quality and outcome monitoring systems. Cabarrus County's community implementation team and Mecklenburg County's Triple P practitioner recruitment and selection processes were also identified as strengths.
- TPIE results indicated needs for improvement—across both counties—in community provider organizations' Triple P leadership and implementation team capacity and quality and outcome monitoring systems as well as in the communities' ability to support ongoing coaching and fidelity assessment processes.
- Having only one Triple P practitioner was identified as a risk factor that could hinder provider organizations' sustained Triple P implementation. Other risk factors identified by TPIE were related to Triple P leadership and implementation team structures, the organizational climate for Triple P implementation, and Triple P sustainability plans.
- In 2016, TPIE-Qualitative was conducted to better understand the results from TPIE and to improve future planning. Results yielded additional recommendations pertaining to expanding implementation support for communities and service providers, more systematically assessing service providers' readiness to implement Triple P, utilizing a coalition approach to locally scale Triple P in North Carolina counties, sustaining a statewide learning collaborative for county Triple P coordinators, and increasing involvement of community members in Triple P implementation and scaling activities.
- TPIE and TPIE-Qualitative made clear that community Triple P leadership and implementation teams would benefit from support from Triple P researchers and developers; additional regional and state funders; local community partners, including youth and families receiving community-based Triple P services; and external implementation support providers.