

## History of Triple P in North Carolina

Child abuse and neglect (CAN) is a significant public health problem, impacting health across an individual's lifespan and associated with a broad range of problems including substance abuse, intimate partner violence, teenage pregnancy, anxiety, depression, suicide, diabetes, heart disease, sexually transmitted diseases, smoking, and obesity. Fortunately, communities can prevent CAN through the promotion of positive family and community development. Research has shown that safe, stable, nurturing relationships and environments are fundamental to healthy child development, reduce the occurrence of CAN, and can help protect children against the negative effects of child maltreatment and other adversity.

Triple P (Positive Parenting Program) is an internationally acclaimed multi-tiered system of evidence-based parenting interventions (education and support for parents and caregivers of children and adolescents) that has the following overarching goals: to promote the independence and health of families through the enhancement of parents' knowledge, skills, confidence, and self-sufficiency; to promote the development of non-violent, protective, and nurturing environments for children; to promote the development, growth, health, and social competence of young children; to reduce the incidence of child maltreatment and behavioral/emotional problems in childhood and adolescence; to reduce out-of-home placements; and to reduce emergency departments visits related to abuse and neglect.

### **1. Exploration of Triple P (Positive Parenting Program)**

The Alliance for the Implementation of Evidence-based Family Strengthening Programs in North Carolina was composed of state agencies, non-profits, and philanthropic organizations that, together, agreed to support only evidence-based family strengthening initiatives. One of the first cooperative efforts was to collectively fund Nurse-Family Partnership home visiting in North Carolina. A joint request for applications was released and sites were funded in 2008 through the Division of Public Health, the North Carolina Partnership for Children, Prevent Child Abuse North Carolina, The Duke Endowment, Kate B. Reynolds Charitable Trusts, and the Foundation for Blue Cross and Blue Shield of North Carolina, as part of a public/private partnership. During this same time, the Alliance began investigating Triple P (Positive Parenting Program) which was concluding clinical trials in South Carolina. The evidence was clear that Triple P was effective in reducing child maltreatment, as documented by a decrease in the number of

reported cases of child abuse, the number of emergency department visits related to abuse and neglect, and the number of out of home placement. A team was sent to South Carolina to investigate the feasibility of bringing Triple P to North Carolina.

In 2011, the DPH began funding fifteen counties to implement Strengthening Families and Incredible Years (other evidence-based family strengthening initiatives) in a three-year funding cycle. While local health departments were able to fill all the family slots in these two programs, the number of family slots was limited and the number of families that finished the programs was small. It did not appear to be a good use of public dollars to continue the program. Additionally, the support system for Strengthening Families was almost non-existent in North Carolina. Due to the favorable report from the Triple P project in South Carolina, the DPH decided to explore the possibility of reallocating funding to Triple P.

In 2011, the Division of Public Health contacted Triple P America to further explore the feasibility of implementing Triple P in North Carolina. Sara van Driel, Brad Thomas and Rita Bostic made the first of many site visits to North Carolina. After much discussion it was decided not to new the contracts for Incredible Years and Strengthening Families, but to issue an RFA for Triple P.

In late 2011, a request was issued in 2011 and from that RFA, three sites were funded---Madison, Cabarrus, and Appalachian District—in April 2012.

During the first year of implementation, a NC Triple P State Learning Collaborative was started. It brought the coordinators from each of the local implementing agencies (LIA) together quarterly for peer-to-peer support, learning opportunities, and exploration of ways to maximize the funding by sharing resources. The first day of each Learning Collaborative was devoted to reviewing the Triple P Implementation Guide, reviewing their local implementation plans, and a SWOT analysis of their local implementation efforts. Initially it was facilitated by Marshall Tyson and Sara van Driel. As the years passed, the Learning Collaborative assumed a life of its own. electing co-chairs, establishing working committees and setting it's own agenda. Sara van Driel still serves the Collaborative as the subject matter expert and representative from Triple P America as the Implementation Consultant.

The collection and use of data, ensuring model fidelity, and practitioner peer-to-peer support is invested in the individually trained practitioner per the Triple P model. However, it was necessary to collect data at the state level to justify the expenditure of state and federal funds. The NC Triple Data Collection and Reporting System was established in 2012. Quarterly the local coordinators gather and submit data on the number of practitioners trained, the setting they practice in, and the discipline they are trained in. In addition, satisfaction survey results and pre- post-survey data is collected from the parents who receive the Triple P services. This data is collected quarterly and reported back to the Learning Collaborative, which in turn, reports back to the local implementation teams and practitioners.

## **2. Second RFA issued for expansion of Triple P**

With the identification of additional state and federal funds, a second Triple P RFA was released in January 2013. From this RFA five additional local implementing sites were started—Albemarle Regional District, Buncombe, Durham, Mecklenburg, and Nash—in November 2013.

## **3. RTT-ELC funding for 22 counties in northeastern North Carolina**

Funding was designed in the RTT-ELC grant that began in January 2010 to fund four counties (the Transformation Zone) of the 22 Tier One counties in northeastern North Carolina. Due to some other initiatives in the grant not being implemented and carryforward funding from the first two years of the grant, funding was allocated in 2013 to implement Triple P in all 22 counties—Albemarle Regional (expansion), Halifax, Hyde, Lenoir, MTW, Nash (expansion), and Pitt. Funding for Race to the Top ended December 2016. At that time, the remaining DPH investment was divided among the seven LIAs (34 counties).

At the beginning of Triple P Implementation in North Carolina, DPH was fortunate to get some lapsing funds from the Governor’s Early Childhood State Advisory Council grant. This provided for a three-year contract with Triple P America for the NC Triple P website in English and Spanish, the NC Practitioner website, and print materials for the three initial LIAs.

Three years later, as the Race to the Top grant was ending there was lapsing funds totaling about \$1M. A portion of those funds were used for a second three-year contract with Triple P America for additional Stay Positive print materials and support of the NC Triple P websites to support the 34 counties being funded.

#### **4. Triple P Online – Standard and Teen**

North Carolina Triple P Online (TPOL) was made available to NC caregivers and parents in April 2015.

A manager in a part-time position was hired several months earlier after a TPOL pilot study had demonstrated initial positive impact with parents.

A system for individual TPOL code distribution was developed for NC using the NC Stay Positive Web site which had been updated allowing parents and caregivers to request a code by emailing TPOL@ dhhs.nc.gov.

Parent's emails were answered, and a 6-letter code was manually assigned to each parent. Parents registered their codes and were given twelve months to view the modules from the date of registration.

The first set of modules available to NC parents consisted of eight separate modules for parents of children 0-12 years of age. These modules contain a lively mix of video clips, worksheets and activities designed for parents to complete on their own at a rate of 1 per week. Each module takes on average 30-45 minutes to complete.

A parent consultative support process was then created for those requesting assistance adapting the positive parenting strategies to their circumstances and family. This support is provided via email and/or telephone using the Clinical Support Guide for Triple P Online. The NC TPOL manager, trained in Triple P Level 4, provides this support at no cost to the caregiver.

North Carolina automated its TPOL code assignments to parents in all 100 counties on 10/18/16. Working with Triple P International, this system not only assigns NC codes but keeps detailed data including the number of codes assigned by county, the number of children served, the number of children living in the family impacted, the number of parents completing the first four modules and the number of parents completing all modules each month by county.

The automated system gave NC the ability to distribute additional codes; created a link for parents to request parent support; pre-post parent questionnaires became available with access to result interpretation; and annual demographic and satisfaction reports could now be run.

The Teen Modules became available to NC parents in January 2017. They consist of 6 modules in the same format as the standard modules.

A Google AdWords campaign was also implemented in January 2017. With the assistance of Triple P America, the AdWords campaign successfully increased distribution to 10 codes/day or 280/month. A Toll-Free Telephone number was included in the online message for use by parents and caregivers and TPOL brochures in English and Spanish were created and distributed to local Health Departments, child care professionals, schools and the public.

## **5. State Public/Private Partnership**

There was a realization by the DPH that the DPH alone would not have the funding to take Triple P to scale in North Carolina. Triple P America estimates that it takes about three and one-half years of full implementation to saturate a community before population-level indicators began to move; in fact, rates of child maltreatment and out-of-home placements tended to rise during the initial years because it was becoming more socially responsible to report abuse and neglect. Therefore, the initial plan was to fund a couple sites for implementation for three years. At the end of the three years, minimal funding (maintenance funding) would remain with the initial LIA for a local coordinator, with the bulk of the funding going to do start up implementation with other LIAs. The inherent problem with this plan is that within three to four years there would only be funding for maintenance across all the funded LIAs with no funding for scaling up or expansion. DPH also recognized that if the project could demonstrate value at the local and state level, other funders would most likely step forward with additional supports, which is explained in other sections of this history.

## **6. The Development of Intermediary Supports**

In SFY 15-16 and 16-17, The Duke Endowment and the DPH collaboratively funded Frank Porter Graham Institute for Child Development at UNC-CH (FPG) to do an implementation study. They chose Cabarrus and Mecklenburg as the project counties.

The purpose of the initial project was to evaluate the ongoing implementation of the Triple P – Positive Parenting Program (Triple P) system of interventions in two North Carolina counties over a period of two years. More specifically, within the two participating

counties, the evaluation team will assess (1) implementation capacity for the Triple P system of interventions, (2) implementation infrastructure for the Triple P system of interventions, and (3) quality and reach of Triple P services. The evaluation team will also monitor select population-level wellbeing indicators in participating counties, although this is not the primary aim of the project.

Beginning in SFY 17-18, the project with FPG at UNC-CH expanded, supported by funding from The Duke Endowment and the Division of Social Services. The purpose of the North Carolina Implementation Capacity for Triple P (NCIC-TP) project at FPG Child Development Institute (FPG), UNC-Chapel Hill is to support the successful and sustainable scale-up of Triple P in North Carolina counties by providing information, learning, and implementation support resources grounded in North Carolina Triple P implementation evaluation data and emerging models, evidence, and best practices from implementation science. NCIC-TP receives funding from The Duke Endowment, the NC Division of Public Health, and the NC Division of Social Services and works in partnership with Triple P America, the North Carolina Triple P State Leadership Team, and the National Prevention Science Coalition.

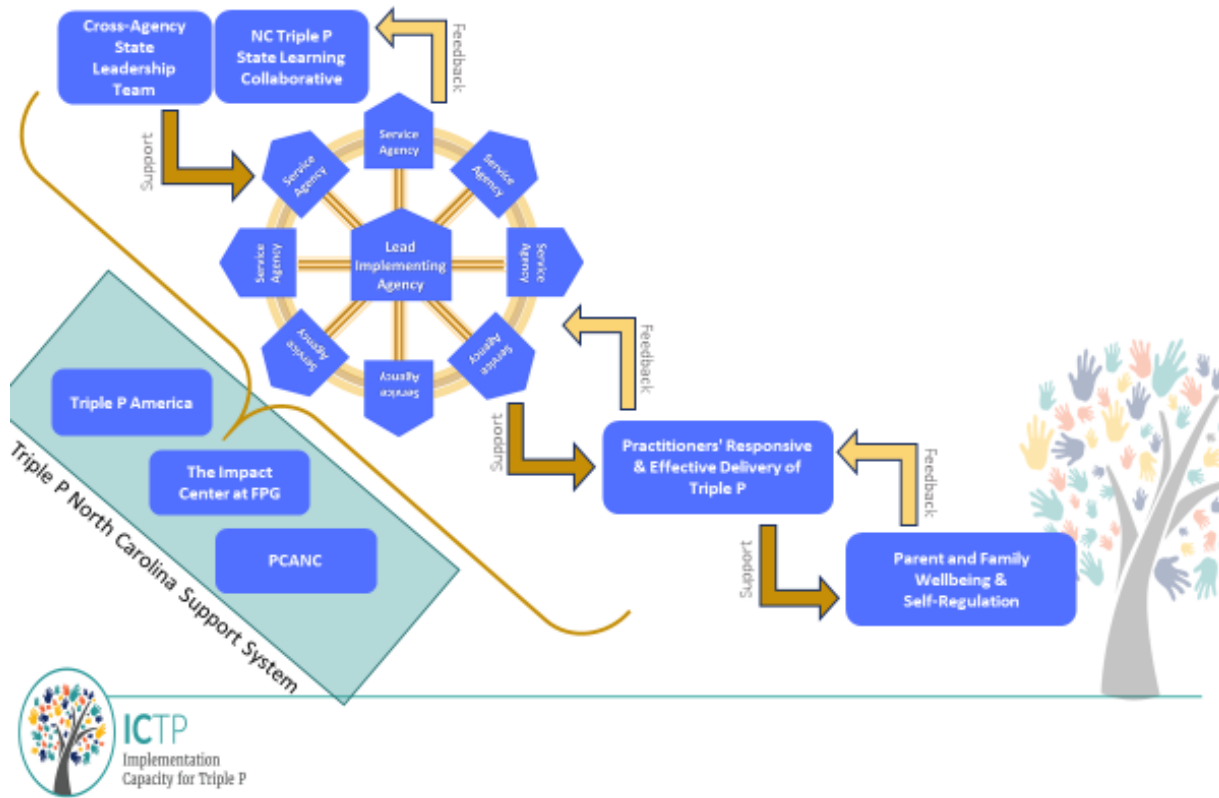
In the Spring of 2016, a team from NCIC-TP and project partners (specifically, The Duke Endowment, the NC Division of Public Health, the NC Division of Social Services, and Triple P America) began considering the prospect of investing in a statewide intermediary organization (IO) to further expand state and local supports for the Triple P – Positive Parenting Program system of interventions (Triple P). Prevent Child Abuse NC (PCANC) was identified as a potential IO for this work in part due to (a) having elements of existing intermediary capacity around their current evidence supported family strengthening programs, and (b) operating at a statewide level, affording an eventual statewide footprint for scaling Triple P intermediary support. The project partners initiated exploration and readiness conversations with PCANC over the summer and early fall of 2016 through a series of three phone meetings and an on-site visit. During the on-site visit, the project partners assessed PCANC's readiness and then in a follow-up phone call confirmed their interest in more formal exploration of PCANC as a statewide intermediary organization supporting Triple P. In March 2017, a detailed description of roles and expectations for FPG's engagement of PCANC under these aims was signed. Actual exploration and capacity assessment meetings convened in June 2017 (between FPG and PCANC) and extended through mid- September. The exploration phase with PCANC culminated in a strategic planning session at FPG September 18- 19, 2017.

Over the course of the June-September time frame, an NCIC-TP Intermediary Support Team worked closely with leadership

and staff at PCANC to gather data and information about existing strengths, developmental needs, resources, abilities and partnerships in accordance with recognized intermediary functions in the emerging literature: (1) Workforce Development; (2) Proactive & Responsive Implementation Support; (3) Partnership Engagement & Communication; (4) Policy & Finance Support; and (5) Research, Evaluation, and Data-Linking. After much discussion, it was determined that The Impact Center would take the lead on Proactive & Responsive Implementation Support, the Division of Public Health would take the lead on Data Collection and Reporting, and PCANC would take the lead on the remaining functions. Research and Evaluation were tabled for future discussion as resources became available.

As of 2020, the NC Triple P System includes state and local leadership and supports including the cross agency state leadership (the Partnership for Strategy and Governance and State Partners Collaborative), NC Learning Collaborative (consisting of all the local implementing agencies), and local service agencies. The full system is supported by the NC Triple P Support System (The Impact Center at Frank Porter Graham Institute of Child Development at the University of North Carolina at Chapel Hill, Prevent Child Abuse North Carolina and Triple P America).

## Triple P System in North Carolina



### 7. Local Public/Private Partnership

Through the local implementing agencies, Implementation and Strategic Plans are developed and revised annually to direct the work across a multi-county area. In addition to the state funding provided to lead implementing agencies, many local agencies have allocated resources to train their staff or partner practitioners, including, but not limited to, local Smart Start Partnerships, local



social services agencies, area mental health agencies, regional juvenile justice agencies, Catholic Charities, and other local health departments.

The local public/private partnership is further strengthened by participation of local agencies on local Triple P Implementation and Leadership Teams. It is these teams that come together to create a local Implementation/Strategic Plan.

In addition, the NACCHO and CDC funded the startup of Triple P in Pitt County; and, The John Rex Foundation funded the exploration and start up of Triple P in Raleigh (and expanded to Wake County).

### **8. State-level Infrastructure to Support Triple P**

The Division of Public Health has reallocated positions and resources to support the implementation and scale-up of Triple P in North Carolina. The positions include a State Triple P Coordinator, a Triple P Online Coordinator, and two data specialists. In addition, the Division of Public Health facilitates the State Implementation Team and the State Leadership Team. Currently the State Leadership Team is going through a strategic planning process.

The Division of Public Health was aware from the beginning that it did not have the resources to take Triple P to scale in North Carolina. Other investors would be needed. In recent legislation, the Division of Social Services included Triple P as an evidence-based family strengthening initiative to address the growing problem of child abuse in North Carolina. A recurring revision made \$2M available for Triple P. One million of those dollars goes to UNC-CH and Prevent Child Abuse to support intermediary supports and evaluation. One million dollars goes to local implementing agencies to support the statewide local infrastructure for implementing and scaling up Triple P. With the addition of these DSS funds, all 100 counties in North Carolina are supported regionally by a local implementing agency.

### **9. Evaluation of Triple P in North Carolina**

While there has not been a formal evaluation of the statewide roll-out of Triple P in North Carolina, there have been some local independent evaluations completed at the county and regional levels.

#### **Pitt County Triple P Implementation Evaluation**

Pitt County Triple P was initially funded by a grant from NACCHO and supported by CDC. As part of that funding an evaluation was completed by Altarum Institute.

The multiyear Triple P Implementation Project is designed to learn how the Triple P system can be implemented and coordinated at the community level through partnerships between federally qualified health centers (FQHCs) and local health department (LHDs). As community-based organizations providing numerous health services to underserved populations, FQHCs and LHDs are a natural choice for coordination of Triple P implementation and service delivery in the U.S. The vast networks of these organizations also hold promise for disseminating successful implementation models and strategies broadly.

Two communities have been selected to serve as implementation sites for the project, Berrien County, MI and Pitt County, NC.

### **Cabarrus and Mecklenburg Triple P**

IMPLEMENTATION EVALUATION OF THE TRIPLE P SYSTEM IN TWO NORTH CAROLINA COUNTIES - The purpose of this project is to evaluate the ongoing implementation of the Triple P – Positive Parenting Program (Triple P) system of interventions in two North Carolina counties

over a period of two years. More specifically, within Cabarrus and Mecklenburg counties, the evaluation team is assessing:

- (1) county-level implementation capacity to support the effective use of the Triple P system of interventions;
- (2) within service agencies delivering Triple P to children and families, the presence of core implementation components and quality of implementation climate to support the intended use of chosen Triple P interventions; and
- (3) among trained Triple P providers, adherence to chosen Triple P intervention protocols and the reach of Triple P service delivery within the county.

### **Alamance County Triple P**

In Alamance County Triple P has been used since the summer of 2012 to meet the requirement for Family Strengthening Strategy of Project LAUNCH and we have trained providers in Level 3 Primary Care, Level 4 Standard, Level 2 Seminar and Level 3 Group. Project LAUNCH is implementing five strategies to promote the overall health of children 0 to 8 and their families, as required by SAMHSA. Consequently we had to

be mindful of how much Triple P-specific data we could require of our providers. Project LAUNCH sees Triple P as the common language spoken within the two Family Centered Medical Home pilots and among community agency partners that serve young children and their families, rather than just a stand-alone evidence-based program.

### **Process data**

The LAUNCH evaluation team decided to collect process data and outcome data. The process information listed below is collected from as many trained providers as possible on a monthly basis.

- Number of families they have served
- Race
- Gender
- Latino ethnicity
- Number of children in the home
- Date of first Triple P session
- Number of sessions provided

Moreover, we keep track of the number of individuals who have been trained and accredited in Triple P.

### **Outcome data**

The Level 3-trained providers, who provide more than Level 3 Triple P to families as part of Project LAUNCH, were requested to provide additional demographic information that fit the specific Project LAUNCH requirements, as well as the Parenting Experience Survey pre- and post- and the Client Satisfaction Survey after they completed services.

The Level 4 trained providers who provide more than Level 4 Triple P to families as part of Project LAUNCH were requested to provide demographic information that fit the specific Project LAUNCH requirements, as well as the Parenting Experience Survey pre- and post-, the CBCL pre- and post- and the Client Satisfaction Survey after they completed services. A deliberate decision was made to collect the Parenting Experience Survey and not the Parenting Scale to alleviate the data collection burden on both providers and families.

All providers who offer Level 2 Seminar and Level 3 Discussion groups were asked to collect the Client Satisfaction Survey at the end of each seminar or discussion group.

## Quasi-Experimental Effectiveness Study, Samantha Shillings, et al.

**Objective:** To evaluate the effectiveness of the implementation of The Triple P-Positive Parenting support system in North Carolina (NC) on (1) the rate of investigated child maltreatment reports; (2) the rate of entry into foster care; and (3) the rate of emergency department (ED) visits concerning for child maltreatment.

**Methods:** In 2012 and 2013, 34 of 100 counties in NC implemented Triple P. In 2017, a panel data set with county-level child welfare data and ED discharge data from 2008 to 2015 for 100 counties in NC was constructed. A quasi-experimental design using difference-in-differences analysis was performed to estimate the causal impact of Triple P on identified population-level outcomes.

**Results:** Implementation of Triple P resulted in a 4% decrease in the county rate of investigated reports of child maltreatment ( $RR = 0.96$ , 95% CI [0.93, 0.99]) and a 7% decrease in the county rate of children in foster care ( $RR = 0.93$ , 95% CI [0.88, 0.98]). Each of these findings was robust to one but not both sensitivity tests performed. There was no reduction in county-level rates of ED visits with ICD-9-CM codes concerning for child physical abuse or neglect.

**Conclusions:** Implementation of Triple P in NC outside of the parameters of a controlled trial is associated with small but important reductions in county rates of investigated reports of child maltreatment and children placed in foster care, although these findings were not robust to all sensitivity testing.

## Wake (Raleigh) Triple P Evaluation

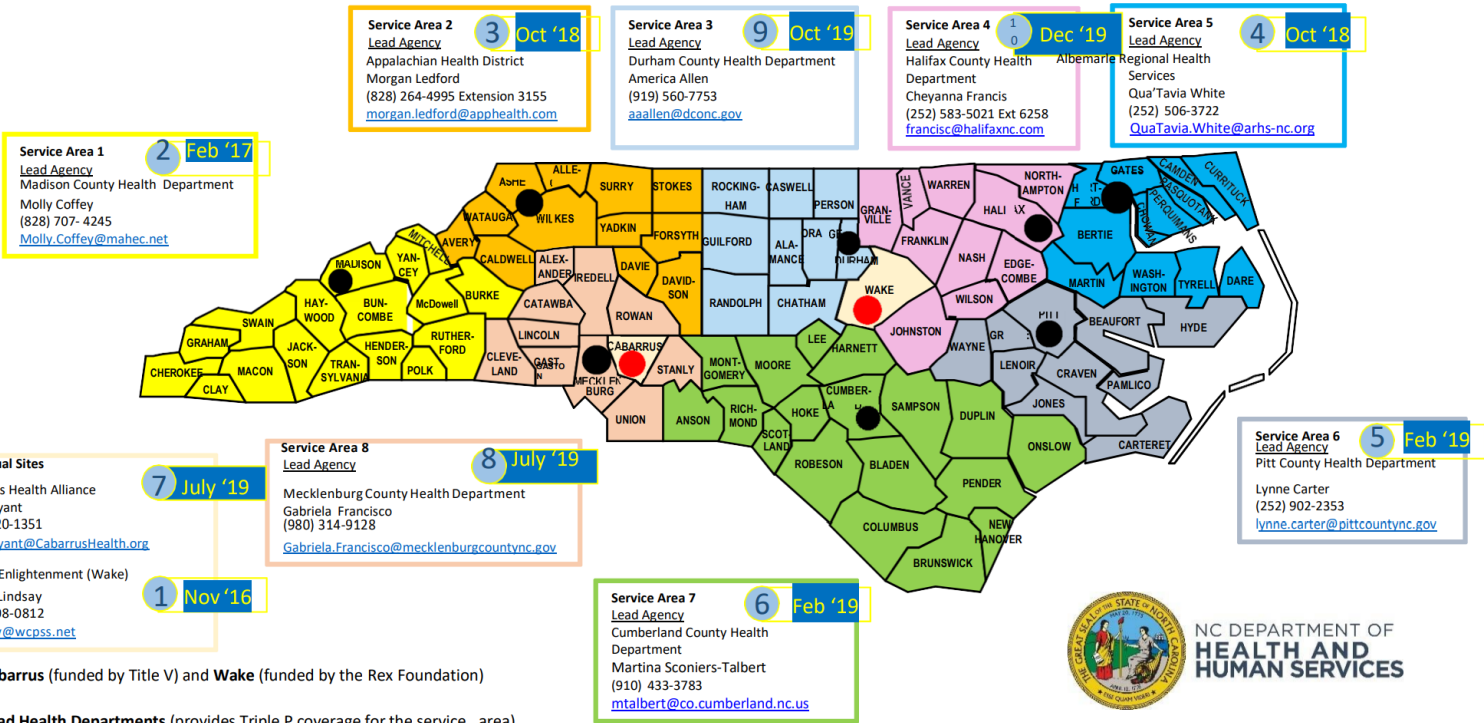
A process evaluation funded by the John Rex Foundation. To determine whether we meet our aim to deliver Triple P to the target population of families with a child birth-5 in Raleigh.

Evaluation Questions:

1. Did we reach families at all levels of risk? If not, which population(s) did we fail to reach and what are potential explanations for the failure?

2. Which of the long- and short-term outcomes were achieved, and which were not fully realized? What were the barriers to fully reaching outcomes not achieved, and what are the potential solutions to those barriers for the future?
3. Did we implement Positive Parenting in Wake as planned? What modifications in the plan were made? Why were the modifications considered necessary?

It is important to note that the entire evaluation was developed to examine process issues. We are assuming that, if we implement Triple P with fidelity, we will have expected outcomes for families because there is a significant history of research showing positive outcomes.



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