North Carolina Triple P Model Scale-Up Plan

January 2020

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Model Scale-up Plan for North Carolina Triple P Regions & Communities

The purpose of this North Carolina Triple P Model Scale-up Plan is to provide detailed information to state, regional, and local Triple P coordinators, funders, policymakers, and other partners about the core activities, strategies, structures, and processes needed to scale-up and support the Triple P system of interventions for whole-community reach driven by local needs within North Carolina counties. The North Carolina Triple P Model Scale-up Plan was drafted by the North Carolina Triple P Design Team on behalf of the North Carolina Triple P Partnership for Strategy and Governance, the North Carolina Triple P Support System, and the North Carolina Triple P Learning Collaborative. Collectively, these partners envision Triple P expansion across North Carolina to support positive parenting in all families and prevent child maltreatment. Population-level impact goes further than any one agency's service delivery and will depend on a collaboration of agencies working together toward strengthening positive parenting as a community norm.

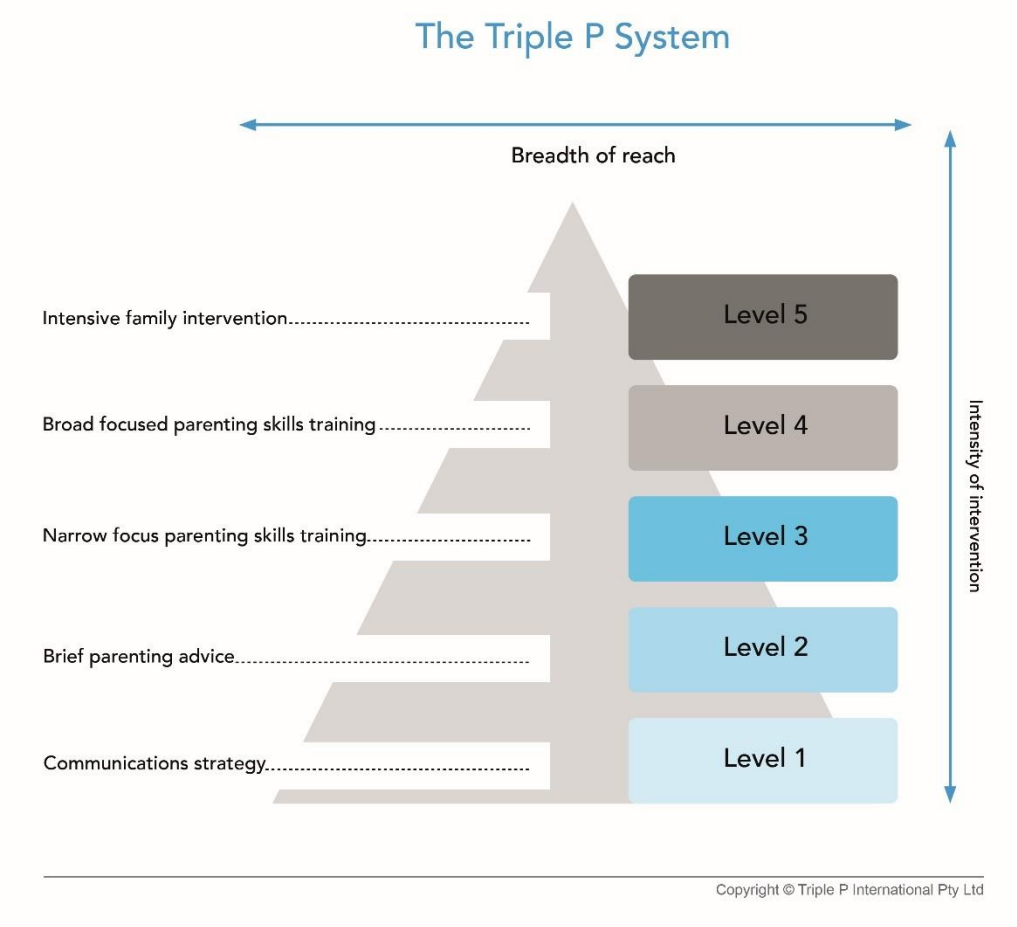
Although DHHS funding is referenced in some parts of this plan, communities funded through alternate mechanisms would also benefit from the models, structures, and practices discussed throughout this document.

Triple P – Positive Parenting Program System of Interventions

As a continuum of support, the Triple P system offers a suite of interventions of increasing intensity, ensuring flexibility to meet the needs of families and communities. Triple P is designed to normalize the concept of seeking parenting support, give caregivers the confidence and skills to be self-sufficient and manage problems independently, and provide communities with population-level early interventions to prevent child maltreatment.

The Triple P system is designed to reach the needs of every parent at the best time, place, and duration suited to the needs by engaging a broader network of organizations and individuals more cohesively organized in providing parenting support. To do so, the system is structured as a pyramid that decreases in breadth and increases in intensity as you move upwards. In brief, the levels of the Triple P system include but are not limited to:

- Level 1 is a communications and marketing intervention designed to reach a broad cross-section of the population with positive parenting information and messages to promote awareness of and engagement with parenting support; and to reduce associated stigma in seeking help and information.
- Level 2 provides brief one-time consultation to caregivers who are generally coping well but have one or two concerns with their child's behavior or development.
- Level 3 includes targeted consultation for caregivers of a child with mild to moderate behavioral difficulties, focused on a specific problem behavior or issue.
- Level 4 is for caregivers of children with multiple behavioral difficulties, covering positive parenting skills that can be adapted to a wide range of parenting situations.
- Level 5 is adjunctive support for families with additional concerns. Offered in conjunction with a Level 4 course, Level 5 provides support for parents experiencing challenges such as dealing with separation or divorce; coping with stress; managing anger; dealing with depression; or parenting children who are overweight or obese.



As a system, Triple P has been developed to reach and assist all parents and caregivers with parenting support to impact positive change at a population level. The system is designed with varying degrees of intensity to offer basic information and knowledge for all parents and to provide increasing levels of support for parents with additional needs. This model demonstrated substantial favorable impacts on three population-level outcome variables when implemented as a full system within defined South Carolina counties:

- Substantiated cases of child abuse and neglect,
- Out-of-home foster care placements, and
- Child injuries treated in a hospital (Prinz et al, 2009).

North Carolina Triple P aims to expand and support this system of parenting support, prioritizing the development of an organized network of service agencies to implement lower levels of the system that reach a broader section of the population with a preventative light touch. Local communities may identify additional higher intensity needs.

Programmatic Expectations

To effectively implement a population-level approach to parenting support, North Carolina Triple P communities[1] will need to engage community assets, develop their scale-up plans around core system characteristics within the North

[1] Under the North Carolina Triple P Model Scale-up Plan, a **community** is defined as a local municipality, a county, or a geographic region in which an organized approach to Triple P scale-up is being undertaken.

Carolina Triple P Model Scale-up Plan, and tailor remaining system characteristics to locally identified needs and preferences. This portion of the North Carolina Triple P Model Scale-up Plan provides detailed information on the necessary aspects needed to support the programmatic elements of the system:

- Service delivery parameters,
- Communications, and
- Scale.

Service Delivery

The community Triple P system should be designed to fit the needs of the local community within the following parameters defined by North Carolina Triple P:

- The target population for North Carolina Triple P is families with children ages 0-17.
- Communities participating in North Carolina Triple P are expected to carry out and/or adopt/enhance an existing community needs assessment to inform the selection of initial and ongoing Triple P target populations and program variants within their community.
- The following Triple P Levels 1-4 interventions are expected to be present in all communities participating in North Carolina Triple P, with initial implementation priorities being informed by community needs assessments:
    - Level 1 Stay Positive;
    - Level 2 Selected Seminar and Seminar Teen;
    - Level 3 Primary Care, Primary Care Teen, Discussion Group, and Discussion Group Teen;
    - Level 4 Standard, Standard Teen, Online, Online Teen, Group, and Group Teen;
    - Positive Early Childhood Education (PECE) program; and
    - DSS contracts may also prioritize Level 5 Pathways.
- Initial service delivery may be focused on lower-intensity levels of Triple P with access to higher levels of service available when Level 2 and Level 3 delivery begins. Staff within the Lead Implementing Agencies (LIAs) may be able to provide Level 2 Seminar delivery either as the initial cohorts of practitioners are trained and/or as a family and community outreach/engagement strategy, even as other Triple P levels and interventions continue.
- Subsequent variants (i.e., Stepping Stones, Lifestyles, Enhanced, etc.) of Triple P may also be implemented within a community after priority interventions are implemented. If DHHS funds are being utilized, LIAs are expected to use community needs assessment data to inform and justify the adoption of Triple P variants beyond the above-expected Levels 1-4 Triple P interventions.
- Within six to twelve months of a community Triple P coalition being funded or expanded under the support of an existing LIA, an initial cohort of practitioners from participating service agencies should be trained and delivering levels of Triple P as determined by community and capacity.

- The community Triple P system is expected to integrate and align with other existing parenting and family support programs and practices within the community.

Communications

Triple P Level 1, inclusive of Stay Positive, is a media-based intervention focused on communications and marketing about positive parenting. It should begin nine to twelve months after a community Triple P coalition being funded or expanded under the support of an existing LIA, commensurate with the initiation of Triple P service delivery within the community, but communications planning should begin immediately. The North Carolina Triple P Partnership for Strategy and Governance and the North Carolina Triple P Learning Collaborative will coordinate funding for Stay Positive as possible, including websites, posters, brochures, flyers, Tippapers, and Tip Newsletters. LIAs can appropriate local budgets for further communications activities. The NC Triple P Support System is available to support local community and the NCLC Communications Workgroup with planning and implementation of Triple P Level 1.

Scale

North Carolina Triple P aims to reach 20-25% of families through service delivery of Triple P Levels 2-5. Additionally, North Carolina Triple P aims to reach 85% of the population through a primary prevention communications strategy, Triple P Level 1, Stay Positive. These percentages are based on research and observations about population outcomes generated through the global Triple P network. As an indicator of effective scale-up, socially significant benefits should be realized for North Carolina children and families through the combination of all levels of Triple P implementation. Regional and local community scale-up goals for planning and improvement should mirror these statewide aims.

Implementation Capacities and Support

Aldridge and colleagues (2018, May) have noted that implementation research and practice over the past two decades have provided valuable insights on effectively implementing and scaling evidence-based practices. Their discussion of how this specifically relates to implementing and scaling Triple P within community settings is a primary focus for North Carolina Triple P and is reviewed in this section.

Local infrastructure and systems are needed to support implementation, and these structures are most effective when collaboratively created by all partners involved in scale-up, a process now recognized as co-creation. The following partners should be involved in the co-creation of the local infrastructure to contribute to successful and sustainable implementation and expansion of Triple P (see Figure 1):

- Service agency leadership and staff (including practitioners) from implementing sites;
- State/local funders and policymakers (e.g., the North Carolina Triple P Partnership for Strategy and Governance at the state level);
- Intermediary and purveyor organizations that provide implementation and program support (i.e., the organizational partners working within the North Carolina Triple P Support System);
- Active and involved community members (e.g., community parents and youth being served); and
- Intervention developers and prevention scientists (e.g., Triple P researchers and developers).

Implementation best practices, research, and frameworks have also indicated the importance of three key features of capacity to support implementation and scaling at the local level (see Figure 1):

- Linking local leadership and implementation teams within and across levels of community service systems;
- Best practices for practitioners' professional development to deliver programs as intended and with expected benefits for children and families; and
- Quality and outcome monitoring for systems or organizational improvement and program optimization.

For *communitywide* prevention and wellbeing efforts, developing media and networking strategies to mobilize knowledge and behavior change beyond direct services alone also appears to be important for achieving population-level outcomes.

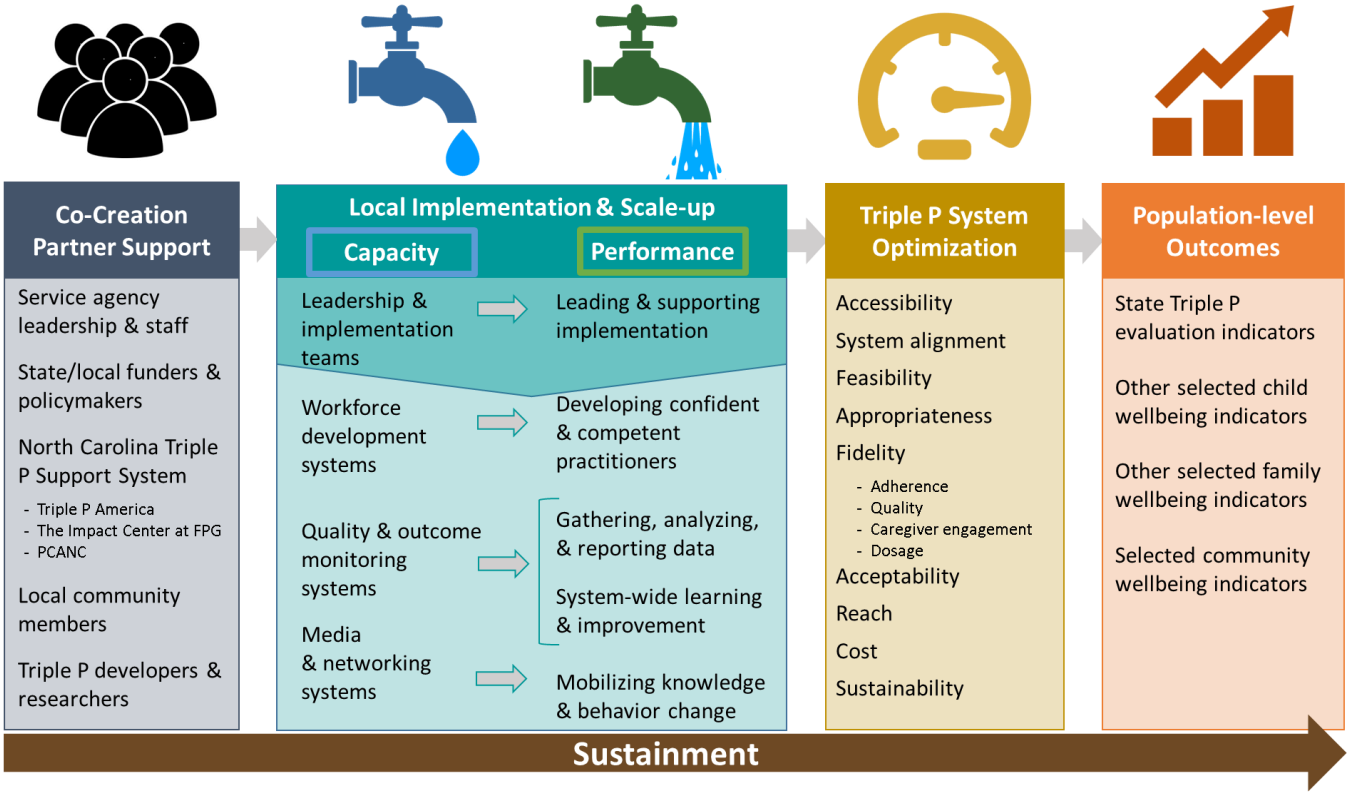


Figure 1. Integrated Theory of Change for supporting the implementation and scale-up of the Triple P system of interventions to achieve population-level outcomes (Aldridge, Boothroyd, Veazey, Powell, Murray, & Prinz, 2018, May).

These four areas of local capacity in Figure 1 enable implementation and scale-up performance, particularly:

- Leading and supporting Triple P implementation and scale-up, including identifying and addressing implementation barriers and spreading successes;
- Developing competent and confident Triple P practitioners who can deliver Triple P with fidelity and flexibility;
- Gathering, analyzing, and reporting to the right people at the right times both program and implementation data related to Triple P delivery;
- System-wide learning and continuous quality improvement of Triple P implementation, delivery, and outcomes; and

- Mobilizing knowledge and behavior change across communities beyond that created by direct service interventions.

As depicted in Figure 1, when co-creation processes and local capacity and performance are well operating, a range of implementation, program, and population-level outcomes may be more consistently achievable. The implementation, program, and population outcomes being monitored within North Carolina Triple P are discussed in the North Carolina Triple P evaluation plan.

Co-Creation Partners, Leadership and Implementation Teams, and Community Triple P Coalitions

The partners co-creating local infrastructure will be responsible for developing the following teams/systems to support Triple P scale-up and expansion in the local community. As co-creation partners with resources and abilities related to implementation science and support, NC Triple P Support System partners are available to support the design, development, and improvement of these structures.

Lead Implementing Agencies

Community Triple P scale-up and expansion will be supported through a **Lead Implementing Agency (LIA).** LIAs usually work at regional levels, though in certain areas focus only on one county.

Lead Implementing Agency **responsibilities** include:

- Developing or tapping into an existing community coalition to lead Triple P scale-up;
- Facilitating dialogue between partners;
- Managing data collection and analysis;
- Ensuring communications loops for key updates and events;
- Coordinating community outreach and Triple P training;
- Managing budgets and mobilizing funds within the region;
- Promoting and supporting Triple P online within the region;
- Providing direct support to Triple P service agencies and practitioners; and
- Providing local strategic direction (e.g., per five-year and annual plans).

Lead Implementing Agencies ensure the development and periodic updating of **several plans**:

- *Five-year Triple P Support Plans* to support community Triple P partners and providers within their region that are not DHHS-funded for Triple P scale-up (these plans are developed by the LIA with input from broader Triple P community partners);
- *Five-year Triple P Scale-up Plans* for DHHS-funded community Triple P coalitions within their region (these plans may be developed by broader Triple P community coalitions with the help of the LIA);
- Annual Progress and Action Plans for reviewing progress and determining annual action plans for the achievement of broader five-year goals (these plans are developed by the LIA in conjunction with the service area's Community Leadership Team (CLT), described below).

The LIA Health Director should sign both the *Five-year Triple P Support Plan* and *Five-Year Triple P Scale-up Plan* before submitting to the NC Triple P State Coordinator. All plans will be reviewed and approved by the NC

Partnership for Strategy and Governance. NC Triple P Support System partners will be available to guide and support LIAs and their community partners as they develop these plans.

On behalf of the community Triple P coalition, the LIA will house a **Community Implementation Team (CIT)** to focus on the day-to-day support of Triple P implementation within service agencies and scaling processes across the region. CITs include at least three full-time equivalents (FTEs) across these four roles:

- Local coordination and implementation support for community partners and stakeholders;
- Practitioner support, training coordination, and coaching;
- Community outreach and communications; and
- Data collection, reporting, and continuous quality improvement.

For DHHS-funded regions, three FTEs are initially provided for LIAs to develop their CIT structures. Per agreements with the NC Triple P Partnership for Strategy and Governance, these three FTEs are to be maintained within 3.0 full-time positions as Triple P Coordinators. Part-time positions that were filled as of June 1, 2018 are grandfathered in; however, as positions become vacant and opportunities present themselves, they should be re-hired as full-time positions dedicated solely to Triple P rather than splitting an FTE among multiple staff positions or programs. One full-time position serves as the local team lead coordinator.

Over a multi-year period to be communicated by NC Partnership for Strategy and Governance, LIAs are responsible for replacing 1.0 FTE within their CIT with in-kind or match support. Expectations regarding the split of FTEs within the CIT will remain in place for the in-kind or match support.

Finally, the LIA will provide **Triple P leadership and performance support from among leaders with executive decision-making authority within the agency**. Leadership participation is expected to be provided as a part of existing organizational leadership responsibilities, even if associated with indirect costs from DHHS Triple P funding contracts. The identified LIA leader or leaders will support:

- Communication and advocacy for Triple P within the LIA and the region;
- Engagement of broader regional Triple P co-creation partners, including community members;
- Participation in community Triple P leadership structures and processes;
- Development of five-year Triple P scale-up and/or support plans and Annual Progress and Action Plans;
- Acquisition of key information, materials, and resources for regional Triple P efforts;
- Facilitation of learning, innovation, and action planning for barriers and systems changes; and
- Performance of the CIT and its members.

Lead Implementing Agency (LIA) Responsibilities	Develop or tap into an existing community coalition to lead Triple P scale-up
	Facilitate dialogue between coalition members
	Manage data collection and analysis
	Ensure communication loops for key updates and events
	Coordinate community outreach and Triple P training
	Manage budgets and mobilize funds within the region
	Promote and support Triple P Online within the region
	Provide direct support to service agencies and practitioners
	Provide local strategic direction (e.g., per five-year and annual plans)
Community Implementation Team (CIT) Roles	Local coordination and implementation support for community partners and stakeholders
	Practitioner support, training coordination, and coaching
	Community outreach and communications
	Data collection, reporting, and continuous quality improvement
LIA Leadership Responsibilities	Communicate and advocate for Triple P within the LIA and the region
	Engage broader regional Triple P co-creation partners, including community members
	Participate in community Triple P leadership structures and processes
	Support the development of five-year Triple P scale-up and/or support plans and Annual Progress and Action Plans
	Acquire key information, materials, and resources for regional Triple P efforts
	Facilitate learning, innovation, and action planning for barriers and systems changes
	Support the performance of the CIT and its members

Community Triple P Coalitions

Leadership, management, and coordination of Triple P scale-up and expansion within North Carolina communities will be enabled through **community Triple P coalitions**. As described by Brown and colleagues (2015, p. 101), community coalitions "build local knowledge and capacity, focus and coordinate efforts, reduce resistance to change, and enhance communication." Moreover, community coalitions that implement evidence-based programs and practices have been found to achieve improved youth outcomes. Additionally, several factors are associated with greater coalition success, including:

- Greater community readiness (Feinberg et al., 2004, 2008);
- Training and fidelity to the coalition process (Feinberg et al., 2002; Gomez et al., 2005);
- Efficient task orientation and focus (Butterfoss et al., 1996; Kegler et al., 1998; Zakocs & Edwards, 2006);
- Board cohesion (Giamartino & Wandersman, 1983; Rogers et al., 1993);
- Skilled and capable leadership (Kegler et al., 1998; Rogers et al., 1993; Zakocs & Guckenburg, 2007); and
- Strong inter-organizational collaboration and community relations (Butterfoss et al., 1996; Foster-Fishman et al., 2001).

Community Triple P coalitions should be representative of the full array of cross-sector Triple P service agencies, with involvement and inputs from other co-creation partners such as funders, policymakers, and community members (see Figure 1, above). As a reminder, community Triple P coalitions may tap into an existing community collation, or LIAs may form a newly developed coalition for Triple P. For the purposes of North Carolina Triple P, community Triple P coalitions are responsible for the following activities (Hanleybrown et al., 2012):

- Developing a common agenda for Triple P in the community, including a shared vision for change, common understanding of the needs to be addressed, and joint approach to achieving the change envisioned;
- Developing shared measurement systems for improvement, accountability, and reporting, informed by core statewide Triple P evaluation requirements;
- Establishing differentiated activities among coalition partners that are coordinated through a mutually reinforcing plan of action;
- Engaging in continuous communication to build trust, assure mutual objectives, and reinforce ongoing commitment and motivation; and
- Reinforcing the roles and responsibilities of the LIA and the CIT to support coalition efforts and community Triple P scale-up and expansion activities.

Triple P Service Agencies

Triple P will be delivered through local **Triple P service agencies** selected through a process developed by the CIT and likely with input from broader community coalition partners. The coalition should make significant efforts to incorporate community-level service agencies reflective of partners within the NC Triple P Partnership for Strategy and Governance (i.e., DPH, DSS, DJJ, DMH, NCPC) in addition to broader public and private child and family serving agencies in order to achieve population-level reach and impacts. There are several expectations of Triple P service agencies that are selected and supported by DHHS-funded LIAs.

- Service agencies will be responsible for consistently delivering Triple P to their intended populations with appropriate fidelity and flexibility.
- Each service agency must establish their own Agency Triple P Implementation Team consisting of at least three team members from among agency leaders, managers, and other staff who are responsible for supporting practitioners to deliver Triple P with integrity and good outcomes. Agency leaders with executive decision-making authority are expected to have at least some regular involvement in the Agency Implementation Team.
- Each service agency is expected to continuously support a cohort of at least three practitioners to actively deliver Triple P. Private practitioners are not considered to be located within a typical "service agency" setting, and thus are excluded from this expectation. However, private practitioners are expected to work together with their local service agency partners, or regional or statewide peer networks, for needed support.
- As a condition of selection as a Triple P service agency (or private practitioner) and receiving ongoing support through the LIA, service agencies (and private practitioners) will participate in, and share responsibility for, community Triple P coalition activities, discussed above. This includes:
    - participation of Agency Implementation Team members (or private practitioners) in broader community Triple P coalition leadership structures and activities;
    - participation of agency Triple P practitioners in broader coalition workforce development systems (e.g., Triple P training, peer support and coaching);
    - the collection of data required by state and regional partners; and
    - engagement in broader community Triple P Stay Positive and other public communications/media efforts.

  These responsibilities and activities should be documented within "written agreements" co-signed by the service agency (or private practitioner) and LIA.
- Service agencies should have implementation plans for Triple P that include details about their own:
    - leadership and implementation team structures;
    - workforce development systems (including practitioner selection, supervision, and support processes);
    - quality and outcome monitoring systems for improvement (including the collection of data required by state and regional partners);
    - parent engagement strategies related to Triple P; and
    - internal Triple P alignment, institutionalization, and sustainability efforts.

Broader Triple P Co-Creation Partners

As discussed above, co-creation is a process more recently applied to complex implementation and scale-up challenges. The intent of co-creation is to generate the shared knowledge, resources, structures, and practices required for successful and sustainable program scale-up from among a diverse array of partners, each of whom brings necessary but not sufficient perspective to accomplish these aims alone (see Figure 1 above and the

preceding discussion for a list of key co-creation partners). Members within this broader set of co-creation partners are expected to provide various forms of leadership and support for community Triple P coalitions. For example,

- Triple P service agency leadership may contribute to broader community Triple P leadership roles and activities;
- State/local funders and policymakers may fund necessary coalition resources to support Triple P scale-up;
- The North Carolina Triple P Support System offers implementation support to community leaders and implementation teams to reinforce knowledge, skills, and abilities and broker additional resources for successful Triple P implementation and scale-up;
- Community members may play active roles in community assessments, service system design, coalition leadership, program and implementation support, and community communication and feedback processes; and
- Triple P researchers and developers may support appropriate program adaptations and contribute to service system designs that enable strong implementation and scale-up.

While the roles and responsibilities of various co-creation partners may be negotiated and evolve over time within community Triple P coalitions, coalitions developed and supported by DHHS-funded LIAs should have clear **community Triple P leadership team** structures that enable such negotiated roles and responsibilities. Overall, community Triple P leadership team structures should at least:

- Be representative of participating community Triple P service agencies and the LIA;
- Have clearly structured involvement from community members (i.e., community parents being served, especially those from among historically marginalized communities in the region) and community Triple P practitioners; and
- Ensure systematic, bi-directional contributions and/or inputs between the community coalition and the North Carolina Triple P Support System, the North Carolina Triple P Partnership for Strategy and Governance, and other local/regional funders, policymakers, and government administrators.

Beyond individual roles and responsibilities of involved partners, the *shared* responsibilities of a community Triple P leadership team include:

- Demonstrating commitment to the scale-up of Triple P;
- Demonstrating commitment to community partnerships and co-creation processes;
- Creating opportunities for change within community service systems and nurturing change processes once underway;
- Selecting Triple P interventions to respond to identified community needs;
- Aligning Triple P interventions under a common approach to implementation and with other community parenting and family support practices;
- Participating in the selection, and ensuring alignment of, community Triple P service agencies;
- Reviewing and recommending solutions for shared implementation barriers and system needs; and

- Facilitating and normalizing communication about system changes and Triple P successes across the community.

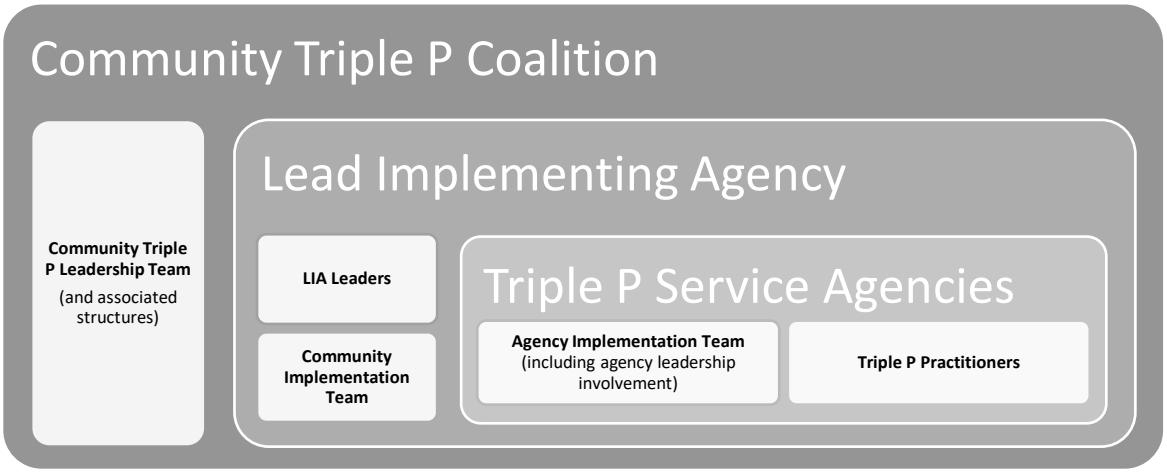


Figure 2. Nesting of leadership and implementation team structures within community Triple P coalitions.

Workforce Development Systems

For practitioners to confidently and competently deliver Triple P as intended across different contexts and situations, it is necessary for robust workforce development systems to be in place.

Practitioner Recruitment and Selection

Once LIAs have selected and developed a partnership (with written agreement) with community service agencies to deliver Triple P, recruiting and selecting appropriate practitioners within those service agencies is a foundational step for community Triple P workforce development. The CIT is responsible for ensuring local service agencies have selection criteria for Triple P practitioners and that individuals making practitioner selection decisions are proficient in the key principles, skills, and abilities required to effectively deliver Triple P. For those practitioners that work in private practice, the CIT, rather than a local service agency, may play a more direct role in applying those selection criteria.

North Carolina Triple P recommends that community Triple P coalitions develop practitioner recruitment and selection procedures whereby Triple P service agencies and their proposed Triple P practitioners (or practitioners in private practice) submit an application for coalition review and approval through the CLT or CIT. The application might include information such as:

- How the practitioner will integrate Triple P delivery within their existing agency service delivery responsibilities;
- How the service agency will support the practitioner to practice and prepare for the Triple P accreditation process;
- How the practitioner will integrate within existing supervision or Triple P coaching systems post-accreditation;
- Initial Triple P delivery goals (e.g., start date, number of expected families contacted within thirty days post-accreditation);

- Any anticipated challenges with beginning service delivery within thirty days post-accreditation; and
- Supervisor or manager approval.

Practitioner Training and Accreditation

Upon selection by the CLT or CIT, cohorts of identified practitioners will participate in training facilitated by Triple P America. Triple P training courses include: training, a pre-accreditation workshop, and a competency-based accreditation process.

- Initial training days vary in length depending on the specific intervention being trained, but typically carry over one to four days. Practitioners will return approximately five to six weeks post-training to complete accreditation. To prepare for accreditation, practitioners are encouraged to begin delivery of Triple P interventions with families immediately after training.
- A Triple P Pre-Accreditation Workshop will be provided to practitioners approximately one to two weeks prior to accreditation to allow an opportunity for individualized feedback on skill development, practice competencies, and discuss any relevant implementation issues with a Triple P trainer.
- A competency-based accreditation process is a critical component of all Triple P training courses and must be completed for official recognition of foundational proficiency in program delivery. At the accreditation workshops, practitioners are given the opportunity to demonstrate their proficiency in the competency areas targeted for accreditation and receive coaching and feedback on their performance. Accreditation workshops are scheduled as half-day or full-day sessions depending on the level of training.

All practitioners trained as part of North Carolina Triple P are expected to participate fully in training, pre-accreditation, and accreditation. Although practitioners are encouraged to start delivery prior to accreditation, delivery (i.e., providing Triple P to a family) must start within 30 days following accreditation. This may mean that service delivery agencies need to begin recruiting and enrolling families even earlier.

Practitioners' Involvement in Triple P Coaching Post-Accreditation

To ensure practitioner competence and confidence to deliver Triple P as intended across diverse contexts and family needs, practitioners delivering Triple P are expected to participate in ongoing coaching following the training and accreditation process. *Prior to participating in training*, practitioners must understand the expectations for ongoing coaching and have documented their plans for integration within existing Triple P supervision or coaching systems. The CIT will be responsible for structuring the parameters of local coaching systems and practices. Common elements include:

- Access to certified Triple P trainers/consultants, or lead Triple P coaches/experienced local Triple P practitioners who have developed fluency in Triple P delivery through support from a NC Triple P Support System coaching consultant;
- Discussion of the practitioner's current Triple P cases, including specific examples of practitioner-parent interactions, the practitioner's successes/strengths and challenges, and the development of improvement goals for future delivery;
- The use of multiple sources of data about the practitioner's delivery of Triple P, such as observational data (strongly preferred as possible), Triple P session checklists, case notes, parent assessment outcomes, etc.;

- Opportunities for ongoing practice of Triple P delivery, including role-plays and demonstration of skills with feedback;
- Engagement in self-regulation practices with coaches or peer coaches, who prompt the practitioner's own problem-solving and development of improvement goals;
- Identification and problem-solving around implementation and delivery barriers that may be shared across practitioners; and
- Broader professional development opportunities, such as practitioner self-care, general skills for parent engagement, and professional topics common to parent and family needs (e.g., trauma-informed care).

The Triple P Peer Assisted Supervision and Support (PASS) model incorporates these common elements and offers methods and materials for structuring Triple P coaching sessions. However, community Triple P coalitions are not limited to the PASS model and are encouraged to explore the value of existing or other forms of practitioner coaching that include the above elements. Participation in Triple P telephone consultations, clinical support days, and workshop series offered by Triple P America may also provide considerable value as an additional format of practitioner support. A mix of coaching formats may improve the feasibility, acceptability, dose, reach, and effectiveness of local coaching processes.

Quality and Outcome Monitoring Systems

Regional and/or community-based quality and outcome monitoring systems provide essential information to ensure that Triple P systems are improved over time and North Carolina families and communities receive intended benefits. Community Triple P coalitions are responsible for developing quality and outcome monitoring systems for improvement, accountability, and reporting. The CIT will be responsible for facilitating the design, installation, use, and sustainment of Triple P quality and outcome monitoring systems across their region. Common elements include:

- For DHHS-funded community Triple P coalitions and LIAs, attention to data collection and reporting requirements in the current state Triple P evaluation plan;
- Data collection and reporting expectations developed by community Triple P coalition leaders to answer regional/local questions above or beyond those addressed by current state evaluation plans;
- How feedback and information will be systematically collected from community Triple P coalition stakeholders, including community parents and families, to inform system improvement processes;
- Agreements about how data and other information will be analyzed and used for decision-making and improvement processes, including timelines and participating decision-makers; and
- How data, information, and decisions resulting from improvement processes will be widely shared across the community, including parents and families, coalition leaders, and the CIT.

Media and Networking Systems

For community-wide prevention and wellbeing efforts, developing media and networking strategies to mobilize knowledge and behavior change beyond direct practitioner-to-family services alone is important for achieving population-level outcomes. Organized positive parenting communications are able to serve as a key community-level intervention within the broader, multi-level Triple P system. Mass media campaigns, for example, have been found to be effective for promoting positive and preventing negative health behavior changes across populations, particularly when complimented by accessible direct support services (Wakefield et al., 2010). The identification of existing

parenting communications networks (e.g., socially and professionally) within the community may provide essential information to strategically position positive parenting communications, materials, and resources where they can be most effective.

Community Triple P coalitions are responsible for developing local media and networking systems to advance positive parenting communications through community social and professional networks. The CIT will be responsible for facilitating the design, installation, use, and sustainment of positive parenting media and networking systems. Development and installation activities should keep in mind the communications scaling expectations and goals discussed earlier in the “Programmatic Expectations” section of this plan. Common goals related to media and networking systems focused on positive parenting communications include:

- Accelerate the awareness, accessibility, and reach of positive parenting knowledge and skills;
- Provide normative information about child development and parenting;
- Normalize the need for support to learn and apply effective parenting strategies; and
- Model, through the use of communications technology (e.g., brief video), effective parenting strategies; and
- Connect parents to effective community services for positive parenting support.

In service to many of these goals, Triple P Stay Positive consultation, materials, and resources are available to support the development of regional/community positive parenting campaigns. However, current Triple P Stay Positive resources are not sufficient to address these goals alone. Therefore, community Triple P coalitions are encouraged to develop broader positive parenting media, communications, and messaging resources to more fully address this range of goals. Furthermore, regional/community campaigns may be most effective when tailored with local images, messages, and distribution strategies that increase the likelihood that positive parenting communications will reach and resonate with community members. A mix of communications formats may improve the acceptability, dose, reach, and effectiveness of local positive parenting communications efforts.

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