

Strengthening Implementation Capacity to Support Triple P

North Carolina Implementation Capacity for Triple P
FPG Child Development Institute
UNC-Chapel Hill

*NCIC-TP Regional Workshop
Boone, North Carolina*

February 7th, 2017

State Triple P Leadership Opening Comments





NC Implementation Capacity for TP

Boone Regional Workshop

February 7, 2017

NC Triple P (Positive Parenting Program)

Draft Vision Statement

DPH – Children and Youth Branch –

Health and Wellness Unit

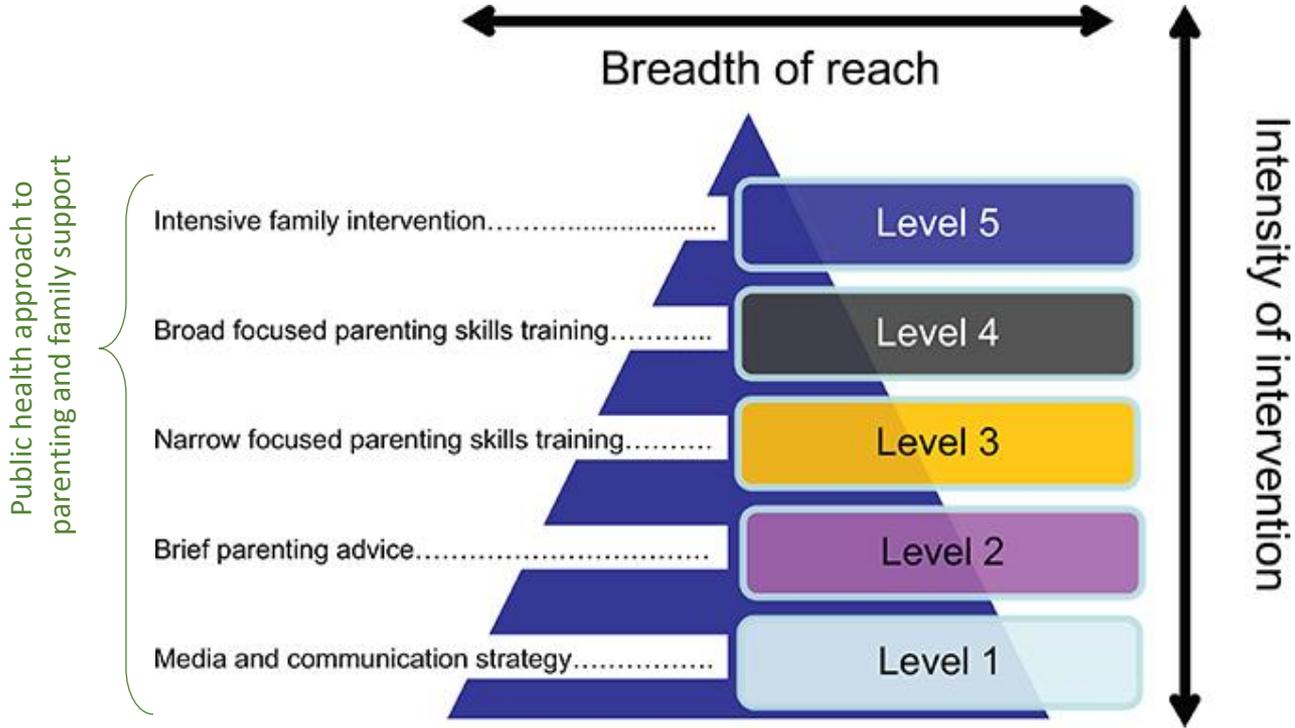


NC Triple P: Vision Statement:

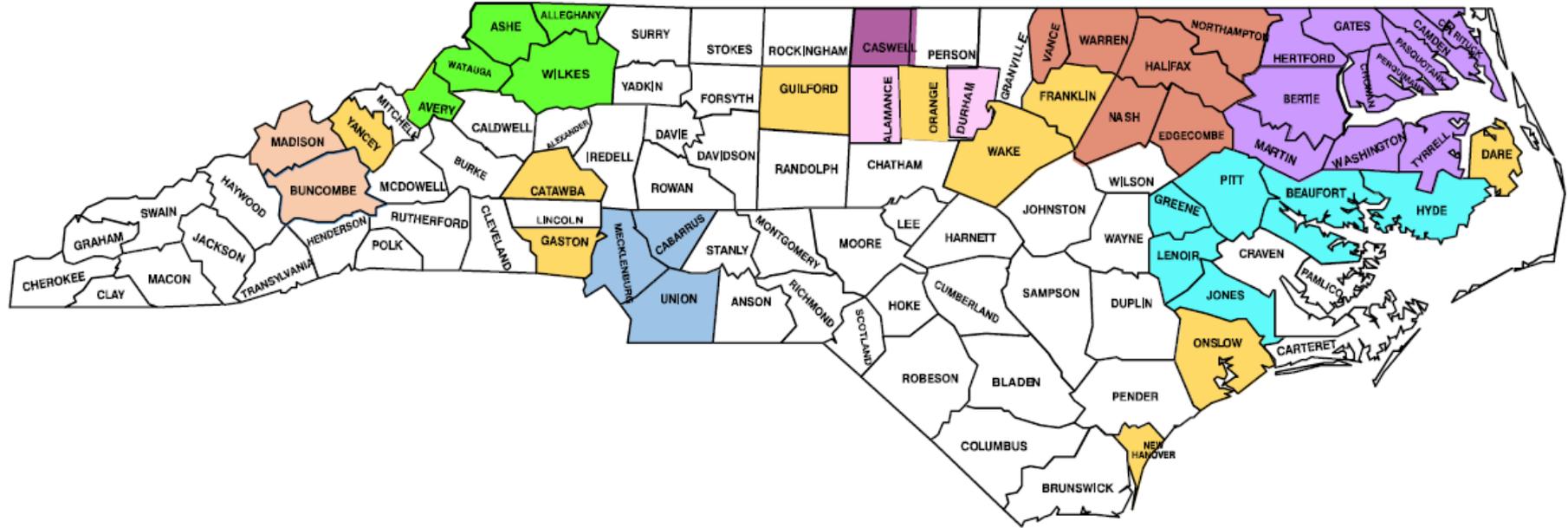
Our vision is that all children deserve to grow-up with relationships and in environments that are safe, stable, and nurturing that promote every child's emotional and behavioral health.



Triple P – Positive Parenting Program System of Interventions



Triple P in North Carolina



NCIC-TP

North Carolina Implementation
Capacity for Triple P



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Health and
Human Services

NC Triple P: Vision Statement

Current and Future



Current Status for 2016	Future Vision for 2025
Serving 46 counties	Serve all 100 counties
Accredited 793 practitioners	Accredit 8,802 practitioners
Serving 15 community settings with only six having significant numbers of practitioners accredited	Serve 15 community settings with all 15 settings having significant numbers of practitioners accredited
Serving 13,349 caregivers	Serve 69,156 caregivers
Serving 22,087 children	Serve 128,610 children



NC Triple P (Positive Parenting Program) Draft Vision Statement



Zita Roberts, Triple P State Coordinator

Division of Public Health

Women's and Children's Health Section

Children and Youth Branch

Health and Wellness Unit

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Triple P Parenting Website:

<http://www.triplep-parenting.net/nc-en/home/>



PANEL:
Local Triple P Coordinators,
Supervisors, & Practitioners

Why Implement Triple P?



Out Of Home Placements Decrease

Substantiated Child Abuse Cases Decrease

Hospitalization/ER Visits For Child Maltreatment Injuries Decrease



Agenda & Objectives for the Rest of the Day



Agenda Part 1

1. Overview of Triple P Implementation Evaluation (TPIE) Findings

Learning Objective #1: Describe common strengths and gaps in countywide capacity findings.

11:20 Break to pick up lunch

2. Small-Group Discussion 1: Local Triple P implementation capacity

3. Large-Group Report Back & Discussion

Learning Objective #5: Create consensus strengths and needs for local capacity.



Agenda Part 2

1. Overview of NCIC-TP Implementation Support Model

Learning Objective #2: Describe:

- co-creation partners,
- components of implementation capacity, and
- areas of implementation performance.

Learning Objective #3: Describing and monitoring successful implementation outcomes.

Learning Objective #4: Describe practices that promote successful Triple P scale-up.

1:10 -1:20 Break

Agenda Part 2 *(Continued)*

2. Small-Group Discussion: Constructing local goals

Learning Objective #6: Construct 2-3 goals for increasing local implementation resources and abilities.

3. Small-Group Discussion: Action steps

Learning Objective #7: Determine 1-2 achievable action steps for each constructed goal.

4. Small-Group Discussion: Identifying additional supports

Learning Objective #8: Identify additional supports needed (e.g., partners, resources, tools, knowledge and skills).

5. Large-Group Report Back

6. Workshop Wrap-Up & Evaluation



Overview of Triple P Implementation Evaluation (TPIE) Findings





What was TPIE?



“Is the implementation infrastructure 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

James R. Drake

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Cabarrus County Characteristics



Population: 192,103

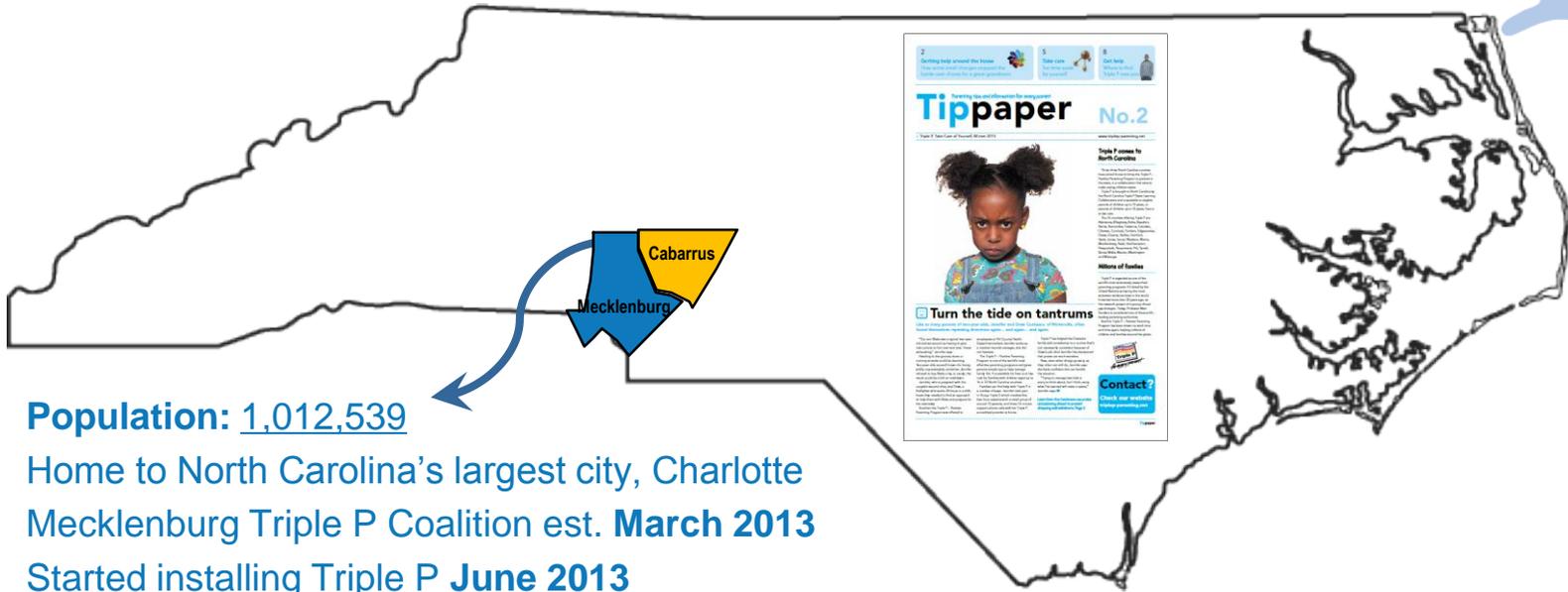
Mix of urban and rural settings

Cabarrus Triple P Coalition est. **April 2012**

Started installing Triple P **March 2013**



Mecklenburg County Characteristics



Population: 1,012,539

Home to North Carolina's largest city, Charlotte
Mecklenburg Triple P Coalition est. **March 2013**
Started installing Triple P **June 2013**



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More County Characteristics (at Time 4)

	Cabarrus	Mecklenburg
Population of families	26,490	131,097
Annual funding per child/youth	\$6.47	\$0.59
# of County Imp. Team members	5	5
Dedicated County Imp. Team FTE	3.25	2.04
# of local agencies engaged	26	26
# Triple P interventions adopted	11	12
# trained practitioners	123	106



How we defined key terms

County Implementation Capacity	Agency Implementation Infrastructure
<u>Lead agency resources and abilities to support local service agencies</u>	<u>Service agency structures, policies, and practices to support their Triple P practitioners</u>

Leadership & Teams:

Leaders with executive decision-making authority. Teams managing day-to-day implementation activities to support Triple P practitioners and their delivery to families.

Workforce Development:

Practitioner recruitment and selection to provide Triple P, Triple P training, coaching following accreditation (i.e., peer-support networks), and fidelity assessments.

Quality & Outcome Monitoring:

Collecting and using data and information from key stakeholders for ongoing quality improvement.





So what did we find?



Teams & Quality Improvement

Common Strengths and Gaps

	County Implementation Capacity	Agency Implementation Infrastructure
Strong (over 80% in place)	<i>Leadership & Teams</i> <i>Quality & Outcome Monitoring</i>	
Good (70%-80% in place)		
Area for Development (below 70% in place)		<i>Leadership & Teams</i> <i>Quality & Outcome Monitoring</i>



Workforce Development

Common Strengths & Gaps

	County Implementation Capacity	Agency Implementation Infrastructure
Strong (over 80% in place)	<i>Training</i> <i>Recruitment & Selection</i> <i>Fidelity Assessment</i>	<i>Training</i> <i>Recruitment & Selection</i>
Good (70%-80% in place)		
Area for Development (below 70% in place)	<i>coaching</i>	<i>Fidelity Assessment</i> <i>coaching</i>





So why does this matter to us?



County Coalition Outcomes

Stronger countywide implementation capacity was observed to be associated with:

- Higher rate of agency continuation
- Higher rate of practitioner continuation
- Higher rate of practitioners' use of Triple P
- Broader reach of Triple P to county children and families

Agencies' Continuation

Several agency-level factors were *statistically associated* with agencies' continuation:

- Having stronger agency leadership and implementation teams
- A more favorable agency implementation climate for Triple P
- Having more than one Triple P practitioner
- Having more formal agency sustainability plans in place (*e.g., documented*)



How can I remember these lessons?



Lessons Learned from the Triple P Implementation Evaluation

To view animated overview of TPIE results, visit:

<http://ncic.fpg.unc.edu/lessons-learned>

Four Main Areas of Need

- 1) Community- and agency-level **implementation teams**
- 2) **Coaching** systems (e.g., peer support networks)
- 3) **Fidelity assessment** resources and systems
- 4) **Quality and outcome monitoring systems** – particularly using data and feedback to drive improvement at agency-levels



Knowledge Check!

Q1: Common strengths in Triple P implementation capacity across Cabarrus and Mecklenburg Counties included:

- a) Practitioner Training
- b) Agency Quality & Outcome Monitoring
- c) Coalition Quality & Outcome Monitoring
- d) a and c
- e) All of the above

Q2: Common developmental needs in Triple P implementation capacity across Cabarrus and Mecklenburg Counties included:

- a) Agency Implementation Teams
- b) Practitioner Coaching
- c) Fidelity Assessment
- d) b and c
- e) all of the above

20 MINUTE BREAK

Please stretch, pick up your lunch, and re-seat within breakout groups by...

11:40 AM



Small Group Discussion 1

Keeping the Triple P Implementation Evaluation in mind, review local Triple P implementation capacity and discuss potential strengths and developmental needs.

First 10 Minutes

Local Leadership & Implementation Teams

1. Community-level or Backbone Agency
2. Individual Triple P Service Agencies
3. Alignment of Agencies & Teams Across the Community

Second 10 Minutes

Local Workforce Development Supports

1. Practitioner Recruitment or Selection for Triple P
2. Practitioner Training in Triple P
3. Practitioners' Ongoing Coaching after Triple P Accreditation

Final 10 Minutes

Local Quality & Outcome Monitoring Systems

1. Fidelity Assessment Resources and Practices
2. Community-wide Data Collection and Reporting
3. Using Data for Quality Improvement
 - Community-level (i.e., as a collaborative or coalition)
 - Within individual service agencies

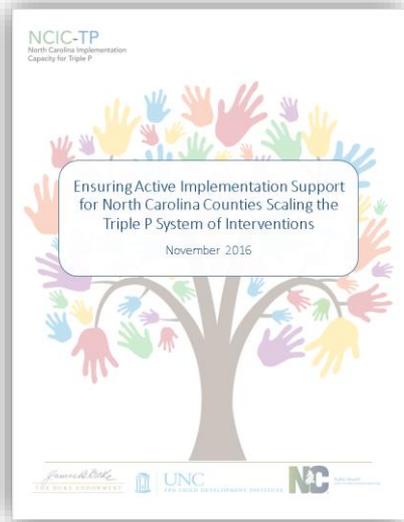
Large-Group Report Back

Common themes about current strengths and developmental needs for capacity to scale-up Triple P within the region.

Overview of NCIC-TP Implementation Support Logic Model & Key Scaling Practices



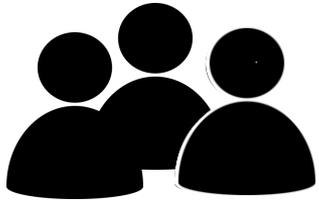
NCIC-TP Implementation Support Plan



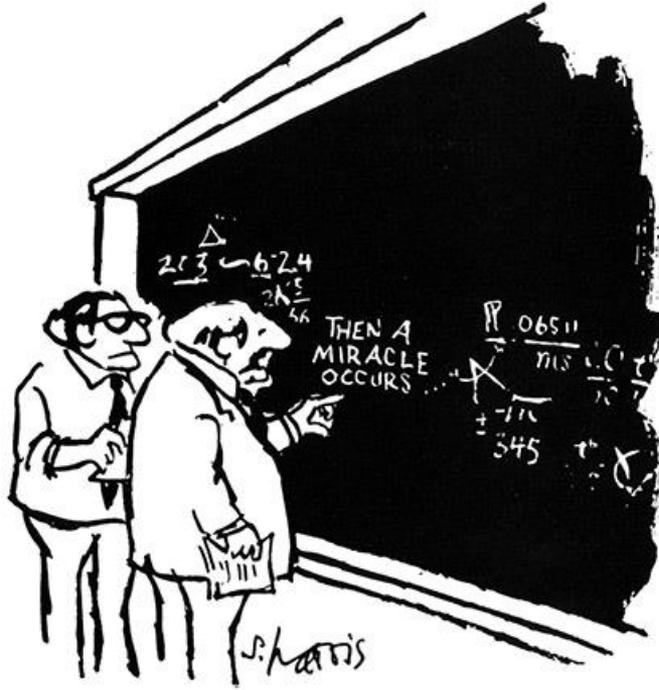
State & local coordinators,
funders, policymakers,
technical assistance providers

- **Now available online**
- Objectives & principles of implementation support
- Implementation Support Logic Models
- Alignment of Triple P America & other implementation support providers
- A stage-based approach to supporting community-wide scale-up of the Triple P system
- Implementation tools & measures





- Implementation Site
- Program Purveyor
- Funder



"I think you should be more explicit here in step two."



Child & Family Outcomes



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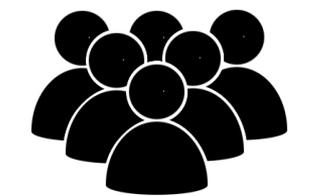
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Logic model for the supporting the implementation and scale-up of the Triple P system of interventions



Co-Creation
Partner Support



Local Implementation
Capacity → Performance



Triple P System
Optimization



Population-level
Outcomes



Sustainment

(Aldridge, Boothroyd, Veazey, Powell, Murray, & Prinz, 2016)



Health and Human Services



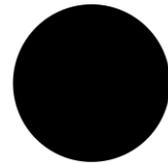
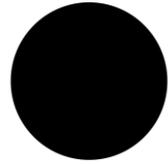
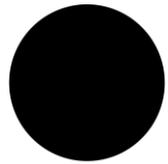
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Others
Coming...



NC STATE



Service Agency Leadership & Staff

State/Local Funders & Policymakers

Triple P America

Intermediary Organizations

Local Community Members

Triple P Developers & Researchers

Co-Creation Partner Support

(Co-Creation: Metz & Albers, 2014; Metz, 2015)

(TPIE-Qualitative: Aldridge, Boothroyd, Skinner, Veazey, Murray, & Prinz, 2016)



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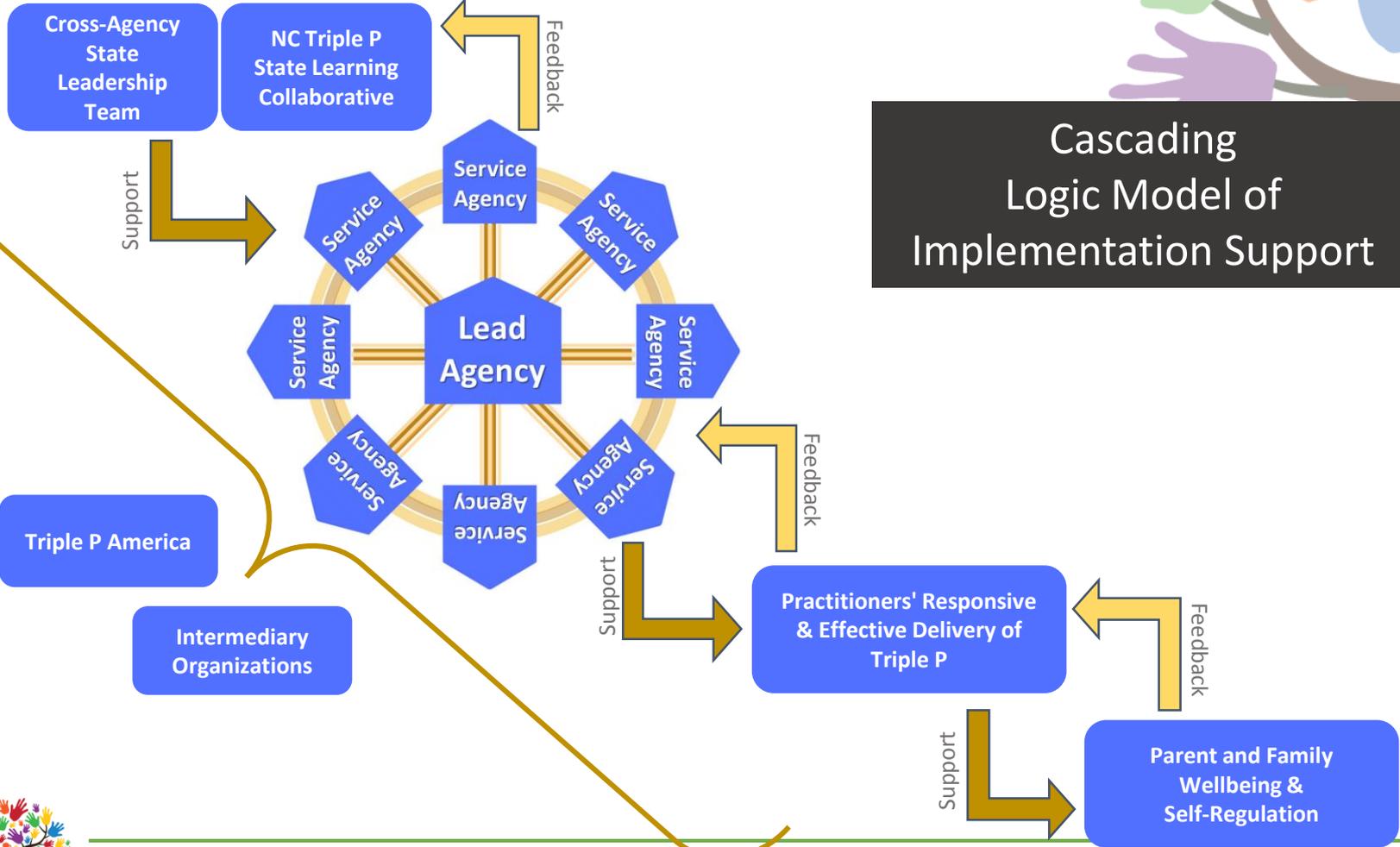
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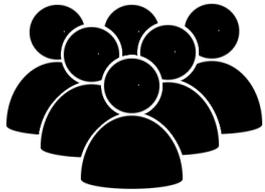
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Cascading Logic Model of Implementation Support





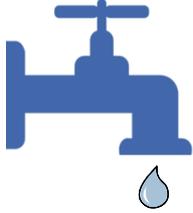
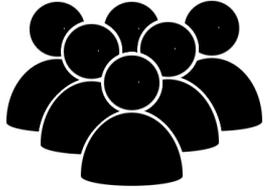
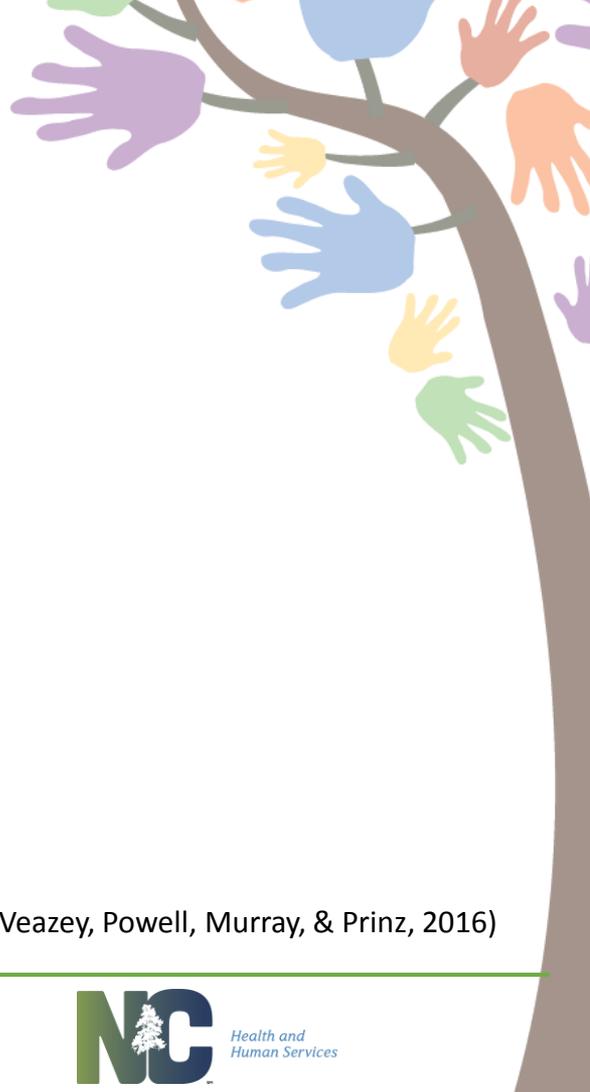
Co-Creation
Partner Support

As in nature, a successful adaptation allows an organization or community to take the best from its traditions, identity, and history into the future.

Heifetz, Grashow, & Linsky (2009, p.23)



Logic model for the supporting the implementation and scale-up of the Triple P system of interventions



Co-Creation
Partner Support



(Aldridge, Boothroyd, Veazey, Powell, Murray, & Prinz, 2016)



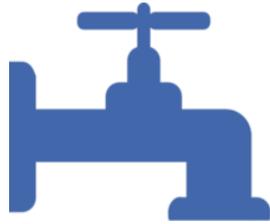


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NC Health and
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Leadership & Implementation Teams

Workforce Development Infrastructure

Quality & Outcome Monitoring System

Media & Networking Capacity

Local Implementation Capacity & Performance

Leading & supporting implementation

Developing competent & confident practitioners

Gathering, analyzing, & reporting data

System-wide learning & improvement

Mobilizing knowledge & behavior change



(Aldridge, Boothroyd, Fleming, Lofts-Jarboe, Morrow, Ritchie, & Sebian, 2016)



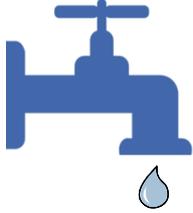
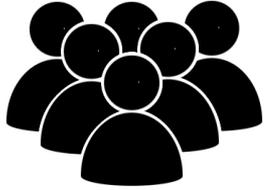
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Logic model for the supporting the implementation and scale-up of the Triple P system of interventions



Co-Creation
Partner Support



Local Implementation

Capacity → Performance



Triple P System
Optimization

(Aldridge, Boothroyd, Veazey, Powell, Murray, & Prinz, 2016)





"Say ... what's a mountain goat doing way up here in a cloud bank?"



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Fidelity & Flexibility



Accessibility

(i.e., Triple P access within a community)

System Alignment

(i.e., agencies work in concert to deliver)

Feasibility

(i.e., ability to use with available resources)

Appropriateness

(i.e., fit with setting or identified need)

Fidelity

Adherence

(e.g., Triple P Session Checklists)

Quality

(i.e., observationally checked)

Caregiver Engagement

(e.g., completion of intended session activities and homework)

Dosage

(i.e., sufficient number of sessions)

Acceptability

(e.g., caregiver satisfaction)

Reach

(e.g., practitioners using; family contacts)

Cost

(e.g., return on investment)

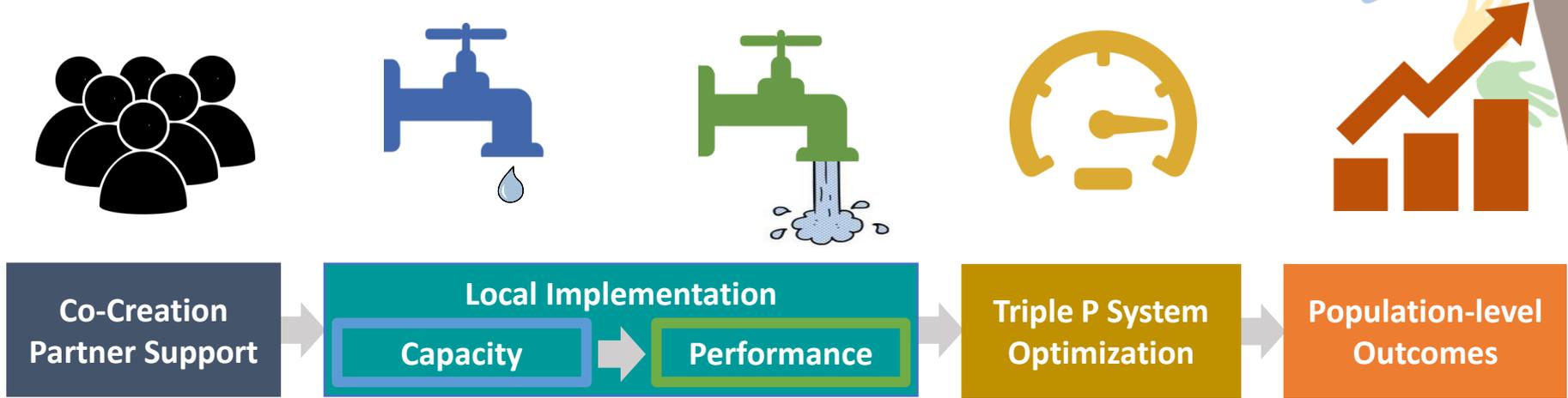
Sustainability

(e.g., ability to maintain in a service setting)

Triple P System Optimization

(Proctor, Silmere, Raghavan, et al., 2011; Dane & Schneider, 1998; Mihalic, 2004)

Logic model for the supporting the implementation and scale-up of the Triple P system of interventions



(Aldridge, Boothroyd, Veazey, Powell, Murray, & Prinz, 2016)



State Triple P Evaluation Indicators

- Substantiated child abuse & neglect
- Out-of-home foster care placements
- ED visits indicating child injuries

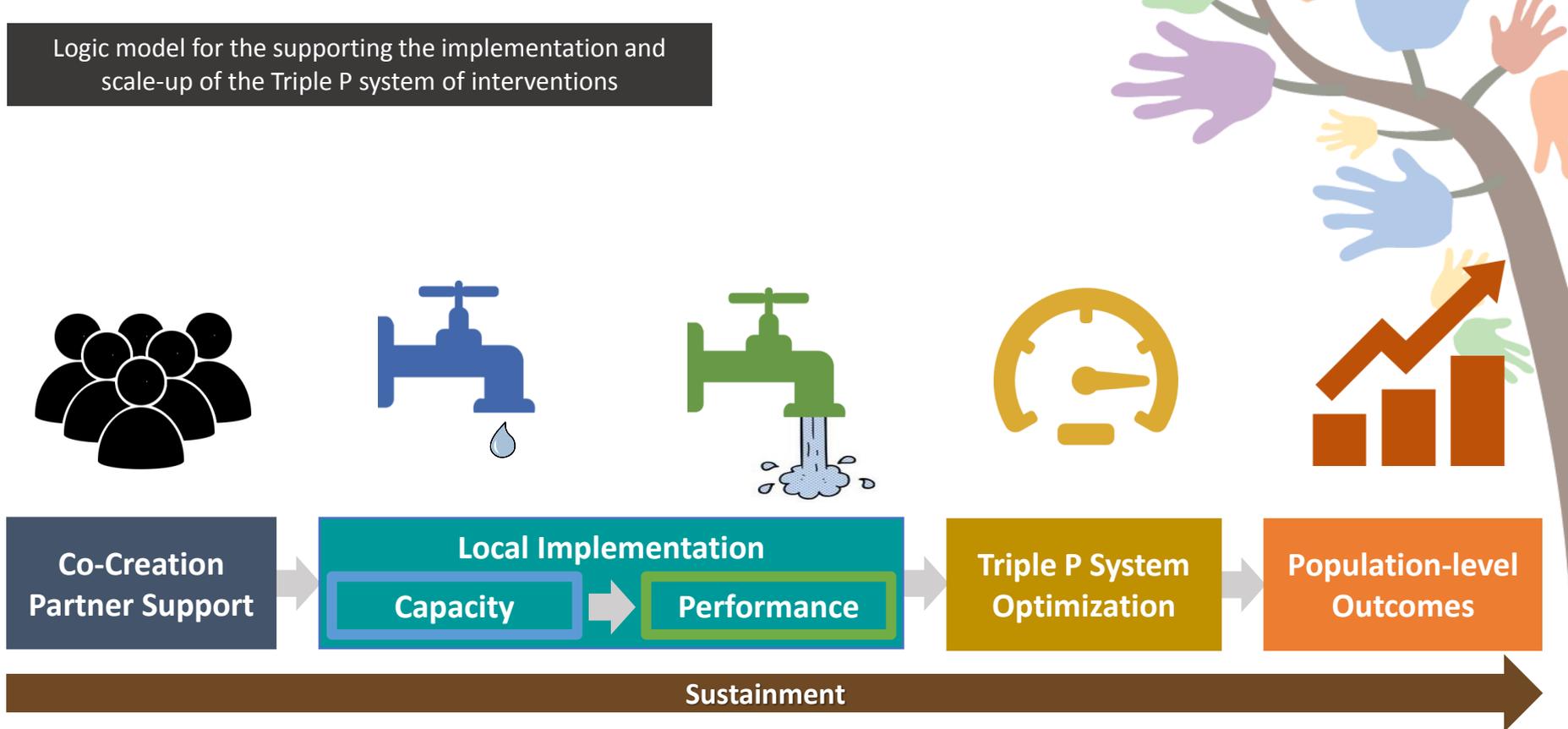
Other selected child wellbeing indicators

Other selected family wellbeing indicators

Other selected community wellbeing indicators

Population-Level Outcomes

Logic model for the supporting the implementation and scale-up of the Triple P system of interventions



(Aldridge, Boothroyd, Veazey, Powell, Murray, & Prinz, 2016)



What are some key practices that promote successful scale-up?



Readiness & Exploration (Exploration Stage)



Capacity Development (Installation Stage)



Supported Performance (Initial Implementation)



Local System Regulation (Full Implementation)



Exploration & Readiness

(Exploration Stage)

- Community needs assessment and responsive Triple P implementation plan (if Triple P is a fit)
- Co-creation partnerships
- Establishing a coalition implementation team with sufficient resources and abilities
- Plan for quality and outcome monitoring and using data for improvement
- Plan for communications, media, and networking goals

Capacity Development

(Installation Stage)

- Professional development...
 - Triple P Coalition Leadership
 - Adaptive Leadership (<http://plusacumen.org/courses/adaptive-leadership/>)
 - How implementation and scale-up work (e.g. logic model)
 - County/Region Implementation Team members
 - Effective implementation strategies and skills
- Local coalition development...
 - Organizing and linking service agency leadership and implementation teams (e.g., coalition formation)
 - Installing shared practices for Triple P workforce development
 - Installing local data and improvement plans
 - Installing Stay Positive and other community media and networking plans



Supported Performance

(Initial Implementation Stage)

- Identifying and leaning into the tough challenges using newly developed coalition capacities and adaptive leadership skills
- Receiving support from:
 - NC Triple P Learning Collaborative
 - Triple P America
 - Intermediary organizations
- Being intentional about collective learning and problem-solving
 - Usability testing strategies to try new ideas
 - Documenting shared learning



Knowledge Check...

Q3: In addition to leadership and staff from community service agencies, which co-creation partners support the successful and sustainable development of capacity for local Triple P scale-up?

- a) Triple P America & other implementation support providers
- b) State/local funders and policymakers
- c) Community members, including the youth and families being served
- d) Triple P developers/researchers
- e) All of the above

Q4: The most important features of local implementation capacity to support evidence-based program scale-up include all of the following, EXCEPT:

- a) leadership and implementation teams
- b) large numbers of practitioners
- c) workforce development infrastructure
- d) quality and outcome monitoring systems
- e) media and networking capacity



Knowledge Check...

Q5: Triple P promotes a “fidelity and flexibility” approach to intervention delivery. Flexibility of Triple P delivery might be monitored by measuring which of the following implementation outcomes?

- a) Accessibility of Triple P within the community
- b) Adherence to session content
- c) Dosage (i.e., number of sessions caregivers attend)
- d) Appropriateness of content and activities delivered
- e) a and d

Q6: All of the following describe the process of developing readiness for Triple P scale-up within a community or region, EXCEPT:

- a) conducting a community needs assessment and documenting a responsive Triple P implementation plan
- b) developing partnerships and written agreements with co-creation partners
- c) community readiness cannot be addressed after scale-up is already underway
- d) establishing a coalition implementation team with sufficient resources and abilities
- e) documenting a shared plan for quality and outcome monitoring and using data for improvement at agency and coalition levels

10 MINUTE BREAK

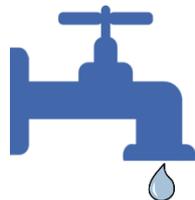
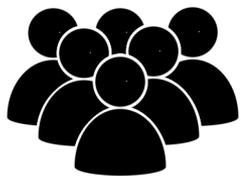
Please stretch and re-seat within breakout groups by...

1:20 PM



Small Group Discussion 2

Keeping the NCIC-TP Implementation Support Logic Model in mind, construct 2-3 goals for increasing local implementation resources & abilities.



Co-Creation Partner Support

Service agency leadership & staff

State/local funders & policymakers

Triple P America

Intermediary organizations

Local community members

Triple P developers & researchers

Local Implementation

Capacity

Leadership & implementation teams



Workforce development infrastructure



Quality & outcome monitoring



Media & networking capacity



Performance

Leading & supporting implementation

Developing confident & competent practitioners

Gathering, analyzing, & reporting data

System-wide learning & improvement

Mobilizing knowledge & behavior change

Triple P System Optimization

Accessibility

System alignment

Feasibility

Appropriateness

Fidelity

- Adherence
- Quality
- Caregiver engagement
- Dosage

Acceptability

Reach

Cost

Sustainability

Population-level Outcomes

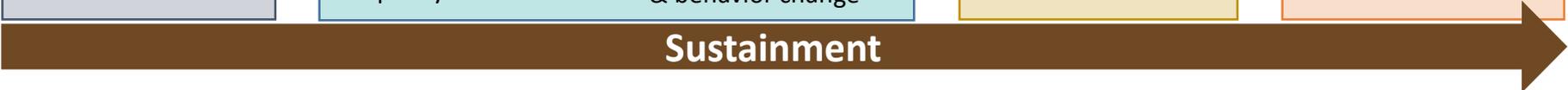
State Triple P evaluation indicators

Other selected child wellbeing indicators

Other selected family wellbeing indicators

Selected community wellbeing indicators

Sustainment



Small Group Discussion 3

Determine 1-2 achievable action steps for each constructed goal.

Small Group Discussion 4

Identify any additional supports needed to effectively address constructed goals.
(e.g., partners, resources, tools, knowledge and skills)

Large-Group Report Back

Common themes in goals, action steps, and needed supports.



Workshop Wrap-up & Evaluation



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HOME | **TRIPLE P IN NC** | LESSONS LEARNED | COUNTY SUPPORT

- Information about Triple P implementation & scale-up in North Carolina

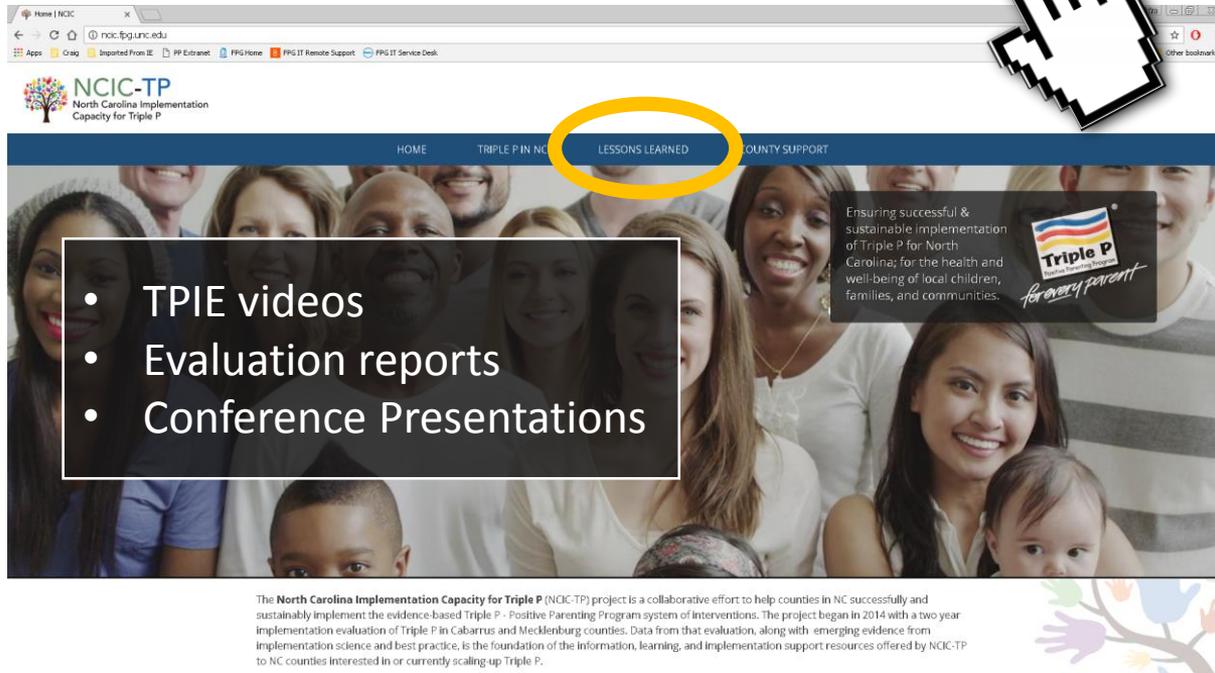
Ensuring successful & sustainable implementation of Triple P for North Carolina; for the health and well-being of local children, families, and communities.

Triple P
Positive Parenting Program
for every parent

The **North Carolina Implementation Capacity for Triple P (NCIC-TP)** project is a collaborative effort to help counties in NC successfully and sustainably implement the evidence-based Triple P - Positive Parenting Program system of interventions. The project began in 2014 with a two year implementation evaluation of Triple P in Cabarrus and Mecklenburg counties. Data from that evaluation, along with emerging evidence from implementation science and best practice, is the foundation of the information, learning, and implementation support resources offered by NCIC-TP to NC counties interested in or currently scaling-up Triple P.



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HOME | TRIPLE P IN NC | LESSONS LEARNED | COUNTY SUPPORT

- TPIE videos
- Evaluation reports
- Conference Presentations

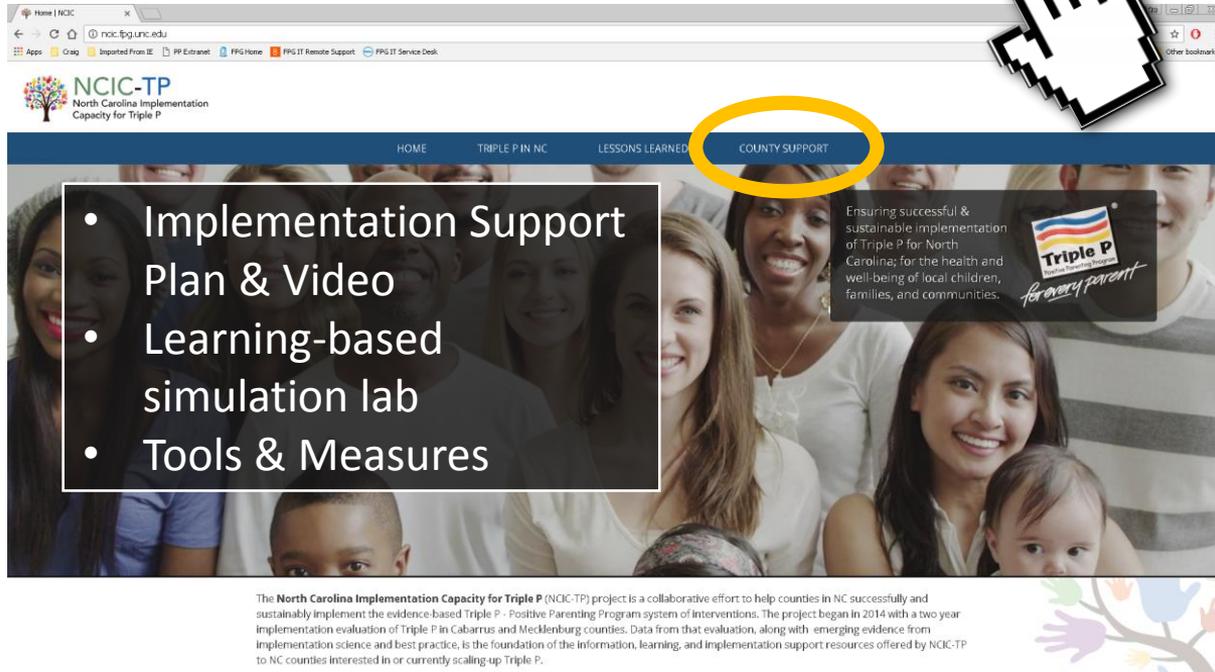
Ensuring successful & sustainable implementation of Triple P for North Carolina; for the health and well-being of local children, families, and communities.

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North Carolina Implementation
Capacity for Triple P

HOME TRIPLE P IN NC LESSONS LEARNED **COUNTY SUPPORT**

- Implementation Support Plan & Video
- Learning-based simulation lab
- Tools & Measures

Ensuring successful & sustainable implementation of Triple P for North Carolina; for the health and well-being of local children, families, and communities.

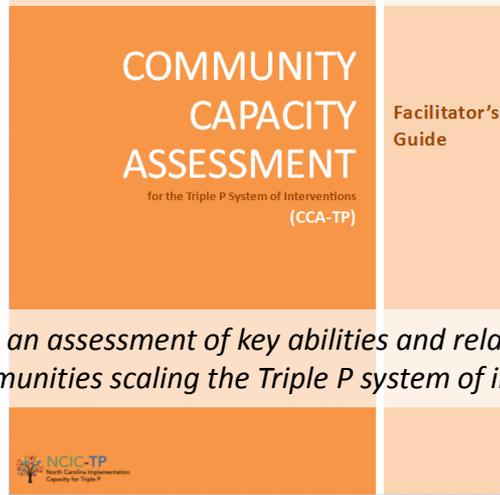
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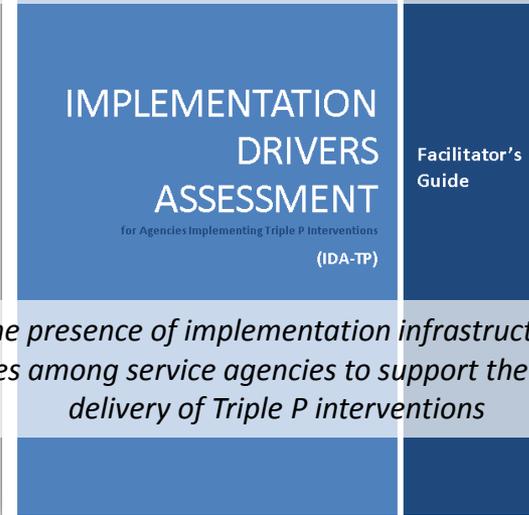
Capacity & Drivers Assessments

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



For More Information

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Special Thanks to:

The Duke Endowment

www.dukeendowment.org

NC Division of Public Health

<http://publichealth.nc.gov/>

NC Division of Social Services

<http://www.ncdhhs.gov/divisions/dss>

Other Members of the NCIC-TP Team

Renée Boothroyd, Ph.D., Co-I, UNC-CH

Desiree Murray, Ph.D., Co-I, UNC-CH

Ron Prinz, Ph.D., Co-I, Univ. of South Carolina

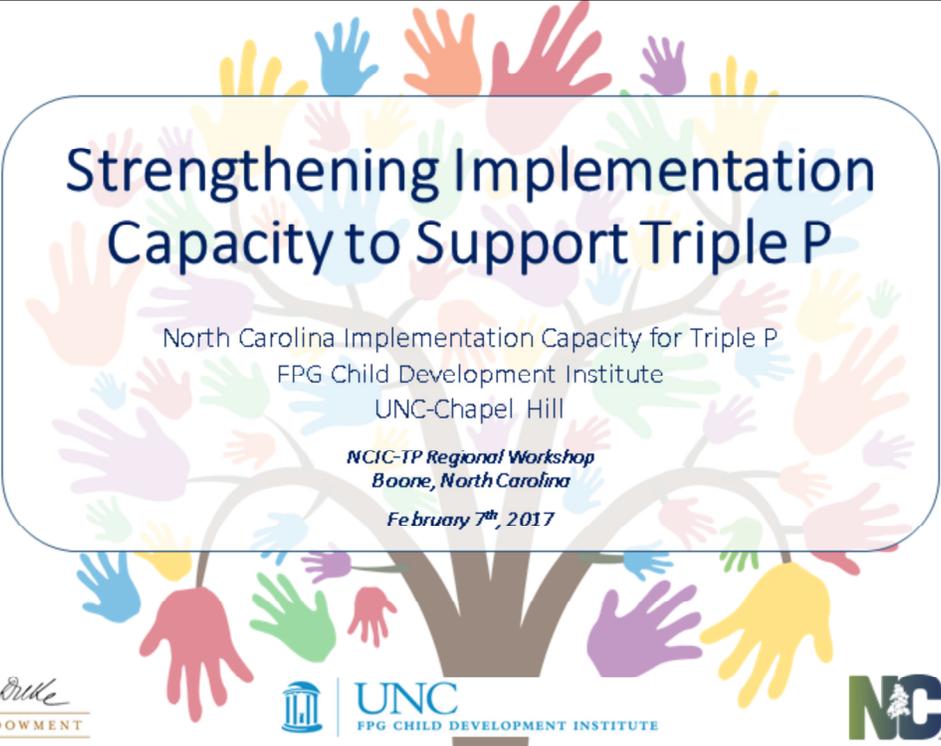
Byron Powell, Ph.D., Co-I, UNC-CH

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

Disclosure: Ron Prinz, Ph.D., is a consultant to Triple P International, which is the technology transfer entity commissioned by the University of Queensland to disseminate the Triple P system, and to the Centers for Disease Control and Prevention, which is involved in implementation/dissemination projects related to Triple P.





Strengthening Implementation Capacity to Support Triple P

North Carolina Implementation Capacity for Triple P
FPG Child Development Institute
UNC-Chapel Hill

*NCIC-TP Regional Workshop
Boone, North Carolina
February 7th, 2017*

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State Triple P Leadership Opening Comments



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NC Implementation Capacity for TP

Boone Regional Workshop

February 7, 2017

NC Triple P (Positive Parenting Program)

Draft Vision Statement

DPH – Children and Youth Branch –

Health and Wellness Unit

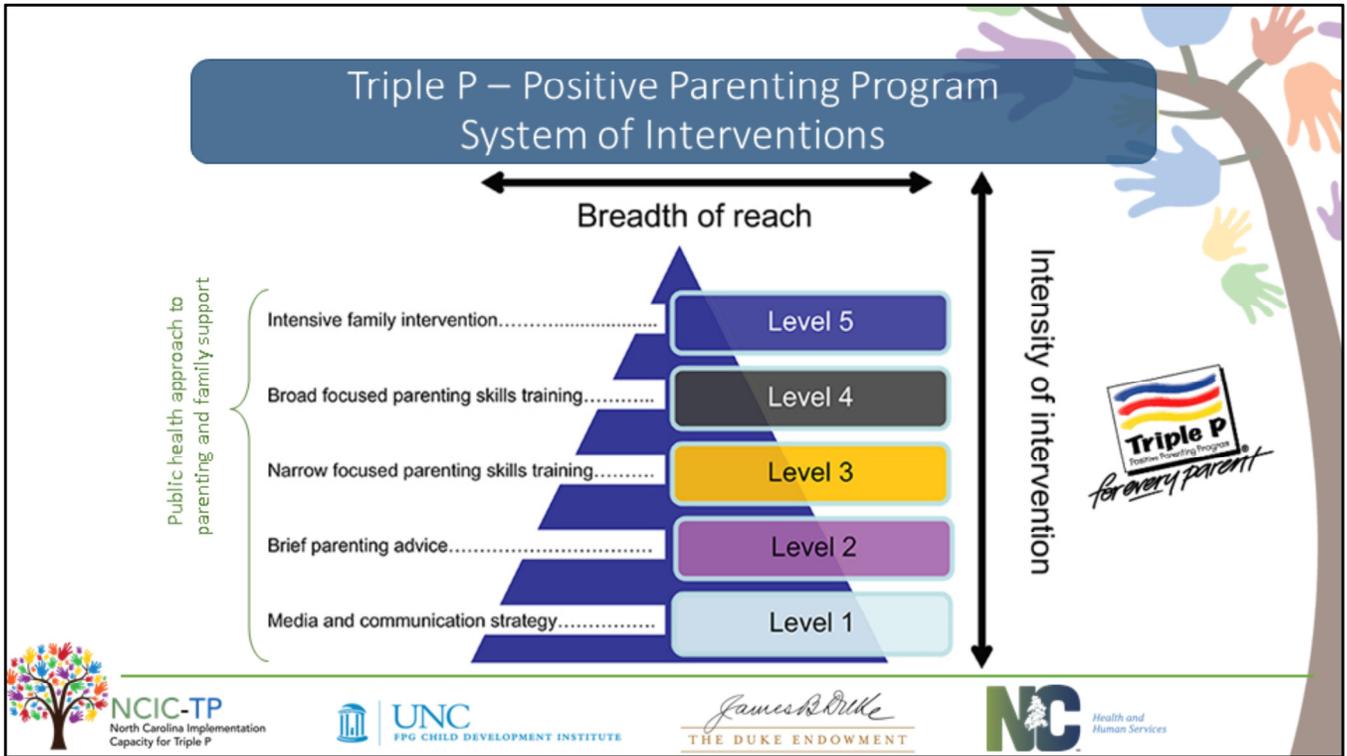


NC Triple P: Vision Statement:

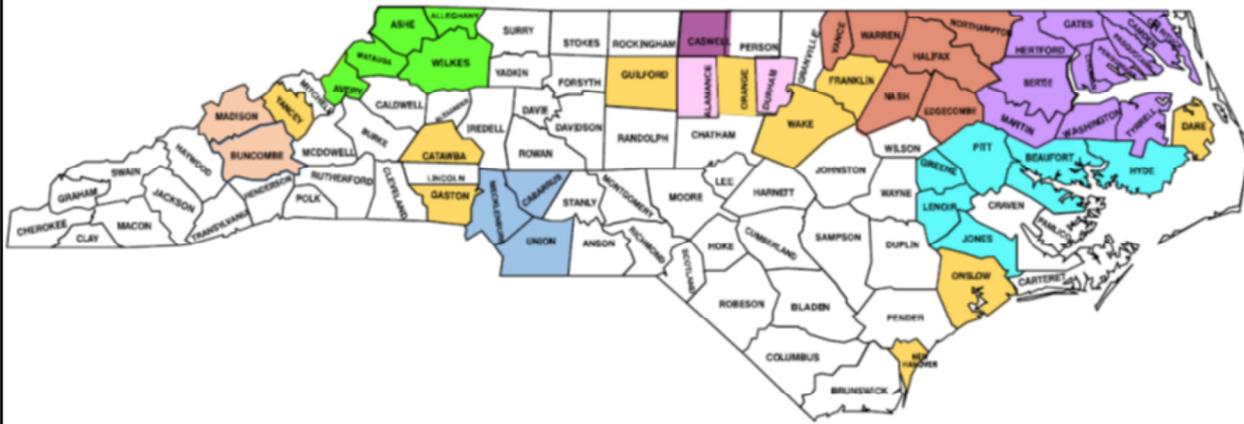
Our vision is that all children deserve to grow-up with relationships and in environments that are safe, stable, and nurturing that promote every child's emotional and behavioral health.



NC State Leadership Team is currently developing a vision statement for NC Triple P
The vision statement shown is the most current draft of that vision



Triple P in North Carolina



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Current Status for 2016	Future Vision for 2025
Serving 46 counties	Serve all 100 counties
Accredited 793 practitioners	Accredit 8,802 practitioners
Serving 15 community settings with only six having significant numbers of practitioners accredited	Serve 15 community settings with all 15 settings having significant numbers of practitioners accredited
Serving 13,349 caregivers	Serve 69,156 caregivers
Serving 22,087 children	Serve 128,610 children



Current Settings with significant number of accredited practitioners:

- Department of Social Services
- Faith-based Organizations
- Local Health Departments
- Mental Health Agencies
- Partnerships for Children

Future Vision for Settings:

- Childcare Facilities
- Children’s Developmental Services Agencies
- Head Start/Early Head Start
- Law Enforcement Agencies
- Physician’s Offices
- Exchange Clubs

*NC Triple P (Positive Parenting Program)
Draft Vision Statement*



Zita Roberts, Triple P State Coordinator
Division of Public Health
Women's and Children's Health Section
Children and Youth Branch
Health and Wellness Unit

Contact Info: zita.roberts@dhhs.nc.gov
(919) 707-5601

Triple P Parenting Website:
<http://www.triplep-parenting.net/nc-en/home/>



PANEL:
Local Triple P Coordinators,
Supervisors, & Practitioners



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9

Why Implement Triple P?

If Triple P is Implemented in the Community

and Effective Parenting Practices Take Place

and We See Improved Child Behavior

and There is a Decrease in Parent Stress

Then

Out Of Home Placements Decrease

Substantiated Child Abuse Cases Decrease

Hospitalization/ER Visits For Child Maltreatment Injuries Decrease



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Agenda & Objectives for the Rest of the Day



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Agenda Part 1

1. Overview of Triple P Implementation Evaluation (TPIE) Findings

Learning Objective #1: Describe common strengths and gaps in countywide capacity findings.

11:20 Break to pick up lunch

2. Small-Group Discussion 1: Local Triple P implementation capacity

3. Large-Group Report Back & Discussion

Learning Objective #5: Create consensus strengths and needs for local capacity.



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Agenda Part 2

1. Overview of NCIC-TP Implementation Support Model

Learning Objective #2: Describe:

- co-creation partners,
- components of implementation capacity, and
- areas of implementation performance.

Learning Objective #3: Describing and monitoring successful implementation outcomes.

Learning Objective #4: Describe practices that promote successful Triple P scale-up.

1:10-1:20 Break



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Agenda Part 2 *(Continued)*

2. Small-Group Discussion: Constructing local goals

Learning Objective #6: Construct 2-3 goals for increasing local implementation resources and abilities.

3. Small-Group Discussion: Action steps

Learning Objective #7: Determine 1-2 achievable action steps for each constructed goal.

4. Small-Group Discussion: Identifying additional supports

Learning Objective #8: Identify additional supports needed (e.g., partners, resources, tools, knowledge and skills).

5. Large-Group Report Back

6. Workshop Wrap-Up & Evaluation



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Overview of Triple P Implementation Evaluation (TPIE) Findings



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What was TPIE?



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“Is the implementation infrastructure 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

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Cabarrus County Characteristics



Population: 192,103

Mix of urban and rural settings

Cabarrus Triple P Coalition est. **April 2012**

Started installing Triple P **March 2013**



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12,102 children under 5

U.S. Census Bureau. (2015a, November 23). *State & County QuickFacts*. Retrieved from <http://quickfacts.census.gov/qfd/states/37/37025.html>.

U.S. Census Bureau. (2015b, November 23). *State & County QuickFacts*. Retrieved from <http://quickfacts.census.gov/qfd/states/37/37119.html>.

U.S. Census Bureau. (2015c, November 23). *Families and Living Arrangements*. Retrieved from <http://www.census.gov/hhes/families/data/families.html>.

Mecklenburg County Characteristics

Population: 1,012,539
 Home to North Carolina's largest city, Charlotte
 Mecklenburg Triple P Coalition est. **March 2013**
 Started installing Triple P **June 2013**

Logos at the bottom: NCIC-TP (North Carolina Implementation Capacity for Triple P), UNC FPG CHILD DEVELOPMENT INSTITUTE, James B. Duke THE DUKE ENDOWMENT, NC Health and Human Services.

Aldridge, W. A., II, Murray, D. W., Prinz, R. J., & Veazey, C. A. (2016, January). *Final Report and Recommendations: The Triple P Implementation Evaluation, Cabarrus and Mecklenburg Counties, NC*. Chapel Hill: Frank Porter Graham Child Development Institute, The University of North Carolina.

70,878 children under 5

U.S. Census Bureau. (2015a, November 23). *State & County QuickFacts*. Retrieved from <http://quickfacts.census.gov/qfd/states/37/37025.html>.

U.S. Census Bureau. (2015b, November 23). *State & County QuickFacts*. Retrieved from <http://quickfacts.census.gov/qfd/states/37/37119.html>.

U.S. Census Bureau. (2015c, November 23). *Families and Living Arrangements*. Retrieved from <http://www.census.gov/hhes/families/data/families.html>.

More County Characteristics (at Time 4)

	Cabarrus	Mecklenburg
Population of families	26,490	131,097
Annual funding per child/youth	\$6.47	\$0.59
# of County Imp. Team members	5	5
Dedicated County Imp. Team FTE	3.25	2.04
# of local agencies engaged	26	26
# Triple P interventions adopted	11	12
# trained practitioners	123	106



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of agencies engaged includes both active and inactive agencies

of Triple P interventions includes those in the installation, initial implementation, and full implementation stages

of trained practitioners includes both active and inactive Triple P practitioners in the county

Population of families assumes 1.9 children per family

Cabarrus County, home to the cities of Kannapolis and Concord, offers a mix of urban and rural settings with an estimated population of 192,103 (U.S. Census Bureau, 2015a). The Cabarrus County Triple P Coalition was a member of the first cohort of counties to begin scaling-up the Triple P system of interventions in 2012 with funding from NC DPH. Cabarrus County was initially awarded \$325,581 per year for three years to scale-up Triple P, with a fourth year later awarded at the same amount. Given Cabarrus' estimated population of youth under 18 (50,331; U.S. Census Bureau, 2015a), this translates into approximately **\$6.47 per youth**.

Mecklenburg County, home to North Carolina's largest city – Charlotte, is North Carolina's largest county with an estimated population of 1,012,539 (U.S. Census Bureau, 2015b). The Mecklenburg County Triple P Coalition was a member of the *second* cohort of counties to begin scaling-up the Triple P system of interventions in 2013 with funding from NC DPH. Though Mecklenburg County was also initially awarded \$325,581 per year for three years to scale-up Triple P, state budget changes and resulting fiscal decisions resulted in an actual award of \$147,000 per year for three years. Given Mecklenburg's estimated population of youth under 18 (249,085; U.S. Census Bureau, 2015b), this translates into approximately **\$0.59 per youth**, a substantially smaller amount than in Cabarrus County.

U.S. Census Bureau. (2015a, November 23). *State & County QuickFacts*. Retrieved from <http://quickfacts.census.gov/qfd/states/37/37025.html>.

U.S. Census Bureau. (2015b, November 23). *State & County QuickFacts*. Retrieved from <http://quickfacts.census.gov/qfd/states/37/37119.html>.

U.S. Census Bureau. (2015c, November 23). *Families and Living Arrangements*. Retrieved from <http://www.census.gov/hhes/families/data/families.html>.

How we defined key terms

County Implementation Capacity	Agency Implementation Infrastructure
Lead agency resources and abilities to support local service agencies	Service agency structures, policies, and practices to support their Triple P practitioners

Leadership & Teams:

Leaders with executive decision-making authority. Teams managing day-to-day implementation activities to support Triple P practitioners and their delivery to families.

Workforce Development:

Practitioner recruitment and selection to provide Triple P, Triple P training, coaching following accreditation (i.e., peer-support networks), and fidelity assessments.

Quality & Outcome Monitoring:

Collecting and using data and information from key stakeholders for ongoing quality improvement.



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So what did we find?



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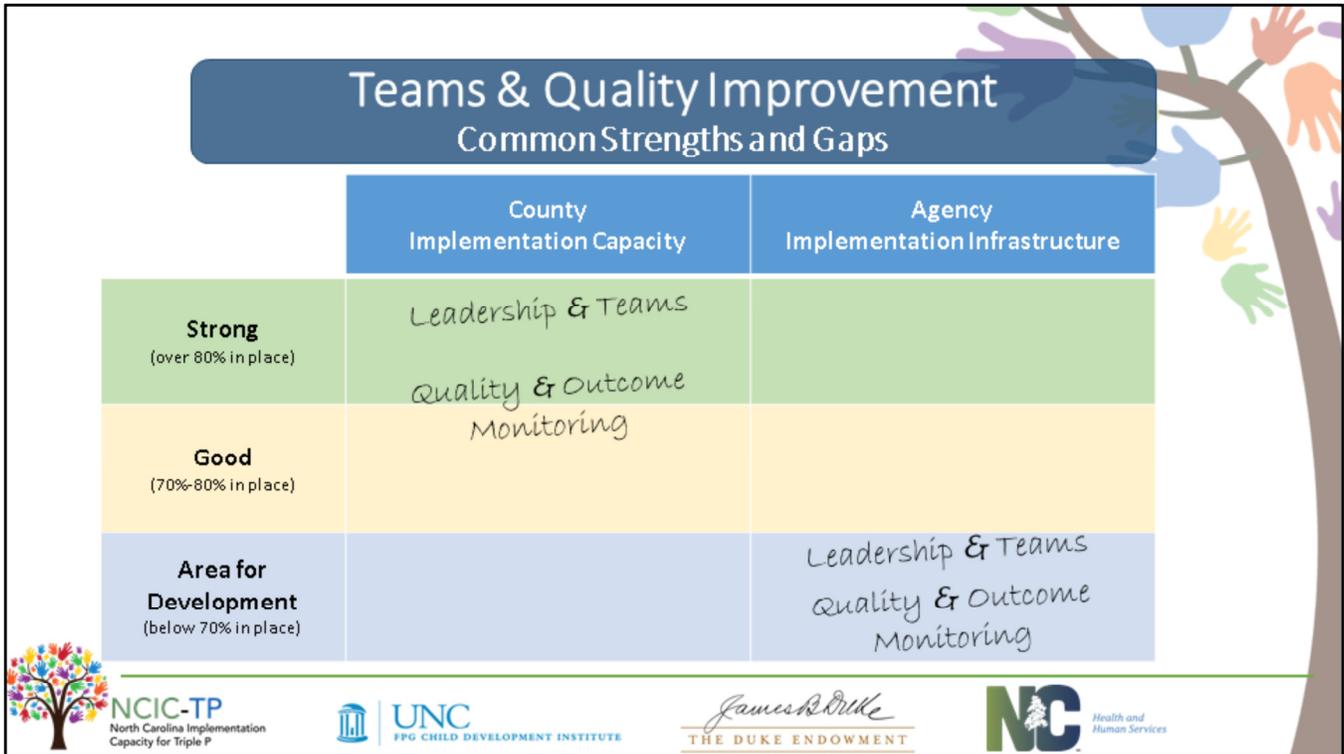


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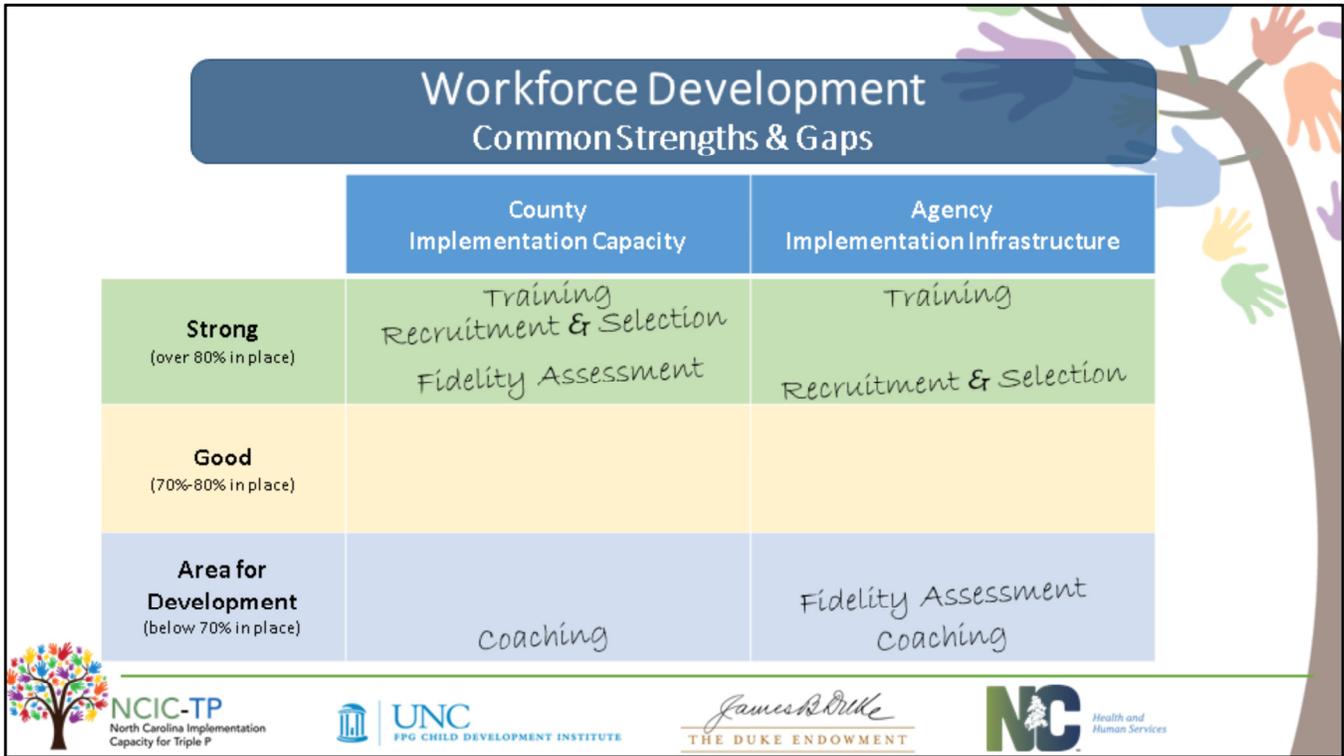
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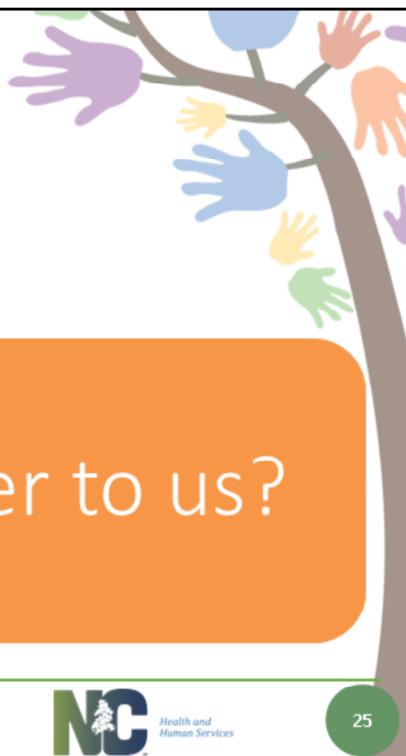
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So why does this matter to us?



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County Coalition Outcomes

Stronger countywide implementation capacity was observed to be associated with:

- Higher rate of agency continuation
- Higher rate of practitioner continuation
- Higher rate of practitioners' use of Triple P
- Broader reach of Triple P to county children and families



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Agencies' Continuation

Several agency-level factors were *statistically associated* with agencies' continuation:

- Having stronger agency leadership and implementation teams
- A more favorable agency implementation climate for Triple P
- Having more than one Triple P practitioner
- Having more formal agency sustainability plans in place (*e.g., documented*)



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How can I remember these lessons?



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Lessons Learned from the Triple P Implementation Evaluation

To view animated overview of TPIE results, visit:

<http://ncic.fpg.unc.edu/lessons-learned>



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Four Main Areas of Need

- 1) Community- and agency-level implementation teams
- 2) Coaching systems (e.g., peer support networks)
- 3) Fidelity assessment resources and systems
- 4) Quality and outcome monitoring systems – particularly using data and feedback to drive improvement at agency-levels



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Knowledge Check!

Q1: Common strengths in Triple P implementation capacity across Cabarrus and Mecklenburg Counties included:

- a) Practitioner Training
- b) Agency Quality & Outcome Monitoring
- c) Coalition Quality & Outcome Monitoring
- d) a and c**
- e) All of the above

Q2: Common developmental needs in Triple P implementation capacity across Cabarrus and Mecklenburg Counties included:

- a) Agency Implementation Teams
- b) Practitioner Coaching
- c) Fidelity Assessment
- d) b and c
- e) all of the above**



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20 MINUTE BREAK

Please stretch, pick up your lunch, and re-seat within breakout groups by...

11:40 AM



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Small Group Discussion 1

Keeping the Triple P Implementation Evaluation in mind, review local Triple P implementation capacity and discuss potential strengths and developmental needs.



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First 10 Minutes

Local Leadership & Implementation Teams

1. Community-level or Backbone Agency
2. Individual Triple P Service Agencies
3. Alignment of Agencies & Teams Across the Community



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Second 10 Minutes

Local Workforce Development Supports

1. Practitioner Recruitment or Selection for Triple P
2. Practitioner Training in Triple P
3. Practitioners' Ongoing Coaching after Triple P Accreditation



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Final 10 Minutes

Local Quality & Outcome Monitoring Systems

1. Fidelity Assessment Resources and Practices
2. Community-wide Data Collection and Reporting
3. Using Data for Quality Improvement
 - Community-level (i.e., as a collaborative or coalition)
 - Within individual service agencies



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Large-Group Report Back

Common themes about current strengths and developmental needs for capacity to scale-up Triple P within the region.



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Overview of NCIC-TP Implementation Support Logic Model & Key Scaling Practices



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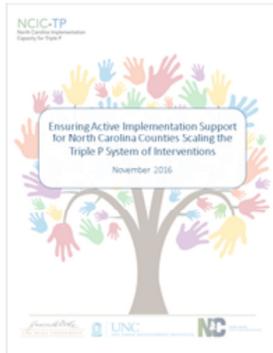
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NCIC-TP Implementation Support Plan



State & local coordinators,
funders, policymakers,
technical assistance providers

- **Now available online**
- Objectives & principles of implementation support
- Implementation Support Logic Models
- Alignment of Triple P America & other implementation support providers
- A stage-based approach to supporting community-wide scale-up of the Triple P system
- Implementation tools & measures



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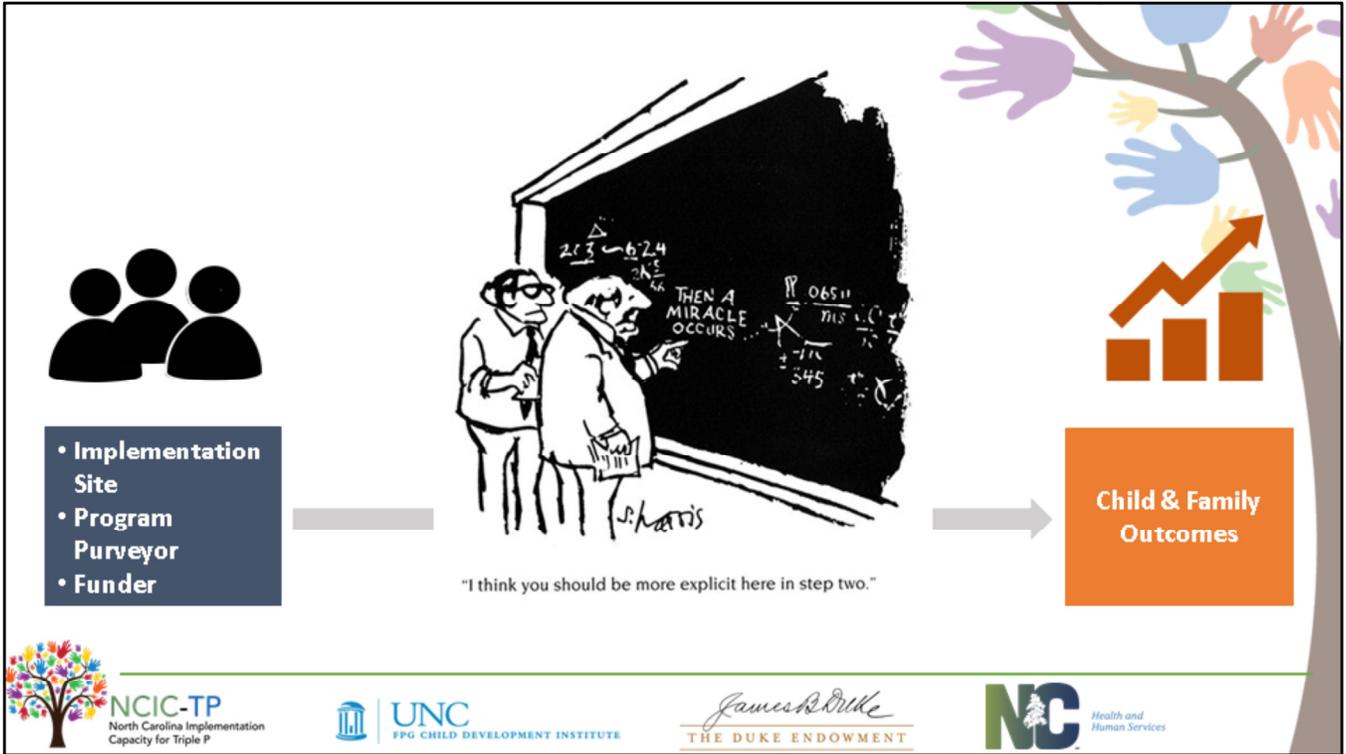
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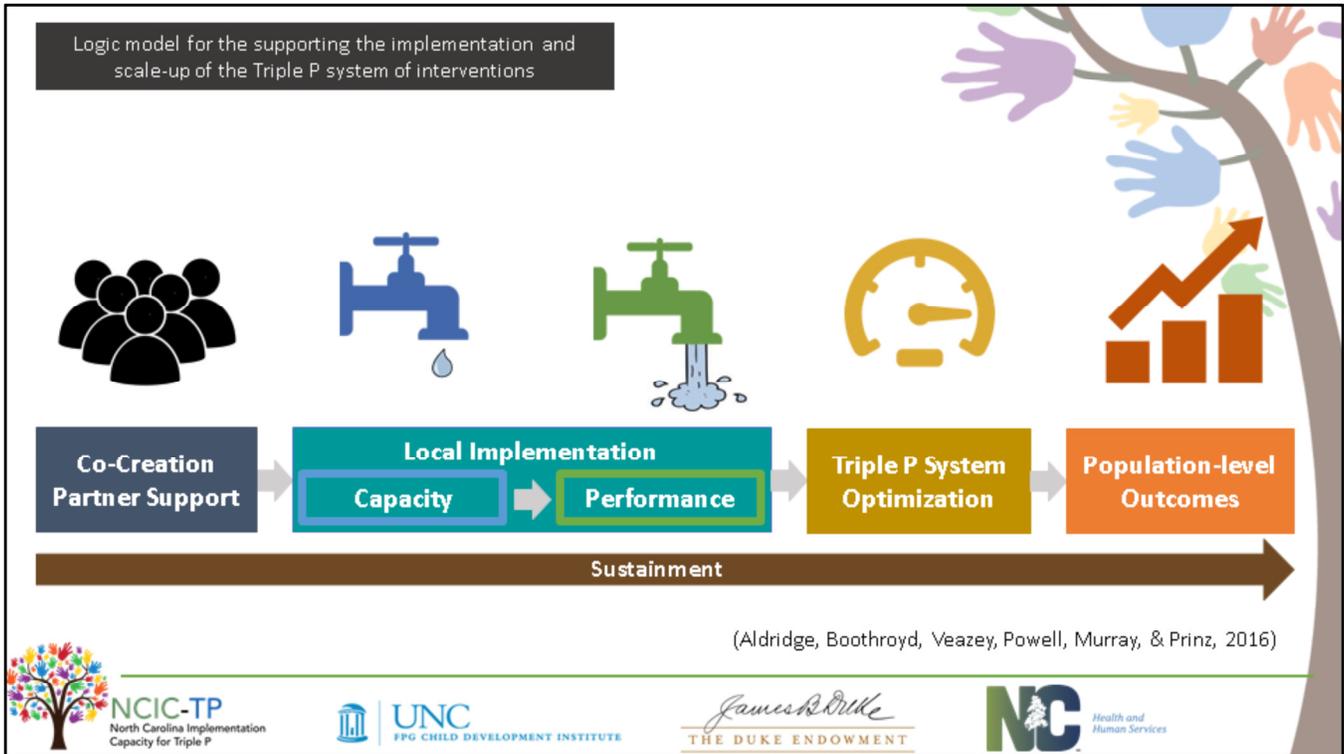
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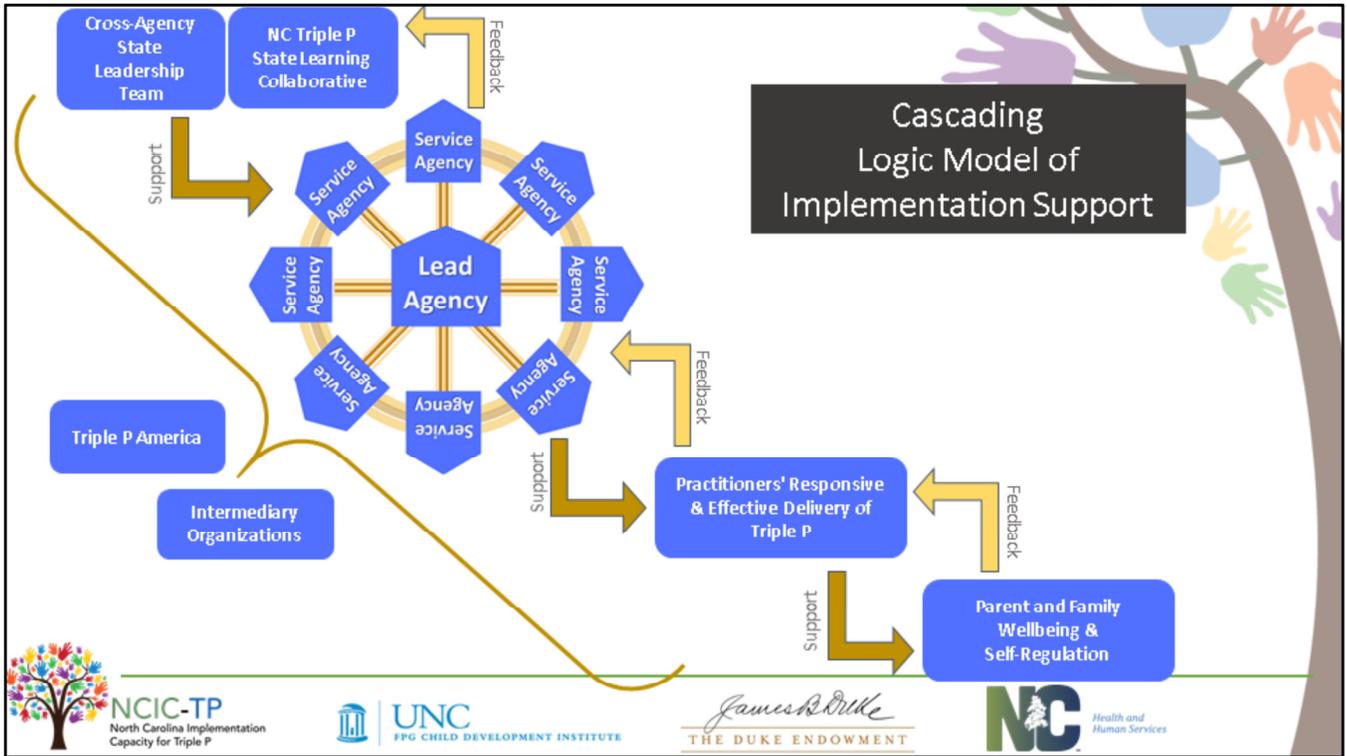
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TPIE-Qualitative: Aldridge WA, II, Boothroyd RI, Skinner D, Veazey CA, Murray DW, Prinz RJ. *Qualitative Report: The Triple P Implementation Evaluation, Cabarrus and Mecklenburg Counties, NC.* Chapel Hill, NC: Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill;2016.

- Agencies, State, & Triple P America:
 - the **need for robust exploration and readiness processes**,
 - the **benefits of using a coalition approach** to locally scaling Triple P in NC counties, and
 - **ensuring a statewide learning collaborative** for county Triple P coordinators
- Intermediaries: the **need for more active implementation support**
- Local Community members: the **need for more actively and purposefully involving community members**
- Triple P developers and researchers: the need for **making accessible resources and research updates**

Co-Creation: Metz & Albers (2014) What does it take? How federal initiatives can support the implementation of evidence-based programs to improve outcomes for adolescents. *Journal of Adolescent Health, 54*, 592-596.
Metz A. *Implementation brief: The potential of co-creation in implementation science.* Chapel Hill, NC: National Implementation Research Network, Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill;2015.



Logic model for the supporting the implementation and scale-up of the Triple P system of interventions



Co-Creation
Partner Support

As in nature, a successful adaptation allows an organization or community to take the best from its traditions, identity, and history into the future.

Heifetz, Grashow, & Linsky (2009, p.23)



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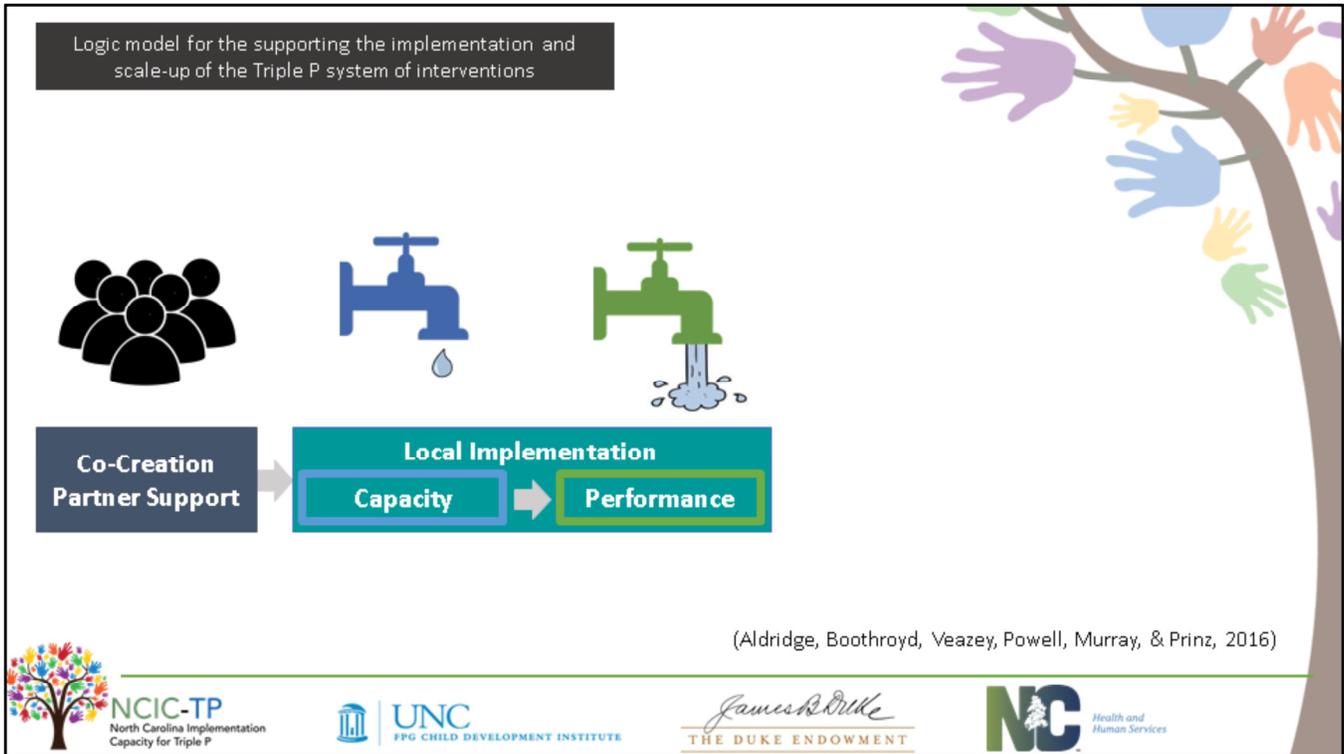


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Heifetz RA, Grashow A, Linsky M. *The practice of adaptive leadership: Tools and tactics for changing your organization and the world*. Boston, MA: Harvard Business Press; 2009.



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Chinman M, Acosta J, Ebener P, Malone PS, Slaughter ME. Can implementation support help community-based settings better deliver evidence-based sexual health promotion programs? A randomized trial of Getting To Outcomes®. *Implementation Science*. 2016;11(1):78.



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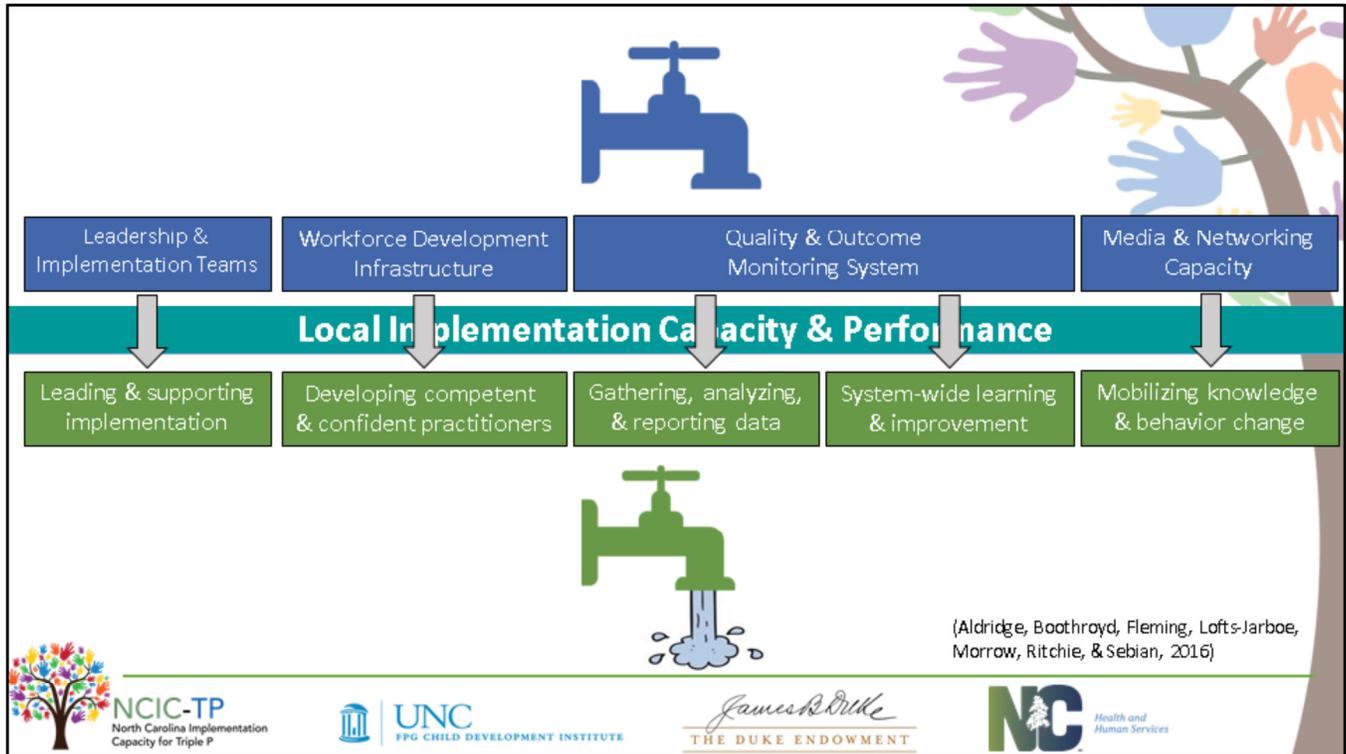


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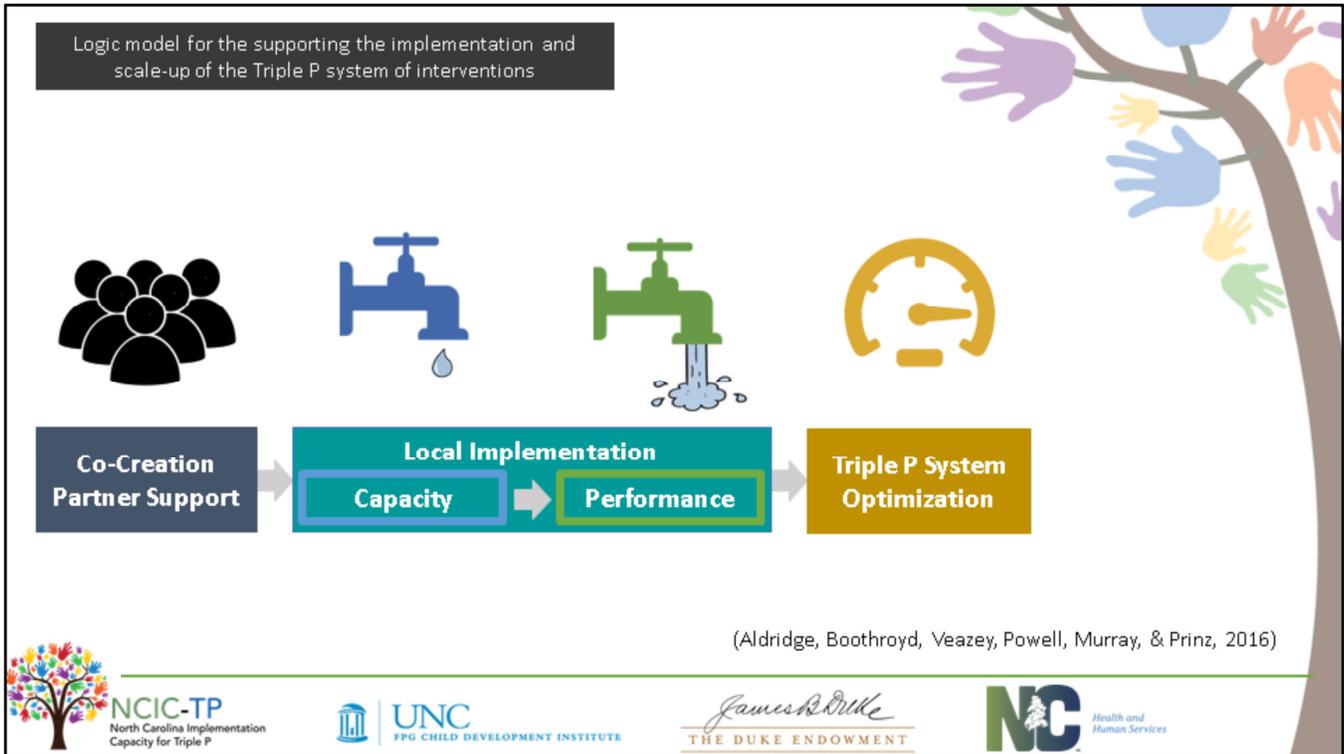
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Aldridge, W. A., II, Boothroyd, R. I., Fleming, W. O., Lofts Jarboe, K., Morrow, J., Ritchie, G. F., & Sebian, J. (2016). Transforming community prevention systems for sustained impact: Embedding active implementation and scaling functions. *Translational Behavioral Medicine*, 6, 135-144. doi:10.1007/s13142-015-0351-y

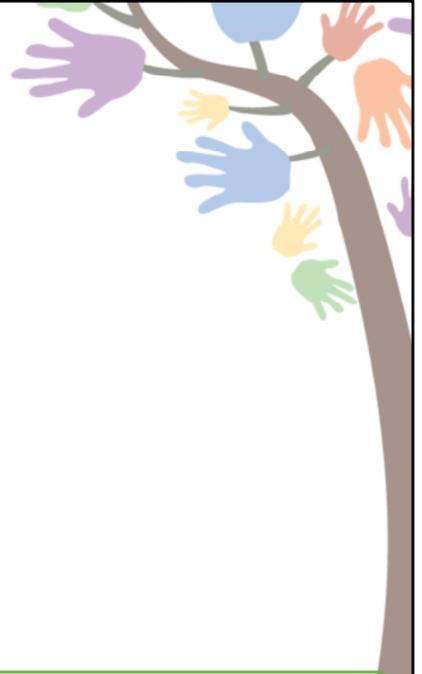
Aldridge, W.A., II, Brown, J., Bumbarger, B. K., & Boothroyd, R. I. *The role of external change agents in developing hospitable service systems for scaling effective prevention strategies*. Manuscript in preparation.



Aldridge, W. A., II, Boothroyd, R. I., Veazey, C. A., Powell, B. J., Murray, D. W., & Prinz, R. J. (2016, December). *Ensuring Active Implementation Support for North Carolina Counties Scaling the Triple P System of Interventions*. Chapel Hill, NC: Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill.



"Say ... what's a mountain goat doing way up here in a cloud bank?"



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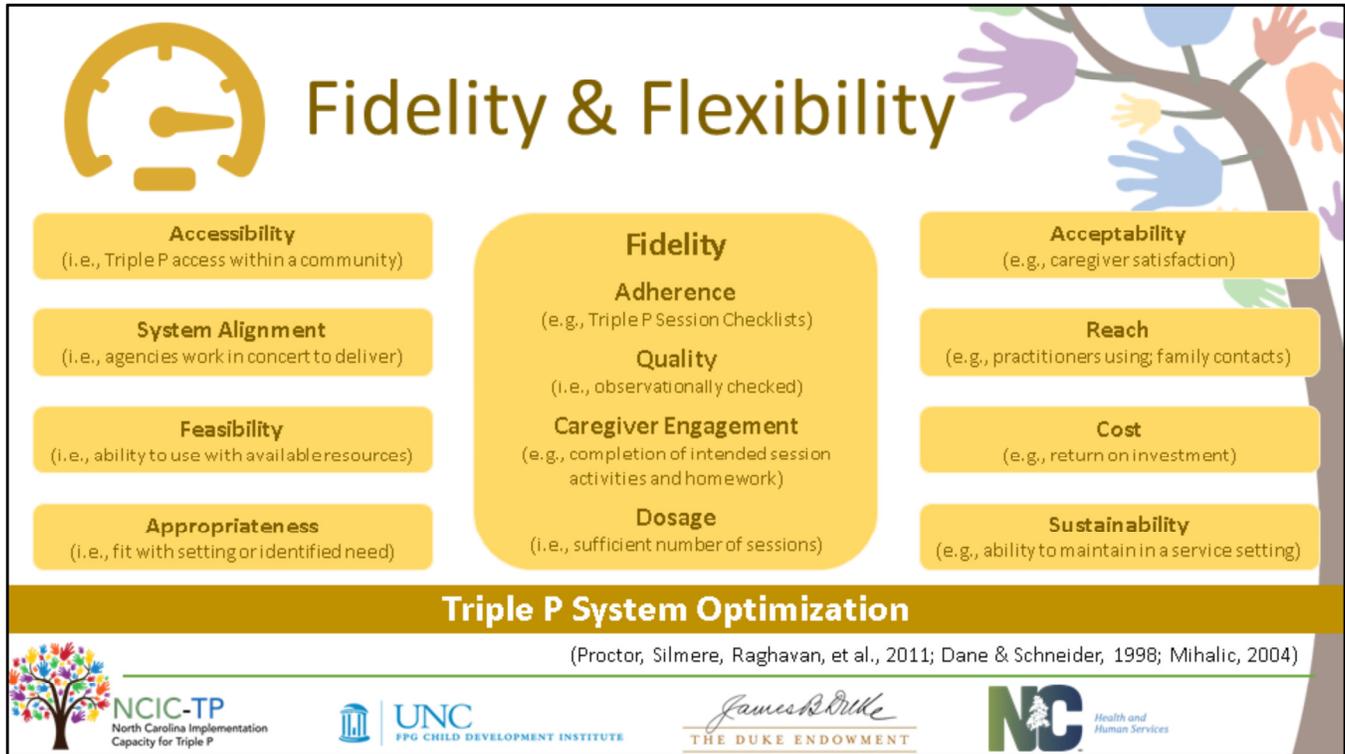


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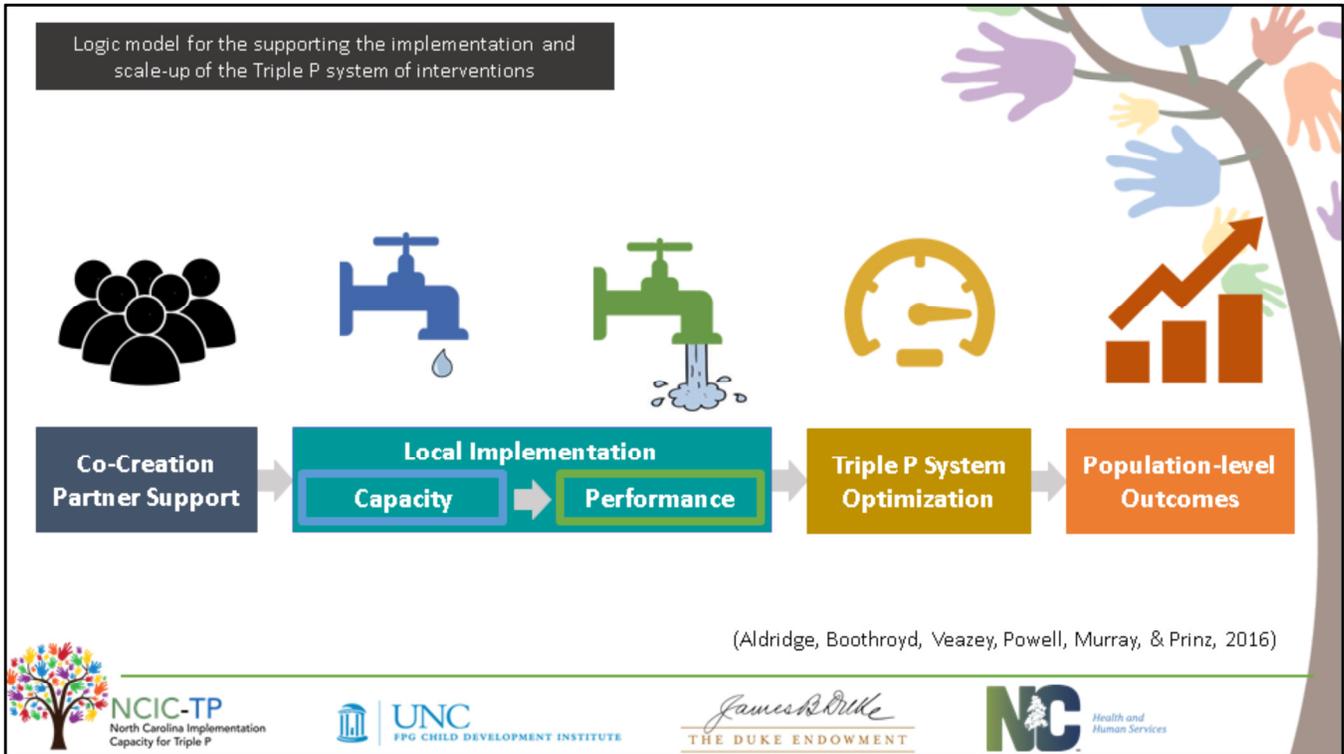
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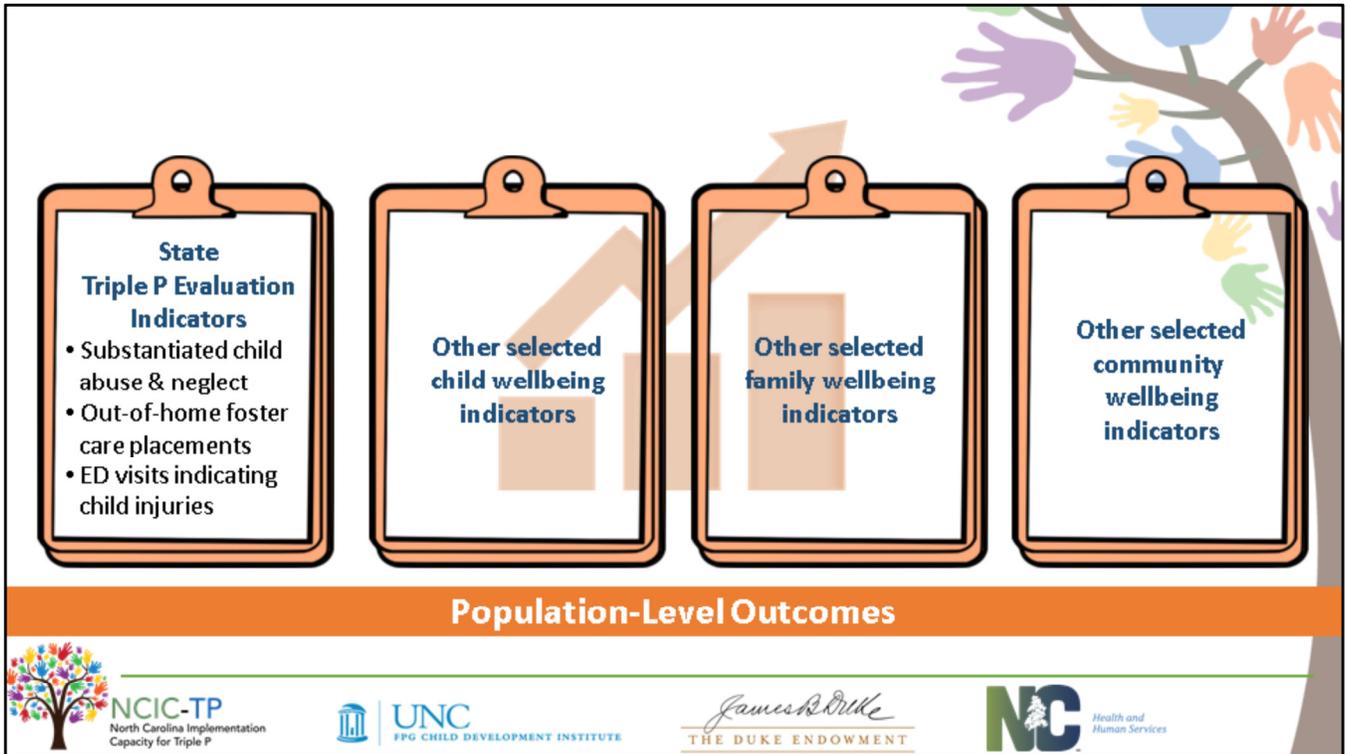
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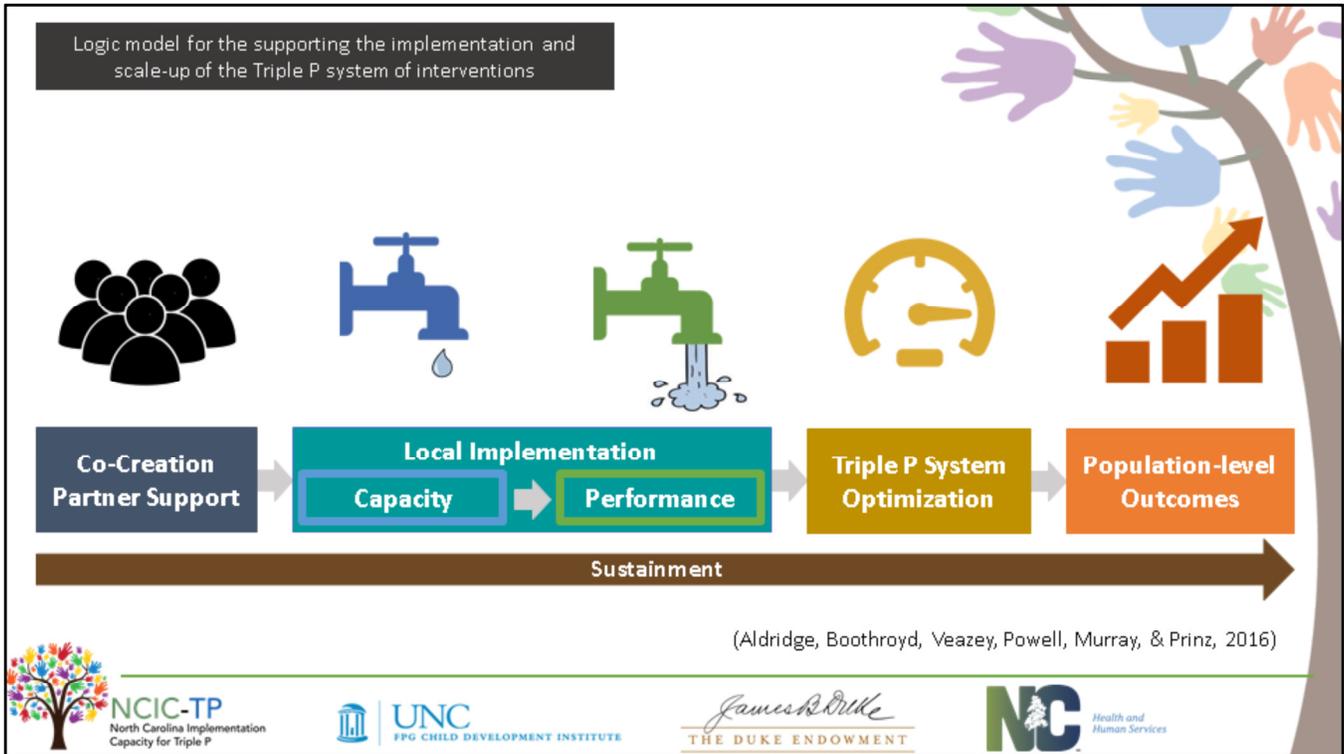
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What are some key practices that promote successful scale-up?



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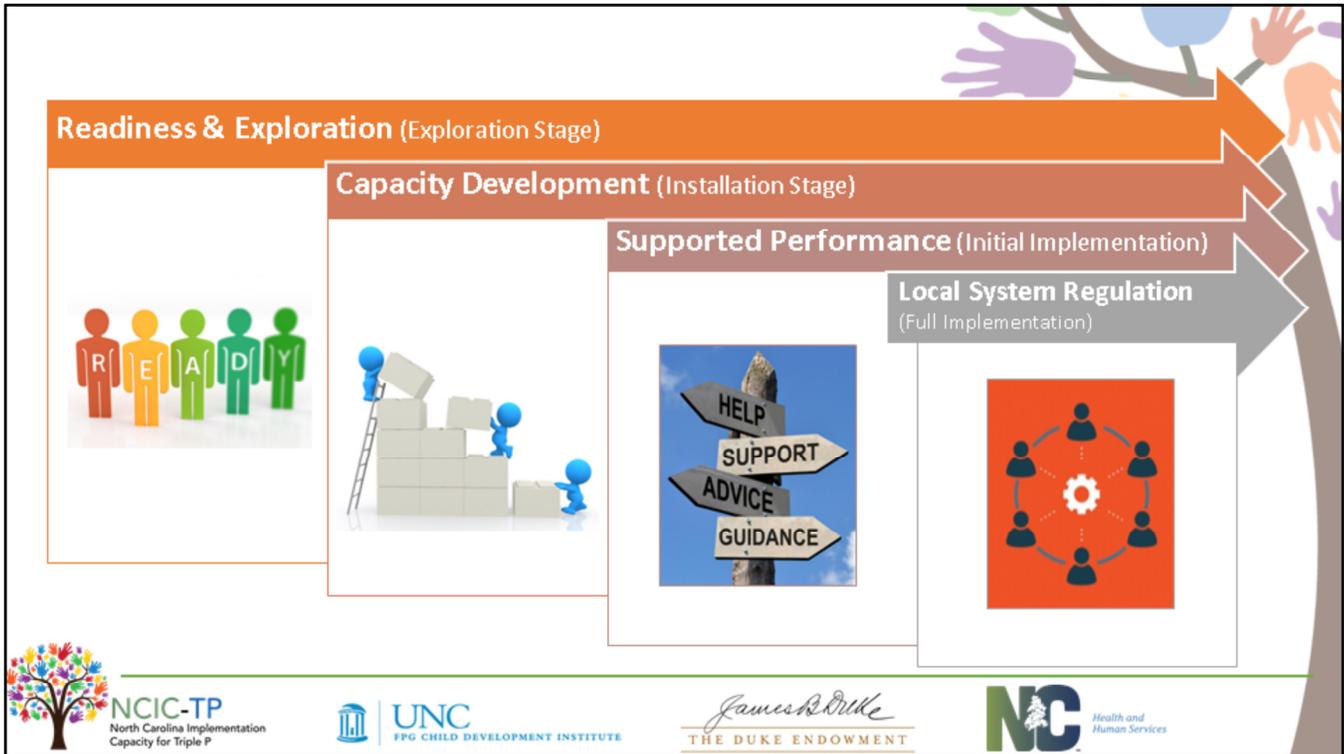


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Exploration & Readiness

(Exploration Stage)

- Community needs assessment and responsive Triple P implementation plan (if Triple P is a fit)
- Co-creation partnerships
- Establishing a coalition implementation team with sufficient resources and abilities
- Plan for quality and outcome monitoring and using data for improvement
- Plan for communications, media, and networking goals



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Capacity Development (Installation Stage)

- Professional development...
 - Triple P Coalition Leadership
 - Adaptive Leadership (<http://plusacumen.org/courses/adaptive-leadership/>)
 - How implementation and scale-up work (e.g. logic model)
 - County/Region Implementation Team members
 - Effective implementation strategies and skills
- Local coalition development...
 - Organizing and linking service agency leadership and implementation teams (e.g., coalition formation)
 - Installing shared practices for Triple P workforce development
 - Installing local data and improvement plans
 - Installing Stay Positive and other community media and networking plans



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Supported Performance (Initial Implementation Stage)

- Identifying and leaning into the tough challenges using newly developed coalition capacities and adaptive leadership skills
- Receiving support from:
 - NC Triple P Learning Collaborative
 - Triple P America
 - Intermediary organizations
- Being intentional about collective learning and problem-solving
 - Usability testing strategies to try new ideas
 - Documenting shared learning



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Knowledge Check...

Q3: In addition to leadership and staff from community service agencies, which co-creation partners support the successful and sustainable development of capacity for local Triple P scale-up?

- a) Triple P America & other implementation support providers
- b) State/local funders and policymakers
- c) Community members, including the youth and families being served
- d) Triple P developers/researchers
- e) All of the above

Q4: The most important features of local implementation capacity to support evidence-based program scale-up include all of the following, EXCEPT:

- a) leadership and implementation teams
- b) large numbers of practitioners
- c) workforce development infrastructure
- d) quality and outcome monitoring systems
- e) media and networking capacity



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Knowledge Check...

Q5: Triple P promotes a “fidelity and flexibility” approach to intervention delivery. Flexibility of Triple P delivery might be monitored by measuring which of the following implementation outcomes?

- a) Accessibility of Triple P within the community
- b) Adherence to session content
- c) Dosage (i.e., number of sessions caregivers attend)
- d) Appropriateness of content and activities delivered

e) a and d

Q6: All of the following describe the process of developing readiness for Triple P scale-up within a community or region, EXCEPT:

- a) conducting a community needs assessment and documenting a responsive Triple P implementation plan
- b) developing partnerships and written agreements with co-creation partners
- c) **community readiness cannot be addressed after scale-up is already underway**
- d) establishing a coalition implementation team with sufficient resources and abilities
- e) documenting a shared plan for quality and outcome monitoring and using data for improvement at agency and coalition levels



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10 MINUTE BREAK

Please stretch and re-seat within breakout groups by...

1:20 PM



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Small Group Discussion 2

Keeping the NCIC-TP Implementation Support Logic Model in mind, construct 2-3 goals for increasing local implementation resources & abilities.



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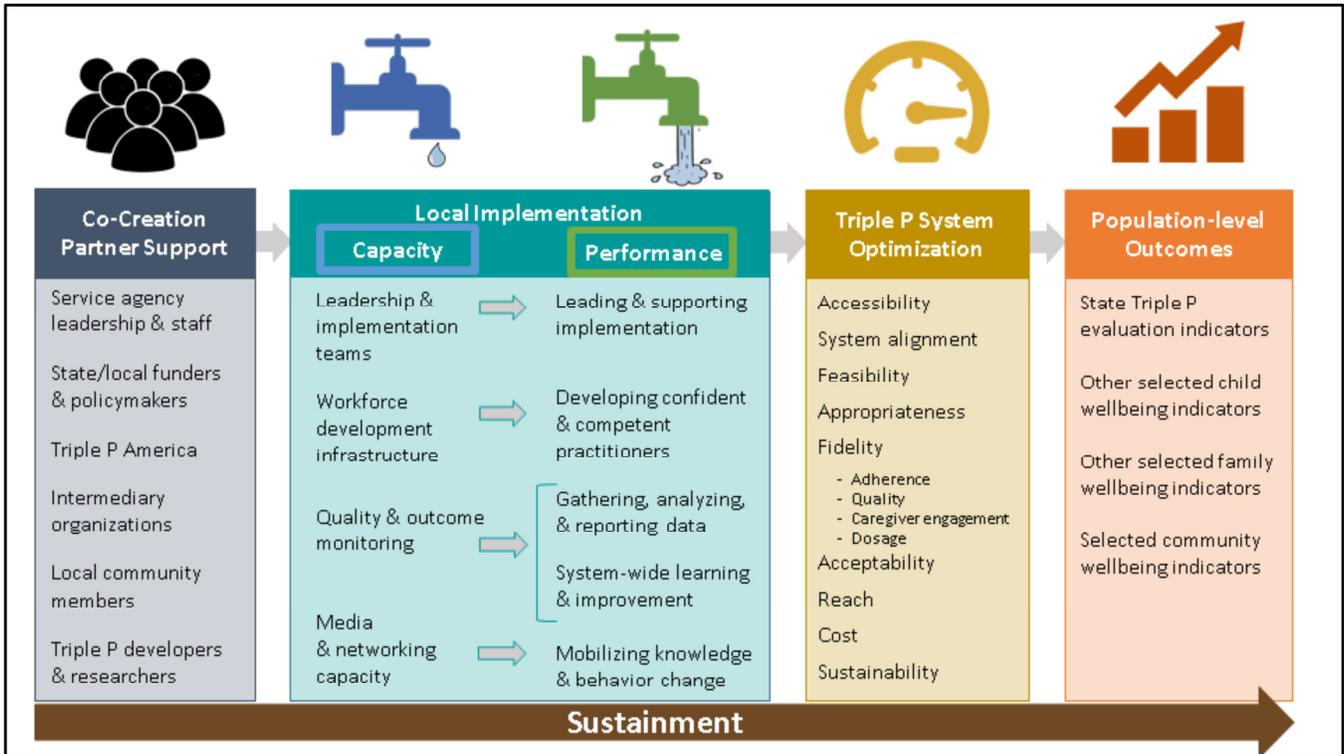


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Small Group Discussion 3

Determine 1-2 achievable action steps for each constructed goal.



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Small Group Discussion 4

Identify any additional supports needed to effectively address constructed goals.
(e.g., partners, resources, tools, knowledge and skills)



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Large-Group Report Back

Common themes in goals, action steps, and needed supports.



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Workshop Wrap-up & Evaluation



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• Information about Triple P implementation & scale-up in North Carolina

Ensuring successful & sustainable implementation of Triple P for North Carolina for the health and well-being of local children, families, and communities.

The North Carolina Implementation Capacity for Triple P (NCIC-TP) project is a collaborative effort to help counties in NC successfully and sustainably implement the evidence-based Triple P – Positive Parenting Program systems of interventions. The project began in 2014 with a two-year implementation evaluation of Triple P in Calumet and Mecklenburg counties. Data from that evaluation, along with emerging evidence from implementation science and best practice, is the foundation of the information, training, and implementation support resources offered by NCIC-TP to NC counties interested in or currently scaling-up Triple P.



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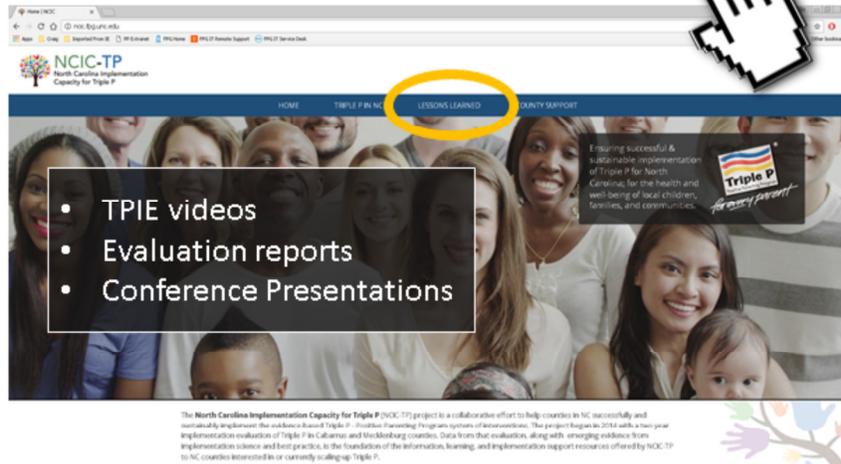


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HOME TRIPLE P IN NC LESSONS LEARNED COMMUNITY SUPPORT

- TPIE videos
- Evaluation reports
- Conference Presentations

Ensuring successful & sustainable implementation of Triple P for North Carolina for the health and well-being of local children, families, and communities.

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• Implementation Support Plan & Video

• Learning-based simulation lab

• Tools & Measures

Ensuring successful & sustainable implementation of Triple P for North Carolina for the health and well-being of local children, families, and communities.

Triple P
for every parent

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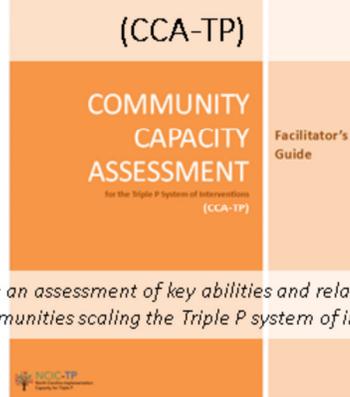
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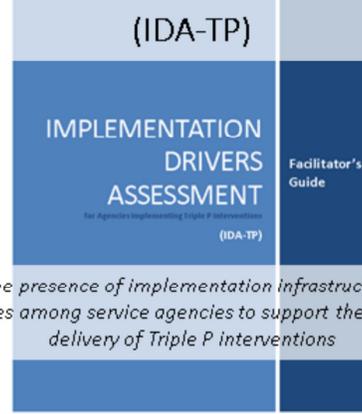
Capacity & Drivers Assessments

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



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<http://publichealth.nc.gov/>
NC Division of Social Services
<http://www.ncdhhs.gov/divisions/dss>

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Disclosure: Ron Prinz, Ph.D., is a consultant to Triple P International, which is the technology transfer entity commissioned by the University of Queensland to disseminate the Triple P system, and to the Centers for Disease Control and Prevention, which is involved in implementation/dissemination projects related to Triple P.



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