



*August 2016*

# Qualitative Report

## The Triple P Implementation Evaluation Cabarrus & Mecklenburg Counties, NC

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## Acknowledgements & Disclosure

Development of this report was supported by The Duke Endowment Grant Agreement No. 1945-SP, *Utilizing County Evaluation Findings to Build Implementation Capacity and Infrastructure to Support the Triple P System of Interventions in North Carolina*. Opinions expressed herein are those of the authors and do not necessarily reflect the position of The Duke Endowment, and such endorsements should not be inferred.

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.

**Suggested citation:** Aldridge, W. A., II, Boothroyd, R.I., Skinner, D., Veazey, C. A., Murray, D. W., & Prinz, R. J. (2016). *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.

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The purpose of the Triple P Implementation Qualitative Evaluation was to better understand findings from the initial Triple P implementation evaluation and to further improve the planning process for impact and sustainability in Cabarrus and Mecklenburg counties, North Carolina.



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## Executive Summary

From January 2014 through December 2015, the Triple P Implementation Evaluation (TPIE) examined the implementation and scale-up of the Triple P – Positive Parenting Program (Triple P) system of interventions in Cabarrus and Mecklenburg counties. Specifically, the purpose of TPIE was to evaluate capacity and infrastructure for the *active* implementation of the Triple P in Cabarrus and Mecklenburg counties to inform the planning process for impact and sustainability. The TPIE Final Report, which includes a detailed background about the project, evaluation findings, and a list of evaluators' recommendations, is available on the North Carolina Implementation Capacity for Triple P (NCIC-TP) website at <http://ncic.fpg.unc.edu/lessons-learned-triple-p-implementation-evaluation-tpie>.

In late winter and early spring 2016, the TPIE team added a qualitative evaluation component (TPIE-Qualitative) to better understand the findings from the initial implementation evaluation and further improve the planning process for Triple P impact and sustainability. The evaluation team returned to Cabarrus and Mecklenburg counties to interview county implementation teams, local Triple P agency leaders and implementation support staff, and key representatives from both Triple P America and the North Carolina Division of Public Health that were involved in supporting the scale-up of Triple P in Cabarrus and Mecklenburg counties. Interview questions explored stakeholders' perceptions of the TPIE findings, inquired about context factors that may have facilitated or hindered implementation, and explored key decision points that may have shaped each county's direction during the original evaluation period. Respondents were also asked to discuss the roles of system partners in their implementation work. A summary of key findings for each area of inquiry, integrating different stakeholder's perspectives through qualitative analysis, is provided below.

### Face Validity of the Initial Triple P Implementation Evaluation Results

Overall, TPIE-Qualitative respondents indicated agreement with the initial implementation evaluation findings at both county and agency levels in Cabarrus and Mecklenburg. Where disagreements existed, they did not exceed what might be expected given the nature of this evaluation and the way in which initial TPIE findings were categorized and presented to respondents. This strengthens confidence in TPIE results.

## Factors Influencing the Development of Local Implementation Infrastructure & Capacity

In addition to seeking participant perspectives on the TPIE findings, interview questions explored any context factors that may have facilitated or hindered implementation of Triple P. Five key themes emerged from responses about **organizational and system influences** on the development of county capacity and agency infrastructure to support the use of Triple P:

- (1) Well-resourced county implementation teams are essential for developing and nurturing implementation capacity and infrastructure across county Triple P coalitions.
- (2) Service agency leadership and implementation teams are key resources for developing agency implementation infrastructure to support practitioners' use of Triple P as intended.
- (3) Adequate funding and resources are needed to support and sustain Triple P implementation and service delivery.
- (4) Robust exploration and readiness processes at each level of the state system (state agencies, lead county implementation agencies, local service agencies, and local practitioners) are needed to set up and sustain healthy Triple P implementation initiatives. This includes ensuring goodness of fit between Triple P and county wellbeing needs, agency contexts, and family service preferences.
- (5) Ongoing support networks that serve practitioners' delivery of Triple P (i.e., peer support networks), local service agencies' implementation of Triple P (i.e. county Triple P coalitions), and counties as they work through challenges scaling Triple P (i.e., the North Carolina Triple P State Learning Collaborative) are important to sustain and enhance Triple P implementation and service delivery.

Five key themes emerged from responses about how **Triple P as a program or Triple P America (TPA) as a purveyor** may have influenced the development of county capacity and agency infrastructure to support the use of Triple P:

- (1) Triple P materials are high quality, usable, and accessible. Keeping them updated and reflective of cultural diversity is important.
- (2) Triple P has added value because of its evidence base.
- (3) There was variability in the perceived fit of Triple P, as a program, to agency needs. This again highlights the need for a robust exploration process to ensure fit and readiness for implementation.
- (4) TPA is a well-regarded and responsive purveyor organization, though there is a perceived need for more implementation support overall, and a particular need for locally contextualized implementation support.
- (5) There were concerns about the expense of Triple P training and materials, particularly having to pay for external trainers, and some respondents asked for consideration to

develop local Triple P trainers in order to mitigate agencies' challenges sustaining access to Triple P training.

## Key Decision Points Encountered While Implementing Triple P

The most consistently reported decision-points that stakeholders encountered while implementing Triple P revolved around how to build sufficient capacity to support local implementation. When decisions resulted in the availability of greater implementation resources and abilities to support counties, agencies, and/or practitioners, greater benefits were experienced. Examples of such decisions include developing and maintaining:

- (1) The North Carolina Triple P State Learning Collaborative.
- (2) State-level staff for data management and the management of Triple P Online.
- (3) County-level Triple P Coordinators and Implementation Teams.
- (4) Various forms of county and agency-level implementation infrastructure (e.g., peer support networks).

In addition, the following two decisions points were consistently voiced by respondents from local service agencies and may be targets of future support from TPA and other implementation technical assistance providers:

- (1) How many practitioners to train in Triple P interventions, and at what levels of the Triple P system.
- (2) How to best organize and sustain peer support networks for practitioner coaching.

Finally, it is clear from stakeholder interviews that agencies and counties prioritize differently the development of implementation infrastructure to support the use of Triple P. *Less than a quarter of local service agencies ranked it in the top quartile of their priorities and one of the two counties ranked it amongst its highest priorities.*

## System Partners' Support for the Local Implementation of Triple P

Regarding the role of **local county Triple P coalitions** and their member agencies, four key themes emerged from participants' responses:

- (1) Support and leadership from local county implementation teams was by far the most helpful aspect of the county Triple P coalitions.
- (2) Making Triple P trainings and opportunities for ongoing coaching support accessible for local agencies and practitioners was particularly beneficial.
- (3) There was a clear request for more opportunities for agencies to meet to share experiences and ideas, to problem-solve, and to increase the amount of feedback and information sharing between the county implementation teams and local agencies.

- (4) Local service agencies have unique capabilities to bring to the table partners with knowledge and experience about what local families need.

Regarding the role of **funders, particularly the North Carolina Division of Public Health (DPH), and policymakers**, five key themes emerged from participants' responses:

- (1) Far and away, the most helpful activity of funders and policymakers, such as DPH, is the provision of sustainable and flexible funding for county Triple P initiatives.
- (2) There is a need for more and more sustainable funding to support the existing county Triple P coalitions and to expand the number of Triple P rollouts statewide. Creating this funding will likely require a blending of public and private financial streams and organizing cross-sector support within the North Carolina Department of Health and Human Services.
- (3) Another way in which DPH was particularly helpful was establishing and maintaining support for the North Carolina Triple P State Learning Collaborative.
- (4) More frequent and better communication from DPH to the county Triple P coalitions and their member agencies would be beneficial.
- (5) DPH's leadership of efforts to educate state legislators about the value of Triple P and its potential health and economic benefits for the state of North Carolina may be particularly important moving forward.

Regarding the role of **local community members, including the families and youth being served by Triple P**, five key themes emerged from participants' responses:

- (1) Local families who have been engaged in Triple P services have an important role in providing feedback and supporting continuous quality improvement at agency, countywide, and statewide levels.
- (2) Local service agencies and county leaders found parents' openness to Triple P content and behavior strategies to be of particular benefit for Triple P success.
- (3) Local families have a unique ability to catalyze Triple P engagement within their communities by word-of-mouth advertising, sharing positive experiences, and transferring learning and parenting skills to other community parents and stakeholders.
- (4) Families also have a unique ability to successfully champion Triple P with local, county, and statewide stakeholders.
- (5) There are opportunities to more systematically involve local community members and families in the Triple P implementation infrastructure, such as in decision-making bodies that select which Triple P programs to adopt locally.

Regarding the role of **Triple P America and other implementation technical assistance providers**, five key themes emerged from participants' responses:

- (1) TPA is a very responsive program purveyor and provides high quality program support and strong partnerships.

- (2) The quality of Triple P materials and resources from TPA is high, though it may benefit from revision to increase local and cultural responsiveness. Enhancing accessibility of Triple P materials through digital platforms may also be helpful.
- (3) The quality of TPA's Triple P training process is also high.
- (4) The cost of Triple P training and materials is perceived to be high by local stakeholders and raises concerns about the sustainability of local access.
- (5) Active implementation support based on implementation science is particularly valuable to state, county, and local stakeholders, and even TPA itself. Each level of the state system may benefit from increased implementation support from TPA and other implementation support providers.

Regarding the role of **Triple P researchers and developers**, three key themes emerged from participants' responses:

- (1) It has been particularly helpful that Triple P has a broad evidence base and that researchers have also demonstrated Triple P effectiveness in real-world service systems.
- (2) Making Triple P research more accessible to diverse stakeholders would be of value.
- (3) Local Triple P implementation and scale-up initiatives provide naturally occurring research opportunities that could be used to increase information about Triple P fit and feasibility in varied settings, as well as create local data that can be used for ongoing quality improvement.

## **Respondents' Priority Recommendations for Triple P Rollouts in North Carolina Counties**

Across all respondents, a handful of priority recommendations for leading Triple P rollouts in North Carolina counties emerged:

- (1) By far, the most discussed priority recommendation was ensuring readiness for Triple P implementation at county and agency levels. This included ideas such as conducting Triple P orientation sessions for community stakeholders, assessing agency readiness for implementation and fit of Triple P programming, and gaining buy-in from agency leadership and staff members.
- (2) Countywide Triple P rollouts benefit greatly from opportunities for cross-system collaboration, learning, and planning.
- (3) Because of the increasingly recognized need for implementation science in the rollout process, counties and agencies need access to active implementation support from TPA and other intermediaries.
- (4) Countywide Triple P rollouts benefit greatly from efforts to promote awareness of Triple P in the community, including through the Triple P Stay Positive media campaign and other public relations activities.

## **Additional Recommendations Based on TPIE-Qualitative Findings**

Findings from TPIE-Qualitative reinforce many of the recommendations made in the TPIE Final Report regarding Triple P implementation in Cabarrus and Mecklenburg counties. In particular, respondents across state, county, and local settings echoed the importance of:

- Well-resourced county implementation teams;
- Strong agency leadership and implementation teams; and
- Well-developed local implementation infrastructure to support the use of Triple P as intended.

Additionally, themes across participant responses led evaluators to offer key recommendations for both counties.

- Systematizing thorough exploration and readiness processes for Triple P implementation at each level of the state system (state agencies, lead county implementation agencies, local service agencies, and local practitioners) would be beneficial.
- Reinforcing and sustaining peer support networks, local agency coalitions, and cross-county learning networks will promote cross-system collaboration, help systematize learning, and encourage ongoing action planning and problem solving.
- Identifying and securing sustainable financial resources would greatly promote the uptake and sustainability of Triple P and relieve tension from local implementation systems.

TPIE-Qualitative findings also offer greater detail for recommendations about co-creation partner roles that were only briefly introduced in the TPIE Final Report:

- Beyond appropriating resources and supporting activities for ongoing learning and collaboration, state agencies may be additionally helpful by increasing the frequency and quality of their communication with local leaders and about the value of Triple P in North Carolina with state policymakers and other funders.
- There is a need for enhanced implementation support, grounded in implementation science, from intermediary organizations and TPA.
- There are opportunities to more systematically involve local community members in Triple P implementation infrastructure and opportunity costs of not doing so.
- Triple P researchers and program developers have an ongoing role to ensure the local responsiveness and accessibility of Triple P programs and materials, supporting local research and evaluation for program optimization, and keeping stakeholders informed about the evolution of the Triple P evidence base.

Some or all of these recommendations may also be helpful beyond Cabarrus and Mecklenburg counties as statewide partners continue to strengthen support for, and activities related to, the scale-up of Triple P across North Carolina counties.

## Introduction

From January 2014 through December 2015, the Triple P Implementation Evaluation (TPIE) examined the implementation and scale-up of the Triple P – Positive Parenting Program (Triple P) system of interventions in Cabarrus and Mecklenburg counties. Specifically, the purpose of TPIE was to evaluate capacity and infrastructure for the *active* implementation of Triple P in Cabarrus and Mecklenburg counties to inform the planning process for impact and sustainability. Several lessons were learned from the evaluation about counties’ strengths and developmental needs that led TPIE evaluators to make a number of recommendations for reinforcing implementation capacity at county and local agency levels.

The TPIE Final Report, which includes a detailed background about the project, evaluation findings, and a list of evaluators’ recommendations, is available on the North Carolina Implementation Capacity for Triple P (NCIC-TP) website at <http://ncic.fpg.unc.edu/lessons-learned-triple-p-implementation-evaluation-tpie>.

In late winter and early spring 2016, the TPIE team added a qualitative evaluation component (TPIE-Qualitative) to better understand the findings from the initial implementation evaluation and further improve the planning process for Triple P impact and sustainability. The evaluation team returned to Cabarrus and Mecklenburg counties to interview county implementation teams, local Triple P agency leaders and implementation support staff, and key representatives from both Triple P America and the North Carolina Division of Public Health that were involved in supporting the scale-up of Triple P in Cabarrus and Mecklenburg counties. Interview questions were designed to explore stakeholders' perceptions of the original TPIE findings and illuminate context factors and key decision points that may have influenced each county’s efforts to scale-up Triple P during the original evaluation period.

This report organizes themes that emerged from TPIE-Qualitative stakeholder interviews into the following areas:

- (1) Stakeholders’ perceptions of the face validity of initial TPIE findings;
- (2) Context factors that may have influenced Triple P implementation in the two counties;
- (3) Key decision points that may have impacted Triple P implementation in the two counties;
- (4) Stakeholders’ perceptions of system partner support for Triple P implementation; and
- (5) Recommendations for ensuring Triple P implementation success and sustainability in North Carolina counties.

## Qualitative Evaluation Methods

TPIE-Qualitative activities were carried out from January through June 2016, with stakeholder interviews conducted late February through early April. Potential respondents for TPIE-Qualitative interviews were identified based on agency participation in assessments carried out during the initial TPIE project, and were expanded to include key members of Triple P America (TPA) and the North Carolina Division of Public Health (DPH) who were involved in supporting Triple P scale-up in Cabarrus and Mecklenburg counties during the original TPIE evaluation period. Cabarrus and Mecklenburg agencies were invited to participate in TPIE-Qualitative even if they were not active in their county Triple P coalition at the time of the qualitative interviews. The only requirement for inactive agencies' participation was that they could make accessible an individual within the agency who was familiar with the agency's efforts to implement Triple P over the previous two years.

TPIE-Qualitative evaluators reached out to key contacts at each identified agency, explained the purpose of TPIE-Qualitative, the intended interview protocol, and the ways in which data would be reported and used. Consenting agencies then scheduled interview times through the TPIE-Qualitative project manager based on availability during the week of evaluators' visit to each county. Eighteen of 23 identified agencies in Cabarrus County (all 23 agencies identified as eligible were still active) and the county implementation team from Cabarrus Health Alliance agreed to participate in TPIE-Qualitative. Thirteen of 21 identified agencies in Mecklenburg County (16 agencies identified as eligible were still active; none of the five eligible inactive agencies participated) and the county implementation team from Mecklenburg County Health Department agreed to participate. Representatives from both TPA and DPH agreed to participate. Interview schedules with TPA and DPH respondents were arranged independently of county visit weeks. Most interviews were conducted on-site with agency leaders and implementation support staff, though phone interviews were occasionally used when on-site meetings were not possible.

With the permission of each respondent, interviews were recorded and later transcribed for qualitative analysis.

### Interview Protocol

Evaluators explained to respondents that the purpose of TPIE-Qualitative interviews was two-fold: to share findings from the initial TPIE project with interviewees and to conduct semi-structured interviews regarding key areas of interest that had emerged from initial TPIE findings. Interview questions and protocols were similar across county, local agency, TPA, and DPH respondents, though narrative and language were adapted slightly to ensure the best articulation of questions for each respondent. Interview questions were organized into the following five areas:

- (1) **Face validity of the initial TPIE findings:** In what ways do the initial TPIE findings match the lived experience of respondents as they were supporting the implementation of Triple P in their county? In what ways do they not match?
- (2) **Contextual factors influencing Triple P implementation:** Based on respondents' experience, what factors influenced county implementation capacity and agency implementation infrastructure results turning out the way they did in TPIE?
- (3) **Key decision points impacting implementation:** What were the key decision points that respondents encountered while implementing and scaling-up Triple P? What were the outcomes of the decisions they made?
- (4) **System partner support for implementation:** How have system partners (e.g., Triple P Coalition agencies, TPA, community members, DPH) been most helpful in respondents' efforts to implement and scale-up Triple P? How could they be more helpful?
- (5) **Priority areas for ensuring Triple P implementation success and sustainability:** What priority areas would respondents focus on to support successful and sustainable Triple P implementation in a new county?

In order to facilitate assessment of the face validity of initial TPIE findings, the evaluation team created county-specific summary documents for respondents based on findings from the final TPIE assessment point (fall 2015). Each county summary document included both county-level and agency-level results. Scales from the *County Capacity Assessment for the Triple P System of Interventions* (CCA-TP) and the *Implementation Drivers Assessment for Agencies Implementing Triple P Interventions* (IDA-TP) were organized within four broader conceptual factors (see Table 1) and implementation components were designated as “Strongly in Place”, “Good”, or “May Benefit from Additional Development” based on final county scale scores.

Each group of respondents was only responsible for commenting on data from their specific county, with the exception of TPA and DPH respondents, who reviewed and commented on summary data from both counties.

Leadership & Teams	County Strategic Planning	Practitioner Professional Development	Ongoing Quality Improvement
<ul style="list-style-type: none"> <li>• County Leadership Team</li> <li>• County Implementation Team</li> <li>• Agency Implementation Capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention System Alignment</li> <li>• Action Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Recruitment &amp; Selection</li> <li>• Training</li> <li>• Coaching</li> <li>• Fidelity Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Decision-Support Data System</li> <li>• Facilitative Administration</li> <li>• Systems Intervention</li> </ul>

Table 1. Organization of CCA-TP and IDA-TP scales within broad conceptual factors for TPIE-Qualitative interviews.

Upon transcription of recorded interviews, a senior research scientist with FPG Child Development Institute at UNC-Chapel Hill who has extensive experience in qualitative methods conducted a content analysis of the interview data. First, local agency participants' responses to

individual questions were aggregated within each county. Next, using a data display matrix (Miles, Huberman, and Saldana, 2014), responses were compared:

- (1) Within each county's cohort of agencies;
- (2) Between the two counties' cohorts of agencies;
- (3) Between the two counties' lead implementation agencies [Cabarrus Health Alliance (CHA) and Mecklenburg County Health Department (MCHD)]; and
- (4) Between both systems partners supporting Triple P scale-up in Cabarrus and Mecklenburg counties (TPA and DPH).

Themes were extracted from responses to each question, and similarities and differences noted across respondents. TPIE-Qualitative evaluators also provided the qualitative data analyst feedback on emerging themes and clarification about certain areas of content.

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## Qualitative Evaluation Results

For each section, aggregated local service agency reports are presented first, followed by individual reports from lead county implementation agencies (CHA and MCHD), and individual reports from statewide system partners (TPA and DPH).

### Face Validity of the Initial Triple P Implementation Evaluation Results

**Question:** *"In what ways do the findings match your lived experience supporting the implementation and scale-up of Triple P in your county? In what ways do they not match?"*

#### Local service agency respondents

##### *Leadership and implementation team structures*

Overall, participating agencies in both counties expressed considerable agreement with TPIE results regarding leadership and implementation team structures. A matrix noting disagreements – where they existed – across both counties is presented in Table 2. **In Cabarrus County, 12 of the 18 agencies** agreed that TPIE results fit their experience at *both* county and agency levels. The other six agencies agreed with the county-level findings, but expected that *agency implementation capacity* results would be stronger. **In Mecklenburg County, 10 of 12 responding agencies agreed** that TPIE results fit their experience at *both* county and agency levels. Two respondents thought the agency results should be higher, and two respondents thought the county results should be lower.

CABARRUS CO. (n = 18)	TPIE Findings	Disagreements	MECKLENBURG CO. (n = 12)	TPIE Findings	Disagreements
County Leadership & Implementation Teams	Strong	No disagreement	County Leadership & Implementation Teams	Strong	2 expected lower
Agency Implementation Capacity	Needs development	6 expected higher	Agency Implementation Capacity	Needs development	2 expected higher

Table 2. Disagreement matrix for county- and agency-level leadership and implementation team results by county.

### County strategic planning

Scales related to strategic planning only pertain to the county-level. In both counties, a majority of participating agencies reported that TPIE results for county strategic planning fit their experiences and expressed high praise for their respective county efforts with regards to strategic planning. A matrix detailing disagreements – where they existed – across both counties is presented in Table 3. **In Cabarrus County, 15 of 18 agencies agreed** with TPIE findings of “Strong”, and the remaining three did not comment. **In Mecklenburg County, seven of the 12 responding agencies agreed** the findings matched their lived experience, and were highly complementary of the county efforts in this regard. Five others expected the county to be somewhat lower on this component, noting various expectations for more communication, information, and community advertising. One of these respondents added that the strategic planning could have aligned Triple P more with the needs of the population.

CABARRUS CO. (n = 15)	TPIE Findings	Disagreements	MECKLENBURG CO. (n = 12)	TPIE Findings	Disagreements
County Strategic Planning	Strong	No disagreement	County Strategic Planning	Strong	5 expected lower

Table 3. Disagreement matrix for county strategic planning results by county.

### Practitioner professional development

Participating agencies in both counties mostly agreed with TPIE results related to practitioner professional development. Matrices noting disagreements for practitioner professional development results – where they existed – across both counties are presented in Tables 4 and 5. **In Cabarrus County, 9 of 18 respondents thought TPIE results matched their overall experience at the county level**, and **10 of 18 reported the findings matching their overall experience at the agency-level**. Training was unanimously reinforced as strong at both levels.

Six respondents expected recruitment and selection to be higher at the county level, and one expected the same capacity to be lower at the agency level. For practitioner coaching, two agencies expected county-level results to be stronger, and five expected agency-level results to

be stronger. One respondent (county-level) and four respondents (agency-level) indicated that they expected fidelity assessment would be stronger.

CABARRUS County Level (n = 18)	TPIE Findings	Disagreements	CABARRUS Agency Level (n = 18)	TPIE Findings	Disagreements
Recruitment & Selection	Needs development	6 expected higher	Recruitment & Selection	Strong	1 expected lower
Training	Strong	No disagreement	Training	Strong	No disagreement
Coaching	Needs development	2 expected higher	Coaching	Needs development	5 expected higher
Fidelity Assessment	Needs development	1 expected higher	Fidelity Assessment	Needs development	4 expected higher

Table 4. Disagreement matrix for Mecklenburg County practitioner professional development results: county and agency levels.

**In Mecklenburg County, 8 of 13 respondents thought the findings matched at the county level, and 10 of 13 thought they matched at the agency level.** One respondent thought recruitment and selection may be lower at both the county- and agency-levels, and one respondent thought training may be lower at only the county-level. Two to three respondents thought coaching may be higher at both levels, and three expected fidelity assessment to be lower at the county level.

MECKLENBURG County Level (n = 13)	TPIE Findings	Disagreements	MECKLENBURG Agency Level (n = 13)	TPIE Findings	Disagreements
Recruitment & Selection	Strong	1 expected lower	Recruitment & Selection	Good	1 expected lower
Training	Strong	1 expected lower	Training	Strong	No disagreement
Coaching	Needs development	2 expected higher	Coaching	Needs development	3 expected higher
Fidelity Assessment	Strong	3 expected lower	Fidelity Assessment	Needs development	N/A

Table 5. Disagreement matrix for Mecklenburg County practitioner professional development results: county and agency levels.

**Ongoing quality improvement**

The majority of agencies in both counties agreed with TPIE results related to ongoing quality improvement. Matrices noting disagreements – where they existed – across both counties are presented in Tables 6 and 7. **In Cabarrus County, 12 out of 18 agencies agreed that findings at the county-level matched their experiences**, with one to two participants disagreeing in each category. **Thirteen agreed with findings across the agency-level**, and one to two participants disagreed in each category. Here, those disagreeing expected that systems intervention, decision

support/data system, and facilitative administration results would be stronger at the agency level.

CABARRUS County Level (n = 18)	TPIE Findings	Disagreements	CABARRUS Agency Level (n = 18)	TPIE Findings	Disagreements
Decision Support Data System	Strong	1 expected lower	Decision Support Data System	Needs development	2 expected higher
Facilitative Administration	Good	1 expected higher	Facilitative Administration	Needs development	1 expected higher
Systems Intervention	Strong	1 expected lower	Systems Intervention	Needs development	1 expected higher

Table 6. Disagreement matrix for Cabarrus County ongoing quality improvement results: county and agency levels.

**In Mecklenburg County, nine of 13 respondents indicated a match at the county level, and 11 agreed with findings at the agency-level.** Among disagreements, two to three respondents generally disagreed with all county-level findings in this category, with one specifying an expectation that the county would be lower on using data and other information for ongoing quality improvement data/information. Two respondents disagreed with agency-level findings, but only for systems intervention, expecting results at the *agency* level to be stronger.

MECKLENBURG County Level (n = 13)	TPIE Findings	Disagreements	MECKLENBURG Agency Level (n = 13)	TPIE Findings	Disagreements
Decision Support Data System	Strong	3 expected lower	Decision Support Data System	Needs development	No disagreement
Facilitative Administration	Good	2 expected lower	Facilitative Administration	Needs development	No disagreement
Systems Intervention	Good	2 expected lower	Systems Intervention	Needs development	2 expected higher

Table 7. Disagreement matrix for Mecklenburg County ongoing quality improvement results: county and agency levels.

### County implementation team respondents

**All TPIE results matched the experience of Cabarrus and Mecklenburg county implementation team respondents except for two:** regarding practitioner professional development, Cabarrus County Implementation Team respondents expected both fidelity assessment and practitioner coaching results to be stronger at the county level.

## System partner respondents

Respondents from Triple P America (TPA) and the North Carolina Division of Public Health (DPH) **mostly agreed with TPIE results at both county and agency levels**, particularly related to leadership and implementation team structures, county strategic planning, and ongoing quality improvement. Among a small number of disagreements regarding practitioner professional development, TPA expected that county-level practitioner coaching and fidelity assessment results in Mecklenburg would be lower, and that county-level practitioner recruitment and selection results in Cabarrus would be higher. DPH also expected that county-level results in Cabarrus would be stronger for practitioner recruitment and selection.

### Factors Influencing the Development of Local Implementation Infrastructure & Capacity

**Question:** “Based on your experience, what organizational and system factors and Triple P specific factors influenced the county capacity and agency infrastructure results turning out the way they did?”

## General organizational and system factors

### Cabarrus

Respondents from *local service agencies* listed a range of **organizational and systems factors that they believed positively influenced implementation infrastructure and capacities**. The most predominant factor reported (7/18) was buy-in and support from the county implementation team. Specifically, agencies emphasized the county implementation team’s strong organizational, supervisory, and communication skills. Respondents from seven agencies also noted the importance of peer support network meetings, when they could connect and share with other agencies and practitioners. Additionally, four agencies noted the fit of Triple P with the agency’s needs, as well as the buy-in of practitioners and the agency.

#### Support from Cabarrus County Team

“[The Cabarrus County Team] is super supportive. You call them, they answer the phone. And if you e-mail, I don’t even think they take 24 hours to respond...They were just there.”

*Cabarrus County Implementation Team respondents* detail similar facilitative factors such as:

- (1) The strength of the county implementation team – particularly the level of staffing;
- (2) The timing of the original Triple P Request for Application (RFA) from DPH, which aligned with the county’s readiness to take on an evidence-based parenting program;
- (3) The supportive county public health context provided by the cross-system Healthy Cabarrus initiative;
- (4) DHHS funding for the Stay Positive media campaign;
- (5) The focused technical assistance the county received from TPA due to being part of the first cohort of NC counties to scale-up Triple P; and
- (6) The county’s Triple P staffing model, which ensured needed skill sets and expertise.

The county implementation team members also noted the significance of their collaborative spirit, partner engagement, and inclusion of staff across all levels – from the front lines to leadership.

#### *Cabarrus County Team Culture*

“I think [our culture of collaboration] gave us a leg up to be able to have this community, the fact that we have such willing partners that are vested in seeing our community perform at its highest level--that helped us a lot.”

Conversely, *local service agency respondents* also listed a number of **organizational and systems factors that impeded the development of implementation infrastructure**. The most common factors – noted by half of the respondents from local agencies – were a lack of agency capacity to sustain implementation due to competing priorities and limited infrastructure, time, and staff. Respondents were challenged to fit training and delivery of Triple P into their agencies’ other programs, priorities, and clients’ needs. A few responses centered on the need for more clarity and communication about Triple P as a program so that supervisors and practitioners could have a better understanding of what is required for implementation. One-third of agencies commented on financial barriers, including five agencies that specifically referenced a lack of reimbursement for Triple P delivery.

#### *Reimbursement issues in Cabarrus County*

“Triple P is not acknowledged by the payer sources. Some of the primary care physicians are talking to us about how they can incorporate it into their visits, but it’s a square peg in a round hole.”

*Cabarrus County Implementation Team members* reported that, although they initially received attention and flexibility from the state as part of the first cohort of counties scaling-up Triple P, they ultimately had to take personal initiative to develop the locally necessary implementation infrastructure. County implementation team members also reported that they lost their ability to creatively use practitioner and parent incentives and some control over available Triple P trainings. Respondents indicated that the availability of a train the trainer model for Triple P would be a useful alternative to maintaining a TPA trainer for ongoing practitioner coaching both from a financial standpoint and because of practitioners’ lack of receptivity to the TPA trainer in an ongoing coaching role.

#### *Cabarrus County Implementation Team on taking initiative*

“We shared everything that we developed, and made sure to do so with every new person that was coming on ... which I think was huge. The state wasn’t doing that, so we kind of had to step up and do it ourselves.”

## Mecklenburg

Local service agencies in Mecklenburg listed a range of **organizational and systems factors that helped with the development of implementation infrastructure**, although no more than five respondents endorsed any one of them. Respondents from three agencies said that having buy-in for Triple P from the agency and practitioners was the most important factor. Also noted by three agencies each were: communications and support from county implementation support staff, peer support meetings to maintain connectivity and collaboration with other agencies and practitioners, and funding. Two agencies explicitly recognized the importance of the fit of Triple P with the agency and its needs, as well as having available staff and other resources necessary for Triple P implementation. Two agencies also mentioned that it was helpful to have a diverse and flexible staff trained at different levels of the Triple P system.

Mecklenburg County Implementation Team respondents described four main factors that were helpful:

- (1) Engaging in readiness work before installing the program;
- (2) Having a county advisory council composed of dedicated, enthusiastic members;
- (3) Learning what works from other coordinators through the state learning collaborative; and
- (4) State Learning Collaborative committees' assessments to inform processes at the county leadership level (e.g., data on county-directed peer support networks, how to build agencies and increase their capacity to provide peer support on their own).

### Mecklenburg County on the State Learning Collaborative

"[The North Carolina Learning Collaborative] is about hearing some of the local solutions, but then also getting to the general information and creating your own local solutions."

Respondents from local service agencies reported a number of **organizational and systems factors that impeded the development of implementation infrastructure**. One factor mentioned by almost half of the respondents was the lack of marketing and media campaigns to promote awareness of the program (i.e., the Stay Positive Media Campaign). Several other responses clustered around financial barriers: limited funding for materials and staff time, restrictions on how the funding or services could be directed, issues of reimbursement for service provision, and sustainability of resources. In addition, several respondents thought more services and coordination across the coalition (e.g., notice of what trainings were offered and when, mechanisms for referring clients across agencies, more implementation support and guidance) would help strengthen their agencies' implementation abilities.

Internal agency factors that reportedly got in the way of developing implementation capacity included their lack of capacity to sustain implementation; multiple competing priorities on their time and resources; and having to fit Triple P into their agencies' other programs, priorities, and clients' needs. Readiness was also an issue, with three respondents discussing the difficulty of

having to plan and train at the same time, and fitting the process of Triple P into the timing and structure of how the agency works.

#### *Lack of Triple P marketing in Mecklenburg County*

“I thought [the Stay Positive Media Campaign] was going to be this big blitz; billboards, pediatricians. So I wasn’t going to have to tell people what Triple P was, I was just going to be the worker bee implementing it. So we went to our parent advisory committees and said, ‘Oh, we’re so excited about this Triple P.’ [They replied]: ‘What the heck is that?’ So I think we started behind the goal line instead of at the goal line in implementing it.”

*Mecklenburg County Implementation Team respondents* noted that having an “on-boarding process” that would give agencies more time to process and plan would support the development of local agency implementation infrastructure. They also stated that having more than one County Triple P Coordinator or making sure the coordinator had adequate support would be beneficial. Respondents commented that a data platform, data sharing agreements, and documented expectations about the use of data for decision-making need to be developed through a collaborative process among county stakeholders. Another limitation was that there are two distinct stakeholders (TPA – which brings Triple P expertise, and DPH – with expectations about local health departments’ leadership roles), and the two are not intertwined in a support matrix, which inhibits application at the local level.

#### *System Partners*

Respondents from *Triple P America (TPA)* described several **organizational and system factors that helped the development of infrastructure across Mecklenburg and Cabarrus counties:**

- (1) The RFA issued by DPH required county pre-planning, including a needs assessment and strategic planning, and the formation of county implementation teams;
- (2) The North Carolina Triple P state evaluation supported data-informed implementation and the monitoring of Triple P delivery;
- (3) The North Carolina Triple P State Learning Collaborative supported coordination of county Triple P coalitions across the state;
- (4) Early collaboration between TPA and DPH built trust and a true partnership that benefited the design of the statewide roll-out; and
- (5) Strong Triple P coordinators within each county supported local implementation efforts.

Respondents from the *North Carolina Division of Public Health (DPH)* added that it was helpful in Cabarrus County to have a paid implementation team, adequate funding to build the program, and a data specialist helping with the data infrastructure. For Mecklenburg County, being able to send people to the North Carolina Triple P Learning Collaborative prior to application for state funding helped to move their work forward. One DPH respondent brought up the usefulness of an exploration meeting with TPA and state-level system partners to galvanize state funding and other support for Triple P and the data collection that would be needed to demonstrate its

success. Another helpful factor was the relationship between state leaders and the local health directors.

Respondents from TPA reported one **system factor that got in the way of building capacity for Mecklenburg** was having only one person coordinating Triple P activities and less funding overall than Cabarrus.

Respondents from DPH echoed these inhibitors and articulated a separate challenge around changing the culture for data collection and use for quality improvement.

## Factors related specifically to Triple P or Triple P America

### Cabarrus

Across respondents from local service agencies, several themes emerged regarding **aspects of the Triple P system or programs themselves that facilitated implementation and use**. Respondents from two-thirds of agencies praised the quality, usability, and accessibility of the Triple P curriculum and support materials, especially the TIP sheets and DVDs. One-third valued the information available via the website and newsletters. For three others, the fact that Triple P is evidence-based and successful in empowering families was especially helpful. About one-third appreciated its flexibility in how it can be delivered to different kinds of families. Three respondents praised Triple P training for how it was organized, conducted, and its fit with a diverse group of practitioners.

#### Cabarrus County on Triple P Intervention

“The intervention itself is phenomenal. Obviously it’s evidence-based, it comes packaged very well, it’s very user friendly. So it’s great to be able to replicate it and then build the capacity within an agency so that they can continue it on, and they know how to continue the resources. Even when we’re gone, they can order directly from them. They also have great support with the website. So they can score their instruments. They can talk to other practitioners. They can pull videos. I mean they just have a phenomenal online database to have the resources that they need. . . [The Triple P materials] are friendly, glossy, pretty, and easy to read. Parents like to receive them and providers like to be able to use them rather than some Xerox copy of something.”

Among *Cabarrus County Implementation Team* respondents, there was praise for TPA’s availability and responsiveness as well as the entire Triple P system for its evidence, quality, and usability.

When asked about **aspects of the Triple P intervention that got in the way of developing implementation infrastructure**, one-third of respondents from *local service agencies* reported that nothing related to Triple P, as a program or TPA as a purveyor, got in the way. Otherwise, the most challenging aspect (6/18) of Triple P was the cost of materials and training. Three agencies noted that the program was not a perfect fit with the needs of their clientele, reporting

some confusion about training requirements and the lack of cultural fit or responsiveness of materials with their client populations.

#### *Triple P's cultural fit in Cabarrus County*

“There’s a lot of the videos with an English accent in the nanny world. Some videos that are more reality based for our culture would probably be good, because we don’t all have those nice houses and those nice toys to play with.”

*Cabarrus County Implementation Team* respondents reported that TPA’s ideas for how to support local Triple P implementation were too theoretical and not as practical as needed. Additional challenges included: (1) as the state Triple P rollout grew, TPA was less responsive, particularly as the county needed help sustaining their Triple P coaching infrastructure; (2) ordering and invoicing Triple P supplies was complicated and expensive, and (3) the lack of fidelity monitoring hindered implementation capacity development.

#### *Cabarrus County on implementation science*

“[Implementation ideas] were very big and kind of implementation science-y. They had an implementation framework and with a lot of jargon. The ideas were there, but then it took us coming back and actually making our own forms and sharing those.”

#### *Mecklenburg*

Primarily, *respondents from local service agencies* reported the following **aspects specific to the Triple P intervention that helped strengthen implementation processes**: the quality, usability and accessibility of the curriculum and support materials, especially the TIP sheets and DVDs, and the information available via the website and newsletters. Several pointed to the marketing materials as being useful. About half of the respondents praised the Triple P program overall, noting that it is a successful, evidence-based model for empowering families. They found it to be structured, well-organized and a good fit with the needs of their clients particularly noting its ability to be delivered in different ways at different sites to diverse families. Two others specifically mentioned that the ability to offer programs of varying levels of intensity was helpful.

#### *Mecklenburg County on the benefits of Triple P levels*

“[Within Triple P] there are multiple levels that meet multiple needs, or levels of needs, from the parents. For agencies to be able to find their place [within that system] has definitely supported the implementation.”

Respondents from the *Mecklenburg County Implementation Team* stated that Triple P as a system of interventions had a good degree of fit for various agency needs.

According to *local service agencies*, the three main **aspects of Triple P that reportedly got in the way of developing implementation infrastructure** were:

- (1) Fit with the population served by the agency;
- (2) The cultural responsiveness of materials and images being out of date; and
- (3) Issues with training (time and cost involved, not enough offered, confusion about requirements and levels of training).

Two respondents stated that the availability of digital platforms (e.g., ordering forms and videos) would be beneficial to agencies and practitioners.

#### *Triple P system & training in Mecklenburg County*

“The [Triple P] system just got very complicated, and that was really a barrier in terms of diversifying the training opportunities. [For example], we spent dollars training people that we needed to deliver a Seminar, but they had to have Level III first. Or we had people who were in settings where they really can only do Discussion Group, but needed to have Primary Care. So then we’ve spent \$1,300 for them to be trained in Primary Care, already knowing they can’t utilize that.”

*Mecklenburg County Implementation Team* members said they would like more details from TPA around implementation processes and support. Another challenging aspect was the required prerequisites for accessing training in some levels of Triple P. While this has since improved, it was an early barrier that was experienced as discouraging to agencies.

#### *System Partners*

*Triple P America* (TPA) respondents brought up several **aspects of their own work, as purveyors of Triple P, which they believed contributed to the development of implementation infrastructure** in Cabarrus and Mecklenburg. Respondents thought the strength of counties’ training programs set a foundation for developing implementation infrastructure otherwise, and that TPA’s relationship-building and responsiveness to agencies throughout the process helped agencies’ progress their implementation work and advance their learning about Triple P and its intended use. TPA respondents also commented that their own adoption and integration of key concepts and strategies from implementation science has been influential in how they operate as a responsive program purveyor.

*North Carolina Division of Public Health* (DPH) respondents commented that the Triple P implementation framework and their responsiveness and support were important factors for building local implementation infrastructure and knowledge. Although they noted that Triple P

#### *Division of Public Health on support from Triple P America*

“We consider Triple P America and Triple P International our critical partners in this. They from the very beginning have been very supportive. I think they’ve seen the potential in North Carolina and have certainly grown with us...We always learn more than we think we know through this process, and it’s consistently a learning process. Every time we go to a collaborative we learn something new.”

trainers were exceptionally experienced, they believe that the absence of a train-the-trainer has led to higher training expenses and limits the number of people who can access training.

Regarding **aspects of Triple P or TPA that impeded the development of implementation infrastructure**, respondents from TPA noted that practitioner recruitment and selection, as well as the fidelity assessment and practitioner coaching, may have posed some difficulties. They recognized that the multi-level system for training can be confusing, and are working to improve communications about that. Finally, they that noted the steep learning curve for Triple P requires time to understand the different interventions and how to integrate into a local community context.

#### *Triple P America on the learning curve for Triple P*

“There really is the need to get out and learn your community and learn who’s there. I think the chances of making mistakes with Triple P are greater in some respects because there’s more variables in play. There’s the kind of format. There’re the levels that are available. There’s the type of practitioner.”

### Key Decision Points

**Question:** “What are the key decision points that you have encountered while implementing and scaling-up Triple P? What were the outcomes of the decisions you have made so far?”

#### *Cabarrus*

The main decisions or turning points noted by respondents from *local service agencies* in Cabarrus included selection of practitioners (e.g., how many to train, and at what level) and how to allocate time and resources (money, staff) in light of the agency’s other programs and priorities. Other key decision points mentioned by a handful of respondents included the initial decision to commit to the program and deciding on the scope and target of their agency implementation effort. Overall, agencies reported making decisions that allowed them to select practitioners who were invested in Triple P, could provide efficient delivery of services to clients, and in some cases, broaden the client base.

For *Cabarrus County Implementation Team* respondents, important decisions included:

- (1) Whether and how to use incentives to reinforce implementation across local agencies;
- (2) Whether and how to acquire support for implementation infrastructure;
- (3) How and when to add staff to create a more responsive county implementation team;

#### *Expansion of Triple P in Cabarrus County*

“[One main decision point was] expansion-how we can expand the services and provide it? Providing and expanding to other resources throughout the community. How we can share all of this training and knowledge that we have and take it out to the community?”

- (4) How to best organize and make accessible peer support networks for Triple P practitioners;
- (5) How to best set membership of the county Triple P coalition leadership team (which met quarterly and had overall leadership and design of the county's Triple P initiative); and
- (6) Whether and how to best supply Triple P service materials for the agencies.

#### *Supplying Triple P materials in Cabarrus County*

“We supplied materials, and not every county did that, and that’s huge --to be able to implement something with fidelity, [agencies] have to have materials to do so.”

These decision points translated into important directions for developing local implementation capacities. For example, providing agency financial incentives around key implementation processes (e.g., practitioners participation in ongoing coaching and completion of data reports) resulted in higher participation in these processes, which was weakened when state leadership requested that county leaders not provide such financial incentives to local agencies on a repeated basis. Adding county implementation support staff over time prevented the county implementation team from becoming overwhelmed. Starting peer support networks with structure and support from the county implementation team had some early advantages, such as better monitoring of participation, but over time more experienced Triple P practitioners were transitioned to agency-based peer support networks to increase the likelihood of institutionalizing coaching for Triple P. The decision to form membership of the county Triple P leadership team around participating agency executives allowed the coalition to catalyze learning about Triple P implementation challenges and successes and be more responsive. In the absence of this decision, they may not have heard about these challenges and/or successes at all, given that front-line staff may not have been comfortable communicating those to their supervisor.

#### *Mecklenburg*

Synonymous with Cabarrus County findings, main decisions or turning points noted by respondents from *local service agencies* in Mecklenburg included selection of practitioners (e.g., how many to train, and at what level) and how to allocate time and resources (money, staff) in light of the agency's other programs and priorities. Other key decision points mentioned by a handful of respondents included the initial decision to commit to the program and deciding on the scope of their agency implementation effort. Individual respondents discussed agency decisions about how they would sustain the program financially (e.g., from fees or other sources, and who the payers or funders might be), who the most receptive audiences of parents might be, and how to use incentives to increase parent enrollment. In one case, the decision to adjust the target population led to a substantial increase in enrollment and the inclusion of Latino families.

For respondents from the *Mecklenburg County Implementation Team*, key decision points included:

- (1) Setting priority goals for implementation and outcomes with agency partners;

- (2) Given finite resources, whether to invest in additional county implementation team capacity or use funding to train more practitioners and increase reach; and
- (3) Whether and how to best facilitate peer support networks for ongoing practitioner coaching.

#### *Incentives in Mecklenburg County*

“[In some cases,] the problem is the funding is tied to a certain target population of juvenile justice. That’s the hardest population to address. If it had been tied to just the community, it would have been much easier to bring in people. We had to look at incentives, ways to try and get people in the door, and then we had to look at ‘If this population isn’t working, let’s try another one.’ And that’s when we went to the Latino population...We went from a class with one to [a class] with fifteen.”

The decision to move from a Memorandum of Understanding (MOU) to Memorandum of Agreement (MOA) process enabled more clear communication between the county and agencies about priority goals and expectations. Doing so also strengthened the on-boarding process for new agency members of the county Triple P coalition. Regarding practitioner training and peer

#### *Peer support in Mecklenburg County*

“[Creating peer support networks] was really a critical decision point because we wanted to create the opportunity for agencies to take responsibility for peer support sustainability. We’ve been so unsure about what the long-term county presence would be in terms of a coordinator or leadership, so we decided to start peer support and then back out and allow agencies to take responsibility. When we saw that was not working well, we made a decision to step back in to provide it again... now we’re at the third time where we’re facilitating it again, and we think we’ll just stay in this time.”

support, the county initially made a decision to train more Triple P practitioners to increase county saturation and provide some degree of facilitation of county-wide peer support meetings. However, deciding to provide the peer support reduced the amount of direct implementation support provided by the County Implementation Team to local service agencies. Later, a decision was made to add additional county implementation team capacity to support local agencies and strengthen peer support. This change in direction became necessary to ensure that both agencies and practitioners received the support they needed for Triple P implementation and delivery.

#### *System Partners*

Key decision points for *Triple P America* (TPA) included their participation as an active member of the North Carolina Triple P State Learning Collaborative, despite not being compensated for contributions directly to that group. TPA respondents believe that investing their time and human resources in the State Learning Collaborative has resulted in greater Triple P expertise and confidence for Triple P implementation among the set of county Triple P coordinators in North Carolina. TPA also decided to invest in a substantial partnership with the North Carolina Division

of Public Health (DPH) in supporting the countywide rollouts, which they believe has supported local sustainability and afforded them, as the program purveyor, substantial learning for planning future Triple P rollouts.

North Carolina Division of Public Health (DPH) respondents stated there were many key decisions but most critical was building supportive Triple P-focused staff at the state level. For example, bringing in a data specialist and a manager for Triple P Online became necessary to coordinate key implementation activities across the large number of countywide Triple P rollouts. Another critical decision was to require that counties fund a Triple P coordinator and to set up the North Carolina Triple P State Learning Collaborative as a place for those county coordinators to receive their own implementation peer support.

## How respondents prioritize the development of local implementation infrastructure

**Question:** “Overall, where would you say that investing in this kind of implementation infrastructure ranks when considering all the activities and goals of your agency?”

### *Local service agencies in Cabarrus and Mecklenburg counties*

While local agency respondents were quick to endorse the value of Triple P programs, they also acknowledged that Triple P implementation competed with other agency priorities. As a result, less than a quarter of local service agencies across both counties (8/31) ranked the development of local infrastructure to support the use of Triple P in the top quartile of their agency priorities.

### *Agency implementation infrastructure in Mecklenburg County*

“If we looked at just the importance of [investing in implementation capacity to support Triple P], as an agency we would think it to be very high in importance, maybe in the 80<sup>th</sup> percentile. But when you look at what all we’re charged to do, I don’t know if the people have capacity to do it. So it looks like it’s not as important to us as it really is. It’s just a capacity issue and not necessarily that we don’t think that there’s a need.”

More specifically,

- One-third of the Cabarrus agencies, and about half of the Mecklenburg agencies, placed infrastructure to support Triple P in the bottom quartile (0-24%). Reasons for this low rating included lack of administrative buy-in of the program, no control over client referrals, and Triple P not being able to generate reliable revenue in the agency’s service context.
- Four of the 18 Cabarrus respondents and one of the 13 Mecklenburg respondents ranked it in the second quartile (25-49%).
- Two or three in each county ranked in the third quartile (50-74%).

- About one-fourth in each county ranked the development of local implementation infrastructure to support Triple P in the top quartile, often noting the alignment of their agency's and Triple P's goals.

#### **Agency implementation infrastructure in Cabarrus County**

"[Investing in implementation infrastructure for Triple P] is a high priority. It really is because a lot of those things are at the foundation of what we do. We have great providers. They do great work, but if some of those foundational things are not in place, then it's not gonna work... it really helps set the tone for how everything else plays out."

#### **County implementation teams in Cabarrus and Mecklenburg**

Respondents from the *Cabarrus County Implementation Team* rated the development of local implementation capacity to support Triple P in the 80<sup>th</sup> percentile of their priorities and noted that they invested in infrastructure from the beginning because they had time to plan accordingly and set high expectations for themselves. They attributed this planning period, in part, to being the first cohort with less explicit timelines from DPH, but also to county leadership team members possessing clear vision for and execution of their plan moving forward with countywide implementation.

Respondents from the *Mecklenburg County Implementation Team* rated the development of local implementation capacity to support Triple P in the bottom quartile of their priorities (lower 25%). Their reason given was because state and county leadership set the list of top priorities for community health around chronic disease, access to care, violence prevention, unintended pregnancies, and mental health. They indicated a belief that Triple P, while an important strategy to achieve aspects of these priorities, only targets a subset of these priorities and, even then, is only one of several strategies intended to make progress in these priority areas.

#### **Mecklenburg County competing priorities**

"If you boil them down to little tactical challenges for our county, it's access: food access, [lack of] physical activity, tobacco, and then violence prevention is up there. And one of the fast increasing areas is unintended pregnancy, short interval pregnancies."

#### **System Partners**

Respondents from *Triple P America (TPA)* found this question somewhat difficult to answer given their role as the program purveyor, but did rank their support for the development of local implementation infrastructure for Triple P at the top of their organizational priorities.

*North Carolina Division of Public Health (DPH)* respondents reported that they had done a lot regarding support for the development of local implementation infrastructure to support Triple P, but still had a lot to do. Given this duality, they ranked the development of implementation infrastructure at the 80<sup>th</sup> percentile of their priorities.

### Triple P America implementation infrastructure

“[Investing in implementation infrastructure for Triple P] is critical, and we have, as TPA and also as a global group, put a lot of focus on developing the framework and informing ourselves as to implementation science developments... knowing that it’s critical. There’s no point going out there and meeting with people and saying, ‘We want to roll out Triple P.’ And then not know how to do it very well.”

## Systems Partners’ Support

*Question: “How have system partners been most helpful in your effort to implement and scale-up Triple P? How could they be more helpful?”*

### County coalition & other agencies

#### Cabarrus

According to respondents from *local service agencies*, leadership support from the Cabarrus County Implementation Team was the **most helpful aspect of the county Triple P coalition** (16/18 respondents), including their support for sharing of ideas, resources, and coordinating local sustainability workgroup meetings. Respondents from seven agencies specifically talked about the availability and responsiveness of the Cabarrus County Implementation Team. Five agencies mentioned the training and peer support coaching opportunities provided through the county Triple P coalition as being helpful.

Respondents from the *Cabarrus County Implementation Team* emphasized the critical role local agencies played in communicating about local needs from the service level and sharing information broadly with community partners.

### Role of agencies in Cabarrus County

“[The local service agencies], to me, are our eyes and ears on the ground of our families, agencies, and practitioners. We really depend on them for feedback about what the community wants and needs and what’s feasible. We wanted to make sure that it’s reflective of what the community wants and what would work in our community, and they allowed us to do that. They were also crucial in not only providing us feedback, but sending information back to the providers so that there was kind of this loop. And so we used them for that mechanism which was powerful.”

Regarding **how the county Triple P coalition could be more helpful**, respondents from three *local service agencies* noted that more frequent coalition meetings would be helpful so that agency leaders could share experiences. Two respondents suggested the need for more coordination, feedback, and opportunities retraining in Triple P through the coalition. Two respondents also stated that they would like to see the county coalition lead efforts to ensure sustainability

through activities such as grant writing. Four respondents specifically stated that there was nothing more the county coalition could do to be any more helpful than it had been.

Respondents from the *Cabarrus County Implementation Team* recommended facilitating coalition meetings in a way that may be more engaging for coalition members, specifically suggesting the development of sub-committees to tackle coalition concerns, increase communication, and foster ownership.

***Cabarrus County coalition meetings***

“Sometimes during our coalition meetings it was mainly primarily facilitated by [the County Implementation Team] giving them feedback, and I think sometimes it might have been helpful to integrate some of our partners... In hindsight I think [work groups] lend themselves to [coalition members] participating more and taking ownership.”

***Mecklenburg***

As in Cabarrus County, respondents from *local service agencies* in Mecklenburg indicated that leadership support from the Mecklenburg County Implementation Team was the **most helpful aspect of the county Triple P coalition** (11/13 respondents), including their sharing of ideas and resources, coordinating local sustainability workgroups, and being available and responsive to agencies and/or practitioners. Other helpful aspects discussed were the opportunities for training and/or ongoing coaching and that the county coalition allocated funds for local agencies to acquire Triple P service materials.

Respondents from the *Mecklenburg County Implementation Team* praised the enthusiasm and shared vision of the county coalition and other agencies, as well as their ability to integrate all the parts of the system.

While emphasizing the support they had received, respondents also listed a number of **ways the county Triple P coalition and its member agencies could be more helpful**. The most common response, given by respondents from seven *local service agencies*, was the need for more opportunities to connect with other agencies and share experiences and feedback. Other responses suggested needs for more coordination and information about Triple P trainings, the services and resources available through other agencies, and cross-system referrals. Other suggestions noted by one or two respondents included strengthening the visibility of the Triple P Stay Positive media campaign, increasing the accessibility of implementation support from the County Implementation Team, working more collaboratively to ensure Triple P sustainability and funding, and offering more accessible Triple P training across the different system levels.

***Mecklenburg County coalition meetings***

“Being able to go to those [coalition] meetings and get feedback on how the implementation process is working, how agencies are utilizing it was very helpful. I’ve learned a lot just from that ... I’m able to understand what kind of outcomes we’re looking for and what kind of services are being provided.”

Respondents from the *Mecklenburg County Implementation Team* indicated that they believe the county coalition membership could be more helpful by supporting system transformation in the county through collaborative policy and practice change.

### **System Partners**

Respondents from *Triple P America* (TPA) noted that **the county Triple P coalitions in Cabarrus and Mecklenburg were helpful** by leveraging their knowledge of the inner workings of their counties and by bringing to the table local partners who could share what local families needed and the resources that were already in place. They also served as local advocates for Triple P in their communities.

*North Carolina Division of Public Health* (DPH) respondents added that the county Triple P coalitions were responsive, engaged, and provided ownership and full partnership to progress the work locally.

When discussing **ways that the county Triple P coalitions in the two counties could be more helpful**, respondents from *DPH* suggested that restructuring the data collection process, particularly to provide more local ownership, may be beneficial. Developing a more robust readiness process with practitioners and agencies interested in providing Triple P was also suggested by DPH as a way to strengthen local commitment and follow through it.

## **NC Division of Public Health and other funders and policymakers**

### **Cabarrus**

When asked about **how the North Carolina Division of Public Health (DPH), in particular, and other funders and policymakers had been the most helpful**, the most frequent response from *local service agencies* in Cabarrus (10/18) was funding. Four other respondents noted that DPH made themselves available and acted as a “common thread” between all agencies.

Respondents from the *Cabarrus County Implementation Team* noted that DPH’s responsiveness and flexibility had been key to progression of the local work. They also stated that the support DPH provided to start and maintain the North Carolina Triple P State Learning Collaborative and the Triple P Stay Positive media campaign were particularly helpful.

In terms of **how DPH and other funders and policymakers might be more helpful**, four respondents from *local service agencies* noted they would like to have more direct and timely communication. In addition, four respondents suggested that it would be beneficial for funders and policymakers to have a better understanding of service billing codes and reimbursement processes, particularly given their potential role in supporting service sustainability. Respondents from three agencies advocated for more funding and flexibility with the funds (i.e., for peer support groups and practitioner positions devoted entirely to Triple P). Three others thought an expanded and more organized referral network would be helpful for increasing service reach.

**Cabarrus County on communication with NC DPH**

“Communication-wise it’s just been a lot of unknowns that have come down the pipeline. It’s like we’re waiting on a decision. We don’t know in April or May if this is going to happen... And if certain information is not communicated until the very last minute, then it may put the county and agencies in a difficult position. It’s hard for us to plan for things if we don’t know.”

Respondents from the *Cabarrus County Implementation Team* reported the need for all evaluation specialists to have the appropriate expertise in evaluation and knowledge of how Triple P operates so that they could give proper data-informed guidance to the counties. Respondents also suggested that developing Triple P outcome reports for state legislators could be beneficial for increasing visibility and investment in Triple P impact. Finally, implementation team members suggested that DPH shift some state resources designated for additional Triple P training into the development of local peer support networks and sustainability planning, since many agency practitioners had now been trained.

**Mecklenburg**

Among respondents from *local service agencies* in Mecklenburg, all but two pointed to funding as **the most helpful contribution of DPH**. A few respondents also noted the importance of state level visioning for Triple P rollouts and providing the early opportunities for counties to participate in training, guidance, and collaborative meetings.

Respondents from the *Mecklenburg County Implementation Team* also remarked that funding was among the most helpful contributions from DPH, along with establishing the North Carolina State Triple P Learning Collaborative to serve as a network for counties that were scaling-up Triple P.

**Mecklenburg County on NC DPH support**

“To have support at the state level has been amazing. It really allowed us to test out a program working with youth and families, and that’s opened the door for us to start doing this work. We wouldn’t even be doing this work if it hadn’t been for them.”

Suggestions from *local service agencies* about **how DPH and other funders and policymakers could be more helpful** were varied. Ideas included promoting greater awareness of Triple P across the state, providing more and sustained coordination and implementation support for counties, and providing sustainable funding along with flexibility for how the funding could be used. Two respondents also suggested engaging more health associated agencies as potential Triple P providers and providing more direct and timely communications.

Respondents from the *Mecklenburg County Implementation Team* indicated that it would be helpful to know the amount of county funding well ahead of time so that they weren’t forced to rework their implementation plans when the annual state budget is approved. They also

advocated for strong messages to state legislators about the need for Triple P, how it can help support statewide health and wellbeing goals, and how good parenting is even tied to economic development. Finally, respondents suggested that housing state coordination of Triple P in a cross-sector agency, instead of an agency tied only to public health or social services, for example, would promote the message that Triple P is for all parents and not a targeted part of the population.

### ***System Partners***

Respondents from *Triple P America (TPA)* stated that one of the **ways that DPH was the most helpful** was bringing to bear their in-depth knowledge of the state; this particularly helped provide a good sense of initial opportunities for Triple P rollouts across the state. TPA also stated that DPH knew how to navigate the political climate at any point in time, which was an important skill set.

*North Carolina Division of Public Health (DPH)* respondents reported that their ability to bring to bear blended streams of funding from within DPH was a key contribution they were happy to be able to provide.

Speaking about **ways that DPH could be more helpful** with the implementation of Triple P, respondents from *TPA* noted that increasing the amount of funding and ensuring sustainability of funding as long as results were positive would, of course, help Triple P go to scale more widely across the state. But they also acknowledged that finding more funding is not entirely the state's responsibility and, in particular, advocated for increased investments from public-private partnerships. Respondents from *TPA* indicated they believe there are opportunities for more conversations and possible funding across DPH, the North Carolina Division of Social Services, and the North Carolina Division of Mental Health.

Similarly, respondents from *DPH* expressed that partnering with other agencies and organizations funding the statewide implementation of evidence-based programs would be helpful. One of the expressed challenges about this, however, is that DPH often has to work with other funders (e.g., Smart Start) in more indirect ways since they do not directly contract with them.

## **Community members – including the families and youth being served**

### ***Cabarrus***

Respondents from 15 of 18 *local service agencies* in Cabarrus expressed that **local families were most helpful by** being open to Triple P services and engaging in parent learning and behavior support through Triple P programs. Respondents from five agencies also recognized the importance of families' honest feedback about Triple P. Three noted that families had been helpful in peer-to-peer advertising of Triple P, spreading the word that Triple P can have positive impacts for local families.

### Parents in Cabarrus County

“[The parents] have been so awesome. Not just going through the Triple P process, but actually working really hard to implement some of the new strategies that they have learned. . . There’s something so powerful and cool when we invite a family to come and tell their story, and you see the faces behind the numbers that is just – it just brings it to life... It re-ignites passion and buy-in [at both the practitioner level and at the family level].”

Respondents from the *Cabarrus County Implementation Team* added that it is helpful when Triple P families share their stories with groups of Triple P practitioners and family audiences to fuel enthusiasm for the program and support continuous quality improvement.

When discussing **how community members could be more helpful** in the implementation of Triple P, the most common response, given by respondents from one-third of *local service agencies*, was for families to stay engaged in Triple P programs, follow through, address the needs they have, and be more informed consumers of Triple P and what it has to offer them. Respondents from five agencies stated that it would be helpful to get more feedback from families about Triple P services.

### Mecklenburg

As in Cabarrus County, respondents from 8 of 13 *local service agencies* in Mecklenburg reported that **local families were the most helpful** by being open to the parenting knowledge and behavior change strategies emphasized by Triple P. Respondents also stated that parent and family buy-in and ongoing engagement in Triple P programs were motivating for local Triple P practitioners. Two respondents said family feedback about Triple P services had been particularly helpful.

### Parents in Mecklenburg County

“[Parents and families are helpful by] just being present and having a willingness and desire to learn about different strategies they can use. Just being open.”

*Mecklenburg County Implementation Team* respondents noted that local families were most helpful by being responsive to Triple P and communicating with other parents about the benefits of the program.

Also similar to themes that emerged from Cabarrus County, the most common suggestion that respondents from *local service agencies* made regarding **how community members could be more helpful** was for families to stay engaged in Triple P services once started (reported by about half of respondents). Other suggestions endorsed by one or two respondents included having families promote Triple P in the community and engaging family members as community liaisons.

Respondents from the *Mecklenburg County Implementation Team* expressed that it would be helpful for families to have more of a voice in the system, by providing information and exerting some influence on the implementation process.

### System Partners

Speaking about **ways that local community members were the most helpful**, respondents from both *Triple P America* (TPA) and the *North Carolina Division of Public Health* (DPH) shared the importance of parents' stories about the positive impact Triple P has made in their families and spreading the word about Triple P in their communities.

#### NC DPH on community members

"Word of mouth from parents is always your best marketing. They're going to listen to another parent that has benefited from a service more than they're going to listen to me trying to sell you my service."

Discussing **ways that local community members may be more helpful** in the implementation of Triple P, respondents from *TPA* suggested that there is room for improvement in partnering with local parents to make key decisions about Triple P implementation, such as informing which Triple P programs to adopt locally. Both *TPA* and *DPH* would like to increase opportunities for families to share their positive Triple P experience with stakeholders and inform ongoing quality improvement through feedback and regular communication.

### Triple P America and other implementation technical assistance (TA) partners

#### Cabarrus

Respondents from *local service agencies* focused on three primary ways in which **Triple P America (TPA) and implementation TA partners were the most helpful**:

- (1) The quality of the information, resources, and materials provided (10/18);
- (2) TPA's responsiveness, availability, and quality of support (7/18); and
- (3) The quality of TPA's Triple P training process (5/18).

#### TPA responsiveness in Cabarrus County

"Triple P America has been very helpful. You can call them anytime. There are times that I called them for different things because I couldn't remember, and they get back with you within twenty-four hours. They'll send you something in the mail. They'll get somebody to answer the question... So I think they have been helpful in terms of implementing for practitioners."

Respondents from the *Cabarrus County Implementation Team* added that, though implementation TA wasn't their intent, TPIE evaluators were actually helpful by transferring implementation science knowledge through assessments and data reports. They also helped by connecting local implementation staff to other resources and networks, which respondents reported as especially helpful as the Triple P implementation and capacity work was beginning.

Discussing **how TPA and other implementation TA partners could be more helpful**, respondents from *local service agencies* provided several concerns or ideas:

- (1) Triple P materials and training are expensive and respondents from at least three agencies worried about their ability to sustain Triple P given the cost;
- (2) The training process might be improved by providing more accessible training, more specialized training and refresher courses, more peer-to-peer discussions and practice opportunities, and more flexibility in scheduling training;
- (3) Triple P material revisions may be beneficial, and include updates to Spanish translations, increasing material usability, and ensuring ease of access to resources and videos (e.g., via online formats).

*Cabarrus County on the expense of Triple P*

“It is expensive. Resources and additional trainings are expensive through them. So in the long-term, it’s going to be very hard for agencies like ourselves to keep it up if we don’t have complete funding.”

Respondents from the *Cabarrus County Implementation Team* indicated that having more guidance and support for fidelity monitoring would ensure higher quality Triple P delivery. They also stated that the Triple P Implementation Framework needed to be more practical, accessible and less theoretical.

*Mecklenburg*

Respondents from *local service agencies* in Mecklenburg focused on **four main ways that TPA and other implementation TA partners were the most helpful**:

- (1) The quality and evidence base of the information, resources, and materials (7/13);
- (2) TPA’s responsiveness and ability to provide support and feedback (4/13);
- (3) The packaging and standardization of materials, methods, and platforms (3/13); and
- (4) The quality of TPA’s training process (3/13).

*Practitioners’ website in Mecklenburg County*

“I like the practitioners’ website. Whether I’m working with a family individually or preparing to do a discussion group, I can go to the practitioners’ website, select what I’m going to work on, and open up a file that gives me all the paperwork I need. It gives me step by step reminders ... everything I need is packaged. Having that resource and having it very accessible has been fantastic.”

Respondents from the *Mecklenburg County Implementation Team* reported that TPA and other implementation TA partners had been most helpful by providing knowledgeable trainers, tools, refresher courses, and by being accessible.

**Mecklenburg County on making Triple P personable**

“Triple P is a cookie cutter approach. It’s standardized, it’s universal...You can pop it anywhere in the world and do it. But in order to build the relationship and rapport [with families], you have to make it personable on multiple levels. I think researchers and Triple P America can help make it personable on a more cultural level.”

Speaking about **ways that TPA and other implementation TA partners could be more helpful**, three respondents from *local service agencies* stated that it would be helpful to make materials more culturally and locally responsive, less outdated, and more accessible. Three other respondents desired for Triple P to adopt more technologically advanced processes. Other concerns centered on the cost of Triple P training and materials, which were viewed as unsustainable for many agencies. Finally, several respondents stated that TPA needed greater organizational capacity, stronger implementation support, and more regular communications and updates for stakeholders.

Respondents from the *Mecklenburg County Implementation Team* indicated that TPA and other implementation TA partners could be more helpful by providing stronger and more locally contextualized implementation support, as well as guidance about what Triple P implementation processes need to look like at county and statewide levels. Similar to comments from other respondents, they also suggested that TPA needed to make materials and resources more locally responsive.

**System Partners**

Respondents from both *Triple P America* (TPA) and the *North Carolina Division of Public Health* (DPH) emphasized that **implementation TA partners had been helpful** by supporting organizational learning and application of implementation science. For DPH, systematically going through the pieces of implementation helped raise awareness of how to support programs such as Triple P. They also praised TPA for being a strong collaborative partner in North Carolina.

**NC DPH on Triple P America**

“I’ve done a lot of programs, and I will say that, in terms of a model developer, Triple P America has been one of our strongest partners. They have been a true partner and not gotten in the way of the work. I can’t say that for some of the other models we’ve had. They tend to set up road blocks in some cases. We’ve been fortunate to do something unique here in North Carolina that has put us on Triple P America, Triple P International’s radar. We’ve gotten so much more support from them as a model agency than we have any other [developer] that we’ve ever worked with.”

Respondents from *TPA* indicated that **implementation TA partners could be more helpful** by supporting the development of local implementation capacity in areas where TPA is more limited or program focused. While *DPH* struggled to describe how TPA could be more helpful, one suggestion explored a train-the-trainer model that could enhance the value of Triple P locally.

## Triple P researchers and developers

### *Cabarrus*

Respondents from *local service agencies* in Cabarrus County reported **that Triple P researchers and developers had been helpful** in building the Triple P evidence base and demonstrating its effectiveness in real-world service systems. One-third added that researchers' roles in the development of Triple P training and materials, and having those resources available online, were also important.

### *Cabarrus County on Triple P Evaluation*

"I think being part of research makes you aware and makes you more intentional about what you're doing. You know what to look for and what direction you want to take things in. [TPIE] gave us language and tools to be more intentional about our efforts with implementation."

Respondents from the *Cabarrus County Implementation Team* shared that having the TPIE evaluation team monitor the development of local implementation capacity and processes, and making recommendations for improvement, was particularly helpful. In addition, the county's own efforts to collect local data to demonstrate program effectiveness was helpful gaining buy-in and involvement from key stakeholders.

Among respondents from *local service agencies*, no particular suggestions rose to prominence for **how Triple P researchers and developers could be more helpful**. In fact, five respondents stated said that Triple P research could not be more helpful than they already are. Despite lack of clear recommendations, one respondent each advocated for: more frequent research updates, more and better access to local outcome data, tip sheets about additional topics, additional research on how to sustain Triple P in service systems, improved parent assessment approaches, and additional research on Triple P feasibility in real-world service systems.

Respondents from the *Cabarrus County Implementation Team* suggested that research on the characteristics of practitioners that are associated with successful Triple P delivery would help local recruitment and selection processes. Also useful would be having an online portal where leadership and implementation teams could access implementation best practices at a glance. Finally, respondents suggested that making Triple P research more accessible and usable to policymakers would be helpful.

### *Mecklenburg*

Similar to Cabarrus County, about half of respondents from *local service agencies* in Mecklenburg reported **that Triple P researchers and developers had been helpful** in building the Triple P evidence base and demonstrating its effectiveness in real-world service systems. Also helpful was Triple P researchers' roles in the development of the training, materials, and assessment tools, and ensuring that resources were available online.

Respondents from the *Mecklenburg County Implementation Team* shared that it had been particularly helpful for Triple P researchers to develop a public health approach to parenting

support, acknowledging varying levels and kinds of support that parents need, and ensuring that the program has good outcome measures.

Three respondents from *local service agencies* suggested that **Triple P researchers and developers could be more helpful** by increasing their research on culturally responsive delivery of Triple P. Small numbers of respondents separately advocated for the Triple P evidence base and research updates to be more accessible, more and better access to local outcome data, research on better professional development methods to support intended program use, the development of tip sheets on health and other current topics, improved parent assessment approaches, and additional research on Triple P feasibility in health service systems.

Respondents from the *Mecklenburg County Implementation Team* suggested that Triple P researchers and developers could add additional value by targeting programs within the Triple P system to tighter age ranges, such as birth-to-five instead of birth-to-twelve.

### **System Partners**

Respondents from *Triple P America (TPA)* emphasized that **Triple P researchers and developers were most helpful** by developing and making accessible an extensive evidence base around Triple P. Respondents were proud that Triple P researchers would not release new Triple P program variants without sound research behind them. Additionally, they were appreciative of the Triple P System Population Trial conducted in South Carolina and noted that lessons from that trial could be applied locally in North Carolina.

Respondents from the *North Carolina Division of Public Health (DPH)* found their partnerships with, and the local involvement of, Triple P researchers and developers to be particularly helpful.

Respondents from *TPA* indicated that **Triple P researchers and developers could be more helpful** by more closely matching real-world Triple P implementation or system rollouts and ongoing Triple P research. Utilizing Triple P system rollouts as naturally occurring research opportunities could facilitate greater dialogue between science and practice.

*DPH* respondents noted Triple P researchers could be helpful by continuing to investigate new areas of parent need and application of Triple P programs and strategies.

## **Stakeholders' Priority Recommendations for Leading Triple P Rollouts in NC Counties**

**Question:** “If you were in charge of rolling out and supporting Triple P in a county, what would you focus on to make implementation work and keep Triple P going?”

### **Cabarrus**

The most frequent recommendation provided by respondents from *local service agencies* in Cabarrus County related to promoting Triple P awareness and investing time and effort in public relations (5/18). Other recommendations given by respondents from three to four agencies included providing Triple P orientation sessions for local agencies and community partners to

generate understanding and buy-in; conducting agency readiness assessments; ensuring fit between Triple P programming, selected county practitioners and agencies, and the populations to be served; facilitating opportunities for cross-system collaboration and learning; ensuring proactive implementation support and communication from a lead county implementation agency; and acquiring sufficient resources.

Respondents from the *Cabarrus County Implementation Team* stated that partner engagement needs to be a priority because it builds collective action and the foundation needed for success.

### ***Mecklenburg***

Like Cabarrus, top recommendations reported by respondents from (about half of) *local service agencies* in Mecklenburg included promoting Triple P awareness across county stakeholders, agencies, and community members. Other frequent recommendations included facilitating opportunities for cross-system collaboration and learning and ensuring proactive implementation support and coordination from a lead county implementation agency.

One or two respondents mentioned that they would provide more education on the Triple P model, ensure sufficient funding and resources, and identify the local “gatekeepers” who could drive referrals. In addition, some respondents indicated that they would train more of the right practitioners to deliver Triple P and have practitioners that were entirely devoted to delivering Triple P. One respondent stated that they would prioritize Triple P model fidelity while another would prioritize a cost-benefit analysis.

Respondents from the *Mecklenburg County Implementation Team* reported that they would focus on local service agency readiness for implementing Triple P by providing proactive information about Triple P, model implementation, and the resources and abilities required to make implementation work.

### ***System Partners***

Respondents from *Triple P America (TPA)* provided several priority recommendations, including:

- (1) Prioritizing buy-in and ongoing commitment from leadership within local service agencies participating in county Triple P coalitions;
- (2) Ensuring that agency supervisors and managers understand Triple P and how to provide day-to-day support for practitioners’ delivery of the program;
- (3) Engaging in a thoughtful strategic planning process for implementation within local service agencies to ensure integration of Triple P with other agency service delivery;
- (4) Ensuring strong program fit within local agencies through proactive planning to select the right practitioners to deliver Triple P, considering agencies’ abilities to sustain Triple P over time, assessing value for using data for quality improvement, and assessing comfort taking local accountability for program success; and

- (5) Given the important role of implementation science, providing active implementation support to ensure that implementation and service goals are clear and being evaluated.

**Triple P America on partnering**

“We need to get to a point where we start focusing on not just being a purveyor, but a partner with organizations. Therefore, if we’re going to partner with you and spend the time and the energy as a result of what we do, we need to be confident that this is something that’s going to stick...”

Respondents from the *North Carolina Division of Public Health (DPH)* also had several priority recommendations, including:

- (1) Following Triple P’s implementation framework to ensure intended results;
- (2) Bringing together key stakeholders in local communities to gain buy-in for Triple P implementation;
- (3) Ensuring strong links between local leadership and implementation teams, along with strong Triple P coordinators at the county level;
- (4) Requiring stronger and more ready implementation infrastructure from the beginning of Triple P rollout;
- (5) Planning for sustainability from day one; and
- (6) Collecting and using data for ongoing quality improvement.

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## Summary and Recommendations

The purpose of the Triple P Implementation Qualitative Evaluation (TPIE-Qualitative) was to better understand findings from the initial Triple P Implementation Evaluation (TPIE) and to further improve the planning process for impact and sustainability in North Carolina counties scaling-up Triple P. Across Cabarrus and Mecklenburg counties, evaluators interviewed county implementation teams, local Triple P agency leaders and implementation support staff, and key representatives from both Triple P America and the North Carolina Division of Public Health that were involved in supporting the scale-up of Triple P in the two counties. Interview questions were designed to explore stakeholders’ perceptions of the original TPIE findings and illuminate context factors and key decision points that may have influenced each county’s efforts to scale-up Triple P during the original evaluation period. A summary of key findings for each area of inquiry is provided below.

### Face Validity of the Initial Triple P Implementation Evaluation Results

Overall, TPIE-Qualitative respondents indicated agreement with the initial implementation evaluation findings at both county and agency levels in Cabarrus and Mecklenburg. Where disagreements existed, they did not exceed what might be usually expected given the nature of this evaluation and the way in which initial TPIE findings were categorized and presented to respondents. This strengthens confidence in original TPIE results.

## Factors Influencing the Development of Local Implementation Infrastructure & Capacity

Five key themes emerged from responses about **organizational and system influences** on the development of county capacity and agency infrastructure to support the use of Triple P:

- (1) Well-resourced county implementation teams are essential for developing and nurturing implementation capacity and infrastructure across county Triple P coalitions.
- (2) Service agency leadership and implementation teams are key resources for developing agency implementation infrastructure to support practitioners' use of Triple P as intended.
- (3) Adequate funding and resources are needed to support and sustain Triple P implementation and service delivery.
- (4) Robust exploration and readiness processes at each level of the state system (state agencies, lead county implementation agencies, local service agencies, and local practitioners) are needed to set up and sustain healthy Triple P implementation initiatives. This includes ensuring goodness of fit between Triple P and county wellbeing needs, agency contexts, and family service preferences.
- (5) Ongoing support networks that serve practitioners' delivery of Triple P (i.e., peer support networks), local service agencies' implementation of Triple P (i.e. county Triple P coalitions), and counties as they work through challenges scaling Triple P (i.e., the North Carolina Triple P State Learning Collaborative) are important to sustain and enhance Triple P implementation and service delivery.

Five key themes emerged from responses about **Triple P as a program or Triple P America as a purveyor** on the development of county capacity and agency infrastructure to support the use of Triple P:

- (1) Triple P materials are high quality, usable, and accessible. Keeping them updated and reflective of cultural diversity is important.
- (2) Triple P has added value because of its evidence base.
- (3) There was variability about the perceived fit of Triple P, as a program, to agency needs. This again highlights the need for a robust exploration process to ensure fit and readiness for implementation.
- (4) TPA is a well-regarded and responsive purveyor organization, though there is a need for more implementation support overall, and a particular need for locally contextualized implementation support.
- (5) There were concerns about the expense of Triple P training and materials, and some respondents asked for consideration to develop local Triple P trainers in order to mitigate agencies' challenges sustaining access to Triple P training.

## Key Decision Points Encountered While Implementing Triple P

The most consistently reported decision-points that stakeholders had encountered while implementing Triple P revolved around how to build sufficient capacity to support local implementation. When decisions resulted in the availability of greater implementation resources and abilities to support counties, agencies, and/or practitioners, greater benefits were experienced. Examples of such decisions include developing and maintaining:

- (1) The North Carolina Triple P State Learning Collaborative.
- (2) State-level staff for data management and the management of Triple P Online.
- (3) County-level Triple P Coordinators and Implementation Teams.
- (4) Various forms of county and agency-level implementation infrastructure (e.g., peer support networks).

In addition, the following two decisions points were consistently voiced by respondents from local service agencies and may be targets of future support from TPA and other implementation technical assistance providers:

- (1) How many practitioners to train in Triple P interventions, and at what levels of the Triple P system.
- (2) How to best organize and sustain peer support networks for practitioner coaching.

Finally, it is clear from stakeholder interviews that agencies and counties prioritize differently the development of implementation infrastructure to support the use of Triple P. *Less than a quarter of local service agencies ranked it in the top quartile of their priorities and one of the two counties ranked it amongst its highest priorities.*

## System Partners' Support for the Local Implementation of Triple P

Regarding the role of **local county Triple P coalitions** and their member agencies, four key themes emerged:

- (1) Support and leadership from local county implementation teams was by far the most helpful aspect of the county Triple P coalitions.
- (2) Making Triple P trainings and opportunities for ongoing coaching support accessible for local agencies and practitioners was particularly beneficial.
- (3) There was a clear request for more opportunities for agencies to meet to share experiences and ideas, problem-solve, and increase the amount of feedback and information sharing between the county implementation teams and local agencies.
- (4) Local service agencies have unique capabilities to bring to the table partners with knowledge and experience about what local families need.

Regarding the role of **funders, particularly the North Carolina Division of Public Health (DPH), and policymakers**, five key themes emerged:

- (1) Far and away, the most helpful activity of funders and policymakers, such as the DPH, is the provision of sustainable and flexible funding for county Triple P initiatives.
- (2) There is a need for more and more sustainable funding to support the existing county Triple P coalitions and to expand the number of Triple P rollouts statewide. Finding this funding will likely require a blending of public and private financial streams and organizing cross-sector support within the North Carolina Department of Health and Human Services.
- (3) Another way in which DPH was particularly helpful was establishing and maintaining support for the North Carolina Triple P State Learning Collaborative.
- (4) More frequent and better communication from DPH to the county Triple P coalitions and their member agencies would be beneficial.
- (5) DPH's leadership of efforts to educate state legislators about the value of Triple P and its potential health and economic benefits for the state of North Carolina may be particularly important moving forward.

Regarding the role of **local community members, including the families and youth being served by Triple P**, five key themes emerged:

- (1) Local service agencies and county leaders found parents' openness to Triple P content and behavior strategies to be of particular benefit for Triple P success.
- (2) Local families who have been engaged in Triple P services have an important role in providing feedback and supporting continuous quality improvement at agency, countywide, and statewide levels.
- (3) Local families have a unique ability to catalyze Triple P engagement within their communities by word-of-mouth advertising, sharing positive experiences, and transferring learning and parenting skills to other community parents and stakeholders.
- (4) Local families also have a unique ability to successfully champion Triple P with local, county, and statewide stakeholders.
- (5) There are opportunities to more systematically involve local community members and families in the Triple P implementation infrastructure, such as in decision-making bodies that select which Triple P programs to adopt locally.

Regarding the role of **Triple P America and other implementation technical assistance providers**, five key themes emerged:

- (1) TPA is a very responsive program purveyor and provides high quality program support and strong partnerships.
- (2) The quality of Triple P materials and resources from TPA is high, though it may benefit from revision to increase local and cultural responsiveness. Enhancing accessibility of Triple P materials through digital platforms may also be helpful.
- (3) The quality of TPA's Triple P training process is also high.
- (4) The cost of Triple P training and materials is perceived to be high by local stakeholders and raises concerns about the sustainability of local access.

- (5) Active implementation support based on implementation science is particularly valuable to state, county, and local stakeholders, and even TPA itself. Each level of the state system may benefit from increased implementation support from TPA and other implementation support providers.

Regarding the role of **Triple P researchers and developers**, three key themes emerged:

- (1) It has been particularly helpful that Triple P researchers have established a broad evidence base and have demonstrated Triple P effectiveness in real-world service systems.
- (2) Making Triple P research more accessible and usable to diverse stakeholders would be of value.
- (3) Local Triple P implementation and scale-up initiatives provide naturally occurring research opportunities that could be used to increase information about Triple P fit and feasibility in varied settings, as well as create local data that can be used for ongoing quality improvement.

## Respondents' Priority Recommendations for Leading Triple P Rollouts in North Carolina Counties

Across all respondents, a handful of top priority recommendations for leading Triple P rollouts in North Carolina counties emerged:

- (1) By far, the most discussed priority recommendation was ensuring readiness for Triple P implementation at county and agency levels. This included ideas such as conducting Triple P orientation sessions for community stakeholders, assessing agency readiness for implementation and fit of Triple P programming, and gaining buy-in from agency leadership and staff members.
- (2) Countywide Triple P rollouts benefit greatly from opportunities for cross-system collaboration, learning, and planning.
- (3) Because of the increasingly recognized need for implementation science in the rollout process, counties and agencies need access to active implementation support from TPA and other intermediaries.
- (4) Countywide Triple P rollouts benefit greatly from efforts to promote awareness of Triple P in the community, including through the Triple P Stay Positive media campaign and other public relations activities.

## Methodological Limitation

A key limitation about the methodology used in this report is that, at some point in the interview protocol, each respondent was asked to comment either about *their own historical role* in Triple P implementation for Cabarrus and Mecklenburg counties and/or the face validity of TPIE findings *driven from their own self-report data*. For example, respondents from TPA were asked how they believe they were the most helpful and could be more helpful in supporting Triple P implementation in these two counties. County implementation teams were asked about the face

validity of implementation capacity scale scores driven from their own self-report TPIE data. Likewise, local service agencies were asked about the face validity of implementation infrastructure scale scores reflecting – and partially driven from – their own self-report TPIE data. This last example had an additional limitation, which was that agencies were being asked to comment about the face validity of *aggregate agency scale scores* while likely drawing on knowledge and experience from their own agency’s Triple P implementation effort as a primary source of comparison. Therefore, where this evaluation interprets qualitative data from respondents regarding aspects of their own role in county Triple P implementation, interpretations must be made cautiously.

## Additional Recommendations Based on TPIE-Qualitative Findings

Findings from the TPIE-Qualitative reinforce many of the recommendations made in the TPIE Final Report regarding Triple P implementation in Cabarrus and Mecklenburg counties. In particular, respondents across state, county, and local settings echoed the importance of:

- **Well-resourced county implementation teams;**
- **Strong agency leadership and implementation teams;** and
- **Well-developed local implementation infrastructure to support the use of Triple P as intended** (e.g., Triple P professional development supports such as practitioner training and ongoing coaching, quality and outcome monitoring for system improvement, and communication and feedback loops to problem-solve barriers and share experiences).

However, themes across participant responses led evaluators to offer a handful of additional recommendations for both counties.

- **Systematizing thorough exploration and readiness processes for Triple P implementation would be of benefit.** Robust exploration and readiness processes for each level of the state system (state agencies, lead county implementation agencies, local service agencies, and local practitioners) are needed to establish and sustain healthy Triple P implementation initiatives. This includes assessing and ensuring goodness of fit between Triple P and local wellbeing needs, alignment of Triple P with other local initiatives, local resources needed to sustain Triple P, and the local implementation infrastructure available to support Triple P delivery. Considering the level of leadership buy-in and commitment, the capacity of local implementation teams, and practitioner qualifications and service expectations are also key components of readiness assessment.
- **Reinforcing and sustaining peer support networks, local agency coalitions, and cross-county learning networks will promote cross-system collaboration, help systematize learning, and encourage ongoing action planning and problem solving.** Support networks are needed at each level of the state Triple P system: practitioner peer support networks for ongoing professional development and Triple P coaching following accreditation; agency coalition networks for organizational support, collaborative local problem solving and decision-making, and mobilizing awareness of Triple P; and county

support networks (e.g., the North Carolina Triple P State Learning Collaborative) for coalition support, statewide coordination and guidance, and statewide advocacy.

- **Identifying and securing sustainable financial resources would greatly promote the uptake and sustainability of Triple P and relieve tension from local implementation systems.** While the value and potential wellbeing impact of Triple P are apparent to many stakeholders, the combination of Triple P training and materials' cost and the rather inaccessible funding and reimbursement streams for Triple P services are a concern. One of the contributions that county stakeholders' have most appreciated to date has been funding started by the North Carolina Division of Public Health. However, there are realizations that DPH funding is likely not sustainable at sufficient levels in the long run and securing blended funding streams from public and private investors would be of great benefit.

TPIE-Qualitative findings also offer greater detail for recommendations about co-creation partner roles that were only briefly introduced in the TPIE Final Report:

- **State agencies, such as DPH, have important roles** appropriating resources and supporting county and state activities for ongoing learning and collaboration. Increasing the frequency and quality of their communication with local and county leaders and about the value of Triple P in North Carolina, particularly using local outcome data, with state policymakers and other funders may be additionally helpful.
- **There is a need for enhanced implementation support from intermediary organizations and Triple P America (TPA).** TPA has been an effective and trusted partner supporting the scale-up of Triple P in Cabarrus and Mecklenburg counties, but local agencies, counties, and TPA itself recognizes a need for broader and locally contextualized implementation support grounded in implementation science.
- **There are opportunities to more systematically involve local community members and families in the Triple P implementation infrastructure and opportunity costs of not doing so.** Local families are in a unique position to identify wellbeing needs, service gaps, and accessibility challenges, and can integrate local values and community history into decision-making bodies. They also have a unique ability to catalyze Triple P engagement within their communities, mobilize Triple P learning and parenting skills, and champion Triple P with local, county, and statewide stakeholders.
- **Triple P researchers and program developers have provided a foundation of evidence that sets the stage for local success, but have an ongoing role** ensuring the local responsiveness of Triple P materials and resources, making Triple P accessible for a variety of needs and through a variety of platforms, supporting local research and evaluation for program optimization, and keeping stakeholders informed about the evolution of the Triple P evidence base.

Some or all of these recommendations may also be helpful beyond Cabarrus and Mecklenburg counties as statewide partners continue to strengthen support for, and activities related to, the scale-up of Triple P across North Carolina counties.

## Reference

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook*.