TRIPLE P 5 YEAR STRATEGIC PLAN

Intro:

The 5 Year Strategic Plan is designed to help communities proactively plan for Triple P scale-up and support over the next 5 years. The 5 Year Strategic Plan, in alignment with the NC Triple P Model Scale-Up Plan, asks communities to speak to planned activities, strategies, structures, and processes to scale-up and support the Triple P system of interventions for whole-community reach. Each plan should be tailored and specific to each region's community needs, resources, and specific visions.

Visioning for Triple P scale-up on a longer-term can help with more strategic goals and action steps from year to year. Communities are encouraged to revise the 5 Year Strategic Plan annually based on what has been accomplished and learned in the previous year as well as what is expected in coming years (e.g., community needs, community change). The plan should be a guide for the completion of required Annual Progress and Action Plans.

Once the NC Triple P Model Scale-Up Plan is implemented, the expansion of Triple P across the state will support positive parenting in all families and prevent child maltreatment. Population-level impact will be measured by all parenting support service delivery and will depend on a collaboration of agencies working together toward strengthening families.

Format:

The NC Triple P 5 Year Strategic Plan consists of 2 sections:

1) Your community's Triple P Scale-Up Plan, and

2) Your Support Plan to provide assistance to communities not yet scaling Triple P.

Scale-Up Plan

The Scale-Up Plan section will address how communities and Lead Implementing Agencies (LIA's) will meet Triple P programmatic expectations and related implementation capacity and support needs in communities that are scaling the Triple P system of interventions. Scaling communities are defined as a local municipality, a county, or a geographic region in which an organized approach to Triple P scale-up is being undertaken. Leadership, management, and coordination of Triple P scale-up is enabled through community Triple P Coalitions.

If there is more than one community Triple P Coalition supported by DHHS funding within your service area, separate Scale-Up Plan sections should be completed for each defined community coalition.

Support Plan

At present, there isn't fiscal capacity to fully scale in all 100 NC counties. The **Support Plan** section will address how LIA's support communities that aren't scaling up at this time. The Support Plan should include consideration of communities that have some organizations or practitioners delivering in-person Triple P as well as communities that do not yet have in-person delivery of Triple P. All communities have TPOL as an option for parents, so the Support Plan should include plans for helping organizations and practitioners be aware of TPOL and how to refer families to TPOL. The Support Plan should consider the needs of these support communities as well as a plan for offering guidance to these communities. The support plan should also provide guidance on when a community is ready to move from a "supported community" to a "scale-up community."

Who's Involved in developing the plan:

The Lead Implementing Agency (LIA), inclusive of the Implementation Team and leadership from the LIA, ensure the development of this plan; however, the Triple P Community Leadership Team, Community Triple P Coalitions, and other co-creation partners should provide their input, knowledge, and guidance in order for the plan to have broad applicability. It is intended that this plan will be widely shared across community stakeholders.

Team Descriptions:

Community Triple P Coalition: A community coalition is a type of organized group response by stakeholders to build consensus, actively engage diverse organizations and constituencies in addressing community problems, and to implement solutions to resolve or diminish the problem(s), such as Triple P.

Community Leadership Team (CLT): The CLT contains broad community Triple P stakeholders with decision-making authority that help with strategic planning, advocacy, networking, system change, resource mobilization, and communication across the community.

Lead Implementing Agency (LIA): This agency assumes fiscal responsibility as well as a leadership role in facilitating the scale-up and expansion of Triple P across the county and/or county cluster. (See Model Scale-Up Plan for further details.)

Community Implementation Team (CIT): provides day-to-day support for Triple P implementation within local service agencies and facilitation for Triple P scaling and change processes across the region. CITs include at least three full-time equivalents (FTEs) across these four roles:

- Local coordination and implementation support for community partners and stakeholders;
- Practitioner support, training coordination, and coaching;
- Community outreach and communications; and
- Data collection, reporting, and continuous quality improvement. (See Model Scale-Up Plan.)

Designated Lead Implementing Agency for this region:

Date Plan Developed:

Date Last Reviewed/Revised:

Let's Get Started!

General Information

1. What is your service area's vision for Triple P?

2. Using the county map below, please:

- Outline in a thick red line (e.g., using a sharpie) the service area that your LIA supports.
- Highlight in green those counties currently engaged in Triple P scale-up efforts. As a reminder, "scaling communities" are defined as a local municipality, a county, or a geographic region in which an organized approach to Triple P scale-up is being undertaken. Such organized approaches typically include structured partnerships and systematic activities across all five levels of Triple P (or at least levels 1-4). It is possible that some regions may include more than one community scale-up effort. If applicable, separate community scale-up efforts within the region will be identified within scale-up planning templates later in this document.
- Highlight in yellow the counties in which you anticipate scale-up efforts within the next 5 years

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Red Outline = Service Area

Green = Counties currently involved in Triple P Scaling Efforts

Yellow = Counties anticipated to be scaling within 5-years

Designated Lead Implementing Agency for this region:

Date Plan Developed:

Date Last Reviewed/Revised:

Scale-Up Plan Section

This section applies to DHHS-funded Community Triple P Coalitions within your service area. Leadership, management, and coordination of Triple P scale-up and expansion within North Carolina communities will be enabled through community Triple P coalitions. **In the case that more than one defined community Triple P coalition supported by DHHS funding exists within your service area, separate versions of the following planning sections should be completed for each defined community coalition.**

Broad Triple P community coalition partners (e.g., community leaders and practitioners beyond the LIA, community members and parents that may participate in or benefit from Triple P services, local funders and policymakers) should be involved in developing your community Scale-Up Plan. However, the Lead Implementing Agency for the region (i.e., Community Implementation Team members) should provide close support, help, and facilitation during this community planning process.

When considering counties to expand scale-up efforts to, coalitions should give consideration to a county's ***fiscal capacity*** and readiness to implement. Fiscal capacity will be dependent on the overall LIA budget, as well as any additional funding sources for the region and/or specific communities and agencies. Secondly, new counties need to have a certain level of readiness to implement Triple P, assessed in part by community-wide leadership buy-in and involvement, an initial cohort of willing and able community service organizations that are committed to delivering Triple P, and fit of Triple P mission, goals, and activities with identified community needs and vision, etc.

1. Community Coalition/Region Name:

Designated Lead Implementing Agency for this region:

Date Plan Developed:

Date Last Reviewed/Revised:

2. Please outline in red on the North Carolina map below, the counties your Community Triple P Coalition serves.

3. Is this a new/newly planned Community Triple P Coalition, just beginning Triple P scale up? Y/N

4. Please list the names and affiliations of all community partners participating in this planning process:

5. Please list the names and organizational affiliations of any individuals providing support for this planning process, starting with Community Implementation Team members and NC Triple P Support System members:

Programmatic Expectations

The target population for North Carolina Triple P is families with children ages 0-17.

1. Using the stage definitions and grid provided below, please report the status and planned scale-up of the following Triple P interventions in your community.

Designated Lead Implementing Agency for this region:

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NC Prioritized Triple P Interventions

- Level 1 Stay Positive *(because the provided definitions do not directly apply, please use the spirit of the stage definitions when placing this intervention in the grid below)*;
- Level 2 Selected Seminar and Seminar Teen;
- Level 3 Primary Care, Primary Care Teen, Discussion Group, and Discussion Group Teen;
- Level 4 Standard, Standard Teen, Online, Online Teen, Group, and Group Teen;
- Positive Early Childhood Education (PECE) program; and
- Level 5 Pathways *(DSS contracts in your service area may prioritize this intervention)*.

Stages of Implementation Definitions

- **Exploration**: These Triple P interventions are under consideration or are in planning for future use in your community. Information is still being gathered on how these Triple P interventions may respond to identified needs in the community. Conversations with Triple P America about the characteristics and utility of these interventions may be ongoing. Conversations with community leaders, agencies, and other stakeholders about the appropriateness and timing of these interventions may be ongoing. Community resources are not yet being used to install these Triple P interventions.
- **Installation**: Community resources are actively being used to implement these Triple P interventions in your community. Local practitioners may be training in and practicing their use of these Triple P interventions, but accreditation of practitioners in these Triple P interventions has not yet occurred. As such, these interventions are not yet systematically being delivered to community families. Agency administrators and managers may be preparing their agencies to support to the systematic use of these Triple P interventions.
- **Initial Implementation**: Community Triple P practitioners have been accredited in these Triple P interventions and they are in the early stages of being systematically delivered to community families. Practice behaviors related to these Triple P interventions are still relatively new for your community Triple P practitioners. Agency administrators and managers are also engaging in new behaviors and supporting new operations related to these Triple P interventions. Community and agency implementation barriers and system needs may be emerging as new behaviors and operations come into contact with those prior. Practitioner, agency, and

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community stakeholder buy-in for these newly implemented Triple P interventions may still need support and attention. Data collection and use of data for quality improvement may be in the early stages.

- **Full Implementation**: The majority of community Triple P practitioners are delivering these Triple P interventions as intended (i.e., with known fidelity). Although they still may require active attention and support, local agencies have accommodated these Triple P interventions as a part of their business as usual.

Current Scaling Community Triple P Interventions by Stage of Implementation and County (Green Counties)				
Triple P Intervention	**Exploration**	**Installation**	**Initial Implementation**	**Full Implementation**
e.g. Level 4 Standard	*Union*			
e.g. Level 3 Primary Care		*Pitt*	*Mecklenburg*	

2. North Carolina Triple P aims to reach 20-25% of families with children ages 0-17 through service delivery of Triple P Levels 2-5. Additionally, North Carolina Triple P aims to reach 85% of the population through a primary prevention communications strategy, Triple P Level 1, Stay Positive. Using whatever relevant data sources or information you have available:

Current and Projected Level 2-5 Triple P Reach						
Target Population	**FY 2020**	**FY 2021**	**FY 2022**	**FY2023**	**FY 2024**	**FY 2025**
Children aged 0-17 served in-person	*e.g. 2%*	*e.g. 5%*	*e.g. 10%*	*e.g. 12%*	*e.g. 15%*	*e.g. 18%*
Caregivers served in-person						

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Caregivers served through Triple P Online						
% TOTALS						

Current and Projected Level 1 Reach						
Target Population	**FY 2020**	**FY 2021**	**FY 2022**	**FY2023**	**FY 2024**	**FY 2025**
Caregivers						

3. List all evidence-based parenting and family support programs and practices, *other than Triple P*, that are already being delivered within your community, including those that are being formally sponsored by PSG-involved state agencies *(link of PSG state agency supported programs):*

Community Family Support Programs and Practices		
Program/Practice	**Target Population**	**Service Agency Delivering**
e.g. Parents as Teachers	*e.g. Children 0-3*	*e.g. Smart Start*

Designated Lead Implementing Agency for this region:

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4. Data from a community needs assessment should be used to support the selection of initial and ongoing Triple P target populations and program variants within your community.

   a. List any PSG-provided sources of community needs data that you have used to support the selection of initial or ongoing Triple P target populations and program variants within your community. (The PSG-provided community needs data sources can be found here

   b. List any locally-procured or developed sources of community needs data that you have used to support the selection of initial or ongoing Triple P target populations and program variants within your community:

   c. What are the key trends, relevant to this planning process and as determined by the Community Planning Team, that are shown in your community needs assessment data? Questions you may want to consider when reviewing needs assessment data include, but are not limited to:
      - What did the data tell you about the community needs in your community that Triple P may help impact?
      - What did the data tell you about positive trends in your community?
      - What are the problems/gaps;
        - How frequently are they occurring;
        - Where in your community are you noticing the issue?
        - Who in your community is most impacted by the issue?
        - What community factors may be compounding this issue?

5. Based on trends in current community needs assessment data, what determinations have been made by your strategic planning team about:

   a. New Triple P target populations over the next five years (indicate year of planned outreach):

   b. Expansions of existing Triple P target populations over the next five years (indicate year of planned expansions):

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c. New Triple P program variants over the next five years (indicate year of planned implementation):

d. Existing Triple P program variant expansions over the next five years (indicate year of planned expansion)

e. For any Triple P variants included in these lists that are not one of the priority Triple P interventions (see list under Programmatic Expectations #1) expected to be present in all DHHS-funded communities participating in North Carolina Triple P (e.g., Stepping Stones, Lifestyles, Enhanced, etc.), please complete the following information:

- Have all priority interventions been implemented? Y/N
- In what way do the trends in your community needs assessment data inform and justify the adoptions of these additional Triple P variants?

Projected Scaling Community Triple P Interventions by Stage of Implementation and County (Yellow Counties)				
Triple P Intervention	**Exploration**	**Installation**	**Initial Implementation**	**Full Implementation**
e.g. Level 4 Standard		*Union – FY 2021* *Pitt – FY 2023*	*Union – FY 2022* *Pitt – FY 2024*	*Union - FY 2023* *Pitt – FY 2025*

6. If this is a new/newly planned community Triple P coalition in your region, just beginning Triple P system scale-up:

Designated Lead Implementing Agency for this region:

Date Plan Developed:

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   a. Describe your plans, with relevant timelines or benchmarks, to ensure that an initial cohort of practitioners from participating service agencies will be trained and delivering Triple P within six to twelve months of the receipt of funding:

   b. Describe your plans to implement Level 1 Triple P Stay Positive within nine to twelve months of the receipt of funding, commensurate with the initiation of Triple P service delivery within the community:

7. Please describe your plans, with relevant action steps, timelines, and benchmarks, to integrate and align Triple P with other evidence-based or DHHS-supported parenting and family support programs and practices that are already being implemented/delivered within your community:

Implementation Capacity and Support

The partners co-creating local infrastructure will be responsible for developing the following teams and systems to support Triple P scale-up and expansion in the local community.

Lead Implementing Agencies and Community Implementation Teams

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

1. List the leaders with executive decision-making authority within the LIA who will provide leadership and performance support for all Triple P-related activities within the LIA:

2. Leadership participation is expected to be provided as a part of existing organizational leadership responsibilities, even if associated with indirect costs from DHHS Triple P funding contracts. Please describe your plan for the identified LIA leader or leaders to support:
   a. Communication and advocacy for Triple P within the LIA and the region:

   b. Engagement of broader regional Triple P co-creation partners, including community members:

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c. Participation in community Triple P leadership structures and processes:

d. Development of Annual Progress and Action Plans:

e. Acquisition of key information, materials, and resources for regional Triple P efforts:

f. Facilitation of learning, innovation, and action planning for barriers and systems changes:

g. Performance of a Community Implementation Team (CIT) and its members:

h. What challenges do you anticipate in ensuring leadership participation over the next 5 years? How do you plan to mitigate these challenges?

3. Please describe your plan for the LIA (through its identified Triple P leaders, CIT members, or other LIA staff) to ensure the following responsibilities for your community Triple P coalition:

   a. Developing or tapping into an existing community coalition to lead Triple P scale-up;

   b. Facilitating dialogue between partners;

   c. Managing data collection and analysis;

   d. Ensuring communications loops for key updates and events;

   e. Coordinating community outreach and Triple P training;

   f. Managing budgets and mobilizing funds within the region;

   g. Promoting and supporting Triple P online within the region;

   h. Providing local strategic direction (e.g., per five-year and annual plans).

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i. What challenges do you anticipate regarding these areas over the next 5 years and how do you plan to mitigate these issues?

Community Triple P Coalition

Community Triple P coalitions should be representative of the full array of cross-sector Triple P service agencies, with involvement and inputs from other co-creation partners such as funders, policymakers, and community members. As a reminder, community Triple P coalitions may tap into an existing community collation, or LIAs may form a newly developed coalition for Triple P.

1. List all local Triple P service agency sectors currently involved in your community Triple P coalition that are delivering Triple P programs.

Community Triple P Coalition		
Community Sector Representation	**Organization Name**	**Role of Representative in Organization**
e.g. Mental Health	*Sunshine Behavioral Health Services*	*Executive Director*
e.g. Dept of Social Services	*Not represented yet*	*N/A*

2. Triple P service agencies are selected through a process developed by the CIT and likely with input from broader community coalition partners. The coalition should make significant efforts to incorporate community-level service agencies reflective of

partners within the NC Triple P Partnership for Strategy and Governance (i.e., DPH, DSS, DJJ, DMH, NCPC) in addition to broader public and private child and family serving agencies in order to achieve population-level reach and impacts. Please describe your plans for developing, revising, or otherwise improving your process to select local Triple P service agencies over the next five years:

3. If your local or regional DPH, DSS, DJJ, DMH, or Smart Start agency is not already involved in delivering Triple P programs through your community Triple P coalition, please describe your plan, including relevant timelines and benchmarks, for engaging them to participate in community Triple P implementation activities within the next two years:

4. There are several expectations of Triple P service agencies that are selected and supported by DHHS-funded LIAs. Please describe your plans for ensuring your community service agencies begin to fully meet the following expectations within the next five years:

    a. Service agencies will be responsible for consistently delivering Triple P to their intended populations with appropriate fidelity and flexibility.

    b. Each service organization must establish their own Agency Triple P Implementation Team consisting of at least three team members from among agency leaders, managers, and other staff who are responsible for supporting practitioners to deliver Triple P with integrity and good outcomes. Agency leaders with executive decision-making authority are expected to have at least some regular involvement in the Agency Implementation Team.

    c. Each service organization is expected to continuously support a cohort of at least three practitioners to actively deliver Triple P. Private practitioners are not considered to be located within a typical “service organization” setting, and thus are excluded from this expectation. However, private practitioners are expected to work together with their local service organization partners, or regional or statewide peer networks, for needed support.

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d. As a condition of selection as a Triple P service organization (or private practitioner) and receiving ongoing support through the LIA, service agencies (and private practitioners) will participate in, and share responsibility for, community Triple P coalition activities, discussed above. This includes:
   - participation of Agency Implementation Team members (or private practitioners) in broader community Triple P coalition leadership structures and activities;
   - participation of agency Triple P practitioners in broader coalition workforce development systems (e.g., Triple P training, peer support and coaching);
   - the collection of data required by state and regional partners; and
   - engagement in broader community Triple P Stay Positive and other public communications/media efforts.
   - These responsibilities and activities should be documented within "written agreements" co-signed by the service organization (or private practitioner) and LIA.

e. Service agencies should have implementation plans for Triple P that include details about their own:
   - leadership and implementation team structures;
   - workforce development systems (including practitioner selection, supervision, and support processes);
   - quality and outcome monitoring systems for improvement (including the collection of data required by state and regional partners);
   - parent engagement strategies related to Triple P; and
   - internal Triple P alignment, institutionalization, and sustainability efforts.

f. What challenges do you anticipate when supporting service delivery agencies meet these requirements? What are some innovative approaches you plan to utilize to mitigate these challenges?

5. While the roles and responsibilities of various co-creation partners involved in your community Triple P coalition may be negotiated and evolve over time, coalitions developed and supported by DHHS-funded LIAs should have clear Community Triple P Leadership Team (CLT) structures that enable such negotiated roles and responsibilities. Please describe plans to ensure your CLT begins to fully meet at least the following three structural criteria within the next five years:

Designated Lead Implementing Agency for this region:

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a. The CLT is representative of participating community Triple P service agencies and the LIA:

b. The CLT has clearly structured involvement from community members (i.e., community parents being served, especially those from among historically marginalized communities in the region) and community Triple P practitioners:

c. The CLT ensures systematic, bi-directional contributions and/or inputs between the community Triple P coalition and the North Carolina Triple P Support System, the North Carolina Triple P Partnership for Strategy and Governance, and other local/regional funders, policymakers, and government administrators:

Community Triple P Leadership Team (CLT)		
Team Member Name/ Title	**Organization Name**	**Member of additional Triple P Team (CIT, LIA, Community Coalition)**
e.g. Jane Doe, Executive Director	*Sunshine Behavioral Health Services*	*Community Coalition*

Designated Lead Implementing Agency for this region:

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6. Please describe how your CLT will develop, revise, or otherwise improve over the next five years documentation of the following shared responsibilities:

    a. Demonstrating commitment to the scale-up of Triple P:

    b. Demonstrating commitment to community partnerships and co-creation processes:

    c. Creating opportunities for change within community service systems and nurturing change processes once underway:

    d. Selecting Triple P interventions to respond to identified community needs:

    e. Aligning Triple P interventions under a common approach to implementation and with other community parenting and family support practices:

    f. Participating in the selection, and ensuring alignment of, community Triple P service agencies:

    g. Reviewing and recommending solutions for shared implementation barriers and system needs:

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

7. Please describe how the membership of your community Triple P coalition (i.e., through its CLT) will develop, revise, or otherwise improve on the following responsibilities for your community Triple P coalition over the next five years. Please include relevant timelines and benchmarks.

    a. Developing a common agenda for Triple P in the community, including a shared vision for change, common understanding of the needs to be addressed, and joint approach to achieving the change envisioned:

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b. Developing shared measurement systems for improvement, accountability, and reporting, informed by core statewide Triple P evaluation requirements:

c. Establishing differentiated activities among coalition partners that are coordinated through a mutually reinforcing plan of action:

d. Engaging in continuous communication to build trust, assure mutual objectives, and reinforce ongoing commitment and motivation:

e. Reinforcing the roles and responsibilities of the LIA and the CIT to support coalition efforts and community Triple P scale-up and expansion activities:

f. What challenges could your coalition experience in ensuring these responsibilities are fulfilled? What are some innovative approaches the CLT plans to utilize to mitigate these challenges?

<u>Workforce Development Systems</u>

For practitioners to confidently and competently deliver Triple P as intended across different contexts and situations, it is necessary for robust workforce development systems to be in place. Once LIAs have selected and developed a partnership (with written agreement) with community service agencies to deliver Triple P, recruiting and selecting appropriate practitioners within those service agencies is a foundational step for community Triple P workforce development.

Please describe your approaches to ensuring the following over the next five years:

1. Triple P service agencies have appropriate selection criteria for Triple P practitioners.

Designated Lead Implementing Agency for this region:

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2. The design, installation, use, and/or sustainment over the next five years of community-wide practitioner recruitment and selection procedures.

3. Individuals making practitioner selection decisions are proficient in the key principles, skills, and abilities required to effectively deliver Triple P.

4. Cohorts of identified practitioners will participate in training facilitated by Triple P America. Triple P training courses include training, a pre-accreditation workshop, and a competency-based accreditation process. Specifically, please describe your plans to ensure that all community Triple P practitioners trained over the next five years will participate fully in:

    - Training provided by Triple P America;
    - Pre-accreditation activities, including beginning delivery of Triple P with families and the pre-accreditation workshop; and
    - Accreditation.
    - The delivery of Triple P within 30 days following accreditation.

5. Practitioner competence and confidence to deliver Triple P as intended across diverse contexts and family needs. Specifically, please describe your plans to:

    a. Facilitate the design, installation, use, and/or sustainment over the next five years of a community Triple P coaching system and related coaching practices. See the NC Triple P Model Scale-up Plan for examples of what might be included in a community Triple P coaching system and related coaching practices.

    b. Prior to participating in Triple P training, all Triple P practitioners trained over the next five years understand the expectations for ongoing coaching and have documented their plans for integration within existing Triple P supervision or coaching systems.

Designated Lead Implementing Agency for this region:

Date Plan Developed:

Date Last Reviewed/Revised:

6. What challenges do you anticipate when selecting, training, and supporting your Triple P workforce? What are some innovative approaches you plan to utilize to mitigate these challenges?

Quality and Outcome Monitoring Systems

Regional and/or community-based quality and outcome monitoring systems provide essential information to ensure that Triple P systems are improved over time and North Carolina families and communities receive intended benefits. Community Triple P coalitions are responsible for developing quality and outcome monitoring systems for improvement, accountability, and reporting.

1. Please describe your plans for the CIT to facilitate the design, installation, use, and/or sustainment over the next five years of a Triple P quality and outcome monitoring system within your community. See the NC Triple P Model Scale-up Plan for examples of what might be included in a community Triple P quality and outcome monitoring system.

Media and Networking Systems

For community-wide prevention and wellbeing efforts, developing media and networking strategies to mobilize knowledge and behavior change beyond direct practitioner-to-family services alone is important for achieving population-level outcomes. Organized positive parenting communications can serve as a key community-level intervention within the broader, multi-level Triple P system. Community Triple P coalitions are responsible for developing local media and networking systems to advance positive parenting communications through community social and professional networks.

1. Please describe your plans for the CIT to facilitate the design, installation, use, and/or sustainment over the next five years of a positive parenting media and networking system within your community. See the NC Triple P Model Scale-up Plan for examples of what might be included in a community positive parenting media and networking system.

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Expanding Financial Support Related to Community Triple P Scale-up

Co-creation partners involved in your community Triple P coalition can be helpful in developing and maintaining the necessary financial resources needed to sustain or expand your scale-up of Triple P. While DHHS funding plays a substantial role in community Triple P scale-up across North Carolina, it alone will neither be sufficient to ensure statewide Triple P Scale-up in all 100 counties nor may it be sufficient to sustain or grow your existing community Triple P scale-up efforts forever.

1. Please describe your plans for the CLT to develop and maintain over the next five years the necessary financial resources your community will need to sustain or expand your scale-up of Triple P. Feel free to incorporate expected DHHS funding, when and where relevant. However, you should also incorporate plans to develop or sustain financial resources from funding partners other than DHHS.

Support Plan Section

The **Support Plan** section pertains to only non-scaling communities (yellow & non-highlighted counties). Support Plans describe efforts to support community Triple P partners and providers within their service area who are not currently DHHS-funded for Triple P scale-up. These plans are developed by the LIA with input from broader Triple P community partners.

As completed above for scaling counties, it is useful to start the Support Plan Section with an overview of where different communities and agencies are with implementation of Triple P in your non-scaling counties. Using the stage definitions and grid provided below, please report the status of the following Triple P interventions in your non-scaling communities (yellow & non-highlighted counties).

NC Prioritized Triple P Interventions

- Level 1 Stay Positive *(because the provided definitions do not directly apply, please use the spirit of the stage definitions when placing this intervention in the grid below)*;
- Level 2 Selected Seminar and Seminar Teen;
- Level 3 Primary Care, Primary Care Teen, Discussion Group, and Discussion Group Teen;

Designated Lead Implementing Agency for this region:

Date Plan Developed:

Date Last Reviewed/Revised:

- Level 4 Standard, Standard Teen, Online, Online Teen, Group, and Group Teen;
- Positive Early Childhood Education (PECE) program; and
- Level 5 Pathways *(DSS contracts in your service area may prioritize this intervention)*.

Stages of Implementation Definitions

- **Exploration**: These Triple P interventions are under consideration or are in planning for future use in your community. Information is still being gathered on how these Triple P interventions may respond to identified needs in the community. Conversations with Triple P America about the characteristics and utility of these interventions may be ongoing. Conversations with community leaders, agencies, and other stakeholders about the appropriateness and timing of these interventions may be ongoing. Community resources are not yet being used to install these Triple P interventions.
- **Installation**: Community resources are actively being used to implement these Triple P interventions in your community. Local practitioners may be training in and practicing their use of these Triple P interventions, but accreditation of practitioners in these Triple P interventions has not yet occurred. As such, these interventions are not yet systematically being delivered to community families. Agency administrators and managers may be preparing their agencies to support to the systematic use of these Triple P interventions.
- **Initial Implementation**: Community Triple P practitioners have been accredited in these Triple P interventions and they are in the early stages of being systematically delivered to community families. Practice behaviors related to these Triple P interventions are still relatively new for your community Triple P practitioners. Agency administrators and managers are also engaging in new behaviors and supporting new operations related to these Triple P interventions. Community and agency implementation barriers and system needs may be emerging as new behaviors and operations come into contact with those prior. Practitioner, agency, and community stakeholder buy-in for these newly implemented Triple P interventions may still need support and attention. Data collection and use of data for quality improvement may be in the early stages.
- **Full Implementation**: The majority of community Triple P practitioners are delivering these Triple P interventions as intended (i.e., with known fidelity). Although they still may require active attention and support, local agencies have accommodated these Triple P interventions as a part of their business as usual.

Designated Lead Implementing Agency for this region:

Date Plan Developed:

Date Last Reviewed/Revised:

Current Non-Scaling Community Triple P Interventions by Stage of Implementation and County (Yellow & Non-Highlighted Counties)				
Triple P Intervention	**Exploration**	**Installation**	**Initial Implementation**	**Full Implementation**
e.g. Level 4 Standard	*Union*			
e.g. Level 3 Primary Care		*Pitt*	*Mecklenburg*	

Projected Non-Scaling Community Triple P Interventions by Stage of Implementation and County (Yellow & Non-Highlighted Counties)				
Triple P Intervention	**Exploration**	**Installation**	**Initial Implementation**	**Full Implementation**
e.g. Level 4 Standard		*Union – FY 2021* *Pitt – FY 2023*	*Union – FY 2022* *Pitt – FY 2024*	*Union - FY 2023* *Pitt – FY 2025*

Designated Lead Implementing Agency for this region:

Date Plan Developed:

Date Last Reviewed/Revised:

During the next five years:

1. How will the Community Implementation Team provide support to service delivery agencies in non-scaling communities?

2. How will the Community Implementation Team support PASS and model fidelity for practitioners in non-scaling communities?

3. How will the LIA build awareness for Triple P among key stakeholders in non-scaling communities?

4. How will the LIA help promote Triple P Online within non-scaling communities?

5. Will the LIA support Stay Positive activities that are tailored to the Triple P interventions available in non-scaling communities? If so, how?

6. How does the Implementation Team plan to collect data from practitioners in non-scaling communities?

7. What considerations would the Community Implementation Team have for agencies or practitioners that are seeking DHHS-funded training in non-scaling communities?

8. How will non-scaling counties provide input or otherwise connect to regional Triple P decision-making and support activities?

9. How will non-scaling counties be folded into communication loops about Triple P activities in the region?

10. What strengths exist in the non-scaling communities that would benefit Triple P scale up in the future (e.g. non-scaling county is utilizing Triple P Online regularly; Funding accessible outside of the state funding; Group of agencies interested in implementing Triple P)?

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11. Other than funding, what barriers exist in the non-scaling communities that would prevent Triple P scale up in the future (e.g. competing priorities; lack of service agency interest; low agency capacity; low perceived need)?

12. What barriers are present to supporting your non-scaling communities? What resources do you need to help overcome those barriers?

13. Given your projected scale-up Triple P intervention goals *(reference Scale-Up Section, Programmatic Expectations, Q1),* how will the LIA begin to build readiness in non-scaling communities to move them towards a more systematic and organized approach to full Triple P system scale-up? There are several considerations for assessing readiness of non-scaling communities to move to scale-up:
    - Firstly, there needs to be ***fiscal capacity*** to expand. This fiscal capacity will be dependent on the overall LIA budget, as well as any additional funding sources for the region and/or specific communities and agencies. For NCDHHS funds, the LIA is fiscally responsible for that funding, so determination of fiscal capacity to scale will be within the LIA,. For instance, when the LIA has reached scale in one county it may free-up funds to scale in a new county. Where other funding sources are available, it would be beneficial for those funders (or representatives of the funders) to be part of the Community Leadership Team and/or Community Coalition.
    - Secondly, new counties need to have a certain level of ***readiness to implement*** Triple P. Examples of readiness include:
        1) Community-wide leadership buy-in and involvement,
        2) An initial cohort of willing and able community service organizations that are committed to delivering Triple P,
        3) Fit of Triple P mission, goals, and activities with identified community needs and vision, etc.

This plan has been reviewed and approved by ________________________________, Health Director for the LIA.

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Health Director Signature