

COMMUNITY CAPACITY ASSESSMENT

for the Triple P System of Interventions
Second Edition
May 2022
(CCA-TP)

Assessment
Guide



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ICTP
Implementation
Capacity for Triple P

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The second edition of the Community Capacity Assessment for Triple P (CCA-TP) is based on the original CCA-TP:

Aldridge, W. A., II, Boothroyd, R. I., Veazey, C. A., Powell, B. J., Murray, D. W., & Prinz, R. J., (2016, December). *The Community Capacity Assessment for Triple P: Facilitator's Guide*. Chapel Hill, NC: Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill.

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This instrument is designed to measure the capacity of a community to implement and scale-up the Triple P – Positive Parenting Program System of Interventions (Triple P). **Community** is the local municipality, county, or geographic region(s) with an organized approach to Triple P scale-up. **Capacity** is the resources and abilities needed to develop, improve, and sustain the use of Triple P as intended.

The Community Capacity Assessment for the Triple P System of Interventions (CCA-TP, 2016) was initially adapted from school district and county implementation capacity assessments and a more generic implementation drivers assessment (see “related resources,” page 24). The CCA-TP was refined throughout a two-year implementation evaluation of Triple P in Cabarrus and Mecklenburg counties in North Carolina.

In 2020, the Implementation Capacity for Triple P team identified quality improvement opportunities to increase pragmatic and psychometric properties of the measure. Readability and administration burden have been greatly improved, as has overall satisfaction with the measure by participants and staff.

The CCA-TP Second Edition includes twelve individual indices and three summary indices that measure and describe core components of implementation and scale-up capacity, information from which can be used for action planning.

The CCA-TP Assessment Guide is intended to assist facilitators in planning for and carrying-out a successful assessment. It includes several resources that may be useful for assessment facilitation, including an example script to describe the CCA-TP to participants, a copy of the assessment annotated with facilitation notes, as well as a checklist of actions to take before, during, and after the assessment. Facilitators should review the guide and become familiar with all content prior to moving forward with administration of an assessment.

Participants may benefit from the additional context, definitions, and tips included in the side-bars and appendices.

Pay attention to these important notes located in the side bar throughout this assessment.

The CCA-TP is available in a combination of online scoring tool using Qualtrics and a paper-version included in this document to accommodate different delivery preferences.

It is strongly recommended to have one person facilitate and score the assessment and a second person take more detailed process and content notes. Both the online scoring tool and the paper-version have areas to record specific implementation activities, action plans, and/or areas of concern or confusion among respondents.

It is important that whoever facilitates the assessment possess the following qualities:

- Proficiency with the CCA-TP instrument and specific indices
- Proficiency with implementation science
- Experience with Triple P implementation and scale-up
- Strong facilitation and communication skills

This guide has been annotated with important notes to consider throughout the assessment process, including common issues encountered and scoring nuances. It is strongly encouraged that the facilitator uses this guide during all assessments so that these essential points are not overlooked. Feedback from participants indicates they may also benefit from this additional context.

Who should attend?

Regardless of formal team names or labels, CCA-TP participants should include:

1. leaders with decision-making power related to the scale-up of Triple P across the community;
2. staff who manage the day-to-day implementation and scale-up of Triple P interventions across the community; and
3. if applicable, other community-level staff who:
 - help make decisions related to identifying or selecting agency-level practitioners to be trained in Triple P interventions,
 - coordinate or facilitate Triple P trainings and/or coaching supports for Triple P practitioners after Triple P accreditation,
 - are involved in collecting or managing data relative to the implementation of Triple P throughout the community, or
 - are involved in community outreach, media, and/or community-wide positive parenting communications.

Be sure to document potential attendees, and their roles within the organization.

The first administration of the CCA can take as long as **3 hours** to complete.

Once participants become familiar with the CCA, subsequent assessments usually take **2 to 2½ hours** to complete, depending on how quickly participants come to consensus and degree of discussion.

Please schedule **at least one break** to reduce participant fatigue.

It is important emphasize that participants should review the CCA-TP **individually** and not discuss items as a team until the day of the assessment.

Preparing for the Assessment

Successful facilitation of the CCA-TP requires detailed planning. It is recommended that facilitators reach out to the community Triple P coordinator at least **six weeks prior** to the targeted assessment date in order to:

1. Provide a brief orientation to the purpose and objectives of the CCA-TP.
2. Discuss community-level leadership and staff who would be most relevant to participate in the assessment.
3. Coordinate a date, time, and location for the assessment that works with all attendees' schedules, as well as a plan for future communication and coordination leading up to the assessment date.

At least **two weeks prior** to the assessment date:

1. Send a copy of the CCA-TP to the community point-of-contact, along with a letter introducing the items and assessment process. Ask that the CCA-TP be shared with and reviewed individually by all individuals who will be in attendance.
2. Introduce the Interventions by Stage of Implementation Worksheet (Appendix C), and request that the information be returned before the assessment date.
3. Email the Intervention by Stage of Implementation Worksheet to the coordinator.

One week prior to the assessment date:

1. Send a reminder email to the community Triple P coordinator, confirming logistics of the upcoming assessment, and address to any remaining questions or concerns they may have.
2. Pull together materials (see Materials Checklist, Appendix D).

Facilitator Instructions

Read each question aloud and ask all participants to vote whether the item should be scored as “No or Not in Place” (0), “Sometimes or Partially in Place” (1), or “Yes or Fully in Place” (2). Use the first item as a trial to see if participants understand the administration and scoring process. Answer any additional questions or confusions and proceed more formally with the remaining items.

For each item, give participants a moment to note their individual vote, then ask the participants to hold up their vote using their fingers (i.e., 0 fingers, 1 finger, 2 fingers); a process known as *simultaneous public polling*. This voting process is intended to equalize all voices in the room on the initial vote and prevent participants from influencing each other’s initial vote. It’s often helpful to prompt simultaneous public polling by stating, “ready, set, vote.”



**No or Not in Place
(0)**

No activities or elements of this item are in place and/or have not yet been initiated.



**Sometimes or Partially
In Place
(1)**

Some activities or elements of this item are in place and/or initiated.



**Yes or Fully In Place
(2)**

All activities or elements of the item are adhered to and there is clear evidence to support

Modified consensus is reached when all individuals in the group agree to move forward with a single group vote (0, 1, or 2), and can support that vote outside the context of the original group, even if individual members retain or initially had a dissenting vote. Facilitators might build modified consensus by exploring the different initial votes within the group, asking the group to vote again, and, if voting is still not unanimous, asking the minority vote members if they can agree to move forward with the majority vote.

Record each participant’s vote. If voting is unanimous, record the consensus decision and move on to the next question. If voting is not unanimous, facilitate a brief discussion to see if modified consensus can be reached.

If modified consensus is not reached in a reasonable fashion or if there are strong concerns raised by any participant, facilitators might skip that question for the time being and return to it at a later time during the same administration. If, at that later time, modified consensus still cannot be reached in a reasonable fashion, the majority vote will prevail for assessment purposes.

Make sure to record individual votes **each time a poll is taken** publicly and, then circle the final score once a consensus or final decision is made.

Transitions between indices

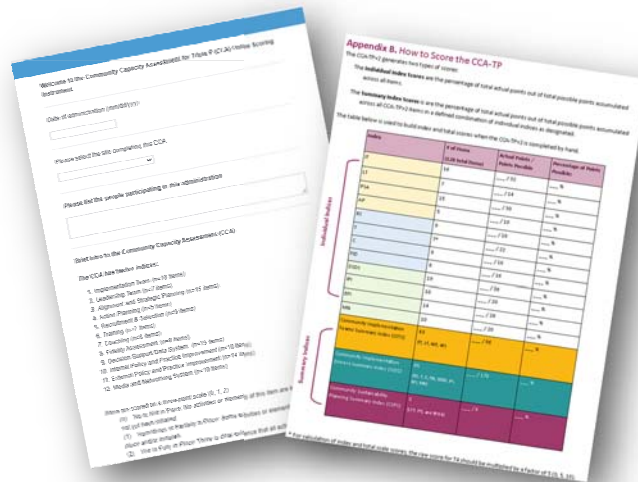
Following each index in this guide, there are suggested transition statements to help orient the participants to the next index. Given the large amount of information covered in this assessment, it is important to take time to explain the purpose of each set of questions so that participants can more easily make the mental “shift” to a new topic. It may also be helpful to direct them to the list of indices included in their copy of the assessment to give them a sense of progress made.

Online Scoring Tool

An online scoring tool is available to calculate scores and provide a brief report immediately following the assessment. It also provides the opportunity to electronically document any notes, brainstorming, or action steps noted by the participants and/or facilitators. This tool does not contain footnotes, tips, or scoring guidance, so continue to refer to this guide during administration.

If the facilitator does not take advantage of the online scoring tool, a copy of the scores from this guide will need to be saved and shared with the Monitoring, Evaluation, and Improvement team for analysis and reporting.

The tool can be found at: tinyurl.com/CCA-TP2022



Conclusion

Once you have reached the end of the assessment, take a few minutes to thank everyone for their participation, explain next steps for the data collected, and remind them how this information may be used to benefit the scale-up of Triple P in their community. A suggested conclusion statement is included after the last index.

Introductory Script

The following page contains a suggested introductory script which may help as you learn how to best orient your participants to the assessment. Try not to read directly from this script during the assessment, but make it more your own while still covering the key points. It is also an opportunity to review some common terms used throughout the CCA and co-create definitions tailored to the local context.

Introduction to Participants:

Good morning/afternoon! Thank you taking the time to meet with us.

Today we will be using the CCA to assess the capacity of your community to implement and scale-up the Triple P. We'll cover a number of supports and activities related to implementation of an innovative practice or program being scaled across a community. This particular assessment version has been tailored for use with Triple P.

It's important to know that **there are no right or wrong answers** – all communities are different. No community will naturally have – or even needs to have - all supports or practices fully in place to support effective implementation. The strengths of one area of implementation capacity may compensate for challenges in another area, and some communities may emphasize some practices rather than others. We're here to learn how your community is organizing its Triple P implementation efforts. Do you have any questions or concerns about this?

I will read each item and give you a moment to consider your individual response. Once I have everyone's eyes back on me, I will say "ready...set...vote." At that time, if everyone will please hold up the number of fingers that correspond with your answer: "0," "1," or "2."



**No or Not in Place
(0)**



**Sometimes or Partially In
Place (1)**



**Yes or Fully In Place
(2)**

No activities or elements of this item are in place and/or have not yet been initiated.

Some activities or elements of this item are in place and/or initiated.

All activities or elements of the item are adhered to and there is clear evidence to support this.

If everyone voting is in agreement, then we'll move on to the next item. If there are different scores, then I'll ask you all discuss and try to come to some form of modified consensus (that is, all participants able to support a single group score, even if there remains some individual disagreements).

As we go along, please consider all Triple P interventions that your community has adopted and is actively working to implement with participating service agencies. You may want to refer to the [Intervention by Stage of Implementation Worksheet](#) completed prior to this assessment (Appendix C). Feel free to ask clarifying questions as we go along if any particular item is confusing or not clear.

In addition to letting the participants know the purpose of the assessment, it is also important to share how often the assessment will be given, what the data may be used for, and who the results may be shared with.

Common Terms and Community Definitions

Before diving in, let's review some common terms used throughout the CCA. This section is optional and provides a reminder of language and may help re-ground your Triple P context.

Community is the local municipality, county, or geographic region(s) with an organized approach to Triple P scale-up. *What is the community your Triple P scale-up serves?*

Community-wide prevention network is the range of child and family prevention service sectors connected through shared goals for children and families in your community. *If you use a different term for these folks, please share below.*

Triple P delivery agencies are those community service agencies or organizations that employ practitioners who deliver Triple P to families in your community. *If you use a different term for these folks, please share below.*

Co-creation partners are folks invested in the success of Triple P in your community. They include leadership and staff from implementing service agencies; state or local funders and policymakers; intermediary and purveyor organizations that provide implementation and program-specific support; community parents, families, and other partners; and researchers and evaluators. Together, co-creation partners combine valuable perspectives, resources, and abilities that help develop, maintain, and sustain Triple P program infrastructure. *If you use a different term for these folks, please share below.*

Implementation Team are the people who coordinate and support day-to-day Triple P scale-up activities across your community. There is often paid time and effort (FTE) in these folks' job descriptions to do this work. *If you use a different term for these folks, please share below.*

Leadership Team are the group of people with the authority to change policies and practices that support the community-wide implementation and scale-up of Triple P. They provide feedback to support and guide Triple P scale-up activities. *If you use a different term for these folks, please share below.*

Triple P Coalition is a group of organizations and people from across the community-wide prevention network that works together to support Triple P implementation and scale-up. Coalitions should represent the full array of cross-sector Triple P service agencies, with involvement and input from other co-creation partners such as funders, policymakers, and community members. The coalition is often supported by your Implementation Team, who may be asked to carry forward much of the work the coalition agrees is needed to achieve goals and vision for Triple P in your community. *If you use a different term for these folks, please share below.*

If your community does not currently have a coalition, some questions in the CCA-TP related to coalition-specific capacity and resources will be skipped and scored as 0s.

OK, let's take some administrative notes and try out the first index about your Triple P implementation team.

Facilitators Notes

¹Such as planning and aligning implementation with community needs and strengths; supporting the recruitment, selection, training, and coaching of practitioners; supporting the use of fidelity assessments, decision-support data systems, and policy and practice analysis to improve implementation; and connecting leadership to the people doing the work of implementation.

²Such as implementation teams, implementation infrastructure & best practices, implementation phases or stages, Plan-Do-Study-Act improvement strategies

³Such as using fidelity and outcome data for quality improvement.


⁴Such how to select and use media channels and strategies, communication frameworks and theories to guide media and networking system development or how to communicate the impact and benefits of evidence-based programs

Even if there is no Implementation Team still administer all items.

See Appendix E for more information.

Implementation Team

There is a team of at least three people responsible for day-to-day Triple P scale-up activities within your community. People on this team have the knowledge and skills needed to do this work well and communicate with co-creation partners.

To what extent are the following in place?	(0)	(1)	(2)
1. You have an Implementation Team of three or more people responsible for day-to-day Triple P scale-up activities. ¹			
2. Your team members are clearly identified.			
3. Each person has dedicated time to support Triple P scale-up activities.			
4. Each person has enough time to support these activities.			
5. There is a written plan to sustain these positions beyond current funding.			

At least one person on this team...

6. ... is responsible for leading these activities.			
7. ... has experience with practice and policy changes that support the implementation and scale-up of a program or intervention.			
8. ... has advanced knowledge of the Triple P system model and can apply it in different contexts			
9. ... has advanced knowledge of effective implementation strategies ² and can apply them in different contexts.			
10. ... has advanced knowledge of using data to improve ³ the implementation and scale-up of a program or intervention.			
11. ... has advanced knowledge of communication strategies ⁴ to mobilize knowledge and behavior change among caregivers.			

STOP: Please complete the following table

List team members and star (*) leader

Actual time (i.e., FTE)

Ideal time (i.e., FTE) for
dedicated for each person each person

Scoring Note: score undocumented or incomplete as a "1"




Facilitators Notes


⁵Including information like purpose, goals, roles and responsibilities, authority, communications, and membership. Common names of this document are Terms of Reference, Charter, or Memorandum of Understanding.

⁶Community-wide prevention network is the range of child and family prevention service sectors connected through shared goals for children and families in your community.

⁷Including Zoom or other virtual video conferencing.

Implementation Team - Continued			
To what extent are the following in place?	(0)	(1)	(2)
12. There is a document describing your team. ⁵			
13. Your team is housed within the community-wide prevention network. ⁶			
<i>At least monthly, your Implementation Team ...</i>			
14. ... meets face-to-face ⁷ to discuss ongoing Triple P scale-up activities.			
15. ... shares updates, successes, and needs with leaders guiding Triple P scale-up activities.			
16. ... shares updates on scale-up activities with Triple P delivery agencies.			

Notes:

Scoring Note: score undocumented or incomplete as a "1" 

Up next is the Leadership Team index. This section is about the support and guidance you receive from leaders across the community-wide prevention system in scaling Triple P.

Facilitators Notes



¹Such as juvenile justice, public health, child welfare, education, behavioral health, or other public and private community-level service agencies.

²Such as the ability to direct and adjust funding, adjust system or agency policies, or hire new personnel.

³Such as a Terms of Reference, Charter, or Memorandum of Understanding. This document includes information like purpose, goals, roles and responsibilities, authority, communications, and membership.

⁴Includes Zoom or other virtual video conferencing.

Community is the local municipality, county, or geographic region(s) with an organized approach to Triple P scale-up.

Leadership Team			
There is a team of cross-sector leaders committed to guiding Triple P scale-up activities.			
To what extent are the following in place?	(0)	(1)	(2)
1. There is a clearly identified team of leaders who guide Triple P scale-up activities.			
<i>Please identify the team members</i>			
STOP: If LT1 is scored "0" (no Leadership Team), SKIP to next index			
2. Members come from a range of sectors ¹ in the community.			
3. Members have the authority to change policies and practices ² that support the implementation and scale-up of Triple P.			
4. There is a document describing this team. ³			
5. At least quarterly, this team meets face-to-face ⁴ to guide the scale-up of Triple P.			
6. At least monthly, this team communicates with your Implementation Team.			
7. There is a written plan to sustain the leadership team's involvement beyond current funding.			

Notes:

Scoring Note: score undocumented or incomplete as a "1"



The next index is about Alignment and Strategic Planning for implementation and scale-up of Triple P in your community. It also asks about your Triple P Coalition; if not in place, some questions will be skipped.

Facilitators Notes

¹Such as participating in goal-setting, strategic plan design, evaluation, analysis, needs assessments, and/or adaptation of media content and communication strategies to reflect the community.

²Such as organizational culture and climate that support establishment and sustainment of an EBP, readiness to implement change, an assessment of fit with current practice approaches, alignment with outcomes, and agency capacity are all examples of ways to assess appropriateness of agency selection

³Such as an annual assessment of functioning and plan to improve or a process to ensure representation and voice from demographic subgroups proportional to the community populations.






Triple P Coalition is a group of organizations and people from across the community-wide prevention network that works together to support Triple P implementation and scale-up.

Co-creation partners include leadership and staff from implementing service agencies; state or local funders and policymakers; intermediary and purveyor organizations that provide implementation and program-specific support; community parents, families, and other partners; and researchers and evaluators.

Alignment and Strategic Planning

There is a strategic plan for implementation and scale-up of Triple P in the community that aligns child and caregiver needs with Triple P interventions and reflects the community's needs, strengths, and capacity.

Participating Triple P delivery agencies and co-creation partners work together in a coalition to achieve the goal(s) and vision in the strategic plan.

To what extent are the following in place?	(0)	(1)	(2)
1. In the past five years, an analysis of child and caregiver needs in the community was completed.			
2. There is a written process to select Triple P interventions that address identified needs.			
3. In the past five years, a strategic plan for Triple P scale-up was developed that aligns child and caregiver needs with Triple P interventions.			
4. Co-creation partners were meaningfully involved ¹ in strategic plan development.			
5. These co-creation partners reflect the diversity of your community.			
6. In the past 12 months, the strategic plan was updated.			
7. The Leadership Team approved the most recently updated strategic plan.			
8. The most recently updated strategic plan has been shared with co-creation partners.			
9. There is a written plan to recruit new Triple P delivery agencies to participate in Triple P scale-up.			
10. There are written criteria that address fit and feasibility ² for selecting new Triple P delivery agencies to scale-up Triple P.			
11. There is a written process ³ to improve collaboration and coordination among co-creation partners.			

STOP: Does your community have a Triple P coalition? If not, SKIP the next page of these items to continue with Action Planning index

Scoring Note: score undocumented or incomplete as a "1"



Facilitators Notes

³Such as a Memorandum of Understanding or Agreement. This document ensures representation and voice from the diverse groups that reflect your community.

Alignment and Strategic Planning - Continued			
To what extent are the following in place?	(0)	(1)	(2)
<i>Coalition alignment and participation</i>			
12. Triple P delivery agencies and co-creation partners work together in a coalition to align support for the strategic plan.			
13. In the past 12 months, an analysis of the strengths and needs of the coalition to scale-up Triple P across the community was completed.			
14. There is a written agreement describing roles and expectations ³ for meaningful participation of each Triple P delivery agency in the coalition.			
15. There is a document describing roles and expectations for meaningful participation of co-creation partners in the coalition.			

Notes:

Scoring Note: score undocumented or incomplete as a "1"

Next, the Action Planning index will ask about the steps you are taking to support the strategic plan.

Facilitators Notes

¹Such as materials or manuals from Triple P America, marking information from media partners, Triple P service delivery information from agencies.

²A detailed plan that outlines the tasks or steps needed to meet an objective or goal.

Action Planning			
Information about ongoing Triple P implementation is regularly collected and used to develop, update, and carry out action plans that support the strategic plan for implementation and scale-up of Triple P.			
To what extent are the following in place?	(0)	(1)	(2)
<i>At least quarterly...</i>			
1. ... your Implementation Team reviews information from Triple P delivery agencies and co-creation partners ¹ to track progress on the strategic plan for implementation and scale-up of Triple P.			
2. ... your team develops or updates action plans ² based on progress and emerging needs.			
3. ...your team shares progress updates and action plans with the Leadership Team.			
4. ... the Leadership Team gives feedback on progress updates and action plans to your Implementation Team.			
5. Action plans are carried out as intended.			

Notes:

*The next three indices are about the development of a Triple P practitioner workforce and your support of local delivery agencies in using best practices in their work. Many items begin with the phrase "The Implementation Team **ensures...**"*

*While your Implementation Team is essential to many Triple P implementation activities, you are **not** expected to "do" all these activities yourself. Rather, your team **makes sure that they are done** within the Triple P coalition or community-wide service network. This can happen through consultation, providing resources or best-practice tools, follow-up support, etc., to make sure that the activities or elements are happening in the community.*

First is the Recruitment and Selection index, which focuses on the use of best practices for Triple P practitioner recruitment and selection.

Facilitators Notes

¹This will vary based on community needs, such as number of practitioners sufficient to meet goals for delivery saturation, geographic accessibility, level (s) of Triple P intervention(s), or other selected priorities.

²Such as creating new Triple P training opportunities, addressing turnover, engagement with inactive trained practitioners.

³See Appendix for Triple P goals and principles.


⁴This may occur through interactive interviews or observation of family service delivery. Such as describing core intervention content, demonstrating parenting skills, engaging in role-plays, or modeling self-regulatory processes.

⁵This may occur through interactive interviews or observation of family service delivery. Such as accepting coaching feedback, modifying practice behavior, or engaging in conceptual thinking to improve their Triple P skills.

⁶Such as turnover numbers, exit interviews, or data from training, coaching, and fidelity assessments.

Recruitment & Selection

People making recruitment and selection decisions use best practices to recruit and select Triple P practitioners.

To what extent are the following in place?	(0)	(1)	(2)
1. There is a written plan to recruit enough ¹ Triple P practitioners to meet Triple-P scale-up needs.			
Your Implementation Team ensures ...			
2. ... this target number of practitioners is maintained. ²			
3. ... people making recruitment and selection decisions have practitioner job descriptions that clearly describe Triple P duties and expectations.			
4. ... people making selections know what skills and abilities are needed to deliver Triple P effectively.			
5. ... selection criteria are aligned with Triple P goals and principles. ³			
6. ... selection includes observational assessments of practitioners' abilities to deliver Triple P. ⁴			
7. ... selection includes observational assessments of practitioners' abilities to develop professionally. ⁵			
8. ... information about practitioners' strengths and needs is used in their training and coaching.			
9. ... data ⁵ are available to evaluate the Triple P recruitment and selection process.			

Notes:

Scoring Note: score undocumented or incomplete as a "1"





Second, the Training index focuses on the use of best practices for training Triple P practitioners.

Facilitators Notes

¹Triple P America uses all five best practices for training:

- (1) integration of evidence- and skill-based approaches to adult learning;
- (2) certified trainers;
- (3) trainers receive ongoing coaching using data on their training practices;
- (4) assessment of the intended delivery of Triple P training courses;
- (5) uses pre- and post-training data to evaluate practitioner competence and confidence.

To reflect this, raw scores for this item are multiplied by 5 (0, 5, 10)

Training			
Triple P delivery agencies are supported to use best practices to train selected Triple P practitioners. For Triple P, training is a three-part process: initial training days, practice delivering Triple P, and accreditation.			
To what extent are the following in place?	(0)	(1)	(2)
1. There is a written plan to train enough Triple P practitioners to meet Triple-P scale-up needs.			
2. There is a written plan to train practitioners for all Triple P interventions selected.			
Your Implementation Team ensures ...			
3. ... selected practitioners participate in Triple P training.			
4. ... practitioners complete all Triple P training, including practice and accreditation.			
5. ... practitioners complete training before delivering Triple P.			
6. ... Triple P America provides all training. ¹			
7. ... information about practitioners' strengths and needs from training informs their ongoing coaching.			

Notes:

Scoring Note: score undocumented or incomplete as a "1"



Third, the Coaching index focuses on the use of best practices for coaching Triple P practitioners after accreditation

Facilitators Notes

¹Includes who provides coaching, at what frequency, and the format, methods, and expected outcomes of coaching.

²Includes reviews of dose, attendance, quality checks.


³ People providing coaching to enhance skills and confidence in delivering Triple P are referred to as “coaches.” In some communities, community-led Triple P peer support networks are a common form of coaching. Some agencies may be doing in-house coaching for Triple P, either by way of peer support or regular supervision/ coaching from a supervisor.

⁴Such as observational data, case or records reviews, Triple P session checklists, practitioner self-report parent outcome measures, interviews with others who may know about the practitioner’s Triple P delivery (parents, colleagues). Only one source of information should be scored a “1”.

⁵Such as practitioner satisfaction surveys, observational assessment of coaching, coach self-report, practitioner fidelity data.

Coaching

Triple P delivery agencies are supported to use best practices for ongoing coaching of practitioners to build skills and confidence in delivering Triple P. For Triple P, this includes using the Peer Assisted Supervision and Support (PASS) Model to get support from other Triple P practitioners after accreditation.

To what extent are the following in place?	(0)	(1)	(2)
1. There is a written plan to provide ongoing coaching ¹ for Triple P practitioners after accreditation.			
2. Adherence ² to this coaching plan is regularly reviewed.			
Your Implementation Team ensures ...			
3. ... Triple P practitioners participate in coaching after accreditation.			
4. ... data about the effectiveness of coaching to improve practitioners’ abilities to deliver Triple P are available.			
5. ... coaches ³ are trained in the key principles, skills, and abilities required to deliver Triple P effectively.			
6. ... coaches use observational data during Triple P practitioner coaching.			
7. ... coaches use multiple sources of information ⁴ during Triple P practitioner coaching.			
8. ... coaches get feedback on their coaching from multiple sources of information. ⁵			

Notes:

Scoring Note: score undocumented or incomplete as a “1”




The next index is about Fidelity Assessment practices - the use of best practices for assessing whether or not Triple P is delivered as intended - not fidelity scores (whether or not practitioners are actually delivering with fidelity).

Facilitators Notes

¹Fidelity assessment procedures may be obtained from Triple P America. Contact them for additional information and support.

²Either connect fidelity assessments to short-term outcomes in your community or have asked Triple P to this due diligence on your behalf.

³Such as quality assessments like third-party observational assessments, adherence measures like Triple P Session Checklists, dosage like number of sessions completed, or caregiver engagement like completion of session activities & homework as intended.

Fidelity Assessments			
Triple P delivery agencies are supported to use fidelity assessment best practices. For Triple P, Triple P America can provide tools and instructions to assess delivery fidelity.			
To what extent are the following in place?	(0)	(1)	(2)
1. There is a written plan to conduct enough fidelity assessments ¹ to know if core components of Triple P are delivered as intended.			
<i>What fidelity assessments do you use to monitor and report Triple P fidelity?</i>			
The Implementation Team ensures ...			
2. ... fidelity assessments predict short-term outcomes for children and families. ²			
3. ... Triple P delivery agencies have practical and efficient ways to administer fidelity assessments.			
4. ... Triple P practitioners understand how fidelity assessments are administered and used to improve the delivery of Triple P.			
5. ... fidelity assessments are regularly administered for each Triple P practitioner.			
6. ... fidelity assessments include observation of practitioners' ability to deliver Triple P.			
7. ... fidelity assessments use multiple sources of information ³ about practitioners' ability to deliver Triple P.			
8. ... practitioners are recognized for participating in Triple P fidelity assessments.			

Notes:

Scoring Note: score undocumented or incomplete as a "1"



We're now moving on to the Decision-Support Data System index. This section is about best practices to gather, use, and share data to improve the implementation of Triple P across the community.

Facilitators Notes

¹Reliable data consistently measure what they mean to; valid data are an accurate measurement. Triple P America or community or state partners can help accomplish this.

²Such as disaggregation by race or ethnicity, language spoken, socio-economic status, occupation.

³Such as changes in parenting competence & confidence, changes in parent-child interactions, changes in child disruptive behavior.

⁴Such as child abuse or out-of-home foster care placement, school behavioral disruptions, child mental, emotional, or behavioral disorder diagnoses. These data may be obtained from community or state partners.


⁵Such as disaggregation of data by demographic subgroups to examine equitable implementation and outcomes.

Decision-Support Data System			
Triple P delivery agencies use best practices to collect, use, and share data that inform decision-making to improve Triple P implementation and scale-up.			
To what extent are the following in place?	(0)	(1)	(2)
Your Implementation Team ensures ...			
1. ...Triple P delivery agencies have practical and efficient ways to collect Triple P data.			
2. ... collected data are reliable and valid. ¹			
3. ... data can be grouped by demographics or other characteristics ² important to the community.			
4. ... practitioner recruitment and selection data are collected, specifically: <ul style="list-style-type: none"> • Number of Triple P practitioners selected, • Selection outcomes, and • Quality of recruitment and selection processes. 			[All]
5. ... practitioner training data are collected, specifically: <ul style="list-style-type: none"> • Number of Triple P practitioners trained, • Training outcomes, and • Quality of training processes. 			[All]
6. ... practitioner coaching data are collected, specifically: <ul style="list-style-type: none"> • Number of coaching sessions attended by Triple P practitioners, • Coaching outcomes, and • Quality of coaching processes. 			[All]
7. ... Triple P fidelity data are collected, specifically: <ul style="list-style-type: none"> • Number of Triple P fidelity assessments completed, • Fidelity outcomes, and • Quality of fidelity assessments. 			[All]
8. ... Triple P service data are collected, specifically: <ul style="list-style-type: none"> • Number of families served and • Caregiver satisfaction with Triple P interventions. 			[All]
9. ... Triple P short-term child and family outcomes ³ data are collected.			
10. ... Triple P long-term child and family outcomes ⁴ data are collected.			
11. ... long-term outcomes align with community priorities for children and families.			
12. Data are analyzed for unequal quality or outcomes across groups. ⁵			
<i>Continued on next page</i>			

See Appendix E for information on what data are being collected as a part of the State Triple P Evaluation.

Facilitators Notes

⁶Such as a Memorandum of Understanding or data sharing agreement

Decision-Support Data System - <i>Continued</i>			
To what extent are the following in place?	(0)	(1)	(2)
<i>Reporting and feedback loops</i>			
13. There is a written data-sharing agreement ⁶ with each Triple P delivery agency.			
14. At least quarterly, your Implementation Team gives feedback to each delivery agency on their Triple P data.			
15. Your team ensures delivery agencies use their data to improve Triple P implementation.			
16. At least quarterly, your team shares data from the community with the coalition and/or co-creation partners.			
17. Your team ensures these data are used to improve Triple P implementation and scale-up.			
18. At least quarterly, your team shares these data with the Leadership Team.			
19. At least quarterly, the Leadership Team gives feedback on these data to your Implementation Team.			

Notes:

Scoring Note: score undocumented or incomplete as a "1"



These next two sections are about policies and practices that help or get in the way of successful Triple P implementation and delivery. The first is about policies and practices within the direct influence or control of your team, the coalition and/or Triple P delivery agencies. The second is about policies and practices outside the influence or control of your team, coalition, and/or Triple P delivery agencies.

Lets begin with the Internal Policy and Practice Improvement index.

Facilitators Notes

¹Such as enough time or resources to deliver Triple P or to participate in Triple P implementation support activities like coaching & data completion, alignment of Triple P with other agency activities.

²Such as availability of Triple P training, data reporting requirements, community networking activities, action planning, roles and expectations for participation.

³Using good methodology, like plan-do-study-act cycles within manageable slices of the community Triple P delivery system


Triple P Coalition is a group of organizations and people from across the community-wide prevention network that works together to support Triple P implementation and scale-up.

Co-Creation Partners include leadership and staff from implementing service agencies; state or local funders and policymakers; intermediary and purveyor organizations that provide implementation and program-specific support; community parents, families, and other partners; and researchers and evaluators.

Internal Policy and Practice Improvement

Best practices are used to collect, document, and use information about policies and practices to improve Triple P implementation and scale-up.

In this section, changes to these policies and practices are within the direct influence or control of the coalition and/or Triple P delivery agencies

To what extent are the following in place?	(0)	(1)	(2)
<i>Triple P delivery agency policies and practices</i>			
1. Information is regularly collected from Triple P delivery agencies about how well their policies and practices ¹ support Triple P implementation.			
2. At least quarterly, your Implementation Team gives feedback to Triple P delivery agencies on their information.			
3. Your team ensures Triple P delivery agencies take action to address barriers to Triple P implementation in their policies and practices.			
<i>If your team does not have a coalition, SKIP to Item 7</i>			
4. Information is regularly collected from the coalition about how well their policies and practices ² support Triple P implementation and scale-up.			
5. Your team regularly documents common themes from coalition and Triple P delivery agency information.			
6. Your team ensures common themes are used to improve coalition policies and practices.			
<i>Policy and practice improvements</i>			
7. At least quarterly, your team shares common themes with the Leadership Team.			
8. At least quarterly, the Leadership Team gives feedback on common themes to your team.			
9. At least quarterly, your team shares common themes with co-creation partners.			
10. Your team uses effective improvement strategies ³ to support the policy and practice changes.			

Notes:

Scoring Note: score undocumented or incomplete as a "1"



Next is the External Policy and Practice Improvement index. This index also includes service alignment activities, like referral networks, and Triple P delivery materials.

Facilitators Notes

¹Such as alignment with other initiatives, parent transportation, third-party reimbursement systems for Triple P, policy barriers, community awareness of Triple P, gaps in resources, referral networks, issues with community prevention network or larger


²Such as community awareness of Triple P, gaps in resources or materials, referral networks, issues with coalition and external partners.

³Such as Triple P delivery materials like parent workbooks, TIP sheets, or DVDs

⁴Such as systematic client referrals to Triple P or a referral network to different levels of Triple P interventions.

Community is the local municipality, county, or geographic region(s) with an organized approach to Triple P scale-up.

Co-Creation Partners include leadership and staff from implementing service agencies; state or local funders and policymakers; intermediary and purveyor organizations that provide implementation and program-specific support; community parents, families, and other partners; and researchers and evaluators.

External Policy and Practice Improvement			
Best practices are used to collect, document, and use information about policies and practices to improve Triple P implementation and scale-up.			
In this section, changes to these policies and practices are <u>outside</u> the direct influence or control of the coalition and/or Triple P delivery agencies.			
To what extent are the following in place?	(0)	(1)	(2)
1. Triple P implementation and scale-up is included in larger community-wide initiatives or strategic plans.			
<i>Successes and barriers</i>			
2. Information is regularly collected from the community about Triple P successes.			
3. Information is regularly collected from the coalition about how well policies and practices outside of their control ¹ support Triple P implementation and scale-up.			
4. Information is regularly collected from Triple P delivery agencies about how well policies and practices outside of their control ² support Triple P implementation.			
5. Your Implementation Team documents common barriers and successes from this information.			
6. At least quarterly, your team shares common barriers and successes with the Leadership Team.			
7. At least quarterly, the Leadership Team gives feedback to your team on common barriers and successes.			
8. At least quarterly, your team gives feedback to Triple P delivery agencies on their barriers and successes.			
9. At least quarterly, common barriers and successes are shared with co-creation partners.			
10. Appropriate co-creation partners are recruited to address barriers to Triple P implementation outside the control of the coalition and/or Triple P delivery agencies.			
<i>Service alignment and community referral networks</i>			
11. Triple P practitioners have sufficient materials and resources ³ to deliver Triple P.			
12. There is a written plan to expand access to Triple P across the community.			
13. There is a written plan to connect Triple P delivery agencies and Triple P interventions ⁴ to avoid silos and optimize programming.			
14. There is a written plan to sustain the ongoing implementation of Triple P beyond the current funding.			

Next, the Media and Networking System index focuses on the use of best practices to mobilize change across the community, including both media campaign activities and networking strategies.

Facilitators Notes

¹Outlining goals for attitudes, knowledge, skills, and behavior change linked to desired outcomes; details the audience, messaging, medium, channel, and frequency (how often and for how long) for dissemination; strategies to identify networks within the community; and metrics for evaluation.

²Such as participating in goal-setting, strategic plan design, evaluation, analysis, needs assessments, and/or adaptation of media content and communication strategies to reflect the community.

³Such as print materials such as brochures, flyers, posters, or TIP Papers; electronic/social media such as Stay Positive website; Twitter, Facebook, webinars; mass communication such as billboards, TV or Radio ads, e-print and newspaper articles.


⁴Such as social network analyses, network mapping, environmental scans, or landscape analysis to identify and utilize organizations and individuals that are connectors across diverse community segments.

⁵Such as evaluation metrics, network priorities, preferred communication strategies and channels, and community feedback from individuals that are connectors across diverse community segments.

Co-Creation Partners include leadership and staff from implementing service agencies; state or local funders and policymakers; intermediary and purveyor organizations that provide implementation and program-specific support; community parents, families, and other partners; and researchers and evaluators.

Media & Networking System

Best practices are used to mobilize changes in awareness, knowledge, and behavior among target audiences. For Triple P, this is the Level 1 *Stay Positive* media campaign which targets caregivers. Networking strategies accelerate dissemination activities and improve the reach of Triple P across the community.

To what extent are the following in place?	(0)	(1)	(2)
1. There is a written communication plan ¹ for the Triple P Level 1 <i>Stay Positive</i> media campaign that address awareness, attitudes, knowledge, and behavior among caregivers in your community.			
2. Co-creation partners are meaningfully involved ² in communication plan development and updates.			
3. These co-creation partners reflect the diversity of your community.			
Your Implementation Team ensures...			
4. ... media messages: <ul style="list-style-type: none"> • promote information about child development, • model positive parenting strategies, • normalize the need for parenting support, • promote universal parenting support as a community benefit, and • expand community awareness, exposure, and access to Triple P. 			[All]
5. ... Triple P Level 1 media campaign materials and resources are available across your community.			
6. ... the Triple P Level 1 media campaign uses several strategies and channels ³ to reach caregivers.			
7. ... networking strategies ⁴ are used to improve messages, content, communication strategies, and channels.			
8. Media campaign outcomes (such as changes in awareness, attitudes, knowledge and behavior) are seen equitably across the community.			
9. At least quarterly, your team collects multiple sources of information ⁵ to monitor the communications plan.			
10. At least annually, your team uses this information to update the communications plan.			

Scoring Note: score undocumented or incomplete as a "1"



Suggested Conclusion:

That was the last section! Congratulations, and thank you for your cooperation and input to complete this process. We will calculate and summarize scores, and send them back to you.

Please know that the goal from this assessment is not to work toward achieving “In Place” for each and every item. No agency does all of these completely and at the same time, so expect variations and shifts. This information can be used by your community to identify priorities and action plan to strengthen your capacities to implement and scale-up Triple P. Further discussion with staff, leadership, and community partners can help to clarify issues, identify priorities, and define next right steps for addressing them.

Related Resources

- Blase, K., Van Dyke, M., & Fixsen, D. (2013). *Implementation drivers: assessing best practices*. Chapel Hill, NC: National Implementation Research Network, Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill.
- Duda, M.A, Ingram-West, K., Tadesco, M., Putnam, D., Buenerostro, M., Chaparro, E. & Horner, R. (2012). *District Capacity Assessment*. Chapel Hill, NC: National Implementation Research Network, FPG Child Development Institute, University of North Carolina at Chapel Hill .
- Fixsen, D. L., Blase, K. A., Naoom, S. F., & Wallace, F. (2009). *Core implementation components*. *Research on Social Work Practice*, 19(5), 531-540.
- Fixsen, D.L., Duda, M.A., Blase, K.A. & Horner, R. (2011). *Assessment of State Capacity for Scaling-up Effective Practices/ State Capacity Assessment (SCA)*. Chapel Hill, NC: National Implementation Research Network, FPG Child Development Institute, University of North Carolina at Chapel Hill.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, National Implementation Research Network. (FMHI Publication No. 231).
- Fixsen, D.L., Duda, M.A., Blase, K.A. & Horner, R. (2011). *Assessment of State Capacity for Scaling-up Effective Practices/ State Capacity Assessment (SCA)*. University of North Carolina Chapel Hill.
- Duda, M.A, Ingram-West, K., Tadesco, M., Putnam, D., Buenerostro, M., Chaparro, E. & Horner, R. (2012). *District Capacity Assessment*. University of North Carolina Chapel Hill.
- Van Dyke, M.K., Fleming, O., Duda, M.A., Ingram-West, K., Tadesco, M., Putnam, D., Buenerostro, M., Chaparro, E. & Horner, R. (2012). *Community County Capacity Assessment*. Chapel Hill, NC: National Implementation Research Network, FPG Child Development Institute, University of North Carolina at Chapel Hill University of North Carolina Chapel Hill.

Appendix A. CCA-TP Index Descriptions

Index	Definition
Implementation Team (IT)	There is a team of three or more people responsible for day-to-day Triple P scale-up activities within your community. People on this team have the knowledge and skills needed to do this work well and to communicate with Triple P delivery agencies, the community-wide prevention network, and co-creation partners.
Leadership Team (LT)	There is a team of cross-sector leaders committed to guiding Triple P scale-up activities. These are people with the authority to change policies and practices that support the implementation and scale-up of Triple P.
Alignment and Strategic Planning (ASP)	There is a strategic plan for implementation and scale-up of Triple P in the community. This plan aligns child and caregiver needs with Triple P interventions and reflects community needs, strengths, and capacity. Additionally, Triple P delivery agencies and co-creation partners work together in a coalition to achieve the goal(s) and vision in the strategic plan.
Action Planning (AP)	Information about ongoing Triple P implementation is regularly collected and used to develop, update, and carry out action plans that support the strategic plan for implementation and scale-up of Triple P.
Community Implementation Teams Summary Index (CITS)	This summary index contains all items in the LT, IT, ASP, and AP indices. It represents the aggregate of dedicated team structures and collective processes to support the scale-up of Triple P.
Recruitment & Selection (RS)	People making recruitment and selection decisions use best practices to recruit and select Triple P practitioners.
Training (T)	Triple P delivery agencies are supported to use best practices to train selected Triple P practitioners. Triple P training is a three-part process: initial training days, practice delivering Triple P, and accreditation.
Coaching (C)	Triple P delivery agencies are supported to use best practices for ongoing coaching of practitioners to build skills and confidence in delivering Triple P. For Triple P, this includes using the Peer Assisted Supervision and Support (PASS) Model to get support from other Triple P practitioners after accreditation.
Fidelity Assessment (FID)	Triple P delivery agencies are supported to use fidelity assessment best practices. For Triple P, fidelity assessment procedures may be obtained from Triple P America. Contact them for additional information and support.
Decision-Support Data System (DSDS)	Triple P delivery agencies use best practices to collect, use, and share data that inform decision-making to improve Triple P implementation and scale-up.
Internal Policy and Practice Improvement (IPI)	Best practices are used to collect, document, and use information about policies and practices to improve Triple P implementation and scale-up. In this section, changes to these policies and practices are <u>within</u> the direct influence or control of the coalition and/or Triple P delivery agencies
External Policy and Practice Improvement (EPI)	Best practices are used to collect, document, and use information about policies and practices to improve Triple P implementation and scale-up. In this section, changes to these policies and practices are <u>outside</u> the direct influence or control of the coalition and/or Triple P delivery agencies.
Community Implementation Drivers Summary Index (CIDS)	This summary index contains all items in the RS, T, C, FID, DSDS, IPI, and EPI indices. It represents the aggregate of implementation best practices to support the scale-up of Triple P.
Media & Networking System (MN)	Best practices are used to mobilize changes in awareness, knowledge, and behavior among target audiences. For Triple P, this is the Level 1 Stay Positive media campaign which targets caregivers. Networking strategies accelerate dissemination activities and improve the reach of Triple P across
Community Sustainability Planning Summary Index (CSPS)	This summary index contains all items about sustainability planning: LT(7), CIT(5), and EPI(14). It aggregates community sustainability planning related to the scale-up of Triple P.

Appendix B. How to Score the CCA-TP

The CCA-TP generates two types of scores:

The **Individual Index Scores** are the percentage of total actual points out of total possible points accumulated across all items.

The **Summary Index Scores** are the percentage of total actual points out of total possible points accumulated across all CCA-TPv2 items in a defined combination of individual indices as designated.

The table below is used to build index and total scores when the CCA-TPv2 is completed by hand.

Index	# of Items (128 total items)	Actual Points / Points Possible	Percentage of Points Possible:
IT	16	___ / 32	___ %
LT	7	___ / 14	___ %
ASP	15	___ / 30	___ %
AP	5	___ / 10	___ %
RS	9	___ / 18	___ %
T	7	___ / 22*	___ %
C	8	___ / 16	___ %
FID	8	___ / 16	___ %
DSDS	19	___ / 38	___ %
IPI	10	___ / 20	___ %
EPI	14	___ / 28	___ %
MN	10	___ / 20	___ %
Community Implementation Teams Summary Index (CITS)	43 (IT, LT, ASP, AP)	___ / 86	___ %
Community Implementation Drivers Summary Index (CIDS)	75 (RS, T, C, FID, DSDS, IPI, EPI, MN)	___ / 158	___ %
Community Sustainability Planning Summary Index (CSPS)	3 (LT7, IT5, and EPI14)	___ / 6	___ %

* For calculation of index and total scale scores, the raw score for T4 should be multiplied by a factor of 5 (0, 5, 10).

Appendix C. Community Triple P Interventions by Stage of Implementation Worksheet

Using the stage definitions and grid provided below, please list all Triple P interventions you are currently exploring, installing, or actively using in your community Triple P system.

Stage of Implementation for Chosen Community Triple P Interventions			
Exploration	Installation	Initial Implementation	Full Implementation

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.

Appendix D. Preparation Checklist

6 Weeks Prior to Assessment	Complete?
Reach out to coalition Triple P Coordinator to provide brief introduction to the CCA-TP	
Determine and document which leadership & staff should participate	
Coordinate a date/time/location for the assessment	
Create a plan for future coordination and communication leading up to the assessment	
Introduce the Interventions by Stage of Implementation worksheet	
Email worksheet to point of contact	
2 Weeks Prior to Assessment	Complete?
Email participant version of CCA-TP to point-of-contact with a letter or email explaining items and assessment process. Ask that all participants individually review the items prior to the assessment date	
Introduce the Interventions by Stage of Implementation worksheet	
Email worksheet to point of contact	
1 Week Prior to Assessment	Complete?
Send a reminder email to community point-of-contact, confirming logistics of the upcoming assessment, and to address to any remaining questions or concerns they may have	
If the Interventions by Stage of Implementation worksheet has not yet been returned, request that information again	
Pull together materials ⇒ Printed copies of the CCA-TP, enough for the facilitator, note-taker, and each expected participant ⇒ List of expected participants and their role within the community	
During Assessment	Complete?
Record the names and roles of all participants present	
Hand out a copy of the CCA-TP to each participant	
Provide an overview of the voting process, as well as how to reach modified consensus if there are discrepancies	
Complete the online scoring tool to report scores and generate instant summary report	
After Assessment	Complete?
Thank the participants for their time	
Unless participants are interested in keeping them, collect the CCA-TP copies	
If online scoring tool was not used, send scores to Monitoring, Evaluation, and Improvement Team for full CCA report.	
Follow-through with any data or report sharing previously agreed upon with participants or other stakeholders	

Appendix E. General Tips

The following are common scenarios that you may encounter during an assessment.

- 1.** If a community is exploring the development of an implementation structure or practice to support their Triple P interventions, but no elements are yet formal or in place, it should still be scored as a “0” or “not in place.” You may remind them that we’ll be revisiting these items at later assessment points and there will be an opportunity for different scores.
- 2.** When communities report that there is a general implementation structure or practice in place, but it has not yet been adapted or repurposed for Triple P implementation, no credit should be given (i.e., “0” or “not in place”). For example, there may be a data system present at the community-level, but it hasn’t been adapted to support Triple P intervention data. *The CCA-TP specifically assesses the presence of implementation supports for chosen Triple P interventions – not other interventions or community general operations.*
- 3.** When a community has an implementation support structure or practice fully in place, but has not yet had the opportunity to use the structure or engage in the practice, then they don’t yet have “evidence” of that the structure or practice is fully operational. For example, a community may have a conceptualized documented plan or agreed-upon processes for reporting and using data for decision-making, but they have not yet had an opportunity to report or use data for decision making. This situation is generally scored as a “1” or “partially in place” to give some credit for planning practice installation without yet having the structure or practice fully operational.
- 4.** If a community brings up a prior or historical Triple P implementation support structure or practice that has changed or no longer exists, the item should be scored as according to the degree that the structure/practice currently exists. This may mean that items that were once “fully in place” may now be “partially in place” or “not in place.”
- 5.** When participants report that there is no Implementation Team in existence, all items mentioning an “Implementation Team” should still be administered. In this scenario, the Community Implementation Coordinator(s) may be fulfilling some of the functions and activities of the Implementation Team and these activities should be acknowledged and given credit, despite the lack of a “team” to drive these activities. **The two exceptions to this guideline are CIT #4 and CIT #14, as noted in the assessment items.**
- 6.** In some communities, community-led Triple P peer support networks are a common form of “coaching.” Some agencies may alternatively or additionally be doing in-house coaching for Triple P, either by way of peer support or regular supervision/coaching from a supervisor.

7.

The following data is being collected as a part of the State Triple P Evaluation:

- occurrence of provider selection to participate in Triple P training
- occurrence of Triple P training,
- number of families served by community Triple P providers,
- Family Background Questionnaires,
- Caregiver Contact Records,
- Parenting Experience Pre-Surveys,
- Parenting Experience Post-Surveys, and
- Caregiver Satisfaction Questionnaire

8.

The goals of Triple P - Positive Parenting Program® System (System Triple P) are prevent development, or worsening, of severe behavioral, emotional and developmental problems in children and adolescents by enhancing the knowledge, skills, and confidence of parents.

The Triple P system is based on five core principles of positive parenting:

1. Ensuring a safe, supervised and engaging environment
2. Creating a positive learning environment that helps children learn to solve problems
3. Using consistent, predictable and assertive discipline to help children learn to accept responsibility for their behavior and become aware of the needs of others
4. Having realistic expectations, assumptions, and beliefs about children's behavior
5. Taking care of oneself as a parent so that it is easier to be patient, consistent and available to children.