



The Triple P Implementation Evaluation

Cabarrus and Mecklenburg Counties, NC

Executive Brief

May 2016

Frank Porter Graham Child Development Institute
University of North Carolina at Chapel Hill



NCIC-TP
North Carolina Implementation
Capacity for Triple P



UNC
FPG CHILD DEVELOPMENT INSTITUTE

James B. Duke
THE DUKE ENDOWMENT

Acknowledgements & Disclosure

The Triple P Implementation Evaluation was supported by The Duke Endowment Grant Agreement No. 1875-SP, *Implementation Evaluation of the Triple P System in Two North Carolina Counties*.

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

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

Suggested citation: Aldridge, W.A., II, Veazey, C.A., Murray, D.W., & Prinz, R.J.(2016, May).*The Triple P implementation evaluation, Cabarrus and Mecklenburg counties, NC: Executive brief*. Chapel Hill, NC: Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill.

© 2016 William A. Aldridge II, Claire A. Veazey, Desiree W. Murray, & Ronald J. Prinz.

Introduction

Evidence-based prevention and wellbeing programs offer a great deal of promise to support the health and wellbeing of North Carolina children, youth, families, and communities. In fact, many funders and service providers in North Carolina are shifting towards models that have demonstrated positive impact through rigorous evaluation.

However, implementing and scaling-up these innovations can be a challenge in the context of business as usual. Despite our best intentions, longstanding, complex service systems have a tendency to pull innovation back to past practice. This challenge can prevent evidence-based strategies from achieving expected outcomes, including here in North Carolina.

Research and applied learning from efforts to successfully implement evidence-based programs has been amassing over the past two decades. What we're learning is that developing and sustaining local capacity around core implementation processes is an essential part of achieving success and sustainability.

There are a number of implementation science frameworks available to service leaders and practitioners, policymakers, and funders striving for sustainable wellbeing in North Carolina. The most promising approaches to implementation and scale-up give strong attention to three key features of local implementation capacity:

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

The *Triple P Implementation Evaluation* set out to assess the local implementation capacity to support the Triple P – Positive Parenting Program system of interventions in Cabarrus and Mecklenburg counties, NC, over a period of two years. The purpose of the evaluation was to inform the planning process for impact and sustainability at the county-level and to assist policymakers, funders, and technical assistance providers supporting Triple P across the state.

The evaluation acknowledged the model of cascading support for implementing Triple P that was being put in place within North Carolina counties (see Figure 1). County

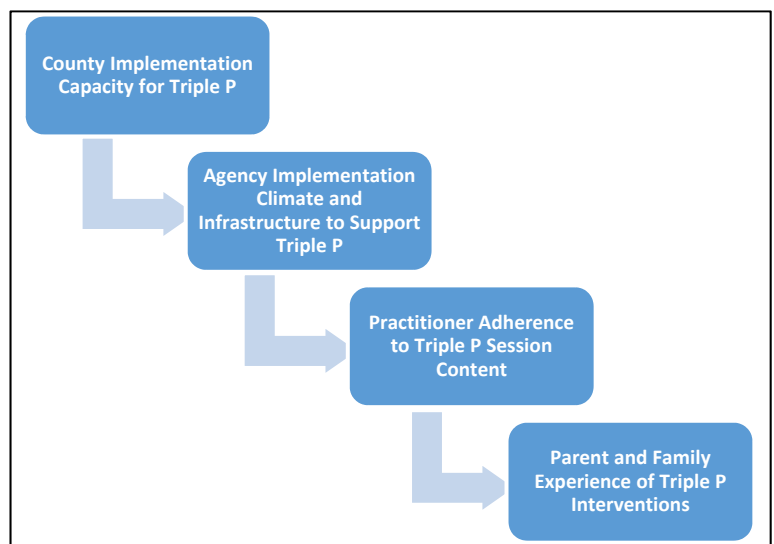


Figure 1. TPIE cascading logic model of implementation support.

implementation teams, with lead Triple P Coordinators, were being installed within local public health departments and other community backbone organizations. These county teams were supporting the development of implementation infrastructure and best practices within local service agencies participating in county Triple P coalitions. Leadership and implementation support staff within local service agencies, often in partnership with county implementation teams, were supporting local Triple P practitioners to deliver Triple P as intended and with expected outcomes for county parents and families. This model of cascading support for the implementation of Triple P provided the backdrop for assessment activities in the Triple P Implementation Evaluation.

What follows is a summary what we learned.

Linked leadership and implementation teams

Evaluation results suggested that county leadership and implementation teams, and county strategic planning, in both counties were strongly in place by the end of the evaluation period. However, the county implementation team in Mecklenburg County only reached that point at the very end of the evaluation period. Earlier Mecklenburg assessment results suggested a need for additional resources and abilities to strengthen the county implementation team. The consistent strength of the Cabarrus County Implementation Team may have contributed to greater stability within the Cabarrus County Triple P Coalition, greater retention of county Triple P practitioners, and greater reach of Triple P throughout the evaluation period.

Despite the strength of county leadership and implementation teams, results across each county suggested the need for additional capacity related to *agency* executive leadership for the implementation of Triple P and *agency* implementation teams. This finding was particularly important as agencies with greater leadership and implementation team capacity were significantly more likely to continue their implementation of Triple P across the evaluation period.

Similarly, agencies with more hospitable implementation climates, which has been shown in prior studies to be associated with management support for implementation, were almost *five times* as likely to continue implementing Triple P compared to agencies with poor implementation climates.

Practitioner professional development

Nurturing practitioners' professional development to deliver evidence-based programs as intended involves four core implementation processes: practitioner recruitment and selection, practitioner training, practitioner coaching, and ongoing fidelity assessment.

Selection to become a Triple P practitioner

County resources and abilities to support local agencies, and agencies' actual implementation infrastructure and best practices to support practitioner selection for Triple P, were generally well in place. The one exception to this was the Cabarrus County Implementation Team's resources and abilities to support their local agencies with Triple P practitioner selection. Despite this area of need, Cabarrus agencies reported strong infrastructure for Triple P practitioner selection, perhaps because many agencies were able to rely on existing quality practices that were already in place for selecting agency practitioners to be trained in innovative programs.

Related to the selection of practitioners to deliver Triple P, evaluation results found that clustering Triple P practitioners within local agencies was a significant predictor of agency continuation with Triple P. Agencies with only one Triple P practitioner were almost *ten times* as likely to discontinue Triple P as agencies with more than one Triple P practitioner. Having *at least three* Triple P practitioners was characteristic of agencies with stable Triple P implementation efforts.

Practitioners' Triple P training

County capacity to support local agency implementation infrastructure and best practices for training Triple P practitioners was strongly in place in each county. This core implementation process was likely bolstered by Triple P America's involvement in training each county Triple P practitioner. Triple P America's training practices met many implementation best practices for practitioner training.

Ongoing coaching and fidelity assessment following Triple P accreditation

The two core implementation processes that consistently showed the most need for additional development were practitioner coaching and fidelity assessment after Triple P accreditation. County implementation teams in each county reported fewer resources and abilities to support local agencies with these processes, and local agencies had less well developed implementation infrastructure to support them. These findings are important because ongoing coaching and fidelity assessment have been shown to support practitioners' use of evidence-based programsⁱ, the quality of program deliveryⁱⁱ, and even practitioner retention over timeⁱⁱⁱ.

To support practitioners' ongoing coaching following accreditation, Triple P has developed a Peer Assisted Supervision and Support, or PASS, model. The model incorporates several implementation best practices for coaching. Triple P America has available several resources and is able to offer some support for implementing the PASS model for practitioners that have been accredited to deliver Triple P.

Current Triple P resources for ongoing fidelity assessment are limited. Triple P does provide Session Checklists for tracking and reporting adherence to intended content for each Triple P session. However, monitoring practitioners' skills and the dosage with which Triple P is delivered to families is also important. Dosage can be tracked by agency and county implementation teams' recording how many of the intended Triple P sessions families receive. Monitoring practitioners' skillful delivery of Triple P requires some form of observation, even if sampled across time. Practical and efficient options for monitoring practitioners' skill delivering Triple P can be explored with system partners, such as Triple P America, and implementation technical assistance providers, as available.

While many system leaders assume that fidelity assessment adds burden to practitioners, a recent study in community mental health centers suggested that fidelity monitoring related to an evidence-based program, when conducted within a supportive coaching environment, may increase practitioner retention and may not contribute to burnout^{iv}.

Ongoing quality and outcome monitoring for improvement

Ongoing quality and outcome monitoring for system or organizational improvement and program optimization involves three core implementation processes: using process and program data for ongoing decision-making, identifying and addressing local organizational barriers and facilitators to



quality implementation, and identifying and addressing larger system needs and successes related to implementation.

At the county implementation team level, resources and abilities to support these quality improvement processes were well in place in both counties by the end of the evaluation period. This county-level capacity was serving not only quality improvement at the county coalition level, but county implementation team members were also largely available to support the development of local agency practices for quality improvement of Triple P.

Despite the strength of county capacity for quality improvement and the availability of county implementation team members to work with local agencies on quality improvement for Triple P, results suggested a need for additional development of local agency implementation infrastructure and best practices related to quality improvement. Perhaps most intriguing about this finding was that the infrastructure in place to support the North Carolina Statewide Evaluation of Triple P, while bolstering *county-level* capacity for using data for ongoing Triple P improvement, was having more modest influence on *local agency* data-based decision-making practices.

Recommendations for supporting the scale-up of Triple P in North Carolina

Based on these evaluation results, the Triple P Implementation Evaluation team was able to offer several recommendations to inform planning for and sustainability of Triple P impact.

County Implementation Capacity, Practices, and Policies

At the county-level:

- County implementation teams need to be well resourced and have sufficient time, effort, and ability to work closely with local agencies to ensure the installation and sustainability of implementation best practices that support Triple P practitioners' quality delivery of Triple P.
- Additional resources and abilities are needed to work with local agencies to support Triple P practitioner coaching and fidelity assessment following their accreditation.
- Sustainability plans for county leadership teams, county implementation teams, and the financial and programmatic resources needed to sustain Triple P need to be more formally documented and put into action.
- County Triple P coalitions might consider requiring local agencies that join the coalition to:
 - commit to training and sustaining three or more Triple P practitioners, and
 - commit agency leadership and implementation team resources to their own Triple P implementation efforts.
- County implementation teams might consider monitoring protective factors for agency continuation of Triple P implementation, such as:
 - Hospitable agency implementation climate,
 - Having three or more agency Triple P practitioners,
 - Dedicating agency leadership and implementation team resources, and
 - Developing formal agency Triple P sustainability plans.
- County Triple P coalitions should continue to increase their reach of Triple P within their counties, although this is likely to require much more than simply training more practitioners.

Local Agency Implementation Capacity, Practices, and Policies

At the local agency level:

- Agency implementation teams need to be well resourced and have sufficient time, effort, and ability ensure day-to-day support for the use of Triple P in the agency.
- Additional development is needed for agency implementation infrastructure and best practices related to
 - Triple P practitioner coaching and fidelity assessment following their accreditation,
 - Gathering, using, and sharing process and outcome data for Triple P decision-making,
 - Spreading agency facilitators and addressing barriers related to Triple P implementation, and
 - Communicating agency successes and addressing larger systems needs related to Triple P.
- Sustainability plans for agency leadership and implementation teams, and the financial and programmatic resources needed to sustain Triple P need to be more formally documented and put into action.
- Agencies should consider committing to:
 - training and sustaining three or more Triple P practitioners, and
 - formally dedicating agency leadership and implementation team resources to their own Triple P implementation efforts.

Closing

Putting into place some or all of these recommendations will require the collaboration of key partners, including:

- Leaders and staff members of agencies involved in county Triple P coalitions;
- Local community members, including the youth and families being served by county Triple P programs;
- Local and state funders and policymakers;
- Triple P researchers and developers; and
- Triple P America and other technical assistance providers that can support the development of local implementation capacity to scale-up Triple P.

Though there is work to be done, achievements to date have set the stage for the intended outcomes to be achieved.

References

- ⁱ Joyce, B., & Showers, B. (2002). *Student Achievement Through Staff Development* (3rd ed.). Alexandria, VA: Association for Supervision and Curriculum Development.
- ⁱⁱ Hattie, J.A.C. (2009). *Visible learning: A synthesis of over 800 meta-analyses relating to achievement*. London: Routledge.
- Kavanagh, D.J., Spence, S.H., Strong, J., Wilson, J., Sturk, H., Crow, N. (2003). Supervision Practices in Allied Mental Health: Relationships of Supervision Characteristics to Perceived Impact and Job Satisfaction. *Mental Health Services Research*, 5(4), 187-195.
- Schoenwald, S.K., Sheidow, A.J., & Letourneau, E.J. (2004). Toward effective quality assurance in evidence-based practice: Links between expert consultation, therapist fidelity, and child outcomes. *Journal of Clinical Child and Adolescent Psychology*, 33, 94-104.
- ⁱⁱⁱ Aarons, G.A., Sommerfeld, D.H., Hecht, D.B., Silovsky, J.F., & Chaffin, M.J. (2009). The impact of evidence-based practice implementation and fidelity monitoring on staff turnover: evidence for a protective effect. *Journal of consulting and clinical psychology*, 77, 270-280. doi:10.1037/a0013223
- ^{iv} Aarons, G.A., Fettes, D.L., Flores, L.E., & Sommerfeld, D.H. (2009). Evidence-based practice implementation and staff emotional exhaustion in children's services. *Behaviour Research and Therapy*, 47, 954-960. doi:10.1016/j.brat.2009.07.006
- Aarons, G.A., Sommerfeld, D.H., Hecht, D.B., Silovsky, J.F., & Chaffin, M.J. (2009). The impact of evidence-based practice implementation and fidelity monitoring on staff turnover: evidence for a protective effect. *Journal of consulting and clinical psychology*, 77, 270-280. doi:10.1037/a0013223