Triple P System Implementation Outcomes: *Cost*

"Cost" for the Triple P system refers to "the costs impact of an implementation effort" (Proctor et al., 2011, p. 67). Community coalitions can measure the cost associated with implementing the Triple P program by looking at three important factors:

1. The costs of delivering the Triple P system of interventions.
2. The costs of the implementation strategies that will be used to support the Triple P system of interventions.
3. The costs associated with the local service delivery setting (e.g., solo practitioner's office vs. care facility).

By looking at these three factors **together**, community coalitions will be able to determine the true costs of implementing the Triple P intervention.

It is useful to measure the costs of implementing the Triple P system of interventions, specifically for policy makers and stakeholders, in order to accurately reflect the monetary contributions needed to fund the program. Measuring costs can also have an effect on a programs acceptability and sustainability, such that if the costs are too high stakeholders may be reluctant to accept and support the intervention year after year- especially if there is little or no evidence of effectiveness. It is recommended to evaluate program cost during both initial implementation and full implementation of the program (i.e., within the supported performance and local coalition regulation stages of implementation) to gauge associated program costs overtime.

References

Aldridge, W.A., II, Boothroyd, R. I., Veazey, C. A., Powell, B. J., Murray, D. W., & Prinz, R. J. (2016). *Ensuring active implementation support for North Carolina counties scaling the Triple P system of interventions.* Chapel Hill, NC: Frank Porter Graham Child Development Institute, University of North Carolina at Chapel Hill.

Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research, 38,* 65-76.